ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

well OK

PERMIT # AP 310182

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4677 --78 --8606 ✓

APPLICANT/OWNER: TLC Family Homes | APPLICANT ADDRESS: Po Box 28125

SITE ADDRESS: ✓114 Sills Creek Lane Mooresville NC 28115 | PHONE: 704 724-3111 | ALT. PHONE —

SITE DIRECTIONS: Hwy 150 to Sills Creek on left | SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Sills Creek ✓ | SECTION: — | LOT # 2 ✓ | LOT AREA: | DESIGN FLOW: 480 | L.T.A.R.: .30

Septic Tank 1000 (gal)	STB 825	Date 1/7/2021	
Pump Tank 1000 (gal)	PT 363	Date 6/19/2021	
Pump Make	Model	Serial #	
# Nitrification Fields 1	# Lines 4	Linear Ft 270	
Trench Width 24	Trench Bottom Depth (low side) AT 48 in	Gravel Depth	

☑ New System ☐ Repair ☐ Expansion | System Type: I II III (IV) V VI

System Description: LP-PPBPS - 50% Reduction

Repair System Description: LP-PPBPS - 50% Reduction - Deep

Maintenance Agreement Required: ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☑ Residence | No. Bedrooms 4
☐ Business | No. Persons 8
☐ Other | No. Employees
☑ Slab | ☐ Crawl Space
☐ Basement w/plumbing | ☐ Basement w/o plumbing

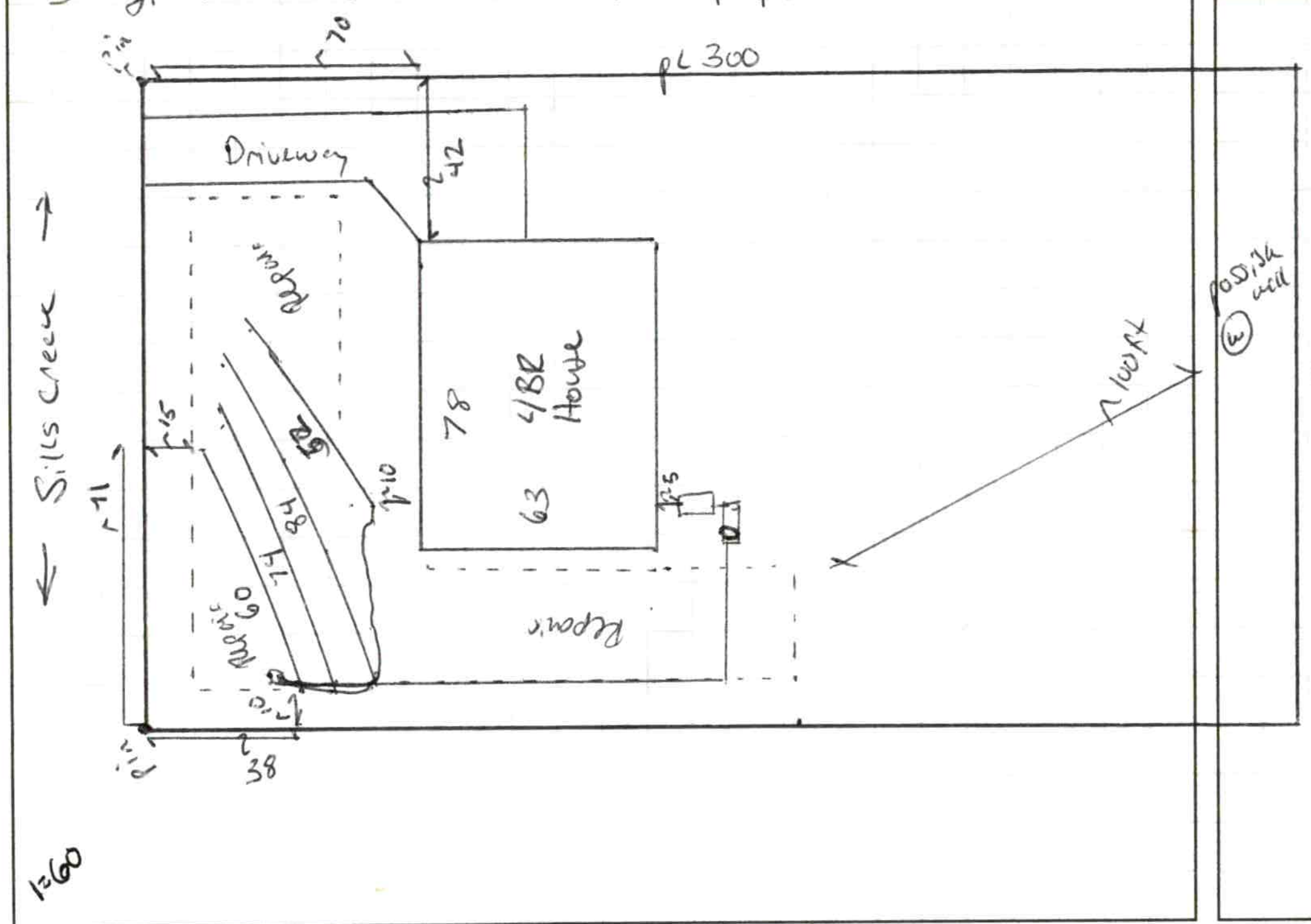
Water Supply
☑ Private
☐ Public
☐ Community

Comments / Conditions: Install System at 48in Trenchbottom on the Contour of the Land
Do not Drive, park, pave, grade or lay utilities in Drainfield Areas

Needs Pump lid 6" above grade

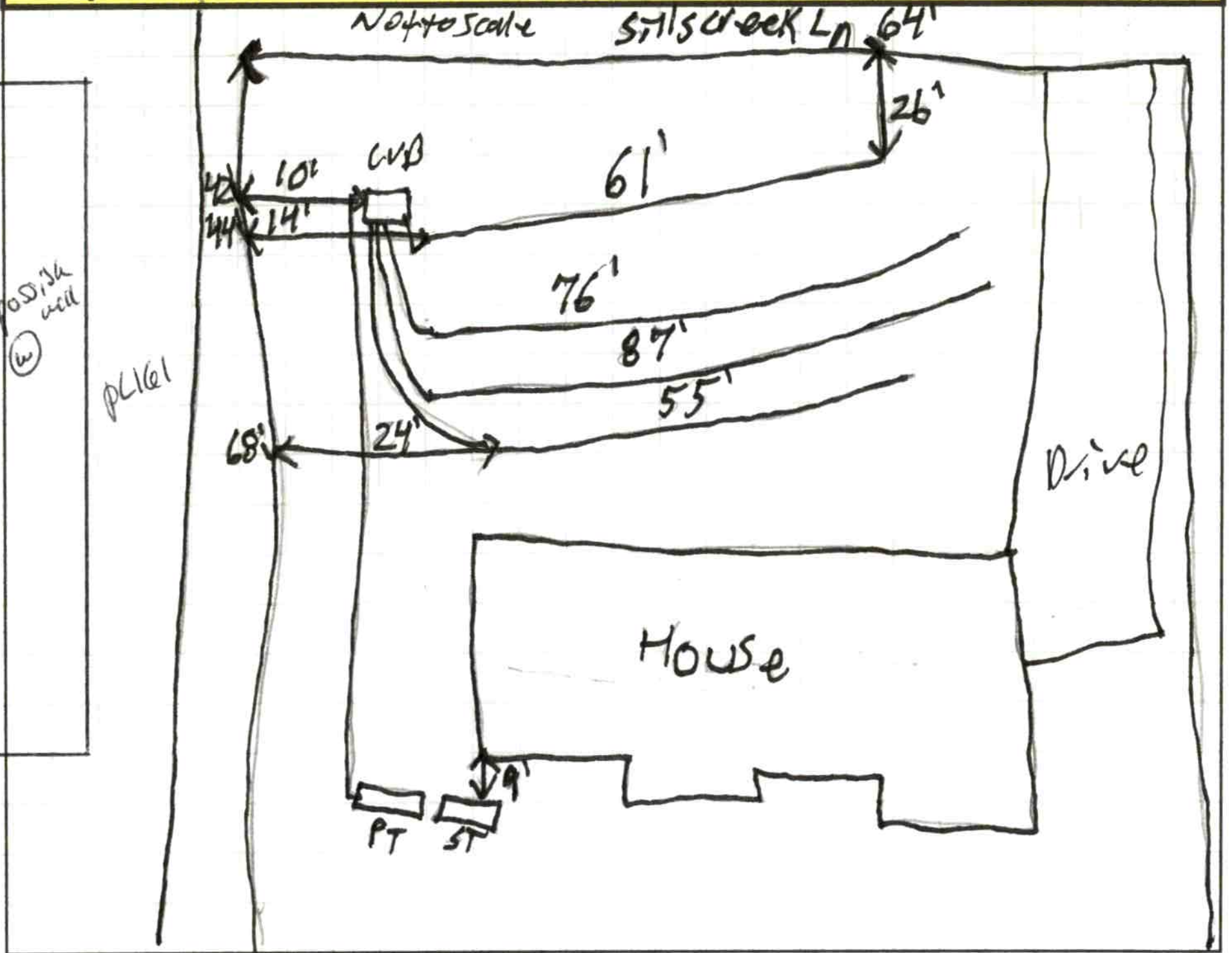
INITIAL SITE SKETCH

62 panels = 223 gallon Dose 10.6 in Drawdown 2ft of Head
25.42 gpm Flow Rate with 5/32 hole 8.7 min pump Run.



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mos.*

Owner / Applicant Signature: [signature] | Date: 4-6-21 | Installed by: Kevin Rowan septic

IMPROVEMENT PERMIT by: Benjamin A. Bettis | Date: 3-30-2021 | OPERATION PERMIT by: Maria Dotson | Date: 10/8/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bettis | Date: 3-30-2021 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	7/28/2021	PJB
Tanks Checked	7/28/2021	PJB
Pressure Manifold or Valve Box Checked	7/28/2021	PJB
Pressure Head Set	7/28/2021	PJB
Electrical Checked	10/1/21	MD
Floats Set	7/28/2021	PJB
Alarm Checked	10/1/21	MD
Maintenance Contract Needed? Y / N		
Comments: Needs PT riser 6" above grade		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

Lot 2.

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	SS	0-13	C		2.5Y 7/2 @21"				PS Below 41" 0.3
		13-41	C/CL - ~~MK/~~ SBK	Tiger					
		41-76	CL - WSBK						
2		0-10	C - ABK		Gley1 7/10Y 2.5Y 7/1				US
		10-56	C - PL						
3		0-8	C - SBK/ABK		2.5Y 6/2 Litho inc	heavy			PS below 26" 0.3 dep
		8-26	C/CL - PL						
		26-69	CL - WSBK						
4		0-30	C - SABK	Tiger	common sap incl				PS Below 30" 0.3 dep
		30-57	CL - WSBK						
		57-73	SAP SL - M						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

6) 0-43 C-PL/ABK
43-75 CL WSBK (YE" 2.5Y 6/4)
5) 0-24 C-PL/ABK
24-78 CL WSBK
PS dep 0.3

COMMENTS: _____
Trench bottom @ 57-60"
0.3
→ More pits

RECEIVED MAR 10 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

limited AP- 310182 $105.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an* (X) *beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: TLC Family Homes **Address:** PO Box 766 **Zip:** 28125
Applicant Email: TLCFamilyHomes@yahoo.com **Phone:** (704)724-3111 **Alt. Phone:** —
Owner Name: Joe Pedulla **Address:** _____ **Zip:** _____
Owner Email: JPedulla1993@yahoo.com **Phone:** (704)746-2687 **Alt. Phone:** —

Property Information:

Street Address: 114 Sills Creek LANE
Subdivision Name: Sills Creek **Section/Phase:** — **Lot Number:** 2
Driving Directions: _____

Site Development Information: ***(check or complete ALL that apply***

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

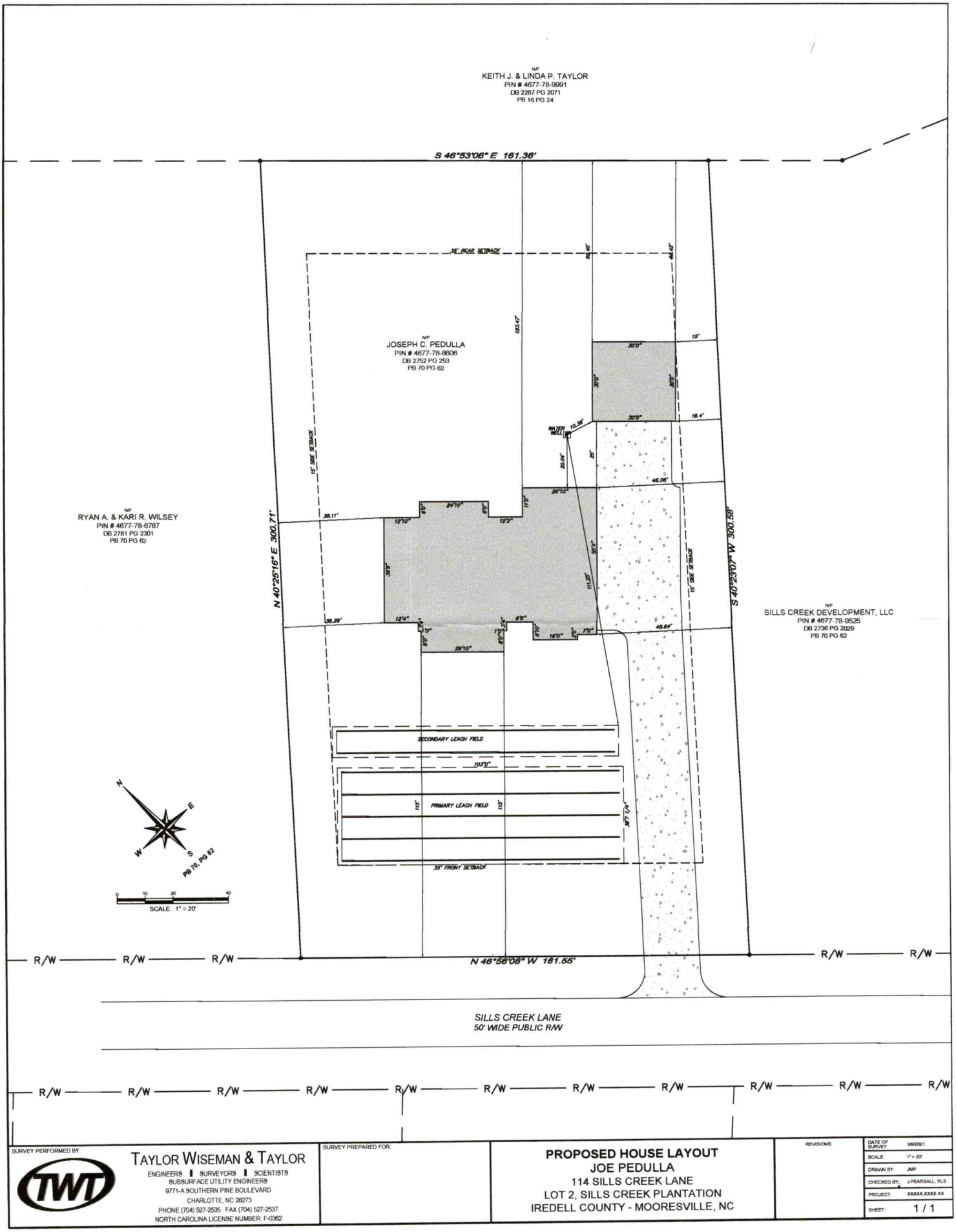
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



SURVEY PERFORMED BY:

TAYLOR WISEMAN & TAYLOR
ENGINEERS | SURVEYORS | SCIENTISTS
SUBSURFACE UTILITY ENGINEERS
9771-A SOUTHERN PINE BOULEVARD
CHARLOTTE, NC 28273
PHONE (704) 527-2535 FAX (704) 527-2537
NORTH CAROLINA LICENSE NUMBER: F-0362

SURVEY PREPARED FOR:

PROPOSED HOUSE LAYOUT
JOE PEDULLA
114 SILLS CREEK LANE
LOT 2, SILLS CREEK PLANTATION
IREDELL COUNTY - MOORESVILLE, NC

REVISIONS:

DATE OF SURVEY:	3/9/2021
SCALE:	1" = 20'
DRAWN BY:	JMP
CHECKED BY:	J.PEARSALL, PLS
PROJECT:	XXXXX.XXXX.XX
SHEET:	1 / 1

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*)** _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) TLC Family Homes, LLC (Tim Ponczka), to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

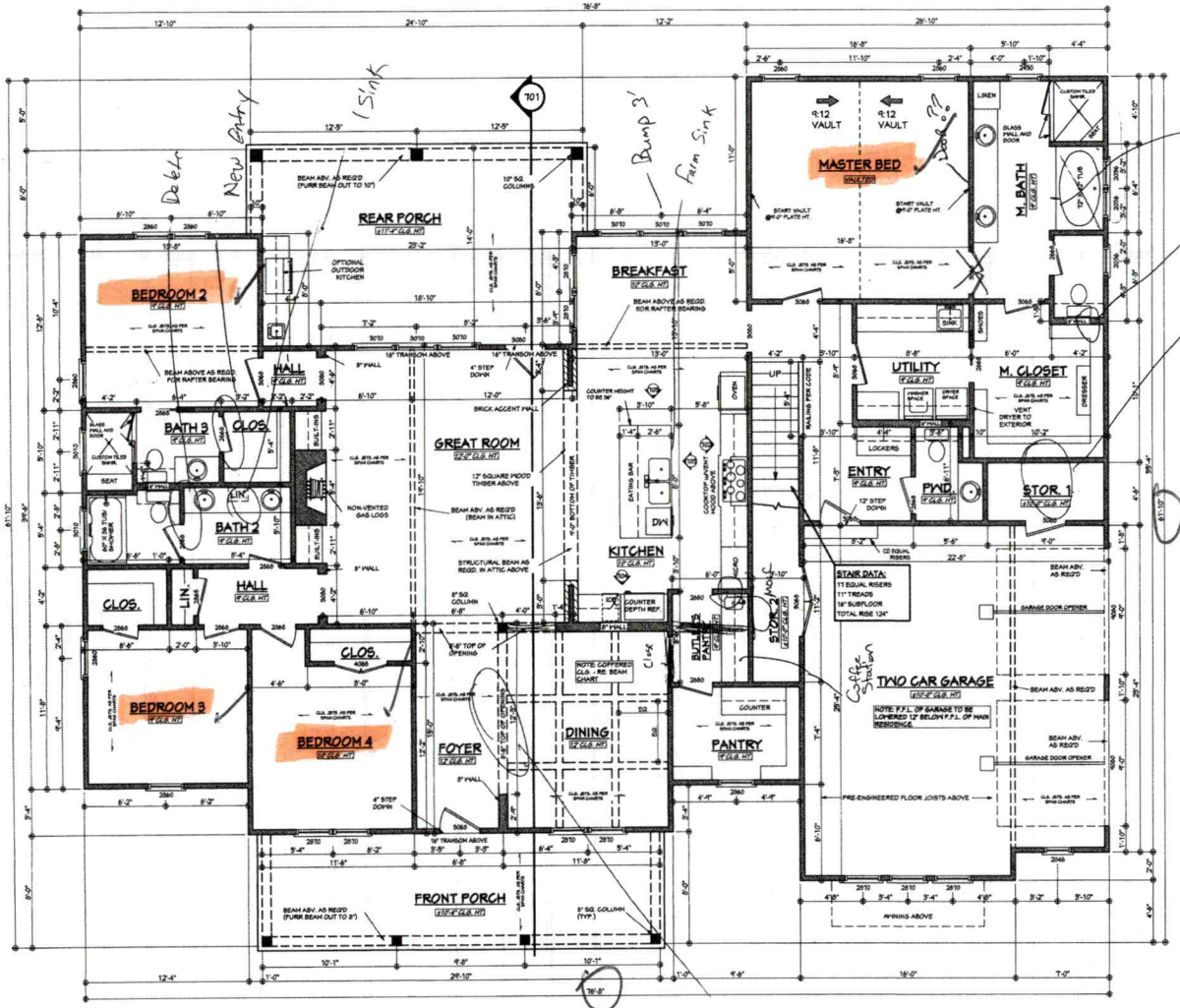
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) _____ Date 3/10/21

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



NOTE: CONTRACTOR TO LOCATE WATER HEATER AND HVAC UNITS AT SITE.

2742-SR FLOOR PLAN

SCALE: 1/4" ========== 1'-0"

AREAS:		
	2742	S.F. HEATED- TOTAL
	433	S.F. UNHEATED - FUTURE BONUS ROOM
	239	S.F. UNHEATED - FRONT PORCH
	332	S.F. UNHEATED - REAR PORCH
	563	S.F. UNHEATED - TWO CAR GARAGE
	41	S.F. UNHEATED - STORAGE 1
	44	S.F. UNHEATED - STORAGE 2
	1652	S.F. UNHEATED TOTAL
	4394	S.F. TOTAL UNDER ROOF

Frosted Doors

Solid Doors

DECORATIVE BEAM SIZES BASED ON CEILING HEIGHT		
CEILING HEIGHT	BEAM WIDTH	BEAM HEIGHT
8 FEET	6"	4"
9 FEET	6"	8"
10 FEET	8"	10"
11 FEET	8" or 10"	10" or 12"
12 FEET	10"	12"

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2015, R312.1.1 & R312.1.2
8. M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
a. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT.
APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT
CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. INSTALLATION OF ROOM HEATERS SHALL BE PERMITTED WITH AT LEAST AN 18-INCH WORKING SPACE. A PLATFORM SHALL NOT BE REQUIRED FOR ROOM HEATERS.
M1305.1.1 FURNACES AND AIR HANDLERS. FURNACES AND AIR HANDLERS WITHIN COMPARTMENTS OR ALCOVES SHALL HAVE A MINIMUM WORKING SPACE CLEARANCE OF 3 INCHES ALONG THE SIDES, BACK AND TOP WITH A TOTAL WIDTH OF THE ENCLOSING SPACE BEING AT LEAST 12 INCHES WIDER THAN THE FURNACE OR AIR HANDLER. FURNACES HAVING A FIREBOX OPEN TO THE ATMOSPHERE SHALL HAVE AT LEAST A 6-INCH WORKING SPACE ALONG THE FRONT COMBUSTION CHAMBER SIDE. COMBUSTION AIR OPENINGS AT THE REAR OR SIDE OF THE COMPARTMENT SHALL COMPLY WITH THE REQUIREMENTS OF CHAPTER 17.
EXCEPTION: THIS SECTION SHALL NOT APPLY TO REPLACEMENT APPLIANCES INSTALLED IN EXISTING COMPARTMENTS AND ALCOVES WHERE THE WORKING SPACE CLEARANCES ARE IN ACCORDANCE WITH THE EQUIPMENT OR APPLIANCE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.1 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2015.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2015, M1501.2

Benjamin A Boone
3/31/2021

HOUSE PLAN ZONE
Designing Homes
Building Relationships

Website:
www.HPZplans.com
Email:
sales@hpzplans.com
Phone:
601.336.3254
Fax:
1.800.574.1387

N·C·B·D·C
NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATION
JONATHAN L. BOONE
CERTIFICATION NO. 20-137

Pre-Drawn Plan ID:
2742-SR

House Plan Zone, LLC. has executed great care and effort in the development of these plans and in the completion of these construction documents. However, we assume no responsibility for errors or omissions in these documents. Other design professionals may be employed for the design of certain components of the building, including but not limited to mechanical, electrical, plumbing, structural, and civil systems. House Plan Zone, LLC. disclaims responsibility for any coordination between these documents and the design of such components. In addition to your local building officials prior to construction. Additional engineering may be required to comply to seismic, wind and snow loads in your area. Verify all dimensions and conditions of the site and building prior to construction. Any discrepancies found in these documents or in the existing conditions as they exist must be reported to House Plan Zone, LLC. before any work is performed. Failure to do so will void House Plan Zone, LLC. of responsibility for that condition. Any scaling of these documents is not to be relied upon for construction purposes. Only those dimensions which have been included in these plans, or approved in writing and shall be verified by a licensed engineer prior to construction.

Date: 10.18.17
Drawn By: J.A.B.
Project Name:

SHEET NUMBER
3

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER

310182
Issue Date: 08/19/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4677788606.000	114 SILLS CREEK LN	Iredell County

Owner Information	Applicant Information
Name: SCP MOORESVILLE LLC	Name: NEST HOMES LLC
Address:	Address: PO BOX 3965
	MOORESVILLE, NC 28117
Phone:	Phone: (704)808-1064

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.113	35	35	15	15	WSII-BOW Back Creek	NO

Remarks
SFD - NEEDS ZD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 08/19/2020

Signature of Owner/Contractor

Permit Number	310182	TOTAL FEES:	$77.25