IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 247482

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

PIN # 4685156787.000

APPLICANT/OWNER: IQ Custom Construction | APPLICANT ADDRESS: 840 Edmiston Rd Mount Ulla 28125

SITE ADDRESS: 808 Patterson Farm Rd. Mooresville NC 28115 | PHONE: — | ALT. PHONE 704-578-4951

SITE DIRECTIONS: Linwood, R Patterson Farm Rd on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Meadows Place | SECTION: — | LOT # 1 | LOT AREA: | DESIGN FLOW: 360 | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	825	Date	5/1/2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	302	Date	4/18/2020	System Description:	LP-PPBPS 50% Reductio	☐ Business	No. Persons 6
Pump Make	Liberty	Model	280	Serial #	11TMKD	Repair System Description:	LP-PPBPS 50% Reductio	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	3	Linear Ft	220	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	20	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Property Recorded 9/30/19 BK 70 - 129

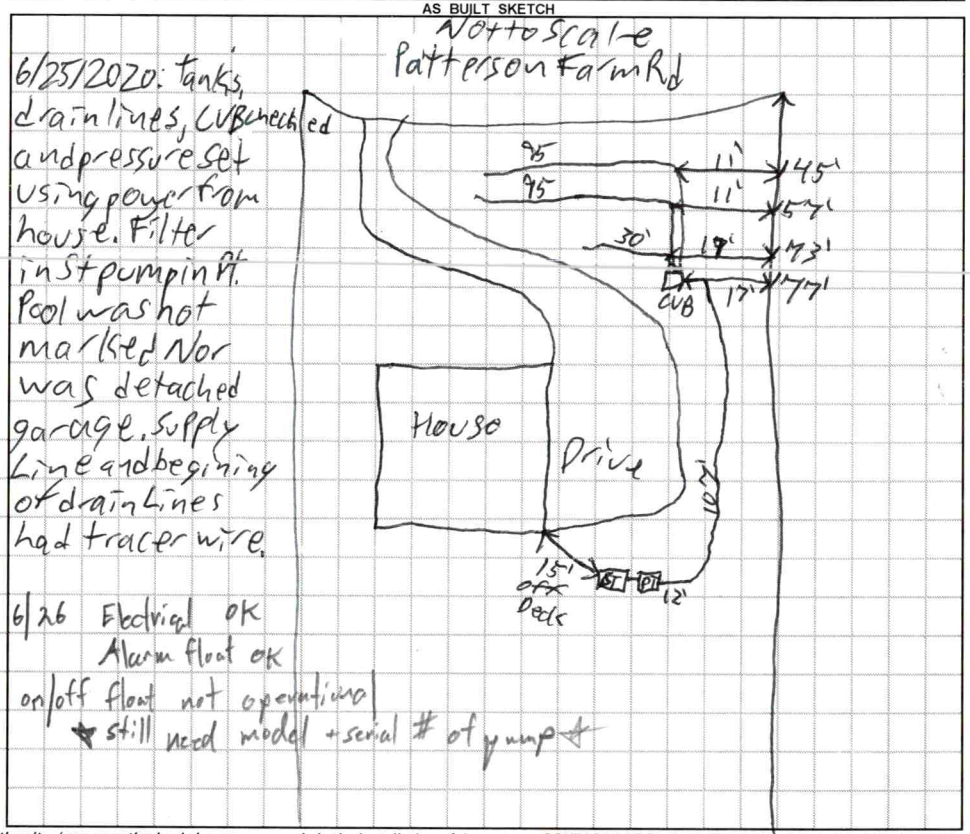
INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, PA

LSS # 1313

AS BUILT SKETCH



6/25/2020: tanks, drainlines, CVB checked and pressure set using power from house. Filter in st pumping pt. Pool was not marked Nor was detached garage. supply Line and begining of drain Lines had tracer wire.

6/26 Electrical ok
Alarm float ok
on/off float not operationing
★ still need model + serial # of pump ★

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 mo.*

Owner / Applicant Signature: [signature] Date: 10-2-

IMPROVEMENT PERMIT by: Benjamin A Bull Date: 10/16/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bull Date: 10/21/19

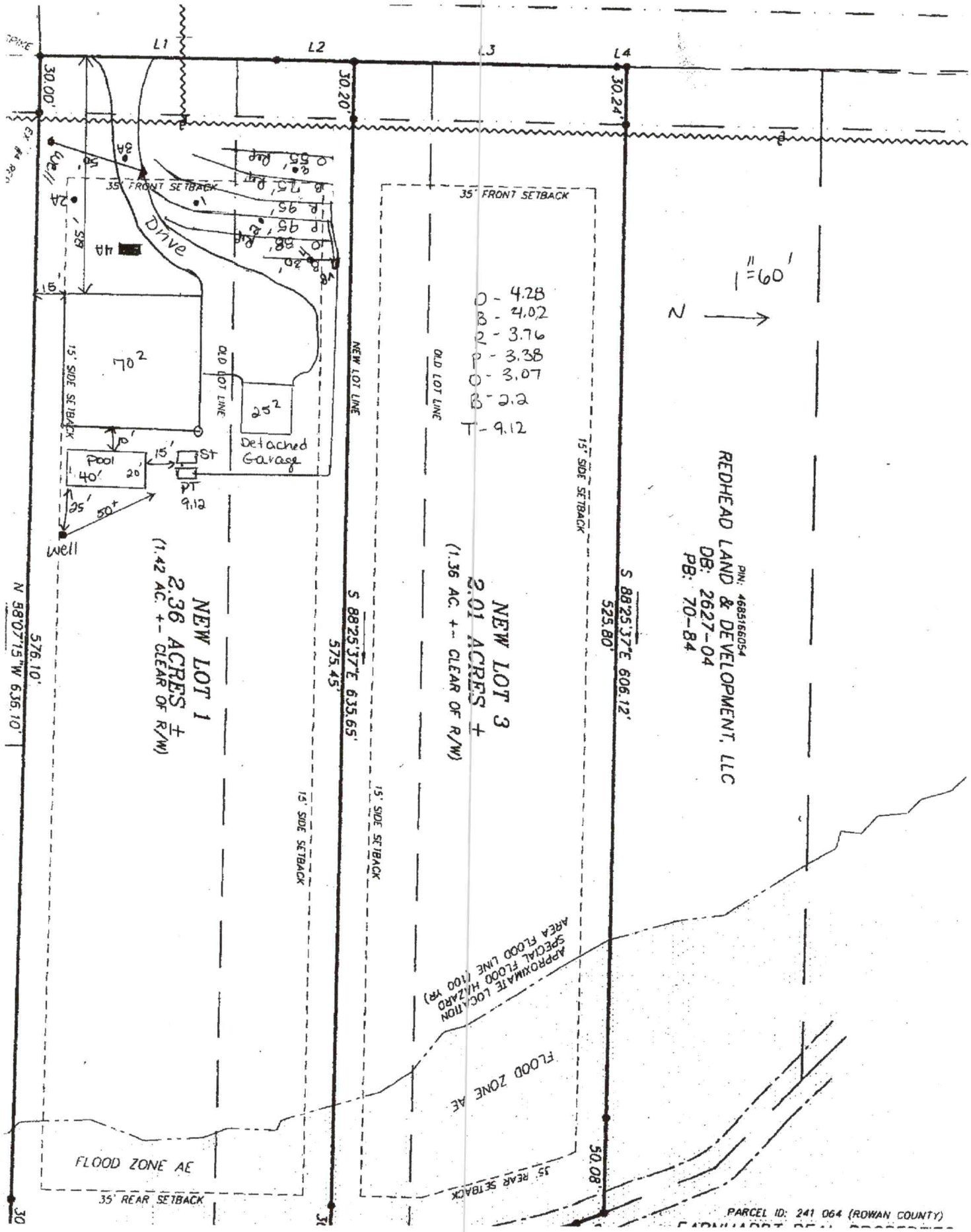
Installed by: Rowan Septic

OPERATION PERMIT by: Patrick J Bglett III Date: 6/30/2020

Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	6/25/2020	PJB
Tanks Checked	6/25/2020	PJB
Pressure Manifold or Valve Box Checked	6/25/2020	PJB
Pressure Head Set	6/25/2020	PJB
Electrical Checked	6/26/2020	SP
Floats Set	6/30/2020	PJB
Alarm Checked	6/26/2020	SP
Maintenance Contract (Y)/ N	11-29-20	mm
Comments:		


L1
L2
L3
L4
30.00'
30.20'
30.24'
35' FRONT SETBACK
Drive
Well
15' SIDE SETBACK
70²
OLD LOT LINE
NEW LOT LINE
20²
Detached Garage
Pool
40' 20'
ST
PT
9.12
25'
50+
NEW LOT 1
2.36 ACRES ±
(1.42 AC. +- CLEAR OF R/W)
N 88°07'15"W 636.10'
576.10'
S 88°25'37"E 635.65'
575.45'
15' SIDE SETBACK
35' REAR SETBACK
FLOOD ZONE AE
NEW LOT 3
2.01 ACRES ±
(1.36 AC. +- CLEAR OF R/W)
0 - 4.28
8 - 4.02
2 - 3.76
4 - 3.38
6 - 3.07
8 - 2.2
T - 9.12
S 88°25'37"E 606.12'
525.80'
50.08'
APPROXIMATE LOCATION SPECIAL FLOOD HAZARD AREA FLOOD LINE (100 YR)
1"=60'
N
REDHEAD LAND & DEVELOPMENT, LLC
PIN: 468516805 4
DB: 2627-04
PB: 70-84
PARCEL ID: 241 064 (ROWAN COUNTY)

Patterson Farm Rd Lot 1 Fast Track Septic System Information

Horizontal Placement

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.275
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Minimum Linear Feet	218
Total Linear Feet	220
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	20"
Pump Required	Yes
Distribution Device	Gate Valve Box w/LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	175' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH **40** PVC
Flow Rate through the system	25.5 gpm
Elevation head	Approx: 13 ft
Pressure head	3 ft
Friction head	2.2 ft
20% Contingency	3.64 ft
Total Head	21.84 ft
Pump Requirements	25.5 gpm @ 21.8' of head To be designed by installer.
Maximum Dosing Volume	183.6 gal -2.1 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	218
Repair LTAR	0.275

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (in.)
1	Repair	Orange	LPPPBPS	55	4.28				
2	Repair	Blue	LPPPBPS	75	4.02				
3	System	Red	LPPPBPS	95 endfed	3.76	22	22	1 per panel	5/32"
4	System	Pink	LPPPBPS	95 endfed	3.38	22	22	1 per panel	5/32"
5	Repair	Orange	LPPPBPS	88	3.07				
6	System	Blue	LPPPBPS	30 endfed	2.2	7	7	1 per panel	5/32"
						Total: 51	Total: 51 (1 in each panel turned up)		
				Total System: 220'					
				Total Repair: 218'					

Tank	Red	1500 gal (2 compartment)	
Pump Tank	Red	1500 gal.	9.12
House	blue		

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Shave down berm; needs slight shaping so water flows towards street
Be careful not to over grade; shallow useable soil.
Soils on this tract are variable; soil features may exist that were not encountered during the eval.

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
PERTY ID #:
COUNTY: Iredell

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

OWNER: IQ Custom Const
ADDRESS: 840 Edmiston Rd
PROPOSED FACILITY: SFR
LOCATION OF SITE: ~~Lot 7~~ Lot 1
APPLICATION DATE
DATE EVALUATED: 6/26/19
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 2.36 Ac
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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L	0-36	Mo SBK/GR	Fi SS/SP	R; C Mn				0.275
		36-52	WK SBK CL	FR SS/SP	R; F Mn				
2	L 2-3%	0-33	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		33-48	WK SBK C	↓	R; F sap				
3	L 2-3%	0-24	Mo SBK C	FR SS/SP	R; F Mn	48+	N/A	N/A	0.3
		24-48	WK SBK CL	↓	R				
4	L 2-3%	0-24	Mo SBK C	FR SS/SP	R	48+	N/A	N/A	0.3
		24-48	WK SBK CL	↓	R; C sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV H	IV H
Site LTAR	0.275	0.275

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

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

COMMENTS:

Updated February 2014

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

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

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

OWNER: IQ Custom Const. APPLICATION DATE ___
ADDRESS: 840 Edmiston Rd Mt Ulla DATE EVALUATED: 6/26/19
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: 1.48 Ac
LOCATION OF SITE: Lot 1 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3-5%	0-6	Mo GR SCL	FR SS/SP	BR R				
		6-36	Mo SBK C	Fi SS/SP	R; F/C Mn				
		36-48	Mo SBK CL	↓	R; F/C Mn				0.275
						48+	N/A	N/A	
2A	L 3-5%	0-20	Mo SBK C	Fi SS/SP	R				
		20-32	"	"	R; FCSL Sap				.275 to 32"
		32-36	"	Fi S/P	yel R; C yel Br				
		36"	2 Chr			36+	N/A	32"	
3A	L 3-5%	0-32	Mo SBK C	Fi S/P	R				
		32-36	Mo SBK C	"	R; F Mn				0.275 to 36"
		36"	VFi C			36+	N/A	36"	
4A	L 3-5%	0-19	Mo GR SL/SCL	FR SS/SP	R Br				
		19-48	Mo SBK C	↓	R				0.3
			In Berm			48+	N/A	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AvailableSpace (.1945)	PS	PS
System Type(s)	IV H	IV H
Site LTAR	0.275	0.275

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

LICENSED SOIL SCIENTIST KATHLEEN M. SAUNDERS 1313 STATE OF NORTH CAROLINA

COMMENTS: Horizontal Placement Remove Ag. Berm

Updated February 2014

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Patterson Farm Rd Lot 1

Date: July 18, 2019

Attached is the septic specification information required to permit Patterson Farm Rd Lot 1 (portion of PIN 4685166184) for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

RECEIVED AUG 1 3 2019

AUG 1 3 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 Session Law

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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.

#247482

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: IQ Custom Const Address: 840 Edmiston Rd Mnt Ulla Zip: 28125
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (Less)

Property Information:

Street Address: 808 Patterson Farm Rd
Subdivision Name: Meadows Place Section/Phase: _____ Lot Number: 1
Driving Directions: Linwood, R Patterson Farm Rd, on L

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
(X) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Kathleen Saunders 7-19-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, IQ Custom Construction, am the legal owner(s) of the property located at 808 Patterson Farm Rd, identified as PIN (Parcel Identification Number) Part of 4685 16 6184, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, 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.

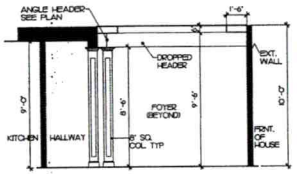
Signature of Owner(s) Date

Signature of Witness Date

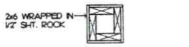
Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



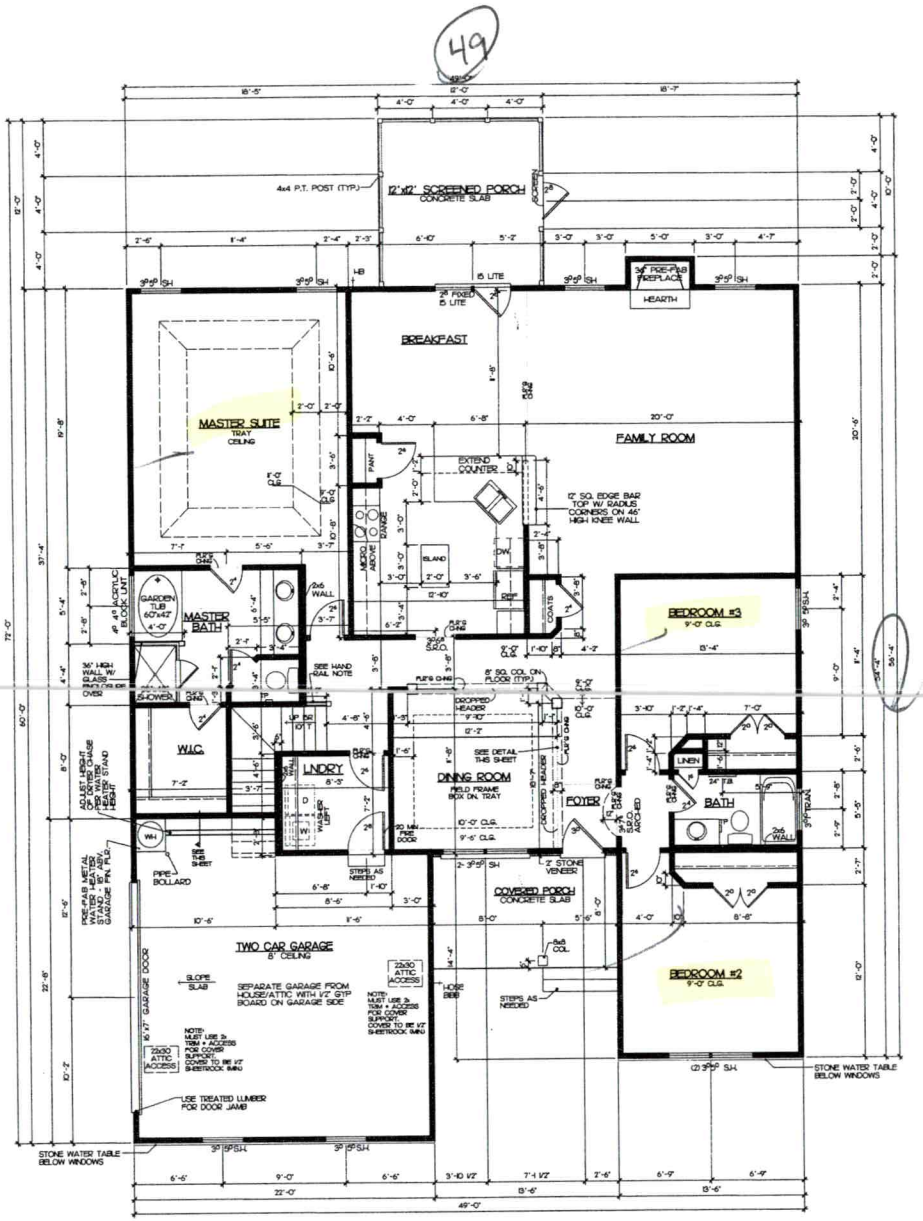
① COLUMN DETAIL AT DINING RM.
1/4" = 1'-0"

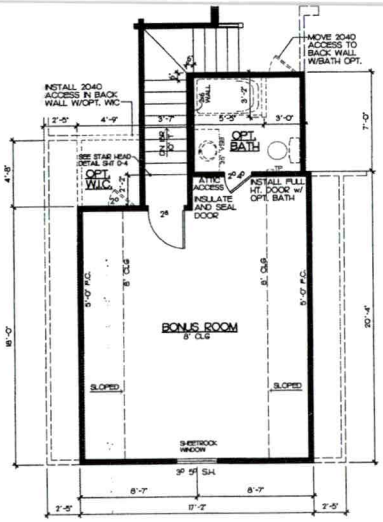


TYPICAL INTERIOR COLUMN IN PLAN
N.T.S.



DRYER VENT CHASE
VERIFY HT. W/ WATER HEATER STAND IF APPLICABLE
1/4"=1'-0"



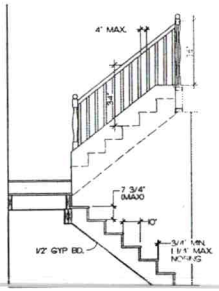


BONUS RM. PLAN
NOTES: -WINDOW R.O. TO BE SAME AS WINDOW CALL OUT
-SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS
-CASED OPENING AT ALL BI-FOLD DOORS
1/4" = 1'-0"

FIRST FLOOR PLAN
NOTES: -WINDOW R.O. TO BE SAME AS WINDOW CALL OUT
-SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS
-CASED OPENING AT ALL BI-FOLD DOORS
-SEE DETAIL SHEET FOR ADDITIONAL DETAILS
1/4" = 1'-0"

SQUARE FOOTAGE	
FIRST FLOOR	2,125
SECOND FLOOR	338
TOTAL	2,463
OPT. BATH	61
OPT. WIC	23
FRONT PORCH	108
SCREEN PORCH	144
2 CAR GARAGE	468

HANDRAIL NOTE
HAND RAIL TO BE EITHER HALF WALL WITH WOOD CAP OR OPEN HANDRAIL WITH WOOD SPINDLES. COORDINATE TYPE WITH SERIES SPECS. FOR HALF WALL SEE DETAIL SHEET D-4. FOR OPEN TYPE HANDRAIL, COORDINATE WITH STAIRCASE SUPPLIER.



TYPICAL STAIR DETAIL
STAIR CONFIG PER PLAN
3/8"=1'-0"

NOTE: ALL WINDOWS TO BE LOW E GLASS

WINDOW THERMAL PERFORMANCE	
GLASS TYPE	LowE-140
U-FACTOR	0.36
R-VALUE	2.78
SHGC	0.19
VLT	0.28

THE DATA LISTED IS FOR PLYGEM 1100 SERIES SINGLE HUNG VINYL WINDOW.

INSULATION R-VALUES	
EXTERIOR WALLS	R-13 KRAFT BATT 3 1/2" THICK
OPEN WALLS	R-19 KRAFT BATT 6 1/4" THICK
BONUS ROOM FLOOR	R-19 KRAFT BATT 6 1/4" THICK
SLOPED CEILING	R-30 KRAFT BATT 10" THICK
HVAC PLATFORM	R-30 KRAFT BATT 10" THICK
FLAT CEILING	R-30 LOOSE FILL 12" THICK
CRAWL SPACE	R-19 KRAFT BATT 6 1/4" THICK w/6 MIL. BLACK POLYETHYLENE

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2006 I.R.C.

Acknowledgement Of Plans Submittal ONLY!
Date 10/16/12
Date 11-12-12

Drafting & Design Inc.
Charlotte, NC
704-542-9658

COPYRIGHT STATEMENT
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IQ CUSTOM CONSTRUCTION
840 Edmonston Rd. Mt. Ulla, NC 28125 Ph. 704-660-8738

Project: The Shelburne
Sheet Title: FLOOR PLAN

Drawn By: J. BODNAR
Date: 05-31-10
REV: 7-19-11, 8-4-11
Site:

246.3FP
Sheet: 3

IREDELL COUNTY

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

APPLICATION NUMBER
247482
Issue Date: 08/13/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4685166184.000	808 PATTERSON FARM ROAD, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	ARMSTRONG LYNNEASE D	Applicant:	THE OAKS GROUP
Address:	820 PATTERSON FARM RD	Address:	121 HOLT LN
	MOORESVILLE, NC 28115		MOORESVILLE, NC 28117
Phone:		Phone:	704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
11.393	35.00	35.00	15.00	15.00	BOWC	AE

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	188629	TOTAL FEES:	$ 77.25