IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 242509

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

PIN # 4704480678

APPLICANT/OWNER: Clayton Hennes APPLICANT ADDRESS: 2026 Northside Dr Statesville NC

SITE ADDRESS: 105 Colonial Heights Statesville NC 28625 PHONE: 704 873 2597 ALT. PHONE 704 929-1552

SITE DIRECTIONS: I40 to old MTN Rd toward Taylorsville R on colonial Heights SAP CONTROLLED: ☐ YES ☒ NO

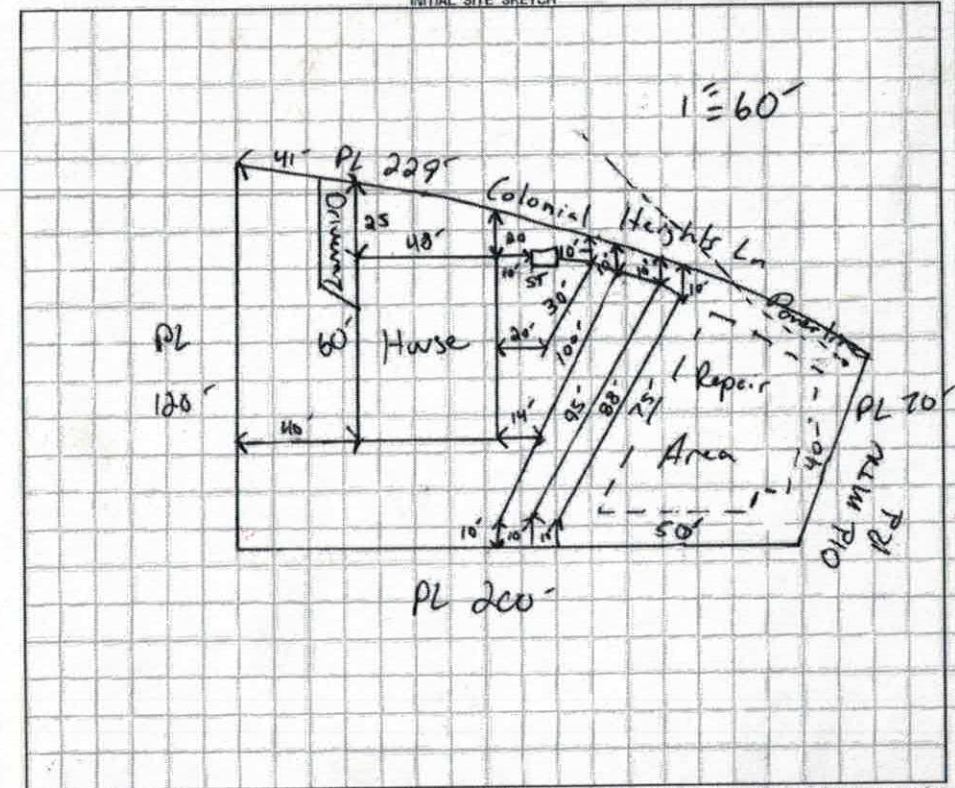
SUBDIVISION: Colonial Acres SECTION: - LOT # 1-4 LOT AREA: 0.5 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	4-13-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	Max 34"	Gravel Depth	-		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

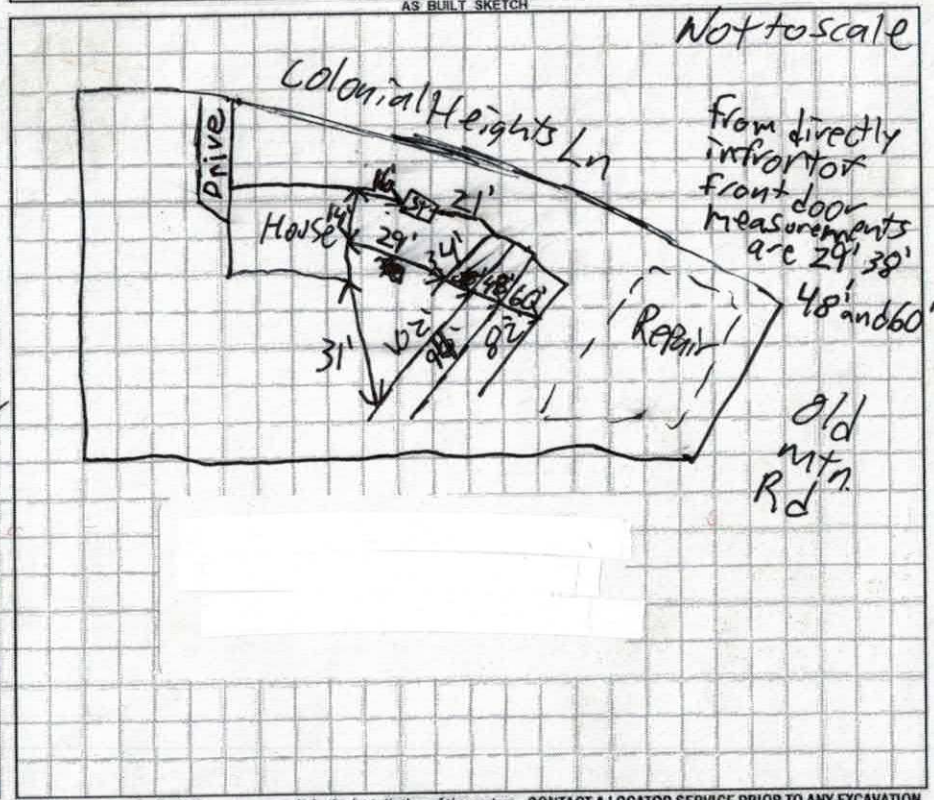
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on center of land and use Serial distribution. Do not grade, pave, or bury utilities in drainfield area. Maintain 15' from center of powerlines.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Date: 4-8-19 Installed by: SteveJ

IMPROVEMENT PERMIT by: Date: 4-5-19 OPERATION PERMIT by: Patricia J Bagwell Date: 05/29/19

AUTHORIZATION TO CONSTRUCT by: Date: 4-5-19 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.

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

Sheet 1 of 1
PROPERTY ID #: 470448067 8
COUNTY: Iredell

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

OWNER: Clayton Homes
APPLICATION DATE 2/25/19
ADDRESS: 2024 Northside Dr Statesville
DATE EVALUATED: 4-4-19
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: -
LOCATION OF SITE: 105 Colonial Heights
PROPERTY RECORDED: Yes
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 3-4%	0-13	SBk SCL	Fr SSSP Serp	N/A	48"	N/A	N/A	PS .3
		13-32	SBk C	Fr SS SP Serp					
		32-48	SBk CL	Fr SS SP Serp					
2	SS 3-4%	0-10	SBk SCL	Fr SS SP Serp	N/A	48"	Sap Inc @ 36"	N/A	PS .3
		10-36	SBk C	Fr SSSP Serp					
		36-48	SBk CL	Fr SS SP Serp					
3	SS 3-4%	0-9	SBk SCL	Fr SSSP Serp	N/A	48"	N/A	N/A	PS .3
		9-25	SBk C	Fr SS SP Serp					
		25-48	SBk CL	Fr SS SP Serp					
4	SS 3-4%	0-9	SBk SCL	Fr SS SP Serp	N/A	48"	N/A	N/A	PS .3
		9-36	SBk C	Fr SS SP Serp					
		36-48	SBk CL	Fr SS SP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25%	50%
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

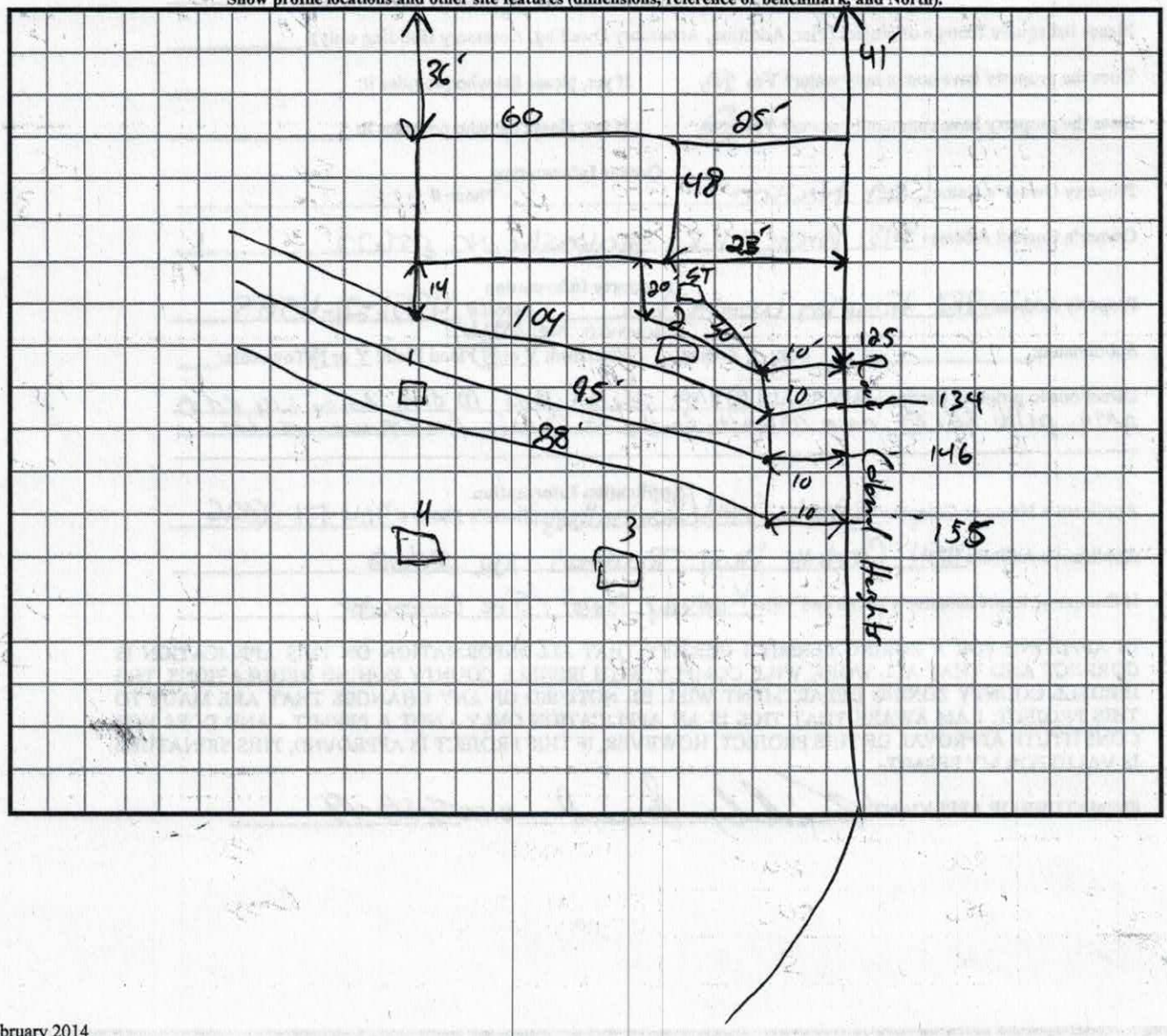
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED MAR 1 - 2018
~~RECEIVED FEB 2 6~~ 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: X Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Paid $500.00 # 242509
The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CLAYTON HOMES STATESVILLE	2024 NORTHSIDE DR STATESVILLE	704 873 2547	704 929 15 ADAM
AMY LERCH	15521 VILLAGE CIR BILOXI MS 39532	2288601442	

Owner Name

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
105 COLONIAL HEIGHTS	COLONIAL ACRES	LOT 1-4

Driving Directions: 115 N TO ISLAND RD TO OLD MTN TAKE (R) SITE APP. 4m. on (R)

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

- X Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water X Other Public Water (COUNTY WEST IREDELL)

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional X Other 25% REDUCTION

8. **Please Answer The Following** ( ) Yes X No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes X No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** _____ CLAYTON HOMES STATESVILLE 2/25/18
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, Amy Wilson Lerch, am the legal owner(s) of the property located at 105 Colonial Lane Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4704806678, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CHAYTON HOMES STATESVILLE ADAM CASSTEVENS (PROJECT MNGR, 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.

Amy Wilson Lerch _____ _____ 2/25/19
Signature of Owner(s) Date Signature of Witness Date
Feb 25, 2019
1:27 PM

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

Type: CONSOLIDATED REAL PROPERTY
Recorded: 8/3/2018 10:23:29 AM
Fee Amt: $26.00 Page 1 of 6
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2570 PG 214 - 219

Revenue Stamps: None

Prepared by Russell W. Chapman, Jr., 320 W. Broad Street, Statesville, NC 28677

No title opinion rendered or implied by preparer of deed.

GENERAL WARRANTY DEED

NORTH CAROLINA – IREDELL COUNTY

This deed, made and entered into this 19th day of July, 2018, by and between **Joan Wilson Rose and husband, Rick W. Rose** whose address is 192 Congo Road, Statesville, NC 28625; **Norris Craig Wilson and wife, Carolyn H. Wilson; and Gilbert Gray Fowler and wife, Bonnie L. Fowler ("Grantors")**; and **Amy Wilson Lerch,** whose address is 15521 Village Circle, Biloxi, MS 39532 **("Grantee")**

The said Grantors, for and in consideration of the sum of Ten Dollars ($10.00) and other good and valuable consideration to them in hand paid by the said Grantee, the receipt of which is hereby acknowledged, have bargained and sold, and by these presents do grant, bargain, sell, and convey unto the said Grantee, her heirs and assigns, a certain tract or parcel of land lying and being in Shiloh Township, Iredell County, and more particularly described on the legal description attached hereto.

The property conveyed herein is not the principal residence of the Grantors herein.

Gilbert Gray Fowler and wife, Bonnie L. Fowler join in this conveyance solely for the purpose of releasing their first right of refusal contained in an Agreement recorded at Deed Book 691, Page 825, Iredell County Registry.

To have and to hold the aforesaid tract or parcel of land, together with all privileges and appurtenances thereunto belonging to them, the said Grantee and her heirs and assigns, in fee simple forever.

And the said Grantors do covenant that they are seized of said lands in fee and have the right to convey the same in fee simple, that the same is free and clear of all encumbrances, and that they will warrant and defend the title herein conveyed against the lawful claims of all persons whomsoever.

In Testimony Whereof, the said Grantors have hereunto set their hands and seals as of the day and year first above-written.

R.O.T.C.

Page Count: 6
☐NS ☐PG ☐SI

Joan Wilson Rose (SEAL)
Joan Wilson Rose

Rick W. Rose (SEAL)
Rick W. Rose

_____ (SEAL)
Norris Craig Wilson

_____ (SEAL)
Carolyn H. Wilson

Gilbert Gray Fowler (SEAL)
Gilbert Gray Fowler

Bonnie L. Fowler (SEAL)
Bonnie L. Fowler

STATE OF NC – COUNTY OF Iredell

I, Patricia C. Abbott, a Notary Public of Iredell County, NC do hereby certify that **Joan Wilson Rose and husband, Rick W. Rose** personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official stamp or seal this the 24th day of July, 2018.

My commission expires: 10/6/18

Patricia C. Abbott
NOTARY PUBLIC
Iredell County, NC
My Commission Expires 10/6/2018

Patricia C. Abbott
Notary Public

STATE OF NC – COUNTY OF _____

I, _____, a Notary Public of _____ County, NC do hereby certify that **Norris Craig Wilson and wife, Carolyn H. Wilson** personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official stamp or seal this the _____ day of July, 2018.

_____

My commission expires: _____ Notary Public

STATE OF NC – COUNTY OF Iredell

I, Tracie Dishman, a Notary Public of Iredell County, NC do hereby certify that **Gilbert Gray Fowler and wife, Bonnie L. Fowler** personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official stamp or seal this the 25th day of July, 2018.

My commission expires: Feb. 15, 2023

Tracie Dishman
Notary Public
Iredell County, NC
My Commission Expires: Feb. 15, 2023

Tracie Dishman
Notary Public

_____(SEAL)
Joan Wilson Rose

_____(SEAL)
Rick W. Rose

Norris Craig Wilson (SEAL)
Norris Craig Wilson

Carolyn H. Wilson (SEAL)
Carolyn H. Wilson

_____(SEAL)
Gilbert Gray Fowler

_____(SEAL)
Bonnie L. Fowler

STATE OF NC – COUNTY OF _____

I, _____, a Notary Public of _____ County, NC do hereby certify that **Joan Wilson Rose and husband, Rick W. Rose** personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official stamp or seal this the _____day of July, 2018.

My commission expires: _____ Notary Public

STATE OF NC – COUNTY OF Wake

I, Wendy M Safrit, a Notary Public of Wake County, NC do hereby certify that **Norris Craig Wilson and wife, Carolyn H. Wilson** personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official stamp or seal this the 27 day of July, 2018.

WENDY M. SAFRIT NOTARY PUBLIC WAKE COUNTY, NC

My commission expires: March 04, 2023 Wendy M Safrit
Notary Public

STATE OF NC – COUNTY OF _____

I, _____, a Notary Public of _____ County, NC do hereby certify that **Gilbert Gray Fowler and wife, Bonnie L. Fowler** personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official stamp or seal this the _____ day of July, 2018.

_____

My commission expires: _____
Notary Public

PIN: 4704-48-0678
Map No: 14-08M02000A001
Property Address: 105 Colonial Heights Lane, Statesville, NC 28625

Being all of Lot Nos. 1, 2, 3, and 4, in Colonial Acres Subdivision, as shown on a general map thereof and recorded in Plat Book 9, at Page 34, in the Iredell County Registry, and being the identical property conveyed to Betty W. Wilson and Amy Lucinda Wilson by general warranty deed recorded in Deed Book 711, Page 648, Iredell County Registry.

Betty W. Wilson died February 08, 2018 survived by her three children: Joan Wilson Rose, Norris Craig Wilson, and Amy Wilson Lerch. See Book 104, Page 176, Iredell County Death Records.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

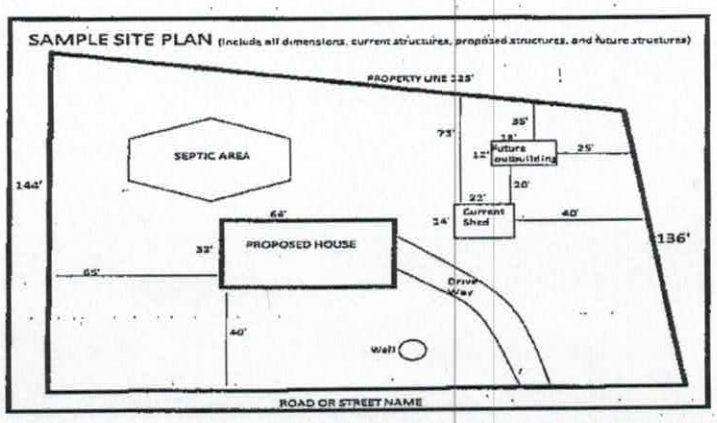
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property... N/A

_____ Location of easements and rights of ways on your property... N/A **_____ Location of any designated wetlands on the property... N/A**



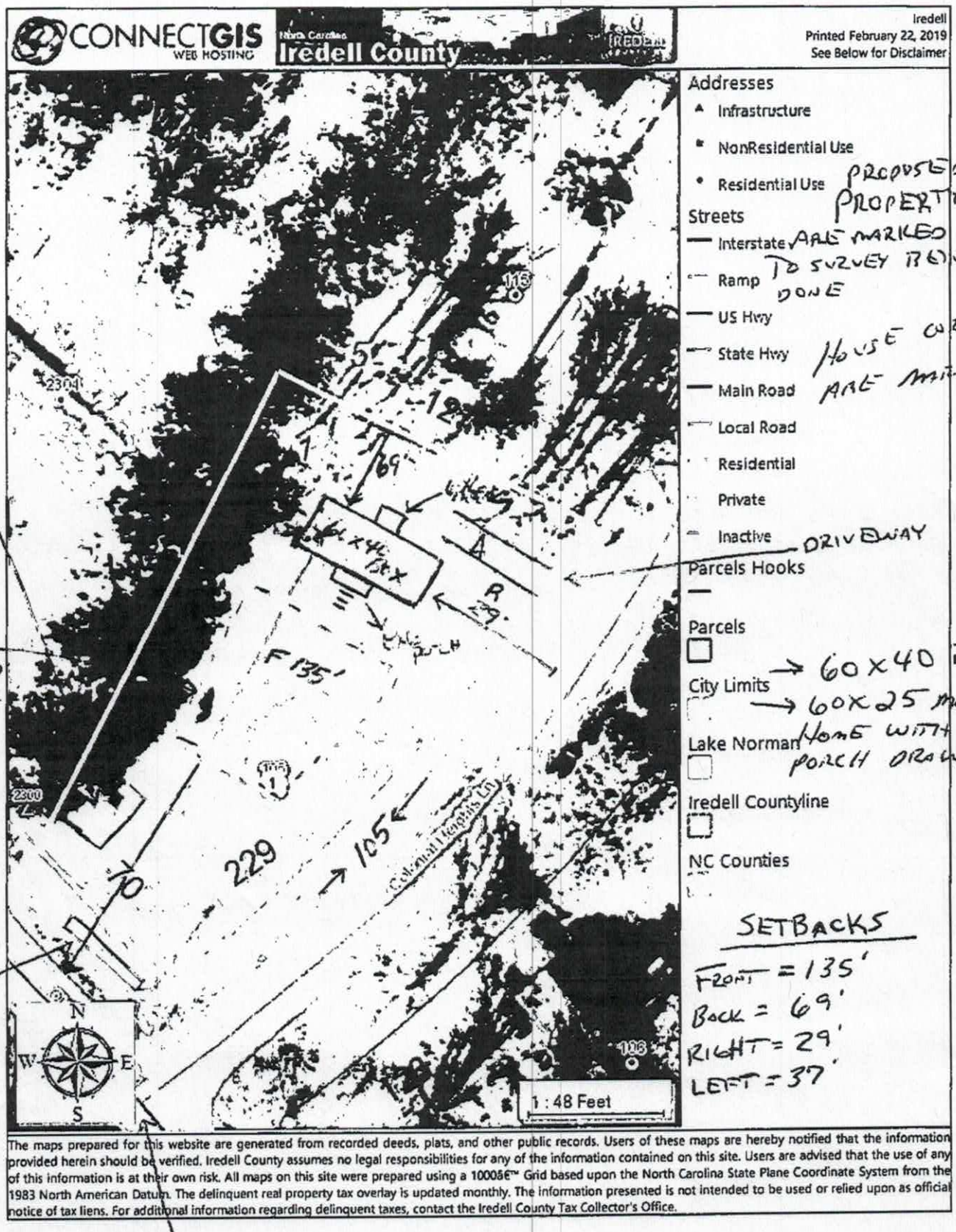
USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED

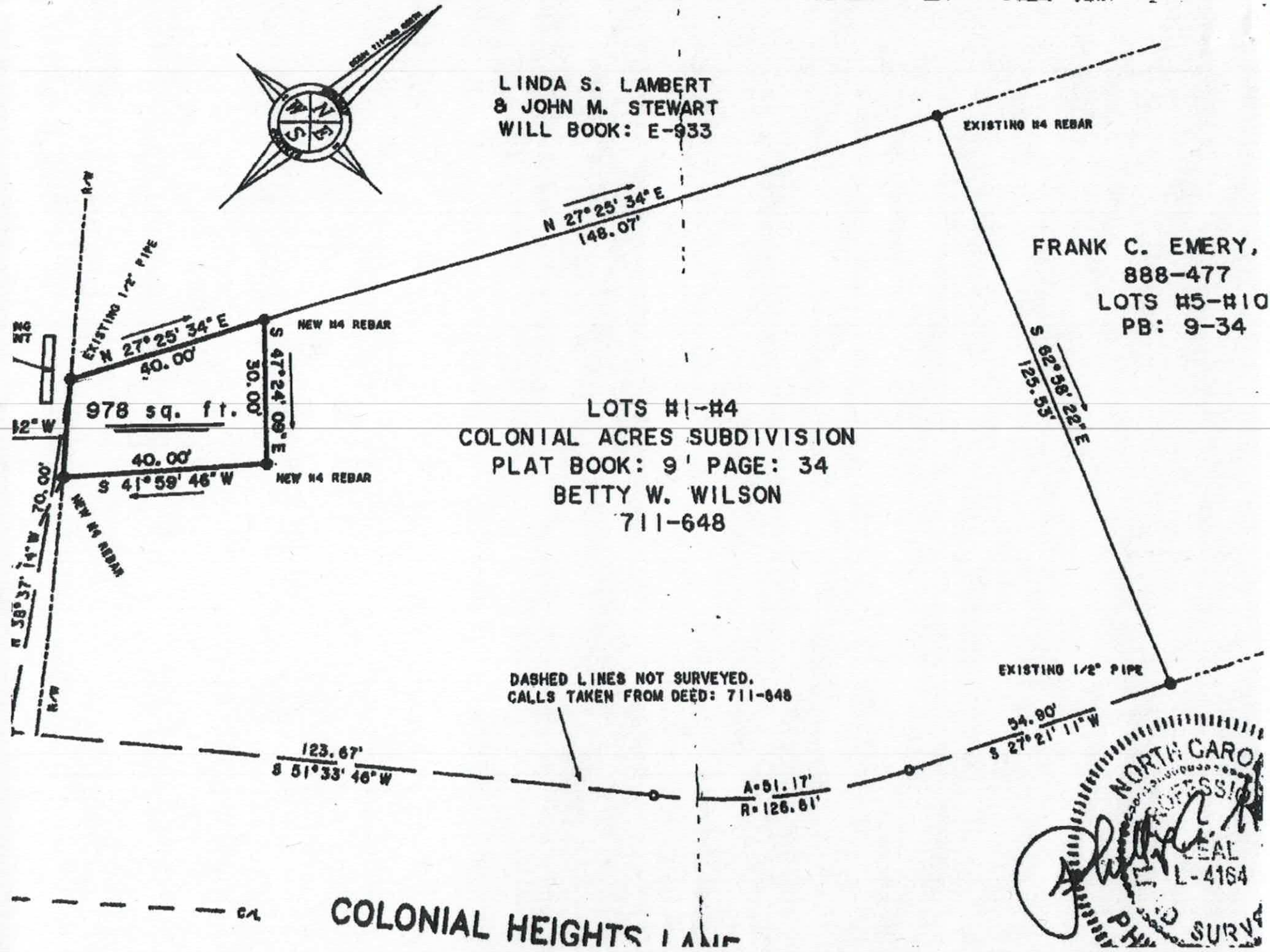
Signature: [signature] CLAYTON HOMES STATESVILLE 2/25/19

REQUIRED **property owner or owner's legal representative signature.** **DATE**

PIN 4704480678



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 100056™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.


LINDA S. LAMBERT
& JOHN M. STEWART
WILL BOOK: E-933
EXISTING #4 REBAR
N 27° 25' 34" E
148.07'
FRANK C. EMERY,
888-477
LOTS #5-#10
PB: 9-34
EXISTING 1/2" PIPE
NEW #4 REBAR
N 27° 25' 34" E
40.00'
S 47° 24' 09" E
30.00'
978 sq. ft.
S 62° 58' 22" E
125.53'
LOTS #1-#4
COLONIAL ACRES SUBDIVISION
PLAT BOOK: 9 PAGE: 34
BETTY W. WILSON
711-648
40.00'
S 41° 59' 46" W
NEW #4 REBAR
70.00'
NEW #4 REBAR
DASHED LINES NOT SURVEYED.
CALLS TAKEN FROM DEED: 711-648
EXISTING 1/2" PIPE
54.90'
S 27° 21' 11" W
123.67'
S 51° 33' 46" W
A=51.17'
R=126.61'
NORTH CARO
SEAL
L-4164
COLONIAL HEIGHTS

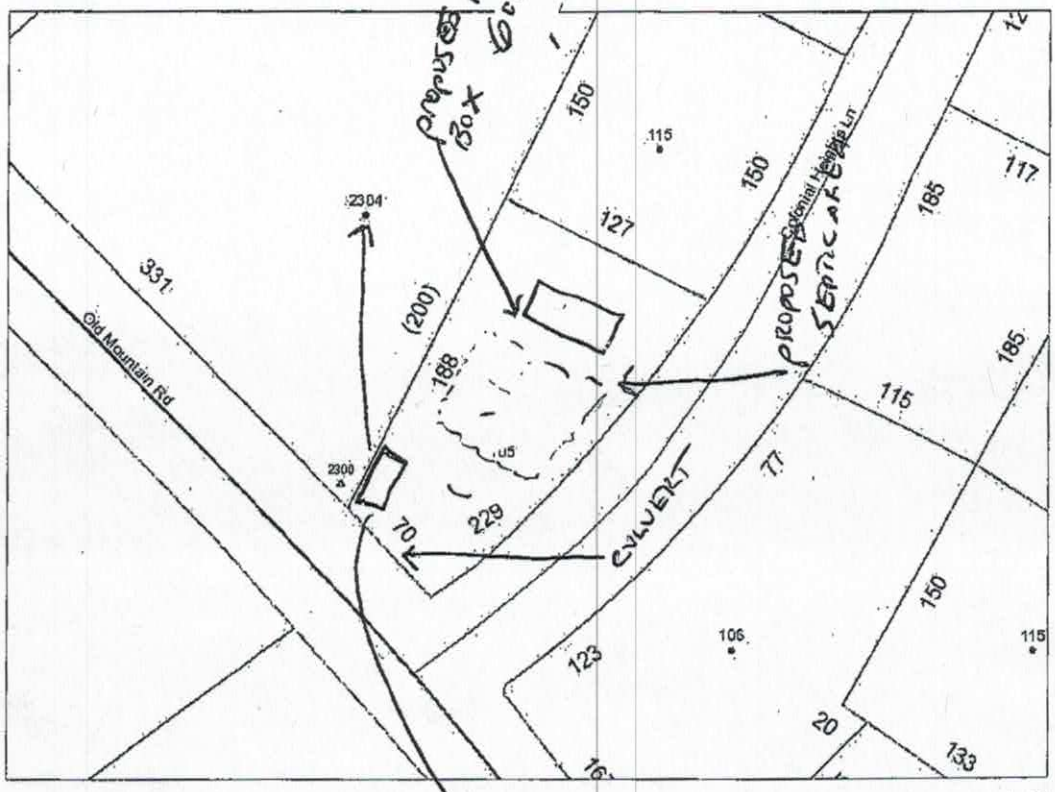
Iredell County

Property Data

Parcel Number: 4704480678.000
Inquiry Date: 2/13/2019

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



THIS MAY ACTUALLY GO WITH 2304 TO LEFT OF THIS SITE

CONFIRMED WITH COUNTY DOES HAVE COUNTY WATER

Owner/Property Info

Tax Account Number: 80055801
Old Parcel Number: 1408M02000A001
Owner Name: LERCH AMY W
Mailing Address: 15521 VILLAGE CIR BILOXI MS 39532
Property Location: COLONIAL HEIGHTS LN
Lot Number: 1-4
Legal Description: COLONIAL ACRES PB9-34

Municipal Information

Township Code: 14
City Code: 00
Neighborhood Code: 14011

Value Information - Current Year Property Record Card (PRC)

Building Value: 0
Other Building Features: 0
Land Value: 16150
Tax Assessed Value: 16150
Deferred: 0

Land Information - Register of Deeds Online Search

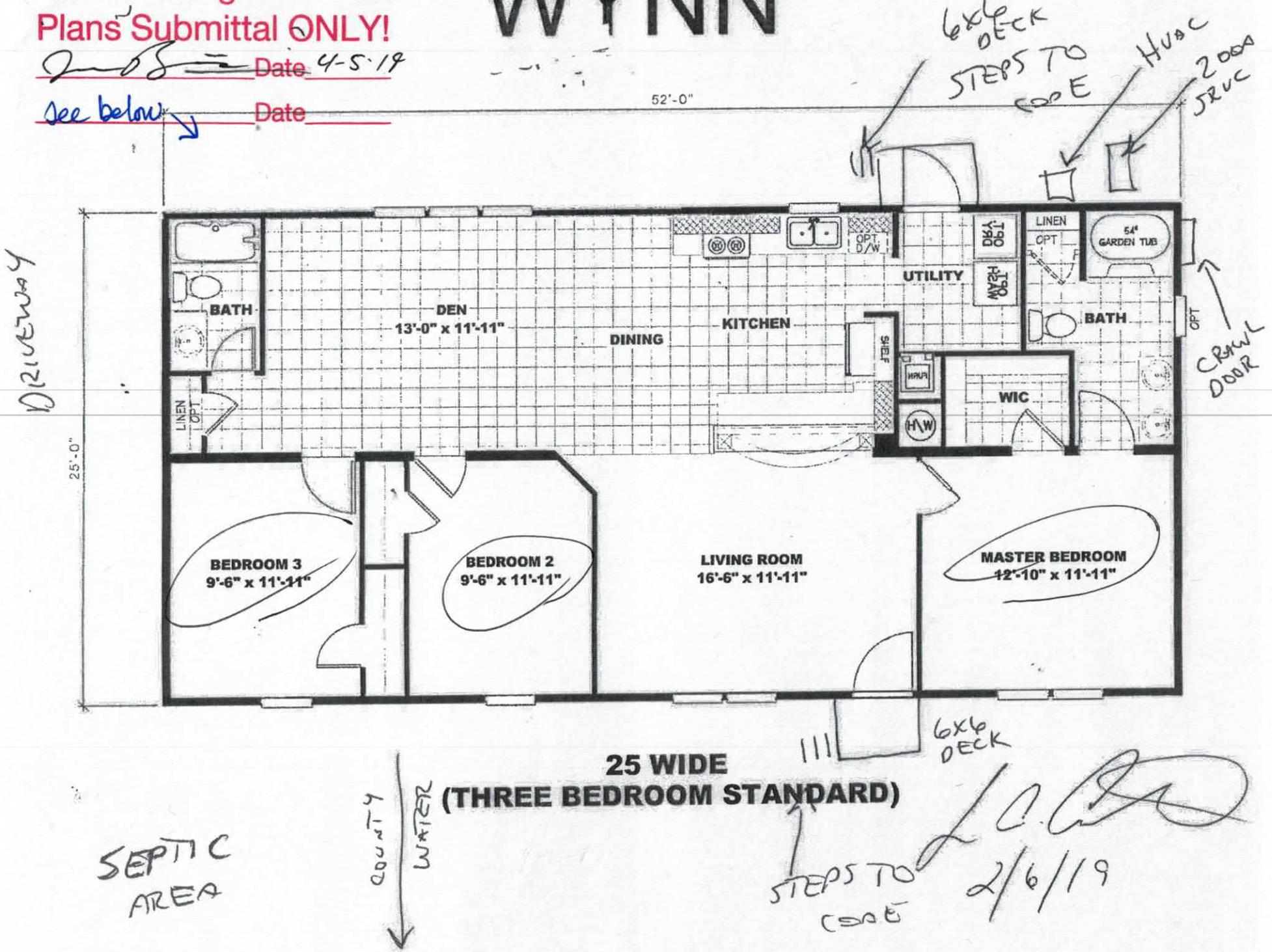
Date Recorded	Document Type	Deed Book	Deed Page	Plat Book & Page	Land Area	Land Type	Zoning

Acknowledgement Of
Plans Submittal ONLY!

Date 4-5-19

See below ↘ Date

WYNN



2/6/19

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
242509
Issue Date: 02/26/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4704480678.000	105 COLONIAL HEIGHTS LANE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: WILSON BETTY W+AMY L WILSON	Applicant: CLAYTON HOMES OF STATE
Address: 2253	Address: 2026 NORTHSIDE DR
IREDELL CO, NC 28625	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NO	X

Remarks:

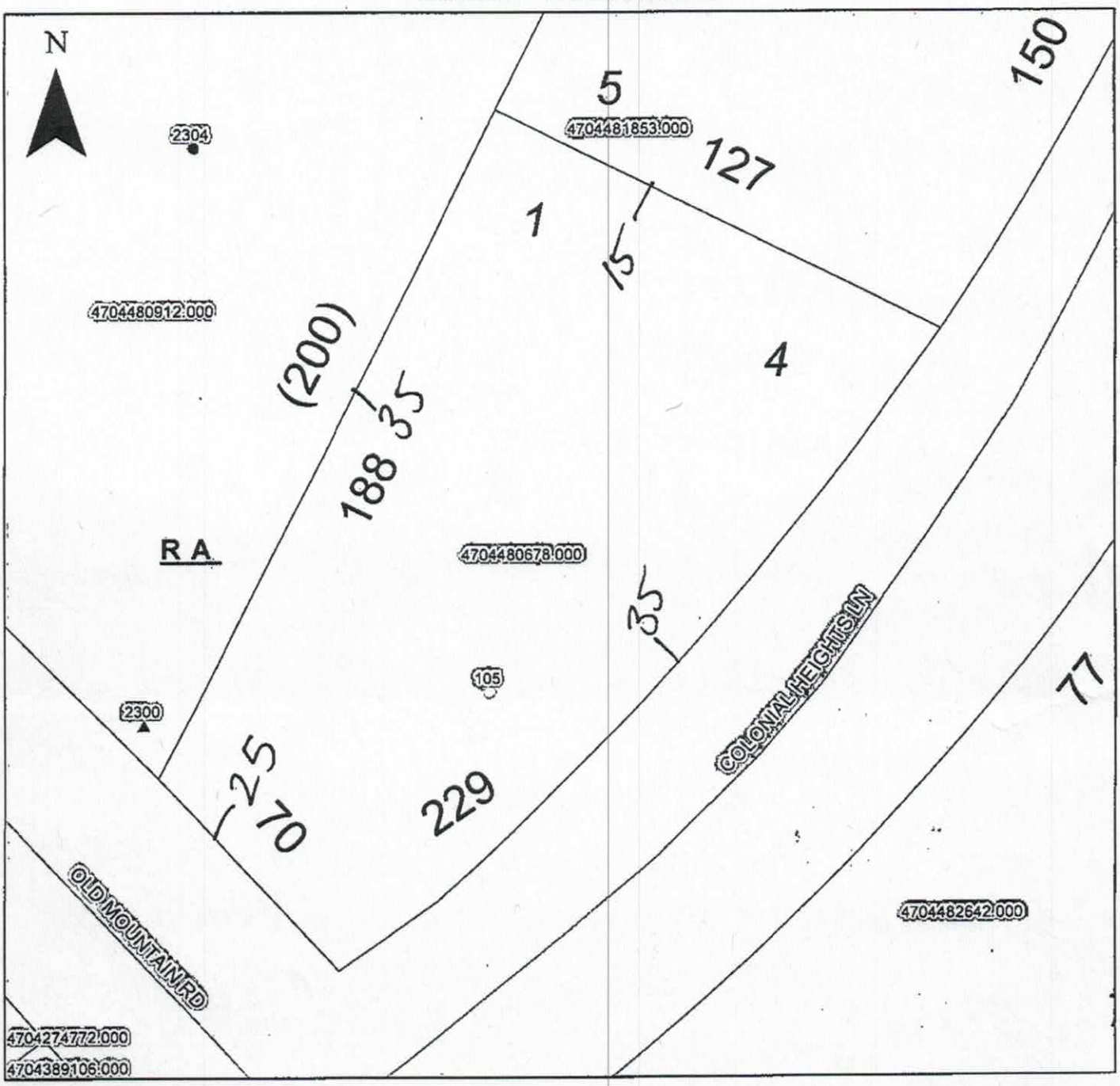
PAID
2-26-19

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	168870	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 105 COLONIAL HEIGHTS LANE

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. Applicant further acknowledges that the 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

2/24/17
Date