IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 239749

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

PIN # 4705-58-2549.

APPLICANT/OWNER: Gloria L. Wright

APPLICANT ADDRESS: 630 St. Andrews Rd Statesville 28625

SITE ADDRESS: 138 Trailway Drive, Statesville, NC 28625

PHONE: 704-872 3313

ALT. PHONE 704-224-9532.

SITE DIRECTIONS: Hwy 64 W on Lippard Farm Rd @ on Happy Acres @ on Trailway @ on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Happy Acres

SECTION: - LOT # 21 LOT AREA: .40

DESIGN FLOW: 360 gpd L.T.A.R.: .30.

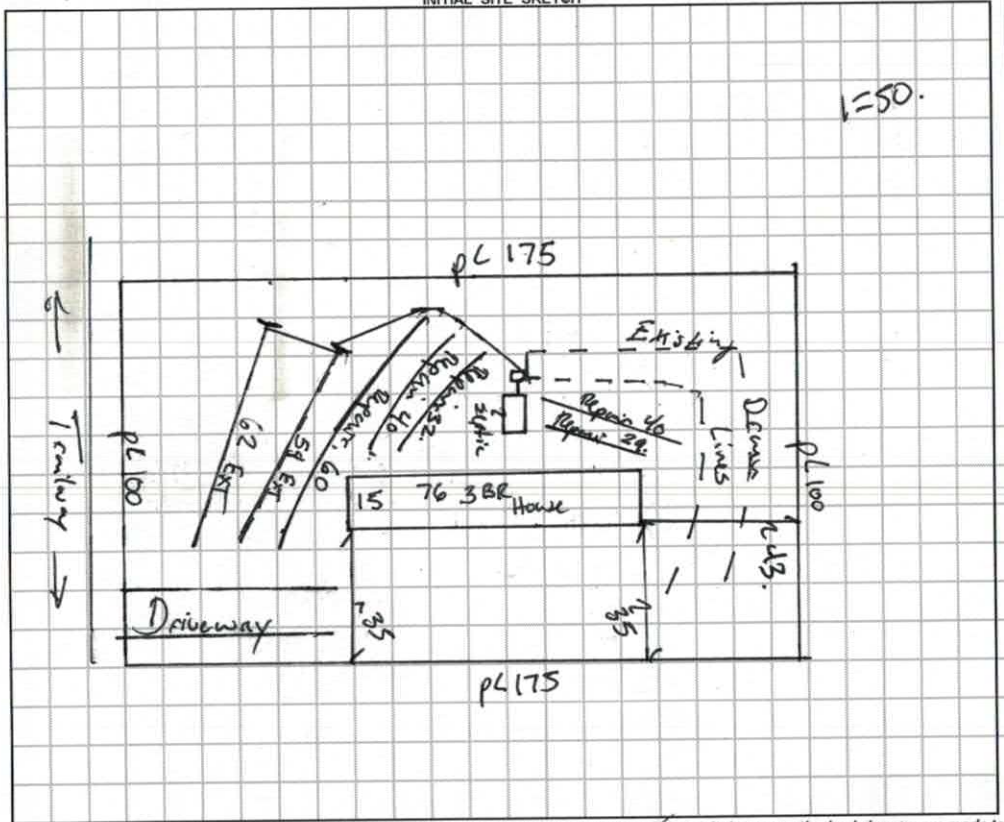
Septic Tank	1000 Ext (gal)	STB	Date	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: Existing Conv. Gravel Trenches + 25% Reduction				☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description: 50% Reduction LP-PDBPS				☐ Other	No. Employees
# Nitrification Fields 1	# Lines Ex + 2 New		Linear Ft 100	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width 36	Trench Bottom Depth(Low side)		32	Gravel Depth -	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Purpose of this permit is to show new home location and New Repair Area. Water Line must be 10 ft from any Septic Component. No Foundation Drains may be installed.

System already installed

INITIAL SITE SKETCH



AS BUILT SKETCH

24 4' Infiltrators Installed
13 in Topline
11 in bottom
Installed @ 24"

- Waterline moved to Right side of Driveway

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: 02/22/19

IMPROVEMENT PERMIT by: Benjamin A Butts Date: 2/20/2019

AUTHORIZATION TO CONSTRUCT by: Benjamin A Butts Date: 2/20/2019.

Installed by: Al Backhoe

OPERATION PERMIT by: Benjamin A Butts Date: 6/7/19.

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 #: 4705-58-2544
COUNTY: Iredell

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

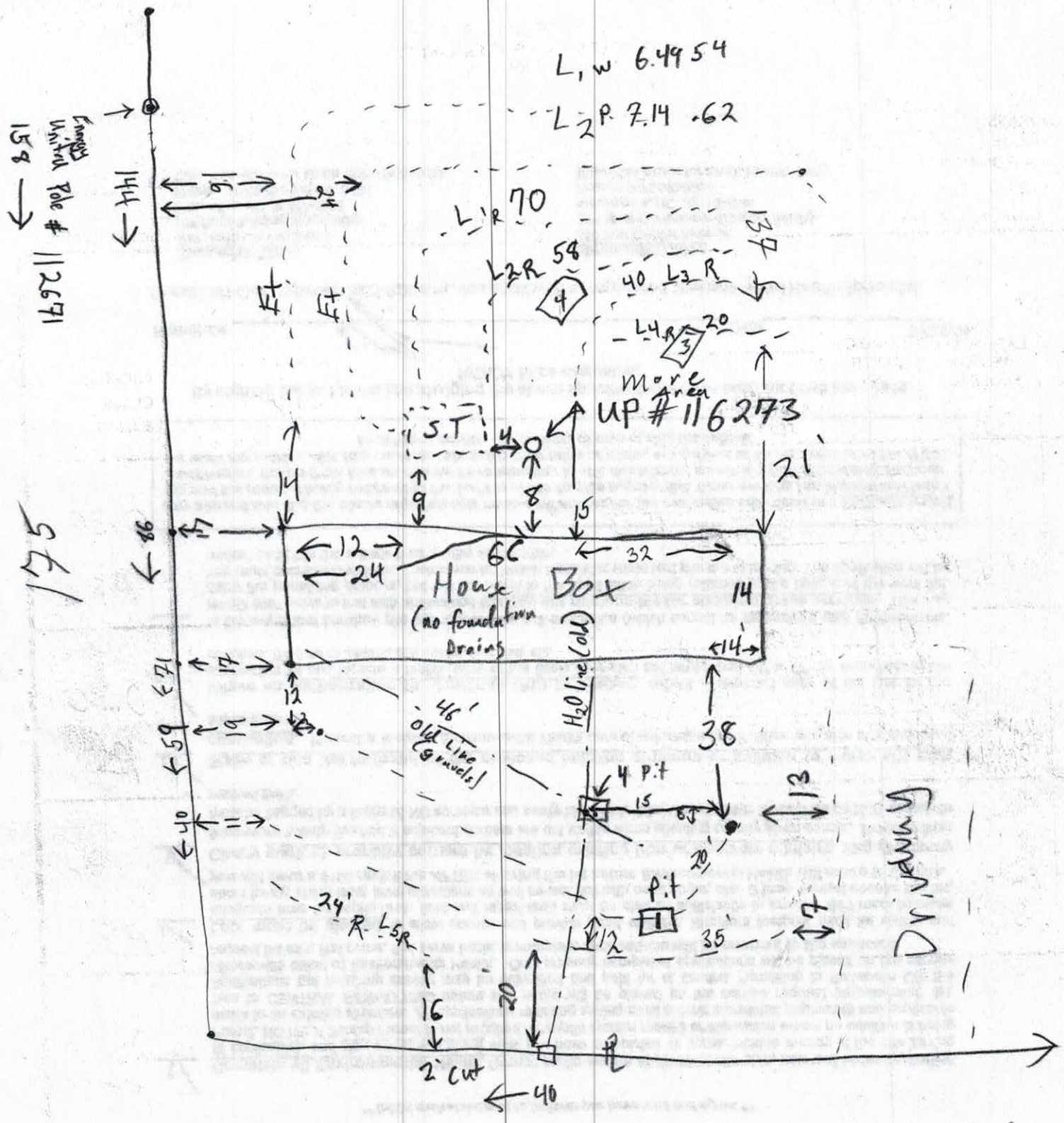
OWNER: Gloria L. Wright
ADDRESS:
APPLICATION DATE 10/23/18
DATE EVALUATED: 12/4/18
PROPOSED FACILITY: 3 BR SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.40
LOCATION OF SITE: 138 Trailway Dr. Statesville
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION 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	4% Mid Front Yard	0-5	SCL V.W.SBK	SL Firm, SS, Sp, Sexp		58"			0.30 PS
		5-21	Clay W.ABK/SBK	SL Firm, Sticky, Sp, Sexp					
		21-58	Clay Loam W.SBK common	Friable, SS, Sp, Sexp					
			Abundant Saprolite Mica						
2	0% Right Back Yard	0-8	SCL V.W.SBK	SL Firm, SS, Sp, Sexp		45			0.30 PS
		8-26	Clay M.ABK/SBK	SL Firm, Sy, Sticky, Sexp					
		26-45	Clay Loam V.W.SBK common Mica	SL Friable, SS, Sp, Sexp					
		45-66	MA Loamy Saprolite	moderately Drained + Friable					
			Some Clay Flows						
3	1% Center Back Yard	0-6	SCL V.W.SBK	SL Firm, SS, Sp, Sexp		67"			0.30 PS
		6-27	Clay M.ABK/SBK	SL Firm, Sticky, Sp, Sexp					
		27-67	Clay Loam W.SBK some Mica + Sap	SL Friable, SS, Sp, Sexp					
4	5% Middle Front	0-18	Fill-Gravel	Septic Line		60			0.30 PS
		18-60	Clay Loam W.SBK	SL Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	116'	212+
System Type(s)	25% Red	50% Red
Site LTAR	0.3	0.3

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

COMMENTS:


L, w 6.49 54
L2 P. 7.14 .62
L1 R 70
L2 R 58
L3 R 40
L4 R 20
L5 R 24
UP #116273
More Area
S.T
House Box
(no foundation Drains)
Old Line (Gravels)
H2O line (old)
4 P.it
P.it
Driveway
Road
2' cut
Repair (0% Slope in Back Yard Repair Area
L1 70
L2 58
L3 40
L4 20
188
L5 24
212

RECEIVED FEB 1 4 2018

Paid $320.00 #299749

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Gloria L. Wright Address: 130 St. Andrews Rd. Statesville Zip: 28625
Applicant Email: gwrightstuff@yahoo.com Phone: 704-872-3313 Alt. Phone: 704-224-9532
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 138 Trailway Dr., Statesville, NC 28625
Subdivision Name: Happy Acres Section/Phase: _____ Lot Number: 21
Driving Directions: #64 Toward Taylorsville, turn left onto Lippard Farm Rd. Turn right at first road, Happy Acre Dr. Take left onto Trailway Dr. Site is on right - #138 Trailway Dr.

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: _____
( ) 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
( ) 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: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water W. Iredell 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: Gloria L. Wright 2-14-19
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Gloria L. Wright

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, Gloria L Wright, am the legal owner(s) of the property located at 138 Trailway Dr., Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4705-58-2544, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

Gloria L. Wright _____ 2-14-19
Signature of Owner(s) Date

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

February 13, 2019

Mr. Michael Dagenhart
West Lewis Ferry Rd
Statesville,N.C.

Dear Mr. Dagenhart,

EnergyUnited has been contacted to grant permission to install a septic system within the limits of a Electric Distribution right-of-way corridor maintained by the cooperative at property on new Foster Ferry Dr. off West Lewis Ferry Rd., Statesville, owned by LFDD Properties,LLC. EnergyUnited does not have jurisdiction over land usage on privately owned property other than restrictions pertaining to structures erected in close proximity of energized lines. Our definition of structures is a physical building or other construction that will limit accessibility to the facilities within the 40 foot right-of-way or restricts the safe operation of the facilities.

There may be cases in which the cooperative may request the placement of drain lines to be adjusted where underground facilities exist. It is the responsibility of the landowner (or landowner's contractor) to make the necessary notifications for marking and / or locating of any buried facilities prior to excavating.

EnergyUnited would also want it understood by the landowner that we would not be liable for damage to drain fields / and or septic systems installed within the limits of the easement as a result of our access into the right-of-way to inspect or maintain facilities.

Sincerely,

EnergyUnited Electric Membership Corporation

Tony Gray
Distribution Designer

Tony Gray

mdag1957@charter.net

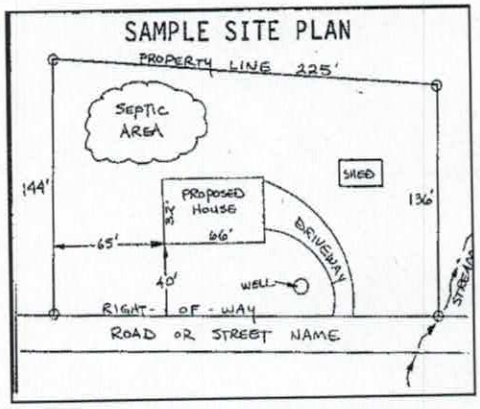
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***

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

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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

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

See Attached

Signature: Gloria L. Wright
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-14-19
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239749

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

PIN # 4705-58-2544

APPLICANT/OWNER: Gloria L. Wright APPLICANT ADDRESS: 630 St. Andrews Rd. Statesville, NC 28625

SITE ADDRESS: 138 Trailway Dr. Statesville, NC 28625 PHONE: 704-872-3313 ALT. PHONE

SITE DIRECTIONS: Rt 64 W from Statesville → L on Lippard Farm Rd → R on Happy Acres → Keep Right → on right SAP CONTROLLED: ☐ YES ☒ NO

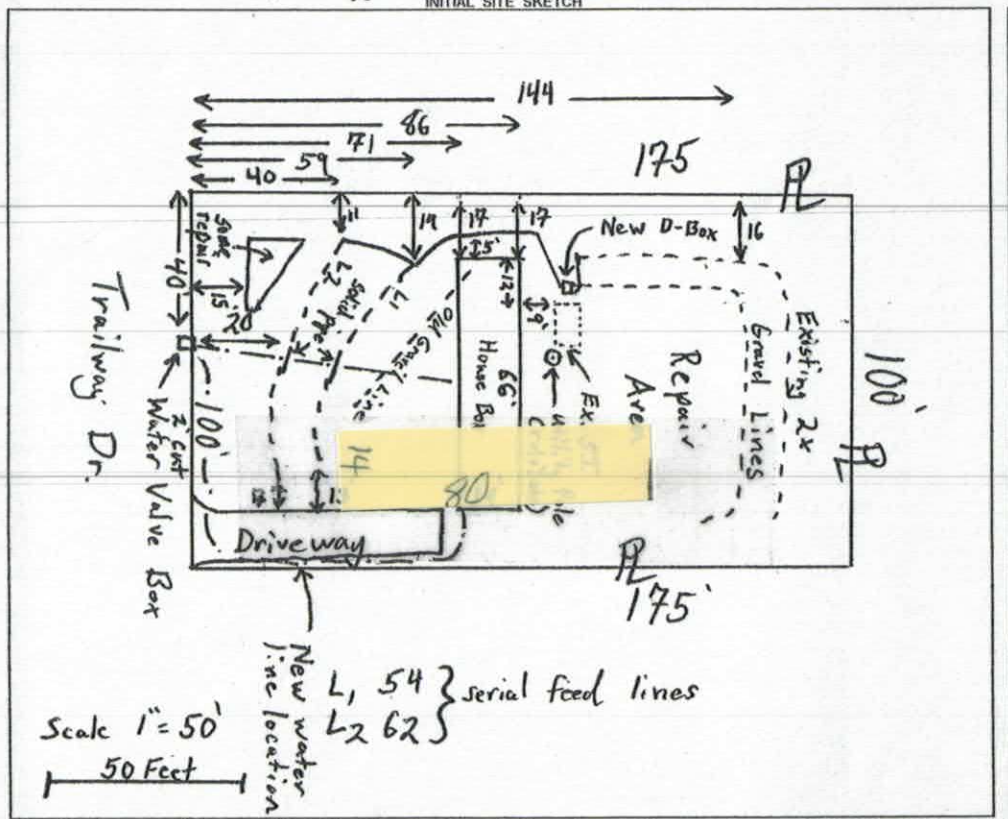
SUBDIVISION: Happy Acres SECTION: LOT # 21 LOT AREA: 0.40 DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (Existing) (gal)	STB		Date		☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank	— (gal)	PT	—	Date	—	System Description: Existing Conv gravel trenches + 25% Reduction	☐ Business	No. Persons	6
Pump Make	—	Model	—	Serial #	—	Repair System Description: 50% Reduction LP-PPBPS	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	Ex + 2 new	Linear Ft	100	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: * Though 116 l.f. of line has been laid out, only 100 l.f. need be installed * solid pipe at least 2' to either side of old H_2O line. Re-route water line around drainfield area. Relocate existing utility pole (currently 4 feet from Septic tank) at least 5 feet from all septic components. New D-Box to distribute 2/3 of flow to existing field and 1/3 to new lines. NO FOUNDATION DRAINS TO BE INSTALLED! Recommend pumping septic tank every 3-5 years (replace if needed) [tank not uncovered/inspected at time of site visit 12/4/18].

INITIAL SITE SKETCH



AS BUILT SKETCH

ZONING APPROVAL

M/H IS PERMITTED TO BE TURNED LENGTHWAYS PER R10(C) OF CODE.

COPY

W. Allison 12/14/18

WILLIAM ALLISON
PLANNING DEPT

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/17/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/17/18 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-5pm the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

704-902-4015

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239749

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

PIN # 4705-58-2544

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SITE ADDRESS: 138 Trailway Dr. Statesville, NC 28625 PHONE: 704-872-3313 ALT. PHONE

SITE DIRECTIONS: Rt 64 W from Statesville → L on Lippard Farm Rd → R on Happy Acres → Keep Right → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Happy Acres SECTION: LOT # 21 LOT AREA: 0.40 DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank 1000 (Existing) (gal) STB Date

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines Ex + 2 new Linear Ft: 100

Trench Width 36" Trench Bottom Depth(Low side) 32" Gravel Depth —

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

System Description: Existing Conv. gravel trenches + 25% Reduction

Repair System Description: 50% Reduction LP-PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

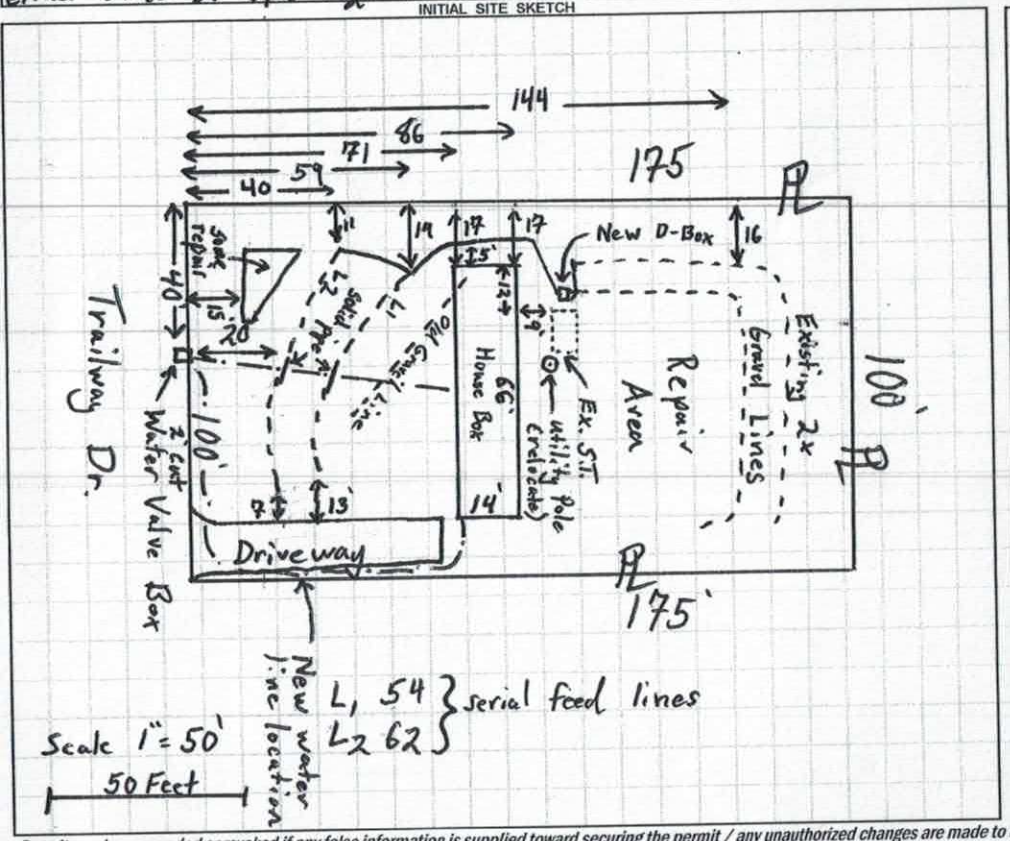
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

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Comments / Conditions: * Though 116 l.f. of line has been laid out, only 100 l.f. need be installed * solid pipe at least 2' to either side of old H_2O line. Re-route water line around drainfield area. Relocate existing utility pole (currently 4 feet from septic tank) at least 5 feet from all septic components. New D-Box to distribute 2/3 of flow to existing field and 1/3 to new lines. NO FOUNDATION DRAINS TO BE INSTALLED! Recommend pumping septic tank every 3-5 years (replace if needed) [tank not uncovered/inspected at time of site visit 12/4/18].

INITIAL SITE SKETCH



AS BUILT SKETCH

2 4' INFILTRATOR INSTALLED
13 IN TOP LINE
11 IN BOTTOM
INSTALLED AT 24"

WAITING ON WATERLINE TO BE RELOCATED AND VERIFIED WILL SIGN OP ONCE IT IS CALLED BACK IN 1-9-19 BCW

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.

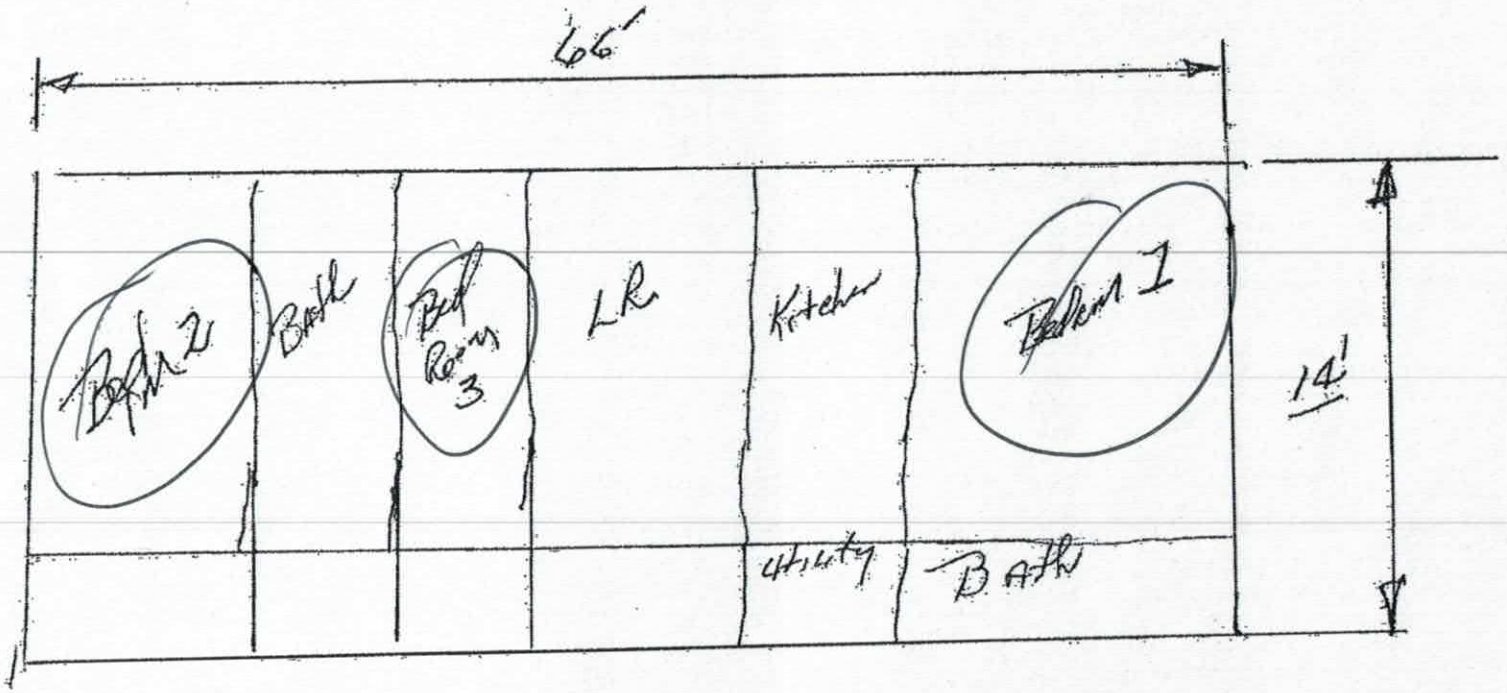
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT va

Owner / Applicant Signature: Gloria L Wright Date: Installed by: A1 BACKHOE

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/17/18 OPERATION PERMIT by:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/17/18 Existing System Inspected by:

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.



Acknowledgement Of
Plans Submittal ONLY!

Date 10/23/18

Date 12/17/18

IREDELL COUNTY

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

APPLICATION NUMBER
239749
Issue Date: 10/23/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4705582544.000	138 TRAILWAY DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: EAGLE ROBERT D	Applicant: WRIGHT GLORIA L
Address: 381 MILLS GARDEN RD	Address: 630 ST ANDREWS RD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
NEW SINGLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.400	35.00	35.00	15.00	15.00	NOT	X

Remarks:

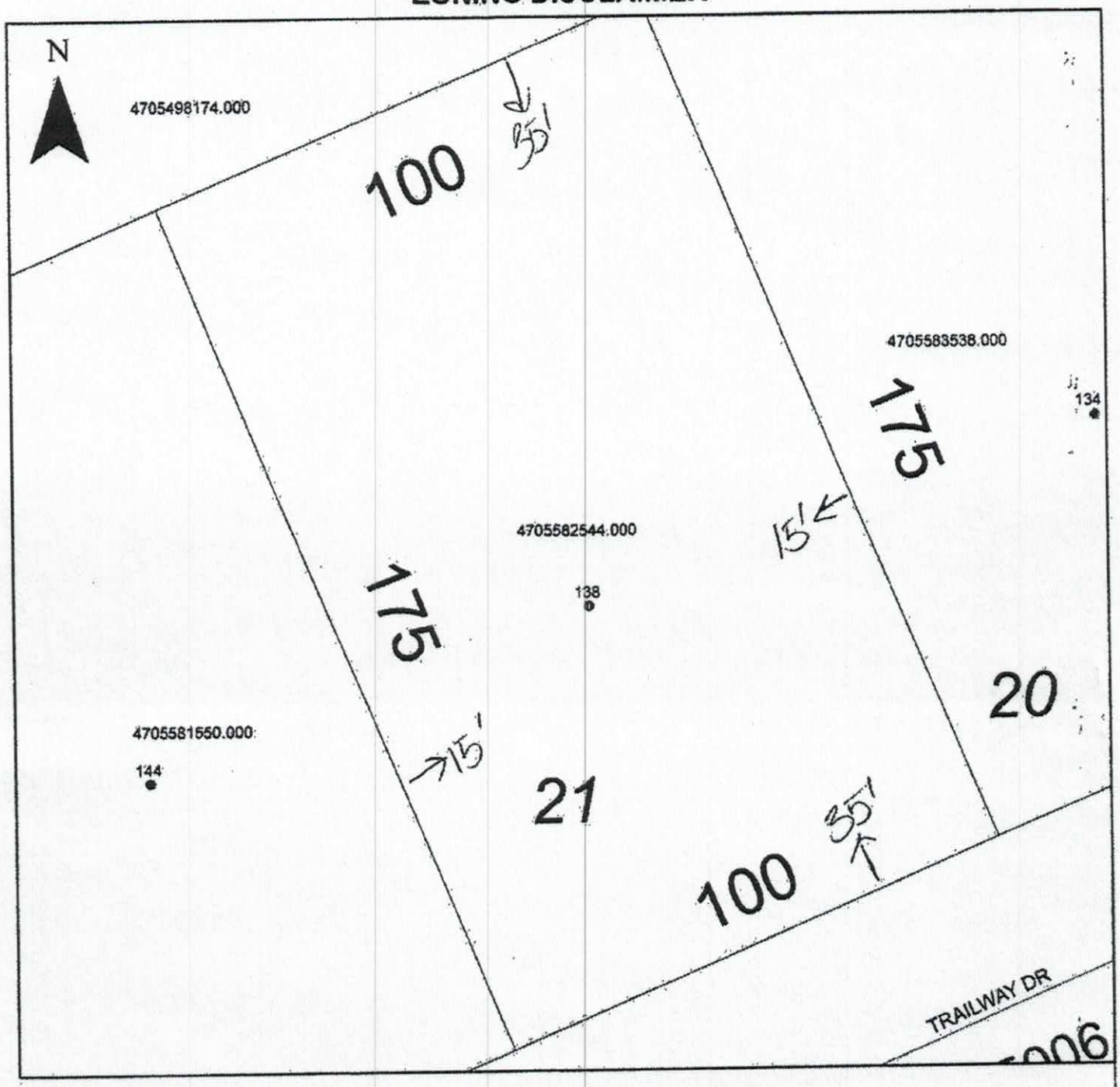
Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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	156491	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 138 Trailway Dr

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

10/23/18
Date