# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-308893

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

PIN # 4706 -69 -5157

APPLICANT/OWNER: FREEDOM HOMES / KEITH BOWMAN APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 143 CONGO ROAD, STATESVILLE, N.C. 28625 PHONE: 704-881-2326 ALT. PHONE 828-228-4956

SITE DIRECTIONS: (N) ON 90, (R) ON ANTIETAM, (R) ON CONGO, LOT ON (L) BEHIND 137 CONGO SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.00 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

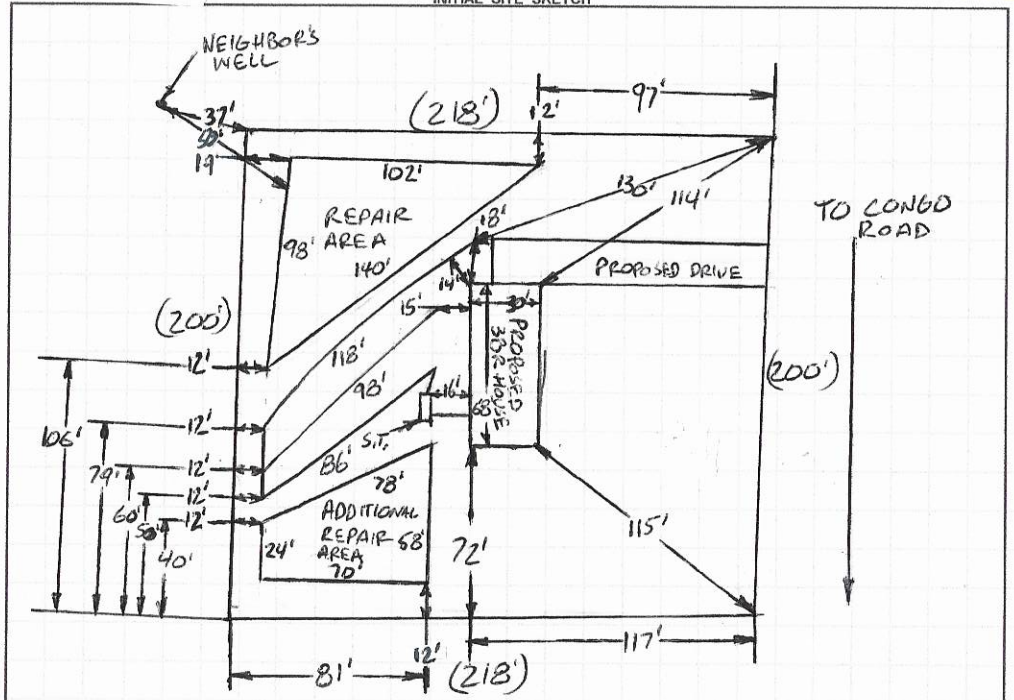
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 8-11-2020 | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☑ Residence | No. Bedrooms 3 |
| Pump Tank | — (gal) | PT | — | Date | — | System Description: | | | 25% REDUCTION | ☐ Business | No. Persons 6 |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: | | | 25% REDUCTION | ☐ Other | No. Employees — |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft | 302 FT | Maintenance Agreement Required: | | ☐ YES | ☑ NO | ☐ Slab | ☑ Crawl Space |
| Trench Width | 36 IN | Trench Bottom Depth(Low side) | 32 IN | Gravel Depth | — | ☑ GRAVITY | ☐ PRESSURE | | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, DO NOT INSTALL SHALLOWER THAN 30IN LOWSIDE, DO NOT EXCEED 36IN MAX

MAINTAIN 5FT FROM ALL DECKS & PORCHES

INITIAL SITE SKETCH




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.

Installed as Drawn

1 IN = 80 FT
S.T. = SEPTIC TANK

*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: Kirby Lange Date: 8-24-2020 Installed by: Abers Grading

IMPROVEMENT PERMIT by: Bryant C. Miller Date: 8-19-2020 OPERATION PERMIT by: Date: 12-8-2020

AUTHORIZATION TO CONSTRUCT by: Bryant C. Miller Date: 8-19-2020 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4206695157
COUNTY: IREDELL

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

OWNER: FREEDOM HOMES
ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 143 CONGO ROAD, STATESVILLE, N.C. 28625
APPLICATION DATE 7-8-2020
DATE EVALUATED: 7-17-2020
PROPERTY SIZE: 1.00 AC
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 | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LINEAR SIDE 12% | 0-13 | SCL, SBK | FR, SS, SP, SEXP | FEW SAP THRU OUT | 50"+ | NA | NA | PS .3 |
| | | 13-38 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 38-50 | CL, WABK | FI, SS, SP, SEXP | | | | | |
| 2 | SHOULDER 7% | 0-9 | SCL, SBK | FR, SS, SP, SEXP | FEW Y/B 0-12" SAP INC THRU OUT | 50"+ | NA | NA | PS .3 |
| | | 9-34 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 34-50 | CL, WABK | FI, SS, SP, SEXP | | | | | |
| 3 | LINEAR SIDE 12% | 0-9 | SCL, SBK | FR, SS, SP, SEXP | FEW Y/B 0-14" SAP INC THRU OUT | 50"+ | NA | NA | PS .3 |
| | | 9-34 | C, ABK | FR, S, P, SEXP | | | | | |
| | | 34-50 | CL, WABK | FI, SS, SP, SEXP | | | | | |
| 4 | LINEAR SIDE 9% | 0-9 | SCL, SBK | FR, SS, SP, SEXP | SAP INC THRU OUT | 50"+ | NA | NA | PS .325 |
| | | 9-27 | C, ABK | FR, S, SP, SEXP | | | | | |
| | | 27-50 | CL, WABK | FI, SS, SP, SEXP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% | 25% |
| Site LTAR | 0.3 | 0.3 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
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)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 | | |
| | | O (Organic) | None | None | | |

| MOIST | WET |
|---|---|
| VFR (Very Friable) | NS (Non-sticky) |
| FR (Friable) | SS (Slightly Sticky) |
| FI (Firm) | S (Sticky) |
| VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| 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/ft²

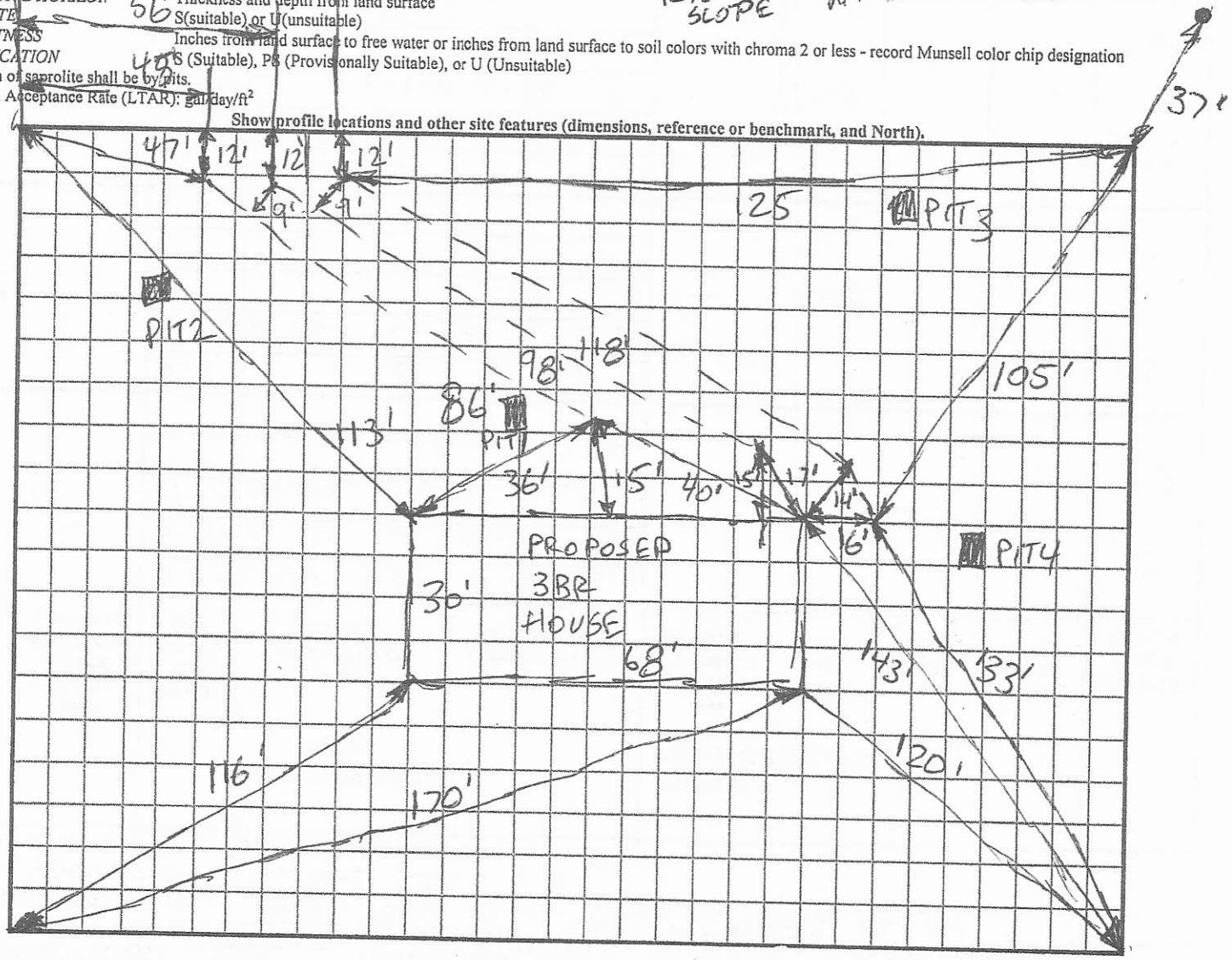
74'

56'

48'

10% SLOPE NTS

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




← TO CONGO ROAD

RECEIVED JUL 0 9 2020

AP-308893
$500.00

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

**Application For:** ( ) 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.*

**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: Freedom Homes / Kimberly Sneed Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Keith Bowman Address: 206 Antietam Rd Statesville, NC Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 143 Conga Rd Statesville, NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-40 toward Hickory, Exit 148, NC 90 (R), 5.22 miles on NC 90 (R) onto Antietam Rd, 2nd Right onto Conga Rd,

**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: 2
( ) 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: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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:** Kimberly Sneed 7-8-2020
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, Keith E. Bowman, am the legal owner(s) of the property located at Conga Rd Statesville, NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

Needs ↑
* Address

t legal representative/company name)

_____, _____, to act as an agent
r/signing/obtaining any of the documents described below.

Improvement Permit (IP) / Authorization to Construct (AC)
ermit (IP) / Authorization to Construct (AC)
soil-site evaluation (new/repair)
rmit for private drinking water well/well abandonment
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.

Keith E. Bowman 6-10-20
Signature of Owner(s) Date

Paul T. Allen 6-10-2020
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

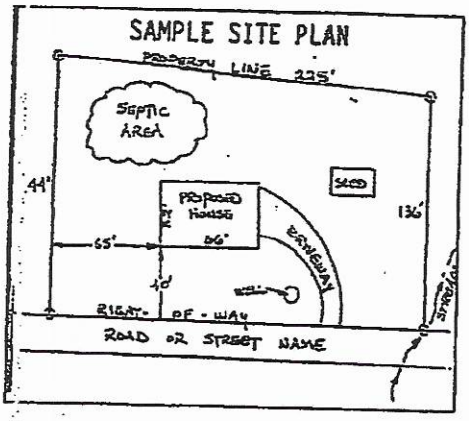
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*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:

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

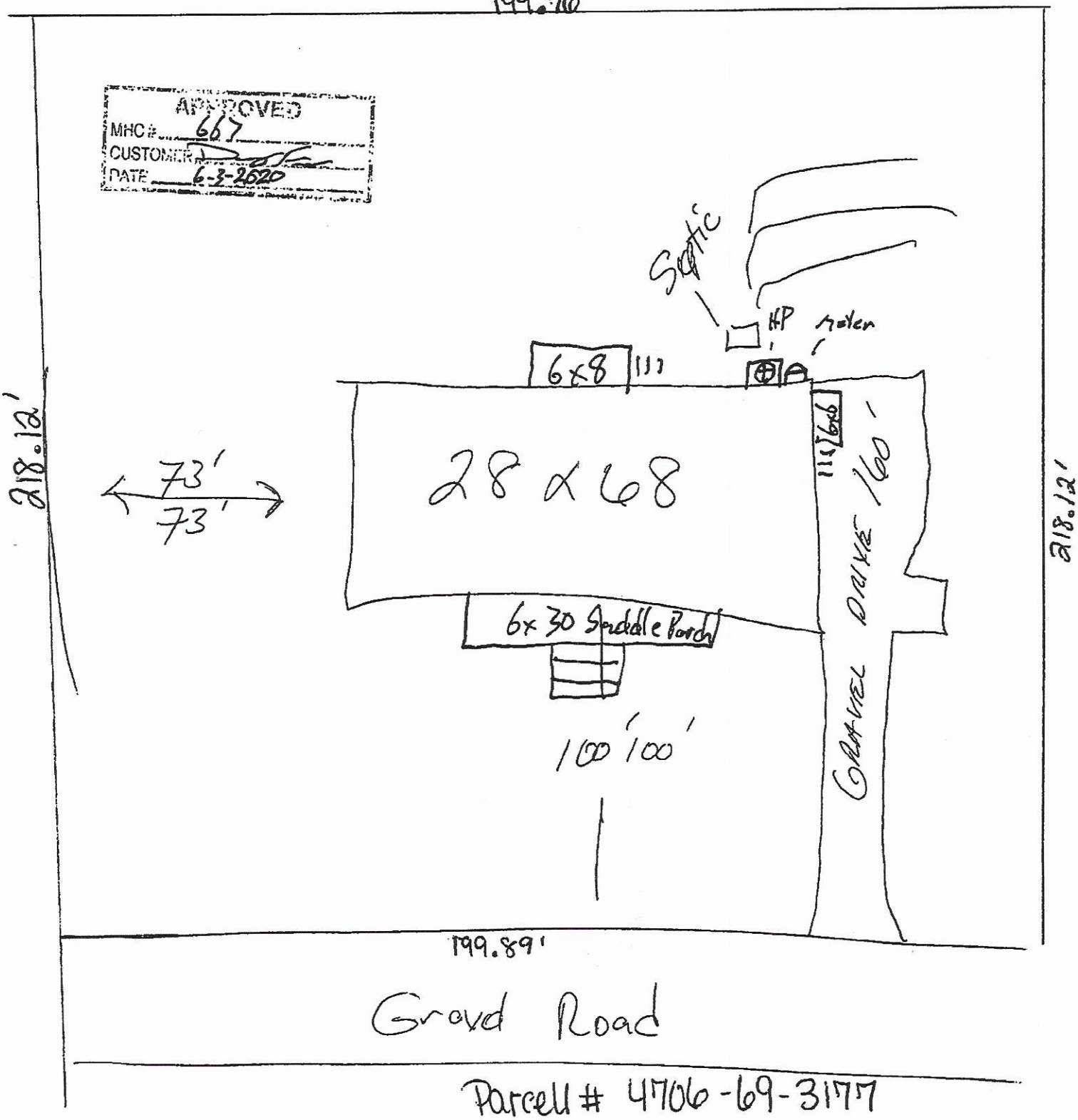
See Attached Drawing

Signature: Kimberly Sneed
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-8-2020
DATE

# FISHER

## PLOT PLAN



FOX SURVEYING COMPANY, P.C.
770 N.C. HIGHWAY 16 SOUTH
P.O. BOX 637
TAYLORSVILLE, N.C. 28681
OFFICE: 828-635-1902 FAX: 828-635-1912
E-MAIL: wfox@foxsurveying.com
BUSINESS LICENSE #C-1902

BOUNDARY AND DIVISION SURVEY FOR:
# DANIEL A. & wife EMILY B. FISHER

| TOWNSHIP | COUNTY | STATE | DATE | FIELD BOOK | PAGE |
|---|---|---|---|---|---|
| CONCORD | IREDELL | N.C. | 6-9-20 | 88 | 49 |

TAX MAP CODE:
PIN 4706-69-3177

| REFERENCE DEED(S): | SCALE: | DRAWING #: |
|---|---|---|
| 871-28 | 1"=50' | 3503-C |
| DRAWN BY: WES / JOB #: 149-20 | FILE NAME(S): "FIS14920" & "FII4920A" | |

DEED NORTH
ORIENTED TO DEED BOOK 871 PAGE 28

BETTY M. COUNTS, et al.
511-207

FRANKLIN M. SETZER, et al.
368-360

EXISTING PK NAIL

S 88°24'13" E 885.21'

S 88°24'13" E 210.13'

PIN 3/4" REBAR

1.000 ACRE

PROPOSED LOT

KEITH E. BOWMAN
871-28

N 88°30'13" E 199.76'

S 88°30'13" W 210.13'

60' EASEMENT
842-857

LOUISE T. COOK
2256-414

PIN 1/2" REBAR

S 88°27'00" E 525.74'

N 88°27'09" W 210.13'

PIR 1/2" REBAR

JEAN S. JOHNSON
455-358

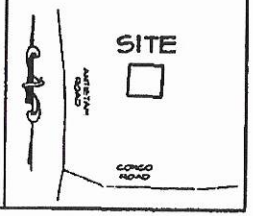
N 07°30'12" E 660.31'

EXISTING PK NAIL

## LEGEND

EX. - EXISTING
EXISTING IRON ROD - ●
EXISTING IRON PIPE - ●
NEW IRON REBAR - ○
CONCRETE MONUMENT - □
CALCULATED POINT - +
N.M. SPIKE - ⊙
P.K. NAIL - ◆
N.G.S.S. HORIZONTAL MONUMENT - ■
STONE - ▲
NAIL & CAP - ⊞
NAIL - ■
MAG NAIL - ◊
FYLOI - TIE LINE ONLY
R/W - RIGHT-OF-WAY
OVERHEAD SERVICE LINES - ----P--P----
C.M.P. - CORRUGATED METAL PIPE
R.C.P. - REINFORCED CONCRETE PIPE
C.L. - CENTERLINE
POWER POLE - Ø
FENCE LINE - x---x---x---x---
BRANCH - ~~~~~~~~~~
(NTS) - NOT TO SCALE
NOTE: ALL NEW CORNERS SET ARE 1/2" REBAR UNLESS OTHERWISE NOTED.

## LOCATION MAP (NO SCALE)




## SPECIAL NOTES

NOTE: ALL AREAS SHOWN HEREON WERE DETERMINED BY COORDINATE COMPUTATION

NOTE: THIS PROPERTY IS SUBJECT TO ANY AND ALL RIGHTS-OF-WAY, COVENANTS, EASEMENTS, RESTRICTIONS, AND ALL OTHER ITEMS OF RECORD AFFECTING SAID PROPERTY.

NOTE: DASHED LINES REPRESENT PROPERTY LINES WHICH ARE NOT ACTUALLY SURVEYED. THE POSITION OF DASHED LINES ARE TAKEN FROM DEEDS OR OTHER SOURCES.

NOTE: THERE ARE NO NGS CONTROL MONUMENTS WITHIN 2000' OF THIS PROPERTY.

NOTE: AREA SHOWN FOR R/W IS APPROXIMATE.

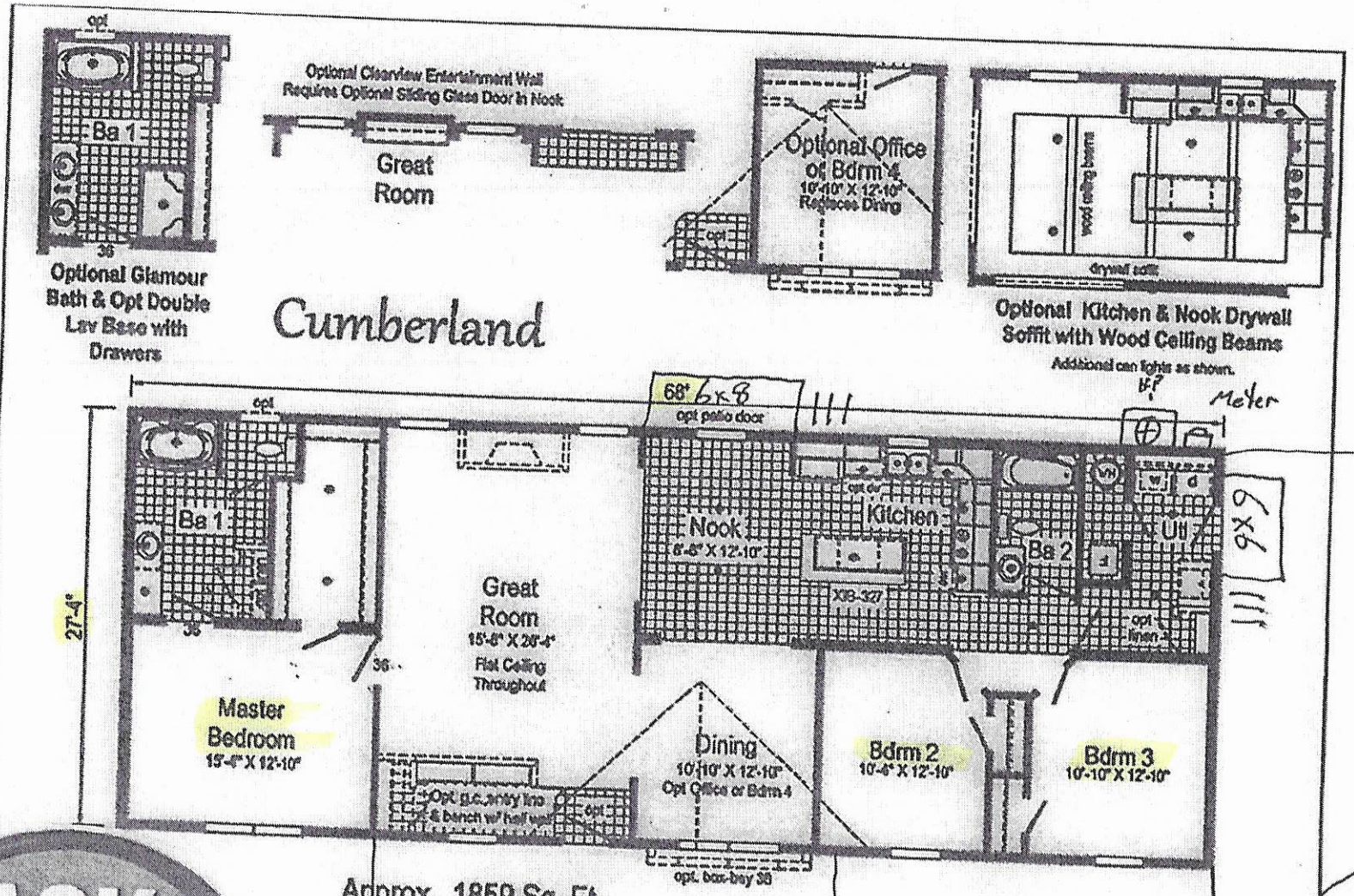
NOTE: RESIDENTIAL USE.

50 0 25 50 100 200

NORTH CAROLINA PROFESSIONAL SEAL L-3814 LAND SURVEYOR WESLEY O. FOX

I, WESLEY O. FOX, L-3814, PROFESSIONAL LAND SURVEYOR, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL FIELD SURVEY PERFORMED UNDER MY DIRECTION AND SUPERVISION THAT THE RATIO OF PRECISION AS CALCULATED IS 1:40,000+ WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 10th DAY OF JUNE, 2020.

PROFESSIONAL LAND SURVEYOR




ASK ABOUT THE ENERGY SMART HOME

Acknowledgement Of Plans Submittal ONLY!

28x68

Kimberly Sneed Date 7-8-2020

APPROVED
MHC # 667
CUSTOMER Ernest Tate
DATE 6-3-2020

Robert Crowder Date 8-19-2020

FREEDOM HOMES

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

Office: 704.528.7960
Fax: 704.528.7355

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 308893<br>Issue Date: 07/08/2020 |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4706695157.000 | 143 CONGO RD | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: FISHER DANIEL A+EMILY B | Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE |
| Address: | Address: 1124 CHARLOTTE HWY<br>TROUTMAN, NC 28166 |
| Phone: | Phone: (704)801-2326 |

| Use Requested | Zone Code |
|---|---|
| | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1 | 35 | 35 | 15 | 15 | | |

**Remarks**

28X68 DOUBLEWIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

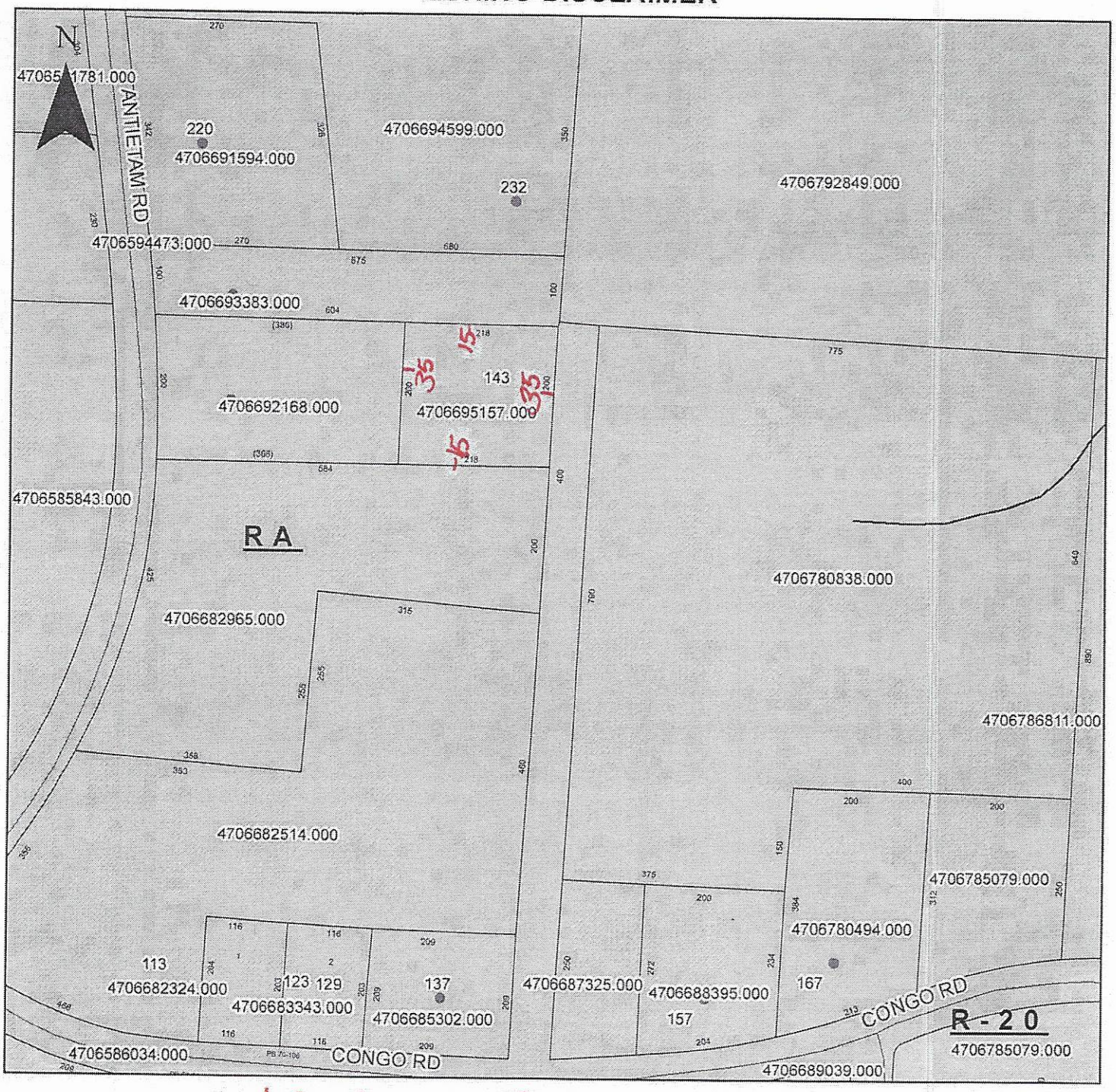
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

**Date:** 07/08/2020

| Permit Number | 308893 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 143 Congo Rd.

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

Date