(BB)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-307897

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

PIN # 4707-01-5095

APPLICANT/OWNER: FOUNDATION HOMES RESIDENTIAL APPLICANT ADDRESS: 438 WILLIAMSON ROAD, MOORESVILLE, N.C. 28117

SITE ADDRESS: 4964 TAYLORSVILLE HIGHWAY, STONY POINT, N.C. 28678 PHONE: 704-360-2251 ALT. PHONE 704-682-8124

SITE DIRECTIONS: (W) ON 40, (R) ON 64, (R) ON 90, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.00 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.275 (0.3) REPAIR

Septic Tank	1000	(gal)	STB 760	Date	2-5-2020	☑ 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	5	Linear Ft	380FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	20 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, THE PURPOSE OF THIS PERMIT IS TO RELOCATE REPAIR FROM PERMIT ISSUED 6-12-2020

DO NOT EXCEED 24IN MAX TRENCH BOTTOM

INITIAL SITE SKETCH

SEE ATTACHED SITE PLAN FROM: PAUL PENNINGER LSS

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.

SEE ATTACHED

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: 11.17.2020 Installed by: SPECIALTY SEPTIC

IMPROVEMENT PERMIT by: Burgent C. White Date: 11-12-2020 OPERATION PERMIT by: Burgent C. White Date: 2-24-2021

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 11-12-2020 Existing System Inspected by: Date:

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

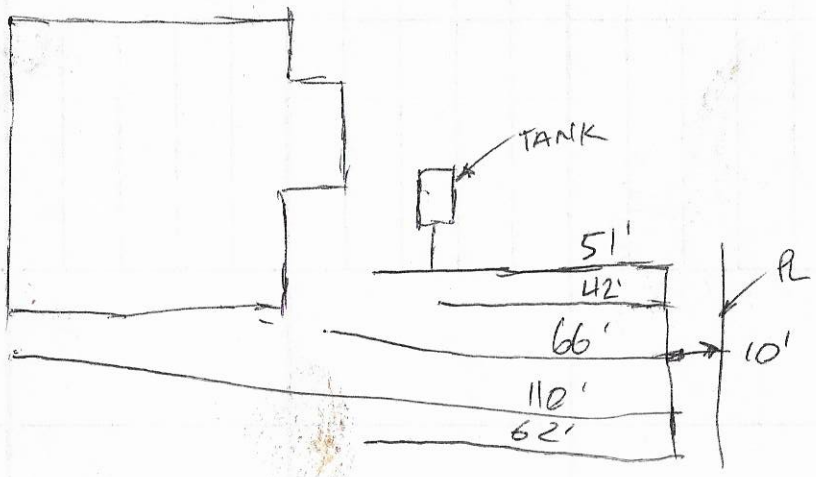
4964 TAYLORSVILLE HWY

TANK STB 760

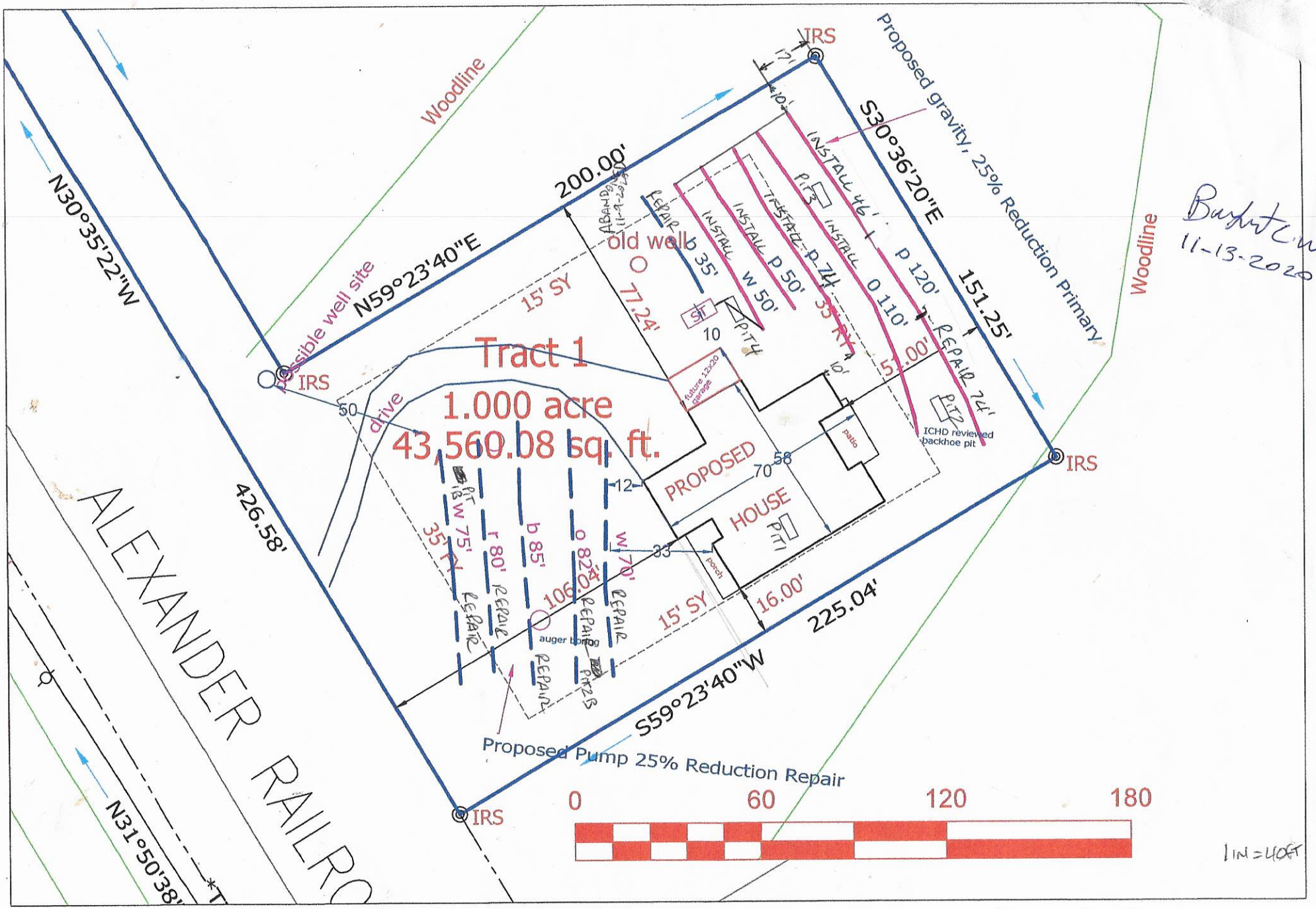
DATE 2-5-2021

TAYLORSVILLE HIGHWAY

SPECIALTY SEPTIC



ASBUILT



Burkett Cowan
11-13-2020

Foundation Homes - 4964 Taylorsville Highway Septic Relayout Site Plan 10.3.20

Base site plan from Jordan Grant; septic system must be permitted by ICHD.
Septic details added by Penninger Soil Consulting; approx. proposed septic lines; refer to flags in field.

PROPERTY ID #: 4707110678_
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 6/12/2020 MD

OWNER: _Brooke Massenburg_____ APPLICATION DATE_____
ADDRESS: 119 Crystal Brooke Ln, Stony Point, NC 28678_____ DATE EVALUATED: __5/2020_____
PROPOSED FACILITY: ___3 BDRM_____ PROPOSED DESIGN FLOW (.1949): _360 GPD____ PROPERTY SIZE: _1.013 AC_____
LOCATION OF SITE: 4964 Taylorsville Hwy, Stony Point, NC_____ PROPERTY RECORDED: _____

WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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
PIT 1	LS 5%	0-10	Br CL WSBK	FR SS SP SXP	Few Br mottles	60"	N/A	N/A	PS 0.275
		10-32	R C ABK	FR SS SP SXP					
		32-60	R CL WSBK	FR SS SP SXP					
			Water @ 36"						
PIT 2	LS 5%	0-10	Br CL WSBK	FR SS SP SXP	N/A	58"	N/A	N/A	PS 0.275
		10-42	R C ABK	FR SS SP SXP					
		42-58	R CL WSBK	FR SS SP SXP					
PIT 3	LS 5%	0-8	FILL		N/A	53"	N/A	N/A	PS 0.3-0.275
		8-12	Br SCL WSBK	FR SS SP SXP					
		12-40	R C ABK	FR SS SP SXP					
		40-53	R CL WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-8	Br SL GR	FR SS SP SXP	Few Br mottles	60"	N/A	N/A	PS 0.275
		8-12	Br SCL WSBK	FR SS SP SXP					
		12-43	R C ABK	FR SS SP SXP					
		43-60	R CL WSBK	FR SS SP SXP					
			Water @ 48"						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1080 FT^2	1113 FT^2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4707015095
DATE OF EVALUATION: 10-16-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1B	~~B~~ LINEAR SIDE 3%	0-4	MIXED	FARMING	-O.M.	60"+	NA	NA	PS .3
		4-30	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON				
		30-60	CL, MSBK	FI, SS, SP, SEXP					
2B	LINEAR SIDE 3%	0-6	MIXED	FARMING	-O.M.	60"+	NA	NA	PS .3
		6-36	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON				
		36-60	CL, MSBK	FI, SS, SP, SEXP					

COMMENTS:

RECEIVED OCT 05 2020

call Paul Penninger for Site visit 704.996.6330

AP-307897
$300.00

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: Foundation Homes Residential Address: 438 Williamson Rd, Mooresville Zip: 28117
Applicant Email: louisa@foundationhomesltn.com Phone: 704 360 2251 Alt. Phone: /
Owner Name: Brooke Massenburg Address: 49 Crystal Brooke Lane, Stony Point Zip: 28678
Owner Email: brooke@massenburg.us Phone: 704 682 8124 Alt. Phone: /

Property Information:

Street Address: 4964 Taylorsville Hwy, Stony Point, NC 28678

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: I-77 N, Continue on I-77 N, to Statesville, Take exist 148 from I-40 W, continue on US-64 W, to NC-90 W in Concord, Ron E Lakey Farm

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 CHECK FOUNDATION TYPE
( ) New Multi-Family Residence Maximum Number of Occupants: 6 ( ) Crawl Space Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Concrete Slab Foundation
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement with Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____ ( ) Basement without Plumbing
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

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

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

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

Signature: _____ 9/30/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

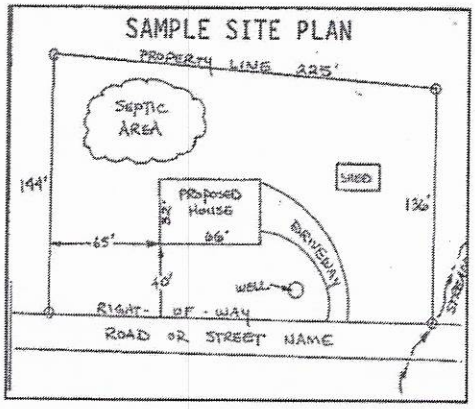
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

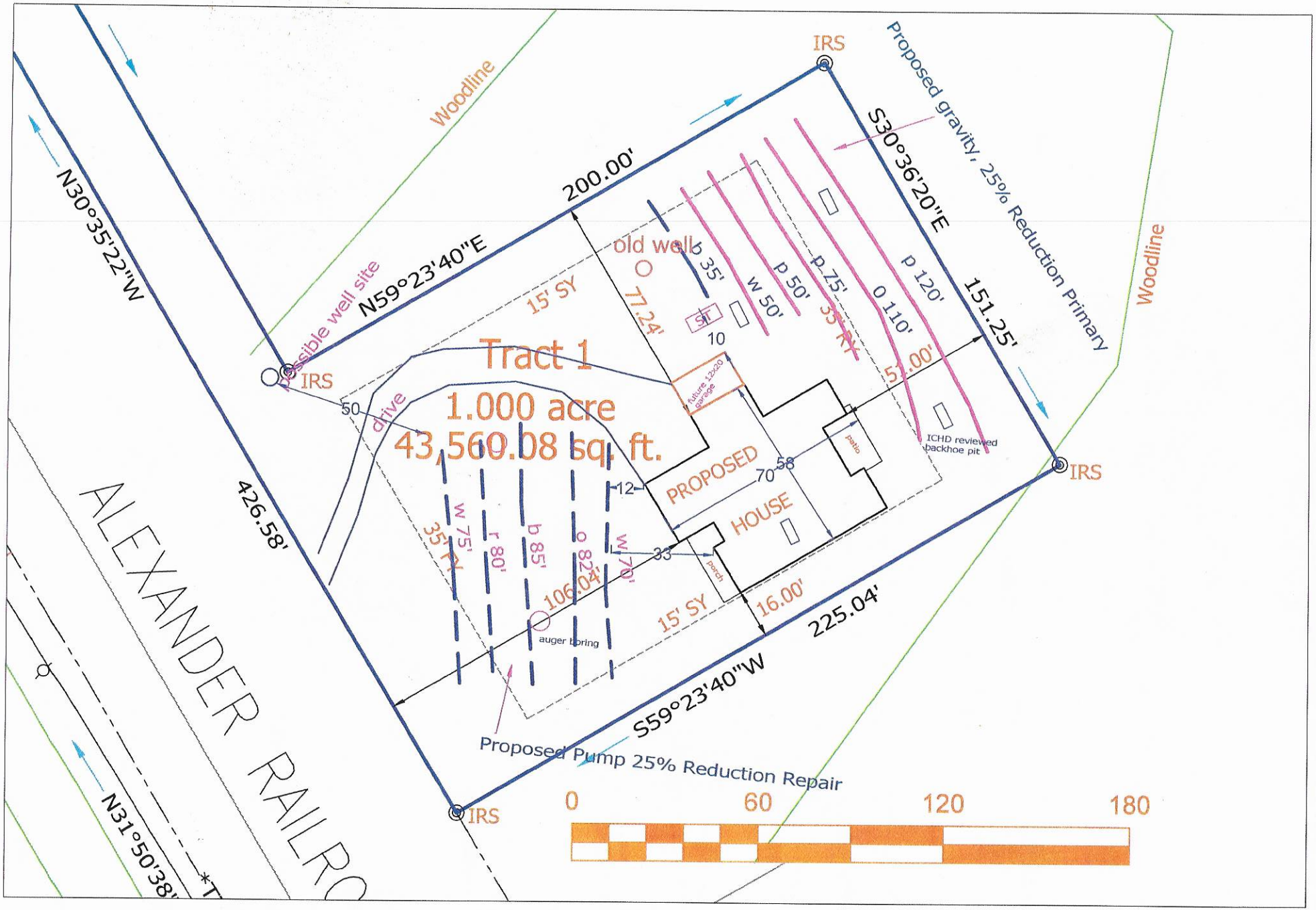
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**



Foundation Homes - 4964 Taylorsville Highway Septic Relayout Site Plan 10.3.20

Base site plan from Jordan Grant; septic system must be permitted by ICHD.

Septic details added by Penninger Soil Consulting; approx. proposed septic lines; refer to flags in field.

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, Brooke Massenburg, am the legal owner(s) of the property located at 4964 Taylorsville HWY, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Penninger Soil Consulting , Foundation Gomes Residential, 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.

Brooke Massenburg 6-8-20 _____ _____

Signature of Owner(s) Date Signature of Witness Date

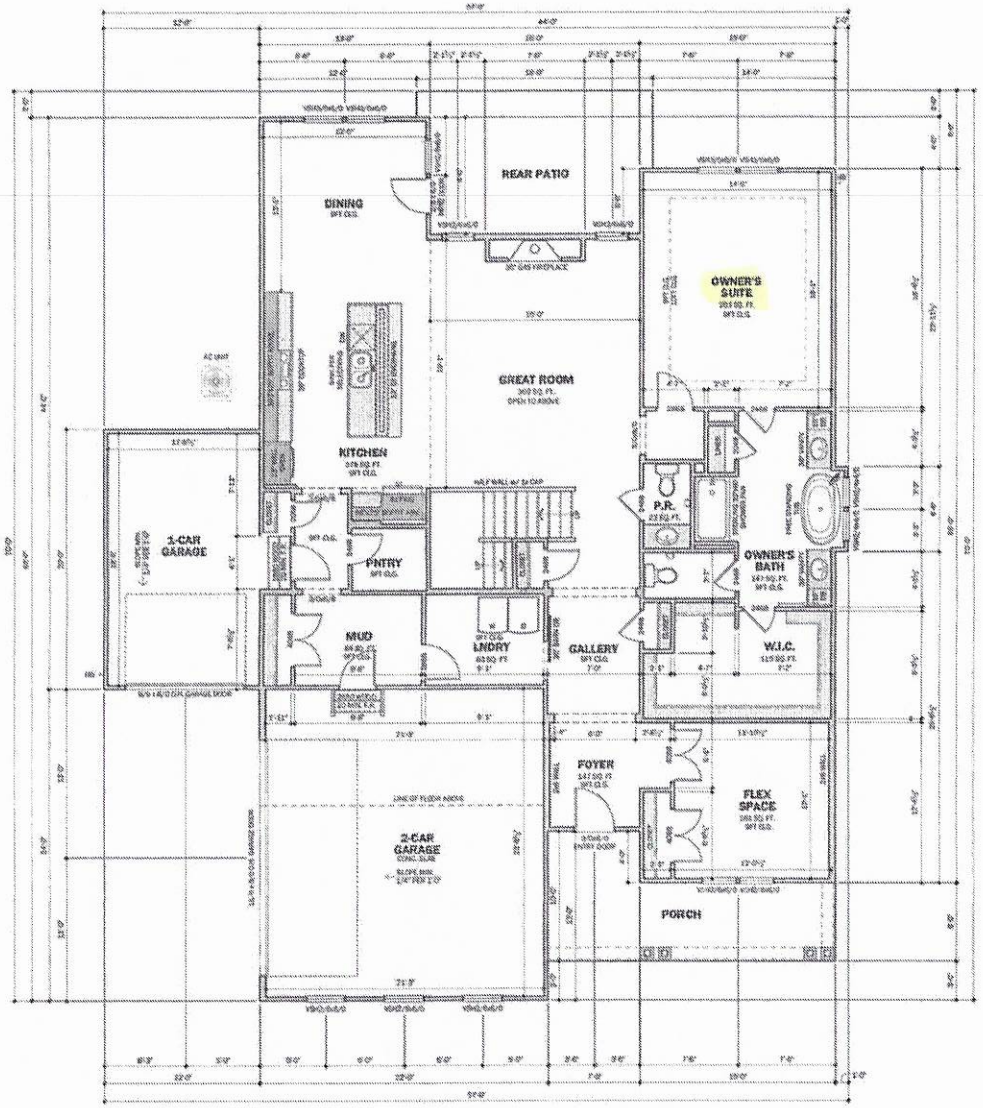
Please return this signed form to the appropriate office:

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

571

Acknowledgement Of
Plans Submittal ONLY
Victoria
Burkett C. Mills Date 12-20
Date



FIRST FLOOR PLAN - ELEVATION B

570

IDE
INTELLIGENT DESIGN ENGINEERING
1945 I-N PRAISE PLACE #304
CHARLOTTE, NC 28262
CRAIG RITTER, P.E.
704.235.7200
COA#: P.E. #: C-0338

THE CALLER
ELEVATION B

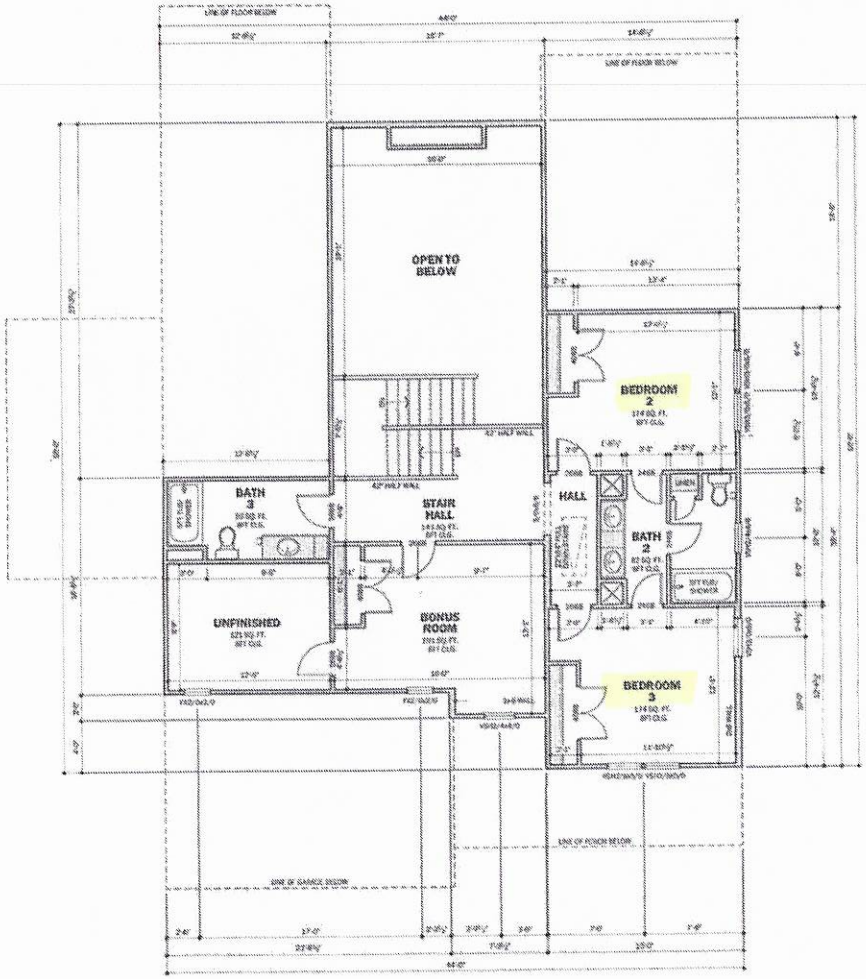
A3.0

Acknowledgement Of Plans Submittal ONLY!

Date

Date

Brandt C. White
11-12-2020



SECOND FLOOR PLAN - ELEVATION B

SCALE: 1/4" = 1'-0"
W 2 6/8" WALL HEADER
WINDOW HEADER @ 7'-0" A.F.F.

UPPER LEVEL NOTES

UPPER LEVEL FRAMING NOTES:
BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUS SELF SHEATHED 2" OSB WALL SHEATHING BRACED WALLS AT 6'-0" O.C. ALONG THE EDGE AND 12" O.C. AT INTERMEDIATE STRAPPED BLOCK AND RAIL ALL PANEL EDGES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS.

1. "T.S.B." INDICATES "TRUE STRAIGHT BRACED" WALL WITH 7/16" OSB W/ 3"@6" & 12" NAILING

2. ALL LOAD-BEARING HEADERS SHALL BE CEDAR SPRUCE UNLESS OTHERWISE NOTED ON THE PLAN

3. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD-BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.

4. ALL WALLS UP TO 10'-0" A.F.F. SHALL BE 2x6 SPF #2 @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(5) OF THE CODE OR AS NOTED ON THE PLANS.

5. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAM OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN:

BEAM/HDR SIZE	SIMPSON HANGERS
(2) 2"x8	HUS 26 3
(2) 2"x10	HU 210-2
(2) 2"x12	HU 210-2
(2) 1"x 7 9/16"LVL	HUS 410
(2) 1 3/4"x 9 1/4"LVL	HUS 412
(2) 1 3/4"x 11 7/8" LVL	HUS 412
ALL TRIPLE LVLS	HHUS 5.50/10

6. NOTE: FRAMING OF THE ROOF SHALL BE WITH 16d x 3", "COMMON NAILS (0.162" Ø DIA) OR 20d x 4" (.192" Ø DIA) NAILS, SPACED AS GIVEN IN THE TABLE SPECIFIED BY THE MANUFACTURER. DO NOT USE OR ALLOW THE FRAMER OR USE "BRAD" OR FINISH NAILS. DO NOT USE 16d x 3" "FRAMER" NAILS UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 2" OR LESS OF WOOD IS PROVIDED TO NAIL INTO

7. "LVL" AND ELLAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL POSTS AND SHOULD NOT HAVE A MINIMUM OF (3) 2X6 OR (2) 2X8 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.

8. ALL POINT LOADS FROM ROOF RAFTERS, JACK STUDS, BEAM SUPPORTS, AND THEY MUST BE ON STEEL OR HEAVY DUTY BEAM SHEATHED ALONE, BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. WHERE 2X4 SCHEDULE DOES IS LESS OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALLS OR LOWER PLATE, RIM BOARDS, AND FLOOR BLOCKING SHALL NOT BE CONSIDERED AS ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE S.P.B. IS INDICATED ON THE PLAN.

9. FASTEN ALL TRIPLE PLY LVL TOGETHER WITH TWO ROWS OF 3" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FROM PLY TO PLY WITH TWO ROWS OF 3" LONG TRUSSLOK SCREWS @ 12" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.

10. JACK RAFTERS TO BE SCHEDULE AT WALL OPENINGS.
TOE NAILED AT EACH END OF SPRING UNLESS OTHERWISE NOTED AS "S.T." OR "SN" ON PLAN
SPANS UP TO 4'-0" ..... 3 JACK, 2 KING
SPANS >4'-0" TO 8'-0" ..... 4 JACK, 2 KING
SPANS >8'-0" TO 12'-0" ..... 5 JACK, 2 KING
SPANS >12'-0" ..... SEE PLAN

11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

438 MILLERSBROOKS
SUITE F
MOORESVILLE, NC 28117
704-360-0284

Township/County
TOWNSHIP
COUNTY

Engineer
IDE
INTELLIGENT DESIGN ENGINEERING
LINES 3 IN PLANE PLACE
#304
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704.535.7704
COA P. ENG. # C-2115

Structural

Project name/owner
DELONEE
ELEVATION B
BROOKE
BRIDGEWORTH

Owner's address
ADDRESS LINE 1
ADDRESS LINE 2
PH: 800-000-0000
PH: 800-000-0000

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Date
June 23, 2020

Drawn by
EEE

Reviewed by
DWG&S

Plot/ sub sheet
24x36 sheet
3/4" = 1'-0"
11x17 sheet
NOT TO SCALE

Project/plan name
...

Drawing set
FOR CONSTRUCTION

Sheet title/description
SECOND FLOOR PLAN
& ELEVATION

Sheet no.
A4.0

Master plan version
4.0

©Intelligent Design Engineering, LLC FILES: J:\PROJECTS\2020\20-0XX-XXXX-XXXX-XXXX-XXXX-XXXX-XXXX\CAD FILES\...\Plot Date/Time: June 23, 2020 1:01:56 PM Plotted by: Robert Smith

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307897 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4707110678.000	4964 TAYLORSVILLE HWY	Iredell County

Owner Information	Applicant Information
Name: HAYES J MICHAEL+BARBARA J	Name: FOUNDATION HOMES RESIDENTIAL LLC
Address:	Address: 438 WILLIAMSON RD
	SUITE C
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)360-2251

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
76.88	35	35	15	15	N/A	NO

Remarks
SFD

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: 06/03/2020

Permit Number	307897

TOTAL FEES:	$77.25