IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 242794

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

PIN # 4710903736

APPLICANT/OWNER: Steve Cannon/Lou Ann Wasson APPLICANT ADDRESS: 5500 Deer Run Ct, Davidson

SITE ADDRESS: 322 Clark Cove Rd, Statesville 28677 PHONE: 704-700-4645 ALT. PHONE —

SITE DIRECTIONS: E. Monbo Rd → L on St Johns → R on St Johns → R on Clark Cove → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Old Homestead SECTION: — LOT # 22 LOT AREA: .56 ac DESIGN FLOW: 300 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Plastic	Date	Plastic	☒ 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 10
Pump Make		Model		Serial #		Repair System Description:	PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	28"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour & utilize serial distribution. MAY be 5' off property lines, deeded prior to July 1977 (bk 392 pg 368)

Existing well must be abandoned prior to issuance of AC.
well abandonment witnessed 4-22-19 - CC

INITIAL SITE SKETCH

See attached design from Steve Cannon LSS #1291 & IC HD

AS BUILT SKETCH

Istalled as Drawn



Recommended Wastewater Disposal System
Initial - Accepted / Repair PPBPS
Drawn: March 19, 2019
Drawn By: Steve Cannon, LSS
Scale: 1" = 40'

drawing to scale CC 3/20/19

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: 4/25/19 Installed by: Grand Brothers

IMPROVEMENT PERMIT by: Carlen C. Cave Date: 3/26/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Carlen C. Cave Date 4/22/19 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 #: 4710 70373
COUNTY: Iredell

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

OWNER: Lou Ann Wasson
ADDRESS: 322 Clark Cove
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 322 Clark Cove Rd
APPLICATION DATE: 3/11/19
DATE EVALUATED: 3/18/19
PROPERTY SIZE: .54 ac
PROPERTY RECORDED: Y

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 7%	0-12	WSBK SCL	Fr SS SP SXP	loose → dark matrix	48"	–	–	PS .3
		12-48	WSBK C	" "					
2	L 7%	0-6	Fill	–	" "	49"	–	–	PS .3
		6-24	WSBK SL	Fr SS SP SXP					
		24-49	WSBK C	" "					
3	L 7%	0-24	WSBK SL	Fr SS SP SXP	" "	49"	–	–	PS .3
		24-49	WSBK C	" "					
4	L 7%	0-24	WSBK SL	Fr SS SP SXP	" "	49"	–	–	PS .3
		24-49	WSBK C	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	exempt
System Type(s)	1SP	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): NA
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: S. Canran

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			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.

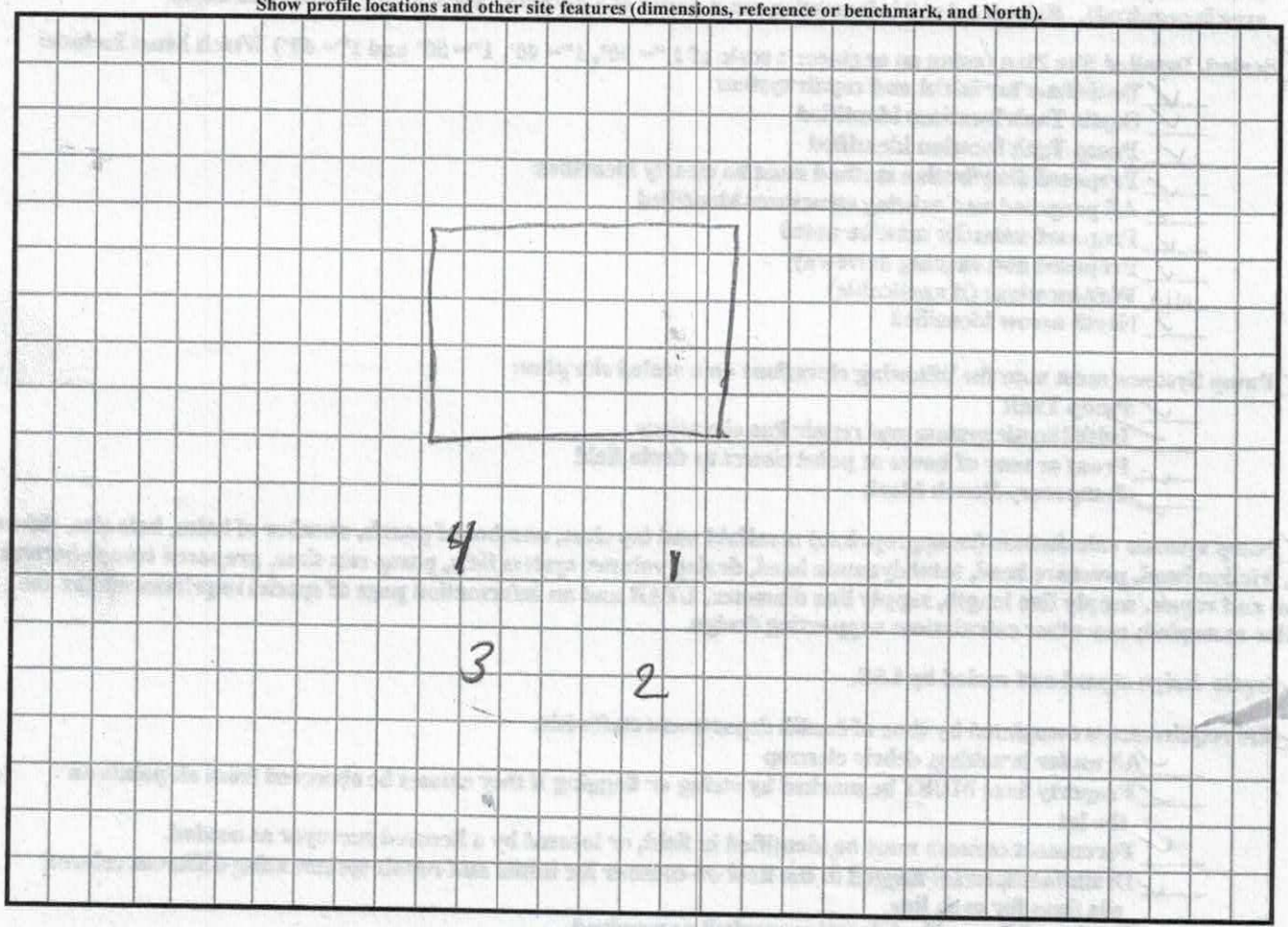
NOTES

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

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



Design Specifications for Wastewater System

Source of Wastewater Flow	3 Bedrooms Family System
Estimated Daily Flow	360 gallons/day
Loading Rate	.3 gallons/day/sqft
Septic Tank	1000 gallons
Initial System	Accepted
Initial System Drain Field Size	300 feet
Initial System Trench Depth	28 inches
Initial Trench Width	36 inches
Repair System	PPBPS
Loading Rate	.3 gallons/day/sqft
Repair System Drain Field Size	240 feet
Repair System Trench Depth	30 inches
PPBPS	46 Panels
Repair Trench Width	36 inches

Nitrification Line Elevations

Bench Mark	4'4 3/4"						
			Initial System				
Line		Flag Color		Elevation in Feet		Length in Feet	
I 1		Blue		6" 8 3/4"		105	
I 2		Pink		5' 7 1/4"		106	
I 3		White		4' 11"		90	
						Total Line 300	
			Repair System				
Line		Flag Color		Elevation in Feet		Length in Feet	
R 4		Green		3' 9 3/4"		100	
R 5		Pink		2' 3"		100	
						Total Line 200	

Information for Installers, Contractors and Other Interested Parties

Follow all rules and regulations as set forth by the state of North Carolina regarding installation of septic systems in Section .1900 Sewage Treatment and Disposal Systems.

Do not grade, cut or bury anything in approved areas designated for initial system or repair system.

If removing trees from property, cut trees at or about knee level, push over portion of tree remaining and pull stump out of ground. Do not dig out stump if at all possible.

May clear areas of sewage disposal systems only by fine grading or skimming ground surface.

Do not compact the soil by vehicular traffic. Stay off the designated areas for sewage disposal systems.

Install sewage disposal systems only during dry conditions to avoid smearing the nitrification trench sidewall.

Do not over excavate nitrification trenches. Remove clods. Leave nitrification trenches clean and level.

Do not leave trash in nitrification trenches like soda bottles, pieces of pvc pipe or anything else that does not belong in the nitrification trenches.

If post installation is required, the designer will need a 5 week day notice from the installer to schedule a final inspection before covering the septic system.

No changes to septic system design without designer or county health department approval is prohibited.

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

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

OWNER: Lou Ann Wasson Parcel Number 4710903736 APPLICATION
DATE 3/18/19
ADDRESS: 322 Clark Cove Rd Statesville NC 28677
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360 DATE EVALUATED: 3/18/19
LOCATION OF SITE: 322 Clark Cove Rd PROPERTY SIZE:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED:
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	h 7%	0-12"	wsbk CL	sp fri		48"			PS .3
		12-48"	wsbk C	sp fri					
2	h 7%	0-6"	Clay fill			48"			PS .3
		6-22"	wsbk CL	sp fri					
		22-48"	wsbk C	sp fri					
3	h 7%	0-26"	wsbk CL	sp fri		48"			PS .3
		26"-48"	wsbk C	sp fri					
4	h 7%	0-22"	wsbk CL	sp fri		48"			PS .3
		22-48"	wsbk C	sp fri					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	exempt
System Type(s)	acceptable	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Steve Cann
OTHER(S) PRESENT: Caleb Cann

(over)

Updated February 2014

COMMENTS: Soil dark in Color. Small Mn concretions in profiles
Soil weak in structure

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1958 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	O (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

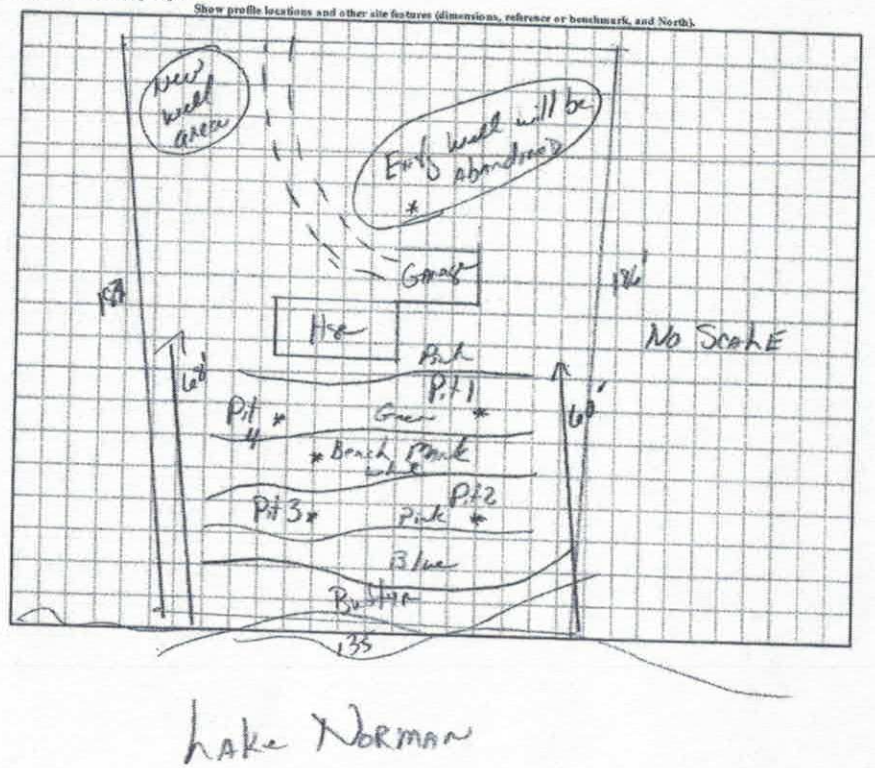
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

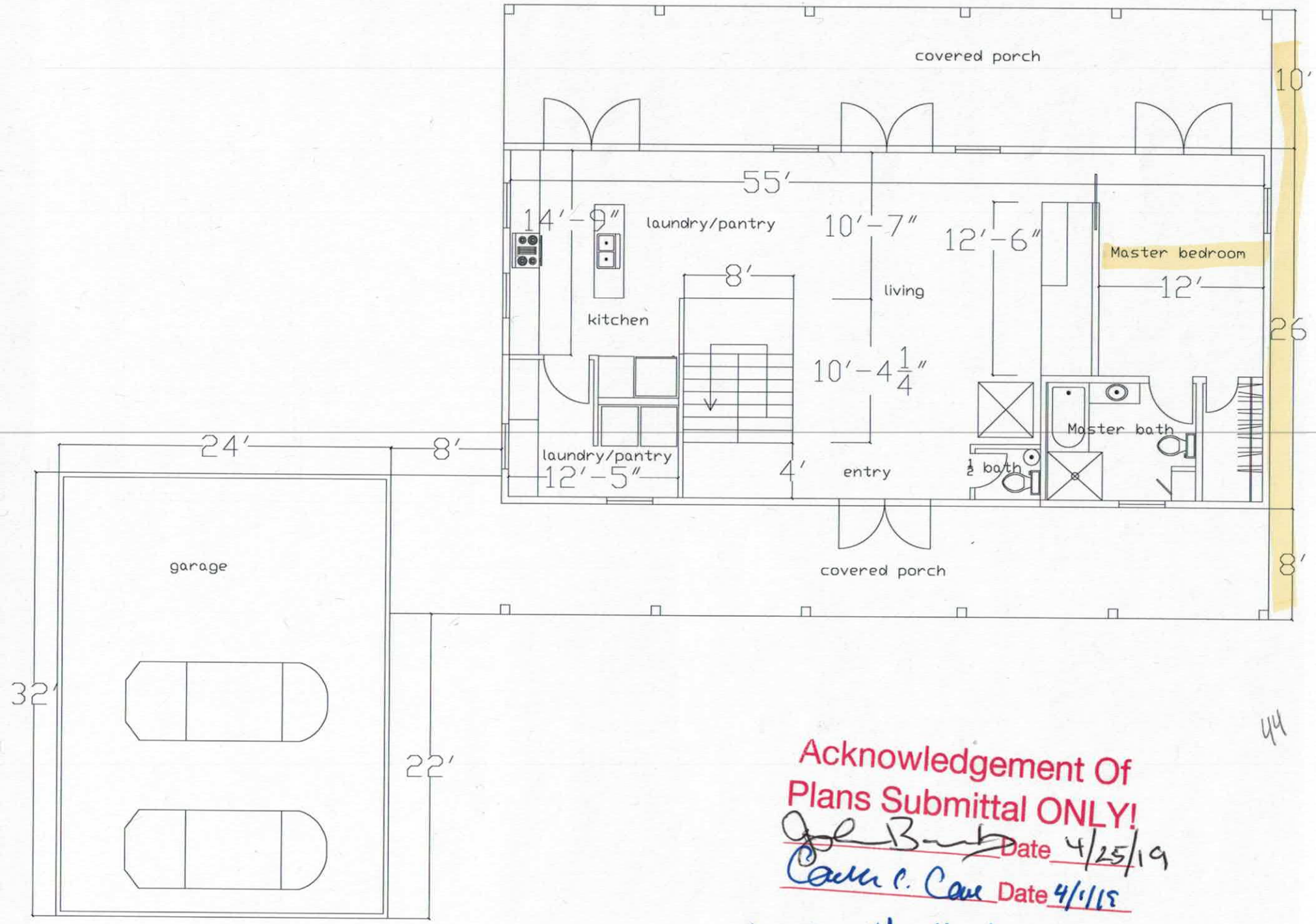
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SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft²

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



Lake Norman



44

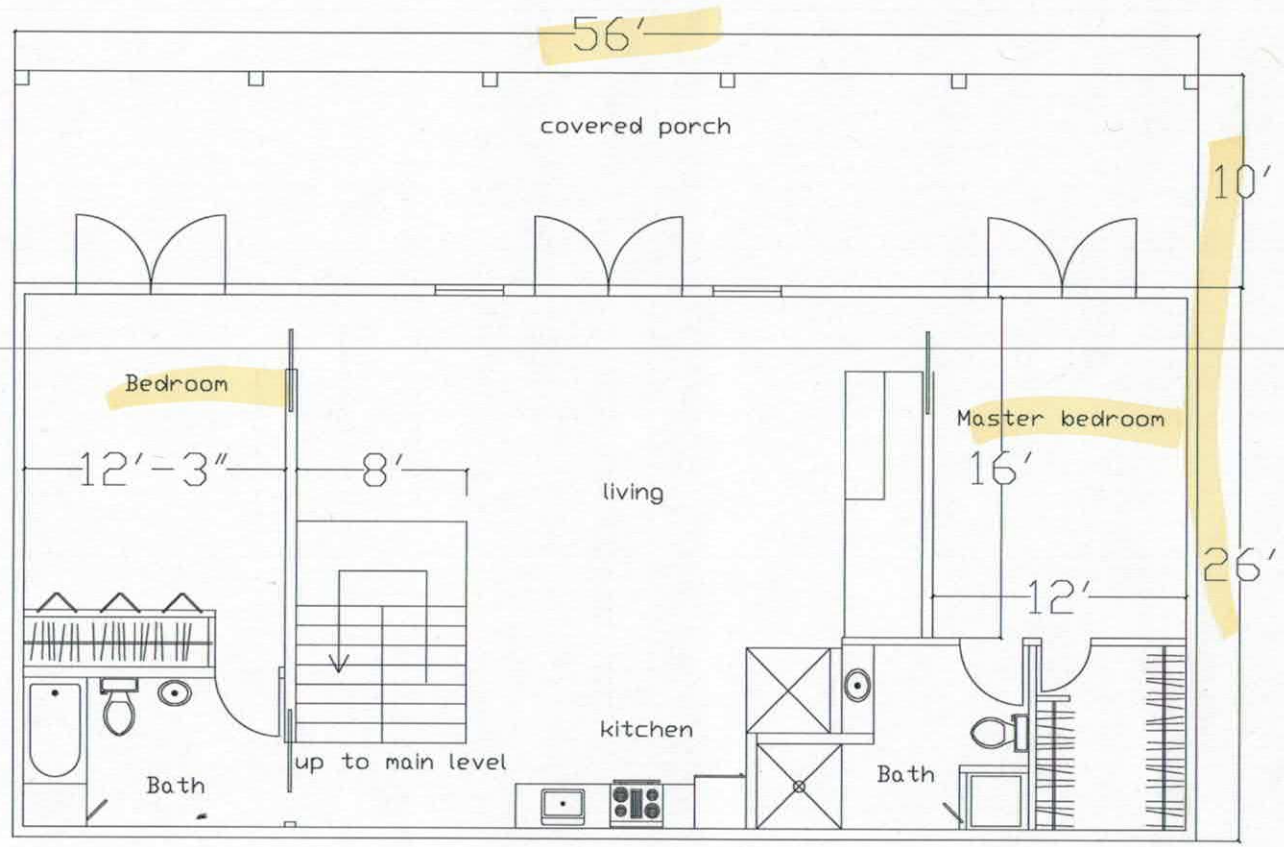
Acknowledgement Of
Plans Submittal ONLY!

Date 4/25/19

Date 4/1/19

*spoke with John Bands
4/11/19 - 2' will be closer to Rd - OK

lower floor


56'
covered porch
10'
Bedroom
12'-3"
8'
living
Master bedroom
16'
26'
12'
kitchen
up to main level
Bath
Bath

monday 3/18/19
pits

RECEIVED MAR 1 1 2019
Paid $500.00
#242794

PROP-12397
PS 308

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)

LOT 1291

Applicant Name: Steve Cannon Address: 5510 Deer Run Court Davidson NC Zip: 28036
Applicant Email: SC55dre@gmail.com Phone: 704 706 4645 Alt. Phone:
Owner Name: Lee Wasson Address: 322 Clark Cove Rd Statesville, NC Zip: 28677
Owner Email: lee.wasson@comporium.net Phone: 828-430-1058 Alt. Phone: 828-437-8862

Property Information:

Street Address: 322 Clark Cove Rd Statesville, NC
Subdivision Name: Old Homestead Section/Phase: Lot Number: 22
Driving Directions: N. Center St onto US21/Hwy 115 Rt/onto Old Mountain Rd Lt/onto E. Monbo Rd Lt/onto St Johns Rd Take 2nd Rt/onto St. Johns Rd Rt/on Clark Cove

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

(✓) 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: 3
( ) 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: Abandonment of existing well
( ) 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: Accepted

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: Steve Cannon 3/11/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

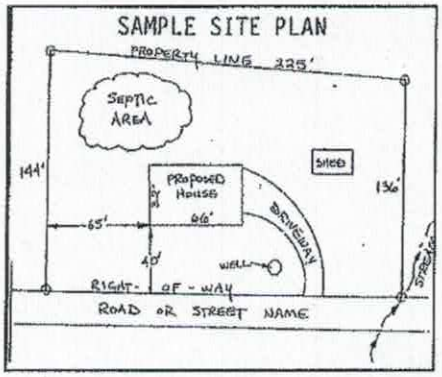
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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**
- (X) **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

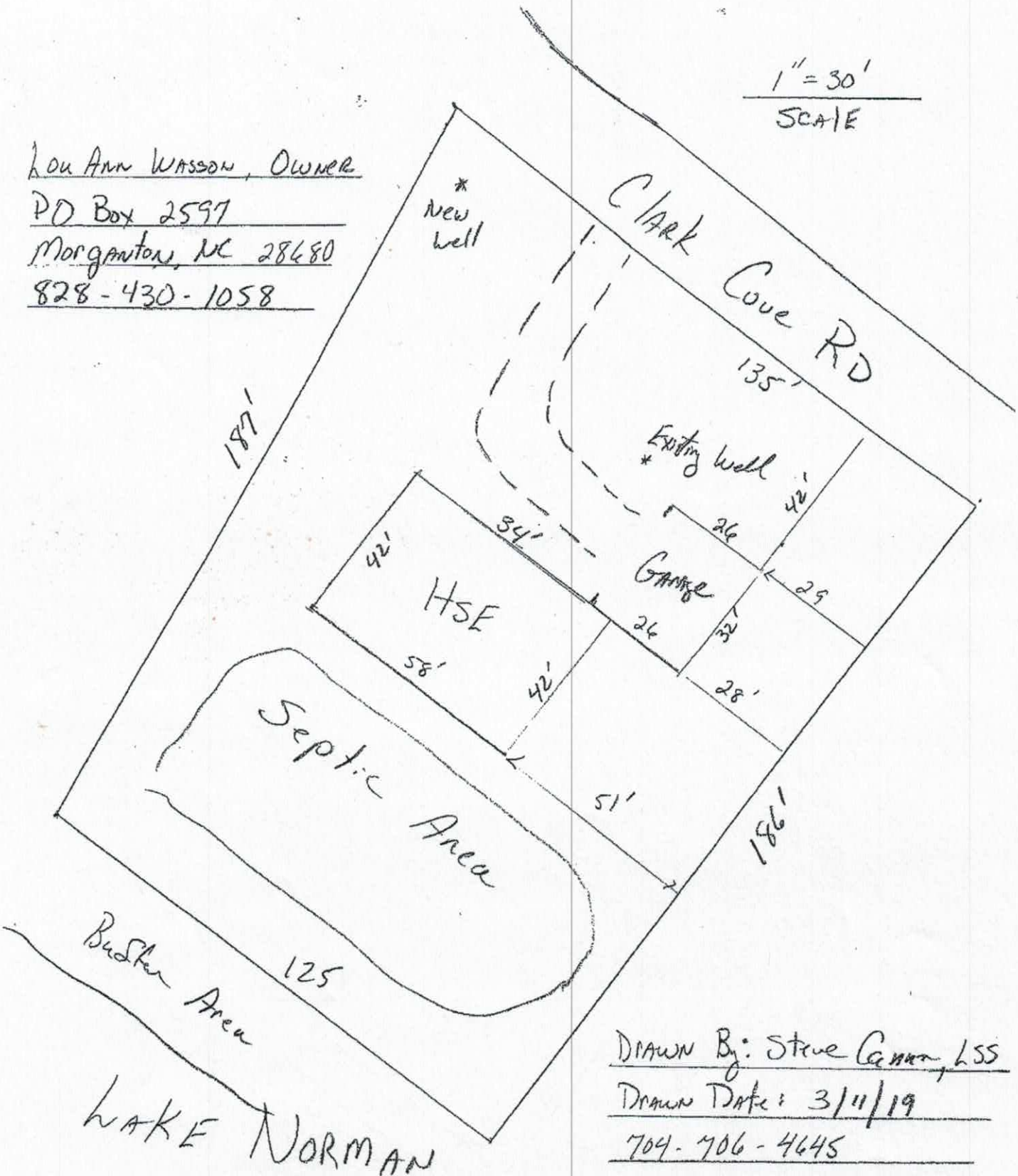
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: Sharon Conner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/11/19
DATE

Lou Ann Wasson, Owner
PO Box 2597
Morganton, NC 28680
828-430-1058

1" = 30'
SCALE



Drawn By: Steve Canaan, LSS
Drawn Date: 3/11/19
704-706-4645

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*) Lou A Wasson

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, Lou A Wasson, am the legal owner(s) of the property located at 322 Clark Cove Rd Statesville, NC 28677, identified as

PIN (Parcel Identification Number) 4710903736, located in Iredell County, North Carolina.

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

Lou A Wasson
Signature of Owner(s)

3/7/19
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

IREDELL COUNTY

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

APPLICATION NUMBER
242794
Issue Date: 03/11/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4710903736.000	322 CLARK COVE ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: WASSON LOU ANN+MARGARET	Applicant: WASSON LOU ANN+MARGARE
Address: 320	Address: PO BOX 2597
IREDELL CO, NC 28625	STATESVILLE, NC 28680
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.560	35.00	50.00	15.00	15.00	CACL	X

Remarks:

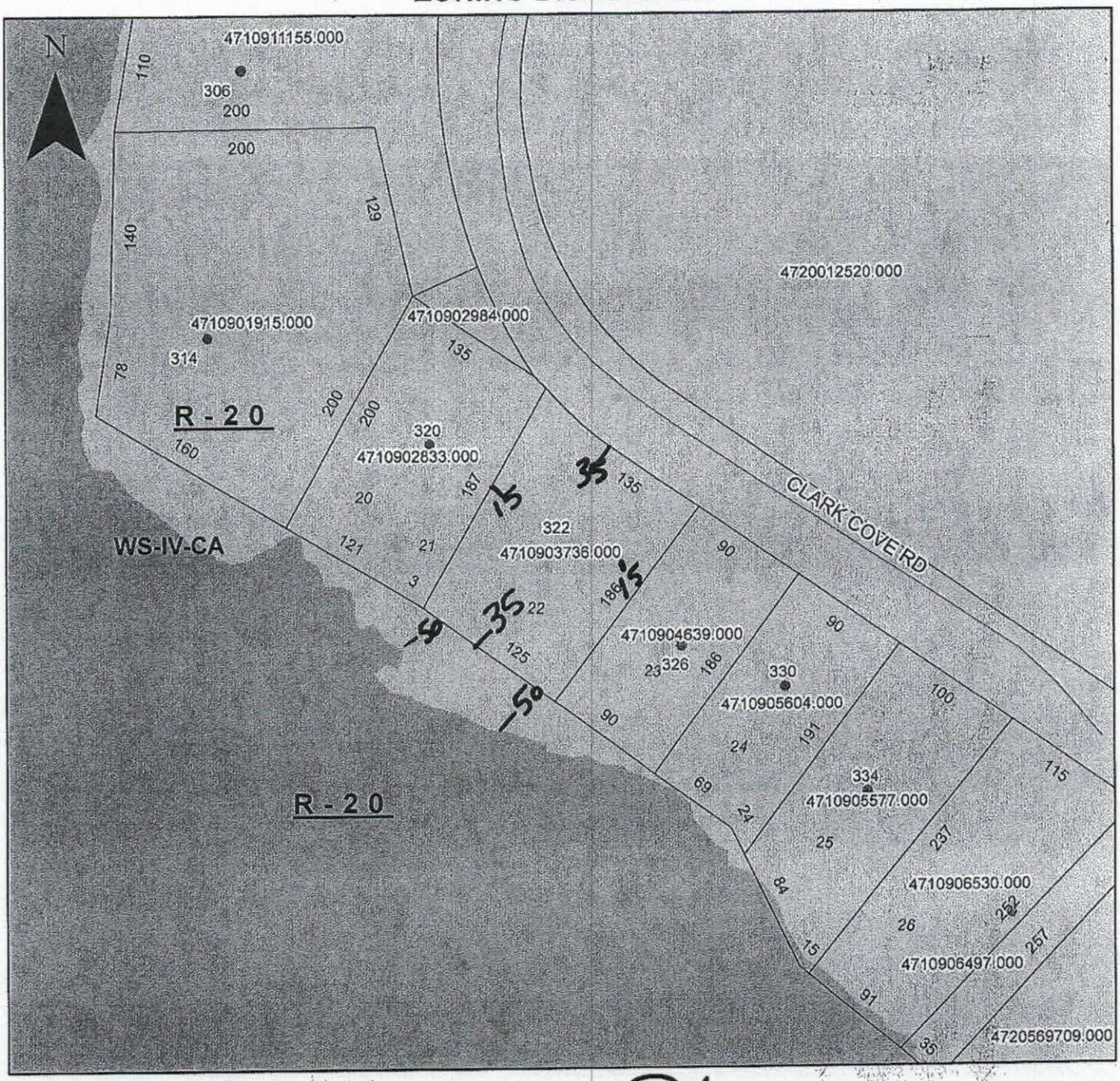
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Applicant: _____ Date: _____

Permit Number	170064	TOTAL FEES:	$ 79.50

40825

ZONING DISCLAIMER



Property Address 322 Clark Cove 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.

Steve Cannon
Applicant

3/11/19
Date