IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216786

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

PIN # 4711 41 1742

APPLICANT/OWNER: Michael Benfield / Terry Gibson APPLICANT ADDRESS: 939 Brawley School Rd Mooresville NC 28117

SITE ADDRESS: 104 South Harbor Watch Drive Statesville NC 28677 PHONE: 704 658 8616 ALT. PHONE 704 360 0376.

SITE DIRECTIONS: Hwy 21 @ on Old Mtn Rd @ on Buffalo Shoals @ on Laurel

SUBDIVISION: Harbor Watch SECTION: 3 LOT # 87 LOT AREA: 1.8 Ac SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	4-28-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	LP- Panel Blocks 50%		
# Nitrification Fields	1	# Lines	3	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36	Trench Bottom Depth (Register)	30 inches	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install 30inch Max trench bottom. Fill areas where Drainfield encroaches on complete Topo. Keep system 15ft away from pool cut.

INITIAL SITE SKETCH

See attached System Relayout by Benfield Outdoor Services & Solutions. dated 3/11/2019.

AS BUILT SKETCH

Tank 40' From House
Installed as Drawn

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: 3-14-2019 Installed by: Tony Ball TB Grading

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 3/11/2019. OPERATION PERMIT by: Date: 6-26-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 1/1/2020 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.

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	WHITE	1.6	32	0
2	BLUE	2.7	50	0
3	ORANGE	4.7	50	0
4	RED	6.7	75	0
5	BLUE	8.2	132	132
6	PINK	9.3	~~460~~ 132	~~460~~ 132
7	ORANGE	11.1	136	136
8	RED	12.6	80	0
9	GREEN	14.9	80	0
			TOTAL	TOTAL
			767	400

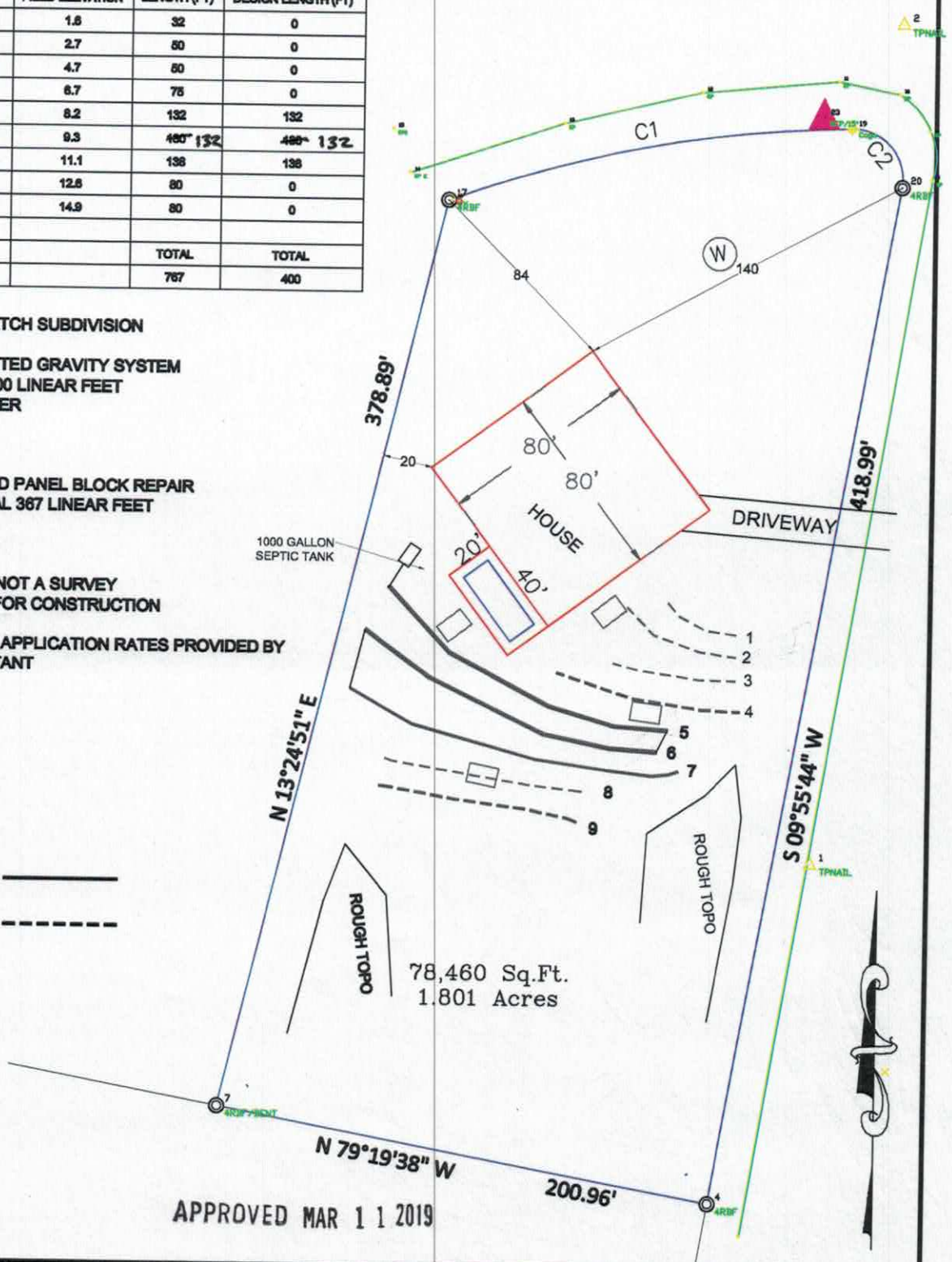
LOT 87 HARBOR WATCH SUBDIVISION

4-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 5-7 TOTAL 400 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION

4-BEDROOM LPP FED PANEL BLOCK REPAIR
LINES 1-4 8-10 TOTAL 367 LINEAR FEET
LTAR 0.3
50% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS AND APPLICATION RATES PROVIDED BY PREVIOUS CONSULTANT



SYSTEM LINE ——————

REPAIR LINE - - - - - -

0 30 60

SCALE:
1" = 60 ft.

APPROVED MAR 1 1 2019

BOSS

Benfield Outdoor Services & Solutions
[illegible]

TERRY GIBSON

LOT 87
HARBOR WATCH DR,
STATESVILLE, NC
IREDELL COUNTY

DATE:1/29/19 DRAWN BY:MDB CHECKED BY:MDB

APPROVED MAR 10 2016

SA

Lot 87 Harbor Watch Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	340
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Blue	LP PPBPS	50
2	Repair	Orange	LP PPBPS	98
3	System	Red	25% Reduction	150 endfed
4	System	Blue	25% Reduction	130 endfed
5	System	Pink	25% Reduction	120 endfed
6	Repair	Orange	LP PPBPS	100
7	Repair	Red	LP PPBPS	92
				Total System: 400'.
				Total Repair: 340'

Note: Tank and distribution device locations can be altered at the discretion of ICHD. Keep proper setbacks if foundation drains are used

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

APPROVED MAR 10 2016 BA

Sheet: 1
Property ID: 4711-41-1742
Lot #: 87
File #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Joseph & Cheryl Fusco
Address: 108 S Harbor Watch Dr
Proposed Facility: SFR
Design Flow (.1949)
Location of Site: Lot 87 Harbor Watch

Applicant: 4 G Design Bu
Date Evaluated: 2/12/16
Property Size: 1.8
Property Recorded: 1997

Water Supply: [ ] Public [ ] Individual [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	SOIL MORPHOLOGY .1941 .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L	0-6	mo GR SL	FR ns/np	Br				
		6-30	MO SBK C	FR SS/SP	R				
		30-48	WK SBK CL	↓	R; C Sap				0.3
		48-56	MA L/SL SAP	↓	multi, F/C CL inc				
2	L 10-15%	0-24	MO SBK C	FR SS/SP	R				
		24-48	WK SBK CL	↓	R; C Sap				
				@ 32" appwall, C yel Br wR (Fi/FR)					0.3
3	L	0-6	mo GR SL	FR ns/np	Br				
		6-25	MO SBK C	FR SS/SP	R				
		25-61	WK SBK CL	↓	R; C Sap/yel Br wR				0.3
4	L 2-5%	0-37	MO SBK C	FR SS/SP	R				
		37-60	WK SBK CL	↓	R; C/m Sap				0.3

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	LPPPBPS
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present: ELH
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present: ELH

RECEIVED FEB 1 4 2018

~~216786~~ # 216786

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $320.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Michael Benfield Address: 939 Brawley School Rd Zip: 28117
Applicant Email: Bossmb86@yahoo.com Phone: 704-658-8616 Alt. Phone: 704-360-0376
Owner Name: Terry Gibson Address: Lot 87 Harbor Watch Dr Zip: _____
Owner Email: Gibson+1@gmail.com Phone: 240-344-9363 Alt. Phone: _____

Property Information: 104 ~~105~~ South
Street Address: Lot 87 Harbor Watch Dr, Statesville
Subdivision Name: Harbor Watch Section/Phase: _____ Lot Number: 87
Driving Directions: Hwy 21, Turn on Old Mountain Rd, Left onto Buffalo Shoals, Left on Laurel Cove Rd, R on Harbor Gate + Harbor Watch

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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 ( ) 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 (X) 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: Michael Benfield 2-8-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID Credit MB 2/14

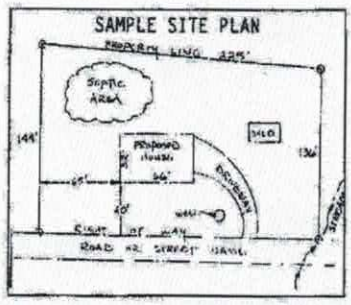
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Michael Barfield
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-8-19
DATE

LINE SCHEDULE				
LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	WHITE	1.6	32	0
2	BLUE	2.7	50	0
3	ORANGE	4.7	50	0
4	RED	6.7	75	0
5	BLUE	8.2	132	132
6	PINK	9.3	130	130
7	ORANGE	11.1	138	138
8	RED	12.8	105	0
9	GREEN	14.9	102	0
10	PINK	17.6	100	0
			TOTAL	TOTAL
			914	400

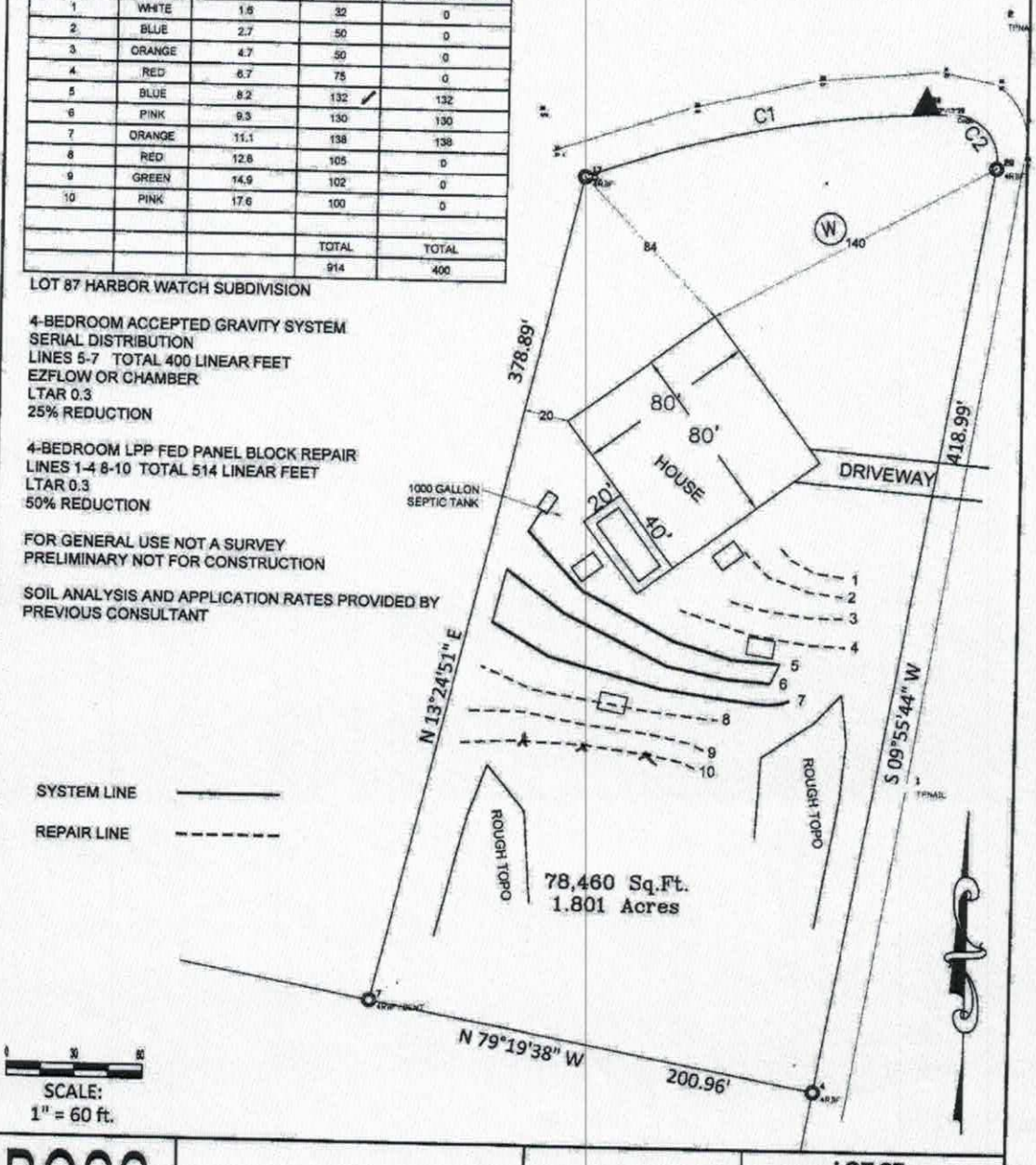
LOT 87 HARBOR WATCH SUBDIVISION

4-BEDROOM ACCEPTED GRAVITY SYSTEM
SERIAL DISTRIBUTION
LINES 5-7 TOTAL 400 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION

4-BEDROOM LPP FED PANEL BLOCK REPAIR
LINES 1-4 8-10 TOTAL 514 LINEAR FEET
LTAR 0.3
50% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS AND APPLICATION RATES PROVIDED BY PREVIOUS CONSULTANT



BOSS	Benfield Outdoor Services & Solutions	TERRY GIBSON	LOT 87 HARBOR WATCH DR, STATESVILLE, NC IREDELL COUNTY DATE:1/29/19 DRAWN BY: MDB CHECKED BY: MDB

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 2167786

PIN # 4711-41-1742

APPLICANT: 4G DESIGN BUILD

APPLICANT ADDRESS: PO BOX 60 TROUTMAN 28166

SITE ADDRESS: 108 S HARBOR WATCH DR.

PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: BUFFALO SHOALS, TL LAUREL COVE, TR HARBOR GATE, TL HARBOR WATCH, ON R

SUBDIVISION: HARBOR WATCH

SECTION: 3 LOT # 87 LOT AREA: 1.8 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 400'

Trench Width 36" Max. Trench Bottom Depth *30"* Gravel Depth —

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

System Description: 25% REDUCTION

Repair System Description: PANEL BLOCK

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL C MAX 30"

INITIAL SITE SKETCH

SEE PLAN FROM THE OAKS GROUP PA

AS BUILT SKETCH

Revised

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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**

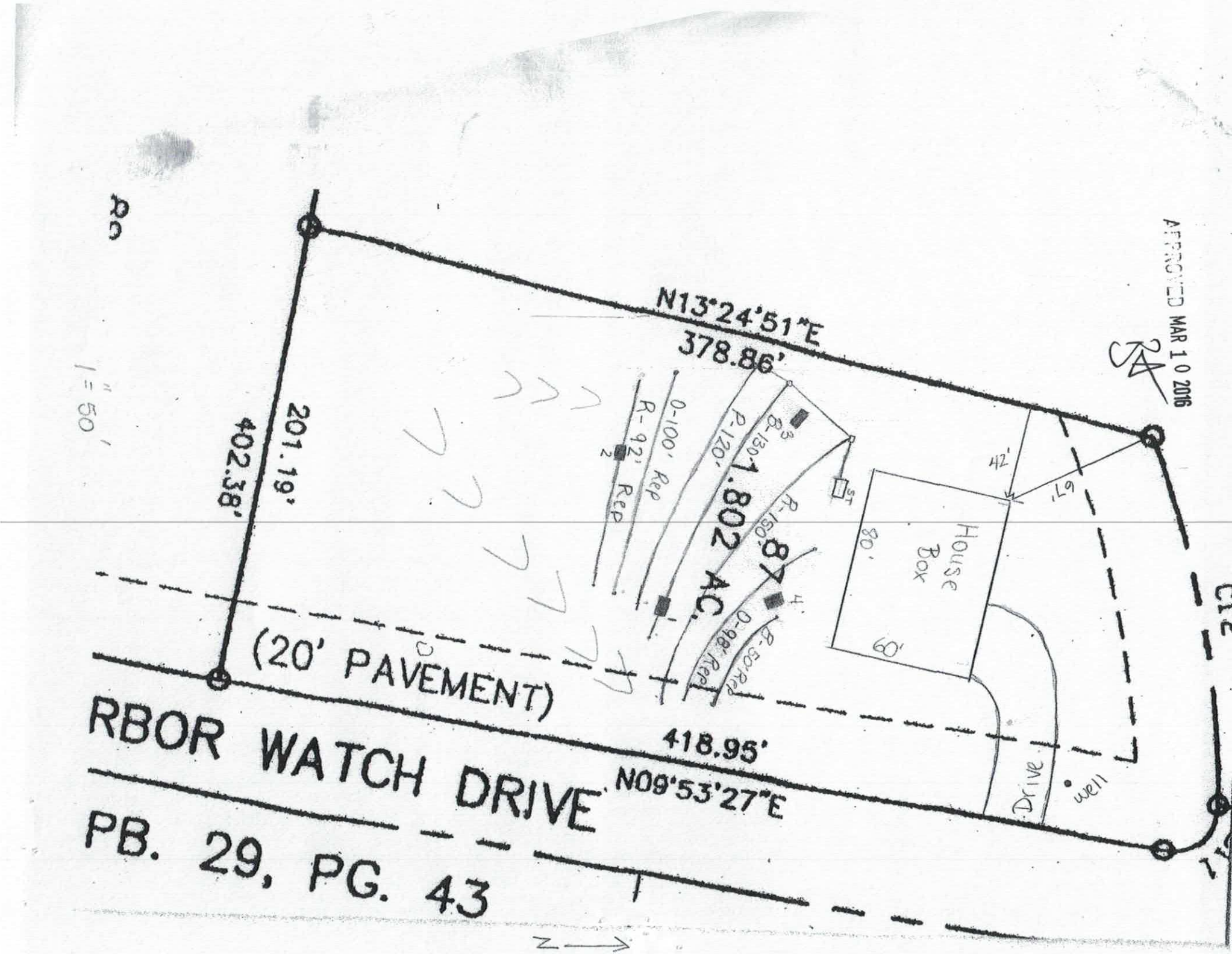
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Emma Holt Date: 3/15/2016 Installed by:

IMPROVEMENT PERMIT by: APPROVED Date: MAR 11 2016 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


APPROVED MAR 10 2016
N13°24'51"E
378.86'
201.19'
402.38'
1.802 AC.
87'
42'
67'
80'
House
Box
(20' PAVEMENT)
RBOR WATCH DRIVE
PB. 29, PG. 43
418.95'
N09°53'27"E
Drive
well
1" = 50'
N

DigiSign Verified: B65E57A8-5BFE-4645-94F4-C89AFC01FB15

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, Terry Gibson, am the legal owner(s) of the property located at Lot 87 Harbor Watch Dr, Statesville, NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Benfield, Benfield Outdoor Services & Solutions, 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.

Terry Gibson	02-08-2019	Nikki Robinson	02-08-2019
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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

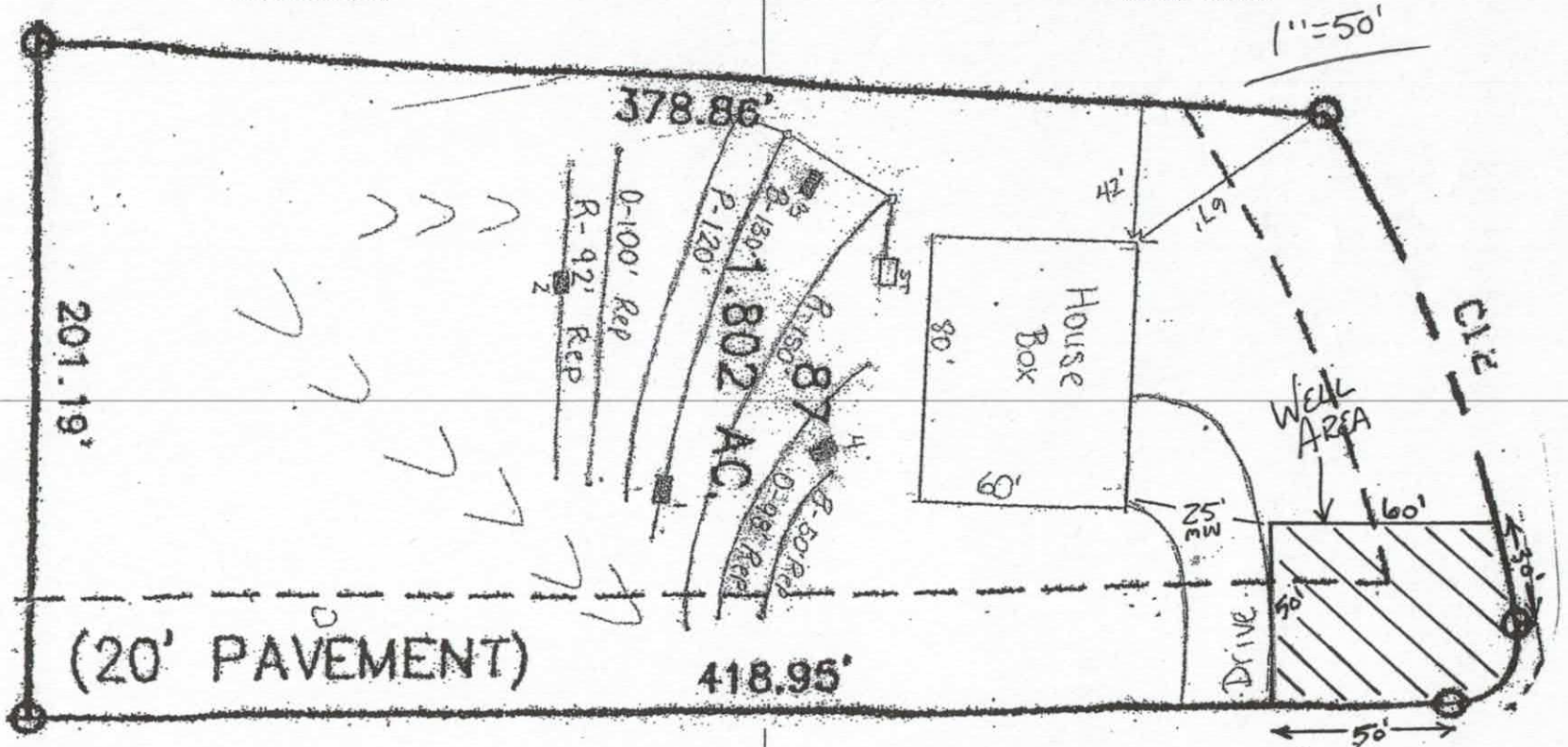
PRIVATE DRINKING WATER WELL PERMIT # 2166786 **PIN #** 4711-41-1742 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT NAME: 4G DESIGN BUILD ADDRESS: PO BOX 60 TROUTMAN 28166 PHONE: 704-578-4951

DIRECTIONS TO SITE: BUFFALO SHOALS, TL LAURAL COVE, TR HARBORGATE, TL S HARBOR WATCH, ON R

SITE ADDRESS: 108 S. HARBOR WATCH DR. SUBDIVISION: HARBOR WATCH SECTION/LOT: 3/87

Initial Site Sketch



Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: DRILL ONLY IN AREA SHOWN

WELL PERMIT ISSUED BY: R.A. Hall APPROVED DATE: MAR 21 2016 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐

Health Dept. Copy – White Applicant Certificate of Completion – Yellow Applicant Well Construction Permit - Pink

Gibson, Carolyn & Terry









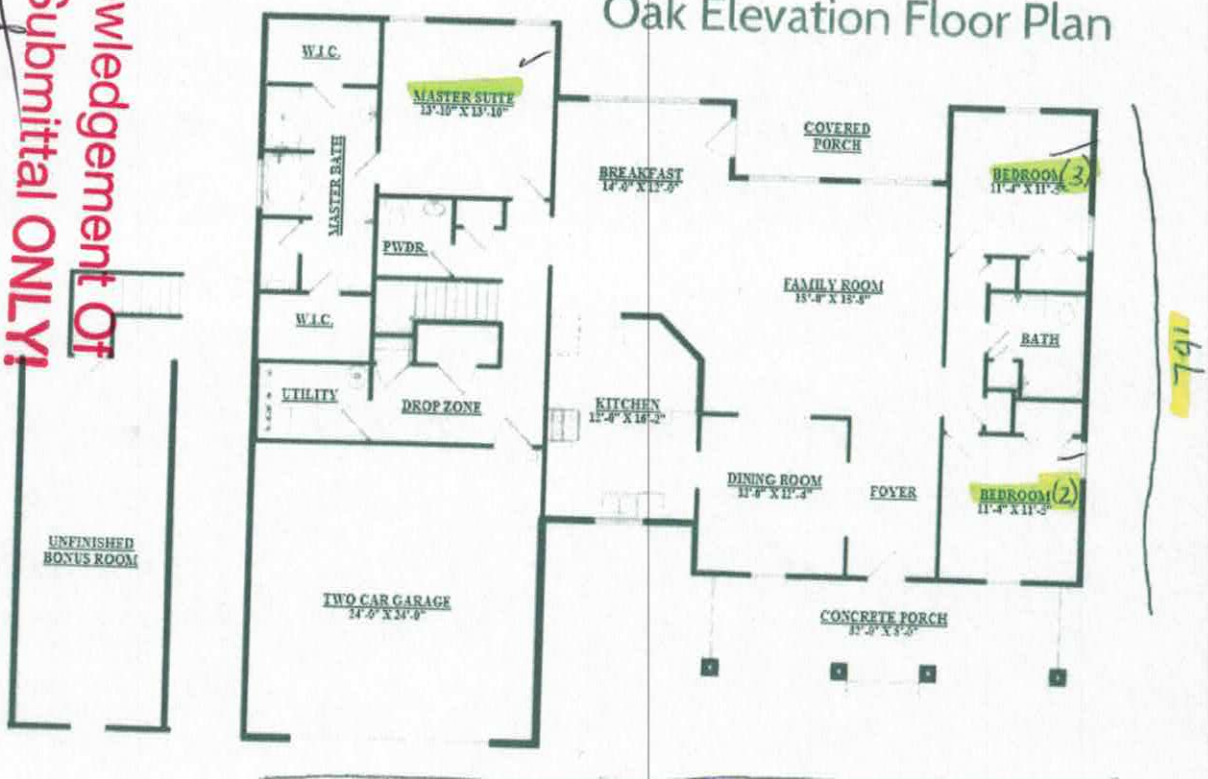
Acknowledgement Of
Plans Submittal ONLY!

Date 11/2/20

Date

11/9/2020

Oak Elevation Floor Plan



© "COPYRIGHT SEDGEWICK HOMES LLC.
ALL RIGHTS RESERVED"

Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB ACCREDITED BUSINESS
EQUAL HOUSING OPPORTUNITY
NAHB

IREDELL COUNTY

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

APPLICATION NUMBER
216786
Issue Date: 02/14/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4711411742.000	108 SOUTH HARBOR WATCH, STATESVILLE, NC 28677	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FUSCO JOSEPH L+CHERYL A	Applicant: OAKS GROUP FILE COPY
Address: 138 SANDALWOOD LN	Address: 121 HOLT LN
STATESVILLE, NC 28625	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.800	35.00	35.00	15.00	25.00	CACL	X

Remarks:

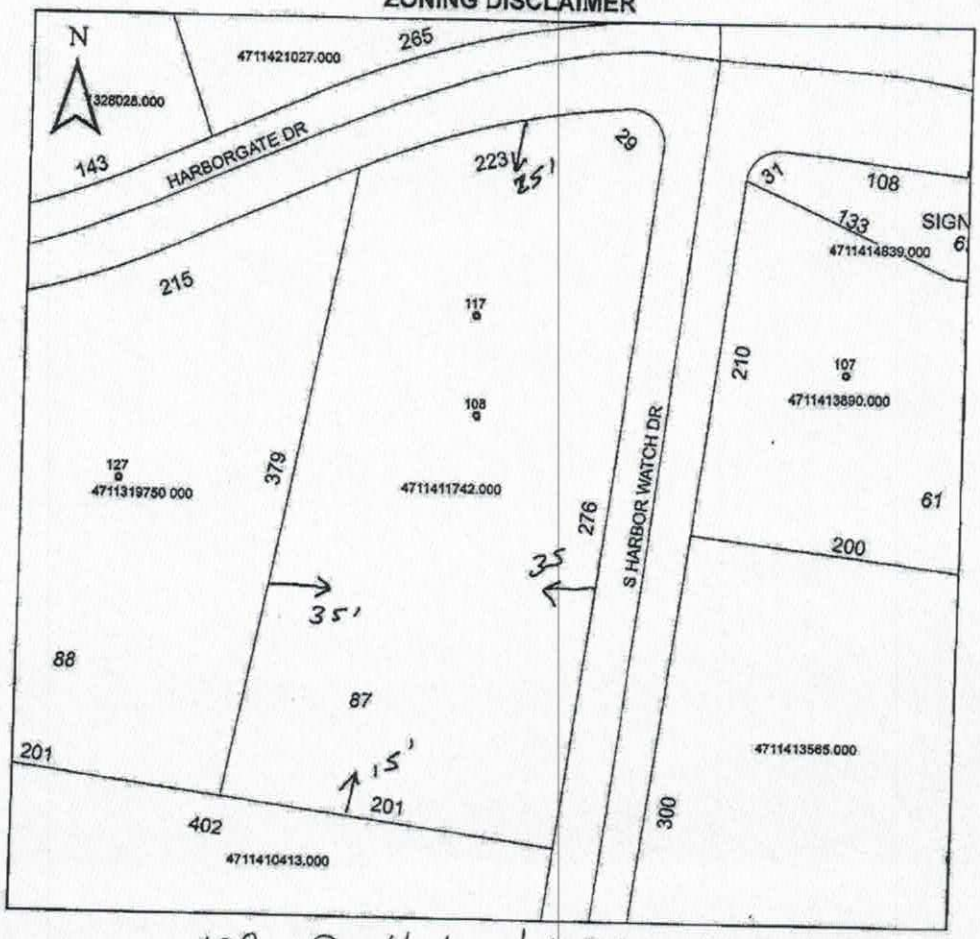
PAID
Credit
MH 2/14

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	167686	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address: 108 S. Harbor Watch

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.

Emma Helton

Applicant

2/23/16

Date

2/13/19