ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-310845

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

PIN # 4711 - 41 - 3890

APPLICANT/OWNER: Anthony Brown | APPLICANT ADDRESS: 116 Bay Laurel Dr Mooresville NC 28115

SITE ADDRESS: 107 S Harbor Watch Dr Statesville NC 28677 | PHONE: 704-318-3545 | ALT. PHONE N/A

SITE DIRECTIONS: Main entrance off Laurel Cove Rd First lot on left | SAP CONTROLLED: ☐ YES ☒ NO

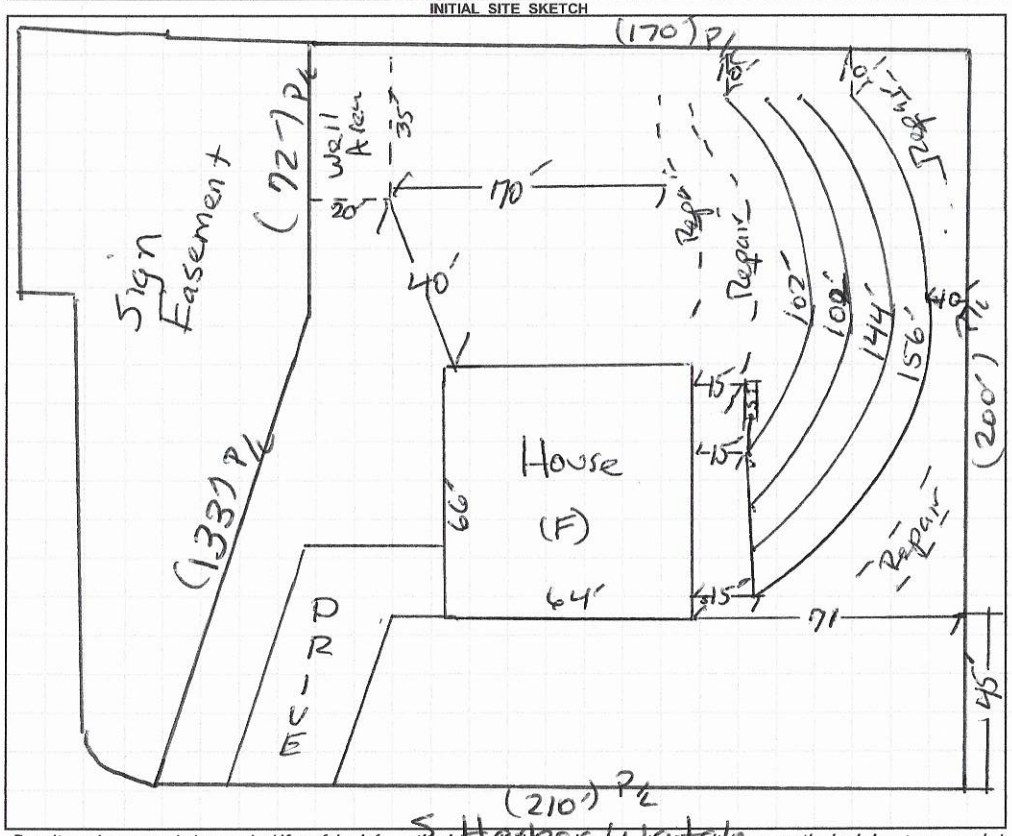
SUBDIVISION: Harbor Watch | SECTION 2 | LOT # 61 | LOT AREA: 0.838 ac | DESIGN FLOW: 480 | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	10-19-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:		25% Reduction		☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:		50% Reduction		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	18	Gravel Depth	N/A			☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with serial distribution

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.

1" = 50'

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: 10/19/20 Installed by: JAKE WILLIAMS

IMPROVEMENT PERMIT by: [signature] Date: 10/19/20 OPERATION PERMIT by: [signature] Date: 12-10-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/28/20 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 #: 4711-41-3840
COUNTY: Iredell

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

OWNER: Anthony Brown — APPLICATION DATE 9/9/20
ADDRESS: 116 Bay Laural Rd — DATE EVALUATED: 10/13/20
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 0.538ac
LOCATION OF SITE: 107 S Harbor Watch — PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other N/A
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	L 5%	0-9	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		9-29	ABK C	fi SE					
		29-56	WABK BC	fi/fr SE					
2	L 4%	0-3	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		3-33	ABK C	fi SE					
		33-54	WABK BC	fi/fr SE					
		few rock inclusions 36"-50"							
3	L 5%	0-8	Gr SCL	fr SE	PS	PS	N/A	N/A	~~PS~~ .3
		8-40	WSBK C	fi SE					
		40-55	WABK BC	fi/fr SE					
		moist soil horizon @ 32"							
4	L 5%	0-3	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		3-23	SBK C	fi SE					
		23-51	WABK BC	fi fr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Hi Snow
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) 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)	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.

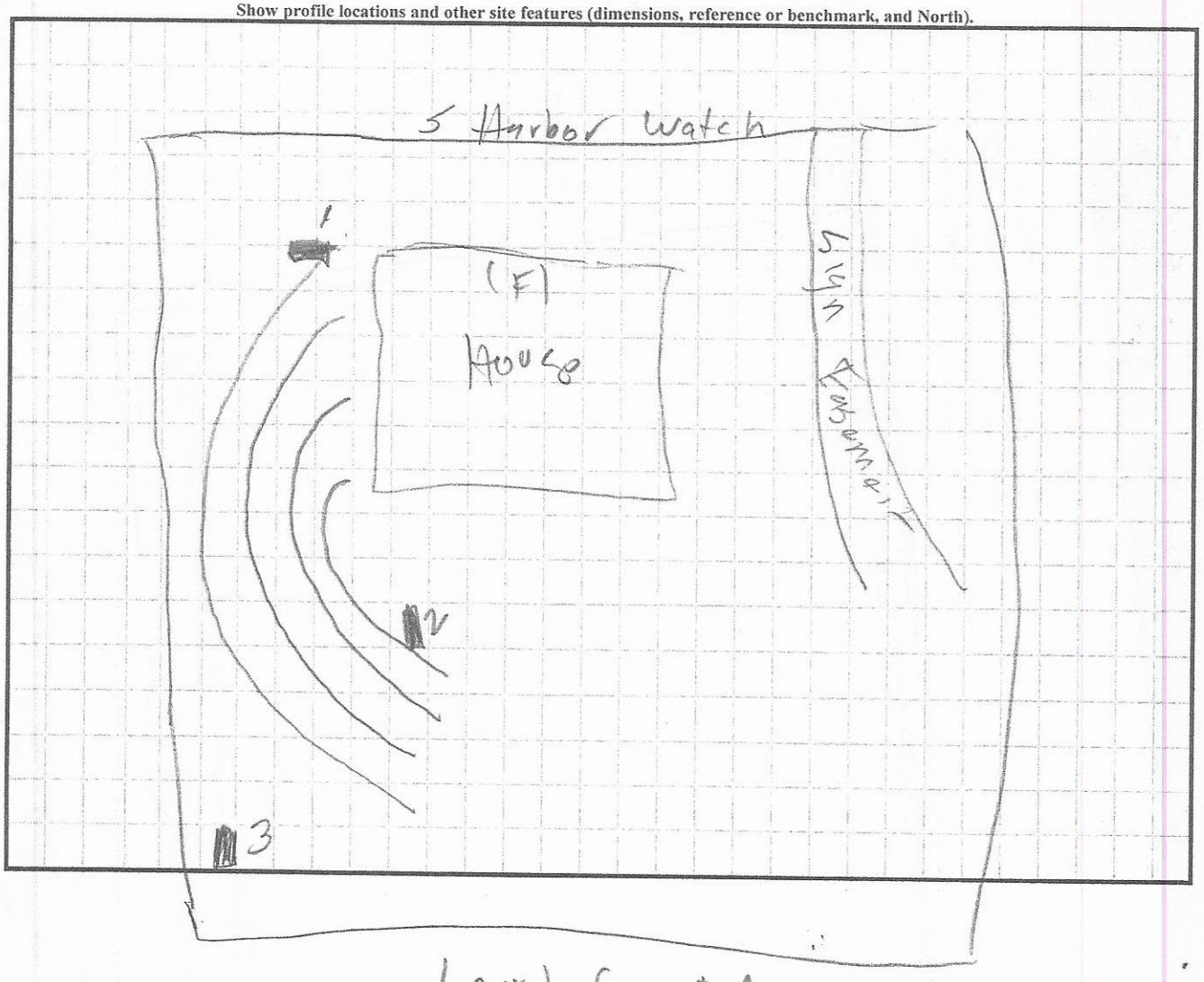
NOTES

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/ft^2

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



RECEIVED SEP 14 2020

AP-310845
$500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) 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: Anthony (Tony) Brown Address: 116 Bay Laurel Dr Mooresville Zip: 28115
Applicant Email: tony.brown@solidcal.com Phone: (704) 318-3545 Alt. Phone: _____
Owner Name: Dan/Sue Prescott Address: Land under Contract Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 107 S. Harbor Watch Dr. Statesville
Subdivision Name: Harbor Watch Section/Phase: NA Lot Number: 61
Driving Directions: Main Entrance off Laurel Cove Rd. First lot on left after Entering

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: 4
Maximum Number of Occupants: 6
( ) 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: 1 Number of Persons: 6 max
(X) 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 (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: Anthony Brown 9/9/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 3A89F32D-137A-41FD-B05C-437FD851E360

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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*) _____

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, Daniel Prescott Susan Prescott, am the legal owner(s) of the property located at 107 S. Harbor Watch Drive, identified as PIN (Parcel Identification Number) 4711413890000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Anthony (Tony) Brown, contracted to purchase land, 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.

DocuSigned by: Daniel Prescott 9/11/2020 | 7:44 AM PDT
C11932B9C64C4ED...
Signature of Owner(s)

DocuSigned by: SP 9/11/2020 | 7:43 AM PDT
42C3D4F3792248F...
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

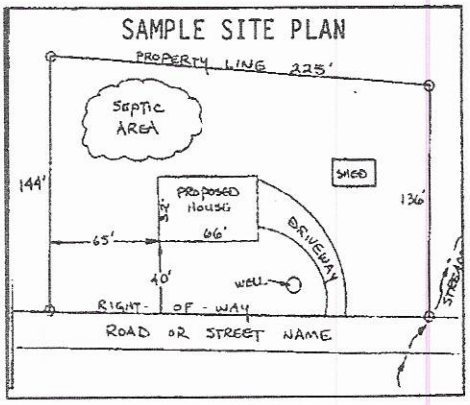
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT!!!***



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

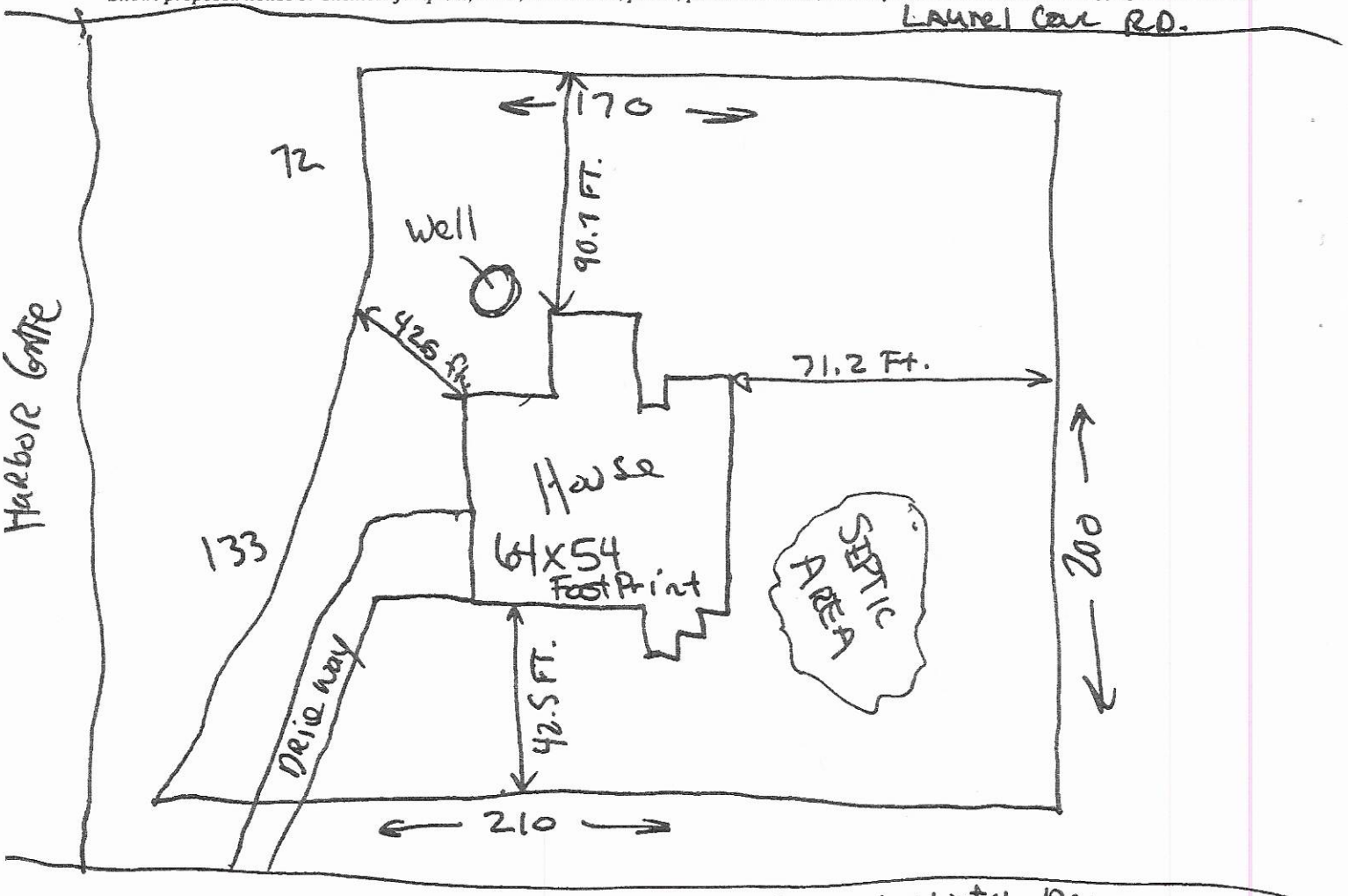
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

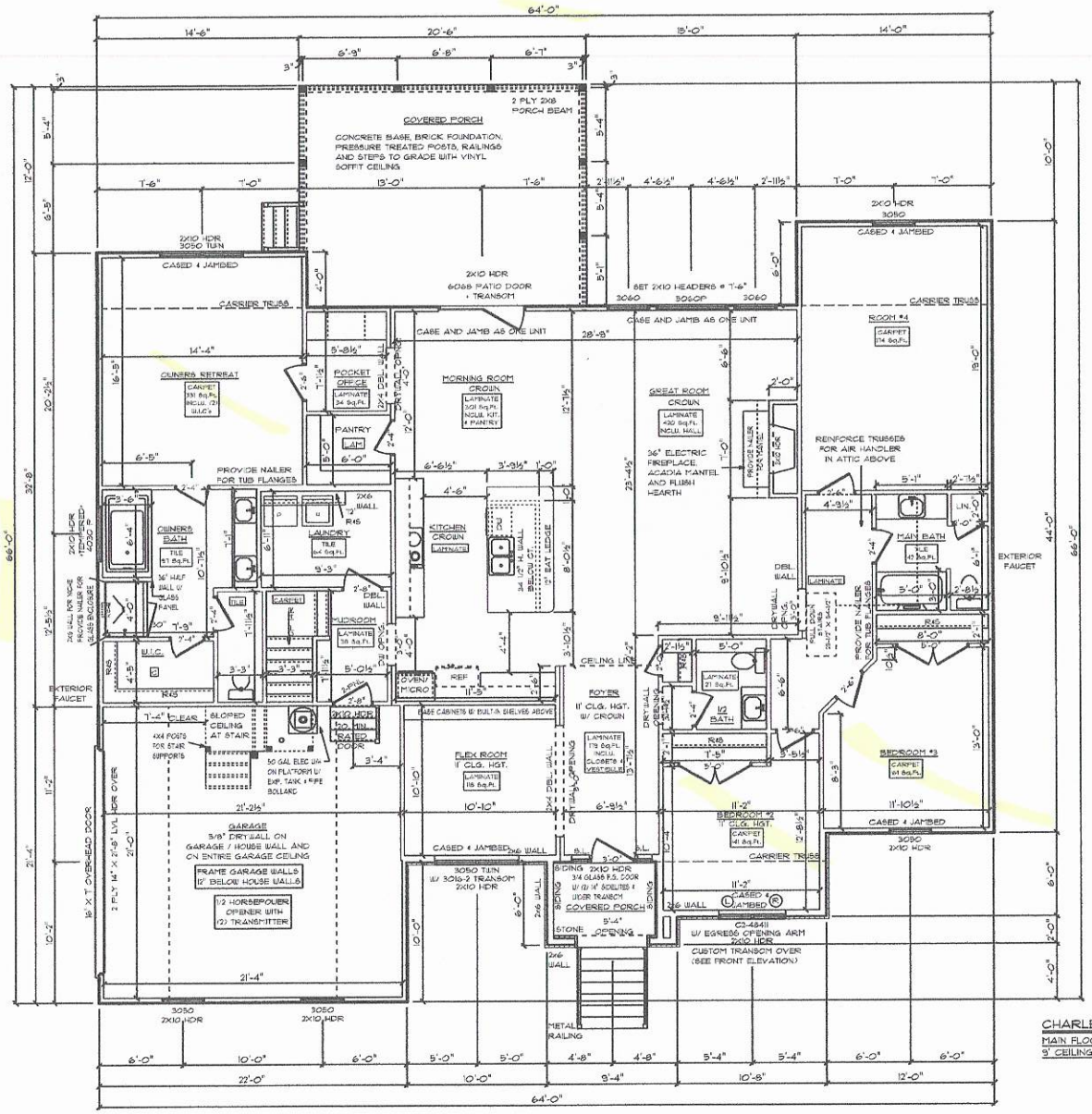
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Anette Brace
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/9/2020
DATE

107 S Harbor Watch



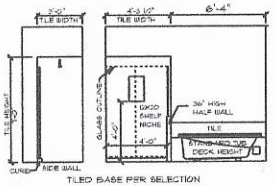
GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 6'-0" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED FARMHOUSE CROWN TRIM FOR ENTRY, GREAT ROOM, MORNING ROOM & KITCHEN
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS
- WINDOWS HAVE DRYWALLED RETURNS
- PAINTED 6 5/16" CROWN IN ENTRY, GREAT ROOM, MORNING ROOM AND KITCHEN
- 2-PANEL SQUARE HOLLOW CORE MOLDED INTERIOR DOORS
- SILVERLINE, SINGLE-HUNG, LOW-E VINYL WINDOWS WITH SOLAR GLAZING

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.



TILED BASE PER SELECTION
TILED WALLS PER SELECTION
GLASS DOOR SIZE PER PLAN (6' TALL)
NICHE RO 2'-1/2" LARGER THAN CALLOUT
MEMBRANE WATERPROOFING ON FLOORS AND WALLS

4' TILED SHOWER DETAIL
(2) WALLS & HALF WALL TILE

PROVIDE NAILER FOR GLASS ENCLOSURE

CHARLESTON AMERICAN TRADITION / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

FINAL DRAWINGS APPROVED: 09-30-20
REVISED ON:

SQUARE FOOTAGES
MAIN FLOOR - 3,205 SQFT
GARAGE - 483 SQFT
PORCHES - 316 SQFT
PORCHES - 360 SQFT

NORTH CAROLINA PROFESSIONAL SEAL 38583 ENGINEER JOHN C. DARDEN, III

CUSTOM BUILT FOR: LAURA AND ANTHONY BROOM
LOT 6 HARBOR WATCH DRIVE
STATESVILLE, NC 28677
IREDELL COUNTY
LOT 6 • CH-STS-0920-0784 • CN-30813 • UNIT-BR-166

DRAWN BY: JDS
DATE: 9/30/2020
SCALE: 1/8" = 1'-0"
PAGE: 6

© THESE SCHUMACHER HOMES PRINTS/PLANS, INC. ALL RIGHTS RESERVED. THE PLAN AND THE DESIGNS EMBODIED HEREIN ARE THE PROPERTY OF SCHUMACHER HOMES OF NORTH CAROLINA, INC. AND ITS AFFILIATED FRANCHISEES AND MAY NOT BE COPIED, REPRODUCED, USED OR DISCLOSED EXCEPT AS EXPRESSLY PERMITTED IN WRITING BY SCHUMACHER HOMES. ANY UNAUTHORIZED USE OR COPYING IS A VIOLATION OF UNITED STATES COPYRIGHT LAW AND MAY RESULT IN DAMAGES IN EXCESS OF $100,000 PER ACT OF INFRINGEMENT

Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com
SCHUMACHER HOMES

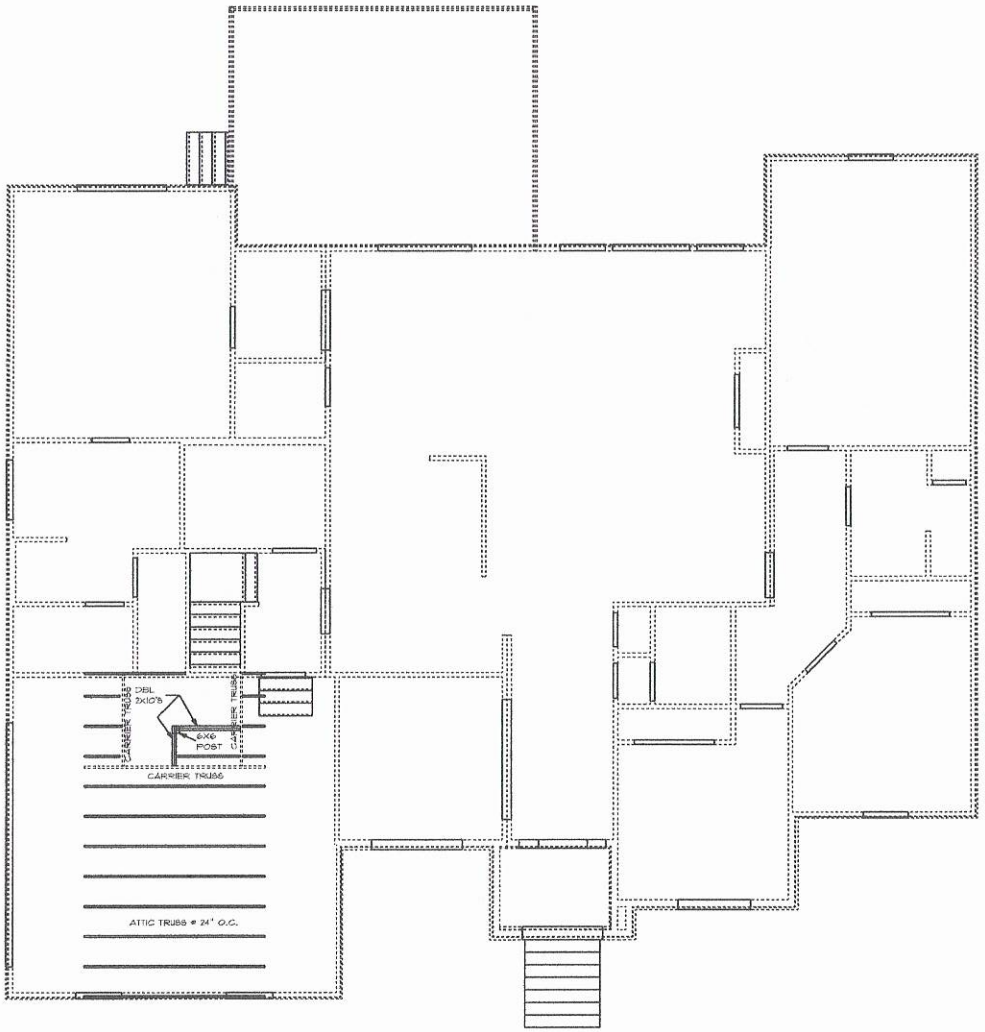
Date 11.30.2020

Acknowledgement Of
Plans Submittal ONLY!
11/28/2020

107 S Harbor Watch

FINAL DRAWINGS APPROVED: 09-30-20
REVISED ON:

NORTH CAROLINA PROFESSIONAL SEAL 38583 ENGINEER JOHN C. DARDEN III



FRAMING NOTES:

1. LEAVE 14 1/2" BETWEEN EACH END JOIST & RIM JOIST TO ALLOW FOR INSULATION.
2. INSULATE ALL FRAMED CHANNELS & CORNERS; ALSO, BEHIND EACH TUB AND SHOWER UNIT.
3. INSTALL FIREBLOCK FRAMING IN ALL STAIRWAY CEILINGS.
4. INSTALL ALL TRUSSES, I-JOISTS, LVL'S AND BEAMS PER MANUFACTURER SPECIFICATIONS AND LAY OUTS. DO NOT CUT, NOTCH OR BORE WITHOUT EXACT SPECIFICATIONS.
5. ALL FLOOR JOIST FRAMING TO BE SOUTHERN YELLOW PINE NO. 2 OR GREATER, UNLESS NOTED OTHERWISE.
6. GLUE ALL SUBFLOOR TO JOISTS.
7. GLUE ALL INTERIOR & EXTERIOR SILL PLATES/BOTTOM PLATES TO OSB

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.

Date 10.30.20

Date 10/28/2020

Acknowledgement Of Plans Submittal ONLY!

CHARLESTON AMERICAN TRADITION / CUSTOM
BONUS ROOM JOIST PLAN

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 261-3462
www.schumacherhomes.com

CUSTOM BUILT FOR: LAUREL AND ANTHONY BROWN
JOB #: CH-875 0001 0764 | DR: 3083 | HH # BR 366
LOCATION: 101 S HARBOR WATCH DRIVE STATESVILLE, NC 28677 (IREDELL COUNTY)

SQUARE FOOTAGES:
MAIN FLOOR = 3,403 SQFT
BONUS ROOM = 1,465 SQFT
GARAGE = 1,465 SQFT
PDN/CRAWL = 3,467 SQFT
PORCHES = 316 SQFT

DRAWN BY: DMS | DATE: 9/30/2020 | SCALE: 1/8" = 1'-0" | SHEET 8

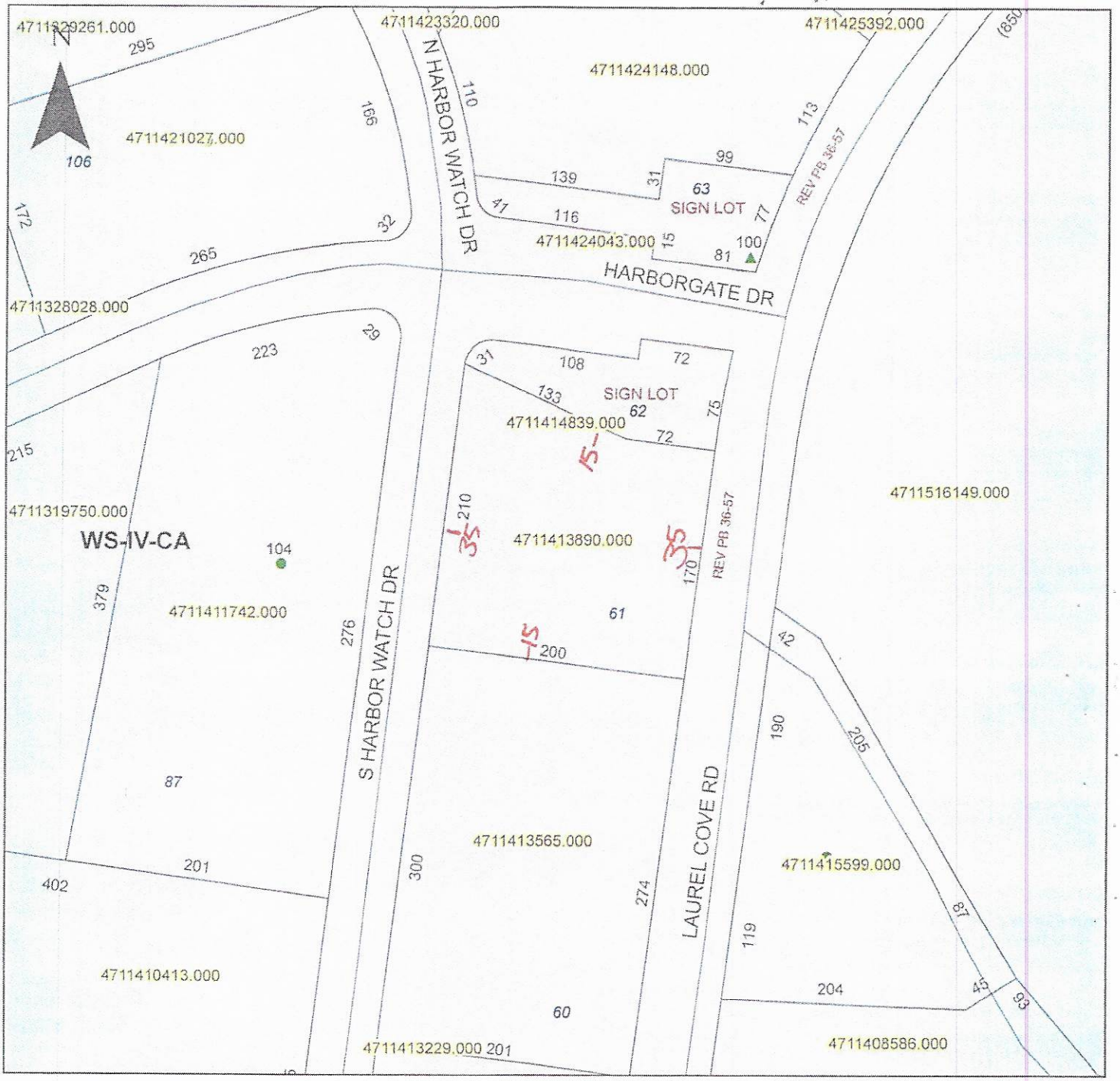
© THE 2020 SCHUMACHER HOMES COMPANIES, INC. ALL RIGHTS RESERVED. THE PLANS AND THE DRAWINGS DESCRIBED HEREIN ARE THE PROPERTY OF SCHUMACHER HOMES OPERATIONS, INC. AND ITS AFFILIATES ("SCHUMACHER HOMES"). THESE PLANS ARE NOT TO BE USED, REPRODUCED, COPIED OR MODIFIED IN ANY MANNER, NOR ARE THEY TO BE USED TO BUILD A STRUCTURE, REPRODUCED, COPIED OR MODIFIED, IN WHOLE OR PART, WITHOUT THE EXPRESS WRITTEN PERMISSION OF SCHUMACHER HOMES. ANY UNAUTHORIZED USE OR COPYING IS A VIOLATION OF UNITED STATES COPYRIGHT LAW AND MAY RESULT IN DAMAGES IN EXCESS OF 100,000 PER ACT OF INFRINGEMENT

310845

RA .838

ZONING DISCLAIMER

WS IV CA C/LN
FL - ND



Property Address 107 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.

Applicant

9-10/2020

Date