IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221563

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

PIN # 4711-83-8491

APPLICANT: Andrew Sams III APPLICANT ADDRESS: P.O. Box 119 Troutman, NC

SITE ADDRESS: 298 Pineville Rd. ~~Troutman, NC~~ Statesville PHONE: 704-880-3661 ALT. PHONE:

SITE DIRECTIONS: Buffalo Shoals Rd W → Left on Pineville Rd → Lot on Right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 66 acres DESIGN FLOW: 240 GPD L.T.A.R.: 0.30

Septic Tank 1000 (gal) STB 160 Date 8-23-17
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 4 Linear Ft: 200
Trench Width 36" Max. Trench Bottom Depth 34" [lowside] Gravel Depth —

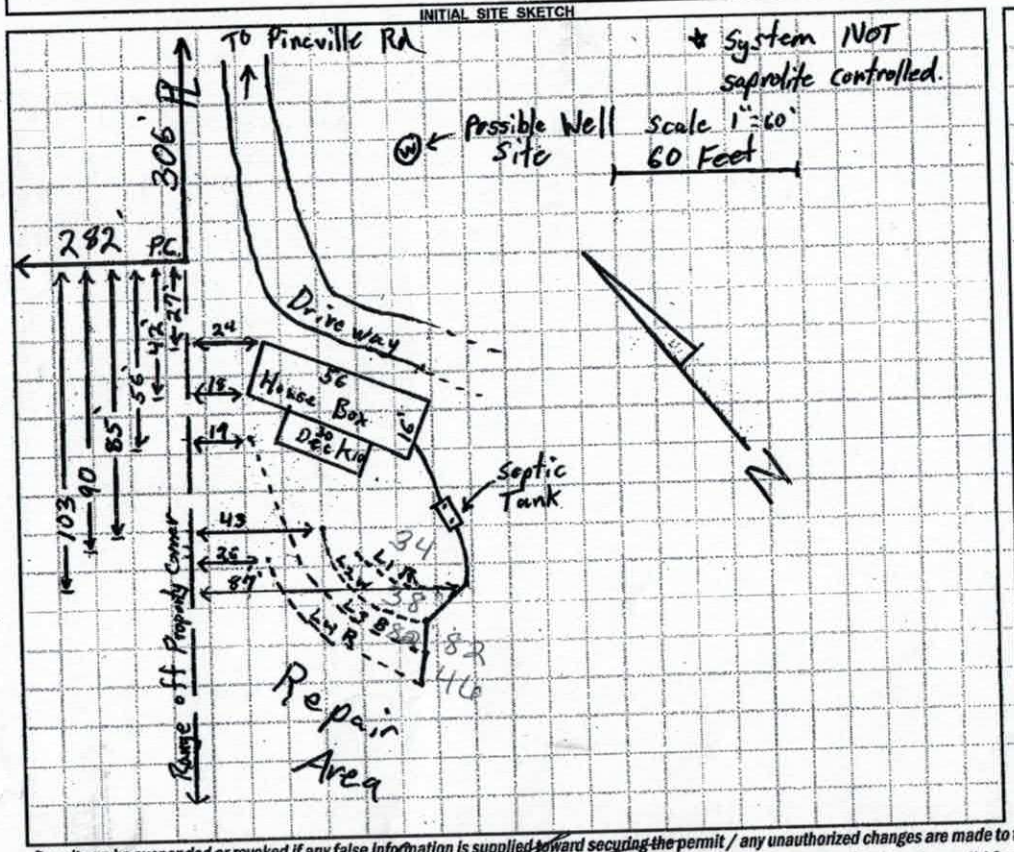
☒ New System ☐ Repair ☐ Expansion System Type: I II ⓘ IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 4 No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 5 years. Though ≈251 L.F. of drainfield was laid out, only 200 lf need be installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 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: [signature] Date: 10-5-16 Installed by: K & M

IMPROVEMENT PERMIT by: Tom Shuck Date: 9-30-16 OPERATION PERMIT by: Marian Dolan Date: 11/15/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9-30-16 Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #:
COUNTY: Iredell

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

4711-83-8491

OWNER: Andrew Sams
ADDRESS:
PROPOSED FACILITY: 2 BR House
LOCATION OF SITE: 298 Pineville Rd
APPLICATION DATE: 8-26-16
DATE EVALUATED: 9-30-16
PROPOSED DESIGN FLOW (.1949): 240 GPD
PROPERTY SIZE: 66 acres
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	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	Shoulder Slope Head Slope Below House 7%	0-9	Loam + SCL v. weak SBK	SL Firm, SS, Sp, Ssp	—	48	—	—	0.325 PS
		9-26	Clay w. SBK + mica	SL Firm, SS, Sp, Ssp					
		26-38	Br. Clay Loam w. SBK + mica	Friable, SS, Sp, Ssp					
		38-48	Br. Clay Loam v. weak SBK w/ Saprolite	Very Friable, SS, Sp, Ssp					
2	Shoulder Head Slope 7%	0-6	Loam + SCL v. weak SBK	SL Firm, SS, SL, Ssp	—	48	—	—	0.30 PS
		6-17	Clay + mica w. SBK	SL Firm, SS, Sp, Ssp					
		17-40"	Clay Loam + mica w. SBK	Friable, SS, Sp, Ssp					
		40-48	Clay, Loam + Saprolite v. weak SBK ↑ very sandy	Very Friable, SS, Sp, Ssp					
3	LSS 7%	0-15	Mixed Loam + Topsoil (some fill soil)	SL Friable, SS, Sp, Ssp	—	48	—	—	0.3 PS
		15-36	Clay w. SBK + mica	SL Firm, SS, Sp, Ssp					
		36-48	Clay Loam + mixed Sandy Saprolite w. SBK	Very Friable, SS, Sp, Ssp					
4	Shoulder HS 7%	0-8	mixed Loam + Clay Loam w. SBK	SL Firm, SS, Sp, Ssp	—	44	—	—	0.35 PS
		8-23	Clay weak SBK	SL Firm, SS, Sp, Ssp					
		23-44	Clay Loam v. weak SBK	Very Friable, SS, Sp, Ssp					
		44-48	Sandy Saprolite massive	Very Friable + very well drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	251	300+
System Type(s)	25%	25%
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Owner (Drew)

COMMENTS:

5.48 L_1 Red: 48' - 8 = 40

6.08 L_2 White: 70' - 14 = 756

6.80 L_3 Blue: 90'

7.31 L_4 Red: 65'

1.83'
: 27'
0.067

6.7% slope

273'
- 22
251'

I Post

27'

24'

42'

18'

Deck 10
30'

56'

19

L_3 (Blue)

85'

43

L_3 (White)

26'

L_4 (Red)

L_1 (Red)

90'

93'

53'

87

103

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1

PROPERTY ID #: 47118384491

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Andrew Sams — APPLICATION DATE: 8-14-12

ADDRESS: PO Box 119 Stony Pt NC — DATE EVALUATED: 8-28-12

PROPOSED FACILITY: 2 BR Residence — PROPOSED DESIGN FLOW (.1949): 240gpd. — PROPERTY SIZE: .66 acres

LOCATION OF SITE: Pineville Rd. — PROPERTY RECORDED: yes

WATER SUPPLY: • (Private) • Public • Well • Spring • Other N/A — TYPE OF WASTEWATER: • (Sewage) • Industrial Process • Mixed

EVALUATION METHOD: • (Auger Boring) • Pit • Cut

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	12.5% NS	0-9	SCL Gr	Fr SS/SP Fine SE	>48"	>48"	>48"	>48"	PS 0.25
		9-37	C ABK	Fi SS/SP Mod SE					
		37-48	CL mica WABK	Fr SS Mod SE					
2	15% NS	0-20	OC mica ABK	Fr SS/SP Mod SE	>48"	40"	40"	>48"	PS 0.25
		20-40	CL mica WABK	Fr SS/SP Mod SE					
		40-48	SAP						
3	10% NS	0-12	SC SBK	Fr SS Mod SE	>48"	>48"	>48"	>48"	PS 0.25
		12-34	C mica ABK	Fi SS Mod SE					
		34-48	CL mica WABK	Fr mod SE					
4	16% NS	0-24	C mica ABK	Fi SS Mod SE	>48"	>48"	>48"	>48"	PS 0.25
		24-48	CL mica WABK	Fr mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	II
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): N/A

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Josh Drew

OTHER(S) PRESENT: Drew Sams

COMMENTS: ABK @ 28" due to SAP not being evaluated in Pit in initial area

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	NEXP (Non-expansive) 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.

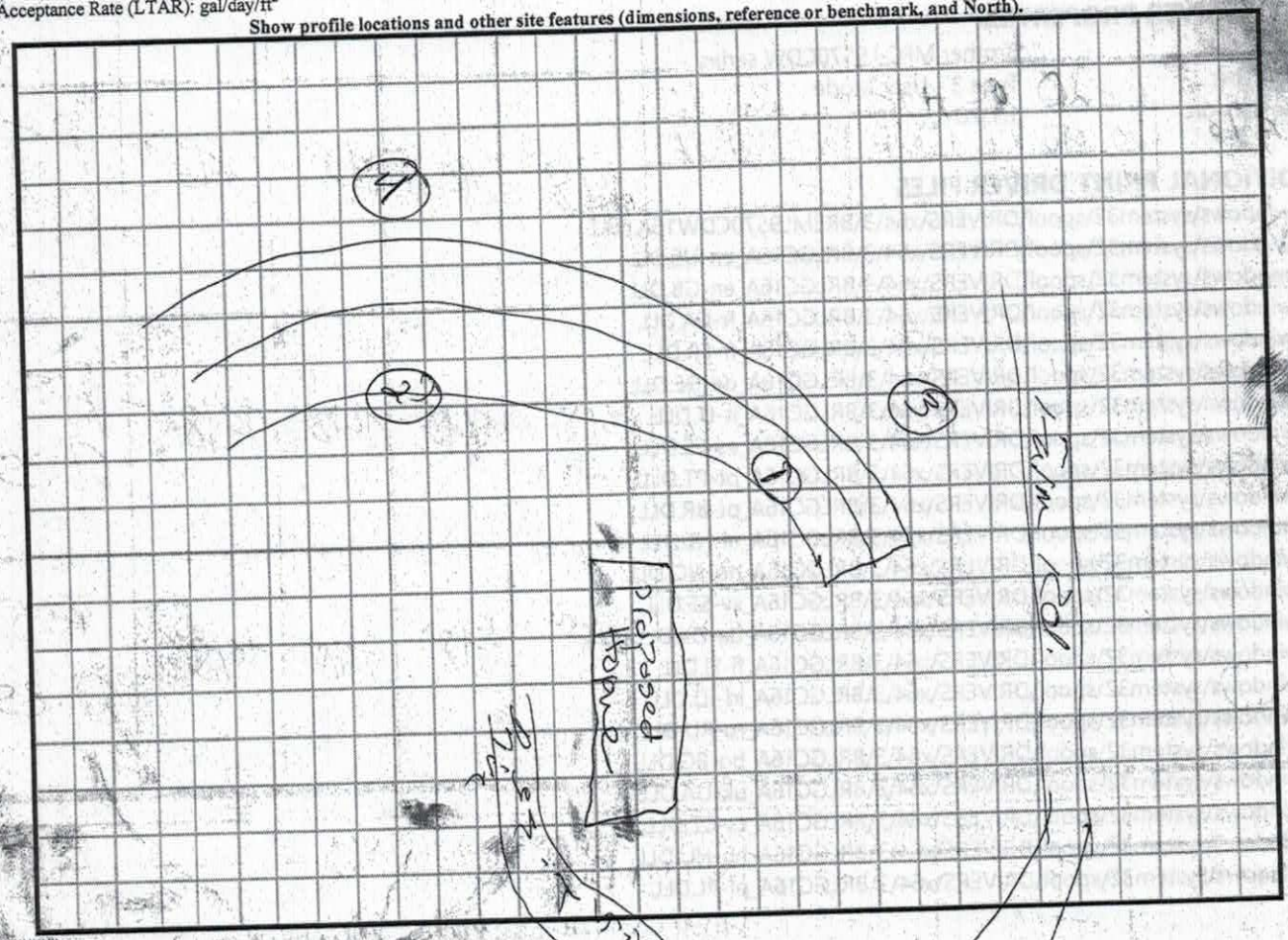
NOTES

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).



DENR (######)
Review (#####)

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: Andrew F Sams Address: PO Box 119 Phone: 704-880

Owner Name: Same Address: Stony Point NC 28678 Phone: 366l

Property Information:

Street Address: 298 Pineville Rd - Iredell Co. Fallstown. Tsp

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

Driving Directions: Buffolo Rd — right on Pineville

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(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 (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: Andrew F Sams
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-26-16
DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to REVOKE Improvement Permit
August 28, 2017

Andrew Sams
Address P.O. Box 119
Troutman, NC

Subject: Notice of Intent to Revoke 298 Pineville Road Troutman, NC
PIN: 4711-83-8491 Improvement Permit- #174233 (issued 8-29-2012)

Dear Sir:

The Iredell County Health Department (ICHD) inspected the site for a proposed on-site wastewater system at the above referenced location for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit IV (referenced above) conditions. As a result, the Department has determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.137 (g) "...if the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or **changed** or the site is altered, **the IP/CA shall become invalid and may be suspended or revoked.**"	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the requirements of the current laws and rules necessary to obtain a new IP.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all

other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER. The date of this letter is August 28, 2017**. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact me at 704-902-4489 or by fax at 704-662-3239.

Sincerely,

Thomas Shuck REHS

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 174233 PIN # 4711838491 DATE 8-29-12

OWNER Andrew Sams APPLICANT: Same PHONE: Home/Cell # 704-880-3661 Business # N/A

SITE ADDRESS Pineville Rd. OWNER / APPLICANT ADDRESS PO Box 119 Stony Point NC

SITE DIRECTIONS Buffalo Shoals Rd. TL Pineville Rd. Lot on Right just past mailbox #296

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 66 acres DESIGN FLOW 240 gpd. L.T.A.R. 0.25

Septic Tank 1000 Gallons: STB ____ Date ____
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
No. Nitrification Fields: 1 No. Lines 3 Linear Feet 320
Trench Width 36" Max. Trench Bottom Depth 28"

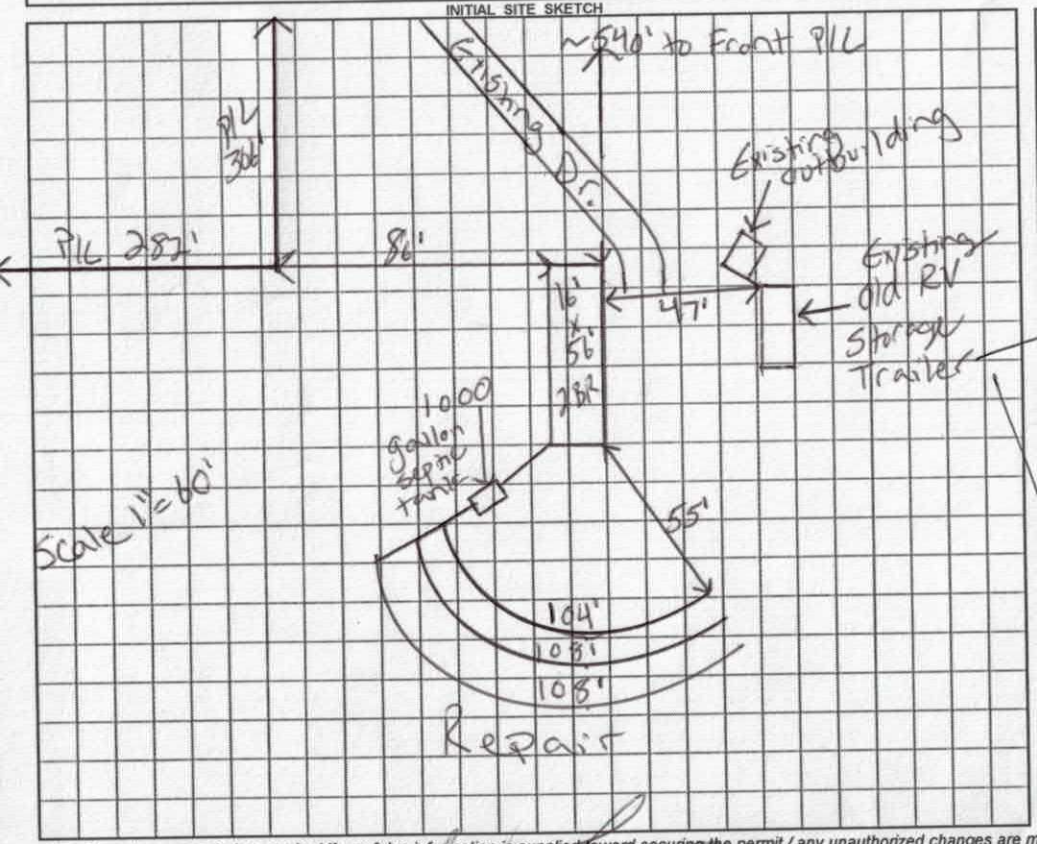
☑ New System ☐ Repair ☐ Expansion System Type I ☐ II ☐ III ☐ IV ☐ V ☐ VI
System Description: Conventional - gravity
Repair System Description: Conventional - gravity
Maintenance Agreement Required ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE Gravel Depth 12"

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 2 No. Persons ____ No. Employees ____ ☑ Crawl Space ☐ Basement w/o plumbing

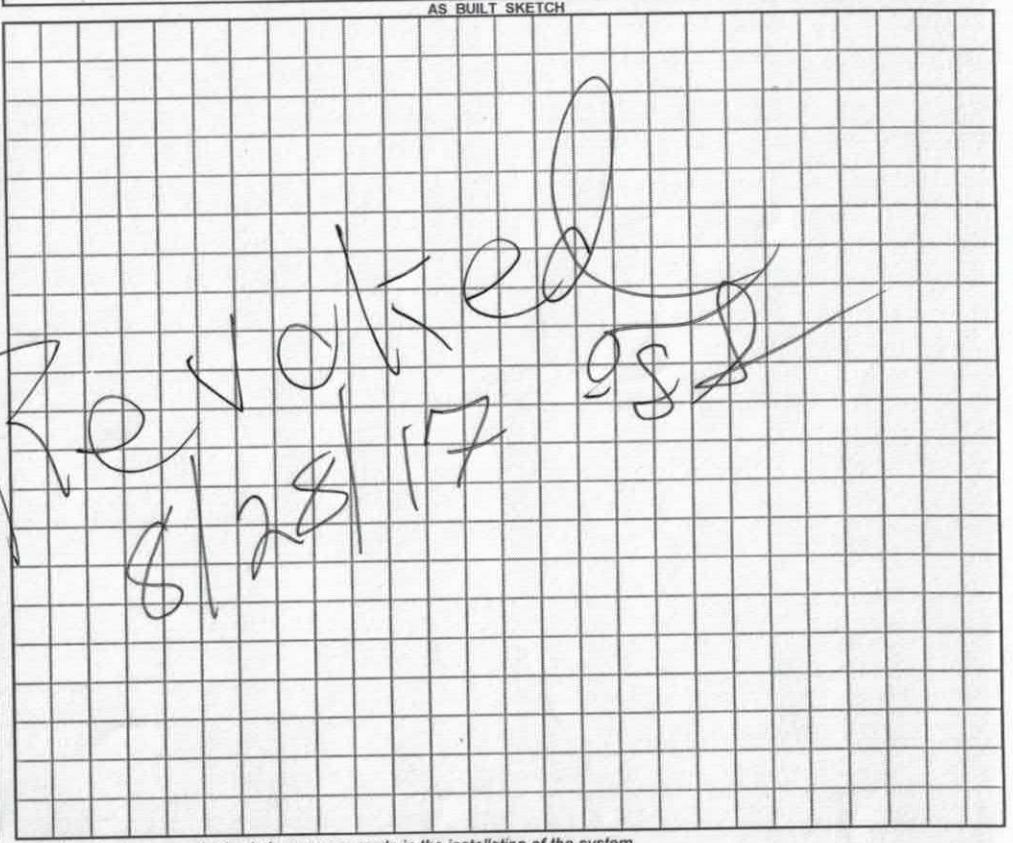
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install a conventional system on contour with serial distribution. An accepted system may also be installed.

INITIAL SITE SKETCH



AS BUILT SKETCH



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.

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

Owner / Applicant Signature: Justin Henderson Date 8-30-12

IMPROVEMENT PERMIT by: Justin Henderson REHS Date 8-29-12

AUTHORIZATION TO CONSTRUCT by: Justin Henderson REHS Date 8-29-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Installed by: ____

OPERATION PERMIT by: ____ REHS Date ____

Existing System Inspected by: ____ REHS Date ____

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

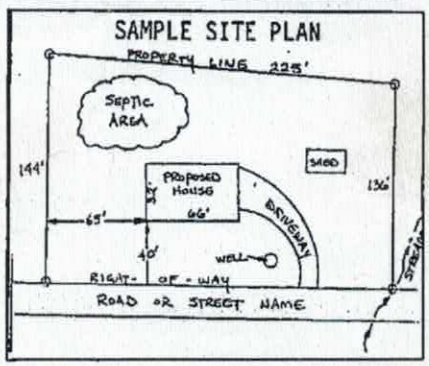
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) 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

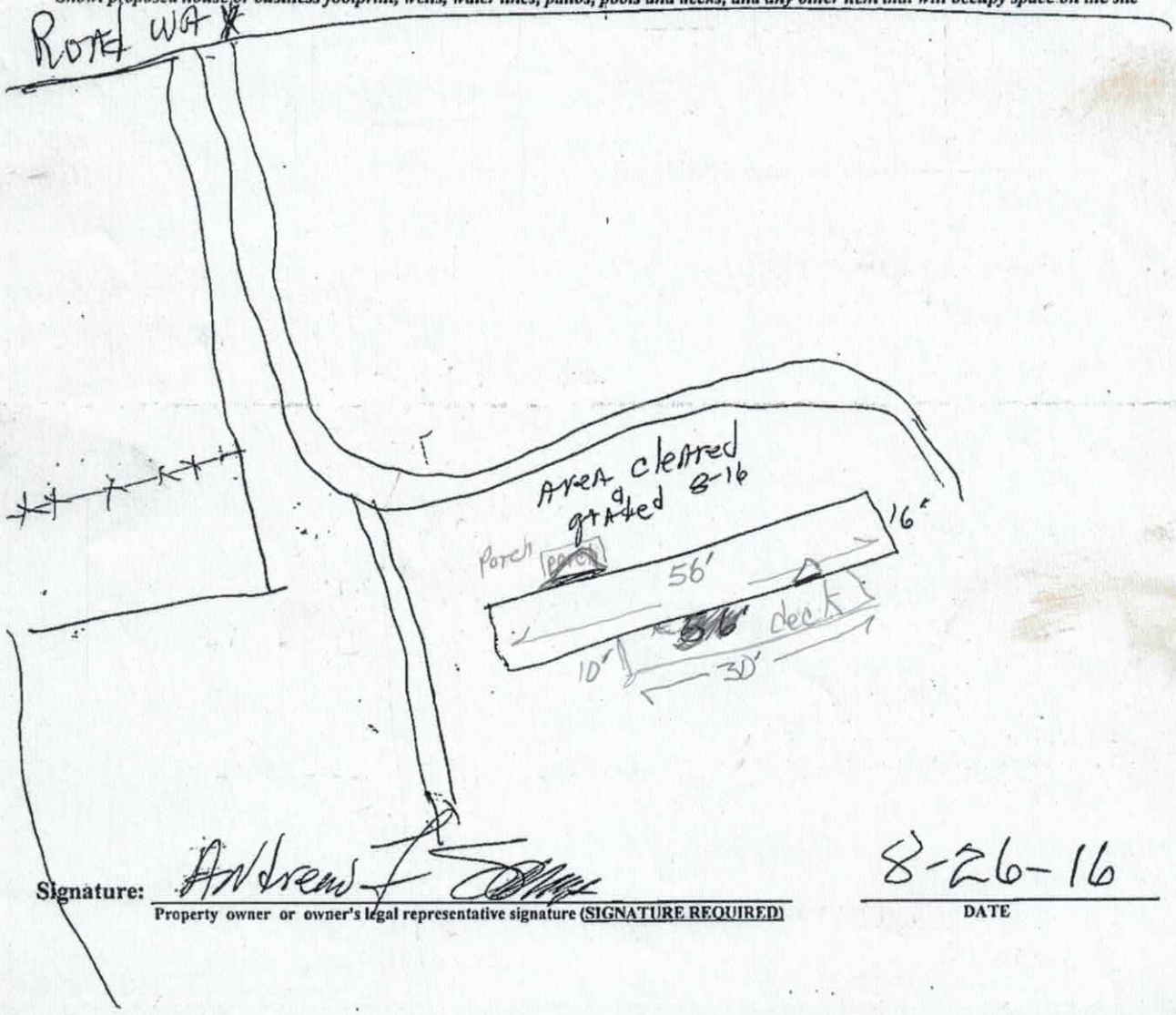


Circle N/A on the following if appropriate:

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

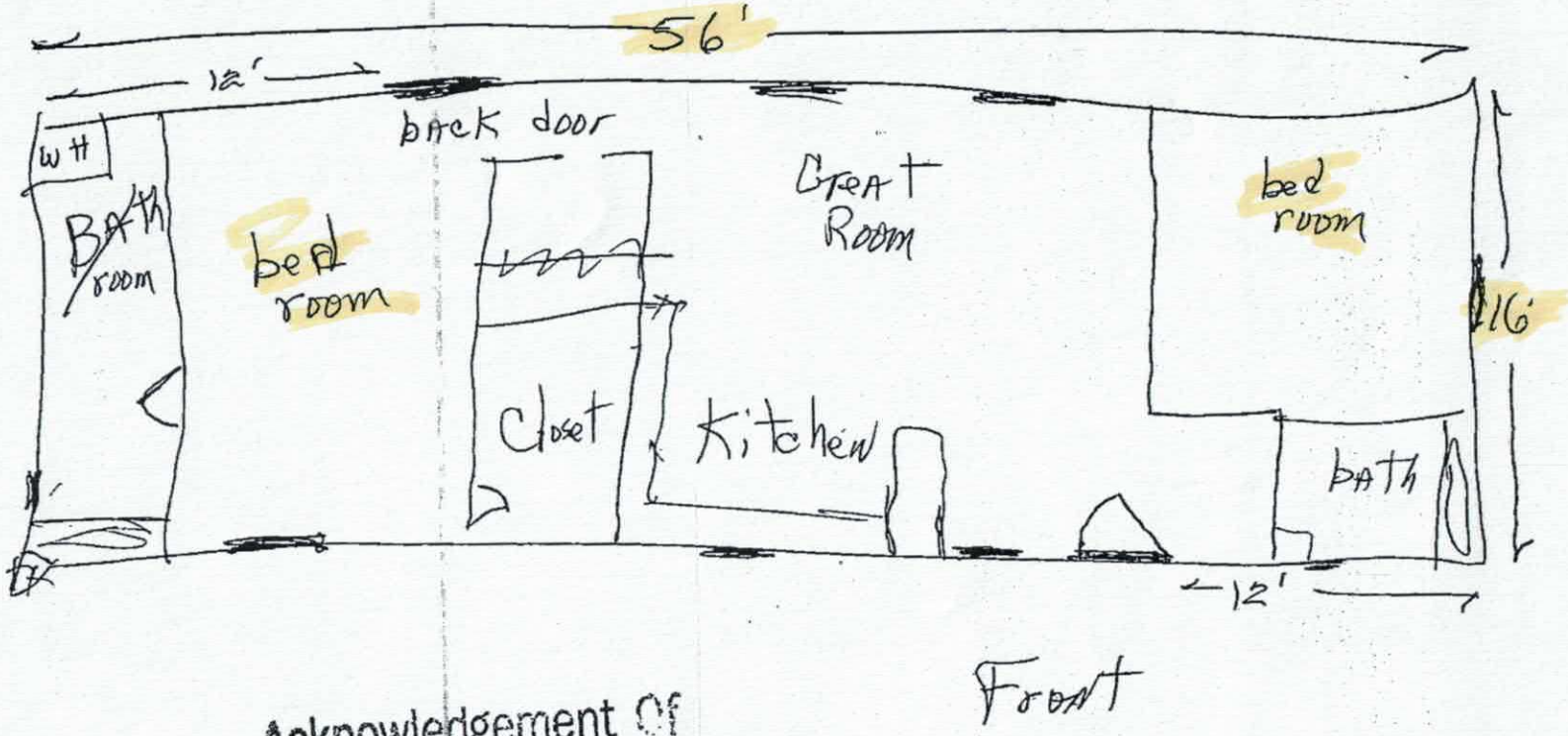


Signature: Andrew [illegible] _____ 8-26-16

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

Mobil Home 16 X 56 Year 2004

A F SAMS



Acknowledgement Of
Plans ONLY!
Date 8-26-16
Date 9-20-16

IREDELL COUNTY

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

APPLICATION NUMBER
221363
Issue Date: 08/26/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4711838491.000	298 PINEVILLE ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SAMS ANDREW F III	Applicant: SAMS ANDREW F III
Address: PO BOX 119 STONY POINT, NC 28678	Address: PO BOX 119 STONY POINT, NC 28678
Phone:	Phone:

Use Requested	Zone Code
SWMH	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
66.000	35.00	35.00	15.00	15.00	PACL	X

Remarks:

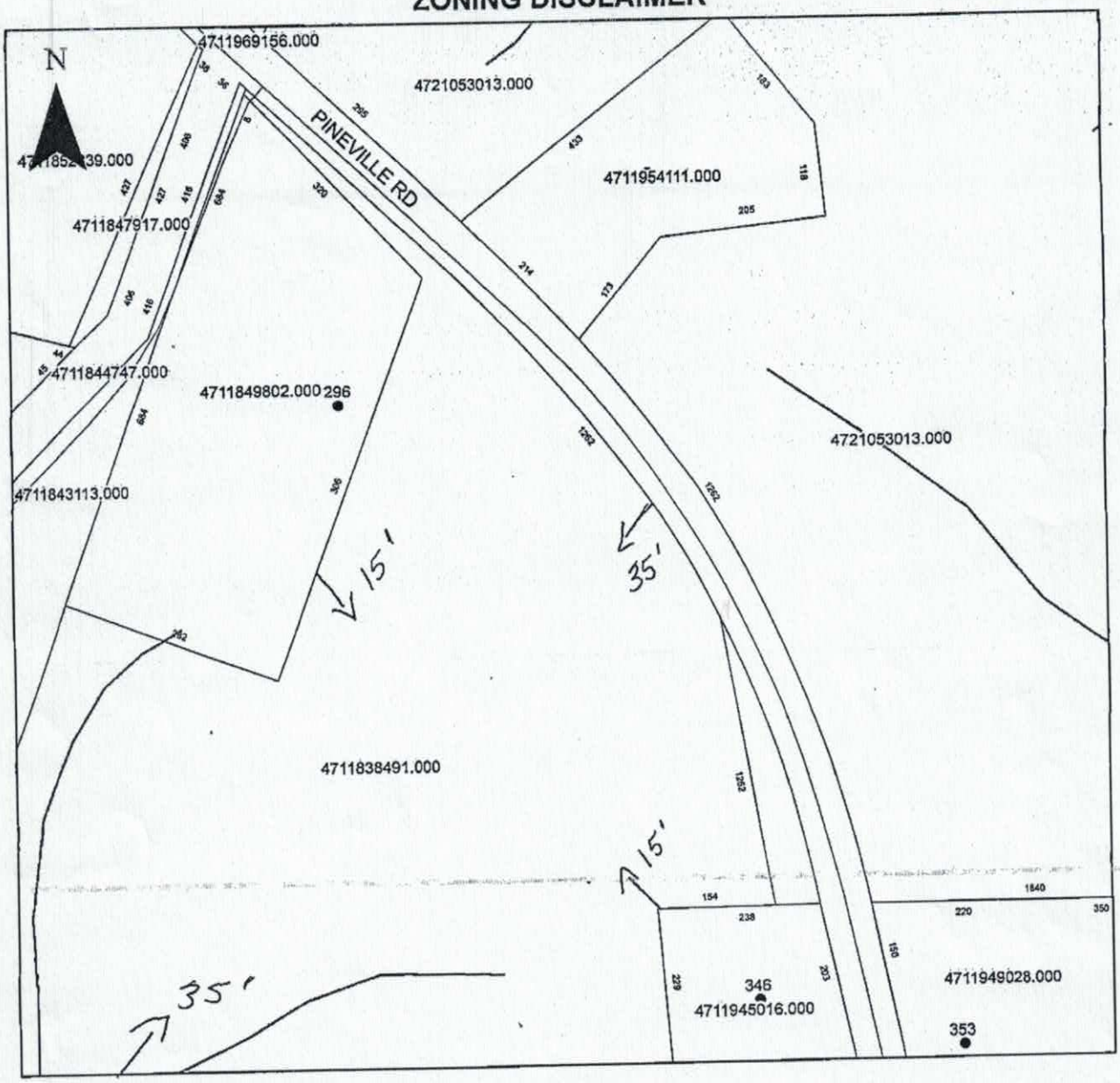
Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; 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.

Applicant: _____ Date: _____

Permit Number	78832	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 298 Pineville 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

8-26-16
Date