IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243030

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

PIN # 4713060496.184

APPLICANT/OWNER: HYDE HOME LLC / GARY & KATHY MOOSE APPLICANT ADDRESS: 129 WHISPER PINE ROAD, STATESVILLE, NC. 28625

SITE ADDRESS: 184 LEWIS FERRY ROAD, STATESVILLE, NC 28677 PHONE: 704-201-9935 ALT. PHONE 828-302-1277

SITE DIRECTIONS: (W) ON 40, (L) ON OLD MOUNTAIN ROAD, (R) E LEWIS FERRY, LOT ON (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 12.82 AC DESIGN FLOW: 360 (EXT+120) L.T.A.R.: EXT (.25)

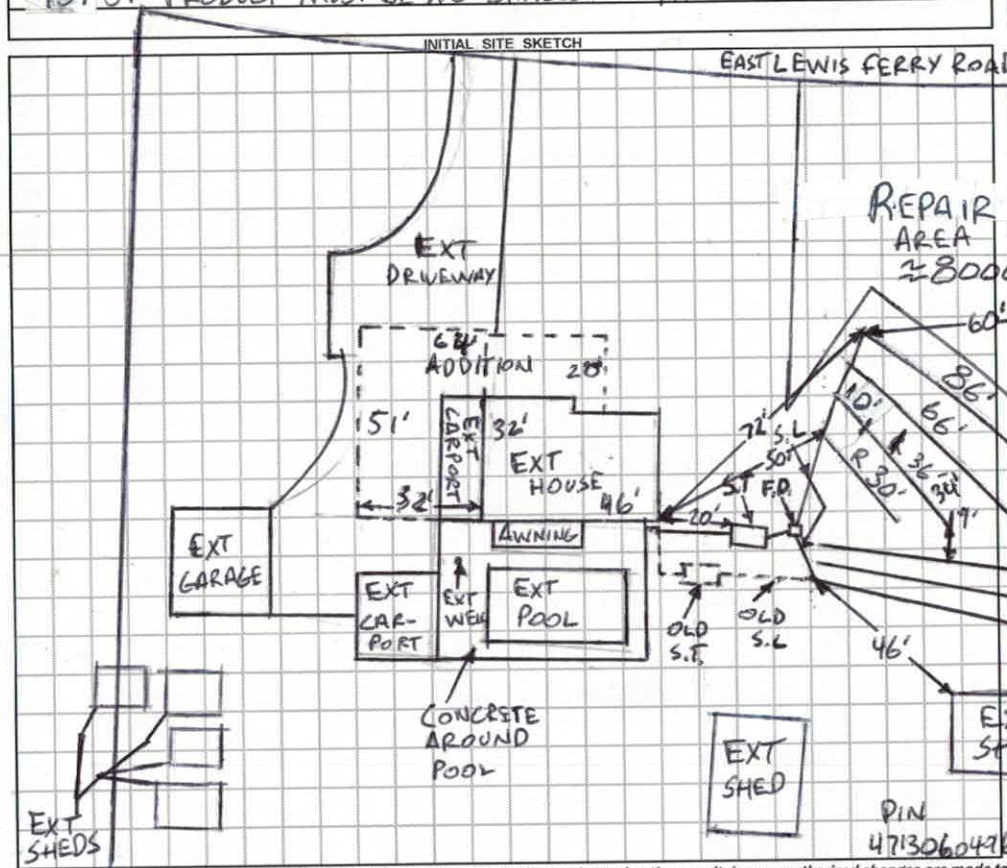
Septic Tank	1000	(gal)	STB	760	Date	5-1-19	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXT + HIGH CAPACITY CHAMBER			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	25% HIGH CAPACITY			
# Nitrification Fields	1	# Lines	3+(3)		Linear Ft	160+EXT	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)			48 IN	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☒ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☒ Slab APD	☒ Crawl Space EXT		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, TOP OF PRODUCT MUST BE NO SHALLOWER THAN 30 IN LOWSIDE

UTILIZE SERIAL DISTRIBUTION ON NEW LINES, FEED EXT SYSTEM AS IT IS CURRENTLY FED, MUST UTILIZE FLOW DIVIDER TO FEED NEW SYSTEM ONE-THIRD OF EFFLUENT.

INITIAL SITE SKETCH



AS BUILT SKETCH

HIGH CAPACITY TO BE USED BECAUSE OF TRENCH DEPTH 12" of GRAVEL MAY BE SUBSTITUTED FOR HIGH CAPACITY PRODUCT

EASEMENT RECORDED ON BOOK 2613 PAGES 2056-2058

PROPERTY CONTINUES ↓ ≈12AC

1 IN = 50 FT
EXT = EXSISTING
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
F.D. = FLOW DIVIDER

INSTALLED AS PERMITTED

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: Jamie K Date: 4-25-19 Installed by: GROUND BREAKERS

IMPROVEMENT PERMIT by: Burnett C. White Date: 4-24-19 OPERATION PERMIT by: Burnett C. White Date: 7-9-209

AUTHORIZATION TO CONSTRUCT by: Burnett C. White Date: 4-24-19 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 #: 4713060496, 8
COUNTY: IREDELL

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

OWNER: GARY + KATHY MOOSE. APPLICATION DATE 3-18-19
ADDRESS: 184 LEWIS FERRY ROAD STATESVILLE, NC, 28677 DATE EVALUATED: 4-15-19
PROPOSED FACILITY: 3BR (2BR EXT) PROPOSED DESIGN FLOW (.1949): 360GPD(240 EXT) PROPERTY SIZE: 12.82 AC
LOCATION OF SITE: 184 LEWIS FERRY ROAD, STATESVILLE, NC 28677 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	FLAT 2%	0-12	~~SL~~ SBK	FR, SS, SP, SEXP	Y/B MOTS WET + SAP INC	60"+	NA	NA	PS .25 DEEP
		12-36	C, ABK	FI, S, P, SEXP					
		36-60	CL, WABK	FI, SS, SP, SEXP	10YR 6/2 IRON CONC 12"-28" WET				
2	FLAT 2%	0-14	SL, SBK	FR, SS, SP, SEXP	Y/B MOTS WET + SAP INC	60"+	NA	NA	PS .25 DEEP
		14-36	C, ABK	FI, S, P, SEXP					
		36-60	CL, WABK	FI, SS, SP, SEXP	10YR 6/2 14"-30" WET + IRON CONC				
3	FLAT 2%	0-12	SL/SBK	FR/SS/SP, SEXP	Y/B MOTS WET + SAP INC	60"+	NA	NA	PS .25 DEEP
		12-30	C, ABK	FI, S/P, SEXP					
		30-60	CL, WABK	FI, SS, SP, SEXP	10YR 6/2 12"-24" WET + IRON CONC				
4	FLAT ~~2%~~ 2%	0-10	SL, SBK	FR/SS, SP, SEXP	Y/B MOTS WET + SAP INC	60"+	NA	NA	PS .25 DEEP
		10-30	C, ABK	FI, S, P, SEXP					
		30-60	CL, WABK	FI, SS, SP, SEXP	10YR 6/2 10"-24" WET + IRON CONC				

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burgent C. White
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.

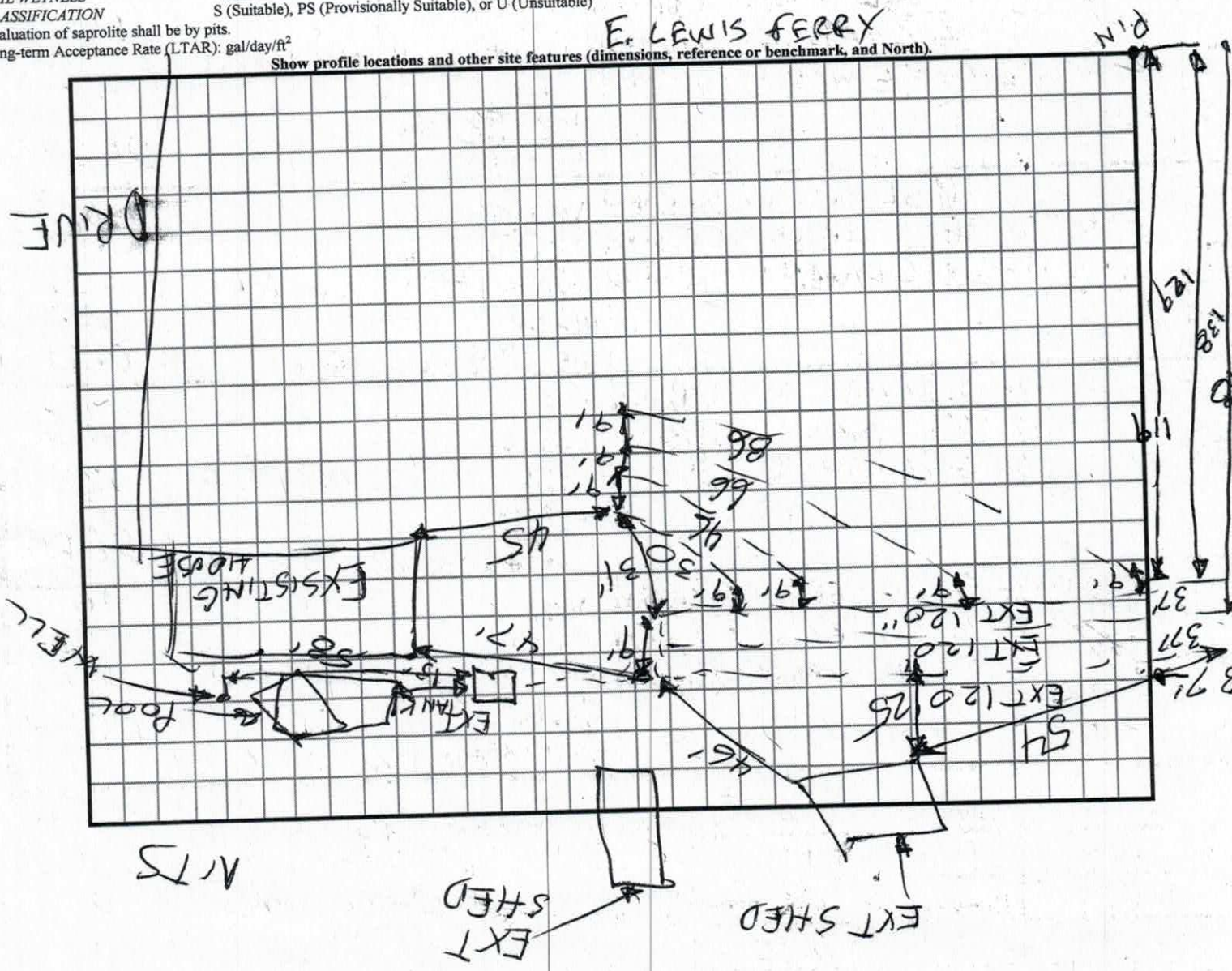
NOTES

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 APR 1 - 2019

RECEIVED MAR 2 0 2019

Pd $250 EFT / $250 EFT = $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Expansion # 243030

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: Hyde Homes LLC **Address:** 129 Whisper Pine Rd. **Zip:** 28625
Applicant Email: joehyde@bellsouth **Phone:** 704-201-9935 **Alt. Phone:** 704-437-1330
Owner Name: Gary + Kathy Moose **Address:** 184 Lewis Ferry Rd **Zip:** 28677
Owner Email: gkmoose@outlook.com **Phone:** 828-302-1277 **Alt. Phone:** _____

Property Information:

Street Address: 184 Lewis Ferry Rd. Statesville NC 28625

Subdivision Name: N/A **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: I-40 West to Old Mtn, (L), (R) onto Lewis Ferry

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
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: ~~1100~~ **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: _____ 3-18-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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*) _____

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, Gary Moose, am the legal owner(s) of the property located at 184 Lewis Ferry Rd., identified as

PIN (Parcel Identification Number) 4713060496, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Joe Hyde or Jamie Henderson Hyde Homes LLC, 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.

Gary L. Moose
Signature of Owner(s)

3-18-19
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

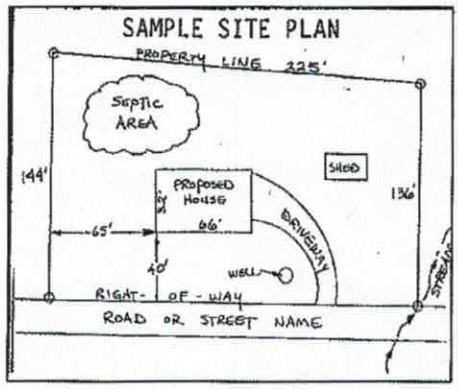
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

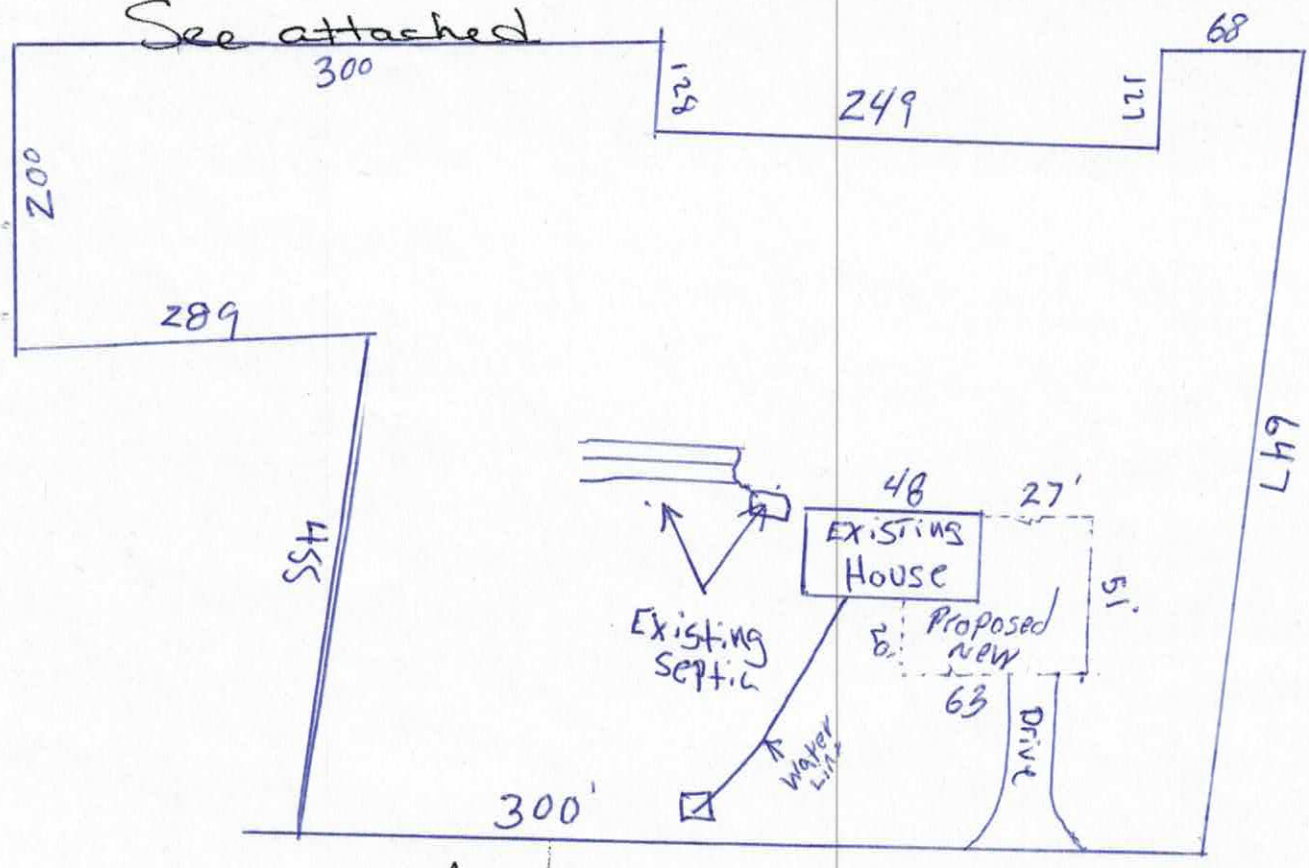


Circle N/A on the following if appropriate:

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



Signature: Joe [signature] — 3-19-19

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR GRIER BUSTLE DATE 6-6-90 PERMIT NO.

PHONE: Business Home

LOCATION Lewis Ferry Rd. off Old Mtn. Rd. - 5th house on R.

SUBDIVISION NAME S. R. No.

LOT NO. SECTION OR BLOCK NO.

House (✓) Mobile Home ( ) Business ( ) Other Repair.

No. Bedrooms No. Bathrooms

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area Ample

Character & Porosity of Soil

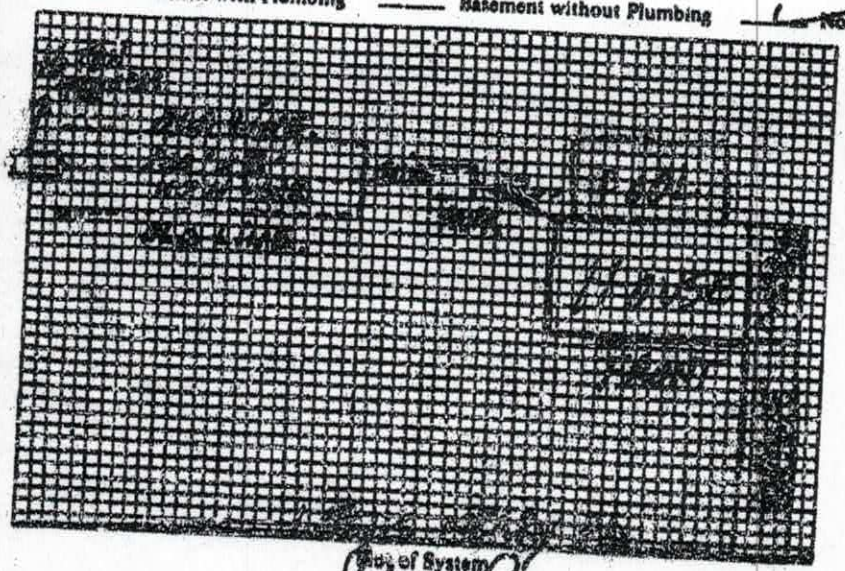
Percolation Rate

Topography

Depth to Water Table Repair.

Rock or other impervious formations

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Lineal Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual (✓) Public

16 ton transducer installed at end of new line

Installed by Darrell Lackey.

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed:

Plan of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS:

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: DATE 6-6-90

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Type: CONSOLIDATED REAL PROPERTY
Recorded: 4/22/2019 10:13:36 AM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds

BK 2613 PG 2056 - 2058

Prepared by and return to: Benbow and Martin, P.C.

North Carolina
Iredell County

DEED OF EASEMENT FOR SEPTIC LINES

THIS EASEMENT made and entered into this 18th day of April, 2019 by and between Deborah Bustle McNeely and husband, Lynn Hoyte McNeely, hereinafter referred to as Grantors and Kathryn Bustle Moose and husband, James Gary Moose, referred to as Grantees, all of Iredell County, North Carolina.

WITNESSETH:

THAT WHEREAS, said Grantors own a certain tract of land located in Shiloh Township, Iredell County off of Lewis Ferry Road (SR 1369) and further described in Deed Book 988, Page 825, Iredell County Registry, which deed is hereby referred to for a greater certainty of description; and where as the Grantees own a certain other tract of land adjoining the said land of the Grantor the same being the land conveyed to them by Deed recorded December 15, 2017 in Deed Book 2529, Page 317, Iredell County Registry and re-recorded in Deed Book 2531, Page 1561, Iredell County Registry.

WHEREAS, said Grantees desire to erect and place a home on their said tract and to connect their home with a general sewage system including a septic tank, drainage field, and a general area for repairs; whereas it is necessary in doing so that a drainage line and a repair area for said drainage be installed across the lands of the Grantor;

NOW, THEREFORE, said Grantors for and inconsideration for the sum of Ten Dollars, and other good and valuable consideration, to them paid in hand, do hereby grant, bargain, sell, and convey unto said Grantees a perpetual right and easement to construct and maintain across and upon said land of the Grantors an underground drainage lines and a corresponding repair area. This easement consisting of a strip of land 40 feet in width south of the Northern Property line of the Grantor and 455 feet in length along the Northern property line of Grantors and the Southern Property lines of the Grantees. A total area of 18,200 square feet more or less. The Grantees may go upon said lands whenever the same is reasonably necessary for the purpose of inspecting, maintaining and repairing said septic system providing that the septic system shall be placed as near the boundary line of said Grantors as reasonable possible and that in constructing repairing said septic system said Grantees remove all surplus earth, make level the surface of the ground above said

R.O.T.C.

Page Count: 3
☐NS ☐PQ ☐SI

North Carolina
Iredell County

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septic system and interfere as little as reasonably possible with any plants, fences or other improvements upon the land of the Grantor.

TO HAVE AND TO HOLD this right and easement to them the said Grantees and their successors in title; it being agreed that the right and easement hereby granted is appurtenant to and runs with the land now owned by the Grantees and hereinabove referred to.

IN TESTIMONY WHEREOF, said Grantors and Grantees have hereunto set their hands and seals the day and year first written above.

Deborah Bustle McNeely (SEAL)
Deborah Bustle McNeely, Grantor

Lynn Hoyte McNeely (SEAL)
Lynn Hoyte McNeely, Grantor

Kathryn Bustle Moose (SEAL)
Kathryn Bustle Moose, Grantee

James Gary Moose (SEAL)
James Gary Moose, Grantee

North Carolina
Iredell County

I, a Notary Public of the County and State aforesaid, certify that Deborah Bustle McNeely personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal this 18 day of April, 2019.

Christine Hess
Notary Public

My Commission Expires: 4-2-23

CHRISTINE HESS
NOTARY
MY COMMISSION EXPIRES
4-2-23
PUBLIC
IREDELL COUNTY, NC

North Carolina
Iredell County

I, a Notary Public of the County and State aforesaid, certify that Lynn Hoyte McNeely personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal this 18 day of April, 2019.

Christine Hess
Notary Public

My Commission Expires: 4-2-23

CHRISTINE HESS NOTARY MY COMMISSION EXPIRES 4-2-23 PUBLIC IREDELL COUNTY, NC

North Carolina
Iredell County

I, a Notary Public of the County and State aforesaid, certify that Kathryn Bustle Moose personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal this 18 day of April, 2019.

Christine Hess
Notary Public

My Commission Expires: 4-2-23

CHRISTINE HESS NOTARY MY COMMISSION EXPIRES 4-2-23 PUBLIC IREDELL COUNTY, NC

North Carolina
Iredell County

I, a Notary Public of the County and State aforesaid, certify that James Gary Moose personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal this 18 day of April, 2019.

Christine Hess
Notary Public

My Commission Expires: 4-2-23

CHRISTINE HESS NOTARY MY COMMISSION EXPIRES 4-2-23 PUBLIC IREDELL COUNTY, NC

B1.0

PROPOSED FLOOR PLAN

2018-295

PRELIMINARY

Mr. & Mrs. Moose

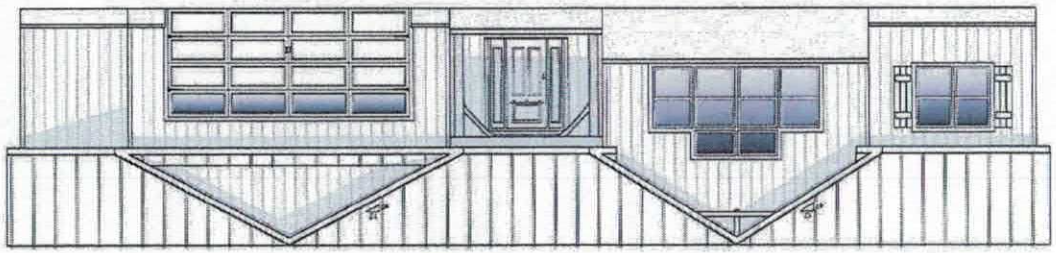
Roanoke Ferry Road

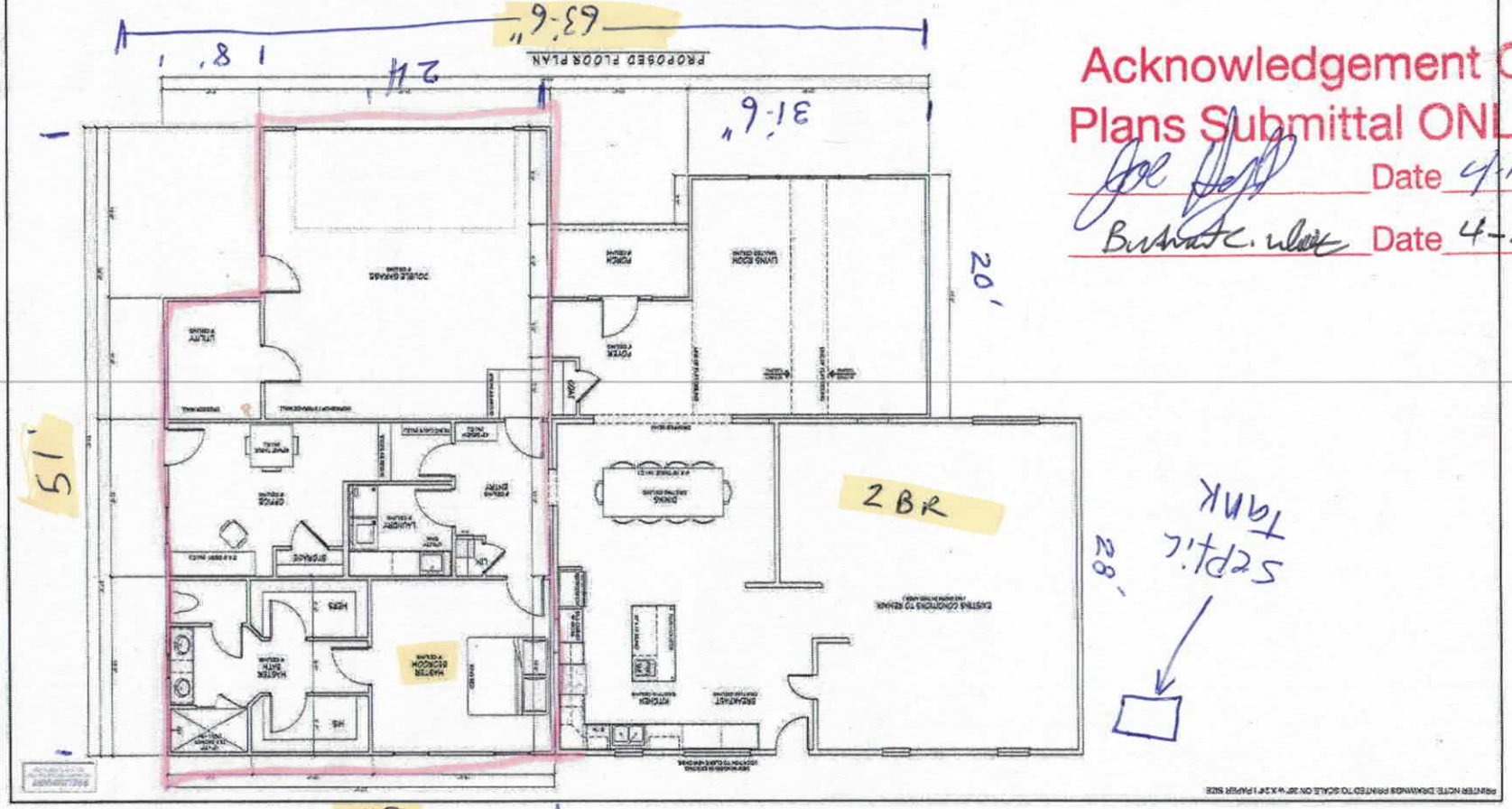
Edenhouse, North Carolina

REVISIONS

SQUARE FOOTAGE

DST





Acknowledgement Of Plans Submittal ONLY!

Joe Date 4-1-19

Barbara C. Wilder Date 4-24-19

IREDELL COUNTY

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

APPLICATION NUMBER
243030
Issue Date: 03/19/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4713060496.000	184 LEWIS FERRY ROAD, STATESVILLE, NC 28677	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BUSTLE HENRY GRIER	Applicant: HYDE HOMES LLC
Address: 184 LEWIS FERRY ROAD	Address: 129 WHISPER PINES RD
STATESVILLE, NC 28677	STATESVILLE, NC 28625
Phone:	Phone: 704-201-9935

Use Requested	Zone Code
ADDITION BED ROOM AND GARAGE ADDITION	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
12.820	35.00	35.00	15.00	15.00	PACL	X

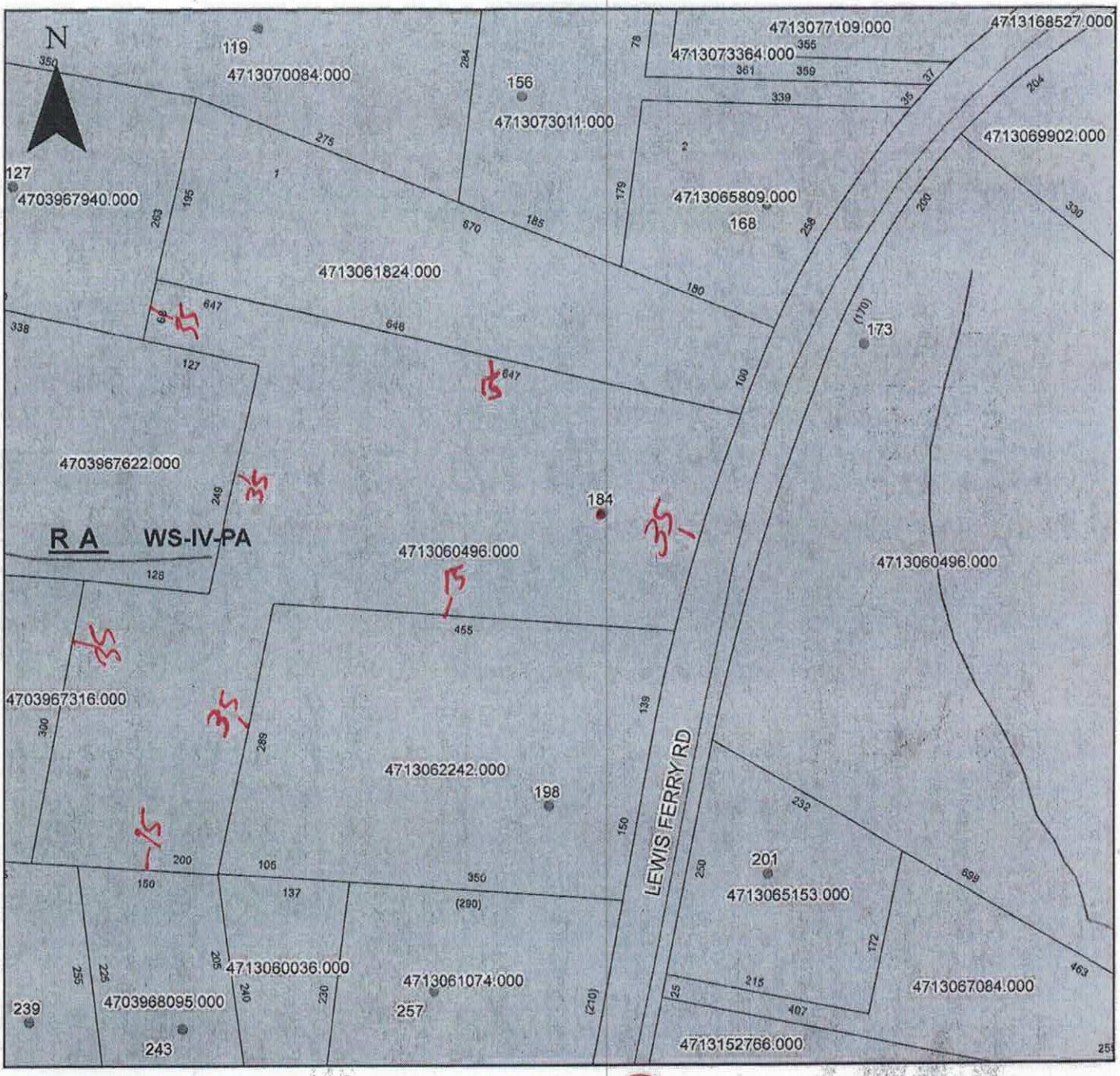
Remarks:

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	171081	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 184 Lewis Ferry 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.

Joseph Hyde
Applicant

3-19-19
Date