IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311791

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

PIN # 4713868840

APPLICANT/OWNER: Jim Hood APPLICANT ADDRESS: 2649 Breakonridge Center Dr. Monroe NC, 28110

SITE ADDRESS: 131 Dublin Ct, Statesville, NC 28677 PHONE: 704-506-3852 ALT. PHONE 704-502-5588

SITE DIRECTIONS: 21 S T/R Old Mountain Rd T/R Bethlehem Rd To Greenwich Dr. T/L Heathrow T/R Dublin

SUBDIVISION: The Landing SECTION: 3 LOT # 74 LOT AREA: .52ac SAP CONTROLLED: ☐ YES ■ NO

DESIGN FLOW: 480 L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	160	Date	6-30-2021	■ 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	LPPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	440'	Maintenance Agreement Required:	☐ YES ■ NO	■ Slab	☐ Crawl Space
Trench Width	36"	Max Trench Bottom Depth			27"	Gravel Depth	N/A	■ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
■ Public
☐ Community

Comments / Conditions: Per plan by: Septic Environmental Solutions

INITIAL SITE SKETCH

See plan by: Septic Environmental Solutions

AS BUILT SKETCH

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: [signature] Date: 11-12-21

IMPROVEMENT PERMIT by: [signature] Date: 11/6/20

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/30/2021

Installed by: (Sid Roskens) Water Management

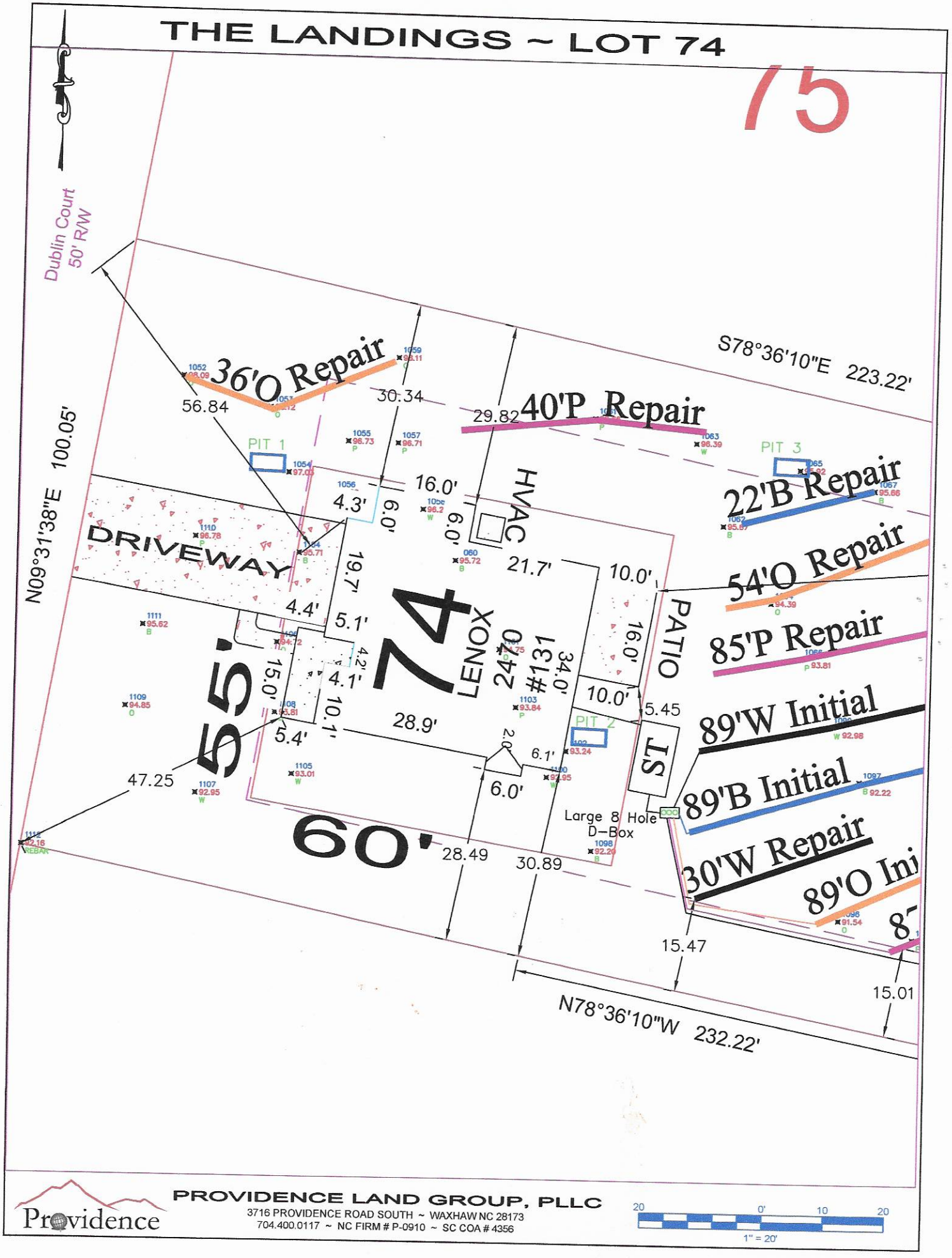
OPERATION PERMIT by: [signature] Date: 9-21-2021

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.

THE LANDINGS ~ LOT 74

75

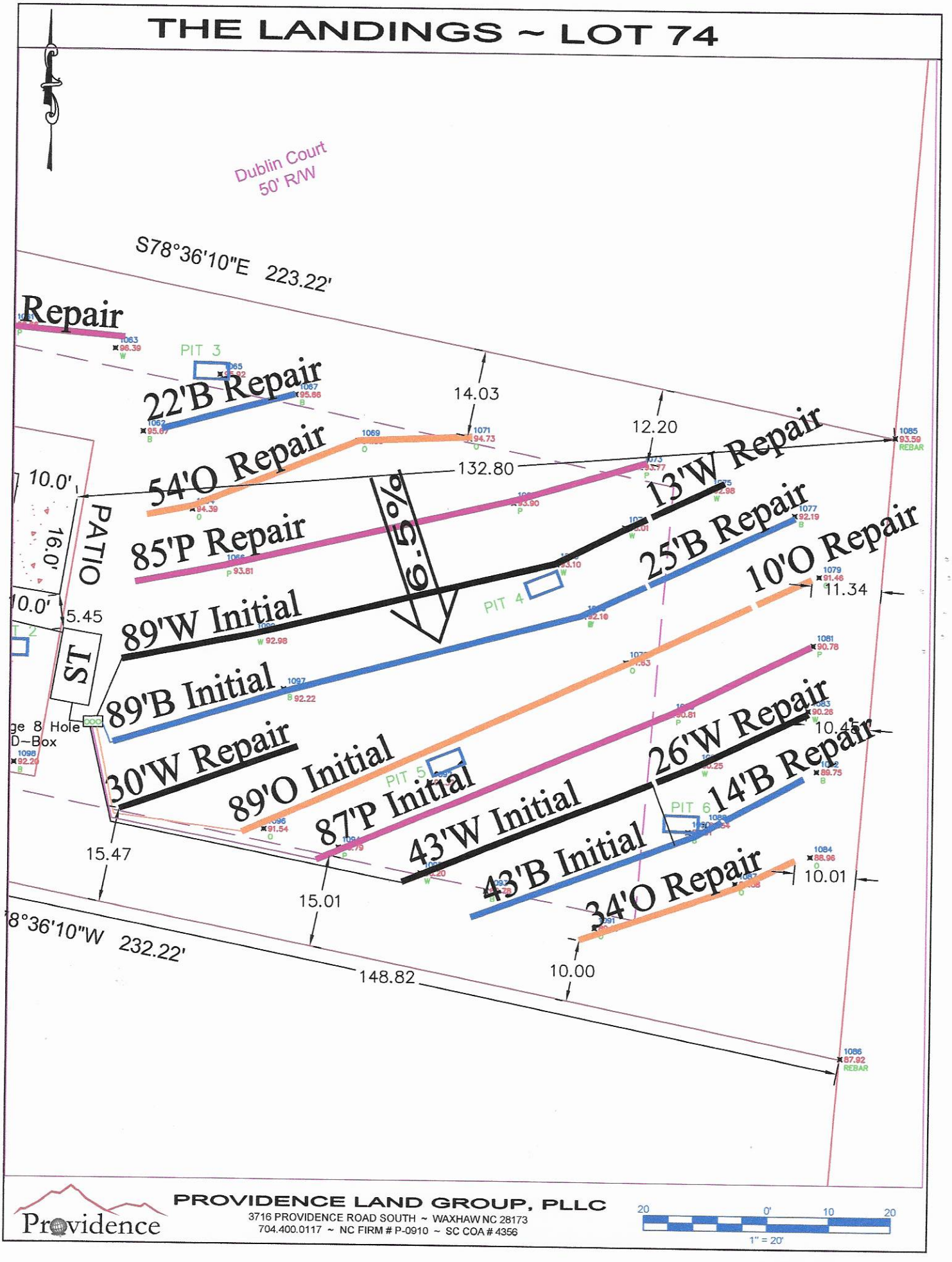


Providence

PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

20 0' 10 20
1" = 20'

THE LANDINGS ~ LOT 74

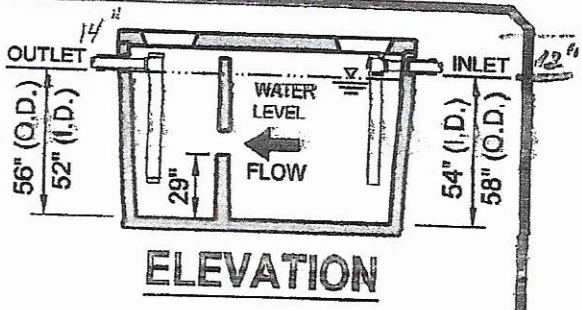


Design Specifications Proposal Lot 74 The Landing, Iredell North Carolina

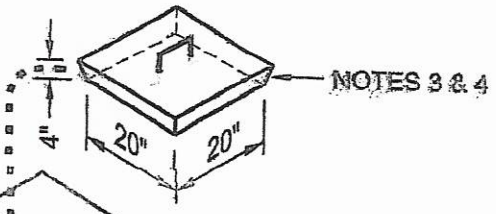
Daily Design Flow: Number of Bedrooms Basement or Crawlspace	480 gpd 4 bedroom Stemwall/Slab
Septic Tank Size	1000 gal, Delliger Tank with effluent filter Poly Lock PL68
Pump Tank Size	NA
Primary System Loading Rate (LTAR)	0.275 gpd/ft^2, LTAR
Primary System	25% reduction, 6 lines to be a minimum of 9-ft on center with 3-ft wide trench widths. Trench depth shall be maximum 28-inches. See scale map for total length.
Number and Length of Lines	6 See attached drawing.
Total foot of Primary System	requires 436-ft, provided 440-ft
Distribution Device	Large 8 Hole, D-Box
Maintenance Agreement Required	NA
Pump Type	NA
Dosing Volume	NA
Depth of effluent Pumped per Dose	NA
Supply Line	NA
Check Valve	NA
Siphon Break Hole	NA
Repair System Loading Rate	0.275 gpd/ft^2
Repair System	LP PPBPS, See attached drawing
Total foot of Line	389+, See attached drawing,

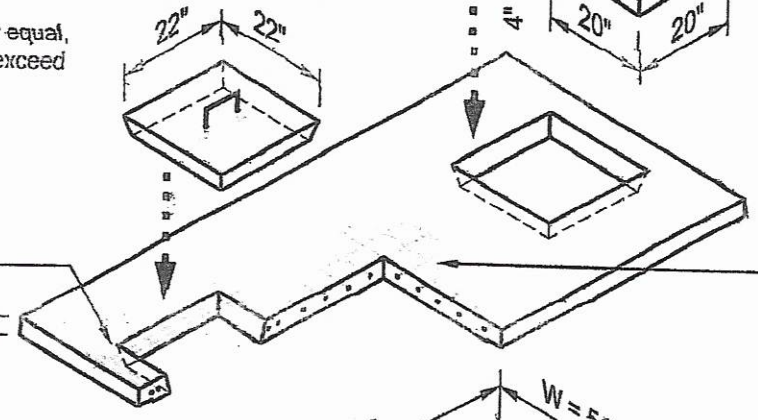
GENERAL NOTES:

1. Design specifications conform to latest ASTM C1227 specifications "Precast Concrete Water and Wastewater Structures"
2. Concrete compressive strength 4,000 psi minimum.
3. Steel reinforcing design to conform to the requirements of ASTM C890 specifications for "Structural Design Loading for Water and Wastewater Structures" and shall utilize grade 60 re-bars conforming to the requirements of ASTM A615 or WWF conforming to the requirements of ASTM A185 or both. Place Additional reinforcing at all openings.
4. Optional riser or 20" round EZ set lid. Supplied by either Dellinger Precast or customer. To be field adjusted using approved methods by contractor.
5. Pipe penetration locations as per job requirements. Pipe inlet and outlet locations to have PSX Direct Drive boots or equal. Pipe inlet locaions (typical 3 sides) to be knock out pannels. Effluent Filter supplied by Dellinger. Inlet Tee & Pipe supplied by contractor.
6. Joints to be sealed with ConSeal CS102. butyl rubber joint sealant or equal. Sealant meets or exceeds the requirements of latest federal specification SS-S-0021(210-A), AASHTO M-198B, and ASTM C-990-91.
7. Lift Insert / Lift Eye Pin by M.A Industries or equal, Cast-in by Dellinger Precast. Lifts meet or exceed OSHA requirements.
8. Method of namufacture is Wet Cast.
9. Sections are monolithic. Weights:
   Top Slab 1,687 ± lbs.
   Base Section: 8,420 ± lbs.
10. I.D. = Inside dimension
    O.D. = Outside dimension
    L = Length
    W = Width
    H = Height

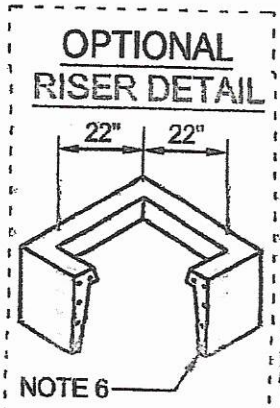


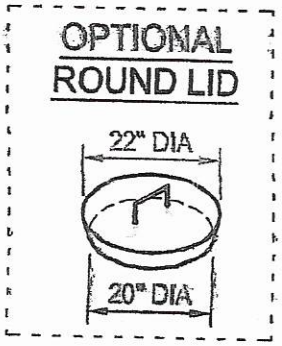
ELEVATION

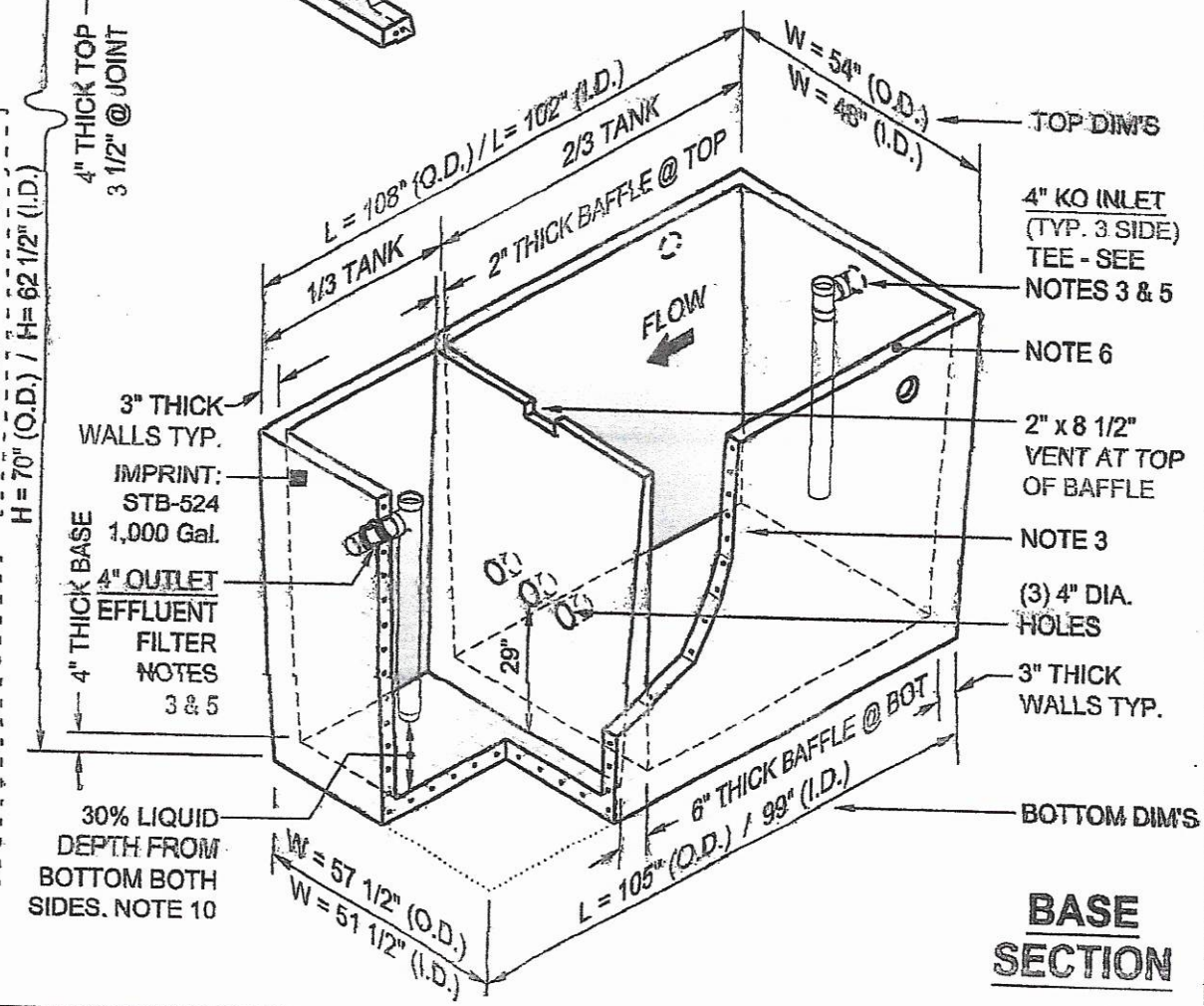




TOP SLAB







BASE SECTION

DELLINGER PRECAST

4531 North Hwy 16 ▪ Denver, N.C. 28037 ▪ Phone: 800-948-1666 ▪ 704-483-2868 ▪ Fax: 704-483-2363

1,000 Gallon (Top Slab) SEPTIC TANK

Scale: Not To Scale

Revision Date: February 2008

Detail # ST-1,000-TS

ST-124

PROPERTY ID #: 4713868840
COUNTY: IREDELL

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

OWNER: MR. ROB COLLIER
ADDRESS: 743 OLD MOCKSVILLE Rd, STATESVILLE, NC 28625
PROPOSED FACILITY: 4 BRM
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: LOT 74 131 DUBLIN CT, STATESVILLE, NC 28677
APPLICATION DATE 10-19-20
DATE EVALUATED: 10-15-20
PROPERTY SIZE: 0.523
PROPERTY RECORDED: AFTER 1993

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LL 6.5	0-10	sicl/wk/gr/fr	ns/np/clear	NONE	61"	NONE	61"	0.275
		10-42	sicl/c/wk/sbk	ss/sp/sexp					
		42-61	fsl/ang/wk/c.	ss/sp/sexp					
PIT 2	LL 6.5	0-12	sandy loam	/wk/sbk/fr/	ns/np/clear	55	NONE	55	0.275
		12-55	clay loam/clay	/wk/ang/	ss/sp/sexp				
PIT 3	LL 6.5	0-12	sandy loam	/wk/sbk/fr/vfsl	ns/np/clear	67"	NONE	67"	0.275
		12-67	clay loam/clay	/fr-fi/sbk-ang	ss/sp/sexp				
PIT 4	LL 6.5	0-40	clay loam	/wk/sbk/fr-fi	ns/sp/clear	64"	NONE	64"	0.275
		40-64	clay	/wk/fi/ang	ss/sp/sexp				

10-19-20

LICENSED SOIL SCIENTIST
KENNETH L. OWENS
1134
STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	440	389
System Type(s)	25% Reduction Initial	50% Repair
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

COMMENTS:

LOT 74

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4713868846

DATE OF EVALUATION: 10-15-20

COUNTY: IREDELL

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
P14 5	LL 6.5	0-42	clay loam/FR-FI/WK/SBK	NS/NP/SEPA	NONE	63"	NONE	63"	0.275
		42-63	clay/WK/FI/MAS	SS/SP/SEPA					
P14 6	LL 6.5	0-30	clay loam/FR/WK/SBK	NS/NP/SEPA	10YR 6/2 MOT C 44	44"	NONE	44	0.275
		30-44	clay/WK/SBK/FI	SS/SP/SEPA					
		44-55	MOTTLED						

COMMENTS: _____

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) 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:

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MR JIM HOOD TRUE HOMES Address: 1649 BRECKENRIDGE CENTER DRIVE MONROE, NC Zip: 28110

Applicant Email: JHOOD@TRUEHOMESNCA.COM Phone: 704-506-3851 Alt. Phone: 704-502-5588

Owner Name: MR. ROB COLLIER COLLIER PROPERTIES Address: 743 OLD MOCKSVILLE RD, STATESVILLE Zip: 28625

Owner Email: ROBBC57@GMAIL.COM Phone: 704-902-4598 Alt. Phone: _____

Property Information: TAX ID 4728688940.000

Street Address: 131 DUBLIN COURT, STATESVILLE, NC 28677

Subdivision Name: THE LANDING Section/Phase: I Lot Number: 94

Driving Directions: I-40 TO E. CENTER AVE, Right onto S. MAPLE ST, LEFT onto E IREDELL (RIGHT ONTO HWY 115 N. (N. RAMADA ST.) INTO STATESVILLE HWY, INTO CHARLOTTE (1 MI) LEFT onto OLD MOUNTAIN RD, Right onto BETHLEHEM RD (TO GREENWICH DR, LEFT onto HEATHROSE AND DUBLIN

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: 8
( ) Swimming Pool
( ) Other Addition/Structure: NA

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation / STEP
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Square Footage of Building: Type of Business: Max. Number of Employees: NA Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:

( ) Multi-connection Well Number of Houses: NA Number of Persons:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:

( ) No Preference (2) Alternative (4) Conventional (1) Innovative (3) 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: DocuSigned by: Robert A Collier III 9/21/2020

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, MR. ROB COLLIER, am the legal owner(s) of the property located at 121 DUBLIN COURT, STATESVILLE, NC 28677, identified as LOT 74

PIN (Parcel Identification Number) 4713865840.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) MR. KENNETH L. OWENS WITH SEPTIC ENVIRONMENTAL 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.

DocuSigned by:
Robert A Collier III
73AE8ECE48BA443...
Signature of Owner(s)

9/21/2020
Date

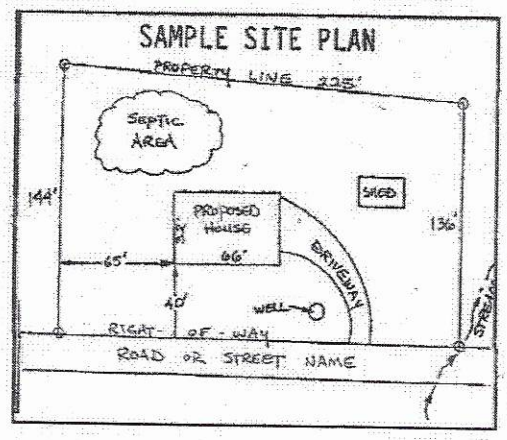
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property (N/A)
Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

SEE ATTACHED DWGS

DocuSigned by:
Robert A Collier III
73AE8ECE48BA443...

Signature: _____ 9/21/2020

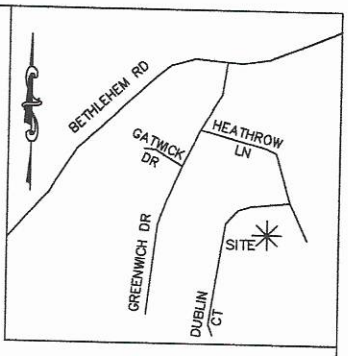
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

The Landings 74

DRAWING IS A PRELIMINARY PLAT FOR VERIFICATION OF ZONING COMPLIANCE FOR HOME LOCATION AND SHALL NOT BE USED FOR THE SALE, CONVEYANCE OR CONSTRUCTION OF THE DEPICTED LOT.

PLOT PLAN DEPICTS THE CONCEPTUAL LOCATION OF THE PROPOSED HOME AND ALL INFORMATION SHOWN TAKEN FROM PRELIMINARY PLAT ON FILE WITH IREDELL COUNTY AND SHOWN IMPROVEMENTS HAVE NOT BEEN AS-BUILT BY R. JOE HARRIS & ASSOCIATES, INC.

LOT IS SUBJECT TO ANY DEED RESTRICTIONS, EASEMENT CONVEYANCES, RIGHTS-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS ON FILE WITH THE IREDELL COUNTY, NCDOT, CITY OF STATESVILLE, HOMEOWNERS ASSOCIATION AND/OR OTHER GOVERNMENTAL AGENCIES.



VICINITY MAP
NOT TO SCALE

THE LANDINGS-LOT 74
MODEL-HUDSON
ELEV.-2002
FND-STEM WALL
FACADE-STONE/VINYL (NOT SHOWN)
3-CAR GARAGE RIGHT FRONT

MB 38 PG 119

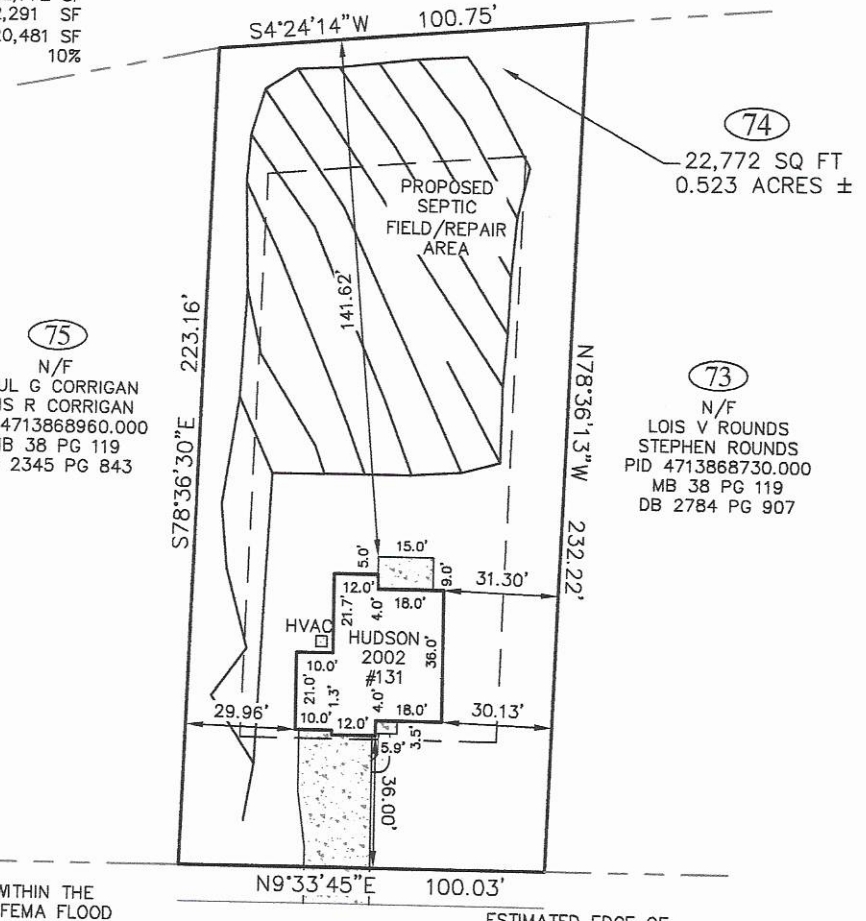
ZONING: R/A
MUNICIPALITY: IREDELL

SETBACKS:
FRONT 35'
REAR 35'
SIDE 15'

IMPERVIOUS SURFACE AREA

DESCRIPTION	AREA
HOUSE	1,386 SF
DRIVE TO RW	704 SF
DRIVE TO EP	180 SF
FRONT PORCH	21 SF
PATIO	135 SF
LEADWALK	36 SF
HVAC	9 SF
TOTAL LOT AREA	22,772 SF
TOTAL PROPOSED	2,291 SF
SEED/STRAW	20,481 SF
IMPERVIOUS	10%

(86)
N/F
FREDERICK J CALLAHAN
KAREN L CALLAHAN
PID 4713961808.000
MB 40 PG 83
DB 1802 PG 280



DUBLIN CT
50' PUBLIC R/W

ESTIMATED EDGE OF PAVEMENT

LOT IS NOT LOCATED WITHIN THE 100 YEAR FLOOD PER FEMA FLOOD INSURANCE RATE MAP (FIRM) #3710470200K DATED, MARCH 18, 2008.

DRIVEWAY LOCATION APPROXIMATE ONLY. SUBJECT TO FIELD VERIFICATION AND LOCAL ORDINACES.

FINAL HOUSE PLACEMENT WILL BE ESTABLISHED BY TRUE HOMES AND MAY VARY BY FIELD CONDITIONS.

-40 0 20 40
SCALE: 1" = 40'

FIRM # C-4168

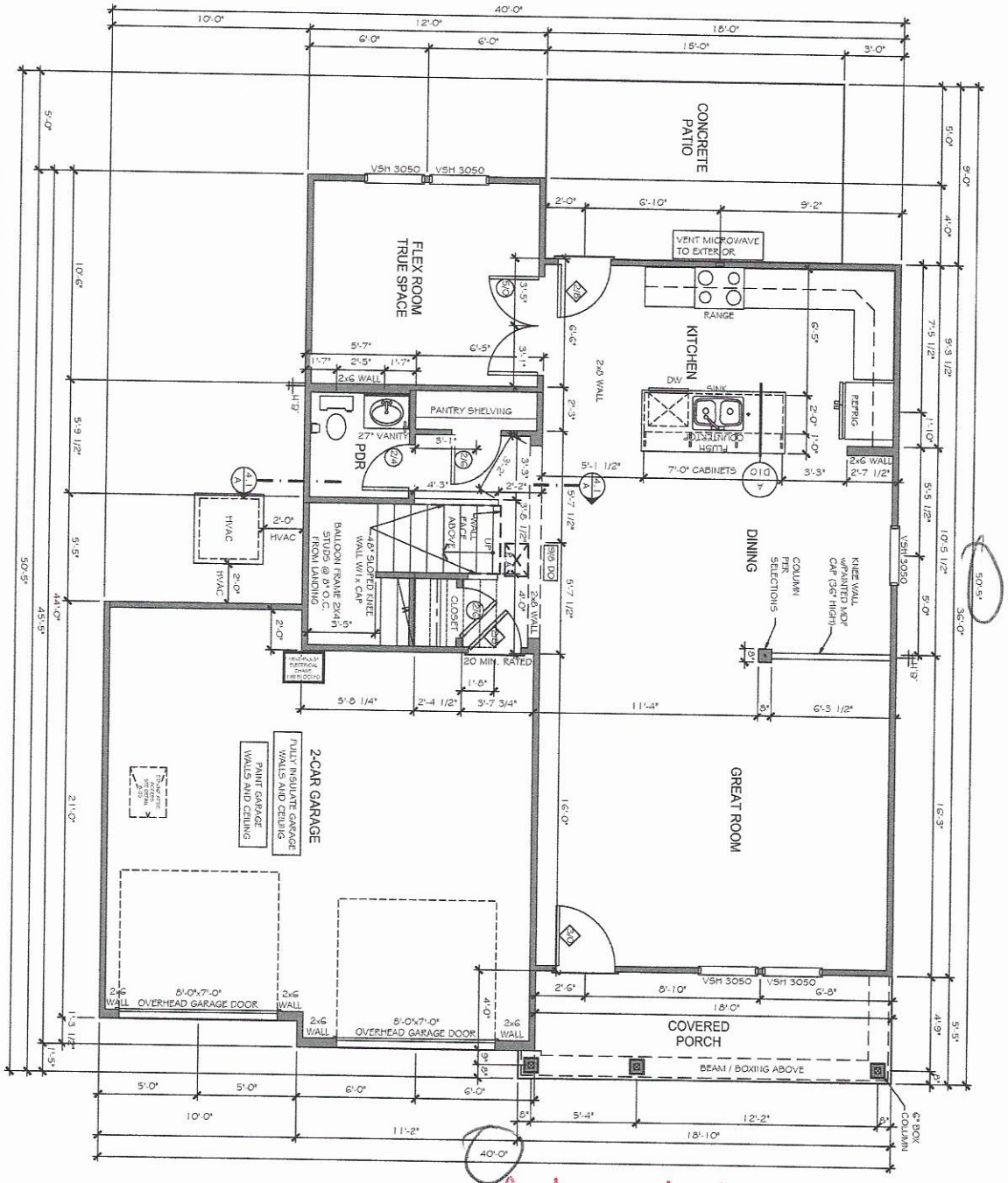
Preliminary Plot Plan - Lot 74

For: True Homes
131 Dublin Ct @ The Landings Phase 3
City of Statesville, Iredell County, North Carolina

Drawn: ZSL	Date: 5-6-2021	MB 38 PG 119
Surveyor: BPL		DB 2749 PG 170
Job: 4687		PID 4713868840.000

R. Joe Harris & Associates, Inc.
Engineering • Land Surveying • Planning Management
1186 Stonecrest Blvd, Tega Cay, S.C. 29708 Phone: (803) 802-1799

2002 - FIRST FLOOR PLAN



Acknowledgement Of
Plans Submittal ONLY!

Benjamin A. Butler Date 6/30/2021

Date 7/1/21

SHEET:	A2.1
PREPARED BY:	PETER
DATE:	06/09/21
SCALE:	3/16"=1'-0"
REVIEWED BY:	CHUCK

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HUDSON
2002

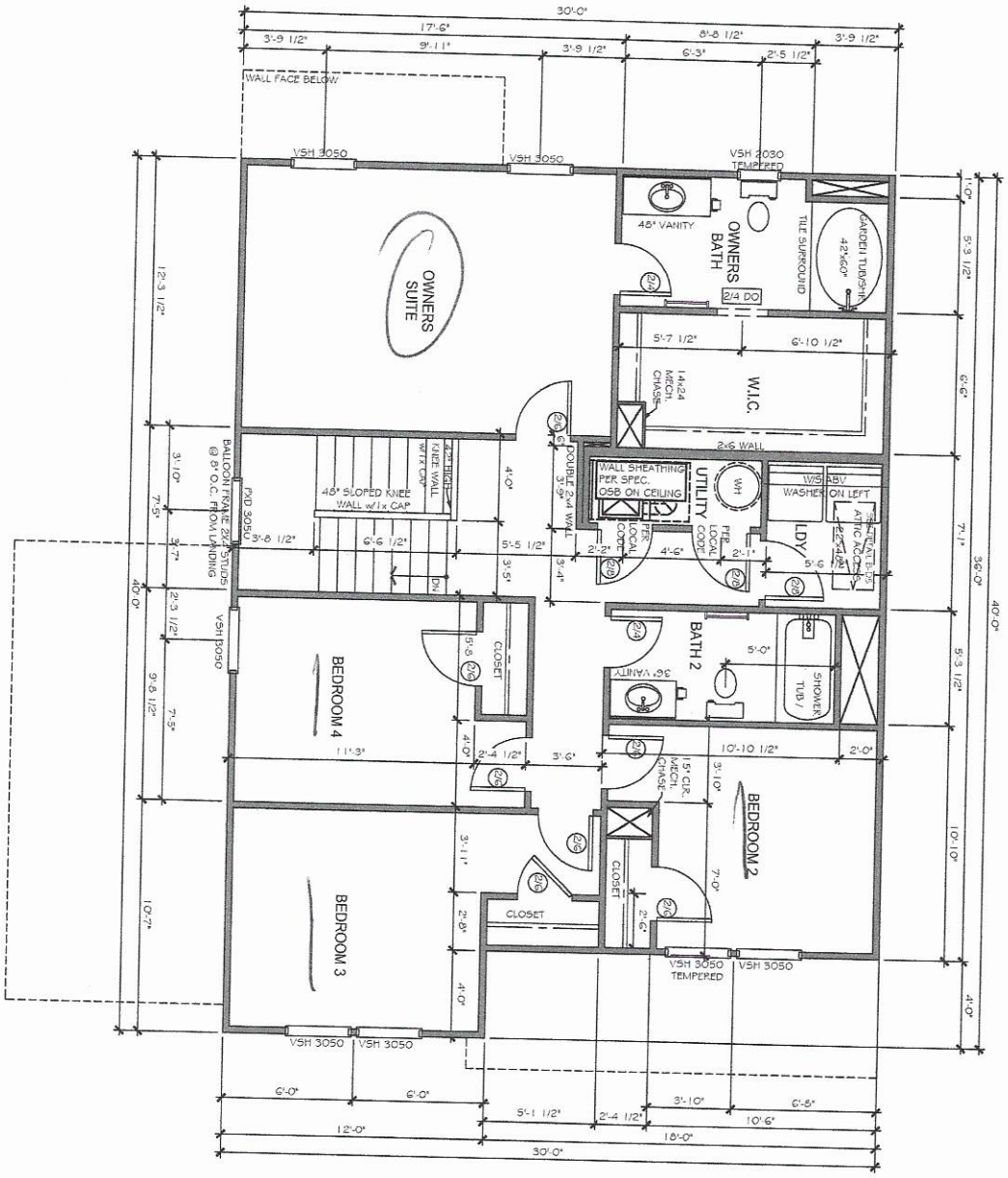
IREDELL

TRUE CUSTOM SOLO REGION A

LOT# 7123

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

2002 - OPT. SECOND FLOOR PLAN # 1



Acknowledgement Of
Plans Submittal ONLY!

Date 6/30/2021

Date 7-1-21

SHEET: A2.2

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PREPARED BY: PETER
DATE: 06/09/21
SCALE: 3/16"=1'-0"
REVIEWED BY: CHUCK

HUDSON
2002

IREDELL

TRUE CUSTOM SOLO REGION A

LOT# 7123

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311791 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4713868840.000	131 DUBLIN CT	Iredell County

Owner Information	Applicant Information
Name: COLLIER PROPERTIES LLC	Name: TRUE HOMES LLC T/A TRIBUTE HOMES
Address: P O BOX 366	Address: 2649 BRECKONRIDGE CENTRE DR STE 104
STATESVILLE, NC 28687	MONROE, NC 28110
Phone:	Phone: (704)238-1229

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.52	35	35	15	15	N/A	NO

Remarks
sfd

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.

Signature of Owner/Contractor

Date: 10/14/2020

Permit Number	311791

TOTAL FEES:	$77.25