Permit replaces permit issued

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20147

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

PIN # 4713995965.260

APPLICANT: Doug Miller APPLICANT ADDRESS: 145 Turnberry Ln Mooresville NC 28177

SITE ADDRESS: 260 W. Aviation Dr. Statesville NC PHONE: 704-202-7585 ALT. PHONE: 704-996-6330

SITE DIRECTIONS: 40 W toward Hickory, Stamey Farm Rd Exit T/L Cross 70 T/L Aviation Dr site on left

SUBDIVISION: Robert A Colliers Jr DBA SECTION: N/A LOT # 1 LOT AREA: 6 ac DESIGN FLOW: 986.73 gpd L.T.A.R.: 0.3

Septic Tank	4000 (gal)	STB	509 (497)	Date	1-27-14	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III (IV) V VI
Pump Tank	5000 (gal)	PT	3160 (447)	Date	12-16-13	System Description:	Low Pressure Panel		
Pump Make	Goulds	Model	WS301	Serial #	WS30120D3	Repair System Description:	Low Pressure Panel		
# Nitrification Fields	1	# Lines	16	Linear Ft:	765	Maintenance Agreement Required:	[X] YES	[ ] NO	
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	P/A		[ ] GRAVITY	[X] PRESSURE	

[ ] Residence No. Bedrooms
[X] Business No. Persons
[ ] Other No. Employees Refer to Comments
[X] Slab [ ] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Flow equalization approval for 110 employees on Monday + Tuesday, 74 employees on Wednesday, Thursday + Friday and 5 employees on Saturday + Sunday.

INITIAL SITE SKETCH

See Attached by S+ME

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	6/25/14	HS
Tanks Checked	6/22/14	HS
Pressure Manifold or Valve Box Checked	7/25/14	HS
Pressure Head Set	7/23/14	HS
Electrical Checked	7/23/14	HS
Floats Set	7/23/14	HS
Alarm Checked	7/23/14	HS
Maintenance Contract Y / N	10/27/15	HS

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**

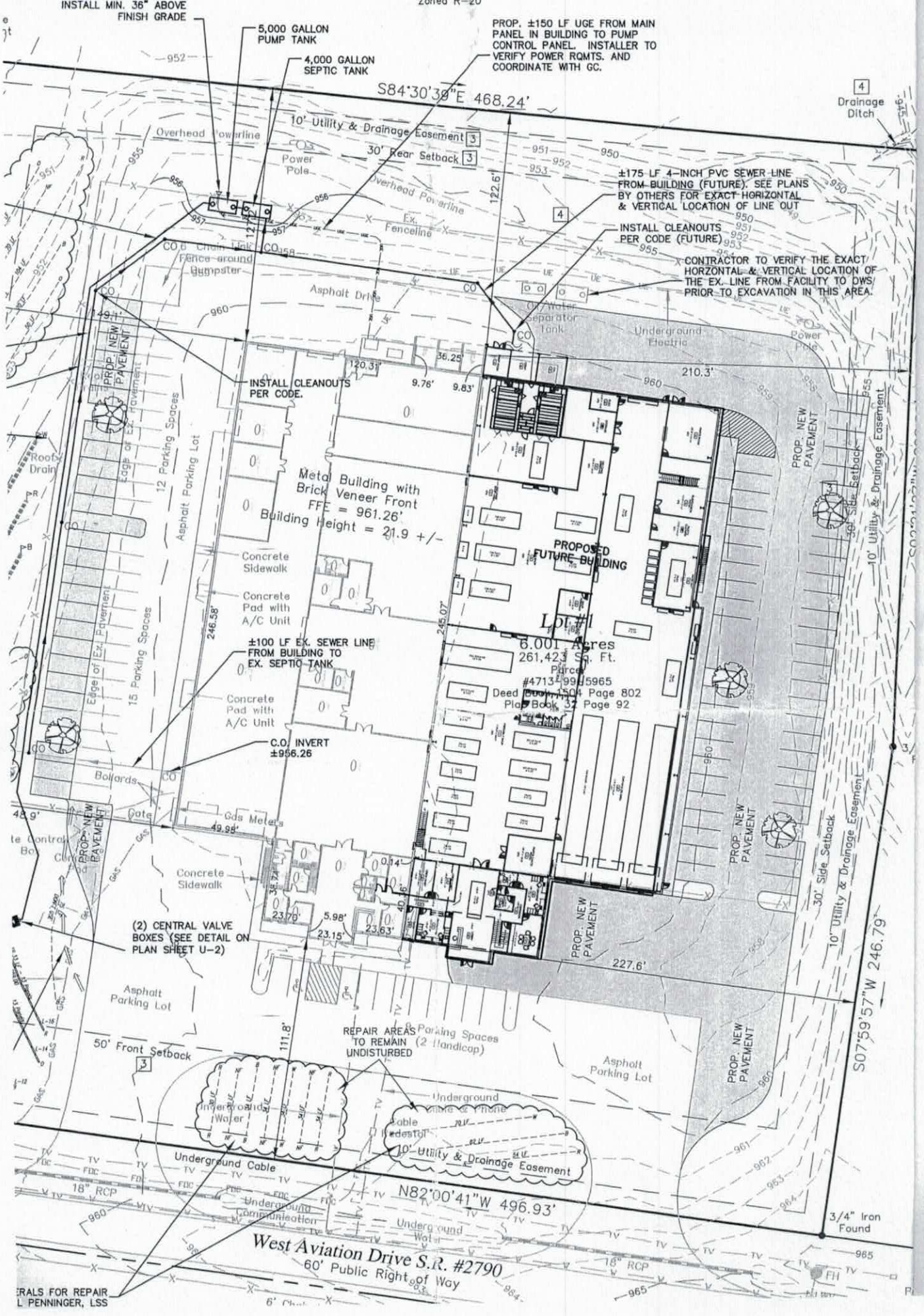
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 5/12/14 Installed by: F J Ervin

IMPROVEMENT PERMIT by: Date: 05/08/14 OPERATION PERMIT by: Date: 10/27/15

AUTHORIZATION TO CONSTRUCT by: Date: 05/08/14 Existing System Inspected by: Date:

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


INSTALL MIN. 36" ABOVE FINISH GRADE
5,000 GALLON PUMP TANK
4,000 GALLON SEPTIC TANK
PROP. ±150 LF UGE FROM MAIN PANEL IN BUILDING TO PUMP CONTROL PANEL. INSTALLER TO VERIFY POWER RQMTS. AND COORDINATE WITH GC.
S84°30'39"E 468.24'
Drainage Ditch
10' Utility & Drainage Easement
30' Rear Setback
Overhead Powerline
Power Pole
±175 LF 4-INCH PVC SEWER LINE FROM BUILDING (FUTURE). SEE PLANS BY OTHERS FOR EXACT HORIZONTAL & VERTICAL LOCATION OF LINE OUT
INSTALL CLEANOUTS PER CODE (FUTURE)
CONTRACTOR TO VERIFY THE EXACT HORZONTAL & VERTICAL LOCATION OF THE EX. LINE FROM FACILITY TO DWS PRIOR TO EXCAVATION IN THIS AREA.
Chain Link Fence around Dumpster
Asphalt Drive
Oil/Water Separator Tank
Underground Electric
INSTALL CLEANOUTS PER CODE.
PROP. NEW PAVEMENT
Edge of Ex. Pavement
12 Parking Spaces
Asphalt Parking Lot
Roof Drain
Metal Building with Brick Veneer Front
FFE = 961.26'
Building Height = 21.9 +/-
PROPOSED FUTURE BUILDING
Concrete Sidewalk
Concrete Pad with A/C Unit
15 Parking Spaces
±100 LF EX. SEWER LINE FROM BUILDING TO EX. SEPTIC TANK
C.O. INVERT ±956.26
LOT #1
6.001 Acres
261,423 Sq. Ft.
Parcel #4713-99-5965
Deed Book 4504 Page 802
Plat Book 32 Page 92
30' Side Setback
10' Utility & Drainage Easement
Bollards
Gate
Gas Meters
(2) CENTRAL VALVE BOXES (SEE DETAIL ON PLAN SHEET U-2)
Asphalt Parking Lot
50' Front Setback
REPAIR AREAS TO REMAIN UNDISTURBED
Parking Spaces (2 Handicap)
Underground Water
Underground Cable
Underground Communication
Underground Water
10' Utility & Drainage Easement
N82°00'41"W 496.93'
18" RCP
3/4" Iron Found
West Aviation Drive S.R. #2790
60' Public Right of Way
S07°59'57"W 246.79'
ERALS FOR REPAIR
L PENNINGER, LSS

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Doug Miller
ADDRESS: 260 W. Aviation Drive
PROPOSED FACILITY: Race Shop PROPOSED DESIGN FLOW (.1949): 1350
LOCATION OF SITE: 40 to Hickory, to Statesville Farm
WATER SUPPLY: • Private • Public • Well • Spring • Other N/A
EVALUATION METHOD: • Auger Boring • Pit • Cut

APPLICATION DATE 3/11/14
DATE EVALUATED: 03/14/14
PROPERTY SIZE: 6ac
PROPERTY RECORDED: Yes
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 2%	0-6	manip		PS	PS	24-48	N/A	PS .3
		6-24	BC fi/fr	WABLSE					
		24-48	Sap(1) fr	mass N/A					
2	L 2%	0-6	manip		PS	PS	24-48	N/A	PS .3
		6-24	BC fi/fr	WABLSE					
		24-48	Sap(1) fr	mass N/A					
3	L 2%	0-6	manip		PS	PS	20-48	N/A	PS .3
		6-20	BC fi/fr	WABLSE					
		20-48	Sap(1) fr	mass N/A					
4	L 2%	0-6	manip		PS	PS	42-48	N/A	PS .3
		6-20	C fi	SBLC SE					
		20-42	BC fi/fr	WABLSE					
		42-48	Sap(1) fr	mass N/A					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LPP Panel HS	LPP Panel TS
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: H. Snow
OTHER(S) PRESENT: Paul Troyer

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

( ) Septic Improvement Permit (X) 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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Checkered Flag Holdings LLC **Address:** 380 Performance Rd **Phone:** 704-202-7585

Owner Name: Same **Address:** Mooresville, NC 28115 **Phone:**

Property Information:

Street Address: 260 W. Aviation Dr Statesville

Subdivision Name: Robert A Collins DBA **Section/Phase:** _____ **Lot Number:** 1

Driving Directions: I-40 Stamey Farm Rd Exit, Cross 70, TL Aviation, 5th on left

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

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

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

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

Non-Residential Site Development:

Type of Business: Race Shop
Square Footage of Building: ~~SEE PLANS~~ PLANS
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other: DHHS REVIEW EQ APPROVAL

Water Supply:

( ) 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 ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: _____ 5-6-14

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

March 17, 2014

Iredell County Environmental Health Division
349 North Center Street
Statesville, North Carolina 28677

Attention: Mr. Heath Snow, R.S.

Reference: **Technical Assistance with Fast Track Septic Permitting**
BK Racing Facility
260 Aviation Drive
Iredell County, North Carolina
S&ME, Inc. Project No. 4358-14-024

Dear Mr. Snow:

Thanks for meeting us last Friday to review the Iredell County Health Department (ICHD) Fast Track application for the above referenced property. S&ME, Inc. (S&ME) provided the soil evaluation and system layout to obtain a possible new septic Improvement Permit for the above referenced property and Piedmont Design Associates provided the engineer design for the proposed system.

Based on our review of the site with you on March 14, 2014, saprolite material was observed near the southeast corner of the proposed primary drainfield. Based on our conversation with you and a subsequent conversation with Mr. Brady Freeman, Program Specialist with the ICHD, we understand the ICHD Improvement Permit will state that TS-1 pretreatment must be added to the engineer design before the ICHD can issue the Construction Authorization for the proposed system.

Alternatively, a system relayout can be proposed with a design flow of 1,000 gallons per day or less to the drainfield that would allow the use of the saprolite material without pretreatment or the primary lines in the saprolite material could possibly be relocated to the northwest corner of the site in soil material described by you and S&ME.

S&ME appreciates your timely review of the Fast Track proposal for the BK Racing Facility that allows the potential buyer to meet his due diligence deadlines. Please call if you have questions and also call us when the Improvement Permit can be picked up from your office.

Sincerely,

S&ME, Inc.

Paul Penninger, L.S.S.
Licensed Soil Scientist

Rob Willcox, L.S.S.
Project / Client Manager, Licensed Soil Scientist

Copy: PDAPA
MAX Construction
Mr. Brady Freeman, ICHD

S:\2430 Greensboro Environmental\Projects\4358-14-024 Max Construction - BK Racing\4358-14-024 BK Racing fast track summary - add of TS-1.doc

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202147

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

PIN # 4713995965

APPLICANT: Doug Miller APPLICANT ADDRESS: 145 Turnberry Ln Mooresville NC 28177

SITE ADDRESS: 260 W. Aviation Dr. Statesville NC PHONE: 704-202-7585 ALT. PHONE: 704-996-6330

SITE DIRECTIONS: 40 W toward Hickory, Stamey Farm Rd Exit T/L cross 70 T/L Aviation Dr. Site on Left

SUBDIVISION: Robert A Colliers Jr DBA. SECTION: N/A LOT # 1 LOT AREA: 6+ac DESIGN FLOW: 1350 L.T.A.R.: 0.3

Septic Tank 3000 (gal) STB Date

Pump Tank 3000 (gal) PT Date

Pump Make Goulds Model 388 03 Serial #

Nitrification Fields 1 # Lines 16 Linear Ft: 765

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV (V) VI

System Description: Low Pressure Panel TS-I

Repair System Description: Low Pressure Panel TS-I

Maintenance Agreement Required: [X] YES [ ] NO

[ ] GRAVITY [X] PRESSURE

[ ] Residence No. Bedrooms

[X] Business No. Persons

[ ] Other No. Employees 54

[X] Slab [ ] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: * Improvements permit Only * Must submit floor plan. Must submit new proposal for TS-I pretreatment with plans.

INITIAL SITE SKETCH

See Attached by S+ME

AS BUILT SKETCH

VOID

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* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3-18-14 Installed by:

IMPROVEMENT PERMIT by: Date: 03/17/14 OPERATION PERMIT by: Date:

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

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

Call Paul before going out 704-996-6330

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct _X_ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable _X_ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Doug Miller	145 Turnberry Lane Mooresville, NC 28117	704-202-7585	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Brad Keselowski Racing	380 Performance Road Mooresville, NC 28115	704-202-7585	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
260 West Aviation Drive Statesville, NC		

Driving Directions: I40 West Toward Hickory. Stamey Farm Road Exit 146. Left at end of ramp. Cross Highway 70. Turn Left on Aviation Drive. Site will be on the left.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other ___

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:

Type of Business	Manufacturing Facility
Square Footage of Building	32,562 SF
Maximum Number of Employees	54 Employees
Maximum Number of Seats	N/A

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ (X) No Preference

8. 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. industry) 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.

9. Signature: _____ 3/11/2014
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID 120983 3-11-14

IREDELL COUNTY HEALTH DEPARTMENT

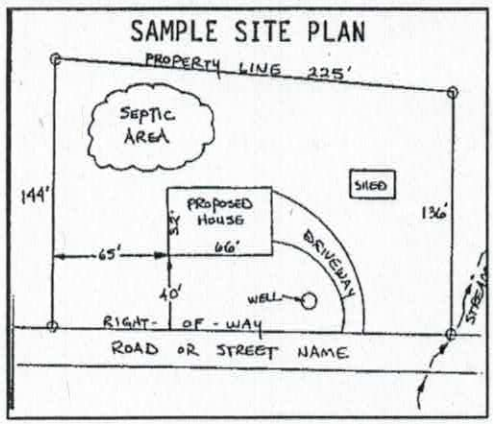
ENVIRONMENTAL HEALTH DIVISION

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
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (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 PROPOSED PLAN

Signature: _____ 5-6-14

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

IREDELL COUNTY HEATLH 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…**
- X — **All proposed structures are indicated…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — **Front and side setbacks from property line…**
- x — **Preferred driveway location and configuration, preferred well location…**
- x — **Area you prefer your septic system to be placed…**
- 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)
- X — **Location of easements and rights of ways on your property…** N/A
- ____ — **Location of any designated wetlands on the property…** (N/A)

Signature: _____ 3/14/2014
REQUIRED **property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

IREDELL COUNTY

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

APPLICATION NUMBER
202147
Issue Date: 03/11/2014

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4713995965.000	260 WEST AVIATION DRIVE	STATESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: COMPETITION MANAGEMENT LLC Address: PO BOX 4032 MOORESVILLE, NC 28117 Phone:	Applicant: S&ME Address: 3718 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 Phone: 704-996-6330	Contractor: S&ME Address: 3718 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 Phone: License Type License Number

Project Description

NEW SEPTIC SYSTEM PERMIT PUMP

Scope of Work

ADDING THE NUMBER OF EMPLOYEES

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	850.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 03/11/2014

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	7763	TOTAL FEES:	$ 850.00