ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-304979

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

PIN # 4715-43-2338

APPLICANT/OWNER: Hyde Homes LLC APPLICANT ADDRESS: 129 Whisper Pine Rd. Statesville, NC

SITE ADDRESS: 387 Woodbridge Rd Statesville 28625 PHONE: 704-201-9935 ALT. PHONE —

SITE DIRECTIONS: Rt 70 → Wood Bridge Rd → House/Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

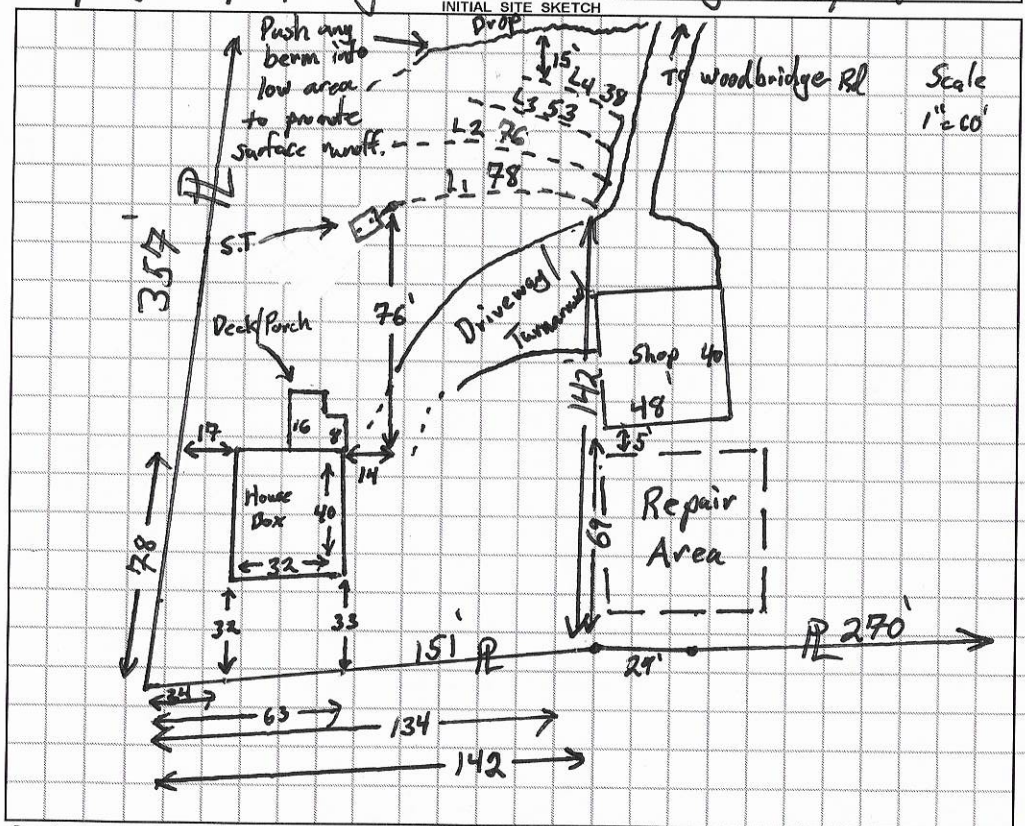
SUBDIVISION: Wood Bridge Estates SECTION: -1- LOT # 7 78 LOT AREA: 3.594 acres DESIGN FLOW: 240 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB >60	Date	10-9-2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	—	(gal)	PT —	Date	—	System Description: 25% Reduction		☐ Business	No. Persons 4
Pump Make	—	Model	—	Serial #	—	Repair System Description: 50% Reduction (PPBPS) [Horizontal]		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	240	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab Shop	☒ Crawl Space Home
Trench Width	36"	Trench Bottom Depth(Low side)	16"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Though 245 l.f. of drainfield has been laid out, only 240 l.f. need be installed. No business to be operated from shop. Ejector pump may be needed to convey sink/toilet waste from shop to septic tank. 4"-6" of cover dirt required. (Type II or III soil groups only Example: Loam, etc.) Direct all drainage around all septic components. Do not cut more than 24" of soil for slab of shop.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

To be approved by the ICHD

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: 3.31.2020 Installed by: Grant Hedden

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/31/2020 OPERATION PERMIT by: [signature] Date: 3-10-2021

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/31/2020 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 ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

Last Rain 3 Days Ago

OWNER: Hyde Homes LLC — APPLICATION DATE 2/11/2020
ADDRESS: 129 Whisper Pine Rd Statesville — DATE EVALUATED: 2/17 + 2/27 + 3/18
PROPOSED FACILITY: 2 BR SFR — PROPOSED DESIGN FLOW (.1949): 240 GPD — PROPERTY SIZE: 3.594 acres
LOCATION OF SITE: ___ — 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	LSS 8%	0-5	SCL V.W SBK	Sl. Firm, Ss, Sp, Ssmp	7.5YR 5/2 @ 32" H_2O weeping 23"-33"	60	-	27"-36"	0.1 Deep?
		5-27	Clay W. ABK/SBK Abundant Manganese	Sl. Firm, Sticky, Ssmp, Sp					
		27-36	Loamy Mixed mineralogy SAP	Sl. Friable, Poorly Drained					
		36-60	Clay Loam some W. SBK manganese +Saprolite	Sl. Friable, Ss, Sp, Ssmp					
2	LSS 7%	0-4	SCL V.W. SBK	same as 1	7.5YR 5/2 @ 33" H_2O weeping @ 29" 7.5YR 6/1 42"	60	-	32"	0.1 V. shallow
		4-35	Clay (sandy) M. SBK	Sl. Firm, Sticky, Sp, Ssmp					
		35-60	Clay Loam W. SBK	Sl. Friable, Sticky, Sp, Ssmp					
			Tigerdirt 40"-60"						
3	Foot Slope 4%	0-5	SCL V.W. SBK	same as 1	weeping H_2O 40"-60"	60	-	42"	0.25 PS shallow
		5-40	Sandy Clay W. SBK	Sl. Friable, Sticky, Sp, Ssmp					
		40-60	Clay Loam Common manganese	Platy 42"-50", Sticky, Sp, Ssmp					
4	Foot Slope 5%	0-5	SCL	Same as 1	Platy 32"-40" Bleeding H_2O 34"-42"	55	-	32"	0.25 PS
		5-18	Clay M. SBK	Sl. Firm, Sticky, Sp, Ssmp					
		18-32	Clay Loam W. SBK	Sl. Fr., Sticky, Sp, Ssmp					
		32-55	Clay Loam W. SBK + common Sp	Sl. Friable, Ss, Sp, Ssmp					
			+ Platy + common manganese + clay flows						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	246	200+
System Type(s)	25% Red	50% Red
Site LTAR	0.25	0.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Carla Cave, Joe Hyde

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

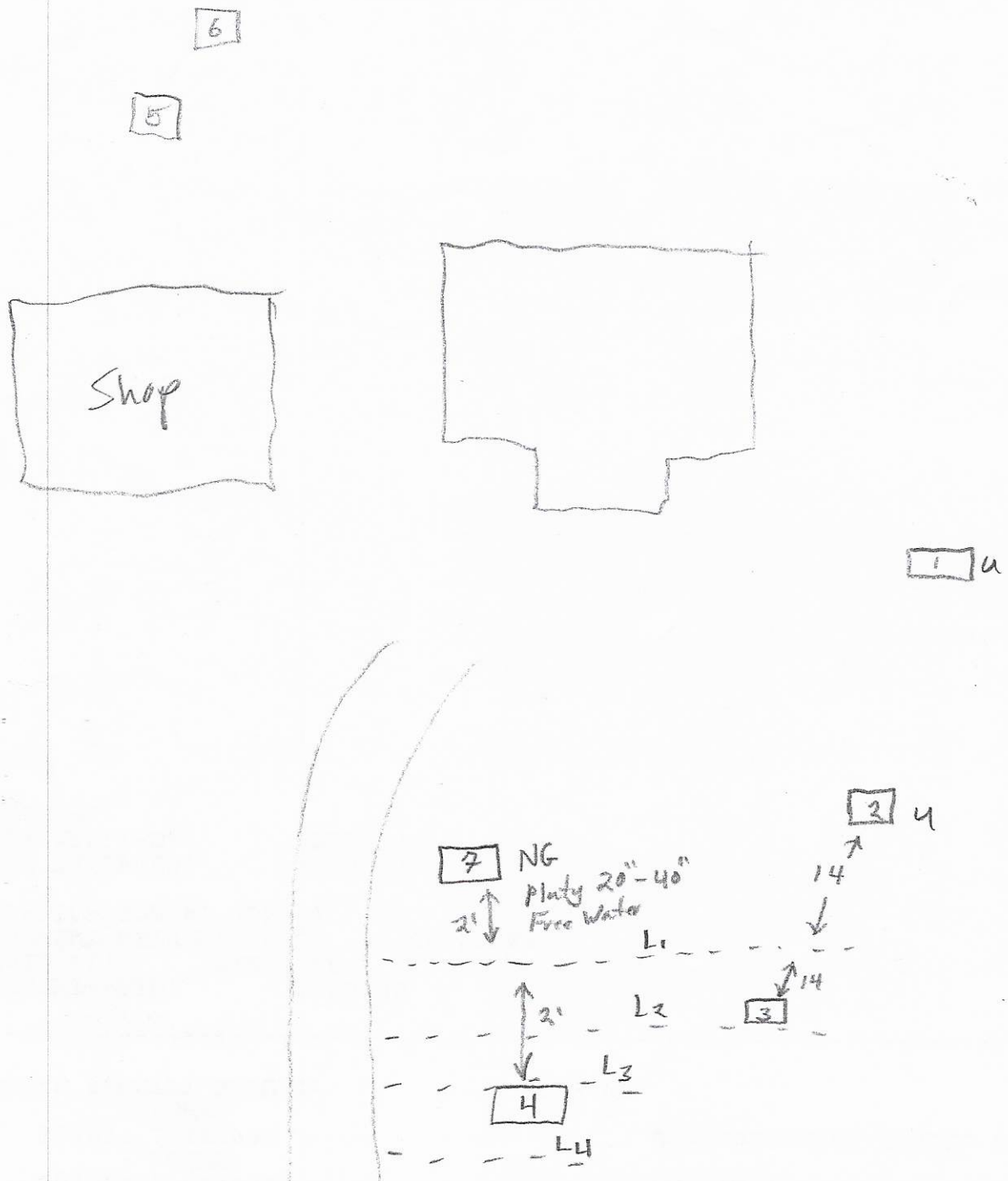
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: See Page 1 APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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
~~4~~ 5	4% Above Slop Rep	0-4	SCL V.W. SBK	same as 1		48"	—	30"-48" (mixed platy)	0.275 Keep Repair Shallow
		4-30	Clay m. SBK common mica	Firm, Sticky, Sl. Soap					
		30-48	Clay Loam Platy (mixed)	Sl. Friable, SS, Sp, Sop					
~~5~~ 6	5% 26' upslope from Previous #5	0-4	SCL V.W SBK	same as 1		53"	—	—	0.30
		4-29	Clay w. SBK common mica	Sl. Firm, Sticky, Sl. Soap					
		29-53	Clay Loam V.W SBK Abundant mica	Friable, SS, Sp, Sop					
3			2 2						
		L1W	60 +18						
		L2O	58 +18						
		L3W	34 +19						
		L4O	18 +20						
4	need 70'		176 76						
			246 total						

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

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


6
5
Shop
1
4
2
4
7
NG
Plasty 20"-40"
Fire Water
2'
14
L1
14
3
2'
L2
L3
4
L4

PROPERTY ID #: 4715431355
COUNTY: Iredell

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

OWNER: Joe Hyde
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 10/23/19
LOCATION OF SITE: Woodbridge Rd. Statesville NC 28625 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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
B 1	L/4%	0-6	RBCL wmsbk	Fr SS SP SEXP	Few CAP Iron...				PS .35+
		6-20	RC wmsbk	Fr SS SP SEXP					
		20-34	RBCL wfsbk	Fr SS SP SEXP					
		34-48	VAR SL MASS	Fr SS SP SEXP					
B 2	L/4%	0-22	RBCL wfsbk	Fr SS SP SEXP	C. SAP				PS .35+
		22-48	VAR SL MASS	Fr SS SP					
B 3	L/8%	0-4	BL Gr	Fr SS SP					PS .3
		4-19	RBCL wfsbk	Fr SS SP SEXP					
		19-48	BRC wmsbk	Fr SS SP SEXP					
B 4	L/8%	0-3	BSL Gr	Fr SS SP					PS .275-.3 Shallow
		3-7	RBCL wmsbk	Fr SS SP SEXP					
		7-24	RBC wmsbk	Fr SS SP SEXP					
		24-30	RBCL wfsbk	Fr SS SP SEXP					
		30-44	VAR L MASS	Fr SS SP					
		44-AR							

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: Chad Wagner

COMMENTS: Will need pits to verify saprolite depth & suitability

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4715436355
DATE OF EVALUATION: 10/23/19
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B5	L/11-0%	0-26	RC wmsbk	Fr SS SP SEXP					PS .3-.35
		26-40	RBCC wfsbk	Fr SS SP SEXP					
		40-48	VAR SL. MASS	Fr SS SP					

RECEIVED FEB 13 2020 AP-304999 $580.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) 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. Statesville, NC Zip: 28625
Applicant Email: joehyde@bellsouth.net Phone: 704-201-9935 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: Same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 387 Wood Bridge Rd. Statesville, NC 28625
Subdivision Name: Wood Bridge Estates Section/Phase: N/A Lot Number: 788
Driving Directions: Hwy 64 West Left on Wood Bridge Rd. Property ½ mile on Right.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 3 (✓) Concrete Slab Foundation
(✓) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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: Joe Hyde 2-11-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

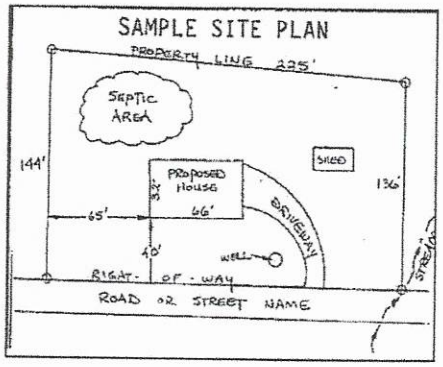
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (N/A) Preferred well location
- (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 drawing

Signature: _____ _____

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

I, Jacob W. Helton, certify that this plat was drawn under my supervision from an actual survey made under my supervision (from deed references noted); that the boundaries not surveyed are clearly indicated as drawn (from deed references noted); that the ratio of precision as calculated is 1:10000+; that this plat was prepared in accordance with G.S.47-30 as amended. Witness my original signature, registration number and seal this 27 day of January, 2020 A.D.

NORTH CAROLINA SEAL L-4109 JACOB W. HELTON

LOT 5
MCKINLEY REAL ESTATE GROUP LLC
DB 2596-1823

LOT 4
HOWARD
DB 1983-2063

LOT 6
MCKINLEY REAL ESTATE GROUP LLC
DB 2596-1823

Main house

Shop

18'x24' guesthouse

Septic Area

LOTS 7 & 8 COMBINED
3.594 TOTAL ACRES

OLD LOT 7

OLD LOT 8

Drive Way

GOARD
DB 2199-1097

MCGEE BROTHERS INC
DB 2024-1364

WOOD BRIDGE RD. S.R. 1511
60' RIGHT OF WAY

S 67°18'08" W 150.00'
S 65°16'51" W 28.83'
S 65°15'51" W 270.00'
S 24°42'45" E 153.00'
S 77°08'24" E 143.11'
S 15°44'29" E 155.00'
S 81°34'37" E 247.52'
S 81°07'26" E 116.00'
N 17°20'16" W 353.74'

LEGEND

RCP REINFORCED CONCRETE PIPE
HDPE HIGH DENSITY PLASTIC
CMP CORRUGATED METAL PIPE
DB PG DEED BOOK & PAGE
MB PG MAP/PLAT BOOK & PAGE
R/W RIGHT OF WAY
AC ACRES
C/L CENTERLINE

CONCRETE MONUMENT
MAGNETIC/PK NAIL
IRON PIPE
COMPUTED POINT
UNMARKED CORNER IN TREE
REBAR FOUND
BENCHMARK
GEODETIC MONUMENT
REBAR SET
SANITARY SEWER MANHOLE
UTILITY POLE
HVAC
WATER WELL
WATER VALVE
HYDRANT

BOUNDARY LINE (AS SURVEYED)
TIE LINE (NO SCALE)
WOODLINE
FENCE
EDGE OF GRAVEL
CURB & GUTTER
BOUNDARY LINE (BY REFERENCE)
RIGHT-OF-WAY LINE
EASEMENT LINE
TIE LINE
OVERHEAD POWER LINE
CENTERLINE OF BRANCH / CREEK
FEMA 100 YEAR FLOOD LINE

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	598.17'	109.85'	109.70'	S 81°51'36" E	10°31'26"
C2	598.17'	109.85'	109.70'	S 81°51'36" E	10°31'26"
C3	598.17'	109.85'	109.70'	S 81°51'36" E	10°31'26"

A
RECOMBINATION SURVEY
for

Hyde Homes LLC

CONCORD TOWNSHIP
IREDELL COUNTY, NC
JANUARY 27, 2020

PROPERTY INFORMATION:
PARCEL ID: 4715431355
385 WOOD BRIDGE RD.
STATESVILLE, NC

PLAT NOTES:
1.PLAT NORTH IS BASED ON PB 52-106

2.NO GEODETIC MONUMENTS WERE FOUND WITHIN 2000'

3.AREA COMPUTED USING COORDINATE METHOD

4.ALL DISTANCES ARE GROUND HORIZONTAL UNLESS OTHERWISE NOTED

5.ANY TRAVERSE ADJUSTMENTS WERE PERFORMED USING THE COMPASS RULE

6. PROPERTY MAY BE SUBJECT TO BURDENS OR BENEFITS NOT SHOWN

7. 1/2" REBAR FOUND AT ALL CORNERS

HELTON
SURVEYING & MAPPING PLLC
(704) 634-9354

FIRM #P-2005
JACOB W. HELTON, PLS, CFS
JACOB@HELTON.BIZ
3570 ANDERSON MOUNTAIN RD.
MAIDEN, NC 28650

DEED AND PLAT REFERENCES:
DB: 2663 PG: 397
PB: 52 PG: 106

0 40 80
SCALE: 1" = 40'

SURVEY:	DRAWN:	JOB:
JHH 12/2019	JHH 1/27/2020	20018

VICINITY SKETCH: NO SCALE



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*) Joseph Hyde

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, Joseph Hyde / Hyde Homes, am the legal owner(s) of the property located at 387 Wood Bridge Rd Statesville, NC, identified as

PIN (Parcel Identification Number) 4715432338.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Hyde Homes, _____, 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.

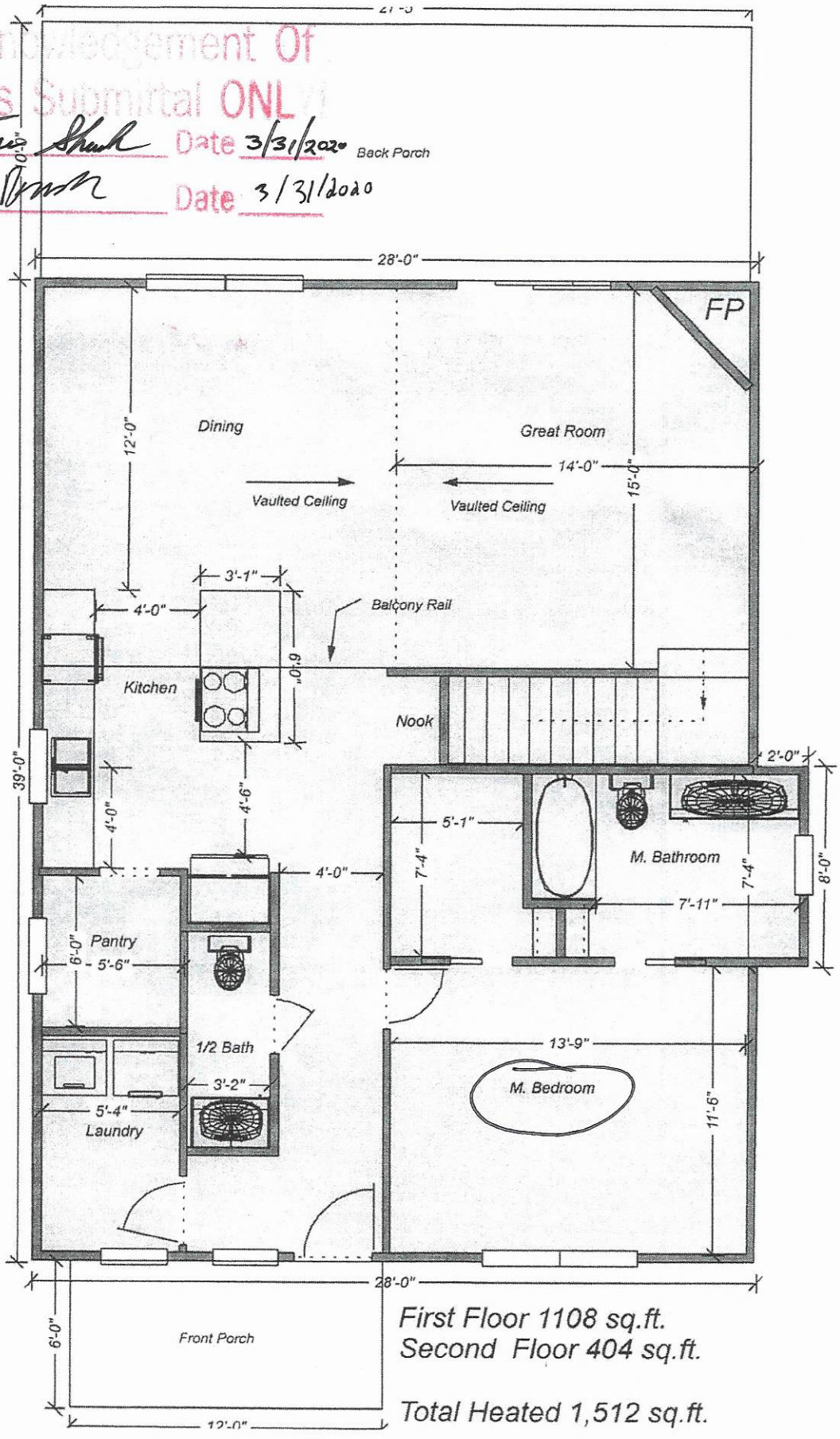
Joseph Hyde — Signature of Owner(s)

2-1-2020 — Date

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

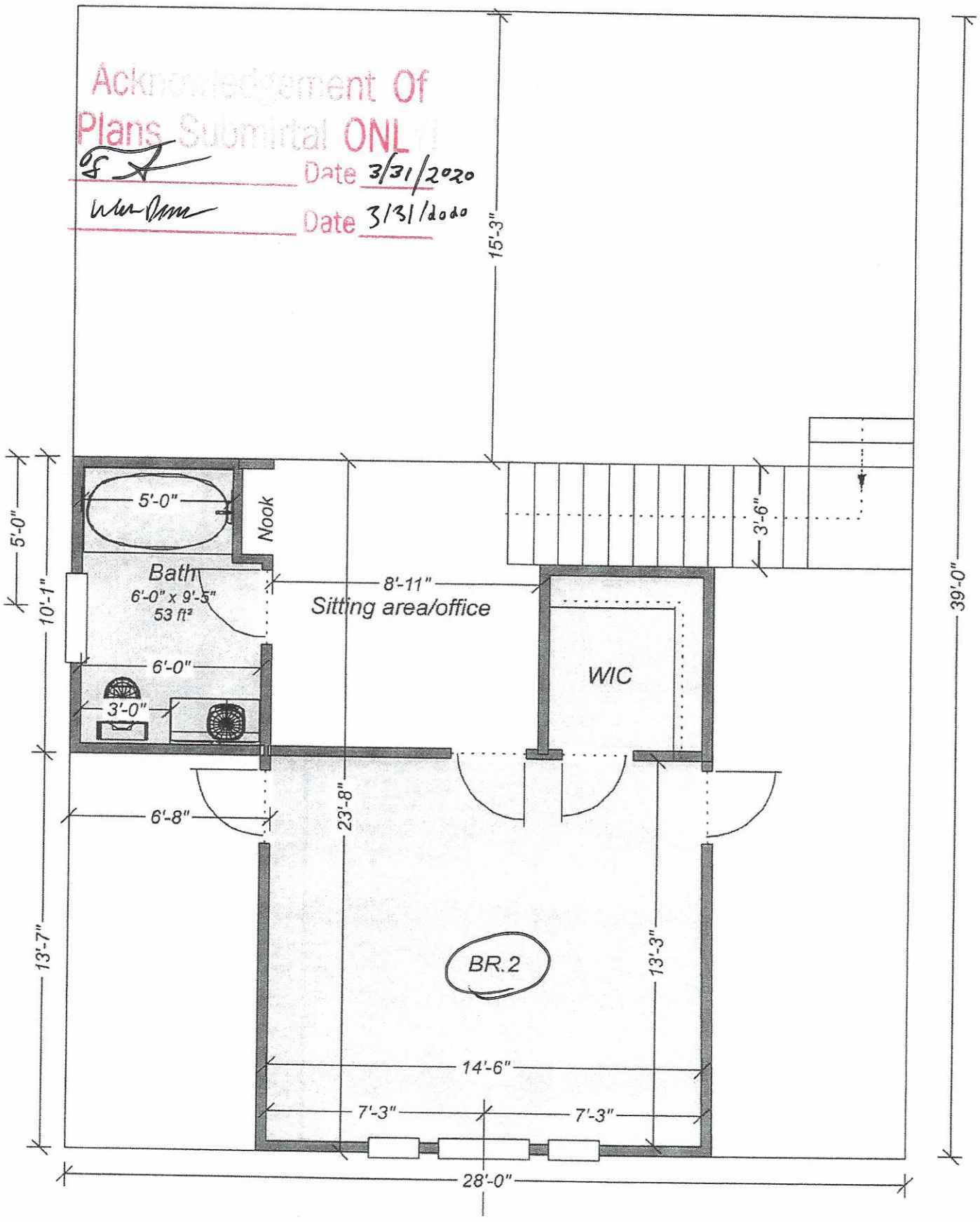
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY
Date 3/31/2020
Date 3/31/2020

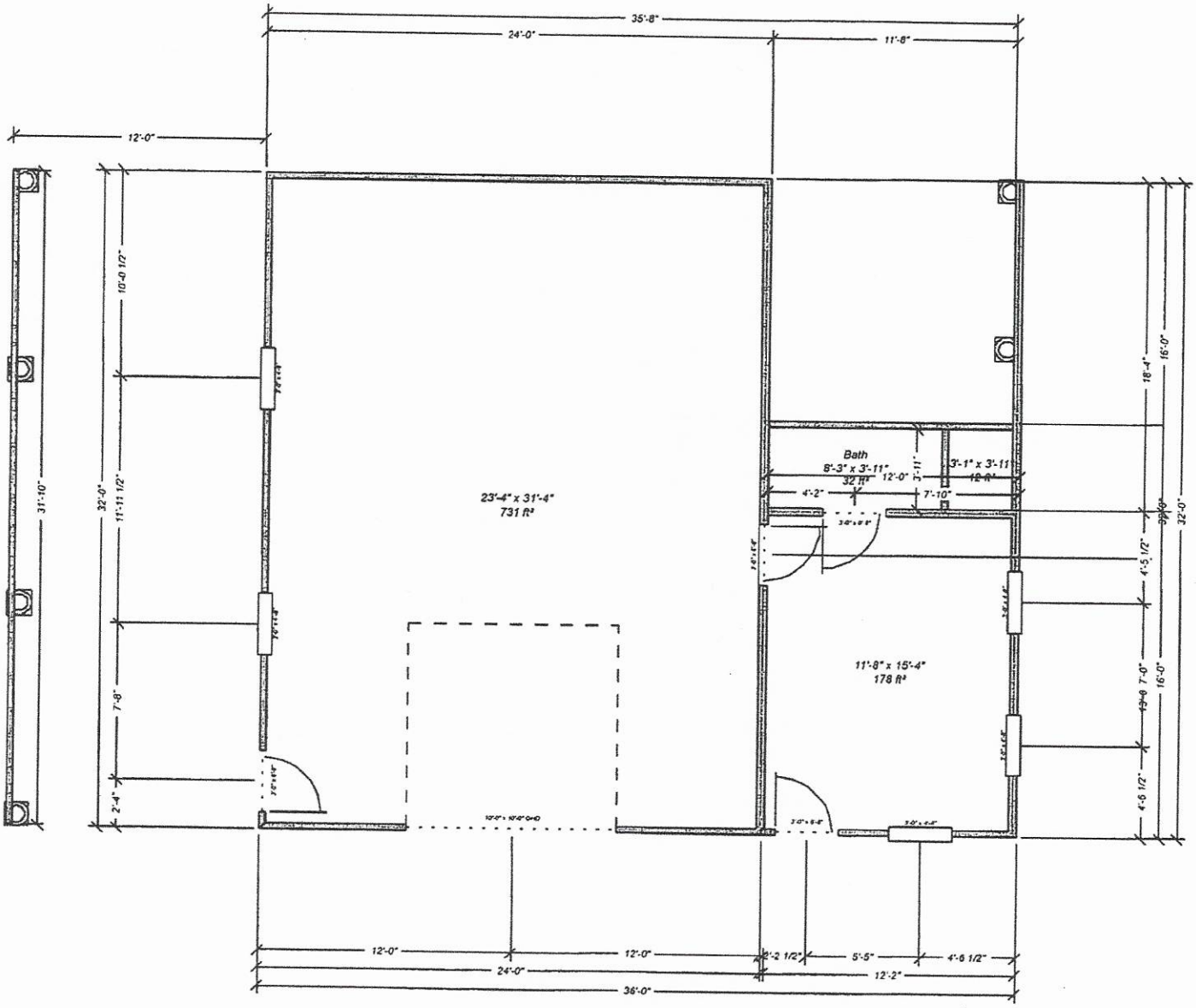


First Floor 1108 sq.ft.
Second Floor 404 sq.ft.

Total Heated 1,512 sq.ft.



Second Floor of main house 404 sq.ft.



[No bedrooms]

Acknowledgement Of
Plans Submittal ONLY!
APPROVED MAR 31 2020 DATE
Date 3/31/2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304979 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4715432338.000	387 WOOD BRIDGE RD	

Owner Information	Applicant Information
Name: HYDE HOMES LLC	Name: HYDE HOMES, LLC
Address:	Address: 129 WHISPER PINE RD. STATESVILLE, NC 28625-2350
Phone:	Phone: (704)201-9935

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	0	0	0		

Remarks
SFD--HAD ENTERED WRONG ADDRESS, ACTUAL ADDRESS WAS STVL ZO

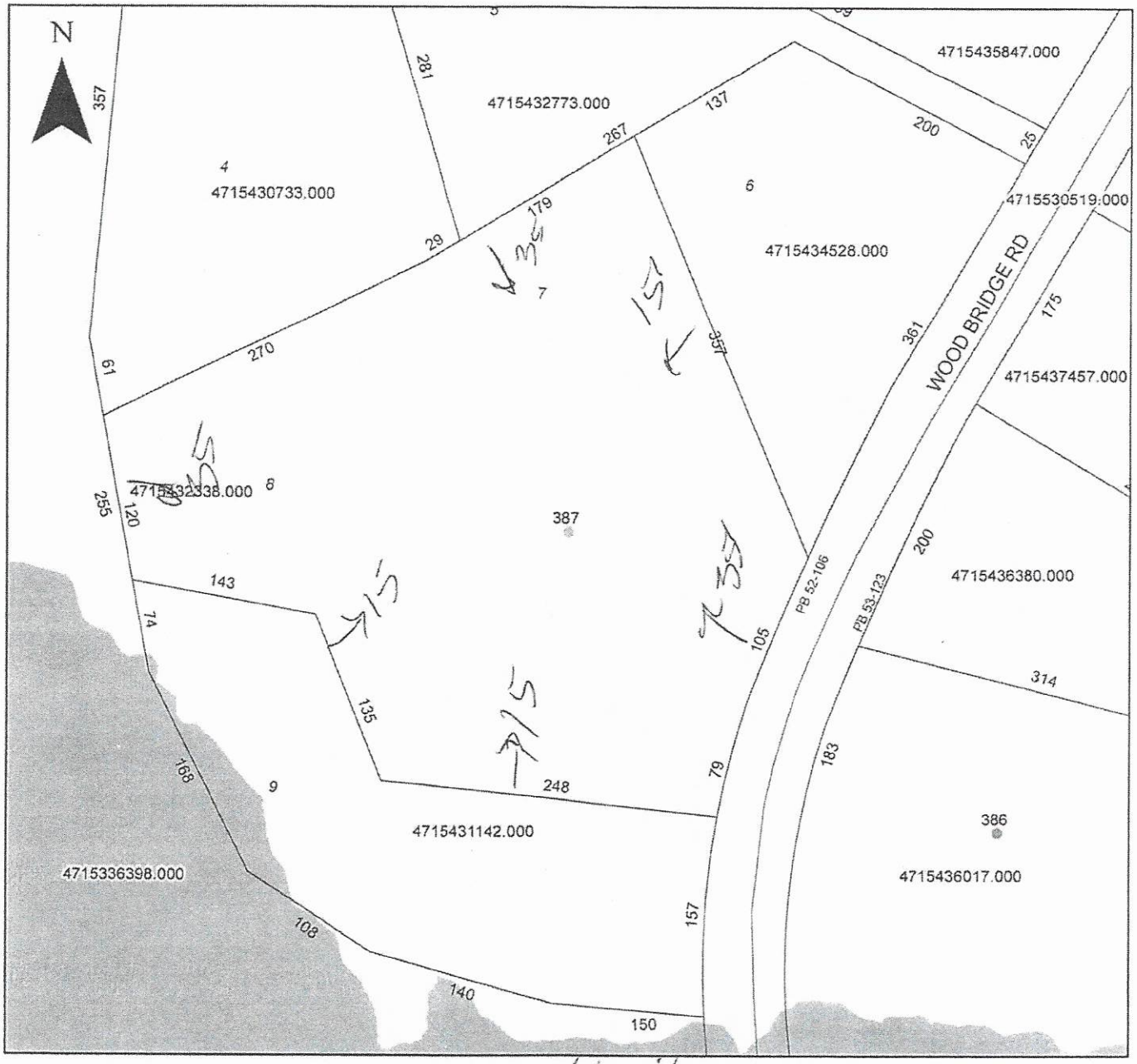
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 02/13/2020

Signature of Owner/Contractor

Permit Number	304979	TOTAL FEES:	

ZONING DISCLAIMER



Property Address 387 Woodbridge

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Applicant

2-13-2020
Date