ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (BCW) | PERMIT # AP-310219

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

PIN # 4715842663 ✓

APPLICANT/OWNER: Castlegate LLC | APPLICANT ADDRESS: 7271 Long Island Rd. Catawba NC

SITE ADDRESS: 193 Stafforshire Dr. Statesville NC 28625 | PHONE: 704-578-4951 | ALT. PHONE N/A

SITE DIRECTIONS: Rt 64, Rt 90, Absher Farm Lp, Staffordshire | SAP CONTROLLED: ■ YES ☐ NO

SUBDIVISION: Castlegate ✓ | SECTION: 116 ✓ | LOT AREA: 0.58 ac | DESIGN FLOW: 360 | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	4/17	■ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		■ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	4/18	System Description: Pump - 25% Reduction		☐ Business	No. Persons 6
Pump Make	Liberty	Model	280	Serial #	13FW3	Repair System Description: LP PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	300'	Maintenance Agreement Required: ☐ YES ■ NO		☐ Slab	■ Crawl Space
Trench Width	36"	Max Trench Bottom Depth	30"	Gravel Depth	N/A	☐ GRAVITY ■ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions: Per plan By The Oaks Group,PA

INITIAL SITE SKETCH

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed

	Date	Initials
Drain Lines Checked	7/7/2021	PJB
Tanks Checked	7/7/2021	PJB
Pressure Manifold or Valve Box Checked	7/7/2021	PJB
Pressure Head Set	7/7/2021	PJB
Electrical Checked	7-29-2021	BCW
Floats Set	7-29-2021	BCW
Alarm Checked	7-29-2021	BCW
Maintenance Contract Y (N)	7/7/2021	PJB
Comments:		

7/7/2021: Tanks were checked and were good filter in stand Pump in pt. Drain lines and Pump box were checked and were good. Pressure set using a generator. As built measurements on site sketch not to scale

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: 6-18-21 Installed by: (Kevin) Rowan Septic

IMPROVEMENT PERMIT by: [signature] Date: 06/09/21 OPERATION PERMIT by: Brent C. White Date: 7-30-2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/11/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 54 at Page: 98-100 as recorded in the Iredell County Register of Deeds.

3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

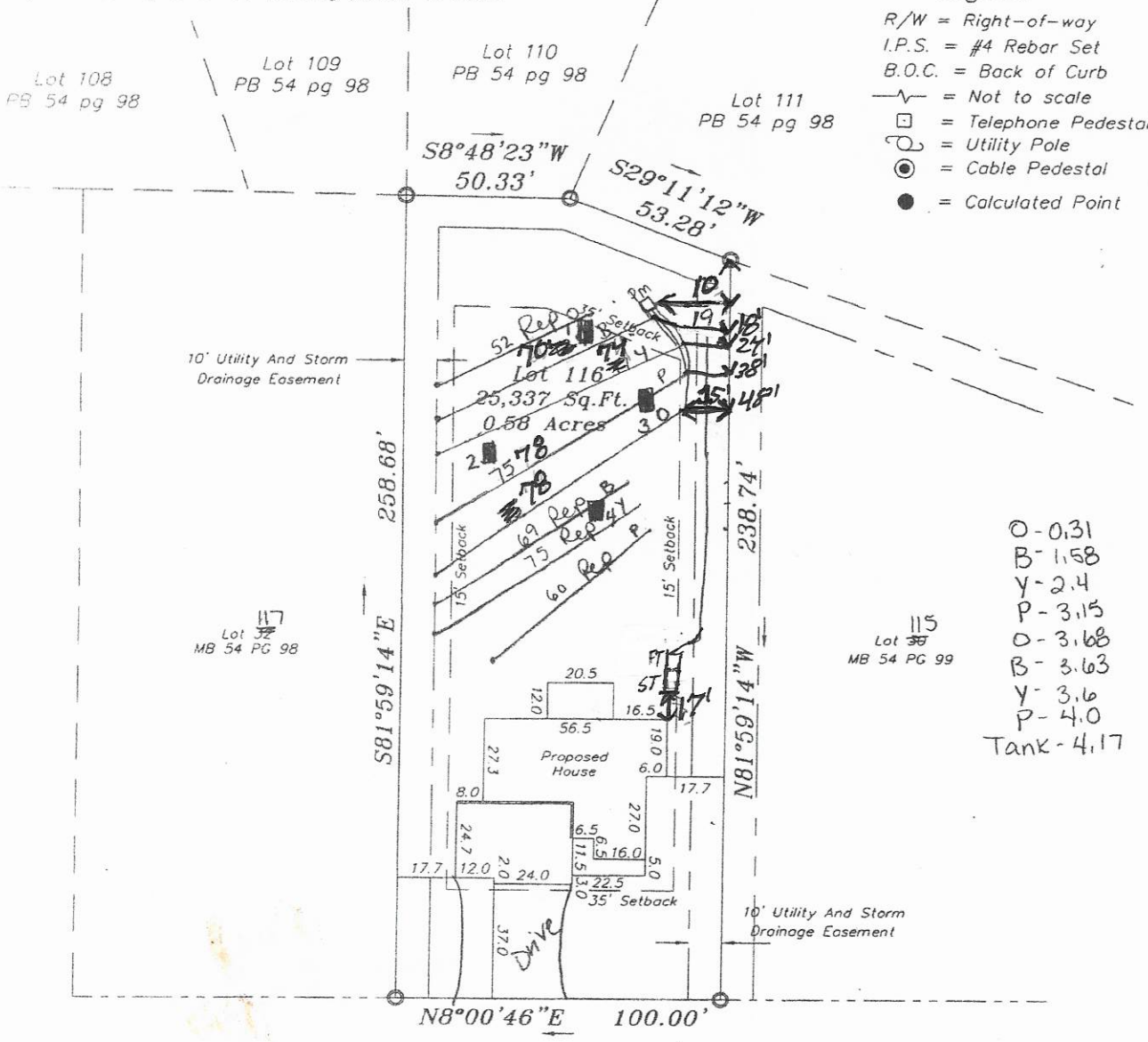
4) Area by coordinate method.

5) This survey is of an existing parcel of land.

P.B. 54, Pg. 98

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
B.O.C. = Back of Curb
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Calculated Point



O - 0.31
B - 1.58
Y - 2.4
P - 3.15
O - 3.68
B - 3.63
Y - 3.6
P - 4.0
Tank - 4.17

Staffordshire Drive

50' Public R/W

GRAPHIC SCALE

0 25 50 100

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 193 Staffordshire Dr

Date: June 3, 2021

Attached is the septic specification information required to permit 193 Staffordshire Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

Castlegate Lot 116 Fast Track Septic Spec Sheet

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	30"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	130' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 9.9'
Pressure head	2.0'
Friction head	1.7'
20% Contingency	2.7'
Total Head	16.3'
Pump Requirements	22 gpm @ 16.3' of head To be designed by installer.
Maximum Dosing Volume	180 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	8.2
Repair System	**LP PPBPS**
Total Linear Feet	256
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Orange	LP PPBPS	52	0.31
2	System	Blue	25% Reduction	73 endfed	1.58
3	System	Yellow	25% Reduction	77 endfed	2.4
4	System	Pink	25% Reduction	75 endfed	3.15
5	System	Orange	25% Reduction	75 endfed	3.68
6	Repair	Blue	LP PPBPS	69	3.63
7	Repair	Yellow	LP PPBPS	75	3.6
8	Repair	Pink	LP PPBPS	60	4
				Total System: 300'	
				Total Repair: 256'	

Tank	Red	1000 gal (2 compartment)	4.17
Pump Tank	Red	1000	
House	blue		

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the LHD

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
PERTY ID #: ___
COUNTY: ___

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

OWNER: Castlegate LLC
ADDRESS: PO Box 3792, 28117
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Lot 116 Castlegate
APPLICATION DATE ___
DATE EVALUATED: 6/11
PROPERTY SIZE: ___
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5-10%	0-9	MoSBLC	FR SS/SP	R				
		9-26	WK SBK CL	↓	R, F/C Sap				
		26-38	WK SBK CL	↓	R, C/M Sap				
		38-51	MA L Sap	↓	Yel R	39"	PS	N/A	0.3
				F	Quartz @ 36"				
2	L 5-10%	0-13	MoSBLC	FR SS/SP	R				
		13-39	WK SBK CL	↓	R Yel, C Sap				
		39-48	MA L Sap	↓	Yel R	39"	PS	N/A	0.3
3	L 5-10%	0-12	Fill (6"	Surface @ 6	12" = Mo ER SL DK Br)				
		12-25	MoSBKC	FR SS/SP	LJR				
		25-60	WK SBK CL	↓	R, F Sap	60"	N/A	N/A	0.3 6" Fill
4	L 5-10%	0-12	MoSBLC	FR SS/SP	R				
		12-36	WK SBL CL	↓	R Yel				
		36-48	MA L Sap	↓	Mult	36"	PS	N/A	0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III b	IV
Site LTAR	0.3	0.3

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

COMMENTS: ___

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

3 10 219 Session Law RECEIVED JUN 8 - 2021 $00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 AP-310219

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Castlegate LLC Address: 7271 Long Island Rd Catawba Zip: NC
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (LSS)

Property Information:

Street Address: 193 Staffordshire Dr Statesville
Subdivision Name: Castlegate Section/Phase: _____ Lot Number: 116
Driving Directions: Rt 64, Rt 90, Absher Farm Loop, Staffordshire

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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 (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 ( ) 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: Kathleen Saunders 6.7.21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ray Short, am the legal owner of the property located at 193 Staffordshire Dr, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date: 6.7.21

Signature of Witness — Date

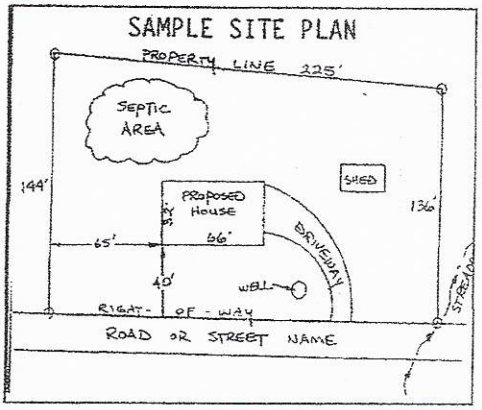
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) 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

Please see Attached

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6.7.21
DATE

P.B. 54, Pg. 98

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 54 at Page: 98-100 as recorded in the Iredell County Register of Deeds.

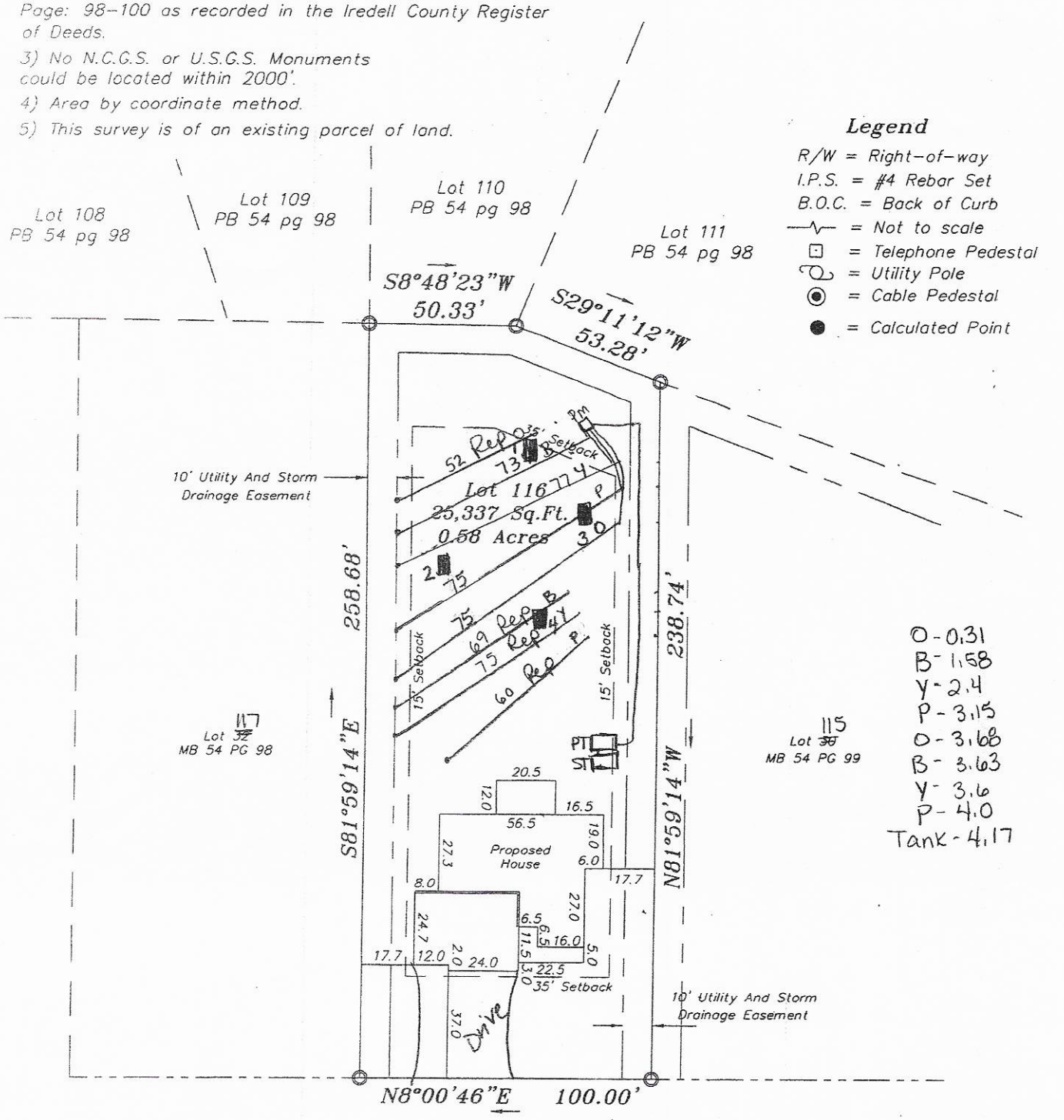
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

4) Area by coordinate method.

5) This survey is of an existing parcel of land.

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
B.O.C. = Back of Curb
= Not to scale
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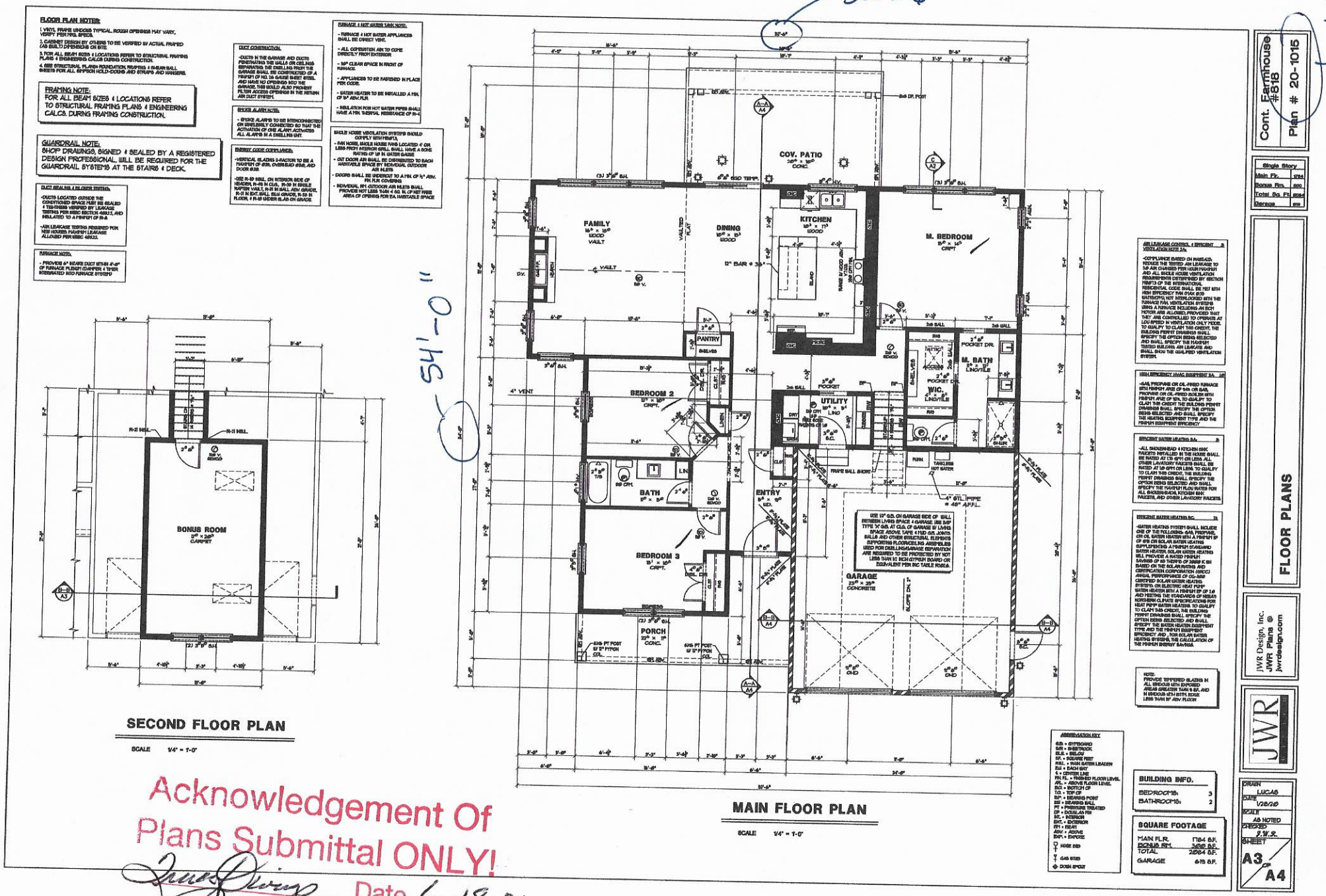
O - 0.31
B - 1.58
Y - 2.4
P - 3.15
O - 3.68
B - 3.63
Y - 3.6
P - 4.0
Tank - 4.17

Staffordshire Drive

50' Public R/W

GRAPHIC SCALE

0 25 50 100


52'-6"
54'-0"
FLOOR PLAN NOTES:
1. VINYL FRAME WINDOWS TYPICAL. ROUGH OPENINGS MAY VARY, VERIFY PER MFG. SPECS.
2. CABINET DESIGN BY OTHERS TO BE VERIFIED BY ACTUAL PRINTED CAB. BUILT DIMENSIONS ON SITE.
3. FOR ALL BEAM SIZES & LOCATIONS REFER TO STRUCTURAL FRAMING PLANS & ENGINEERING CALCS DURING CONSTRUCTION.
4. SEE STRUCTURAL PLANS FOUNDATION, FOOTINGS & SHEAR WALL SHEETS FOR ALL STEPPED HOLD-DOWNS AND STRAPS AND HANGERS.
FRAMING NOTE:
FOR ALL BEAM SIZES & LOCATIONS REFER TO STRUCTURAL FRAMING PLANS & ENGINEERING CALCS. DURING FRAMING CONSTRUCTION.
GUARDRAIL NOTE:
SHOP DRAWINGS, SIGNED & SEALED BY A REGISTERED DESIGN PROFESSIONAL, WILL BE REQUIRED FOR THE GUARDRAIL SYSTEMS AT THE STAIRS & DECK.
DUCT SEALING & BLOWER TESTING:
-DUCTS LOCATED OUTSIDE THE CONDITIONED SPACE MUST BE SEALED & TESTED/DOES VERIFIED BY LEAKAGE TESTING PER R403 SECTION 403.2.2, AND INSULATED TO A MINIMUM OF R-8.
-AIR LEAKAGE TESTING REQUIRED FOR NEW HOUSES. MAXIMUM LEAKAGE ALLOWED PER MSEC 403.3.
FURNACE NOTE:
- PROVIDE 4" SEARS DUCT WITH A 4'-0" OF FURNACE PLENUM DAMPER & TIMER INTEGRATED INTO FURNACE SYSTEM
DUCT CONSTRUCTION:
-DUCTS IN THE GARAGE AND DUCTS PENETRATING THE WALLS OR CEILINGS SEPARATING THE DWELLING FROM THE GARAGE SHALL BE CONSTRUCTED OF A MINIMUM OF NO. 26 GAUGE SHEET STEEL AND HAVE NO OPENINGS INTO THE GARAGE. THIS WOULD ALSO PROHIBIT FLUSH ACCESS OPENINGS IN THE RETURN AIR DUCT SYSTEM.
SMOKE ALARM NOTE:
- SMOKE ALARMS TO BE INTERCONNECTED OR WIRELESSLY CONNECTED SO THAT THE ACTIVATION OF ONE ALARM ACTIVATES ALL ALARMS IN A DWELLING UNIT.
ENERGY CODE COMPLIANCE:
-VERTICAL GLAZING U-FACTOR TO BE A MAXIMUM OF .030, OVERHEAD .050, AND DOOR .030
-USE R-19 WALL ON INTERIOR SIDE OF HEADER, R-49 IN CLG., R-30 IN SINGLE RAFTER VAULT, R-19 IN WALL ADJ. GARAGE, R-21 IN EXT. WALL, FLR. GRADE, R-30 IN FLOOR, & R-10 UNDER SLAB ON GRADE.
FURNACE & HOT WATER TANK NOTE:
- FURNACE & HOT WATER APPLIANCES SHALL BE DIRECT VENT.
- ALL COMBUSTION AIR TO COME DIRECTLY FROM EXTERIOR
- 30" CLEAR SPACE IN FRONT OF FURNACE.
- APPLIANCES TO BE RAISED IN PLACE PER CODE.
- WATER HEATER TO BE INSTALLED A MIN. OF 6" ABV. FLR.
- INSULATION FOR HOT WATER PIPES SHALL HAVE A MIN. THERMAL RESISTANCE OF R-4.
ATTIC HOUSE VENTILATION SYSTEMS SHOULD COMPLY WITH HVHF3,
- FAN NOISE, ATTIC HOUSE FANS LOCATED 4' OR LESS FROM INTERIOR GRILL SHALL HAVE A SONE RATING OF 1.0 IN SLEEPING AREAS
- CAT DOOR AIR SHALL BE DISTRIBUTED TO EACH HABITABLE SPACE BY REMOVAL OUTDOOR AIR INLETS
- DOORS SHALL BE UNDERCUT TO A MIN. OF 1/2" ABV. FIN FLR. COVERING
- INDIVIDUAL RFI OUTDOOR AIR INLETS SHALL PROVIDE NOT LESS THAN 4 SQ. IN. OF NET FREE AREA OF OPENING FOR EA HABITABLE SPACE
COV. PATIO
FAMILY
DINING
KITCHEN
M. BEDROOM
M. BATH
WIC.
PANTRY
BEDROOM 2
UTILITY
BATH
ENTRY
BEDROOM 3
PORCH
GARAGE
BONUS ROOM
SECOND FLOOR PLAN
SCALE 1/4" = 1'-0"
MAIN FLOOR PLAN
SCALE 1/4" = 1'-0"
BUILDING INFO.
BEDROOMS 3
BATHROOMS 2
SQUARE FOOTAGE
MAIN FLR. 1184 S.F.
BONUS RM. 360 S.F.
TOTAL 1544 S.F.
GARAGE 615 S.F.
Acknowledgement Of
Plans Submittal ONLY!
Date 6-18-21
Date 6/11/21
Cont. Farmhouse #818
Plan # 20-1015
Lot 116
Single Story
Main Flr. 1184
Bonus Rm. 360
Total Sq. Ft. 1544
Garage 615
FLOOR PLANS
JWR Design, Inc.
JWR Plans @
jwrdesign.com
JWR
DRAWN LUCAS
DATE 1/28/20
SCALE AS NOTED
CHECKED J.W.R.
SHEET A3 A4

emailed 8/20/2020

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

APPLICATION NUMBER
310219 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4715842663.000	193 STAFFORDSHIRE DR	Iredell County

Owner Information	Applicant Information
Name: ST1 LLC	Name: THE OAKS GROUP
Address: PO BOX 3792	Address: 121 HOLT LN
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.58	35	35	15	15		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

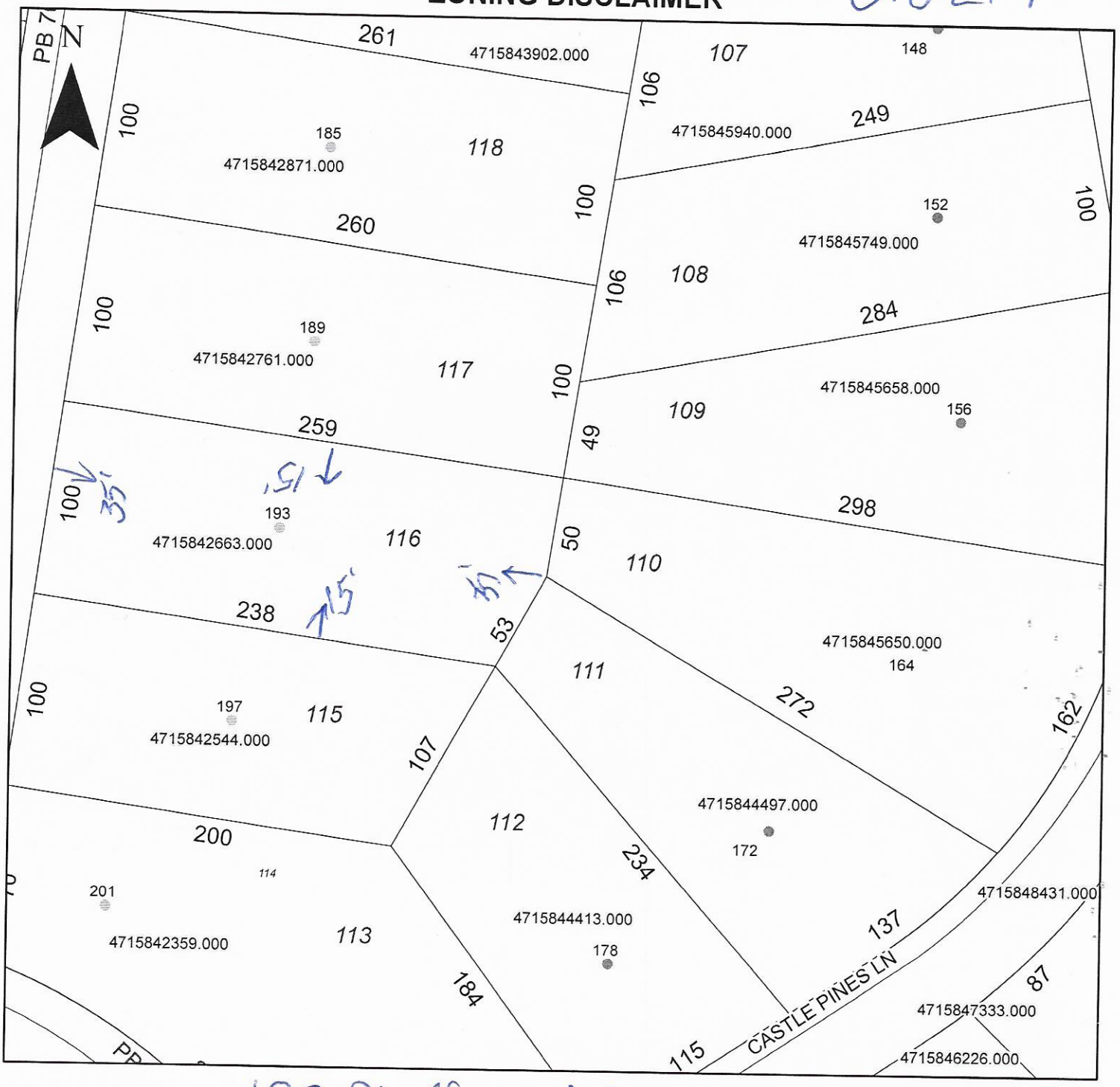
Date: 08/20/2020

Permit Number	310219

TOTAL FEES:	$77.25

ZONING DISCLAIMER

310219



Property Address 193 Staffordshire Dr

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.

Kathleen Saunders
Applicant

8-20-2020
Date