IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-302058

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

PIN # 4722496194

APPLICANT/OWNER: ALLEN BRAWLEY APPLICANT ADDRESS: 106 BUFFALO CREEK ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 106 BUFFALO CREEK ROAD, STATESVILLE, N.C. 28677 PHONE: 704-226-6583 ALT. PHONE —

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (L) ON BUFFALO CREEK, LOT ON (R) SAP CONTROLLED: [x] YES [ ] NO

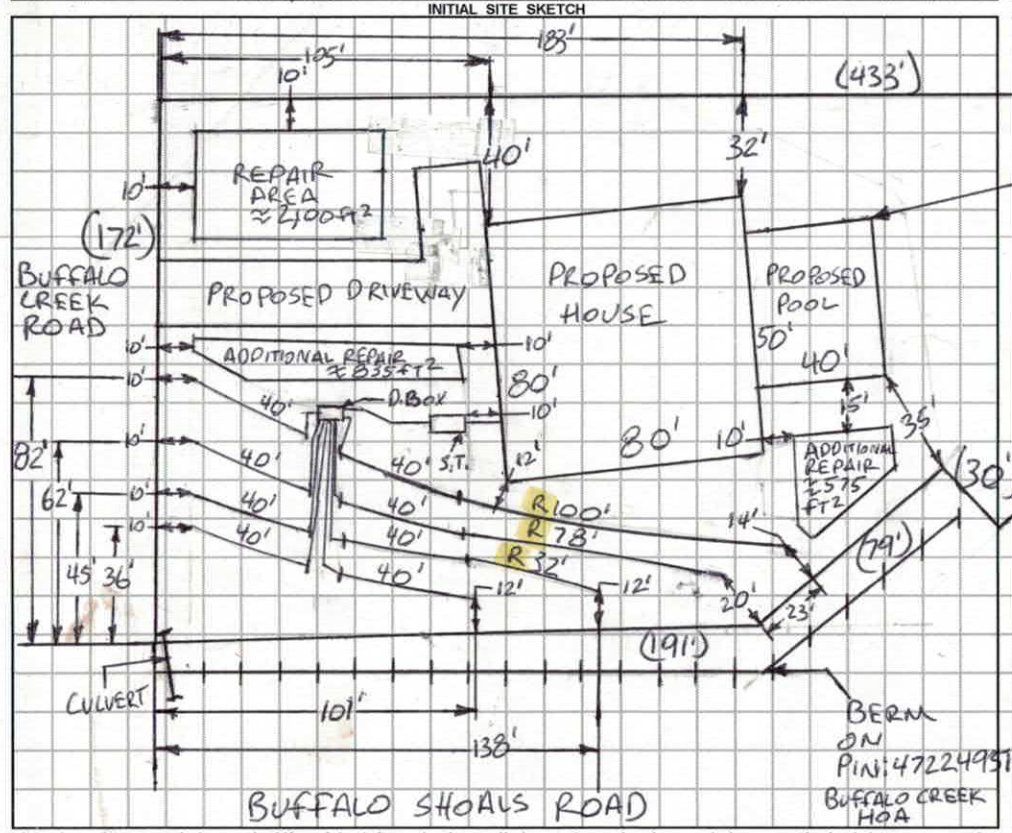
SUBDIVISION: BUFFALO CREEK SECTION: — LOT # 16 LOT AREA: 1.288AC DESIGN FLOW: 480GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	180	Date	5-19-20	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	HORIZONTAL PPBPS - GRAVITY			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	HORIZONTAL PPBPS - LPP			
# Nitrification Fields	1	# Lines	8		Linear Ft	320FT	Maintenance Agreement Required:	[ ] YES	[x] NO		
Trench Width	36IN	Trench Bottom Depth(Low side)			52IN	Gravel Depth	—	[x] GRAVITY	[ ] PRESSURE		

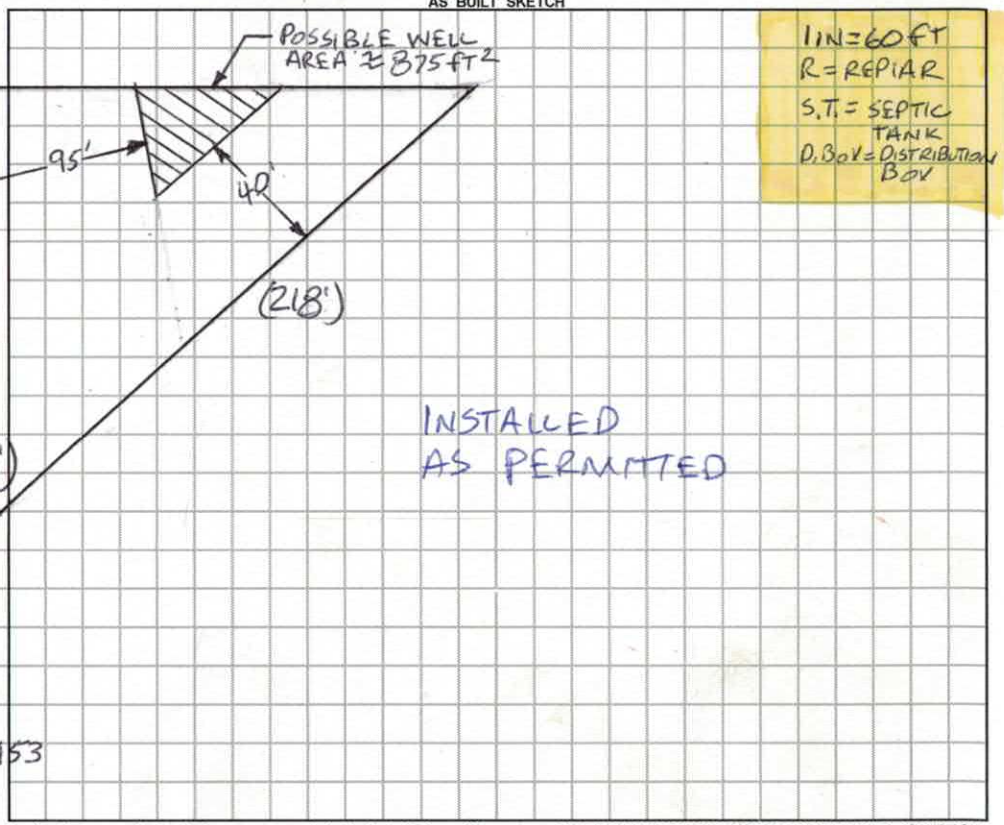
[x] Residence	No. Bedrooms	4	Water Supply
[ ] Business	No. Persons	8	[x] Private
[ ] Other	No. Employees	—	[ ] Public
[x] Slab	[ ] Crawl Space		[ ] Community
[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS UTILIZE PARALLEL DISTIBUTION, DO NOT EXCEED A 60 IN MAX TRENCH BOTTOM, DO NOT INSTALL SHALLOWER THAN A 50 IN TRENCH BOTTOM. HORIZONTAL PPBPS MUST BE VENTED - FOLLOW ALL MANUFACTERS SPECS. DO NOT CREATE MORE THAN A 2FT CUT WHEN GRADING FOR SLAB, DO NOT BACKFILL OVER SYSTEM.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Allen Brawley Date: 11-14- Installed by: BYER & LAMBERTH

IMPROVEMENT PERMIT by: Bryant C. White Date: 11-14-2019 OPERATION PERMIT by: Bryant C. White Date: 7-28-2020

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 11-14-2019 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 3
PROPERTY ID #: 4722496[illegible]
COUNTY: IREDELL

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

OWNER: ALLEN BRAWLEY
APPLICATION DATE 10-25-19
ADDRESS: 106 BUFFALO CREEK ROAD, STATESVILLE, N.C. 28677
DATE EVALUATED: 11-4-19
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 1.288 AC
LOCATION OF SITE: 106 BUFFALO CREEK ROAD, STATESVILLE, N.C. 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	Agree SP = 56 OLD TERRACE 5%	0-17	FILL	FILL	5Y 7/2 @ 17" CHROMA 2 @ 17"-38" SAP INC 37"	58"	PS II L	WETNESS 17"-38"	PS .25 BELOW 38"
		17-36	C, ABK	FI, S, P, SEXP					
		36-58	CL, WABK	FR, SS, SP, SEXP					
		58-70	SAP, MAS	VFR, NS, NP, SEXP					
2	Agree Deep LINEAR SIDE 5%	0-6	SCL, SBK	FR, SS, SP, SEXP	2.5Y 5/2 + 2.5Y 3/4 @ 11" 5Y 7/2 @ 19" CHROMA 2 @ 19"-31" SAP INC 60"	60"	PS II L	WETNESS 0-31"	PS .25 BELOW 31"
		6-33	C, ABK	FI, S, P, SEXP					
		33-60	CL, WABK	FR, SS, SP, SEXP					
		60-76	SAP, MAS	VFR, NS, NP, SEXP					
3	Agree RIDGE 3%	0-12	SCL, SBK	FR, SS, SP, SEXP	2.5Y 6/2 + 2.5Y 3/6 @ 4" + 11" 5Y 7/2 + 5Y 6/8 @ 23" CHROMA 2 @ 0"-44" SAP INC 46" + 60"	60"	PS II L	WETNESS 0"-44"	PS .25 BELOW 44"
		12-42	C, ABK	FI, S, P, SEXP					
		42-60	CL, WABK	FI, SS, SP, SEXP					
		60-80"	SAP, MAS	VFI, NS, NP, SEXP					
4	Agree HEAD 8%	0-6	SCL, SBK	FR, SS, SP, SEXP	0-30 MATRIX 10YR 5/4 10YR 5/2 @ 12" 5Y 7/2 @ 23" YIB MOTTLS CHROMA 2 @ 32"	55"	PS II L	WETNESS 0-32"	PS 0.25 BELOW 32"
		6-28	C, ABK	FI, S, P, SEXP					
		28-55	CL, WABK	FR, SS, SP, SEXP					
		55-74	SAP, MAS	VFR, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	50%
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burkett C. White
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4722496194
DATE OF EVALUATION: 10-4-2019
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 Adjacent 5	RIDGE 2%	0-9	SCL, SBK	FR, SS, SP, SEXP	0-24 MATRIX 10YR 5/4 - 10YR 5/2 @ 9" & 20" 5Y 7/2 + 5Y 6/1 @ 27" + 59" CHROMA 2+1 @ 60"	60"	PS II B L	WETNESS 0"-60"	U
6 Decent	RIDGE 3%	0-12	SCL, SBK	FR, SS, SP, SEXP	0-12 MATRIX 10YR 5/4 - 10YR 5/2 @ 6" & 10" 5Y 7/2 5Y 6/1 @ 20" & 48" CHROMA 2+1 0"-48"	48"	PS II L	WETNESS 0"-48"	PS 0.25 BELOW 48"
Adjacent 7	LINEAR SIDE 8%	0-24	SCL, ABK	FR, SSP, SEXP	0-24 MATRIX 5/4 Y/B MOTS 0-26 SAP INC 26"+	48"	PS II L	NA	PS 0.25 BELOW 24"
Decent 8	LINEAR SIDE 7%	0-7	SCL, ABK	FR, SS, SP, SEXP	5Y 7/2 @ 12", 20", 27" CHROMA 3, 2, +1 0"-27" SAP INC 27"-40"	40"	PS II L	NA	PS 0.25 BELOW 27"

COMMENTS:

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

PROPERTY ID #: 472249619
COUNTY:

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

OWNER: SEE PAGE 1 APPLICATION DATE 10-25-19
ADDRESS: DATE EVALUATED: 11-5-19
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
6		0-10	SC		24-46 1.5YR5/4 2.5Y5/3 5Y6/3				
		10-37	C ABK						
		37-46	CL wABK						
		46-64	SAP M						
		0-9	SC ABK		1.5YR 4/3 e 26 inches				
		9-24	C ABK						
		24-36	CL wABK						
		36-65	SAP M						
(3)		0-14	SC		5Y 2/1 e es 10YR3/1 es1+41				Deep
		14-42	C						
		42-60	CL						
(4)		0-10	SC		10YR5/4 1.5YR 4/3 24-34 Inches				
		10-35	C ABK						
		35-52	CL wABK						
		52-62	SAP M						

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: BEN BOTKINS
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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

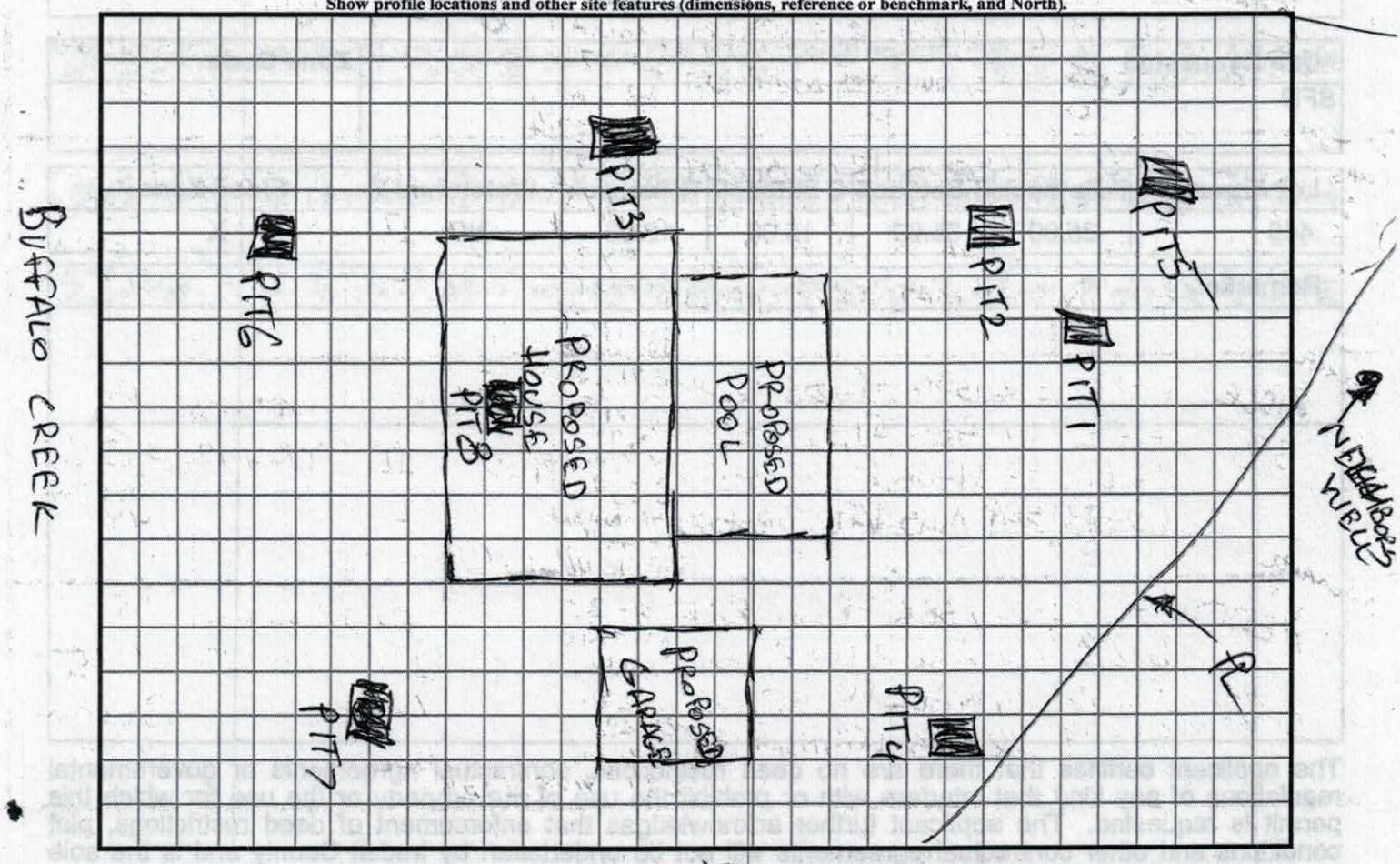
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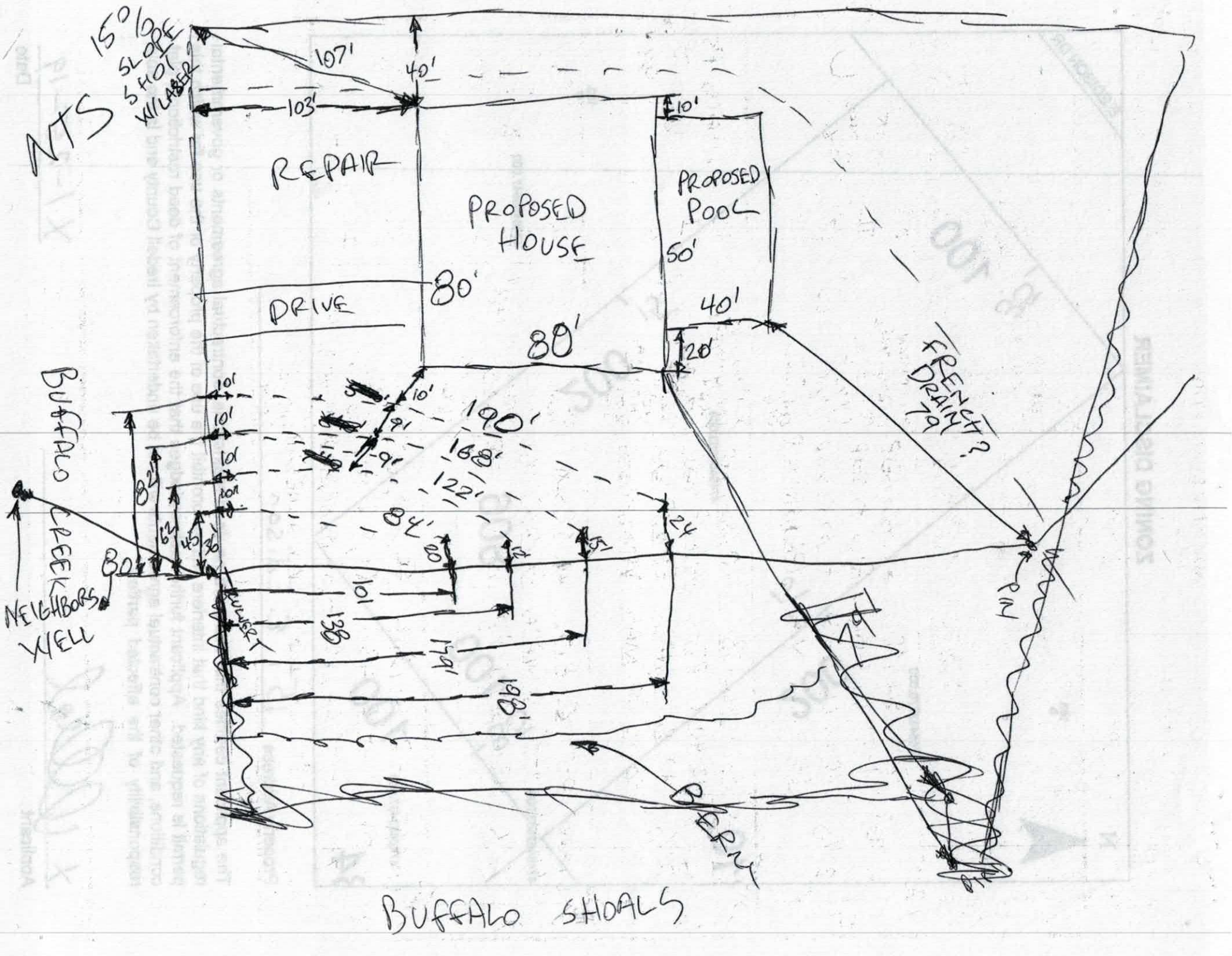
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




NTS
15% SLOPE 3 HOT XWLABER
107'
40'
103'
10'
REPAIR
PROPOSED HOUSE
PROPOSED POOL
50'
DRIVE
80'
80'
40'
20'
FRENCH DRAIN 79
BUFFALO CREEK
NEIGHBORS YELL
10'
10'
10'
10'
10'
190'
168'
122'
84'
82'
62'
45'
36'
80'
24
51
12
20
101
136
159'
198'
CULVERT
PIN
FA
BARN
BUFFALO SHOALS

AP-302058

10-25-19

$500 / $550

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: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Allen Brawley Address: 106 Buffalo Creek Rd Zip: 28677

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: allen@excusemedic.com Phone: 704-226-6583 Alt. Phone: _____

Property Information:

Street Address: 106 Buffalo Creek Drive Statesville, NC 28677

Subdivision Name: Buffalo Creek Section/Phase: 1 Lot Number: 16

Driving Directions: _____

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: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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: _____

(X) 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: _____
(X) 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?

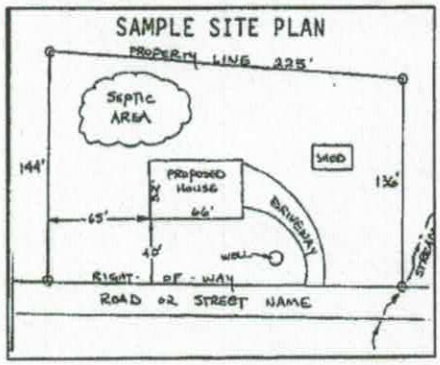
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Allen Brawley 10-25-19
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:

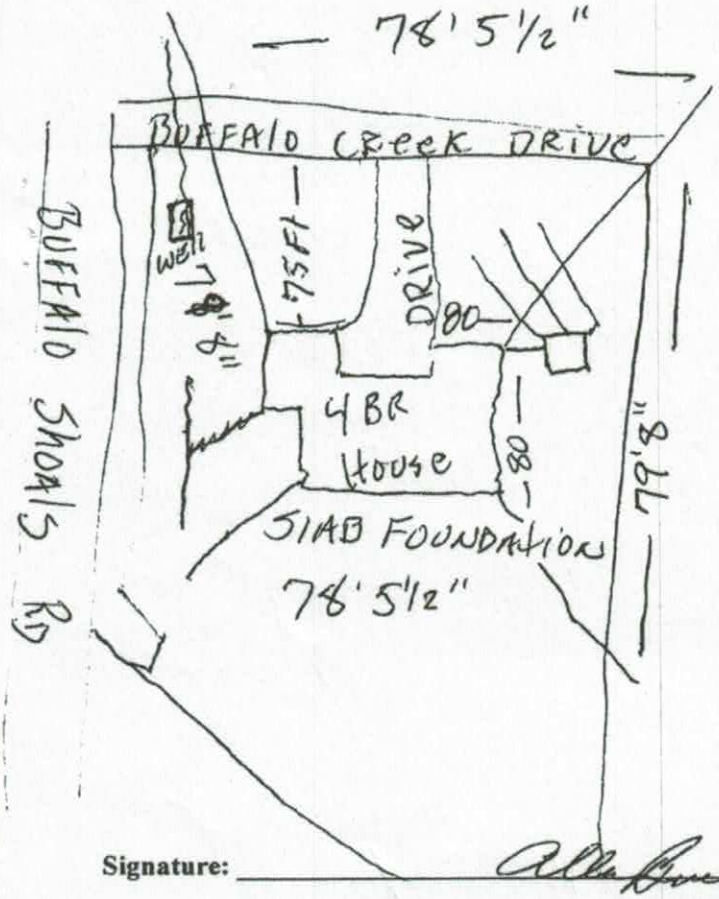
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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



Signature: _____ 10-25-19

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*) Allen Brawley

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, BARRY Allen BRAWley, am the legal owner(s) of the property located at 1066 BUFFALO CREEK DRIVE, identified as

PIN (Parcel Identification Number) 4722-49-1194, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SEIF

_____, 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

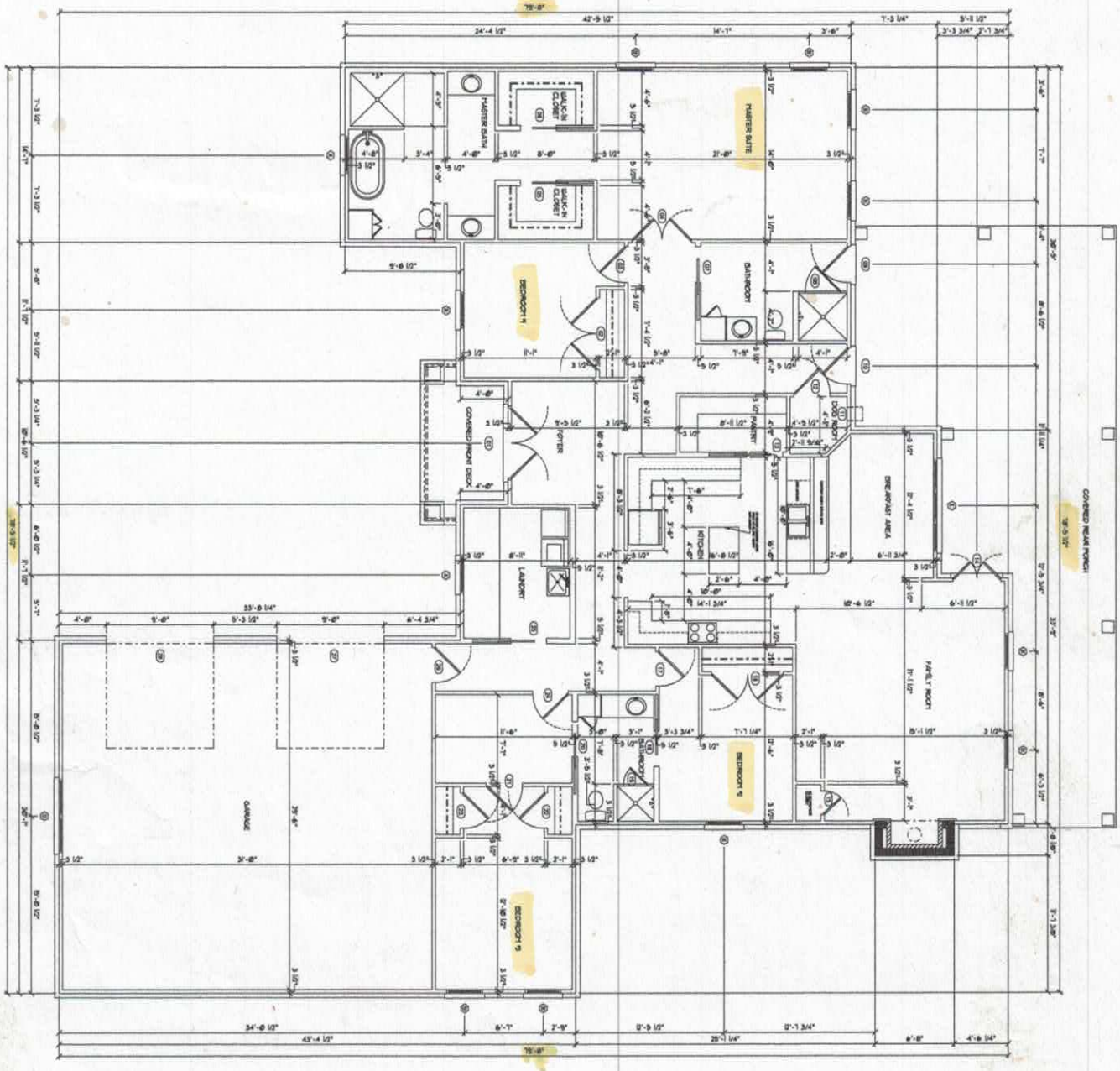
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Barry Allen Brawley
Signature of Owner(s)

10-25-19
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



Acknowledgement Of
Plans Submittal ONLY!
Buffalo Creek Date 11-4-19
Date

106 Buffalo Creek

AREA CALCULATIONS	
	HEATED SQ FT
FLOOR PLAN WITH BRICK	2568
FLOOR PLAN WITH DECK	2568
	NON-HEATED SQ FT
GARAGE WITH BRICK	541
GARAGE WITHOUT BRICK	519
COVERED DECK	98
REAR COVERED DECK	

NOTE: ALL SMOOTH SURFACE DOORS TO BE PAINTED

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

APPLICATION NUMBER
302058 Issue Date: 10/25/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4722496194.000	106 BUFFALO CREEK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: BRAWLEY BARRY A+PAULA H Address: Phone:	Name: BRAWLEY BARRY A+PAULA H Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.288	35	35	15	25	N/A	NO

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.

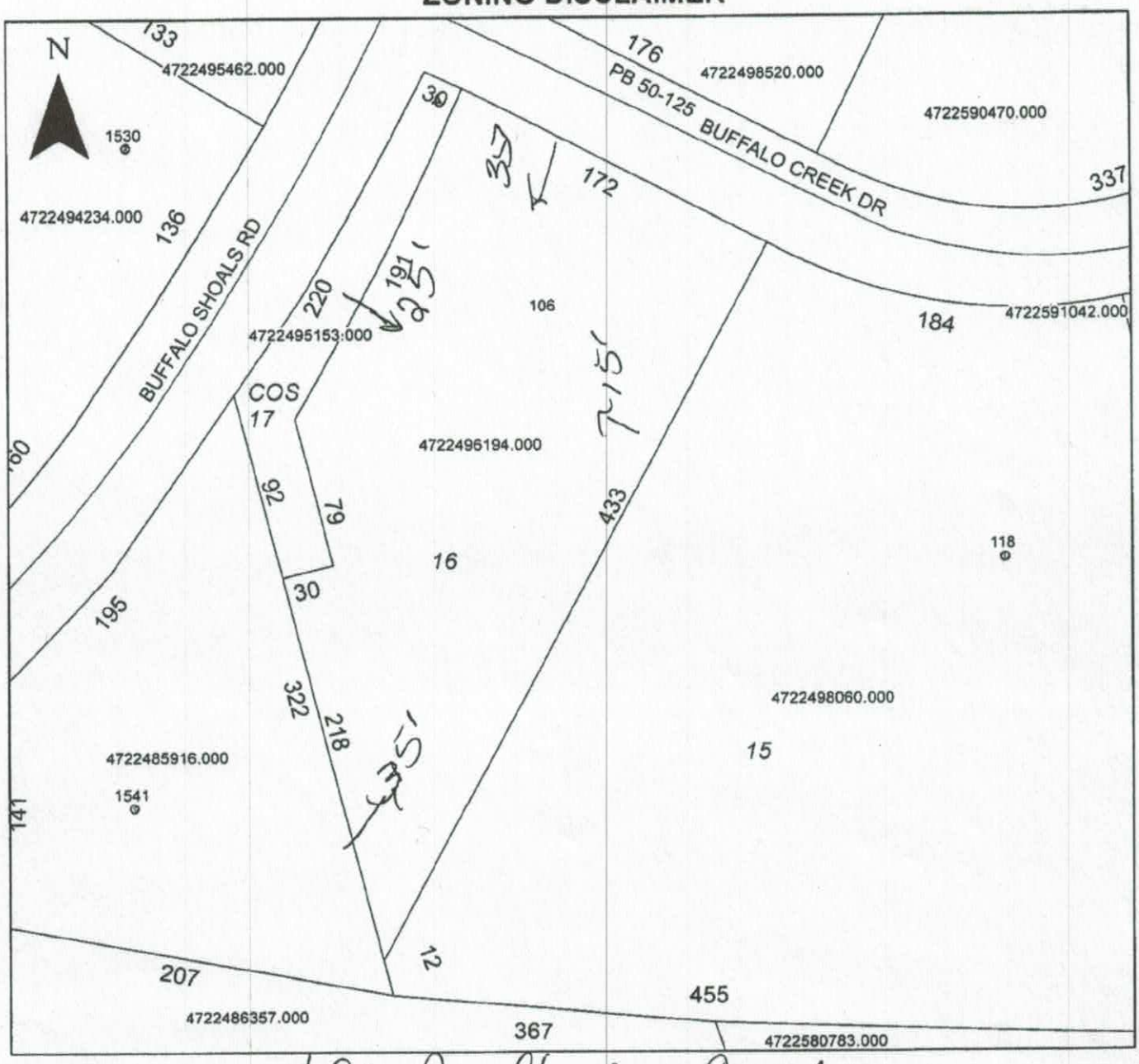
PAID

Date: 10/25/2019

Signature of Owner/Contractor

Permit Number	000652	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 106 Buffalo Creek

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.

Barry Allen Bowers

Applicant

10-25-19

Date