(BB)

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241945

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

PIN # 4722697030

APPLICANT/OWNER: Clayton Homes APPLICANT ADDRESS: 2026 Northside Dr Statesville NC 28625

SITE ADDRESS: 193 Winding Cedar Dr Statesville NC 28677 PHONE: 704 929-1552 ALT. PHONE

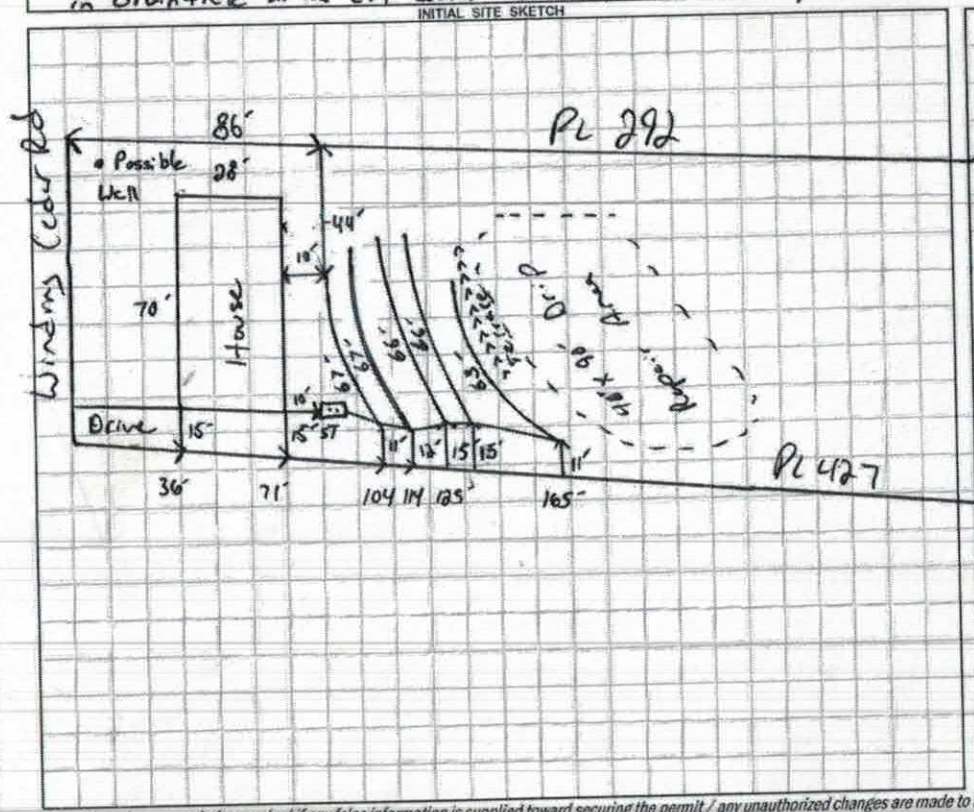
SITE DIRECTIONS: Hwy 70 S, R on Buffalo Shoals L on Davidson Rd R on Winding Cedar on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Woods SECTION: 3 LOT # 61 LOT AREA: 1.09 DESIGN FLOW: 360 gpd L.T.A.R.: .375

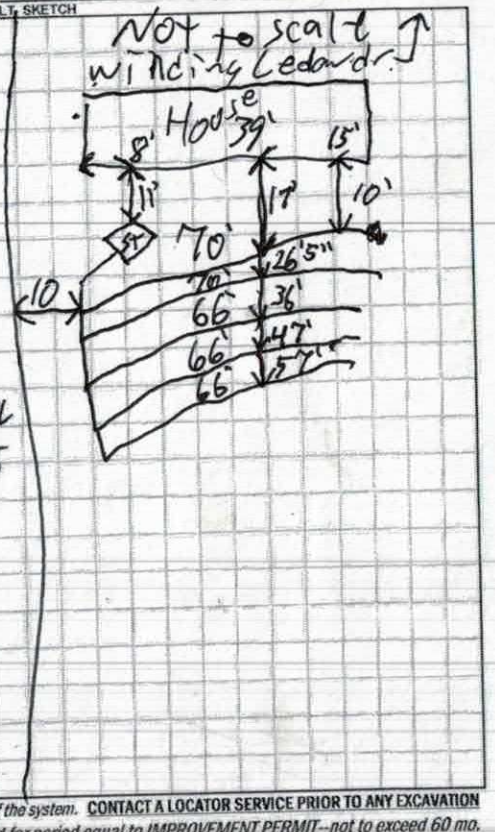
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank 1000 (gal) | STB 1012 | Date 4-9-19 | ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI | | ☒ Residence | No. Bedrooms 3 | Water Supply |
| Pump Tank (gal) | PT | Date | System Description: 25% Reduction | | ☐ Business | No. Persons 6 | ☒ Private |
| Pump Make | Model | Serial # | Repair System Description: Drip? | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields 1 | # Lines 5 | Linear Ft 329' | Maintenance Agreement Required: ☐ YES ☒ NO | | ☐ Slab | ☒ Crawl Space | ☐ Community |
| Trench Width 36" | Trench Bottom Depth(Low side) 18" Max | Gravel Depth - | ☒ GRAVITY ☐ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

Comments / Conditions: Install Drainlines on Center of land and use Serial distribution. Do not pave, grade, park, or bury utilities in drainfield area. Cut down terrace to maintain positive drainage.

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.* ☐ **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: 3-12-19 Installed by: Stevey

IMPROVEMENT PERMIT by: Date: 3-11-19 OPERATION PERMIT by: Patrick J Boyle III Date: 06/14/19

AUTHORIZATION TO CONSTRUCT by: Date: 3-11-19 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 inspector 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 2
PROPERTY ID #: 472269703 0
COUNTY: Iredell

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

OWNER: Edgar Romero
APPLICATION DATE 2/4/19
ADDRESS: 193 Winding Cedar Dr
DATE EVALUATED: 3/8/19
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.09
LOCATION OF SITE: 193 Winding Cedar Dr
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 | 4-5% | 0-12 | SBk SCL | Fr SSSPSemp | N/A | 48" | Sap Imp @ 42" | / | .275 |
| | | 12-28 | SBk ABk C | / | | | | | |
| | | 28-48 | SBk CL | / | | | | | |
| 2 | 4-5% | 0-14 | Fill | Fr SSSPSemp | N/A | 48" | N/A | 0-14 Fill | .275 |
| | | 14-24 | SBk SCL | / | | | | | |
| | | 24-48 | ABk C | / | | | | | |
| 3 | 4-5% | 0-12 | SBk SC | Fr SSSPSemp | F/B Mottles @ 32" | 48" | N/A | Platy @ 32" | .275 |
| | | 12-32 | SBk SCL | / | | | | | |
| | | 32-48 | Strong ABk Platy C | / | | | | | |
| 4 | 4-5% | 0-15 | SBk SC | Fr SSSPSemp | N/A | 48" | N/A | N/A | .275 |
| | | 15-34 | SBk C | | | | | | |
| | | 34-48 | SBk CL | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 327' | 3600 sq ft Drip |
| System Type(s) | 2sp. | Drip |
| Site LTAR | .275 | .1 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
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)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay) | 0.4 - 0.1 | 0.2 - 0.05 | | |
| | | O (Organic) | None | None | | |

| MOIST | WET |
|---|---|
| VFR (Very Friable) | NS (Non-sticky) |
| FR (Friable) | SS (Slightly Sticky) |
| FI (Firm) | S (Sticky) |
| VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| 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.

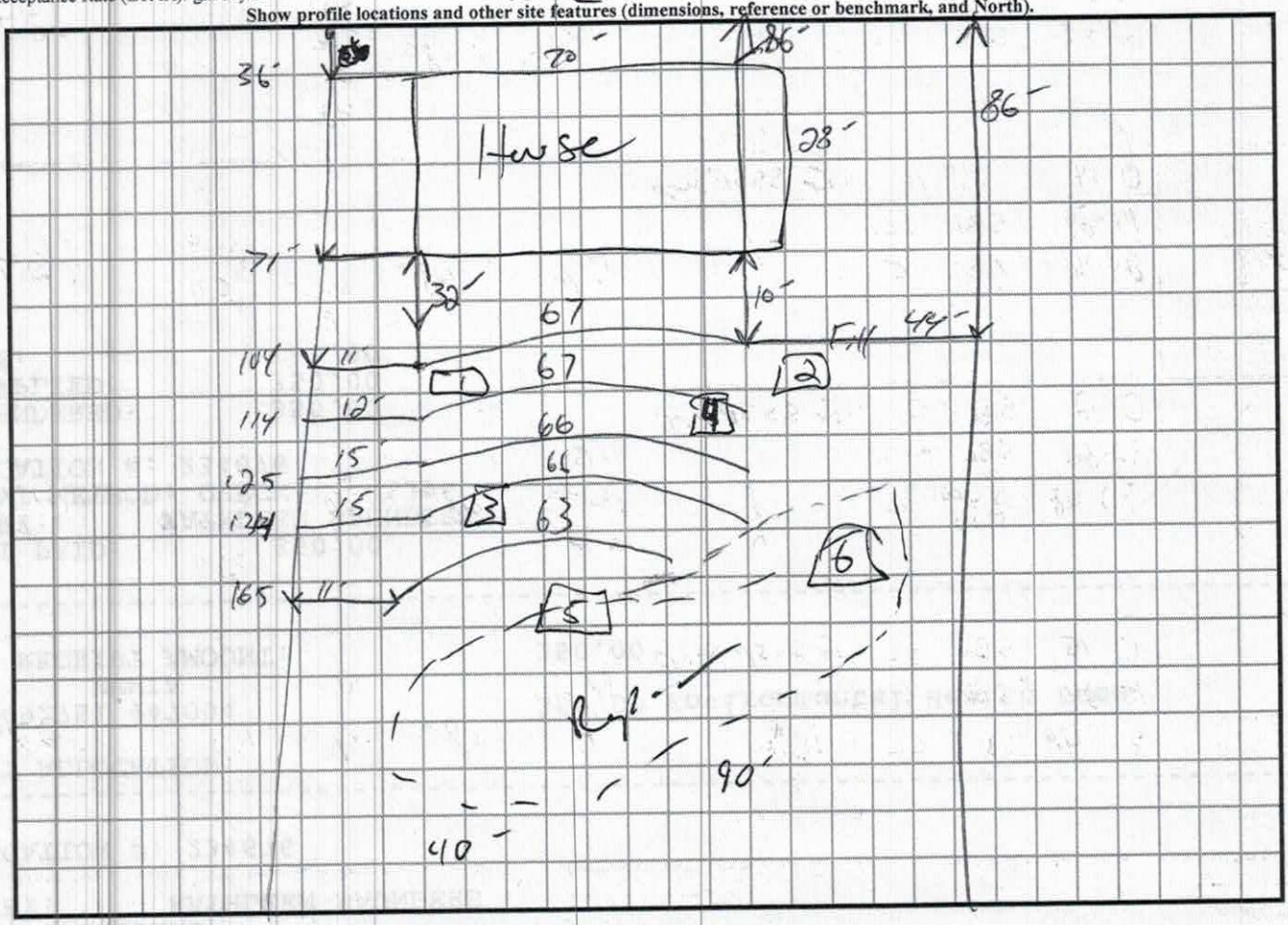
***NOTES***

| | |
|---|---|
| *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/ft²

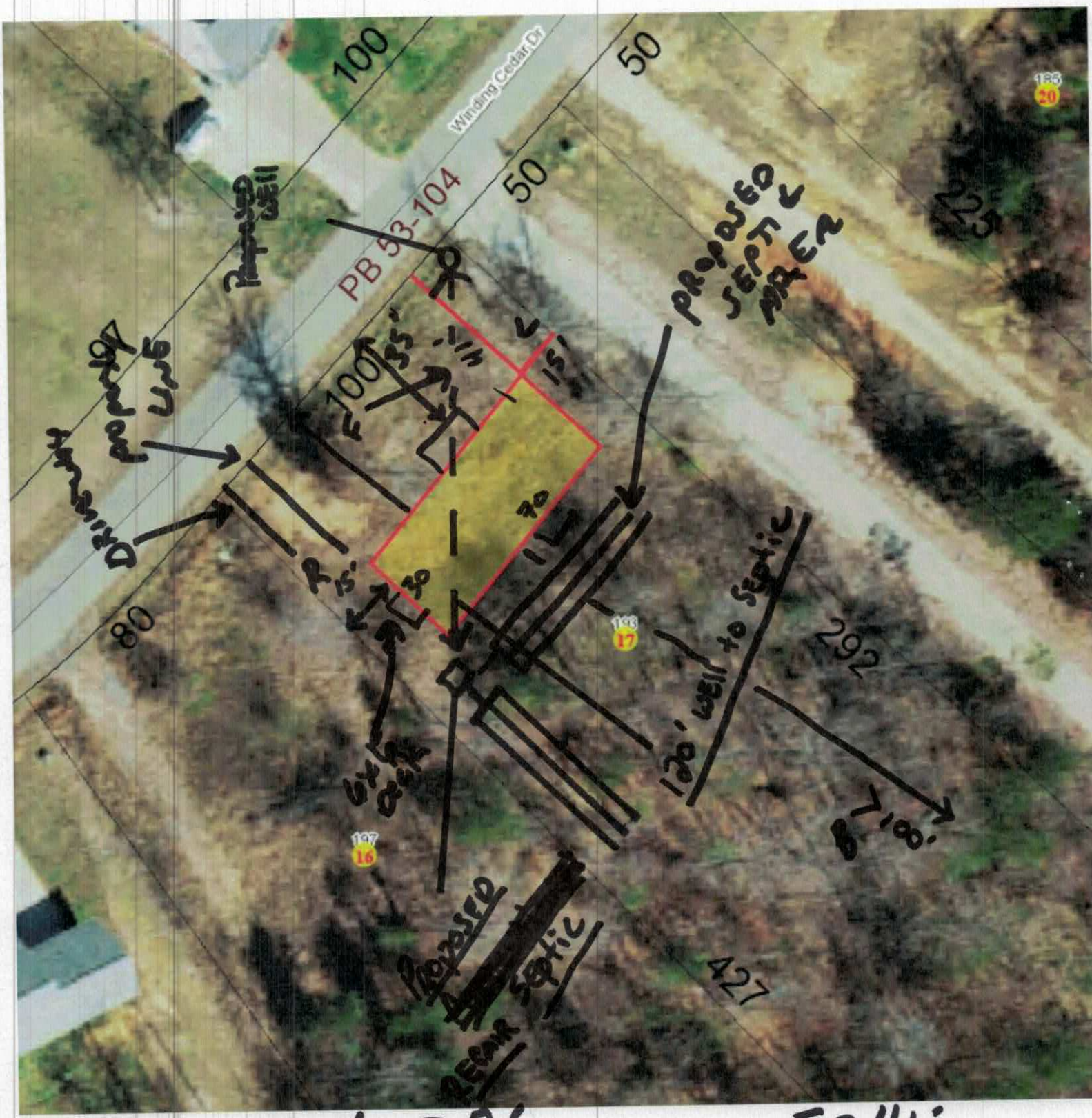
**Show profile locations and other site features (dimensions, reference or benchmark, and North).**




Max
18" Trench Bottom

PIN: 4730-49-4118 SOLD 12 OAKS

193 Winding Cedar Dr OFF FRANK Mock
Statesville, NC 28677




HOUSE BOX 70'X28'

F = 41'

BOX 70'X30'

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


PROPERTY ID #: 472269703O
COUNTY: Iredell

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

OWNER: Edgar Romero
APPLICATION DATE 2/4/19
ADDRESS: 183 Winding Cedar
DATE EVALUATED: 3/5/19
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 1.09
LOCATION OF SITE: 183 Winding Cedar Dr
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) 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 | 4-5% | 0-12 | SBK SCL | Fr SSSP Serp | Chroma 10YR 6/2 @ 22" | 48" | W/A | Plinthite @ 30" Tight dirt @ 24" | .1 Dr. P |
| | | 12-24 | SBK C | ↓ | | | 48 | | |
| | | 24-48 | SBK CL | ↓ | | | | | |
| 2 | 4-5% | 0-3 | SBK SCL | Fr SSSP Serp | N/A | 48" | N/A | N/A | .275 |
| | | 3-22 | ABK C | ↓ | | | | | |
| | | 22-48 | SBK CL | ↓ | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 327 | 3600 sq ft |
| System Type(s) | 25% | Dr. P |
| Site LTAR | .275 | .1 |

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

COMMENTS:

RECEIVED FEB 1 1 2018 # 241945

Email copy to file

**IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION Application for SEPTIC REPAIR PERMIT**

Paid $500.00

*(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 ___ 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* ✓Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

| | | | |
|---|---|---|---|
| Clayton Homes<br>Applicant Name | 2026 North Side Dr<br>Statesville, NC 28625<br>Mailing Address | Site Coordinator Adam Casstevens<br>704-929-1552<br>Home Phone # | N/A<br>Alternate Phone # |
| Edgar Romero<br>Owner Name | 8908 Mackenzie Ct<br>Charlotte, NC 28227<br>Mailing Address | N/A<br>Home Phone # | N/A<br>Alternate Phone # |

4. **Property Information:**

| | | |
|---|---|---|
| 193 Winding Cedar Dr<br>Statesville, NC 28677<br>Street Address | Davidson Woods<br>Subdivision Name | #61<br>Section/Phase and Lot Number |

Driving Directions: SEE ATTACHED

PAID

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — (✓) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 2 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

**IF Non-Residential Site Development:** Type of Business; Square Footage of Building; Maximum Number of Employees; Maximum Number of Seats

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ Year
( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other 25%

8. **Please Answer The Following** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
**To The Best of Your Ability:** ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** _____ CMH Statesville — 2/4/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

S:\Shared\EH_Admin\OSWW\Application for New or Existing System

MH 2/4

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Edgar Romero, am the legal owner(s) of the property located at 193 Winding Cedar Drive, Statesville NC 28677, identified as PIN (Parcel Identification Number) 4722-69-7030, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) NC Land and Lots, LLC Clayton 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.

X _____ _____ _____ 2-7-19

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:


**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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

## *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***

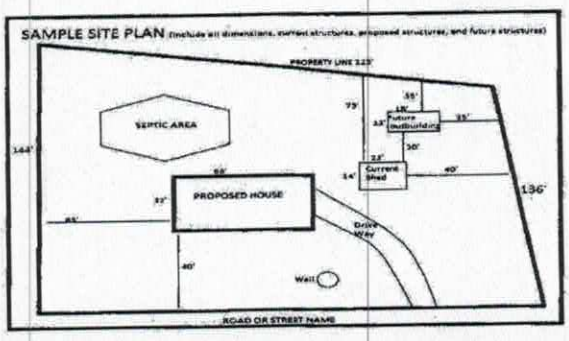
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

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:**

X **Location of septic systems and wells within 100' of your property… N/A**

N/A **Location of easements and rights of ways on your property… N/A** N/A **Location of any designated wetlands on the property… N/A**




**USE THIS SPACE TO DRAW YOUR SITE PLAN**

SEE ATTACHED

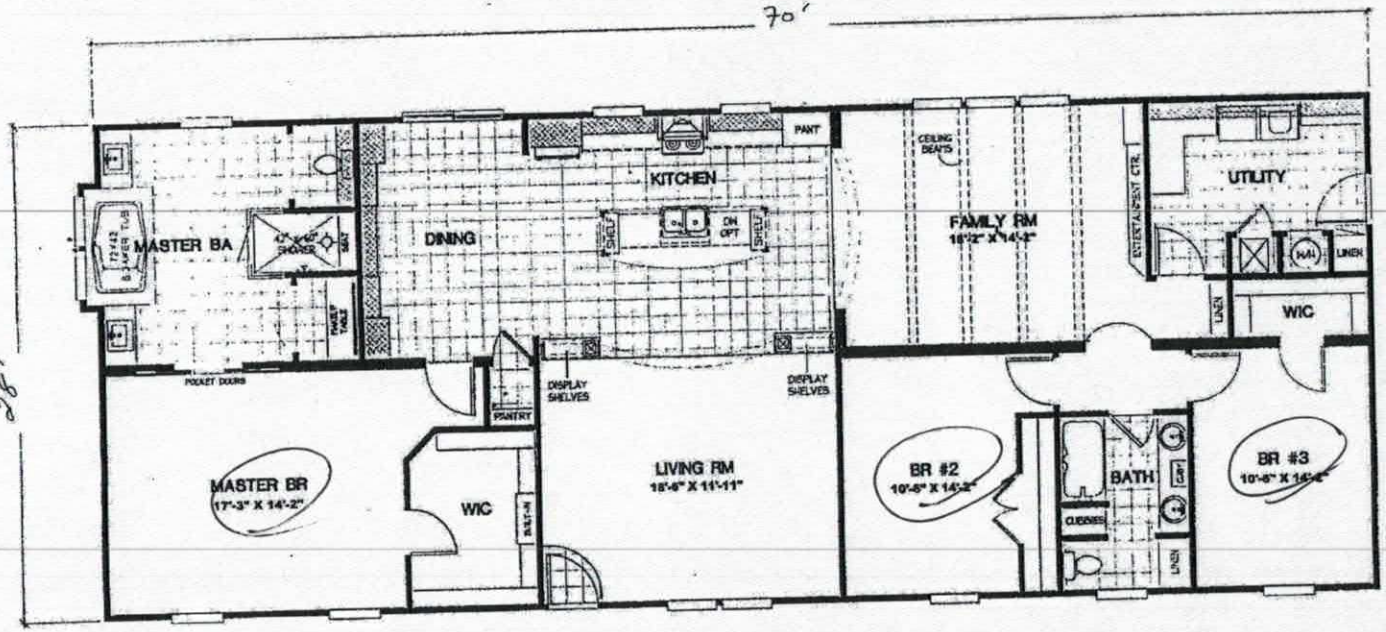
**Signature:** _____ 2/4/19

*REQUIRED* **property owner or owner's legal representative signature.** **DATE**

S:\Shared\EH_Admin_DSNW\ Application for New or Existing System

# CAESARS PALACE

Floor plan




Acknowledgement Of
Plans Submittal ONLY!

Date 3-11-19

Date

CMH STATESVILLE

# ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

***The following items must be completed PRIOR to the SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.***

*** Initial each statement to indicate you have read and agree. ***

✓ **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

✓ **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

✓ Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

✓ **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

✓ Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

✓ In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

***Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.***

**By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.**

**Signature** _____ **Date** 2/4/19

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

**Statesville Office**
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

**Mooresville Office**
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 241945 |
| Issue Date: 02/04/2019 |

**ZONING PERMIT**
Open Space

FILE COPY

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4722697030.000 | 193 WINDING CEDAR DRIVE, STATESVILLE, NC | IREDELL COUNTY |

| Owner Information | | Applicant Information | |
|---|---|---|---|
| Owner: | ROMERO EDGAR+MARIA | Applicant: | CLAYTON HOMES OF STATE |
| Address: | 2608 WILLIAMS RD | Address: | 2026 NORTHSIDE DR |
| | STATESVILLE, NC 28105 | | STATESVILLE, NC 28677 |
| Phone: | | Phone: | |

| Use Requested | Zone Code |
|---|---|
| MODULAR | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.090 | 35.00 | 35.00 | 15.00 | 15.00 | NOT | X |

**Remarks:**

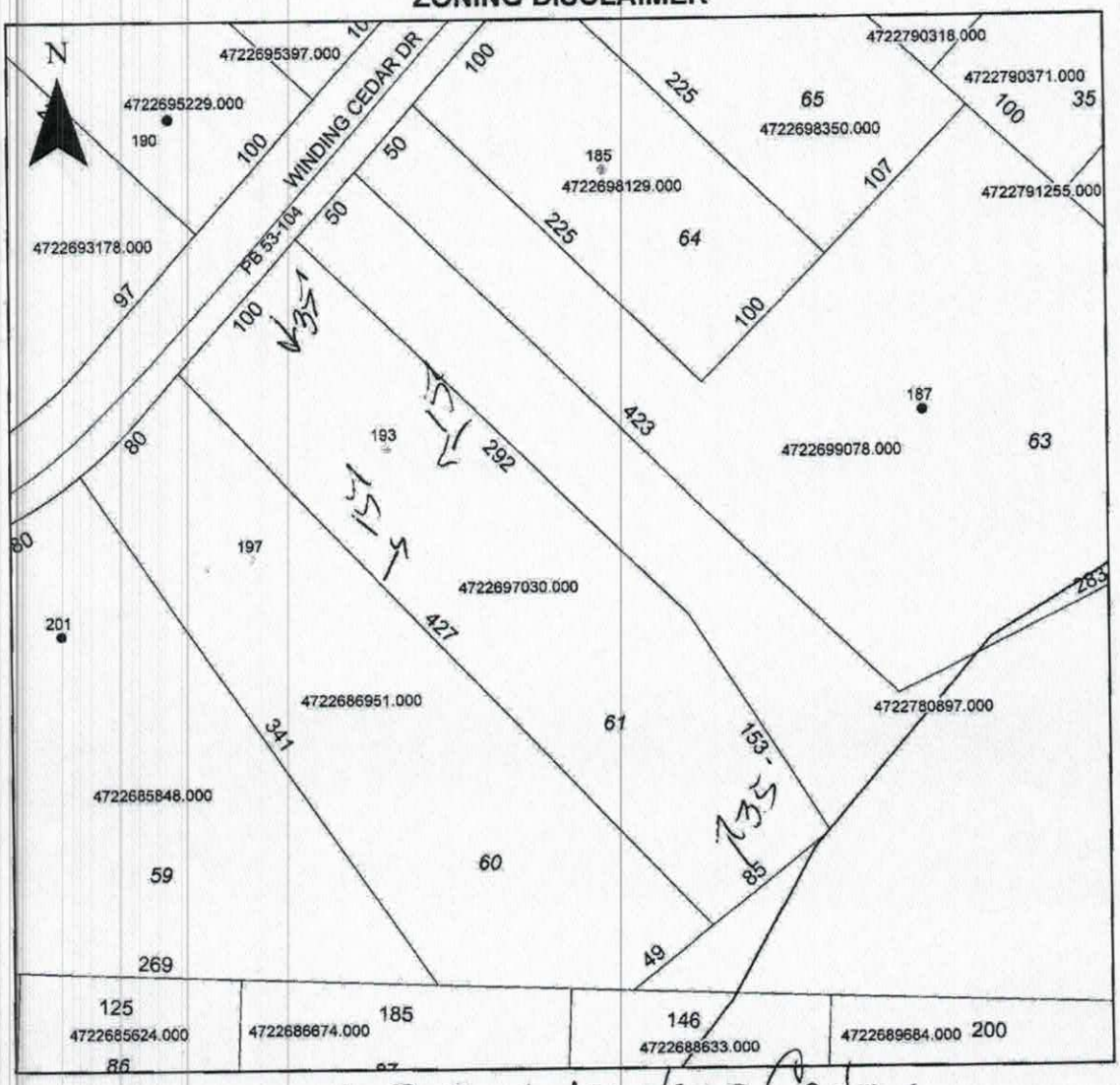
PAID
✓ 166516
2/4

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.

Applicant: _____ 2 Attached Date: _____

| Permit Number | 166516 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

## ZONING DISCLAIMER




Property Address 193 Winding Cedar

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.

CMH STATESVILLE

Applicant

2/4/15

Date