IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235551

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

PIN # 4730-06-5295

APPLICANT/OWNER: Michael E. Tsitouris APPLICANT ADDRESS: 465 Hicks Creek Rd. Troutman, NC 28166

SITE ADDRESS: 465 Hicks Creek Rd. Troutman, NC 28166 PHONE: 704-902-4593 ALT. PHONE

SITE DIRECTIONS: Perth Rd to State Park Rd → R on Hicks Creek → Lot on Right SAP CONTROLLED: ☒ YES ☐ NO

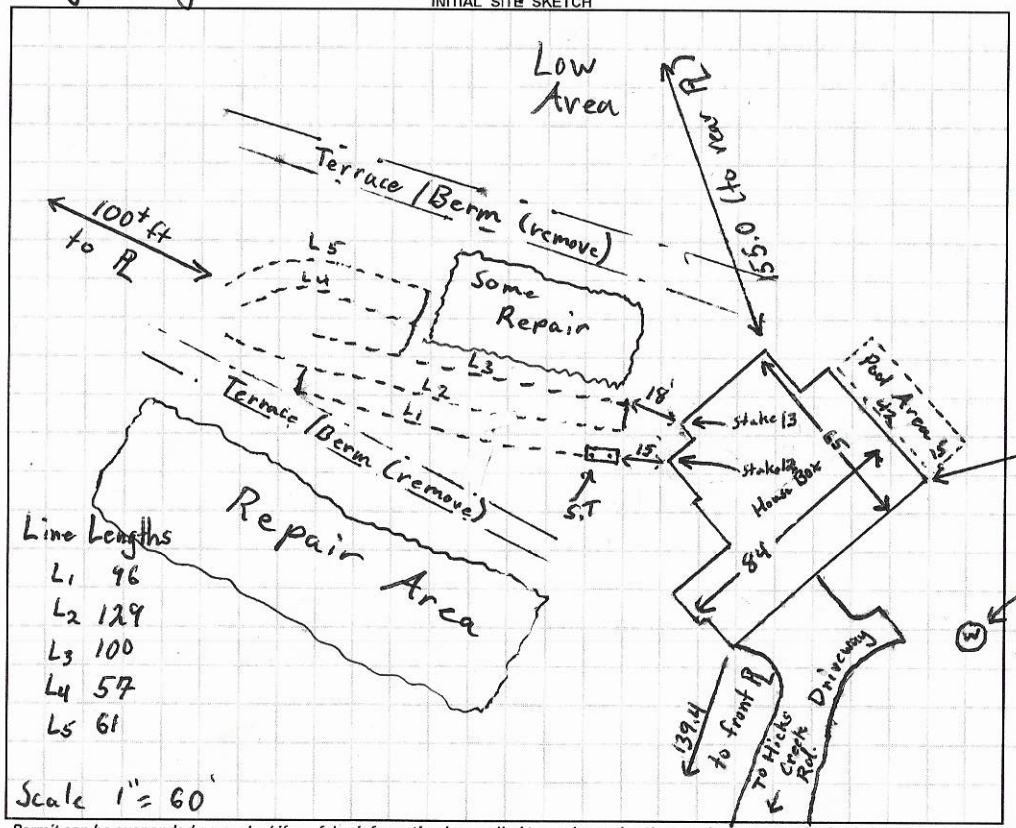
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 5.19 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB	infiltrator	Date	plastic	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	PM - 25% Reduction			
# Nitrification Fields	1	# Lines		5	Linear Ft:	437	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)		18"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

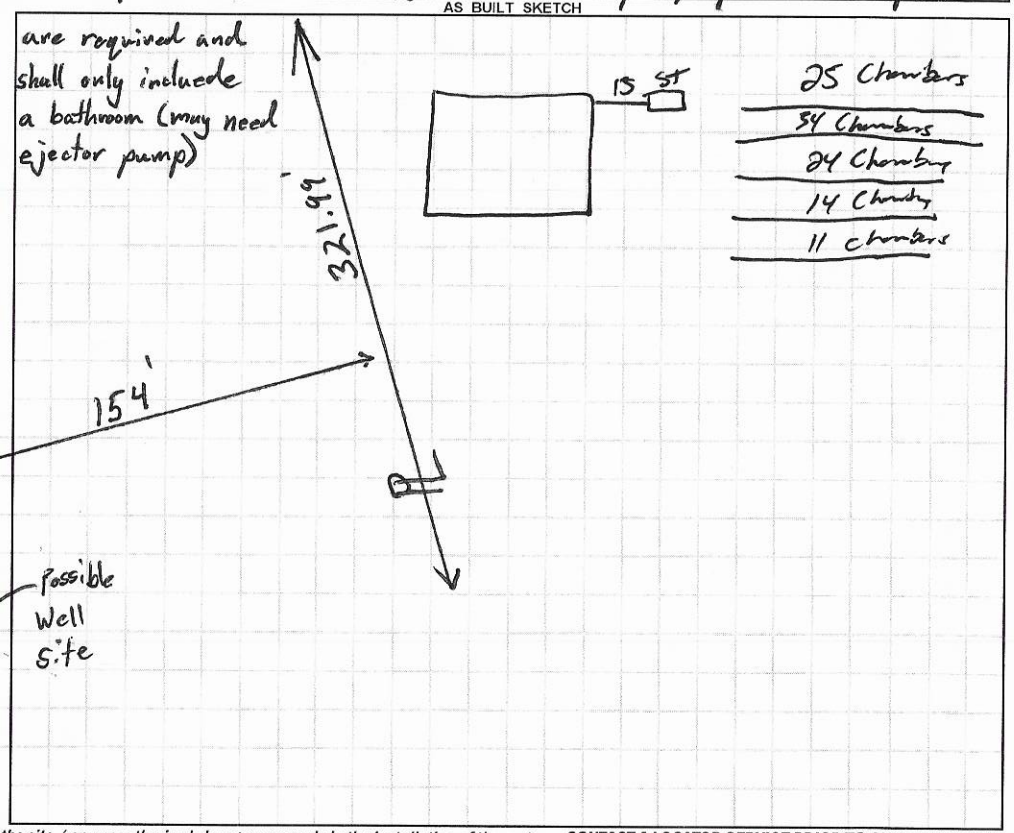
☒ Residence	No. Bedrooms	4	**Water Supply**		
☐ Business	No. Persons	8	☒ Private		
☐ Other	No. Employees		☐ Public		
☒ Slab	☐ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Though 443 l.f. of line has been laid out, only 437 need be installed. Recommend pumping septic tank every 3-5 years. Remove terrace/berms from above + below septic area. DO NOT SPREAD IN PRIMARY or REPAIR AREAS. No other grading or cuts in or around septic area. If a pool house is desired to serve the pool, separate floor plans are required and shall only include a bathroom (may need ejector pump)

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: 12/13/18 Installed by: Chris Frye

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/13/18 OPERATION PERMIT by: Date: 8-22-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/13/18 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4736-06-5720
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Michael E. Tsitouris
ADDRESS: 465 Hicks Creek Rd. Troutman
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 465 Hicks Creek Rd Troutman
APPLICATION DATE: 5/11/18
DATE EVALUATED: 11/23/18
PROPERTY SIZE: 5.19 acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 19%	0-9	SCL V.W. SBK			35			0.30 PS
		9-25	Clay M-W. SBK/ABK						
		25-35	Clay W. SBK Loam some SP/ mica						
		35-64	MA Loamy/Clay Sprot.tic						
2	LSS 20%	0-7	SCL V.W. SBK			38			0.30 PS
		7-26	Clay M. SBK/ABK	Sl. Firm Sticky Sp. Sp					
		26-38	Clay Loam W. SBK	Sl. Friable SS, Sp, Sp					
		38-62	MA Loamy/Clay Saprolite						
			Coarse angular gravels 40-50"						
3	Foot Slope 12%	0-9	SCL V.W. SBK		H2O Bleeding in @ 10-14" (recent rain)				0.30 PS
		9-27	Clay W-M SBK/ABK	Sl. Firm Sticky, Sp, Sp					
		27-61"	Clay Loam W. SBK common mica	Friable SS, Sp, Sp					
4	LSS 19% Above Low Area	0-19	SCL		Chroma/ Redox 34"-53"				0.275 Shallow
		19-39	Clay M. SBK/ABK						
		39-62"	Clay V.W. Loam SBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	443'	500+
System Type(s)	25% Reduction	Same
Site LTAR	0.275	0.30

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

COMMENTS:

L1 P 96' 5.05
L2 W 104 6.76 +25'
L3 P 100 8.55 [5.34]
L4 W 57 [6.54]
L5 P 61 [7.72]

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: See Page 1 APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 465 Hicks Creek Rd 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)		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	
1									
2									
~~3~~ 5	LSS 14% Upper Area	0-11	scl vw. sbk	sl. friable, sss, so exp		61"			0.325
		11-24	clay w-m sbk/abk	sl. firm, sticky, so exp					
		24-61	clay loam w. sbk	sl. friable, ss, so exp					
			Sap inclusions						
			36"-48" common						
4									

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

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

OMMENTS: _____

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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.

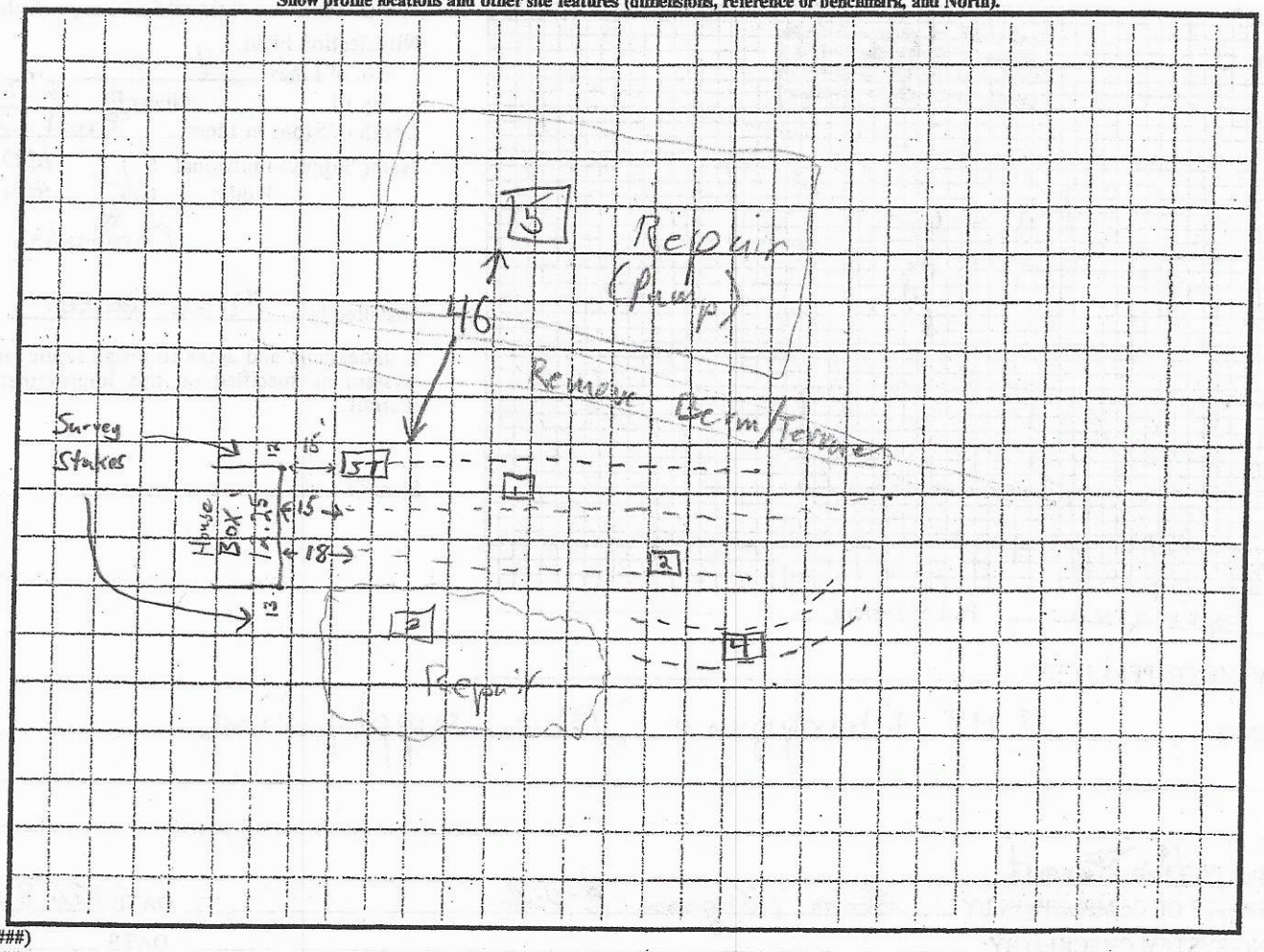
NOTES

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/ft^2

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



DENR (######)
Review (#####)

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Michael E. Tsitouris Address: 465 Hicks Creek Rd Zip: 28166
Applicant Email: michaelteresa1@bellsouth.net Phone: 704-902 4593 Alt. Phone: _____
Owner Name: Michael & Teresa Tsitouris Address: 465 Hicks Creek Rd Zip: 28166
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 465 Hicks Creek Rd. Troutman N.C 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: State Park Rd. - R on Hicks Creek Rd. 1/2 mile on Right

PAID mH 5/11/18 Check #1

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

CHECK FOUNDATION TYPE

(✓) 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: 6
(✓) Swimming Pool
( ) Other Addition/Structure: _____
( ) 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 ( ) City Water ( ) Other Public Water

Met

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: _____ 5/11/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

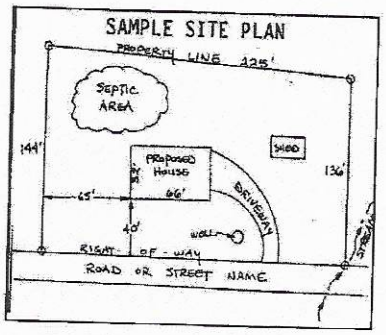
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

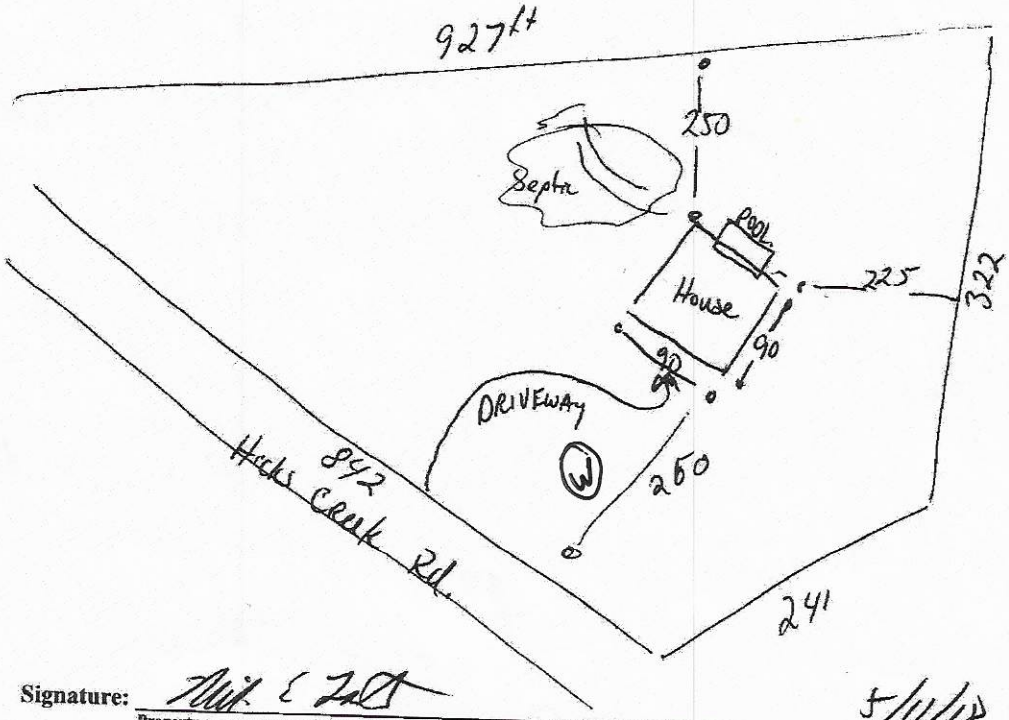


Circle N/A on the following if appropriate:

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

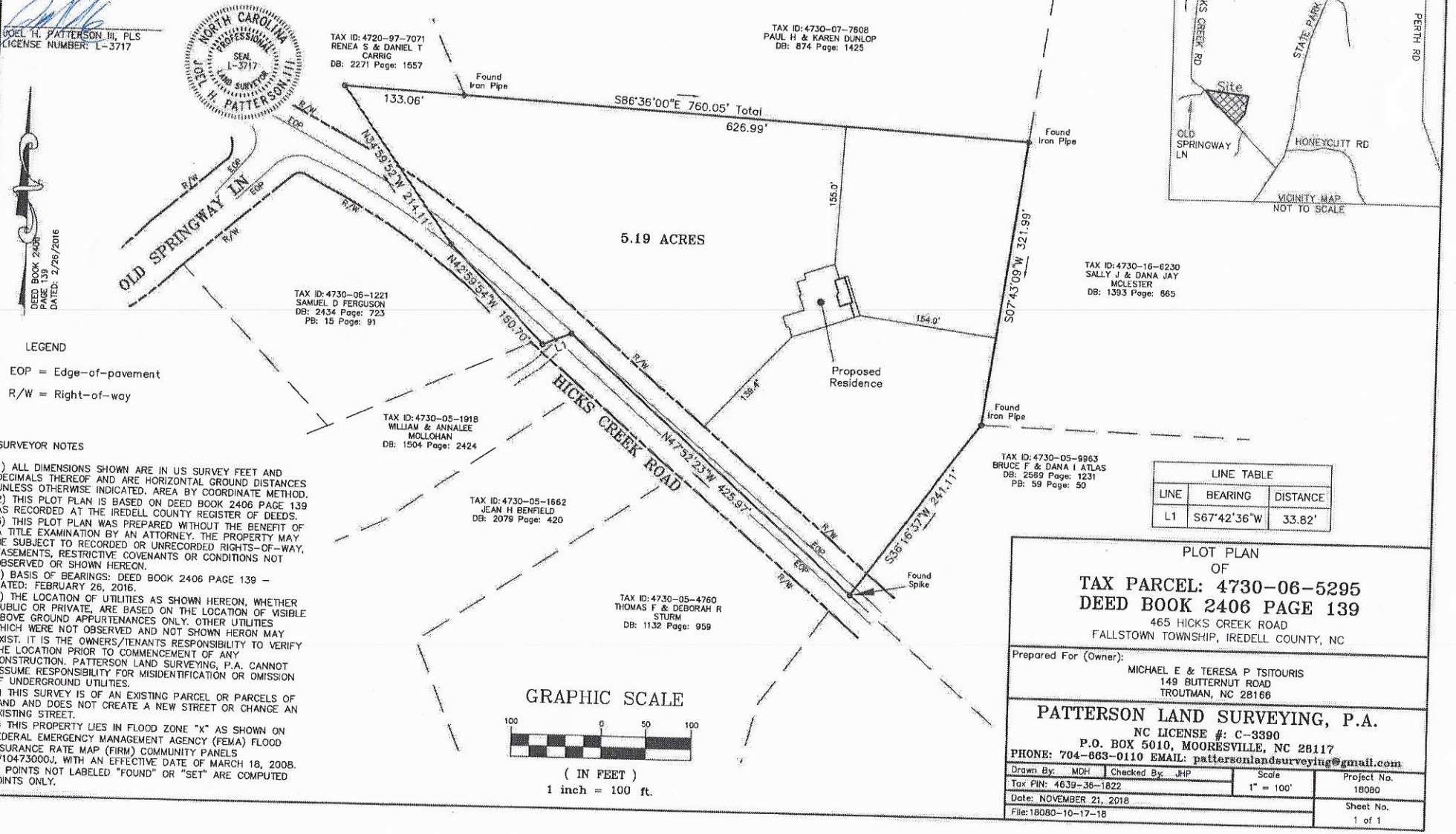
5/11/18
DATE

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2 ; BOOK ___, PAGE ___; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600); WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 21 DAY OF NOVEMBER, 2018.

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

DEED BOOK 2406
PAGE 139
DATED: 2/26/2016



LEGEND

EOP = Edge-of-pavement

R/W = Right-of-way

LINE TABLE		
LINE	BEARING	DISTANCE
L1	S67°42'36"W	33.82'

SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2) THIS PLOT PLAN IS BASED ON DEED BOOK 2406 PAGE 139 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3) THIS PLOT PLAN WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4) BASIS OF BEARINGS: DEED BOOK 2406 PAGE 139 - DATED: FEBRUARY 26, 2016.
5) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
6) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
7) THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANELS 3710473000J, WITH AN EFFECTIVE DATE OF MARCH 18, 2008.
8) POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.

GRAPHIC SCALE

100 0 50 100

(IN FEET)
1 inch = 100 ft.

PLOT PLAN
OF
TAX PARCEL: 4730-06-5295
DEED BOOK 2406 PAGE 139
465 HICKS CREEK ROAD
FALLSTOWN TOWNSHIP, IREDELL COUNTY, NC

Prepared For (Owner):
MICHAEL E & TERESA P TSITOURIS
149 BUTTERNUT ROAD
TROUTMAN, NC 28166

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com

Drawn By: MDH	Checked By: JHP	Scale 1" = 100'	Project No. 18080
Tax PIN: 4639-36-1822			
Date: NOVEMBER 21, 2018			Sheet No. 1 of 1
File: 18080-10-17-18			

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)* Michael L Tsitouris

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, Michael L Tsitouris, am the legal owner(s) of the property located at 465 Hicks Creek Rd Troutman 28166, identified as

PIN (Parcel Identification Number) 4730-06-5295, located in Iredell County, North Carolina.

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

_____, 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.

Michael L Tsitouris
Signature of Owner(s)

5/11/18
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

Thomas Shuck

From: Thomas Shuck
Sent: Wednesday, May 23, 2018 8:46 AM
To: 'joel@plspanc.com'
Cc: 'michaelteresat@bellsouth.net'
Subject: 465 Hicks Creek project (Mike Tsitouris)
Attachments: BRN30055CCFE2D6_20170330_200531_005346.pdf

Joel,

Please see the attached PDF. Again, I am not sure as to the location/orientation of their house box, but this should guide you in the right direction. Obviously if they haven't marked the box, there wouldn't be much sense in your going out there. It would be helpful that the two points along that northern property line which are to be staked are a known distance from a particular property corner (front or rear). I've CC'd mike on this so he can make any comments or suggestions regarding my sketch.

Once these are done I should be able to contact Mike for setting up a machine for soil testing/septic layout purposes. Let me know if you have any questions.

Sincerely,
Tom Shuck
704-902-4489

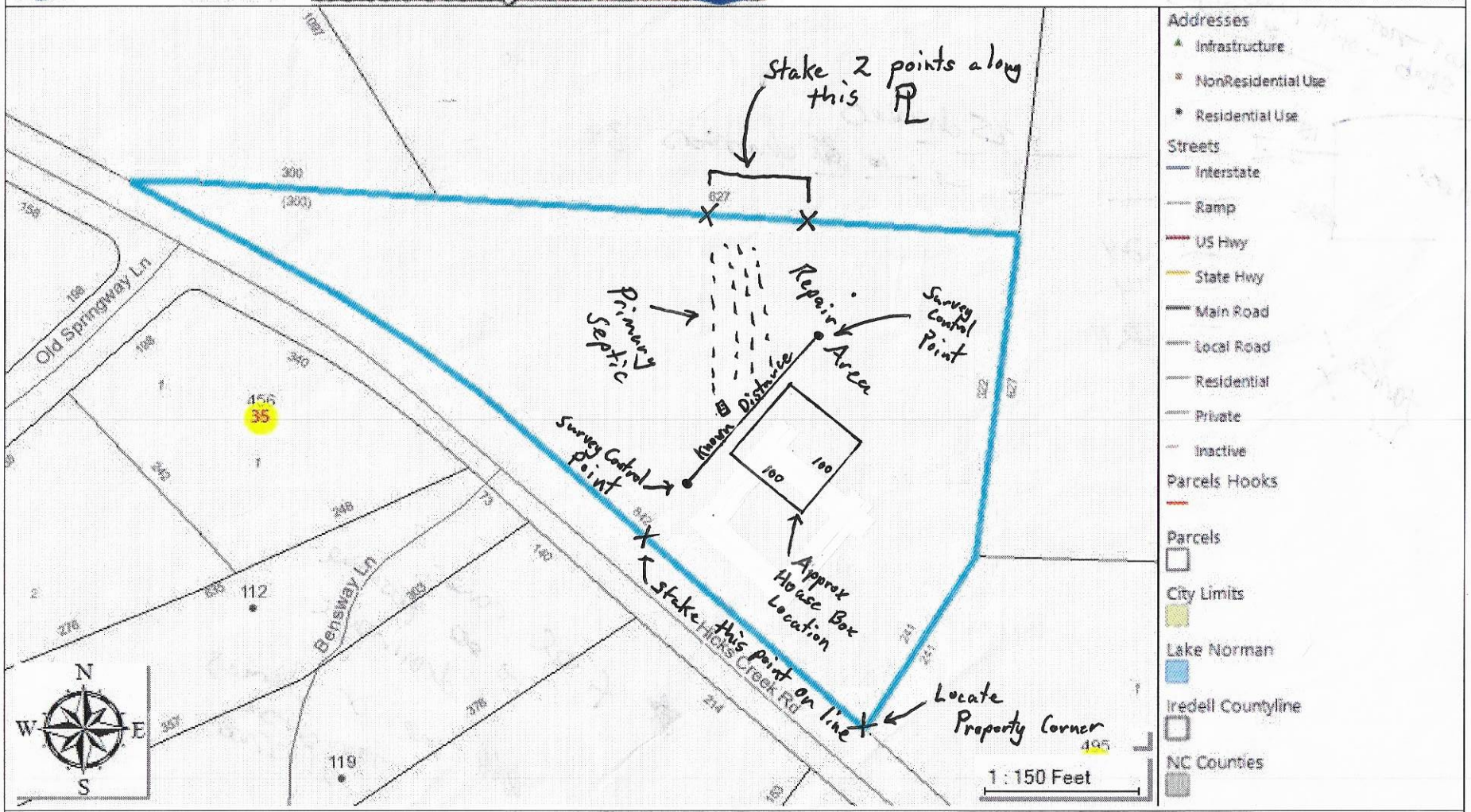
-----Original Message-----
From: mvehscanner@co.iredell.nc.us [mailto:mvehscanner@co.iredell.nc.us]
Sent: Thursday, March 30, 2017 9:06 PM
To: Thomas Shuck <thomas.shuck@co.iredell.nc.us>
Subject: Scan from Mooresville EH Scanner

Do not reply to this message

CONNECTGIS WEB HOSTING

Iredell County

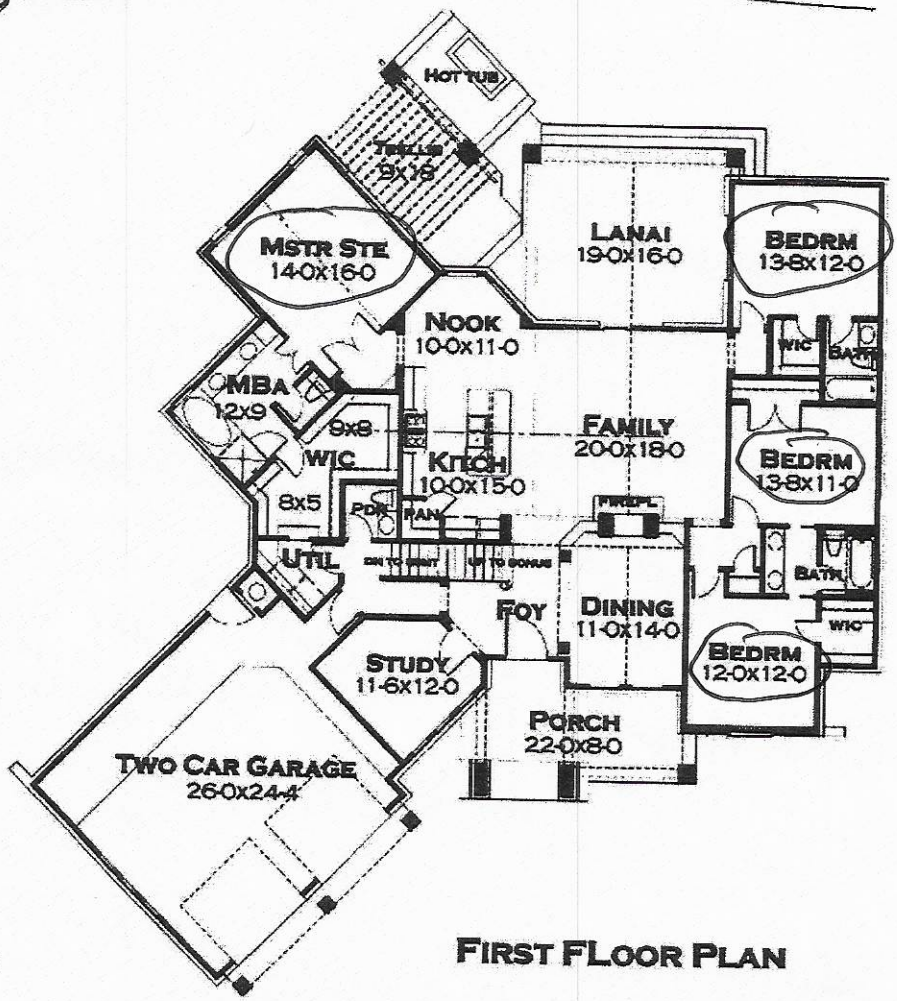
Iredell
Printed May 23, 2018
See Below for Disclaimer



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

90'

90'



FIRST FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 11/28

Tom Schuck Date 12/13/18

IREDELL COUNTY

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

APPLICATION NUMBER
235551
Issue Date: 05/11/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4730065295.000	465 HICKS CREEK ROAD, TROUTMAN, NC 28166	

FILE COPY

Owner Information	Applicant Information
Owner: TSITOURIS MICHAEL E+TERESA P	Applicant: TSITOURIS MICHAEL E+TE
Address: 149 BUTTERNUT RD	Address: 149 BUTTERNUT RD
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone:

NUMBER

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.190	35.00	35.00	15.00	15.00	CACL	X

Remarks:

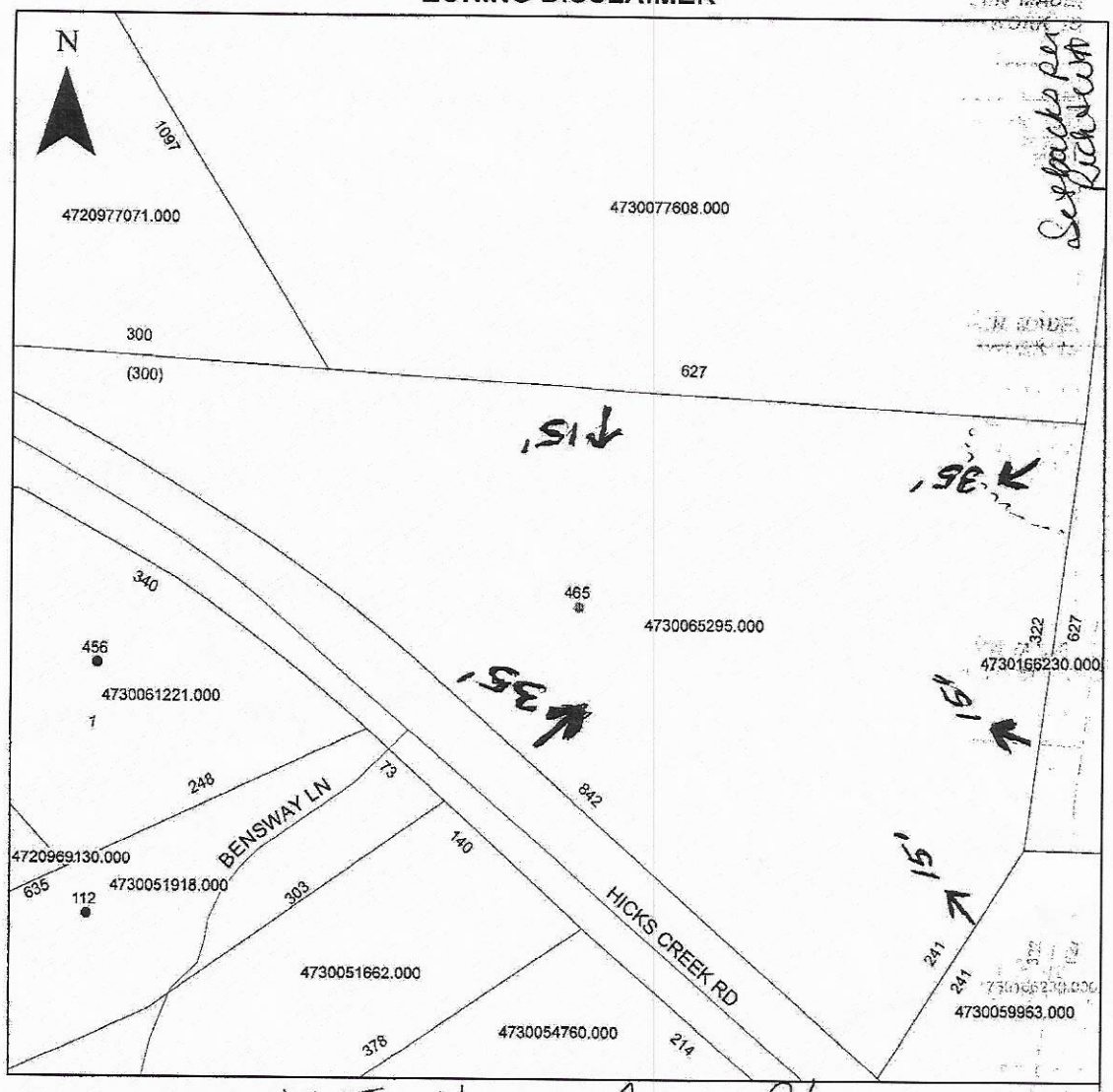
PAID Dec 27 '17 MH

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: See Attached Date: _____

Permit Number	138403	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 465 Hicks Creek Rd

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Applicant

Date