ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 PERMIT # AP 316850

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

PIN # 4730 -- 13 -- 0692

APPLICANT/OWNER: Christopher Whitney APPLICANT ADDRESS: 458 State Park Rd, Troutman NC 28166

SITE ADDRESS: 458 State Park Rd, Troutman NC 28166 PHONE: 818-632-2001 ALT. PHONE

SITE DIRECTIONS: (N) Perth → (L) State Park → lot on (R) just past Morrison Farm SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Patricia G. Perry SECTION: LOT # 1 LOT AREA: 1.88 DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	8/17/21	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction
Pump Make		Model		Serial #		Repair System Description:	50% Reduction - HPPBPS
# Nitrification Fields	1	# Lines	4	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	30"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	

☒ Residence No. Bedrooms 3 — Water Supply: ☒ Private ☐ Public ☐ Community
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Do not exceed 36" max trench bottom. Do not park, pave, drive, grade or bury utilities in drainfield area. Install on contour, use serial distribution. Divert all drainage from drainfields. 10/22/2021 Dump crush & fill existing tank, abandon existing well

INITIAL SITE SKETCH

See attached site plan & design by ICHD dated 8/13/21

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.

Installed as Drawn

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: 8/31/21 Installed by: FJ Ervin Construction

IMPROVEMENT PERMIT by: [signature] Date: 8/13/21 OPERATION PERMIT by: [signature] Date: 10/28/21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10-28-2021 Existing System Inspected by: Date:

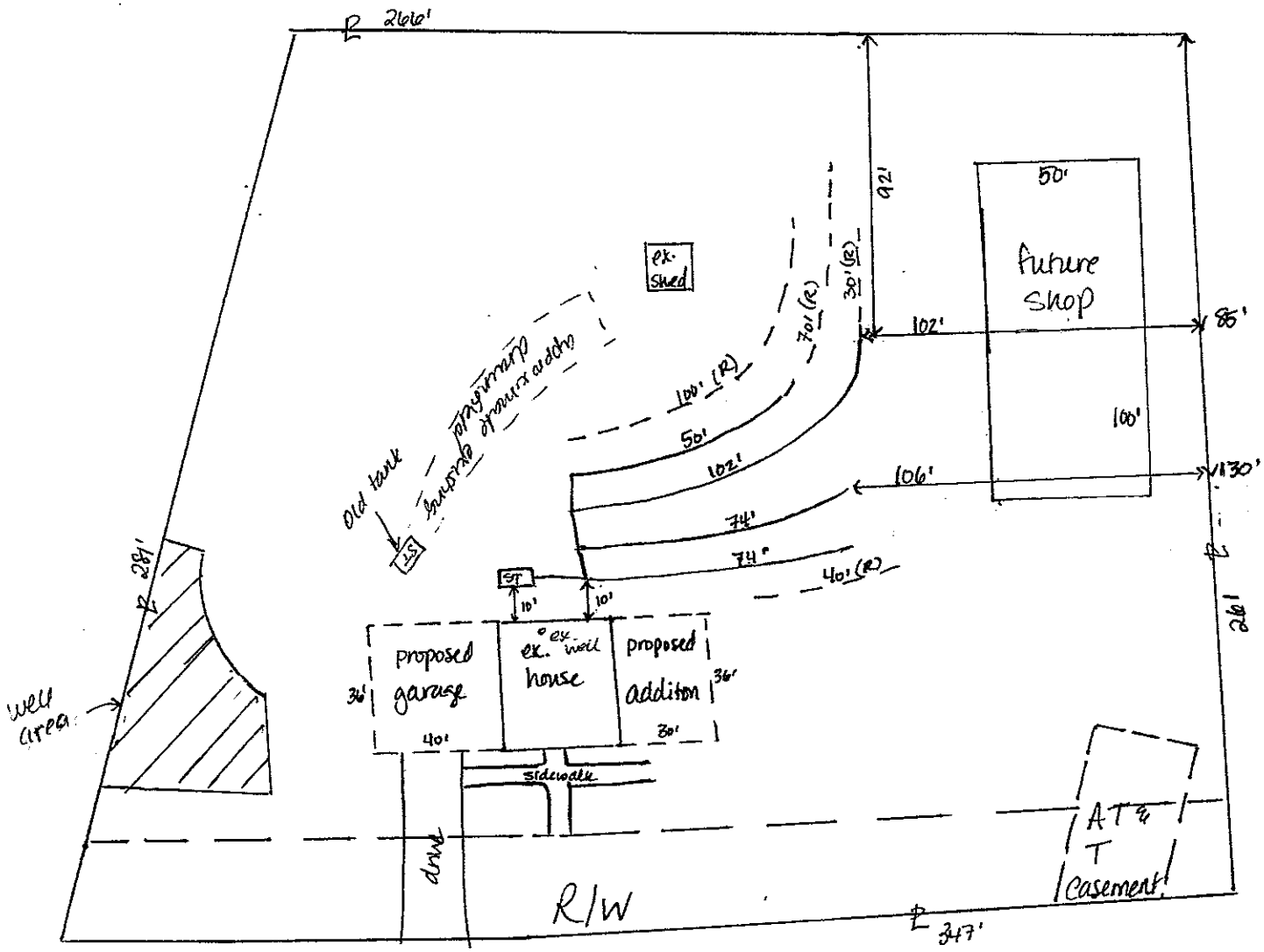
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

1" = 50'

458 State Park Rd, Troutman NC

4730-13-0692

8/13/21 Dw



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

Sheet 1 of 1
PROPERTY ID #: 4730138642
COUNTY: Madison

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

OWNER: Chris Whitmire
ADDRESS: 458 State Park Rd, Thaxtman NC 28686
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 458 State Park Rd, Thaxtman 28686
APPLICATION DATE: 7/16
DATE EVALUATED: 8/6/21
PROPERTY SIZE: 1.58
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	LS 10%	0-5	CL-SBK	SSSP-FR/FI SEXP		48"	N/A	N/A	PS 0.3
		5-36	C SBK	↓					
		36-48	CL-SBK	↓					
2	LS 10%-15%	0-7	CL-3BK comp	SSP-FR/FI-SEXP	sap incl	50"	N/A	N/A	PS 0.3
		7-16	C-SBK	SSP-FR-SEXP					
		16-37	CL-SBK	"					
		37-50	L-SBK	SSNP-FR-SEXP	Common	37"+			
3	LS 10%	0-10	FILL	—		50"	VL	N/A	PS 0.3
		10-22	C-SBK	SSSP-FR-SEXP					
		22-32	CL-SBK	"					
		32-50	SAP SL-M	NSNP-FR-SEXP					
4	LS 15%	0-22	C ABK	SSSP FR SEXP		61"		NA	PS .30
		22-61	CL SBK	SSSP VFR ↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	240'
System Type(s)	25%	52%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Wiebens
OTHER(S) PRESENT: B Bottoms, M. Wilkinson

COMMENTS:

Updated February 2014

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.

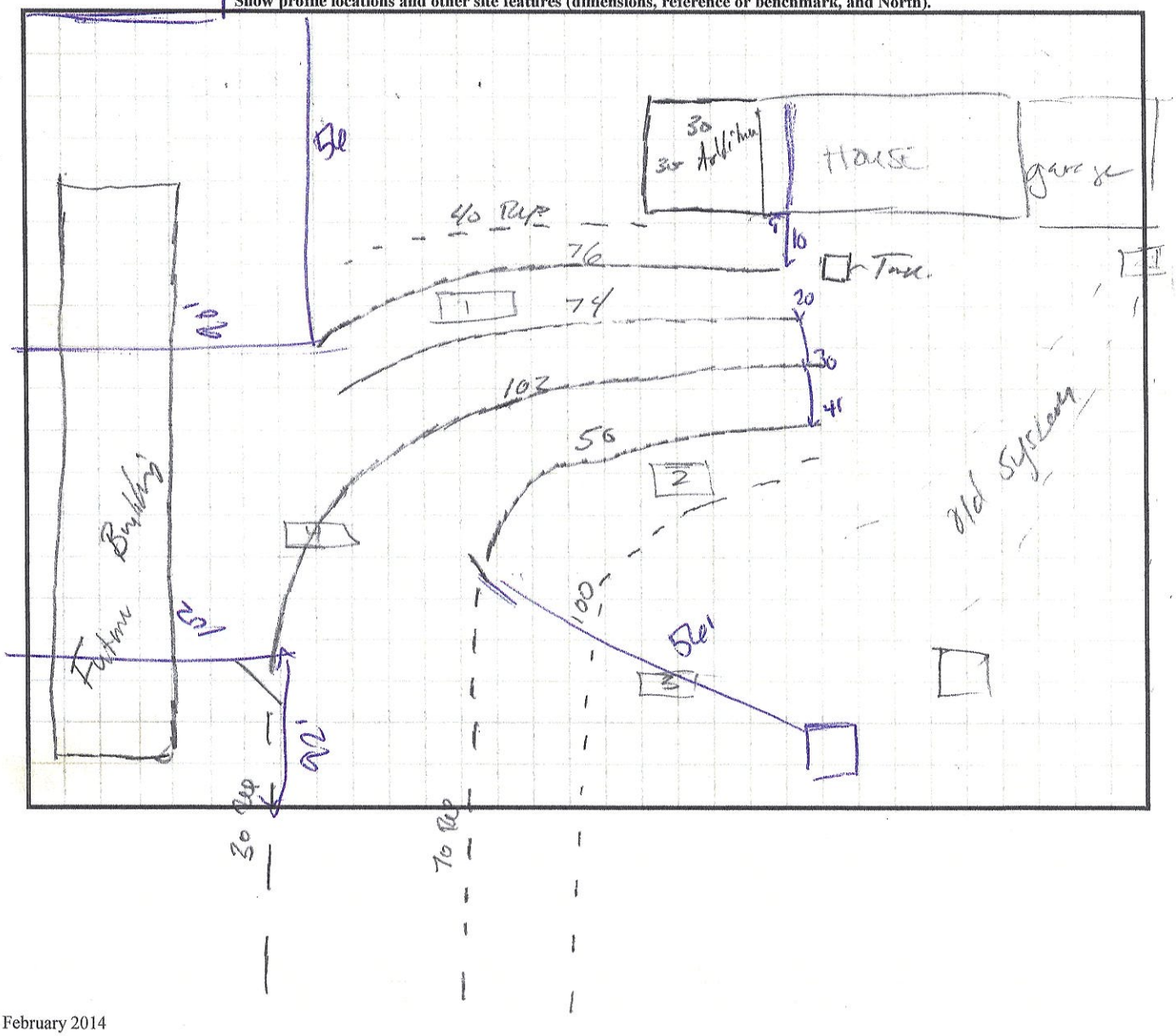
NOTES

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).



Updated February 2014

6/29 @ 9:30

Brian Young builder

Byoung1x@windstream.net

RECEIVED APR 16 2021

Please CALL prior to inspection

Name: Chris/Jill Whitney

Number: 818-632-2001

E FILLED OUT COMPLETELY & BE LEGIBLE
WILL NOT BE PROCESSED

Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-316800 $200.00

Application For: (✓) New Well Permit ( ) Well Repair Permit (✓) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (✓) Existing System Inspection ( ) Septic System Repair
(No floorplan submitted with App.) (Floorplan submitted with App.)

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) Brian Young 704-363-5573

Applicant Name: Christopher Whitney Address: 458 State Park Road Zip: 28166

Applicant Email: cwhitney167@gmail.com Phone: (818) 632-2001 Alt. Phone: (818) 406-4869

Owner Name: Christopher Whitney Address: 458 State Park Road Zip: _____

Owner Email: cwhitney167@gmail.com Phone: (818) 632-2001 Alt. Phone: (818) 406-4869

Property Information: Builder Brian 704-363-5573

Street Address: 458 State Park Road Troutman, NC 28166

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Perth to State Park Road & left (west) on State Park Road (right side of the street)

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
(X) Bedroom(s) Addition — (X) Other Addition/Structure: Garage — ( ) 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: (X) Replacement Well – Reason: failing
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well (X) 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 (X) 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: _____ 4/16/2021
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)

X 1. * APPLICANT AND OWNER ARE THE SAME. * *(Sign here)* Christopher S Whitney

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.

X 2. I, Christopher Whitney, am the legal owner(s) of the property located at 455 State Park Rd., identified as

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

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

_____, 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.

Christopher S Whitney
Signature of Owner(s)

4/14/2021
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

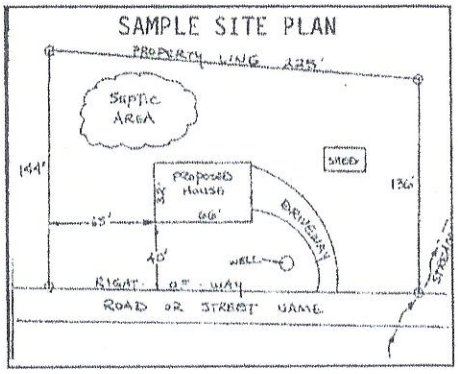
* → **Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

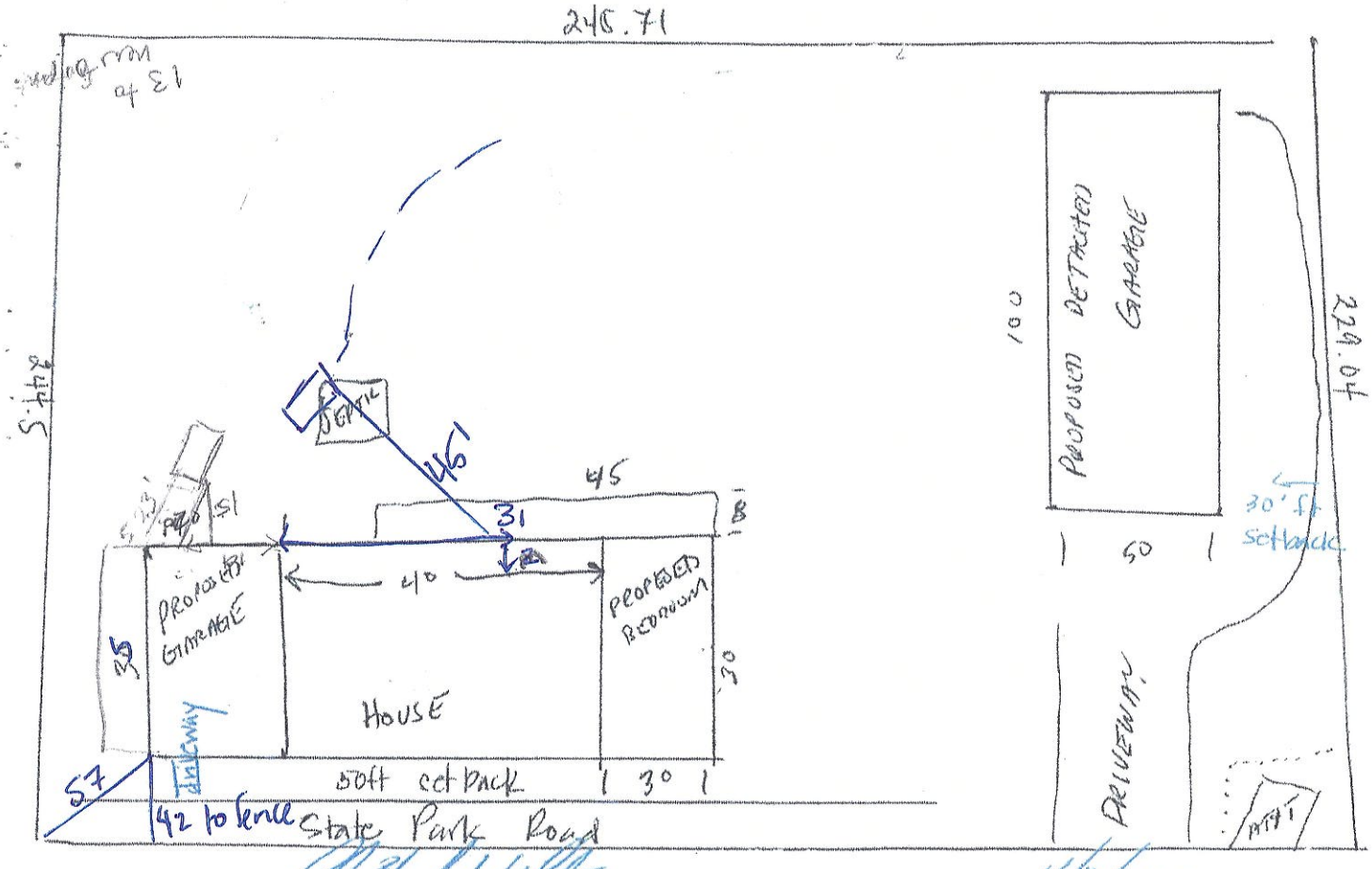
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

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

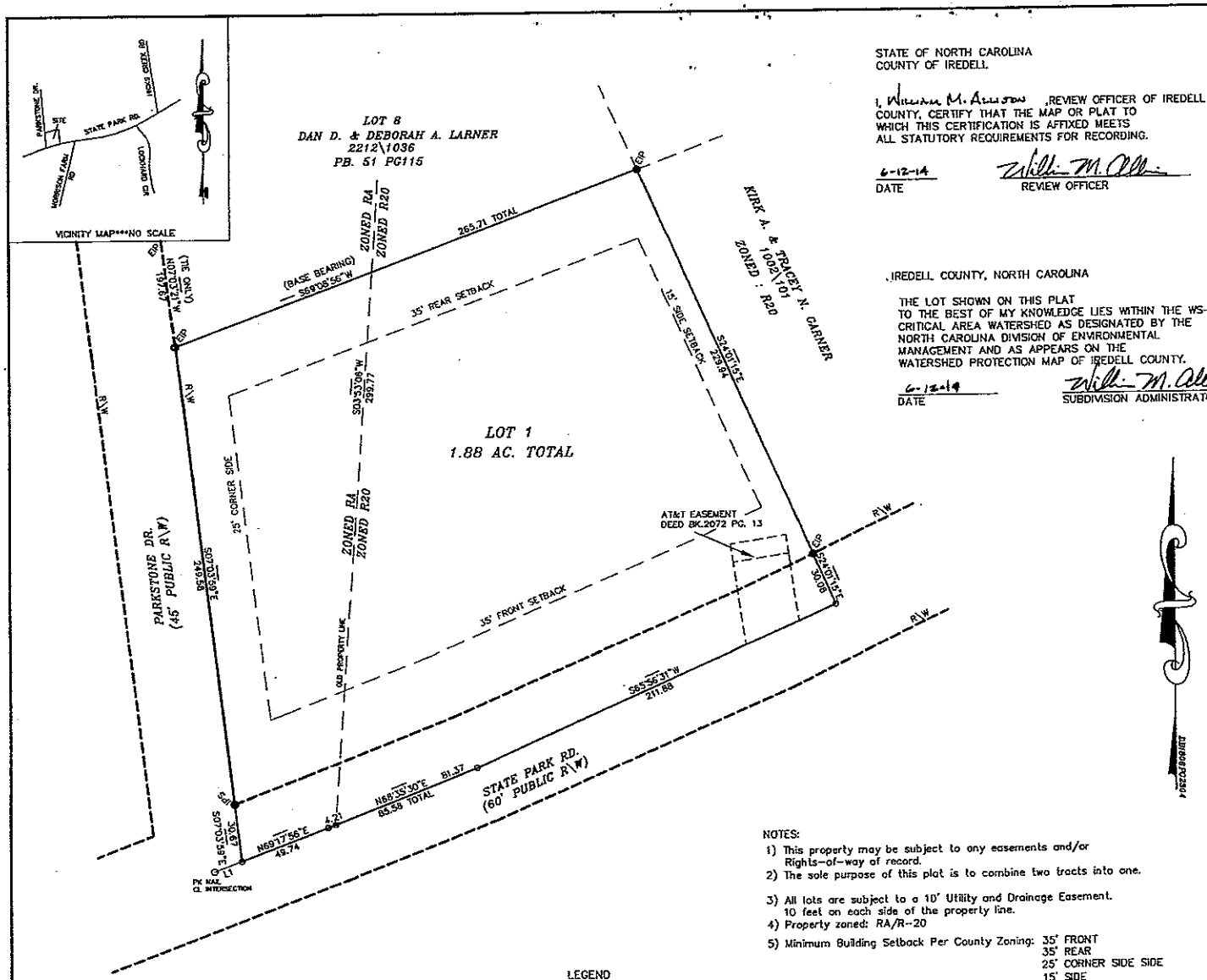


Signature: Christopher J. Whitney

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

4/15/2021

DATE



STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, William M. Allison, REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

6-12-14
DATE

William M. Allison
REVIEW OFFICER

IREDELL COUNTY, NORTH CAROLINA

THE LOT SHOWN ON THIS PLAT TO THE BEST OF MY KNOWLEDGE LIES WITHIN THE WS-IV CRITICAL AREA WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

6-12-14
DATE

William M. Allison
SUBDIVISION ADMINISTRATOR

FILED FOR REGISTRATION

Doc ID: 014788300001 Type: CRP
Recorded: 06/12/2014 at 08:14:06 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Matthew J. McCall Register of Deeds
BK 61 PG 144

TIME
AM PM
PAGES
COUNTY

OWNER CERTIFICATE FOR EXCEPTION PLATS

KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

5-29-2014
DATE

Patricia G. Perry
OWNER

NORTH CAROLINA
IREDELL COUNTY

I, A NOTARY PUBLIC FOR SAID COUNTY AND STATE,

DO HEREBY CERTIFY THAT _____

PATRICIA G. PERRY

OWNER(S) PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL.

THIS 29 DAY OF May, 2014.

Patricia B. Allen
NOTARY PUBLIC

MY COMMISSION EXPIRES: 6-17-17

SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK 1806, PAGE 2304; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000, (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ____, PAGE ____); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 28 DAY OF A.D. 2014.

SEAL L3499 OFFICIAL SEAL NORTH CAROLINA PROFESSIONAL LAND SURVEYOR WILLIAM M ALLEN

PROFESSIONAL LAND SURVEYOR

L-3499
REGISTRATION NUMBER

THIS SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION.

PROFESSIONAL LAND SURVEYOR

LEGEND

- P.P. = POWER POLE
- = DUKE POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY

NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) The sole purpose of this plat is to combine two tracts into one.
3) All lots are subject to a 10' Utility and Drainage Easement. 10 feet on each side of the property line.
4) Property zoned: RA/R-20
5) Minimum Building Setback Per County Zoning: 35' FRONT
   35' REAR
   25' CORNER SIDE SIDE
   15' SIDE

NOTE Iredell county does not enforce or interpret deed restrictions.

6) The property is located in FALLSTOWN Twsp., Iredell Co., N.C.
7) Tax parcel #(pin number) = 4730039663 & 4730131615
8) Deed ref. = 1806\2304 & 1806\2301
9) No geodetic monument found within 2000' of said property.
10) The owner or builder must check deed restrictions, Home Owners Associations or the Architectual Review Committee prior to any new construction.

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville, N.C. 28117
(704) 664-7029 (704) 664-8041 Fax
dasurvey@windstream.net

I, HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

SUBDIVISION ADMINISTRATOR — 6-12-14 DATE

GRAPHIC SCALE

40 0 20 40 80 160

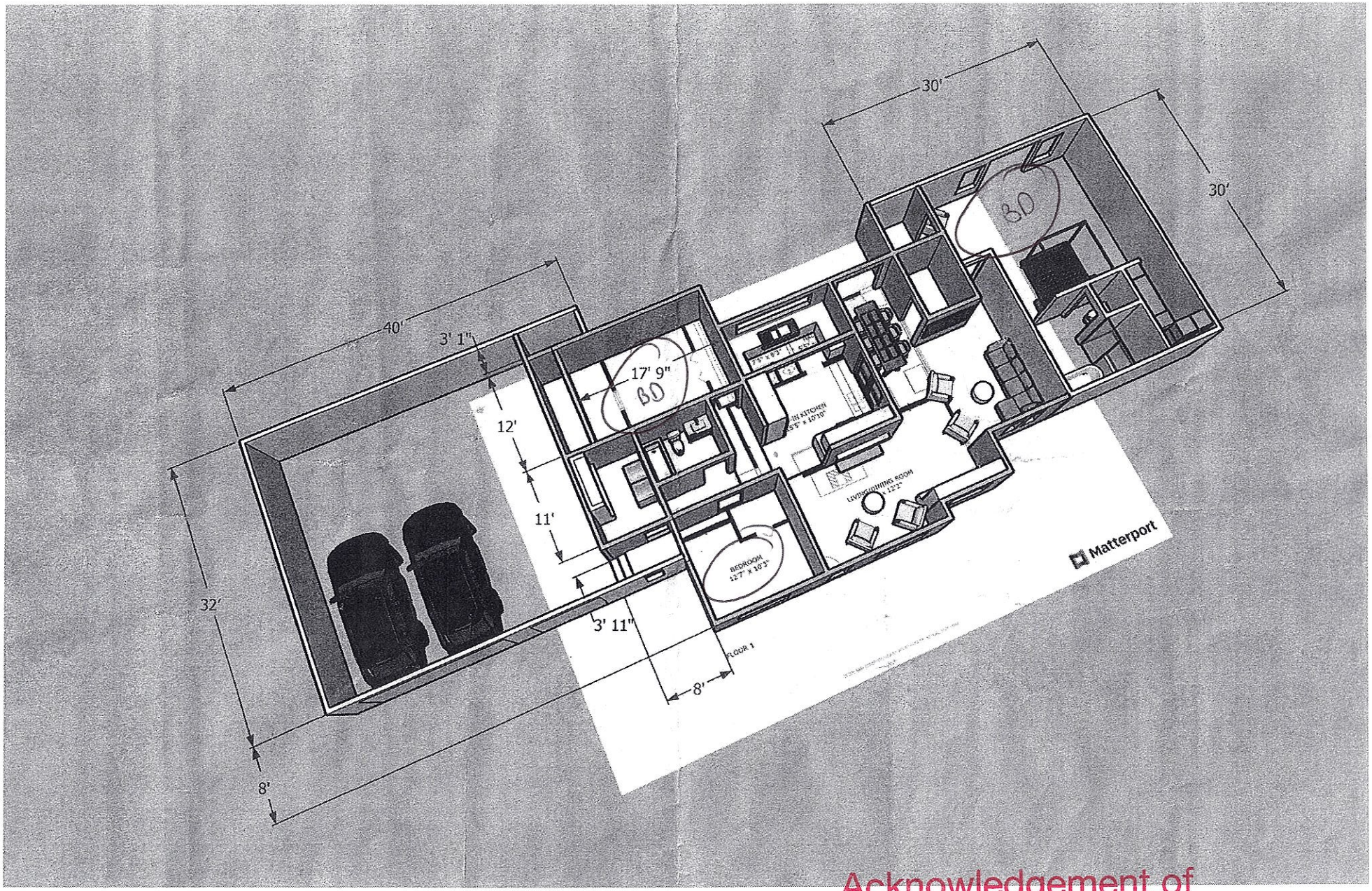
(IN FEET)
1 inch = 40 ft.

FILE NAME: 458 STATE PARK ROAD - 13307.dwg

RECOMBINATION PLAT
OF
PATRICIA G. PERRY PROPERTY

FALLSTOWN TWSP., IREDELL CO., N.C.
SCALE: 1" = 40'
DATE SURVEYED: APRIL 8, 2014
DATE PLATED: APRIL 20, 2014

OWNER: PATRICIA G. PERRY
458 STATE PARK RD.
TROUTMAN, NC 28166



Acknowledgement of
Plans Submittal ONLY!

Date 8/31/21

Date 9/1/21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316850 Issue Date:

FILE COPY

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4730130692.000	458 STATE PARK RD	Iredell County

Owner Information	Applicant Information
Name: WHITNEY CHRISTOPHER S+JILL A	Name: CHRISTOPHER WHITNEY
Address:	Address: 458 STATE PARK RD TROUTMAN , NC 28166
Phone:	Phone: (818)632-2001

Use Requested	Zone Code
Addition	RA,R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.88	35	35	25	15	WSIV-CA Catawba/Lake Norman	NO

Remarks

ADDITION OF BEDROOM, ATTACHED GARAGE

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25' of a side street on a corner lot. Shall not be erected within 10' of any line not a street line or within 10' of any other building on the same lot. Shall not be erected within the 50' buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150'from the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30' from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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.

SEE ATTACHED

Signature of Owner/Contractor

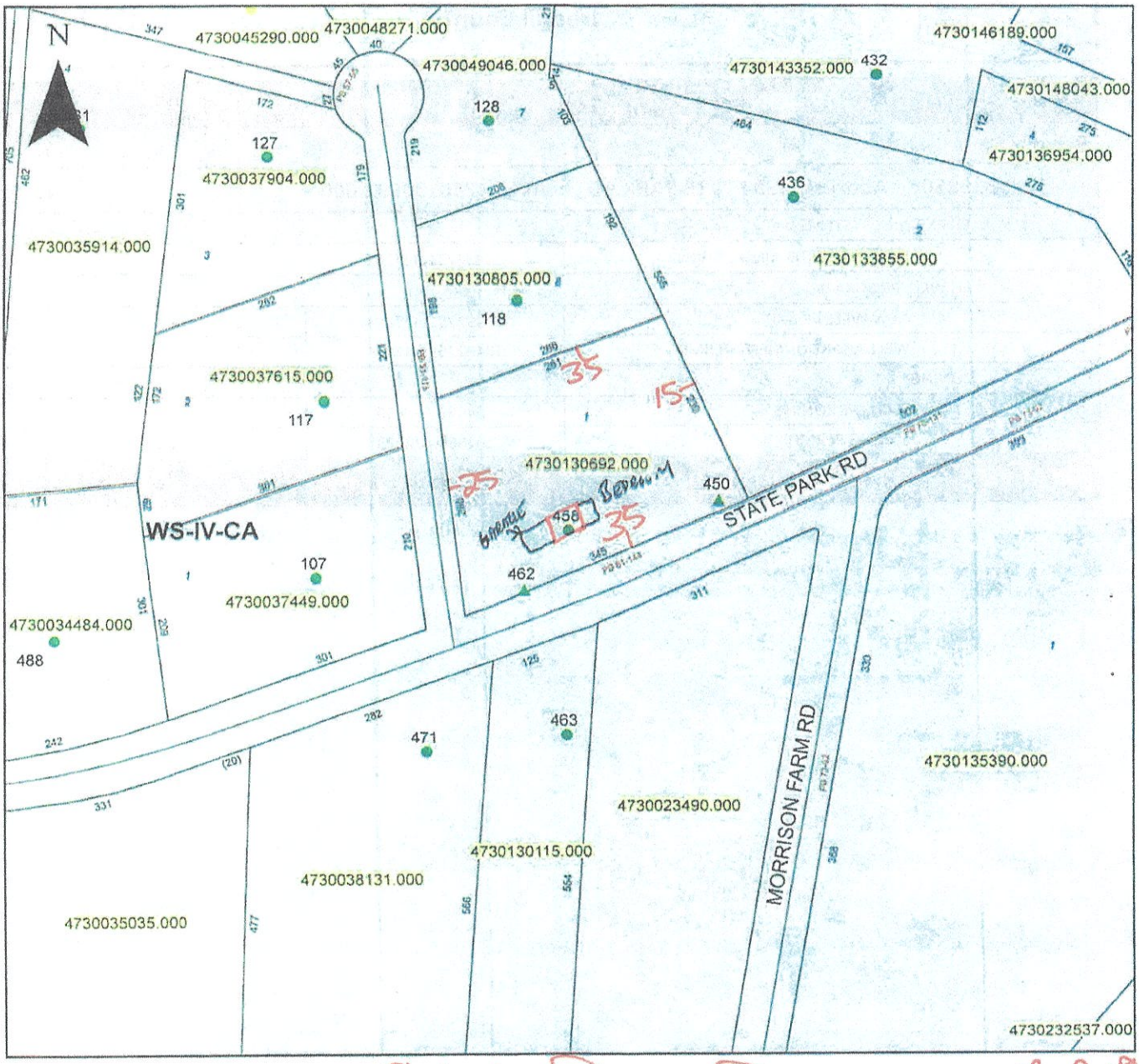
PAID
CRedit
4-16-21
VBK

Date: 04/16/2021

Permit Number	316850	TOTAL FEES:	$77.25

Attached garage Addition

ZONING DISCLAIMER



Property Address 458 State Park Rd.

1.88
RA, R-20
WS-IV-CA
No

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.

Christopher S Whitney
Applicant

4/16/2021
Date