IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236366.

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

PIN # 4730309284

APPLICANT/OWNER: Sean Wilbur APPLICANT ADDRESS: 172 Brec Fox Trail Troutman, NC 28166.

SITE ADDRESS: 172 Brec Fox Trail Troutman NC 28166. PHONE: 704-576-3387 ALT. PHONE ~

SITE DIRECTIONS: State Park Rd @ on Honeycutt Rd @ on Brec Fox Trail @ on Right. SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Allison Acres SECTION: 2 LOT # 5 LOT AREA: ~ DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	10-5-18	[ ] New System	[ ] Repair	[X] Expansion	System Type: I II [III] IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity Penal Block 50%		
Pump Make		Model		Serial #		Repair System Description:	TSII Drip Irrigation		
# Nitrification Fields	1	# Lines	4	Linear Ft	136	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36	Trench Bottom Depth(~~Low side~~)	36 max	Gravel Depth	~	[X] GRAVITY	[ ] PRESSURE		

[X] Residence No. Bedrooms 4
[ ] Business No. Persons 8
[ ] Other No. Employees
[ ] Slab [ ] Crawl Space
[X] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: System expansion from 2 BR to 4 BR.
See Comments + Design by Michael Athanas

INITIAL SITE SKETCH

See Site Design and Plan by Michael Athanas + Associates LSS # 1252

AS BUILT SKETCH

Installed as shown

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: Date: 6/19/18 Installed by: Abernathy

IMPROVEMENT PERMIT by: Benjamin A. Bolkins Date: 6/15/18. OPERATION PERMIT by: Kayla Wilson Date: 1-9-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 6/19/18 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.

LAN
Scale
1" = 40'
760 Contour
N03°08'00"E 72.50'
LOT 5
0.560
ACRES
Repair
Area
Ex ST
03-Ex System
B2-34'
W1-34'
New
ST
Box
Deck
Proposed House
N89°34'00"W 174.60'
N81°23'30"E 208.96'
100'
24.5'
18.0'
45'
Existing Drive
48.3'
85.1'
Well
Well
Well
R/W
R/W
C1
BRER FOX TRAIL
TAX ID: 4730-30-9121
LOT 6
MICHAEL E GRANDSTAFF
DB: 539 Page: 5
PB: R Page: 7
TAX ID: 4730-30-9386
LOT 4
CAROLE KAUSCH
DB: 543 Page: 573
PB: 8 Page: 7
CURVE
RADIUS
C1
120.0'
N
JUN 15 2018

APPROVED JUN 15 2018



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 172 Brer Fox Tr, Allison Acres Lot 5
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well (existing)
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: Ex System + PPBPS
Proposed Repair System Type: TSII Drip irrigation
Distribution: Gravity-Distribution Boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" (initial), 18" (repair)



Line	Design Length	Actual Length
White 1	34'/34'	75'
Blue 2	34'/34'	75'
Orange 3	Existing system	

Initial System: Ex Sys + 136' **Repair System:** 2000+ FT^2

Comments:
This lot was deeded in 1963. It is repair exempt and the septic can 5' from the property line. The system will be divided equally between the existing system and the new by a distribution box or flow divider. The new panel lines will by fed by another distribution box. The existing septic tank must be pumped out, crushed and filled.

LAN
Scale
1" = 40'
760 Contour
N03°08'00"E 72.50'
LOT 5
0.560
ACRES
Repair
Area
Pit 3
Pit 2
Ex ST
O3-Ex System
Pit 4
B2-34'
Pit 1
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TAX ID: 4730-30-9121
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CAROLE KAUSCH
DB: 543 Page: 573
PB: 8 Page: 7
CURVE
RADIUS
C1
120.0'
N
APPROVED JUN 15 2018

PROPERTY ID #: 4730309284_
COUNTY: _Iredell____

APPROVED JUN 15 2018

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Sean Wilbur_____ APPLICATION DATE_____
ADDRESS: 172 Brer Fox Tr, Troutman, NC 28166_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: __0.56 AC_____
LOCATION OF SITE: 172 Brer Fox, Allison Acres Lot 5_____ PROPERTY RECORDED: _12/10/1963_____
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	LS 0-2%	0-4	COMP/FILL		N/A	24"	PS	N/A	PS 0.4-0.6 ✓
		4-24	R CL WSBK	FR SS SP SXP					
		24-61	VER L SAP M	FR SS SP SXP					
2	LS 5%	0-16	FILL		N/A	64"	F-C SAP	N/A	PS 0.3 ✓
		16-36	R C SBK	FR SS SP SXP					
		36-64	R CL WSBK	FR SS SP SXP					
3	LS 5%	0-10	FILL		Few YB	51"	F-C SAP PS	N/A	PS 0.275 ✓
		10-18	Br SCL WSBK	FR SS SP SXP					
		18-36	R C SBK	FR SS SP SXP					
		36-51	R CL WSBK	FR SS SP SXP					
		51-62	VER L SAP M	FR SS SP SXP					
4	LS 0-2%	0-12	FILL		N/A	42"	F-C SAP PS	N/A	0.3-0.35 ✓
		12-30	R C SBK	FR SS SP SXP					
		30-42	R CL WSBK	FR SS SP SXP					
		42-78	VER L SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex Sys + 272ft2	
System Type(s)	Ex Sys + PPBPS	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ____PS_____
EVALUATED BY: _____MA&A_____

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (V) 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: SEAN WILBUR **Address:** 172 BREER FOX TRL, TROUTMAN **Zip:** 28166

Applicant Email: wilbur.sean@gmail.com **Phone:** 704 615-1592 **Alt. Phone:** _____

Owner Name: SAME **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 172 BREER FOX TRL, TROUTMAN, NC 28166

Subdivision Name: Allison Acres **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: State Park Rd. to Honeycutt to Brer Fox Trail

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) 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: ( ) Replacement Well – Reason: _____
( ) 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: 1964

(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: _____ 6/19/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUN 8 - 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 #236366

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: Sean Wilbur **Address:** 172 Brer Fox Trl, Troutman, NC **Zip:** 28166

Applicant Email: wilbur.sean@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 172 Brer Fox

Subdivision Name: Allison Acres **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) 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: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) 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: _____
( ) 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: _____ 6/8/2018
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

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, SEAN WILBUR, am the legal owner(s) of the property located at 172 BRER FOX TRL, TROUTMAN, NC 28166, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** BART MCNEELY, Michael Thomas + Associates, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	6/7/18	Sherry O'Hara	6/7/18

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 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*) _____

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, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, 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.

_____ _____
Signature of Owner(s) 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

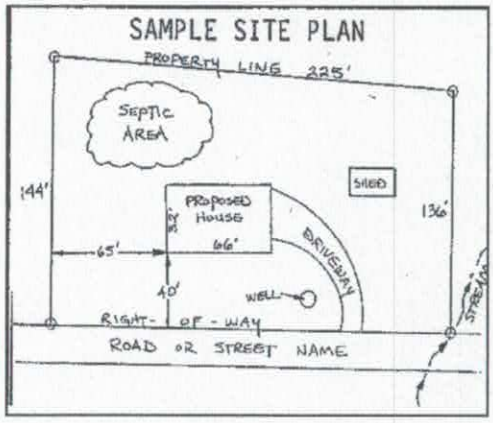
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See attached plan

Signature: _____ 4/8/2018

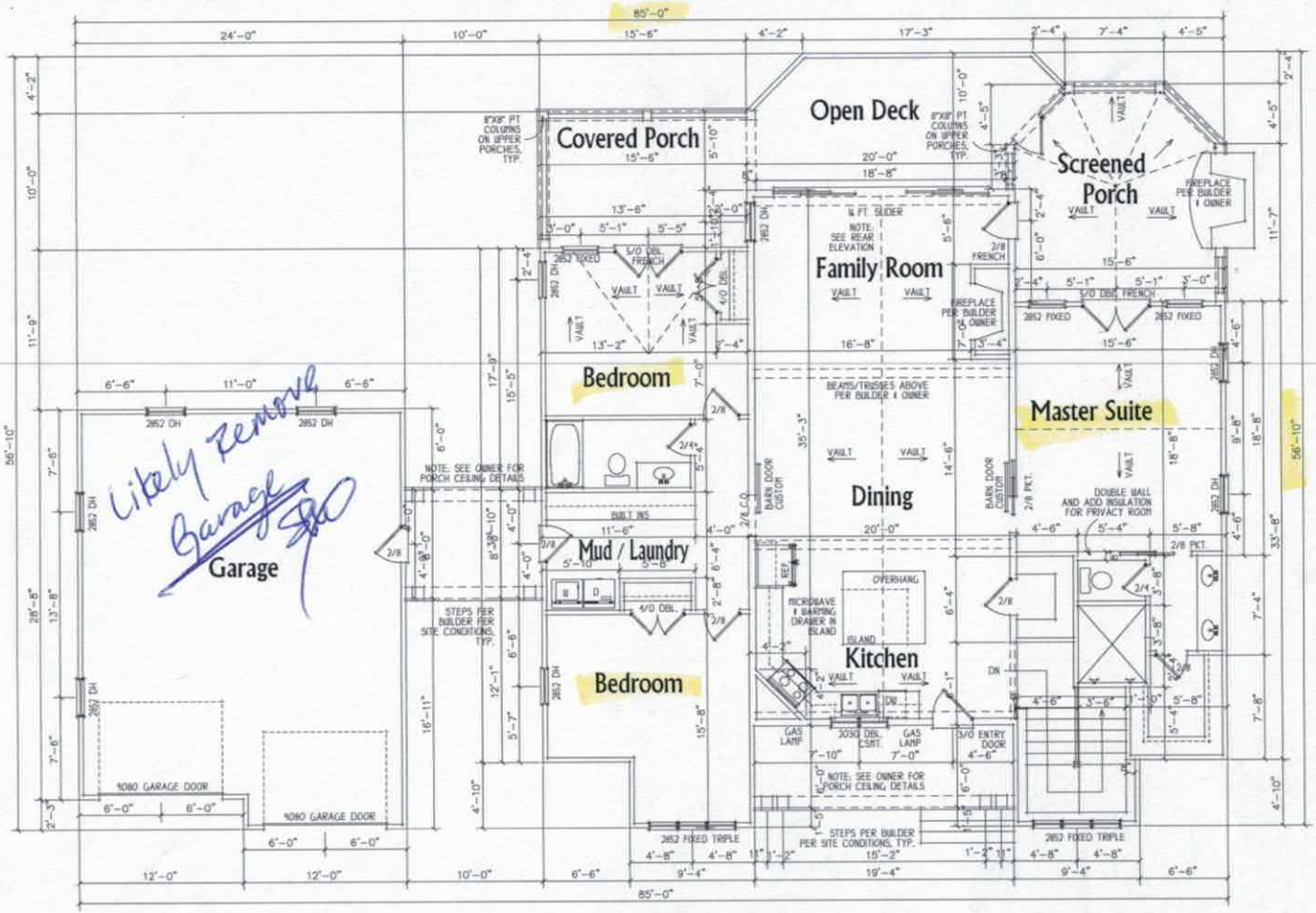
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

CURVE	RADIUS
C1	120.0'

RECEIVED JUN 15 2018

Acknowledgement Of Plans Submittal ONLY!
Date 6/19/18
Date 6/19/18

* width with garage exceeds field measurements but does not impact septic system -CC



AREA SUMMARY

MAIN LEVEL:	1989 s.f.
LOWER LEVEL:	1989 s.f.
TOTAL:	3978 s.f.

MAIN LEVEL FLOORPLAN

1/4" = 1'-0"

22 x 34

© COPYRIGHT
MAX FULBRIGHT DESIGNS
CARROLLTON, GEORGIA

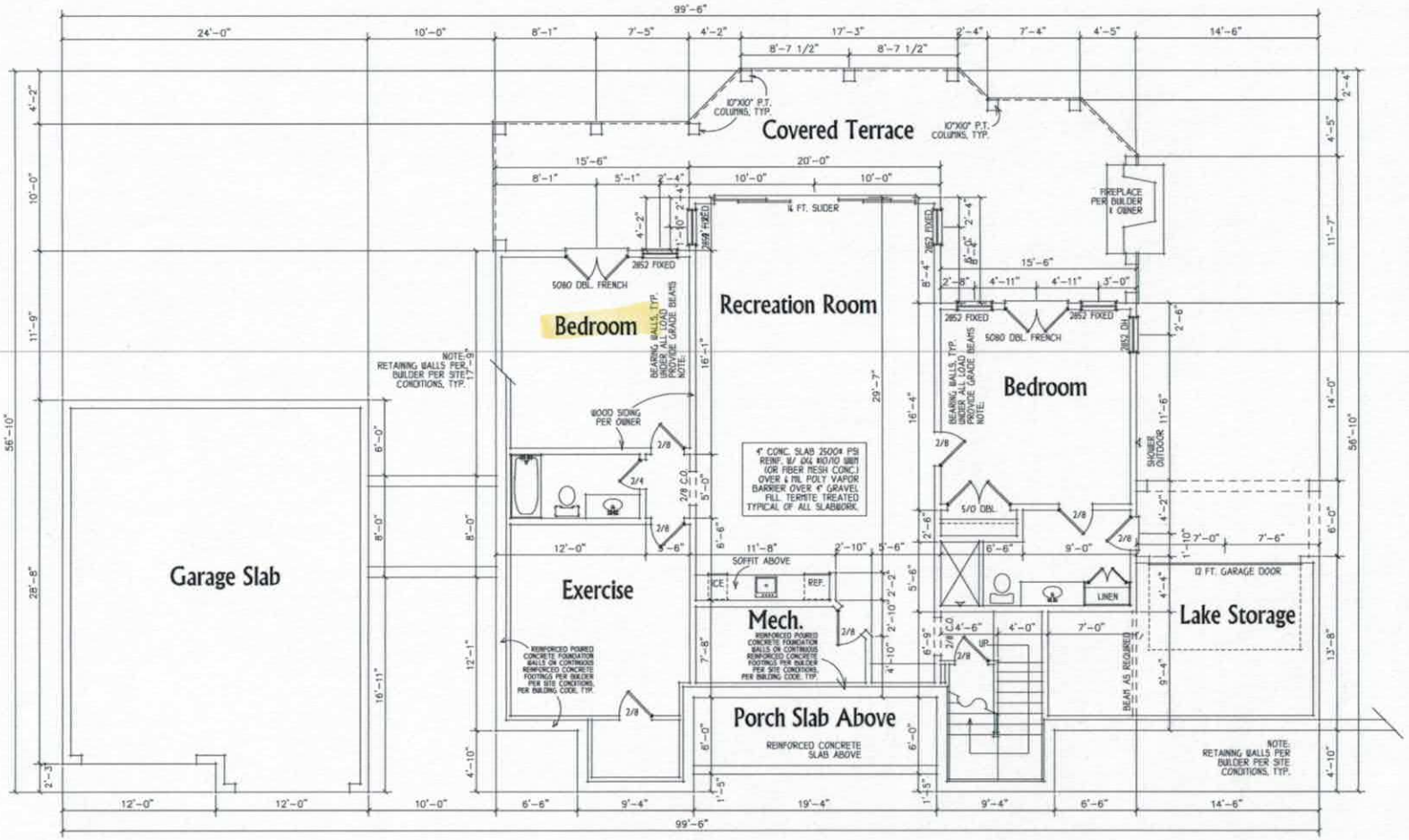
THIS PLAN IS THE PROPERTY OF MAX FULBRIGHT DESIGNS OF CARROLLTON, GEORGIA AND IS NOT TO BE COPIED OR REPRODUCED WITHOUT THEIR WRITTEN PERMISSION.

GENERAL NOTES

1. All work shall be performed in accordance with all local codes.
2. Contractor shall verify all conditions and dimensions before construction begins. Any discrepancies shall be reported to Designer before proceeding with work. Contractor is responsible for all dimensions and conditions on the job site.
3. All dimensions should be read or calculated.
4. These plans are location only. Structural details, beam sizes, etc. are to be provided by others.
5. All framing and fastening shall meet or exceed all applicable codes.
6. Builder is responsible for all code requirements during construction.
7. Builder shall verify all soil conditions and bearing capacities prior to construction.

Max Fulbright Designs
Residential Design
Stock Plans
CAD Drafting
Max Fulbright
770-301-4204
www.maxfulbrightdesigns.com

DRAWN	HMF
DATE	6-4-2012
SCALE	1/4" = 1'-0"
JOB NO.	Appalachia Mountain House
SHEET	3
OF	FIVE SHEETS



AREA SUMMARY	
MAIN LEVEL:	1989 s.f.
LOWER LEVEL:	1989 s.f.
TOTAL:	3978 s.f.

LOWER LEVEL FLOORPLAN

1/4" = 1'-0"

22 x 34

© COPYRIGHT
MAX FULBRIGHT DESIGNS
CARROLLTON, GEORGIA

THIS PLAN IS THE PROPERTY OF MAX FULBRIGHT DESIGNS OF CARROLLTON, GEORGIA AND CANNOT BE REPRODUCED OR ALTERED IN ANY FORM WITHOUT THEIR WRITTEN PERMISSION.

GENERAL NOTES

1. All work shall be performed in accordance with all local codes, ordinances and requirements.
2. Contractor shall verify all conditions and dimensions before construction begins. Any discrepancies shall be reported to Max Fulbright Designs for clarification and/or correction before proceeding with the work. Contractor assumes all responsibility for errors.
3. All dimensions should be read or calculated where applicable. Do not scale drawings.
4. These plans are custom only. Structural drawings are not included. Have plans reviewed by a structural engineer prior to construction.
5. All footings shall be placed on undisturbed soil.
6. Contractor shall maintain compliance with all applicable energy requirements.
7. The Fulbright Design stands no liability for any work done from this plan.

Max Fulbright Designs
Residential Designs
Stock Plans
CAD Drafting
Max Fulbright
770-832-4004
www.maxfulbrightdesigns.com

DRAWN	HMF
DATE	6-4-2012
SCALE	1/4" = 1'-0"
JOB NO.	Appalachia Mountain House
SHEET	4
OF	FIVE SHEETS

IREDELL COUNTY

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

APPLICATION NUMBER
236366
Issue Date: 06/08/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4730309284.000	172 BRER FOX TRAIL, TROUTMAN, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	PARKER CLYDE A+ANN S	Applicant:	MICHAEL ATHANAS & ASSO
Address:	172 BRER FOX TRAIL	Address:	561 ENNIS RD
	TROUTMAN, NC 28166		WEDDINGTON, NC 28173
Phone:		Phone:	704-576-3887

Use Requested	Zone Code
SFD	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	50.00	15.00	15.00	CACL	AE

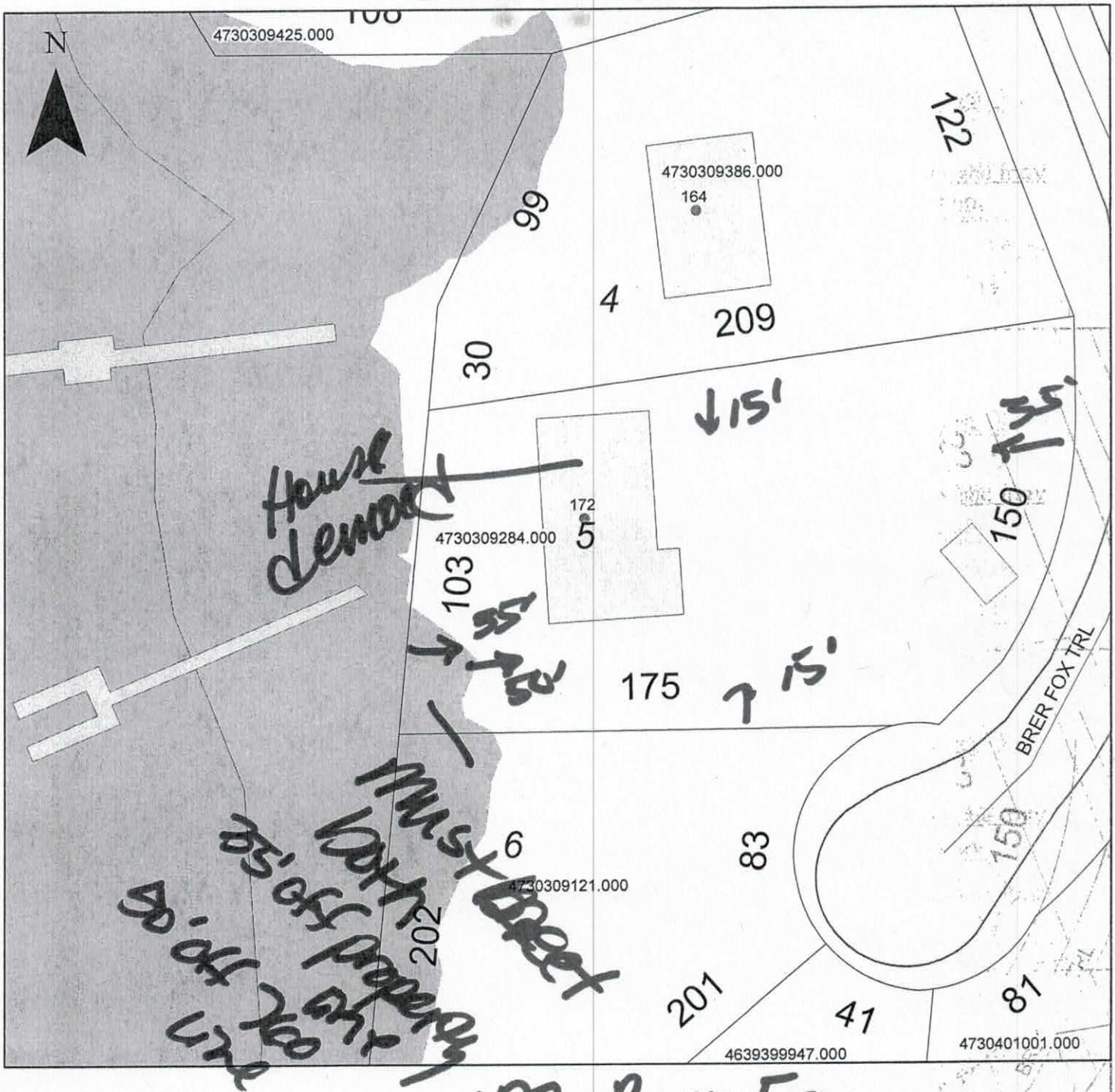
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	141808	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 172 Brer Fox

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.

Applicant

6/8/2018
Date