IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 NW Mooresville Office (704) 660-3625 PERMIT # 226117

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

PIN # 4730-31-4354 4471

APPLICANT/OWNER: ANGELA MATTINGLY APPLICANT ADDRESS: 168 JACOBS WOODS CIR.

SITE ADDRESS: 247 LOCKHARD CIR. TROUTMAN 28166 PHONE: 704-450-9453 ALT. PHONE

SITE DIRECTIONS: STATE PARK, TL LOCKHARD, ON L

SUBDIVISION: ALLISON ACRES SECTION: LOT # 6 & 7 combined LOT AREA:

SAP CONTROLLED: ☒ YES ☐ NO DESIGN FLOW: 360 L.T.A.R.: .4

Septic Tank	1000 (gal)	STB	760	Date	8-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	367	Date	8-30	System Description:	LOW PROFILE CHAMBERS			☐ Business	No. Persons 6	☒ Private
Pump Make	Liberty	Model	298	Serial #		Repair System Description:	EXEMPT			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	320'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	X 8" X	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: DO NOT ISSUE AC UNTIL LOTS ARE COMBINED. OUTTER LOT LINES CAN NOT CHANGE OR REPAIR EXEMPTION IS LOST.

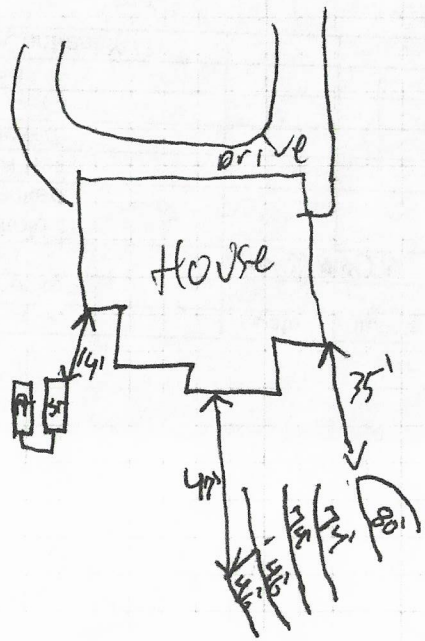
lot combined - deed book 2508 pg 1901
12/9/19 checked tank, alarm, pressure & floats & cover MD

INITIAL SITE SKETCH

SEE ATTACHED PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

Not to scale



10/18/19: Tanks checked & connected together but not to anything else. Filter was in STbut No pump in Pt. Drain lines were good but need 6" of approved cover. Lines were not connected to anything.

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 plan 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: 8-1-17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 7-17-17 OPERATION PERMIT by: Myra Dotson Date: 12/9/19

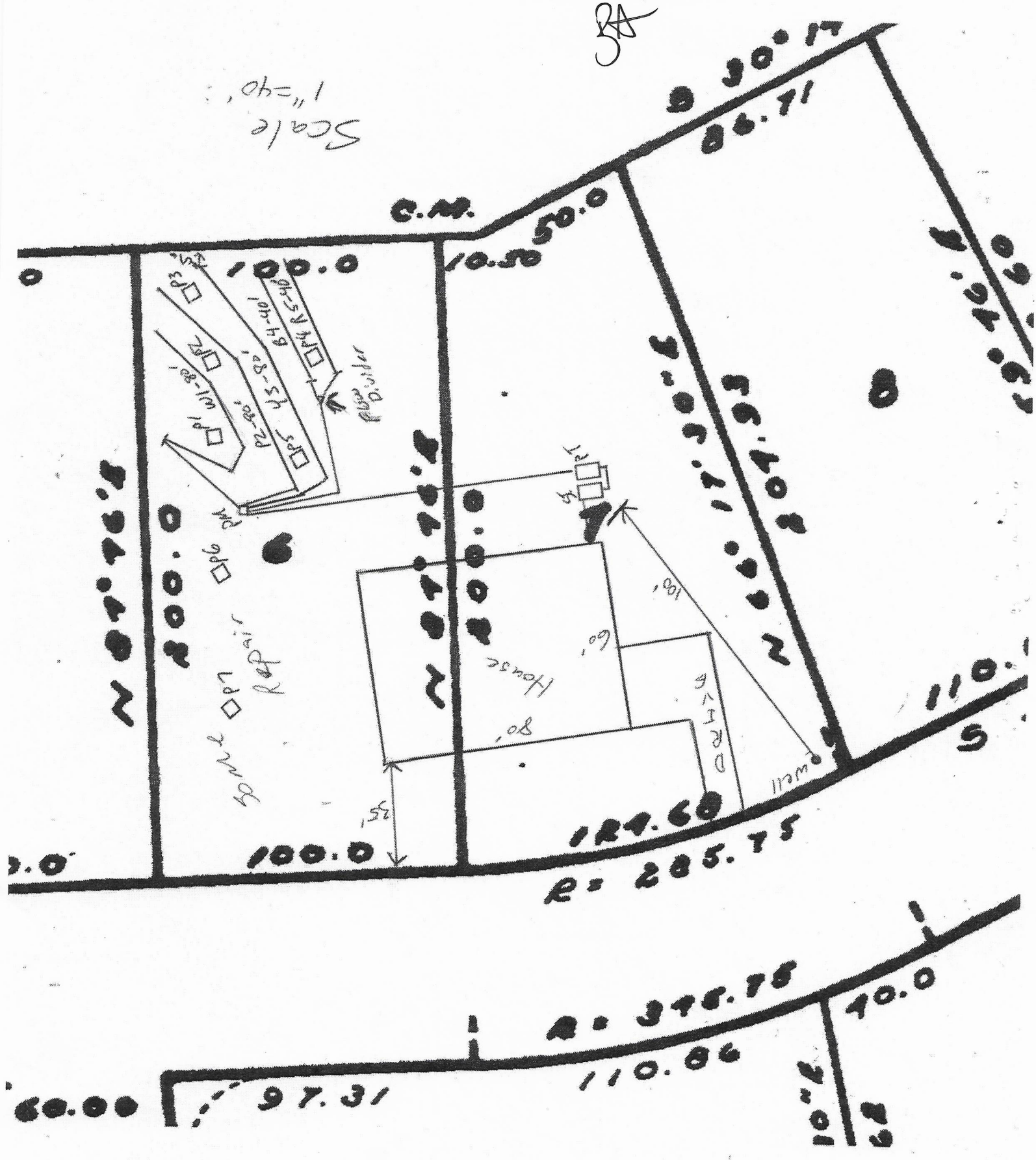
AUTHORIZATION TO CONSTRUCT by: Carla C Cave Date: 12/14/18 Existing System Inspected by: Date:

	Date	Initials
Drain Lines Checked	10/18/19	RJB
Tanks Checked	10/18/19	RJB
Pressure Manifold or Valve Box Checked	12/9/19	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

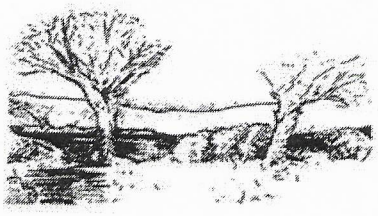
Drain lines Cover 12/9/19 MD

APPROVED JUL 17 2017

BA


Scale 1"=40'
C.M.
100.0
50.0
30.17
86.71
N 0°00'00" E
100.0
S 0°00'00" W
110.
S
House
Shed
Dog
Kennel
Shed
Shed
Shed

APPROVED JUL 17 2017
3A



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

Reference: Data Sheet for 247 Lockhard Cir., Allison Acres Lot 6/7
House Footprint: 80' x 60'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.4 GPD/FT2
Proposed System Type: 8" Infiltrator
Proposed Repair System Type: Limited TSI Drip irrigation
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 140 gallons
Pump Run Time: 5 minutes
Elevation Head: TBD
Friction Head: TBD
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: TBD
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 8"

Line	Design Length	Actual Length	Elevation
White 1	80'	80'	TBD
Pink 2	80'	80'	TBD
Yellow 3	80'	80'	TBD
Blue 4	40'	40'	TBD
Red 5	40'	40'	TBD

Initial System: 320'
Pump Tank: TBD
Repair System: limited
House Corner: TBD
Benchmark: TBD

APPROVED JUL 17 2017

BA

Comments:

The pressure manifold will have 4 taps. Line W1, P2, and Y3 will each have one tap. B4 and R5 will use one tap with a flow divider. These lots were deeded in 1963 (BK/PG-7/54) and therefore do not require repair area, though some drip irrigation repair would be available. The system can also be install 5' from the property line.

APPROVED JUL 17 2017

PROPERTY ID #: 47300314444

COUNTY: Iredell

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

OWNER: Harry Whitener

ADDRESS: Troutman NC

APPLICATION DATE

DATE EVALUATED:

PROPOSED FACILITY: 3 bdrm PROPOSED DESIGN FLOW (.1949): 360 GPD

PROPERTY SIZE: 0.88 AC

LOCATION OF SITE: 247 Lockhard Cir., Allison Acres Lot 6/7

PROPERTY RECORDED: 9/13/1963

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 6%	0-19	Br SCL WSBK	VFR SS SP SEXP	N/A	19"	PS US	N/A	PS 0.6-0.8
		19-27	VER LS SAP M	VFR NS NP NEXP					
		27-	HARD SAP/WR						
2	LS 20%	0-24	Br SCL WSBK	VFR SS SP SEXP	N/A	24"	PS US	N/A	PS 0.6-0.8
		24-33	VER LS SAP M	VFR NS NP NEXP					
		33-	HARD SAP/WR						
3	LS 18%	0-21	Br SCL WSBK	VFR SS SP SEXP	N/A	21"	PS US	N/A	PS 0.6-0.8
		21-31	VER SL SAP M	VFR NS NP NEXP					
		31-	HARD SAP/WR						
4	LS 20%	0-26	Br SCL WSBK	VFR SS SP SEXP	N/A	26"	PS US	N/A	PS 0.6-0.8
		26-40	VER LS SAP M	VFR NS NP NEXP					
		40-	HARD SAP/WR						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	960 FT2	LIMITED
System Type(s)	8" Infiltrator	DRIP
Site LTAR	0.4	0.15+

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: MA&A

OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 47300314444

DATE OF EVALUATION:

COUNTY: IREDELL

APPROVED JUL 17 2017

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 15%	0-20	Br SCL WSBK	VFR SS SP SEXP	N/A	20"	PS US	N/A	PS 0.6-0.8
		20-29	VER LS SAP M	VFR NS NP NEXP					
		29-	HARD SAP/WR						
6	LS 20%	0-20	Br SCL WSBK	FR SS SP SEXP	N/A	20"	US	N/A	PS 0.15+ DRIP
		20-	HARD SAP/WR						
7	LS 20%	0-18	RBr CL WSBK	FR SS SP SEXP	N/A	18"	US	N/A	PS 0.15+ DRIP
		18-	HARD SAP/WR						

COMMENTS:

RECEIVED DEC 1 3 2018

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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 ___ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Angela Jones Mathis	168 Jacobs Woods Circle	704-528-3192	704-450-9153 (best #)
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Harry Whitener Trust	durhamcarpentry@att.net		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
247 Lockhard Circle	Allison Acres	Lots 6 & 7

Driving Directions: State Park (L) on Lockhard Circle lots are at top of hill on the circle

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

(X) New, Single Family Residence — Maximum Number of Bedrooms X 3 OD
( ) New, Multi-Family Residence — Maximum Number of Occupants 4
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
Repair To Failing Septic System due to ___
( ) Other ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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

6. Proposed Water Supply:

(X) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

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

9. Signature: [signature] 12-7-18
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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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

Paid $700.00 Bal. 8-1-17

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Angela + James Mattingly	168 Jacobs Woods Circle	704-528-3492	704-450-9453 (best #)
Harry Whitener Trust			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
247 Lockhard Circle	Allison Acres	Lots 6 + 7

Driving Directions: State Park (L) on Lockhard Circle lots are at top of hill on the circle

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( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms ~~3~~ 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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

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7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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

9. Signature: _____ 4/4/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

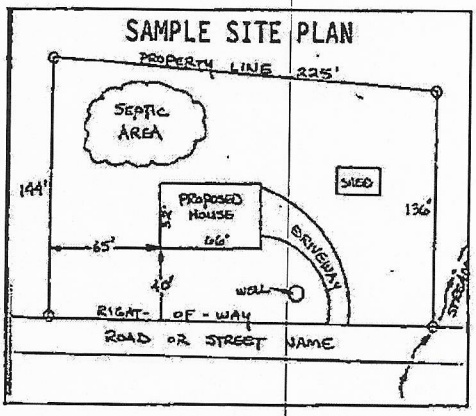
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- (X) Preferred well location
- (X) Preferred septic system location
- (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

See Attached

Signature: _____ 12-7-16

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

DAS DON ALLEN & ASSOCIATES, P.A.

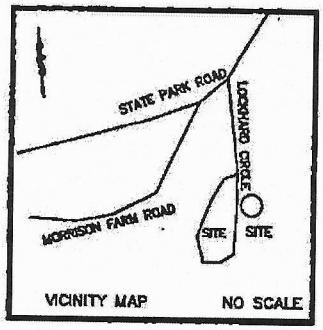
"Since 1971"

Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2508, page 1901, and/or plat book 68, page 138, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 2, day of OCT. A.D. 20 18.

WILLIAM M. ALLEN, NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	285.75'	124.85'	S 17°28'33" E	123.86'



LEGEND
P.P. = POWER POLE
□ = 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) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF
247 LOCKHARD CIR.
LOT 7 ALLISON ACRES #1
FALLSTOWN TWSP., IREDELL CO., N.C.

SCALE 1" = 50'
ACQUIRED BY: JAMES T. MATTINGLY JR. & ANGELA R. MATTINGLY

FIELD BOOK:
FILE: ALLISON ACRES 6-7
DG FILE:
TAX MAP NO: 4730314471

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...

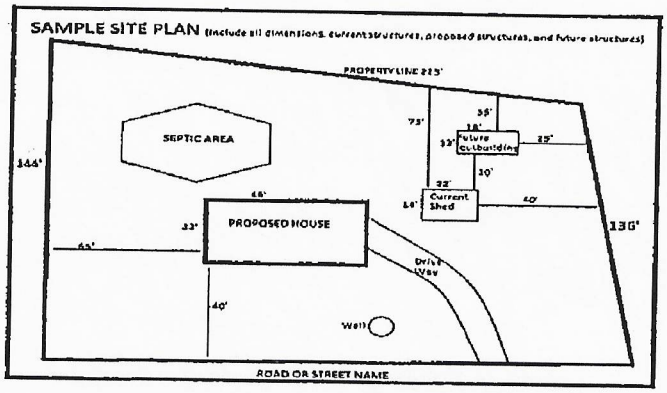
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

____ Location of septic systems and wells within 100' of your property.. N/A

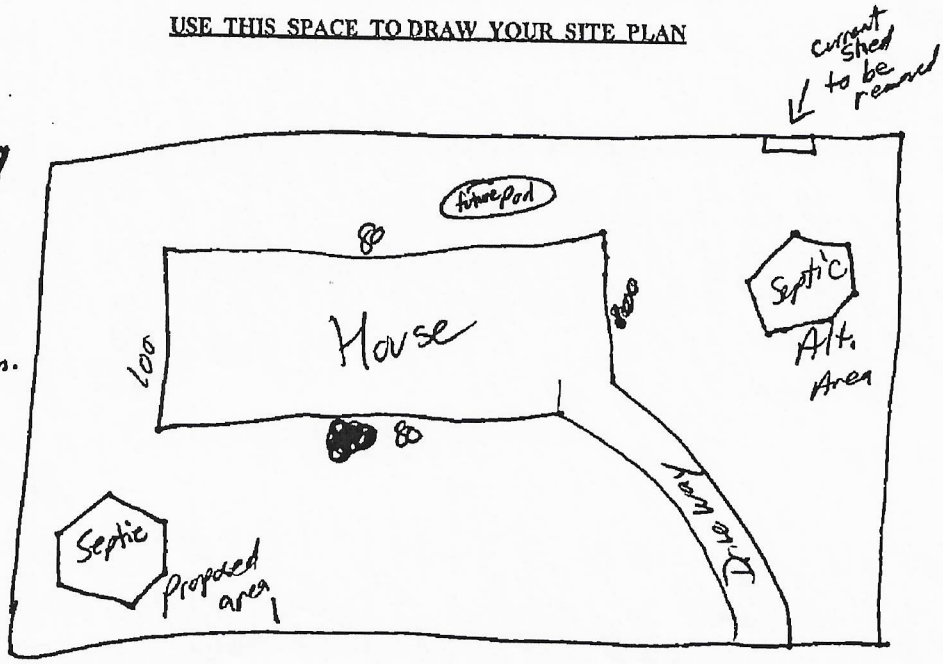
____ Location of easements and rights of ways on your property.. N/A

____ Location of any designated wetlands on the property.. N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN

Please call
Doug Durham
704-363-7167
or
Angie Mattingly
704-450-9453
to schedule inspection.



Signature: _____

REQUIRED property owner or owner's legal representative signature.

4/4/17
DATE

dotloop signature verification: www.dotloop.com/my/verification/DL-232552691-4-2/V3

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, Timothy L. Whitener, am the legal owner(s) of the property located at Lots 6 & 7 Lockhard Circle, Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4730-31-4354.000 4730-31-4444.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Steven Hankins, J Cash Real Estate, James & Angela Mattingly, 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.

Timothy L Whitener dotloop verified 04/05/17 10:57AM EDT Q1A3-GWV1-OZ14-YWVT — Signature of Owner(s) — Date

Steven L Hankins dotloop verified 04/05/17 10:47AM EDT -MSVK-YRK6-UHSG-GYEH — Signature of Witness — Date

Please return this signed form to the appropriate office:

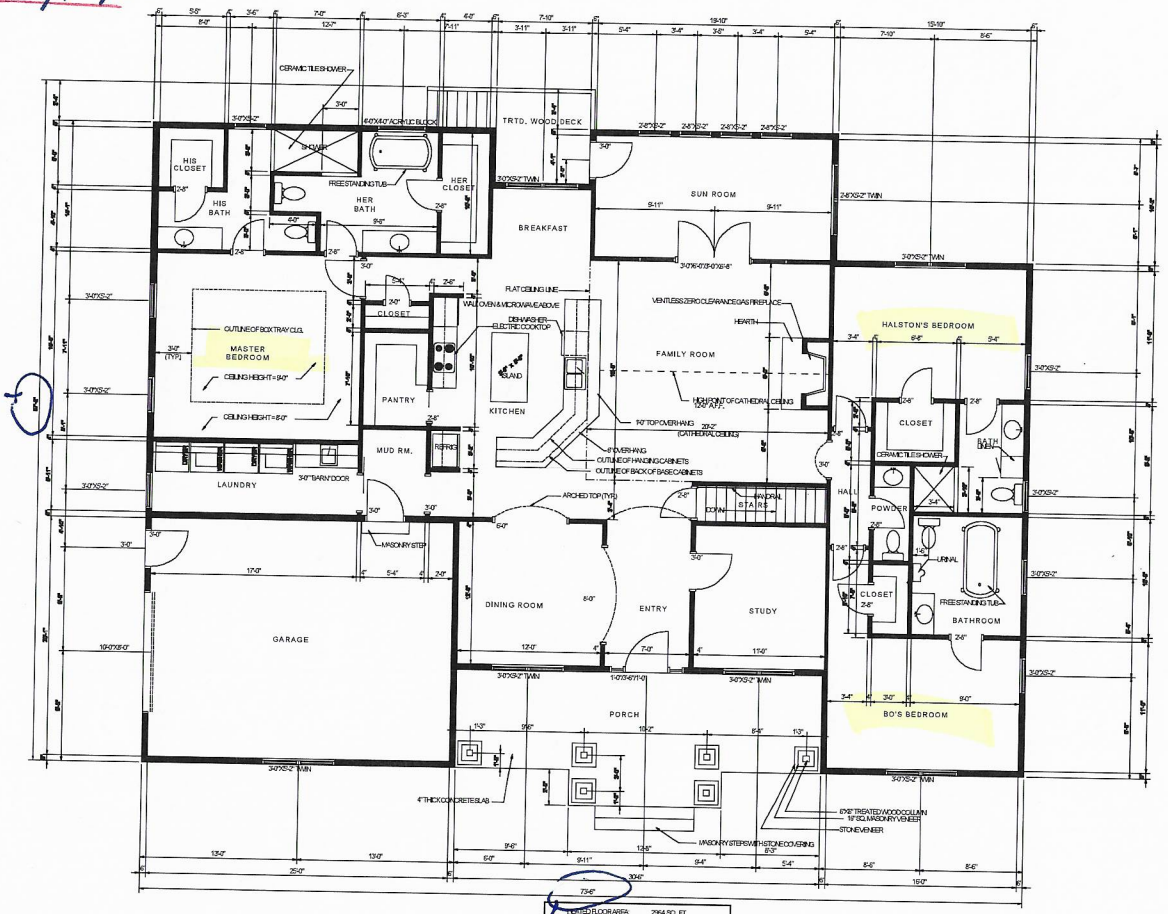
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

Date 12-14-18

Date 12/14/18



57'-2"

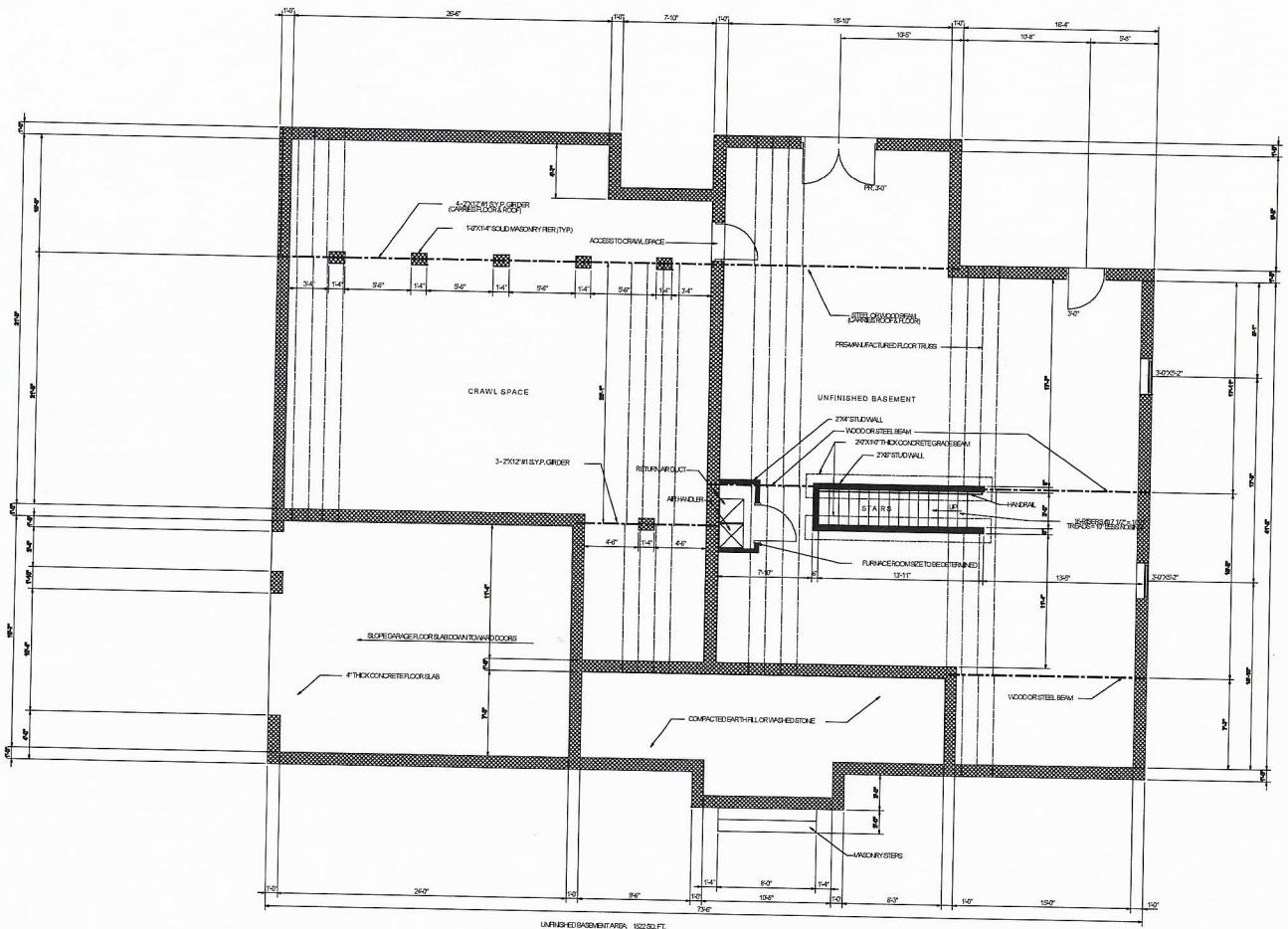
73'-6"

NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN
147 NANTZ WOODS LANE
TROUTMAN, N. C. 28166

A NEW RESIDENCE FOR:
JIMMY and ANGELA MATTINGLY and FAMILY
LOT 2 NANTZ WOODS
TROUTMAN, NORTH CAROLINA

FLOOR PLAN

SHEET NO. 2
DRAWN NANTZ
DATE 7-10-18
SCALE: 1/4" = 1'-0"



UNFINISHED BASEMENT AREA: 1022.50 S.F.

BASEMENT AND FOUNDATION PLAN

NANTZ DRAFTING & DESIGN
DRAFTING SERVICES & RESIDENTIAL DESIGN
147 NANTZ WOODS LANE
TROUTMAN, N. C. 28166
TELE. 704-528-6348
Mail: nantz@bellsouth.net

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NO.	DATE	DESCRIPTION	BY
		REVISIONS	

SHEET NO. 1

A NEW RESIDENCE FOR:
JIMMY and ANGELA MATTINGLY and FAMILY
LOT 1 SUBDIVISION
TROUTMAN, NORTH CAROLINA

BASEMENT & FOUNDATION PLAN
FLOOR FRAMING PLAN

DRAWN: DWNTZ
DATE: 7-16-18
SCALE: 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!

12-14-18 Date

Date 12-14-18

IREDELL COUNTY

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

APPLICATION NUMBER
226117
Issue Date: 04/04/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4730314444.000	247 LOCKHARD CIRCLE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: WHITENER HARRY R JR ETAL	Applicant: MATTINGLY JAMES T
Address: 287 IREDELL CO, NC 28625	Address: 168 JACOB'S WOODS CIRCLE TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code

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

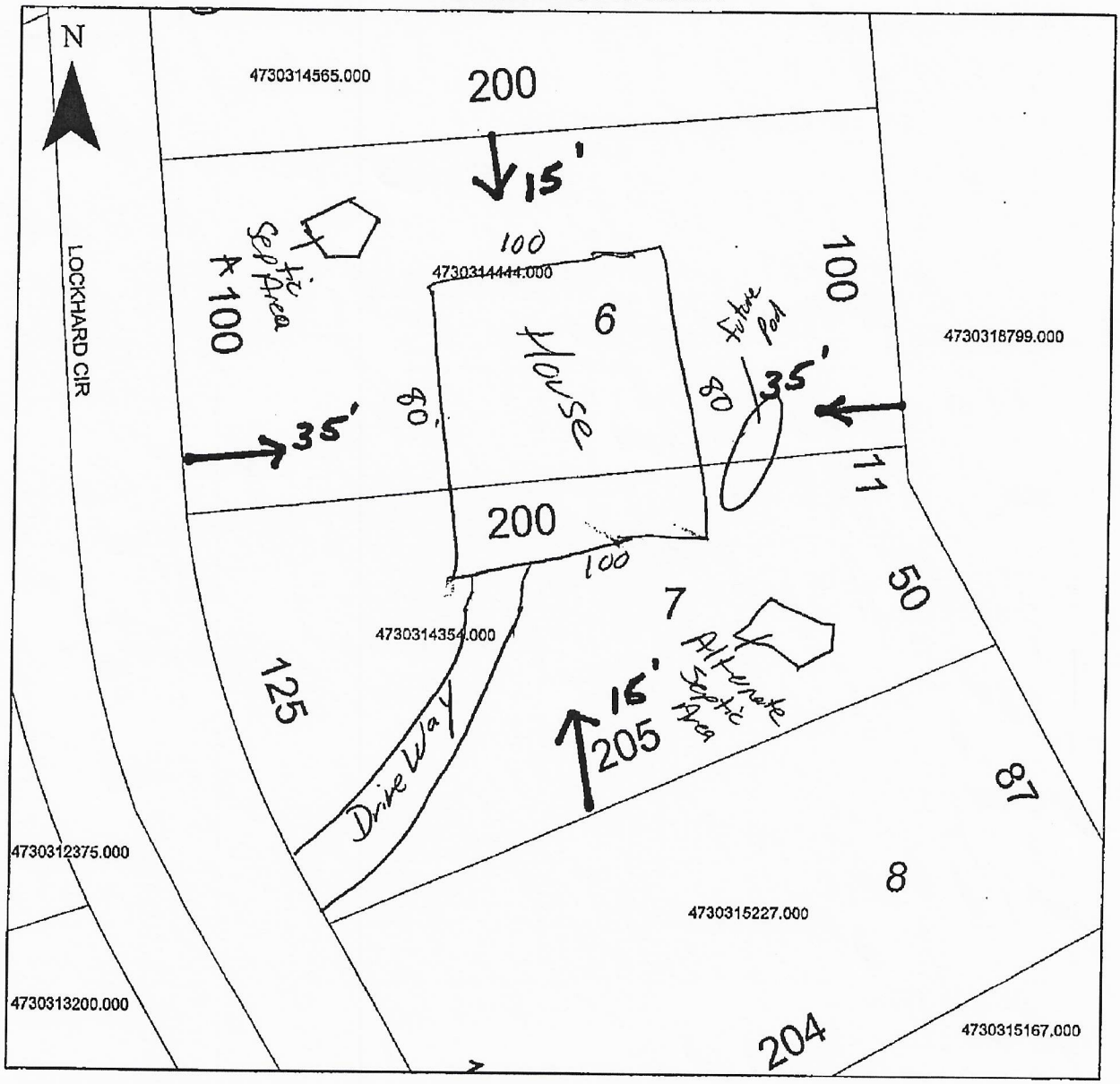
Remarks:

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	98586	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 247 Lockhard Circle Troutman 28166

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X _____
Applicant

X 4/4/17
Date