ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB. Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-300948

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

PIN # 4730481116

APPLICANT/OWNER: DPG Properties LLC APPLICANT ADDRESS: 7679 Lynwood Ln. Sherrills Ford, NC

SITE ADDRESS: 171 Shenandoah Loop Troutman, NC 28166 PHONE: 704-928-5600 ALT. PHONE —

SITE DIRECTIONS: State Park Rd. → R on Meadow Glen → L on Shenandoah → lot on L SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Meadow Glen SECTION: — LOT # 92 LOT AREA: .821 DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	6/13	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	6/21	System Description:	PM PPBPS			
Pump Make	Liberty		Model	280-5	Serial #	13HZHJ	Repair System Description:	LP PPBPS			
# Nitrification Fields	1		# Lines	4 @ 50'	Linear Ft	200'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	24"		Trench Bottom Depth (Low side) MAX		36"		Gravel Depth	—	☐ GRAVITY	☑ PRESSURE	

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Basement w/ plumbing

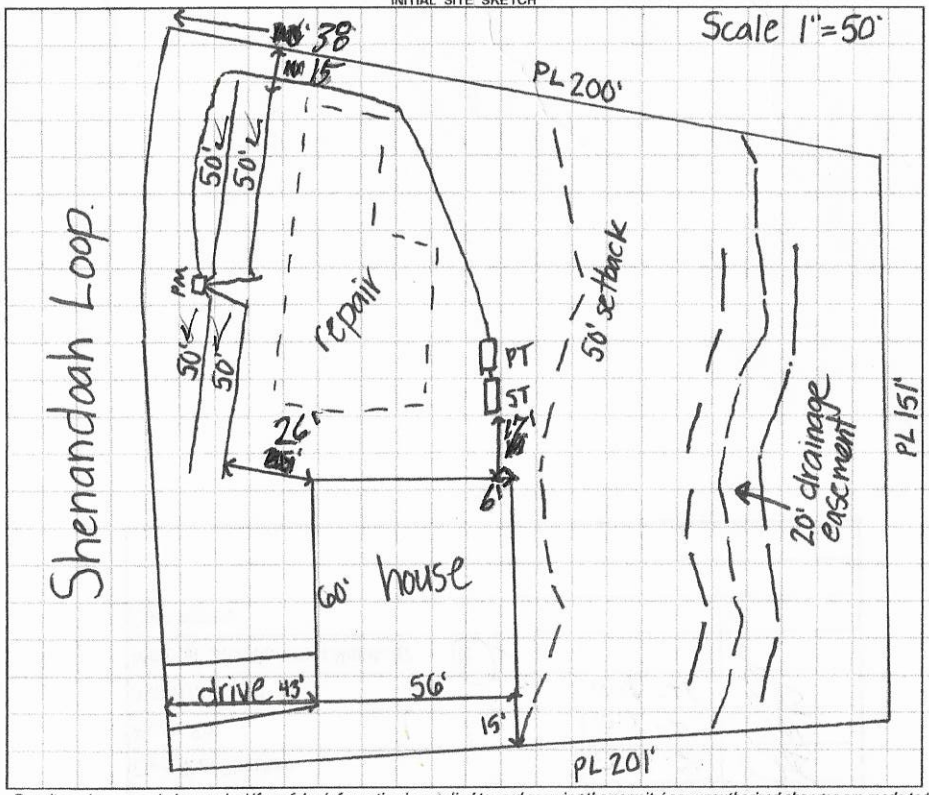
No. Bedrooms 3 No. Persons 6 No. Employees — ☐ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Tanks must be set 15' from house. Maintain 50' from creek with any part of septic.

Tap size: 1/2 sch 40 pressure: 2'
dosing volume: 172.8
draw down: 8.2

INITIAL SITE SKETCH



AS BUILT SKETCH

8/25/2021: Tanks were checked and good. Filter was in STand pump was in PT, did not have floats. Drain lines and pm box were good. As built measurments on site sketch not to scale.

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: 12/13/19 Installed by: Kevin Rowan sept

IMPROVEMENT PERMIT by: Kayla Watson Date: 12-6-19 OPERATION PERMIT by: [signature] Date: 10-18-2021

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 12-6-19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Item	Date	Initials
Drain Lines Checked	8/25/2021	PJB
Tanks Checked	8/25/2021	PJB
Pressure Manifold or Valve Box Checked	8/25/2021	PJB
Pressure Head Set	8/25/2021	PJB
Electrical Checked	10-18-21	
Floats Set	10-18-21	
Alarm Checked	10-18-21	
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Lot 92 Meadow Glen Subdivision

Fast Track Septic System Information

Number of Bedrooms:	**3**
Design Flow (gpd):	360
Foundation Type:	**Basement w/ Plumbing**
Initial System Type:	**LP PPBPS**
LTAR (gpd/ft2):	**0.30**
No. Lines:	4
Total Linear Feet:	200
Trench Width:	2' min.
Trench Spacing:	8' min.
Max Trench Depth (in.):	36"
Pump Required:	Yes
Distribution Device:	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required:	Yes
Length and Diameter of Supply Pipe:	~90' of 2" SCH 40 PVC
Size of laterals:	1 1/4" SCH 40 PVC
Flow Rate through the system (gpm):	24
Approx. Elevation head (ft.):	24
Pressure head (ft.):	3
Friction head (ft.):	1
20% Contingency (ft.):	1
Total Head (ft.):	29
Approx. Pump Requirements:	**24 gpm @ 29 ft. of head**

***To be designed by installer at time of installion**

Dosing Volume (gal/dose/day @ design flow): 172.8 gallons — 2.1 doses/day @ design flow*

Volume of water pumped per dose: Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)

Approx. Pump Run Time per dose (min.):	7.2
Check Valve:	Yes
Siphon Break hole:	Yes
Repair System:	**LP PPBPS**
Total Linear Feet:	347
Repair LTAR:	0.3

200 ft. Required

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Lot 92 Meadow Glen Subdivision Fast Track Septic System Information

Table 1: Summary of Initial LPPPBPS System Specifications

Line No.	Line Color	Length (ft)	# Panels	**Rod Reading Elev. (Ft.)	Hole Size(In.) per panel
1	Pink	50	12	18'	5/32"
2	Pink	50	12		5/32"
3	Orange	50	12		5/32"
4	Orange	50	12		5/32"
Totals		**200**	**48**		

Table 2: Summary of Repair System Specifications

Laterals	Line Color	Length (ft)	Elev. (Ft.)
1	White	85	
2	Red	85	
3	Blue	82	
4	Orange	50	
5	White	45	6'
Totals		**347**	

			Elev. (ft.)
Tank	Orange	1000 gal (2 compartment)	
Pump Tank	Orange	1000 gal.	0'
House	Blue	Front Left Corner	11.5'

**** Elevations should be verified by surveyor at time of installation**

NOTES: ** Place one 5/32" hole per panel

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: DPG Properties, LLC
ADDRESS:
APPLICATION DATE
DATE EVALUATED:
PROPOSED FACILITY: 3 BR SFD PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: LOT 92 Meadow Glen Subdivision
PROPERTY SIZE:
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixe

PROFILE #	.1948 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	#161	0-5	Wk, Gr, SL	VFr, SS, NP					0.30
		5-25	Wk, Sbk, C	Fr, SS, SP					
		25-40	Wk, Sbk, C	Fr, SS, SP	F-c Sap. Inclus.				
		40-50	Mass., L-Sap.	Fr, SS, SP	F-cL Pockets				
2	#4	0-20	Mo, Sbk, C	Fr, SS, SP					0.30
		20-40	Wk, Sbk, C/cL	Fr, SS, SP	F-c Sap. Inclus,				
		40-48	Wk, Sbk, CL	Fr, SS, SP	M-Sap. Inclus./Sap Mix				
3	#24	0-8	Mo, Gr, SL	VFr, NS, NP					0.30
		8-28	Mo, Sbk, C	Fr, SS, SP					
		28-60	Wk, Sbk, CL	Fr, SS, SP	C-Sap. Inclus,				
		60-65	Mass., L-Sap.	Fr, SS, SP	C-clay Loam Pockets				
4	#23	0-13	Mo, Gr, SL	Fr, SS, NP					0.30
		13-39	Mo/Wk, Sbk, CL	Fr, SS, SP	F-C, Sap Inclus				
		39-63	Mass., L-Sap.	Fr, SS, SP					

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

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

RECEIVED DEC 3 - 2019

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 300948

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: OLG Properties LLC Address: 7629 Lynwood Lane Sherrills Ford Zip: 28673

Applicant Email: GRarnard@aol.com Phone: 704-928-5600 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 171 Shenandoah Loop, Troutman, NC 28166

Subdivision Name: Meadow Glen Section/Phase: _____ Lot Number: 92

Driving Directions: State Rd to (R) on Meadow Glen Dr. to (L) on Shenandoah Loop to lot on left

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 ( ) 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: Gary M Barnard manager 11/19/19

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)

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.

_____ 11/19/15
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

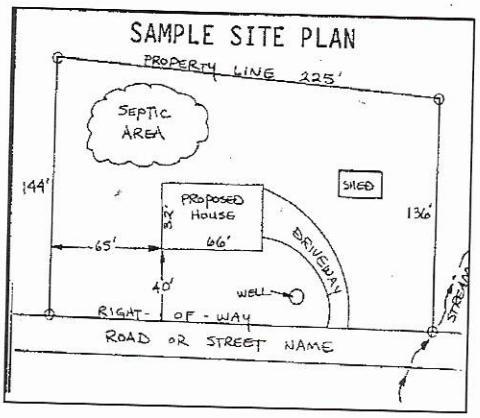
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- ( ) 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:

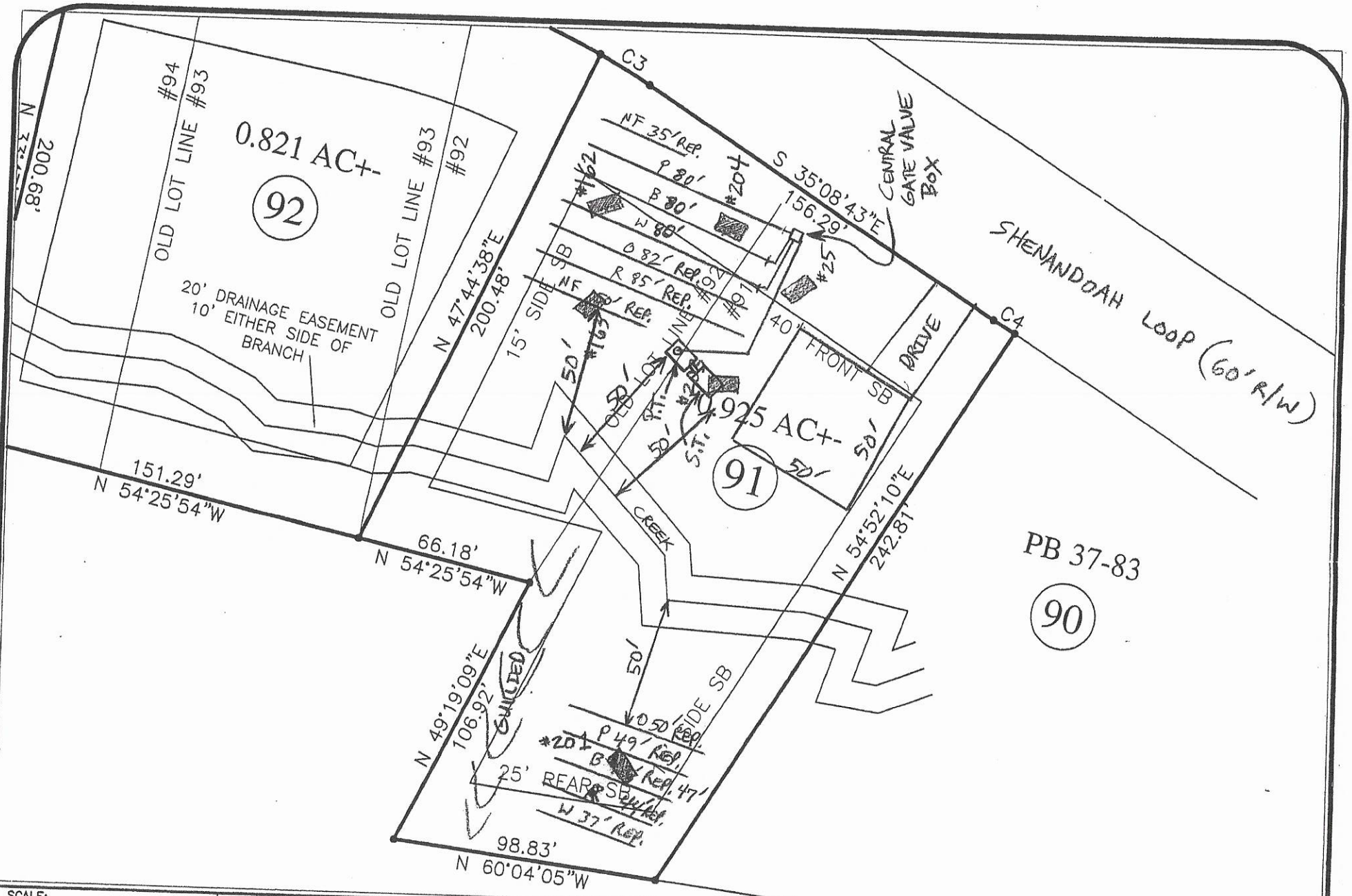
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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

Signature: Gary M Dawn Owner 11/09/19

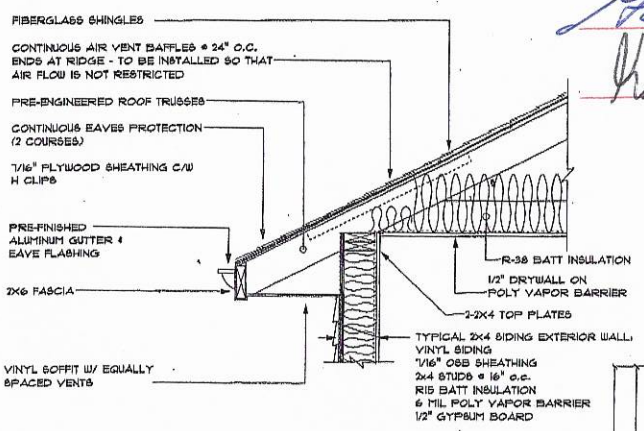
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



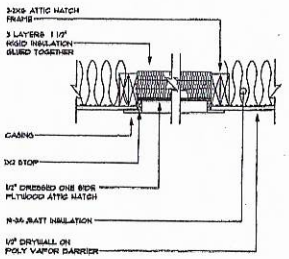
SCALE: 1" = 50'	DATE: 03/20/2008	S&ME	3718 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 PH. 336-288-7180 FAX. 336-288-8980 WWW.SMEINC.COM	Lot 91 Meadow Glen Subdivision Iredell County, NC
PROJECT NO. 1588-08-015	DRAWN BY: PLM			FIGURE NO. 1
	CHECKED BY: PGP			

Acknowledgement Of
Plans Submittal ONLY!
Stacy Brand Date 12/3/19
Krista Wilson Date 12-6-19

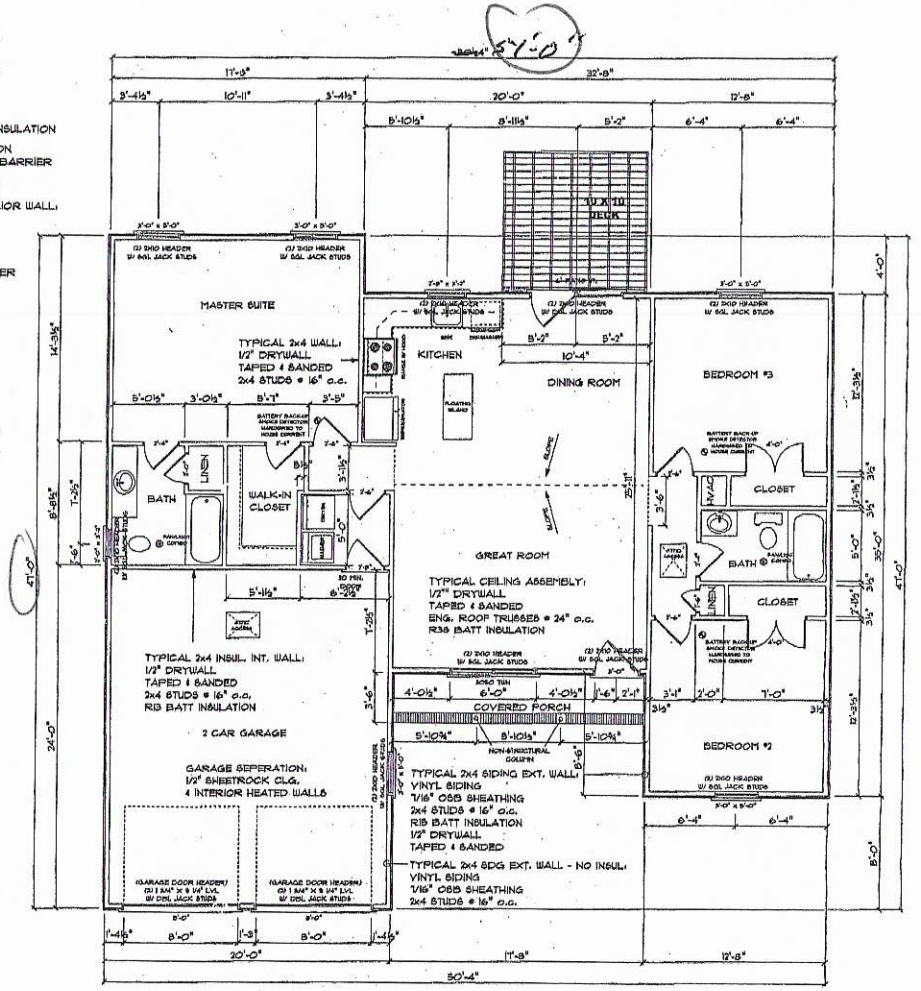
1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.



WALL DETAIL



ATTIC HATCH



FLOOR PLAN
SCALE: 1/4" = 1'-0"

HEATED - - - - - - - - 1371 SQ. FT.
COVERED PORCH - - 62
GARAGE - - - - - - - - 473

BUILDER INFORMATION
G&G Builders of Lake Norman, LLC
8168 Fair Oak Drive
Sherrills Ford, NC 28673
(O) 828-478-3656 (C) 443-745-2222
License #66034

DRAWING TITLE
FLOOR PLAN

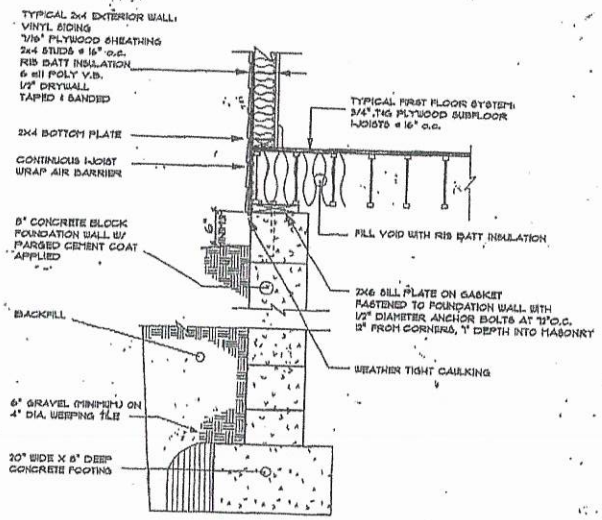
PROJECT INFORMATION
MODEL 1371

PROJECT INFORMATION
PERMIT NO.
ORIGINAL DATE JAN. 2018
REVISED DATE
DRAWN BY D. ELLIS
SCALE 1/4" = 1'-0"

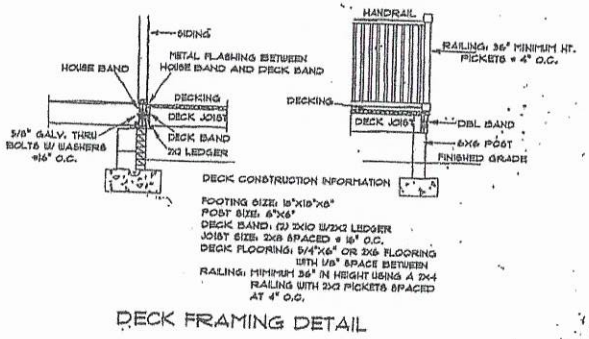
SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-5634

SHEET NO.
A2

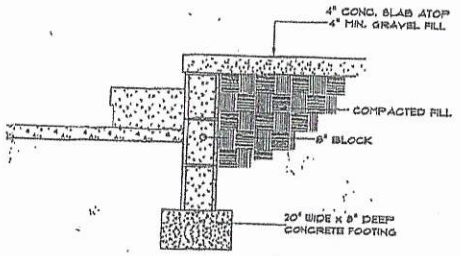
Lot 92



8" BLOCK FOUNDATION WALL

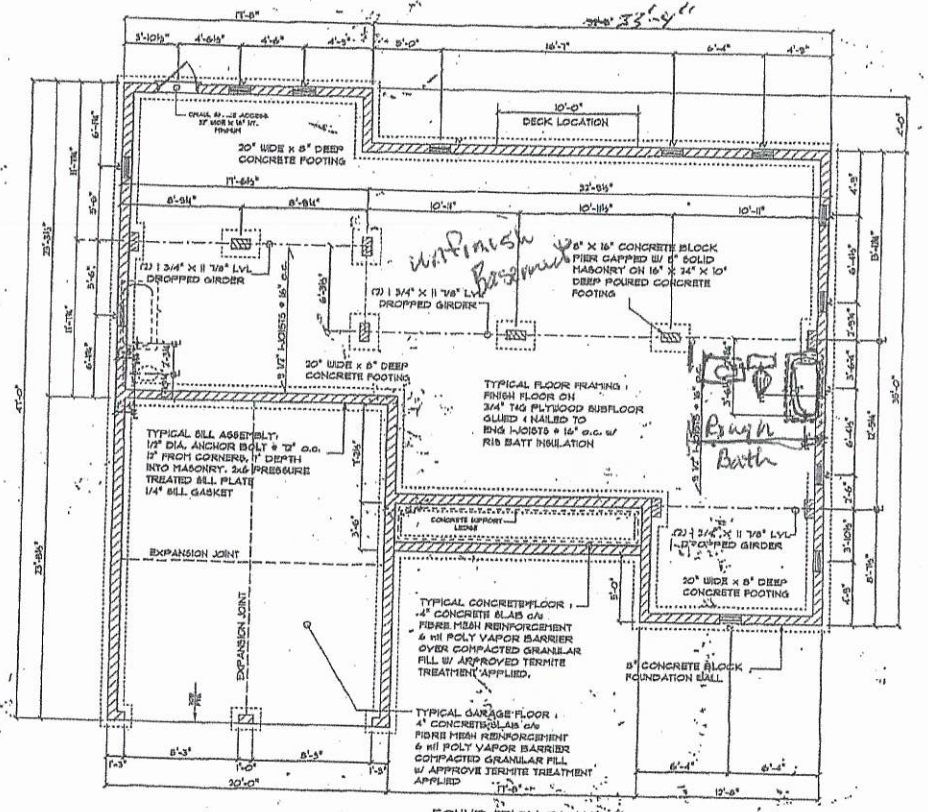


DECK FRAMING DETAIL



FRONT PORCH SLAB ON FILL

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.



FOUNDATION PLAN

NOTICE TO CONTRACTOR:

ALL FOOTINGS TO BE LOCATED BELOW FROST LINE (SEE LOCAL CODE) ON HARD PAN W/ UNDISTURBED SOIL (MIN. 2,000 LB TEST)
IF BACKFILL EXCEEDS 48", REINFORCE FOUNDATION WALL AS PER CODE

FOUNDATION VENTILATION CALCULATIONS

CRAWL SPACE AREA = 1350 SQ. FT.

CALCULATIONS: TOTAL AREA OF 8"X16" VENT =128 S.I. = .89 S.F.
ASSUMED NET FREE AREA = .72 S.F. PER VENT
TOTAL S.F. OF VENTILATION NEEDED = 1350 DIVIDED BY 150 = 9.25 S.F. TOTAL 8"X16" FOUNDATION VENTS NEEDED AT .72 S.F. PER VENT = 13 VENTS

FOUNDATION VENTS 36" MIN FROM CORNERS.

TOTAL AREA OF VENTILATION OPENINGS MAY BE REDUCED TO 1/1500 OF THE UNDER FLOOR AREA WHERE THE GROUND SURFACE IS COVERED WITH 6 MIL POLY VAPOR BARRIER. VENTS MAY HAVE OPERABLE LOUVERS.

BUILDER INFORMATION
G&G Builders of Lake Norman, LLC
5166 Fair Oak Drive
Mantle Rock, NC 28678
(o) 828-495-2223
License #64054

DRAWING TITLE
FOUNDATION PLAN

PROJECT DESCRIPTION
MODEL 1371

PROJECT INFORMATION
PERMIT NO.
ORIGINAL DATE JAN. 2018
REVISED DATE
DRAWN BY D. ELLIS
SCALE 1/4" = 1'-0"

SCRATCH PAD DESIGNS
39 SOUTH ZION STREET
LAKE NORMAN, NC 28036
(704)895-5424

SHEET NO. A3

Acknowledgment Of Plans Submittal ONLY
Buyer Witness Date 12-6-19
Seller Witness Date 12/13/19

Zoning Permit # 300948
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	Sept. 13, 2019	Tax Parcel #	4730481116
	Business Name or Property Owner	DPG Properties, LLC		
	Street Address & Lot Number	171 Shenandoah Loop, Troutman		
	Business Type and/or Project Description	SFR		
APPLICANT	Applicant	DPG Properties LLC	Preferred Phone	704-928-5600
	Address City/State/Zip	7679 Lynwood Lane, Sherrills Ford, NC 28673		
	E-Mail	GBarnard13@aol.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	TL ☐ ETJ ☑	Plans Attached	Yes ☑ No ☐
Utilities	Public WA/Septic		Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR			
Minimum Setback Requirements	Front 25', Rear 25', Left Side 10', Right Side 10' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments: 2 Front Yard trees.

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Gary M. Barnard
Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Danielle Wright
Signature of Zoning Administrator