IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP-241685

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

PIN # 4732165806

APPLICANT/OWNER: AUTUMN BROOK LLC APPLICANT ADDRESS: 1542 QUEENS ROAD WEST, CHARLOTTE, NC 28207

SITE ADDRESS: 118 CARRIAGE HILL DRIVE STATESVILLE, NC 28677 PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: (S) ON 21, (R) ON OLD MOUNTAIN ROAD, (R) ON WALLACE SPRINGS, (L) ON SIERRA CHASE, (R) ON CARRIAGE HILL, 5th lot on (R)

SUBDIVISION: AUTUMN BROOK SECTION: P2 LOT # 11 LOT AREA: 0.88 AC

SAP CONTROLLED: ☐ YES ☑ NO DESIGN FLOW: 360 GPD L.T.A.R.: 0.5

Septic Tank	1000	(gal)	STB	Eng Master	Date	10/19	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	1000	(gal)	PT	Taf tator	Date	11/19	System Description:	LPPBPAS			☐ Business	No. Persons	6	☐ Private	
Pump Make	Orenco	Model	PF300511		Serial #	1/2 HP	Repair System Description:	TS-1 DRIP			☐ Other	No. Employees	—	☑ Public	
# Nitrification Fields	1	# Lines	4		Linear Ft	300	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	36 IN	Trench Bottom Depth(Low side)	14 IN		Gravel Depth			☐ GRAVITY	☑ PRESSURE		☑ Basement w/ plumbing		☐ Basement w/o plumbing		

Comments / Conditions: SITE PLAN MUST BE ATTACHED TO PERMIT AT ALL TIMES OR PERMIT IS INVALID

INITIAL SITE SKETCH

	Date	Initials
Drain Lines Checked	1/30/2020	PJB
Tanks Checked	1/30/2020	PJB
Pressure Manifold or Valve Box Checked	1/30/2020	PJB
Pressure Head Set	2/28/2020	SF
Electrical Checked	2/17/20	KW
Floats Set	2/28/2020	SF
Alarm Checked	2/17/20	KW
Maintenance Contract (Y) / N	3/3/2020	SF

2/28/2020

6" feather 10" pump range * Nope! *

KATHLEEN SAUNDERS 253 #1313

20 gd

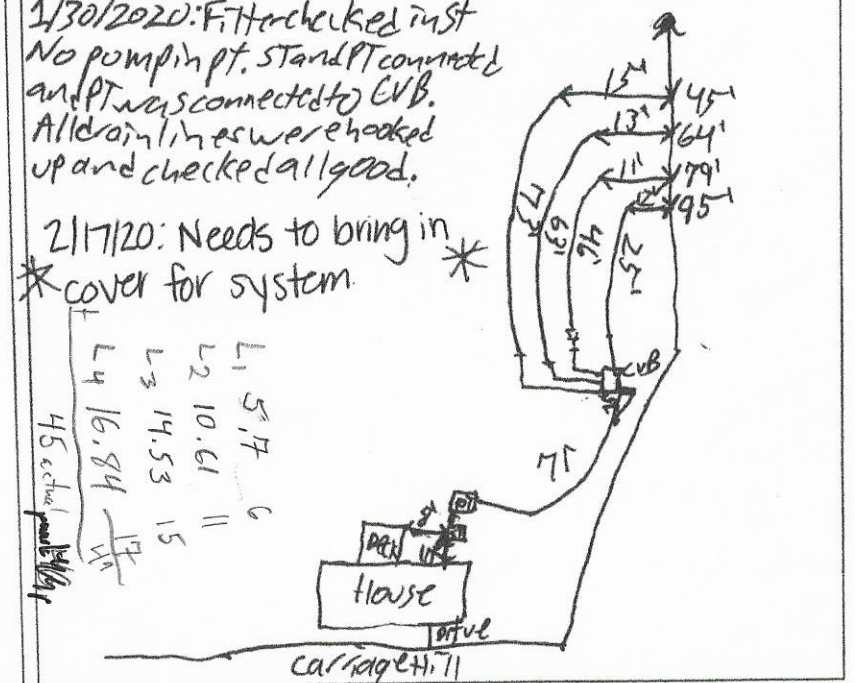
✓ 4" feather = 7 8" pump range (Alderon Big Switch)

AS BUILT SKETCH Not to scale

* 1-27-2020 - Tanks Checked Needs Filter check

1/30/2020: Filter checked inst No pump in pt. Stand PT connected and PT was connected to CVB. All drain lines were hooked up and checked all good.

2/17/20: Needs to bring in * cover for system *



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

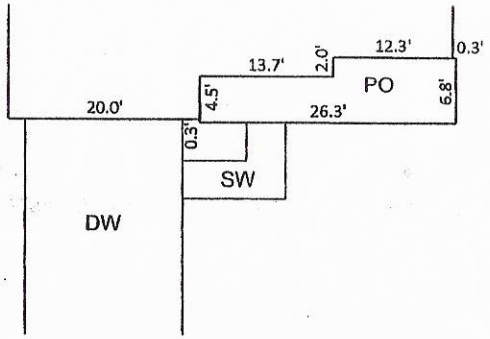
☐ IMPROVEMENT PERMIT with plat valid without expiration ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 9/5/19 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Burkhart C. White Date: 9-5-2019 OPERATION PERMIT by: Tom Shuck Date: 3/3/2020

AUTHORIZATION TO CONSTRUCT by: Burkhart C. White Date: 9-5-2019 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.



INSET SCALE: 1"=20'

NOTES:

1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
3. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT
4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
5. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
6. THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, ETC. REFERENCED IN TITLE BLOCK.
7. NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM.
8. SURVEYOR HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
9. THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD ZONE. IT IS LOCATED IN ZONE "X" AS DEFINED.BY HUD F.I.R.M. MAP 3710473200J DATED MARCH 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING IS RA/R-20.
11. SEPTIC LOCATION INFORMATION IS APPROXIMATE AS TRACED FROM IREDELL COUNTY HEALTH DEPARTMENT PERMIT.
12. ALL LOTS ARE SUBJECT TO A 10' UTILITY & DRAINAGE EASEMENT AROUND THE PERIMETER OF EACH LOT.
13. 10' X 70' SIGHT TRIANGLES ARE LOCATED AT ALL INTERSECTIONS.
14. PROPERTY OWNER: SMITH DOUGLAS HOMES
    4293-D2 NC 24
    MIDLAND, NC 28107

N

0 20 40

SCALE:
1" = 40 ft.

APPROVED SEP 05 2019

N/F
ARTHUR P. DICKENS, JR.
2312/2213

N16°21'18"W 177.54'

35' REAR SETBACK

11

38,388 SF
0.88 AC

*SEE NOTE 13

15' SIDE SETBACK

S89°09'59"E 216.19'

15' SIDE SETBACK

S81°02'39"E 156.00'

WD

PROPOSED
SYDNEY-B
BASEMENT
2 CAR LEFT

66.1'

37.5'

PO

SW

DW

35' FRONT
SETBACK

20.0'

35'

WM

S00°15'58"E 143.99'

PUBLIC STORM
DRAIN
EASEMENT

TEMPORARY
CUL-DE-SAC

CARRIAGE HILL DRIVE
PUBLIC 50' R/W

REVISIONS: FLIP FROM RIGHT TO LEFT GARAGE PER REQUEST; UPDATE PLOT PLAN 6-27-19 NMW
ADD NEW SEPTIC LAYOUT INFORMATION PER NEW PERMIT; UPDATE PLOT PLAN 7-22-19 NMW

P:\2017 Projects\170301 Autumn Brook SDC\dwg\170301 Autumn Brook SDC.dwg, 7/22/2019 2:13:44 PM, nwalker

APPROVED SEP 03 2019

APPROVED SEP 05 2019

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 118 Carriage Hill Dr

Date: August 14, 2019

Attached is the septic specification information required to permit 118 Carriage Hill Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

Autumn Brook Lot 11 Fast Track Septic System Information

Horizontal Installation

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Minimum Linear Feet	200
Total Linear Feet	200
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth	14"
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	23 gpm
Elevation head	Approx: 6 ft
Pressure head	3 ft
Friction head	1.1 ft
20% Contingency	2.02 ft
Total Head	12.12 ft
Pump Requirements	23 gpm @ 12.1' of head To be designed by installer.
Maximum Dosing Volume	165.6 gal -2.2 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.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	yes
Repair System	**Subsurface Drip**
Total Linear Feet	2,880 sqft
Repair LTAR	0.125
	TS-I Pretreatment

APPROVED SEP 05 2019

***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.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Red	LPPPBPS	23 endfed	10.14	5	5	1 per panel	5/32"
2	System	Pink	LPPPBPS	44 endfed	12.42	10	10	1 per panel	5/32"
3	System	Orange	LPPPBPS	61 endfed	14.27	14	14	1 per panel	5/32"
4	System	Blue	LPPPBPS	72 endfed	16.1	17	17	1 per panel	5/32"
						Total: 46	Total: 46 (1 in each panel turned up)		
				Total System: 200'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	3.10
House	blue		6.07

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Cover material 6-8" will be needed over initial system area, extending 5 ft in all directions out from the septic lines and tapered to shed water away from system

APPROVED SEP 05 2019

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
FY ID #:
COUNTY: Iredell

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

APPROVED SEP 05 2019

OWNER: Autumn Brook LLC
ADDRESS: 1542 Queens Rd W Charlotte
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Autumn Brook Lot 11
APPLICATION DATE
DATE EVALUATED: 11/22/17
PROPERTY SIZE: 0.769
PROPERTY RECORDED: No

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
A	L 30%	0-12	Mo GR SL	FR NS/NP	Br				0.3
		12-34	Mo SBK C	FR SS/SP	R				
		34-55	Wk SBK C	↓	R; C sap; F Rock pockets				
						55"	N/A	N/A	
B	L 25%	0-22	Mo GR SL	FR NS/NP	Br				0.3 to 37"
		22-37	Wk SBK SCL	FR SS/SP	Lt R				
		37"	Cr						
						37"	N/A	37"	
C	L 25%	0-20	Wk SBK SL	FR NS/NP	Br				0.2 drip
		20"	2 Chr						
						20+	N/A	20"	
D	L 25%	0-20	Mo GR SL/Wk SBK SCL	FR NS/NP	Br				0.2 drip
		20"	Cr						
						20"	N/A	20"	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	Sub drip
Site LTAR	0.3	0.2

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

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
NORTH CAROLINA

COMMENTS:

Updated February 2014

Kathleen Saunders

Session Law

RECEIVED AUG 16 2019

IREDELL COUNTY HEALTH DEPARTMENT

Paid $1200.00

#241685

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: APPLICATION FORM

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit (X) 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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Autumn Brook LLC Address: 1542 Queens Rd W 28207 Phone:

Owner Name: Same Address: Phone: 704-578-4951

Property Information:

(LSS)

Street Address: 118 Carriage Hill Dr Statesville 28677

Subdivision Name: Autumn Brook Section/Phase: Lot Number: 11

Driving Directions: Wallace Springs Rd, @ Autumn Mist Rd, Sierra Chase Dr, Carriage Hill, on R

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) 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 (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: Kathleen Saunders

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

8-14-19

DATE

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, gates, 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...

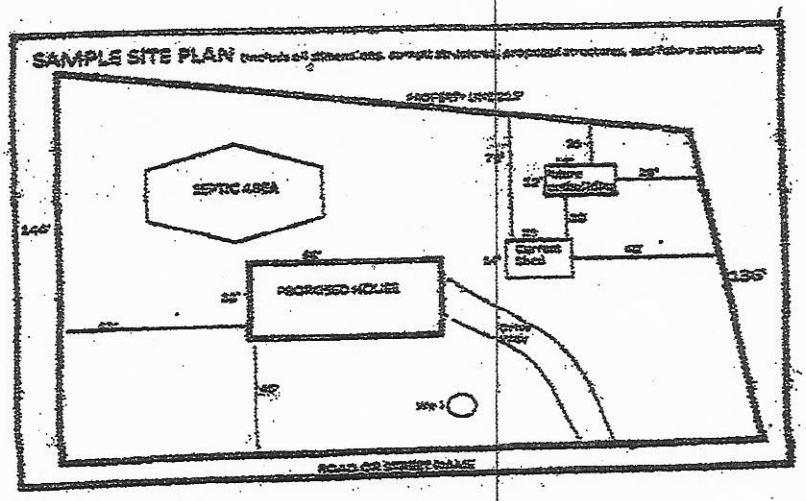
X North arrow, or other sufficient indicator of direction...

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 see attached site plan

8-14-19

Signed Kathleen Saunders

Date

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ron Willing/Smith Douglas Homes, am the legal owner of the property located at 118 Carriage Hill Dr, identified as PIN(Parcel Identification Number) 4732 16 5806, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

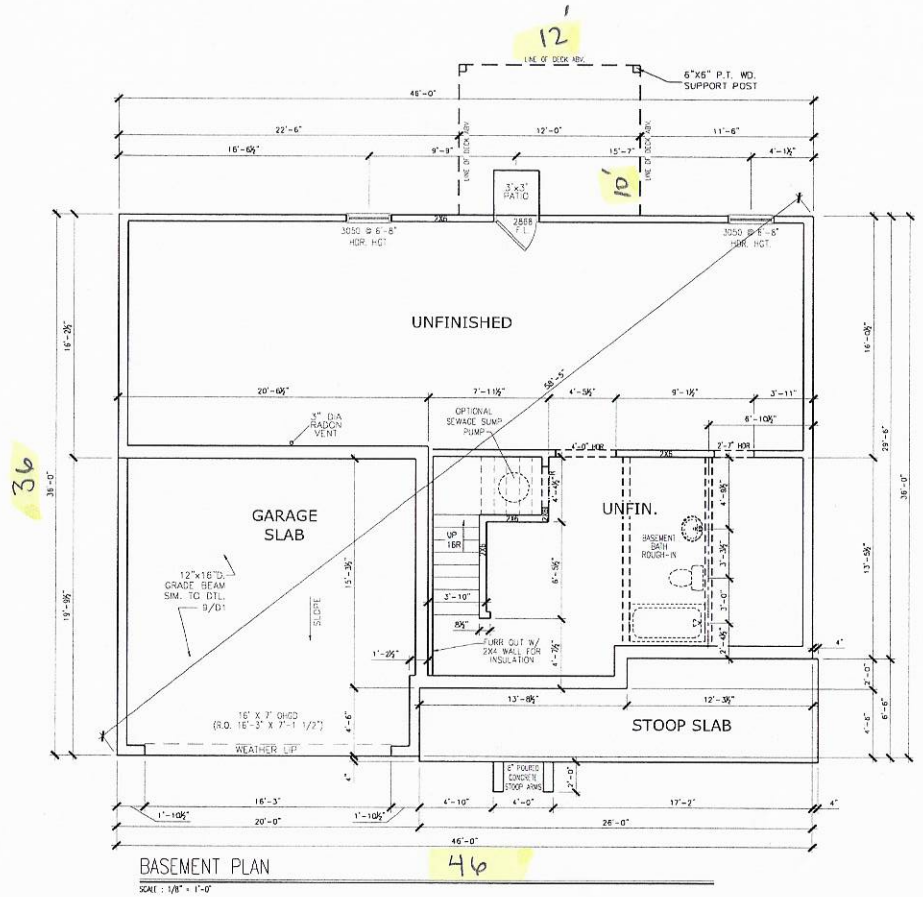
I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 8-14-19
Signature of Owner Date

_____ 8-14-19
Signature of Witness Date

APPROVED SEP 05 2019

Autumn Brook - Lot 11



*RADON VENT PROVIDED PER LOCAL CODE

REFER TO DETAIL 5/D2 FOR BRICK LEDGE DETAIL WHEN BRICK VENEER IS CHOSEN

Acknowledgement Of Plans Submittal ONLY!

Kathleen Saunders Date 8/16/19

Barbara C. Weiss Date 9-5-19

© SMITH DOUGLAS HOMES 2019

REVISION	BY	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

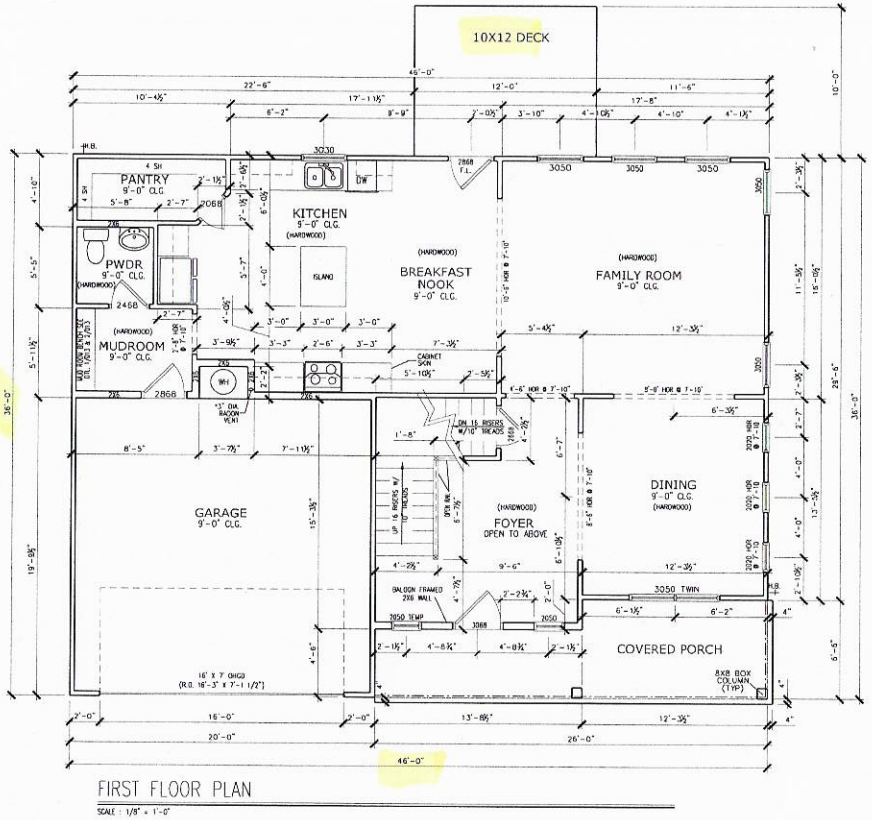
FOUNDATION PLAN
BASEMENT PLAN
SYDNEY

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA 30188
www.smithdouglas.com

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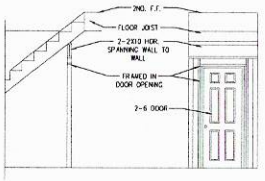
BY	CHK
CLJ	AW
DATE: 6/28/19	
FACADE OPT: B	
PLAN #:	
FND: ALL	ELEV: B
PAGE NO: A4.1	

Autumn Brook - Lot 11



FIRST FLOOR PLAN

SCALE : 1/8" = 1'-0"



STAIR HEADER FRAMING DETAIL

*RADON VENT
PROVIDED PER
LOCAL CODE

Acknowledgement Of
Plans Submittal ONLY!

Kathleen Saunders Date 8/16/19

Burkhart Custom Date 9-5-2019

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BY	REVISION	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

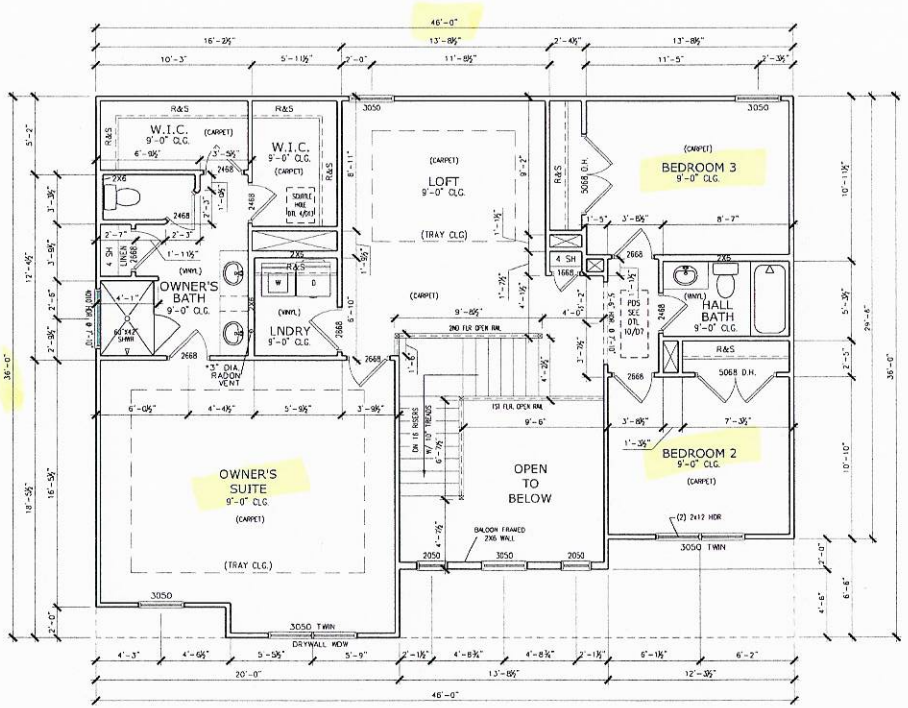
FLOOR PLANS
FIRST FLOOR
SYDNEY

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SUITE 215
WOODSTOCK, GA 30188
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BY: CLJ	CH: AW
DATE: 6/28/19	
FACADE OPT: B	
PLAN ID:	
FND: ALL	CLEV: B
PAGE NO: A5.1	

Autumn Brook - Lot 11



SECOND FLOOR PLAN ELEVATION

SCALE : 1/8" = 1'-0"

*RADON VENT PROVIDED PER LOCAL CODE

REFER TO MANUFACTURER'S SPECS. FOR DRAIN LOCATIONS ON DETAIL SHEETS D12,D12.1,D12.2 & D12.3

Acknowledgement Of
Plans Submittal ONLY!

Kathleen Saunders Date 8/16/19

Barbara C. White Date 9-5-2019

© SMITH DOUGLAS HOMES 2019

BY	DATE	REVISION

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
SYDNEY

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110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA 30188
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BY: CLJ	CHK: AW
DATE: 6/28/19	
FACADE OPT: B	
PLAN #:	
TYP: ALL	ELEV: B
PAGE NO: A5.2	

IREDELL COUNTY

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

APPLICATION NUMBER
241685
Issue Date: 08/15/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732165806.000	118 CARRIAGE HILL DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK DEV LLC	Applicant: THE OAKS GROUP
Address: 1542 QUEENS ROAD WEST	Address: 121 HOLT LN
STATESVILLE, NC 28207	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD TRANSFERRED FROM 231518	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	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	189123	TOTAL FEES:	$