IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232766.

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

PIN # 4732561444

APPLICANT/OWNER: Chenell McKeely APPLICANT ADDRESS: 441 Brookfield Drive.

SITE ADDRESS: 191 Pinehaven RD Statesville NC 28677. PHONE: 704-929-4260 ALT. PHONE

SITE DIRECTIONS: 21 South Right on to Pinehaven Stay to Left to Stay on Pinehaven. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Morgall Acres. SECTION: - LOT # 11 LOT AREA: ~ DESIGN FLOW: 360 L.T.A.R.: .25

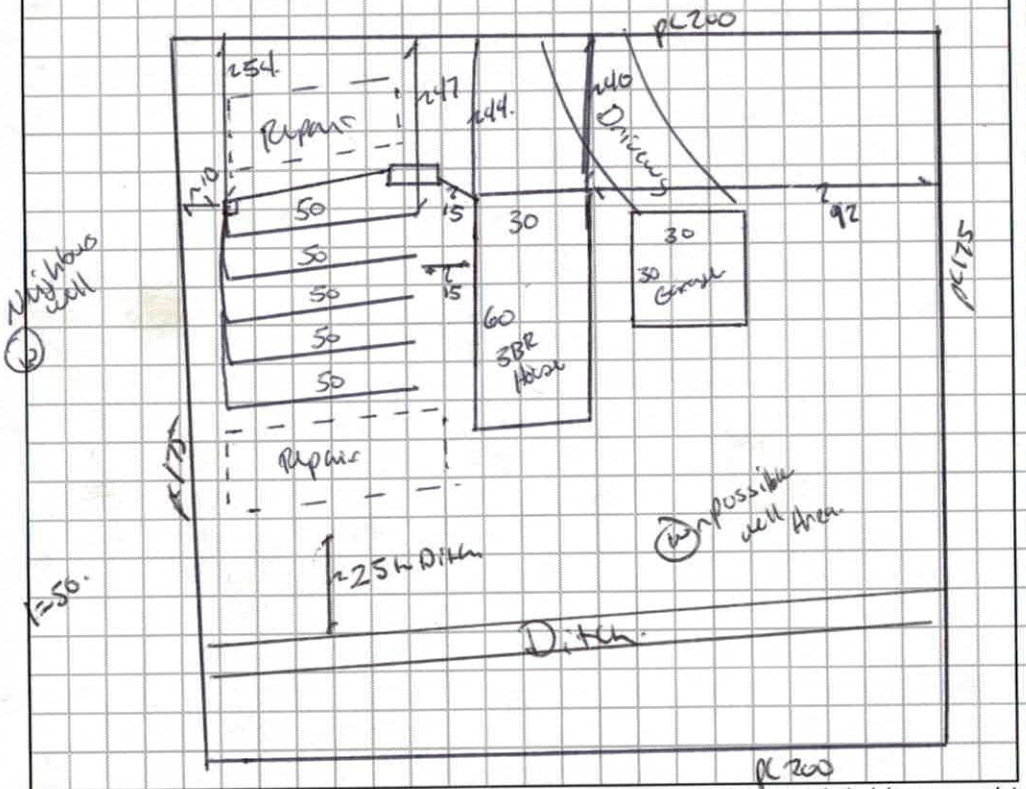
Septic Tank	1000 (gal)	STB	1012.	Date	2-6-18.	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity Panel Block -50%			☐ Business	No. Persons 6
Pump Make	Model			Serial #		Repair System Description:	Panel Block 50%			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	250	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	~	☒ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the contour of the land Feed system From D-Box Equally. DO not Drive, park, pave, or add ac bug utility's in rewinfield Area.

*House not built @ time of installation.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: 5/8/18 Installed by: Gerry Thompson - Frye Grading

IMPROVEMENT PERMIT by: Benjamin Butler Date: 5/7/18 OPERATION PERMIT by: Benjamin A. Butler Date: 5/15/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin Butler Date: 5/7/18. 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.

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

Sheet 1 of 2
PROPERTY ID #: 5173251461
COUNTY: Iredell

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

OWNER: McNeely — APPLICATION DATE: ____
ADDRESS: 191 Parkman RD SC — DATE EVALUATED: ____
PROPOSED FACILITY: 4 BR Hse — PROPOSED DESIGN FLOW (.1949): 440. — PROPERTY SIZE: ____
LOCATION OF SITE: 191 Parkman RD SC — PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10%	0-8	SCL	SS SP FR SAP		<17			PS .25 Water coming due 36 Curtain Drain.
		8-36	C SBK	SS SP FM					
		36-48	CL WBK	SS SP FR					
2	12%	0-15	SCL	SS SP FR SAP		<17			PS .25 water bluelin @30.
		15-36	C SBK	SS SP FM					
		36-48.	CL WBK	SS SP FR					
3	5%	0-15	SCL	SS SP FR SAP		17			.25 Water 15 Curtain
		15-36	C SBK	SS SP FM					
		36-48.	CL WBK	SS SP FR					
4	5%	0-15	SCL	SS SP FR SAP		18			.25. Water 15 Curtain Drain
		15-36	C SBK	SS SP FM					
		36-48.	CL WBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	3	
System Type(s)	III 50%	III 50%
Site LTAR	.25	.25

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

COMMENTS: Curtain Drain for Repair - Deep.

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

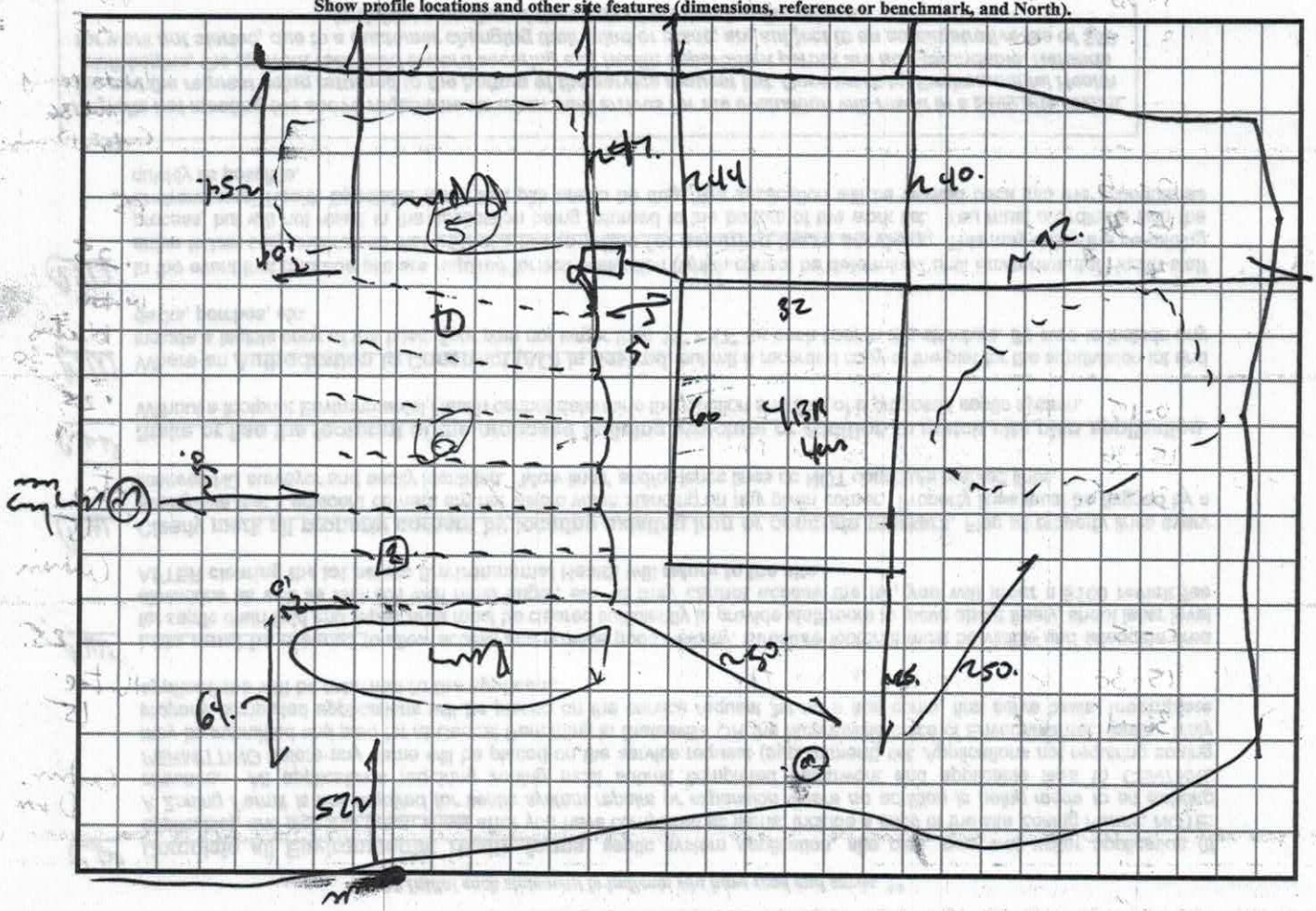
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).


5
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SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

* going to 3 BR Home needed two lots

PROPERTY ID #: 4732561449
DATE OF EVALUATION: 5/9/19
COUNTY: Franklin

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
5	10%	0-8	SCC wSBK	SS SP FP		60	-	-	P .25
		8-36	C SBK	SS SP FM					
		36-60	CC wSBK	SS SP FR					
6	10%	0-15	SCC SBK	SS SP FR SEP		60	-	-	P .25
		15-36	C SBK	SS SP FM					
		36-60	CC wSBK	SS SP FR					

COMMENTS:

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Chenell Mcneely Address: 441 Brookfield dr Zip: 28625
Applicant Email: _____ Phone: 704-929-4260 Alt. Phone: _____
Owner Name: Chenell Mcneely Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 191 Pine haven Rd Statesville NC. 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Take 21 south, Turn Right on to Pinehaven Stay to the left to stay on Pinehaven. It's all the way down on left hand side.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: _____

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: CMcneely 1-16-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

5/7/18 (Date)

Owner: Chenell McNeely
Address: _____

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):

191 Pinehaven

I, Chenell McNeely, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 2/13/18 (date) for a system

Gravity Panel Block
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
5/7/18. **(Date)**

Owner: McNeely
Address: 4141 Brookfield Drive.

Subject: Notice of Intent to Revoke/Suspend Chenell McNeely 191 Pinehaven RD
(**specify name/location**) Improvement Permit/Construction Authorization

Dear McNeely:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 191 Pinehaven Rd Statesville. (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type IV - 50%. (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Changing System Flow	.1900 et seq.

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 5/7/2018. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Benjamin A. Bates

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232766

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

PIN # 4732561444.000

APPLICANT/OWNER: Chenell McNeely APPLICANT ADDRESS: 441 Brookfield Drive

SITE ADDRESS: 191 Pinehaven RD Statesville NC 28677 PHONE: 704-929-4260 ALT. PHONE ~

SITE DIRECTIONS: 21 South Right on to Pinehaven Stay to the left to stay on Pinehaven SAP CONTROLLED: ☐ YES ☒ NO

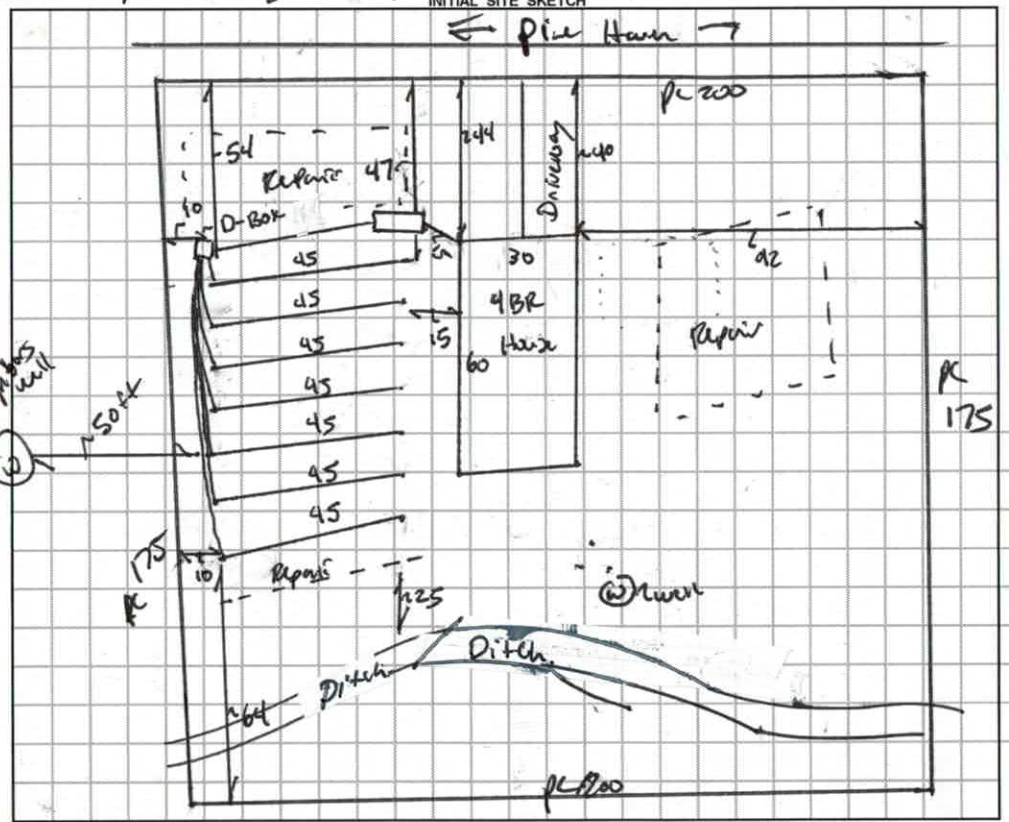
SUBDIVISION: Margrall Acres SECTION: - LOT # 11 LOT AREA: ~ DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II ⓘ IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity Panel Blocks.			
Pump Make	-		Model	-	Serial #	-	Repair System Description:	Pane Block - Deep w/ Certain Drain			
# Nitrification Fields	1		# Lines	7	Linear Ft	45	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36		Trench Bottom Depth(Low side)	30	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/ plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Install Septic Dividers on the contour the land. Feed system out of D-Box Evenly. Do not drive, park, pass, grade on any utilities or Drain field area. Repair will Require Deep install w/ Certain drains.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: Willie Mall Date: 3-8-18 Installed by:

IMPROVEMENT PERMIT by: Benjamin Bolton Date: 2/13/2018 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin Bolton Date: 2/13/2018 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3788 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

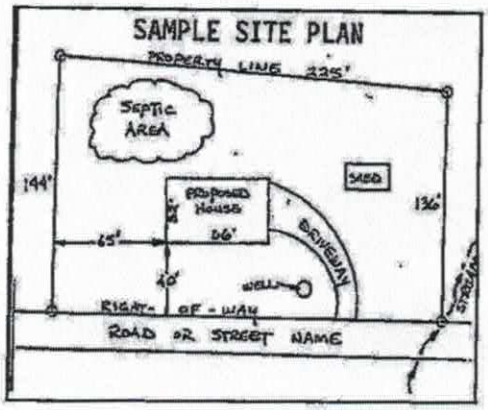
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

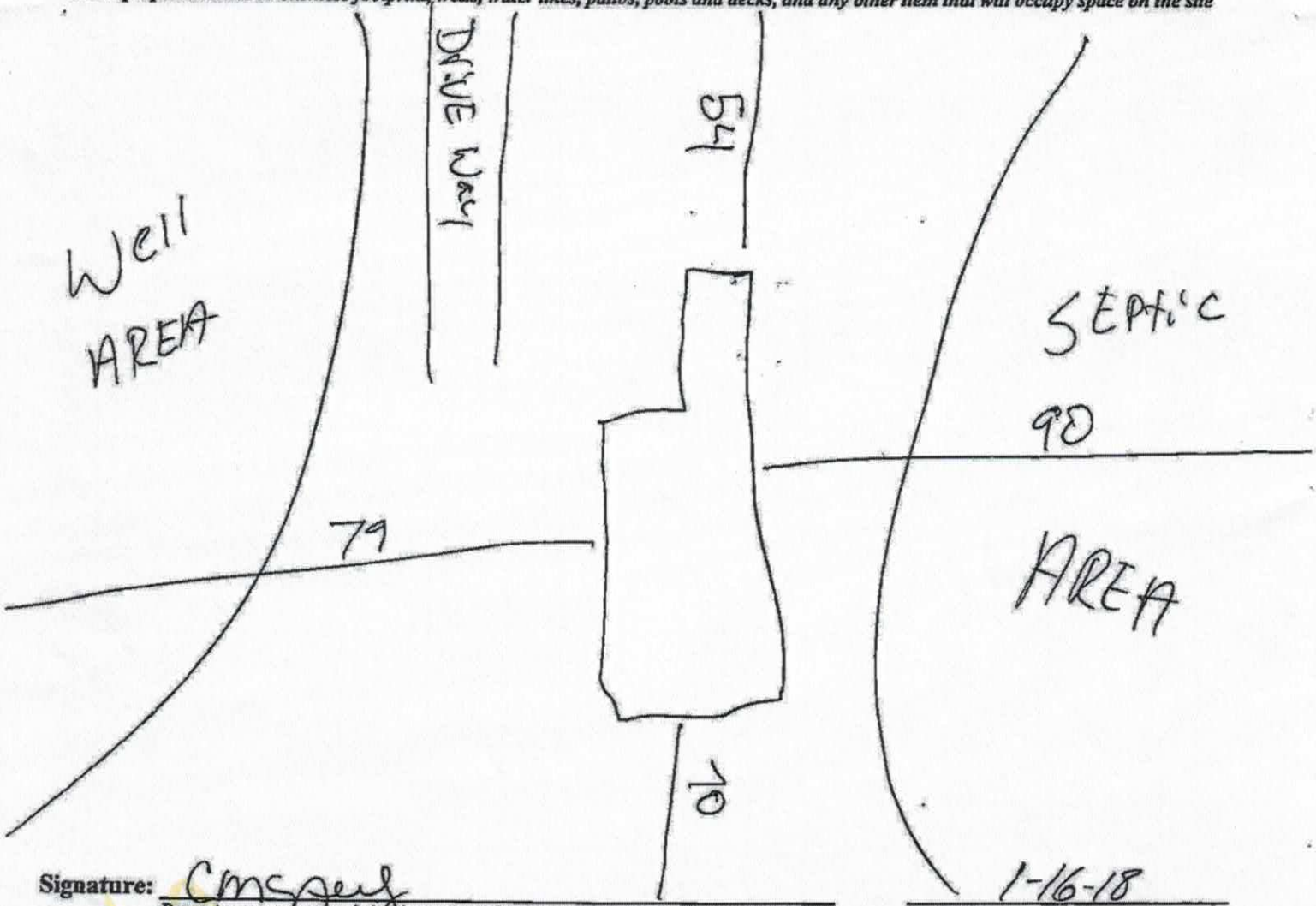


Circle N/A on the following if appropriate:

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



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

1-16-18
DATE

BASE PLANS

Not Permit Of
P & SU Final ONLY
Date 1-16-18
Date 2/13/2019.

723

Unfinished bonus 14'8 x 46'-0

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SEDGEWICK HOMES PROUDLY PRESENTS THE:

PINE MOUNTAIN

POPLAR SERIES

JOB ADDRESS

SHEET NUMBER A-3 OF SX

SEDGEWICK HOMES

IREDELL COUNTY

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

APPLICATION NUMBER
232766
Issue Date: 01/16/2018

ZONING PERMIT
Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4732561444.000	191 PINE HAVEN ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: MCNEELY CHENELL L	Applicant: MCNEELY CHENELL L
Address: 191 PINE HAVEN RD STATESVILLE, NC 28677	Address: 191 PINE HAVEN RD STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SFD	-

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NO	X

Remarks:

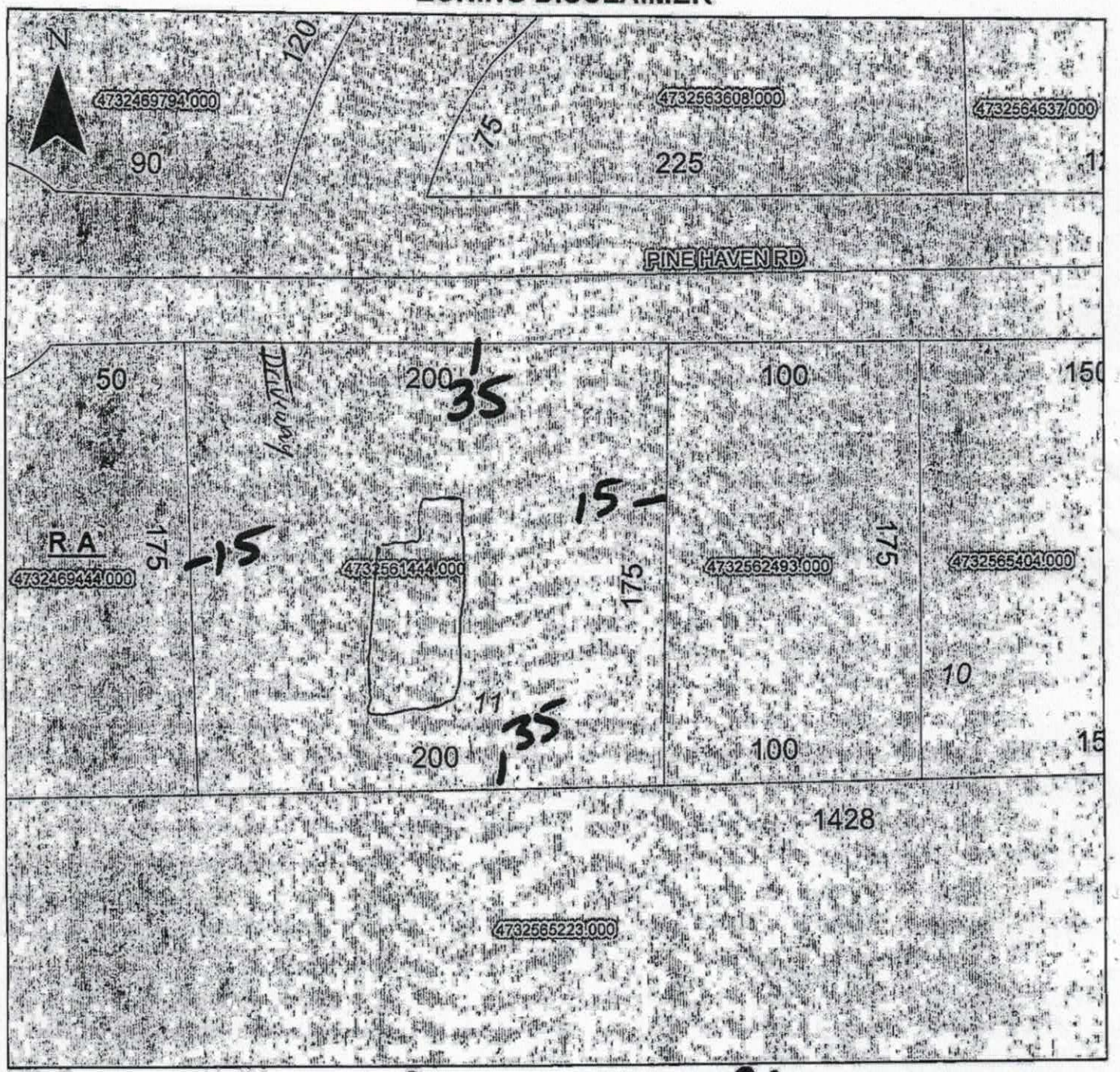
PAID
Credit
1-16-18

The applicant certifies that there are no deed restrictions, contractual agreements or governmenta regulations of any kind that interfere with or prohibit the use of the property or the use for which thi permit is requested. The applicant further acknowledges that enforcement of deed restrictions, pla conditions and other contractual agreements will not be undertaken by Iredell County and is the sol responsibility of the affected parties.

Applicant: See Attached Date: _____

Permit Number	125935	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 191 Pine Haven Rd.

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.

CMcGee
Applicant

1-16-18
Date