IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237614

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

PIN # 4735380919

APPLICANT/OWNER: Scott + Kerry Britcher APPLICANT ADDRESS: 126 Golden Oak Dr, Statesville

SITE ADDRESS: 126 Golden Oak Dr, Statesville PHONE: 717-497-4182 ALT. PHONE —

SITE DIRECTIONS: 115 N → R on Upper Oak → L on Golden Oak → on right SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Meadow Oaks SECTION: 2 LOT # 79 LOT AREA: .582 ac DESIGN FLOW: 480 gpd L.T.A.R.: .25 (ext)

Septic Tank	1000 (gal)	STB		Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	EXISTING	Date	System Description:	☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #	Repair System Description:	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	480 Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	ext	Trench Bottom Depth(Low side)	ext	Gravel Depth	— ☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Purpose of this existing system inspection is to allow for a pool while not impacting the repair area.

INITIAL SITE SKETCH

See attached design by Carolina Soil & Septic Consulting, PLLC Adrian Pruett LSS 1314

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**

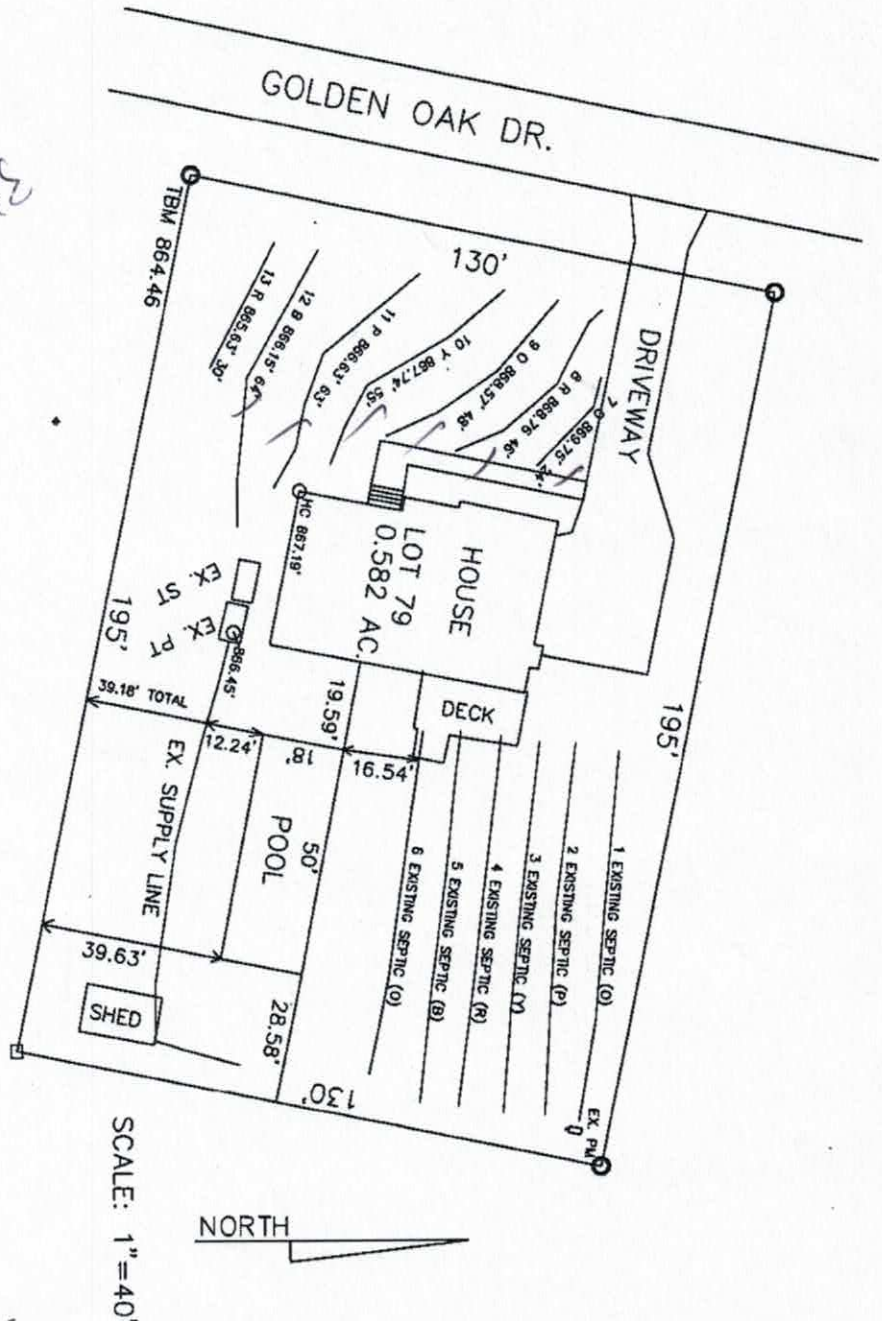
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kerry C. Britcher Date: — Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Carla C. Cave Date: 8/3/18

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.


GOLDEN OAK DR.
TBM 864.46
130'
DRIVEWAY
HOUSE
LOT 79
0.582 AC.
HIC 867.19'
13 P 865.63' 35'
12 B 866.15' 63'
11 P 866.63' 63'
10 Y 867.74' 35'
9 O 868.57' 48'
8 R 868.76' 48'
7 O 869.76' 48'
EX ST
EX PT ST
866.15'
195'
39.18' TOTAL
12.24'
19.59'
16.54'
DECK
EX. SUPPLY LINE
POOL
50'
39.63'
SHED
28.58'
130'
195'
1 EXISTING SEPTIC (O)
2 EXISTING SEPTIC (P)
3 EXISTING SEPTIC (M)
4 EXISTING SEPTIC (R)
5 EXISTING SEPTIC (B)
6 EXISTING SEPTIC (O)
EX. PM
SCALE: 1"=40'
NORTH

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed design for a POOL addition and a LP PPBPS Repair Septic System (no impact to initial system) for a 4 bedroom single family residence on 126 Golden Oak Dr., Statesville, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Profile Descriptions---------- 5

Iredell County Operations Permit---------- 6

July 30, 2018
Job Number: 18080
Design By: Adrian L. Pruett



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer when requested.
- All tanks shall be properly back filled and compacted to prevent slumping at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank riser is used it should be a minimum of 6" above finished grade or within 6" below finished grade.
- Design precludes use of foundation drains on the residence and assumes back filling for positive drainage unless other wise noted.
- Trench walls should be raked, limed and installed at the depth specified by this design.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- **EXISTING System is an Accepted Pressure Manifold 25% reduction installation.**
- **Repair is specified as an modified Low Pressure PPBPS installation.**
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Owner:	Scott and Kerry Britcher
Address:	126 Golden Oak Dr. Statesville, NC 28625
Email:	kb206@verizon.net
County:	Iredell
Location:	126 GOLDEN OAK DR., STATESVILLE
Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.25, Per Iredell County 8/29/03 Permit
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	480
Total Lateral Length Required:	480
Trench Depth:	Existing
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	1440
Repair Trench Spacing:	8 ft. on center
Repair Trench Depth:	30 in. Low side
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	Existing
Supply Line Diameter:	Existing
Supply Line Volume:	Existing
Dosing Volume:	Existing
Pump Tank Draw Down:	Existing
Supply Manifold Size:	Existing
Supply Manifold Length:	Existing
Supply Manifold Volume:	Existing
Recommended Dosing Controls:	Existing
Recommended Control Panel:	Existing
Pressure Head:	Existing
Friction Head:	Existing
Elevation Head:	Existing
Total Dynamic Head:	Existing
Threaded Union:	Existing
Gate Valves:	Existing
Check Valves:	Existing
Anti-Siphon Hole:	Unknown
Additional Comments:	Soil suitability was performed by CS&SC, for information only

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

126 GOLDEN OAK DR., STATESVILLE
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM HOME REPAIR FOR POOL ADDITION — July 30, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					864.46		
INSTR. 1							
HOUSE					867.19		
TANK					868.45		
1	EX. ORANGE				0.00	80	80
2	EX. PINK				0.00	80	80
3	EX. YELLOW				0.00	80	80
4	EX. RED				0.00	80	80
5	EX. BLUE				0.00	80	80
6	EX. ORANGE				0.00	80	80
7	***ORANGE***				***0.00***	***24***	***24***
8	RED				0.00	46	46
9	***ORANGE***				***0.00***	***48***	***48***
10	***YELLOW***				***0.00***	***55***	***55***
11	***PINK***				***0.00***	***63***	***63***
12	***BLUE***				***0.00***	***64***	***64***
13	***RED***				***0.00***	***30***	***30***
					Total	**810**	**810**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
** Ex. System*	***480***	***ACCEPT.***	***0.250***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	330	MOD.	0.250	PPBPS	LOW PRESSURE

Notes:
** TBM located at right front corner (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Comments: **This design is for the addition of a pool.**

Sheet __1__ *of* __1__
PROPERTY ID #: 4735380919
COUNTY: _IREDELL_

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

OWNER: _____SCOTT AND KERRY BRITCHER_____ APPLICATION DATE_7/30/18_
ADDRESS:_____126 GOLDEN OAK DR., STATESVILLE, NC 28625_____ DATE EVALUATED: _7/5/18___
PROPOSED FACILITY: __RES/POOL_____ PROPOSED DESIGN FLOW (.1949): __480 GPD__ PROPERTY SIZE: ___0.582 AC_____
LOCATION OF SITE: ____126 GOLDEN OAK DR., STATESVILLE, NC_____ PROPERTY RECORDED: ___YES_____
WATER SUPPLY: ☐ Private X Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X 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
B 1	LSS 5%	0-9	FILL		N/A	48"	N/A	N/A	PS
		9-15	BR C WFSBK	FR SS SP SEXP					
		15-40	R C WFABK	FI S P SEXP					0.275-0.3 GPD/SQFT TO 45"
		40-45	R C WFABK	FI S P SEXP					0.25 GPD/SQFT >45"
		45-48	R C WFABK	FI S P SEXP	-FEW SAP/Y MINERALS				
B 2	LSS 7%	0-7	BR C WFSBK	FI S P SEXP	N/A	48"	N/A	N/A	PS
		7-20	R C WFSBK	FI S P SEXP					
		20-36	R C WFSBK/ABK	FI S P SEXP	-FEW SAP				0.275 GPD/SQFT
		36-48	R C WFSBK/ABK	FI S P SEXP	-COM Y MINERALS/ SAP				
B 3	LSS 7%	0-24	R C WFSBK	FI S P SEXP	N/A	44"	PS	N/A	PS
		24-44	R CL WFSBK	FR SS SP SEXP					
		44-48	VAR SL SAP M	FR SS SP SEXP	-COM R CL				0.3 GPD/SQFT
4									

LICENSED SOIL SCIENTIST ADRIAN L. PRUETT STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	EXISTING	PS
System Type(s)	25% RED.	LP PPBPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: ADRIAN L. PRUETT
OTHER(S) PRESENT: JACOB CONRAD

COMMENTS: _____

#237614 Paid $225.00 Ex. System

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Scott and Kerry Britcher/CS&SC Address: 126 Golden Oak Dr., Statesville NC Zip: 28625

Applicant Email: kb206@verizon.net Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 126 Golden Oak Dr., Statesville, NC

Subdivision Name: Meadow Oaks Section/Phase: 2 Lot Number: 79

Driving Directions: Hwy 115 N, TR on Upper Oak, TL on Golden Oak, Lot on R

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

CHECK FOUNDATION TYPE

( ) 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: _____
Maximum Number of Occupants: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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: _____

( ) 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: _____ 7-30-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Kerry C Smith Kow Q, am the legal owner(s) of the property located at 0126 Golden Oak Dr. Statesville NC 28625, identified as PIN (Parcel Identification Number) 4735-38 0914, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Adrian Pruett, Carolina Soil & Septic Consulting 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.

Kerry C Smith 7.16.18

Signature of Owner(s) Date 7.16.18 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

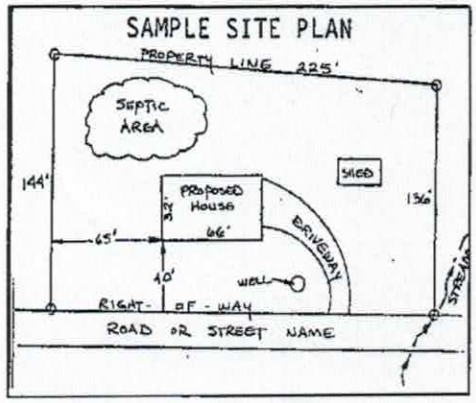
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

SEE ATTACHED SITE PLAN

Signature: _____ 7-30-18

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

This permit voids previously issued permit dated 4/22/03.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 111937 PIN# 4735-38-0919 DATE 5/2/03

OWNER OR CONTRACTOR Wayne Horne PHONE: Business (704) 872-0217 Home —

ADDRESS 130 Victory Lane Statesville, N.C 28625

LOCATION Hwy 115 N (R) upper Oak (L) in, Golden Oak, 3rd lot on left

SUBDIVISION Hebron Oaks BLOCK / SECTION II LOT 79 LOT AREA .582 Ac. SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .25 g/d/ft²

Septic Tank: 1000 Gallons; ST 8 312 Date 7-1-03
Pump Tank: 1000 Gallons; PT 283 Date 6-30-03
Pump Make: Gould Model WE03M Serial No.
Nitrification Field: No Fields 1 Square Feet 4 @ 70 / 480 Linear Feet 480
No Lines 6 @ 80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Pump / 25% Reduction
Repair System Description: Pump, low pressure
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2½ No. Employees

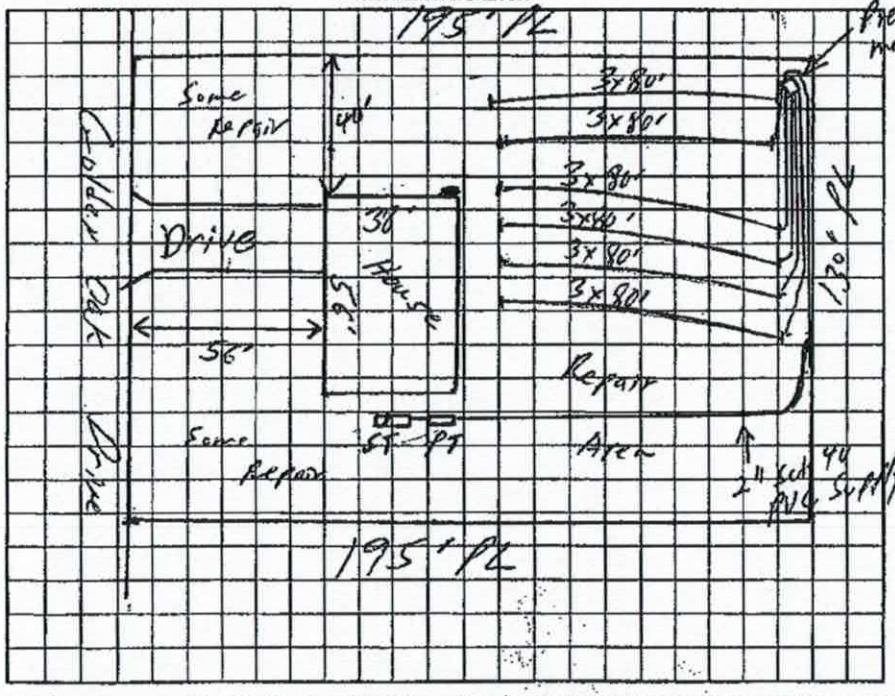
Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

Comments/Conditions: - 2034 Filter & ST Marker Installed
- Infiltrator Chambers Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

BILL JOHNSON CHECKED ABOVE. NEEDED 6 CHAMBERS ADDED & LOOKED OK 10 THE CHAMBERS ON 5-12-03 & SET THE PRESSURE. INSTALLED: 1 CHAMBER LINE 1
1 CHAMBER LINE 2
1 CHAMBER LINE 4
1 CHAMBER LINE 5
2 CHAMBERS LINE 6
NEEDS ELECTRICAL & RISER ON PUMP TANK.

Installed As Shown

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 7-21-03 Installed by: Marty Tucker

Improvement Permit by: William O. Johnson date 5/7/03 Operation Permit by: William O. Johnson date 9/29/03

Authorization to Construct by: William O. Johnson date 5/7/03 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY

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

APPLICATION NUMBER
237614
Issue Date: 07/27/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4735380919.000	126 GOLDEN OAK DRIVE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: BLALOCK DANA R+JOY K Address: 126 GOLDEN OAK DR STATESVILLE, NC 28625 Phone:	Applicant: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791	Contractor: CAROLINA SOIL SEPTIC C Address: 162 WEST B ST KANNAPOLIS, NC 28081 Phone: 704-202-5791 License Type: UNLI License Number:

Project Description

RESIDENTIAL POOL/SPA - IREDELL

Scope of Work

SWIMMING POOL

Permit Details:

EFT	EXPEDITED REVIEW	Amount:	225.00
	IMPROVEMENT PERMIT FEE	Amount:	.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

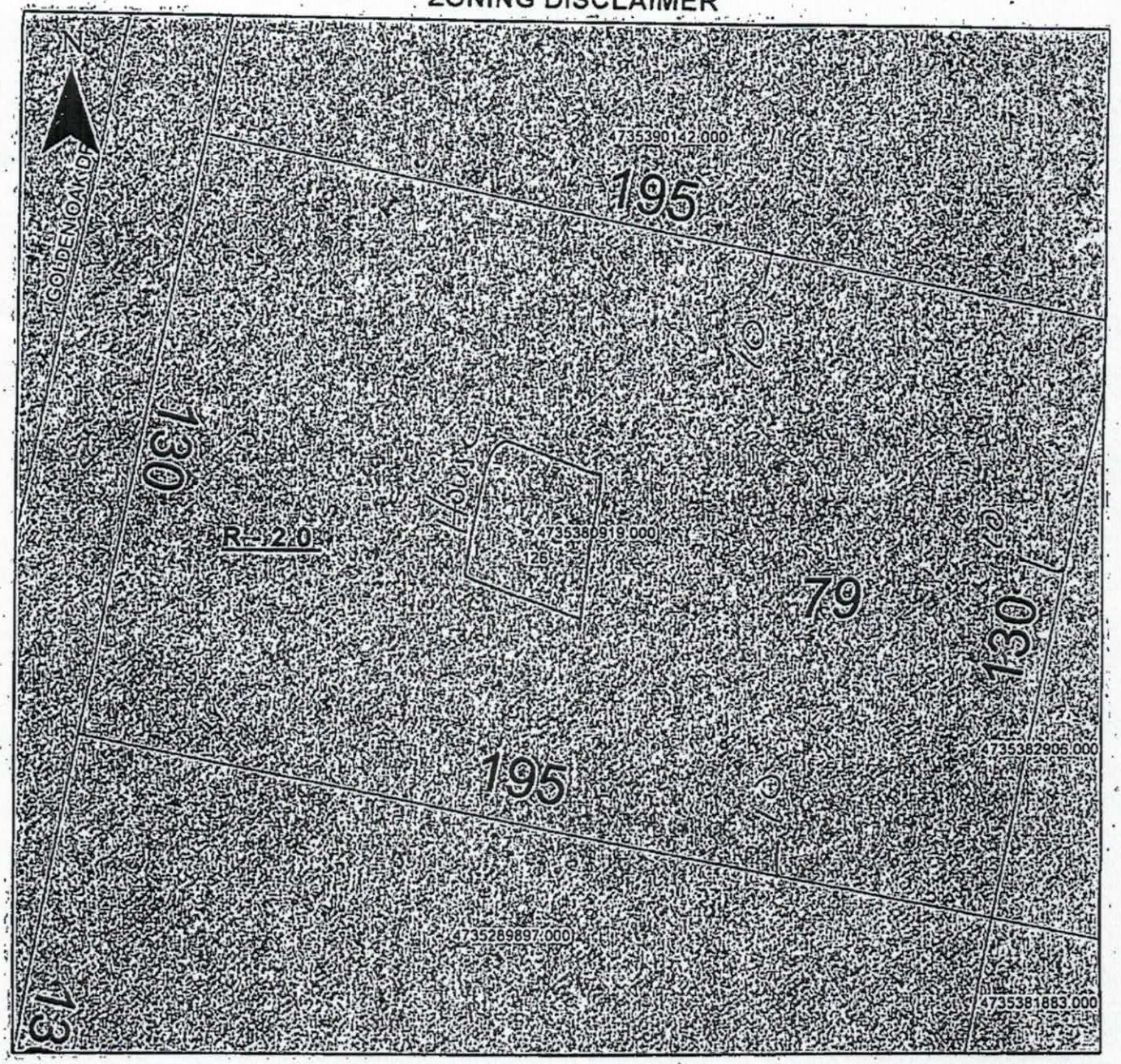
Date: 07/27/2018

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	147087	TOTAL FEES:	$ 225.00

ZONING DISCLAIMER



Property Address 124 Golden Oak Dr.

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

Applicant

7-27-18
Date