IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237936

BB

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

PIN # 4735-49-9665

APPLICANT/OWNER: Michael Jackson APPLICANT ADDRESS: 148 Tamington Dr

SITE ADDRESS: 1116 Wheatridge Dr, Statesville 28625 PHONE: 743-458-7581 ALT. PHONE —

SITE DIRECTIONS: Chipley Ford Rd → L on Canopy Oak → R on Wheatridge → on R SAP CONTROLLED: ☐ YES ☒ NO

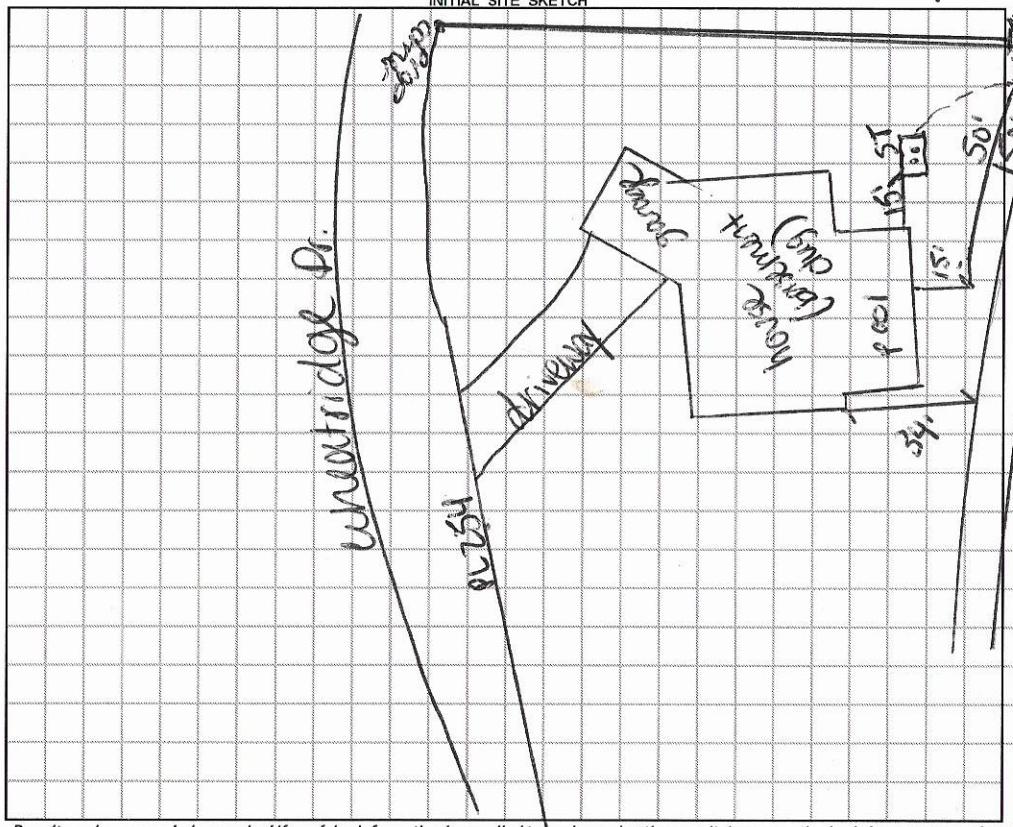
SUBDIVISION: Meadow Oaks SECTION: 3 LOT # 130/131 LOT AREA: .67 + .67 DESIGN FLOW: 480gpd L.T.A.R.: .3 (.1 repair)

Septic Tank	1000	(gal)	STB	2071-1060	Date	INFILTRATOR	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:		25% reduction		
Pump Make			Model		Serial #		Repair System Description:		drip		
# Nitrification Fields	1		# Lines	4	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(Low side)	28"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

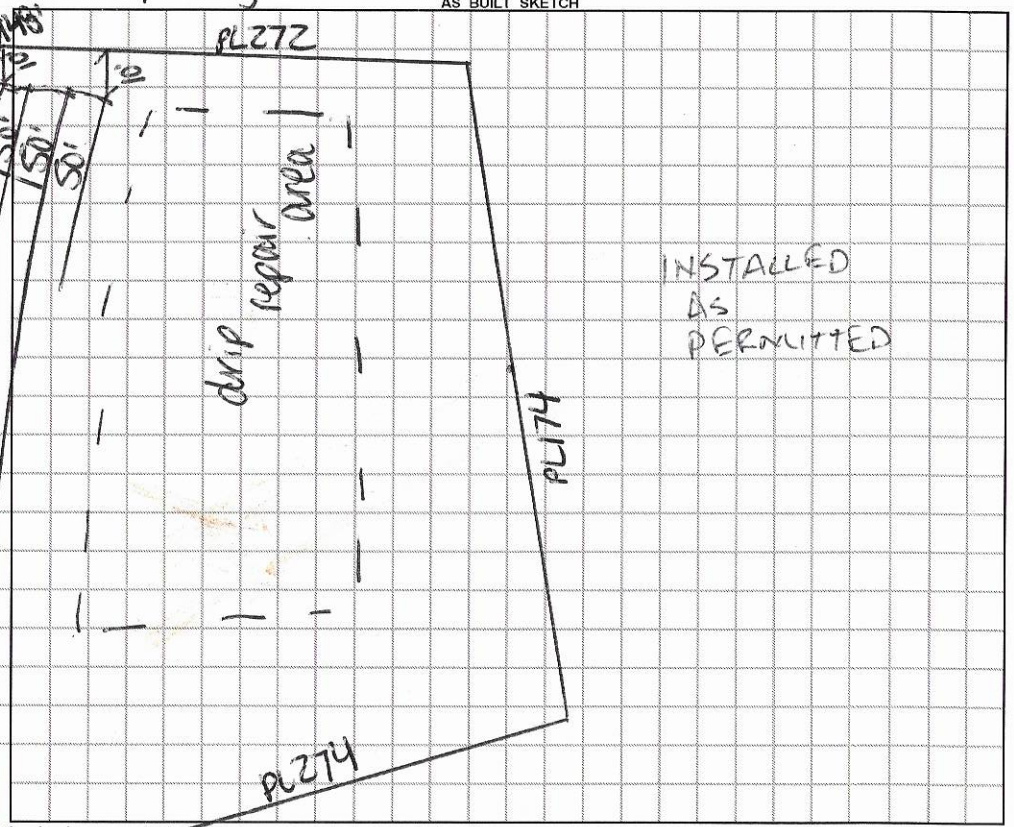
☒ Residence	No. Bedrooms	4	**Water Supply**		
☐ Business	No. Persons	4	☐ Private		
☐ Other	No. Employees		☒ Public		
☐ Slab	☐ Crawl Space		☐ Community		
☒ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Purpose of this permit is to change system type & combine properties. Install on contour + utilize serial distribution. Do not exceed max trench depth of 33" (high side). Property combined - deed bk 2023 pg 1424-1425 May install shallower if installer desires, as long as 10" cover is maintained.

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: Michael Jackson Date: 7/22/19 Installed by: YOUNTZ

IMPROVEMENT PERMIT by: Carla C. Cave Date: 7/8/19 OPERATION PERMIT by: Brandi L. White Date: 1-22-2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 7/8/19 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.

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

Sheet 1 of 2
PROPERTY ID #: 4735497751
COUNTY: Iredell

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

OWNER: Michael Jackson
ADDRESS: 80 Half moon Tr SC
PROPOSED FACILITY: 4BR house PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 111 Wheatridge

APPLICATION DATE 7/28/18
DATE EVALUATED: 8/23/18
PROPERTY SIZE: .673 ac
PROPERTY RECORDED: Y

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
1 I	SS 12%	0-8	SBK SCL	Fr ss sp slxp	some sap inc.	50"	N/A	N/A	PS .3
		8-29	SBK C	Fr ss sp slxp					
		29-50	SBK CL	Fr ss sp slxp					
2 I	SS 12%	0-7	SBK SCL	Fr ss sp slxp	2.5YR 4/6 matrix	49"	PS	N/A	PS .3
		7-35	SBK C	Fr ss sp slxp					
		35-49	SBK CL	Fr ss sp slxp					
		49-54	L SAP	VFr					
3	12%	0-6	SBK SCL	Fr ss sp slxp	few sap inc. 7.5YR 7/2 @ 24"	52"	N/A	N/A	U (drip)
		6-24	SBK/ABK C	Fr ss sp slxp					
		24-52	SBK CL	Fr					
4	12%	0-26	SBK SCL	Fr ss sp slxp	alluvial material chroma 2's 20" + down throughout → top 7.5YR 3/4	51"	N/A	N/A	U (drip)
		26-51	ABK SC	Fr ss sp slxp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267'	267'
System Type(s)	50%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Carl
OTHER(S) PRESENT: B. White

COMMENTS: front
0-7, 7-35, 35-48 heavy mica 0-5, 5-23, 23-38-48 @ firm sap @ 38 stayed

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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)

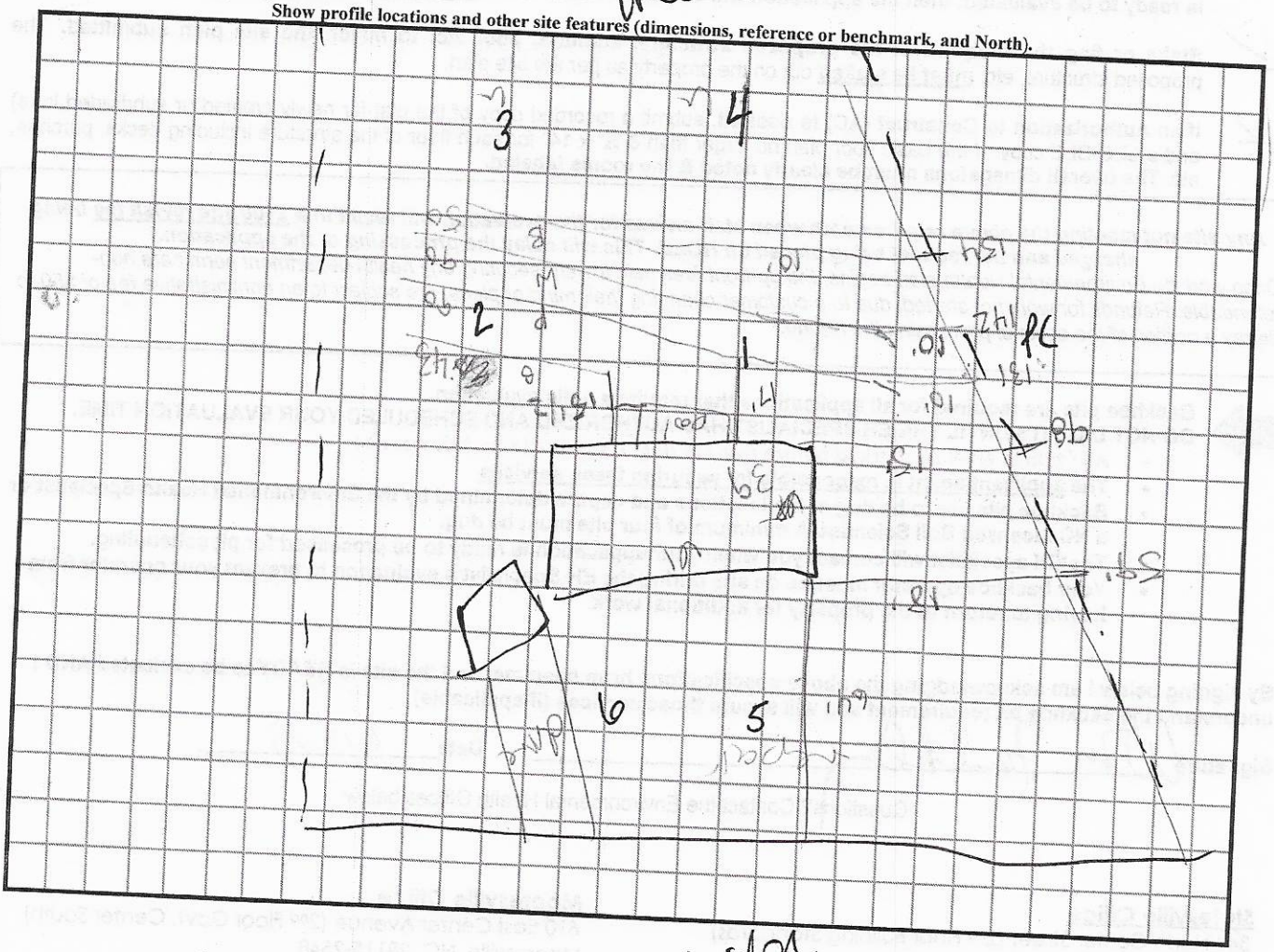
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



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

Sheet 1 of 1
PROPERTY ID #: 4735-4975
COUNTY: Iredell

Comprehensive relayout

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

OWNER: Michael Shelleson
ADDRESS: 140 Tarrington Dr
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 111 Wheatridge
APPLICATION DATE: 10/26/19
DATE EVALUATED: 7/1/19
PROPERTY SIZE:
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)		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	L 12%	0-34	SBK C	Fr SS SP SMP	heavy mica	45"	PS	—	PS .3
		34-45	SBK CL	" "					
		45-60	L SAP	VFR					
2	12% L	0-20	SBK C	Fr SS SP SMP	chroma 2@ 36"	50"	—	—	PS .1 drip
		20-36	SBK CL	" "					
		36-50	WGR SC	VFR					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	480sqft
System Type(s)	25%	drip
Site LTAR	.3	.1

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cox
OTHER(S) PRESENT: N/A

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

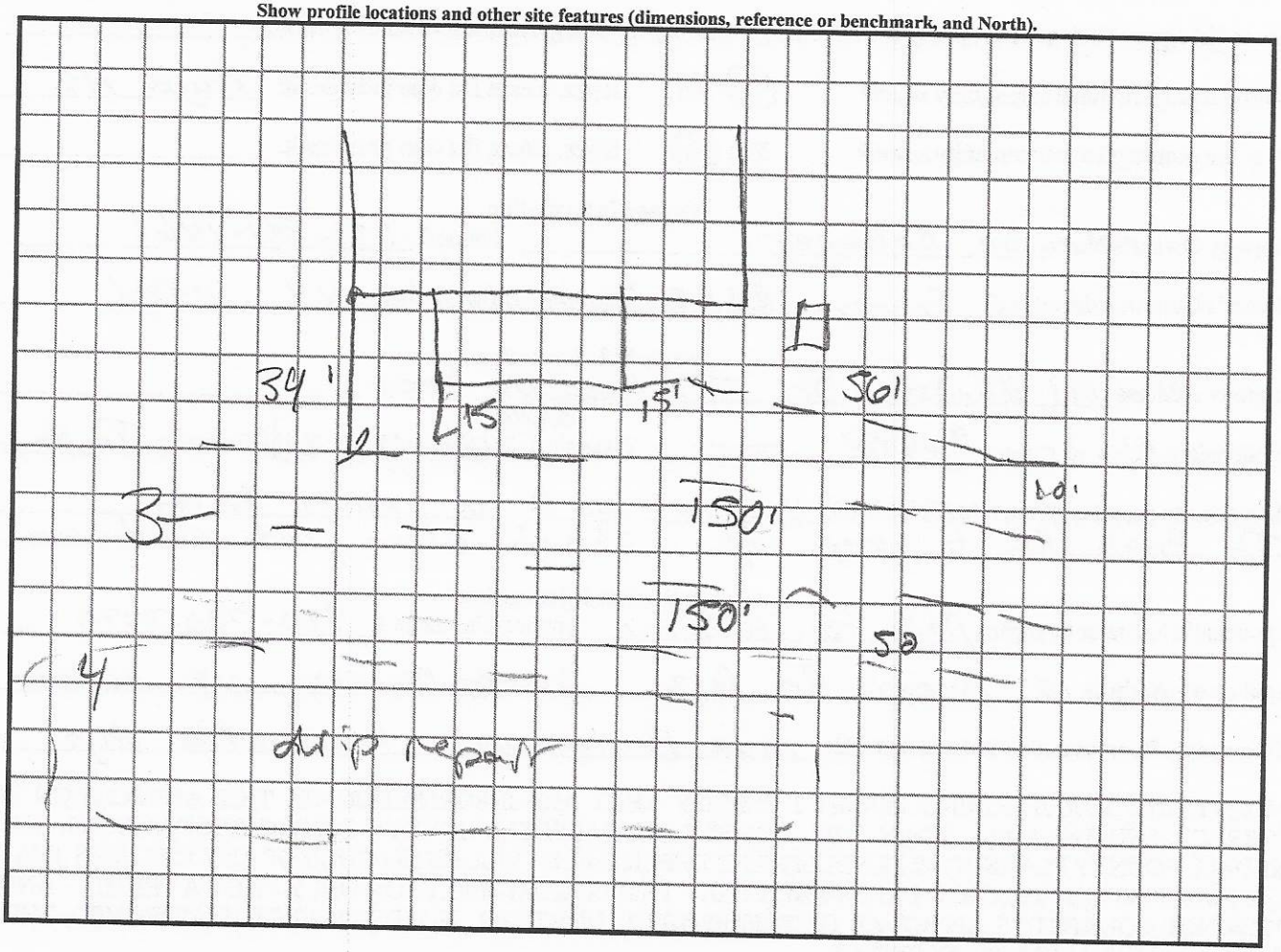
NOTES

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/ft^2

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



grading for more level

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

PROPERTY ID #: 4735499751
DATE OF EVALUATION: 8/23/18
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5 R	SS 0-20	0-7	SBK SCL	FR SS SP SPL	heavy mica content	48"	N/A	N/A	PS .3
		7-35	SBK C	" "					
		35-48	SBK CL	" "					
6 R	SS 0-20	0-5	SBK SCL	FR SS SP SPL	some firm sap @ 38" & stay above	38"	PS	N/A	PS .3
		5-23	SBK C	" "					
		23-38	SBK CL	" "					
		38-48	SAP	FI					

COMMENTS:

Relayout $500.- RECEIVED JUN 26 2019

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Michael W. Jackson Address: 148 Farrington Dr. Zip: 28625
Applicant Email: Mjackson7@sc.rr.com Phone: 843-458-7581 Alt. Phone: ———
Owner Name: Same Address: ——— Zip: ———
Owner Email: " Phone: ——— Alt. Phone: ———

Property Information:

Street Address: 116 Wheatridge Dr. Statesville NC 28625
Subdivision Name: Meadow Oaks III Section/Phase: ——— Lot Number: 130
Driving Directions: ———

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 4
( ) New Multi-Family Residence Maximum Number of Occupants: ———
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ———
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: ———
Non-Residential Site Development: Type of Business: ———
Square Footage of Building: 2700 Max. Number of Employees: ___ Max. Number of Seats/Beds/Other: ___

CHECK FOUNDATION TYPE

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

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?

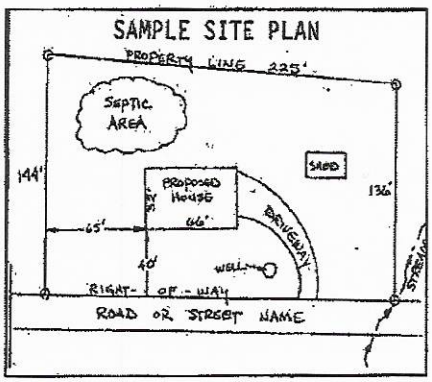
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Michael W. Jackson 6/24/19
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:

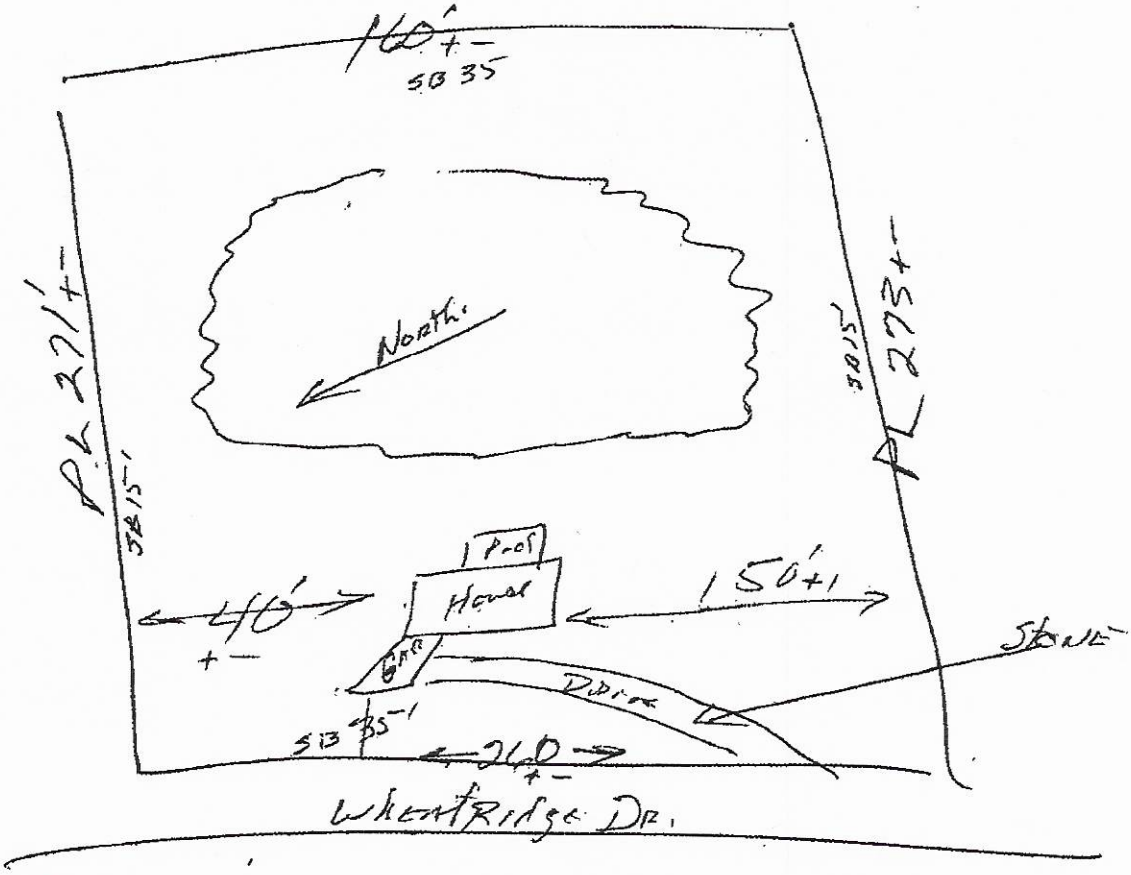
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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: _____ **DATE** 6/26/19

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

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 114 W Penfield Dr., 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.

_____ 6/26/19
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

Att: Carla

Type: CRP
Recorded: 07/01/2019 at 09:23:32 AM
Fee Amt: $26.00 Page 1 of 2
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2628 PG 1424-1425

Excise Tax $0.00 Recording Time, Book and Page

Parcel Identifier No. 4735-49-9660 & 4735-49-9751 Verified by _____County on the _____ day of _____, 20__
By: _____

Mail after recording to GRANTEE

This instrument was prepared by : **THE LAW OFFICE OF ANTHONY S. PRIVETTE, PLLC**
307 Davie Avenue, Statesville, NC 28677
www.attorneyprivette.com

No Opinion on Title Expressed or Implied by Preparer

Brief description for the Index:

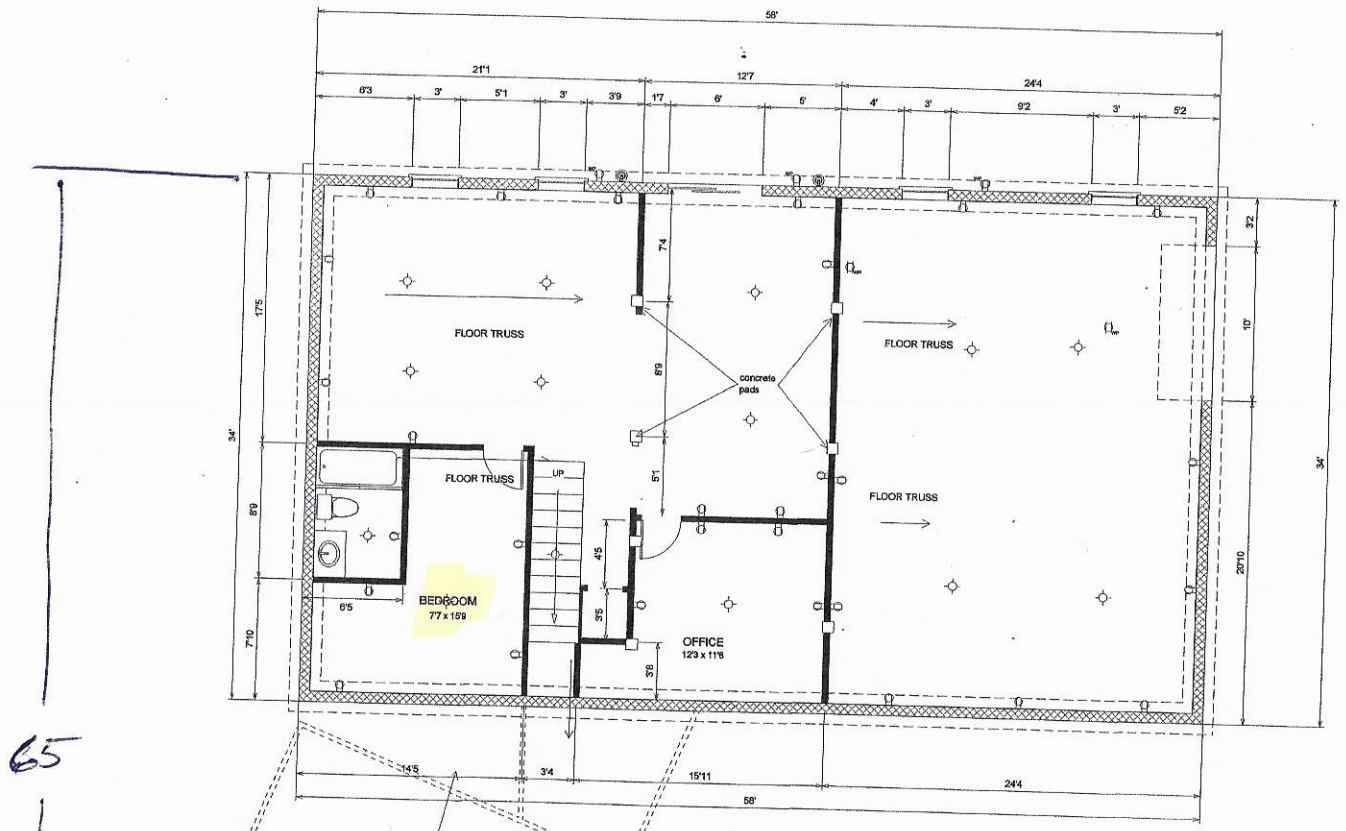
NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 28 day of June, 2019, by and between

GRANTOR	GRANTEE
Michael W. Jackson and spouse, Sandra V. Jackson	**Michael W. Jackson and spouse, Sandra V. Jackson**
Mailing Address: 148 Tarrington Drive Statesville, NC 28677	Mailing Address: 148 Tarrington Drive Statesville, NC 28677

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

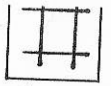
WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple all that certain lot or parcel of land situated in Bethany Township, Iredell County, North Carolina and more particularly described as follows:



65

FOUNDATION

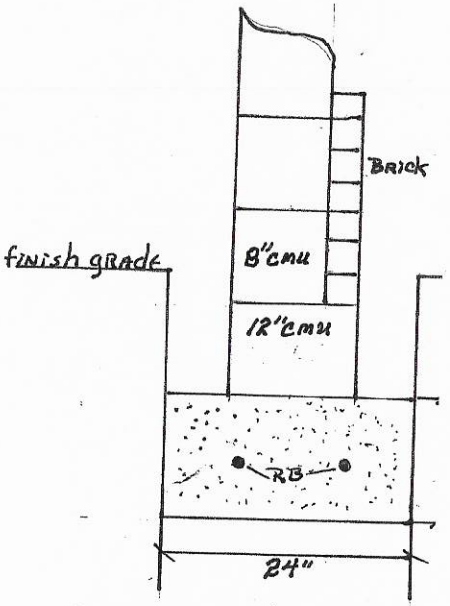
FLOOR TRUSS DESIGN BY MANUFACTOR



CONCRETE PAD DETAIL

3' X 3' X 12" with 4 rebar placement

As shown



FOOTER DETAIL

1/footer depth to be determined

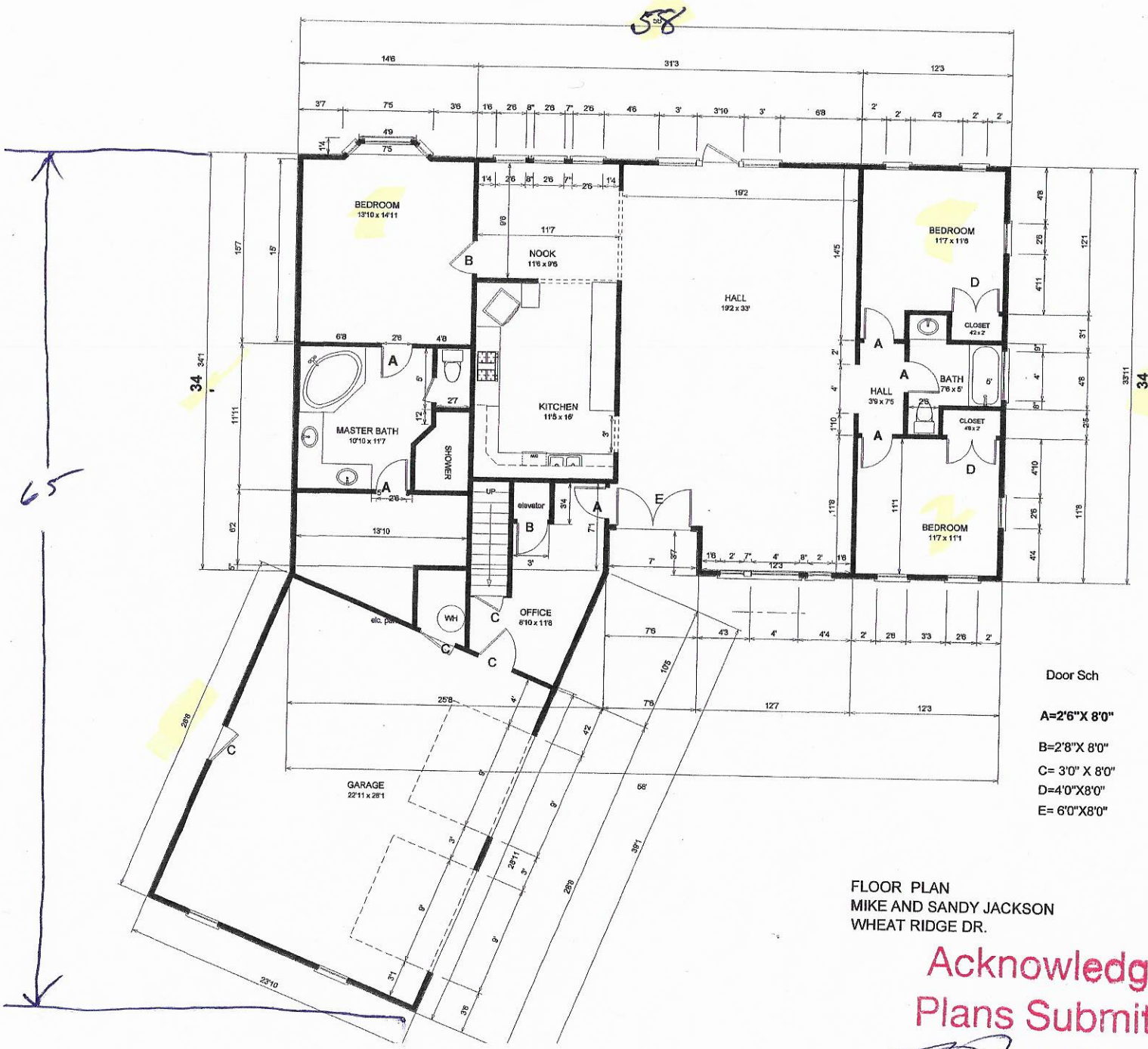
2/front wall and side walls (side walls ma

will consist of 12" cmu

Acknowledgement Of
Plans Submittal ONLY!

Date 6/5/2019

Date 6-5-19



Door Sch

A=2'6"X 8'0"

B=2'8"X 8'0"

C= 3'0" X 8'0"

D=4'0"X8'0"

E= 6'0"X8'0"

FLOOR PLAN
MIKE AND SANDY JACKSON
WHEAT RIDGE DR.

Acknowledgement Of
Plans Submittal ONLY!

Date 6/5/2019

Date 6-5-19

IREDELL COUNTY

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

APPLICATION NUMBER
237936
Issue Date: 08/09/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4735499751.000	116 WHEATRIDGE DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BCIT ESTATE HOLDINGS LLC	Applicant: MICHAEL W. JACKSON
Address: 141 CEDAR LAKE DR	Address: 80 HALF MOON TR
STATESVILLE, NC 28625	PAWLEYS ISLAND, SC 29585
Phone:	Phone: 843-458-7581

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.673	35.00	35.00	15.00	15.00	NOT	X

Remarks:

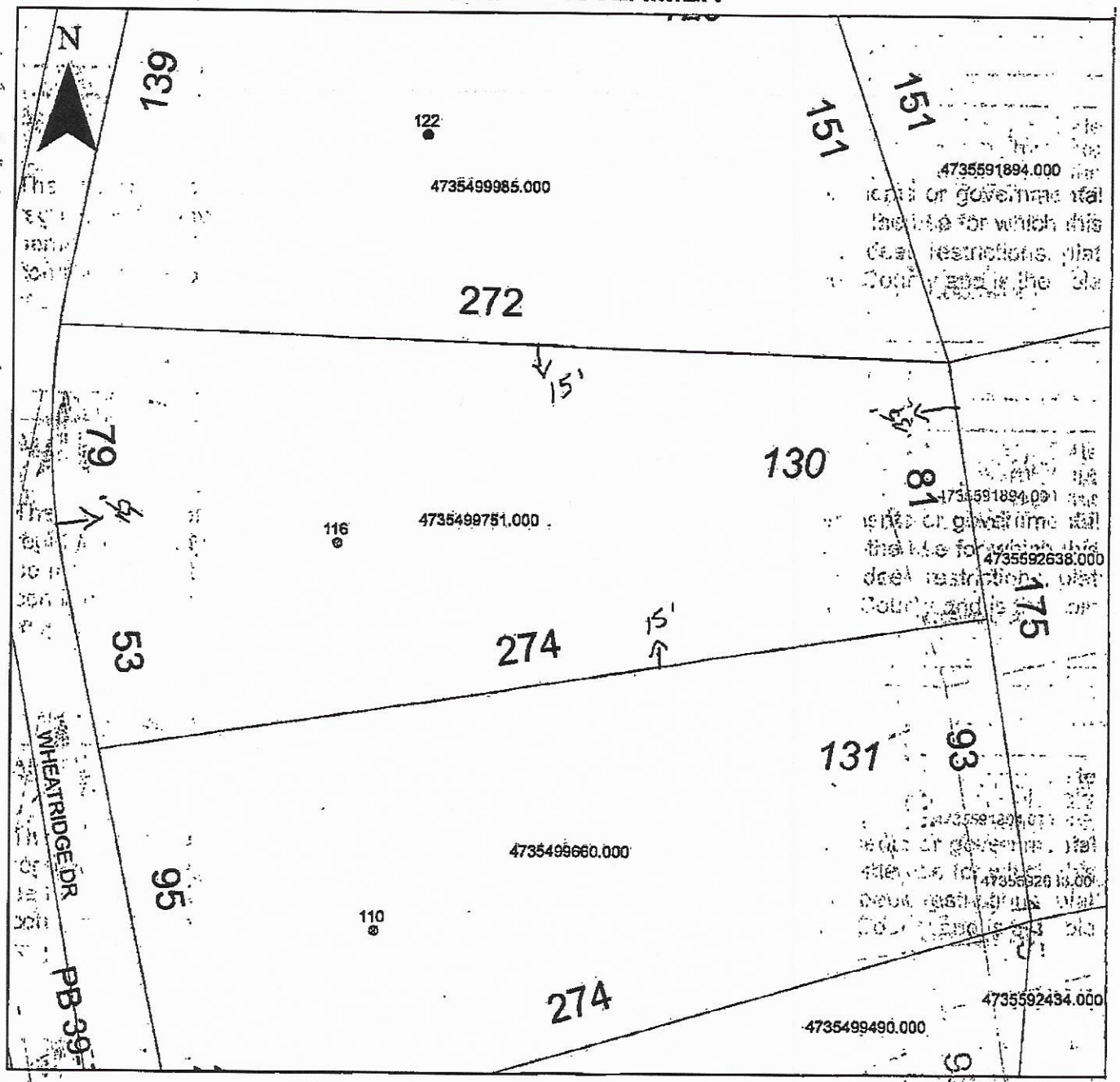
LOT MUST BE 100 FEET AT LOCATION OF HOME

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	148414	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 116 Wheatridge Dr.

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BCT Estate Holdings by Donna G Chris
Applicant

8-9-18
Date