ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328002

BCM

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

PIN # 4736 -- 32 -- 9962

APPLICANT/OWNER: Michelle Hix APPLICANT ADDRESS: 2299 S Chipley Ford Rd 28625

SITE ADDRESS: 2275 S Chipley Ford Rd Statesville NC 28625 PHONE: 704 880 2607 ALT. PHONE

SITE DIRECTIONS: Nr. - I-5 (R) on S Chipley Ford Rd SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Matthew Hix SECTION: - LOT # - LOT AREA: 5.325 AC DESIGN FLOW: 240 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 1012. Date 5-2-22. ☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

Pump Tank (gal) PT Date System Description: 25% Reduction - Gravity - Serial

Pump Make Model Serial # Repair System Description: 25% Reduction - Gravity - Serial

Nitrification Fields 1 # Lines 3 Linear Ft 240 Maintenance Agreement Required: ☐ YES ☑ NO

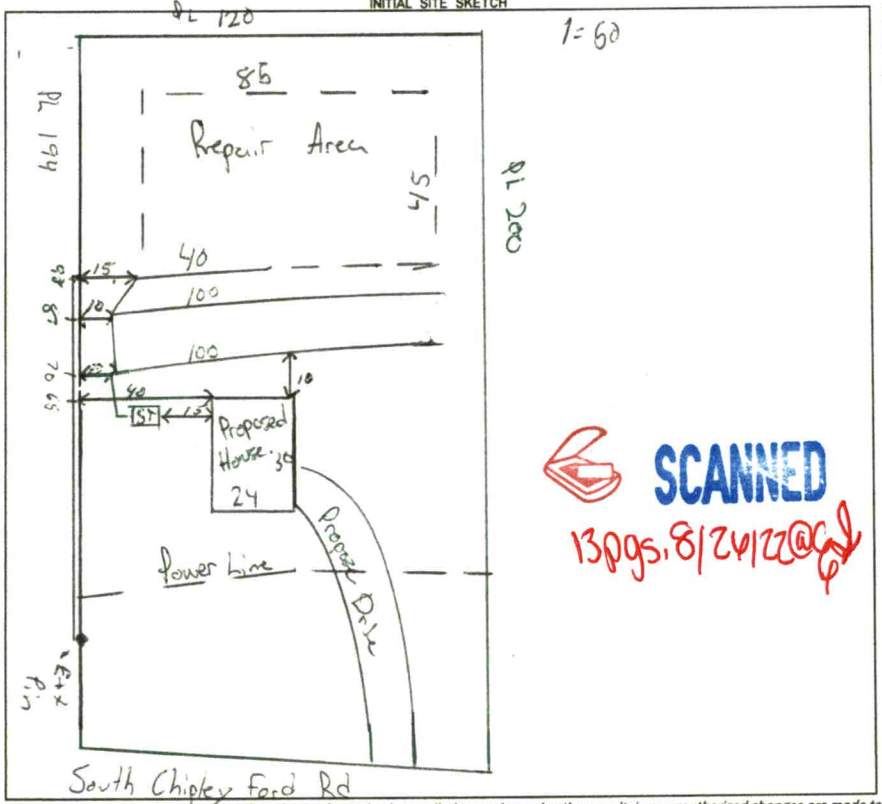
Trench Width Trench Bottom Depth(Low side) 30 in Gravel Depth N/A ☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2 ☐ Business No. Persons 4 ☐ Other No. Employees ☐ Slab ☑ Crawl Space ☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install on Contour maintain 9ft on center.
Do not drive, park, or construct on proposed septic area.

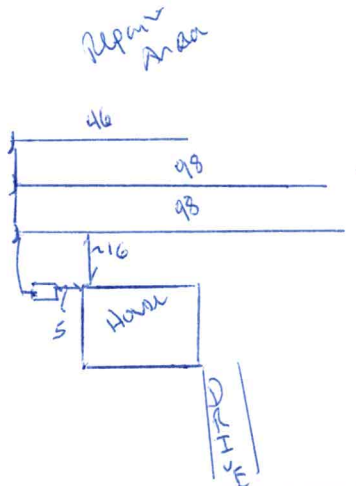
INITIAL SITE SKETCH



SCANNED
13pgs, 8/24/22@cd

AS BUILT SKETCH

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



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: Michelle Hix Date: 6-22-22 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Matt Wilkie Date: 6/21/22 OPERATION PERMIT by: Benjamin A Boles Date: 8/16/2022.

AUTHORIZATION TO CONSTRUCT by: Matt Wilkie Date: 6/22/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

BCM

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328000

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

PIN # 4736 -- 33 -- 9130

APPLICANT/OWNER: Michelle Hix APPLICANT ADDRESS: 2299 S Chipley Ford Rd 28625

SITE ADDRESS: 2275 S Chipley Ford Rd Statesville NC 28625 PHONE: 704 880 2607 ALT. PHONE —

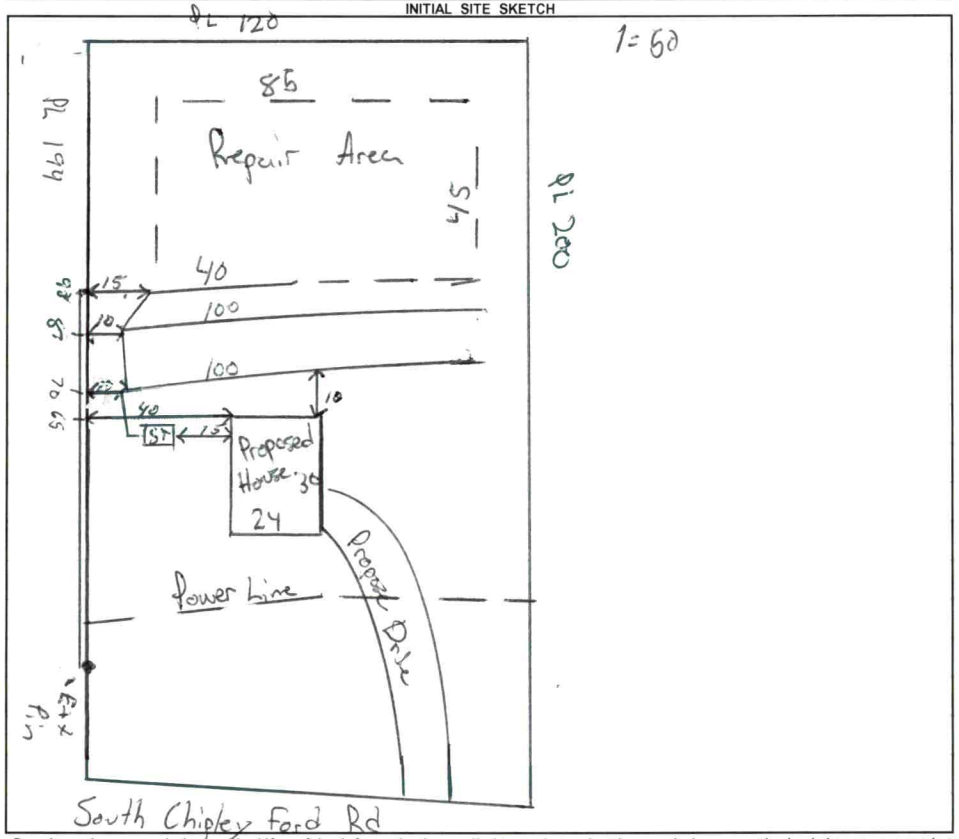
SITE DIRECTIONS: NC-115 (R) on S Chipley Ford Rd SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Patricia Sherrill Rogers SECTION: - LOT # - LOT AREA: 5.325 AC DESIGN FLOW: 240 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	2
Pump Tank		(gal)	PT	Date	System Description: 25% Reduction - Gravity - Serial		☐ Business	No. Persons	4
Pump Make			Model	Serial #	Repair System Description: 25% Reduction - Gravity - Serial		☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft 240	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	Water Supply: ☐ Private ☑ Public ☐ Community
Trench Width		Trench Bottom Depth(Low side)	30 in	Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install on Contour maintain 4ft on center.
Do not drive, park, or construct on proposed septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

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: Michelle Hix Date: 6-22-22 Installed by:

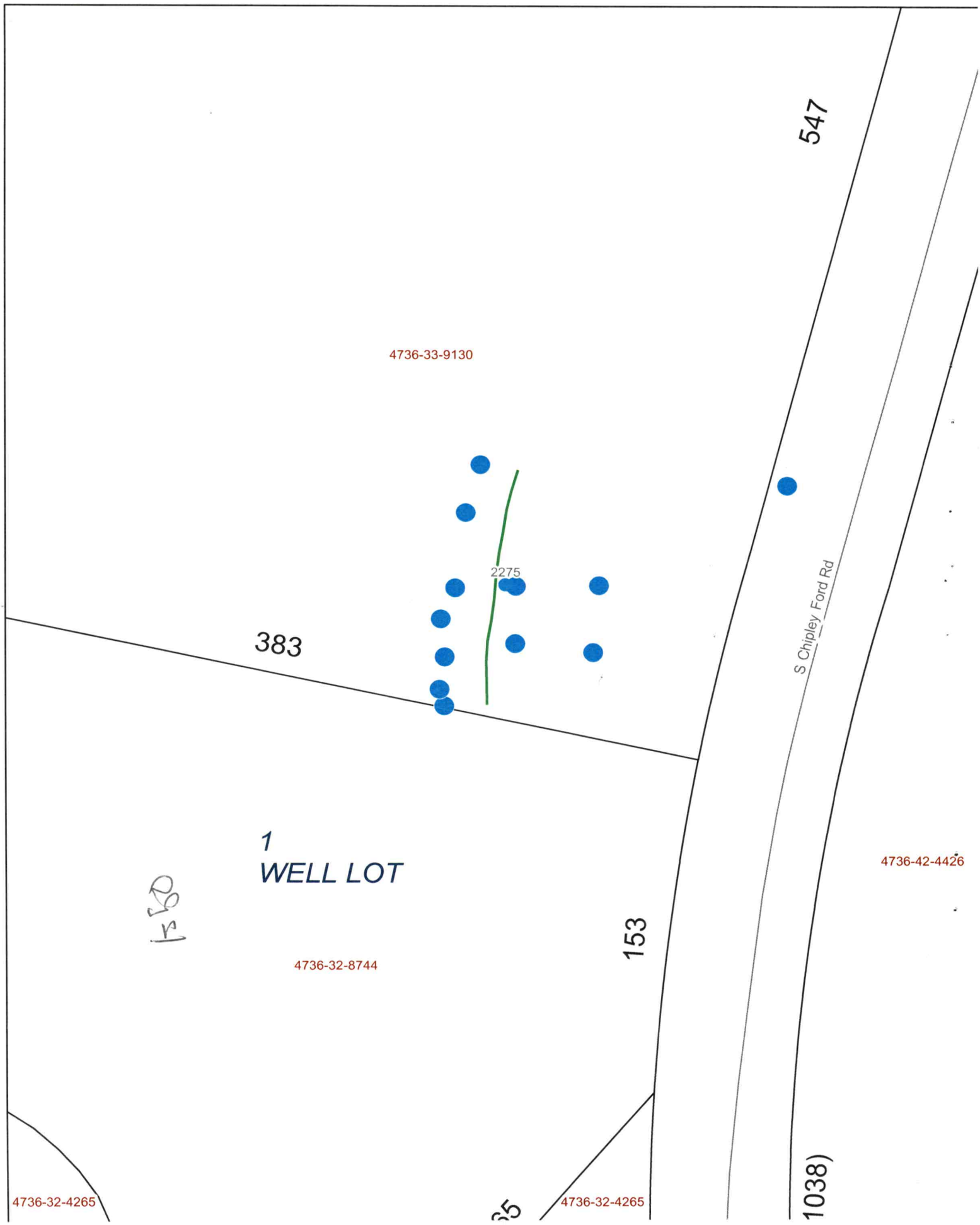
IMPROVEMENT PERMIT by: Matt Wilkie Date: 6/21/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Matt Wilkie Date: 6/22/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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


547
4736-33-9130
2275
383
S Chipley Ford Rd
1
WELL LOT
4736-42-4426
153
4736-32-8744
4736-32-4265
4736-32-4265
1038)

MW

RECEIVED APR 25 2022

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* AP-328000 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Michelle Hix Address: 2299 S. Chipley Ford Rd Zip: 28625
Applicant Email: mhix1976@gmail.com Phone: 704 880 2607 Alt. Phone: —
Owner Name: Michelle Hix Address: 2299 S Chipley Ford Rd Zip: 28625
Owner Email: mhix1976@gmail.com Phone: 704 8802607 Alt. Phone: _____

Property Information:

Street Address: 2275 S. Chipley Ford Rd Statesville, NC 28625

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: take S. Chipley Ford Rd north away from Statesville for 1.5 miles turn left into drive past Iredell Water well site

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 1 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

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

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

Signature: Michelle Hix 4-22-22

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Michelle Hix

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, Michelle Hix, am the legal owner(s) of the property located at 2275 S. Chipley Ford Rd Statesville 28625, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Matthew Hix / HixFix LLC

_____, 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.

Michelle Hix — Signature of Owner(s)

4-22-22 — Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

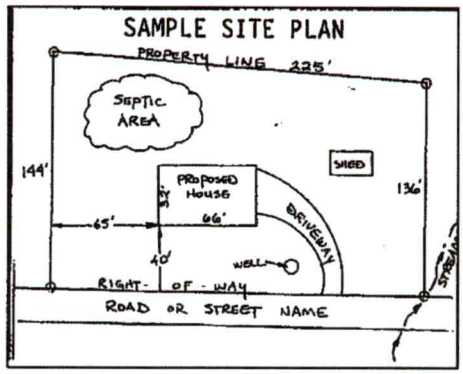
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

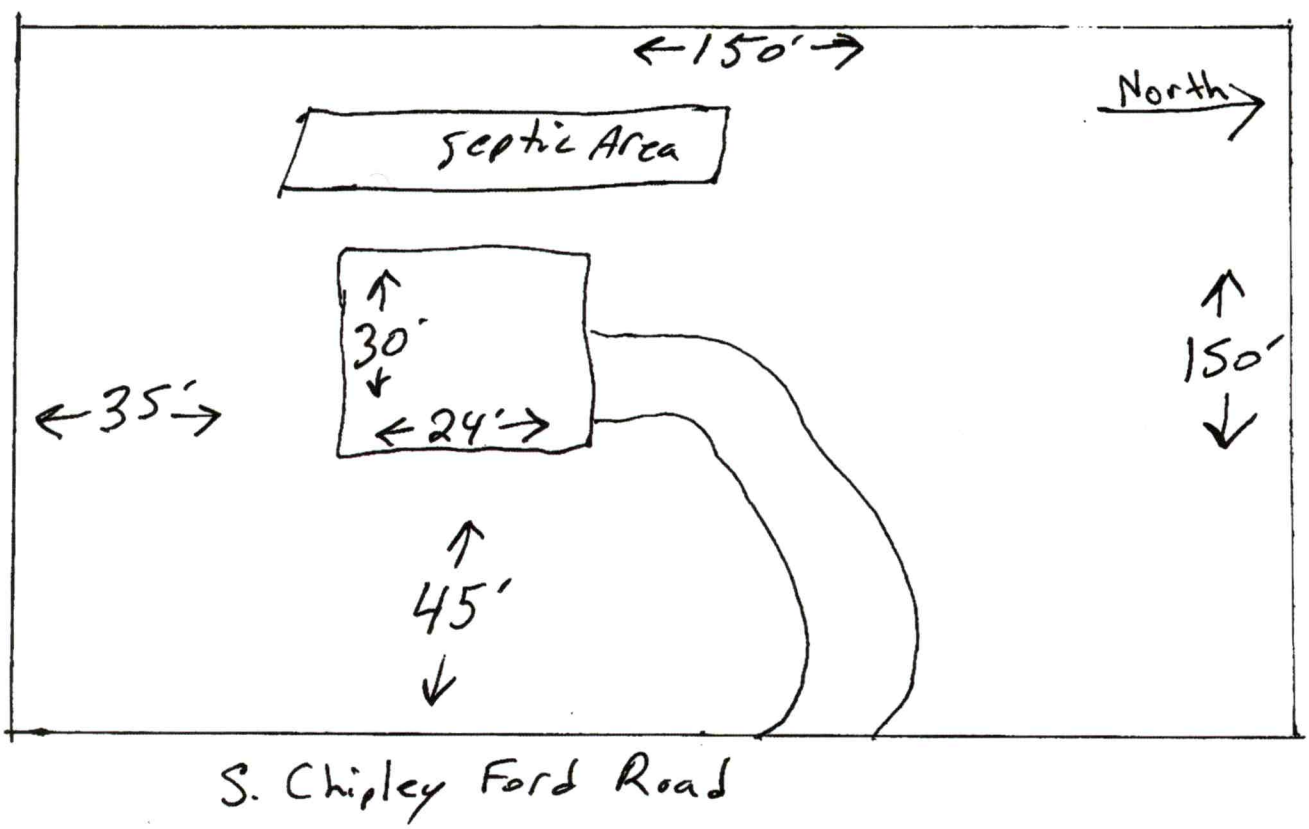
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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

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: Michelle Hing

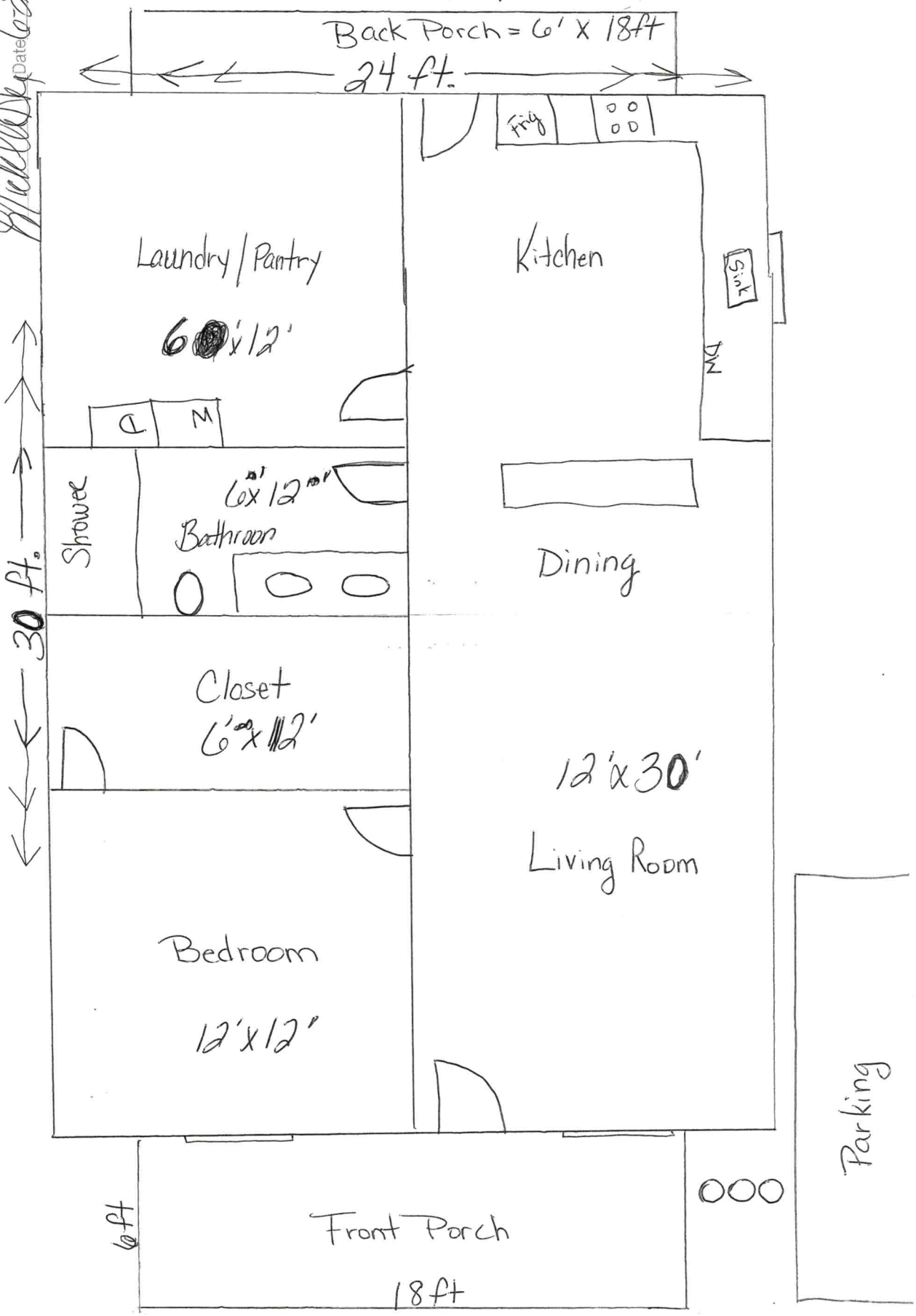
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-22-22

DATE

House Plan - Matthew and Michelle Hix
2275 S. Chipley Ford Rd

Acknowledgement Of Plans Submittal ONLY! Date 6/22/22 Date 6/28/22



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

Sheet 1 of 1
PROPERTY ID #: 4736 337130
COUNTY: Iredell

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

OWNER: Michelle Hix
ADDRESS: 2299 S Chipley Ford Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240
LOCATION OF SITE: 2275 S. Chipley
APPLICATION DATE
DATE EVALUATED: 5/4/22
PROPERTY SIZE:
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☑ Other Iredell Water
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	LS 8%	0-6	SCL/Gr	ns np fr SE	YB models begin at 16 10YR 6/8 continue throughout profile	48	Heavy Sap begin at 37	-	PS .25
		6-16	C/SBK	SS Sp fr SE					
		16-48	CL/SBK	SS Sp fr SE					
2	LS 10%	0-6	SCL/Gr	ns np fr SE	-	48	Sap inclusions at 34 to Heavy Sap at 43	-	PS .275
		6-25	C/ABK	S P fr SE					
		25-48	CL/SBK	SS Sp fr SE					
3	LS 7%	0-6	SCL/Gr	ns np fr SE	2.5Y 6/6 at 32 10YR 5/4 at 43	48	Sap inclusions throughout	Heavy Micas throughout Profile	PS .25
		6-24	C/ABK	SS Sp fr SE					
		24-44	CL/ABK	SS Sp fr SE					
4	LS 8%	0-6	SCL/Gr	ns np fr SE	10YR 6/6 begin at 30 10YR 4/4 at 22 w/ root	48	Sap inclusions found at 40	-	PS .25
		6-24	C/ABK	SS Sp fr SE					
		24-48	CL/SBK	SS Sp fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	240
System Type(s)	25%	25%
Site LTAR	.25	.25

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

COMMENTS:

Updated February 2014

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.

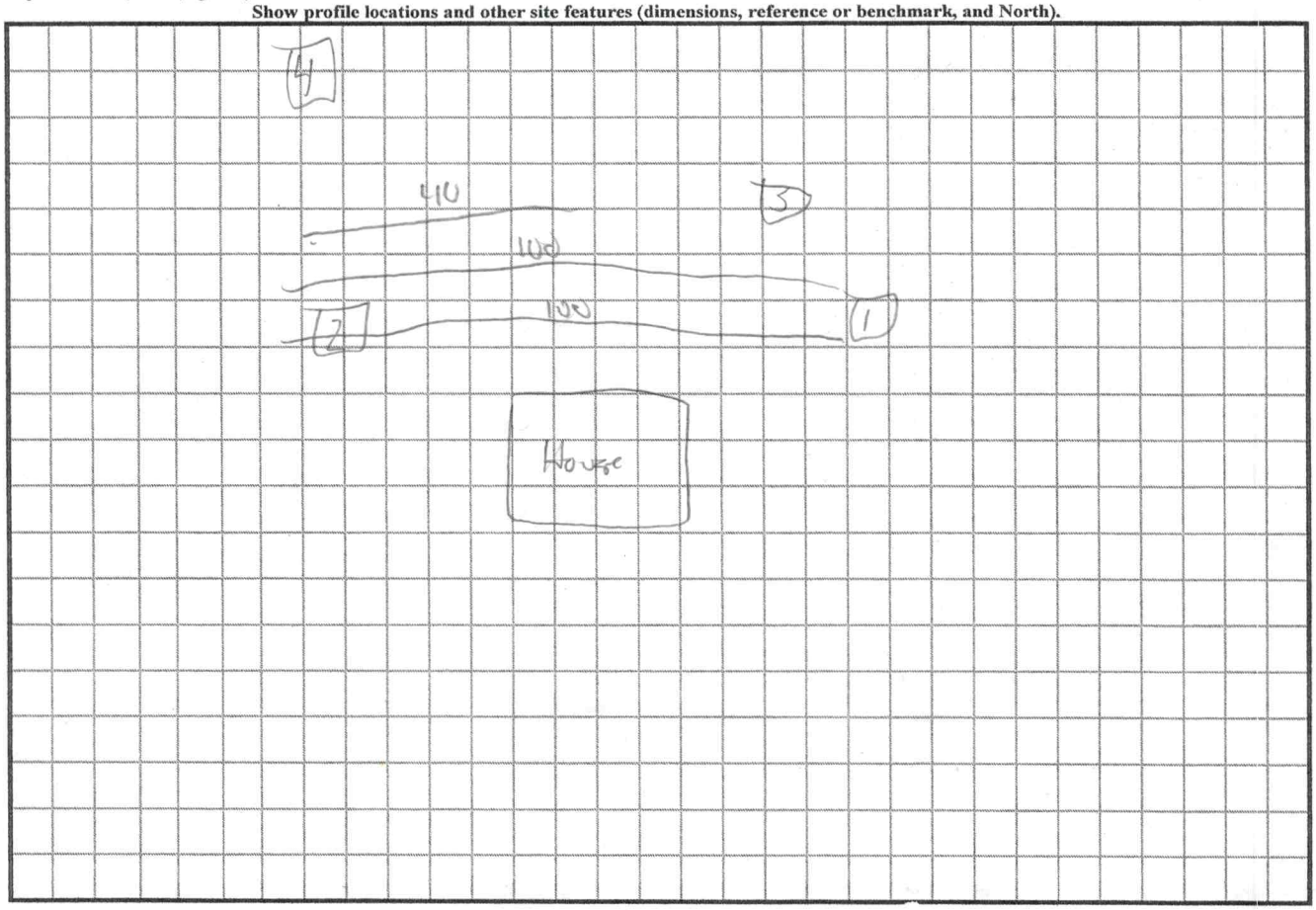
NOTES

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/ft^2

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



Notice

THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.

Legend

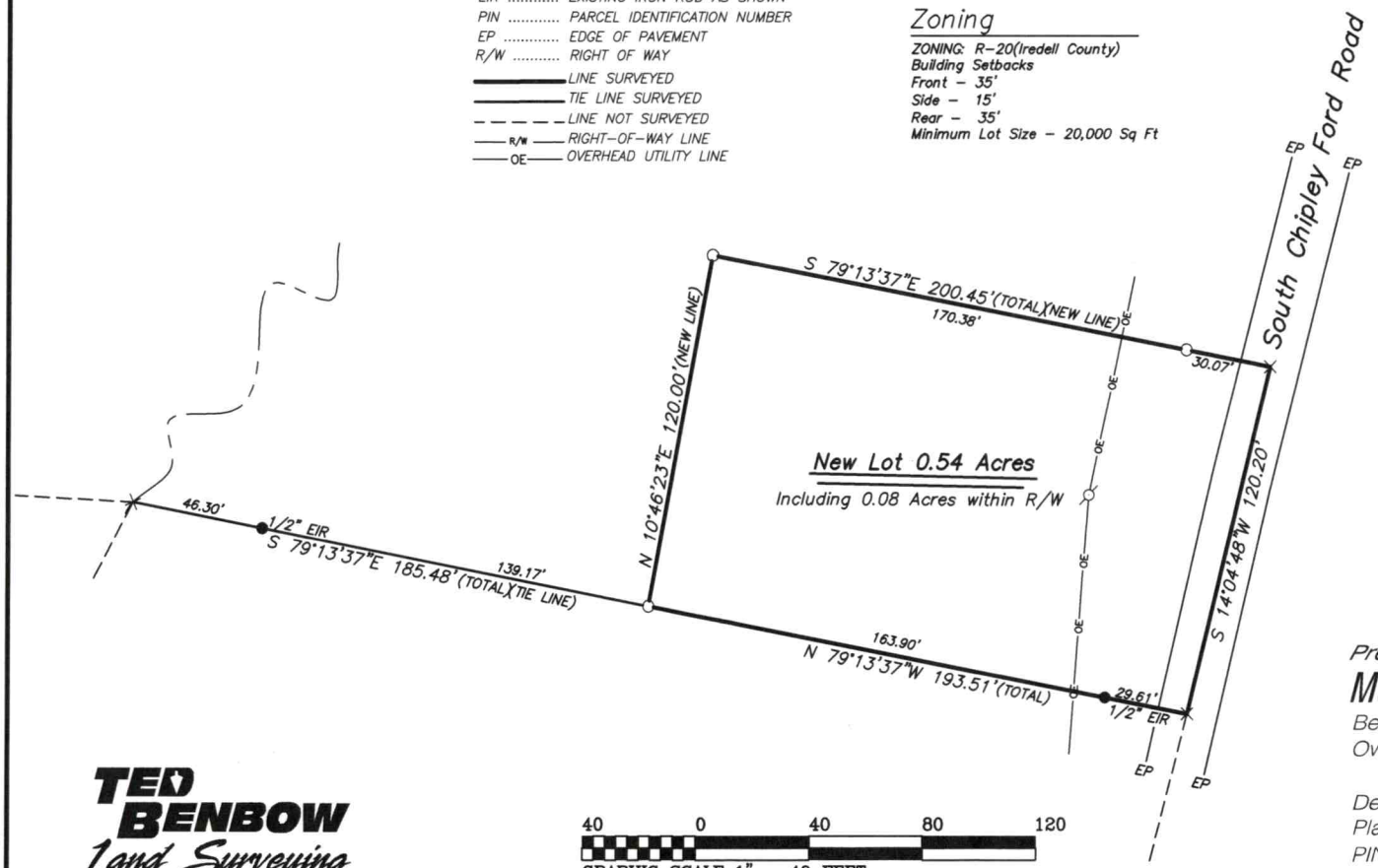
CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- O 1/2" IRON ROD SET WITH YELLOW CAP
- ● EXISTING MONUMENT FOUND AS INDICATED
- X COMPUTED POINT
- ∅ ..... UTILITY POLE
- EIR ..... EXISTING IRON ROD AS SHOWN
- PIN ..... PARCEL IDENTIFICATION NUMBER
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- ——— LINE SURVEYED
- ——— TIE LINE SURVEYED
- - - - - LINE NOT SURVEYED
- ——R/W—— RIGHT-OF-WAY LINE
- ——OE—— OVERHEAD UTILITY LINE

PRELIMINARY PLAT:
NOT FOR RECORDATION, CONVEYANCES, OR SALES

Zoning

ZONING: R-20(Iredell County)
Building Setbacks
Front - 35'
Side - 15'
Rear - 35'
Minimum Lot Size - 20,000 Sq Ft

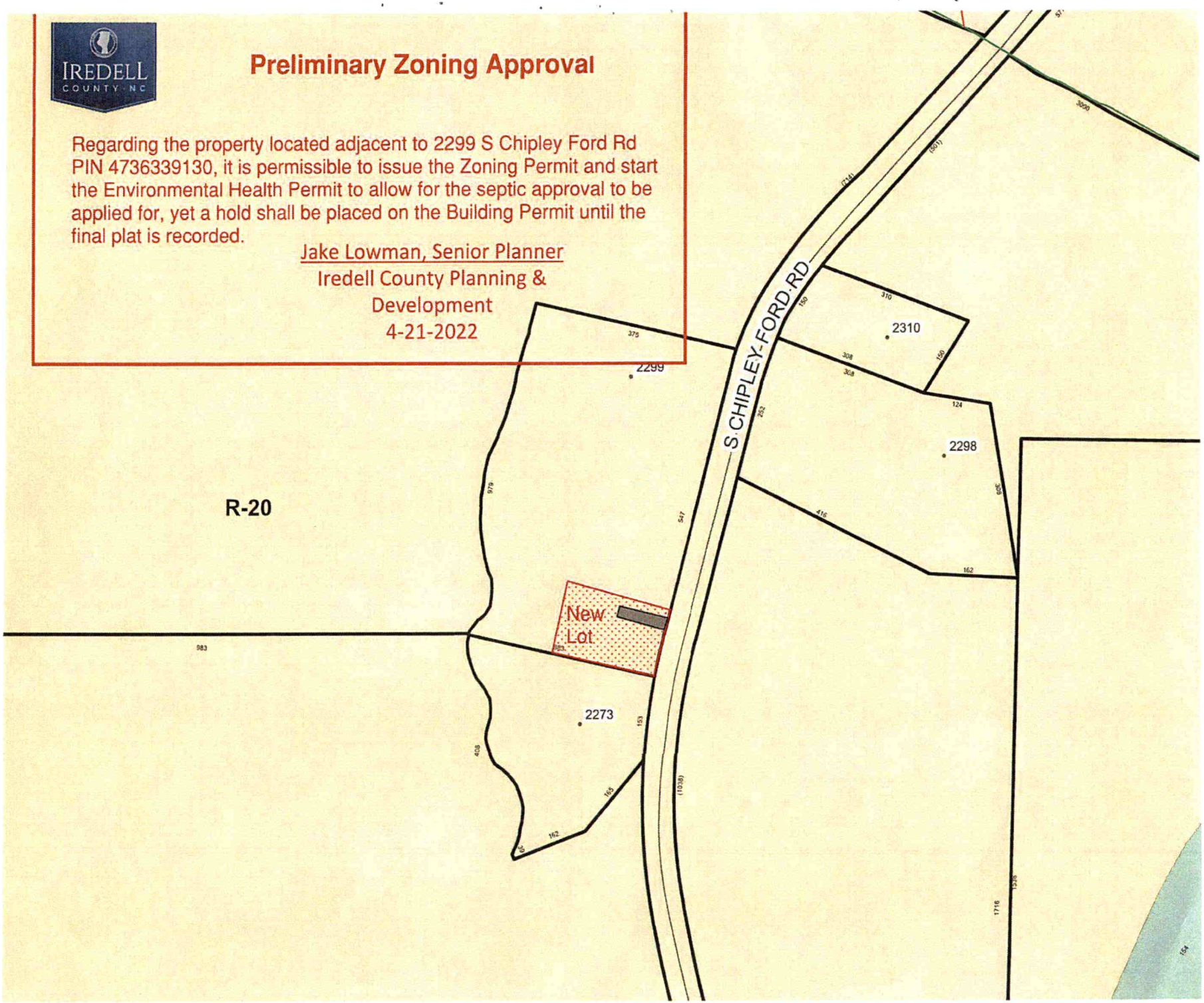


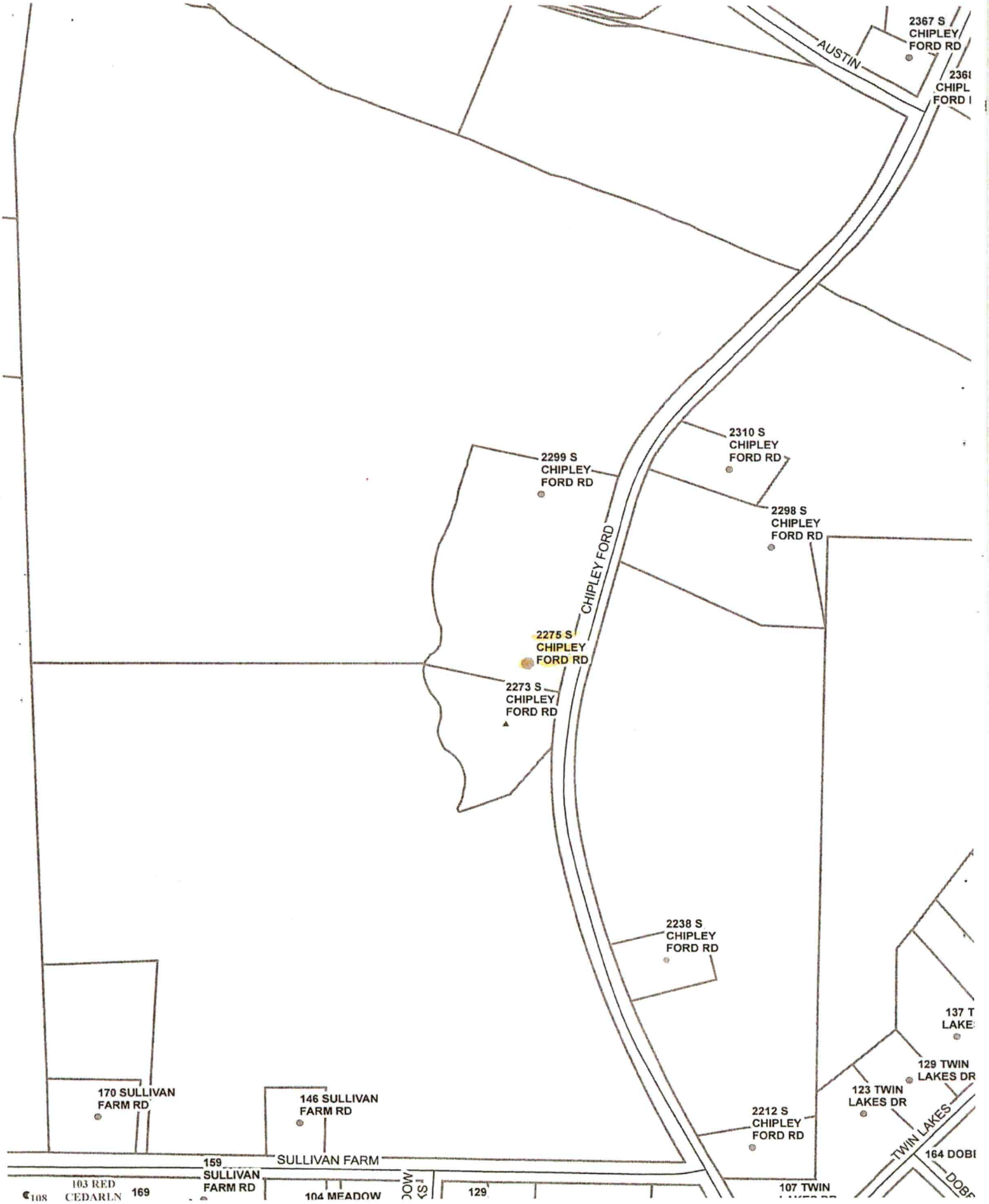
TED BENBOW Land Surveying
Proudly Surveying Iredell County Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

Preliminary Subdivision Plat For:

Matthew Hix

Bethany Township, Iredell County, NC
Owners of Record: Michelle Hix
Matthew Hix
Deed Reference: D.B.2555, Pg.1995
Plat Reference: P.B.56, Pg.52
PIN: 4736-33-9130
Job Number:2206196.DWG (2206196.CRD)
Field Work: 06/09/2022
Plat Date: 06/18/2022
Drawn By: DF


IREDELL
COUNTY · NC
Preliminary Zoning Approval
Regarding the property located adjacent to 2299 S Chipley Ford Rd PIN 4736339130, it is permissible to issue the Zoning Permit and start the Environmental Health Permit to allow for the septic approval to be applied for, yet a hold shall be placed on the Building Permit until the final plat is recorded.
Jake Lowman, Senior Planner
Iredell County Planning & Development
4-21-2022
S CHIPLEY-FORD-RD
2299
2310
2298
2273
New Lot
R-20


2367 S CHIPLEY FORD RD
AUSTIN
2310 S CHIPLEY FORD RD
2299 S CHIPLEY FORD RD
2298 S CHIPLEY FORD RD
CHIPLEY FORD
2275 S CHIPLEY FORD RD
2273 S CHIPLEY FORD RD
2238 S CHIPLEY FORD RD
170 SULLIVAN FARM RD
146 SULLIVAN FARM RD
159 SULLIVAN FARM RD
SULLIVAN FARM
103 RED CEDAR LN
169
104 MEADOW
129
2212 S CHIPLEY FORD RD
123 TWIN LAKES DR
129 TWIN LAKES DR
TWIN LAKES
107 TWIN

IREDELL COUNTY · NC

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

APPLICATION NUMBER
328000 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4736339130.000	2275 S CHIPLEY FORD RD	Iredell County

Owner Information	Applicant Information
Name: HIX MICHELLE+MATTHEW Address: Phone:	Name: HIX MICHELLE+MATTHEW Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.32	35	35	15	15	N/A	NO

Remarks
SFD

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.

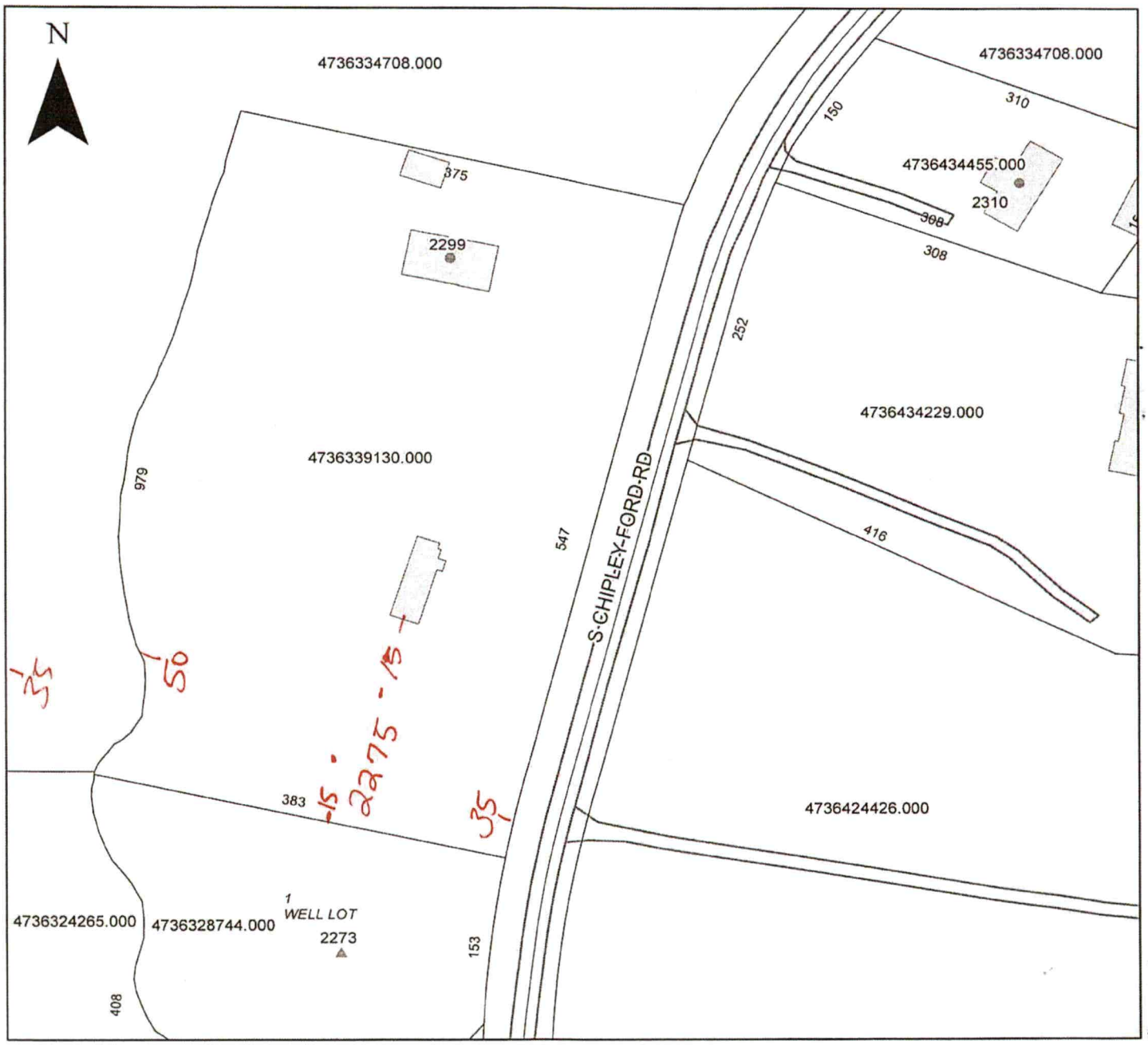
Signature of Owner/Contractor

Date: 04/25/2022

Permit Number	328000	TOTAL FEES:	$77.25

F = 214
R = 214

ZONING DISCLAIMER



Property Address 2275 S. Chipley Ford Rd Statesville NC 28625

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Applicant

4-22-22
Date