ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 315006

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

PIN # 4736 -- 71 -- 3354

APPLICANT/OWNER: Jerry Painter APPLICANT ADDRESS: 218 Antler Drive Statesville 28625

SITE ADDRESS: 112 Badrush Ct Statesville NC 28625 PHONE: 704-506-6425 ALT. PHONE

SITE DIRECTIONS: Fort Dobbs R on Cedarlake L on Badrush Ct SAP CONTROLLED: ☐ YES ☒ NO

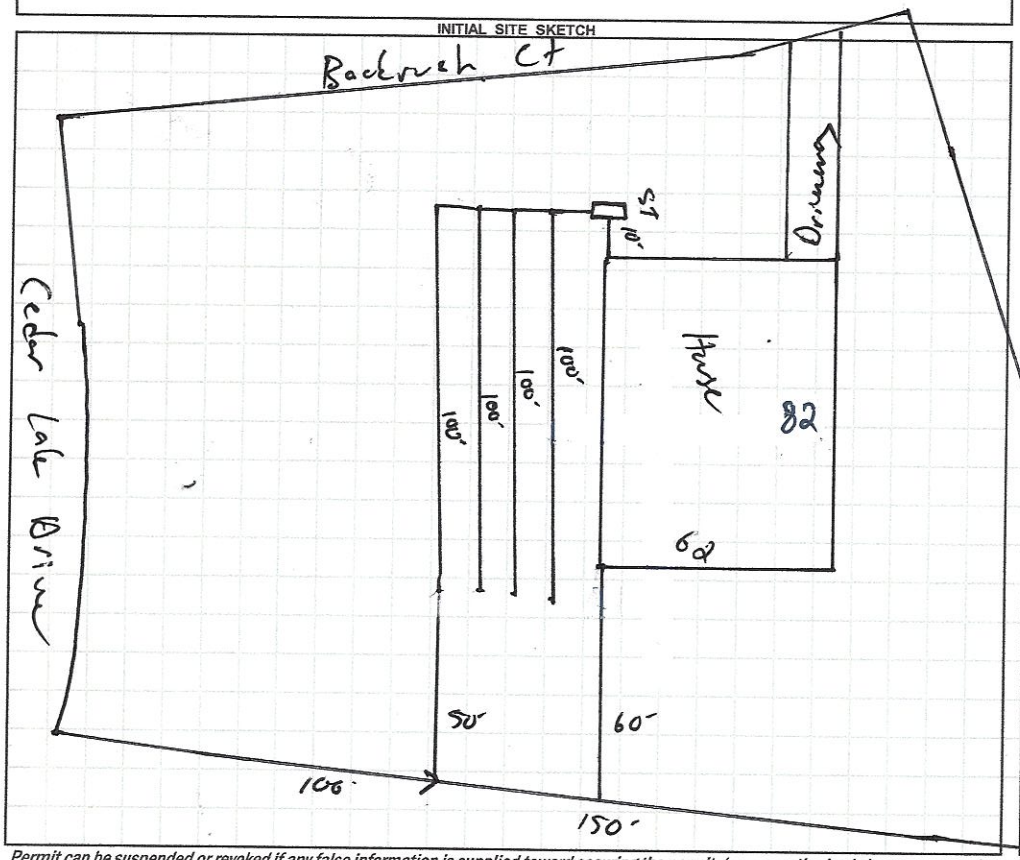
SUBDIVISION: Dobbs Valley SECTION: 2 LOT # 48 LOT AREA: 1.59 DESIGN FLOW: 480 gpd L.T.A.R.: .5

Septic Tank	1000 (gal)	STB	760	Date	9-15-21	☒ 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:	25% Reduction		
# Nitrification Fields	1	# Lines	4	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	Min 36"	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		

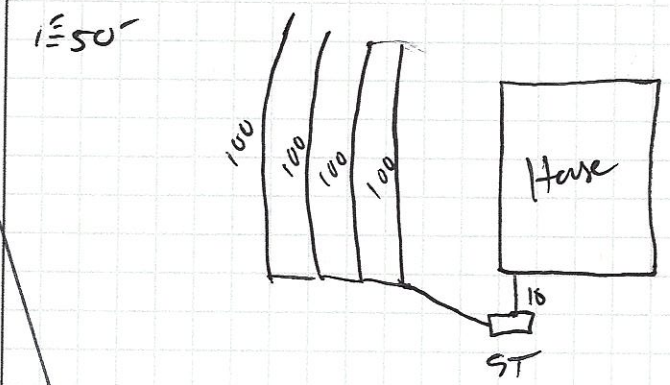
Comments / Conditions: Install Drainline on Center of land use Serial distribution.

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: Date: 5-21-21 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Date: 5-20-21 OPERATION PERMIT by: Date: 11-8-2021

AUTHORIZATION TO CONSTRUCT by: Date: 5-20-21 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4736713557
COUNTY: Turkey

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

OWNER: Jerry Pardue
ADDRESS: 112 Backrush Ct
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 112 Backrush Ct
APPLICATION DATE 5-6-2021
DATE EVALUATED: 5-7-2021
PROPERTY SIZE: 1.69
PROPERTY RECORDED: Y
PROPOSED DESIGN FLOW (.1949): 480gpd

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	SS 5-6%	0-6	SBK FRI	FR SSSP Sap					
		6-26	SBK C						
		26-48	SBK CL		NA	48+	NA	NA	PS .3
2	SS 5-6%	0-6	SBK SCL						
		6-26	SBK C						
		26-48	SBK CL		NA	48+	NA	NA	PS .3
3	SS 5-6%	0-6	SBK SCL						
		6-26	SBK C						
		26-48	SBK CL		NA	48+	NA	NA	PS .3
4	SS 5-6%	0-6	SBK SCL						
		6-26	SBK C						
		26-48	SBK C2		NA	48+	NA	NA	PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	2SC	2SC
Site LTAR	.3	.3

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

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)	NS (Non-sticky) SS (Slightly Sticky) S (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.

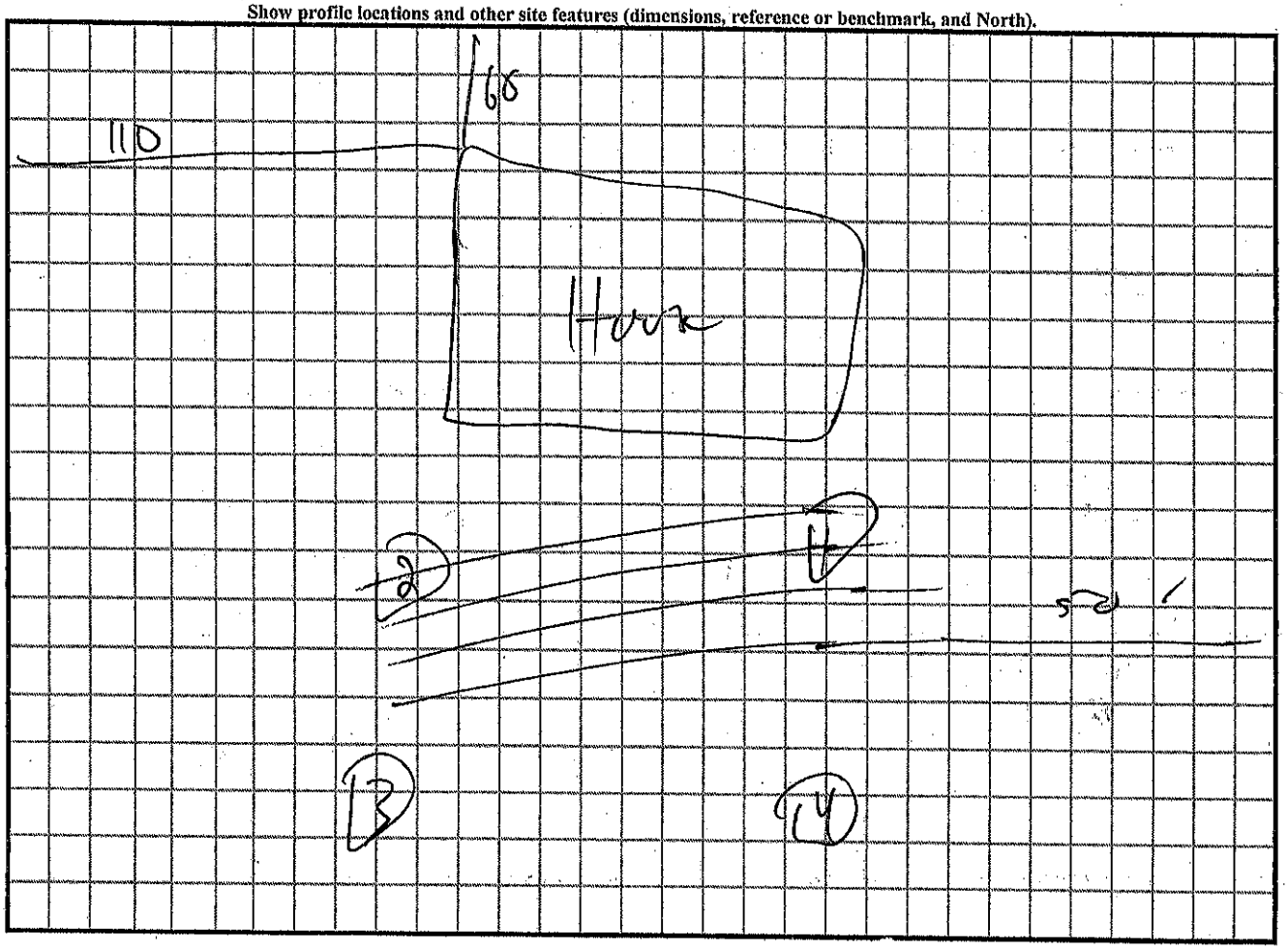
NOTES

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).



REVISED RECEIVED MAY 6 - 2021

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
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) 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: Jerry m Painter Address: 218 antler Drive - Statesville Zip: 28625
Applicant Email: ttspainter@windstream.net Phone: 704-506-6925 Alt. Phone: _____
Owner Name: Jerry m Painter Address: same Zip: _____
Owner Email: same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 112 Backrush Ct, Statesville NC 28625
Subdivision Name: Hobbs Valley II Section/Phase: _____ Lot Number: 48
Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) 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: N/A 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 (X) 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: _____ 5-6-21
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*) _____

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, Jerry m Pamler, am the legal owner(s) of the property located at 112 Backrush Ct, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kirk Cleary, Cleary Construction _____, 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.

_____ 5-6-21
Signature of Owner(s) Date

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

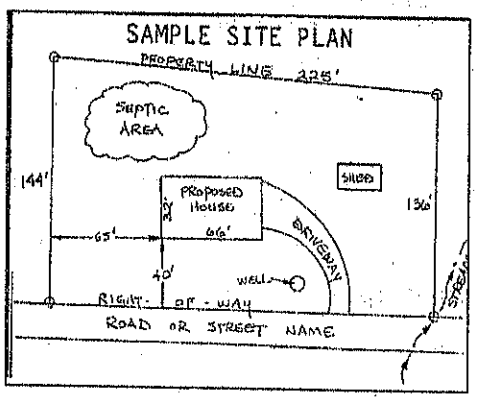
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

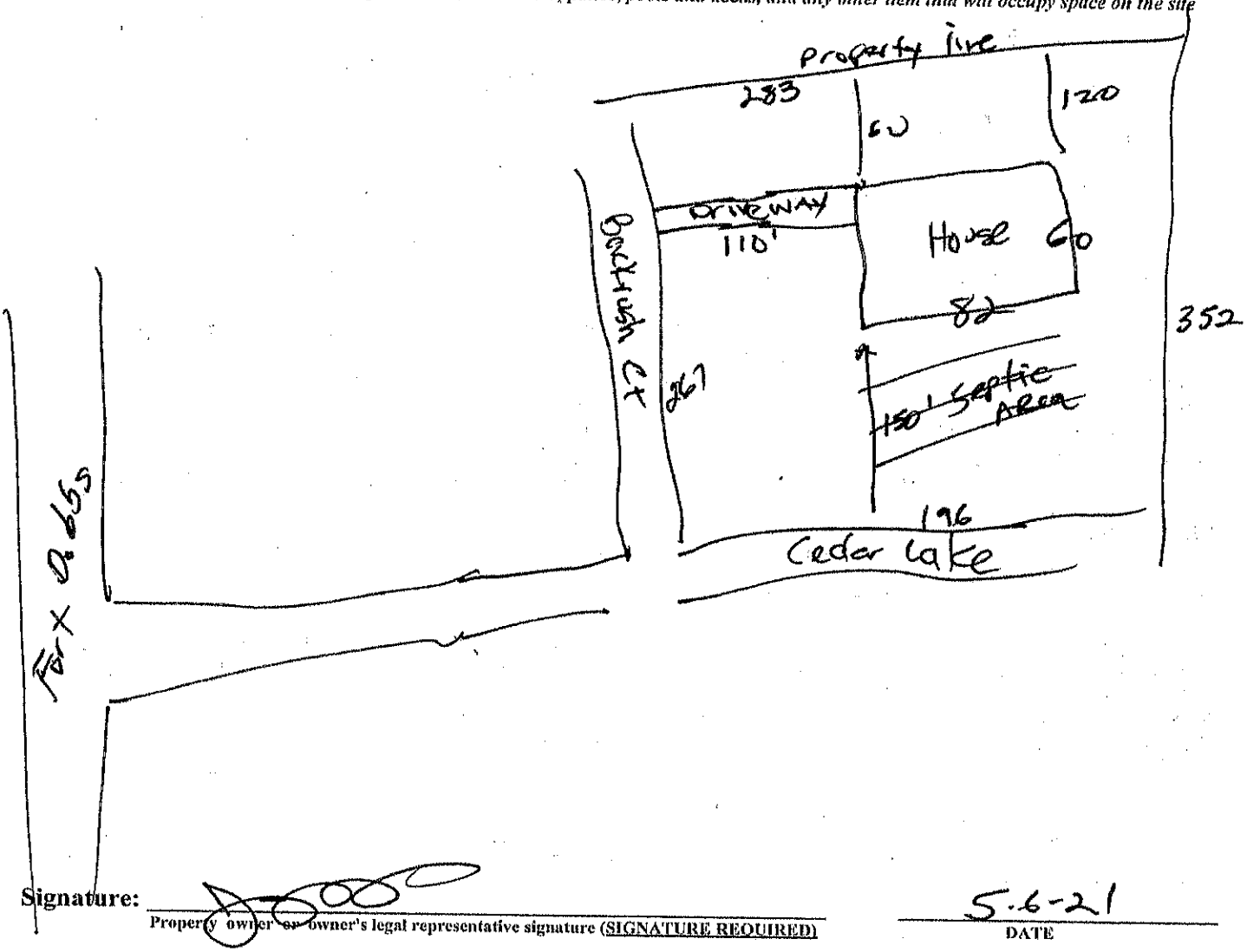
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____ _____ 5-6-21

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

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" t PAPER SIZE

Acknowledgement Of Plans Submittal ONLY!

Date 5-20-2021

Date

ISSUED FOR CONSTRUCTION

FLOOR PLAN NOTES

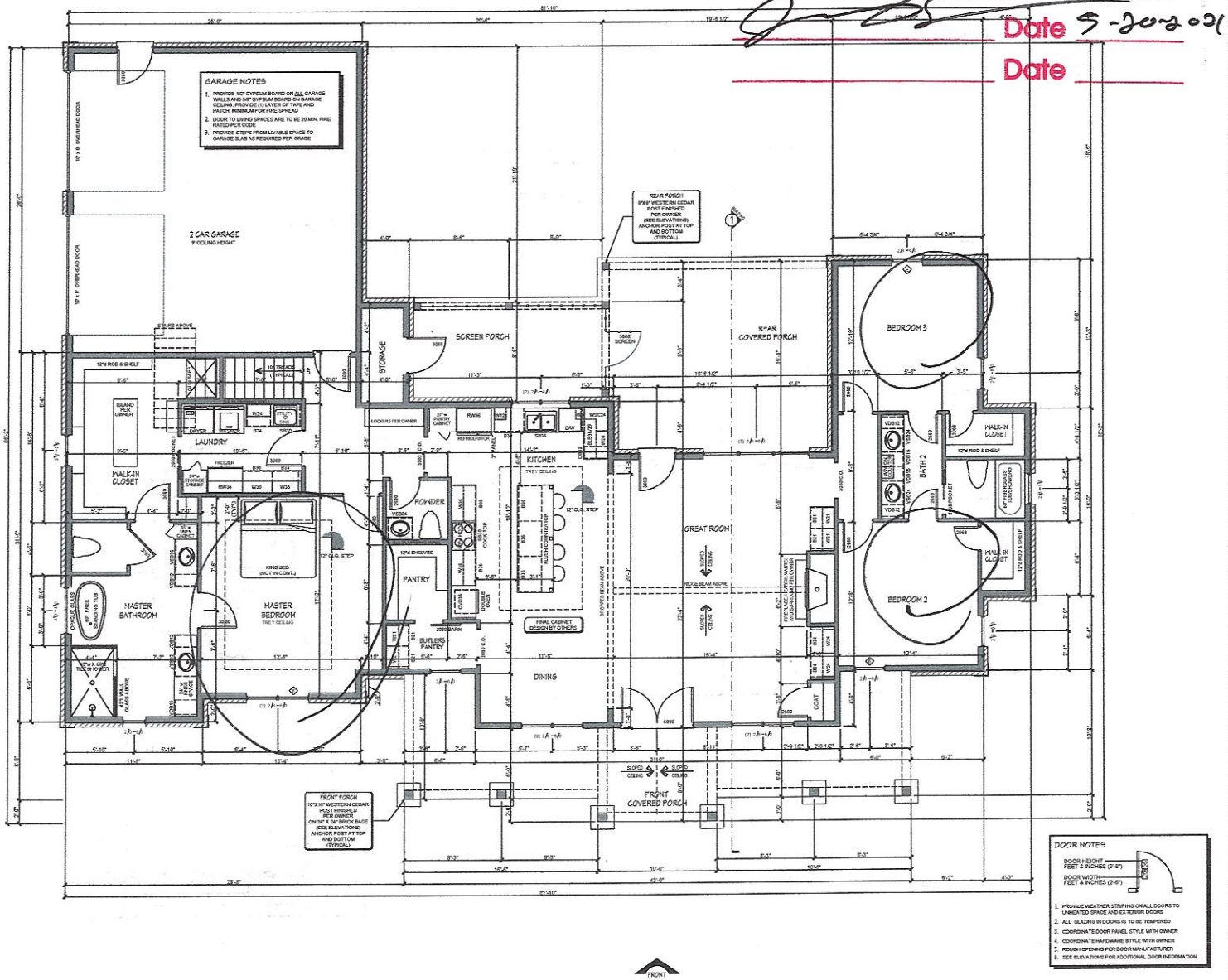
1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, C.M.U. WALL, VENEER OF PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD. NO WALL FINISHES, SIDINGS OR VENEERS ARE ACCLIMED
3. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS.
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
5. VERIFY ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
7. CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE
8. ANGLES IN WALLS TO BE ASSUMED 45°. TYP. U.N.O.
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X6 @ 16" O.C., TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 @ 16" O.C., TYP. UNLESS NOTED OTHERWISE
12. DOUBLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.

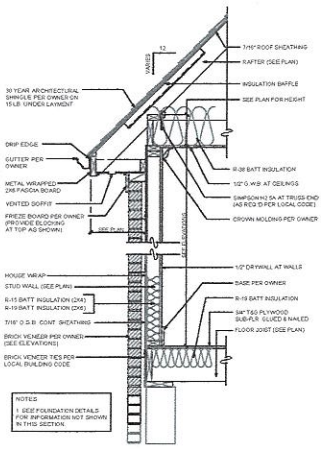
EGRESS NOTE

(E) SYMBOL INDICATES THAT THE WINDOW MUST MEET EMERGENCY EGRESS REQUIREMENTS PER LOCAL BUILDING CODES
SEE WINDOW MANUFACTURERS DESIGN MANUAL FOR FURTHER DETAILS / INFORMATION. WINDOW SIZE MAY BE ADJUSTED IF SIZE SHOWN IS INADEQUATE TO MEET LOCAL REQUIREMENTS

GARAGE NOTES

1. PROVIDE 1/2" GYPSUM BOARD ON ALL GARAGE WALLS AND 5/8" GYPSUM BOARD ON GARAGE CEILING. PROVIDE (1) LAYER OF TAPE AND PATCH, MINIMUM FOR FIRE SPREAD
2. DOOR TO LIVING SPACES ARE TO BE 20 MIN. FIRE RATED PER CODE
3. PROVIDE STEPS FROM LIVABLE SPACE TO GARAGE SLAB AS REQUIRED PER GRADE





TYPICAL WALL SECTION
SCALE: 3/4"=1'-0"

DOOR NOTES

1. PROVIDE WEATHER STRIPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. ROUGH OPENING PER DOOR MANUFACTURER
6. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

D&T HOME DESIGNS

DESIGNER
Phone: (704)-253-6080
eMail: DTHomeDesigns@GMail.Com

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF D&T HOME DESIGNS, LLC. ALL RIGHTS RESERVED.
THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT THE WRITTEN AUTHORIZATION OF D&T HOME DESIGNS, LLC
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D&T HOME DESIGNS, LLC. HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS, HOWEVER SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIFIC CODE OR ORDINANCE. CONTRACTOR IS TO VERIFY COMPLIANCE AND MAKE MODIFICATIONS AS NEEDED. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL DESIGN COMPLIANCE. D&T HOME DESIGNS, LLC. ASSUMES NO RESPONSIBILITY FOR ANY HOME CONSTRUCTED USING THESE PLANS.

SQUARE FOOTAGE

Heated - Main Level	2261 S.F.
Heated - Bonus	376 S.F.
Garage & Storage	684 S.F.
Front Porch	324 S.F.
Rear Porch	315 S.F.
Screen Porch	181 S.F.
Total Heated	2637 S.F.
Total Under Roof	4130 S.F.

REVISIONS

No:	Date	By:	Description

Drawn By: DRG | Issue Date: 03.01.21

Customer Name:
Mr. & Mrs. Painter

112 Backrush Court
Statesville, North Carolina

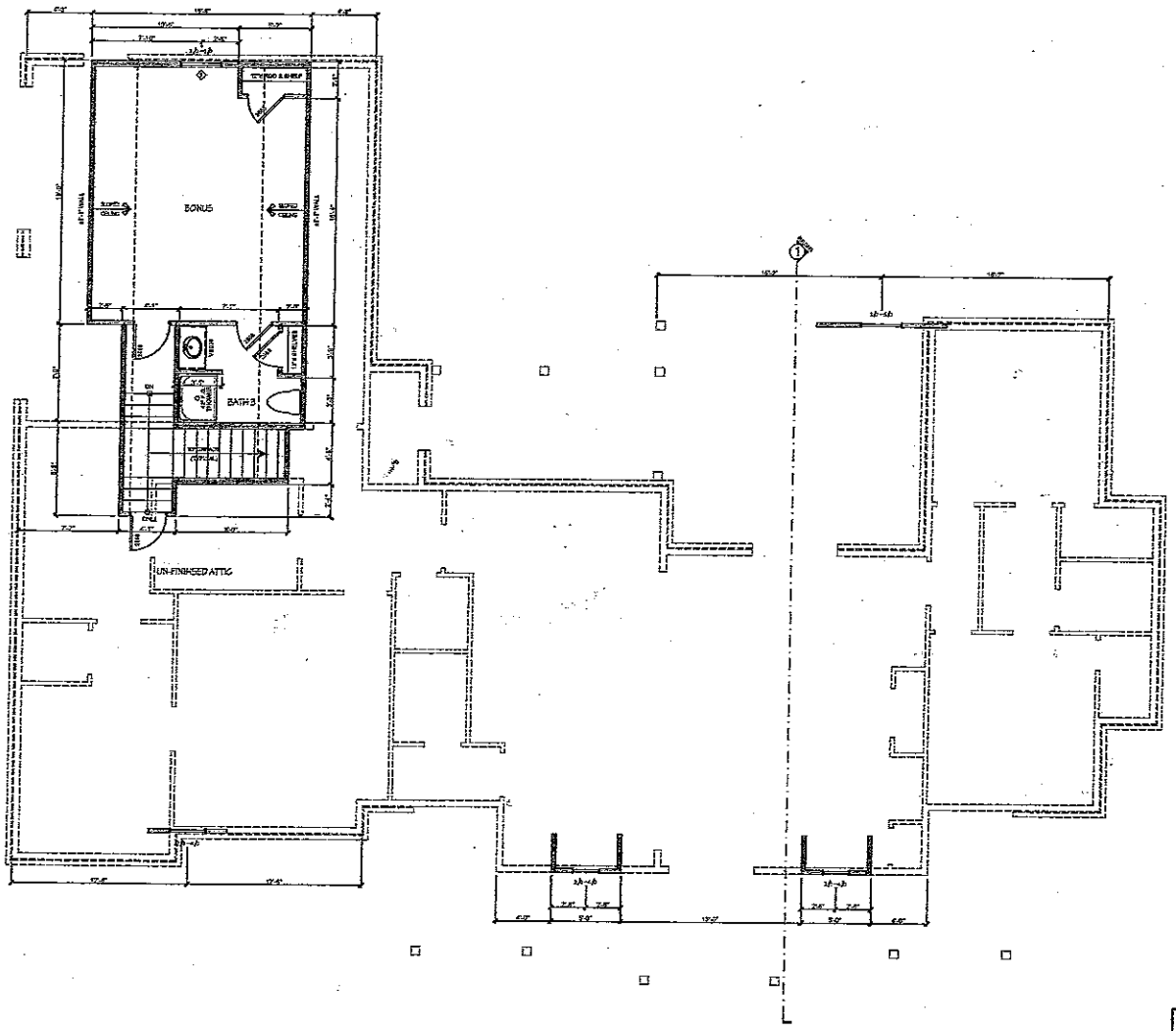
Plan Design Number:
R-2021-125

Sheet Title:
MAIN LEVEL FLOOR PLAN
SCALE: 1/4" = 1'-0"

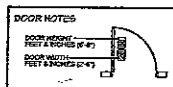
Sheet No.:
B3.0

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24"t PAPER SIZE

ISSUED FOR CONSTRUCTION



DOOR NOTES



1. PROVIDE WEATHER STRIPPING ON ALL DOORS TO GARAGES SPACE AND BELOW GRADE
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. REFER TO DETAILS FOR DOOR AND BASE SPECS
6. SEE ELEVATIONS FOR ADDITIONAL DOOR SPECIFICATIONS

D&T HOME DESIGNS

DESIGNER

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE AND SHALL REMAIN THE PROPERTY OF D&T HOME DESIGNS, LLC. ALL RIGHTS RESERVED. THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONSTRUCT ANY BUILDING WITHOUT THE WRITTEN AUTHORIZATION OF D&T HOME DESIGNS, LLC

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D&T HOME DESIGNS, LLC, HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS. HOWEVER SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATION WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIFIC CODE OR ORDINANCE. CONTRACTOR IS TO VERIFY COMPLIANCE AND MAKE MODIFICATIONS AS NEEDED. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL SEAL AND COMPLIANCE. D&T HOME DESIGNS, LLC ASSUMES NO RESPONSIBILITY FOR ANY HOME CONSTRUCTED USING THESE PLANS.

SQUARE FOOTAGE

Heated / Main Level	1061 S.F.
Heated / Bonus	774 S.F.
Garage & Storage	684 S.F.
Front Porch	336 S.F.
Rear Porch	210 S.F.
Screen Porch	168 S.F.
Total Heated	2027 S.F.
Total Under Roof	3129 S.F.

REVISIONS

No	Date	By	Description

Drawn by: DTD | Issue Date: 03.01.21

Customer Name:

Mr. & Mrs. Painter

112 Backrush Court
Statesville, North Carolina

Plan Design Number:

R-2021-125

Sheet Title:

UPPER LEVEL FLOOR PLAN

Sheet No.:

B3.1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
315006 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4736713550.000		Iredell County

Owner Information	Applicant Information
Name: PAINTER JERRY M JR+AMY K	Name: NELSON DELLINGER BUILDING COMPANY
Address:	Address: 170 PISGAH CHURCH ROAD STATESVILLE, NC 28625
Phone:	Phone: (704)902-0429

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15		NO

Remarks
SFD

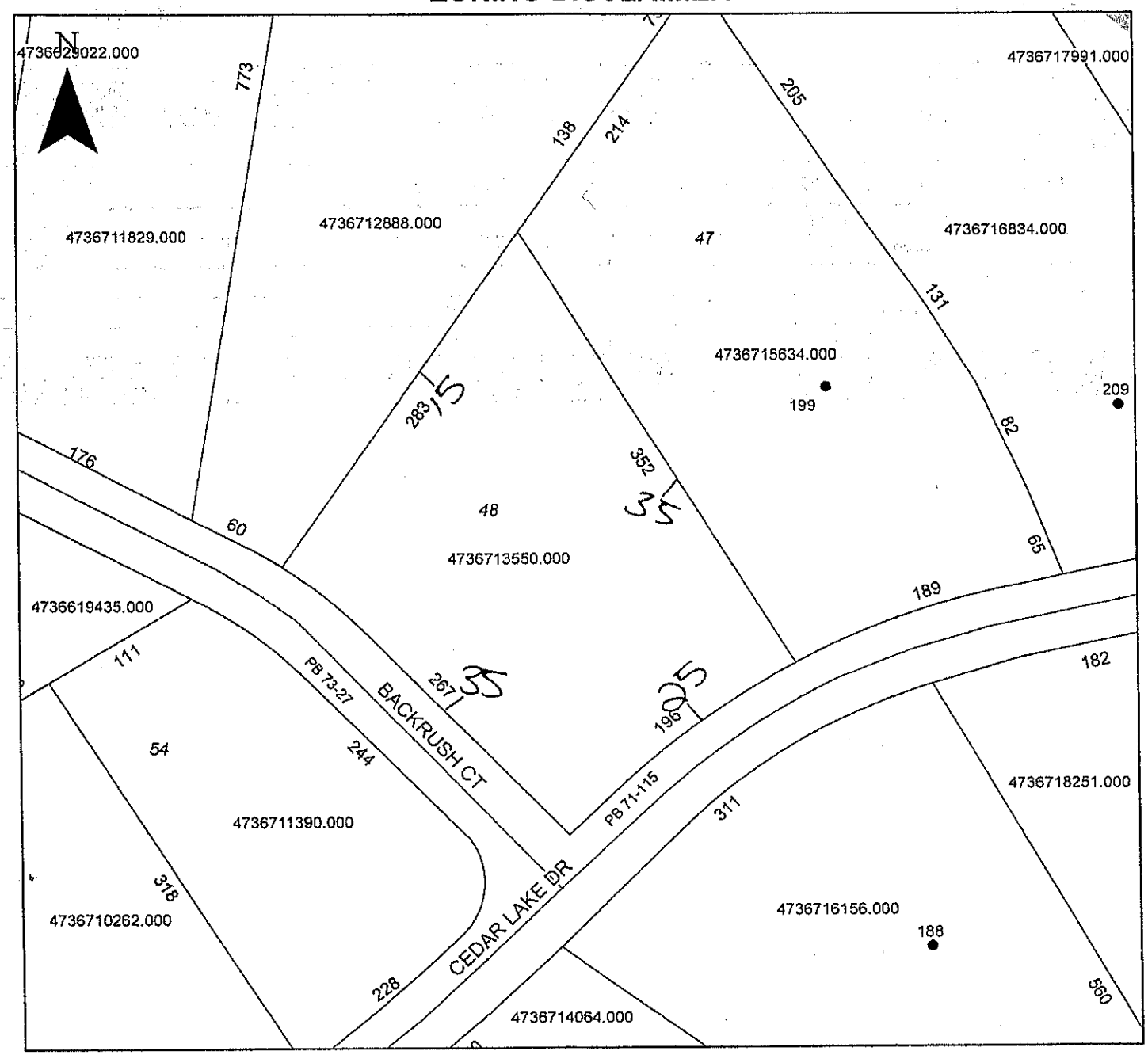
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 02/16/2021

Signature of Owner/Contractor

Permit Number	315006	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 112 Back Rush CT.

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

2-16-21

Date