ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328820

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

PIN # 4738 --01 --8412

APPLICANT/OWNER: Keri Williams APPLICANT ADDRESS: 207 Mullis Circle Apt F Statesville NC 28625

SITE ADDRESS: 126 Beaverwood Lane Statesville NC 28625 PHONE: 704-386-1110 ALT. PHONE

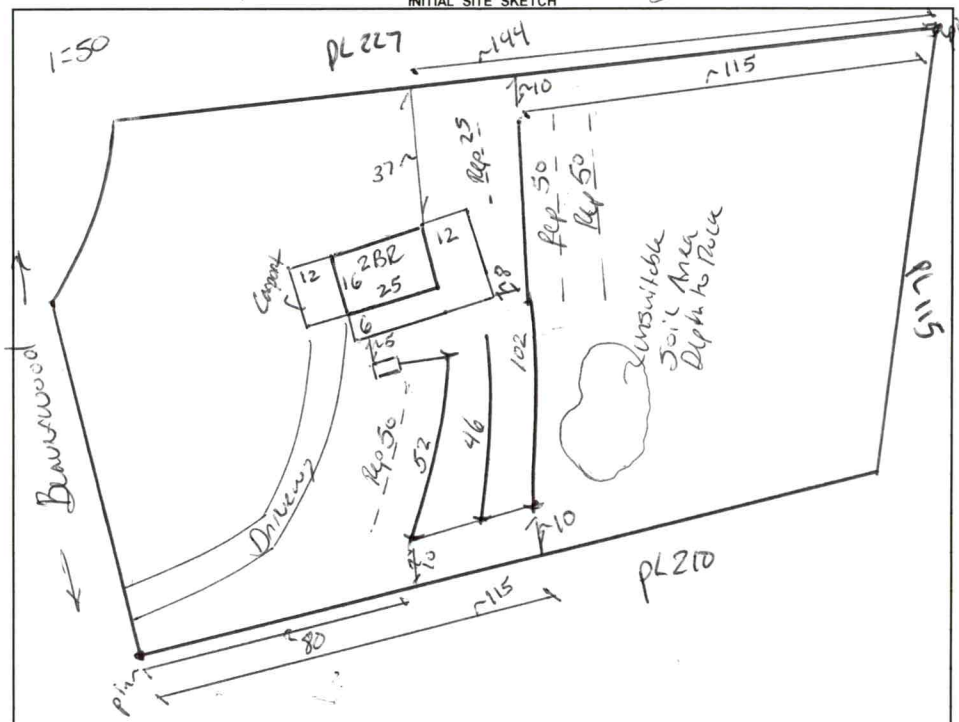
SITE DIRECTIONS: Boardwood to Riverfield to Grassy Meadow Lane Lt to Beaverwood SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ridgecrest SECTION: - LOT # 127 LOT AREA: .653 Ac DESIGN FLOW: 240 L.T.A.R.: 30

Septic Tank	1000	(gal)	STB 760	Date 9/21/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 4	☐ Private
Pump Make		Model		Serial #	Repair System Description:	Horizontal PPBDS - 50% Reduction			☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	3	Linear Ft 200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36in	Trench Bottom Depth ~~(Low side)~~	32in max	Gravel Depth -		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: Do not Drive, park, pave, grade or lay utilities on drainfield area. Install Stake Drawing on the Center of the Line & Utilize Strict Distribution. Do not exceed max depth of 32 inches (High Side).

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.

Installed as drawn

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: Keri Williams Date: 6/20/22 Installed by: NJ Adams Excavating

IMPROVEMENT PERMIT by: Benjamin A Butts Date: 6/9/22 OPERATION PERMIT by: [signature] Date: 11/4/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Butts Date: 6/9/22 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? _____	

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Kris williams
ADDRESS: 207 Mallory Circle Scl
PROPOSED FACILITY: 1 BR Home
PROPOSED DESIGN FLOW (.1949): 240 gpd
LOCATION OF SITE: 126 Beaumont
APPLICATION DATE 5/17/07
DATE EVALUATED: 6/8/22
PROPERTY SIZE: .6 AC
PROPERTY RECORDED: 73.

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Sid 28%	0-20	C - SBK	SS Sp FM SPL	PS	58	NA	pLe 20 Inc Vertical Fm Rock Fragment	PS .1 Drip
		20-58	CL - PL - SBK	SS Sp FM					
2	Sid 37%	0-8	Lom Ø		PS	4/4	SAP Inches e32in		PS .30
		8-30	C SBK	SS SSp FR SPL					
		30-44	CL wSBK	SS Sp FR					
		44+	Rock						
3	Sid 30%	0-20	SC Ø	SS Sp wFR SPL	PS	72			PS .30 30-46 SAP Bed Litho Inv
		20-~~36~~ 46	C SBK	SS Sp FR					
		~~36-46~~							
		46-72	CL wSBK	SS Sp FR					
4	Sid 18%	0-10	SC		PS.	4/4		FM Rock e 4/4.	PS .30.
		10-33	C SBK	SS Sp FR SPL					
		33-44	CL wSBK	SS Sp FR					
		44-62	2C SAP.						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	140
System Type(s)	III 25%	IV 50%
Site LTAR	.30	.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bellamy
OTHER(S) PRESENT: (Logan) Williams Excavating

COMMENTS:

Updated February 2014

05- 5-21 -21-60' PS .30

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.

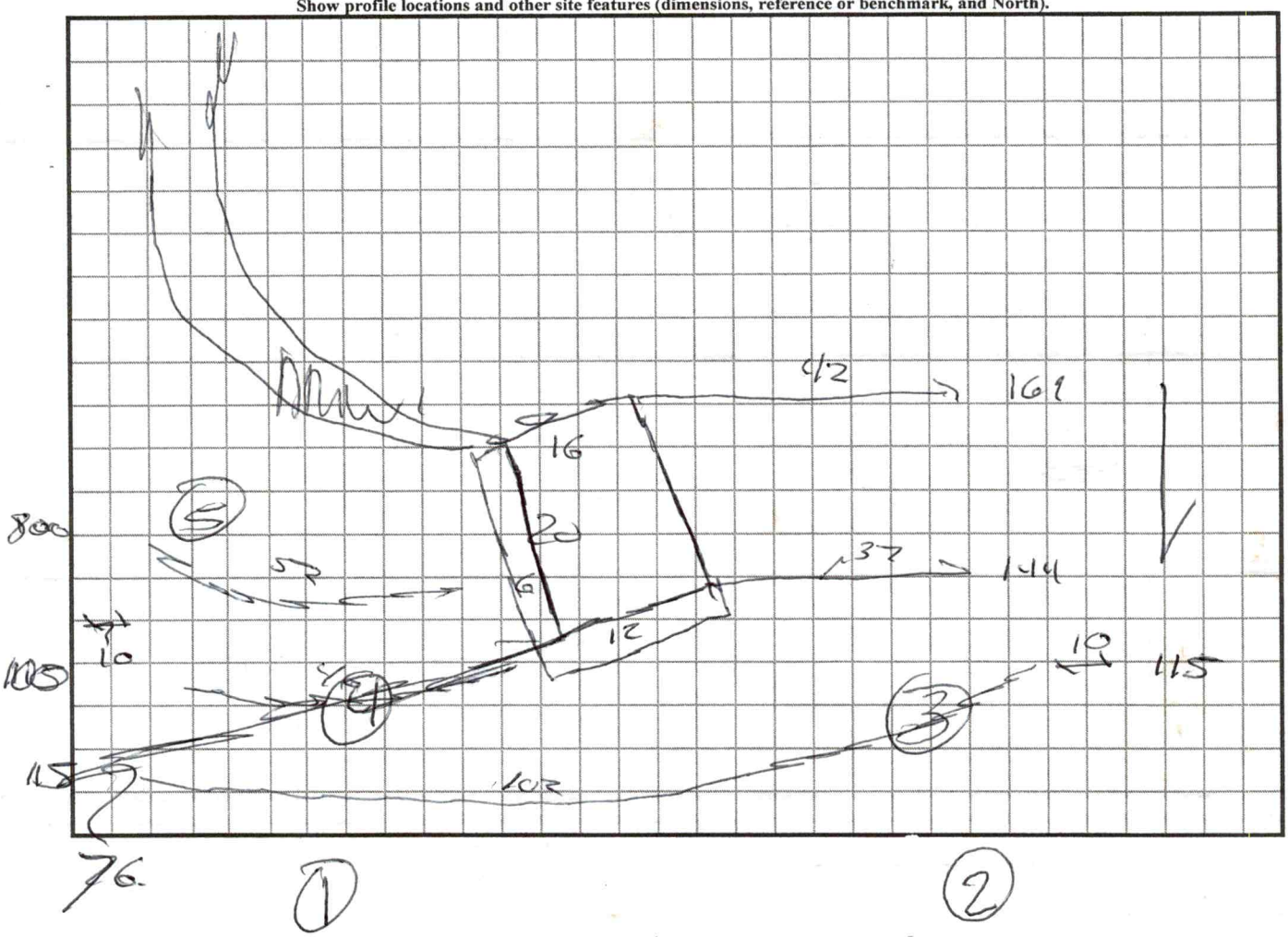
NOTES

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).



pit 5 Silt. 15%

0-5 SC SBK SS SP VFR SEXP
5-21 C SBK SS SP FR
21-60 CL WSBK SS SP VFR

2-5 gal/d/ft

PS .30

RECEIVED MAY 17 2022 BB

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-328820 $500.00

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: Keri Williams Address: 207 Mueller's Circle Apt F Statesville NC Zip: 28625
Applicant Email: keri.rose.williams@gmail.com Phone: 704 386 1110 Alt. Phone: _____
Owner Name: Keri Williams Address: 207 Mueller's Circle Apt F Zip: 28625
Owner Email: keri.rose.williams@gmail.com Phone: 704 386 1110 Alt. Phone: _____

Property Information:

Street Address: 126 Beaverwood Ln Statesville NC 28625
Subdivision Name: Ridgecrest Section/Phase: _____ Lot Number: 127
Driving Directions: Right onto Branchwood Rd, 2nd left onto Riverfield Dr, 1st Right to Grassy Meadow Ln, 2nd left onto Beaverwood Ln

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
(X) 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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) 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: Keri Williams 5/16/22
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*) Keri Williams

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 _____, 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.

Keri Williams
Signature of Owner(s)

5/16/22
Date

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

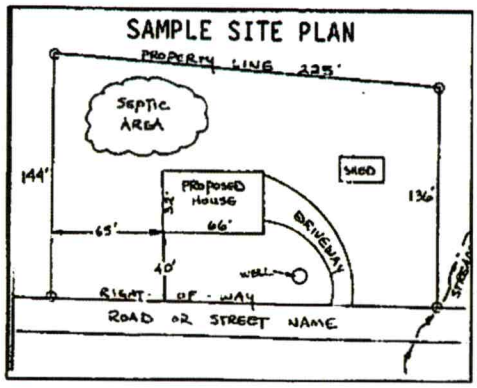
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

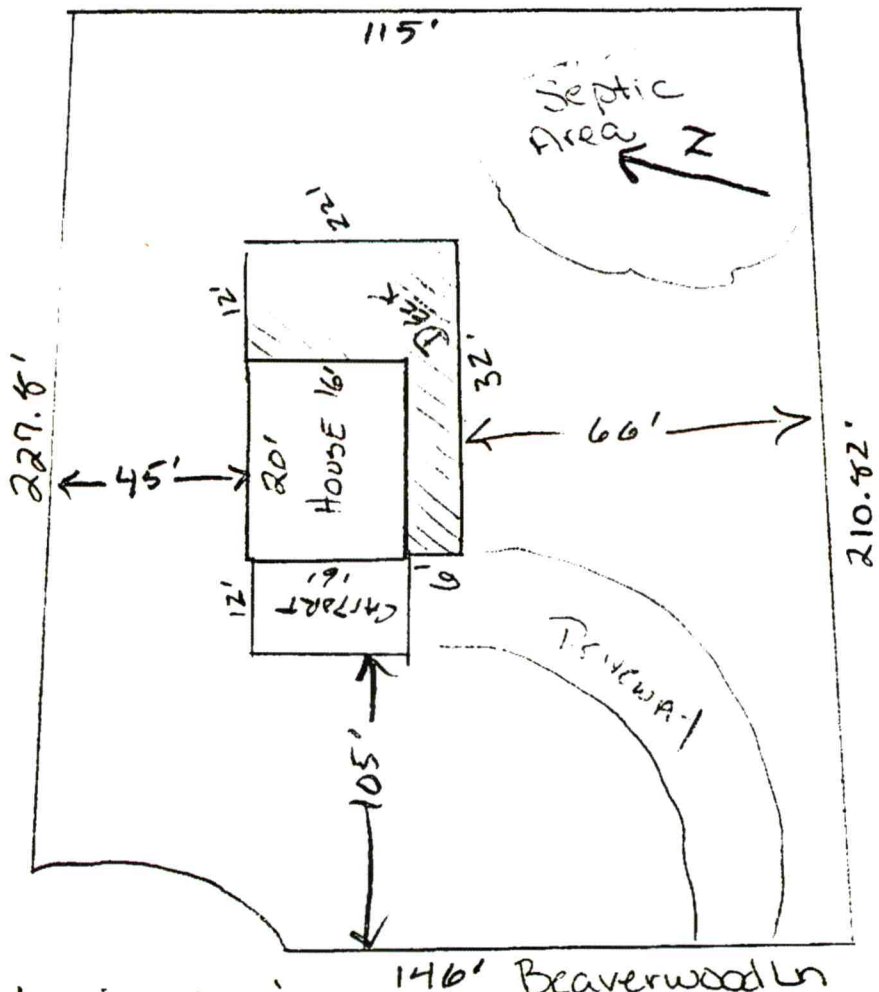
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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

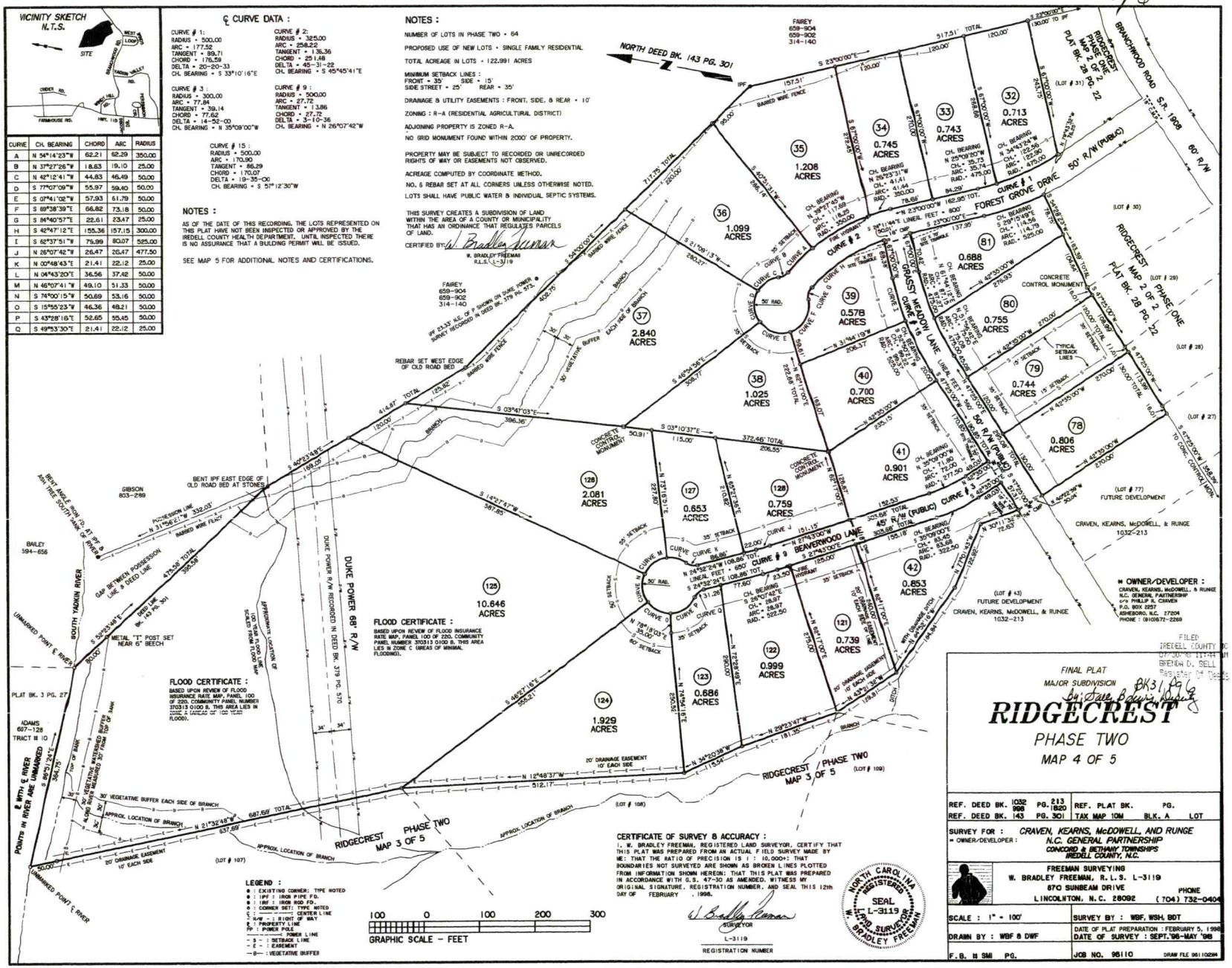


Signature: Keri Williams

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

5/16/22

DATE



CURVE	CH. BEARING	CHORD	ARC	RADIUS
A	N 54°14'23"W	62.21	62.29	350.00
B	N 37°27'26"W	18.63	19.10	25.00
C	N 42°12'41"W	44.83	46.49	50.00
D	S 77°07'09"W	55.97	59.40	50.00
E	S 07°41'02"W	57.93	61.79	50.00
F	S 89°38'39"E	66.82	73.18	50.00
G	S 84°40'57"E	22.61	23.47	25.00
H	S 42°47'12"E	155.36	157.15	300.00
I	S 62°37'51"W	75.99	80.07	525.00
J	N 26°07'42"W	26.47	26.47	477.50
K	N 00°48'43"E	21.41	22.12	25.00
L	N 04°43'20"E	36.56	37.42	50.00
M	N 46°07'41"W	49.10	51.33	50.00
N	S 74°00'15"W	50.69	53.16	50.00
O	S 15°55'23"W	46.36	48.21	50.00
P	S 43°28'16"E	52.65	55.45	50.00
Q	S 49°53'30"E	21.41	22.12	25.00

℄ CURVE DATA :

CURVE # 1:
RADIUS = 500.00
ARC = 177.52
TANGENT = 89.71
CHORD = 176.59
DELTA = 20-20-33
CH. BEARING = S 33°10'16"E

CURVE # 2:
RADIUS = 325.00
ARC = 258.22
TANGENT = 135.36
CHORD = 251.48
DELTA = 45-31-22
CH. BEARING = S 45°45'41"E

CURVE # 3:
RADIUS = 300.00
ARC = 77.84
TANGENT = 39.14
CHORD = 77.62
DELTA = 14-52-00
CH. BEARING = N 35°09'00"W

CURVE # 9:
RADIUS = 500.00
ARC = 27.72
TANGENT = 13.86
CHORD = 27.72
DELTA = 3-10-36
CH. BEARING = N 26°07'42"W

CURVE # 15:
RADIUS = 500.00
ARC = 170.90
TANGENT = 86.29
CHORD = 170.07
DELTA = 19-35-00
CH. BEARING = S 57°12'30"W

NOTES :

NUMBER OF LOTS IN PHASE TWO = 64

PROPOSED USE OF NEW LOTS = SINGLE FAMILY RESIDENTIAL

TOTAL ACREAGE IN LOTS = 122.991 ACRES

MINIMUM SETBACK LINES :
FRONT = 35' SIDE = 15'
SIDE STREET = 25' REAR = 35'

DRAINAGE & UTILITY EASEMENTS : FRONT, SIDE, & REAR = 10'

ZONING : R-A (RESIDENTIAL AGRICULTURAL DISTRICT)

ADJOINING PROPERTY IS ZONED R-A.

NO GRID MONUMENT FOUND WITHIN 2000' OF PROPERTY.

PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAY OR EASEMENTS NOT OBSERVED.

ACREAGE COMPUTED BY COORDINATE METHOD.

NO. 5 REBAR SET AT ALL CORNERS UNLESS OTHERWISE NOTED.

LOTS SHALL HAVE PUBLIC WATER & INDIVIDUAL SEPTIC SYSTEMS.

THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

CERTIFIED BY: W. Bradley Freeman
W. BRADLEY FREEMAN
R.L.S. L-3119

NOTES :

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

SEE MAP 5 FOR ADDITIONAL NOTES AND CERTIFICATIONS.

CERTIFICATE OF SURVEY & ACCURACY :

I, W. BRADLEY FREEMAN, REGISTERED LAND SURVEYOR, CERTIFY THAT THIS PLAT WAS PREPARED FROM AN ACTUAL FIELD SURVEY MADE BY ME; THAT THE RATIO OF PRECISION IS 1 : 10,000+; THAT BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION SHOWN HEREON; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 12th DAY OF FEBRUARY, 1998.

W. Bradley Freeman
SURVEYOR
L-3119
REGISTRATION NUMBER

NORTH CAROLINA REGISTERED SEAL L-3119 LAND SURVEYOR W. BRADLEY FREEMAN

FILED
IREDELL COUNTY NC
07-30-98 11:44 AM
BRENDA D. SELL
REGISTER OF DEEDS

FINAL PLAT
MAJOR SUBDIVISION
BK31 PG 6
by: Dave B Davis, Agent

RIDGECREST
PHASE TWO
MAP 4 OF 5

REF. DEED BK. 1032 PG. 213	998	1620	REF. PLAT BK. PG.
REF. DEED BK. 143 PG. 301			TAX MAP 10M BLK. A LOT

SURVEY FOR : CRAVEN, KEARNS, McDOWELL, AND RUNGE
= OWNER/DEVELOPER : N.C. GENERAL PARTNERSHIP
CONCORD & BETHANY TOWNSHIPS
IREDELL COUNTY, N.C.

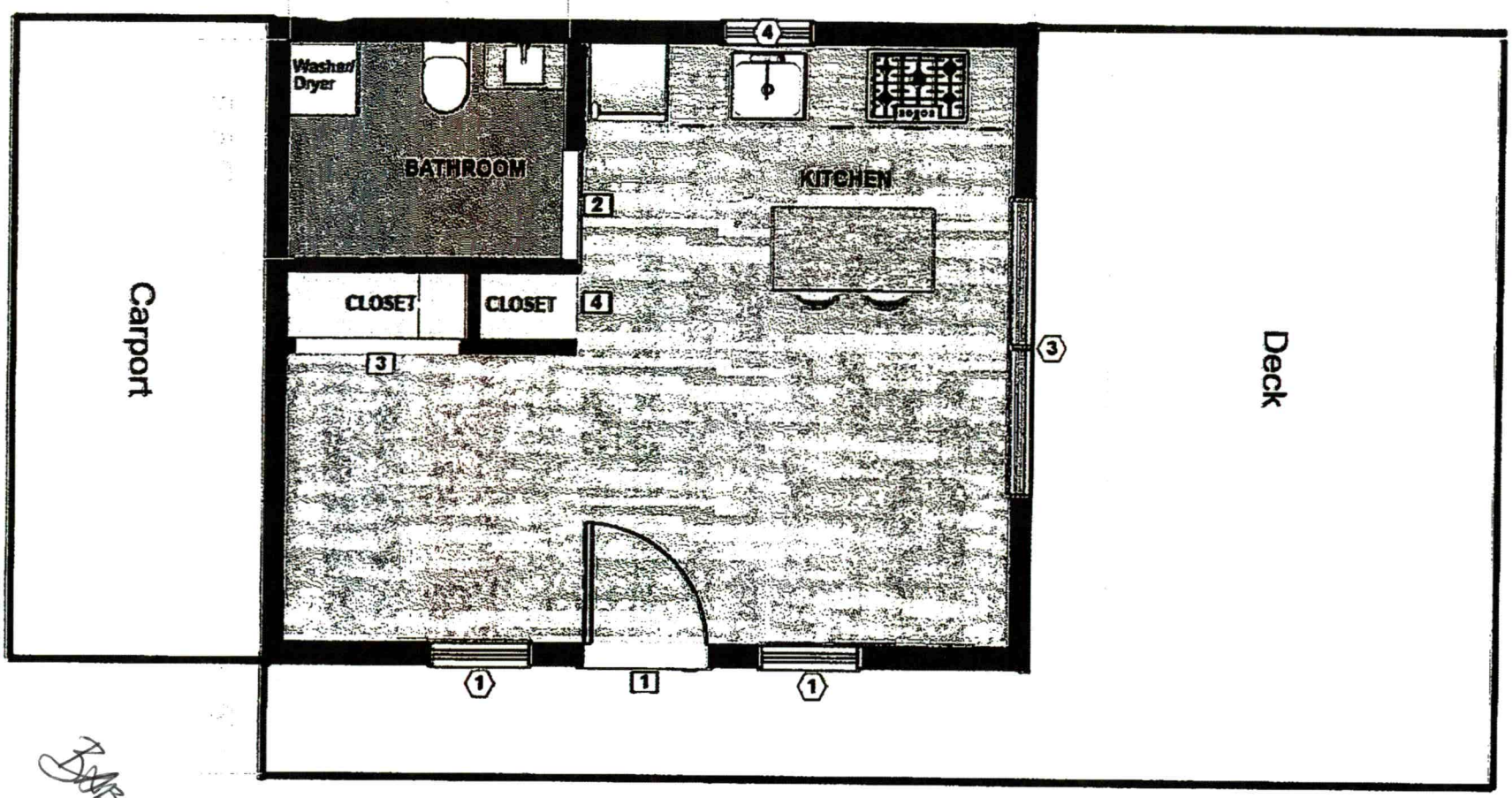
FREEMAN SURVEYING
W. BRADLEY FREEMAN, R.L.S. L-3119
870 SUNBEAM DRIVE PHONE
LINCOLNTON, N.C. 28092 (704) 732-0404

SCALE : 1" = 100' | SURVEY BY : WBF, WSH, BDT
DRAWN BY : WBF & DWF | DATE OF PLAT PREPARATION : FEBRUARY 5, 1998
DATE OF SURVEY : SEPT.'96-MAY '98
F.B. # SMI PG. | JOB NO. 96110 DRAW FILE 96110298

■ OWNER-DEVELOPER :
CRAVEN, KEARNS, McDOWELL, & RUNGE
N.C. GENERAL PARTNERSHIP
c/o PHILLIP A. CRAVEN
P.O. BOX 2257
ASHEBORO, N.C. 27204
PHONE : (910)672-2269

Acknowledgement of
Plans Submittal ONLY!
Keri Williams Date 5/17/22

_____ Date _____



32'

~~Guest~~ House - Ground Floor

Plans Submittal ONLY!
Keri Williams Date 5/17/22
Date

7' 7"

15' 1"

2

Guest House - Sleeping Loft

Bath 6/1/22

IREDELL COUNTY · NC

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

APPLICATION NUMBER
328820 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4738018412.000	126 BEAVERWOOD LN	Iredell County

Owner Information	Applicant Information
Name: WILLIAMS KERI R Address: , Phone:	Name: WILLIAMS KERI R Address: , Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA South Yadkin	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: 05/17/2022

Signature of Owner/Contractor

Permit Number	328820	TOTAL FEES:	$77.25