ICHD - ENVIRONMENTAL HEALTH DIVISION

Mooresville Office (704) 660-3625 PERMIT # AP-309378

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

PIN # 4740-10-5793

APPLICANT/OWNER: FREEDOM HOMES / Iron Ivy LLC APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 178 BROOK CREEK DRIVE, TROUTMAN, N.C. 28166 PHONE: 704-881-2326 ALT. PHONE —

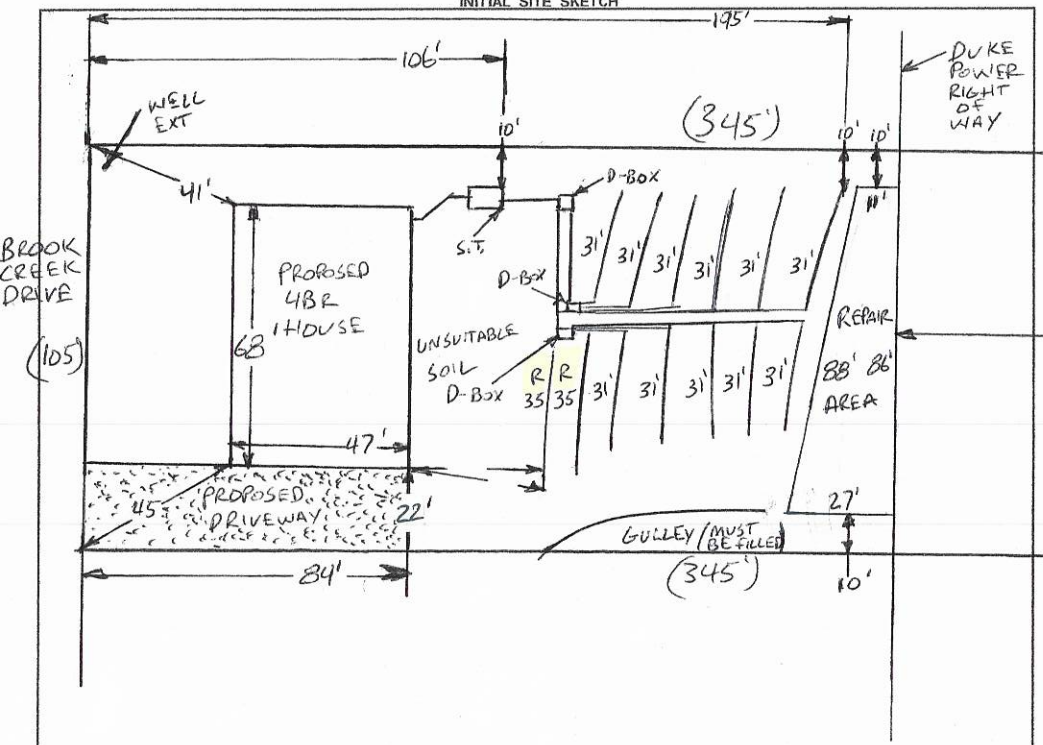
SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (L) ON CLONTZ HILL, (R) ON RIDGECREEK, (R) ON BROOK CREEK, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: ROCKY CREEK COVE SECTION: — LOT# 71 LOT AREA: 0.83 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.25

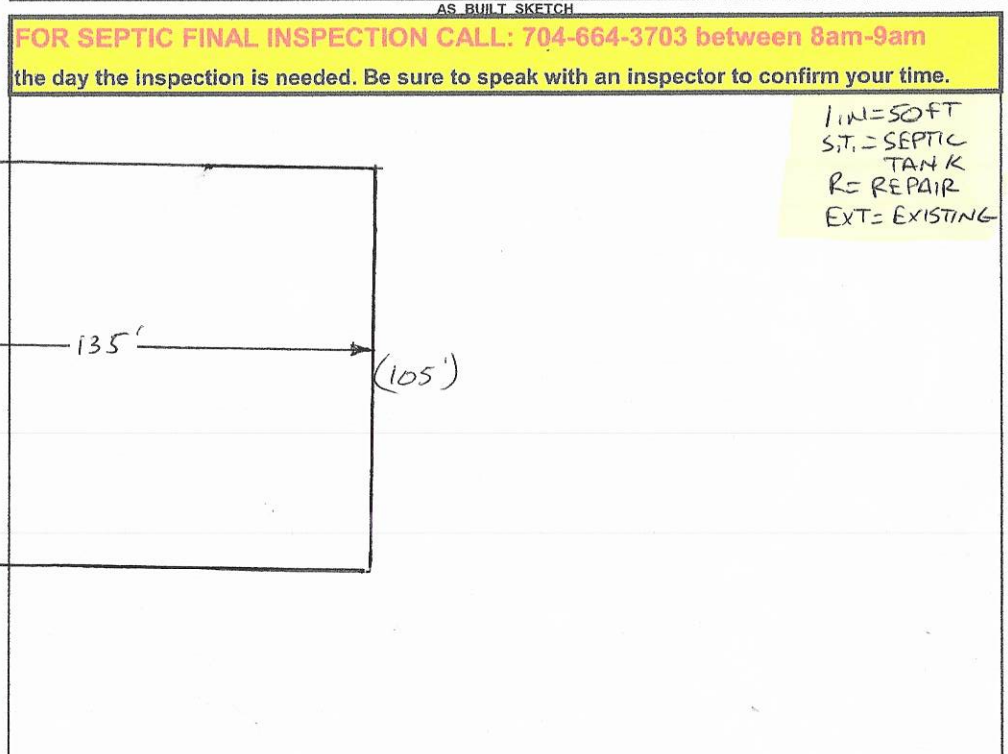
Septic Tank	1000	(gal)	STB	2071	Date	INFILTRATOR	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	50% REDUCTION - PPBPS HORIZONTAL			☐ Business	No. Persons	8	☑ Private	
Pump Make	—	Model	—		Serial #	—	Repair System Description:	50% REDUCTION - PPBPS LPP			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	11		Linear Ft	330FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	36 IN	Trench Bottom Depth(Low side)	25 IN		Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: THE PURPOSE OF THIS PERMIT IS TO RELOCATE THE REPAIR AREA AS THE ORIGINAL DRIP REPAIR AREA WAS DAMAGED DURING INITIAL INSTALL.

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.

1 IN = 50 FT
S.T. = SEPTIC TANK
R = REPAIR
EXT = EXISTING

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: [signature] Date: 2-9-21 Installed by: CRAIG THOMPSON GRADING

IMPROVEMENT PERMIT by: Burgent C. White Date: 2-8-2021 OPERATION PERMIT by: Burgent C. White Date: 2-8-2021

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 2-8-2021 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 2
PROPERTY ID #: 4740105793
COUNTY: IREDELL

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

OWNER: IRON IVEY LLC.
ADDRESS: 935 BRONX RIVER AVE, BRONX, N.Y. 10473
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 173 BROOK CREEK, N.C. 28166
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 7-23-2020
DATE EVALUATED: 8-14-2020
PROPERTY SIZE: 0.83 AC
PROPERTY RECORDED: YES

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1									
2				PLEASE PAGE 2	SEE				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	UNDETERMINED	UNDETERMINED
System Type(s)	UNDETERMINED	UNDETERMINED
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): ~~VM~~ TOPO
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Benjamin C. Wilkie
OTHER(S) PRESENT:

COMMENTS: THIS IS NOT A SEPTIC PERMIT, IT IS ONLY SOIL NOTES TAKEN DURING A SOIL EVALUATION TO DETERMINE SOIL SUITABILITY. THIS DOES NOT DICTATE A SEPTIC PERMITTED, AVAILIBLE SPACE AND PRODUCT TYPE TO BE DETERMINED AT A LATER DATE.

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)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive)
DS (Debris Slump) FP (Flood Plain) FS (Foot Slope)	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		CR (Crumb) GR (Granular) SBK (Subangular Blocky)
H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	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		ABK (Angular Blocky) PL (Platy) PR (Prismatic)
					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.

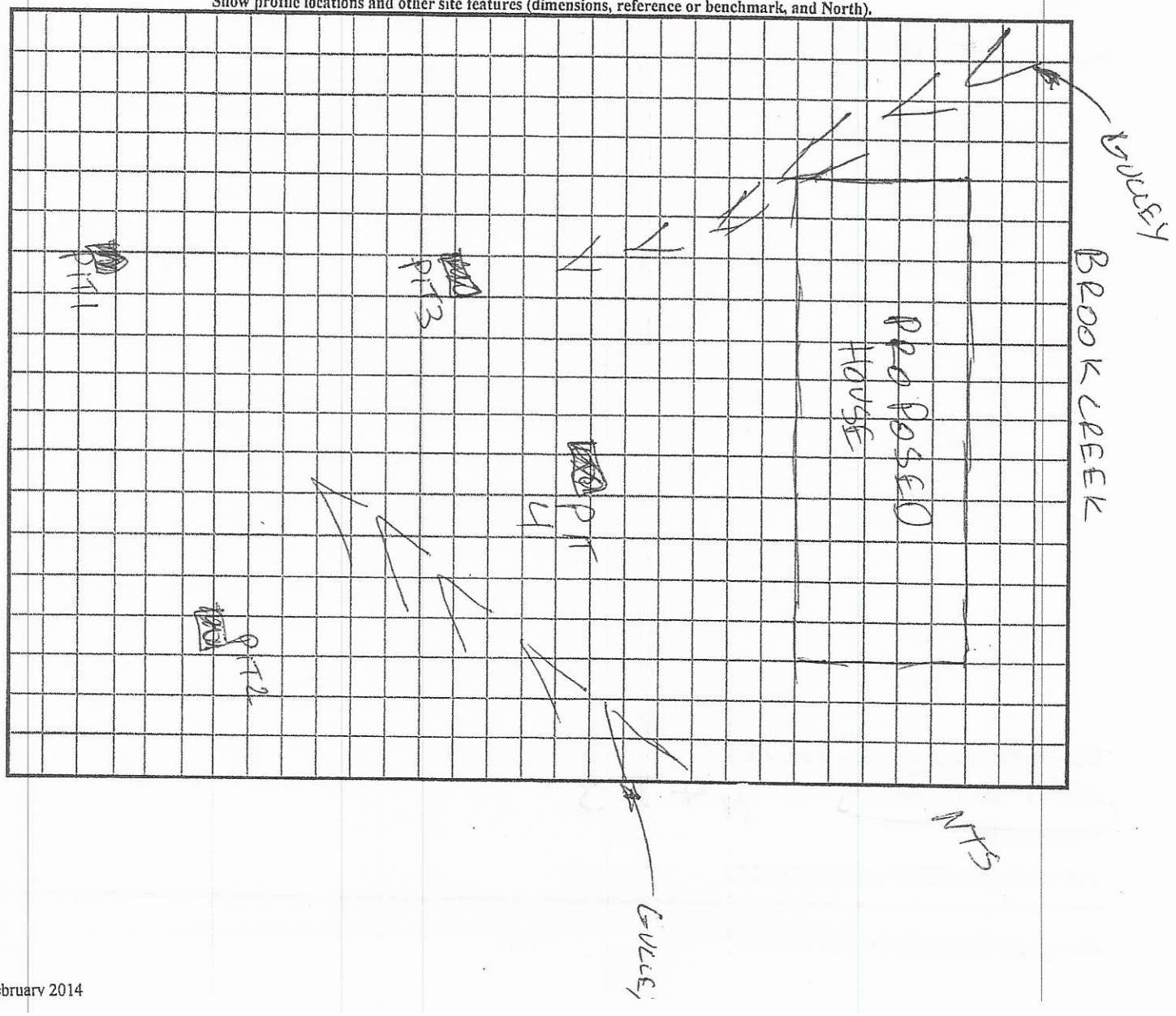
NOTES

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).



SOIL/SITE EVALUATION

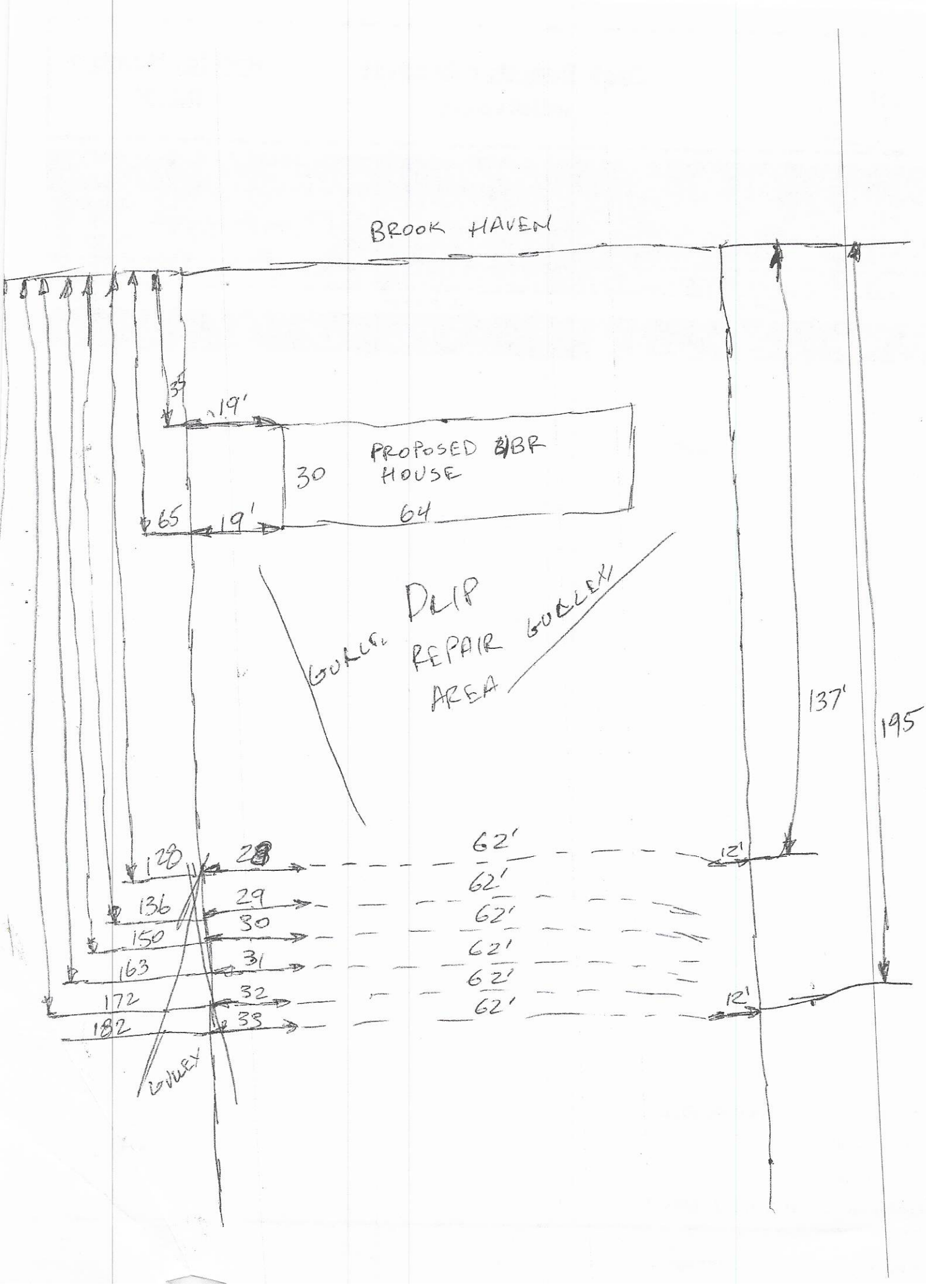
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4210105793
DATE OF EVALUATION: 8-14-2020
COUNTY: IREDELL

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE TOE 10%	0-41	SCL, WSBK	FR, SS, SP, SEXP	COLLUVIAL 10YR 5/2 @ 41" *CHROMA 2 WETNESS 41"+	49"+	NA	NA	PS .25 ABOVE 41"
		41-49	C, ABK	FI, S, P, SEXP					
		49+	H2O BLEED						
2	LINEAR SIDE FOOT ~~BACK~~	0-8	SCL WSBK	~~FR~~, SS, SP, SEXP	CHROMA ~~2~~ 3 & 4 THRU OUT SOME SAP INC MANG. CONC	51"+	NA	NA	PS .25
		8-51	SC, ABK	FR, S, P, SEXP					
3	LINEAR SIDE 10%	0-48	SC, ABK	FI, S, P SEXP	CHROMA 3 & 4 THRU OUT CHROMA 10YR 6/2 #10 10YR 7/1, 40"+	48"+ 33"+	NA	NA	PS .225
4	LINEAR SIDE 6%	0-48	C, ABK	FI, S, P, SEXP	CHROMA 3 & 4 S THRU OUT ~~CHROMA~~ 10YR 6/2 24"+	48"+	NA	NA	PS .1 DRP

COMMENTS:


BROOK HAVEN
35
19'
PROPOSED 3/BR HOUSE
30
64
65
19'
GULLY
DRIP
REPAIR
GULLEY
AREA
137'
195
128
28
62'
12'
136
29
62'
150
30
62'
163
31
62'
172
32
62'
182
33
12'
GULLEY

X BW

RECEIVED FEB 0 2 2020

AP-309378
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Comprehensive

APPLICATION FORM

Application For: (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Preston Homes / Kimberly Frye Address: 1124 Charlotte Hwy Troutman, NC Zip: 28166
Applicant Email: Kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Iron Ivey LLC Address: 935 Bronx River Ave Bronx NY Zip: 10473
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 178 Brook Creek Dr Troutman NC 28166
Subdivision Name: Rocky Creek Section/Phase: _____ Lot Number: 71
Driving Directions: R Shelton Ave. 5.58 miles on NC 115 R onto Wagner St, Becomes Perth Rd, left onto Clontz Hill Rd, 1st R Ridge Creek DR, R onto Brook Creek Dr, 178 is on Right.

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

( ) 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: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) 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: _____
(X) 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 (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: Kimberly Frye
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-23-2020
DATE

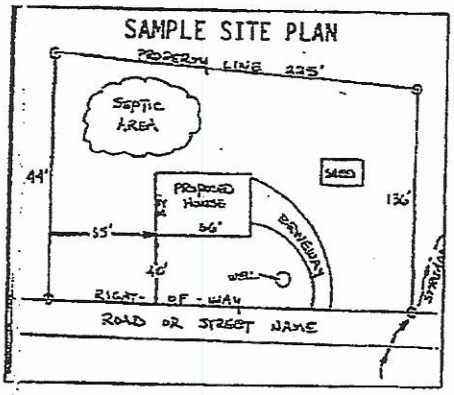
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) 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

Attached

Signature: Kimberly Joyce

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

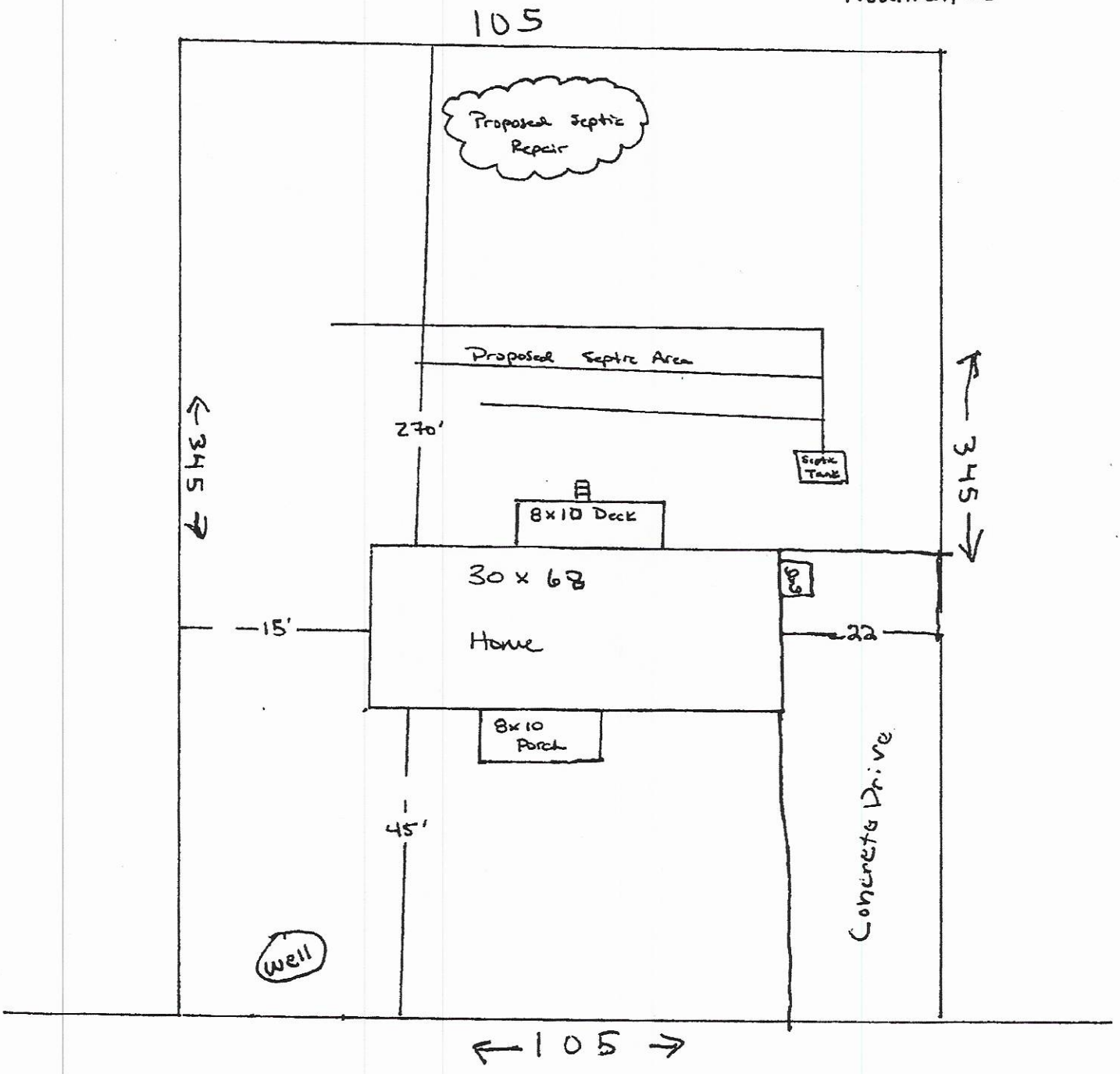
7-23-2020

DATE

Plot Plan

N.T.S.

Lot 71 Brook Creek Dr
Troutmen, NC 28166



ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

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

PERMIT # AP-309378

PIN # 4740 - 10 - 5793

APPLICANT/OWNER: FREEDOM HOMES / IRON IVEY LLC

APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 178 BROOK CREEK DRIVE, TROUTMAN, N.C. 28166

PHONE: 704-881-2326 ALT. PHONE —

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (L) ON CLONTZ HILL (L) ON RIDGECREEK, (R) ON BROOKCREEK / LOT ON (R)

SUBDIVISION: ROCKY CREEK COVE

SECTION: SHT 4 LOT # 71 LOT AREA: 0.83 AC

SAP CONTROLLED: ☐ YES ☑ NO REPAIR

DESIGN FLOW: 480 GPD L.T.A.R.: 0.25 (0.1)

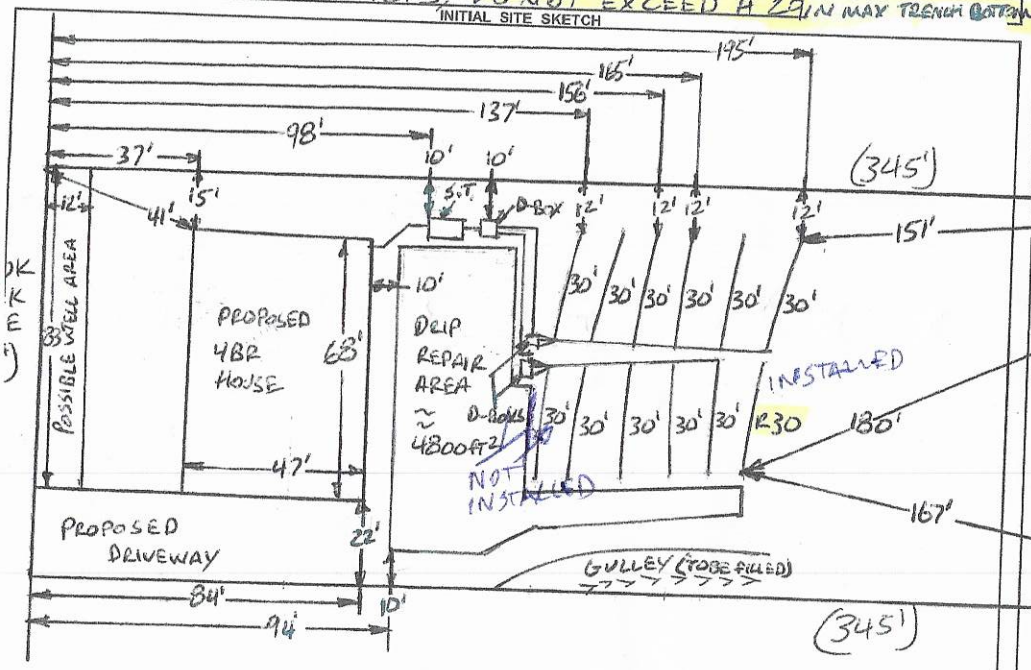
Septic Tank	1000 (gal)	STB	INFIL	Date	2021	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	50% REDUCTION – PPBPS HORIZONTAL		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TS-II DRIP		
# Nitrification Fields	1	# Lines	11	Linear Ft	330 FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth (Low side)	25 IN	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 ON CONTOUR, INSTALL ON 9 FT CENTERS MAINTAIN 50 FT FROM ALL WELLS, UTILIZE EQUAL DISTRIBUTION, UTILIZE HORIZONTAL PPBPS, DO NOT EXCEED A 29 IN MAX TRENCH BOTTOM.

FILL GULLEYS

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.

1 IN = 50 FT
S.T. = SEPTIC TANK
R = REPAIR

Revoked

Central Permitting
Please UPDATE Review Checklist once:
- ___ Balance Paid
- ✓ Permit Signed & Dated
- ___ Floor Plans Signed

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: [signature] Date: 10-30-20 Installed by: CTO

IMPROVEMENT PERMIT by: Barbara C. White Date: 10-26-2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Barbara C. White Date: 10-26-2020 Existing System Inspected by: Date:

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

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, Iron Ivey LLC, am the legal owner(s) of the property located at 178 Brook Creek Dr. Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4740-10-5793, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Freedom Home, 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.

Signature of Owner(s) Date 7/13/20 Signature of Witness Kimberly Frye 7/13/2020 Date

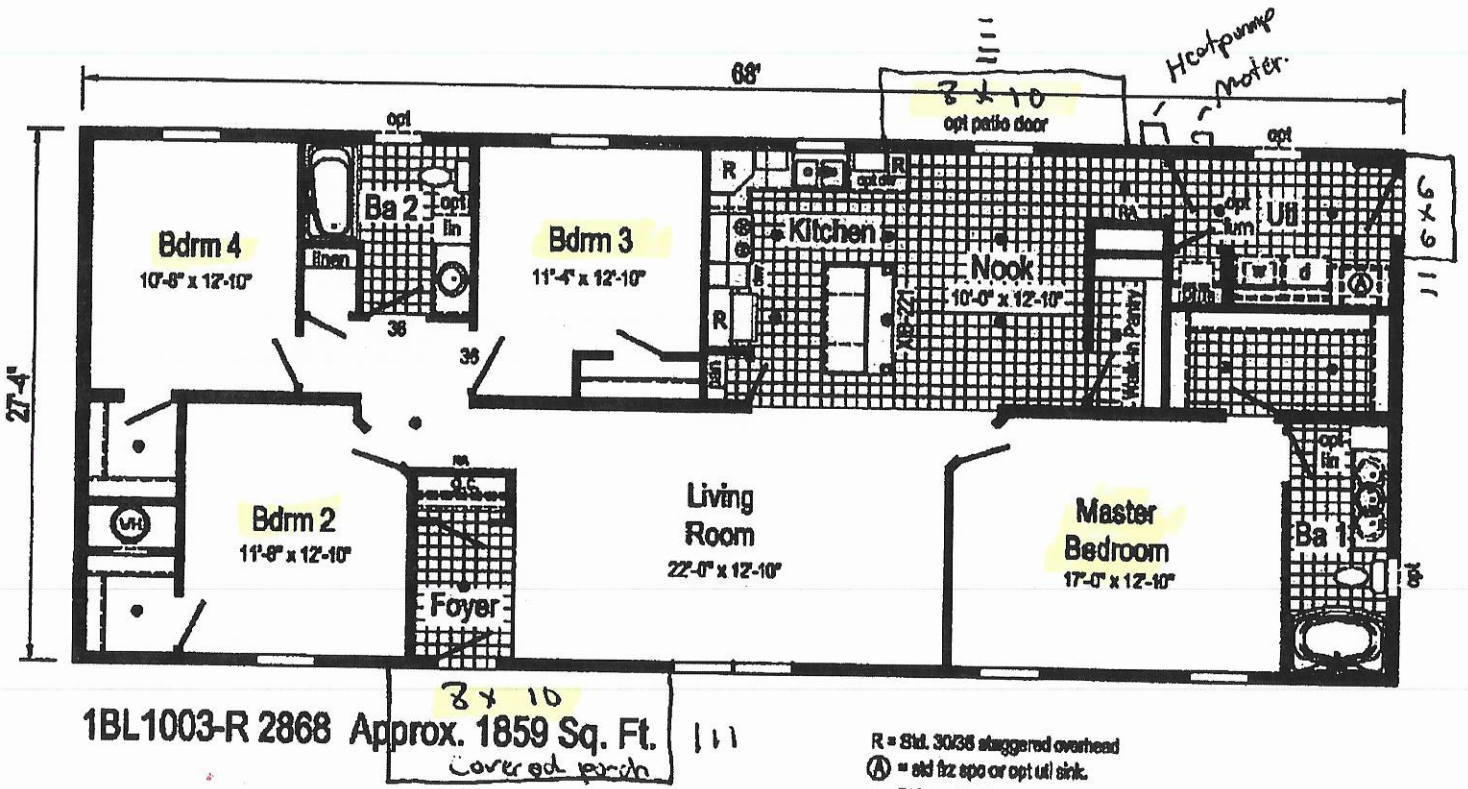
Please return this signed form to the appropriate office:

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

30x68

Acknowledgement
Plans Submittal ONLY
Kimberly Faye 4/23/2020
Date
Date 10/28/2020



1BL1003-R 2868 Approx. 1859 Sq. Ft.

R = Std. 30/36 staggered overhead
Ⓐ = std fiz spc or opt utl sink.
● = Std. can light

Blue Ridge Limited

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Cutout: 2868	Revisions: Date / Number	4/3/19		Scale: 1/8" = 1'-0"	Date: 1/3/19	Cust: -	Modeling No.: 1BL1003-R
Title: Literature		4/8/19 / 1/22/19			Drawn By: OY	Reference: NONE	Ctr: - Sht: -	Plt: LIT

IREDELL COUNTY · NC

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

FILE COPY

APPLICATION NUMBER
309378
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4740105793.000	178 BROOK CREEK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: IRON IVEY LLC	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address: 935 BRONX RIVER AVE BRONX, NY 10473	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)801-2326

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.83	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
1ODULAR

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

SEE ATTACHED

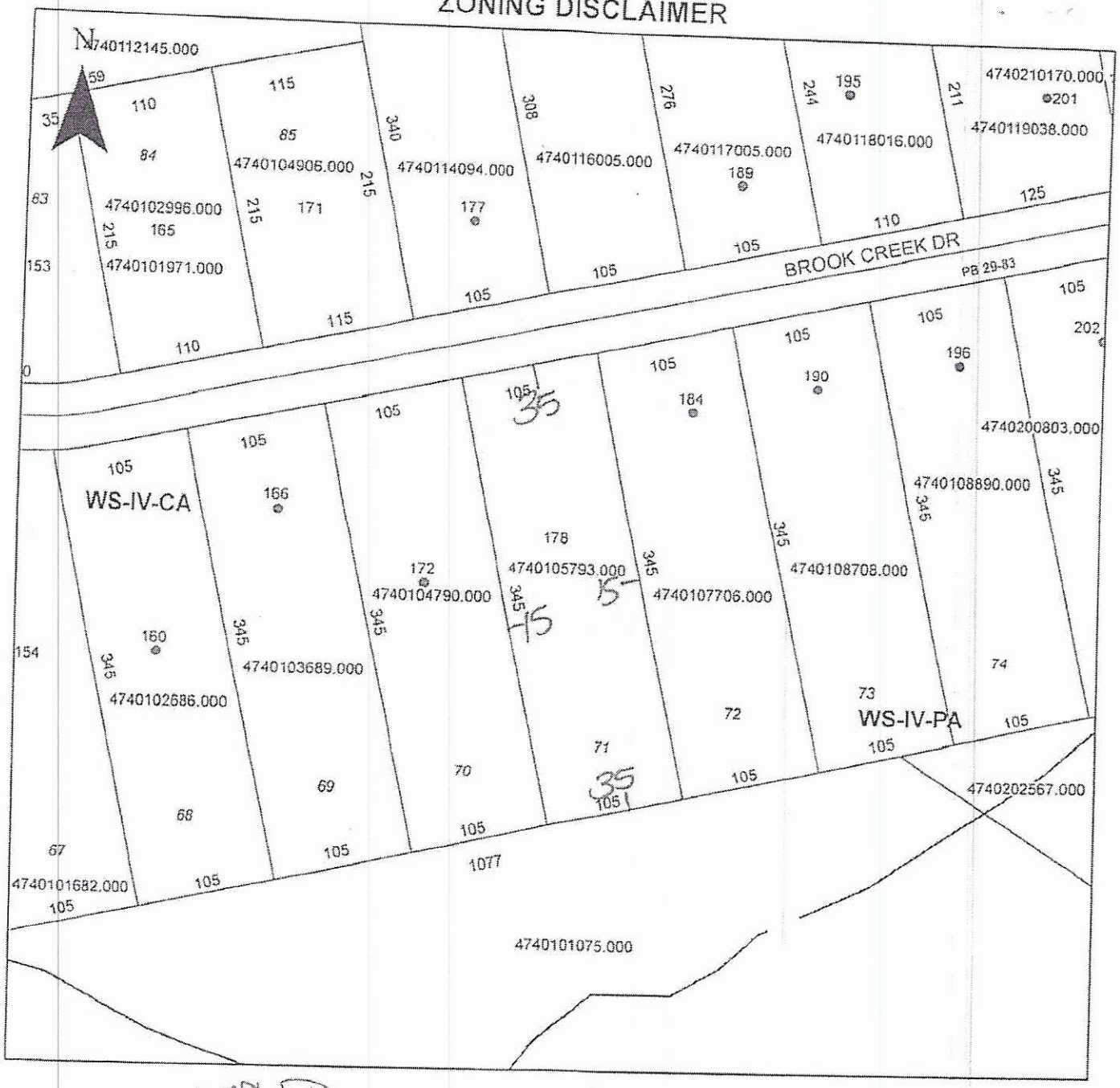
Signature of Owner/Contractor

PAID

Date: 07/24/2020

mit Number	309378	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 178 Brook Creek 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.

Kimberly Lange
Applicant

7-24-2020
Date