IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235224

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

PIN # 4740115344

APPLICANT/OWNER: Iron Ivey LLC APPLICANT ADDRESS: 935 Bronx River Ave, Bronx NY 10473

SITE ADDRESS: 178 Ridge Creek Dr. Troutman NC 28166 PHONE: 718-861-1400 ALT. PHONE N/A

SITE DIRECTIONS: Perth Rd, Right on Clontz Hill, Right on Ridge Creek, Lot on right SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Rocky Creek Cove SECTION: SH 2 LOT # 45 LOT AREA: 0.53 DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	6-18-19	■ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	■ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Horizontal Panel			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Drip			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	200	Maintenance Agreement Required:	☐ YES	■ NO		☐ Slab	■ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low Side)	23"	Gravel Depth	N/A		■ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per plan By Rollans Soil and Environmental

NO Foundation drains

INITIAL SITE SKETCH

See plan by:Rollans Soil and Environmental

AS BUILT SKETCH

DECK FOOTER LESS THAN 5FT FROM SUPPLY LINE/D-BOX - FOOTER/POST TO BE MOVED

	Date	Initials
Drain Lines Checked	9-10	BLW
Tanks Checked	9/9	KW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

Top 2 drain lines checked 9/9 KW

SWELL TO BE CHANGED TO NOT AFFECT REPAIR

Swell Removed - Deck Footer More than 5 from Swell

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: 2/20/19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 02/14/19 OPERATION PERMIT by: Benjamin A Bolton Date: 9/11/19

AUTHORIZATION TO CONSTRUCT by: Date: 04/29/19 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.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) [illegible]

PIN # 4740115344

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

APPLICANT/OWNER: Iron Ivey LLC

APPLICANT ADDRESS: 935 Bronx River Ave, Bronx NY 10473

PHONE: 718-861-1400

ALT. PHONE N/A

SITE ADDRESS: 178 Ridge Creek Dr. Troutman NC 28166

SAP CONTROLLED: ☐ YES ■ NO

SITE DIRECTIONS: Perth Rd, Right on Clontz Hill, Right on Ridge Creek, Lot on right

DESIGN FLOW: 360 L.T.A.R.: 0.3

SUBDIVISION: Rocky Creek Cove

SECTION: SH 2 LOT # 45 LOT AREA: 0.53

Septic Tank 1000 (gal) STB 760 Date 6-18-19

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 200

Trench Width 36" Trench Bottom Depth(Low Side) 23" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Horizontal Panel

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ■ NO

■ GRAVITY ☐ PRESSURE

■ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

■ Crawl Space ☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per plan By Rollans Soil and Environmental

NO Foundation drains

INITIAL SITE SKETCH

See plan by:Rollans Soil and Environmental

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: Date: 2/20/19

IMPROVEMENT PERMIT by: Date: 02/14/19

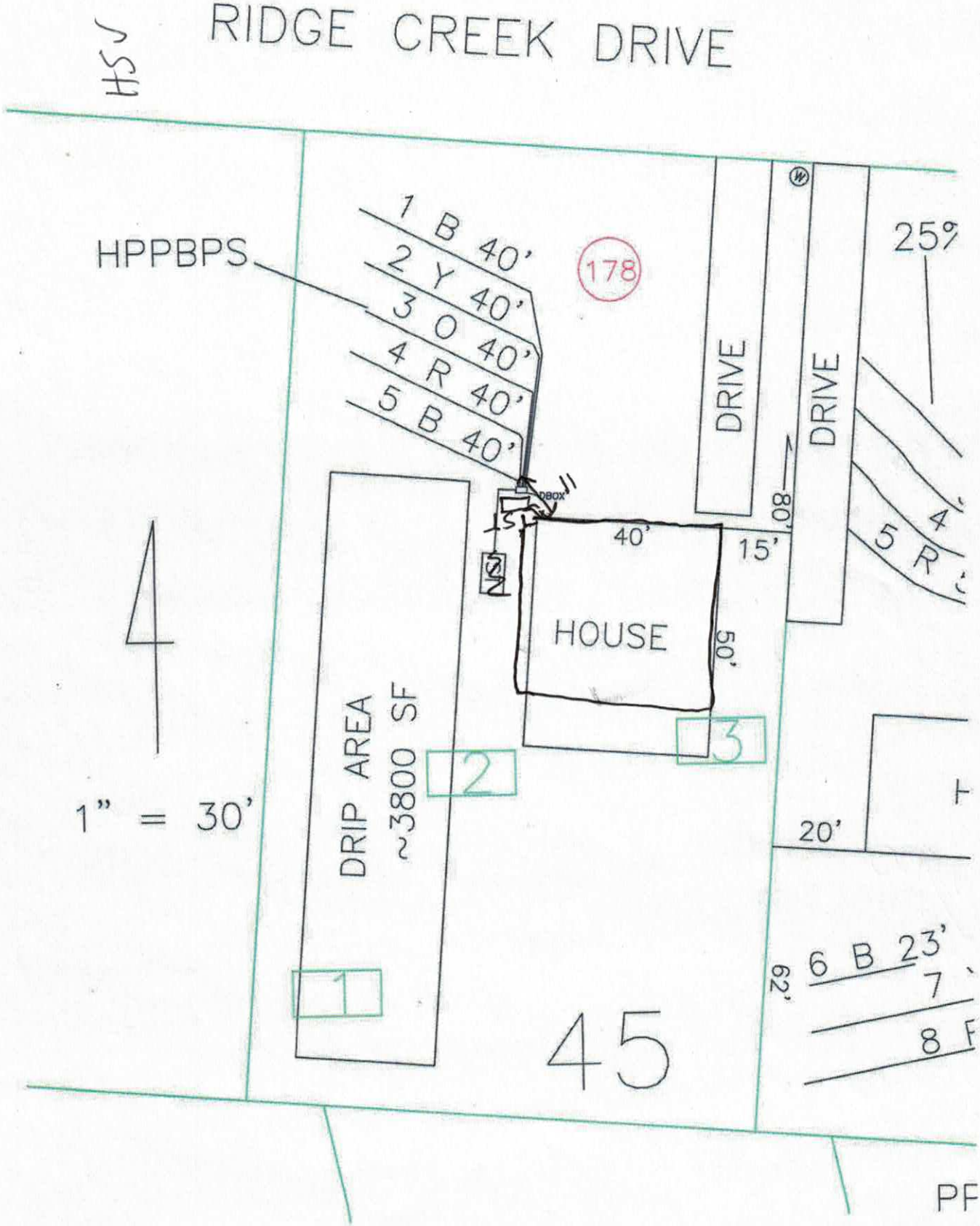
AUTHORIZATION TO CONSTRUCT by: Date: 04/24/19

Installed by: Lentz Wastewater

OPERATION PERMIT by: Date:

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.


RIDGE CREEK DRIVE
HSV
HPPBPS
1 B 40'
2 Y 40'
3 O 40'
4 R 40'
5 B 40'
178
DRIVE
DRIVE
25'
DBOX
15'
40'
15'
80'
HOUSE
50'
DRIP AREA
~3800 SF
1
2
3
1" = 30'
20'
6 B 23'
62'
45
PF

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

Lot 45

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) .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		0-15	SL Gr	VFr,NS,NP,SE	chroma 2 @ 29"				.25
		15-36	ABK C	Fi,SS,SP,SE					
		36-54	WABK CL	Fi,SS,SP,SE					
2		0-9	SCL GR	r	-YB's				.25
		9-33	C ABK	fi SP					
		33-54	CL WABK	f. SSSP					
			MC						
3		0.8	WSBK SCL	Fr,SS,SP,SE	8-69 com YB mottles chroma 2@17+				U
		8-17	ABK C	Fr,S,P,SE					
		17-29	PLATY C	Fr,S,P					
		29-39	ABK C	Fr-Fi,S,P,SE					
		39-62	WSBK CL	Fr,SS,SP,SE					
		62-69	CLSAP						
4		0-10	SCL SBK	fr; SSSP SP					U
		10-30	C ABK	fi SSSP SP - 2 chromas @ 17"					
		30-54	CL WABK	fi S, SP					
			MC						

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

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

Lot 145

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 11-29-18
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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	FS	0-60	fill	—	—				U
		60-70	LSAP mass	Fr, NS, NP					
2	LS	0-12	ABK C	Fr, SS, SP, SE	—				PS .3
		12-40	WABK CL	Fr, SS, SP, SE					
		40-60	LSAP mass	Fr, NS, NP					
3	SS	0-12	ABK C	Fr, SS, SP, SE	—				PS .3
		12-52	WABK CL	Fr, SS, SP, SE					
4	LS	0-8	ABK C	Fr, SS, SP, SE			8-26" common SAP inc.		PS .325
		8-26	WABK CL	Fr, SS, SP, SE					
		26-60	LSAP mass	Fr, NS, NP					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

Lot 45

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 2-1-19
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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	18% LS	0-7	SBK C	Fr,SS,SP,SE	—	42	7-42 com-many SAP inc.		PS .3
		7-42	WSBK CL	Fr,SS,SP,SE					
		42-56	LSAP mas	Fr,NS,NP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	
System Type(s)	111	/
Site LTAR	.3	

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Heath Snow
OTHER(S) PRESENT: Kayla Wilson

COMMENTS: _____

23522Y

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: IRON IVEY LLC. Address: 935 BRONX RIVER AVE. BRONX, NY Zip: 10473
Applicant Email: OLD IRONMOORESVILLE@GMAIL.COM Phone: 718-861-1400 Alt. Phone: 704-929-2846
Owner Name: SAME Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 178 RIDGE CREEK DRIVE TROUTMAN, NC 28166
Subdivision Name: ROCKY CREEK COVE Section/Phase: _____ Lot Number: 45
Driving Directions: _____

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

(X) 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: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1067 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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 ( ) Conventional ( ) Innovative (X) 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: _____ 5/10/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAY 2 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00

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 #235224

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: Iron Ivey LLC Address: 935 Bronx River Ave, Bronx NY Zip: 10473
Applicant Email: _____ Phone: 718 861 1400 Alt. Phone: _____
Owner Name: Iron Ivey LLC Address: same Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 178 Ridge Creek Drive
Subdivision Name: Rocky Creek cove Section/Phase: _____ Lot Number: 45
Driving Directions: Perth Rd, right on Clontz Hill, right on Ridge creek Dr.

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: _____ 4/27/18.
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, DOMINIC FERRUCCIO am the legal owner(s) of the property located at 178 RIDGE CREEK DRIVE TROUTMAN, NC 28166 identified as

PIN (Parcel Identification Number) 4704115344, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) KORY SASNETT, OLD IRON CONSTRUCTION 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.

_____ 5/10/19
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

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, Dominic Ferrovecchio, am the legal owner(s) of the property located at Iron Ivey LLC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Frank Ferrovecchio Iron Ivey 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	4/27/18		4/27/18

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

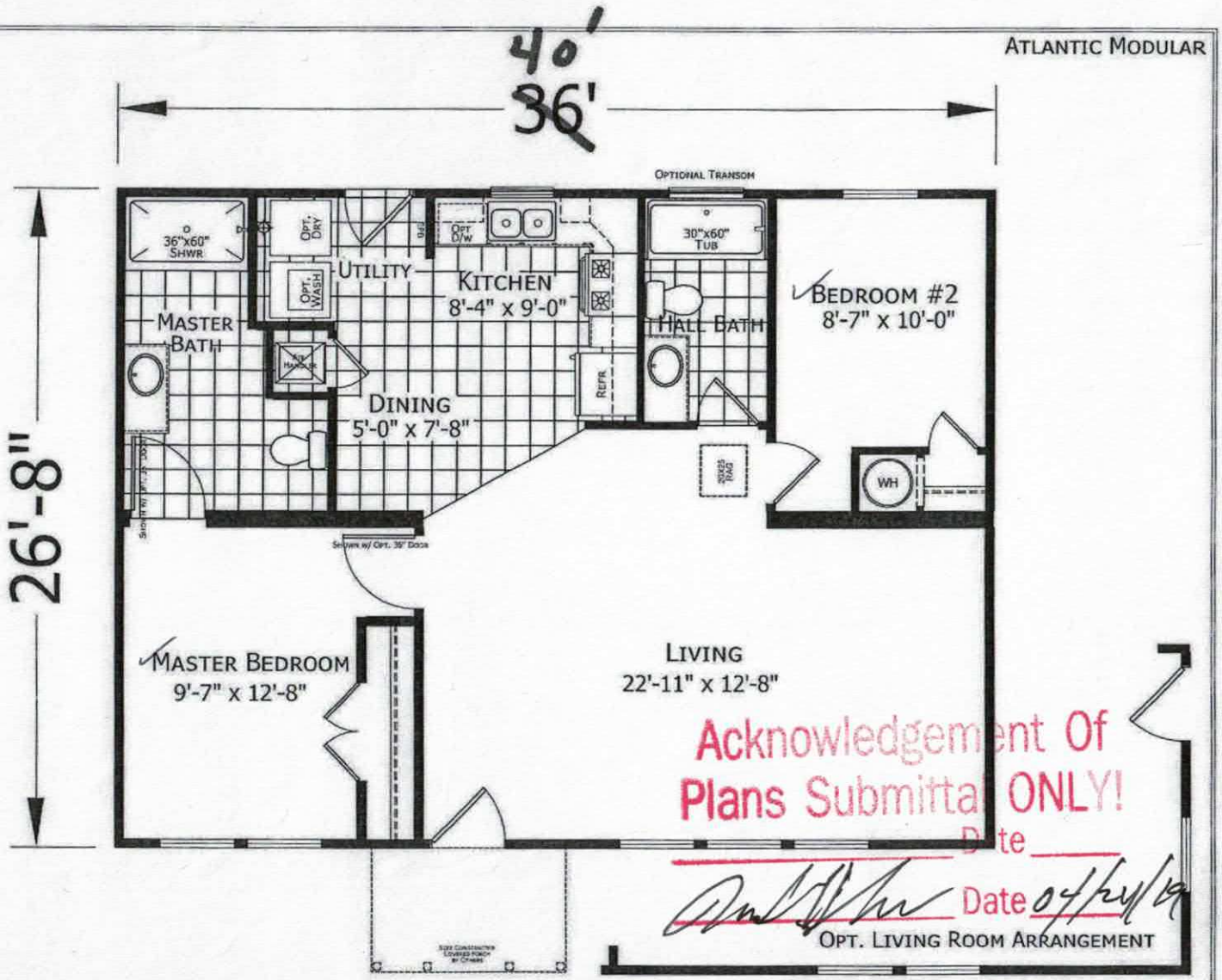
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ATLANTIC MODULAR

23-2836-01

2 BEDROOM, 2 BATH
ACTUAL SIZE: 26'-8" x 36'-0"
TOTAL AREA: 960 SQ. FT.

Lot 45



Acknowledgement Of
Plans Submittal ONLY!
Date _____
Date 04/24/19

MATERIALS AND SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE FOR PRODUCTION AND CODE PURPOSES. ALL DIMENSIONS ARE NOMINAL AND APPROXIMATE. SQUARE FOOTAGE IS MEASURED FROM EXTERIOR WALL TO EXTERIOR WALL AND IS A APPROXIMATE FIGURE. THIS DRAWING IS A RENDERING AND IS MEANT FOR SALE PURPOSES ONLY.

CHAMPION MANUFACTURED BEAUTIFULLY™ 755 W. BIG BEAVER ROAD, SUITE 1000 TROY, MI 48084 PHONE: 248-614-8200		MODIFICATIONS	PROJECT: 23-2836-01 26'-8" x 36' 2 BD 2 BTH	TITLE: ELEVATION PLAN	SHEET: L-101
			DRAWN BY: STAFF DATE: 01-22-19 SCALE: NTS	FILENAME: 23-2836-01	PROPRIETARY AND CONFIDENTIAL THESE DRAWINGS AND SPECIFICATIONS ARE ORIGINAL, PROPRIETARY AND CONFIDENTIAL MATERIALS OF CHAMPION. COPYRIGHT © 1976-2016 BY CHAMPION

4/24/19

IREDELL COUNTY

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

APPLICATION NUMBER
235224
Issue Date: 05/13/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4740115344.000	178 RIDGE CREEK DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROCKY RIVER LLC	Applicant: IRON IVEY LLC
Address: 2710 S MAIN ST #1E	Address: 179 RIVER PARK ROAD
SALISBURY, NC 28147	MOORESVILLE, NC 28117
Phone:	Phone: 704-360-2874

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.530	35.00	35.00	15.00	15.00	CACL	X

Remarks:

I HAVE NEW ZO PW AND IT IS SCANNED MH

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	177084	TOTAL FEES:	$ 79.50