ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-326339

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

PIN # 4741 -- 96 -- 2131

APPLICANT/OWNER: ANDREW FINNY / JAMES BURRY | APPLICANT ADDRESS: 1198 GATEWAY DRIVE, MOORESVILLE, N.C. 28115

SITE ADDRESS: 263 PEAR TREE ROAD, TROUTMAN, N.C. 28166 | PHONE: 704-791-5728 | ALT. PHONE 704-264-6630

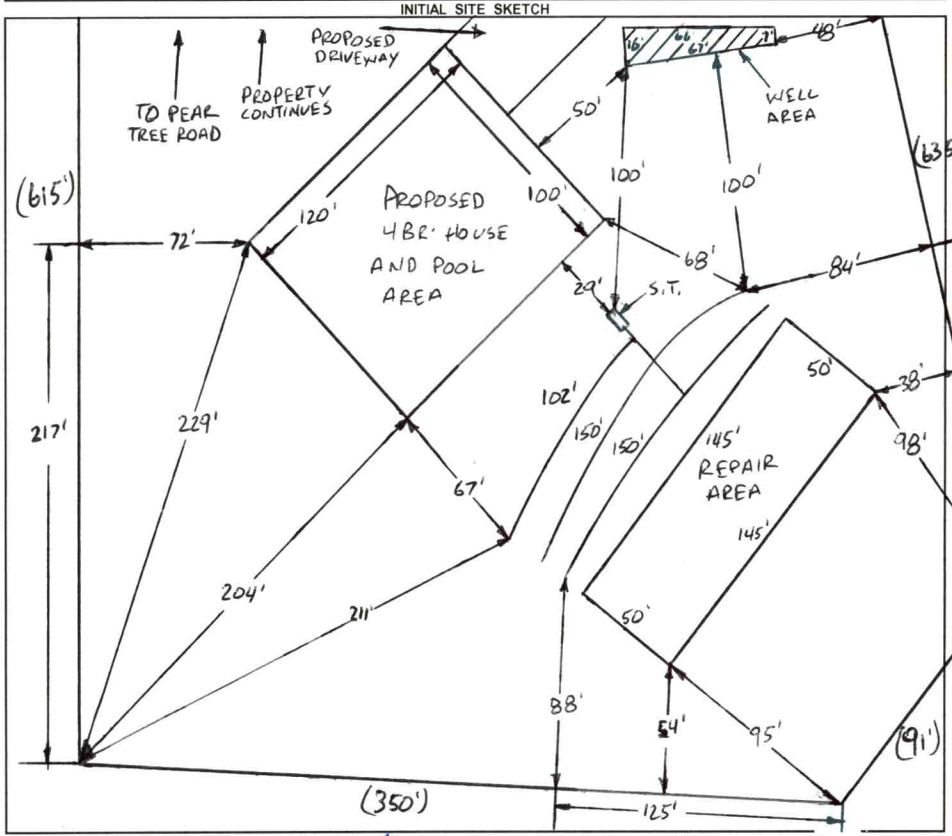
SITE DIRECTIONS: ⑤ ON 77, ⓛ ON AMITY HILL, Ⓡ ON PILCH, ⑤ ON PEAR TREE, LOT ON ⓛ | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: BURRY HOLDING LLC | SECTION: — | LOT # 1 | LOT AREA: 5.14 AC | DESIGN FLOW: 480GPD | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB 760	Date	2-28-23	☑ 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:			25% REDUCTION	☐ Business	No. Persons 8	☑ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:			25% REDUCTION	☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	402FT	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	26 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH.

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 = 80 FT

S.T. = SEPTIC TANK

Installed as Shown

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: 4-28-22 Installed by: Piedmont Septic

IMPROVEMENT PERMIT by: Burt C. White Date: 4-27-2022 OPERATION PERMIT by: Sydney Holland Date: 4/13/23

AUTHORIZATION TO CONSTRUCT by: Burt C. White Date: 4-27-2022 Existing System Inspected by: Date:

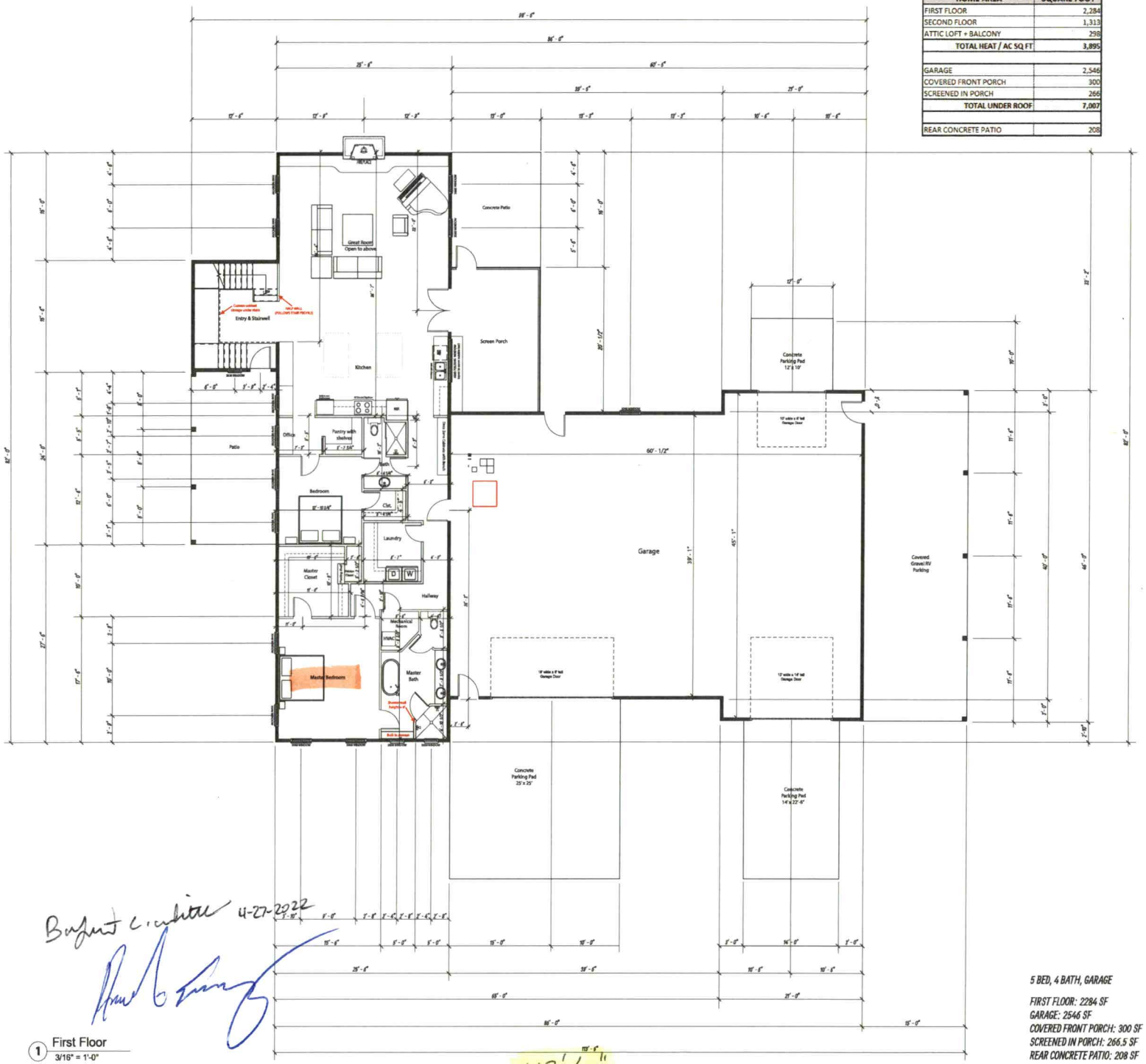
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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? _____	

98'6"

HOME AREA	SQUARE FOOT
FIRST FLOOR	2,284
SECOND FLOOR	1,313
ATTIC LOFT + BALCONY	298
TOTAL HEAT / AC SQ FT	3,895
GARAGE	2,546
COVERED FRONT PORCH	300
SCREENED IN PORCH	266
TOTAL UNDER ROOF	7,007
REAR CONCRETE PATIO	208



82'

Burry Residence
Troutman, NC 28166
James Burry
704-264-6630
jamesr@mtd-racing.com

NOTES/GENERAL INSTRUCTION

1. DO NOT SCALE THIS DRAWING, WORK ONLY WITH DIMENSIONS GIVEN. ALL DIMENSIONS ARE IN FEET-INCHES
2. CONTRACTOR SHOULD VERIFY DIMENSIONS BEFORE CONSTRUCTION

No.	Description	Date

Builder's initials 4-27-2022

5 BED, 4 BATH, GARAGE

FIRST FLOOR: 2284 SF
GARAGE: 2546 SF
COVERED FRONT PORCH: 300 SF
SCREENED IN PORCH: 266.5 SF
REAR CONCRETE PATIO: 208 SF

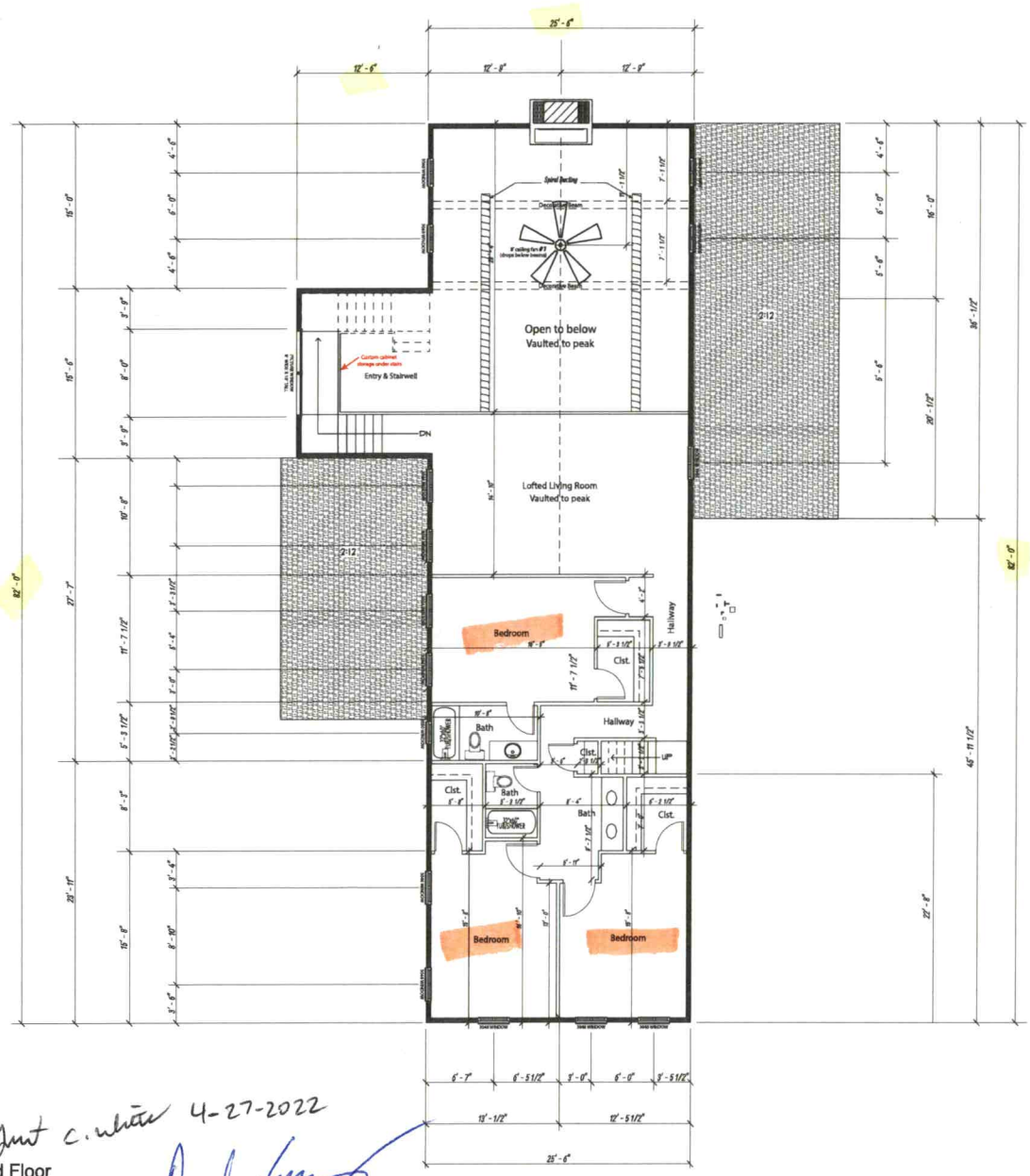
1 First Floor
3/16" = 1'-0"

113'6"

FLOOR PLAN

PROJECT NUMBER 001
DATE 08/01/2021
DRAWN BY Burry
CHECKED BY
DWG: PLAN001
SCALE 3/16" = 1'-0"

263 Pearhead Rd



2 Second Floor
3/16" = 1'-0"

Bryant C. White 4-27-2022

SECOND FLOOR: 1313 SF

Burry Residence
Troutman, NC 28166

James Burry
704-264-5630
james@riskracing.com

NOTES/GENERAL INSTRUCTION

1. DO NOT SCALE THIS DRAWING, WORK ONLY WITH DIMENSIONS GIVEN. ALL DIMENSIONS ARE IN FEET-INCHES
2. CONTRACTOR SHOULD VERIFY DIMENSIONS BEFORE CONSTRUCTION

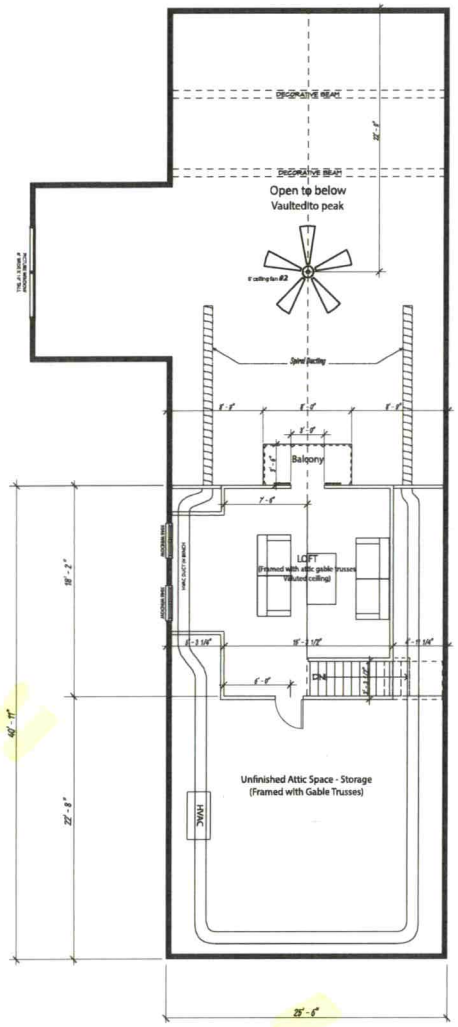
No.	Description	Date

FLOOR PLAN

PROJECT NUMBER 001
DATE 08/01/2021
DRAWN BY Burry
CHECKED BY

DWG: PLAN002

SCALE 3/16" = 1'-0"



Bryant C. White 4-27-2022

3 **Attic Loft**
3/16" = 1'-0"

ATTIC LOFT: 270 SF
ATTIC BALCONY: 28 SF

Burry Residence
Troutman, NC 28166

James Burry
704-264-6630
james@riskracing.com

NOTES/GENERAL INSTRUCTION

1. DO NOT SCALE THIS DRAWING, WORK ONLY WITH DIMENSIONS GIVEN. ALL DIMENSIONS ARE IN FEET-INCHES
2. CONTRACTOR SHOULD VERIFY DIMENSIONS BEFORE CONSTRUCTION

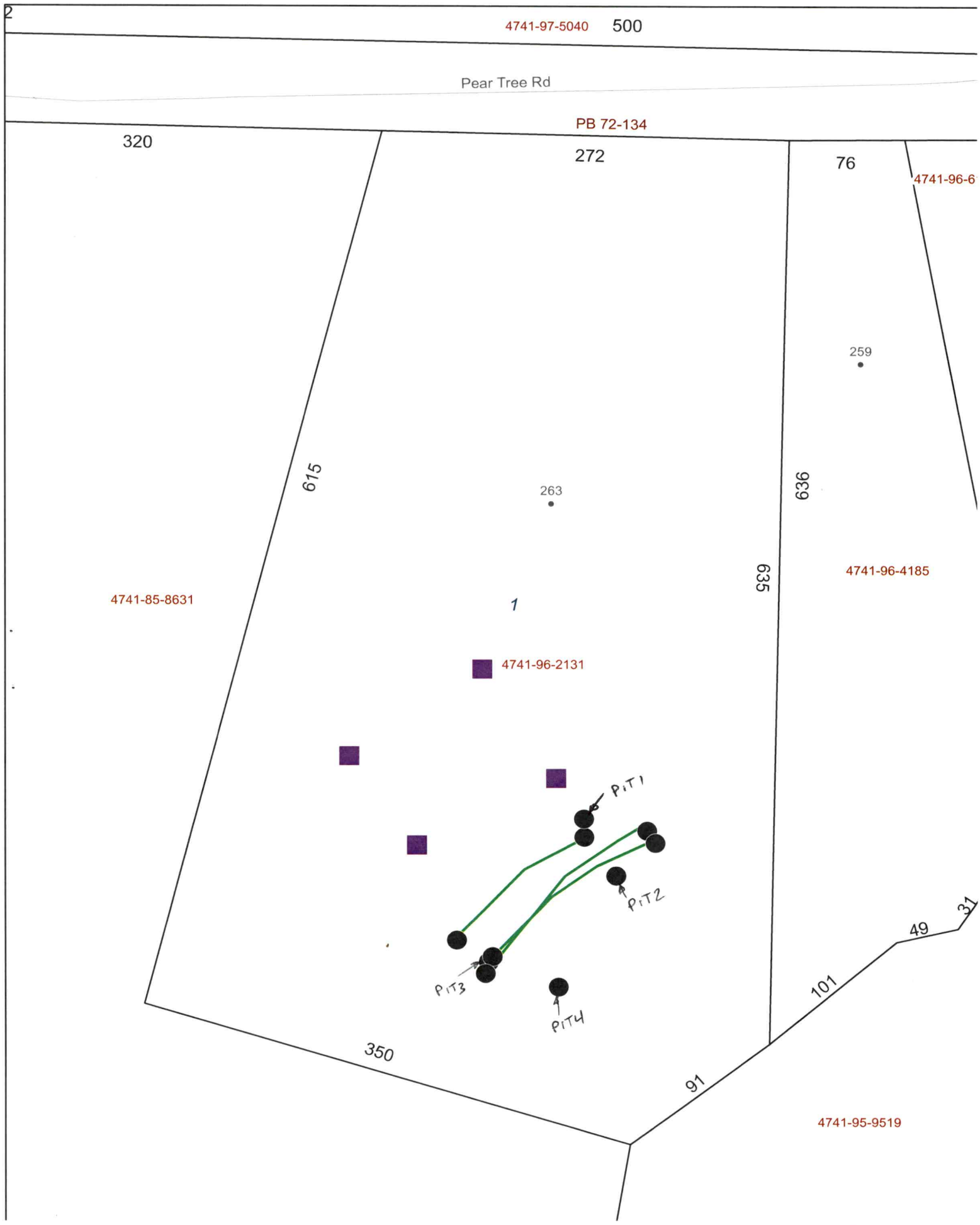
No.	Description	Date

FLOOR PLAN

PROJECT NUMBER 001
DATE 09/01/2021
DRAWN BY Burry
CHECKED BY

DWG: PLAN002

SCALE 3/16" = 1'-0"


2
4741-97-5040
500
Pear Tree Rd
PB 72-134
320
272
76
4741-96-6
259
615
263
636
635
4741-96-4185
4741-85-8631
1
4741-96-2131
PIT 1
PIT 2
PIT 3
PIT 4
49
31
101
350
91
4741-95-9519

1	LINEAR SIDE 12%	0-24 24-48	C, SBK CL, WSBK	fR, S, P, SEXP fR, SS, SP, SEXP	SAP INC THRU OUT	48"±	NA	NA	PS .3
2	LINEAR SIDE 15%	0-7 7-32 32-56	FILL C, SBK CL, WSBK	MIXED fR, S, P, SEXP fR, SS, SP, SEXP	SAP INC THRU OUT	56"±	NA	NA	PS .3
3	LINEAR SIDE 18%	0-17 17-64	C, SBK CL, WSBK	fR, S, P, SEXP fR, SS, SP, SEXP	SAP INC THRU OUT	64"±	NA	NA	PS .3
4	LINEAR SIDE 16%	0-9 9-41 41-61	SCL, SBK C, SBK CL, WSBK	fR, SS, SP, SEXP fR, S, P, SEXP fR, SS, SP, SEXP	SAP INC THRU OUT	61"±	NA	NA	PS .3

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R15242

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$1,127.25**
AP-326339 Address: APN: 4741962131.000			**$1,127.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
EH WELL PROGRAM			$550.00
NEW WELL PERMIT	10492751-447004	0	$550.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R15242			**$1,127.25**

Date Paid: Monday, March 07, 2022

Paid By: FINNEY BUILDERS

Cashier: CCS

Pay Method: CHECK 11382

9

RECEIVED MAR 1 0 2022

BW

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-326339 $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
- (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Andrew Finney Address: 1198 Gateway Drive Mooresville Zip: 28115

Applicant Email: Drew@finneybuilders.com Phone: 704-791-5728 Alt. Phone: _____

Owner Name: James Burry Address: 286 Stillwater Rd Troutman NC Zip: 28166

Owner Email: James.Burry@bissproducts.com Phone: 704-264-6630 Alt. Phone: _____

Property Information: 263 Pear tree road

Street Address: ~~Pear Tree Rd~~ Troutman NC 28166

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

Driving Directions: Turn on Ostwalt Rd off S Main. In 1.4 miles take left onto Pilch Rd. Left onto Pear tree Rd. 704-791-5728

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: 4
( ) 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: Andrew Finney 3/7/22

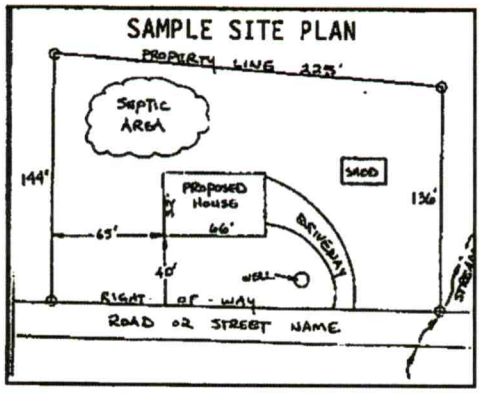
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

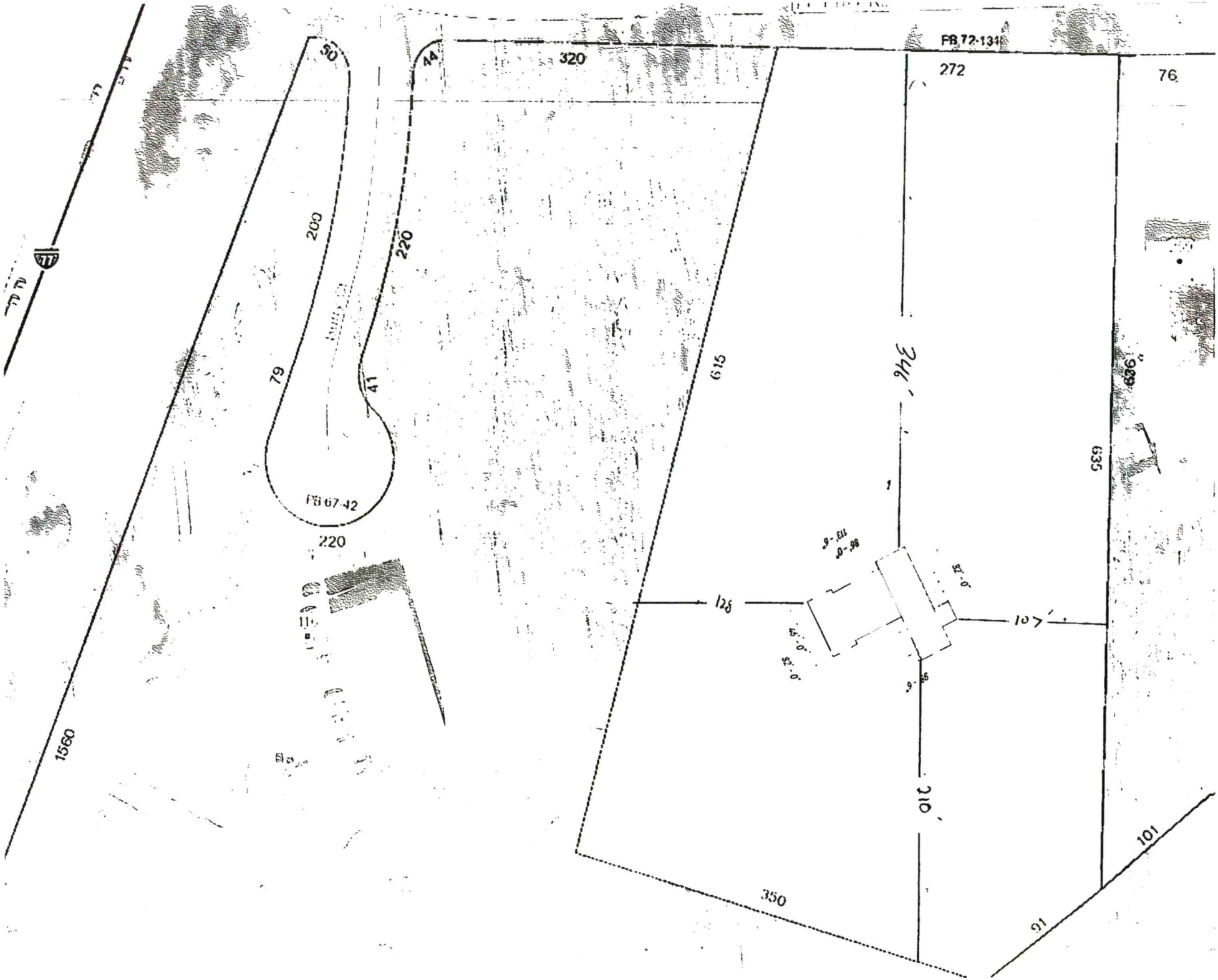
See Attached

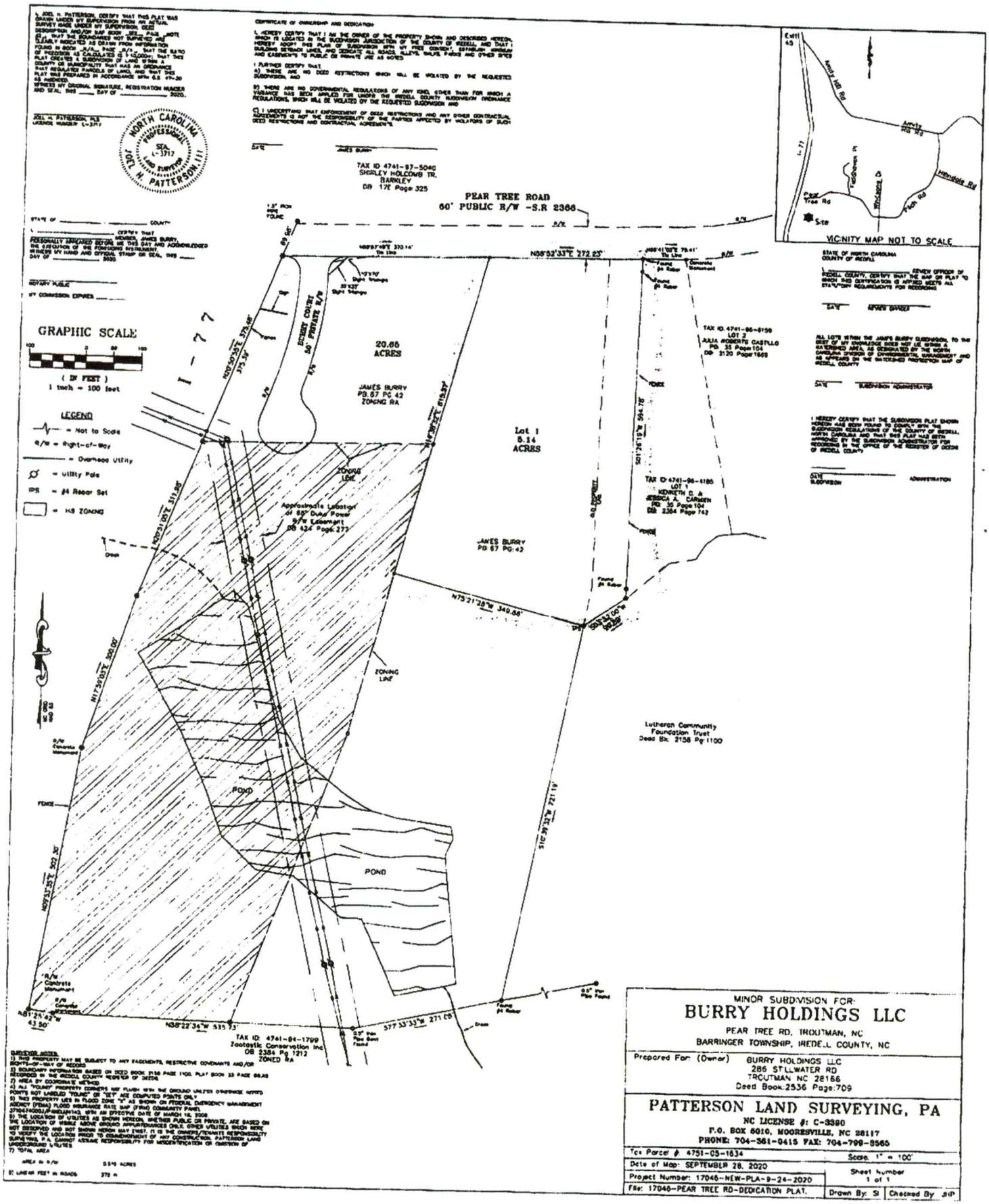
Signature: _____

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

3/7/22

DATE


PB 72-134
320
272
76
50
44
200
220
79
41
PB 67-42
220
615
346'
636'
635
125
107'
210'
1560
350
101
91



263 Burr CT Troutman

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, James Burry, am the legal owner(s) of the property located at ~~Peat Tree Ct~~ 263 Burry Ct Troutman NC, identified as PIN (Parcel Identification Number) 4571-05-1634, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Finney Builders, Andrew Finney, 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.

_____ 3/7/22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

A.F **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

A.F **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

A.F **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

A.F **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

A.F **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 3/7/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER

326339
Issue Date: 03/07/2022

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4741962131.000		Iredell County

Owner Information	Applicant Information
Name: BURRY JAMES M	Name: FINNEY BUILDERS
Address:	Address: 1198 GATEWAY DR
,	MOORESVILLE, NC 28115
Phone:	Phone: (704)787-0123

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	N/A	NO

Remarks
SFD 263 PEAR TREE RD

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: 03/07/2022

Signature of Owner/Contractor

Permit Number	326339	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: New Residential home

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 7007 sf

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name James Burry Phone # 704-764-6630

Owner's Current Address 286 Stillwater Rd Troutman NC 28166

~~Burry Ct~~

Property Information

Property Address 263 Pear Tree Rd Troutman NC Parcel # 4741 962137.000

Subdivision:_____ Lot: 1 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) Turn on Ostwalt Rd off S Main, In 1.4 miles take left onto pilch Rd. Left onto Pear tree Rd. Look for Finney Builders sign. 704-791-5728

Application Information

Applicant's Name or Company Finney Builders Applicant's Phone # 704-791-5728

Applicant's Address 1198 Gateway Drive Mooresville NC 28115

If Company, Representative's Name and Title Andrew Finney / Vice President

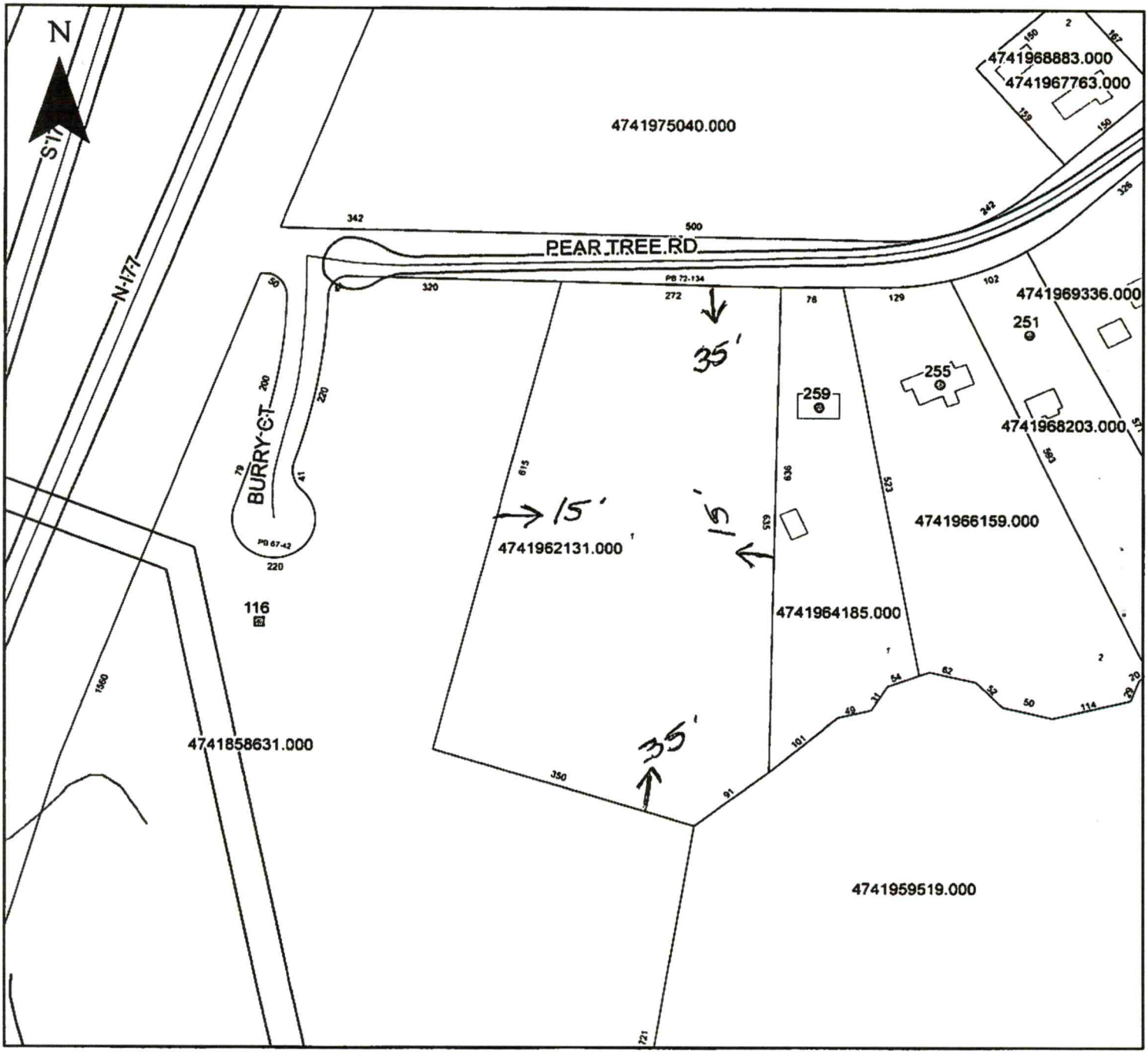
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 3/7/22

326-331

NH
WS-NO
FL-NO

ZONING DISCLAIMER



Property Address 263 Pear Tree Rd.

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

3/7/22

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R15242

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$1,127.25**
AP-326339 Address: APN: 4741962131.000			**$1,127.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
EH WELL PROGRAM			$550.00
NEW WELL PERMIT	10492751-447004	0	$550.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R15242			**$1,127.25**

Date Paid: Monday, March 07, 2022

Paid By: FINNEY BUILDERS

Cashier: CCS

Pay Method: CHECK 11382