IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236938

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

PIN # 4742-44-3913

APPLICANT/OWNER: Glen + Avalee Conway APPLICANT ADDRESS: 109 Cliffview Lane Troutman, NC 28117

SITE ADDRESS: 313 Duck Creek Rd. Troutman, NC 28166 PHONE: 704-881-2377 ALT. PHONE

SITE DIRECTIONS: I-77 to Amity Hill Rd West → R on Duck Creek Rd → Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

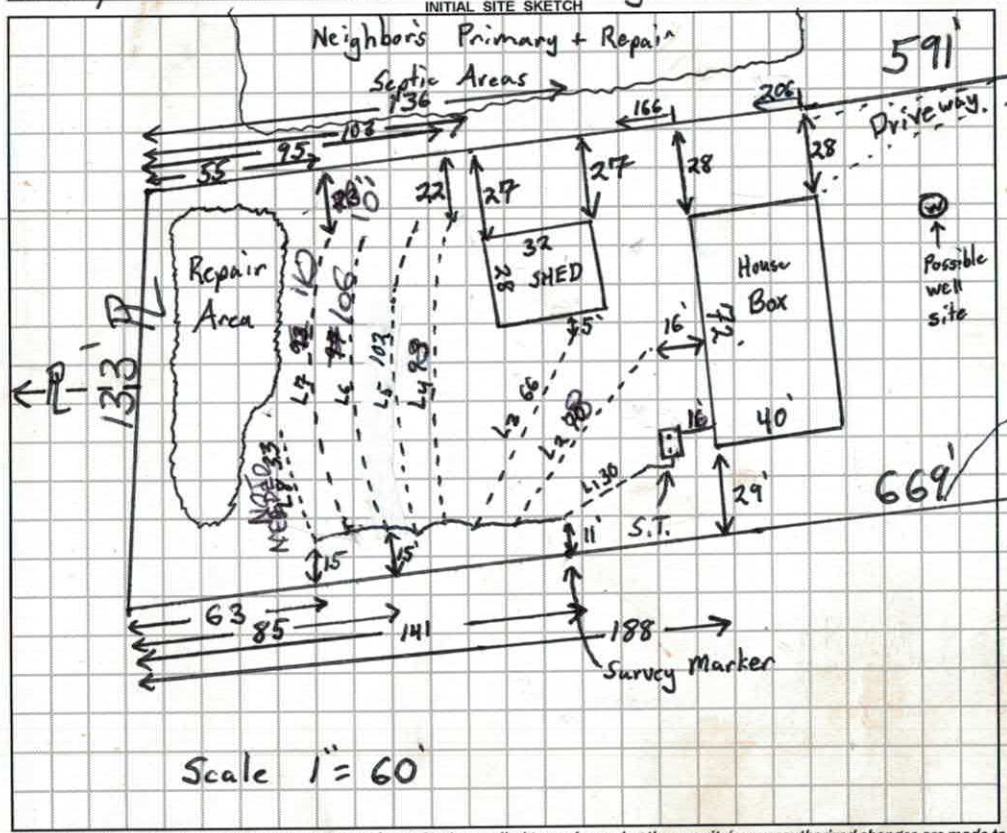
SUBDIVISION: Gary L. Freeze SECTION: 2 LOT # 4 LOT AREA: 1.973 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB 760	Date	3-4-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	—	(gal)	PT —	Date	—	System Description: Conv. Gravity		☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description: 50% Reduction (LP-PPBPS)* Vented*		☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	8	Linear Ft	582	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	42"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

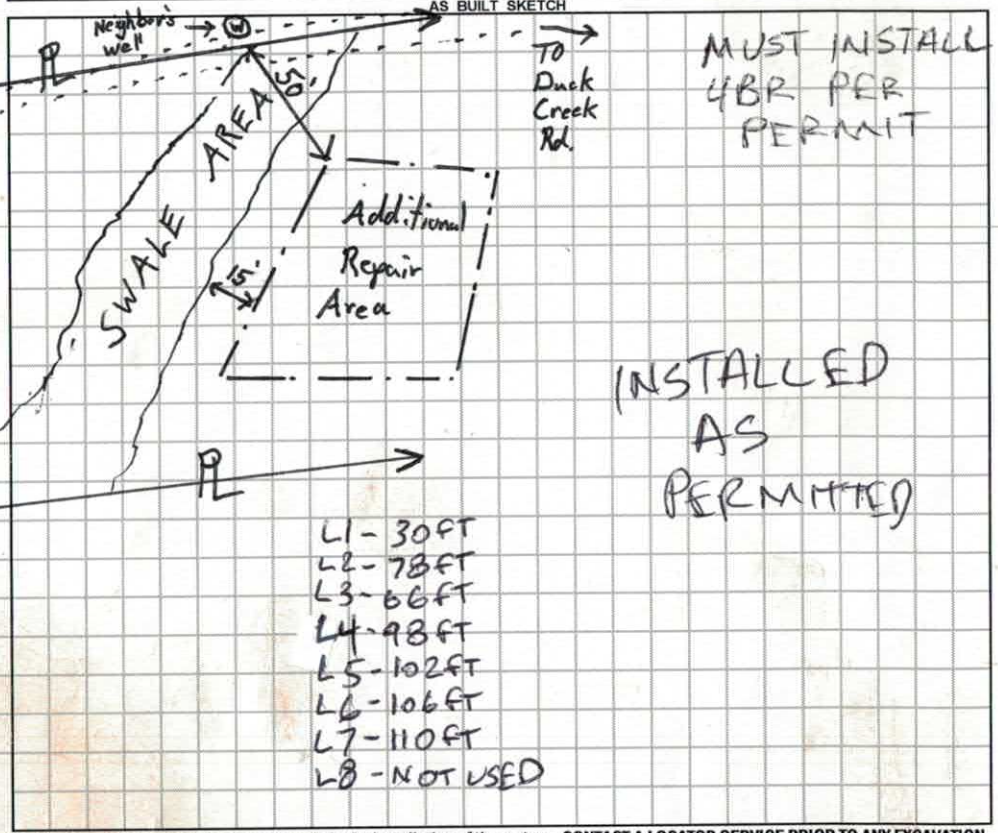
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Though 584 l.f. of line has been laid out, only 582 need be installed. 25% Reduction materials may be used, however no reduction credit is granted. Recommend pumping septic tank every 3-5 years.* Septic tank must be installed downslope from any house foundation drains *

INITIAL SITE SKETCH



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: Avalee Conway Date: 8/10/18 Installed by: LENTZ

IMPROVEMENT PERMIT by: Tom Shuck Date: 8/10/18 OPERATION PERMIT by: Bernard C. White Date: 5-9-19

AUTHORIZATION TO CONSTRUCT by: Bernard C. White Date: 1-22-19 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.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 9942-44-3913
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Recent 3"-5" of rain Past 72 hrs

OWNER: Glen Conway
APPLICATION DATE: 7/2/18
ADDRESS: 109 Cliffview Lane Troutman, NC
DATE EVALUATED: 8/1/18
PROPOSED FACILITY: 4BR SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 1.973 acres
LOCATION OF SITE: 313 Duck Creek Rd
PROPERTY RECORDED: Yes
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	HS 5%	0-7	scl v,w.sbk	sl. Friable, SS Sp Sap	Sap	57"			0.275 PS
		7-40	clay m.sbk/abk	Firm, sticky Sp					
		40-57	clay w.sbk/abk	Fi Firm, Sticky, Sp, Sap					
		Standing H_2O @ 57"							
2	HS 4%	0-14	scl v,w.sbk	sl. Friable, S S, Sp Sap		72"			0.275 PS
		14-34	clay m-s sbk/abk	sl. Firm, Sticky, Sp, Sap					
		34-72"	clay loam w.sbk some	sl. Friable, SS, Sp, Sap					
			Yellow Saprolite Fragments						
3	LSS 4%	0-9	scl v.w.sbk	sl. Friable, SS Sp, Sap		68"			0.295 PS
		9-22	clay m-s sbk/abk	Firm, sticky, Sp Sap					
		22-30	Loamy Saprolite MA	Dense + Poorly Drained	[Don't use]				
		30-68	Clay Loam w.sbk some Saprol.	sl. Friable, SS, Sp, Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	584'	400+
System Type(s)	Conv.	PP/BPS
Site LTAR	0.275	0.275

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

COMMENTS:

Neighbor's Iron Rod
Survey Mark
140'
72'
206'
That way
100'
L1 B 5.23 30
L2 W 5.74 70
L3 B 5.99 66
L4 W 6.56 88 (+5)
L5 B 6.85 94 (+5)
L6 W 7.35 92 (+5)
L7 B 7.85 88 (+5)
L8 W 8.51 33

DENR/DEH

ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: See Page 1 APPLICATION DATE: _____

ADDRESS: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: 313 Duck Creek Rd. 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	
4	Low-Right Back Yard 4%	0-7	SCL v.w. SBK	sl. Friable, SS Sp, Sap		18"			0.375 PS
		7-18	clay w-m. SBK/ABK	Firm, Sticky, Sp Sap					
		18-24	Loamy Saprolite MA	Friable + well Drained					
		24-69	Sandy saprolite MA	Very Friable + Well Drained					
5	Front Yard middle 6%	0-14	SCL v.w. SBK/ABK	sl. Fi, rm, SS, Sp, Sap		77"	-	-	0.275 PS
		14-28	clay m. SBK/ABK	sl. Firm, Sticky Sp, Sap					
		28-40	clay plasty 28"-38"	Firm, Sticky, Sp. Sap					
		40-77"	clay loam w. SBK some saprol.	sl. Friable, SS, Sp, Sap					

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

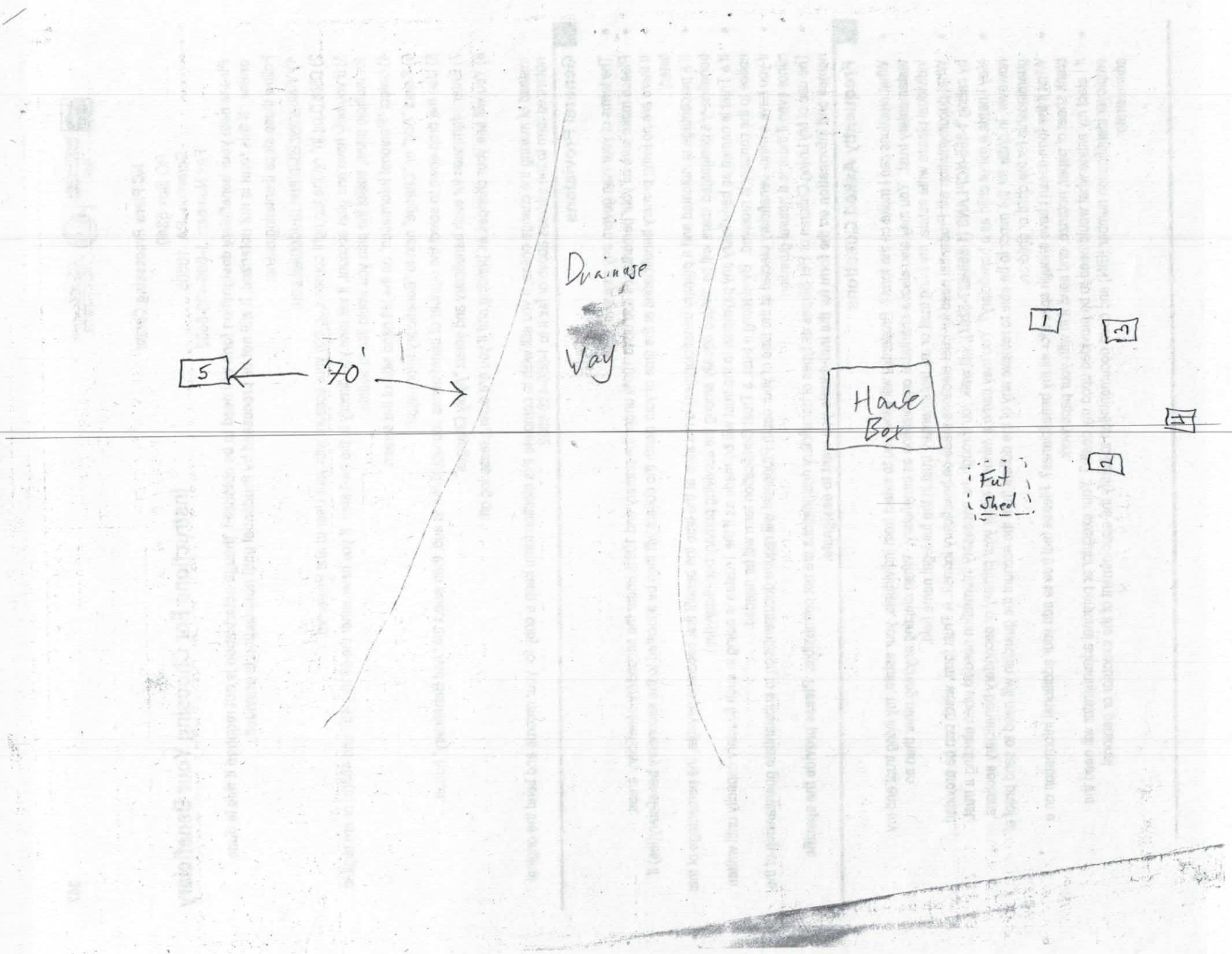
OTHER FACTORS (.1946): _____

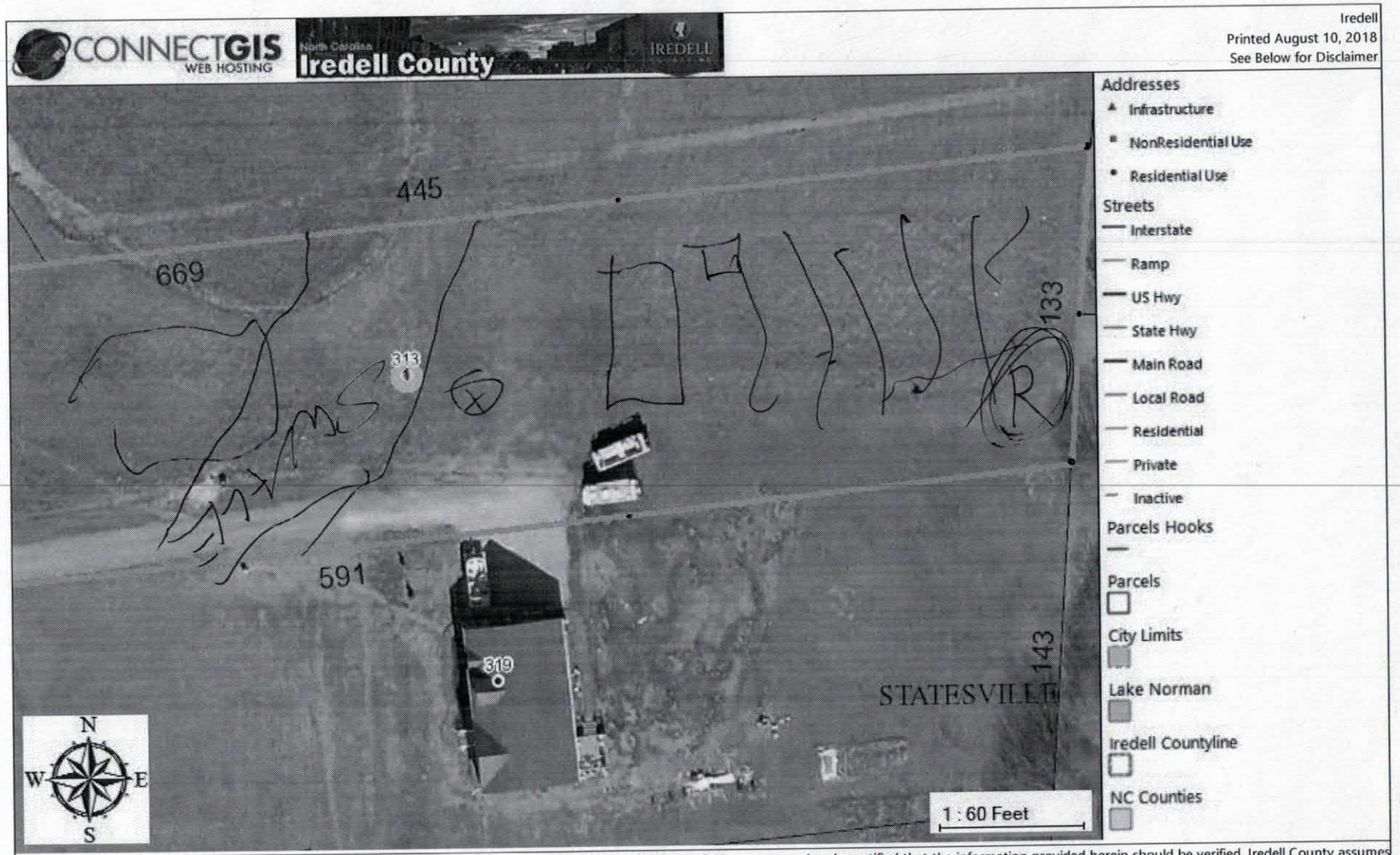
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS: _____


Drainage
Way
5
70'
House
Box
1
2
3
4
Fut
Shed



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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: Woody Isaac **Address:** 3300 Jefferson Davis Hwy Sanford NC **Zip:** 27332
Applicant Email: Woodyhbr@Hotmail.com **Phone:** 919-770-4413 **Alt. Phone:**
Owner Name: Glen/Avalee Conway **Address:** 109 Cliffview Ln Mooresville NC **Zip:** 28117
Owner Email: **Phone:** 704-881-2334 **Alt. Phone:**

Property Information:

Street Address: 313 Duck Creek Rd Troutman NC 28166

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

Driving Directions:

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) 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:
(✓) 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: 11/22/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Authorization.pdf - Adobe Acrobat Reader DC
File Edit View Window Help
Home Tools Authorization.pdf ×
1 / 1

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, GLEN R. CONWAY, am the legal owner(s) of the property located at 313 DUCK CREEK ROAD, identified as PIN (Parcel Identification Number) 4742443913.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WOODY ISSUES OR OTHER REPRESENTATIVE, VANDERBUILT, 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: 1-22-19

RECEIVED JUL 2 - 2018

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Paid $500.00

236938

(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)

well

1. APPLICATION FOR: ✓ Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable. ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Glen + Avalee Conway	109 Cliffview Lane Mooresville NC 28117	704 360 4175	704 881 2334
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
GLEN + AVALEE CONWAY	MOORESVILLE 28117 109 CLIFFVIEW LANE	704 360 4175	704-881-2334
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

Property Information:

313 Duck Creek Road	Gary L. Freeze	Lot 4
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: South Hwy 21 to Amity Hill Road - R on Moose Club Rd - Left on Duck Creek Road

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

PAID Horsnell

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ Year

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. 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. industry) 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.

9. Signature: [signature] 7/2/18
Owner/Agent/Representative signature (SIGNATURE REQUIRED) DATE

7/25- Applicant used metal detector & found Coke Can. Waiting on surveyor to mark shared corner in Driveway SR

Glen
704-881-2377
564

7/13/18: Needs right front P.C. marked (in shared driveway). Applicant will do this + contact us to stop back there

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, _____, 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.

_____ _____

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

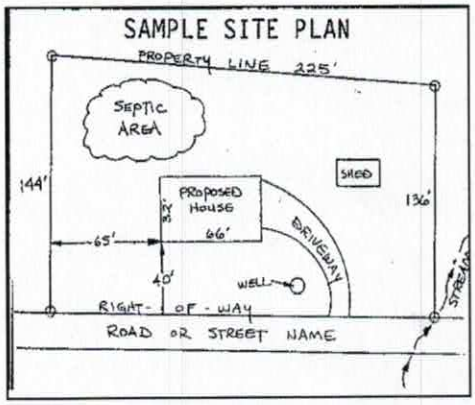
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location**
- **( ) Preferred well location**
- **( ) 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

see septic permit

Signature: _____ 1/22/19

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

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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:

X Property Line measurements are clearly identified... X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

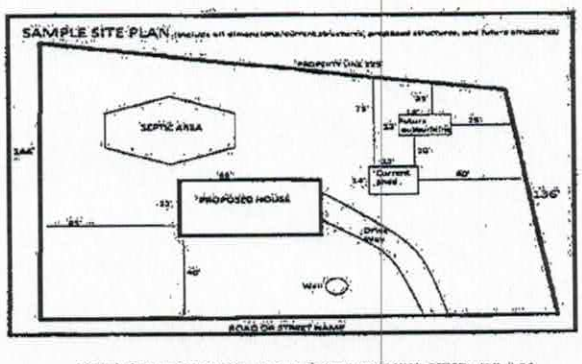
X Front and side setbacks from property line... X Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed... X North arrow, or other sufficient indicator of direction...

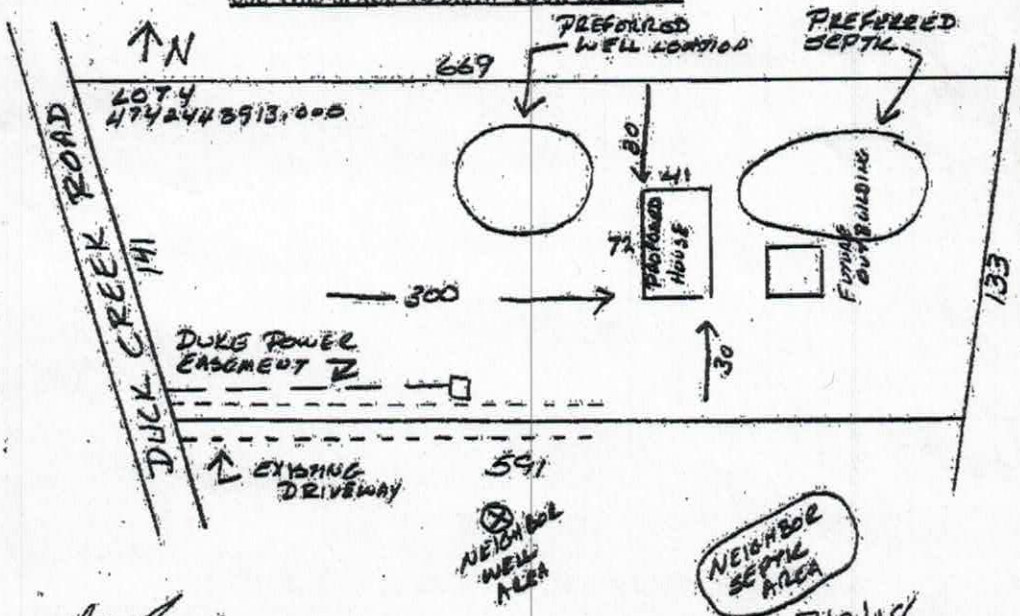
Circle N/A on the following if appropriate:

X Location of septic systems and wells within 100' of your property... N/A

X 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



Signature: _____ 7/2/18

REQUIRED property owner or owner's legal representative signature. DATE

ROCKBRIDGE SERIES

MODEL NO. RV110- APPROX. 2,771 SQ. FT. FINISHED

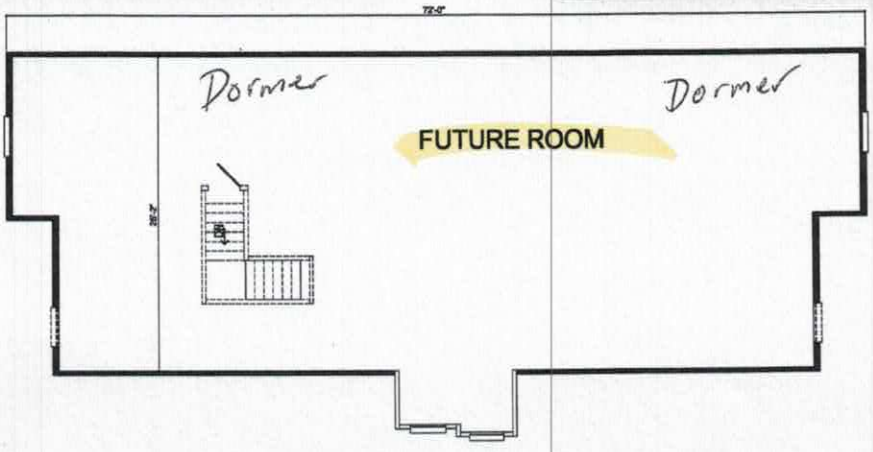
OPTIONAL 9/12 ROOF PITCH APPROX. 1,728 SQ. FT. UNFINISHED BONUS AREA

CUSTOMER'S NAME _____

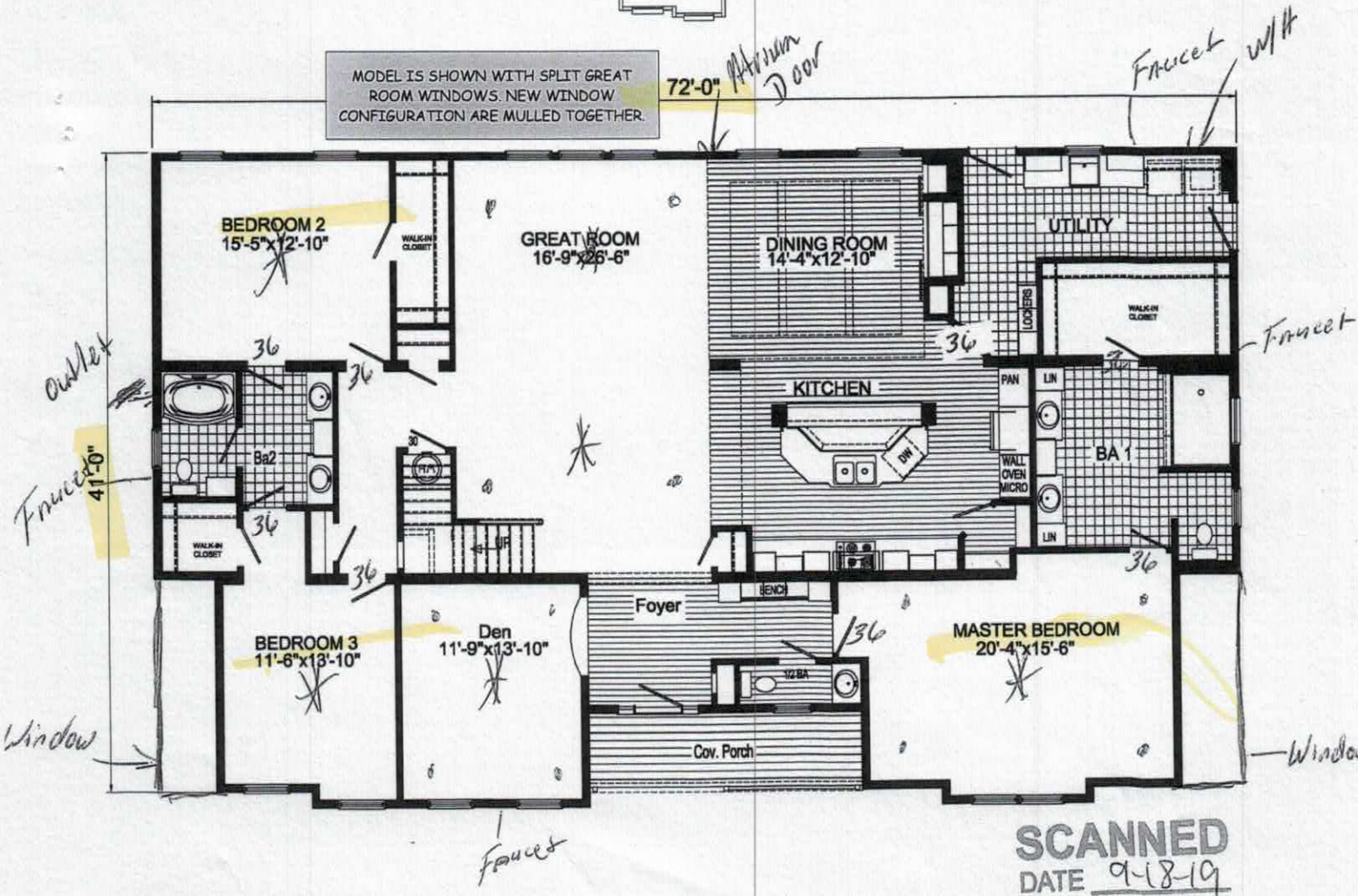




Acknowledgement of Plans Submittal ONLY
1/22/19 Date
Burbank C. White Date 1-22-19



MODEL IS SHOWN WITH SPLIT GREAT ROOM WINDOWS. NEW WINDOW CONFIGURATION ARE MULLED TOGETHER.



SCANNED
DATE 9-18-19

IREDELL COUNTY

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

APPLICATION NUMBER
236938
Issue Date: 07/02/2018

FILE COPY

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4742443913.000	313 DUCK CREEK ROAD, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: CONWAY GLEN R+AVALEE	Applicant: CONWAY GLEN R+AVALEE
Address: 109 CLIFFVIEW LANE	Address: 109 CLIFFVIEW LANE
TROUTMAN, NC 28117	TROUTMAN, NC 28117
Phone:	Phone:

Use Requested	Zone Code
MODULAR HOME	RUR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.970	35.00	35.00	15.00	15.00		X

Remarks:

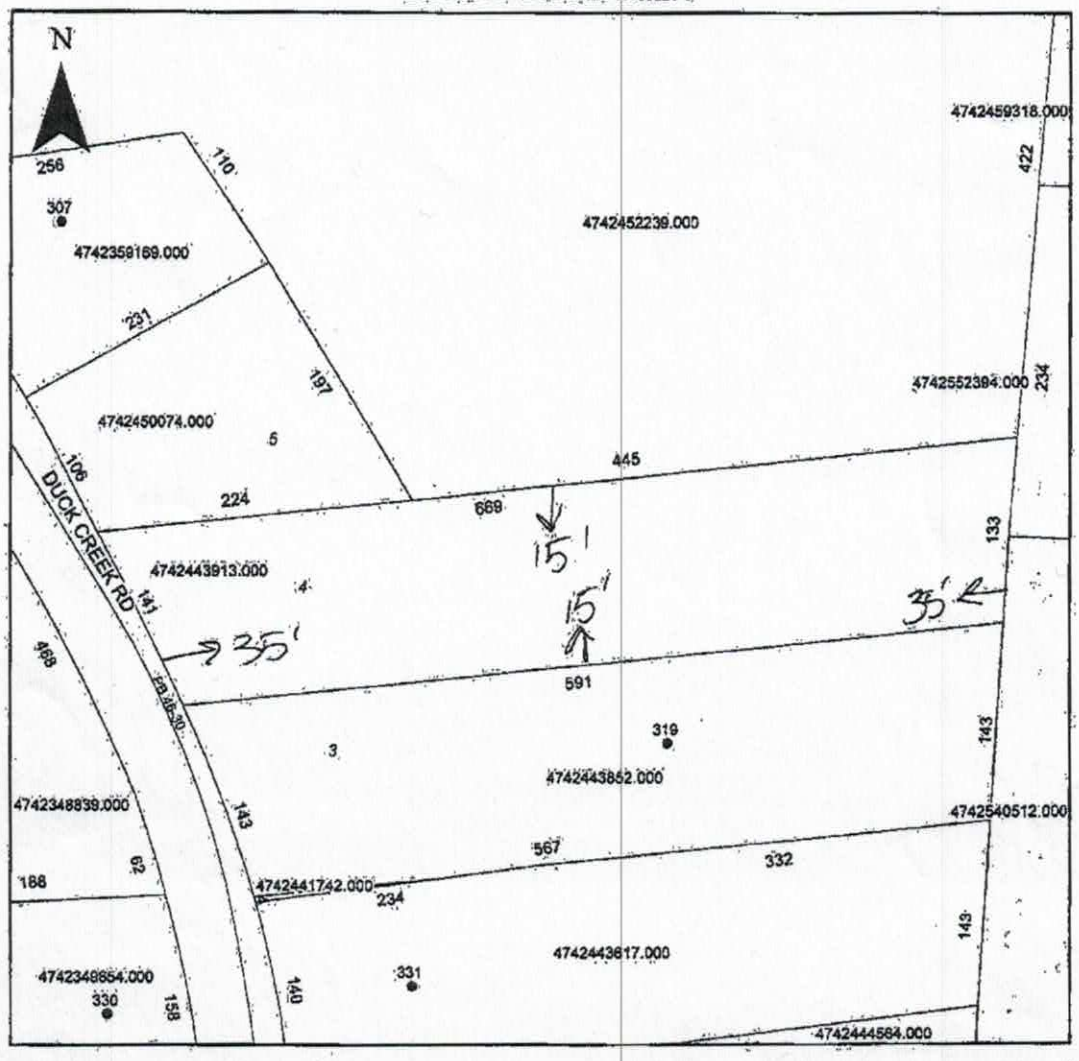
PAID 1015 9/12
NUM

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: See Attached Date:

Permit Number	144133	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 313 Duck Creek 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

7/2/18
Date