902-4441

120 x 66

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 224222

PIN # 4743-10-1829

APPLICANT: Freedom Homes / Fox Den Acres APPLICANT ADDRESS: 1124 Charlotte Highway Troutman, NC

SITE ADDRESS: 116 Boyner Lane Statesville, NC 28677 PHONE: 704-528-7960 ALT. PHONE: 704-876-5866

SITE DIRECTIONS: Rt 21 N from Mooresville → R on Moose Club Rd → L on Skyuka Rd → R on Arlie Loop → R on Boyner Lane → Lot on R

SUBDIVISION: Apple Valley SECTION: ___ LOT # 4 LOT AREA: 0.825 DESIGN FLOW: 480 GPD L.T.A.R.: 0.35

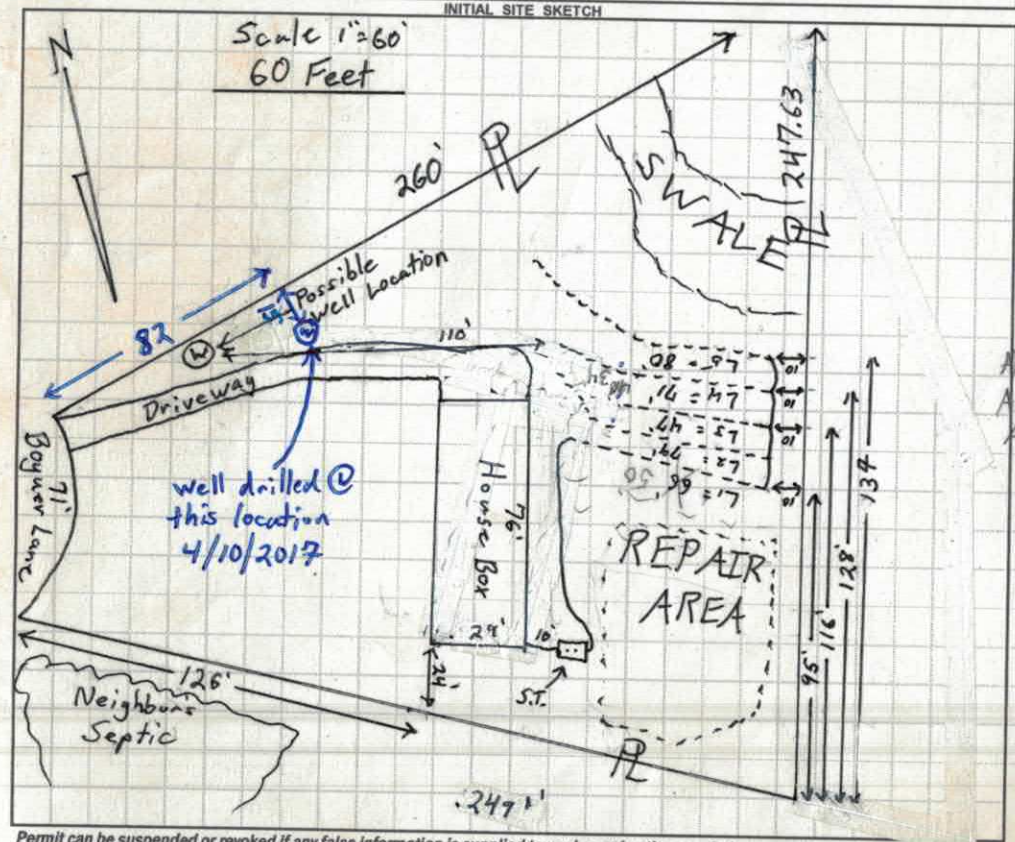
Septic Tank	1000	(gal)	STB	1012	Date	9-12-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II ⓘ IV V VI	
Pump Tank	N/A	(gal)	PT	—	Date	—	System Description:	25% Reduction			
Pump Make	N/A	Model		—	Serial #	—	Repair System Description:	~~25% Reduction~~ PPBPS-LP			
# Nitrification Fields	1	# Lines	5		Linear Ft:	343	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max Trench Bottom Depth	33"-36" [high side]		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: Follow all N.C. Septic rules. Rear property line must be staked every 40' minimum by surveyor prior to septic installation (Not done so during site evaluation)

4/13/17: House moved from permitted location + well drilled outside approved well area necessitated 3 additional lines installed (original lines shortened), repair area relocated further up the hill + technology changed to PPBPS.

INITIAL SITE SKETCH



AS BUILT SKETCH

4-13-17 Taylorsville Precast 1000 Gallon Mid-seam tank w/a Polylok PL-68 filter.

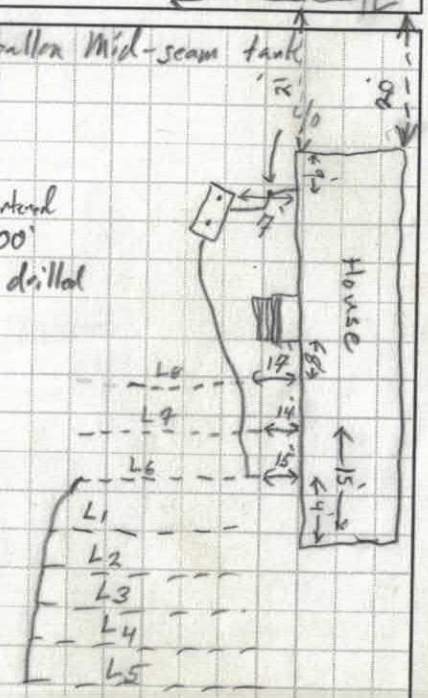
L1 = 50' 3' 7 3/4"
L2 = 50' 6' 1/4"
L3 = 48' 8' 2 1/4"
L4 = 42 ✓
L5 = 42 ✓

Line lengths shortened to maintain 100' setback from drilled well

Above L6 ★ = 46'
Above L7 ★ = 44'
Above L8 ★ = 22'

Per Gerald Johnson (Building Inspector) no foundation Drain required.

36" wide IQ4Ws installed w/a 36" TB [high side]



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: 3-7-17

IMPROVEMENT PERMIT by: Tom Shuck Date: 3-1-2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3-1-2017

Installed by: Craig Thompson for Tommy Frye Grading #1069

OPERATION PERMIT by: Tom Shuck Date: 4/13/17

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Construction Authorization) - PINK

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

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

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Highway Troutman, NC
APPLICATION DATE 1-10-17
DATE EVALUATED: 2-17-17
PROPOSED FACILITY: 4BR House
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.825 acres
LOCATION OF SITE: Apple Valley - Lot 4 116 Boyner Lane Troutman
PROPERTY RECORDED: Yes
WATER SUPPLY: [X] Private [ ] Public [ ] Well [ ] Spring [ ] Other ___
EVALUATION METHOD: [ ] Auger Boring [X] Pit [ ] Cut
TYPE OF WASTEWATER: [X] 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	Sloping Shoulder 23% Header Upper	0-6	SCL W.SBK	Sl. Firm, SS, Sp, Sexp	—	43	—	—	0.3
		6-32	Clay M-S SBK	Sl. Firm, SS, Sp, Sexp					
		32-43	Clay Loam W. SBK some comm SAP	Sl. Friable, SS Sp Sexp					
		43-62	Loamy MA Saprolite	Friable + Moderately Drained					
2	LSS	0-6	SCL W.SBK	Sl. Firm, SS, Sp, Sexp	—	35	—	—	0.3 shallow 0.4+ Deep [in Saprolite]
		6-23	Clay M. SBK	Sl. Firm, SS Sp, Sexp					
		23-35	Clay Loam V.W. SBK + Sap Abundant	Friable SS, Sp, Sexp					
		35-68	Loamy Saprolite MA	very Friable + well Drained					
3	LSS	0-8	SCL W.SBK	Sl. Firm, SS, Sp, Sexp	—	35"	—	—	0.3 0.4 Deep [in Saprolite]
		8-19	Clay M-Strong SBK	Sl. Firm, SS, Sp, Sexp					
		19-35	Clay Loam W-M SBK some SAP	Friable, SS, Sp, Sexp					
		35-64	MA Loamy Saprolite	very Friable + well Drained					
4	LSS	0-7	SCL W.SBK	Sl. Firm, SS, Sp, Sexp	—	23"	—	—	0.35 [0.4 Deep] in Saprolite
		7-18	Clay W-M SBK	Sl. Firm, SS, Sp, Sexp					
		18-23	Clay Loam W. SBK some Many Saprolite	Friable, SS, Sp, Sexp					
		23-84	MA Loamy Saprolite	very Friable, well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	343 lf	400+
System Type(s)	25% Reduction	Same
Site LTAR	0.350	0.30

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

COMMENTS: ___

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: _____
PROPOSED FACILITY: 4 BR House PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 116 Boyner Lane Statesville, NC 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	LSS Upper	0-4	SCL V,W. SBK	Sl. Firm, S, Sp, Sexp	—	38	—	—	0.3? P.t Needed
		4-19	Clay W. SBK	Sl. Firm, SS, Sp, Sexp					
		19-38	Clay Loam V.W. SBK + some Saprolite	Sl. Friable, SS, Sp, Sexp					
		38-48	MA Loamy Saprolite	moderately Drained + Friable					
2	LSS Lower	0-3	SCL VW SBK	Sl. Firm, SS, Sp, Sexp	—	35	—	—	0.3? Pit Needed
		3-17"	clay W. SBK	Sl. Firm, SS, Sp, Sexp					
		17"-35"	Clay Loam V.W. SBK + some Saprolite	Sl. Friable, SS, Sp, Sexp					
		35-48"	MA Loamy Saprolite	moderately Drained, Friable					
3									
4									

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: _____

ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Fox Den Acres
ADDRESS: LOT 4 116 Boyuer Ln — APPLICATION DATE
PROPOSED FACILITY: SFR — DATE EVALUATED: 2/13/17
LOCATION OF SITE: Apple Valley subdivision — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE:
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other — PROPERTY RECORDED:
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS @top of new slope	0-6"	SBK SCL	FrSSSPSEXP	—	25"		—	PS
		6-12"	SBK C	FrSSSPSEXP	—			—	
		12-25"	SBK CL	FrSSSPSEXP	—			—	PITS
		25-48"	SAP	FrSSSPSEXP	—			—	
2	sample LSS	0-4"	SBK SCL	FrSSSPSEXP	—	23"		—	PS
		4-16"	SBK C	FrSSSPSEXP	—			—	
		16-23"	SBK CL	FrSSSPSEXP	—			—	PITS
		23-48"	SAP		—			—	
3	LSS	0-2	SBK SCL	Fr SS SP SEXP	—	26"		—	PS
		2-19	SBK C	Fr SS SP SEXP	—			—	
		19-26"	SBK CL	Fr SS SP SEXP	—			—	PITS
		26-48"	SAP		—			—	
4	LSS								

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:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

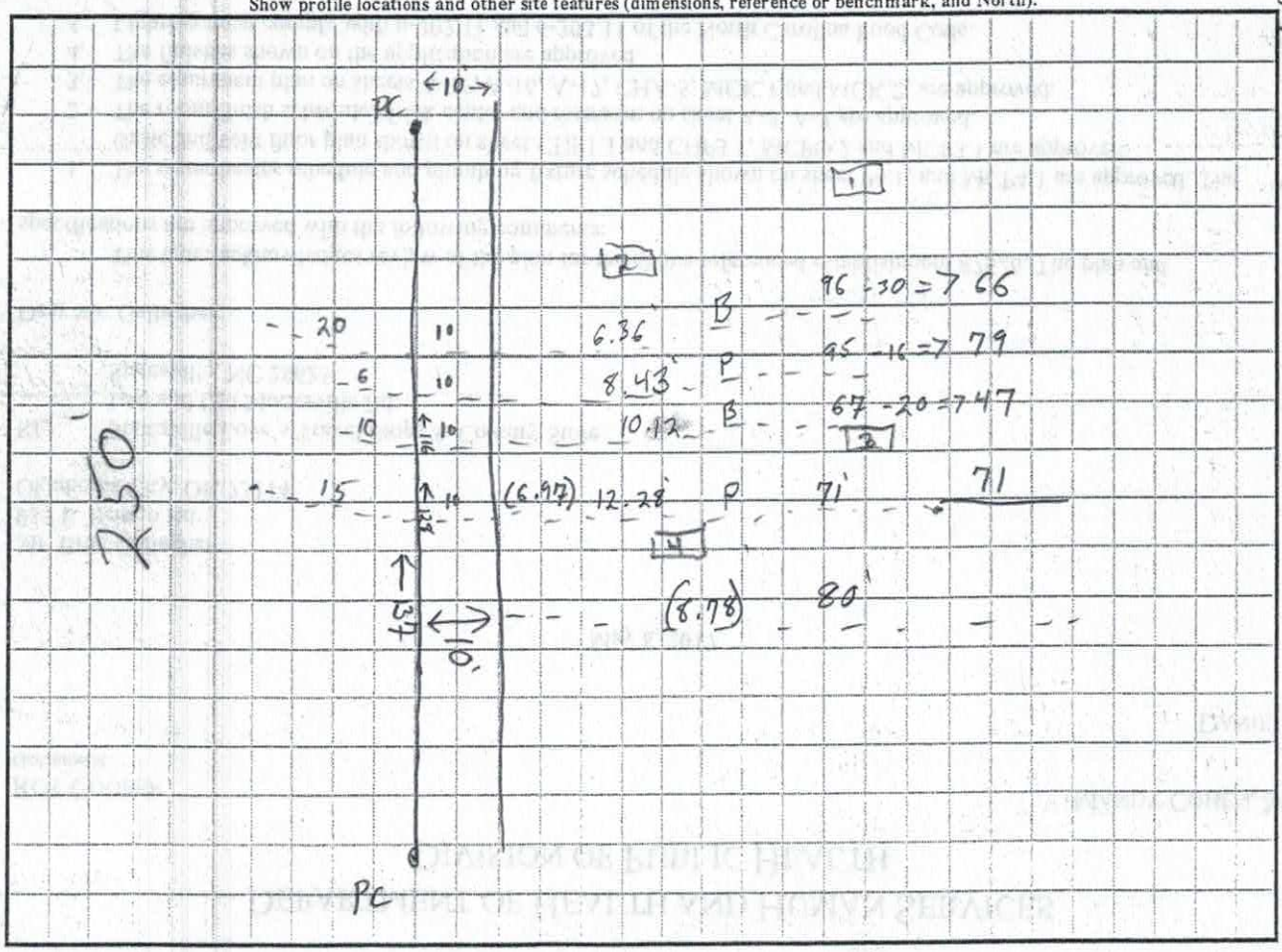
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



263
+ 80
343

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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)

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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Freedom Homes	1124 Charlotte Hwy Troutman NC	704-528-7960	704-876-5866
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Fox Den Acres Inc.	5201 Monroe Rd. Charlotte NC 28205		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
116 Boyuer Ln	Apple Valley	Lot 4

Driving Directions: Go South on Hwy 21, Turn (L) onto Moose Club Rd. Turn (L) onto Skyuka Rd, Turn (R) onto Apple Valley Subdivision 104. Turn (R) onto Boyuer Ln, Lot is on the (R)

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

2-15-17

- X 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 3
If Expansion, Current Number of Bedrooms ___

- X 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 ___

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 ___ Yes

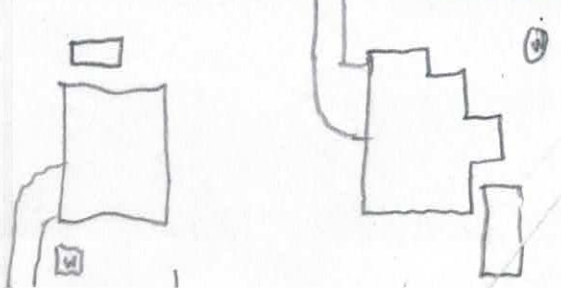
( ) Alternative X Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

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:** Stephen Allen — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-10-17 — DATE



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.

* FOX DEN ACRES, INC.

I, Wells Bryant V.P., am the legal owner(s) of the property located at 116 BOXER LN STATESVILLE NC 28677, identified as PIN (Parcel Identification Number) 4743101829.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) FREEDOM HOMES, TROTMAN, 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.

* FOX DEN ACRES, INC. Wells Bryant V.P. 1/5/17
Signature of Owner(s) Date

Debbie Knight 1-5-17
Signature of Witness 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

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***

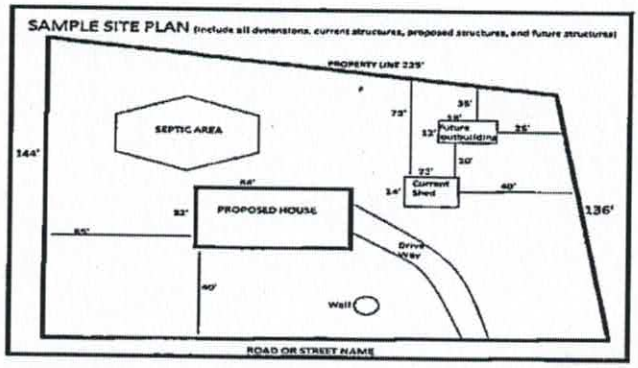
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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

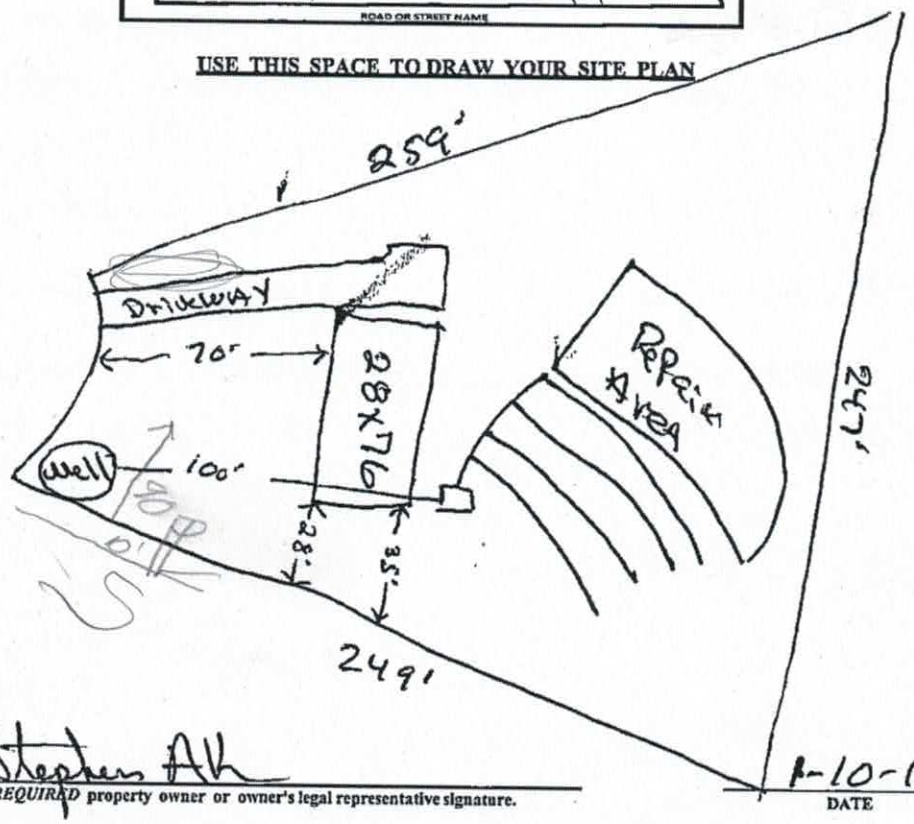
Circle N/A on the following if appropriate:

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: Stephen Ah
REQUIRED **property owner or owner's legal representative signature.**

8-10-17
DATE

IREDELL COUNTY HEALTH DEPARTMENT — STATESVILLE 704-878-5305 — MOORESVILLE 704-664-3281

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

PERMIT# 073741 PIN# 4743105847 DATE 4/4/00

OWNER OR CONTRACTOR FOX DEN ACRES PHONE: Business 567-4836 Home

ADDRESS 5201 MONROE STREET CHARLOTTE NC 28205

LOCATION 215- TL MOOSE CLUB RD- TL SKYUKA RD- TR ABLE LOOP D APPLE VALLEY LN- TR BOYUER-

SUBDIVISION APPLE VALLEY BLOCK / SECTION LOT 4 LOT AREA .82 AC SITE CLASS. B5 DESIGN FLOW 300gal L.T.A.R. .3gal/ft²

Septic Tank: 1060 Gallons: STB Date
Pump Tank: 1000 Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY INNOVATIVE
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

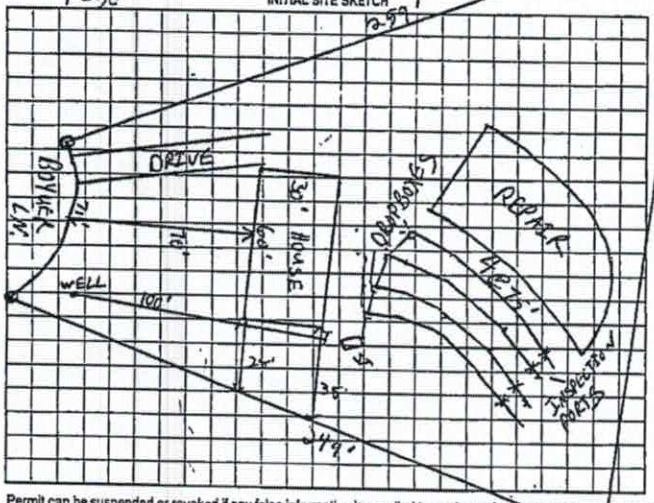
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: 1) KEEP WELL 100' FROM ANY SEPTIC SYSTEM
2) INSPECTION PORT ON END OF EACH LINE.

Comments/Conditions:

1"=50'

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. Improveme
Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit -- not to exceed sixty months.

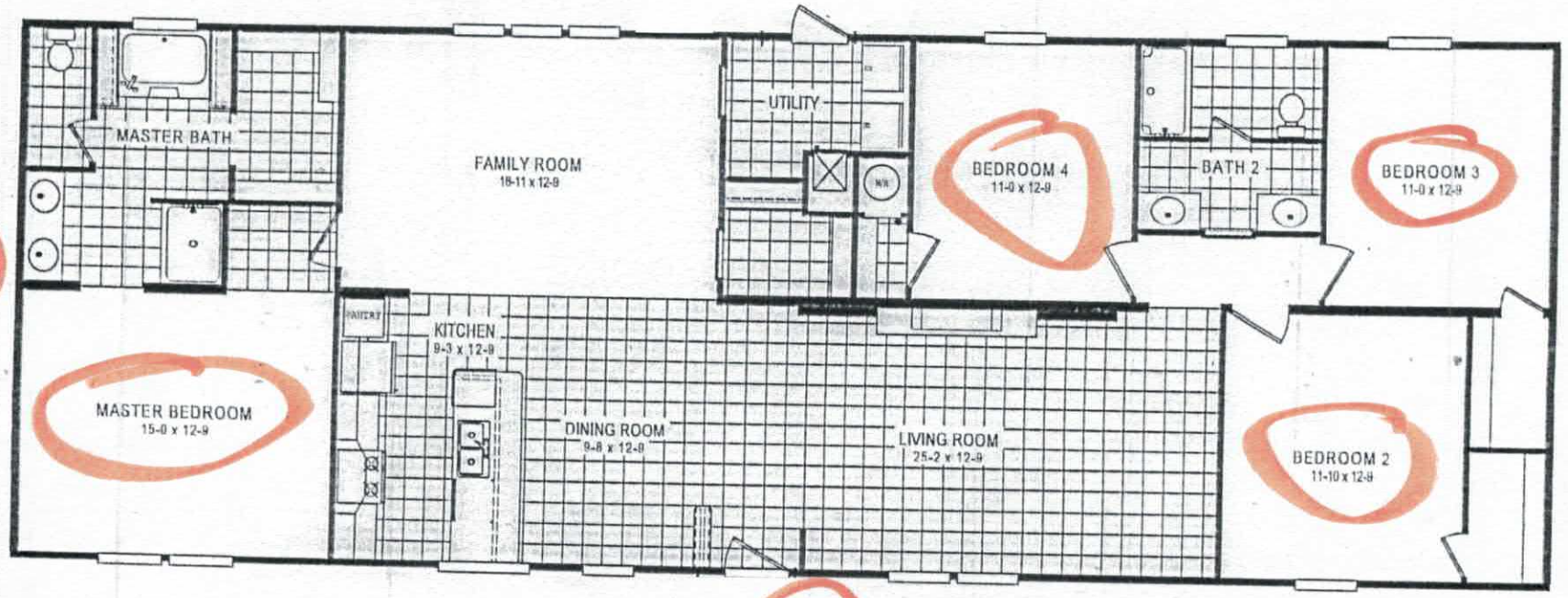
Signed: Jeff Casey agent date 4-5-00
Improvement Permit by: C. [illegible] RS date 4/4/00
Authorization to Construct by: date

Installed by:
Operation Permit by: date
Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Tom 116 Boyder Lane Statesville NC

Permit #224222, Apple Valley, Lot 4
Freedom Homes



28

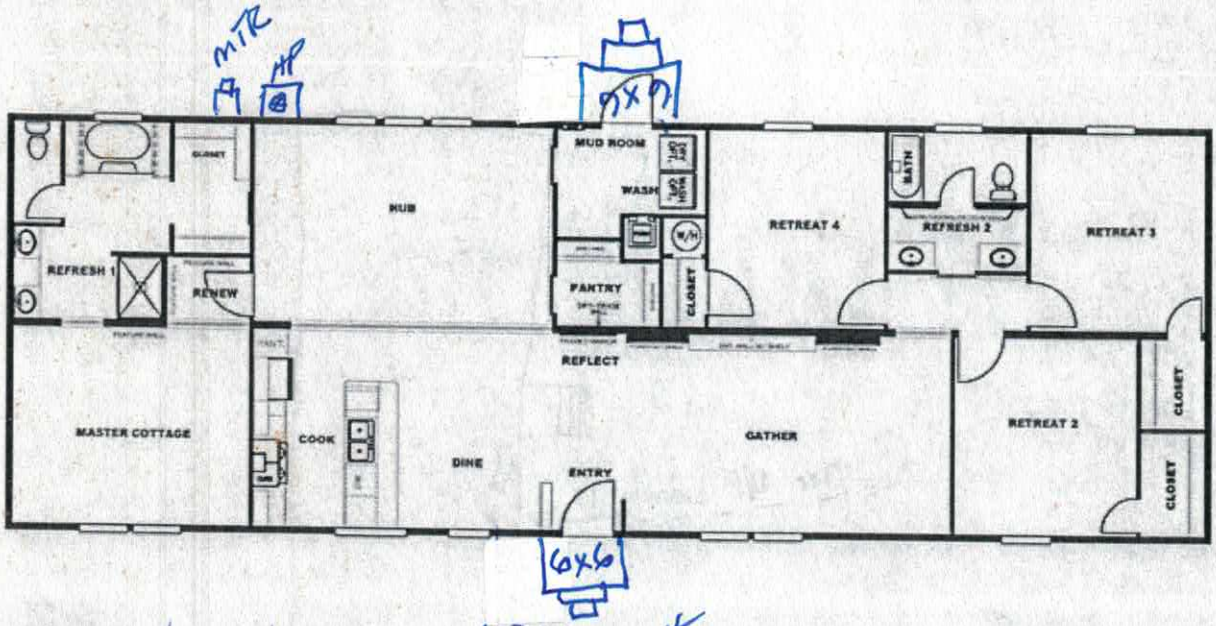
76

Acknowledgement Of
Plans Submittal ONLY!
Kiddyland Date 2-28-17
Tom Shuck Date 3/1/2017

FREEDOM HOMES

THE BREEZE II

28 X 76



Brick
Brown No white

* Brick steps *
Brown No White

X Heather DeBo

Acknowledgement Of
Plans Submittal ONLY!

Stephen Ak Date 2-15-17

_____ Date _____

THE BREEZE II Floor plan number : 57SSP28764SH

4 Beds · 2 Bath · 2001 sq. ft. · 76' width · 28' depth

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and may differ from the actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (704) 528-7960 to speak with a Home Consultant. Copyright © 2010, CMH. All rights reserved.

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http://www.freedomhomestroutman.com

FREEDOM HOMES-TROUTMAN
1124 CHARLOTTE HWY
TROUTMAN, NC
Monday - Friday: 9am - 6pm , Saturday: 9am - 5pm , Sunday: Closed
(704) 528-7960

IREDELL COUNTY

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

APPLICATION NUMBER
224222
Issue Date: 01/10/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4743101829.000	116 BOYUER LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FOX DEN ACRES INC	Applicant: FREEDOM HOMES-TROUTMAN
Address: 5201 MONROE RD CHARLOTTE, NC 28205	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
DWMH	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.825	35.00	35.00	15.00	15.00	NOT	X

Remarks:

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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	90134	TOTAL FEES:	$ 77.25