4:60

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 524053

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

PIN # 4748 -- 90 -- 6367

APPLICANT/OWNER: Freedom Homes - L. Sprinkle APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman

SITE ADDRESS: 625 Blackwelder Rd, Statesville NC 28625 PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: (N) 77 → Exit 54 → (R) 21 → (L) Jennings → (R) Blackwelder → lot @ corner Cambridge SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Brennan Dagenhart SECTION: N/A LOT # 1 LOT AREA: 0.57 ac DESIGN FLOW: 360gpd L.T.A.R.: 0.275/0.11R

Septic Tank	1000 (gal)	STB	160	Date	3-14-22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Drip - 3600 ft²			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	8	Linear Ft	328'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	30"	Trench Bottom Depth(Low side)	18"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

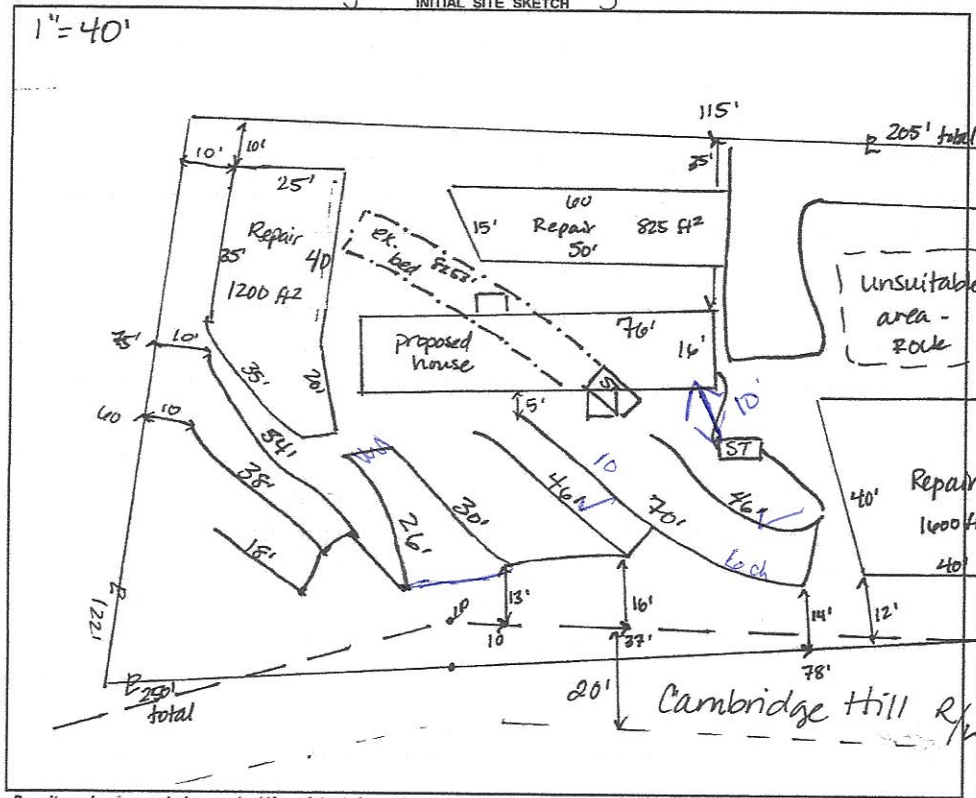
Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield. Install on contour. Ensure R/W clearly marked during installation.

Keep decks 5' from any part of septic, No foundation drains allowed on front of home

Lot recorded 7/5

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.

Orange filter installed
Installed Quick 4 as shown

Stay 10' from R/W & Property Lines

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**

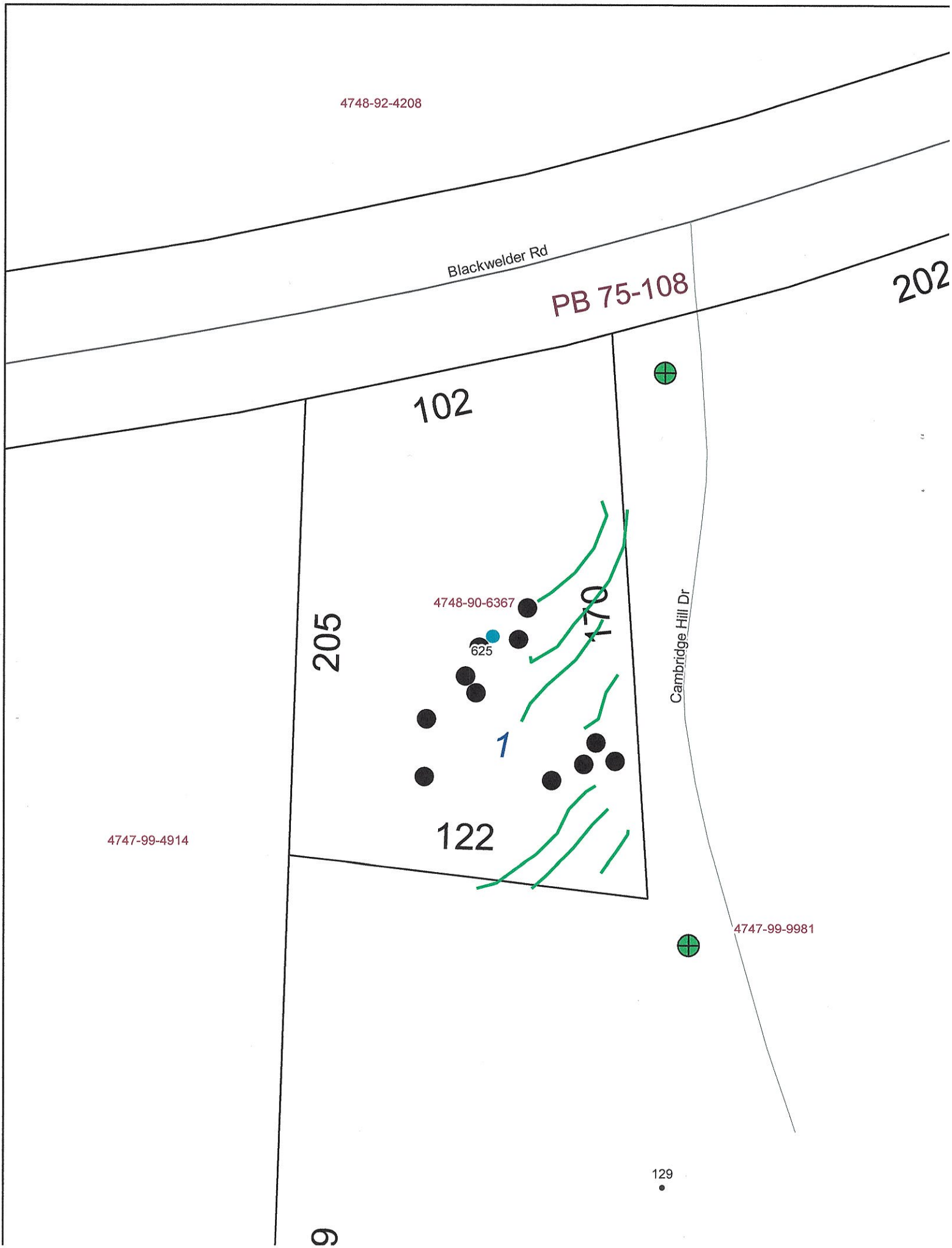
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kimberly Sprinkle Date: 4/1/22 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: D Wreberg Date: 3/23/22 OPERATION PERMIT by: Craig Thompson Date: 5/2/22

AUTHORIZATION TO CONSTRUCT by: D Wreberg Date: 3/23/22 Existing System Inspected by: Date:

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


4748-92-4208
Blackwelder Rd
PB 75-108
202
102
205
4748-90-6367
625
170
Cambridge Hill Dr
1
122
4747-99-4914
4747-99-9981
129
9

SOIL/SITE EVALUATION

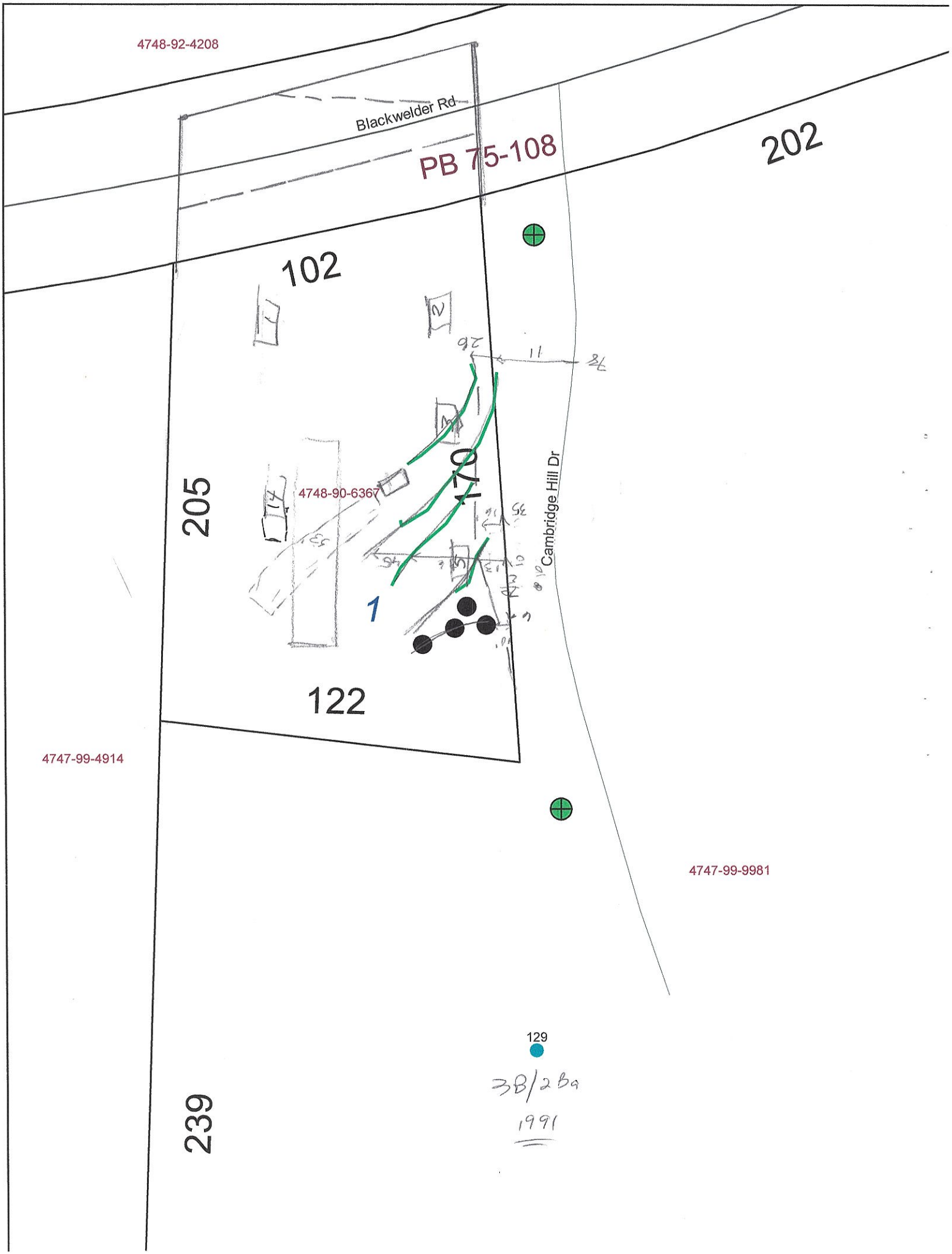
(Continuation Sheet-Complete all field in full)

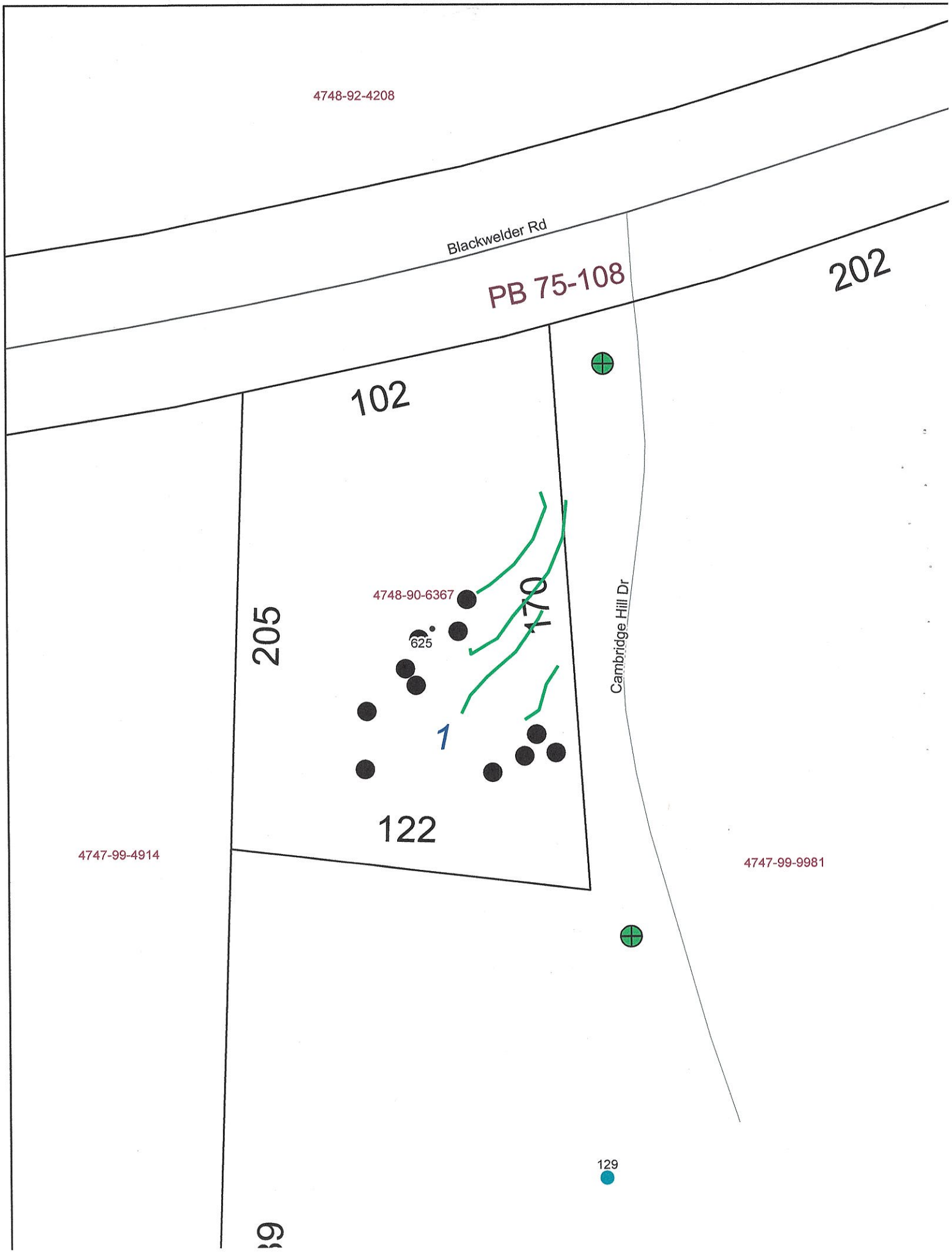
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4748 90 1636
DATE OF EVALUATION: 3/17/22
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	LS	0-5	SCL-SBK	SSSP-FR-SEXP	N/A	(44")	L	N/A	PS
		5-19	C-SBK	↓					
		19-34	CL WSBK	↓					
		34-44	L-WSBK	SSNP-FR-SEXP	sap incl common				0.3
		44-53	SAP-L-M	SSNP-FR	19"+				
	LS	0-7	SCL-SBK	SSSP-FR-SEXP	N/A	(48")	N/A	N/A	PS
		7-17	C-SBK	1"					
		17-36	CL-WSBK	SSNP-FR-SEXP					
		36-48	L-WSBK	SSNP-FR	sap incl common				0.3
					17"+				

COMMENTS:


4748-92-4208
Blackwelder Rd
PB 75-108
202
102
205
4748-90-6367
170
Cambridge Hill Dr
122
4747-99-4914
4747-99-9981
239
129
3B/2Ba
1991


4748-92-4208
Blackwelder Rd
PB 75-108
202
102
205
170
4748-90-6367
625
1
122
Cambridge Hill Dr
4747-99-4914
4747-99-9981
129

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

Sheet 1 of 2
PROPERTY ID #: 4748906367
COUNTY: Iredell

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

OWNER: Lynne Sprinkle
ADDRESS: 129 Cambridge Hill Dr Statesville NC
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240 gpd
LOCATION OF SITE: 129 Cambridge Hill Dr, Statesville
APPLICATION DATE 12/23/21
DATE EVALUATED: 2-2-22
PROPERTY SIZE: 0.57
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	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	LS 10% →	0-4	CL	SSSP-FR-SCKP	N/A	LS2 48" / 12"	N/A / HS		P.S U
		4-26	C - SBK/ABK	"					
		26-48	CL/WR	C - SSSP FI - SCKP					
		Rock @ 12" (High Side.)		/ WR					
2	10%	0-6	CL-SBK	SSSP-FR-SCKP	N/A	22"	N/A	N/A	P.S .1 Drip
		6-22	C - SBK	"					
		22-48	SAP/WR/CL	SSSP-VFI					
3	12%	0-7	FILL	—	VFI Sap Inc 36"+ & some WR	48"	N/A	N/A	P.S .275
		7-12	CL-SBK	SSSP-FR-SCKP					
		12-36	C - SBK	↓					
		36-48	CL - WSBK	↓					
4	10%	0-5	CL-SBK	SSSP FR-SCKP	VFI Sap Inc 36"+ & some WR	48"	N/A	N/A	P.S 0.275
		5-30	C - SBK	↓					
		30-48	CL - WSBK	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218'	2400 ft²
System Type(s)	25%	Drip
Site LTAR	0.275	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Meberg
OTHER(S) PRESENT: S. Holland, J. McMahon

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4748906367
DATE OF EVALUATION: 2/2/22
COUNTY: Iredell

129 Cambridge Hill

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
5	12%	0-6	CL-SBK	SSSP-FR SOUP	N/A	HS 36" / LS 48"	N/A / 1 Band LS/SL	N/A	PS 0.275
		6-24	C-SBK	↓					
		24-36	CL-WSBK						
		36-49	SAP-LS/S-M	NSNP-FR					
			CL to 48" LS						

LEGEND

use the following standard abbreviations

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

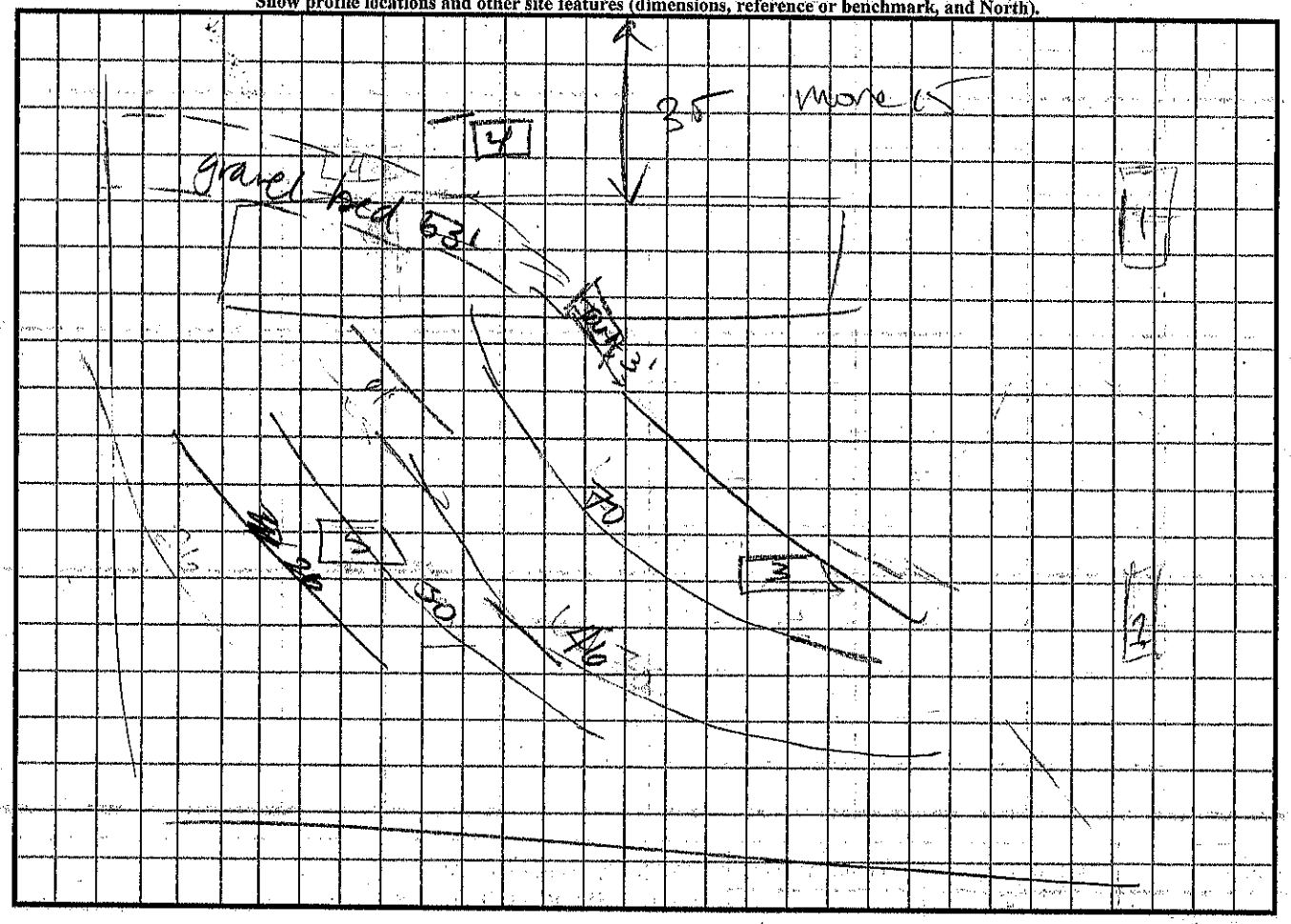
NOTES

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).



RECEIVED MAR 04 2022

3/17 DLO

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

*Comprehensive Re-layout

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-324053 $500.00

Application For: ( ) 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: Freedom Homes/Kimberly Frye Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Lynne Sprinkle Address: 129 Cambridge Hill Dr Statesville, NC Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 685 Blackwelder Rd Statesville, NC

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

Driving Directions: I-40 toward Mocksville, I-77 toward Elkin, Exit 54 R onto Turnersburg Hwy (4) Jennings Rd, (R) onto Blackwelder Rd.

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: 2
( ) 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: _____ 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Kimberly Frye 2-25-22
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

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, Lynne Sprinkle, am the legal owner(s) of the property located at 129 Cambridge Hill Dr, Statesville, NC 28, identified as PIN (Parcel Identification Number) 4747-99-9826, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Freedom Homes, 1124 Charlotte Hwy, Troutman, NC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. 28166

- 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.

X Signature of Owner(s) 10-16-21 Date

Signature of Witness 10/16/21 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

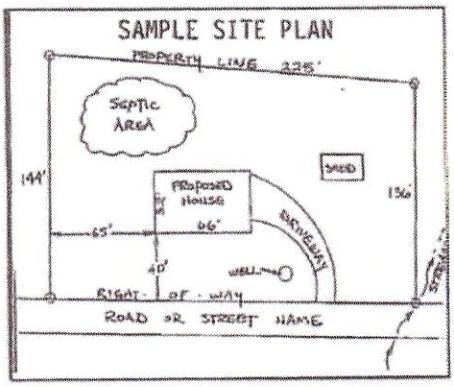
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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:

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

- Location of septic systems and wells within 100' of your property **N/A**
- Location of easements and rights of ways on your property **N/A**
- Location of any designated wetlands on the property **N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Attached

Signature: Kimberly Bryan

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

2-25-22

DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

MD

PERMIT # AP 324053

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

PIN # 4748-90-16367

APPLICANT/OWNER: Freedom Homes - Lynn Spinkle APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman NC 28166

SITE ADDRESS: 1625 Blackwelder Rd, Statesville, NC 28625 PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: (N) 77 → Exit 54 → (R) 21 → (L) Jennings → (R) Blackwelder → lot on Corner Cambridge Hill

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Brennan Dagenhart SECTION: _ LOT # 1 LOT AREA: 0.57 ac DESIGN FLOW: 240 gpd L.T.A.R.: 0.275/0.1(R)

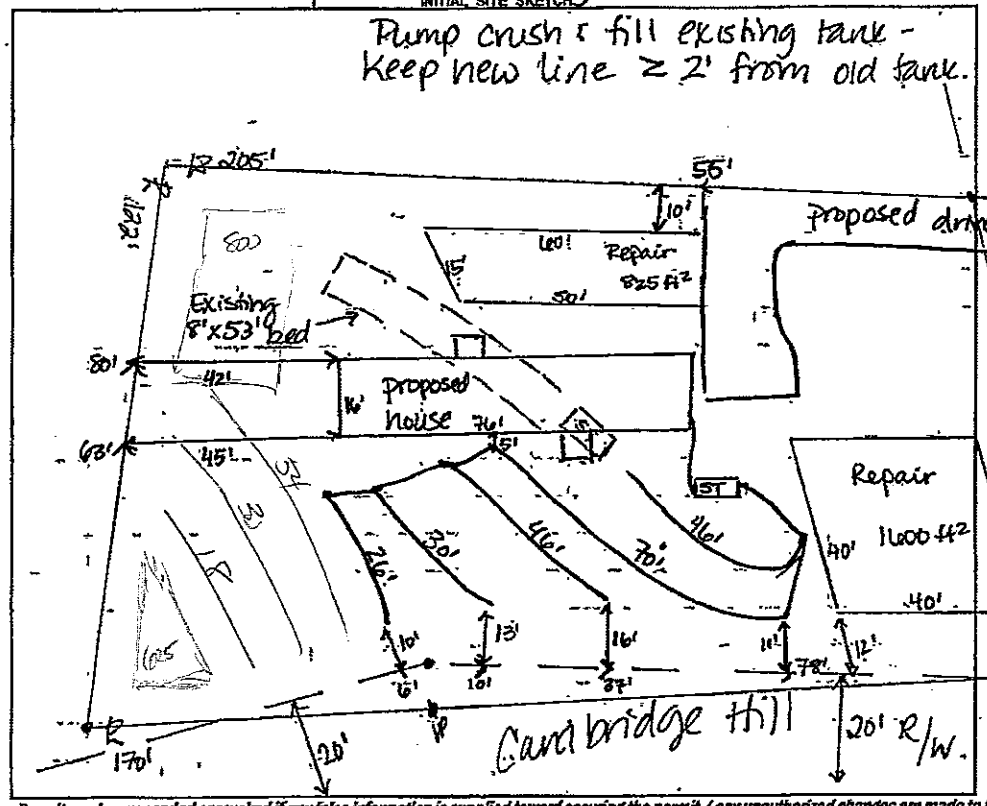
Septic Tank	1000 (gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 4	☐ Private
Pump Make		Model		Serial #		Repair System Description:	Drip - 2425 ft²			☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	225'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Do not pave, grade, drive, park or bury Lot lines in drainfield. Install on contour Ensure R/W clearly marked during installation

Keep decks 5' from any part of septic, NO foundation drains allowed on front of home.

Lot recorded 75, 108

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.

COPY

Sep/scale, water supply

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: Kimberly Lowe Date: 2/18/22 Installed by:

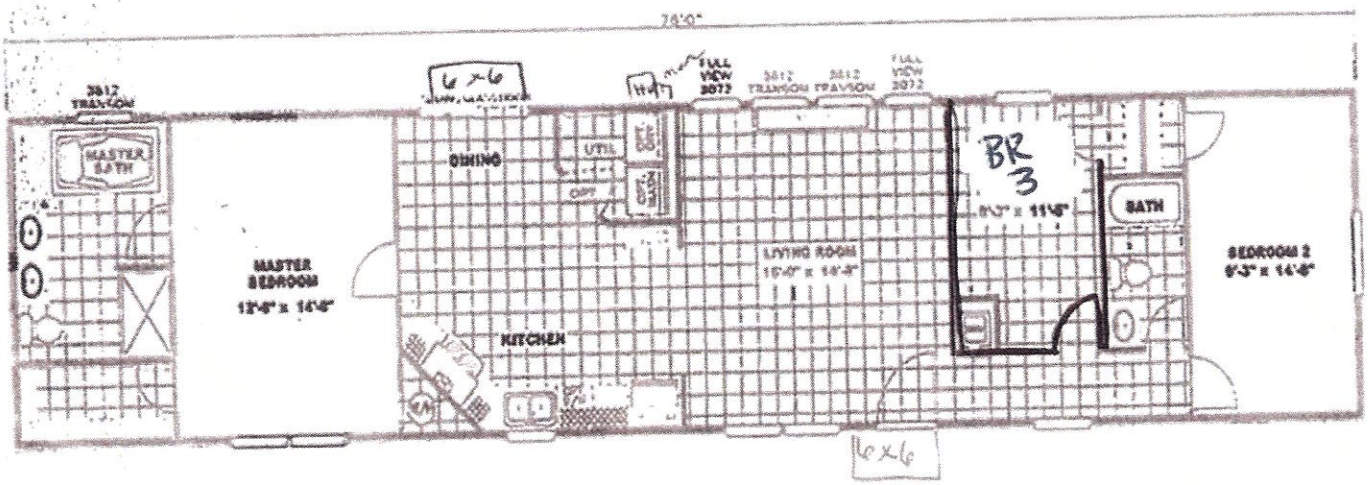
IMPROVEMENT PERMIT by: D. Wieberg Date: 2/15/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 2/15/22 Existing System Inspected by: Date:

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

x Kimberly Kruger
16x16 BR #3
2-25-2022

THE ANNIVERSARY



ASK ABOUT THE ENERGY SMART HOME

FREEDOM HOMES

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

Find us on
Office: 704.528.7960
Fax: 704.528.7355

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324053 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4747999926.000	129 CAMBRIDGE HILL DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: SPRINKLE LYNNE R	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address: 129 CAMBRIDGE HILL DR STATESVILLE, NC 28625	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
9.51	35	35	15	15	N/A	NO

Remarks

SINGLE WIDE**NEED ZD

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

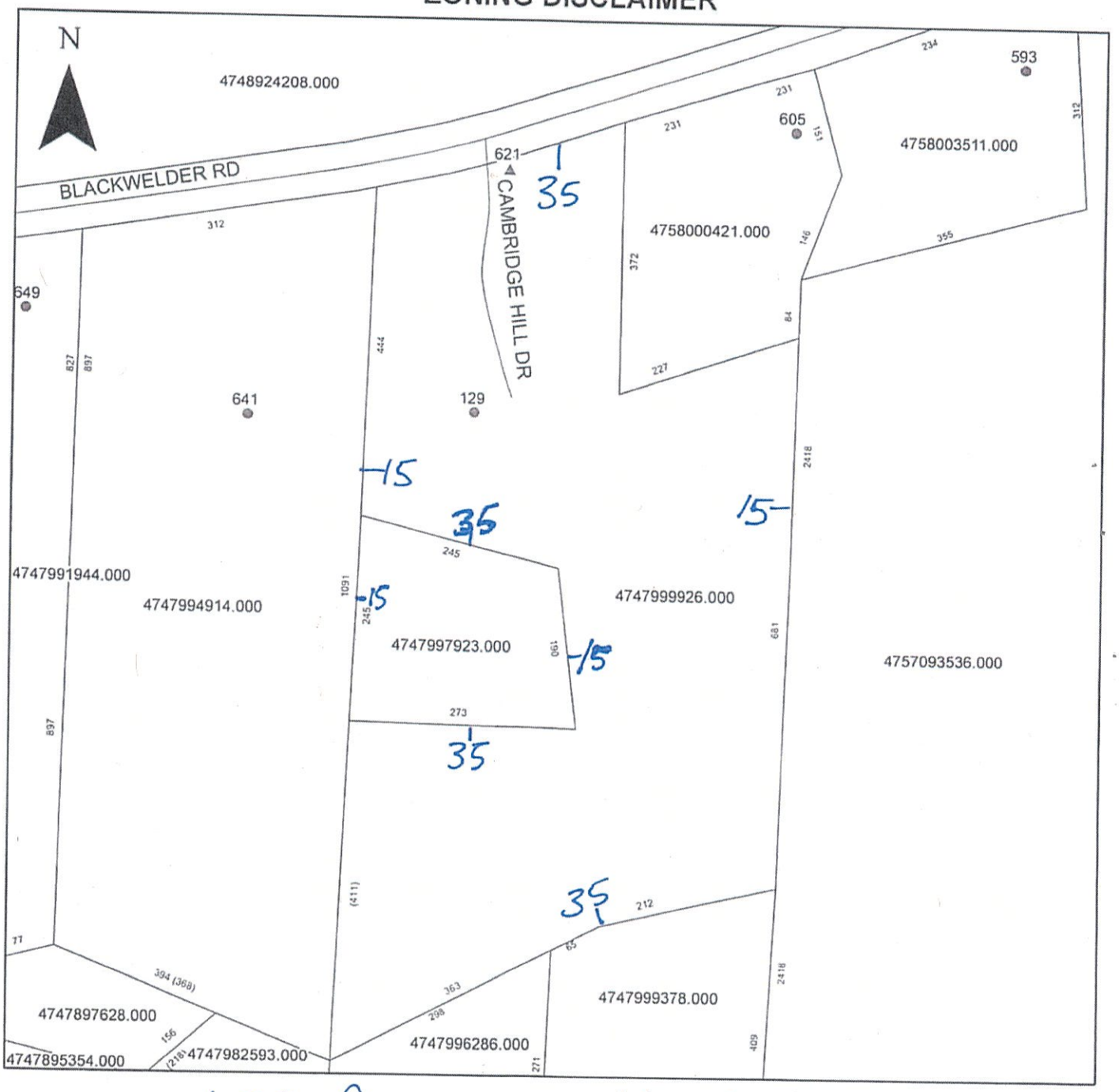
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 12/20/2021

Permit Number	324053	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 129 Cambridge Hill Dr.

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

Kimberly Lange
Applicant

12-22-21
Date