BCW

# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321145

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

PIN # 4704 -58 -7296

APPLICANT/OWNER: David Jarden APPLICANT ADDRESS: PO Box 37 Scotts NC

SITE ADDRESS: 135 Conlee Drive Olin NC 28660 PHONE: 704-902-0461 ALT. PHONE 704 929-9930

SITE DIRECTIONS: I-77 N to Tomlin Mill R on Jennings L on Rardor R on Conlee SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Trivett Acres SECTION: - LOT # 2 LOT AREA: 0.91 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .3

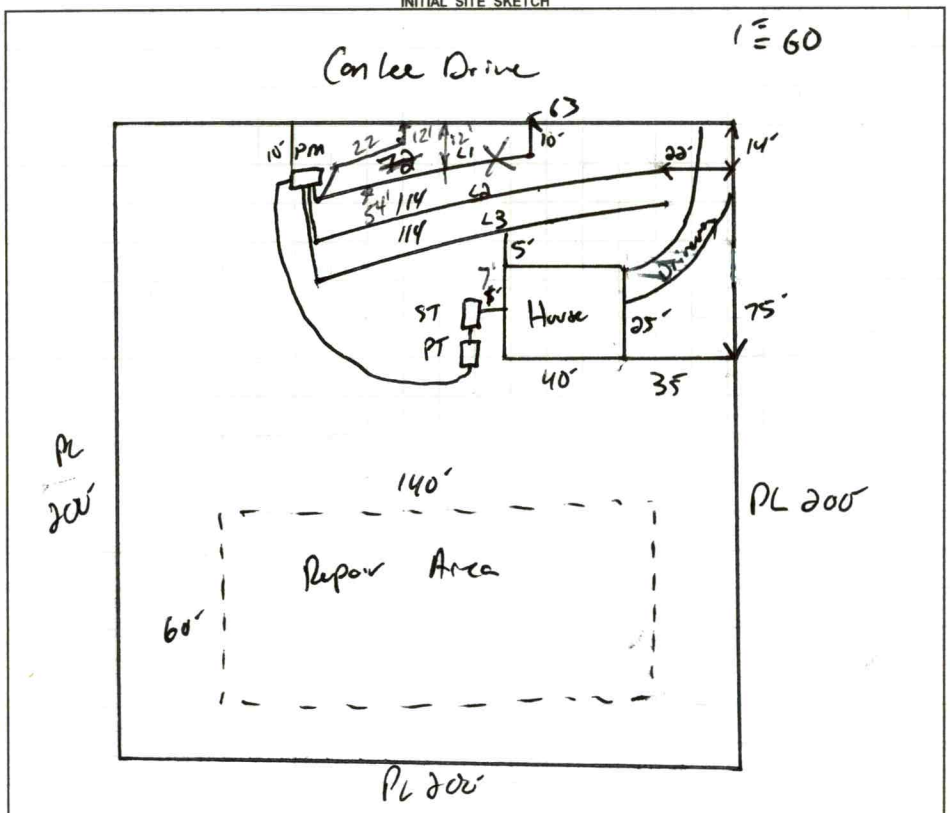
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 7-18-2023 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 3 |
| Pump Tank | 1000 (gal) | PT | 363 | Date | 7-24-2023 | System Description: | 25% Reduction | ☐ Business | No. Persons 6 |
| Pump Make | 20 ELLER | Model | BW452-D | Serial # | 2K23-20X | Repair System Description: | 50% Reduction | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 3 | Linear Ft | 300 | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space |
| Trench Width | 36" | Trench Bottom Depth(~~Low side~~) | 24"-36" | Gravel Depth | | ☐ GRAVITY ☒ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

**Water Supply**: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on center of land use Pressure Manifold for distribution.

| | | |
|---|---|---|
| L1 | 1/2 sch 40 top | 27.31 gal Flow |
| L2 | 3/4 sch 80 top | 136 Dose Volume |
| L3 | 3/4 sch 80 top | 6.4 drop down |

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.**

9-5-2023 BCW
P.M. ✓
SUPPLY ✓
FLOATS ✓
TANKS ✓
DRAINLINES ✓
PRESSURE HEAD ✓

INSTALLED AS SHOWN

NEED ELECTRICAC AND ALARM

ELECTRIC SW 5/2/2024

Alarm MW 5/3/24

*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: 11/29/21 Installed by: ABEE'S GRADING

IMPROVEMENT PERMIT by: [signature] Date: 10-19-21 OPERATION PERMIT by: [signature] Date: 5/3/24

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10-19-21 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? _____ | |

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

Sheet 1 of 1
PROPERTY ID #: 4749587296
COUNTY: Iredell

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

OWNER: Jordan Investments
APPLICATION DATE 9-2-2021
ADDRESS: 135 Conlee
DATE EVALUATED:
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: .91 Acres
LOCATION OF SITE: Conlee
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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | SS 3-4% | 0-10 | fill | F, SS SPS Sap | N/A | 60+ | N/A | 0-12 | PS .3 |
| | | 10-36 | SBK C | | | | | | |
| | | [illegible] | | | | | | | |
| | | 36-60 | CL | | | | | | |
| 2 | SS 3-4% | 0-9 | Fill | | N/A | 60+ | N/A | 0-9 | PS .3 |
| | | 9-45 | C | | | | | | |
| | | 45-60 | CL | | | | | | |
| 3 | SS 3-4% | 0-32 | Fill | | N/A | 72+ | N/A | 0-32 | PS .3 Dep |
| | | 32-38 | SBK SCL | | | | | | |
| | | 38-62 | SBK C | | | | | | |
| | | 62-72 | SBK CL | | | | | | |
| 4 | SS 3-4% | 0-26 | Fill | | N/A | 72+ | N/A | 0-26 | PS .3 Dep |
| | | 26-32 | SBK SCL | | | | | | |
| | | 32-56 | SBK C | | | | | | |
| | | 56-72 | SBK CL | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 300+ | 200+ |
| System Type(s) | 25% | 50% |
| Site LTAR | .3 | .3 |

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

COMMENTS:

Updated February 2014

# LEGEND

***use the following standard abbreviations***

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

| MOIST | WET |
|---|---|
| VFR (Very Friable) | NS (Non-sticky) |
| FR (Friable) | SS (Slightly Sticky) |
| FI (Firm) | S (Sticky) |
| VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| 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.

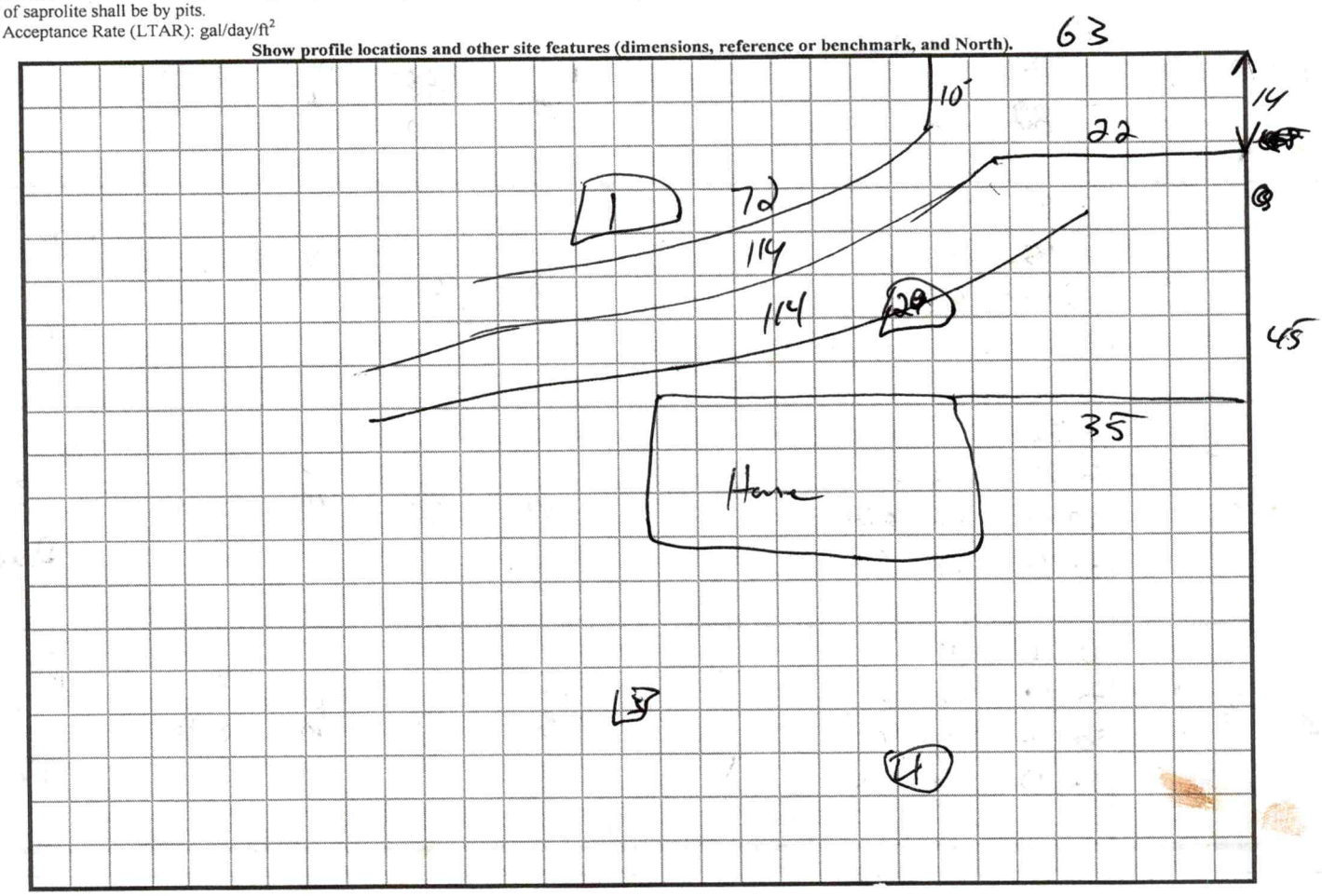
***NOTES***

| | |
|---|---|
| *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/ft$^2$

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



RECEIVED SEP C 7 2021 Request James Boggs

**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-321145 $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: (X) 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: JORDAN INVESTMENTS LLC Address: P.O. Box 37 Scotts NC Zip: 28699
Applicant Email: david@jordanlandsurveying.com Phone: 704-902-0461 Alt. Phone: 704 929-8930
Owner Name: SAME Address: SAME Zip: _____
Owner Email: SAME Phone: SAME Alt. Phone: SAME

**Property Information:**

Street Address: 135 CON-LEE DR. OLIN, NC 28660
Subdivision Name: RE-COMBINATION PLAT FOR TRIWALL ACRES Section/Phase: P.B. 72, P655 Lot Number: 2
Driving Directions: I-77 N. TO TOMLIN LEFT ON JENNINGS RIGHT- FRIENSHIP RIGHT ON RAIDER LEFT ON CON-LEE

**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: 5
( ) 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:** _____ 9-2-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) David B. L- JORDAN INVESTMENTS

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**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

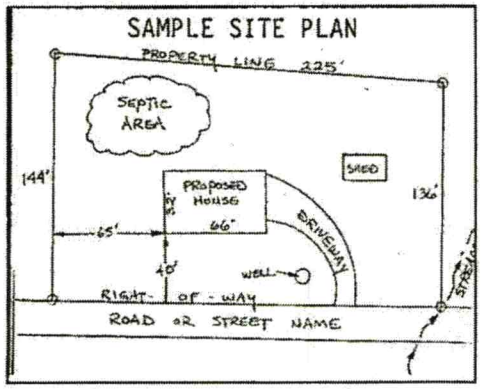
**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# 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:**

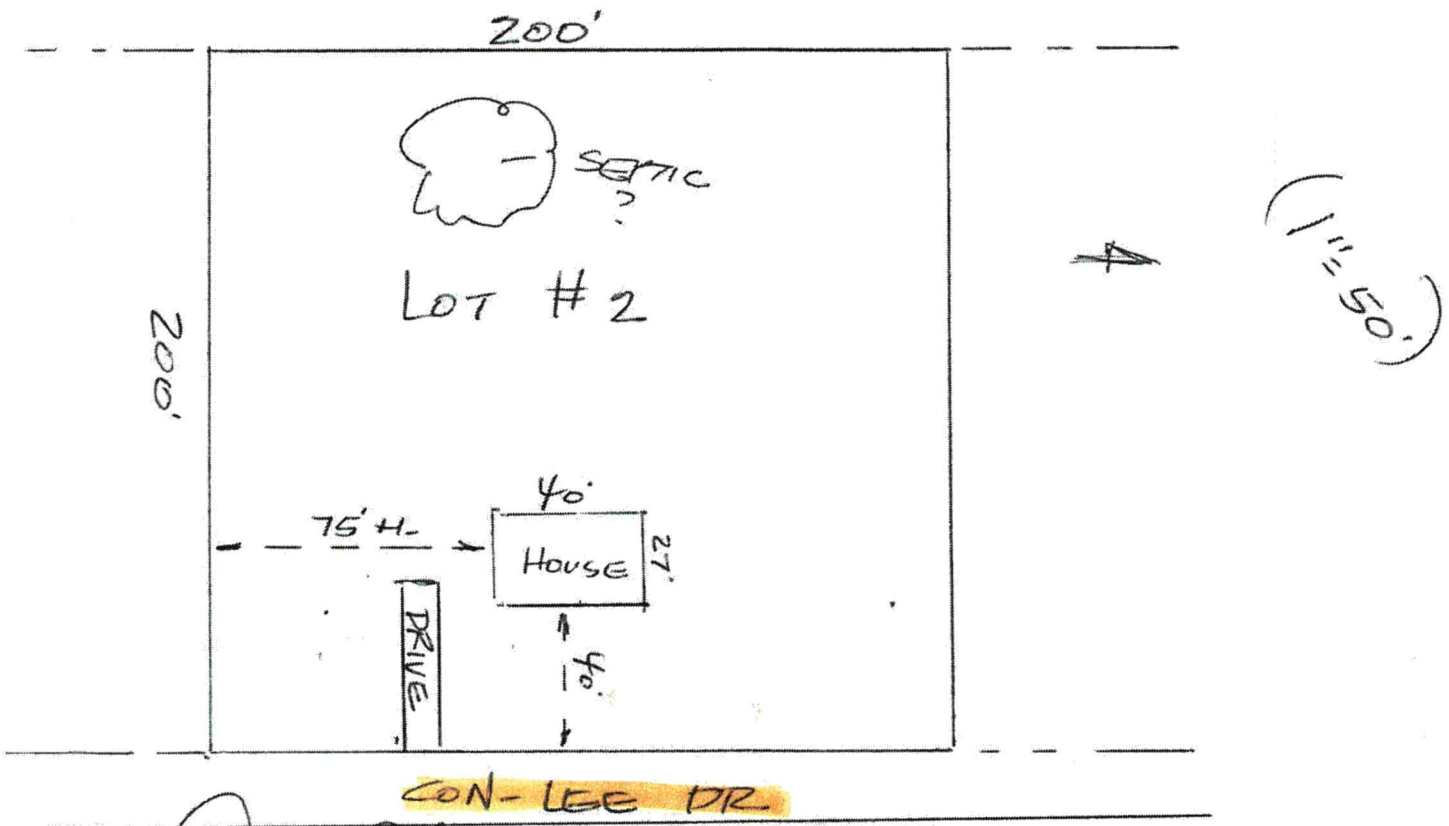
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other 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***




**Signature:** _____ 9-2-21

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

Type: CONSOLIDATED REAL PROPERTY
Recorded: 8/20/2021 9:38:49 AM
Fee Amt: $56.00 Page 1 of 3
Revenue Tax: $30.00
Iredell County, NC
Maureen P. Purcell Register of Deeds

BK 2843 PG 1309 - 1311

# NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $ 30.00

Parcel Identifier No._____ Verified by _____ County on the ____ day of_____, 20____
By:_____

Mail/Box to: Grantee

This instrument was prepared by: Russell W. Chapman, Jr., Attorney at Law

Brief description for the Index:_____

THIS DEED made this 20th day of August, 20 21, by and between

| GRANTOR | GRANTEE |
|---|---|
| Triwall Acres, LLC, a NC LLC<br>160 Ebenezer Road<br>Statesville, NC 28625 | Jordan Investments, LLC<br>PO Box 37<br>Scotts, NC 28699 |

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the City of _____, Olin Township, Iredell County, North Carolina and more particularly described as follows:

Legal description attached



NC Bar Association Form No. 3 © 1976, Revised © 1977, 2002, 2013
Printed by Agreement with the NC Bar Association – 1981

This standard form has been approved by:
North Carolina Bar Association – NC Bar Form No. 3

Page Count: 3

The property hereinabove described was acquired by Grantor by instrument recorded in Book _____ page _____.
All or a portion of the property herein conveyed ___ includes or _X_ does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book _____ page _____.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

Triwall Acres, LLC
(Entity Name)

By: _____

Print/Type Name & Title: Barry Mitchell
Manager

By: _____
Print/Type Name & Title: _____

By: _____
Print/Type Name & Title: _____

_____ (SEAL)
Print/Type Name: _____

_____ (SEAL)
Print/Type Name: _____

_____ (SEAL)
Print/Type Name: _____

_____ (SEAL)
Print/Type Name: _____

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, 20___.

My Commission Expires: _____
(Affix Seal)

_____ Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, 20___.

My Commission Expires: _____
(Affix Seal)

_____ Notary Public
Notary's Printed or Typed Name

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County or City of Iredell and State aforesaid, certify that Barry Mitchell personally came before me this day and acknowledged that he is the Manager of Triwall Acres, LLC, a North Carolina ~~or~~ _____ ~~corporation~~/limited liability company/~~general partnership/limited partnership~~ (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this 20th day of August 2021.

My Commission Expires: 10/6/23
(Affix Seal)

Patricia C. Abbott
Notary Public
Iredell County, NC
My commission Expires 10/6/23

Patricia C. Abbott
_____ Notary Public
Notary's Printed or Typed Name



NC Bar Association Form No. 3 © 1976, Revised © 1977, 2002, 2013
Printed by Agreement with the NC Bar Association – 1981

This standard form has been approved by:
North Carolina Bar Association – NC Bar Form No. 3

PIN: 4749-58-7296
MAP NO: 08-13G02000A31
Address: 135 Con Lee Drive, Olin, NC 28660

BEING ALL OF LOT NO. TWO (2) of a Recombination Plat for Triwall Acres, LLC Property as the same is platted, planned and recorded at Plat Book 72, Page 55, in the Iredell County Registry, and being all of Lots 121-128 of Con-Lee Heights Subdivision as the same is platted, planned and recorded at Plat Book 9, Page 40, Iredell County Registry; and being a portion of the property conveyed to Triwall Acres, LLC by general warranty deed dated November 19, 2019 and recorded in Deed Book 2659, Page 950, Iredell County Registry.

277/88

project manager will authorize the invoice to be paid. Payment

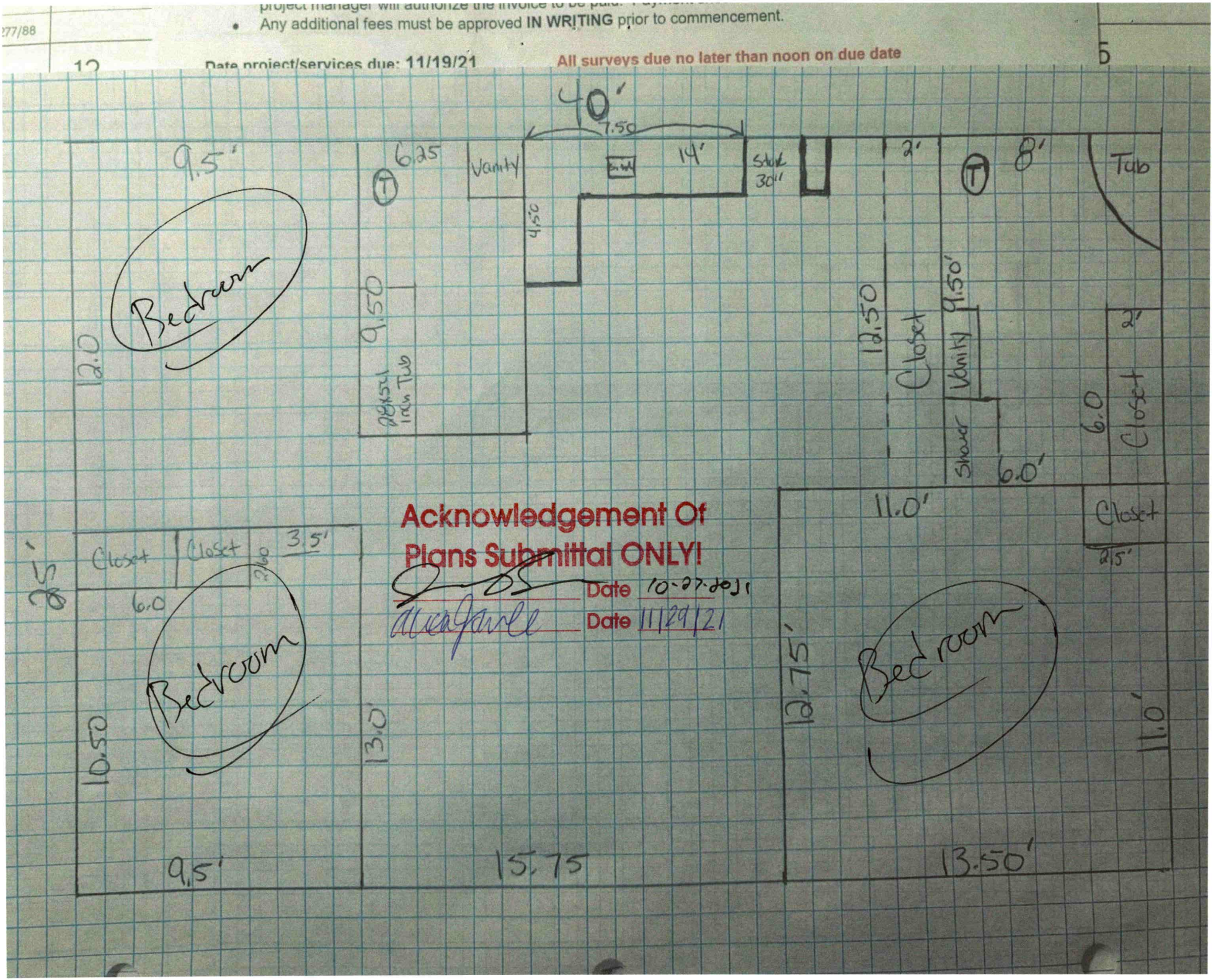
- Any additional fees must be approved **IN WRITING** prior to commencement.

12

**Date project/services due: 11/19/21**

**All surveys due no later than noon on due date**

5



IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 321145<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4749587296.000 | 135 CON LEE DR | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: JORDAN INVESTMENTS LLC | Name: JORDAN INVESTMENTS |
| Address: | Address: 135 CON-LEE DR |
| | OLIN, NC 28660 |
| Phone: | Phone: (704)902-0461 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.917 | 35 | 35 | 15 | 15 | | NO |

| Remarks |
|---|
| SFD |

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:** 09/03/2021

Signature of Owner/Contractor

| Permit Number | 321145 | TOTAL FEES: | $77.25 |
|---|---|---|---|