ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324521

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

PIN # 4730 --29 --4201

APPLICANT/OWNER: Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 203 Summertree Dr, Troutman NC 28166 PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: 21(N) → (R) Ostwalt Amity → (R) Franklin Woods into Rainwood → (R) Summertree

WATER SUPPLY CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Summertree SECTION: LOT # 47 LOT AREA: 1.14 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.275

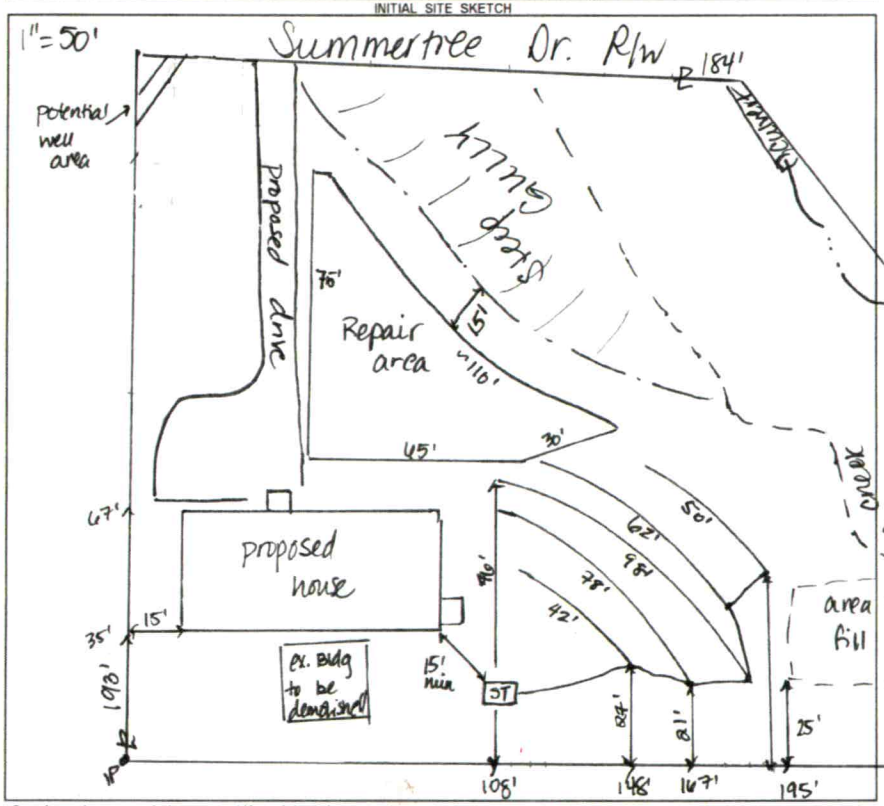
Septic Tank	1000	(gal)	STB 760	Date	4-27-22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	330	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	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.

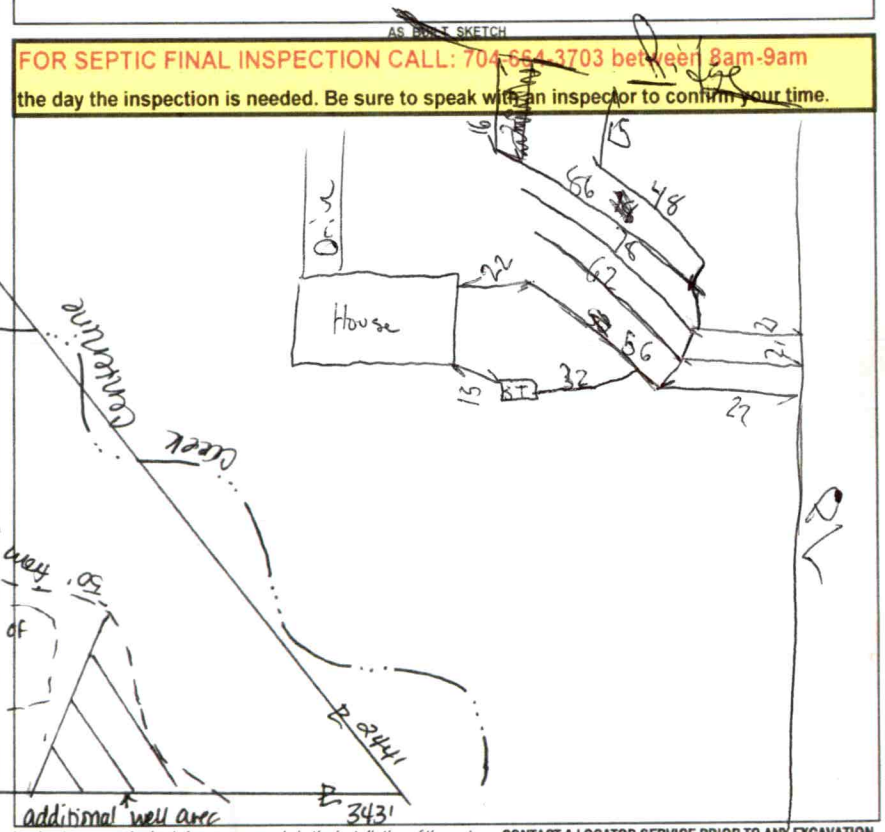
Stay 15' from edge of gully, 15' off side of house.

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.



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: 2/21/22 Installed by: Chris Frye

IMPROVEMENT PERMIT by: D. Webers Date: 2/20/22 OPERATION PERMIT by: [signature] Date: 6/9/22

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

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP 324521**

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

PIN # 4750 --29 --4201

APPLICANT/OWNER: Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 203 Summertree Dr, Troutman NC 28166 PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: 21(N) → (R) Ostwalt Amity → (R) Franklin Woods into Rainwood → (R) Summertree ACCESS CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Summertree SECTION: LOT # 47 LOT AREA: 1.14 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.275

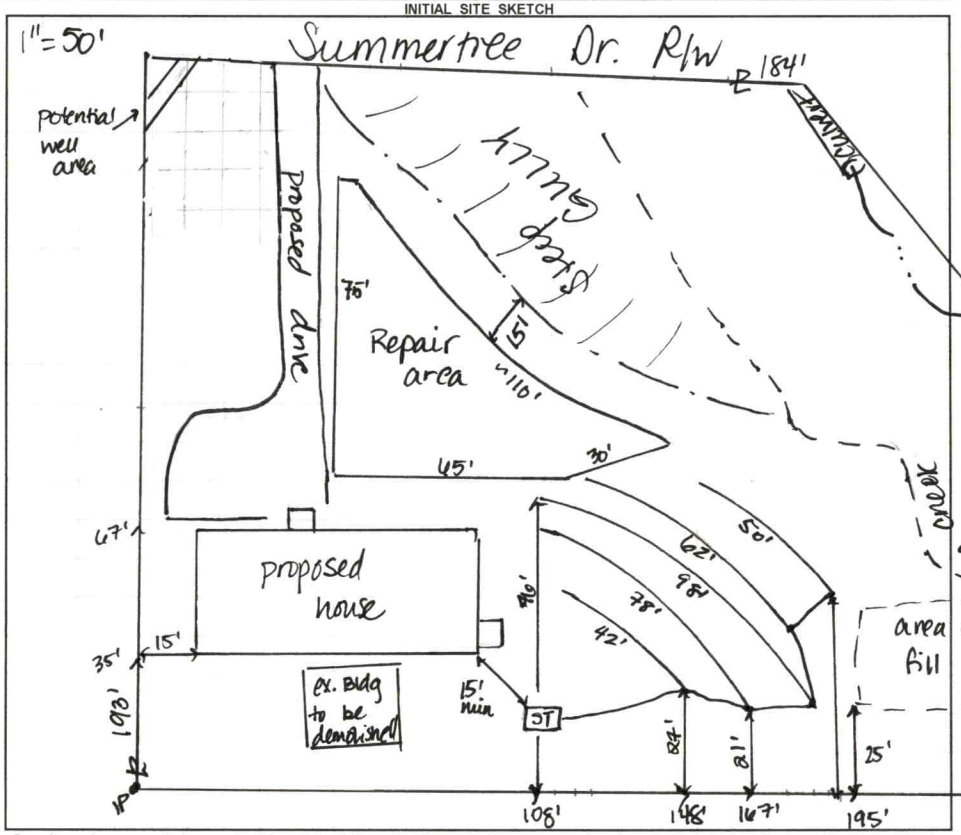
Septic Tank	1000	(gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank		(gal)	PT	Date	System Description:	25% Reduction			☐ Business	No. Persons	6
Pump Make		Model		Serial #	Repair System Description:	50% Reduction			☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	5	Linear Ft: 330	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	
Trench Width	36"	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.

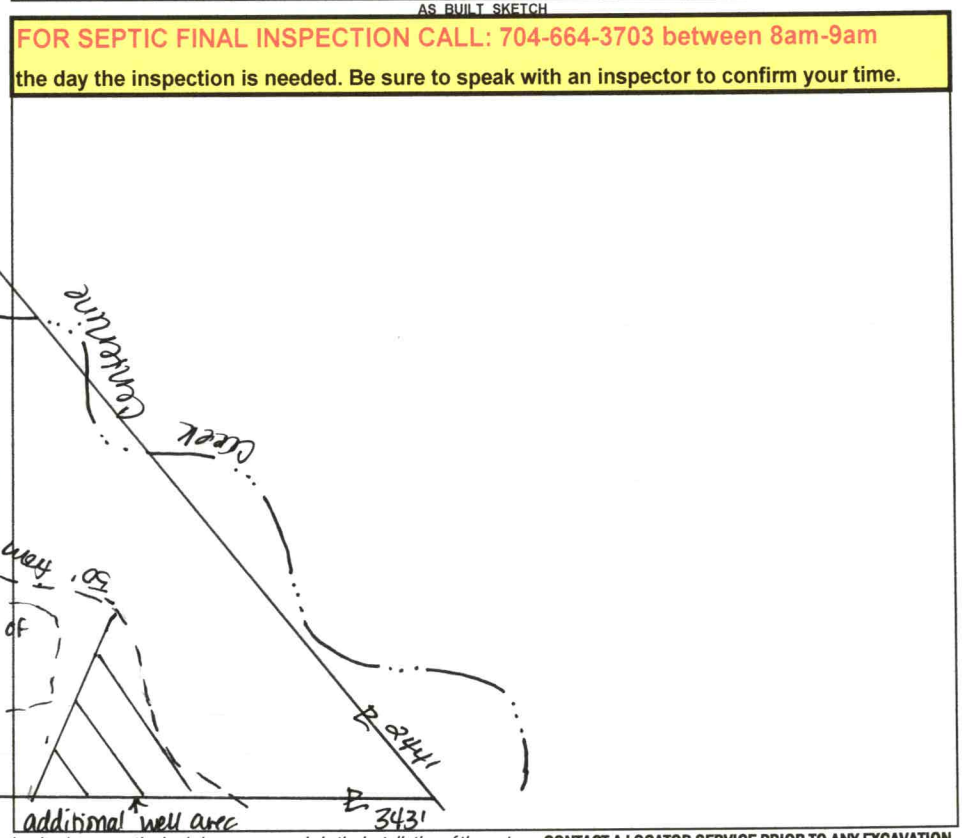
Stay 15' from edge of gully, 15' off side of house.

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.



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 Long Date: 2/21/22 Installed by:

IMPROVEMENT PERMIT by: D. Webber Date: 2/20/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Webber Date: 2/22/22 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 2
PROPERTY ID #:
COUNTY: Iredell

Recorded?

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

OWNER: Kim Smith — APPLICATION DATE 1/24/22
ADDRESS: 207 Summertree Dr Troutman NC 28166 — DATE EVALUATED: 2/11/22
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 1.14 ac
LOCATION OF SITE: 203 Summertree Dr, Troutman NC 28166 — PROPERTY RECORDED: ND
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	LS 12%	0-8	FILL	—	N/A	52"	N/A	N/A	PS 0.3
		8-17	SCL - SBK	SSSP-FR-SEKP					
		17-34	C - SBK	↓					
		34-52	CL - WSBK						
2	LS 10%	0-5	SCL - SBK	SSSP-FR SEKP	2.5Y 7/3 & 4 39"+ (HS) mn staining 28"-32"+	53"			PS 0.275 TB @ 18"
		5-32	C - SBK/ABK	↓					
		32-53	CL - WSBK/ABK						
3	LS 15%	0-22	FILL	—	YBs 35"+ - minimal mn deposit @ 46" - some clay veins in CL	52"	N/A	N/A	PS w/ grading 0.275
		22-35	C - SBK/ABK	SSSP-FR-SEKP					
		35-52	CL - SBK	SSSP-FR-SBKP					
4	LS 10%	0-8	SCL - SBK	SSSP-FR-SEKP	N/A	48"	N/A	N/A	PS
		8-32	C - SBK	↓					
		32-48	CL - SBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328	/
System Type(s)	25%	50%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wiebers
OTHER(S) PRESENT: M. Wilkinson

COMMENTS: mica common throughout

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)	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.

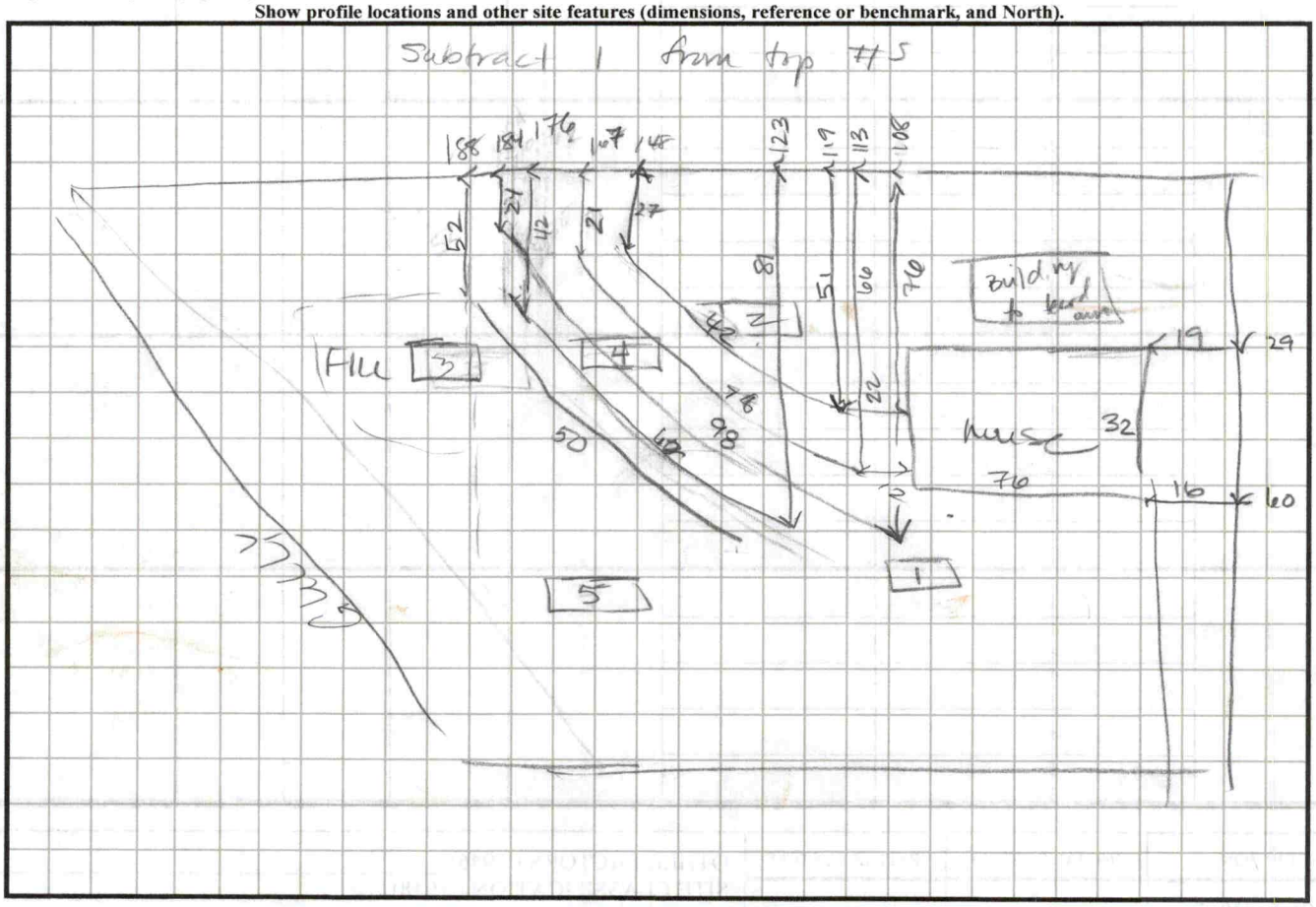
NOTES

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).



(5)

0.8

8.27

27-51

156

2.5Y 7/2 @ 40"

YES 30" +

0.275

TB 24" max

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 #: _____
DATE OF EVALUATION: _____
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
5	12%	0-8	SCL-SBK	SSSP-FR-SEXP	2.5Y 7/2 @ 40"	51"	N/A	N/A	0.275
		8-27	C-SBK	"					TB 24 max
		27 51	CL-WSBK	SSSP FR/FI-SEXP					
					YB 36"+				

CONNECTGIS WEB HOSTING

North Carolina Iredell County

1:40 Feet



New Property Line
N 84°13'43"W 192.81'
R/W (P.B. 22, Pg.118)
Summertree Drive
Building Envelope
Existing Dwelling
1.14 Acre
(#1)
N 37°34'31"E 388.10'
The Line
N 85°00'03"E 243.74'
(#2)
P.B. 22, Pg. 118
S 35°16'48"W
The Line
S 35°08'01"W 243.12'
N 37°27'
184.10'

CONNECTGIS WEB HOSTING

North Carolina Iredell County

1:40 Feet



2/7 1300

RECEIVED JAN 2 4 2022

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-324521 $500.00

Application For:
(X) 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 NC **Zip:** 28166
Applicant Email: Kimsneed.Sneed04@gmail **Phone:** 704-881-2326 **Alt. Phone:** _____
Owner Name: Kim Smith **Address:** 209 Summertree DR Troutman NC **Zip:** 28166
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 203 Summertree DR Troutman NC 28166
Subdivision Name: Summertree **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: I-77 toward Charlotte, Exit 42, (L) onto Charlotte Hwy, (R) onto Ostwalt Amity Rd, (R) onto Franklin Woods Lane, Straight Rainwood DR, (R) Summertree. 23M Lot on left

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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:** _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____
(X) 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 (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.

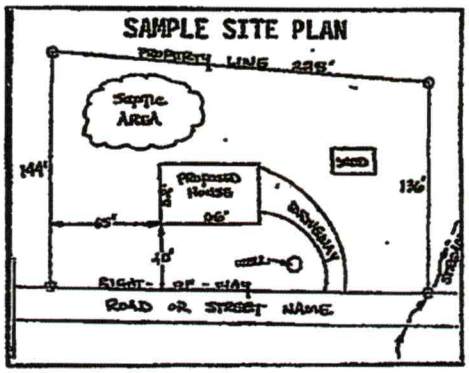
Signature: Kimberly Frye 1-10-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!



Place an (X) beside each item as you complete the site plan:

- (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**
- ( ) **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

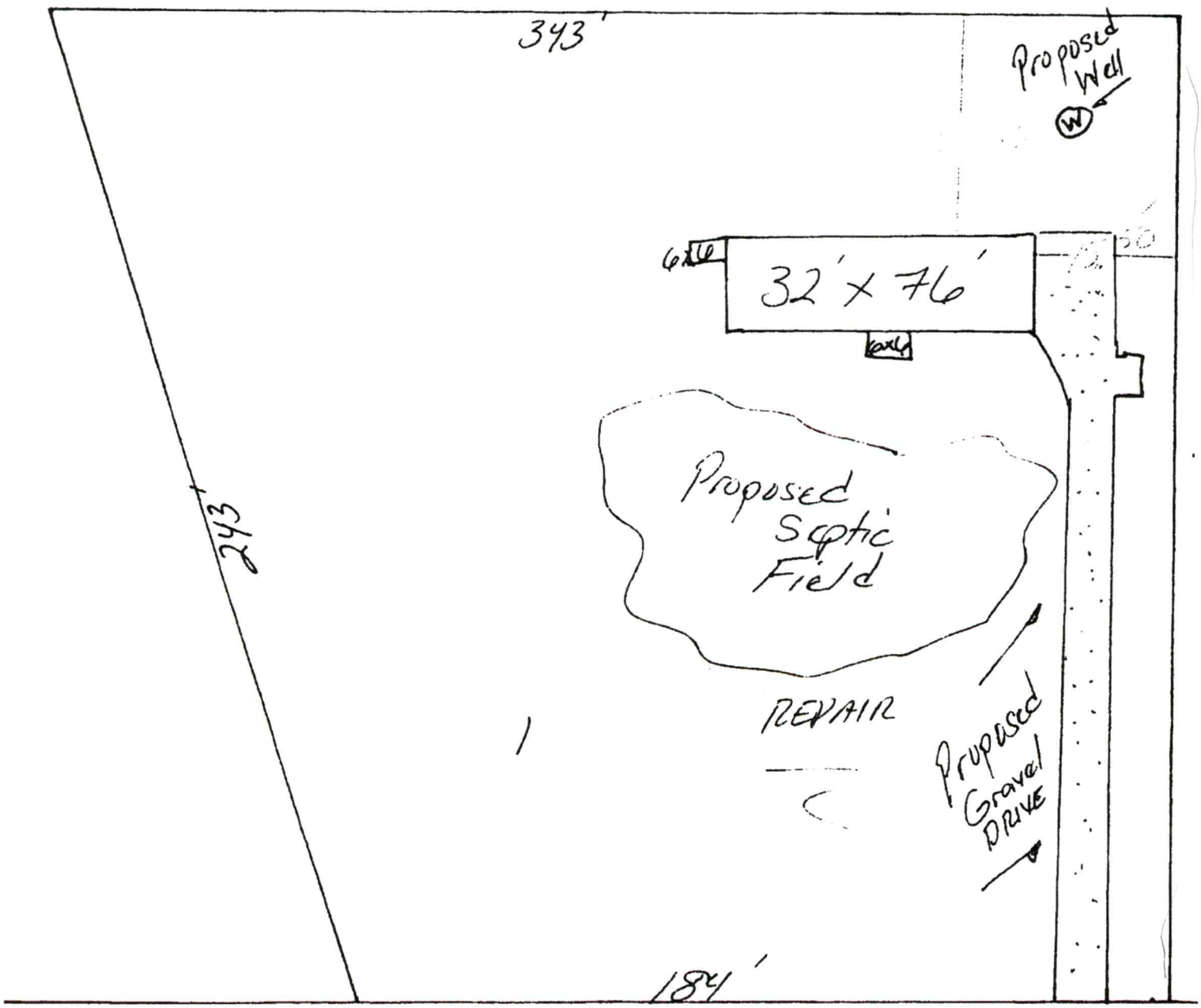
Attached

Signature: Kimberly Page
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-10-22
DATE

PLOT PLAN
N.T.S.

SMITH
TBD SUMMER TREE DR.
TROUTMAN



SUMMER TREE DRIVE

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, KIM SMITH, am the legal owner(s) of the property located at Summer Tree Drive Troutman NC 28166, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Kim Yvonne Smith 12-15-21 _____ 12-15-21
Signature of Owner(s) Date 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 · NC

IREDELL COUNTY

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

APPLICATION NUMBER
324521 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4750293157.000	203 SUMMERTREE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: SMITH DOUGLAS R+KIM Y	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.89	35	35	15	15		NO

Remarks

DOUBLE WIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. 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 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.

SEE ATTACHED

Signature of Owner/Contractor

PAID

Date: 01/20/2022

Permit Number	324521	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) *No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide✓ Pier___ Addition___ Bedroom addition___

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

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

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

Please describe project (Details, Purpose, or Use): _____

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

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

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

Owner Information

Property Owner's Name Kim Smith Phone # _____

Owner's Current Address 209 Summertree DR Troutman NC 28166

Property Information

Property Address 203 Summertree DR Troutman NC 28166 Parcel # _____

Subdivision: Summertree Lot:___ Zoning:___ Watershed: Y / (N) Flood Plain: Y / (N) Township:_____

Directions to property (from a MAIN ROAD) I-77 toward Charlotte, Exit 42, (L) onto Charlotte Hwy, (R) onto Ostwalt Amity Rd, (L) onto Franklin Woods LN, Straight into Woodside, (L) Summertree DR, .23 miles lot on left.

Application Information

Applicant's Name or Company Freedom Homes Applicant's Phone # 704-528-7960

Applicant's Address 1124 Charlotte Hwy Troutman NC 28166

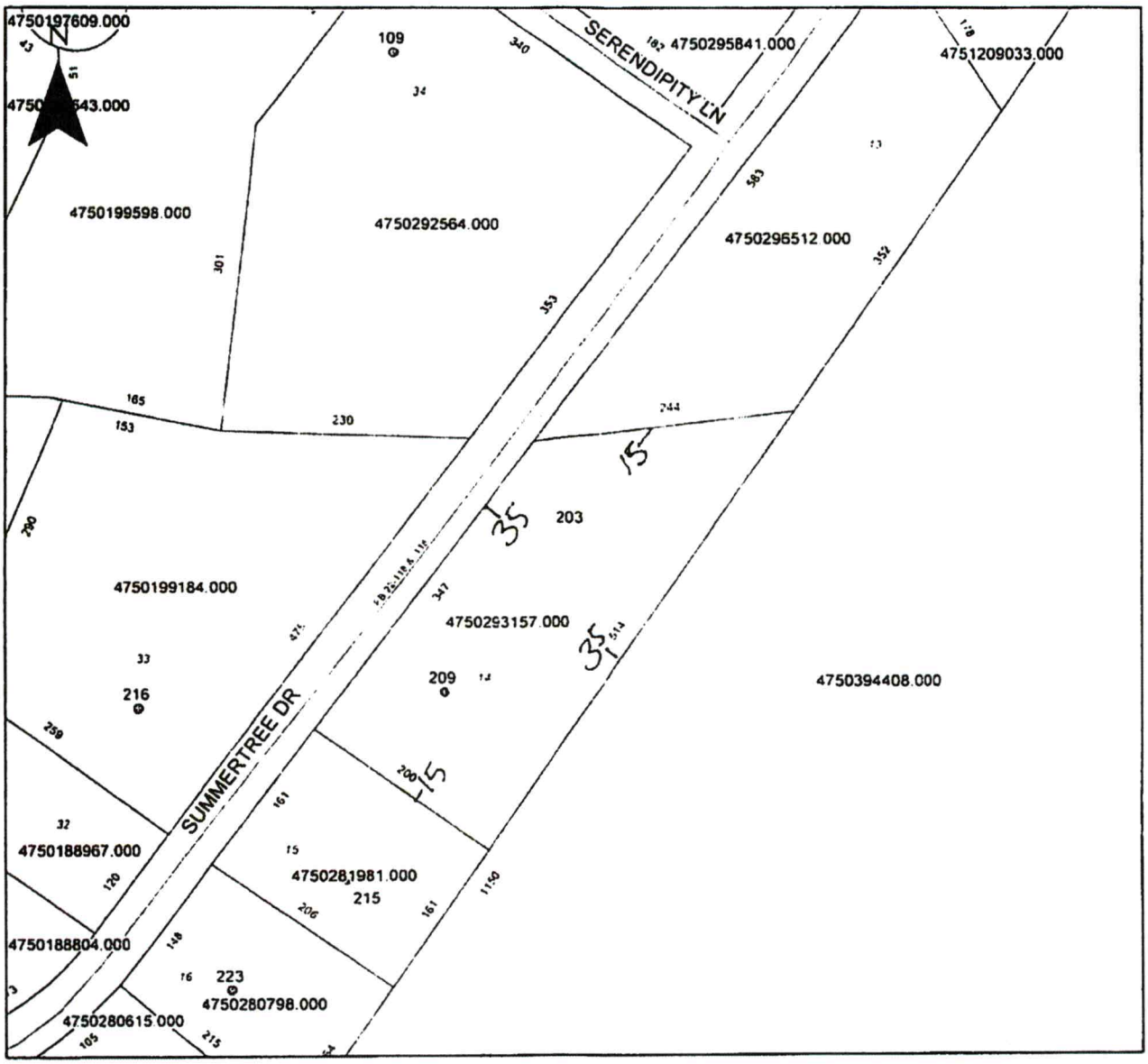
If Company, Representative's Name and Title Kimberly Frye / Site Coordinator

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

SIGNATURE OF APPLICANT Kimberly Frye DATE 1-10-22

324/521

ZONING DISCLAIMER



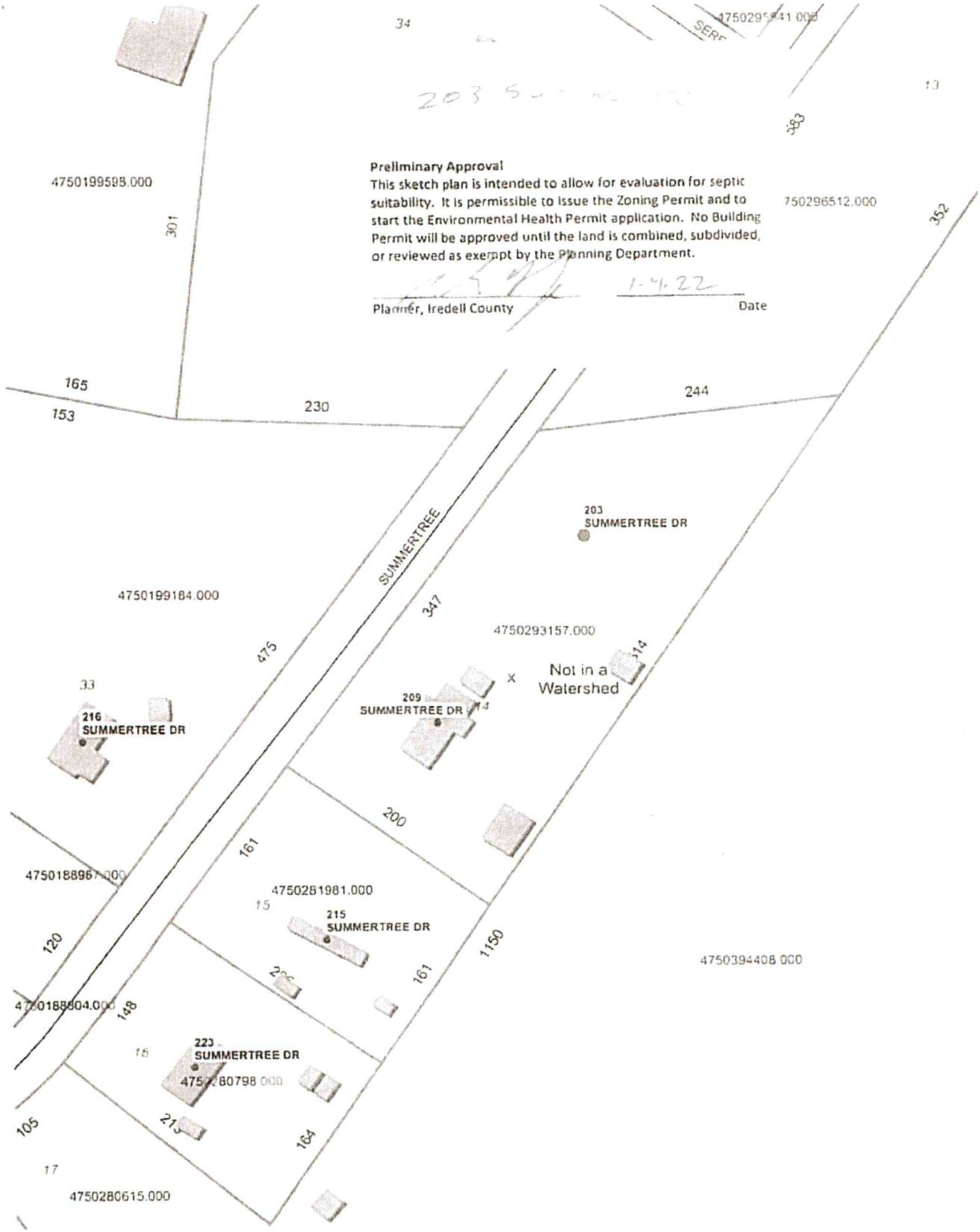
Property Address 203 Summertree Dr.

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.

Applicant

1-20-22
Date

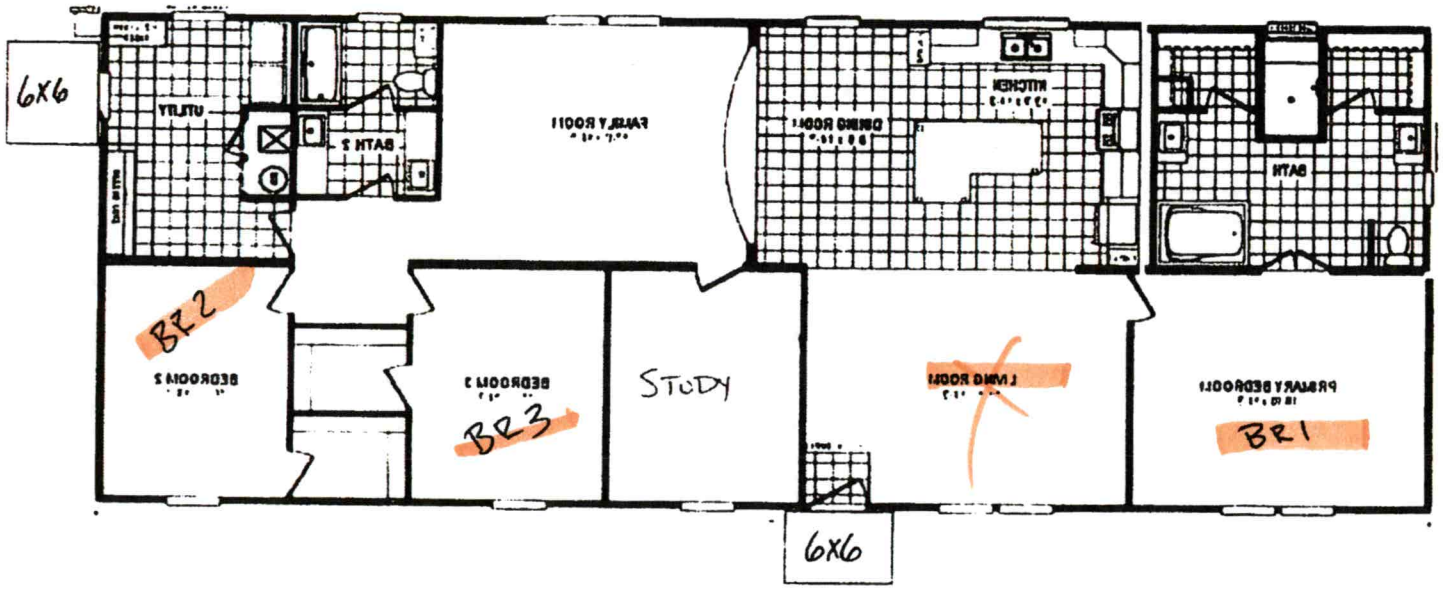
Smith


34
4750295841.000
203 Summertree Dr
13
383
4750199598.000
301
Preliminary Approval
This sketch plan is intended to allow for evaluation for septic suitability. It is permissible to issue the Zoning Permit and to start the Environmental Health Permit application. No Building Permit will be approved until the land is combined, subdivided, or reviewed as exempt by the Planning Department.
Planner, Iredell County
1.4.22
Date
750296512.000
352
165
153
230
244
SUMMERTREE
203 SUMMERTREE DR
4750199184.000
347
4750293157.000
475
Not in a Watershed
314
33
216 SUMMERTREE DR
209 SUMMERTREE DR
200
161
4750188967.000
4750281981.000
15
215 SUMMERTREE DR
120
1150
4750394408.000
4750188804.000
148
18
223 SUMMERTREE DR
4750280798.000
105
164
17
4750280615.000

Kimberly Gray 12-16-21

RACHEAL SMITH
32'x76'
SAVANNAH

3 BEDROOM, 2 BATHROOM
1 STUDY
DOUBLE WIDE.



Acknowledgement Of Plans Submittal ONLY!

_____ Date _____

_____ Date 5/20/22