DEVELOPER PERMIT

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 141232zO
Proposed Use: Single Family
Location of Property: 122 Colonial Congress WAY Troutman NC 28166
Parcel #: 4750716407.000
Lot #: 10 Size: 0.714
Applicant: Edwards Construction, Inc
Address: 2419 Henry Baucom Road
Monroe NC 28110
Phone: 704-753-5310
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Georgia Mills Plantation
Township: 1600 Barringer
Zoning: RA
Flood Plain: No Watershed:
Owner: ZION HOLDINGS INC
Address: 7195 BRIDGEVIEW AVE #117
LAS VEGAS, NV 891474561
Phone:
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 25 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

Directions:

exit 42 left, right on houston rd, right on colonial congress

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

ALAINA DILLARD

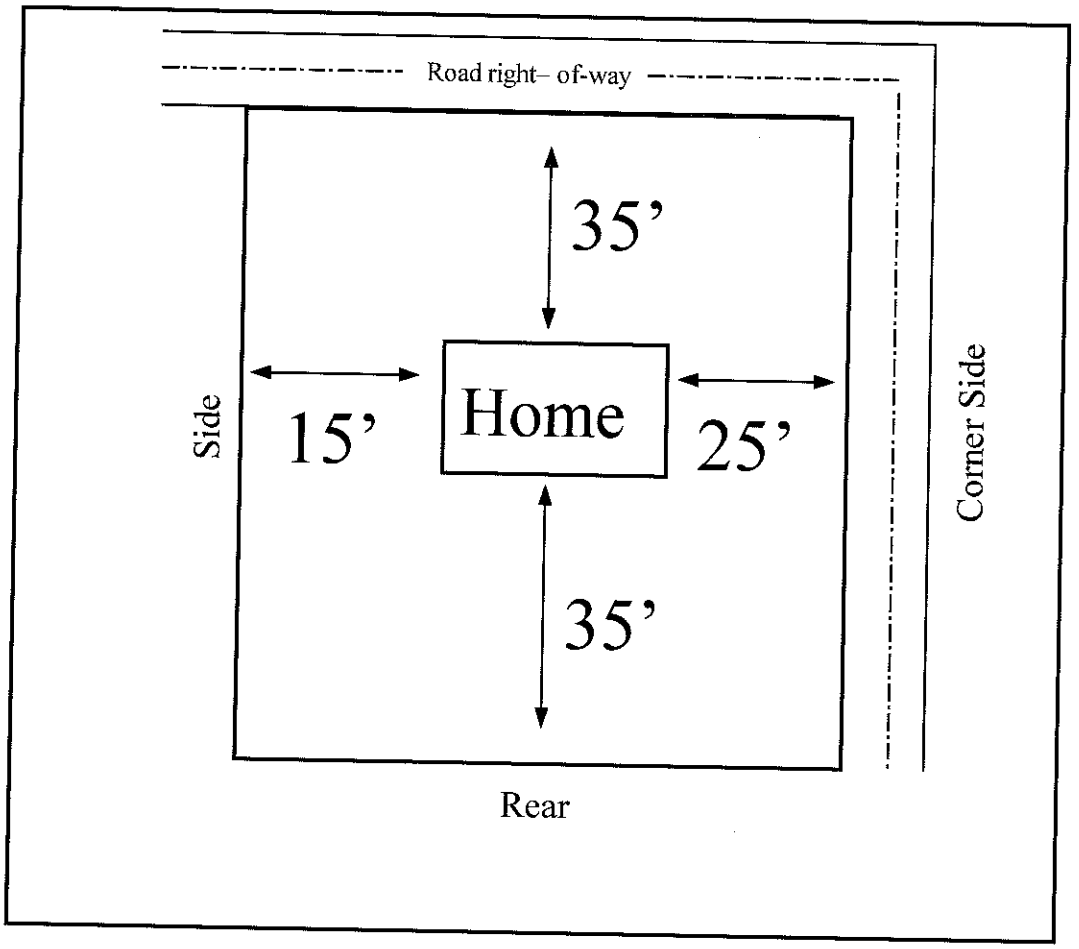
Printed: 3/5/2007

ZONING DISCLAIMER

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 _____ Date _____

STREET NAME : 122 Colonial Congress Way



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*
   - ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   - ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Zion Holdings (Applicant Name)	7195 Bridgeview Ave, #117 Las Vegas, NV 89147 (Mailing Address)	___ (Home Phone)	___ (Work Phone)
Tom Shadrix (Owner Name)	8104 Stagleford Rd. Raleigh, NC 27615 (Mailing Address)	___ (Home Phone)	(919) 270-3157 (Work Phone)

4. **Property Information:**

N/A (Street Address) — Georgia Mills Plantation (Subdivision Name) — Phase I/Lot# 10 (Section/Phase and Lot Number)

Driving Directions: Between Troutman and Mooresville @ intersection of Houston Rd and Shepard Rd.

See attached

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

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

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

****

6. **Proposed Water Supply:**

(✓) 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)*

(✓) Alternative (3) (✓) Conventional (1) ( ) Innovative (✓) Modified Conventional (2) ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

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

****

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

9. Signature: Richard J. Franklin
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/2/07
DATE

IREDELL COUNTY HEATLH DEPARTMENT

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…**
  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:

All lots will have septic System within 100'

- 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)

Signature: Richard J. Franklin

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

3/2/07

DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

