IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228350

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

PIN # 4751260184.000

APPLICANT/OWNER: Pilch Acres Holding LLC APPLICANT ADDRESS: 15 Frowein Rd STE G2 Center Moriches NY 11934

SITE ADDRESS: 121 Windstone Drive Troutman NC 28166 PHONE: Mike-980 722 7370 ALT. PHONE –

SITE DIRECTIONS: Ostwalt Amity TL Pilch Continue Straight Lot on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: ^ LOT # 5 LOT AREA: .620 Acres DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	760	Date	1-5-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	9-3-18	System Description:	Pressure Manifold PPBPS			
Pump Make	Gruhn		Model	PE5IM	Serial #	.5Hp.	Repair System Description:	LP-PPBPS			
# Nitrification Fields	1		# Lines	5	Linear Ft	270	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24		Trench Bottom Depth	36 in rock	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: System being Changed to a pump system due to grading on the Lot.
Existing Floorplan use.

INITIAL SITE SKETCH

See attached Proposal
from Michael Athanas + Associates
LSS #1252

AS BUILT SKETCH

Needs Tank filler checked ✓ CC

	Date	Initials
Drain Lines Checked	4-2-19	JS
Tanks Checked	4/3/19	CC
Pressure Manifold or Valve Box Checked	4-4-19	CC
Pressure Head Set	5/16/19	BB.
Electrical Checked	5/16/19	BB.
Floats Set	5/16/19	BB.
Alarm Checked	5/16/19	BB.
Maintenance Contract Y / (N)	Not required	

Riser Needed on Pump Tank. ✓

Lines installed as Drawn *

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: 3-28-19 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Benjamin A Bolton Date: 3/27/2019 OPERATION PERMIT by: Benjamin A Bolton Date: 5/17/19.

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 3/27/2019. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

PLAT



O1 - 54' - 3.2'
W2 - 54'/54' - 3.6'
B3 - 54'/54' - 4.0'
P4 - 117' -4.4'
Y5 - 93' - 4.8'
O6 - 65' - 5.3'

N00°38'23"E
104.00

N00°38'23"E
104.00

35' REAR

35' REAR

O6
Y5
P4
B3
W2
54
54
PM

LOT 5

LOT 6

15' SIDE

15' SIDE

15' SIDE

15' SIDE

S89°21'37"E
261.00

S89°21'37"E
261.00

S89°21'37"E
261.00

O1 54
54
W2
54
B3

Top of Cut

15'

LOT 4

LOT 7

Scale 1"=40'

HC/BM
6.6'

ST

PT
7.4

Patio

PROPOSED
HOUSE

PROPOSED
HOUSE

28.7

28.7

18.5

18.5

35' FRONT

35' FRONT

36.0

Drive

36.0

S00°38'23"W
104.00

S00°38'23"W
104.00

WINDSTONE DRIVE
(50' PUBLIC R/W)



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 121 Windstone Dr, Windstone Crossing Lot 5
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 27.4 GPM
Dosing Volume: 223.2 gallons
Pump Run Time: 8.1 minutes
Elevation Head: 9.2'
Friction Head: 2.7'
Pressure Head: 2'
Total Dynamic Head: 13.9'
Supply Line Length: 145' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" maximum



Line	Design Length	# of Panels	Actual Length	Elevation
Orange 1	**54'**	**13**	**76'**	**3.2'**
White 2	**54'/54'**	**12/12**	**120'**	**3.6'**
Blue 3	**54'/54'**	**13/13**	**135'**	**4.0'**
Pink 4			117'	4.4'
Yellow 5			93'	4.8'
Orange 6			65'	5.3'

Initial System: 270'
Pump Tank: 7.4'
Benchmark: 6.6' Patio corner
Repair System: 275'
House Corner: 6.6' Patio corner

Comments:
The system is changing to a pump system due to grading.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: Lot 5 Windstone Crossing; PID# 4751260184.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Pilch Acres Holding, LLC
ADDRESS: 15 Frowein Rd Bldg G2 Center Moriche, NY 11934
APPLICATION DATE _____
DATE EVALUATED: 12/2016
PROPOSED FACILITY: 4 Bedroom PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 0.62 Acres
LOCATION OF SITE: Lot 5; Windstone Crossing; Windstone Drive
PROPERTY RECORDED: 12/15/2008
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	
AB 1	L 1-2%	0"-32"	R C SBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 32"-48" PS	None	0.3
		32"-48"	R CL WSBK	SS SP FR SEXP					
AB 2	L 1-2%	0"-18"	R C SBK	SS SP FR SEXP		24"	Few to common saprolite inclusions 18"-24" PS	None	0.4+
		18"-24"	R CL WSBK	SS SP FR SEXP					
		24"-48"	V SL Saprolite M	NS NP VFR NEXP					
AB 3	L 1-2%	0"-30"	R C SBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 30"-48"	None	0.3
		30"-48"	R CL WSBK	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	888 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT: _____

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) Lot 5

OWNER: Pilch Acres Holding _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: Home PROPOSED DESIGN FLOW (.1949): 480 (420) PROPERTY SIZE: _____
LOCATION OF SITE: 121 Wind Stone crossing Lot 5 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	5%	0-30	c SBk		2.5YR 4/6	48	Som L.Hw + Mica		PS .3.
		30-48	cl wSBk						
2	5%	0-35	c SBk		2.5YR 4/6	48	Som L.Hw		PS .3.
		35-48	cl wSBk						
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: Don't grade Home Buyer will Reshape pad

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)	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.

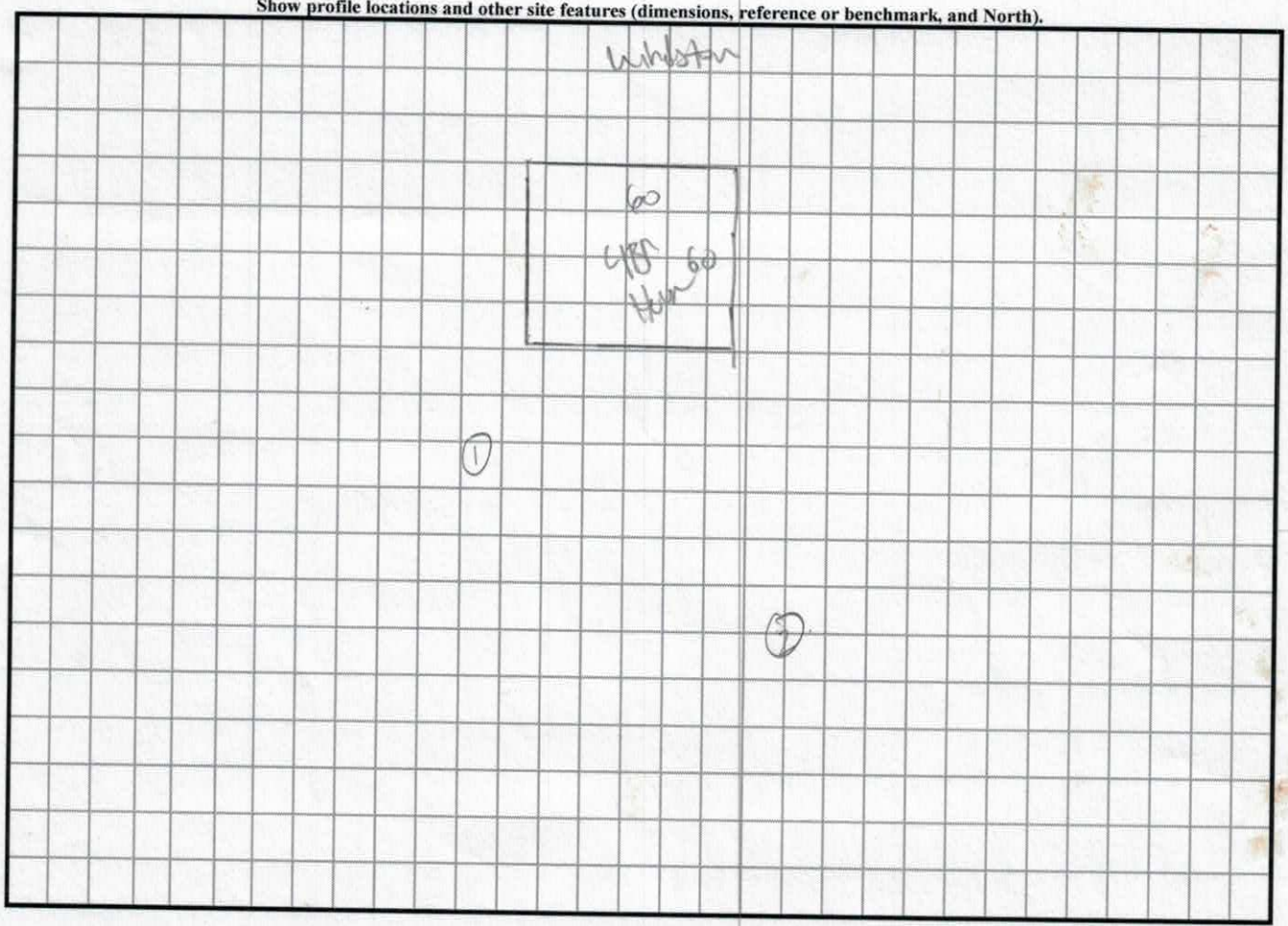
NOTES

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).



228350
$225
RECEIVED MAR 19 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: (✓) 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: Pilch Acres Holding LLC **Address:** 15 Frowein Rd, STE G2, Center Moriches, NY **Zip:** 11934
Applicant Email: _____ **Phone:** Mike 980-722-7370 **Alt. Phone:** _____
Owner Name: Same **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 121 Windstone Dr
Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 5
Driving Directions: _____

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

(✓) 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: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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 ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 3/15/2019
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, Edward Belanger, am the legal owner(s) of the property located at 121 Windstone Dr Windstone Crossing Lot 5, identified as PIN (Parcel Identification Number) 4751260184, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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	Signature of Witness	Date
	3/15/2019		

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

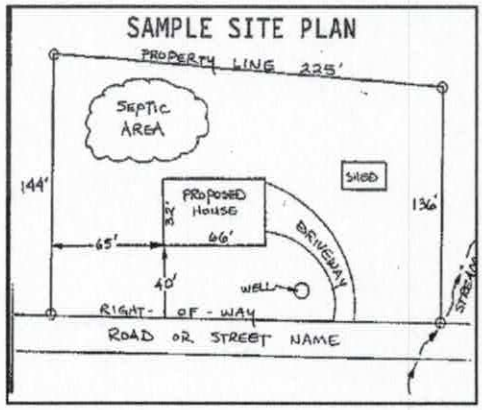
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***

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

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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

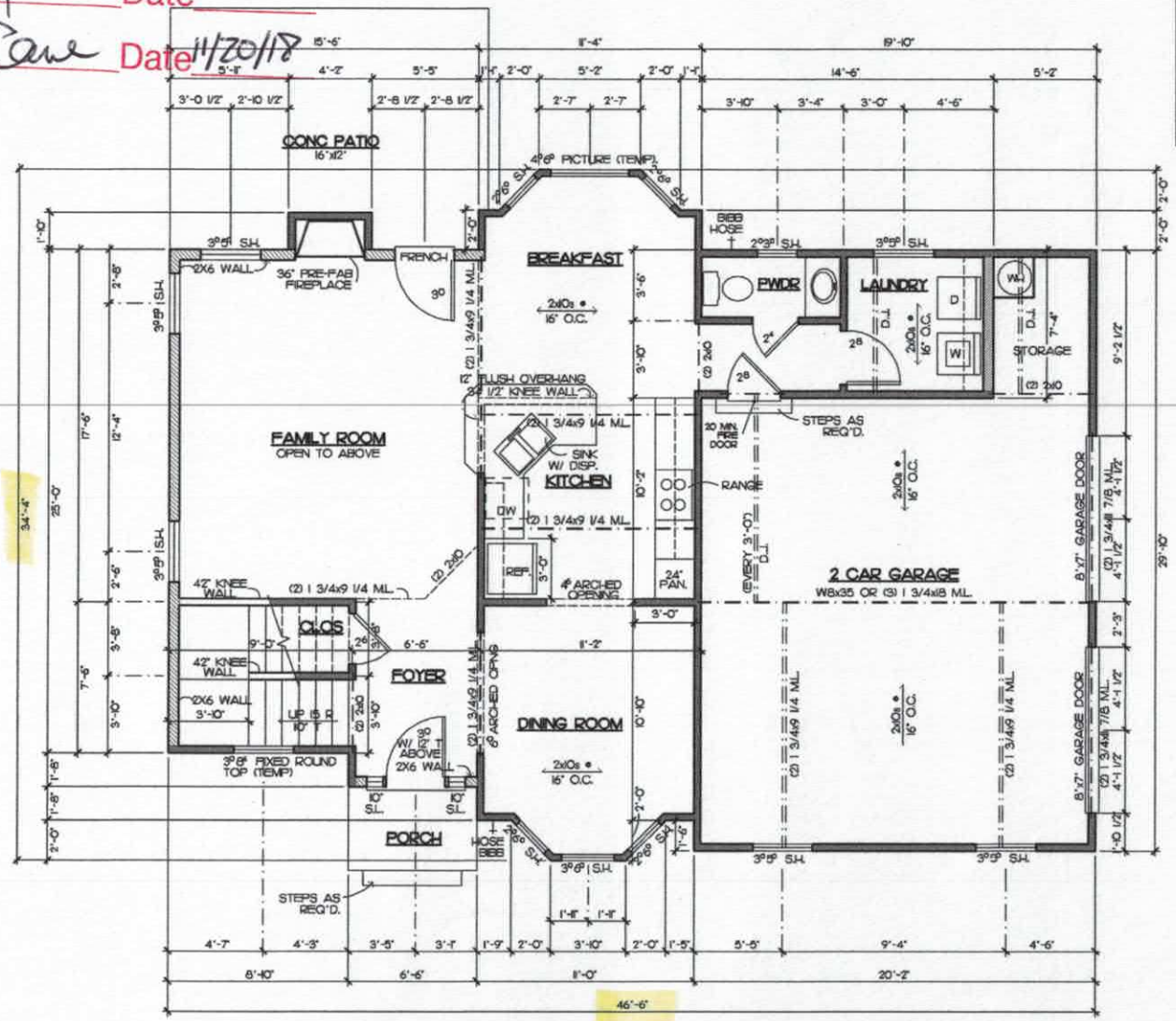
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached plan

Signature: _____ 3/15/2019

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

Acknowledgement Of
Plans Submittal ONLY!
wm Faulkner 11-19-18 Date
Carla C. Cave Date 11/20/18



FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

SQUARE FOOTAGES	
FRAMING:	
1st FLOOR -	879 SQ FT
2nd FLOOR -	934 SQ FT
GARAGE -	485 SQ FT
TOTAL HEATED -	1813 SQ FT
GARAGE -	485 SQ FT

NOTE:
ALL ANGLED WALLS ARE AT 45°

NOTE:
ALL CEILINGS TO BE 9'-0" UNLESS OTHERWISE NOTED.

NOTE
Drafting & Design assumes no liability for any home construction from this plan. It is the responsibility of the purchaser of the plan to have the builder/contractor verify ALL DIMENSIONS prior to the beginning of construction. The contractor must verify compliance with all local building codes.

Every attempt has been made in preparation of this drawing to avoid errors. Any discrepancy, error and/or omission, if found, is to be brought to our attention prior to construction.

Drafting & Design will not be liable for any human error or for any change made to the plan.

Structural steel beams are to be sized by an engineer and is the responsibility of the builder/contractor.

Local, state and federal building codes take precedence over this plan.

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Drafting No.
706-562-9926
COPYRIGHT STATEMENT
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WINDSTONE ESTATES

The Wainscott
FIRST FLOOR

DR. BY: BRIAN G.
Date 8-05-07
REV. 05-13-08 (BG)
03-27-18

PRICES, PRODUCTS, AND SPECIFICATIONS MAY VARY BY SUBDIVISION, AND ARE SUBJECT TO CHANGE WITHOUT NOTICE. ROOM SIZES ARE APPROXIMATE, AND ELEVATIONS MAY BE CONCEPTUAL.

WAINSCOTT
Sheet
4

GARAGE RIGHT

Acknowledgement Of
Plans Submittal ONLY!

Wm Fulkley 11-19-18 Date

Carla C. Cave Date 11/20/18

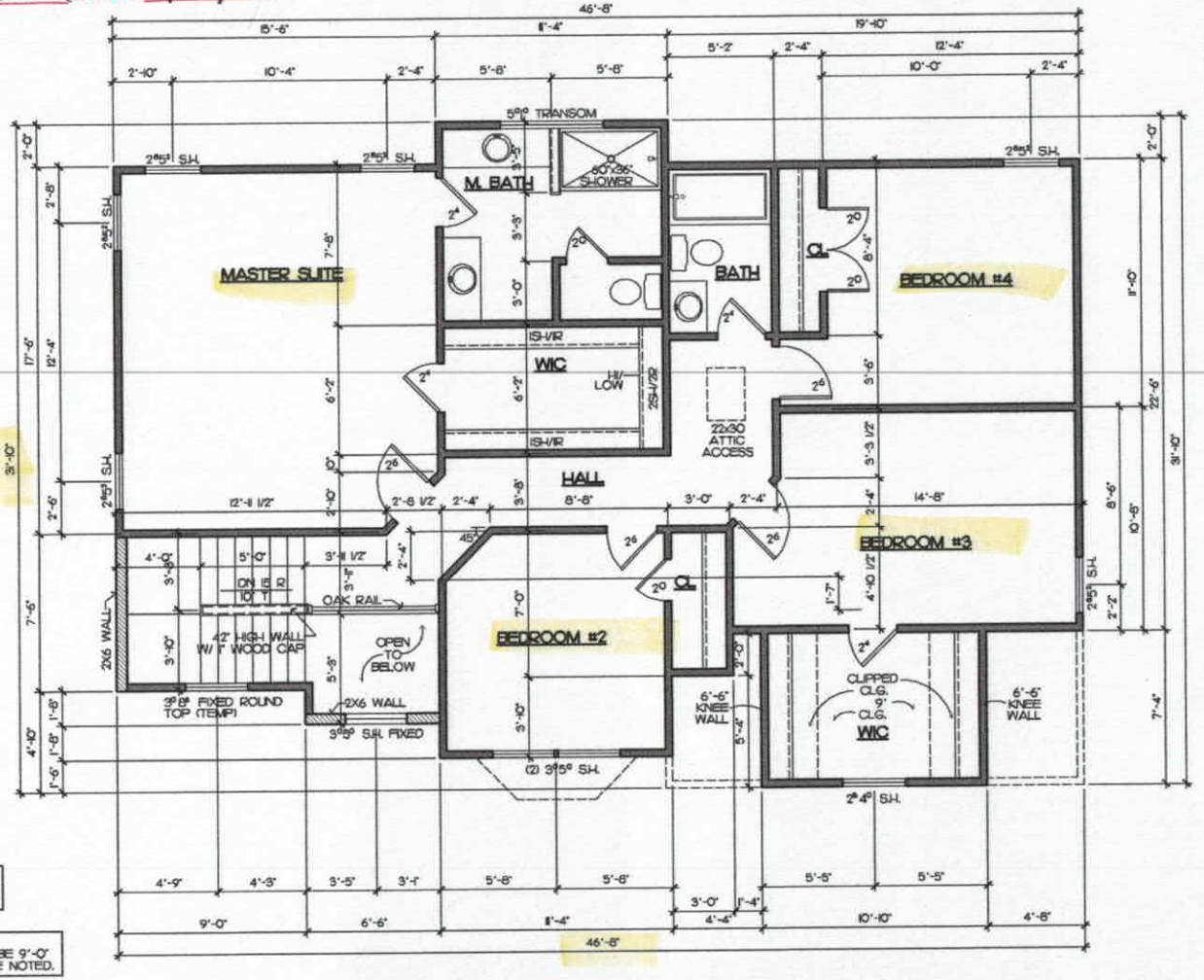
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NOTE:
ALL ANGLED WALLS ARE AT 45°

NOTE:
ALL CEILINGS TO BE 9'-0" UNLESS OTHERWISE NOTED.

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

GARAGE RIGHT

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DRAFTING NO. 704-542-9559
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WINDSTONE ESTATES

The Wainscott
2ND FLOOR- 4 BDRM OPT.

DR. BY: J. BOONAR
Date: 03-2-18
REV: 03-27-18

PRICES, PRODUCTS, AND SPECIFICATIONS MAY VARY BY SUBDIVISION, AND ARE SUBJECT TO CHANGE WITHOUT NOTICE. ROOM SIZES ARE APPROXIMATE AND ELEVATIONS MAY BE CONCEPTUAL.

WAINSCOTT
Sheet
5

IREDELL COUNTY

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

APPLICATION NUMBER
228350
Issue Date: 06/29/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4751260184.000	121 WINDSTONE DRIVE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PILCH ACRES HOLDING LLC	Applicant: PILCH ACRES HOLDING LL
Address: 423 IREDELL CO, NC 28625	Address: 423 IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.620	35.00	35.00	15.00	15.00	NO	X

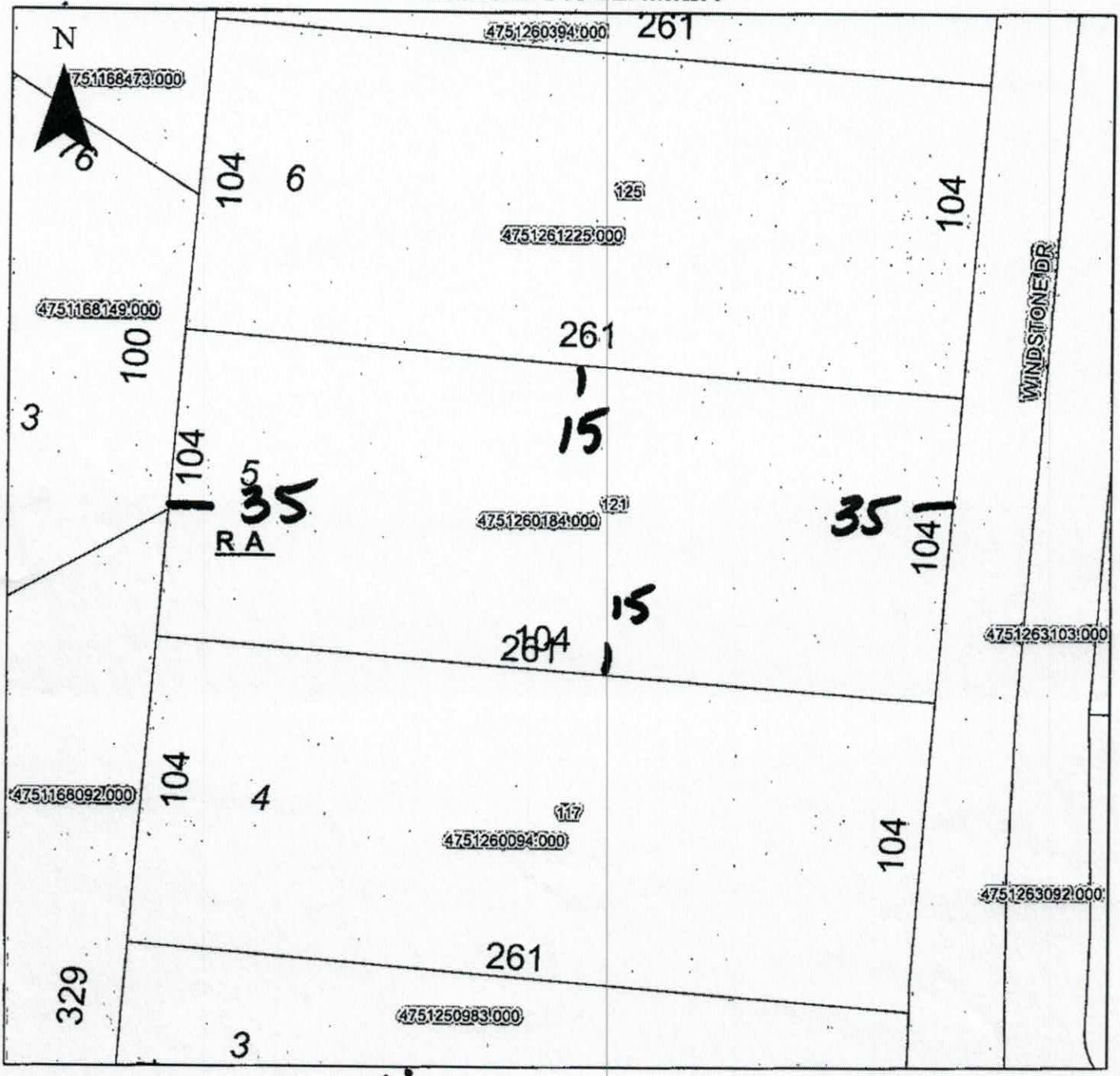
Remarks:

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	107852	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 121 Windstone 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

Date