IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228359

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

PIN # 4751264578

APPLICANT/OWNER: Pilch Acres Holdings LLC APPLICANT ADDRESS: 15 Frowein RD Bldg 62, Center Moriches NY 11934

SITE ADDRESS: 138 Windstone Drive Troutman NC 28166 PHONE: ~ ALT. PHONE 704 310-1832 Gary McNeely

SITE DIRECTIONS: Hwy 115 TR Oswalt Amity TL Pilch CStop sign continue on to Windstone Drive SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windstone Crossing SECTION: ~ LOT # 4/6 LOT AREA: .72 acres DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	9-9-18	☒ 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	6	☐ Private
Pump Make	~	Model		~	Serial #	~	Repair System Description:	LPP BPS ~ 50% Reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines		4	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36	Trench Bottom Depth(Low side)		33	Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Site Design & System layout by Michael Athansas & Associates. Do not drive, pave, pond, or grade the Drainfield area. Do not exceed max depth of 33 inches low side.

INITIAL SITE SKETCH

See attached
Site Design by Michael
Athansas & Associates

AS BUILT SKETCH

Tank 18' from House

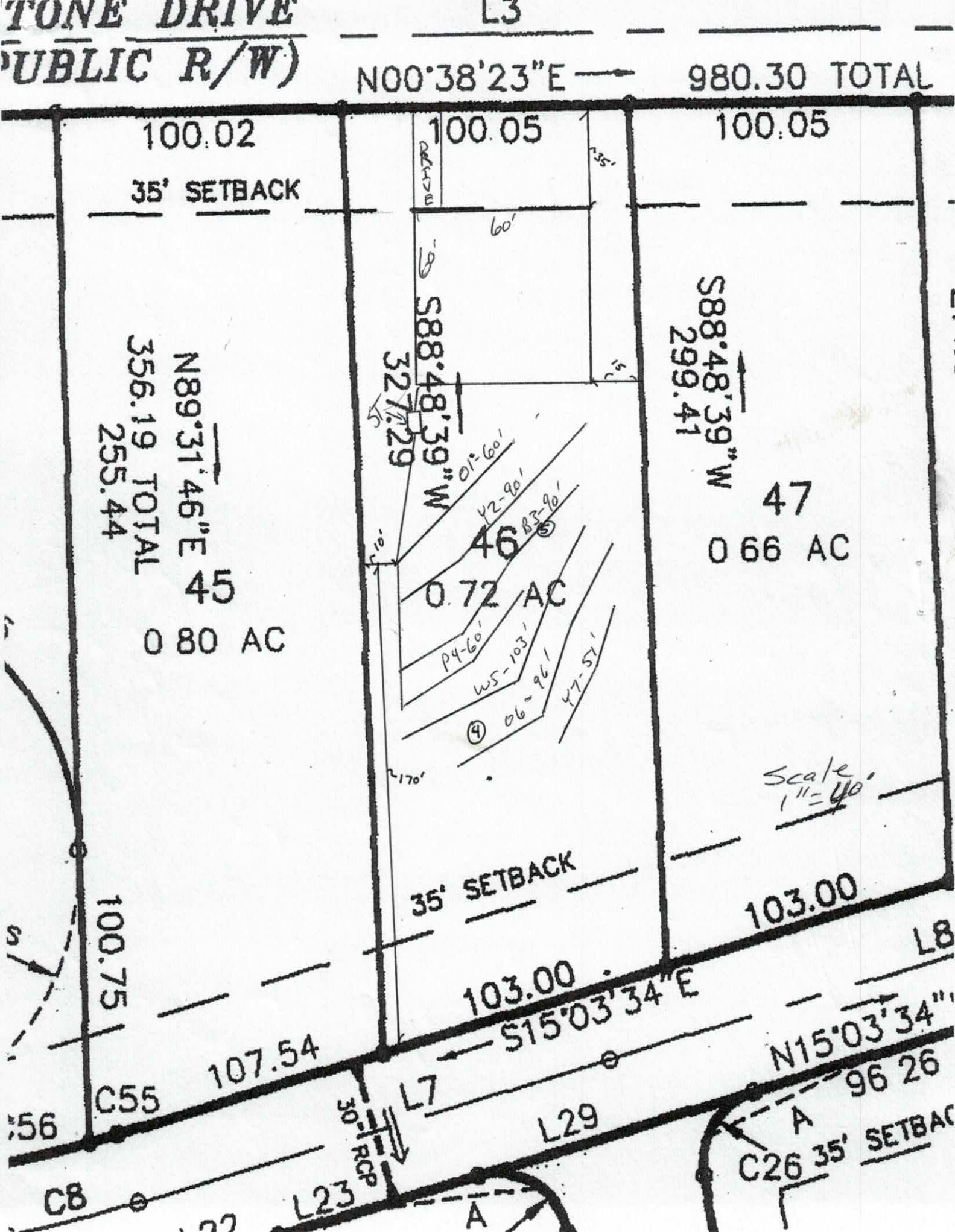
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

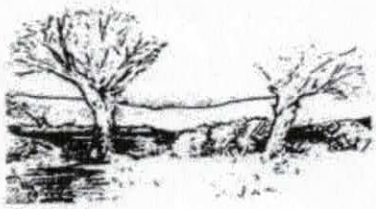
☐ **IMPROVEMENT PERMIT** *with plot, valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: 8/14/17 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Benjamin A Battista Date: 7/14/2017 OPERATION PERMIT by: _____ Date: 12-7-18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 10/18/17 Existing System Inspected by: _____ Date: _____


TONE DRIVE
UBLIC R/W)
L3
N00°38'23"E
980.30 TOTAL
100.02
35' SETBACK
100.05
100.05
60'
S88°48'39"W
299.41
S88°48'39"W
327.29
N89°31'46"E
356.19 TOTAL
255.44
45
0 80 AC
46
0.72 AC
47
0 66 AC
Scale
1"=40'
35' SETBACK
103.00
100.75
103.00
S15°03'34"E
N15°03'34"
107.54
C55
L7
L29
96 26
C26
35' SETBACK
C8
L23
30' RCP



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

Reference: Data Sheet for 138 Windstone Dr., Windstone Crossing Lot 46
House Footprint: 60' x 60'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length
Orange 1	**60'**	**69'**
Yellow 2	**90'**	**91'**
Blue 3	**90'**	**90'**
Pink 4	**60'**	**60'**
White 5		103'
Orange 6		96'
Yellow 7		51'

Initial System: 300' **Repair System:** 250'

Comments:

PROPERTY ID #: _
COUNTY: _Iredell____

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

OWNER: Pilch Acres Holding LLC_____ APPLICATION DATE_____
ADDRESS: _15 Frowein Rd, Bldg G2, Center Moriche, NY 11934_____ DATE EVALUATED: _____
PROPOSED FACILITY: _3 BDRM_____ PROPOSED DESIGN FLOW (.1949): _360 GPD____ PROPERTY SIZE: __0.72 AC_____
LOCATION OF SITE: 138 Windstone Dr, Windstone Crossing Lot 46_____ 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	LS 6%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					
2	LS 6%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
3	LS 6%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP					
4	ICHD Bored 2 additional Holes B. Bottoms 7/14/2017.	Findings Similar to							
		holes 1 & 3							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	750 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ Existing System Inspection

****

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Mike Faulkenberry	15 Froewin Rd. Suite G2 Center Moriches, NY 11934	980-722-7370	Same
Ed Belanger	SAME	631-831-1461	631-580-1475
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. Property Information: wmf2087@windstream.net

Street Address	Subdivision Name	Section/Phase and Lot Number
138 Windstone Dr.	Windstone Crossing	Phase 1 Lot 46

Driving Directions: I-77 S, Exit 45 TL Amity Hill, TR Pilch Rd, TR Windstone Dr. on Right.

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Wm Faulkenberry
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-2-18
DATE

Please CALL prior to inspection

RECEIVED JUN 3 0 2017

I. Name: Gary

DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

AGE 1: *APPLICATION FORM* Paid $500.00 # 228359

App Number: 704-310-1832 ( ) 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 Holdings LLC **Address:** 15 Frowein Rd Bldg G2, Center Moriche, NY **Zip:** 11934

Applicant Email: edbcbhomes@aol.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 136 Windstone Dr

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 44

Driving Directions: Hwy 115 N, TR Oswalt Amity, TL Pilch, at stop sign go straight to Windstone Dr

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation

( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (✓) 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:** _____

( ) 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:** _____

(X) 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: _____ 6/30/2017

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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 138 Windstone Drive Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4751 2644 78. 046, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mike Faulkenberry, 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
	6/8/17	Joan Dalgleish	6/8/17

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*:

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:

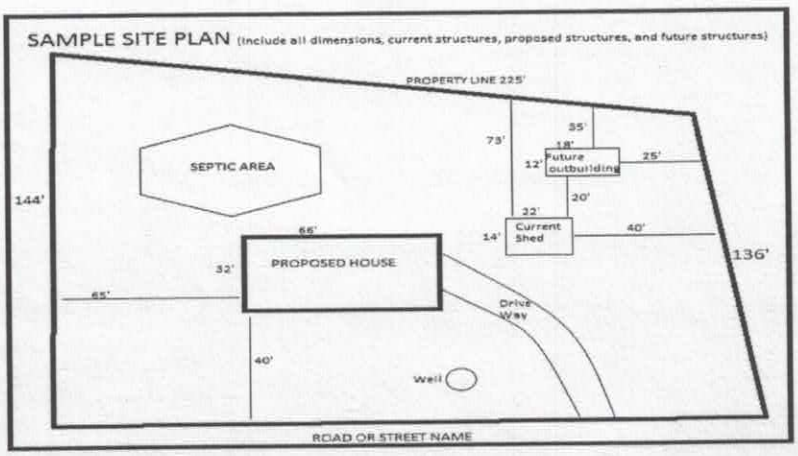
- X **Property Line measurements are clearly identified…**
- X **All proposed structures are indicated…**

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 **Area you prefer your septic system to be placed…**
- ____ **Preferred driveway location and configuration, preferred well 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

see attached drawing from Michael Athanas + Assoc.

Signature: _____

REQUIRED property owner or owner's legal representative signature.

10-2-18

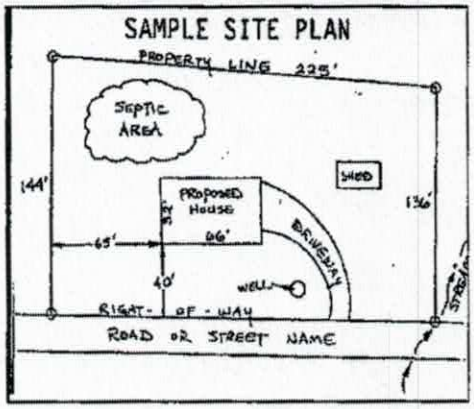
DATE

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:

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

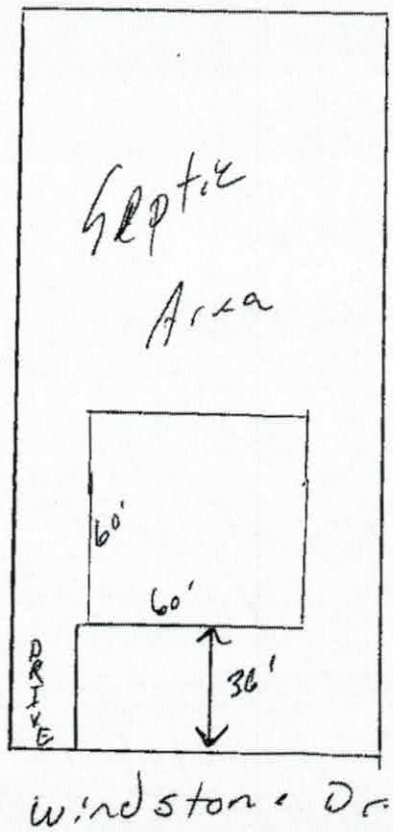


Circle N/A on the following if appropriate:

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

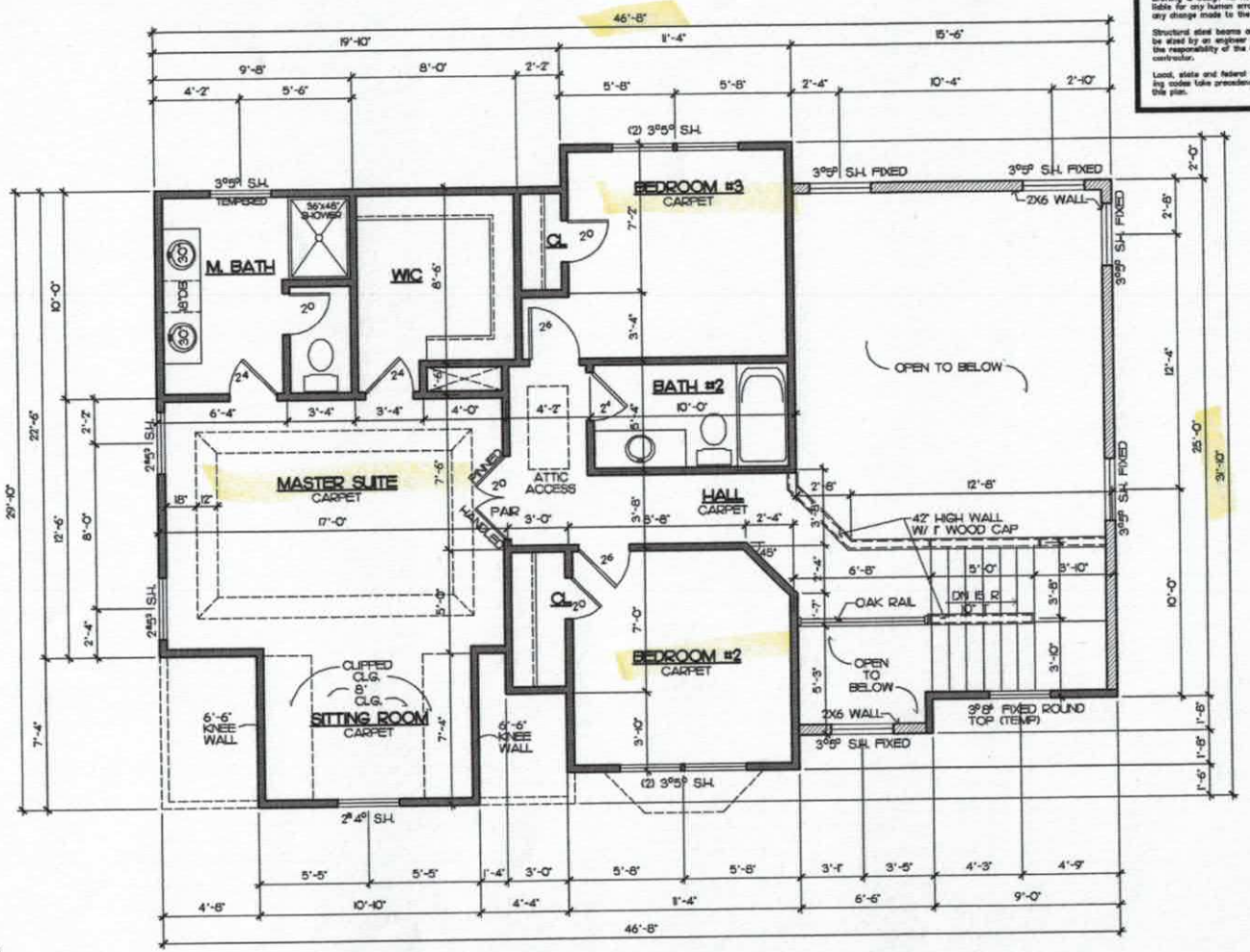
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 6/30/2017

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

Acknowledgement Of
Plans Submittal ONLY!
Carell C. Jew Date 10/3/18
WM Faulkenberry Date 10-3-18



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

NOTE:
ALL ANGLED WALLS ARE AT 45°

NOTE:
ALL CEILINGS TO BE 8'-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.

Drafting & Design Inc.
Charlotte, N.C.
704-542-9939

COPYRIGHT STATEMENT
DRAFTING & DESIGN Inc. accepts no responsibility, liability or cost of any type or action related to documentation, supplied by the owner/contractor for preparing the drawing that may be reproduced by another party. All necessary steps to produce the drawing were considered to have been completed by the owner/contractor to any copyright, and as required by law, the owner/contractor has obtained approval from any standard, symbol, manufacturer or publication by DRAFTING & DESIGN, Inc.

WINDSTONE ESTATES

The Wainscott
SECOND FLOOR

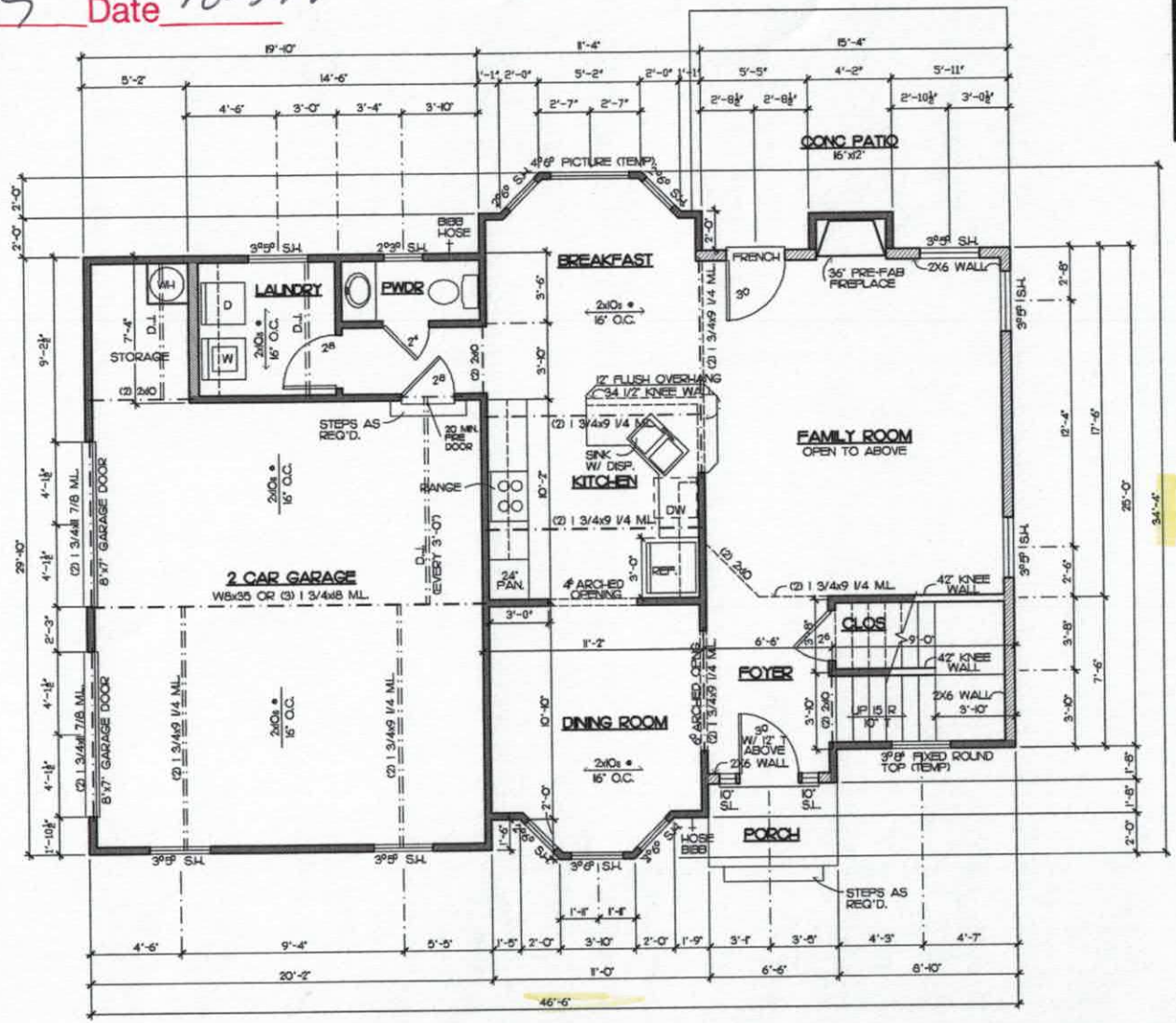
DR. BY: BRIAN G.
Date 11-05-07
REV. 06-13-08 (BG)
03-21-18

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

11-14-07 C.J.

Acknowledgement Of
Plans Submittal ONLY!
Cadi Cave Date 10/3/18
Wm Faulkeley Date 10-3-18



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.

Drafting & Design, Inc.
CHANTAL RAD
704-542-9669

COPYRIGHT STATEMENT
DRAFTING & DESIGN, Inc. accepts no responsibility, liability or part of any legal action related to dissemination, duplication by the owner/builder for property the drawing that may be copyrighted in whole or parts. All materials used to produce this drawing are considered to have been developed by the owner/contractor for any copyright, and, as required by law, the owner/contractor has obtained approval from any engineer, supplier, vendor or salesman by DRAFTING & DESIGN, Inc.

WINDSTONE ESTATES

The Wainscott
FIRST FLOOR

DR. BY: BRIAN G.
Date 11-05-07
REV: 06-13-08 (BG)

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

1114-07 CJ

IREDELL COUNTY

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

APPLICATION NUMBER
228359
Issue Date: 06/29/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4751264578.000	138 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
.720	35.00	35.00	15.00	15.00	NO	X

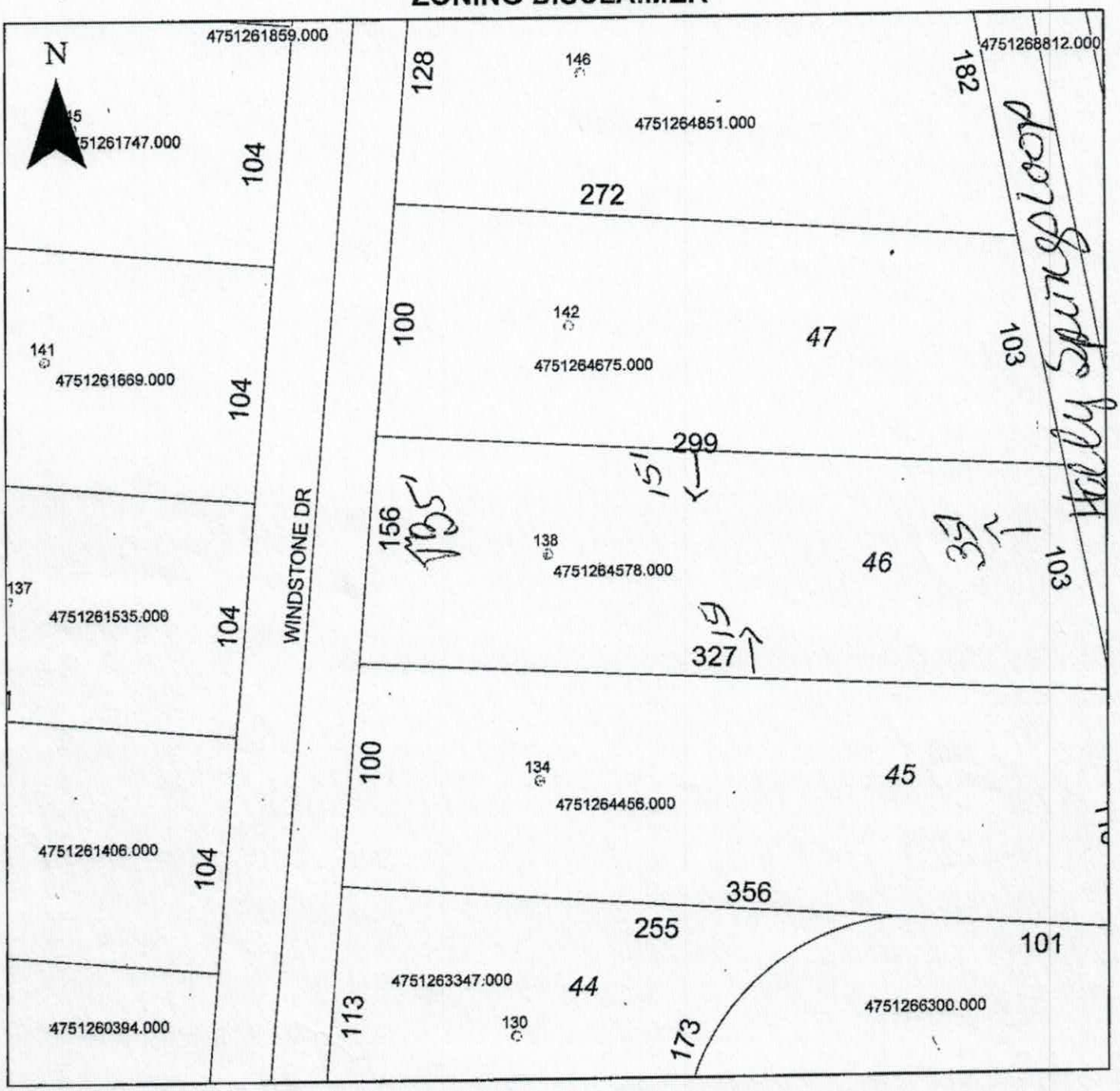
Remarks:

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	107856	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 138 Windstone

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.