IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 240782

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

PIN # 4751264851

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

SITE ADDRESS: 146 Windstone Dr Troutman NC 28166 PHONE: 9807227370 ALT. PHONE 6318311461

SITE DIRECTIONS: Oswalt/Amity Rd TL Pilch/Pear Tree TR Windstone on right SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Windstone Crossing SECTION: LOT # 48 LOT AREA: .78 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 700	Date [illegible]	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date 12-2-18	System Description: Gravity - 25% Reduction				[ ] Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description: PPBPS				[ ] Other	No. Employees
# Nitrification Fields 1	# Lines 4		Linear Ft 300'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space
Trench Width 36"	Trench Bottom Depth(~~Low side~~)	24-36" Max	Gravel Depth N/A	[X] GRAVITY	[ ] PRESSURE			[X] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [X] Community

Comments / Conditions:

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & ~~Assoc~~. (dated 12/26/18)

AS BUILT SKETCH

As built notes on design sheet.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1-7-19 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: [signature] Date: 1/4/19 OPERATION PERMIT by: Carla C. Crane Date: 4/11/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1/7/19 Existing System Inspected by: Date:

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

Scale
1"=40'
Filled Gully
Solid Pipe
N85°31'12"E
230.12
S88°48'39"W
271.52
House
60'
50'
Drive
35'
35'
ST
W4-20'
W4-60'
O5-60'
B6-60'
P7-51'
P3-100'
Y2-149'
B1-83'
plumbed out on right side
Approved
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MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 146 Windstone Dr, Windstone Crossing Lot 48
House Footprint: 60' x 50'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
Predetermined LTAR: 0.3 GPD/FT^2 (ICHD)
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"

Approved
1/4/19
MD

Line	Design Length	Actual Length
Blue 1		83'
Yellow 2		149'
Pink 3	**100'**	**120'**
White 4	**20'/60'**	**20/65'**
Orange 5	**60'**	**65'**
Blue 6	**60'**	**61'**
Pink 7		51'

Initial System: 300' **Repair System:** 283'

Comments:
House marked in blue flags. Septic tank marked in white flags.



SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

Note: Bryant Verified Soils

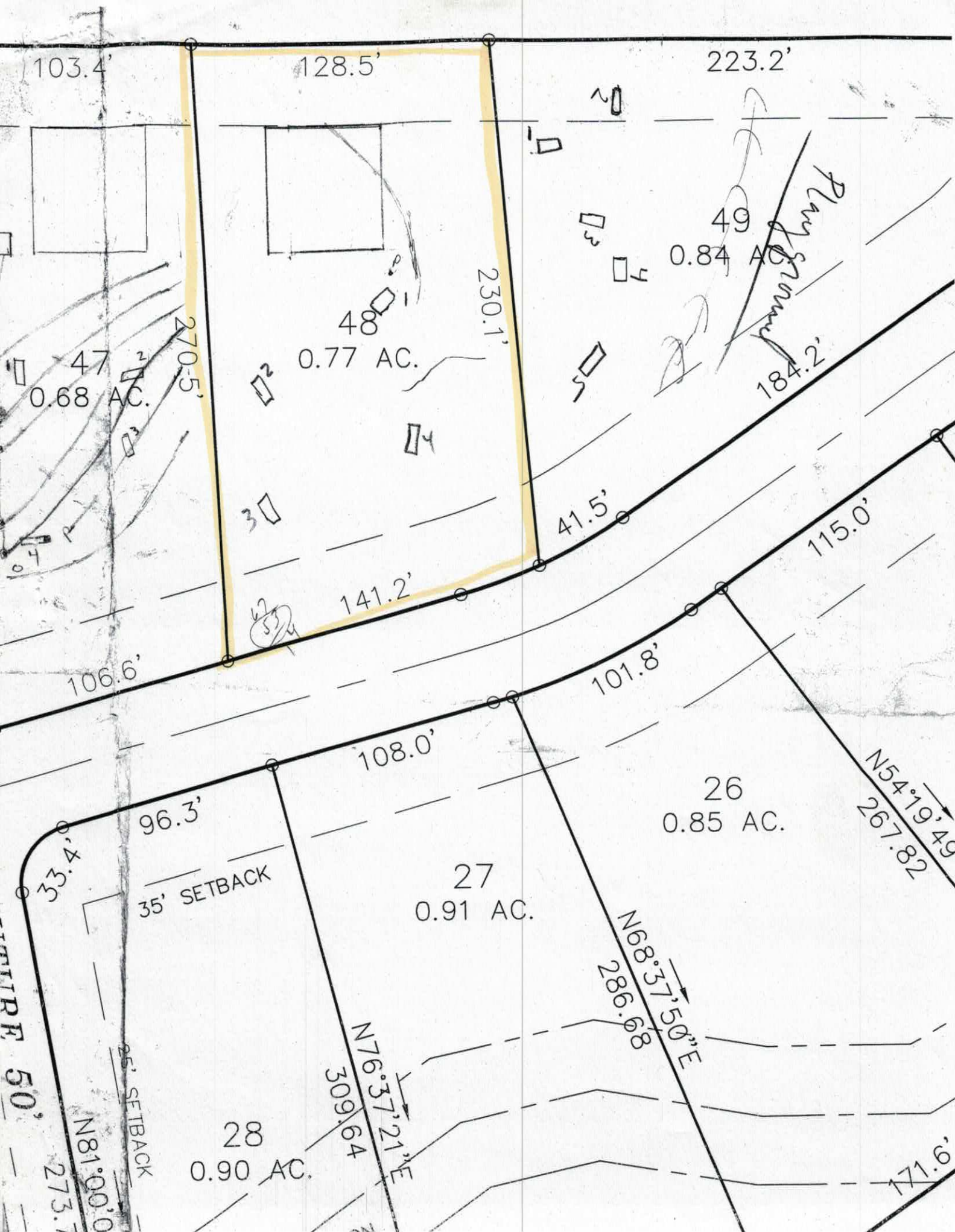
PROPERTY ID #: _____
DATE OF EVALUATION: 2008
COUNTY: _____

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
Lot 48 #1	LS 7-8%	0-4	Br. scl wsbk	Fri ss/sp	–	49" 43" to sap	Few Low Incl	.3 OK gm 3-19-08	PS .3
		4-49	R scl/sc sbk/wsbk	Fri ss/sp					
		43-53	co. sl sap gm						
Lot 48 #2	LS 7%	0-10	Br scl wsbk	Fri ss/sp	–	48"	–	.3 OK gm 3-19-08	PS .3
		10-38	R Cly sbk	Fri vh/sp					
		38-48	R Clay wsbk	Fri vh/sp					
Lot 48 #3	LS 10-12% 12%	0-8	Br scl wsbk	Fri vh/sp	–	50"	–	.3 OK gm 3-19-08	PS .3
		8-30	Red Cly sbk	Fri vh/sp					
		30-50	R scl wsbk	Fri ss/ss					
Lot 48 #3	LS 8%	0-9	Br scl wsbk	Fri ss/sp	–	50"	–	.3 gm 3-19-08	PS .3
		9-37	Red Cly sbk	Fri vh/sp					
		37-50	R Clay wsbk	Fri ss/sp					

COMMENTS: _____

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
AB #39	LS 10%	0-6	Br. scl wsbk	Fri ss/sp	Few SAP Incl	–	–	–	PS .3
		6-30	R. Cly sbk	Fri ss/sp					
		30-48	R. Clayloam wsbk	Fri ss/sp					

COMMENTS: _____


103.4'
128.5'
223.2'
49
0.84 AC.
48
0.77 AC.
47
0.68 AC.
270.5'
230.1'
184.2'
41.5'
115.0'
141.2'
106.6'
101.8'
108.0'
96.3'
33.4'
35' SETBACK
27
0.91 AC.
26
0.85 AC.
N54°19'49"
267.82
N68°37'50"E
286.68
N76°37'21"E
309.64
25' SETBACK
28
0.90 AC.
171.6'
50'

RECEIVED DEC 2 7 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $225.00 #240782

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

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

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

Property Information:

Street Address: 146 Windstone Dr

Subdivision Name: Windstone Crossing **Section/Phase:** _____ **Lot Number:** 48

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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 ( ) 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: _____ 12/26/2018
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 146 Windstone Dr Windstone Crossing Lot 48, identified as PIN (Parcel Identification Number) 4751264851, 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.

	12/26/2018		
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

#2490102

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

Revised

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 G-2 Center Moriches, NY 11934	980-722-7370 631-831-1461	SAME
Ed Belanger (Owner Name)	15 Froewin Rd. Suite G-2 Center Moriches, NY 11934	~~980-722-7370~~	631-580-1475

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
146 Windstone Drive	Windstone Crossing	Phase I Lot 48

Driving Directions: I-77 S Exit 45 TL Amity Hill TR Pilch / Pear Tree 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?
(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **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. 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 — 12-4-18

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 146 Woodstone Dr Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4751264478.048, 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 DeAguiar	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
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Fax: 704-871-3483
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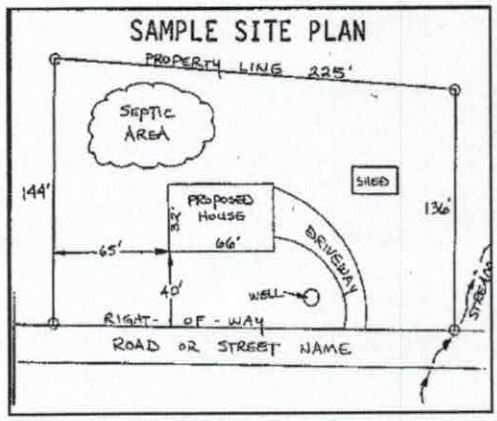
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 12/26/2018

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

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:

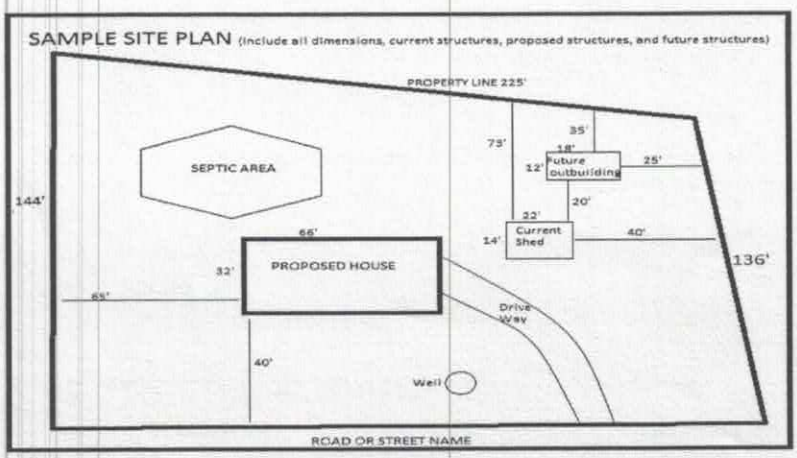
- ✓ **Property Line measurements are clearly identified…**
- _____ **All proposed structures are indicated…**

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

- ✓ **Front and side setbacks from property line…**
- _____ **Preferred driveway location and configuration, preferred 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

Please see attached proposal from Michael Athanis & Assoc.

Signature: Wm Fuell

REQUIRED **property owner or owner's legal representative signature.**

12-4-18

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 149315 PIN# 4751264478.048

OWNER OR APPLICANT Paramount Homes DATE 4-28-08

ADDRESS P.O. Box 25 Center Moriches NY 11934 PHONE: Business _____ Home _____

LOCATION I-77 S, Exit 45 TL Amity Hill TR Pitch / Pear Tree TR Woodstone on right

SUBDIVISION Paramount Woods BLOCK / SECTION _____ LOT 48 LOT AREA .46 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% reduction, gravity

Repair System Description: PPBPS LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 6 No. Employees _____

Water Supply: ☐ Individual ☐ Public ☒ Community

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Fill Gully below system

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from Michael A Thomas & Associates

AS BUILT SKETCH

Improvement Permit Only - Do Not Issue Permit Building

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 5/29/08

Improvement Permit by: Judy Melvill date 4-28-08

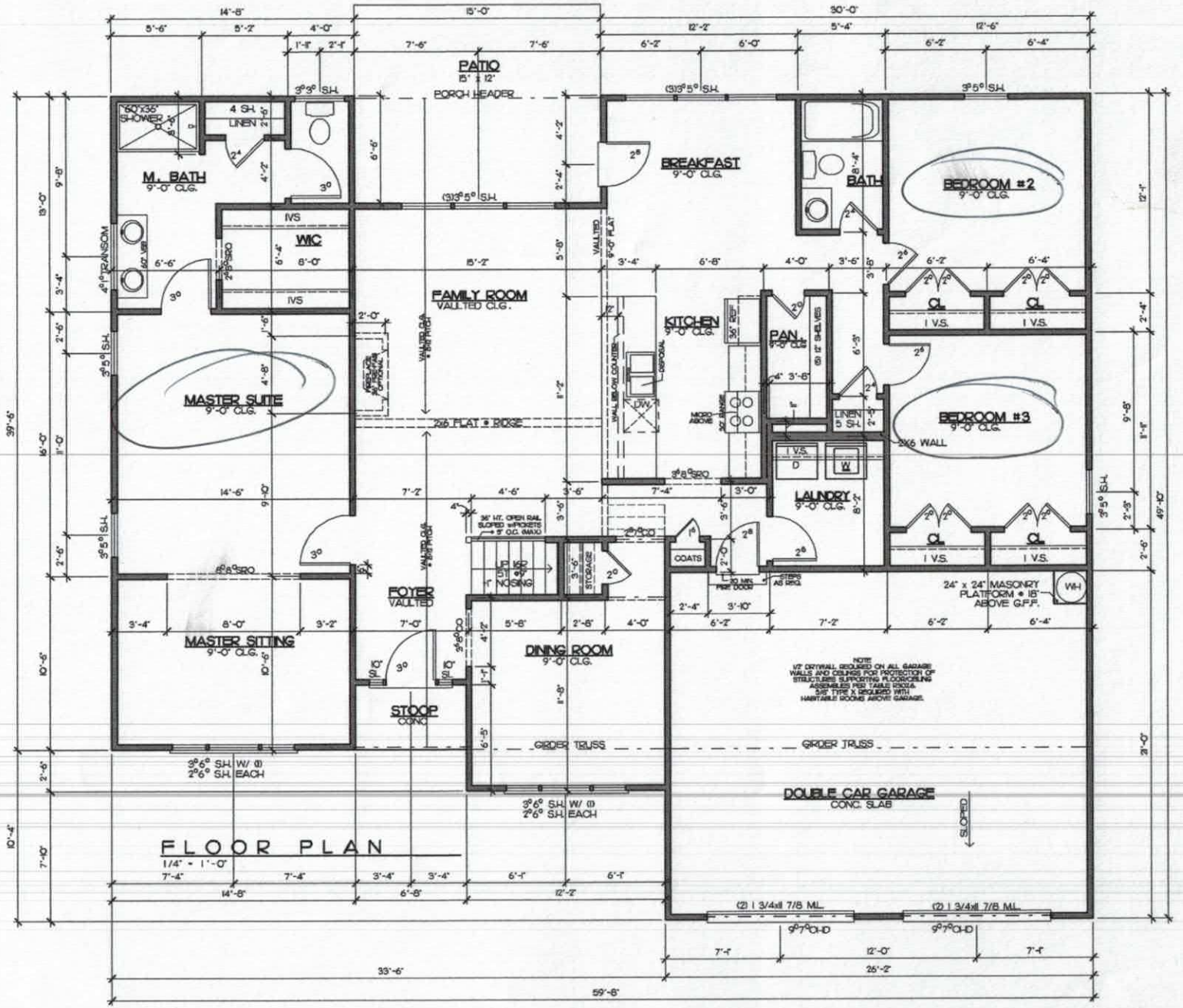
Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE · OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK



SQUARE FOOTAGES	
FLOOR PLAN=	1,998 sq ft
GARAGE=	580 sq ft
REAR PORCH=	88 sq ft
FRONT PORCH=	26 sq ft
TOTAL I/F=	2682 sq ft

NOTE:
ALL CEILINGS ARE 9'-0",
UNLESS OTHERWISE SPECIFIED.

Acknowledgement Of Plans Submittal ONLY!
Date 12-4-18
Date 12-4-18

GARAGE LEFT

WINDSTONE ESTATES

Project: THE MEADOWS

Sheet Title: W/ finished basement

DR. BY: J. BODNAR
Date: 05-15-18
REV:

Site

BROOKVILLE-FL

Sheet 3a

IREDELL COUNTY

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

APPLICATION NUMBER
240782
Issue Date: 12/27/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751264851.000	146 WINDSTONE DRIVE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PILCH ACRES HOLDING LLC	Applicant: PILCH ACRES HOLDING LL
Address: 423	Address: 15 FROWEIN RD BLDG G2
IREDELL CO, NC 28625	CENTER MORICHE, NY 11934
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.780	35.00	35.00	15.00	15.00	NOT	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	163102	TOTAL FEES:	$ 77.25