Site address: 000-24 Holly Springs Lp - Iredell 170 Holly Springs Loop

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150867 242583 PIN# 4751-26-4478.024 4751-27-5194 DATE 6-26-08

OWNER OR APPLICANT Paramount Homes/Mike Faulkenberry PHONE: Business _____ Home _____

ADDRESS P.O. Box 25 Center Moriches NY 11934

LOCATION I-77 S TL Amity Hill TR Pilch / Pear Tree TR Windstone TR Holly Springs Lp on right

SUBDIVISION Windstone Crossing BLOCK / SECTION _____ LOT 24 LOT AREA .85 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .25gpd/ft² 1Repair

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: 1000 Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 240

No Lines 3 Trench Width 24". Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LP PPBPS

Repair System Description: LPP

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☒ Community

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: 3/11/19 Reviewed floor plans, in compliance with Septic plan.

INITIAL SITE SKETCH

See plan from Michael Athanas & Associates

AS BUILT SKETCH

supply line checked - 6/28 - CC

	Date	Initials
Drain Lines Checked	6/21	KW
Tanks Checked	6/21	KW
Pressure Manifold or Valve Box Checked	6/28	CC
Pressure Head Set	8-27	BKW
Electrical Checked	8-27	BKW
Floats Set	8-27	BKW
Alarm Checked	8-27	BKW
Maintenance Contract Y / N	8-29	BGAW

* tanks just set during time of inspection → still need filter + risers
✓ 6-28 - CC

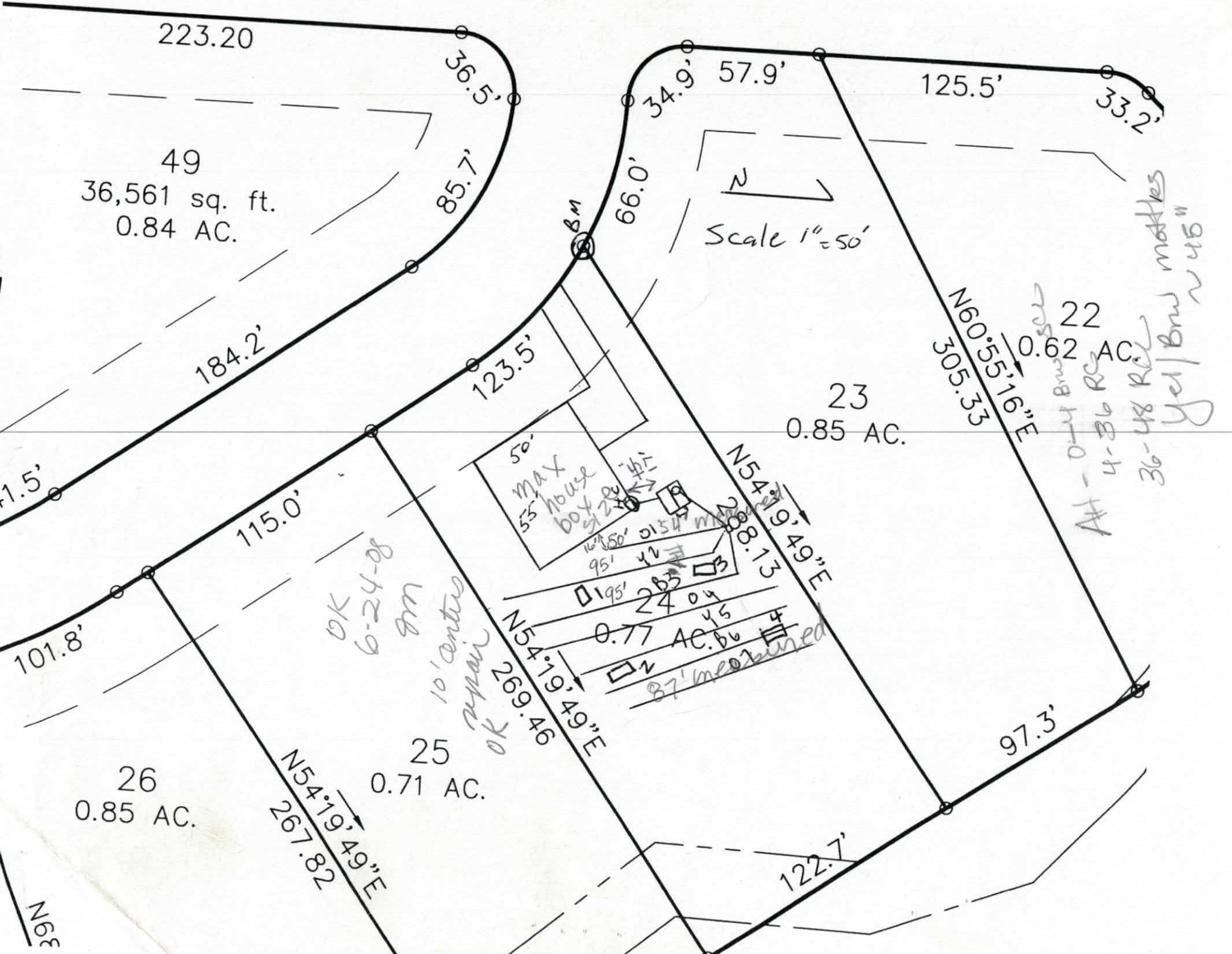
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

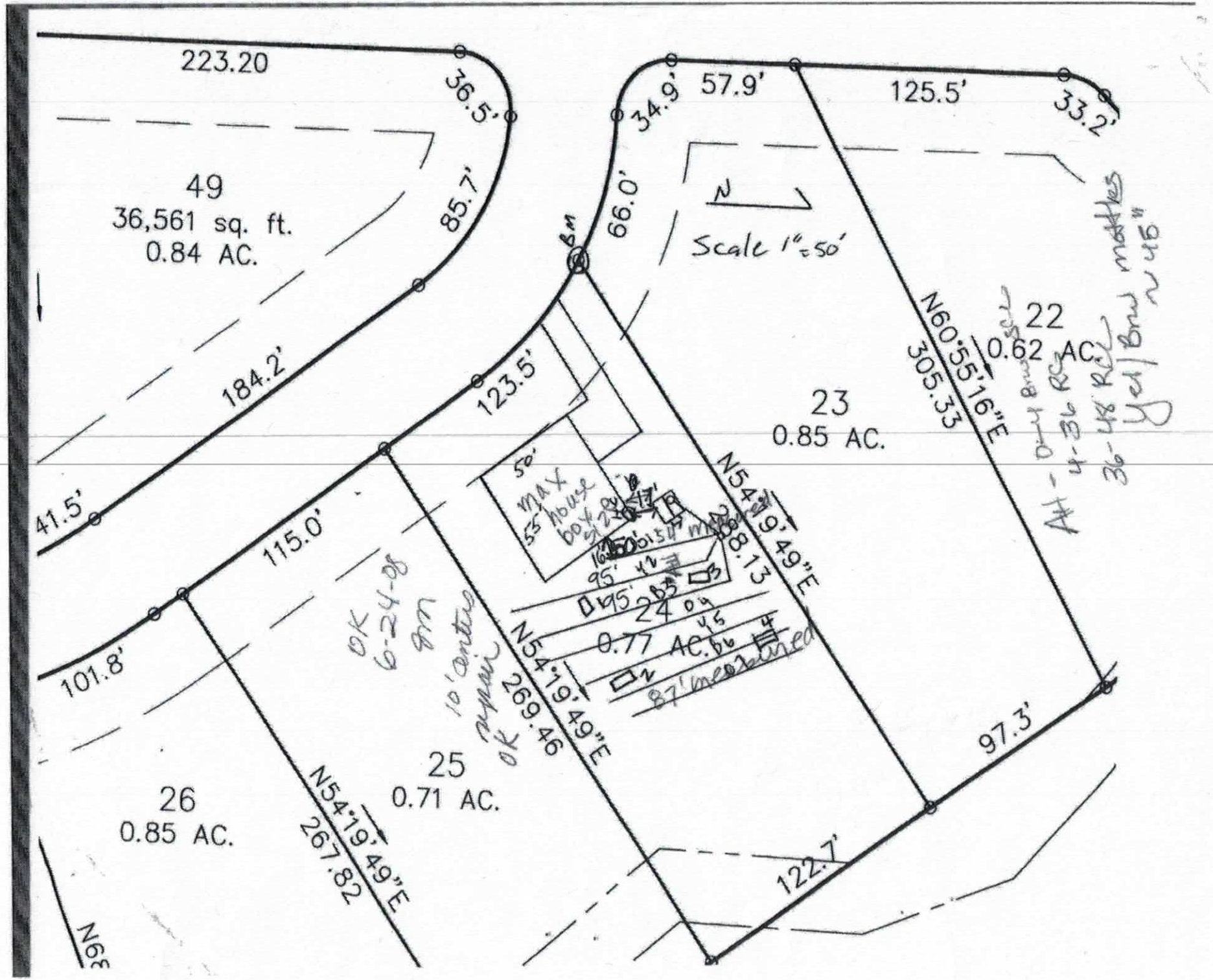
Signed: _____ date 9-25-08 Installed by: Gunter Grading

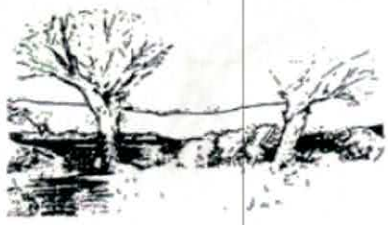
Improvement Permit by: Judy Melville date 6-26-08 Operation Permit by: Bryant C. White (as) date 8-29-19

Authorization to Construct by: Marian Dotson date 3/11/19 Existing System Inspection by: _____ date _____

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


223.20
36.5'
85.7'
49
36,561 sq. ft.
0.84 AC.
184.2'
123.5'
115.0'
101.8'
1.5'
BM
66.0'
34.9'
57.9'
125.5'
33.2'
N
Scale 1"=50'
N60°55'16"E
305.33
22
0.62 AC.
23
0.85 AC.
50'
MAX
55' house
box
N54°19'49"E
268.13
95'
95'
24
0.77 AC.
N54°19'49"E
269.46
25
0.71 AC.
26
0.85 AC.
N54°19'49"E
267.82
97.3'
122.7'
OK 6-24-08 sm
10' ante repair OK
87' measured


223.20
36.5'
85.7'
49
36,561 sq. ft.
0.84 AC.
184.2'
41.5'
115.0'
101.8'
123.5'
66.0'
34.9'
57.9'
125.5'
33.2'
N
Scale 1"=50'
N60°55'16"E
305.33
22
0.62 AC.
23
0.85 AC.
N54°19'49"E
269.46
N54°19'49"E
267.82
25
0.71 AC.
26
0.85 AC.
24
0.77 AC.
8.13
97.3'
122.7'
50' MAX
55' house
60% sq. ft.
95'
45'
87' measured
OK 6-24-08
10' entire
OK
39N



MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, SC 29715
803-802-4403 (office)
803-802-4402 (fax)

Reference: Data Sheet for Paramount Woods Lot 24
House Footprint: 50' x 55'
Building Setback: 35' front/back, 15' side
Water Source: Community Well
Number of Bedrooms: 3/360gpd
Proposed LTAR: 0.25 gpd/ft2 (initial), 0.1 gpd/ft2 (repair)
Suggested system type: PPBPS (initial), LPP (repair)
Distribution: Low Pressure-Central valve box
Pressure Head: 2'
Tap Size & Material: 3/16"
Flow Per Tap: 0.59 gpm
System Flow: 32.5 gpm
Dosing Volume: 198.0 gal
Pump Run Time: 6.1 min
Elevation Head: 3.1'
Friction Head: 0.5'
TDH: 6.7'
Septic/ Pump tank size: 1000 gallons
Proposed Trench Bottom: 36"

RECEIVED
JUN 09 2008
By

Line	Design Length	Actual Length	Elevation
Orange 1	**50'**	**50'**	**20.7'**
Yellow 2	**95'**	**105'**	**22.9'**
Blue 3	**95'**	**105'**	**25.1'**
Orange 4	*210'*	*105' (x2)*	*27.1'*
Yellow 5	*190'*	*95' (x2)*	*29.0'*
Blue 6	*180'*	*90' (x2)*	*31.0'*
Orange 7	*170'*	*85' (x2)*	*33.4'*

Initial system: 240' (55 panels) ***Repair system:*** *750'*
Pump tank: 18.8' **Benchmark:** 0.7'
House Corner: 17.4'

Comments: Orange 5-Orange 8 are spaced at least 10' on center. We are assuming a line of equal length between the flagged lines for the LPP repair.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Paramount Homes
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: 3 bedroom PROPOSED DESIGN FLOW (.1949): 360 gpd DATE EVALUATED: _____
LOCATION OF SITE: Windstone #24 PROPERTY SIZE: _____
WATER SUPPLY: • Private • X Public • Well • Spring • Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: • Auger Boring • X Pit • Cut TYPE OF WASTEWATER: • X 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 15%	0-22	Br scl wsbk	Fr ss sp	—	49"	—	—	PS 0.3 .30K gm
		22-49	R c sbk/Abk	Fr ss sp					
2	LS 15%	0-7	Br scl wsbk	Fr ss sp	F-< 10%	48"	—	—	PS 0.25 OK .25 gm
		7-48	R4 sc sbk/Abk	Fr ss sp					
		48 -	chr 2						
3	LS 15%	0-17	Br scl wsbk	Fr ss sp	—	48"	—	—	PS 0.3 .30K gm
		17-48	R c sbk	Fr ss sp					
4	LS 10%	0-8	Br scl wsbk	Fr ss sp	Few mn Few 10%	32"	—	—	PS 0.225 0.25 .1 LPP
		8-32	R Br sc wAbk	Fr ss sp					
		32	chr 2						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480 ft²	3600 ft²
System Type(s)	PPBPS	LPP
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA & Assoc.
OTHER(S) PRESENT: _____

COMMENTS: _____

RECEIVED FEB 2 8 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AC w/Inspection #242583

Application For: ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Mike Faulkenberry **Address:** 15 Froewin Rd. G-2 Center Moriches, NY **Zip:** 11934
Applicant Email: wmf2087@windstream.net **Phone:** 980-722-7370 **Alt. Phone:**
Owner Name: Ed Belanger **Address:** 15 Froewin Rd G-2 Center Moriches, NY **Zip:** 11934
Owner Email: edbcbhomes@aol.com **Phone:** 631-831-1461 **Alt. Phone:**

Property Information:

Street Address: 170 Holly Springs Loop Troutman, NC 28166
Subdivision Name: Windstone Crossing **Section/Phase:** **Lot Number:** 24
Driving Directions: I77 S take exit 45 TL Amity Hill Rd. TL Rich Rd TR Windstone Dr.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well (X) 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: _____ 2-28-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

(ALL ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS ALTERED 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: X 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: ___ 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	Work Phone
Paramount Homes Center	PO Box 25 Moriches, NY 11934	-	631-774-8864
Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Windstone Crossing	Lot 24

Driving Directions: 115 S, TL Oswalt Amity, TL Pilch, Straight to Windstone, TR Holly Springs, [redacted] on Rt

****

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
( ) Repair To Failing Septic System

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

Crawl Space Foundation?
( ) 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)*

( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other_____ ( ) No Preference

****

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: _____ 5/30/08
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 _____, identified as PIN (Parcel Identification Number) _____, 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
	8/10/18		8/10/18

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

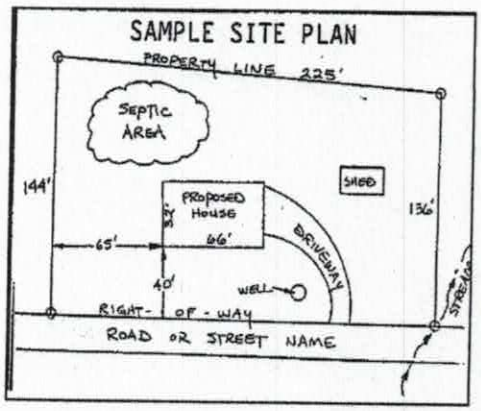
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- ( ) Preferred well location
- (X) 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 proposal from Michael Athanis and Assoc.

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

2-28-19
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:

____ **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:

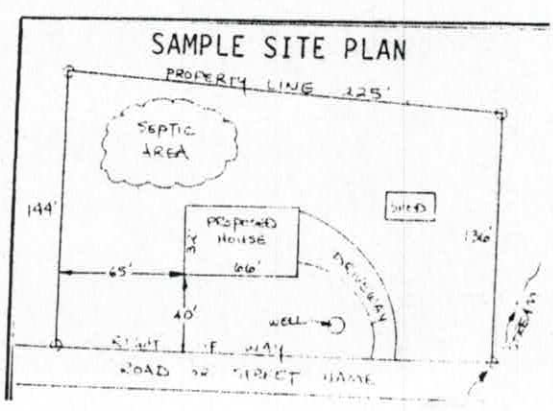
____ **Location of septic systems and wells within 100' of your property…** **N/A**
____ **Location of easements and rights of ways on your property…** **N/A**
____ **Location of any designated wetlands on the property…** **N/A**

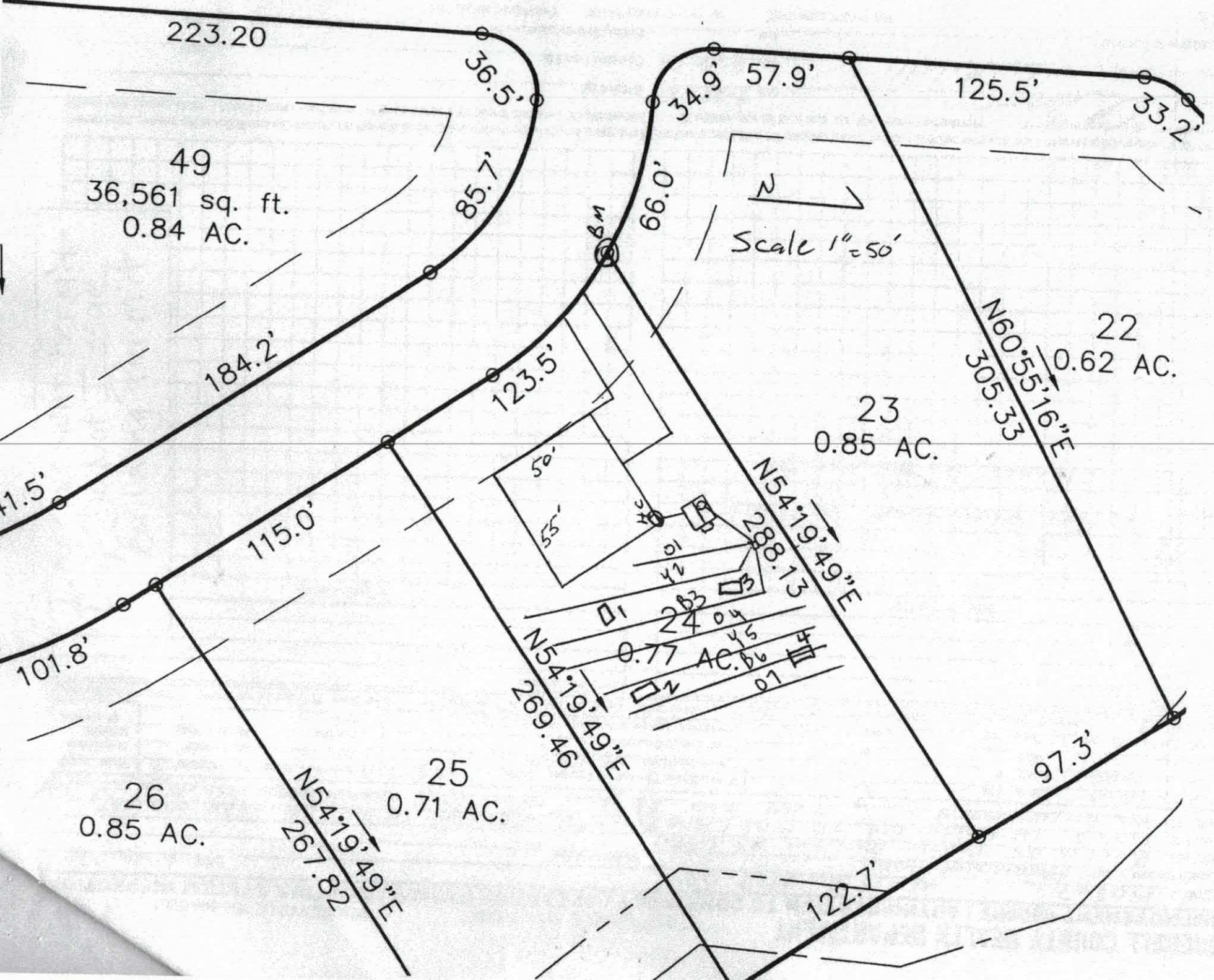
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

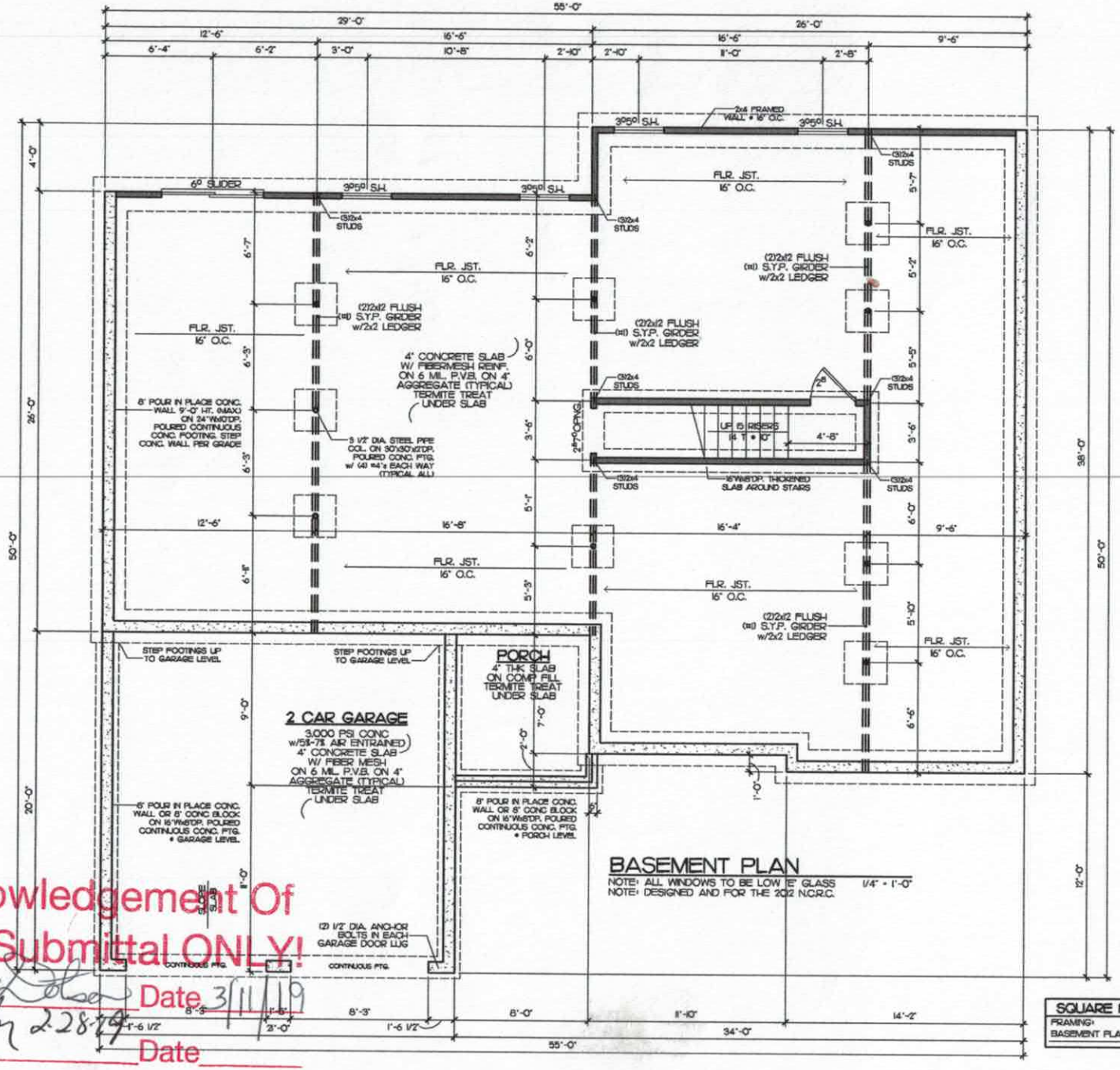
6/2/08
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Plan




223.20
36.5'
85.7'
49
36,561 sq. ft.
0.84 AC.
184.2'
41.5'
101.8'
115.0'
123.5'
50'
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BM
66.0'
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57.9'
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Scale 1"=50'
N60°55'16"E
305.33
22
0.62 AC.
23
0.85 AC.
N54°19'49"E
288.13
24
0.77 AC.
N54°19'49"E
269.46
25
0.71 AC.
26
0.85 AC.
N54°19'49"E
267.82
97.3'
122.7'



BASEMENT PLAN

NOTE: ALL WINDOWS TO BE LOW 'E' GLASS
NOTE: DESIGNED AND FOR THE 2012 N.C.R.C.

1/4" = 1'-0"

SQUARE FOOTAGES
FRAMING:
BASEMENT PLAN - 1730 SQ FT

GARAGE LEFT

Acknowledgement Of Plans Submittal ONLY!
Maria Colson Date 3/11/19
Wm Fulbright 228-19 Date

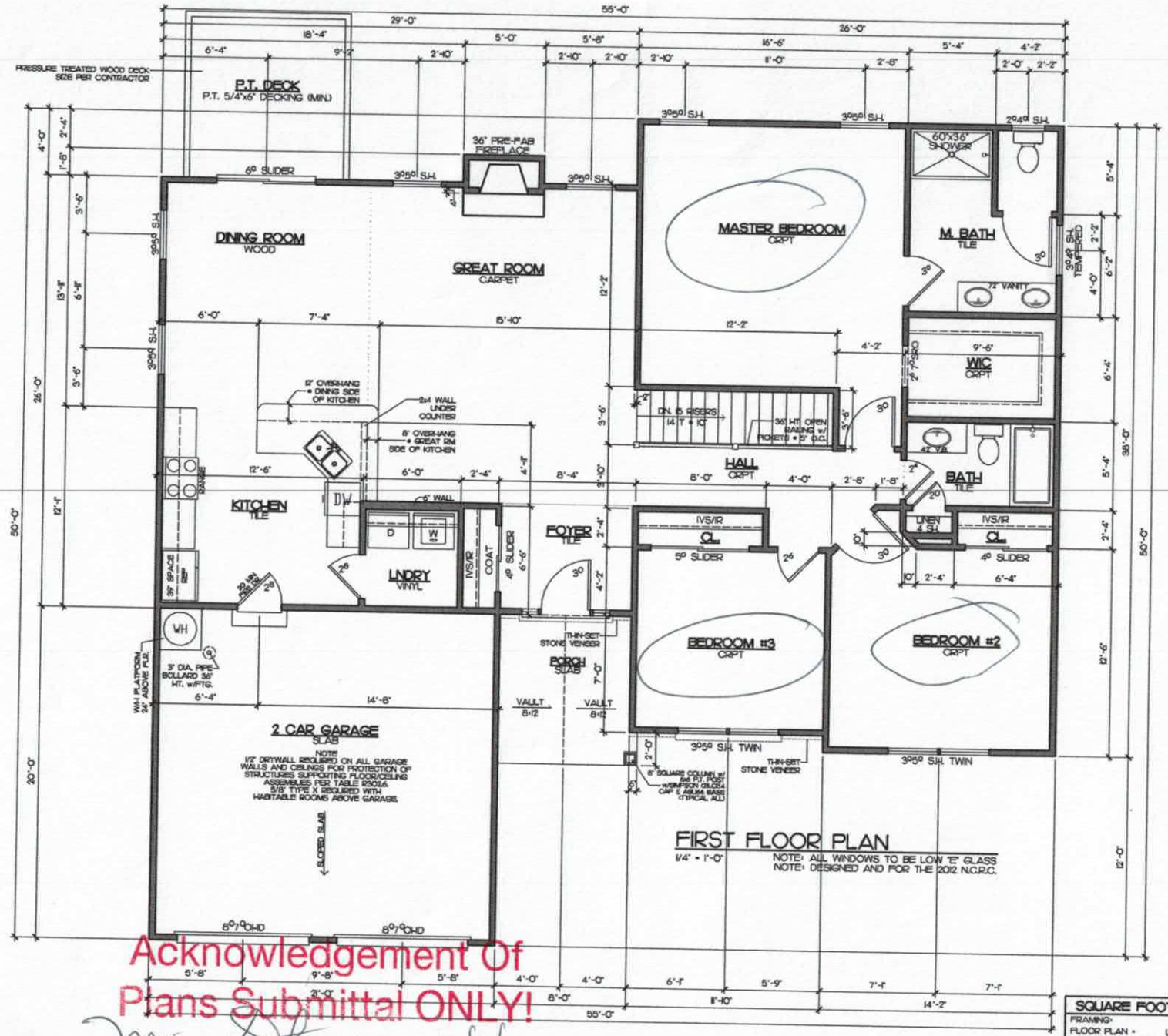
Drafting Room Inc.
Charlotte, N.C.
704-542-9665
COPYRIGHT STATEMENT

WINDSTONE ESTATES

Project: THE BAYPORT
Sheet Title: BASEMENT PLAN

DR. BY: J. BODNAR
Date: 08-17-17
REV: 05-16-18

WS-BAY_BSMNT_GL
Sheet
2a



FIRST FLOOR PLAN

1/4" = 1'-0"

NOTE: ALL WINDOWS TO BE LOW "E" GLASS
NOTE: DESIGNED AND FOR THE 2012 N.C.R.C.

SQUARE FOOTAGES	
FRAMING:	
FLOOR PLAN -	1740 SQ FT
GARAGE -	420 SQ FT
FRONT PORCH -	73 SQ FT

GARAGE LEFT

Acknowledgement Of Plans Submittal ONLY!

Date 3/11/19

2-28-19

Date

Drafting Design Inc.
Charlotte, NC
704-542-9826
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WINDSTONE ESTATES

Project: THE BAYPORT
Sheet Title: FLOOR PLAN W/BASEMENT

DR. BY: J. BODNAR
Date: 08-07-17
REV: 05-16-18

WS-BAYPL_BSMNT_GL

Sheet 3a

IREDELL COUNTY

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

APPLICATION NUMBER
242583
Issue Date: 02/28/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751275194.000	170 HOLLY SPRINGS LOOP, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PILCH ACRES HOLDING LLC	Applicant: WINDSTONE CROSSING INC
Address: 423	Address: 15 FROWEIN RD STE G-2
IREDELL CO, NC 28625	CENTER MORICHES, NY 11934
Phone:	Phone: 704-528-8450

Use Requested	Zone Code
NEW SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.770					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	169178	TOTAL FEES:	$ 77.25

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 #:	150867ZO	Subdivision:	Paramount Woods windstone
Proposed Use:	Single Family	Township:	1600 Barringer
Location of Property:	000 HOLLY SPRINGS Lp. TROUTMAN NC 28166		
Parcel #:	4751264478.024	Zoning:	RA
Lot #:	24 Size: 0.85	Flood Plain:	No Watershed: None
Applicant:	PARAMOUNT HOMES	Owner:	Pilch Acres holding, LLC
Address:	P.O. BOX 25 CENTER MORICHES NY 11934	Address:	4992 Expressway Dr, South Rowkonkoma, NY 11799
Phone:		Phone:	828-478-2012
Property Recorded:	No Site Plan Reviewed:	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:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

DEVELOPER PERMIT

Directions:

I77S TO AMITY HILL RD EXIT - TURN LFT, RT ON PILCH - RUNS INTO PEAR TREE RT, SUBDIVSION ON RT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$380.00

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.

PAULA WOODY Printed: 6/4/2008

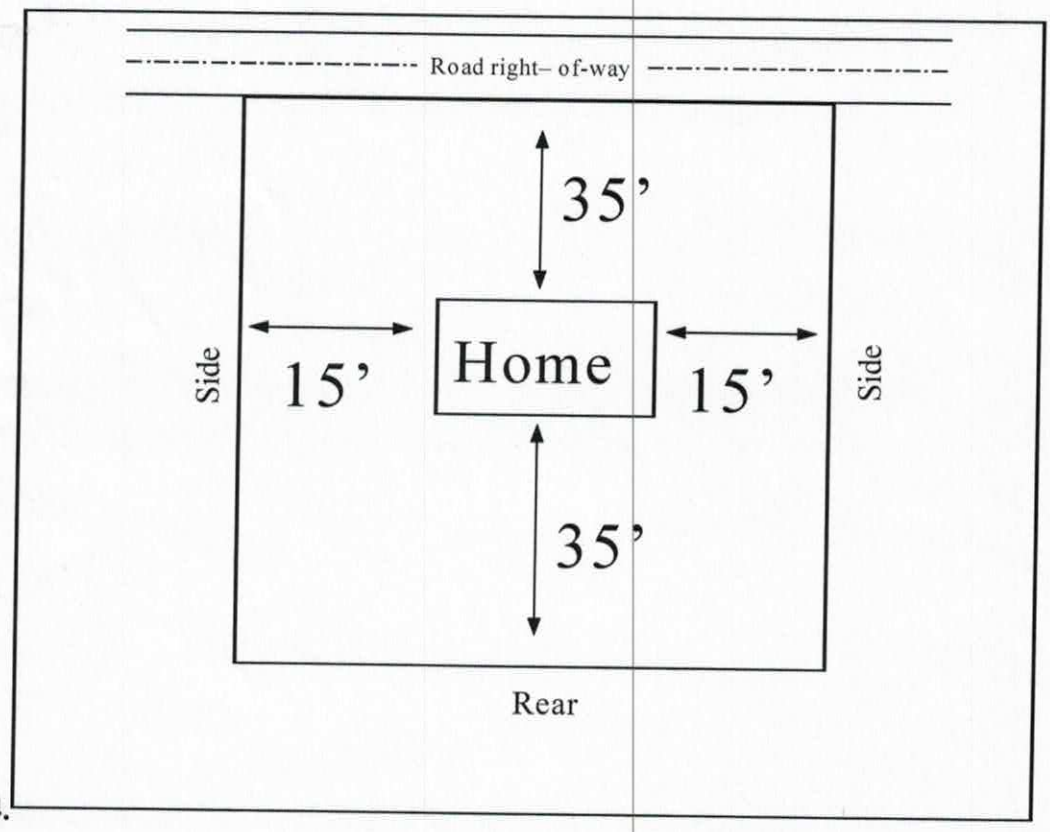
ZONING DISCLAIMER

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 : lot #24, Holly Springs Lp.



#54.

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.