ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP- 323447

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

PIN # 4752 -- 68 -- 4449

APPLICANT/OWNER: JEFFERY ROBINSON

APPLICANT ADDRESS: 529 SHILOH ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 530 SHILOH ROAD, STATESVILLE, N.C., 28677

PHONE: 704-437-9144

ALT. PHONE 704-872-7007

SITE DIRECTIONS: (E) ON 70, (R) ON SHILOH, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: -

SECTION: - LOT # - LOT AREA: 43.965

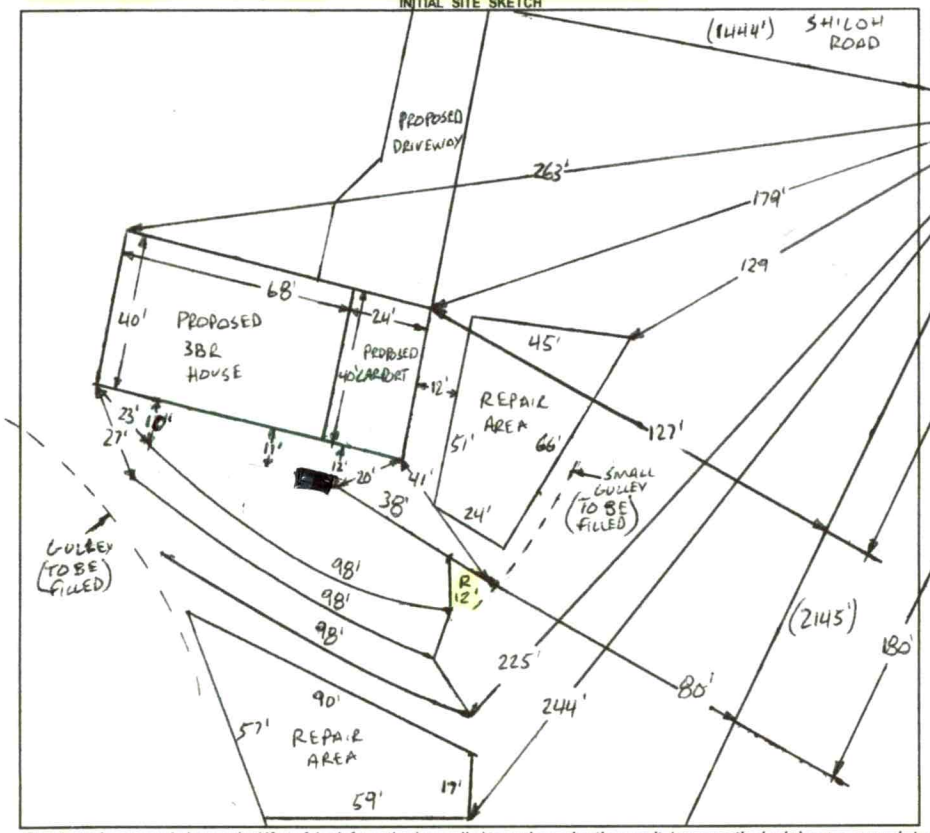
DESIGN FLOW: 360GPD L.T.A.R.: 0.275(0.225) REPAIR

Septic Tank	1000 (gal)	STB 1012	Date 8-22-22	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	- (gal)	PT -	Date -	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make	-	Model -	Serial # -	Repair System Description:	50% REDUCTION	☐ Other	No. Employees -
# Nitrification Fields	1	# Lines 4	Linear Ft 332 ft	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth -	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT SHALLOW UP, GULLEYS MUST BE FILLED

INITIAL SITE SKETCH



AS BUILT SKETCH

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

1IN = 50 FT
S.T. = SEPTIC TANK
R = REPAIR

Installed as shown - gullies filled as required.

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: 3-30-22

Installed by: Steve Jordan - Piedmont Backhoe

IMPROVEMENT PERMIT by: Bryant L. White Date: 1-28-2022

OPERATION PERMIT by: [signature] D. Meberg Date: 10/28/22

AUTHORIZATION TO CONSTRUCT by: Bryant L. White Date: 2-1-2022

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-323447

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

PIN # 4752 -- 68 -- 4449

APPLICANT/OWNER: JEFFERY ROBINSON | APPLICANT ADDRESS: 529 SHILOH ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 530 SHILOH ROAD, STATESVILLE, N.C., 28677 | PHONE: 704-437-9144 | ALT. PHONE 704-872-7007

SITE DIRECTIONS: (E) ON 70, (R) ON SHILOH, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: – | SECTION: – | LOT # – | LOT AREA: 43,965 | DESIGN FLOW: 360GPD | L.T.A.R.: 0.275 (0.225) REPAIR

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	– (gal)	PT	–	Date	–		
Pump Make	–	Model	–	Serial #	–		
# Nitrification Fields	1	# Lines	4	Linear Ft	332 FT		
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	–		

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: 50% REDUCTION

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

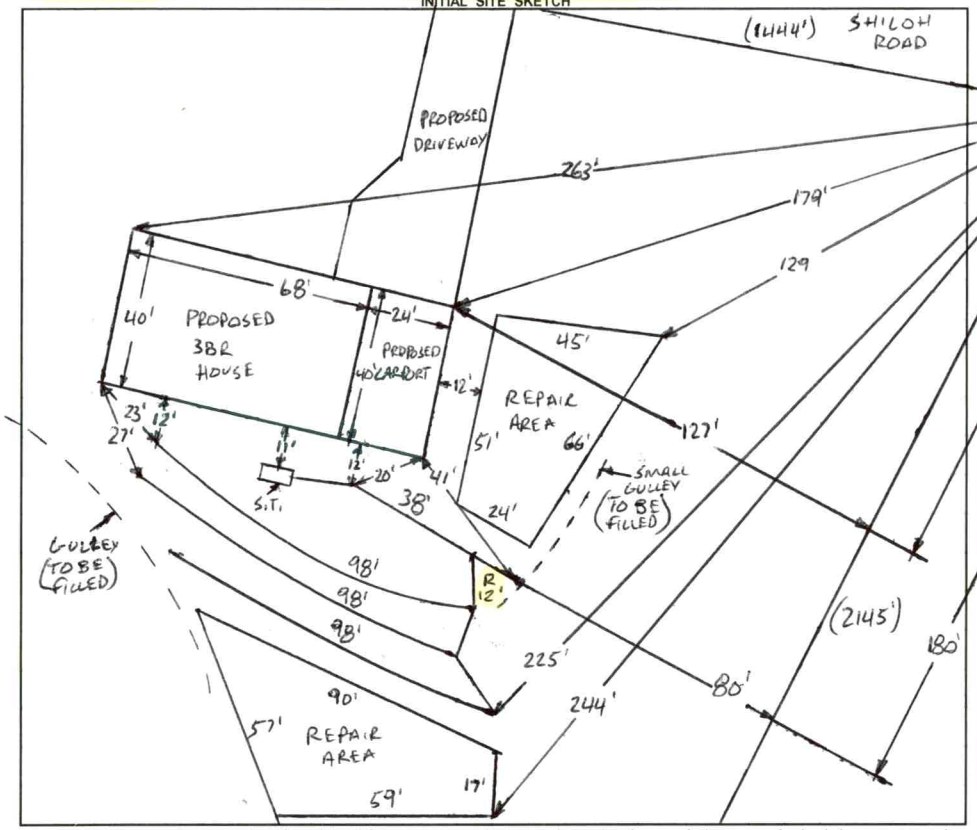
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees – | ☑ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT SHALLOW UP, GULLEYS MUST BE FILLED

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1 IN = 50 FT

S.T. = SEPTIC TANK

R = REPAIR

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: 3-30-22 Installed by:

IMPROVEMENT PERMIT by: Bryant C. White Date: 1-28-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 2-1-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

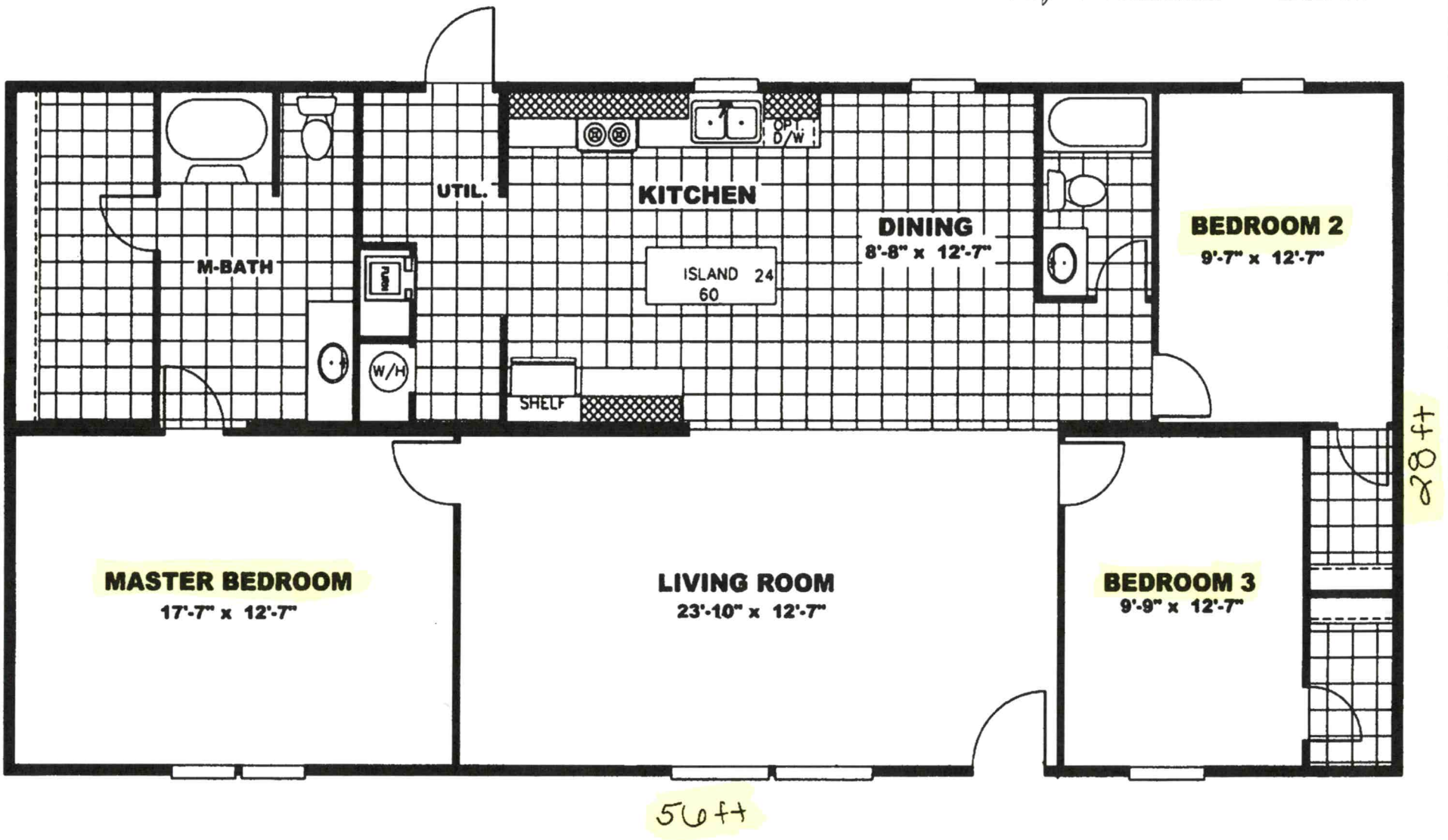
Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

530 Shiloh Road

Acknowledgement Of
Plans Submittal ONLY!

Date 1-28-22

Date 2-1-2022



4752-68-4449
PIT 1
PIT 3
1IN=50FT
98'
98'
98'
50
PIT 2
530
PIT 4
Shiloh Rd
4752-67-5762
4752-68-
4752-77-36

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4752-68-4469
COUNTY: IREDELL

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

OWNER: JEFFERY ROBINSON
APPLICATION DATE 11-30-2021
ADDRESS: 529 SHILOH ROAD, STATESVILLE, N.C. 28677
DATE EVALUATED: 1-10-2022
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 43,965AC
LOCATION OF SITE: 530 SHILOH ROAD, STATESVILLE, N.C. 28677
PROPERTY RECORDED: YES
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 10%	0-5	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT V/B MOTS 0"-20"	49"+	NA	NA	PS .275 BELOW 20".
		5-33	C, SBK	FI, S, P, SEXP					
		33-49	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 12%	0-31	C, SBK	FI, SS, SP, SEXP	SAP INC THRU OUT V/B MOTS 0"-18"	51"+	NA	NA	PS .275 BELOW
		31-51	CL, WSBK	FR. SS, SP, SEXP					
3	LINEAR SIDE 8%	0-33	C, ABK	FI, S, P, SEXP	SAP INC THRU OUT V/B MOTS 0"-30"	50"+	NA	NA	PS .225
		33-50	CL, WABK	FR, SS, SP, SEXP					
4	SHOULDER 5%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW V/B MOTS 0"-12"	50"+	NA	NA	PS .275
		9-32	C, SBK	FI, S, P, SEXP					
		32-50	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.275	0.225

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnett C. White
OTHER(S) PRESENT:

425
35

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

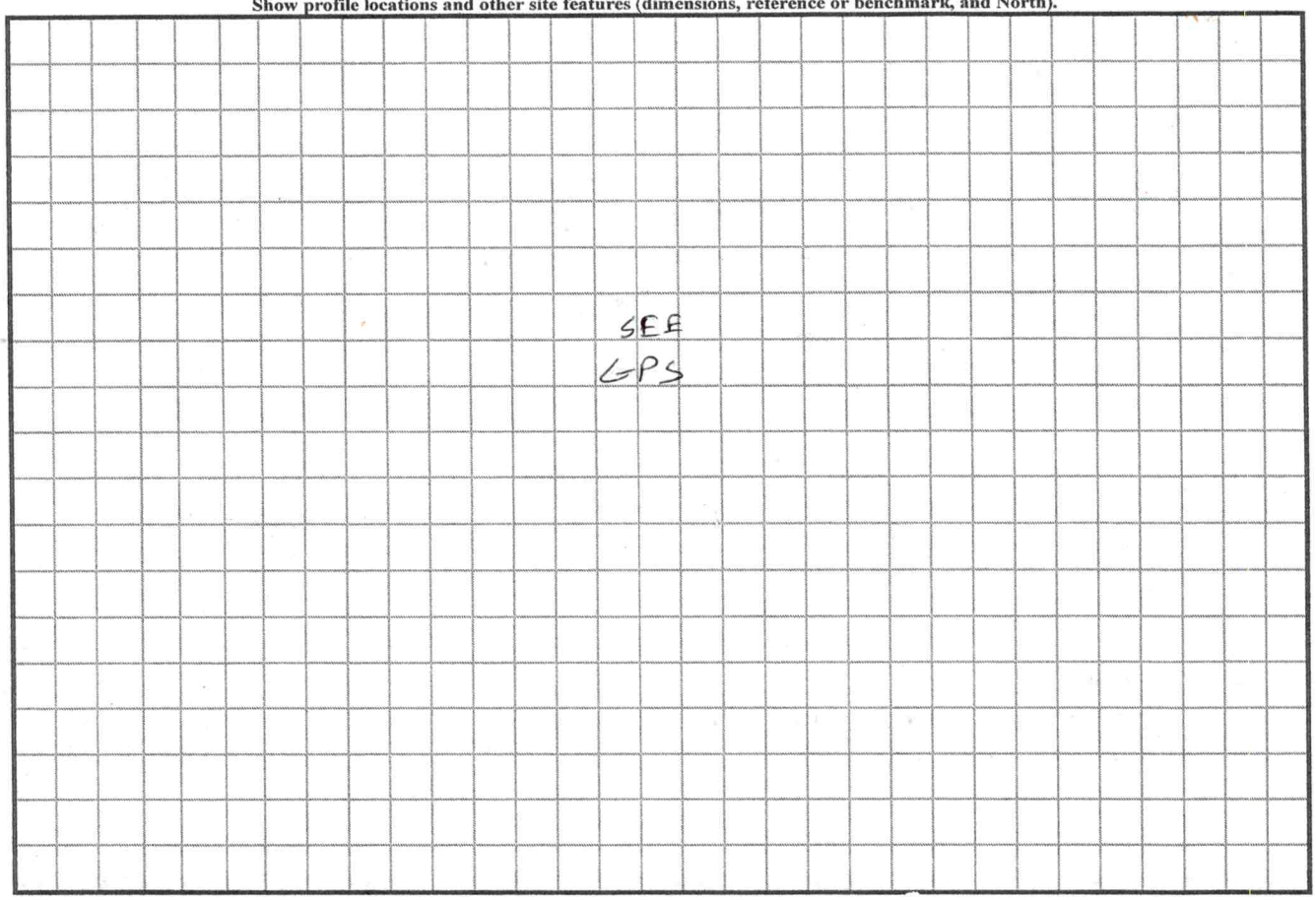
NOTES

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).



RECEIVED NOV 30 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-323447 $500.00

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Jeffrey Robinson Address: 529 Shilon Rd Zip: 28677
Applicant Email: Kristenwagner711@gmail.com Phone: 704-437-9144 Alt. Phone: _____
Owner Name: Freddie Shives Address: 515 Shilon Rd Zip: 28677
Owner Email: _____ Phone: 704-872-7007 Alt. Phone: _____

Property Information:

Street Address: 530 Shilo4 Rd Statesville

Subdivision Name: N/A Section/Phase: _____ Lot Number: _____

Driving Directions: On Shilon Rd, 1.5 miles from Hwy 70. Across the road from 515 Shilon Rd.

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: 3
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.

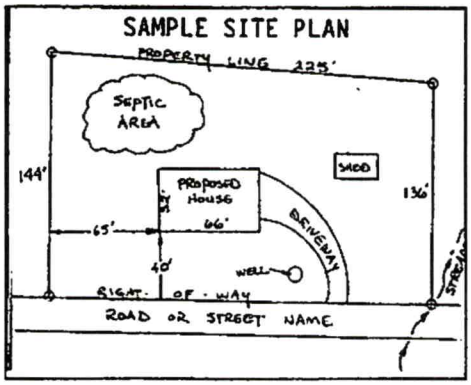
Signature: _____ 11-29-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

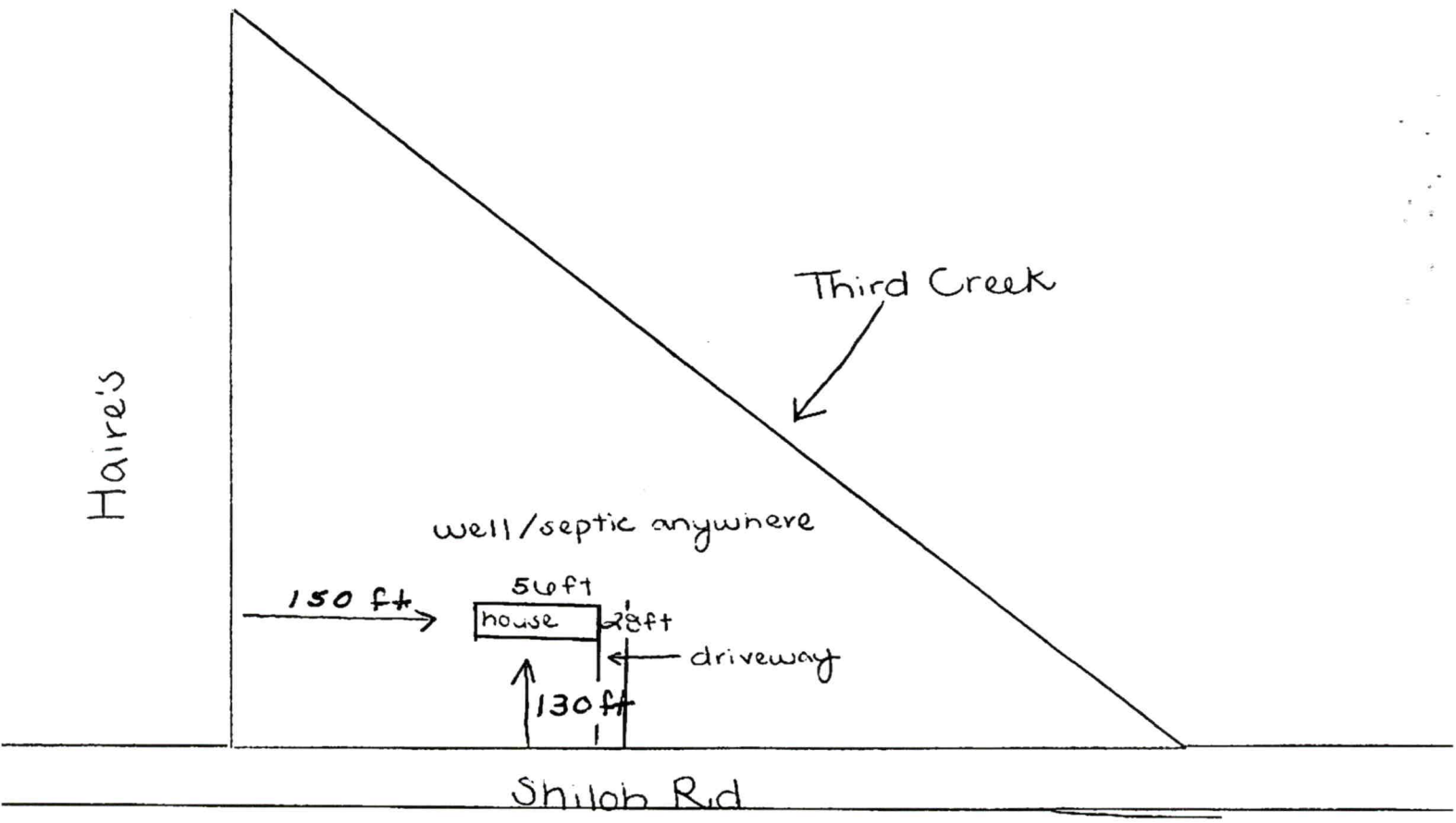
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other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

Circle N/A on the following if appropriate:

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: Jeff O Reilly

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

11-29-21

DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☐ **2.** I, Freddie A. Shines, am the legal owner(s) of the property located at 530 Shiloh Rd Statesville, identified as PIN (Parcel Identification Number) 4752684449, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jeffrey Robinson, John O Rum, 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.

Freddie A. Shines
Signature of Owner(s)

12-29-20
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323447 Issue Date: 11/29/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4752684449.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: SHIVES FREDDIE A+LIDA D	Name: JEFFREY ROBINSON
Address:	Address: 529 SHILOH RD
,	STATESVILLE, NC 28677
Phone:	Phone: (704)437-9144

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	YES

Remarks
DWMH *530 SHILOH RD* DO NOT PLACE ANYTHING IN FLOOD ZONE DO NOT PLACE ANYTHING IN FLOOD ZONE.

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.

Date: 11/29/2021

Signature of Owner/Contractor

Permit Number	323447	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide ✓ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories?___

Please describe project (Details, Purpose, or Use): Putting doublewide on property

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1568 sf

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Freddie Shives Phone # 704-872-7007

Owner's Current Address 515 Shilon Rd Statesville, NC 28677

Property Information

Property Address 530 Shiloh Rd Statesville Parcel # 4752684449

Subdivision: N/A Lot:___ Zoning:___ Watershed: Y / (N) Flood Plain: Y / N Township:___

Directions to property (from a MAIN ROAD) 1.5 miles down Shilon Rd, off of Hwy 70

Application Information

Applicant's Name or Company Jeffrey Robinson Applicant's Phone # 704-437-9144

Applicant's Address 529 Shilon Rd Statesville, NC 28677

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Jeff O Robn DATE 11-16-21

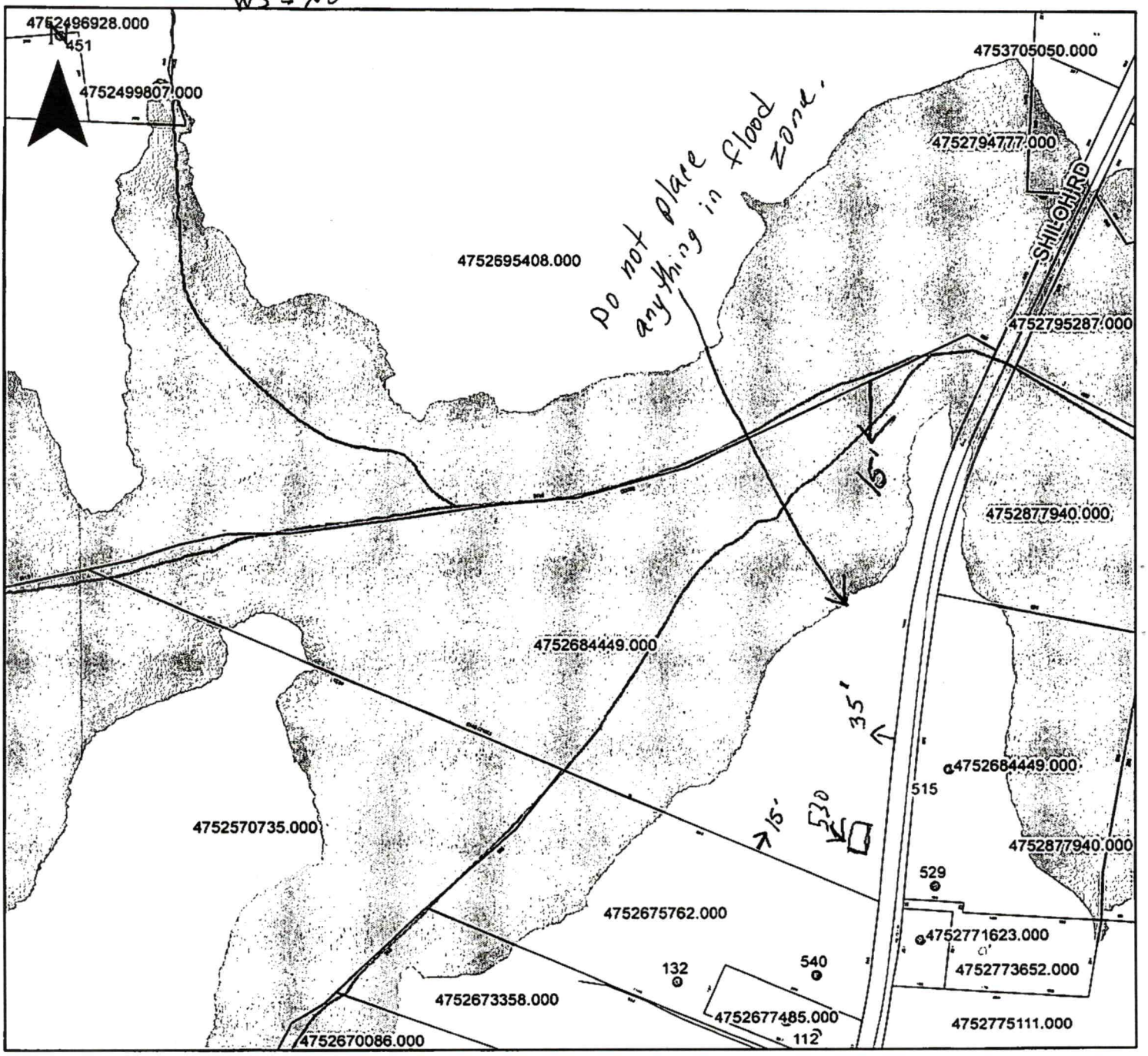
acres 43.965
1 MH 88 RA flood.

43.965 AC FL-Y 323447

RA

WS-NO

ZONING DISCLAIMER



Property Address 530 Shiloh Rd.

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.

John O Pace

Applicant

11-29-21

Date


0.2 PCT ANNUAL CHANCE FLOOD HAZARD
X
0.2 PCT
ANNUAL CHANCE
FLOOD HAZARD
SHILOH
515 SHILOH RD
530 SHILOH RD
529 SHILOH RD
471 SHILOH RD
537 SHILOH RD
533 SHILOH RD
540 SHILOH RD
132 DOODLE DR
112 DOODLE DR
DOODLE
106 DOODLE DR
125 DOODLE DR
551 SHILOH RD
558 SHILOH RD
162 HENDERSON DR
152 HENDERSON DR
146 HENDERSON DR
150 HENDERSON DR
134 HENDERSON DR
138 HENDERSON DR
130 HENDERSON DR
144 HENDERSON DR
128 HENDERSON DR
118 HENDERSON DR
153 HENDERSON DR
132 HENDERSON DR
122 HENDERSON DR
570 SHILOH RD
568 SHILOH RD
147 HENDERSON DR
139 HENDERSON DR
572 SHILOH RD
141 HENDERSON DR
133 HENDERSON DR
135 HENDERSON DR
HENDERSON DR
125 HENDERSON DR
119 HENDERSON DR
580 SHILOH RD
577 SHILOH RD
113 HENDERSON DR
STEEPL
131 STEEPL