ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 FD Mooresville Office (704) 660-3625 PERMIT # AP 314540

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

PIN # 4754538165 ~~705~~

APPLICANT/OWNER: Polly Morgan APPLICANT ADDRESS: 918 Absher Rd. Statesville, NC 28625

SITE ADDRESS: 885 Absher Rd Statesville, NC 28625 PHONE: 704 4504467 ALT. PHONE 704 872-3172

SITE DIRECTIONS: 64 E TR Greenbriar TL Absher R end in cul de sac on left SAP CONTROLLED: ☐ YES ☒ NO

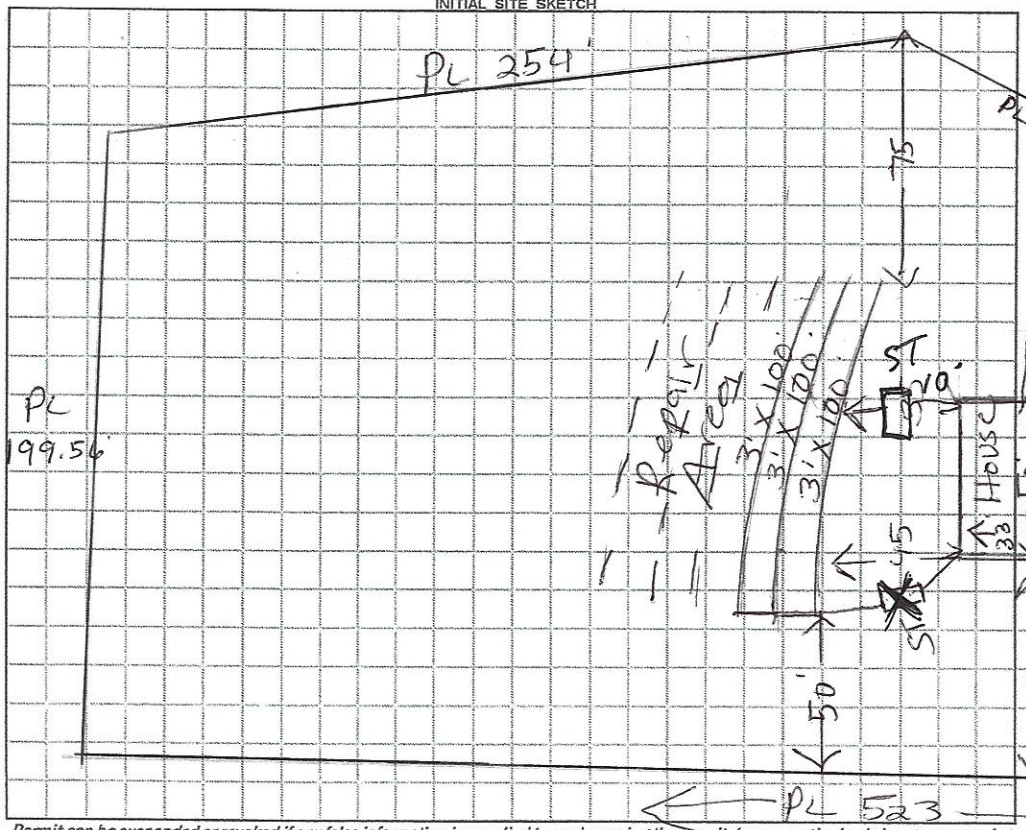
SUBDIVISION: Polly R Morgan SECTION: — LOT # 1 LOT AREA: 2.41 Acres DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 760	Date	9-5-21	☒ 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:	Gravity - 25% Reduction	☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	Same	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	300Ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (~~Low side~~) max	36"	Gravel Depth	N/A		☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

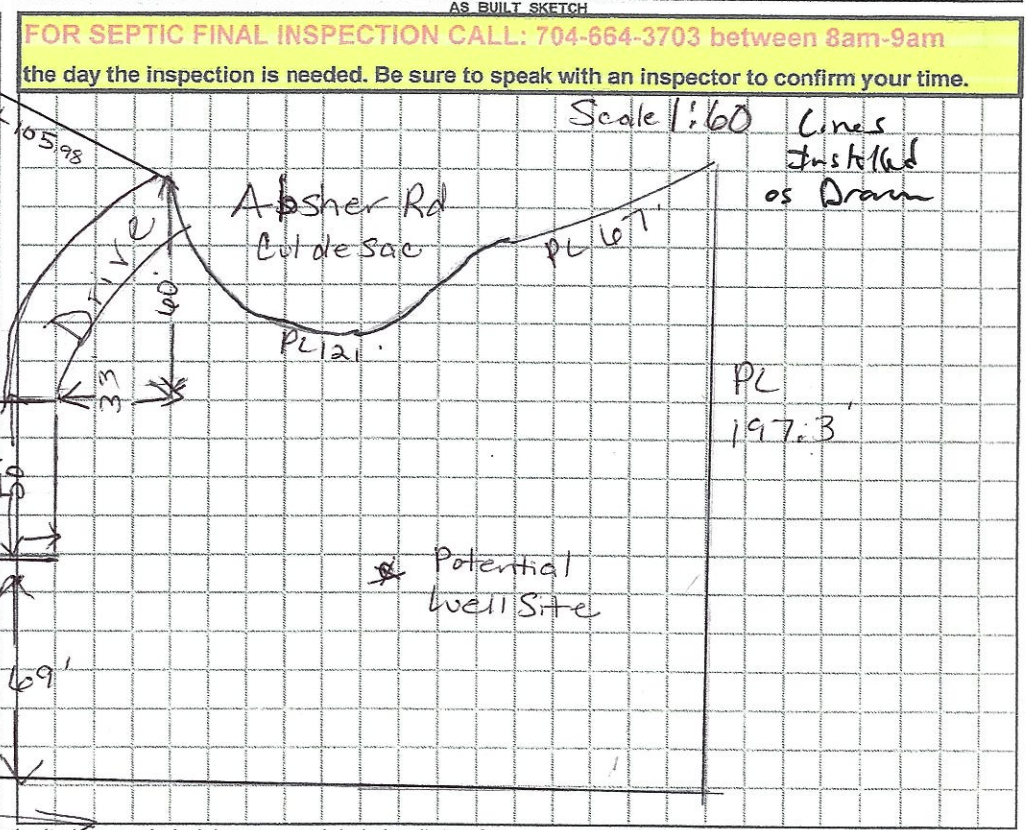
* Floorplan Does not impact Septic Setback

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.



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: Polly R. Morgan Date: 3/24/21 Installed by: JS Grady

IMPROVEMENT PERMIT by: Marina Dotson Date: 3/16/21 OPERATION PERMIT by: Date: 11-9-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin Bolton Date: 3/29/21 Existing System Inspected by: Date:

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

ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4754558
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Polly Morgan
ADDRESS: 918 Absher Rd Statesville, NC
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 885 Absher Rd Statesville, NC
APPLICATION DATE: 1/28/2
DATE EVALUATED: 3/5/2
PROPERTY SIZE: 2.41 Acres
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) .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
1	I L 4%	0-5	Mulch/Fill						PS .3
		5-23	Rd/Brw CL	wSBK SS, SP, SExP, FR					
		23-58	R C/CL	m-wSBK SS, SP, SExP, FR					
		58-62	Yel/Brw CL	wSBK SS, SP, SExP, FR					
		62-	C SAP		—	62"	PS	—	
2	R L 4%	0-12	Brw SCL	wSBK SS, SP, SExP, FR					PS .3
		12-34	R C	m-w SBK SS, SP, SExP, FR					
		34-62	R CL	w SBK w SBK SS, SP, SExP, FR w/Some SAP Inclus					
		62-65	C SAP	FR, massive		62"	PS	—	
3	R L 6%	0-8	Brw SCL	wSBK SS, SP, SExP, FR					PS .3
		8-27	R CL	w SBK w SBK SS, SP, SExP, FR					
		27-58	R to C/R	CL wSBK w/SAP Inclus					
		58-62	C SAP	massive FR	—	58"	PS	—	
4	I L 6%	0-15	Brw SCL	wSBK SS, SP, SExP					PS .3
		15-36	R CL	M SBK w SBK SS, SP, SExP, FR					
		36-58	R CL	wSBK SS, SP, F					
			W/Few	SAP Inclus					
		58-70	C SAP	massive FR		58"	PS	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Tony Bowles, Cody Gibson

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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.

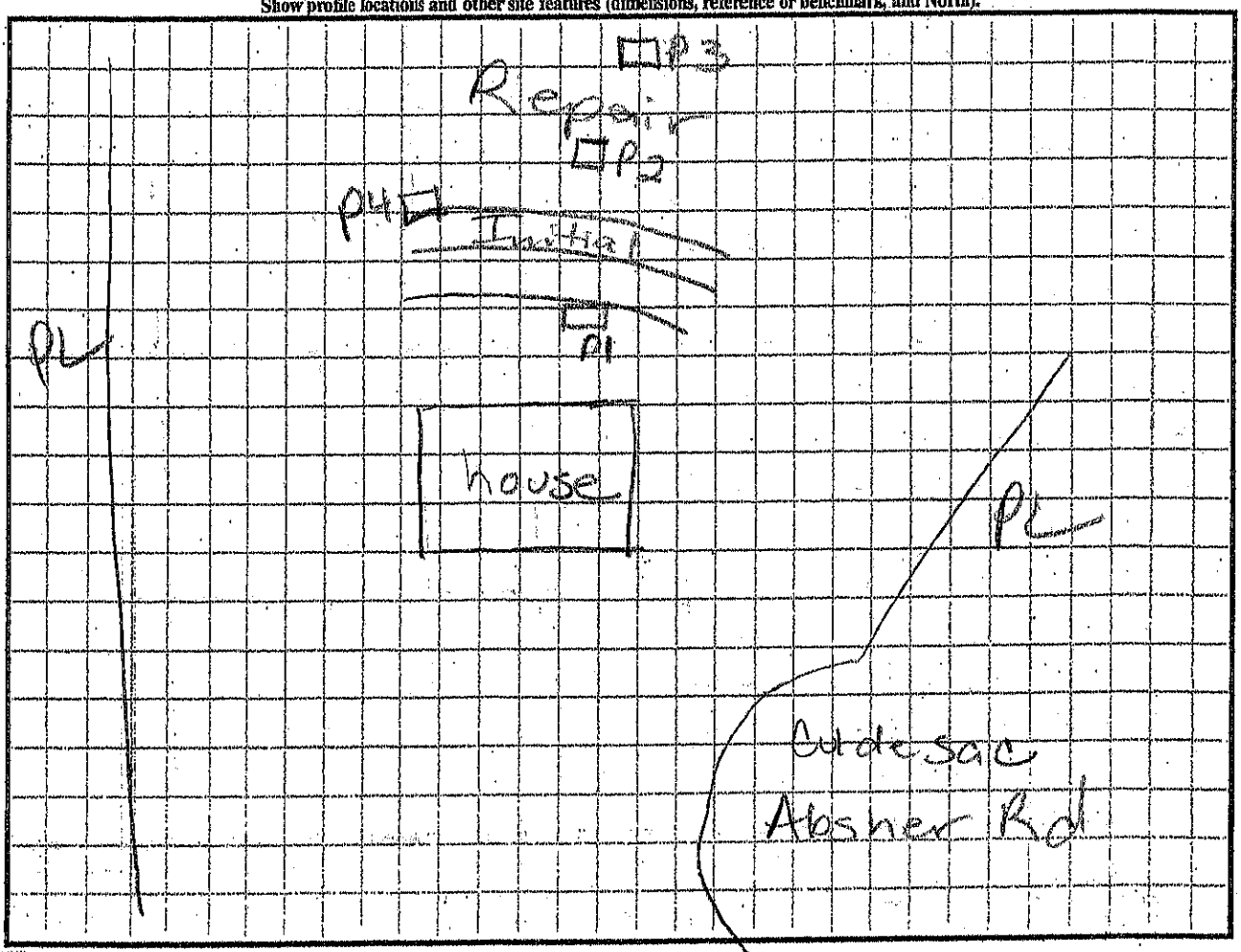
NOTES

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).



ENR (######)
eview (######)

RECEIVED MAR 2 4 2021 314540

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*

Application For: (✓ Septic 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: Polly Morgan Address: 918 Absher Rd, Statesville, NC Zip: 28625
Applicant Email: Polly.morgan@roadrunner.com Phone: 704.450.4467 Alt. Phone: 704.872.3177
Owner Name: Polly Morgan Address: 918 Absher Rd, Statesville, NC Zip: 28625
Owner Email: polly.morgan@roadrunner.com Phone: 704.450.4467 Alt. Phone: 704.872.3177

Property Information:

Street Address: 885 Absher Rd, Statesville, NC 28625
Subdivision Name: NA Section/Phase: _____ Lot Number: _____
Driving Directions: Take E. Greenbriar Rd to Absher Rd → Turn Left onto Absher Rd → at the end of road (Cul de Sac) property on left side (Scholzwick Homes Sign in yard)

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

(✓ New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 3
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1400 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: Polly Morgan 1-28-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Polly Morgan 3-24-2021

314540

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ X. • APPLICANT AND OWNER ARE THE SAME. • (*Sign here*) Polly Morgan

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.

☑ X. I, Polly Morgan, am the legal owner(s) of the property located at 985 Absher Rd, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4754538165.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Sedgewick Homes, - Cody Gibson, 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.

Polly Morgan
Signature of Owner(s)

1-28-2021
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

Polly Morgan 3-24-2021

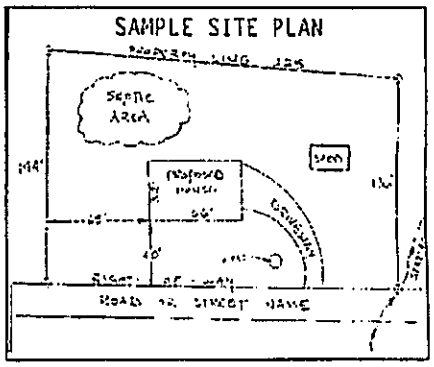
3/4540

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:

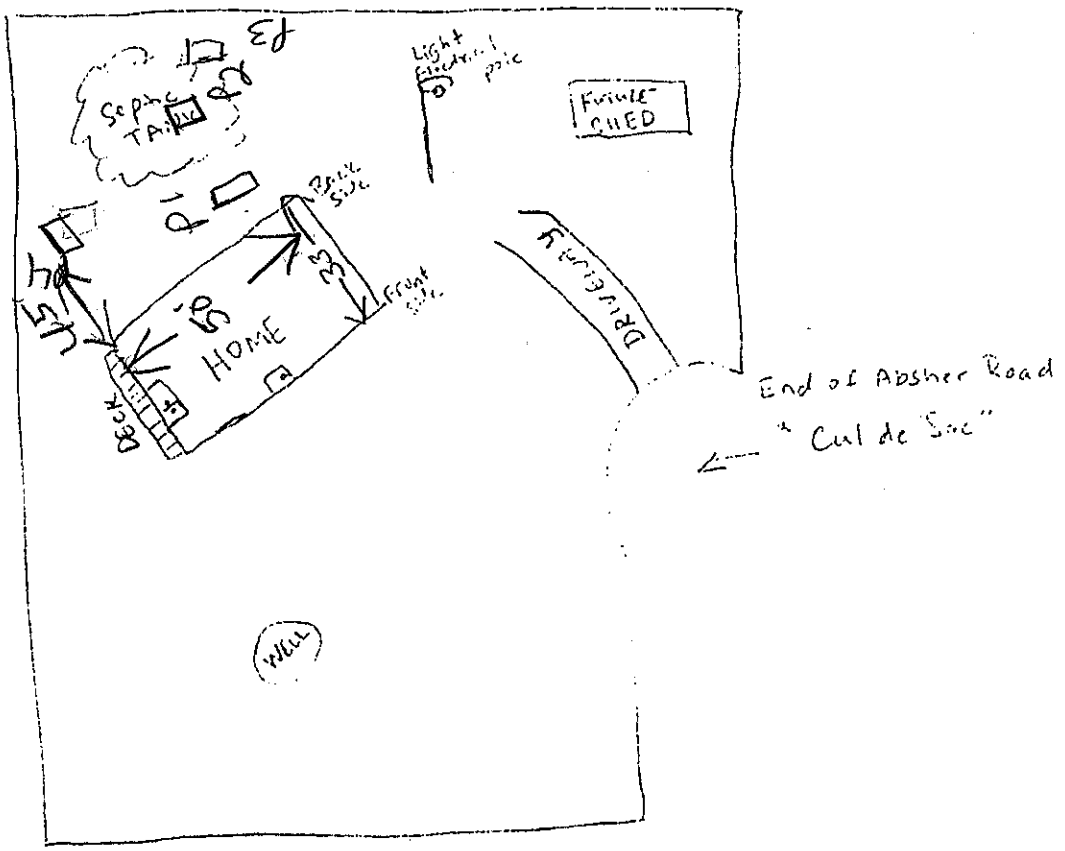
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



45' from the upper line (end)
35' to other the to upper line (mid)

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

1-28-2021
DATE

300 100

55 @ 33' from house
"Land Split" to house
1st to 2nd line
9'

Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- ⊕ EIP ____ EXISTING IRON PIPE AS SHOWN
- ● EIR ____ EXISTING IRON ROD AS SHOWN
- ✕ CP ____ COMPUTED POINT
- ○ IRS ____ 1/2" IRON ROD SET WITH YELLOW CAP
- ✕ MNF ____ MAG NAIL FOUND
- CP ____ CENTER OF PAVEMENT
- R/W ____ RIGHT OF WAY
- PIN ____ PARCEL IDENTIFICATION NUMBER
- NTS ____ NOT TO SCALE
- - - - - - LINE NOT SURVEYED
- ——— LINE SURVEYED
- SURVEYED LINE NOT TO SCALE

FILED FOR REGISTRATION

BOOK _____ PAGE _____

DATE _____ TIME _____ M

_____ OF _____ PAGES

REGISTERED IN RECORD OF _____ COUNTY

REGISTER OF DEEDS

BY:

Vicinity Map (NTS)

Notice

* Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
* This survey is subject to any facts that may be disclosed by a full and accurate title search.
* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.
* This plat was drawn for the exclusive use of the party named hereon. Said certificate do not extend to any unnamed person without an express recertification by the surveyor naming said person.
* This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class XXXX Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1602.
* The ratio of precision before any adjustments is 1:XXXXXXX
* Area determined by coordinate computations.
* No NGS or NCGS Horiz. Control Monument found within 2,000 feet of site.
* As of the date of the resurvey the lots have not been inspected by the Iredell County Health Department. Until inspected there is no assurance that building permits will be issued.
* This lot is to be served by individual Water and Sanitary Sewer Systems.
* There is a "10' Drainage and Utility easement along all lot lines.
* Total number of Lots:

Certificate of Approval for Recording:

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell county.

_____ _____

Subdivision Administrator Date

Survey Certificate

I, Ted W. Benbow, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed descriptions in title block and with adjoining parcels); that this plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1602; that the ratio of precision as calculated before any adjustments is 1:00,000; that this plat was prepared in accordance with G.S. 47-30 as amended.

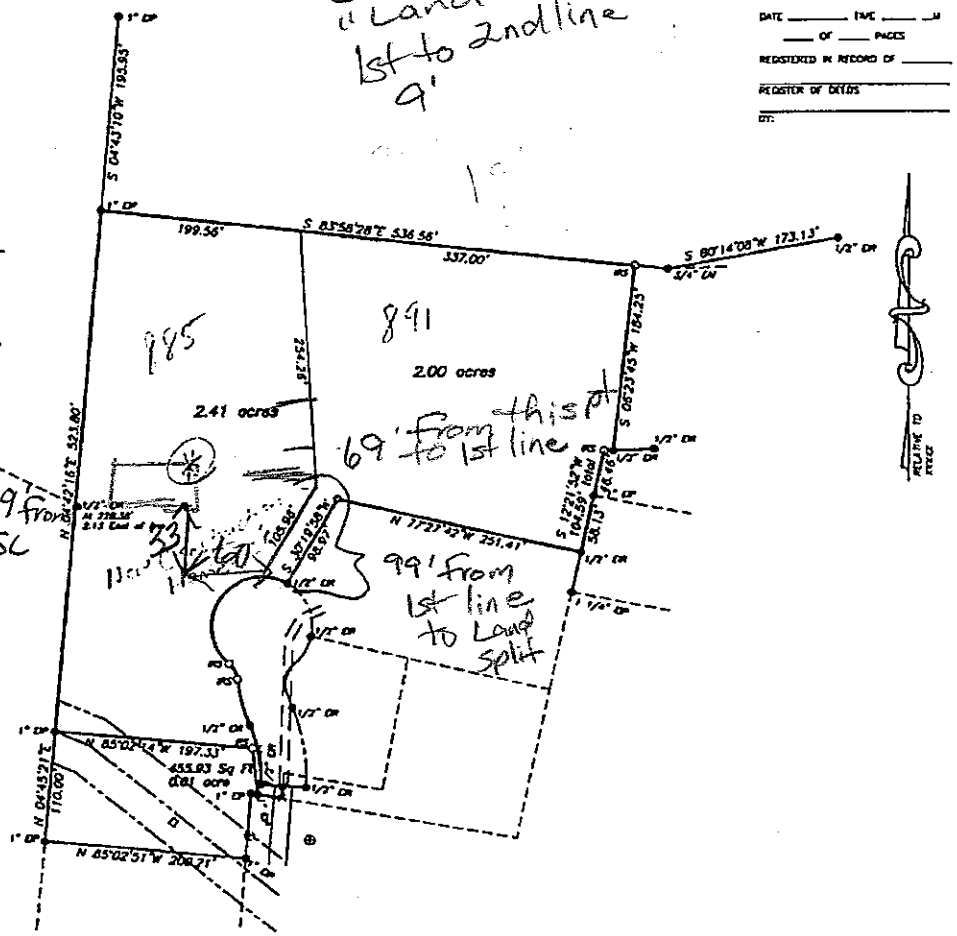
Witness my original signature, registration number and seal this _____ day of _____, 2018 A.D.

_____

Ted W. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED W. BENBOW

TED BENBOW
Land Surveying
Proudly Surveying Iredell County Since 1969
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 876-6681
www.boundarydevelopment.com



69' from SL

33

185

891

69' from this pt to 1st line

99' from 1st line to Land Split

Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel XXXXX, Iredell County North Carolina (City of Statesville Community Panel Number XXXX XXXXXX, effective date: XXXXXXXXXXX), the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X – other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Zoning

ZONING XX (XXXXXXXXXXXX)

Front – XXX Feet
Side – XXX
Rear – XXX

Water Supply Watershed Certificate:

To the best of my knowledge this plat does not lie within a water supply watershed designated by the North Carolina Division of Environmental Management as appears on the Watershed Protection Map of Iredell County, North Carolina.

_____ _____

Subdivision Administrator Date

Review Officer Certificate

State of North Carolina
County of Iredell

I, _____, Review Officer for Iredell County certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

_____ _____

Review Officer Date

Certificate of Ownership & Dedication

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt the plan of subdivision with my free consent, establish minimum building setback lines as noted.

a. There are no deed restrictions which will be created by the requested subdivision;

b. There are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and

c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

_____ _____

Owner Date

_____ _____

Owner Date

Notary

North Carolina, Iredell County

I, _____, a Notary Public for said county and state do hereby certify that _____ owner(s) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal,

this the _____ day of _____, 2018.

_____

Notary Public

My commission expires: _____

Final Plat For:
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX
XXXXXXX Township, Iredell County, NC
Owners of Record: XXXXXXXXXXXX
XXXXXXXXXXXXXX
XXXXXXXXXXXXXX
XXXXXXXXXXXXXX
Deed Reference: XXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX
Plat Reference: XXXXXXXX
PIN: XXXXXXXXXXXXXXX
Job Number:XXXXXX.DWG (XXXXXX.CRD)
Field work: XXXXXXXX
Plat date: XXXXXXXXXX

3476

1400 Sq. Ft.

Acknowledgement of
Plans Submittal ONLY!
Billy Morgan Date 3-24-21
Benjamin L Bell Date 3/24/2021

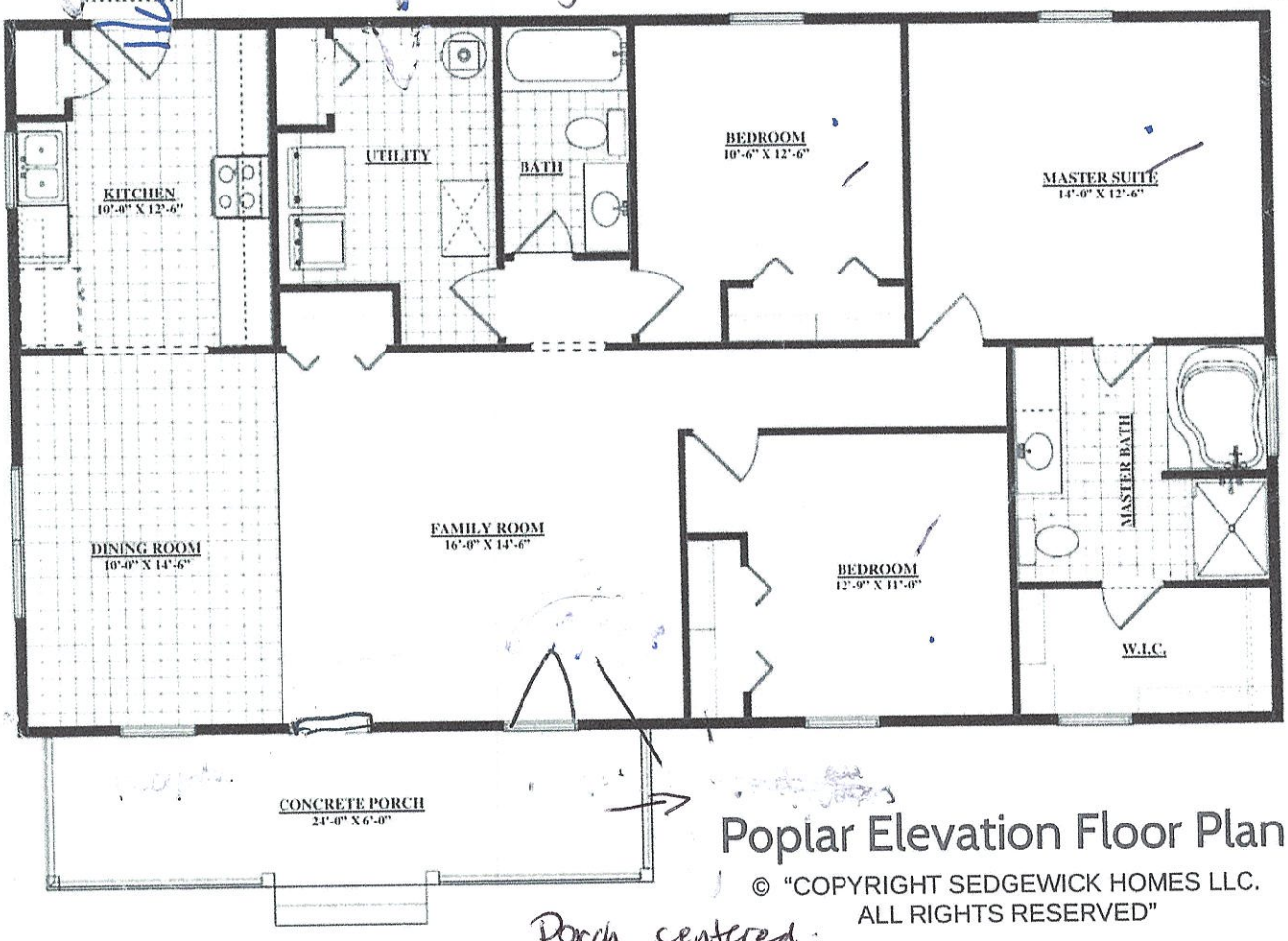





Increase

50 Ft wide

34 Ft. (including PORCH)



Poplar Elevation Floor Plan

© "COPYRIGHT SEDGEWICK HOMES LLC.
ALL RIGHTS RESERVED"

Porch centered

Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB. ACCREDITED BUSINESS

EQUAL HOUSING OPPORTUNITY

NAHB

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314540 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
	885 ABSHER RD	Iredell County

Owner Information	Applicant Information
Name: POLLY MORGAN	Name: POLLY MORGAN
Address: 885 ABSHER RD	Address: 918 ABSHER RD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: (704)450-4467

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15		NO

Remarks
SFD

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: 02/02/2021

Signature of Owner/Contractor

Permit Number	314540	TOTAL FEES:	$77.25