IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 250462

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

PIN # 4754905087

APPLICANT/OWNER: FREEDOM HOMES APPLICANT ADDRESS: 1124 CHARLOTTE HWY. TROUTMAN

SITE ADDRESS: 385 TWIN OAKS RD. STATESVILLE PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: FAN JOY, TL TWIN OAKS, ON R SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: MRS. ROBY LACKEY SECTION: — LOT # 33 & 34 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	2/11/17	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% REDUCTION
Pump Make		Model		Serial #		Repair System Description:	SAME
# Nitrification Fields	1	# Lines	3	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	

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

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

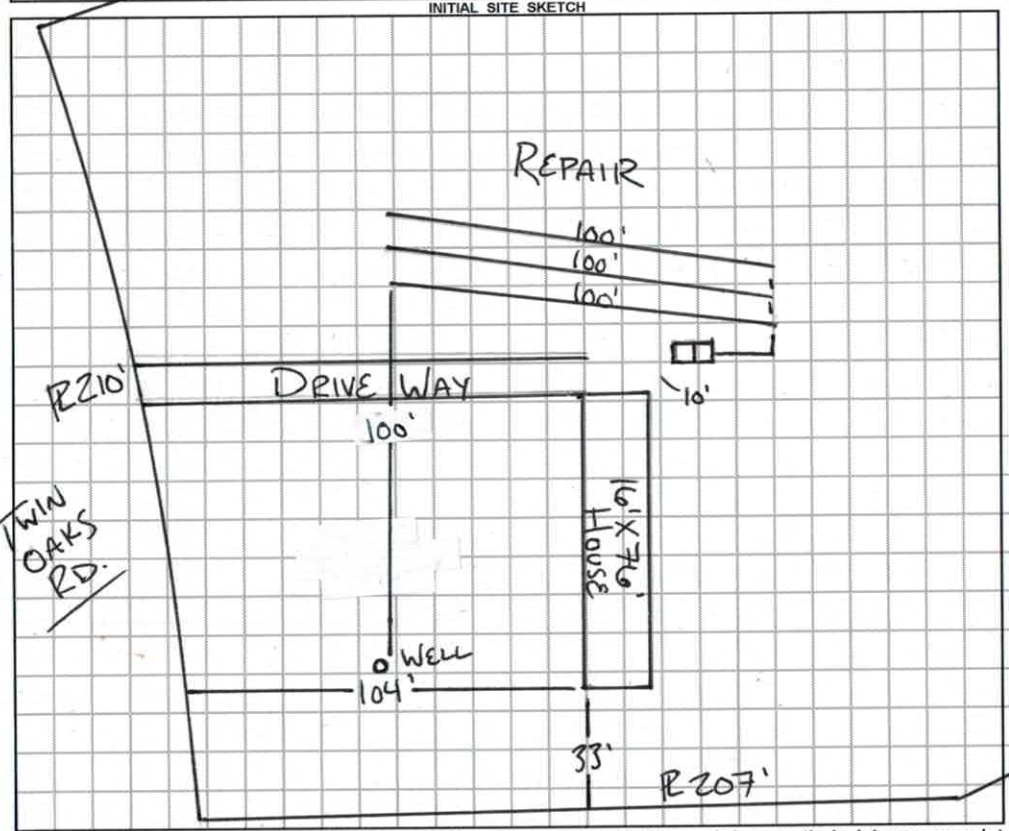
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Property Recorded BK 2529 PG 2019-2020

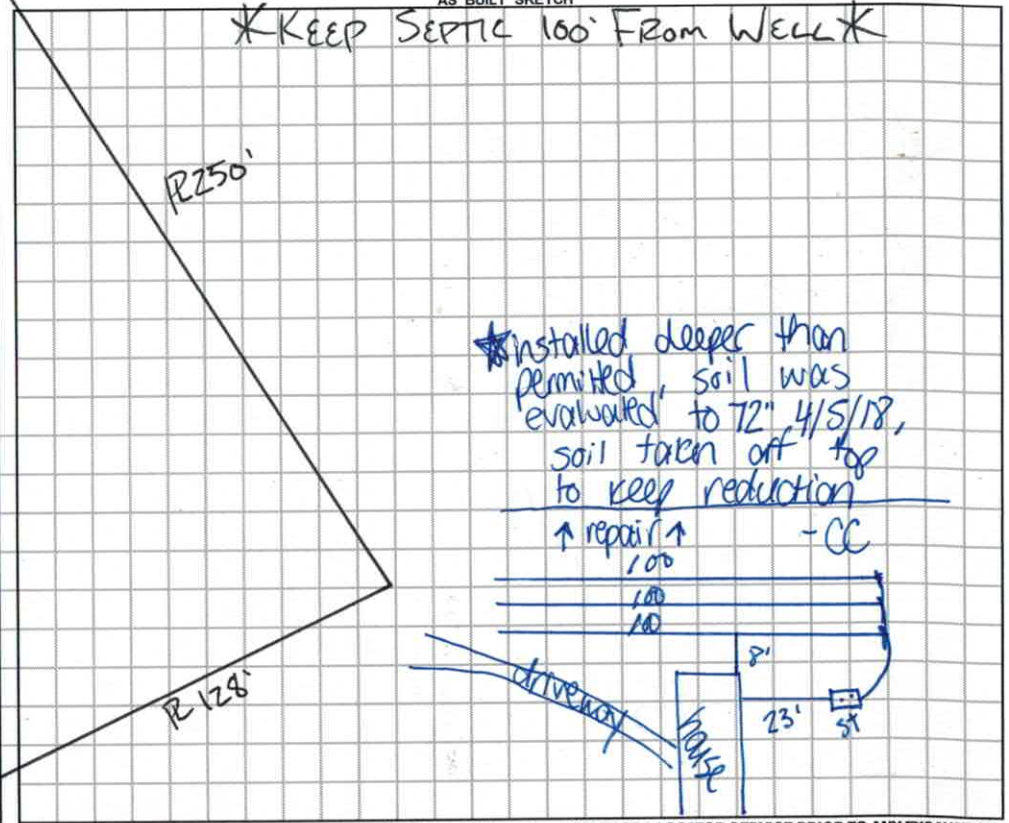
DO NOT ISSUE AC UNTIL LOTS ARE COMBINED.

INITIAL SITE SKETCH



AS BUILT SKETCH

KEEP SEPTIC 100' FROM WELL



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: Kimberly Samuel Date: 12-4-17 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: APPROVED NOV 29 2017 Date: OPERATION PERMIT by: Carla C. Cave Date: 4/5/18

AUTHORIZATION TO CONSTRUCT by: Benjamin Bush Date: 1/3/2018, Existing System Inspected by: Date:

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

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

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

OWNER: FREEDOM HOMES _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 11-28-17
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 3600 PROPERTY SIZE: _____
LOCATION OF SITE: 385 TWIN OAKS PROPERTY RECORDED: N

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 8%	0-16	CABK	SS	—	48"	S	56+	.3
		16-48	CLMSBK	SS					
		48-56	LSAP	SS					
2	SS 8%	0-38	CSABK	SS	Y/BR 13-16"	48"	—	48+	.275
		38-48	CLMSBK	SS					
3	SS 8%	0-15	SCLMSBK	SS	—	52"	—	52+	.3
		15-52	RCMSBK	SS					
4	SS 8%	0-19	CSABK	SS	—	28"	S	60+	.35
		19-28	CLMSBK	SS					
		28-60	LSAP	SS					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	G-25%	G-25%
Site LTAR	.3	.275

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: RA
OTHER(S) PRESENT: CHRIS FRYE
Tommy FRYE

COMMENTS:

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

(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)

RECEIVED APR 4 - 2018

~~Paid~~ Pd $500.00

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Comprehensive Relayout
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

230402

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Freedom Homes/ Kimberly Sneed	1124 Charlotte Hwy Fairview 28730	704-881-2326	
J. Brent McCombs	400 Tomahawk Drive Christiansburg VA 24073	980-829-5117	

4. **Property Information:**

385 Twin Oaks Rd Statesville NC 28677
Street Address — Subdivision Name — Section/Phase and Lot Number

Driving Directions: E onto Garner Bagnal Blvd, US-70 East 3.51 miles Left onto Fanjoy Rd, 5.8 miles Slight ~~right~~ left onto Twin Oaks Rd, Right across from Solid Waste Station, ON Hill

****

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 2
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

*Septic Installed too deep - OP denied

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

****

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

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

( ) Alternative (X) Conventional ( ) Innovative ( ) 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: Kimberly Sneed — 9-20-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Kimberly Sneed 4-4-18

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, Vicki Griffin, 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) Freedom Homes, _____, 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.

Vicki L Griffin 6/28/17 Kimberly Shook 6-28-17

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

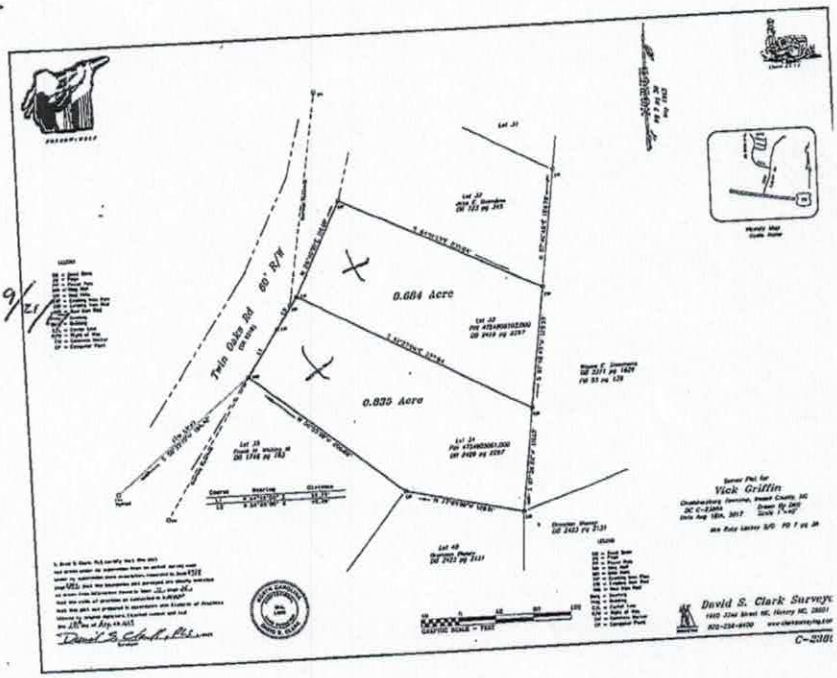
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

PLANNING APPROVAL

OKAY TO ISSUE ZONING AND E.H. PERMITS, YET PLACE A HOLD ON THE BUILDING PERMIT UNTIL THE TWO LOTS ARE COMBINED.

W. Allison 9/21/

WILLIAM ALLISON
PLANNER III



Type: CRP
Recorded: 12/18/2017 at 03:59:00 PM
Fee Amt: $56.00 Page 1 of 3
Revenue Tax: $30.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2529 PG 2018-2020

Drawn by: Alan G. Carpenter, Attorney at Law
1318-C Davie Avenue, Statesville, NC 28677

Excise Tax: $30.00

STATE OF NORTH CAROLINA

COUNTY OF IREDELL

GENERAL WARRANTY DEED

THIS DEED made this 4th day of December, 2017, by and between

J. Brent McCombs and wife, Elsie P. McCombs,

hereinafter called the "Grantor," whose mailing address is: 300 Tomahawk Dr., Christiansburg VA 24073
and

Vickey Laine Griffin,

hereinafter called the "Grantee," whose mailing address is: 116 Elder Lane, Troutman, NC 28166

(The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors and assigns, and shall include singular, plural, masculine, feminine or neuter as required by the context.)

WITNESSETH:

That the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in Iredell County, North Carolina, and more particularly described as follows:

STATE OF Virginia

COUNTY OF Montgomery

I, a Notary Public of the aforesaid County and State, certify that J. Brent McCombs and Elsie P. McCombs personally came before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 5th day of December, 2017.

Donna Gail Wooten
Notary Public

My Commission Expires: 2/28/2018
(Official Seal)



Type: CRP
Recorded: 12/18/2017 at 03:59:00 PM
Fee Amt: $64.00 Page 1 of 19
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2529 PG 2021-2039

[Space Above This Line For Recording Data]

After Recording Return To:
Vanderbilt Mortgage and Finance, Inc.
502 Alcoa Trail
Maryville, TN 37804

1261461

Prepared By & Return To:
Alan G. Carpenter, PA
1318C Davie Avenue
Statesville, NC 28677

DEED OF TRUST

DEFINITIONS

Words used in multiple sections of this document are defined below and other words are defined in Sections 3, 11, 13, 18, 20 and 21. Certain rules regarding the usage of words used in this document are also provided in Section 16.

(A) "Security Instrument" means this document, which is dated December 4, 2017, together with all Riders to this document.

(B) "Borrower" is Vickey Laine Griffin and Betty Tearry Griffin, married. Borrower is the trustor under this Security Instrument.

(C) "Lender" is Vanderbilt Mortgage and Finance, Inc. . Lender is a Tennessee corporation organized and existing under the laws of Tennessee . Lender's address is 500 Alcoa Trail, Maryville, TN 37804 . Lender is the beneficiary under this Security Instrument.

(D) "Trustee" is JAY B. GREEN, ATTORNEY AT LAW, PC .

(E) "Note" means the promissory note signed by Borrower and dated December 4, 2017. The Note states that Borrower owes Lender Ninety Seven Thousand Six Hundred Eighteen Dollars and Fifty One Cents Dollars (U.S. $97,618.51) plus interest. Borrower has promised to pay this debt in regular Periodic Payments and to pay the debt in full not later than 12/01/2040.

(F) "Property" means the property that is described below under the heading "Transfer of Rights in the Property."

(G) "Loan" means the debt evidenced by the Note, plus interest, any prepayment charges and late charges due under the Note, and all sums due under this Security Instrument, plus interest.

(H) "Riders" means all Riders to this Security Instrument that are executed by Borrower. The following Riders are to be executed by Borrower [check box as applicable]:

☐Adjustable Rate Rider	☐Condominium Rider	☐Second Home Rider
☐Balloon Rider	☐Planned Unit Development Rider	☒Manufactured Home Rider
☐1-4 Family Rider	☐Biweekly Payment Rider	☐Other(s) [specify] ____

(I) "Applicable Law" means all controlling applicable federal, state and local statutes, regulations, ordinances and administrative rules and orders (that have the effect of law) as well as all applicable final, non-appealable judicial opinions.

(J) "Community Association Dues, Fees, and Assessments" means all dues, fees, assessments and other charges that are imposed on Borrower or the Property by a condominium association, homeowners association or similar organization.

(K) "Electronic Funds Transfer" means any transfer of funds, other than a transaction originated by check, draft, or similar paper instrument, which is initiated through an electronic terminal, telephonic instrument, computer, or magnetic tape so as to order, instruct, or authorize a financial institution to debit or credit an account. Such term includes, but is not limited to, point-of-sale transfers, automated teller machine transactions, transfers initiated by telephone, wire transfers, and automated clearinghouse transfers.

(L) "Escrow Items" means those items that are described in Section 3.

(M) "Miscellaneous Proceeds" means any compensation, settlement, award of damages, or proceeds paid by any third party (other than insurance proceeds paid under the coverages described in Section 5) for: (i) damage to, or destruction of, the Property; (ii) condemnation or other taking of all or any part of the Property; (iii) conveyance in lieu of condemnation; or (iv) misrepresentations of, or omissions as to, the value and/or condition of the Property.

(N) "Mortgage Insurance" means insurance protecting Lender against the nonpayment of, or default on, the Loan.

(O) "Periodic Payment" means the regularly scheduled amount due for (i) principal and interest under the Note, plus (ii) any amounts under Section 3 of this Security Instrument.

(P) "RESPA" means the Real Estate Settlement Procedures Act (12 U.S.C. §2601 et seq.) and its implementing regulation, Regulation X (24 C.F.R. Part 3500), as they might be amended from time to time, or any additional or successor legislation or regulation that governs the same subject matter. As used in this Security Instrument, "RESPA" refers to all requirements and restrictions that are imposed in regard to a "federally related mortgage loan" even if the Loan does not qualify as a "federally related mortgage loan" under RESPA.

(Q) "Successor in Interest of Borrower" means any party that has taken title to the Property, whether or not that party has assumed Borrower's obligations under the Note and/or this Security Instrument.

TRANSFER OF RIGHTS IN THE PROPERTY

This Security Instrument secures to Lender: (i) the repayment of the Loan, and all renewals, extensions and modifications of the Note; and (ii) the performance of Borrower's covenants and agreements under this Security Instrument and the Note. For this purpose, Borrower irrevocably grants and conveys to Trustee and Trustee's successors and assigns, in trust, with power of sale, the

following described property located in the County of
[Type of Recording Jurisdiction]
IREDELL :
[Name of Recording Jurisdiction]

See EXHIBIT A, attached.

which currently has the address of TBD TWIN OAKS RD
[Street]
STATESVILLE , North Carolina 28677 ("Property Address"):
[City] [Zip Code]

TO HAVE AND TO HOLD this property unto Trustee and Trustee's successors and assigns, forever, together with all the improvements now or hereafter erected on the property, and all easements, appurtenances, and fixtures now or hereafter a part of the property. All replacements and additions shall also be covered by this Security Instrument. All of the foregoing is referred to in this Security Instrument as the "Property."

BORROWER COVENANTS that Borrower is lawfully seised of the estate hereby conveyed and has the right to grant and convey the Property and that the Property is unencumbered, except for encumbrances of record. Borrower warrants and will defend generally the title to the Property against all claims and demands, subject to any encumbrances of record.

THIS SECURITY INSTRUMENT combines uniform covenants for national use and nonuniform covenants with limited variations by jurisdiction to constitute a uniform security instrument covering real property.

UNIFORM COVENANTS. Borrower and Lender covenant and agree as follows:

1. Payment of Principal, Interest, Escrow Items, Prepayment Charges, and Late Charges. Borrower shall pay when due the principal of, and interest on, the debt evidenced by the Note and any prepayment charges and late charges due under the Note. Borrower shall also pay funds for Escrow Items pursuant to Section 3. Payments due under the Note and this Security Instrument shall be made in U.S. currency. However, if any check or other instrument received by Lender as payment under the Note or this Security Instrument is returned to Lender unpaid, Lender may require that any or all subsequent payments due under the Note and this Security Instrument be made in one or more of the following forms, as selected by Lender: (a) cash; (b) money order; (c) certified check, bank check, treasurer's check or cashier's check, provided any such check is

EXHIBIT A

BEING ALL of Lot Nos. 33 and 34 of the PROPERTY OF MRS. ROBY LACKEY, as the same is platted, planned and recorded in Plat Book 7, pages 36 and 36A, Iredell County Registry. For back title, see Deed Book 2429, page 2297, Iredell County Registry.

SUBJECT to RESTRICTIVE COVENANTS recorded in Deed Book 376, page 436, Iredell County Registry.

PIN: 4754-90-6103 & 4754-90-5061
Property address: TBD (Lots 33 & 34) Twin Oaks Road, Statesville, NC 28625

The above Lots are combined into one parcel for Iredell County Mapping purposes, per deed recorded immediately prior hereto.

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:

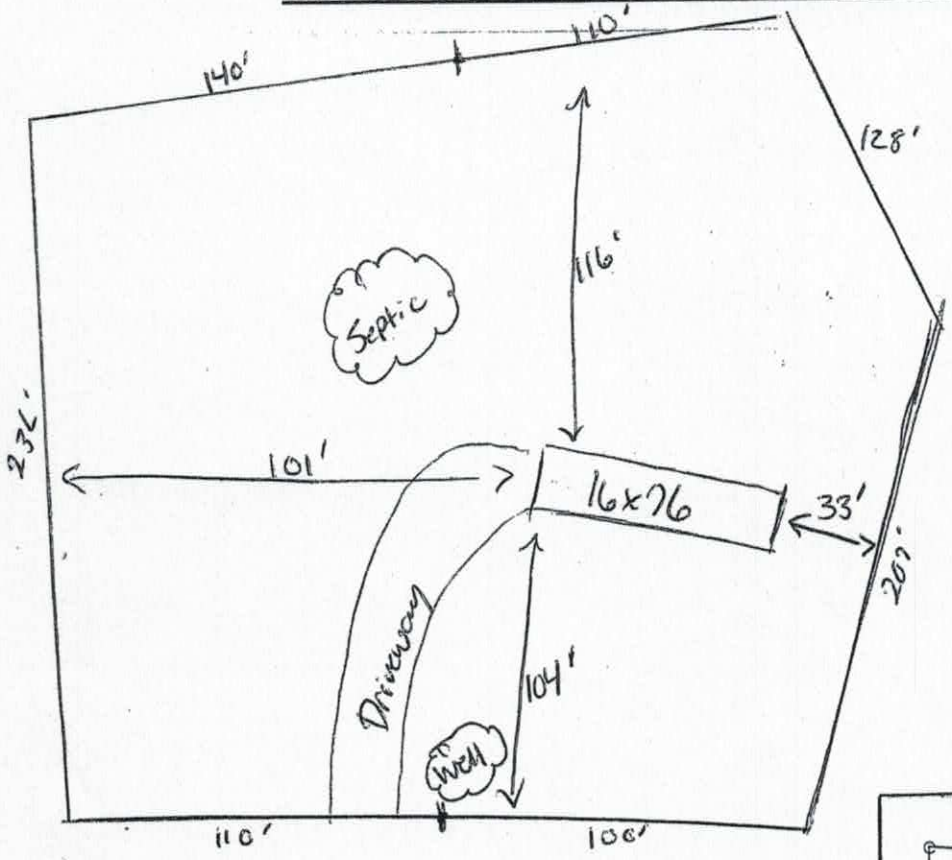
- N/A Location of septic systems and wells within 100' of your property... N/A
- N/A Location of easements and rights of ways on your property... N/A
- N/A Location of any designated wetlands on the property... N/A

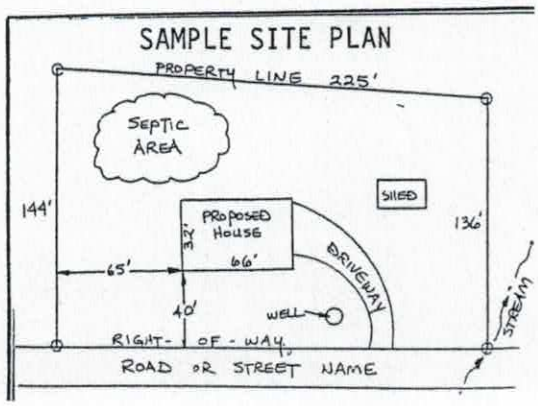
Signature: Kimberly Sneed
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-20-17
DATE

Kimberly Sneed 4-4-18

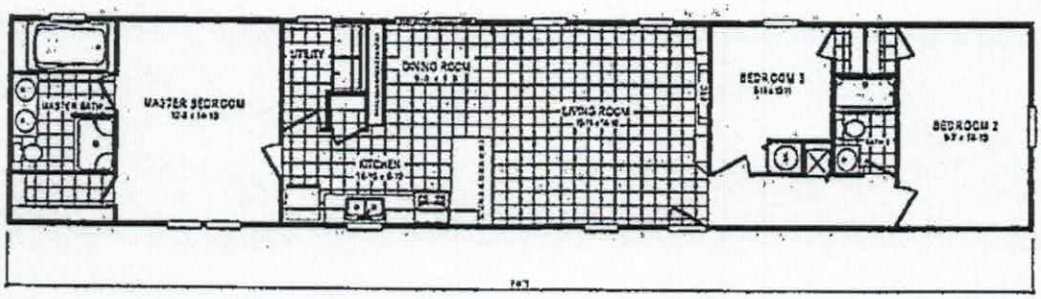
USE THIS SPACE TO DRAW YOUR SITE PLAN





FREEDOM HOMES

THE ANNIVERSARY 16763A



-cknow
Plans Submitted
Date 11/29/17

Date APPROVED NOV 29 2017

THE ANNIVERSARY 16763A Floor plan number : CR2572-0667

3 Beds · 2 Bath · 1216 sq. ft. · 76' width · 16' depth

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and may differ from the actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (704) 528-7960 to speak with a Home Consultant. Copyright © 2010, CMH. All rights reserved.

Published May 20, 2017

http://www.freedomhomestroutman.com

FREEDOM HOMES-TROUTMAN
1124 CHARLOTTE HWY.
TROUTMAN, NC
Monday - Friday: 9am - 7pm , Saturday: 9am - 5pm , Sunday: Closed
(704) 528-7960

IREDELL COUNTY

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

APPLICATION NUMBER
230402
Issue Date: 09/21/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4754905061.000	385 TWIN OAKS ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: MCCOMBS JOSEPHINE O	Applicant: FREEDOM HOMES-TROUTMAN
Address: 124 IREDELL CO, NC 28625	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
NEW SW	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NO	X

Remarks:

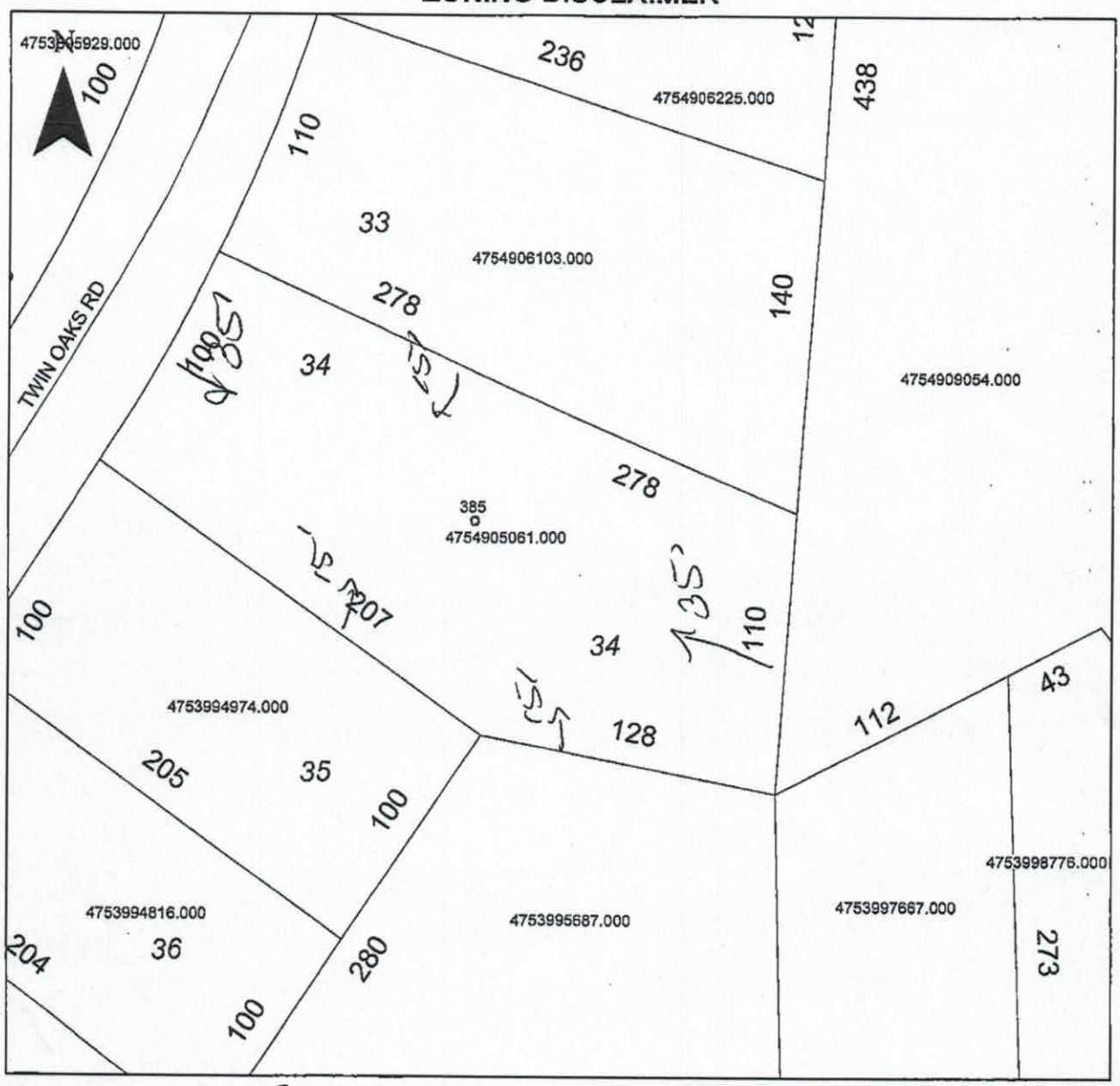
REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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	115804	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 385 Twin Oaks

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.

Kimberly Steed
Applicant

9-20-17
Date