ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP301789

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

PIN # 4758 - 80 - 6925

APPLICANT/OWNER: Clayton Homes - Marisa Millsaps APPLICANT ADDRESS: 2026 Northside Drive Statesville NC

SITE ADDRESS: 171 Blackwelder Rd Statesville NC 28625 PHONE: 704-873 2547 ALT. PHONE

SITE DIRECTIONS: Hwy 21 to Blackwelder Rd SAP CONTROLLED: ☒ YES ☐ NO

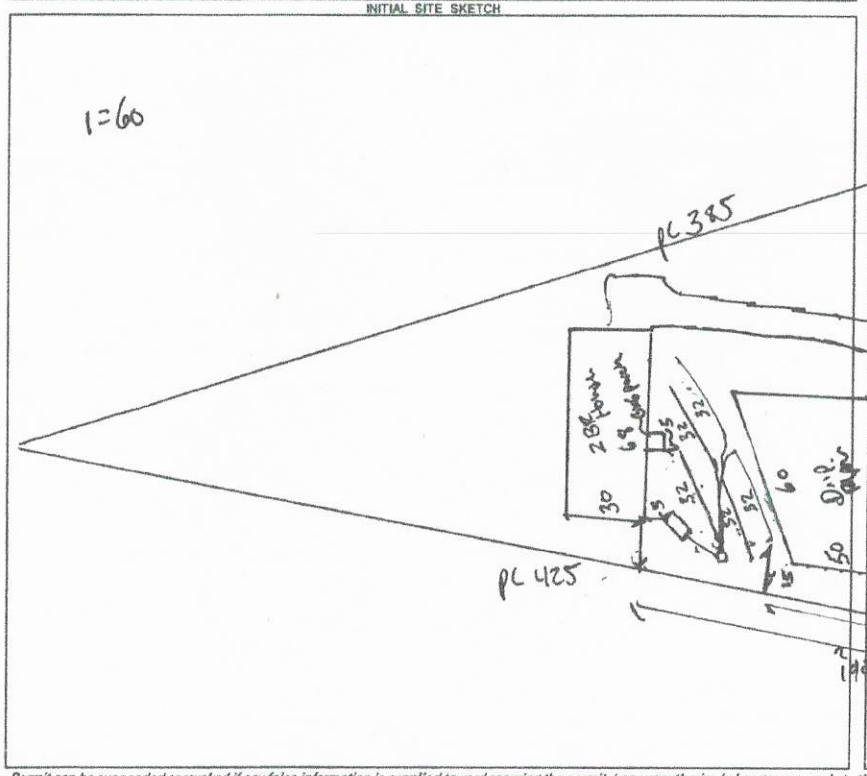
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1 Acres DESIGN FLOW: 240 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	10/2	Date	10/30/2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity - Panel Block - 60% Reduction			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	TS-11 Drip			
# Nitrification Fields	1		# Lines	5	Linear Ft	160	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24		Trench Bottom Depth(Low side)	32	Gravel Depth		☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

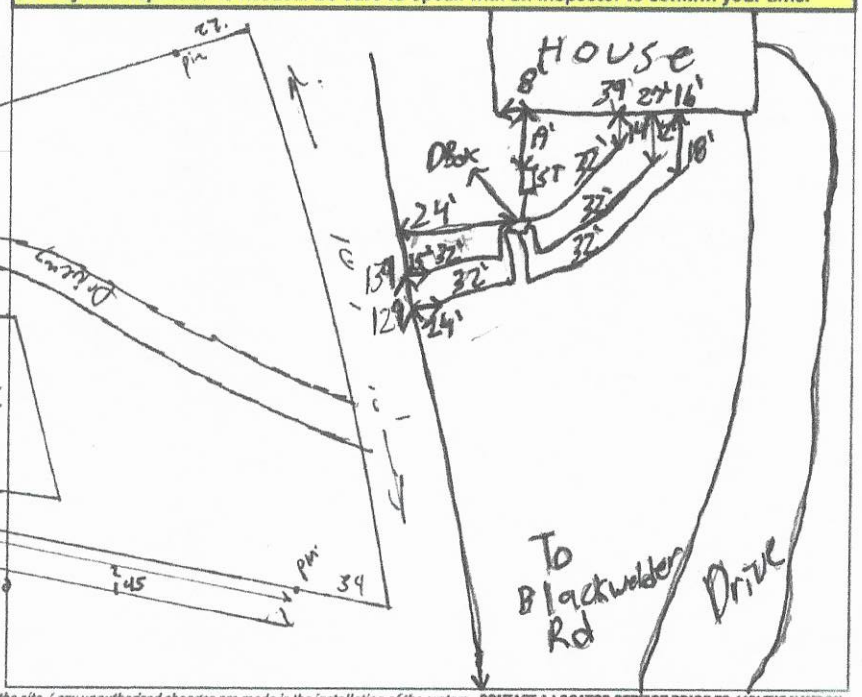
Comments / Conditions: * Purpose of this permit is to install Gravity Panels with Edwal Distribution

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: [signature] Date: 11/20/2020 Installed by: Steve J

IMPROVEMENT PERMIT by: [signature] Date: 11-20-2020 OPERATION PERMIT by: [signature] Date: 12/1/2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11-20-2020 Existing System Inspected by: Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 4758805925
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2026 Northside Dr Statesville NC 28625
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 171 Blackwelder Rd Statesville NC 28625
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other County
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 10/14/19
DATE EVALUATED: 11/14/19
PROPERTY SIZE: 1ac+
PROPERTY RECORDED: Yes
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	SS 25%	0-6	Fill	—	YB mottles scattered throughout chromas 3's	42"	4 the inclusions throughout until sandy loam at 42"	Various large rocks between 12 and 20" all outside dia 24-36" and right side going down diagonally	PS.2 manganese throughout and chromas
		6-11	CSBK/ABK	FrSP Sexp					
		11-42	CL ABK	FrSP Sexp					
		42-48	Sap sandy mass	VFri					
2	SS 23%	0-10	Fill	—	YB mottles scattered throughout chromas at 30"	30"	Litho inclusions throughout	Platy soil at 25" with possible clay layer at 31"	VA+30" PS.2
		10-25	CSBK/ABK	FrSP Sexp					
		25-30	CL Platy	FrSSSPSexp					
		30-60	CL sap Platy	VFr					
3	SS 20%	0-6	Fill	—	YB	—	Parent sap at 6	—	V
		6-60	Parent sap	VFri					
4	SS 16%	0-18	Fill	—	YB mottles throughout more common at bottom	36"	P. throughout clay at 36"		PS .25
		18-30	CLSBK/ABK	FrSP Sexp					
		30-36	CL ABK	FrSP Sexp					
		36-60	CL sap Platy	Fi					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	3600 sq ft
System Type(s)	Pump	Drip
Site LTAR	.25	.2

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT: Ben B Heath S

COMMENTS: Cloudy and cold

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

PROPERTY ID #: 4758805925
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2026 Northside Dr Statesville NC 28625
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 171 Black Rudder Rd Statesville NC 28625
APPLICATION DATE: 10/14/19
DATE EVALUATED: 10/14/19
PROPERTY SIZE: 1 acre
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other County
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	SS 2%	0-20	Fill	—	YBmottles scattered throughout	—	Parent sap at 20" litho including infill	Fill then Parent sap	U
		20-60	Parent sap	Fi					
2	SS Middle of hill 10%	Fill			—	—	—	—	U
		Parent/Re-fill							
3	SS 16%	0-6	Fill	—	YBmottles scattered throughout	31"	Clay sap at 31" litho including throughout	Clay Plasticity at 31"	PS.25 above 31"
		6-18	C SBK/ABK	Fr S P sexp					
		18-31	CL SBK/ABK	Fr S P sexp					
		31-60	Clay mass	VFr					
4	SS 10%	0-9	SC SBK	Fr SS SP Sexp	YBmottles Scattered throughout	44"	Loamy sap at 44"	manganese throughout	.275 PS
		9-30	C SBK	Fr SSSP sexp					
		30-44	CL SBK/ABK	Fr SS SP sexp					
		44-66	Loamy Sap mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	≥40	3600ft
System Type(s)	Pump	Drip
Site LTAR	.25	.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Heather Neal

COMMENTS: Cobbly

360÷.3
→ 1200÷3
→ 400X.75
→ 300'

360÷.2
→ 1800÷3
→ 600X.75
→ 450'

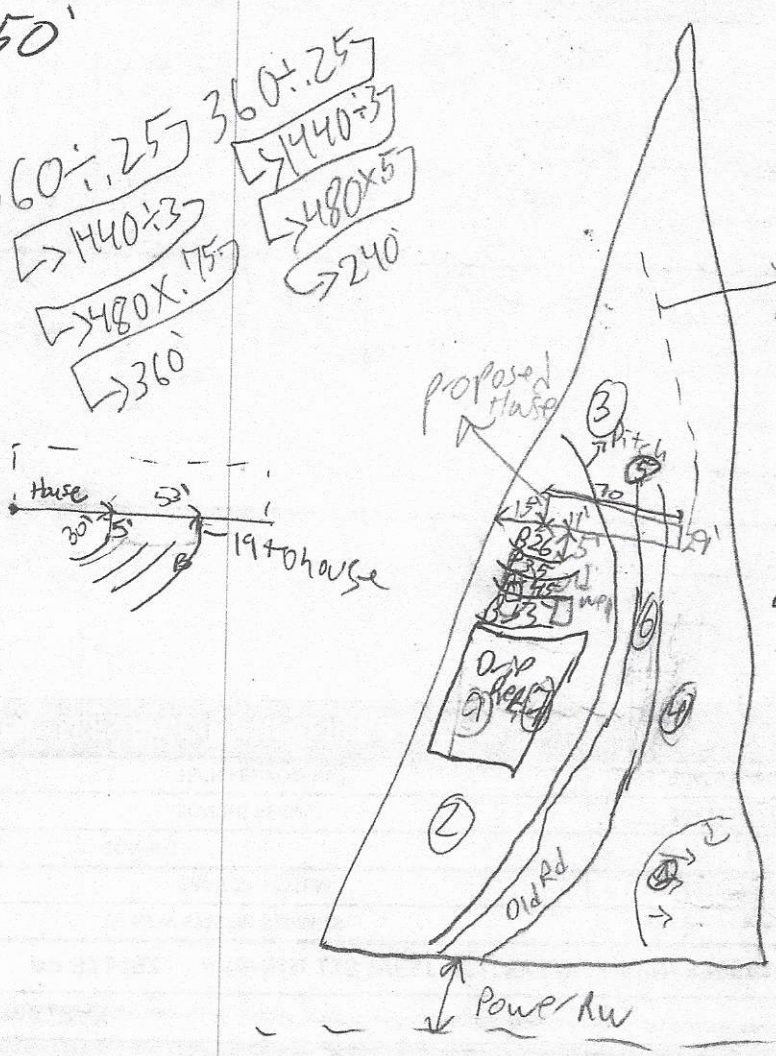
make sure to Check Oldwell Revisit fee

would have to abandond

Okwithazbed Room well abandond NO Foundation drains.

360÷.25
→ 1440÷3
→ 480X.75
→ 360

360÷.25
→ 1440÷3
→ 480X5
→ 240



240÷.275
→ 873÷3
→ 291X.5
→ 145'

240÷.25
→ 960÷3
→ 320'X.5
→ 160'

Blackwelder Rd

PLEASE ASSIGN TO BEN (REDRAW)

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

RECEIVED NOV 1 2 2020

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $105.00 AP-301789

Application For:

( ) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit (X) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

GRAVITY SYSTEM

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:

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: CLAYTON HOMES STATESVILLE Address: 2026 NORTHSIDE DR STATESVILLE Zip: _____

Applicant Email: Heidi2@claytonhomes.com Phone: 7048732547 Alt. Phone: 7049291552 MOBILE

Owner Name: MARISA MILLSAP Address: 234 CHESNUT LN STATESVILLE Zip: _____

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

Property Information:

Street Address: 171 BLACKWELDER RD STATESVILLE 28625

Subdivision Name: — Section/Phase: — Lot Number: —

Driving Directions: _____

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: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

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

Non-Residential Site Development:
Square Footage of Building: _____ Type of Business: _____
Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water COUNTY

Desired Septic System Type: *(you may rank in order of preference)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 25% redo

Year existing system installed: _____

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: _____ CLAYTON HOMES STATESVILLE 11/11/20

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

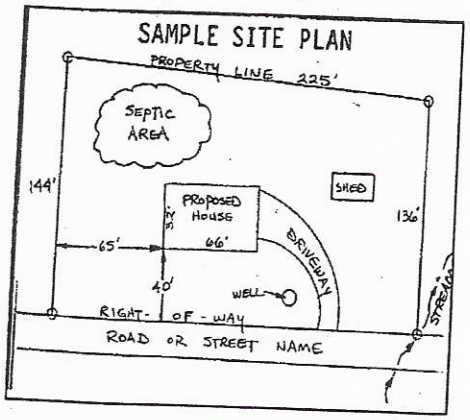
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

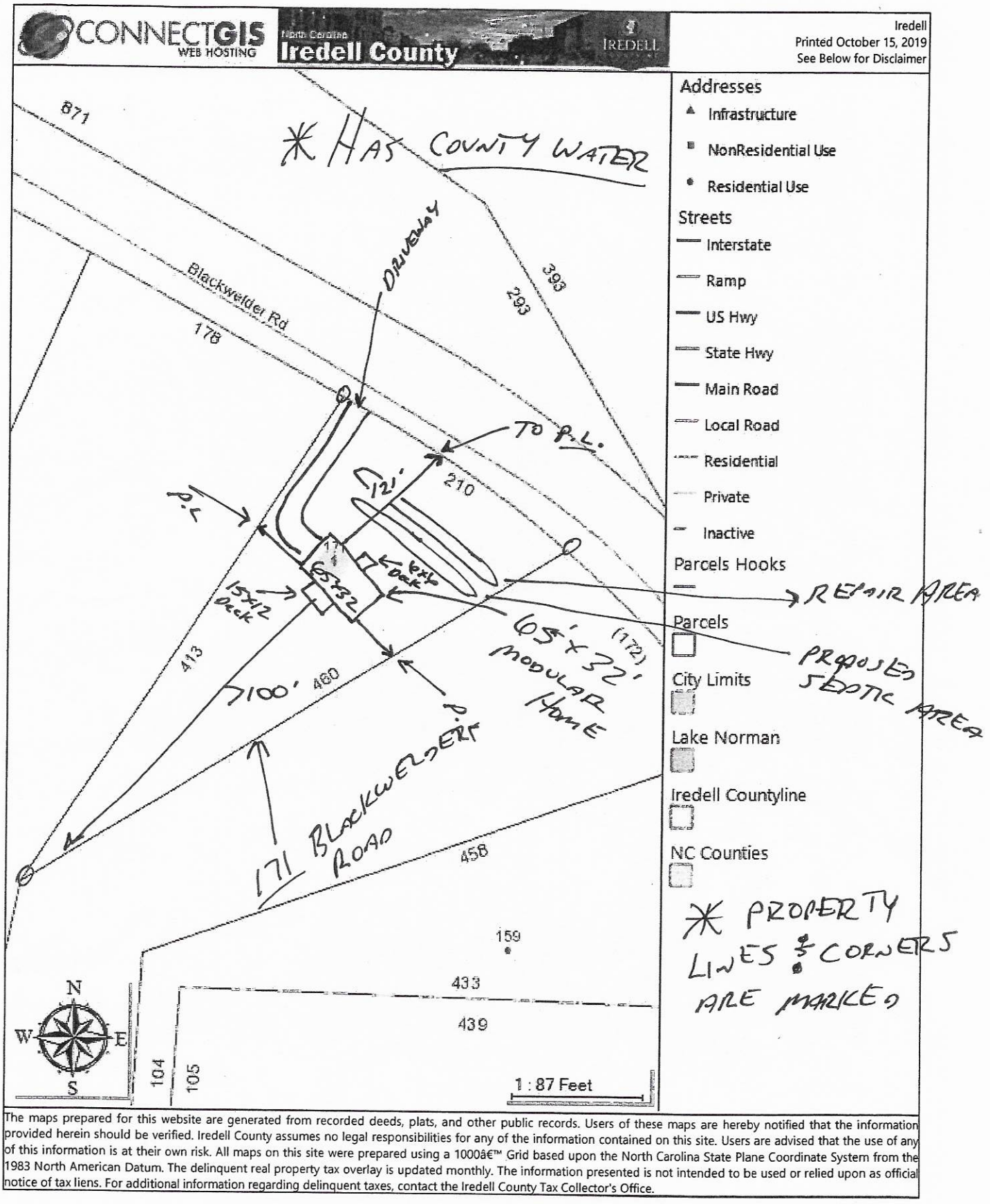
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED

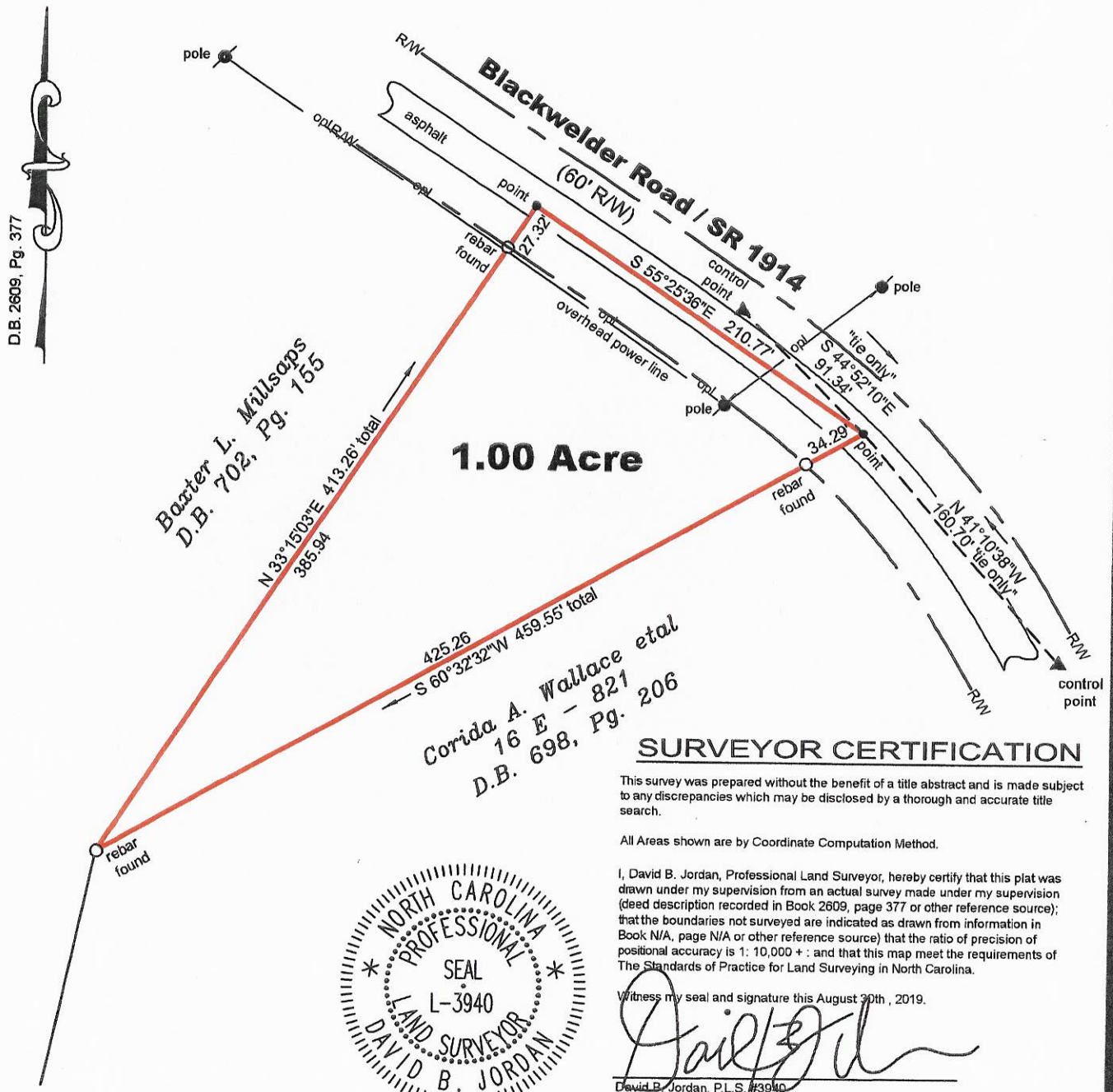
Signature: [signature] CLINTON HAMES STATESVILLE

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

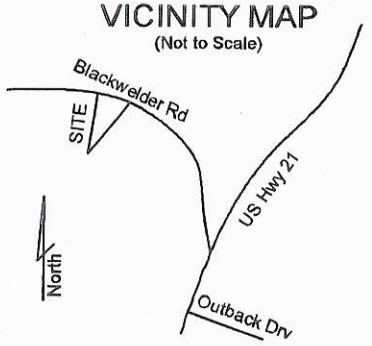
11/16/20
DATE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.



VICINITY MAP
(Not to Scale)



SURVEYOR CERTIFICATION

This survey was prepared without the benefit of a title abstract and is made subject to any discrepancies which may be disclosed by a thorough and accurate title search.

All Areas shown are by Coordinate Computation Method.

I, David B. Jordan, Professional Land Surveyor, hereby certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2609, page 377 or other reference source); that the boundaries not surveyed are indicated as drawn from information in Book N/A, page N/A or other reference source) that the ratio of precision of positional accuracy is 1: 10,000 + : and that this map meet the requirements of The Standards of Practice for Land Surveying in North Carolina.

Witness my seal and signature this August 30th , 2019.

NORTH CAROLINA PROFESSIONAL SEAL L-3940 LAND SURVEYOR DAVID B. JORDAN

David B. Jordan, P.L.S. #3940

Surveyed by:

David B. Jordan
P.L.S. #3940
592 Bowles Farm Road
Statesville, NC, 28625
(704)-838-0028

Drwn By: D.A.J.	Deed Ref: 2609-377
Aprvd By: D.B.J.	Tax Id#: 4758-80-5925
Field Date: 07-17-19	Date:
Plat Date: 08-28-19	Revision:
Scale: 1" = 80'	Date:
	Revision:

Survey For: **Maria Millsaps**

Project Address:	171 Blackwelder Road
Project Location:	Iredell Co. N.C.
Project Location:	Turnersburg Twsp.
Job Number:	190720

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, MARISA Milsaps, am the legal owner(s) of the property located at 171 BLACKWELDER RD Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4758805925, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Clayton Homes of Statesville J.A. CASSEVENS (Project MGR), 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.

Marisa Milsaps — Signature of Owner(s) — 9-10-19 — Date

[signature] — Signature of Witness — 9-10-19 — 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

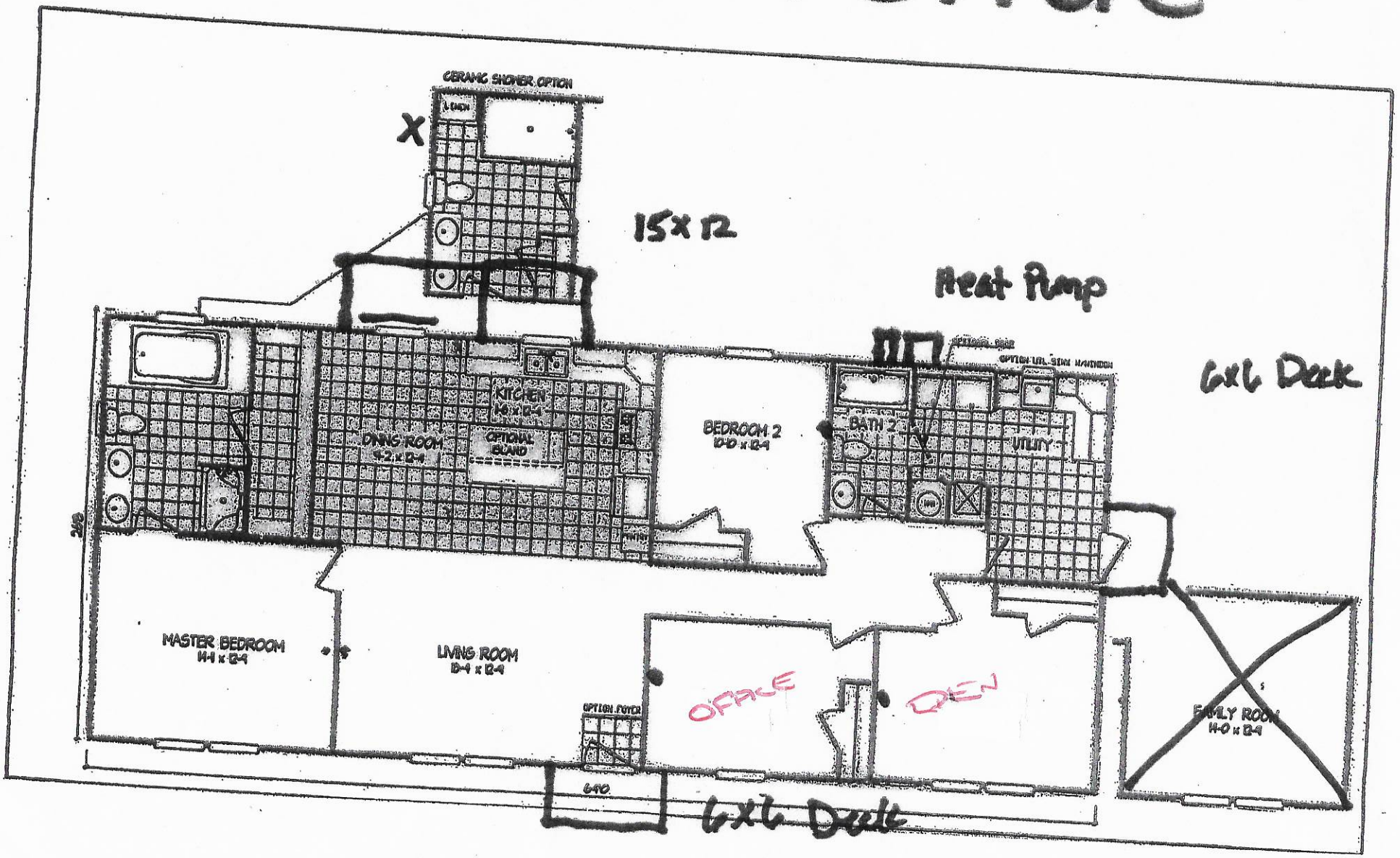
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

• Cable Jacks

2 BR

Acknowledgement Of
Plans Submittal ONLY!
~~Buyer~~ Date 11/26/25
Date

Park Avenue



WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Seth Julian
Well Contractor Name (or well owner personally abandoning well on his/her property)

4274-C
NC Well Contractor Certification Number

Mid South Well & Pump Company, LLC
Company Name

2. Well Construction Permit #: 301789
List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☑Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 2-10-20

5a. Well location:

Clayton Homes Statesville
Facility/Owner Name — Facility ID# (if applicable)

171 Blackwelder Rd
Physical Address, City, and Zip

Iredell
County — Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED
Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 36 (ft.)

6c. Borehole diameter: 36 (in.)

6d. Water level below ground surface: no water (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

For Internal Use ONLY:
Entered in Tracket - Noted Inspection

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1
For multiple injection or non-water supply wells ONLY with the s construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 0 (g

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: granular

7d. Amount of disinfectant used: 12 oz

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☑ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

10 yards

7g. Provide a brief description of the abandonment procedure:

poured full + capped 12" around well 6" thick

8. Certification:

Seth Julian — 2-10-20
Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned i accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standard and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or we abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of we abandonment to the following:

Division of Water Resources, Information Processing Unit, 1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10 above, also submit one copy of this form within 30 days of completion of we abandonment to the following:

Division of Water Resources, Underground Injection Control Program, 1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form t the address(es) above, also submit one copy of this form within 30 days o completion of well abandonment to the county health department of the count where abandoned.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
301789 Issue Date: 10/15/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4758805925.000	171 BLACKWELDER RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: MILLSAPS MARISA E	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1	35	35	15	15	N/A	NO

Remarks
MODULAR

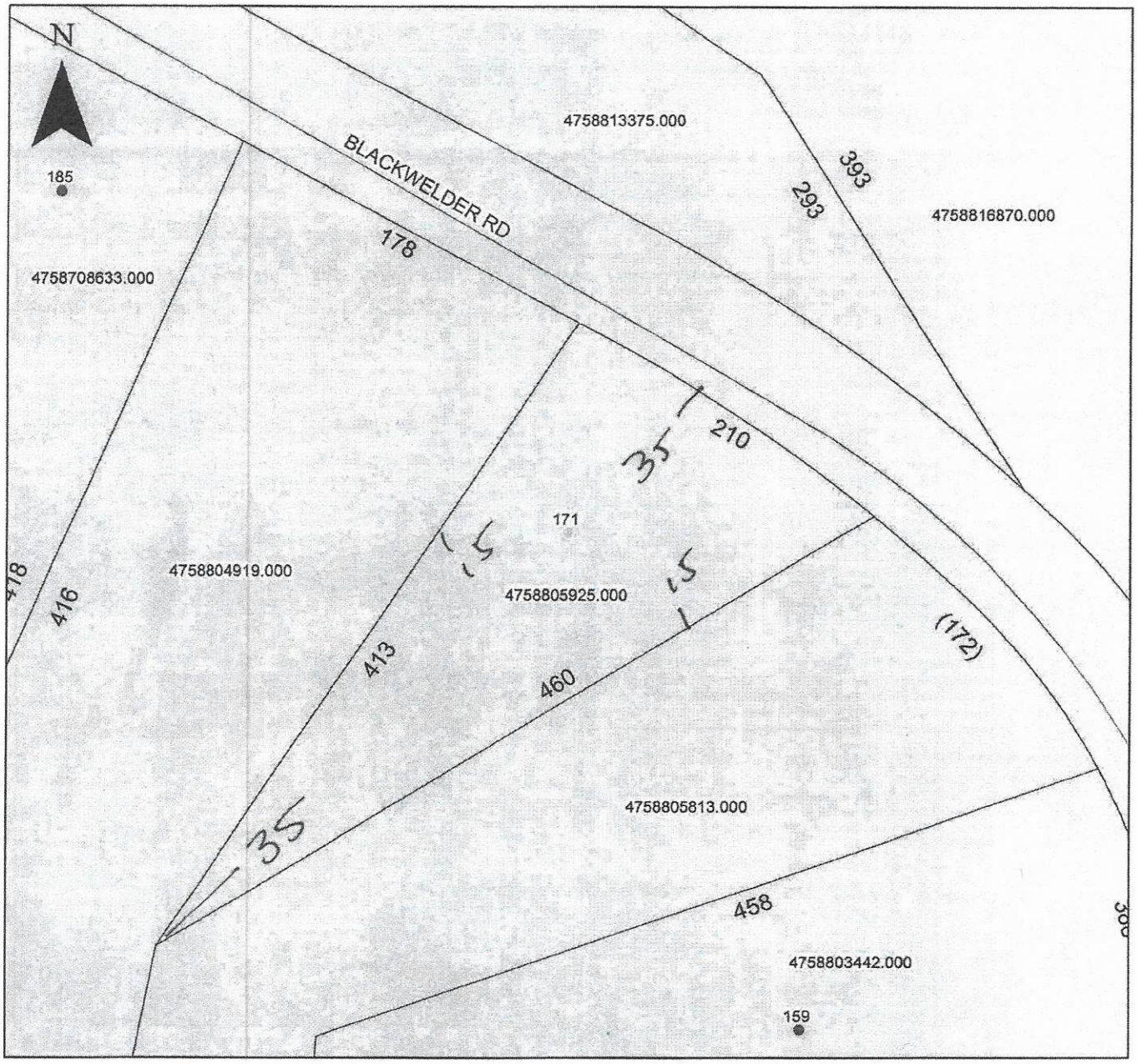
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 10/15/2019

Signature of Owner/Contractor

Permit Number	000560	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 171 Blackwelder 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.

Applicant

10/15/19
Date