IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 246850

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

PIN # 4758922462

APPLICANT/OWNER: Jessie Mills APPLICANT ADDRESS: 470 Cornflower Rd Statesville NC 28677

SITE ADDRESS: 1719 Turnersburg Hwy Statesville NC 28625 PHONE: 301-748-5432 ALT. PHONE -

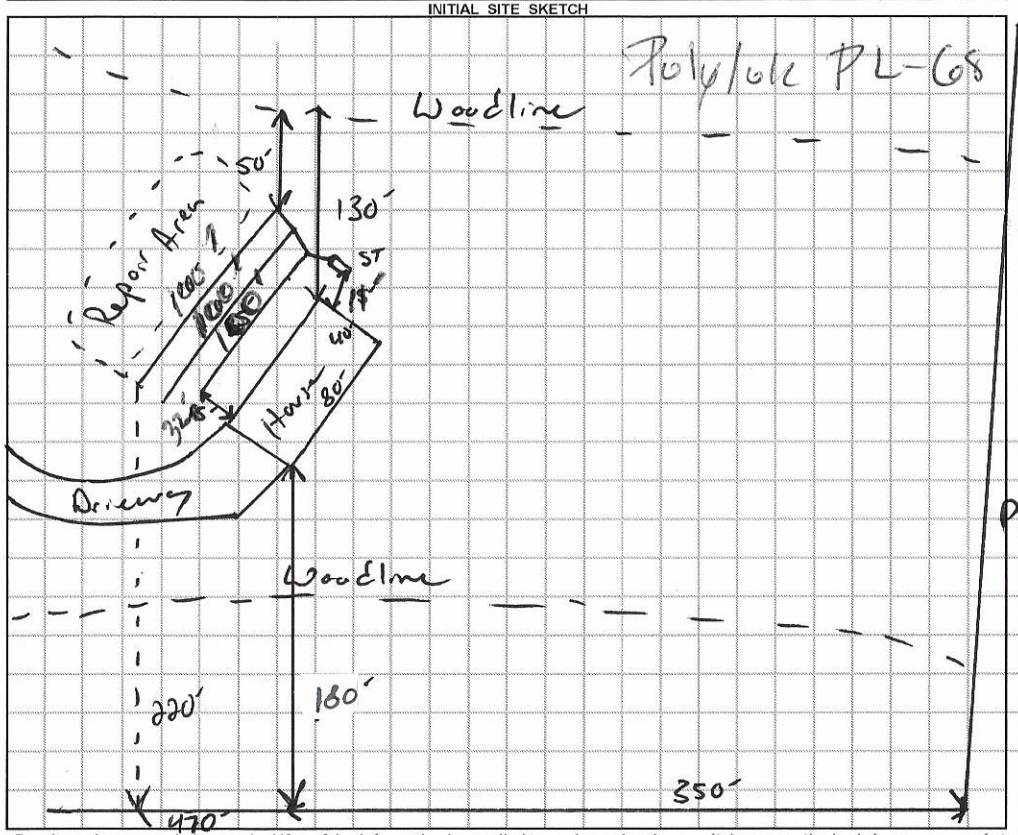
SITE DIRECTIONS: Hwy 21 N From I-77. Property 4 mi's on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 22 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .5

Septic Tank 1000 (gal)	STB 760	Date 10-18-2018	☒ 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: 25% Reduction		☐ Business	No. Persons 6	☒ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 300'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(~~Low side~~) 36" Max	Gravel Depth -	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on Contour of land and use Serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 100'

Installed Quick 4 as drawn

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: Jesse Mills Date: 8/27/19 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 8-26-19 OPERATION PERMIT by: [signature] Date: 12/10/20

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-26-19 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4758922462
COUNTY: Iredell

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

OWNER: Jessie Mills
ADDRESS: 4170 Cornelius Rd Statesville
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 1719 Turnersburg Hwy
APPLICATION DATE 7-14-19
DATE EVALUATED: 8-16-19
PROPERTY SIZE: 22 Ac
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	I SS 15%	0-6	SBK SCL	Fr SS SP Serp	N/A	48+	N/A	N/A	PS .3
		6-31	SBK C	Fr SS SP Serp					
		31-48+	SBK CL	Fr SS SP Serp					
2	R SS 15%	0-6	SBK SCL	Fr SS SP Serp	N/A	48+	N/A	N/A	PS .3
		6-45	SBK C	Fr SS SP Serp					
		45-48	SBK CL	Fr SS SP Serp					
3	I SS 15%	0-6	SBK SCL	Fr SS SP Serp	N/A	48+	N/A	N/A	PS .3
		6-32	SBK C	Fr SS SP Serp					
		32-48	SBK CL	Fr SS SP Serp					
4	R SS 15%	0-6	SBK SCL	Fr SS SP Serp	N/A	48+	N/A	N/A	PS .3
		6-32	SBK C	Fr SS SP Serp					
		32-48	SBK CL	Fr SS SP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	25%	25%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

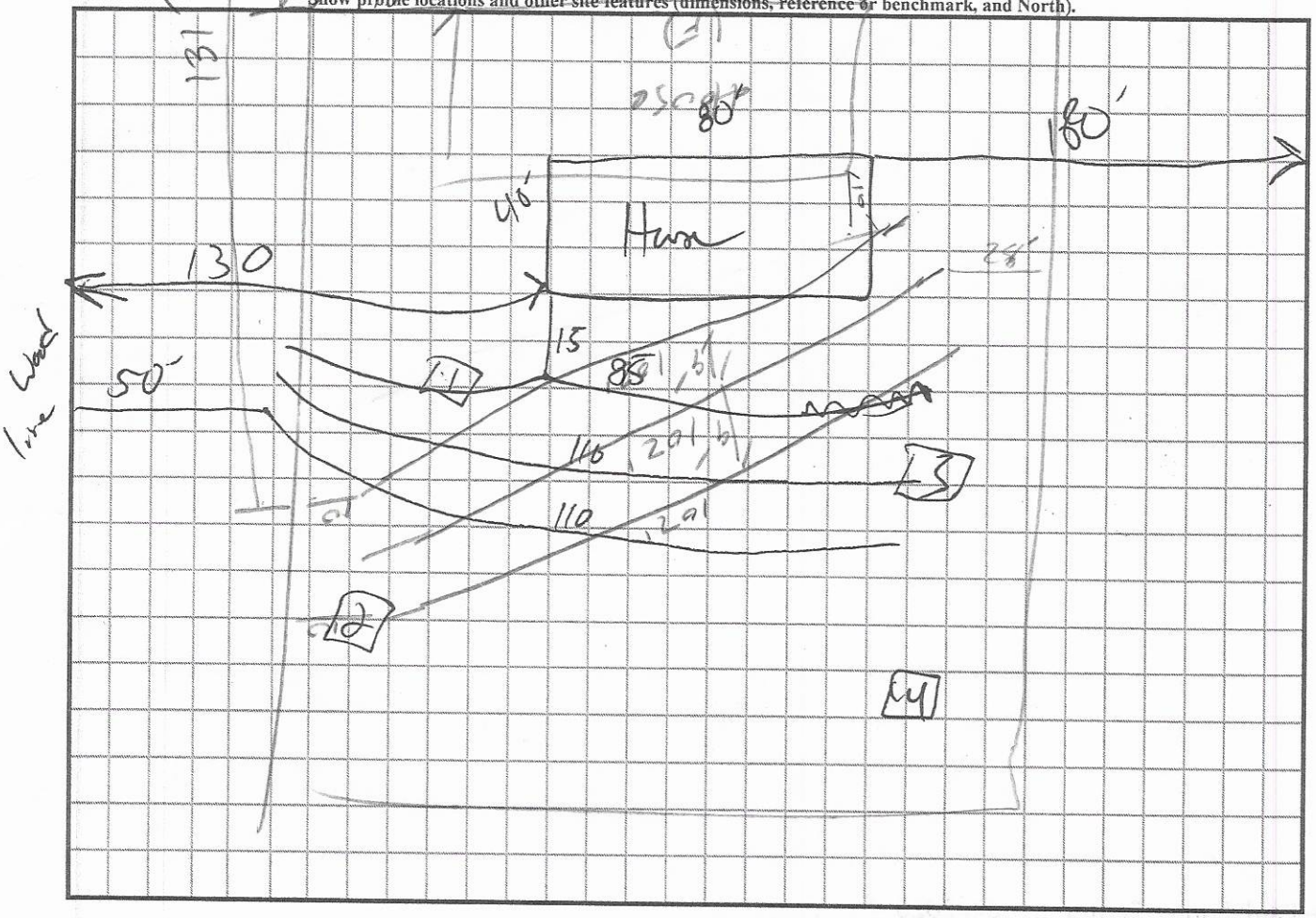
NOTES

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).



246850
$pd350*

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Jesse Mills Address: 470 cornflower rd statesville NC Zip: 28677
Applicant Email: Jessemills5556@gmail.com Phone: 301-746-5632 Alt. Phone: _____
Owner Name: Jesse Mills Address: _____ Zip: _____
Owner Email: same Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1719 Turnersburg hwy statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: hwy 77, right off exit 54, 2 miles on left hand side

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

(✓) New Single Family Residence
(X) 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: 2
( ) 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: 1 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: Jesse Mills 7/19/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Jesse Mills

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, Jesse Mills, am the legal owner(s) of the property located at 1719 Turnersburg Hwy Statesville NC 28625, identified as

PIN (Parcel Identification Number) 4758-92-3105, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

Jesse Mills — Signature of Owner(s)

7/19/19 — Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

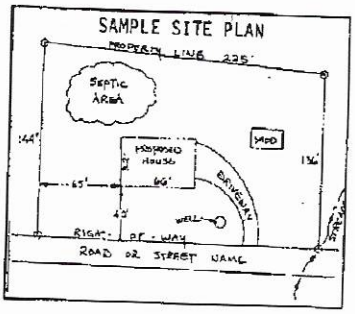
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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

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

( ) 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: Jesse Mills

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

7/19/19
DATE

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.
P.O. Box 832, Mooresville, NC 28115 Phone: (704) 746-5046 Fax: (704) 278-0989

Ashley Rollans, *NC Licensed Soil Scientist, Certified Septic Installer, Certified Wastewater Operator & Certified Septic Inspector* **Contacts:** *704.746.5046*
Email: *rollans.ashley@yahoo.com*

Project Number: *19-0011*
Date: *2/5/19*

JESSE MILLS
Attn: *Justin Rolfe*
Email: jrolfe@landandluxury.com

Re: On-Site Wastewater Evaluation for a 4 Bedroom Residence on a ±22.389 acre parcel off HWY 21 (RITA POTTS PROPERTY), Iredell County, NC.

Mr. Mills,

Soil & Forestry Services of the Carolinas, PA has performed a Preliminary Soil Evaluation on the above mentioned property in Iredell County, NC. The purpose of the evaluation was to determine available space requirement for a 4 bedroom onsite wastewater system. The evaluation was performed on January 24th, 2019.

The findings from our evaluation are illustrated on the attached Site Plans. Additional documentation of the soil evaluation is detailed in the NCDENR for Soil Profile Descriptions. We also utilized a copy of the survey provided by the Surveyor. Jordan Grant & Associates, PLLC to produce the *Soil Map* in Autocad. Global Positioning System (GPS) technology was used to locate soil borings and the house corners staked in the field.

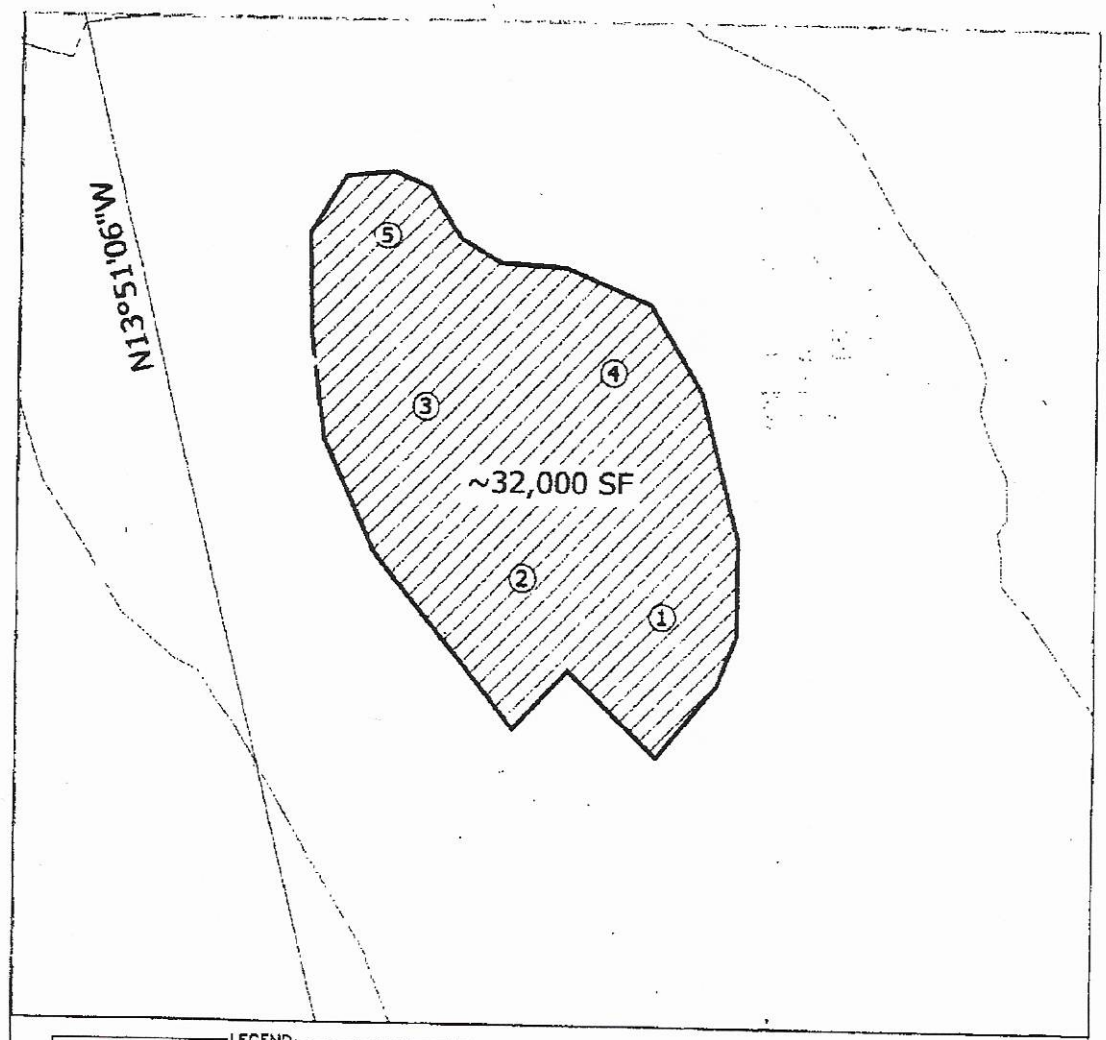
Soil/Site Suitability
Five soil borings (B1 – B5) were performed around around and downslope of the proposed house envelope that was staked on the property to determine the overall soil suitability for an onsite wastewater system installation. Of these five boring all were found to be provisionally suitable for Conventional, Modified Conventional and/or Accepted subsurface wastewater systems. These soil profile descriptions are most similar to the Cecil Soil Series'. Recommended LTAR is 0.225 - 0.25gpd/ft2. The square footage requirement for a 4 bedroom Conventional or Accepted System (system and repair) is 14,000 – 18,000. **We have determined that there is sufficient available space to support a drainfield for the proposed residence. Based on the proposed house placement on this parcel gravity flow system will be possible. I would recommend tank placement on the high side of the house to allow for maximum use of the soil area delineated.**

Rollans Soil & Environmental Services, PA has appreciates your business and looks forward to working with you in the future. Please let us know if you need any further assistance or have questions in regards to this project.

Thank you
S. Ashley Rollans
NC Licensed Soil Scientist #1211
NC Certified Operator
NC Certified Septic Installer
NC Certified Septic Inspector

2/5/19

See Attached: *Site Plan*
Survey
Soil Profile Descriptions



LEGEND

Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.

Not Evaluated.

House Footprint

W Well Location.

B2 Pit/Boring Location.

GRAPHIC SCALE
1" = 60'

60 0 60 120

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BE USED AS A GENERAL GUIDE. SOME ADJUSTMENTS WILL BE NECESSARY BY THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

SOIL & FORESTRY SERVICES OF THE CAROLINAS, P.A.
P.O. BOX 92
WOODRUFF, SC 29388
PHONE: (864) 205-1989
ASHLEY BOLTON, SC LICENSED SOIL SCIENTIST
MOBILE: (803) 366-1866
EMAIL: ashleyboltonsc@gmail.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: [illegible]

LOCATION/DATE: [illegible]

JOB #: 18-0011
FILE: C:\JOBS\18-0011
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4755-92-9105

DATE OF EVALUATION: 7/27/17

COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 15	L/MSL	0-3	BLGr	FrSSSP		43	-	-	PS .25
		3-43	BRY wash	F S P					

Sheet 1 of 2
PROPERTY ID #: 4738723105
COUNTY: Iredell

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

OWNER: Jesse M. Hs
ADDRESS:
PROPOSED FACILITY: 4BR
LOCATION OF SITE: HWY 21 West, I 77
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

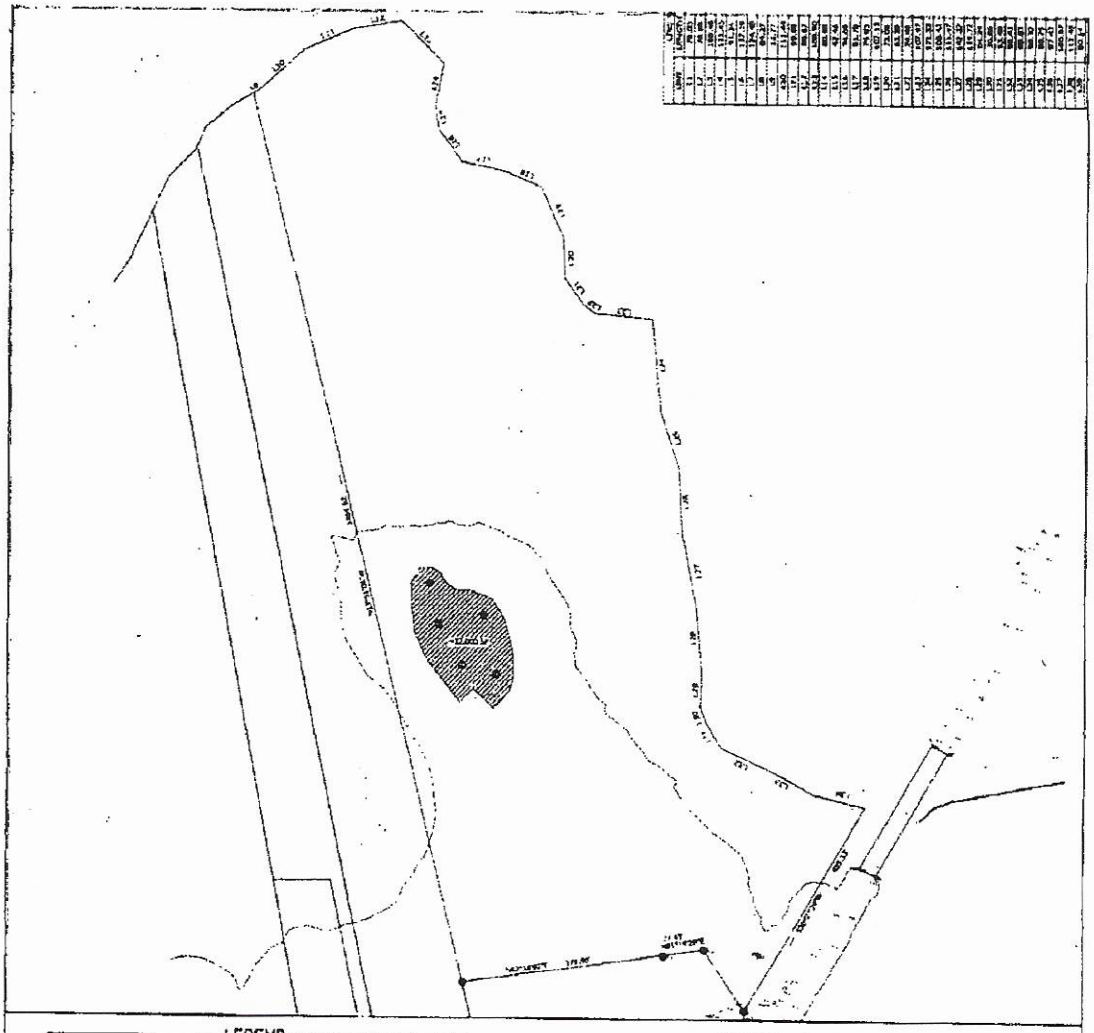
APPLICATION DATE:
DATE EVALUATED: 4/24/14
PROPOSED DESIGN FLOW (.1949): 420 gpd
PROPERTY SIZE: 1.22 ac
PROPERTY RECORDED: no
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	4/14%	0-7	BRCL w/ sbk	FR SS SP	Few F Depl	48	-	-	PS .175-.25
		7-48	BRC w/sbk	F SS P					
B 2	4/14%	0-2	BLG	FR SS SP	Few Ft Depl	48	-	-	PS .25
		2-9	RBCL w/sbk	FR SS P					
		9-48	BRC w/sbk	F S P					
B 3	4/14%	0-3	BL G	FR SS SP		48	-	-	PS .25
		3-7	RBCL w/sbk	FR S P					
		7-48	BRC w/sbk	F S P					
B 4	4/	0-5	BCL w/sbk	FR SS SP	Few w/ Fe/Mn Concr. Few Ft Depl 34"	48	-	-	PS-40 .225-.25
		5-40	BRC w/sbk	F S P					
		40-48	BRC w/sbk	F SS P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	Accepted/4BR
Site LTAR	0.225-0.25	0.225-0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: L. Wilkinson

COMMENTS:



LEGEND

Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.

Not Evaluated.

House Footprint

Well Location.

(B2) Pit/Boring Location.

GRAPHIC SCALE

1" = 250'

250 0 250 500

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE. SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

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SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME:

LOCATION/RATE:

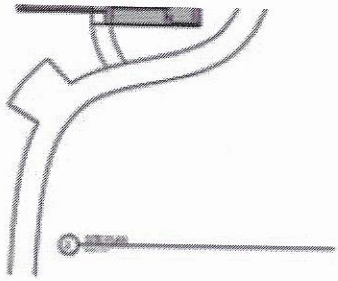
JOB #: 16-0011

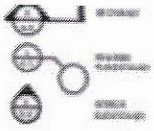
FILE: C:\JOBS\16-0011

PROJECT MGR.: B.A.R.

FIELD WORK: B.A.R.

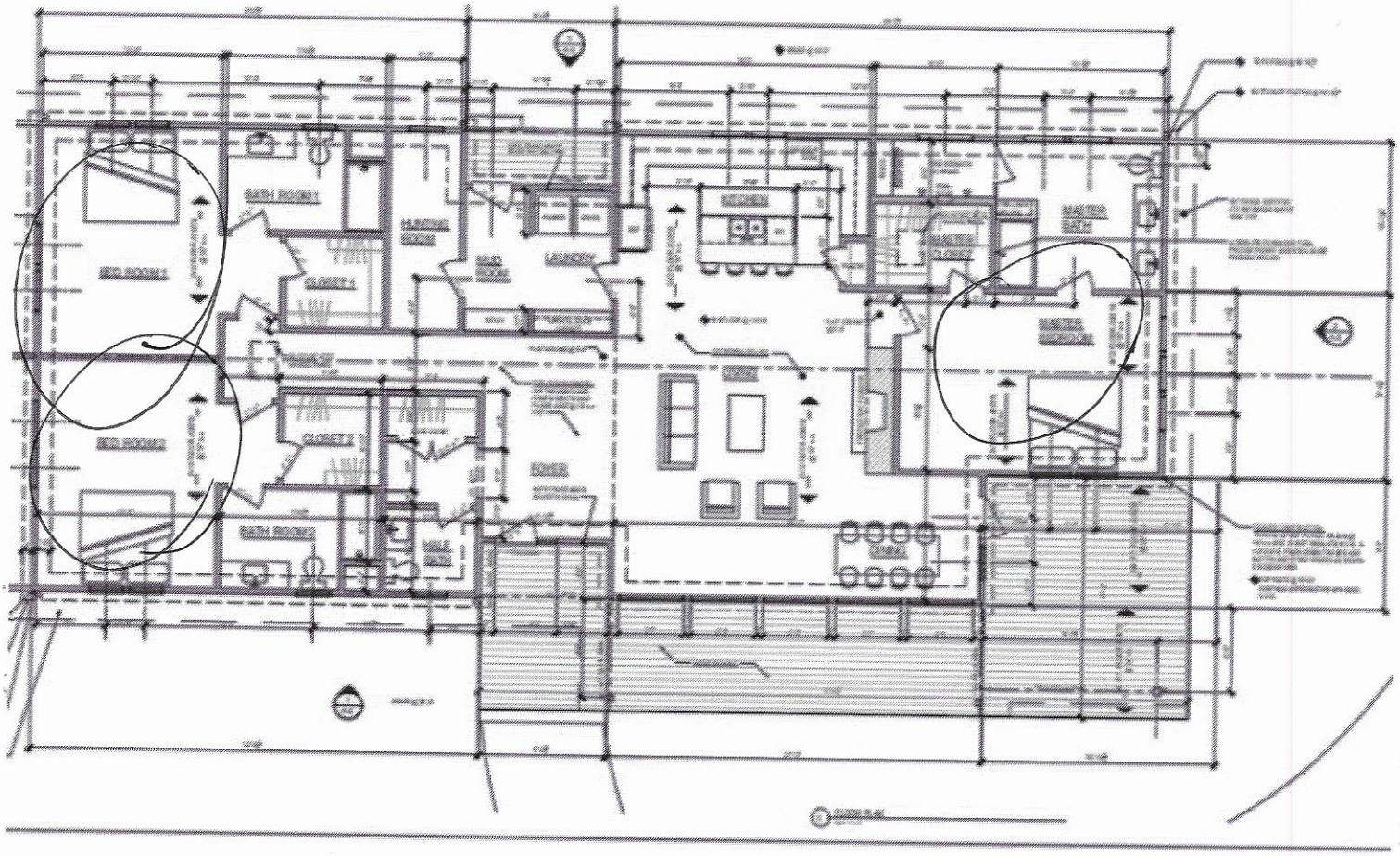
DRAWN BY: B.A.R.





FLOOR AREAS

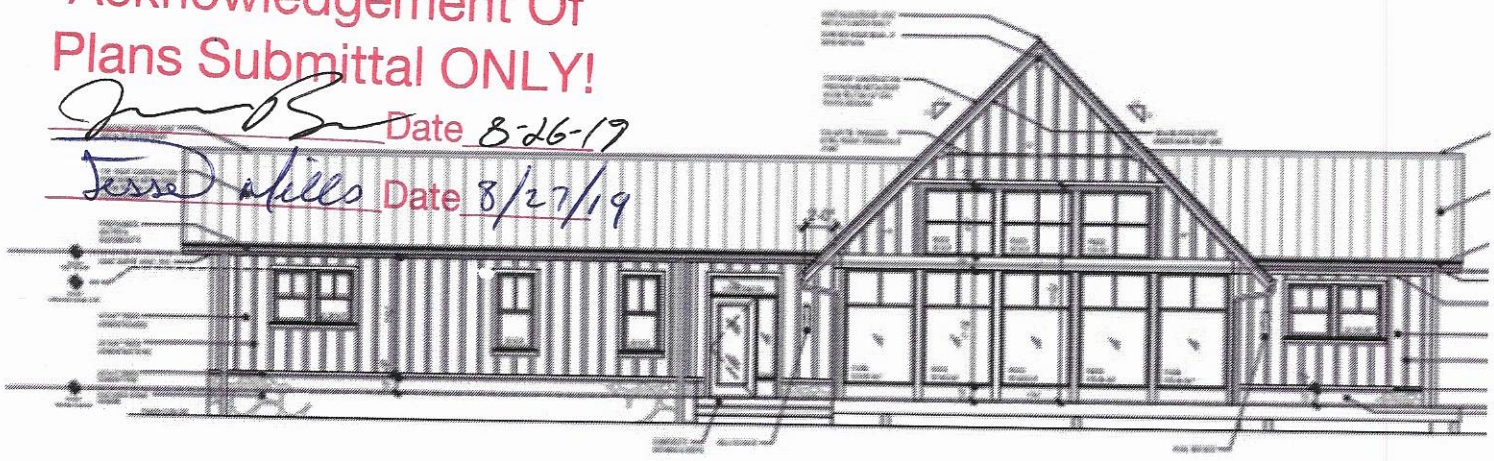


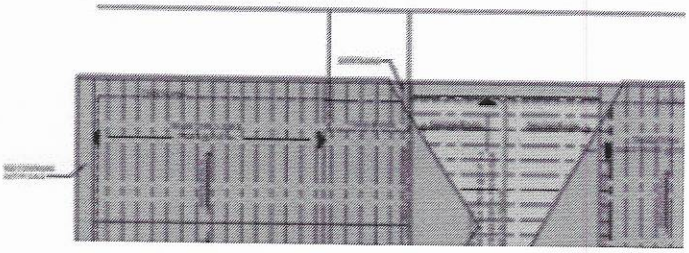


Acknowledgement Of
Plans Submittal ONLY!

Date 8-26-19

Date 8/27/19





IREDELL COUNTY

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

ZONING PERMIT

FILE COPY

APPLICATION NUMBER
246850
Issue Date: 07/19/2019

Parcel Number	Street Address	Jurisdiction
4758922462.000	1719 TURNERSBURG HIGHWAY, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: MILLS, JESSE	Applicant: MILLS, JESSE
Address: 470 CORNFLOWER RD	Address: 470 CORNFLOWER RD
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone: 301-748-5432	Phone: 301-748-5432

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	AE

Remarks:

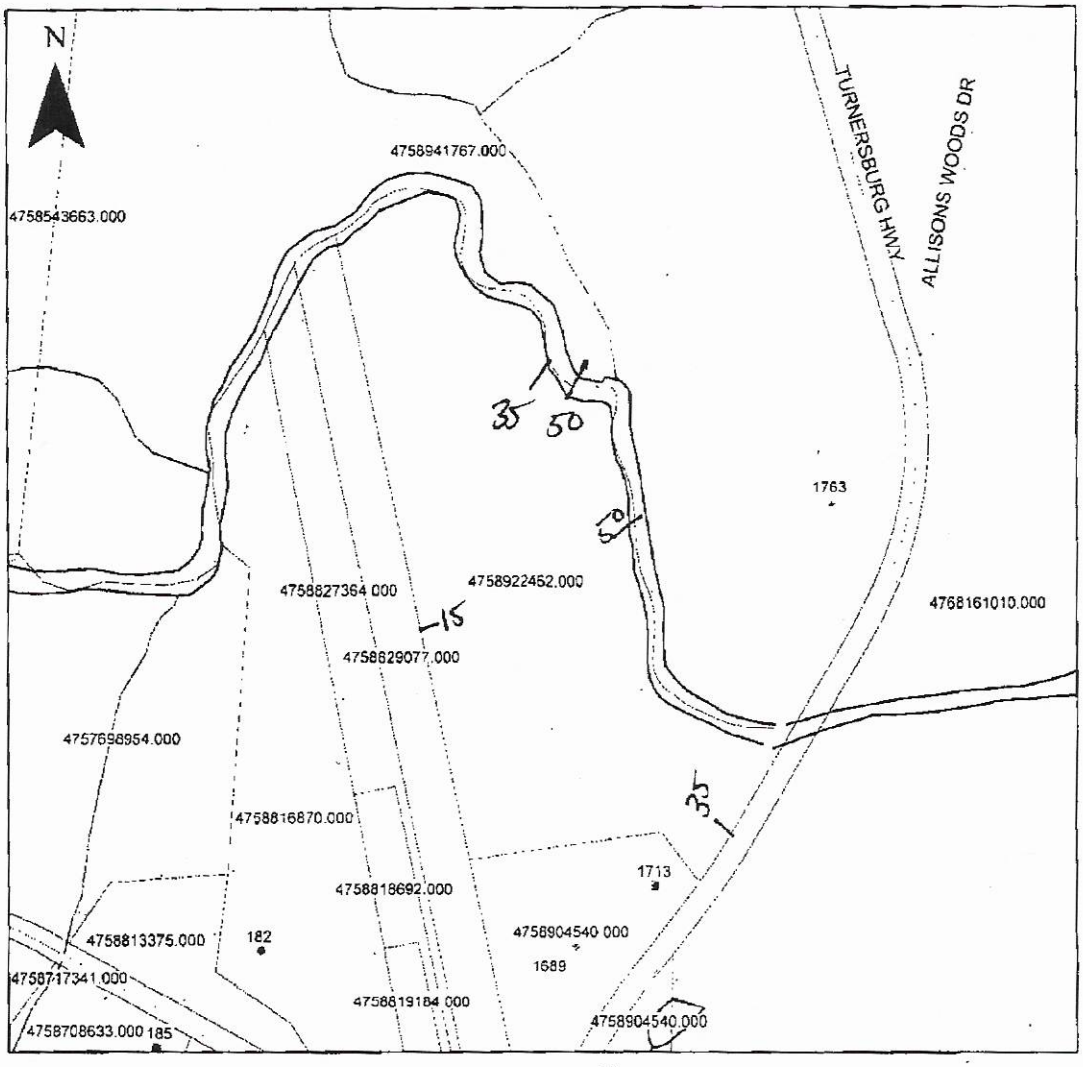
PAID
Credit
7-19-19

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	185855	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address Turnersburg Hwy

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Jesse Wells
Applicant

7/14/19
Date