IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 223771

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

PIN # 4761244756

APPLICANT/OWNER: Soil & Forestry Services | APPLICANT ADDRESS: P.O. Box 832 Mooresville NC 28115

SITE ADDRESS: Lot Wheatfield Dr. Statesville NC 28677 | PHONE: 704 746-5046 | ALT. PHONE

SITE DIRECTIONS: Hwy 115 N. TR Oswalt Amity TR Wheatfield Dr on left

SUBDIVISION: Wheatfield | SECTION: 1 | LOT # 84 | LOT AREA: .57 Acre

SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 360 gpd | L.T.A.R.: .3 | 48"

Septic Tank	1000 (gal)	STB	325	Date	3-11-19
Pump Tank	1000 (gal)	PT	342	Date	4-1-19
Pump Make	Goulds	Model	3HP WE	Serial #	
# Nitrification Fields		# Lines	4	Linear Ft	400 ft
Trench Width	36"	Trench Bottom Depth (average)	48"-52"	Gravel Depth	N/A

☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI

System Description: 4 Pump-PM 25% Reduction 1 PPBPS

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

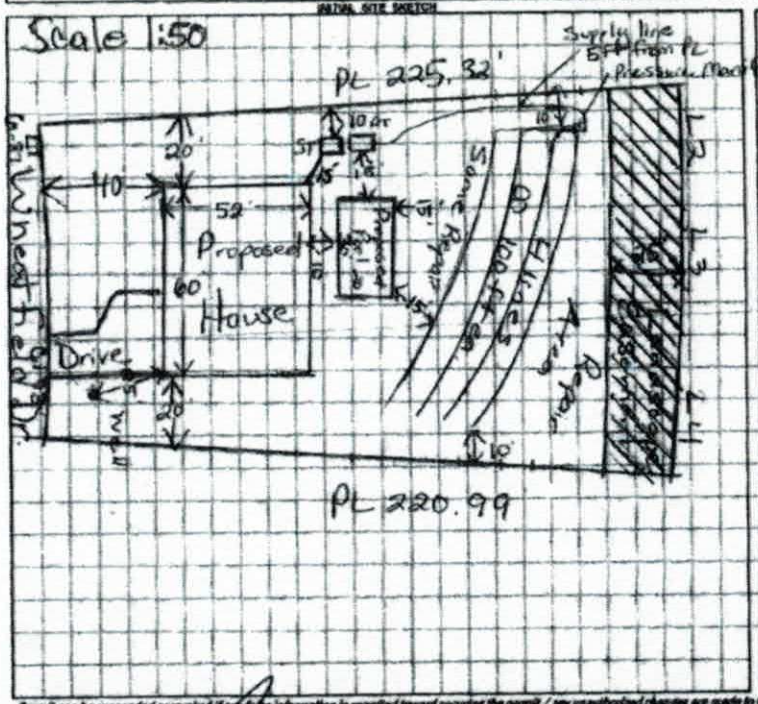
☒ Residence | No. Bedrooms: 3
☐ Business | No. Persons: 10
☐ Other | No. Employees:
☐ Slab | ☒ Crawl Space
☐ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * No reduction given due to trench bottom depth Must install 400ft drainfield.

Note: Future pool must be at least 15' from Septic. (Pool can not increase in size.)

INITIAL SITE SKETCH



AS BUILT SKETCH

Drainlines are installed as drawn
ST is 15' off House
8/16/19 Electrical OK. Alarm Breaker #15
Septic Pump #12/14

	Date	Initials
Drain Lines Checked	5-22-19	GS
Tanks Checked	5-22-19	GS
Pressure Manifold or Valve Box Checked	5-22-19	GS
Pressure Head Set	5-22-19	GS
Electrical Checked Breakers ok	8/16/19	GS
Floats Set	5-22-19	GS
Alarm Checked	8-21-19	CEC
Maintenance Contract Y (N)	—	—

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: 8/17/18 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 8/8/18 OPERATION PERMIT by: Carla C. Carr Date: 8-21-19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/11/18 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 inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

RW

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

PERMIT # 223771

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

PIN # 4761244756

APPLICANT/OWNER: Soil & Forestry Services | APPLICANT ADDRESS: P.O. Box 832 Mooresville, NC 28115

SITE ADDRESS: 161 Wheatfield Dr. Statesville, NC 28677 | PHONE: 704 746-5046 | ALT. PHONE

SITE DIRECTIONS: Hwy 115 N. TR Oswalt Amity TR "Wheatfield Dr on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wheatfield | SECTION: | LOT # 84 | LOT AREA: .57 Acre | DESIGN FLOW: 360 gpd | L.T.A.R.: .3 > 48"

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	Date	System Description: * Pump-PM 25% Reduction			
Pump Make		Model	Serial #	Repair System Description: LPP PBPS			
# Nitrification Fields	1	# Lines	4	Linear Ft 400 ft	Maintenance Agreement Required:	☐ YES	☒ NO
Trench Width	36"	Trench Bottom Depth (Low side)	48"-52"	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE

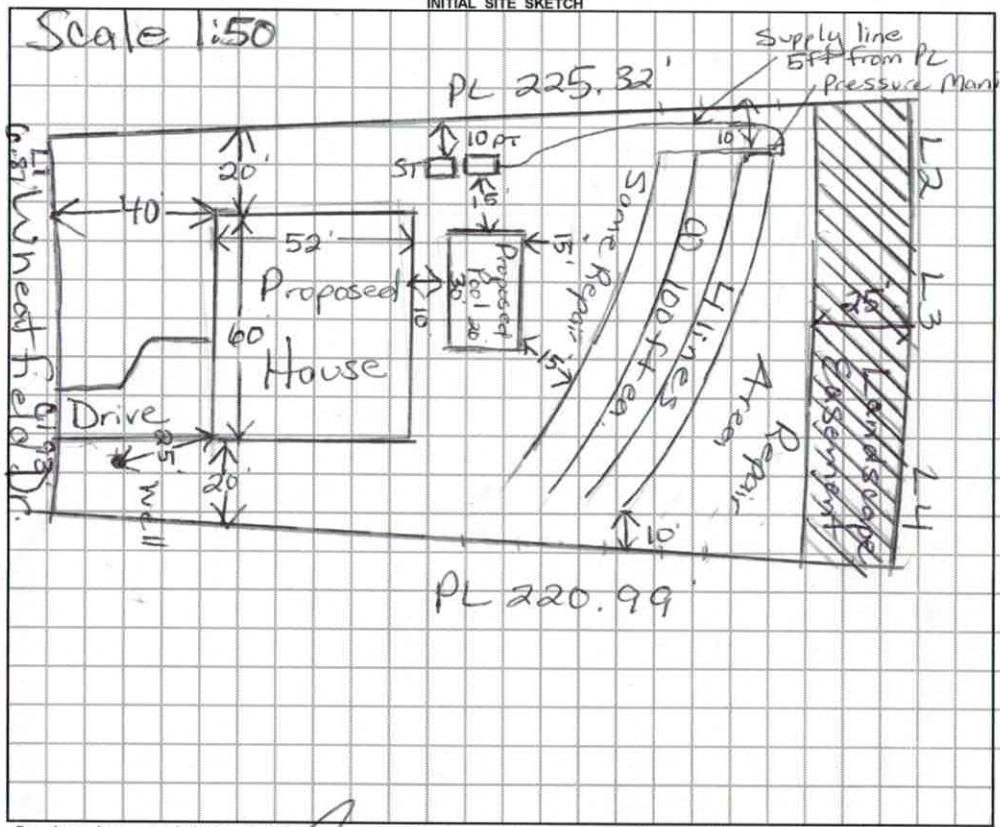
☒ Residence | No. Bedrooms 3 | ☐ Business | No. Persons 6 | ☐ Other | No. Employees | ☐ Slab | ☒ Crawl Space | ☐ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * No reduction given due to trench bottom depth. Must install 400ft drainfield.

Note: Future pool must be at least 15ft from Septic. (Pool can not increase in size)

INITIAL SITE SKETCH



AS BUILT SKETCH

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: 8/17/18 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 8/8/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/11/18 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

Approved 12/30/16 MD

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: First Citizens Bank — APPLICATION DATE
ADDRESS: 161 Wheatfield — DATE EVALUATED: 12-5-16
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE:
LOCATION OF SITE: — 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3%	0-10	Mo GR SL	FR ns/np	Br				
		10-29	Mo ABK C	Fi S/P	Red/Br/yel Br				
		29-40	WK ABK C	Fi SS/SP	R; C yel Br		N/A	N/A	0.3 Below 40"
		40-72	WK SBK CL	FR SS/SP	R; F/C sap	72+			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LP PPBPS	LP PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): 52"+ TB
SITE CLASSIFICATION (.1948):
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Corinthian Builders _____ APPLICATION DATE 12/12/2007
ADDRESS: Oswalt Amity Rd. _____ DATE EVALUATED: 12/10/2007
PROPOSED FACILITY: 3 bedroom Home PROPOSED DESIGN FLOW (.1949): 360 gpd ___ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 84 _____ PROPERTY RECORDED: _____
WATER SUPPLY: Private Public Ξ Well Spring Other _____
EVALUATION METHOD: Auger Boring (X) Pit Cut TYPE OF WASTEWATER: Ξ 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	L 2-5%	0-10	W F GR/ SL	NS, NP,FR / NEXP	>64" Br/RedBr	>64"	NA	S	PS .275 Apr .3 ≥36" TB
		10-24	W F SBK / CL	SS, SP,FR/ SEXP					
		24-40	M M SBK/ C	SS, SP, FR/ SEXP					
		40-64	M M SBK/ C	SS, SP, FR/ SEXP					
2	L 2-5%	0-10	WFGR / SCL	NS NP FR / NEXP	>56 18-36" C-yel/br 10YR 6/4	>56	NA	S	PS ~~.325~~ .3 ≥36" TB
		10-50	STFSBK / C	SS SP FI / SEXP					
		50-56	WFSBK / CL	SS SP FR / SEXP					
3	L 2-5% 5%	0-10	W F GR/ SCL	NS, NP,FR / NEXP	>65"	>65"	NA	S	PS .3
		10-65	M M SBK / C	SS, SP,FR/ SEXP					
4		0-8	wkgr sl	Cr NS NP	Br Red C-yel/br				.25
		8-40	moabk/sbk C	Cr ss sp					
		40-53	moabk C	fr ss sp					

LICENSED SOIL SCIENTIST WENDELL O. KERBY STATE OF NORTH CAROLINA 1278

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS _____
SITE CLASSIFICATION (.1948): PS _____
EVALUATED BY: Fulton Bailey
OTHER(S) PRESENT: _____

COMMENTS: Marginal colors from 26-32 on pit 2 Marginal colors Bt1 in pit 1

LEGEND

40100

RECEIVED JUL 2 6 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*Intermediate Relayant **APPLICATION FORM** Paid $320.00 #223771

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Soil & Forestry Svcs Address: P.O. Box 832 Mooresville NC 28115 Zip:
Applicant Email: ashleyrollans@gmail.com Phone: 704 746 5046 Alt. Phone:
Owner Name: Kenneth Denyse Naylor Address: 7997 Lakeview Dr Denver NC Zip: 28037
Owner Email: 123Flooringc@gmail.com Phone: 980 722 0918 Alt. Phone:

Property Information:

Street Address: 161 Wheatfield Dr. ~~Mooresville~~ Statesville NC 28677
Subdivision Name: Wheatfield Section/Phase: Lot Number: 84
Driving Directions: Amity Hill E. Rt on Wheatfield Dr. Lot on Lt.

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: 6
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: 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 (X) 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 (X) Other: Accepted

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: _____ 7/23/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Redraw

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00

ENVIRONMENTAL HEALTH DIVISION

RECEIVED DEC 14 2

PAGE 1: *APPLICATION FORM*

223771

Application For:

- (X) *Septic Improvement Permit*
- ( ) New Well Permit
- ( ) *Authorization to Construct*
- ( ) Well Repair Permit
- ( ) *Existing System Inspection*
- ( ) Well Aban
- ( ) Septic Syst

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR I IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION S APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FO

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

- ( ) Survey Plat, scaled no more than 1 inch = 60 f
- ( ) Custom Site Plan, scaled no more than 1 inch

contact Kathleen Saunders (704) 578-495

Applicant Information:

Applicant Name: First Citizens Bank **Address:** 4300 Six Forks Rd FCC-52 Raleigh NC 27609 **Phone:**

Owner Name: same **Address:** **Phone:**

Property Information:

Street Address: 161 Wheatfield Dr Statesville

Subdivision Name: Wheatfield **Section/Phase:** **Lot Number:** 5

Driving Directions: Hwy 115, R Oswalt Amity, R on Wheat field, lot on left

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

- (X) New Single Family Residence
- ( ) New Multi-Family Residence
- ( ) Accessory Building
- ( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3

Maximum Number of Occupants: 8 max

- ( ) Swimming Pool
- ( ) Other Addition/Structure:

- (X) Crawl Space Foundat
- ( ) Concrete Slab Founda
- ( ) Basement with Plumb
- ( ) Basement without Plu

Non-Residential Site Development:

Type of Business:

Square Footage of Building:

Maximum Number of Employee:

Maximum Number of Seats/Beds/Other:

Water Supply:

(X) 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 (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: Emma Helt

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

12/12/16

DATE

Min. 48" trench depth

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***)** Kenneth Naylor

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, KENNETH NAYLOR, am the legal owner(s) of the property located at 161 Wheatfield Drive, Statesville NC 28677, identified as

PIN (Parcel Identification Number) 4761244756, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Soil & Forestry Svcs., 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.

Kenneth Naylor
Signature of Owner(s)

7.23.2018
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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, First Citizens Bank + Trust VP Matthew J. Clawson, am the legal owner of the property located at 161 Wheatfield Dr, identified as PIN(Parcel Identification Number) 4761 24 4 756, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Matthew J. Clawson — Signature of Owner

12-6-16 — Date

_____ — Signature of Witness

_____ — Date


3BR SYSTEM
& REPAIR AREA
AREA MAY EXPAND DEPENDING ON HD
POOL
HOUSE
DRIVE
PT
ST
30'
20'
15'
18'
60'
52'
25'
20
20
20
91'
225.32'
NORTH
1" = 30'
Repair top & bottom
To Front 106
To SL 11'
121
133
145
159
170
PBRDP
B
Pool 123-106'
Lot 84
To Front
To SL
P 161
B 170
R 184
D 191

IREDELL COUNTY

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

APPLICATION NUMBER
223771
Issue Date: 07/26/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4761244756.000	161 WHEATFIELD DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NAYLOR, KENNETH R + DENYSE A	Applicant: KATHLEEN SAUNDERS
Address: 7492 LAKEVIEW DR	Address: 121 HOLT LANE
DENVER, NC 28037	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.570	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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: Samuel A Tolle Date: 7/26/18

Permit Number	146884	TOTAL FEES:	$ 77.25