ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 3016413

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

PIN # 4726804811

APPLICANT/OWNER: Porter Builders — APPLICANT ADDRESS: 2143 Mocksville Hwy, Statesville

SITE ADDRESS: 133 Lonehart Lane, Statesville 28625 — PHONE: 704-902-3124 — ALT. PHONE —

SITE DIRECTIONS: Hwy 64 → R on Lone Pine → R on Lonehart → on left — SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lone Pines Meadow — SECTION: P3 — LOT # 30 — LOT AREA: .482ac — DESIGN FLOW: 360gpd — L.T.A.R.: .3 (.25 R)

Septic Tank	1000 (gal)	STB	1165	Date	5-18-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% red. product		
Pump Make		Model		Serial #		Repair System Description:	LPPBPS		
# Nitrification Fields	1	# Lines	5	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~	43" max	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

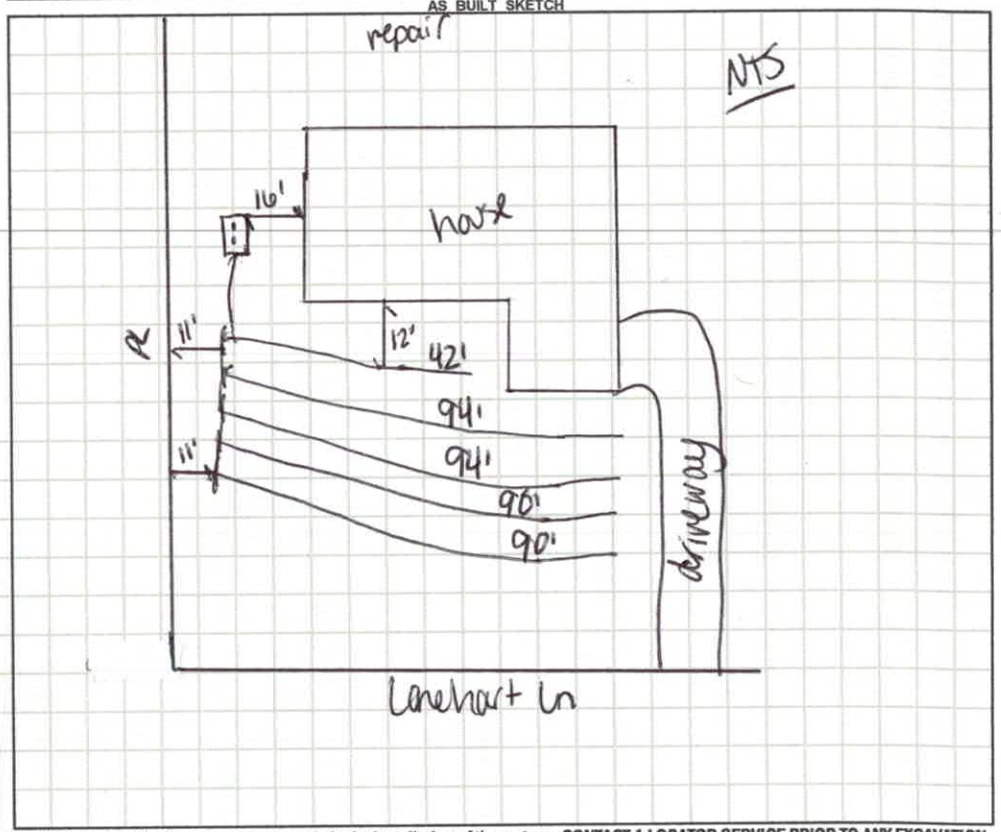
Comments / Conditions: septic tank must be 15' from house if foundation drain is installed. * System must be installed @ 43" max per design — do not shallow system

→ 25% reduction product does not recieve reduction deeper than 36" → must install 400'

INITIAL SITE SKETCH

See attached design by Soil & Forestry Services of the Carolinas, PA
LSS # 1231

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**

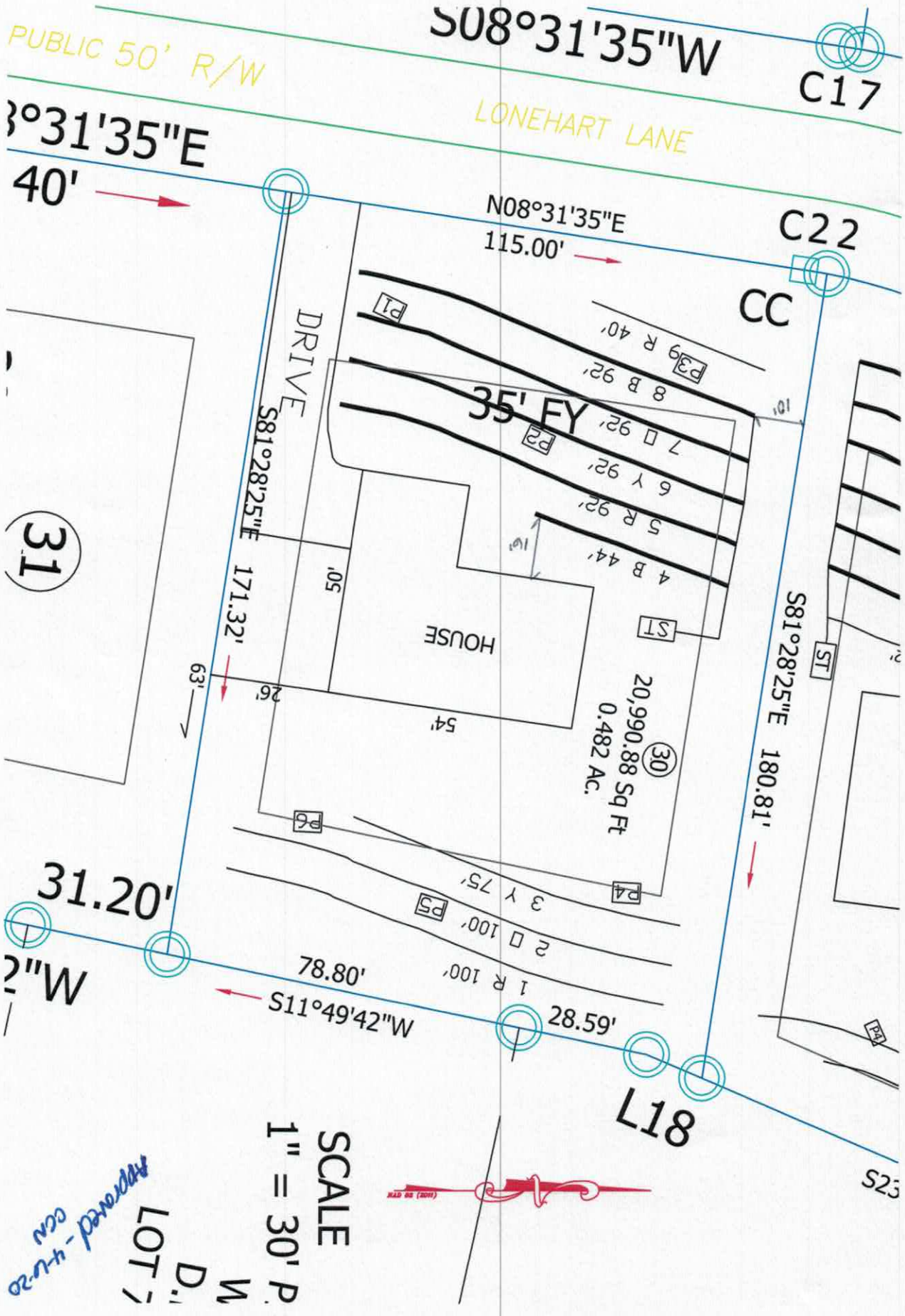
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Rec'd — Date: 4-7-20 — Installed by: Cothren & Son

IMPROVEMENT PERMIT by: Carla C. Nicks — Date: 4-6-20 — OPERATION PERMIT by: Carla C. Nicks — Date: 7-20-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks — Date: 4-6-20 — 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.


PUBLIC 50' R/W
LONEHART LANE
S08°31'35"W
C17
N08°31'35"E
115.00'
C22
CC
DRIVE
S81°28'25"E
171.32'
50'
35' FY
HOUSE
54'
26'
63'
20,990.88 Sq Ft
0.482 Ac.
30
31
S81°28'25"E 180.81'
31.20'
78.80'
S11°49'42"W
28.59'
L18
SCALE
1" = 30' P
LOT 7
D.
W
P1
P2
P3
P4
P5
P6
ST
8 B 92'
7 □ 92'
6 Y 92'
5 R 92'
4 B 44'
3 Y 75'
2 □ 100'
1 R 100'
9 R 40'

Soil & Forestry Services of the Carolinas, PA.

P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence on Lot 30, Lone Pine Meadows Subdivision, Statesville (PIN 4765804811), Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
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March 30, 2020
Project #: 18-0081
Design By: Soil & Forestry Services of the Carolinas, PA.

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a pump PPBPS system with Low Pressure Distribution.
- **System Trench depth is 43 inches and does not get the 25% Reduction**
- **but 25% Reduction material can be utilized or Conv. (GRAVEL)**

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Applicant:	Porter Builders
Address:	2143 Mocksville Highway Statesville, NC 28625
Phone:	704.746.5046
County:	Iredell
Location:	133 Lonehart Lane Statesville, NC 28625
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	412	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	43 in.	Repair Trench Bottom 36 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	20	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	13.06	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA.	

133 Lonehart Lane

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1236
TOTAL LATERAL LENGTH:	412
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	20
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 133 Lonehart Lane- Lot 30

Project #: 18-0081

LAYOUT FOR 3 BEDROOM HOME — March 30, 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	RED					100	100
2	ORANGE					100	100
3	YELLOW					75	75
4	***BLUE***					***44***	***44***
5	***RED***					***92***	***92***
6	***YELLOW***					***92***	***92***
7	***ORANGE***					***92***	***92***
8	***BLUE***					***92***	***92***
9	RED	EXTRA				40	40
					Total	727	727

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	TRENCH DEPTH
**** System***	***412***	***0.300***	***ACCEPT.***	***0.300***	***>36" TB*** *(NO REDUCTION)*	***GRAVITY***	43"
Repair	595	0.250	MOD. CONV.	0.250	PPBPS	LOW PRESSURE	36"

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

****HOUSE STAKED BY SURVEYOR.**

CALCULATIONS

Location 133 Lonehart Lane
Statesville, NC 28625
Project Number 18-0081

Lot No: 30 Lone Pine Meadows

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 20 ft.

Supply Line Volume 13.06 gal.

Required Feet of Line 400 ft.
Amount of Line from Layout 412 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

PROPERTY ID #: 4765804811
COUNTY: Iredell

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

OWNER: Bruce Porter — APPLICATION DATE: ____
ADDRESS: 2143 Macksville Highway, Statesville NC 28625 — DATE EVALUATED: 3/26/20
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 0.482 AC
LOCATION OF SITE: 133 Lonehart Ln, Statesville NC 28625 — 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) .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
P 1	L/5-7%	0-8	BSCL wfsbk	Fr SS SP SEXP	- Fe Dep @ 22-34" - Few Cl @ 26-29" - Few SAP - fsap	63	—	—	PS .25 .30 Deep
		8-34	BRC wmAbk/sbk	Fr SS P					
		34-52	BRC wmsbk/Abk	Fr SS SP					
		52-63	RBCl wfsbk	" " "					
P 2	L/4-6%	0-8	BSCL wfsbk	Fr SS SP SEXP	- Few Fe Dep! 26-33" f Cl @ 25-28" - fsap	63	—	—	PS .25 to 33" .3 Deep
		8-33	BRC wmAbk/sbk	Fr SS P SEXP					
		33-63	RBCl wmsbk/Abk	Fr SS SP SEXP					
P 3	L/4-6%	0-7	BSCL wfsbk	Fr SS SP SEXP	- Few Fe Dep! @ 24-28" f Cl @ 28-48" - fsap	54	—	—	PS .25 0.3 Deep
		7-32	BRC wmsbk/Abk	Fr SS SP					
		32-54	RBC wmsbk/Abk	" " "					
P 4	L/4-6%	0-7	BSCL wfsbk	Fr SS SP SEXP	- Few Fe Dep! 18"-24" - Few SAP - fcSap	64	—	—	PS .275 .30 Deep
		7-33	BRC wfAbk	Fr SS SP					
		33-46	RBCL/C wmsbk/Abk	Fr SS SP					
		46-64	RBCl wfsbk	" " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PPBPS
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Kalans
OTHER(S) PRESENT: Chad Wagner

COMMENTS: ____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4765804811
DATE OF EVALUATION: 3/26/20 & 3/27/20
COUNTY: Iredell

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
P5	L/4-6%	0-8	BSCL	Fr SS SP SEXP		64	—	—	PS .25 Deep 0.3
		8-32	RBC wmAbk/sbk	Fr SS P	Fe depl 22-34"				
		32-54	BRC wmsbk/Abk	Fr SS P	fsap				
		54-64	RBC/wfsbk	Fr SSS P	-f-csap				
P6	L/4-6%	0-8	BSL Gr	Fr SS SP SEXP		60	—	—	PS .2-.75 0.3 Deep
		8-40	BRC wfAbk/sbk	Fr SS P SEXP	-Few Fe Dep. 22-32"				
		40-60	RBC/C/wmsbk	Fr SSS P SEXP	-fsap				

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, WCU Inc, Bruce Porter, am the legal owner(s) of the property located at 133 Lonehart Ln, Statesville NC 28625, identified as PIN (Parcel Identification Number) 4765904811, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollins, SFS, 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.

Bruce Poat — Signature of Owner(s)
3-31-20 — 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

RECEIVED APR 1 - 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-30613 Paid $350.00

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: Porter Builders, WCU Inc **Address:** 2143 Mocksville Highway, Statesville NC **Zip:** 28625
Applicant Email: 2xpapa2012@gmail.com **Phone:** 704-902-3124 **Alt. Phone:**
Owner Name: Bruce Porter **Address:** 2143 Mocksville Highway, Statesville NC **Zip:** 28625
Owner Email: 2xpapa2012@gmail.com **Phone:** 704-902-3124 **Alt. Phone:**

Property Information:

Street Address: 133 Lonehart Lane, Statesville NC 28625
Subdivision Name: Lone Pine Meadow **Section/Phase:** P3 **Lot Number:** 30
Driving Directions: Highway 64 to Lone Pine Rd, Right onto Lonehart Lane, 133 Lonehart Ln will be on left. Lot 30

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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 ( ) Existing Well ( ) Community Well ( ) City Water (X) 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: _____ 3/31/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

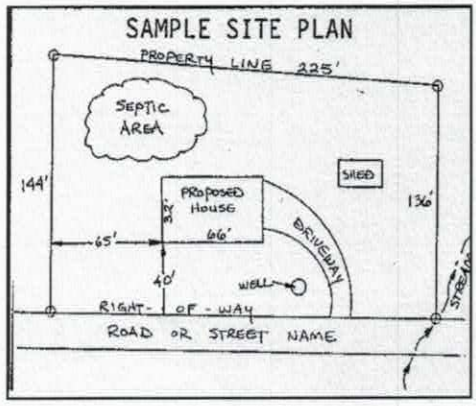
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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



Circle N/A on the following if appropriate:

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

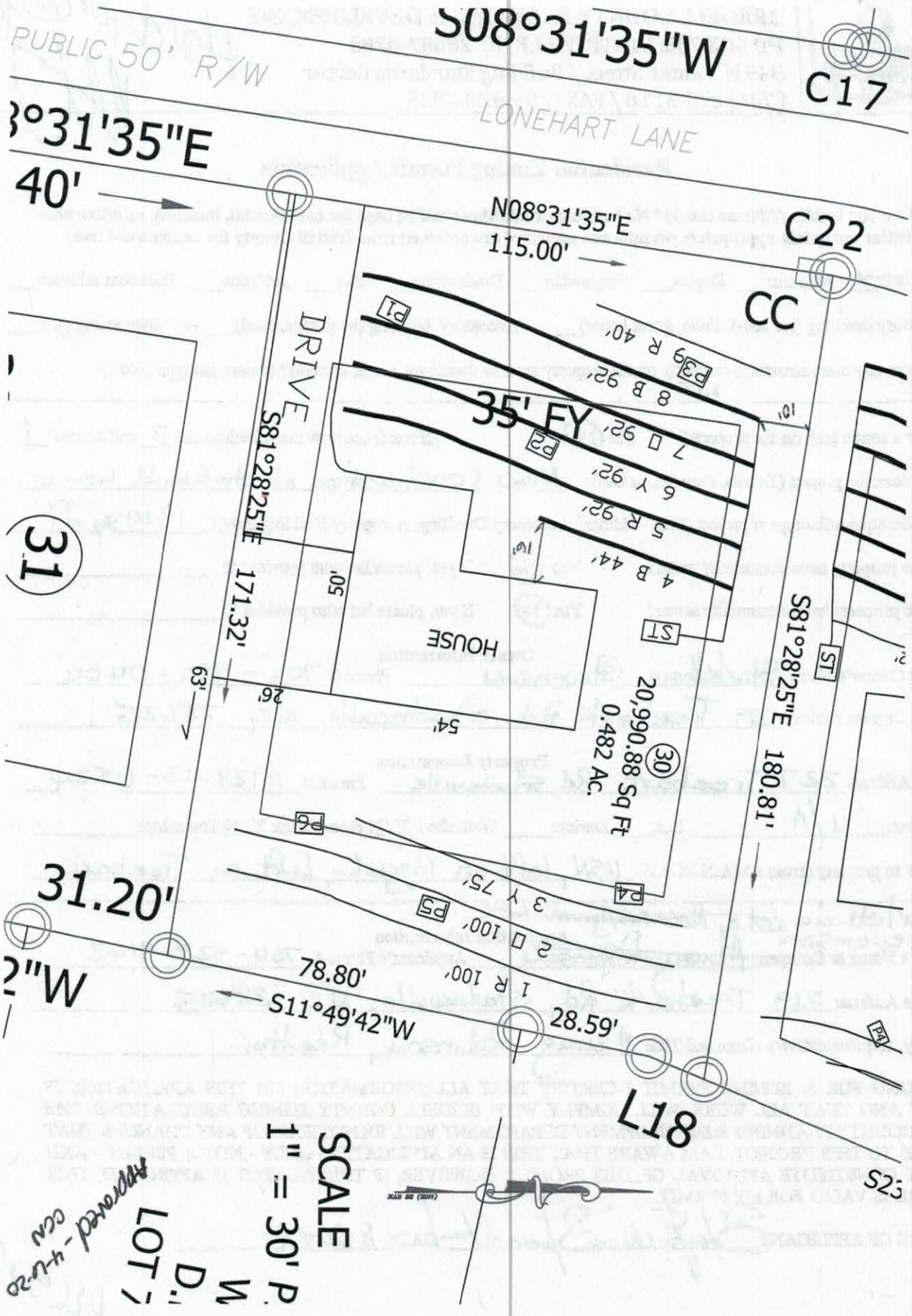
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached

Signature: Steven A. Tollison 3/31/20

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


S08°31'35"W
C17
PUBLIC 50' R/W
LONEHART LANE
3°31'35"E
40'
N08°31'35"E
115.00'
C22
CC
DRIVE
S81°28'25"E
171.32'
50'
35' FY
HOUSE
20,990.88 Sq Ft
0.482 Ac.
30
S81°28'25"E 180.81'
31
63'
26'
54'
31.20'
78.80'
S11°49'42"W
28.59'
L18
SCALE
1" = 30' P
LOT
P1
P2
P3
P4
P5
P6
ST
8 B 92'
7 □ 92'
6 Y 92'
5 R 92'
4 B 44'
3 Y 75'
2 □ 100'
1 R 100'
9 R 40'

Acknowledgement Of
Plans Submittal ONLY!

Carla C Nick Date 4-6-20

Bruce Post Date

* Flipped floor plan to show garage on right side

STUDIO DESIGN COLE

FOWLSCOLE@ATT.NET

DATE 4/20/2016
COMM. NO. 2314B
DRAWN JS CHECKED
SCALE AS SHOWN

SHEETS 1.1 OF

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306413 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4765804811.000	133 LONEHART LN	Iredell County

Owner Information	Applicant Information
Name: WCU INC+BRUCE A PORTER ETAL	Name: ROLLANS SOIL & ENVIRONMENTAL SERVICES
Address:	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: (704)658-1723

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.482	35	35	15	15	N/A	NO

Remarks
SFD

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

Signature of Owner/Contractor

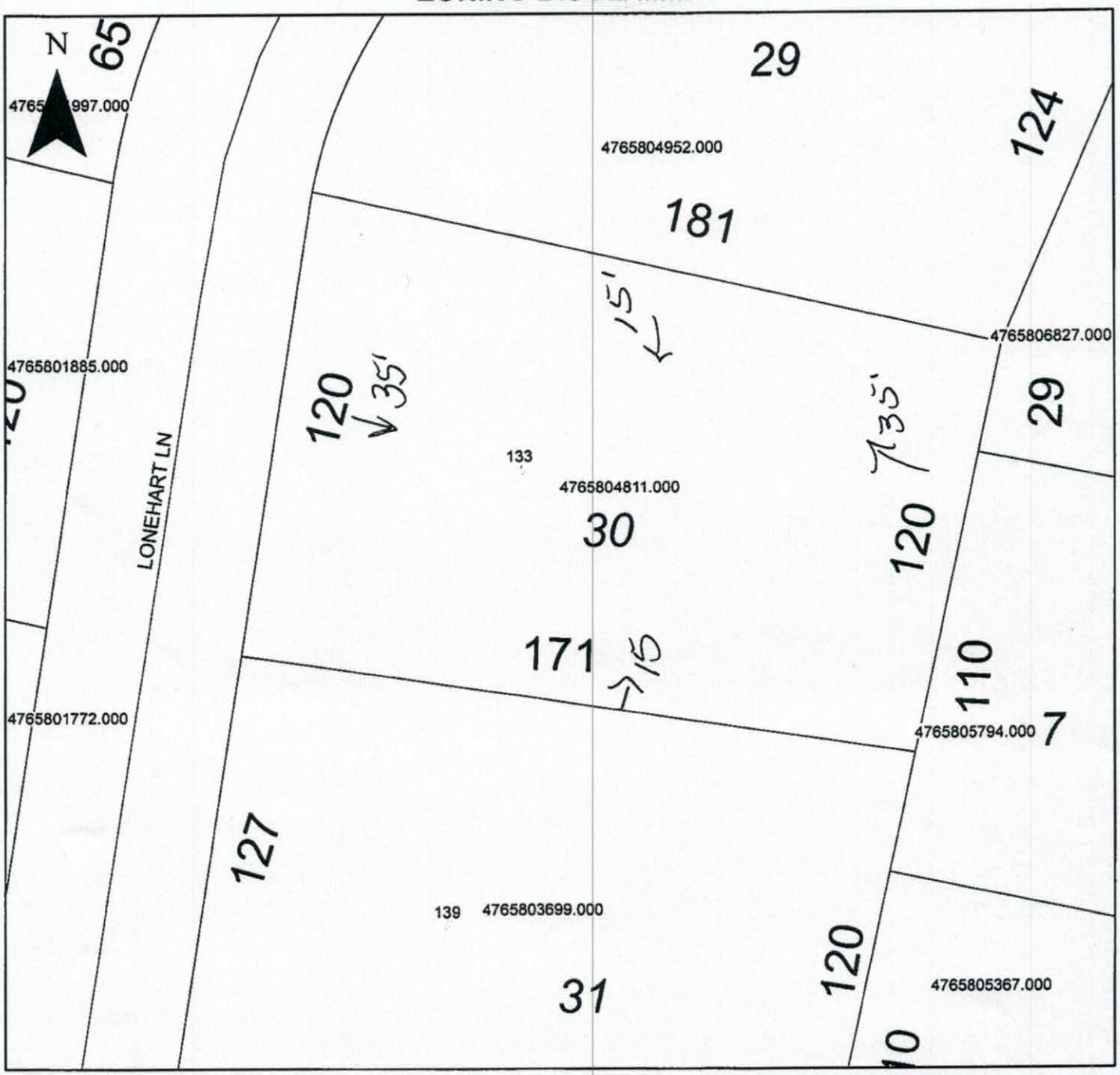
Date: 03/31/2020

Permit Number	306413	TOTAL FEES:	$77.25

* Left check in box for $427.25

SFD

ZONING DISCLAIMER



Property Address 133 Lonehart .482 R-20 N

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.

Sam Tolley

Applicant

Date