IREDELL COUNTY HEALTH DEPARTMENT (Statesville office)

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

PIN # 4765816517

APPLICANT/OWNER: WCU Inc | APPLICANT ADDRESS: 2143 Mocksville Hwy Statesville NC

SITE ADDRESS: 124 Postman Lane Statesville NC 28625 | PHONE: 704 902 3127 | ALT. PHONE: - -

SITE DIRECTIONS: Hwy 64 Turn Right Pine RD Turn Right Postman Ln | SAP CONTROLLED: ☐ YES ☒ NO

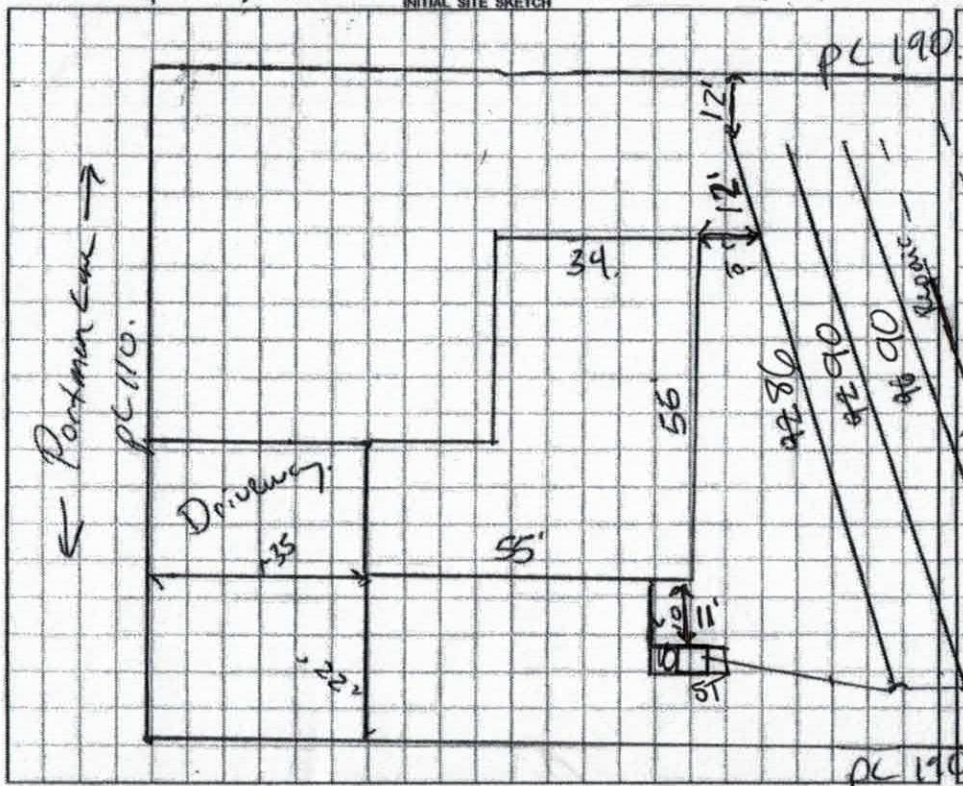
SUBDIVISION: The Pines/Meadows | SECTION: 3 | LOT # 20 | LOT AREA: .96 Acres | DESIGN FLOW: 360 | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB 760	Date 2-23-18	☒ 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:	50% Reduction			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines 4	Linear Ft 328.	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36.	Trench Bottom Depth(Low side)	34	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

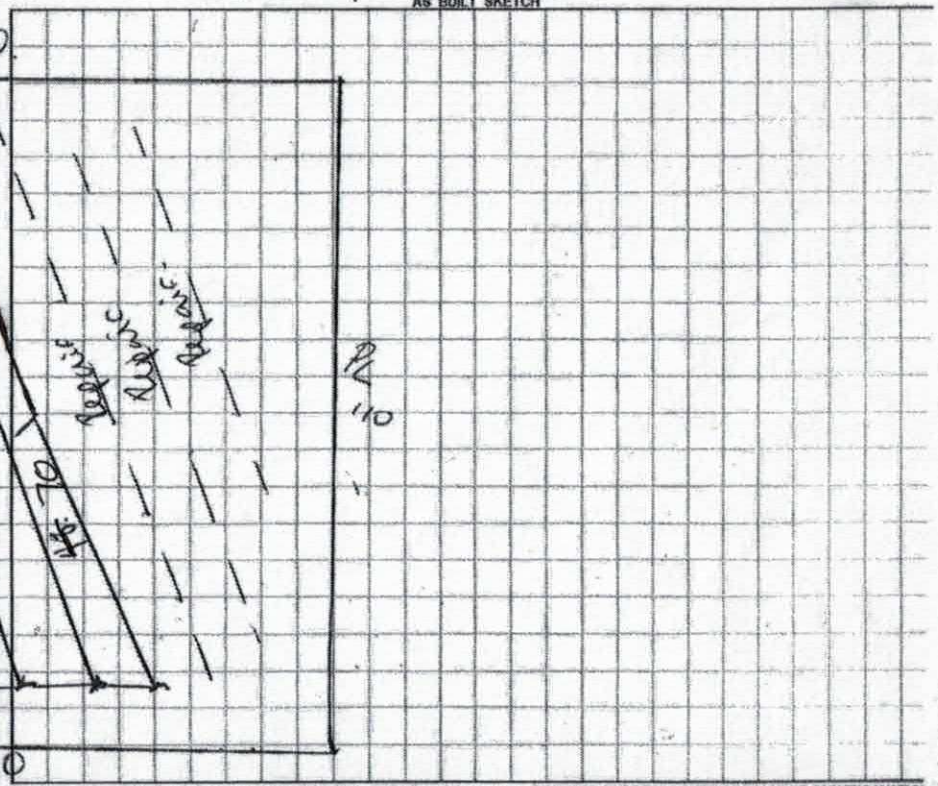
Comments / Conditions: Permit Design by ICHD & Ashly Rollins. LSS See attached documents for necessary specifications. Install Septic System on the contour of the land & Utilize Serial distribution. Maintain 10 Ft from house with many part of the Septic System

*Last line installed 22' into future repair. OK to pass. 22' can be added in new line below last repair line shown on permit.

INITIAL SITE SKETCH



AS BUILT SKETCH



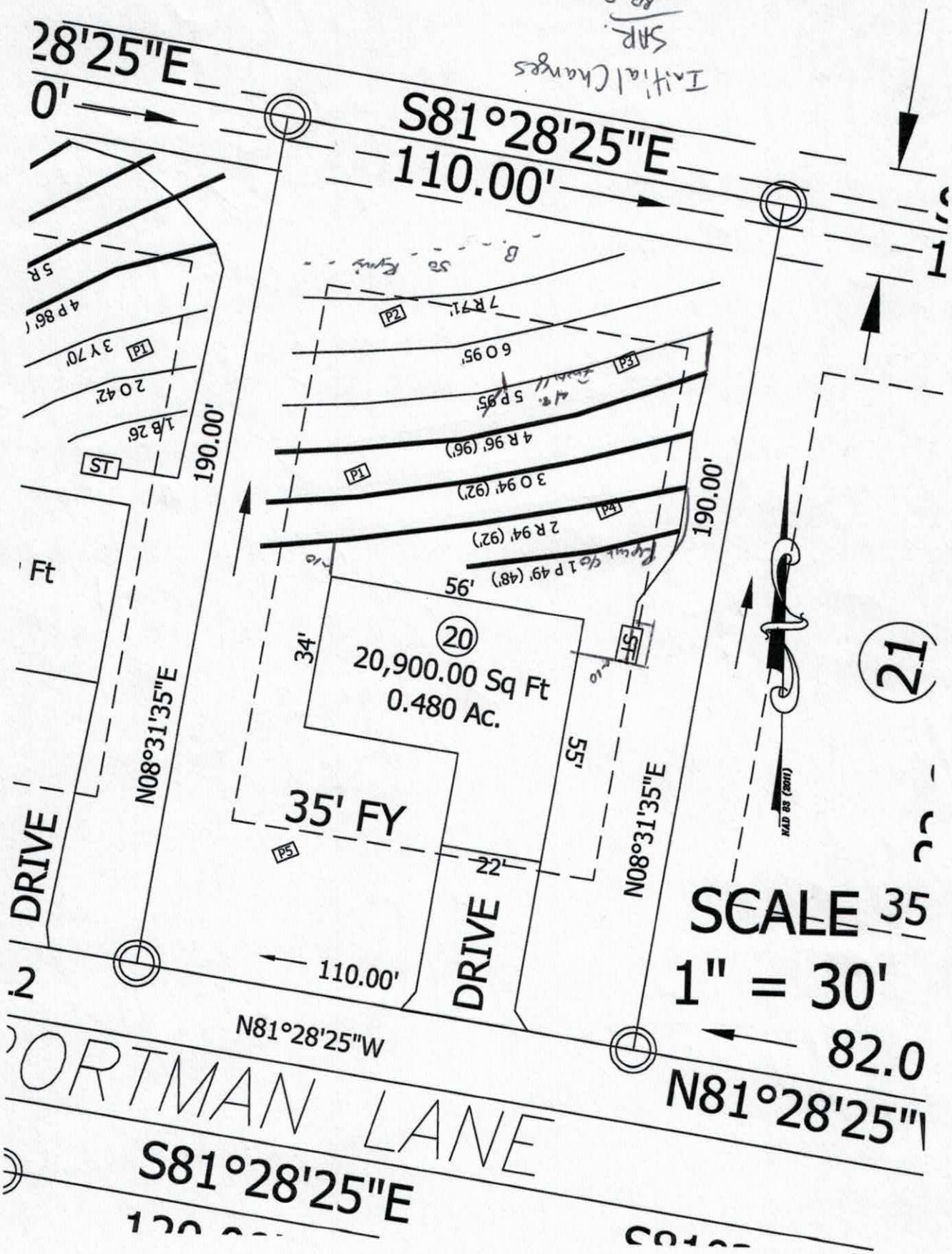
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATIO

☐ 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: Bruce Poat | Date: 8-2-17 | Installed by: Cothren + Son Grading

IMPROVEMENT PERMIT by: Benjamin A. Rollins | Date: 8/18/2017 | OPERATION PERMIT by: Kayla Watson | Date: 5-8-18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Rollins | Date: 8/18/2017 | Existing System Inspected by: | Date:


S81°28'25"E
110.00'
190.00'
N08°31'35"E
20
20,900.00 Sq Ft
0.480 Ac.
35' FY
22'
55'
34'
110.00'
N81°28'25"W
DRIVE
S81°28'25"E
ORTMAN LANE
21
SCALE
1" = 30'
82.0
N81°28'25"W
P1
P2
P3
P4
P5
ST

ROLLANS ***Soil & Environmental Services, 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 20, Lone Pine Meadows Subdivision, Statesville (PIN 4765815517), Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	7-8
Expedited Review Process Checklist	9
Zoning Permit & Receipt	10-12
Application	13-14
Green Sheet	15
Agent Authorization Form	16

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA 8/8/17

August 8, 2017
Project #: 01-3420
Design By: Rollans Soil & Environmental Services, 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 PPBPS system with low pressure distribution.
- **Maintain proper fall from house to tank and tank to drainfield. Lot has 3% slope.**

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Applicant:	W.C.U
Address:	2143 Mocksville Highway Statesville, NC 28625
Phone:	704.746.5046
County:	Iredell
Location:	124 Portman 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:	328	
Loading Rate (gpd/ft.^{2}):	0.275	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	36 in.	Repair Trench Bottom 36 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	30
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	19.59
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 Rollans Soil & Environmental Services

124 Portman Lane

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	984
TOTAL LATERAL LENGTH:	328
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	327.2727273
SUPPLY LINE LENGTH:	30
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 - Lone Pine Meadows Lot 20

Project #: 01-3420

LAYOUT FOR 3 BEDROOM HOME

August 8, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	*PINK ~ Repair*					~~49 41~~	~~48 41 43~~
2	*RED*					*94*	*92*
3	*ORANGE*					*94*	*92*
4	*RED*					*96*	*96*
5	PINK					95	95 ½ mid Repair 99 Inst-11.
6	ORANGE					95	95
7	RED					71	71
	Blue Repair				**Total**	594	589
						50	50

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*328*	*0.275*	*ACCEPT.*	*0.275-0.3*	*25% RED*	*GRAVITY*
Repair	232	0.275	MOD. CONV.	0.275-0.3	PPBPS	LOW PRESSURE

Notes: **All measures in feet

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

****HOUSES STAKED BY LICENSED SURVEYOR.**

CALCULATIONS

Location 124 Portman Lane
Statesville, NC 28625
Project Number 01-3420

Lot No: 20 Lone Pine Meadows

No. of Bedrooms 3

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

LTAR 0.275 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 30 ft.

Supply Line Volume 19.59 gal.

Required Feet of Line 327.2727 ft.
Amount of Line from Layout 328 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 #: 4765815
COUNTY: Iredell

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

OWNER: Porter Builders
ADDRESS: 2143 [illegible] Huntersville NC 28625
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: Lot 20 Lake Ridge Meadows
APPLICATION DATE: 8/9/17
DATE EVALUATED: 7/25/17
PROPERTY SIZE: 1.48
PROPERTY RECORDED: Y/S

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	3% L	0-10	Br CL compacted	plow layer	few saprolite inclusions	46"	PS		PS .275 - .3
		10-35	RC med ABK/SBK	fr ss sp snp					
		35-46	RC wk med sbk	fr ss sp snp					
		46-60	loamy sap whr	fr ns sp nsp	~~few~~ many				
2	✓ 3%	0-10	CL compacted		few saprolite inclusions	54"	PS		PS .275 - 3
		10-34	BRC wk med ABK/SBK	fr ss sp snp					
		34-54	BR & CL wk sbk	fr ss sp snp					
		54-60	loamy sap wk sr	fr ns sp nsp	~~few~~ many				
3	3% L	0-10	Brown CL compacted		few to many saprolite inclusions	52"	PS		.275 - .3
		10-40	BRC wk med ABK/SBK	fr ss sp snp					
		40-52	BR & CL wk sbk	fr ss sp snp					
		52-60	loamy sap wk sr	fr ns sp nsp	~~few~~ many				
4	✓ 3%	0-8	Brown CL compacted		few sap inclusions	46"	PS		.275 - .3
		8-32	B/RC med ABK	fr ss sp snp	few to many sap inclusions CL/C				
		32-46	B/RC CL wk sbk	fr ss sp snp					
		46-62	loamy sap wk sr	fr ns sp nsp	~~few~~ many				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PP BPS
Site LTAR	0.275-0.3	0.275-0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S Ashley Rollins
OTHER(S) PRESENT: Lonnie Cook, Rodney Hall

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PAGE #2

[redacted]

ON GRID

Sheet 2 of

PROPERTY ID #: 4765815511

DATE OF EVALUATION: 7/24/17

COUNTY: Iredell

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 #5	30/0 L	0-10"	compacted CL		few yellow brown mott 7.5YR 5/8	48"	PS	20-23"	PS .275 - .3
		10-36"	red clay med abk	fr ss sp sexp					
		36-42"	red clay med abk/sbk	fr ss sp sexp	few sap inclusions				
		42-48"	cl wk sbk	fr ss sp sexp	few to many sap inclusions				
		48-60"	bedrock sap wx gr	fr ss sp sap	few C/CL inclusions				

22930
pd $350
8/9

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:

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

Place an (X) beside whichever is submitted if applicable

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

Applicant Information:

Applicant Name: WCU Inc **Address:** 2143 Mocksville Hwy Statesville NC 28625 **Phone:** 7049023121

Owner Name: WCU Inc **Address:** 2143 Mocksville Hwy Statesville NC 28625 **Phone:** 7049023104

Property Information: Pin # 4765 81 5517

Street Address: 124 Portman Lane Statesville, NC 28625

Subdivision Name: Lone Pine meadows **Section/Phase:** 3 **Lot Number:** 20

Driving Directions: Hwy 64 EAST PAST COOL SPRINGS VFD. Turn Right Lone Pine Rd. Turn right Portman Lane. Lot on Right at Box # 124

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

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) 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: Samuel A Tolley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/8/17
DATE

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, WCU INC / Bruce Porter, am the legal owner(s) of the property located at 124 Portman Lane Statesville NC 28625, identified as Land Pt Meadows LOT 20
PIN (Parcel Identification Number) 4765815517, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans Rollans Soil & Environmental Services, 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.

Steve Hoth	8-9-17	Luke Porter	8-9-17
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

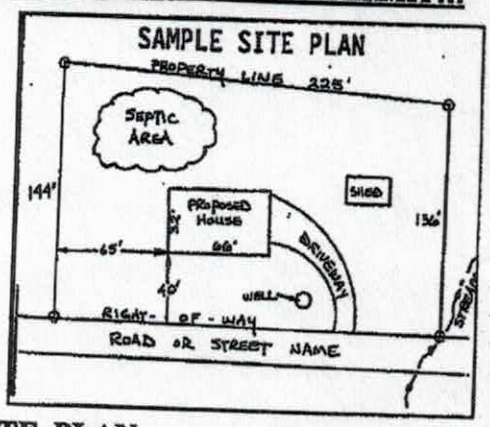
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

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

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

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (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

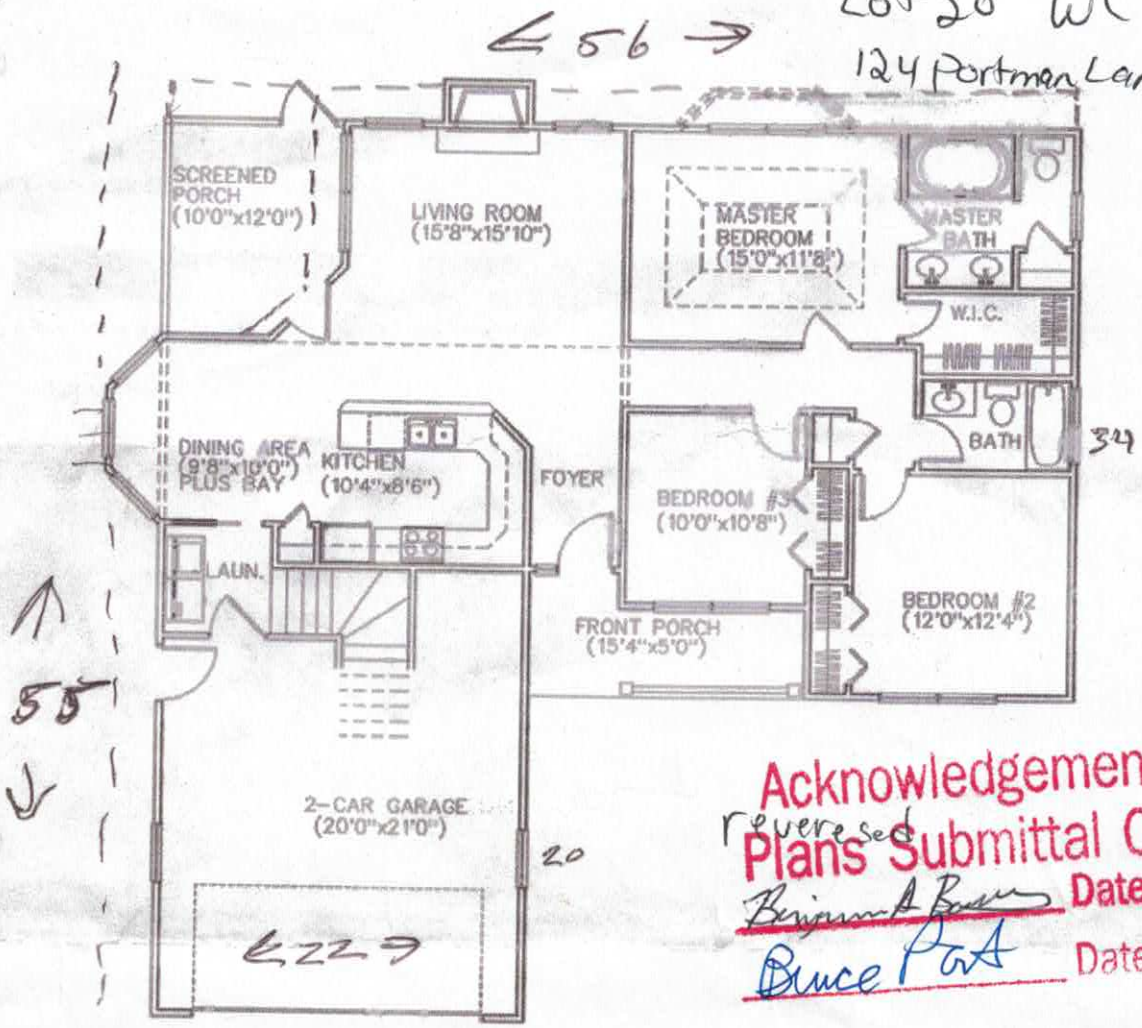
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE
Attached
Drawing

Signature: Samuel A Rollins
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/8/17
DATE

Lot 20 WCU Inc.
124 Portman Lane



Acknowledgement Of
reversed
Plans Submittal ONLY!
Benjamin A Barnes Date 3/17/2018.
Bruce Pat Date 3-21-18

ADDITIONAL DETAILS

Square Footage : **1348**
Unfinished Area : **896**
Porch : **199**
Level(s) : **1.0**

DESCRIPTION

N/A

Copyright held by Designer / Architect

ORDER THIS PLAN



For more information about any of the home plans, services or books featured on our website, please contact us by either of the methods below. If you have questions about a specific house plan, please provide us with the Plan # to allow us to handle your inquiry more quickly.

Call Us: **1-800-523-6789**

Email Us: Customer Service

IREDELL COUNTY

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

APPLICATION NUMBER
229309
Issue Date: 08/08/2017

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4765815517.000	124 PORTMAN LANE	

Owner Information	Applicant Information	Contractor Information
Owner: WCU INC Address: PO BOX 64 STEINHATCHEE, FL 32359 Phone: 352-672-3132	Applicant: WCU INC Address: PO BOX 64 STEINHATCHEE, FL 32359 Phone: 352-672-3132	Contractor: WCU INC Address: PO BOX 64 STEINHATCHEE, FL 32359 Phone: 352-672-3132 License Type: BLDG License Number: 50209

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

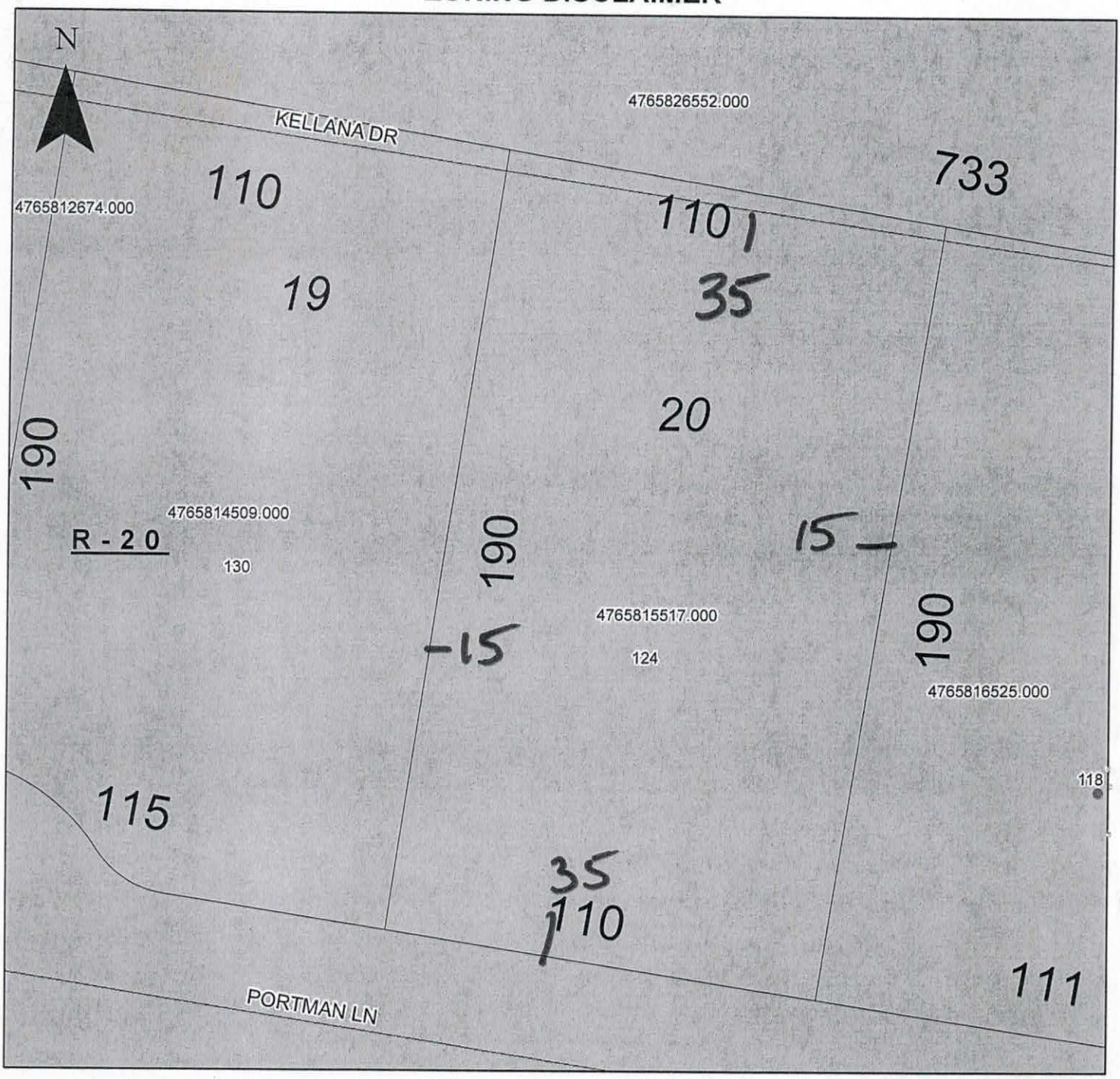
Signature of Owner/Contractor

Date: 08/08/2017

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	111555	TOTAL FEES:	$ 350.00

ZONING DISCLAIMER



Property Address 124 Portman Ln

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

Date