(BB)

ICHD - ENVIRONMENTAL HEALTH DIVISION

✱ Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 327916

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

PIN # 4766 -- 36 -- 3236

APPLICANT/OWNER: Nichole Vendestreek APPLICANT ADDRESS: 227 Ramsey Ct. Statesville 28677

SITE ADDRESS: 256 Chestnut Grove Rd Statesville, NC 28625 PHONE: (704) 450-9507 ALT. PHONE —

SITE DIRECTIONS: Old Mocksville to Chestnut Grove Rd Lot is on right SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Chestnut Acres SECTION: - LOT # 8 LOT AREA: .604 Ac DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank 1000 (gal) STB 760 Date 7/17/22

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 220

Trench Width 36 Trench Bottom Depth Max 60 in Gravel Depth

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

System Description: 50% Reduction - Horizontal - PPBPS

Repair System Description: 50% Reduction - Horizontal - PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

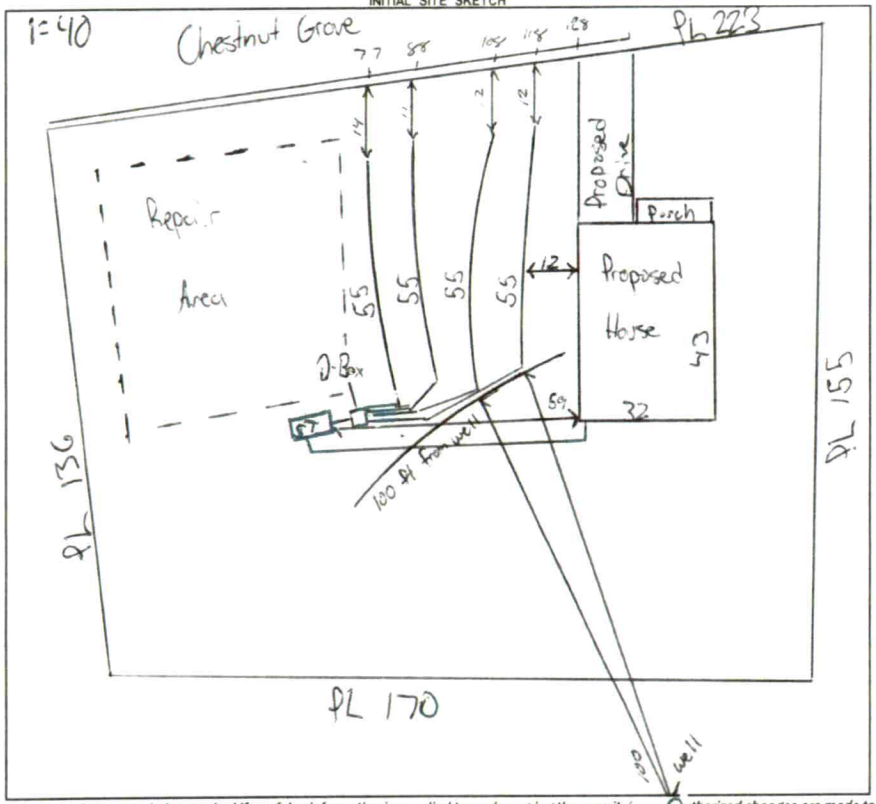
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install on contour, 9ft on center. Do not go inside 100 ft from neighbor well. Septic tank is 59ft from the back of house with 12ft of elevation change. No foundation drain on house. Do not drive, park or construct on initial & repair septic area. Lines will need vents per T+T panel specs. Must be installed at 60 in max.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

Installed as Drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit / thorized 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: N. B S. Date: 5-17-22 Installed by: Jake Williams

IMPROVEMENT PERMIT by: Matt Wilkie Date: 5/13/22 OPERATION PERMIT by: Cory Whit Date: 9/16/22

AUTHORIZATION TO CONSTRUCT by: Matt Wilkie Date: 5/17/22 Existing System Inspected by: Date:

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

(BB)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 327916

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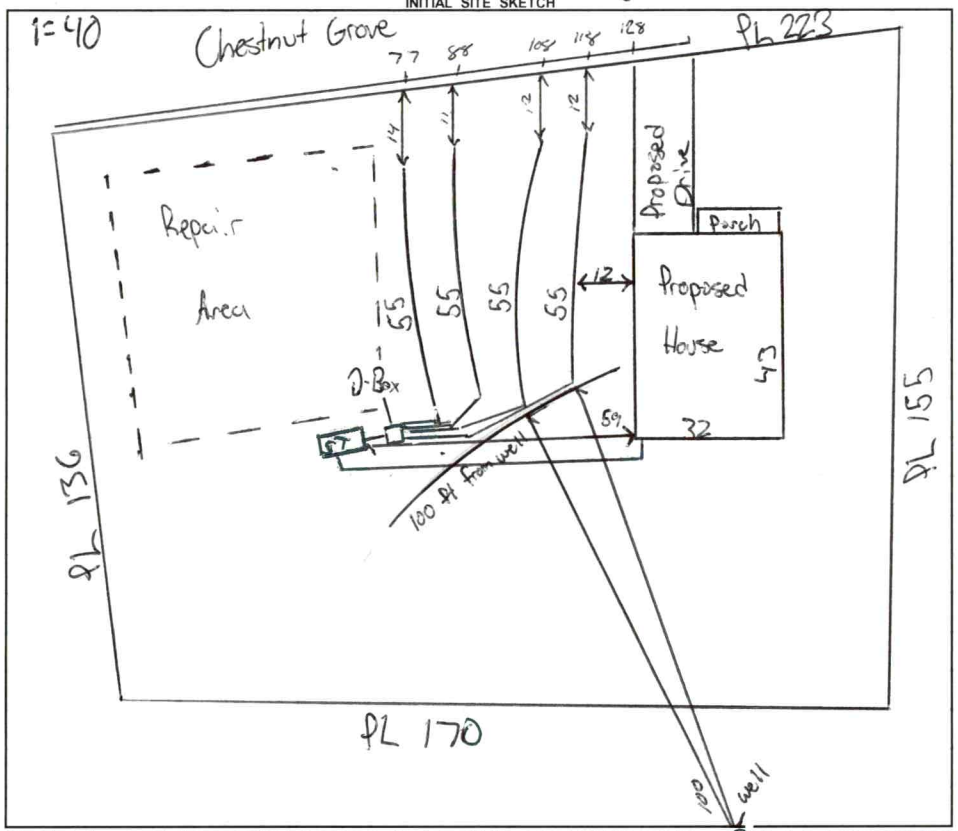
SITE DIRECTIONS: Old Mocksville to Chestnut Grove Rd Lot is on right SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Chestnut Acres SECTION: - LOT # 8 LOT AREA: .604 Ac DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB		Date		☑ 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: 50% Reduction - Horizontal - PPBPS					☐ Business	No. Persons	6	☐ Private								
Pump Make		Model			Serial #		Repair System Description: 50% Reduction - Horizontal - PPBPS					☐ Other	No. Employees		☑ Public								
# Nitrification Fields	1	# Lines	4		Linear Ft	220	Maintenance Agreement Required:		☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community								
Trench Width	36	Trench Bottom Depth	Max		60in		Gravel Depth		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing								

Comments / Conditions: Install on contour, 9ft on center. Do not go inside 100 ft from neighbor well. Septic tank is 59ft from the back of house with 12ft of elevation change. No foundation drain on house. Do not drive, park or construct on initial + repair septic area. Lines will need vents per T+T panel specs. Must be installed at 60 in max.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / thorized 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: N. B S. Date: 5-17-22 Installed by:

IMPROVEMENT PERMIT by: Matt Wilkie Date: 5/13/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Matt Wilkie Date: 5/17/22 Existing System Inspected by: Date:

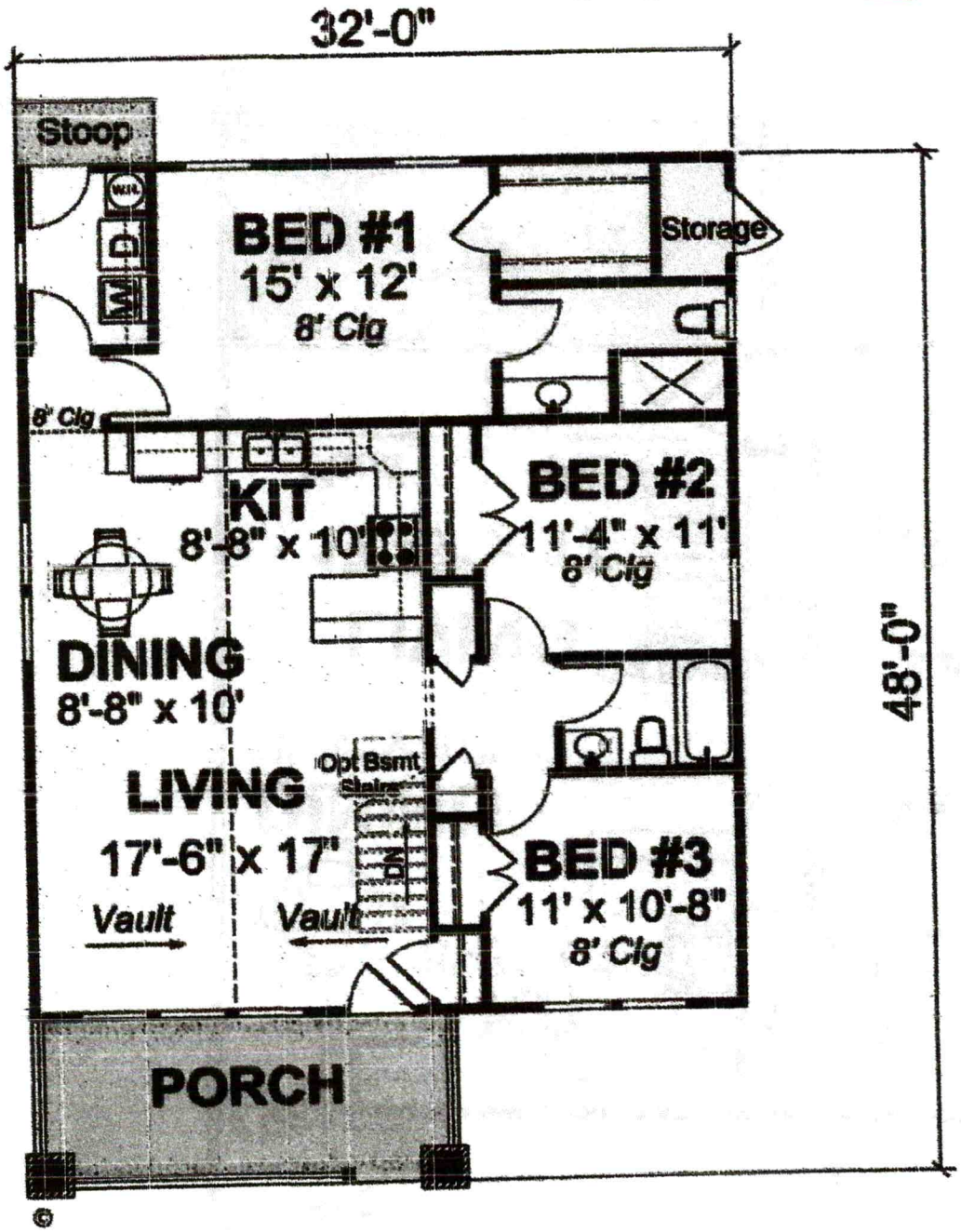
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Acknowledgement Of
Plans Submittal ONLY!
William Self Date 5/17/22
W. B. S Date 5/17/22

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

Sheet 1 of 1
PROPERTY ID #: 4766363336
COUNTY: Iredell

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

OWNER: Nichole Vandestreek
ADDRESS: 227 Ramsey Ct. Statesville 28677
APPLICATION DATE 4/20/22
DATE EVALUATED: 5/11/22
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .604 Ac
LOCATION OF SITE: 256 Chestnut Grove Rd
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
1	LS	0-12	SCL/SBK	ns np fr SE	10YR 6/6 at 35	71	Sap inclusion 57-67	-	PS 2 .275 deep
		12-26	C/SBK	S P fr SE					
		26-48	CL/SBK	SS Sp fr SE	2.5Y 5/2 at 24 *				
		48-77	CL/SBK	SS Sp fr SE	10YR 4/3 at 42	2.5Y 5/2 at 43			
2	LS	0-8	Compacted	ns np fr SE	YB models 18-30 → 10YR 6/6	74	Sap inclusion 60-68	-	PS .25 .275 deep
		8-30	C/SBK	S P fr SE					
		30-50	CL/SBK	SS Sp fr SE					
		50-68	CL/SBK	SS Sp fr SE					
		68-74	Sap/M	SS Sp fr SE					
3	LS	0-10	SCL/SBK	ns np fr SE	YB Models 2.5Y 6/4 2.5Y 7/2 at 18	179	Sap inclusions 50-64	Rock cluster at 73	PS .275 deep
		10-28	C/SBK	S P fr SE					
		28-48	CL/SBK	SS Sp fr SE					
		48-64	CL/SBK	SS Sp fr SE					
		64-79	Sap/M	SS Sp fr SE					
4	LS	0-8	SCL/G-	ns np fr SE	10YR 6/2 at 24-43 YB models throughout	75	Sap inclusions 48-60		PS 2 Shallow .275 deep
		8-26	C/SBK	S P fr SE					
		26-48	CL/SBK	SS Sp fr SE					
		48-60	CL/SBK	SS Sp fr SE					
		60-75	Sap/M	SS Sp fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	214	240
System Type(s)	50%	50%
Site LTAR	275	275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew Wilkinson
OTHER(S) PRESENT: Bryant White

COMMENTS: Deep T-J TB 60

LEGEND

use the following standard abbreviations

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

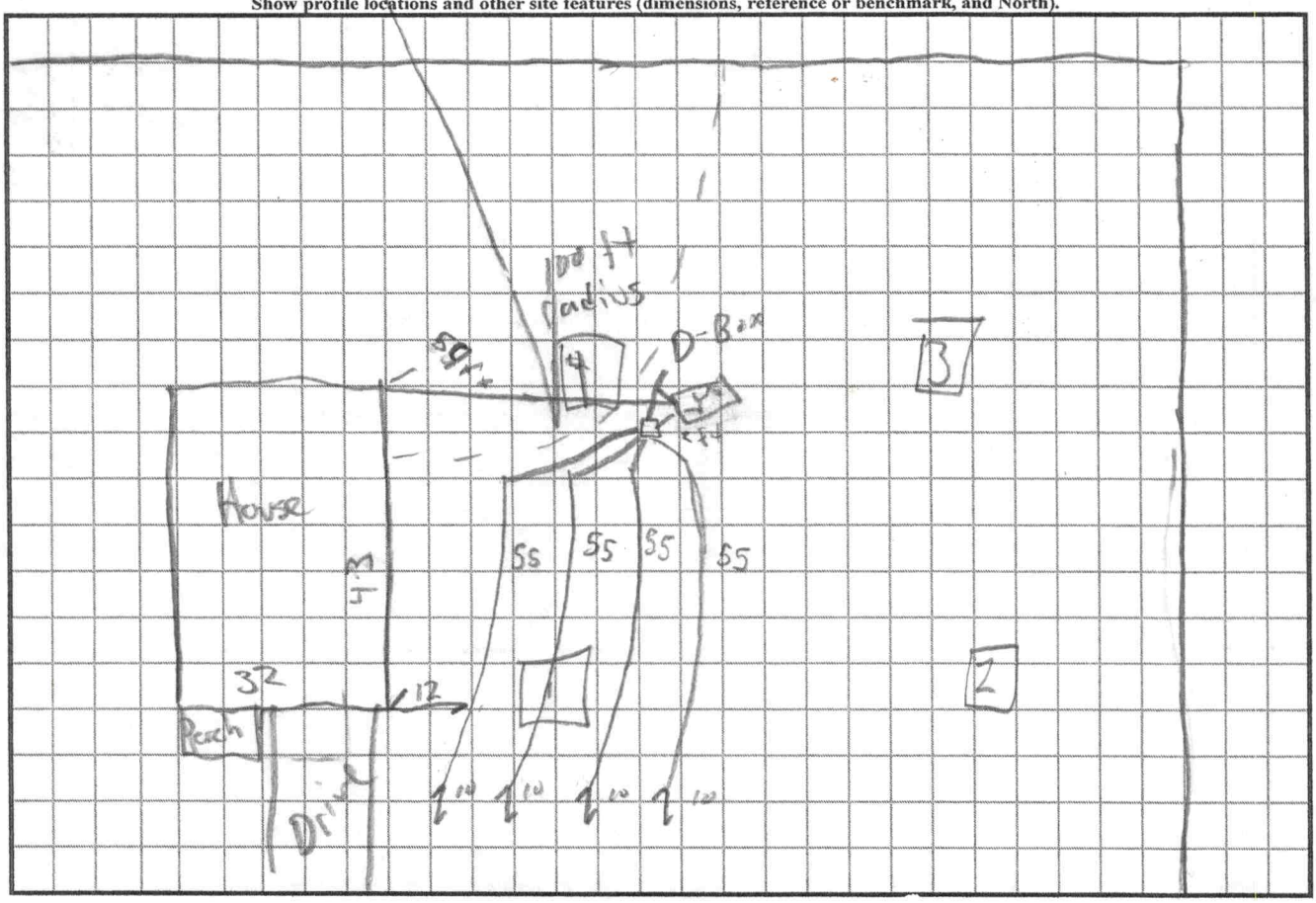
NOTES

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).



Chestnut Grove Rd

Rim of rise

from back of house to tank

RECEIVED APR 2 1 2022

MW

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-327916 $300.00

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: NICHOLE VANDESTREEK **Address:** 227 RAMSEY CT STATESVILLE **Zip:** 28677

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

Owner Name: Nichole Vandestreek **Address:** 227 Ramsey Ct. Statesville **Zip:** 28677

Owner Email: nikkivandestreek@gmail.com **Phone:** (704)450-9504 **Alt. Phone:** _____

Property Information:

Street Address: 256 Chestnut Grove Rd.

Subdivision Name: Chestnut Acres **Section/Phase:** _____ **Lot Number:** 8

Driving Directions: Old Mocksville to Chestnut Grove Rd, turn right, lot is on the right

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

(✓) 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
( ) 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: 1260 **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 (✓) 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: N. B. [illegible] 4/20/22

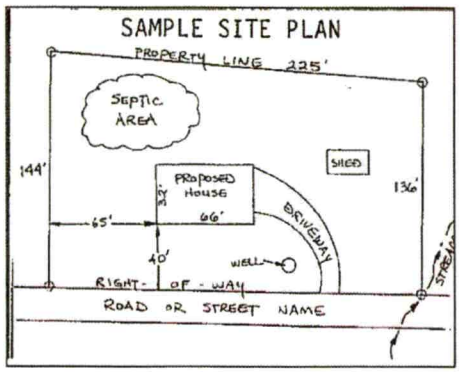
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

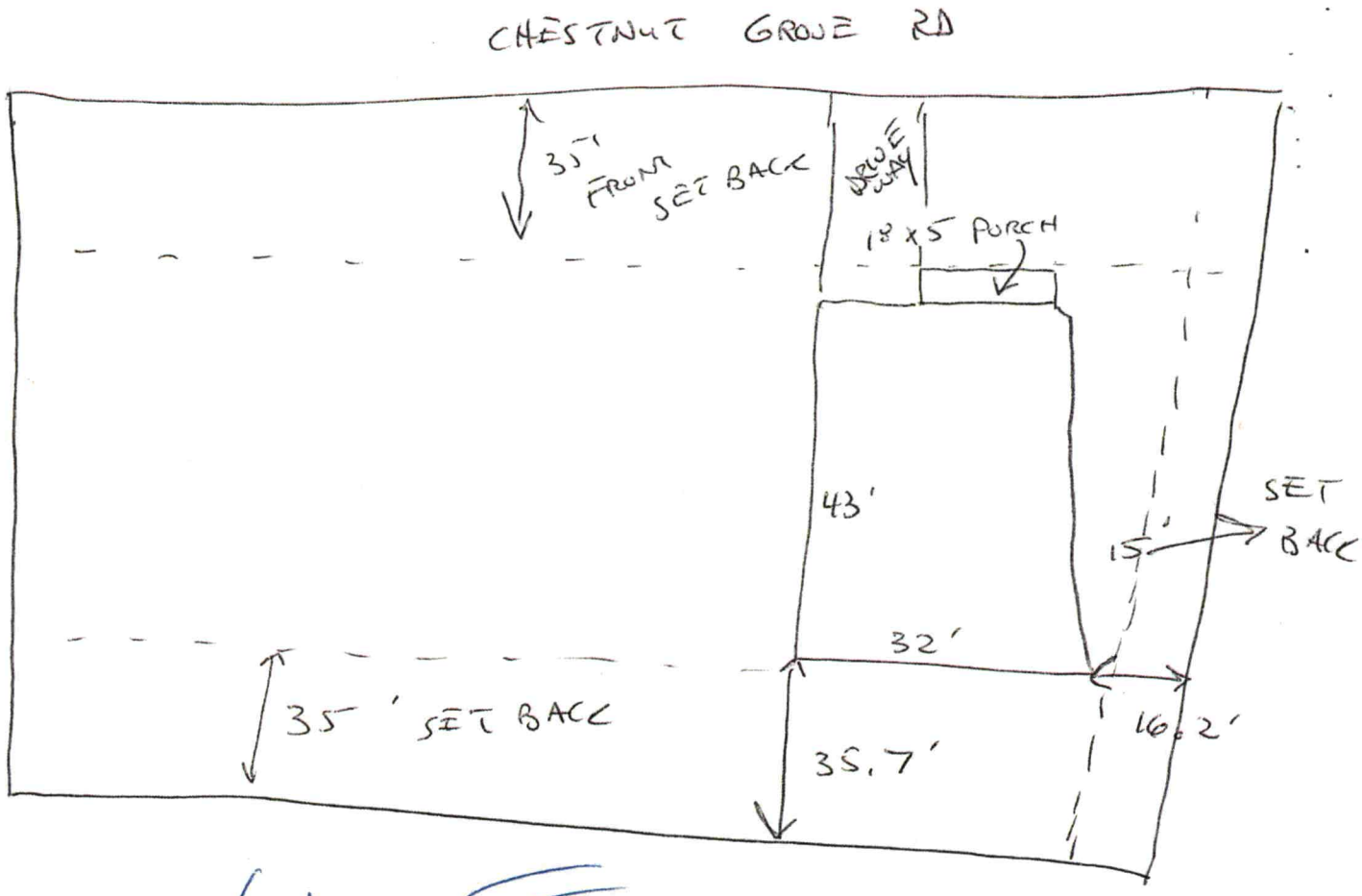
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator 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



Signature: W - S 4/21/22

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*)** _____

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, Nichole VandeStreek, am the legal owner(s) of the property located at 256 Chestnut Grove Rd., identified as PIN (Parcel Identification Number) 4766363236.000, located in Iredell County, North Carolina.

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

Nichole M. VandeStreek
Signature of Owner(s)

4-3-2022
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
327916 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4766363236.000		Iredell County

Owner Information	Applicant Information
Name: VANDESTREEK NICHOLE M	Name: WILLIAM SELF
Address:	Address: 504 ALEXANDAR ST
	STATESVILLE , NC 28677
Phone:	Phone: (704)903-3202

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.604	35	35	15	15		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.

Date: 04/21/2022

Signature of Owner/Contractor

Permit Number	327916	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes No If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1260

Does the property have community water? (Yes) No If yes, please list who provides it: FREDEK WATER

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name NICHOLE VANDERSTREEK Phone # (704) 450 - 9507

Owner's Current Address 227 RAMSEY CT, STATESVILLE, NC 28677

Property Information

Property Address 256 CHESTNUT GROVE RD Parcel # 4766 363 236

Subdivision: CHESTNUT ACRES Lot: 8 Zoning: ___ Watershed: Y or N Flood Plain: Y or N Township: ___

Directions to property (from a MAIN ROAD) OLD MOCKSVILLE RD TO CHESTNUT GROVE RD TURN RT. LOT 1/2 MILE ON THE RIGHT!

Application Information

Applicant's Name or Company WILLIAM SEE Applicant's Phone # 704.903.3202

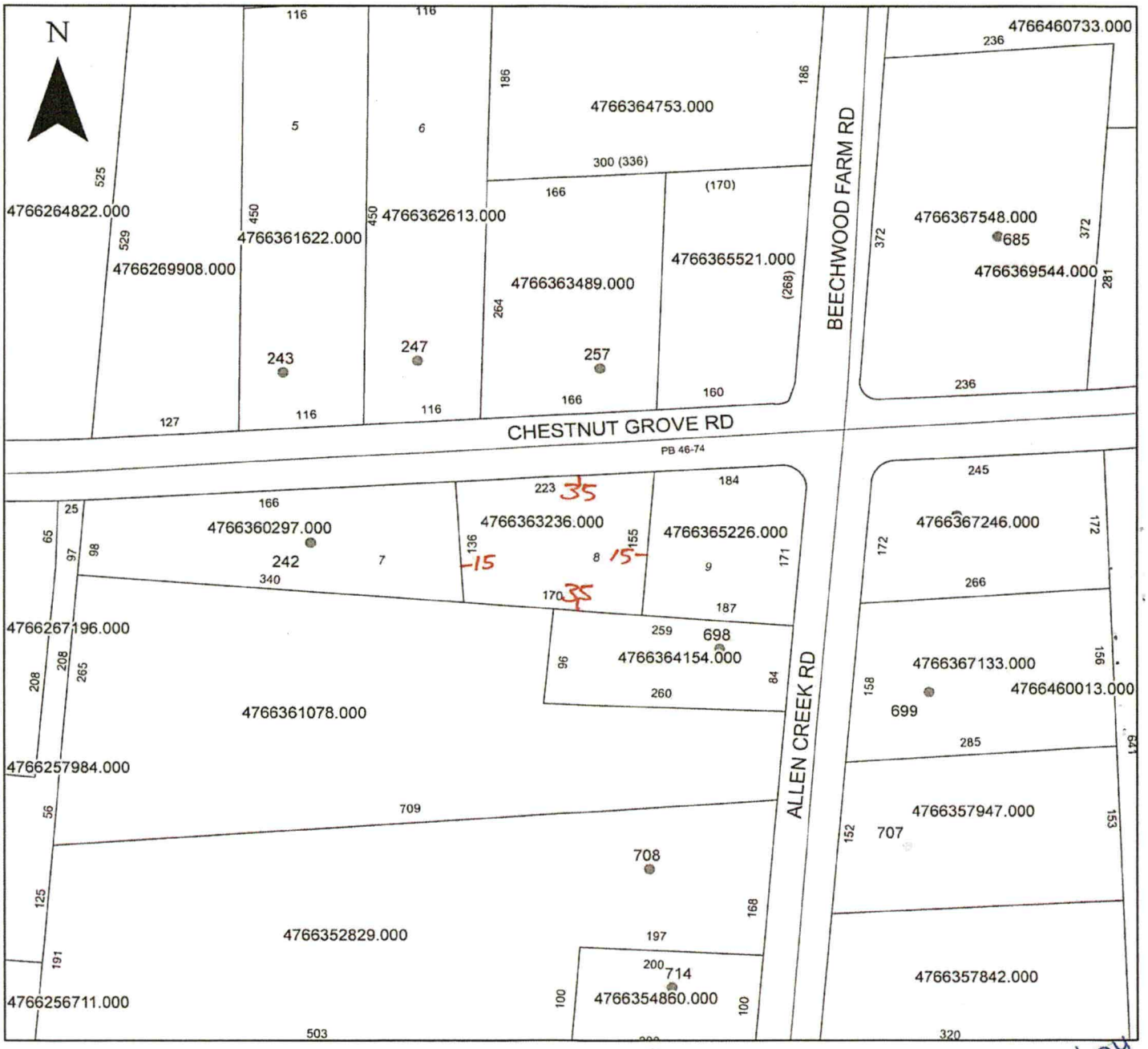
Applicant's Address 504 ALEXANDER ST, STATESVILLE NC 28677

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT W. S DATE 4/20/22

ZONING DISCLAIMER



Property Address 256 Chestnut Grove Rd.

D.1604
RA
26

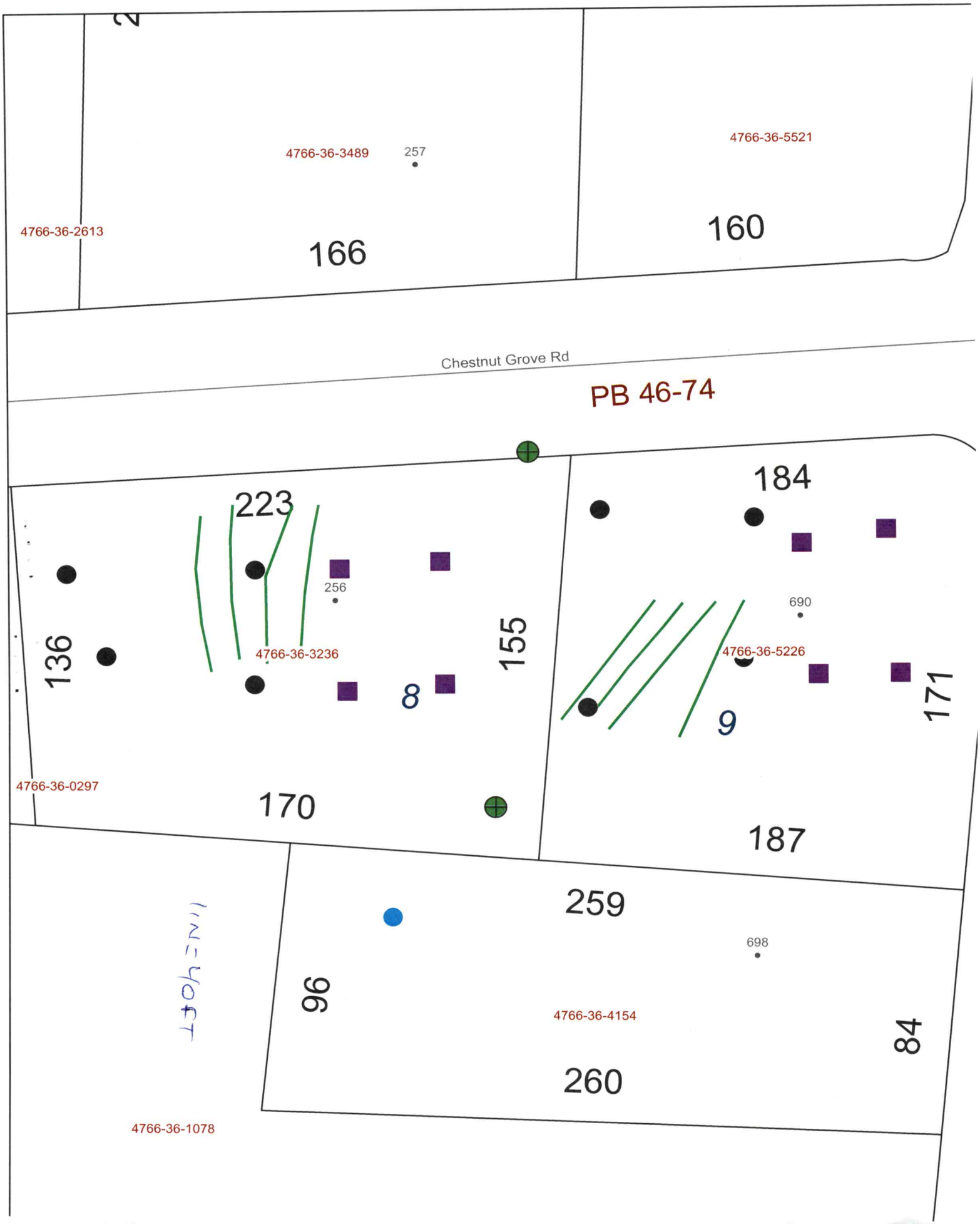
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions,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

W. B.

Applicant

4/21/22

Date


4766-36-3489
257
4766-36-5521
4766-36-2613
166
160
Chestnut Grove Rd
PB 46-74
223
184
256
690
136
155
4766-36-3236
4766-36-5226
171
8
9
4766-36-0297
170
187
259
698
96
4766-36-4154
84
260
4766-36-1078