ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # Reky 2023-40433

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

PIN # 4774 -- 09 -- 6811

APPLICANT/OWNER: Crystal Kennedy APPLICANT ADDRESS: -

SITE ADDRESS: 160 Pottery Dr, Statesville, NC 28625 PHONE: (704) 500-4905 ALT. PHONE -

SITE DIRECTIONS: US-64 E, New Salem, Pottery SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Jeffrey Long Kennedy SECTION: - LOT # - LOT AREA: 3 AC DESIGN FLOW: 240 L.T.A.R.: .2

S4

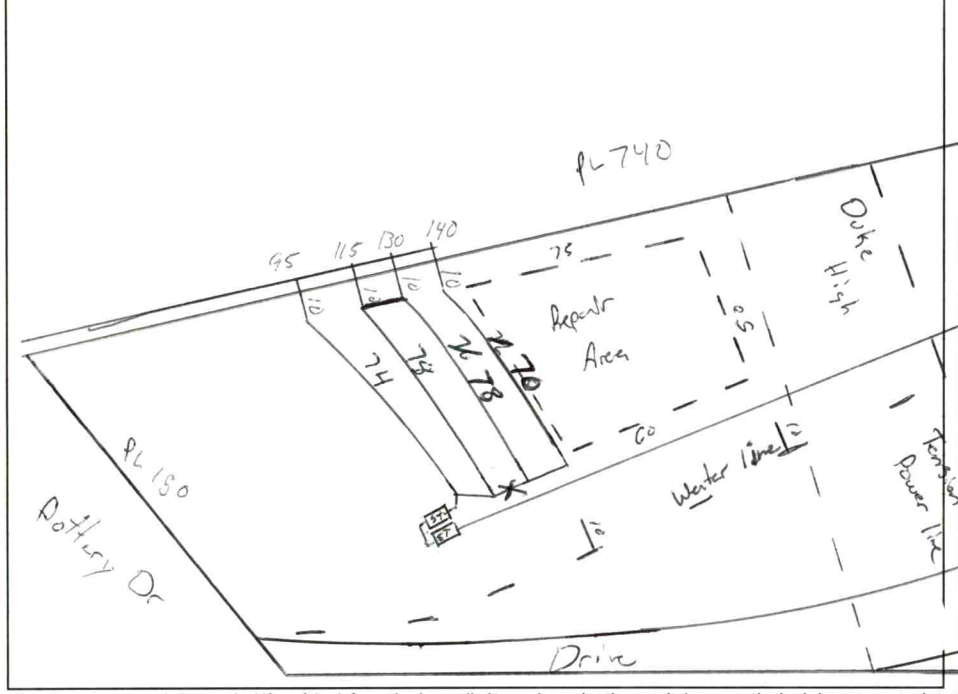
Septic Tank	1000	(gal)	STB	760	Date	8/20/23	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
~~Pump Tank~~	1000	(gal)	PT	760	Date	8/20/23	System Description:	25% Reduction - Serial			
Pump Make			Model		Serial #		Repair System Description:	25% Reduction - Serial			
# Nitrification Fields	1	# Lines	3	Linear Ft	300 ft		Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 in	Trench Bottom Depth(Low side)	32 in	Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees		☑ Public
☑ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on contour with 4ft centers. Do not drive, park or construct on septic area. Grinder pump is pumping to Splash tank then going to septic tank.

INITIAL SITE SKETCH

1=60



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 / 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: Online Signature Date: Installed by: Williams Excavating

IMPROVEMENT PERMIT by: Matt Wilkie Date: 11/2/23 OPERATION PERMIT by: Cory Wilkie Date: 11/3/23

AUTHORIZATION TO CONSTRUCT by: Matt Wilkie Date: 11/2/23 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? _____	



Tax Map Information

• PIN	4774096811.000
• Address	158 POTTERY DR
• Account #	Acct 80071257
• Tax Owner	KENNEDY CRYSTAL P
• Mailing Address	158 POTTERY DR
•	STATESVILLE, NC 28625
• GIS Owner	KENNEDY CRYSTAL P
• Deed Info	1158 / 1029 - DD - 20200429
• Tax Acres	3 AC
• Lot #	
• Description	JEFFREY LONG KENNEDY PB32-107
• Zoning	R20
• Old Parcel #	
• Bldg Value	$176,070
• OBXF Value	$7,490
• Land Value	$30,720
• Total Value	$214,280
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

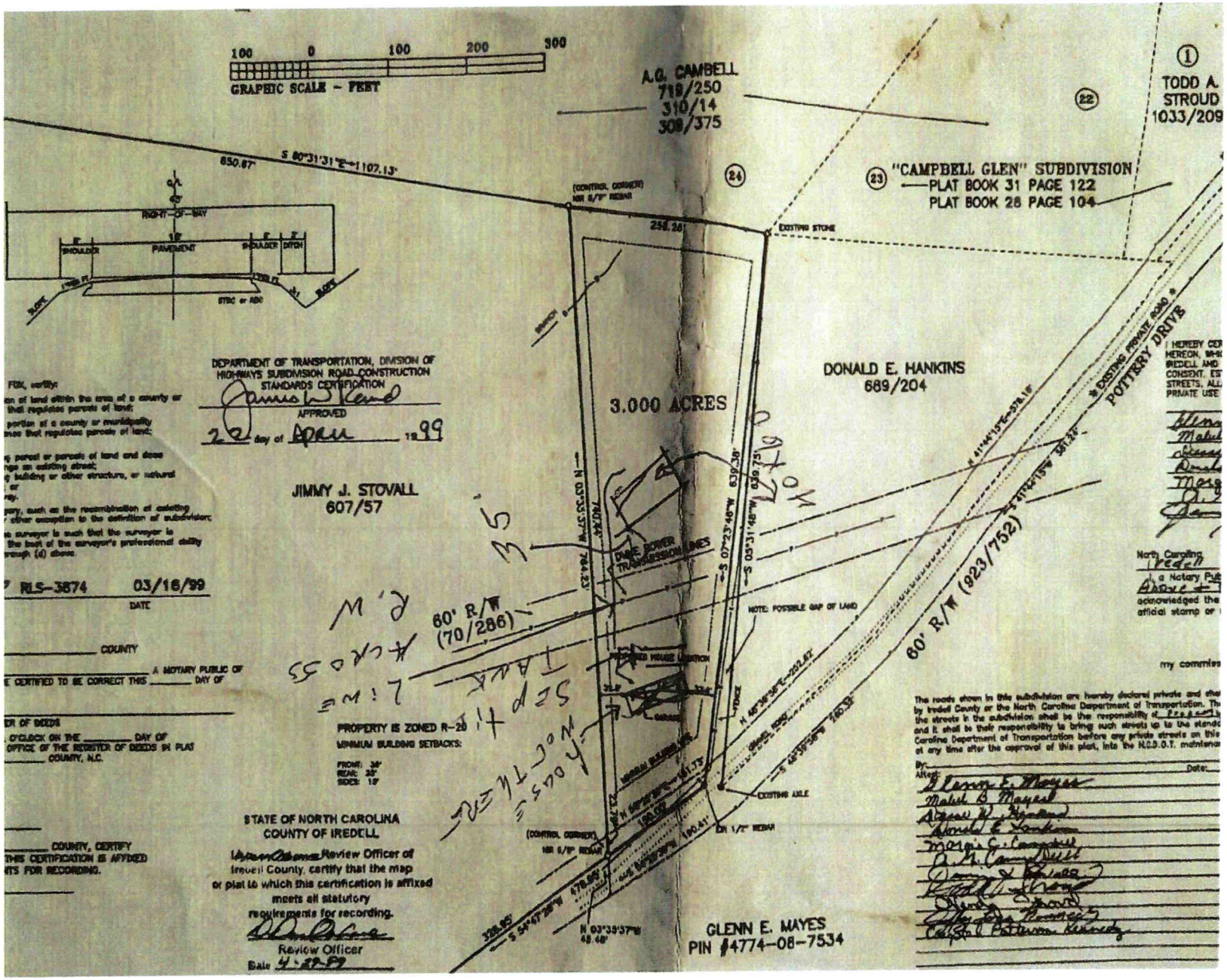
IREDELL COUNTY, NC

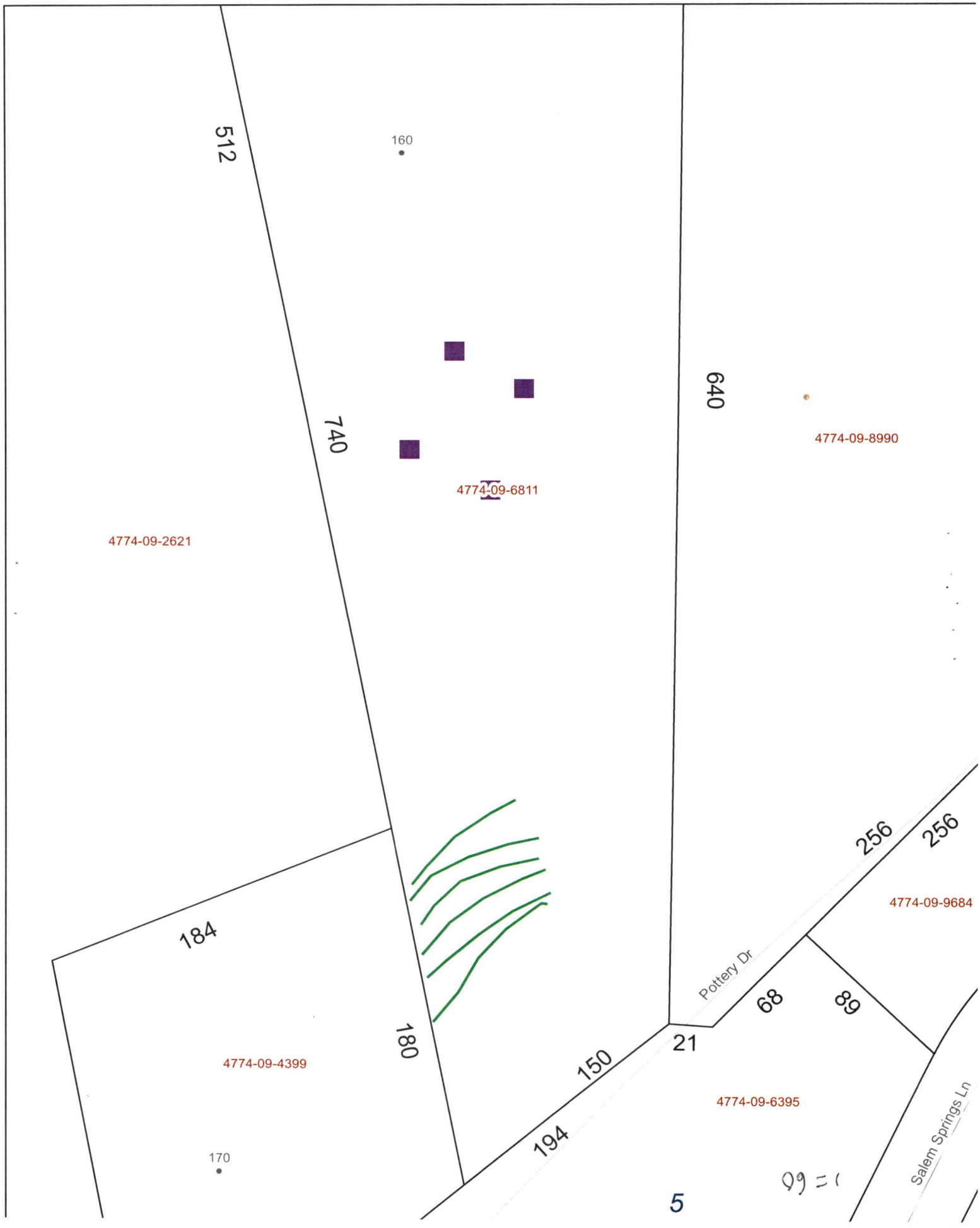
MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

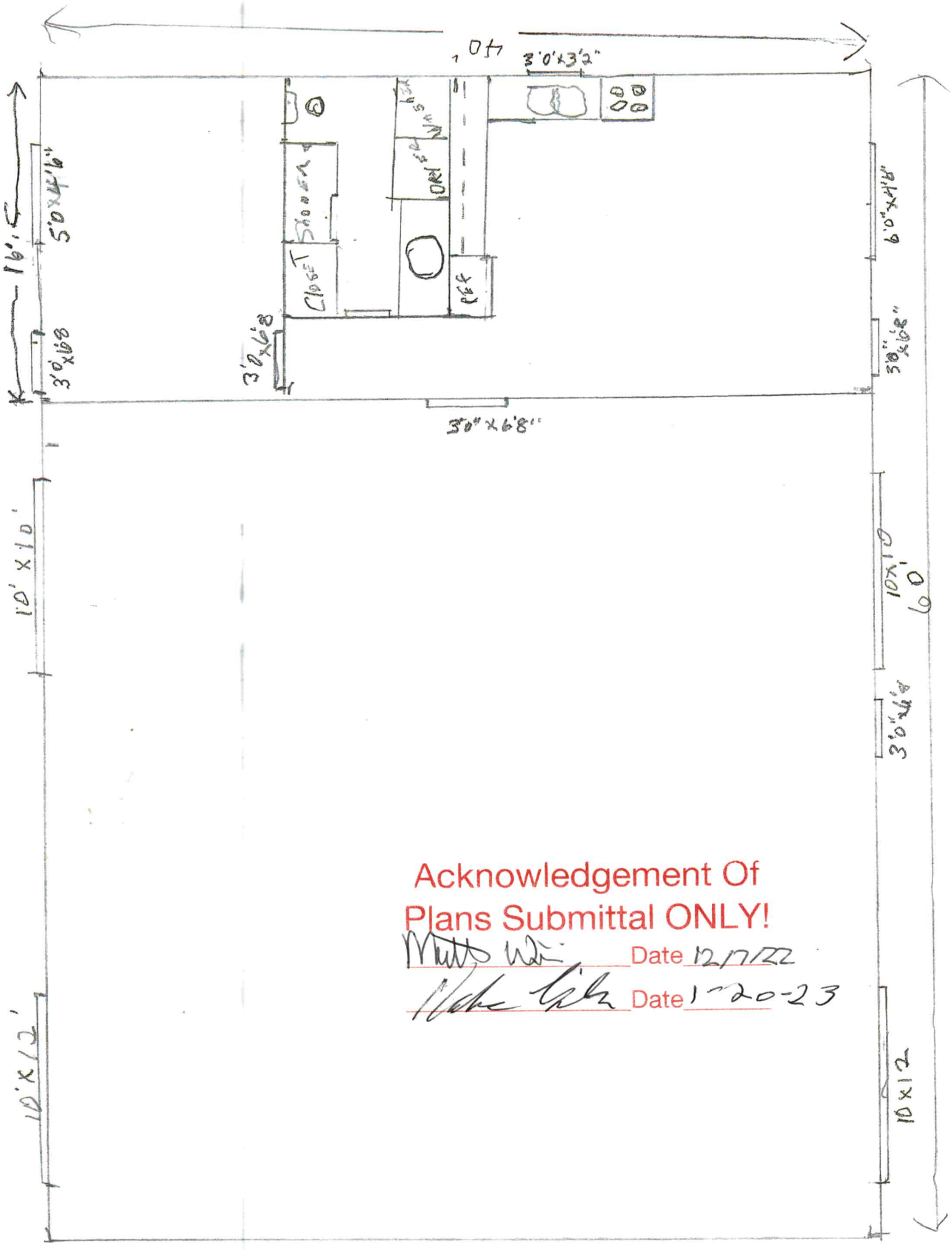
Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 10/11/2023
Data updated 10/16/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.


100 0 100 200 300
GRAPHIC SCALE - FEET
A.G. CAMBELL
719/250
310/14
309/375
TODD A. STROUD
1033/209
"CAMPBELL GLEN" SUBDIVISION
PLAT BOOK 31 PAGE 122
PLAT BOOK 28 PAGE 104
DONALD E. HANKINS
689/204
3.000 ACRES
JIMMY J. STOVALL
607/57
GLENN E. MAYES
PIN #4774-08-7534
POTTERY DRIVE
60' R/W (923/752)
60' R/W (70/286)
DUKE POWER TRANSMISSION LINES
EXISTING STONE
EXISTING AXLE
(CONTROL CORNER) NSI 5/8" REBAR
DR 1/2" REBAR
S 80°31'31"E 1107.13'
650.87'
256.28'
N 03°33'37"W 784.23'
S 03°31'48"W 639.73'
S 07°23'46"W 639.39'
N 45°36'36"E 252.87'
S 45°36'36"W 190.00'
N 03°39'37"W 48.48'
S 54°47'28"W 478.86'
328.85'
N 03°33'37"W 190.41'
PROPERTY IS ZONED R-20
MINIMUM BUILDING SETBACKS:
FRONT: 35'
REAR: 35'
SIDES: 15'
NOTE: POSSIBLE GAP OF LAND
RIGHT-OF-WAY
SHOULDER
PAVEMENT
DITCH
STRUCTURE
DEPARTMENT OF TRANSPORTATION, DIVISION OF HIGHWAYS SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATION
APPROVED
20 day of April 1999
RLS-3674 03/16/99
DATE
STATE OF NORTH CAROLINA
COUNTY OF IREDELL
Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.
Review Officer
Date 4-20-99
The roads shown in this subdivision are hereby declared private and
by Iredell County or the North Carolina Department of Transportation. Th
the streets is the subdivision shall be the responsibility of Property
and it shall be their responsibility to bring such streets up to the standa
Carolina Department of Transportation before any private streets on this
at any time after the approval of this plat, into the N.C.D.O.T. maintena
By: Date:
Attest:
Glenn E. Mayes
Mabel B. Mayes
Donald E. Hankins
Margie G. Campbell
Pottery Road Partners, Limited


512
160
740
640
4774-09-8990
4774-09-6811
4774-09-2621
184
256
256
4774-09-9684
Pottery Dr
68
89
180
21
150
4774-09-4399
4774-09-6395
194
170
Salem Springs Ln
09 = 1
5



Acknowledgement Of
Plans Submittal ONLY!

Date 12/7/22

Date 1-20-23

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

Sheet 1 of 1
PROPERTY ID #: 477404
COUNTY: Iredell

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

OWNER: Crystal Kennedy
ADDRESS:
APPLICATION DATE 10/31/22
DATE EVALUATED: 11/21/22
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240
PROPERTY SIZE: 3Ac
LOCATION OF SITE: 160 Rattlesnake Dr
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 4%	0-10	Plow		YB at 16 10YR 6/3 at 30	50	Sap inclusions at 37	—	P3 ~~P5~~ .25
		10-37	CL/ABK	5 P fr SE					
		37-50	CL/SBK						
2	LS 1%	0-10	Plow		7.5YR 5/3 at 24-36 YB at 20	53	Sap inclusions in CL	—	P5 .2
		10-48	CL/SBK	5 P fr SE					
		48-53	CL/SBK	55 sp fr SE					
3	LS 10%	0-10	Plow		10YR 6/4 10YR 6/6 at 22, 45 —	50 YB at 24	Sap inclusions at 32 w/ Lith	—	P3 .2
		10-40	CL/ABK	5 SP fr SE					
		40-50	CL/AB	55 sp fr SE					
4	LS 4%	0-10	Plow		2.5Y 6/4 16-25 ground free stony roots	48	Sap inclusions w/ Lith	—	P5 .2
		10-32	CL/ABK	5 P fr SE					
		32-48	CL/ABK	55 sp fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	240
System Type(s)	Trad	Trad
Site LTAR	.2	.2

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P3
EVALUATED BY: Matthew Wilkinson
OTHER(S) PRESENT: Sarah B

COMMENTS:

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.

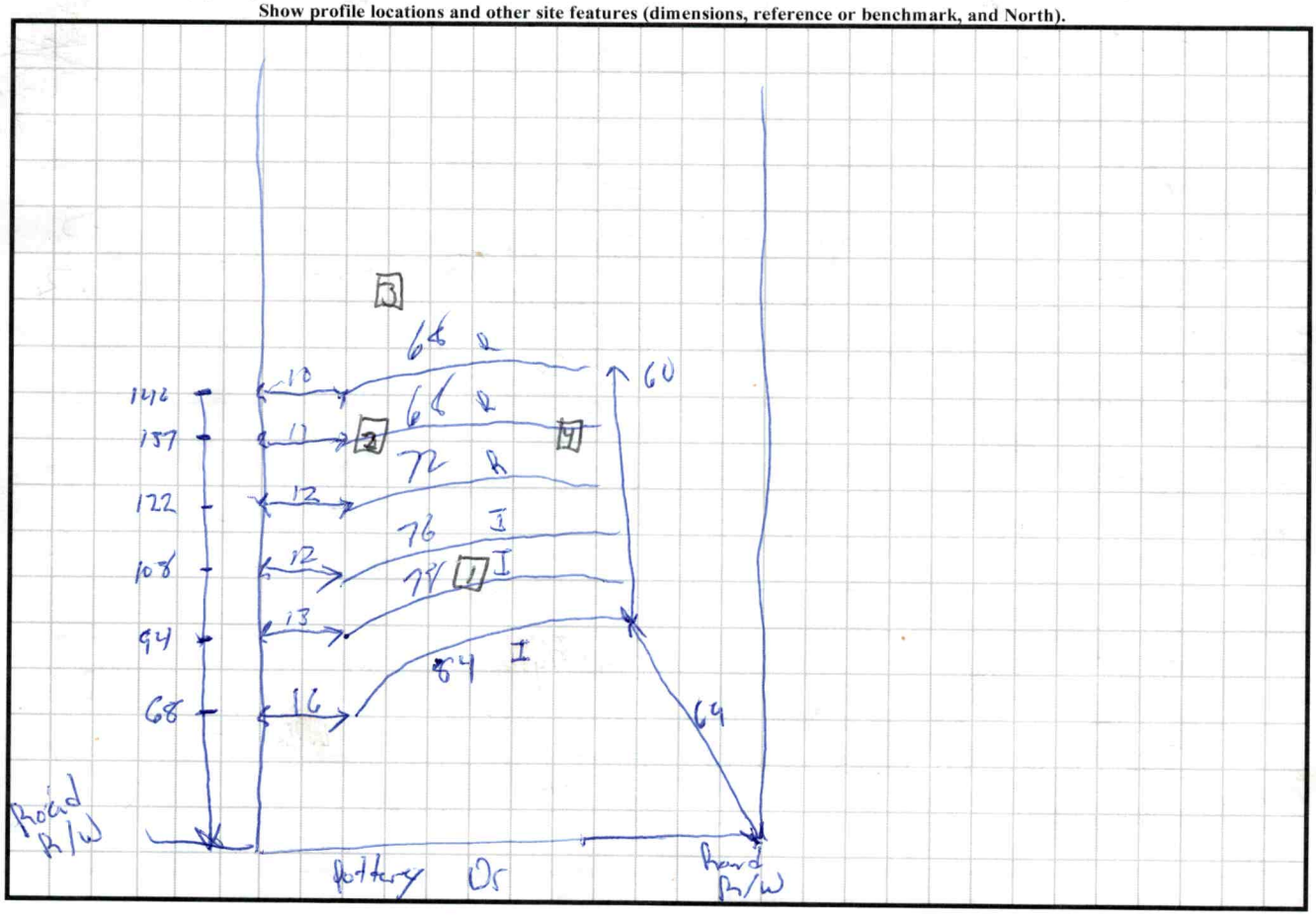
NOTES

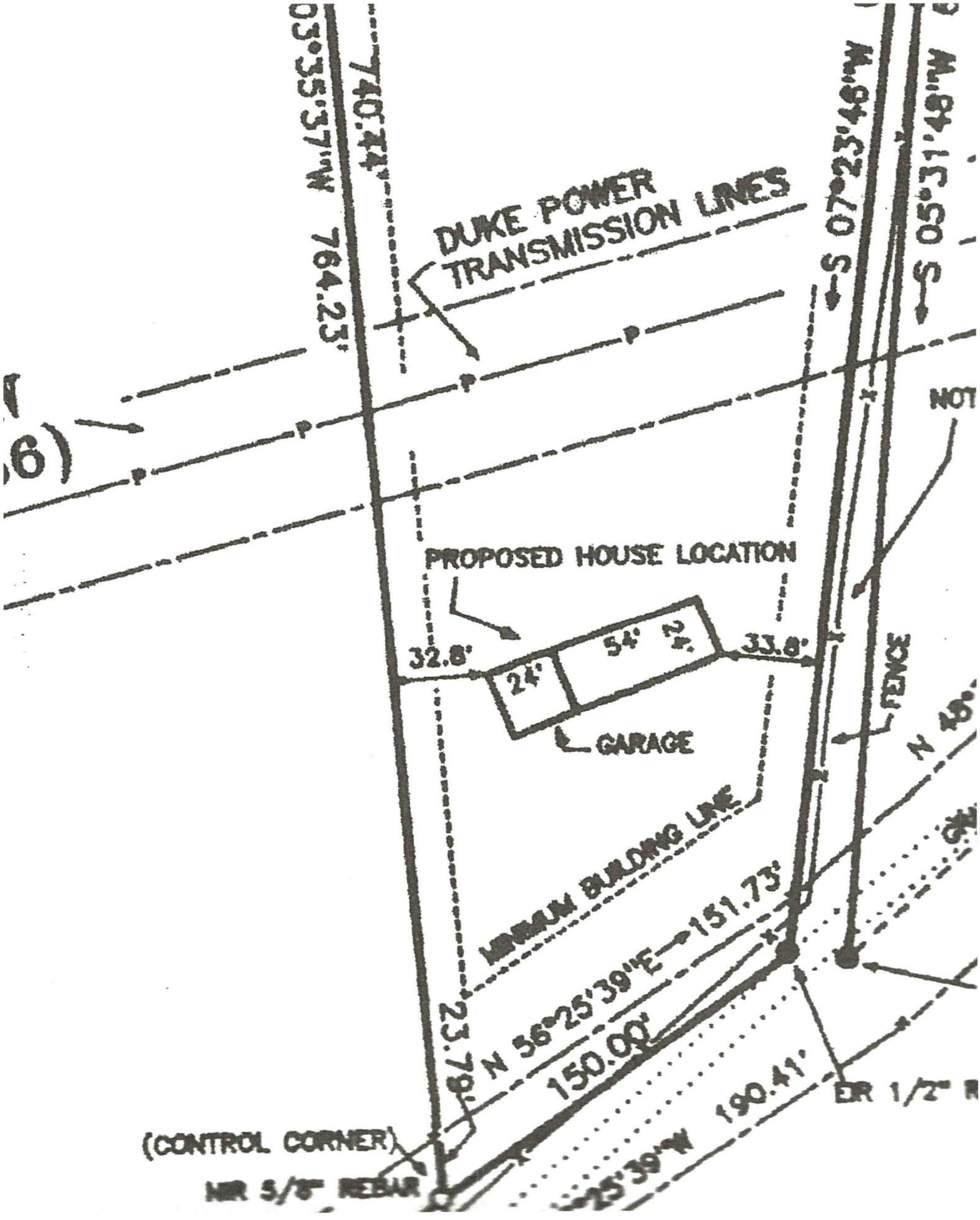
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




DUKE POWER
TRANSMISSION LINES
PROPOSED HOUSE LOCATION
32.8'
24'
54'
33.8'
GARAGE
FENCE
MINIMUM BUILDING LINE
N 36°25'39"E
151.73'
150.00'
23.79'
(CONTROL CORNER)
NIR 5/8" REBAR
764.23'
740.44'
S 07°23'48"W
S 05°31'48"W
N 03°55'37"W

RECEIVED JUL 2 2 2021

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-318572 $500.00

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Crystal Kennedy Address: 158 Pottery Drive Zip: 28625
Applicant Email: cricket1002@att.net Phone: 704-500-8386 Alt. Phone: _____
Owner Name: Crystal Kennedy Address: 158 Pottery Drive Zip: 28625
Owner Email: cricket1002@att.net Phone: 704-500-8386 Alt. Phone: _____

Property Information:

Street Address: 158 Pottery Drive, Statesville, N.C 28625

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: 64 East - right on New Salem Rd, approximately 1 mile - right on Pottery Drive - right on 158

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

( ) New Single Family Residence Maximum Number of ~~Bedrooms~~ BATHROOM: 1 1
( ) New Multi-Family Residence Maximum Number of Occupants: 4 4
(X) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

CHECK FOUNDATION TYPE

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

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: _____
(X) 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.

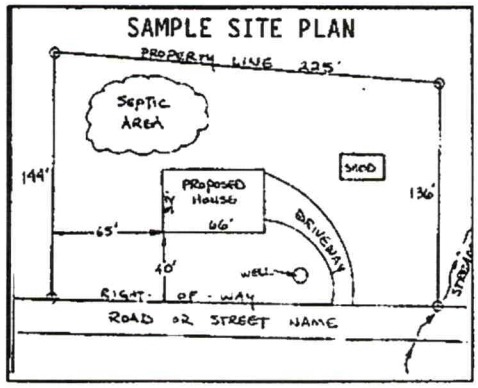
Signature: Crystal Kennedy 7/17/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

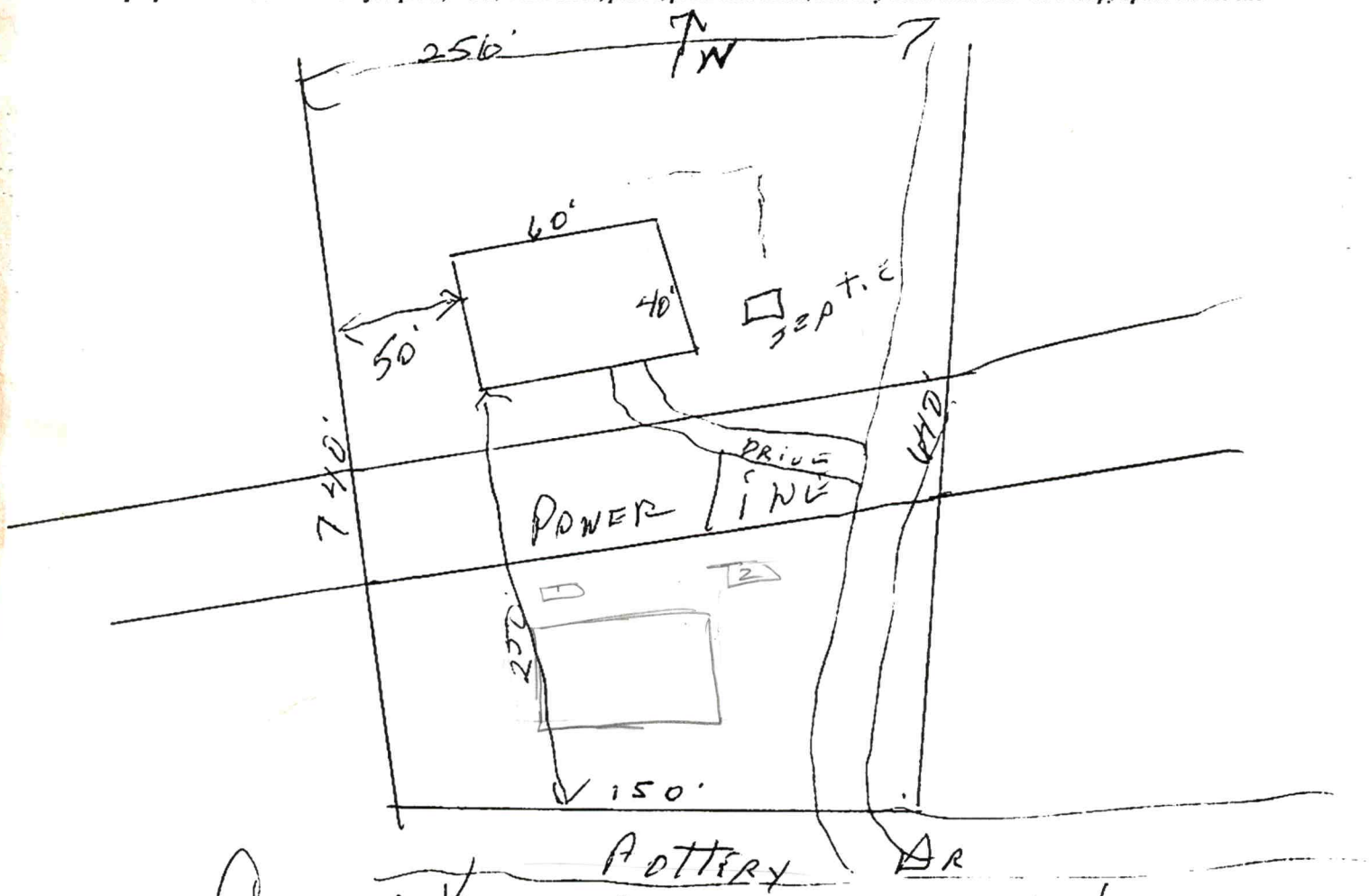
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



Signature: Crystal Kennedy — 7/17/21

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)* Crystal Kennedy

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, Crystal Kennedy, am the legal owner(s) of the property located at 158 Pottery Drive, identified as

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

I do hereby authorize **(print legal representative/company name)** Hoke Crider

_____, 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.

Crystal Kennedy
Signature of Owner(s)

7/17/21
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

____ **Complete all Environmental Health forms**:

CK Application
CK Site Plan including the dimensions of proposed structure, addition, pool etc.
CK Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
CK Copy of Zoning Permit when applicable
CK Sign this sheet after you have completed all items

CK **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

CK **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

CK **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Crystal Kennedy **Date** 7/17/21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318572 Issue Date: 07/19/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4774096811.000	158 POTTERY DR	Iredell County

Owner Information	Applicant Information
Name: KENNEDY CRYSTAL P	Name: KENNEDY CRYSTAL P
Address:	Address:
,	,
Phone:	Phone:

Use Requested	Zone Code
Accessory Building	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3	150	30	30	30	N/A	NO

Remarks

40'X60' ACCESSORY BUILDING ON CONCRETE NO LIVING QUARTERS

Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25' of a side street on a corner lot. Shall not be erected within 10' of any line not a street line or within 10' of any other building on the same lot. Shall not be erected within the 50' buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150'from the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30' from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

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: 07/19/2021

Signature of Owner/Contractor

Permit Number	318572	TOTAL FEES:	$77.25