IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223630

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

PIN # 4774157167

APPLICANT/OWNER: Phil Smith APPLICANT ADDRESS: 582 New Salem Rd.

SITE ADDRESS: 120 Peacehaven Place Statesville, NC PHONE: 704-450-8495 ALT. PHONE —

SITE DIRECTIONS: 64E → R on New Salem Rd → R on Peacehaven Place → lot at end on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: New Salem Estates SECTION: -1- LOT # 16 LOT AREA: .930 ac DESIGN FLOW: 360gpd L.T.A.R.: .3 (repair .3)

Septic Tank 1000 (gal) STB In Ground Date 1060-
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 3 Linear Ft 300'
Trench Width 36" Trench Bottom Depth(Low side) 33"/36" hybrid Gravel Depth —

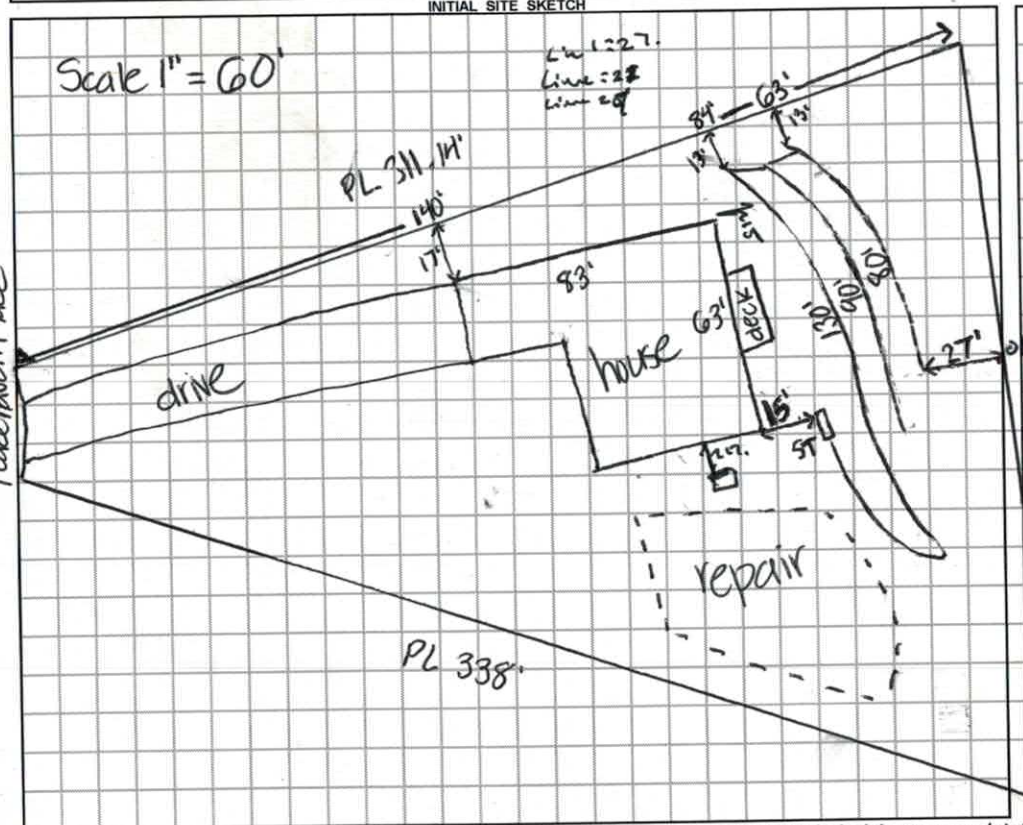
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% reduction
Repair System Description: LP PP135
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

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

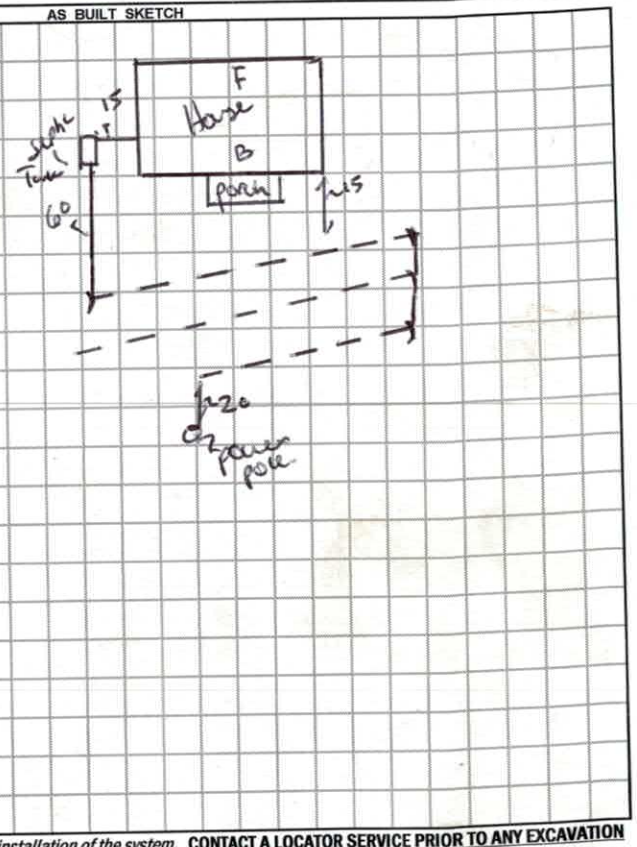
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install 25% reduction w/ serial distribution & drain lines on contour.

INITIAL SITE SKETCH



AS BUILT SKETCH



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

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

Owner / Applicant Signature: [signature] Date: 1/11/18 Installed by: Tommy Lyle Grading & Septic

IMPROVEMENT PERMIT by: Kayla Wilson Date: 1-5-18 OPERATION PERMIT by: Benjamin A Bolton Date: 3/16/2018.

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 1-5-18 Existing System Inspected by: ____ Date: ____

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

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

Sheet 1 of 1
PROPERTY ID #: 4774-15-7167
COUNTY: Iredell

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

OWNER: Tony Sharpe
APPLICATION DATE: 12/6/16
ADDRESS: 517 Alcove Rd. Suite 202 Mooresville, NC 28117
DATE EVALUATED: 1-5-17
PROPOSED FACILITY: 3 BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.930 acres
LOCATION OF SITE: 120 Peace haven Place Statesville, NC
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	9% Header Primary	0-8	SCL w.SBK	Sl. Firm, SS, Sp, Sexp	–	48	–	–	0.3/0.325 PS
		8-30	Clay M.SBK	Sl. Firm, SS, Sp, Sexp					
		30-48	Clay Loam w.SBK+mica	Friable, SS, Sp, Sexp					
			trace Saprolite						
					TB @ 34-36" [High side]				
2	9% Distal Primary	0-7	SCL w.SBK	Sl. Firm, SS, Sp, Sexp	–	48	–	–	0.3/0.325 PS
		7-19	Clay w.SBK	Sl. Firm, SS, Sp, Sexp					
		19-48	Clay Loam w.SBK/ABK	Friable, SS, Sp, Sexp					
			trace mica/Saprolite						
3	10% Repair	0-4	SCL w.SBK +gravels	Sl. Firm, SS, Sp, Sexp	–	48	–	–	0.275 PS
		4-48	Clay w.SBK	Sl. Firm, SS, Sp, Sexp					
			w/ Saprolite inclusions (coarse)						
			36"-48"						
4	20' behind House Repair	0-7	SCL v.weak SBK		– L1 Blue L2 Red L3 Orange L4 Blue L5 Red	52' 48	–	–	0.36 PS
		7-30	Clay w.SBK	Sl. Firm, SS, Sp, Sexp					
		30-48	Clay Loam w.SBK Trace Saprolite	Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	316 l.f.	290 l.f.
System Type(s)	25% reduction	50% reduction
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: —

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

Sheet 1 of ____
PROPERTY ID #: ____
COUNTY: ____

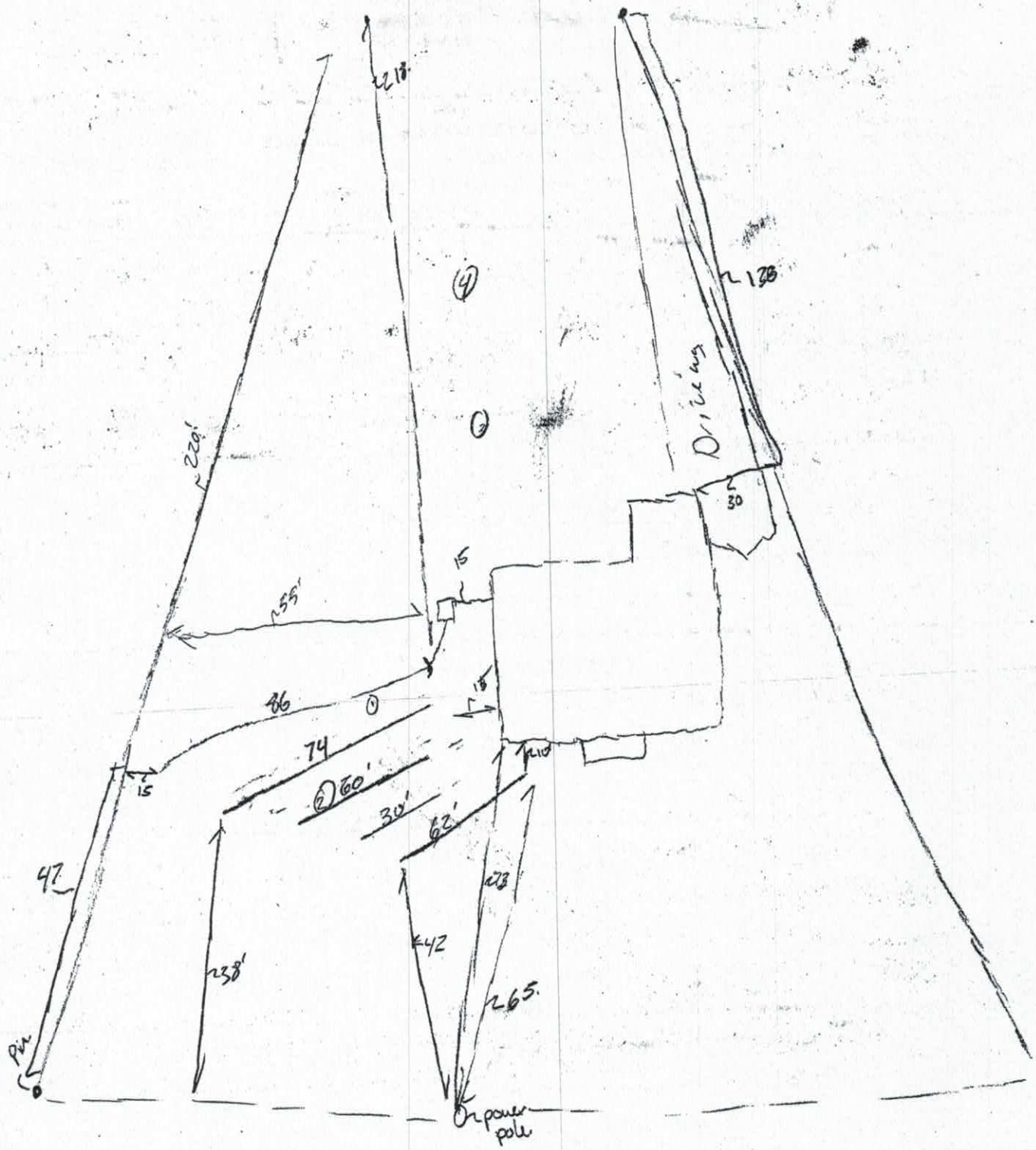
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Mary Peterson / Ray Sharpe — APPLICATION DATE: ____
ADDRESS: 517 Dhar Rd Swannanoa NC — DATE EVALUATED: 12/16
PROPOSED FACILITY: Home — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: .9 Acres
LOCATION OF SITE: 120 Peace Haven Place — 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 PRO. CLASS	.1944 REST. HORIZ	PROFILE CLASS & LTAR
1	1 Ridge Shoulder 6%	0-2	SCL WSBK	SS Sp FR SExP	2.5YR3/4	48	—	—	PS .3LTAR
		2-32	C SBK	SS Sp FM SExP	2.5YR4/6				
		32-48	CL WSBK	SS Sp FM SExP	2.5YR4/8				
2	Shoulder 8%	0-2	SCL WSBK	SS Sp FR SExP	2.5YR3/4	48	—	—	PS .3LTAR
		2-29	C SBK	SS Sp FM SExP	2.5YR4/6				
		29-49	CL WSBK	SS Sp FM SExP	2.5YR4/8				
3	Shoulder 10%	0-3	SCL WSBK	SS Sp FR SExP	2.5YR3/4	48	—	—	PS .3LTAR
		3-49	C WSBK	SS Sp FM SExP	2.5YR4/6				
4	Shoulder 10%	0-3	SCL WSBK	SS Sp FR SExP	2.5YR3/4	48	— Some Sap Inclusions 33.	—	PS .3LTAR
		3-48	C WSBK	SS Sp FM SExP	2.5YR4/6				

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

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____
OTHER(S) PRESENT: ____


218'
220'
55'
15
86
74
60'
30'
62'
47
238'
42
265'
Pin
On power pole
Driveway
135
30
15
15
10
4
3
2
1

* RESUBMIT FOR PERMIT #223630

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ___ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

PHIL SMITH	582 NEW SALEM RD. STATESVILLE, NC 28625	-	704-450-8495
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
TONY SHARPE	517 ALCOVE RD, SUITE 202, MOORESVILLE, NC		704-657-0006
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

120 PEACEHAVEN PLACE	NEW SALEM ESTATES	PHASE I, SEC II, LOT 16
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: TAKE HWY 64 - EAST TO NEW SALEM RD., TURN RIGHT ON NEW SALEM AND GO 1 3/4 MILES TO PEACEHAVEN PLACE. TURN RIGHT ON PEACEHAVEN. JOB IS ON RIGHT AT TURNAROUND.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** Phil Smith — 12/19/17
   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

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, TONY SHARPE, am the legal owner(s) of the property located at 120 PEACH HAVEN PLACE, identified as PIN (Parcel Identification Number) 4774-15-7167, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PHIL SMITH PHIL SMITH BUILDERS, 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.

Tony C. Sharpe 12/20/17 Phil Smith 12/20/17

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
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

01/09/18 (Date)

Owner: Tony C. Sharpe
Address: 120 Peacehaven Place
Statesville, NC 28625

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
permit 223630 Tony Sharpe, 120 Peacehaven Place Statesville, NC
(cannot have 2 valid permits at one time)

I Tony Curtis Sharpe voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 6-2-2017 (date) for a system 25% reduction (gravity) (system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Tony C. Sharpe
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

1-5-18 (Date)

Owner: Tony Sharpe
Address: 120 Peacehaven Place
Statesville, NC 28625

Subject: Notice of Intent to Revoke/Suspend (specify name/location)
revoke 120 Peacehaven Place
Improvement Permit/Construction Authorization

Dear Tony Sharpe:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 120 Peacehaven Place Statesville, NC (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Cannot have 2 permits on the same lot.	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is January 5, 2018. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223630

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

PIN # 4774-15-7167

APPLICANT: Muong Robinson / Tony Sharpe APPLICANT ADDRESS: 517 Alcove Rd. Suite 202 Mooresville, NC 28117

SITE ADDRESS: 120 Peacehaven Place Statesville, NC 28625 PHONE: 704-929-9142 ALT. PHONE:

SITE DIRECTIONS: Highway 64 E from Statesville → R on New Salem Rd → R on Peacehaven Place → Site @ end on Right

SUBDIVISION: New Salem Estates SECTION: LOT # 16 LOT AREA: 0.930 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—	Model		—	Serial #	—			
# Nitrification Fields	1	# Lines	5		Linear Ft:	300			
Trench Width	36"	Max. Trench Bottom Depth	34"-36" High Side		Gravel Depth	—			

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

System Description: 25% Reduction

Repair System Description: 50% Reduction - LPP PBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

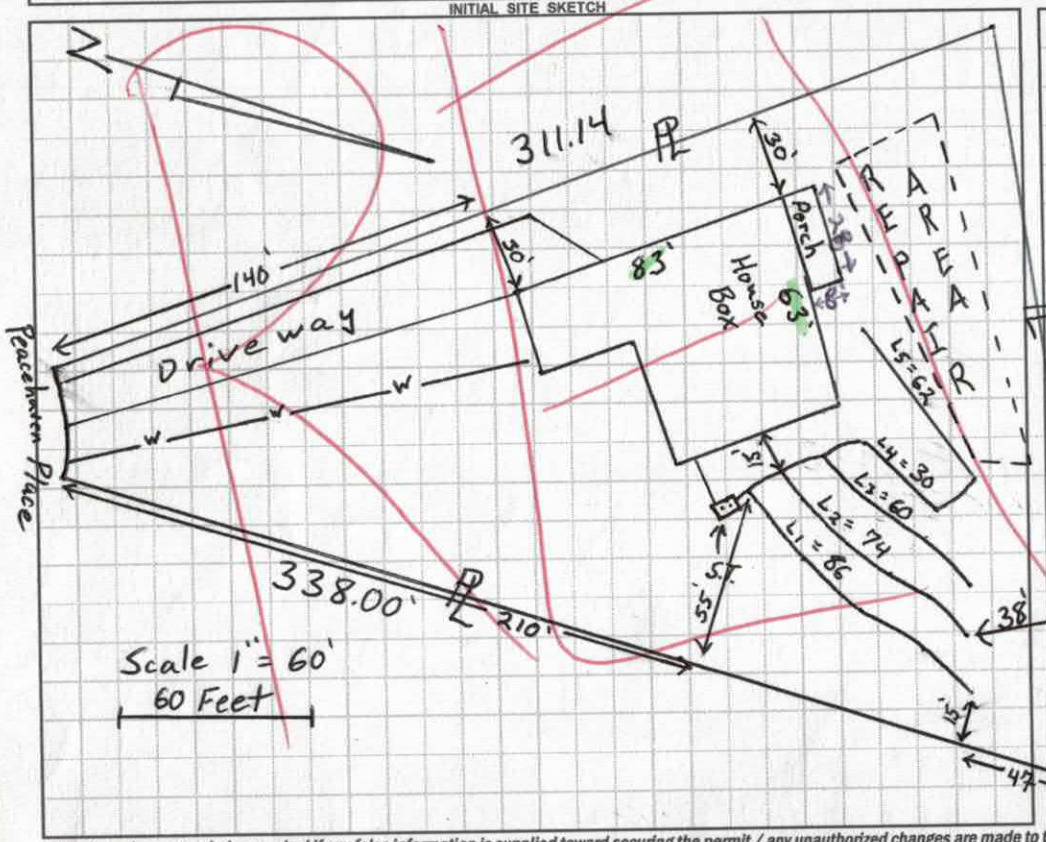
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

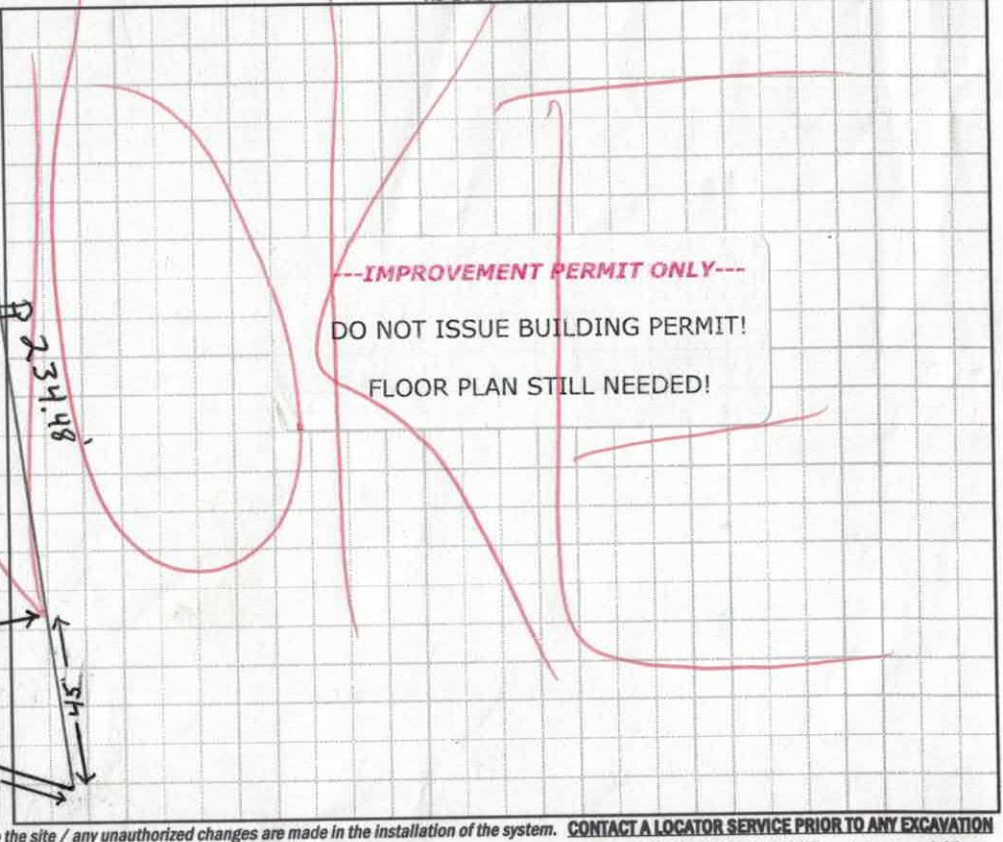
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. Though ≈316 l.f. of line has been laid out, only 300' need be installed.

INITIAL SITE SKETCH



AS BUILT SKETCH



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

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

Owner / Applicant Signature: Date: 1/17/17 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 1-16-2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Reynard Barrow Date: 6/2/2017. Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

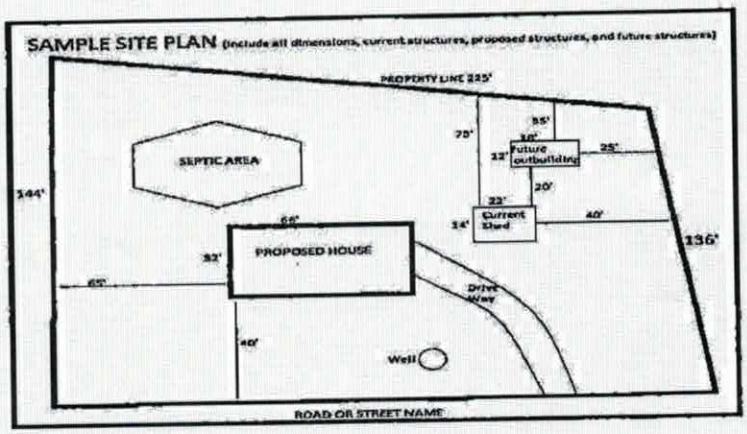
- ✓ Property Line measurements are clearly identified…
- ✓ All proposed structures are indicated…

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

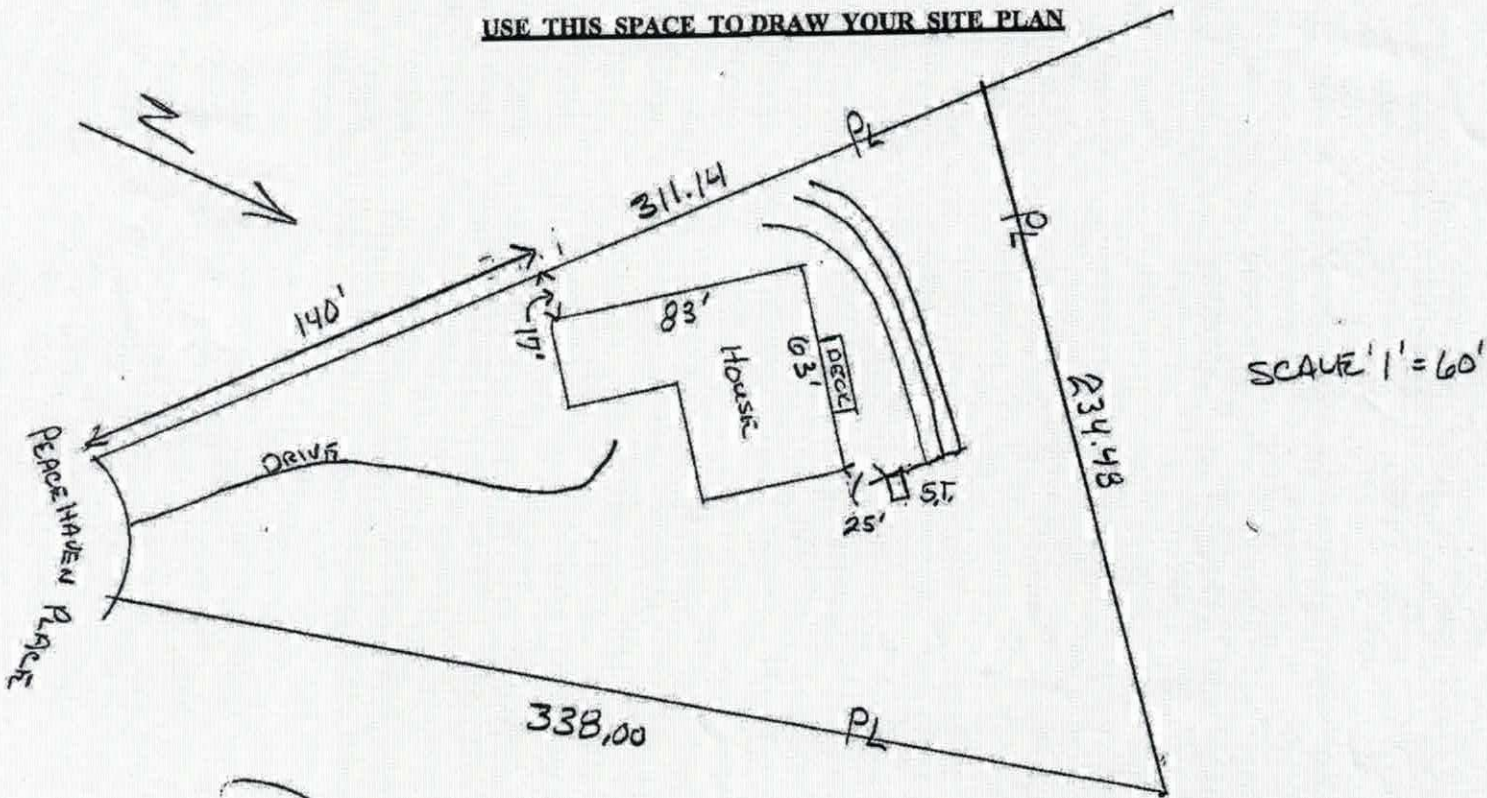
- ✓ Front and side setbacks from property line…
- ✓ Area you prefer your septic system to be placed…
- ✓ Preferred driveway location and configuration, preferred well location…
- ✓ North arrow, or other sufficient indicator of direction…

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)



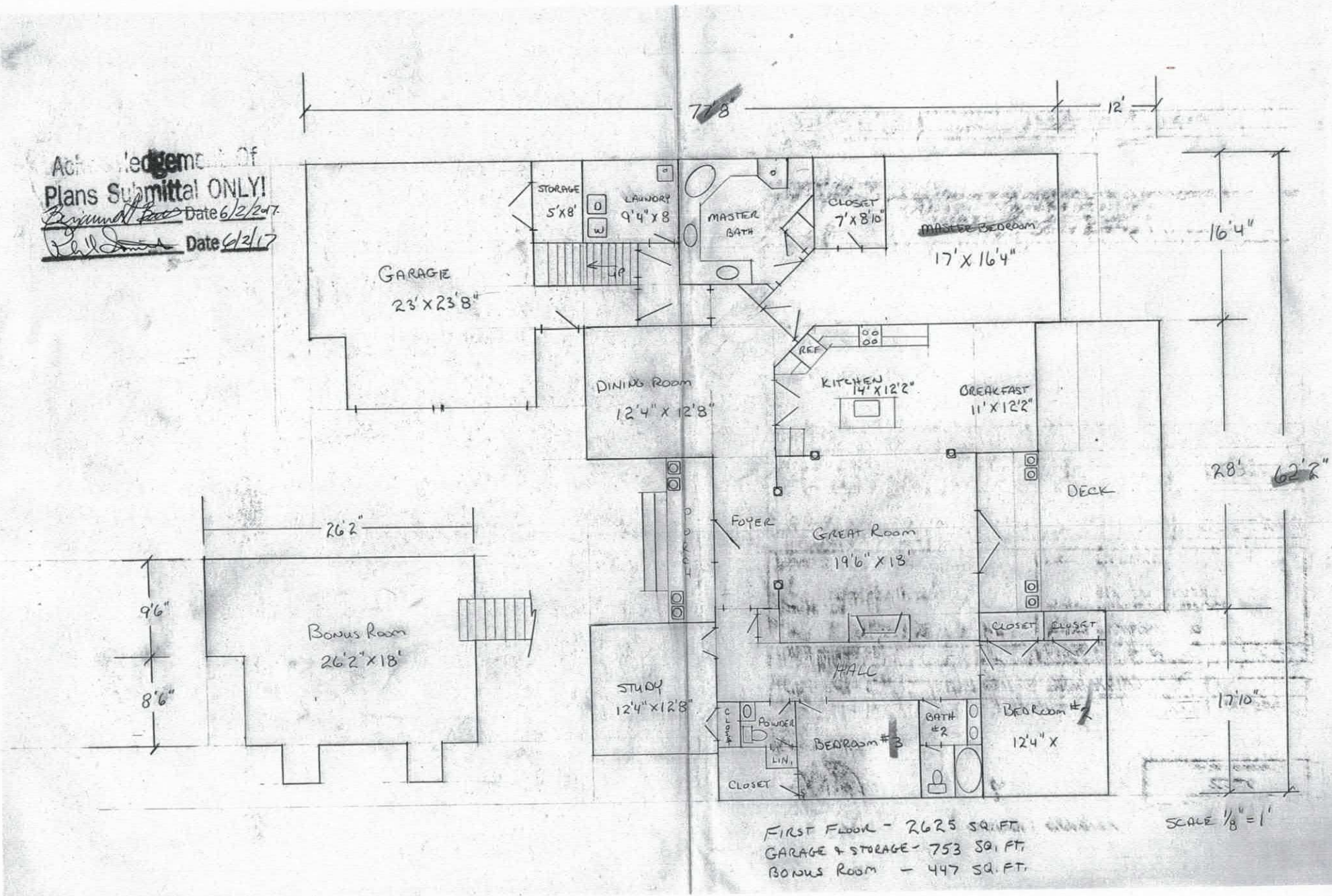
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Lilly E. Smith

REQUIRED property owner or owner's legal representative signature.

12/19/17
DATE


Acknowledgement of
Plans Submittal ONLY!
Date 6/2/17
Date 6/2/17
77'8"
12'
STORAGE
5'X8'
LAUNDRY
9'4"X8
MASTER BATH
CLOSET
7'X8'10"
MASTER BEDROOM
17'X16'4"
16'4"
GARAGE
23'X23'8"
UP
REF
DINING ROOM
12'4"X12'8"
KITCHEN
14'X12'2"
BREAKFAST
11'X12'2"
28'
62'2"
DECK
26'2"
FOYER
GREAT ROOM
19'6"X13'
9'6"
8'6"
BONUS ROOM
26'2"X18'
CLOSET
CLOSET
HALL
STUDY
12'4"X12'8"
MAFC
POWDER
LIN.
CLOSET
BEDROOM #3
BATH #2
BEDROOM #2
12'4"X
17'10"
FIRST FLOOR - 2625 SQ. FT.
GARAGE & STORAGE - 753 SQ. FT.
BONUS ROOM - 447 SQ. FT.
SCALE 1/8" = 1'

IREDELL COUNTY

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

APPLICATION NUMBER
223630
Issue Date: 12/06/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4774157167.000	120 PEACEHAVEN PLACE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: FAMILY LAND DEVELOPMENT LLC	Applicant: ROBINSON, MUONG
Address: 114 IREDELL CO, NC 28625	Address: 120 PEACEHAVEN PLACE STATESVILLE, NC 28677
Phone:	Phone: 704-929-9142

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.930	35.00	35.00	15.00	15.00	NO	X

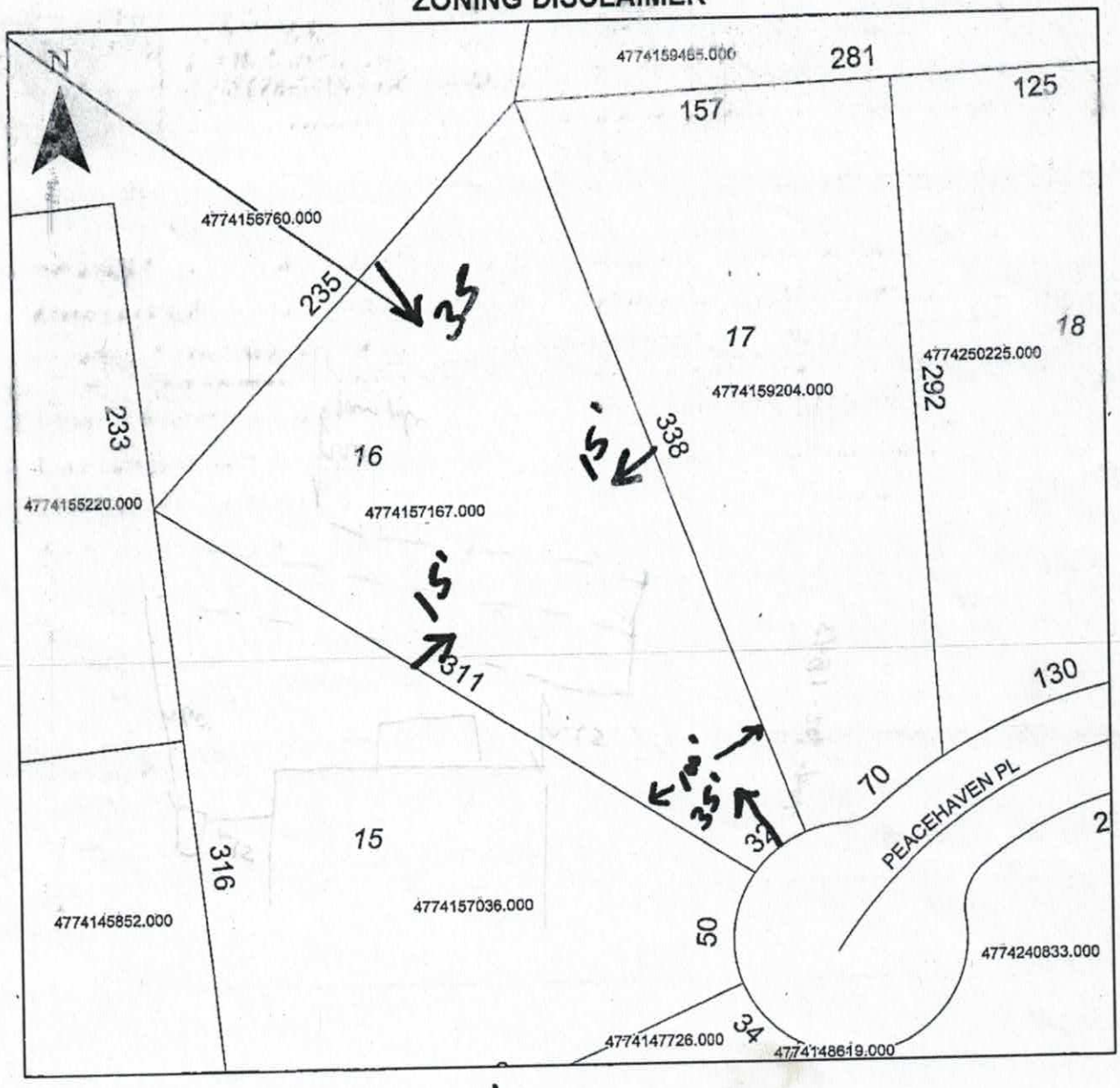
Remarks:

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

Applicant: _____ Date: _____

Permit Number	87525	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 120 Peace haven - SFD

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Applicant

12/6/16
Date