IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 243108

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

PIN # 4775019409

APPLICANT/OWNER: Steve White | APPLICANT ADDRESS: 119 Cottontail Ln Statesville, NC 28677

SITE ADDRESS: 108 Verna Dr. Statesville NC 28625 | PHONE: 980-722-1544 | ALT. PHONE 704-660-6575

SITE DIRECTIONS: I40 E to Exit 154, R on old Mocksville Rd, L on US64E, R on New Salem Rd, R on Lynngayle, R on Verna | SAP CONTROLLED: ☐ YES ☒ NO

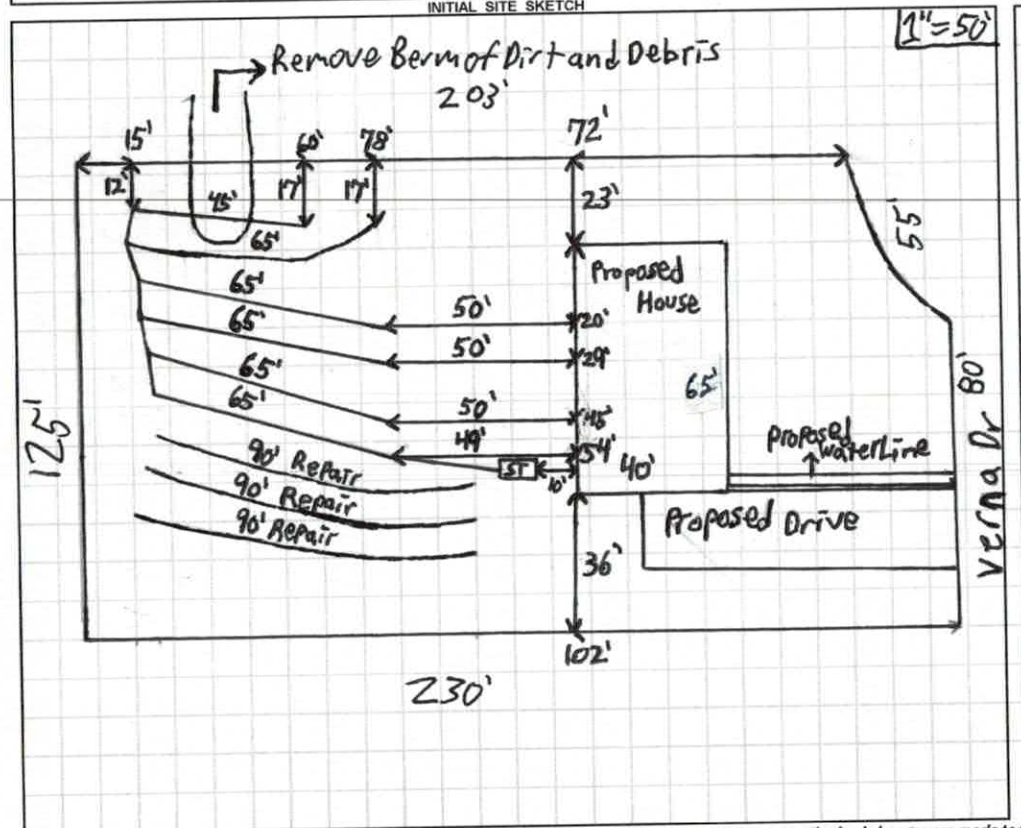
SUBDIVISION: Campbell Glen | SECTION: 2 | LOT # 32 | LOT AREA: 0.64 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 160	Date 5-13-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction				☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description: LP Horizontal PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines 6	Linear Ft 360'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	22"	Gravel Depth		☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

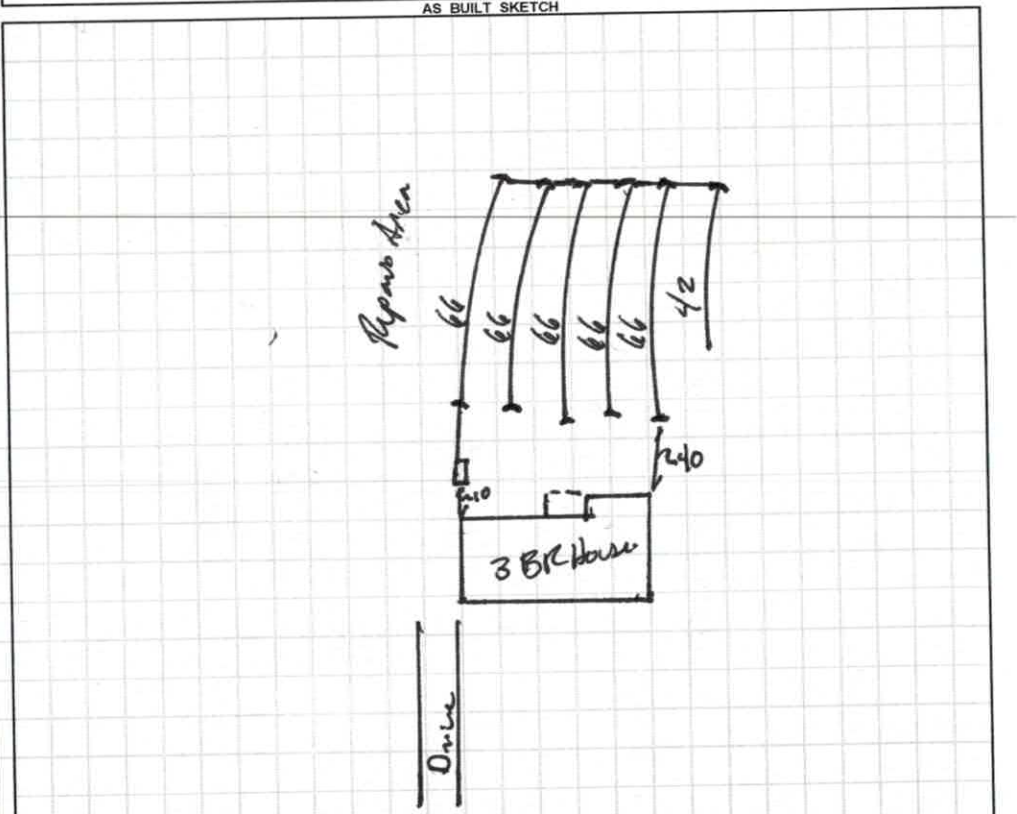
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install lines on contour with serial distribution

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: S R White | Date: 4/10/19 | Installed by: Hagar Bros Rentals #4552

IMPROVEMENT PERMIT by: Patrick O Boyle III | Date: 04/10/2019 | OPERATION PERMIT by: Benjamin A Boyle | Date: 7/31/2019

AUTHORIZATION TO CONSTRUCT by: Callie E. Carr | Date: 4/10/19 | 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 2 of 2
PROPERTY ID #: 477501 9409
COUNTY: Iredell

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

OWNER: Stevenhite — APPLICATION DATE: 3/21/19
ADDRESS: 119 cottontail Ln — DATE EVALUATED: 4/2/19
PROPOSED FACILITY: Newsingle Fam — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 1.64 acres
LOCATION OF SITE: 108 Verna Dr — PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other City water
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 3%	0-6	SCLWSBK	FrSSSPSap	Yellowish brown mottles common at 18" Chroma 2 at 32" 10YR 5/8	48"	—	Chroma 2 at 32"	PS .225
		6-18	CSBK	FrSSSPSap					
		18-22	CABK	FrSPSXP					
		22-32	CLABK	FrSPSaxp					
		32-48	CLABK	FrSPSaxp					
2	SS 4%	0-9	SCLWSBK	FrSSSPSaxp	Yellowish brown mottle common at 32" Chromas at 43" 2.5Y 8/2	48	—	Chroma 2 at 43"	PS .25
		9-27	CSBK	FrSSSPSXP					
		27-32	CABK	FrSSSPSaxp					
		32-43	CABK YBrown	FrSSSPSaxp					
		43-48	CABK chroma 2	FrSSSPSaxp					
3	SS 5%	0-8	SCLWSBK	FrSSSPSaxp	YBrown mottles starting at 36" included	53"	Litho inclusions starting at 24"	—	PS .25
		8-24	CSBK	FrSSSPSaxp					
		24-36	CSBK Litho inclusions	FrSSSPSaxp					
		36-53	CLABK YB mottles	FrSSSPSaxp					
4	SS 4%	0-9	SCLWSBK	FrSSSPSaxp	Yellowish Brown mottles starting at 28"	54	Litho inclusions starting at 40"	—	PS .25
		9-24	CABK	FrSSSPSaxp					
		24-28	CSABK YBrown	FrSSSPSaxp					
		28-40	CABK	FrSSSPSaxp					
		40-54	CABK Litho inclusions	FrSSSPSaxp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	267
System Type(s)	25% Reduction	Horizontal pump
Site LTAR	.25	.225

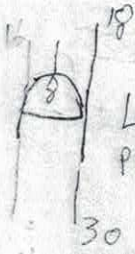
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Heaths, Alan M

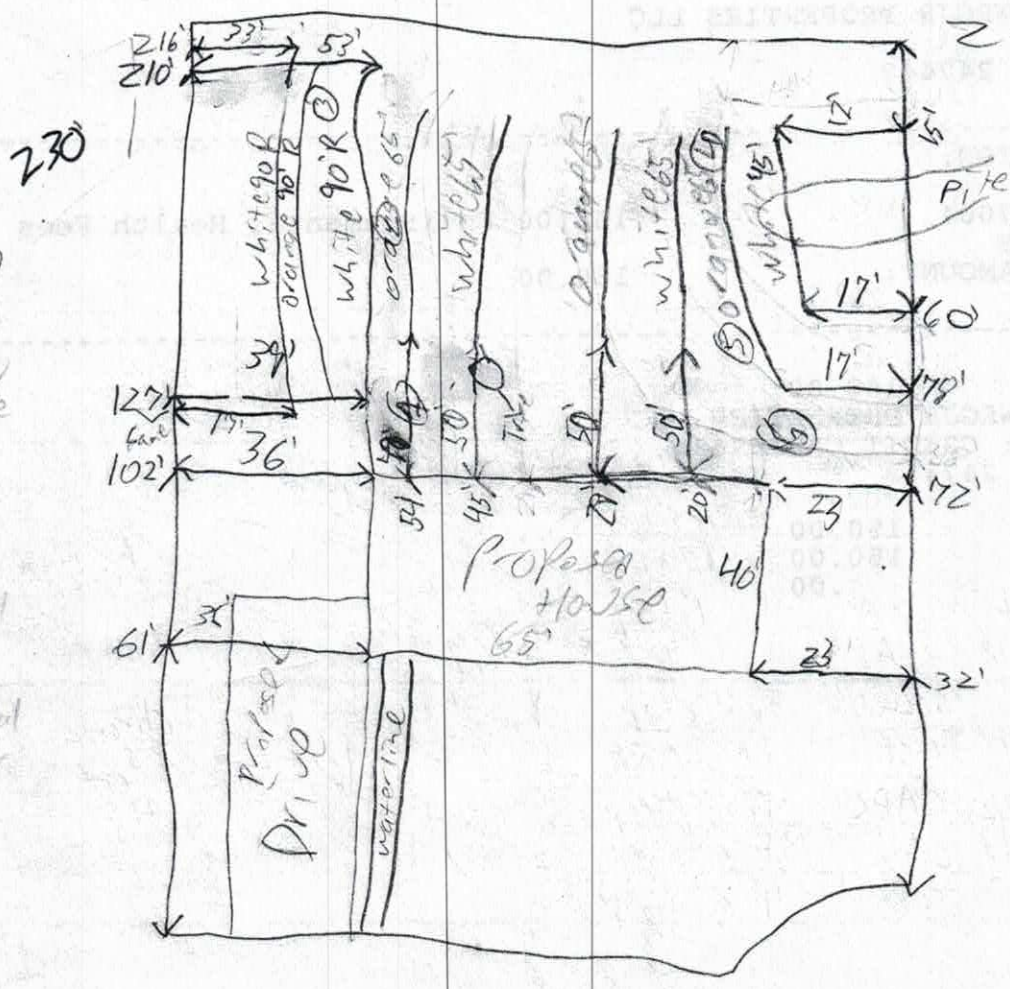
COMMENTS: Snowing and cloudy

360 ÷ .225 =
→ 1600 ÷ 3 =
→ 533.3 X .5 =
→ 267'

360 ÷ .225 =
→ 1600 ÷ 3 =
→ 533.3 X .75 =
→ 400'

(30 - 12) - (36 X .05)
18 - 1.8 = 16"
low side





40 Vertical
32 Horizontal
30 chamber with cover brought in

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

Sheet 2 of 2
PROPERTY ID #: 47780940A
COUNTY: Iredell

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

OWNER: Steve White
ADDRESS: 117 Cottontail Ln
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 108 Vernal

APPLICATION DATE 3/21/19
DATE EVALUATED: 4/2/19
PROPERTY SIZE: .64 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other City water
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
5	Ts 2%	0-7	SCL WSBK	FrSSSPSOP	YB mottles starting at 23"	48"	—	Tiger clay at 44"	PS .25
		7-23	C SBK	FrSSSPSOP					
		23-33	C WSBK YB mott	FrSPSOP					
		33-44	C WSBK	FrSPSOP					
		44-48	CABK Tiger clay	FrSPSOP					
6	SS 1%	0-10	SCL WSBK	FrSSSPSOP	Chroma 2 3 10YR 6/2	48"	—	Chroma 2 at 30"	PS .225
		10-22	SCL WSBK	FrSPSOP					
		22-30	CSBK	FrSSSPSOP					
		30-44	CABK Chroma 2	FrSSSPSOP					
		44-48	CLABK	FrSSSPSOP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	267
System Type(s)	25% Reduction	Horizontal Pump
Site LTAR	.25	.225

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Heath S Alan M

COMMENTS: Cloudy mass snowing earlier

RECEIVED MAR 2 1 2019

243108 Paid $500.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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: Steve White Address: 119 Cottontail Lane Zip: 28677
Applicant Email: SirSwhite@klgk.com Phone: 980 722 1544 Alt. Phone: 704 660 6575
Owner Name: Eddie Nicholson Address: 103 Stonehenge Lane Statesville Zip: 28625
Owner Email: _____ Phone: 980 722 1544 Alt. Phone: _____

Property Information:

Street Address: 108 Verna Dr.
Subdivision Name: Eastwood Acres Section/Phase: 11 Lot Number: 32
Driving Directions: 64 E. to R on New Salem to R on Lyongate to R on Verna

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

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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: S R White 3/21/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

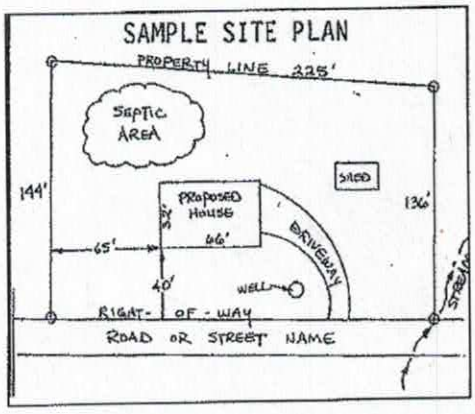
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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

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

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

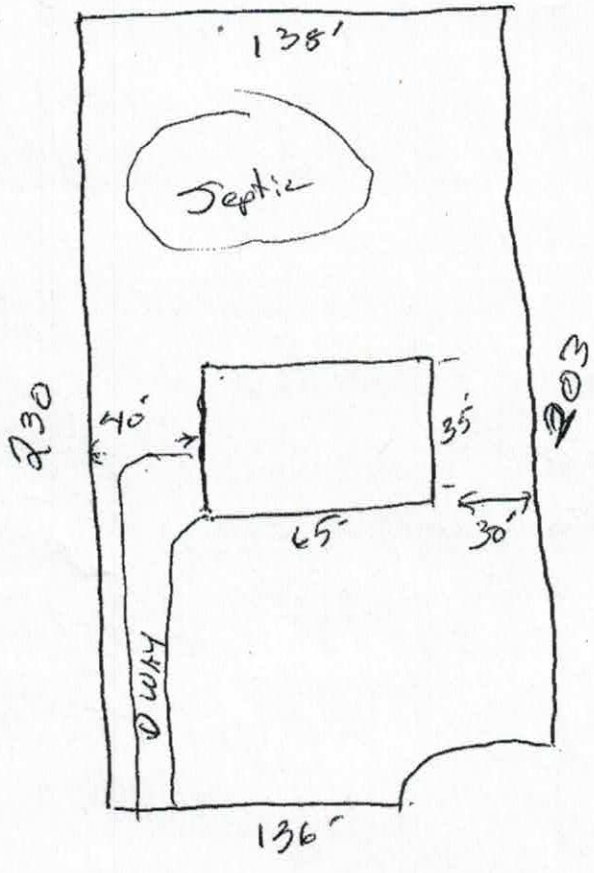


Circle N/A on the following if appropriate:

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

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: DR Lulito
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/21/19
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, Ed Nicholson, am the legal owner(s) of the property located at 108 Verna Dr., identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** S.R White, _____, 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.

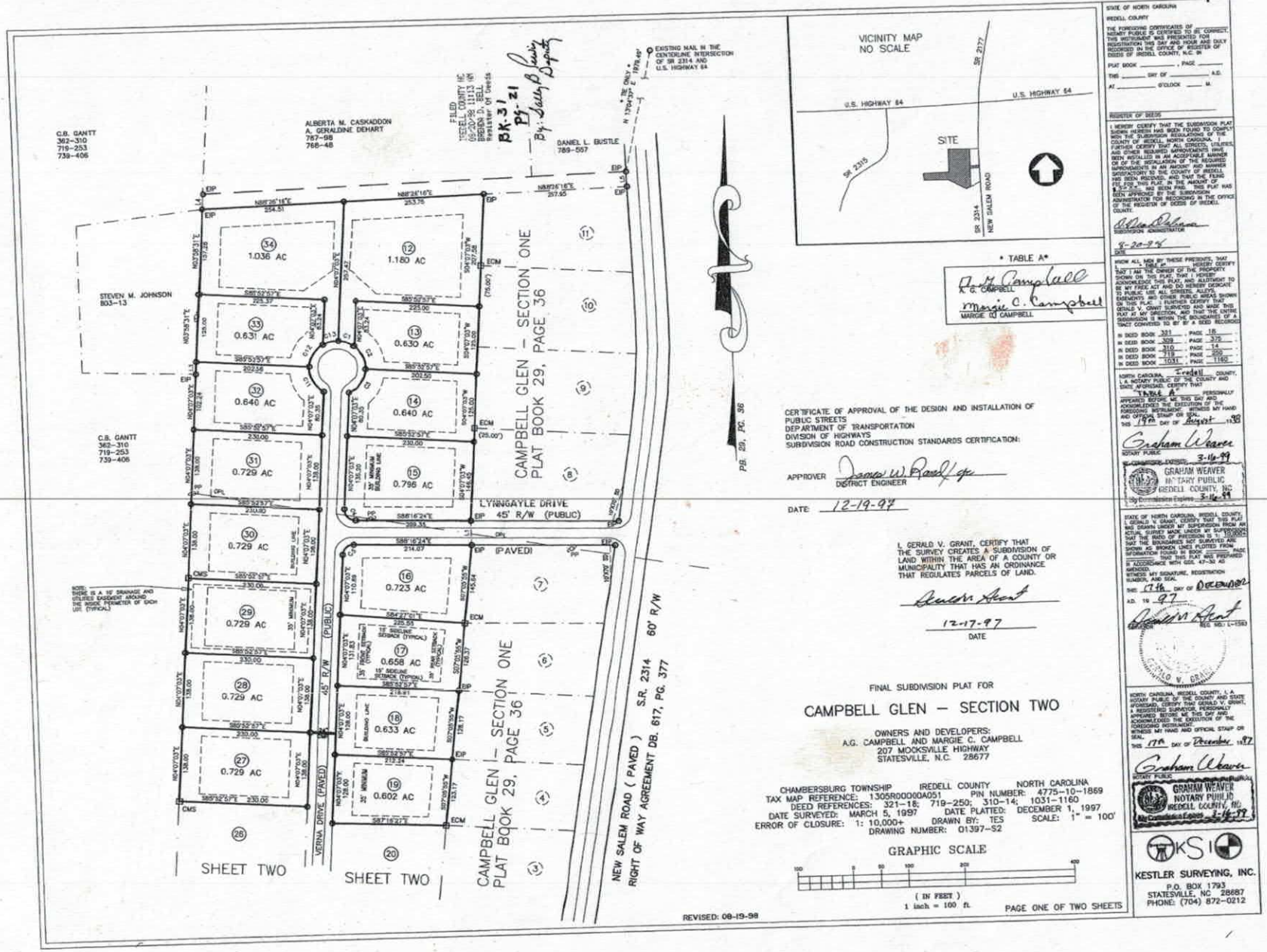
E. Nicholson 3-21-19 _____ 3/21/19

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



VICINITY MAP
NO SCALE

* TABLE A *

CERTIFICATE OF APPROVAL OF THE DESIGN AND INSTALLATION OF PUBLIC STREETS
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATION:

APPROVED: James W. Ramsey
DISTRICT ENGINEER

DATE: 12-19-97

I, GERALD V. GRANT, CERTIFY THAT THE SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

Gerald V. Grant

12-17-97
DATE

FINAL SUBDIVISION PLAT FOR

CAMPBELL GLEN - SECTION TWO

OWNERS AND DEVELOPERS:
A.G. CAMPBELL AND MARGIE C. CAMPBELL
207 MOOKSVILLE HIGHWAY
STATESVILLE, N.C. 28677

CHAMBERSBURG TOWNSHIP IREDELL COUNTY NORTH CAROLINA
TAX MAP REFERENCE: 1305R00000A051 PIN NUMBER: 4775-10-1859
DEED REFERENCES: 321-18; 719-250; 310-14; 1031-1160
DATE SURVEYED: MARCH 5, 1997 DATE PLATTED: DECEMBER 1, 1997
ERROR OF CLOSURE: 1: 10,000+ DRAWN BY: TES SCALE: 1" = 100'
DRAWING NUMBER: 01397-S2

GRAPHIC SCALE

100 0 50 100 200 400
(IN FEET)
1 inch = 100 ft.

PAGE ONE OF TWO SHEETS

STATE OF NORTH CAROLINA
IREDELL COUNTY

THE FOREGOING CERTIFICATES OF _____, NOTARY PUBLIC IS CERTIFIED TO BE CORRECT. THIS INSTRUMENT WAS PRESENTED FOR REGISTRATION THIS DAY AND HOUR AND DULY RECORDED IN THE OFFICE OF REGISTER OF DEEDS OF IREDELL COUNTY, N.C. IN

PLAT BOOK _____, PAGE _____

THIS _____ DAY OF _____, A.D.

AT _____ O'CLOCK ____ M.

REGISTER OF DEEDS

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY OF IREDELL, NORTH CAROLINA. I FURTHER CERTIFY THAT ALL STREETS, UTILITIES, AND OTHER REQUIRED IMPROVEMENTS HAVE BEEN INSTALLED IN AN ACCEPTABLE MANNER OR OF THE INSTALLATION OF THE REQUIRED IMPROVEMENTS IN AN AMOUNT AND MANNER SATISFACTORY TO THE COUNTY OF IREDELL HAS BEEN PROVIDED, AND THAT THE FILING FEE FOR THIS PLAT, IN THE AMOUNT OF $ 2.00, HAS BEEN PAID. THIS PLAT HAS BEEN APPROVED BY THE SUBDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF IREDELL COUNTY.

SUBDIVISION ADMINISTRATOR

9-20-98
DATE

KNOW ALL MEN BY THESE PRESENTS, THAT I, _____, HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN ON THIS PLAT, THAT I HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DO HEREBY DEDICATE TO PUBLIC USE ALL STREETS, ALLEYS, EASEMENTS AND OTHER PUBLIC AREAS SHOWN ON THIS PLAT. I FURTHER CERTIFY THAT GERALD V. GRANT SURVEYED AND MADE THIS PLAT BY MY DIRECTION, AND THAT THE ENTIRE PLAT BY MY DIRECTION, AND THAT THE ENTIRE SUBDIVISION IS WITHIN THE BOUNDARIES OF A TRACT CONVEYED TO BY BY A DEED RECORDED

IN DEED BOOK	321	PAGE	18
IN DEED BOOK	329	PAGE	375
IN DEED BOOK	310	PAGE	14
IN DEED BOOK	719	PAGE	250
IN DEED BOOK	1031	PAGE	1160

NORTH CAROLINA, Iredell COUNTY, I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT Table A PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 19th DAY OF August, 1998

Graham Weaver
NOTARY PUBLIC

MY COMMISSION EXPIRES: 3-16-99

GRAHAM WEAVER
NOTARY PUBLIC
IREDELL COUNTY, NC
My Commission Expires 3-16-99

STATE OF NORTH CAROLINA, IREDELL COUNTY, I, GERALD V. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK ____, PAGE ____) THAT THE RATIO OF PRECISION IS 1: 10,000+; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ____, PAGE ____; THAT THE CROSS THIS PLAT WAS PREPARED IN ACCORDANCE WITH GSS. 47-30 AS AMENDED. WITNESS MY SIGNATURE, REGISTRATION NUMBER, AND SEAL.

THIS 17th DAY OF December, A.D. 19 97

Gerald V. Grant
SURVEYOR
REG. NO.: L-1593

SEAL
GERALD V. GRANT

NORTH CAROLINA, IREDELL COUNTY, I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT GERALD V. GRANT, A REGISTERED SURVEYOR, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT.
WITNESS MY HAND AND OFFICIAL STAMP OR SEAL,
THIS 17th DAY OF December, 1997

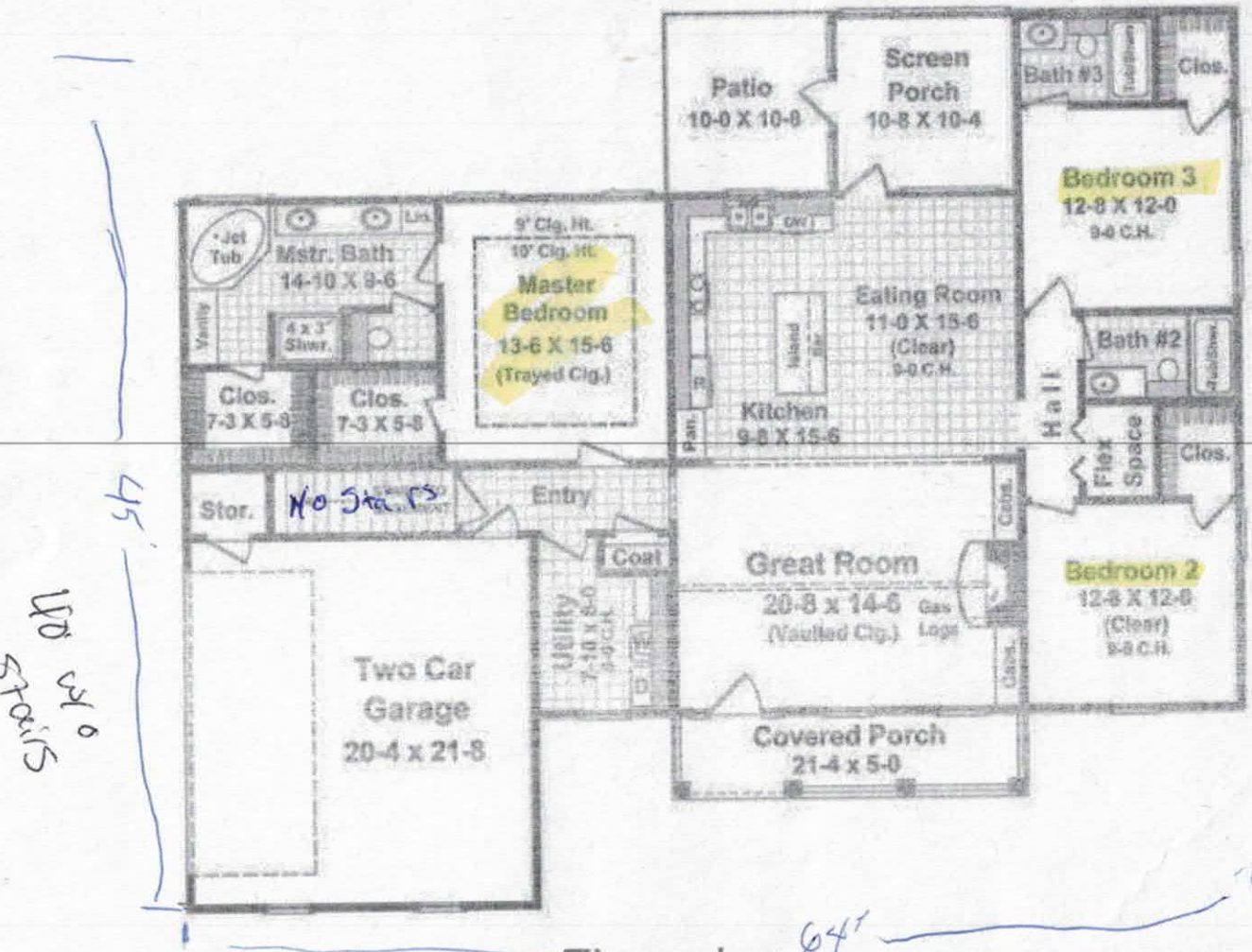
Graham Weaver
NOTARY PUBLIC

GRAHAM WEAVER
NOTARY PUBLIC
IREDELL COUNTY, NC
My Commission Expires 3-16-99

KESTLER SURVEYING, INC.
P.O. BOX 1793
STATESVILLE, NC 28687
PHONE: (704) 872-0212

S. R. White
980 722 1544

Floorplan for 108 Vernadr.
1818' Heated
Garage 440'
200' Patio
140 Front Porch



Floorplan

© copyright by designer

Acknowledgement Of
Plans Submittal ONLY!
Date 4/10/19
Date 4/10/19

IREDELL COUNTY

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

APPLICATION NUMBER
243108
Issue Date: 03/21/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4775019409.000	108 VERNA DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NICHOLSON EDDIE D+BARBARA G RE VOC LVG TR	Applicant: SR WHITE GENERAL CONTR
Address: 103 STONEHENGE LANE STATESVILLE, NC 28625	Address: UNKNOWN UNKNOWN IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.640	35.00	35.00	15.00	15.00	NOT	X

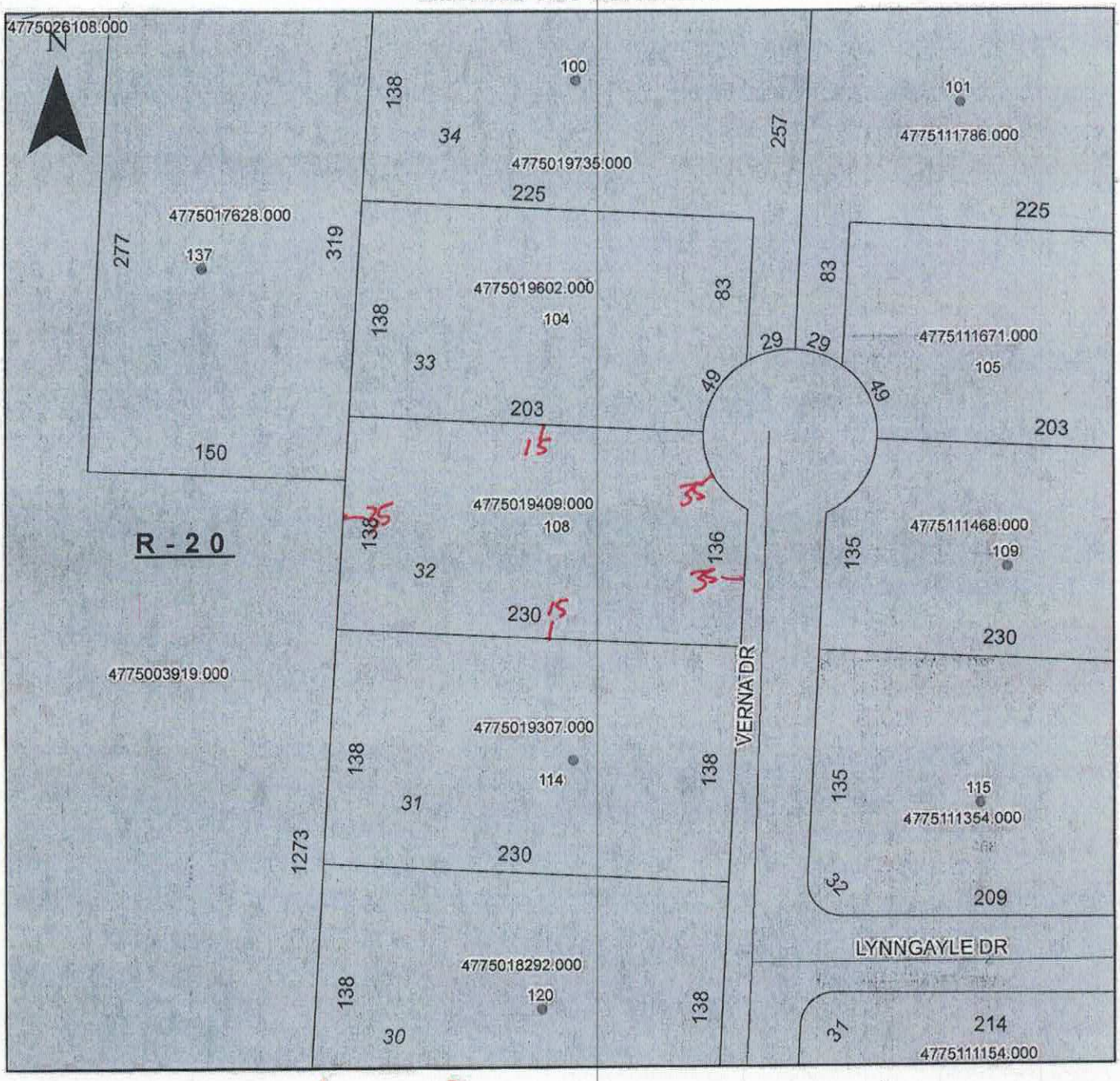
Remarks:

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	171396	TOTAL FEES:	$ 79.50

ZONING DISCLAIMER



Property Address 108 Verna Dr.

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

3/21/19
Date