IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233 244

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

PIN # 4775-34-4493

APPLICANT/OWNER: B+T Construction / Richard Somers APPLICANT ADDRESS: 159 Bobbit Dr. Cleveland NC 27013

SITE ADDRESS: 1059 Mocksville Highway, Statesville, NC PHONE: 828-312-0393 ALT. PHONE

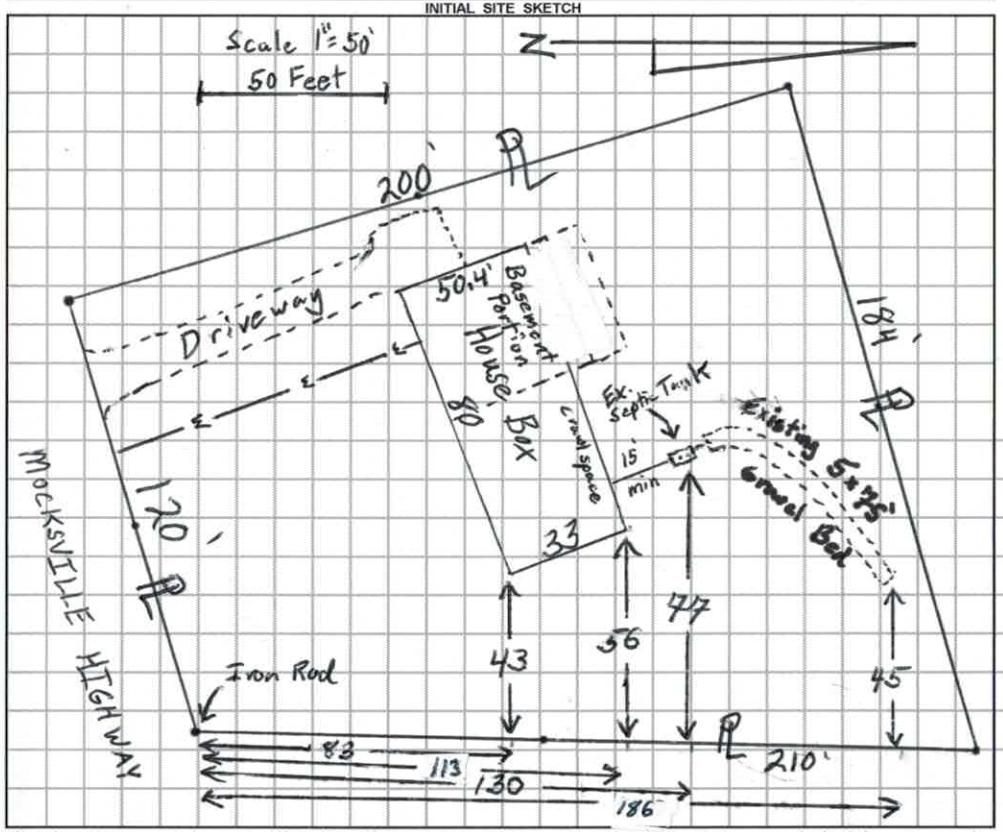
SITE DIRECTIONS: Mocksville Highway East from Statesville → lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.72 acres DESIGN FLOW: 360 GPD L.T.A.R.: —

Septic Tank	Existing	(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:			(Ex Gravel 5'x75' Bed)	☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model —		Serial # —	Repair System Description:	Existing			☐ Other	No. Employees	☒ Public
# Nitrification Fields	EXISTING	# Lines		Linear Ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth —		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☒ Basement w/o plumbing	

Comments / Conditions: Recommend pumping Septic tank every 3-5 years

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: 2-28-18 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 2/19/2018

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.

Wacks-ville Highway
Ivor Rd
83
43
80'
33'
113
56
14'
15'
site slope
130
74'
5'
186
45
175'
Wire

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

23274

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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) Josh

Applicant Name: BJT Construction Address: 159 Bobbitt Dr Cleveland NC Zip: 27013
Applicant Email: bandtconstructionjosh@gmail.com Phone: 828-342-0373 Alt. Phone: _____
Owner Name: Richard Somers Address: 1059 Mocksville Hwy Statesville Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1059 Mocksville Hwy Statesville NC 28625

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

Driving Directions: _____

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

Maximum Number of Bedrooms: 3 ~~5~~
Maximum Number of Occupants: ~~8~~ 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

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

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: _____ 2-7-18
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, Richard Somers, am the legal owner(s) of the property located at 1259 Mocksville Hwy, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4775344493.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) B+T Construction, 159 Babbitt DR Cleveland NC, 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.

Richard Somers 2-7-18 — Signature of Owner(s) / Date

[illegible] 2-7-18 — 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

Prepared by & return to:
John McLain Massey, Attorney at Law
Massey, Cannon & Griffin, P.L.L.C.
P. O. Box 122, Statesville, NC 28687-0122

Power of Attorney

ARTICLE I
APPOINTMENT OF ATTORNEY-IN-FACT

I, ETHEL LITTLE HUTCHENS, of Iredell County, North Carolina, appoint my sons, F. STEVEN HUTCHENS and DENNIS ALLEN HUTCHENS, as my Attorneys-in-Fact for the purposes set out below.

ARTICLE II
GENERAL GRANT OF POWERS TO ATTORNEY-IN-FACT

I grant to my Attorneys-in-fact the power to do and perform in a fiduciary capacity as my Attorneys-in-fact may deem advisable anything of any character which I might do or perform for myself if personally present and acting, including, but not limited to, the specific powers set forth below in Articles III, IV and V, but excluding those matters which my Attorneys-in-fact are not permitted to do as expressly provided in this Power of Attorney or as provided by law.

ARTICLE III
SPECIFIC POWERS RELATING TO PROPERTY

My Attorneys-in-fact may exercise the following powers relating to my property or interests in property which I now own or may hereafter acquire:

A. Collection of Property. The power to demand, sue for or use other lawful means to obtain, collect, and take possession and control of any sums of money, debts, checks, accounts, interest, dividends, annuities, rents, goods, chattels, inheritances, insurance benefits, social security benefits, unemployment benefits, veteran's benefits and any other claims and rights whatsoever which are now or may hereafter become due, owing, payable or belonging to me, and to compromise, settle, arbitrate, abandon or otherwise deal with any such claims;

B. Sale or Other Disposition of Property. The power to sell, exchange, quitclaim, convert, partition, grant an option on, abandon or otherwise dispose of all or any part of my real or personal property or my interest in such

property, including, but not limited to, automobiles, stocks, bonds, and real estate owned by me individually, as a tenant in common, tenant by the entirety or otherwise, upon any terms and conditions;

C. Acquisition and Retention of Investments. The power to acquire and retain for any period of time as investments, without diversification as to kind or amount, any real or personal property, or interest in such property, including an undivided, temporary or remainder interest, income or non-income producing, located within or outside the United States, and including, but not limited to, notes, U.S. Treasury Bonds redeemable at par in payment of federal estate tax, any other bonds, debentures, mortgages and other obligations, secured or unsecured, common and preferred stocks, mutual funds, legal and discretionary trust funds, general and limited partnership interests, leases and securities of any corporate Attorneys-in-fact or any corporation owning stock of the corporate Attorneys-in-fact or of any subsidiary or affiliate of or successor to such corporation;

D. Management of Property. The power to take possession, custody, control and otherwise manage any of my real or personal property, or my interest in such property, including, but not limited to, the power (i) to protect, develop, subdivide and consolidate such property, (ii) to lease such property upon any terms and conditions including options to renew or purchase and for any period or periods of time and to modify, renew or extend any existing leases, (iii) to erect, repair, or make improvements to any building or other property and to remove existing structures, (iv) to establish and maintain reserves for the maintenance, protection and improvements of such property and for other purposes, (v) to initiate or continue farming, mining or timber operations on such property, (vi) to purchase and carry casualty and liability insurance, (vii) to grant or release easements with respect to such property, (viii) to dedicate or withdraw from dedication such property from public use, and (ix) to join with co-owners in exercising any such powers;

E. Business Interests. The power to continue to own, or to form initially, and operate any business interest, whether in the form of a proprietorship, corporation, general or limited partnership, joint venture or other organization, including, but not limited to, the power (i) to effect incorporation, dissolution or other change in the form of the organization of such business interest, (ii) to dispose of any part of such business interest or acquire the interest of others, (iii) to continue, enter into, modify or terminate any agreements relating to any such business interest, and (iv) to invest capital or additional capital in or lend money to such business interest;

F. Borrowing Money. The power (i) to borrow money for my benefit from my Attorneys-in-fact, individually, or from others, upon any terms and conditions, (ii) to secure the payment of any amount so borrowed by mortgaging, pledging or otherwise encumbering any of my real or personal property, or my interest in such property, and (iii) to modify, renew or extend the time for payment of any obligation, secured or unsecured, payable by me for any period or periods of time and upon any terms and conditions;

G. Lending Money. The power (i) to lend money to any person upon any terms and conditions, (ii) to modify, renew or extend the time for payment of any obligation, secured or unsecured, payable to me for any period or periods of time and upon any terms and conditions, and (iii) to foreclose as an incident to the collection of any obligation, any deed of trust or other lien securing such obligation, to bid on the property at such foreclosure sale or otherwise acquire the property without foreclosure and to retain the property so obtained;

H. Holding Property in Nominee Form. The power to register and hold any securities or other property in the name of a nominee or in any other form without disclosure of the agency relationship, or to hold the same in such form that they will pass by delivery;

I. Exercise of Security Rights. With regard to securities of mine, including stocks, bonds and any evidence of indebtedness, the power (i) to vote any such securities in person or by special, limited or general proxy at any shareholders' meeting, (ii) to consent to or participate in any contract, lease, mortgage, foreclosure, voting trust, purchase, sale or other action by any corporation, company or association, (iii) to consent to or participate in, facilitate and implement any plan of incorporation, re-incorporation, reorganization, consolidation, merger, liquidation, readjustment or other similar plan with respect to any such corporation, company or association, and (iv) to exercise all

options, rights and privileges, including the exercise or sale of conversion, subscription or other rights of whatever nature pertaining to any such securities and to subscribe for additional securities or other property;

J. Gifts. The power to make gifts of my real or personal property or my interest in such property to my children and grandchildren, including any child or grandchild of mine who may be acting as my Attorneys-in-fact, in amounts not to exceed the annual exclusion for federal gift tax purposes at the time the gifts are made and in such manner as my Attorneys-in-fact may deem appropriate, including, but not limited to, outright gifts, gifts in trust, or gifts to a custodian under a uniform gifts or transfers to minors act, if, in the opinion of my Attorneys-in-fact, such gifts are advisable for tax purposes and the value of my remaining property is more than sufficient to provide for the continued support and medical care of my spouse, my dependents and me in accordance with our customary standard of living;

K. Transfer of Property to and Withdrawal of Property from Revocable Trust. The power to assign, transfer and convey all or any part of my real or personal property, or my interest in such property, to, and withdraw such property from, (i) any revocable trust established by me during my lifetime, or (ii) any revocable trust established by my Attorneys-in-fact during my lifetime which directs the trustee or trustees to administer the trust for my benefit and to distribute the trust property to my estate upon my death;

L. Renunciations. The power to renounce or disclaim in whole or in part the right of succession to any real or personal property or interest in such property passing to me as an heir or beneficiary under a will or otherwise when in the opinion of my Attorneys-in-fact a renunciation or disclaimer is advisable for tax purpose.

M. Retirement Plans. The power to exercise any right with regard to any retirement plan I may have or entered into by my Attorneys-in-fact on my behalf, including, but not limited to, the power (i) to create and contribute to an individual retirement account, an employee benefit plan, or other retirement plan, (ii) to "roll over" plan benefits, (iii) to borrow money from any such plan, (iv) to select options with respect to any such plan and (v) to make or change the beneficiary designation of any such plan, except that my Attorneys-in-fact cannot be designated beneficiary unless my Attorneys-in-fact is my spouse or child or grandchild of mine.

ARTICLE IV
SPECIFIC POWERS RELATING TO SUPPORT, PERSONAL AFFAIRS AND HEALTH CARE

My Attorneys-in-fact may exercise the following powers relating to support, personal affairs and health care:

A. Support. The power to do any acts, including disbursing of any monies belonging to me, which, in the opinion of my Attorneys-in-fact, may be necessary or proper for any purpose in connection with the support and maintenance of my spouse, my dependents and me in accordance with our customary standard of living, including, but not limited to, provisions for housing, clothing, food, transportation, recreation, education and the employing of any person whose services may be needed for such purposes;

B. Personal Affairs. The power to do any acts, including the disbursing of any monies belonging to me, which, in the opinion of my Attorneys-in-fact, may be necessary or proper in connection with the conduct of my personal affairs, including, but not limited to, (i) continuation, use or termination of any charge or credit accounts, (ii) payments or contributions to any charitable, religious or educational organizations, (iii) dealing with my mail and representing me in any matter concerning the U.S. Postal Service, (iv) continuation or discontinuation of my membership in any club or other organization, and (v) acceptance or resignation, on my behalf, from any offices or positions which I may hold including any fiduciary positions;

C. Health Care. The power to do any acts, including the disbursing of any moneys belonging to me, which, in the opinion of my attorneys-in-fact, may be necessary or proper for any purpose in connection with the medical, dental, surgical, psychiatric or custodial care and treatment of myself, my spouse, and my dependents, including, but not limited to, the power (i) to provide for such care and treatment at any hospital, nursing home or

institution or for the employing of any physician, psychiatrist, nurse or other person whose services may be needed for such care, (ii) to receive confidential medical information regarding me, to waive on my behalf any physician-patient or other consent to medical or psychiatric treatment, including administration of anesthesia, performance of operations, and other procedures on my body by physicians and surgeons and other medical personnel, including technicians, assistants, and nurses, working under the supervision of physicians and surgeons

ARTICLE V
MISCELLANEOUS SPECIFIC POWERS

My Attorneys-in-fact may exercise the following miscellaneous powers:

A. Tax Matters. The power to perform any and all acts that I might perform with respect to any and all federal, state, local and foreign taxes, for prior tax years as well as for tax years ending subsequent to the date of this power of attorney, including, but not limited to, the power (i) to make, execute and file returns, amended returns, powers of attorney, and declarations of estimated tax, joint or otherwise, (ii) to represent me before any office of the Internal Revenue Service or other taxing authority with respect to any audit or other tax matter involving any tax year or period, (iii) to receive confidential information, (iv) to receive, endorse, and collect checks refunding taxes, penalties or interest, (v) to execute waivers of restrictions on assessment or collection of deficiencies in tax, (vi) to execute consents extending the statutory period for assessment or collection of taxes, (vii) to execute and prosecute protests or claims for refund or applications for correction of assessed value, (viii) to execute closing agreements, (ix) to prosecute, defend, compromise or settle any tax matter, and (x) to delegate authority to or substitute another agent or attorney respecting any such taxes or tax matters;

B. Banking Transactions. The power (i) to make deposits in or withdrawals from any account of mine in any banking, trust or investment institution, whether such account is in my name or in the joint names of myself and any other person, (ii) to open any account or interest with any such institution in my name or in the name of my Attorneys-in-fact or in our names jointly, (iii) to endorse any checks or negotiable instruments payable to me for collection or deposit to such accounts and to sign, execute and deliver checks or drafts on such accounts, and (iv) to exercise any right, option or privilege pertaining to any account, deposit, certificate of deposit, or other interest with any such institution;

C. Safe Deposits. The power (i) to have access to any safe deposit box held in my name or in the joint names of myself and any other person, (ii) to lease one or more safe deposit boxes for safekeeping of my assets, and (iii) to deal with the contents of any safe deposit box, including the removal of such contents;

D. Legal and Other Actions. The power to cause to be commenced, prosecuted, defended, appealed, compromised, settled, arbitrated or discontinued in my name as plaintiff or defendant, as the case may be, any legal or equitable proceedings, judicial or administrative;

E. Employment of Advisors. The power to employ persons, firms and corporations to advise or assist my Attorneys-in-fact, including, but not limited to, agents, accountants, auditors, brokers, attorneys-at-law, custodians, investment counsel, rental agents, realtors, appraisers and tax specialists; and

F. Legal Documents. The power to make, execute, endorse, acknowledge, and deliver any and all instruments under seal, oath, verification or otherwise, including, but not limited to, receipts, endorsements, releases, compromises, deeds, leases, mortgages, deeds of trust, security agreements, contracts, assignments, options, stock powers, proxies, promissory notes, bonds, financing statements, subordination agreements, checks, negotiable instruments and satisfactions of mortgages, deeds of trust and security agreements.

G. Incorporated Powers. In addition to the powers herein enumerated, and not in limitation thereof, I hereby give and grant unto my attorneys-in-fact all the powers set forth in North Carolina General Statute 32A-2, and all the powers set forth in North Carolina General Statute 32-27, which powers are hereby incorporated by reference, subject to the restrictions of General Statute 32-26.

ARTICLE VI
RESTRICTIONS ON EXERCISE OF POWERS BY ATTORNEYS-IN-FACT

Notwithstanding the grant of powers in this Power of Attorney, my Attorneys-in-fact shall have no power (i) to deal with insurance policies I may own on the life of an Attorneys-in-fact, or (ii) except as specifically authorized by this Power of Attorney, to cause assets to pass to my Attorneys-in-fact or in discharge of the legal obligations of my Attorneys-in-fact, whether by inter vivos transfer, designation of beneficiary of any contract or in any other manner.

ARTICLE VII
EFFECT OF SUBSEQUENT DISABILITY OF PRINCIPAL

This Power of Attorney is executed pursuant to Article 2 of Chapter 32A of the General Statutes of North Carolina and shall not be affected by my subsequent incapacity or mental incompetence.

ARTICLE VIII
ADMINISTRATIVE PROVISIONS

A. Guardianship Provision. If it becomes necessary for a court to appoint a guardian of my property, I nominate my Attorneys-in-fact acting under this document to be the guardian of my property, to serve without bond or security.

B. Accountings. It shall be the duty of my Attorneys-in-fact to keep full and accurate inventories and accounts of all transactions for me as my agent. Such inventories and accounts shall be made available for inspection upon request by me or by my guardian or personal representative. My Attorneys-in-fact shall not be required to file any inventory or accounts with any court or clerk.

C. Reliance of Third Parties on Attorneys-in-fact.

1. No person who relies in good faith upon the authority of or any representations by my Attorneys-in-fact shall be liable to me, my estate, my heirs, successors, assigns, or personal representatives, for actions or omissions by my Attorneys-in-fact.

2. The powers conferred on my Attorneys-in-fact by this document may be exercised by my Attorneys-in-fact alone, and my Attorneys-in-fact's signature or act under the authority granted in this document may be accepted by persons as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf. All acts performed in good faith by my Attorneys-in-fact pursuant to this Power of Attorney are done with my consent and shall have the same validity and effect as if I were present and exercised the powers myself, and shall inure to the benefit of and bind me, my estate, my heirs, successors, assigns, and personal representatives. The authority of my Attorneys-in-fact pursuant to this Power of Attorney shall be superior to and binding upon my family, relatives, friends, and others.

D. Removal and Resignation of Attorneys-in-fact. I shall have the right to remove an Attorneys-in-fact at any time in a writing signed by me and acknowledged before a notary public and delivered to the Attorneys-in-fact in person or to such person's last known address by certified or registered mail, return receipt requested. An Attorneys-in-fact shall have the right to resign in a writing signed by the Attorneys-in-fact and acknowledged before a notary public and delivered to me and to any other Attorneys-in-fact acting under this Power of Attorney or, if none, to the named successor Attorneys-in-fact, if any, in person or to such person's last known address by certified or registered mail, return receipt requested.

E. Partial Invalidity. If any part of this Power of Attorney is declared invalid or unenforceable under applicable law, such decision shall not affect the validity of the remaining parts.

F. Revocation of Power of Attorney. If this Power of Attorney has not been registered in an office of the register of deeds in any county in North Carolina, then in addition to the methods of revocation provided by section 32A-13(b) of the General Statutes of North Carolina, this Power of Attorney may be revoked by my executing and acknowledging, in the manner provided for execution of durable powers of attorney in Article 2 of Chapter 32A of the General Statutes of North Carolina, a subsequent Power of Attorney, a copy of which is delivered to the Attorneys-in-fact acting under this Power of Attorney in person or to such person's last known address by certified or registered mail, return receipt requested.

G. Duty and Limited Liability of Attorneys-in-fact. This Power of Attorney does not impose a duty on my Attorneys-in-fact to exercise granted powers, but when a power is exercised, my Attorneys-in-fact shall use due care to act in my best interests and in accordance with this document. My Attorneys-in-fact and my Attorneys-in-fact's estate, heirs, successors and assigns are hereby released and forever discharged by me, my estate, my heirs, successors and assigns and personal representatives from all liability and from all claims or demands of all kinds arising out of the acts or omissions of my Attorneys-in-fact pursuant to this document, except for willful misconduct or gross negligence.

H. Relation of Attorneys-in-fact to Health Care Agent. Any decision affecting my property or financial affairs, including a decision as to the disbursement of monies belonging to me, which is made by my Health Care Agent appointed pursuant to a Health Care Power of Attorney meeting the requirements of Article 3 of Chapter 32A of the General Statutes of North Carolina shall be superior to and binding upon my Attorneys-in-fact acting under this Power of Attorney, and my Attorneys-in-fact acting under this General Power of Attorney shall not be required to inquire into whether any such decision is necessary to exercise powers relating to health care, or whether costs incurred by the Health Care Agent are reasonable, and shall not be liable to me, my estate, my heirs, successors and assigns and personal representatives for any acts or omissions arising from any such decision.

I have signed and sealed this Power of Attorney this 30 day of November, 2005.

Ethel Little Hutchens (SEAL)
Ethel Little Hutchens

STATE OF NORTH CAROLINA

COUNTY OF IREDELL

On this 30th day of November, 2005, personally appeared before me, the said named ETHEL LITTLE HUTCHENS, to me known and known to me to be the person described in and who executed the foregoing instrument and she acknowledged that she executed the same, and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public

My Commission Expires: 10-03-06

house plan

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:

X 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

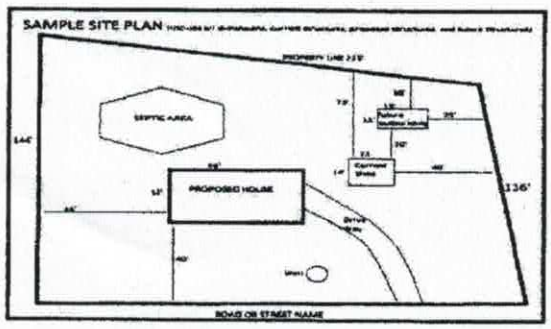
X Front and side setbacks from property line... X Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed... X North arrow, or other sufficient indicator of direction...

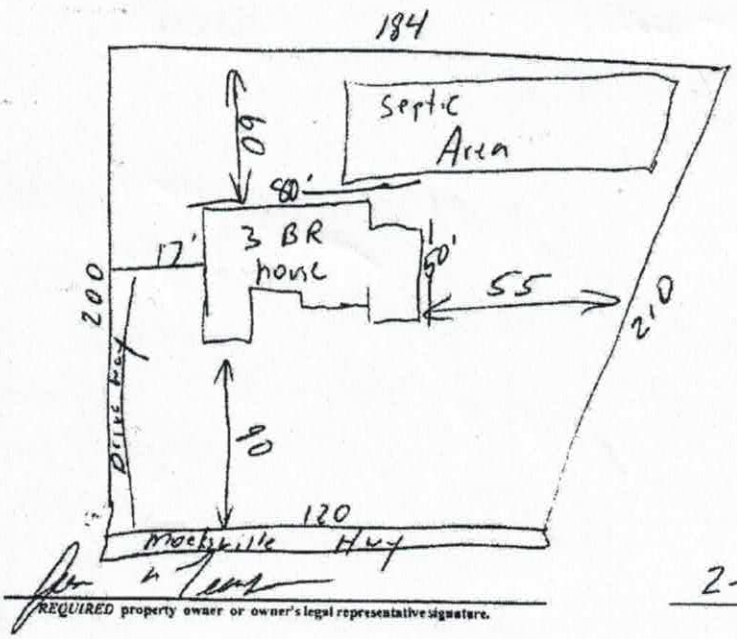
Circle N/A on the following if appropriate:

____ 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

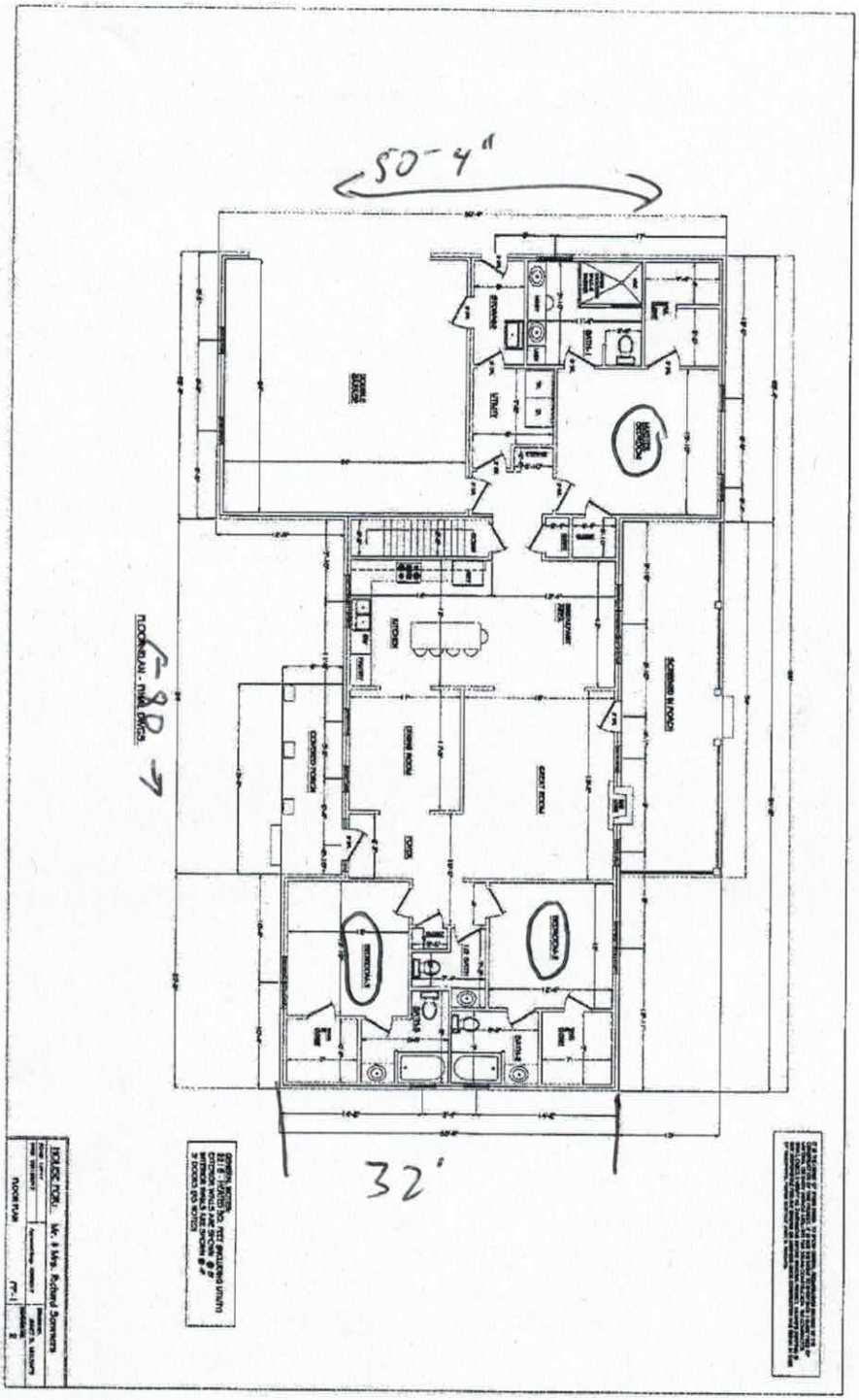


Signature: _____

REQUIRED property owner or owner's legal representative signature.

2-7-19

DATE



Acknowledgement Of
Plans Submittal ONLY!
Tom Shuck Date 2/19/18
Date 2-28-18

IREDELL COUNTY

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

APPLICATION NUMBER
233244
Issue Date: 02/07/2018

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4775344493.000	1059 MOCKSVILLE HIGHWAY, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SOMERS RICHARD EUGENE	Applicant: B & T CONSTRUCTION & D
Address: 1059 MOCKSVILLE HWY STATESVILLE, NC 28625	Address: 159 BOBBITT DRIVE CLEVELAND, NC 270138933
Phone:	Phone: 828-312-0373

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.720	35.00	35.00	15.00	15.00	NOT	X

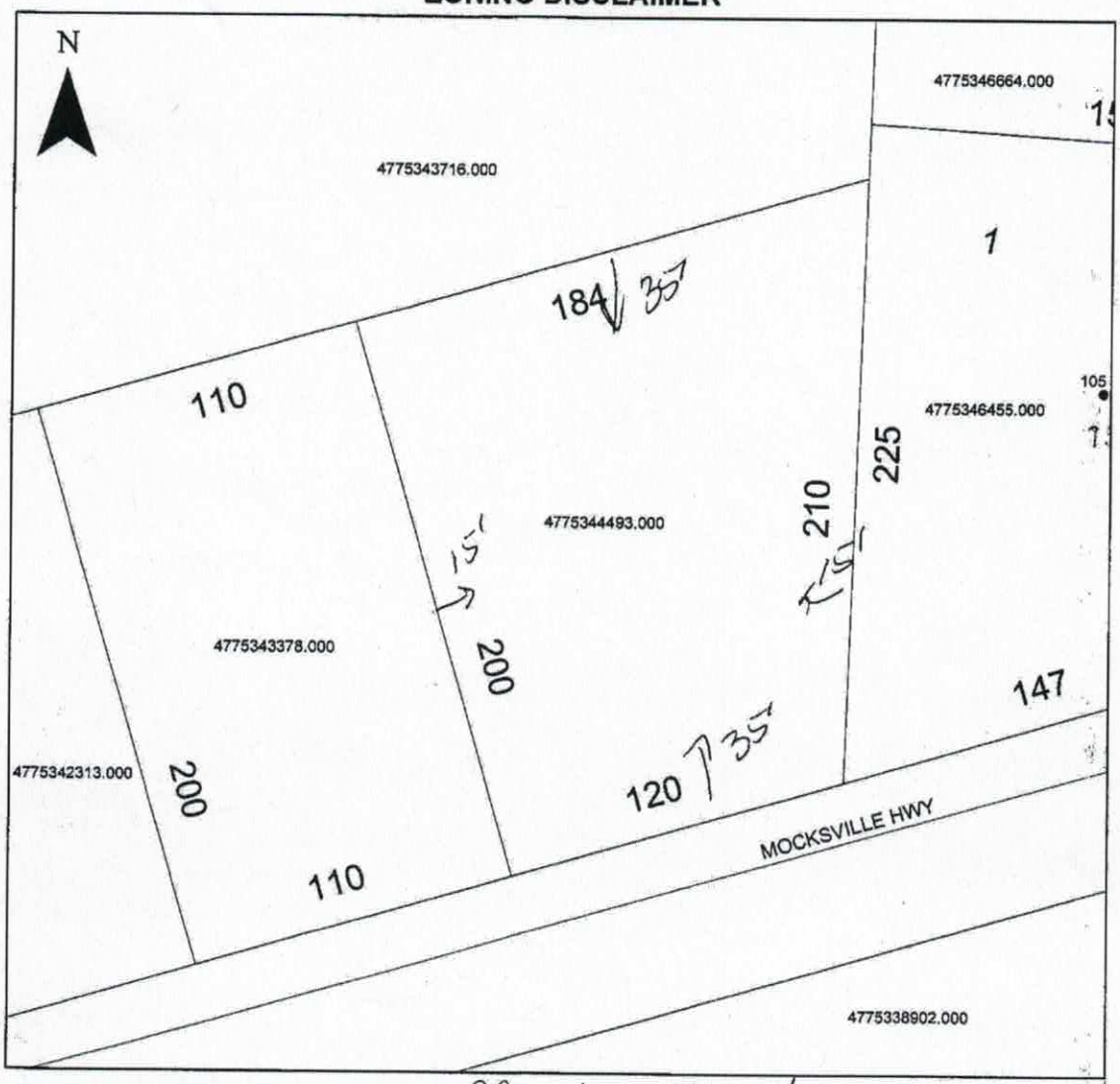
Remarks:

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	127979	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address Mocksville Hwy

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BJT Construction + Development Inc
Applicant

2-7-18
Date