# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (MW)

PERMIT # AP-328283

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

PIN # 4777 -- 72 -- 1171

APPLICANT/OWNER: DAWN TIMSON / HEIDI LAUDER | APPLICANT ADDRESS: 1308 CHATFIELD ROAD, SHELBY, N.C. 28150

SITE ADDRESS: 1314 RIVER HILL ROAD, STATESVILLE, N.C. 28625 | PHONE: 980-320-2973 | ALT. PHONE 704-487-1885

SITE DIRECTIONS: (E) ON 64, (L) ON RIVERHILL, LOT ON (R) | SAP CONTROLLED: ☐ YES ☐ NO EXT

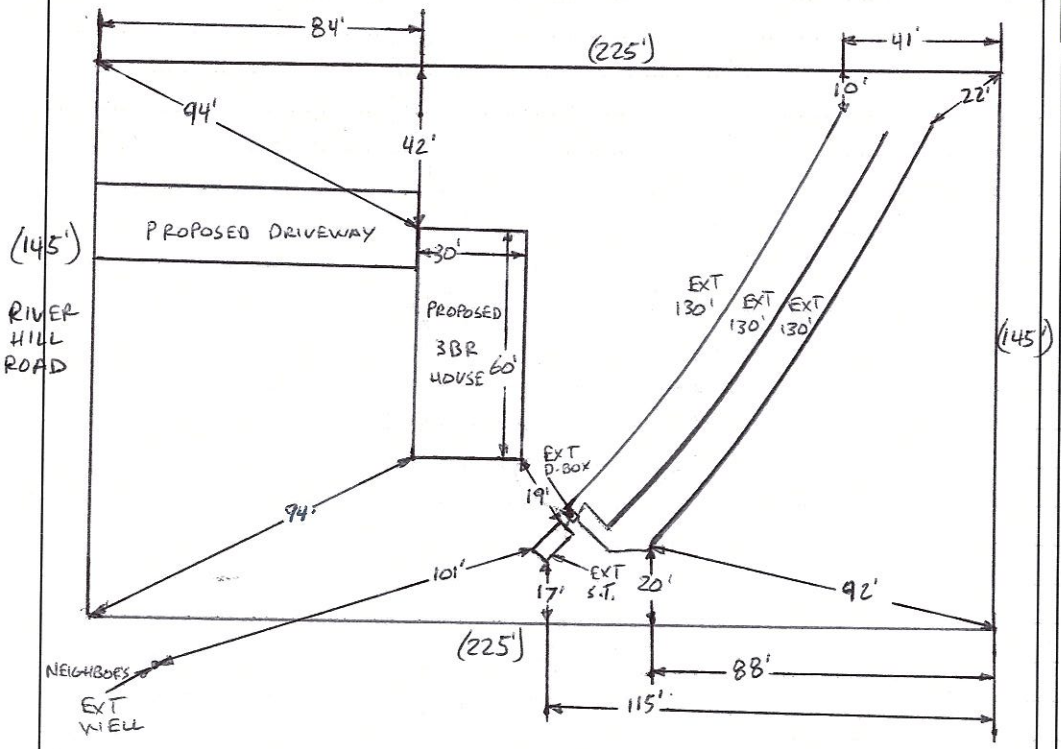
SUBDIVISION: COOLWOOD | SECTION: 1 | LOT # 4 | LOT AREA: 0.75 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: EXT

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | EXT | (gal) | STB EXT | Date | EXT | ☐ New System ☐ Repair ☐ Expansion | System Type: I (II) III IV V VI |
| Pump Tank | — | (gal) | PT — | Date | | System Description: | EXISTING - CONVENTIONAL |
| Pump Make | — | Model | — | Serial # | — | Repair System Description: | EXISTING |
| # Nitrification Fields | EXT | # Lines | EXT | Linear Ft | EXT | Maintenance Agreement Required: | ☐ YES ☑ NO |
| Trench Width | EXT | Trench Bottom Depth(Low side) | EXT | Gravel Depth | EXT | ☑ GRAVITY | ☐ PRESSURE |

☑ Residence | No. Bedrooms 3 | Water Supply: ☐ Private ☑ Public ☐ Community
☐ Business | No. Persons 6
☐ Other | No. Employees —
☐ Slab | ☑ Crawl Space
☐ Basement w/plumbing | ☐ Basement w/o plumbing

Comments / Conditions: SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, SEE PREVIOUS 3BR PERMIT

INITIAL SITE SKETCH




AS BUILT SKETCH

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

1 IN = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING

*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: Heidi Chandler | Date: 4/21/22 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Burnett C. White | Date: 6-17-2022

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


4777-61-6718
River Hill Rd
888
98
757
4777-72-1399
4777-72-3416
6
227
87
137
4777-72-4267
5
40
159
4777-72-1274
1320
132
5
51
225
162
4777-72-4125
145
1314
4777-72-1171
145
4
50
225
140
4777-72-4042
145
1306
4777-71-1966
145
135
48
3
4777-71-3865
225
4777-71-1872

RECEIVED MAY 09 2022

BW

# 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-328283 $250.00

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

**Applicant Information:** (PRINT CLEARLY) Eddie - Clayton Homes 704-293-6269

Applicant Name: Dawn Timson Address: 1308 Chatfield Rd Zip: 28150
Applicant Email: joseph_izzi@yahoo.com Phone: 704-487-1885 Alt. Phone:
Owner Name: Heidi Lauder Address: 304 Dakar Dr. Shelby Zip: 28150
Owner Email: Phone: 980-320-2973 Alt. Phone:

**Property Information:** * Only One Home will Be on this Lot

Street Address: 1314 River Hill Rd Statesville
Subdivision Name: Coolwood Section/Phase: 1 Lot Number: 4
Driving Directions: 115 - N Center St. (R) I-40 E - Exit 154 (L) Old Mocksville Rd (R) Cool Springs (R) River Hill Rd Lot on Left

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

**CHECK FOUNDATION TYPE**

(✓) New Single Family Residence Maximum Number of Bedrooms: 3 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 3 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ( ) Basement without Plumbing
( ) 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:

**Water Supply:** ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 2 Number of Persons: 4

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

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: 1996
( ) 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:** Dawn Timson 4-25-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 0D7D1A2A-0DC9-41DC-8ADC-A2C00B80C410

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
**By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.**

☒ **2.** I, Heidi Lynn Lauder, am the legal owner(s) of the property located at 1314 River Hill Rd, identified as PIN (Parcel Identification Number) 4777721171, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Dillon Timson - Izzi's Mobile Home Movers, 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.

DocuSigned by:
Heidi Lynn Lauder
Signature of Owner(s)

4/25/2022
Date

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

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

DocuSign Envelope ID: [illegible]

# ON-SITE WASTEWATER PRE-INSPECTION CONTRACT

The owner's representative requests an inspection of the on-site wastewater system described herein. The inspection shall be performed in accordance with the Commission rules governing the on-site wastewater system inspection program. Additional information about the inspection program is available from the Commission.

CERTIFIED OSE WASTEWATER SYSTEM INSPECTOR:
David Lynch, Lic #3330


David Lynch
2708 Peachtree Rd
Statesville, NC 28625

Phone (828) 234-9451
dlynchenviro@gmail.com


CLIENT NAME: Heidi Lynn Lassiter
CLIENT COMPANY: Realtor - Patty Bender
CLIENT ADDRESS:
PROPERTY ADDRESS: 1314 River Hill Rd
Statesville, NC 28625
Phone
Phone (704) 800-1611

Services provided shall include:
- [x] Inspection meeting minimum requirements
- [ ] Other (Describe*):

Type II conventional gravity system

Estimated Cost of Services to be provided: $ 200.00

## Inspector is *not required* to:

1) Identify property lines
2) Offer warranties or guarantees of any kind
3) Calculate the strength, adequacy or efficiency of any system components
4) Operate any system or component that does not respond to normal operating controls
5) Move obstructions, including vegetation, structures, personal items, panels, furniture, equipment, snow, ice, or debris that obstruct access to or visibility of the system and any related components
6) Determine the presence or absence of any suspected private environmental conditions or hazardous substances, including mold, contaminants in drinking water and content levels in the building or in soil, air, and water
7) Determine the effectiveness of any system installed to control or remove suspected hazardous substances
8) Predict future conditions, including failure of components
9) Project operating costs of components
10) Evaluate acoustical characteristics of any system or components
11) Inspect underground components that are not listed as components to be inspected
12) Confirm sizing, design, or calculations
13) Evaluate conditions caused by improper installation or poor workmanship
14) Evaluate for the presence or existence of buried fuel storage tanks
15) Evaluate the system for proper piping design, or use of proper materials
16) Perform a hydraulic load test on the system

## Inspector is *not required* to report on:

1) Life expectancy of any component or system
2) The causes of the need for a repair
3) The methods, materials and costs of corrections
4) The suitability of the property for any specialized use
5) The market value of the property or its marketability
6) The advisability or inadvisability of the purchase of property
7) Normal wear and tear to the system

## Inspector is *required* to report on:

1) Uncover tank lids and distribution devices so as to gain access unless blocked. The distribution box may remain covered if the inspector has an alternate method of observing its condition.
2) Probe system components where deterioration is suspected
3) Report the methods used to inspect the on-site wastewater system
4) Open readily accessible and readily openable components except when access is obstructed or when access could damage the system or property
5) Report signs of abnormal or harmful water entry into or out of the system or components

As required by 21 NCAC 53 .1202 (a) (1) this contract must be provided by inspector and signed by client or client's representative prior to inspection being performed.

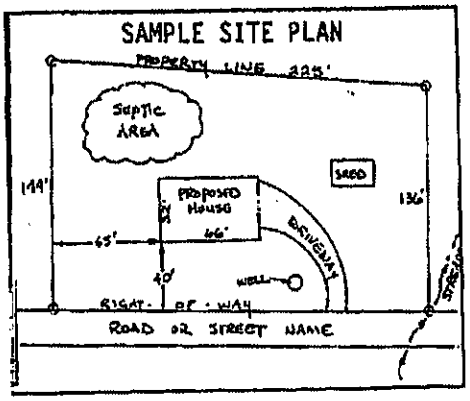
Acknowledgement of inspection scope above and permission to access property is hereby granted.
Signature below acknowledges receipt of copy of this contract.

3/30/22
Signature of Client or Client's Representative — Date

DocuSigned by:
3/29/2022
Signature of Inspector — 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
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

**Circle N/A on the following if appropriate:**

| | |
|---|---|
| Location of septic systems and wells within 100' of your property | N/A |
| Location of easements and rights of ways on your property | N/A |
| Location of any designated wetlands on the property | N/A |

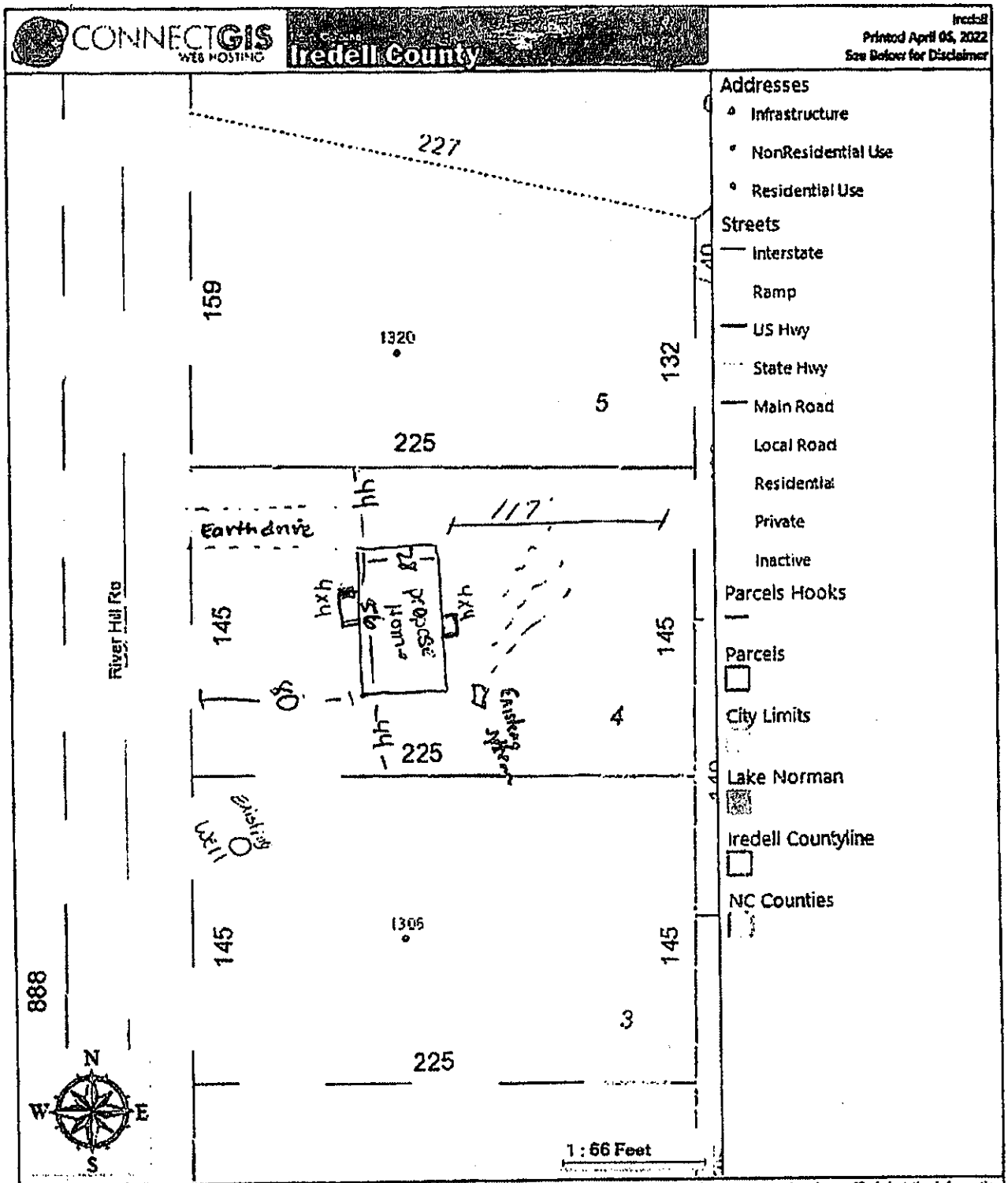
## USE THIS SPACE TO DRAW YOUR SITE PLAN

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

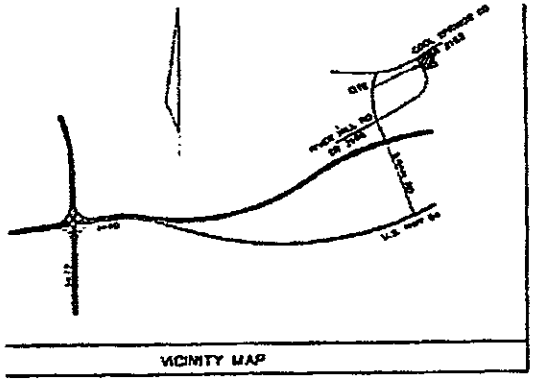
See attached

**Signature:** Dawn P Tinnin
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-25-2022
DATE




The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000$€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.




COOL SPRINGS ROAD

S.R. 2163

RIVER HILL ROAD
N.C.D.O.T. PUBLIC R/W

S.R. 2166

FUTURE DEVELOPMENT

SILVERWAVE PROPERTIES, INC.
DEED 937 PG.1380

GENE INGLE
DEED 587-102

WILLIAM C. ANDERSON
& wife ALMA JOYCE ANDERSON
DEED 450-206

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
PROPOSED SUBDIVISION ROAD
CONSTRUCTION STANDARDS CERTIFICATION

NOTES:
1. THE MINIMUM BUILDING SETBACK LINES ARE AS FOLLOWS:
   DISTANCE FROM R/W 35 FEET
   DISTANCE FROM SIDE PROPERTY LINE 15 FEET
   ADJOINING STREET 25 FEET
   DISTANCE FROM REAR PROPERTY LINE 25 FEET
2. THIS PROPERTY IS CURRENTLY ZONED: RA.
3. ALL ROADS SHOWN HEREON ARE INTENDED TO BE DEDICATED TO THE PUBLIC PENDING RECOMMENDATIONS BY THE NORTH CAROLINA DEPARTMENT OF TRANSPORTATION.
4. THE SMALLEST PROPOSED LOT AREA IS 0.79 ACRE.
5. THIS SUBDIVISION DOES NOT LIE WITHIN A FLOOD HAZARD AREA PER FIRM# 3720315-01250 IREDELL COUNTY
6. THIS PLAT CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A ZONING ORDINANCE THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND
7. ALL LOTS SUBJECT TO 10' UTILITY AND DRAINAGE EASEMENTS. SEE LOT 9.
8. NO NCGS MONUMENT WITHIN 2500'.
9. THIS PROPERTY DOES NOT LIE WITHIN A PUBLIC WATERSHED AREA.

CERTIFICATION:
I, JACK R. CHRISTIAN, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 937 PAGE 1380 OF THE PUBLIC REGISTRY FOR IREDELL COUNTY); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK ____ PAGE ____; THAT THE RATIO OF PRECISION IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 20TH DAY OF JANUARY A.D., 1995.

JACK R. CHRISTIAN, L-2824

NOTARY STATEMENT:
NORTH CAROLINA, MECKLENBURG COUNTY.
I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT JACK R. CHRISTIAN, A REGISTERED LAND SURVEYOR, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 20TH DAY OF JANUARY

GAIL H. CHRISTIAN, NOTARY PUBLIC

MY COMMISSION EXPIRES FEBRUARY 27TH, 1998

NOTE:
AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT THE PERMIT WILL BE ISSUED.

GRAPHIC SCALE
( IN FEET )
1 inch = 100 ft.

All lots on this plat are subject to all drainage easements of record (including as shown on this plat) and any natural occurring drainage easements as revealed on an actual physical survey of property.

STATE OF NORTH CAROLINA - IREDELL COUNTY

| CURVE | RADIUS | LENGTH | CHORD | BEARING |
|---|---|---|---|---|
| C1 | 50.00 | 31.44 | 30.92 | S 69°52'37" W |
| C2 | 50.00 | 31.28 | 30.78 | S 69°52'37" W |
| C3 | 50.00 | 31.28 | 30.78 | S 69°52'37" W |
| C4 | 50.00 | 39.25 | 38.22 | N 87°51'11" W |
| C5 | 50.00 | 39.25 | 38.22 | S 24°21'11" W |
| C6 | 50.00 | 39.09 | 38.07 | S 24°21'37" W |
| C7 | 50.00 | 39.09 | 38.07 | N 21°46'26" W |

RECORD PLAT
FOR

# COOLWOOD SUBDIVISION
# PHASE 1

OWNER/DEVELOPER: SILVERWAVE PROPERTIES, INC.
CASH MONROE ROAD
CHARLOTTE NC 28212
PHONE (704)-532-4327

COOL SPRINGS TOWNSHIP
IREDELL COUNTY NORTH CAROLINA

JACK R. CHRISTIAN & ASSOCIATES
-SURVEYING-
PHONE (704) 333-4703 FAX (704) 375-0127

JANUARY 25, 1995

11:00

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 24800 DATE 9-10-96 TAX MAP NO. 111-2-A-4 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Paul Sprinkle PHONE: Business 662 8436 Home

ADDRESS PO Box 1101 Mooresville 28115

LOCATION 645 TR Oldmocksville TR Coolsp. TR Riverhill 3rd lot 1 left

SUBDIVISION Coolwood BLOCK / SECTION LOT 4 LOT AREA 145X225 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons: STB 1794 Date 10-19-95 ☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

Pump Tank: Gallons: PT Date System Description: Conv. Gravity

Pump Make: Model Serial No. Repair System Description: Conv. Gravity

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 Maintenance Agreement Required: ☐ Yes ☑ No

No Lines 3 Trench Width 36" Max Trench Bottom Depth 31" Gravel Depth 12" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

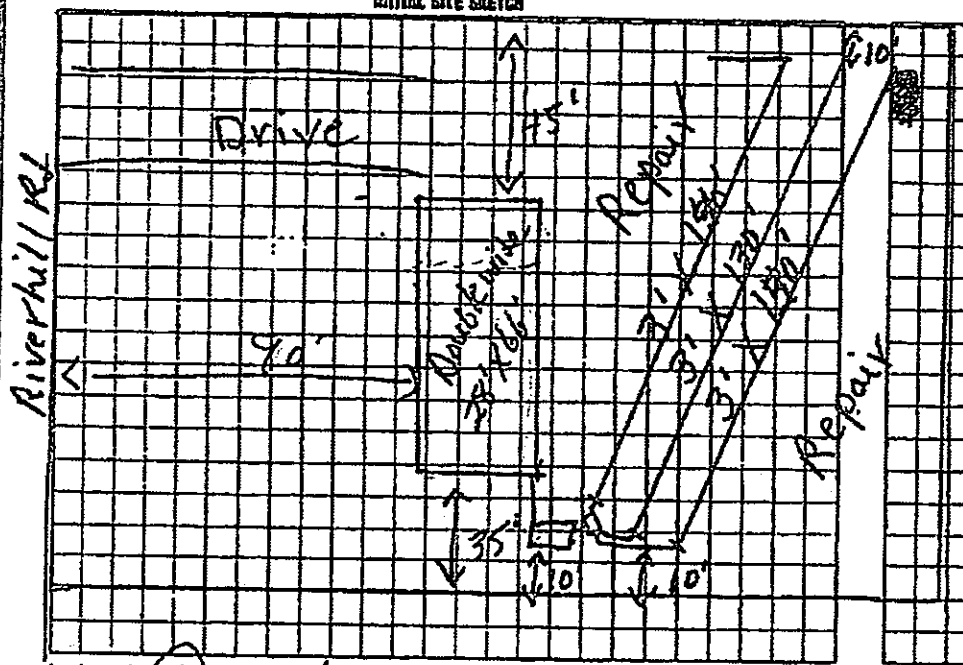
No. Bedrooms 3 No. Bathrooms 2 No. Employees

Water Supply: ☐ Individual ☐ Community ☑ Public

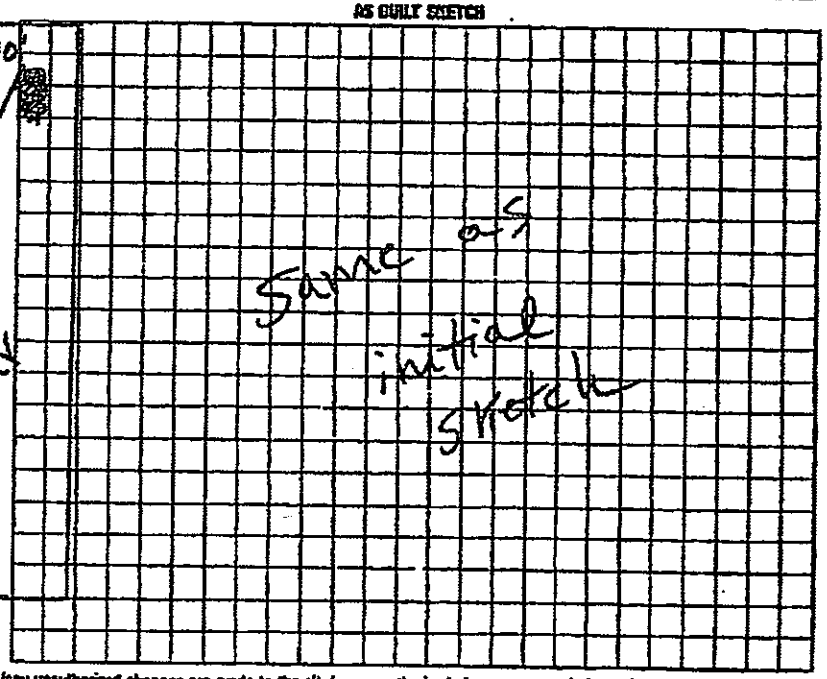
Comments:

Comments:

INITIAL SITE SKETCH




AS BUILT SKETCH




I understand that this 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.

Signed: X Paul Sprinkle

Improvement Permit by: R.C. moore date 9-10-96

Existing System Inspection by: Authorization to cover R.C. moore date 9-10-96

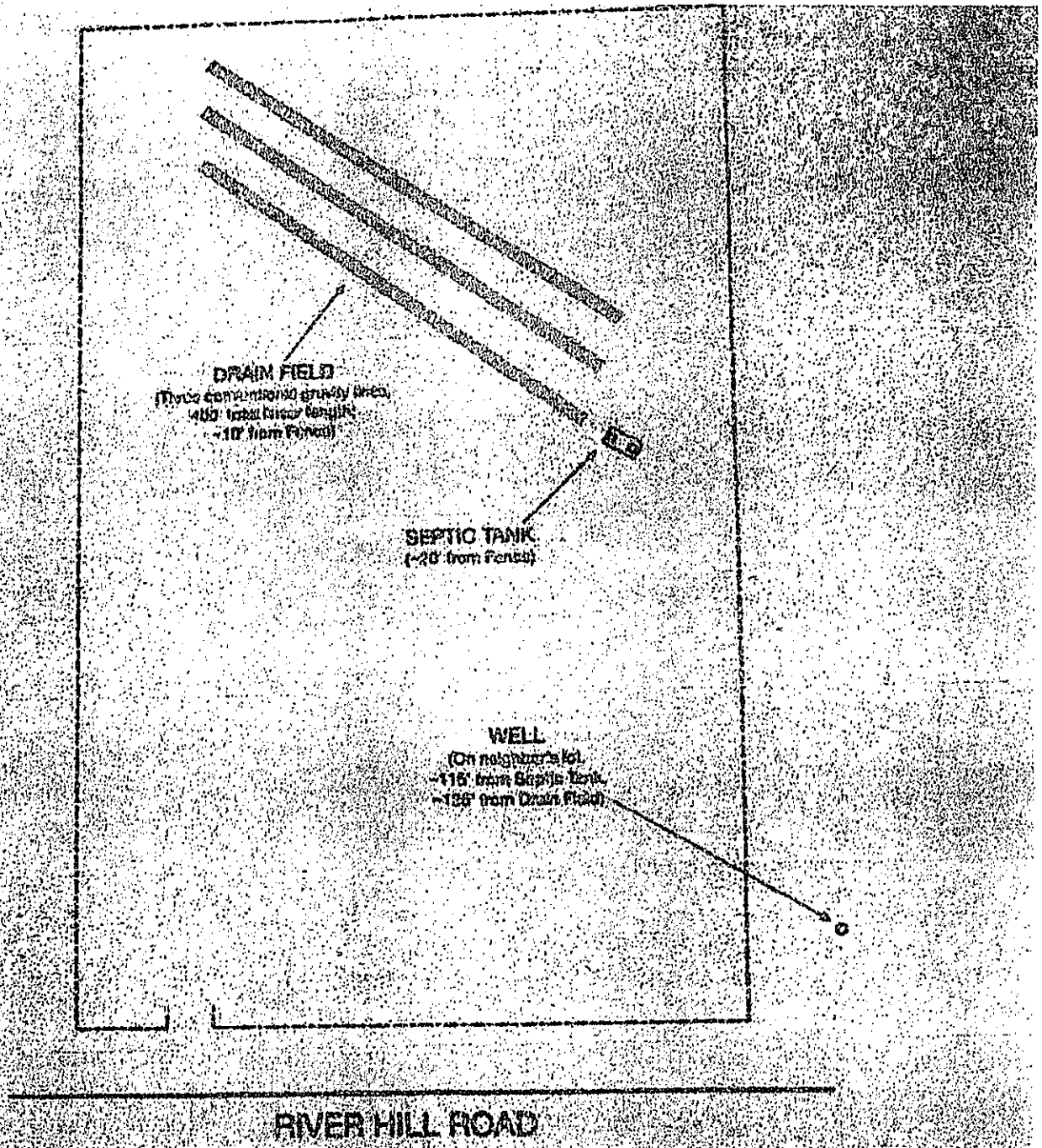
Installed by: A-1 Backhoe

Certificate of Completion by: date

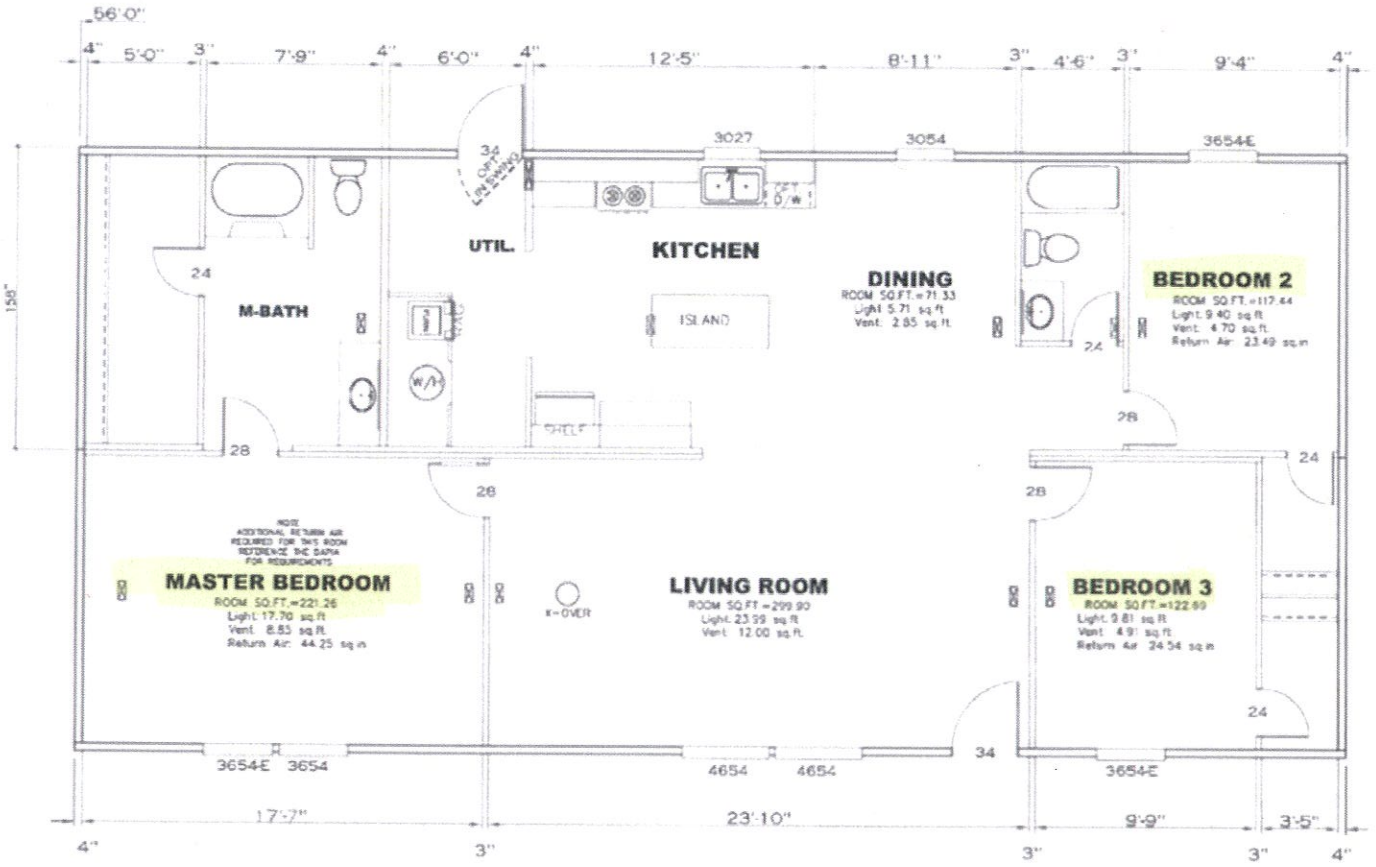
Operation Permit by: R.C. moore date 9-19-96

(HEALTH DEPT. COPY WHITE) (INSPECTION COPY (INITIAL): CANARY) (OWNER COPY (INITIAL): YELLOW) (INSPECTION COPY (INITIAL): PINK) (OWNER COPY (INITIAL): GOLD)

Authorization to cover EXPIRES 60 MONTHS FROM I.S.L.




# 1314 River Hill Rd
# Statesville, NC 28625
# 2022 March 29
## (Not to scale)




Acknowledgement Of Plans Submittal ONLY!

Date 6/21/22

Date 6-17-2022

APPROVED IRC APPROVED

APR-5 2017

FP-28-4898

Federal Manufactured Home Construction And Safety Standards

1,475 SQ.FT. (STD PLAN "CONDITIONED"

N/A SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED"

| | | |
|---|---|---|
| TRU HOMES | Model #: "RU20563R | Drawing #: |
| | Date: 1 9 12 Scale: N T S | TRU-M003-56-3 |
| Product Designer: Harmon© | 28' x 56' Thrd | |
| Floor Plan | | REV 3/30/2017 11:40:09 AM, Hutting |

IREDELL COUNTY · NC

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

**APPLICATION NUMBER**

**328283**
Issue Date: 05/02/2022

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4777721171.000 | 1314 RIVER HILL RD | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: LAUDER HEIDI L | Name: DAWN TIMSON |
| Address: | Address: 1308 CHATFIELD RD |
| , | SHELBY , NC 28150 |
| Phone: | Phone: (704)487-1885 |

| Use Requested | Zone Code |
|---|---|
| Double-Wide Mobile Home | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0 | 35 | 35 | 15 | 15 | N/A | NO |

**Remarks**

DWMH *NEEDS SIGNED ZONING DISCLAIMER*

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

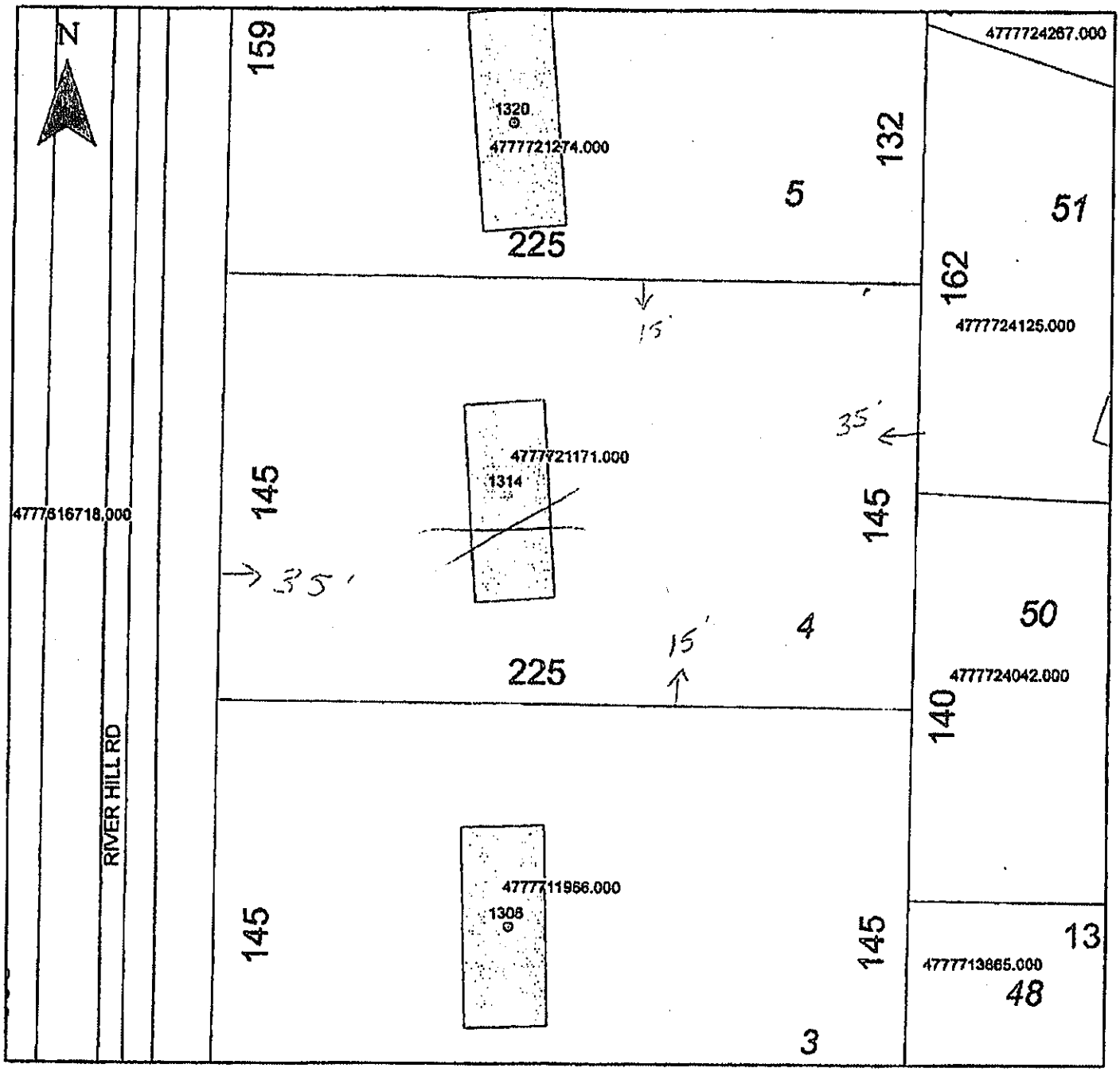
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

**Date:** 05/02/2022

| Permit Number | 328283 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 1314 River Hill Rd.

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.

Dawn Tinsion

Applicant

5-2-2022

Date