ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-317380

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

PIN # 4788 -- 51 -- 1326

APPLICANT/OWNER: PAUL & KAY CLENDENNING APPLICANT ADDRESS: 232 STROUD ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 237 STROUD ROAD, STATESVILLE, N.C. 28625 PHONE: 704-450-9592 ALT. PHONE —

SITE DIRECTIONS: E ON 64, (L) ON SOCIETY, (L) ON VAUGHT MILL, (R) ON STROUD, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

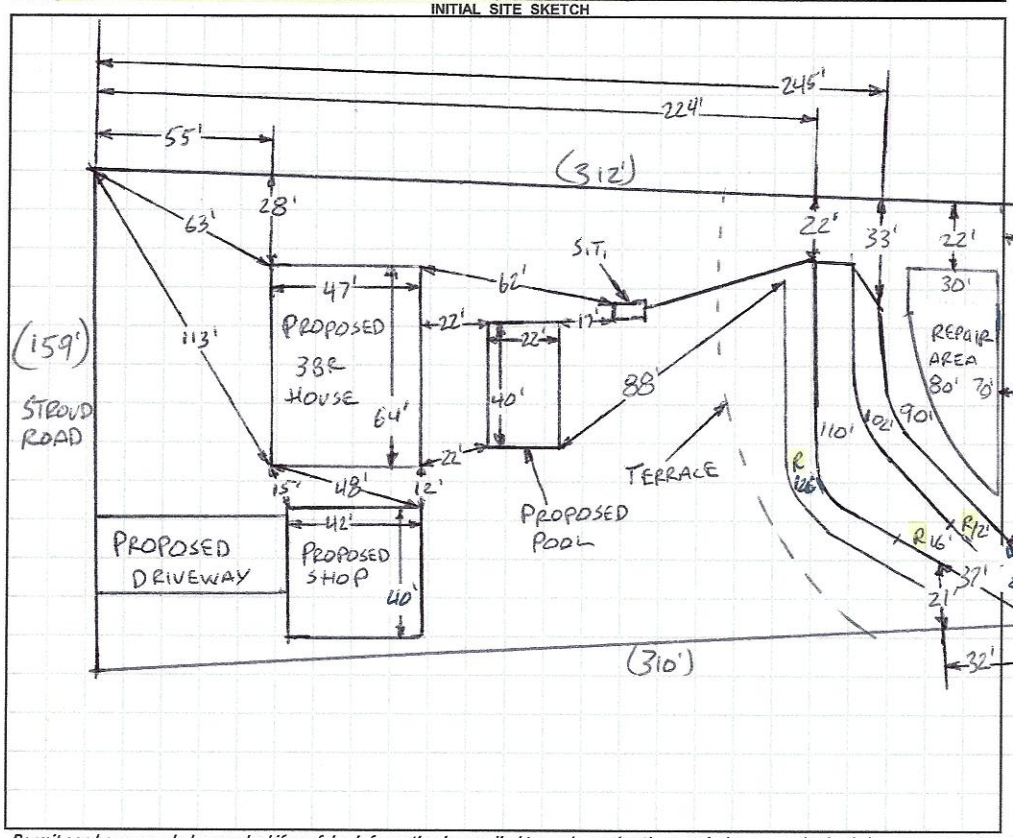
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.01 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	$54	Date	1-17-72	☑ 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:	50% REDUCTION	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	3	Linear Ft:	302 ft	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	23 IN	Gravel Depth	—	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 6FT CENTERS
UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS
DO NOT EXCEED A 36IN MAX TRENCH BOTTOM

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 = 60 FT
S.T. = SEPTIC TANK
R = REPAIR

Installed as permitted

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.* [**UTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 7-20-21 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-20-2021 OPERATION PERMIT by: [signature] Date: 4/11/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-20-2021 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4728-51-1326
DATE OF EVALUATION: 6-2-2021
COUNTY: IREDELL

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	TERRACE 3%	0-24	FILL	MIXED	SAP INC THRU OUT MICA COMMON	82"+	NA	N/A	PS .3 FILL REMOVED
		24-48	C, ABK	~~FR,SS~~,P,SEXP					
		48-82	CL, WABK	FR,SS,SP,SEXP					
2	LINEAR SIDE 4% LOW PLACE	0-8	FILL	MIXED	SAP INC THRU OUT FEW FI MICA COMMON	42"+	PS II SL	N/A	PS .3
		8-21	C, ABK	FR,SS,SP,SEXP					
		21-42	CL, WABK	FR,S,P,SEXP					
		42-62	SAP, MAS	VFR,SS,SP,SEXP					
3	LINEAR SIDE 9%	0-10	FILL	MIXED	SAP INC THRU OUT HEAVY IN CL MICA COMMON	60"+	NA	N/A	PS .3
		10-28	C, ABK	FR,S,P,SEXP					
		28-60	CL, WABK	FR,SS,SP,SEXP					
4	LINEAR SIDE 12%	0-7	FILL	~~MIXED~~ FILL	SAP INC THRU OUT FEW FI MICA COMMON	58"+	NA	N/A	PS .3
		7-36	C, ABK	FR,S,P,SEXP					
		36-58	CL, WABK	FR,SS,SP,SEXP					
5	LINEAR SIDE 4%	0-6	FILL	MIXED	SAP INC THRU OUT MICA COMMON	63"+	N/A	N/A	PS .3
		6-31	C, ABK	FR,S,P,SEXP					
		31-63	CL, WABK	FR,SS,SP,SEXP					

COMMENTS:

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

Sheet 1 of 2
PROPERTY ID #: 4788 51 1326
COUNTY: Iredell

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

OWNER: Paul & Kay Clendenning
ADDRESS: 232 Straud Rd
PROPOSED FACILITY: 3 bd/r Home
LOCATION OF SITE: 237 Straud Rd, Statesville
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 4/30/21
DATE EVALUATED: 6/2/21
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 1.01
PROPERTY RECORDED: Yes
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	Linear 3%								
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% red	50% red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Bryant White

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4788511326
DATE OF EVALUATION: 6/2/21
COUNTY: Iredell

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	Terrace 3%	0-24	Fill	Mixed		80	Mang inc at 40	Sap inc at 40	.3 PS
		24-40	C ABK	SS SP FR SE					
		40-80	CL w ABK	SS SP FR SE					
2	Linear 3%	0-6	Fill	Mixed		37	Mang inc at 14	Sap at 37	.3 PS
		6-14	C ABK	SS SP FR SE					
		14-37	CL w ABK	SS SP FR SE					
		37-63	SAP						
3	Linear 6-7%	0-12	Fill	Mixed		60	—	Sap inc at 28	.3 PS
		12-28	C ABK	SS SP FR SE					
		28-60	CL w ABK	SS SP FR SE					
4	Linear 10%	0-7	Fill	Mixed		64	Mang inc at 34 to 38	—	.3 PS
		7-32	C ABK	SS SP FR SE					
		32-64	CL w ABK	SS SP FR SE					
5	Linear 3%	0-7	Fill Plow	Mixed		63	Mang inc at 34	—	.3 PS
		7-31	C ABK	SS SP FR SE					
		31-63	CL w ABK	SS SP FI SE					

COMMENTS:

Road
135
69
36
180
30
20
32
40
112
104
11
11
42
42
1
2
3
4
5

RECEIVED APR 30 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

$500.00

PAGE 1: *APPLICATION FORM* AP-317380

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: Paul + Kay Clendenning Address: 232 Stroud Rd Zip: 28625
Applicant Email: Firebird6718@gmail Phone: 704 450 9592 Alt. Phone: _____
Owner Name: William + Melinda Gryder Address: 232 Stroud Rd Zip: 28625
Owner Email: melindagryder@yahoo Phone: 704 880 2341 Alt. Phone: _____

Property Information:

Street Address: 237 Stroud Rd Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 64 E, left on Society Rd, left on Vaughn Mill Rd, left on Stroud Rd, property on left across from 242 Stroud

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

(✓) 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: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Paul C Clendenning Kay M C Clendenning 4-30-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

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, William & Melinda Gryder, am the legal owner(s) of the property located at 237 Stroud Rd, identified as PIN (Parcel Identification Number) 4788511326.000, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Paul & Kay Clendenning, 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.

Melinda C. Gryder William T. Gryder — Signature of Owner(s)

4-30-21 — Date

Mooresville - Environmental Health

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

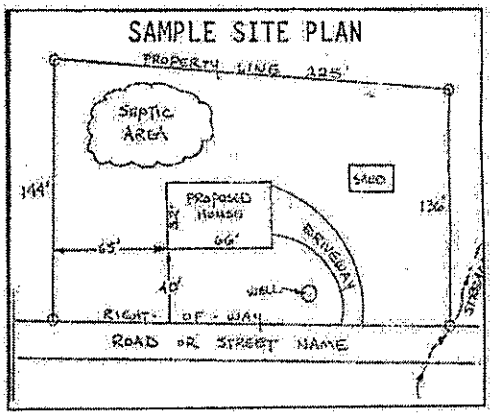
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

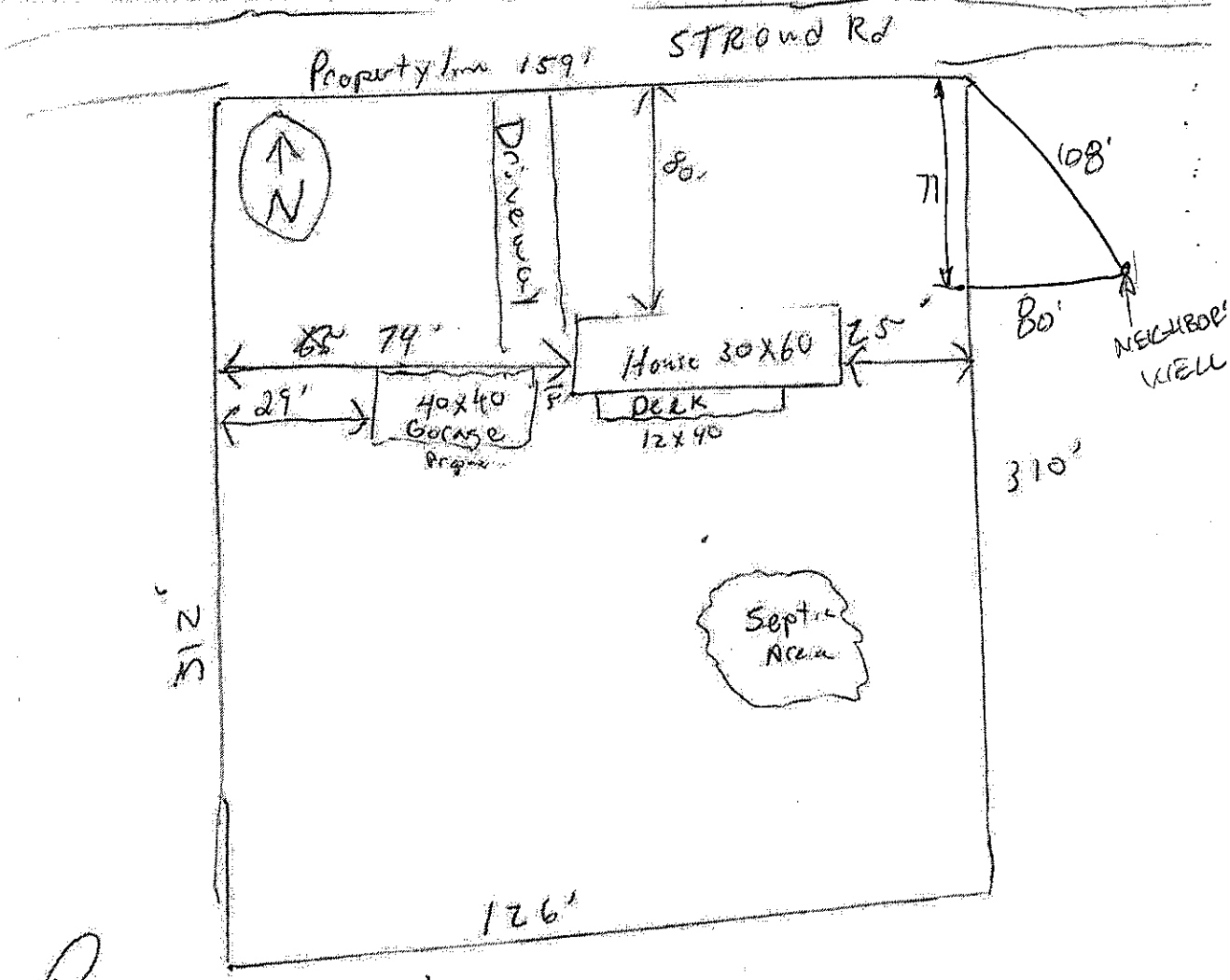
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: Kay M Clendenning 4-30-21

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 317380

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

PIN # 4788 -- 51 -- 1336

APPLICANT/OWNER: Paul & Kay Clendenning APPLICANT ADDRESS: 232 Stroud Rd

SITE ADDRESS: 237 Stroud Rd, Statesville PHONE: 704-450-9592 ALT. PHONE

SITE DIRECTIONS: Hwy 64 E - Left Society Rd - Left Vaugh Mill Rd - Left Stroud Rd SAP CONTROLLED: ☐ YES ☒ NO

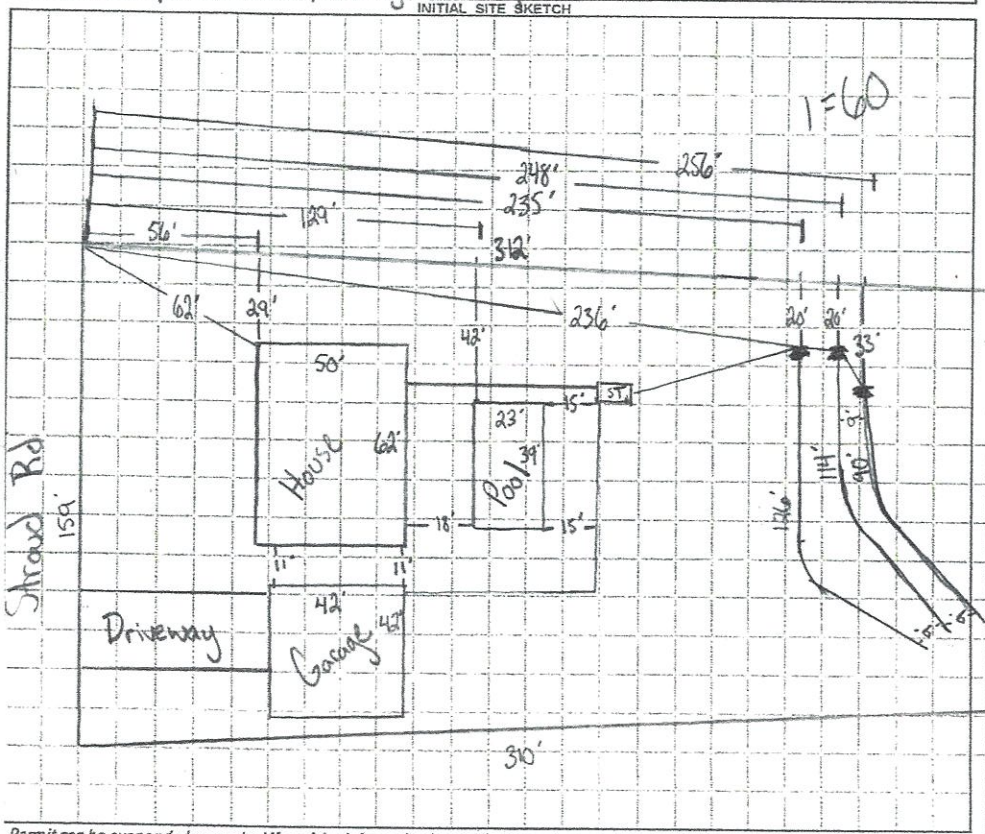
SUBDIVISION: SECTION: LOT # LOT AREA: 1.01 Acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB		Date		☒ 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:	50% reduction			☐ Other	No. Employees	
# Nitrification Fields	1		# Lines	3	Linear Ft	330	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	
Trench Width	36		Trench Bottom Depth (~~Min-Max~~)		36 in max		Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install drain lines on contour of the land. Must utilize serial distribution. Do not exceed 36 in trench bottom. Do not park, drive, or grade septic area.

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.

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.*

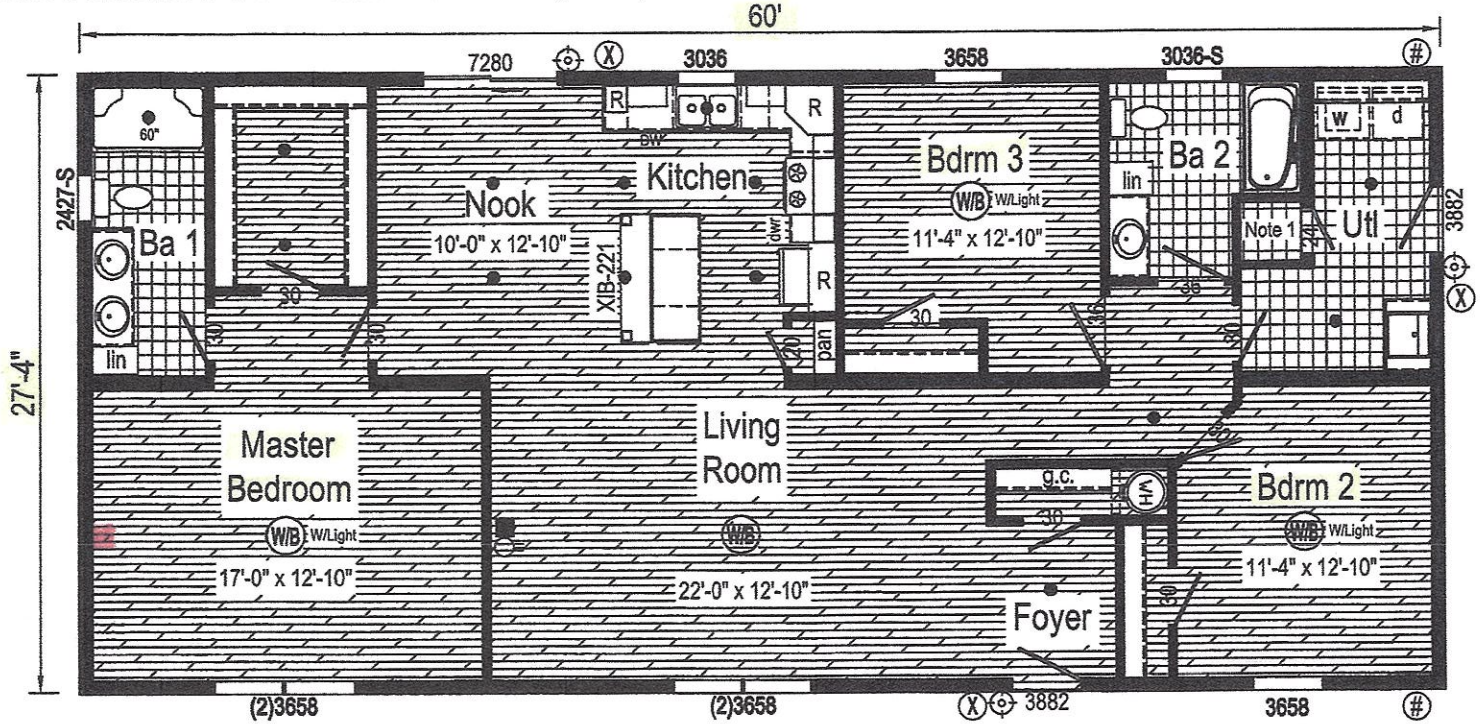
Owner / Applicant Signature: Cory Wm Date: 6/3/21 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.



LEGEND

W/B =WIRE AND BRACE | =STANDARD FAN | =FLOOD LIGHT | # =HOSE BIBB | X =EXT GFCI | X =EXT GFCI UNDER LIGHT | =BATH LIGHT/FAN COMBO | =VENTILATION FAN

=STANDARD LIGHT | R =RECESSED CAN LIGHT | T =THERMOSTAT | =PHONE JACK | =TV JACK | J =JUNCTION BOX | F =FIRE EXTINGUISHER

Note 1: Provide 22"x22" rough opening in floor of furnace closet for on-site HVAC chase with std. return air in ceiling and 18" flex duct run into ceiling for furnace closet with 45amp breaker and 6-6-8 wire run below floor under panel box location for on site furnace. Run wire under floor for on-site exterior GFCI receptacle under panel box location.

For Engineering Department Of Plans Submittal ONLY!

Date

Date

IMPORTANT NOTES:

1. LOCATIONS OF RECEPTS / LIGHTS / SWITCHES / FANS / FLOOR AND CEILING REGISTERS ARE SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS
2. **PRODUCTION OF HOME MAY VARY FROM LIT OR PERMIT PRINTS WITHOUT NOTICE, DUE TO UNSEEN CODE OR CONSTRUCTION CHALLENGES AT THE TIME PRODUCTION PRINTS ARE PRODUCED.**

HOME CANNOT BE BUILT UNTIL THE CUSTOMER HAS SIGNED OFF ON ALL PAGES. FOLLOWING CUSTOMER SIGN OFF, PLANS AND SPECS WILL BE SENT TO 3RD PARTY FOR STAMPED APPROVAL. ANY CHANGES AFTER SIGNOFF WILL RESULT IN A MINIMUM $500.00 ENGINEERING FEE.

Home Owner: Lay M C Clendenning Date: 5-29-2021

Date: 5-29-2021

Retailer: Date: 5-29-2021

1BL1002-RB22 2860 Approx. 1640 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 2860	Revisions	Scale: 1/8" = 1'-0"	Date: 05/25/2021	Cust: CLENDENNING	Model/Eng. No.: 1BL1002-RB22
Title: Literature		Drawn By: RR	Reference: NONE		Dir: SELECT MOCKSVILLE S/N: .	Pg.: LIT

IREDELL COUNTY · NC

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

APPLICATION NUMBER

317380
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4788511326.000		Iredell County

Owner Information	Applicant Information
Name: GRYDER WILLIAM T+MELINDA C	Name: GRYDER WILLIAM T+MELINDA C
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.01	35	35	15	15		NO

Remarks
SFD

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

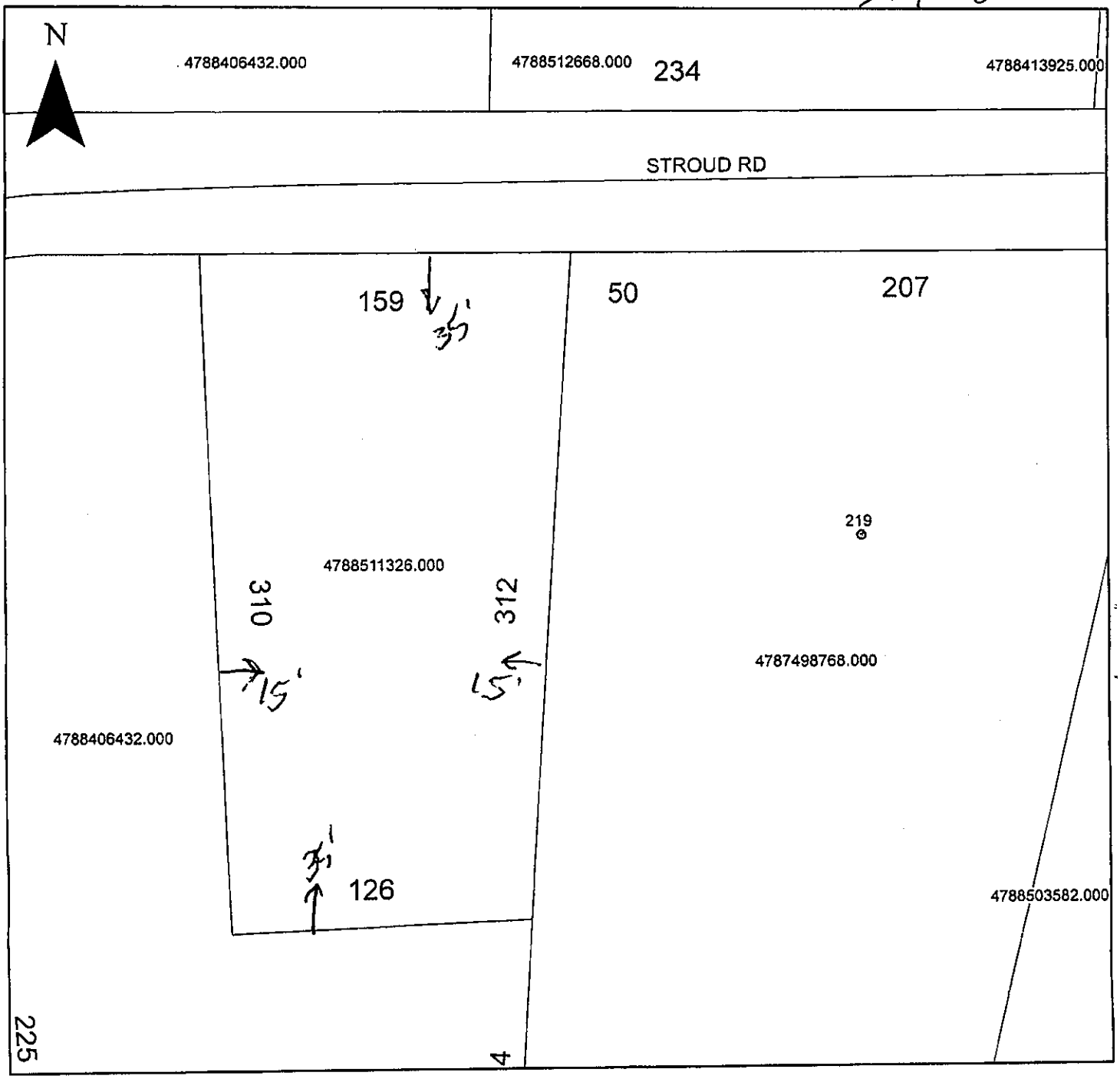
Date: 04/30/2021

Signature of Owner/Contractor

Permit Number	317380	TOTAL FEES:	$77.25

ZONING DISCLAIMER

317380



Property Address 231 Stroud 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.

Applicant

4-30-21

Date