IREDELL COUNTY HEALTH DEPARTMENT

CC

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243528

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

PIN # 4789405623

APPLICANT/OWNER: HANNAH + DILLON CARTNER APPLICANT ADDRESS: 143 CARTNER ROAD, STATESVILLE, NC 28625

SITE ADDRESS: 217 CARTNER ROAD, STATESVILLE, NC 28625 PHONE: 704-880-2991 ALT. PHONE 704-437-3559

SITE DIRECTIONS: (E) ON 901, (R) ON RIMROCK ROAD, (L) ON CARTNER, LOT ON (R) SAP CONTROLLED: [x] YES [ ] NO

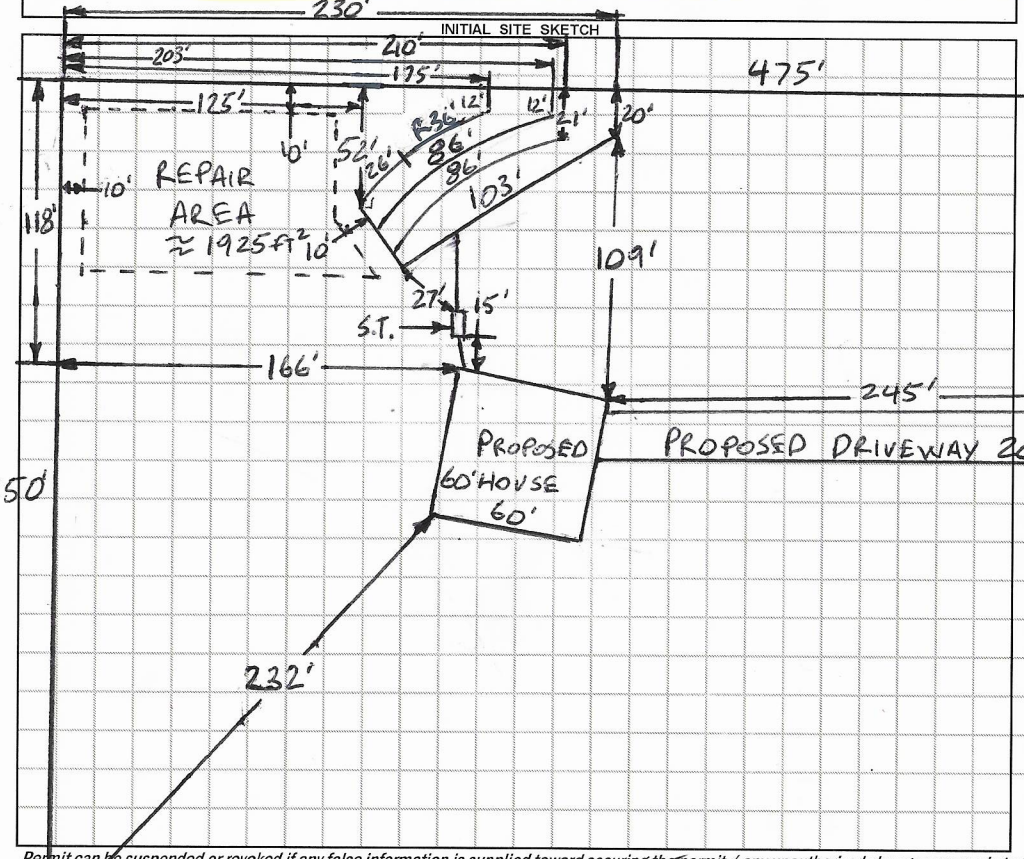
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 4AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	10-10-19	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms	3	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			[ ] Business	No. Persons	6	[ ] Private	
Pump Make	—		Model	—	Serial #	—	Repair System Description:	25% REDUCTION			[ ] Other	No. Employees		[x] Public	
# Nitrification Fields	1		# Lines	4	Linear Ft	300	Maintenance Agreement Required:	[ ] YES	[x] NO		[ ] Slab	[ ] Crawl Space		[ ] Community	
Trench Width	36 IN		Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—	[x] GRAVITY	[ ] PRESSURE			[x] Basement w/plumbing			[ ] Basement w/o plumbing	

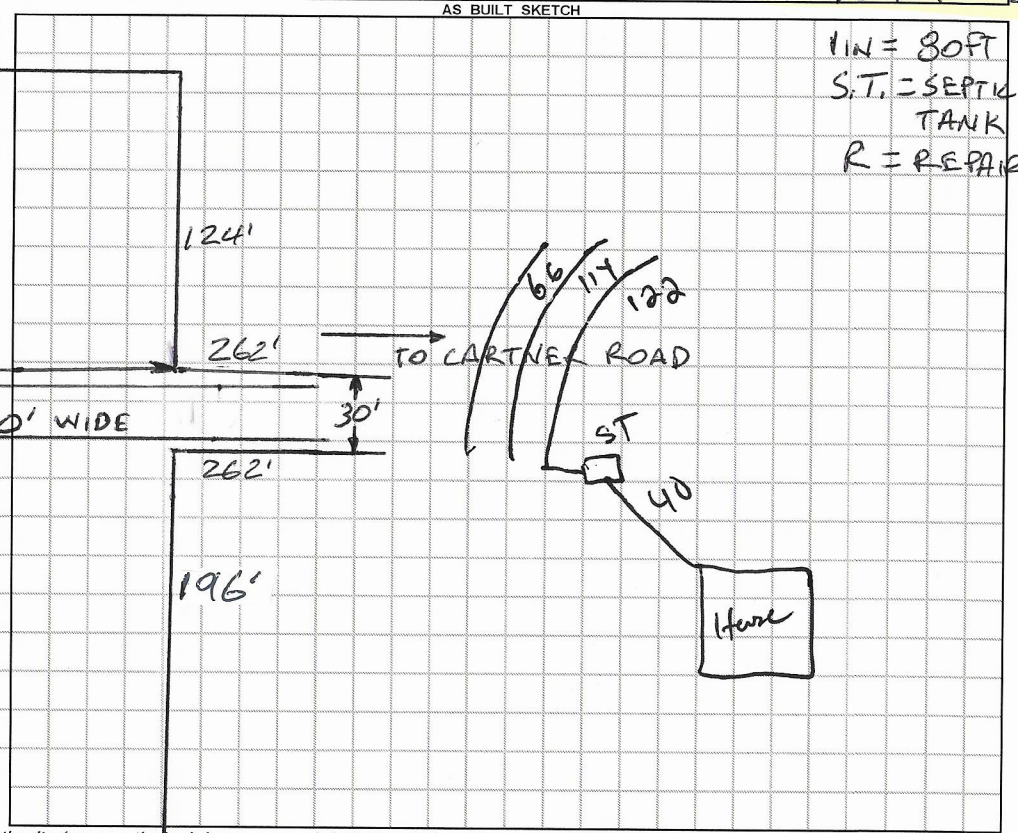
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT ON CENTER, MAINTAIN PROPER SETBACKS TO BASEMENT CUT

MAINTAIN 100FT FROM ALL WELLS IF CONCERNS OR QUESTIONS ARISE CALL BRYANT WHITE @ 704-902-8273

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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Hannah Cartner Date: 5/9/19 Installed by: Lantz Wastewater

IMPROVEMENT PERMIT by: Bryant C. White Date: 5-8-19 OPERATION PERMIT by: Date: 12-19-19

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 5-8-19 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 1 of 2
PROPERTY ID #: 4789405623
COUNTY: IREDELL

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

OWNER: HANNAH & DILLION CARTNER
ADDRESS: 143 CARTNER ROAD, STATESVILLE, NC 28625
APPLICATION DATE 4-15-19
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
DATE EVALUATED: 4-18-19
LOCATION OF SITE: 217 CARTNER ROAD, STATESVILLE, NC 28625
PROPERTY SIZE: 4AC
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: YES
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
1	15% RIDGE	0-12	ABK MIXED PLOW,	FR, SS, SP, SEXP	O.M.	50"	PS	NA	PS
		12-24	C, SBK	FR, S, P, SEXP	SAP		II		.3
		24-50	CL, WSBK	FR, SS, SP, SEXP	INC		SL		
		50-60	SAP, MAS	FR, NS, NP, SEXP	MICA				
2	15% LINEAR SIDE	0-15	ABK MIXED PLOW	FR, SS, SP, SEXP	O.M.	45"	PS	NA	PS
		15-29	C, SBK	FR, S, P, SEXP	SAP		II		.3
		29-45	CL, WSBK	FR, SS, SP, SEXP	INC		L		
		45-66	SAP, MAS	FR, NS, NP, SEXP	MICA				
3	15% LINEAR SIDE	0-12	ABK MIXED PLOW,	FR, SS, SP, SEXP	O.M.	45"	PS	NA	PS
		12-45	CL, SBK	FR, SS, SP, SEXP	SAP		II		.3
		45-62	SAP, MAS	FR, NS, NP, SEXP	INC		L		
					MICA				
4	15% LINEAR SIDE	0-12	ABK MIXED PLOW,	FR, SS, SP, SEXP	O.M.	45"	PS	NA	PS
		~~12-24~~	C, SBK	FR, S, P, SEXP	SAP		II		.3
		24-45	CL, WSBK	FR, SS, SP, SEXP	INC		~~L~~ SOME FIRAR INC		
		45-60	SAP, MAS	FI-FR, NS, NP, SEXP	MICA				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bradford C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

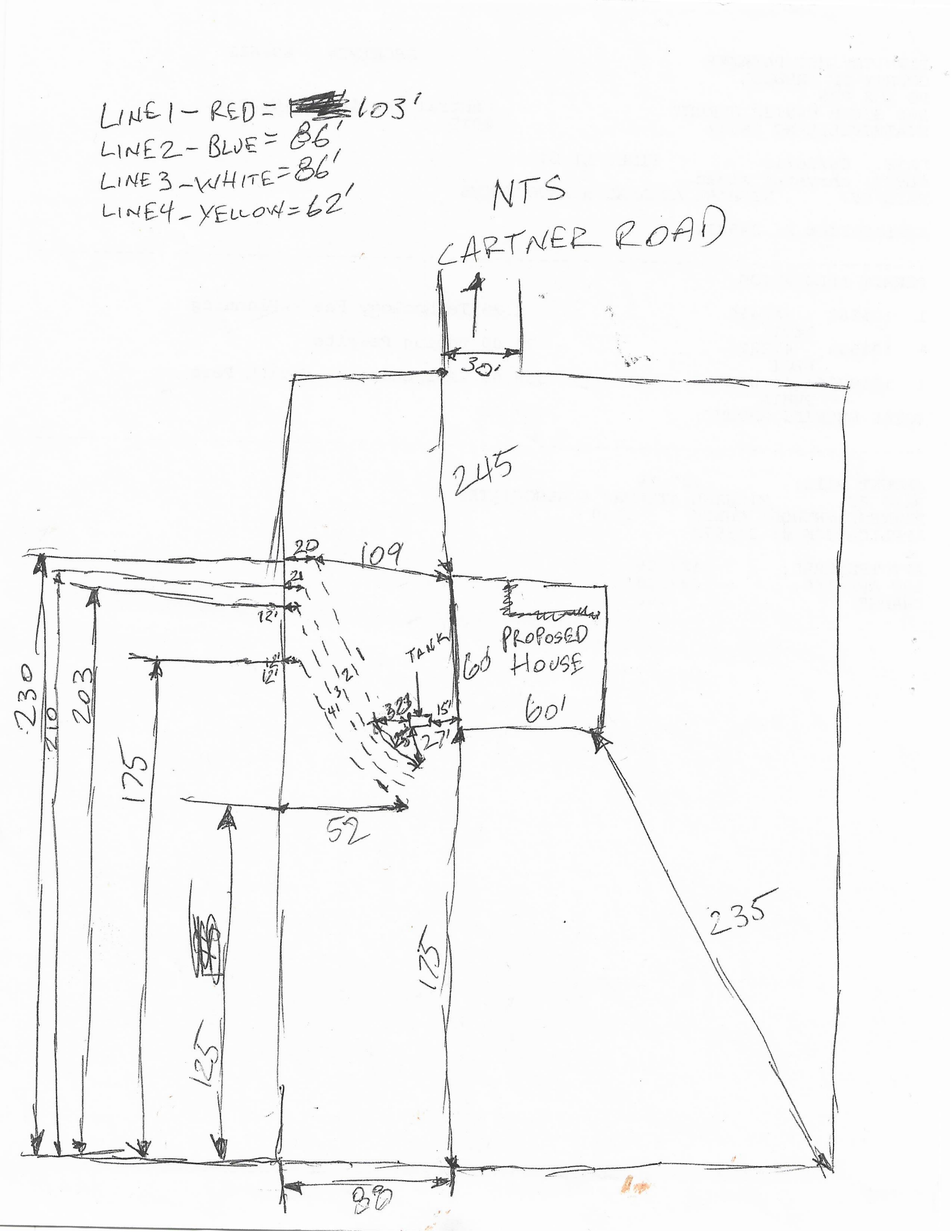
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4789405623
DATE OF EVALUATION: 4-25-19
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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	15% SHOULDER	0-12	PLOW MIXED ABK	FR, S, P, SEXP	O.M.	34"	PS	NA	PS
		12-20	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT		II		.3
		20-34	CL, WSBK	FR, SSP, SEXP			L		
		34-64	SAP, MAS	FR, NS, NP, SEXP	MICA				
6	15% LINEAR SIDE	0-12	PLOW, MIXED ABK	FR, S, P, SEXP	O.M.	36"	PS	NA	PS
		12-24	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT		II		.3
		24-36	CL, WSBK	FR, SS, SP, SEXP			L		
		36-72	SAP, MAS	FR, NS, NP, SEXP	MICA				
7	15% LINEAR SIDE	0-12	PLOW, MIXED ABK	FR, S, P, SEXP	O.M.	61"	PS	NA	PS
		12-24	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT		NA		.3
		24-61	CL, WSBK	FR, SS, SP, SEXP	MICA				

COMMENTS:

LINE 1 - RED = [redacted] 103'
LINE 2 - BLUE = 86'
LINE 3 - WHITE = 86'
LINE 4 - YELLOW = 62'



RECEIVED APR 8 - 2019

243528
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Hannah Cartner Address: 143 Cartner Rd Statesville NC Zip: 28625
Applicant Email: hncartner1030@gmail.com Phone: 7048802991 Alt. Phone: 7044373559
Owner Name: Dillon Cartner Address: 143 Cartner Rd Statesville Zip: 28625
Owner Email: _____ Phone: 7044373559 Alt. Phone: _____

Property Information:

Street Address: 217 Cartner Rd 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: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____
(X) No Preference ( ) Alternative ( ) 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: Hannah Cartner
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/5/19
DATE

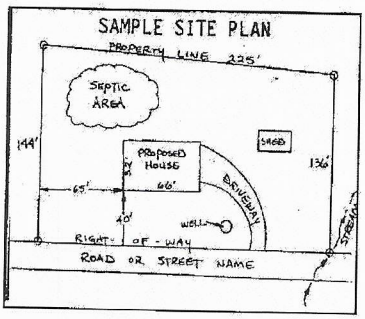
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) 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: Howard Carter
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 4/5/19

See attached dimensions

Ronda Hart

From: Hannah cartner <hhcartner1030@gmail.com>
Sent: Monday, April 8, 2019 5:34 PM
To: Ronda Hart
Subject: Re: Site Plan

the last email I sent is incorrect, I am so sorry for the inconvenience.

58'4" x 56'4"

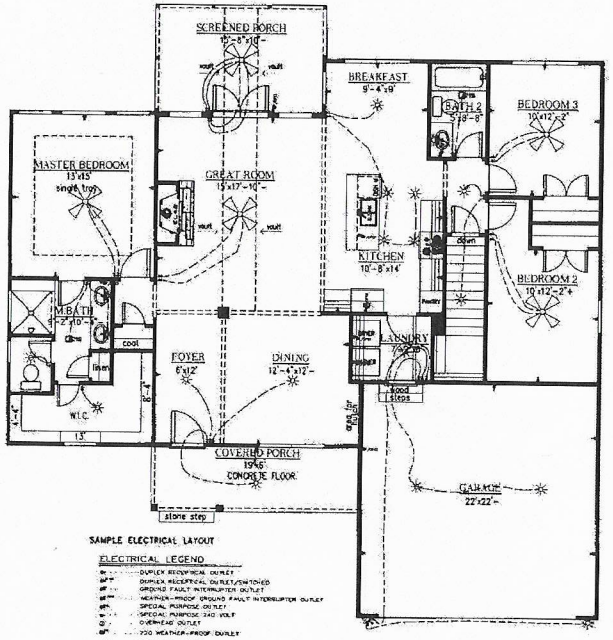
On Mon, Apr 8, 2019 at 5:09 PM Hannah cartner <hhcartner1030@gmail.com> wrote:

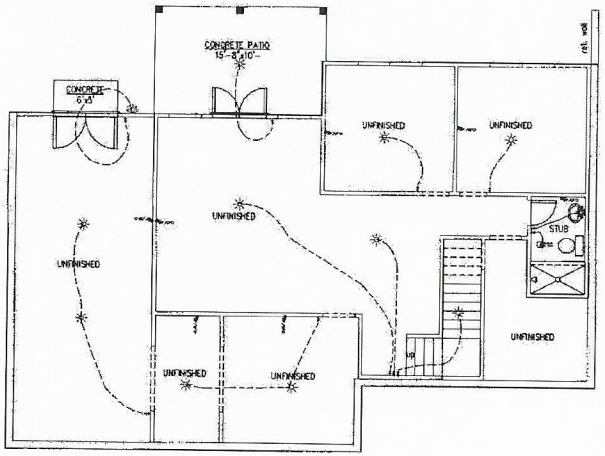
~~54'4" x 56'4"~~

On Mon, Apr 8, 2019 at 5:03 PM Ronda Hart <ronda.hart@co.iredell.nc.us> wrote:

We need the dimensions ___' x ___'

From: Hannah cartner [mailto:hhcartner1030@gmail.com]
Sent: Monday, April 8, 2019 5:02 PM
To: Ronda Hart
Subject: Re: Site Plan





SAMPLE ELECTRICAL LAYOUT

ELECTRICAL LEGEND

- DUPLEX RECEPTACLE OUTLET
- DUPLEX RECEPTACLE OUTLET/SWITCHED
- GROUND FAULT INTERRUPTER OUTLET
- WEATHER-PROOF GROUND FAULT INTERRUPTER OUTLET
- SPECIAL PURPOSE OUTLET
- SPECIAL PURPOSE 240 VOLT
- OVERHEAD OUTLET
- 220 WEATHER-PROOF OUTLET
- TELEPHONE OUTLET
- WEATHER-PROOF "CLOTH-ONE OUTLET"
- TELEVISION CABLE OUTLET
- SINGLE POLE SWITCH
- THREE-WAY SWITCH
- FOUR-WAY SWITCH
- WALL MOUNTED INCANDESCENT FIXTURE
- SURFACE MOUNTED INCANDESCENT FIXTURE
- RECESSED INCANDESCENT FIXTURE
- "EYEBALL" INCANDESCENT FIXTURE
- FLOURESCENT FIXTURE
- SMOKE DETECTOR
- EXHAUST FAN AND FLOURESCENT LIGHT
- EXHAUST FAN
- DOOR BELL BUTTON
- DOOR BELL CHIME
- CEILING FAN AND LIGHT

plans must be engineered to meet local codes

* 10' BASEMENT WALLS * 9' WALLS MAIN LEVEL *

ELECTRICAL
SCALE: 1/4"=1'-0"

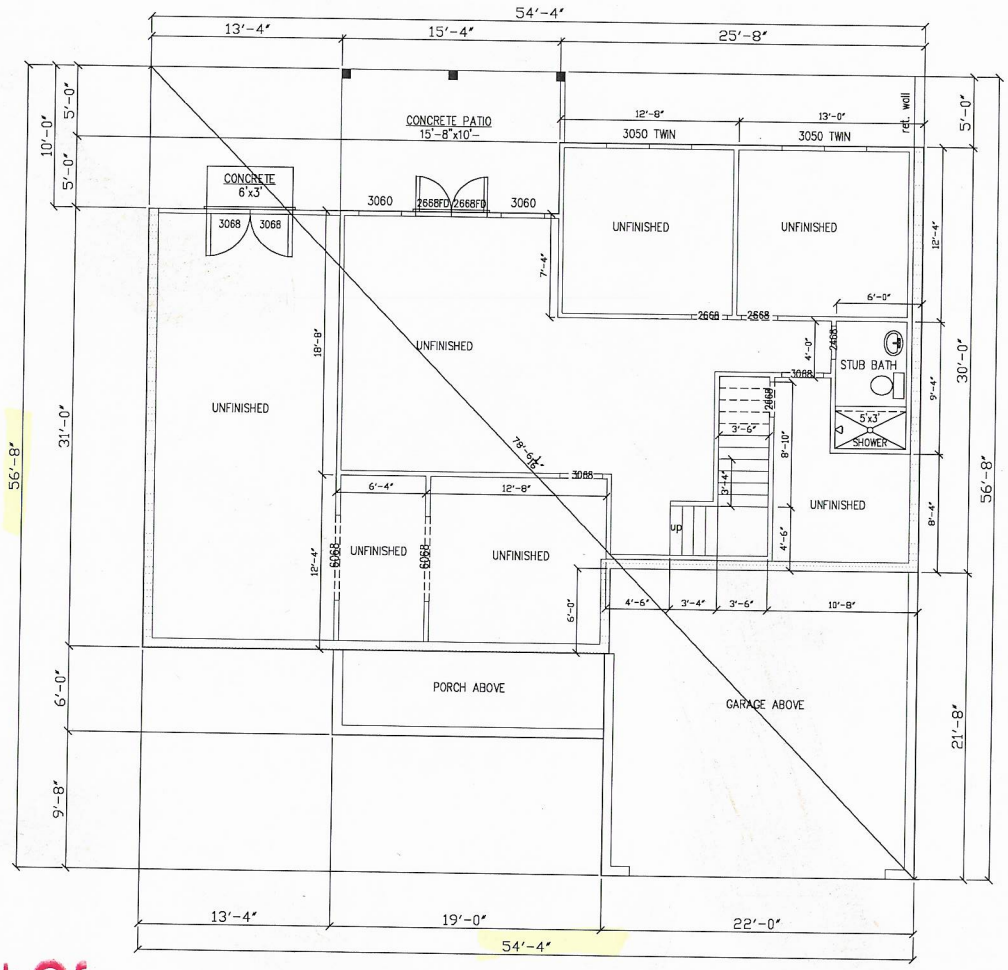
designed by
TODD W. REED, inc.
4363 Bagby Lick Drive
Suwanee, GA 30024
(770) 614-9668
www.toddwreed.com
email: toddwreed2@gmail.com

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1683ys Plan

JOB NO: 1683ys

SHEET: 7



Acknowledgement Of
Plans Submittal ONLY!
Todd Cat Date 4/18/19
Builder Date 5-8-19

* 10' BASEMENT WALLS * 9' WALLS MAIN LEVEL *

BASEMENT
SCALE: 1/4"=1'-0"

All construction plans ordered through Designs by Todd W. Reed, Inc. are provided as is. Construction plans may not be returned for a refund under any circumstances. Because of the impossibility of providing any on site construction supervision and control, Todd W. Reed, Inc. assumes no responsibility for any damages, including structural failures due to any deficiencies, omissions, or errors in design. It is the builder's responsibility to review all plans and verify all dimensions before construction begins. If any variations are found, contact Todd W. Reed, Inc. If you or any other party elect to proceed with construction without doing so, you do so at your own risk. Todd W. Reed, Inc. requires that you consult a local architect or engineer of your choice prior to actual commencement of construction. In any instance, the maximum liability imposed on Designs by Todd W. Reed, Inc. is you or any other party shall not exceed the price paid for Designs by Todd W. Reed, Inc.'s product.

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KENNESAW, GA 30144
(770) 714 9353
www.toddwreed.com
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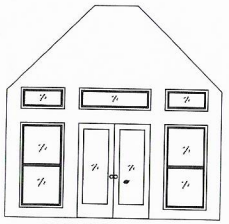
1683jrs Plan

JOB NO: 1683jrs

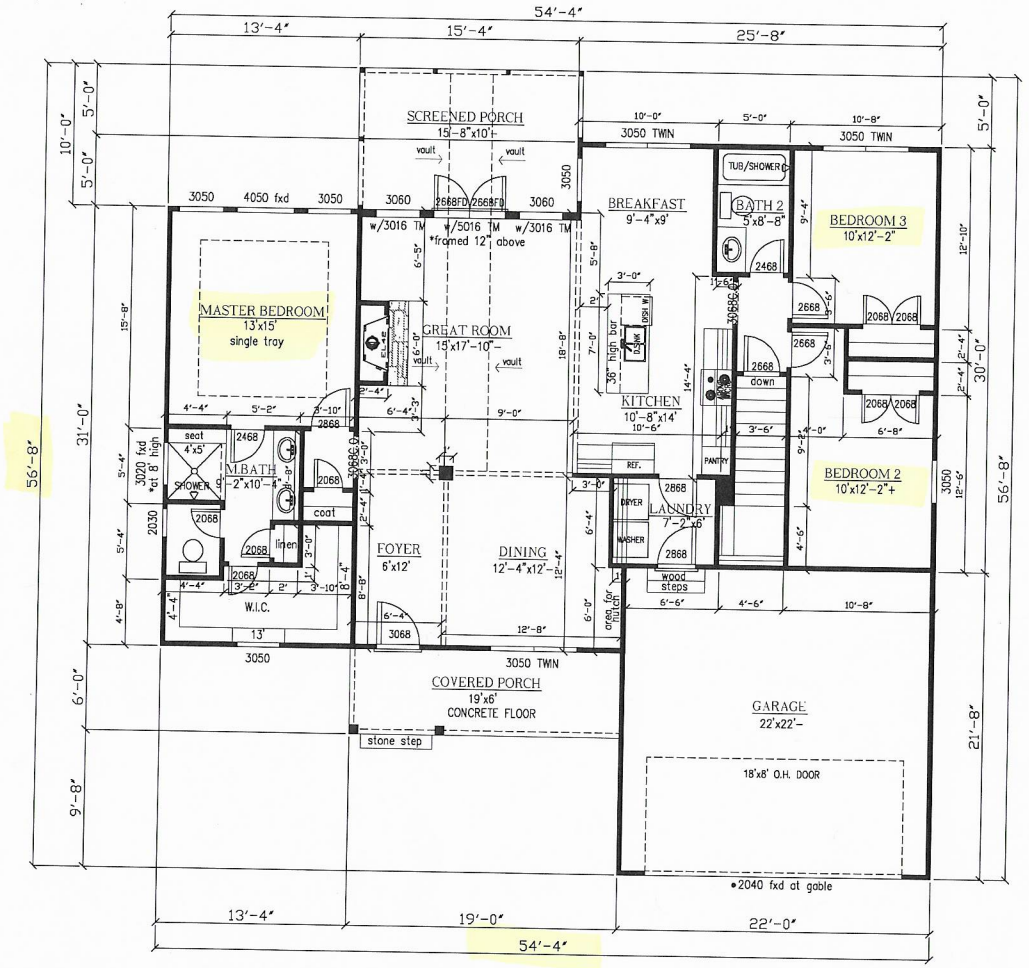
SHEET: 3

Square Footage Details

- 4110 SQFT UNDER ROOF
- 1683 SQFT LIVING (1683 sqft main level; 854 sqft terrace level)
- 1683 SQFT REMAINING UNFINISHED BASEMENT AREA
- 475 SQFT 2-CAR GARAGE
- 114 SQFT COVERED FRONT PORCH
- 155 SQFT SCREENED/COVERED REAR PORCH



GREAT ROOM EXTERIOR WALL



Acknowledgement Of Plans Submittal ONLY!

Date 4/18/19

Date 5-8-19

* 10' BASEMENT WALLS * 9' WALLS MAIN LEVEL *

MAIN FLOOR
SCALE: 1/4"=1'-0"

At construction plans ordered through Designs by Todd W. Reed, Inc. are provided as is. Construction plans may not be returned for a refund under any circumstances. Because of the impossibility of providing any on site consultation, supervision, and control over actual construction, workmanship, and conditions, Designs by Todd W. Reed, Inc. assumes no responsibility for any deficiencies, omissions, or errors in design. It is the customer's responsibility to ensure the accuracy for any damages, including structural failure due to any deficiencies, omissions, or errors in design. Designs by Todd W. Reed, Inc. shall not be liable for any damages in excess of the fee received for the plans. The limit of liability imposed on Designs by Todd W. Reed, Inc. for any and all claims, suits, or actions of any kind, whether brought by you or any third party, shall not exceed the price paid for designs by Todd W. Reed, Inc.'s product.

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LAWRENCEVILLE, GA 30045
(770) 718 9063
www.toddwreed.com
email: toddwreed2@gmail.com

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1683jrs Plan

JOB NO: 1683jrs

SHEET: 2

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)* Hannah Cartner

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, Hannah Cartner, am the legal owner(s) of the property located at 217 Cartner Rd Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4789440-5623, located in Iredell County, North Carolina.

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

Hannah Cartner / Hannah Cartner
Signature of Owner(s)

4/5/19
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY

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

APPLICATION NUMBER
243528
Issue Date: 04/08/2019

Permit Type: ZONING-IREDELL COUNTY

Parcel Number	Street Address	Jurisdiction
4789405623.000	217 CARTNER ROAD	

Owner Information	Applicant Information	Contractor Information
Owner: CARTNER, DILLON	Applicant: CARTNER, DILLON	Contractor: CARTNER, DILLON
Address: 143 CARTNER RD	Address: 143 CARTNER RD	Address: 143 CARTNER RD
STATESVILLE, NC 28625	STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:	Phone:
		License Type License Number

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

MUST BE 35' OFF PROPERTY LINE FROM END O F RIGHT OF WAY NOT ROAD FRONT	TECHNOLOGY FEE - PLANNING	Amount:	2.25
	IREDELL COUNTY ZONING	Amount:	75.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

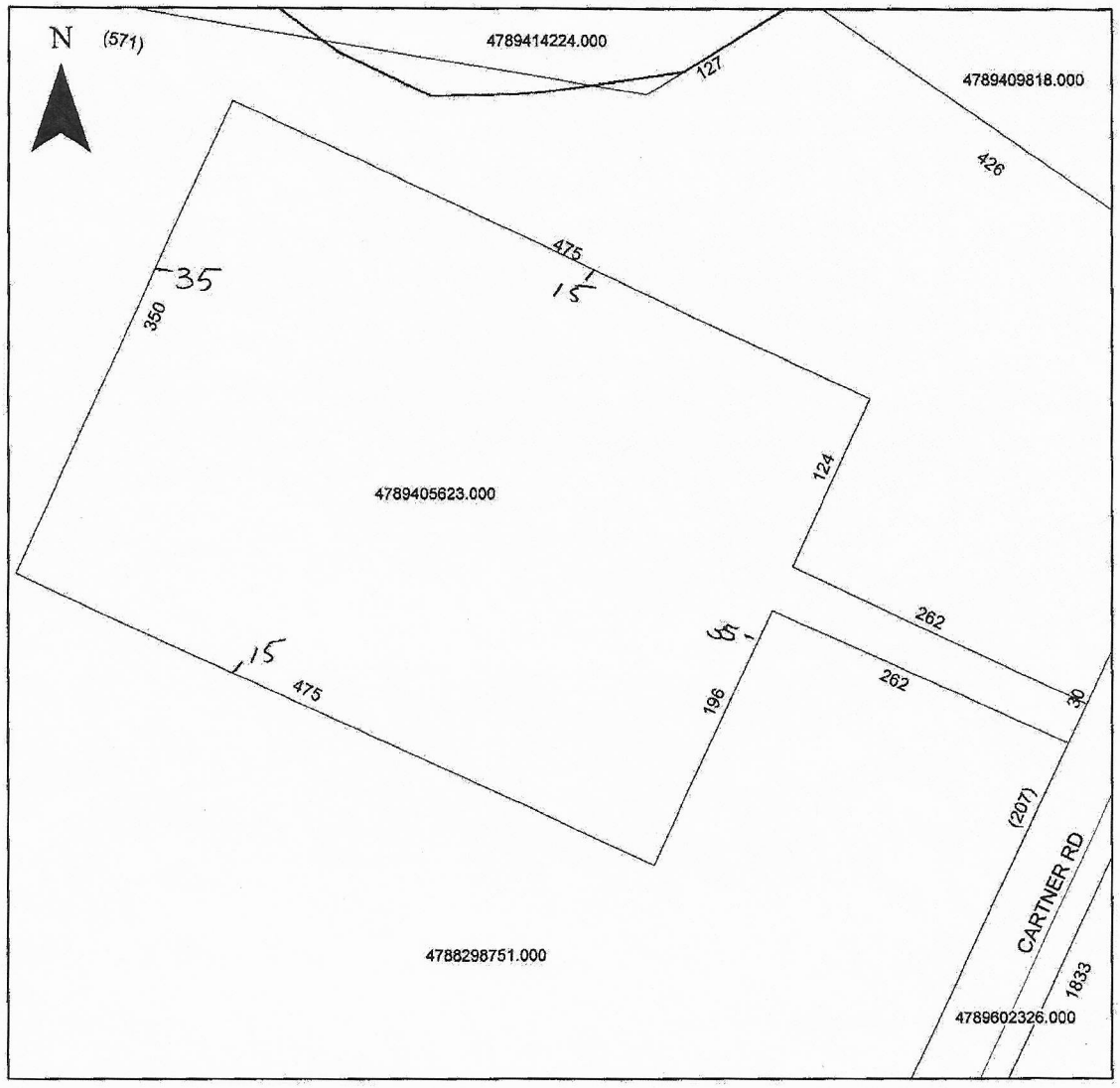
Signature of Owner/Contractor

Date: 04/08/2019

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	173246	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 217 Cartner

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.

x David Cotter
Applicant

x 4/5/19
Date