ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 309307

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

PIN # 4824648699 ✓

APPLICANT/OWNER: Joshua Pierce APPLICANT ADDRESS: PO Box 30 Harmony

SITE ADDRESS: 300 Ridgeline Rd, Union Grove 28689 PHONE: 828-231-3516 ALT. PHONE —

SITE DIRECTIONS: 115 N → R Zeb → L McCarter → R Ridgeline → on R SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 19.003 ac DESIGN FLOW: 300 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 102 Date 4/20/2020 ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank — (gal) PT — Date — System Description: 25% reduction

Pump Make — Model — Serial # — Repair System Description: 25% reduction

Nitrification Fields 1 # Lines 4 @ 75' Linear Ft: 300' Maintenance Agreement Required: ☐ YES ☒ NO

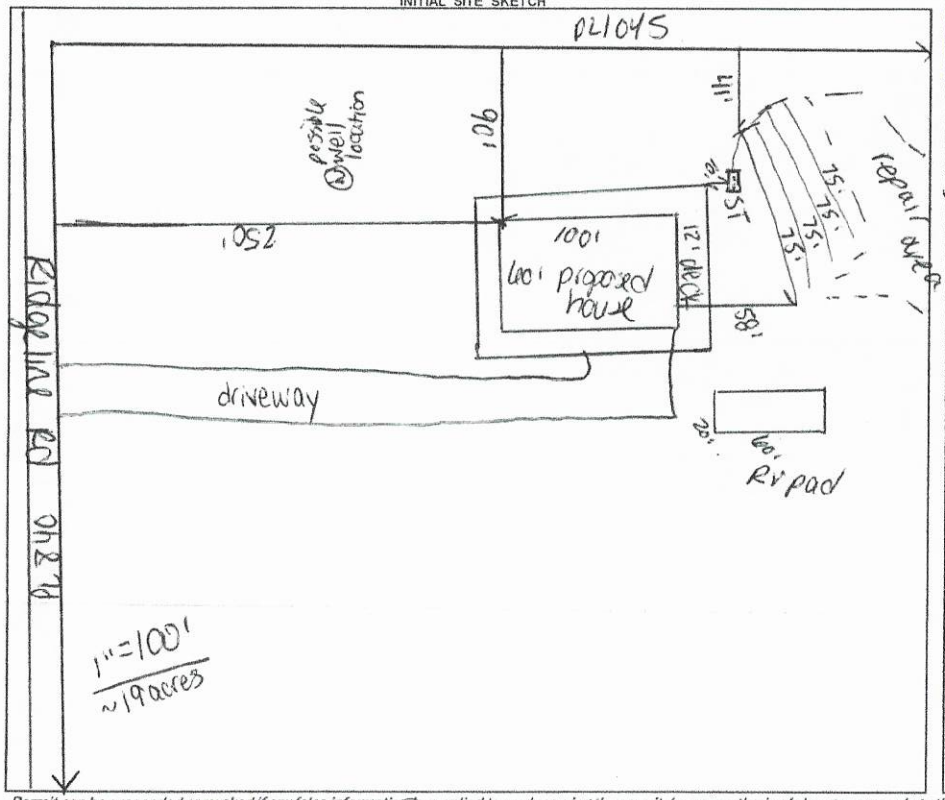
Trench Width 36" Trench Bottom Depth (Original) 36" max Gravel Depth — ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees — ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☒ Private ☐ Public ☐ Community

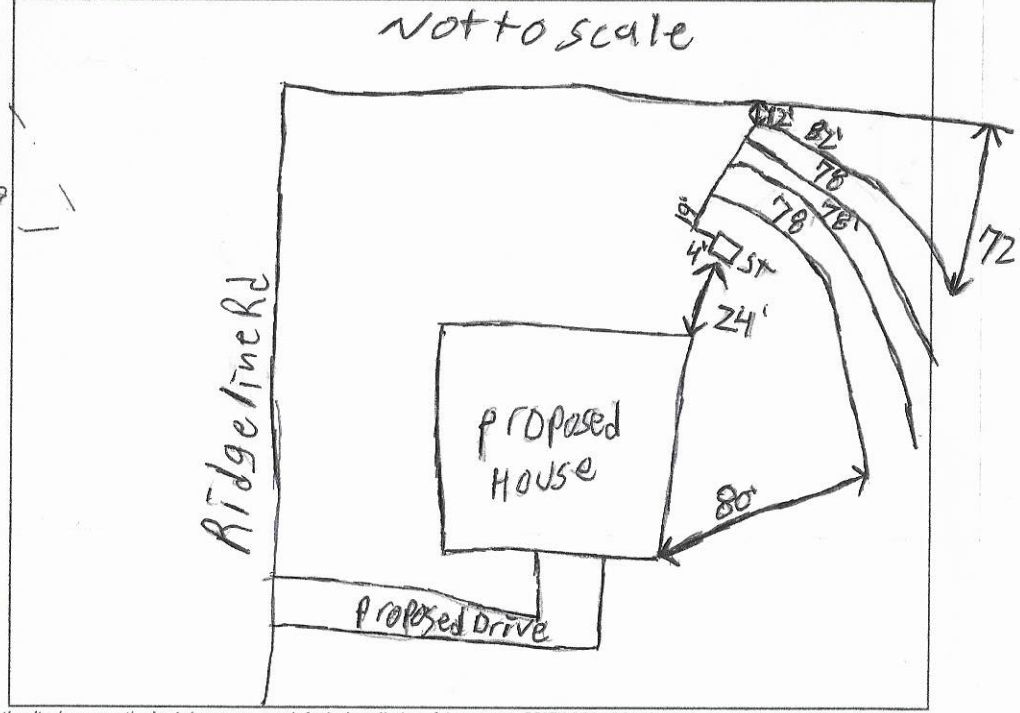
Comments / Conditions: Install on contour + utilize serial distribution. Keep tank minimum 5' from deck footer. Do not exceed max trench depth of 36".

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 plan 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: Joshua Pierce Date: 7-31-20 Installed by: Steve J

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 7-31-20 OPERATION PERMIT by: Patrick J Bagley Date: 8/5/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 7-31-20 Existing System Inspected by: — Date: —

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

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

Sheet 1 of 1
PROPERTY ID #: 472 46 48884
COUNTY: Iredell

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

OWNER: Joshua Pierce
ADDRESS: PO Box 30 Harmony
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 300 Ridgeline
APPLICATION DATE 7-23-20
DATE EVALUATED: 7-31-20
PROPERTY SIZE: 19 ac
PROPERTY RECORDED: Y

WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	C 10%	0-19	GR SCL	Fr SS SP SBK/GR	few iron mots	48"	PS	-	PS .3
		19-38	SBK C	" "					
		38-48	SBK CL	" "					
		48-50"	M LSP	VFr					
2	C 10%	0-13	GR SCL	Fr SS SP SBK/GR	-	48"	PS	-	PS .3
		13-34	SBK C	" "					
		34-48	SBK CL	" "					
		48-54	M LSP	VFr					
3	C 10%	0-10	GR SCL	Fr SS SP SBK/GR	-	48"	PS	-	PS .3
		10-32	SBK C	" "					
		32-48	SBK CL	" "					
		48-52	M LSP	VFr					
4	C 10%	0-8	GR SCL	Fr SS SP SBK/GR	-	43"	PS	-	PS .3
		8-28	SBK C	" "					
		28-43	SBK CL	" "					
		43-60	M LSP	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	75%	75%
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT: D. Denninger

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	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.

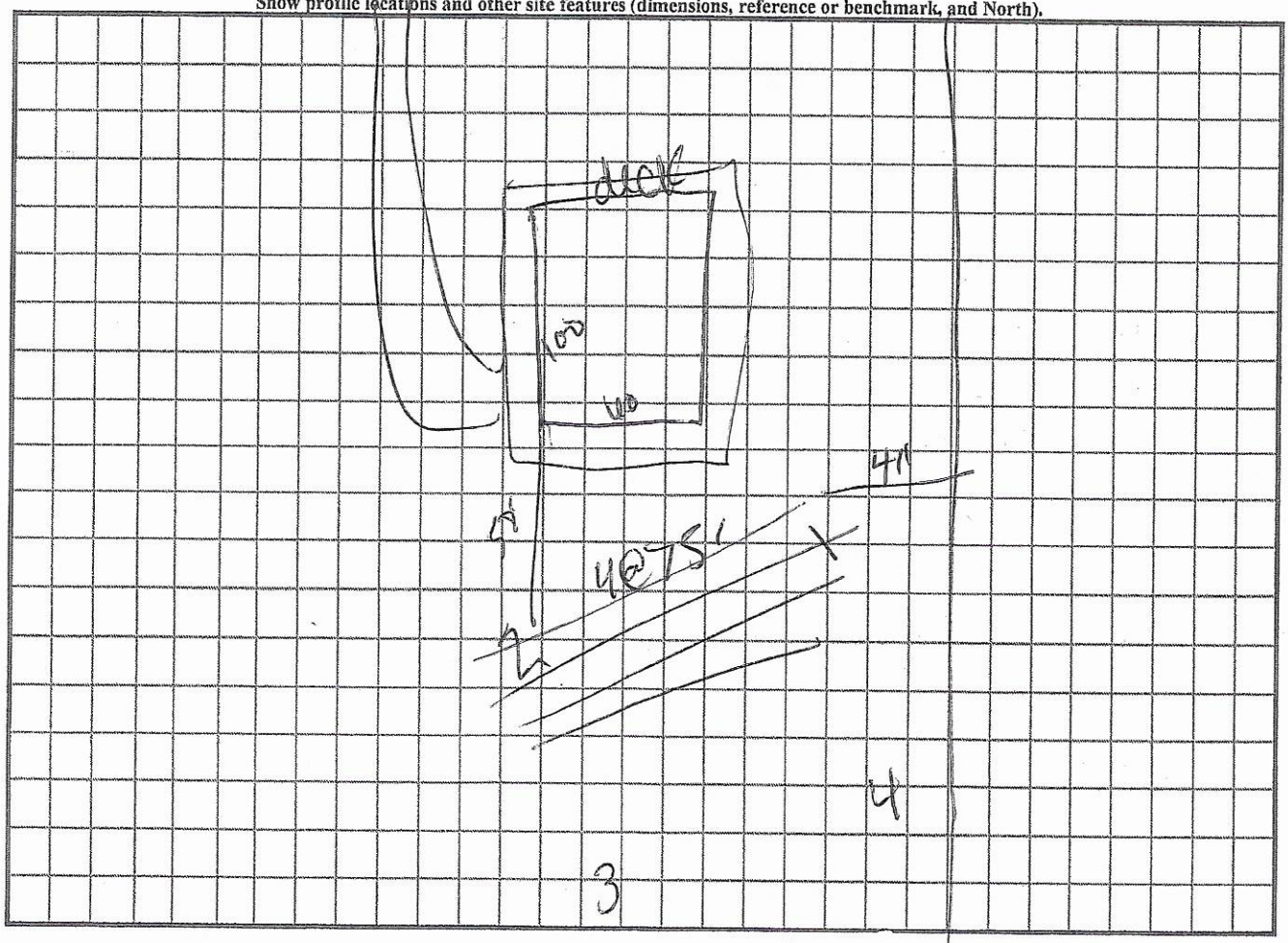
NOTES

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).



RECEIVED JUL 23 2020

AP-309307
$500.00

call Paul Penninger for site visit 704.996.6330

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
(X) Septic Improvement Permit
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: JOSHUA PIERCE Address: PO BOX 30 HARMONY, NC Zip: 28634

Applicant Email: jpierce@mediatechusa.com Phone: 828-231-3516 Alt. Phone: _____

Owner Name: same as applicant Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 300 RIDGELINE ROAD

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

Driving Directions: 115N, TR ZEB, TL MCCARTER, TR RIDGELINE, ON RIGHT AT FOR SALE SIGN, FALLOW FIELD

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) 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: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* 2 150gal mk system Year existing system installed: 1976
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 25%

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: _____ 7.15.20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

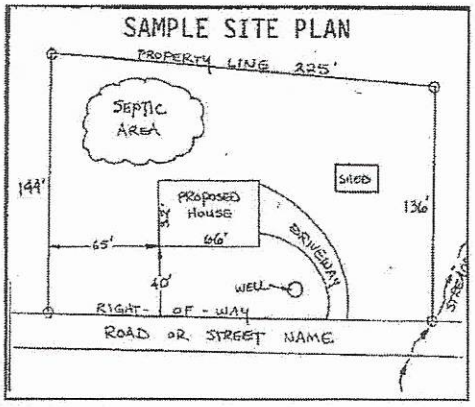
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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

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

- (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
- (X) Preferred well location
- (X) Preferred septic system location
- (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

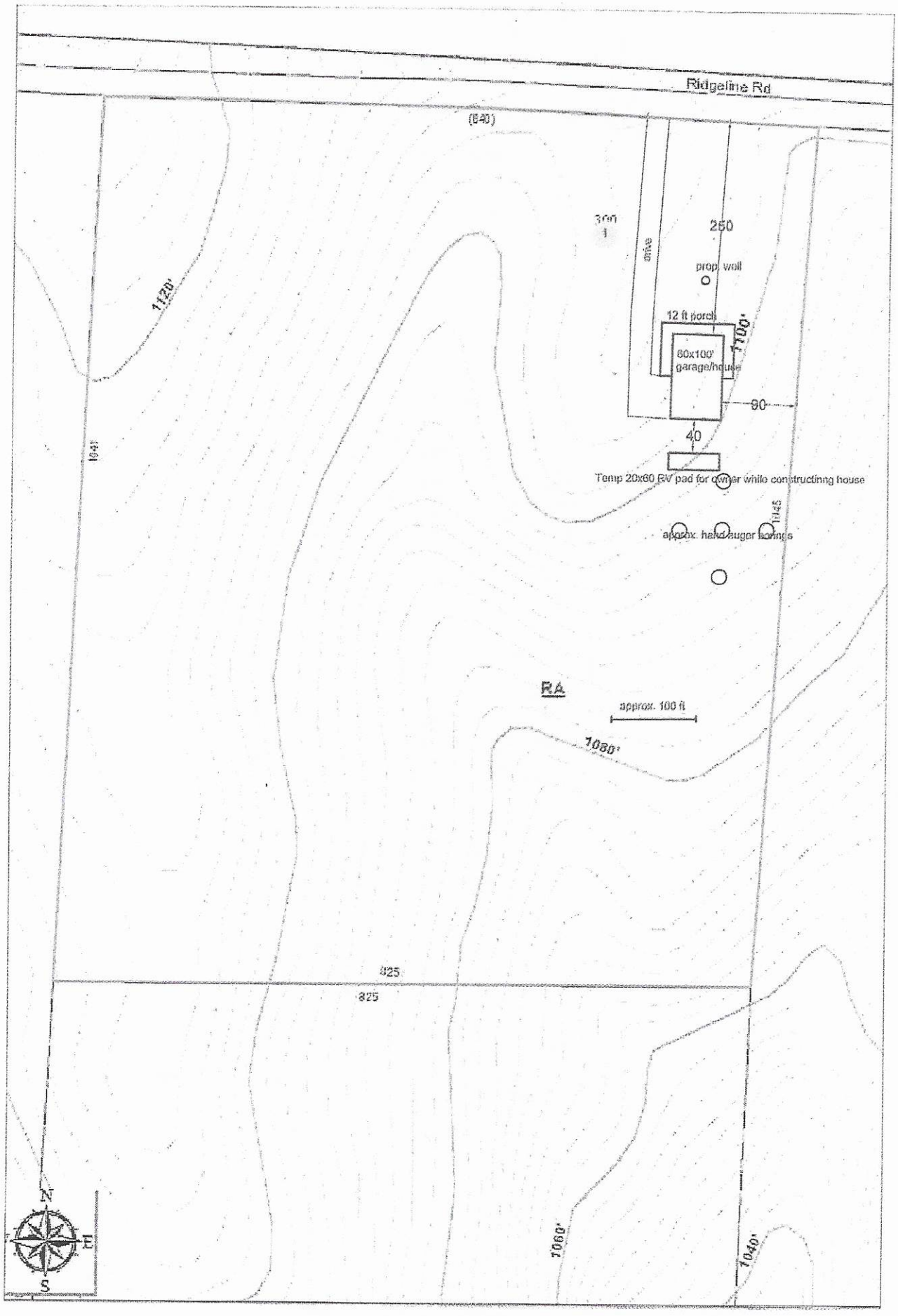
See attached site plan.

Signature: _____

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

7.15.20

DATE



Joshua Pierce - 300 Ridgeline Road Septic Site Plan 7.15.20

Base site plan from Iredell County GIS. Septic System and well must be permitted by ICHD.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Johnny Moore DATE 23 June 76 PERMIT NO. _____

PHONE: Business _____ Home _____

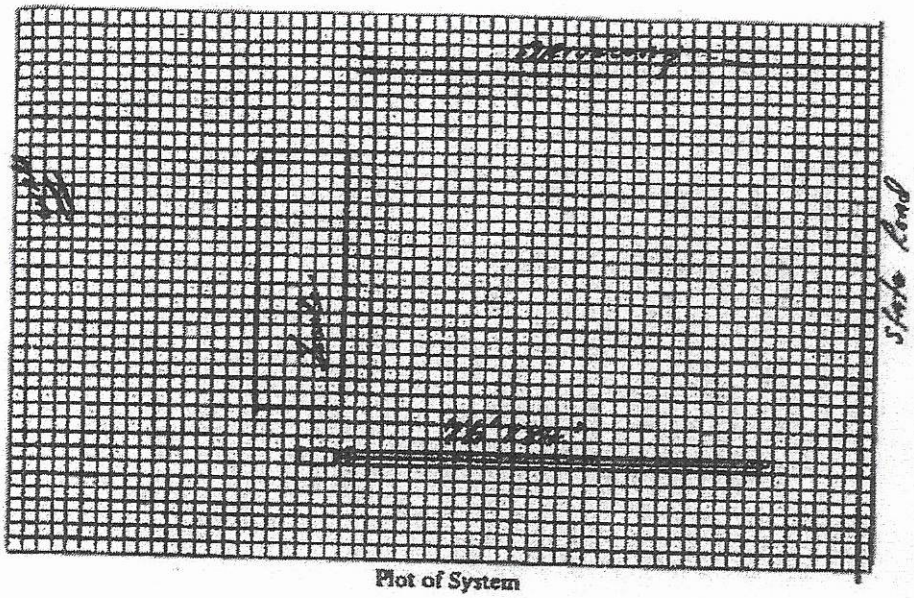
LOCATION Hwy 115 N to Rd 1800 on Right past Ephesus Church - to T Road Right Dead End 1m left to 1st R on Right. 1st Trailer on Right S. R. No. _____

SUBDIVISION NAME Before end of road LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	none
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	well
Lot Area	average		Rock or other impervious formations	none



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by James Watson

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY W. R. Townsend DATE 23 June 76

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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, Joshua Pierce, am the legal owner(s) of the property located at 300 Ridgeline Road, identified as

PIN (Parcel Identification Number) 4824648699, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

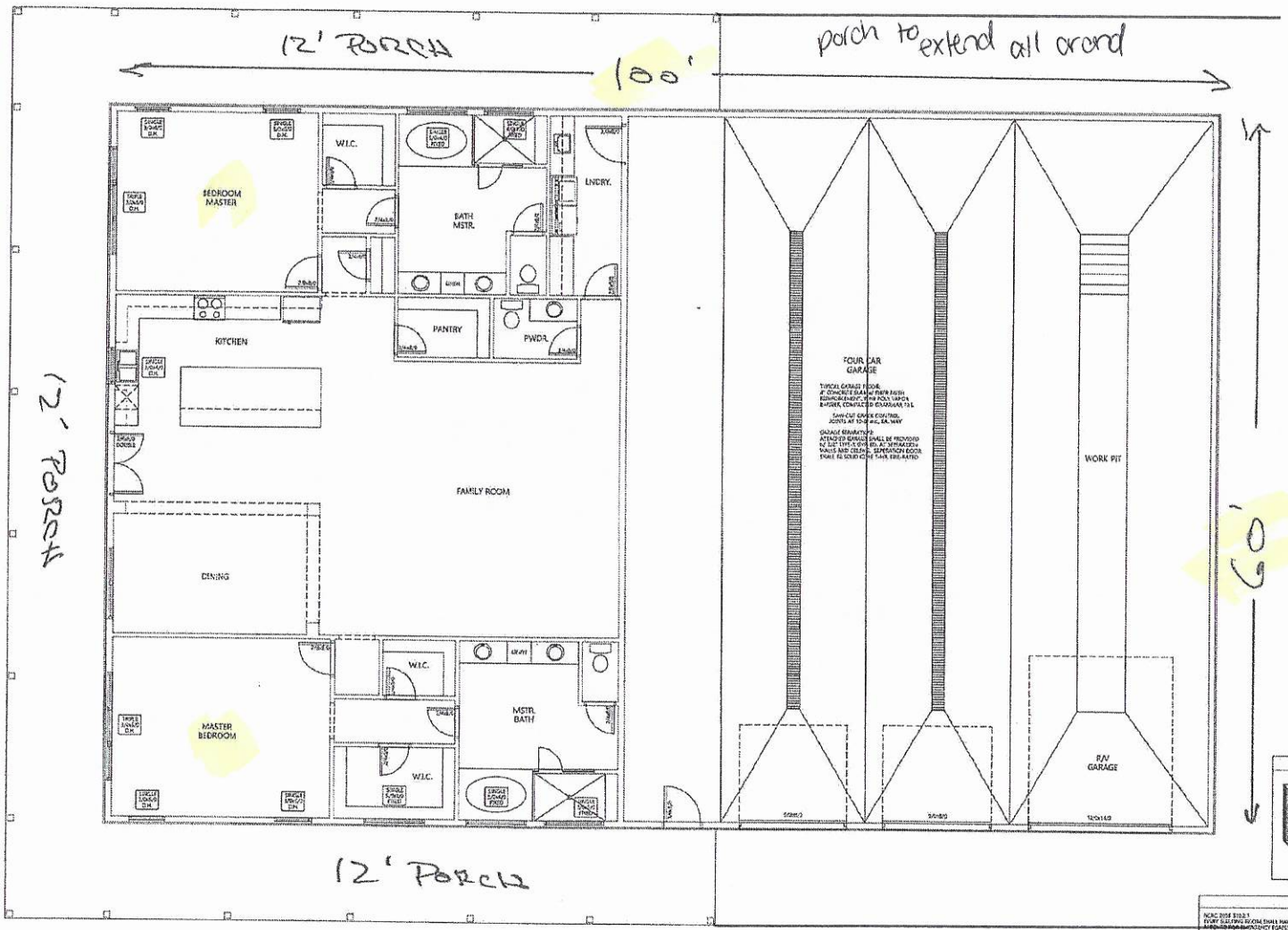
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 7.15.20
Signature of Owner(s) 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



ENGINEER: N. BURNS, P.E.
231 FOREST DR. N.E. VALDESE, NC 28690
828-446-0919 NBURNS@NBGWNR.COM

NOTE NO. 1:
SEAL FOR ENGINEERED STRUCTURAL COMPONENTS ONLY

TYP. HANGERS FOR JOIST & BEAMS
NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO. INC.
(BRAND NAME EQUIVALENTS ACCEPTABLE)

MEMBERS	HANGER
2x6	LUS26
2x8	LUS28
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x8	HUS28-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	HUS26-3
(3) 2x8	HUS28-3
(3) 2x10	HUS210-3
(3) 2x12	HUS212-3 (4.5" MIN)
(2) 1-3/4"x9-1/4" LVL	HUS1.81/9.25
(2) 1-3/4"x11-7/8" LVL	HUS1.81/11.88
(2) 1-3/4"x14" LVL	HUS1.81/14
(2) 1-3/4"x16" LVL	HUS1.81/16
(3) 1-3/4"x9-1/4" LVL	HUS1.81/9.25
(3) 1-3/4"x11-7/8" LVL	HUS1.81/11.88
(3) 1-3/4"x14" LVL	HUS1.81/14
(3) 1-3/4"x16" LVL	HUS1.81/16
(2) 3-1/2"x9-1/4" LVL	HUS3.56/9.25
(2) 3-1/2"x11-7/8" LVL	HUS3.56/11.88
(2) 3-1/2"x14" LVL	HUS3.56/14
(2) 3-1/2"x16" LVL	HUS3.56/16
(3) 3-1/2"x9-1/4" LVL	HUS3.56/9.25
(3) 3-1/2"x11-7/8" LVL	HUS3.56/11.88
(3) 3-1/2"x14" LVL	HUS3.56/14
(3) 3-1/2"x16" LVL	HUS3.56/16
(4) 1-3/4"x9-1/4" LVL	HUS5.50/9.25
(4) 1-3/4"x11-7/8" LVL	HUS5.50/11.88
(4) 1-3/4"x14" LVL	HUS5.50/14
(4) 1-3/4"x16" LVL	HUS5.50/16
(4) 3-1/2"x9-1/4" LVL	HUS7.25/9.25
(4) 3-1/2"x11-7/8" LVL	HUS7.25/11.88
(4) 3-1/2"x14" LVL	HUS7.25/14
(4) 3-1/2"x16" LVL	HUS7.25/16
(4) 5-1/2"x9-1/4" LVL	HUS9.25/9.25
(4) 5-1/2"x11-7/8" LVL	HUS9.25/11.88
(4) 5-1/2"x14" LVL	HUS9.25/14
(4) 5-1/2"x16" LVL	HUS9.25/16

HEADER SIZE REQUIREMENTS

SIZES	EXTERIOR WALLS	INTERIOR WALLS	JACK STUDS
(2) 2x6's			
(2) 2x8's			
(2) 2x10's			
SEE PLAN			

WALL STUD REQUIREMENTS

	STUD SIZE AND SPACING
	2x6 @ 16" o.c.
	2x6 @ 16" o.c.
	2x6 @ 16" o.c.
	CONCRETE OR MASONRY

LVL BOLTING PATTERN DETAIL

EGRESS WINDOW REQUIREMENTS

TABLE N1102.1.2 - INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT

CLIMATE ZONE	FENESTRATION U-FACTOR	SKYLIGHT U-FACTOR	GLAZED FENESTRATION SHGC	CEILING R-VALUE	WOOD FRAME WALL R-VALUE	MASS WALL R-VALUE	FLOOR R-VALUE	BASEMENT WALL R-VALUE	SLAB R-VALUE AND DEPTH	CRAWL SPACE WALL R-VALUE
3	0.35	0.55	0.40	38 OR 30 CONT.	13+5	8/13 OR 13/17	19	5/13	0	5/13
4	0.30	0.55	0.30	38 OR 30 CONT.	13+5 OR 13+2.5	8/13 OR 13/17	19	10/13	10	10/13
5	0.30	0.55	0.30	38 OR 30 CONT.	20+5 OR 13+10	13/17 OR 15/20	30	10/13	10	10/13

101 MAIN LEVEL PLAN 1/4" = 1'-0"
A1.0

MAIN LEVEL	
HEATED SQUARE FOOT	2,542 SQ. FT.
COVERED FRONT PORCH	121 SQ. FT.
GARAGE/STORAGE	725 SQ. FT.
COVERED REAR PORCH	247 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	1,993 SQ. FT.
COVERED DECK	440 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	3,535 SQ. FT.
GARAGE/STORAGE SQUARE FOOT	1,493 SQ. FT.

Acknowledgement Of
Plans Submittal ONLY!

Call C Nick Date 7-31-20

Date 7-31-20

1501 PEARCH ROAD
LINCOLNTON, NC 28092
704-732-0800
STEVE@MSJDRAFTING.COM

MSJ DRAFTING

A1.0

MAIN LEVEL PLAN AND NOTES

A NEW RESIDENCE FOR:
JOSHUA PIERCE
FRONT ELEVATION
XX
XXX
XXX

PIERCE0101

M1.0

IREDELL COUNTY · NC

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

APPLICATION NUMBER
309307 Issue Date: 07/22/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4824648699.000	300 RIDGELINE RD	Iredell County

Owner Information	Applicant Information
Name: PIERCE JOSHUA B+STEPHANIE	Name: PIERCE JOSHUA B+STEPHANIE
Address: PO BOX 30	Address: PO BOX 30
HARMONY, NC 28634	HARMONY, NC 28634
Phone: (828)231-3516	Phone: (828)231-3516

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
19.003	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks
SFD - NEEDS ZD

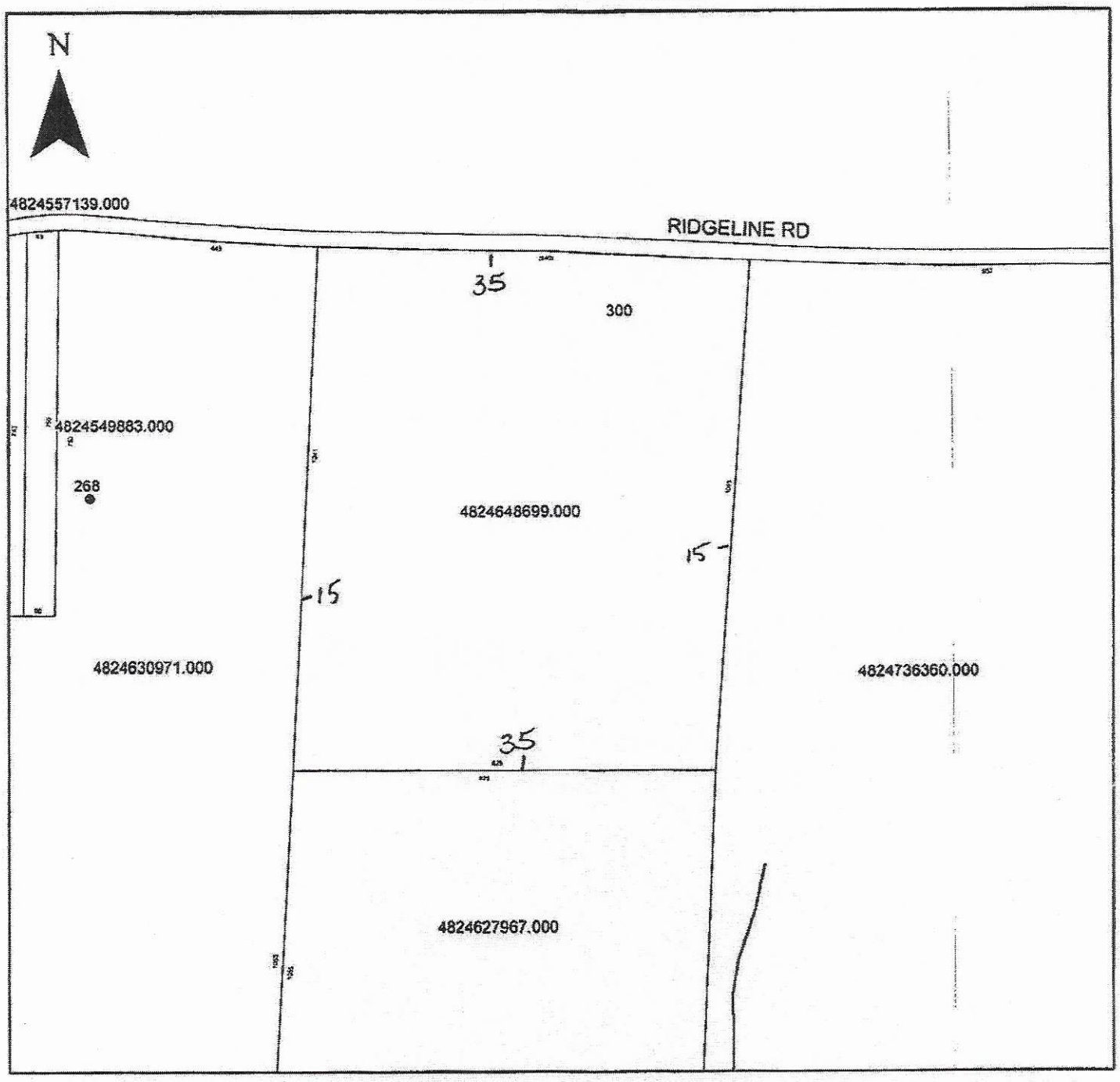
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 07/22/2020

Signature of Owner/Contractor

Permit Number	309307	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 300 Ridgeline

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

7-22-2[illegible]

Date