# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237923

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

PIN # 4742246954

APPLICANT/OWNER: James Staley APPLICANT ADDRESS: 409 Trumpet Branch Rd

SITE ADDRESS: 1052 Eupeptic Springs Rd, Olin 28660 PHONE: 704-539-5256 ALT. PHONE —

SITE DIRECTIONS: Tomlin Mill Rd → R on Jennings → L on Eupeptic Springs → on left SAP CONTROLLED: ☒ YES ☐ NO

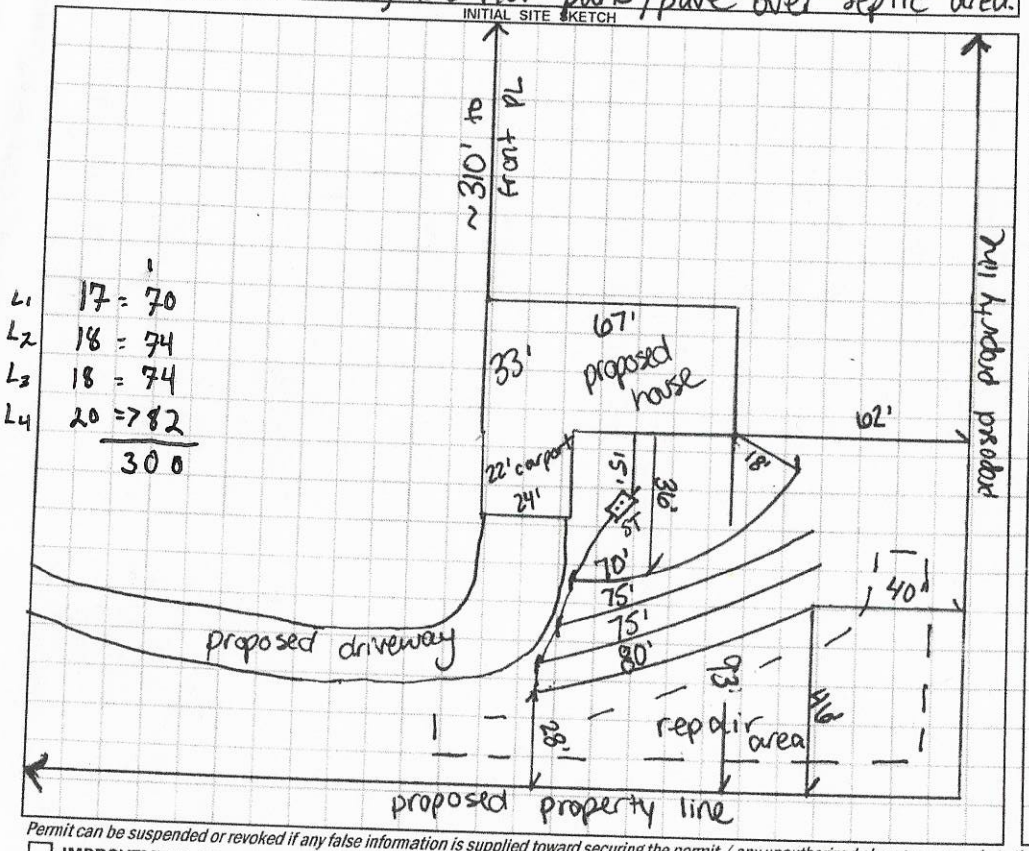
SUBDIVISION: James + Carlene Staley Property SECTION: — LOT # 3 LOT AREA: 9ac DESIGN FLOW: 360 gpd L.T.A.R.: .3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB 851 | Date 8/30/19 | ☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms | 3 | Water Supply |
| Pump Tank | | (gal) | PT | Date | System Description: 25% reduction | ☐ Business | No. Persons | 6 | ☐ Private |
| Pump Make | | Model | | Serial # | Repair System Description: 50% reduction | ☐ Other | No. Employees | | ☒ Public |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft 300' | Maintenance Agreement Required: ☐ YES ☒ NO | ☐ Slab | ☐ Crawl Space | | ☐ Community |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 30" | Gravel Depth — | ☒ GRAVITY ☐ PRESSURE | ☒ Basement w/plumbing | | ☐ Basement w/o plumbing | |

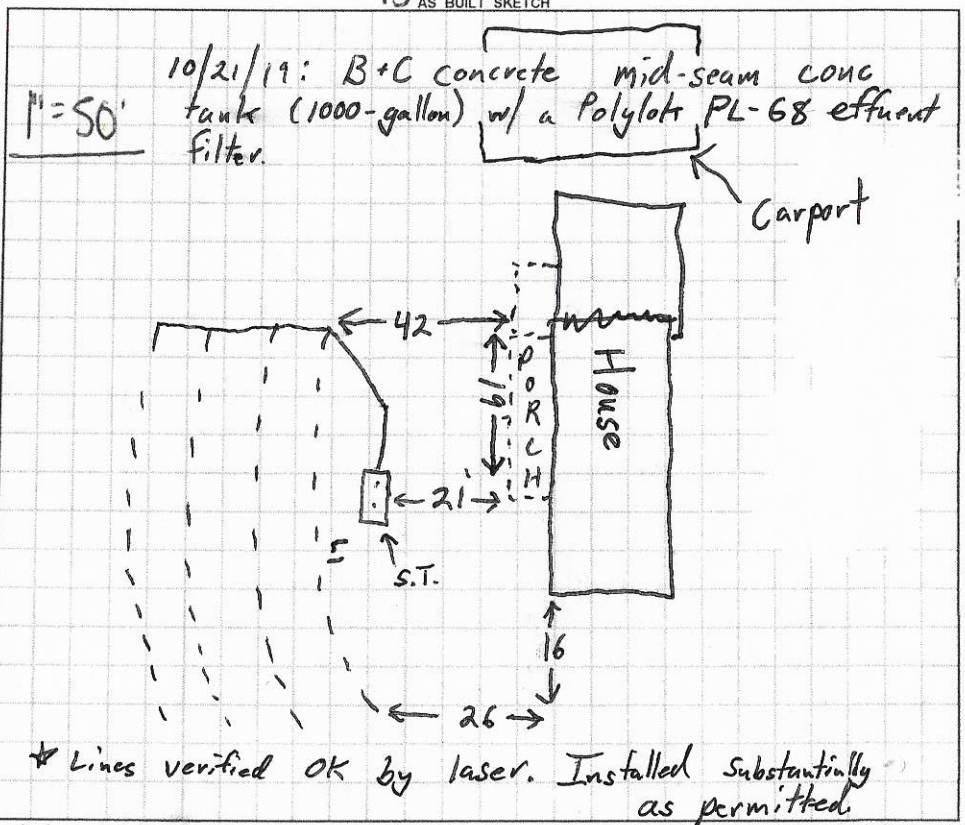
Comments / Conditions: Install on contour + utilize serial distribution. A grinder pump will be needed for the basement ONLY (not a whole house). Do not park/pave over septic area.

Do not place storage building on any part of initial septic or repair area.
Lot recorded bk 2596 pg 1414-1416

INITIAL SITE SKETCH




AS BUILT SKETCH




*Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Jim Staley Date: 2-18-19 Installed by: Rick w/ A-1 Backhoe

IMPROVEMENT PERMIT by: Carlen C. Cave Date: 8/23/18 OPERATION PERMIT by: Tom Shuck Date: 10/22/19

AUTHORIZATION TO CONSTRUCT by: Carlen C. Cave Date: 5-30-19 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 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: James Staley
ADDRESS: 409 Trumpet Branch Rd
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 1050 Eupeptic Springs

APPLICATION DATE: 8/8/18
DATE EVALUATED: 8/21/18
PROPERTY SIZE:
PROPERTY RECORDED:

PROPOSED DESIGN FLOW (.1949): 360 gpd

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 | 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 I | SS 6% | 0-6 | SBK SCL | Fr ss sp sexp | slightly compacted | 40" | Loam (II) PS | N/A | PS .3 |
| | | 6-30 | SBK C | " " | | | | | |
| | | 30-40 | SBK CL | " " | | | | | |
| | | 40-56 | L sap | VFr | | | | | |
| 2 R | SS 6% | 0-7 | SBK SCL | Fr ss sp sexp | sap inc. | 40" | Loam (II) PS | N/A | PS .3 |
| | | 7-22 | SBK C | " " | | | | | |
| | | 22-40 | SBK CL | " " | | | | | |
| | | 40-57 | L sap | VFr | | | | | |
| 3 I | SS 6% | 0-7 | SBK SCL | Fr ss sp sexp | N/A | 36" | Loam (II) PS | N/A | PS .3 |
| | | 7-25 | SBK C | " " | | | | | |
| | | 25-36 | SBK CL | " " | | | | | |
| | | 36-54 | L sap | VFr | | | | | |
| 4 R | SS 6% | 0-11 | SBK SCL | Fr ss sp sexp | N/A | 45" | Loam (II) PS | N/A | PS .3 |
| | | 11-33 | SBK C | " " | | | | | |
| | | 33-45 | SBK CL | " " | | | | | |
| | | 45-57 | L sap | VFr | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 300' | 200' |
| System Type(s) | 25% red | 50% red. |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS:

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay)<br>O (Organic) | 0.4 - 0.1<br><br>None | 0.2 - 0.05<br><br>None | **MOIST**<br>VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky)<br>EFI (Extremely Firm) | **WET**<br>NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)<br>NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |

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

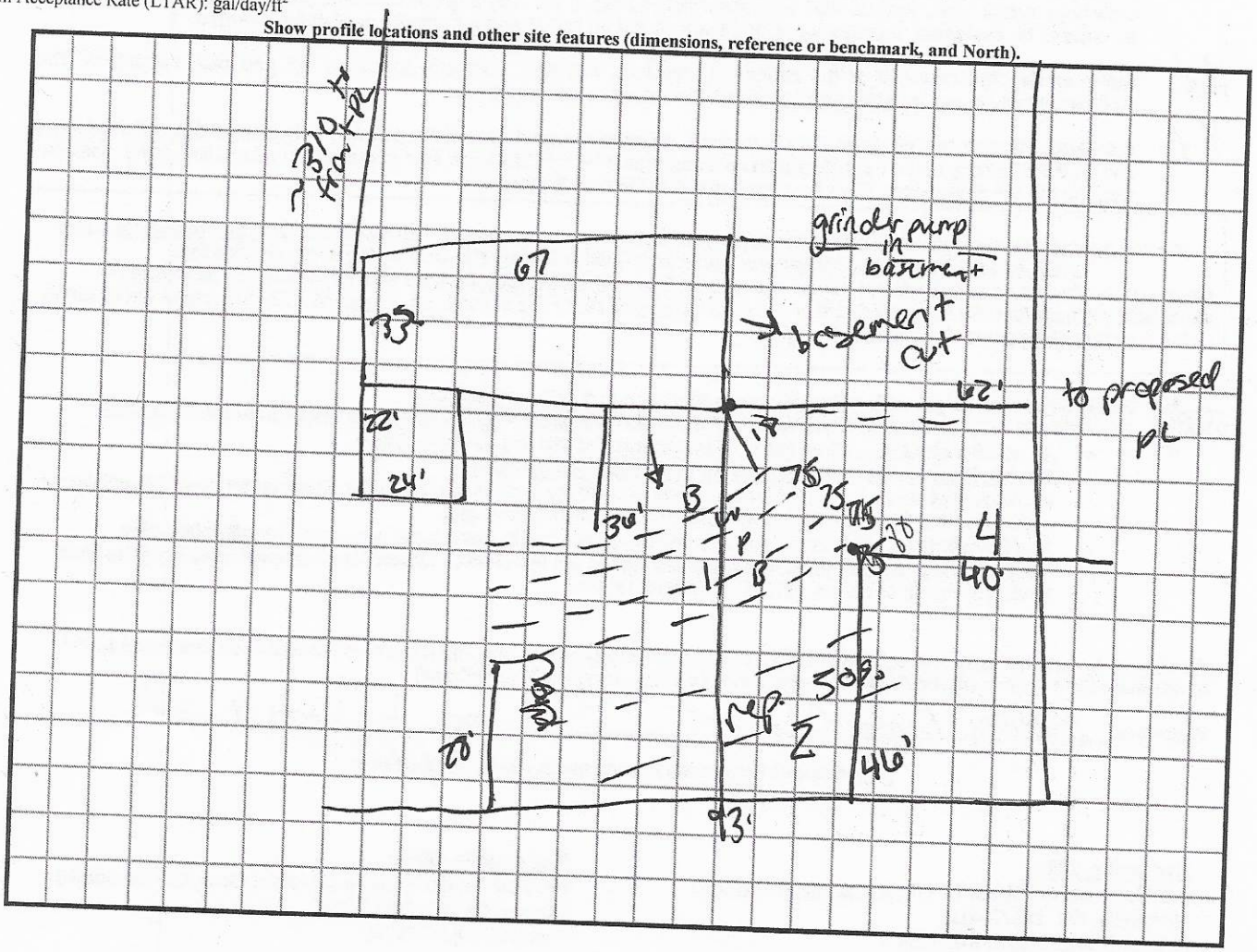
***NOTES***

| | |
|---|---|
| *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).**



# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

**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: PHIL SMITH Address: 582 NEW JACKM RD, STATESVILLE, NC Zip: 28625
Applicant Email: mstrbuilderphil@ATT.NET Phone: 704-450-8495 Alt. Phone: —
Owner Name: DEREK & KAREN DACTON Address: 1052 EUPTIC SPRINGS RD, OLIN Zip: 28660
Owner Email: _____ Phone: 704-929-8544 Alt. Phone: —

**Property Information:**

Street Address: 1052 EUPTIC SPRINGS RD, OLIN, NC 28660
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: NORTH ON I-77 - TOMLIN MILL RD. TO JENNINGS RD TO EUPTIC SPRINGS ROAD, LEFT ON EUPTIC ½ MILE, JOB SITE ON LEFT

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

**CHECK FOUNDATION TYPE**

(✓) 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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing (PARTIAL)
( ) 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 ( ) 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:** Phil E. Smith 5/30/19
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, DEREK & KAREN OALTON, am the legal owner(s) of the property located at 1052 EMPEPTIC SPRINGS Rd, identified as

PIN (Parcel Identification Number) 4842246954.000, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) PHIL SMITH BUILDERS _____, 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.

_____ _____ 5/20/19
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

RECEIVED AUG 8 - 2018

# 237923

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

125348 Pd. $500.00

**Application For:**
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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**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: JAMES R STALEY Address: 409 Trumpet Branch Rd Zip: 28660
Applicant Email: ——— Phone: 704-539-5256 Alt. Phone: ———
Owner Name: SAME Address: SAME Zip: 28660
Owner Email: ——— Phone: 704-539-5256 Alt. Phone: ———

**Property Information:**

Street Address: 1050 Eupeptic Springs Rd. Olin, NC 28660
Subdivision Name: ——— Section/Phase: ——— Lot Number: ———
Driving Directions: ———

**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~~ 4 8/21
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

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

**Non-Residential Site Development:** Type of Business:
Square Footage of Building: 1950 Max. Number of Employees: Max. Number of Seats/Beds/Other:

**Water Supply:** ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 1 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:
( ) 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:** Jim Staley ———
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)* Jim Staley

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, Jane R Staley, am the legal owner(s) of the property located at 1062 Upper Peptic Springs Rd., identified as PIN (Parcel Identification Number) 4842256054.000 located in Iredell County, North Carolina.

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

Jim Staley
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



1062

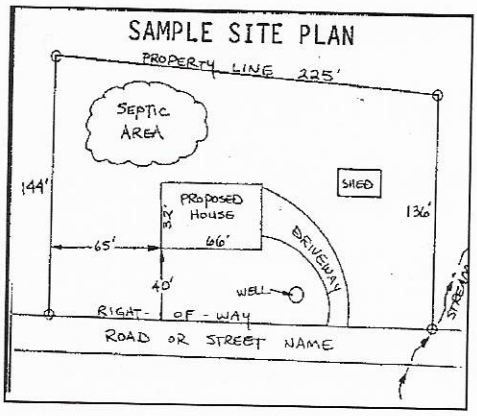
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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:**

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location**
- **( ) Preferred well location**
- **( ) 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***

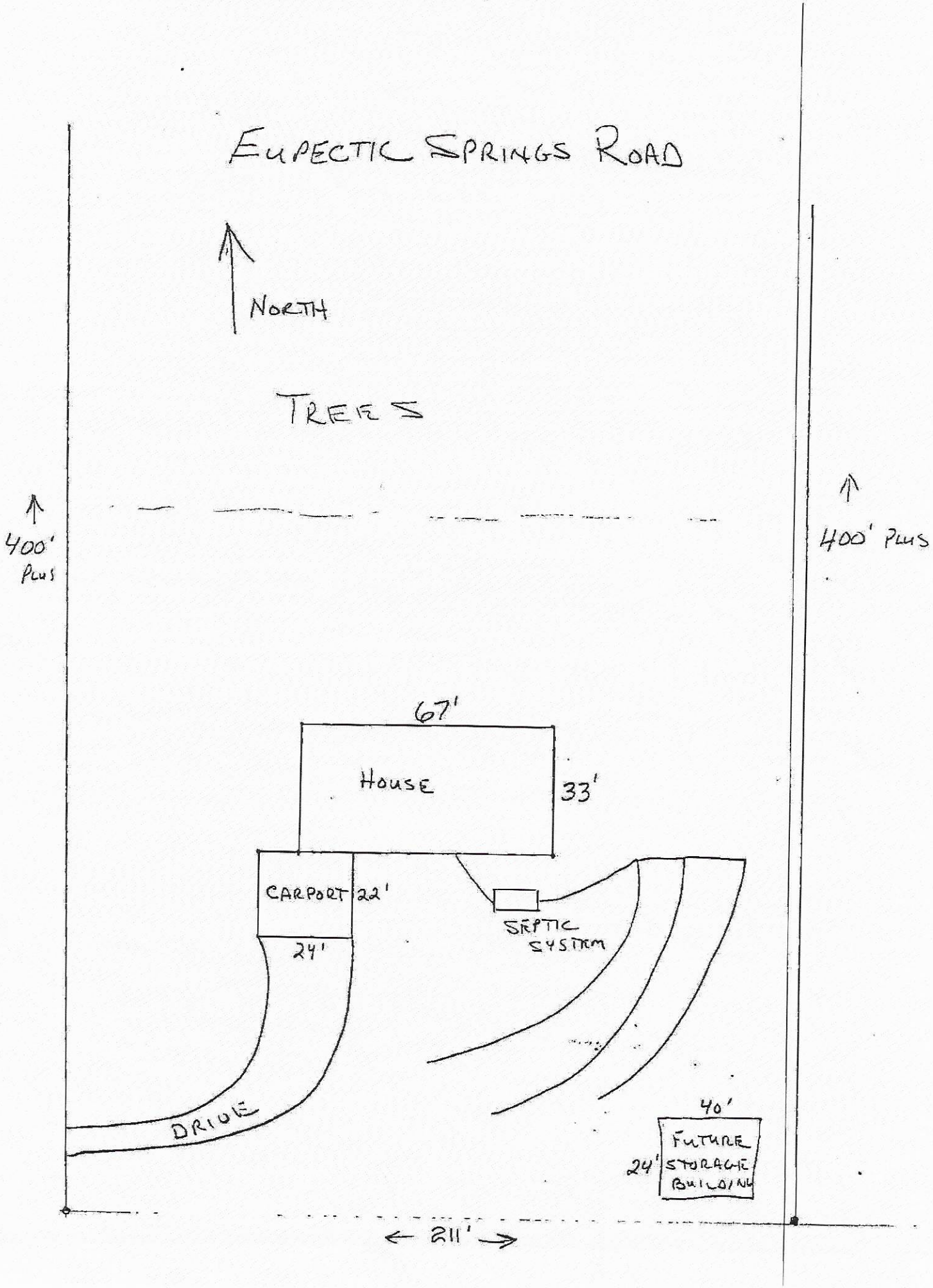
SEE SEPTIC PERMIT

**Signature:** Philip E. Smith

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

5/30/19

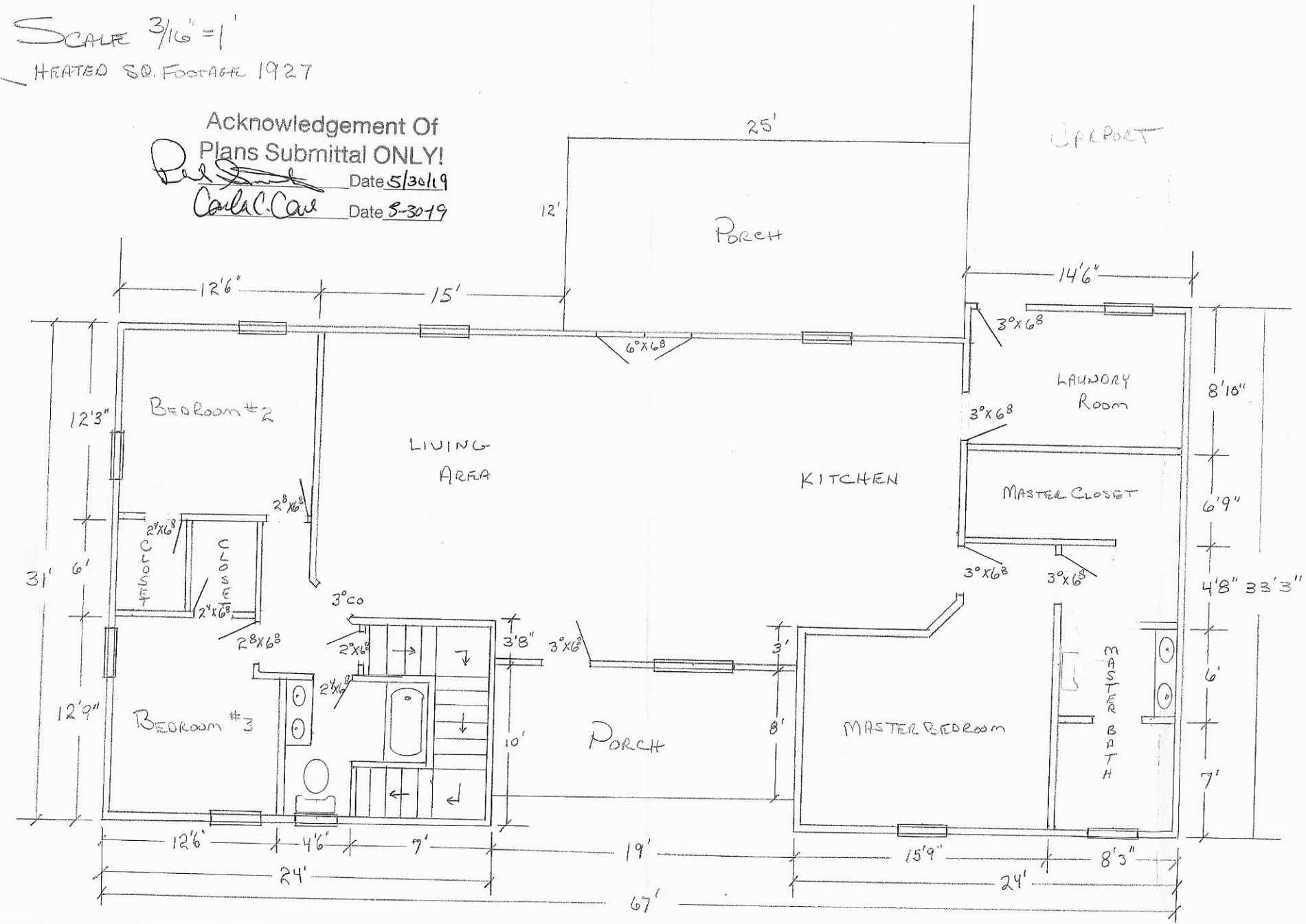
**DATE**


EUPECTIC SPRINGS ROAD
NORTH
TREES
400' Plus
400' Plus
67'
HOUSE
33'
CARPORT
22'
24'
SEPTIC SYSTEM
DRIVE
40'
FUTURE STORAGE BUILDING
24'
211'

SCALE 3/16" = 1'

HEATED SQ. FOOTAGE 1927

Acknowledgement Of
Plans Submittal ONLY!
Date 5/30/19
Carla C. Carr Date 5-30-19



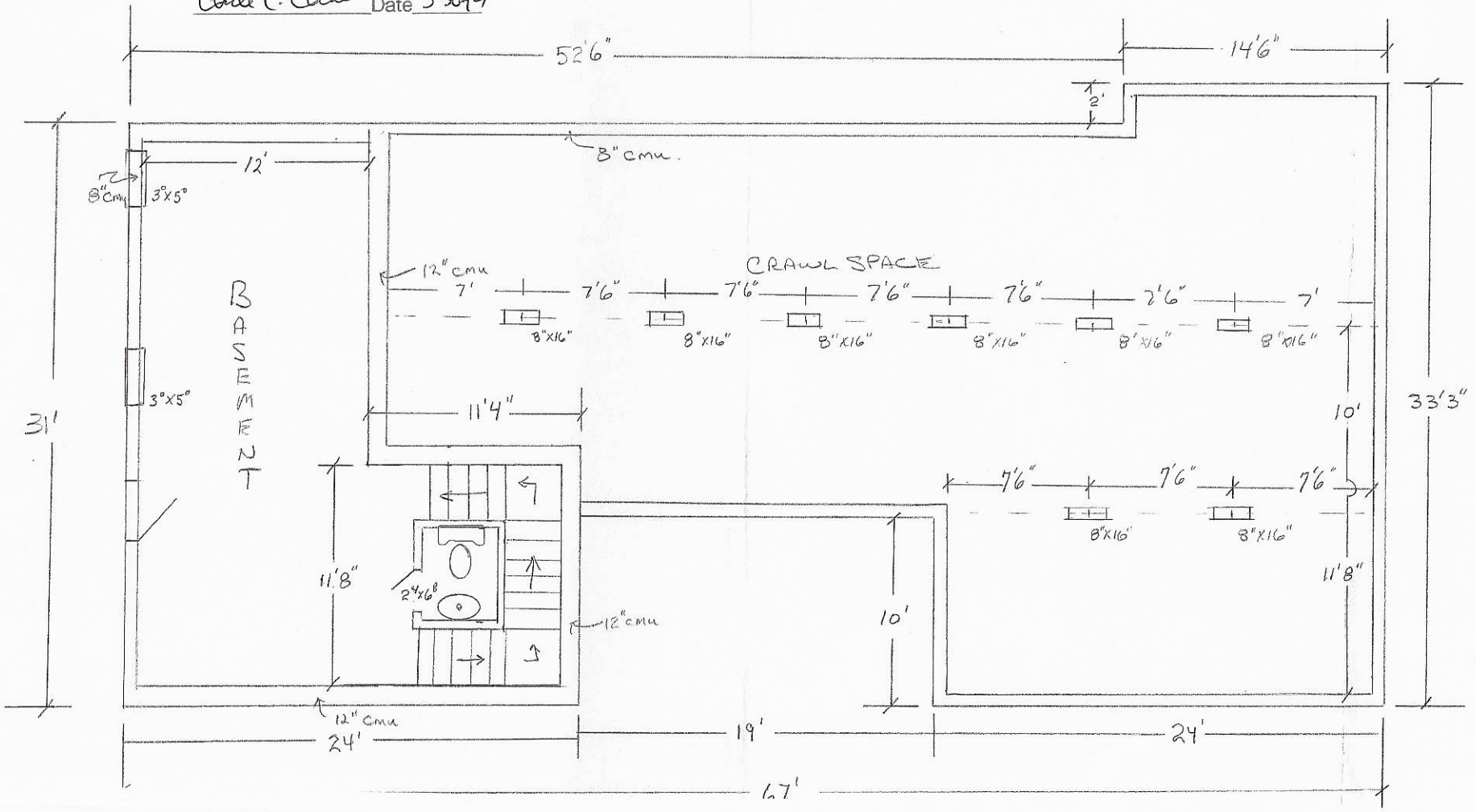
SCALE 3/16" = 1'

BASEMENT & FOUNDATION

Acknowledgement Of
Plans Submittal ONLY!

Date 5/30/19

Carla C. Cone Date 5-30-19



# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 237923 |
| Issue Date: 08/08/2018 |

**ZONING PERMIT**
Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4842256054.000 | 1050 EUPEPTIC SPRINGS ROAD, OLIN, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: HARRIS SALLIE JENNIFER S ETAL | Applicant: STALY, JIM |
| Address: 187 GOFORTH RD | Address: 1050 EUPEPTIC SPRINGS |
| OLIN, NC 28660 | OLIN, NC 28660 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| STICK BUILT SFD - PER REBECCA APPROVAL - MOBILE HOME IS ACCESSORY FOR FAMILY USE ONLY. CANNOT RENT OUTSIDE OF FAMILY | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone | |
|---|---|---|---|---|---|---|---|
| 18.010 | 35.00 | 35.00 | 15.00 | 15.00 | NOT | | X |

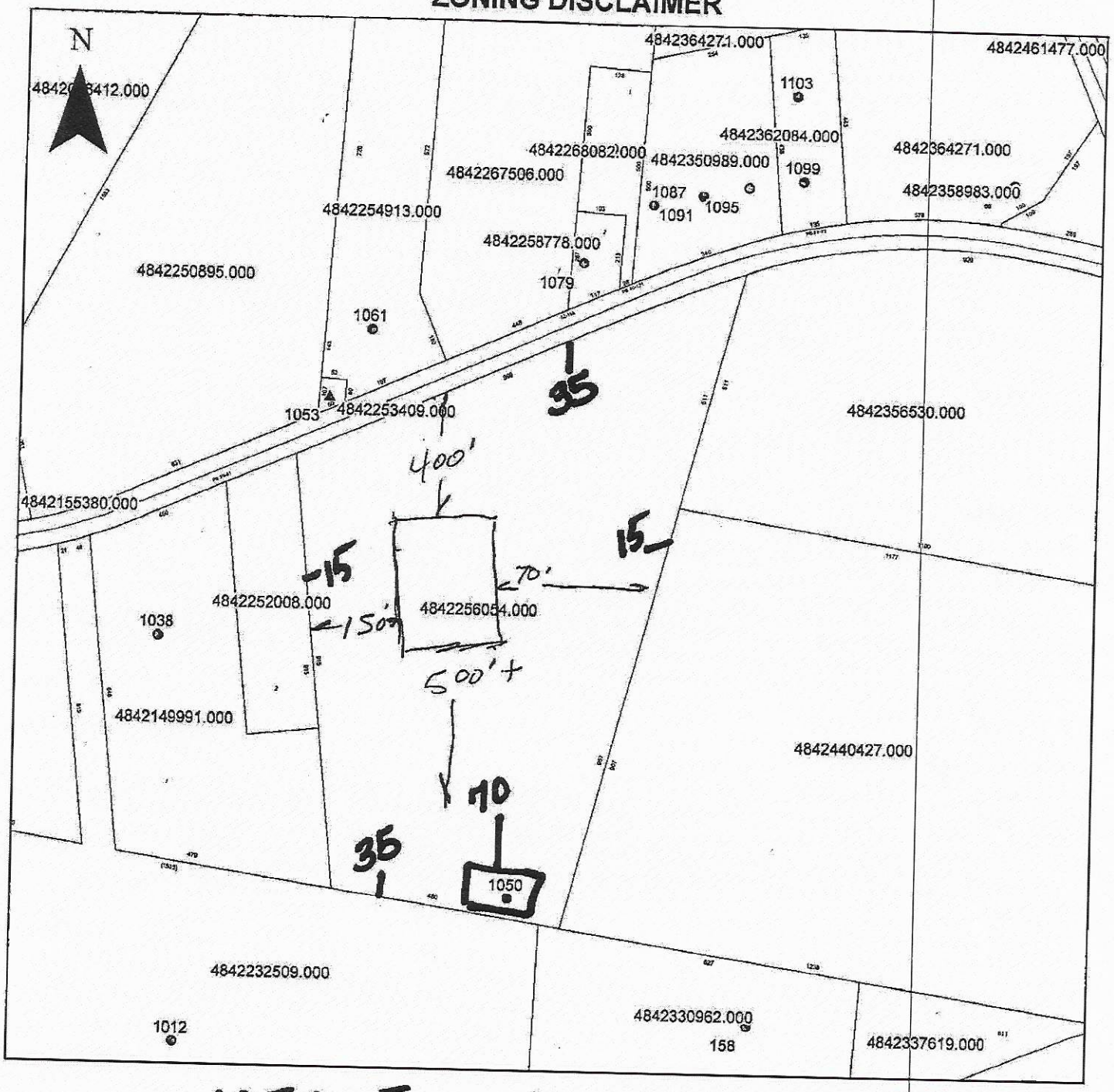
**Remarks:**

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

Applicant: _____ Date: _____

| Permit Number | 148369 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 1050 Eupeptic Springs

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 Jim Shirley
Applicant

X 8-8-18
Date