ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 306607

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

PIN # 4851353479

APPLICANT/OWNER: Freedom Homes - Roger Holland | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 117 Leota Ln, Olin, NC 28660 | PHONE: 704-881-2326 | ALT. PHONE

SITE DIRECTIONS: I40E to I77N, Exit 59, R on Tomlin Mill Rd, L on Josey Rd, R on Olin Rd, R on Sagamore Rd, R on Leota, Leota on L

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 3.228 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .125

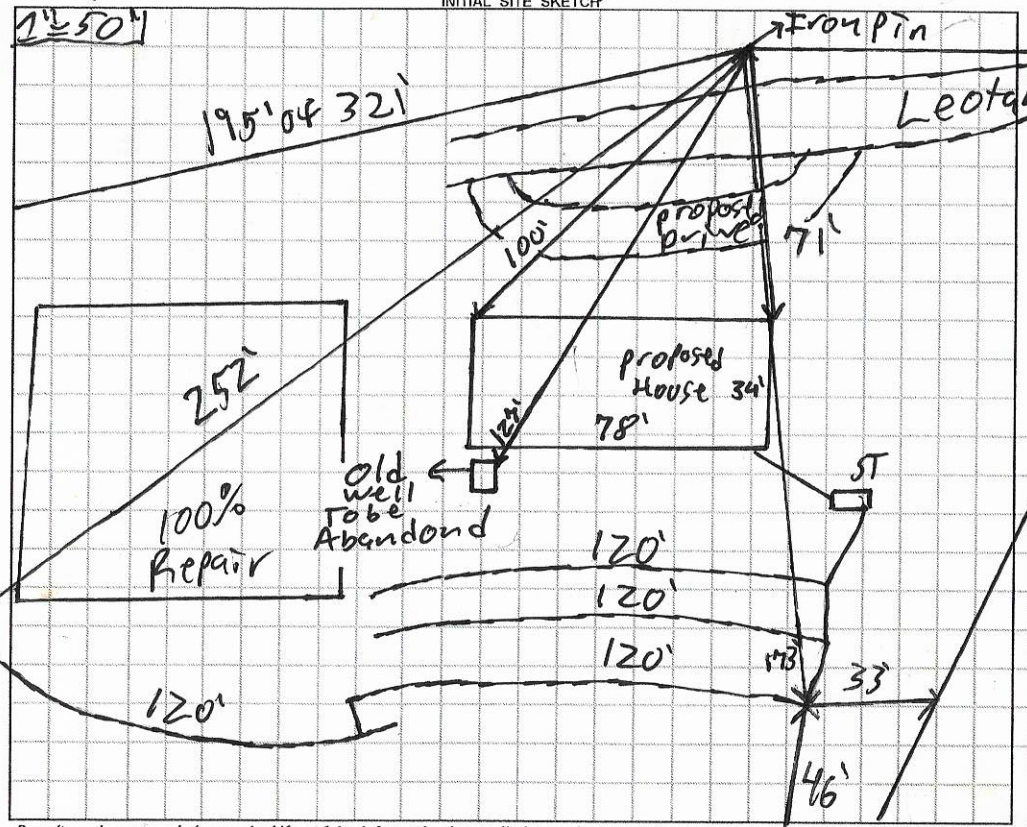
SAP CONTROLLED: ☐ YES ☒ NO

Septic Tank	1000	(gal)	STB	760	Date	7/13	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	LPPPBPS			
# Nitrification Fields	1	# Lines	4		Linear Ft	480'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~	16" Lowside		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

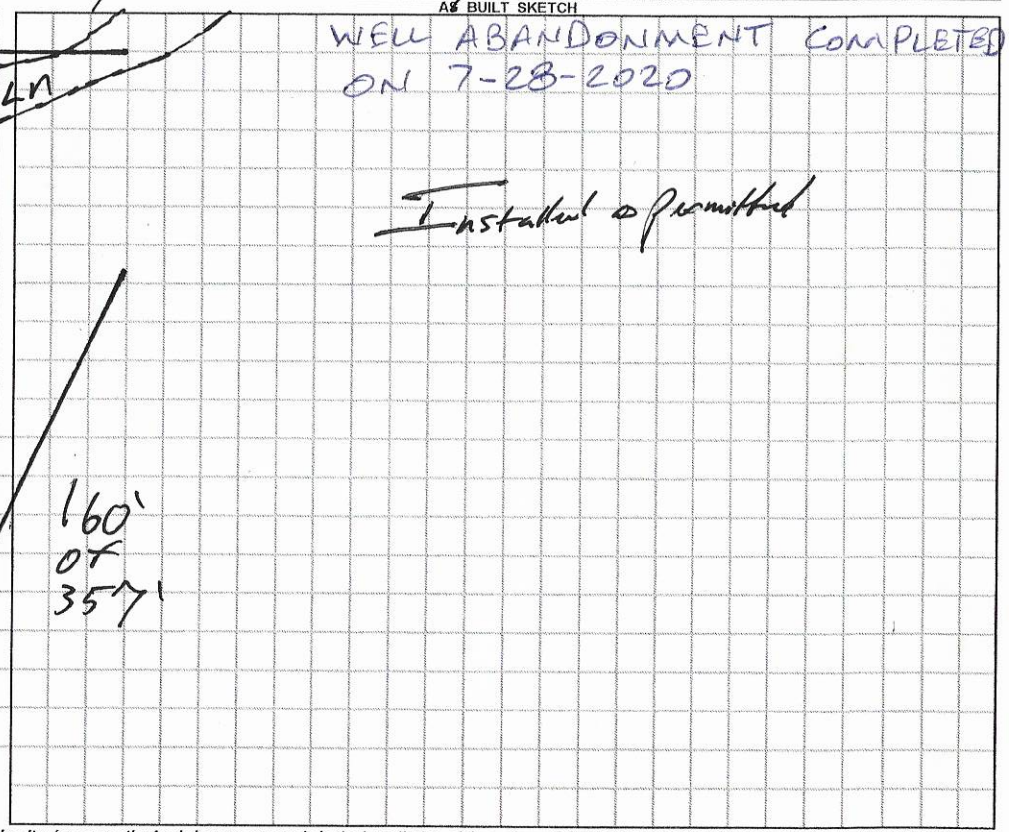
☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Lines on contour. Do not Drive on, store material or manipulate drainfield in any way. Pump Crush and Fill old st and properly abandon old drain Line. All parts of septic must be 5' from footers of any deck c. 2' of approved Type 3 soil must be brought in as cover for system

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: Acceptance of Permit Rec'd ☐ Soldshed | Date: 7.7.2020 | Installed by: ~~Benjamin A. Bittle~~ Tim Abee

IMPROVEMENT PERMIT by: Patrick Bagley III | Date: 7/7/2020 | OPERATION PERMIT by: Benjamin A. Bittle | Date: 9/15/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin C. White | Date: 7-31-2020 | 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 #: 4853334179
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy Troutman NC 28166
PROPOSED FACILITY: New Subdivision
LOCATION OF SITE: 117 Leota Ln
APPLICATION DATE: 4/3/2020
DATE EVALUATED:
PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 3.228 acres
PROPERTY RECORDED: yes

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 13%	0-8	Fill/disturbed	—	Chroma 3's throughout and chroma 2's at 34"	48"	Litho inclusions	Possible chroma 2's at 34"	PS, 25
		8-40	CABK	Fr SS SP SPO					
		40-48	CL ABK	Fr SS SP SPO					
2	SS 14%	0-9	Fill/disturbed	—	Chroma 3's throughout	48"	Litho inclusions	Chroma 3' throughout	PS, 25
		9-42	CABK	Fr SS SP SPO					
		42-48	CL ABK	Fr SS SP SPO					
3	SS 10%	0-22	Fill	—	Chroma 3's throughout	48"	Litho inclusions	22" of fill and chroma 3's	Would need to see deeper throughout
		22-38	CABK	Fr SS SP SPO					
		38-48	CL ABK/HBK	Fr SS SP SPO					
4	SS 12%	0-9	Fill/disturbed	—	Chroma 3's throughout structure at 18" Possible chroma 2's	48"	Litho inclusions	Possible chroma 2's at 18"	PS, 25
		9-33	CABK	Fr SS SP SPO					
		33-48	CL SBK/ABK	Fr SS SP SPO					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480'	320'
System Type(s)	75% Red	50% Red
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Pat ICB
OTHER(S) PRESENT:

COMMENTS: Cloudy Revisit fees

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

Sheet 2 of 2
PROPERTY ID #: 48135379
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy Troutman NC 28166
PROPOSED FACILITY: New Single Family PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 117 Leota Ln

APPLICATION DATE 4/3/2020
DATE EVALUATED:
PROPERTY SIZE: 3.220 acres
PROPERTY RECORDED: Yes

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
5 1	SS	0-7	Fill/disturbed	—	YB mottles scattered throughout chroma 3's at bottom	48"	few Litho inclusions	—	PS.25
		7-38	CSBK/ABK	Fr SPSexP					
		38-48	CLSBK/ABK	Fr SSP SexP					
6 2	SS	0-7	Fill/disturbed	—	YB mottles throughout Chroma 3's at 33'	48"	few Litho inclusions	Rock vein between 30" and 36"	PS.25
		7-16	CSBK/ABK	Fr SS SPSexP					
		16-36	CABK/strong ABK	Fr SSSPSexP					
		36-48	CLSBK/ABK	Fr SSSPSexP					
7 3	SS	0-9	Fill	—	Chroma 3's throughout	48"	—	Chroma 3 and 4 were common	PS.25
		9-30	CSBK/ABK	Fr SSSPSexP					
		30-48	CLSBK	Fr SSSPSoP					
ABI 4	SS	0-6	disturbed	—	YB mottles	48"	—	—	PS.25
		6-48	CSBK	Fr SSS PSexP					

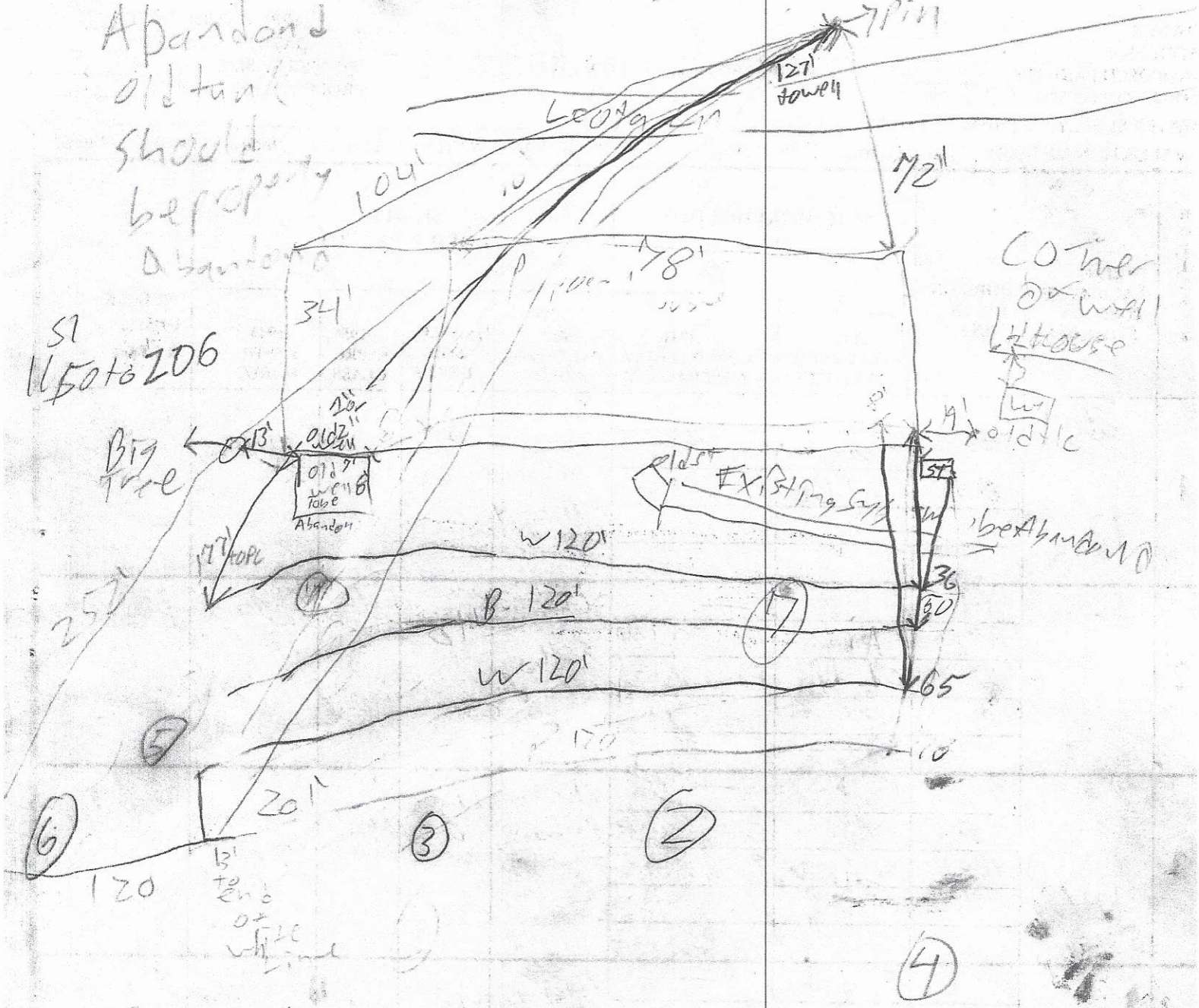
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480'	320'
System Type(s)	25%Red	50%Red
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Brad

COMMENTS:

well needs to be Abandoned old tank should be properly Abandoned

Old tank Pumperish F. 11



S1 W 50 to 206

(40-12)-(36÷,14)

36 — 5

SIE

846 to 1130

well needs to be Abandoned

RECEIVED JUN 2 4 2020

AP-306607
$250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: Freedom Homes / Kimberly Sneed Address: 1124 Charlotte Hwy Troutman Zip: 28166

Applicant Email: Kimsneed.Sneed0409@gmail Phone: 704-881-2326 Alt. Phone:

Owner Name: Roger Holland Address: 430 Sloans Mill Rd Olin NC Zip: 28660

Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 117 Leota LN Olin NC 28660

Subdivision Name: Section/Phase: Lot Number:

Driving Directions: I-40 take I-77 toward Elkin, Exit 59 Tomlin mill Take (R) then a (L) ON Josey LN, (R) onto Olin Loop, (R) onto Sloans Mill (R) onto Leota LN, Lot is on Left

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: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 ( ) City Water (X) Other Public Water County Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ?

( ) 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: Kimberly Sneed 6-12-2020

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

Patricia

going to go with wholehouse system

RECEIVED APR 9 2020

Paid $250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-306607

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)

Applicant Name: Freedom Homes / Kimberly Sneed Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: Kimsneed. Sneed (illegible) Phone: 704-871-2326 Alt. Phone: _____
Owner Name: Roger Holland Address: 430 Sloans Mill Rd Clio NC Zip: 28660
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 117 Leota LN Clio NC 28660
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-40 take I-77 toward Elkin, Exit 59 Tomlinson Mill Take (R) then (L) on Jesse LN, (L) onto Clio Loop, (R) onto Sloans Mill Rd onto Leota LN, 4th on left

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: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 ( ) City Water (X) Other Public Water County Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ?
( ) 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: Kimberly Sneed
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-3-2020
DATE

No Permit in DB or online

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Roger Holland, am the legal owner(s) of the property located at 117 Leota Lane, Olin NC, identified as PIN (Parcel Identification Number) 4951-35-3479, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Keith Wilkins, CMH Homes, Kimberly Sneed, 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.

Roger Holland 3-16-20

Signature of Owner(s) Date

Amanda Coleman 3-16-20

Signature of Witness Date

Please return this signed form to the appropriate office:

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

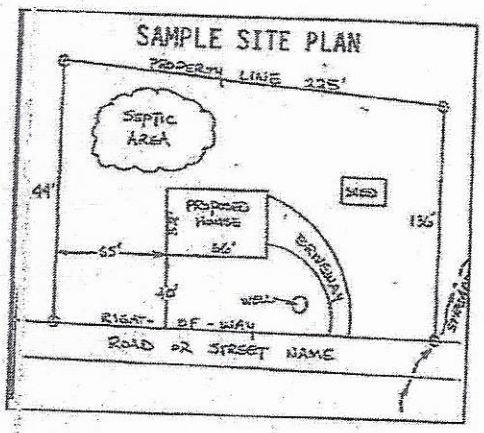
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) 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

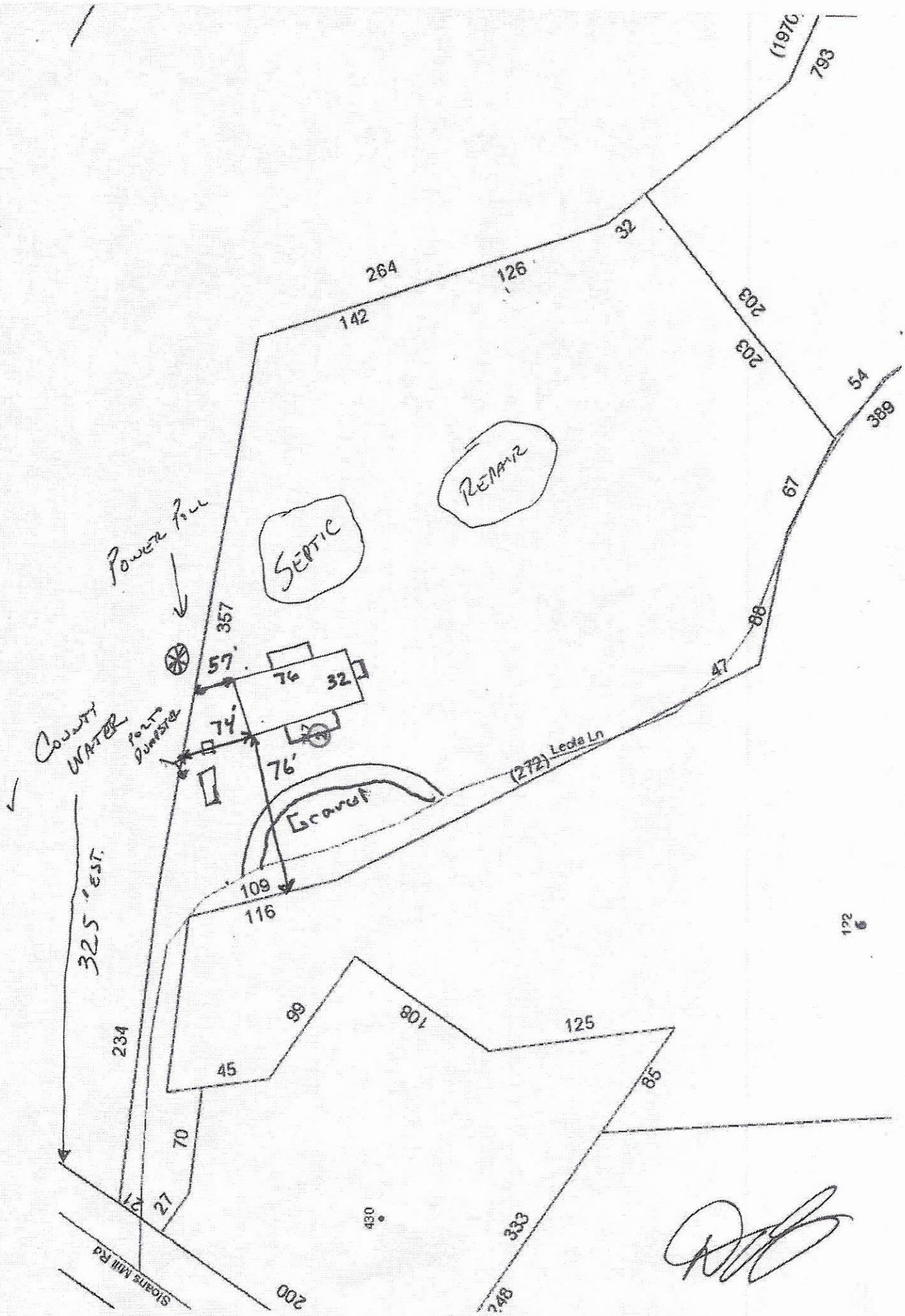
Attached

Signature: Kimberly Reed

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

6-17-2020

DATE


793
32
264
126
142
203
203
54
389
67
88
47
Power Pole
SEPTIC
Remain
357
57'
74
32
74'
76'
County WATER
Fort Dunstan
(272) Leola Ln
Gravel
109
116
325' est.
234
99
108
125
45
85
70
27
27
333
200
Sloans Mill Rd
430
122

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

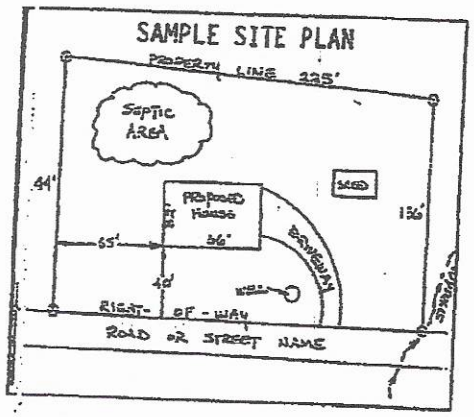
SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

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
- ( ) 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)



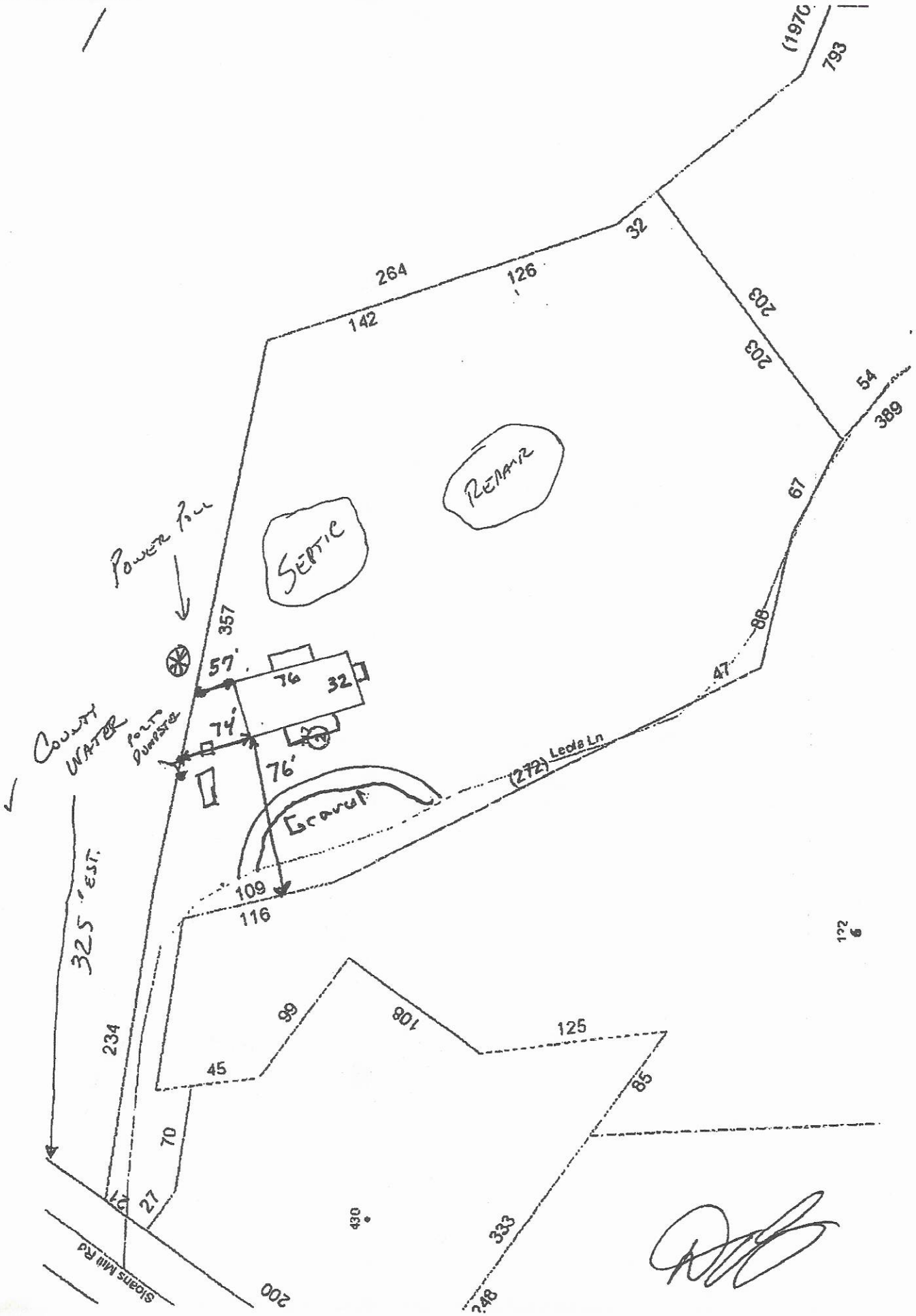
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Attached

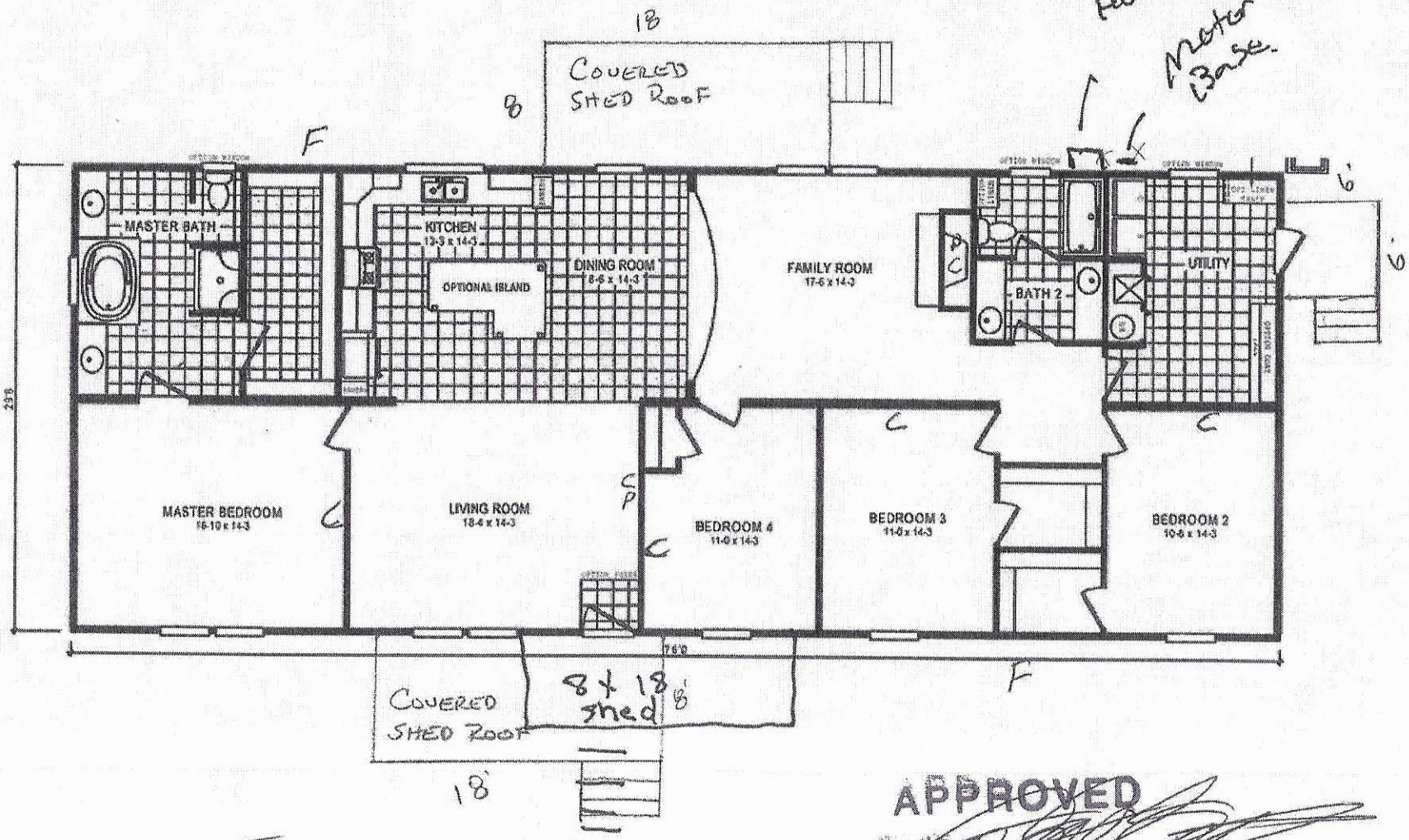
Signature: Kelly Reid
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4-3-23
DATE


(1970
793
264
126
32
142
203
203
54
389
67
88
47
Power Pole
SEPTIC
REPAIR
357
57'
76
32
74'
76'
COUNTY WATER
PORT PUMPSTA
(272) Leola Ln
Gravel
325' EST.
109
116
234
99
108
125
45
85
70
27
21
Sloans Mill Rd
200
430
333
248
122
6

C. Cable
P. Phone

Outdoor faucet + outlet - 1



APPROVED
SIGNATURE:
DATE: 4 MAR 2020

Environmental
Kimberly Snead 4-3-2020

Patrick Boyle III 6/26/2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306607 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4851353479.000	117 LEOTA LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: HOLLAND ROGER D+BILLIE N	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)801-2326

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.228	35	35	15	15	N/A	NO

Remarks
MODULAR**need disclaimer**

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.

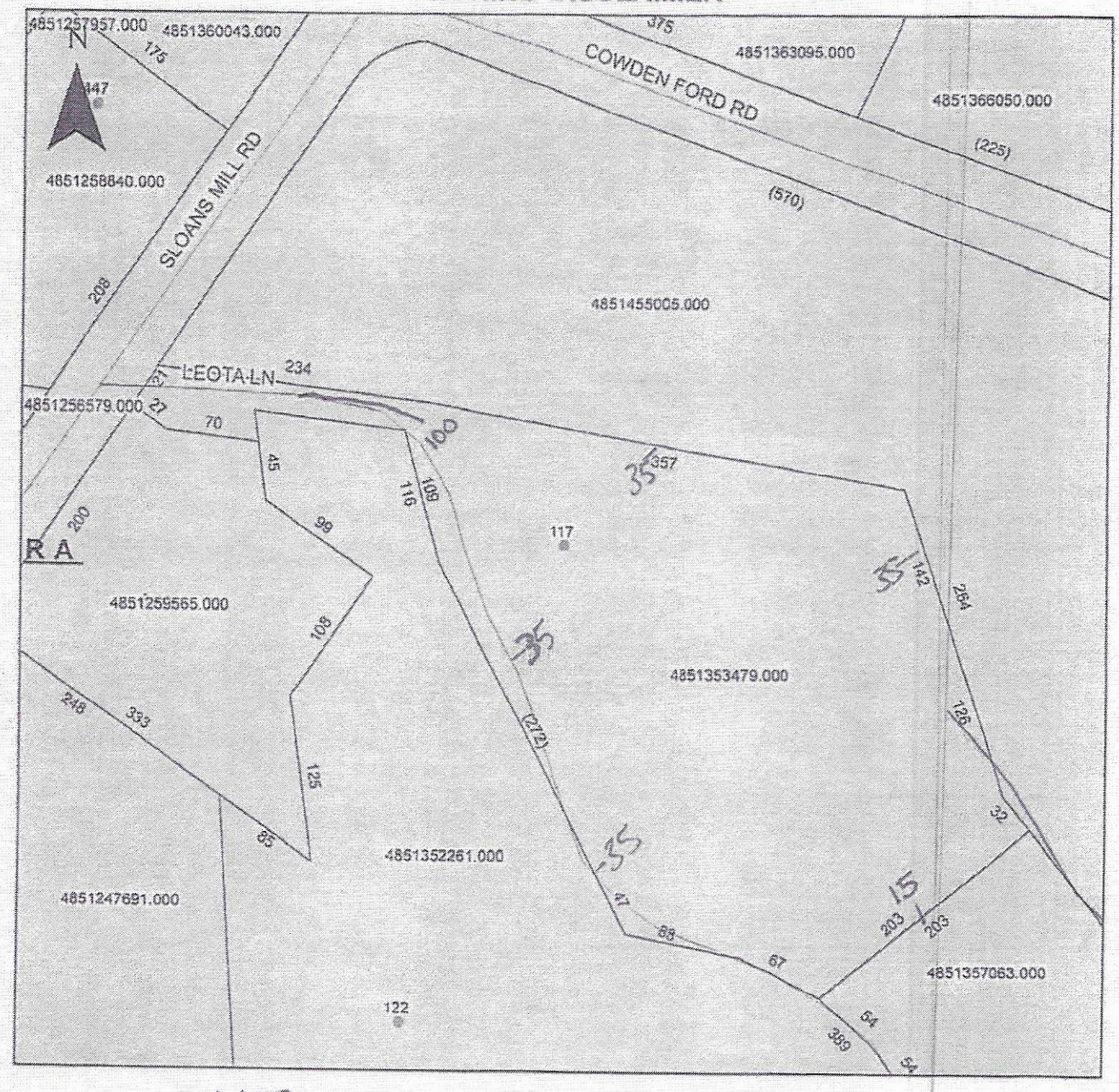
Signature of Owner/Contractor

Date: 04/08/2020

Permit Number	306607

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 117 Leota Lane

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

4-22-2020
Date