IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 246243

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

PIN # 4853144079

APPLICANT/OWNER: BENJAMIN HARDY APPLICANT ADDRESS: 286 PIONEER ROAD, HARMONY, N.C. 28634

SITE ADDRESS: 1348 UNION GROVE ROAD, HARMONY, NC 28634 PHONE: 704-905-3664 ALT. PHONE 704-905-5825

SITE DIRECTIONS: (N) ON 77, (L) ON 901, (R) ON UNION GROVE ROAD, LOT ON (L) SAP CONTROLLED: [x] YES [ ] NO

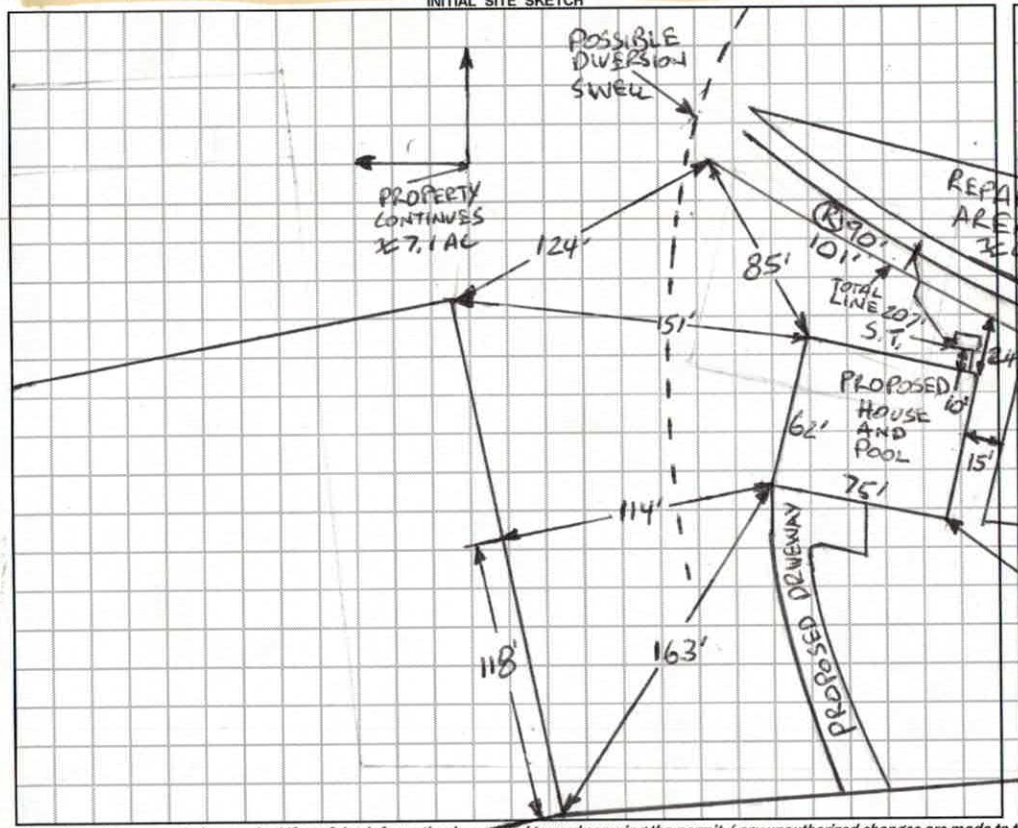
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 7.093 DESIGN FLOW: 360GPD L.T.A.R.: 0.3/0.275 REP

Septic Tank	1000 (gal)	STB 1012	Date 3-27-2026	[x] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT —	Date —	System Description:	25% REDUCTION	[ ] Business	No. Persons 6
Pump Make	—	Model —	Serial # —	Repair System Description:	25% REDUCTION	[ ] Other	No. Employees —
# Nitrification Fields	1	# Lines 3	Linear Ft 300	Maintenance Agreement Required:	[ ] YES [x] NO	[ ] Slab	[x] Crawl Space
Trench Width	36IN	Trench Bottom Depth(Low side)	26 IN	Gravel Depth —	[x] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

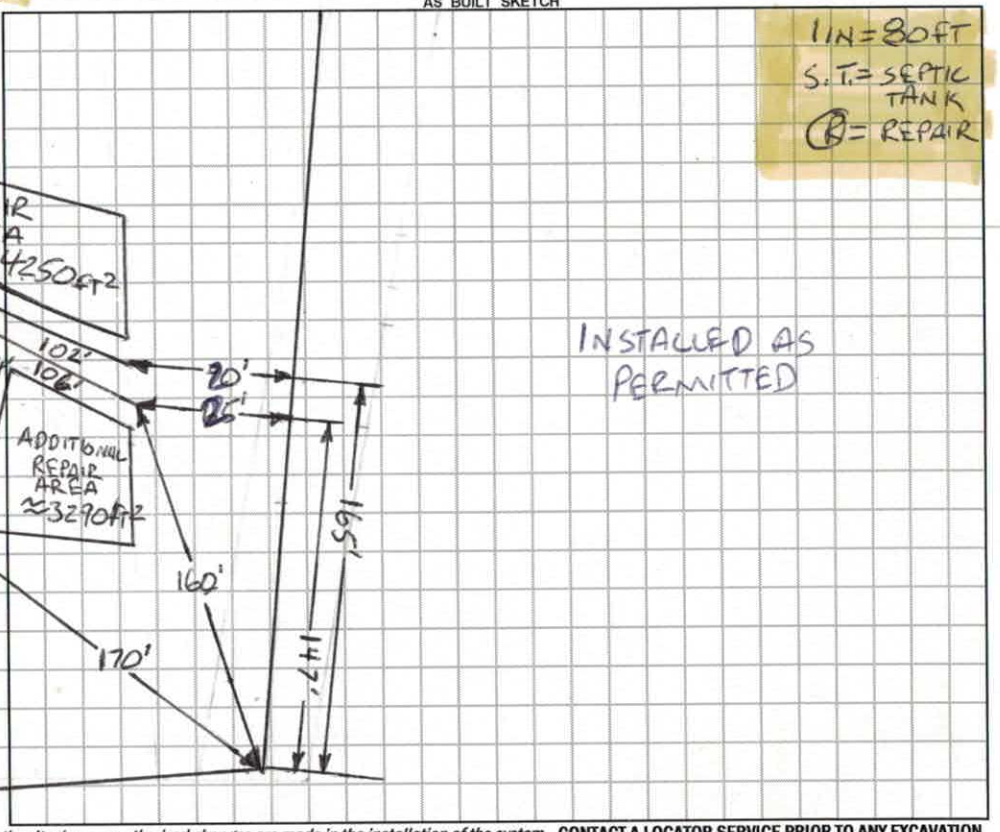
Water Supply: [ ] Private [x] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, SPLIT FEED 207FT LINE FROM CENTER, UTILIZE SERIAL DISTRIBUTION, UTILIZE SWELL TO DIVERT SURFACE WATER

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

Owner / Applicant Signature: BRH Date: 8-13-19 Installed by: PIEDMONT BACKHOE

IMPROVEMENT PERMIT by: Bradford C. White Date: 8-8-2019 OPERATION PERMIT by: Bradford C. White Date: 7-10-20

AUTHORIZATION TO CONSTRUCT by: Bradford C. White Date: 6-12-2020 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 1
PROPERTY ID #: 4853 1446
COUNTY: IREDELL

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

OWNER: BENJAMIN HARDY
APPLICATION DATE: 6-28-19
ADDRESS: 286 PIONEER ROAD, HARMONY, NC 28634
DATE EVALUATED: 7-12-19
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 2093 AC
LOCATION OF SITE: 1348 UNION GROVE ROAD, HARMONY, N.C. 28634
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 10%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	40"	PS II SL	NA	PS .3
		9-28	C, SBK	FR, S, P, SEXP					
		28-40	CL, WSBK	FR, SS, SP, SEXP					
		40-48	SAP, RC	VFR, NS, NP, SEXP					
2	~~LINEAR~~ HEAD 12%	0-16	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .3
		16-44	C, SBK	FR, S, P, SEXP					
		44-52	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 12%	0-15	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .3
		15-40	C, SBK	FR, S, P, SEXP					
		40-50	CL, WSBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 8%	0-12	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT Y/B MOTS 24"-36"	48"+	NA	NA	PS .275
		12-38	C, SBK	FR, S, P, SEXP					
		38-48	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3/0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Barbara 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)

13% SLOPE SHOT W/ LASER

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

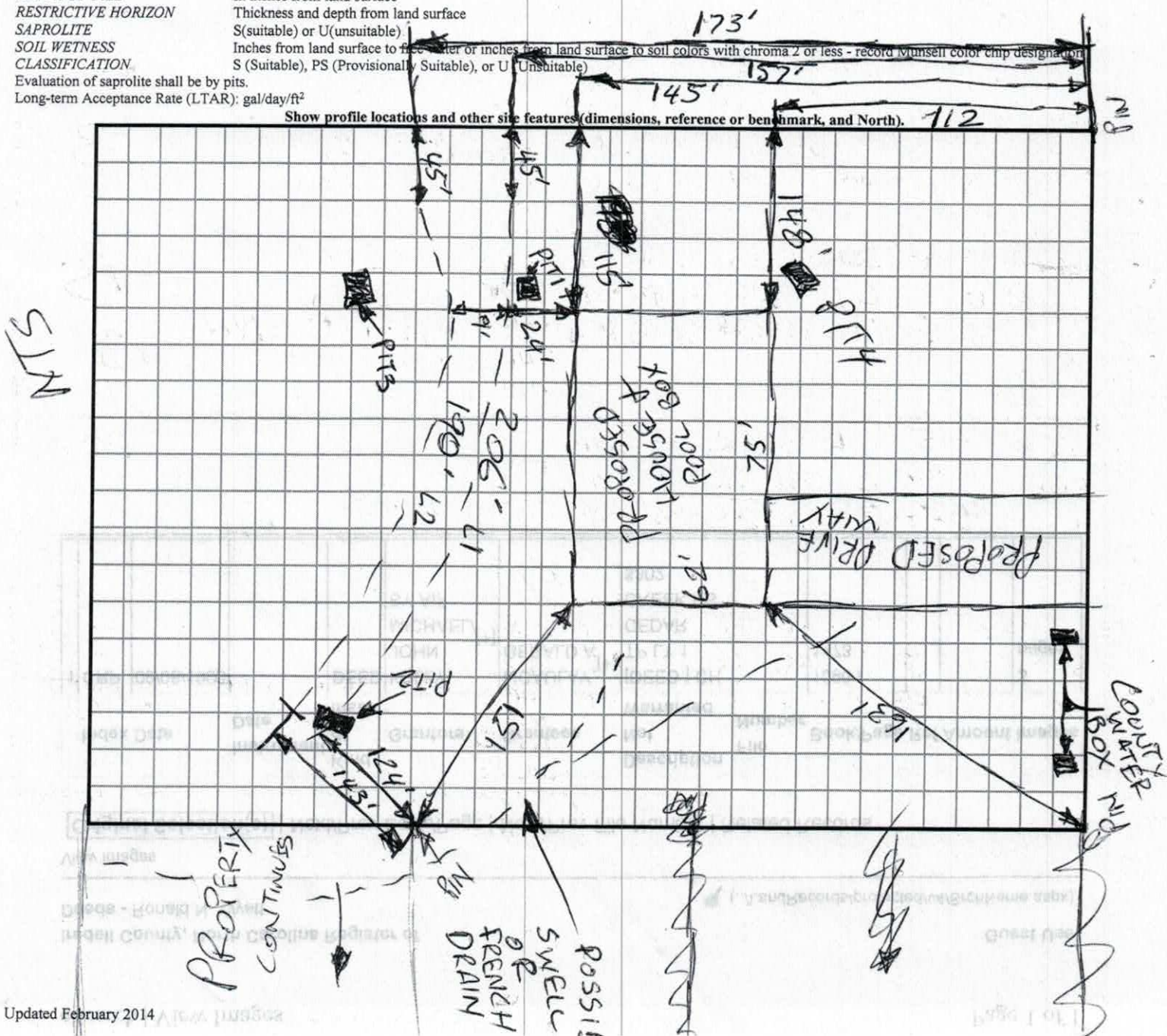
NOTES

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/ft²

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



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

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: BENJAMIN HARDY Address: 286 Pioneer Rd Harmony NC Zip: 28634
Applicant Email: benhardy@dougmadisonrealty.com Phone: 704-905-3664 Alt. Phone: _____
Owner Name: Christin Hardy Address: SAME Zip: _____
Owner Email: christincookehardy4@gmail.com Phone: 704-905-5825 Alt. Phone: _____

Property Information:

Street Address: 1348 Union Grove Rd, Harmony NC 28634
Subdivision Name: — Section/Phase: _____ Lot Number: _____
Driving Directions: 77 North to Exit 65 - Left on 901 - Right on Union Grove Rd - then 3/4 mile on the left

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

Maximum Number of Bedrooms: 3
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

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 Iredell 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: B.R.H. / Christin Hardy
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)
6-28-19 6/12/20
DATE

Carl Homes

#2962 93
6-28-19
$800

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: BENJAMIN HARDY Address: 286 Pioneer Rd Harmony NC Zip: 28634
Applicant Email: benhardy@dougmadisonrealty.com Phone: 704-905-3664 Alt. Phone: _____
Owner Name: Christin Hardy Address: SAME Zip: _____
Owner Email: christincookehardy4@gmail.com Phone: 704-905-5825 Alt. Phone: _____

Property Information:

Street Address: 1348 Union Grove Rd, Harmony NC 28634
Subdivision Name: — Section/Phase: _____ Lot Number: _____
Driving Directions: 77 North to Exit 65 - Left on 901 - Right on Union Grove Rd - Hse 3/4 mile on the left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
(✓) Swimming Pool
( ) Other Addition/Structure: _____

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: _____ 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 Iredell 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?

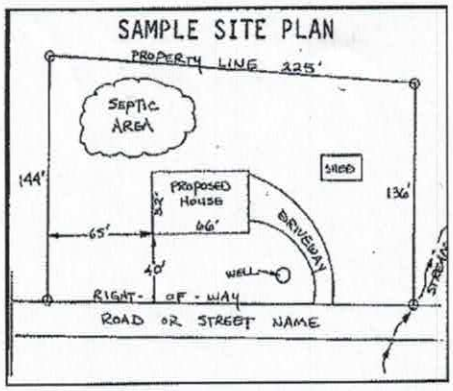
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: B.R.H. 6-28-19
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:

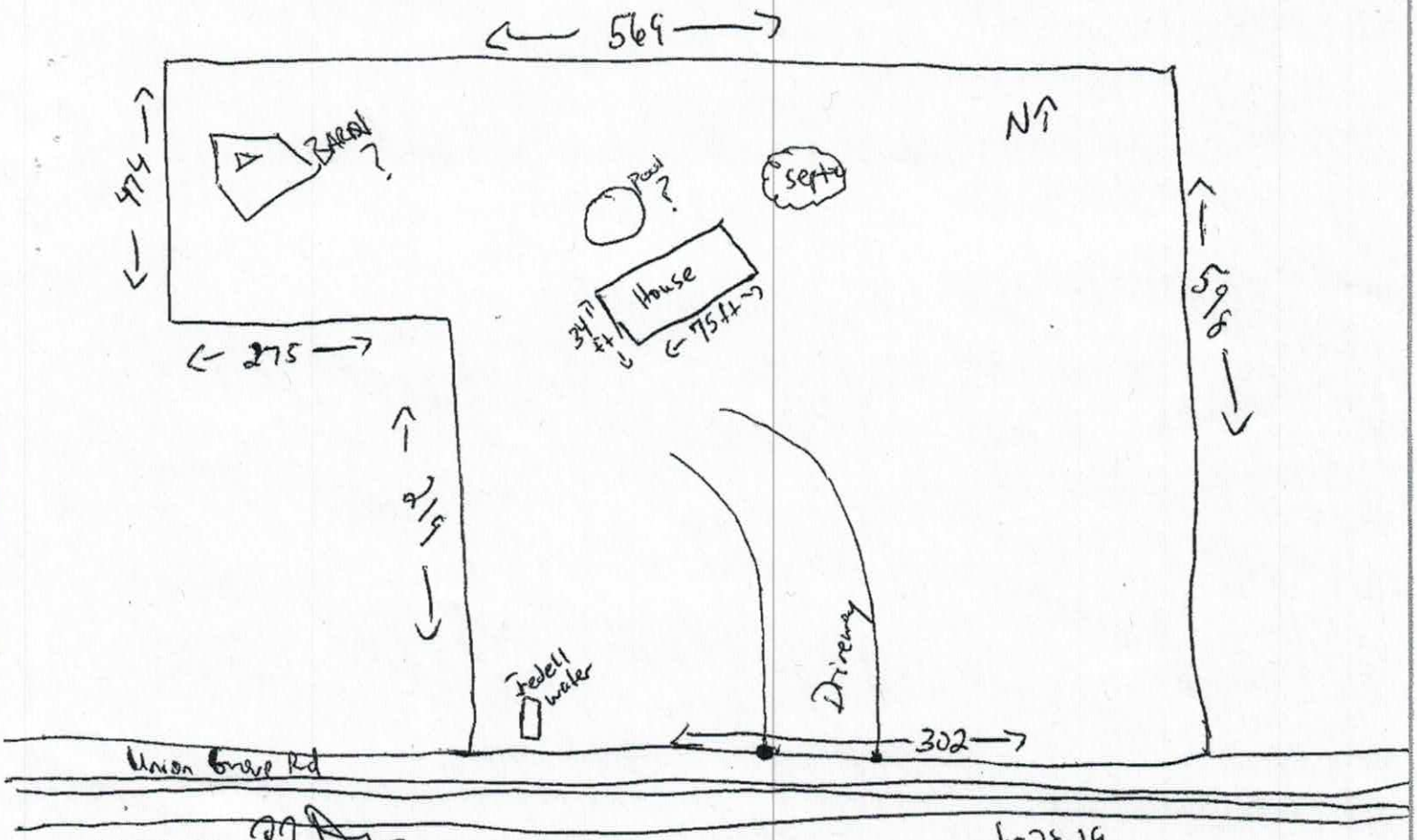
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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



Signature: B.T. _____ 6-28-19

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

DocuSign Envelope ID: 0D6C93B3-2891-4893-AEB1-1FD4CFD5E74D

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, Richard + Jill Kuiken, am the legal owner(s) of the property located at 1348 Union Grove Road, identified as

PIN (Parcel Identification Number) 4853144079, located in Iredell County, North Carolina.

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

DocuSigned by:
Richard R. Kuiken
0A8F10DE2D8A40E...
Signature of Owner(s)

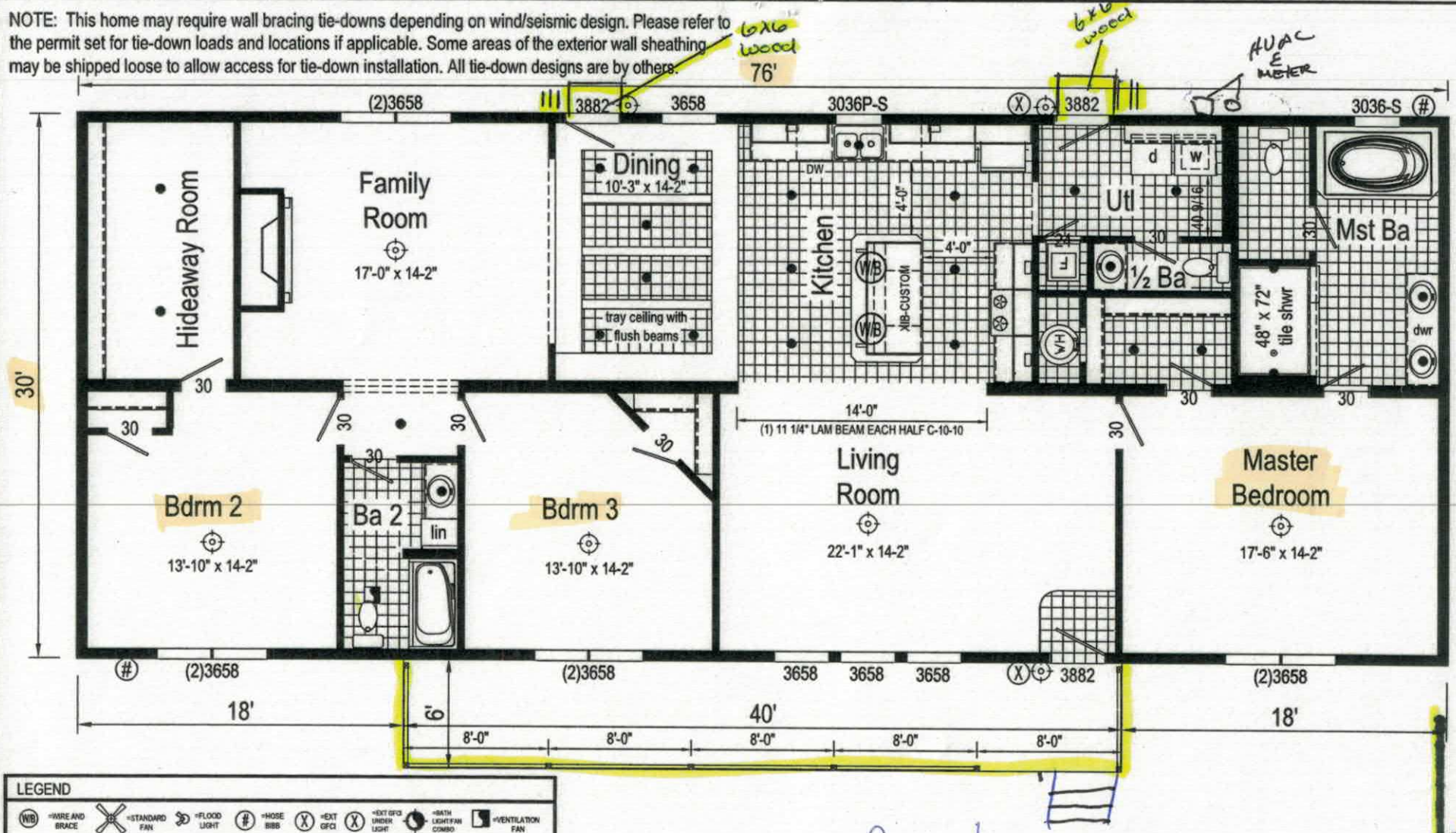
6/25/2019 | 2:38 PM PDT
Date

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

ER H.B.T D

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



LEGEND

WB =WIRE AND BRACE | =STANDARD FAN | =FLOOD LIGHT | =HOSE BIBB | =EXT GFCI | =EXT GFCI UNDER LIGHT | =BATH LIGHT/FAN COMBO | =VENTILATION FAN

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

IMPORTANT NOTES:

1. PRELIMINARY ELECTRICAL ONLY. SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS.(EXAMPLE: RECEPTS/LIGHTS/SWITCHES/FAN LOCATIONS MAY VARY)
2. PRODUCTION OF HOME MAY VARY FROM LIT OR PERMIT PRINTS WITHOUT NOTICE DUE TO UNSEEN CODE OR CONSTRUCTION CHALLENGES AT THE TIME PRODUCTION PRINTS ARE PRODUCED.

1BS0004-V 3076 Approx. 2280 Sq. Ft.

Buyer's Initials

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

Home Owner: _____ Date: 2-27-2020

_____ Date: 2-27-2020

Retailer: _____ Date: _____

D3

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3076	Revisions Date / No.			Scale: 1/8" = 1'-0"	Date: 10/28/2019	Cust: Hardy	Model/Eng. No.: 1BS0004-V
Title: Literature					Drawn By: SG/RR	Reference: NONE	Dlr: Clayton Statesville S/N: .	Pg.: LIT

IREDELL COUNTY

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

APPLICATION NUMBER
246243
Issue Date: 06/28/2019

ZONING PERMIT

Residential

FILE COPY

Parcel Number	Street Address	Jurisdiction
4853144079.000	1348 UNION GROVE ROAD, HARMONY, NC 28634	

Owner Information	Applicant Information
Owner: KUIKEN RICHARD R SR+JILL E	Applicant: HARDY BENJAMIN R
Address: 1367	Address: 816 SHILLINGTON LANE
IREDELL CO, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
7.090	35.00	35.00	15.00	15.00	BOWH	X

Remarks:

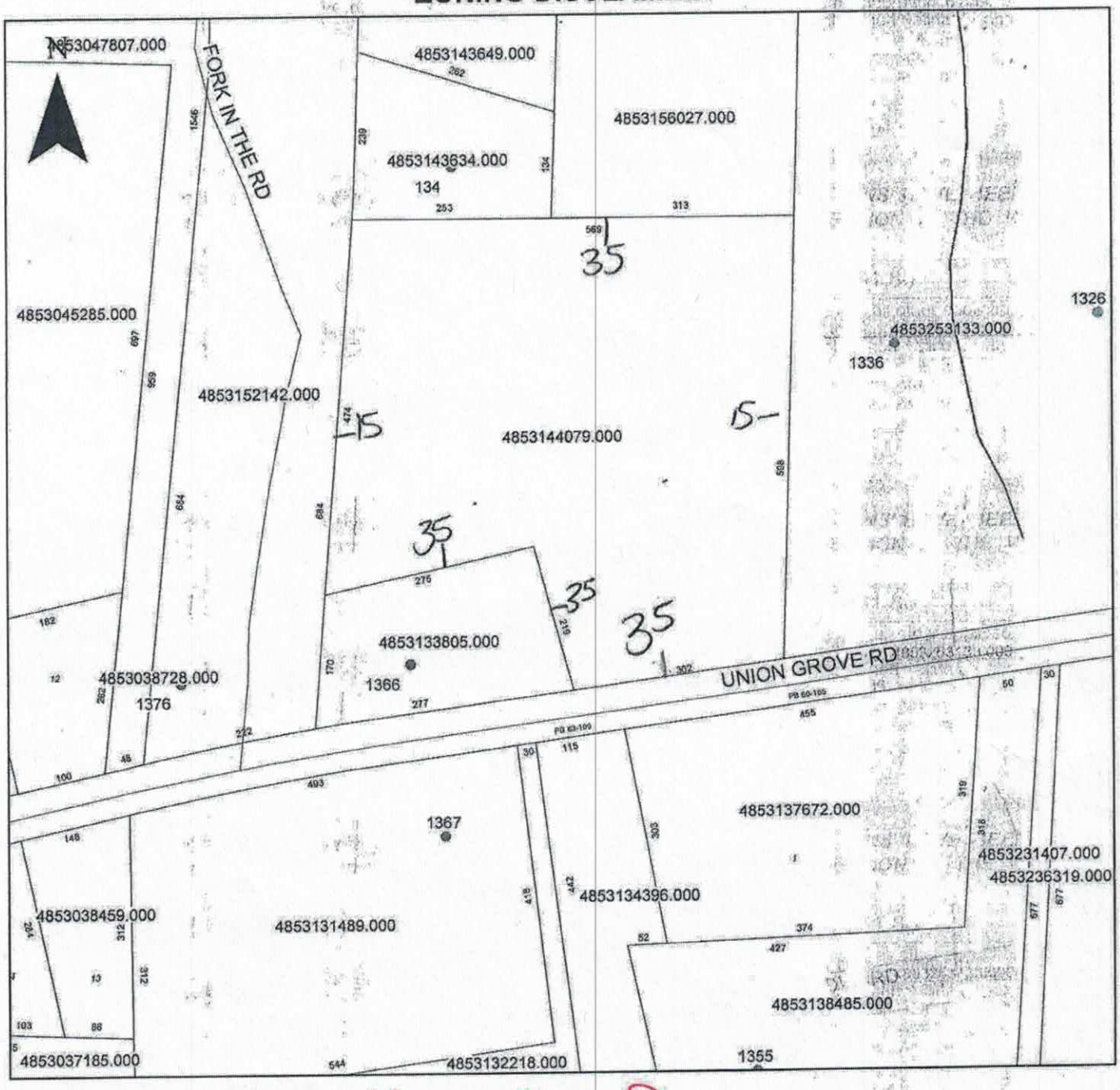
PAID
CK # 2541
06-28-19 BW

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: SEE ATTACHED Date: _____

Permit Number	183475	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1348 Union Grove Rd.

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

B.R.

Applicant

6-28-15

Date