IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234362.

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

PIN # 4862-83-8255

APPLICANT/OWNER: Clayton Homes of Statesville/Vance Carson APPLICANT ADDRESS: 2026 Northside Drive Statesville NC

SITE ADDRESS: 130 Net Lane Hamptonville NC 27020 PHONE: 704-873-2547 ALT. PHONE 336-668-7130.

SITE DIRECTIONS: 77N to 901(R) 3 miles (L) on Eglu Mills RD .5mi Rt Hamptonville (R) on Net SAP CONTROLLED: ☐ YES ☒ NO

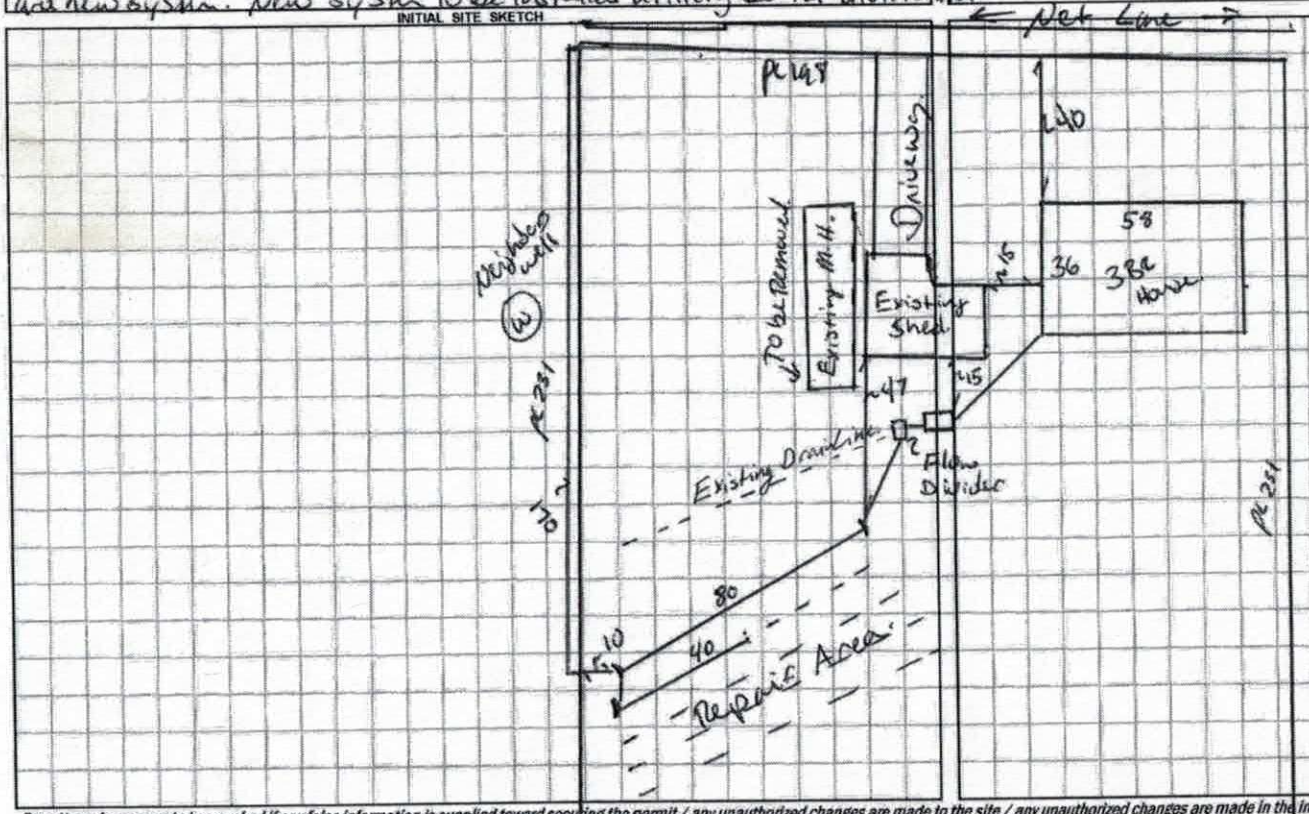
SUBDIVISION: Vance T + Ruby T Carson SECTION: ~ LOT # -1- LOT AREA: 1.051 Acres DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	EXT	(gal)	STB	~	Date	~	☐ 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:	25% Reduction			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1	# Lines	2		Linear Ft	120	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth(Low side)	24		Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing	

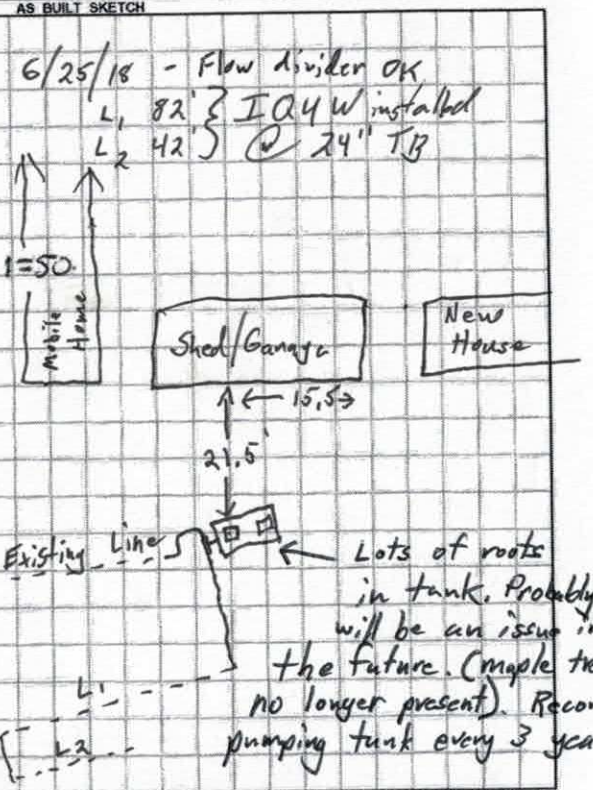
Comments / Conditions: 130 cannot share well/socket #122. Must use County Water. Install Flow Divider to distribute water to existing system and new system. New system to be installed utilizing serial distribution.

Property/plat Recorded Bk 68 PG 6 on 4/12/18. Pin Still to be Recorded.

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: [signature] Date: 4/24/18 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Benjamin A. Bathe Date: 4/23/2018 OPERATION PERMIT by: S Thomas Shuck Date: 6/25/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bathe Date: 4/25/2018. 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 #: 4862835371
COUNTY: Iredell

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

OWNER: Corson.
ADDRESS: 130 Net Lee Hamptonville.
PROPOSED FACILITY: Expansion IBR PROPOSED DESIGN FLOW (.1949): 360.
LOCATION OF SITE: 130 Net Lee

APPLICATION DATE 3/23/17
DATE EVALUATED: 3/28
PROPERTY SIZE: 1+Acre
PROPERTY RECORDED: NO.

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	Side 5-10%	0-4	Scc wSBk	SS Sp FR Sch.	2.5Y 4/6	48			PS .25
		4-18	c SBk	SS Sp FM Sch					
		18-48.	cc wSBk	SS Sp FM Sch					
2	Side 5-10%	0-7	Scc wSBk	SS Sp FR Sch	2.5Y 4/6	48.		Some Litho Mottles.	PS .25 Firm 4/0
		7-27	c SBk	SS Sp FM Sch					
		27-48.	cc wSBk	SS Sp FM Sch					
3	Side 10%	0-10	Scc wSBk	SS Sp FR Sch		48.			PS .25
		10-32.	c SBk	SS Sp FM					
		32-48.	cc wSBk	SS Sp FR					
4	Side 10%	0-4	Scc wSBk	SS Sp FR Sch		48.			PS .25
		4-28	c SBk	SS Sp FM					
		28-48.	cc wSBk	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	120.	120
System Type(s)	III 25%	III 25%
Site LTAR	.25	.25

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bethea
OTHER(S) PRESENT: —

COMMENTS: Site not Recorded. Mark to Show well.

LEGEND

use the following standard abbreviations

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

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

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

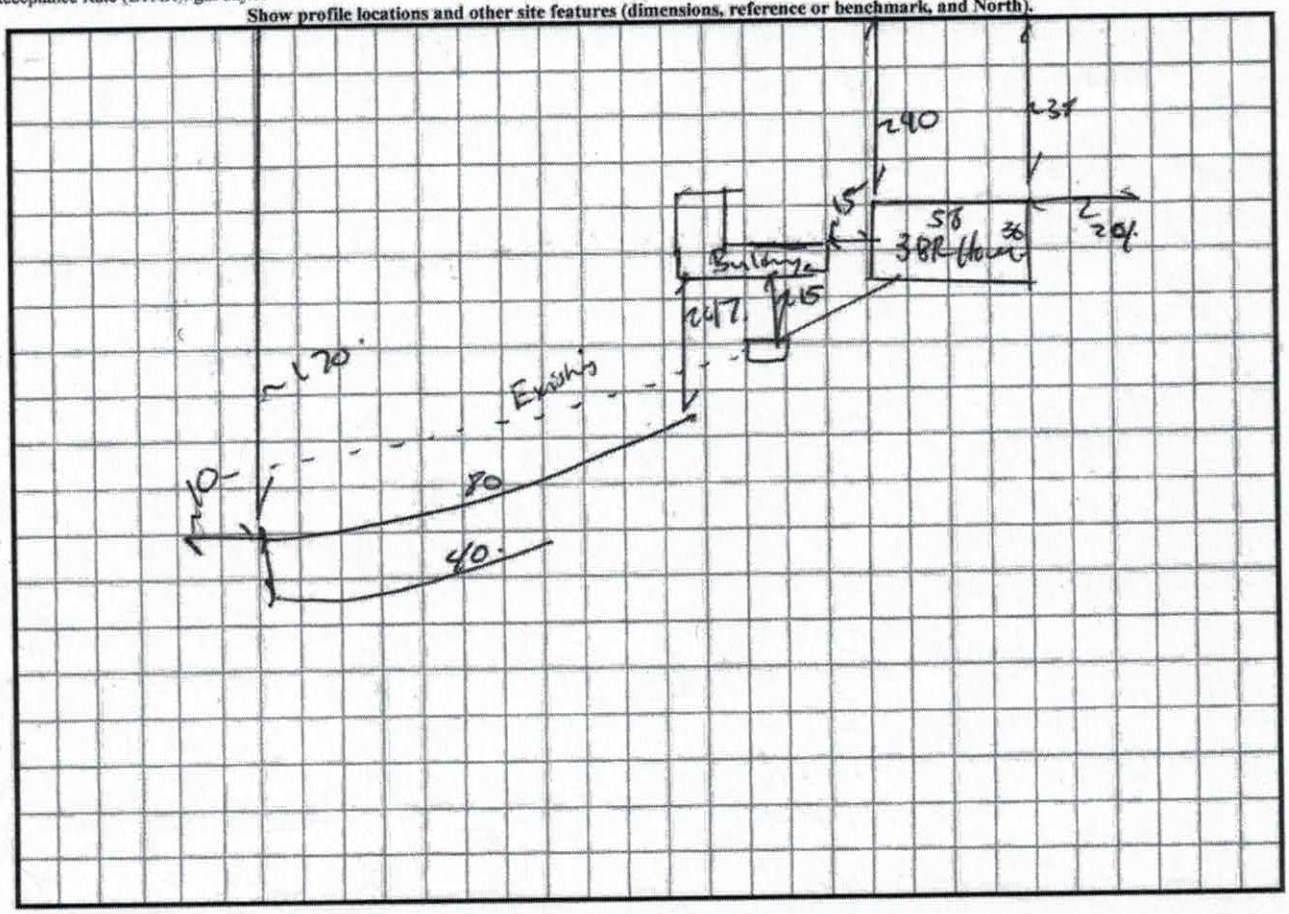
NOTES

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

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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



Triplex Dr Box

EXPANSION

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* Application for SEPTIC REPAIR PERMIT

(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)

1. **APPLICATION FOR:** ___ Improvement Permit ___ Authorization To Construct ___ BOTH ✓ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CLAYTON HOMES OF STATESVILLE	2026 NORTHSIDE DR STATESVILLE	704 878 2547	336 648 7180
VANCE CARSON (Owner Name)	122 NET LN HARMONVILLE NC 27020 (Mailing Address)	704 902 4579 (Home Phone #)	(Alternate Phone #)

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
130 NET LN HARMONVILLE 27020	—	—

Driving Directions: 77 N TO 901 TURN (R) APP 3 MILES (L) ON EAGLES MILL RD, .5 mi (R) ON HUNSTONVILLE RD, .5 mi (R) ON NET LOT BESIDE 122 NET LANE

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- (X) Expansion of Existing Septic System
- ( ) ~~Repair To Failing Septic System due to~~ _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

- (X) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:** SHARED WITH 122 NET LANE

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed ?
   Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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.

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, RUBY OR VANCE CARSON, am the legal owner(s) of the property located at 130 NET LANE, identified as PIN (Parcel Identification Number) 4862838372.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CMH STATESVILLE, LANCE HARRELL, ADAM CASSTEVENS, 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.

x Vance J. Carson 3-15-18
Signature of Owner(s) Date

3-15-18
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

000457

FILED
IREDELL COUNTY
'91 SEP 12 AM 10 16
BOOK 0828 PAGE 876
BRENDA D. BELL
REGISTER OF DEEDS

No Stamps

Excise Tax

Recording Time, Book and Page

Tax Lot No. _____ Parcel Identifier No. _____

Verified by _____ County on the _____ day of _____, 19_____

by _____

Mail after recording to Olde Towne Mobile Homes, Inc. 2014 Northside Drive, Statesville, NC 28677

This instrument was prepared by Winthrop and Winthrop, Attorneys at Law, Statesville, NC 28677

Brief description for the Index | NO TITLE OPINION RENDERED |

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 12th day of September, 1991, by and between

GRANTOR	GRANTEE
DORIS B. CARSON, Widow of Thomas W. Carson of Iredell County, North Carolina	VANCE T. CARSON and wife, RUBY T. POPE CARSON of Iredell County, North Carolina

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in the City of _____ Eagle Mills Township, Iredell County, North Carolina and more particularly described as follows:

Lying and being located in Eagle Mills Township, Iredell County, North Carolina and being more particularly described as follows:

See Attachment

NO TITLE OPINION RENDERED

N.C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 – [illegible]

Beginning at an iron pin stake, said stake being located South 8 deg. 30 min. West 378.8 feet to a stake in the Southern margin of SR #1833, the Northeast corner of Bristol Tharpe, as shown in Deed Book 250, Page 366, Iredell County Registry; thence continuing with said line, South 8 deg. 30 min. West 328.15 feet to an iron pin stake in the line of Thomas and Doris Carson as described in Deed Book 621, Page 63, Iredell County Registry; thence North 82 deg. 55 min. West 231.0 feet to an iron pin stake, the Eastern property line of Angie S. Doub as described in Deed Book 672, Page 928, Iredell County Registry; thence with Angie Doub's Eastern line, North 8 deg. 30 min. East 328.15 feet to an established iron pin in Doub's line, the present Southwest corner of Bristol Tharpe; thence with the Southern property line of Bristol Tharpe, South 82 deg. 55 min. East 231.0 feet to the point and place of BEGINNING, and containing 1.50 acres, more or less as shown on a survey prepared by Alfred F. Williams, RS, dated September 9, 1991, entitled, "Survey for Vance T. Carson and Ruby T. Pope Carson."

There is also conveyed with the above described tract a permanent 18 foot driveway easement running along the Eastern property line of the above-described tract and the Eastern property line of Bristol Tharpe, and being described as follows:

Beginning at an iron pin stake in the Southern margin of SR #1833, the present Northeast corner of Bristol Tharpe, thence South 8 deg. 30 min. West 706.95 feet to a point in the line of Thomas and Doris Carson, thence South 82 deg. 55 min. East 18 feet to a point, thence North 8 deg. 30 min. East 706.95 feet to a point in the Southern margin of State Road #1833, thence with the Southern margin of SR #1833, South 87 deg. 5 min. West 18 feet to the point and place of Beginning.

The property hereinabove described was acquired by Grantor by instrument recorded in _____

_____

A map showing the above described property is recorded in Plat Book _____ page _____.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated. Title to the property hereinabove described is subject to the following exceptions:

Subject to easements and rights of ways, over, along and across subject property, ;if any.

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

_____ (Corporate Name)

By: _____ President

ATTEST: _____ Secretary (Corporate Seal)

USE BLACK INK ONLY

Doris B Carson (SEAL)
DORIS B. CARSON

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SEAL-STAMP

NORTH CAROLINA, Iredell County.

I, a Notary Public of the County and State aforesaid, certify that Doris H. Carson, Widow of Thomas H. Carson, Grantor, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official stamp or seal, this 11th day of September, 19__.

REGINA S. STUMP NOTARY PUBLIC IREDELL COUNTY, N.C.

My commission expires: 5/24/93 Regina S. Stump Notary Public

Use Black Ink

SEAL-STAMP

NORTH CAROLINA, _____ County.

I, a Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that _____ he is _____ Secretary of _____ a North Carolina corporation, and that by authority duly given and as the act of the corporation, the foregoing instrument was signed in its name by its _____ President, sealed with its corporate seal and attested by _____ as its _____ Secretary.

Witness my hand and official stamp or seal, this _____ day of _____, 19_____.

My commission expires: _____ Notary Public

Use Black Ink

The foregoing certificate(s) of Regina S Stump, a NP of Iredell Co NC

is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

BRENDA D. BELL REGISTER OF DEEDS FOR IREDELL COUNTY

By Kay W. Mills Deputy/Assistant Register of Deeds

N. C. Bar Assoc. Form No. 3 © 1976, Revised © 1977 [illegible]

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION:
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 PERMIT!!!*

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

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

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

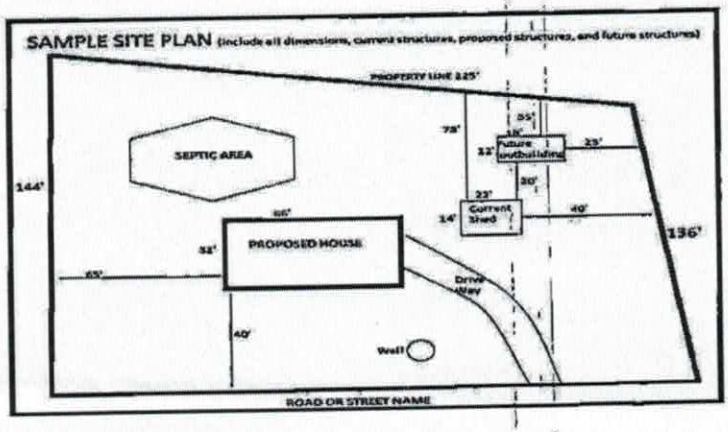
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ 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**

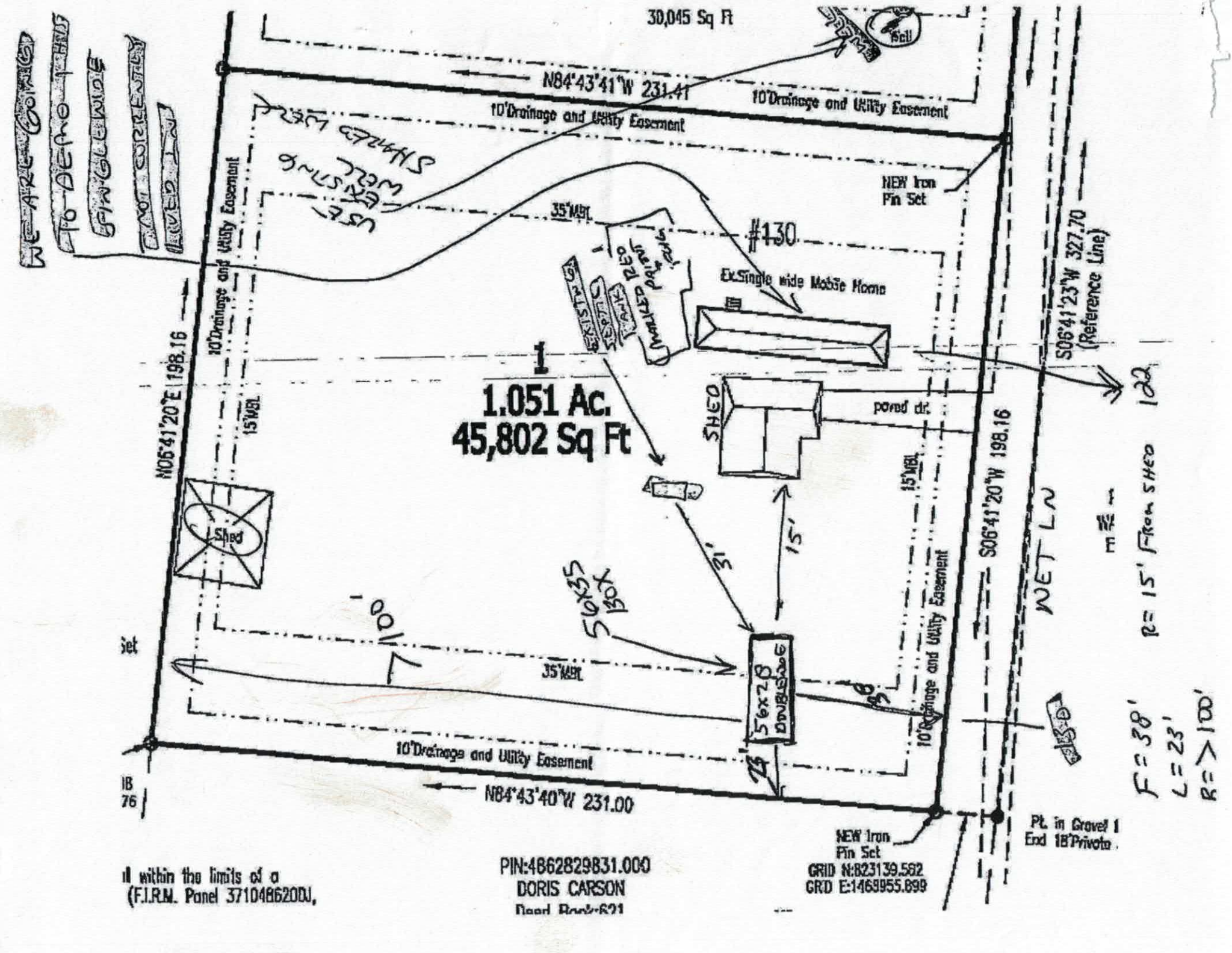


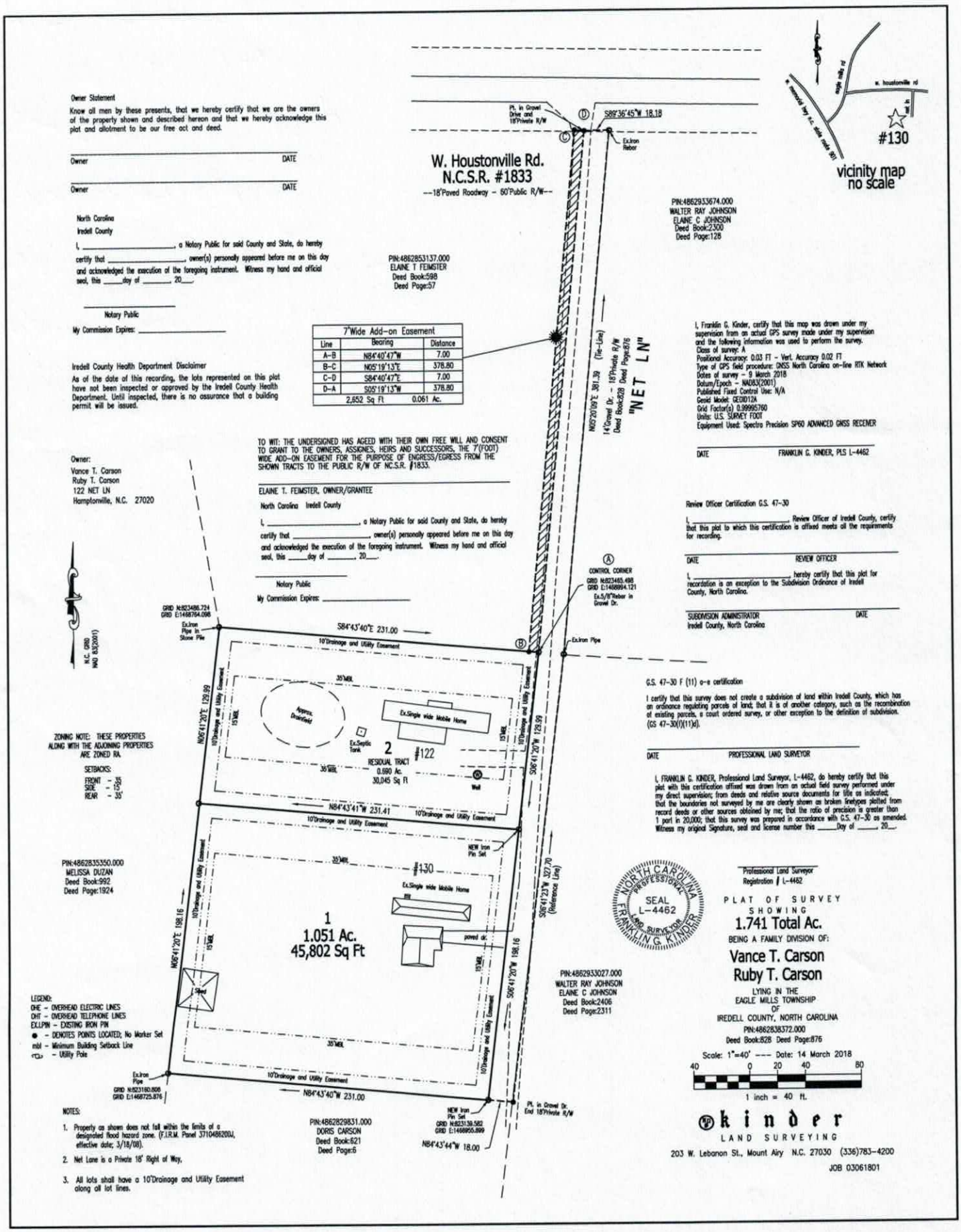
USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED PLAN

Signature: _____ 3/22/18

***REQUIRED* property owner or owner's legal representative signature.** **DATE**


30,045 Sq Ft
N84°43'41"W 231.41
10'Drainage and Utility Easement
10'Drainage and Utility Easement
NEW Iron Pin Set
#130
35'MBL
Ex.Single wide Mobile Home
S06°41'23"W 327.70 (Reference Line)
N06°41'20"E 198.16
10'Drainage and Utility Easement
15'MBL
1
1.051 Ac.
45,802 Sq Ft
SHED
paved dr.
15'MBL
S06°41'20"W 198.16
WETLN
Shed
31'
15'
56x35 BOX
35'MBL
56x28 DOUBLEWIDE
10'Drainage and Utility Easement
10'Drainage and Utility Easement
N84°43'40"W 231.00
NEW Iron Pin Set
GRID N:823139.582
GRD E:1469955.899
Pt. in Gravel I End 18'Private
F=38'
L=23'
R=>100'
R=15' From SHED
PIN:4862829831.000
DORIS CARSON



FIND RECORDED COPY AT BK 68 PG 6

41212

IREDELL COUNTY HEALTH DEPARTMENT

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

13389
OWNER OR CONTRACTOR VANCE CARSON DATE 9/24/91 PERMIT NO. 17L-A-32

PHONE: Business _____ Home _____

LOCATION I-77N, TR NC 901 S, TL EAGLE MILL ROAD, TR HOUSTONVILLE RD, ON (R) 1ST DRIVE PAST ALLEN RD S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate .35 GPD / FT²
Topography 4-6% HS
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area AMPLE

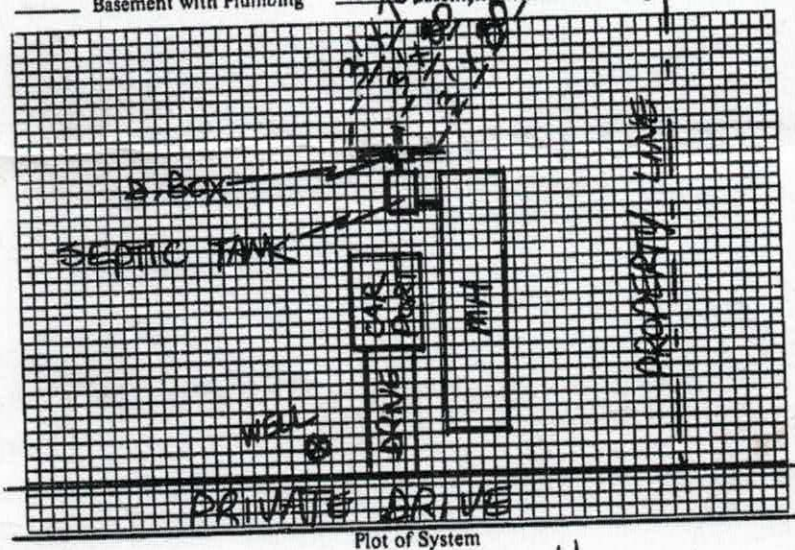
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

TP 6/22/91

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"

Water Supply: Individual (✓) WELL
Public ( )



Plot of System

Installed by KEITH SPEECE

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/24/91

EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

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

TRU HOMES

THRILL

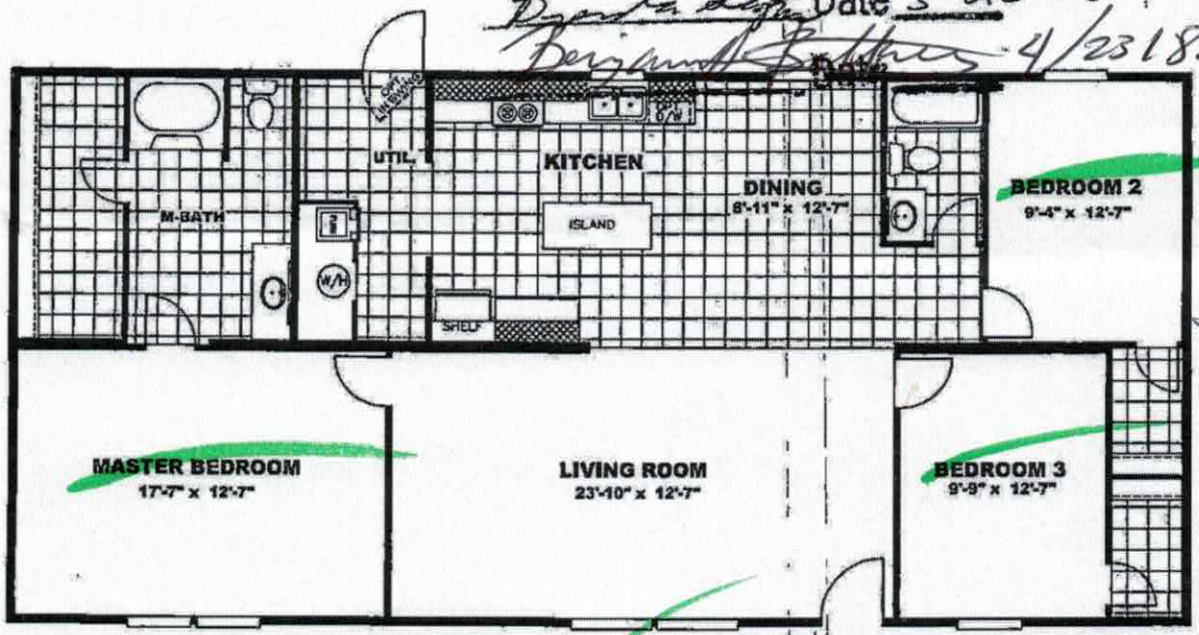
Reg Pesce

TRU28563R



1,475 sq ft // 3 beds // 2 baths

cknowledgement of
Plans Submittal ONLY!
Date 3-23-18.
4/23/18.



36

58.



The home series and floor plans shown all have starting prices within the price range indicated. Your local Home Center can quote you specific prices and terms of purchase for specific homes. TRU Homes invests in continuous product and process improvement. All home series, floor plans, specifications, dimensions, features, materials, availability, and starting prices shown are artist's renderings or estimates and are subject to change without notice or obligation. Dimensions are nominal and length and width measurements are from exterior wall to exterior wall. Starting prices include the home only, plus typical delivery and installation. Starting prices do not include other costs such as taxes, title fees, insurance premiums, filing or recording fees, land or improvements to the land, optional home features, optional delivery or installation services, wheels and axles, community or homeowner association fees, or any other items not shown on your Retailer Closing Agreement and related documents (your RCA). Your RCA will show the details of your purchase. 2011 TRU Homes. All rights reserved.

IREDELL COUNTY

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

APPLICATION NUMBER
234362
Issue Date: 03/23/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4862838372.000	130 NET, HAMPTONVILLE, NC 27020	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CARSON VANCE T+RUBY T	Applicant: CLAYTON HOMES OF STATE
Address: 122 NET LANE	Address: 2026 NORTHSIDE DR
HAMPTONVILLE, NC 27020	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SINGLEWIDE REPLACING A SINGLEWIDE	RUR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.740	35.00	35.00	15.00	15.00	BOWH	X

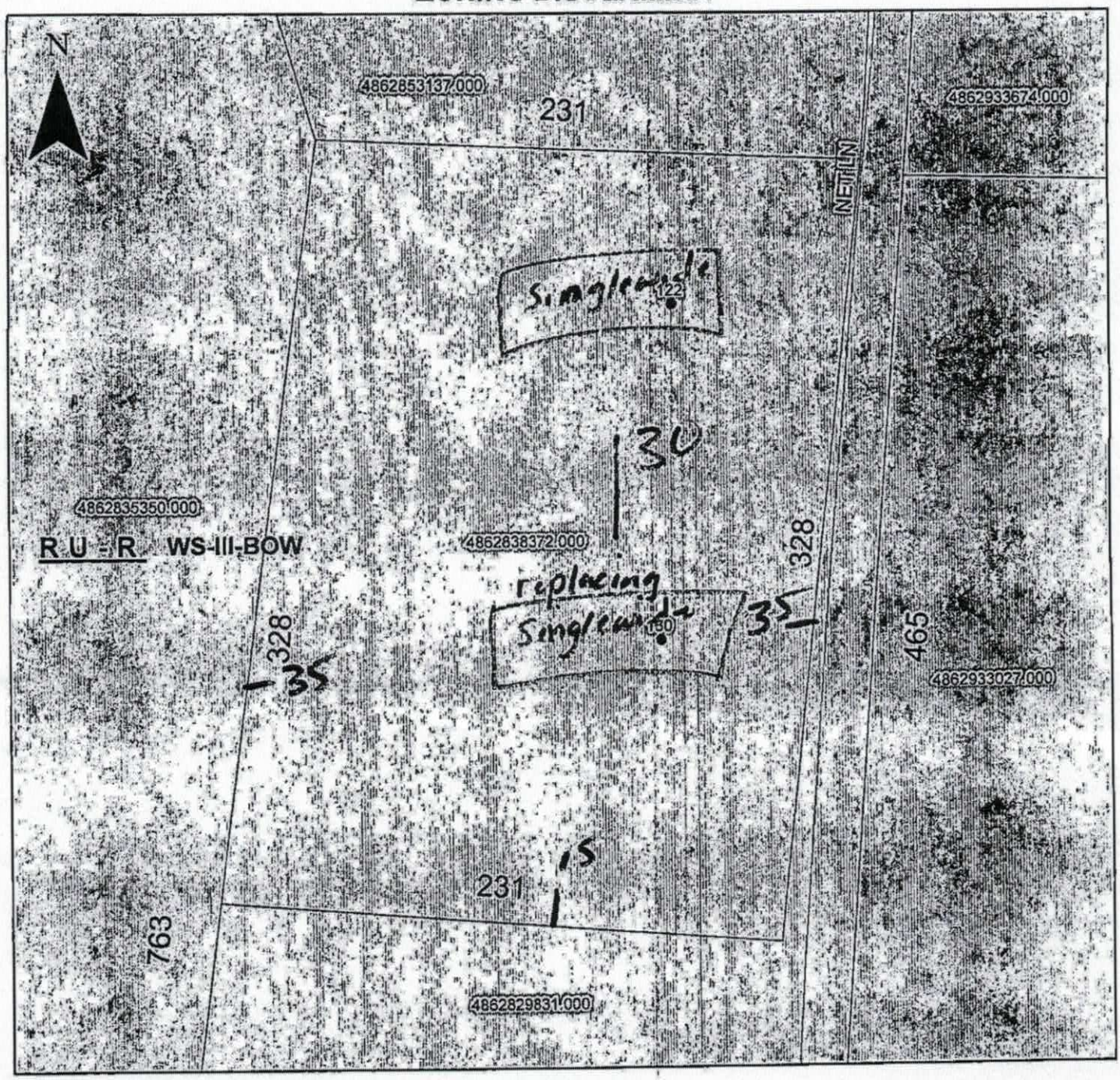
Remarks:

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	132990	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 130 Net Ln

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.

Brandon Sagnon

Applicant

3-23-18

Date