Site Address: 127 Whispering Dr-Harmony

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 243815 ~~149045~~ PIN# 4863500438 DATE 4-15-08

OWNER OR APPLICANT Eva and Gregwing PHONE: Business Home 704-876-6885

ADDRESS 127 Whispering Dr.

LOCATION I-77 N, Ex.# 90 turn (R), (L) on Eagle Mills, (L) on Trivette, (R) on Whispering, Lot on Left

SUBDIVISION Cheshire Ridge BLOCK / SECTION III LOT 31 LOT AREA 1.03 Ac. SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 760 Date 3-3

Pump Tank: — Gallons: PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons No. Employees

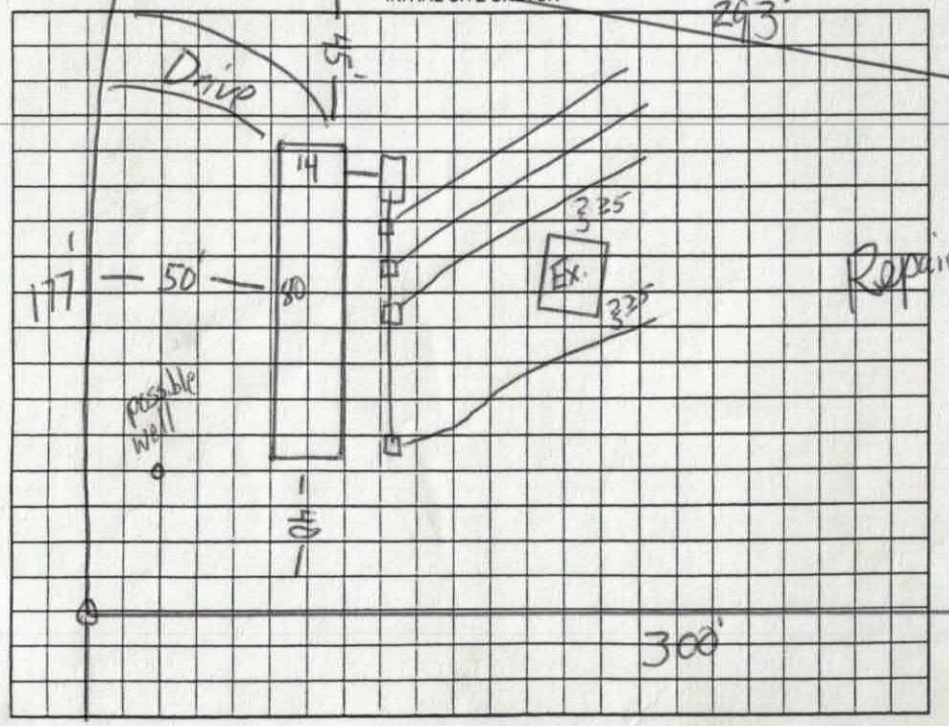
Water Supply: ☒ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

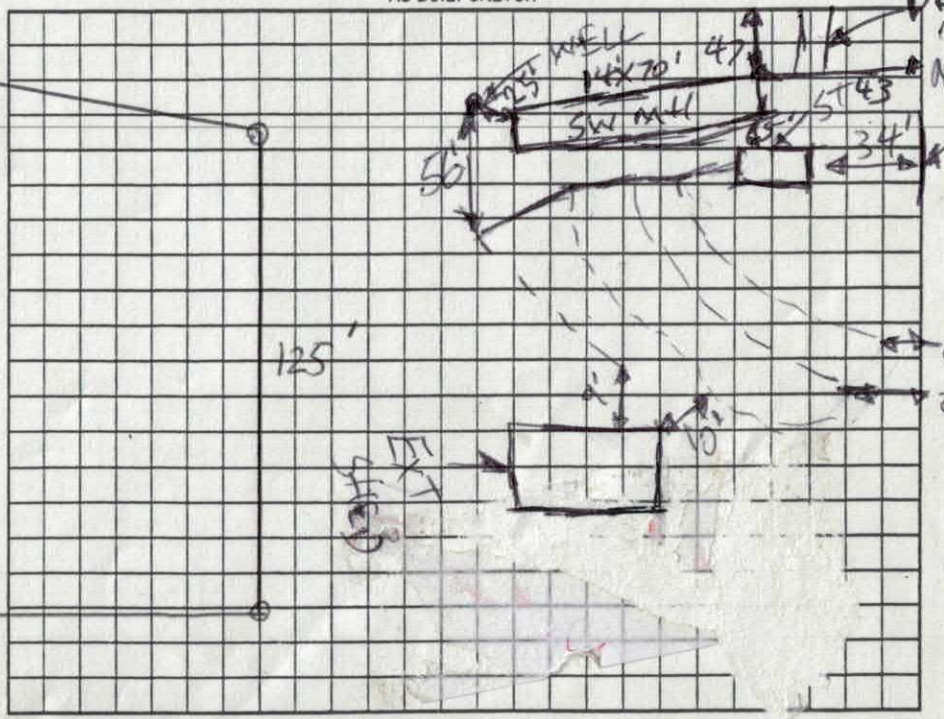
Comments:/Conditions:

Comments:/Conditions:

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 4-26-19 Installed by: NEIL STUTTS

Improvement Permit by: date 4-15-08 Operation Permit by: Burnet C. White date 5-29-19

Authorization to Construct by: Benjamin Boblin date 4/25/19 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Howard Hudgins — APPLICATION DATE _____
ADDRESS: 127 Whispering Oak Dr. — DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ — PROPERTY SIZE: _____
LOCATION OF SITE: _____ — PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 10 | 0-16 | CL / SBK | | | 48 | | | 3 PS |
| | | 16-48 | C/SiC/SBK | | | | | | |
| | | | Gravel | | | | | | |
| 2 | 10 | 0-18 | CL / SBK | | | 48 | | | 3 PS |
| | | 18-48 | C/SiC/SBK | | | | | | |
| 3 | 10 | 0-20 | CL / SBK | | | 48 | | | 3 PS |
| | | 20-48 | C/SiC / SBK | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |
| Site LTAR | | |

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

COMMENTS: _____

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

Sheet 1 of 1
PROPERTY ID #: 9963500438
COUNTY: Iredell

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

OWNER: Eva and Greg Wing — APPLICATION DATE 4/17/19
ADDRESS: 141 Celeste Eufola Rd. Statesville, NC 28677 — DATE EVALUATED: 04/25/19
PROPOSED FACILITY: New single Fam — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 1.03 acres
LOCATION OF SITE: 127 Whispering Dr. Harmony, NC 28634 — PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

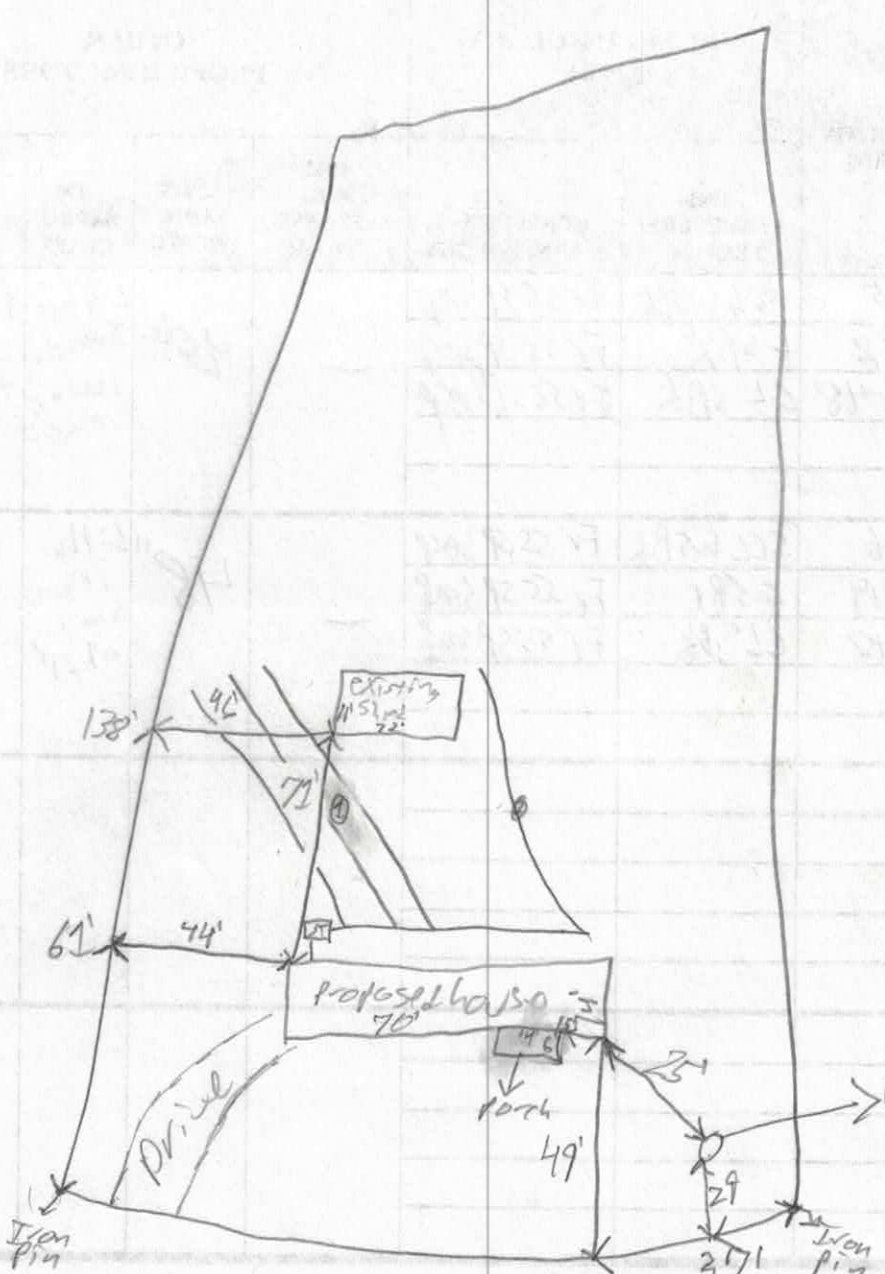
| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | ~~.1944 RESTR HORIZ~~ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | SS | 0-5 | SCL WSBK | Fr SS SP SMP | — | 48" | Litho Inclusions starting at 26" | Rocks scattered throughout | PS, 3 |
| | | 5-18 | L SBK | Fr SS SP SMP | | | | | |
| | | 18-48 | CL SBK | Fr SS SP SMP | | | | | |
| 2 | SS | 0-6 | SCL WSBK | Fr SS SP SMP | — | 48" | Litho Inclusions starting at 21" | Rocks scattered through out | PS, 3 |
| | | 6-19 | C SBK | Fr SS SP SMP | | | | | |
| | | 19-48 | CL SBK | Fr SS SP SMP | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

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

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

COMMENTS:

Updated February 2014



RECEIVED APR 17 2019

243815

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM* AC w/Inspection

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

*THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE ISA NCAC 18A .1937(j) FOR DETAILS.*

**Page 2: *Site Plan Worksheet* form MUST accompany this application**

The following optional attachments may also be submitted: (X) 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: EVA WING Address: 141 CELESTE EUFOLA Rd Zip: 28677
Applicant Email: EDH141@GMAIL.COM Phone: 704-437-0531 Alt. Phone: 704-838-6895
Owner Name: EVA WING Address: 141 CELESTE EUFOLA Rd Zip: 28677
Owner Email: EDH141@GMAIL.COM Phone: 704-437-0531 Alt. Phone: 704-838-6895

**Property Information:**

Street Address: 127 WHISPERING DRIVE
Subdivision Name: CHESHIRE RIDGE Section/Phase: _____ Lot Number: #31
Driving Directions: I-77 N, EXIT @ 90 & TURN RT, LEFT ON EAGLE MILLS, LEFT ON TRIVETTE, RT ON WHISPERING, LOT IS ON THE LEFT

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

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) 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:** EWing 4-17-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

124452 √623

# IREDELL COUNTY HEALTH DEPARTMENT

## Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

*(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 X 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 | Work Phone |
|---|---|---|---|
| Howard Hudgins | 186 Friendship Rd | 704-876-6885 | — |
| American Land Corp | 8520 Cliff Cameron Dr STE 450 | 704-546-5596 | |

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 122 Whispering Dr | Cheshire Ridge | #31 |

**Driving Directions:** I 77 N, Exit 90 Turn Rt, Lft on Eagle Mills Lft on Trivette, Rt on Whispering Lot on Lft

**********

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

**Maximum Number of Bedrooms** 3
**Maximum Number of Occupants** ___
**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:**

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

**********

7. **Desired Septic System Type:** ***(You may rank in order of preference, if any)***

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (✓) No Preference

**********

8. **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. industry) 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.**

9. **Signature:** Howard Hudgins — 3-19-08

**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, Howard D Hudgins, am the legal owner(s) of the property located at 127 WHISPERING DR., identified as

PIN (Parcel Identification Number) 4863500438, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) EVA H WING INDIVIDUAL, 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.

Howard D Hudgins
Signature of Owner(s)

3-27-19
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

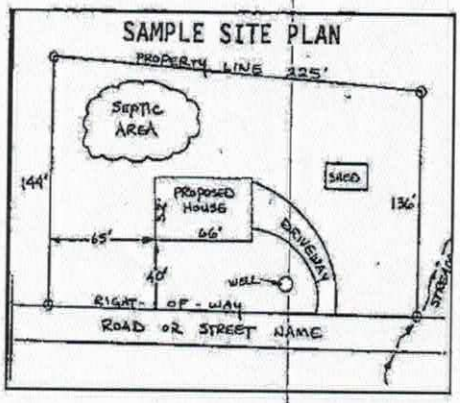
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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



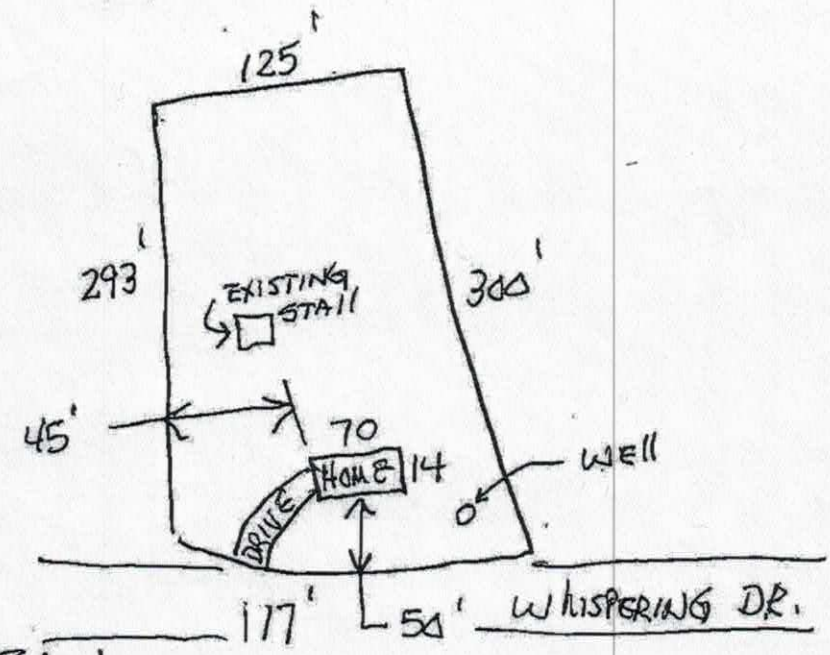

**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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 ATTACHED.




**Signature:** _____
Property owner or ~~owner's legal representative~~ signature (SIGNATURE REQUIRED)

4.17.19
DATE

Site Address: 121 Whispering Dr. Harmony

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 · MOORESVILLE 704-664-5281

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

PERMIT# 149045 PIN# 4863.50.04.38 DATE 4-15-08

OWNER OR APPLICANT Howard Hudgins PHONE: Business _____ Home 704-876-6885

ADDRESS 121 Whispering Dr

LOCATION I-77 N, Ex.# 90 turn (R), (L) on Eagle Mills, (L) on Trivette, (R) on Whispering, Lot on Left.

SUBDIVISION Cheshire Ridge BLOCK / SECTION III LOT 31 LOT AREA 1.03 Ac. SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

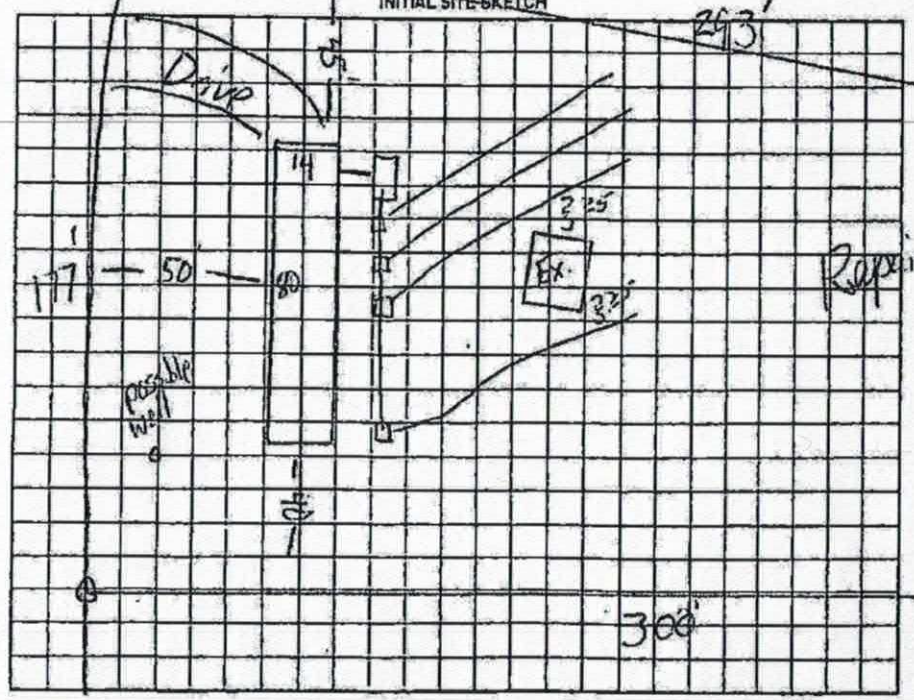
Water Supply: ☒ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

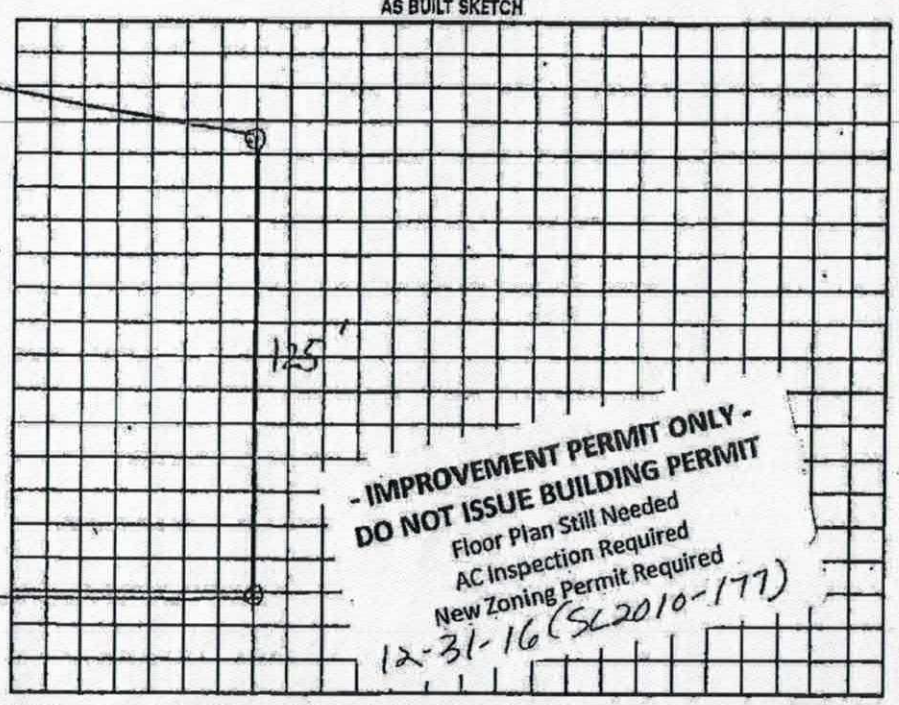
Comments/Conditions:

Comments/Conditions:

INITIAL SITE SKETCH




AS BUILT SKETCH




- IMPROVEMENT PERMIT ONLY -
DO NOT ISSUE BUILDING PERMIT
Floor Plan Still Needed
AC Inspection Required
New Zoning Permit Required
12-31-16 (SL2010-177)

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Howard Hudgins date 4-23-08 Installed by: _____

Improvement Permit by: _____ date 4-15-08 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 4-15-08 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW. OWNER COPY (INITIAL): PINK

## IREDELL COUNTY HEATLH DEPARTMENT

## PAGE 2: *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:**

- X — **Property Line measurements are clearly identified…**
- X — **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…**

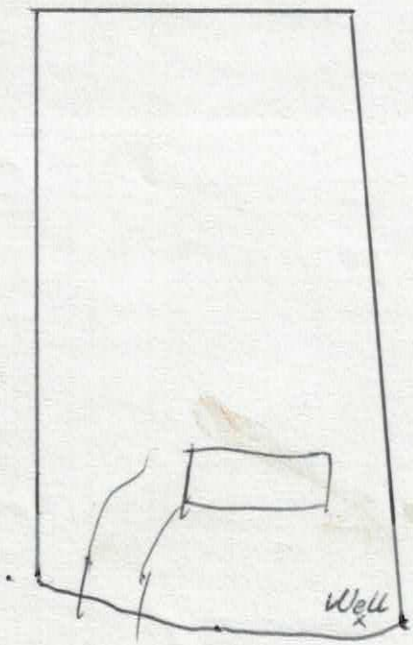
**Circle N/A on the following if appropriate:**

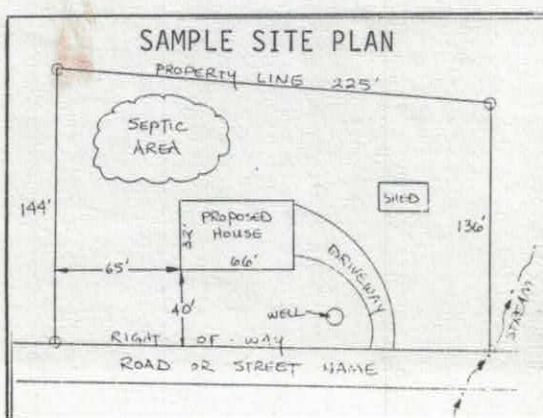
- ____ **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

**Signature:** _____ _____

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

## USE THIS SPACE TO DRAW YOUR SITE PLAN



FLOOR PLAN

3-25-19

Acknowledgement Of Plans Submittal ONLY!

Date 4-12-19

Date 4-17-19

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 243815 |
| Issue Date: 04/17/2019 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4863500438.000 | 127 WHISPERING DRIVE, HARMONY, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: HUDGINS HOWARD D+JOHNSIE B | Applicant: WING, EVA |
| Address: 186 FRIENDSHIP RD | Address: 141 CELESTE EUFOLA RD |
| STATESVILLE, NC 28625 | STATESVILLE, NC 28677 |
| Phone: | Phone: 704-838-6895 |

| Use Requested | Zone Code |
|---|---|
| MOBILE HOME | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone | |
|---|---|---|---|---|---|---|---|
| 1.030 | | | | | 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 | 174250 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# Iredell County
# ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

**Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281**

| | | | |
|---|---|---|---|
| Permit #: | 149045ZO | Subdivision: | Cheshire Ridge |
| Proposed Use: | Single Wide | Township: | 0500 Union Grove |
| Location of Property: | 127 Whispering Dr. HARMONY NC 28634 | | |
| Parcel #: | 4863500438.000 | Zoning: | RA |
| Lot #: | 31 Size: 1.03 | Flood Plain: | No Watershed: WSIII-BOW |
| Applicant: | Howard Hudgins | Owner: | AMERICAN LAND CORPORTATION |
| Address: | 186 Friendship Rd. Statesville NC 28625 | Address: | 8520 CLIFF CAMERON DR STE 450 CHARLOTTE, NC 282690022 |
| Phone: | 704-876-6885 | Phone: | 704-546-5596 |
| Property Recorded: | Yes Site Plan Reviewed: | Community Water: | No Community Sewer: |

**If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.**

| | | |
|---|---|---|
| Min. Lot Area: | Min. Front Yard: 35 ft | Min. Left Side Yard: 15 ft |
| Min. Lot Width: 100 | Min: Rear Yard: 35 ft | Min: Right Side Yard: 15 ft |
| Min. Number Parking Spaces: | | Max. Built Upon Area: |

Comments:

Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 32 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line.

Directions:

I77N, exit Hwy 901 - turn rt, lft on Eagle Mills, lft on Trivette, rt on Whispering, lot on lft

**FEES**

| | | |
|---|---|---|
| Zoning Permit/Inspection Fee | ☑ | $45.00 |
| Site Plan Review Fee | ☐ | $0.00 |
| Environmental Health New System | ☑ | $400.00 |
| Environmental Health Existing System | ☐ | $0.00 |
| Total Fees: | | $445.00 |

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Howard Hudgins Date: 3-19-08

A non-refundable fee of $45.00 is charged on all permit applications.

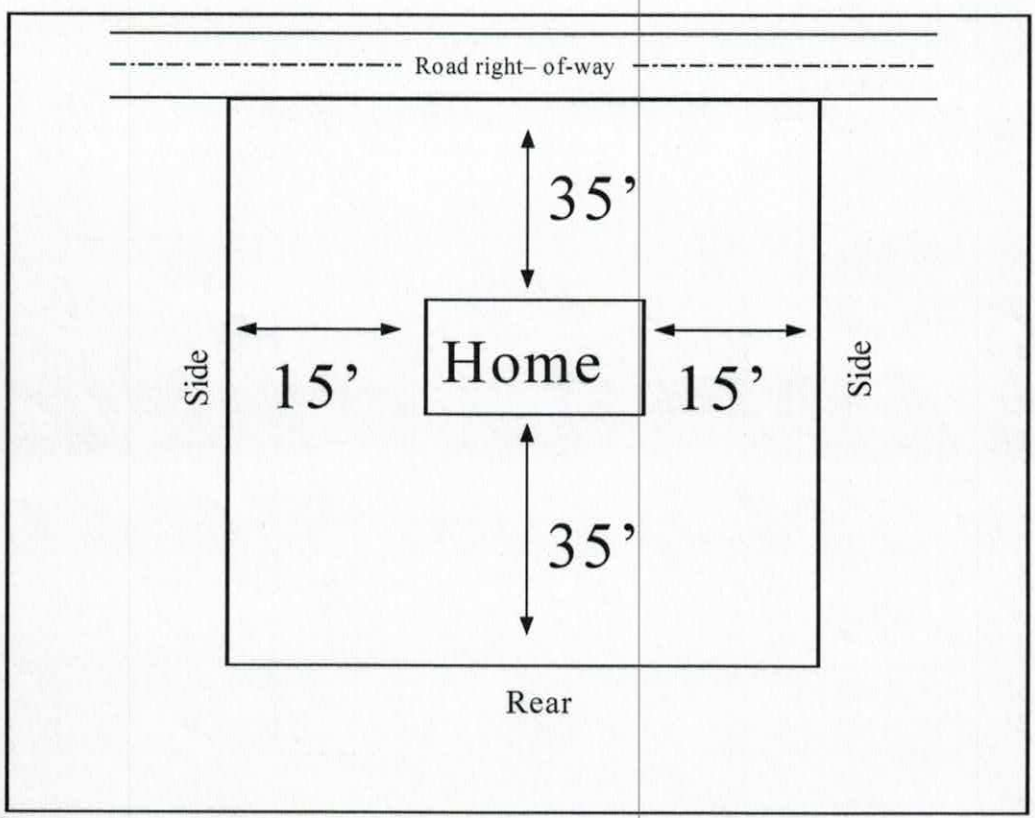
PAULA WOODY Printed: 3/10/2008

# ZONING 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. 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 Date

**STREET NAME : 127 Whispering Drive**




**#54.**

In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.