IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242700

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

PIN # 4872021258

APPLICANT/OWNER: Clayton Homes / Larry + Lana Lambert APPLICANT ADDRESS: 1230 Conover Blvd Conover NC

PHONE: 828-217-3168 ALT. PHONE 828-469-8008

SITE ADDRESS: 274 Galliher Rd Harmony NC 28634 SAP CONTROLLED: ☐ YES ☒ NO

SITE DIRECTIONS: I77 N Exit 54 Turn R go 8.5 miles L on galliher Rd 1st Drive on R

SUBDIVISION: Allen D Robertson SECTION: - LOT # 1 LOT AREA: 1.47 DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1006 (gal) STB 1012 Date 3/12/19

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 8 Linear Ft 300'

Trench Width 36" Trench Bottom Depth(~~Low side~~) 36" Max Gravel Depth -

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

System Description: 25% Reduction

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

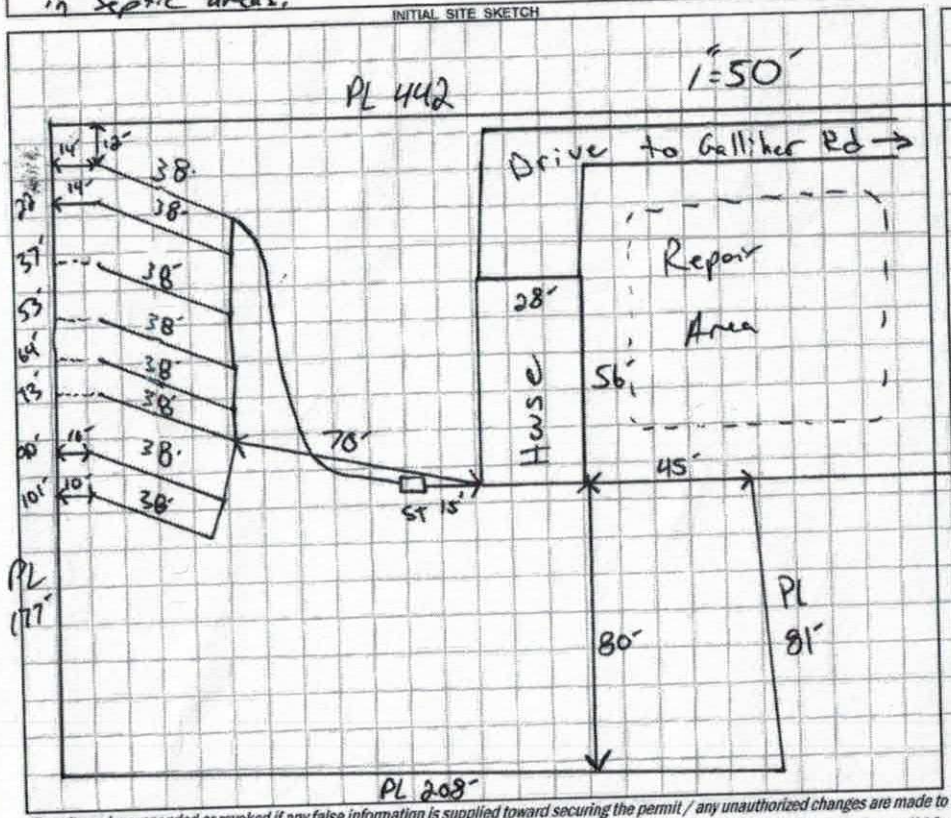
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

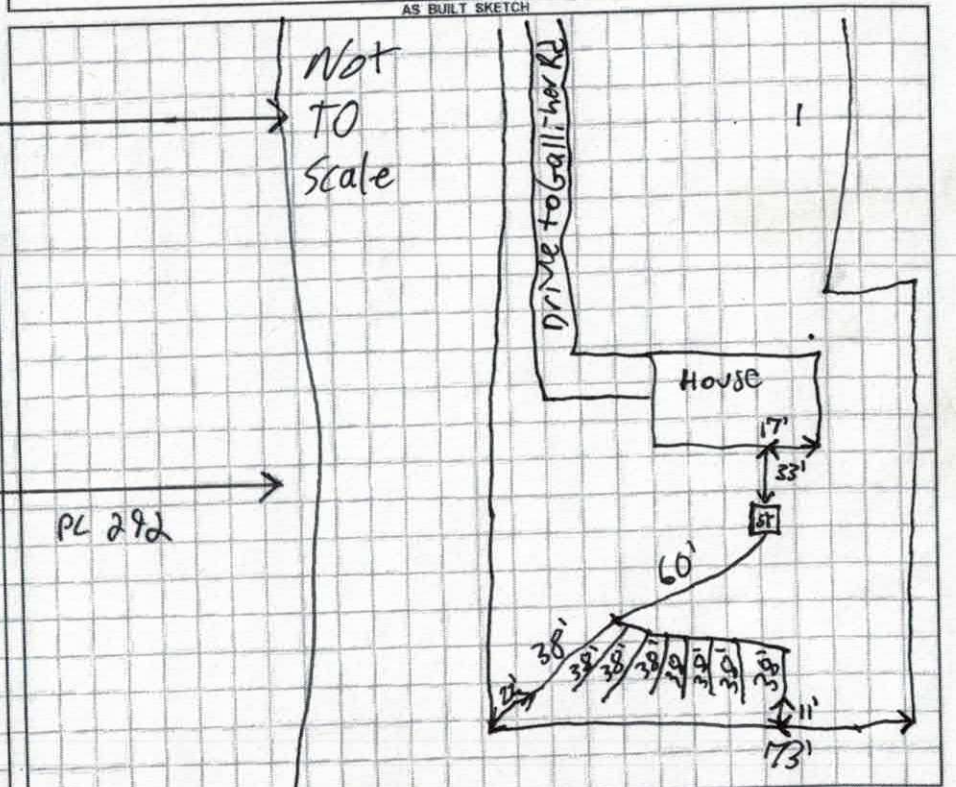
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install drainline on contour of land and use Serial distribution. Do not grade, pave or bury utilities in Septic areas.

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: Lana Lambert Date: 4-17-19 Installed by: JW Construction

IMPROVEMENT PERMIT by: Date: 4-11-19 OPERATION PERMIT by: Patrick J Bagley III Date: 04/24/19

AUTHORIZATION TO CONSTRUCT by: Date: 4-11-19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 487021-2474
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

1-17-12

OWNER: Allen Roberton
ADDRESS: 274 Gallihes Rd.
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 274 Gallihes Rd.
APPLICATION DATE: [illegible]
DATE EVALUATED: 8-21-12
PROPERTY SIZE: 3.8 Acres
PROPERTY RECORDED: 2012
WATER SUPPLY: • Private • X Public • Well • Spring • Other
EVALUATION METHOD: • X Auger Boring • Pit • Cut
TYPE OF WASTEWATER: • X 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	10% LS	0-6	C SBK	SS SP	n/a	48"	n/a	n/a	PS .3
		6-48	CL SBK	SC SP					
2	10% LS	0-10	C SBK	SS SP	n/a	48"	n/a	n/a	PS .3
		10-48	CL SBK	SS SP					
3	10% LS	0-12	C SBK	SS SP	n/a	48"	n/a	n/a	PS .3
		12-48	CL SBK	SS SP					
4	10% LS	0-12	C SBK	SS SP	n/a	48"	n/a	n/a	PS .3
		12-48	CL SBK	SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	II	II
Site LTAR	.3	.3

OTHER FACTORS (.1946): none
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: James Stewart
OTHER(S) PRESENT: none

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	NEXP (Non-expansive) 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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 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.

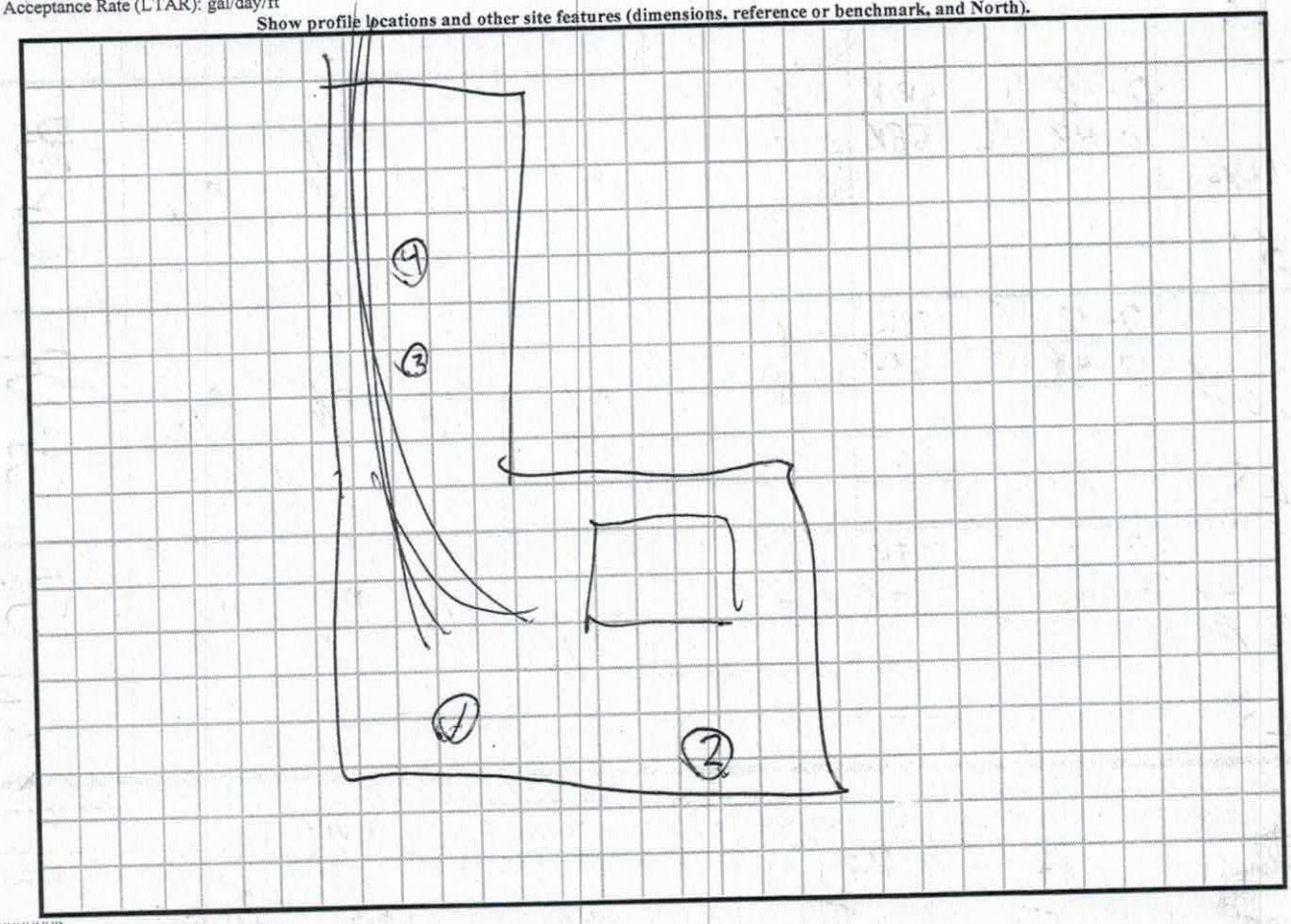
NOTES

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/ft^2

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



DENR (######)
Review (#####)

RECEIVED APR 4 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMEN

APPLICATION FORM

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATI 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 #242700

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: Clayton Homes #0081 Address: 1230 Conover Blvd W Conover NC Zip: 28613
Applicant Email: JWHOLDER@HOTMAIL.COM Phone: 828-217-3168 Alt. Phone: 828-469-8008
Owner Name: LARRY + LANA LAMBERT Address: 274 Galliher Rd, Harmony NC Zip: _____
Owner Email: N/A Phone: _____ Alt. Phone: _____

****

Property Information:

Street Address: 274 Galliher Rd Harmony, NC
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: 77N x 54 (R) go Appox 8.5 mi (L) Galliher Rd 1st DR. on Right

****

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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) 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 (X) Other Public 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: AC ISSUED 2-23-12 ATTACHED

****

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: [signature] CMH # 0081 4/4/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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.

X 2. I, X LARRY LAMBERT Lana Lambert, am the legal owner(s) of the property located at 2714 GALLIHER RD. HARMONY, NC, identified as PIN (Parcel Identification Number) 4870212258.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Clayton Homes #0081, BOBBI LASAGE, 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 Lana Lambert Larry Lambert 3/18/19

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

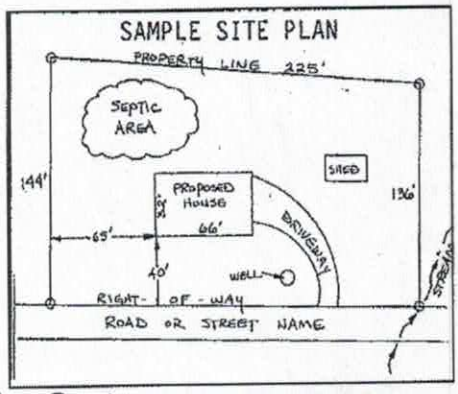
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**



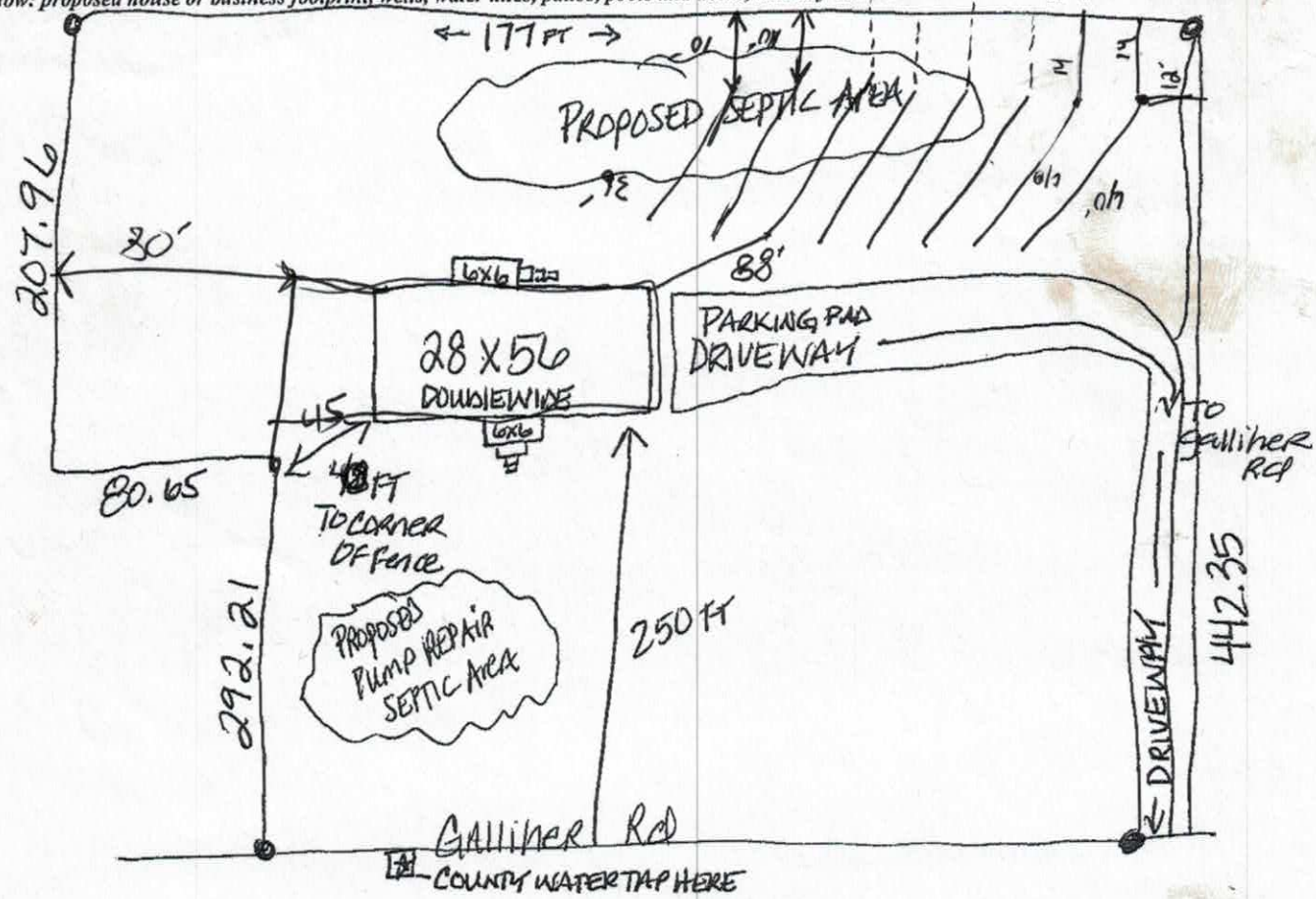
Circle N/A on the following if appropriate:

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**

101 .06 E L 69 S3 L2 99 P1

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: Robert Yelton CMH#0081 4/4/19

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

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

~~IMPROVEMENT PERMIT~~ / AUTHORIZATION TO CONSTRUCT (01) / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT # 169065 PIN # 4870-21-2474-3258 DATE 2-23-12

OWNER Allen Robertson Jr. APPLICANT: PHONE: Home/Cell # 704-634-1050 Business # 704 663-6814

SITE ADDRESS 274 Galliher Rd. - Harmony OWNER / APPLICANT ADDRESS 274 Galliher Rd.

SITE DIRECTIONS 77N x 54; (R) go approximately 8-8.5 mi, (L) Galliher Rd, 1st drive on right.

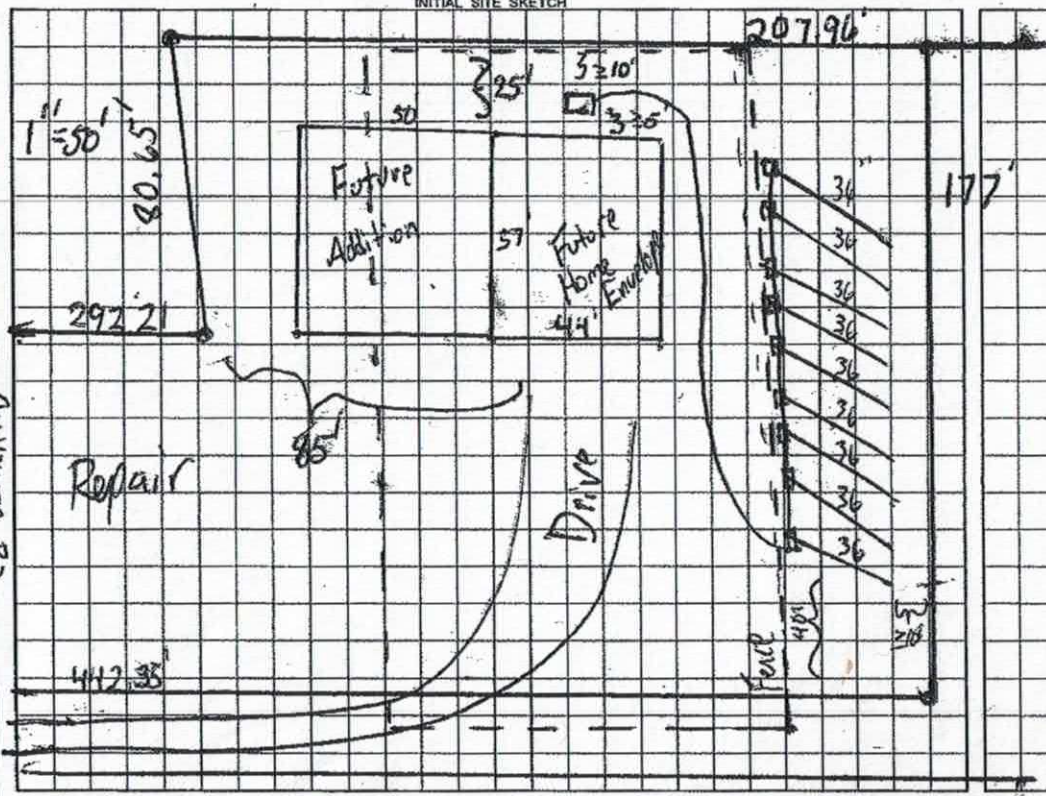
SUBDIVISION Allen D Robertson BLOCK / SECTION — LOT # I.R.-1- LOT AREA 3.8 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000	Gallons: STB	Date	☒ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	Gallons: PT	Date	System Description: 25% Reduction Gravity	☐ Business	No. Persons	☐ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction ~~Gravity~~ Pump	☐ Other	No. Employees	☒ Public
No. Nitrification Fields: 1	No. Lines 9	Linear Feet 300	Maintenance Agreement Required ☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth n/a	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions

(9) 3' x 36'

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
2-23-17 (SL 2015-286)

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

Owner / Applicant Signature: Shawn Robertson Date 3-12-12 Installed by:

IMPROVEMENT PERMIT by: REHS Date 2-23-12 OPERATION PERMIT by: REHS Date

AUTHORIZATION TO CONSTRUCT by: REHS Date 2-23-12 Existing System Inspected by: REHS Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy -- Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

FILED FOR REGISTRATION

BOOK _____ PAGE _____

DATE _____ TIME _____ AM PM

_____ OF _____ PAGES

REGISTERED IN RECORD OF IREDELL COUNTY

_____

REGISTER OF DEEDS

BY: _____

LEGEND:

— x — x — ... fence

• ... unmarked point

Doc ID: 013585070001 Type: CRP
Recorded: 11/28/2011 at 11:10:07 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Matthew J. Pucill Register of Deeds
BK 59 PG 45

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, [illegible] Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

11-28-11 _____ Review Officer
Date

Certificate of Approval for Recording

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

_____ 11-28-11
Subdivision Administrator Date

To the best of my knowledge this property does not lie within a Water Supply Watershed designated by the North Carolina Division of Environmental Management as appears on the Watershed Protection Map of Iredell County.

11-28-11 _____ Subdivision Administrator
Date:

We hereby certify that we are owners of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that we hereby adopt this plan of subdivision with our free consent, establish minimum building setback lines as noted.

We further certify that:
a. there are no deed restrictions or unrecorded agreements which will be violated by the requested subdivision; and
b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and
c. We understand that enforcement of deed restrictions and any other restrictive agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and restrictive agreements.

11-28-11 _____ Owner
Date

11-28-11 _____ Owner
Date

I, [illegible], a Notary Public of the County and State aforesaid, certify that [illegible] personally appeared before me this day and acknowledged the execution and foregoing instrument. Witness my hand and seal this [illegible] day of [illegible], 2011.

[illegible] 2013 _____ Notary Public
My commission expires

JENNIFER JOLLY NOTARY PUBLIC ALEXANDER COUNTY, N.C.

As of the date of this recording the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a Building Permit will be issued.

I, W. Matthew Jordan, hereby certify that this survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

_____
W. Matthew Jordan, P.L.S. License-4414

I, W. Matthew Jordan, Professional Land Surveyor certify that this plat was drawn under my supervision from an actual survey made under my supervision (Deed description recorded in Book [illegible], Page [illegible]); that boundaries not surveyed are clearly indicated as drawn from information found in Book — , Page — ; that the ratio of precision as calculated is 1:10,000+; that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my original signature, registration number and seal this 21st day of November, A.D., 2011.

_____
W. Matthew Jordan, P.L.S. License-4414

NORTH CAROLINA PROFESSIONAL SEAL L-4414 LAND SURVEYOR W. MATTHEW JORDAN

Fred H. Poole
D.B. 376, Pg. 173

Ruth R. Calliher
D.B. 943, Pg. 1878

Remainder Tract
Allen D. Robertson, Jr.
Sharon A. Robertson
D.B. 2140, Pg. 2085
2.348 ac.
by coordinate computation

Tract 1
1.474 ac.
(exclusive of 0.079 ac. in street by coordinate computation

Charles C. Green
D.B. 1285, Pg. 2194

Walt J. Shoemaker
D.B. 820, Pg. 991

Galliher Rd. S.R. 1938
60' Right-of-Way

Vicinity Map
(no scale)

Survey Orientation:
D.B. 2140, Pg. 2085

Survey Notes

1) Rebar set at all corners unless noted otherwise.(See Legend)
2) Total acreage to be subdivided is 1.474 acres.
3) Total number of parcels created is 1.
4) Acreage in smallest building lot is 1.474 ac.(Lot 1).
5) Linear feet in proposed street is 0.00
6) Subject property is not located in a Flood Hazard area.
7) Subject property and adjacent properties are zoned R-A.
8) Property to be served by individual well and septic systems.
9) Building setbacks: 35' front & rear, 15' side.
10) No N.C.G.S. horizontal control monuments located within 2000' of subject property.
11) A 10' drainage & utility easement shall exist along each lot line.

GRAPHIC SCALE - FEET
50 0 50 100 150

Date Surveyed: 11-02-11 Date Plotted: 11-14-11

RECORD PLAT
Allen D. Robertson, Jr.

Date: 11-02-11	Deed Reference:	B.140 - P.2085	Drawn by: WJM
Scale: 1" = 50'	Tax PIN:	4870-21-2474	Job: 201153-3

Owner / Developer: Allen D. Robertson, Jr. & wife, Sharon A. Robertson
824 Summer St., Mooresville N.C. 28115

Location: Turnersburg Twsp., Iredell Co., N.C.

AMERICAN PLANNING & SURVEYING
P.O. Box 881
Statesville, N.C. 28687
Phone (704) 871-9197
Fax (704) 873-6353
Firm License # F-0987

COPY

TRU

THRILL

Acknowledgement Of Plans Submittal ONLY!

Date 4-11-19

Date 4-17-19

TRU28563R



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

28X56 DOUBLEWIDE * Rear 6X6 Door Swinging W/ Storm.









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 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. 2018 TRU. All rights reserved.

IREDELL COUNTY

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

APPLICATION NUMBER
242700
Issue Date: 03/06/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4870212258.000	274 GALLIHER ROAD, HARMONY, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROBERTSON ALLEN D JR+SHARON A	Applicant: CLAYTON HOMES - CONOVE
Address: 262 CORNELIUS RD	Address: 1230 CONOVER BLVD
HARMONY, NC 28117	CONOVER, NC 28613
Phone:	Phone: 828-465-3450

Use Requested	Zone Code
DOUBLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.474	35.00	35.00	15.00	15.00	NOT	X

Remarks:

Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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	169662	TOTAL FEES:	$ 77.25