IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 238871

PIN # 4872557485.000

APPLICANT/OWNER: Clayton Homes / Timothy Hulie

APPLICANT ADDRESS: 2026 Northside Drive, Statesville NC

SITE ADDRESS: 104 Mt Carmel Rd Hamptonville NC 27020

PHONE: 704-929-1552 ALT. PHONE ~

SITE DIRECTIONS: Hwy 21 Left on Hamptonville Rd (R) on Mt. Carmel Lot on Right

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 6.8 Acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	1012	Date	4/22/19	☒ New System	☐ Repair ☐ Expansion
Pump Tank	~ (gal)	PT	~	Date	~	System Type:	I II (III) IV V VI
Pump Make	~	Model	~	Serial #	~	System Description:	Gravity 25% Reduction
# Nitrification Fields	1	# Lines	3	Linear Ft	360	Repair System Description:	LP Panel Blocks
Trench Width	36	Trench Bottom Depth(Low side)	30"	Gravel Depth	~	Maintenance Agreement Required:	☐ YES ☒ NO
							☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

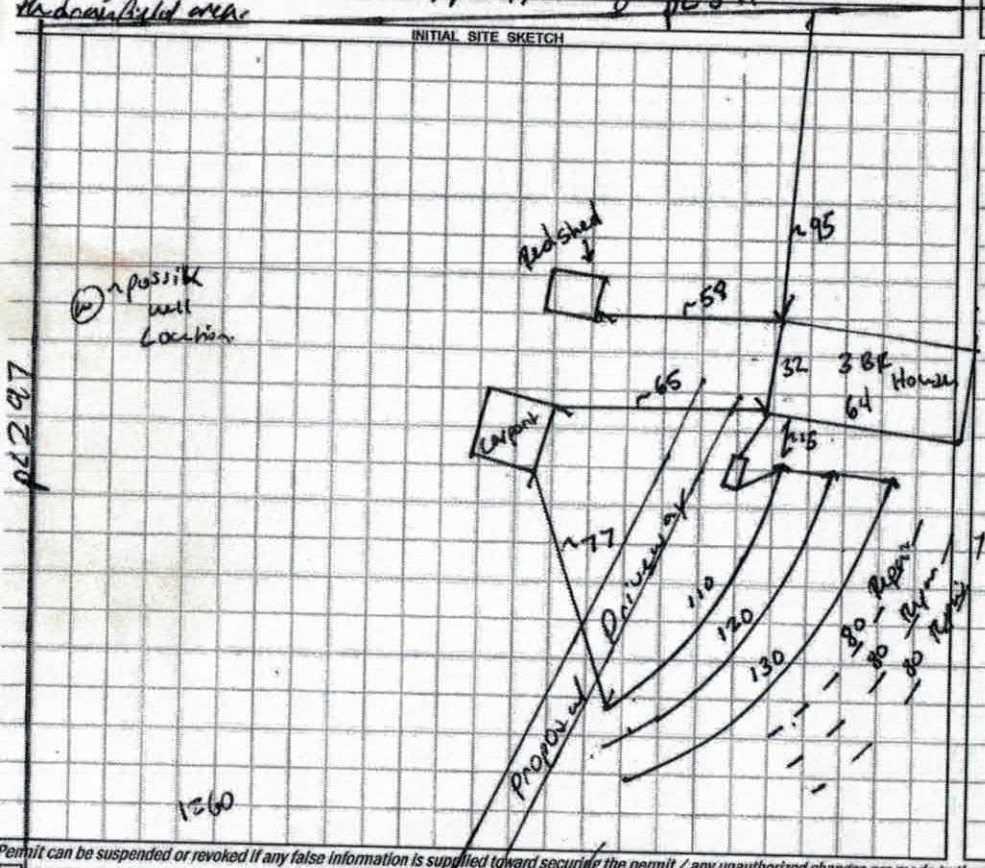
No. Bedrooms 3 No. Persons 6 No. Employees ~ ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install Septic drainlines on the contour of the land utilizing Serial distribution. Do not Drive, park, pile organic matter on drainfield area.

INITIAL SITE SKETCH

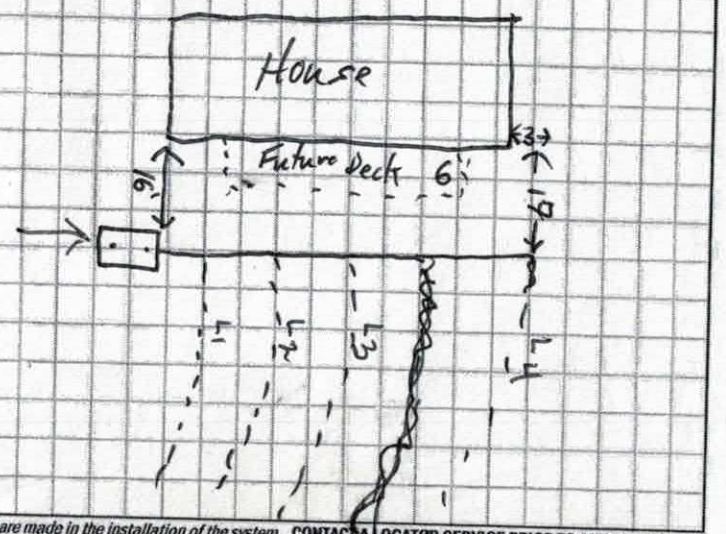


AS BUILT SKETCH

7/29/19: Taylorsville Precast 1000-gal mid-seam tank w/ a Tuff-Tite EF-4 effluent filter

L1 66' 5'3"
L2 86' 6'1.5"
L3 98' 7'1.5"
L4 118 (Coker Ben Botkins)
368

Installed substantially as permitted. EQUW w/ 30" TB.



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: Existing Farm Pond Date: 10/10/18

IMPROVEMENT PERMIT by: Benjamin A Bowers Date: 10/1/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bowers Date: 10/1/2018

Installed by: Steve Jordan

OPERATION PERMIT by: Tom Shook Date: 7/29/19

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.

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

Sheet 1 of 2
PROPERTY ID #: 4812557
COUNTY: Iredell

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

OWNER: Clayton Homes SVC
ADDRESS: 2026 Northside Drive SVC
APPLICATION DATE 9/17/18
DATE EVALUATED: 9/28/18
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360 gpd.
PROPERTY SIZE: 6.5 Ac
LOCATION OF SITE: 104 Mt Cemetery Rd Harmony NC
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
3	Ridge 8-10%	0-10	SC wABK	SS SP FR SExp	2.5YR4/6	48.		Mica Water Bleeding @ 24.	PS .25
		10-29	C SBK/ABK	SS SP FM SExp					
		29-48.	CL WSBK	SS SP FR SExp					
4	Side 15-18%	0-5	SCL WSBK	SS SP FR SExp	2.5YR4/6	49			PS .275
		5-31	C SBK	SS SP FR					
		31-49	CL WSBK	SS SP FR					
5	Ridge. 10%	0-7	SC WSBK	SS SP FR SExp	"	48.		Water Bleeding @ 36.	PS .25
		7-30	C SBK/ABK	SS SP FR					
		30-48.	CL WSBK	SS SP FR					
6	Side 15%	0-5	SL WSBK	SS SP FR SExp	"	59			PS .275
		5-22	C SBK/WK	SS SP FR					
		22-59	CL WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240
System Type(s)	Type III	Type IV
Site LTAR	.35	.25

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

COMMENTS:

Updated February 2014

1) Chamber 2) Chamber 100 100 150.

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	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.

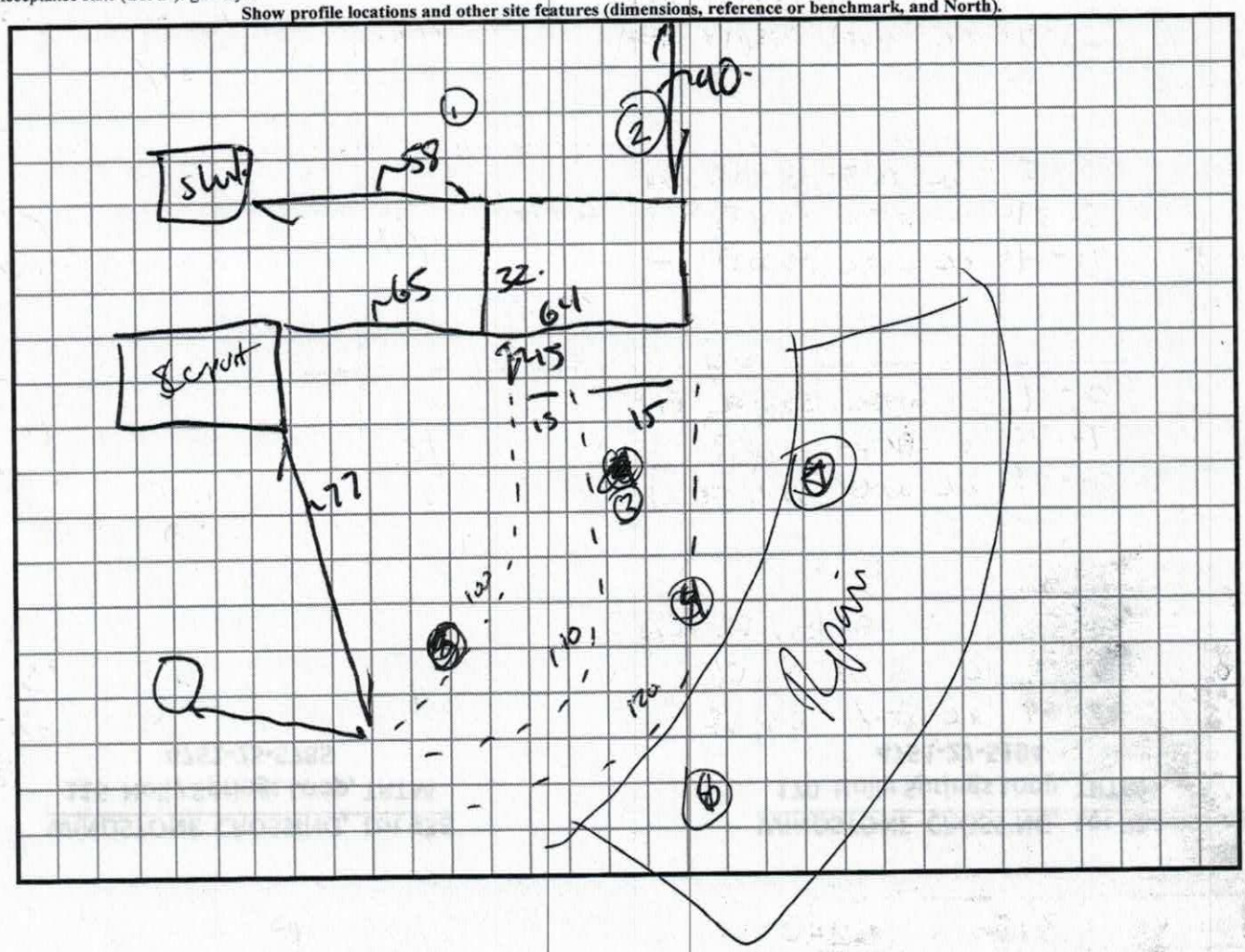
NOTES

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).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4872557495
DATE OF EVALUATION: 9/28/2017
COUNTY: Iredell

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	12% side	0-12	SC WABK/GR	S P FR SEXP	2.5YR4/6			10YR6/2 @ 28 in	PS .1
		12-40	C ABK/PL	VS VP FR					
		40-48	CL WABK/PL	VS VP FR					
2	side 15%	0-14	SC WABK/GR	S P FR SEXP	2.5YR4/6			10YR 6/2 @ 24 in	PS .1
		14-38	CL ABK/PL	VS VP FR					
		38-49	CL WABK/WPL	VS VP FR					
7	side 15%	0-6	SC WSBK/GR	SS SP FR SEXP	2.5YR4/6		Little mottles		PS .30
		6-24	C SBK	SS SP FR					
		24-38	CL WSBK	SS SP FR					

COMMENTS:

RECEIVED SEP 1 7 2018

Paid $500.00 #238871

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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 ___ uthorization To Construct ___ 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 HAMES	2026 NORTHSIDE DR STATESVILLE	704 873 0547	704 929 1552 ADAM
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
104 MT CARMEL RD HAMPTONVILLE NC 27020		

Driving Directions: _____

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) 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 ___

(✓) 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:

(✓) 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)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other 25%

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____ Clayton Hames Statesville 9/17/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Type: CONSOLIDATED REAL PROPERTY
Recorded: 6/26/2013 2:25:53 PM
Fee Amt: $26.00 Page 1 of 4
Iredell County, NC
Matthew J. McCall Register of Deeds
BK 2250 PG 1818 - 1821

Alan Carpenter

NORTH CAROLINA

IREDELL COUNTY

AFFIDAVIT OF CORRECTION

THE DEED WHICH IS BEING CORRECTED IS DESCRIBED AS FOLLOWS:

Grantor:	James Frederick Summers and wife, Patricia Summers
Grantee:	Timothy Lane Huie and wife, Tammy Huie
Date of Recording:	June 19, 2013
Book and Page Number:	Book 2249, page 997

Alan G. Carpenter, having been duly sworn, deposes and says:

That he was the draftsman of the above referenced deed, which is attached hereto; and

That the deed is being re-recorded for the purpose of adding a reference to an appurtenant easement to the legal description of the property which was conveyed. There is therefore hereby added the following language to the legal description as shown on Exhibit A:

"Together with the appurtenant easement and right of way described in the deed of easement from Ralph O. Dalton, Sr. et al, to James F. Summers, recorded in Deed Book 2245, page 367, Iredell County Registry."

This the 24th day of June, 2013.

Alan G. Carpenter

Sworn to and subscribed
before me, the 24th
day of June, 2013.

Julie M. Caudle
Notary Public
My Commission Expires: 5-10-2016

JULIE M. CAUDLE
Notary Public
Iredell County, NC
My Commission Expires: 5/10/2016

R.O.T.C.

Page Count: 4
☐NS ☐PQ ☐SI

Type: CRP
Recorded: 06/19/2013 at 04:40:03 PM
Fee Amt: $90.00 Page 1 of 3
Revenue Tax: $64.00
Iredell County, NC
Matthew J. McCall Register of Deeds
BK 2249 PG 997-999

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $64.00

Parcel Identifier No. _____ Verified by _____ County on the _____ day of _____,

By: _____

Mail/Box to: _____

This instrument was prepared by: Alan G. Carpenter, Attorney

Brief description for the Index: _____

THIS DEED made this 18th day of June, 2013, by and between

GRANTOR	GRANTEE
James Frederick Summers and wife, Patricia Summers 162 Alexander Farm Road Harmony, NC 28634	Timothy Lane Huie and wife, Tammy Huie 1238 Mitchell Avenue Statesville, NC 28677

Enter in appropriate block for each Grantor and Grantee: name, mailing 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 _____, _____ Township, Iredell County, North Carolina and more particularly described as follows:

See Exhibit A, attached hereto.

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

All or a portion of the property herein conveyed ___ includes or X does not include the primary residence of a Grantor.

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

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010
Printed by Agreement with the NC Bar Association - NCBA 006
Laser Generated by © Display Systems, Inc., 2010 (863) 763-5555

Page Count: 3
☐NS ☐PQ ☐SI
R.O.T.C.

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, other than the following exceptions:
Easements, rights of way and restrictions of record, if any.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

_____ (SEAL)
(Entity Name)

By: _____ (SEAL)
James Frederick Summers

Title: _____

By: _____ (SEAL)
Patricia Summers

Title: _____

By: _____ (SEAL)

Title: _____

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County or City of Iredell and State aforesaid, certify that James Frederick Summers and Patricia Summers personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 18th day of June, 2013.

My Commission Expires: 7-29-14
(Affix Seal)

ALAN G. CARPENTER
Notary Public
Iredell County, North Carolina
My Commission Expires: July 29, 2014

Notary Public
Notary's Printed or Typed Name

State of North Carolina - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, _____.

My Commission Expires: _____
(Affix Seal)

Notary Public
Notary's Printed or Typed Name

State of North Carolina - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that _____.

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

My Commission Expires: _____
(Affix Seal)

Notary Public
Notary's Printed or Typed Name

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010
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EXHIBIT A

Beginning at a stone found, the northwestern corner of Zion Hill Methodist Church and the northeastern corner of Lakeita M. Knox (Deed Book 2048, page 2026), and running thence from the point of Beginning and with the line of Knox, North 03-16-10 East 257.69 feet to a ½" iron rod set; thence continuing with the line of Knox and the line of Andrea L. Lay (Deed Book 2023, page 768), North 03-16-10 East 523.63 feet to a 1" existing iron rod in the center of the branch; thence continuing with the meanderings of the center of the branch (the center of the branch being the boundary line), North 46-18-22 East 440.61 feet to a stone pile, corner of A.L. Patterson Family Limited Partnership; thence with the line of the Patterson Family Limited Partnership, South 02-30-00 West 841.56 feet to a 1/2" iron rod set; thence continuing with the line of the Patterson Family Limited Partnership, South 02-30-00 West 297.44 feet to 1/2" existing iron rod, corner, now or formerly, of Ralph O. Dalton, Sr.; thence with the now or former Dalton line, North 80-18-54 West 317.99 feet to a stone found, corner of Zion Hill Methodist Church, the point and place of Beginning, containing 6.8215 acres, more or less, with this description taken from a survey by Ted M. Benbow, Professional Land Surveyor, dated November 5, 1997.

Iredell County PIN: 4872-55-7485

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

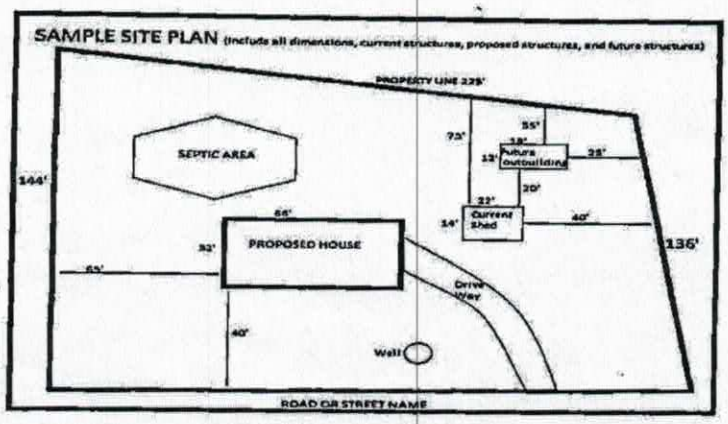
____ Front and side setbacks from property line... **____ Preferred driveway location and configuration, preferred well location...**

____ 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

SURVEY & DEED ARE IN PROCESS OF BEING RECORDED

Signature: _____

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

9/17/10

DATE

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, _____, am the legal owner(s) of the property located at 104 MT CARMEL RD HAMPTONVILLE 27020, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CLAYTON HOMES STATESVILLE 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.

[signature]	8-30-18	[signature]	8/30/18
Signature of Owner(s)	Date	Signature of Witness	Date

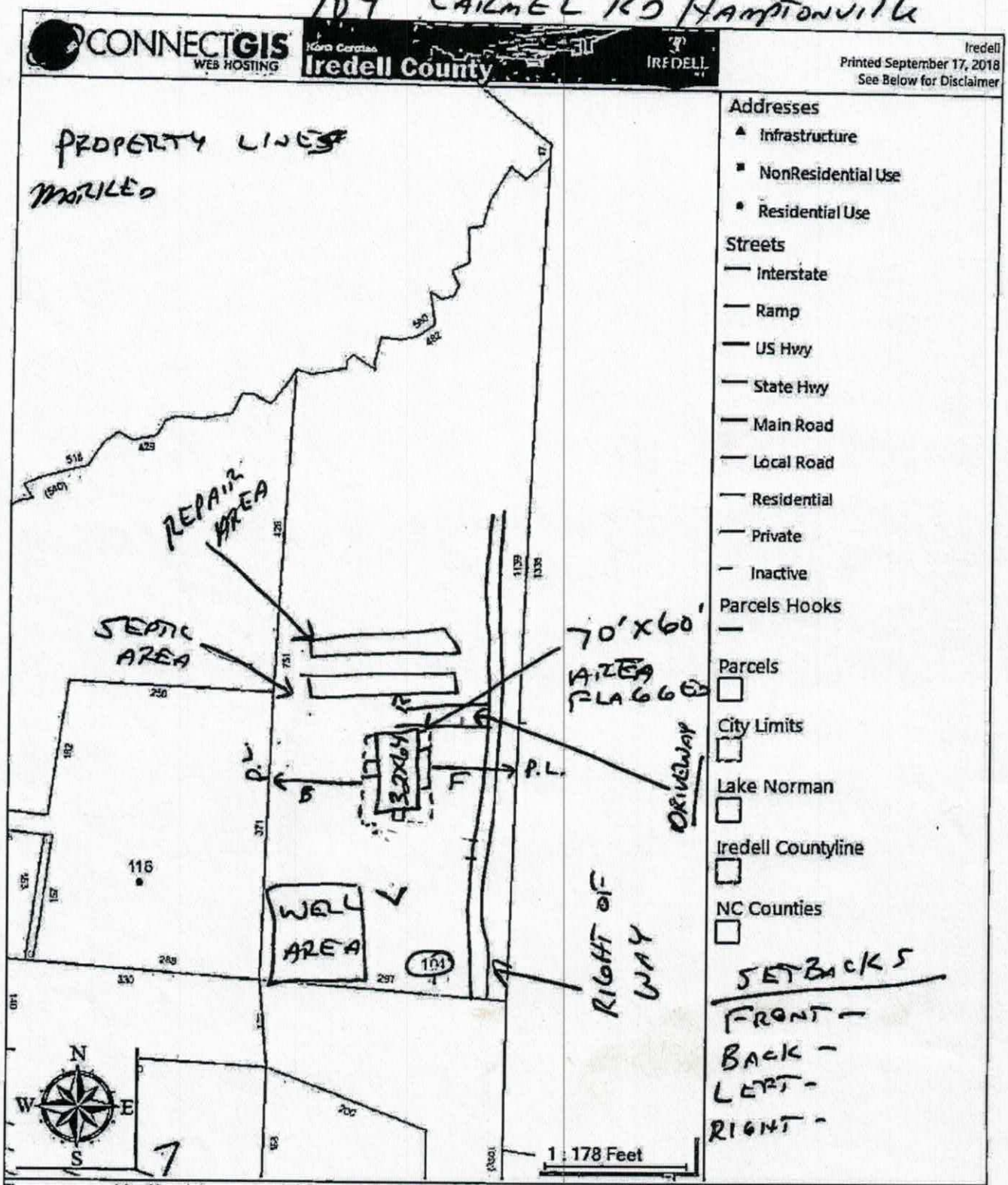
Please return this signed form to the appropriate office:

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

 NOT TO SCALE

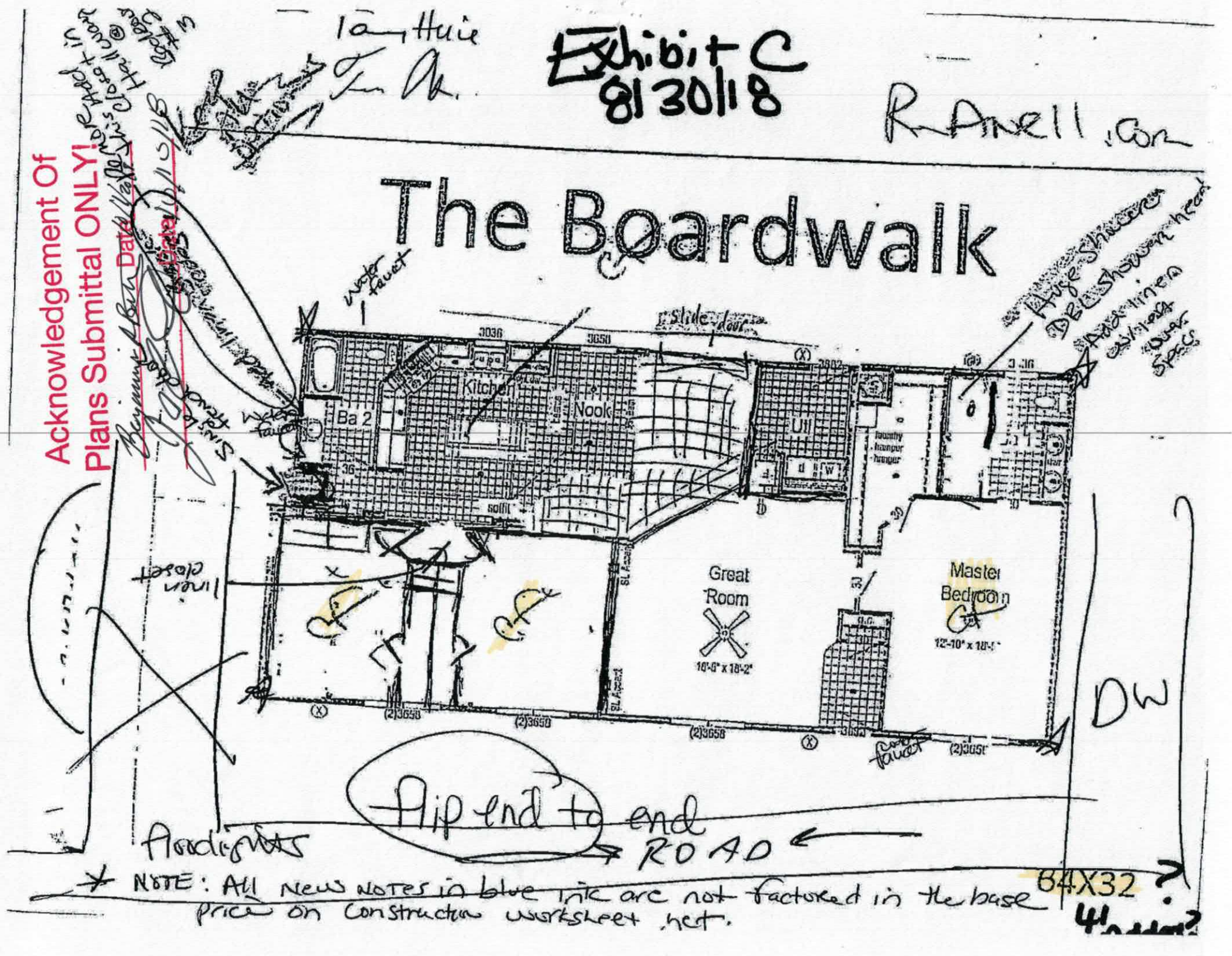
104 CARMEL RD HAMPTONVILLE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

Exhibit C
8/30/18

The Boardwalk



IREDELL COUNTY

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

APPLICATION NUMBER
238871
Issue Date: 09/17/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4872557485.000	104 MT CARMEL ROAD, HAMPTONVILLE, NC 27020	

Owner Information	Applicant Information
Owner: HUIE TIMOTHY LANE+TAMMY	Applicant: CLAYTON HOMES OF STATE
Address: 162 ALEXANDER FARM RD	Address: 2026 NORTHSIDE DR
HARMONY, NC 28634	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8.000	35.00	35.00	15.00	15.00	BOWH	X

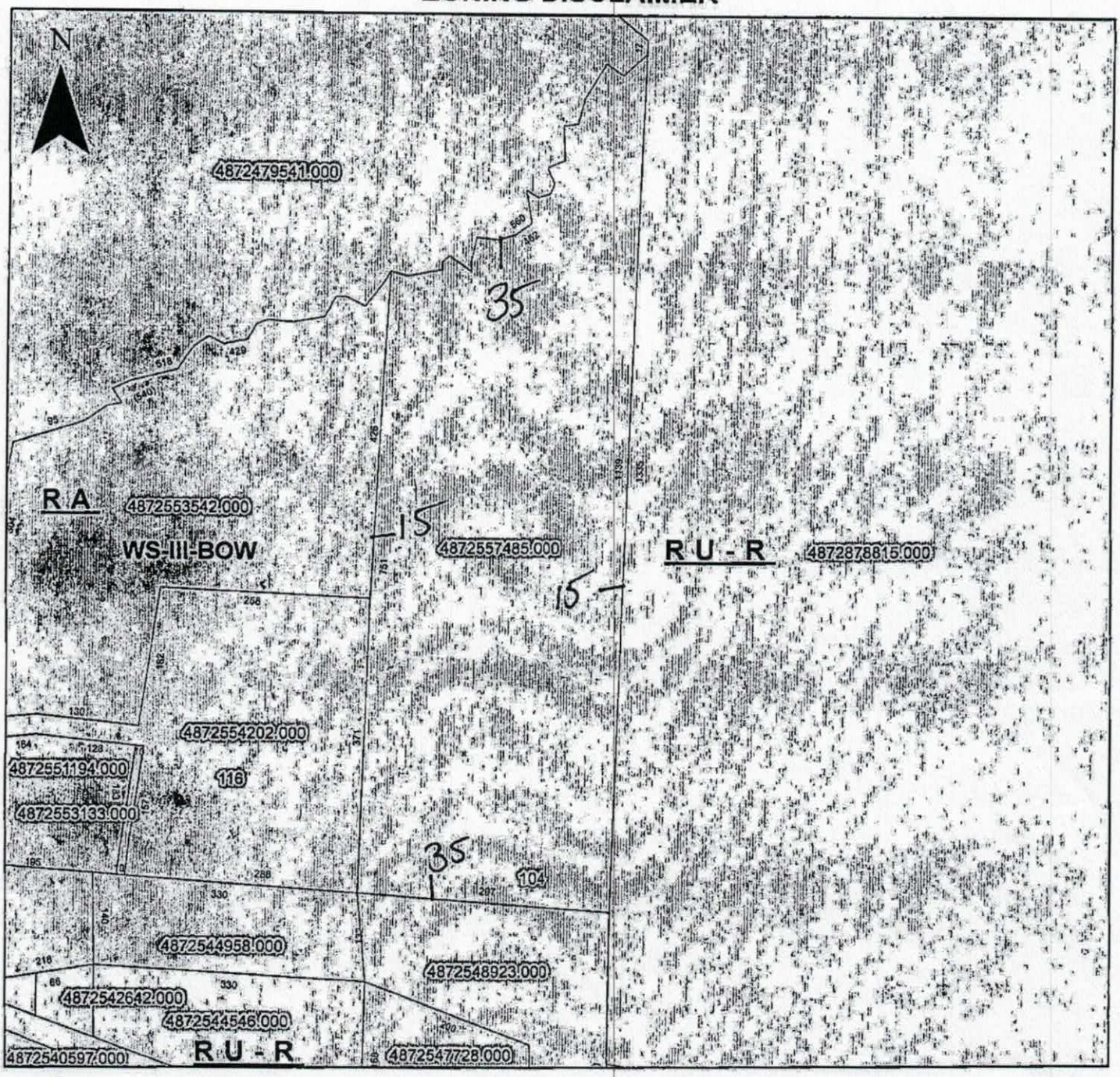
Remarks:

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	152803	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 104 Mt Carmel Rd.

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Applicant

9/17/19
Date