ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 MANF-2023-17946 PERMIT # AP- 322377

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

PIN # 4883 -- 08 -- 8534

APPLICANT/OWNER: RONNIE G. SIMMONS APPLICANT ADDRESS: 4858 HARMONY HIGHWAY, HAMPTONVILLE, N.C. 27020

SITE ADDRESS: 4858 HARMONY HIGHWAY, HAMPTONVILLE, N.C. 27020 PHONE: 828-337-2227 ALT. PHONE 423-794-6820

SITE DIRECTIONS: (N) ON 21, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

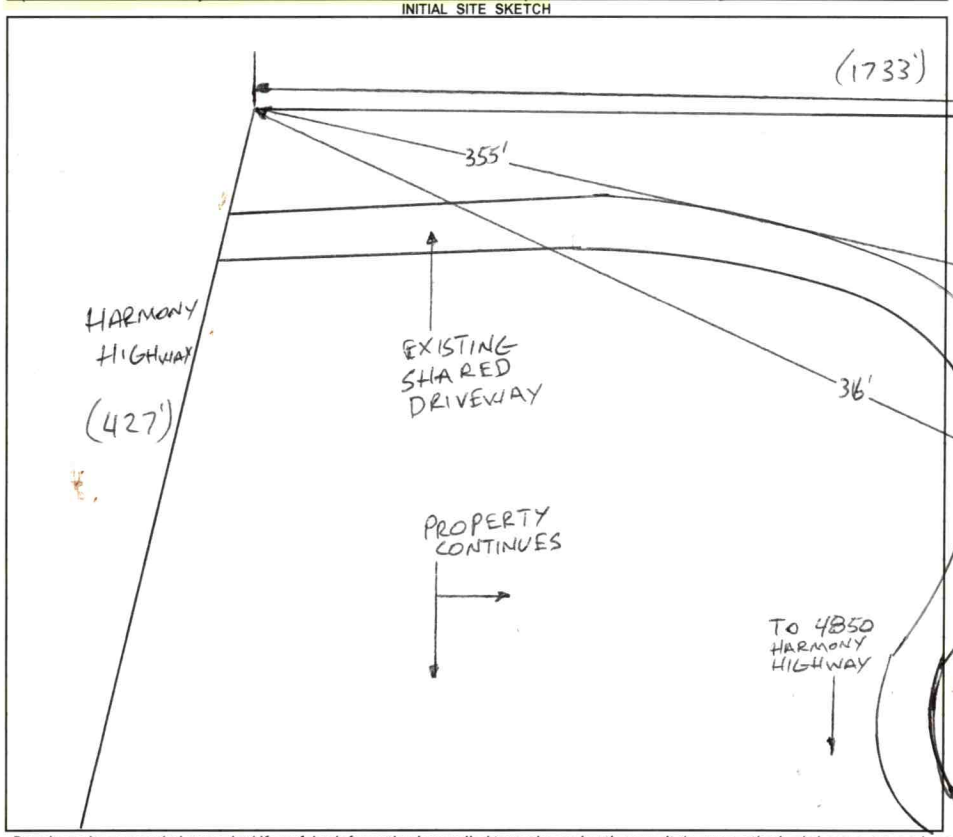
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 30.493 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB 760	Date	3-1-23	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	-	(gal)	PT -	Date	-	System Description:	25% REDUCTION			☐ Business	No. Persons 6
Pump Make	-	Model	-	Serial #	-	Repair System Description:	25% REDUCTION			☐ Other	No. Employees -
# Nitrification Fields	1	# Lines	5	Linear Ft	330 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	-	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

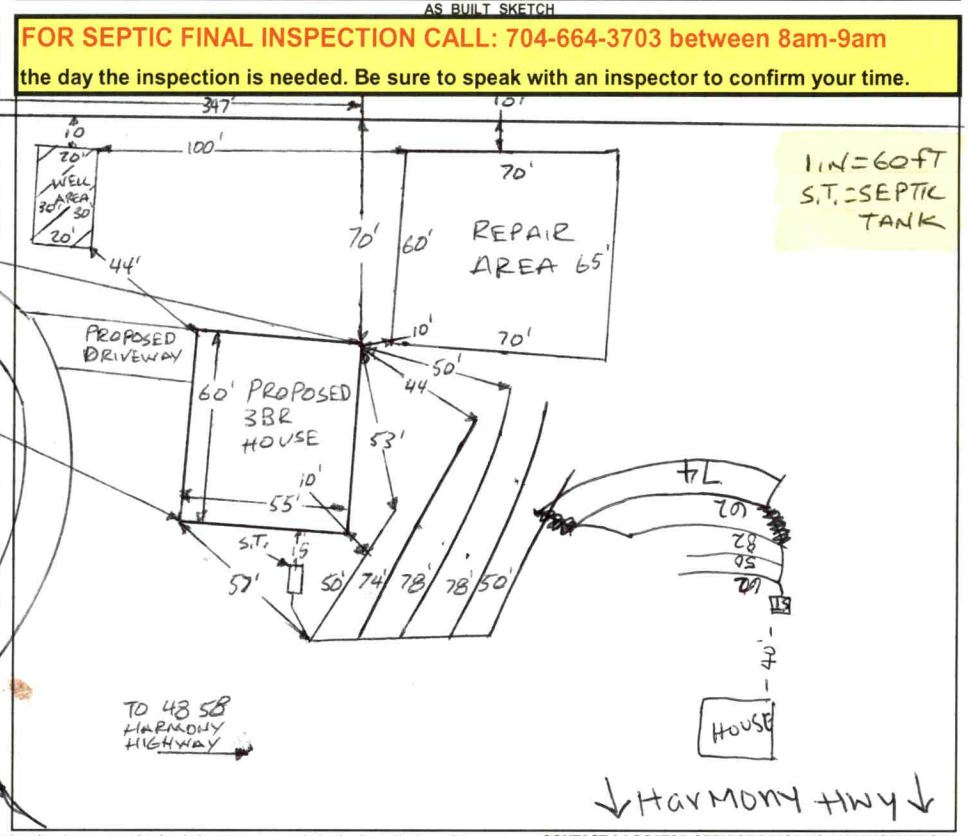
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON, 9FT CENTERS UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT SHALLOW UP, MAINTAIN SOFT FROM ALL WELLS

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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: Date: Installed by: T&L Custom Grading

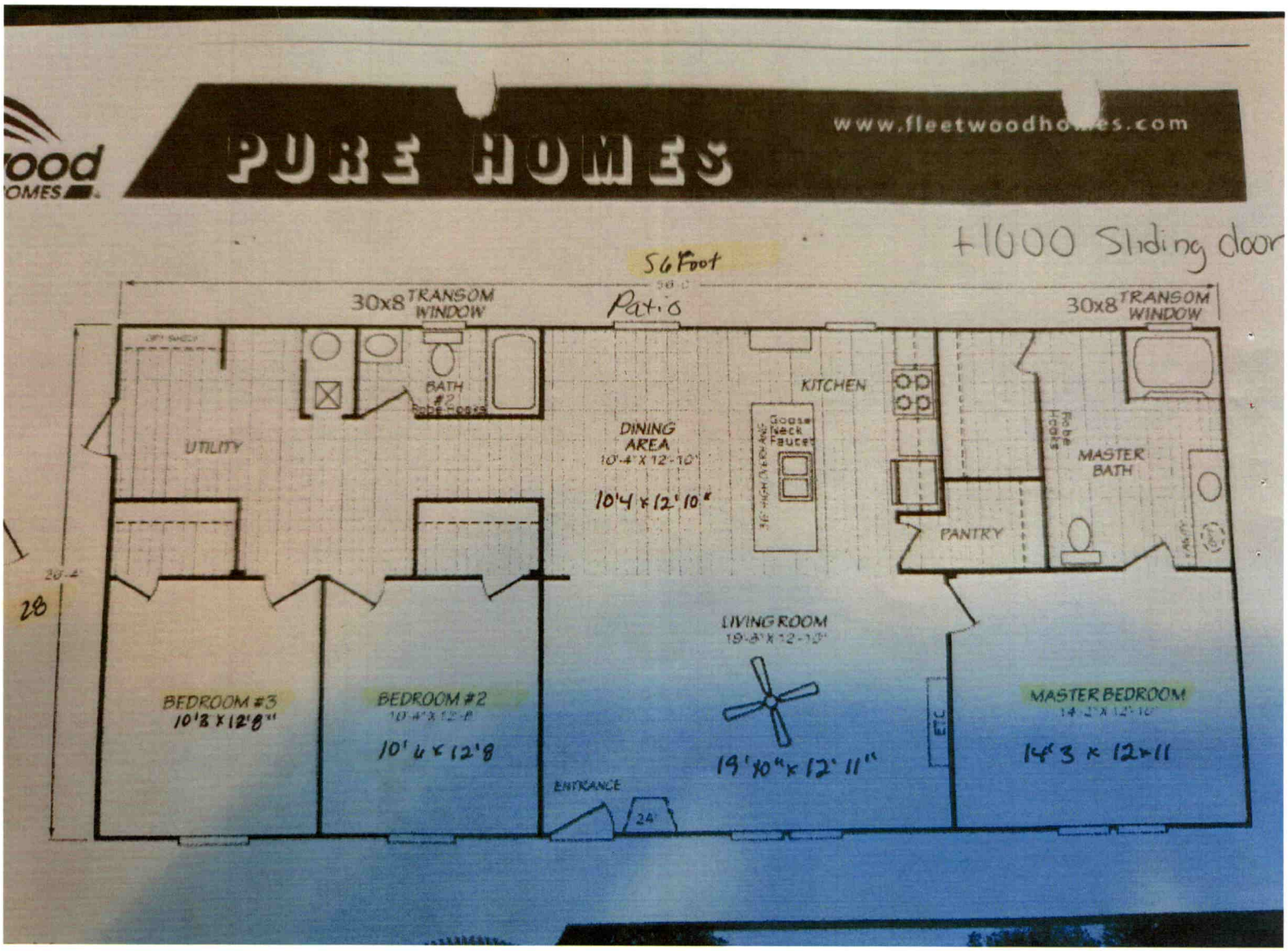
IMPROVEMENT PERMIT by: Bryant C. White Date: 2-3-2023 OPERATION PERMIT by: Sydney Holland Date: 4/11/23

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 2-14-2023 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



Acknowledgement Of
Plans Submittal ONLY!

OS Date

2-14-2023 Date Buyer

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

Sheet 1 of 1
PROPERTY ID #: 488308-8534
COUNTY: IREDELL

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

OWNER: RONNIE G. SIMMONS — APPLICATION DATE 10-18-2021
ADDRESS: 4858 HARMONY HIGHWAY, HAMPTONVILLE, N.C. 27020 — DATE EVALUATED: 11-4-2021
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 30.493 AC
LOCATION OF SITE: 4858 HARMONY HIGHWAY, HAMPTONVILLE, N.C. 27020 — PROPERTY RECORDED: YES
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 7%	0-8	MIXED -	CLEARING	FEW YIB MOTS 8"-18" fi SAP INC THRU OUT	48"+	NA	NA	PS .275
		8-24	C, ABK	FR, S, P, SEXP					
		24-48	CL, WABK	fi, SS, SP, SEXP					
2	HEAD 12%	0-16	SCL, SBK	COLLUVIAL FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .275 C IS TIGHT
		16-40	C, ABK	fi, S, P, SEXP					
		40-48	CL, WABK	fi, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-44	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		44-48	CL, WSBK	fi, SS, SP, SEXP					
4	LINEAR SIDE 9%	0-43	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .3
		43-50	CL, WSBK	fi, SS, SP, SEXP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

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

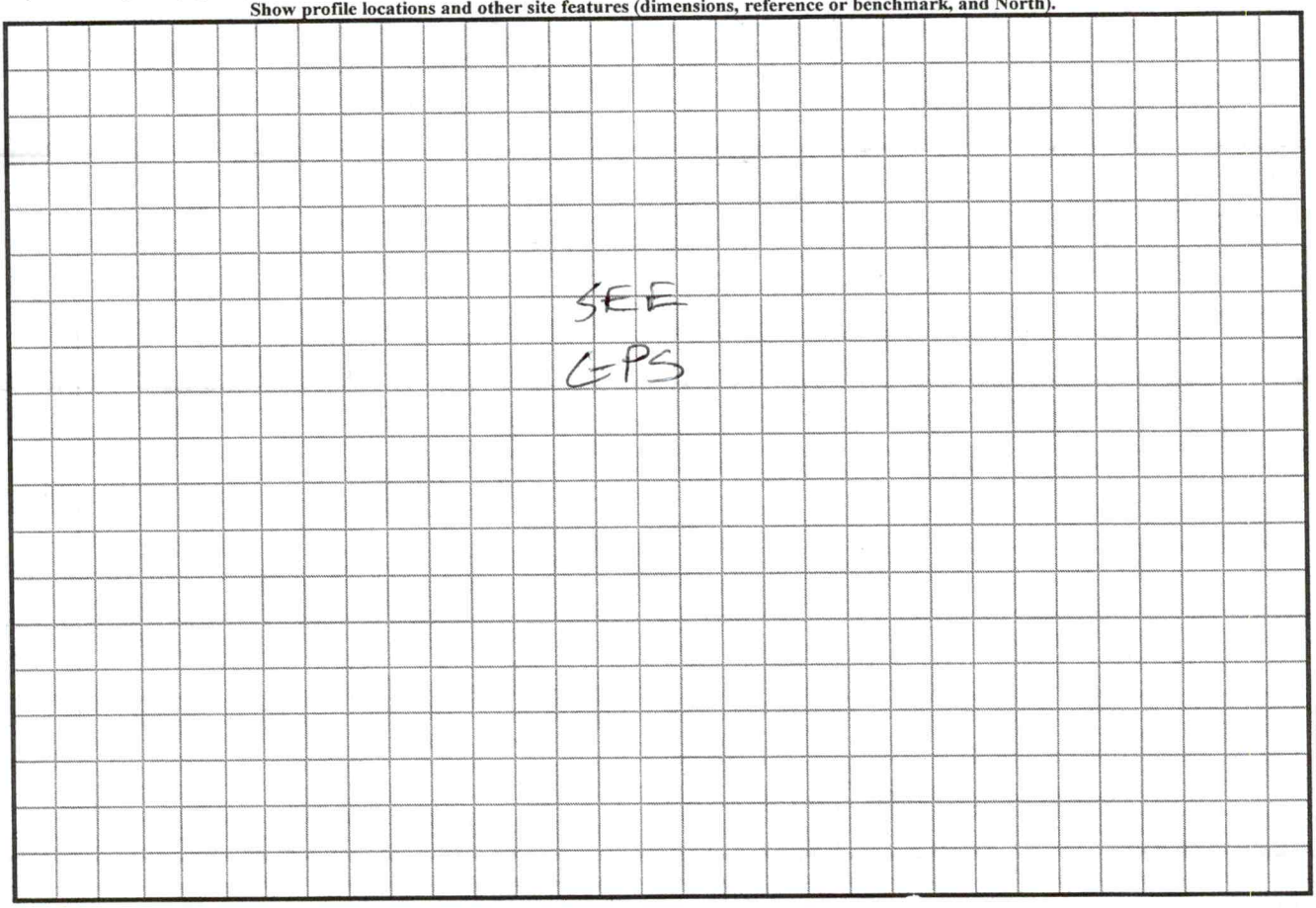
NOTES

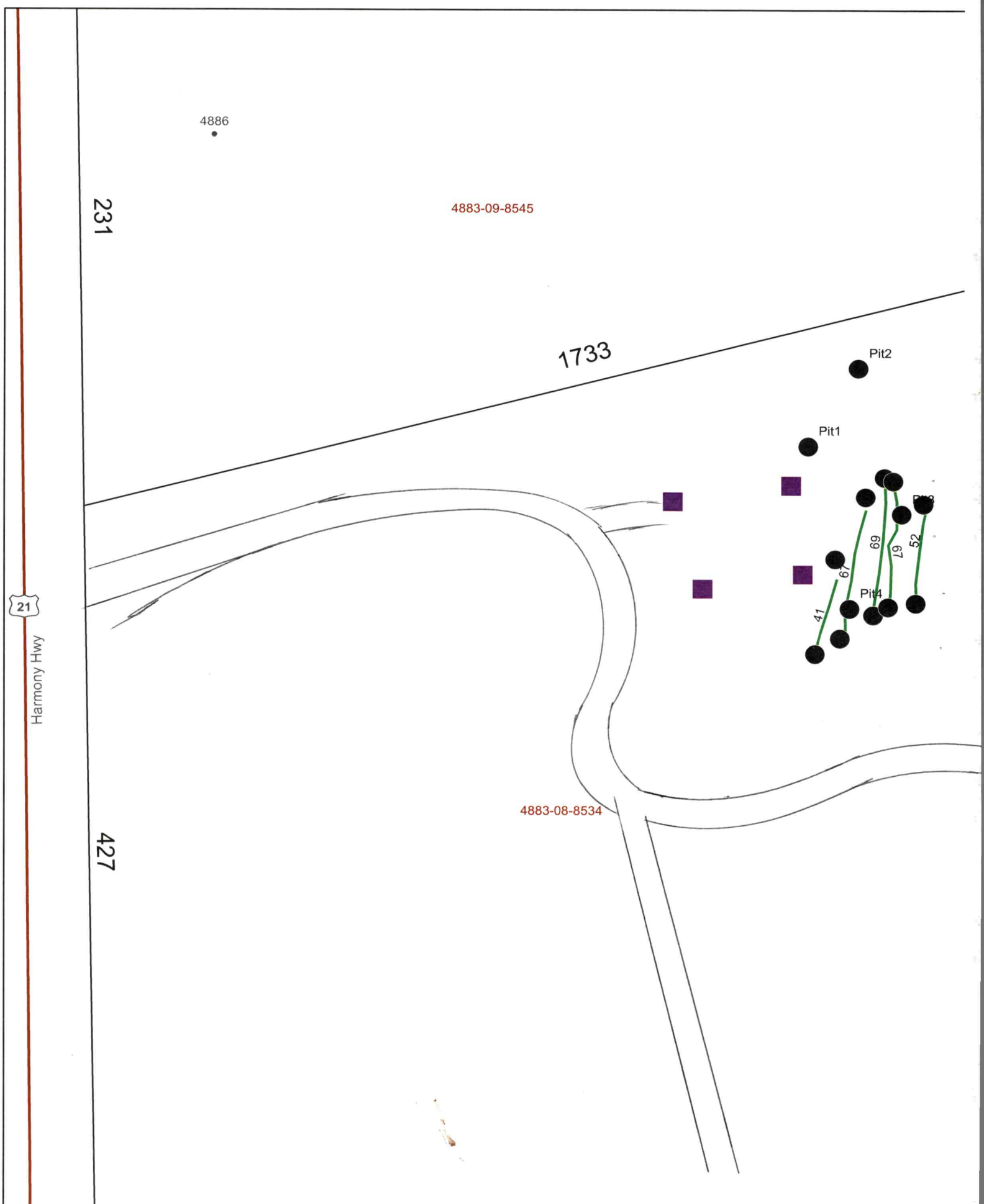
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




4886
231
4883-09-8545
1733
Pit2
Pit1
69
67
52
Pit4
41
21
Harmony Hwy
4883-08-8534
427



Tax Map Information

• PIN	4883088534,000
• Address	4858 HARMONY HWY
• Account #	Acct 80040844
• Tax Owner	SIMMONS CYNTHIA LORENE
• Mailing Address	4858 HARMONY HWY
•	HAMPTONVILLE, NC 27020
• GIS Owner	SIMMONS CYNTHIA L+ROY C WALTON III
• Deed Info	2468 / 588 - CD - 20170109
• Tax Acres	30.493 AC
• Lot #	
• Description	UMBARGER US HWY21
• Zoning	RUR
• Old Parcel #	0617P00000A041
• Bldg Value	$185,820
• OBXF Value	$23,060
• Land Value	$122,860
• Total Value	$331,740
• Defer Value	$115,080
• Tax Districts	-ALLCNTY FIRE- -

IREDELL COUNTY NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

RECEIVED OCT 18 2021

BW

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-322377 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 15A NCAC 18A .1937(f) FOR DETAILS.

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Bonnie G. Simmons Address: 4858 Harmony Hwy Hamptonville, NC Zip: 27020
Applicant Email: _____ Phone: 423-794-6820 Alt. Phone: _____
Owner Name: Cynthia L. Simmons Address: 4858 Harmony Hwy Hamptonville Zip: 27020
Owner Email: loree.simmons@gmail.com Phone: 828-337-2227 Alt. Phone: 828-337-2227

Property Information:

Street Address: 4858 Harmony Hwy Hamptonville, NC 27020
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: I-77 N to Exit 54, (R) on 21 N. go thru Harmony, approx 7-8 m. on (R) off 21; across from cemetary (Just past Pleasant Hill Baptist church)

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: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) New Well ( ) 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.

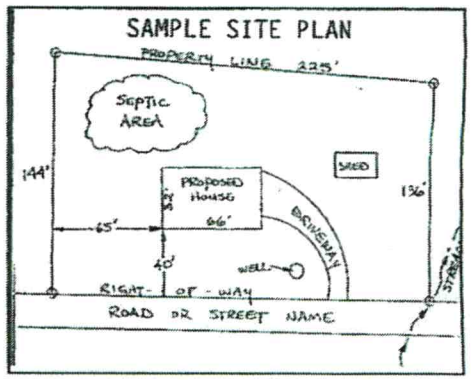
Signature: Bonnie Simmons 10-15-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT 32237

ENVIRONMENTAL HEALTH DIVISION

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:

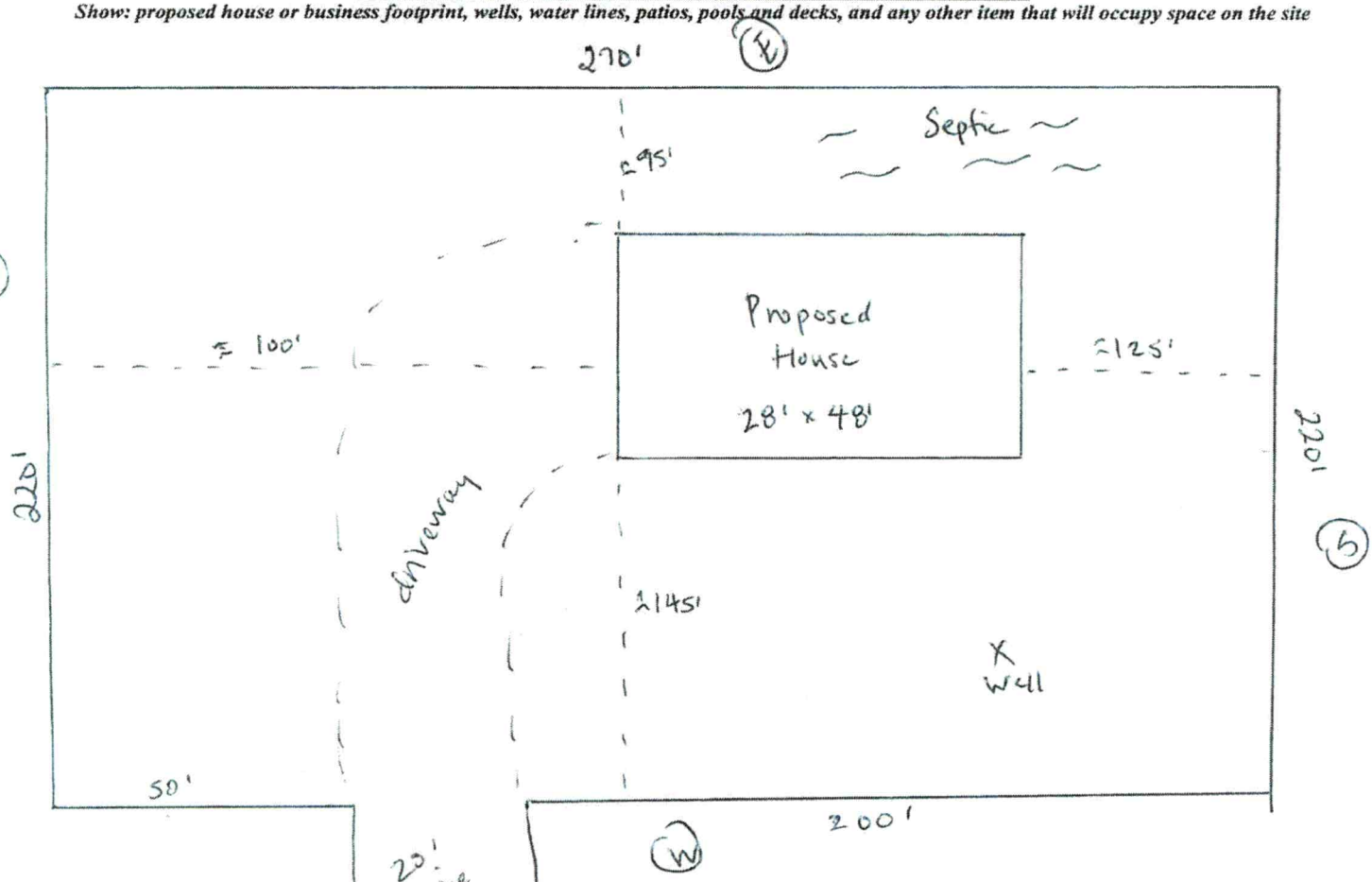
- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location and well location**
- (✓) **Area you prefer your septic system to be placed**
- (✓) **North arrow, or other 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

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: Lonnie Lemmon

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

10-15-21

DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

322377

☐ 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, Roy Clark Walton Cynthia L. Simmons, am the legal owner(s) of the property located at 4858 Harmony Hwy Hamptonville NC 27020, identified as PIN (Parcel Identification Number) 4883088534.00, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Ronnie G. Simmons, _____, 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.

_____ 07/07/2021
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

RS **Complete all Environmental Health forms:** 322377

_____ Application

_____ Site Plan including the dimensions of proposed structure, addition, pool etc.

_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)

_____ Copy of Zoning Permit when applicable

_____ Sign this sheet after you have completed all items

RS **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

RS **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

RS **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

RS **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Jamie Lemmon **Date** 10-15-21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
322377 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4883088534.000	4858 HARMONY HWY	Iredell County

Owner Information	Applicant Information
Name: SIMMONS CYNTHIA L+ROY C WALTON III	Name: SIMMONS CYNTHIA L+ROY C WALTON III
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RUR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
30.493	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks
SFD

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.

Date: 10/15/2021

Signature of Owner/Contractor

Permit Number	322377	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

322377

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 2 and stories? 1

Please describe project (Details, Purpose, or Use): _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1,200

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Cynthia L. Walton Phone # 828-337-2227

Owner's Current Address 4858 Harmony Hwy Hamptonville NC

Property Information

Property Address 4858 Harmony Hwy Hamptonville NC Parcel # _____

Subdivision:_____ Lot: / Zoning:_____ Watershed: Y / N Flood Plain: Y / N Township:_____

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Ronnie Simmons Applicant's Phone # 423-304-6820

Applicant's Address 139 Rattlers Haven Gate City VA.

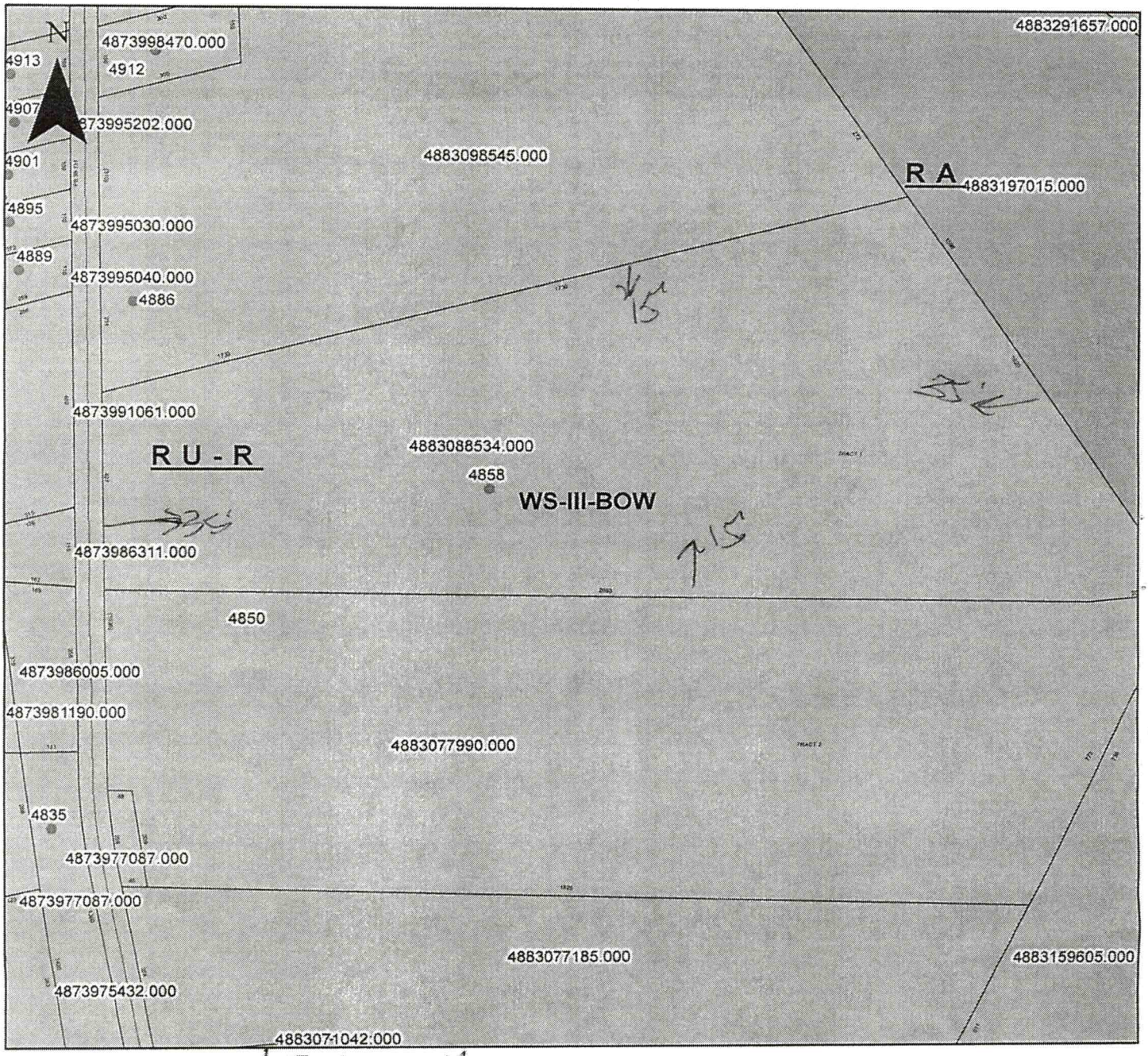
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Ronnie Simmons DATE 10-15-21

322377

ZONING DISCLAIMER



Property Address 4858 Harmony Hwy

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.

Ronnie Simmons

Applicant

10-15-21

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R13203

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			$577.25
AP-322377 Address: 4858 HARMONY HWY APN: 4883088534.000			$577.25
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT: R13203			$577.25

Date Paid: Friday, October 15, 2021

Paid By: SIMMONS CYNTHIA L+ROY C WALTON III

Cashier: AP

Pay Method: CREDIT CARD 045983