ICHD - ENVIRONMENTAL HEALTH DIVISION

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

CCN

PERMIT # AP-301492

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

PIN # 4892743053

APPLICANT/OWNER: CLAYTON HOMES/ROY + MICHAEL FOSTER | APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 2051 SANDY SPRING ROAD, HARMONY, N.C. 28634 | PHONE: 704-929-1552 | ALT. PHONE 704-546-3170

SITE DIRECTIONS: (N) ON 21, (R) ON POWELL BRIDGE, (L) ON TURKEY FOOT, (R) ON SANDY SPRINGS, LOT ON (R)

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 5.4 AC | SAP CONTROLLED: ☐ YES ☑ NO | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.3

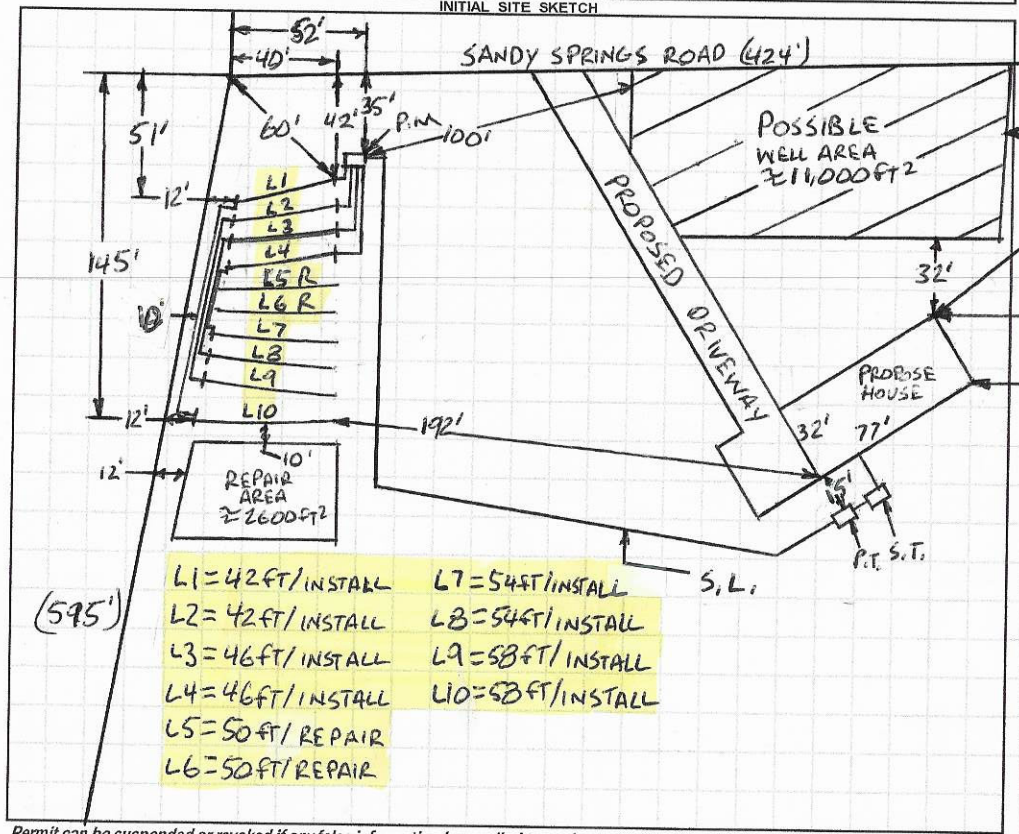
Septic Tank	1000 (gal)	STB	B54	Date	2-7-2020	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	169	Date	9-24-19	System Description:	25% REDUCTION - P.M.		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION - P.M.		
# Nitrification Fields	1	# Lines	8	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE	

☑ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☑ Private	
☐ Other	No. Employees	—	☐ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR INSTALL ON 9FT CENTERS
INSTALL LINES 1+10; 2+9; 3+8; 4+7 IN SERIES UTILIZE ONE 1½ SCH 40 TAP TO FEED EACH PAIRING OF LINES

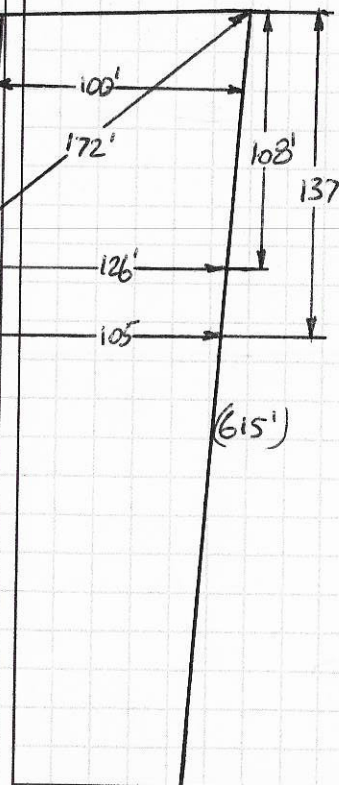
LINES 5 & 6 ARE FUTURE REPAIR LINES
MAINTAIN AT LEAST 50FT FROM ALL WELLS WITH ALL PARTS OF SEPTIC.

INITIAL SITE SKETCH



L1 = 42FT/INSTALL
L2 = 42FT/INSTALL
L3 = 46FT/INSTALL
L4 = 46FT/INSTALL
L5 = 50FT/REPAIR
L6 = 50FT/REPAIR
L7 = 54FT/INSTALL
L8 = 54FT/INSTALL
L9 = 58FT/INSTALL
L10 = 58FT/INSTALL

AS BUILT SKETCH



1 IN = 80 FT
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
P.T. = PUMP TANK
R = REPAIR

TAPS
L1 + L10 = 100FT - ½ SCH 40
L2 + L9 = 100FT - ½ SCH 40
L3 + L8 = 100FT - ½ SCH 40
L4 + L7 = 100FT - ½ SCH 40

GPM = 28.44
DOSE VOLUME = 184.8 GAL
TANK DRAW DOWN = 8.8 IN
RUN TIME = 6.5 MIN

PRE-CONSTRUCTION MEETING REQUIRED PRIOR TO INSTALL

TANKS AND SUPPLY LINE CHECKED 3-30-2020 BCW
INSTALLED AS PERMITTED
DRAINLINES - P.M. - PRESSURE
ELEC. HEAD - FLOATS - ALARM CHECKED 4-2-20 BCW

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: 1-17-20 Installed by: BARE'S SEPTIC

IMPROVEMENT PERMIT by: Burkett C. White Date: 1-14-2020 OPERATION PERMIT by: Burkett C. White Date: 4-3-2020

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 1-15-2020 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 4
PROPERTY ID #: 4892743053
COUNTY: IREDELL

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

OWNER: CLAYTON HOMES/ROY & MICHAEL FOSTER
ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28625
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 2051 SANDY SPRINGS ROAD, HARMONY, NC 28634
APPLICATION DATE 10-4-19
DATE EVALUATED: 10-17-19
PROPERTY SIZE: 5.4 AC
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 12%	0-8	SL, GR	FR, SS, SP, SEXP	-0.M	48"	NA	WETNESS 15"	U
		8-15	SCL, SBK	FR, SS, SP SEXP	-MATRIX 2.5Y 8/3 E-HOR -5Y 7/1 @ 15" Y/B CHROMA 2+ MOTS THRU OUT				
		15-48	C, ABK	FI, S, P, SEXP					
2	HEAD 10%	0-7	SL, GR	FR, SS, SP SEXP	-0M,	52"	NA	WETNESS 15"	U
		7-14	SCL, SBK	FR, SS, SP, SEXP	-MATRIX 2.5Y 7/3 -5Y 7/1 @ 15" Y/B CHROMA 2+1 MOTS THRU OUT				
		14-52	C, ABK	FI, S, P, SEXP					
3	LINEAR SIDE 5%	0-23	SCL, SBK	FR, SS, SP, SEXP	-FE CONC MATRIX 2.5Y 8/3 -5Y 7/1 @ 15" Y/B CHROMA 2+1 MOTS THRU OUT	50"	NA	WETNESS 15"	U
		23-50	C, ABK	FI, S, P, SEXP					
4	LINEAR SIDE 5%	0-19	SCL SBK	FR, SS, SP, SEXP	-FE CONC MATRIX 10YR 7/4 -5Y 7/1 @ 8" Y/B CHROMA 2+1 8"-46"	50"+	NA	WETNESS 8"	U
		19-46	C, ABK	FI, S, P, SEXP					
		46-50	C, WABK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

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

COMMENTS:

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 #: 4892743053
DATE OF EVALUATION: 10-23-19
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
5	LINEAR SIDE 8%	0-39	CL, ABK	fl, SS, P, SEXP	5Y 5/1 @ 9" Y/B CHROMA 2+1 MOTS 9"-24"	56"+	NA	NA	PS .25 BELOW 24"
		39-56	CL, WABK	FR, SS, SP, SEXP					
6	LINEAR SIDE HEAD 12%	0-19	SCL, SBK	FR, SS, SP, SEXP	5Y 7/1 @ 10" Y/B CHROMA 2+1 MOTS THRU OUT	48"+	NA	WET-NESS 10"	U
		19-48	C, ABK	fl, S, P, SEXP					
7	HOLDING 40" of H2O AS of 10-23-2019								U
8	LINEAR SIDE 8%	0-30	C, ABK	fl, S, P SEXP	5YR 5/2 @ 12" CHROMA 2+1 MOTS 12"-28"	52"+	NA	~~WW~~ NA	PS .25 BELOW 28"
		30-52	CL, WABK	fl, SS, SP, SEXP					
9	RIDGE 2%	0-21	C, ABK	fl, S, P, SEXP	SAP INC 24"	56"+	NA	NA	PS .3
		21-56	CL WABK	FR, SS, SP, SEXP					

COMMENTS:

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 #: 4892743053
DATE OF EVALUATION: 10-23-19
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
10	~~RIDGE~~ RIDGE NOSE 8%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC 36+	52"+	NA	NA	PS .3
		7-29	C, ABK	FR, S, P, SEXP					
		29-52	CL, WABK	FI, SS, SP, SEXP					
11	LINEAR SIDE 8%	0-12	SCL, SBK	FR, SS, SP, SEXP	5Y6/1 @ 16" CHROMA 2+1 MOTS 16"-36"	36"+	NA	WET-NESS 16"	U
		12-36	C, ABK	FI, S, P, SEXP					
		36-56	STANDING	H_2O					
12	LINEAR SIDE 8%	0-27	C, ABK	FI, S, P, SEXP	5Y6/1 @ 24" 24"-27" CHROMA 2+1 MOTS	27"+	NA	NA	PS .2 ABOVE 24"
		27-48	STANDING	H_2O					
13	RIDGE 2%	0-13	SCL, SBK	FR, SS, SP, SEXP	SAP INC 30"-48"	48"+	NA	NA	PS .3
		13-31	C, ABK	FR, S, P, SEXP					
		31-48	CL, WABK	FI, SS, SP, SEXP					
14	RIDGE 5%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC 34"-55"	55"+	NA	NA	PS .3
		9-33	C, ABK	FR, S, P, SEXP					
		33-55	CL, WABK	FI, SS, SP, SEXP					

COMMENTS:

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 #: 4892743053
DATE OF EVALUATION: 10-25-19
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
15	NOSE 8%	0-8	SCL, SBK	FR, S, SP, SEXP	SAP	51"	PS II L	NA	PS .3
		8-19	C, ABK	FR, S, P, SEXP	INC				
		19-51	LL, WABK	FI, SS, SP, SEXP	THRU				
		51-60	SAP, MAS	FR, NS, NP, SEXP	OUT				

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very 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.

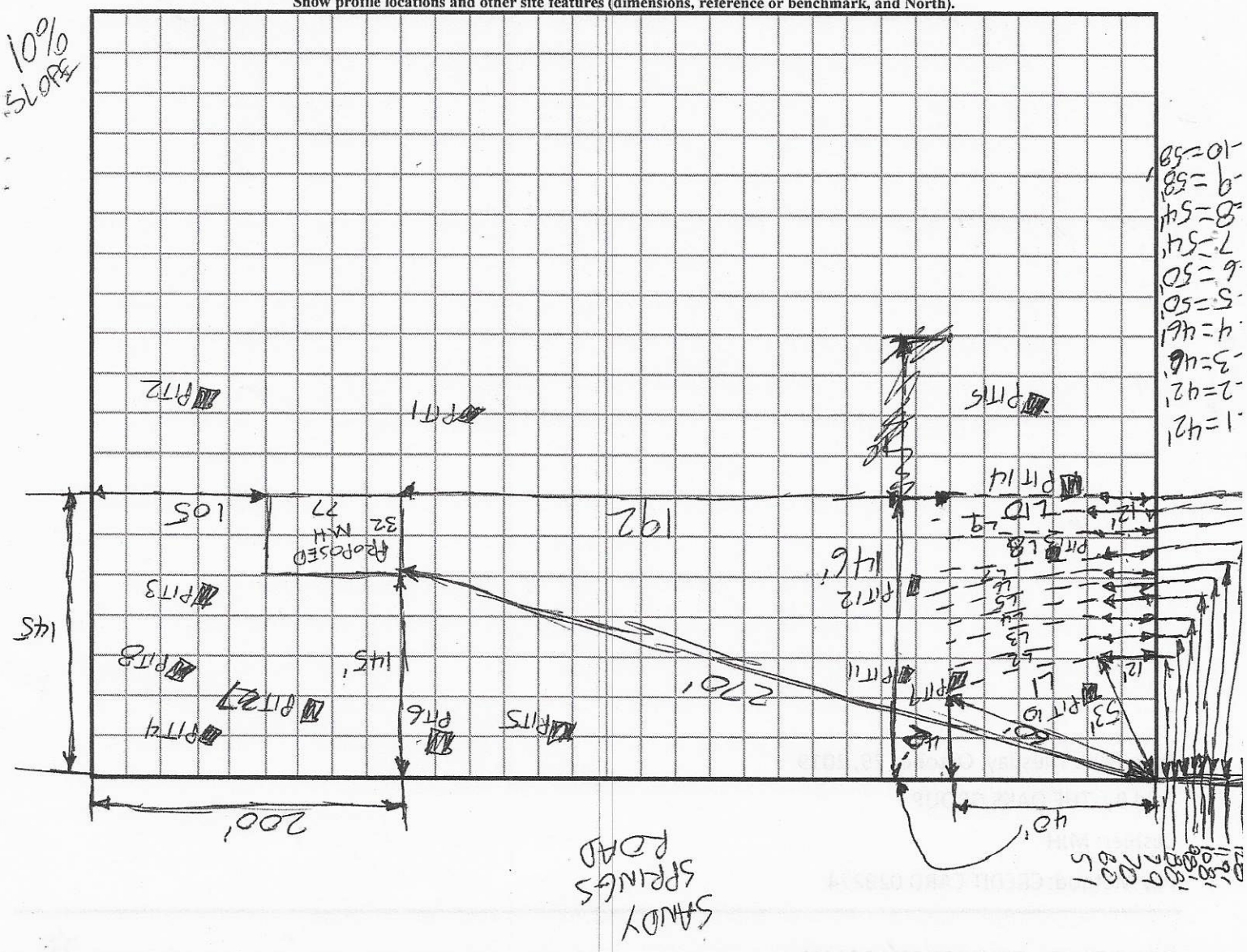
NOTES

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).



Updated February 2014

SW

RECEIVED OCT 4 2019

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-30149 Paid $500.00

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: ~~Roy Foster~~ Brantley Norris Address: 209 C Hidden Meadows Trail Zip: 27028
Applicant Email: brantley.norris@claytonhomes.com Phone: 828-406-9066 Alt. Phone:
Owner Name: Roy Foster Address: 136 Mount Bethel Rd Harmony, NC Zip: 28634
Owner Email: purpledolphin03@gmail.com Phone: 704-546-3170 Alt. Phone:

Property Information:

Street Address: ~~FBO Sandy~~ 2051 Sandy Springs Rd Harmony, NC 28634

Subdivision Name: Section/Phase: Lot Number:

Driving Directions: Interstate 40 E, exit 152B for I-77 N, 14 miles take exit 65, take right, 1.5 miles turn left on Eagle Mills Rd, .2 miles right on Houstonville Rd, 5.7 miles right on Sandy Springs Rd, 1 mile

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 5
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) 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:

CHECK FOUNDATION TYPE

(✓) 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 ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: 25% reduction

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. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

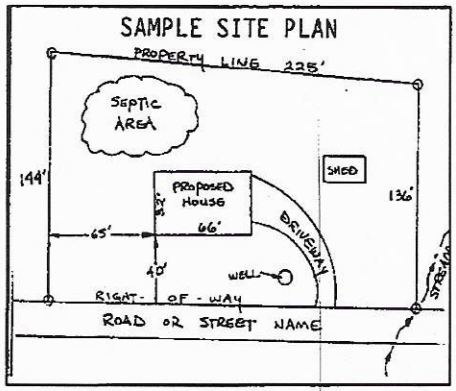
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

Signature: Brantley Norris 10/4/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

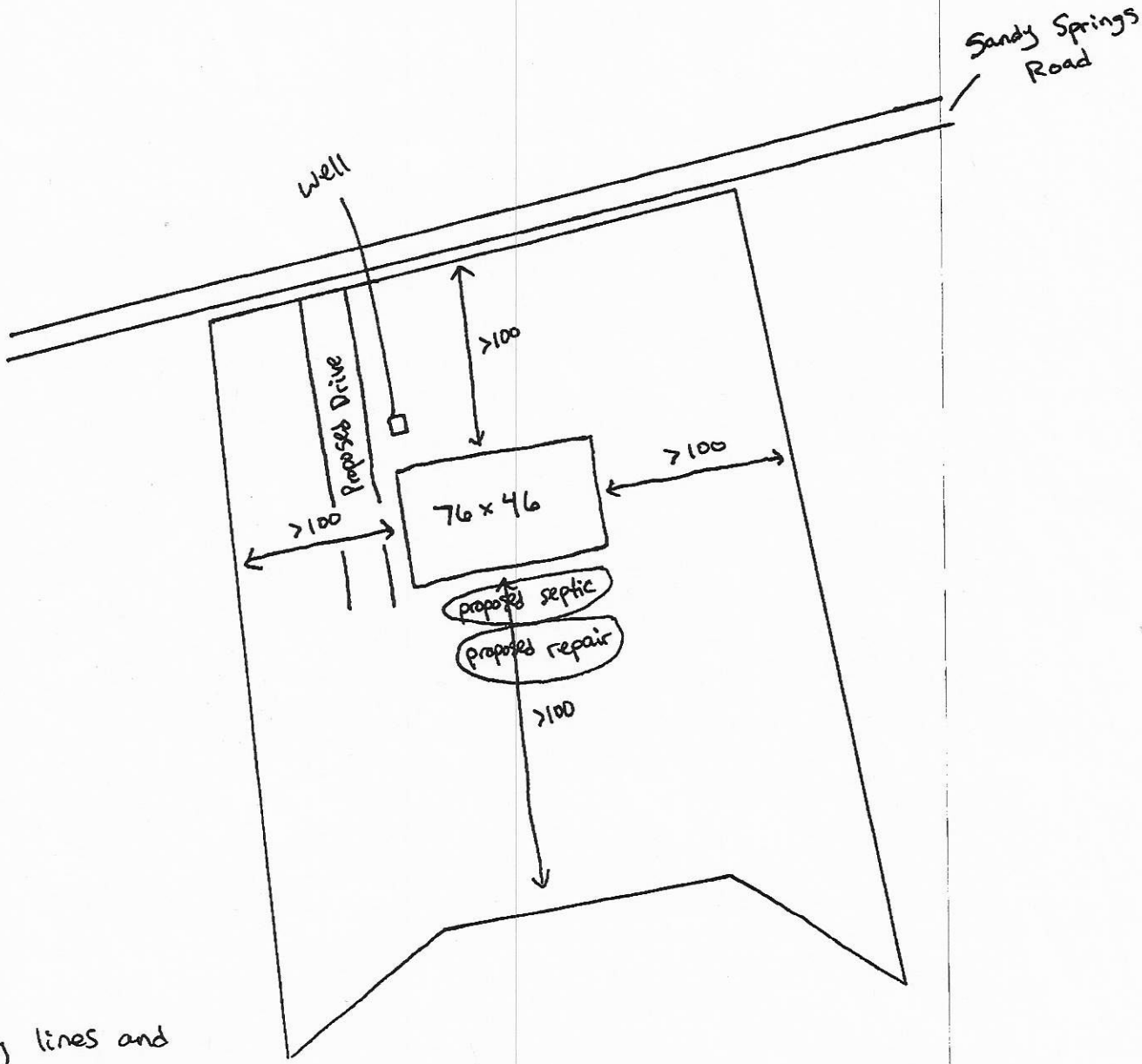
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 site plan

Signature: Bentley Nunn — 10/4/19

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



- property lines and corners are marked
- box for home marked w/ orange ribbon to include decks

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, Wayne Harris, am the legal owner(s) of the property located at TBD Sandy Springs Rd Harmony NC 28634, identified as PIN (Parcel Identification Number) 4892 74 3053 000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Clayton Homes / Brantley Harris, 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.

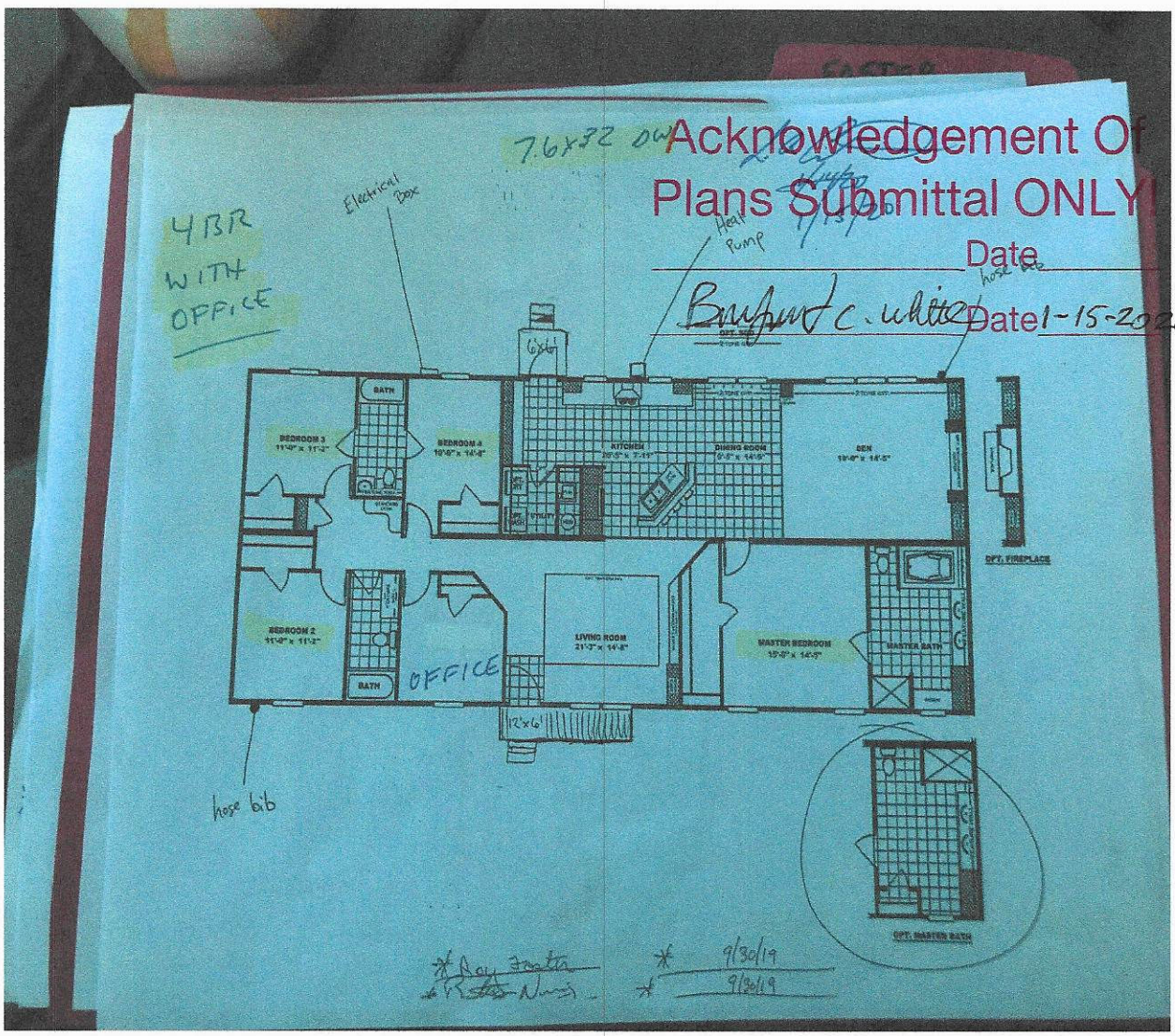
Wayne Harris 10-1-19 Sealed EC 10-1-19

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


7.6x32 ow
Acknowledgement Of
Plans Submittal ONLY
Date
Date 1-15-2020
4BR
WITH
OFFICE
Electrical Box
Heat Pump
hose bib
BATH
BEDROOM 3
BEDROOM 4
KITCHEN
DINING ROOM
DEN
OPT. FIREPLACE
BEDROOM 2
BATH
OFFICE
LIVING ROOM
MASTER BEDROOM
MASTER BATH
12x6
hose bib
OPT. MASTER BATH
9/30/19
9/30/19

IREDELL COUNTY · NC

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

APPLICATION NUMBER
301492 Issue Date: 10/04/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4892743053.000	2051 SANDY SPRINGS RD	

Owner Information	Applicant Information
Name: WEAVER PHYLLIS M+DWIGHT W HARRIS	Name: BRANTLEY NORRIS
Address:	Address: 209 C HIDDEN MEADOWS TRAIL
	MOCKESVILLE , NC 27028
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	35	35		

Remarks

Accessory Mobile Home: Must meet requirement R8 of the LDC. Only one accessory mobile shall be permitted per lot or parcel. The lot or parcel shall contain sufficient land area for the principal residential structure or home and the accessory mobile home to be considered independent principal dwelling units with both individually meeting the minimum lot size and required setbacks. The mobile home cannot be used as a rental and only relatives including in-laws and son or daughter by legal adoption shall occupy the accessory mobile home.

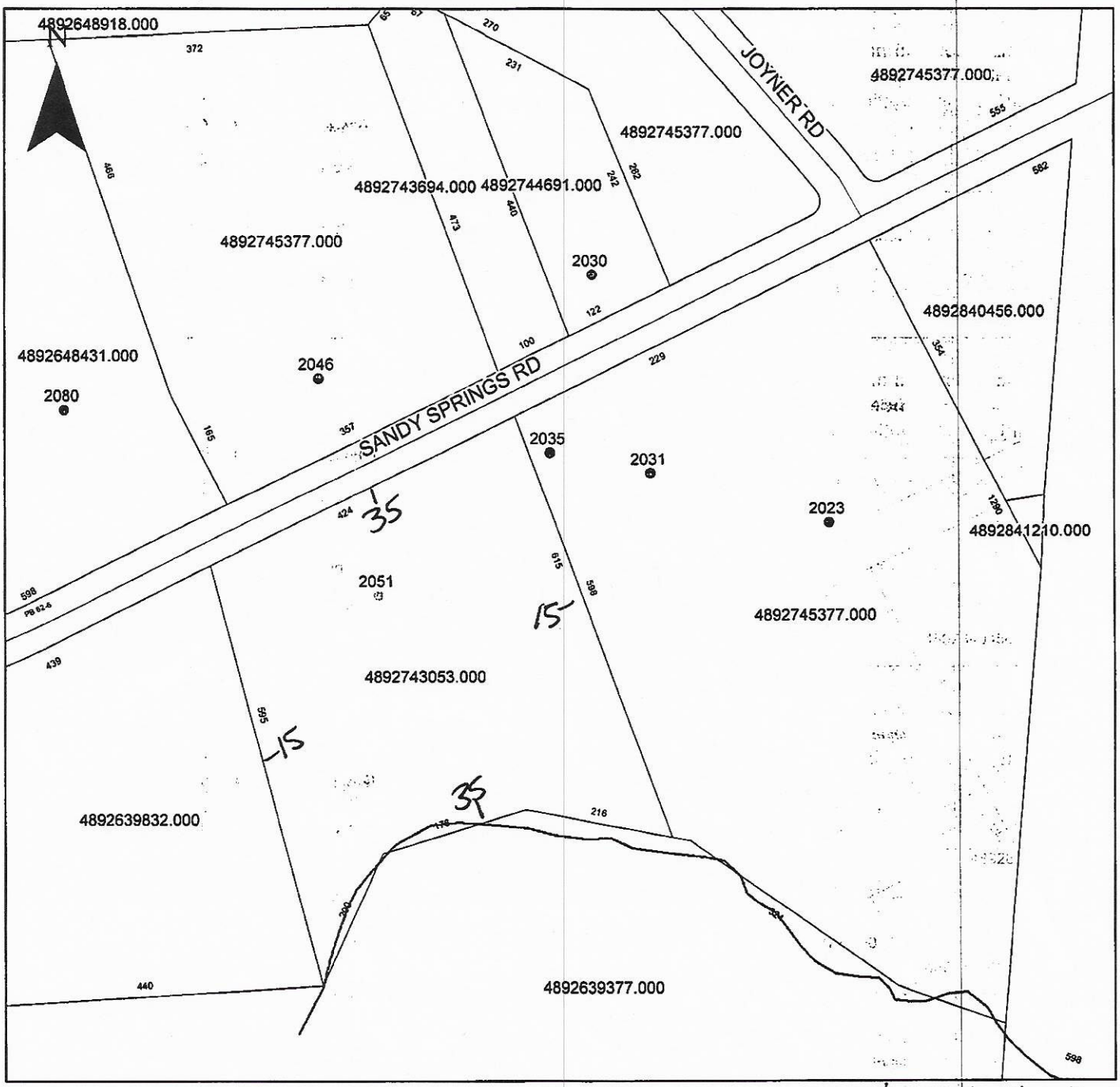
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 10/04/2019

Signature of Owner/Contractor

Permit Number	000485	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 2051 Sandy Springs Rd.

No additional setbacks per Leslie BK. 10-4-19.

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

10/4/19

Date