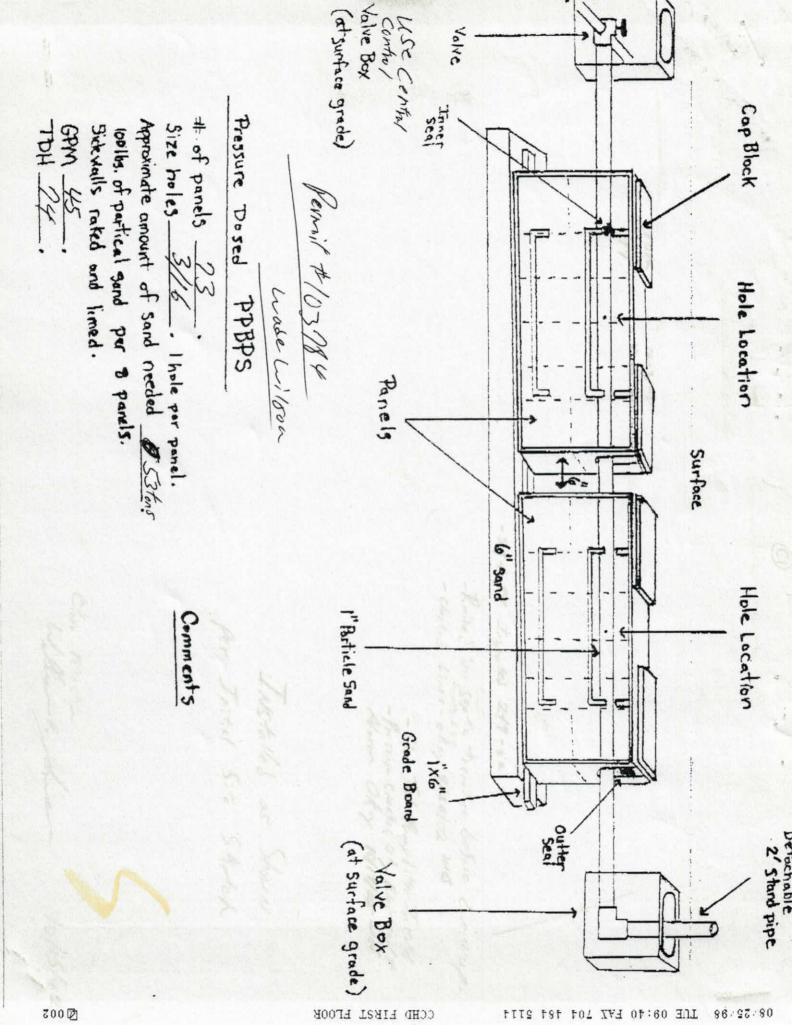
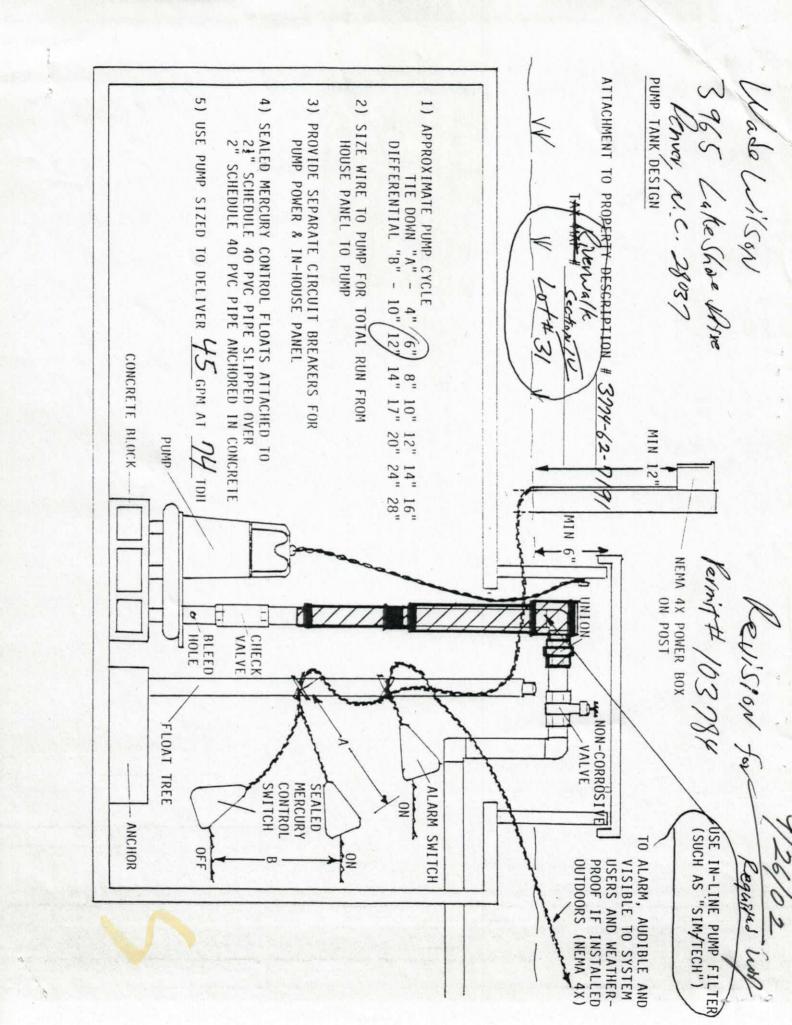
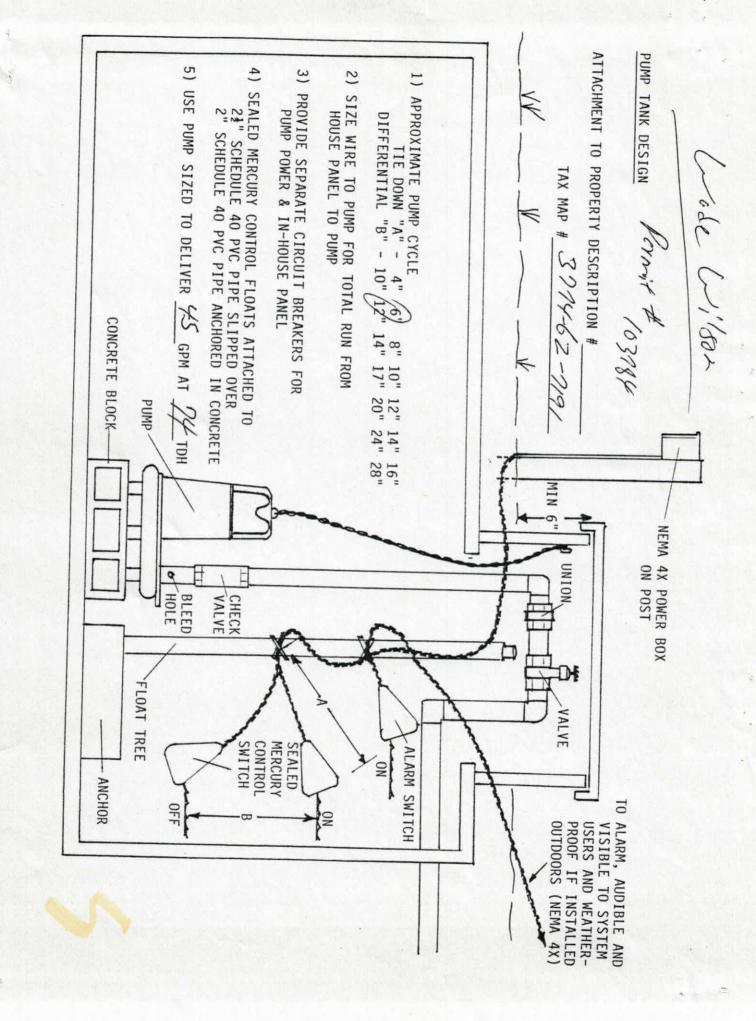
Signed: Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months OWNER OR CONTRACTOR PERMIT# Improvement Permit by: Permit can be suspended or 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 BOX 2) If Supply line cross divergy use dutile tran or opinion or install 30" belowed symmetry symme (3) Install 73 panel with 53 this of Sino (4) Signal mointenesses Continut must SUBDIVISION KILLEN WALL ADDRESS 3765 Authorization to Construct by: Comments:/Conditions:/ 78.1 320' 2P No Lines 7 Square Feet 617976. Linear Feet 320 IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION No Lines _\$ Pump Make: Pump Tank: Septic Tank: REDELL COUNTY HEALTH DEPARTMENT 1,000 000 Lekeshore Trench Width 8 at chet to toward streety wase Gallons; PT Gallons; STB /0/2 Model Nove School BLOCK / SECTION INITIAL SITE SKETCH witson Cantrol PBB with Control Control Value 17 PIN# Max Trench Bottom Depth 367 Po Serial No. 3774-62-719 Date . Date 12-23-01 7 3 denver N. LOT_ 12-31-01 3 20 Fx - 42 - 30 Fx +3 Contract must be date_ date . date _ LOT AREA New System Repair System Repair System Description: Maintenance Agreement Required: 131/02 31/02 2102 Bravel Depth Sind - 6" |□ Slab □ Crawl Space X Basement w/plumbing □ Basement wo/plumbing STATESVILLE 704-878-5305 184 PHONE: Business (828) 312-4798 Operation Permit by: Existing System Inspection by: Installed by: Comments: /Conditions: Submitted before its upage Stockerse Okep Son Printein paper setbacks 100 ft From Septic System (Dure 57+ 87 Ful bright (O over box T. S. S. XYes \(\simetex No O LONG V. VI Rained 06862 Mastin in soptic Linde + イカンドル 27 TO BUILTISKETCH DESIGN FLOW Trestor 15 from XHouse/Mod. Home □ Other □ Business ☐ Mobile Home MOORESVILLE 704-664-5281 6 Trench or betore Home_ かん 9/26/02 2 Top of Embracant 1 No. Bedrooms 4 No. Employees Strokt about at Stone Cliff LT.A.R. DATE 200 date date Hoter Mndividual Water Supply: □ Public ☐ Community 100







IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site. PERSONAL INFORMATION: Wade Wilson 828312+7983945 Lakeshorlds Denver NC
Applicant Phone # Mailing Address City State hu B. Cowne Current Property Owner Mailing Address City State Zip Code PROPERTY INFORMATION: Kivernalk (Proposed) Subdivision Name (Proposed) Lot # (Proposed) Block/Section # State Road # (Proposed) Water Supply: Public, Private Well **Preliminary Plat Approval Date** Tax Map # (DEVELOPERS ONLY) Specific Directions to Property TYPE OF FACILITY: (use check (X) or number as appropriate) _ No. Baths __Mobile Home _____ Commercial _____ No. Bedrooms ___ Basement with Plumbing No. Persons or Employees (commercial only) ______ Basement_

COVENANT AND SIGNATURE:

Crawl Space

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

Concrete Slab

___ Garbage Disposal _____ Jaccuzi or spa

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

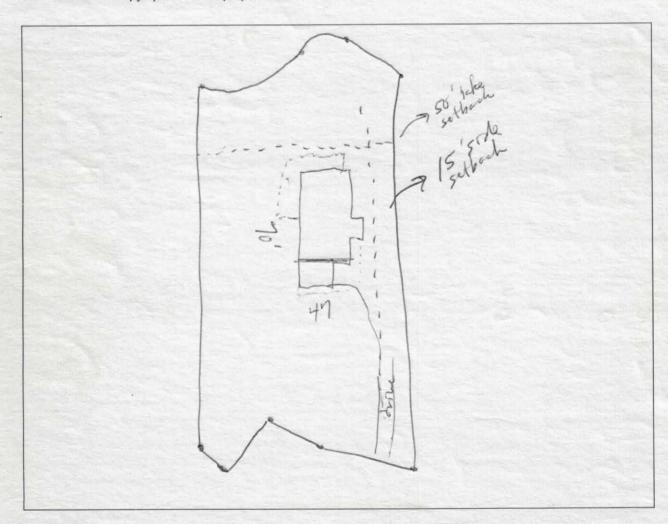
1-2-01 DATE grathon W. Wilson SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION Application For Improvement Permit Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (and proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete only when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing all proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

1-2-02 Date Jovation WW Si

SIGNATURE OF OWNER/AUTHORIZED AGENT

Iredell County Planning & Enforcement 227 S. Center St. PO Box 788 Statesville, NC 28687 704-878-3113



Zoning Permit

Permit Number: 103784ZO

Page 1 of 2

Printed: 11/29/2001

Master #: 103784

Associated Permits:

103784ZO

Zoning

Applicant

Name:

John Cowne

Address: 3965 Lake Shore Road South

Denver, NC 28037

Phone: 828-312-4798

Parcel

Parcel Number: 3774-62-7191

Address: Stonecliff Ln.

Statesville, NC 28677

Subdivision: Riverwalk

Zoning: RA

Township: 1400

Area: 1.62

Lot(s): 31

Directions to Parcel: Sharon School, road, left County Line road, Left Fulbright, Right

Riverwalk, top of hill, right stonecliff drive, edge of cos on left.

Owners

Name:

John Cowne

Phone:

828-312-4798

Address: 3965 Lake Shore Road South

Denver, NC 28037

Fees and Receipts:

Description Number FEE-22067-01 Zoning Permit Amount \$35.00

FEE-22068-01 Environmental Health - Type I or II System \$175.00

Total Fees:

\$210.00

REC-14551-01

\$210.00

Total Receipts:

\$210.00

Permit Information:

Max Built Upon Area:

Watershed:	WSIV-PA
Flood Zone:	No
Set Backs:	F35,Lake50,S15
Minimum Lot Size:	21780
Minimum Lot Width:	100
Min # Parking Spaces:	
Land Use Permitted:	Yes
Site Plan Reviewed: Staff:	
Zoning Permit:	Yes
Septic Typet:	New System
Proposed Use:	Single Family
Property Recorded:	Yes
Community Water:	No
Provider:	
Community Sewer:	No
Provider:	
Date:	
Additional Conditions: Comments:	
regulations of any kind to permit is requested. App	hat there are no deed restrictions, contractual agreements or governmental hat interfere with or prohibit the use of the property or the use for which this plicant further acknowledges that enforcement of deed restrictions, plat intractual agreements will not be undertaken by Iredell County and is the affected parties.
Applicant:	Date
A non-refu	ndable fee of \$35.00 is charged on all permit applications
	Permit Number: 103784ZO

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 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.

STREET NAME STORAGES 11-29 27

15 A. C

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