



STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, James I. Kovacs, REVIEW OFFICER OF
CITY OF STATESVILLE, CERTIFY THAT THE MAP OR PLAN TO WHICH
THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS
FOR RECORDING.

REVIEW OFFICER _____ DATE _____

ALVIN & NANCY SORRELL
DB 1405 PG 1085

DEWANA D. RANSON
DB 1320 PG 635

MICHAEL & ANITA JOHNSON
DB 1270 PG 1902

CONCEAINT R/W
DB 1171 PG 1005

WILLIAMS ROAD
DB 1000 PG 1000

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This survey creates a subdivision of land within the area of a county or
municipality that has an ordinance that regulates parcels of land.

I, James I. Kovacs, certify that this plat was drawn under my supervision
from an actual plat of the land to be subdivided. The boundaries are clearly indicated
as shown from information as indicated under references; that the ratio of
precision as calculated is greater than 1:10,000; that this plat was prepared
in accordance with NCSS 47-30 as amended.

Witness my original signature, registration number and seal this 10th
day of August, 2007.

James I. Kovacs
Professional Land Surveyor
(L-3610)



LINE	TYPE	SEASON
1	1	2007
2	2	2007
3	3	2007

CHUNK	DATE	TIME	USER	STATUS
1	2007/08/10	10:22	JAK	OK
2	2007/08/10	10:22	JAK	OK
3	2007/08/10	10:22	JAK	OK

Owner's certificate and notation. This certificate shall be notarized.
KNOW ALL MEN BY THESE PRESENTS, that I (we) _____ hereby certify that
on (we) the owner(s) of the property shown on this plat, that _____ hereby acknowledge
and certify that the plat is a true and correct copy of the original plat as recorded in the
Register and that the plat is a true and correct copy of the original plat as recorded in the
Register and that the plat is a true and correct copy of the original plat as recorded in the
Register.

Certification of the approval of private water and sewer system (where appropriate). I hereby certify that the
water and sewerage disposal system shown on this plat is in accordance with the requirements of the North
Carolina State Health Department and are hereby approved as shown.

Date _____ Signature of Owner _____
Date _____ Irrel County Health Officer or his legal representative _____
Certificate of approval for recording _____
I hereby certify that the subdivision plat shown herein has been found to comply with the State Subdivision
Review Committee for recording in the office of the Register of Deeds of Irrel County.

Date _____ City of Statesville Planning Director or his designee _____

MADERA DRIVE
(30' R/W)
(NOT OPEN)

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