IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 247477

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

PIN # 3774932740

APPLICANT/OWNER: TROY AND NATALIE CASSIDY APPLICANT ADDRESS: 7311 APRIL MIST TRAIL, HUNTERSVILLE, N.C. 28078

SITE ADDRESS: 125 OAK POINT LANE, STONY POINT, NC, 28678 PHONE: 352-575-7392 ALT. PHONE 863-877-5971

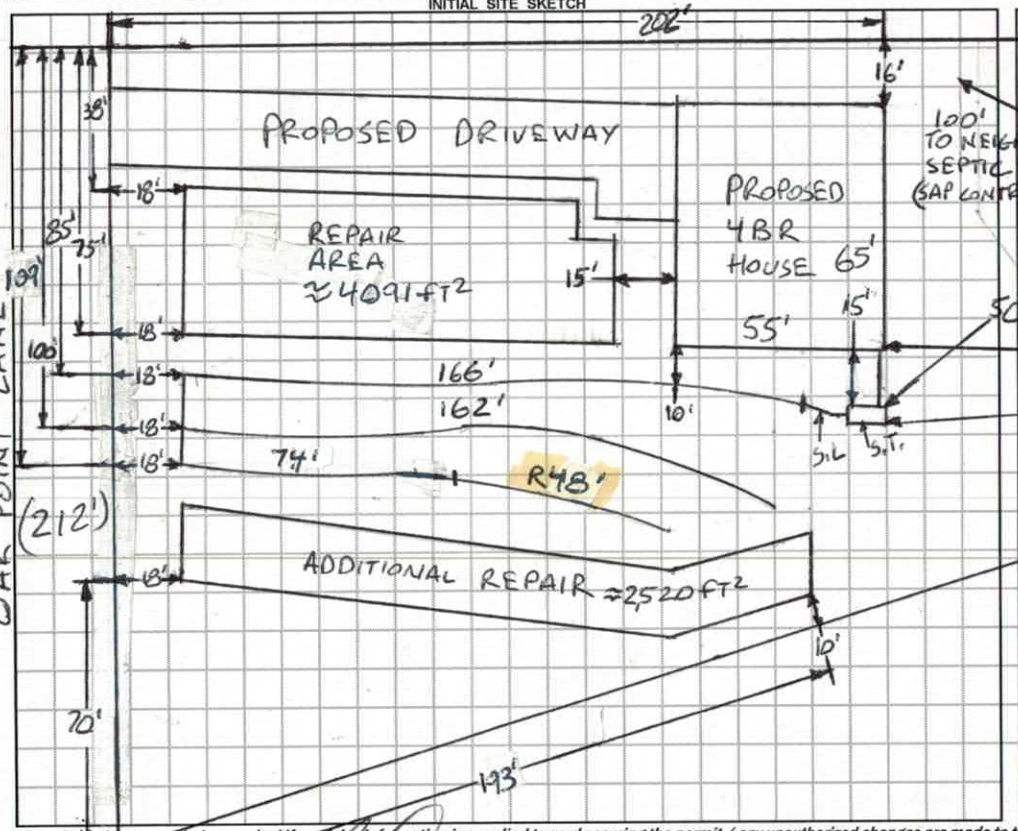
SITE DIRECTIONS: (W) ON 40, (R) ON SHARON SCHOOL, (L) ON STEWERT ROCK, (L) ON FULBRIGHT, (R) ON GARDNER POINT (R) ON OAK POINT, LOTON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: RIVERWALK SECTION: 5 LOT # 30 LOT AREA: 1.38 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

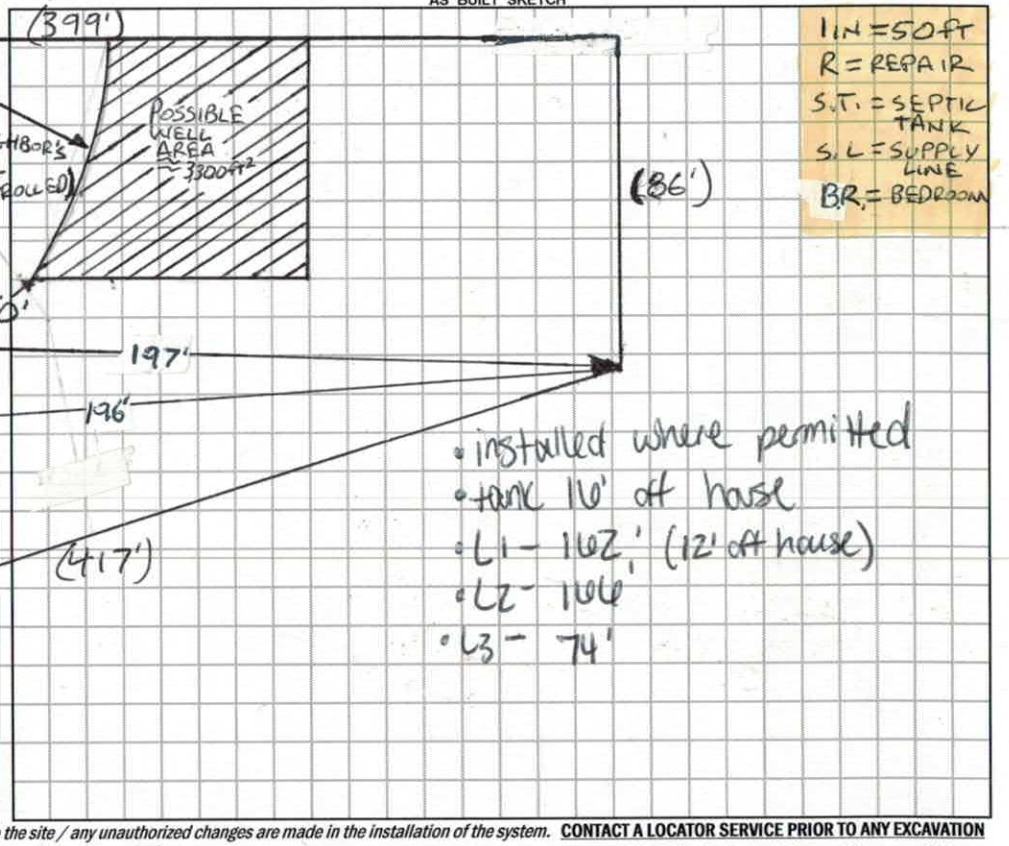
Septic Tank	1000	(gal)	STB	700	Date	3/22/20	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT	—	Date		System Description:	25% REDUCTION			☐ Business	No. Persons	8	☑ Private
Pump Make	—	Model	—		Serial #	—	Repair System Description:	25% REDUCTION			☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	402 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)			30 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE		☑ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER, UTILIZE SERIAL DISTRIBUTION, DO NOT GRADE OVER SEPTIC AREA

INITIAL SITE SKETCH



AS BUILT SKETCH



- installed where permitted
- tank 10' off house
- L1 - 162' (12' off house)
- L2 - 166'
- L3 - 74'

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: [signature] Date: 12-19-19 Installed by: TB Grading

IMPROVEMENT PERMIT by: Bryant C. White Date: 10-3-2019 OPERATION PERMIT by: Carter C. Nick Date: 6-23-20

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-19-2019 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 #: 7749327
COUNTY: IREDELL

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

OWNER: TROY CASSIDY
APPLICATION DATE: 8-13-2019
ADDRESS: 7311 APRIL MIST TRAIL, HUNTERSVILLE, N.C. 28078
DATE EVALUATED: 8-30-201
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 1.38 AC
LOCATION OF SITE: 125 OAK POINT LANE, STONY POINT, N.C. 28678
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	RIDGE SADDLE 5%	0-5	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	55"	PS II L	NA	PS .3
		5-30	C, SBK	FR, S, P, SEXP					
		30-55	CL, WSBK	FI, SS, SP, SEXP					
		55-65	SAP, MAS	FR, NS, NP, SEXP					
2	LINEAR SIDE 10%	0-14	SL, SBK	VFR, NS, NP, SEXP	SAP INC THRU OUT MICA COMMON	54"+	NA	NA	PS .3
		14-38	C, SBK	FR, S, P, SEXP					
		38-54	CL, WSBK	FI, SS, SP, SEXP					
3	LINEAR SIDE 10%	0-9	SL, SBK	VFR, NS, NP, SEXP	SAP INC THRU OUT MICA COMMON	53"+	NA	NA	PS .3
		9-28	C, SBK	FR, S, P, SEXP					
		28-53	CL, WSBK	FI, SS, SP, SEXP					
4	LINEAR SIDE 10%	0-9	SL, SBK	VFR, NS, NP, SEXP	SAP INC THRU OUT MICA COMMON	52"	NA	NA	PS .3
		9-38	C, SBK	FR, S, P, SEXP					
		38-52	CL, SBK	FI, SS, SP, SEXP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burkett C. White
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 #: 3774932740
DATE OF EVALUATION: 9-26-2019
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
5	LINEAR SIDE 15%	0-14	~~SL~~, SBK	FR	SAP INC THRU OUT SAP COMMON	48"+	NA	NA	PS, 3
		14-36	C, SBK	FR					
		36-48	CL, WSBK	FI					

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.

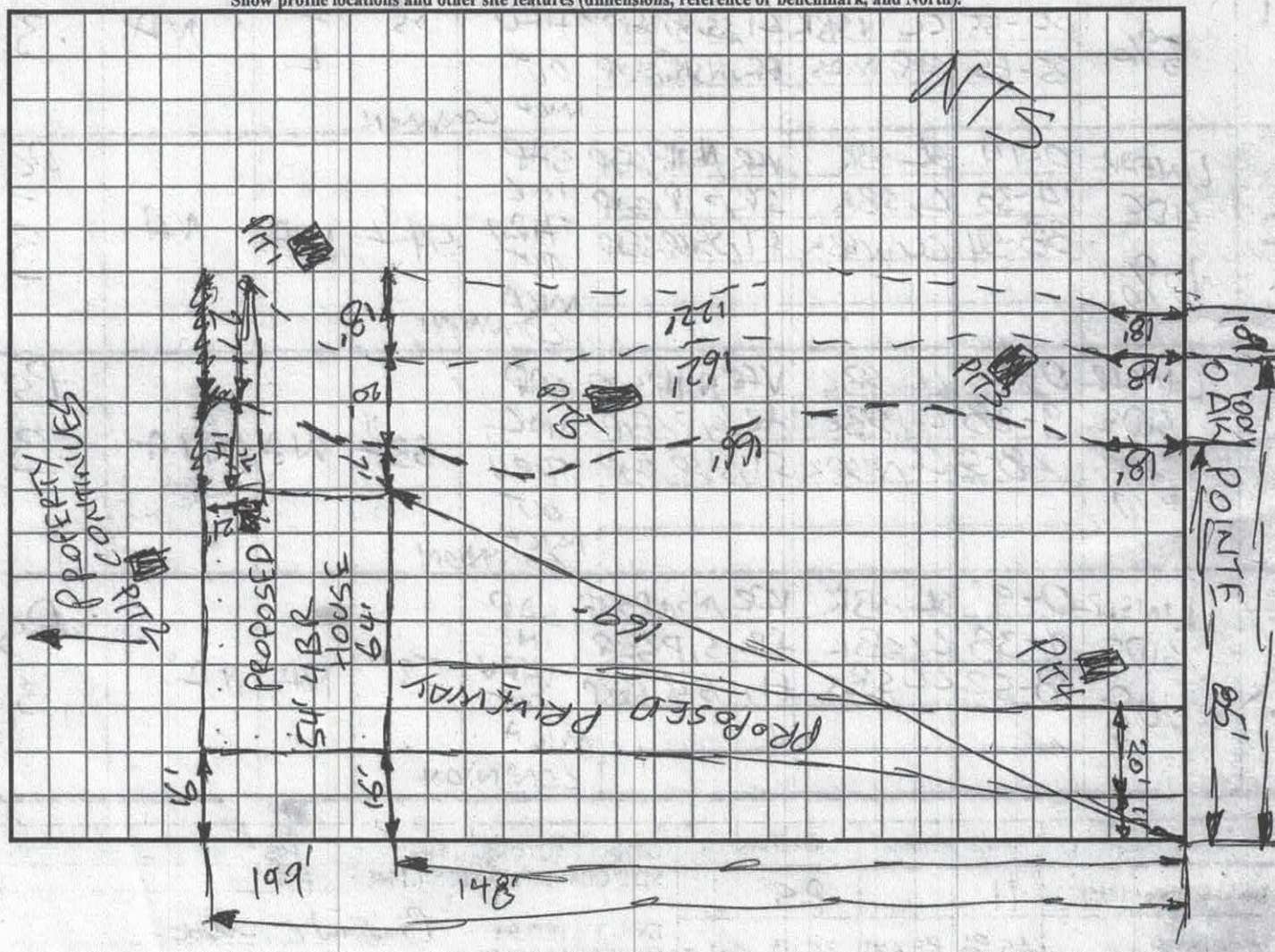
NOTES

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).



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*

24747

$500 pd

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Troy Cassidy Address: 7311 APRIL MIST TRAIL Zip: 28078
Applicant Email: Troy.Cassidy@yahoo.com Phone: 352-575-7392 Alt. Phone: _____
Owner Name: Natalie Cassidy Address: SAME Zip: _____
Owner Email: Natalie.Cassidy13@yahoo Phone: 863-877-5971 Alt. Phone: _____

Property Information:

Street Address: 125 OAK Pointe Ln.
Subdivision Name: RIVERWALK Section/Phase: V1 Lot Number: 30
Driving Directions: CENTER ST. to I-40W EXT 141 Turn RT Sharon school Rd LEFT Paul Payne Rd LEFT Stewart Rock Rd - LEFT to Fulbright - Goodwin Pt - OAK Pt.

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: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation TC
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

PLEASE CORRECT APPLICATION TO BASEMENT WITH PLUMBING

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: _____
(5) No Preference (4) Alternative (1) Conventional (3) Innovative (2) 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?

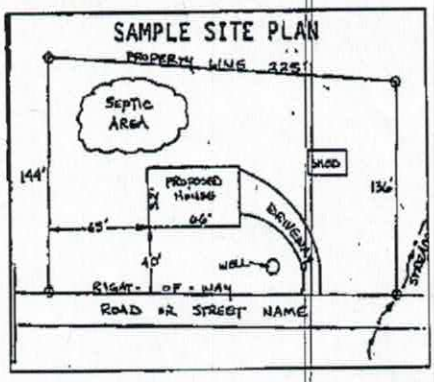
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Troy [signature] 8/13/19
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:

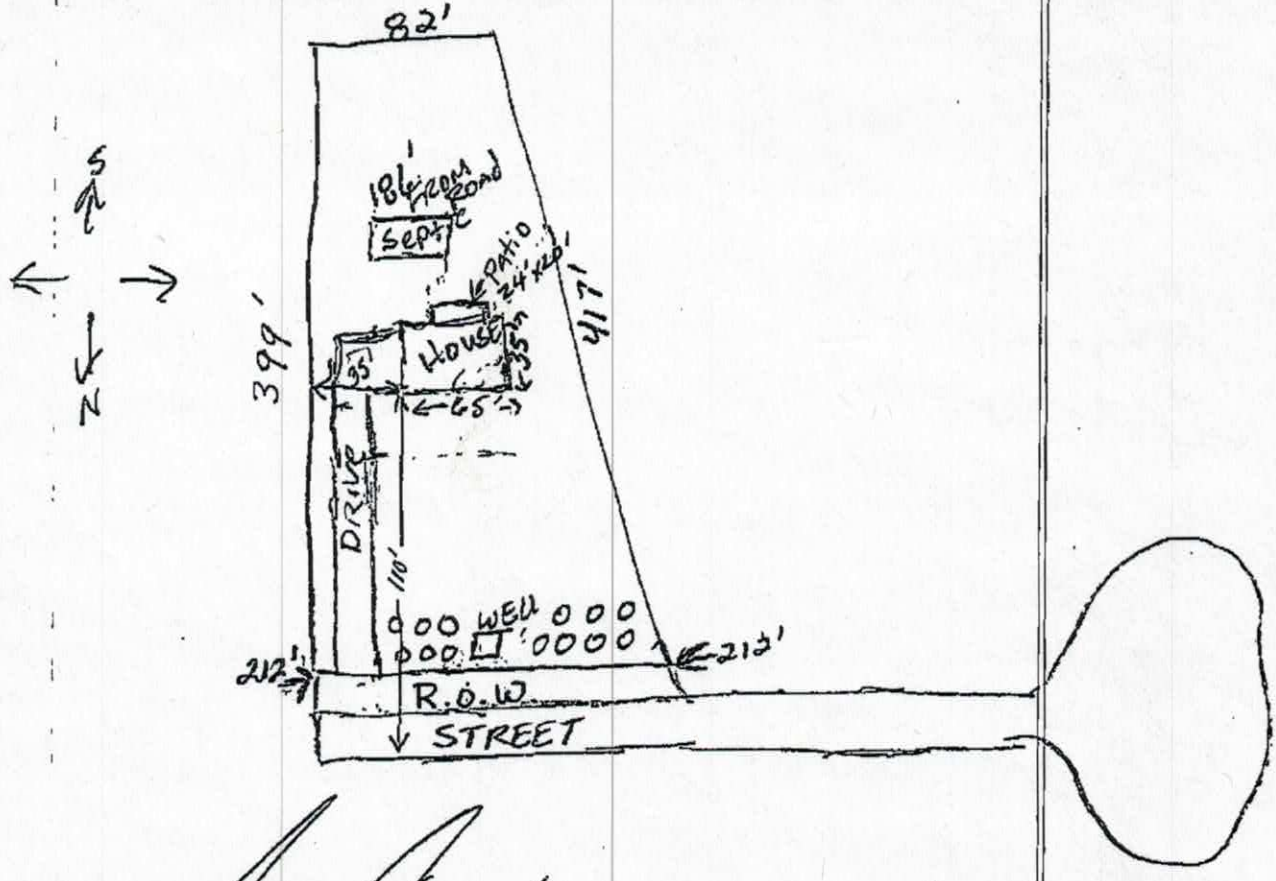
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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



Signature: _____ _____

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Troy Cassidy

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, Troy & Natalie Cassidy, am the legal owner(s) of the property located at 125 Oak Pointe Ln., identified as

PIN (Parcel Identification Number) 3774-93-2740, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

_____ 8/13/19

Signature of Owner(s) Date

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

FLAG Property Sides
2" Roughly @ Neighbor Front of House = 160' Edge of House Across our Lot For Property Line
Back 13/4" = 140' Across Back Side of Neighbor House
1:80 Feet

SALES PLANS

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/2"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-11" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/64" FOR DOUBLE TYP.

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

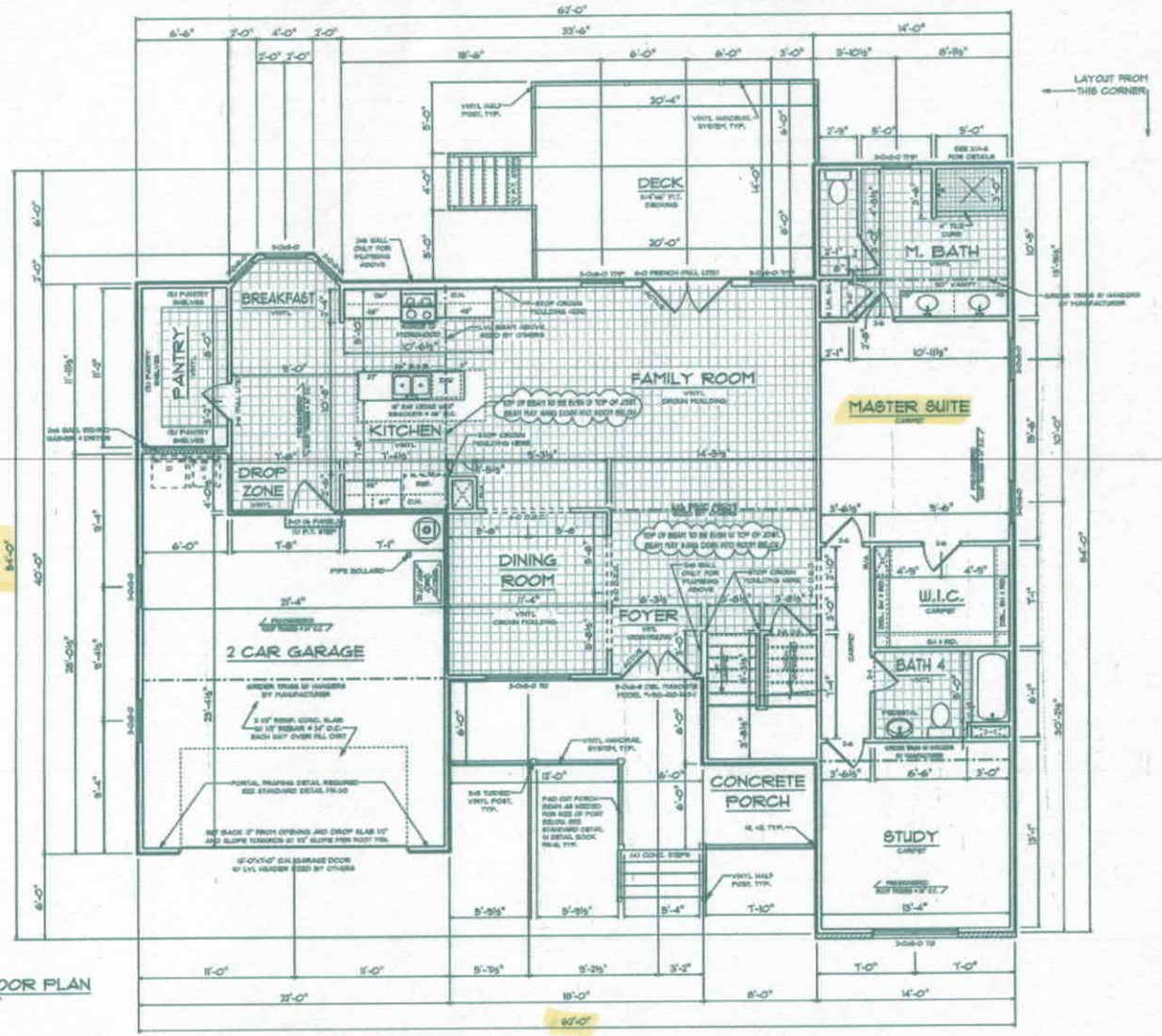
Acknowledgement Of Plans Submittal ONLY!

Buyer - Troy Date 12-19-2019

Buyer - Natalie Date 12-19-2019

HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H1	SINGLE	3	10	3
H2	DOUBLE	2	10	2



1 / A-3 FIRST FLOOR PLAN
SCALE 1/8"=1'-0"

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REVISED: 3.16.2016

PHONE: (877)355-0169
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: LEA GERACI

PLAN SETS

SALES: SHARON S.	12-10-19
CONSTRUCTION: ??	?-?-??
REVISED: ??	?-?-??
??	
??	
??	

SQUARE FOOTAGES:

1ST FLR HEATED:	1893
2ND FLR HEATED:	738
TOTAL HEATED:	2631
BASEMENT:	1810
GARAGE:	548
FRONT PORCH:	162
REAR STOOP:	183
TOTAL SQFT:	4720

SEDGEWICK HOMES PROUDLY PRESENTS THE SCOTTSDALE MAPLE SERIES TO:

TROY & NATALIE CASSIDY

JOB #: 04190015

126 OAK POINT LANE, STONY POINT, NC 28678

SHEET NUMBER A-3 OF FIVE

SALES PLANS

Acknowledgement Of Plans Submittal ONLY!

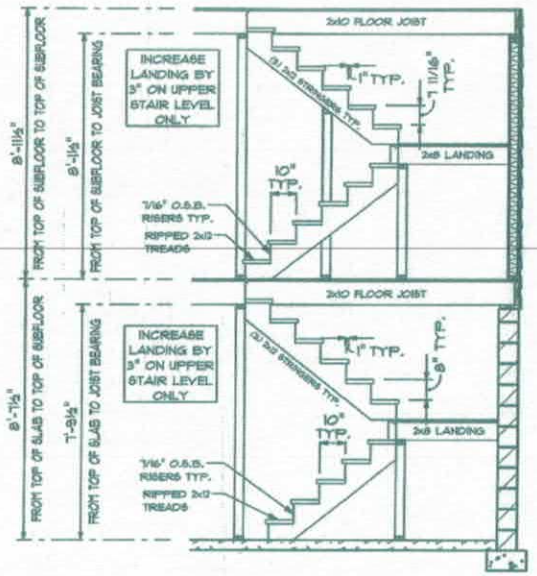
Troy Cassidy Date 12-19-19

Buford C. White Date 12-19-2020

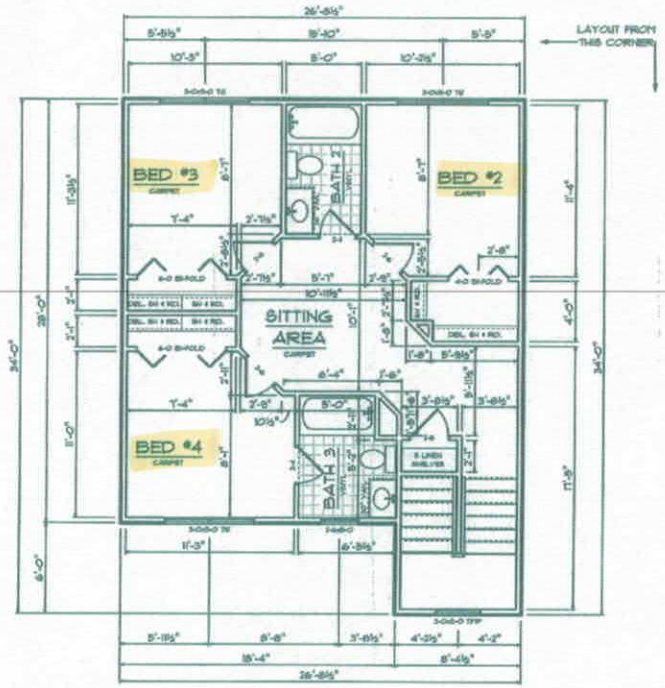
THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVISE BOTH DOCUMENTS.

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/2"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-11" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.



2 / A-4 STAIR DETAIL
SCALE 1/4"=1'-0"



1 / A-4 SECOND FLOOR PLAN
SCALE 1/8"=1'-0"

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REVISED: 3.16.2016

PHONE: (577)268-0199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: LEA GERACE

PLAN SETS

SALES: SHARYN S.	12-10-19
CONSTRUCTION: ??	1-1-77
REVISED: ??	1-1-77
??	
??	

SQUARE FOOTAGES:

1ST FLR HEATED:	1693
2ND FLR HEATED:	788
TOTAL HEATED:	2481
BASEMENT:	1018
GARAGE:	548
FRONT PORCH:	152
REAR STOOP:	320
TOTAL SQFT:	4220

SEDGEWICK HOMES PROUDLY PRESENTS THE SCOTTSDALE MAPLE SERIES TO:

TROY & NATALIE CASSIDY

JOB #: 0419015

125 OAK POINT LANE, STONY POINT, NC 28678

SHEET NUMBER
A-4
OF FIVE

Acknowledgement Of
Plans Submittal ONLY!
Date 12-19-19
Date 12-19-2019

SALES PLANS

GENERAL NOTES:

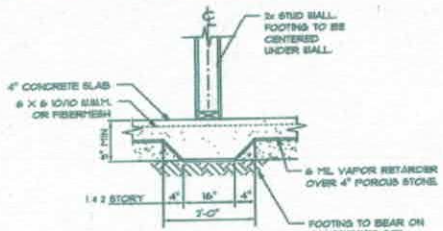
1. FILL ALL CELLS SOLID UNDER BEAM BEARING POINTS.
2. FILL ALL CELLS SOLID UNDER ANY POINT LOADS THAT FALL OVER FOUNDATION WALLS OR PIERS.
3. ALL MEASUREMENTS ARE TO THE OUTSIDE FACE OF 8" OR OUTSIDE FACE OF 12" BLOCK DEPENDING ON LOCATION.

ALL FOUNDATION VENT DIMENSIONS ARE 4" x 8" TO ALLOW FOR BRICK AS BLOCK ABOVE

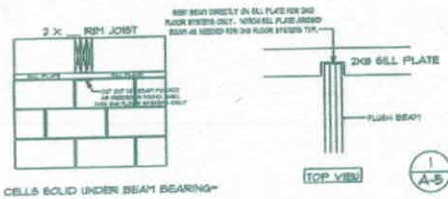
DIAGONAL	DIMENSIONS
A TO F	77'-4 13/16"
A TO G	72'-1 3/16"
A TO I	56'-1 3/16"
B TO J	56'-1 3/16"
C TO J	55'-6 7/16"
D TO F	45'-1 13/16"
D TO G	44'-1 7/16"
E TO H	43'-8 7/16"
E TO J	78'-4 13/16"
B TO K	32'-8 11/16"
E TO L	29'-8 7/16"

SILL PLATE MATERIAL TABLE

FRAMING ID	LENGTH	WIDTH	DEPTH	COUNT
SP1	14'-0"	2	8	11
SP2	12'-0"	2	8	2
SP3	16'-0" CUT TO 8'-0" (A)	2	8	1
SP4	16'-0" CUT TO (A) 8'-0" (B) 4'-0" (C)	2	8	1
SP5	16'-0" CUT TO (A) 12'-8" (B) 3'-1 1/2"	2	8	1
SP6	16'-0" CUT TO (A) 9'-0" (B) 3'-10 1/2" (C) 3'-1 1/2"	2	8	1
SP7	16'-0" CUT TO (A) 10'-8" (B) 4'-8"	2	8	1
SP8	16'-0" CUT TO (A) 6'-9 1/2" (B) 6'-3 1/2" (C) 2'-10 1/2"	2	8	1
SP9	8'-0" CUT TO (A) 6'-0" (B) 1'-8 1/2"	2	8	1
SP10	10'-0" CUT TO (A) 5'-8 1/2" (B) 3'-10 1/2"	2	8	1

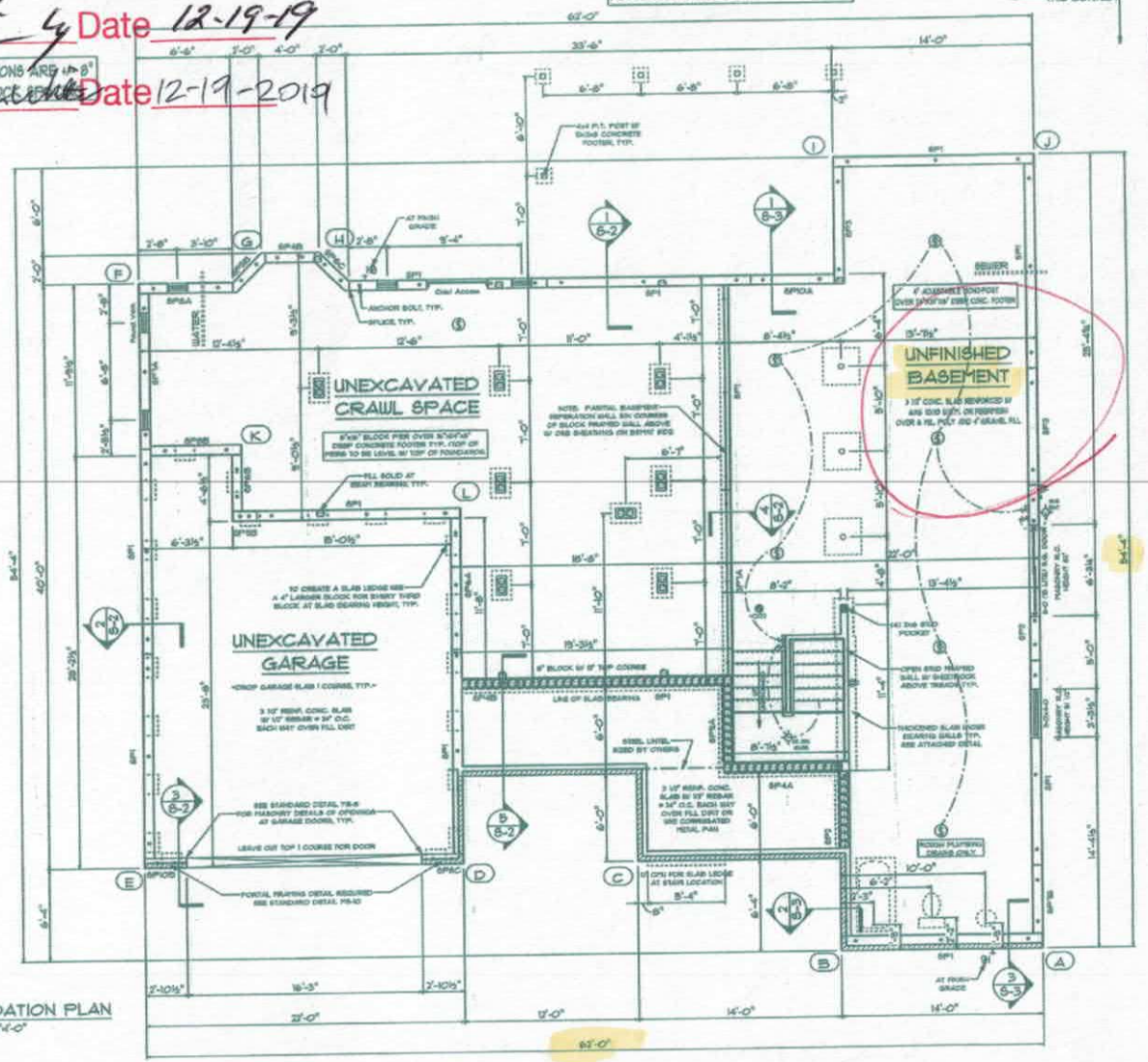


2 / A-5 THICKENED SLAB DETAIL
SCALE 1/2"=1'-0"



FILL CELLS SOLID UNDER BEAM BEARING

3 / A-5 BEAM POCKET DETAIL
SCALE 3/8"=1'-0"



1 / A-5 FOUNDATION PLAN
SCALE 1/8"=1'-0"

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

(877)924-9159
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY:
LEA GERACI

PLAN SETS

SALES:	
SHARON R.	12-19-19
CONSTRUCTION:	
??	1-3-???
REVISED:	
??	1-3-??
??	
??	
??	

SQUARE FOOTAGE:

1ST FLR HEATED:	1883
2ND FLR HEATED:	798
TOTAL HEATED:	2681
BASEMENT:	1019
GARAGE:	548
FRONT PORCH:	162
REAR STOOP:	310
TOTAL SQFT:	4720

SEDGEWICK HOMES PROUDLY PRESENTS THE SCOTTSDALE MAPLE SERIES TO:

TROY & NATALIE CASSIDY

JOB #: 0419015

125 OAK POINT LANE, STONY POINT, NC 28678

SHEET NUMBER
A-5
OF FIVE

REVISED: 3.16.2016

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IREDELL COUNTY

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

APPLICATION NUMBER
247477
Issue Date: 08/13/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
3774932740.000	125 OAK POINT LANE, STONY POINT, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: POPE JOE L+LINDA A	Applicant: CASSIDY, TROY + NATAL
Address: 109 HACIENDA HEIGHTS CV	Address: 125 OAK POINTE LANE
STONY POINT, TX 78633	STONY POINT, NC 28678
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed		Flood Zone
1.380	35.00	35.00	15.00	15.00	CALS		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	188624	TOTAL FEES:	$ 77.25