ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP323889

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

PIN # 3783 -- 54 -- 0195

APPLICANT/OWNER: Cornerstone III Properties APPLICANT ADDRESS: 234 Kingsley Park Drive Ft Mill SC 29715

SITE ADDRESS: 107 Pumice Drive Statesville NC PHONE: 704-301-3229 ALT. PHONE -

SITE DIRECTIONS: Walnut Tree Rd North / left on Pumice Drive. SAP CONTROLLED: ☐ YES ☒ NO

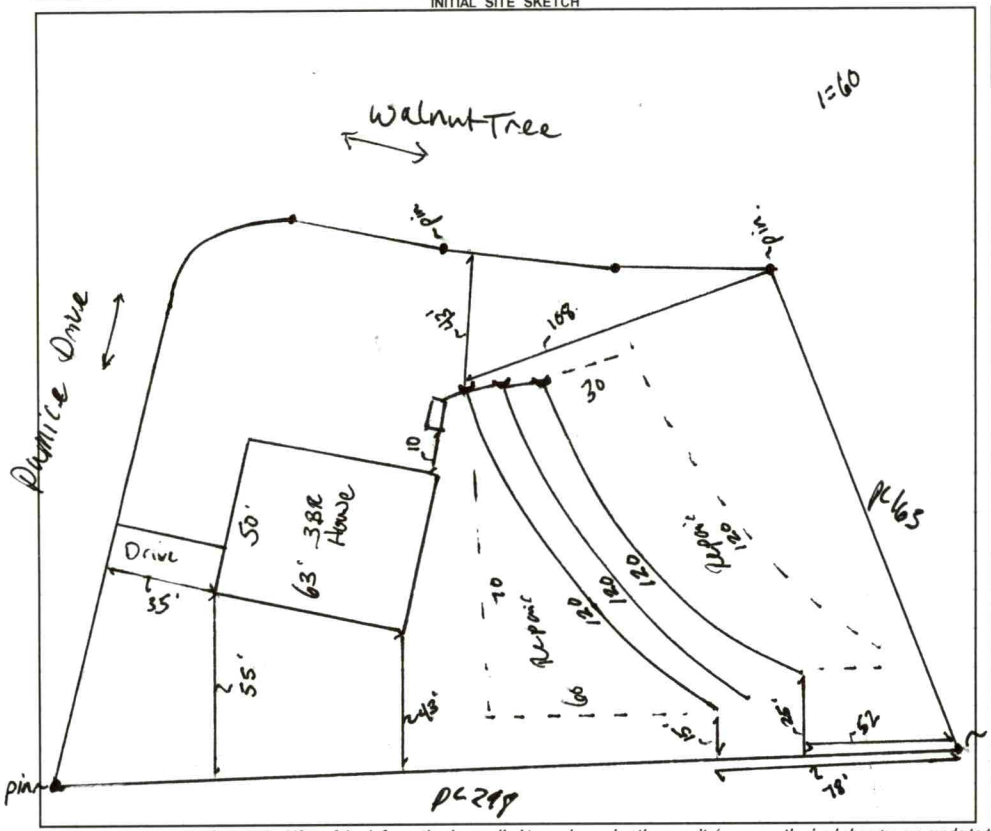
SUBDIVISION: River Rock SECTION: 2 LOT # 1 LOT AREA: .92 Acres DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	25% Reduction			
# Nitrification Fields	1		# Lines	3	Linear Ft	360'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in		Trench Bottom Depth(Low side)	22 in	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Septic Drainlines on the contour of the Land and utilize Serial Distribution. Do not Drive, park, Place grade activity activities in Drainfield Area

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.

Installed as Shown

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: 1-28-22 Installed by: Gayle Excavation

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 1/26/2022 OPERATION PERMIT by: Sydney Holland Date: 10/30/24

AUTHORIZATION TO CONSTRUCT by: Benjamin Bell Date: 1/26/2022 Existing System Inspected by: Date:

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

New site plan & floor plans approved 5/24/24

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? _____	

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

Sheet 1 of 1
PROPERTY ID #: 3783540185
COUNTY: Franklin

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

OWNER: Cornerstone TP Properties
ADDRESS: 234 Murphy Park Dr.
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 107 Primrose
APPLICATION DATE 12/23
DATE EVALUATED: 1-29-2024
PROPERTY SIZE: .92AC
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 360.
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS Ridge side 15%	0-12	Plow-Ø SC	GR-W NSNP	2.5YR 4/6	52		Some Floaters 14-21	PS .275 Max Trench Bottom 40"
		12-48	C W-ABK	SSSP FR SExP					
		48-52	CL - ABK	SSSP FR ↓					
2	Linear Side/Summit 8%	0-7	Plow SC	GR-W NSNP	BR Clay	48	-	Slightly moist (very weak structure)	PS .25 MTB 36"
		7-48	C W-ABK	S P FR SExP					
3	Side 10%	0-9	PLOW/SC	GR-W NSNP		52"	Band of Parent mat. @ 51' Mica throughout		P.S .30 40"
		9-33	C/WABK	SS, SP, FR, SExP					
		33-52	CL/SABK	SS, SP, FR, SExP					
4	Side 10%	0-10	PLOW/SC	GR-W NSNP		38"	-	Rock @ 38"	P.S .3 Shallow MTB 26"
		10-52	CL ABK	SS, SP, FR, SExP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	25% GR	25% GR
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottens / Holland
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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 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.

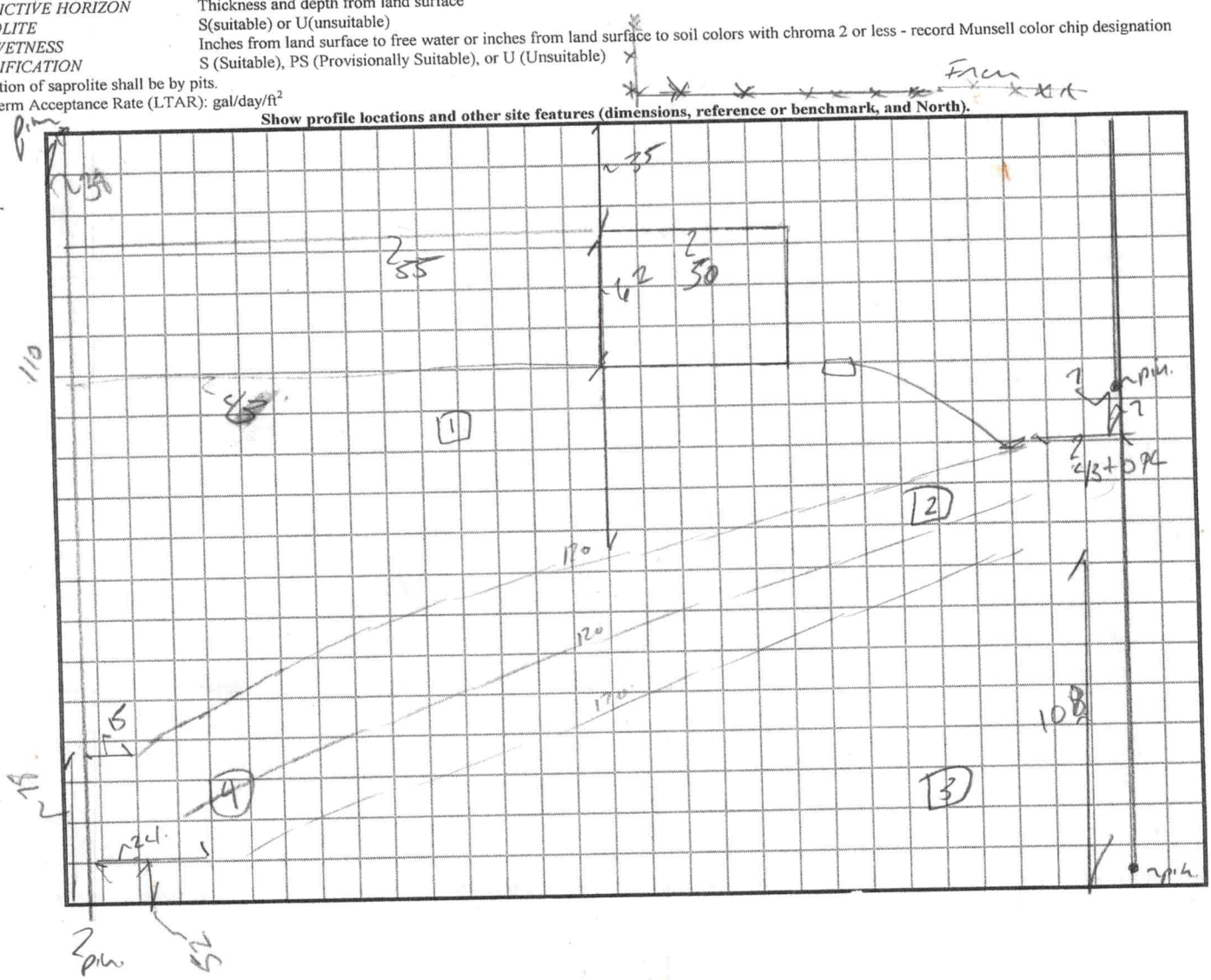
NOTES

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).



RECEIVED DEC 2 3 2021

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

Iredell County Health Department – Environmental Health Division

SEPTIC

PAGE 1: *APPLICATION FORM* AP-323889 $500.00

Application For:
(✓) Septic Improvement Permit (X) Authorization to Construct ( ) New Well Permit ( ) Existing System Inspection ( ) Well Repair Permit ( ) Septic System Repair ( ) Well Abandonment ( ) 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(I) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: CORNERSTONE III PROPERTIES Address: 234 KINGSLEY PARK DR. FT. MILL SC Zip: 29715

Applicant Email: STAN@CORNERSTONE3P.COM Phone: 704 301 3229 Alt. Phone: X

Owner Name: BUFFER RIVER DEVELOPMENT Address: 234 KINGSLEY PARK DR. FT MILL SC Zip: 29715

Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 107 PUMICE DRIVE #3783-54-0195

Subdivision Name: RIVER ROCK Section/Phase: _____ Lot Number: 1

Driving Directions: WALNUT TREE RD NORTH / LEFT ON PUMICE DRIVE

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

(✓) 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: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: 1 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: _____

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] 12/13/21

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*) _____

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, River Rock HOA - Greg Atkinson HOA Representative, am the legal owner(s) of the property located at 107 Pumice Drive, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 3783-54-0195.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Cornerstone/Buller River Development Partners, 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.

_____ Jan 24, 2022

Signature of Owner(s) — Date

Greg Atkinson, Representative River Rock HOA

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

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*) _____

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, Pam Harding, am the legal owner(s) of the property located at 107 PUMICE DRIVE, identified as PIN (Parcel Identification Number) 3783-54-0195, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) STAN PRESSLEY/CORNERSTONE III, 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.

Pam Harding
Signature of Owner(s)

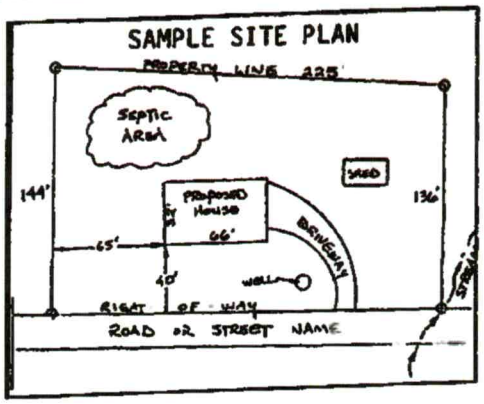
12/13/21
Date

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

IREDELL COUNTY HEALTH DEPARTMENT
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:

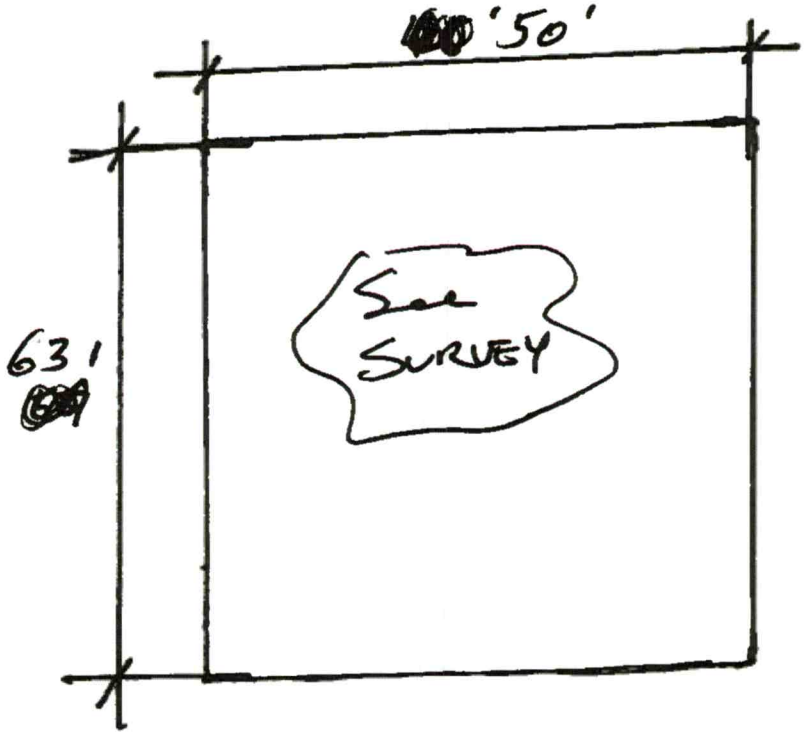
- X **Property Line measurements are clearly identified**
- X **All proposed structures are indicated**
- X **Front and side setbacks from property line**
- X **Preferred driveway location and well location**
- X **Area you prefer your septic system to be placed**
- X **North arrow, or other sufficient 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: Stan Presley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

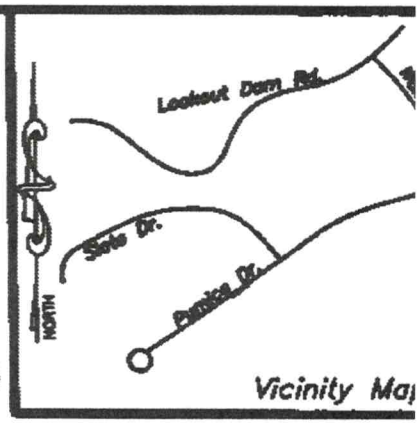
12/13/21
DATE

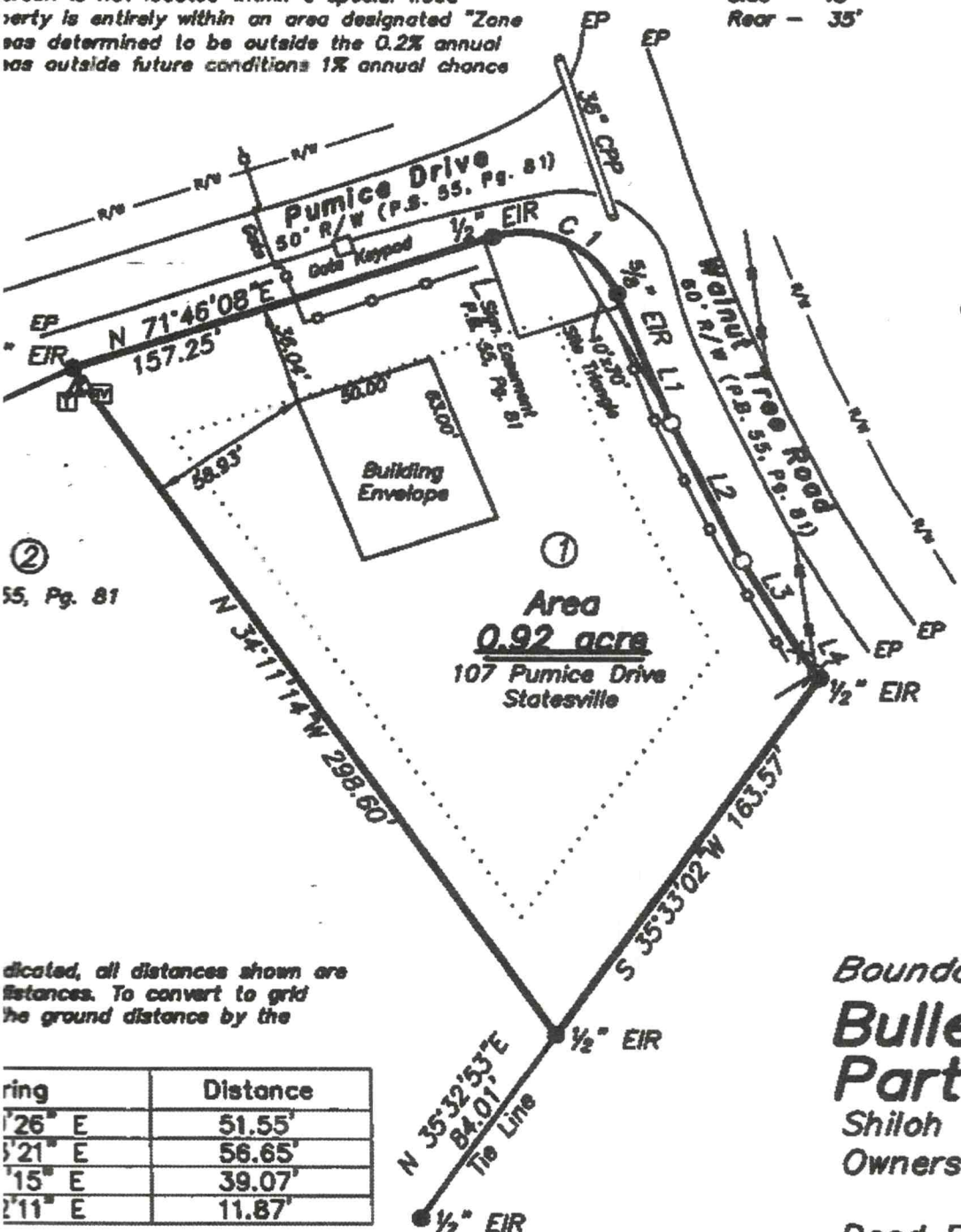
d Area Certificate

provided by the Federal Emergency Management
the Digital Flood Insurance Rate Map (DFIRM)
unty, North Carolina, effective date: 3/18/2008.
ereon is not located within a special flood
erty is entirely within an area designated "Zone
as determined to be outside the 0.2% annual
as outside future conditions 1% annual chance

Zoning

ZONING: RA(Iredell County)
Building Setbacks
Front – 35'
Side – 15'
Rear – 35'





Legend

CAPS ON MONUMENTS SET
SURVEYORS NAME AND LICE
1/2" IRON ROD SET WITH
EXISTING MONUMENT FOUND
COMPUTED PO
UTILITY POLE
TELEPHONE PE
TV/INTERNET B
UTILITY HOOKU
PIN ..... PARCEL IDENTI
CPP ..... CORRUGATED
EP ..... EDGE OF PAVE
R/W ..... RIGHT OF WAY
NTS ..... NOT TO SCALE
LINE SURVEYE
TIE LINE SURV
LINE NOT SUR
RIGHT-OF-WA
OVERHEAD UTI
SETBACK LINE
WOOD FENCE

dicated, all distances shown are
istances. To convert to grid
he ground distance by the

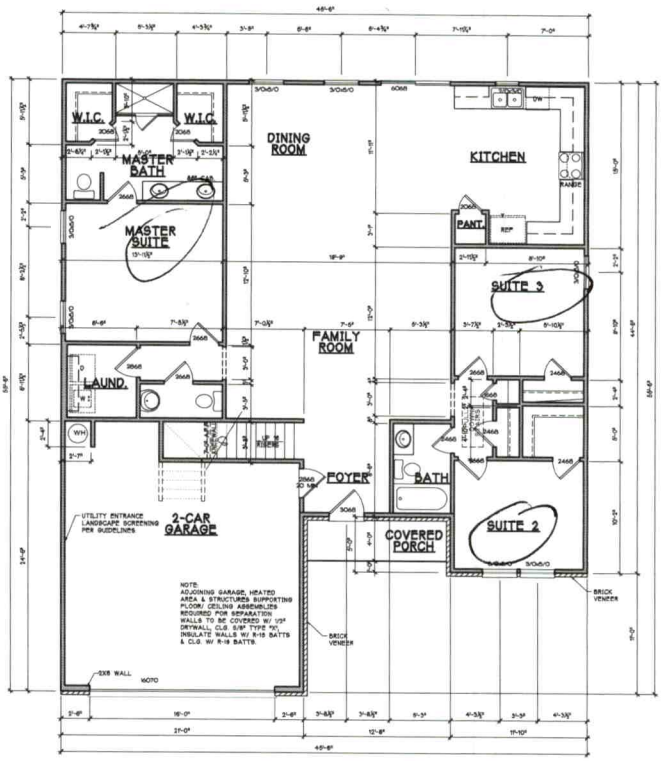
ring	Distance
'26" E	51.55'
'21" E	56.65'
'15" E	39.07'
'11" E	11.87'

Radius	Length	Chord	Chord Bear.

Boundary Survey For:

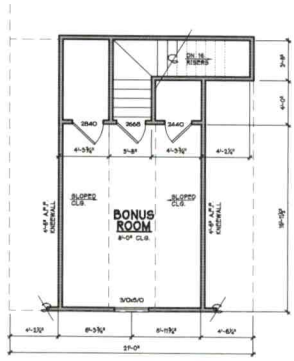
Buller River Develo Partners, LP

Shiloh Township, Iredell County,
Owners of Record: River Rock Associat
Deed Reference: D.B. 2741, Pg
Plat Reference: P.B. 55, Pg. 8
PIN: 3783-54-0195



1 4.0 ELEVATION "C" FIRST FLOOR PLAN

SCALE: 1/8"=1'-0" (11"X17" SHEET SIZE)
SCALE: 1/4"=1'-0" (ARCH D SHEET SIZE)



2 4.0 SECOND FLOOR PLAN

SCALE: 1/8"=1'-0" (11"X17" SHEET SIZE)
SCALE: 1/4"=1'-0" (ARCH D SHEET SIZE)

FIRST FLOOR NOTES:

- FULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING, INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- ALL INTERIOR DOORS ARE 4" FROM WALL UNLESS NOTED OTHERWISE
- WHEN HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- MASTER MOUNTS SHALL BE PLACED ON ALL EXTERIOR LIGHTS AND HOSE BIBBS.
- FRAMED CAVITY WALLS (SF. TUBS, SHOWERS, STAIRS & FIREPLACES) SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE
- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF OR EQUAL TO OR GREATER THAN 72" SPF. MUST HAVE WOOD & MAY BE SUBJECT TO FALL PROTECT RULE.
- ALL SHEETROCK OPENING SHALL BE 12" BELOW CEILING TYP., U.N.O.
- ALL PANTRY/LINEN SHALL HAVE (5) 12" SHELVES TYP., U.N.O.

SQUARE FOOTAGE:

1ST FLR.	1839 SQ. FT.
2ND FLR.	338 SQ. FT.
TOTAL HEATED:	2184 SQ. FT.
FRONT PORCH:	44 SQ. FT.
TOTAL UNHEATED:	44 SQ. FT.
2-CAR GAR.	479 SQ. FT.
TOTAL UNDER ROOF:	2707 SQ. FT.

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
ST. CHARLES - RESIDENCE

PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY: CORNERSTONE III
CHECKED BY: STAN PRESSLEY
FILE NUMBER: 20-2007.CHARLES

SHEET TITLE
ELEV. "C"
FLOOR PLAN

SHEET NUMBER
4.0C

Acknowledgement of Plans Submittal ONLY!

BAB Date 1/27/22

SMP Date 1-28-22

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323889 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3783540195.000	107 PUMICE DR	Iredell County

Owner Information	Applicant Information
Name: RIVER ROCK HOA INC	Name: CORNERSTONE III PROPERTIES INC use this one
Address:	Address: 4509 FAITH CHURCH INDAIN TRAIL, 28 28203
Phone:	Phone: (704)906-6212

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.92	35	35	25	15	WSIV-CA Catawba/Lake Norman	NO

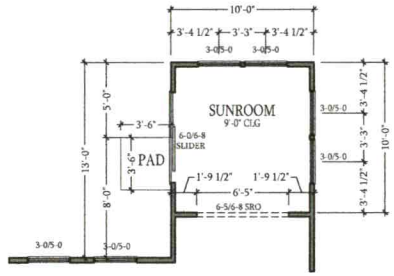
Remarks
SFD need disclaimer

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: 12/14/2021

Signature of Owner/Contractor

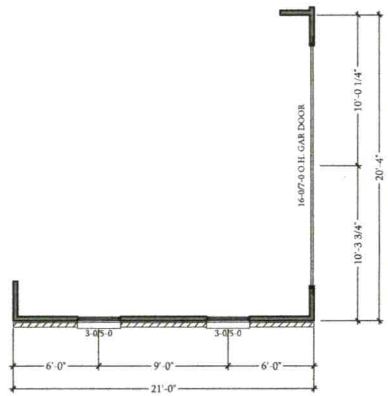
Permit Number	323889	TOTAL FEES:	$77.25



OPT SUNROOM

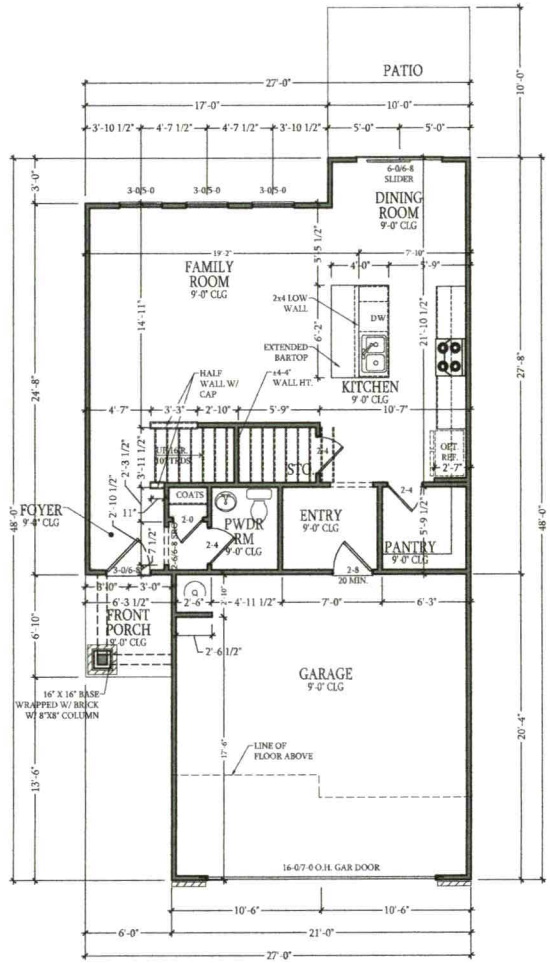
SCALE: 1/4"=1'-0" ON 22x34 AND 1/8"=1'-0" ON 11x17

approved
3/24/21



OPT SIDE LOAD GARAGE

SCALE: 1/4"=1'-0" ON 22x34 AND 1/8"=1'-0" ON 11x17



FIRST FLOOR PLAN

SCALE: 1/4"=1'-0" ON 22x34 AND 1/8"=1'-0" ON 11x17

CORNERSTONE BUILDERS GROUP
www.CornerstoneCarolina.com
PO Box 5322
Clover, SC. 29710
803-866-2724
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CornerStone PROPERTIES

HUNTINGTON

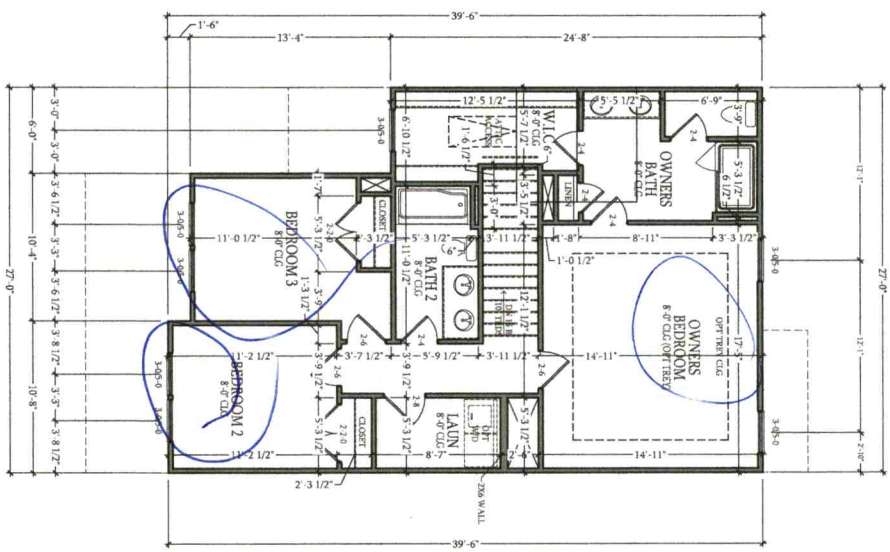
Elevation-B

FIRST FLOOR PLAN

REVISIONS:	
DATE:	DRAWN BY:

DESIGNED BY:	CBG
DRAWN BY:	CBG
DATE:	12-09-21
JOB #:	21-703
SHEET #:	5.10

Approved
5/24/24



SECOND FLOOR PLAN

SCALE: 1/4"=1'-0" ON 22x34 AND 1/8"=1'-0" ON 11x17

REVISIONS	
DATE	DRAWN BY

DESIGNED BY: CRG
DRAWN BY: CRG
DATE: 12-08-21
JOB #: 21-703
SHEET #: 5.20

HUNTINGTON

Elevation-B

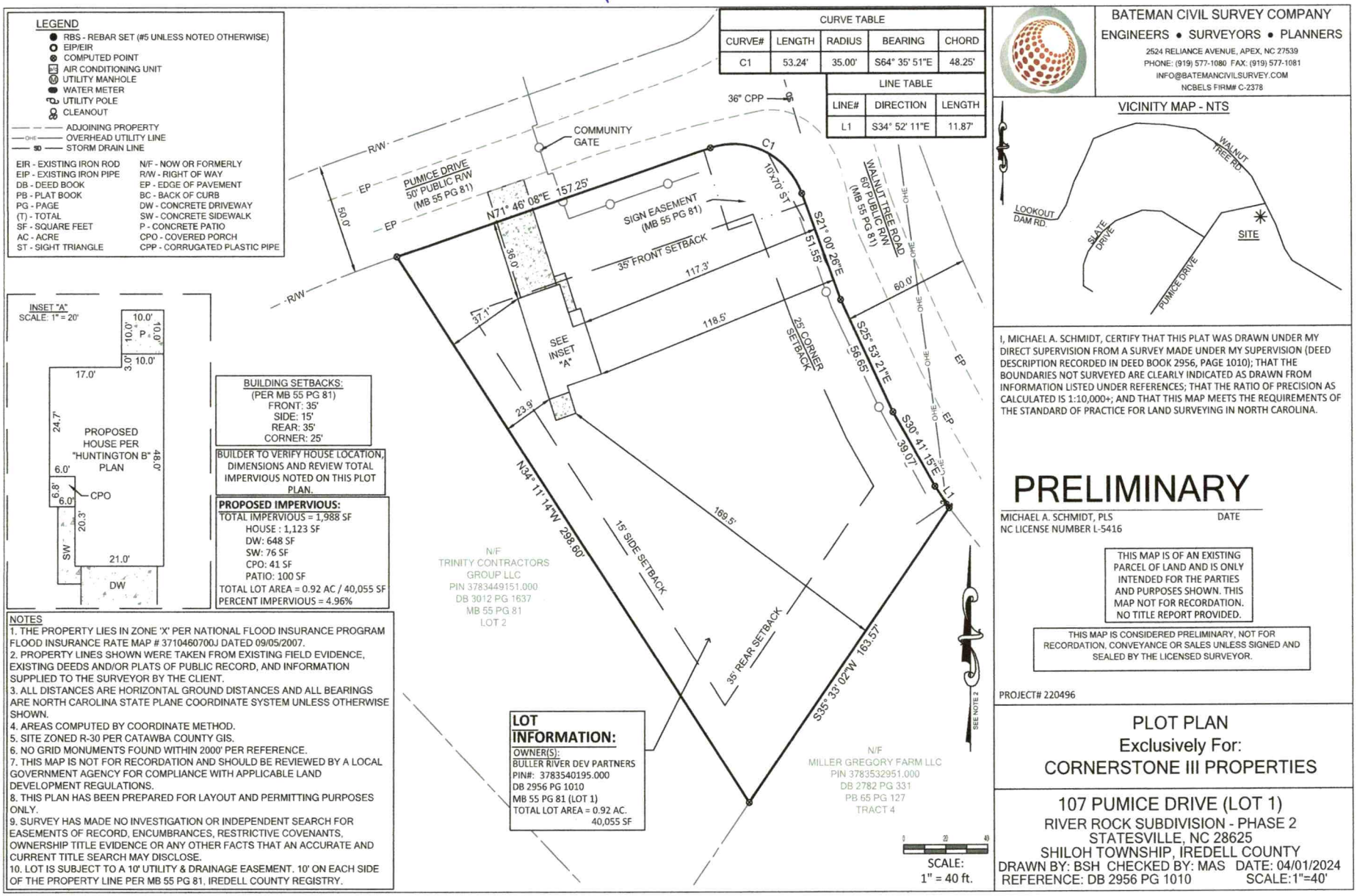
SECOND FLOOR PLAN

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approved
5/21/24



NOTES
1. THE PROPERTY LIES IN ZONE 'X' PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP # 3710460700J DATED 09/05/2007.
2. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT.
3. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
4. AREAS COMPUTED BY COORDINATE METHOD.
5. SITE ZONED R-30 PER CATAWBA COUNTY GIS.
6. NO GRID MONUMENTS FOUND WITHIN 2000' PER REFERENCE.
7. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH APPLICABLE LAND DEVELOPMENT REGULATIONS.
8. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
9. SURVEY HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
10. LOT IS SUBJECT TO A 10' UTILITY & DRAINAGE EASEMENT. 10' ON EACH SIDE OF THE PROPERTY LINE PER MB 55 PG 81, IREDELL COUNTY REGISTRY.

BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2524 RELIANCE AVENUE, APEX, NC 27539
PHONE: (919) 577-1080 FAX: (919) 577-1081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM# C-2378

VICINITY MAP - NTS

I, MICHAEL A. SCHMIDT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 2956, PAGE 1010); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA.

PRELIMINARY

MICHAEL A. SCHMIDT, PLS — DATE
NC LICENSE NUMBER L-5416

THIS MAP IS OF AN EXISTING PARCEL OF LAND AND IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

THIS MAP IS CONSIDERED PRELIMINARY, NOT FOR RECORDATION, CONVEYANCE OR SALES UNLESS SIGNED AND SEALED BY THE LICENSED SURVEYOR.

PROJECT# 220496

PLOT PLAN
Exclusively For:
CORNERSTONE III PROPERTIES

107 PUMICE DRIVE (LOT 1)
RIVER ROCK SUBDIVISION - PHASE 2
STATESVILLE, NC 28625
SHILOH TOWNSHIP, IREDELL COUNTY
DRAWN BY: BSH CHECKED BY: MAS DATE: 04/01/2024
REFERENCE: DB 2956 PG 1010 SCALE:1"=40'

P:\2022 Projects\220496 107 Pumice Dr\DWG\220496_107 PUMICE DRIVE (LOT 1) - PLOT PLAN.dwg, DWG To PDF.pc3