ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR-2022-8399

PERMIT # AP 316923

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

PIN # 3793972420 -- --

APPLICANT/OWNER: Ronald Eddington APPLICANT ADDRESS: 4884 Walnut Grove Drive Poplar Grove IL 61065

SITE ADDRESS: 157 Stewart Acres Drive Statesville NC PHONE: ALT. PHONE

SITE DIRECTIONS: I-40 E Exit 141 R on Sharon School L Moorsmill L Stewart Acres. SAP CONTROLLED: ☐ YES ☒ NO

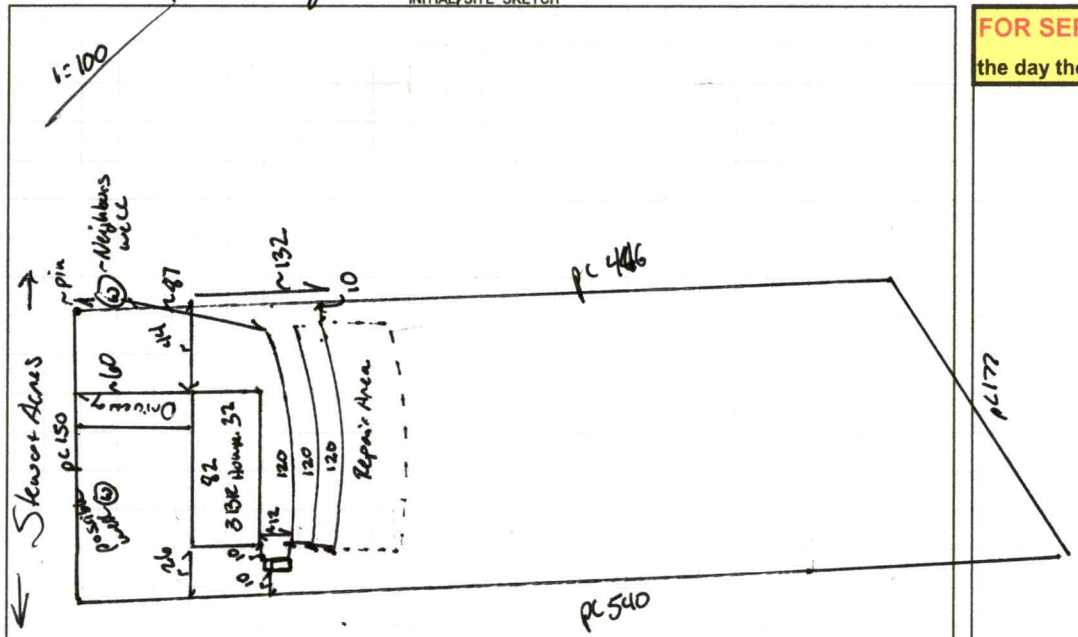
SUBDIVISION: Stewart Acres SECTION: - LOT # 19 LOT AREA: 1.69 Acres DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 1012	Date	9-23-22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Horizontal PPBPS - 50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth	max 36 inches	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System to be installed at a minimum of 30 inches not to exceed max depth of 36 inches. Install on the Contour of the Land & utilize Serial distribution. Do not Drive, park, pave, grade or bury utilities in drainfield Areas.

INITIAL SITE SKETCH


1:100
Neighbors well
pin
r87
r132
pc 486
pc 177
Stewart Acres
pc 150
pc 540
Repair Area
82
3BR Home
120
120
120
min 10
min 10
min 10

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 #: 379597242O
COUNTY: Pender

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

OWNER: Ronald Edwards
ADDRESS: 4484 Walnut Grove Drive Poplar Grove NC
PROPOSED FACILITY: 3BR House
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 157 Stewart Farm Rd
APPLICATION DATE: 5/25
DATE EVALUATED: 6-4-21
PROPERTY SIZE: 1.69 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	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
1	Side Slope 6%	0-17	C SBK	SS SP FR SEPV	7.5YR 6/6 C	50	—	N/A Lithochromic Mottles In CL Weak Structure 25-50 Mica Fribble	PS .30 36 in max
		17-50	CL MSBK	SS SP FR SEPV					
2	Side Slope 6%	0-30	C ABK	SS SP FR SEPV	10YR 6/6 Mottles 10YR 6/4 @28 Rock Fragments 24-30	56	—		PS .25 Deep @44 Rpm
		30-56	CL ABK/SBK	SS SP FR					
3	Side Slope 6%	0-26	C ABK	SS SP FR SEPV	10YR 6/6 Mottles	49	—	Redox Mottles In Clay Layer	PS .25 28+ Max 36
		26-49	CL ABK/SBK	SS SP FR SEPV					
4	Side Slope 6%	0-32	C ABK	SS SP FR SEPV	~~POOR~~	56	~~POOR~~ Tiawan 30-40	Redox 10YR 6/6 @14 CLO 10YR 6/2 @36 Depth	PS .25 ~~.28~~ Shallow ~~Max 22~~
		32-56	CL ABK	SS SP FR SEPV					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360 L.F.	240 L.F.
System Type(s)	LPP 25%	~~LPP~~ 1 Trench
Site LTAR	.25	.25

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms
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)	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

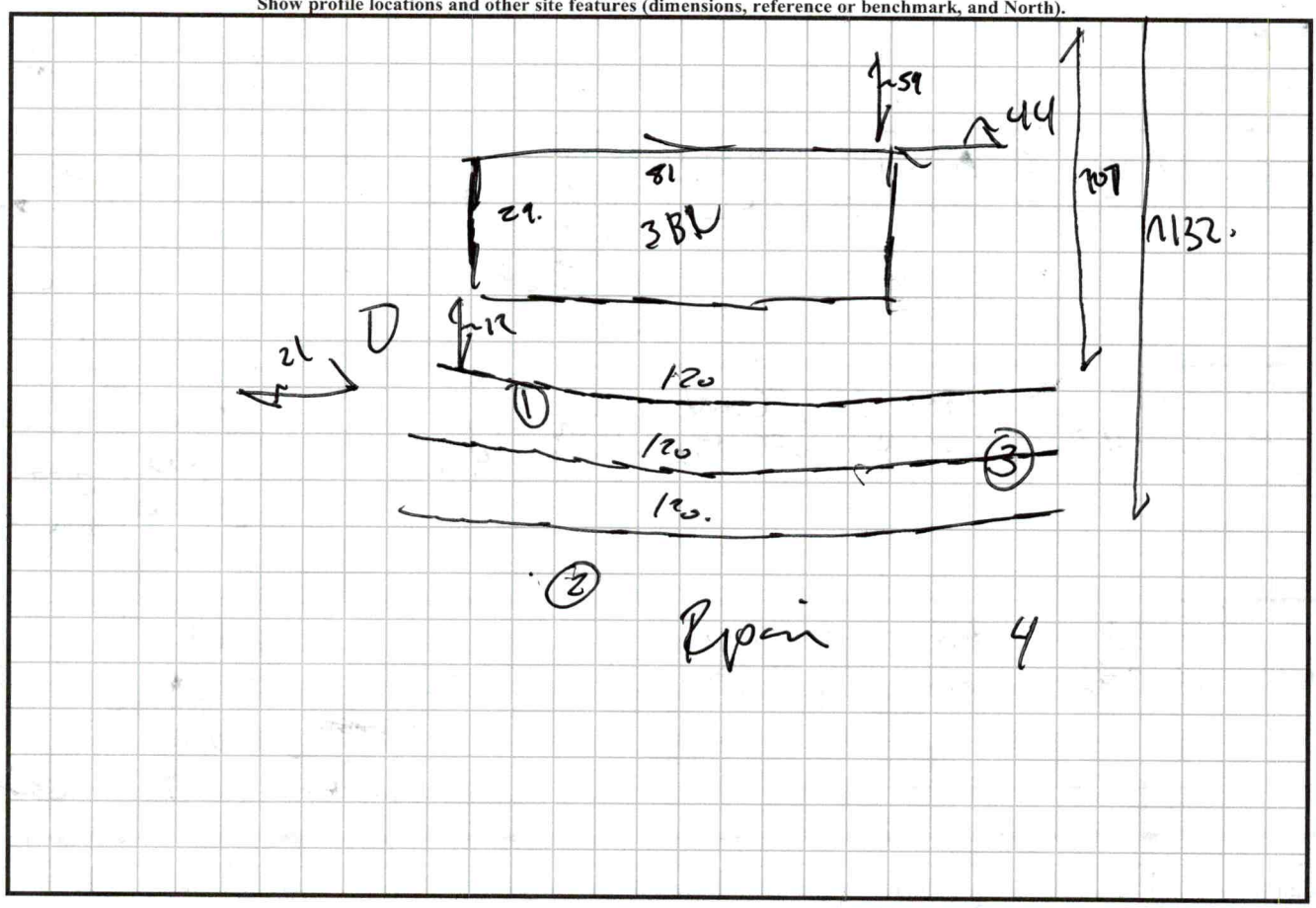
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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

Stewart Acres

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED MAY 2 5 2021

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-316923 $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: Ronald L. Eddington Address: 4884 Walnut Grove Dr. Poplar Grove, IL 61065 Zip: 61065
Applicant Email: redding629@gmail.com Phone: 815-494-9053 Alt. Phone: _____
Owner Name: Keith + Jennifer Black Address: 5511 Creek Point Dr Hickory Zip: 28601
Owner Email: mrscreekpoint@charter.net Phone: 828-217-0289 Alt. Phone: _____

Property Information:

Street Address: 157 Stewart Acres Drive, Lot 19
Subdivision Name: Stewart Acres Section/Phase: _____ Lot Number: 19
Driving Directions: I-40 East to Exit 141, turn R. on Sharon School, L on Mock Mill, L on Stewart Acres, Properties on left.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

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: _____

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.

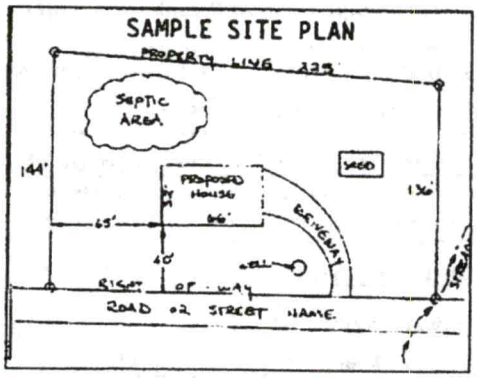
Signature: _____ 04-19-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

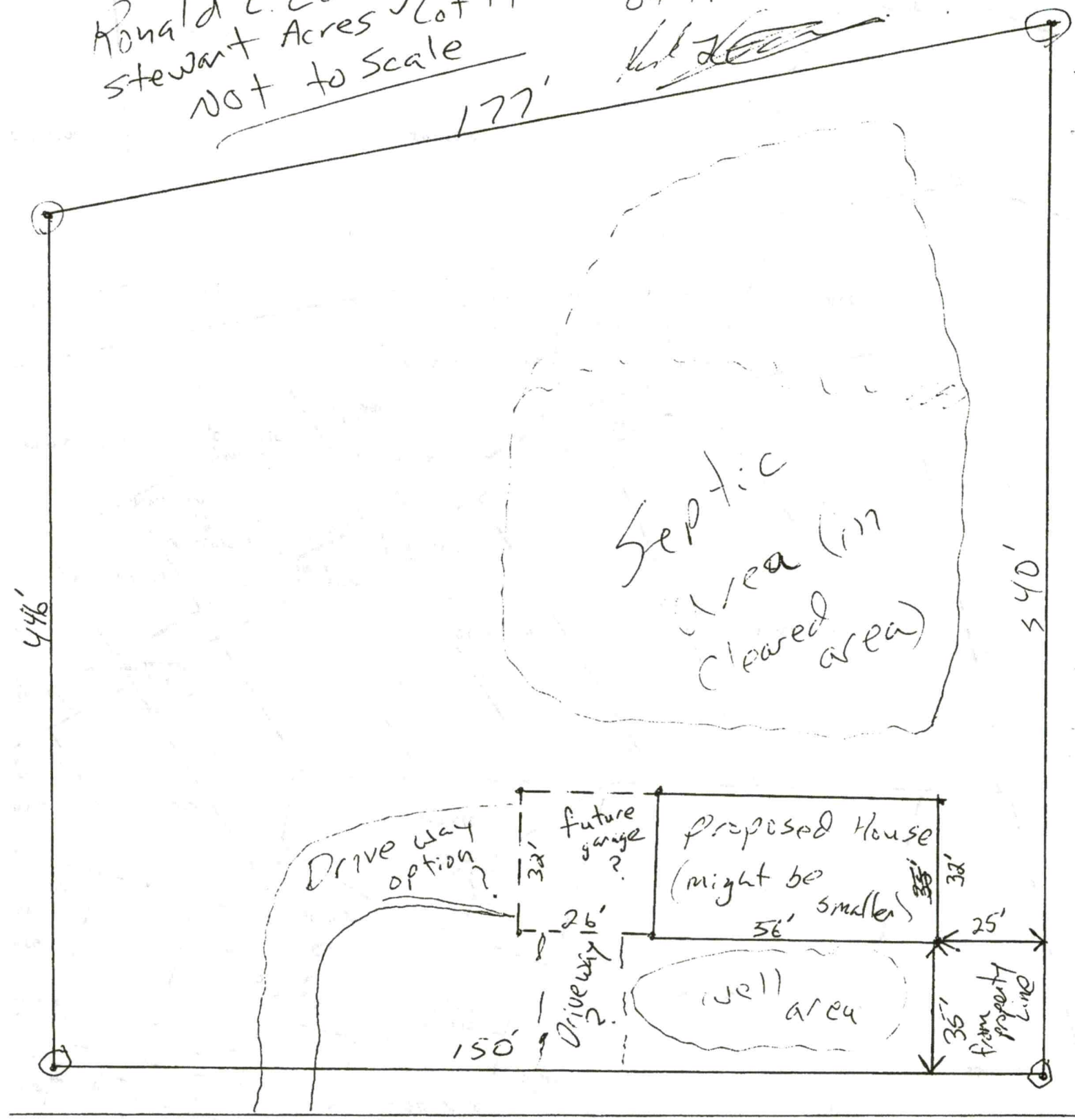
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

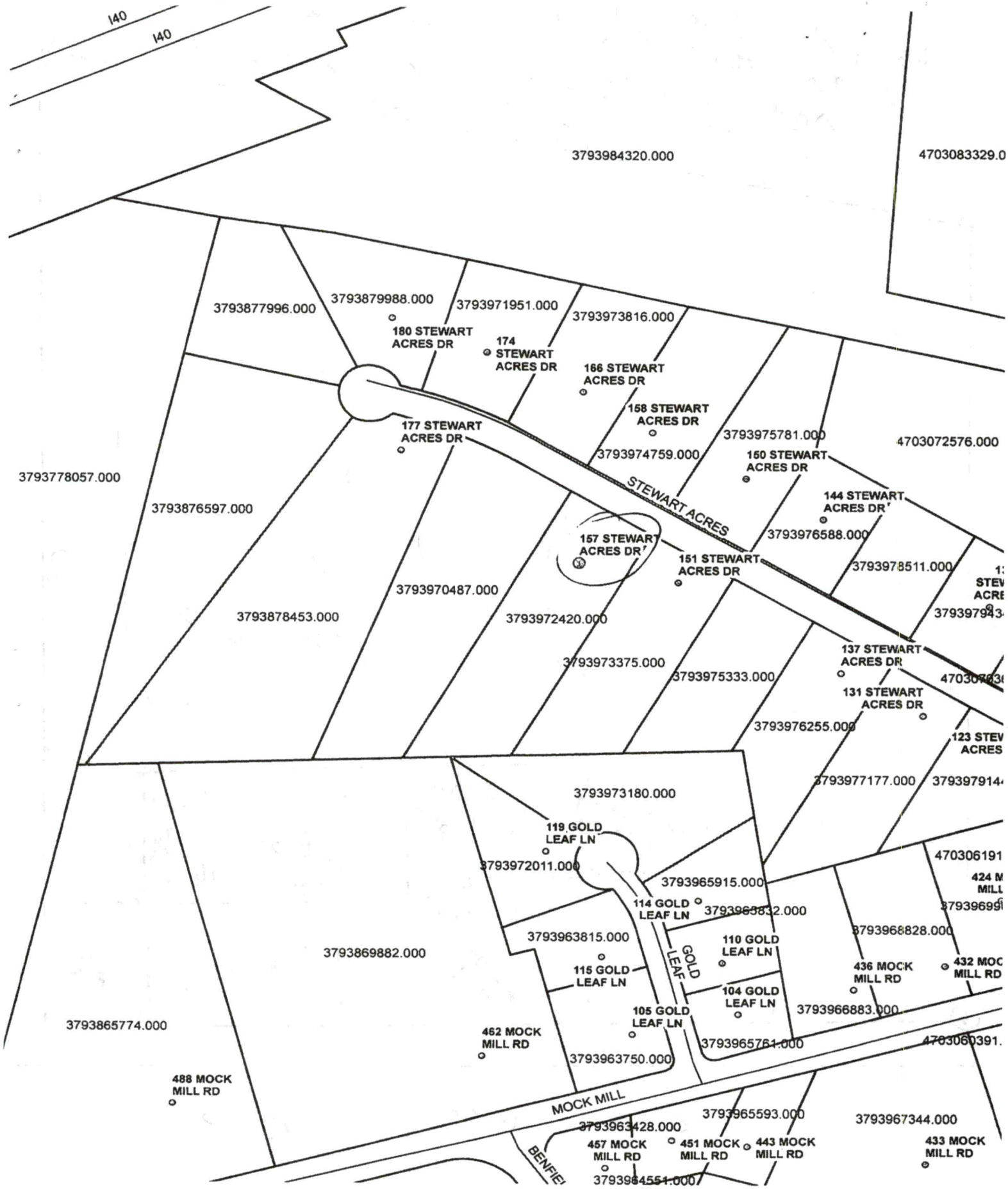
04-19-21
DATE

Ronald L. Edgington Lot 19
Stewart Acres
Not to Scale

04-19-21



Stewart Acres Drive


140
140
3793984320.000
4703083329.0
3793877996.000
3793879988.000
3793971951.000
3793973816.000
180 STEWART ACRES DR
174 STEWART ACRES DR
166 STEWART ACRES DR
158 STEWART ACRES DR
177 STEWART ACRES DR
3793975781.000
3793974759.000
150 STEWART ACRES DR
4703072576.000
3793778057.000
STEWART ACRES
144 STEWART ACRES DR
3793876597.000
157 STEWART ACRES DR
3793976588.000
151 STEWART ACRES DR
3793978511.000
3793970487.000
3793878453.000
3793972420.000
137 STEWART ACRES DR
3793973375.000
3793975333.000
131 STEWART ACRES DR
3793976255.000
3793973180.000
3793977177.000
119 GOLD LEAF LN
3793972011.000
3793965915.000
114 GOLD LEAF LN
3793965832.000
3793963815.000
110 GOLD LEAF LN
3793968828.000
3793869882.000
115 GOLD LEAF LN
GOLD LEAF
436 MOCK MILL RD
104 GOLD LEAF LN
3793865774.000
105 GOLD LEAF LN
3793966883.000
462 MOCK MILL RD
3793965761.000
3793963750.000
488 MOCK MILL RD
MOCK MILL
3793965593.000
3793967344.000
3793963428.000
457 MOCK MILL RD
451 MOCK MILL RD
443 MOCK MILL RD
433 MOCK MILL RD
3793964551.000

DocuSign Envelope ID: F6570D85-7A75-4801-998A-55F8D9FFF7D9

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, KEITH AND JENNIFER BLACK, am the legal owner(s) of the property located at LOT 19 STEWART ACRES DR, STATESVILLE, identified as PIN (Parcel Identification Number) 3793972420, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** RONALD EDDINGTON; BUYER _____, 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.

DocuSigned by: C34E3C5110594EF... DocuSigned by: A32D3C0DB079478...

Signature of Owner(s) 4/14/2021

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

RLE **Complete all Environmental Health forms**:

- Application
- Site Plan including the dimensions of proposed structure, addition, pool etc.
- Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- Copy of Zoning Permit when applicable
- Sign this sheet after you have completed all items

RLE **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

RLE **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

RLE **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 4-19-21

Questions? Contact the Environmental Health Offices below.

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316923 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3793972420.000	157 Stewart Acres Dr.	IREDELL COUNTY

Owner Information	Applicant Information
Name: BLACK KEITH A+JENNIFER D Address: Phone:	Name: RONALD EDDINGTON Address: 4884 WALNUT GROVE DR POPLAR GROVE , IL 61065 Phone:

Use Requested	Zone Code
Modular	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.69	35	35	15	15	WSIV-PA Coolemee	NO

Remarks

MODULAR

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

SEE ATTACHED

Signature of Owner/Contractor

PAID Credit 4-19-21 DK

Date: 04/19/2021

Permit Number	316923	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular✓ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: N/A

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1300 sq ft. ? Possibly larger 1792 sq ft shown

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Black, Keith & Jennifer Phone # 828-217-0289

Owner's Current Address 5511 Creek Point Dr., Hickory, NC 28601

Property Information

Property Address 157 Stewart Acres Dr / Stewart Acres, Lot 19 Parcel # 3793-97-2420

Subdivision Stewart Acres Lot: 19 Zoning R20 Watershed: Y or N Flood Plain: Y or N Township: ___

Directions to property (from a MAIN ROAD) I40 East to Exit 141, Right on Sharon School Rd., Left on Mock Mill Rd., Left on Stewart Acres, Property on Left.

Application Information

Applicant's Name or Company Ronald Eddington Applicant's Phone # 815-494-9053

Applicant's Address 4884 Walnut Grove Dr., Poplar Grove, IL 61065

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 04-19-21

1.69
R-20
WS-IV-PA

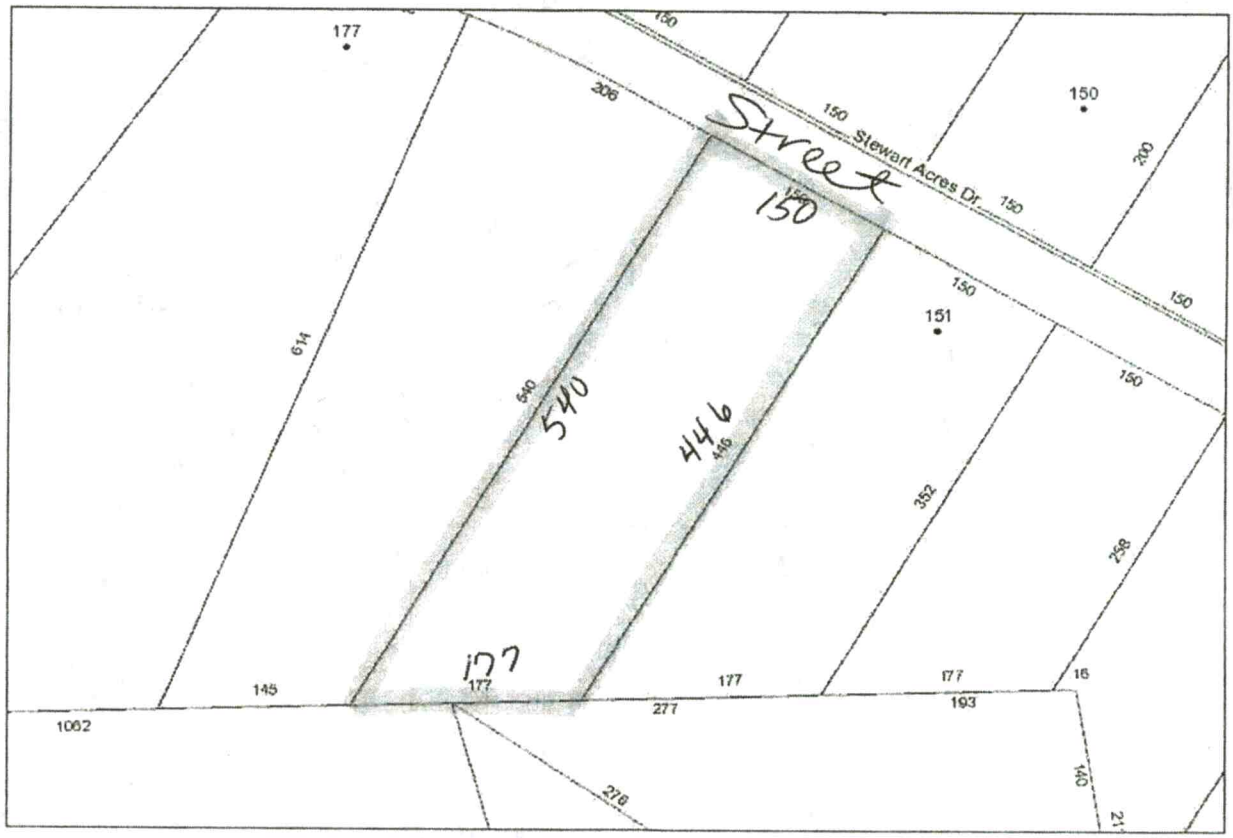
Iredell County

Property Data

Parcel Number: 3793972420.000
Inquiry Date: 4/12/2021

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 80060990
Old Parcel Number: 1408N02000A019
Owner Name: BLACK KEITH A+JENNIFER D
Mailing Address: 4896 32ND STREET LN NE HICKORY NC 28601
Property Location: STEWART ACRES DR
Lot Number: 19
Legal Description: STEWART ACRES PB22-113-113A

Municipal Information

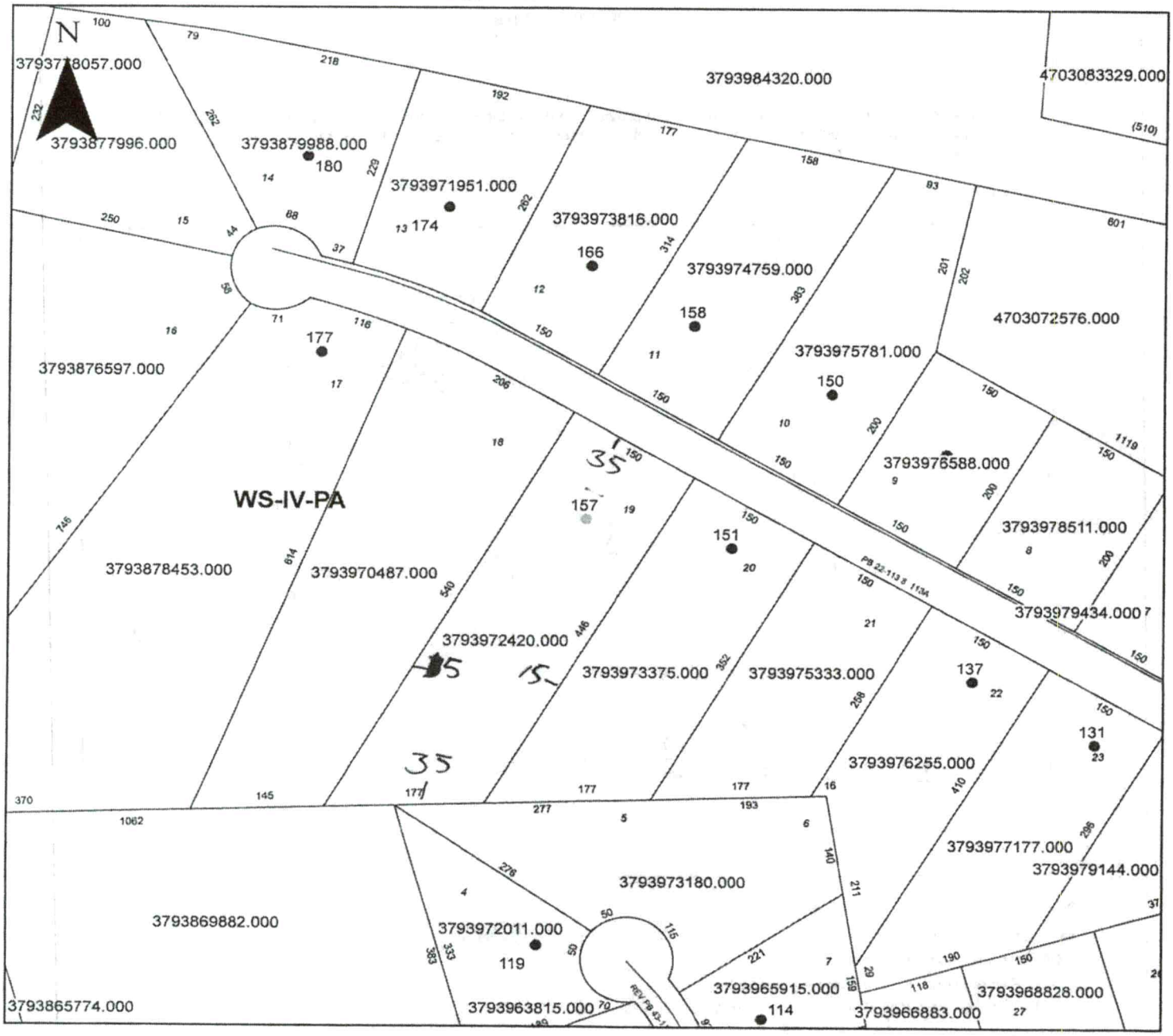
Township Code: 14
City Code: Null
Neighborhood Code: 14005

Value Information - Current Year Property Record Card (PRC)

Building Value: 0
Other Building Features: 0
Land Value: 22100
Tax Assessed Value: 22100
Deferred: 0

Land Information - Register of Deeds Online Search

ZONING DISCLAIMER

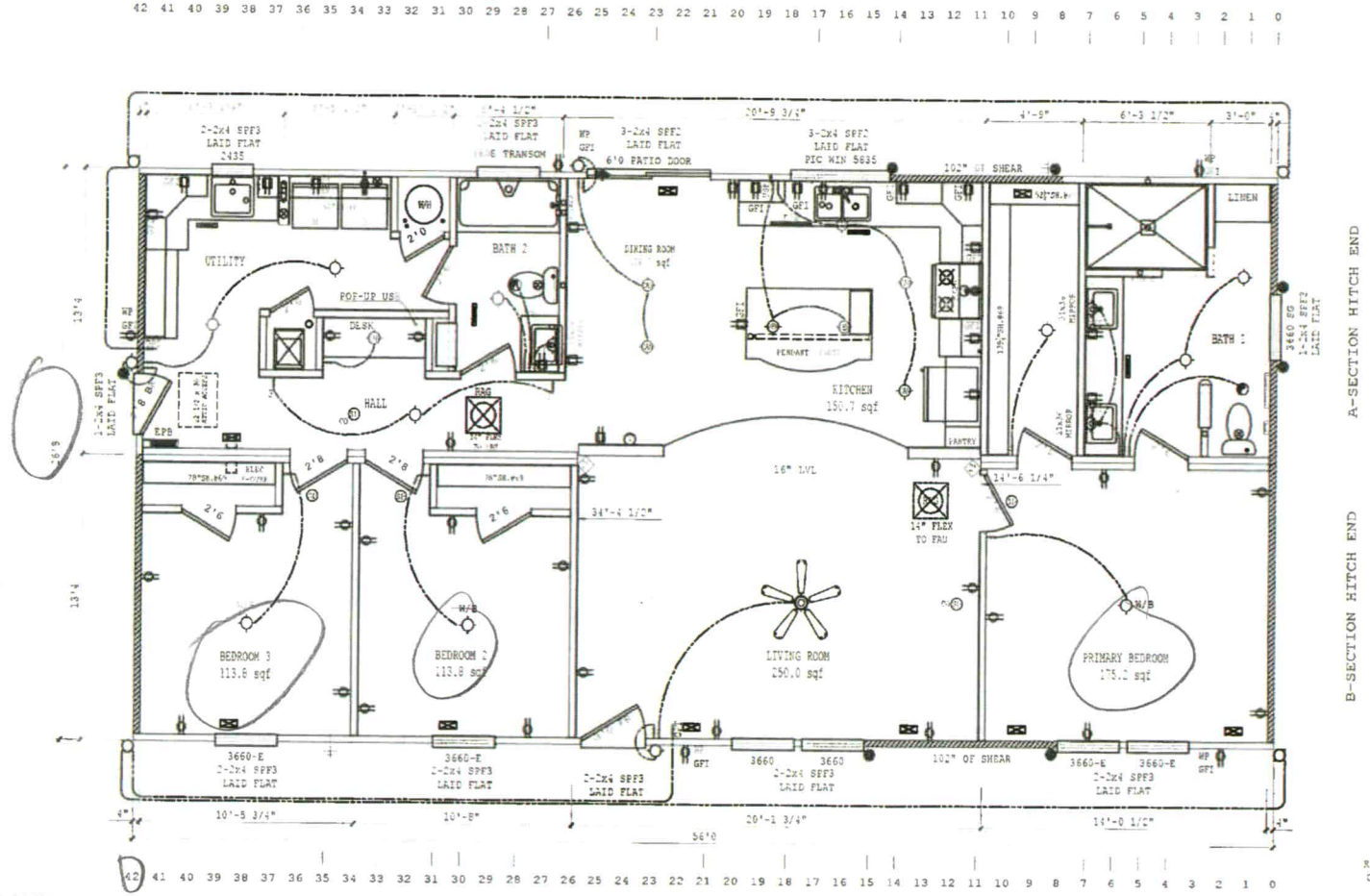


Property Address 157 Stewart Acres

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

04-19-21
Date



11/3/22

RIDGE BEAM PER:RC-60.3.R.G.M._.20
COLUMNS PER: MN-20.3.R.G.M.46.20
SIDEWALL HEADERS PER:
EW-20.3.R.G.C.22.20 (90MPH)

271"EW/ 94"SW
195PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.1a.C.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-237B.1
90 MPH WIND SPEED

RETURN AIR REQUIREMENTS
(1) 20"x30" GRILL REQUIRED
(2) 8"x10" GRILL W/ 1 1/2" DOOR UNDERCUT
(3) DOOR(S) MUST BE UNDERCUT 1 1/2" MIN.
(4) 8"x24" OR 6"x14" GRILL REQUIRED

(P) THE 'P' SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND	SERIES
SCHULT	RK28

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE
MOVED KITCHEN RECEPT WITHIN 24" OF LARGER SINK	LBS	04/25/20

GENERAL NOTES
CEILING HEIGHT = 96.00
FLOOR FRAMING SPACING =16
TOTAL WINDOW SQFT =ENTER TOTAL CALCULATED

DRAWING TITLE
PRIMARY PLAN
FURNACE 3610

MODEL NAME	SQ. FT.
4608-SO-RE ~ CARRIER READY	1493

PLANT	DESCRIPTION	MODEL NO.
958	28X56 3BR-2BA	SN253701

DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
RXP	03/18/2022	03/21/2022	1-1