ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 93-0797 AP-311726

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

PIN # 3794 ~~-83-9799~~

APPLICANT/OWNER: Clayton Homes Statesville APPLICANT ADDRESS: 2026 Northside Dr Statesville NC 28625

SITE ADDRESS: 131 Old Miller Rd Statesville NC 28625 PHONE: 704-929-1552 ALT. PHONE N/A

SITE DIRECTIONS: 40 W Exit 144 T/R the left on Island ford T/R Old Miller

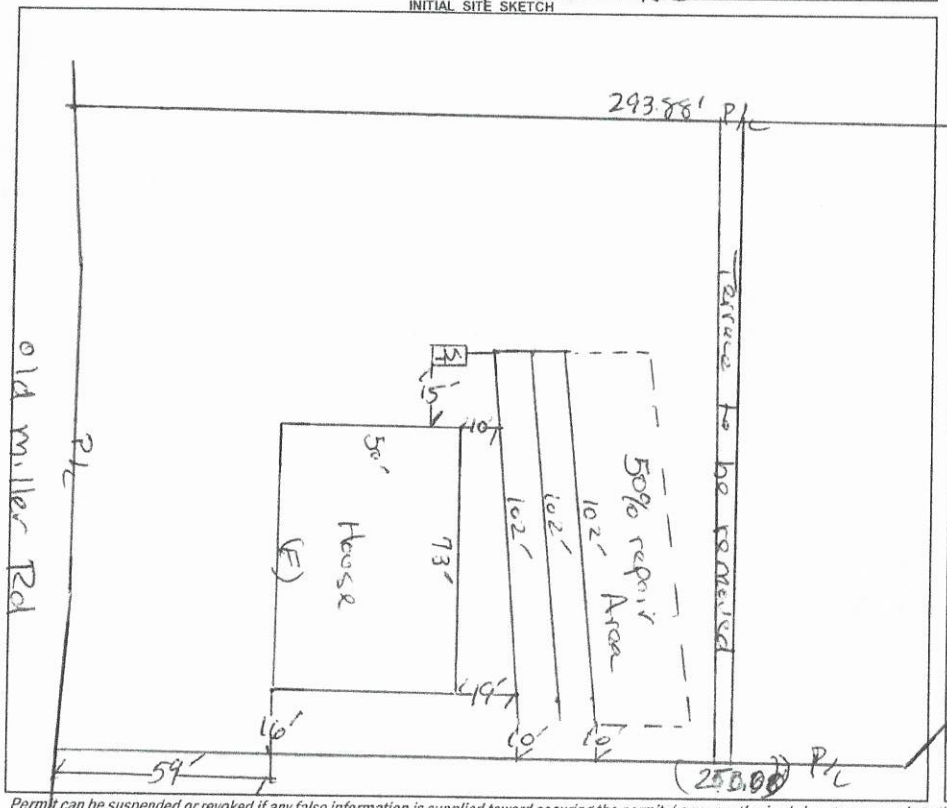
SUBDIVISION: Joseph Marra; Kayla Moose SECTION: / LOT # PT1 LOT AREA: 1.15ac SAP CONTROLLED: ☐ YES ☒ NO DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	10 FT	Date	5/28/21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make	Model			Serial #		Repair System Description:	50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft.	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)		30"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

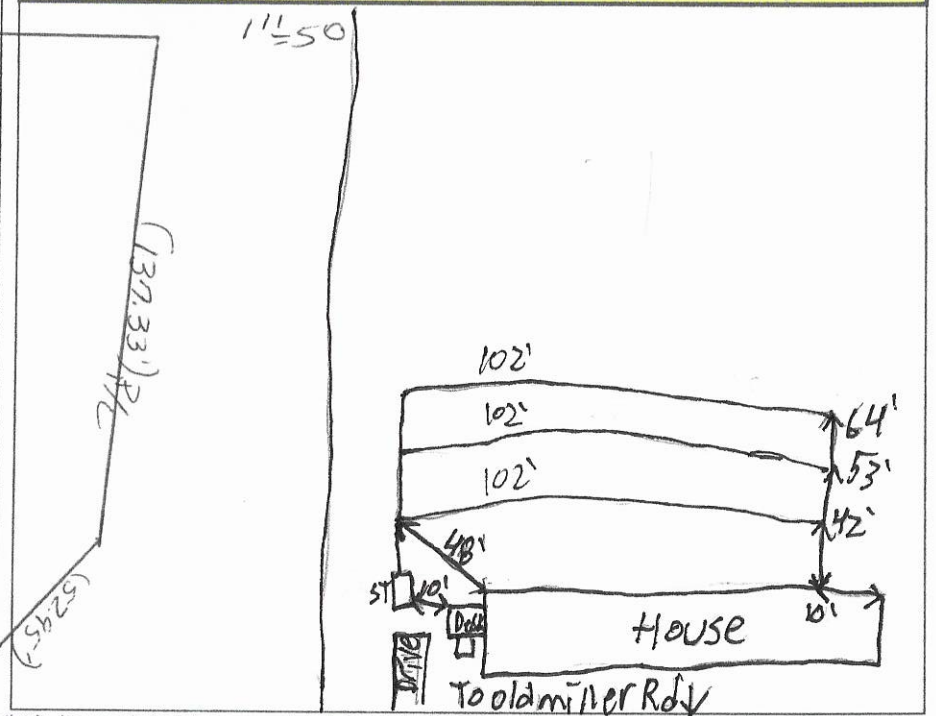
Comments / Conditions: Install 25% reduction on contour with serial distribution. Remove terrace before OP can be issued.

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.



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: 11/5/21 Installed by: (Steve J) Piedmont Backhoe Service

IMPROVEMENT PERMIT by: [signature] Date: 10/22/19 OPERATION PERMIT by: Patrick J Bagley II Date: 7/23/2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/5/2021 Existing System Inspected by: Date:

5/18/21

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

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

Sheet 1 of 1
PROPERTY ID #: 3744-83-97
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 131 Old Miller Rd
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 131 Old Miller Rd
APPLICATION DATE: 10-8-20
DATE EVALUATED: 10-21-20
PROPERTY SIZE: —
PROPERTY RECORDED: NO

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other W/A
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	L 7%	0-4	Gr SCL	fr SE	Chroma 1's @ 9/16" mot	52"	W/A	W/A	Shallow PS .25
		4-24	SBK C	fi SE					
		24-52	WABK BC	fi/fr SE					
2	L 8%	0-4	Gr SCL	fr SE	many Sap Inclusions	51"	W/A	W/A	PS .3
		4-20	ABK C	fi SE					
		20-51	WABK BC	fi/fr SE					
3	L 6%	0-3	Gr SCL	fr SE	PS	52"	W/A	W/A	PS .3
		3-16	SBK C	fi SE					
		16-52	WABK BC	fi/fr SE					
4	L 7%	0-6	Gr SCL	fr SE	PS	36"	PS	W/A	PS .3
		6-19	SBK C	fi SE					
		19-36	WABK BC	fi/fr SE					
		36-55	Mass Sap(1)	Fi M/A					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PII	II
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
OTHER(S) PRESENT:

COMMENTS: 80% 0-3 Gr SCL fr SE
3-21 SBK C fi SE
21-48 WABK BC fi/fr SE .3

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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	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.

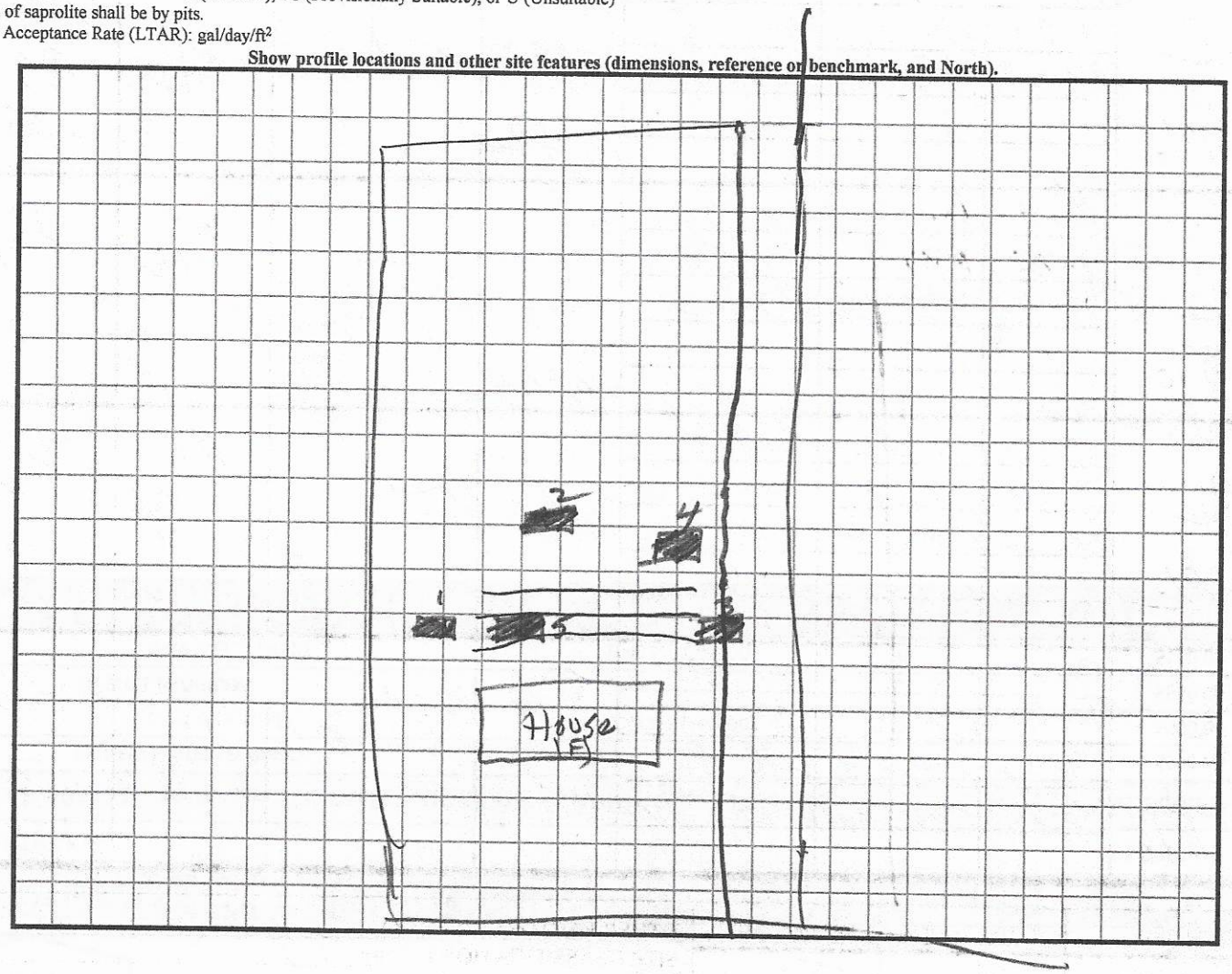
NOTES

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/ft²

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



P+S 10/21/20 9:30

RECEIVED OCT 1 3 2020

AP-3/1726 $500.00

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*

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: Clayton Homes Statesville Address: 2026 North Side Dr
Statesville, NC Zip: 28625
Applicant Email: adam.cassteens@clayton homes.com Phone: 704-929-1552 Alt. Phone: 704-873-2547
Owner Name: David Moose Address: N/A Zip: ____
Owner Email: N/A Phone: N/A Alt. Phone: ____

Property Information:

Street Address: 131 010 Miller Rd Statesville 28625
Subdivision Name: N/A Section/Phase: ____ Lot Number: ____
Driving Directions: I-40 W Exit 144 Make (R) then (L) on Island Ford and (R) on 010 Miller. 1 mile on (L)

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: ____
Non-Residential Site Development: Type of Business: ____
Square Footage of Building: ____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

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

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: Sales Manager
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-8-2020
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, David Moose, am the legal owner(s) of the property located at ~~7113~~ 113 Old Mike Rd Statesville, NC 28625, identified as PIN (Parcel Identification Number) 3794-83-9799, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Clayton Homes, Dawn Stevens / Jonathan Estes 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.

David B. Moose 10-1-20 — 10-1-20

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

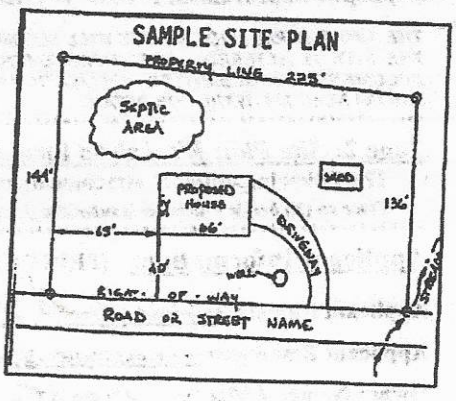
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

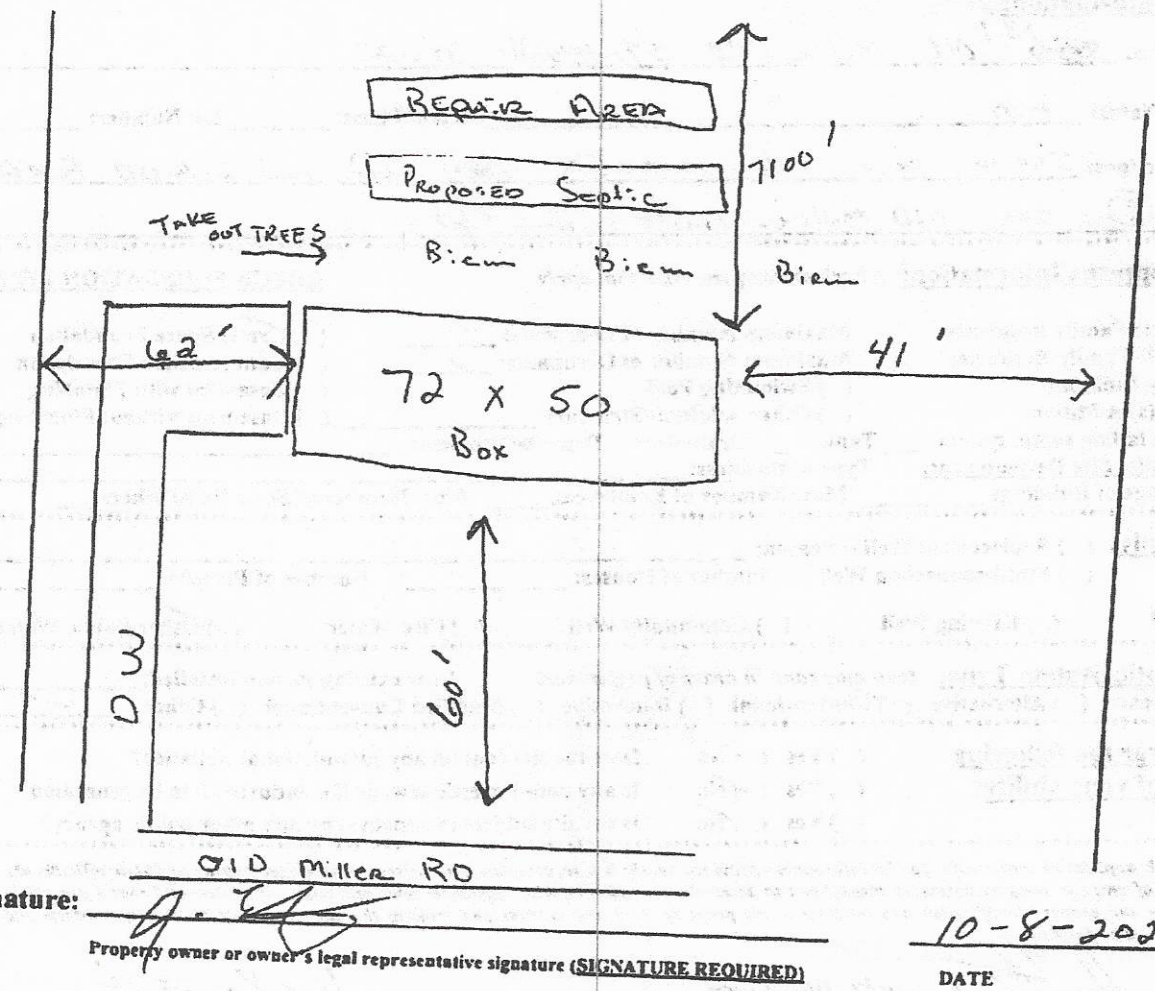
(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
(X) Preferred driveway location
(-) ~~Preferred well location~~
(X) Preferred septic system location
(X) North arrow, or other sufficient indicator of direction

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)

10-8-2020
DATE

PRELIMINARY PLAT:
NOT FOR RECORDATION,
CONVEYANCES, OR SALES

RELATIVE TO PB 5 @ Pg. 97

Certificate of Approval for Recording:

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell county

Subdivision Administrator _____ Date _____

Review Officer Certificate

State of North Carolina
County of Iredell

I, _____ Review Officer for Iredell County certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer _____ Date _____

PARCEL # 3794-93-0797

Gary Nelson Sipes, Jr.
and wife,
Edna Pauline Sipes
Bk. 1512 @ Pg. 2359

Alvin D. Thomas
Bk. 2163 @ Pg. 448

James R. Haden
and wife,
Toni B. Haden
& Gary Nelson Sipes, Jr.
Bk. 997 @ Pg. 1565
PB 5 @ Pg. 97
Portion of lot 11 & 12

1" EIP

S 84°25'00"E 502.78'

N 12°15'39"E 199.98'

S 50°35'00"W 53.95'

IRS

N 84°25'00"W 250.00'
New line

1/2" EIR

S 09°36'03"W 99.79'

S 08°45'14"W 99.93'

5/8" EIR

L1

L2

Lot 2 contains
1.19 acres

Old plat line.

S 12°15'39"W 137.55'
New line

Lot 1 contains
1.15 acres

C1

60.0'

1/2" EIR

220.82'

1 1/2" EIP at 342.82' 1.26' South of line.

N 84°18'21"W 522.56' total

(301.74 total)' 293.86'

7.88'

L4

L3

Large flagged nail found

Railroad spike found

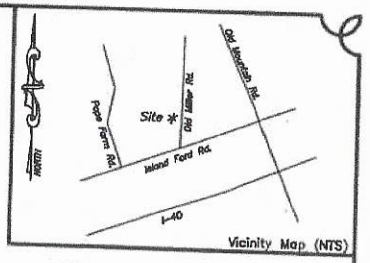
Homemade concrete monument

Brain K. Gaither
and wife,
Traci M. Gaither
Bk. 1525 @ Pg. 1511

John Calvin Shook
and wife,
Helen S. Shook
Bk. 655 @ Pg. 238

N 02°03'08"E 726.48' NTS

Existing MAG nail in center of Island Ford Rd. and Old Miller Rd.



PRELIMINARY PLAT:
NOT FOR RECORDATION,
CONVEYANCES, OR SALES

Old Miller Rd., 18' paved
No recorded R/W width found
60' R/W shown for planning purposes.

Current Zoning

ZONING: RA
Building setbacks:

Front – 35'
Side – 15'
Rear – 35'

Notice

- Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
- This survey is subject to any facts that may be disclosed by a full and accurate title search.
- This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.
- Area determined by coordinate computations.
- No NGS or NCGS Horiz. Control Monument found within 2,000 feet of site.
- As of the date of this recording the lots have not been inspected by the Iredell County Health Department. Until inspected there is no assurance that building permits will be issued.
- This lot is to be served by individual Water and Sanitary Sewer Systems.
- There is a 10' Drainage and Utility easement along all lot lines.
- Total number of Lots: 2

Survey Certificate

I, Ted M. Benbow, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed descriptions in title block and with adjoining parcels); that this plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600; that the ratio of precision as calculated before any adjustments is 1: 35,731; that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness this my original signature, registration number and seal this _____ day of _____ 2020 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

TED BENBOW
Land Surveying
Proudly Surveying Iredell County
Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9861
www.boundarydevelopment.com

Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- ● EIP ..... EXISTING IRON PIPE AS SHOWN
- ● EIR ..... EXISTING IRON ROD AS SHOWN
- ○ IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- * ..... NAIL OR RAILROAD SPIKE FOUND
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- PIN ..... PARCEL IDENTIFICATION NUMBER
- NTS ..... NOT TO SCALE
- ——— LINE NOT SURVEYED
- ——— LINE SURVEYED
- ——x——x—— BARBED WIRE FENCE
- ——— R/W OR EASEMENT

Water Supply Watershed Certificate:

To the best of my knowledge this plat does lie within the WSIV-PA Lake Norman/Catawba Watershed designated by the North Carolina Division of Environmental Management as appears on the Watershed Protection Map of Iredell County, North Carolina.

Subdivision Administrator _____ Date _____

Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 3794, Iredell County, North Carolina, effective date: 03-18-2020, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X – other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Course	Bearing	Distance
L1	S 09°36'14" W	25.06'
L2	S 09°36'39" W	44.53'
L3	N 84°31'02" W	38.89'
L4	N 76°37'40" W	20.85'

Curve	Radius	Length	Chord	Chord Bear.
C1	801.72'	130.37'	130.22'	S 04°57'09" W

50 0 50 100 150
GRAPHIC SCALE – FEET

Certificate of Ownership & Dedication

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines as noted.

a. there are no deed restrictions which will be violated by the requested subdivision;

b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and

c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

Owner: _____ Date: _____

Owner: _____ Date: _____

Notary

North Carolina, Iredell County

I, _____, a Notary Public for said county and state do hereby certify that _____ owner(s) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal,

this the _____ day of _____ 2020.

Notary Public

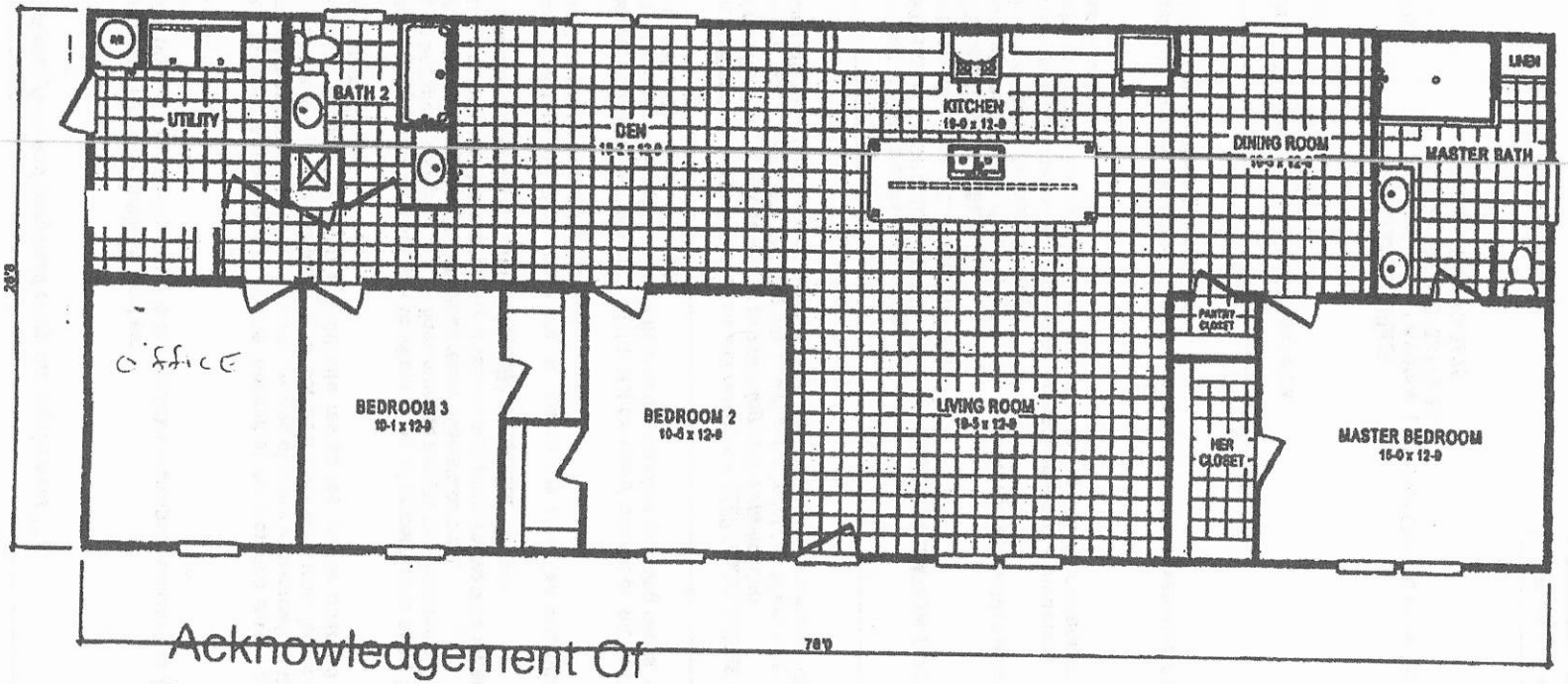
My commission expires: _____

Minor Subdivision For:

Joseph Marra & Kayla Moose

Shiloh Township, Iredell County, NC
Owners of Record: John Calvin Shook and wife, Lucy B. Shook
Deed Reference: Bk. 279 @ Pg. 366
Plat Reference: PB 5 @ Pg. 97
PIN: 3794-83-9799
Job Number: 2008132.DWG (2008132.CRD)
Field work: 08-17-2020
Plat date: 08-31-2020

The Colonial



~~Acknowledgement Of~~
Plans Submittal ONLY!

Date 10-12-20

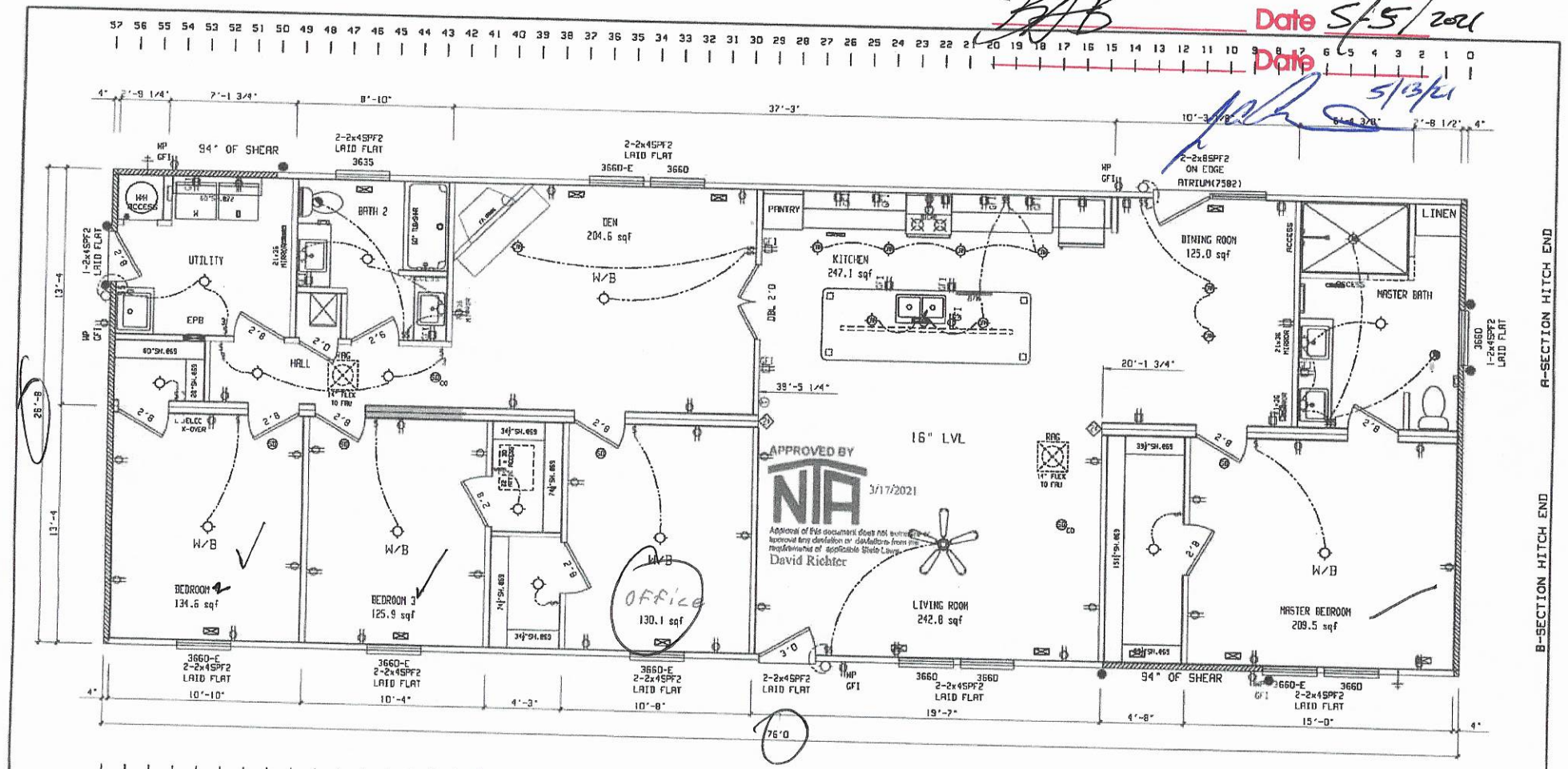
Date 10/22/20

10-12-20

Acknowledgement Of Plans Submittal ONLY!

BAB Date 5/5/2021

Date 5/13/21



195PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.Ia.C.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-2378.1
90 MPH WIND SPEED

RIDGE BEAM PER:RC-60.3.R.G.M._.20
COLUMNS PER: MW-20.3.R.G.M.48.20
SIDEWALL HEADERS PER:
EW-20.3.R.G.C.22.20 (90MPH)

INSULATION DONE PER THE NORTH CAROLINA 2018 PRESCRIPTIVE METHOD
CZ4: R=38 CEILING R=15 WALLS R=22 FLOOR
U = 0.35 / SHGC = 0.28

195 PLF-STAPLES-6" OC EDGE/12" OC FIELD

RETURN AIR REQUIREMENTS
(1) 20"x16" GRILL REQUIRED
(2) 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
(3) DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
(4) 4"x24" OR 6"x14" GRILL REQUIRED

● INDICATES FREE END SHEAR WITH BLOCKING

◈ THE # SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND	SERIES
SCHULT	CL28

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

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

DRAWING TITLE

MASTER PLAN FURNACE 4815

MODEL NAME		SQ. FT.
4621-MOD		2026
PLANT 958	DESCRIPTION 28X76 4BR-2BA	MODEL NO. SN252605
DRAWN BY TFH	ORIG. DATE 03/15/2021	DATE PRINTED 03/16/2021
		SHEET NO. 1-1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311726 Issue Date: 10/12/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794839799.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: MOOSE DAVID B Address: Phone:	Name: CLAYTON HOMES OF STATESVILLE Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677 Phone: (704)873-2547

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR HOME LOT MUST BE RECORDED BEFORE BLDG PERMIT ISSUED LOT MUST BE RECORDED BEFORE BUILING PERMIT CAN BE ISSUED.

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.

Signature of Owner/Contractor

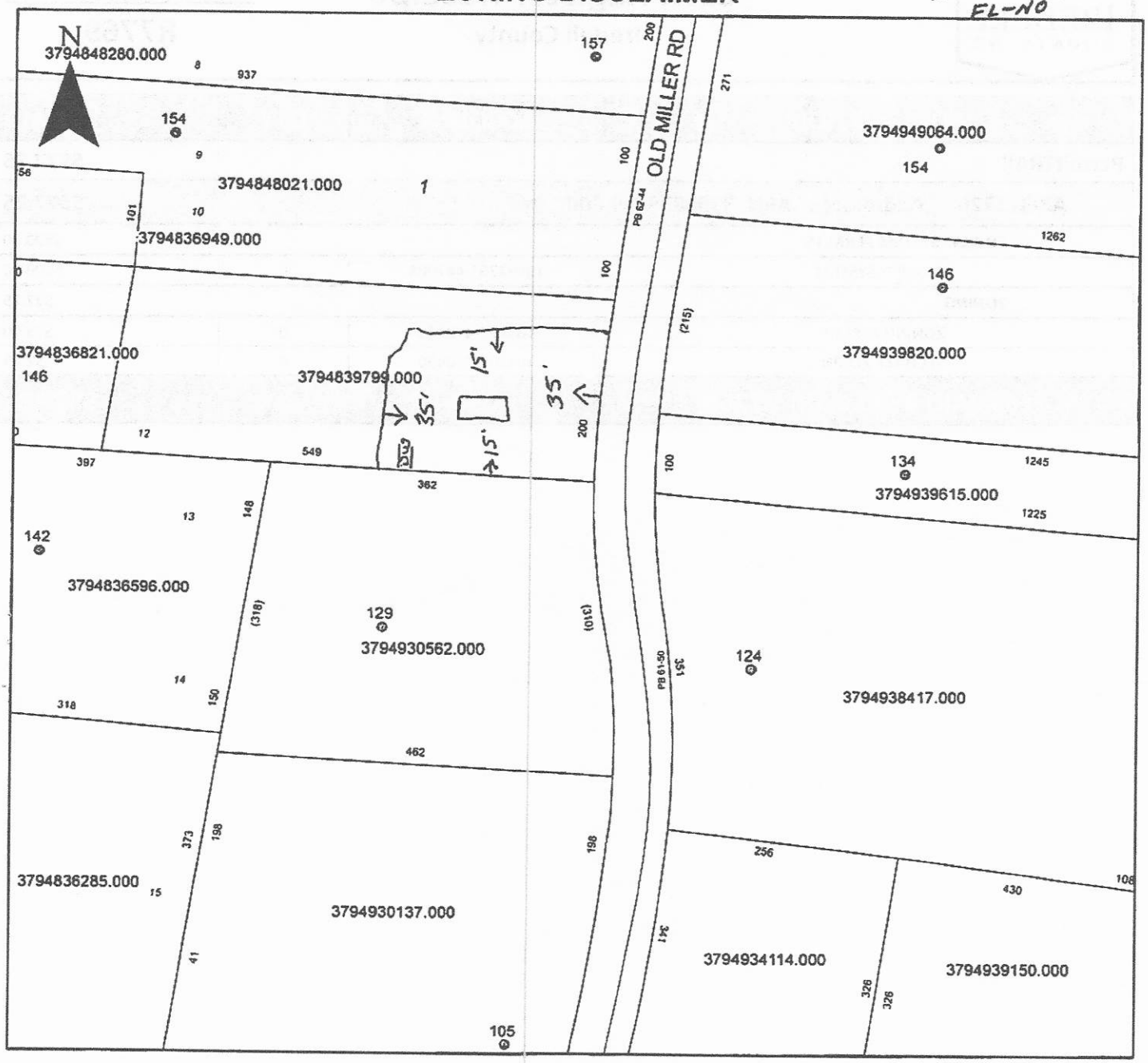
Date: 10/12/2020

Permit Number	311726	TOTAL FEES:	$77.25

311 124

RA WS IV PA C/4 EL-NO

ZONING DISCLAIMER



Property Address 131 Old Miller Rd.

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

10-12-20

Date