Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 139356ZO

Printed: 11/17/2006

Master #: 139356

Associated Permits:

139356ZO	Zoning

Applicant

Name: S&ME INC. ENGINEERING (Toney Jacob
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115
Phone: 704-662-8625

Parcel

Parcel Number: ~~4626581913.594~~ 4626 59 9324
Address: 000 GRASSHOPPER CIR
MOORESVILLE, NC 28117
Subdivision: The Farms Phase 5
Zoning: RR
Township: 1700
Area: .87
Lot(s): 594
Directions to Parcel: BRAWLEY SCHOOL RD, RIGHT MCKENDRE, RIGHT GRASSHOPPER CIR., PROPERTY ON THE

Owners

Name: CRESCENT RESOURCES INC
Address: P O BOX 1003
CHARLOTTE, NC 282011003

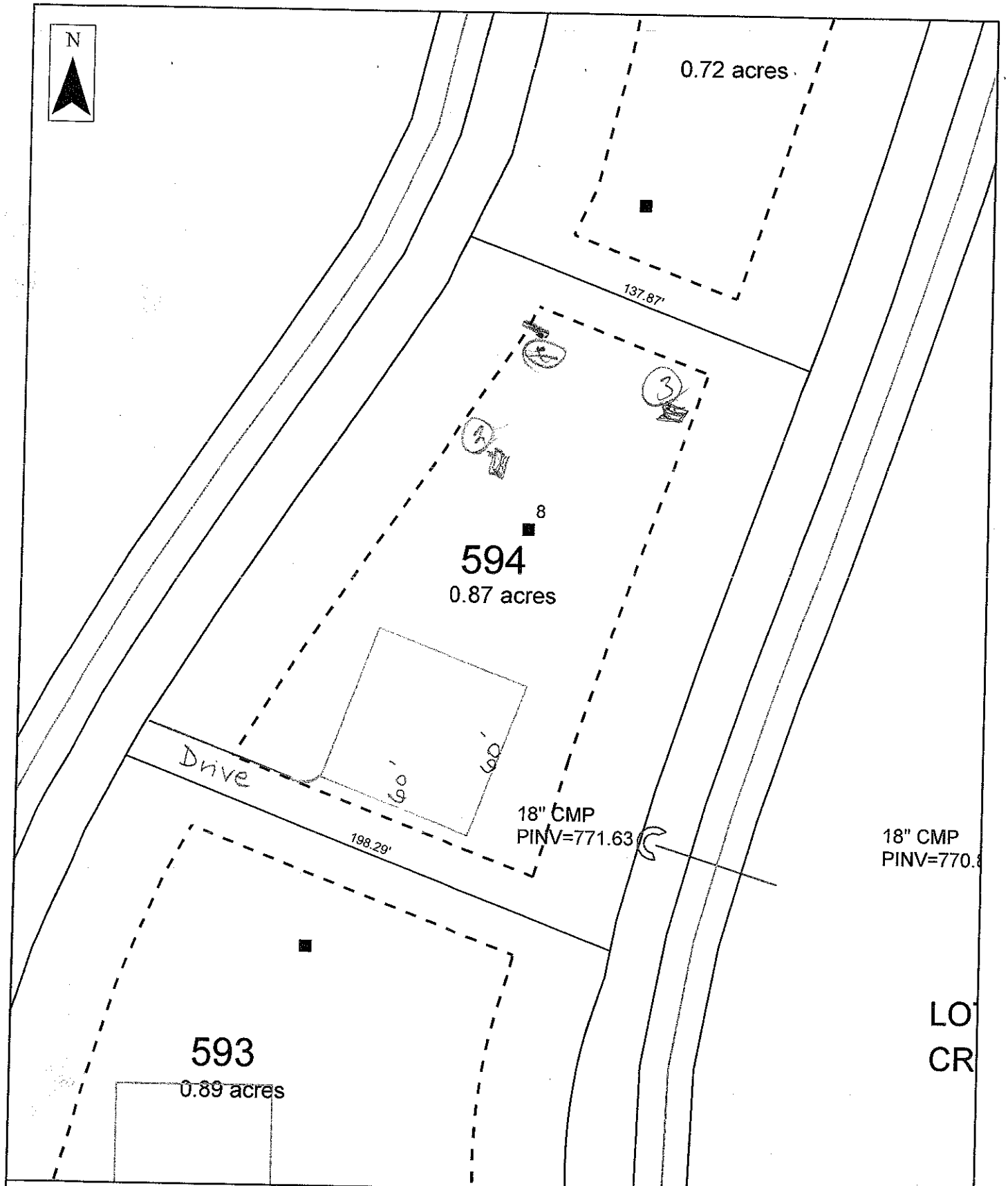
DEVELOPER PERMIT

Contractors

Contractor Type: Enviromental Services
Name: S&ME INC. ENGINEERING (Toney Jacobs)
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115
Phone: 704-662-8625

Fees and Receipts:

Number	Description	Amount
FEE-139833-06	Zoning - Permit / Inspection	$45.00
FEE-139834-06	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**



Scale: 1 inch equals 50 feet	S&ME	The Farms - Phase V	FIGURE
Drawn by: SDM		Lot 594	1
Reviewed by: JP		Iredell, North Carolina	
Date: November 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Job No. 1588-05-070	

Thompson Environmental Consulting, Inc.
PO Box 541
Midland, NC 28107-0541
704-301-4881

SHEET 1 OF 1

COUNTY: Iredell
PIN: 4626599324

OWNER: True Homes
LOCATION: Lot 594 - The Farms

DATE: February 1, 2013

PROFILES		SB-1	SB-2	SB-3	SB-4						
LANDSCAPE POSITION	.1940	ls	ls	ls	ls						
SLOPE (%)	.1940	13%	13%	13%	13%						
HORIZON 1 DEPTH	.1943	0-3	0-4	0-4	0-3						
TEXTURE	.1941 (a)(1)	sl	sl	sl	sl						
CONSISTENCE	.1941	fr	fr	fr	fr						
STRUCTURE	.1941 (a)(2)	gr	gr	gr	gr						
CLAY MINERALOGY	.1941 (a)(3)	-	-	-	-						
HORIZON 2 DEPTH	.1943	3-10	4-12	4-10	3-11						
TEXTURE	.1941 (a)(1)	c	c	c	c						
CONSISTENCE	.1941	fi	fi	fi	fi						
STRUCTURE	.1941 (a)(2)	sbk	sbk	sbk	sbk						
CLAY MINERALOGY	.1941 (a)(3)	se	se	se	se						
HORIZON 3 DEPTH	.1943	10-48+	12-50	10-46	11-48						
TEXTURE	.1941 (a)(1)	c	c	c	c						
CONSISTENCE	.1941	fi	fi	fi	fi						
STRUCTURE	.1941 (a)(2)	sbk	sbk	sbk	sbk						
CLAY MINERALOGY	.1941 (a)(3)	se	se	se	se						
HORIZON 4 DEPTH	.1943										
TEXTURE	.1941 (a)(1)										
CONSISTENCE	.1941										
STRUCTURE	.1941 (a)(2)										
CLAY MINERALOGY	.1941 (a)(3)										
SOIL WETNESS	.1942										
RESTRICTIVE HORIZON	.1944										
SAPROLITE	.1943/.1956			46							
CLASSIFICATION	.1948	s	s	ps	s						
L.T.A.R. (gpd/ft^2)	.1955	0.3	0.3	0.25	0.3						

OTHER FACTORS (.1946):
SITE LTAR (gpd/ft^2): 0.3

AVAILABLE SPACE (.1945): provisionally suitable

SITE CLASSIFICATION (.1948): provisionally suitable
SYSTEM TYPE: PPBPS

EVALUATED BY: Larry Thompson
OTHERS PRESENT:

COMMENTS:

Approved ICHD
2-15-13

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ *of* ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Farms V
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 DATE EVALUATED: _____
LOCATION OF SITE: Lot 594 PROPERTY SIZE: _____
PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
8 1	L	0-6	WK SBK SCL	FR SS/SP	Red Br				0.2
		6-28	Mo SBK C	FR SS/SP	Red				
		28-50	Mo SBK C	FR S/P	Red		C Yel Brn/ Chroma 2		0.25 to 28"
2	12-7-06	0-5	wk sbk scl	fr ss/sp					.25 to .50"
		5-39	wk sbk scl	fr ss/sp					
		39-50	wk sbk scl	fr ss/sp					
		50-60	Mottled sap	wk fri sap					
3	12/90	0-4	mgr scl	fr ss/sp					.3
		4-26	wk sbk c	fr ss/sp					
		26-43	wk sbk scl	fr ss/sp					
		43-60	mottled sap	fr ss/sp					
4		0-7	mgr scl	fr ss/sp					.3
		7-35	wk sbk scl	fr ss/sp					
		35-50	wk sbk	fr ss/sp					
		50-60	Mottled scl sap	fr ss/sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

Pd. 350.00 02-07-13 MS

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: (✓) Improvement Permit (✓) Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
True Homes	2649 Brekonridge Centre Dr. Monroe	704-238-1229	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
186 Grasshopper Circle	The Farms	Lot #594

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms ____
Maximum Number of Occupants ____
If Expansion, Current Number of Bedrooms ____

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in _____ *YEAR*

( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other _____ ( ) No Preference

8. 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. industry) 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.

9. Signature: Michelle Stubbert 2-06-13

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

IREDELL COUNTY HEATLH 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:

- ✓ Property Line measurements are clearly identified...
- ✓ All proposed structures are indicated...
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ Front and side setbacks from property line...
- ✓ Preferred driveway location and configuration, preferred well location...
- ✓ Area you prefer your septic system to be placed...
- ✓ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

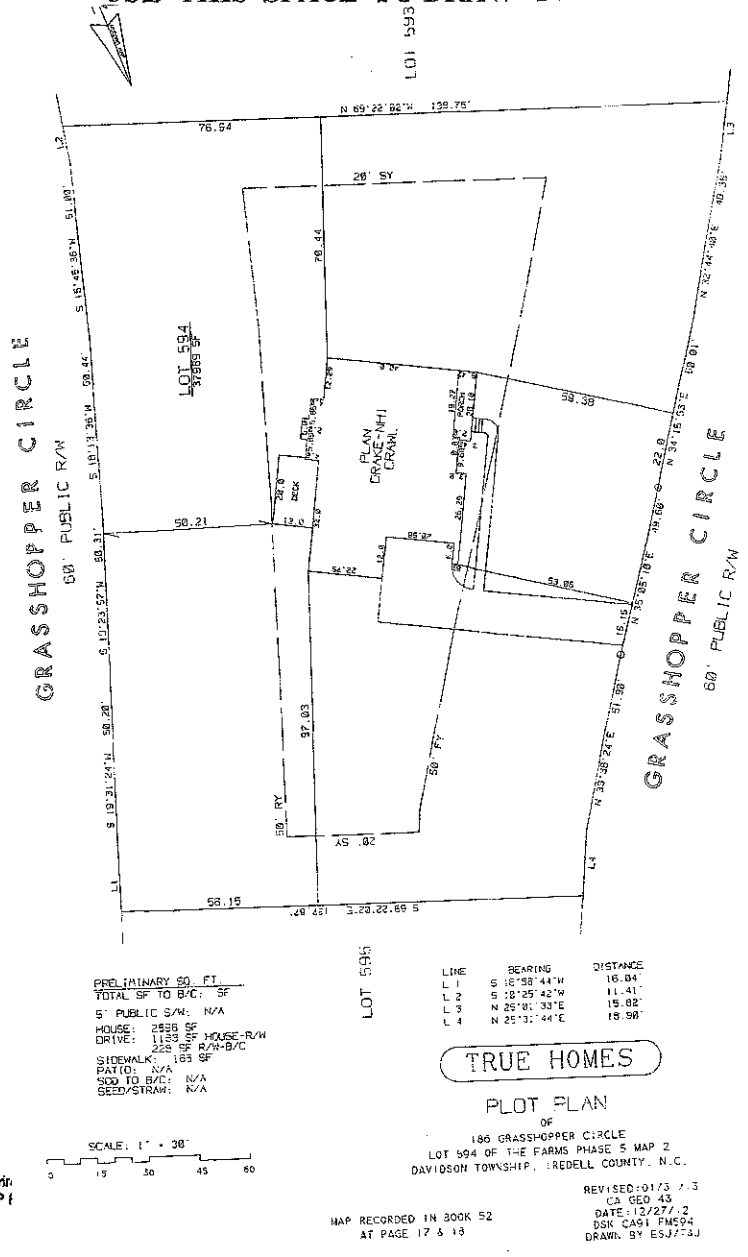
- ____ Location of septic systems and wells within 100' of your property... N/A
- ____ Location of easements and rights of ways on your property... N/A
- ____ Location of any designated wetlands on the property... N/A

Signature: Michelle Stanley

REQUIRED property owner or owner's legal representative signature.

2-06-13
DATE

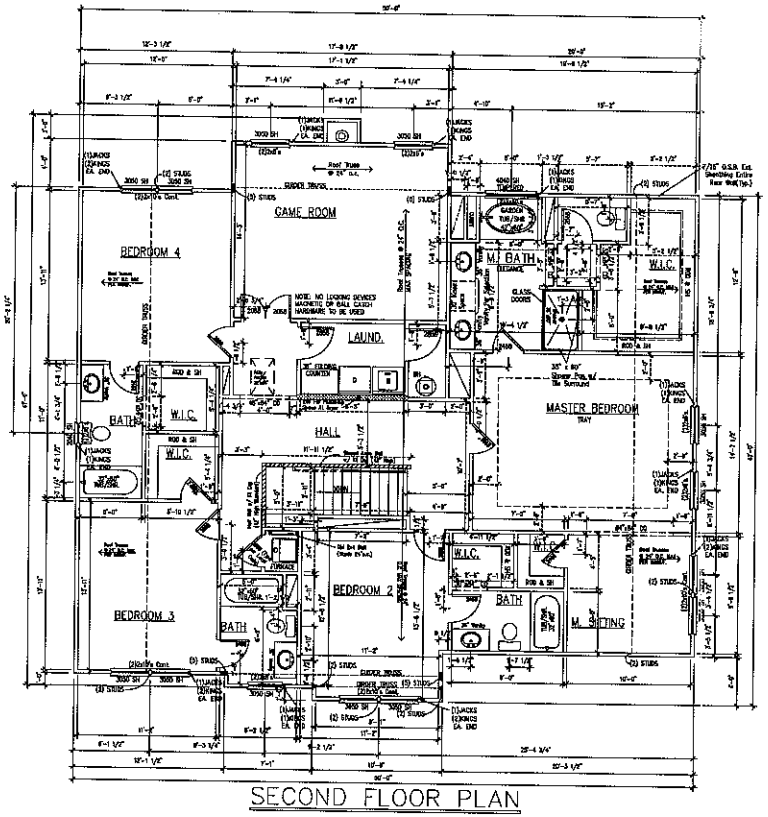
USE THIS SPACE TO DRAW YOUR SITE PLAN



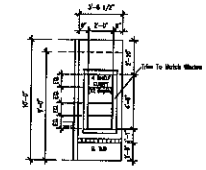
White Copy – Envir
V:\FORMS\OSWP f

Acknowledgement of Plans Submitted ONLY!
Judy Melville Date 01-04-13
Master Date 1-14-13

THIS BUILDING IS DESIGNED IN ACCORDANCE WITH 2012 NC RESIDENTIAL BUILDING CODE .

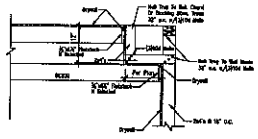


SECOND FLOOR PLAN



3 SHELF CUBBY

DRAFTSMAN SCALE : 1/4"=1'-0"



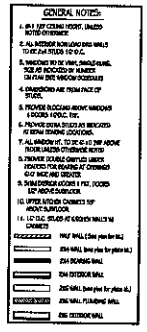
MB TRAY DETAIL

NOTE:
1. ALL 2nd & 3rd FLOOR EXTERIOR AND INTERIOR BEARING WALL STUDS ARE SPACED @ 12" O.C. FOR ATTIC OPTION
2. THE 2nd & 3rd FLOOR INTERIOR WALLS @ 16" O.C.

NOTE:
(1) ALL WOOD FRAME WALLS TO HAVE (2) STUDS @ EACH END OF OPENINGS AND @ THE END OF EACH WALL

ENGINEERING NOTES:
(1) All Exterior And Interior Load Bearing Headers Shall Be (2)2x10's @ 2.5'X'. Or Better U.N.O.
(2) All Headers Shall Be Supported With A Minimum of (1) Jack & (1) King Stud U.N.O.
(3) All Non-Load Bearing Headers Per Code
Header Notations:
S.T.P. = Southern Yellow Pine
S.P.F. = Spruce Pine Fir

GENERAL NOTES:



TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

THE FARM
LOT# 594

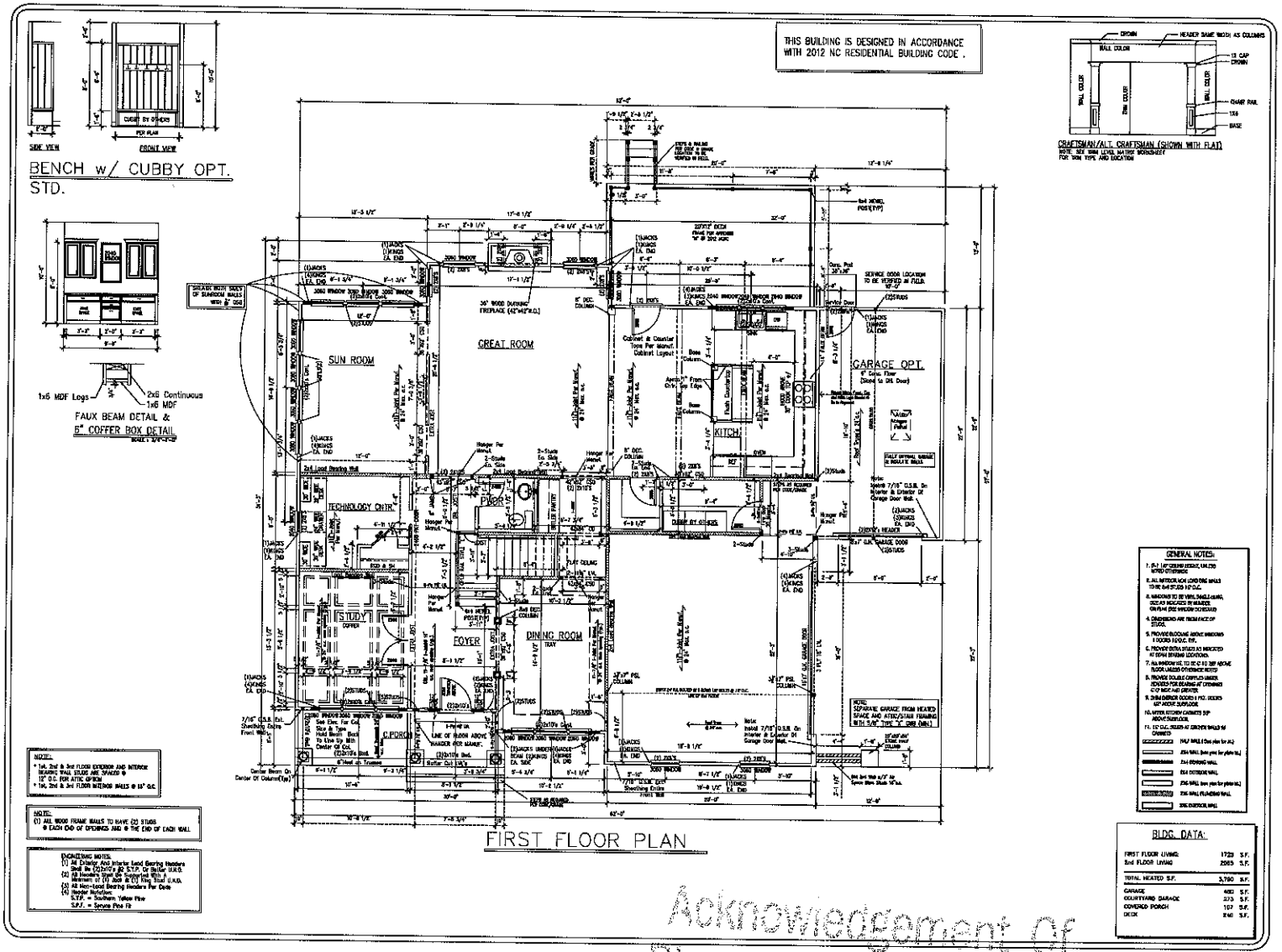
FLOOR PLAN

DRAKE

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DRAWN BY: BPS
DATE: 10.26.12
SCALE: 1/4"=1'-0"
REVISION:
JOB: LOT SPECIFIC

SHEET:
6



Acknowledgement of Plans Submittal ONLY:

Judy Melvill Date 01-04-13

J Reuter Date 1-16-13

TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

THE FARM
LOT# 594

FLOOR PLAN

DRAKE

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DRAWN BY: BPS
DATE: 10.26.12
SCALE: 1/4"=1'-0"
REVISION:
JOB: LOT SPECIFIC

SHEET:
4

IREDELL COUNTY

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

APPLICATION NUMBER
200703
Issue Date: 12/10/2013

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626599324.000	186 GRASSHOPPER CIRCLE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: TRUE HOMES LLC	Applicant: TRUE HOMES, LLC
Address: ,	Address: 2649 BRECKONRIDGE CENTRE DRIVE MONROE, NC 28110
Phone:	Phone: 704-238-1229

Use Requested	Zone Code
ADDING INGROUND POOL 25' X 40'	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.872		10.00	10.00	10.00	CACL	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	2814	TOTAL FEES:	$ 77.25

RECEIVED DEC 1 0 2013 EH
Paid $40.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

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The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information: Michelle Sturdivant @ True Homes ✓ 96033

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
True Homes	2649 Brekenridge Ch Dr	704-288-1229	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
True Homes	2649 Brekenridge Ch Dr	704-238-1229	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
186 Grasshopper Cir	The Farms	594

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
(✓) Other Swimming pool approx 40 x 25

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* attached

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____ ( ) No Preference

8. 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. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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9. Signature: _____ 12/10/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID 12/10/13 (ad
Cho#41877+41878 $117.25