IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223896

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

PIN # 4626998303

APPLICANT: Len Sullivan Jr APPLICANT ADDRESS: 1143 Executive Cir Cary NC 27511

SITE ADDRESS: 154 Palmer Marsh Pl Mooresville NC PHONE: 919-422-7536 ALT. PHONE: N/A

SITE DIRECTIONS: Brawley School T/L Blume T/L Beaton Path T/L Cicero T/L Shavender T/L Palmer Marsh

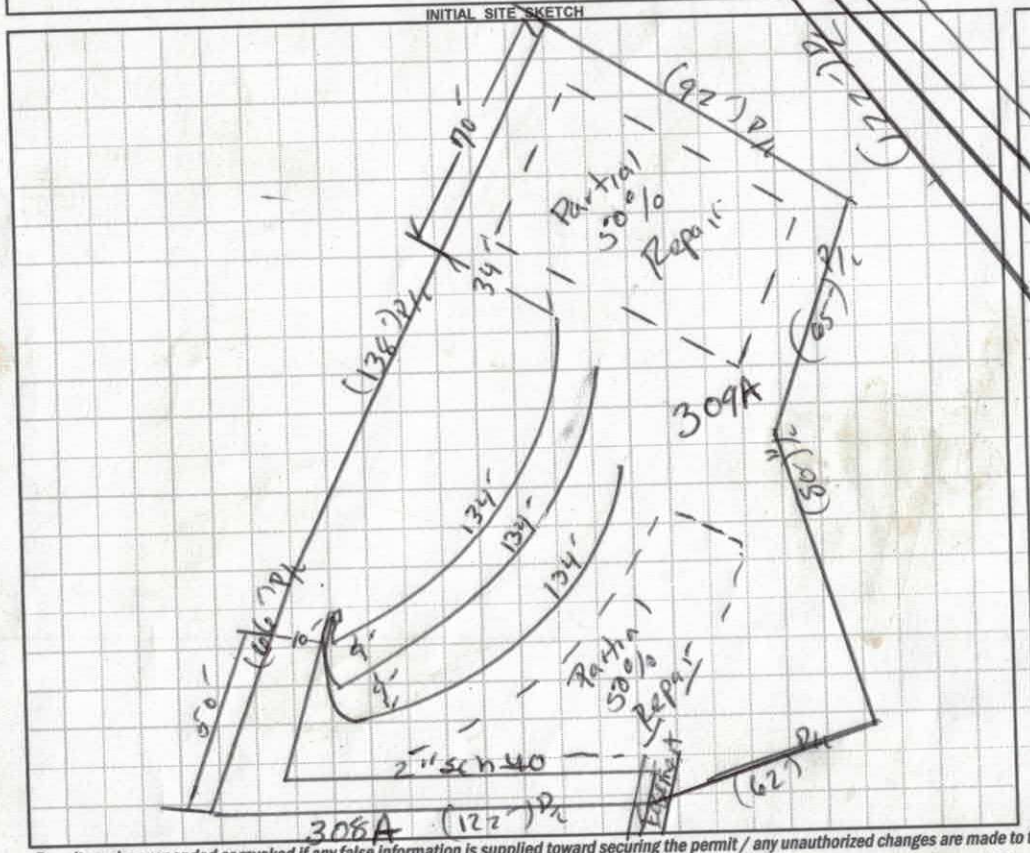
SUBDIVISION: Shavenders Bluff SECTION: 3B LOT # 309 LOT AREA: 1.059 ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	Infiltrator	Date		[X] New System [ ] Repair [ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Infiltrator	Date		System Description:	25% reduction	[ ] Business	No. Persons	8	[X] Private
Pump Make	Gravity	Model	HE2012HV	Serial #	6EU4E19	Repair System Description:	50% reduction	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	400	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space		[ ] Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		[ ] GRAVITY [X] PRESSURE	[X] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Install 25% reduction on contour with pressure distribution

Use 1½ sch 40 taps. TDH to be determined at final tank placement
911 drawdown @ 21 gallons per inch
Offsite easement per deed book 45 page 201

INITIAL SITE SKETCH



AS BUILT SKETCH



11/18/19 :- Alarm OK
- 2' of Pressure Head set
- Floats functional (6" tether) (2 Float system)
- Breaker needs addressing

11/19/19 Breakers ok MD

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3/12/17 Installed by: Bass Grading

IMPROVEMENT PERMIT by: [signature] Date: 02/15/17 OPERATION PERMIT by: Maria Olson Date: 11/19/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2/8/19 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

Sheet 1 of
PROPERTY ID #: 1626 95 6307
COUNTY: Iredell

Lot 309

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

OWNER: Ken Sullivan — APPLICATION DATE: 12/19/16
ADDRESS: 154 Palmer Marsh — DATE EVALUATED: 01/02/17
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 1.059 ac
LOCATION OF SITE: 154 Palmer Marsh — PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other N/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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 18%	0-5	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		5-21	ABK C	fr SE					
		21-54	WABK BC	fi/fr SE					
2	L 15%	0-7	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		7-32	ABK C	fr SE					
		32-48	WABK BC	fi/fr SE					
		48-59	Mass Saprolite	fr N/A					
3	L 18%	0-6	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		6-24	ABK C	fr SE					
		24-54	WABK BC	fi/fr SE					
4	L 15%	6-8	Gr SCL	fr SE	PS	PS	N/A	N/A	PS .3
		8-27	SBK C	fr SE					
		27-55	WABK BC	fi/fr SE					

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

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

COMMENTS: #5 0-5 Gr SCL fr SE; 5-30 SBK C fi SE; 30-48 WABK BC fi/fr SE

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

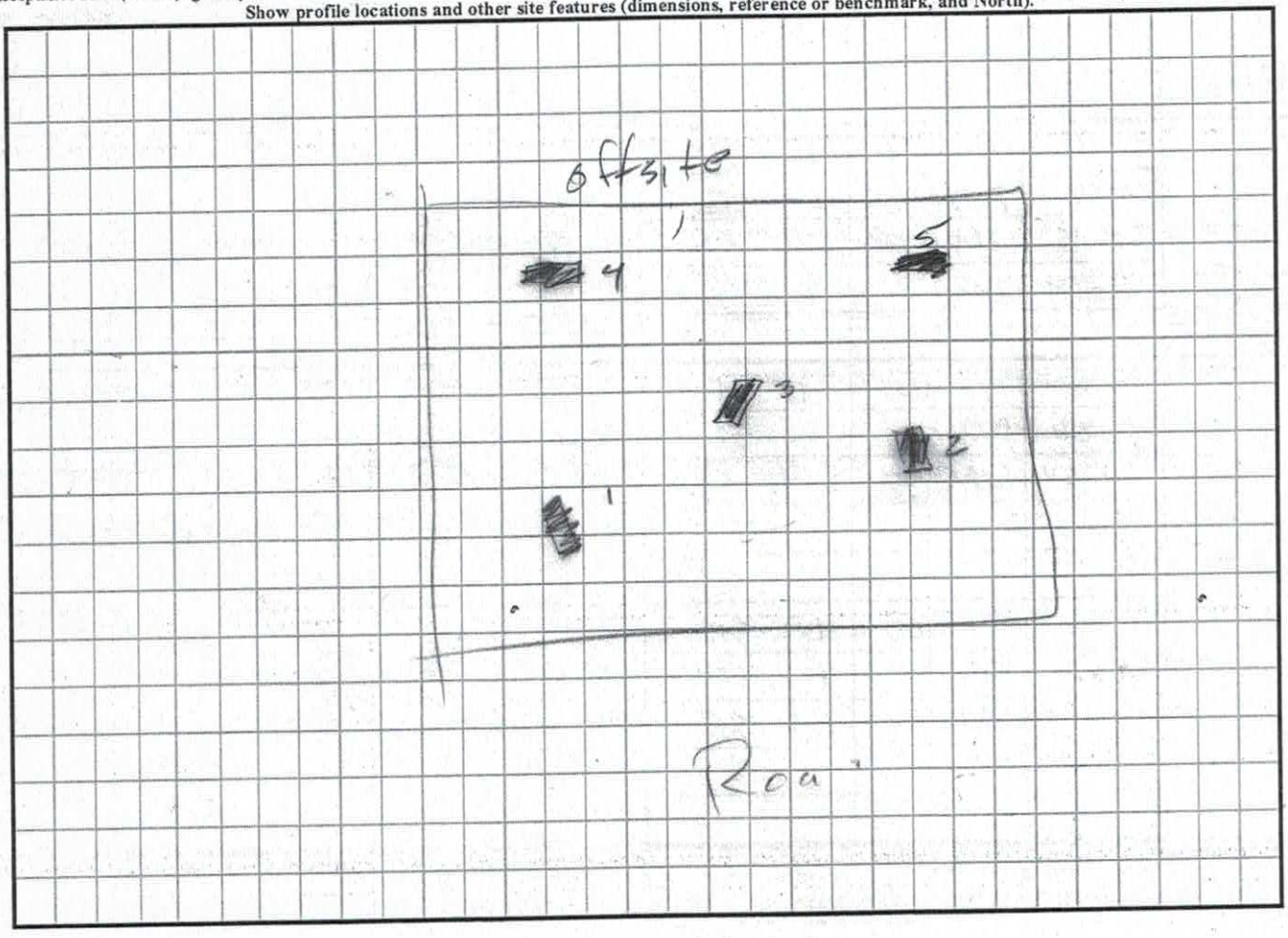
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



AC

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 X Authorization To Construct ___ 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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Michael Pagano	132 Cherry Bark Dr Mooresville, NC 28117	6094392115	6093061997
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Michael Pagano	132 Cherry Bark Dr Mooresville NC 28117	6094392115	6093061997
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

154 Palmer Marsh Place Mooresville NC 28117	Shavenders Bluff	3B	Lot 309A (LOT 309 Keep 10)
Street Address	Subdivision Name	Section/Phase and Lot Number	

Driving Directions: Brawley School Rd ⇒ Blume Rd, left on Beaten Path Rd, left on Acero Lane, left on Shavender Drive, left on Palmer Marsh Place

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 4
Maximum Number of Occupants 8
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)* ( ) EXISTING SYSTEM installed _____ *Year*
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Michael D Pagano 1/15/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

pagano35@gmail.com

RECEIVED DEC 1 9 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $1,200.00

223896

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: Lee Sullivan jr. **Address:** 1143 Executive Cir Cary NC 27511 **Phone:** 919 422-7836

Owner Name: " **Address:** " Cary NC **Phone:** "

Property Information:

Street Address: 164 Palmer Marsh Pl

Subdivision Name: Shavenders Bluff **Section/Phase:** 3B **Lot Number:** 309

Driving Directions: SW Brawley School Rd, TR Blume Rd, TL Benton Path, TL Cicero Ln, TL Shavenders Dr, TL Palmer Marsh Pl, ON right

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(✓) 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: 2 Compartment

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: Tony L Sullivan, POA
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/19/16
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, Michael Pagano, am the legal owner(s) of the property located at 154 Palmer Marsh Place, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4626998303 Lot 309, located in Iredell County, North Carolina. 4637001212 Lot 309A (septic lot)

I do hereby authorize **(print legal representative/company name)** Schumacher Homes, 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.

Michael O Pagano 1/15/19
Signature of Owner(s) Date

Signature of Witness 1/15/19
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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Leonard A. Sullivan, Jr, am the legal owner of the property located at 154 Holmes Marsh Pl, identified as PIN(Parcel Identification Number) 4672699503, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Tonya Jacobs, LG JDS Inc., _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

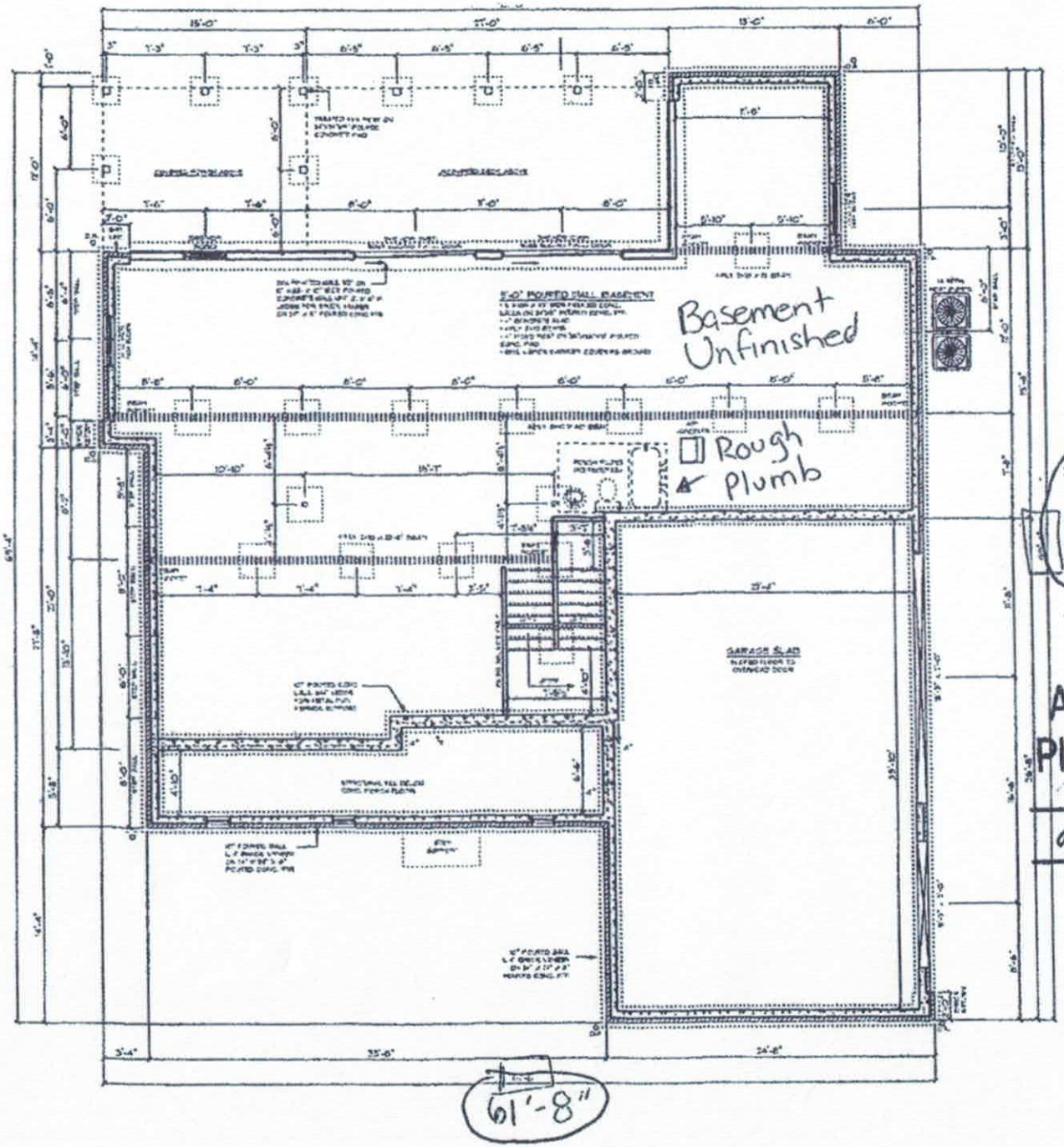
I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — 19 Dec 2016 Date

Signature of Witness — Dec 19, 2016 Date

Lot 309 1"=50'

drive
drive
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308
75'
75'
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POURED WALL FOUNDATION NOTES:

1. 8'-0" H 10" POURED CONCRETE WALL FOUNDATION W/ 24" X 8" FOOTER.
2. REINFORCE 1 #5 TENSION CREAM "SLF".
3. FOOTERS AND POST PADS TO BE POURED AT SAME ELEVATION
4. SUMP LOCATION TO BE DETERMINED ACCORDING TO GRADE ELEVATION.
5. SUMP CROCK TO BE RAISED 4" A.F.F.
6. POURED WALL REINFORCEMENT
   1/2 & FULL #3 H REBAR HORIZONTAL AT 16 REBAR @ 24" VERTICAL
7. 1/2" X 10" ANCHOR BOLTS @ 6'-0" O.C. NOT MORE THAN 12" FROM EACH CORNER
8. FINISH GRADE POCKET DEPTH OF 1'-3"
9. BROKEN, DAMPPROOF WATERPROOFING INSULATION

FOOTING VENT CALCULATION:

TOTAL VENTED AREA: 2%
8"X16" VENT = CB 80 IN = 0.69 SQFT
ASSUMED NET FREE AREA = 0.33 SQFT
TOTAL SQFT VENTILATION NEEDED 2% / 150 = 1.44
1.44 /0.33 = 3 TOTAL VENTS

MC NOTES:
MAIN TRUNK LINE IN BASEMENT TO BE METAL DUCT WORK.

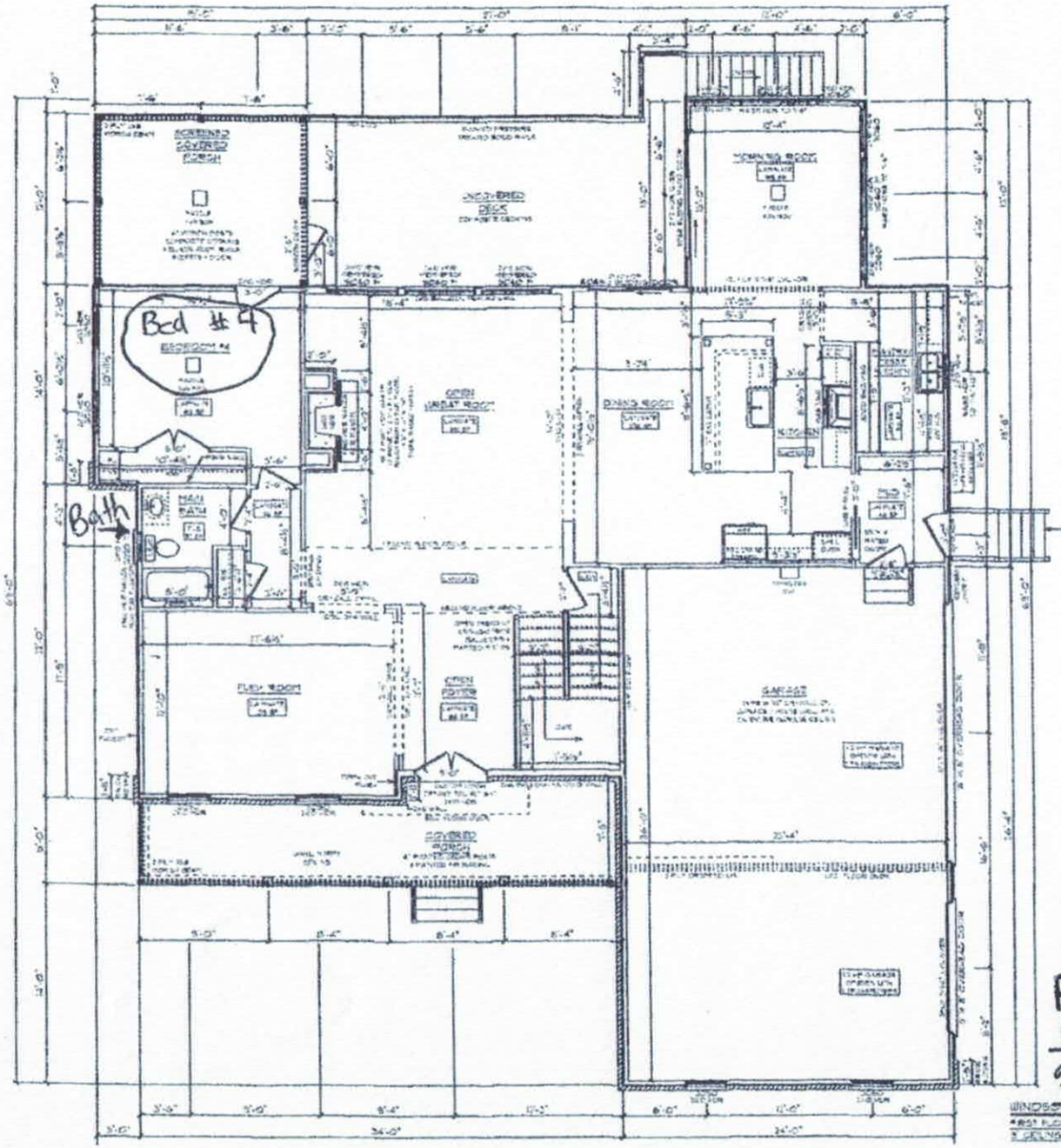
COORDINATE ALL UTILITY LOCATIONS WITH THEIR RESPECTIVE TRADES PRIOR TO COMMENCING ANY INSTALLATION WORK.

Acknowledgement Of Plans Submittal ONLY!

Michael O Page Date 2/12/19

Tom Shuck Date 2/8/19

WINDSOR "F" / CUSTOM
FOUNDATION PLAN



GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 6" HIGH UNLESS OTHERWISE NOTED
- HEADERS TO BE ONLY SHOWN IF OF KING + CRIPPLE STUDS OR FOR OTHERWISE NOTED

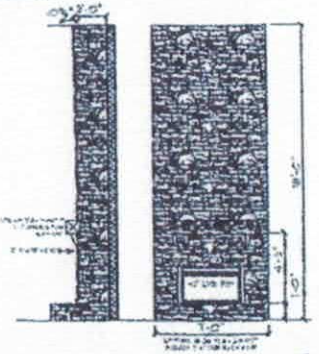
PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- 1" X 3" CASEBOARDS MDCO FLAT STOCK PAINTED
- 1" X 4" FLAT STOCK TRIM TRIM PAINTED AT ROOMS OF ALL INTERIOR DOORS AND 1" X 6" MDCO FLAT STOCK TRIM TO THE HEADERS OF ALL INTERIOR DOORS
- JAMBS AND CASED WINDOWS W/ 1/4 MDCO FLAT STOCK TRIM TRIM PAINTED
- 3/4 WHITE MELLOW CORE HONEYCOMB SCREEN WINDOWS HOLDED INTERIOR DOORS
- PLY-GEM LOWE VINYL WINDOWS

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- BODY FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONTACT STRAIGHT WALL SEPARATION OF THE SAME FINISH FLOOR USED
- FLOORING IN OWNERS BATH TO BE UNDER VANITY AREA

HVAC NOTES:
- HVAC REGISTERS WILL BE PLACED ON THE FLOOR OF THE FIRST FLOOR

1ST Floor

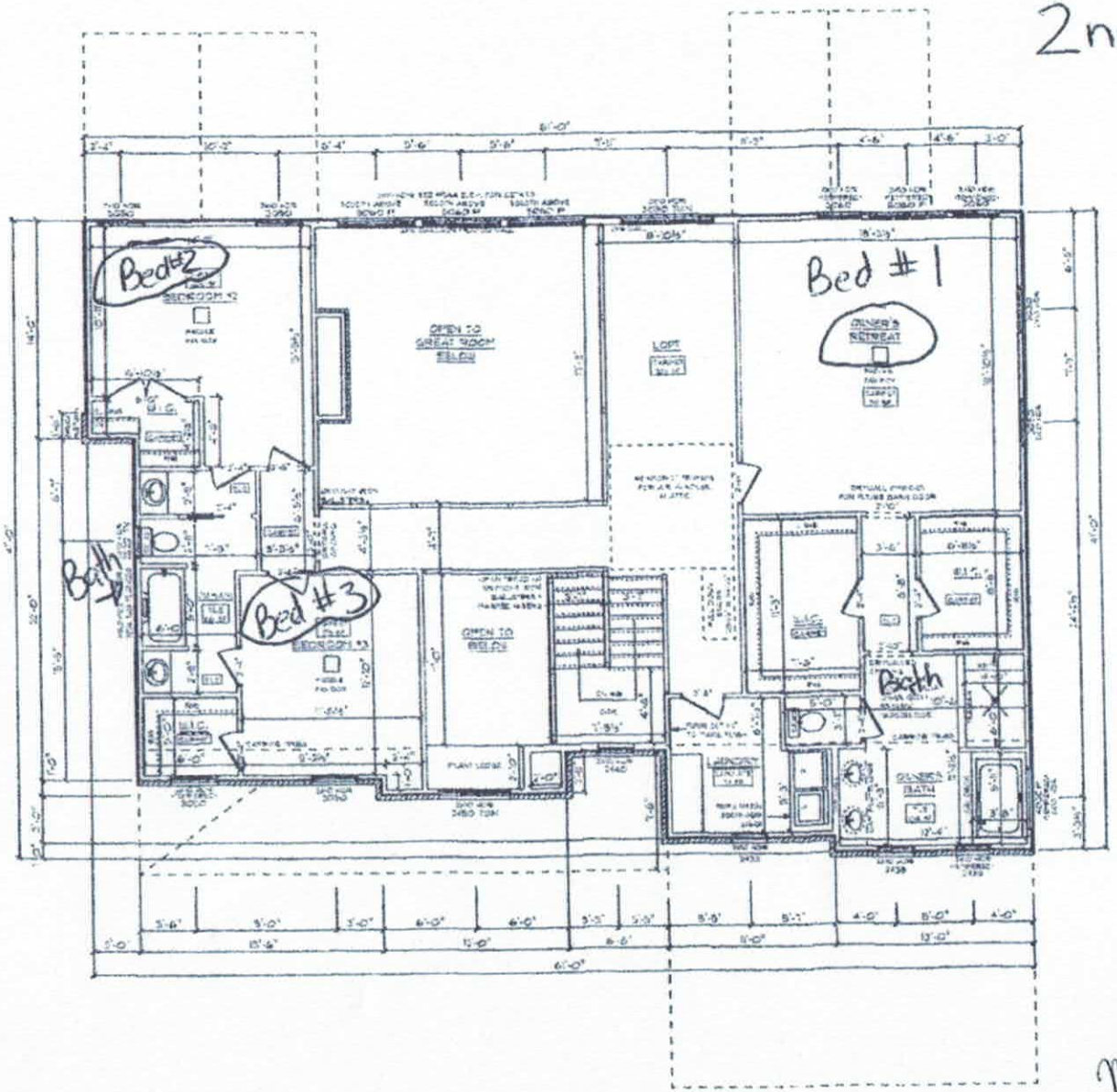
FIREPLACE DETAIL
1/8" = 1'-0"

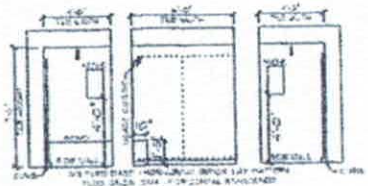


Acknowledgement Of
Plans Submittal ONLY!
Michael Hagan Date 2/12/19
Tom Shuck Date 2/8/19

WINDSOR 1ST FLOOR PLAN
9' CEILING HEIGHT

2nd Floor





A TILED SHOWER DETAIL

GENERAL FRAMING NOTES:
- DOOR/WALL OPENINGS TO BE 6'-8" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE (2) 2"x10" SYP W/ (1) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- 5 1/4" X 1" SUNDRIANCE WOOD FLAT STOCK PAINTED
- 5 1/4" X 1" FLAT STOCK PINE TRIM PAINTED AT BOTH SIDES OF ALL INTERIOR DOORS AND 1" X 8" WOOD FLAT STOCK RETURN TO THE HEADERS OF ALL INTERIOR DOORS
- JAMBS AND CASE MOULD OF 5/4 WOOD FLAT STOCK PINE TRIM PAINTED
- 2-PANEL HOLLOW CORE HEMLOCK DESIGN SWING-TYU MOLDED INTERIOR DOORS
- HOT-MELT VINYL WINDOWS

FLOORING NOTES:
- ALL FLOORING BREAKS UNDER A CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE HOUSE UNLESS OTHERWISE NOTED
- NOTE FLOORING SQUARE FOOTAGES MAY INCLUDE WALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IN THE BATH
- FINISH IS COORDINATED
- FLOORING TO HOMES BATH TO RUN UNDER VANITY AREA

MISC. NOTES:
- HVAC REGISTERS ON SECOND FLOOR SHALL BE PLACED IN THE CEILING
- DRYER VENT LOCATION TO BE DETERMINED IN THE FIELD.

WINDSOR F / CUSTOM
SECOND FLOOR PLAN
9' CEILING HEIGHT

Acknowledgement Of Plans Submittal ONLY!

Michael O Pagano Date 2/12/19

Tom Shuck Date 2/8/19

IREDELL COUNTY

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

APPLICATION NUMBER
223896
Issue Date: 12/19/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626998303.000	154 PALMER MARSH PLACE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SULLIVAN LEONARD H JR	Applicant: JACOBS ONSITE DEVELOPM
Address: 1143 D EXECUTIVE CIRCLE CARY, NC 27511	Address: 165 BROADBILL DR MOORESVILLE, NC 28117
Phone:	Phone: 704-582-9219

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.060	35.00	50.00	15.00	15.00	CACL	AE

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	88650	TOTAL FEES:	$ 77.25