IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242409

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

PIN # 4627404874

APPLICANT/OWNER: Kenneth Bealer Homes APPLICANT ADDRESS: P.O. Box 3398 Mooresville, NC 28117

SITE ADDRESS: 259 Digh Circle Mooresville, NC PHONE: 704 662-6400 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Digh left @ fork on right SAP CONTROLLED: [X] YES [ ] NO

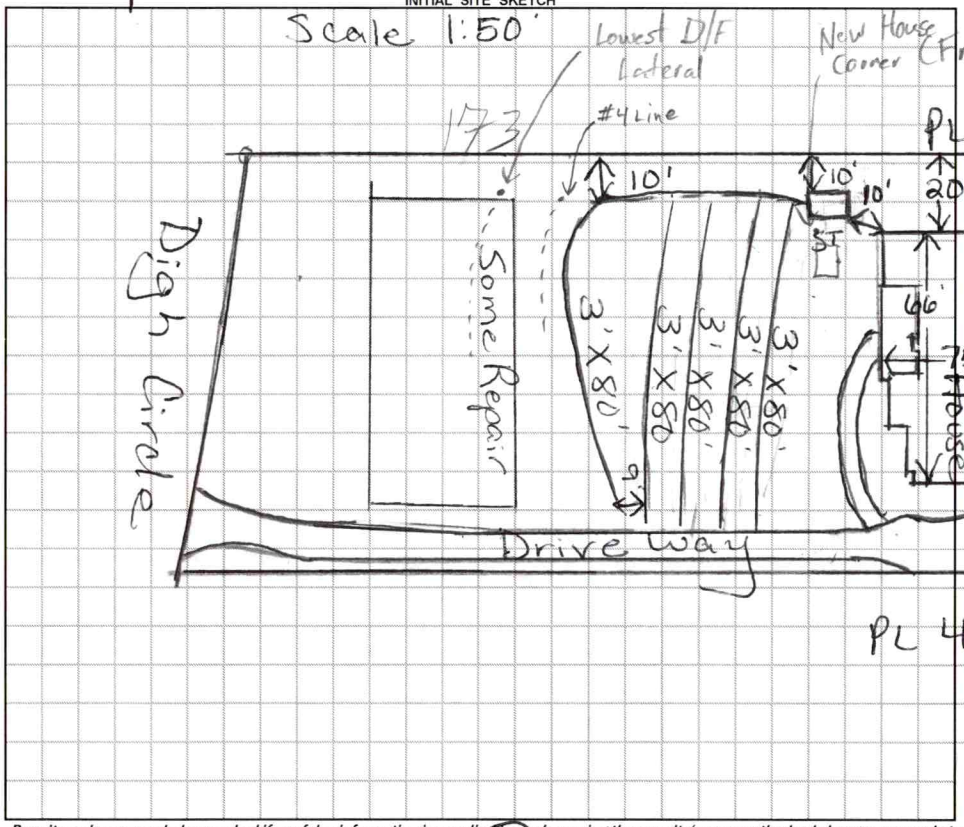
SUBDIVISION: The Farms SECTION: 5 LOT # 628 LOT AREA: 1.04 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	min 1000 (gal)	STB 528	Date 3/12/2019	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction		[ ] Business	No. Persons 8	[ ] Private
Pump Make		Model	Serial #	Repair System Description: LPP PBPS		[ ] Other	No. Employees	[X] Public
# Nitrification Fields 1	# Lines 5 @ 80'	Linear Ft 400'		Maintenance Agreement Required: [ ] YES [X] NO		[ ] Slab	[X] Crawl Space	[X] Community
Trench Width 36"	Trench Bottom Depth (Low side) 24'		Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE		[ ] Basement w/ plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: See HOA guidelines regarding ST Divert Storm/Surface water drainage from Septic

Note: OK to turn ST towards PL (parallel to house).

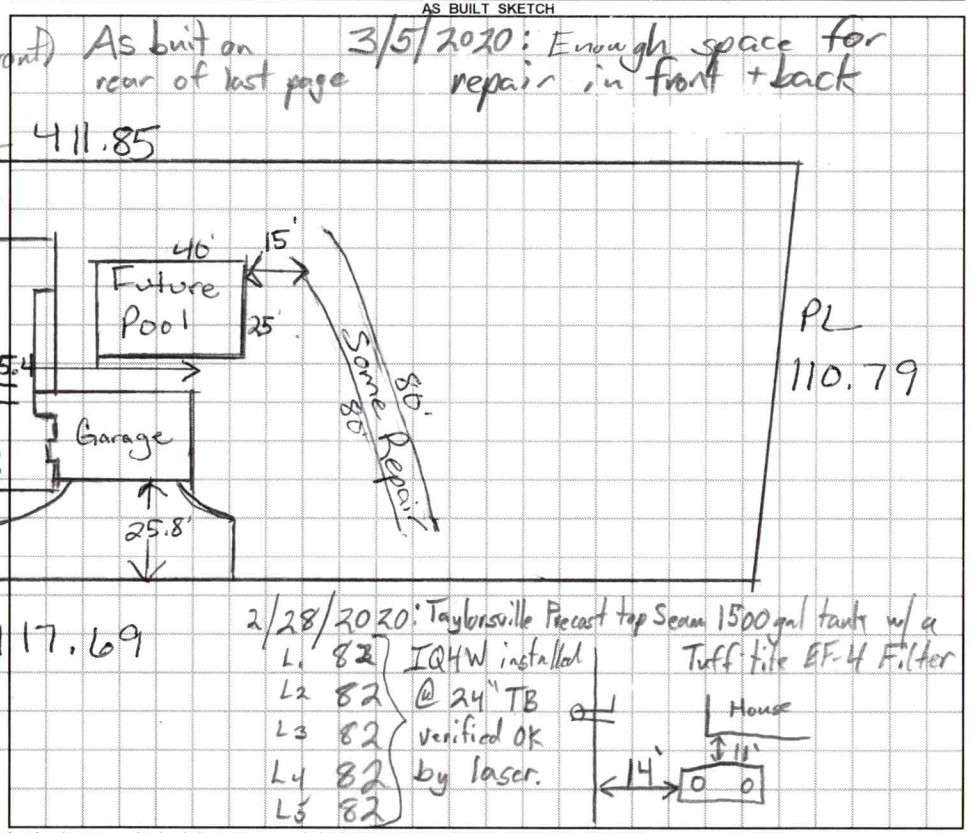
INITIAL SITE SKETCH



AS BUILT SKETCH

As built on rear of last page

3/5/2020: Enough space for repair in front + back



2/28/2020: Taylorsville Precast top Seam 1500 gal tanks w/ a Tuff-Tite EF-4 Filter

L1 82
L2 82
L3 82
L4 82
L5 82

IQ4W installed @ 24" TB verified OK by laser.

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.* [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: Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Maria Nolan Date: 4/24/19 OPERATION PERMIT by: Tom Shuck Date: 3/5/2020

AUTHORIZATION TO CONSTRUCT by: Maria Nolan Date: 4/25/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th[illegible]ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Int, Relay 24404 pd $320

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Kenneth Beder Homes Address: P.O. Box 3398 Zip: 28117
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: June + Bill Lane Address: 12914 Telfaire Meadow Dr Mint Hill Zip: 28227
Owner Email: JLANE1123@gmail.com Phone: 704-236-1915 Alt. Phone: _____

Property Information:

Street Address: 259 Digh Circle, Mooresville, NC 28117
Subdivision Name: The FARM Section/Phase: _____ Lot Number: 620
Driving Directions: BSR - TR McKendree - TR Digh - R+@ Circle on Lt.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

CHECK FOUNDATION TYPE

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

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well (X) 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 (X) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Ken Beader 3/26/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, William + June Lake, am the legal owner(s) of the property located at 259 Digh Cir. Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4627404874, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,
Kenneth Beaker Homes, Inc. 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.

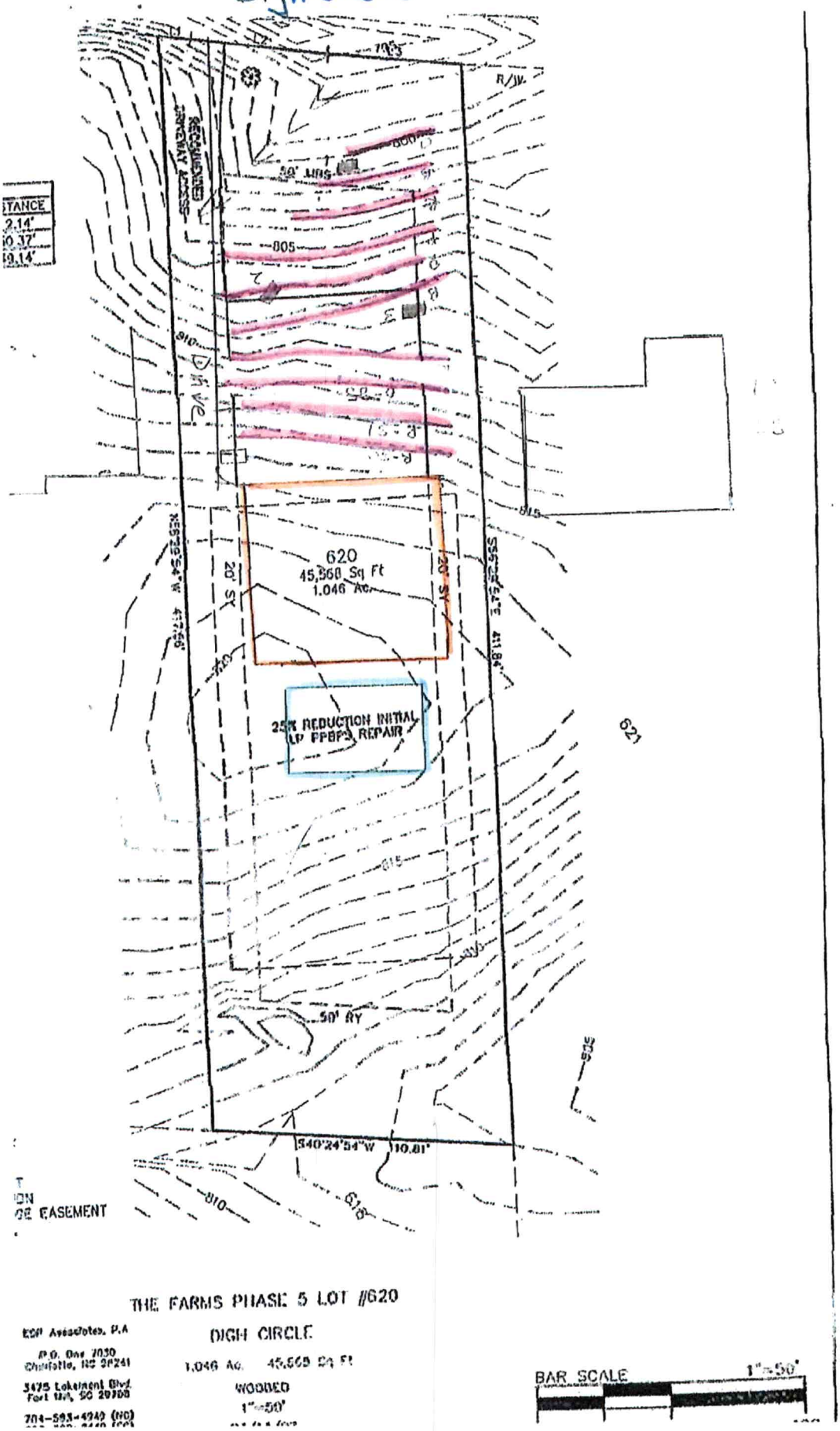
William + June Lake — 3-26-19

Signature of Owner(s) — Date

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

Digh circle



THE FARMS PHASE 5 LOT #620

DIGH CIRCLE

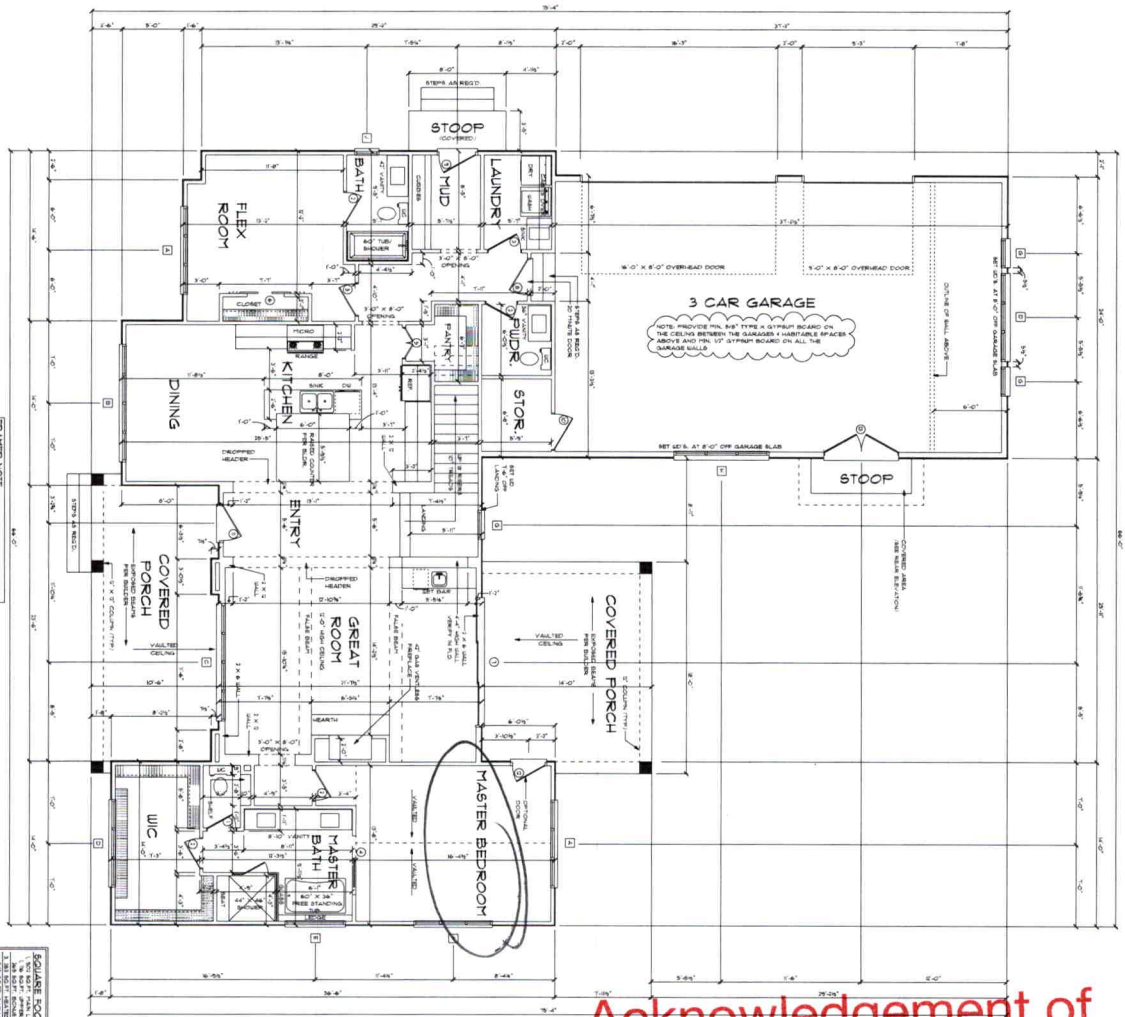
1.046 Ac. 45,568 SQ FT

WOODED

1"=50'

BAR SCALE 1"=50'

ESP Associates, P.A
P.O. Box 7030
Charlotte, NC 28241
3475 Lakemont Blvd
Fort Mill, SC 29708
704-583-4949 (NC)



MAIN LEVEL FLOOR PLAN

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

PRAIHER NOTE

STRESSING ARE DEFINE BEARING TO NEAR OF STOCK
EXTERIOR 2 X 6 WALL @ 16" O.C. BRACING
EXTERIOR 2 X 4 WALL @ 16" O.C. BRACING
5 1/4" FDN 2 X 6 WALL
8" FDN 2 X 8 WALL
INTERIOR WALL
INTERIOR WALL

SQUARE FOOTAGES

1,501 SQ FT	MAIN LEVEL LIVING
1,501 SQ FT	MAIN LEVEL TOTAL
1,501 SQ FT	ROOF LEVEL
1,501 SQ FT	TOTAL LIVING
3,002 SQ FT	TOTAL UNDER ROOF
240 SQ FT	REAR COVERED PORCH
240 SQ FT	FRONT COVERED PORCH
480 SQ FT	TOTAL COVERED
713 SQ FT	REAR STOOP/ GARAGE
713 SQ FT	TOTAL UNDERBED
1,193 SQ FT	TOTAL UNDER ROOF

WINDOW OPENING SCHEDULE

OPENING ID	SIZE	LIBRARY NAME	REMARKS
A	2'-8" x 6'-0" Triple	Window/Double hung	
B	2'-8" x 6'-0" Quad	Window/Double hung	
C	2'-8" x 6'-0" Quad	Window/Double hung	
D	2'-8" x 4'-0" Triple	Window/Double hung	
E	5'-0" x 2'-0" Temp. Glass	Window/Fixed	
F	2'-0" x 1'-0" Triple	Window/Double hung	
G	2'-8" x 4'-0"	Window/Double hung	
H	2'-8" x 2'-8" Triple	Window/Fixed	
J	2'-0" x 4'-0"	Window/Casement	

NOTE: BUILDER TO VERIFY ALL WINDOW/DOOR SIZES ROUGH OPENING, ETC. IF MANUFACTURER PRIOR TO CONSTRUCTION

DOOR OPENING SCHEDULE

OPENING ID	SIZE	LIBRARY NAME	REMARKS
1	2'-4" x 6'-0"	Interior Door/Colonial	
2	2'-6" x 6'-0"	Interior Door/Colonial	
3	2'-6" x 6'-0"	Interior Door/Colonial	
4	2'-6" x 6'-0"	Interior Door/Pocket	
5	(2) 1'-3" x 6'-0"	Interior Door/Colonial	
6	(2) 1'-6" x 6'-8"	Interior Door/Barn Door	
7	5'-0" x 8'-0" Full Glass	Interior Door/Sliding	
8	3'-0" x 6'-0"	Exterior Door/Colonial	30 minute door
9	3'-0" x 6'-0"	Exterior Door/Colonial	Style by Bldr.
10	3'-0" x 6'-0"	Exterior Door/Colonial	
11	3'-0" x 6'-0"	Exterior Door/Arch Glass	Entry Style by Bldr.
12	2'-8" x 6'-0"	Exterior Door/Arch Glass	Optional Style by Bldr.
13	(2) 3'-0" x 6'-0"	Exterior Door/Colonial	Style by Bldr.

GENERAL NOTES:

1. 12" / 0" CEILING HEIGHT UNLESS SPECIFIED OTHERWISE
2. 2 X 6 STUD WALLS UNLESS NOTED OTHERWISE
3. 2 X 6 STUD WALLS @ 16" O.C. UNLESS NOTED OTHERWISE
4. ALL EXTERIOR WALLS TO BE SHEATHED WITH 1/2" OSB SHEATHING
5. ALL INTERIOR WALLS TO BE SHEATHED WITH 1/2" GYPSUM BOARD
6. ALL WALLS TO BE INSULATED WITH R-13 BATT INSULATION UNLESS SPECIFIED OTHERWISE
7. ALL CEILINGS TO BE INSULATED WITH R-38 BATT INSULATION
8. ALL EXTERIOR WALLS TO BE INSULATED WITH R-19 BATT INSULATION
9. ALL INTERIOR WALLS TO BE INSULATED WITH R-13 BATT INSULATION
10. ALL FLOORS TO BE INSULATED WITH R-30 BATT INSULATION
11. ALL CRAWL SPACES TO BE INSULATED WITH R-19 BATT INSULATION
12. ALL CRAWL SPACES TO BE VENTED WITH 1 SQ FT OF VENTILATION PER 150 SQ FT OF CRAWL SPACE
13. ALL CRAWL SPACES TO BE VENTED WITH 1 SQ FT OF VENTILATION PER 300 SQ FT OF CRAWL SPACE WITH VAPOR BARRIER
14. ALL CRAWL SPACES TO BE VENTED WITH 1 SQ FT OF VENTILATION PER 1500 SQ FT OF CRAWL SPACE WITH VAPOR BARRIER
15. ALL CRAWL SPACES TO BE VENTED WITH 1 SQ FT OF VENTILATION PER 1500 SQ FT OF CRAWL SPACE WITH VAPOR BARRIER
16. ALL CRAWL SPACES TO BE VENTED WITH 1 SQ FT OF VENTILATION PER 1500 SQ FT OF CRAWL SPACE WITH VAPOR BARRIER
17. ALL CRAWL SPACES TO BE VENTED WITH 1 SQ FT OF VENTILATION PER 1500 SQ FT OF CRAWL SPACE WITH VAPOR BARRIER
18. ALL CRAWL SPACES TO BE VENTED WITH 1 SQ FT OF VENTILATION PER 1500 SQ FT OF CRAWL SPACE WITH VAPOR BARRIER
19. ALL CRAWL SPACES TO BE VENTED WITH 1 SQ FT OF VENTILATION PER 1500 SQ FT OF CRAWL SPACE WITH VAPOR BARRIER
20. ALL CRAWL SPACES TO BE VENTED WITH 1 SQ FT OF VENTILATION PER 1500 SQ FT OF CRAWL SPACE WITH VAPOR BARRIER

Acknowledgement of Plans Submittal ONLY!

Date 4/25/19

Date 4/25/19

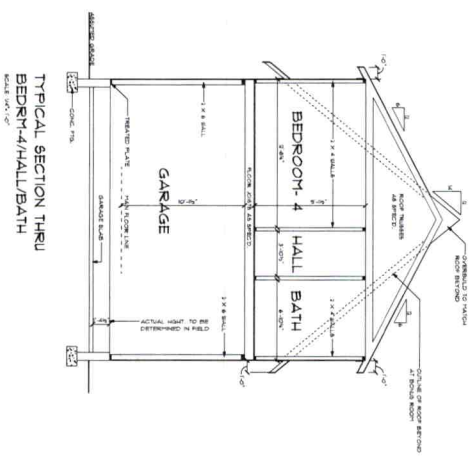
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MICHAEL CHITWOOD, DESIGNER
OFFICE PHONE: (704) 548-1646

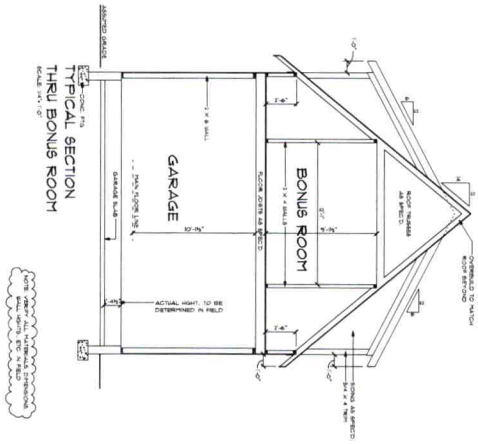
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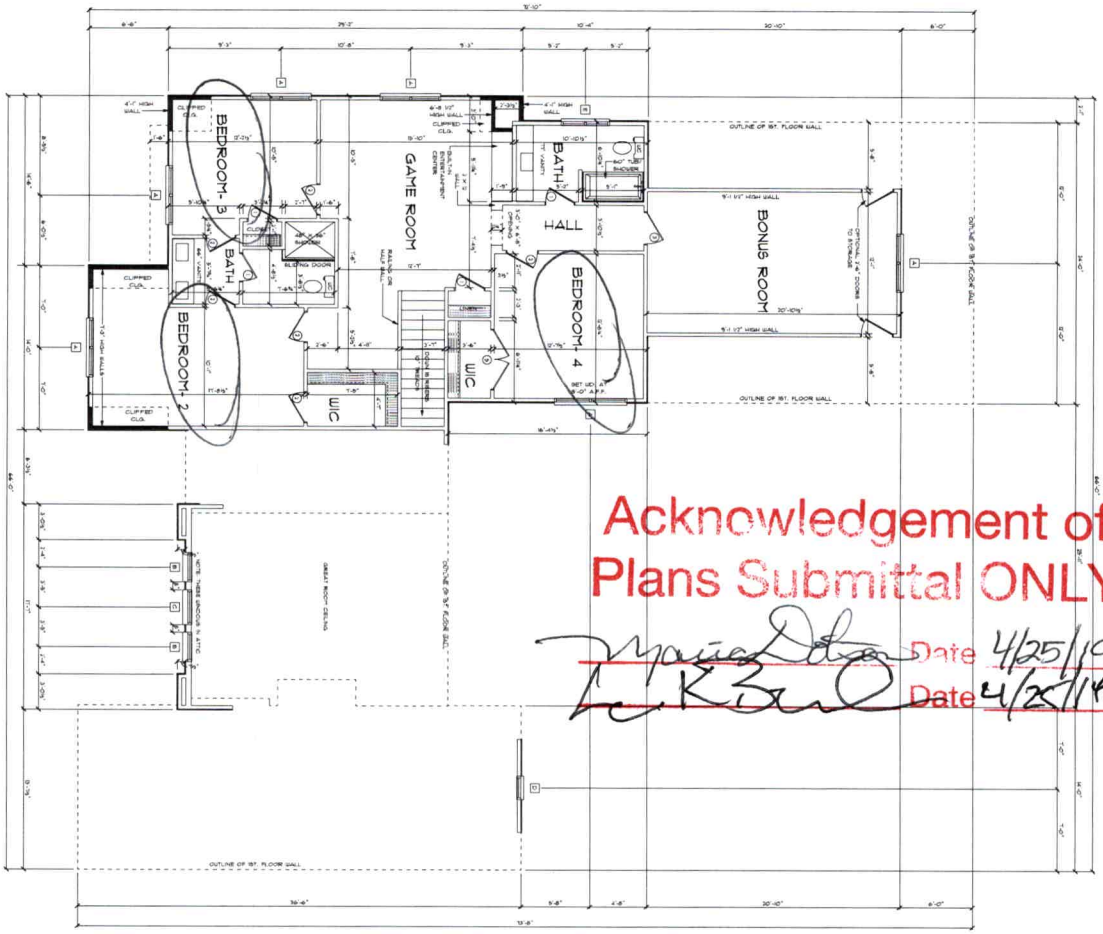
KENNETHBEALERHOMES
General Contracting & Residential Design

259 Digh Circle
Mooresville, North Carolina

ALL BID
Member of Associated Builders & Contractors







Acknowledgement of Plans Submittal ONLY!

Date 4/25/19

Date 4/25/19

WINDOW OPENING SCHEDULE				
OPENING ID	SIZE	LIBRARY NAME		REMARKS
A	3'-0" x 5'-0" Turn	Window/Double Hung	Egress	
B	2'-6" x 2'-0" Fixed	Window/Fixed		
C	3'-0" x 2'-0" Fixed	Window/Fixed		
D	2'-0" x 2'-0" Fixed	Window/Fixed		
E	2'-0" x 3'-0" Turn	Window/Double Hung		

DOOR OPENING SCHEDULE				
OPENING ID	SIZE	LIBRARY NAME		REMARKS
1	2'-4" x 6'-8"	Interior Door/Colonial		
2	2'-6" x 6'-8"	Interior Door/Colonial		
3	2'-8" x 6'-8"	Interior Door/Colonial		
4	(2) 2'-0" x 6'-8"	Interior Door/Colonial		
5	(2) 2'-6" x 6'-8"	Interior Door/Colonial		

FRAMING NOTE
DIMENSIONS ARE OUTSIDE BRACING TO INSIDE OF RISER
EXTERIOR | 2 X 6 WALL @ 16" O.C. PLUS 1/2" BRACING
INTERIOR | 2 X 4 WALL @ 16" O.C. UNLESS NOTED
2 X 12 ROW | 2 X 6 WALL | 2 X 10 (FLOOR JOISTS) UNLESS NOTED
EXTERIOR WALLS
INTERIOR WALLS
STONE WALLS

GENERAL NOTES:
1. ALL CONSTRUCTION TO COMPLY WITH 2012 NORTH CAROLINA RESIDENTIAL CODE
2. SEE ELEVATION SHEETS FOR WINDOW HEIGHTS.
3. ROOF FRAMING: 2 X 10 @ 16" O.C. UNLESS NOTED
4. FLOOR FRAMING: 2 X 10 @ 16" O.C. UNLESS NOTED
5. EXTERIOR WALLS: 2 X 6 @ 16" O.C. WITH 1/2" BRACING PLUS SHEET SIDING
6. ALL DIMENSIONS ARE TO FACE OF FRAMING.
7. CONTRACTOR TO VERIFY ALL DIMENSIONS, ETC. PRIOR TO CONSTRUCTION. DETAILS, DIMENSIONS, ETC. PRIOR TO CONSTRUCTION. DETAILS, DIMENSIONS, ETC. PRIOR TO CONSTRUCTION.
8. STRUCTURAL INFORMATION PERTAINING TO THIS SHEET TO BE PROVIDED BY ENGINEER.
9. ALL CLOSET SHELVING PER OWNER.

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MC House Plan Service
MICHAEL CHITWOOD, DESIGNER
OFFICE PHONE: (704) 548-1040

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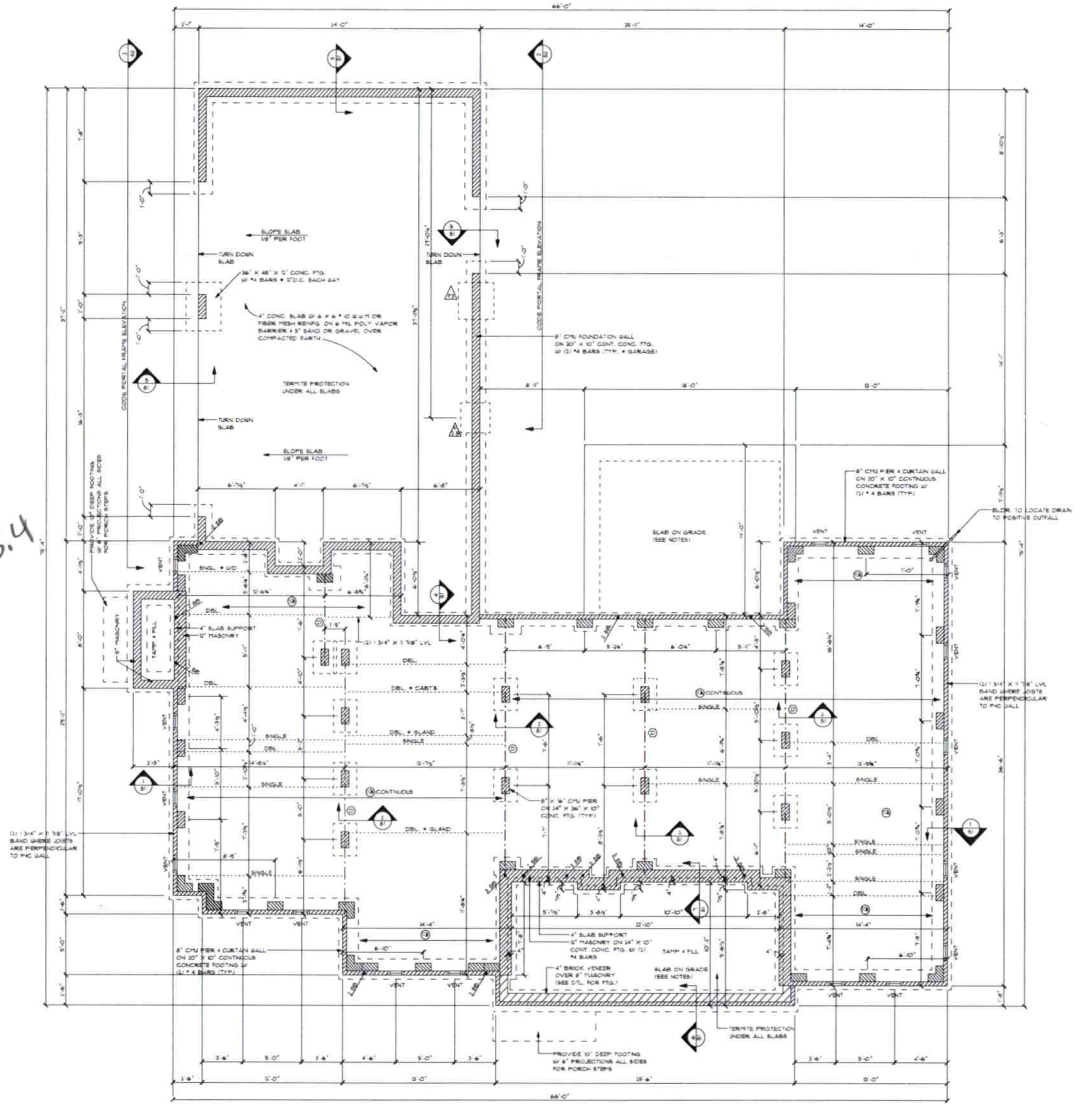
KENNETHBEALERHOMES
General Contracting & Residential Design

259 Digh Circle
Mooresville, North Carolina

AIBD
American Institute of Building Design

66

75.4



FOUNDATION PLAN

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

GENERAL NOTES:

1. 5 1/4" T.S.I. UNLESS SPECIFIED OTHERWISE.
2. JOISTS ARE 9" @ 24" ± GIRDERS 11 7/8", UNLESS SPECIFIED OTHERWISE.
3. MINIMUM CLEARANCES TO GRADE: JOISTS- 18", GIRDERS- 12", WOOD SILLS- 8", SIDING- 6".
4. BUILDER TO LOCATE CRAWL SPACE ACCESS DOOR ON SITE PER GRADE (18" X 24" MIN. AND 36" X 22" SWIN MECHANICAL EQUIPMENT IS LOCATED IN CRAWL SPACE.)
5. TERMITE PROTECTION IS TO BE BY SOIL TREATMENT UNLESS SPECI'D. OTHERWISE. PORCH + GARAGE SLABS ARE TO BE TREATED ALSO.

FOUNDATION NOTES:

1. ALL PERIMETER WALL FOOTINGS SHALL BE CONTINUOUS 20" X 10" MINIMUM WITH (3) #4 REBAR, 3000 PSI CONCRETE U.N.O.
2. ALL INTERIOR THICKENED SLABS SHALL BE 10"D X 18"W.
3. BEARING CAPACITY OF SOIL IS ASSUMED TO BE 3000 PSF.
4. ALL INTERIOR PIERS ARE 8"X16" CMU WITH 24"X24"X10" FOOTINGS U.N.O. FULLY GROUT PIERS 120" TALL UNLESS NOTED OTHERWISE.
5. "SLAB ON GRADE" SHALL CONSIST OF 4" THICK, 3000 PSI CONCRETE WITH FIBERMESH REINFORCEMENT OR 6X6 10.4X10.4 WIF, OVER 6 MIL VAPOR BARRIER OVER 4" CLEAN STONE OVER COMPACTED FILL. IN GARAGES AND DRIVEWAYS INSTALL TOOLED CONTROL JOINTS NO GREATER THAN 15 FEET IN EACH DIRECTION.
6. SHIMS USED BETWEEN MASONRY PIERS AND WOOD GIRDERS SHALL CONSIST OF EITHER SOLID WOOD OR A MINIMUM OF TWO STACKS OF STEEL SHIMS EQUAL IN WIDTH TO THE GIRDER AND FULLY CONTACT AT LEAST 6" THE LENGTH OF THE PIER.

FOOTING SCHEDULE:

F1.5 8'-0"X8'-0"X8"
F2 24"X24"X 8"
F2.5 30"X30"X10"
F3 36"X36"X12" WITH 4 #4 BARS EACH WAY
F3.5 42"X42"X12" WITH 5 #4 BARS EACH WAY

CRAWL SPACE NOTES:

1. "DBL" INDICATES DOUBLE JOISTS
2. RIM BOARDS OR BANDS PARALLEL TO FLOOR FRAMING ARE TO BE DOUBLED.
3. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
4. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR JOISTS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN.

MEMBER SIZE	SIMPSON HANGERS
(2) 2 X 8	LUS 28-2
(2) 2 X 10	LUS 210-2
(2) 1 3/4" x 9 1/4" LVL	HUS 410
(2) 1 3/4" x 7 7/8" LVL	HUS 45
ALL TRIPLE LVL'S	HHUS 5.50/10

5. NOTE: FILL ALL OF THE HOLES IN BEAM HANGERS WITH 8d X 2 1/2" COMMON NAILS (3.0/2" X 0.162") OR 6d X 1 1/2" (2.0" X 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE ON 1 1/2" HANGER NAILS UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 3/4" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
6. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS (WHETHER WOOD OR STEEL) CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 3X4 SQUASH BLOCKS (SIS) OF EQUAL THICKNESS TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND JOISTS BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS ON WHERE "BS" IS INDICATED ON THE PLAN.
7. FRAMER SHOULD MAKE EVERY EFFORT TO STAGGER SEAMS OF PLYWOOD SUBFLOOR A MINIMUM OF 16" AWAY FROM JOIST SPLICES AT PLUMB AND DROPPED GIRDERS IN AREAS WHERE HARDWOOD FLOORING IS TO BE USED.

(3) 3- 2x10 SPF #2 DROPPED GIRDER.

(9) 9 7/8" FWI-40 I-JOISTS @ 16" O.C.

ALL BID
member of American Institute of Building Design

259 Digh Circle
Mooresville, North Carolina

KENNETHBEALERHOMES
* Dynamic Craftsmanship & Professional Design *

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MICHAEL J. DEVITO JR. DESIGNER

DATE: February 2019
DRAWN BY: Michael Devito
JOB NAME: Kenneth Bealer
SHEET NO. 3
OF 8 84-8878

IREDELL COUNTY

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

APPLICATION NUMBER
242409
Issue Date: 02/21/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4627404874.000	259 DIGH CIRCLE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: ~~SALLE MARK P & SANDRA W~~ WOODLAND & WATER VIEW LLC	Applicant: Kenneth Beaver
Address: 157 IREDELL CO, NC 28625	Address:
Phone:	Phone: 704-662-6400

Use Requested	Zone Code
sfd	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.040	35.00	35.00	15.00	15.00	CA	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	168395	TOTAL FEES:	$ 77.25