ICHD–ENVIRONMENTAL HEALTH DIVISION

PTB

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

PERMIT # 243185

PIN # 4627-83-1894

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

APPLICANT/OWNER: IQ Custom Construction | APPLICANT ADDRESS: 890 Edmiston Rd. Mt. Ulla, NC 28125

SITE ADDRESS: 441 Beaten Path Mooresville, NC 28117 | PHONE: 704-578-4951 | ALT. PHONE

SITE DIRECTIONS: BSR → Blume Rd → Beaten Path → Lot on left | SAP CONTROLLED: ☒ YES ☐ NO (Primary)

SUBDIVISION: Shavender's Bluff | SECTION: 1 | LOT # 39 | LOT AREA: 0.7 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	825	Date	9-3-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Drip (3600+ S.F.)
# Nitrification Fields	1	# Lines	6	Linear Ft	360	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth (High/Low side)	24"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE

☒ Residence — No. Bedrooms: 3
☐ Business — No. Persons: 6
☐ Other — No. Employees:
☐ Slab — ☒ Crawl Space
☐ Basement w/plumbing — ☐ Basement w/o plumbing

Water Supply: ☒ Private Existing ☐ Public ☐ Community

Comments / Conditions: * As of site visit on 8/19/19, house already built* Recommend having septic tank pumped every 3-5 years. See floorplans from approval (previous) of

3/28/19.
Though 365 l.f. of line has been laid out, only 360 l.f. need be installed. Recommend having septic tank pumped every 3-5 years.

INITIAL SITE SKETCH

See attached plans from the Oaks Group Dated 8/2/2019
Revised 10/7/2019 (site drawing + design)

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Kathleen Saunders

LSS # 1313

AS BUILT SKETCH

Installed as shown on site plan

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: Bill Burke — Date: 10/8/19 — Installed by: Rowan Septic (Kevin)

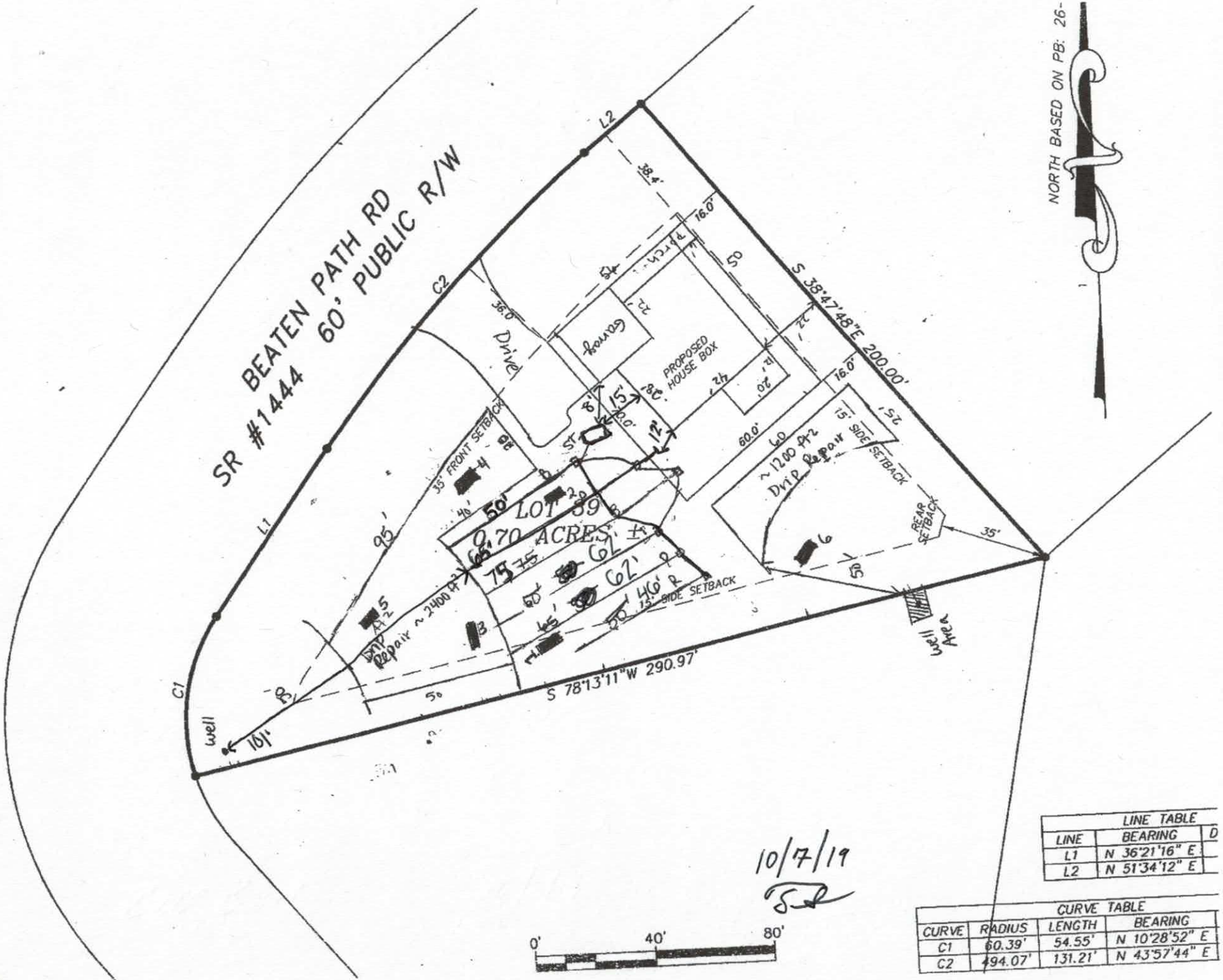
IMPROVEMENT PERMIT by: Tom Shuck — Date: 10/7/19 — OPERATION PERMIT by: Kayla Wilson — Date: 10-11-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck — Date: 10/7/19 — Existing System Inspected by: — Date:

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

CES .

Y



10/7/19

LINE TABLE		
LINE	BEARING	D
L1	N 36°21'16" E	
L2	N 51°34'12" E	

CURVE TABLE			
CURVE	RADIUS	LENGTH	BEARING
C1	60.39'	54.55'	N 10°28'52" E
C2	494.07'	131.21'	N 43°57'44" E

Shavendars Bluff Lot 39 Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	360
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	24"
Maintenance Agreement Required	No
Repair System	**Subsurface Drip**
Total Linear Feet	3600 + sqft
Repair Loading Rate	0.1
Repair trench depth	6"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Blue	25% Reduction	50 endfed
2	System	Orange	25% Reduction	65 endfed
3	System	Blue	25% Reduction	75 endfed
4	System	Pink	25% Reduction	60 endfed
5	System	Orange	25% Reduction	65 endfed
6	System	Red	25% Reduction	50 endfed
				Total System: 360'
				Total Repair: xxx'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Must set tank to achieve gravity flow to uppermost line.

10/7/19

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 441 Beaten Path

Date: August 2, 2019

Attached is the septic specification information required to permit 441 Beaten Path for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: IQ Custom Const — APPLICATION DATE ___
ADDRESS: ___ — DATE EVALUATED: 2/28/19
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 0.7
LOCATION OF SITE: 441 Beaten Path — 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3-5%	0-22	Mo GR SL	FR ns/np	Br				0.25
		22-38	Mo ABK SC	Fi s/p	R; C sap	incl			
		38-48	WK SBK SCL	FR ss/sp	R yel; C sap				
						48+	N/A	N/A	
2	L 3-5%	0-7	Mo GR SL	FR ns/np	Br				0.25 (0.3 w/ 36" TB)
		7-24	Mo ABK C	Fi s/p	R; C sap				
		24-48	WK SBK SCL	FR ss/sp	Multi, C/M SL pockets				
						48+	N/A	N/A	
3	L 3-5%	0-4	Mo GR SL	FR ns/np	Br				0.3
		4-20	WK SBK C	FR ss/sp	R; C sap				
		20-48	MA SL sap	FR ns/np	multi				
						20+	PS	N/A	
4	L 3-5%	0-12	WK GR SL	FR ns/np	Br				0.25 28" TB or shallower
		12-20	Mo GR SCL	FR ss/sp	R				
		20-40	WK ABK C	Fi s/p	R; C sap				
		40-48	MA SL/SCL sap	FR ss/sp	multi	40"	PS	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIg	drip
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: 24" TB

LICENSED SOIL SCIENTIST — KATHLEEN M. SAUNDERS — STATE OF NORTH CAROLINA — SL 2018-114

COMMENTS: ___

Updated Febr The LSS evaluation attached is being submitted pursuant to and meets the requirements of Section 11.(c).

Kathleen Saunders

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: IQ Custom Const
APPLICATION DATE ___
DATE EVALUATED: 2/28/19
ADDRESS: ___
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.7
LOCATION OF SITE: 441 Beaten Path
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	R 0-3%	0-14	moGR SL	FR NS/NP	Br RCsap	30"	N/A	30"	0.1 drip
		14-30	moSBK CL	FR SS/SP					
		30"	Cr						
6	L 5-10%	0-8	moGR SL	FR NS/NP	Br R	20"	N/A	20"	0.1 drip
		8-20	moSBK C	FR SS/SP					
		20+	mottles						

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIg	drip
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ___

COMMENTS: ___

Updat

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114

Sessin Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

24318S
pd
$50

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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

Applicant Information: (PRINT CLEARLY)

Applicant Name: IQ Custom Const Address: _____ Zip: _____
Applicant Email: _____ Phone: _____ Alt. Phone: 704-578-4951
Owner Name: Joseph Howell Address: 441 Beaten Path Rd 28117 Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 441 Beaten Path Mooresville 28117
Subdivision Name: Shavenders Bluff Section/Phase: _____ Lot Number: 39
Driving Directions: Brawley School Rd, Bluone, L Beaten Path, on L

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: 3
Maximum Number of Occupants: 6
( ) Other Addition/Structure: _____

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

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) 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 (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: Kathleen Saunders 8/6/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Session Law

24318 5 PD $500 + $550

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet
Plan on Separate Page to Submit with Application

Applicant Information: (PRINT CLEARLY)

Applicant Name: IQ Custom Const Address: _____ Zip: _____
Applicant Email: _____ Phone: _____ Alt. Phone: 704-578-4951
Owner Name: Joseph Howell Address: 441 Beaten Path Rd 28117 Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 441 Beaten Path Mooresville 28117
Subdivision Name: Shavenders Bluff Section/Phase: _____ Lot Number: 39
Driving Directions: Brawley School Rd, Bluone, L Beaten Path, on L

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
Maximum Number of Bedrooms: 3 kms
Maximum Number of Occupants: 6 kms
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: _____

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: _____ Number of Persons: _____
( ) Multi-connection Well Number of Houses: _____
(X) 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 (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: Kathleen Saunders 3-18-19
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

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, IQ Custom Construction, am the legal owner(s) of the property located at 441 Beaten Path, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) The Oaks Group, 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.

Signature of Owner(s) — Date: 8/2/19

Signature of Witness — Date: 8/2/19

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

igiSign Verified: 4573E310-39D2-4B56-A484-3DA3DAE69E26

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, Joseph Howell + Embry Howell, am the legal owner of the property located at 441 Beaten Path road mooresville, identified as PIN(Parcel Identification Number) 4627-83-1894, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) IQ Custom Construction Inc, Jason Slagle, The Oaks Group, PA, _____, 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.

Embry Martin Howell — Signature of Owner

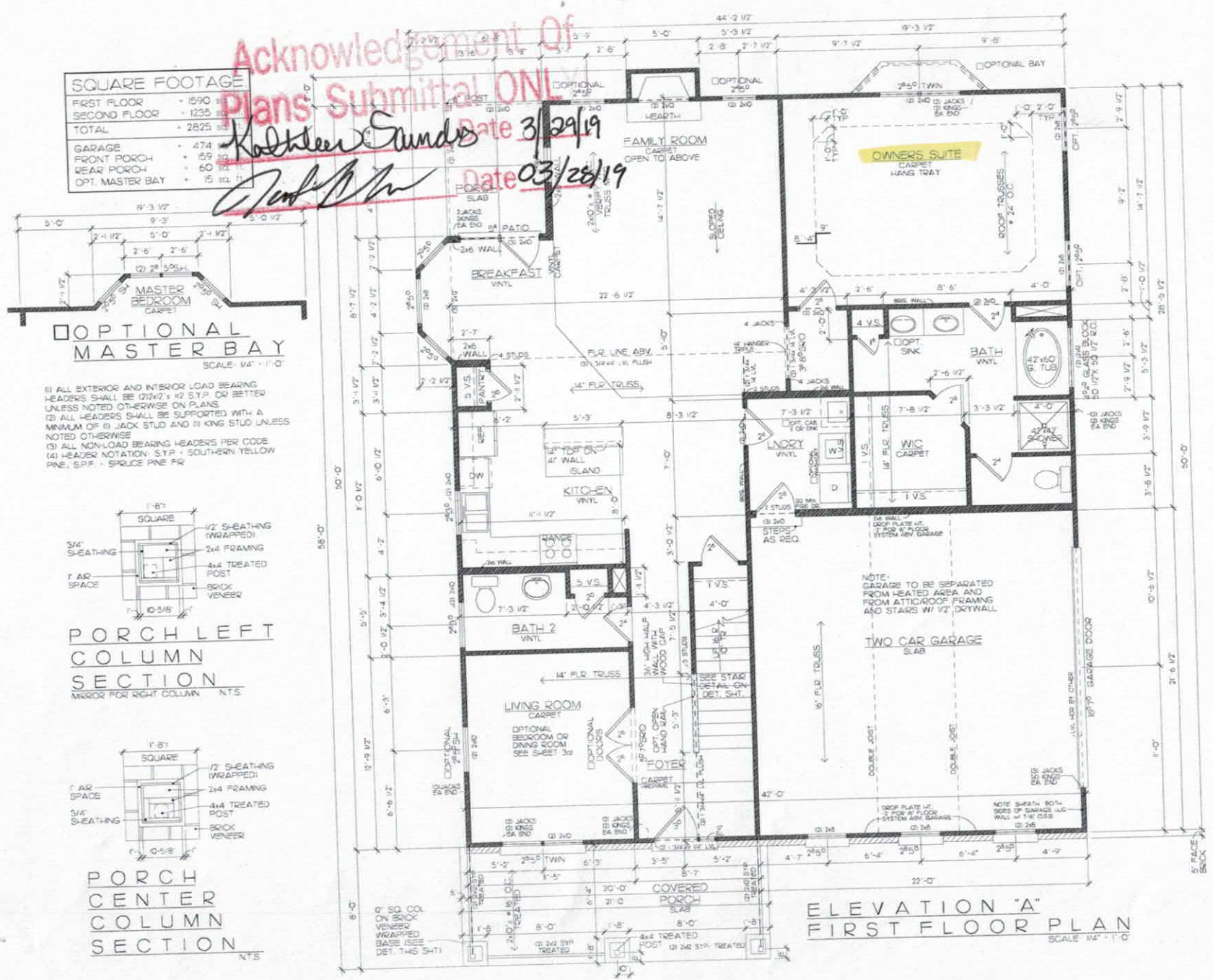
03-12-2019 — Date

Joseph J Howell

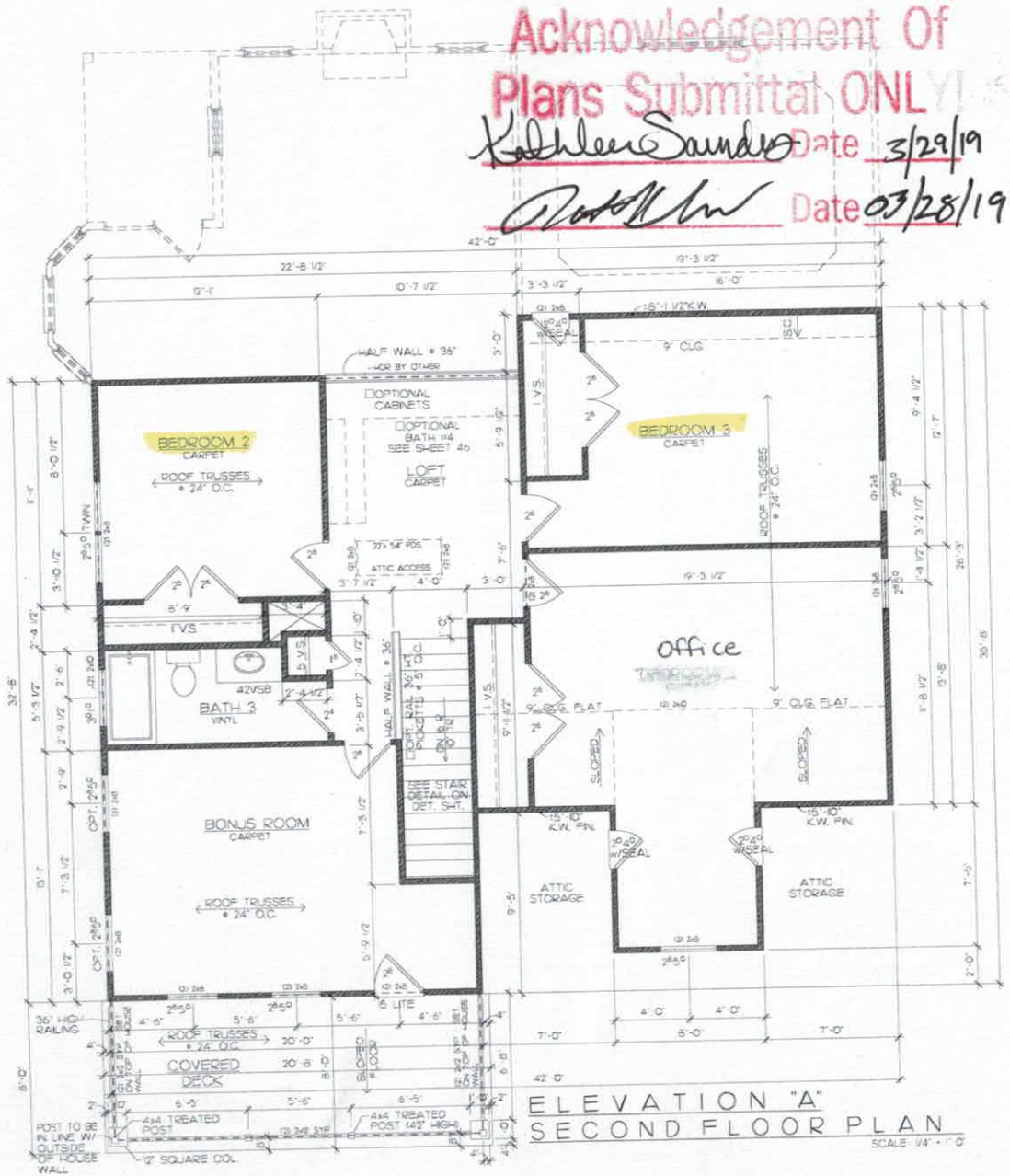
03-12-2019

_____ — Signature of Witness

_____ — Date


Acknowledgement Of
Plans Submittal ONLY
Kathleen Sanders Date 3/29/19
Date 03/28/19
SQUARE FOOTAGE
FIRST FLOOR - 1590 sq. ft.
SECOND FLOOR - 1235 sq. ft.
TOTAL - 2825 sq. ft.
GARAGE - 474 sq. ft.
FRONT PORCH - 159 sq. ft.
REAR PORCH - 60 sq. ft.
OPT. MASTER BAY - 15 sq. ft.
OPTIONAL MASTER BAY
SCALE: 1/4" = 1'-0"
1) ALL EXTERIOR AND INTERIOR LOAD BEARING HEADERS SHALL BE (2)2x12's w/ 2 S.Y.P. OR BETTER UNLESS NOTED OTHERWISE ON PLANS.
(2) ALL HEADERS SHALL BE SUPPORTED WITH A MINIMUM OF (1) JACK STUD AND (1) KING STUD UNLESS NOTED OTHERWISE
(3) ALL NON-LOAD BEARING HEADERS PER CODE
(4) HEADER NOTATION: S.Y.P. - SOUTHERN YELLOW PINE, S.P.F. - SPRUCE PINE FIR
PORCH LEFT COLUMN SECTION
MIRROR FOR RIGHT COLUMN N.T.S.
PORCH CENTER COLUMN SECTION
N.T.S.
FAMILY ROOM
OPEN TO ABOVE
OWNERS SUITE
HANG TRAY
BREAKFAST
KITCHEN
BATH
WIC
LNDRY
BATH 2
LIVING ROOM
OPTIONAL BEDROOM OR DINING ROOM
FOYER
TWO CAR GARAGE
COVERED PORCH
NOTE: GARAGE TO BE SEPARATED FROM HEATED AREA AND FROM ATTIC/ROOF FRAMING AND STAIRS W/ 1/2" DRYWALL
ELEVATION "A"
FIRST FLOOR PLAN
SCALE 1/4" = 1'-0"
Drafting Design
IQ CUSTOM CONSTRUCTION
840 Edmonston Rd Mt. Ulla, NC 28125 Ph: 704-880-5738
PLAN 2825
FIRST FLOOR PLAN
DR. BY: C. BAZARE
Date 4-2-19
REV
PLAN 2825
Sheet
3a

Acknowledgement Of
Plans Submittal ONLY
Kathleen Saunders Date 3/29/19
Date 03/28/19



ELEVATION "A"
SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

ENGINEERING NOTES
(1) ALL EXTERIOR AND INTERIOR LOAD BEARING HEADERS SHALL BE (2)2x12's w/2 S.Y.P. OR BETTER UNLESS NOTED OTHERWISE ON PLANS.
(2) ALL HEADERS SHALL BE SUPPORTED WITH A MINIMUM OF (1) JACK STUD & (1) KING STUD UNLESS NOTED OTHERWISE.
(3) ALL NON-LOAD BEARINGS HEADERS PER CODE.
(4) HEADER NOTATION: S.Y.P. = SOUTHERN YELLOW PINE S.P.F. = SPRUCE PINE FIR

Drafting Board

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IQ CUSTOM CONSTRUCTION
840 Edmiston Rd Mt. Ulla, NC 28125 Ph. 704-660-5738

Project: PLAN 2825
Sheet Title: SECOND FLOOR PLAN

Dr. by: C. BAZARE
Date: 4-2-10
Rev:

PLAN 2825
Sheet
4a

IREDELL COUNTY

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

APPLICATION NUMBER
243185
Issue Date: 03/26/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4627831894.000	441 BEATEN PATH ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HOWELL JOSEPH T	Applicant: THE OAKS GROUP
Address: 2923 MACOMB ST NW	Address: 121 HOLT LN
WASHINGTON, DC 20008	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.700	35.00	35.00	15.00	15.00	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	171764	TOTAL FEES:	$ 77.25