ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305

25 PERMIT # AP310683

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

PIN # 4629 - 63 - 7943 - 93

APPLICANT/OWNER: Daniel Ferriero APPLICANT ADDRESS: 9735 Whitewood Trl charlotte NC 28269

SITE ADDRESS: 131 Sunset Bay Dr Troutman NC 28166 PHONE: 704-430-6376 ALT. PHONE 704-560-3038

SITE DIRECTIONS: NC 115 N to Lon Connector Rd, Lon Cornelius Rd, Ron Jadas Rd, Ron Perth, Lon State Park Rd, Lon Moor, Lon Farm Rd, Ron Sunset Bay, Lot on L SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Sunset Bay SECTION: - LOT # 2 and 3 LOT AREA: 1.402 acres DESIGN FLOW: 480 GPD L.T.A.R.: .3 & .2 15 Repair

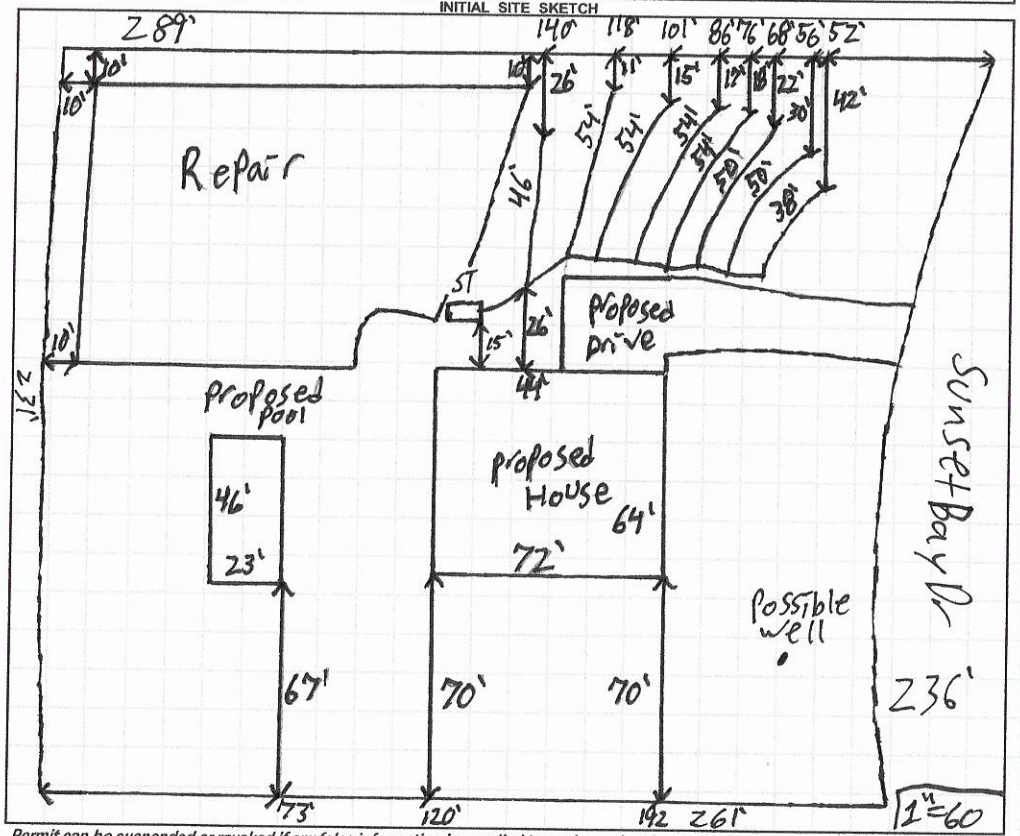
Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II III IV V VI		
Pump Make	—		Model	—	Serial #	—	System Description:	Gravity 25% Reduction	
# Nitrification Fields	1		# Lines	8	Linear Ft:	400	Repair System Description:	LPPIBPS	
Trench Width	36"		Trench Bottom Depth(Low side)	28"	Gravel Depth	—	Maintenance Agreement Required:	☐ YES ☒ NO	
								☒ GRAVITY ☐ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way.

(Lots combined into lot #2)

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.

Installed as Drawn

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: 12/13/2020 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Patrick J Pace III Date: 12/14/2020 OPERATION PERMIT by: [signature] Date: 6-15-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Pace III Date: 12/14/2020 Existing System Inspected by: Date:

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
PROPERTY ID #: 4629637943
COUNTY: Iredell

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

OWNER: Daniel Ferriero
APPLICATION DATE 9/28/2020
ADDRESS: 9735 Whitewood trl Charlotte NC 28269
DATE EVALUATED: 11/10/2020
PROPOSED FACILITY: new single fam PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 1.402
LOCATION OF SITE: 125/131 Sunset Bay Dr
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other community well
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	SS	0-27	Fill	—		0	Lomy sap at 27"	27" of fill	
		27-66	comm mass sap	VFr					
2	SS	0-21	Fill	—		0		paraat Rxat 48"	
		21-48	sandy sap mass						
3	SS	0-8	Fill	—	—	26"	Lomy sap at 26" Lith incl zone throughout	Lomy sap at 26"	
		8-14	SCWSBK	Fr SSSP sexp					
		14-26	CWSBK	Fr SS SP sexp					
		26-73	Lomy sap mass	VFr					
4	SS	0-7	SCLWSBK	Fr SSSP sexp	—	24"	Litho common to lomy sap at 24" lots of parent Rxat bottom	many roots common at bottom parent Rx common at bottom	PS.275
		7-16	CSBK/ABK	Fr SS SP sexp					
		16-24	CLSBK/ABK	Fr SSSP sexp					
		24-72	Lomy sap mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	291
System Type(s)	Gravity 25%	LPP BPS
Site LTAR	.3	.275

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

COMMENTS:

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

PROPERTY ID #: 462963743
COUNTY: Iredell

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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	
5	SS	0-72	Fill						
6	SS	0-8	Topsoil	—	—	30"	Litho inclusions common to Lomy sapric 30"	Manganese common at bottom	PS,3
	2%	8-14	CLSBk	Fr SSSP Sexp					
		14-30	CLSBk	Fr SS SP Sexp					
		30-68	Lomy Sap Mass	VFr					
7	SS	0-9	Topsoil	—	few YBmottles	34"	Litho inclusions common to Lomy sapric 34"	Manganese common at bottom	PS,3
	7%	9-27	CABK/SBk	Fr SSSP Sexp					
		27-34	CLSBk	Fr SSSP Sexp					
		34-70	Lomy Sap Mass	VFr					
8	SS	0-9	Topsoil	—	few YBmottles	50"	Litho inclusions common to Lomy sapric 50"	—	PS,2,3
	9%	9-27	CABK	Fr FI SSSP Sexp					
		27-50	CLSBK/ABk	Fr SSSP Sexp					
		50-72	Lomy Sap Mass	VFr					

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: _____

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

PROPERTY ID #: 4629637943
COUNTY: Iredell

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

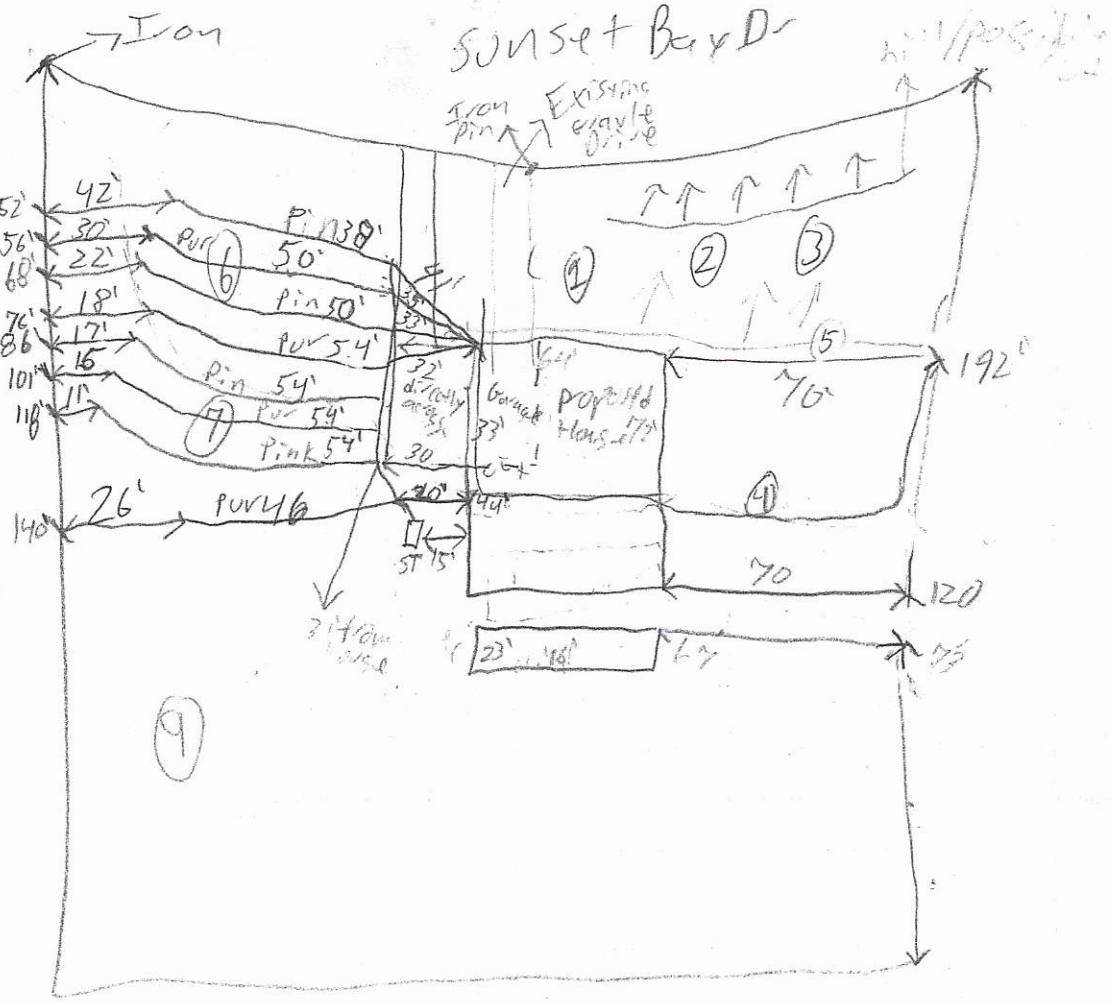
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .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	SS 7%	0-17	SCL WSBlc	Fr SSSP Sexp	Some chroma Sandy inclusions	41"	Litho Inclusions to Loamy Sap at 41"	Large Rocks scattered throughout	PS.275
		17-24	C SBlc	Fr SSP Sexp					
		24-41	CL WSBlc	Fr SSSP Sexp					
		41-66	Loamy Sap mass	VFr					
2									
3									
4									

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: _____



480 ÷ 3 =>
=> 1600 ÷ 3 =>
=> 533 X .75
=> 400

480 ÷ 2.75 =>
=> 1746 ÷ 3 =>
=> 582 X .5
=> 291'

Kelly
704-718-903

354
46

RECEIVED OCT 14 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-310683 $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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
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: DANIEL FERRIERO Address: 9735 Whitewood Trl. Char NC Zip: 28269
Applicant Email: daniel.ferriero@cms.k12.nc.us Phone: 704-430-6376 Alt. Phone: 704-560-3038
Owner Name: DANIEL FERRIERO Address: 9735 Whitewood Trl. Char NC Zip: 28269
Owner Email: daniel.ferriero@cms.k12.nc.us Phone: 704-430-6376 Alt. Phone: 980-343-0631

Property Information:

Street Address: 125 / 131 SUNSET BAY DRIVE
Subdivision Name: SUNSET BAY Section/Phase: _____ Lot Number: 2/3
Driving Directions: EXIT 42 (I77) TO HWY 21 TO WAGNER/PERTH Rd - Right ON TO STATE PARK Rd, LEFT ON MORRISON FARM Rd Right TO SUNSET BAY Drive

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: 4
(X) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2400 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE
(X) 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 (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 (X) 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: _____ 9/28/2020
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)

X **1. * APPLICANT AND OWNER ARE THE SAME. *** (Sign here) Daniel J Ferriero

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.

X **2.** I, DANIEL J FERRIERO, am the legal owner(s) of the property located at 125 /131 SUNSET BAY DRIVE, TROUTMAN, identified as

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

I do hereby authorize **(print legal representative/company name)** KEITH ALLISON, 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.

Daniel J Ferriero
Signature of Owner(s)

9/28/2020
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

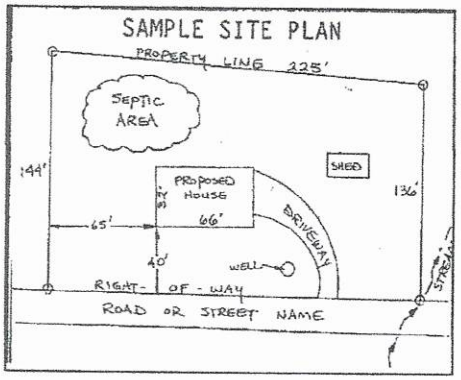
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH 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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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**

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

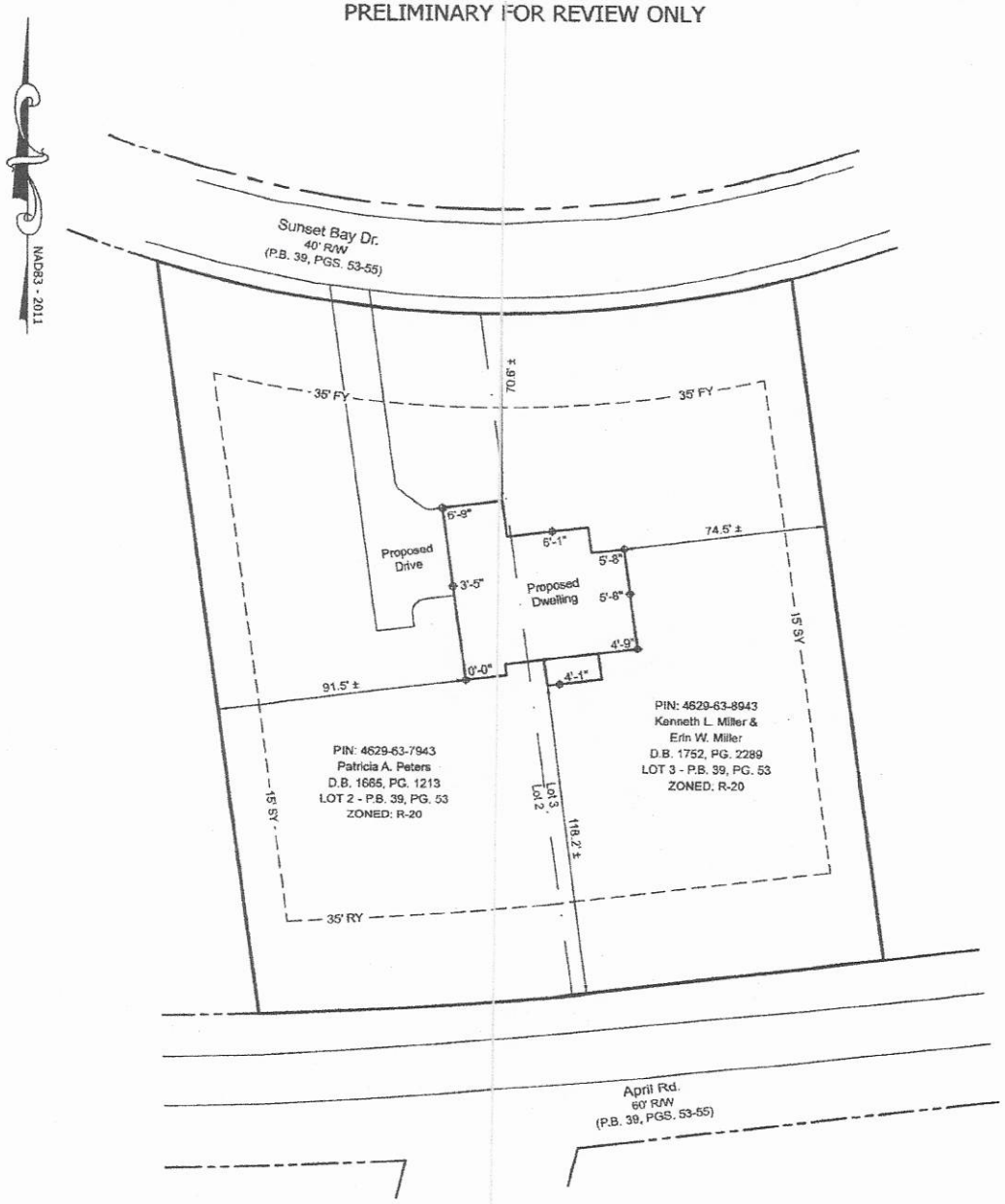
Signature: _____

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

9/28/2020

DATE

PRELIMINARY FOR REVIEW ONLY



REFERENCE:

BEING ALL OF LOTS 2 & 3 - SUNSET BAY SUBDIVISION - AS RECORDED IN P.B. 39, PGS. 53-55 - IREDELL COUNTY REGISTRY.

PROPERTY IS SUBJECT TO RESTRICTIVE COVENANTS LISTED IN D.B. 1337 - PG. 2089, D.B. 1620 - PG. 1288, & D.B. 1806 - PG. 873.

SETBACKS:

PROPERTY ZONED: R-20 (IREDELL COUNTY)

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) AS RECORDED IN P.B. 39, PGS. 53-55.

PROPERTY LIES WITHIN THE WS-IV CA WATERSHED OVERLAY

NOTES:

AT THE TIME OF THIS PLOT PLAN LOTS 2 & 3 HAVE NOT BEEN COMBINED.

0 40 80 120

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

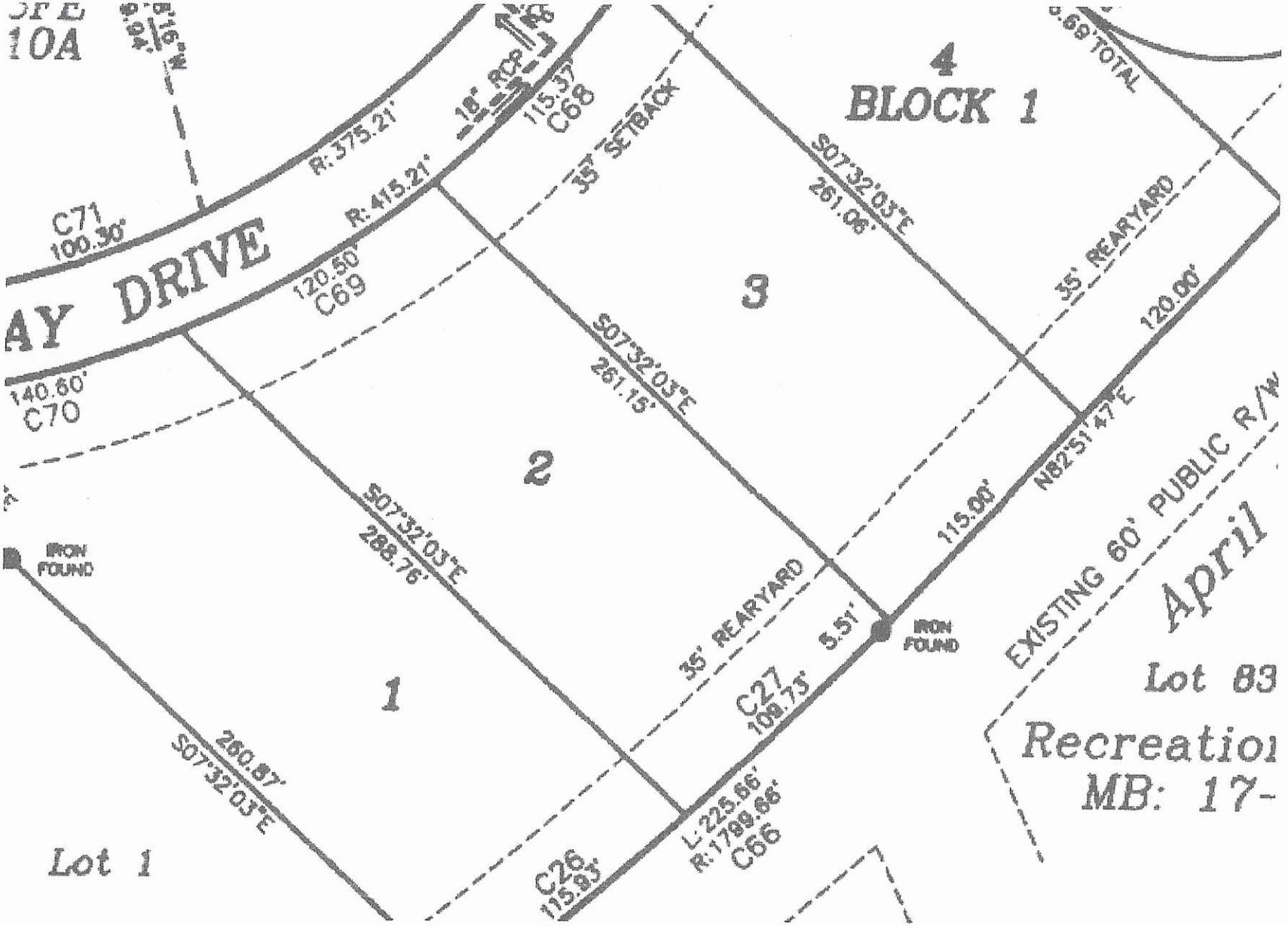
JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

Plot Plan For:

Ferriero

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 40'	
DEED REF: 1665 - 1213 & 1752 - 2289	PIN NO: 4629-63-8943 & 4629-63-7943
DATE OF MAP: 10-02-20	SURVEY DATE: 10-01-20
REVISION:	DRAWING FILE: 20200909-2

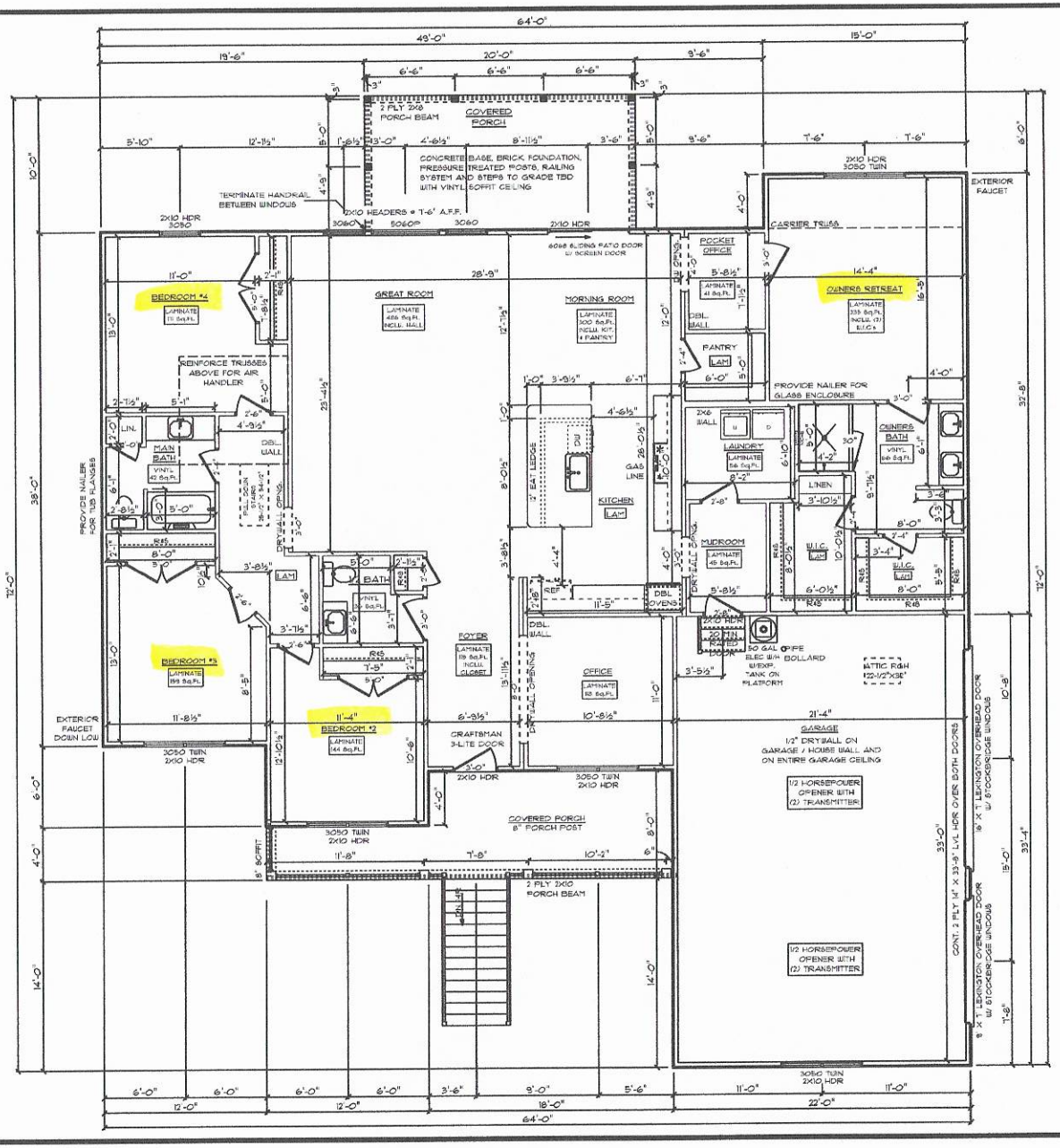
125 & 131 Sunset Bay Dr, Troutman, NC 28166
Davidson TWSP - Iredell County - North Carolina


10A
AY DRIVE
C71
100.30'
R: 375.21'
R: 415.21'
18" RCP
115.37'
C68
35' SETBACK
4
BLOCK 1
S07°32'03"E
261.06'
0.69' TOTAL
35' REARYARD
120.00'
120.50'
C69
3
S07°32'03"E
261.15'
140.60'
C70
2
N82°51'47"E
115.00'
EXISTING 60' PUBLIC R/W
April
S07°32'03"E
288.76'
IRON FOUND
35' REARYARD
C27
109.73'
5.51'
IRON FOUND
Lot 83
Recreatio
MB: 17-
1
260.87'
S07°32'03"E
L: 225.66'
R: 1799.66'
C66
Lot 1
C26
115.93'

Acknowledgement Of
Plans Submittal ONLY

Date 12/15/20

Date 12/14/2020



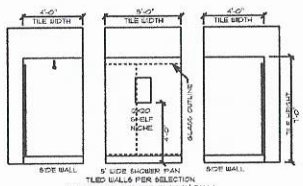
GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 6'-8" HEIGHT UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (1) KING (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 2-PANEL SQUARE HOLLOW CORE MOLDED INTERIOR DOORS
- SILVERLINE, SINGLE-HUNG, LOW-E VINYL WINDOWS W/ SOLAR GLAZING

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
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.



5'X4' TILED SHOWER DETAIL
MEMBRANE WATERPROOFING ON WALLS

CHARLESTON MODERN FARMHOUSE / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

PRECON NOTES:
- HALF BATH DW OPENING REMOVED FOR LARGER 36" DOOR TO WORK
- OWNER'S RETREAT SHOWER AND MAIN BATH TUB ARE NOT ON OUTSIDE WALLS FOR TRANSOM WINDOWS

SQUARE FOOTAGES:
- MAIN FLOOR = 3,487 SQFT
- GARAGE = 740 SQFT
- FDN/CRAWL = 3403 SQFT
- PORCHES = 393 SQFT

CUSTOM BUILT FOR: DANIEL FERREIRO
JOB #: LOT: LOT 89
LOCATION: 131 SUNSET BAY DRIVE TROUTMAN, NC IREDELL COUNTY

DRAWN BY: DMS
DATE: 12/2/2020
SCALE: 1/8"
DWG #: 6

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Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3492
www.schumacherhomes.com
SCHUMACHER HOMES

IREDELL COUNTY · NC

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

APPLICATION NUMBER
310683 Issue Date: 09/04/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629637943.000	131 SUNSET BAY DR	Iredell County

Owner Information	Applicant Information
Name: PETERS PATRICIA A	Name: DANIEL FERRIERO
Address:	Address: 9735 WHITEWOOD TRAIL
	CHARLOTTE , NC 28269
Phone:	Phone: (704)430-6376

Use Requested	Zone Code
Single Family Dwelling	R-20

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

Remarks
SFD

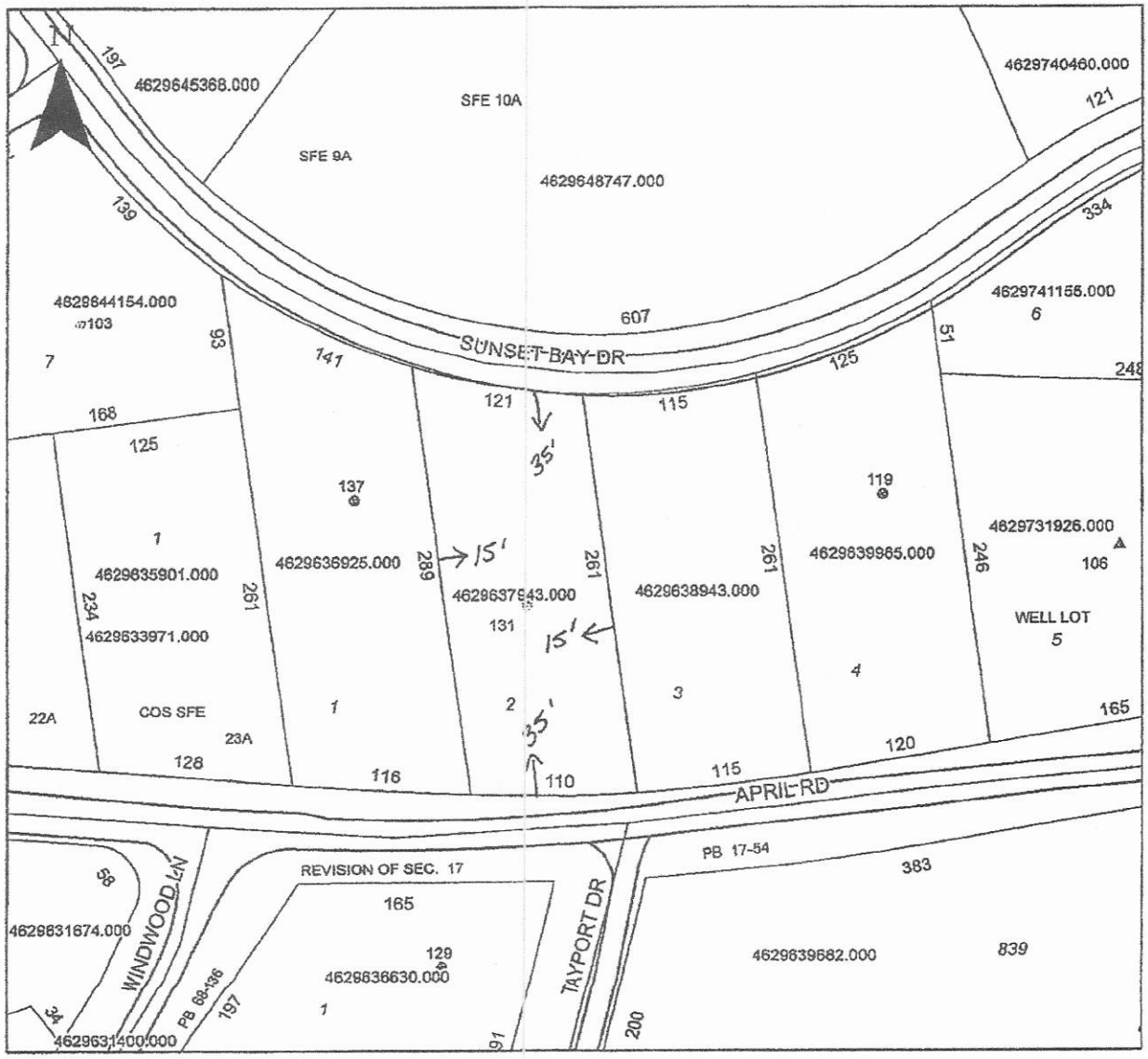
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 09/08/2020

Signature of Owner/Contractor

Permit Number	310683	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 131 Sunset Bay Dr.

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Daniel J Finn

Applicant

9/5/2020

Date