IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # AP-302298

PIN # 4629858319

APPLICANT/OWNER: LISA BALLARD + MICHAEL CRABTREE APPLICANT ADDRESS: 114 ROUND KEEP LANE, MOORESVILLE, N.C. 28117

SITE ADDRESS: 428 STILLWATER ROAD, TROUTMAN, N.C. 28166 PHONE: 704-608-6861 ALT. PHONE 704-574-9483

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATEPARK, (L) ON MORRISON FARM (L) ON STILLWATER, (OTON (R)

SUBDIVISION: FALLS PARK SECTION: PHA LOT # 8 LOT AREA: 1.068 AC SAP CONTROLLED: ☐ YES ☑ NO

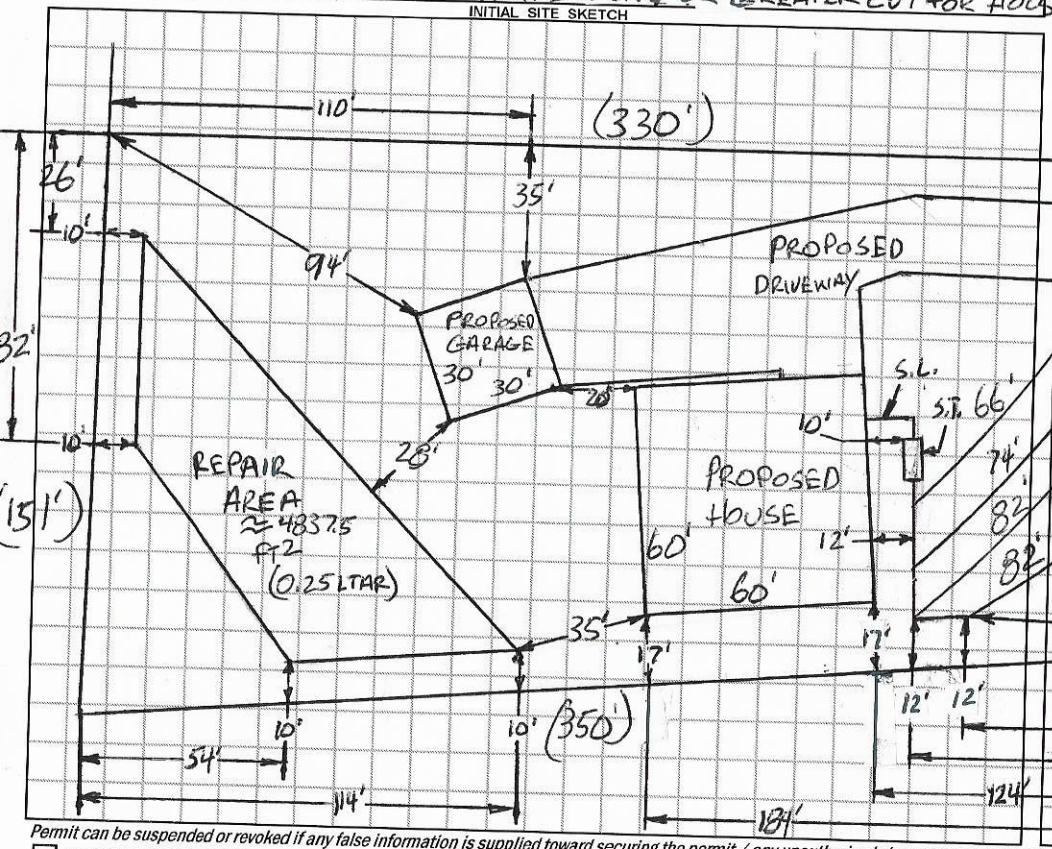
DESIGN FLOW: 360GPD L.T.A.R. 0.3 (0.25 REPAIR)

Septic Tank	1000 (gal)	STB	Infiltrator	Date	IM-1060	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	24 IN	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

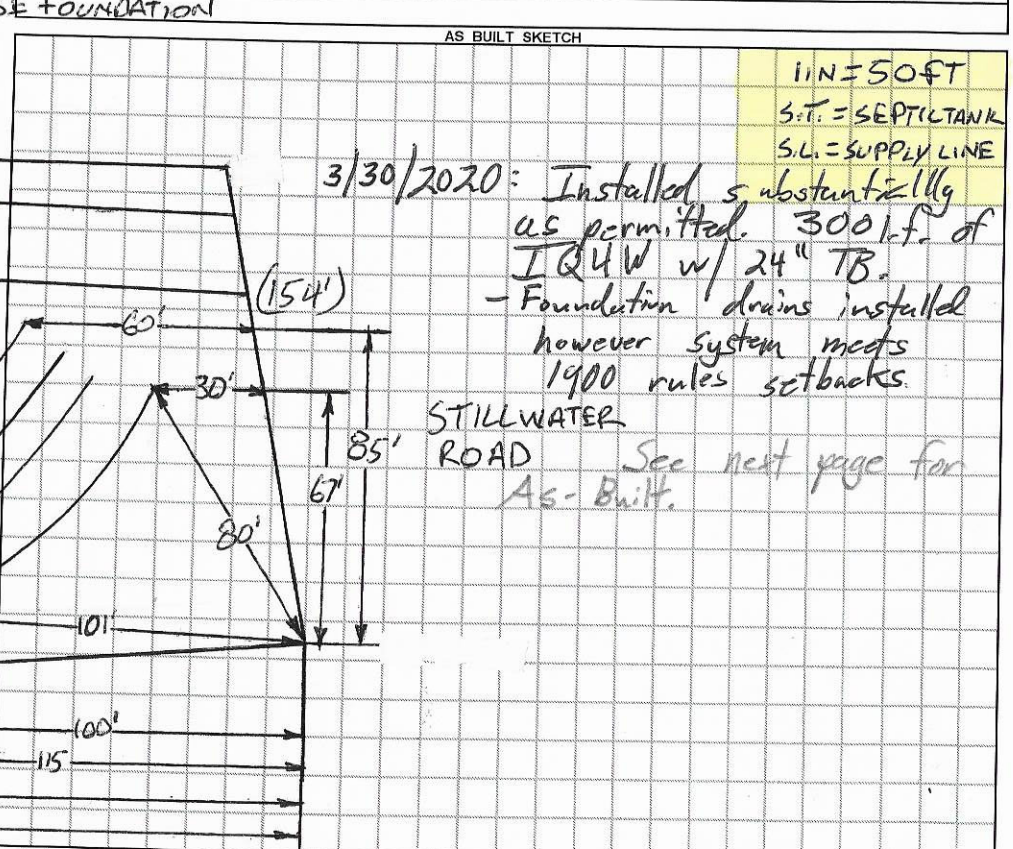
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT INSTALL FOUNDATION DRAIN ON HOUSE, DO NOT MAKE A 2FT OR GREATER CUT FOR HOUSE FOUNDATION

INITIAL SITE SKETCH



AS BUILT SKETCH



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.*

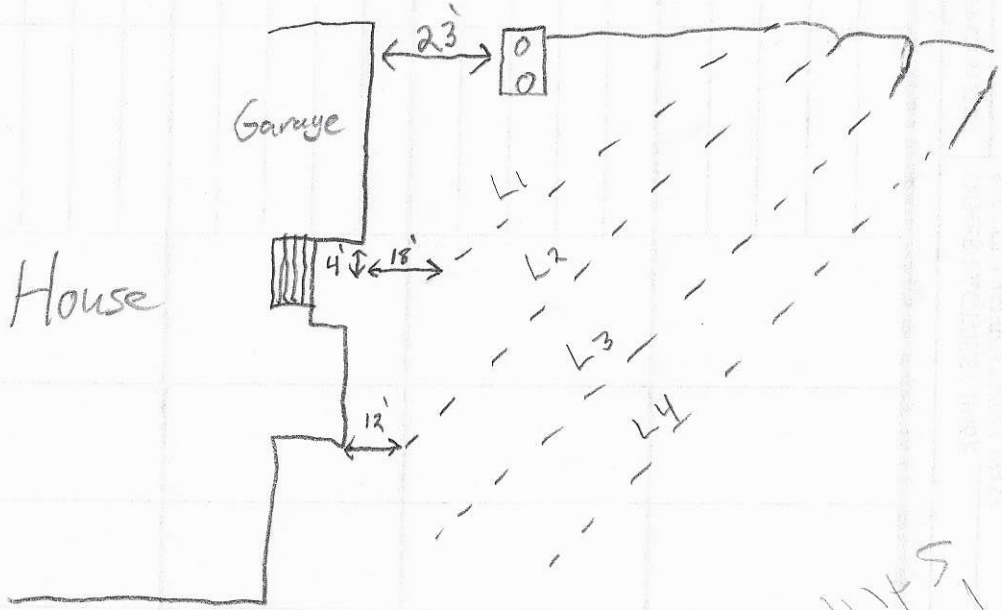
Owner / Applicant Signature: [signature] Date: 12-10-19 Installed by: Brett Bass (Bass Grading)

IMPROVEMENT PERMIT by: Burgent C. White Date: 12-10-19 OPERATION PERMIT by: Tom Shuck Date: 3/30/2020

AUTHORIZATION TO CONSTRUCT by: Burgent C. White Date: 12-10-19 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.

		1
L_1	12	50
L_2	20	82
L_3	21	86
L_4	20	82
		300



THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 428 Stillwater Road

Date: September 27, 2016

Attached is the septic specification information required to permit 428 Stillwater Rd for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD 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, including soil descriptions, before permitting and/or septic system installation.

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

Kathleen Saunders

APPROVED OCT 14 2016
BA

Lot 8 Falls Park Subdivision Fast Track - The Oaks Group, PA

Number of Bedrooms	**5**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**600**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	500
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1500 gallon tank
Max Trench Bottom Depth (Low Side)	24 inches
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	514
Repair Loading Rate	0.25

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	65
2	Repair	Blue	LP PPBPS	80
3	Repair	Orange	LP PPBPS	107
4	Repair	Red	LP PPBPS	132
5	Repair	Orange	LP PPBPS	130
6	**System**	**Red**	**25% Reduction**	**125 endfed**
7	**System**	**Orange**	**25% Reduction**	**100 endfed**
8	**System**	**Blue**	**25% Reduction**	**110 endfed**
9	**System**	**Pink**	**25% Reduction**	**90 endfed**
10	**System**	**Red**	**25% Reduction**	**75 endfed**
				Total System: 500'
				Total Repair: 514'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Remove berms to prevent ponding

On-site Wastewater Section

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Lot #: 8
File #:
AppID:

APPROVED OCT 14 2016

Owner: Falls Park, LLC
Address: 428 Stillwater Rd
Proposed Facility: SFR Design Flow (.1949) ~~480~~ 600
Location of Site: Lot B Falls Park S/D

Applicant:
Date Evaluated: 5/6/14
Property Size: 1.068 Ac
Property Recorded: post 81

Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 – 1941 Structure/ Texture	1941 Consistence/ Mineralogy	b PROFILE FACTORS – 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	L	0-27	Mo SBK C	FR SS/SP	Red	48+	N/A	N/A	0.3
		27-48	WK SBK C	FR SS/SP	Red; C sap				
2	L 8%	0-12	MO SBK C	FR SS/SP	Red	45+	N/A	N/A	0.3
		12-45	WK SBK C	FR SS/SP	4 Red; F/C WR & sap				
3	L 8%	0-30	Mo SBK C	FR SS/SP	Red	48+	N/A	N/A	0.25
		30-48	WK SBK C	Fi SS/SP	Red; F/C yel Br				
4	L	0-10	WK SBK SCL	FR SS/SP	Br	48+	N/A	N/A	0.3
		10-27	Mo SBK C	FR SS/SP	Red				
		27-48	WK SBK C	FR SS/SP	Red; C yel Br sap				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LPPPBPS
Site LTAR	0.3	0.25

Other Factors (.1946): Remove Berms
Soil Evaluation By: KMS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present:

Septic area will need some slight shaping

Back yard

On-site Wastewater Section

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Lot #: Lot 5
File #:
AppID:

APPROVED OCT 14 2016

Owner: Falls Park LLC
Address:
Proposed Facility: Design Flow (.1949)
Location of Site: Lot 8

Applicant:
Date Evaluated:
Property Size:
Property Recorded:

Water Supply: [ ] Public [ ] Individual [ ] 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		b. PROFILE FACTORS				Profile Class & LTAR
			1941 Structure/ Texture	1941 Consistence Mineralogy	1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr. Horiz.	
5	L AH 8%	0-40	Mo SBKC	FR SS/SP	Red; F Sap	Sap 50+	N/A	N/A	0.3
		40-50	WK SBKCL	FR SS/SP	Red; F Mica, C				
6	L	0-6	Mo GRSL	FR NS/NP	Br	F yelBr 48+	N/A	N/A	0.25
		6-18	WK SBKSCL	FR SS/SP	R Br				
		18-48	Mo SBKC	FR SS/SP	Red; F Sap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

APPROVED OCT 1 4 2016

BA

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

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Falls Park
ADDRESS: _____
APPLICATION DATE _____
DATE EVALUATED: 9/29/16
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: _____
LOCATION OF SITE: Lot 8
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
A	L ~10%	0-15	WK SBK SCL	FR SS/SP	RBr	48+	N/A	N/A	0.3
		15-26	Mo SBK C	↓	R; F Sap				
		26-48	WK SBK SCL	↓	R; C Sap				
B	L 8%	0-8	WK SBK SCL	FR SS/SP	R Br	45+	N/A	N/A	0.3
		8-23	Mo SBK C	↓	R; F Sap				
		23-45	WK SBK CL	↓	R; C Sap				
		45-48	MA L Sap	↓	Yel R				

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: _____

Bryant

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* AP-302298

11-1-19

#217705

(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

****

$320.00

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
LISA N. Bullard	Mooresville, NC 28117 114 Round Keep Lane	704-574-9483	704-608-6861
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
LISA N. Bullard Michael Crabtree	114 Round Keep Lane	704-574-9483	704-608-6861

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
428 Stillwater Rd Troutman NC 28166	Falls Park	#8

Driving Directions: State Park Rd To Morrison Farm Rd Turn left on Dogwood, Turn Right on Stillwater, on right Lot #8

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

- X New, Single Family Residence — Maximum Number of Bedrooms 3 — X Crawl Space Foundation?
- ( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
- ( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
- ( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
- ( ) Other _____

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 X City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative X Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes X No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes X No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Lisa N. Bullard Michael L Crabtree 10-31-15

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

X **Property Line measurements are clearly identified…** X **All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

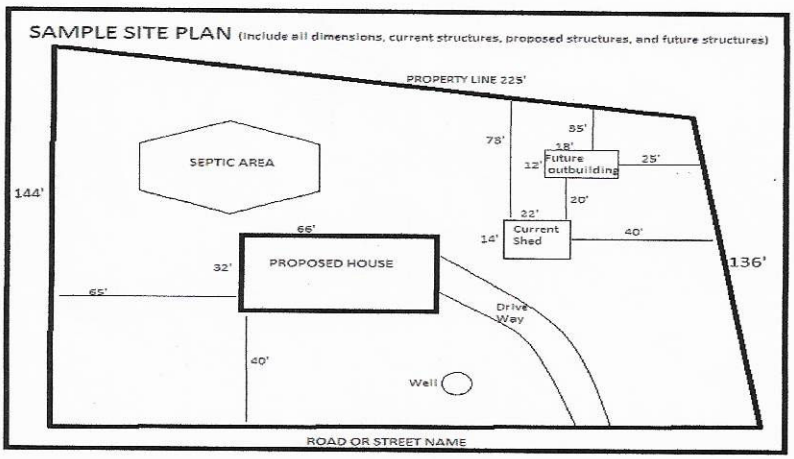
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

X **Area you prefer your septic system to be placed…** X **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

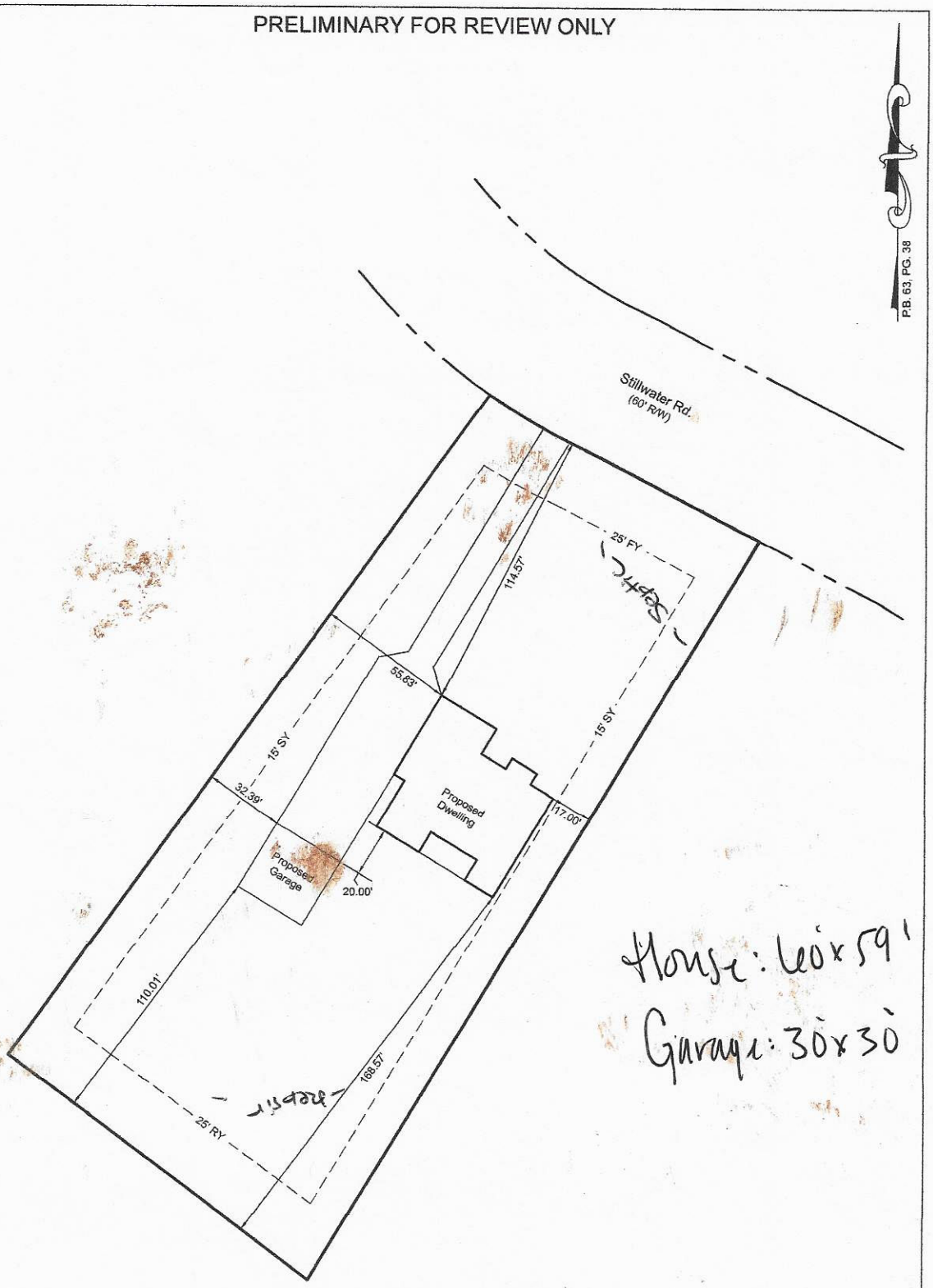
Signature: Lisa N. Beller Michael C. Beller

REQUIRED **property owner or owner's legal representative signature.**

10-31-15

DATE

PRELIMINARY FOR REVIEW ONLY



SETBACKS:

PROPERTY SUBJECT TO A 25' FRONT YARD (FY), 15' SIDE YARD (SY), & 25' REAR YARD (RY) PER TOWN OF TROUTMAN ZONING ORDINANCE.

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

0 40 80 120

OWNER: Ballard

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

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 40'	
DEED REF: 2267 - 411	PIN NO: 4629-85-8319
DATE OF MAP: 09-16-19	SURVEY DATE: 09-11-19
REVISION: 10-28-19	DRAWING FILE: 20190907

428 Stillwater Rd., Troutman, NC 28166
Fallstown TWSP - Iredell County - North Carolina

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*) X _____

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, _____, am the legal owner(s) of the property located at _____, identified as

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

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

X _____ 11-1-19

Signature of Owner(s) Date

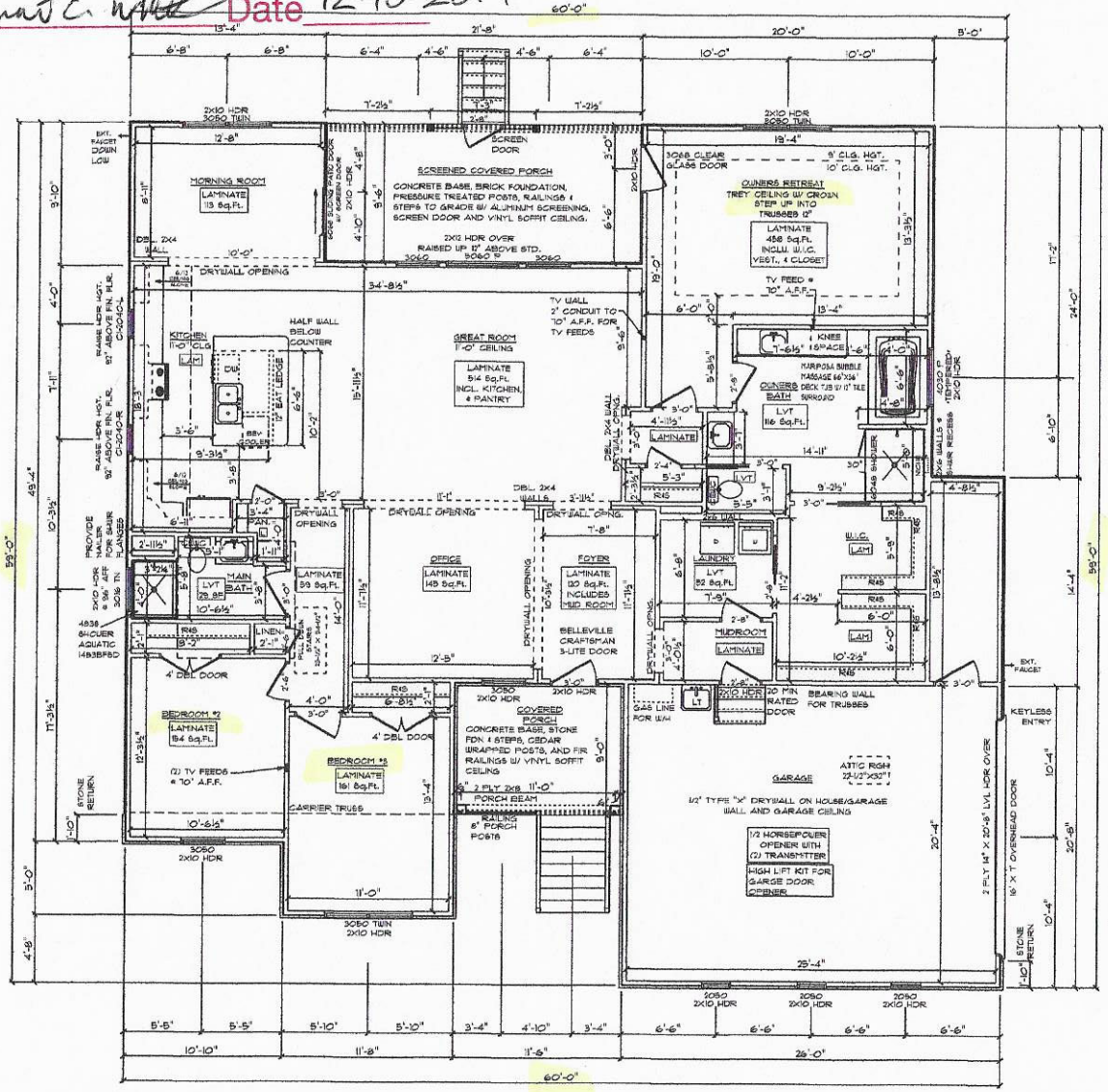
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!

Date 12-12-2019

Date 12-10-2019



FINAL DRAWINGS APPROVED: 10-17-19
REVISED: 00-00-00

GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 8'-0" HEIGHT, UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) 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

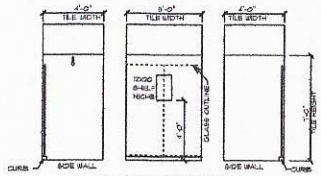
PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 3-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 2-PANEL HOLLOW CORE MOLDED (ROMAN DESIGN) INTERIOR DOORS
- SILVERLINE LOW-E VINYL WINDOWS

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

ADDITIONAL NOTES:
- PRIVACY LOCK ON MUDROOM DOOR INTERIOR
- SMARTCODE TOUCHSCREEN ELECTRONIC DEADBOLT ON FRONT DOOR

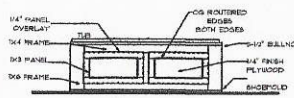
WALL BRACING NOTES:

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 75% 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.

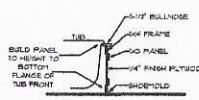


TILED BASE PER SELECTION
TILED WALLS PER SELECTION
GLASS DOOR SIZE PER PLAN (6' TALL)
NICHE RO 2-1/2" LARGER THAN CALLOUT

5' TILED SHOWER DETAIL
MEMBRANE WATERPROOFING ON FLOORS AND WALLS



OWNER'S TUB FRONT PANEL



REMOVEABLE TUB FRONT PANEL TRIM DETAIL

HERITAGE E / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

DARDEN ENGINEERING SERVICES PLLC
PO Box 3422
Mooresville, NC 28117
Phone: 704-663-7728
#P-1693

NORTH CAROLINA PROFESSIONAL SEAL 38583 ENGINEER JOHN C. DARDEN, III
Oct 28, 2019

SQUARE FOOTAGES:
MAIN = 2,462 SQ. FT.
GARAGE = 623 SQ. FT.
PORCHES = 310 SQ. FT.
PERIMETER = 210 SQ. FT.
DETACHED GARAGE = 1200 SQ. FT.

CUSTOM BUILT FOR:
LISA BALLARD & MICHAEL CRABTREE

JOB #: CH 675 CTB 0655

LOCATION: 428 STILLWATER BLD
LOT 46 PHASE 1A
REDELL COUNTY

DRAWN BY: DTS
DATE: 10/17/2019
SCALE: 1/8" = 1'-0"
SHEET: 8

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Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3462
www.schumacherhomes.com
SCHUMACHER HOMES

Zoning Permit # 000703

Fee **Code 104**

See reverse for new construction.

Zoning Permit

LOCATION	**Date (mm/dd/yy)**	11/01/19	**Tax Parcel #**	4629858319.000
	Business Name or Property Owner	FALLS PARK LLC		
	Street Address & Lot Number	428 STILLWATER RD8		
	Business Type and/or Project Description	SFD		
APPLICANT	**Applicant**		**Preferred Phone**	
	Address City/State/Zip	,		
	E-Mail			
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only					
	Zoning District(s)	RS	**TL: YES | ETJ: NO**	Plans Attached	**YES**
	Utilities			Floodplain	**NO**
	Permitted Use of Property	SFD			
	Minimum Setback Requirements	Front 25 , Rear 25 , Left Side 10 , Right Side 10 , *Setback measure from nearest projecting point of structure to Property Line.*			
	Comments:	2 YARD TREES USE OF EXISITING IS OKAY. FRONT OF HOME SHOULD BE PARALLEL WITH STREET OR LOT LINE.			

I hereby certify that all of the information provided for this application is to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Adminstrator