IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208749

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

PIN # 4636-23-3357

APPLICANT: Trye Homes APPLICANT ADDRESS: 2649 Beechaw Ridge Center Dr.

SITE ADDRESS: 104 Rock Ridge Point Dr Mooresville NC 28117 PHONE: 704-293-1229 ALT. PHONE:

SITE DIRECTIONS: I-77 TL Isle of Pines, TR Rock Ridge Point Dr. Site on R

SUBDIVISION: Rock Ridge Point SECTION: — LOT # 45 LOT AREA: .78 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .25

Septic Tank	1500 (gal)	SPD 2111	Date 9-18-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply: ☐ Private
Pump Tank	~~1500~~ 1850 (gal)	SPD 2111	Date 10-9-17	System Description: 25% Reduction - Pump				☐ Business	No. Persons 8	☐ Public
Pump Make		Model	Serial #	Repair System Description: LP Pipes				☐ Other	No. Employees	☒ Community
# Nitrification Fields 1	# Lines 5 @ 100'	Linear Ft: 500' (490)	Maintenance Agreement Required:	☐ YES	☒ NO			☐ Slab	☒ Crawl Space	
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

GST

Comments / Conditions: Shave off any old beams in septic area. Follow all septic rules.
Top line 90

11/9/17 Reviewed floor plans, house slightly deeper but should still fit.
2/6/18 Checked tanks & lines - Installed Quick 4

INITIAL SITE SKETCH

See Approved/Attached Design

By Septic Environmental

Solutions

Dated 3/9/15

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	2/6/18	MD
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set	2/20	BB
Electrical Checked	~~2/20~~ 4/3	BB
Floats Set	2/20	BB
Alarm Checked	2/20	BB
Maintenance Contract Y (N)	not required	
Comments: ~~X~~ Still Needs Main Electrical	✓	BB

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.

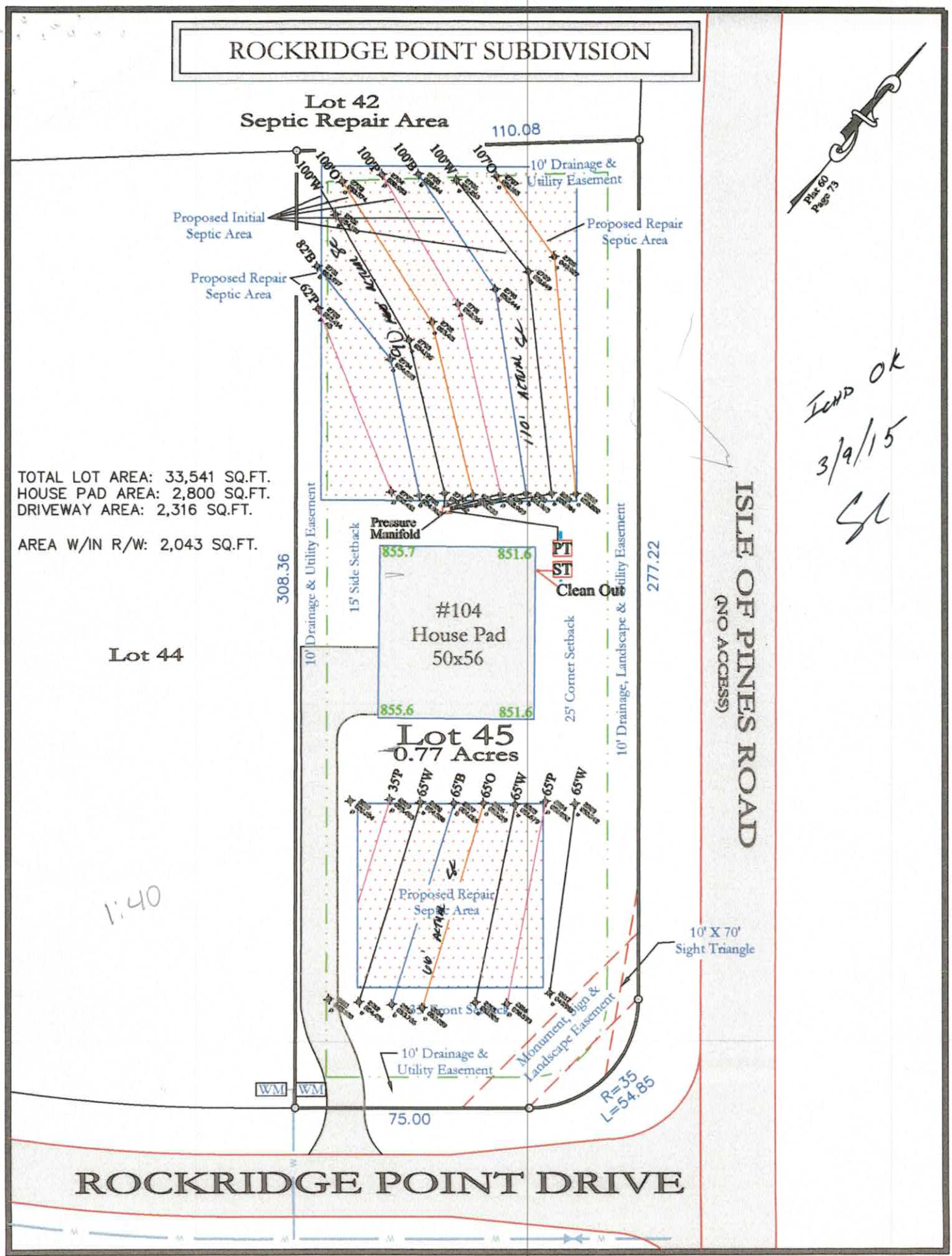
Owner / Applicant Signature: Date: 5/11/15 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Date: 3/20/15 OPERATION PERMIT by: Benjamin A. Bakker Date: 4/3/2018

AUTHORIZATION TO CONSTRUCT by: Date: 11/9/17 Existing System Inspected by: Date:

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

ROCKRIDGE POINT SUBDIVISION



Lend OK
3/9/15
SL

1:40

SEPTIC
ENVIRONMENTAL
SOLUTIONS

1 March 2015 AD

To: Iredell County Environmental Health Department
Mooresville, North Carolina Office

From: Kenneth L. Owens, NCLSS
Septic Environmental Solutions, Inc.

RE: Rock Ridge Point Subdivision, True Homes Individual Lots

Per your request, Septic Environmental Solutions, Inc. has prepared this letter briefly summarizing the scope of services that was completed on individuals lots located at Rock Ridge Point Subdivision. It is our understanding that all soils work in the subdivision was completed and approved by Iredell County Health Department personnel (ICEHD). Therefore, for this scope of service, Septic Environmental Solutions, Inc. completed septic drainfield line layout for each available lot in the subdivision. Each septic line was laid out level and on contour per the Fast Tract requirement. In addition please see the following survey with the attached design proposal per your request. It should be noted that this is not an Improvement Permit or Authorization to Construct, and is only to assist ICEHD with the *SITE* Evaluation (soils approved in 2006 per the existing Improvement Permits for each lot) including field verification of property lines, corners, house pads, driveways, building setbacks, easements and septic drainfield layouts per the individual lots. The septic systems should be installed in accordance with the ICEHD permits, policies, and per the North Carolina Rules and Regulations. Verification of all information is the responsibility of ICEHD before issuing any septic permits.

Sincerely,

Kenneth L. Owens

Septic Environmental Solutions, Inc.
Kenneth L. Owens, President
NCLicensed Soil Scientist #1134

3019 Spring Fancy Lane• Indian Trail, North Carolina 28079
Mobile (704) 502.5588 • Fax (704) 684.1469

Design Specifications Proposal Lot 45 Rock Ridge Point, Iredell North Carolina

Daily Design Flow:	480 gpd
Number of Bedrooms	4 bedroom
Basement or Crawlspace	Crawlspace
Septic Tank Size	1500 gal, Delliger Tank with effluent filter Poly Lock PL68
Pump Tank Size	1500 gal, Delliger Tank
Primary System Loading Rate (LTAR)	0.25 gpd/ft^{2,} LTAR including Soils Evaluations were determined by Iredell County. Soils Evaluations and LTAR were not Conducted by Septic Environmental Solutions, Inc.
Primary System	Pressure manifold 25% reduction, all lines to be a minimum of 9-ft on center with 3-ft wide trench widths. Trench depth shall be maximum 36-inches. See scale map for total length.
Number and Length of Lines	5 See attached drawing.
Total foot of Primary System	requires 480-ft, provided 500-ft
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Dosing Volume	240 gal, 2.0 doses/day@ design flow
Pump Run Time	8.72
Depth of effluent Pumped per Dose	NA
Supply Line	45-ft, 2" SCH 40 PVC 1 ¼" SCH 40 PVC

Pressure Manifold

No. of Lines	Line Length (ft)	Tap Size/Type	GPM/Linear Ft	% GPM/Linear Ft
1 (L1)	100	5.48 ½ sch 80	0.0548	1.00
2 (L2)	100	5.48 ½ sch 80	0.0548	1.00
3 (L3)	100	5.48 ½ sch 80	0.0548	1.00
4 (L4)	100	5.48 ½ sch 80	0.0548	1.00
5 (L5)	100	5.48 ½ sch 80	0.0548	1.00

Flow rate through the system	27.5 gpm
Elevation head	Approximately 11-ft
Pressure head	2.0-ft
Friction head	1.0-ft
20% Contingency	2.8-ft
Total Head	17-ft
Pump Type	27.5 gpm@17-ft of head; Use Goulds WE03L Pump or equivalent with compatible electrical
Check Valve	Yes
Siphon Break Hole	Yes
Repair System Loading Rate	0.25 gpd/ft^2
Repair System	LP PPBPS, See attached drawing
Total foot of Line	320, See attached drawing

...VIRONMENT AND NATURAL RESOURCES
...RONMENTAL HEALTH
...WATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

...ER: Rocky Ridge _____ APPLICATION DATE _____
...DRESS: _____ DATE EVALUATED: _____
...ROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 45 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	.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%	0-5	wsbk scl	ss sp Fr	Br				.3
		5-19	m sbk c	ss sp Fr	R				
		19-35	wsbk cl	ss sp Fr	R F sap ind				
		35-42	wsbk cl	ss sp Fr	R C sap ind				
		42-55	mass sl	Fr	Multicolored				
33 3	L 6%	0-11	WK SBK SCL	FR SS/SP	Br				.25 to 34"
		11-18	Mo SBK SCL	FR SS/SP	Red yel.				
		18-29	Mo SBK C	FR SS/SP	Yel Br				
		29-35+	MA SL sap	FI	Multi				
		other	wall 34" to	C horizon					
34 3	L 6%	0-6	WK SBK SCL	FR SS/SP	Br				.2 - .25
		6-28	SBK/ABK C	FR SS/SP	Red; C yel Br Root Channels				
		28-48	WK/MO SBK CL	FR SS/SP	Red				
4	2.7.07	0-8	wk sbk scl	fr sss sp					.25
		8-32	ms sbk c	fr sss sp	low permeability				
		32-47	wk sbk cl ts sp	fr ss sp					

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: _____

2906 (5) 0-11 gr brn sl gravelly fr sssp

11-30 msbk tcbl gravelly fr sp sssp

30-41 wksbk cl fr sssp few common inclusions .25-.3

41-54 massive cl sp fr sssp

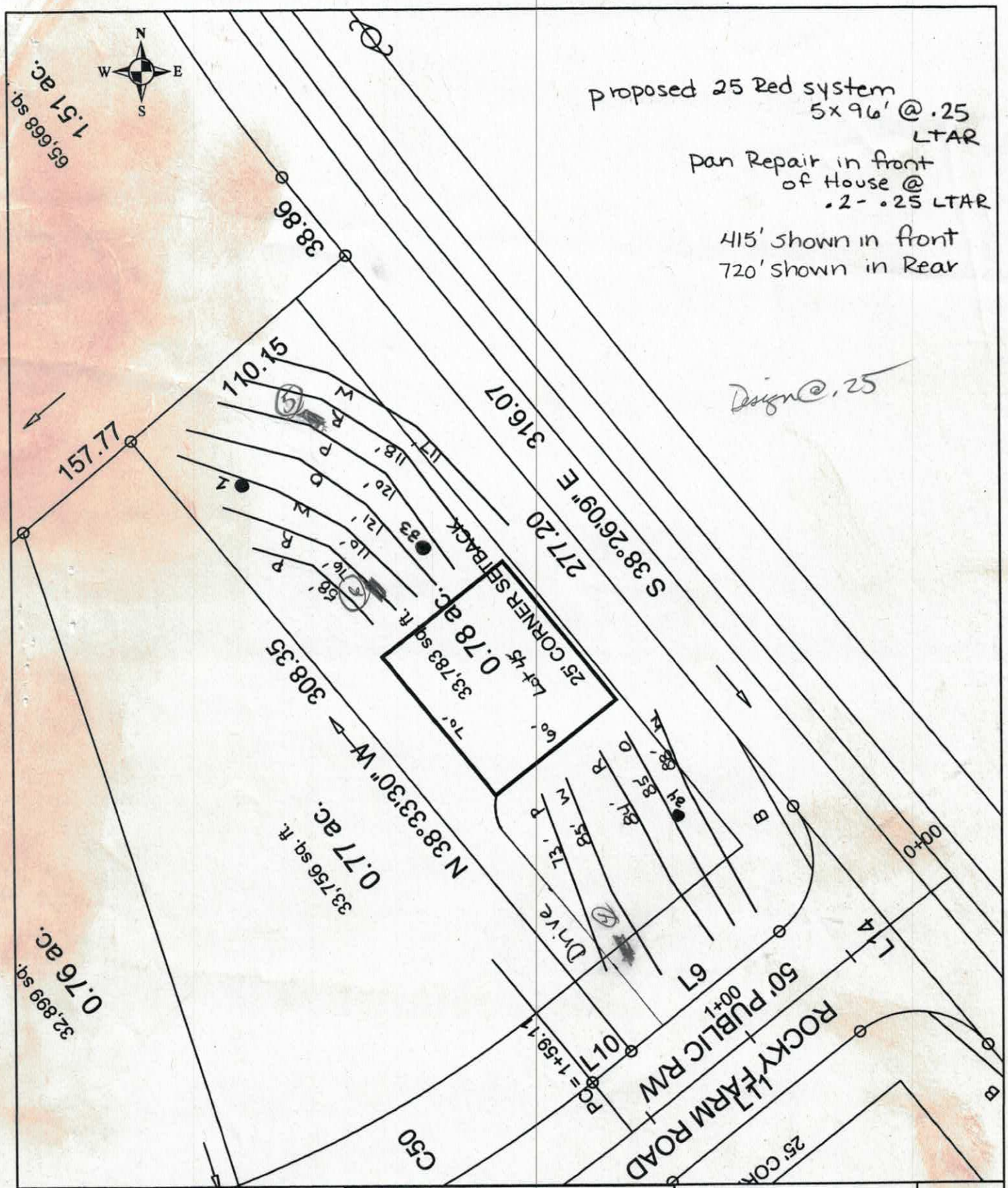
(6) 0-12 wksbk brn sd fr sssp

12-29 wk msbk red gravelly sc cl fr sp sssp .25-.3

29-59 massive sl/cl sp fr sssp

6.7%

stained w rock



Scale: 1 inch equals 50 feet	S&ME	Rocky Ridge - Lot 45	FIGURE
Drawn by: JBP		Scaled Detailed Site Plan	1
Reviewed by: PGP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Iredell County, NC	
Date: January, 2006		S&ME Project #1588-05-081	

RECEIVED NOV 8 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

eptic 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable SEE ATTACHED (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: TRUE HOMES **Address:** 2649 BRECKENRIDGE CENTER DR **Phone:** 704-253-1229

Owner Name: TRUE HOMES **Address:** 2649 BRECKENRIDGE CENTER DR **Phone:** 704-253-1229

Property Information:

Street Address: ROCKY FARM ROAD

Subdivision Name: ROCK RIDGE POINT **Section/Phase:** #1 **Lot Number:** 45

Driving Directions: HIGHWAY 77 SOUTH, RIGHT ONTO BRANLEY SCHOOL RD

TRIGHT ONTO ISLE OF PINES. TRIGHT ONTO ROCK RIDGE POINT.

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

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

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

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

Non-Residential Site Development:

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

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (X) 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: Kenneth L. Allen

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

11-8-17

DATE

RECEIVED FEB 2 7 2015

Paid $225.00 Int. Relay.

208749

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 ( ) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable SEE ATTACHED (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: TRUE HOMES Address: 2649 BRECKENRIDGE CENTER DR Phone: 264-283-1229

Owner Name: TRUE HOMES Address: 2649 BRECKENRIDGE CENTER DR Phone: 264-283-1229

Property Information:

Street Address: ROCKY FARM ROAD

Subdivision Name: ROCK RIDGE POINT Section/Phase: ~~XX~~ Lot Number: 45

Driving Directions: HIGHWAY 77 ~~NORTH~~ SOUTH, RIGHT ONTO BRANLEY SCHOOL RD RIGHT ONTO ISLE OF PINES. TRUE INTO ROCK RIDGE POINT.

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

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

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

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

Non-Residential Site Development:

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

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (X) 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: Kenneth L. Ann

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

2-26-15

DATE

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, Carolina Development Svcs am the legal owner of the property located at 104 Rockridge Pointe, identified as Lot 45 PIN(Parcel Identification Number) 4636233357.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Leonard Lane Septic Environmental Solutions, PLLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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

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

Signature of Owner — Date 3/30/15

Signature of Witness — Date 3-30-15

ok Land
4/6/15

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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:** X **Improvement Permit** ___**Authorization To Construct** ___**BOTH** ___**Existing System Inspection**

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted: ___ **Survey Plat, Scaled no more than 1 Inch = 60 Feet**
   Place check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Dianst Enterprises	2125 Sharon Lane Charlotte 28211		(704) 309-0123
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Rocky Ridge Farm	Lot 45

Driving Directions: Brawley School Rd, L Isle of Pines Rd, R Rocky Farm Road (Proposed Road)

****

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

- (X) **New, Single Family Residence**
- ( ) **New, Multi-Family Residence**
- ( ) **Expansion of Existing Septic System**
- ( ) **Repair To Failing Septic System**

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- (X) **Crawl Space Foundation?**
- ( ) **Concrete Slab Foundation?**
- ( ) **Basement w/Plumbing?**
- ( ) **Basement w/out Plumbing?**

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

( ) **New Well** ( ) **Existing Well** (X) **Community Well** ( ) **City Water** ( ) **Other Public Water**

****

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

(4) **Alternative** (1) **Conventional** (2) **Innovative** (3) **Modified Conventional** ( ) **Other**___ ( ) **No Preference**

****

8. **Please Answer The Following To The Best of Your Ability:**

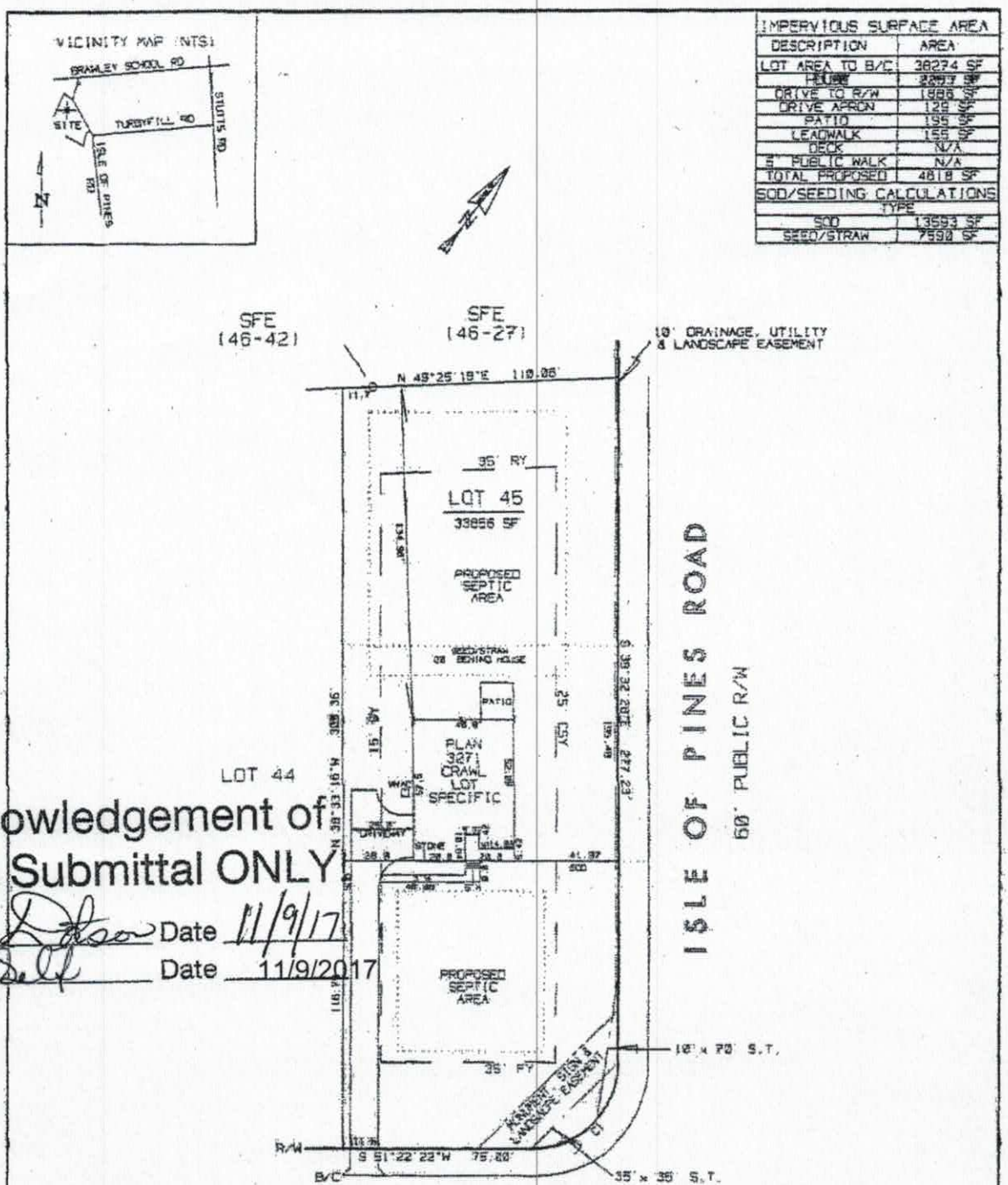
( ) **Yes** (X) **No** **Does the site contain any jurisdictional wetlands?**
( ) **Yes** (X) **No** **Is any non-domestic sewage (i.e. industry) to be generated?**
( ) **Yes** (X) **No** **Is the site subject to approval by any other public agency?**

****

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:** Kathleen Naves
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/15/05
DATE



Acknowledgement of Plans Submittal ONLY

Date 11/9/17

Date 11/9/2017

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED.

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT

NOT FOR RECORDATION, CONVEYANCES, OR SALES

SCALE: 1" = 50'

0 25 50 75 100

JENKINS AND LOWERY
LAND SURVEYING
PO BOX 1189
WAXHAW, NC 28173
704-821-3350
FIRM LICENSE # C-3167

HOUSE LOCATION PLOT PLAN FOR TRUE HOMES

OF

104 ROCKRIDGE POINT DRIVE

LOT 45 OF ROCKRIDGE POINT SUBDIVISION REVISED

DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.

AREA BY COORDINATE COMPUTATION

MAP BOOK 61

PAGE 37

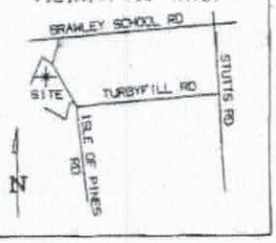
REVISED: 10/25/17

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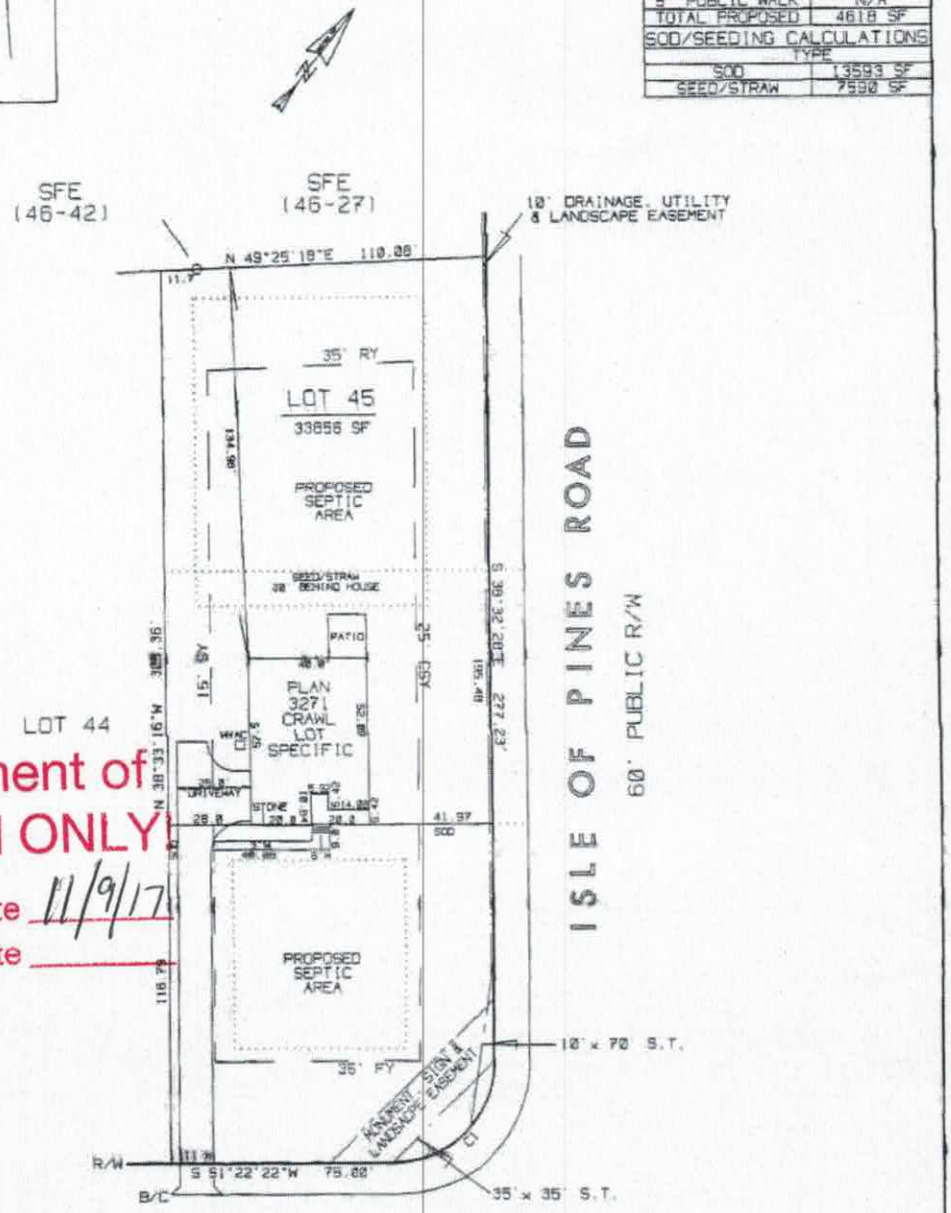
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CA#286 RRP45

VICINITY MAP (NTS)



IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
LOT AREA TO B/C	38274 SF
HOUSE	2253 SF
DRIVE TO R/W	1886 SF
DRIVE APRON	129 SF
PATIO	195 SF
LEADWALK	155 SF
DECK	N/A
5' PUBLIC WALK	N/A
TOTAL PROPOSED	4618 SF
SOD/SEEDING CALCULATIONS	
TYPE	
SOD	13593 SF
SEED/STRAW	7590 SF



ROCKRIDGE POINT DRIVE

50' PUBLIC R/W

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	89°47'52"	35.00'	54.85'	34.68'	49.41'	S 86°27'42"W

Acknowledgement of Plans Submittal ONLY!

Maria Dotson Date 11/9/17

Date

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED.

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

SCALE: 1" = 50'

0 25 50 75 100

JENKINS AND LOWERY
LAND SURVEYING
PO BOX 1166
WAXHAW, NC 28173
704-821-3350
FIRM LICENSE # C-3167

HOUSE LOCATION PLOT PLAN FOR TRUE HOMES

OF

104 ROCKRIDGE POINT DRIVE

LOT 45 OF ROCKRIDGE POINT SUBDIVISION REVISED

DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.

AREA BY COORDINATE COMPUTATION

MAP BOOK 61

PAGE 37

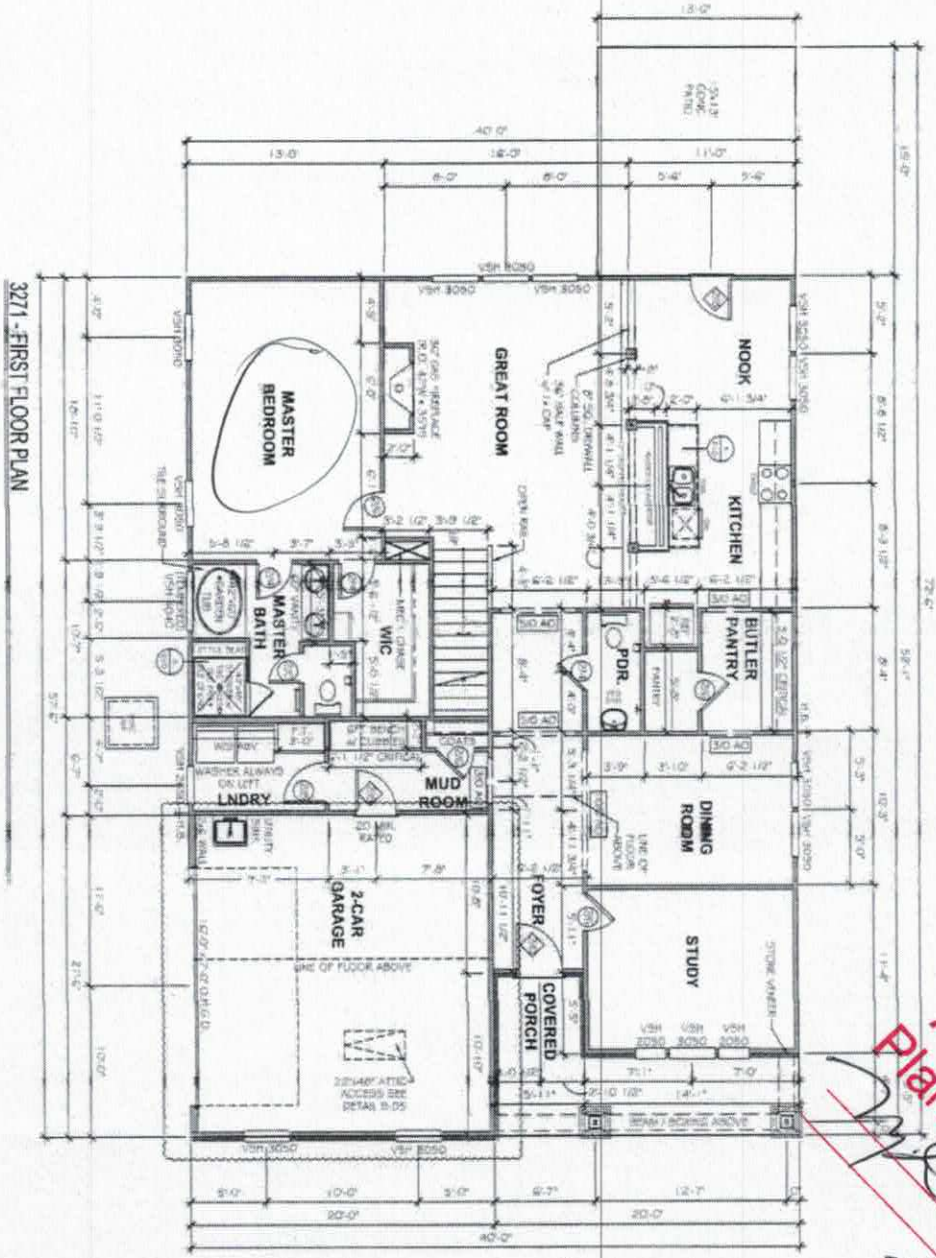
REVISED: 10/25/17

DRAWN BY: JEJ

SERVER GEO

CA#286 RRP45

3271 - FIRST FLOOR PLAN



Acknowledgement of Plans Submittal ONLY!

Date

Date

11-9-17

SHEET	DRAWN BY	DATE	SCALE	CHECKED BY
A2.1				

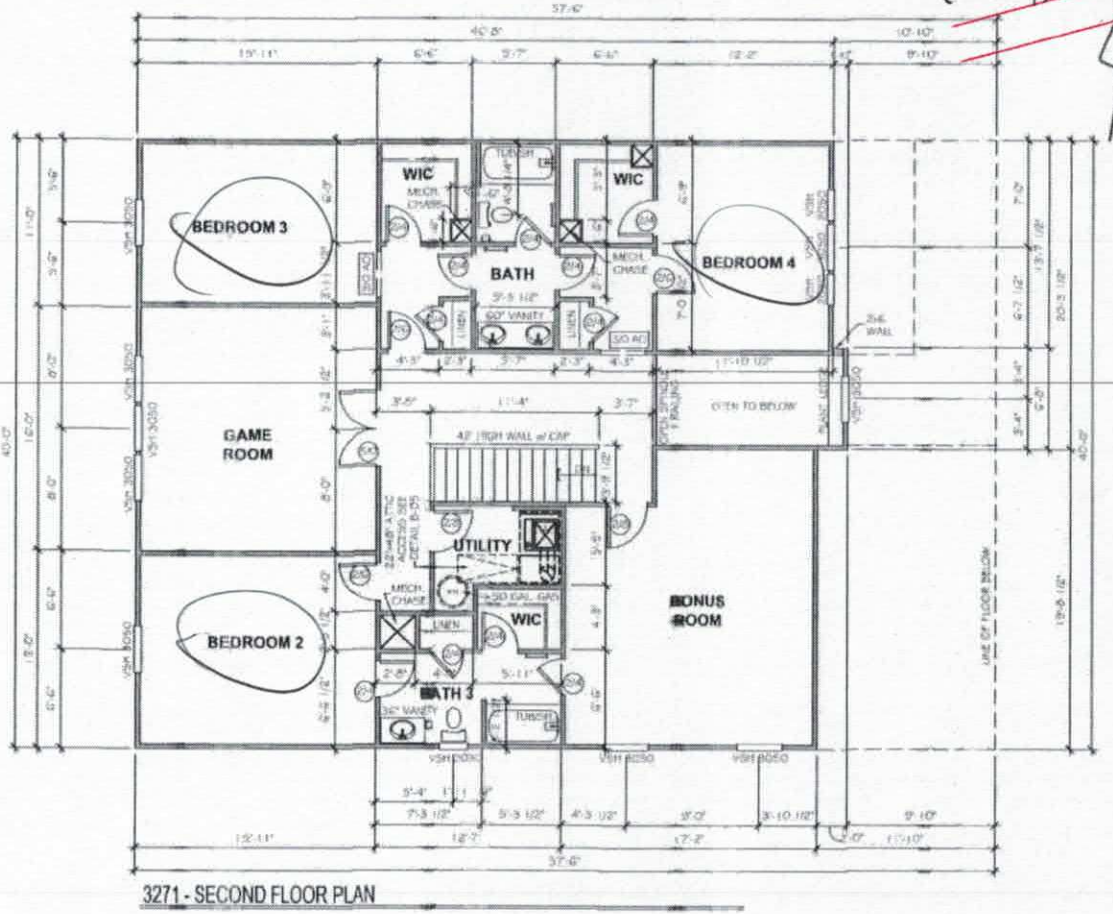
WAKEFIELD
3271

IREDELL

ROCKRIDGE POINT

LOT # 45

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191



3271 - SECOND FLOOR PLAN

57'6"

40'

Acknowledgement of Plans Submittal ONLY!

M. Dotson Date 11-9-17

Date 11-9-17

TrueHomes
IT'S ALL ABOUT U
2849 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

ROCKRIDGE POINT
LOT # 45

WAKEFIELD
3271

IREDELL

DRAWN BY:

DATE: 09-18-17

SCALE: 1/8"=1'-0"

CHECKED BY:

SHEET: A2.2

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	133717ZO	Subdivision:	Rocky Ridge Farm
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Rocky Farm Rd. Mooresville NC 28117		
Parcel #:	4636233131.045	Zoning:	RA
Lot #:	45 Size: .78	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Dienst Custom Homes	Owner:	KATE C THOMPSON
Address:	9606 A Caldwell Commons Circle Cornelius NC 28031	Address:	136 ROCKY RIDGE LANE MOORESVILLE, NC 281177441
Phone:	704-892-8426	Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 30000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 25 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Hold Building permit till Plat has been recorded

DEVELOPER PERMIT

Directions:

Brawley School Rd, left Isle of Pines,left Rocky Farm Rd, property on right on the corner of Isle of Pines and Rocky Farm.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS

Printed: 2/2/2006