RECEIVED 2 7 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Already pd. $500.00 Reg. list #208182

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:

Place an (X) beside whichever is submitted if applicable SEE ATTACHED

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

(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: ROCK RIDGE POINT

Subdivision Name: ROCK RIDGE POINT Section/Phase: ~~N/A~~ Lot Number: 1

Driving Directions: HIGHWAY 21 ~~NORTH~~ SOUTH, RIGHT ONTO BRANLEY SCHOOL RD TRight ON ISLE OF PINES. TRight ON 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. Allen 2-26-15

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

IREDELL COUNTY HEALTH DEPARTMENT

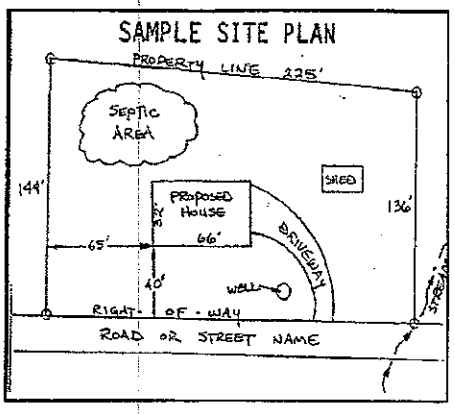
ENVIRONMENTAL HEALTH DIVISION

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

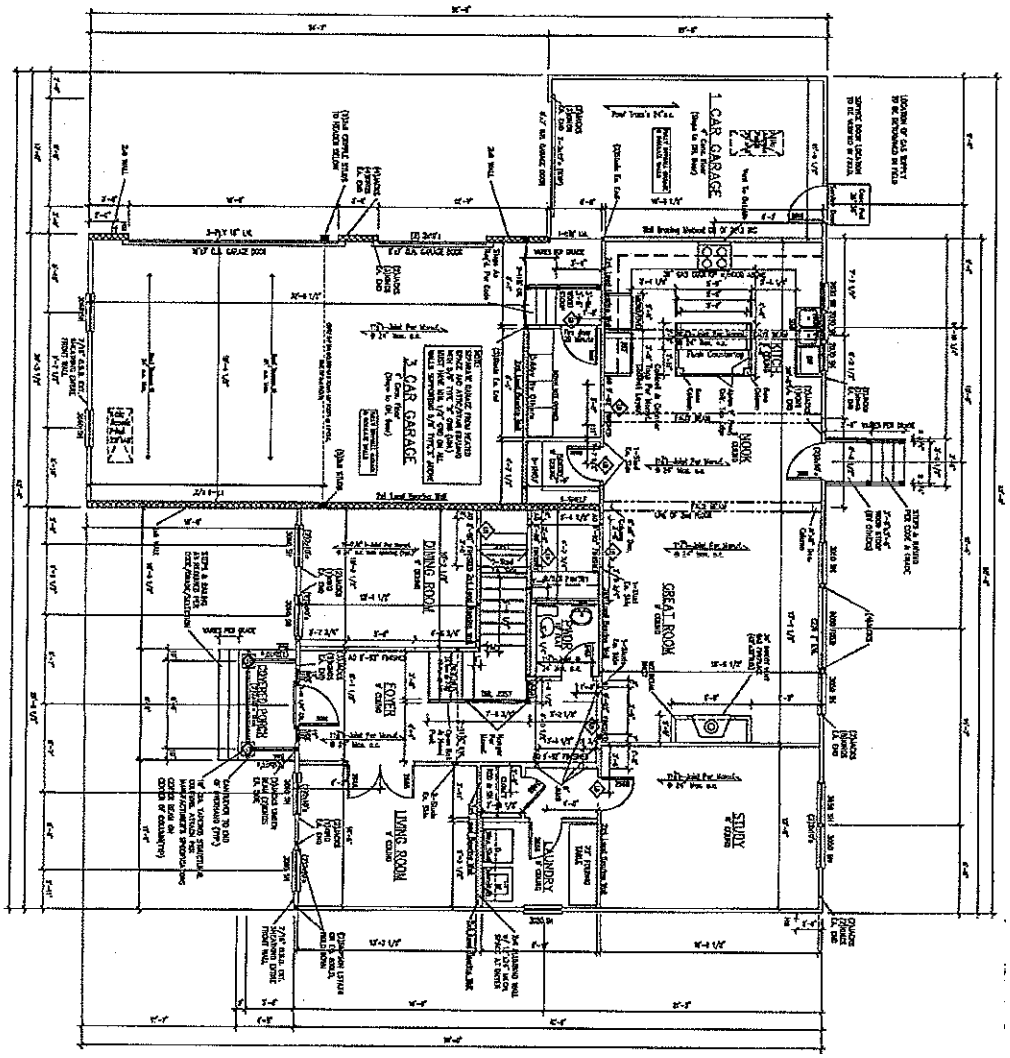
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED

Signature: _____ 2-26-15

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

Acknowledgement Of
Plans Submittal ONLY!
Date 3-16-15
APPROVED MAR 12 2015



GENERAL NOTES:

1. 8'-1 1/8" CEILING HEIGHT, UNLESS NOTED OTHERWISE.
2. ALL EXTERIOR WALLS & INTERIOR LOAD BEARING WALLS TO BE 2x4 STUDS 16" O.C. AND NON-BEARING INTERIOR WALLS TO BE 2X4 STUDS 16" O.C.
3. WINDOWS TO BE VINYL SINGLE HUNG, SIZE AS INDICATED BY NUMBER ON FLOOR PLAN (SEE WINDOW SCHEDULE)
4. DIMENSIONS ARE FROM FACE OF STUDS.
5. PROVIDE BLOCKING ABOVE WINDOWS & DOORS (TYP.) @ 10'-0" O.C. MAX.
6. PROVIDE EXTRA STUDS AS INDICATED ON FLOOR PLAN FOR BEARING LOCATIONS.
7. ALL WINDOW HT. TO BE 6'-10 7/8" ABOVE FLOOR UNLESS OTHERWISE NOTED
8. PROVIDE DOUBLE CRIPPLED UNDER HEADERS FOR BEARING OPENINGS
9. 24" WIDE MIN CLOSET
10. LITTLE GIANT ATTIC LADDER TO BE 25" X 54" OPENING
11. 16" O.C. STUDS AT KITCHEN WALLS W/ CABINETS

HALF WALL (See plan for ht.)
2X4 WALL (See plan for ht.)
2X4 BEARING WALL
2X4 INTERIOR WALL
2X6 WALL (See plan for ht.)
2X6 WALL BEARING WALL
2X6 EXTERIOR WALL

HEADER SCHEDULE

BLDG. DATA

FIRST FLOOR LIVING	1,525 SQ. FT.
SECOND FLOOR LIVING	1,340 SQ. FT.
TOTAL HEATED SQ. FT.	2,865 SQ. FT.
GARAGE	600 SQ. FT.
COVERED PORCH	252 SQ. FT.
COVERED PATIO	240 SQ. FT.

FIRST FLOOR PLAN

3400 DRAKE

ROCK RIDGE POINT
Lot #1

TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

SHEET: 4 / 9

JOB: Lot Specific

REVISIONS:

SCALE: 3/16"=1'-0"

DATE: 12.31.14

DRAWN BY: D.P.S.

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IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
208182
Issue Date: 01/30/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636234151.000	105 WHEATON LANE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: CAROLINA DEVELOPMENT SERVICES LLC	Applicant: TRUE HOMES, LLC
Address: 2649 BREKONRIDGE DR MONROE, NC 28110	Address: 2649 BRECKONRIDGE CENTRE DRIVE MONROE, NC 28110
Phone:	Phone: 704-238-1229

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.750	35.00	35.00	25.00	15.00	CACL	X

Remarks:

PAID
✓56818 $77.25
1-30-15

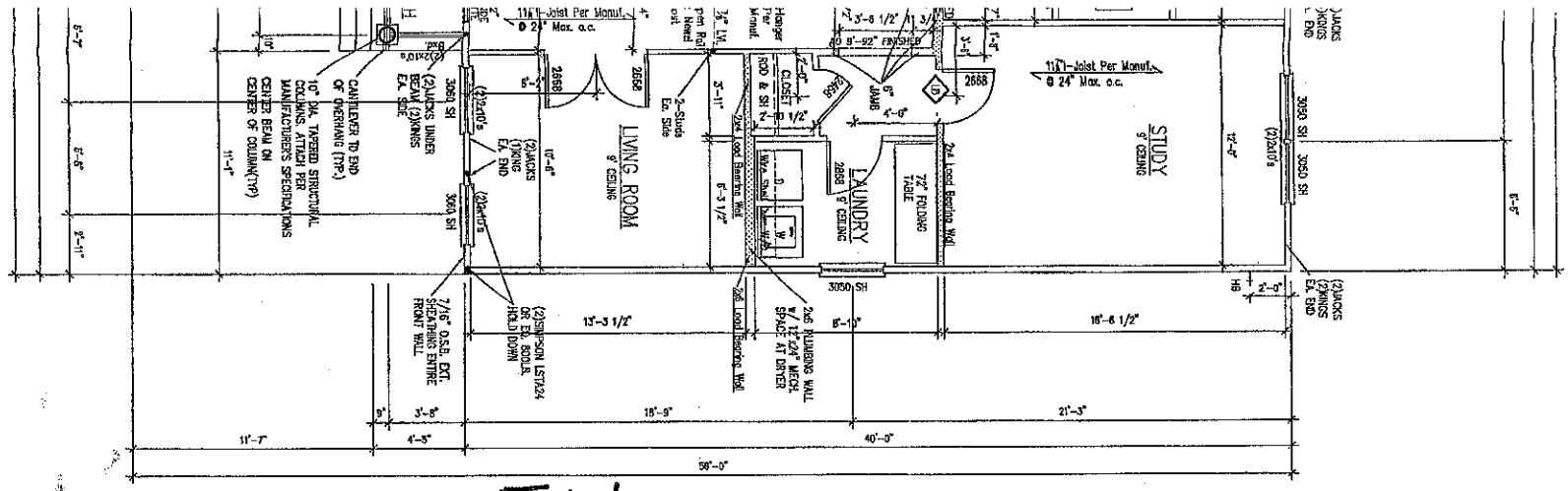
✓57299 $500.00
1-30-15

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.

See Attached

Applicant: _____ Date: _____

Permit Number	30580	TOTAL FEES:	$ 77.25



56'

GENERAL NOTES:

1. 8'-1 1/8" CEILING HEIGHT, UNLESS NOTED OTHERWISE
2. ALL EXTERIOR WALLS & INTERIOR LOAD BRG WALLS TO BE 2x4 STUDS 16" O.C. AND NON-BRG INTERIOR WALLS TO BE 2X4 STUDS 16" O.C.
3. WINDOWS TO BE V/NYL SINGLE-HUNG, SIZE AS INDICATED BY NUMBER ON PLAN (SEE WINDOW SCHEDULE)
4. DIMENSIONS ARE FROM FACE OF STUDS.
5. PROVIDE BLOCKING ABOVE WINDOWS & DOORS 16"O.C. TYP.
6. PROVIDE EXTRA STUDS AS INDICATED AT BEAM BEARING LOCATIONS.
7. ALL WINDOW HT. TO BE 6'-10 7/8" ABOVE FLOOR UNLESS OTHERWISE NOTED
8. PROVIDE DOUBLE CRIPPLES UNDER HEADERS FOR BEARING AT OPENINGS 6'-0" WIDE AND GREATER.
9. SHIM EXERIOR DOORS & PKT. DOORS 1/2" ABOVE SUBFLOOR
10. UPPER KITCHEN CABINETS 55" ABOVE SUBFLOOR
11. 16" O.C. STUDS AT KITCHEN WALLS W/ CABINETS

HALF WALL (See plan for ht.)
2X4 WALL (see plan for plate ht.)
2X4 BEARING WALL
2X4 EXTERIOR WALL
2X6 WALL (see plan for plate ht.)
2X6 WALL PLUMBING WALL
2X6 EXTERIOR WALL

HEADER SCHEDULE

Insulated headers are between interior finished surfaces and exterior sheathing on jambs.

A) Interior bearing and all exterior walls
- 1 Span up to 2'-6" ——— 2-2x6s
- 2 Span 2'-6" to 4'-0" ——— 2-2x8s
- 3 Span 4'-0" to 6'-0" ——— 2-2x10s
- 4 Span 6'-0" or more ——— See Plan

B) Headers up to 36" wide should have 1 jack and 1 king stud e.a. (UNO)
Headers up to 60" wide should have 1 jack and 2 king studs e.a. (UNO)
Headers up to 96" wide should have 2 jacks and 3 kings studs e.a. (UNO)
Multiple windows will have a (2) stud pocket between them unless noted on plans
Interior Load Bearing Header ⟨LB⟩ will be 4x4 flat on wide known others called out on plan

BLDG. DATA

FIRST FLOOR LIVING:	1,626 S.F.	
SECOND FLOOR LIVING:	1,950 S.F.	
TOTAL HEATED S.F.	3,576 S.F.	
GARAGE:	628 S.F.	
CONDITIONED GARAGE:	257 S.F.	
COVERED PORCH:	86 S.F.	

SHEET: 4 / 9

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DRAWN BY: D.P.S.

DATE: 12.31.14

SCALE: 3/16"=1'-0"

REVIEWER:

JOB: Lot Specific

FIRST FLOOR PLAN

3400 DRAKE

ROCK RIDGE POINT
Lot #1

TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

Acknowledgement Of Plans Submittal ONLY!

Date 3-16-15

Date APPROVED MAR 12 2015

APPROVED MAR 12 2015

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, True Homes, am the legal owner of the property located at 105 Wheaton Dr., identified as PIN(Parcel Identification Number) 4636234151.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kenneth L Owen, Sapta Environmental Solutions, PC, 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.

Melody K. Patrick 3/11/15
Signature of Owner Date

Meredith Aguilar 3/11/15
Signature of Witness Date

OK

APPROVED MAR 12 2015

APPROVED MAR 12 2015

SC

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 #:	133747zo	Subdivision:	Rocky Ridge Farm
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Rocky Farm Rd. Mooresville NC 28117		
Parcel #:	4636233131.001	Zoning:	RA
Lot #:	1 Size: .74	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:	Yes 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: 25 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

HOLD BUILDING PERMIT TILL PLAT HAS BEEN RECORDED

Directions:

Brawley School Rd, left Isle of Pines, left Rocky Farm Rd, property on left

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

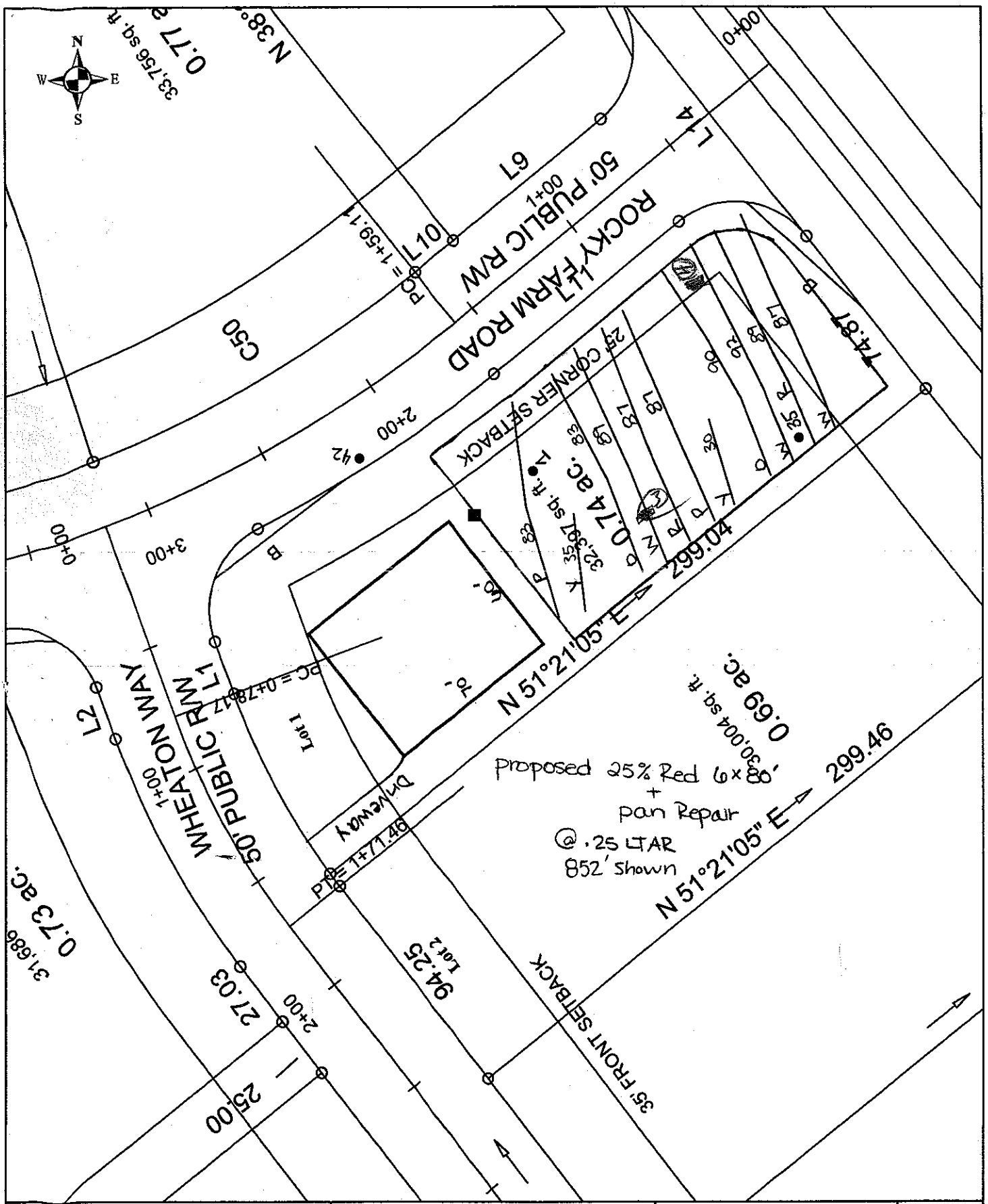
I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & 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: 2/3/2006



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

ENVIRONMENT AND NATURAL RESOURCES
ENVIRONMENTAL HEALTH
STEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rocky Ridge Farms — APPLICATION DATE _____
ADDRESS: _____ — DATE EVALUATED: _____
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: _____
LOCATION OF SITE: Lot 1 — 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	0-2%	0-13	wsbk scl	SS SPFr	Br				.25 to 49"
		13-49	wsbk C	SS SPFr	R F YB mottles (d mat)				
35 2 4	L 6%	0-10	WK SBK SL	FR SS/SP	Br, grad. wavy boundary				.25 to 45"
		10-31	MoSBK C	FR SS/SP	Red; C yel Br Root Channels, GW boundary				
		31-45	WK SBK CL	FR SS/SP	Red				
3	6% L	0-12	gr loamy SL	~~FR SS SP~~					.25
		12-50	~~MoSBK red C~~ WK SBK	~~FR SP SS~~ FRI SP SS FEW	~~Red mottles~~				
4		0-9	gr loamy SL	~~FR SS SP~~					.25
		9-42	~~SBK WK red C~~	~~FR SP SS SP~~ FEW	~~common yel brown mottles~~				
		42-58	MOD WK red C	FR SS SP SP	FEW mod soft				

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: _____