IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 225528

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

PIN # 4636427887

APPLICANT: Maria Development Co. APPLICANT ADDRESS: 16405 North Cross Dr Huntersville, NC 28078

SITE ADDRESS: 145 Poinsettia Ln Mooresville, NC PHONE: 8007248750 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TL Stutts Rd TR Poinsettia @ intersection with Oasis

SUBDIVISION: Stutts Cove SECTION: 2 LOT # 21 LOT AREA: .71 Acres DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 1012 Date 4-30-17

Pump Tank 1000 (gal) PT 17 Date 9-4-16

Pump Make Goulds 1/3 Hor Pioneer Model WE0312MU Serial # G1746364

Nitrification Fields 1 # Lines 4 Linear Ft: 270

Trench Width min 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III (IV) V VI

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: [X] YES [ ] NO

[ ] GRAVITY [X] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/ plumbing

No. Bedrooms 4 No. Persons 8 No. Employees [X] Crawl Space

Water Supply: [X] Private [ ] Public [ ] Community

[ ] Basement w/o plumbing

Comments / Conditions:

Note: Pits formerly given .25 LTAR are no longer in Septic area, they are in House box

INITIAL SITE SKETCH

See attached, approved plan by Kathleen Saunders (dated 3/7/17)

AS BUILT SKETCH

Tanks & drain lines checked on 8-3-17 KW

	Date	Initials
Drain Lines Checked	8-3-17	KW
Tanks Checked	8-3-17	KW
Pressure Manifold or Valve Box Checked	9-27	KW
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N	Attached	
Comments:		

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.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 4-6-17

IMPROVEMENT PERMIT by: Maria Dolson Date: 4/5/17

AUTHORIZATION TO CONSTRUCT by: Maria Dolson Date: 4/6/17

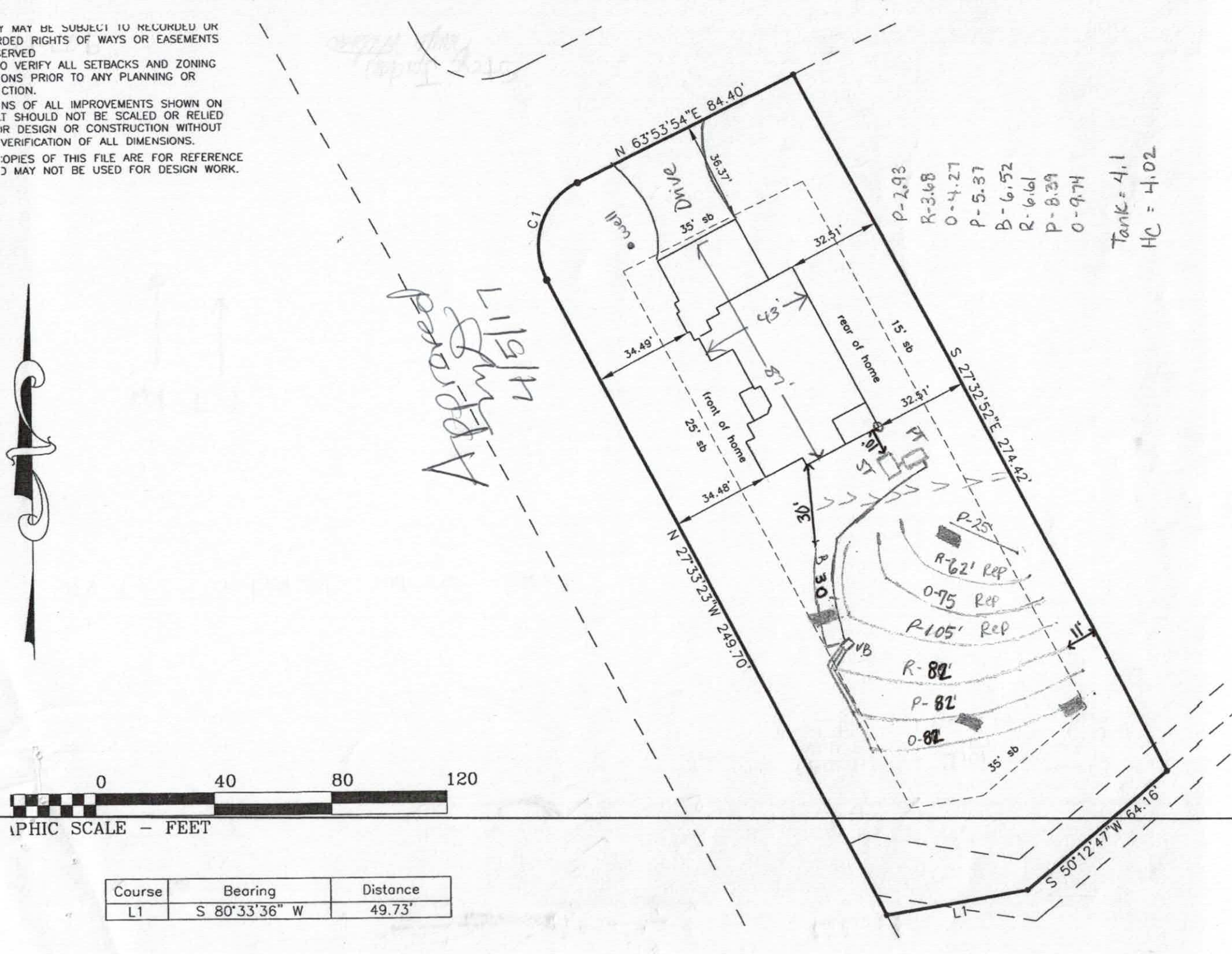
Installed by: Steve Jordan

OPERATION PERMIT by: Kayla Wilson Date: 9-27-17

Existing System Inspected by: Date:

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

Y MAY BE SUBJECT TO RECORDED OR
RDED RIGHTS OF WAYS OR EASEMENTS
SERVED
O VERIFY ALL SETBACKS AND ZONING
ONS PRIOR TO ANY PLANNING OR
CTION.
NS OF ALL IMPROVEMENTS SHOWN ON
T SHOULD NOT BE SCALED OR RELIED
R DESIGN OR CONSTRUCTION WITHOUT
VERIFICATION OF ALL DIMENSIONS.
OPIES OF THIS FILE ARE FOR REFERENCE
O MAY NOT BE USED FOR DESIGN WORK.



Course	Bearing	Distance
L1	S 80°33'36" W	49.73'

145 Poinsettia Drive Fast Track Septic System Information

Approved MD 4/5/17

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Minimum Linear Feet	270
Total Linear Feet	270
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (low side)	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	75' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	32 gpm
Elevation head	Approx: 6 ft
Pressure head	3 ft
Friction head	1.3 ft
20% Contingency	2.06 ft
Total Head	12.36 ft
Pump Requirements	32 gpm @ 12.4' of head To be designed by installer.
Maximum Dosing Volume	230.4 gal -2.1 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	267
Repair LTAR	0.3

Note: Pits formerly given .25 LTAR are no longer in Septic Repair area.

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Approved
4/5/17
MD

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Pink	LPPPBPS	25	2.93				
2	Repair	Red	LPPPBPS	62	3.68				
3	Repair	Orange	LPPPBPS	75	4.27				
4	Repair	Pink	LPPPBPS	105	5.37				
5	**System**	**Blue**	**LPPPBPS**	**30 endfed**	**6.52**	**7**	**7**	**1 per panel**	**5/32"**
6	**System**	**Red**	**LPPPBPS**	**80 endfed**	**6.61**	**19**	**19**	**1 per panel**	**5/32"**
7	**System**	**Pink**	**LPPPBPS**	**80 endfed**	**8.39**	**19**	**19**	**1 per panel**	**5/32"**
8	**System**	**Orange**	**LPPPBPS**	**80 endfed**	**9.74**	**19**	**19**	**1 per panel**	**5/32"**
						Total: 64	Total: 64 (1 in each panel turned up)		

Total System:	270'
Total Repair:	267'

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	4.10
House	orange		4.02

Note: Tanks and Distribution devices can be altered at the ICHD's discretion
Rod Readings should be verified by installer before installation

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _Mike Fox_____ APPLICATION DATE_____
ADDRESS:_____ DATE EVALUATED: _____
PROPOSED FACILITY: 4 bedroom_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _____
LOCATION OF SITE: __Stutts cove 21_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private Public Ξ Well Spring Other _____
EVALUATION METHOD: Auger Boring Ξ Pit Cut TYPE OF WASTEWATER: Ξ 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	
1	LS 9%	0-9	Br SCL WSBK	FR SS SP	COM YB CHR 2 @ 43"	43"			PS 0.25
		9-26	R C SBK	FR SS SP					
		26-43	R C ABK	FR SS SP					
2	LS 9%	0-36	R C SBK	FR SS SP	CHR 2 @ 36"	36"			PS 0.25
		36-	R C ABK	FR SS SP					
3	LS 5%	0-4	Br SCL WSBK	FR SS SP		48"			PS 0.3
		4-27	R C SBK	FR SS SP					
		27-48	R CL WSBK	FR SS SP					
4	LS 7%	0-10	Br SCL WSBK	FR SS SP		46"			PS 0.3
		10-32	R C SBK	FR SS SP					
		32-46	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	640 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _M A & Associates_____
OTHER(S) PRESENT: _____

Verified ICHD 11-20-13

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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	LS 15%	0-20	R C SBK	FR SS SP		58"	SAP INCL @ 43"		PS 0.3
		20-58	R CL WSBK	FR SS SP					
AB 1	LS 4%	0-6	RBr SCL WSBK	FR SS SP		48"			PS 0.3
		6-48	R C SBK	FR SS SP					

Paid $350.00 Statesville 11-12-13 RH

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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: (X) 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:

Applicant Name: Stutts Cove LLC **Address:** 156-B Raceway Dr Mooresville NC 28117 **Phone:** 704 361-6052

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 145 Poinsettia Ln

Subdivision Name: Stutts Cove **Section/Phase:** _____ **Lot Number:** 21

Driving Directions: BSR, TL Stutts, TR Poinsettia, on Corner on Lt @ Oasis

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: _____
( ) 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:

(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:** _____

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

11/12/2013
DATE

Ltd Redraw

RECEIVED MAR 2 1 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $75.00 (ck) #225528

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit (X) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information:

Applicant Name: Marin Development Co **Address:** 16405 North Cross Dr, Huntersville NC **Phone:** 1(800) 724-8750

Owner Name: Marin Development Co **Address:** 16405 Northcross Dr, Huntersville NC 28078 **Phone:** 1(800) 724-8750

Property Information:

Street Address: 145 Poinsettia Ln, Mooresville NC 28117

Subdivision Name: Stutts Cove **Section/Phase:** _____ **Lot Number:** #21

Driving Directions: From Exit 35 off 77 onto Brawley School Rd, keep right on (0.3) Brawley School Rd W, turn left onto Stutts Rd (0.9 mi) Turn right onto Poinsettia Ln.

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: 5
( ) 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:

(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:** _____

(X) 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: _____ 3/17/17

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

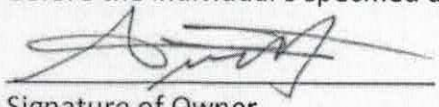
Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit 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, Marin Developmet Co, am the legal owner of the property located at 145 Poinsettia Ln, Mooresville NC 28117, identified as PIN(Parcel Identification Number) 4636-42-7887.000, located in Iredell County, North Carolina.

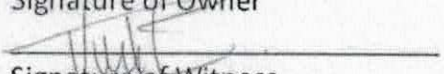
I do hereby authorize (print authorized agent/company name) Kathleen Saunders, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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 — 3/16/17 Date



Signature of Witness — 3/16/17 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, Marin Development Co, am the legal owner(s) of the property located at 145 Poinsettia Ln, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4636427887.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Marin Development Co., 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.

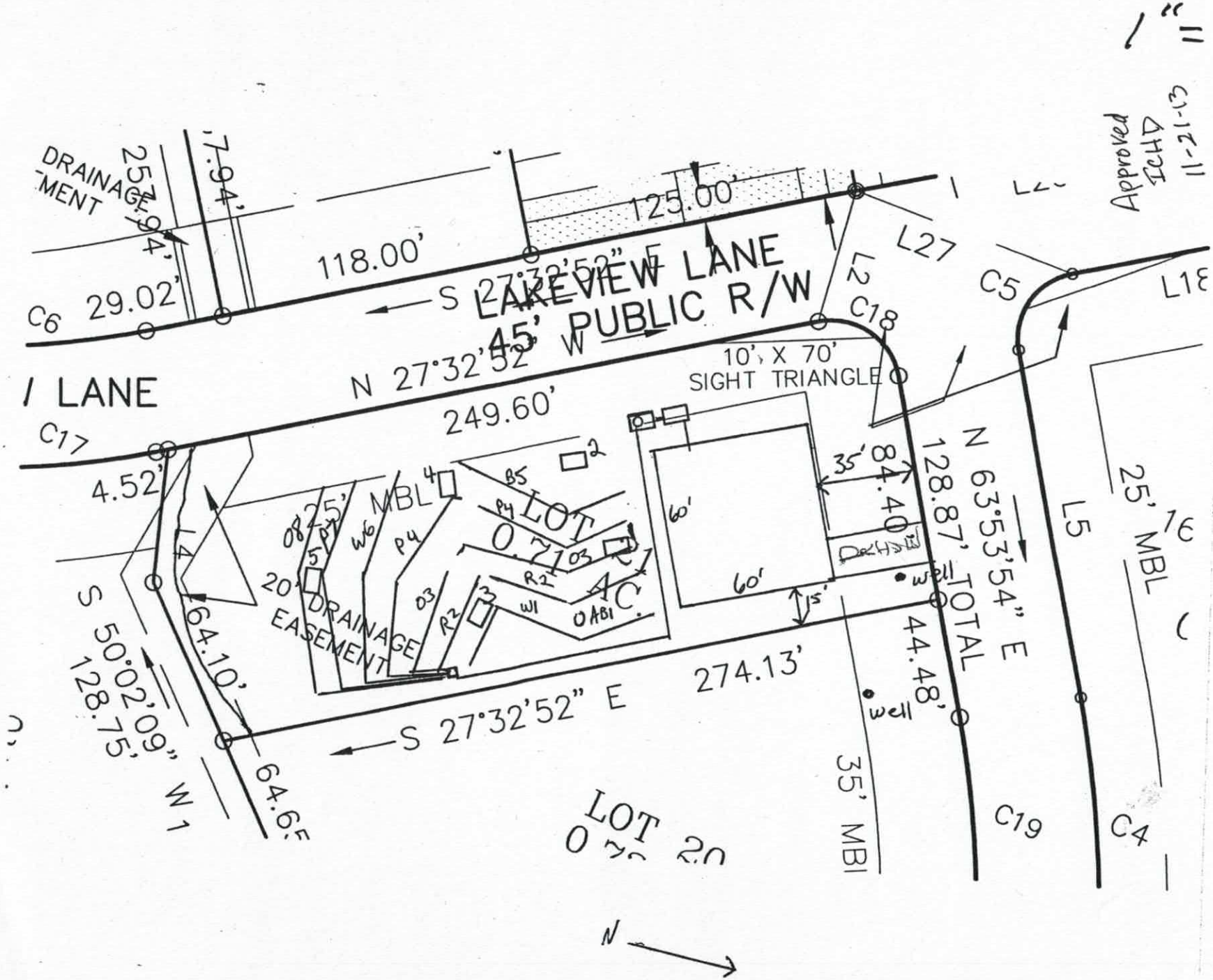
Signature of Owner(s) — Date 3/7/17

Signature of Witness — Date 3/7/17

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

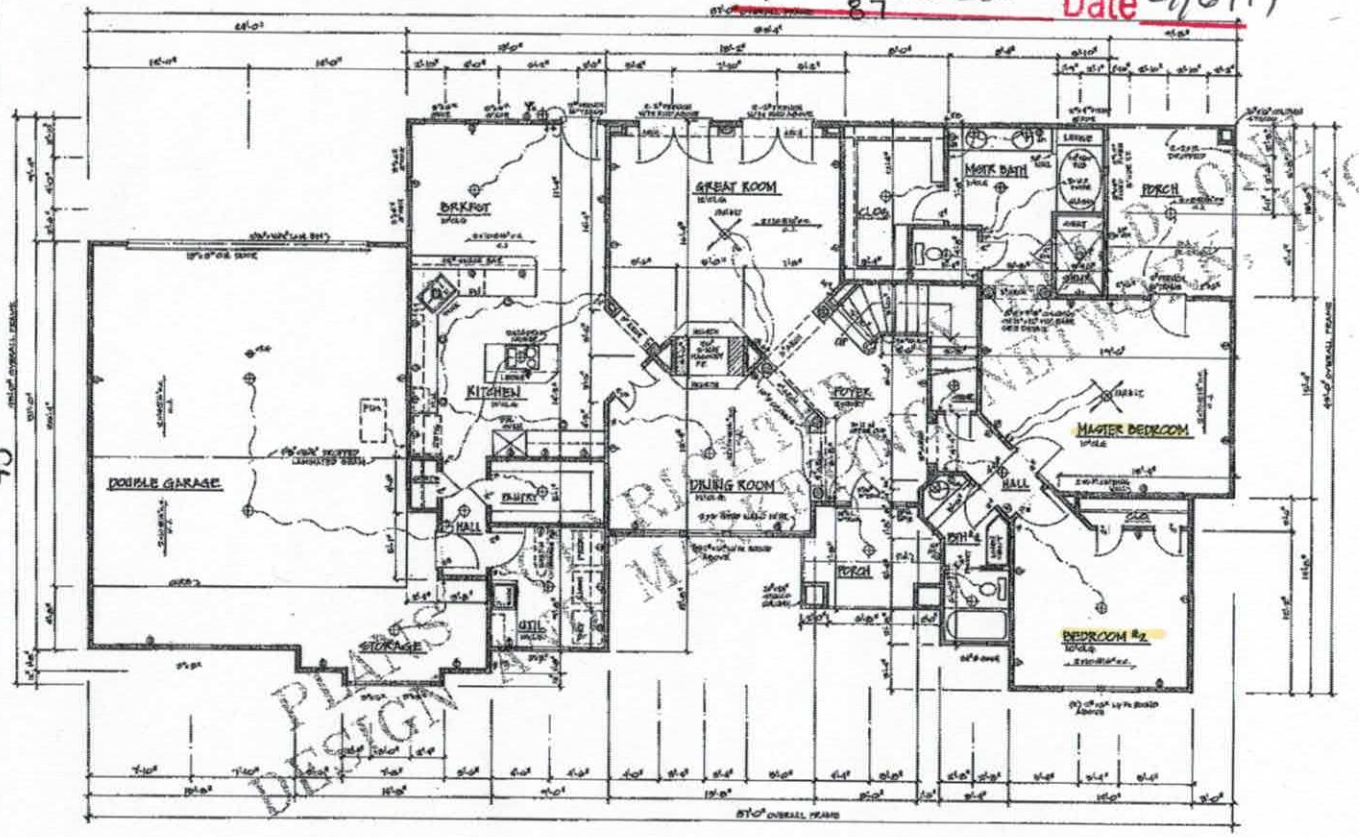

1" = 50'
Approved
11-21-13
DRAINAGE
-MENT
25' E
7.94'
125.00'
118.00'
29.02'
C6
S 27°32'52" E
LAKEVIEW LANE
45' PUBLIC R/W
N 27°32'52" W
L27
L2
C18
C5
L18
10' X 70'
SIGHT TRIANGLE
I LANE
249.60'
C17
4.52'
L4
64.10'
S 50°02'09" W
128.75'
64.6
S 27°32'52" E
274.13'
LOT
0.71
AC.
MBL
DRAINAGE
EASEMENT
20'
35' 84.40'
60'
60'
15'
N 63°53'54" E
128.87' TOTAL
44.48'
well
well
L5
25' MBL
C16
C19
C4
35' MBI
LOT 20
N

Kathleen Sanders 4-5-17 Acknowledgement Of Poinsettia

Plans Submittal ONLY!

Date

Date 4/6/17



ELECTRICAL NOTES:

ELECTRICAL LAYOUT & WORK TO MEET ALL LOCAL CODES.

PROVIDE FOR A/C UNIT.

PROVIDE SMOKE & FIRE DETECTOR AT BEDROOM LOCATION PER CODE.

A/C UNIT LOCATIONS ARE NOT TO BE SITED NEXT TO MASTER BEDROOM OR PATIO AREA.

PROVIDE GROUND FAULT PROTECTION AS PER CODE.

PREWIRE FOR GARAGE DOOR OPENER.

PROVIDE GFI OUTLETS AT FRONT AND BACK OF HOUSE.

BLOCK & PREWIRE SEPARATE SWITCHES TO LIGHT AND CEILING FAN.

VENT-A-HOOD OUTLET TO ACCOMMODATE MICROWAVE OVEN.

HVAC NOTES:

DUCT LAYOUT & SIZE PER MECHANICAL CONTRACTOR PROVIDE FOR A/C UNIT.

DO NOT LOCATE A/C UNITS AT MASTER BEDROOM OR PATIO AREAS.

DO NOT LOCATE HEATING UNIT OVER AREAS WITH A SPAN MORE THAN 18'-0".

PLUMBERS NOTES:

PLUMBING TO MEET ALL LOCAL CODES.

PROVIDE GAS TO WATER HEATER & HVAC.

LOCATE WATER HEATER IN ATTIC IN METAL PAN W/AUXILIARY DRAIN TO OUTSIDE.

ALL GAS VENT TO BE VENTED AT TOPOUT.

PROVIDE INSIDE MAIN WATER CUT-OFF.

ALL COCK LOCATION AT FRONT AND BACK.

ALL STACKS TO BE LOCATED ON REAR OF HOUSE EXCEPT RANGE.

PROVIDE BLOCKING IF SILL PLATE OR JOISTS ARE CUT INTO.

PROVIDE SHOWER CURTAIN ROD AT TUB IN BATH #2.

BATH NOTES:

SYN MARBLE DRAIN, SPLASH, AND LAVATORIES.

SYN MARBLE WALLS AND GLASS TO BE 6'-0" AFF AT MASTER SHOWER.

TILE WALLS IN TUB ALCOVE TO BE 6'-0" AFF. AT BATH #2.

PLEASE NOTE:
ALL CURRENT FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS OF THESE BUILDERS AND ARE TO BE ADHERED TO EVEN IF THEY ARE IN VARIANCE WITH THE PLAN. THE ASSISTANCE OF A LOCAL ENGINEER, ARCHITECT OR BUILDING DESIGNER IS USUALLY NECESSARY TO COMPLY WITH LOCAL CODES AND/OR BUILDING SITE CONDITIONS. BUILD ONE DESIGN AND MARK-RITE HOMES, INC. MUST BE NOTIFIED IN WRITING OF ANY HUMAN ERRORS AND GIVEN TIME TO CORRECT ANY ERRORS BEFORE YOU CONTINUE WORK.

DESIGNER ASSUMES NO RESPONSIBILITY FOR ANY PHASE OF CONSTRUCTION OR COMPLETED BUILDING.

PLAN NO.
30-17A-RL

ROOMS:

AREAS:

DIMENSIONS:

Plans Designed By:

LARRY D. BEAM
R.E.D. Cert. No. 3-100

AMERICAN INSTITUTE OF BUILDING DESIGN

SURVEY & SURVEYING SERVICES, INC.

JOB No.
985-98

SHEET NO.
3

FIRST FLOOR PLAN

PLANS DESIGN

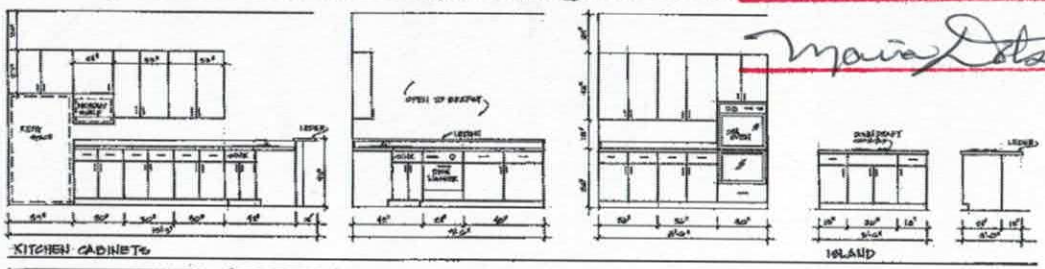
MARK-RITE HOMES, INC.

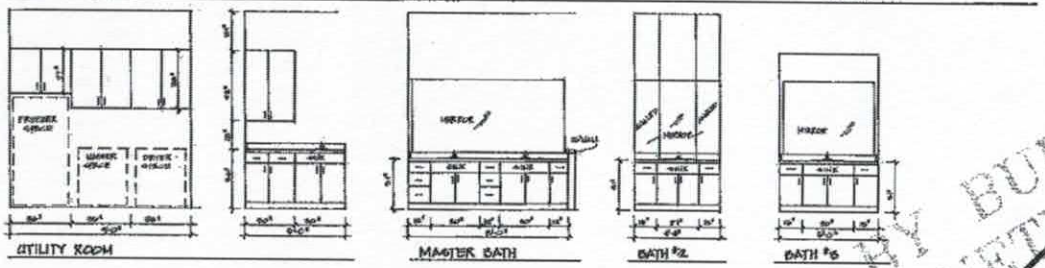
CLIENT IS LIMITED TO ONE TIME USE OF PLANS PER CONTRACT OR USAGE FEE

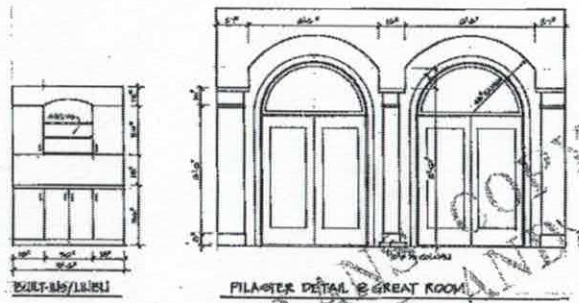
Acknowledgement Of
Plans Submittal ONLY!

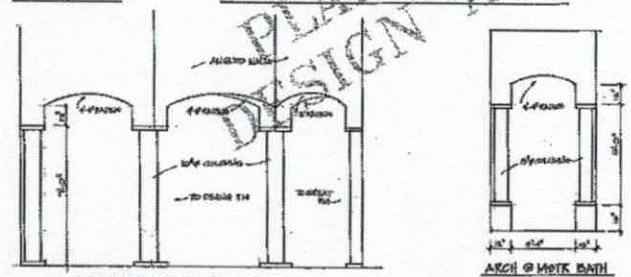
Kathleen Sanchez 4-5-17 Date Poinsettia

Maria Delosa Date 4/6/17



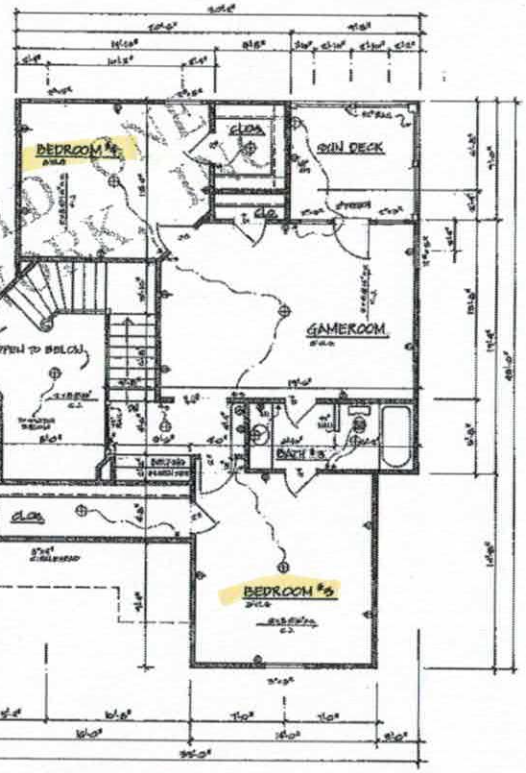






FRAMING NOTES:

INTERIOR DETAILS



SECOND FLOOR PLAN

PLEASE NOTE:
ALL CURRENT FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS, ETC. SHALL BE CONSIDERED AS PARS OF THE SPECIFICATIONS OF THIS BUILDING AND ARE TO BE ADHERED TO EVEN IF THEY ARE IN VARIANCE WITH THE PLAN. THE ASSISTANCE OF A LOCAL ENGINEER, ARCHITECT, OR BUILDING DESIGNER IS USUALLY NECESSARY TO COMPLY WITH LOCAL CODES AND/OR BUILDING SITE CONDITIONS. BUILD ONE DESIGN AND MARKETING NETWORK, INC. AND ITS INSURED SHALL NOT BE RESPONSIBLE FOR ANY HUMAN ERRORS AND/OR TIME TO CORRECT ANY ERRORS BEFORE YOU CONTINUE WORK.

DESIGNER ASSUMES NO RESPONSIBILITY OVER ANY PHASE OF CONSTRUCTION OR COMPLETED BUILDING.

PLAN NO.
30-17A-RL

ROOMS:

AREAS:

DIMENSIONS:

Plans Designed By:

JOB No.
995-94

SHEET NO.
4

PLANS COPYRIGHTED BY BUILD ONE DESIGN AND MARKETING NETWORK, INC.

CLIENT IS LIMITED TO ONE TIME USE OF PLANS PER CONTRACT OR USAGE FEE

SECOND FLOOR PLAN / DETAILS

IREDELL COUNTY

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

APPLICATION NUMBER
225528
Issue Date: 03/09/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636427887.000	145 POINSETTIA LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STUTTS COVE LLC	Applicant: MARIN DEVELOPMENT COMP
Address: 156 B RACEWAY DR MOORESVILLE, NC 28117	Address: 16405 NORTHCROSS DRIVE SUITE G-1 HUNTERSVILLE, NC 28078
Phone:	Phone: 704-634-4057

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.710	35.00	35.00	15.00	25.00	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	95878	TOTAL FEES:	$ 77.25