IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216825

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

PIN # 4636-65-3771.000

APPLICANT: Adam David Homes LLC APPLICANT ADDRESS: 2004 Captains Way Mooresville NC 28037

SITE ADDRESS: 254 Mallard Way Mooresville NC 28117 PHONE: 704-302-6676 ALT. PHONE:

SITE DIRECTIONS: BSR, TL Mallard Way, Site on R

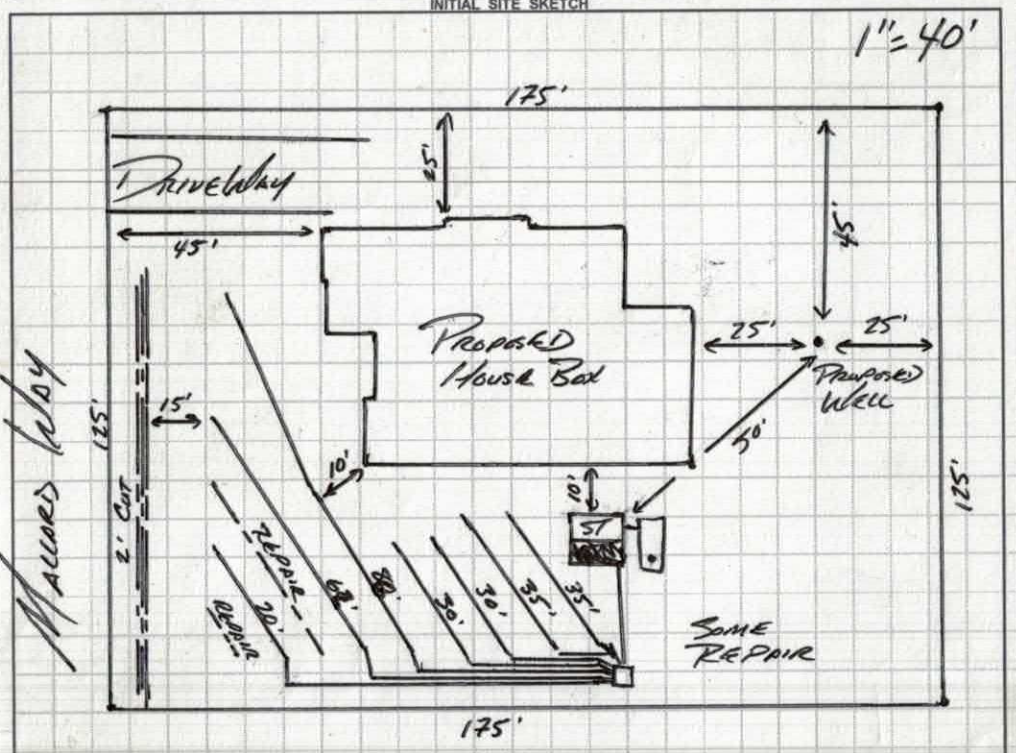
SUBDIVISION: Mallard Head Country Club SECTION: 2B LOT # 163 LOT AREA: .500 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	825	Date	5-4-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT	302	Date	6-17-16	System Description: LPP RDS				☐ Business	No. Persons	8	☒ Private	
Pump Make	Zoeller	Model	N152		Serial #		Repair System Description: LPP RDS (EXEMPT)				☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	7		Linear Ft:	290'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	24"	Max. Trench Bottom Depth	35" Lowest		Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

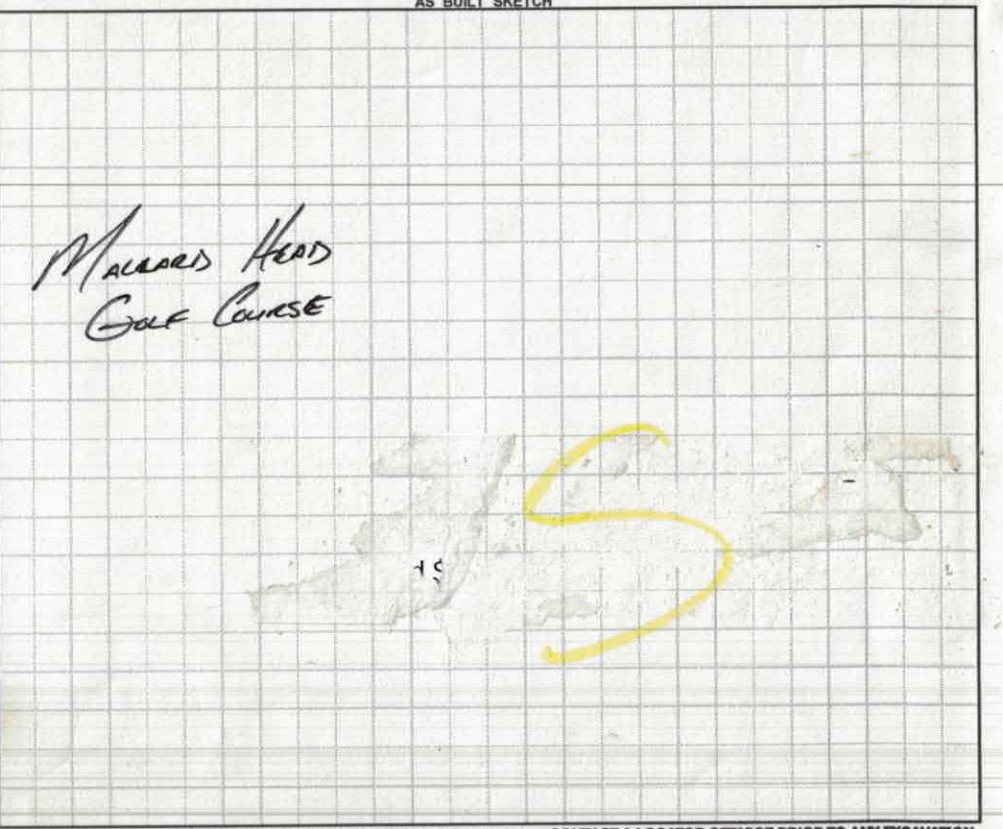
Comments / Conditions: Install As Drawn. Maintain 10' From House, 15' From 2' Cut, And 10' From Property Line w/ Drainfield.

1 Dose @ 226.8 Gal/Dose Through 5/32" Holes Per Panel. Install 63 Panels. 8.74 Run Time.

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: Date: 4.14.16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: APPROVED APR 04 2016 OPERATION PERMIT by: Date: 12-2016

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6-1-16 Existing System Inspected by: Date:

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

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

Sheet 1 of 4
PROPERTY ID #: 3771
COUNTY: Iredell

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

OWNER: FLI Holdings
ADDRESS: →
APPLICATION DATE 2/24/16
DATE EVALUATED: 3/3/16
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: .5 Acre
LOCATION OF SITE: 254 Mooresville Bypass Mtn. NC
PROPERTY RECORDED: 1978
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 CONSISTENCY/ 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
A1	NS/SS 5%	0-8	BSCL, SBK/WBK	FR, SS, SP	/	48"	F SAP INCL 28"-48"	/	.3
		8-45	RC, SBK	" " "					
		45-48	RCL, SBK	" " "					
A2	D 5%	0-10	BSL, GR	VFR, SS, SP	Few Mottles 18"-24"	48"	F-L SAP INCL 30"-48"	/	.275
		10-28	RC, ABK	FI, SS, SP					
		28-48	RC, SBK	FR, SS, SP					
3	D 5%	0-10	BSL/SCL, GR/WBK	VFR, SS SP	Drain Mottles 18"-36" Chroma 4	48"	F SAP INCL 38"-48"	/	.25
		10-36	RC, ABK	FI, S, P					
		36-48	RC, SBK	FI, SS, SP					
4	LL 5%	0-8	BSL/SCL, GR/WBK	VFR, SS, P	Drain Mottles 18-32"	48"	F-L SAP INCL 40-48"	/	.25 0-32" .275-.3 32"-48"
		8-32	RC, ABK/WBK	FI, S, P					
		32-48	RC, SBK	FR, SS, SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Approved	Approved
Site LTAR	.275	.25

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SC
OTHER(S) PRESENT: —

COMMENTS:

2/4

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)				
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					MOIST	WET
					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

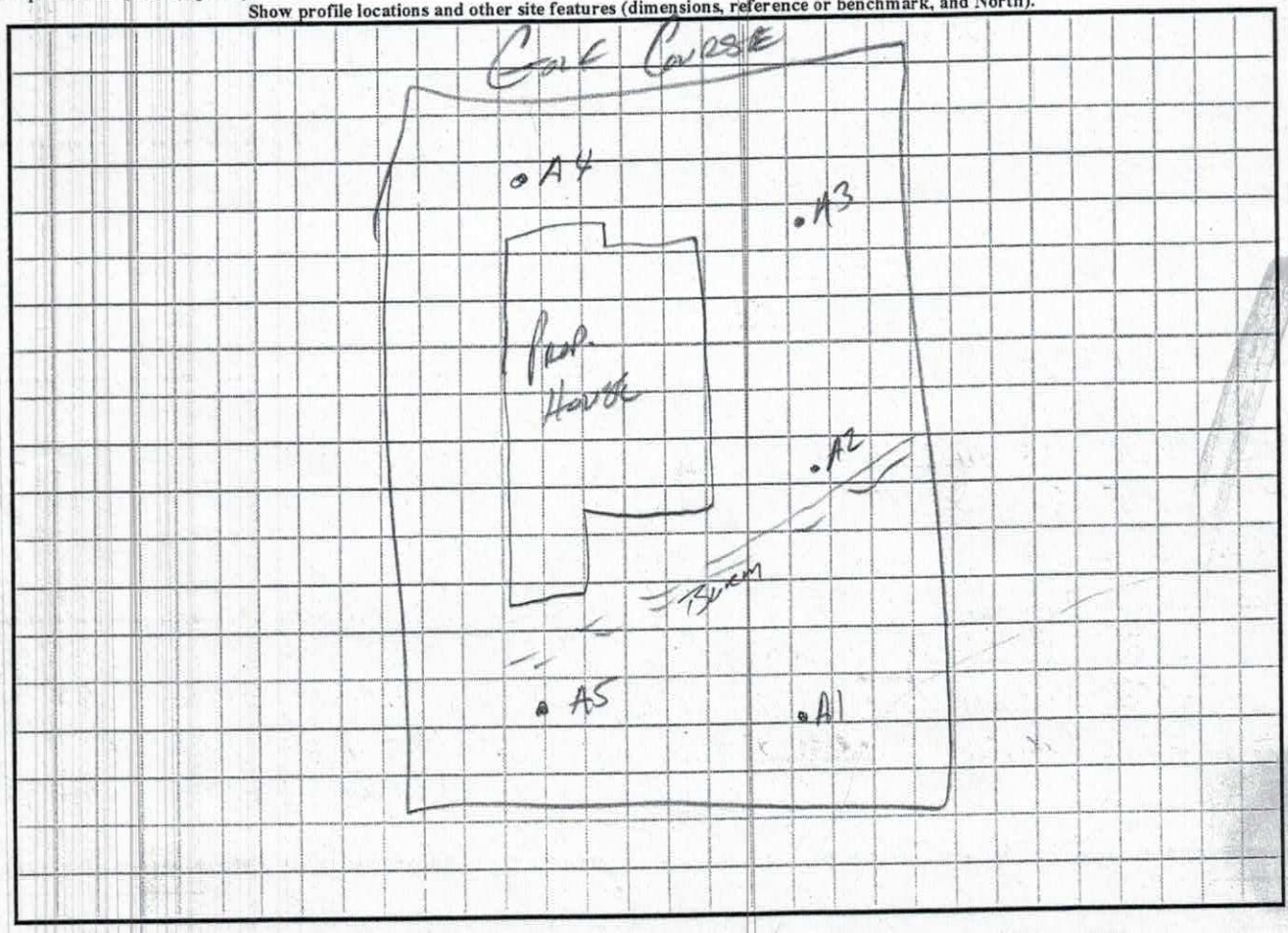
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



A5

0 - 6 BSCL WSBK — FR, SS, SP — FEW MOTTLES 18"-28" — F-C SOP INCL 34"-48" — .275

6 - 28 RC, ABK/some SOIC — FI, S, P

28-40 RC, SBK — FR, SS, SP

40-49 RCL, SBK

(.3 36" To 48"

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 3 of 4

PROPERTY ID #: _____

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____

ADDRESS: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
A S	LL 5%	0-6	TSCL, WSBK	FR, SS, ST	FEW MOTTLES 18"-28"	48"	F-L SAP INCL. 34"-48"	/	.275 (.3 36" TO 48")
		6-28	TRC, ABK/SBK	FI, S, P					
		28-40	TRC, SBK	FR, SS, SP					
		40-48	TRCL, SBK						

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: _____

* Soil Notes *

4/4

MALLARD WAY 60' R/W

60'
30'
0

S 04°40'00"E 125.00'

2' CUT

46.0'

35' FRONT SETBACK PER ZONING

40' FRONT SETBACK PER R.C.

GARAGE

PORCH

41.5'

33.0'

15' SIDE SETBACK PER ZONING & R.C.

15' SIDE SETBACK

PROPOSED HOUSE

LOT 162

LOT 163

LOT 164

N 85°20'00"E 175.00'

S 85°20'00"W 175.00'

PORCH

50' REAR SETBACK PER R.C.

35' REAR SETBACK PER ZONING

53.0'

N 04°40'00"W 125.00'

GOLF COURSE

VICINITY MAP
(NOT TO SCALE)

GENERAL NOTES:

1) PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED AND/OR RESTRICTIVE COVENANTS.
2) OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
3) ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE NOTED.
4) ALL AREAS SHOWN HEREON WERE DETERMINED BY COORDINATE COMPUTATION.

Design

35
35
30
30
80
60
20

Actual

P 35'
O 35'
C 34'
B 34'
W 85'
P 60'
R O 44'
C 27'
R B 9'

363'

7/6 11°, SE

200' @ .275

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ✓ Authorization To Construct ___ 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 #	Alternate Phone #
CALEB HILL	2004 CAPTAINS WAY DENVER NC 28037	7043026676	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
"	"	"	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
254 MALLARD WAY 28117	MALLARD HEAD	LOT 163

Driving Directions: WILLIAMSON RD TO BRAWLEY SCH RD L ON MALLARD WAY LOT ON RIGHT

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

(✓) 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 ( ) Community Well ( ) City Water ( ) Other Public Water

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other LPP PRPS

8. **Please Answer The Following** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes (✓) 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:** ___ Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 6-1-16 DATE

RECEIVED FEB 24 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ Existing System Inspection

#216825

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 #
CALEB HILL ADAM DAVID HOMES, LLC	2004 CAPTAINS WAY DENVER NC 28037	7043026676	
EL J HOLDINGS LTD			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
254 MALLARD WAY MOORESVILLE	MALLARD HEAD	163

Driving Directions: WILLIAMSON RD TO BRAWLEY SCH RD L ON MALLARD WAY LOT ON RIGHT

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to ___
( ) Other ___

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

(✓) 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 ( ) Community Well ( ) City Water ( ) Other Public Water

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes (✓) 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: ___ 2.24.16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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, FLJ Holdings, LP, am the legal owner(s) of the property located at 163 Mallard Way, identified as PIN (Parcel Identification Number) 4636-65-3771, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) FLJ Colony, LLC Manager & David L Jones Managing Member, 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

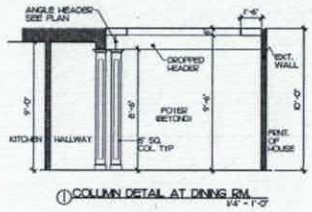
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	3/15/14 Date	Signature of Witness	3/15/14 Date

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

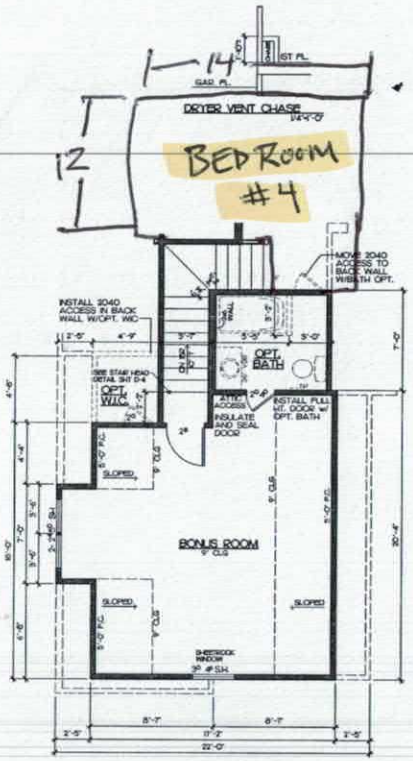
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



① COLUMN DETAIL AT DINING RM.
3/4" = 1'-0"

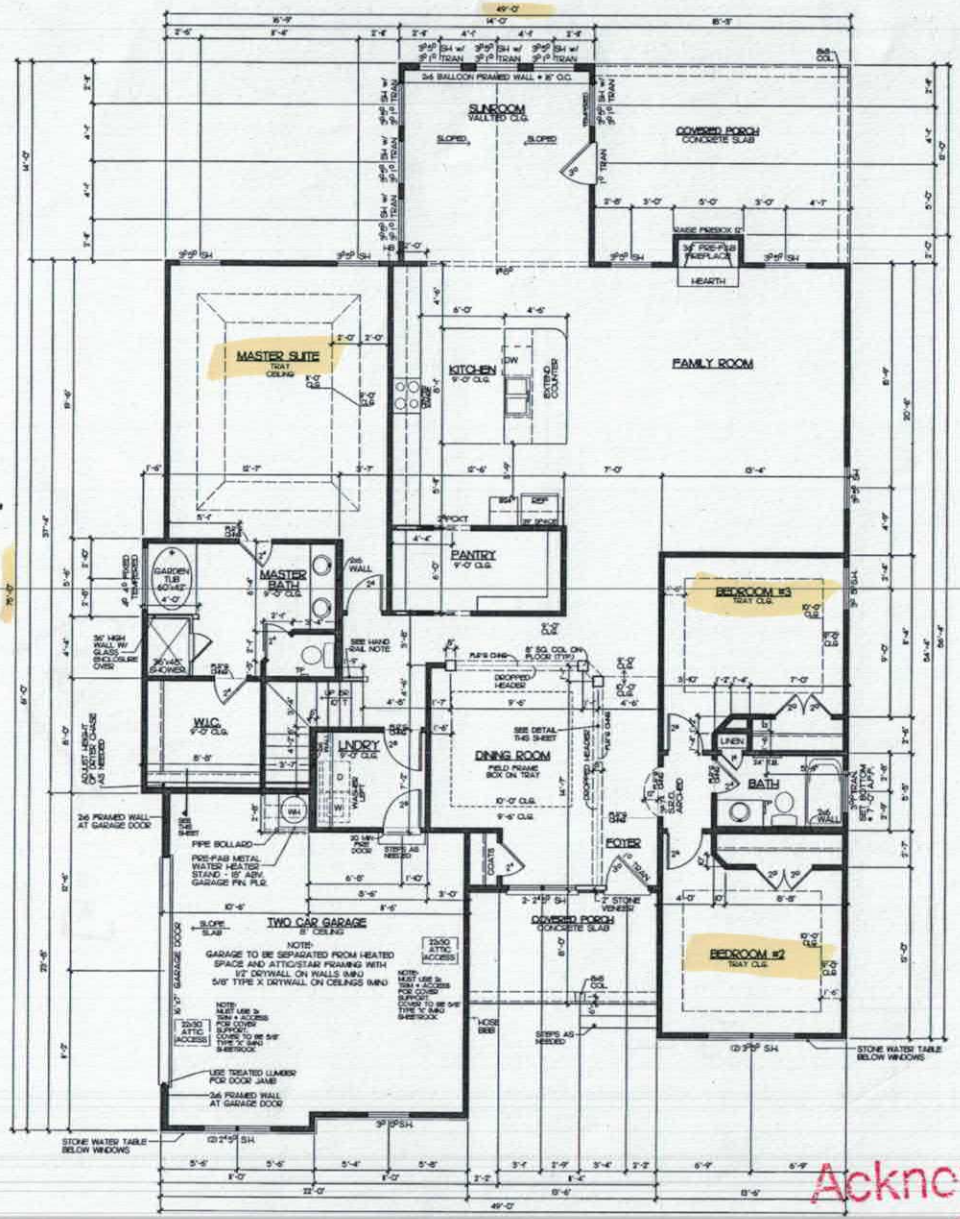


TYPICAL INTERIOR COLUMN IN PLAN
NTS



BONUS RM. PLAN

NOTES:
- WINDOW R.O. TO BE SAME AS WINDOW CALL OUT
- SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS
- CASED OPENING AT ALL BI-FOLD DOORS



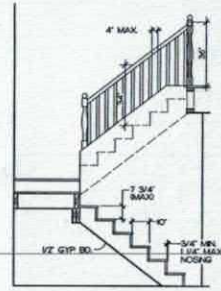
FIRST FLOOR PLAN

NOTES:
- WINDOW R.O. TO BE SAME AS WINDOW CALL OUT
- SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS
- CASED OPENING AT ALL BI-FOLD DOORS
- SEE DETAIL SHEET FOR ADDITIONAL DETAILS

SQUARE FOOTAGE
FIRST FLOOR - 2,413
SECOND FLOOR - 354
TOTAL - 2,767
OPT. BATH - 61
OPT. WIC - 23
FRONT PORCH - 108
REAR PORCH - 245
2 CAR GARAGE - 477

HANDRAIL NOTE

HAND RAIL TO BE ESTHER HALF WALL WITH WOOD CAP OR OPEN HANDRAIL WITH WOOD SPINDLES. COORDINATE TYPE WITH BIDDERS SPECS. FOR HALF WALL SEE DETAIL SHEET D-4. FOR OPEN TYPE HANDRAIL COORDINATE WITH STAIRCASE SUPPLIER.



TYPICAL STAIR DETAIL
STAIR CONFIG PER2 PLAN
3/8"=1'-0"

NOTE: ALL WINDOWS TO BE LOW E GLASS

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UN-HEATED SIDE OF ALL KNEE WALLS.
2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF 2012 N.C.R.C. SECTION R623 OR R624.

FIRST FLOOR PLAN
1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2009 N.C.R.C.

Date 6/1/16

Date 6-1-16

Drafting & Design Inc
Charlotte NC
704-542-9658

COPYRIGHT STATEMENT

Project: The Shelburne
Sheet Title: FLOOR PLAN

Drawn By: S. BROOKS
Date: 10-30-14
REV: 11-25-14

ADM2463FP

Sheet: 3

IREDELL COUNTY

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

APPLICATION NUMBER
216825
Issue Date: 02/24/2016

ZONING PERMIT FILE COPY

Open Space

Parcel Number	Street Address	Jurisdiction
4636653771.000	254 MALLARD WAY, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: ELJ HOLDINGS LTDP	Applicant: ADAM DAVID HOMES LLC
Address: 18 IREDELL CO, NC 28625	Address: 2004 CAPTAIN'S WAY MOORESVILLE, NC 28037
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.500	35.00	35.00	15.00	15.00	CA	X

Remarks:

PAID
Credit
2-24-16

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: See Attached Date: _____

Permit Number	61111	TOTAL FEES:	$ 77.25