ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309498

PIN # 4637 -62 -5010

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

APPLICANT/OWNER: Sullivan Tierney Industries | APPLICANT ADDRESS: 271 Milford Circle Mooresville NC 28117

SITE ADDRESS: 146 McNeil Lane Mooresville NC 28117 | PHONE: | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd @ Ocie Tree @ McNeil Lane | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Estates at Ocie Tree | SECTION: - | LOT # 29 | LOT AREA: .69 Ac | DESIGN FLOW: 480 | L.T.A.R.: 30

Septic Tank 1000 (gal) | STB 760 | Date 7-30-2021

Pump Tank - (gal) | PT - | Date -

Pump Make - | Model - | Serial # -

Nitrification Fields 1 | # Lines 5 | Linear Ft 400

Trench Width 36" | Trench Bottom Depth (~~Low side~~) 36" Max | Gravel Depth

☒ New System ☐ Repair ☐ Expansion | System Type: I II ⓘ IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: Lp - Panel Blocks 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence | No. Bedrooms 4

☐ Business | No. Persons 8

☐ Other | No. Employees

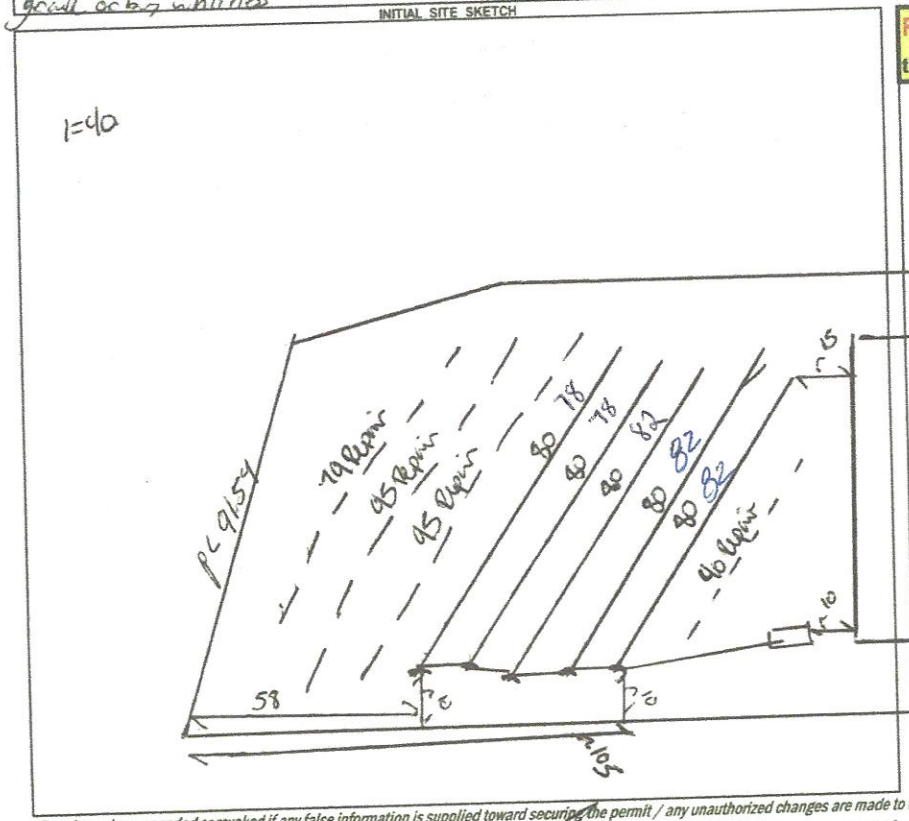
☐ Slab | ☒ Crawl Space

☐ Basement w/ plumbing | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on the Bowtour of the land and utilize Serial distribution. Do not exceed max depth of 36 inches. Do not Drive, park, pave grade or build on.

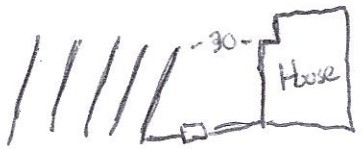
INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

TANK & UPPER 2 LINES CHECKED 9-14-2021



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: BEZ | Date: 12/15/2020

IMPROVEMENT PERMIT by: Benjamin A. Griffin | Date: 12-14-2020

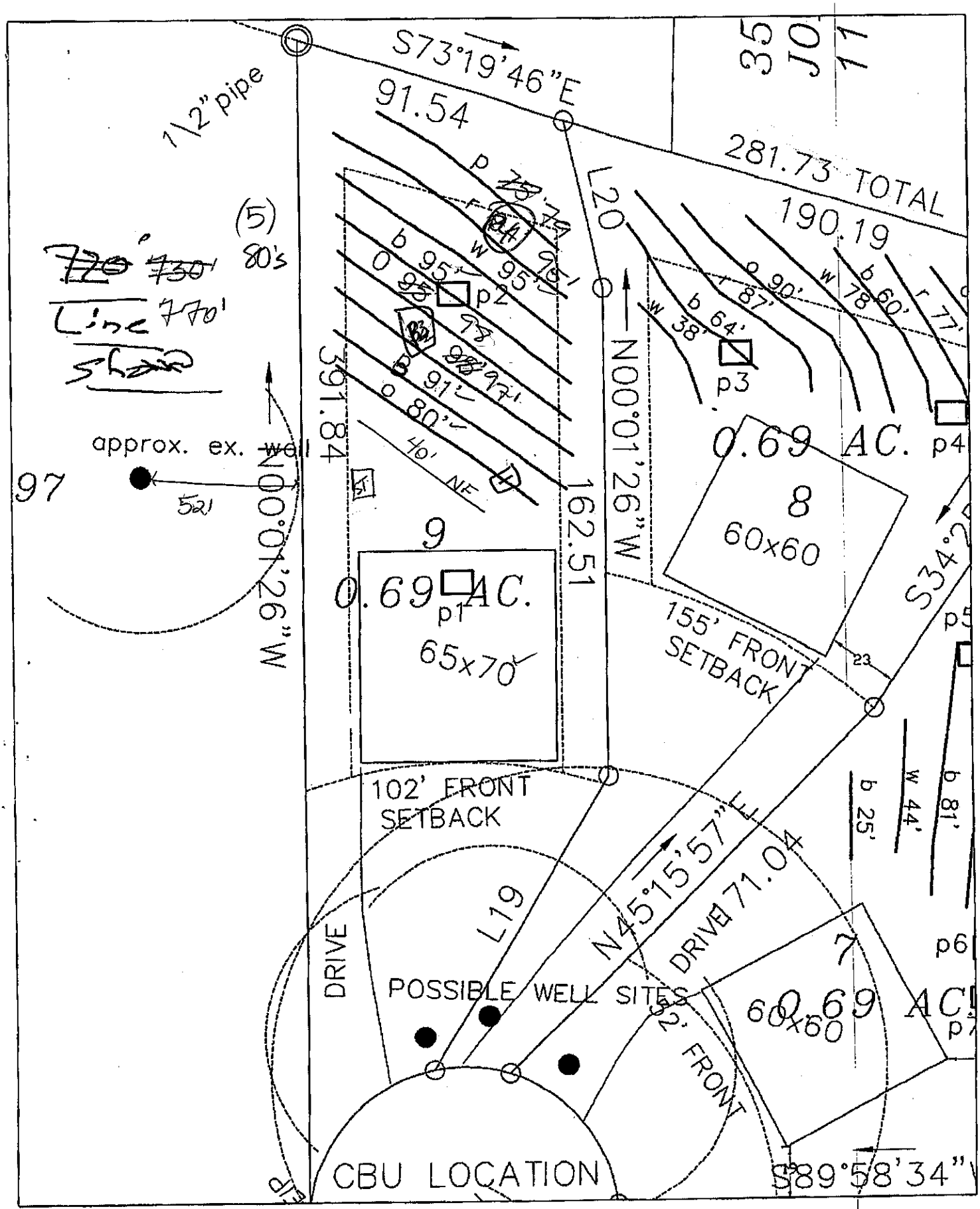
AUTHORIZATION TO CONSTRUCT by: Darl Griffin | Date: 12/28/20

Installed by: LENTZ | Date: 9/15/21

OPERATION PERMIT by: Cory White | Date:

Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



The Estates at Oak Tree Ridge Lot 9 Septic Site Plan 7.27.20
Base site plan from DAS. Approx. septic line locations. Refer to flags in field.
Septic system and well must be approved and permitted by ICHD.

1"=40'

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

1 of 9

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Sullivan
ADDRESS: Zylmit
PROPOSED FACILITY: 4BR House PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 146 McNeil

APPLICATION DATE 9/2020
DATE EVALUATED: 9/2020
PROPERTY SIZE: .61AC
PROPERTY RECORDED: Y/N

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	Ridge Side 2%/3%	0-33	C SBK	SS SP FR SEHP	2.5YR4/6 2.5YR5/6	53	—	—	PS .30 MAR36 Heavy Litho + Mica RSB
		33-53	CL WSBK	SS SP VFR					
2	Side	0-31	C SBK/ABK	SS SP FR SEHP	2.5YR4/6	52	—	—	PS .30 Litho 36.
		31-52	CL WSBK	SS SP FR					
3	Side	0-34	C SBK/ABK	SS SP FR SEHP	2.5YR4/6	52	-	-	PS .30 Litho Inclusions Mica.
		34-52	CL WSBK	SS SP FR					
4	Side	0-4	SCL	SS SP FR SEHP	2.5YR4/6	52	✓	—	PS .30
		4-22	C SBK/ABK	SS SP FR					
		22-52	CL WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267
System Type(s)	III	IV
Site LTAR	.50	.30

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948):
EVALUATED BY: Botkin
OTHER(S) PRESENT: Pennington

COMMENTS:

RECEIVED JUL 3 1 2020

AP-309498
$500.00

CALL PAUL PENNINGER FOR SITE VISIT 704.996.6330

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: ( ) 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: **(PRINT CLEARLY)**

Applicant Name: Sullivan Tierney Industries, Inc **Address:** 271 Milford Circle, Mooresville **Zip:** 28117

Applicant Email: brianetierney@hotmail.com **Phone:** 312 498 2456 **Alt. Phone:** _____

Owner Name: same as above **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 146 McNeil Lane

Subdivision Name: The Estates at Oak Tree Ridge **Section/Phase:** _____ **Lot Number:** 9

Driving Directions: Brawely School Road, R Oak Tree, R McNeil Lane

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____

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: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____

(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: _____ 7.26.20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

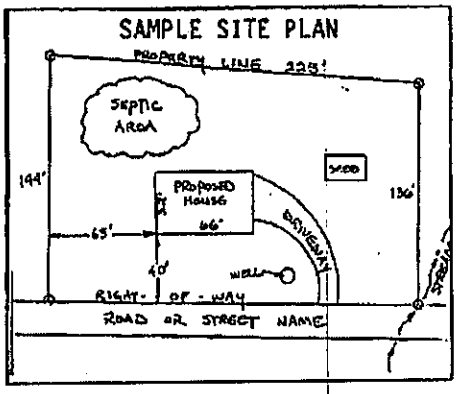
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (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

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 site plan.

Signature: _____

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

7.26.20

DATE

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)* BEJ

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, SULLIVAN TIERNEY INDUSTRIES INC, am the legal owner(s) of the property located at The Estates at Oak Tree Ridge Sub. Lot 1-9, identified as

PIN (Parcel Identification Number) 4637616408.000, located in Iredell County, North Carolina.
I do hereby authorize **(print legal representative/company name)** Paul Penninger/Penninger Soil Consulting, 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.

BEJ Sullivan Tierney Industries LLC — 7/25/2020

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

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

APPLICATION NUMBER
309498 Issue Date: 07/28/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4637616408.000	242699 OAK TREE RD	Iredell County

Owner Information	Applicant Information
Name: SULLIVAN TIERNEY INDUSTRIES INC	Name: SULLIVAN TIERNEY INDUSTRIES INC
Address: 271 MILFORD CIR	Address: 271 MILFORD CIR
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone: (312)498-2456	Phone: (312)498-2456

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
7.55	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

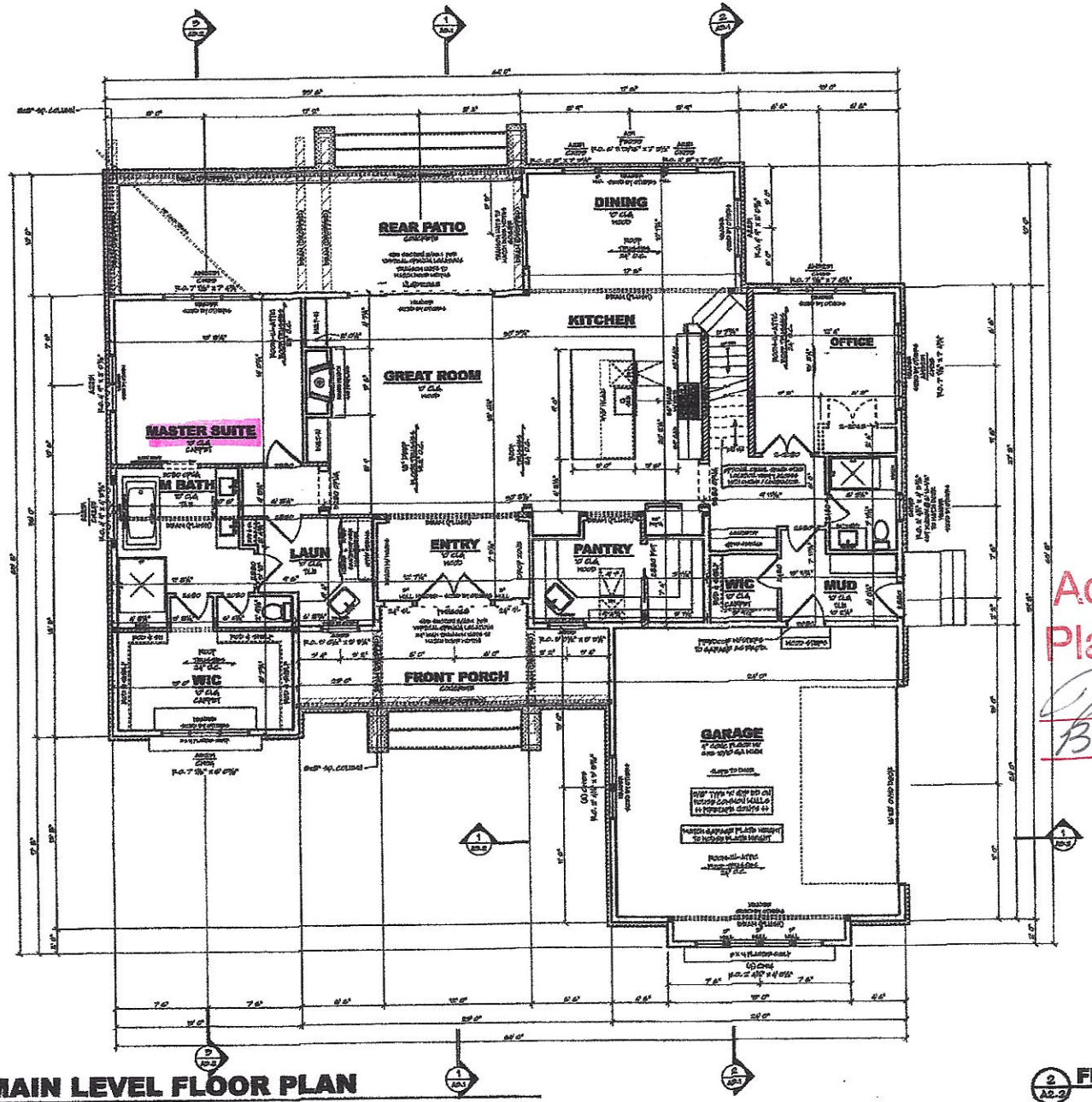
Remarks
SFD - NEEDS ZD - 146 MCNEIL - HOLD BU FOR RECORDED PLAT

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.

Date: 07/28/2020

Signature of Owner/Contractor

Permit Number	309498	TOTAL FEES:	$77.25



MAIN LEVEL FLOOR PLAN

SCALE: 1/4" = 1'-0"

GENERAL NOTES

- ALL CONSTRUCTION SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS.
- DIMENSIONS ARE FROM BETWEEN FACE OF EXTERIOR STUD WALLS AND CENTERLINE OF INTERIOR PARTITIONS.
- WHERE SHOWN HEIGHT MEASURED FROM TO MINOR FINISH FLOOR AND ASSUMED AND CONCRETE, THE CONTRACTOR MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.
- ANY DEVIATIONS OR CHANGES OF STRUCTURAL MEMBERS SUCH AS PARTIONS, WINDOW OR DOOR OPENINGS, BEAMS, COLUMNS, FOOTINGS, CRAWLING ETC. THAT APPEAR ON THESE PLANS ARE NOT TO BE MADE WITHOUT AN ENGINEERS APPROVAL AND SHALL REQUIRE ADDITIONAL ENGINEERING AND IT IS RECOMMENDED A PROFESSIONAL ENGINEER BE RETAINED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INCLUDED IN THIS DRAWING.

WINDOWS
- ALL EGRESS WINDOWS TO HAVE MINIMUM CLEAR OPENING OF 5.7 SQ. FT. AND NOT LESS THAN 24" IN HEIGHT AND 20" IN WIDTH.
- WINDOWS LOCATED WITHIN 24" OF DOOR OR WITHIN 60" OF FLOOR SHALL BE TEMPERED GLASS.
- WINDOWS LOCATED WITHIN 18" OF FLOOR SHALL BE TEMPERED GLASS.
- WINDOWS LOCATED WITHIN 60" OF TUB OR SHOWER SHALL BE TEMPERED GLASS.

FLOOR SYSTEM
- ENGINEERED WOOD FLOOR TRUSSES
- TO BEARING ON NOT LESS THAN MINIMUM OF 1 1/2"
- TRUSS MANUFACTURER TO PROVIDE DRAWINGS FOR ALL SUPPORT AND POINT LOADS.
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF AIR CONDITIONER LOADS, SUCH AS ADDITIONAL CONCENTRATIONS, AND PROVIDE FURTHER FRAMING AS REQUIRED

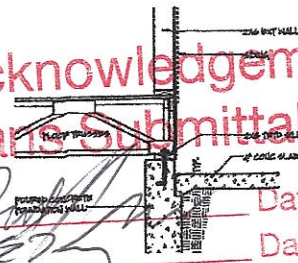
FRAMING
- 10" LVL OR PLATE HEIGHT (U.N.O.)
- 2X6 WALLS AT ALL EXTERIOR WALLS.
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS

■ - INDICATES OVERHEAD POINT LOAD
- PROVIDE ADDITIONAL JOIST FRAMING AT CANTILEVERS TO SUPPORTING WALL - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

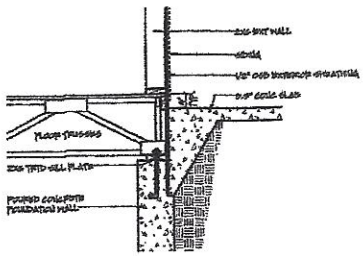
A		
B		
C		
D		
E		
F		
G		

Acknowledgement of Plans Submittal ONLY!
Date 12/28/2
Date 12/30/2020

FLOOR TRUSSES - PERPENDICULAR HOUSE / GARAGE



FLOOR TRUSSES - PERPENDICULAR AT STOOP



FLOOR FRAMING DETAILS

SCALE: 3/4" = 1'-0"

ROYAL OAKS
3459 Lake Elmo Ave
Lake Elmo, MN
651-994-2726
www.royaloaksdesign.com

CL-20-002
CRAWL SPACE
STD. 2-CAR SIDE

MAIN FLOOR

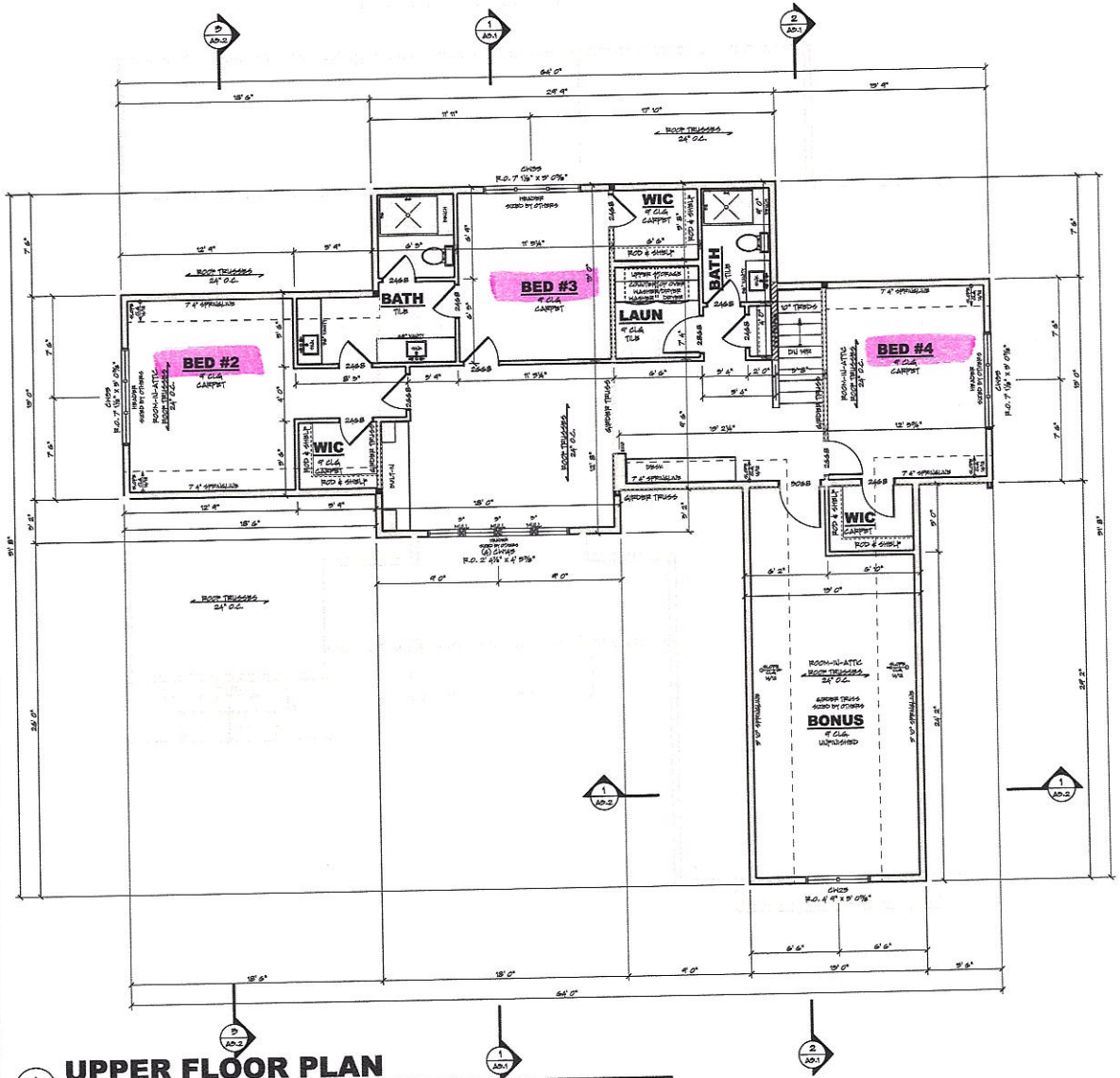
Document Date: 7/8/2020
Document Phase:
Drawn by: DM.

ISSUE	DATE	REMARK
1		

MAIN LEVEL FLOOR PLAN

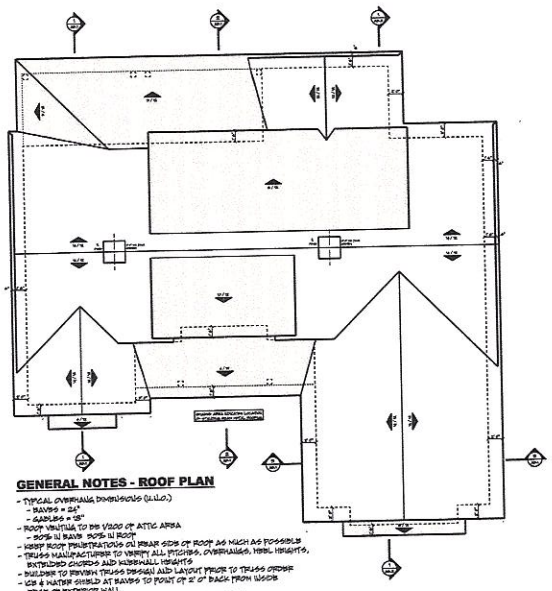
A2.2

©Royal Oaks Design, Inc.
The use of these plans and specifications is restricted to the original site which they were prepared. Re-use, reproduction or publication by any method in whole or in part is prohibited, unless authorized by Royal Oaks Design. Ownership of the design, plans, and specifications is solely with Royal Oaks Design.



UPPER FLOOR PLAN

1 A2.3 — SCALE : 1/4" = 1' 0"



GENERAL NOTES - ROOF PLAN

- TYPICAL OVERHANG DIMENSIONS (U.N.O.)
  - EAVES = 24"
  - GABLES = 6"
- ROOF VENTING TO BE 1/300 OF ATTIC AREA
  - 50% IN EAVE 50% IN ROOF
- KEEP ROOF PENETRATIONS ON REAR SIDE OF ROOF AS MUCH AS POSSIBLE
- TRUSS MANUFACTURER TO VERIFY ALL PITCHES, OVERHANGS, HEEL HEIGHTS, BATHTUB CHORDS AND HURRICANE HEIGHTS
- BUILDER TO REVIEW TRUSS DESIGN AND LAYOUT PRIOR TO TRUSS ORDER
- ICE & WATER SHIELD AT EAVES TO POINT OF 2' 0" BACK FROM INSIDE EDGE OF EXTERIOR WALL
- PULL ICE & WATER SHIELD ON ROOF PITCHES LESS THAN 4/12
- ROOFING CONTRACTOR TO INSTALL KICKOUT FLASHING AS NEEDED
  - EXTERIOR WALL FINISHER TO VERIFY INSTALLATION PRIOR TO FINISHING

ROOF PLAN

2 A2.3 — SCALE : 1/8" = 1' 0"

DOOR SCHEDULE SYMBOL
2468 REPRESENTS A 2' 4" WIDE x 6'-8" HIGH DOOR

Acknowledgement of Plans Submittal ONLY!

GENERAL NOTES

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM EXTERIOR FACE OF EXTERIOR WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER/BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS AND/OR PROPOSALS FOR SAME.
- ANY LOCATIONS OF GIRDER, STRUCTURAL WOOD, HEADER, FOOTINGS, FOUNDATION WALLS, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. THAT APPEAR ON THESE PLANS ARE FOR DESIGN REVIEW AND BIDDING PURPOSES ONLY. IT IS RECOMMENDED A PROFESSIONAL ENGINEER BE HIRED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INCLUDED IN THIS STRUCTURE.

WINDOWS

- ANDERSEN 400 SERIES
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 7' 11-5/8" (U.N.O.)
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MEET L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING

- 7 1/8" PLATE HEIGHT (U.N.O.)
- 2X6 WALLS AT ALL FRONT DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS

■ - INDICATES FRAMING POINT LOAD
- PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

0' 2' 4' 8' 16'

ROYAL OAKS
3459 Lake Elmo Ave
Lake Elmo, MN
651-964-2726
www.royaloaksdesign.com
NATIONAL COUNCIL OF
Kieran J. Liebl 24-106

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR ANY STRUCTURAL OR DIMENSIONAL ERRORS OR OMISSIONS. THE CONTRACTOR AND/OR OWNER IS RESPONSIBLE FOR CONFIRMING AND CHECKING ALL DIMENSIONS, DETAILS, ELEVATIONS, SECTIONS AND FLOOR PLANS AND NOTIFY ROYAL OAKS DESIGN, INC. OF ANY ERRORS PRIOR TO START OF CONSTRUCTION. ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR THE WORKMANSHIP OF THE SUB-CONTRACTORS.

CL-20-002
CRAWL SPACE
STD. 2-CAR SIDE

UPPER FLOOR

Document Date: 7/8/2020

Document Phase:

Drawn by: DML

ISSUE	DATE	REMARK
1	07/28/20	COMMENTS BY PT - DML

UPPER LEVEL FLOOR PLAN

5 **A2.3** 7

Copyright © 2018 Royal Oaks Design, Inc.

© Royal Oaks Design, Inc.

The use of these plans and specifications is restricted to the original site which they were prepared. Re-use, reproduction or publication by any method in whole or in part is prohibited, unless authorized by Royal Oaks Design. Ownership of the design, plans, and specifications is solely with Royal Oaks Design.

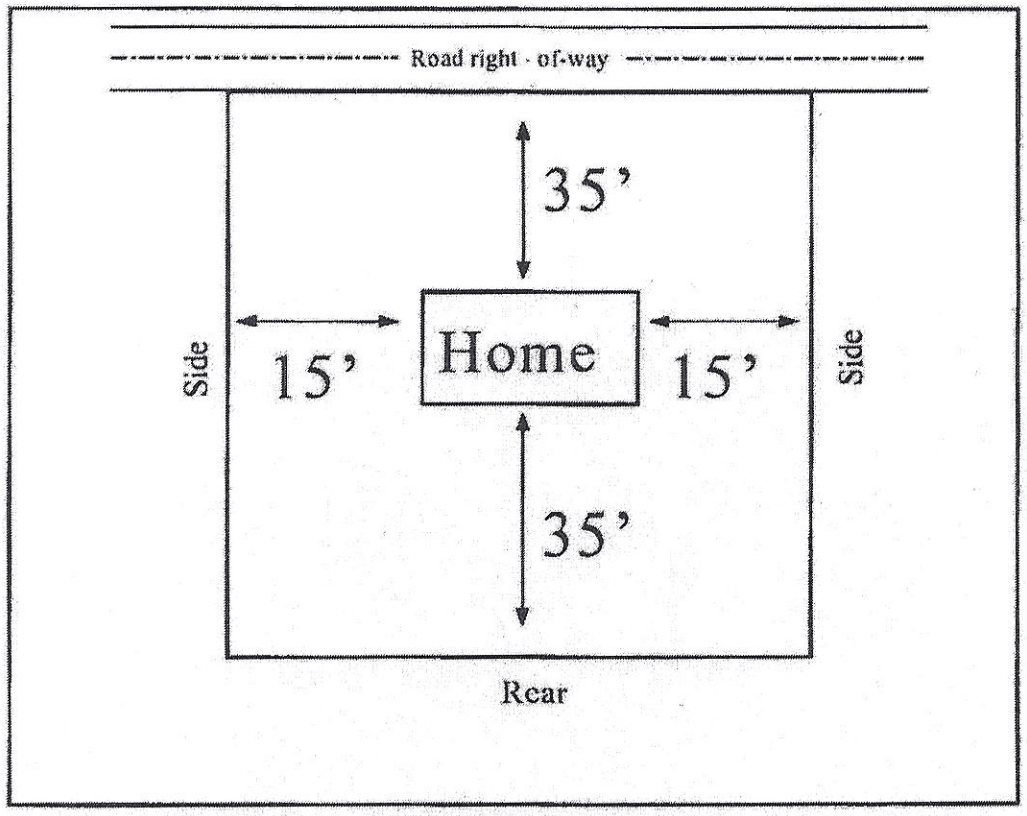
ZONING DISCLAIMER

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. Applicant further acknowledges that the 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.

[signature] 7-28-20

Applicant Date

STREET NAME: McNeil – The Estates @ Oak Tree Ridge.



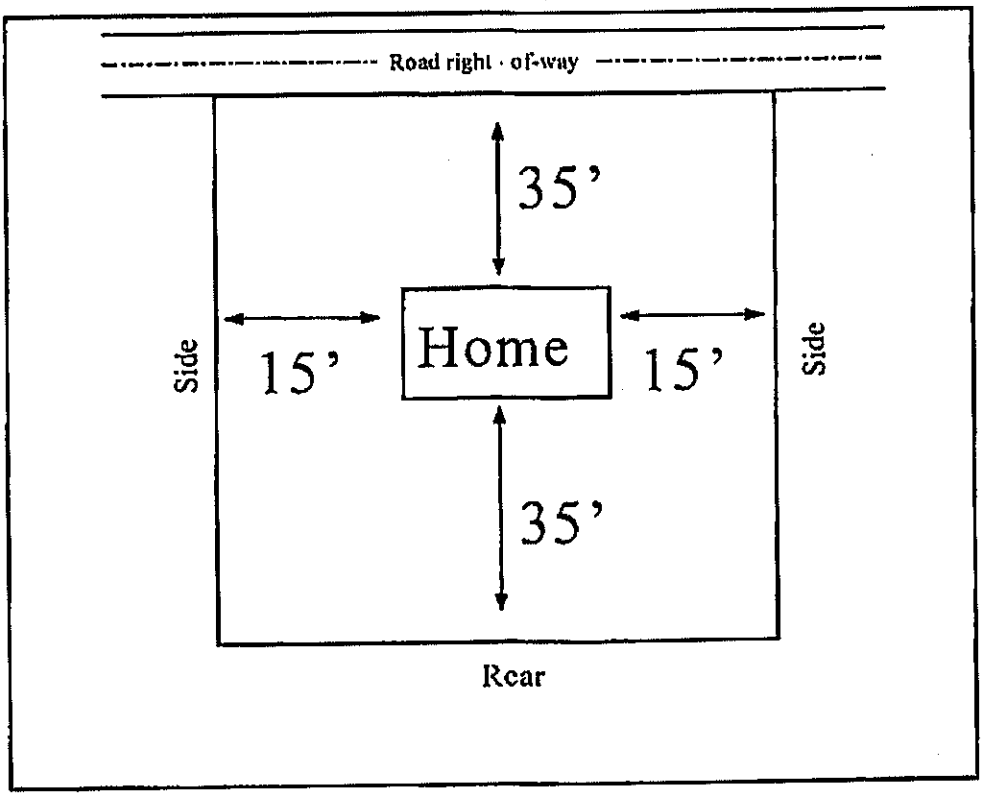
In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.

ZONING DISCLAIMER

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. Applicant further acknowledges that the 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

STREET NAME:



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.