Site Address: 672 Kenway Loop - Mrsv 28117 (1)

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 1606714235091 PIN # 4638189229 DATE June 10, 2011

OWNER or APPLICANT Woodbridge Partners LLC PHONE: Business 704-799-9770 Home:

OWNER or APPLICANT ADDRESS PO Box 3608 Mooresville NC 28117

LOCATION / DIRECTIONS Perth Rd N. Th Fern Hill Th 2nd Kenway Loop on left

SUBDIVISION Fernleaf BLOCK / SECTION 2 LOT # 24 LOT AREA .64Ac. DESIGN FLOW 480gpd L.T.A.R. .275

Septic Tank 1000 Gallons: STB 744 Date 3/30/19
Pump Tank ____ Gallons: PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines 6 Linear Feet 436
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI
System Description: 25% Reduction gravity
Repair System Description: LPP PPAPS
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions
Remove Berms
Final grading may allow 35' line to shift in position to place as lowest line

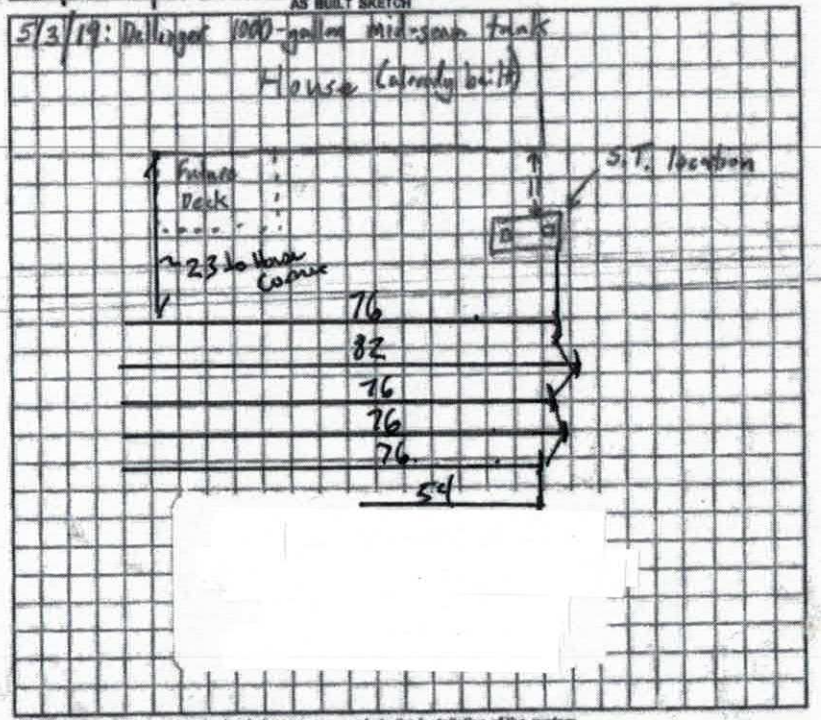
Comments / Conditions
* House must be built starting at 35' from front property line to accommodate added on deck so that septic system is not impacted *

INITIAL SITE SKETCH

See Plan from Kathleen Saunders, LSS
Approved by ICHD

AS BUILT SKETCH

5/3/19: Delivered 1000-gallon Mid-South tank



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.

☒ IMPROVEMENT PERMIT w / plot valid without expiration. ☐ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

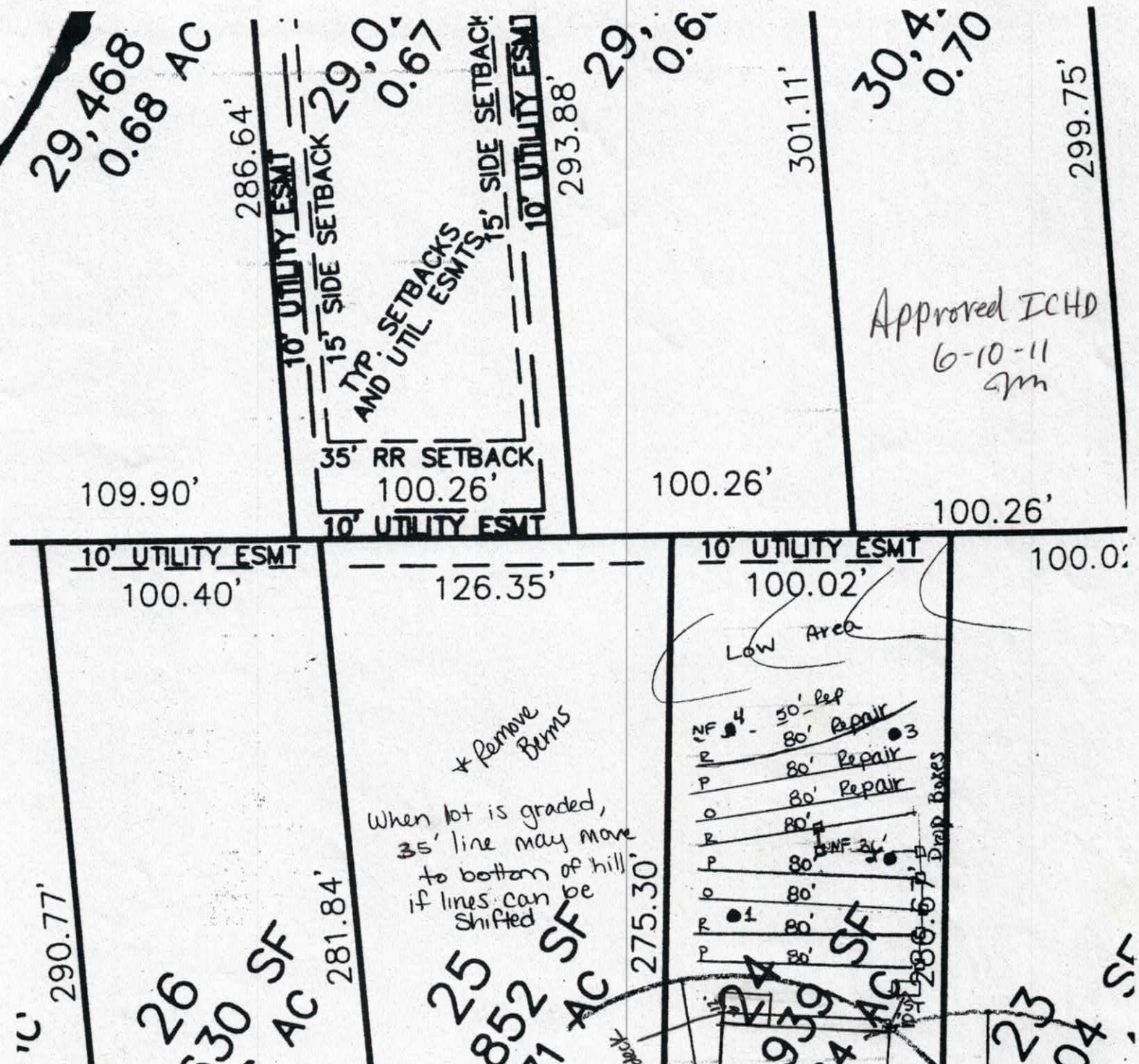
Owner / Applicant Signature: Kathleen Saunders Date 6/13/11
Improvement Permit by: Cindy Melville REHS Date 6-10-11
Authorization to Construct by: Kayla Wilson Date 7-30-18

Installed by: Carlos Rocha
Operation Permit by: Benjamin A Bottoms Date: 5/7/19.
Existing System Inspected by: ____ Date: ____

28.

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant



3/30/19 + STD 7494

ICHD copy



Date: May 19, 2011

To: Iredell County Environmental Health Department

From: Kathleen Saunders, LSS #1313

RE: Lot 24 Fern Leaf Subdivision Fast Tract Septic Improvement Permit Request

Please accept for submittal the following packet for review under the Fast Track Permitting Program for Iredell County, NC. This packet includes a zoning permit, scaled site plan, system design criteria, and soil descriptions prepared in conjunction with the Fast Track Program requirements by a Licensed Soil Scientist. It is ultimately the responsibility of the Iredell County Environmental Health Department staff to verify the information contained in this packet prior to issuing a Septic Improvement Permit. Please call me at your earliest convenience to arrange a time to meet on site (704-578-4951).

KATHLEEN M. SAUNDERS, LSS *Soil / Site Evaluations • Septic Permitting*
227 Grayland Road, Mooresville, NC 28115 • KathleenMSaunders@gmail.com • Mobile: (704) 578-4951

Lot 24 Fern Leaf Subdivision Fast Track

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.275**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	436
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	5' of 2" SCH 40 PVC
Siphon Break hole	Yes
Repair System	**LP PPBPS**
Total Linear Feet	290
Repair Loading Rate	0.275

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Pink	25% Reduction	80 endfed
2	System	Red	25% Reduction	80 endfed
3	System	Orange	25% Reduction	80 endfed
4	System	Pink	25% Reduction	80 endfed
5	System	NF	25% Reduction	36 endfed
6	System	Red	25% Reduction	80 centerfed
7	Repair	Orange	LP PPBPS	80
8	Repair	Pink	LP PPBPS	80
9	Repair	Red	LP PPBPS	80
10	Repair	NF	LP PPBPS	50
				Total System: 436'
				Total Repair: 290'

Note: Remove any berms to prevent upslope ponding
When lot is graded, lines may shift uphill

	L 15%	33-43	WK SBK CL	FR SS/SP	F/C Sap	Red			0.3 .275 Approved
		43-48	WK SBK CL	FR SS/SP	F Mn	Red			
3	L TS 12%	0-10	Mo GR SL	FR NS/NP		Br			0.3 .275 Approval
		10-30	Mo SBK C	FR SS/SP		Red			
		30-43	WK SBK CL	FR SS/SP	F Sap	Red			
		43-48	WK SBK CL	FR SS/SP	F/C Sap	Red	F yel Br		
4	L TS 3%	0-30	WK SBK SCL	FR SS/SP	F Mn	Br Red			0.3
		30-48	WK SBK CL	FR SS/SP		Red Br			
5									
6									

COMMENTS:

AC + well 235091

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 #
CORNERSTONE III PROPERTIES	4509 FAITH CH ROAD IVILLAGE TRAIL, NC	7043013229	
BULLER RIVER DEVELOPMENT	725 CHERRY RD. ROCK HILL SC 29732	803 325 1925	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
672 KENWAY LOOP	FERNLEAF	LOT-24

Driving Directions: KENWAY LOOP NORTH FERN HILL ROAD
NORTH / RIGHT KENWAY LOOP RD

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 4/4
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: Stan Pearly
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/24/18
DATE

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 X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**
   Non-Expiring

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Woodbridge Partners LLC	PO Box 3608 Mooresville, NC 28117		
Same (Owner Name)		Contact Kathleen Saunders, LSS	704-578-4951

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Fern Leaf	Lot # 24

Driving Directions: Hwy 150, R Perth, L Fern Hill Rd, L 2nd Kenway Loop, Lot on Left

****

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 8
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:**

(X) **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)***

( ) **Alternative** ( ) **Conventional** ( ) **Innovative** ( ) **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 Saunders — **Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**
   ~~4/10/11~~ 5/19/11 — **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, PAM HARDING, am the legal owner(s) of the property located at 672 KEHUAY Loop, identified as PIN (Parcel Identification Number) 4638 892 29, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) STAN PRESSLEY CORNERSTONE MT PROPERTIES, 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

Signature of Witness 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

STATE OF NORTH CAROLINA IREDELL COUNTY

"I, MARK C. CARTER, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 1902, PAGE 1112 OR OTHER REFERENCE SOURCE_____); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN BOOK_____ PAGE _____ OR OTHER REFERENCE SOURCE_____; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS 1:10,000, AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 20th DAY OF APRIL, 2018.

PROFESSIONAL LAND SURVEYOR

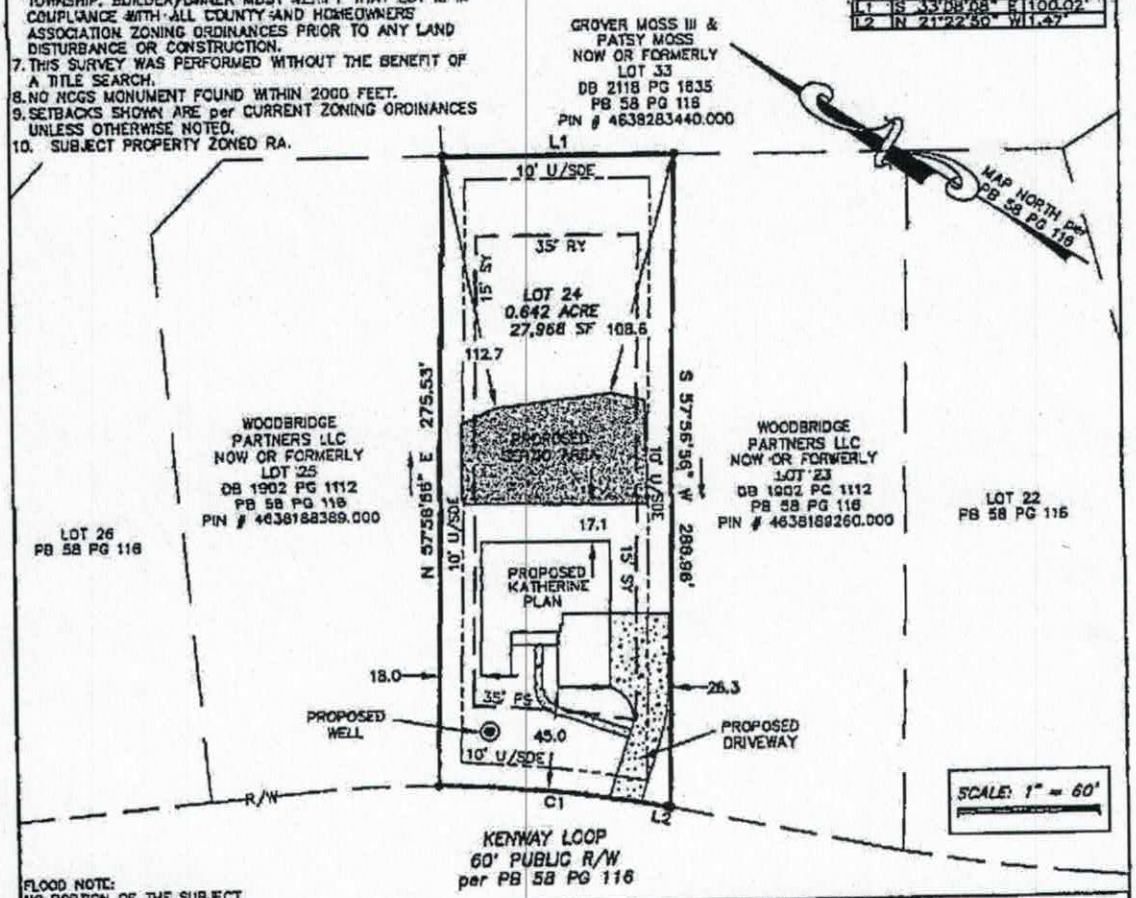
PRELIMINARY
NOT FOR SALES OR CONVEYANCES

LEGEND

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
MB	MAP BOOK
DB	DEED BOOK
PG	PAGE
FS	FRONT SETBACK
RY	REAR YARD
SY	SIDE YARD
U/SDE	UTILITY & STORM DRAIN EASMENT

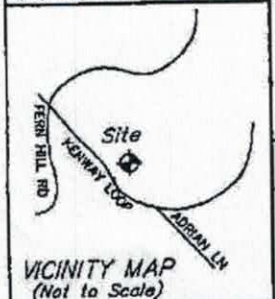
NOTES:
1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM IREDELL COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OF FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF DAVIDSON TOWNSHIP. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE per CURRENT ZONING ORDINANCES UNLESS OTHERWISE NOTED.
10. SUBJECT PROPERTY ZONED RA.

LINE TABLE		
LINE	BEARING	DISTANCE
L1	S 33°08'08" E	100.02'
L2	N 21°22'50" W	11.47'



CURVE TABLE					
CURVE	ARC LENGTH	RADIUS	DELTA ANGLE	CHORD BEARING	CHORD LENGTH
C1	99.14'	532.19'	10°40'23"	N 26°40'54" W	98.99'

FLOOD NOTE:
NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 3710463800J, DATED: MARCH 18, 2008.



VICINITY MAP
(Not to Scale)

PLOT PLAN
AT PROPERTY KNOWN AS
672 KENWAY LOOP
LOT 24, FERNLEAF, PHASE 2
PIN # 4638189229.000 , PB 58 PG 116, DB 1902 PG 1112
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
FOR
CORNERSTONE III PROPERTIES

PHOENIX LAND SURVEYING, INC
3318 OLD MONROE ROAD
STALLINGS, NORTH CAROLINA 28104
PH: (704)-335-1655
EMAIL: INFO@PHOENIX-SURVEYING.COM
FIRM # C-3912
Land Surveying
Land Planning

FIELD WORK: JF~ MAPPING: PGP, DZ, JF
PROJ # 1051-68-01 LOT 24 FERNLEAF

* 672 KENWAY Loop *

* KATHERINE PLAN *

Acknowledgement of Plans Submittal ONLY!

Date 7-30-18

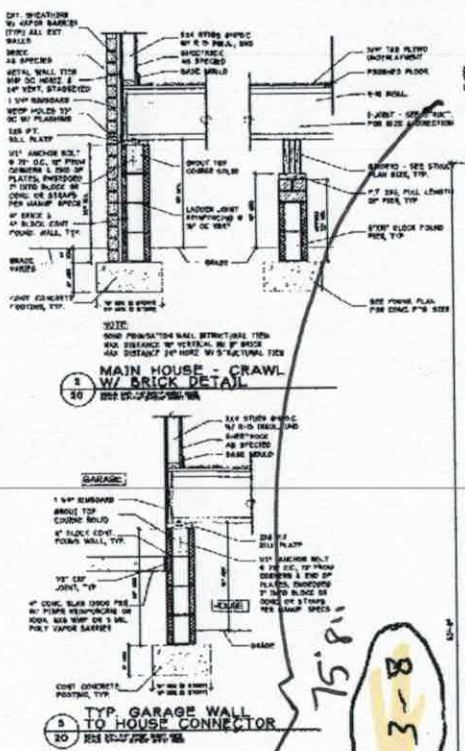
Date 2/22/19

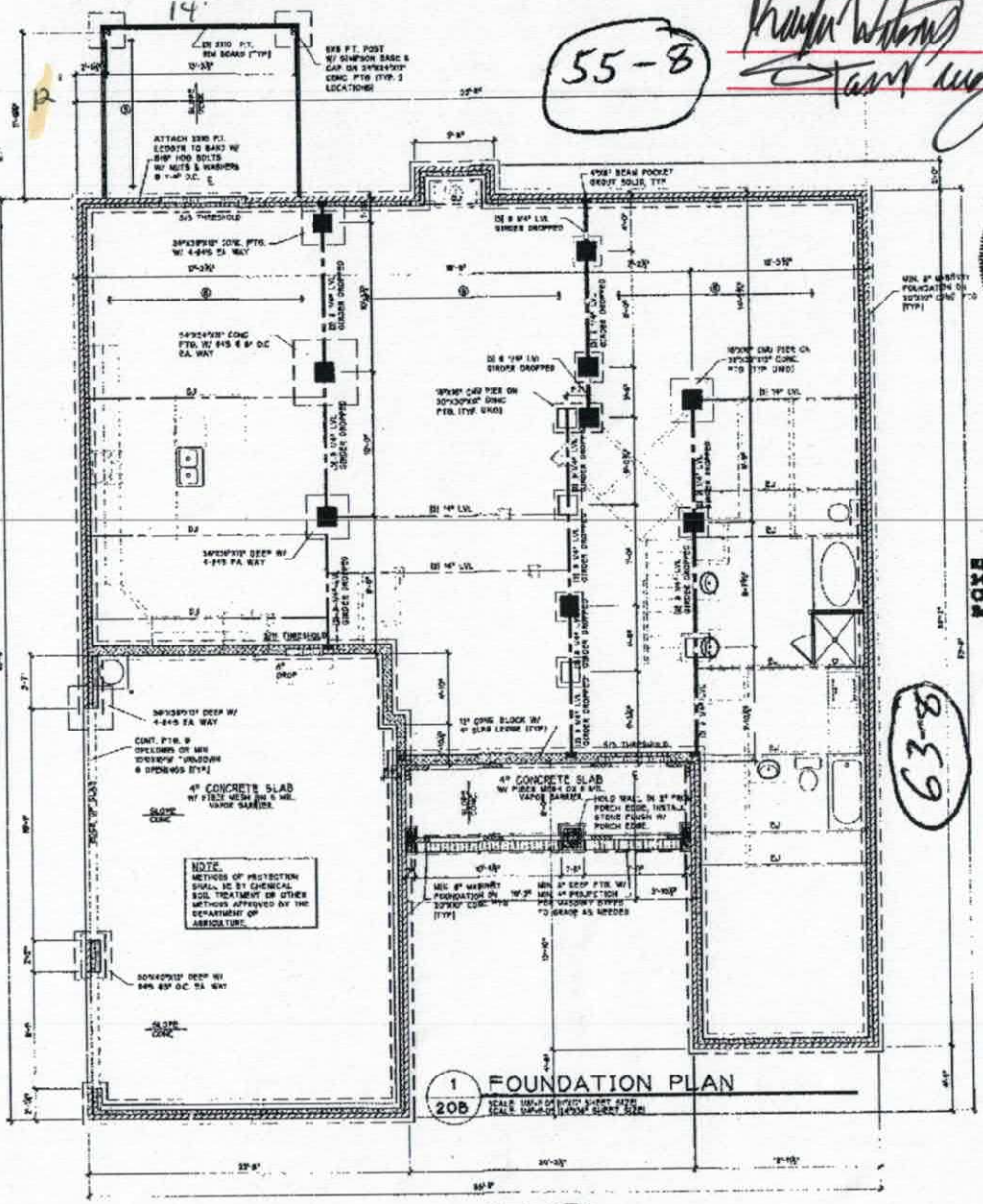
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FOUNDATION NOTES:

- ALL ANGLED WALLS ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE
- GARAGE SLAB TO BE 4" THICK CONCRETE POURED OVER 6 MIL VAPOR BARRIER.
- PROVIDE 6-MIL POLY-VAPOR BARRIER BELOW ALL CONCRETE SLABS
- FRONT ELEVATION IS REVERSED, MIRROR AND DRYER WORKS TO REMAIN UNLESS NOTED OTHERWISE
- CONTRACTOR TO VERIFY ALL DIMENSIONS
- FOUNDATION DIMENSIONS ARE MEASURED FROM OUTSIDE OF BRICK. SEE FRAMING PLANS FOR FRAMING DIMENSIONS
- DO NOT SCALE DRAWINGS

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

NORTH CAROLINA PROFESSIONAL SEAL 29249 ENGINEER KEVIN P. MUNSON 4/3/19

SOUTH CAROLINA LICENSED PROFESSIONAL ENGINEER No. 22817 KEVIN PATRICK MUNSON 4/3/19

NORTH CAROLINA RESIDENTIAL STRUCTURES, P.C. No. C3208 CERTIFICATE OF AUTHORIZATION

SOUTH CAROLINA RESIDENTIAL STRUCTURES, P.C. CERTIFICATE OF AUTHORIZATION

RESIDENTIAL STRUCTURES, INC.
3410 N. Davidson St.
Charlotte, N.C. 28205
Seal For Structural Only

RESIDENTIAL STRUCTURES, P.C.
930-A Folly Road
Charleston, SC 29412
Seal for Structural Only

PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY
CHECKED BY
FILE NUMBER

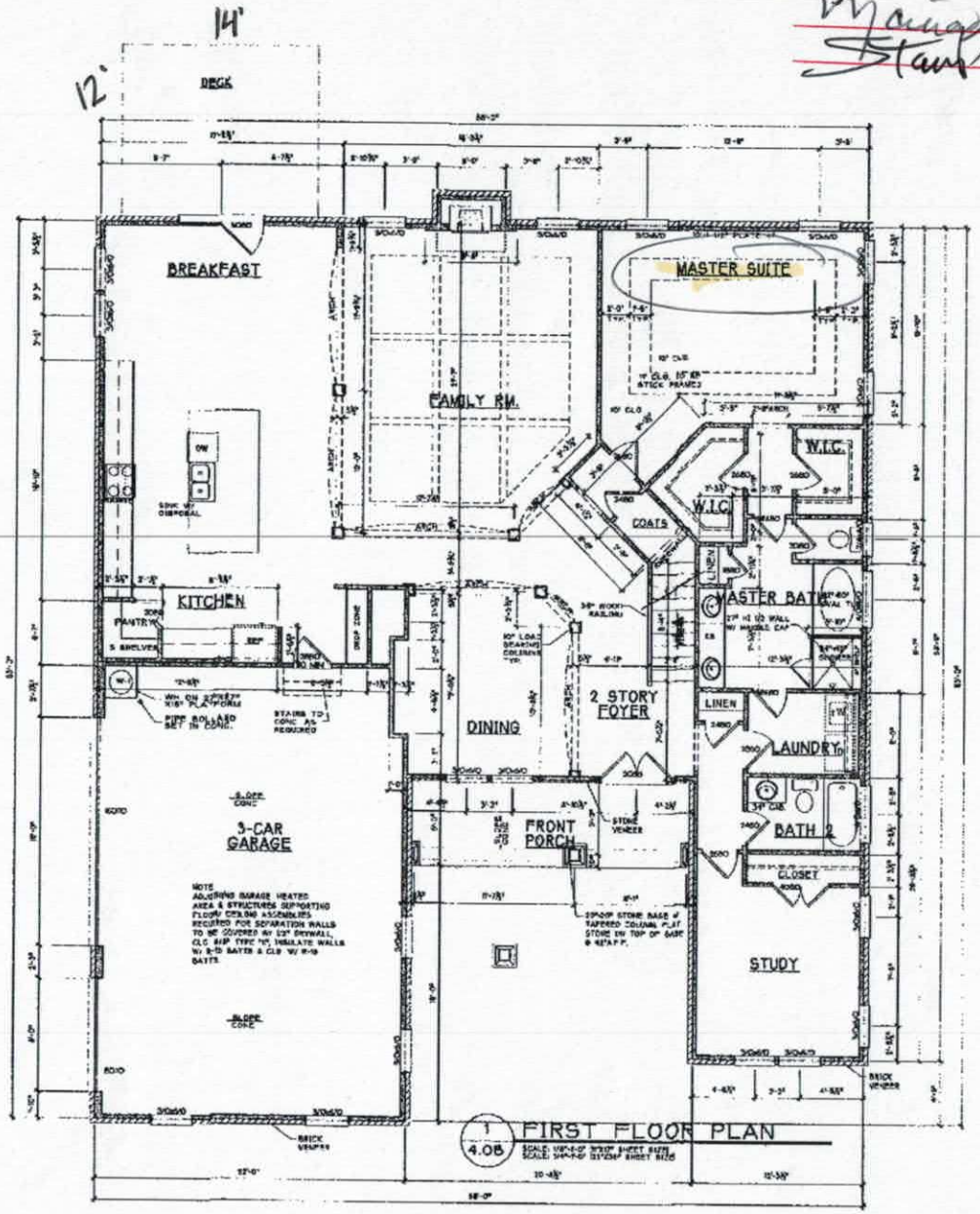
SHEET TITLE
FOUNDATION PLAN

SHEET NUMBER
2.0B

Acknowledgement of Plans Submittal ONLY!

Date 7/24/18

Date 2/22/19



63

FIRST FLOOR NOTES:

- CONTRACTOR TO VERIFY ALL DIMENSIONS.
- DO NOT SCALE DIMENSIONS FROM PRINTS. USE DIMENSIONS GIVEN OR CONSULT DESIGNER FOR FURTHER CLARIFICATION.
- FULL 4" OR 6" EXTERIOR WALL MUST BE USED IN DETERMINING DIMENSIONS ON PLANS.
- FULL 4" OR 6" INTERIOR WALL MUST BE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMING SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALLS ARE 45 DEGREES. (OR 90 DEGREES UNLESS NOTED OTHERWISE)
- ALL OVERALL DIMENSIONS SHALL BE FROM OUTSIDE TO OUTSIDE OF FRAMING. INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- ALL INTERIOR DOORS ARE 4" FROM WALL (UNLESS NOTED OTHERWISE)
- WHEN HOUSE IS PROVIDED WASHER AND DRYER HOOKUPS TO REMAIN OPENED NON-HEATED GALLERY AND DRYER ON RUNS
- MASTER VENTS SHALL BE PLACED ON ALL EXTERIOR LIGHTS AND HOSE BIBBS.
- FRAMED CAVITY WALLS for TUBS, SHOWERS, STAIRS & FIREPLACES SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE.
- ANY WINDOW IN A WALL OF LESS THAN 24" AFF, OR EQUAL TO OR GREATER THAN 72" AFF. SHALL NOT / MAY BE SUBJECT TO FALL PROTECT RULE.

SQUARE FOOTAGE:

1ST FLR	1588 SQ FT
2ND FLR	1898 SQ FT
TOTAL HEATED	3487 SQ FT
FRONT PORCH	114 SQ FT
BRICK STORAGE	331 SQ FT
TOTAL UNHEATED	445 SQ FT
3-CAR GAR	716 SQ FT
TOTAL UNDER ROOF	4886 SQ FT

CORNERSTONE III PROPERTIES
4508 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
KATHERINE PLAN

PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY:
CHECKED BY:
FILE NUMBER:

SHEET TITLE
FLOOR PLAN

SHEET NUMBER
4.0B

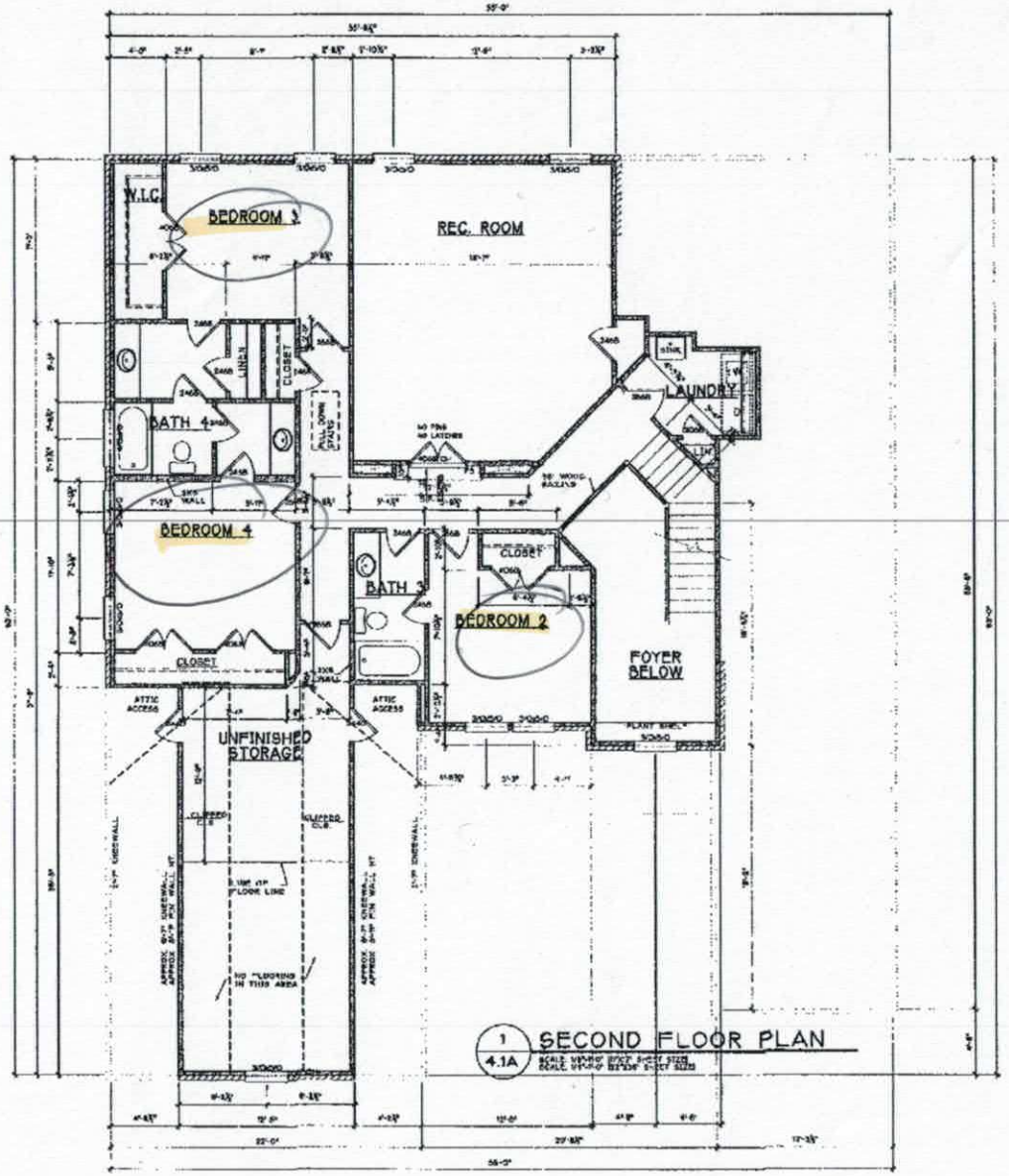
SECOND FLOOR NOTES

- CONTRACTOR TO VERIFY ALL DIMENSIONS
- DO NOT SCALE DRAWINGS FROM PRINTS. USE DIMENSIONS GIVEN OR CONTACT DESIGNER FOR FURTHER CLARIFICATION.
- WALL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMERS SHALL SHORT ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE.
- ALL ANGLED WALLS ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE
- ALL INTERIOR DOORS ARE 4" FROM WALL UNLESS NOTED OTHERWISE
- ALL MASONRY HEADER HEIGHTS ARE TO BE RAISED TO 7'-0" WHEN A BOXED/REC HEIGHT STEP UP.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING. INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- WHERE HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- ENGINEER: CAVITY WALLS (i.e. TUBS, SHOWERS, REARS & FIREPLACES) SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE.
- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF. MUST HAVE WOOD X MAY BE SUBJECT TO FALL PROTECTION.

Acknowledgement of Plans Submittal ONLY!

Marie Lobson Date 7/24/18

Date



1 / 4.1A SECOND FLOOR PLAN

CORNERSTONE III PROPERTIES
4503 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
KATHERINE PLAN

PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY
CHECKED BY
FILE NUMBER

SHEET TITLE
SECOND FLOOR PLAN

SHEET NUMBER
4.1A

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

SOIL EROSION NEEDED

Zoning Permit

Permit Number: 166714ZO

Printed: 5/18/2011

Master #: 166714

Associated Permits:
166714ZO Zoning

Applicant

Name: Kathleen Saunders
Address:

Phone: 704-578-4951

Parcel

Parcel Number: 4638189229.000
Address: 000 Kenway Lp.
Mooresville, NC 28117
Subdivision: Fernleaf Ph2
Directions to Parcel: Fern Hill Rd to Kenway Loop

Zoning: RA
Township: 1700
Area: .612
Lot(s): 24

Owners

Name: Woodbridge Partners LLC
Address: PO Box 3608
MOORESVILLE, NC 28117

Phone: 704-799-9770

Contractors

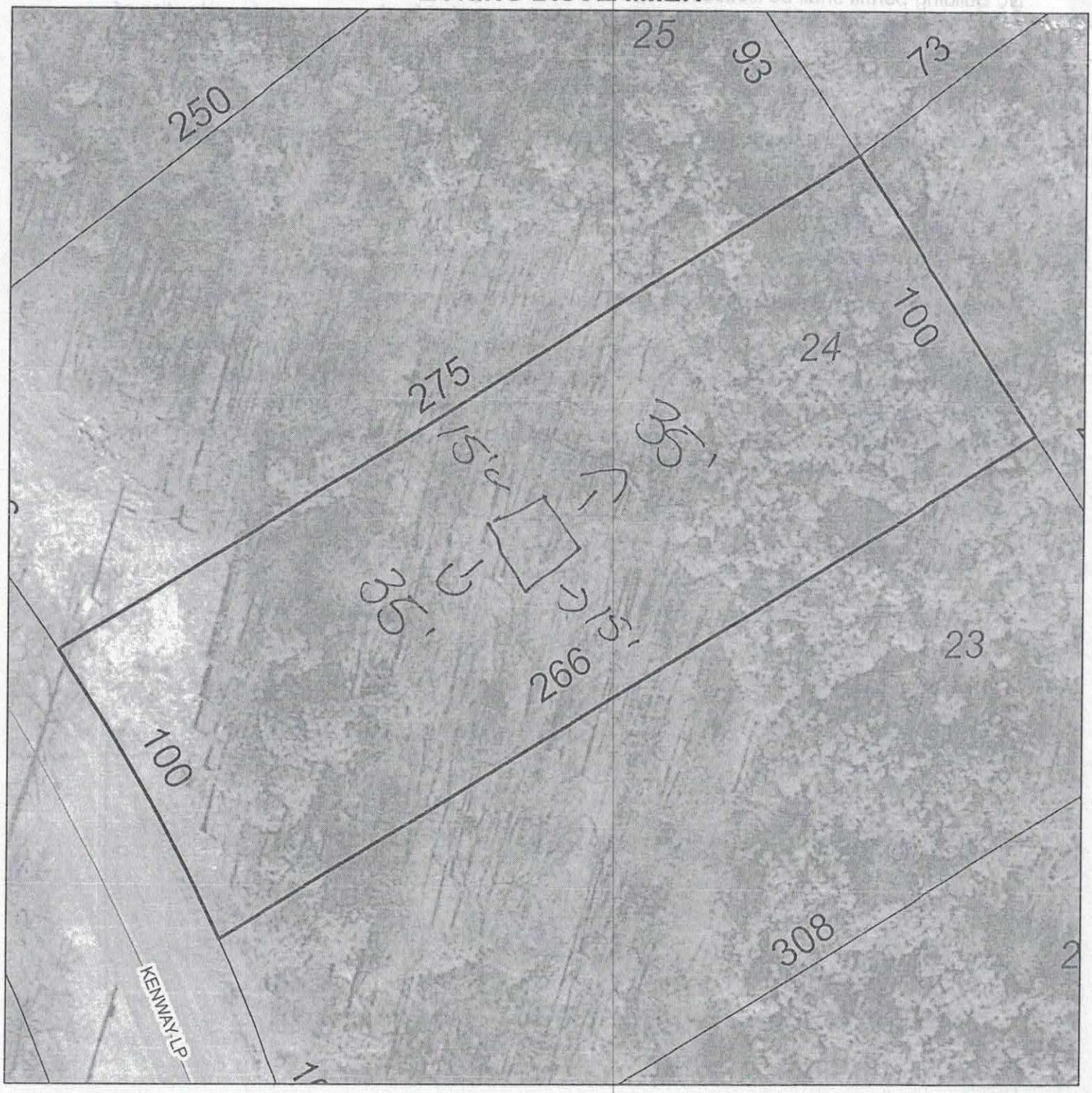
Contractor Type: Not Liscensed
Name: Kathleen Saunders
Address:

Phone: 704-578-4951

Fees and Receipts:

Number	Description	Amount
FEE-230489-07	Zoning - Permit / Inspection	$75.00
FEE-230490-07	Technology and Administrative Fee	$2.25
FEE-230491-07	Environmental Health - Type I or II Fast Track	$335.00

ZONING DISCLAIMER



PROPERTY ADDRESS:_____ #24 Kenway Loop (Fernleaf ph2)

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