Site Address: 568 Kenway Loop - Mrsvl. owes 515.00

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 155582 223976 PIN # 4638288576.000 DATE 3/25/09

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) TL Fernhill Rd TL Kenway Lp. on (R)

SUBDIVISION Fernleaf BLOCK / SECTION -1- LOT # 9 LOT AREA .741 DESIGN FLOW 480 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 794 Date 11-21-16

Pump Tank 1000 Gallons: PT 29 Date 3-8-17

Pump Make LIBERTY Model 290 HH-5 Serial #

Nitrification Field No Fields 1 No Lines 5 Linear Feet 480'

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

☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: Pump 25% Reduction LP PPBPS

Repair System Description:

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: Lot needs slight shaping to remove old field terraces/Berms.

Comments / Conditions: 6/9/17

INITIAL SITE SKETCH

See Plan by S&ME

Plat submitted, non expiring I.P.

AS BUILT SKETCH

1/2 80 TAPS 4-12-17 CHECKED TANKS & LINES & PM RH

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 / plat 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 3/27/09

Improvement Permit by: Anthony Coker L.R.S. Date 3/25/09

Authorzation to Construct by: Tom Shuck Date 12/22/16

Installed by: R&H

Operation Permit by: Maria Dotson Date: 6/9/17

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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

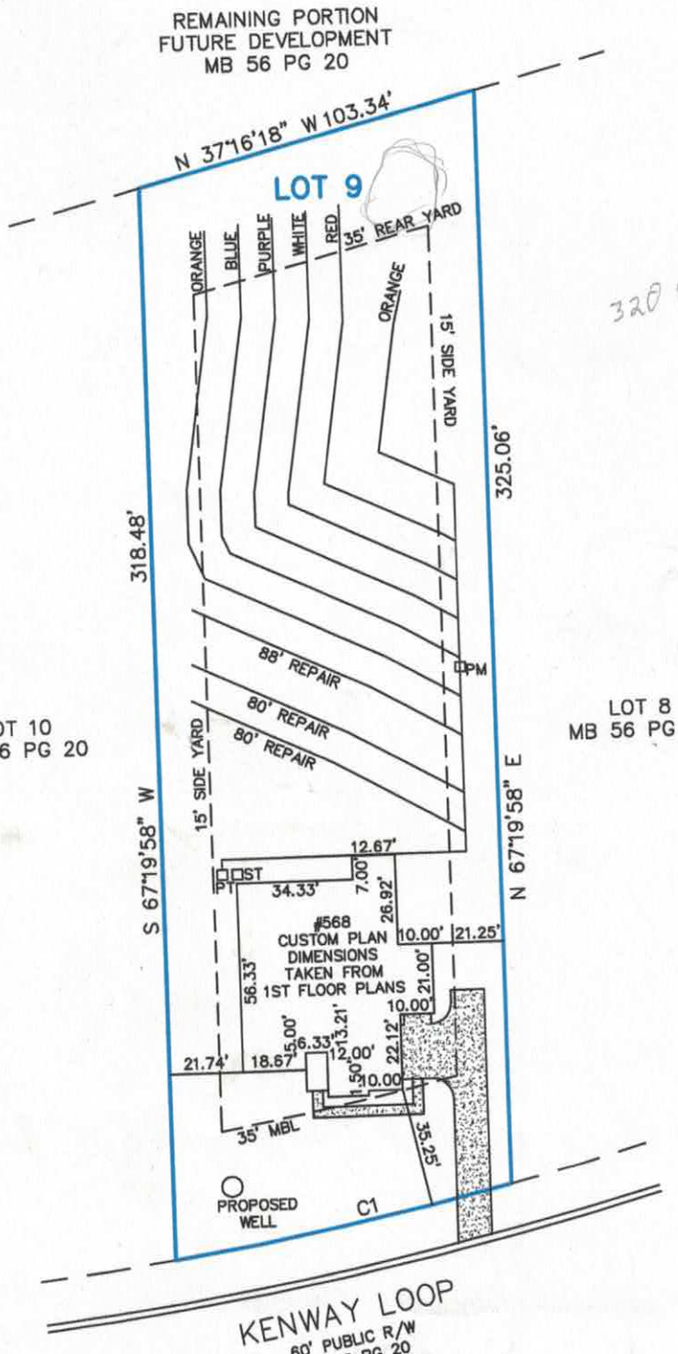
SITE DEVELOPMENT PLAN

PREPARED BY:
DELTA LAND SERVICES, INC.
FIRM LICENSE #C-735
608-G Matthews Mint Hill Road
MATTHEWS, NORTH CAROLINA 28105
(704) 847-4700

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.

NOTE: DELTA LAND SERVICES IS NOT RESPONSIBLE FOR ANY CHANGES DUE TO UNRECORDED COVENANTS AND RESTRICTIONS

SCALE: 1"=50'



320 needed for 125

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	1054.14'	101.92'	101.88'	N33°41'18"W	5°32'23"

NOT FOR RECORDATION, CONVEYANCES OR SALES

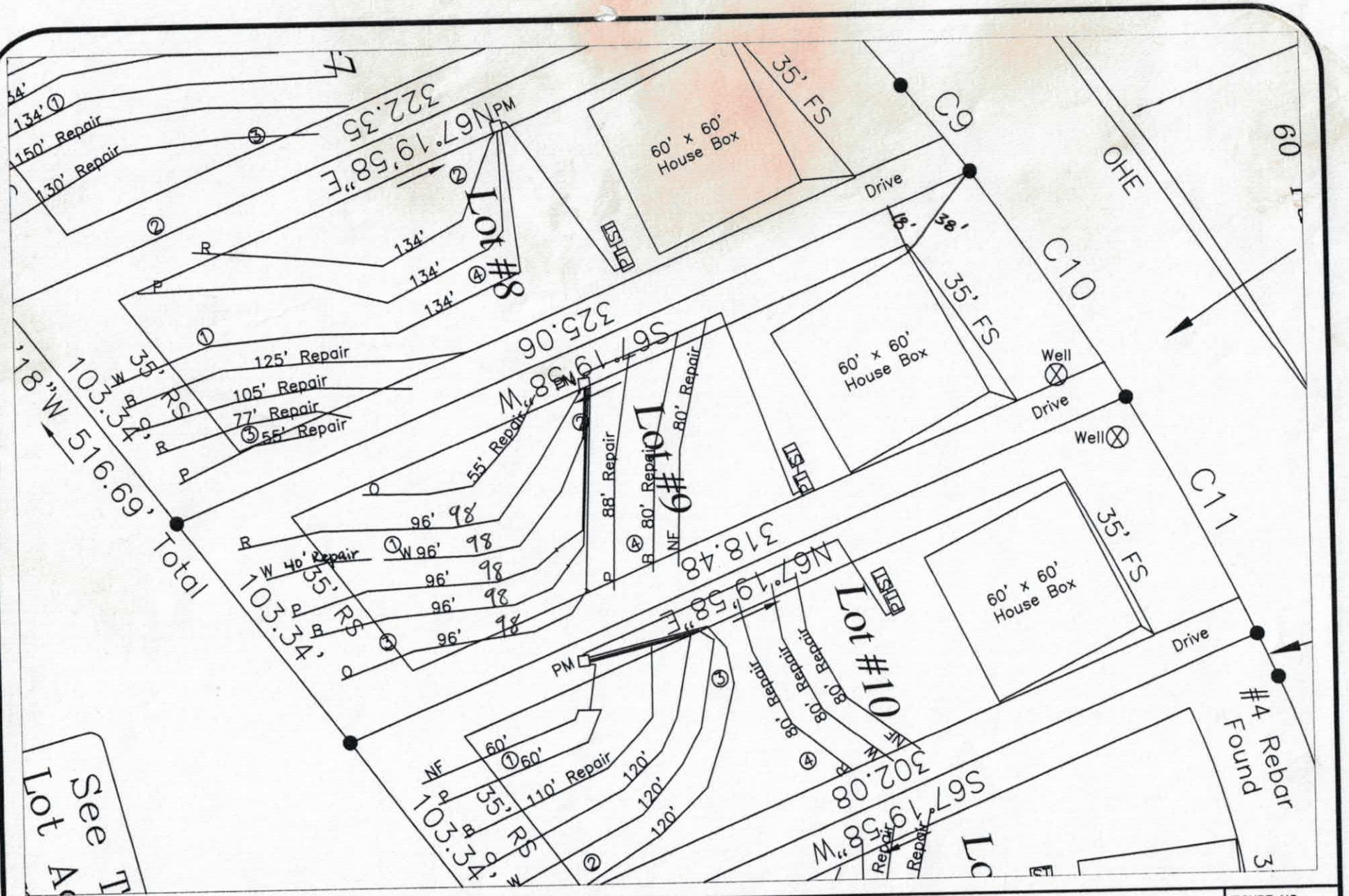
STAKEOUT ☐

Subdivision FERNLEAF SUBDIVISION PHASE 1 County IREDELL
Address 568 KENWAY LOOP Owner J. SMITH
Lot 9 Block ___ Plan CUSTOM Elevation ___ Drive (Left) ___ (Right) SIDE (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) ___ X (3 Car) ___ Brick ___ Basement ___ Curtain Wall ___
Crawl ___ X Slab ___ Other 3RD CAR BOLT ON GARAGE

REVISED: MODEL CHANGE

DWN: JDA CKD: DATE: 12/12/16

T:\Drawings\fernleaf\FERN-0009.dwg



SCALE: 1" = 50'	DATE: March, 2009	S&ME	Lot 9	FIGURE NO. 1
PROJECT NO. 1588-09-012	DRAWN BY: KMS	3718 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 PH. 336-288-7180 FAX. 336-288-8980 WWW.SMEINC.COM	Fern Leaf Subdivision – Kenway Loop. Iredell County, NC	
	CHECKED BY: PGP			

S&ME

County Copy

RECEIVED
MAR 20 2009
By

To: Iredell County Environmental Health Department

From: Paul G. Penninger, LSS
Kathleen Saunders, LSSIT

RE: Fernleaf Subdivision – Woodbridge Partners, LLC – Lot 9 Fast Track

Date: March 13, 2009

Attached is the Fast Track information required to place Lot 9 Fernleaf Subdivision on your developer work list to review the septic system layouts. Please call when you are ready to review the lot and we will meet you on the site.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the Iredell County Environmental Health Department (ICHD) with the site evaluation. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC rules. If the ICHD wishes to change tank locations, distribution devices, etc., this can be shown on the Improvement Permit.

All information and specifications were prepared in conjunction with the Fast Track Program for Iredell County and are for the use of Woodbridge Partners, LLC in acquiring permits under the Fast Track Program. It is ultimately the Iredell County Health Department's responsibility to verify all specifications before permitting and/or septic system installation.

Lot 9 Fern Leaf Subdivision Individual Lot Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	135' of 2" SCH 40 PVC
Flow Rate through the system	27.5 gpm
Elevation head	Approx. 16.3'
Pressure head	2.0'
Friction head	2.2'
20% Contingency	4.1'
Total Head	24.6'
Pump Requirements	27.5 gpm @ 24.6' of head; To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 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. 8.7 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	370
Repair Loading Rate	0.25

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elevation (Ft.)
1	Repair	Orange	LPPPBPS	82	4.5
2	System	Red	25% Reduction	96 endfed	
3	System	White	25% Reduction	96 endfed	
4	Repair	White	LPPPBPS	40	
5	System	Pink	25% Reduction	96 endfed	
6	System	Blue	25% Reduction	96 endfed	
7	System	Orange	25% Reduction	96 endfed	
8	Repair	Pink	LPPPBPS	88	
9	Repair	Blue	LPPPBPS	80	7.9
10	Repair	NF	LPPPBPS	80	
				Total System: 480'	
				Total Repair: ~~370'~~ 324' shown	

Tank	Red	1000 gal (2 compartment)	12.8
Pump Tank	Red	1000 gal.	12.8
House	Blue	Right Rear	11

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	5
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: Lot needs slight shaping to remove old field terraces.
Red line 0.6 ft off contour at end near rear property line.
White line 1.0 ft off contour at end near side property line.
Elevations should be verified prior to system installation.

S&ME, INC.
SITE/SOIL EVALUATION

Project No. _____ Phone No. _____ Date: 2-16-09

Location Lot 9 Pin _____ County: Iredell Property Size _____

Proposed Facility: Fern Leaf Water Supply: On-Site Well ☐ Community ☐ Public ☐ Evaluation: Auger Boring ☒ Pit ☐ Cut ☐

Described By: JRP & PGOP

Weather: _____ Antecedent Moisture _____ Surface Water: _____

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
Landscape Position %				
Horizon Depth I	0-6	0-6	0-12	0-8
Color Munsell	BR	RBr	BrR	Br
Texture	sl	scl	sl/scl	scl
Structure	gr	wsbk	gr	gr
Consistence	Fr	ss sp Fr	Fr	Fr
Boundary				
Horizon Depth II	6-18	6-25	12-28	8-34
Color – Munsell	RBr	R	Br	R
Texture	scl	C	sl/scl	C
Mottles	-	F Sap		F charcoal
Structure	wsbk	msbk	wsbk	msbk
Consistence	ss sp Fr	s/ss p F.I/Fr sp	ss sp Fr	s p Fi F Sbr
Boundary				
Horizon Depth III	18-29	25-48	28-50	34-48
Color – Munsell	R	RY	R	R
Texture	C	scl	C	Cl
Mottles	-	C Sap	-	F Sap
Structure	msbk	wsbk	s p Fi msbk	wsbk
Consistence	ss sp Fr	ss sp Fr		ss sp Fr
Boundary				
Horizon Depth IV	29-48		50-58	
Color – Munsell	R		R	
Texture	Cl		c	
Mottles	F to M Sap		F Sap	
Structure	wsbk		wsbk	
Consistence	ss sp Fr		ss sp Fr	
Boundary			Top 12" Disturbed (terrace)	
Soil Wetness				
Restrictive Horizon				
Saprolite				
LTAR	.3	.3	.3	.25-.3
Classification	PS to 48"	PS to 48"	PS to 58"	PS to 48"

3/24/09 Soils verified by ICHD A-C.

if 3' trench

LEGEND

LANDSCAPE POSITION

R	Ridge Interfluve
S	Shoulder
L	Linear Slope
S	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Concave Slope
Cv	Convex Slope
T	Terrace
P	Flood Plain

TEXTURE

s	sand
ls	Loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay loam
cl	clay loam
scl	sandy clay loam
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE WET

Ns	non-sticky
Ss	slightly sticky
S	sticky
Vs	very sticky
Np	non-plastic
Sp	slightly plastic
P	plastic
Vp	very plastic

MOIST

vfr	Very friable
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single grain
m	massive
cr	crumb
gr	granular
sab	subangular blocky
ab	angular blocky
pl	platy
pr	prismatic

RECEIVED DEC 12 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)

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:

Jonathan Smith	268 Glencoe LN		704-650-2260
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jonatha Smith	268 Glencoe LN		704-650-2260
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

568 Kenway loop	Fern leaf	Lot # 9
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Past to Kenway loop Lot on (Lt) 568 Kenway loop

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 6
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: ___ 12-12-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Email AC → Smithfoundationhomes@gmail.com

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: ✓ 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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Woodbridge Partners, LLC	PO Box 3608 Mooresville 28117		
Same	contact STME (Paul or Kathleen)	704-662-8625	
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Fern Leaf	Lot 9

Driving Directions: Hwy 150, R Perth, L Fern Hill, L Kenway Loop (2nd Kenway Loop), Lots 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 ___
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 (X) 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 — 2/23/09
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

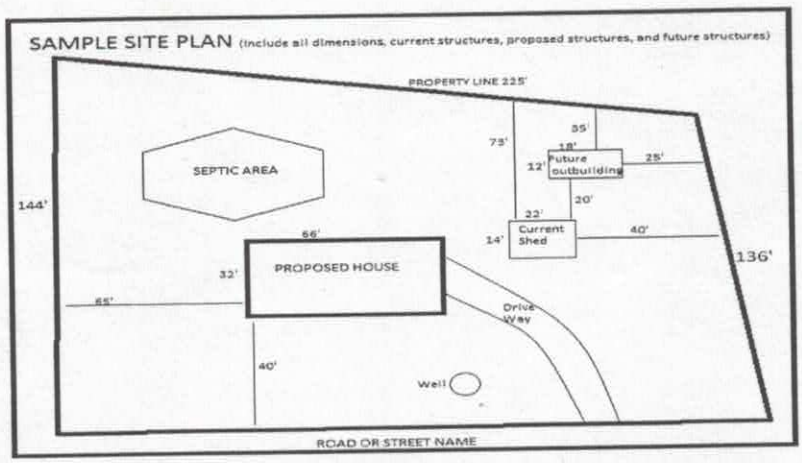
- X **Property Line measurements are clearly identified…**
- X **All proposed structures are indicated…**

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

- X **Front and side setbacks from property line…**
- X **Area you prefer your septic system to be placed…**
- X **Preferred driveway location and configuration, preferred well location…**
- X **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

- X **Location of septic systems and wells within 100' of your property… N/A**
- X **Location of easements and rights of ways on your property… N/A**
- N/A **Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached site Plan

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

12-12-16

DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE SAMPLE SITE PLAN BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

- ✓ Property Line measurements are clearly identified…
- ✓ All proposed structures are indicated…
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ Front and side setbacks from property line…
- ✓ Preferred driveway location and configuration, preferred well location…
- ✓ Area you prefer your septic system to be placed…
- ✓ North arrow, or other sufficient indicator of direction…

Circle N/A on the following if appropriate:

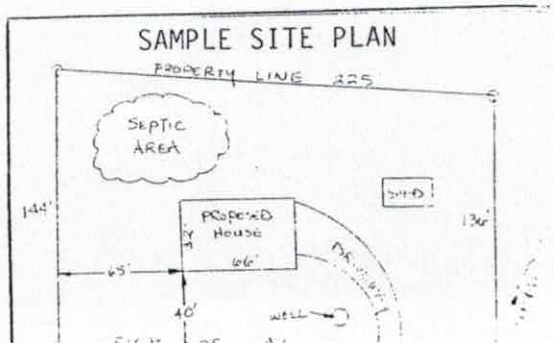
- ____ Location of septic systems and wells within 100' of your property… (N/A)
- ____ Location of easements and rights of ways on your property… (N/A)
- ____ Location of any designated wetlands on the property… (N/A)

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/23/09
DATE

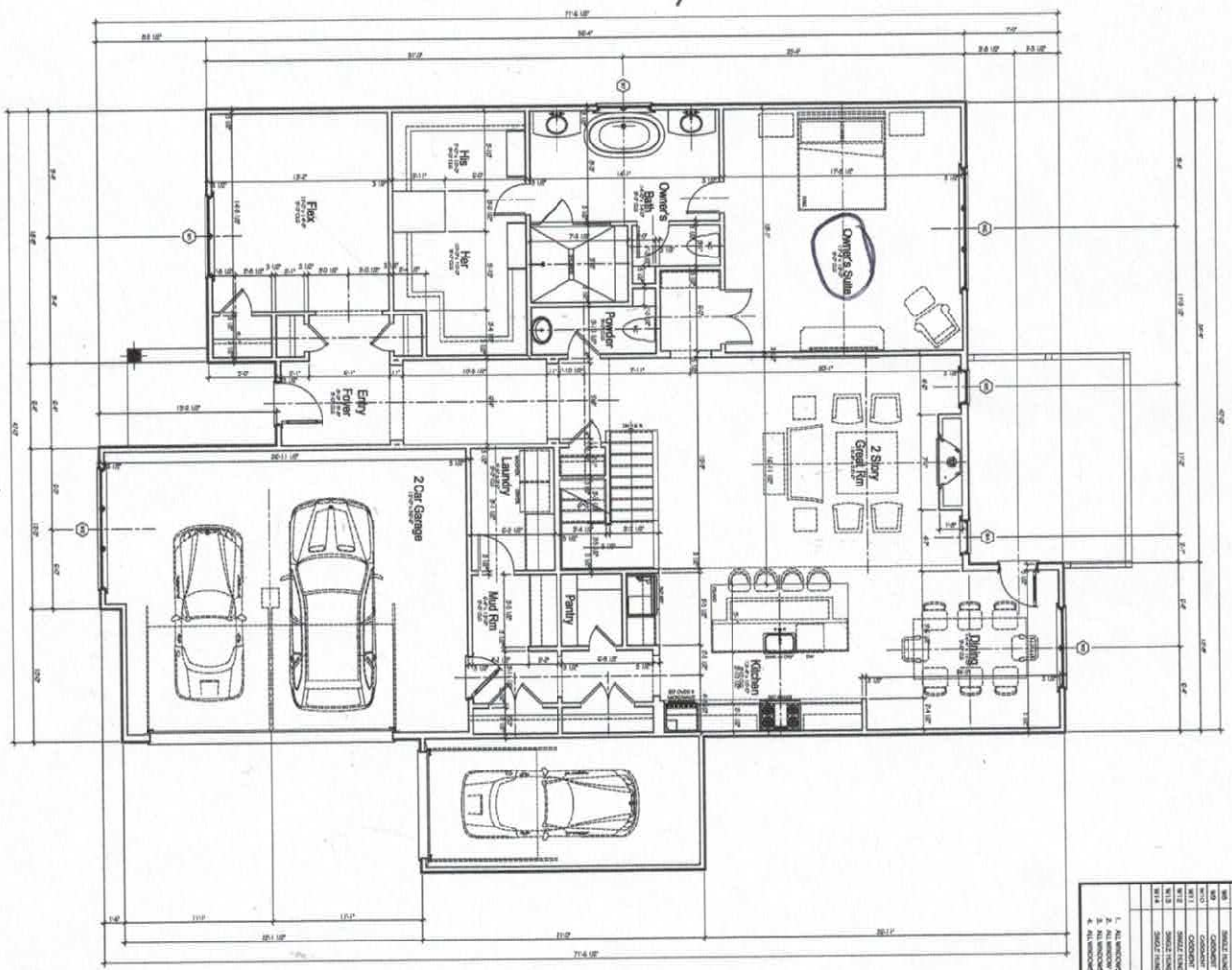
USE THIS SPACE TO DRAW YOUR SITE PLAN

* Please See Attached *



71'6 1/2"

First Floor Plan



49'1

49'1

Window Schedule

	TYPE	UNIT SIZE	WINDOW UNIT HEIGHT	LOCATION	REMARKS
W1	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"	FAM	COTTAGE WINDOWS
W2	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"	GARAGE	COTTAGE WINDOWS
W3	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"	HWBS	COTTAGE WINDOWS
W4	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"	HWBS	COTTAGE WINDOWS
W5	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"	HWBS	COTTAGE WINDOWS AT 2" RISED TRANSOM
W6	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"	HWBS	COTTAGE WINDOWS AT 2" RISED TRANSOM
W7	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"	HWBS	COTTAGE WINDOWS AT 2" RISED TRANSOM
W8	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"	DINING SUITE	COTTAGE WINDOWS
W9	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"	DINING SUITE	COTTAGE WINDOWS, TEMPERED, CERCLEAR GLASS
W10	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"		
W11	CASEMENT	2'-4" x 5'-0"	7'-0"		
W12	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"		
W13	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"		
W14	3W6622 (1W6)	3'-0" x 5'-6"	6'-0"		
W15	3W6622 (1W6)	3'-0" x 5'-6"	7'-0"	BED RM 3	COTTAGE WINDOWS
W16	CASEMENT	2'-4" x 5'-0"	7'-0"	BED RM 3	
W17	CASEMENT	2'-4" x 5'-0"	7'-0"	LOFT	
W18	CASEMENT	2'-4" x 5'-0"	7'-0"	BED RM 4	
W19	3W6622 (1W6)	3'-0" x 5'-6"	7'-0"	BED RM 4	COTTAGE WINDOW
W20	3W6622 (1W6)	3'-0" x 5'-6"	7'-0"	BED 5	COTTAGE WINDOW
W21	3W6622 (1W6)	3'-0" x 5'-6"	7'-0"	BED RM 5	COTTAGE WINDOWS

1. ALL WINDOWS TO BE SINGLE-HUNG UNLESS OTHERWISE NOTED - TYPICAL.
2. ALL WINDOW UNIT HEIGHTS ARE MEASURED FROM SUBFLOOR - UNLESS NOTED OTHERWISE.
3. ALL WINDOWS MUST MEET ACHIEVE CROSS SECTION W1 (1SE) 3 WITH LOW-E GLAZING.
4. ALL WINDOWS THAT MUST MEET EGRESS MUST COMPLY WITH SECTION R310.1 / FOR EMERGENCY EGRESS AREA.

Square Foo

This square footage is calculated from outside face of the exterior

HEATED SQUARE FOO
FIRST FLOOR
SECOND FLOOR
TOTAL HEATED
UNHEATED SQUARE FOO
COVERED FRONT PAT
2 CAR GARAGE
1 CAR GARAGE
TOTAL UNHEATED
TOTAL

Acknowledgement of
Plans Submittal ONLY!

Date 12-12-16

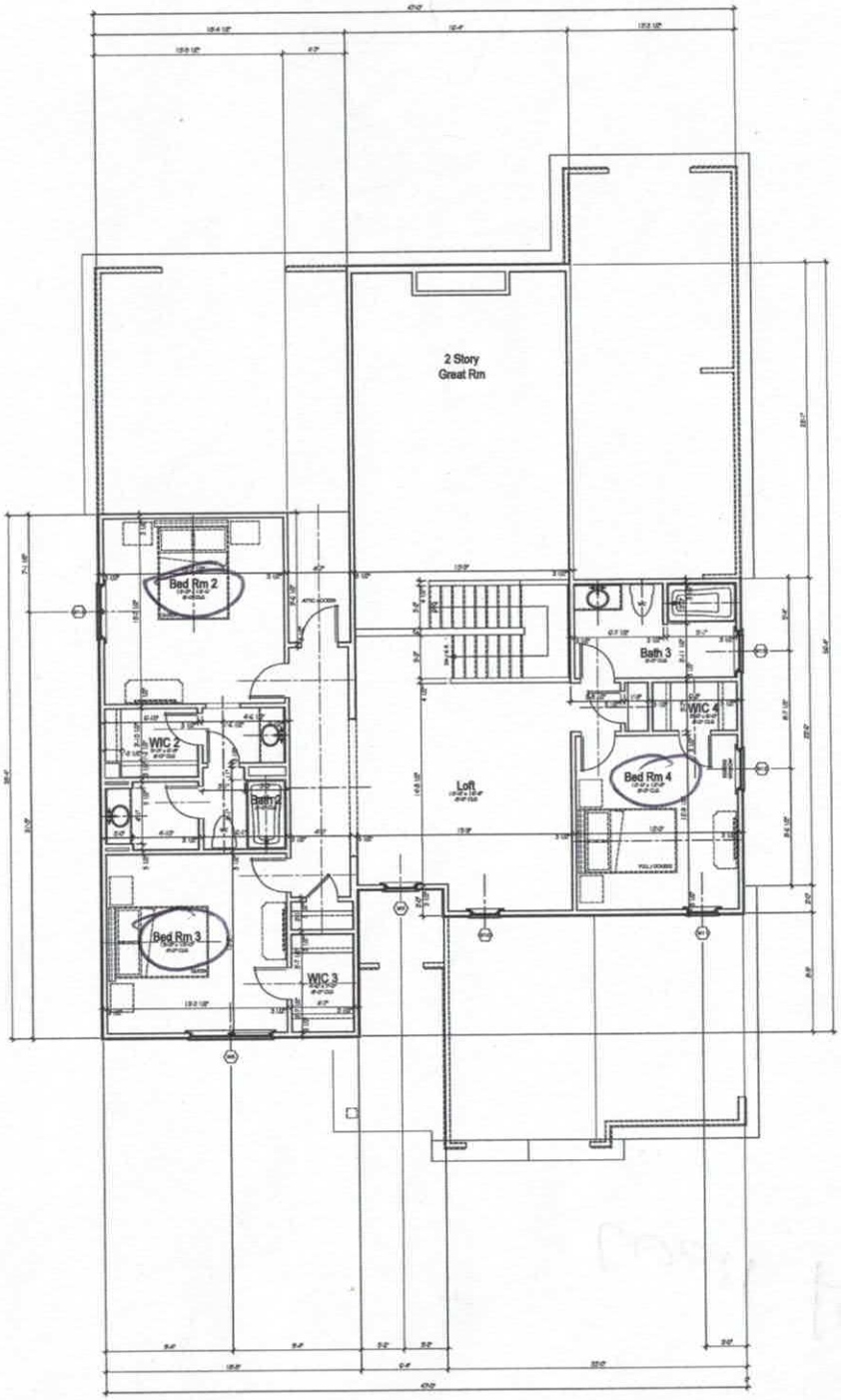
Date 12/22/16

Proposed One Family Residence
158 Pine Mist Drive
Mooresville, NC

FIRST FLOOR PLAN

rs² design, inc

A1



Second Floor Plan

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

Window Schedule

No.	TYPE	UNIT SIZE	WINDOW UNIT HGT	LOCATION	REMARKS
W1	SINGLE HUNG	2'-0" x 5'-0"	5'-0"	FOR	COTTAGE WINDOWS
W2	SINGLE HUNG	3'-0" x 5'-0"	5'-0"	GARAGE	COTTAGE WINDOWS
W3	SINGLE HUNG	2'-0" x 5'-0"	5'-0"	DINING	COTTAGE WINDOWS
W4	SINGLE HUNG	2'-0" x 5'-0"	5'-0"	FAMILY RM	COTTAGE WINDOW w/ 2'-0" FIXED TRANSOM
W5	SINGLE HUNG	2'-0" x 5'-0"	5'-0"	FAMILY RM	COTTAGE WINDOW w/ 2' x5' FIXED TRANSOM
W6	SINGLE HUNG	3'-0" x 5'-0"	5'-0"	OWNERS SUITE	COTTAGE WINDOWS
W7	SINGLE HUNG	2'-0" x 4'-0"	5'-0"	OWNERS BATH	COTTAGE WINDOWS, TEMPERED, OBSCURE GLASS
W8	SINGLE HUNG	2'-0" x 5'-0"	7'-0"	BED RM 3	COTTAGE WINDOWS
W9	CASEMENT	2'-0" x 4'-0"	7'-0"	LOFT	
W10	CASEMENT	2'-0" x 3'-0"	7'-0"	LOFT	
W11	CASEMENT	2'-0" x 3'-0"	7'-0"	BED RM 4	
W12	SINGLE HUNG	2'-0" x 5'-0"	7'-0"	BED RM 4	COTTAGE WINDOW
W13	SINGLE HUNG	2'-0" x 5'-0"	7'-0"	BATH 3	COTTAGE WINDOW
W14	SINGLE HUNG	2'-0" x 5'-0"	7'-0"	BED RM 2	COTTAGE WINDOWS

1. ALL WINDOWS TO BE SIMULATED DIVIDED LIGHT, UNLESS OTHERWISE NOTED - TYPICAL.
2. ALL WINDOW UNIT HEIGHTS ARE MEASURED FROM SUBFLOOR - UNLESS NOTED OTHERWISE.
3. ALL WINDOWS MUST MEET NCRSC 2006 SECTION R1102.2 WITH LOW-E GLAZING.
4. ALL WINDOWS THAT MUST MEET EGRESS MUST COMPLY WITH NCRSC 2012 SECTION R310.1.1 FOR MINIMUM OPENING AREA.

Acknowledgement of
[illegible] Submittal ONLY!

Date 12-12-16

Date 12-22-16

rs2design, Inc

Proposed One Family Residence

SECOND FLOOR PLAN

Project:

Sheet Title:

Project Designer:

Project Engineer:
Mark Simpson P.E.

Revisions:
Num: Date:

Date Issued:

Project Number:

Sheet:
A2

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	155582ZO	Subdivision:	Fernleaf
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Kenway Lp. Mooresville NC 28117		
Parcel #:	4638288576.000	Zoning:	RA
Lot #:	9 Size: 0.741	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	S&ME INC. ENGINEERING (Toney Jacobs)	Owner:	Woodbridge Partners LLC
Address:	105D DENVER BUSINESS PARK DR Mooresville NC 28115	Address:	PO Box 3608 MOORESVILLE, NC 28117
Phone:	704-662-8625	Phone:	704-799-9770
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD

DEVELOPER PERMIT

Directions:

Fern Hill Rd, lft on Kenway Lp, site in lft

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$390.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $55.00 is charged on all permit applications.

PAULA WOODY Printed: 3/19/2009