IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212935

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

PIN # 4639-22-0568.000

APPLICANT: Princeton Asset Management Co. APPLICANT ADDRESS: —

SITE ADDRESS: 133 Wolf Hill Dr. Mooresville NC 28117 PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: Potts Rd. N. TL Fern Hill, TR Wolf Hill, Site on L Before Cul-de-sac

SUBDIVISION: Beacon Pointe SECTION: 4 LOT # 19 LOT AREA: 2.450 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .03

Septic Tank 1000 (gal)	STB 825	Date 8/16/17	☒ 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 12/2/17	System Description: 25% Reduction - Pump			☐ Business	No. Persons 8		☒ Private
Pump Make Zoeller	Model N-152	Serial #	Repair System Description: LP - PPDSPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields 1	# Lines 4@100'	Linear Ft: 400'	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: * Smooth Small Drainage Feature Above Initial System. Do Not Remove More Than 10" of Soil If Soil Is Cut.
* Fill Any Drainage Side Slope of Lines To Make 15' of Separation.
Maintain 15' Side Slope Separation From Basement Wall Unless Tanks/Drainfield Are Below Foundation Drain.

INITIAL SITE SKETCH

See Attached / Approved Design

By The Oaks Group

DATED APPROVED SEP 01 2015

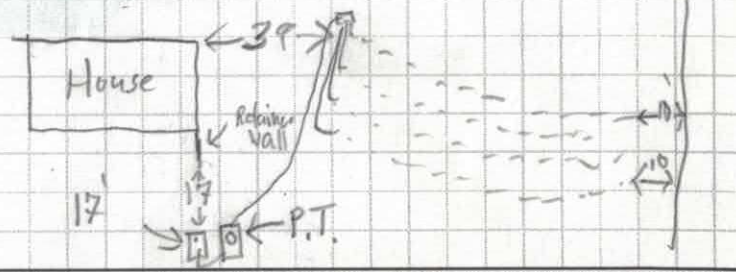
* - Recommend pumping septic tank every 3-5 years. - SF

AS BUILT SKETCH

2/21/18

L1: 102 (25 ch + EC)
L2: 102 "
L3: 98 (24 Ch + EC)
L4: 98 "
} Installed @ 36" TB w/ Chambers (IQ45)

Alarm Float 8" tether
on/off Float 6" tether (200 gal/dose)
2' of pressure head set



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

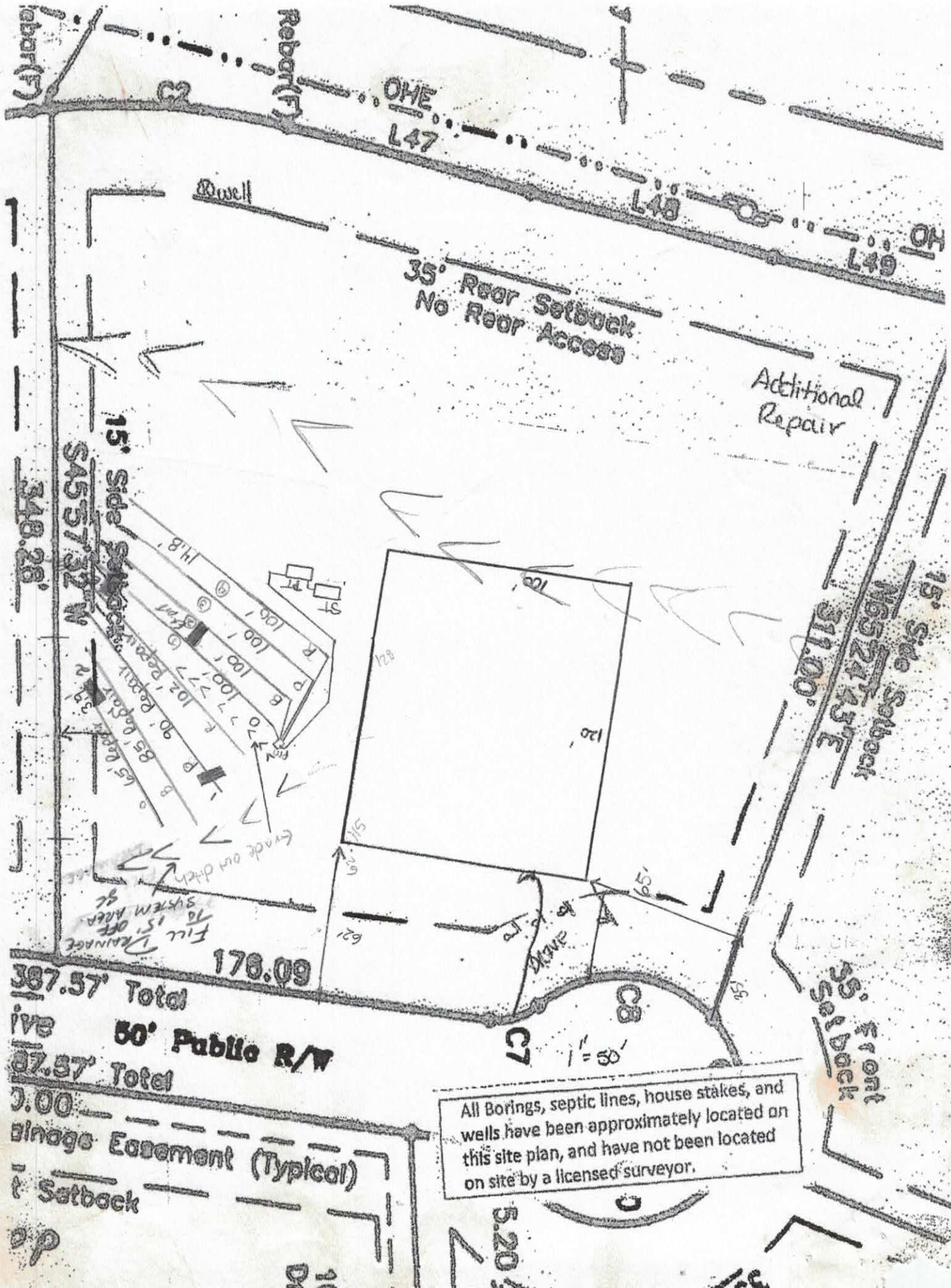
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: KaOhlene Saunders Date: 9-11-15 Installed by: Kevin Kirkpatrick (Rowan Septic)

IMPROVEMENT PERMIT by: APPROVED Date: SEP 01 2015 OPERATION PERMIT by: Kayla Wilson Date: 3-29-18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2-15-17 Existing System Inspected by: Date:

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


Rebar(F)
C2
OHE
L47
L48
L49
OH
Dwell
35' Rear Setback
No Rear Access
Additional Repair
15' Side Setback
S65°57'42"W
348.28'
N65°57'42"E
310.00'
5' Side Setback
5' Front Setback
178.09
387.57' Total
50' Public R/W
1" = 50'
All Borings, septic lines, house stakes, and wells have been approximately located on this site plan, and have not been located on site by a licensed surveyor.
Drainage Easement (Typical)
Setback

Beacon Point 19 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3 (Existing Permit)**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	90' of 2.0" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 21'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	4.8'
Total Head	28.8'
Pump Requirements	22 gpm @ 28.8' 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	10.9
Repair System	**LP PPBPS**
Total Linear Feet	342
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Orange	LP PPBPS	65	3.9
2	Repair	Blue	LP PPBPS	85	
3	Repair	Pink	LP PPBPS	90	
4	Repair	Red	LP PPBPS	102	
5	**System**	**Orange**	**25% Reduction**	**100 endfed**	
6	**System**	**Blue**	**25% Reduction**	**100 endfed**	
7	**System**	**Pink**	**25% Reduction**	**100 endfed**	
8	**System**	**Red**	**25% Reduction**	**100 endfed**	14.8
				Total System: 400'	
				Total Repair: 342'	

Tank	Blue	1000 gal (2 compartment)	
Pump Tank	Blue	1000	18.9
House	orange		

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

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD
Use proper setbacks if foundation drains are used
Pits in system are use LTAR on existing septic permit

nt of Environment, Health, and Natural Resources
of Environmental Health
e Wastewater Section

Sheet:
Property ID: 4639 22 0568
Lot #: 19
File #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Glenn Gaylord
Applicant:
Address:
Date Evaluated: 8/12/15
Proposed Facility: SFR
Design Flow (.1949) 480
Property Size: 2.45 Ac
Location of Site: Beacon Point
Property Recorded:

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L ~15%	0-13	Mo SBK C	FR SS/SP	R; F sap				0.3 OK ICHD APPROVED SEP 09 2015 SC
		13-36	Wk SBK C	↓	R; C sap				
		36-60	MA L. Sap	↓	multi; F C packets				
2	L	0-5	Mo GR SL	FR NS/NP	Br				0.3 OK ICHD APPROVED SEP 09 2015 SC
		5-21	Mo ABK C	FR SS/SP	R				
		21-43	Wk SBK CL	↓	R; C sap				
		43-60	MA L/SL Sap	↓	multi				
3	Existing								
4	Existing								

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	LP PPBPS
Site LTAR	0.3	0.3

Other Factors (.1946): Grade out Berms/Ditches
Soil Evaluation By: KMS
Others Present: EH
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present: EH

RECEIVED FEB 15 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Lake Luxury Homes **Address:** P.O. Box 3792 mooresville NC **Phone:** (704) 516-2344

Owner Name: Glen Gaylord **Address:** 133 wolf Hill Dr mooresville **Phone:** (704) 754-2217

Property Information:

Street Address: 133 wolf Hill Dr.

Subdivision Name: Beacon Pt Lot 19 **Section/Phase:** _____ **Lot Number:** 19

Driving Directions: Perth, Left Finn Hill, Rt Wolf Hill
Lot on Left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
(X) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

( ) No Preference (1) Alternative ( ) Conventional ( ) Innovative (2) 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: _____ 2/15/17
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, GLENN GAYLORD, am the legal owner(s) of the property located at 133 WOLF HILL DRIVE, identified as PIN (Parcel Identification Number) LOT #19 IN BEACON POINTE, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) RAY SHORT JR., LAKE LUXURY HOMES, LLC, 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.

	2.15.17		2/15/17
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

RECEIVED AUG 1 8 2015 215935

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Paid $350.00 Comp. Relay.

Application for SEPTIC REPAIR PERMIT

County copy

(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 9-11-15

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: X 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:**

Princeton Asset Management LP — Applicant Name / Mailing Address; Home Phone #; Alternate Phone #

same as applicant — Owner Name; contact Kathleen Saunders — Mailing Address; (704) 578-4951 — Home Phone #; Alternate Phone #

4. **Property Information:**

133 ~~275~~ Wolf Hill Dr — Street Address; Beacon Pointe — Subdivision Name; Ph 4 / Lot 19 — Section/Phase and Lot Number

Driving Directions: Perth Dr, Left on Fern Hill, Right on Wolf Hill Dr, Lot on Left.

PAID

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
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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:** Anna Holt — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/13/15 — DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, GLENN GAYLORD, am the legal owner of the property located at LOT 19, WOLF HILL DR. (REASON POINTE), identified as PIN(Parcel Identification Number) 4639 22 0568, located in Iredell County, North Carolina.

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

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 8.13.15
Signature of Owner Date

_____ _____
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT

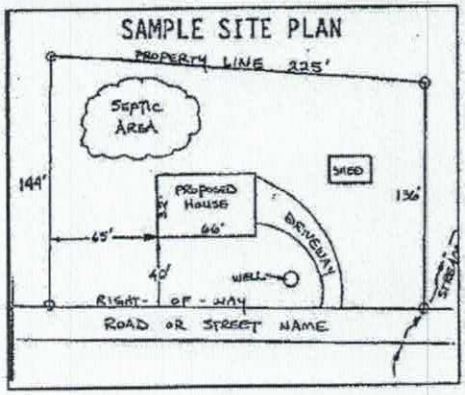
ENVIRONMENTAL HEALTH DIVISION

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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and 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

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

Signature: _____ 2/15/17

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

All Buildings, septic lines, house stakes, and walls have been approximately located on this site plan, and have not been located on site by a licensed surveyor.
Drainage Easement (Typical)
387.37' Total
179.09
50' Public R/W
Fill Drainage Ditch
Grade out ditch
15' Drainage Easement
S 45°57'45" E 348.88'
35' Rear Setback
No Rear Access
Athithonad Parcel
Rebar/Cap
Rebar
Set
Found
Repair
Replace
Leach Field
Septic Tank
Well
Pump
Shed
Garage
Deck
Patio
Pool
Fence
Gate
Driveway
Power Pole
Light Pole
Mailbox
Sign
Tree
Bush
Hedge
Wall
Retaining Wall
Steps
Porch
Overhang
Roof
Gutter
Downspout
Window
Door
Foundation
Slab
Crawl Space
Basement
Attic
Garage
Carport

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 212935

APPLICANT: Princeton Asset Management Co. APPLICANT ADDRESS: —

SITE ADDRESS: 133 Wolf Hill Dr. Mooresville NC 28117 PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: Potts Rd N. to Fern Hill, to Wolf Hill, Site on L Before Cul-de-sac

SUBDIVISION: Beacon Pointe SECTION: 4 LOT # 19 LOT AREA: 2.450 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .3

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
Pump Tank 1000 (gal)	PT	Date	System Description: 25% Reduction - Pump		No. Bedrooms 4 No. Persons 8 No. Employees ☐ Crawl Space
Pump Make	Model	Serial #	Repair System Description: LD - Pump		Water Supply: ☒ Private ☐ Public ☐ Community
# Nitrification Fields 1	# Lines 4@100'	Linear Ft: 400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Basement w/o plumbing
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE		

Comments / Conditions: * Smooth Small Drainage Feature Above Initial System. Do Not Remove More Than 10" of Soil. If Soil is Cut * Fill Any Drainage Side Slope of Links To

Make 15' of Separation. Maintain 15' Side Slope Separation From Basement Wall Unless Tanks / Drainfield Are Below Foundation Drain.

INITIAL SITE SKETCH

See Attached / Approved Design By The Oaks Group

Dated: APPROVED SEP 01 2015

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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.*

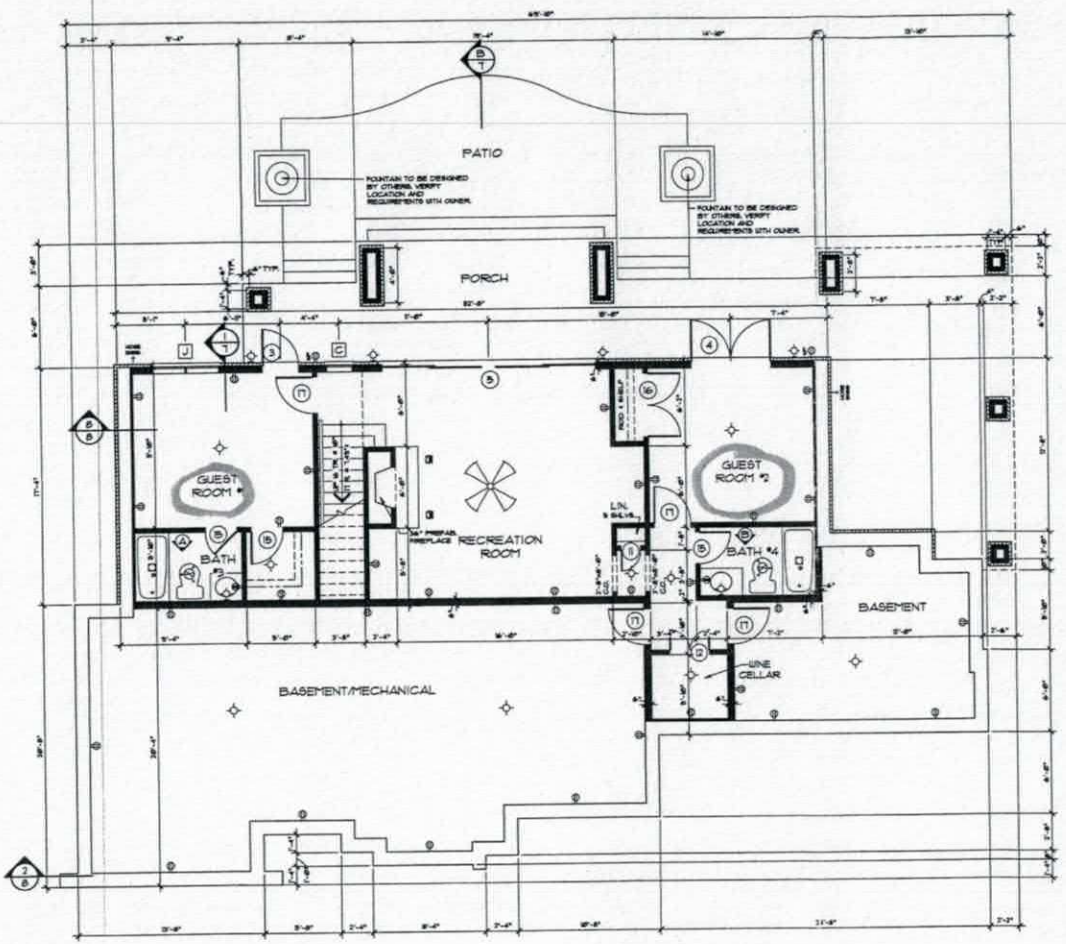
Owner / Applicant Signature: [signature] Date: 9-11-15 Installed by:

IMPROVEMENT PERMIT by: [signature] APPROVED SEP 01 2015 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!



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

PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVISE SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   REVISE SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNITS W/ WITH THE OWNER PRIOR TO CONSTRUCTION. ENSURE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.
   HVAC EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL 2x4'S @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
	WEATHER PROOF DUPLEX OUTLET
	ABOVE COUNTER LOCATION
	FLUSH FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN w/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT

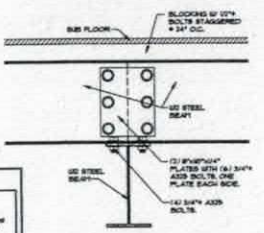
Acknowledgement of Plans Submittal ONLY!

Date 2-15-12

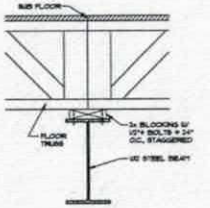
Date 2-15-12

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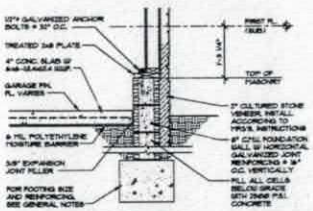




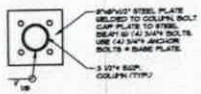
1/3 SECTION 1 1/2" = 1'-0"



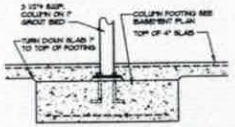
2/3 SECTION 1 1/2" = 1'-0"



3/3 SECTION 1 1/2" = 1'-0"



COLUMN BASE & CAP PLATE DETAIL 1 1/2" = 1'-0"



COLUMN FOOTING DETAIL 3/4" = 1'-0"

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GENOVA
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FLOOR PLAN

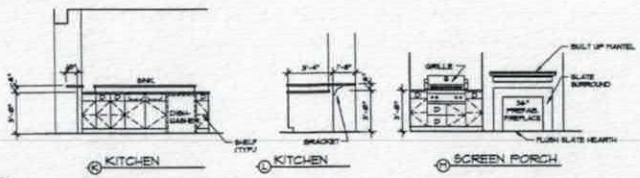
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Date 2-8-17

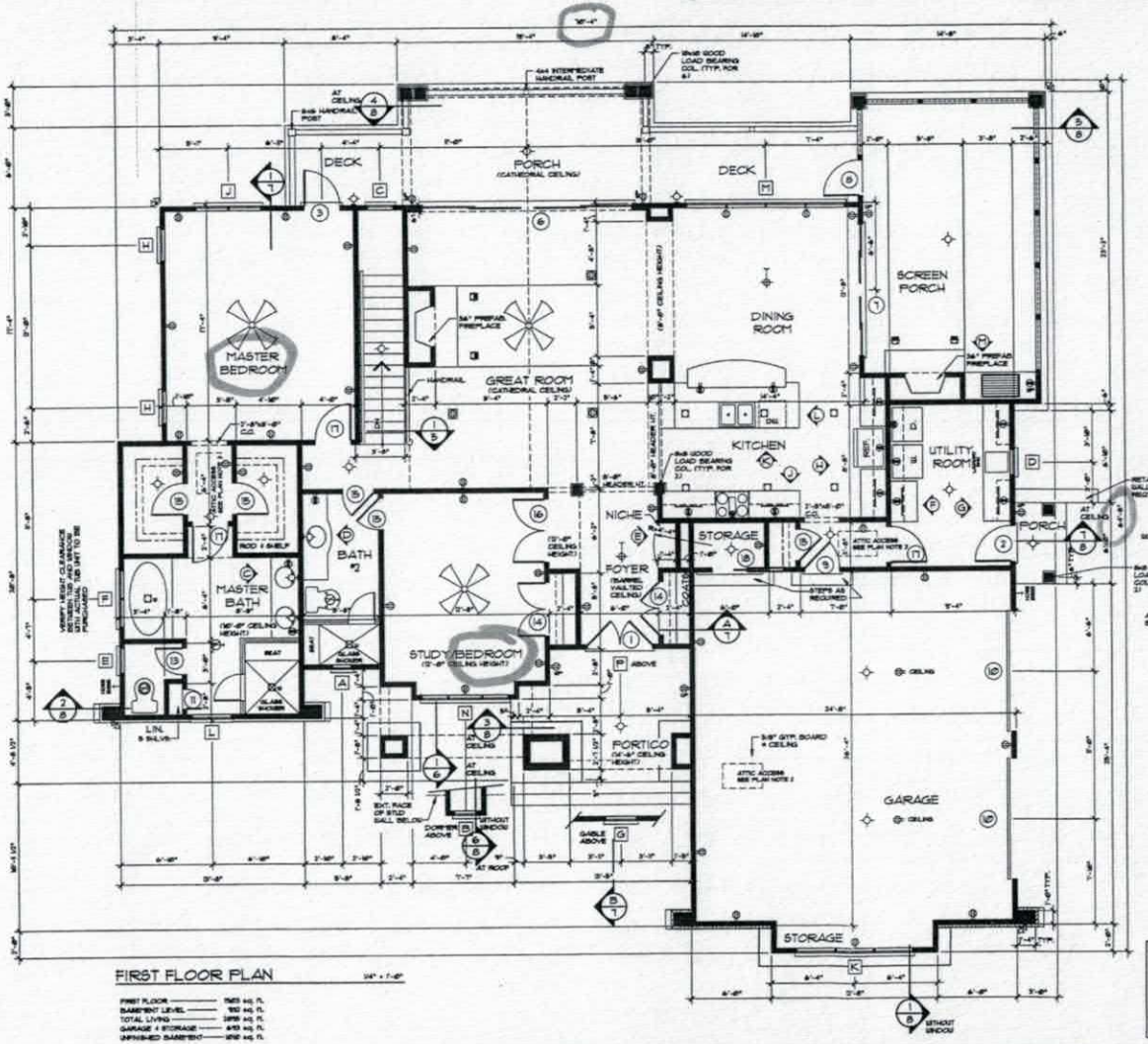
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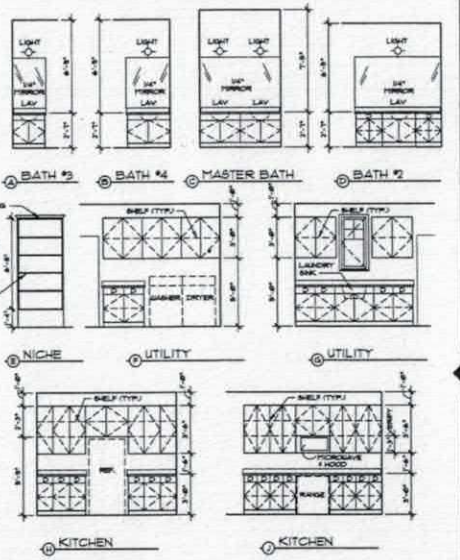
DOOR SCHEDULE			SYMBOL ◯
MARK	SIZE	QUAN.	DESCRIPTION
1	(2) 2'-6" x 6'-8"	1	EXT., FULL GLASS
2	2'-8" x 6'-8"	1	EXT., W/ 7'-10" X 1'-10" LITE
3	2'-8" x 6'-8"	2	EXT., FULL GLASS W/ 14" TRANSOM
4	(2) 2'-8" x 6'-8"	1	EXT., FULL GLASS W/ 14" TRANSOM
5	(4) 2'-8" x 6'-8"	1	EXT., FULL GLASS SLIDING
6	(4) 4'-0" x 8'-0"	1	EXT., FULL GLASS SLIDING W/ 7'-9" ARCH HEAD TRANSOM
7	(4) 2'-6" x 8'-0"	1	EXT., FULL GLASS SLIDING
8	2'-8" x 6'-8"	1	EXT., SCREEN
9	2'-8" x 6'-8"	1	EXT., 1 HOUR FIRE RATED
10	9'-0" x 8'-0"	2	GARAGE
11	1'-6" x 6'-8"	2	INT.
12	(2) 2'-6" x 6'-8"	1	INT.
13	2'-6" x 6'-8"	1	INT.
14	(2) 2'-6" x 6'-8"	2	INT.
15	2'-4" x 6'-8"	3	INT.
16	(2) 2'-4" x 6'-8"	3	INT.
17	2'-6" x 6'-8"	1	INT.
18	2'-8" x 6'-8"	1	INT., POCKET DOOR

WINDOW SCHEDULE			SYMBOL ▭
MARK	SIZE	QUAN.	DESCRIPTION
A	2'-6" x 7'-0"	1	CASEMENT, FIXED
B	1'-6" x 3'-8"	1	CASEMENT, FIXED
C	1'-0" x 3'-8"	2	CASEMENT
D	1'-0" x 3'-0"	1	CASEMENT
E	1'-0" x 4'-0"	1	CASEMENT
F	(2) 2'-0" x 4'-0"	1	CASEMENT, FIXED ARCH HEAD
G	2'-8" x 3'-0"	1	CASEMENT, FIXED
H	2'-8" x 4'-0"	2	CASEMENT
J	(2) 2'-8" x 4'-0"	2	CASEMENT
K	(3) 2'-0" x 3'-0"	1	CASEMENT, FIXED
L	2'-0" x 4'-0"	1	CASEMENT, FIXED W/ 7'-8" ARCH HEAD TRANSOM
M	(4) 2'-0" x 4'-0"	1	CASEMENT, FIXED
N	1'-0" x 8'-8" 2'-8" x 8'-8" 1'-0" x 8'-8"	1	CASEMENT, W/ 8" ARCH HEAD TRANSOM #
P	9'-0" x 4'-6"	1	FIXED, ARCH HEAD

ALL WINDOWS ARE INSULATED AND SEAT-RESTRIPPED.
VERIFY LOCAL CODE SUPERS WINDOW REQUIRED SIZES PRIOR TO CONSTRUCTION.
WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.
VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.
SEE ELEVATION FOR TRANSOM.



FIRST FLOOR PLAN



INTERIOR ELEVATIONS



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FLOOR PLAN

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IREDELL COUNTY

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

APPLICATION NUMBER
212935
Issue Date: 08/18/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639220568.000	133 WOLF HILL DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: PRINCETON ASSET MANAGEMENT LP	Applicant: THE OAKS GROUP
Address: 400 IREDELL CO, NC 28625	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.450	35.00	35.00	15.00	15.00	CA	X

Remarks:

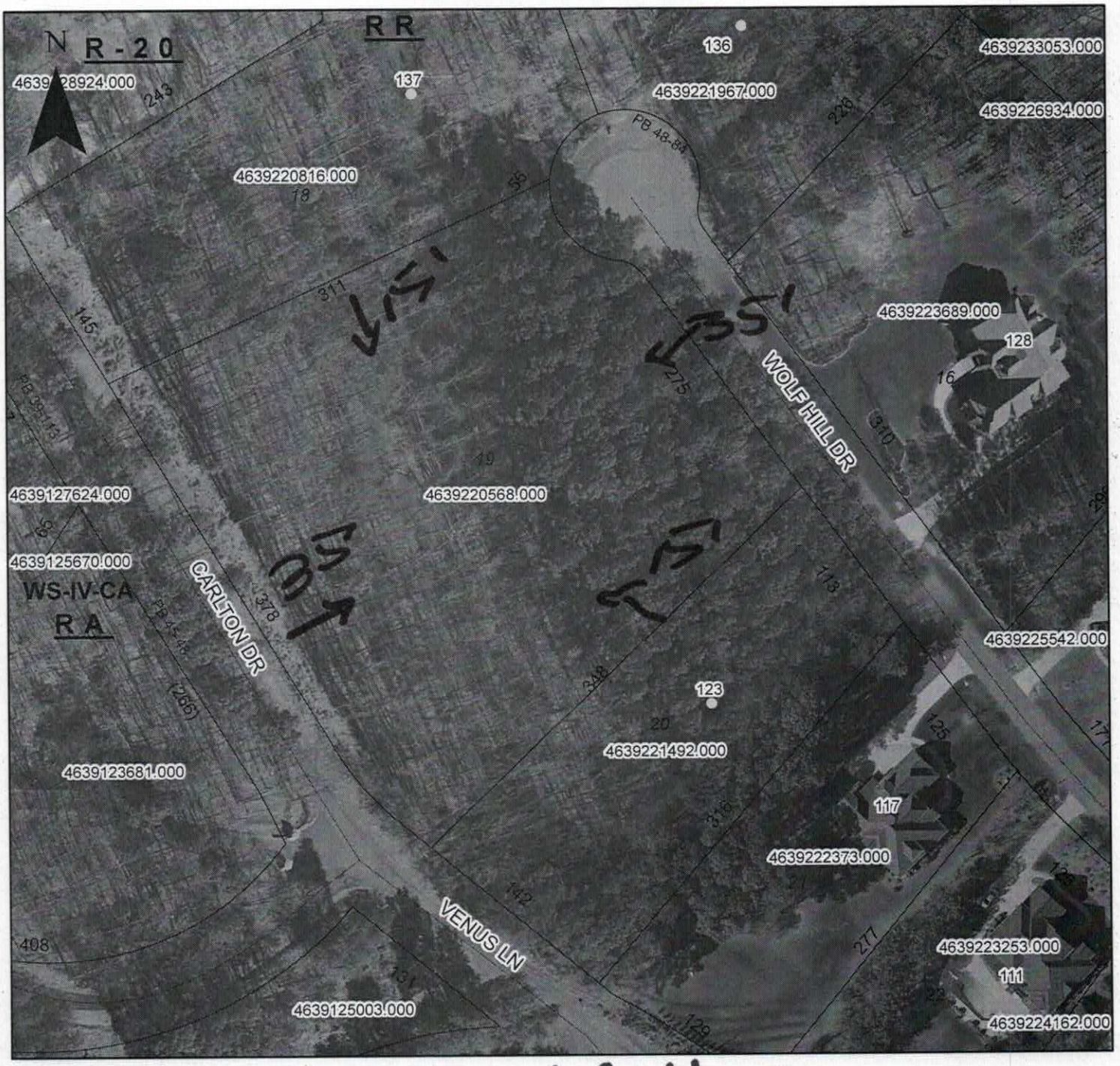
PAID

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	46826	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 133 Wolf Hill

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.

Erma Hall

Applicant

08/18/15

Date