IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 216488

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

PIN # 4639-22-8638

APPLICANT/OWNER: Ted Kennedy | APPLICANT ADDRESS: 8736 New Oak Ln Huntersville, NC

SITE ADDRESS: 946 Fern Hill Rd Mooresville, NC | PHONE: | ALT. PHONE 704 806-2160

SITE DIRECTIONS: Perth Rd N TL Fern Hill on right. | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Beaden Pt | SECTION: 4 | LOT # 13 | LOT AREA: 2.177 Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .3

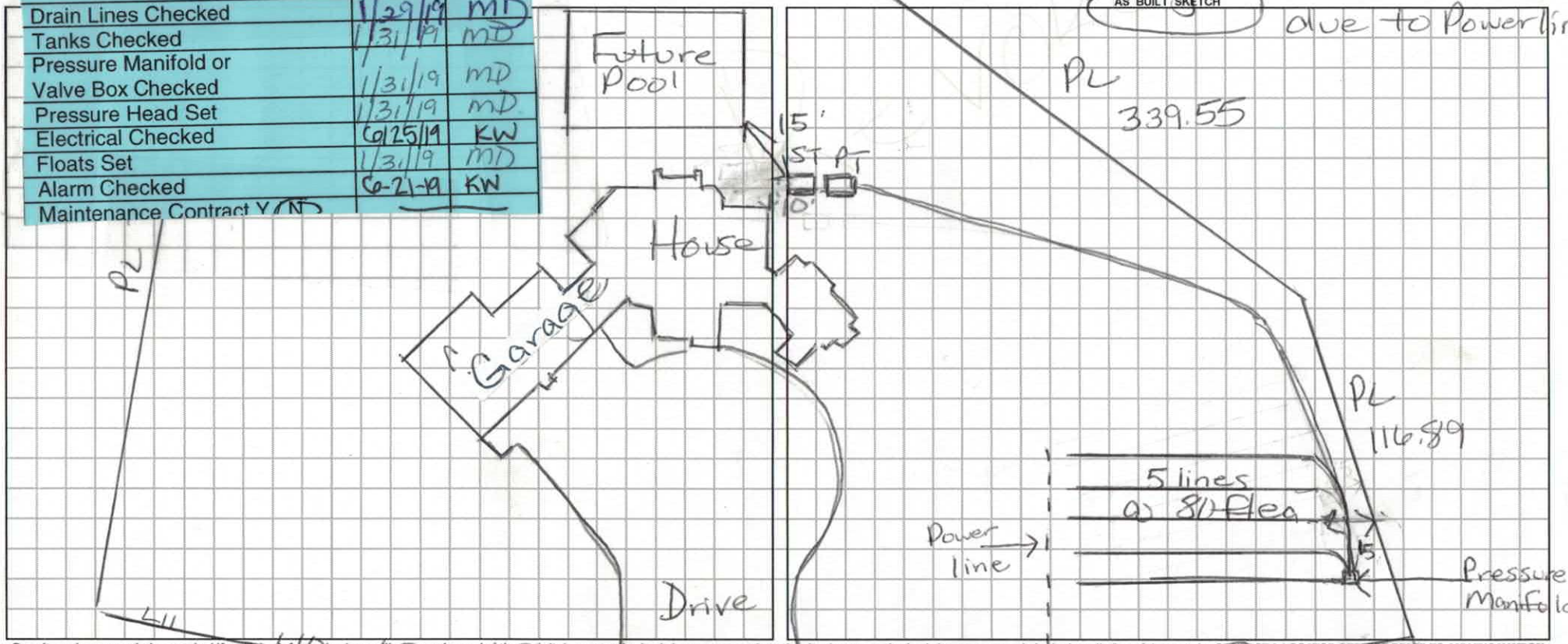
Septic Tank	1000 (gal)	STB	794	Date	12-15-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	27	Date	12-16-18	System Description:	Pump-Pm = 25% Reduction			☐ Business	No. Persons 8	☒ Private
Pump Make	Gavlas	Model	WED512HH	Serial #		Repair System Description:	Same			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5@80'	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

1/29/19 Checked Drainlines, Installed Quick 4
Note: ~~Changed~~ to 5@80' lines due to Powerline

	Date	Initials
Drain Lines Checked	1/29/19	MD
Tanks Checked	1/31/19	MD
Pressure Manifold or Valve Box Checked	1/31/19	MD
Pressure Head Set	1/31/19	MD
Electrical Checked	6/25/19	KW
Floats Set	1/31/19	MD
Alarm Checked	6-21-19	KW
Maintenance Contract Y / N		

AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Ted Kennedy | Date: 6-20-19 | Installed by: FJ Ervin

IMPROVEMENT PERMIT by: Maria Olson | Date: 1/29/19 | OPERATION PERMIT by: Kayla Wilson | Date: 6-25-19

AUTHORIZATION TO CONSTRUCT by: Maria Olson | Date: 1/29/19 | Existing System Inspected by: | Date:

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

APPROVED FEB 10 2016

Lot #13
2.177 Acres
94,821 Sq. Ft.

House

Garage

Drive

Pool

Addition and Repair

Tank = 7.72
HC = 7.48
BM = 5.99

Concrete Control Monument

15' Side Setback

35' Front Setback

35' Rear Setback

#4 Rebar(F)

#4 Rebar(F)

#4 Rebar(F)

L12 L11 L10 L9 L8 L7 L6 L5 L4 L3 L2 L1

190.65'

290.65'

165.00'

80.00'

S20°19'23"W 199.2

N67°15'27"E 239.55' Total

226.05'

113.50'

S77°09'51"E 116.89'

N09°38

393.96'

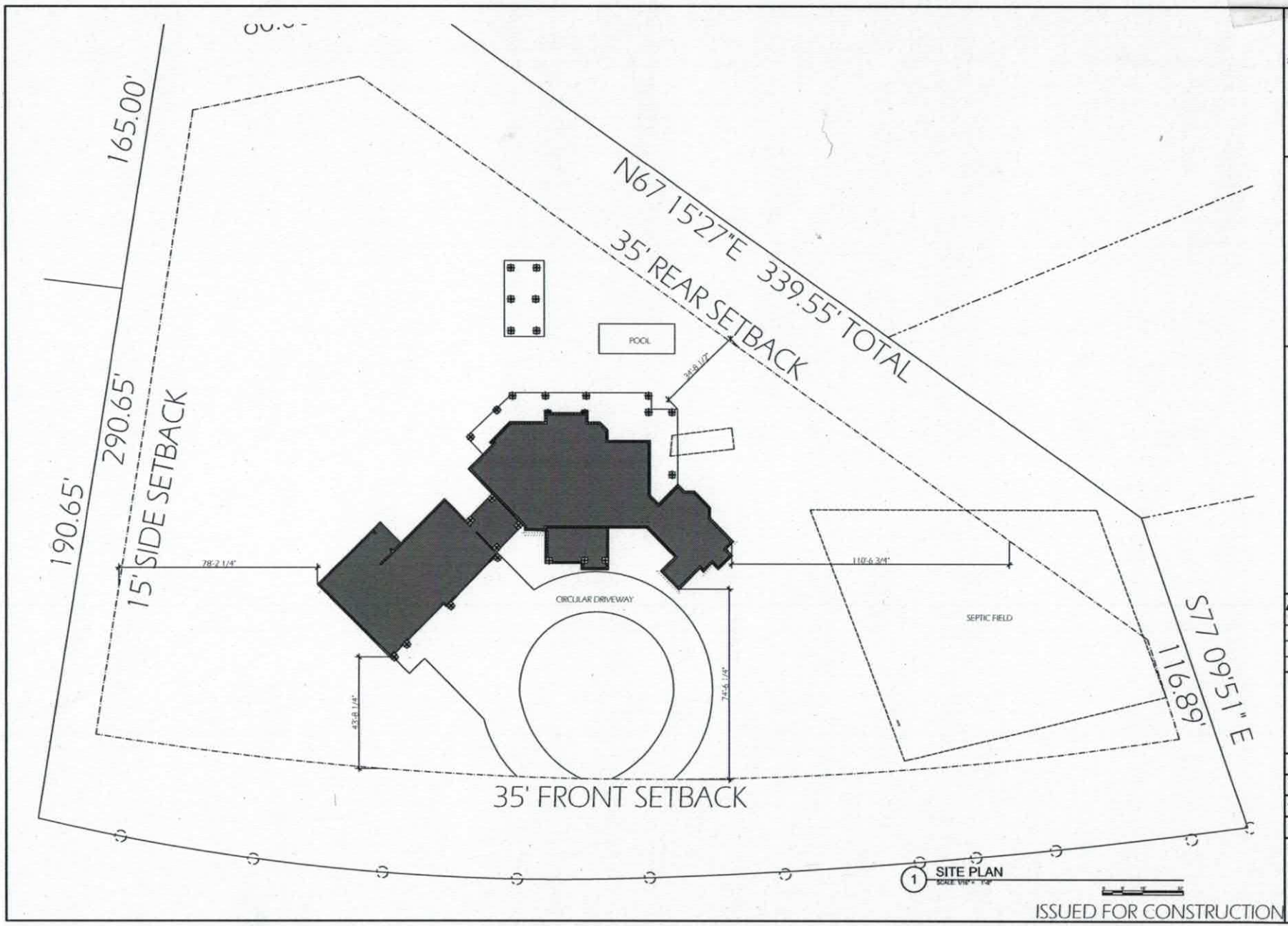
Lot 1.104 48,097

Line slopes 15ft to the left

N

1" = 50'

New Site plan



1 SITE PLAN

ISSUED FOR CONSTRUCTION

JBA
JENNIFER BENSON ARCHITECTURE, PLLC
735 MATTHEWS TOWNSHIP PKWY
MATTHEWS, NC 28105
980-245-8447
980-225-0449 FAX
www.jbensonarch.com

9/27/2017

9/27/2017

KENNEDY RESIDENCE
946 FERN HILL RD.
MOORESVILLE, NC 28117

	Date:	Revision:

THE DRAWINGS AND PLANS SET FORTH ON THIS SHEET AS WELL AS ALL OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF JENNIFER BENSON ARCHITECTURE. USE OF THIS DRAWING IS LIMITED TO A SPECIFIC PROJECT AND THE PERSON NAMED HEREON, AND FOR THE CONSTRUCTION OF ONE BUILDING. ANY USE OR REUSE OF SAID DRAWINGS, IS STRICTLY PROHIBITED WITHOUT PERMISSION FROM JENNIFER BENSON ARCHITECTURE

DATE:	DRAWN BY:
9/27/2017	LCGR
SCALE:	PROJECT NO.:
	16.970

CHECKED BY: JENNIFER BENSON

SHEET TITLE: SITE PLAN

SHEET NUMBER: A-101

APPROVED FEB 10 2016

Lot 13 Beacon Point Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
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	85' of 2.0" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 12.1'
Pressure head	2.0'
Friction head	1.1'
20% Contingency	3.0'
Total Head	18.2'
Pump Requirements	22 gpm @ 18.2' 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	**25% Reduction**
Total Linear Feet	400
Repair Loading Rate	0.3

APPROVED FEB 1 0 2016

3A

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	**System**	**Red**	**25% Reduction**	**100 endfed**	**1.66**
2	**System**	**Orange**	**25% Reduction**	**100 endfed**	**2.06**
3	**System**	**Blue**	**25% Reduction**	**100 endfed**	**2.38**
4	**System**	**Pink**	**25% Reduction**	**100 endfed**	**2.66**
5	Repair	Red	25% Reduction	100	3.43
6	Repair	Orange	25% Reduction	100	4.4
7	Repair	Blue	25% Reduction	100	5.35
8	Repair	Pink	25% Reduction	100	6.13
				Total System: 400'	
				Total Repair: 400'	

Tank	Blue	1000 gal (2 compartment)	
Pump Tank	Blue	1000	7.72
House	orange	right rear	7.48

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
Divert surface water away from system area
Uses existing LTAR & trench depth from existing permit

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Beacon Pt. Partners APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5-7-04
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: _____
LOCATION OF SITE: lot 13 phs 4 Beacon Pt. PROPERTY RECORDED: _____
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☑ Pit ☐ Cut AH #5 0-46 wk fsbk yr sl fr sssp .3+ few common SAp
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed (S/P)

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-22	m fsbk RC	fr sp					.3
		22-38	wk fsbk yr cl	fr sssp common in/sap					
		38-50	RC—strong f-olive Mottling Lothwall	brk/sap fr sssp					
2		0-2	brn sl/sclp						.3
		2-35	wk-m fsbk RC	fr sssp SAP					
		35-52	wk fsbk yr cl/L fr sssp common-many in/sap						
			LB-C on old sed; sap on both sand						
3		0-5	gr brn sl	fr sssp					.3
		5-30	m fsbk RC	fr sssp SAP					
		30-52 (BC)	wk fsbk yr cl	fr sssp common in/sap					
4		0-4	gr brn sl	fr					.25 .3+
		4-21	wk-m fsbk RC	fi-fr sp sap					
		21-56	massive 4/4	SAp fr sssp sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	S	S
System Type(s)	PM CONV.	PM CONV.
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: DBoltman
OTHER(S) PRESENT: Paul Denninger

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

RECEIVED JAN 3 - 2017

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Ted Kennedy Address: 15314 Hugh Torance Parkway Zip: 28078

Applicant Email: kennedyandson07@aol.com Phone: 704-806-2160 Alt. Phone: _____

Owner Name: Same Address: Same Zip: _____

Owner Email: Same Phone: Same Alt. Phone: _____

Property Information:

Street Address: 946 Fern Hill Rd Mooresville, NC 28117

Subdivision Name: Beacon Point Development Section/Phase: 4 Lot Number: 13

Driving Directions: Perth road to Fern Hill road

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: 3
(x) 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: _____
( ) 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: Ted Kennedy 12-29-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED FEB 9 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $75.00 #216488

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit
(X) New Well Permit ( ) Authorization to Construct
( ) Well Repair Permit ( ) Existing System Inspection
( ) Well Abandonment ( ) Septic System Repai

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITI IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTEI 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Ted Kennedy **Address:** 8736 New Oak Ln Huntersville **Phone:**

Owner Name: Beacon Point Partners **Address:** PO Box 3608 Mooresville 28117 **Phone:**

Property Information:

Street Address: 946 Fern Hill Rd Mooresville NC 28117

Subdivision Name: Beacon Point **Section/Phase:** 4 **Lot Number:** 13

Driving Directions: Perth to L Fern Hill, lot on R past Frost Cliff

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: 8
(X) Swimming Pool
( ) Other Addition/Structure:

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

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

2/8/16
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Pd. $195.00

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: X **Survey Plat, Scaled no more than 1 Inch = 60 Feet**
   ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**
   Place check ( ) beside whichever is submitted if applicable
   Non Expiring

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Beacon Pointe Partners, LLC	PO Box 3604 Mooresville 28117		
Same	contact Kathleen Saunders, LSS	704-578-4951	
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Beacon Pointe	PH 4 / Lot 13

Driving Directions: Hwy 150, R Perth, L Fern Hill, Lot on R between Frost Cliff and Wolf Hill

****

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 ___

( ) 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)*

( ) 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 — 6/24/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION: 799-9770 MOORESVILLE

BEACON PT. PARTNERS	P.O. BOX 3608		NC	28117
Applicant / Phone #	Mailing Address	City	State	Zip Code

SAGE				
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

BEACON PT. PH. 4	13		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, ~~Private Well~~ | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map #

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing X

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

2-18-04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, Ted Kennedy [redacted], am the legal owner(s) of the property located at 4639 22 8638 Fern Hill Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, 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.

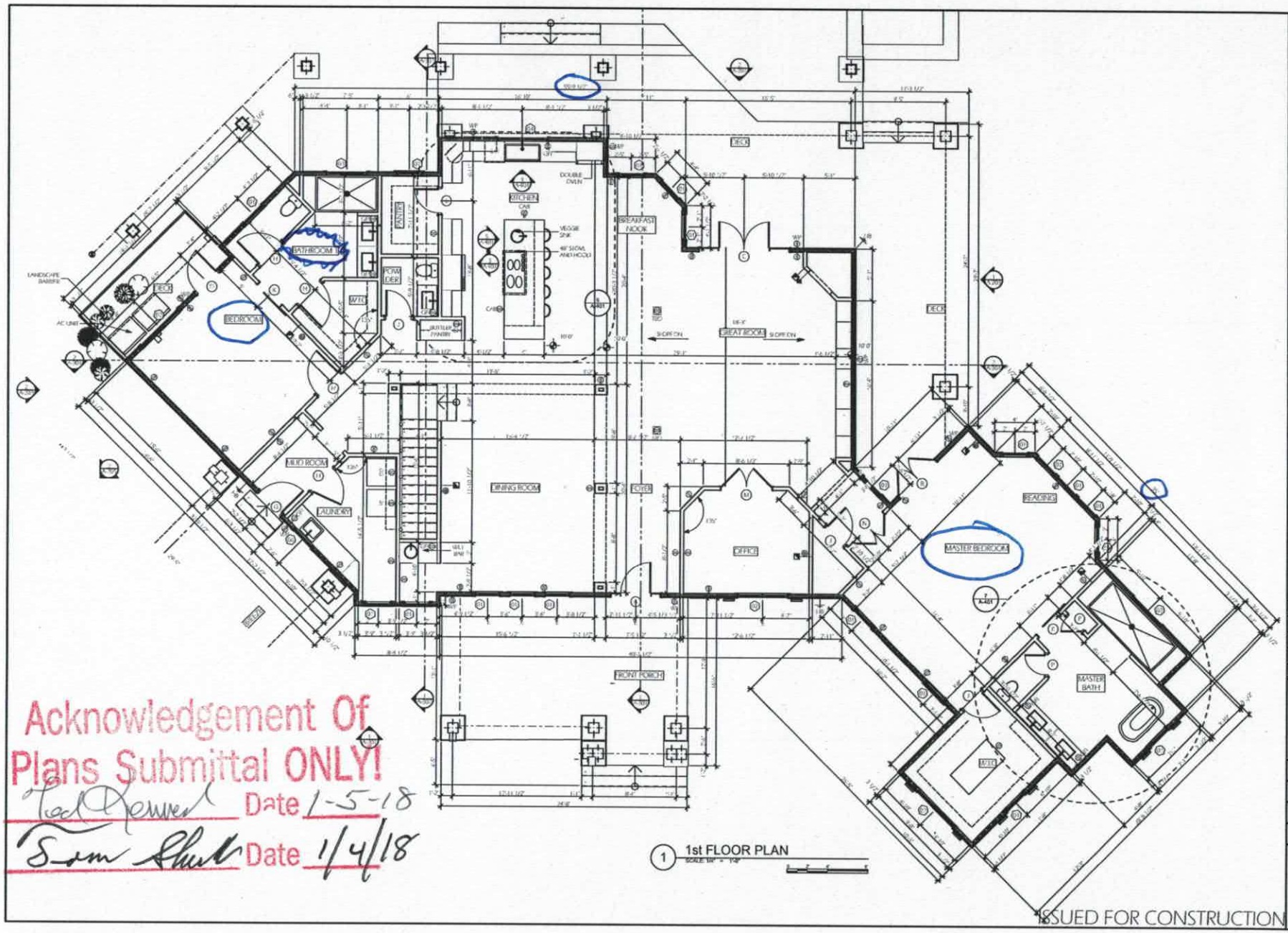
Ted Kennedy 2-1-16 Kathleen Saunders 2/1/16

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



Acknowledgement Of Plans Submittal ONLY!

Ted Renner Date 1-5-18

Tom Church Date 1/4/18

1 1st FLOOR PLAN

ISSUED FOR CONSTRUCTION

JBA
JENNIFER BENSON ARCHITECTURE, PLLC
735 MATTHEWS TOWNSHIP PKWY
MATTHEWS, NC 28105
980-245-8467
980-225-0449 FAX
www.jbensonarch.com

9/27/2017

9/27/2017

KENNEDY RESIDENCE
946 FERN HILL RD.
MOORESVILLE, NC 28117

Δ	Date:	Revision:

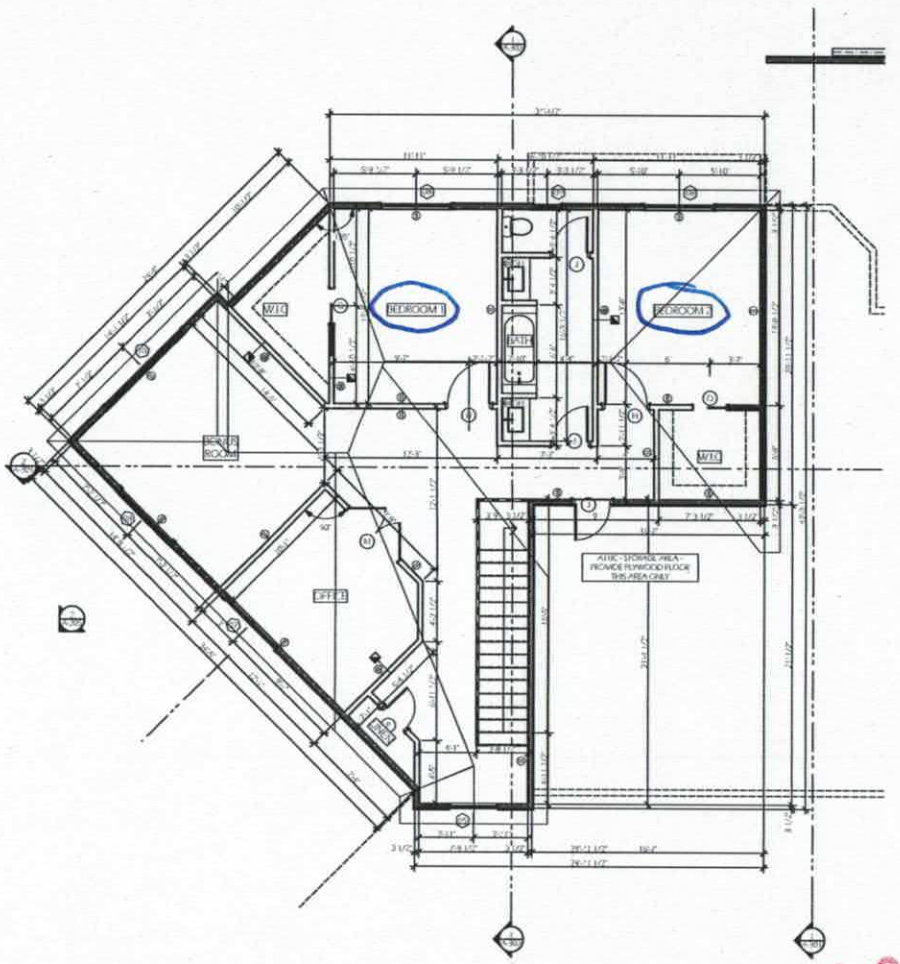
THE DRAWINGS AND PLANS SET FORTH ON THIS SHEET ARE INSTRUMENTS OF SERVICE AND SHALL REMAIN THE PROPERTY OF JENNIFER BENSON ARCHITECTURE. USE OF THIS DRAWING IS LIMITED TO A SPECIFIED PROJECT FOR THE PERSON(S) NAMED HEREON, AND FOR THE CONSTRUCTION OF ONE BUILDING. ANY USE OR REUSE OF SAID DRAWING IS STRICTLY PROHIBITED WITHOUT PERMISSION FROM JENNIFER BENSON AND PERSONS.

DATE:	DRAWN BY:
9/27/2017	LCGR
SCALE:	PROJECT NO.:
	16.970

CHECKED BY: JENNIFER BENSON

SHEET TITLE: 1ST. FLOOR PLAN

SHEET NUMBER: A-103



1 2nd FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTES:
1. ALL DIMENSIONS ARE TO THE FACE OF STUD.

2. ALL INTERIOR WALLS TO BE 2X4 WOOD STUDS @ 16" O.C. - S.Y.P. #2 W/ 1/2" G.W.B. EA. SIDE.

3. ALL EXTERIOR WALLS TO HAVE 7/16" CONTINUOUS OSB.

4. EXTERIOR WALLS TO BE: 1/2" GWB, 2X6 WD STUDS @ 16" O.C. - SYP #2, R-15 BATT INSULATION, 7/16" OSB, TYVEK BUILDING WRAP OR SIM.AND EXTERIOR FINISH AS NOTED ON ELEVATIONS.

5. PROVIDE WOOD STRUCTURAL PANELS (CS-WSP) WHERE NOTED ON PLANS FOR WALL BRACING. PROVIDE 6d NAILS 6" FROM EDGED AND 12" O.C. IN FIELD.

6. PROVIDE (2) 2X8 HEADERS FOR ALL WINDOW AND DOOR OPENINGS TO 4'-6" AND (2) 2X10 HEADERS TO OPENINGS TO 6'-0"

7. PROVIDE (2) JACK STUDS EA. SIDE AT ALL WINDOW AND DOOR LOCATIONS.

8. PROVIDE DOUBLE JOISTS AT ALL WALL LOCATIONS ABOVE.

9. PROVIDE TEMPERED GLAZING IN THE WINDOW WITHIN 36" OF THE WALKING SURFACE OF A STAIR LESS THAN 60" ABOVE THE PLANE OF THE ADJACENT WALKING AREA, AND LESS THAN 60" FROM THE TUB OR SHOWER AND LESS THAN 60" ABOVE THE FLOOR.

10. JACK AND KING STUDS. THE NUMBER OF JACK AND KING STUDS INSTALLED ON EACH SIDE OF A HEADER SHAL COMPLY WITH TABLE R603.7(1). KING, JACK, AND CRIPPLE STUDS SHALL BE THE SAME DIMENSION AND THICKNESS AS THE ADJACENT WALL STUDS. HEADERS SHALL BE CONNECTED TO KING STUDS IN ACCORDANCE WITH TABLE R603.7(2)

11. PROVIDE GRADE #1 FOR SYP GIRDERS AND HEADERS, TYP.

12. R703.11.3 WHERE THE PROPERTY LINE IS LESS THAN 10' FROM THE BUILDING FACE AND THE SOFFIT MATERIAL IS VINYL OR ALUMINUM, THE SOFFIT MATERIAL SHALL BE SECURELY ATTACHED TO THE FRAMING MEMBERS AND SHALL USE UNDERLAYMENT MATERIAL OR EITHER FIRE RETARDANT TREATED WOOD; 23/32" WOOD SHEATHING, OR 5/8" GYPSUM BOARD. VENTING REQUIREMENTS SHALL APPLY TO BOTH SOFFIT AND UNDERLAYMENT AND SHALL BE PER SECTION R806

13. USE PORTAL FRAME WITH HOLD-DOWNS: NORTH CAROLINA RESIDENTIAL BUILDING CODE R602.10.3.3
A. FASTEN TOP PLATE TO HEADER WITH 2 ROWS OF 16D SINKER NAILS @ 3" O.C. TYP.
B. FASTEN SHEATHING TO HEADER WITH 8D COMMON OR GALVANIZED BOX NAILS IN 3" GRID PATTERN AS SHOWN IN FIGURE R602.10.3.3 OF THE NORTH CAROLINA RESIDENTIAL CODE BOOK AND 3" O.C. IN ALL FRAMING (STUDS, BLOCKING, AND SILLS) TYP.
C. MIN. 4,200LB TIE-DOWN STRAP (EMBEDDED INTO CONCRETE AND NAILED INTO FRAMING) WITH ONE 5/8" ANCHOR BOLT @ CENTER OF EACH SILL PLATE

LEGEND

- EXTERIOR WALL 2X4" STUDS @ 16" O.C. W/ GWB FINISH
- 2X4 WD STUDS @ 16" O.C. WALL W/ INSULATION
- LINE OF ABOVE
- LINE OF BELOW
- DOUBLE DUPLEX OUTLET
- WP WEATHERPROOF 110 VOLT OUTLET
- FLOOR 110 VOLT OUTLET
- QUAD OUTLET
- HOSE CONNECTION
- HB
- TV CABLE OUTLET
- PROPANE CONNECTION

FLOOR SCHEDULE

ID	SYP W	SYP H	DESCRIPTION
A	3	8	36"X80" 1-PANEL RAISED SOLID WOOD EXTERIOR FRENCH DOOR
B	3	8	36"X80" 1/2 LIGHT CLASSIC FRENCH DOOR
C	3	8	36"X80" 1/2 LIGHT CLASSIC FRENCH DOOR
D	2'-6"	8	30"X80" W/ CAFE CLASSIC FRENCH DOOR
E	2'-8"	8	32"X80" W/ CAFE CLASSIC FRENCH DOOR
F	3	7	36" PR. SOLID PANEL BI-FOLD CLOSET DOOR
G	2'-6"	7	30" PR. SOLID PANEL BI-FOLD CLOSET DOOR
H	2'-8"	7	32" PR. SOLID PANEL BI-FOLD CLOSET DOOR
I	2'-6"	8	30" SOLID PANEL EXTERIOR DOOR
J	2'-8"	8	32" SOLID PANEL EXTERIOR DOOR
K	2'-6"	8	30" PANEL
L	2'-8"	8	32" PANEL
M	2'-6"	8	30" PANEL BARN DOOR
N	2'-8"	8	32" PANEL BARN DOOR
O	2'-6"	8	30" PANEL
P	2'-8"	8	32" PANEL
Q	3	8	36" PANEL
R	2'-6"	8	30" PANEL
S	2'-8"	8	32" PANEL
T	2'-6"	8	30" PR. SLIDING POCKET DOORS
U	3	8	36" PR. SLIDING POCKET DOORS

WINDOW SCHEDULE

ID	SYP W	SYP HT	DESCRIPTION
W1	2'-6"	5'	CASEMENT - WHITE VINYL WINDOW UNIT
W2	4'	5'	DOUBLE CASEMENT - WHITE VINYL WINDOW UNIT
W3	6'	5'	TRIPLE CASEMENT - WHITE VINYL WINDOW UNIT
W4	3'	4'	DOUBLE CASEMENT - WHITE VINYL WINDOW UNIT
W5	6'	4'	TRIPLE CASEMENT - WHITE VINYL WINDOW UNIT
W6	2'-6"	3'-6"	CASEMENT - WHITE VINYL WINDOW UNIT
W7	4'	3'-6"	DOUBLE CASEMENT - WHITE VINYL WINDOW UNIT
W8	6'	3'-6"	TRIPLE CASEMENT - WHITE VINYL WINDOW UNIT
W9	2'-6"	2'	CASEMENT - WHITE VINYL WINDOW UNIT
W10	4'	2'	DOUBLE CASEMENT - WHITE VINYL WINDOW UNIT
W11	6'	2'	TRIPLE CASEMENT - WHITE VINYL WINDOW UNIT
W12	2'-6"	6'-8"	CASEMENT - WHITE VINYL WINDOW UNIT
W13	4'	6'-8"	DOUBLE CASEMENT - WHITE VINYL WINDOW UNIT
W14	6'	6'-8"	TRIPLE CASEMENT - WHITE VINYL WINDOW UNIT
W15	2'-6"	4'-6"	CASEMENT
W16	4'	4'-6"	DOUBLE CASEMENT
W17	6'	4'-6"	TRIPLE CASEMENT

*G = PAINT GRADE, STAIN = STAINED
**P = PAINTED, HC = HOLLOW CORE
***SC = SOLID CORE
ALL EXTERIOR DOORS AND WINDOWS TO BE VINYL CLAD SYSTEM
ALL INTERIOR DOORS TO BE 6 PANEL SOLID PANEL, HOME DEPOT #

Acknowledgement Of Plans Submittal ONLY!
Date 1-5-18
Date 1/4/18

ISSUED FOR CONSTRUCTION

JBA
JENNIFER BENSON ARCHITECTURE, PLLC
735 MATTHEWS TOWNSHIP PKWY
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JENNIFER A. BENSON REGISTERED ARCHITECT NORTH CAROLINA MATTHEWS, NC
9/27/2017

JENNIFER BENSON ARCHITECTURE, PLLC REGISTERED ARCHITECT NORTH CAROLINA MATTHEWS, NC
9/27/2017

KENNEDY RESIDENCE
946 FERN HILL RD.
MOORESVILLE, NC 28117

No.	Date:	Revision:

THE DRAWINGS AND PLANS SET FORTH ON THIS SHEET AS INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF JENNIFER BENSON ARCHITECTURE. USE OF THIS DRAWING IS LIMITED TO A SPECIFIED PROJECT FOR THE TERRITORIES HERETO AND FOR THE CONSTRUCTION OF ONE BUILDING. ANY USE OR REUSE OF SAID DRAWINGS IS STRICTLY PROHIBITED WITHOUT PERMISSION FROM JENNIFER BENSON ARCHITECTURE

DATE: 9/27/2017
DRAWN BY: LCGR
SCALE:
PROJECT NO.: 16.970
CHECKED BY: JENNIFER BENSON
SHEET TITLE: 2ND FLOOR PLAN
SHEET NUMBER: A-104

IREDELL COUNTY

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

APPLICATION NUMBER
216488
Issue Date: 02/08/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639228638.000	946 FERN HILL ROAD, 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
2.180					CA	X

Remarks:

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	59771	TOTAL FEES:	$ 77.25