ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP 241155

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

PIN # 4639 -- 29 -- 0256

APPLICANT/OWNER: 4G Design Build APPLICANT ADDRESS: 488 Pineville Rd, Statesville NC 28677

SITE ADDRESS: 181 Park Crest Dr, Troutman NC 28166 PHONE: ALT. PHONE

SITE DIRECTIONS: (N) Perth → (L) State Park → (L) Morrison Farm → (L) Park Crest - lot @ end SAP CONTROLLED: [X] YES [ ] NO

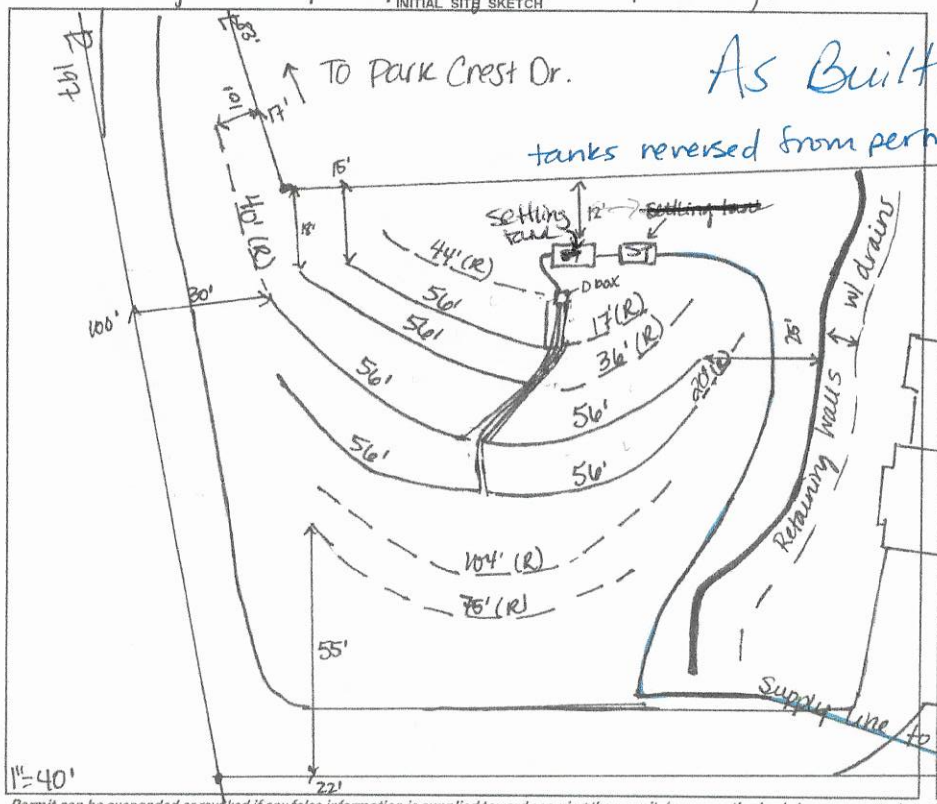
SUBDIVISION: Falls Cove - Parkwood SECTION: 6 LOT # 669 LOT AREA: 0.998 ac DESIGN FLOW: 600 gpd L.T.A.R.: 0.3

Septic Tank	1500 (gal)	STB SHDA F 964	Date 7/23/21	[ ] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	5	Water Supply
Settling Tank	1500 (gal)	" 964	Date 7/21/21	System Description: 50% Reduction - V PPBPS	[ ] Business	No. Persons	10	[ ] Private
Pump Make	Model		Serial #	Repair System Description: 50% Reduction - TS II Retreated	[ ] Other	No. Employees		[X] Public
# Nitrification Fields 1	# Lines 6		Linear Ft 336'	Maintenance Agreement Required: [ ] YES [X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width 24" Min	Trench Bottom Depth(Low side) 34'		Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing			[ ] Basement w/o plumbing

Comments / Conditions: Use grinder pump to pump to settling tank, gravity distribution to septic tank then D-box. Use D-box to distribute flow evenly. Do not park, pave, grade, drive, or bury utilities in drainfield. Divert all drainage from drainfield

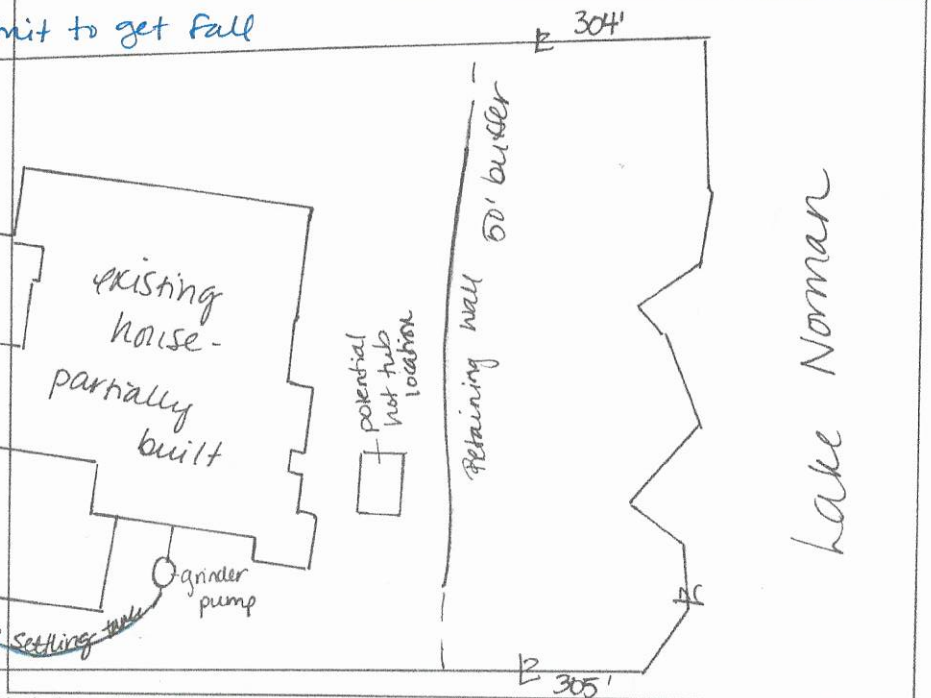
Chambers needed Plumbing needed D-box set Speed levelers ✓

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 8/18/2021 Installed by: Shady Knoll Septic (A. Daywalt)

IMPROVEMENT PERMIT by: D. Wiebery Date: 8/11/21 OPERATION PERMIT by: D. Wiebery Date: 9/7/21

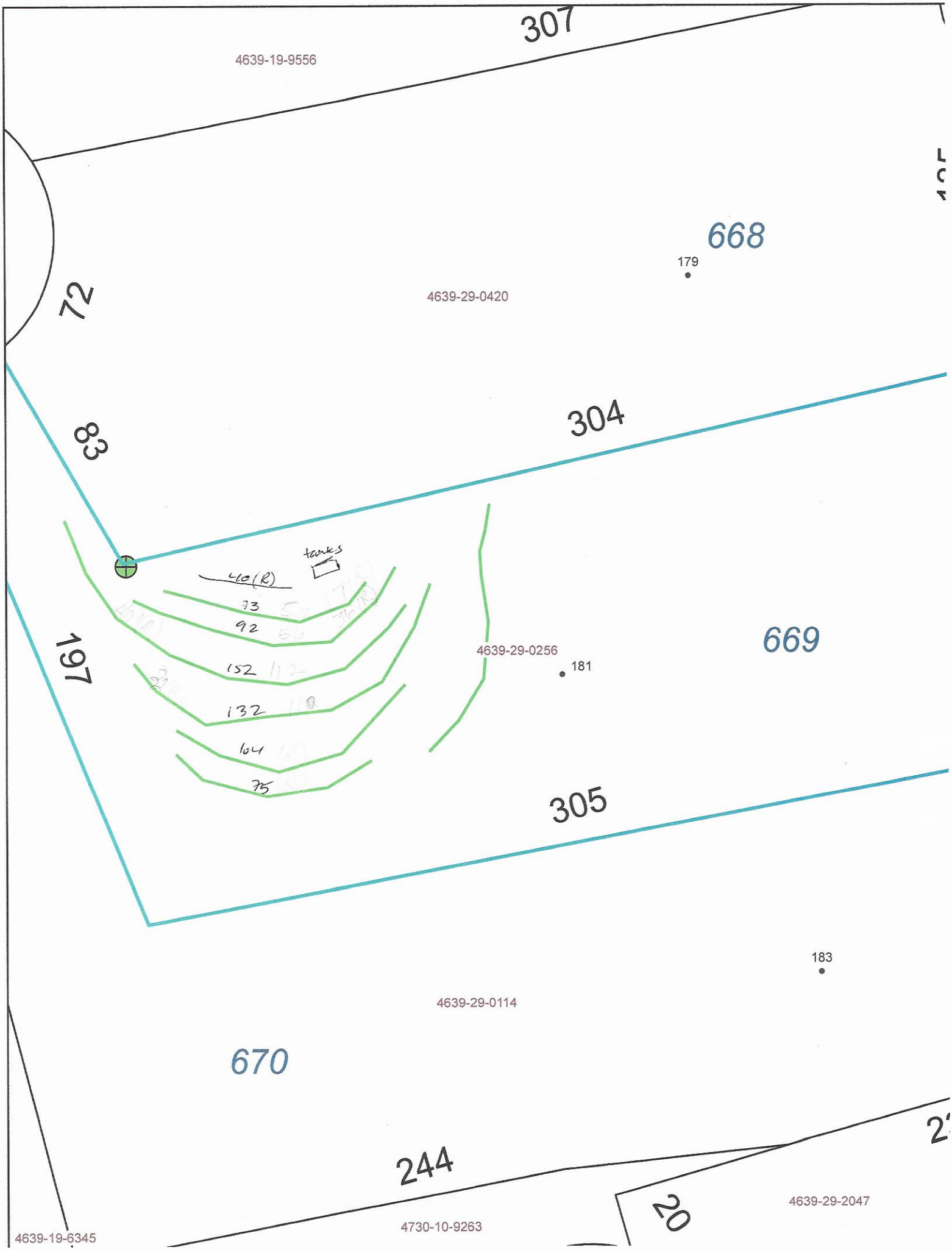
AUTHORIZATION TO CONSTRUCT by: D. Wiebery Date: 8/11/21 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked bottom checked 8/31/21	8/31/21	DW
Tanks Checked	8/31/21	DW
~~Pressure Manifold or Valve Box Checked~~ D Box	9/7/21	DW
Pressure Head Set	N/A	
Electrical Checked	N/A	
Floats Set	N/A	
Alarm Checked	N/A	
Maintenance Contract Needed? Y / N		
Comments:		
all plumbing to lines 9/7/21 DW		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Still need plumbing to all lines 8/31/21


307
4639-19-9556
668
179
72
4639-29-0420
304
83
tanks
460(R)
73
92
152
132
164
75
197
4639-29-0256
181
669
305
183
4639-29-0114
670
244
4730-10-9263
20
4639-29-2047
4639-19-6345

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 181 Park Crest Dr

Date: November 27 2018

Attached is the septic specification information required to permit 181 Park Crest Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. 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, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

Danielle Wieberg

From: Benjamin Botkins
Sent: Wednesday, September 1, 2021 8:22 AM
To: Danielle Wieberg
Subject: FW: Panel Block question/Concern

-----Original Message-----
From: Brad Johnson <brad@tjpanel.com>
Sent: Tuesday, August 31, 2021 10:07 PM
To: Benjamin Botkins <benjamin.botkins@co.iredell.nc.us>
Subject: Re: Panel Block question/Concern

Hi Ben,

Thank you for reaching out and I apologize I am responding late. I was looking over the issued permit and do not see any issues with the design. As you had mentioned our preferred design methods as listed in our Manual, are lines less than 67' can be gravity dosed. This was something we worked on with Raleigh that is reflected clearly in the proposed 18E rules. Please feel free the email or call me at anytime, and thank you for all you do!

Brad Johnson
T & J Panel Inc.
704•880•7697

> On Aug 31, 2021, at 8:45 AM, Benjamin Botkins <benjamin.botkins@co.iredell.nc.us> wrote:
>
> Brad, hope all is well, I had question come up about gravity flow to a system exceeding 480 gallons. We recently issued a permit without meeting that stipulation, see attached. Just wanted to see what your thoughts were before we re-permitted the project or if necessary at all. Is this something you have seen before with your product? In the past I don't know if it has been a issue but since we are able to use longer line lengths with gravity flow it may start to come up more frequently. Let me know if you have any additional questions or concern.
>
> -----Original Message-----
> From: Danielle Wieberg
> Sent: Tuesday, August 31, 2021 8:23 AM
> To: Benjamin Botkins <benjamin.botkins@co.iredell.nc.us>
> Subject: FW: Scan to E-mail Server Job
>
>
>
> Danielle Wieberg
> Work Cell: 704-902-4482
> https://www.co.iredell.nc.us/161
>
> -----Original Message-----
> From: stvehscanner@example.com <stvehscanner@example.com>
> Sent: Monday, August 30, 2021 3:08 PM
> To: Danielle Wieberg <danielle.wieberg@co.iredell.nc.us>

Falls Cove 669 Septic System Information

Number of Bedrooms	5
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	600
LTAR (gpd/ft2)	0.03
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Minimum Linear Feet	334
Total Linear Feet	334
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth	36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	175' of 2" SCH 40 PVC
Size of laterals	1 1/2" SCH 40 PVC
Flow Rate through the system	39 gpm
Elevation head	Approx: 19.73 ft
Pressure head	3 ft
Friction head	5.3 ft
20% Contingency	5.606 ft
Total Head	33.636 ft
Pump Requirements	39 gpm @ 33.6' of head To be designed by installer.
Maximum Dosing Volume	280.8 gal -2.1 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. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	334
Repair LTAR	0.3

APPROVED DEC X 7 2018

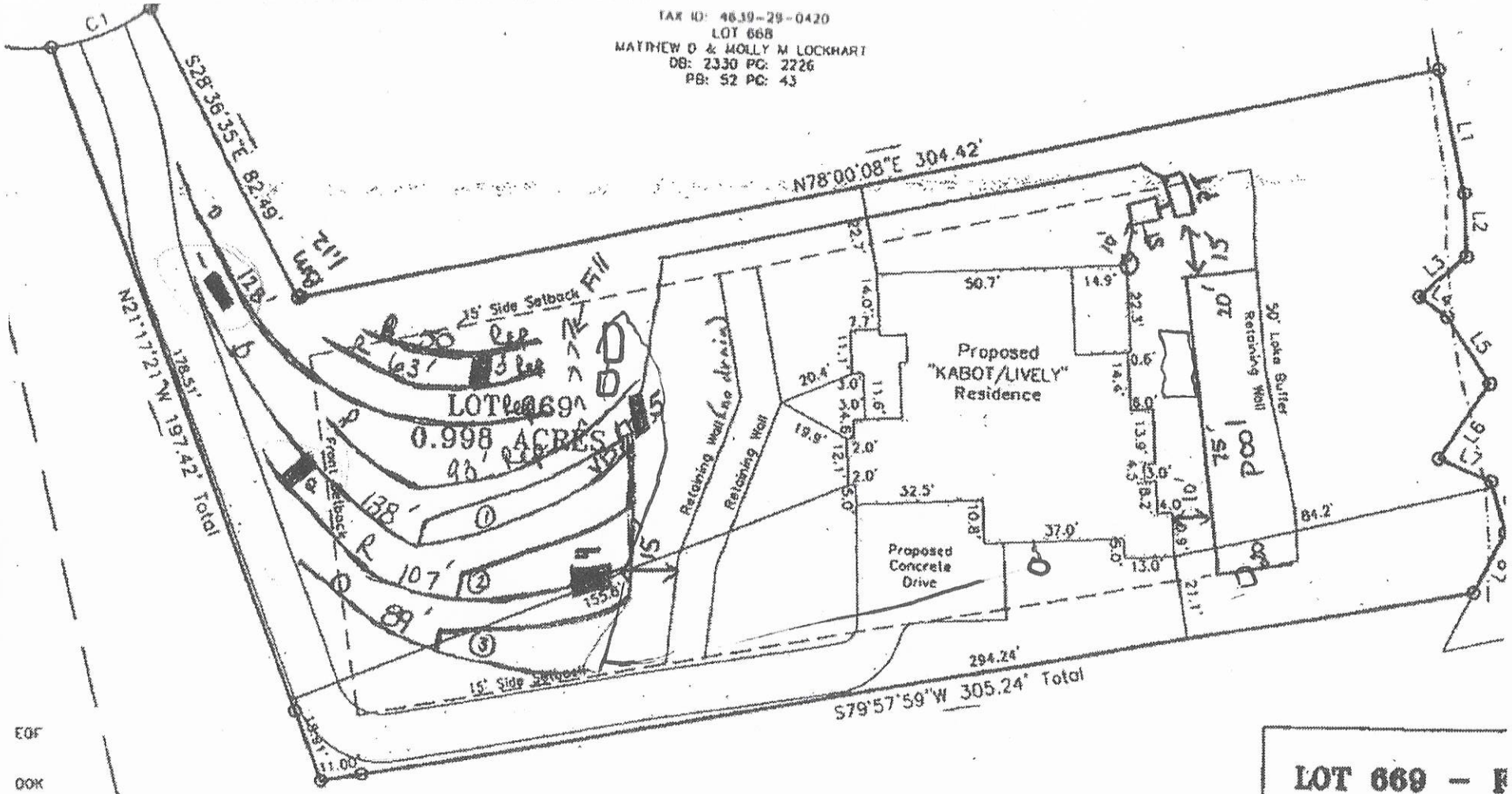
Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Blue	LPPPBPS	50	0.5				
2	Repair	Red	LPPPBPS	63	1.36				
3	Repair	Orange	LPPPBPS	128	2.22				
4	Repair	Pink	LPPPBPS	93	3.1				
5	System	Blue	LPPPBPS	138 centerfed	3.91	32	32	1 per panel	5/32"
6	System	Red	LPPPBPS	107 centerfed	4.78	25	25	1 per panel	5/32"
7	System	Orange	LPPPBPS	89 centerfed	5.72	21	21	1 per panel	5/32"
						Total: 78	Total: 78 (1 in each panel turned up)		
				Total System: 334'					
				Total Repair: 334'					

Tank	Red	1500.gal (2 compartment)	
Pump Tank	Red	1500 gal.	20.23
House	blue		18.99

Note: Tanks and Distribution devices can be altered at the ICHD's discretion
Rod Readings should be verified by installer before installation

APPROVED DEC X 7 2018



CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	50.00'	26.91'	N67°15'47"E	26.59'

LINE TABLE		
LINE	BEARING	DISTANCE
L1	S12°27'16"E	31.70'
L2	S02°43'42"E	16.14'
L3	S49°44'07"W	15.67'
L4	S54°47'31"E	8.82'
L5	S33°06'05"E	19.94'
L6	S33°17'37"W	22.97'
L7	S86°33'38"E	14.44'
L8	S16°27'31"E	13.38'
L9	S27°02'15"W	16.98'

LOT 669 – F
PE
PLAT BO(
181 |
FALLSTOWN TOWNSHIP,

Prepared For: 4C

TRO

PATTERSON |
NC |
P.O. BOX 50|
PHONE: (0) 704

Drawn By: MDH | Checked By

Tax PIN: 4639-29-0256

Date: November 8, 2018

File: 18089_Lot669FallsCove

RECEIVED JUL 2 2 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-241155 (Munis)

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $320.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: 4G Design Build **Address:** 488 Pineville Rd, Statesville **Zip:** 28677

Applicant Email: tommy@build4g.com **Phone:** 704.589.0489 **Alt. Phone:** _____

Owner Name: Gary Kabot **Address:** _____ **Zip:** _____

Owner Email: gkabot@ajcapadvisors.com **Phone:** 954.261.4353 **Alt. Phone:** _____

Property Information:

Street Address: 181 Park Crest Dr, Troutman, NC 28166

Subdivision Name: Falls Cove - Parkwood **Section/Phase:** 6 **Lot Number:** 669

Driving Directions: 21 South to Troutman, R on Perth, R on State Park, L on Morrison Farm, L on Parkcrest, job at end in cul-de-sac

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

(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: 5
Maximum Number of Occupants: 10
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(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: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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:

(Y) Yes ( ) 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: Thomas W. Parr 7.22.21

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

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ **2.** I, Gary Kabot, am the legal owner(s) of the property located at 181 Park Crest Dr, Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4639 29 0256, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 4G Design Build 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.

Gary Kabot
Signature of Owner(s)

7.22.21
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

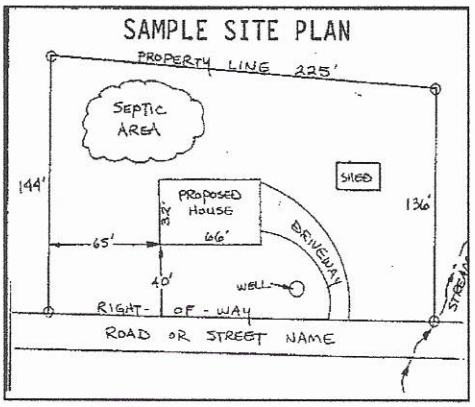
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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 permit #241155

See email

Signature: Thomas W. Parr

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

7.22.21

DATE

Ronda Hart

From: Maria Dotson
Sent: Wednesday, July 21, 2021 4:49 PM
To: Ronda Hart; Barbara Nebel
Subject: FW: 181 Parkcrest, Troutman - Septic Flagging / Layout concerns

From: Maria Dotson
Sent: Wednesday, July 21, 2021 2:04 PM
To: Tommy Parr <tommy@build4g.com>; Maria Dotson <MDotson@co.iredell.nc.us>
Subject: Re: 181 Parkcrest, Troutman - Septic Flagging / Layout concerns

You can apply for an intermediate redraw. Cost $320

Thanks,

Maria Dotson

From: Tommy Parr <tommy@build4g.com>
Sent: Wednesday, July 21, 2021 12:09:25 PM
To: MDotson@co.iredell.nc.us <MDotson@co.iredell.nc.us>
Subject: 181 Parkcrest, Troutman - Septic Flagging / Layout concerns

Maria,

Attached is a permit completed for 4G by Kathleen Saunders in 2018. Since then, and before construction started, the homeowner added a retaining wall on lower portion and left side of the lot that I believe will prevent us from installing the repair line as shown. In addition to needing new flags set, I would like to discuss our options of moving the tank to the right corner now that the pool has been eliminated. Would it be possible to meet onsite in the near future?

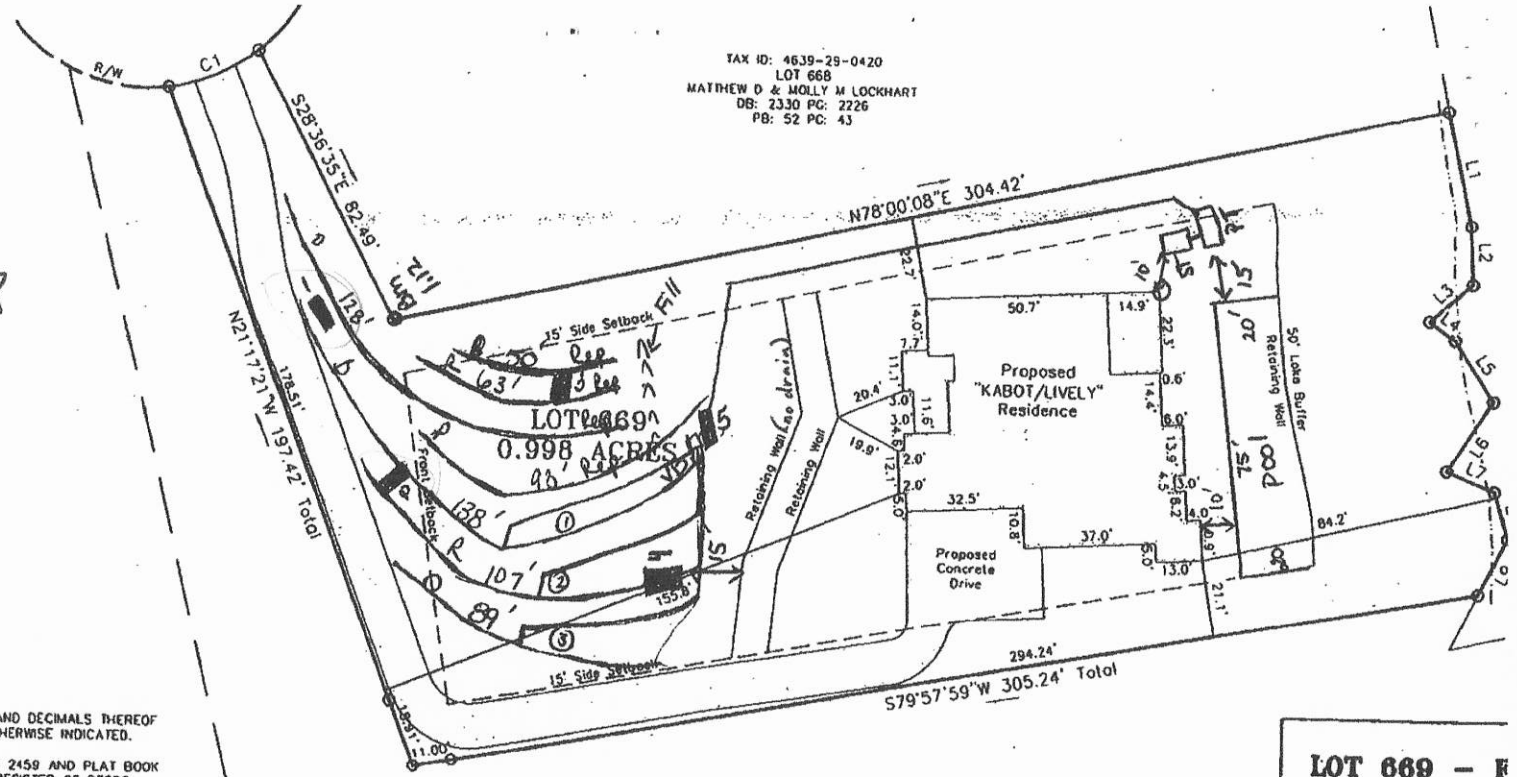
Tommy Parr
4G Design Build – *VP of Operations*
C – 704.589.0489
Tommy@build4g.com
Build4g.com

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless

Plat Book 52
Page 43
Dated: 07/28/2007

1" = 50'

APPROVED DEC X 7 2018



IRVEYOR NOTES

ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF
ID ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED.
EA BY COORDINATE METHOD.
THIS SURVEY IS BASED ON DEED BOOK 2535 PAGE 2459 AND PLAT BOOK
PAGE 43 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE
AMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO
CORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE
VENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
BASIS OF BEARINGS: PLAT BOOK 52 PAGE 43, DATED: JUNE 28, 2007.
THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR
VATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND
PURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND
T SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY
VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION.
TTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR
IDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES..
THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND
ES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.
NO NCGS OR USGS MONUMENTS FOUND WITHIN 2000' OF SUBJECT
ICEL.
THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL
RGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP
M) COMMUNITY PANEL 3710463900J, WITH AN EFFECTIVE DATE OF MARCH
2008.

CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	50.00'	26.91'	N67°15'47"E	26.59'

LINE TABLE		
LINE	BEARING	DISTANCE
L1	S12°27'16"E	31.70'
L2	S02°43'42"E	16.14'
L3	S49°44'07"W	15.67'
L4	S54°47'31"E	8.82'
L5	S33°06'05"E	19.94'
L6	S33°17'37"W	22.97'
L7	S66°33'38"E	14.44'
L8	S16°27'31"E	13.39'
L9	S27°02'15"W	16.98'

LOT 669 – F
PH
PLAT BO(
181 |
FALLSTOWN TOWNSHIP,

Prepared For: 4G
TRO

PATTERSON |
NC |
P.O. BOX 50|
PHONE: (0) 704

Drawn By: MDH | Checked By
Tax PIN: 4639-29-0256
Date: November 8, 2018
File: 18089_Lot669FallsCove

B - 0.5'
R - 1.36'
O - 2.22'
P - 3.1
B - 3.91
R - 4.78
O - 5.72

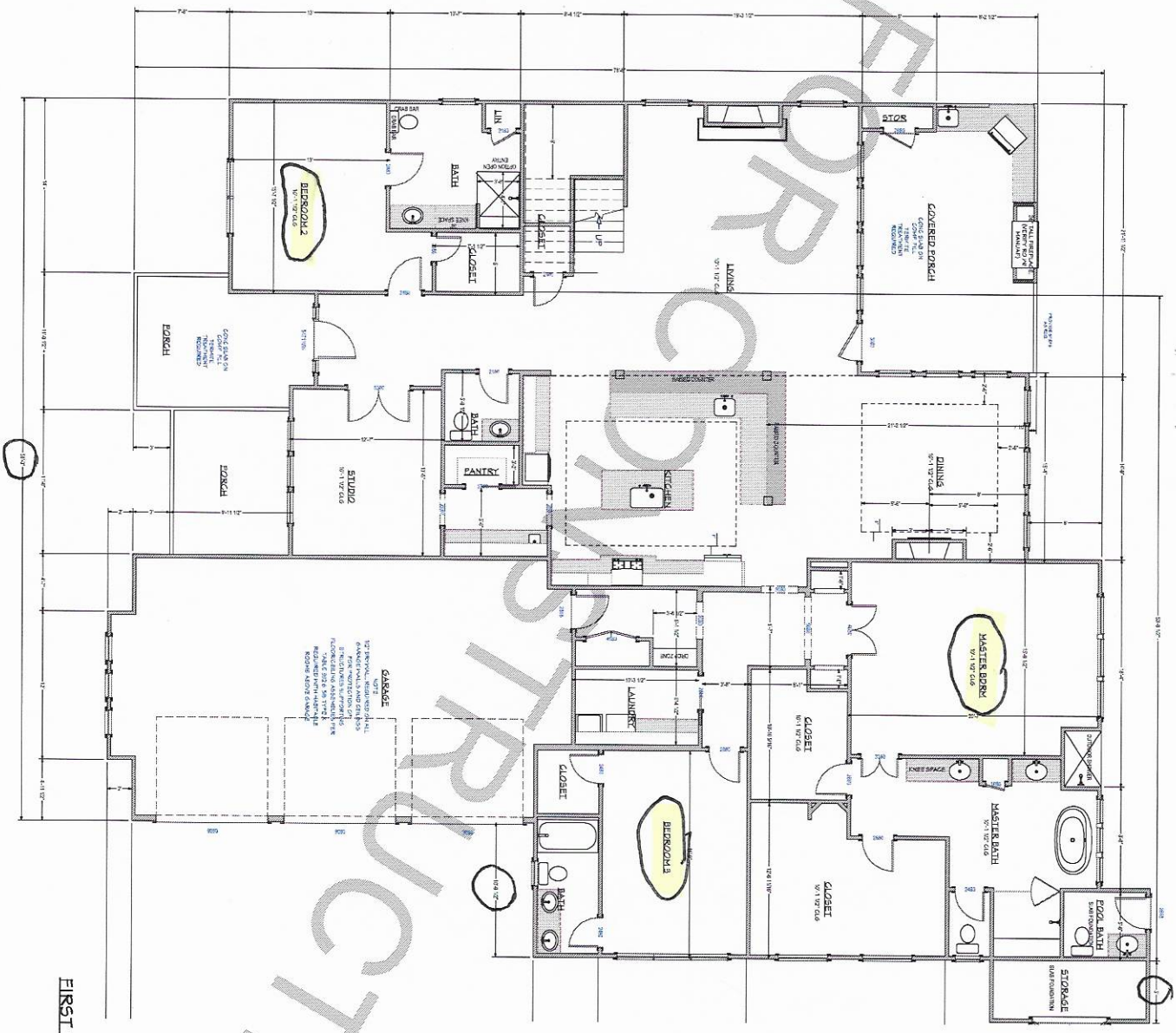
T - 20.23'
HC 18.99'

SQUARE FOOTAGE	
1ST FLOOR HEATED	3423
2ND FLOOR HEATED	1684
TOTAL HEATED	5101
GARAGES	754
PORCHES	467
TOTAL UNDER ROOF	6663

94'6"

174'

74'-0 1/2"



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

NOT FOR CONSTRUCTION

Acknowledgement Of
Plans Submittal ONLY!

Date 12/14/18

Carl C. Cann Date 12/14/18

SHEET:	SCALE:	DATE:
A-6		6/28/2018

BUILD4G.com
488 Pineville Rd
Statesville NC 28677
704-665-7578

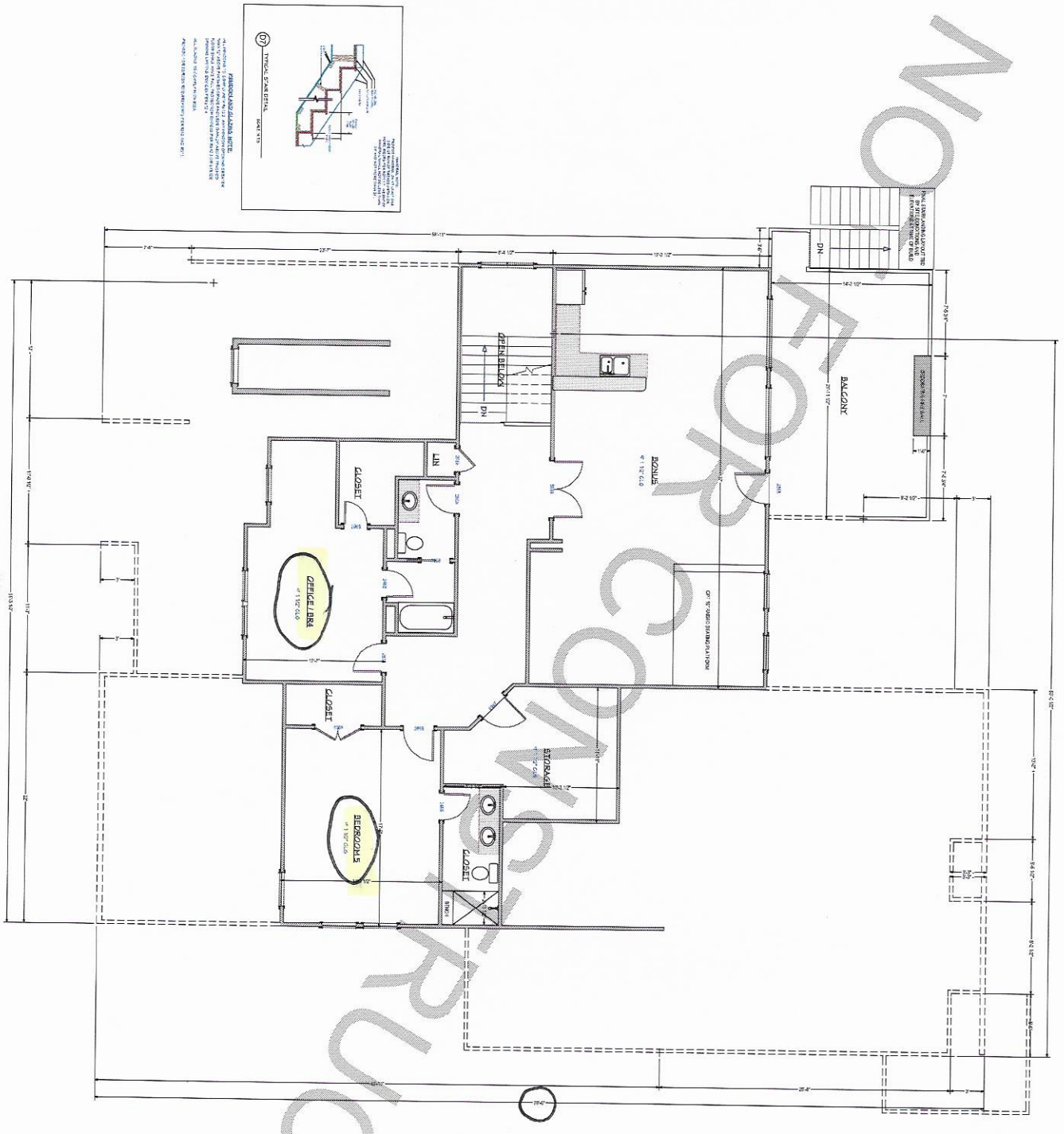
PROJECT DESCRIPTION:
Cabotts/Lively Residence
FC 669

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For permission requests please contact:
4G Design Build
488 Pineville Rd
Statesville NC 28677

NO.	DESCRIPTION	BY	DATE

BID



SECOND FLOOR PLAN

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

NOT FOR CONSTRUCTION

Acknowledgement Of
Plans Submittal ONLY!

Date 12/14/18

Date 12/14/18

SHEET:	SCALE:	DATE:
A-7		6/28/2018

BUILD4G.com
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PROJECT DESCRIPTION:
Cabotts/Lively Residence
FC 669

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