CCN (3-00)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 307362

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

PIN # 4639311134.000.

APPLICANT/OWNER: Northlake Developers APPLICANT ADDRESS: 106 Sheepcote Lane Mooresville NC 28117

SITE ADDRESS: 378 Kenway Loop Mooresville NC 28117 PHONE: ALT. PHONE 704-578-4951 (LSS).

SITE DIRECTIONS: Perth, Fish Hill, Bayley & Kenway Loop Lot on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodhead SECTION: 2 LOT # 92 LOT AREA: .755 Acres. DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	2071	Date	7-6-20	☑ New System	☐ Repair	☐ Expansion
Pump Tank	1000	(gal)	PT	2077	Date	7-6-20	System Type: I II III IV V VI		
Pump Make	Gould's		Model	VE0511H	Serial #		System Description: PM 25% Reduction		
# Nitrification Fields	1		# Lines	4	Linear Ft	400	Repair System Description: LPP (LSS) - 50% Reduction		
Trench Width	36 in		Trench Bottom Depth	30 in Max	Gravel Depth	—	Maintenance Agreement Required:	☐ YES	☑ NO
							☑ GRAVITY	☐ PRESSURE	

☑ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☑ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☑ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group PA

LSS # 1313

AS BUILT SKETCH

FOR SEPTIC 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.

2-5-2021 - Tanks + Lines + Manifold checked

	Date	Initials
Drain Lines Checked	2/5/21	BB
Tanks Checked	2/5/21	BB
Pressure Manifold or Valve Box Checked	2/5/21	BB
Pressure Head Set	4/28/21	MD
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)	Not Required	

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: Arbitration Judgment Received Date: 5-26-2020 Installed by: Adan Garcia

IMPROVEMENT PERMIT by: Benjamin Betts Date: 5-11-2020 OPERATION PERMIT by: Maura Dotson Date: 4/28/21

AUTHORIZATION TO CONSTRUCT by: Benjamin Betts Date: 5-11-2020 Existing System Inspected by: Date:

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

Kenway Loop
83.47' Total
59.59'
well
110'
Drive
35' FS
35' FS
3.70'
652
House
76' House
85'
39'
PT
LOT #01
LOT #02
310.79'
S88°19'43"E
296.42'
N88°19'43"W
252.20'
N
114.57'
S14°34'16"E
35' RS
35' RS
S88°19'43"W 630.51' Total
LOT #01
34,042 SF
0.781 Acres
280.29'
S88°19'43"E
LOT #02
N88°19'43"W
277.58'
Shared
Driveway
Easement

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Woodleaf Lot 92

Date: May 11, 2020

Attached is the septic specification information required to permit Woodleaf Lot 92 for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell 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, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

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

Woodleaf Lot 92 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	30"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	160' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 16.4'
Pressure head	2.0'
Friction head	2'
20% Contingency	4.1'
Total Head	24.5'
Pump Requirements	22 gpm @ 24.5' 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	315
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	System	NF	25% Reduction	100 endfed	
2	System	Red	25% Reduction	100 endfed	1
3	Repair	Red	LP PPBPS	25	1
4	System	Pink	25% Reduction	100 endfed	
5	Repair	Pink	LP PPBPS	50	
6	System	Orange	25% Reduction	100 endfed	
7	Repair	Orange	LP PPBPS	35	
8	Repair	Blue	LP PPBPS	110	
9	Repair	Red	LP PPBPS	95	
				Total System: 400'	
				Total Repair: 315'	

Tank	Red	1000 gal (2 compartment)	11.40
Pump Tank	Red	1000	
House	blue		

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 LHD

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

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

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Northlake Developers
ADDRESS: 106 Sherbrook LN
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 92 Woodleaf
APPLICATION DATE ___
DATE EVALUATED: 4/15/2020
PROPERTY SIZE: 32,800 ft2
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10-15%	0-10	MoGR SL	FR NS/NP	Br	55+	N/A	N/A	0.3
		10-24	MoSBK C	FR SS/SP	R, F/C Quartz				
		24-55	WK SBK CL	↓	R; Csap				
2	L 10-15%	0-6	MoGR SL	FR NS/NP	Br	55+	N/A	N/A	0.3
		6-31	MoSBK C	FR SS/SP	R				
		31-55	WK SBK CL	↓	R; Csap				
3	L 10-15%	0-8	Mo GR SL	FR NS/NP	Br	55+	N/A	N/A	0.3
		8-28	Mo SBK C	FR SS/SP	R				
		28-55	WK SBK CL	↓	R; Fsap				
4	L 10-15%	0-8	MoGR SL	FR NS/NP	Br	53+	N/A	N/A	0.3
		8-26	MoSBK C	FR SS/SP	R				
		26-53	WK SBK CL	↓	R; Csap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III b	IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): 30" TB
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ___
OTHER(S) PRESENT: ___

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

COMMENTS: ___

Kathleen Saunders

Updated February 2014

RECEIVED MAY 1 1 2020 Session Law $1200 + $77.25 + $550

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-307362

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (PRINT CLEARLY)

Applicant Name: Northlake Developers Address: 106 Sherbrook LN 28117 Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951

Property Information:

Street Address: 378 Kenway Loop 28117

Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 92

Driving Directions: Perth, Fern Hill, Bagby, L Kenway, on L

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: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: Kathleen Saunders 5-11-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

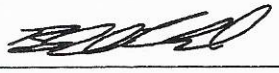
Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit 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, Blake Haugland, am the legal owner of the property located at 378 Kenwad Loop, identified as PIN(Parcel Identification Number) 4639-31-1134, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, Blake Haugland, _____, _____, _____, 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.



Signature of Owner — 5-11-2020 Date

Signature of Witness — Date

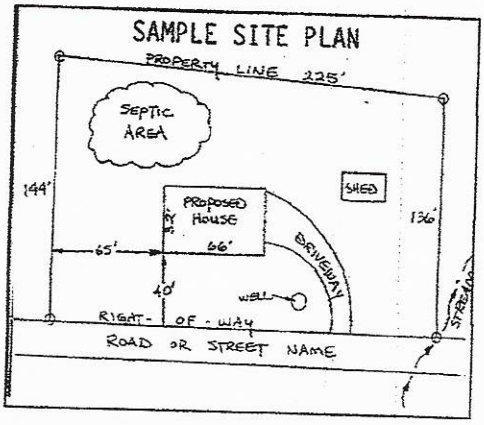
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- (✓) 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

Please see Attached

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

5-11-2020
DATE

Kenway Loop
83.47' Total
59.59'
well
35' FS
House
652
3.70'
Drive
Lot #83
Lot #82
Lot #81
310.79'
S88°19'43"E
296.42'
N88°19'43"W
252.20'
S14°34'16"E
114.57'
35' RS
N88°19'43"W 830.51' Total
280.29'
277.58'
Shared Driveway Easement

3/30/2020 3:18 PM C:\Users\Ryan Stanberry\OneDrive\Ryan Stanberry\Design\BH Custom Homes\Berkshire Pointe\133SIGSHT.dwg

Kathleen Saunders 5-11-2020

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN WORKMANLIKE MANNER AND IN ACCORDANCE WITH ALL APPLICABLE CODES AND REGULATIONS.
2. ALL DIMENSIONS ARE TO FACE OF STUD, FACE OF CONCRETE OR CENTERLINE OF COLUMN UNLESS OTHERWISE NOTED.
3. ALL DIMENSIONS SHALL BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO THE ARCHITECT IMMEDIATELY.
4. ALL WORK SHALL CONFORM TO THE LATEST EDITION OF THE INTERNATIONAL RESIDENTIAL CODE AND ALL OTHER APPLICABLE LOCAL CODES AND ORDINANCES.
5. ALL MATERIALS AND EQUIPMENT SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS.
6. ALL EXTERIOR DIMENSIONS ARE TO FACE OF SHEATHING UNLESS OTHERWISE NOTED.
7. ALL INTERIOR DIMENSIONS ARE TO FACE OF STUD UNLESS OTHERWISE NOTED.
8. ALL EXTERIOR WALLS SHALL BE 2X6 @ 16" O.C. UNLESS OTHERWISE NOTED.
9. ALL INTERIOR WALLS SHALL BE 2X4 @ 16" O.C. UNLESS OTHERWISE NOTED.
10. ALL EXTERIOR WALLS SHALL BE SHEATHED WITH 7/16" OSB UNLESS OTHERWISE NOTED.
11. ALL EXTERIOR WALLS SHALL BE WRAPPED WITH TYVEK HOUSE WRAP UNLESS OTHERWISE NOTED.
12. ALL EXTERIOR WALLS SHALL BE INSULATED WITH R-21 BATT INSULATION UNLESS OTHERWISE NOTED.
13. ALL INTERIOR WALLS SHALL BE INSULATED WITH R-13 BATT INSULATION UNLESS OTHERWISE NOTED.
14. ALL CEILINGS ABOVE HEATED SPACES SHALL BE INSULATED WITH R-38 BATT INSULATION UNLESS OTHERWISE NOTED.
15. ALL FLOORS ABOVE UNHEATED SPACES SHALL BE INSULATED WITH R-30 BATT INSULATION UNLESS OTHERWISE NOTED.
16. ALL FOUNDATION WALLS SHALL BE INSULATED WITH R-10 RIGID INSULATION UNLESS OTHERWISE NOTED.
17. ALL SLABS ON GRADE SHALL BE INSULATED WITH R-10 RIGID INSULATION UNLESS OTHERWISE NOTED.
18. ALL WINDOWS SHALL BE LOW-E, DOUBLE PANE, VINYL CLAD UNLESS OTHERWISE NOTED.
19. ALL EXTERIOR DOORS SHALL BE SOLID CORE UNLESS OTHERWISE NOTED.
20. ALL INTERIOR DOORS SHALL BE HOLLOW CORE UNLESS OTHERWISE NOTED.
21. ALL BATHROOMS SHALL BE EQUIPPED WITH EXHAUST FANS VENTED TO THE EXTERIOR.
22. ALL KITCHENS SHALL BE EQUIPPED WITH RANGE HOODS VENTED TO THE EXTERIOR.
23. ALL GARAGES SHALL BE EQUIPPED WITH CARBON MONOXIDE DETECTORS.
24. ALL BEDROOMS SHALL BE EQUIPPED WITH SMOKE DETECTORS.
25. ALL HALLWAYS SHALL BE EQUIPPED WITH SMOKE DETECTORS.
26. ALL STAIRWAYS SHALL BE EQUIPPED WITH SMOKE DETECTORS.
27. ALL SMOKE DETECTORS SHALL BE INTERCONNECTED AND HARDWIRED WITH BATTERY BACKUP.
28. ALL CARBON MONOXIDE DETECTORS SHALL BE INTERCONNECTED AND HARDWIRED WITH BATTERY BACKUP.
29. ALL GFCI OUTLETS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
30. ALL AFCI BREAKERS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
31. ALL TAMPER RESISTANT OUTLETS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
32. ALL WEATHER RESISTANT OUTLETS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
33. ALL OUTLETS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
34. ALL SWITCHES SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
35. ALL LIGHTING SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
36. ALL EXHAUST FANS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
37. ALL RANGE HOODS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
38. ALL DISHWASHERS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
39. ALL GARBAGE DISPOSALS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
40. ALL MICROWAVES SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
41. ALL REFRIGERATORS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
42. ALL RANGES SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
43. ALL WATER HEATERS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
44. ALL HVAC EQUIPMENT SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
45. ALL PLUMBING FIXTURES SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
46. ALL ELECTRICAL FIXTURES SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
47. ALL MECHANICAL EQUIPMENT SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
48. ALL STRUCTURAL MEMBERS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
49. ALL FRAMING MEMBERS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
50. ALL SHEATHING SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
51. ALL WRAPPING SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
52. ALL INSULATION SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
53. ALL ROOFING SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
54. ALL SIDING SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
55. ALL TRIM SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
56. ALL PAINTING SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
57. ALL STAINING SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
58. ALL CAULKING SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
59. ALL FINISHING SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
60. ALL CLEANING SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.

GENERAL FRAMING NOTES

1. ROOF TRUSS AND FRAMING MEMBERS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
2. ALL ROOF TRUSS AND FRAMING MEMBERS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.
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20. ALL ROOF TRUSS AND FRAMING MEMBERS SHALL BE INSTALLED IN ACCORDANCE WITH NEC REQUIREMENTS.

WARRANTY AND LIABILITY

THE PLANS AND SPECIFICATIONS COPYRIGHTED BY FRANK BETZ ASSOCIATES, INC. ARE DESIGNED TO BE USED FOR ONE HOUSE ONLY AND ARE NOT TO BE LOANED, COPIED OR REPRODUCED WITHOUT THE WRITTEN CONSENT OF FRANK BETZ ASSOCIATES, INC. ANY UNAUTHORIZED USE OF THESE PLANS AND SPECIFICATIONS WILL BE AT THE SOLE RISK AND LIABILITY OF THE PERSON OR COMPANY USING THEM. FRANK BETZ ASSOCIATES, INC. EXPECTS TO BE INDEMNIFIED AND HELD HARMLESS FROM ANY LOSS, LIABILITY OR EXPENSE ARISING FROM SUCH UNAUTHORIZED USE. FRANK BETZ ASSOCIATES, INC. ASSUMES NO RESPONSIBILITY FOR BUILDING CODE VIOLATIONS AND OMISSIONS RESULTING FROM MODIFICATIONS MADE TO THESE PLANS BY OTHERS. FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR CONSTRUCTION MISTAKES RESULTING FROM MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

NOTE: LOCATE ALL WATER HEATER & HVAC CONDO W.R.T. BUILDER & OWNER PRIOR TO CONSTRUCTION

NOTE: THESE DRAWINGS ARE NOT REPRESENTATIVE OF A SURVEY. LOCATE ALL PROPERTY CORNERS & LINES BY A LICENSED SURVEYOR PRIOR TO CONSTRUCTION. BUILDER AND OWNER ASSUME ANY LIABILITY

Acknowledgement Of Plans Submittal ONLY!

Benjamin A. Butler Date 5-14-2020

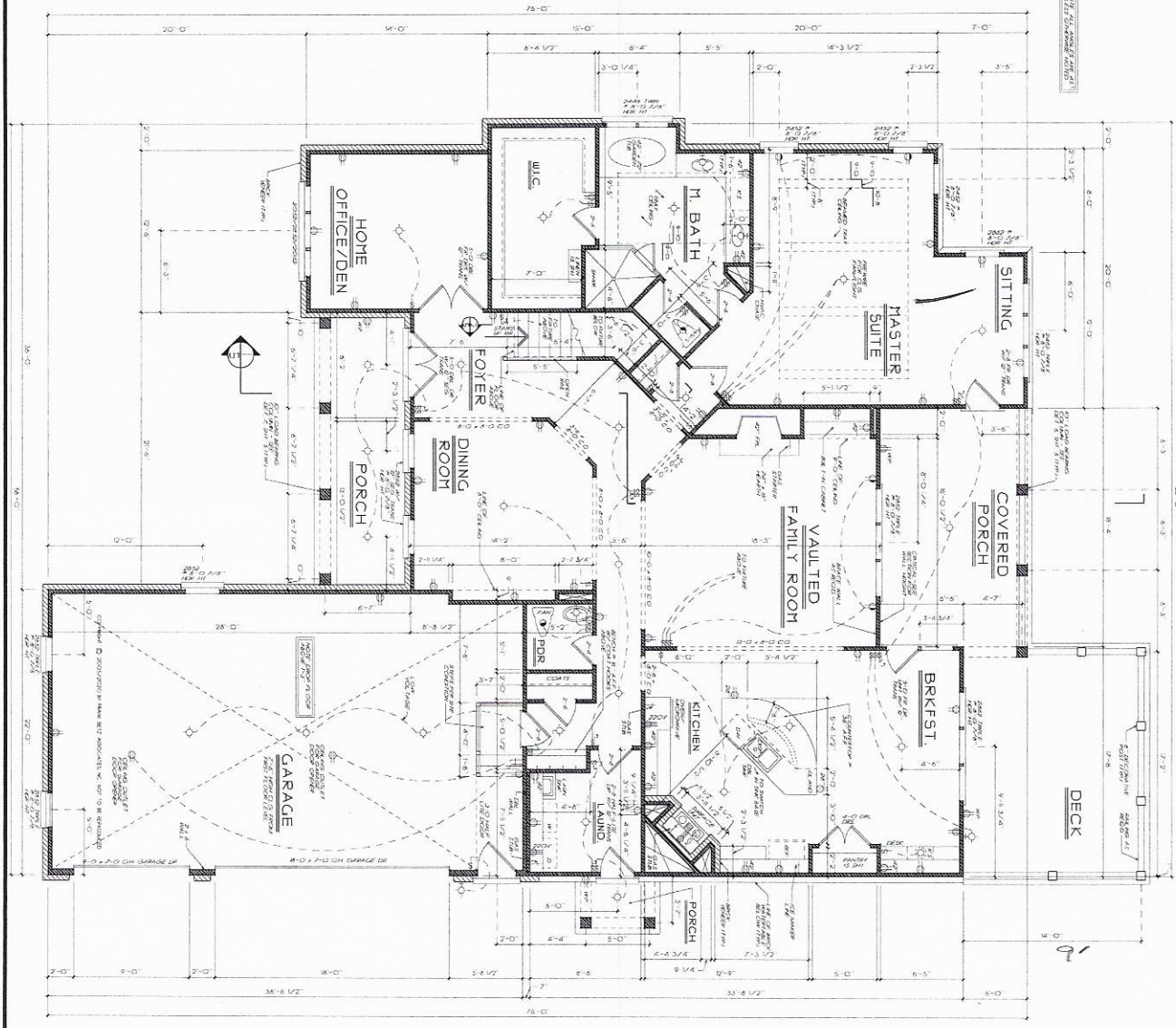
Date

76 + 9' = —

FIRST FLOOR PLAN

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

SQUARE FOOTAGE		
FIRST FLOOR	2275	SQ. FT.
SECOND FLOOR	1048	SQ. FT.
BONUS ROOM	500	SQ. FT.
TOTAL	3823	SQ. FT.



56

91

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3550 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

FIRST FLOOR PLAN

THE BERKSHIRE POINTE

BH CUSTOM HOMES
MOORESVILLE, NC

SHEET 3 OF 5

DATE: 3/30/20

BY: RVS

CK'D: RVS

REVISIONS

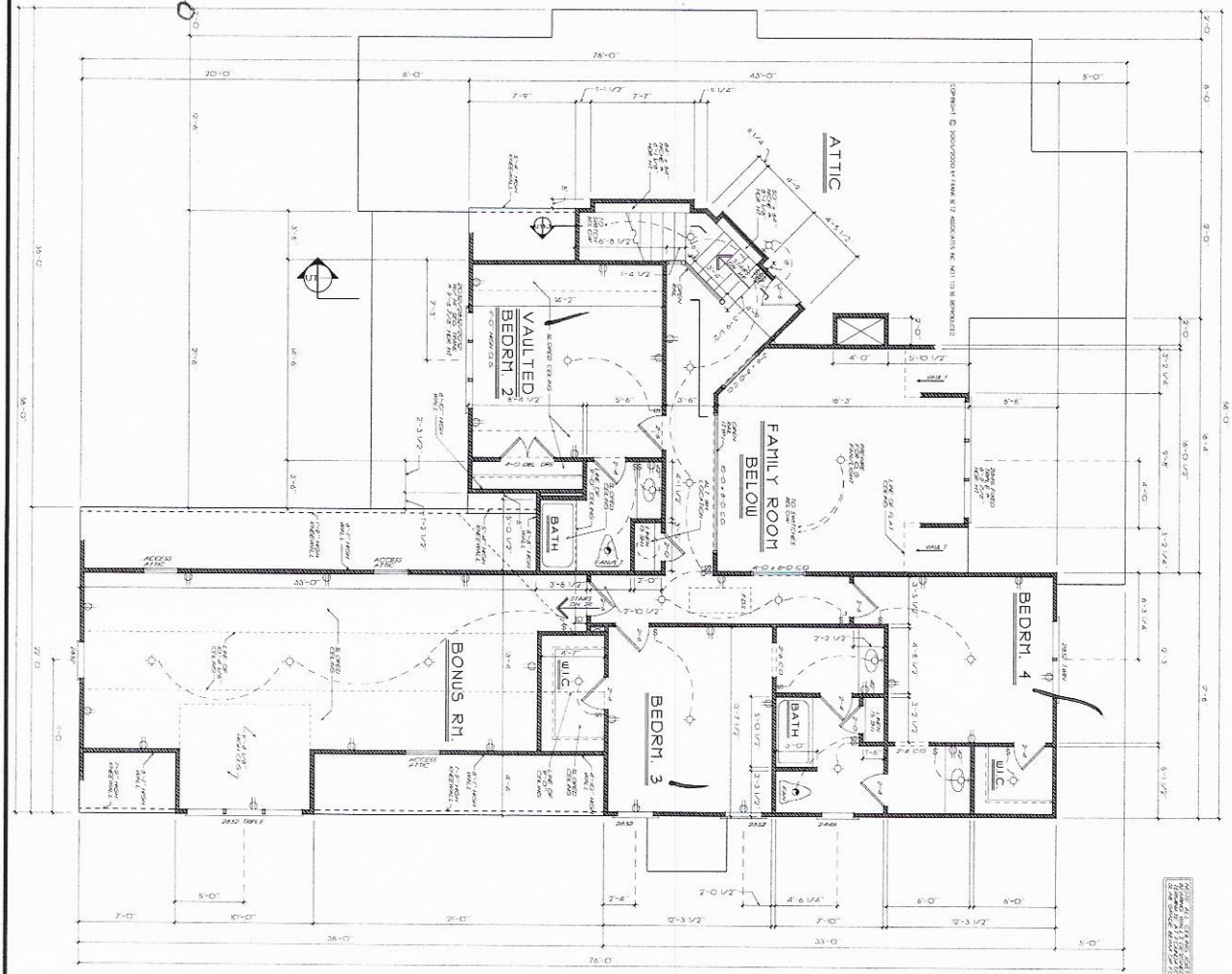
NO.	DESCRIPTION	DATE	BY
1	PER BCA	5/5/2020	RVS

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owledgement Of
ans Submittal ONLY!
Date 5-12-2020.

Kathleen Saunders 5-11-2020

SECOND FLOOR PLAN



FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
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KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

SECOND FLOOR PLAN

THE BERKSHIRE POINTE

BH CUSTOM HOMES
MOORESVILLE, NC

SHEET 4 OF 5

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
307362 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639311134.000	378 KENWAY LOOP	Iredell County

Owner Information	Applicant Information
Name: NORTHLAKE DEVELOPERS LLC Address: , Phone:	Name: THE OAKS GROUP Address: 121 HOLT LN MOORESVILLE, NC 28117 Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.755	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

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.

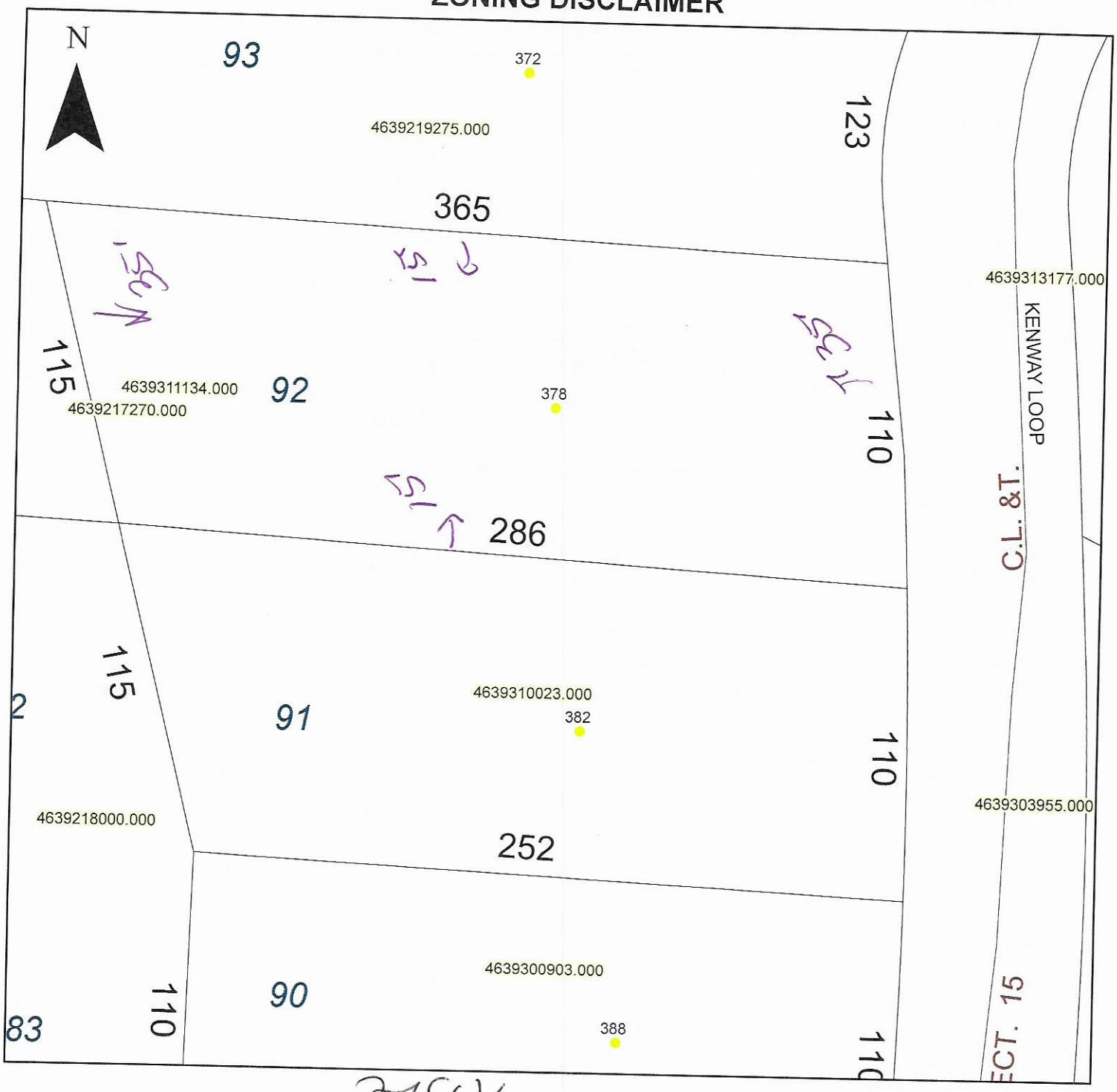
Signature of Owner/Contractor

Date: 05/12/2020

Permit Number	307362

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 318 Kenway

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

Applicant

Date