IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224406

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

PIN # 4648-26-5897 ✓

APPLICANT: Nest Homes, LLC APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC 28117

SITE ADDRESS: ✓167 Homer Lane Mooresville, NC 28117 PHONE: 980-500-1226 ALT. PHONE:

SITE DIRECTIONS: Rt. 21 N from Mooresville → L on Cornelius Rd → L on Homer Lane → Lot on left

SUBDIVISION: ✓Sisters Cove SECTION: 2 LOT # 46 LOT AREA: 0.785 acres DESIGN FLOW: 480 GPD L.T.A.R.:

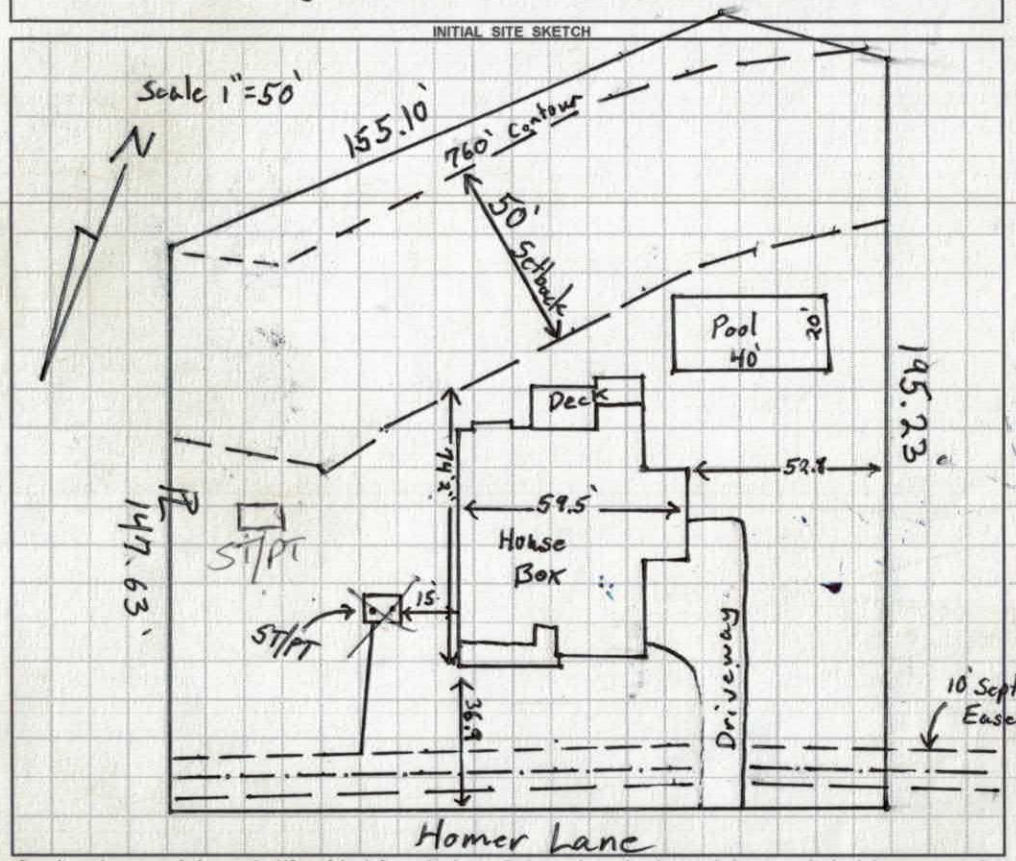
Septic Tank	2000	(gal)	STB	74-2000	Date	6/29/17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV (V) VI	
Pump Tank		(gal)	PT		Date		System Description:	Community TSII Drip Irr.			
Pump Make		Model			Serial #		Repair System Description:	Community TSII Drip Irr			
# Nitrification Fields	1	# Lines			Linear Ft:		Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width		Max. Trench Bottom Depth			Gravel Depth			☐ 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	

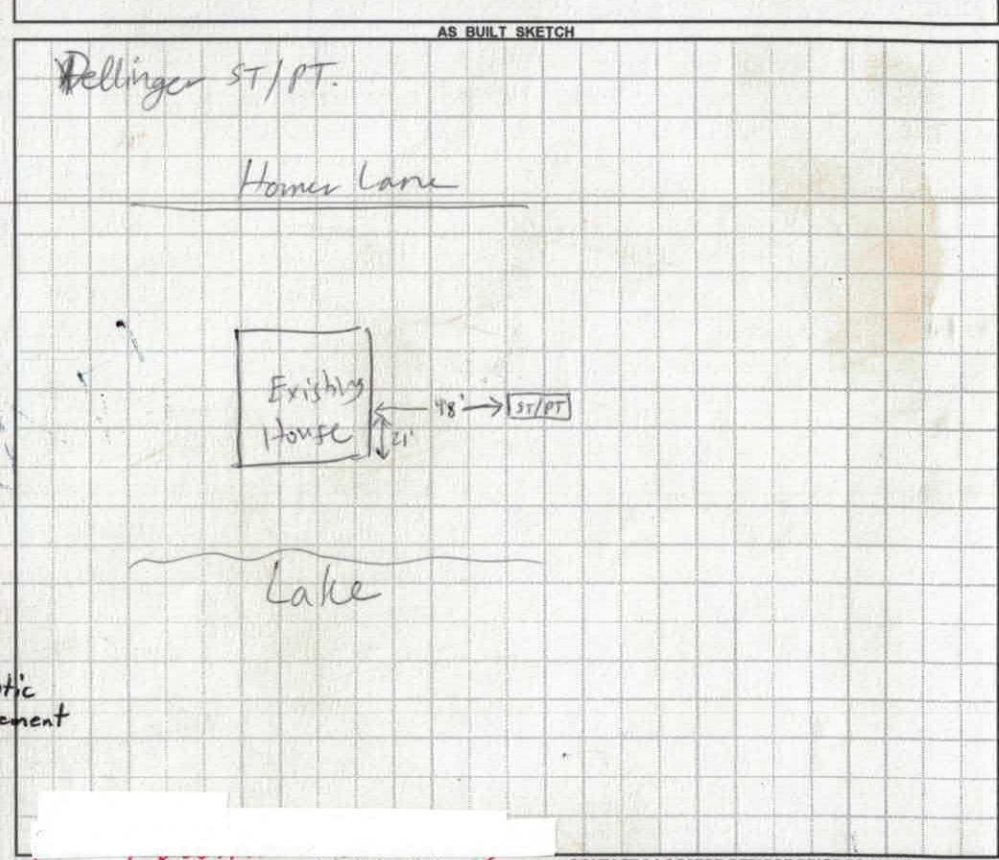
Comments / Conditions: Install pump package, control panel and connect to collection line as specified by Piedmont Design.

*tank checked 8/25/17 M.A.D.
11/1/17 Checked alarm

INITIAL SITE SKETCH



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: Jakeler Dass Date: 22-17 Installed by: Chris Hedrick (K&H)

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Marie Dotson Date: 11/1/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2-1-2017 Existing System Inspected by: Date:

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

RECEIVED JAN 19 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT Paid $1,200.00 EFT

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

#

1. APPLICATION FOR: ___Improvement Permit ___✓Authorization To Construct ___ BOTH ___ Existing System Inspection

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___✓Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	980-500-1226	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
	PO Box 3965 Mooresville NC 28117		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. Property Information:

167 Homer Ln	Sisters Cove Phase 2	Lot 46
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: I-77 S to NC 150/W onto 150/R onto Bluefield Rd/L onto Cornelius Rd/L onto Homer Ln

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) 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?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. Proposed Water Supply:

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

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

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

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: LakstaDavis — 1/18/17

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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, Eric Wood, am the legal owner(s) of the property located at 167 Homer Ln Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648265897.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Laketa Davs, Nest 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	1/18/17	LaketaDavis	1/18/17

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

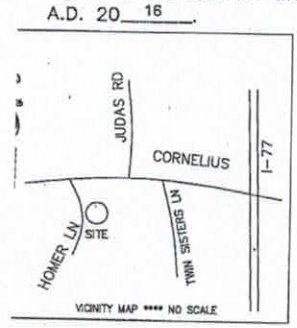
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book _____, page _____, and/or plat book 60, page 91, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 30, day of NOVEMBER, A.D. 20 16.

UPDATE: 12/16/16
REVISED PORCH

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



NOTES
THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
AREA COMPUTED BY THE COORDINATE METHOD.
EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON) ELEVATION:
UNDERGROUND POWER
NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'
SCALE IN FEET

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
Ⓦ = WELL
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

PLOT PLAN SURVEY

OF

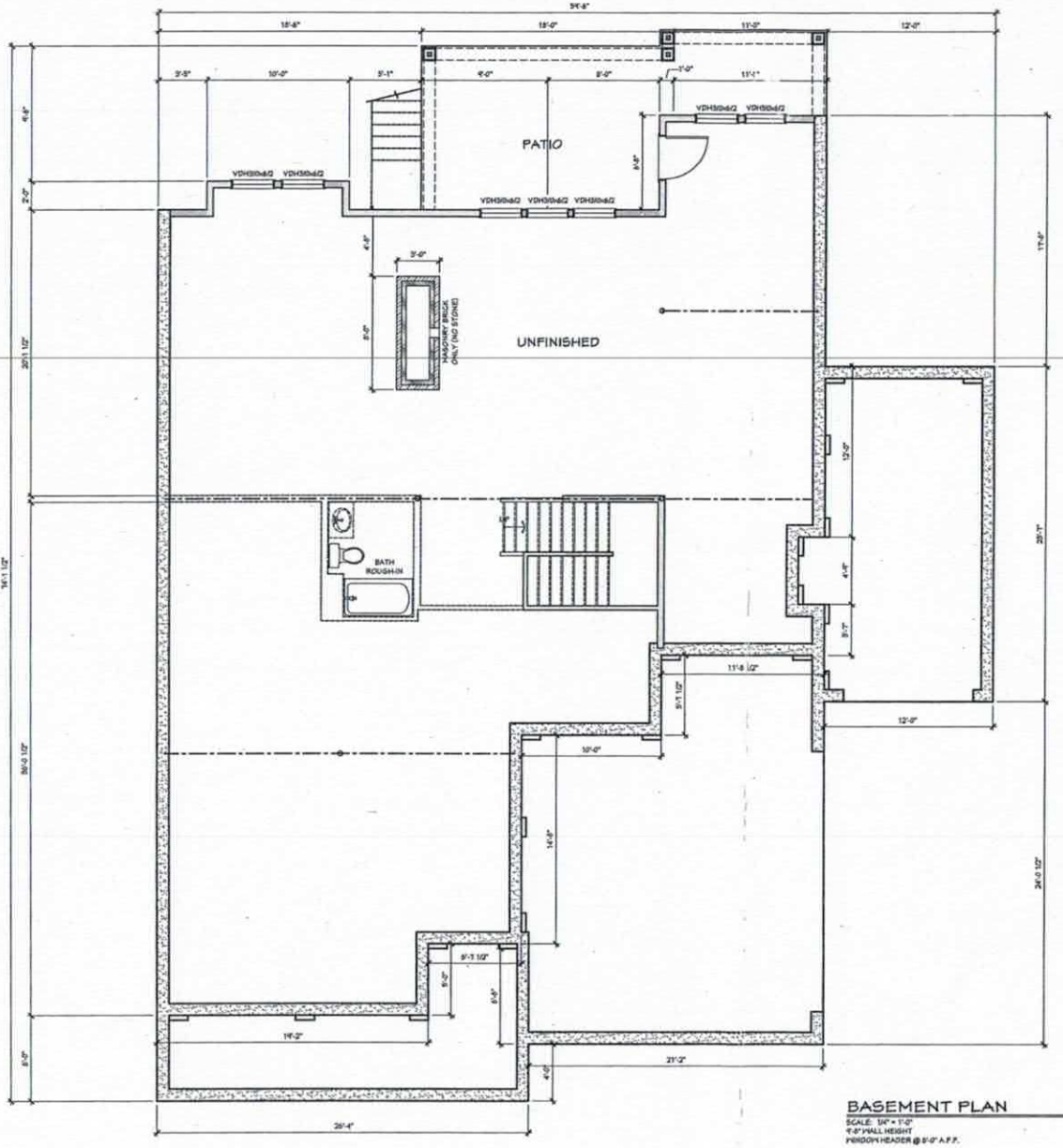
LOT 46 SISTERS COVE, PH. II

DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 50'

ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: SISTERS COVE 46
DC FILE:
TAX MAP NO:



BASEMENT PLAN

SCALE: 1/4" = 1'-0"
9'-0" WALL HEIGHT
PERDOOR HEADER @ 8'-0" A.F.F.

CRAWL SPACE NOTES

FOUNDATION NOTES FOR NEW FOUNDATION:

1. ALL NEW PERIMETER WALL FOOTINGS SHALL BE CONTINUOUS 19"x8" MINIMUM , 3000 PSI CONCRETE U.N.O.
2. ALL NEW INTERIOR PIERS ARE 8"X16" CMU WITH 24"X32"X8" FOOTINGS U.N.O. FULLY GROUT PIERS >32" TALL, UNLESS OTHERWISE NOTED.
3. "SLAB ON GRADE" SHALL CONSIST OF 4" THICK, 3000 PSI CONCRETE WITH FIBERMESH REINFORCEMENT OR 6X6 W1.4XW1.4 WWF. OVER 4" CLEAN STONE OVER 6 MIL VAPOR BARRIER OVER COMPACTED FILL. IN GARAGES AND DRIVEWAYS INSTALL TOOTHED CONTROL JOINTS NO GREATER THAN 13 FEET IN EACH DIRECTION.
4. ALL SOILS AND FILL UNDER FLOORS WITHIN AND/OR UNDER BUILDINGS SHALL HAVE PRECONSTRUCTION SOIL TREATMENT FOR PROTECTION AGAINST TERMITES. CERTIFICATION OF COMPLIANCE SHALL BE ISSUED TO THE BUILDING DEPARTMENT BY A LICENSED PEST CONTROL COMPANY.
5. SHIMS USED BETWEEN MASONRY PIERS AND WOOD GIRDERS SHALL CONSIST OF EITHER SOLID WOOD OR MULTIPLE STEEL SHIMS EQUAL IN WIDTH TO THE GIRDER AND FULLY CONTACT AT LEAST 6" THE LENGTH OF THE PIER.

FOOTING SCHEDULE

ID	FOOTING SIZE	REINFORCING
1	24" x 24" x12" DEEP	3 - #4's EACH DIRECTION
2	50" x 50" x12" DEEP	4 - #4's EACH DIRECTION
3	36" x 36" x12" DEEP	4 - #4's EACH DIRECTION
4	42" x 42" x12" DEEP	5 - #4's EACH DIRECTION
5	48" x 48" x12" DEEP	6 - #4's EACH DIRECTION

DROPPED PIER
FLUSH PIER

ALL PIERS TO BE 8" x 16" CMU ON 24" x 32" x 8" DEEP CONC. FOOTING

FOUNDATION NOTES:

1. ALL DIMENSIONS SHALL BE VERIFIED AGAINST ARCHITECTURAL FLOOR PLANS FOR ACCURACY BEFORE BEGINNING CONSTRUCTION OF HOME.
2. TRANSFER ALL POINT LOADS FROM FIRST AND SECOND FLOOR TO BEAM AND ROOF TRUSS BEARING ABOVE FOUNDATION WITH EQUAL AMOUNT OF STUDS
3. ALL CONCRETE TO BE A MIN. OF 3000 psi U.N.O.
4. SOIL TO HAVE A MIN. OF 2000 psf BEARING CAPACITY

CRAWL FRAME NOTES

CRAWL SPACE FRAMING NOTES:

1. "DBL" INDICATES DOUBLE JOIST
2. RIM BOARDS OR BANDS PARALLEL TO FLOOR FRAMING ARE TO BE DOUBLED.
3. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
4. WOOD BEAMS (2 OR MORE PLIES) SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN:

MEMBER SIZE	SIMPSON HANGERS
(2 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(2) 2X12	LUS 210-2
(2) 1¾" X 9¼" LVL	HUS 410
(2) 1¾" X 11⅞" LVL	HUS 412
(2) 1¾" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

5. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 16d x 3½" COMMON NAILS (3½"x 0.162") OR 16d x2½" (2½"x 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10d X 1½" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 1½" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
6. "LVL" AND GLU-LAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)-2X4 OR (2)-2X6 SQUASH BLOCKS UNDER EACH END UNLESS NOTED OTHERWISE.
7. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS -WHETHER WOOD OR STEEL-CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B" IS INDICATED ON THE PLAN.
8. FRAMER SHOULD MAKE EVERY EFFORT TO STAGGER SEAMS OF PLYWOOD SUBFLOOR A MINIMUM OF 18" AWAY FROM JOIST SPLICES AT FLUSH AND DROPPED GIRDERS IN AREAS WHERE HARDWOOD FLOORING IS TO BE USED.

Acknowledgement of Plans Submittal ONLY!
Date 2-2-17
Date 2-1-17

next HOMES
239 Kenzie Drive Suite 7
Mooresville, NC 28117
PH: 704-238-8251
www.nexthomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

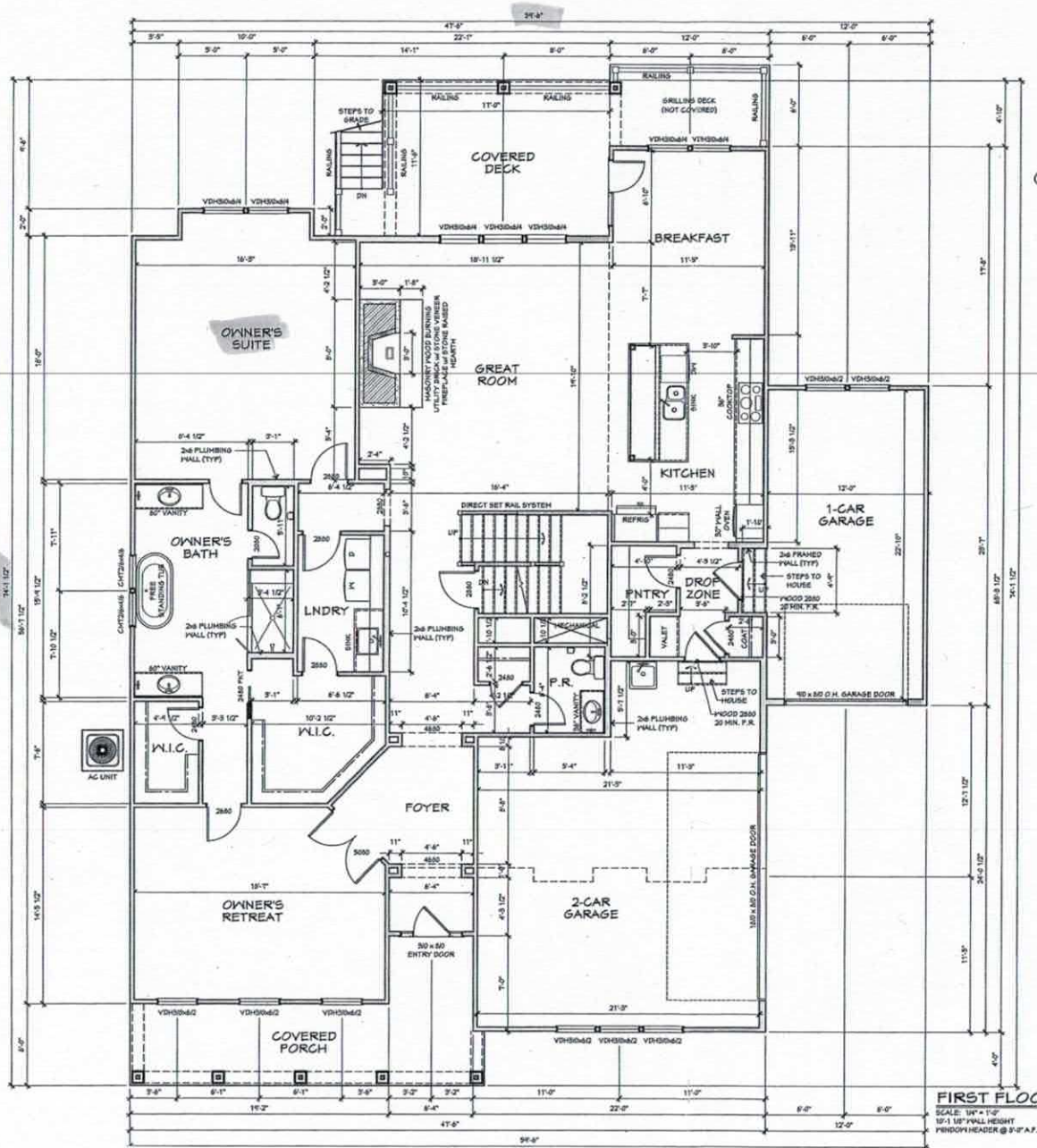
Engineer
INTELLIGENT DESIGN ENGERING
945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
corporate license #: C-3116
704-335-7200

Stamp/seal

Project name/owner
THE WHITNEY
TRADITIONAL ELEVATION
SISTERS COVE
LOT 46
OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Date
December 21, 2016
Drawn by
RWA
Reviewed by
INITIALS
Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"
Project/plan code
XX.XX.XXXX
Drawing set
NOT FOR CONSTRUCTION
Sheet title/description
FOUNDATION PLAN
Sheet no.
A3.0
Master plan version
v0.1



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
10'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 9'-0" A.F.F.

Acknowledgement of Plans Submittal ONLY!

Date 2-1-2017

Date 2-1-2017

NEST HOMES

230 Raceway Drive Suite 7
Mooresville, NC 28117
PH: 704-208-4251
www.nesthomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGERING
945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
corporate license #: C-3118
704-235-7200

Stamp/seal

Project name/owner
THE WHITNEY
TRADITIONAL ELEVATION

SISTERS COVE
LOT 48

OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

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Project/plan code
XX.XX.XXXX

Drawing set
NOT FOR CONSTRUCTION

Sheet title/description
LOWER LEVEL FLOOR PLAN

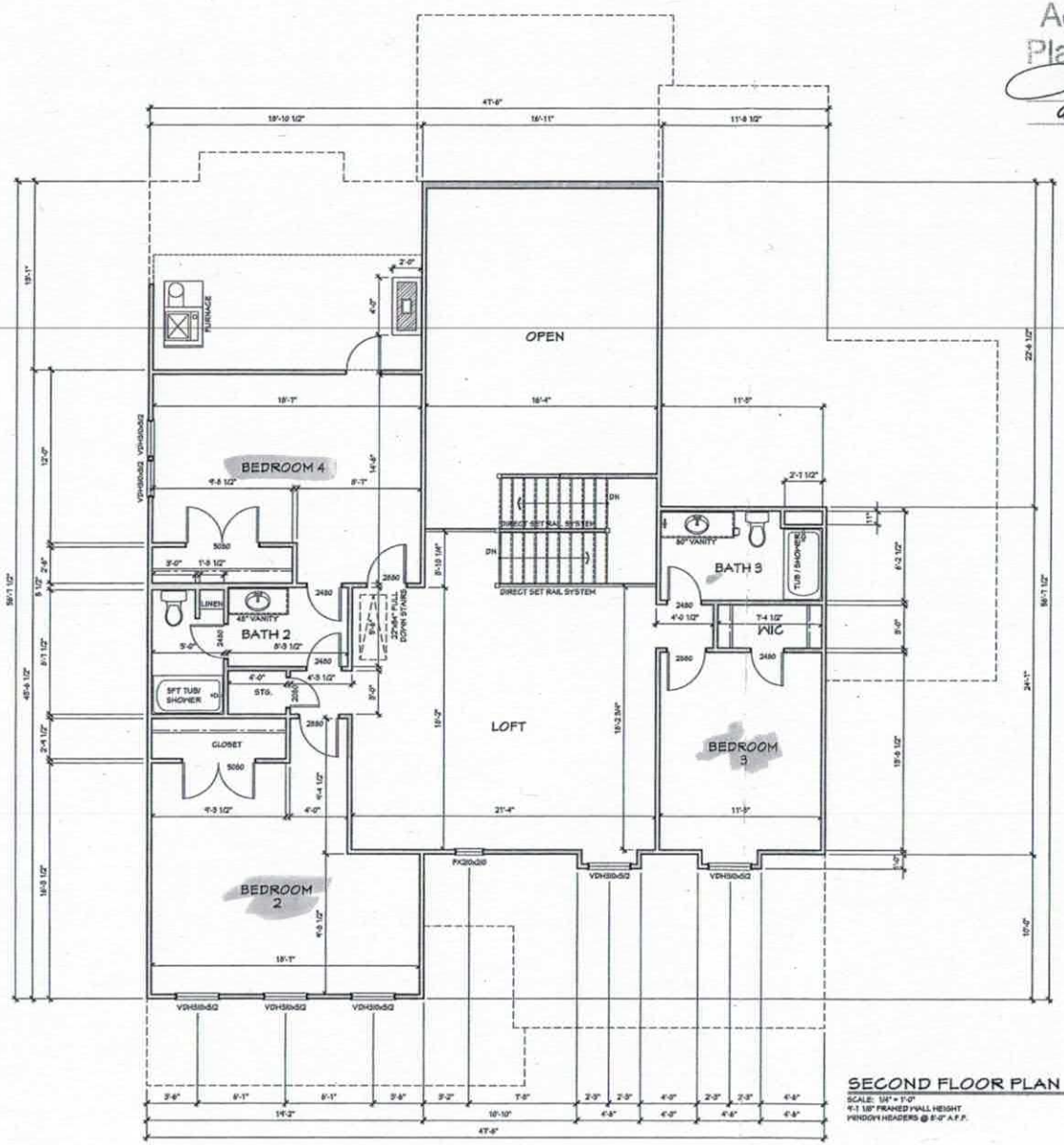
Sheet no.
A4.0

Master plan version
v0.1

Acknowledgement of
Plans Submittal ONLY!

Jakeita Davis Date 2-2-17

Tom Shuck Date 2-1-19



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
4:1 1/8" FRAMED WALL HEIGHT
WINDOW HEADERS @ 6'-8" A.F.F.

West Homes
236 Freeway Drive Suite 7
Mooresville, NC 28117
PH: 704-288-4014
www.westhomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
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Stamp/seal

Project name/owner
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TRADITIONAL ELEVATION
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ADDRESS LINE 2
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PH: 000-000-0000

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Drawing set
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Sheet title/description
FIRST FLOOR PLAN
FLOORING

Sheet no.
A5.0

Master plan version
v0.1