IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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: ✓ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Chad Goodin Signature Homes	915 River Hwy Suite A Mooresville, NC 28117	704-363-7302	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Jacques Lanaux	106 Sandy Shores, Mooresville		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
135 Cedar Woods Dr.	Cedar Woods	

Driving Directions: 150 W, Right on Bluefield Rd., Left on Big Indian Loop, (L) on Cedar Woods dr, 6th on Left

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 3
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 in ___ *YEAR*

( ) 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: Chad W. Goodin — 1/25/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH 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:

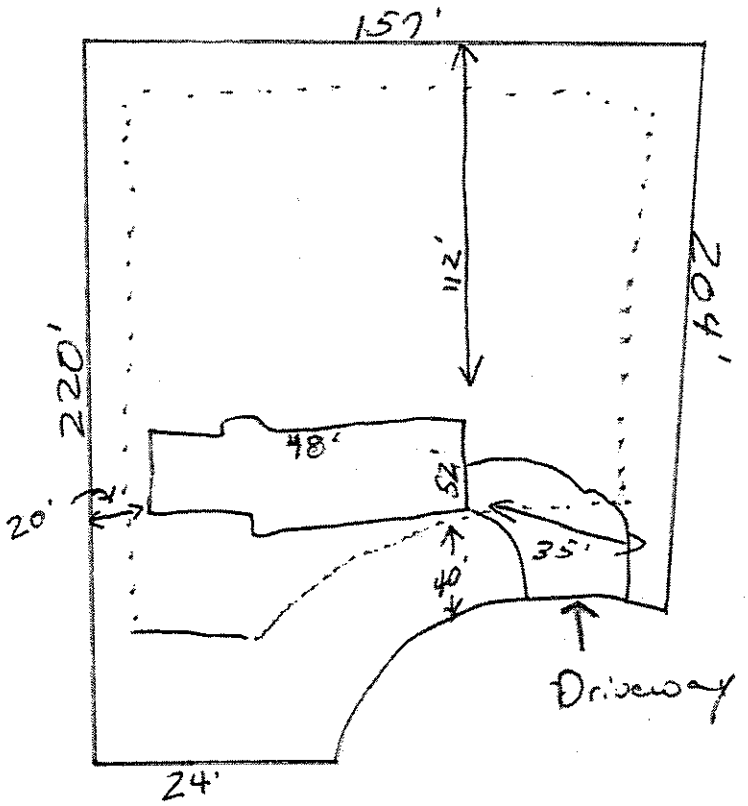
- ✓ Property Line measurements are clearly identified...
- ✓ All proposed structures are indicated...
- ✓ *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- ✓ Front and side setbacks from property line...
- ✓ Preferred driveway location and configuration, preferred 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

Signature: CW [signature] _____ 1/28/13
REQUIRED property owner or owner's legal representative signature. DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



N-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: _____ APPLICATION DATE _____
DDRESS: _____
ROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 1-23-04
OCATION OF SITE: lot 6 Cedarwoods PROPERTY SIZE: _____
ATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
VALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
YPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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		0-16	wkfsbk RC	fr sss sso					.3
		16-41 (ec)	wkfsbk sgcl	fr sss sp common mi sp					
		41-58	massive Bg LSCL	fr sss sp					
2	5-10% L-S	0-12	wkfsbk rd cl	fr sss sp	(collumn)				.3
		12-43	wkfsbk rdbrn scl	fr sss sp sp					
		43-50	wkfsbk brn cl/ gcl	fr sss sp sp					
3		0-25	wkfsbk RBrn scl	fr sss o					.25-.3
		25-48	wkfsbk brn cl	fr sss so sp					
		48-63	wkfsbk gr-mbrn scl/sc	fr sss sp sp common fine organic ore manganese concr					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Conv PPDS	Conv PPDS
Site LTAR	.3	.3

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

WOODS DRIVE
R/W
LOT 4
0.60 AC.
N
66°53'36" E
220.97'
10' PDUE TYP
15' MBL
LOT 5
0.60 AC.
10.00'
118.41'
35' MBL
10' PDUE TYP
Stormwater catch
basin
FRANKLIN
PLANNED: RA
1207.26'
Gravity
3BR gable/framed
5@40' maybe 42.5
35' MBL
45
10' PDUE TYP
10' PDUE TYP
66°53'36" E
220.74'
LOT 6
0.60 AC.
204.16'
33'
L44
C13
C12
C6
C7
C8
C9
C10
C11
N 83°52'52" E
DRIVE
1239.89' TOT. TO CL
84.5' MBL
LOT 7
0.73 AC.
DRIVE
S 55°01'18" E
417.05'
324.35'
100' MBL
153.00' MBL
S 11°40'08" W
232.71'
LOT
0.69
AC.
S 25°19'10"
302.09'
LOT
1.18

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	118511ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Cedar Woods Dr. Mooresville NC 28117		
Parcel #:	4648-32-8497.6	Zoning:	RA
Lot #:	6 Size: .60	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Iredell Three, LLC	Owner:	Iredell Three, LLC
Address:	6000 Old Pineville Rd Charlotte NC 28217	Address:	6000 Old Pineville Rd Charlotte, NC 28217
Phone:	704-679-9229	Phone:	704-679-9229
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Hold building permit until plat is recorded

Directions:

150W, right on Bluefield Rd, left on Big Indian Lp, left on Cedar Woods Dr, 6th on left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

STEPHANIE WHITLOCK Printed: 1/21/2004

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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Place check ( ) beside whichever is submitted if applicable X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
IQ Custom Construction	840 Elmiston Rd Mount Ulla 28125	(704)-400-6472	(980)297 2329
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Jason Slagle	"	"	"

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
135 Cedarwoods Dr.	Cedar Woods	Lot #6

Driving Directions: From 150 (Hwy) Turn (R) onto Bluefield, (R) onto Big Indian Loop, (L) onto Cedarwoods, lot at end on (L)

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — (X) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non- Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
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9. Signature: Jason Slagle — 1/15/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Email iqcustombobby@gmail.com

IREDELL COUNTY HEALTH DEPARTMENT

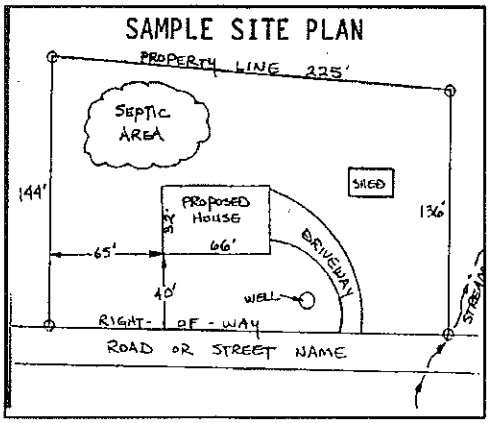
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

- Location of septic systems and wells within 100' of your property (N/A)
- Location of easements and rights of ways on your property N/A
- Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: Jean Slagle

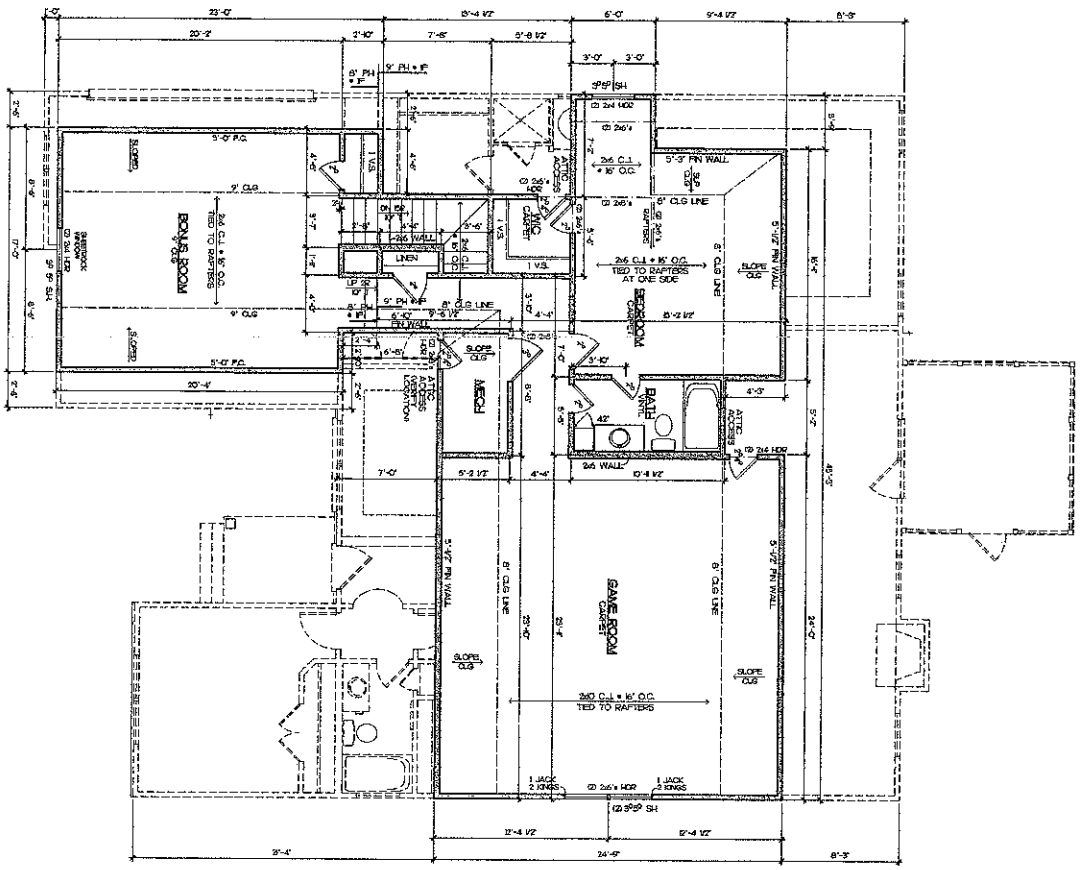
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/15/14

DATE

Acknowledgement Of
Plans Submittal ONLY!
_____ Date 2/6/14

_____ Date _____



SECOND FLOOR PLAN

NOTES: WINDOW & DOOR SIZES ARE AS SHOWN ON ELEVATIONS. WINDOW ROUGH OPENINGS TO BE 4" LARGER THAN GLASS SIZE. SEE ELEVATIONS FOR HEADER SIZES AND LOCATIONS. SEE FLOOR PLAN FOR BEAM SIZES AND LOCATIONS. SEE ELEVATIONS FOR GARAGE DOOR SIZES. SEE FLOOR PLAN FOR SHOWER DOOR SIZES. SEE FLOOR PLAN FOR FIREPLACE SIZE AND DETAIL. SEE DETAIL SHEET FOR ADDITIONAL DETAILS

1/4"=1'-0"

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2009 IRC.

Southern Dynamic Engineering and Design, PLLC
PO Box 1000
Pineville, NC 28134
Built for Shoreham Park

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 036766 CHRISTOPHER JOSEPH SEIDEL 1/7/14

Sheet 4 SHELBURNE II .5F

Title

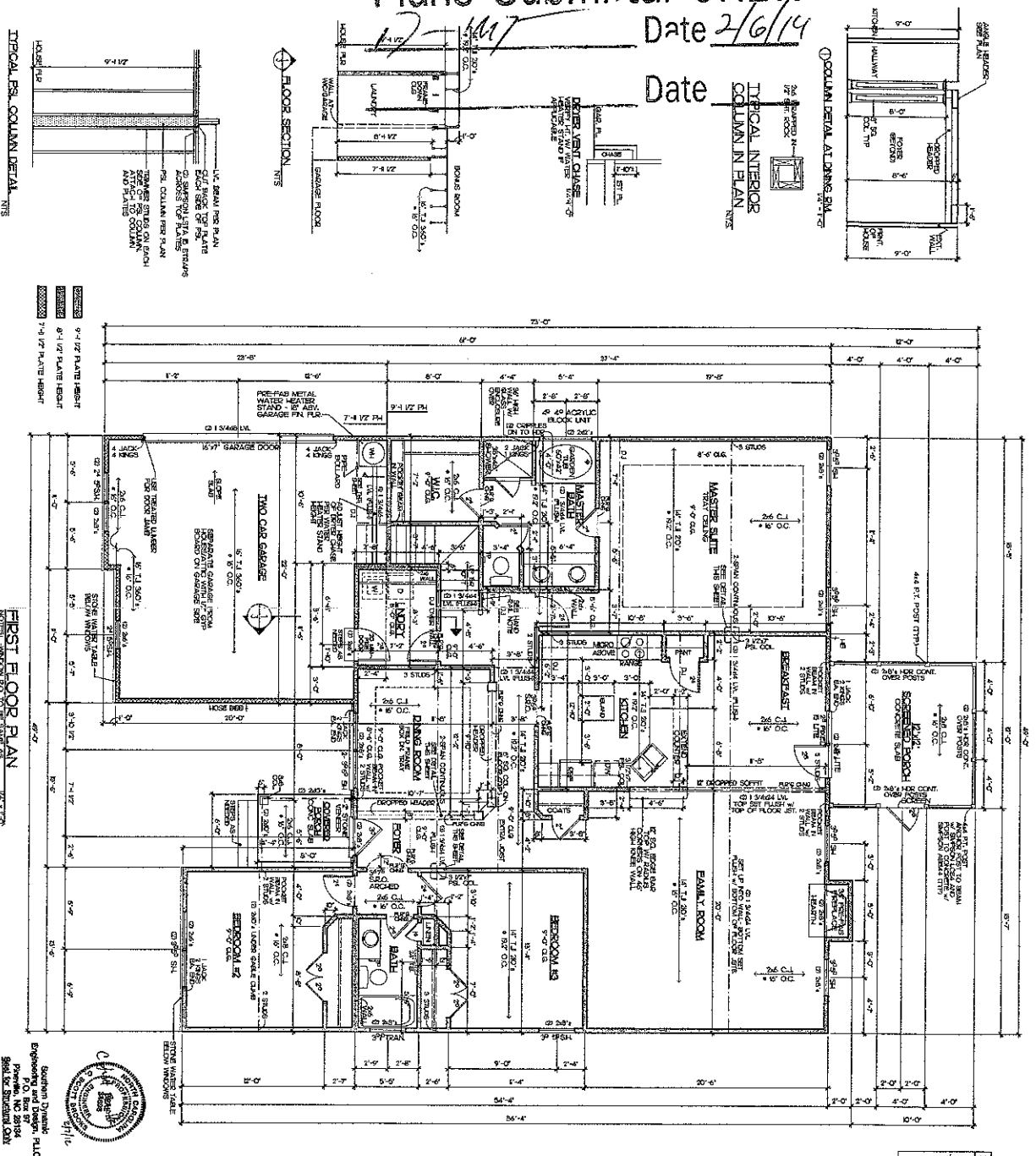
Drawn By C. MAZZARE
Date 2-6-14
REV.

Project
The Shelburne II
Sheet Title
SECOND FLOOR PLAN

IQ CUSTOM CONSTRUCTION
540 Edmiston Rd Mt. Ulla, NC 28125 Ph 704-960-5736

Drafting Solutions
Charlotte, NC
704-545-8932

Acknowledgement Of
Plans Submittal ONLY!
Date 2/6/14
Date



Southern Dynamic Engineering, PLLC
P.O. Box 97
Pineville, NC 28134
Seal for Structural Only

NOTE: ALL WINDOW TO BE LOW-E GLASS

WINDOW THERMAL PERFORMANCE

GLASS TYPE	- LowE-340
U-FACTOR	- 0.36
R-VALUE	- 2.78
SHGC	- 0.28
VLT	- 0.62

THE DATA LISTED IS FOR PLYGEM 600 SERIES SINGLE HUNG VINYL WINDOW.

INSULATION R-VALUES

- EXTERIOR WALLS - R-19 KRAFT BATT 3 1/2" THICK
- OPEN WALLS - R-19 KRAFT BATT 6 1/4" THICK
- BONUS ROOM FLOOR - R-19 KRAFT BATT 6 1/4" THICK
- SLOPED CEILING - R-30 KRAFT BATT 10" THICK
- HVAC PLATFORM - R-30 KRAFT BATT 10" THICK
- FLAT CEILING - R-30 LOOSE FILL 12" THICK
- CRAWL SPACE - R-19 KRAFT BATT 6 1/4" THICK w/6 MIL. BLACK POLYETHYLENE

TYPICAL STAIR DETAIL
STAIR CURVE PER PLAN

HANDRAIL NOTE
HANDRAIL TO BE BUILT-UP WOOD CAP RAIL OVER WOOD BALUSTERS OR PAINTED METAL BALUSTERS WITH WOOD CAP RAIL OVER. SEE ELEVATIONS FOR MATERIAL COORDINATION.

SQUARE FOOTAGE

FIRST FLOOR = 2125	
SECOND FLOOR = 1471	
TOTAL = 3596	
FRONT PORCH = 47	
SCREEN PORCH = 144	
2 CAR GARAGE = 479	

DESIGNED AND ENGINEERED TO COMPLY WITH THE 2009 I.R.C.

Sheet	3
Drawn By	C. BAZARR
Date	2-4-14
Project	The Shelburne II
Sheet Title	FIRST FLOOR PLAN

IQ CUSTOM CONSTRUCTION
840 Edmiston Rd Mt. Ulla, NC 28125 Ph 704-660-5738

Planning Solutions
CHARLOTTE, NC
704-542-2285
OWNERS REVIEW