IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214463

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

PIN # 4649-06-7134.000

APPLICANT: John Potts APPLICANT ADDRESS: 6546 Forest Creek Dr. Denver NC 28037

SITE ADDRESS: 119 Gray Cliff Dr. Mooresville NC PHONE: 704-745-6186 ALT. PHONE:

SITE DIRECTIONS: Beaty Rd to Gray Cliff, Site on L

SUBDIVISION: Greycliff SECTION: — LOT # 5 LOT AREA: 1.138 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .275

Septic Tank 1000 (gal) STB 460 Date 9-30-16

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 436'

Trench Width 36" Max. Trench Bottom Depth * 30"-34" * Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees Crawl Space

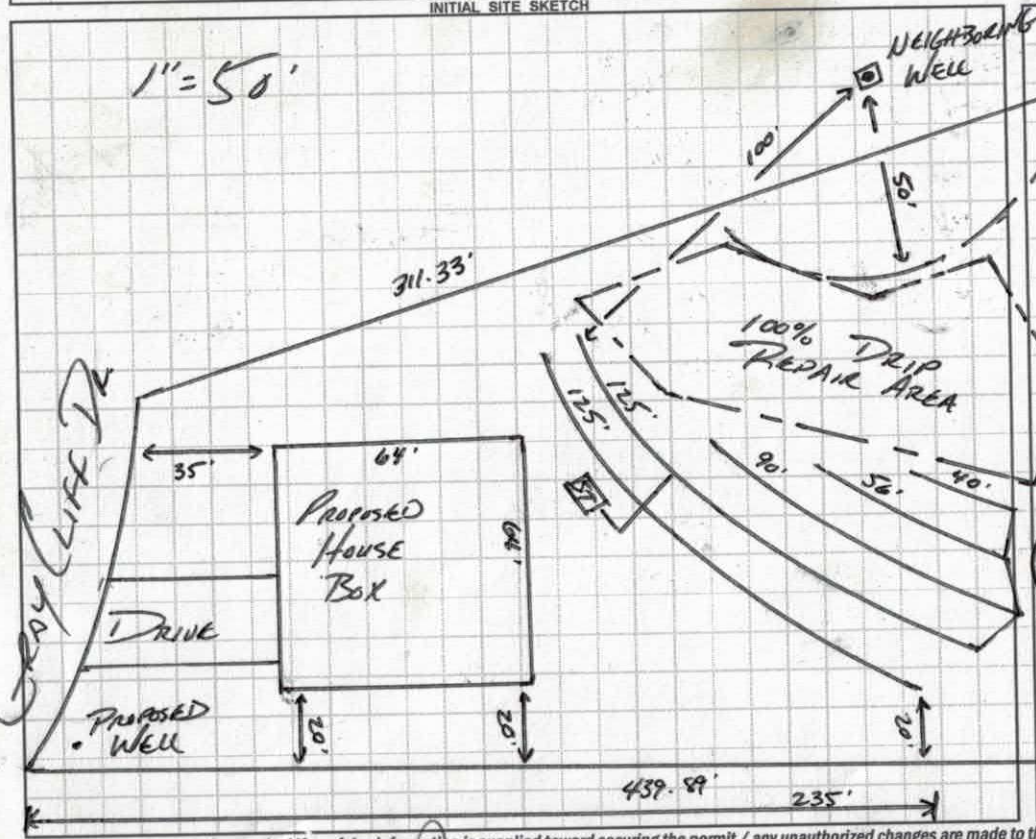
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

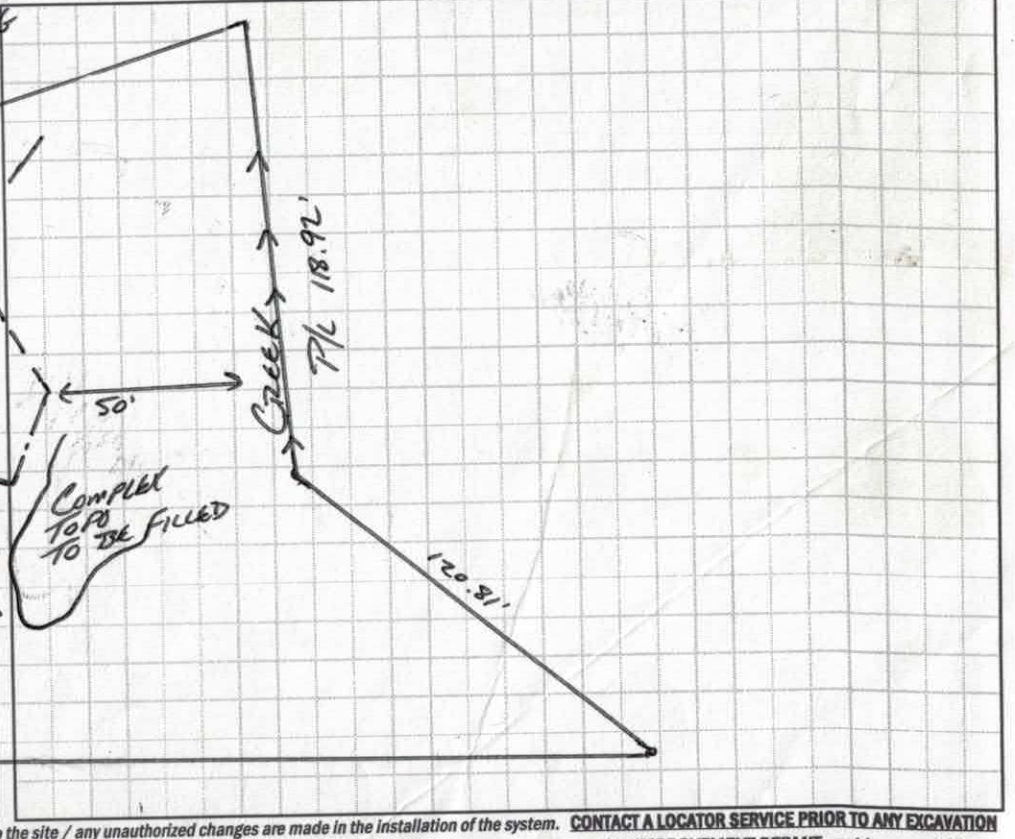
Comments / Conditions: Keep Basement Floor Level Above Septic System. Fill Complex Topo where specified.

106 Panels 4 Used Quick 4 Installed as shown.

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: J. Potts Date: 21 DEC 15 Installed by: Ground Breakers

IMPROVEMENT PERMIT by: APPROVED DEC 16 2015 OPERATION PERMIT by: Marion Nelson Date: 12/15/16

AUTHORIZATION TO CONSTRUCT by: Date: 11-16-16 Existing System Inspected by: Date:

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

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 4
PROPERTY ID #: 7134
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: John Potts
ADDRESS: 6566 Forrest Cather Dr.
PROPOSED FACILITY: SFR
LOCATION OF SITE: 119 Grey Cliff Dr. Mooresville NC
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 10/26/15
DATE EVALUATED: 12/16/15
PROPOSED DESIGN FLOW (.1949): 480 GPD.
PROPERTY SIZE: 1.136 ACRE
PROPERTY RECORDED: —
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
A 1	LS 28%	0-20	BSL/CL, WSBK	VFR, SS, SP	Some Chroma 2 @ 46"	48"	F-C SAP Incl 18"-40" M SAP Incl 40"-48"	46"	.275 - .3 To 46"
		20-30	BTCL/C, WSBK	" " "					
		30-48	RCL, WSBK	" " "					
A 2	LS 33%	0-6	SiCL, WSBK	FR, SS, SP	/	24"	C-M SAP Incl. 10"-24"	/	.35
		6-13	RC, SBK	" " "					
		13-24	RCL, SBK	" " "					
		24-48	Moss SAP	" " "					
A 3	HS 15%	0-5	BSiCL, WSBK	FR, SS, SP	Chroma 2 @ 22"	24"	F-C SAP Incl 16"-24"	24"	.225 To 22" .1 Drip
		5-24	VRSiC/CL, WSBK	" " "					
		24	AR						
P 1	LS 33%	0-6	BCL, SBK	FR, SS, SP	/	22"	F-C SAP Incl. 15"-22"	/	.375
		6-22	RCL, SBK	" " "					
		22-63	SL SAP	VFR, SS, SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Approved	Approved/Drip
Site LTAR	.3	.275

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SE
OTHER(S) PRESENT: David Bonna John Potts

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE

NEXP (Non-expansive)
SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

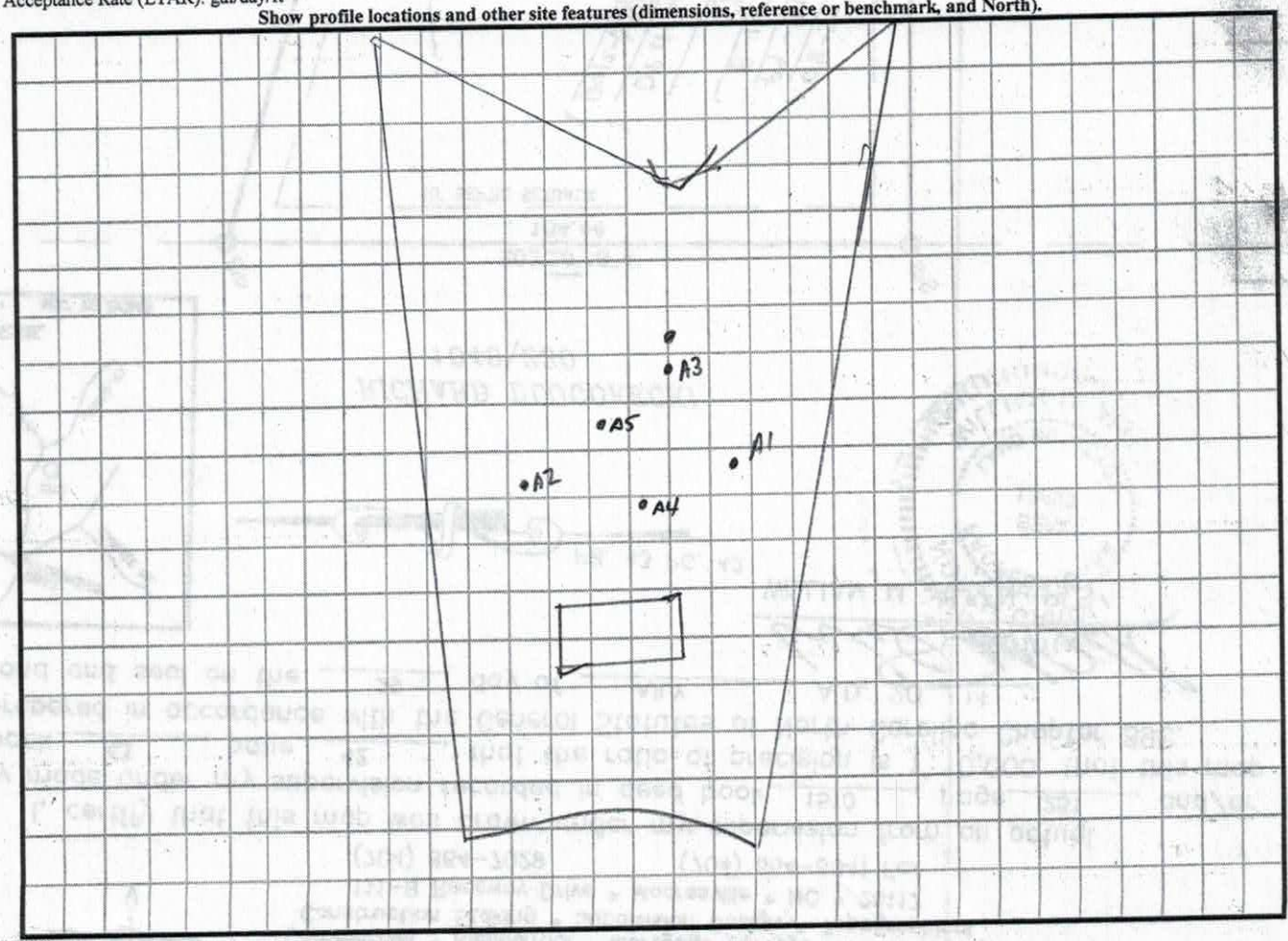
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

DENR/DEH

ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____

ADDRESS: _____ DATE EVALUATED: _____

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ PROPERTY RECORDED: _____

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
A4	1/S 25%	0-6	BSCL		/	48"	FEW MANG.	/	.275-.3
		6-48	RC, SBK	FR, SS, SP					
A5	1/S 20%	0-5	BSCL	FR, SS, SP	Chroma 2 @ 46"	48"	FEW MANG	46"	.275-.3
		5-36	RC, WSBK	FR, SS, SP					
		36-48	RCL, WSBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

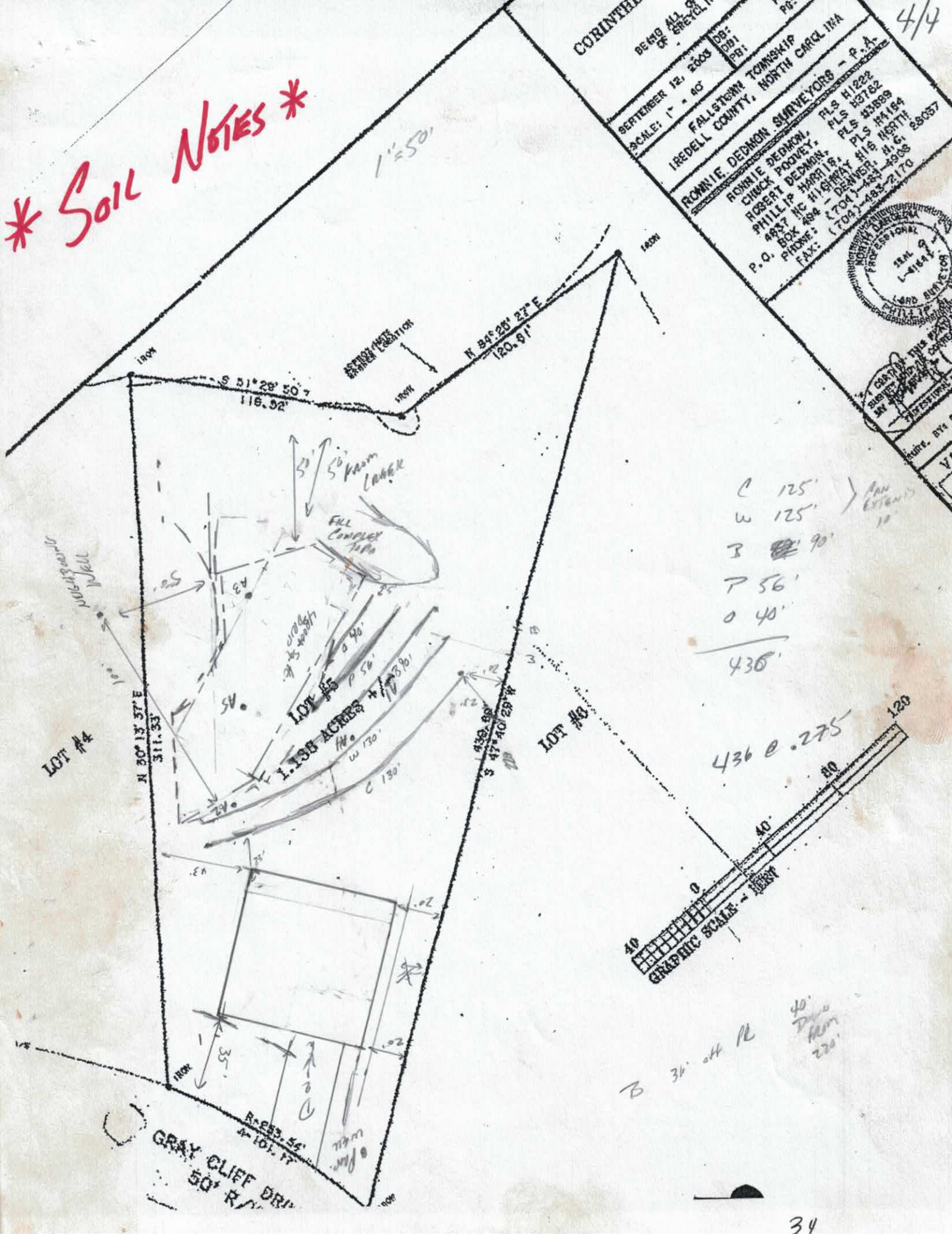
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS: _____

* Soil Notes *


CORINTHIAN
BEING ALL OF
SEPTEMBER 12, 2003
SCALE: 1" = 40'
DB:
PB:
FALLSTOWN TOWNSHIP
IREDELL COUNTY, NORTH CAROLINA
RONNIE DEDMON SURVEYORS - P.A.
RONNIE DEDMON, PLS #1222
CHUCK POOVEY, PLS #37782
ROBERT DEDMON, PLS #33899
PHILLIP HARRIS, PLS #4184
4837 NC #16 HIGHWAY
P.O. BOX 494 - DENVER, N.C. 28037
PHONE: (704)-483-4908
FAX: (704)-483-2170
1"=50'
IRON
S 31°28' 50" W
116.92'
N 34°28' 27" E
120.61'
ASTRONOMIC ORIENTATION
50' from center
Full Complex Turn
LOT #5
1.138 ACRES +/-
LOT #4
LOT #6
N 30° 13' 37" E
311.33'
S 47° 40' 29" W
436.88'
C 130'
W 130'
P 56'
O 40'
C 125'
W 125'
I 90'
P 56'
O 40'
436
436 @ .275
120
80
40
0
GRAPHIC SCALE - 1"=40'
GRAY CLIFF DRIVE
50' R/W
R=283.54'
L=101.17'
Pine
Well
40' Drive from 220'
34

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 X Authorization To Construct ___ 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 #
America's Home Place Inc	1206 Greenland Drive Statesville NC 28677	704-872-4400	704-746-7094
John Potts (Owner Name)	6516 Forest ~~Creek~~ Drive Denver NC 28037	704-745-4186	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
119 Gray Cliff Drive	Grey Cliff	Lot #5

Driving Directions: North Road North TR onto Gray Cliff Rd Lot on Left

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 due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
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)* ( ) EXISTING SYSTEM installed _____ *Year*

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

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: _____ 11/14/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED OCT 2 6 2015

Paid $500.00 #214463

Paid $100.00 12-21-15 Site Revisit

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

Applicant Information:

Applicant Name: JOHN POTTS **Address:** 6566 FOREST CREEK DR **Phone:** 7047456186

Owner Name: SAME **Address:** _____ **Phone:** _____

Property Information:

Street Address: 119 GREYCLIFF DR, MOORESVILLE NC 28117

Subdivision Name: GREYCLIFF **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: PERTH RD SOUTH TO GREYCLIFF DR ON LEFT

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: 04
Maximum Number of Occupants: 02
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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 (X) 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: J. L Potts 10/25/2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

11/11/15 : 1 HR

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, John Potts, am the legal owner(s) of the property located at 119 Bayside Drive Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4649 06 7134, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) America's Home Place Inc Chad Holloway, 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.

J. C. Potts 14 Nov 2016

Signature of Owner(s) Date

Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
[illegible]
Fax: 704-662-3239
[illegible]

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

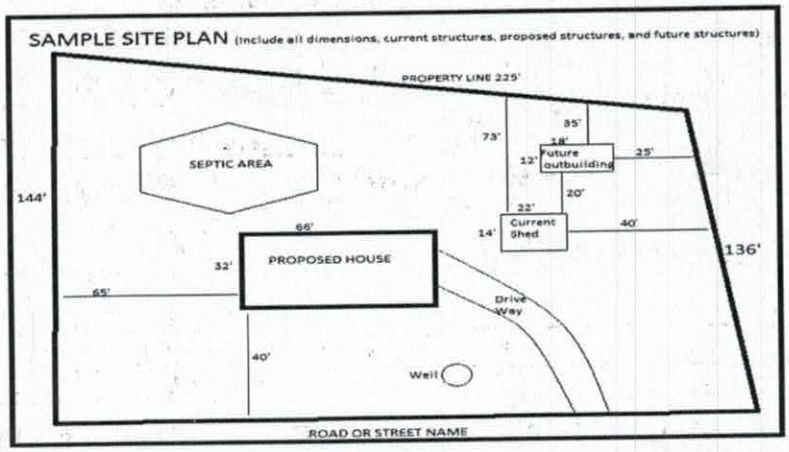
- X **Property Line measurements are clearly identified…**
- ____ **All proposed structures are indicated…**

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

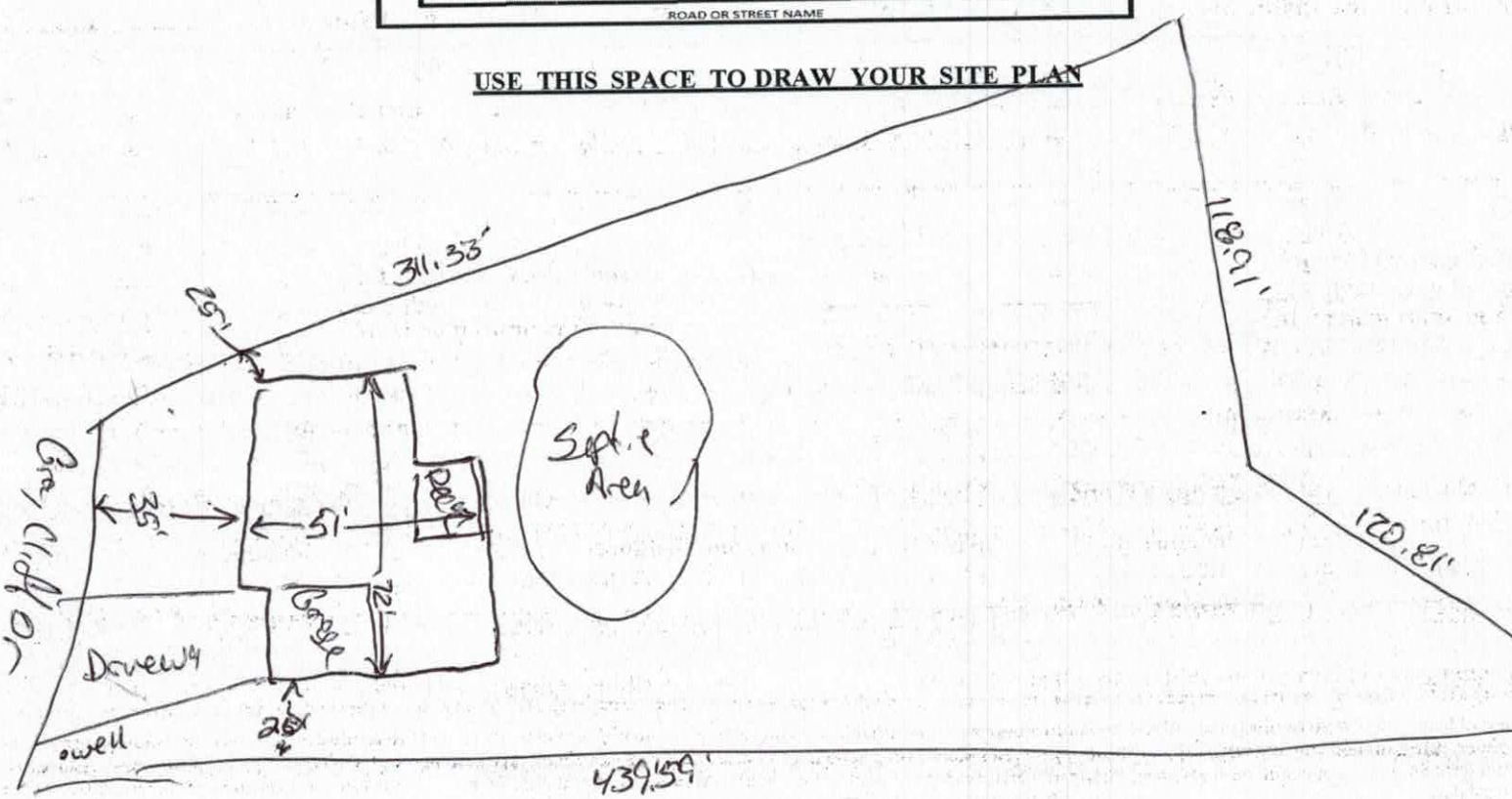
- X **Front and side setbacks from property line…**
- X **Preferred driveway location and configuration, preferred well location…**
- X **Area you prefer your septic system to be placed…**
- V **North arrow, or other sufficient indicator of direction…**

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



Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

11/16/16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

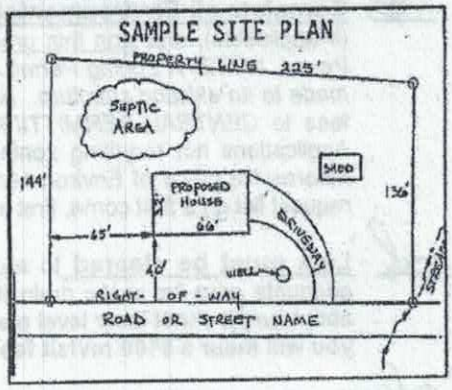
ENVIRONMENTAL HEALTH DIVISION

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

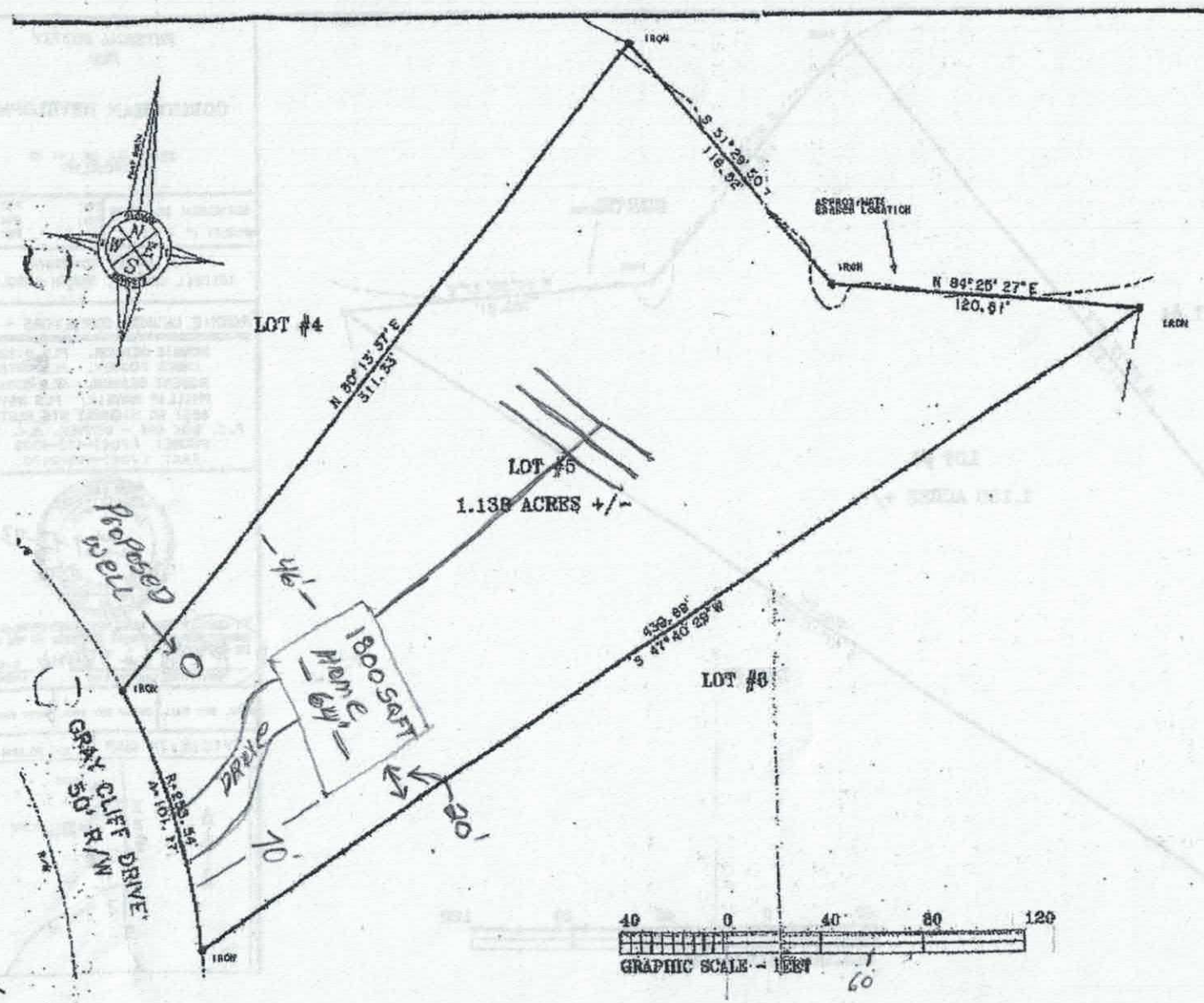
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

ATTACHED

Signature: _____ 10/23/2015

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



PHYSICAL SURVEY
FOR

CORINTHIAN DEVELOPMENT

BEING ALL OF LOT #5
OF GREYCLIFF

SEPTEMBER 12, 2003	DB:	PG:
SCALE: 1" = 40'	DB:	PG:
	PB:	PG:

FALLSTOWN TOWNSHIP
IREDELL COUNTY, NORTH CAROLINA

RONNIE DEDMON SURVEYORS - P.A.

RONNIE DEDMON, PLS #1222
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
PHILLIP HARRIS, PLS #4164
4837 NC HIGHWAY 16 NORTH
P.O. BOX 494 - DENVER, N.C. 28037
PHONE: (704)-483-4908
FAX: (704)-483-2170

NORTH CAROLINA PROFESSIONAL SEAL L-4164 LAND SURVEYOR PHILLIP HARRIS

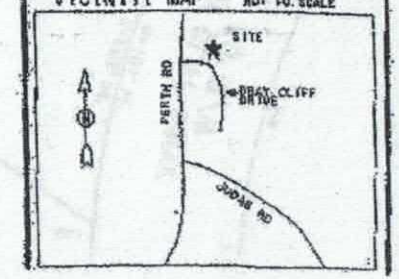
9-12-03

I CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE BY ME AND THAT IT IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PROFESSIONAL LAND SURVEYOR — L-4164 LICENSE NO.

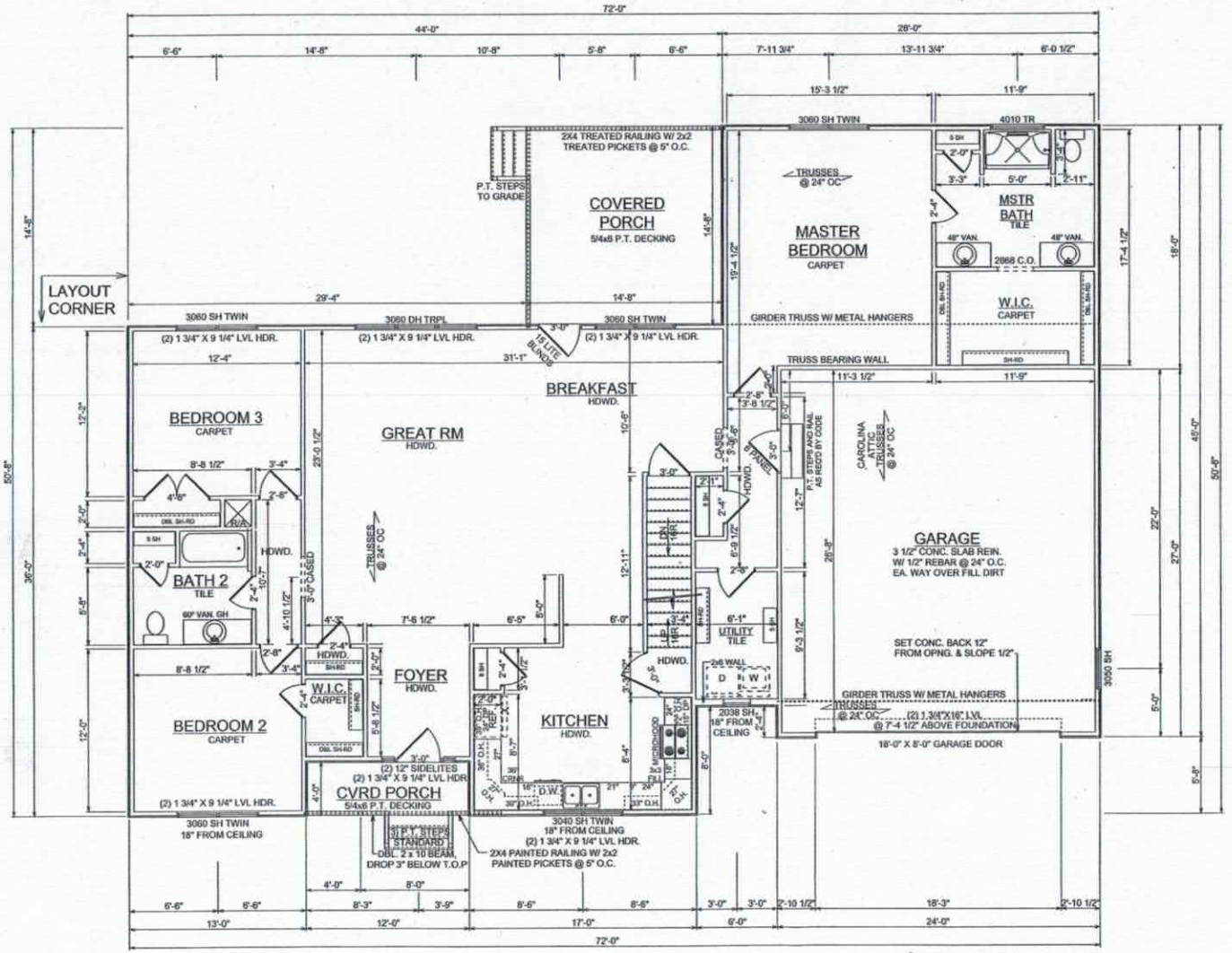
SURV. BY: PHIL	DRAWN BY: PHIL	JOB: PHIL

VICINITY MAP NOT TO SCALE



House to left (115)
Septic in front. Corner in front

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NOTE: VIOLATORS OF THE COPYRIGHT WILL BE PROSCUTED TO THE FULLEST EXTENT OF THE LAW
TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128
THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.



GENERAL NOTES

MIN. 9'-1 1/8" CEILING HEIGHT ON FIRST FLOOR

ALL LOAD BRNG WALLS & EXT. OPNGS TO HAVE (2) 2x10 HEADERS UNLESS OTHERWISE NOTED

STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 2'-2" FROM T.O.P. EXCEPT AS NOTED

7/16" O.S.B. AND HOUSEWRAP REQUIRED

DIMENSIONS ARE TO SHEATHING EXTERIOR; SUBTRACT 1/2" FROM DIMENSION FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION

ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED A MINIMUM OF 4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED

NUMBER OF STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE

CLOSET SHELF HEIGHT OFF FLOOR:
SINGLE-65"
DOUBLE-42" & 84"

ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AND LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION

ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE

INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM

SPECIAL NOTES

B/O - KITCHEN CABINETS, MASTER VANITIES & TOPS

A/HP - GRANITE, BATH2 VANITY (GH) & TOP

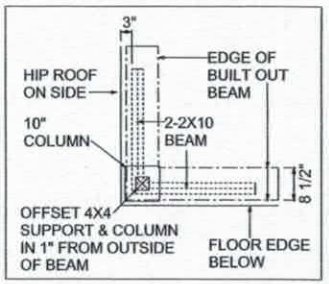
5X4 TILE SHOWER W/
2' RETURN WALL & BENCH SEAT

SMOOTH CEILINGS THROUGHOUT

FRONT WINDOW HEADERS TO BE FRAMED DOWN 18"

PORCH BEAM ABOVE 10" COLUMN

OFFSET BEAM 3" FROM FLOOR BELOW



Acknowledgement of Plans Submittal ONLY!

Date 11/16/16

Date 11-16-16

FINAL CONSTRUCTION PLAN
FORMATTED FOR 11 x 17 PAPER

AREAS:	
FIRST FLOOR	2,131 S.F.
UNFIN. BONUS	486 S.F.
UNFIN. BASEMENT	914 S.F.
GARAGE	640 S.F.
FRONT PORCH	45 S.F.
REAR DECK	218 S.F.
TOTAL UNDER ROOF	4,434 S.F.

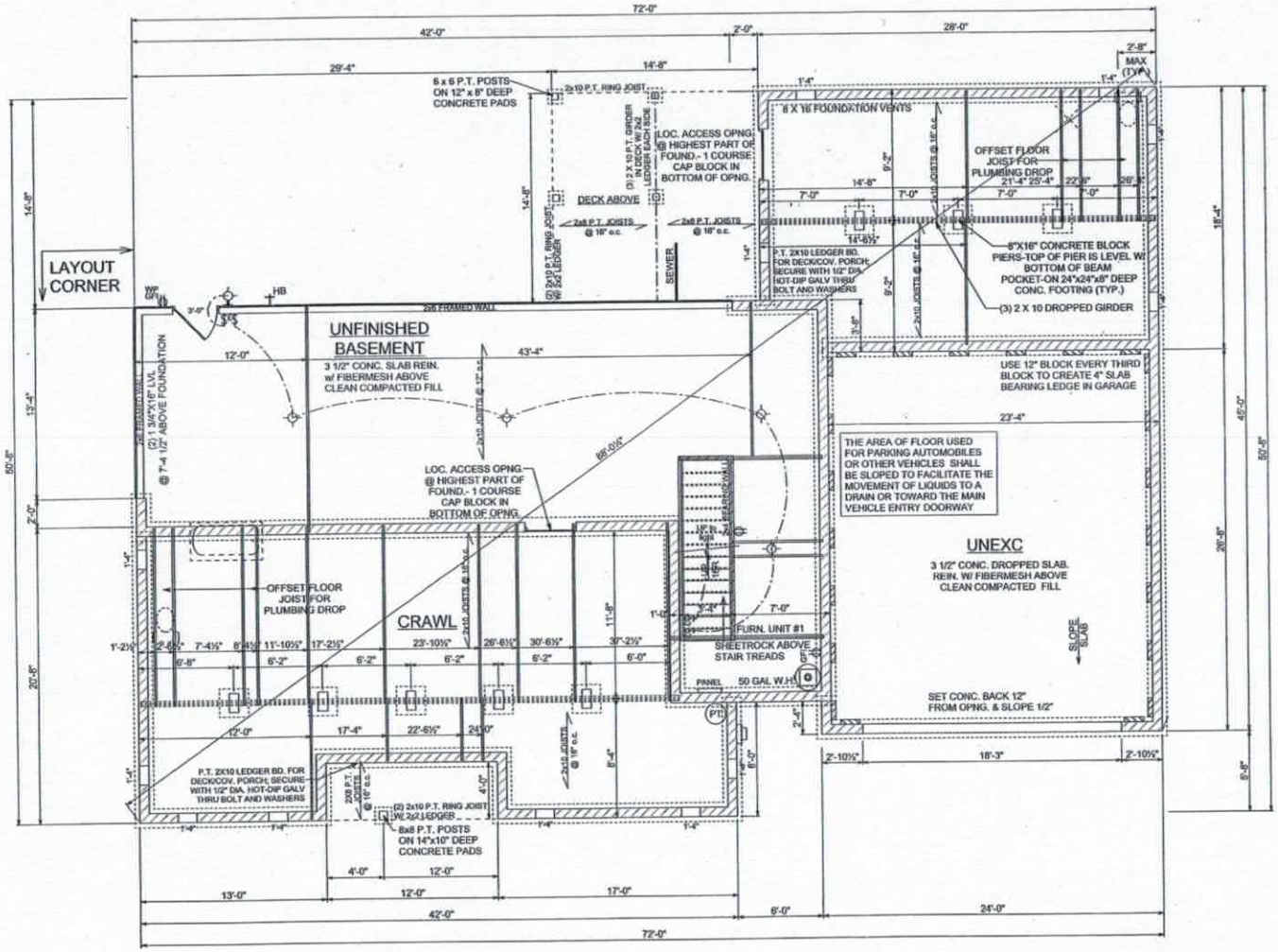
DATE: 10/11/16
REVISION:
JOB # 067-16- 062
DRAWN BY: JJN
SCALE: 1/8"=1'-0"
FIRST FLOOR PLAN
SHEET NO.: 5 OF 11
2 X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

THE ROXBORO - A
FOR JOHN POTTS
119 GRAYCLIFF DRIVE
MOORESVILLE, NC 28115

PROPERTY OF: AMERICA'S HOME PLACE, INC.
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SOLD BY: JILL SCHOOLEY

PRINT DATE: November 08, 2016

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GENERAL NOTES

TYPICAL FOUNDATION WALL:
BASEMENT: 10'-0" X 8" BLOCK
CRAWL SPACE: 2'-8" X 8" BLOCK
ON TOP OF 16"x 8" DEEP
POURED CONCRETE FOOTING

ADD SINGLE FLOOR JOIST AS SHOWN

FILL ALL CELLS SOLID UNDER BEAM
POCKET BEARING POINT

ADD LIGHT AND SWITCH UNDER FLOOR NEAR ACCESS

NOTCH SILL PLATE AROUND
DROPPED BEAM

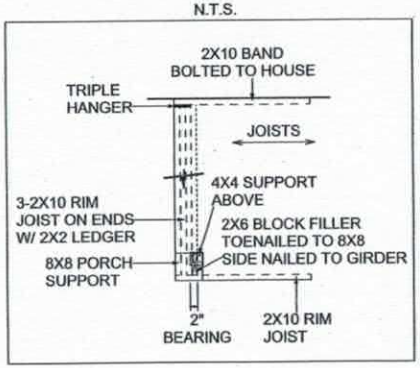
CRAWL SPACE VENT & ACCESS DIMENSIONS ARE APPROXIMATE, VENTS & ACCESSES SHOULD BE LOCATED WITHIN CONCRETE BLOCKS, DO NOT LOCATE THESE UNDER BEAMS OR ANY OTHER STRUCTURAL LOCATIONS, VENTS SHOULD BE INSTALLED PER LOCAL CODE

ALL GIRDER BREAKS MUST BE ON PIERS OR POSTS

POLY REQ'D IN CRAWL

CORNER/ENDS OF PORCH BELOW 10" COLUMN

PORCH IN FRONT OF HOUSE
(JOIST RUN SIDE TO SIDE)
N.T.S.



Acknowledgement of Plans Submittal ONLY!

Date 11/16/16

Date 11-16-16

FINAL CONSTRUCTION PLAN
FORMATTED FOR 11 x 17 PAPER

PRINT DATE: November 08, 2016

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UNFIN. BONUS 486 S.F.
UNFIN. BASEMENT 914 S.F.
GARAGE 640 S.F.
FRONT PORCH 48 S.F.
REAR DECK 232 S.F.
TOTAL UNDER ROOF 4,438 S.F.

DATE: 10/11/16
REVISION:

JOB # 087-16-062
DRAWN BY: JJN

FOUNDATION & PLUMBING
SCALE: 1/8"=1'-0"

SHEET NO.: 4 of 11

2 X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

IREDELL COUNTY

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

APPLICATION NUMBER
214463
Issue Date: 10/26/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4649067134.000	119 GRAY CLIFF DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: POTTS, JOHN POTTS, DEBORAH	Applicant: POTTS, JOHN
Address: 6566 FOREST CREEK DRIVE DENVER, NC 28037	Address: 6566 FOREST CREEK DRIVE DENVER, NC 28037
Phone: 704-745-6186	Phone: 704-745-6186

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.138	35.00	35.00	15.00	15.00	PACL	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	52465	TOTAL FEES:	$ 77.25