IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 219366

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

PIN # 4649-14-1612

APPLICANT: DAVID HOLMES APPLICANT ADDRESS:

SITE ADDRESS: 116 ORCHARD FARM LN. - Mrsvl. PHONE: 704-902-0270 ALT. PHONE:

SITE DIRECTIONS: PERTH, TR FLOWERING CHERRY, TL ORCHARD FARM, ON R

SUBDIVISION: THE ORCHARD SECTION: LOT # 19 LOT AREA: .63 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	3-28	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	12-4	System Description:			PM - PANEL BLOCK	☐ Business	No. Persons	8	☑ Private
Pump Make	Goulds	Model	WED511H	Serial #			Repair System Description:			LP - PANEL BLOCK	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	270'		Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	(Max) Trench Bottom Depth		36"	Gravel Depth	—			☐ GRAVITY	☑ PRESSURE	☑ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

BASEMENT PLUMBING PUMPED UP TO MAIN LEVEL
NO SETTLING TANK REQUIRED
6/16/17: Electrical box inside house OK (individual breakers)
Manifold cracked @ #5 TAP. Re-inspection needed. -BA

6/19/17 Set 2ft pressure, checked alarm & broken tap

	Date	Initials
Drain Lines Checked	5-16-17	BA
Tanks Checked	5-16-17	BA
Pressure Manifold or Valve Box Checked	5-16-17	BA
Pressure Head Set		
Electrical Checked	6/16/17	BA
Floats Set		
Alarm Checked		
Maintenance Contract Y / (N)		

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: Erin Holmes Date: 6/14/16 Installed by: GUNTER

IMPROVEMENT PERMIT by: BA APPROVED Date: JUN 10 2016 OPERATION PERMIT by: Mona Dobson Date: 6/19/17

AUTHORIZATION TO CONSTRUCT by: BA Date: 7-22-16 Existing System Inspected by: Date:

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

APPROVED JUN 1 0 2016

SA

APPROVED JUN 10 2016



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 116 Orchard Farm Ln., The Orchard lot 19
House Footprint: See Attached
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 4 @ 5.48 GPM, 1 @ 7.11 GPM
Tap Size and Material: 4 @ ½" SCH 80, 1 @ ½" SCH 40
System Flow: 29 GPM
Dosing Volume: 230.4 gallons
Pump Run Time: 7.9 minutes
Elevation Head: 20'
Friction Head: 1.7'
Pressure Head: 2'
Total Dynamic Head: 23.7'
Supply Line Length: 105' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons / SETTLETANK 1000 GAL
Proposed Trench Bottom: 36"
Proposed Trench Width: 24" (8' on center)

Line	Design Length	# of Panels	Actual Length	Elevation
Orange 1	**50'**	**12**	**55'**	**0.5'**
Blue 2	**70'**	**14**	**75'**	**2.7'**
Pink 3	**50'/50'**	**12/12**	**108'**	**4.7'**
White 4	**50'/53'**	**12**	**109'**	**6.2'**
Yellow 5			90'	8.6'
Orange 6			74'	10.5'
Blue 7			54'	12.5'
Pink 8			20'	14.1'

APPROVED JUN 1 0 2016

BA

Initial System: 270' **Repair System:** 291'
Pump Tank: 15.5' **House Corner:** 14.0' **Benchmark:** 6.1'

Comments:
MA&A have planned for a settling tank, a septic tank, and a pump tank because we are assuming a grinder pump in the basement lifting the sewage to the tanks. If the builder can get gravity flow from the main level of the house to the septic tank, the settling tank can be eliminated if the basement sewage is lifted to the main level. The repair system must be 100' from any well because of the presence of saprolite in AB4 and Pit 2. The initial system will be less than 100' from the neighbor's well.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4649141612
COUNTY: Iredell

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

APPROVED JUN 10 2016 BA

OWNER: Orchard Farms LLC
APPLICATION DATE
ADDRESS: 227 Hideaway Ln., Mooresville, NC 28117
DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.63 AC
LOCATION OF SITE: 116 Orchard Farm Ln., The Orchard Lot 19
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	
1	LS 15%	0-24	R C SBK	FR SS SP SEXP	N/A	48"	Few SAP	N/A	PS 0.3-0.35
		24-48	R CL WSBK	FR SS SP SEXP					
2	LS 18%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3-0.35
		3-27	R C SBK	FR SS SP SEXP					
		27-48	R CL WSBK	FR SS SP SEXP					
3	LS 20%	0-18	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3-0.35
		18-48	R CL WSBK	FR SS SP SEXP					
4	LS 20%	0-12	R C SBK	FR SS SP SEXP	N/A	38"	F-C SAP	N/A	PS 0.3-0.4
		12-38	R CL WSBK	FR SS SP SEXP					
		38-48	SL SAP M	VFR SS SP SEXP			PS		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT2	582 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

APPROVED JUN 10 2016

PROPERTY ID #: 4649141612
DATE OF EVALUATION:
COUNTY: IREDELL

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
5	LS 20%	0-20	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3-0.35
		20-48	R CL WSBK	FR SS SP SEXP					
6	LS 20%	0-18	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3-0.35
		18-48	R CL WSBK	FR SS SP SEXP					
PIT 1	LS 20%	0-9	FILL		N/A	67"	F-C SAP	N/A	PS 0.3-0.35
		9-24	R C SBK	FR SS SP SEXP					
		24-67	R CL WSBK	FR SS SP SEXP					
PIT 2	LS 20%	0-10	R C SBK	FR SS SP SEXP	N/A	36"	PS	N/A	PS 0.4
		10-36	R CL WSBK	FR SS SP SEXP					
		36-70	SL SAP M	VFR SS SP SEXP					
PIT 3	LS 20%	0-20	R C SBK	FR SS SP SEXP	N/A	51"	Few SAP/WR PS	N/A	PS 0.3-0.35
		20-51	R CL WSBK	FR SS SP SEXP					
		51-68	SL SAP M	VFR SS SP SEXP					

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

APPROVED JUN 10 2016

PROPERTY ID #: 4649141612
DATE OF EVALUATION:
COUNTY:

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON 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
PIT 4	LS 20%	0-34	R C SBK	FR SS SP SEXP	N/A	68"	F-C SAP	N/A	PS 0.3→ .325
		34-68	R CL WSBK	FR SS SP SEXP					

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 #
David Holmes	↓		↓
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
David Holmes	2417 Aftonshire Dr. Cornelius, NC 28031	~~704-~~	704-902-0270

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
116 Orchard Farm Ln Mooresville NC	The Orchard	Lot 19

Driving Directions: Hwy 150 W to R on Perth to R The Orchards

****

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
epair 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?
(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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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.

owner: holmes0770@gmail.com
builder: claygentry@hotmail.com
} Email copy of AC

9. Signature: _____ 7/15/16

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

RECEIVED JUN 7 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $500.00 6-14-16

Paid $350.00

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 # 219366

The following optional attachments may also be submitted: (X) 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:

Applicant Name: David Holmes **Address:** 704 **Phone:** 902 0270

Owner Name: Orchard Farms LLC **Address:** 227 Hideaway Ln Mooresville NC 28117 **Phone:**

****

Property Information:

Street Address: 116 Orchard Farm Ln.

Subdivision Name: Orchard **Section/Phase:** _____ **Lot Number:** 19

Driving Directions: Perth, TR Flowering Cherry, TL Orchard Farm, on Rt

****

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: 4
Maximum Number of Occupants: _____
( ) 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 ( ) Conventional ( ) Innovative (X) 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: _____ 6/6/2016

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, David Holmes, am the legal owner of the property located at 116 Orchard Farm Ln, identified as PIN(Parcel Identification Number) 4649141612.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Athanas & Assoc, _____, _____, _____, _____, 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] 6/3/16
Signature of Owner Date

Angela Wilson 6-3-16
Signature of Witness Date

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:

_____ 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

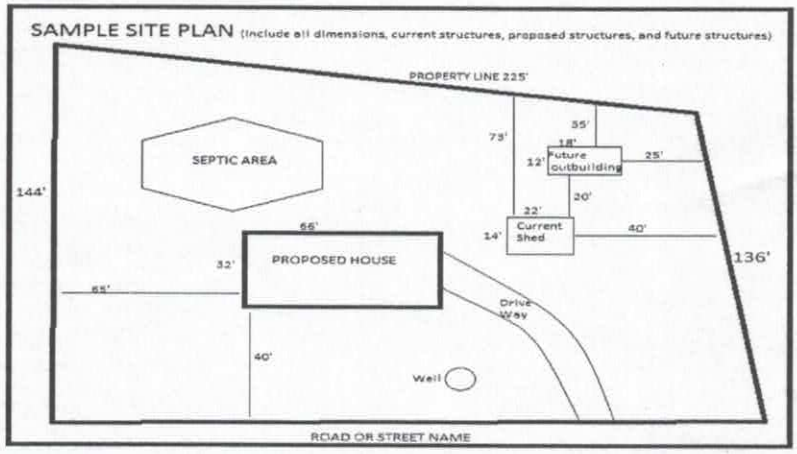
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See Site Plan

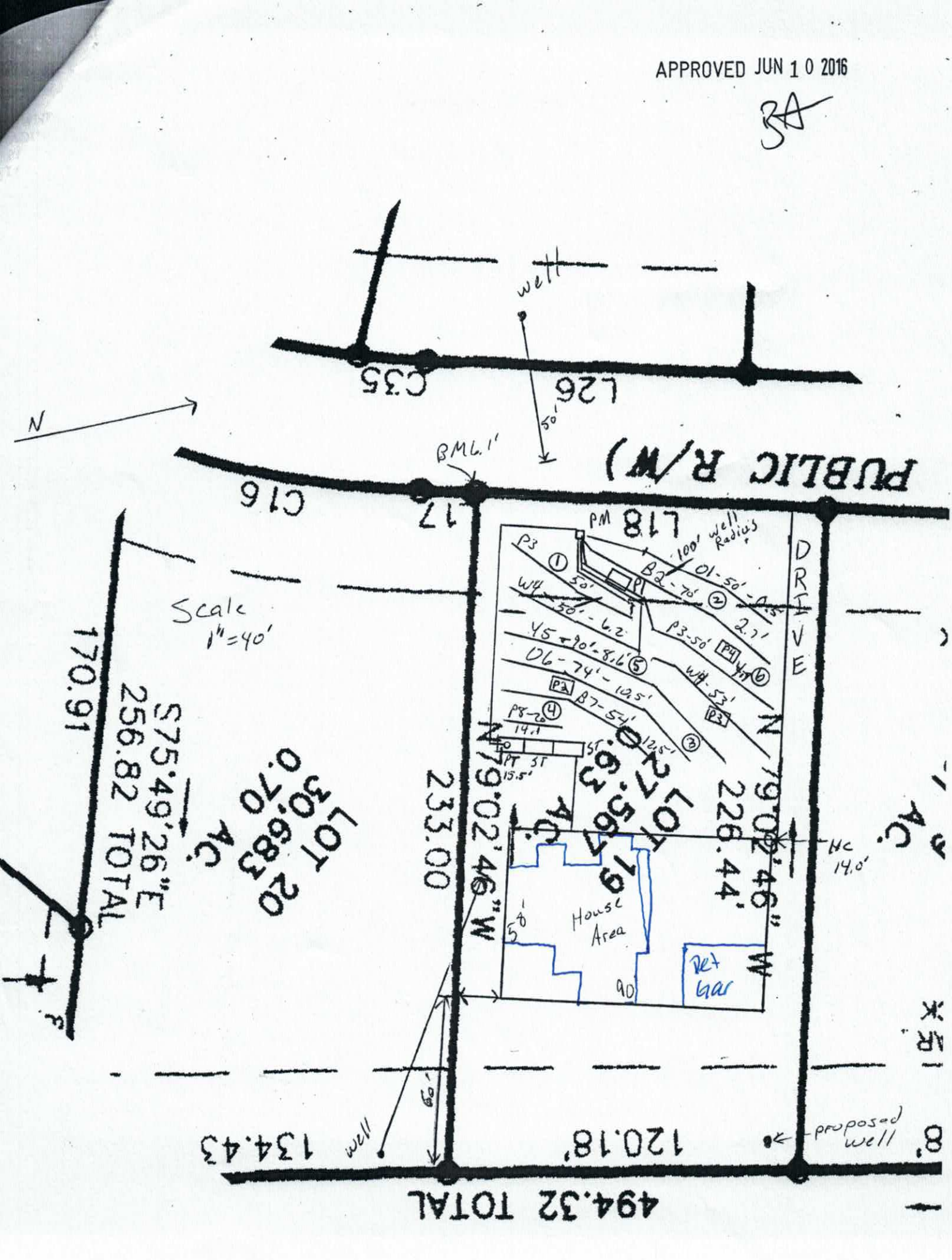
Signature: _____

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

7/15/16

DATE

APPROVED JUN 10 2016



IREDELL COUNTY HEALTH DEPARTMENT

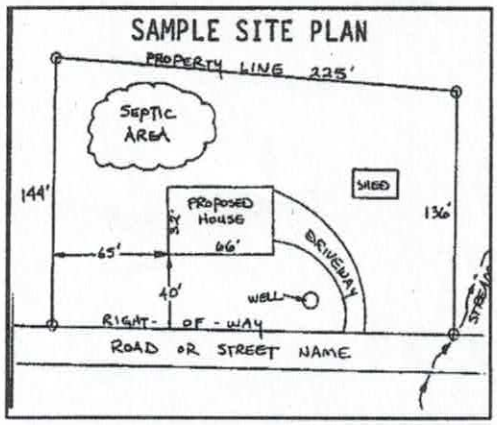
ENVIRONMENTAL HEALTH DIVISION

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 Plan

Signature: _____ 6/6/2016

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

Acknowledgement of
Plans Submittal ONLY!

Date 7/15/16

RA

Date 7-22-16

GENERAL NOTES

1. DESIGN LOADS

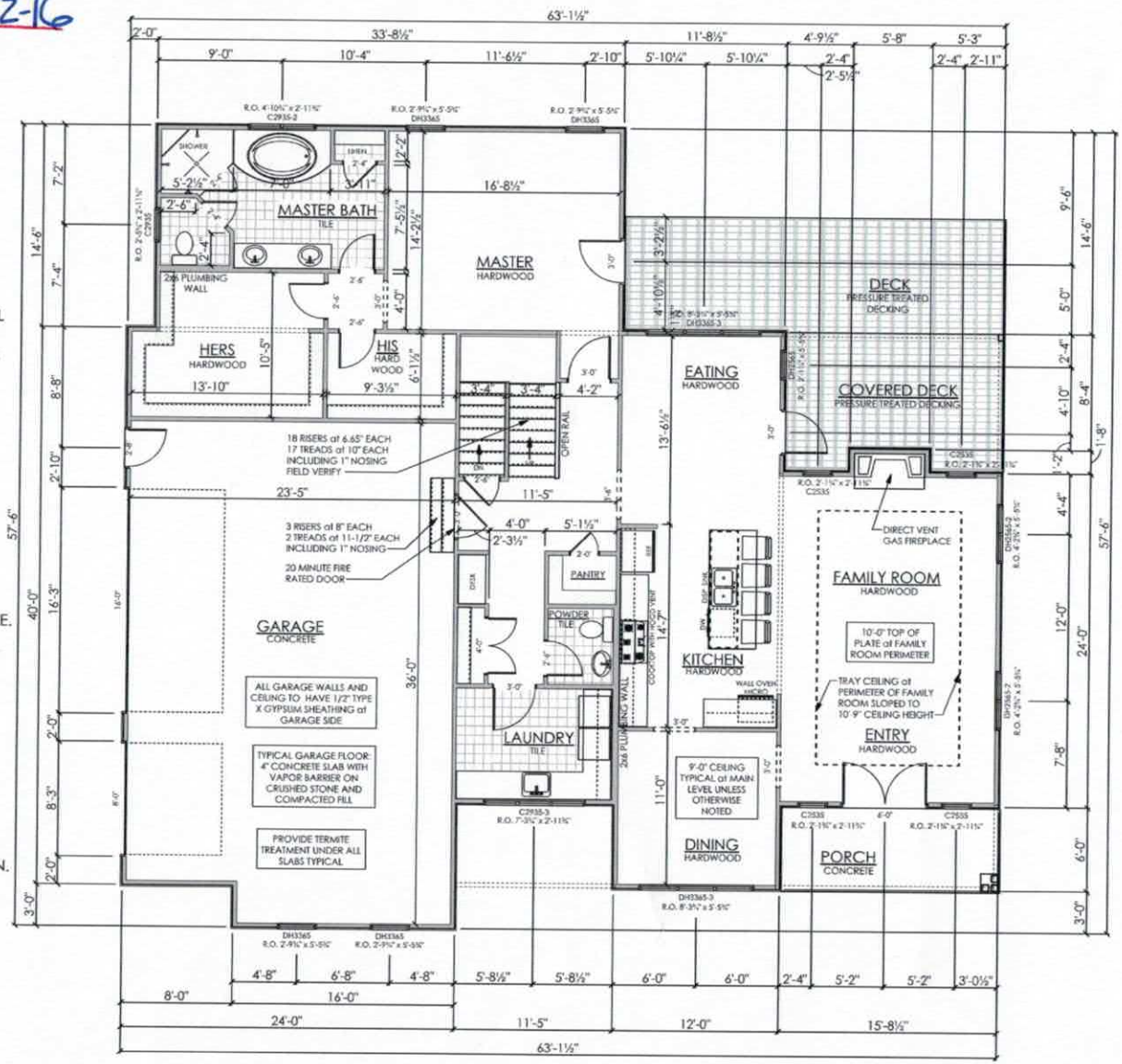
FLOOR LIVE LOADS	
MAIN FLOOR	40 PSF
OTHER FLOORS	40 PSF
ATTIC (STORAGE)	20 PSF
DECK/BALCONY	60 PSF
ROOF LIVE LOAD	20 PSF
SNOW LOAD	20 PSF
WIND LOAD	100 MPH

2. ALL WORK PERFORMED AND MATERIALS USED SHALL COMPLY WITH THE FOLLOWING:
   - ALL APPLICABLE FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS
   - MANUFCTURERS' AND TRADE ASSOCIATIONS SPECIFICATIONS AND RECOMMENDATIONS
   - ACCEPTED STANDARD ENGINEERING AND CONSTRUCTION PRACTICES
3. ON SITE VERIFICATION OF ALL DIMENSIONS AND CONDITIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTORS.
4. CONTRACTOR TO REVIEW, CHECK AND VERIFY ALL DIMENSIONS PRIOR TO BEGINNING CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR DISCREPANCIES WITH DESIGNER. DESIGNER WILL ASSUME NO LIABILITY FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.
5. NOTED DIMENSIONS TAKE PRECEDENCE OVER SCALE.
6. ALL DIMENSIONS ARE TO FACE OF FRAMING UNLESS OTHERWISE NOTED.
7. ALL FOUNDATION, STRUCTURAL MEMBERS AND CONDITIONS TO BE REVIEWED, ADJUSTED OR ENGINEERED BY CONTRACTOR OR LOCAL REGISTERED ENGINEER WHERE NECESSARY TO MEET ALL APPLICABLE CODES AND TO ENSURE A SAFE, QUALITY STRUCTURE.
8. THESE DRAWINGS AND THE INFORMATION THEREON ARE THE PROPERTY OF THE DESIGNER. ANY USE, PUBLICATION OR REPRODUCTION WITHOUT WRITTEN CONSENT OF THE DESIGNER IS EXPRESSLY FORBIDDEN.

THESE PLANS AND ASSOCIATED DOCUMENTS ARE THE EXCLUSIVE PROPERTY OF ALLISON WILSON AND MAY NOT BE REPRODUCED, IN WHOLE OR IN PART WITHOUT THE EXPRESS WRITTEN CONSENT OF ALLISON WILSON. THESE DOCUMENTS ARE TO BE USED FOR ONE (1) FINAL, MULTIPLE USE IS SUBJECT TO CONSENT FROM ALLISON WILSON AND IS SUBJECT TO AN ADDITIONAL REUSE FEE.

AREA CALCULATIONS

MAIN LEVEL	1908 SF
UPPER LEVEL	720 SF
BASEMENT LEVEL	1077 SF
GARAGE	862 SF
UNFINISHED STORAGE	1427 SF
COVERED DECK	250 SF
DECK	205 SF



MAIN LEVEL FLOOR PLAN

Allison Wilson
Designs
1495 BRENTWOOD PLACE
MORGANTON, NC 28655
828.260.3196
allisonwilsondesigns@gmail.com

A New Residence
for the Holmes Family
Mooresville, North Carolina

CONSTRUCTION SET

MAIN LEVEL
FLOOR PLAN

DATE: 06.12.2016

SCALE: 1/8" = 1' 0"

DRAWING NUMBER

A1.01

Acknowledgement of
Plans Submittal ONLY!

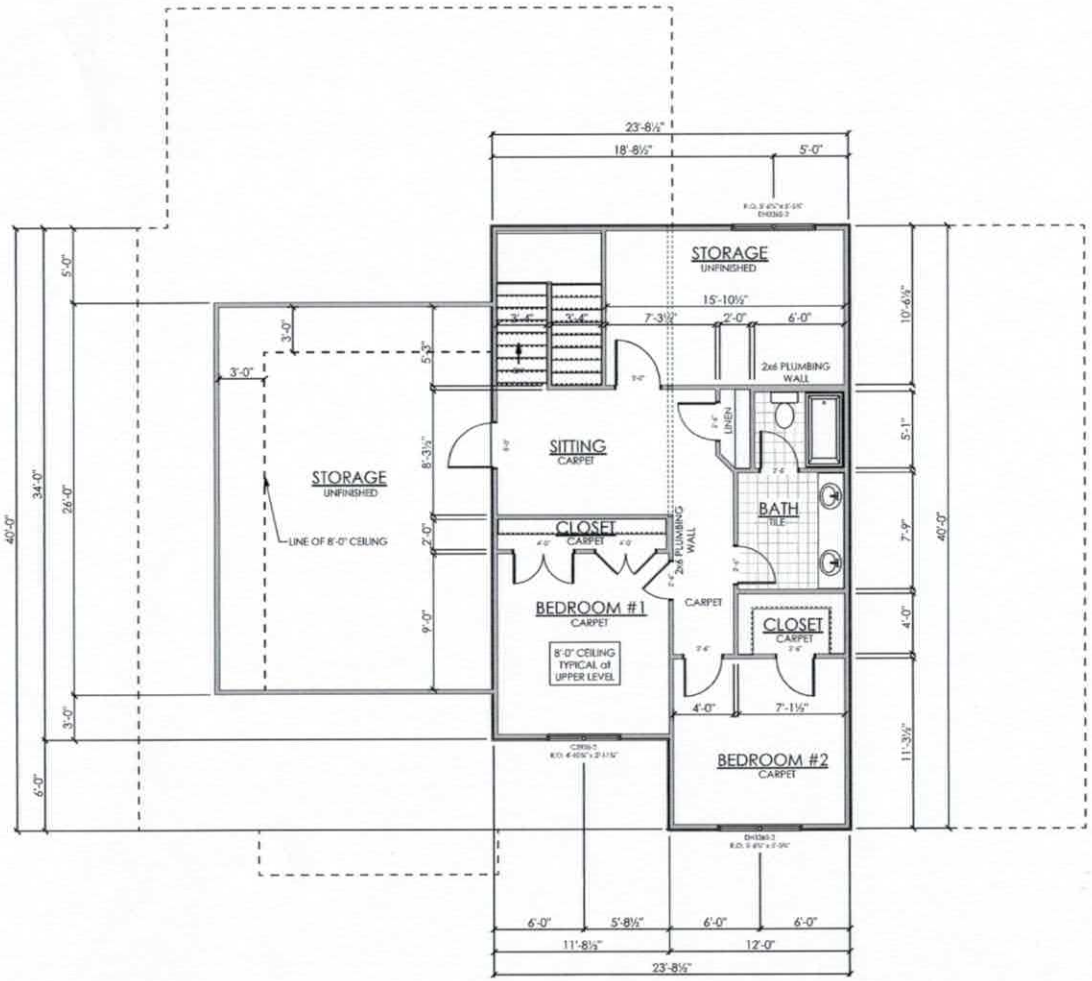
Date 7/15/16

Date 7-22-16

PLAN NOTES

1. ALL EXTERIOR WALLS TO BE 2x4 at 16" o.c. UNLESS OTHERWISE NOTED. ALL INTERIOR WALLS TO BE 2x4 at 16" o.c. UNLESS OTHERWISE NOTED.
2. PROVIDE STAIR HANDRAILS, BALCONY GUARDRAILS AND BALLUSTRADES AT 36" AFF OR PER CODE. SPACE ANY INTERMEDIATE MEMBERS SO THAT A 4" SPHERE CANNOT PASS THROUGH THE MEMBERS.
3. PROVIDE MINIMUM 6'-8" CLEAR HEADROOM FROM TOP OF TREAD AT ALL STAIRS.
4. PROVIDE BLOCKING AS REQUIRED FOR CABINETRY, CLOSETS, SHELVING, STAIRS, HANDRAILS, ETC.
5. PROVIDE ALL CLOSET SHELVING AND RODS PER OWNER.
6. ALL CABINETRY DESIGNED BY OTHERS.

THESE PLANS AND ASSOCIATED DOCUMENTS ARE THE EXCLUSIVE PROPERTY OF ALLISON WILSON AND MAY NOT BE REPRODUCED IN WHOLE OR IN PART WITHOUT THE EXPRESS WRITTEN CONSENT OF ALLISON WILSON. THESE DOCUMENTS ARE COPYRIGHTED AND ANY UNAUTHORIZED USE IS SUBJECT TO CONSENT FROM ALLISON WILSON AND IS SUBJECT TO AN ADDITIONAL REUSE FEE.



UPPER LEVEL FLOOR PLAN

Allison Wilson Designs
1495 BRENTWOOD PLACE
MORGANTON, NC 28655
828.260.3196
allisonwilsondesigns@gmail.com

A New Residence for the Holmes Family
Mooresville, North Carolina
CONSTRUCTION SET

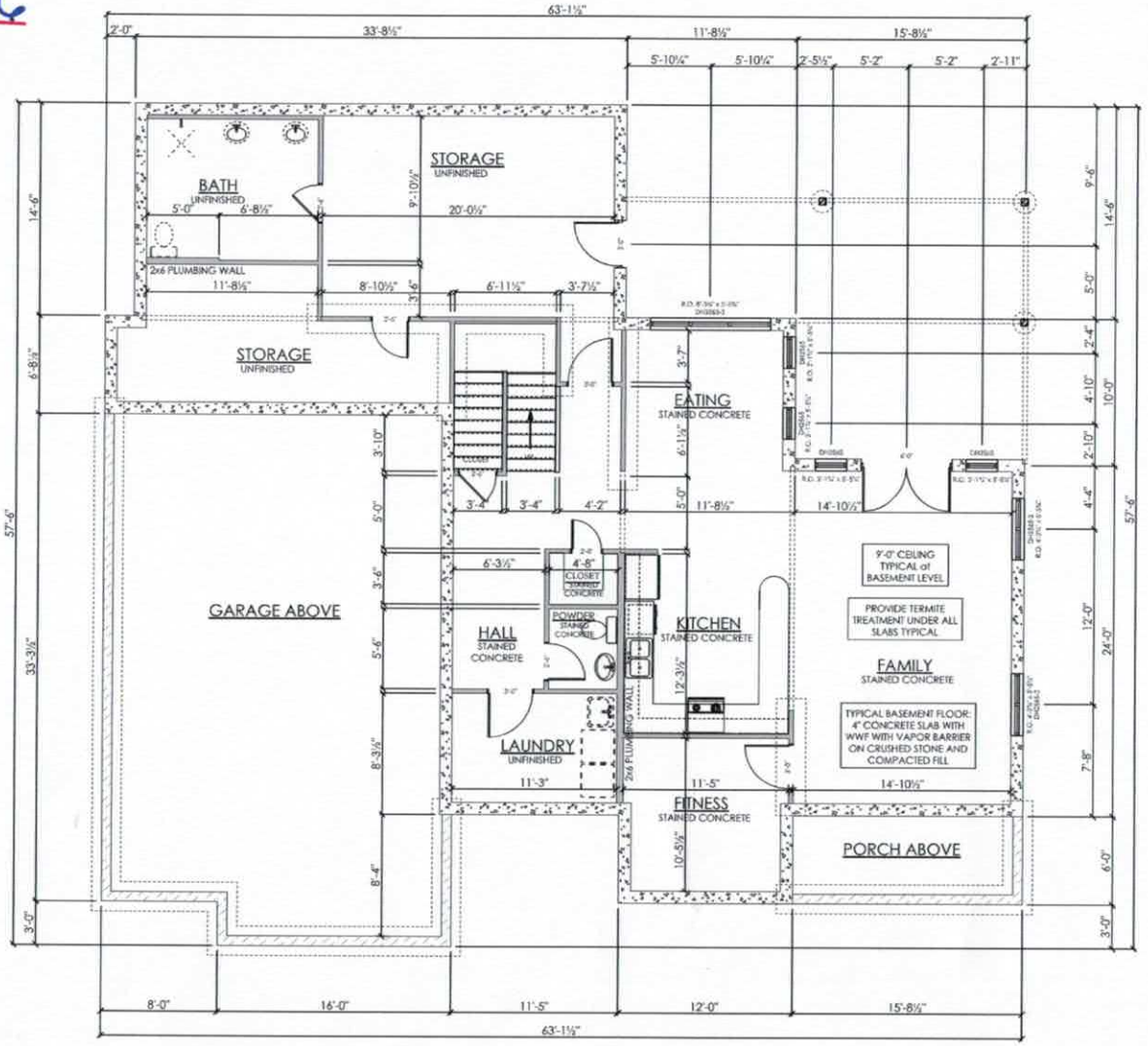
UPPER LEVEL FLOOR PLAN
DATE: 06.12.2016
SCALE: 1/8" = 1' 0"
DRAWING NUMBER
A1.02

Acknowledgement of
Plans Submittal ONLY!

Date 7/18/16

Date 7-22-16

THESE PLANS AND ASSOCIATED DOCUMENTS ARE THE EXCLUSIVE PROPERTY OF ALLISON WILSON AND ARE NOT TO BE REPRODUCED IN WHOLE OR IN PART WITHOUT THE EXPRESS WRITTEN CONSENT OF ALLISON WILSON. THESE PLANS ARE FOR ONE TIME USE ONLY. MULTIPLE USE IS SUBJECT TO CONSENT FROM ALLISON WILSON AND IS SUBJECT TO AN ADDITIONAL REUSE FEE.



BASEMENT LEVEL FLOOR PLAN

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CONSTRUCTION SET

BASEMENT
LEVEL
FLOOR PLAN

DATE: 06.12.2016

SCALE: 1/8" = 1' 0"

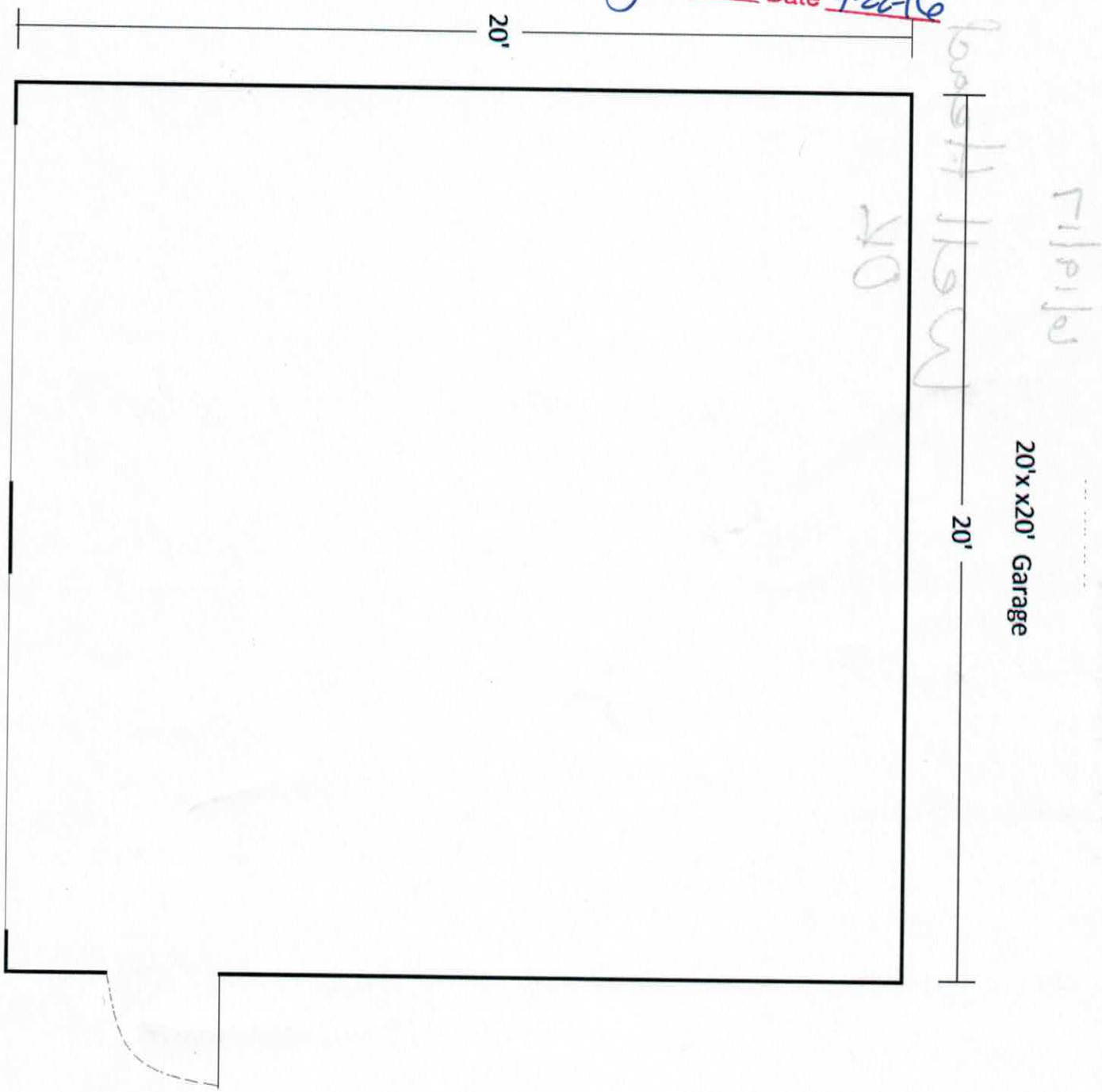
DRAWING NUMBER

A1.03

Acknowledgement of
Plans Submittal ONLY!

Date 7/15/16

Date 7-22-16



IREDELL COUNTY

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

APPLICATION NUMBER
219366
Issue Date: 06/07/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4649141612.000	116 ORCHARD FARM LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ORCHARD FARMS LLC	Applicant: HOLMES, DAVID
Address: 227 HIDEAWAY LANE MOORESVILLE, NC 28117	Address: MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
SFD- FAST TRACK	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.630	35.00	35.00	15.00	15.00	PACL	X

Remarks:

$ PAID 7/8/16

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.

See Attached

Applicant: _____ Date: _____

Permit Number	70784	TOTAL FEES:	$ 77.25