ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP316546

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

PIN # 4649 -- 59 -- 1806

APPLICANT/OWNER: Cornerstone III Properties | APPLICANT ADDRESS: 259 Textile Way Fort Mill SC 29715

SITE ADDRESS: 238 Carlyle Rd Troutman NC 28166 | PHONE: 704-301-3229 | ALT. PHONE

SITE DIRECTIONS: NC 115 N to L on Flower House Lp, L on Carlyle Rd, Lot on R | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Carlyle Farms | SECTION: 2 | LOT # 22 | LOT AREA: 5.1 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .275

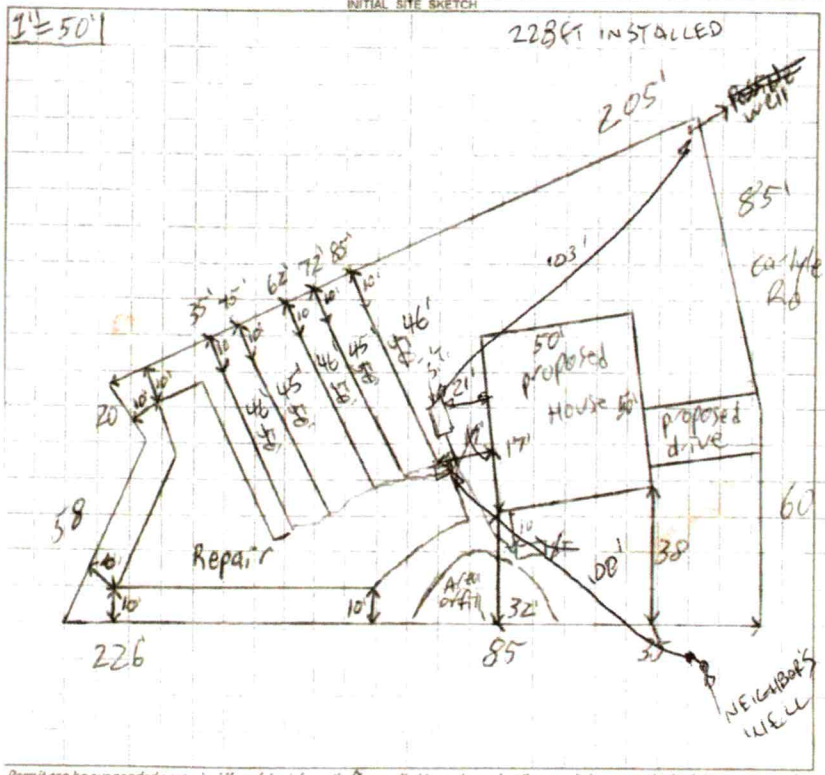
Septic Tank	1000 (gal)	STB	760	Date	11-17-2021	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 50% Reduction
Pump Make	~	Model	—	Serial #	—	Repair System Description:	LPTPBPS
# Nitrification Fields	1	# Lines	5	Linear Ft	228'	Maintenance Agreement Required:	[ ] YES [X] NO
Trench Width	36"	Trench Bottom Depth(Low side)	29"	Gravel Depth	—	[X] GRAVITY	[ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing | No. Bedrooms 3 | No. Persons 6 | No. Employees — | [X] Crawl Space | [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install lines on contour. DO NOT drive on stone material or manipulate drainfield in any way. Brushpile must be removed off of septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

INSTALLED AS SHOWN

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.* [X] 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: Stan Irwin | Date: 1/28/21 | Installed by: LENTZ WASTEWATER

IMPROVEMENT PERMIT by: Patrick Byrd III | Date: 5/12/2021 | OPERATION PERMIT by: Burnett C. White | Date: 1-28-2022

AUTHORIZATION TO CONSTRUCT by: Patrick Byrd III | Date: 5/12/2021 | Existing System Inspected by: | Date:

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP316546

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

PIN # 4649 -- 59 -- 1806

APPLICANT/OWNER: Cornerstone III Properties | APPLICANT ADDRESS: 259 Textile Way Fort Mill SC 29715

SITE ADDRESS: 238 Carlyle Rd Troutman NC 28166 | PHONE: 704-301-3229 | ALT. PHONE

SITE DIRECTIONS: NC 115 N to L on Flower House Lp, L on Carlyle Rd, Lot on R | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Carlyle Farms | SECTION: 2 | LOT # 22 | LOT AREA: .51 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	~	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	5	Linear Ft	218'		
Trench Width	36"	Trench Bottom Depth(Low side)	29"	Gravel Depth	—		

[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI

System Description: Gravity 50% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

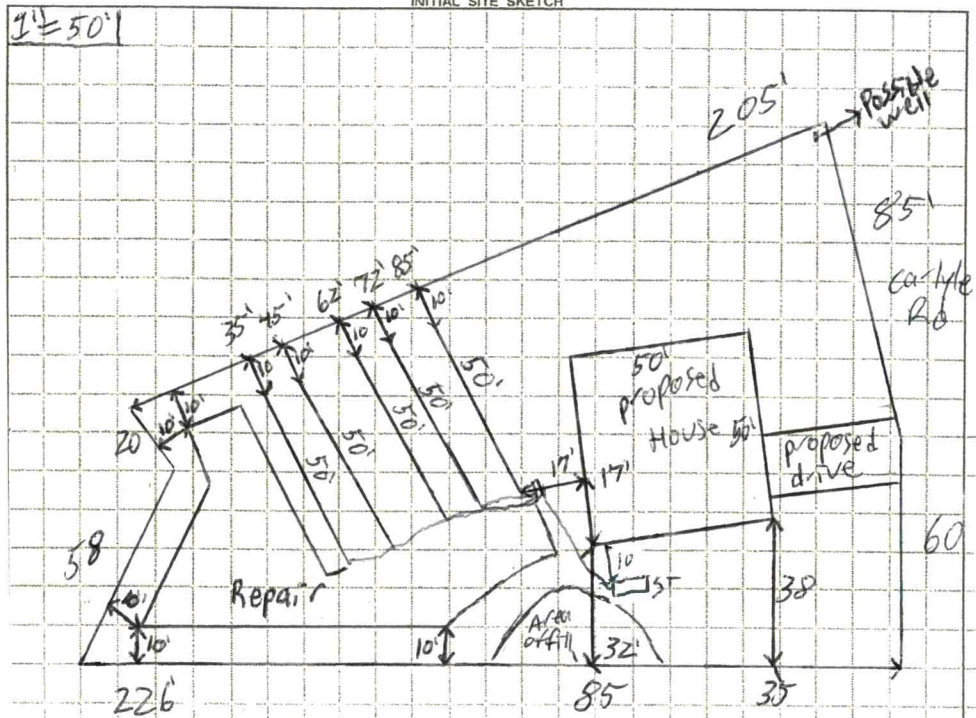
No. Bedrooms 3 | No. Persons 6 | No. Employees | [X] Crawl Space

Water Supply: [X] Private [ ] Public [ ] Community

[ ] Basement w/o plumbing

Comments / Conditions: Install lines on contour. DO NOT drive on, store material, or manipulate drainfield in any way. Brushpile must be removed off of septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL 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.

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.* [X] 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: [signature] Date: 5/28/21 | Installed by:

IMPROVEMENT PERMIT by: Patrick G Byrd III Date: 5/12/2021 | OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Patrick G Byrd III Date: 5/12/2021 | Existing System Inspected by: Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 4649591806
COUNTY: Iredell

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

OWNER: Cornerstone III Properties
APPLICATION DATE: 3/27/2021
ADDRESS: 259 Textile Way Fort Mills SC 29715
DATE EVALUATED: 5/4/2021
PROPOSED FACILITY: New Single Fam PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: .51ac-cs
LOCATION OF SITE: 238 Carlyle Rd
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	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	SS 14%	0-8	SCL WSBK	F-SS SP SExP	few 4B mottles	60"	few Litho inclusions with some parent mat bottom	Larger Rocks common throughout	PS .275
		8-34	C ABK	F-SS SP SExP					
		34-60	CL SBK/ABK	F-SS SP SExP					
2	SS 13%	0-36	Fill	—	Chroma 3S in fill	60"	few Litho inclusions	Larger Rocks scattered throughout quartz veins between 42 and 46"	PS .275 below 36"
		36-	CL SBK/ABK	F-SS SP SExP					
3	SS 17%	0-5	Topsoil	—	—	35"	Litho inclusions to Lomy sapt 35"	manganese common below 35"	PS .275
		5-20	C SBK/ABK	F-SS SP SExP					
		20-35	CL SBK	F-SS SP SExP					
		35-60	Lomy sap Mass	VFr					
4	SS 15%	0-10	SCL	F-SS SP SExP	—	40"	Litho inclusions to Lomy sapt 40"	manganese common with biotite parent Rx inclusions	.275
		10-24	C SBK/ABK	F-SS SP SExP					
		24-40	CL SBK	F-SS SP SExP					
		40-60	Lomy sap Mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218'	218'
System Type(s)	Gravity 50%	LPPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: Partly cloudy

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

Sheet 2 of 2
PROPERTY ID #: 4649598806
COUNTY: Iredell

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

OWNER: Cornerstone III Properties
ADDRESS: 259 Exit 10 Way Statesville NC 28677
PROPOSED FACILITY: New Single Fam PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 238 Carlyle Rd

APPLICATION DATE 3/27/2021
DATE EVALUATED: 5/4/2021
PROPERTY SIZE: .5 acres
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 15%	0-10	SCL WSBK	FvSSSP fext	YB mottles scattered throughout	50"	Clay increase to Loamy sap at 50"	manganese common in sap	PS .275
		10-40	CABK	FrSSSP sapr					
		40-50	CLSBK/ABK	FrSSSP sapr					
		50-60	Loamy sap mass	Vfr					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218'	218'
System Type(s)	Gravity 50%	LPPPBPS
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: PatrickB
OTHER(S) PRESENT:

COMMENTS: Partly Cloudy

RECEIVED APR 1 4 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

X SEPTIC X PAGE 1: *APPLICATION FORM* AP-316546 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: CORNERSTONE III PROPERTIES Address: 259 TEXTILE WAY FT. MILL SC Zip: 29715
Applicant Email: STAN@CORNERSTONEIR.COM Phone: 704 301 3229 Alt. Phone: X
Owner Name: BULLER RIVER DEVELP. Address: 259 TEXTILE WAY FT. MILL, SC Zip: 29715
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 238 CARYLE RD. PIN# 4649-59-1806
Subdivision Name: CARYLE FARMS Section/Phase: _____ Lot Number: 22
Driving Directions: NORTH I-77 / LEFT ON FLOWER HOUSE LOOP / LEFT ONTO CARYLE ROAD

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: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: 1 Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) 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: Stan Cowley 3/27/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, PAM HARDING/BULLER RIVER, am the legal owner(s) of the property located at 238 CARYLE RD, identified as

PIN (Parcel Identification Number) 4649-59-1806, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) STAN PRESSLEY/CORNERSTONE III _____, 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.

Pam Harding/Buller River Dentonnt _____ 3/27/21
Signature of Owner(s) Date

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

any easements and right of way on record, ents and rights of way.

ct to any facts that may be disclosed by a a search.

es not show any unrecorded, written or dedications or other encumbrances. Such on this property and not appear on this plat. this plat are warned to remain alert for the recorded burdens not shown hereon.

n for the exclusive use of the party named tes do not extend to any unnamed person certification by the surveyor naming said

an actual field survey that meets or requirements of a Class C Survey in Standards of Practice for Land Surveying in ting to North Carolina Administrative Code Section 1600.

on before any adjustments is 1:9,212.

coordinate computations.

ortz. Control Monument found within 2,000

hnal signature, registration number and

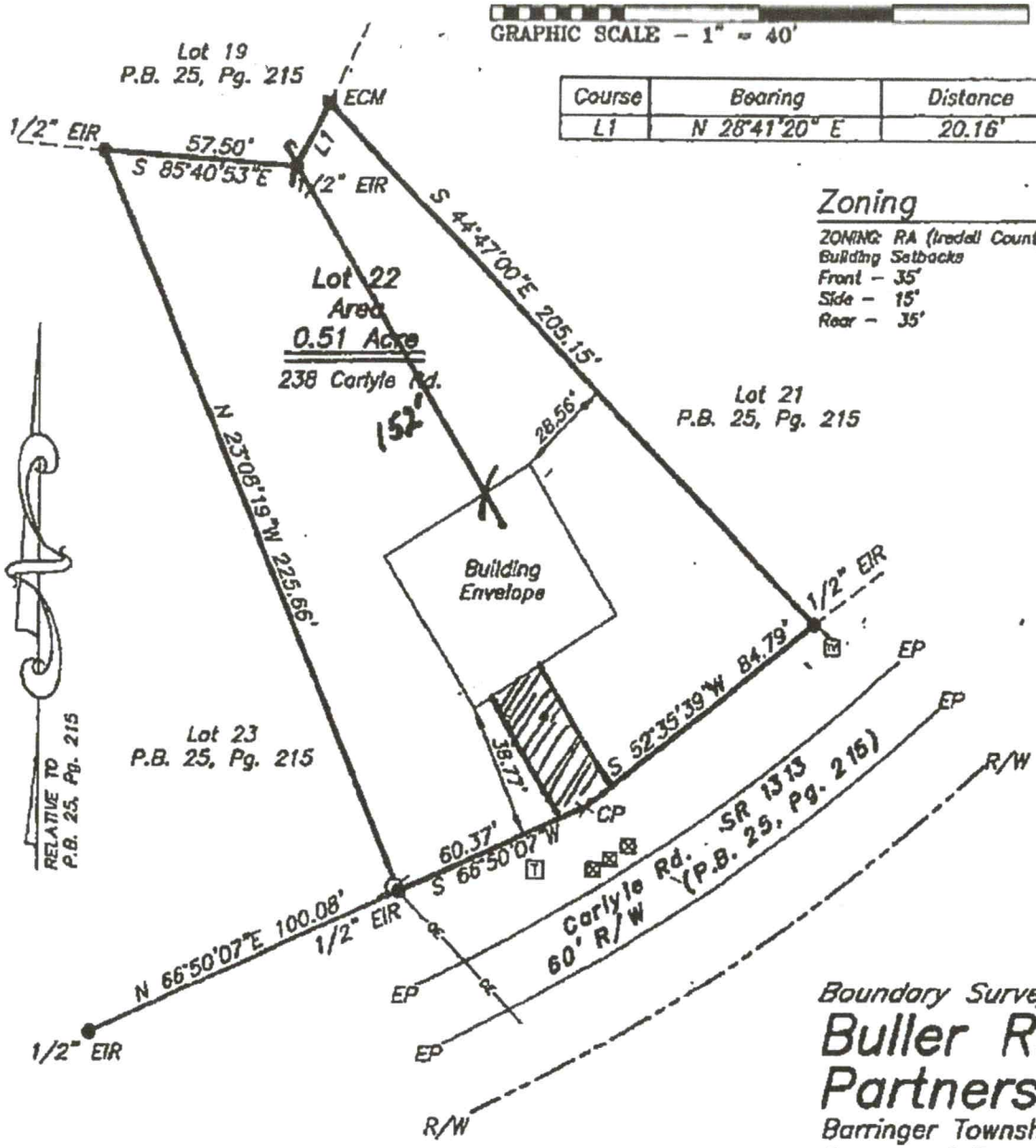
y of MARCH, 2021 A.D.

PLS L-3175

588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

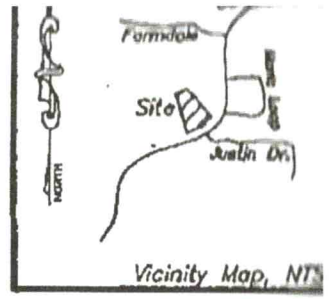
GRAPHIC SCALE – 1" = 40'



Course	Bearing	Distance
L1	N 28°41'20" E	20.16'

Zoning

ZONING: RA (Iredell County)
Building Setbacks
Front – 35'
Side – 15'
Rear – 35'



Legend

CAPS ON MONUMENTS SET CONT
SURVEYORS NAME AND LICENSE

- EIR ..... EXISTING IRON RO
- CP ..... COMPUTED POINT
- ECM ..... EXISTING CONCRETI
- PIN ..... PARCEL IDENTIFICAT
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- NTS ..... NOT TO SCALE
- TV ..... TV BOX
- UTILITY POLE
- TELEPHONE PEDES
- MAILBOX
- LINE SURVEYED
- TIE LINE SURVEYED
- LINE NOT SURVEYE
- RIGHT-OF-WAY LIN
- OE OVERHEAD UTILITY

ENBOW Surveying
eying Iredell County
nce 1989
EXT., STATESVILLE, NC 28625
704) 878-9661
ydevelopment.com

Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 4649, Iredell County, North Carolina, effective date: 3/18/2008, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X – other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Boundary Survey For:

Buller River Developr Partners, LP

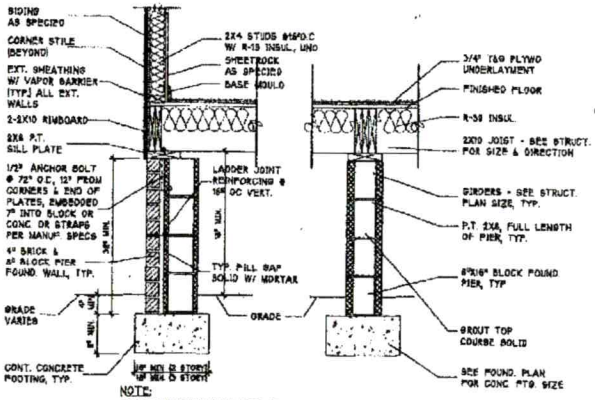
Barringer Township, Iredell County, NC
Owners of Record: Theresa M. Scott
Deed Reference: D.B. 2752, Pg. 1769
Plat Reference: P.B. 25, Pg. 214
PIN: 4649-59-1806
Job Number: 210352.DWG (210352.CRD)
Field Work: 03/05/2021
Plat Date: 03/08/2021

LOT-

28-4"

* CRAWL *

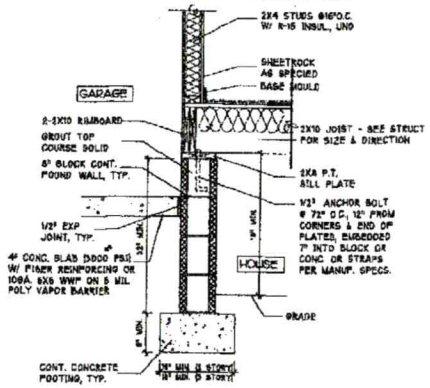
34'



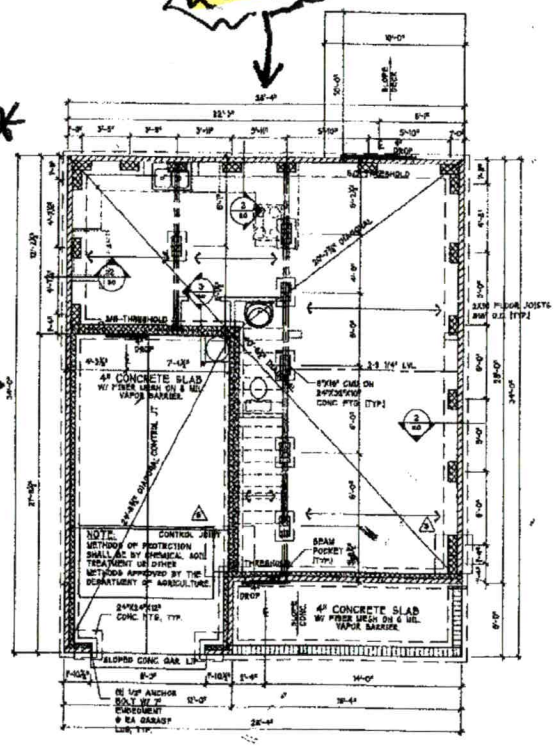
NOTE:
BOND FOUNDATION WALL [STRUCTURAL TIES]
MAX. DISTANCE 16" VERTICAL W/ 8" BRICK
MAX. DISTANCE 24" HORZ. W/ STRUCTURAL TIES

2/20 MAIN HOUSE - CRAWL W/ SIDING DETAIL

* MULTI-WYTHE MASONRY TO BE INTEGRALLY BONDED [TYP.]



3/20 TYP. GARAGE WALL TO HOUSE CONNECTOR



1/20 FOUNDATION PLAN

Acknowledgement Of Plans Submittal ONLY!

Stan Pressley Date 5/28/21

Patrick Roberts Date 5/21/2021

LEGEND

- 1 = 24"X24"X12" CONC. FTG.
- 2 = 20"X20"X8" CONC. FTG. W/ 4-#4s EA.
- 3 = 30"X30"X12" CONC. FTG. W/ 4-#4s EA.
- 4 = 36"X36"X12" CONC. FTG. W/ 4-#4s EA.
- 5 = 42"X42"X12" CONC. FTG. W/ 5-#4s EA.
- 6 = 48"X48"X12" CONC. FTG. W/ 5-#4s EA.
- 7 = 56"X60"X12" CONC. FTG. W/ 9-#4s @ 8" O.C. EA.
- 8 = 48"X48"X8" CONC. FTG. W/ 4-#4s @ 8" O.C. EA.
- = 40' #4 REBAR, TYP.

FOUNDATION NOTES:

- ALL ANGLES WALL ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE
- GARAGE SLAB TO BE 4" THICK CONCRETE 3000 PSI MIN. W/ FIBER MESH ON 6 MIL VAPOR BARRIER.
- PROVIDE 6-MIL POLY VAPOR BARRIER BELOW ALL CONCRETE SLABS.
- WHEN HOUSE IS REVERSED, WASHER AND DRYER RECEPTS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- CONTRACTOR TO VERIFY ALL DIMENSIONS
- FOUNDATION DIMENSIONS ARE MEASURED FROM OUTSIDE OF BRICK. SEE FRAMING PLANS FOR FRAMING DIMENSIONS.
- DO NOT SCALE DIMENSIONS FROM PRINTS. PLANS & DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN.

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
MASON II PLAN

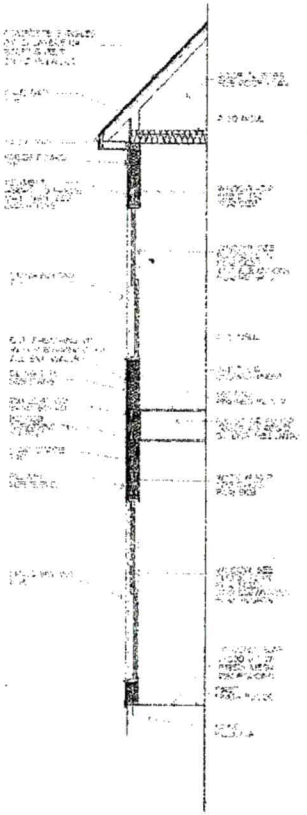
PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY: CORNERSTONE II
CHECKED BY: STAN PRESSLEY
FILE NUMBER: MASON II

SHEET TITLE
FOUNDATION PLAN

SHEET NUMBER
2.0

E:\2019 PROJECTS\19-26 MASON II - Cornerstone III\Sheets Foundation.dwg, 2.0A (2), 8/29/2000 11:25:27 AM

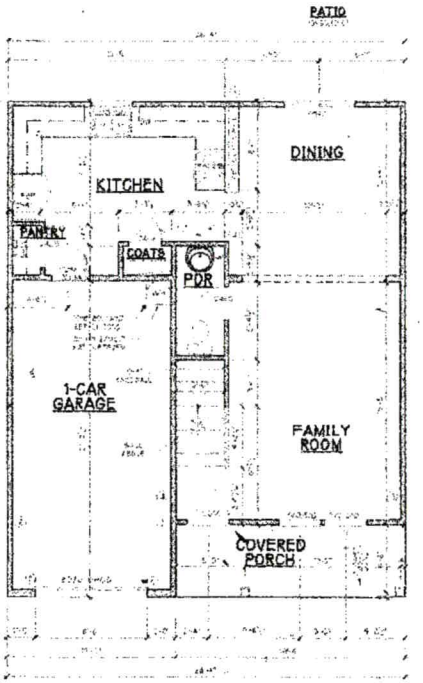


2 TYP. SIDING SLAB WALL SECTION
40

28-4"

34'

34'



1 4.0A FIRST FLOOR PLAN

SQUARE FOOTAGE

FIRST FLOOR NOTES

Acknowledgement Of Plans Submittal ONLY!

Stan Date 5/28/2

Patrick Date 5/21/2021

CORNERSTONE III PROPERTIES

PROJECT TITLE

MASON II PLAN

ISSUE DATE

DRAWING DATA

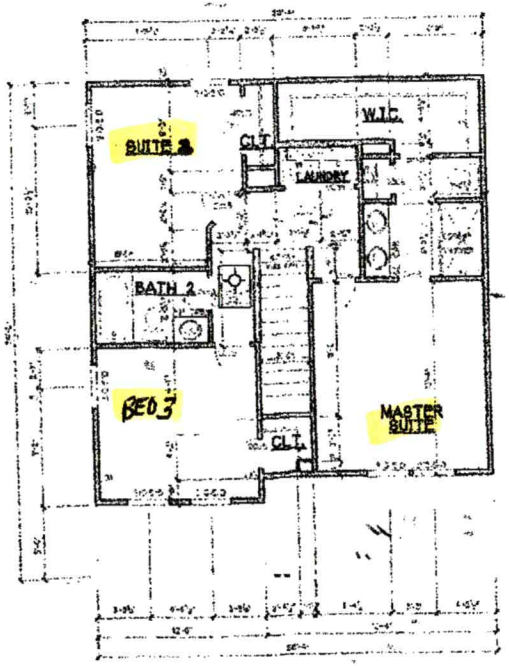
SHEET TITLE

FIRST FLOOR PLAN

SHEET NUMBER

4.0

28-4



34'

1 / 4.1A SECOND FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!
Stan Pruett Date 5/28/21
Patricia Abbott Date 5/21/2021

CORNERSTONE III PROPERTIES

PROJECT TITLE
MASON II PLAN

ISSUE DATE

DRAWING DATA

SHEET DETAIL
SECOND FLOOR PLAN

SHEET NUMBER
4.1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316546 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4649591806.000	238 CARLYLE RD	Iredell County

Owner Information	Applicant Information
Name: SCOTT THERESA M	Name: CORNERSTONE III PROPERTIES
Address:	Address: 4509 FAITH CHURCH INDAIN TRAIL, 28 28203
Phone:	Phone: (704)906-6212

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.51	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD need disclaimer

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.

Date: 04/08/2021

Signature of Owner/Contractor

Permit Number	316546	TOTAL FEES:	$77.25