IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 212710

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

PIN # 4649-70-4631

APPLICANT: ROLLANS SOIL APPLICANT ADDRESS: PO BOX 832 MOORESVILLE 28115

SITE ADDRESS: 460 BARFIELD RD. MOORESVILLE, NC 28115 PHONE: 704-746-5046 ALT. PHONE:

SITE DIRECTIONS: 115N, TL BARFIELD, C END ON R

SUBDIVISION: PAUL NEILL SECTION: LOT # 2 LOT AREA: 2.452 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	1-4-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% REDUCTION	☐ Business	No. Persons	8	☒ Private
Pump Make		Model		Serial #		Repair System Description:	PANEL BLOCK	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	(Max) Trench Bottom Depth	30"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM ROLLANS SOIL & ENV. SERVICES

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**

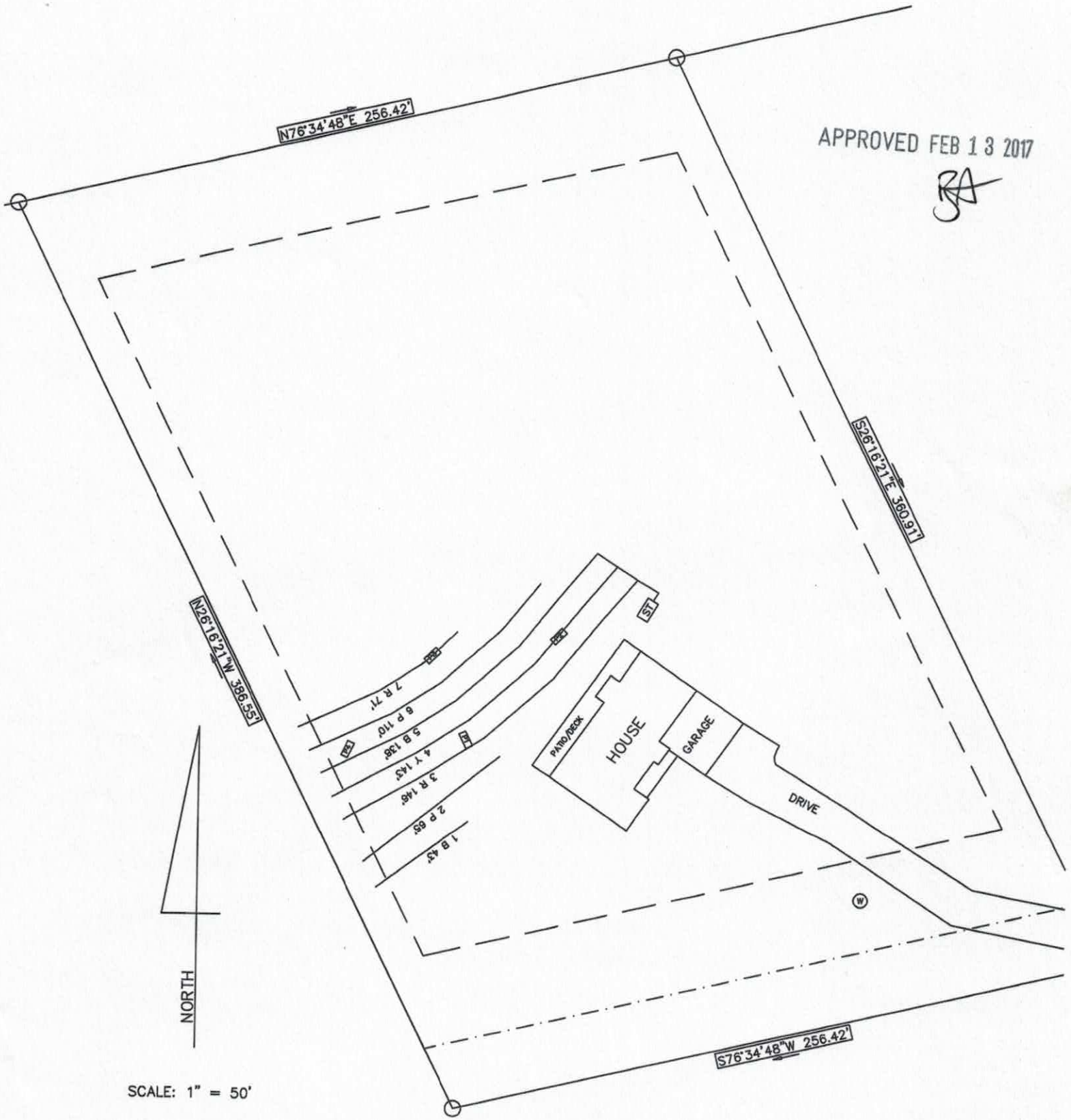
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2-20-17 Installed by: LARRY BEAM

IMPROVEMENT PERMIT by: Date: 2-13-17 OPERATION PERMIT by: Date: 5-11-17

AUTHORIZATION TO CONSTRUCT by: Date: 2-13-17 Existing System Inspected by: Date:

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


N76°34'48"E 256.42'
S26°16'21"E 360.91'
N26°16'21"W 386.55'
S76°34'48"W 256.42'
APPROVED FEB 13 2017
7 R 71'
6 P 110'
5 B 138'
4 Y 142'
3 R 148'
2 P 65'
1 B 43'
ST
PATIO/DECK
HOUSE
GARAGE
DRIVE
W
NORTH
SCALE: 1" = 50'

ROLLANS *Soil & Environmental Services, PA.*

P.O. Box 832 Mooresville, NC 28115 Phone: (704) 658-1723 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 4 bedroom single family residence at 460 Barfield Road Mooresville (PIN 4649704631), Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
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Agent Authorization Form---------- 12

1/17/16

January 17, 2017

Design By: Rollans Soil & Environmental Services, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a PPBPS system with low pressure distribution.

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

APPROVED FEB 13 2017

Applicant:	Rollans Soil
Address:	P.O. Box 832 Mooresville, NC 28115
Phone:	704.746.5046
County:	Iredell
Location:	460 Barfield Road PIN (4649704631)
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	N/A

Design Specifications

Drainfield Size:	400	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Trench Depth:	30 in.	Repair Trench Bottom 30 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	15	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	9.80	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services	

460 Barfield Road

APPROVED FEB 1 3 2017

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	15
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

APPROVED FEB 1 3 2017

BA

Layout Specifications - 460 Barfield Road

LAYOUT FOR 4 BEDROOM HOME

January 17, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	BLUE					43	43
2	PINK					65	65
3	***RED***					***146***	***144***
4	***YELLOW***					***143***	***140***
5	***BLUE***					***138***	***116***
6	PINK					110	110
7	RED					71	71
					Total	**716**	**689**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***400***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***GRAVITY***
Repair	289	0.300	MOD. CONV.	0.300	PPBPS	LOW PRESSURE

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

CALCULATIONS

Location 460 Barfield Road
Mooresville, NC 28115

APPROVED FEB 13 2017

Lot No:	NA	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	15	ft.
Supply Line Volume	9.795	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	400	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.
Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

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

Sheet 1 of 1
PROPERTY ID #: 4649[illegible]
COUNTY: Iredell

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

APPROVED FEB 13 2017
3A

OWNER: Andy Merl
ADDRESS: 460 Barfield Rd Mooresville NC 28115
APPLICATION DATE: 1/17/17
DATE EVALUATED: 2016
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 2.45 ac
LOCATION OF SITE: Same
PROPERTY RECORDED: no
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
P 1	4/12%	0-3	BRcl nmsbk	Fr SSSPSE KP	fsap	64	PS	–	PS 0.3
		3-30	RCmmsbk/gk	nnnn					
		30-48	RCmmsbk	nnnn					
		48-64	RBCl mfsbk	nnnn					
		64-74	var / mass	nnnn					
P 2	4/14%	0-16	BRclmfsbk	Fr SSSPSE KP	fsap	72	–	–	PS 0.3
		16-56	RCmmsbk	nnnn					
		56-72	RBCl mfsbk	nnnn					
P 3	4/12%	0-15	BRclmfsbk	Fr SSSP SE KP	fsap	70	–	–	PS 0.3
		15-50	BRCmmsbk	nnnn					
		50-70	RBCl mmsbk	nnnn					
P 4	4/13%	0-12	BRCl mmsbk	Fr SSSPSE KP	fsap	68	–	–	PS 0.3
		12-52	BRCmmsbk/mk	nnnn					
		52-68	RBCl mmsbk	nnnn					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Conv	PPBR
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Kollans
OTHER(S) PRESENT:

COMMENTS:

RECEIVED JAN 2 3 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

212710

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repai

Comp. Redraw

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:
Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Rollercoaster **Address:** PO Box 832 Mooresville NC 28115 **Phone:** 704 746 5046

Owner Name: Andy Neill **Address:** 460 Barfield Rd Mooresville NC 28115 **Phone:** 704 902 7191

Property Information:

Street Address: 460 Barfield Rd Mooresville NC 28115

Subdivision Name: Paul Neill **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: 115 N, Lt on Barfield, Lot at end 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: 8
( ) 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 ( ) Modified Conventional (X) Other: Accepted

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: Paul Neill

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

1/17/17

DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Andy Neill, am the legal owner(s) of the property located at 460 Barfield Rd Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4649104631, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans Rollans Soil Environmental Services, 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
	1-18-17		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

IREDELL COUNTY HEALTH DEPARTMENT

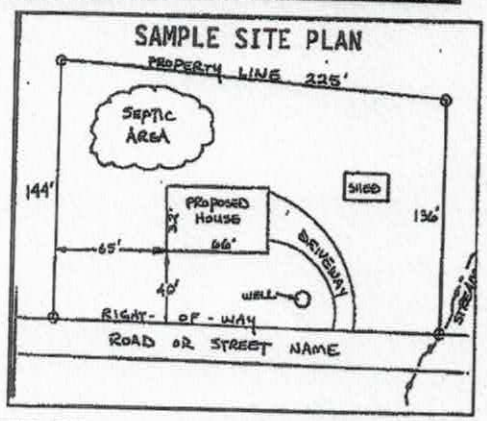
ENVIRONMENTAL HEALTH DIVISION

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**
- (X) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- (X) **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

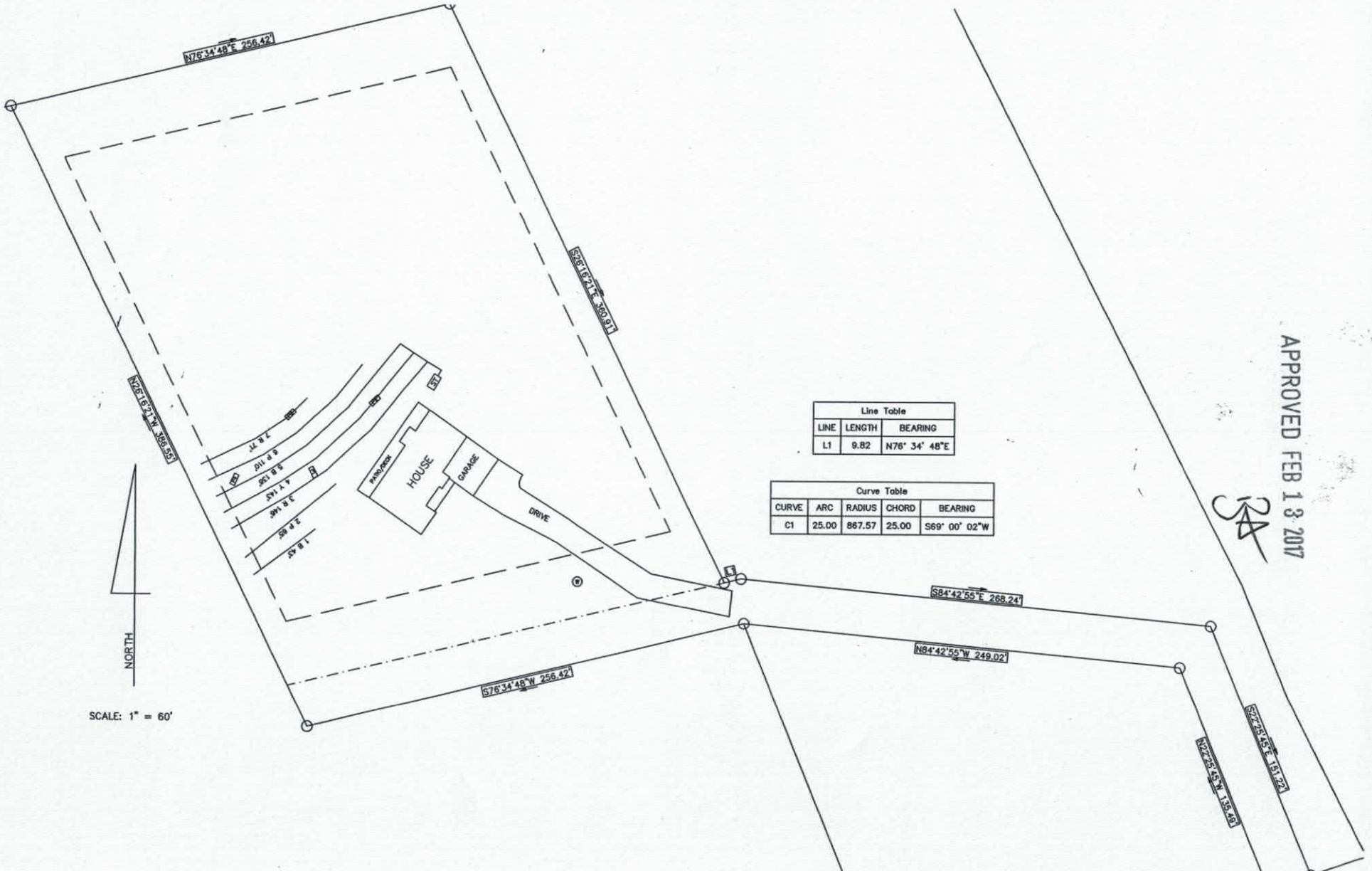
See Attached

Signature: Daniel A Keller

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

11/17/17

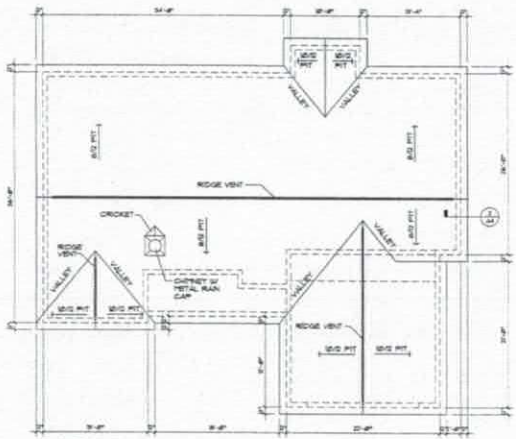
DATE



Line Table		
LINE	LENGTH	BEARING
L1	9.82	N76° 34' 48"E

Curve Table				
CURVE	ARC	RADIUS	CHORD	BEARING
C1	25.00	867.57	25.00	S69° 00' 02"W

APPROVED FEB 13 2017



ROOF PLAN

SCALE 1/8" = 1'-0"

FLOOR FINISH SCHEDULE				
ROOM	FLOOR			
	CARPET	VINYL		SEALED CONCRETE
FOYER		●		
DINING	●			
LIVING ROOM	●			
HALL *	●			
BEDROOM #2	●			
BATH #2		●		
BEDROOM #3	●			
HALL #2		●		
KITCHEN-BREAKFAST		●		
UTILITY ROOM		●		
MASTER BED ROOM	●			
MASTER BATH		●		
MASTER CLOSET	●			
GARAGE				●

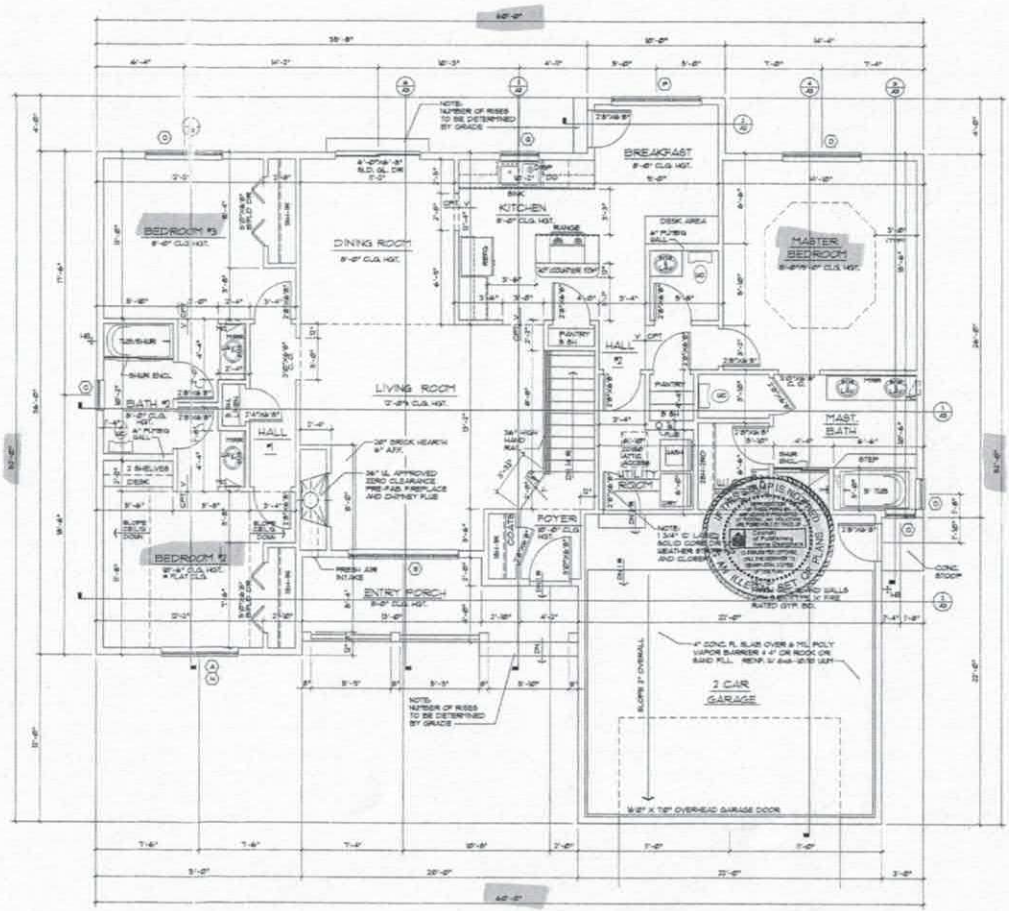
NOTE: CLOSET FLOORS TO BE SAME FINISH AS ADJACENT ROOMS 2ND

NOTES:

1. DIMENSIONS SHOWN ARE FROM OUTSIDE OF EXTERIOR FRAME WALLS TO ONE SIDE OF PARTITIONS.
2. EXTERIOR HOUSE WALLS ARE 2X6 STUDS @ 24" O.C. AND INTERIOR PARTITIONS ARE 2X4 STUDS @ 16" O.C.
3. INSTALL 6 MIL VAPOR BARRIER @ EXTERIOR WALLS, CEILINGS, AND UNDER SLABS.
4. TEMPERED GLASS DOOR (AND ENCLOSURE IF NECESSARY) AT ALL SHOWERS.
5. WINDOWS IN SLEEPING ROOMS MUST BE APPROVED FOR EMERGENCY ESCAPE.
6. ALL EXTERIOR AND BEARING WALL OPENINGS TO HAVE 2-2X12 HEADERS UNLESS OTHERWISE SPECIFIED. ROUGH OPENING HEIGHT SHOULD BE APPROXIMATELY 8'-1".
7. NUMBER OF STEPS TO BE DETERMINED BY GRADE (HANDRAIL REQ'D FOR 4 OR MORE RISERS) MAX. RISER = 7 3/4"

WINDOW SCHEDULE				
MARK	MANF. ANDERSEN	MODEL #	UNIT DIMENSION	REMARKS
A		C628	4'-8 1/2" X 4'-1 7/8"	EGRESS
B		A-3646	3'-0 1/2" X 4'-8 7/8"	
C		3050T	3'-1 5/8" X 3'-8 7/8"	
D		3-3646R	4'-3 3/4" X 5'-8" 7/8"	EGRESS
E		NOT USED		
F		3050	3'-1 5/8" X 3'-4 7/8"	
G		CR53	3'-8 3/4" X 2'-1 5/8"	
H		CT252	4'-8 1/2" X 2'-8 5/8"	CIRCULAR TRANSOM WINDOW
I		2671	2'-1 5/8" X 1'-1 1/4"	BASEMENT/UTILITY WINDOW

NOTE: ADD 1/2" TO WINDOW HEIGHT AND WIDTH TO DETERMINE ROUGH OPENING DIMENSIONS



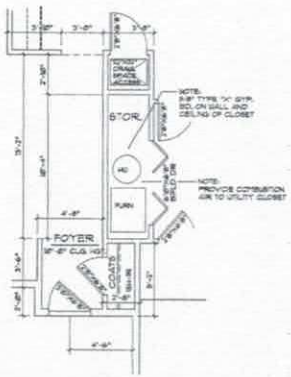
IST FLOOR PLAN

SCALE 1/4" = 1'-0"

NOTES:

1. DIMENSIONS ARE TO ROUGH CONSTRUCTION.
2. CONTRACTOR SHALL VERIFY ALL WINDOW AND DOOR ROUGH OPENINGS IN SHOP, BEFORE COMMENCEMENT OF CONSTRUCTION.
3. ALL CABINETS TO BE DETERMINED BY CABINET CONSULTANTS.

AREA CALCULATIONS	
1ST FLOOR	1655 SQ.FT.
GARAGE/STORAGE	484 SQ.FT.
FRONT PORCH	109 SQ.FT.
TOTAL AREA UNDER ROOF	2433 SQ.FT.



CRAWLSPACE/SLAB OPTION

SCALE 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Date 4-25-16
Date 2016

Owner:
Address:
Lot No.
Ref. No.: 807011

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These drawings have been prepared to meet professional standards and practices, with respect to design, code compliance, and coordination. The builder shall verify all dimensions, conditions, and specifications prior to commencement of construction. Any discrepancies or omissions shall be reported to the designer before proceeding with the work. The builder shall be responsible for all construction means, methods, techniques, sequences, and procedures, and for all safety precautions and programs in connection with the work. The builder shall comply with all applicable laws, ordinances, rules, regulations, and lawful orders of all public authorities bearing on the performance of the work. These drawings are not to be used for bidding purposes. The builder shall notify the designer of any discrepancies before beginning construction. The builder shall not scale these drawings. Any work done without the benefit of these drawings shall be at the builder's risk.

GARLINGHOUSE

THE GARLINGHOUSE CO.
1-800-235-5700
WWW.GARLINGHOUSE.COM

PLAN NO.
34031

SHEET
A1

IREDELL COUNTY

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

APPLICATION NUMBER
212710
Issue Date: 08/07/2015

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4649704631.000	460 BARFIELD ROAD, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NEILL ANDY P+STEFANIE L Address: 438 BARFIELD RD MOORESVILLE, NC 28115 Phone:	Applicant: NEILL ANDY PAUL+STEFAN Address: 1506 CAMERON RD STATESVILLE, NC 28625 Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.452	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID
Deb 7 10
8/7

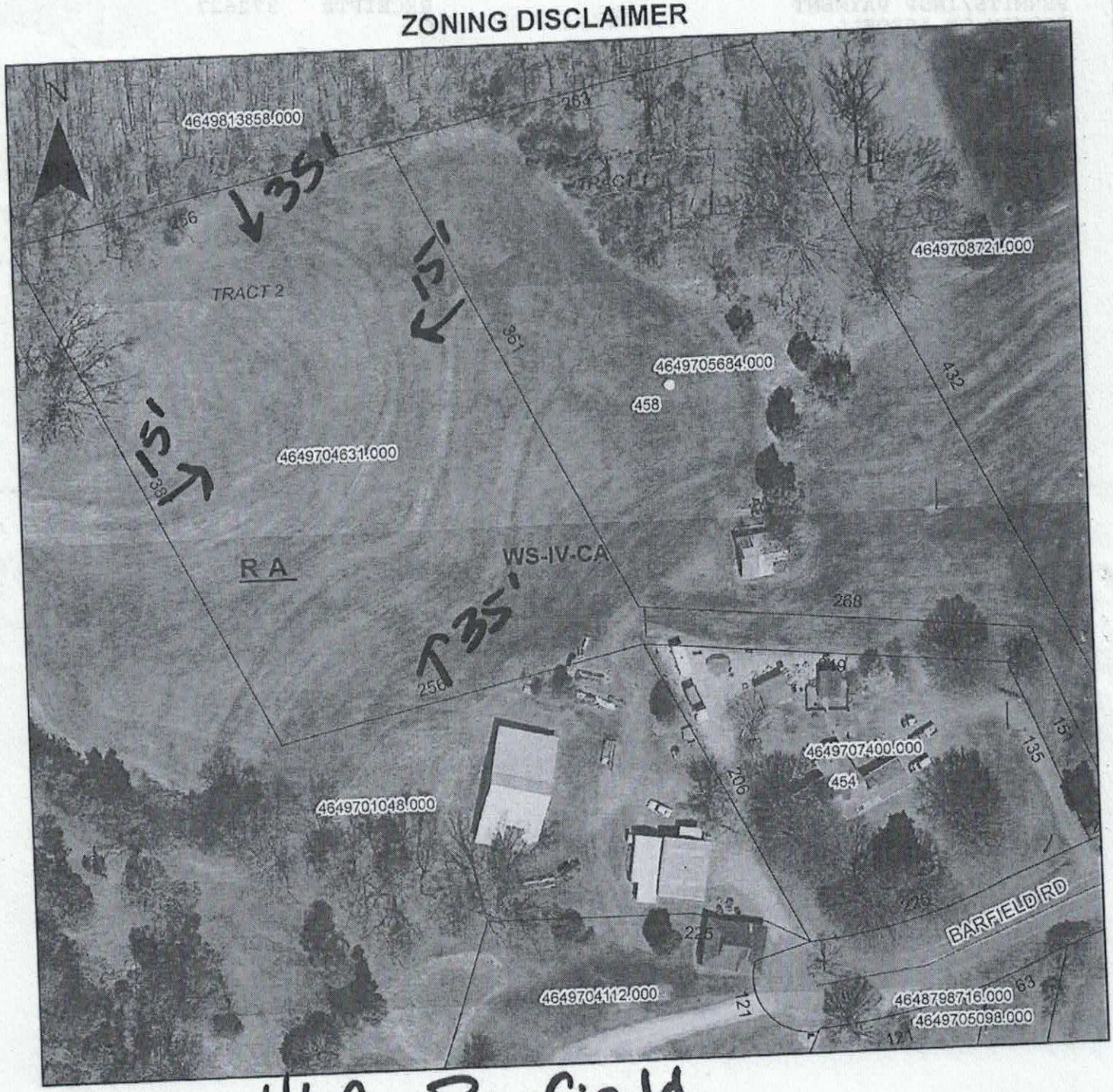
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	46040	TOTAL FEES:	$ 77.25

2127/10

ZONING DISCLAIMER



Property Address 460 Barfield

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_____ _____

Date