#5

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP313349

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

PIN # 4649 74 ~~8433~~ 3412

APPLICANT/OWNER: John Teachman | APPLICANT ADDRESS: 393 Rankin Hill Rd Troutman NC 28166

SITE ADDRESS: 389 Rankin Hill Rd Troutman NC 28166 | PHONE: 607-368-0717 | ALT. PHONE 704-773-6910

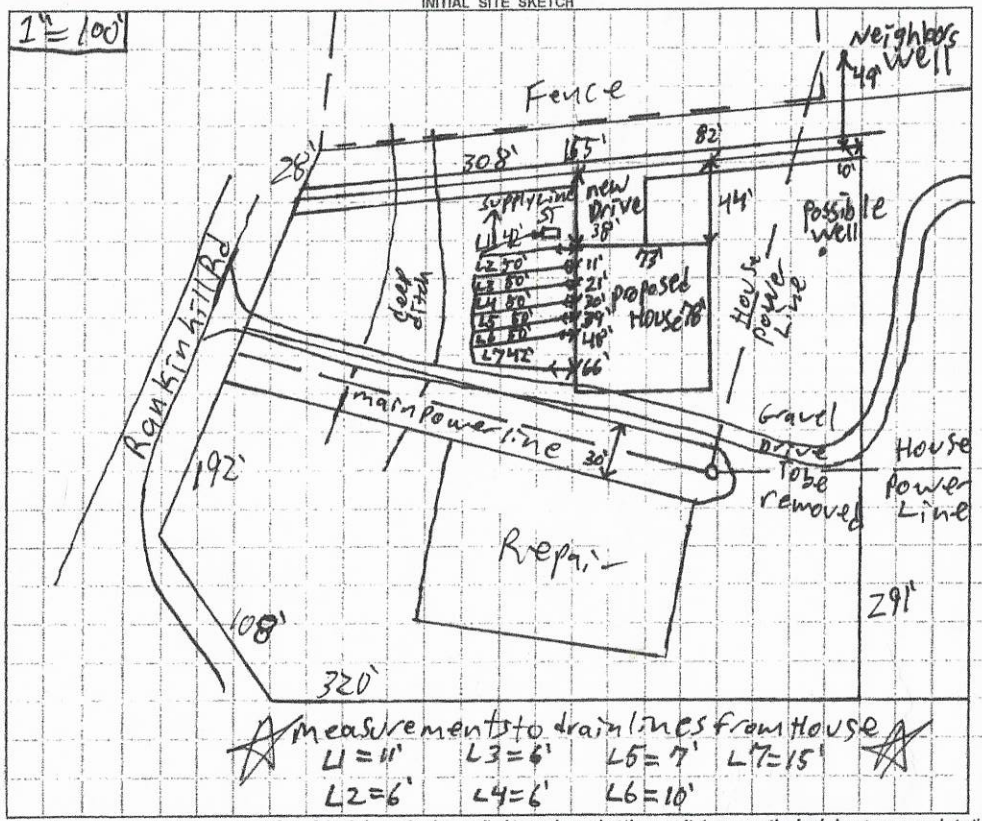
SITE DIRECTIONS: NC 115 N to L on Parkertown Rd, R on Rankin Hill Rd, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 2.194 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .275 (.25 Repair)

Septic Tank	1000	(gal)	STB 760	Date	3-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT —	Date	—	System Description:	Gravity 25% Reduction			☐ Business	No. Persons 6	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	7	Linear Ft	327'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

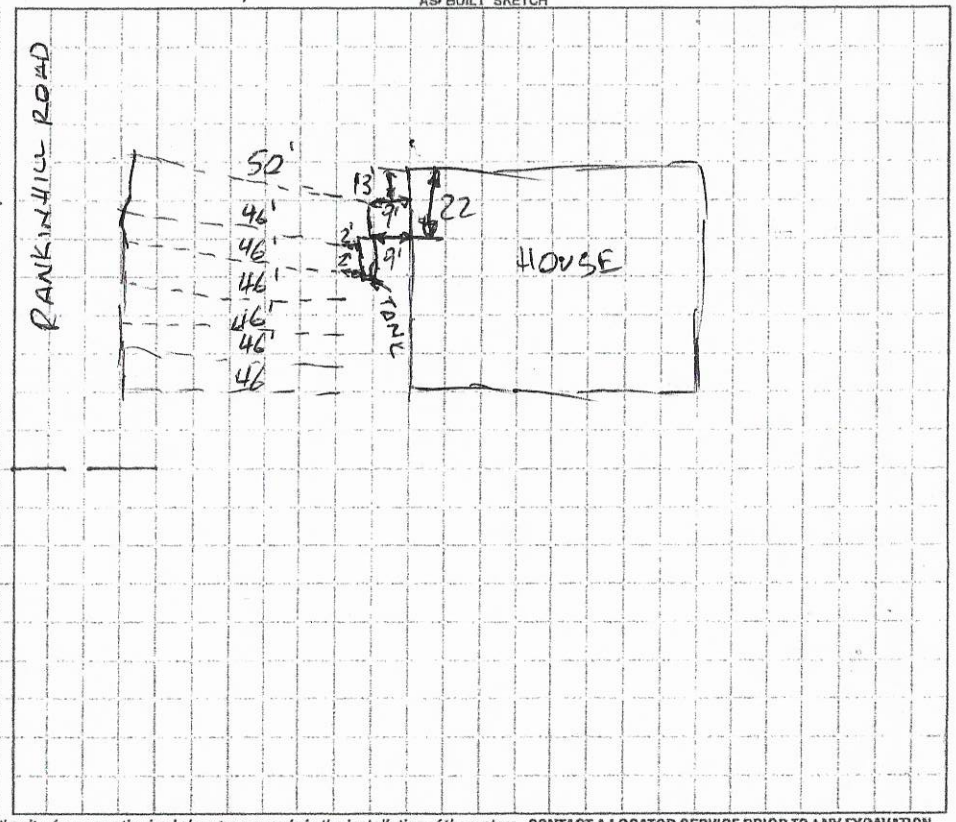
Comments / Conditions: Install lines on contour. Do NOT drive on, store material or manipulate drainfield in anyway. All property lines and corners must be marked during time of installation and inspection. Property must be properly landscaped to promote positive drainage. If fall can not be achieved from house to ST a grinder pump will have to be installed.

INITIAL SITE SKETCH



Measurements to drainlines from House
L1 = 11' L3 = 6' L5 = 7' L7 = 15'
L2 = 6' L4 = 6' L6 = 10'

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: John Teachman | Date: 2-9-21 | Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Patrick J Byrd III | Date: 2/8/2021 | OPERATION PERMIT by: Bryant L. White | Date: 5-18-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Byrd III | Date: 2/8/2021 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

#5

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP313349

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

PIN # 4649 74 8433

APPLICANT/OWNER: John Teachman | APPLICANT ADDRESS: 393 Rankin Hill Rd Troutman NC 28166

SITE ADDRESS: 389 Rankin Hill Rd Troutman NC 28166 | PHONE: 607-368-0717 | ALT. PHONE 704-773-6910

SITE DIRECTIONS: NC 115 N to L on Parkertown Rd, R on Rankin Hill Rd, L ot on R

SAP CONTROLLED: ☐ YES ☒ NO

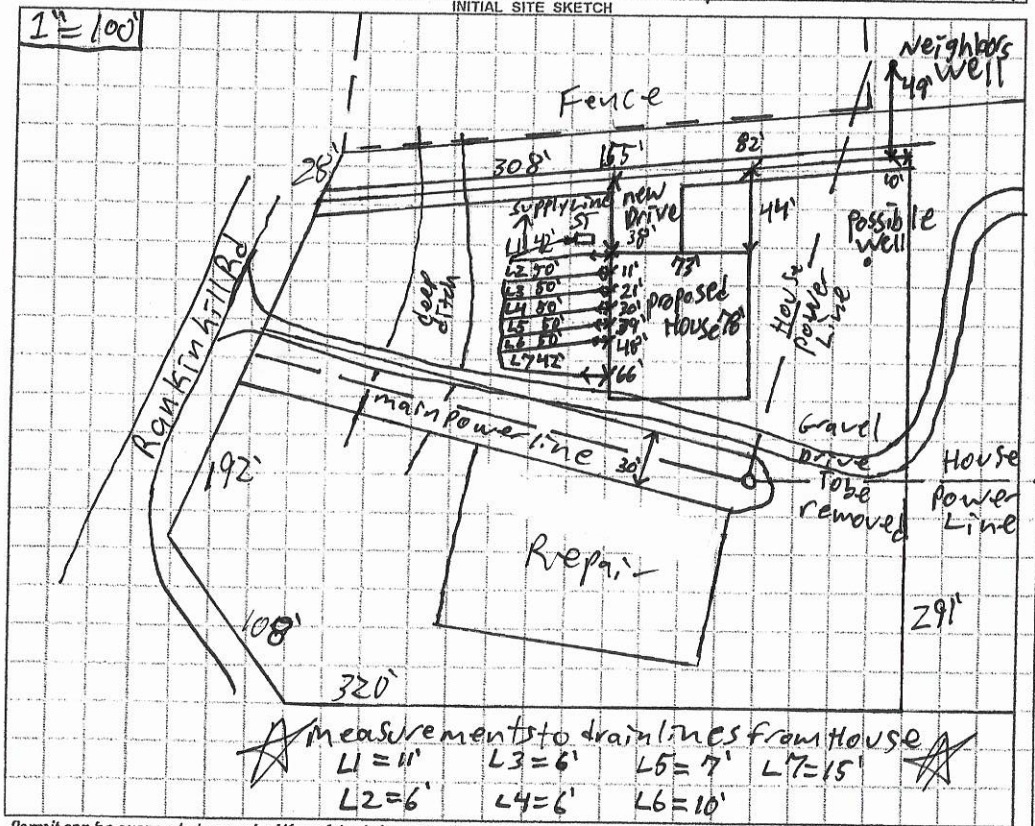
SUBDIVISION: | SECTION: — | LOT # — | LOT AREA: 2.194 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .275 (.25 Repair)

Septic Tank	1000 (gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI		
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS		
# Nitrification Fields	1	# Lines	7	Linear Ft:	327'	Maintenance Agreement Required:	☐ YES ☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in anyway. All property lines and corners must be marked during time of installation and inspection. Property must be properly landscaped to promote positive drainage. If fall can not be achieved from house to ST a grinder pump will have to be installed.

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Owner / Applicant Signature: John Teachman | Date: 2-9-21 | Installed by:

IMPROVEMENT PERMIT by: Patrick J Byrne III | Date: 2/8/2021 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Byrne III | Date: 2/8/2021 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CELL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4649748433
COUNTY: Iredell

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

OWNER: John Teachman
ADDRESS: 393 Rankin Hill Rd Troutman NC 28166
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 389 Rankin Hill Rd Troutman NC 28166

APPLICATION DATE 12/11/2021
DATE EVALUATED: 1/26/2021
PROPERTY SIZE: 2.194 acres
PROPERTY RECORDED: Y-15

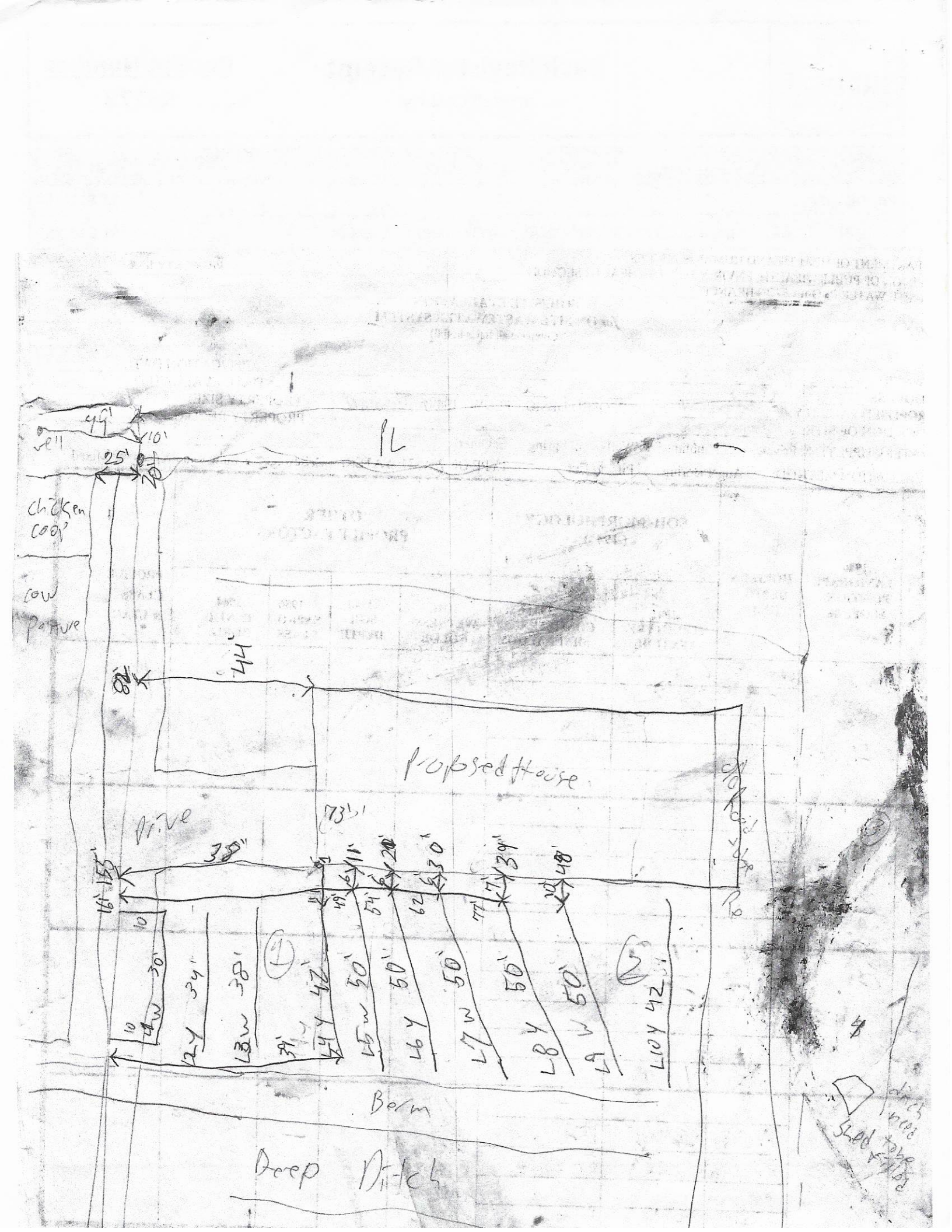
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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 4%	0-15	GSBK	FrSSSPSexP	few YB mottles	60"	Litho inclusions common at bottom	Manganese inclusions scattered throughout waterpouch thin coat in Root channels	PS .275
		15-60	CL SBK	FrSSSPSexP					
2	SS 2%	0-3	Topsoil	—	few YB mottles scattered throughout	60"	Litho inclusions more common at bottom	Manganese inclusions scattered throughout	PS .275
		3-20	CSBK	FrSSSPSexP					
		20-60	CL SBK	FrSSSPSexP					
3	SS 11%	0-44	SCMass	VFrSSSPSexP	YB mottles scattered throughout	60"	few Litho inclusions at bottom		PS .25
		44-60	CSBK	FrSPSexP					
4	SS 5%	0-9	Fill	—	YB and Chroma 3's scattered throughout Bottom	60"	—	Chroma 3's at bottom	PS .25
		9-20	SCMass	VFrSSSPSexP					
		20-60	C ABK	FrSPSexP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327	240
System Type(s)	Gravity 25%	LPP/BPS
Site LTAR	.275	.25

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

COMMENTS: Cloudy heavy Rain earlier in the Morning Lot should be landscaped to promote drainage straight west Soil can handle 0.5 gal/sq ft/day


PL
49'
10'
25'
20'
Chicken coop
Cow Pasture
44'
Proposed House
Drive
73'-1"
30'
16'-1"
10
11'
20'
30'
39'
48'
10
30'
34'
38'
42'
50'
50'
50'
50'
50'
42'
Berm
Deep Ditch
Shed

RECEIVED DEC 1 6 2020 * Please call 607-368-0717

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

AP-313349
$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: ( ) 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: John Teachman Address: _____ Zip: _____
Applicant Email: teachmanjw@gmail.com Phone: 607-368-0717 Alt. Phone: 704-773-6910
Owner Name: Charles+Tiffany Constable Address: 393 Rankin Hill Rd, Troutman 28166
Owner Email: Tiffany.constable@gmail.com Phone: 607-346-0646 Alt. Phone: 607-368-0717

Property Information:

Street Address: 389 Rankin Hill Rd, Troutman, NC 28166

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Exit 42 off I77 Right onto 115, Right on Flower House Loop, Left on Rankin Hill Rd, Left into 389 Rankin Hill Rd

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: _____ — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____ Number of Persons: _____

(✓) 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 (1) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: John Teachman 12-11-20
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*) Tiffany Constable & Charles Constable

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, Tiffany Constable & Charles Constable, am the legal owner(s) of the property located at 393 Rankin Hill Road Troutman NC 28166, identified as PIN (Parcel Identification Number) 4649-74-8433, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) John Teachman, _____, 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: 12/6/2020

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

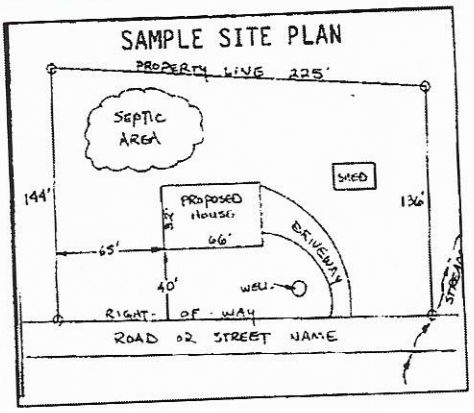
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

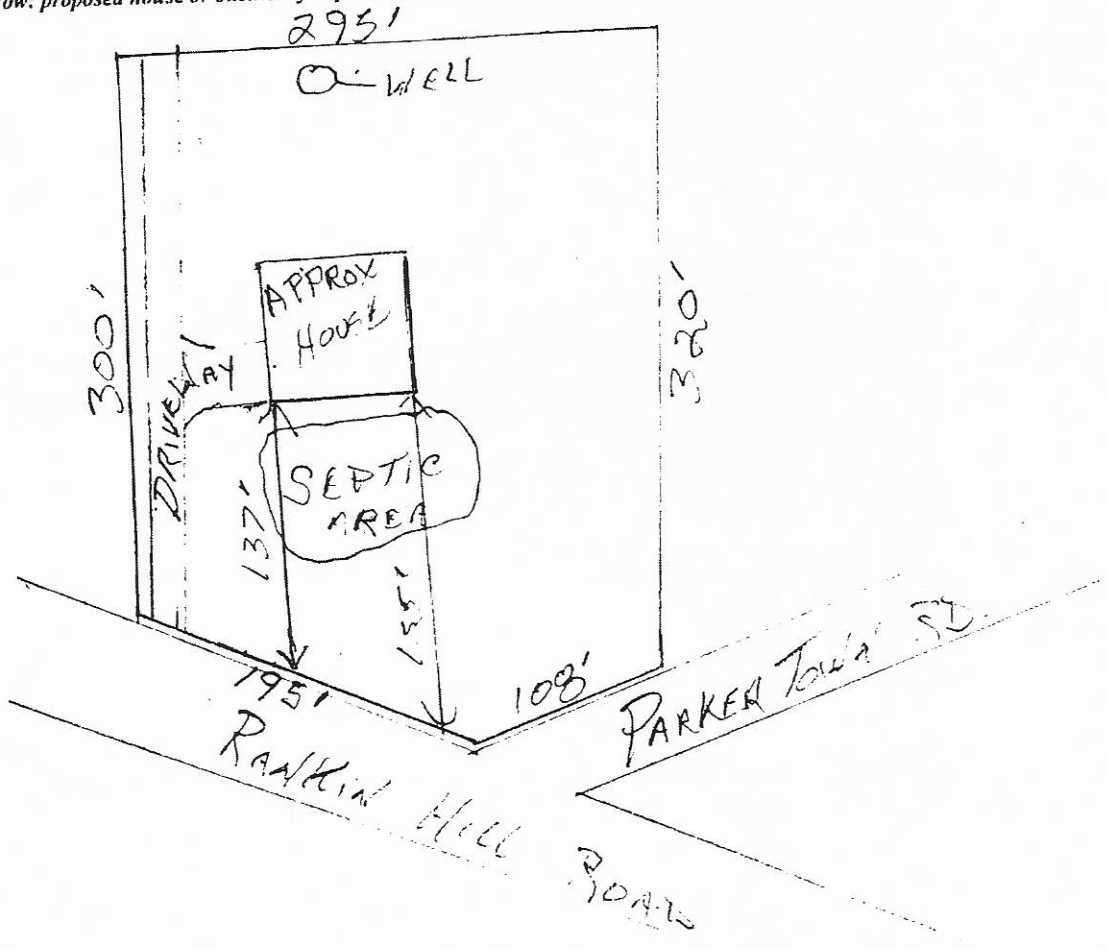
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

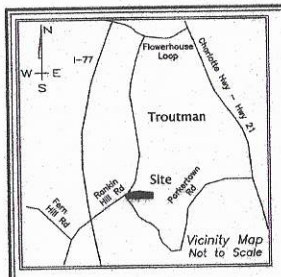
USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____ 12/6/2020

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



Line Table		
Line	Direction	Length
L1	N33° 01' 24"W	107.49'
L2	N26° 17' 29"E	191.84'
L3	N26° 17' 29"E	28.44'

I, Mark S. Pence, Hereby certify that this map was drawn from an an actual survey made under my direct supervision (Deed Description recorded in Deed Book 2498 Page 383); that the Ratio of Precision is 1 : 20,000 + as calculated, that the boundaries not surveyed are shown as broken lines plotted from information as referenced hereon; that this map was prepared in accordance with G.S. 47-30 as amended. Witness my hand and seal this the 8th day of January, 2021.

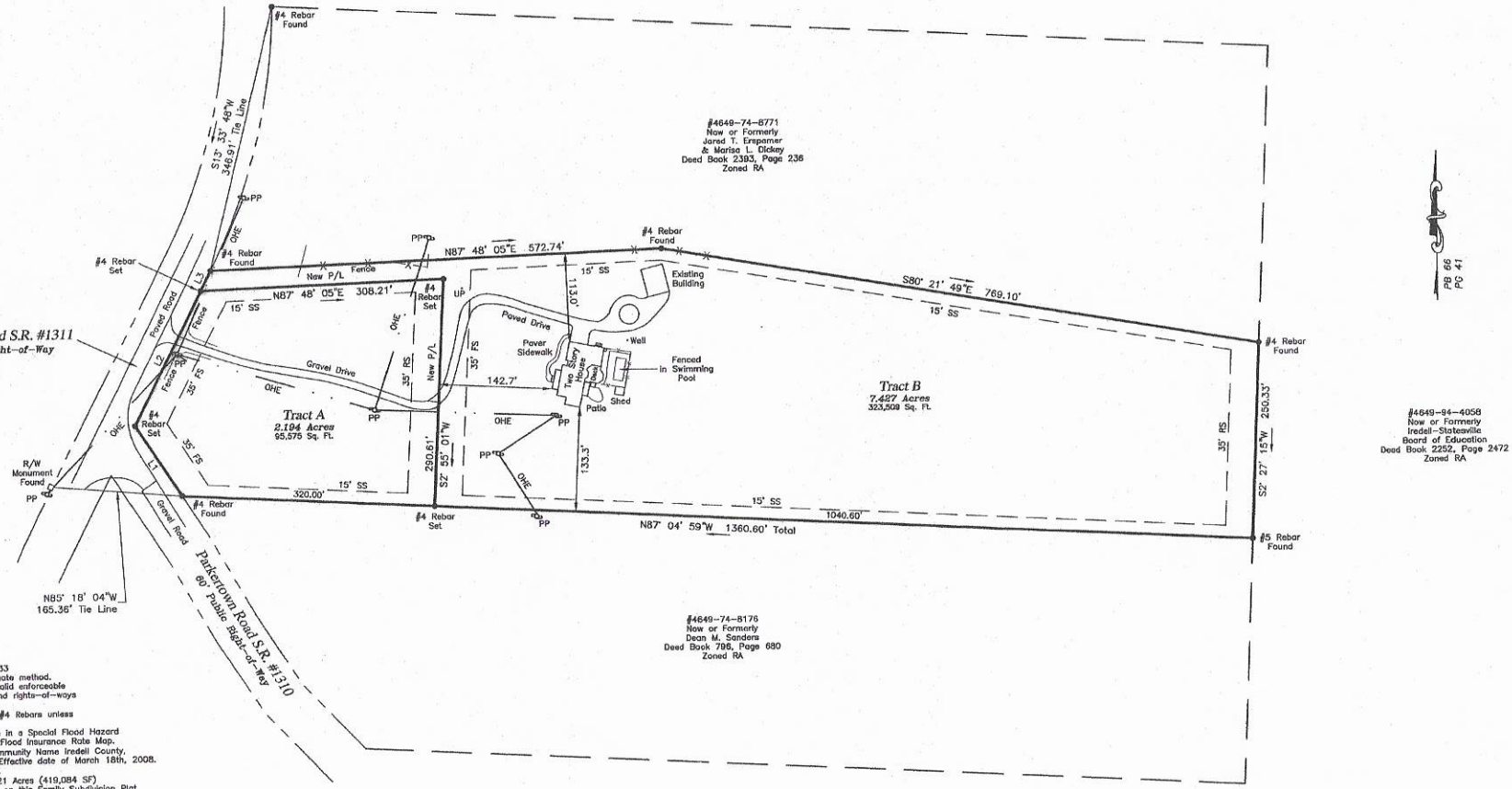
That the survey creates a subdivision of land within the area of a county or municipality that has an ordinance that regulates parcels of land.

NC Professional Land Surveyor L-3680

NORTH CAROLINA PROFESSIONAL SEAL L-3680 LAND SURVEYOR MARK S. PENCE

Legend

- □ .. Concrete Monument
- ● ....Corner as Described
- ⊙ ....(CP) Calculated Point
- FS.....Front Setback
- SS.....Side Setback
- RS.....Rear Setback
- PP.....Power Pole
- R/W...Right of Way
- P/L....Property Line
- CMP...Corrugated Metal Pipe
- RCP....Reinforced Concrete Pipe
- OHE....Overhead Electric
- UP.....Utility Pedestal



Notes:

- Tax Parcel #4649-74-8433
- Area computed by coordinate method.
- Property subject to any valid enforceable easements, restrictions and rights-of-ways of record.
- All corners identified are #4 Rebars unless otherwise shown.
- This property does not lie in a Special Flood Hazard Area as shown on FEMA Flood Insurance Rate Map. Community #370313, Community Name Iredell County, Panel 4649000J, with an Effective date of March 18th, 2008.
- Current Site Zoning = RA
- Total Site Acreage = 9.621 Acres (419,084 SF)
- 2 Lots are being created on this Family Subdivision Plat
- No new roads are being created on this plat.
- Minimum Setbacks:
  Front = 35'
  Side = 15', Side Street (Corner) = 25'
  Rear = 35'
- Minimum Lot width at front setback = 100'
- Minimum Lot Size = 25,000 SF
- Maximum Height of Building = 35'
- A 10' Utility/Storm Drainage Easement Exists along all Common Side Lot Lines. A 10' Utility/Storm Drainage Easement Exists along all Rear Lot Lines. A 10' Utility/Storm Drainage Easement Exists along all Front Lot Lines (Road Right of Ways)in this Subdivision.
- No Common Open Areas are created on this plat.
- Property is tied to NC Grid (NAD83) per Plat Book 66, Page 41
- All Lots will be served by Individual Wells and Septic systems.

GRAPHIC SCALE

100 0 50 100 200 400

(IN FEET)

1 inch = 100 ft.

Project #201106

Family Subdivision Plat for 393 Rankinhill Road prepared for Charles Constable & Tiffany Constable

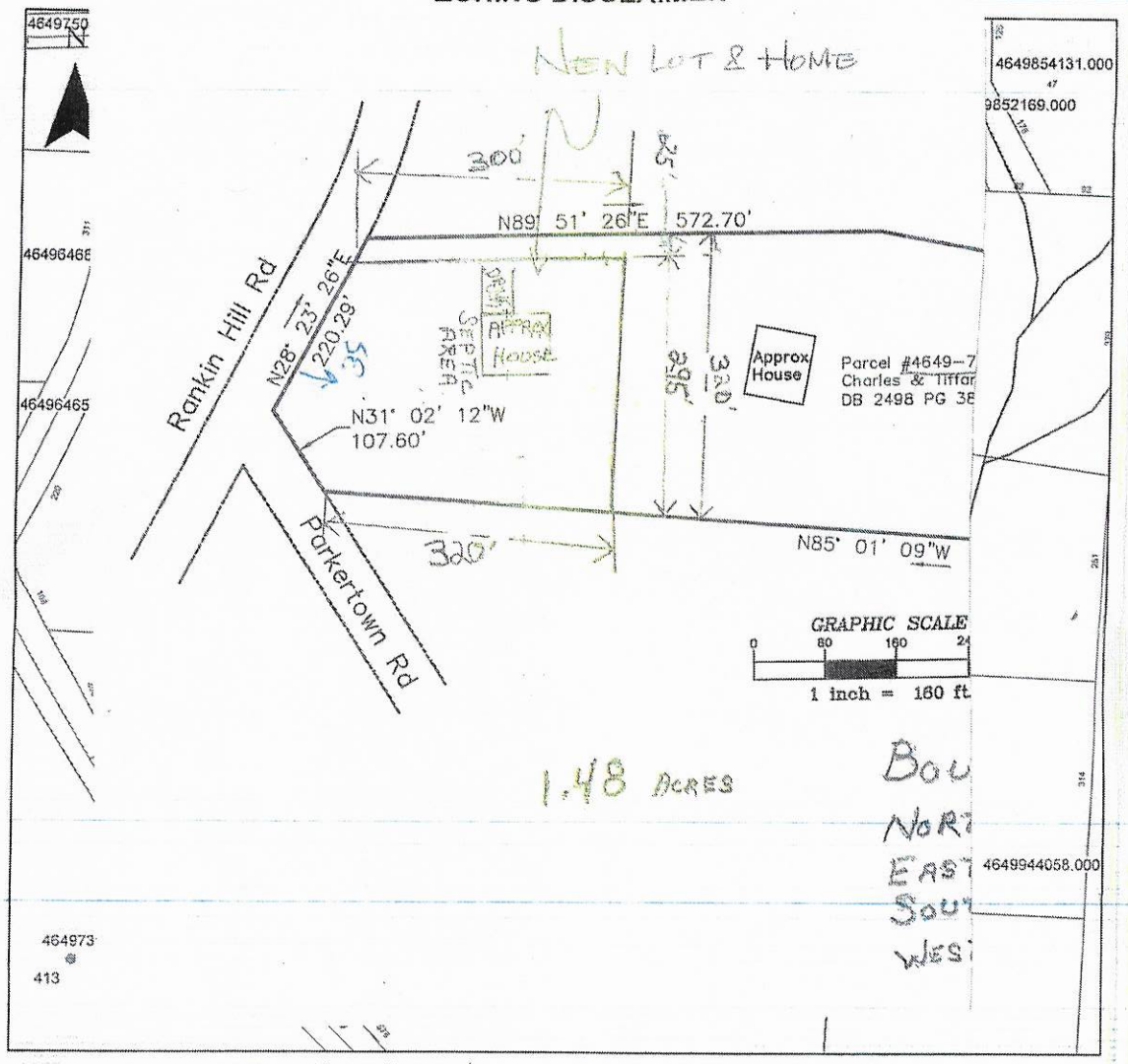
Davidson Township, Troutman, Iredell County N.C.
Scale 1"= 100' – Date of Survey December 21st, 2021

Reference
Parcel #4649-74-8433 – Deed Book 2498 Page 383

Current Owners:
Charles Constable & Tiffany Constable
383 Rankin Hill Road, Troutman, NC 28166

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING – SURVEYING – PLANNING
125 E. Plaza Dr., Suite 101, Mooresville, N.C. 28115
Phone (704) 664-7888 Fax (704) 664-1778

ZONING DISCLAIMER



Property Address 389 Rankin Hill

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. Applicant further acknowledges that the 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

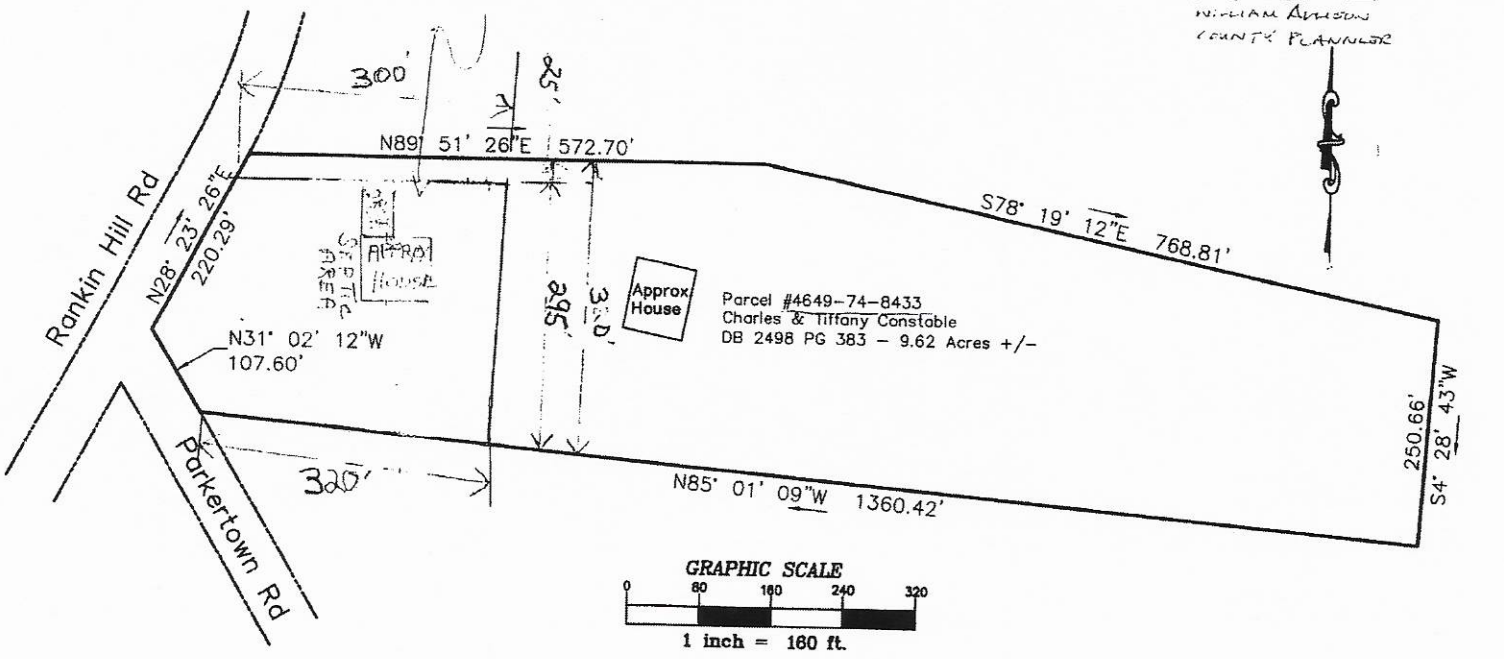
12-11-20
Date

PRELIMINARY APPROVAL

- HOLD BUILDING PERMIT UNTIL LOT IS DIVIDED OUT.

W. Allison 12-3-20
WILLIAM ALLISON
COUNTY PLANNER

NEW LOT & HOME



1.48 ACRES

BOUNDARY LINE

NORTH 300'

EAST 295'

SOUTH 320'

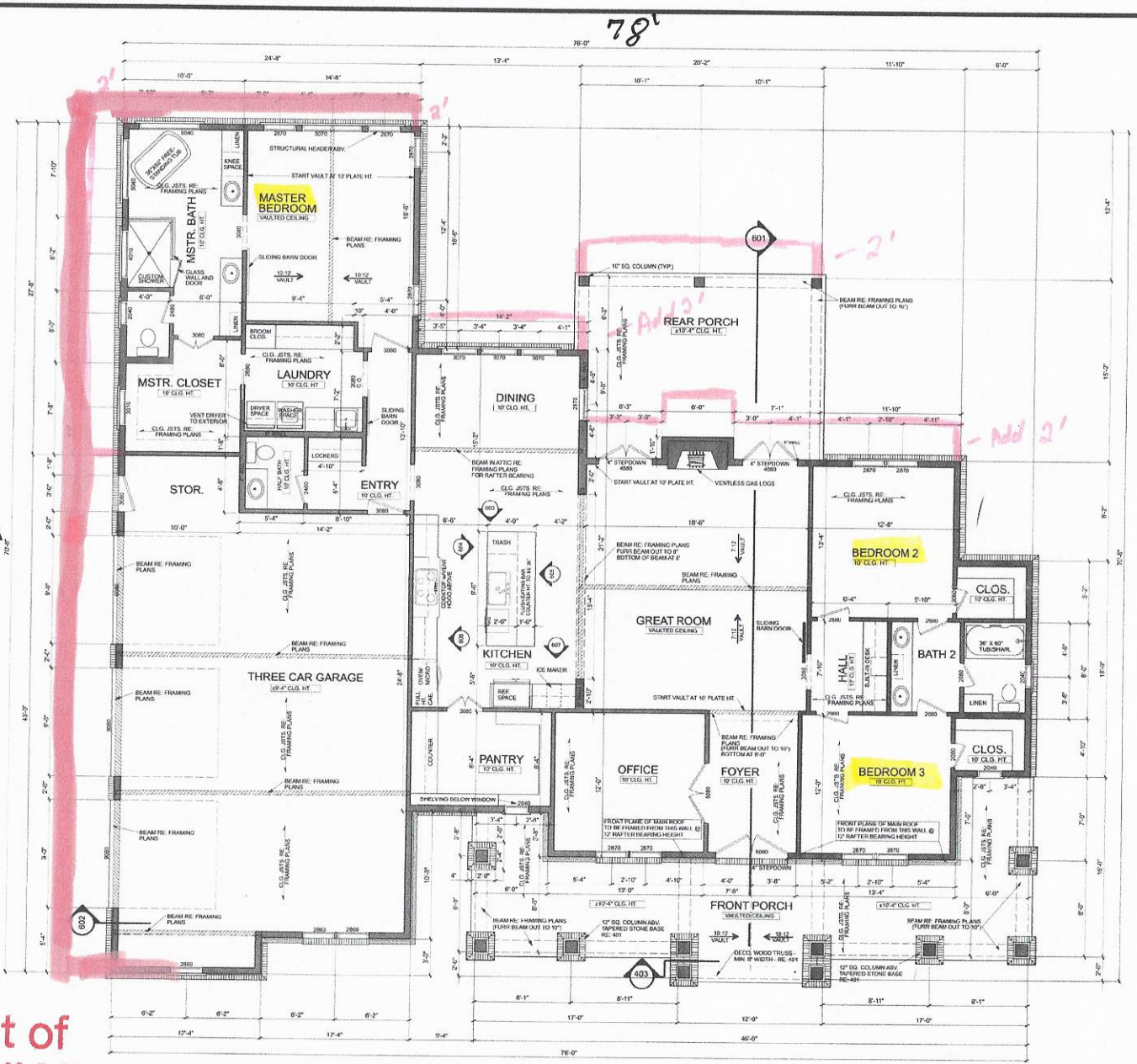
WEST 107.60 + 195.29

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 30 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2018, R312.1.1 & R312.1.2
8. M1305.1.2 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
a. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. M1305.1.1
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2018 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2018.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2018 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2018, M1505.2

78'

73'



MAIN FLOOR PLAN

SCALE: 1/4" ========== 1'-0"

WALL FRAMING NOTE:
ALL EXTERIOR WALLS TO BE 2X6 @ 16" O.C. UNLESS OTHERWISE NOTED.
ALL INTERIOR WALLS TO BE 2X4@ 16" O.C. UNLESS OTHERWISE NOTED.

MECHANICAL NOTE:
WATER HEATER & HVAC UNIT TO BE LOCATED IN ATTIC SPACE BY CONTRACTOR.

AREAS:

2454	S.F. HEATED - NOT INCLUDING MASONRY
456	S.F. UNHEATED - FRONT PORCH
948	S.F. UNHEATED - GARAGE/STORAGE
300	S.F. UNHEATED - REAR PORCH
1704	S.F. UNHEATED - TOTAL
4158	S.F. TOTAL

Acknowledgment of Plans Submittal ONLY!

Date

Date 2/5/2021

2-9-2021

HOUSE PLAN ZONE
Designing Homes Building Relationships
Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.336.3254
Fax: 1.800.574.1387
N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS CERTIFICATION
JONATHAN L. BOONE
CERTIFICATION NO. 25-137

Pre-Drawn Plan ID: 2454W

House Plan Zone, LLC, has exercised great care and effort in the development of these plans and, in completion of these construction documents, has taken reasonable steps to avoid errors and omissions. However, House Plan Zone, LLC, assumes no responsibility for any damages, including structural failures resulting from errors, omissions or deficiencies in the plans.
It is the responsibility of the contractor and/or owner to verify all dimensions and conditions prior to construction. Any discrepancies must be reported to HPZ prior to construction. Additional engineering may be required by the building official or contractor, and it is the responsibility of the contractor and/or owner to obtain such engineering. House Plan Zone, LLC, is not responsible for any structural failures that have been included in these plans, or is general in nature and shall be verified by a licensed engineer prior to construction. (Ex. foundation plan has been included in these plans, it is general in nature and shall be verified by a licensed engineer prior to construction.)

Date: 06-01-2020
Drawn By: WMD
Plan Number:
Project Name:

SHEET NUMBER 3

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

APPLICATION NUMBER
313349 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4649748433.000	389 RANKINHILL RD	Iredell County

Owner Information	Applicant Information
Name: CONSTABLE CHARLES+TIFFANY	Name: JOHN TEACHMAN
Address:	Address: 10017 TRAVERTINE TRAIL
,	DAVIDSON, NC 28036
Phone:	Phone: (607)368-0717

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
9.623	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

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: 12/11/2020

Signature of Owner/Contractor

Permit Number	313349	TOTAL FEES:	$77.25