IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209831

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

PIN # 4655-34-6822

APPLICANT: CHAD GOODIN APPLICANT ADDRESS: 915 RIVER HWY MOORESVILLE

SITE ADDRESS: 127 TRADITION LN. - Mrvl 28115 PHONE: ALT. PHONE:

SITE DIRECTIONS: I15, TL FAITH, TR MID WAY LAKE, TR TRADITION, ON L

SUBDIVISION: The HOME PLACE SECTION: — LOT # 5 LOT AREA: 4.07 AC DESIGN FLOW: 600 L.T.A.R.: .5 (.1R)

Septic Tank	1500	(gal)	STB	538	Date	10-18-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5	Water Supply
Pump Tank	1500	(gal)	PT	479	Date	9-4-18	System Description:			LP - PANEL BLOCK	☐ Business	No. Persons	☒ Private
Pump Make	ZOELLER	Model		BN137-C	Serial #	137-0514	Repair System Description:			DRIP	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines		5	Linear Ft:	200'	Maintenance Agreement Required:		☒ YES	☐ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth		*48" *	Gravel Depth	—			☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Trench bottom MUST be installed at 48". Installation must follow procedures for deep panel installation as per manufacturer specifications/instructions (see page 16 of Design, Installation and Maintenance manual [11th Edition]. Though 250 lf. of line has been laid out, only 200 need be installed [46 panels] Recommend setting floats to pump no more than 130 gallons per pumping event.

INITIAL SITE SKETCH

SEE PLAN FROM
MICHAEL ATHANAS
&
ASSOCIATES

* Per floorplans approved 6/13/2018, only a 4 bedroom house is to be constructed. The septic system must be installed as designed. Any deviation from design must first be permitted by ICHD *

AS BUILT SKETCH

NEED TO CHECK ELEC. SEAL ON PUMP TANK RISER 1-17-19 BCW ✓

	Date	Initials
Drain Lines Checked	12-6-18	BW
Tanks Checked	12-6-18	BW
Pressure Manifold or Valve Box Checked	1/17/19	CC
Pressure Head Set	1/17/19	CC
Electrical Checked	1-17-19	BW
Floats Set	1-17-19	BW
Alarm Checked	1-17-19	BW
Maintenance Contract (Y) N	1/17/19	CC

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

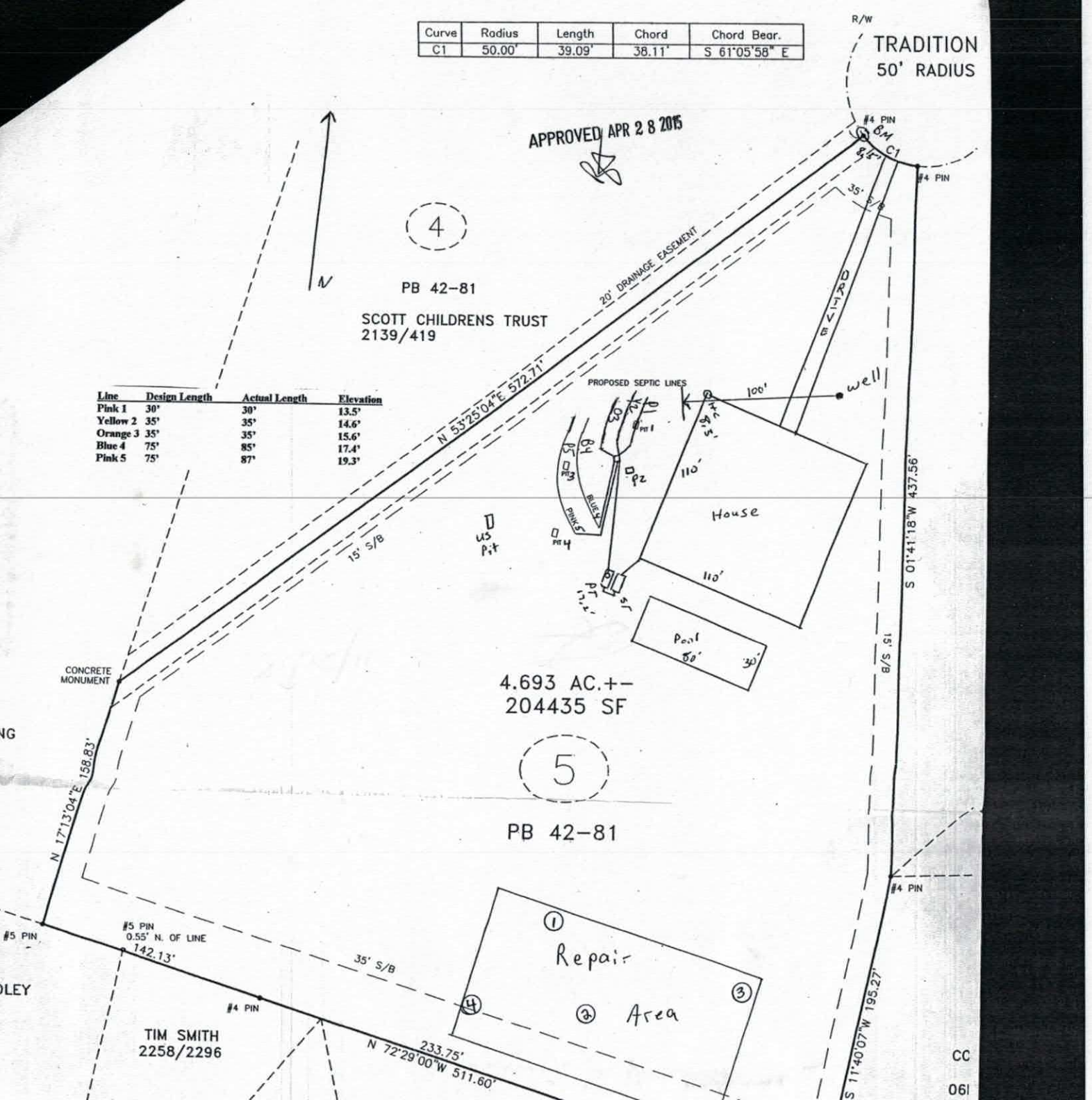
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 7/29/15 Installed by: BASS GRADING

IMPROVEMENT PERMIT by: APPROVED APR 28 2015 OPERATION PERMIT by: Carlen C. Cave Date: 1/18/19

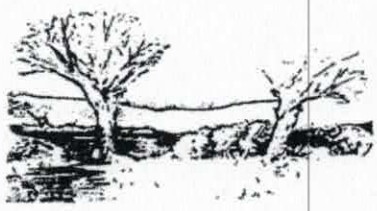
AUTHORIZATION TO CONSTRUCT by: Date: 6/14/2018 Existing System Inspected by: Date:

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



Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	39.09'	38.11'	S 61°05'58" E

Line	Design Length	Actual Length	Elevation
Pink 1	30'	30'	13.5'
Yellow 2	35'	35'	14.6'
Orange 3	35'	35'	15.6'
Blue 4	75'	85'	17.4'
Pink 5	75'	87'	19.3'



APPROVED APR 2 8 2015

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

Reference: Data Sheet for The Homeplace Lot 5,
House Footprint: 110' x 110'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 5/600 GPD
Proposed LTAR: 0.5 GPD/FT2 (initial), 0.1 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Drip irrigation
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 33.63 GPM (57 panels)
Dosing Volume: 205.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 8.7'
Friction Head: 1.7'
Pressure Head: 2'
Total Dynamic Head: 12.4'
Supply Line Length: 70'
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 48"

Line	Design Length	Actual Length	Elevation
Pink 1	30' (7 panels)	30'	13.5'
Yellow 2	35' (8 panels)	35'	14.6'
Orange 3	35' (8 panels)	35'	15.6'
Blue 4	75' (17 panels)	85'	17.4'
Pink 5	75' (17 panels)	87'	19.3'

Initial System: 200' **Repair System:** 6000+ FT2
Pump Tank: 17.2' **House Corner:** 8.3' **Benchmark:** 8.5'

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

PROPERTY ID #: 4655346822_
COUNTY: _Iredell_____

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

APPROVED APR 2 8 2015
BT

OWNER: _Dawn Properties LLC_____ APPLICATION DATE_____
ADDRESS: _PO Box 1559 Mooresville NC_____ DATE EVALUATED: _____
PROPOSED FACILITY: _5 bdrm_____ PROPOSED DESIGN FLOW (.1949): _600 GPD_____ PROPERTY SIZE: _4.693 AC_____
LOCATION OF SITE: _The Home Place Lot 5, Tradition Ln_____ 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	
PIT 1	LS 10-12%	0-10	Br CL WSBK	FR SS SP	N/A	10"	PS	N/A	PS 0.5
		10-40	VER SL SAP M	FR SS SP					
		40-77	VER LS SAP M	VFR NS NP					
PIT 2	LS 10-12%	0-21	C/SAP MIX ABK	FR S P	CHR 2@ 21"	21"	N/A	N/A	US
PIT 3	LS 10-12%	0-4	Br SCL WSBK	FR SS SP	CHR 2 NO CHR 2 > 17"	17"	PS	N/A	PS 0.5 >17"
		4-17	Br C ABK	FI S P MIXED/EXP					
		17-34	VER SL SAP M	FR SS SP					
		34-72	VER LS SAP M	VFR NS NP					
PIT 4	LS 10-12%	0-12	RY C/SAP MIX	FR SS SP	N/A	12"	PS	N/A	PS 0.5
		12-35	VER SL SAP M	FR SS SP					
		35-74	VER LS SAP M	FR NS NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT2	6000+FT2
System Type(s)	PPBPS	DRIP
Site LTAR	0.5	0.1

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: __M A & Associates_____
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 APR 28 2015 RA

PROPERTY ID #: 4655346822
DATE OF EVALUATION:
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %		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	
AB 1	LS 5%	0-28	R C SBK	FR SS SP	N/A	45"	PS	N/A	PS 0.3
		28-45	R CL WSBK	FR SS SP					
		45-48	VER L SAP M	FR SS SP					
AB 2	LS 5%	0-3	Br CL WSBK	FR SS SP	F-C YB	48"	N/A	N/A	PS 0.25
		3-46	R C SBK	FR SS SP					
		46-48	R CL WSBK	FR SS SP					
AB 3	LS 5%	0-4	Br CL WSBK	FR SS SP	F-C YB CHR 2 @ 32"	32"	N/A	N/A	PS 0.25
		4-32	R C SBK	FR SS SP					
AB 4	LS 5%	0-20	R C SBK	FR SS SP	F-C YB CHR 2 @ 20"	20"	N/A	N/A	PS 0.1 DRIP
AB 5	LS 10-12%	0-12	C/SAP MIX	FR SS SP	N/A	12"	PS	N/A	PS 0.5
		12-38	VER SL SAP M	FR SS SP					
		38-60	VER LS SAP M	VFR NS NP					

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* 209831

(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 #
Sara Dorfman	192 Timberside Dr		772-633-6258
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
127 Tradition Ln	Home Place	

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

- (X) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

X New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

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

8. Please Answer The Following To The Best of Your Ability:

( ) Yes X No Does the site contain any jurisdictional wetlands?
( ) Yes X No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes X No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 6/7/18

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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) Michelle & Sam Dorfman

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, Sam & Michelle Dorfman, am the legal owner(s) of the property located at 127 Tradition Lane Mooresville, NC 28115 identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

_____, _____, 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.

Sam Dorfman & Michelle Dorfman — Signature of Owner(s)

5/11/18 — 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

RECEIVED APR 28 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $500.00 EFT 7/29/15 #209831

Application For:

- (X) Septic Improvement Permit
- ( ) New Well Permit
- (X) Authorization to Construct
- ( ) Well Repair Permit
- ( ) Existing System Inspection
- ( ) Well Abandonment
- ( ) 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:

Place an (X) beside whichever is submitted if applicable

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

Applicant Information:

Applicant Name: Chad Gooding Signature Homes **Address:** 915 River Hwy, Mooresville NC **Phone:**_____

Owner Name: George Moser **Address:** Mooresville NC **Phone:**_____

Property Information:

Street Address: 127 Tradition Ln

Subdivision Name: Home place **Section/Phase:**_____ **Lot Number:** 5

Driving Directions: 115 S, TL Faith, TR Midway Lake, TR Tradition, at end on Ct

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: 5
Maximum Number of Occupants: 10

- ( ) 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)*

- ( ) No Preference
- ( ) Alternative
- ( ) Conventional
- ( ) Innovative
- (X) Modified Conventional
- ( ) Other:_____

Year existing system installed:_____

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: _____ 4/20/2015

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, Melanie Marion, am the legal owner of the property located at Lot #5 Tradition Lane, identified as PIN(Parcel Identification Number) 4655357060, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael AThomas & Assoc. Michael AThomas Chad Gooden Signature Here, Inc Chad Gooden, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

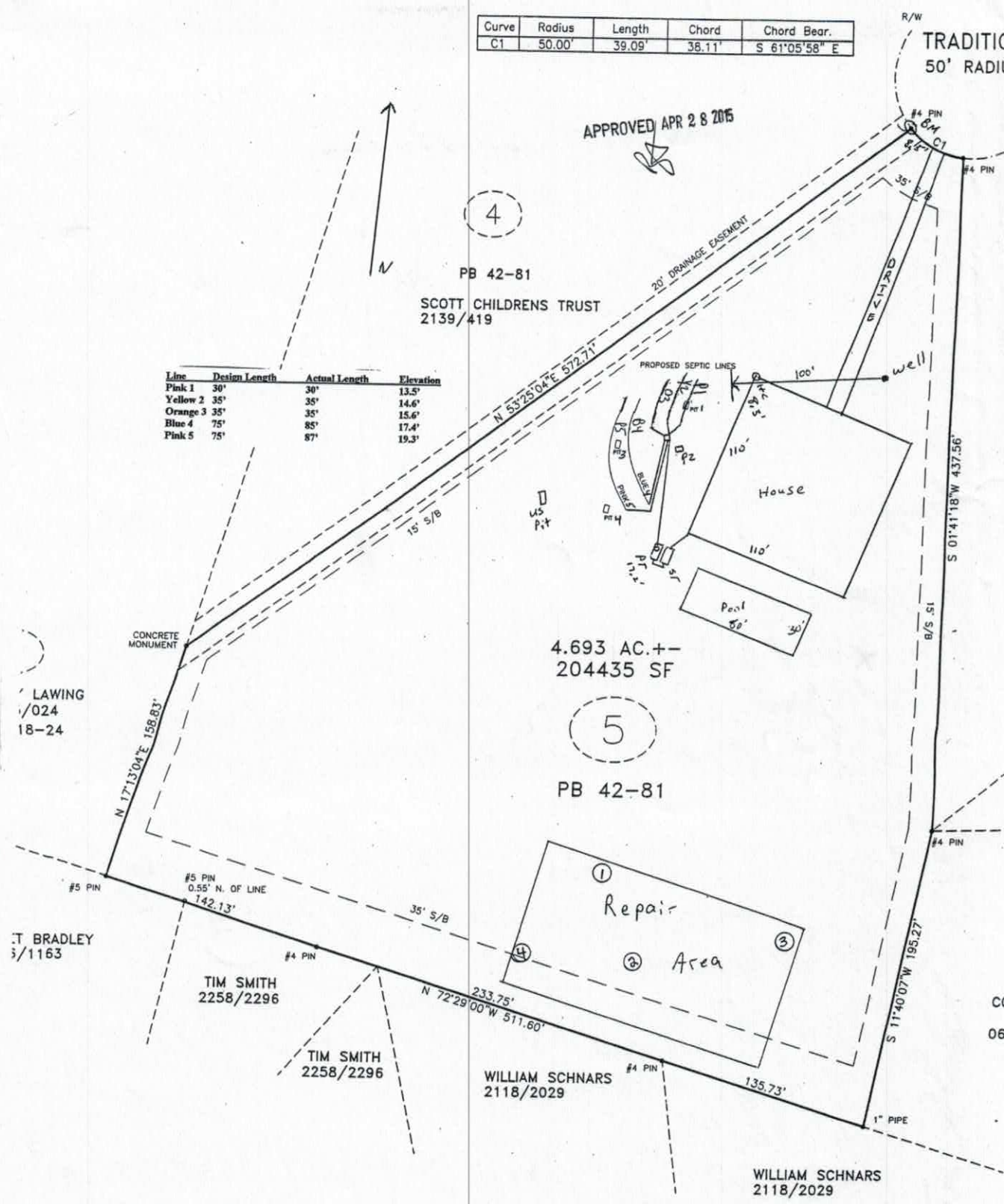
1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

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.

Melanie Oldridge 4-16-15
Signature of Owner Date

[signature] 4/16/15
Signature of Witness Date

Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	39.09'	38.11'	S 61°05'58" E



Line	Design Length	Actual Length	Elevation
Pink 1	30'	30'	13.5'
Yellow 2	35'	35'	14.6'
Orange 3	35'	35'	15.6'
Blue 4	75'	85'	17.4'
Pink 5	75'	87'	19.3'

SEAL L-3762 NORTH CAROLINA PROFESSIONAL LAND SURVEYOR DAVID C. POOVEY

CERTIFY THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY AND IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

PROFESSIONAL LAND SURVEYOR 3762 LICENSE NO.

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899

3704 NC HIGHWAY #16 BUSINESS NORTH
P.O. BOX 494 – DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170

DATE 4-1-15

SCALE: 1" = 60'

DE
DE
PE

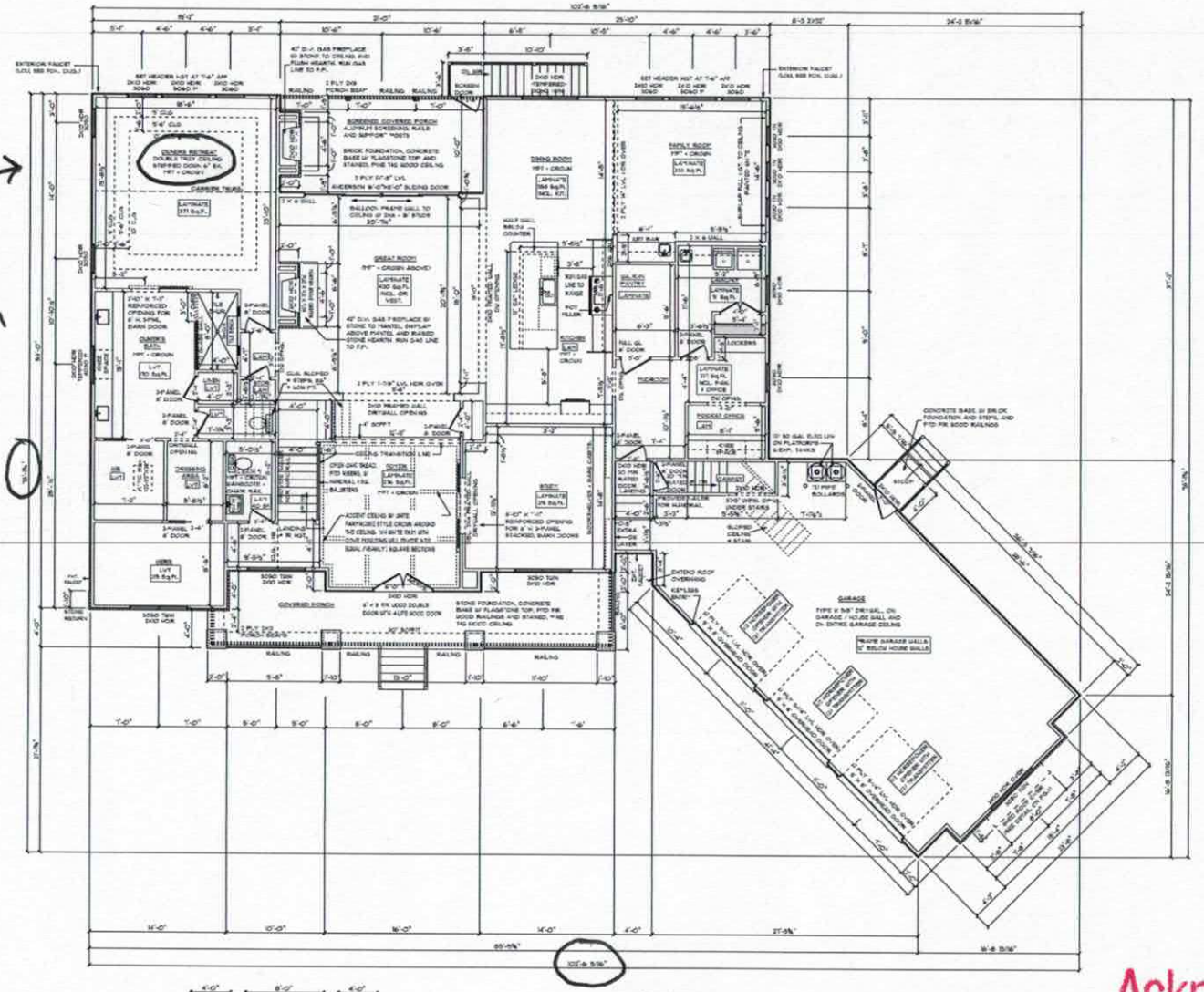
CODDLE CREE

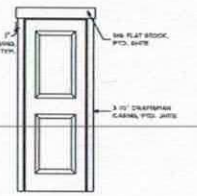
IREDELL COUN

SURV. BY: CP

DRAWN: CP

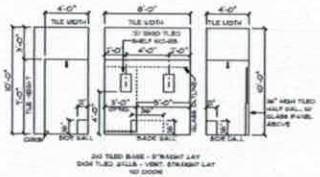
FINAL DRAWING APPROVED:
05/24/18
REVISED ON:
00/00/00





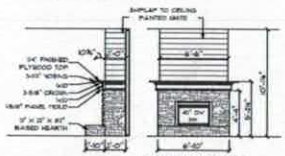
TYP. INTERIOR DOOR
TRIM DETAIL
1/2" SCALE

KINGSBRIDGE / CUSTOM
FIRST FLOOR PLAN
10' CEILING HEIGHT F.F.O.

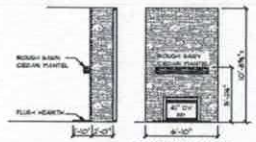


2x2 TILED BASE - 3" STRAIGHT LAY
2x4 TILED SILLS - VENT, STRAIGHT LAY
NO SOCKS

6' X 4' TILED SHOWER DETAIL
WATERPROOF WATERPROOFING ON FLOORS AND WALLS



GREAT ROOM
FIREPLACE DETAIL
1/8" = 1'-0"



COVERED PORCH
FIREPLACE DETAIL
1/8" = 1'-0"

GENERAL FRAMING NOTES:
- ALL DRYWALLED OPENINGS ARE TO BE 6'-0" HIGH UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING + (1) JACK STUDS, UNLESS OTHERWISE NOTED

PLAN NOTES:
- 9'-0" CEILINGS THROUGHOUT HOME
- PAINTED TRIM:
  - "COLONIAL FARMHOUSE" TRIM, (PET)
  - 7-1/4" BASEBOARDS ON 1ST FLOOR
  - 5-1/4" BASEBOARDS ON 2ND FLOOR
  - 1" CROWN, WHERE NOTED PER "ROOM" CROWN
  - CRAFTSMAN CASING ON INTERIOR DOORS AND WINDOWS
- 48" HIGH WAINSCOTING WITH CHAIR RAIL IN HALF BATH
- 8'-0" HIGH, FLAT 2-PANEL, SOLID CORE MOLDED INTERIOR DOORS, STAIN. ALL TOP BOARDS TO BE 6" BOARD
- MATERIAL IS 1/2" F CHANNEL AT EACH BUS
- 1"-GRIP LOCKSETS, SATIN NICKEL

FLOORING NOTES:
- ALL FLOORING BREAKS DOOR + CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOFT FLOORING SQUARE FOOTAGES MAY INCLUDE WALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

ADDITIONAL NOTES:
- ALL SHELVING + FINISHING BY HOMEOWNER
- CRAFTSMAN TRIM AROUND INTERIOR DOORS + WINDOWS
- (3) SEPARATE HVAC ZONES:
  - FIRST FLOOR
  - SECOND FLOOR
  - BONUS ROOM FINISHED AREA
- ALL CARPETED AREAS TO HAVE LEVEL 2 PADDING

Acknowledgement Of
Plans Submittal ONLY!
Date 6/14/18
Tom Shuck Date 6/13/18

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

CUSTOM BUILT FOR:
SAMUEL AND MICHELLE DORFMAN

LOCATION:
171 TRADITION LANE
MOORESVILLE, NC, 28117
IREDELL COUNTY

SQUARE FOOTAGES: 5629 SQ. FT.
FIRST FLOOR = 3124 SQ. FT.
SECOND FLOOR = 1864 SQ. FT.
BONUS ROOM = 641 SQ. FT.
GARAGE = 1033 SQ. FT.
PORCHES = 507 SQ. FT.
FOUNDATION = 3124 SQ. FT.

JOB #:
CH 6'9 018 0351

CN #:
36020

DATE:
6/19/2018

DRAWN BY: DHS

SCALE: 1/8" = 1'-0"

DRAWING
6

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Acknowledgement Of
Plans Submittal ONLY!
Date 7/17/18
Date 7/13/18

FINAL DRAWING APPROVED: 05/24/18
REVISED ON: 00/00/00

SCHUMACHER HOMES

Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

CUSTOM BUILT FOR:
SAMUEL AND MICHELLE DORFMAN

LOCATION:
121 TRADITION LANE
MOORESVILLE, NC, 28117
IREDELL COUNTY

SQUARE FOOTAGES: 5629 SQ. FT.
FIRST FLOOR = 3124 SQ. FT.
SECOND FLOOR = 1864 SQ. FT.
BONUS ROOM = 641 SQ. FT.
GARAGE = 1023 SQ.FT.
PORCHES = 501 SQ. FT.
FOUNDATION = 3124 SQ. FT.

JOB #:
CH 6/19 018 0357

CN #:
26020

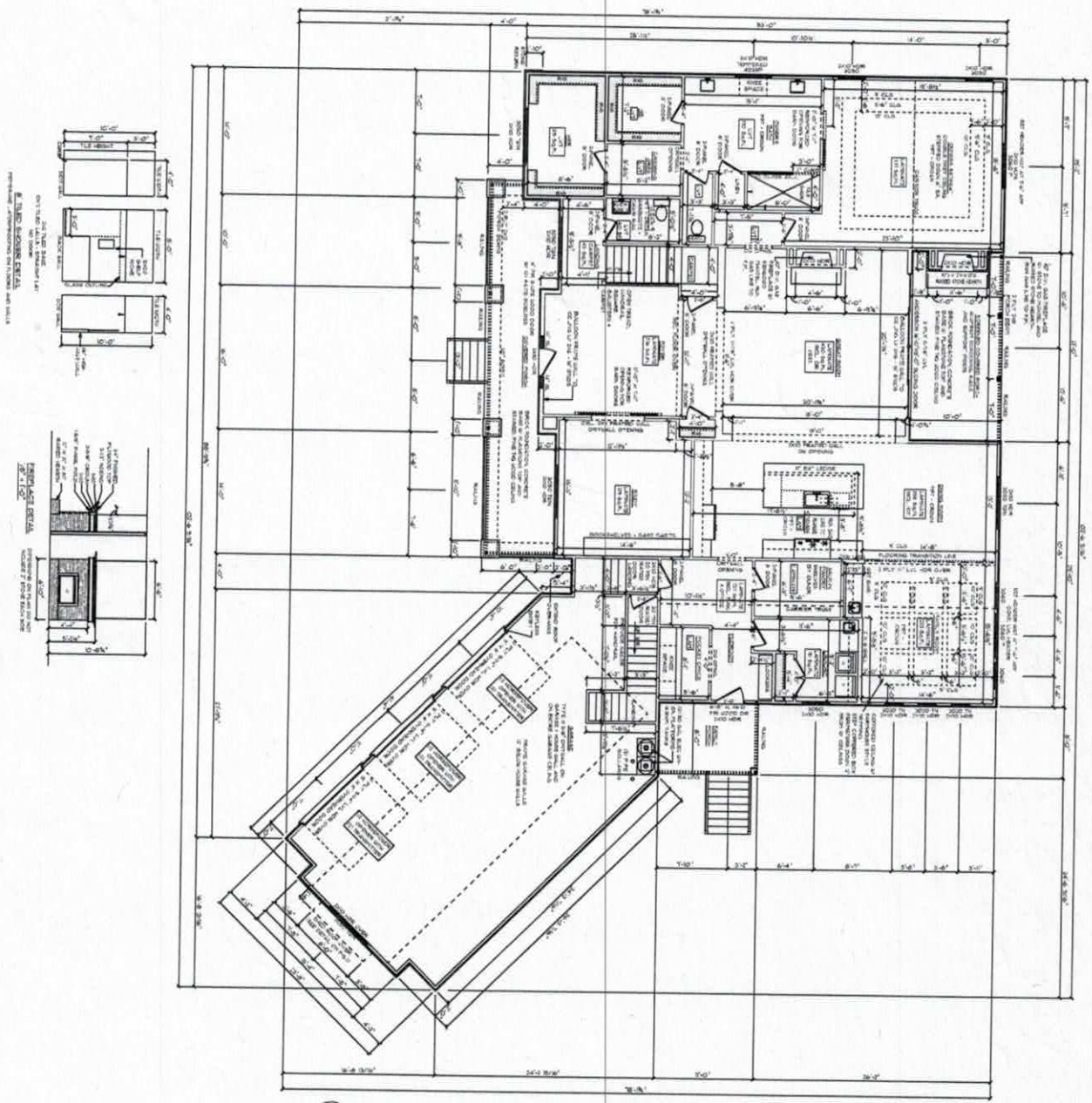
DATE:
6/18/2018

SCALE: 1/8" = 1'-0"

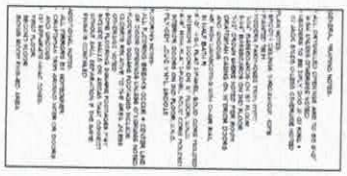
DRAWN BY: DMS

DRAWING NUMBER: 07

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Mooresville, NC 28117
(877) 267-3482
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CUSTOM BUILT FOR:
SAMUEL AND MICHELLE DORFMAN

LOCATION:
97 TRADITION LANE
MOORESVILLE, NC, 28117
IREDELL COUNTY

SQUARE FOOTAGES: 5356 SQ. FT.
FIRST FLOOR = 3174 SQ. FT.
SECOND FLOOR = 1649 SQ. FT.
BONUS ROOM = 589 SQ. FT.
OPEN AREA = 468 SQ. FT.
GARAGE = 1010 SQ.FT.
PORCHES = 584 SQ. FT.

JOB #:
CH 675 018 0357

CN #:
26030

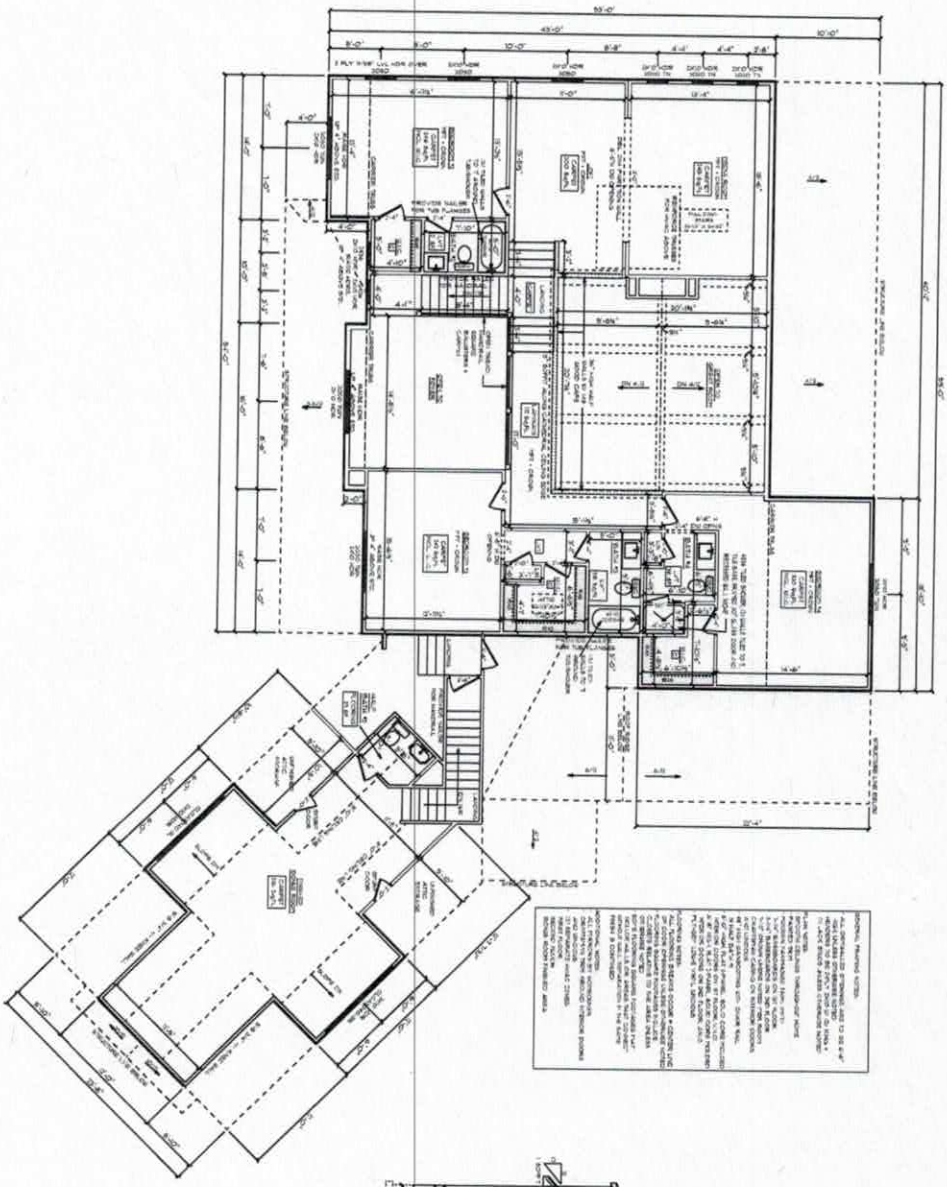
DATE:
4/19/2018

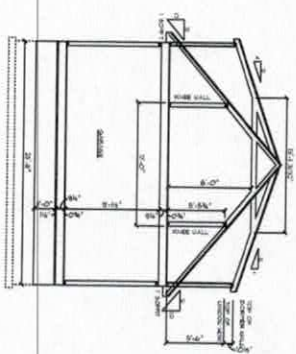
SCALE: 1/8" = 1'-0"

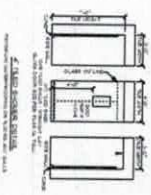
DRAWN BY: DMB

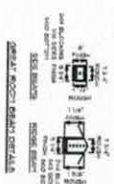
DRAWING NUMBER: 4

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Paul Schumacher
SCHUMACHER HOMES

Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

CUSTOM BUILT FOR:
SAMUEL AND MICHELLE DORFMAN

LOCATION:
121 TRADITION LANE
MOORESVILLE, NC, 28117
IREDELL COUNTY

SQUARE FOOTAGES: 3358 SQ. FT.
FIRST FLOOR = 1724 SQ. FT.
SECOND FLOOR = 1648 SQ. FT.
BONUS ROOM = 389 SQ. FT.
OPEN AREA = 488 SQ. FT.
GARAGE = 1010 SQ.FT.
PORCHES = 564 SQ. FT.

JOB #:
CH 6TB 018 0351

CN #:
26020

DATE:
4/19/2018

SCALE: 1/8" = 1'-0"

DRAWN BY: DMB

DRAWING NUMBER: 5

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16'-9 13/16"
24'-2 15/16"
19'-1¾"
11'-0"
26'-2"
T-10"
3'-2"
6'-4"
3'-8"
3'-6"
3'-11"
14'-6"
6'-11"
2'-4"
5'-6"
3'-0"
8'-0"
RAILING
FAMILY PORCH
6'-8" H. 46 0 TIR WOOD DR. 2X10 HDR
3050 2X10 HDR
2050 TN 2X10 HDR
2050 TN 2X10 HDR
2050 TN 2X10 HDR
COFFERED CEILING W/ FARMHOUSE STYLE TRIMMING
6TEP COFFERED BOX PERIMETERS DOWN 3" FROM 10 CEILINGS
(2) 50 GAL ELEC WH ON PLATFORMS W/EXP. TANKS
RAILING
5'-6"
T-6½"
(2) PIPE BOLLARDS
LANDING
GARAGE
TYPE X 5/8" DRYWALL ON GARAGE / HOUSE WALL AND ON ENTIRE GARAGE CEILING
REMOVE GARAGE WALLS (1" BELOW HOUSE LEVEL)
(2) TRANSMITTER OPENER WITH HOMEKEEPER CURE
(2) TRANSMITTER OPENER WITH HOMEKEEPER CURE
(2) TRANSMITTER OPENER WITH HOMEKEEPER CURE
9 X 8' OVERHEAD DOOR
9 PLY 9/16" LVL HDR OVER
9 X 8' OVERHEAD DOOR
9 PLY 9/16" LVL HDR OVER
OVER
4'-0"
2'-0"
3'-8"
T-8"
5'-0" FROM FACE OF STALL ON P.S.U.
3X10 HDR OVER
36'-3 7/16"
34'-3 7/16"
2

IREDELL COUNTY

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

APPLICATION NUMBER
209831
Issue Date: 04/17/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4655346822.000	127 TRADITION LANE, MOORESVILLE, NC 28115	MOORESVILLE

Owner Information	Applicant Information
Owner: MOSER GEORGE B+ZEB C MOSER JR	Applicant: CHAD GOODIN SIGNATURE
Address: 128 IREDELL CO, NC 28625	Address: 915 RIVER HWY MOORESVILLE, NC 28117
Phone:	Phone: 704-363-7302

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.070	35.00	35.00	15.00	15.00	NO	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	36171	TOTAL FEES:	$ 77.25