IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 234092

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

PIN # 4659739914

APPLICANT/OWNER: DJ Phoenix LLC | APPLICANT ADDRESS: 112 Old Post Rd.

SITE ADDRESS: 116 Cottage Ct. Mooresville, NC | PHONE: 704-400-5066 | ALT. PHONE —

SITE DIRECTIONS: NC 115 N → R on Shepherd Rd → R on Cottage Ct → lot on R | SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: The Glen | SECTION: — | LOT # 10 | LOT AREA: 1.73 ac | DESIGN FLOW: 480gpd | L.T.A.R.: .35 (.35 repair)

Septic Tank	1000	(gal)	STB	B54	Date	9/23/19	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% reduction			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	LP PPBPS			
# Nitrification Fields	1	# Lines	3		Linear Ft	343'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	28"/31" highside		Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☑ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

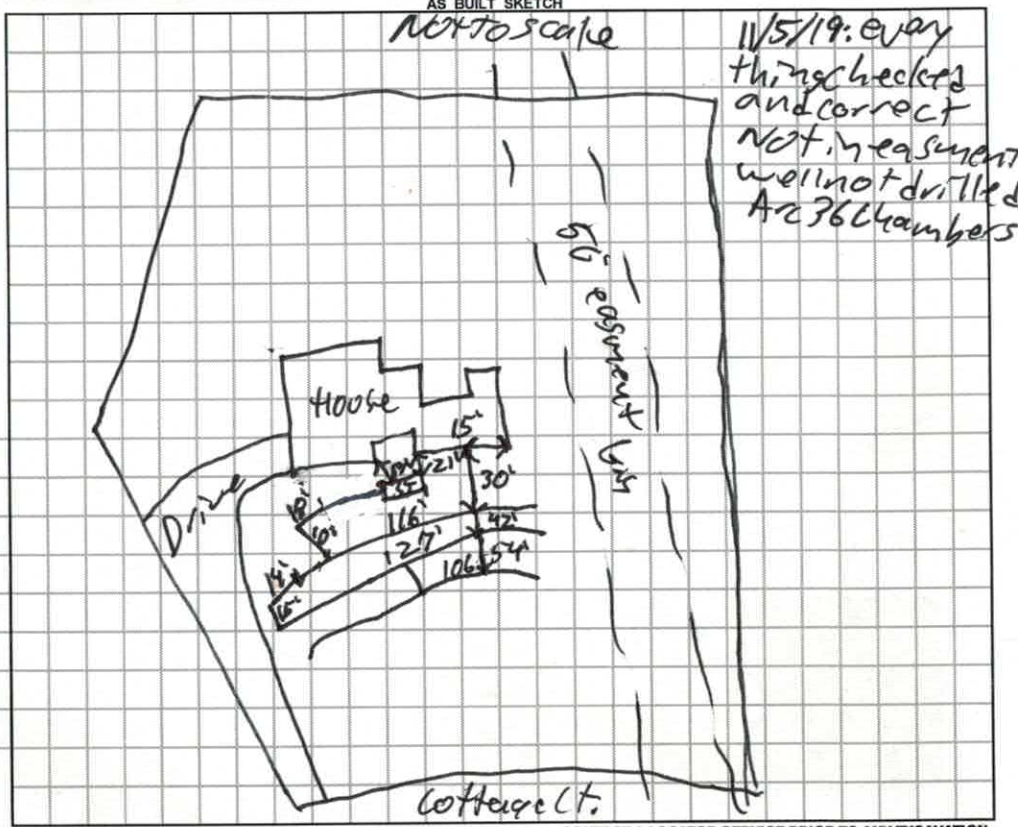
Comments / Conditions: System must maintain a minimum of 100' from any well.

8/7/19: House is 8.0 feet wider than approved house but however does not appear to conflict with the septic area.

INITIAL SITE SKETCH

See attached site plan by CS+SC, PLLC

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: 4-17-18 Installed by: CA Farms

IMPROVEMENT PERMIT by: _____ Date: 3-28-18 OPERATION PERMIT by: _____ Date: 11/5/19

AUTHORIZATION TO CONSTRUCT by: _____ Date: 8/7/2019 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.

APPROVED MAR 28 2018

KW

OWNER INFORMATION

Owner:	DJ Phoenix LLC
Address:	112 Old Post Rd Mooresville, NC 28117
Buyer:	Doug Johnson
Phone:	704-400-5066
County:	Iredell
Location:	LOT 10 OF THE GLEN SUBDIVISION
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.350
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	343
Total Lateral Length Required:	342.86
Trench Depth:	28 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1029
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	8 ft.
Repair Trench Depth:	25 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	45
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	16.20
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by CS&SC

APPROVED MAR 28 2018
KW

LOT 10 OF THE GLEN SUBDIVISION
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

March 1, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***YELLOW***	***NA***	***NA***	***74***	***74***
2	***ORANGE***	***NA***	***NA***	***138***	***138***
3	***RED***	***NA***	***NA***	***132***	***132***
4	PINK	NA	NA	103	103
5	BLUE	NA	NA	86	86
6	YELLOW	NA	NA	67	67
			Total	**599**	**599**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***343***	***ACCEPT.***	***0.350***	***25% RED.***	***GRAVITY***
Repair	256	*MOD.*	0.350	PPBPS	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

APPROVED MAR 28 2018
KW

DOSING CALCULATIONS

Location THE GLEN SUBDIVISION

Lot No: 10

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.350 $^{gal}/_{ft^2\,day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	45 ft.
Supply Line Volume	16.2 gal.
Required Feet of 25% RED. Line	342.85714 ft.
Amount of Line from Layout	343 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	223.979 gal.

APPROVED MAR 28 2018
KW

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

APPROVED MAR 2 8 2018
KW

PROPERTY ID #: 4659739914
COUNTY: IREDELL

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

OWNER: DJ PHOENIX LLC
ADDRESS: 112 OLD POST RD. MOORESVILLE, NC 28117
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 116 COTTAGE CT. MOORESVILLE, NC 28115
APPLICATION DATE3-15-18
DATE EVALUATED: 3-9-15
PROPERTY SIZE: 1.73 AC
PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring Ξ Pit ☐ Cut
TYPE OF WASTEWATER: Ξ 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	
P 1	LSS 4%	0-16	BR/RC,M,SBK	FR,SS,SP,SEXP	NA	25"	S	56"	.35
		16-25	BR/RCL,W,SBK	FR,SS,SP,SEXP					
		25-56	LSAP,MASSIVE	FR,SS,SP,SEXP					
P 2	LSS 6%	0-9	CL,W,SBK	FR,SS,SP,SEXP	NA	9"	S	51"	.35
		9-51	LSAP, MASSIVE	FR,SS,SP,SEXP					
P 3	LSS 7%	0-4	C,M,SBK	FR,SS,SP,SEXP	NA	14"	S	55"	.35
		4-14	CL,W,SBK	FR,SS,SP,SEXP					
		14-55	LSAP,MASSIVE	FR,SS,SP,SEXP					
P 4	LSS 3%	0-13	C,COMPACTED		NA	24"	S	56"	.35
		13-24	RCL,W,SBK	FR,SS,SP,SEXP					
		24-56	LSAP,MASSIVE	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY 25%	LP PPBPS
Site LTAR	.35	.35

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT: JACOB CONRAD

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 MAR 2 8 2018
KW

PROPERTY ID #: 4659739914
DATE OF EVALUATION: 3-9-18
COUNTY: IREDELL

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
P 5	LSS 6%	0-23	CL,M/W,SBK	FR,SS,SP,SEXP	NA	23"	S	60"	.35
		23-60	LSAP,MASSIVE	FR,SS,SP,SEXP					

AC.
8-2-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) 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: DALE HALL Address: 25 O'CONNELL RD EXT COLCHESTER CT Zip: 06415
Applicant Email: DALE.HALL@JCI.COM Phone: 860-384-0043 Alt. Phone: 860-213-3399
Owner Name: SAME Address: _____ Zip: _____
Owner Email: SAME Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 116 COTTAGE COURT MOORESVILLE, NC 28115
Subdivision Name: THE GLEN Section/Phase: _____ Lot Number: 10
Driving Directions: I-77N EXIT 36 RIGHT ON 150. 1 MILE TO 21N. 21N FOR 3 MILES. LEFT ON 21/115. RIGHT ON SHEPHERD. THE GLEN IS 1/2 MILE ON RIGHT.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) 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: _____

(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 (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: Dale H Hall 7-23-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 16 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

****

#234092

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: DJ PHOENIX, LLC/CS&SC **Address:** 112 OLD POST RD., MOORESVILLE, NC **Zip:** 28117

Applicant Email: douglasajohnson1@gmail.com **Phone:** 704-400-5066 **Alt. Phone:** _____

Owner Name: SAME **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 116 COTTAGE CT., MOORESVILLE, NC 28115

Subdivision Name: THE GLEN **Section/Phase:** 1 **Lot Number:** 10

Driving Directions: HWY 115 N, TR ON SHEPHERD RD., NEW SUBDIVISION RD ON R PAST SHEPHERD VALLEY, FIRST LOT ON R

****

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: 4
Maximum Number of Occupants: 8
( ) 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:** _____ **Number of Persons:** _____

(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 (X) Alternative ( ) 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: _____ 3-15-18
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*) Dale H Hall

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, DALE H HALL, am the legal owner(s) of the property located at 116 COTTAGE COURT MOORESVILLE, NC 28115, identified as PIN (Parcel Identification Number) 4659739914, 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.

Dale H Hall _____ 7-23-19

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, DOUG JOHNSON, am the legal owner(s) of the property located at 116 COTTAGE CT. MOORESVILLE, NC 28115, identified as PIN (Parcel Identification Number) 4659-73-9914, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADRIAN PRUITT, CAROLINA SOIL + SEPTIC CONSULTING, 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 _____

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

Acknowledgement of Plans Submittal ONLY!

Date 8-2-19

Date 8/2/2019

SALES PLANS

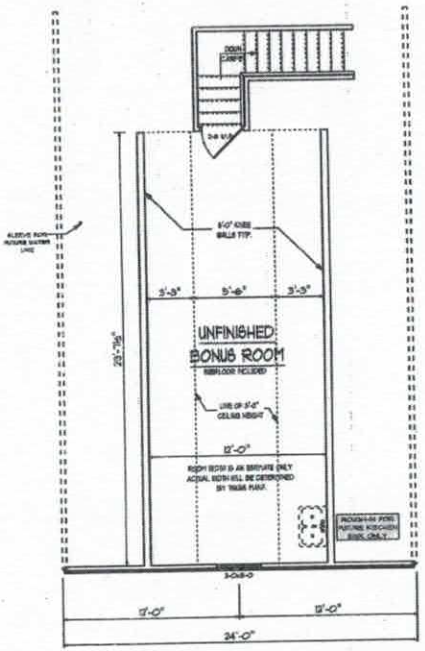
GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/2"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-11" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 66" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

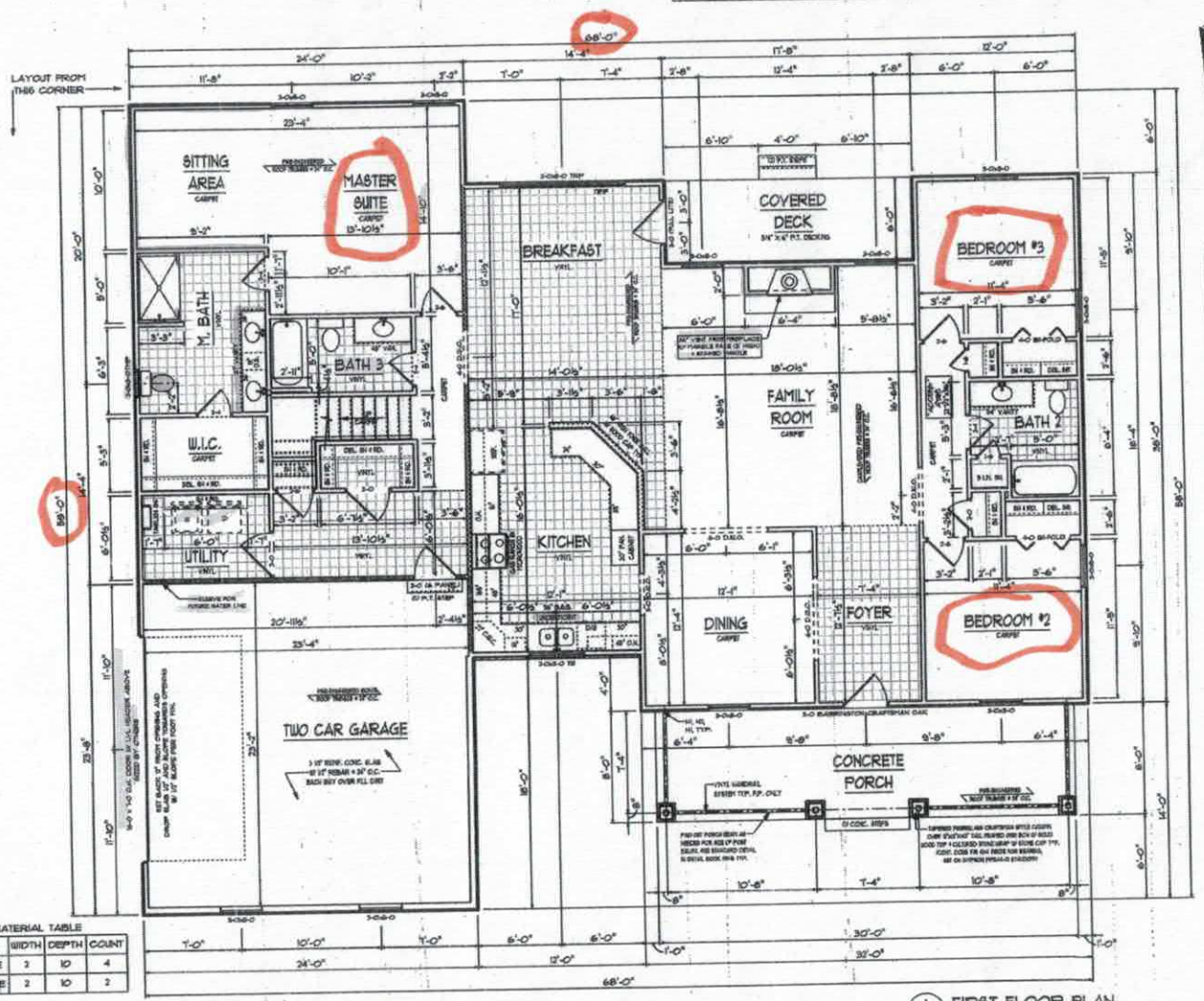
THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

CUSTOMER SIGNATURE 7-15-19 DATE

CUSTOMER SIGNATURE 7-15-19 DATE



2 A-3 UNFINISHED BONUS ROOM
SCALE 1/8"=1'-0"



HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H1	SINGLE	2	10	4
H2	DOUBLE	2	10	2

1 A-3 FIRST FLOOR PLAN
SCALE 1/8"=1'-0"

REVISED: 3.21.2016

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CONTACT INFORMATION
PHONE: (877)368-8199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: LEA GERACI

PLAN SETS

SALES: SHARON S.	7-3-19
CONSTRUCTION: ??	7-11-19
REVISED: ??	7-11-19
??	
??	
??	

SQUARE FOOTAGES:

HEATED:	2345
GARAGE:	556
UNFIN. BONUS:	393
FRONT PORCH:	240
REAR PORCH:	106
TOTAL SQFT:	3651

SEDGEWICK HOMES PROUDLY PRESENTS THE SPRING VALLEY OAK SERIES TO:

DALE & LAURIE HALL

JOB #: 04190111

116 COTTAGE COURT, MOORESVILLE, NC 28117

SHEET NUMBER A-3 OF FIVE

IREDELL COUNTY

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

APPLICATION NUMBER
234092
Issue Date: 03/14/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4659739914.000	116 COTTAGE COURT, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: DJ PHOENIX, LLC	Applicant: CAROLINA SOIL SEPTIC C
Address: 112 OLD POST RD	Address: 162 WEST B ST
MOORESVILLE, NC 28117	KANNAPOLIS, NC 28081
Phone: 704-400-5066	Phone: 704-202-5791

Use Requested	Zone Code
SFD LOT 10	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		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	131885	TOTAL FEES:	$ 77.25