10:30

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 233015

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

PIN # 4669672149

APPLICANT/OWNER: Michael Barker | APPLICANT ADDRESS: 42 Moccasin Flower Tr Landrum, SC

SITE ADDRESS: 257 Winthrow Creek Mooresville NC | PHONE: 7045079412 | ALT. PHONE

SITE DIRECTIONS: Hwy 115/21 TR Shinnville Rd TR Winthrow Creek on left after Sweetbriar | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Michael H. Barker | SECTION: | LOT # 2 | LOT AREA: 1.10 AC | DESIGN FLOW: 360gpd | L.T.A.R.: .3 Int.

Septic Tank	1000 (gal)	STB	760.	Date	1-9-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	363	Date	1-19-19.	System Description:	LPPPBPS	☐ Business	No. Persons 10
Pump Make	173 Gould	Model	WE0312MU	Serial #		Repair System Description:	LPPPBPS & Drip	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	200ft	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private on Easement ☐ Public ☐ Community

Comments / Conditions: Direct Storm/Surface water away from Septic. If there's a foundation drain around house, setback is 15ft.

Drilled 5/32" holes in Panels

Note: Well is to be located in waterline easement

INITIAL SITE SKETCH

See approved, attached Site plan Submitted by Paul Penninger (dated 5/15/18)

AS BUILT SKETCH

☆ 3/27/19 OK to rotate tanks

	Date	Initials
Drain Lines Checked	4/4	BB
Tanks Checked	4/4	BB
Pressure Manifold or Valve Box Checked	4/4	BB
Pressure Head Set	4/4	BB
Electrical Checked	7/2	KW
Floats Set	4/4	BB
Alarm Checked	7/2	KW
Maintenance Contract (Y) N	7/3	KW

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: Michael Barker Date: 5/22/18 Installed by: Obrien Dirt Grading & Septic

IMPROVEMENT PERMIT by: Marina Dotson Date: 5/18/18 OPERATION PERMIT by: Kayla Watson Date: 7-3-19

AUTHORIZATION TO CONSTRUCT by: Marina Dotson Date: 5/18/18 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 inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233015

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

PIN # 4669672149

APPLICANT/OWNER: Michael Barker APPLICANT ADDRESS: 42 Moccasin Flower Tr Landrum, SC

SITE ADDRESS: 257 Winthrow Creek Mooresville NC PHONE: 7045079412 ALT. PHONE

SITE DIRECTIONS: Hwy 115/21 TR Shinnville Rd TR Winthrow Creek on left after Sweetbriar SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Michael H. Barker SECTION: LOT # 2 LOT AREA: 1.10 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3 Int.

Septic Tank	1600 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	Date	System Description: LPPPBPS				☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description: LPPPBPS & Drip				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft 200ft	Maintenance Agreement Required:	☒ YES	☐ NO	☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth N/A		☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private on Easement ☐ Public ☐ Community

Comments / Conditions: Divert Storm/Surface water away from Septic. If there's a foundation drain around house, setback is 15ft.

Note: Well is to be located in water line easement. Drilled 5/32" holes in Panels

INITIAL SITE SKETCH

See approved, attached Site plan Submitted by Paul Penninger (dated 5/15/18)

AS BUILT SKETCH

3/27/19 OK to rotate tanks. mp

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**

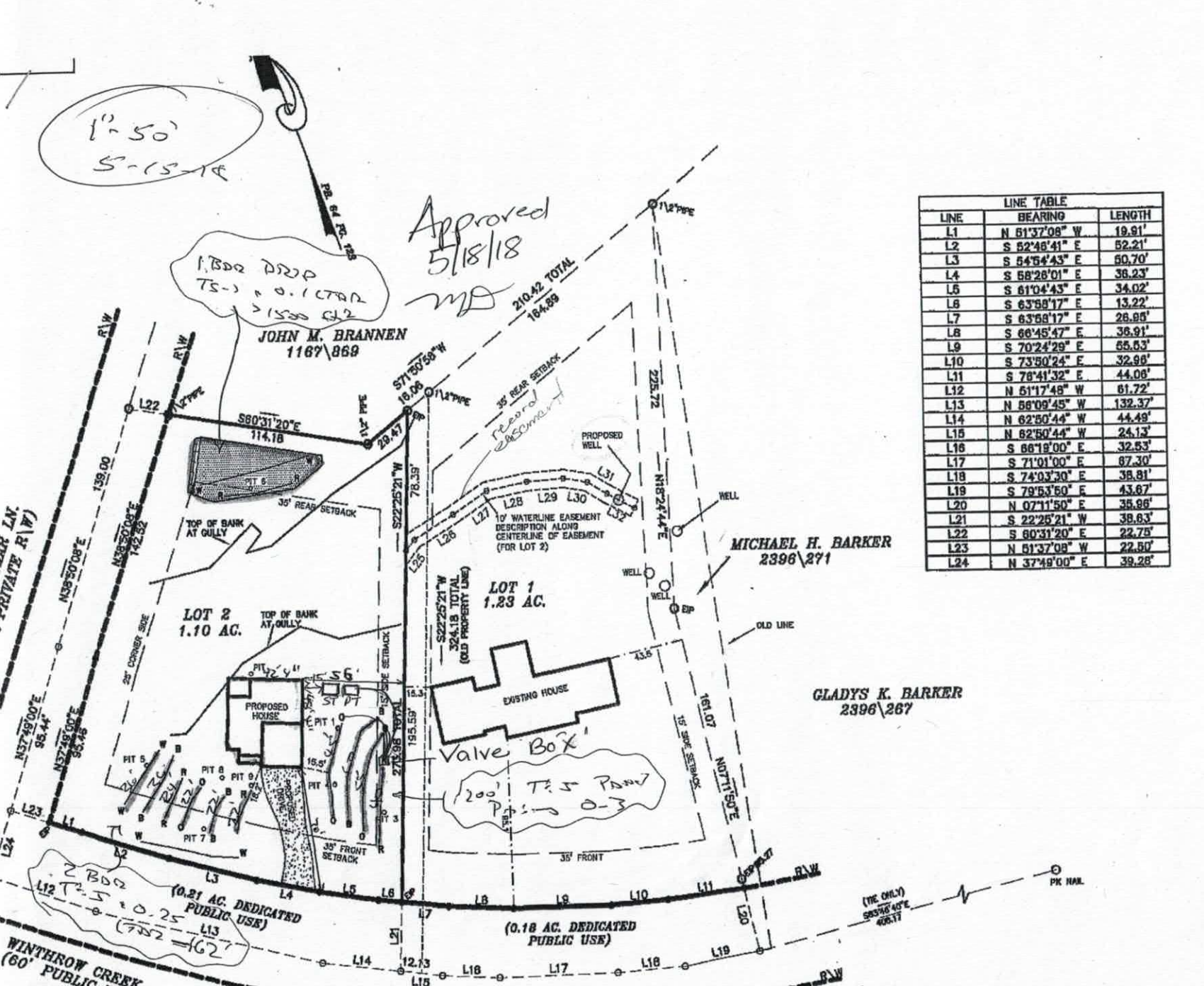
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Michael Barker Date: 5/22/18 Installed by:

IMPROVEMENT PERMIT by: Mona Dotson Date: 5/18/18 OPERATION PERMIT by: Kayla Wilson Date: 7-3-19

AUTHORIZATION TO CONSTRUCT by: Mona Dotson Date: 5/18/18 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.



LINE TABLE		
LINE	BEARING	LENGTH
L1	N 61°37'08" W	19.91'
L2	S 52°46'41" E	52.21'
L3	S 54°54'43" E	60.70'
L4	S 58°26'01" E	36.23'
L5	S 61°04'43" E	34.02'
L6	S 63°59'17" E	13.22'
L7	S 63°59'17" E	26.95'
L8	S 66°45'47" E	36.91'
L9	S 70°24'29" E	55.53'
L10	S 73°50'24" E	32.96'
L11	S 76°41'32" E	44.06'
L12	N 61°17'48" W	61.72'
L13	N 56°09'45" W	132.37'
L14	N 62°50'44" W	44.49'
L15	N 62°50'44" W	24.13'
L16	S 66°19'00" E	32.53'
L17	S 71°01'00" E	67.30'
L18	S 74°03'30" E	38.81'
L19	S 79°53'50" E	43.67'
L20	N 07°11'50" E	35.96'
L21	S 22°25'21" W	38.63'
L22	S 60°31'20" E	22.75'
L23	N 61°37'08" W	22.50'
L24	N 37°49'00" E	39.26'

NOTES:
1) This property may be su
Rights-of-way of record
2) Tax Parcel No. 46699672
3) Deed Ref. 2277\334
4) Property zoned: RA and
5) Minimum Building Setbac
6) The property is located
7) All lots are subject to
10 feet on each side o
8) TOATL AREA SUBDIVID
9) No geodetic monument
10) The lots shown on this

WATERLINE EA
F
LOT 2
MICHAEL H. BA
BARRINGER TWSP.
SCALE: 1" = 50'

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4669612 14
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Michael Baker — APPLICATION DATE
ADDRESS: 42 Moccasin Flower Trail Landrum, SC — DATE EVALUATED: 2/8/18
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE:
LOCATION OF SITE: 257 Winthrow Creek — 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 4	7%	0-6	Brw SCL	SS, SP, SExP	SS, SP, SExP, FR				PS .3
		6-17	RC m ABK/SBK	SS, SP, SExP, FR					
		17-48	RC/CL w/few to many	SAP Incls					
		48-72	L/SL SAP	massive, FR					
2 3	6%	0-11	Brw	SCL	SS, SP, SExP, FR				PS .3
		11-33	RC m-w ABK/SBK	SS, SP, SExP, FR					
		33-63	RCL w SBK w/ few to many	SS, SP, SExP, FR SAP Incls					
3 1	7%	0-6	Gravel		SS SP SExP FR				PS .3
		6-13	Compacted RC						
		13-28	RC/CL w few SAP Incls						
		28-54	Rd Brw w/SBK	SS, SP, SExP, FR w/ SAP Incls					
		54-63	LL SAP	massive, FR					
4	7 10%	0-12	Brw SCL	SS, SP, SExP	SS, SP, SExP, FR				PS .25
		12-33	RC m-w SBK/ABK	SS, SP, SExP, FR					
		33-55	RC/CL w SBK w/ Incls of w Rock	SS, SP, SExP, FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% Red	PPBPS & Drip
Site LTAR	.3	.25/.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson/Paul Penninger
OTHER(S) PRESENT: Rusty Orbison/& Wayne Rajk

COMMENTS:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4669672121
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Michael Barker — APPLICATION DATE: 1/25/18
ADDRESS: 42 Moccasin Flower Trail Landrum, SC — DATE EVALUATED: 2/10/18
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE:
LOCATION OF SITE: 257 Winthrow Creek — PROPERTY RECORDED: X
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut — TYPE OF WASTEWATER: X 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	5 12%	0-5	Brw SCL	SS, SP, SEXP, FR					PS .3
		5-28	RC m	SBK/ABK SS, SP, SEXP, FR					
		28-48	RC, w	SBK SS, SP, SEXP, FR w/Comma Mica & few to many SAP Inclus					
2	9 10%	0-22"	Fill						PS .3
		22-36	RC	mSBK/ABK SS, SP, SEXP, FR					
		36-60	RC	wSBK SS, SP, SEXP, FR w/Common Micas & few to many SAP Inclus					
3	8 10% Not in Drain field ~13" Fill near end of line	0-13"	Fill						PS .25
		13-40	RC	mSBK/ABK SS, SP, SEXP, FR					
		40-60	RC	wSBK SS, SP, SEXP, FR w/ Common Micas & few to many SAP Inclus					
4 & 6	7 9%	0-5	Brw	SCL SS, SP, SEXP, FR	C SS, SP, SEXP, FR	low	Chroma Fi		PS .25 to 32" >32" .2
		5-32	RC	wSBK					
		32-60	R to yel/Brw		C S, P,				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% Red	PPBB & Drip
Site LTAR	.3	.25/.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson/Paul Penninger
OTHER(S) PRESENT: Rusty Orbison & Wayne Parker

COMMENTS:

★ Revised

Call Paul for Site 704-996-6330.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
Rev. 5-20-18

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

Applicant Information: (PRINT CLEARLY) 42 Moccasin Flower Tr.

Applicant Name: Michael Barker Address: Landrum SC Zip: 29356
Applicant Email: barkercsp@creol.com Phone: 704-527-9417 Alt. Phone:
Owner Name: Same as above Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: Winterrow Creek
Subdivision Name: Recomb. of Michael Barker Prop Section/Phase: Lot Number: 2
Driving Directions: Hwy 21/115 TR Sharpes TR Winterrow Prop on Left after Sweet Road

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 3 PP
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
Rev. 5-2-18
(X) Crawl Space Foundation
(X) Concrete Slab Foundation
(X) 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 ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: T.V.

Please answer the following to the best of your ability:
( ) Yes ( ) No ? Does the site contain any jurisdictional wetlands? Shown
( ) 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: _____ 1-23-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JAN 2 9 2018

Call Paul Sr. Site 704-996-6380.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 #233015

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

X BD 5-15-18

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

Paid $700.00

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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) 42 Moccasin Flown Tr.

Applicant Name: Michael Barker Address: Landrum SC Zip: 29356
Applicant Email: barkercp@creol.com Phone: 704-507-9413 Alt. Phone: _____
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 257 Winterton Creek
Subdivision Name: Rec mtn. of Michael Barker Prop Section/Phase: _____ Lot Number: 2
Driving Directions: Hwy 21/115 TR Shinnville TR Winterton Prop on Left after Sweet Road

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

(X) New Single Family Residence
( ) New Multi-Family Residence
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( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

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( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
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( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: T.V.

Please answer the following to the best of your ability:
( ) Yes ( ) No ? Does the site contain any jurisdictional wetlands? Shown
( ) 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: _____ 1-25-18
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

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, MICHAEL D. BARKER, am the legal owner(s) of the property located at WINTHROP CREEK DR, identified as PIN (Parcel Identification Number) 4669672149.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) PAUL PENNINGTON + WAYNE BARKER, 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: 1/23/2018

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

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!

DOOR SCHEDULE

MARK	SIZE	QUAN.	DESCRIPTION
1	3'-0" x 6'-8"	1	EXT., FULL GLASS W/ 8" SIDELITE # 16" ARCH HEAD TRANSOM ##
2	3'-0" x 6'-8"	1	EXT., FULL GLASS W/ 9" TRANSOM #
3	3'-0" x 6'-8"	1	EXT., 1 HOUR FIRE-RATED
4	16'-0" x 8'-0"	1	GARAGE
5	2'-8" x 6'-8"	1	INT., INSULATED
6	2'-8" x 6'-8"	9	INT.
7	2'-4" x 6'-8"	8	INT.
8	2'-6" x 6'-8"	1	INT.
9	(2) 2'-6" x 6'-8"	3	INT.
10	2'-4" x 6'-8"	2	INT., POCKET DOOR

SEE ELEVATION FOR TRANSOM
SEE ELEVATION FOR RADIUS

WINDOW SCHEDULE

MARK	SIZE	QUAN.	DESCRIPTION
A	2'-8" x 6'-3"	3	D.H.
B	(3) 2'-8" x 6'-3"	2	D.H.
C	(3) 2'-8" x 6'-3"	1	D.H.
D	3'-4" x 5'-3"	2	D.H.
E	(3) 3'-4" x 5'-3"	1	D.H.
F	(2) 2'-8" x 5'-3"	3	D.H.
G	2'-4" x 3'-10"	2	D.H. W/ HALF CIRCLE TRANSOM #
H	7'-5 1/2" x 3'-10 1/4"	2	YELUX SKYLIGHT FS-C06 ##

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.

VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.

WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.

VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.

VERIFY WINDOW SILL HEIGHT CLEARANCE ABOVE TUBS AND COUNTERTOPS TO ALLOW FOR TRIM AND/OR BACKSPLASH.

SEE ELEVATION FOR TRANSOM

VERIFY SKYLIGHT INSTALLATION REQUIREMENTS BEFORE CONSTRUCTION. IF CURB INSTALLATION IS RECOMMENDED DUE TO CLIMATIC CONDITIONS, MODEL NUMBER AND/OR ROUGH OPENING SIZE MAY VARY.

PLAN NOTES:

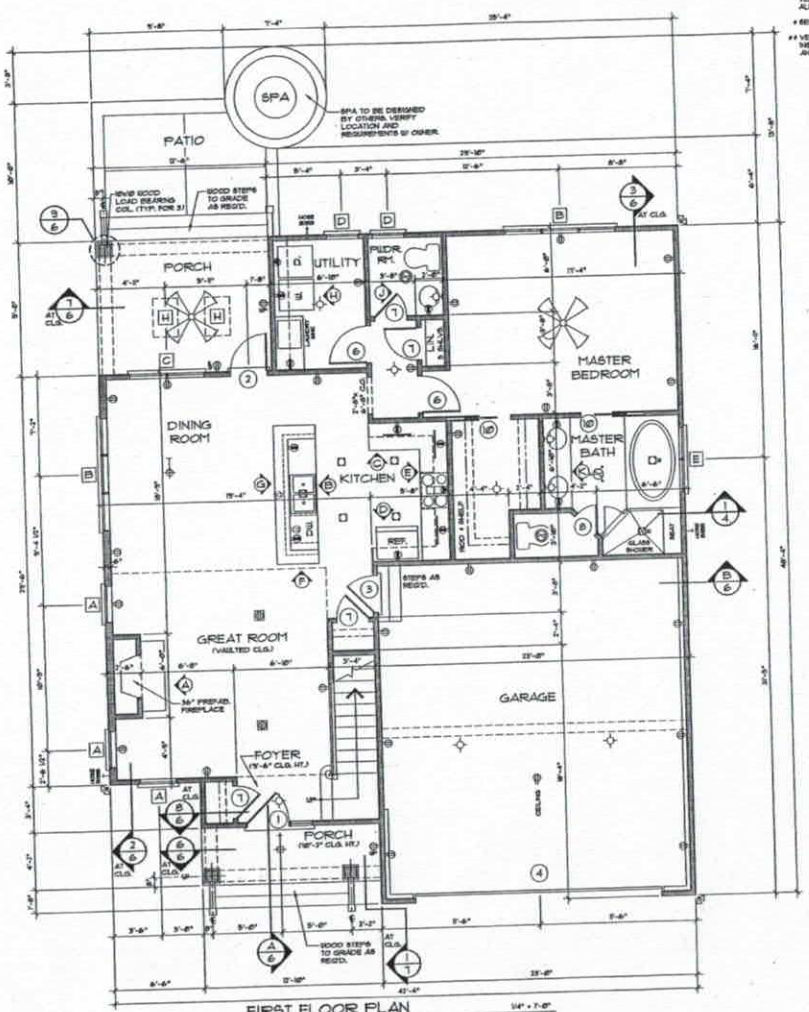
1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVISE SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   REVISE SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNITS WITH THE OWNER PRIOR TO CONSTRUCTION. ENSURE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.
   HVAC EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 20"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL 2x4'S @ 16" O.C. (R-13) OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
WP	WEATHER PROOF DUPLEX OUTLET
	ABOVE COUNTER LOCATION
	ABOVE COUNTER-SATER PROOF DUPLEX OUTLET
	FLUSH FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RUN TUNNEL W/ LIGHT KIT
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN w/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT

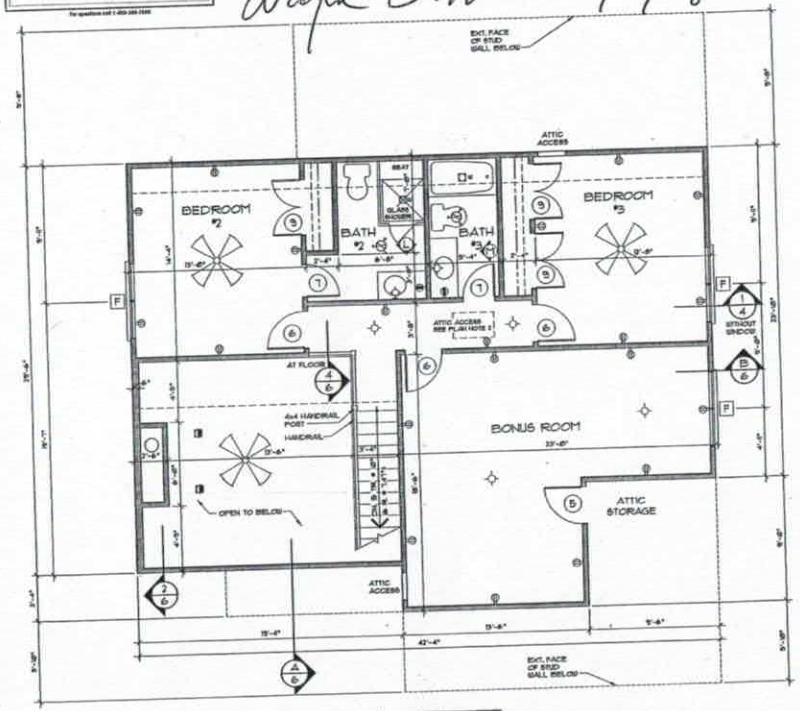
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For questions call 1-800-388-7580

Maria Dolan 5/18/18
Wayne Bahn 5/15/18

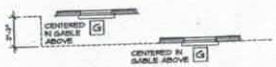


FIRST FLOOR PLAN 1/4" = 1'-0"

FIRST FLOOR	1237 sq. ft.	GARAGE	864 sq. ft.
SECOND FLOOR	631 sq. ft.	BONUS ROOM	335 sq. ft.
TOTAL LIVING	1868 sq. ft.		



SECOND FLOOR PLAN 1/4" = 1'-0"



GABLE STRUCTURAL PLAN 1/4" = 1'-0"

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PENNINGTON
DESIGN NO. 1214-MR
SHEET OF 3 OF 08
FIRST / SECOND FLOOR PLAN

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!

IREDELL COUNTY

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

APPLICATION NUMBER
233015
Issue Date: 01/29/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4669672149.000	257 WINTHROW CREEK ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: BARKER MICHAEL	Applicant: PAUL PENNINGER
Address: 16826 HAMPTONS LANDING RD CHARLOTTE, NC 28277	Address: 595 J M PENNINGER RD LEXINGTON, NC 27292
Phone:	Phone: 704-996-6330

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	25.00	15.00	NOT	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	126933	TOTAL FEES:	$ 77.25