RECEIVED NOV 1 2 2014
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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
(✓) Septic Improvement Permit (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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:

Applicant Name: SHEA BUILDERS Address: 1008 CORPORATE CENTER Phone: 704 301 3229

Owner Name: SAME Address: _____ Phone: _____

Property Information:

Street Address: 287 WALKING HORSE TRAIL

Subdivision Name: ANNISTON Section/Phase: 1 Lot Number: 139

Driving Directions: NORTH ON GOOSE CREEK / LEFT ON JOHNSON DAIRY / SITE ON LEFT

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

* UNFINISHED BASEMENT *
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

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

Water Supply:

(✓) 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: _____

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: Stan W. Pauley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

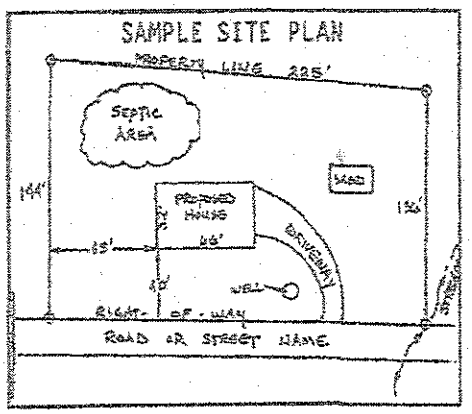
11/10/14
DATE

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

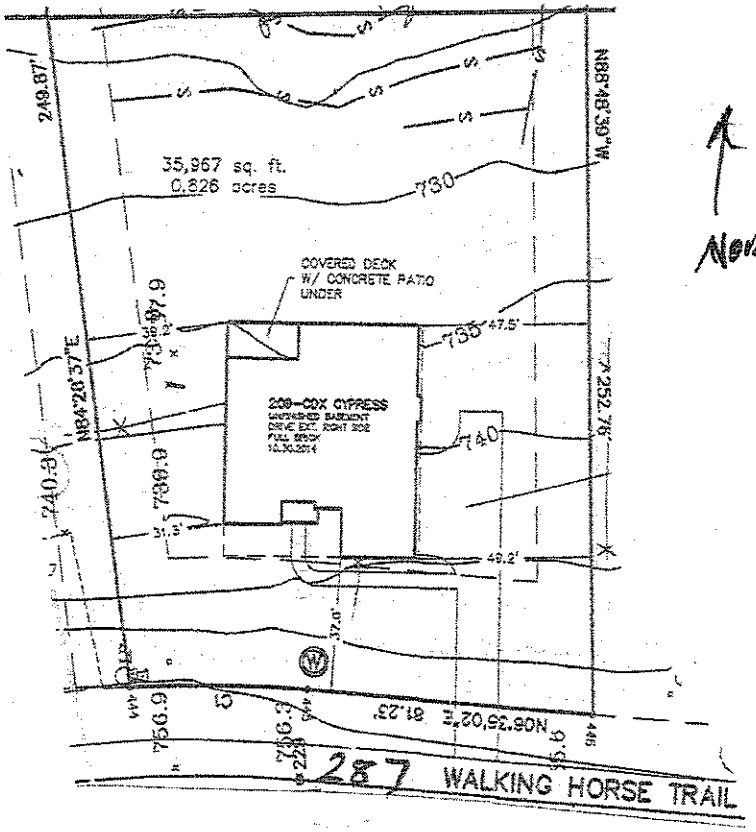


Circle N/A on the following if appropriate:

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



North

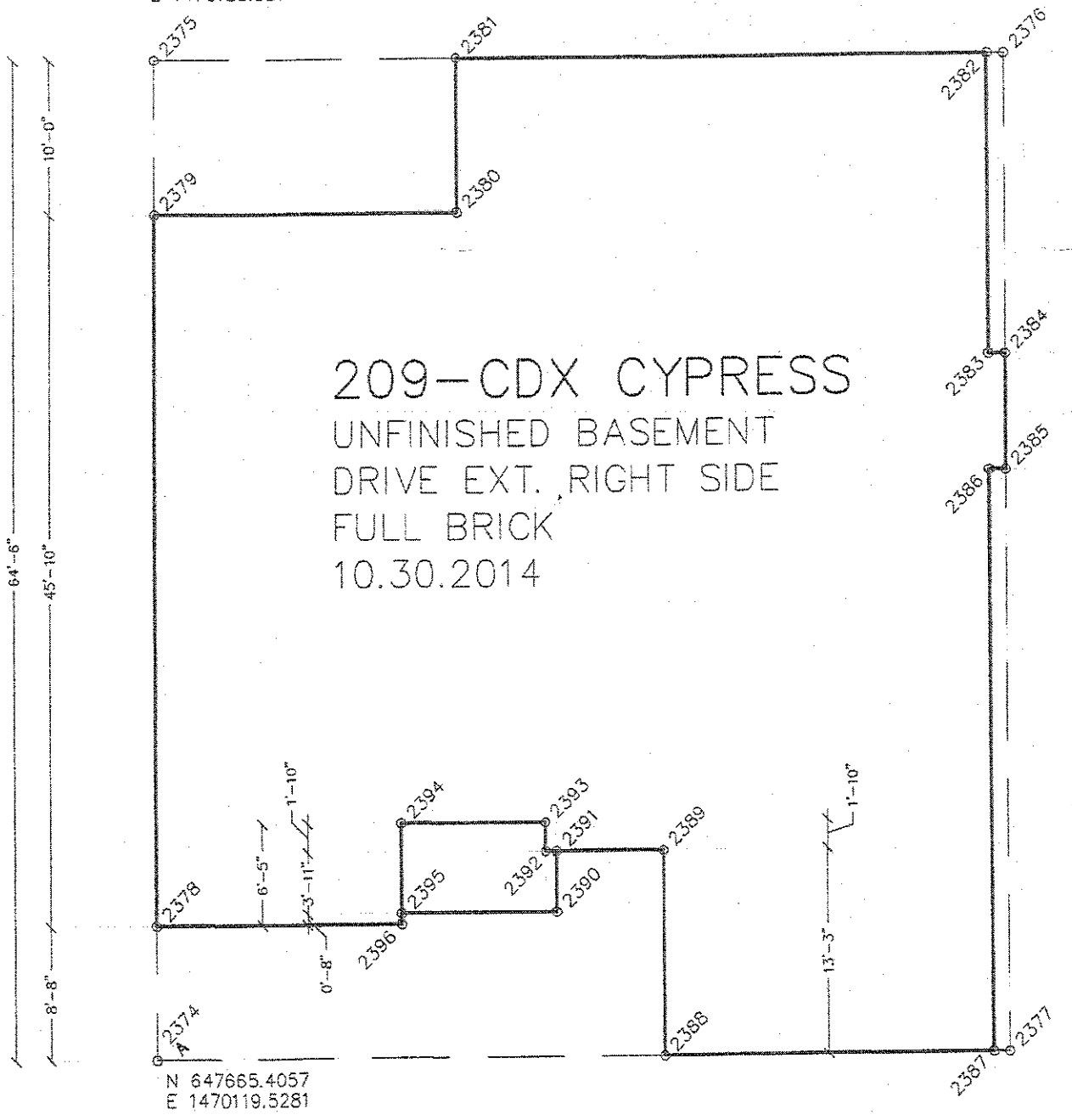
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/10/14
DATE

Acknowledgement Of
Plans Submittal ONLY!

_____ Date _____

_____ Date _____



HUBBING PLAN

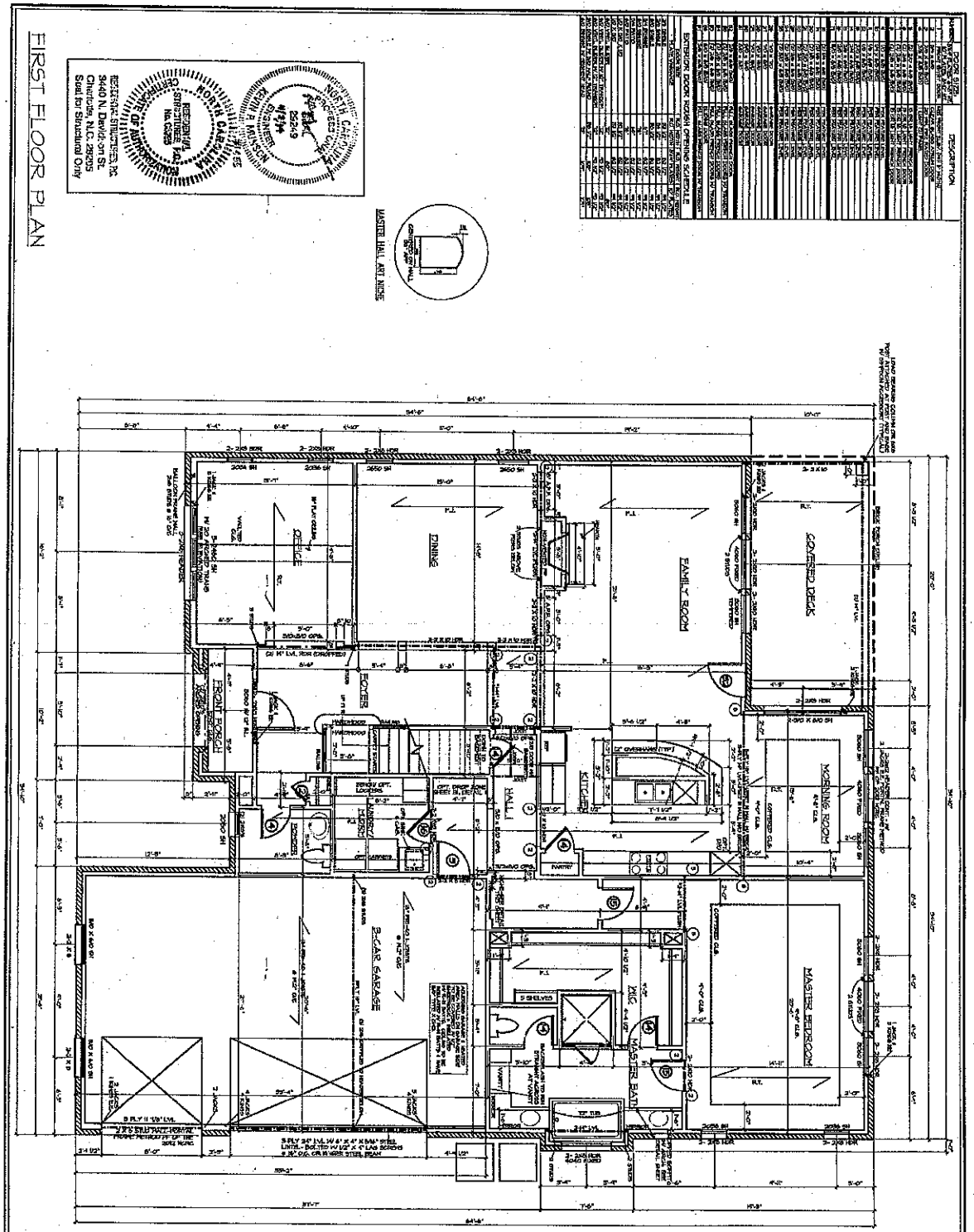
ENVELOPE: A

SHEET 2 OF 2

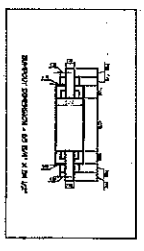
LUCAS-FORMAN, INC. 4000 STUART-ANDREW BLVD. CHARLOTTE, NC 28217 (704) 527-6626

JOB: ANW0139 1" = 10' DATE: 11/04/2014 BY: BSH

FIRST FLOOR PLAN



MASTER HALL ART NICHE



FIREPLACE DETAIL

NOTES

STRUCTURAL NOTES

Acknowledgement Of
Plans Submittal ONLY!
APPROVED NOV 20 2014
Date

bt-139

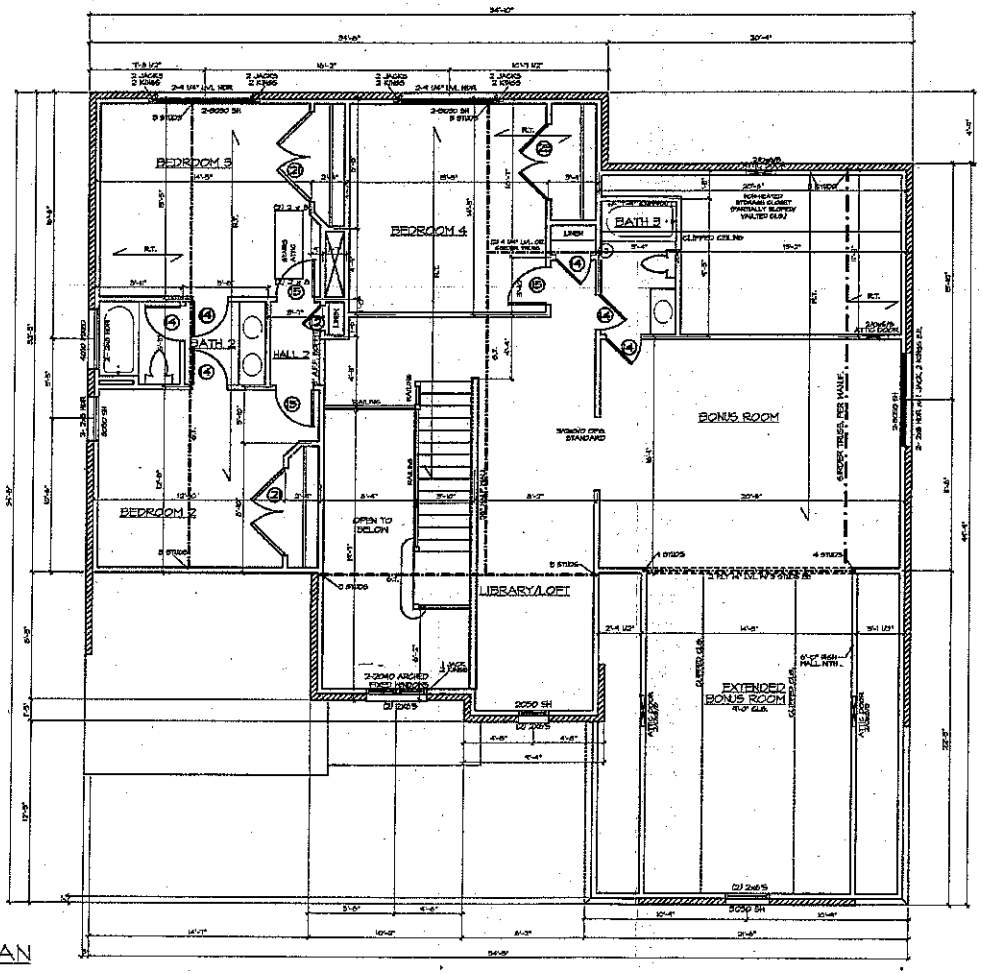
Sheet	Date	Scale	Drawn	Checked
E1	10.30.14	1/8"=1'-0"	MH	CAD

PLAN NUMBER: 209-DD
PLAN NAME: CYPRESS
CDX

Shea Homes
8008 Corporate Center Drive
Suite 300, Charlotte, NC 28277
704-319-5000

Acknowledgement Of
Plans Submittal ONLY!
APPROVED Date NOV 20 2014
Date

LOT-139



SECOND FLOOR PLAN

NORTH CAROLINA PROFESSIONAL SEAL 29249 ENGINEER KEVIN P. MYNSON
NORTH CAROLINA PRESIDENTIAL STRUCTURES, P.C. No. C2126 CERTIFICATE OF AUTHORIZATION
PRESIDENTIAL STRUCTURES, P.C.
3440 N. Davidson St.
Charlotte, N.C. 28205
Seal for Structural Only

R.T. = ROOF TRUSS PER MANF.
S.T. = STRIER TRUSS PER PLAN

STRUCTURAL NOTES:
1) ALL FRAMING LUMBER TO BE #2 SPF (MIN).
2) ALL LOAD BEARING HEADERS TO BE (2) 2 x 10 (MIN).
3) ALL BEAMS ARE TO BE SUPPORTED WITH (2) 2 x 4 PER STUD (MIN).
4) SUPPORT ALL WALLS PARALLEL TO THE FLOOR TRUSSES PER THE TRUSS MANUFACTURER'S SPECS.
5) SQUARES DENOTE POINT LOADS WHICH REQUIRE SOLID BLOCKING TO GIRDER OR FOUNDATION.

Sheaflores
8008 Corporate Center Drive
Suite 300, Charlotte, NC 28277
704-319-5000

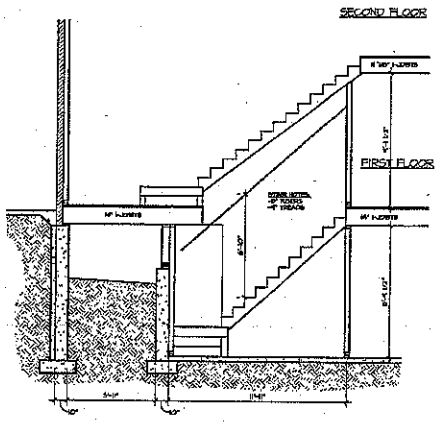
CDX

PLAN NUMBER: 209-BD
PLAN NAME: CYPRESS

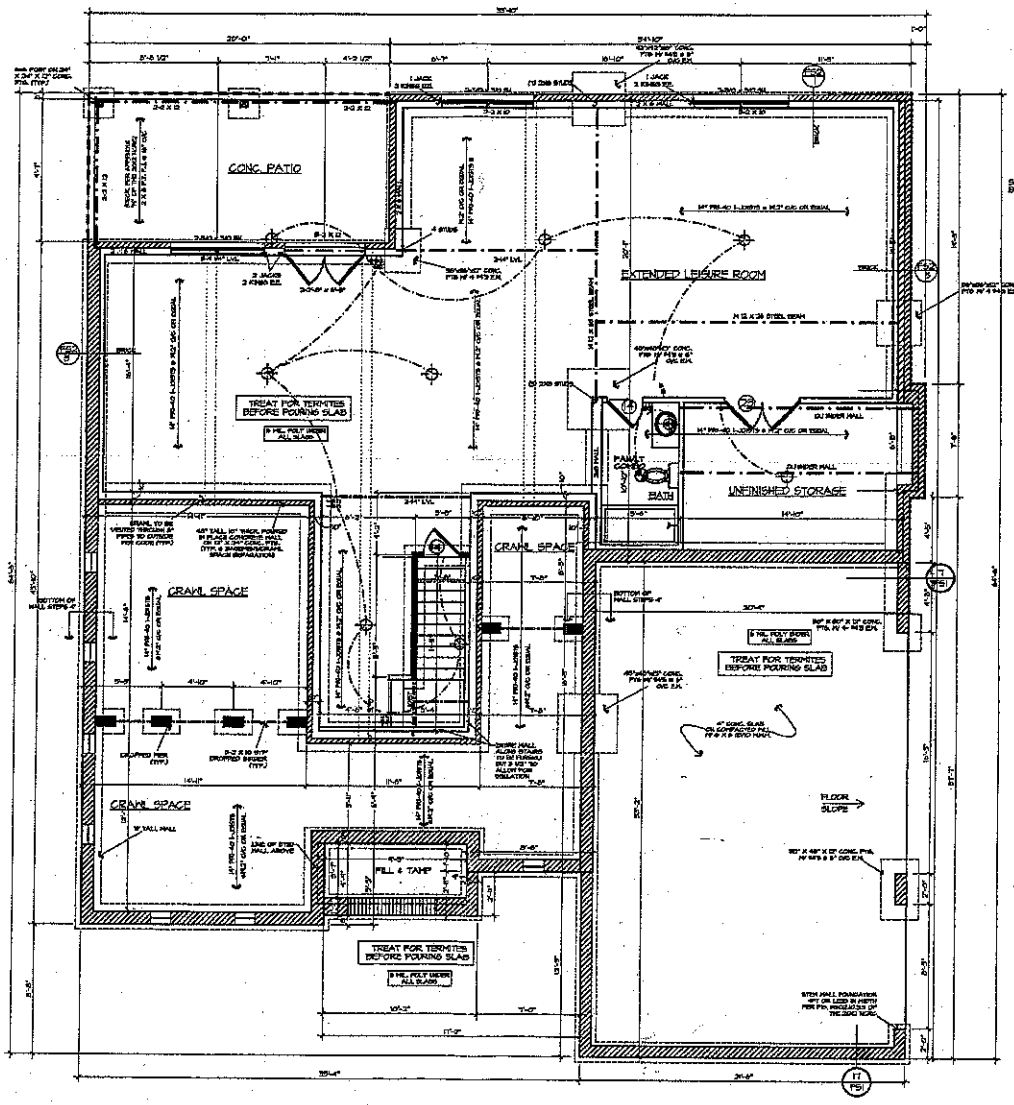
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Drawn MHH
Checked KAD
Sheet E2

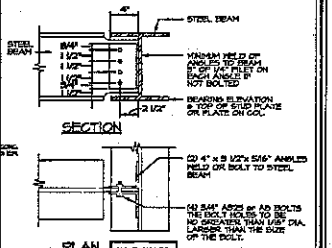
Acknowledgment Of
Plans Submittal ONLY!
APPROVED NOV 20 2014
Date

60T-139



STAIR SECTION



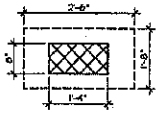


STANDARD STEEL TO STEEL BEAM CONNECTION
SCALE: N.T.S.

NOTE: LOCATE ALL BEAMS AND GIRDERS UNDER WALLS ABOVE

NOTE: BASEMENT WALLS TO BE 2 X 6 @ 16" O/C

= LOAD BEARING WALL W/ 16" X 9" THICKENED FTG. (TYP.)



TYPICAL PIER & FOOTING (PLAN VIEW)

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 25249 KEVIN P. MUNSON
NORTH CAROLINA RESIDENTIAL STRUCTURES, P.C. No. C3285 CERTIFICATE OF AUTHORIZATION
RESIDENTIAL STRUCTURES, P.C.
3440 N. Davidson St.
Charlotte, N.C. 28205
Seal for Structural Only

BASEMENT OPTION B

Sheadhomes
3436 Toringdon Way, Suite 100
Charlotte, NC 28277
704-319-3000

CDX

PLAN NUMBER: 209-BB
PLAN NAME: CYPRESS
Date: 10.30.14
Scale: 1/8"=1'-0"
Drawn: MH
Checked: CAD
Sheet: C3