ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 303085

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

PIN # 4685156971.000

APPLICANT/OWNER: IQ Custom Construction | APPLICANT ADDRESS: 301 Watkins Farm Rd.

SITE ADDRESS: 816 Patterson Farm Rd Mooresville NC 28115 | PHONE: — | ALT. PHONE 704-578-4951

SITE DIRECTIONS: Gravwood Rd & Patterson Farm on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Meadows Place | SECTION: — | LOT # 3 | LOT AREA: 135 x 575 | DESIGN FLOW: 480 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB 964	Date 9/10	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	— (gal)	PT	Date	System Description:	25% Reduction.	☐ Business	No. Persons	8	☒ Private
Pump Make	—	Model	Serial #	Repair System Description:	Subsurface Drip	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 7	Linear Ft 400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

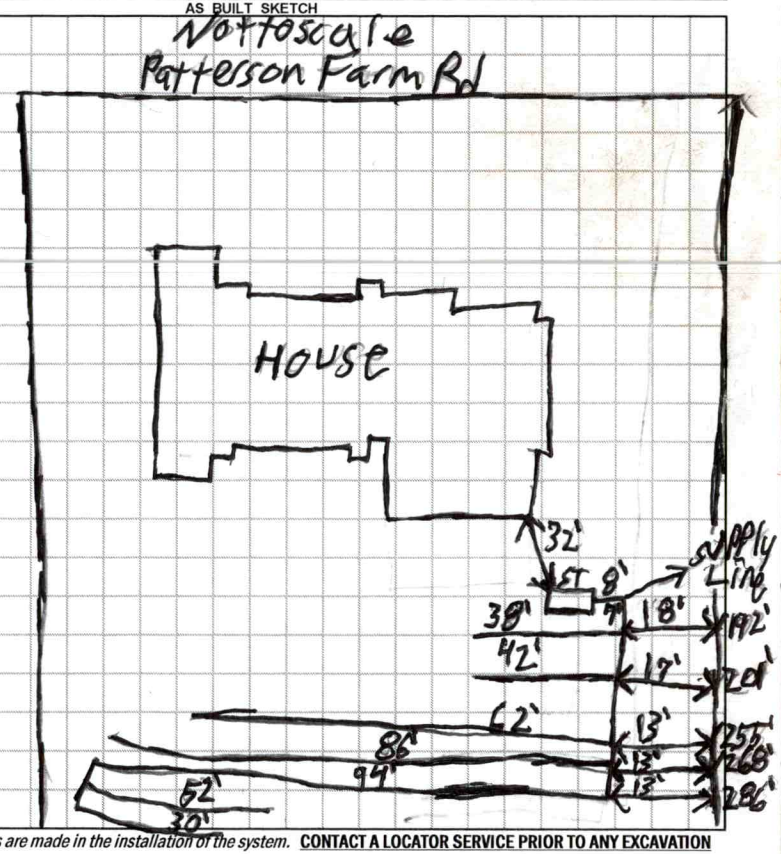
Comments / Conditions:

* House larger than on site plan – O.K. Does not impact Septic Area

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of S.L. 2018-114. using the signed & Sealed LSS Evaluation by: The Oaks Group PA LSS # 1313

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**

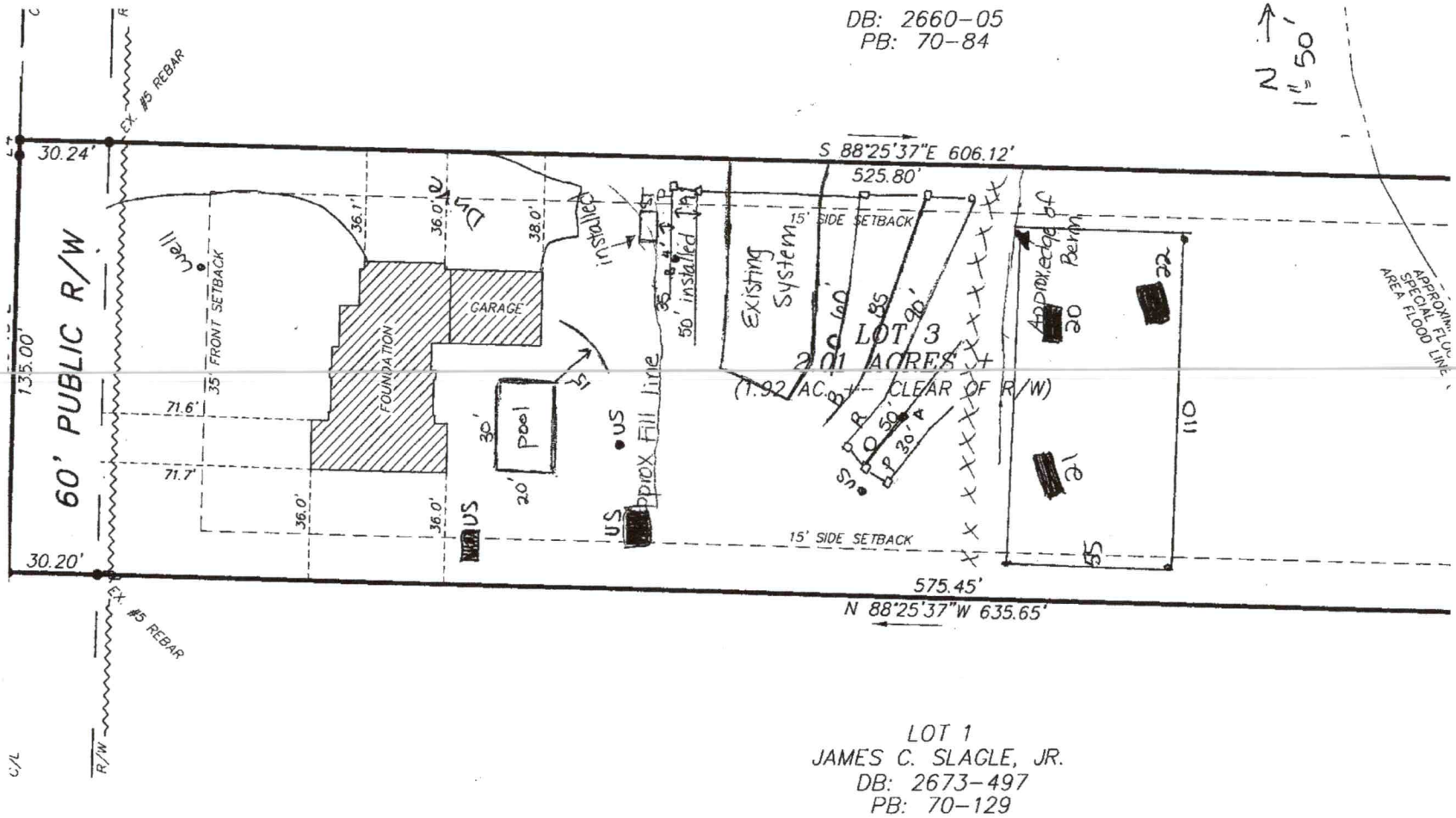
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 10/6/2020 | Installed by: Rowan Septic

IMPROVEMENT PERMIT by: [signature] Date: 9/23/2020 | OPERATION PERMIT by: Patrick J Boyle III Date: 10/8/2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/6/2020 | 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.



LOT 1
JAMES C. SLAGLE, JR.
DB: 2673-497
PB: 70-129

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 816 Patterson Farm Rd

Date: August 19, 2020

Attached is the septic specification information required to permit 816 Patterson Farm Rd for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Patterson Farm Lot 3 - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space or Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	7 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	30"
Maintenance Agreement Required	No
Repair System	**Subsurface Drip**
Total Linear Feet	6000 sqft
Repair Loading Rate	0.1
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Pink	25% Reduction	35 endfed
2	System	Installed	25% Reduction	50 endfed
3	System	Orange	25% Reduction	60 endfed
4	System	Blue	25% Reduction	85 endfed
5	System	Red	25% Reduction	90 endfed
6	System	Orange	25% Reduction	50 endfed
7	System	Pink	25% Reduction	30 endfed
				Total System: 400'
				Total Repair: xxx'

Note: **Keep necessary setbacks to foundation drains if used**
Tank locations and distribution devices can be altered at ICHD's discretion
Soils on site are variable, soil features may exist which were not encountered during the evaluation
Scrape back any fill that may be over the uppermost line

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: IQ Custom Const.
ADDRESS: 840 Edmiston Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600
LOCATION OF SITE: Lot 3 Meadows Field
APPLICATION DATE ___
DATE EVALUATED: 4/11/19
PROPERTY SIZE: 2.01 AC
PROPERTY RECORDED: YES

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
A	L 3-5%	0-12	Mo SBK C	FR SS/SP	R; C SAP	48+	N/A	N/A	0.3
		12-48	WK SBK C	↓	R; C/M SAP				
B	L 3-5%	0-18	Mo SBK C	FR SS/SP	R, C SAP	48+	N/A	N/A	0.3
		18-48	WK SBK C	↓	R; C/M SAP				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIg	Sub. Disp
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: KMS
OTHER(S) PRESENT: ___

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

COMMENTS: ___

Kathleen Saunders

Updated February 2014

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
PERTY ID #: ___
COUNTY: Iredell

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

OWNER: TQ Custom Constr. APPLICATION DATE ___
ADDRESS: 840 Edmiston Rd DATE EVALUATED: 4/11/19
PROPOSED FACILITY: STR PROPOSED DESIGN FLOW (.1949): 600 PROPERTY SIZE: ___
LOCATION OF SITE: Lot 3 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
20	L 3-5%	0-5	Mo GR SL	FR ns/np	Dk Br multi	5"	PS	N/A	0.3
		5-60	MA L Sap	FR SS SP	F Quartz in step				
21	L 3-5%	0-8	Mo GR SL	FR ns/np	Br multi; C multi	C pockets 8"	PS	N/A	0.3 25+
		8-28	MA L Sap	FR ss/sp ↓					
		28-65	"	↓					
22	L 3-5%	0-28	WK SBK SCL	FR SS SP	Br R multi; C/R	28"	PS	N/A	0.3 28+
		28-60	MA SL Sap	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III g	Sub drip
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): 30' TR
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: KMS
OTHER(S) PRESENT: ___

LICENSED SOIL SCIENTIST KATHLEEN M. SAUNDERS 1313 STATE OF NORTH CAROLINA

COMMENTS: ___

Kathleen Saunders

Updated February 2014

Paid $500

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Session Law - Partially Installed

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.

AP-303085

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

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: IQ Custom Const. Address: 301 Watkins Farm Rd Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (Jess)

Property Information:

Street Address: 816 Patterson Farm Rd

Subdivision Name: Meadows Field Section/Phase: _____ Lot Number: 3

Driving Directions: Linwood, R Patterson Farm, on L

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
(X) 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 ( ) 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: Kathleen Saunders 8-19-2020
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, IQ Custom Construction, am the legal owner(s) of the property located at 816 Patterson Farm Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** The Oaks Group, 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]	8/19/2020	[signature]	8/19/2020
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 10/6/2020
Plans Submittal ONLY!

Date 10/4/20

Date

AREA CALCULATIONS	
MAIN LEVEL	2372 SF
SECOND FLOOR	1231 SF
TOTAL LIVEABLE	3603 SF
BONUS ROOM	401 SF
GARAGE	602 SF
MUD RM	146 SF
COVERED PORCH 'A'	193 SF
COVERED PORCH 'B'	281 SF
COVERED PORCH 'C'	89 SF
COVERED DECK	99 SF

GENERAL NOTES - MAIN FLOOR

- WHILE EVERY EFFORT HAS BEEN MADE TO INSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER / BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS. SIZES OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION SIZING, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. ARE FOR BIDDING AND REVIEW PURPOSES ONLY.

WINDOWS

- MARVIN INTEGRITY ALL ULTREX SERIES UNITS SHOWN
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 7' 11-5/8" OFF FLOOR
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES DESIGNED TO MIN. L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY GRANITE COUNTERTOPS AND PROVIDE PROPER FRAMING AS NEEDED
- DIMENSIONS ARE FROM EXTERIOR FACE OF STUD OF EXTERIOR WALLS AND CENTERLINE OF INTERIOR PARTITIONS

FRAMING

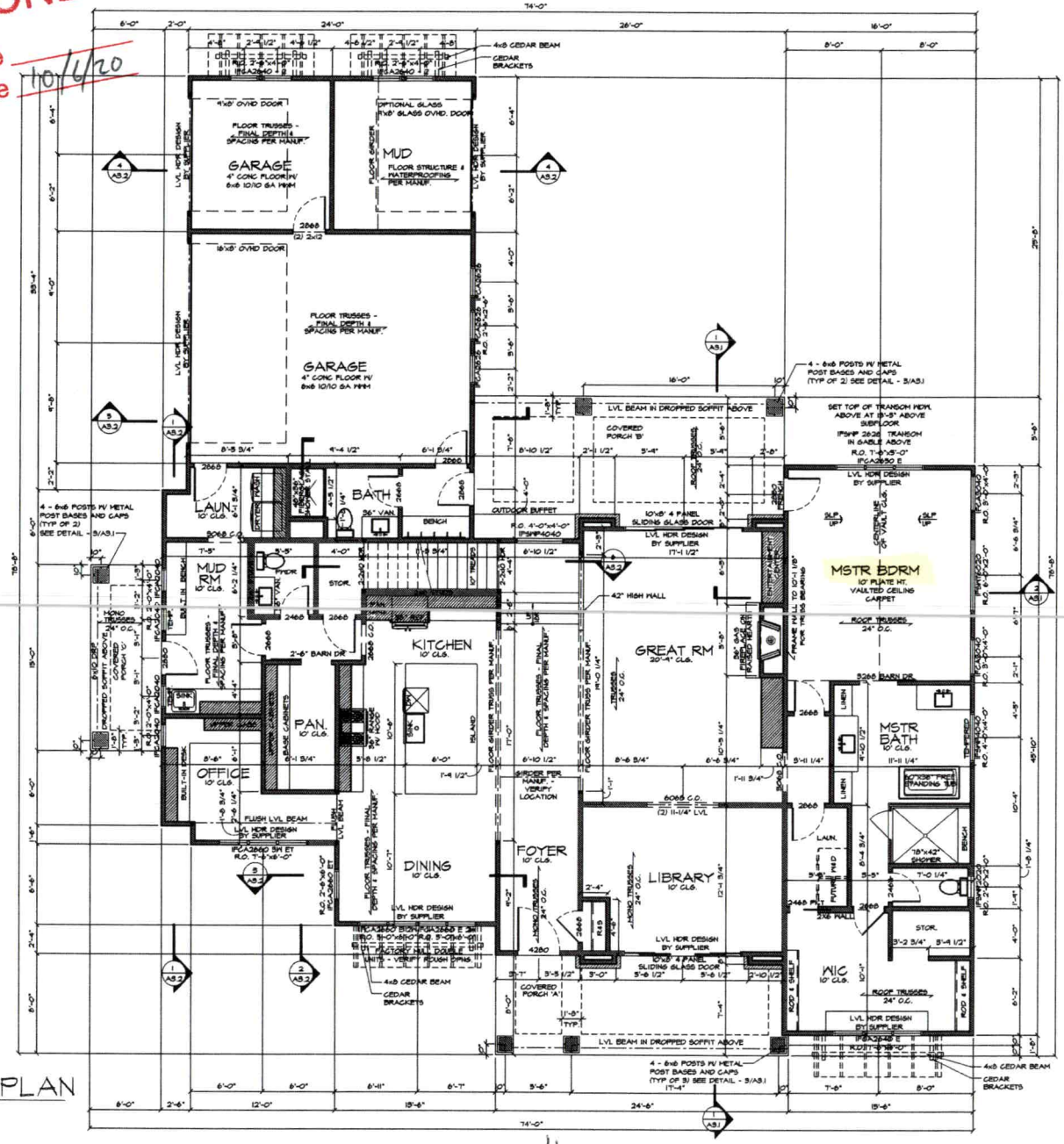
- PLATE HEIGHTS (ROUGH FRAME):
  - 9' 1-1/8" MAIN LEVEL
  - 12' 1-1/8" BREAK ROOM, FOYER
- 2X6 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ALL EXTERIOR DOOR AND HDH HDRS TO BE 2-2X10 UNLESS NOTED OTHERWISE

■ - DENOTES SOLID BEARING IN WALL CONTINUOUS TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

EXACT MECH. EQUIP. LOCATIONS TO BE DETERMINED IN FIELD

STRUCTURAL NOTES

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON EXISTING SITE CONDITIONS. OWNER / BUILDER TO ASSUME ALL RESPONSIBILITY FOR ENTIRE STRUCTURE.



1 A2.2 MAIN LEVEL FLOOR PLAN
SCALE: 1/4" = 1'0"

Important:

Contractor/Builders shall verify all conditions and dimensions before beginning construction. Any discrepancies shall be reported to LifeStyle Design Service for justification and/or corrections before proceeding with work. Contractor/Builders shall assume responsibility for all errors that are not reported. (888) 266-3439

MODIFIED BY LifeStyle DESIGN SERVICE
2526 Lafayette Rd. Wayzata, MN 55391
Ph (888) 266-3439 Fx (651) 602-5050

NAME	PROJECT #	DATE
Dixon	2019-324	12/9/19

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR ANY STRUCTURAL OR DIMENSIONAL ERRORS OF OMISSIONS. THE CONTRACTOR AND/OR OWNER SHALL BE RESPONSIBLE FOR THE ACCEPTATION AND CHECKING OF ALL DIMENSIONS AND DETAILS SHOWN ON THESE FLOOR PLANS AND NOTIFY ROYAL OAKS DESIGN, INC. OF ANY ERRORS PRIOR TO START OF CONSTRUCTION. ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR THE WORKMANSHIP OF THE SUBCONTRACTORS.

CL - 18 - 004
SLAB

Document Date: 6/19/2019
Document Phase:
Drawn by: K HANSON

ISSUE DATE REMARK

MAIN FLOOR PLAN

A2.2

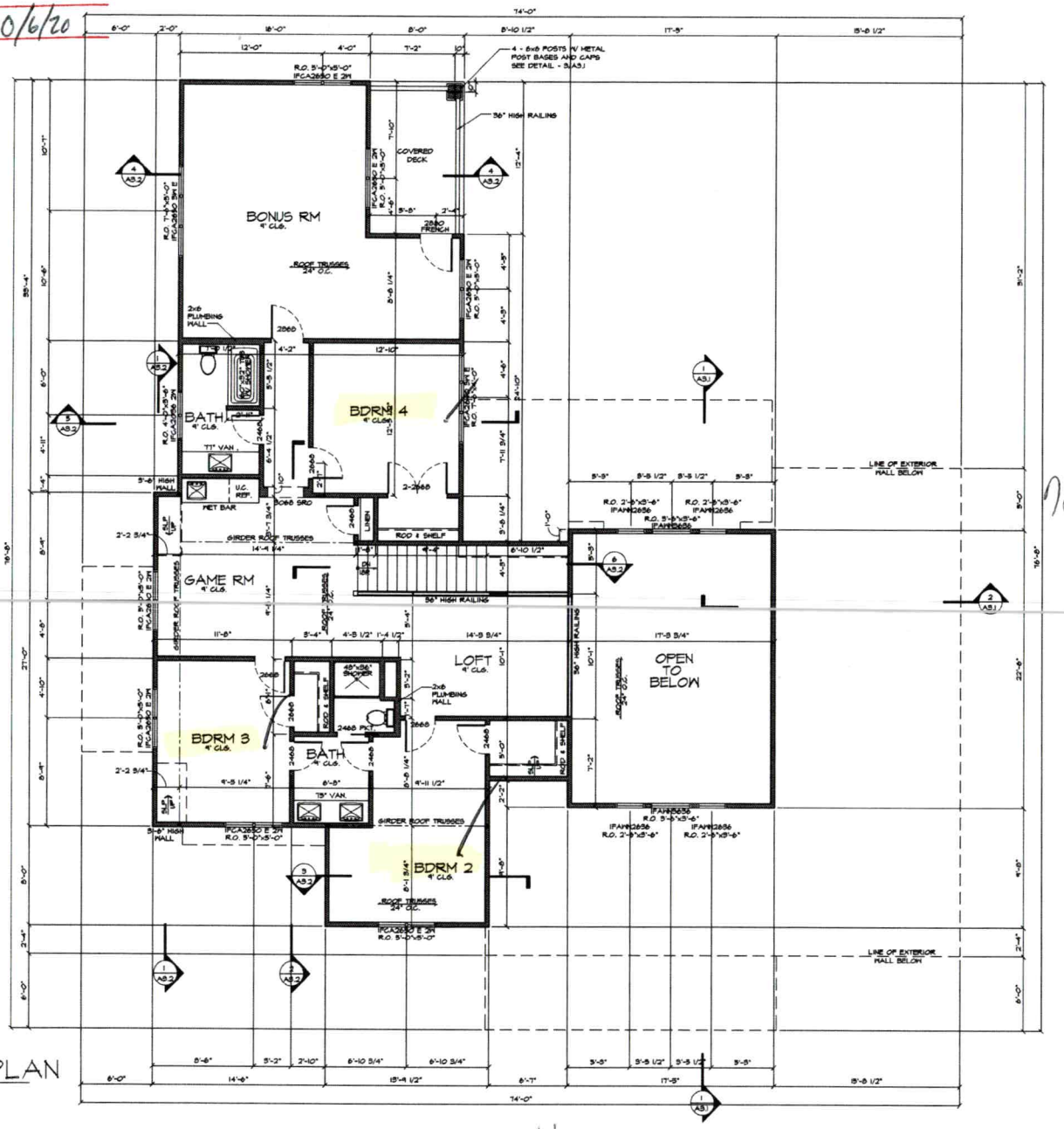
Copyright © 2019 Royal Oaks Design, Inc.

Acknowledgement of Plans Submittal ONLY!

Date 10/6/2020

Date 10/6/20

74'



AREA CALCULATIONS

MAIN LEVEL	2372 SF
SECOND FLOOR	1231 SF
TOTAL LIVEABLE	3603 SF
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COVERED DECK	99 SF

GENERAL NOTES - MAIN FLOOR

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WINDOWS

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- DIMENSIONS ARE FROM EXTERIOR FACE OF STUD OF EXTERIOR WALLS AND CENTERLINE OF INTERIOR PARTITIONS

FRAMING

- PLATE HEIGHTS (ROUGH FRAME):
  - 9' 1-1/8" MAIN LEVEL
  - 12' 1-1/8" GREAT ROOM, FOYER
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- DENOTES SOLID BEARING IN WALL CONTINUOUS TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

EXACT MECH. EQUIP. LOCATIONS TO BE DETERMINED IN FIELD

STRUCTURAL NOTES

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1/A2.3 UPPER LEVEL FLOOR PLAN

SCALE: 1/4" = 1'0"

24'

Important:

Contractor/Builders shall verify all conditions and dimensions before beginning construction. Any discrepancies shall be reported to LifeStyle Design Service for justification and/or corrections before proceeding with work. Contractor/Builders shall assume responsibility for all errors that are not reported. (888) 266-3439

MODIFIED BY LifeStyle DESIGN SERVICE
2528 Lafayette Rd, Wayzata, MN 55391
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NAME	PROJECT #	DATE
Dixon	2019-324	12/9/19

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR ANY STRUCTURAL OR DIMENSIONAL ERROR OR OMISSIONS. THE CONTRACTOR AND/OR OWNER SHALL BE RESPONSIBLE FOR THE VERIFICATION AND CHECKING OF ALL DIMENSIONS AND CONDITIONS SHOWN ON THESE FLOOR PLANS AND NOTIFY ROYAL OAKS DESIGN, INC. OF ANY ERRORS PRIOR TO START OF CONSTRUCTION. ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR THE WORKMANSHIP OF THE SUBCONTRACTORS.

CL - 18 - 004
SLAB

Document Date: 6/19/2019

Document Phase:

Drawn by: K HANSON

ISSUE	DATE	REMARK

UPPER FLOOR PLAN

A2.3

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IREDELL COUNTY · NC

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

APPLICATION NUMBER
303085 Issue Date: 12/03/2019

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4685156974.000	816 PATTERSON FARM RD	

Owner Information	Applicant Information
Name: REDHEAD LAND+DEV LLC	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	0	0	0		

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: 12/03/2019

Signature of Owner/Contractor

Permit Number	303085	TOTAL FEES:	$77.25