ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP317878

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

PIN # 4701--87--9287

APPLICANT/OWNER: Carland Mary Beth Sickles | APPLICANT ADDRESS: 5 Bob White Ln Morgantown, WV 26508

SITE ADDRESS: 439 Carriage Rd Statesville NC 28677 | PHONE: 304-685-7848 | ALT. PHONE 304-685-2851

SITE DIRECTIONS: Kelly St to Ron West End Ave, L on Buena Vista Ave, R on W Front St, L on Buffalo Shoals Rd, R on Eufola Rd, L on Carriage Rd, to lot | SAP CONTROLLED: ☐ YES ☒ NO

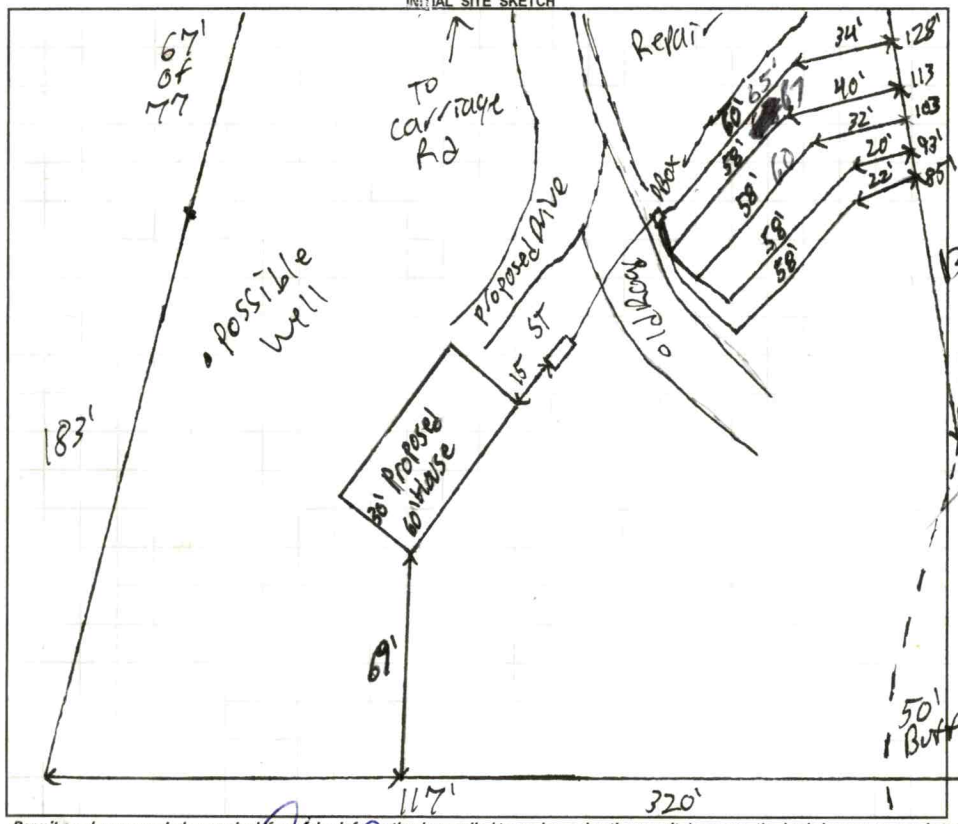
SUBDIVISION: Carriage Cove | SECTION: — | LOT # 1 | LOT AREA: 2.09 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .275

Septic Tank	1060	(gal)	STB	760	Date	10-1-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Gravity 50% Reduction			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	LPPPBPS			
# Nitrification Fields	1	# Lines	5		Linear Ft	291'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24"	Trench Bottom Depth(Low side)			29"	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: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in anyway. All property lines and corners must be marked. If fall cannot be achieved then a grinder pump should be installed. If tanks are installed at 3' or deeper it must be traffic grade. TANK TO BE A MINIMUM OF 25 FT FROM BASEMENT CUT 4BR SYSTEM MUST BE INSTALLED

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

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: 7-23-21 Installed by: TB Grading

IMPROVEMENT PERMIT by: Patrick J Bole III Date: 7/21/2021 OPERATION PERMIT by: Bryant C. White Date: 11-15-2022

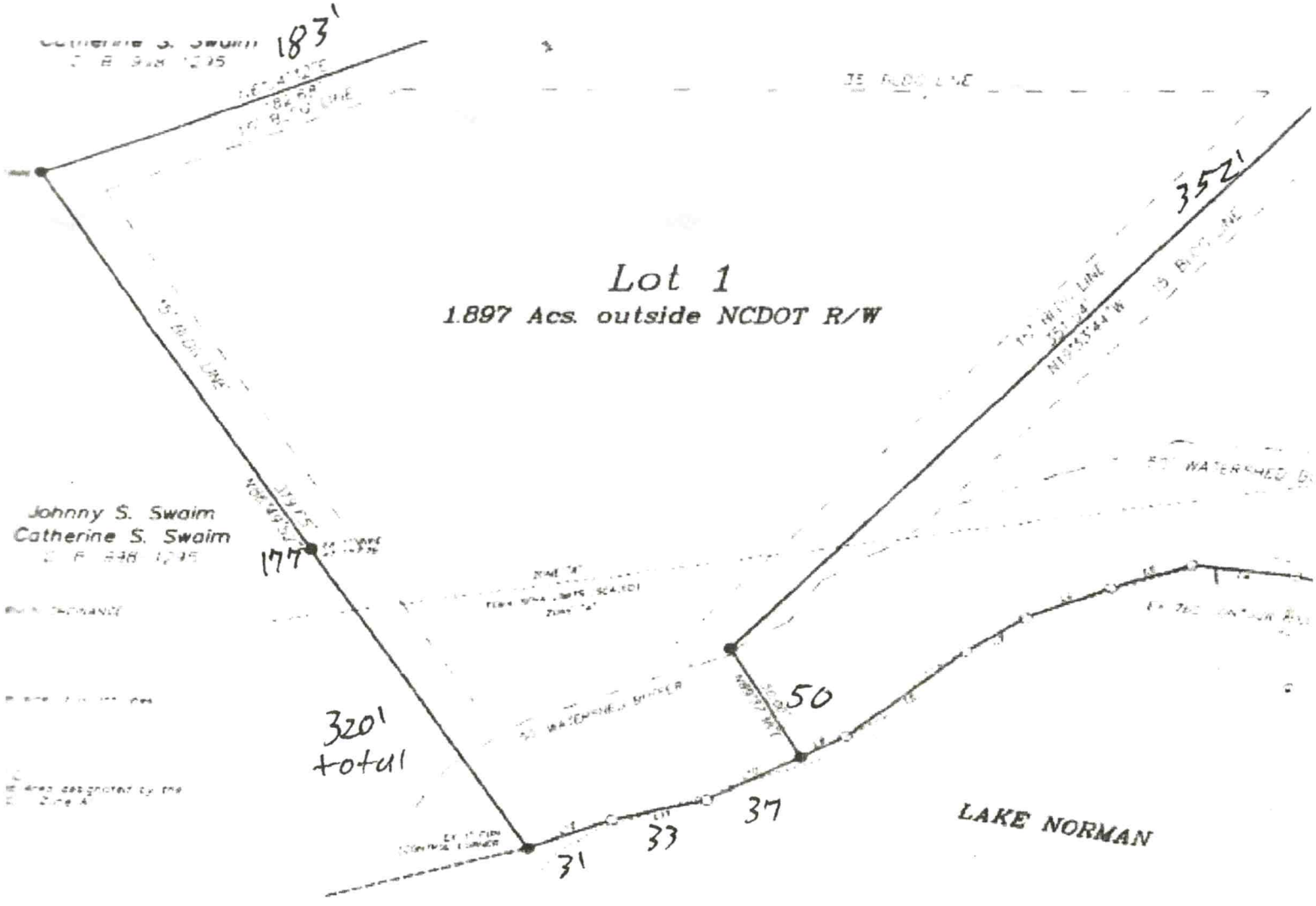
AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-29-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Carriage


183'
352'
Lot 1
1.897 Acs. outside NCDOT R/W
Johnny S. Swaim
Catherine S. Swaim
177
320'
total
50
31
33
37
LAKE NORMAN

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

Sheet 1 of 1
PROPERTY ID #: 4701879287
COUNTY: Tyrrell

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

OWNER: Carl and Mary Sickles
APPLICATION DATE 4/26/2021
ADDRESS: 5 Rob White Ln Morgantown WV 26508
DATE EVALUATED: 6/22/2021
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 2.09 ac-es
LOCATION OF SITE: 439 Cargo Rd
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 15%	0-8	SCL wsbk	fr sspsoap	—	48"	Litho inclusions a bottom	Pockets of parent Rx	PS .3
		8-48	C sbk/abk	fr sspsoap					
2	SS 18%	0-5	SCL wsbk	fr sspsoap	few vp mottles throughout	48"	Litho inclusions common at bottom	Parent Rx common at bottom	.2775
		5-25	C sbk/abk	fr sspsoap					
		25-48	CL sbk	fr sspsoap					
3	SS 19%	0-9	SCL wsbk	fr sspsoap	few vp mottles	48"	Litho inclusions common at bottom	Parent Rx common at bottom	.2775
		9-25	C sbk	fr sspsoap					
		25-48	CL sbk	fr sspsoap					
4	SS 13%	0-7	SCL wsbk	fr sspsoap	—	48"	few Litho inclusions at bottom	Parent Rx Roots throughout	PS.275
		7-36	C sbk/abk	fr sspsoap					
		36-48	CL sbk	fr sspsoap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	291	291
System Type(s)	Gravity 50%	LPP PBPS
Site LTAR	.1275	.1275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: Cloudy and rained the whole time

480 ÷ .275
↳ 1746 ÷ 3
↳ 582 x.75
↳ 436

480 ÷ .275
↳ 1746 ÷ 3
↳ 582 x.5
↳ 291

have 222
need 69



Line	# from L1
L2	15
L3	25'
L4	35
L5	45'

Lake Norman

RECEIVED NOV 24 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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.

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: Mary Beth + Carl Sickles **Address:** 5 Bob White Lane, Morgantown, WV 26508
Applicant Email: Mbsickles@gmail.com **Phone:** 304-685-7848 **Alt. Phone:** 304-685-2851
Owner Name: 439 Carriage Rd. Statesville **Zip:** 28677
Owner Email: _____ **Address:** _____ **Zip:** _____
Phone: _____ **Alt. Phone:** _____

Property Information:

Street Address: 439 Carriage Road
Subdivision Name: Carriage Cove **Section/Phase:** _____ **Lot Number:** 1
Driving Directions: _____

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

(✓) 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: 4-6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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: _____
(✓) 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: Mary Beth Sickles 11/23/21
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*) Mary Beth Sickles

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, _____, am the legal owner(s) of the property located at _____, 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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

RECEIVED MAY 1 4 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-317878 $500.00

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

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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: Carl + MaryBeth Sickles **Address:** 5 Bob White Ln., Morgantown, WV **Zip:** 26508
Applicant Email: mbsickles@gmail.com **Phone:** 304-685-7848 **Alt. Phone:** 304-685-2851
Owner Name: Everardo T. Diaz Jr. **Address:** 7154 Cornfield Ln. Rhodesville, Va **Zip:** 22542
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 439 Carriage Road (lies between 429 & 459)
Subdivision Name: Carriage Cove **Section/Phase:** _____ **Lot Number:** 1
Driving Directions: Eufola Rd. to Carriage Rd. 1.3 miles on the left

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

(✓) 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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
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Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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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: MaryBeth Sickles _____ 4/26/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: B10622EA-AB32-4817-8A7B-F33538EE4194

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*)** _____

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, Everardo T. Diaz, JR. and Candice Marie Diaz, am the legal owner(s) of the property located at Carriage Road, identified as PIN (Parcel Identification Number) 4701-87-9287, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Carl Neal Sickles, Mary Beth Sickles, 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.

DocuSigned by:
Everardo T Diaz Jr
AB038519F7C8494...
Signature of Owner(s)

4/27/2021
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

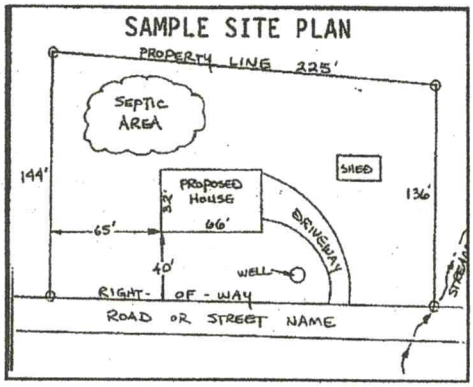
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ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

See Attached

Signature: Mary Beth Sickles

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

11/23/21

DATE

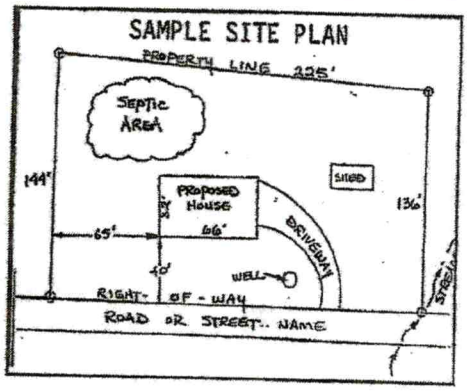
DigiSign Verified: 66E5C08C-D2CA-4BBF-A65E-5C43DA1F8EC5

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR DELAY IN THE ISSUANCE OF YOUR PERMIT!!!



Place an (X) beside each item as you complete the site plan:

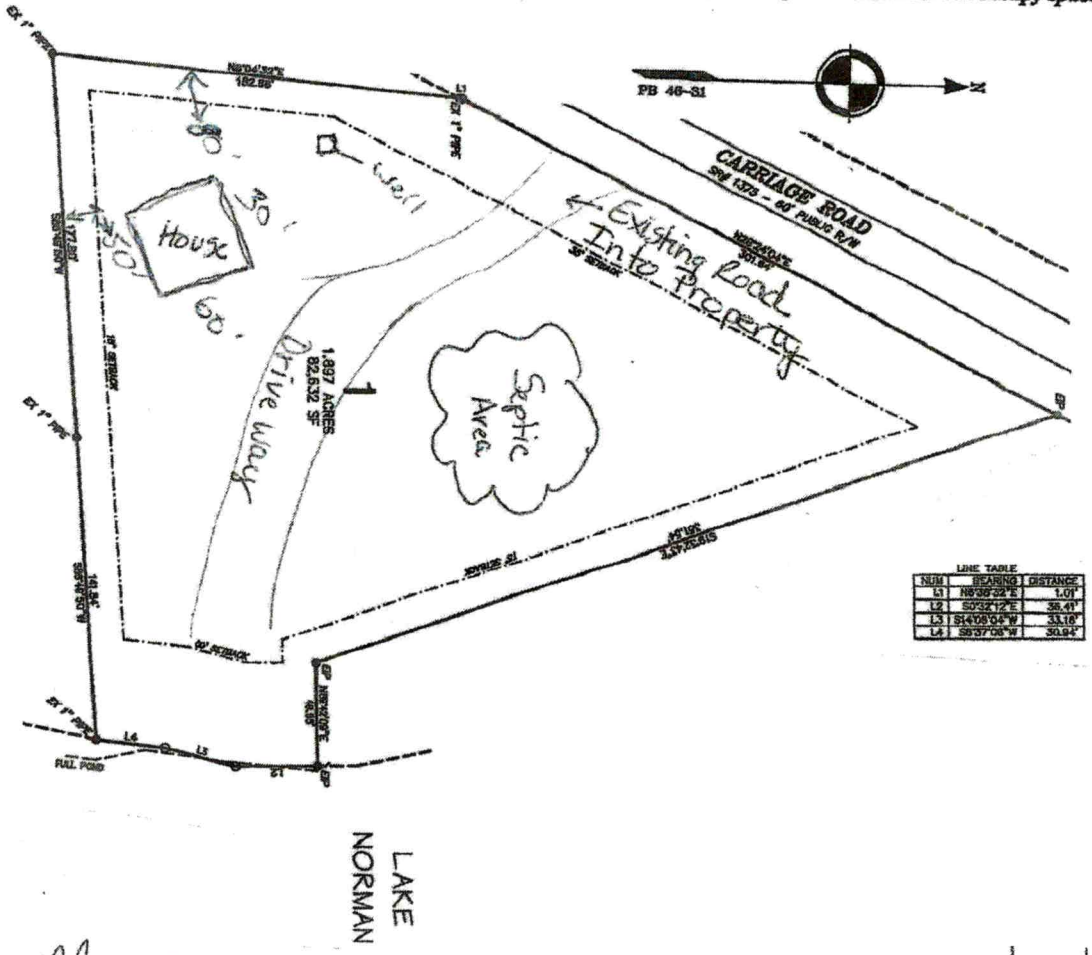
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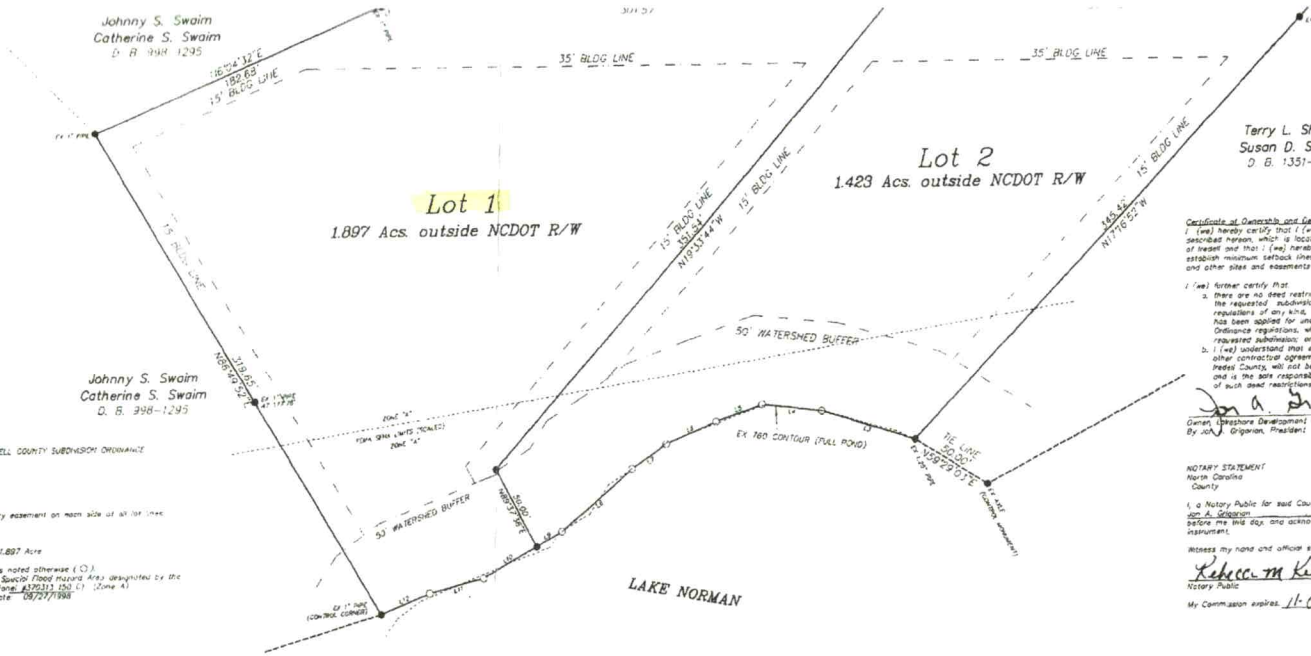
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



LAKE NORMAN

Signature: MaryBeth Sickler Carl Neal Sickler 5/12/21

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



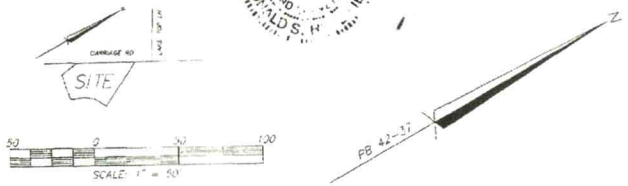
NOTES:
1. All improvements to conform with the IREDELL COUNTY SUBDIVISION ORDINANCE
2. Subject property is zoned R-20
3. Minimum Setbacks:
   Front 35'
   Side 15'
   Rear 50'
4. All lots subject to a 10' drainage and utility easement on each side of all lot lines.
5. Total lots = 2
6. Proposed new street = N/A
7. Total acreage = 15.998 Acres
8. Smallest lot = 1.423 Acre, largest lot = 1.897 Acre
9. CM = Control Monument
10. Iron stakes (●) at all lot corners, unless noted otherwise (○).
11. A portion of this property is located in a Special Flood Hazard Area designated by the FEMA Flood Hazard Boundary Maps (See Panel #3731J 150 J) (Zone A)
    Eff. Date: 09/27/1998

I, Ronald S. Hollifield, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in DEED TITLE BLOCK ; map recorded in DEED TITLE BLOCK); that the boundaries not surveyed are shown as broken lines plotted from information as shown; that this plat was prepared in accordance with G.S. 47-30 as amended; that the ratio of precision is 1:10,000.
This survey creates a subdivision of land within the area of county or municipality that has ordinance that regulates parcels of land.
No NCGS Monument found within 2000'.
Witness my original signature, registration number, and seal this 16th day of Nov., 2004.

Ronald S. Hollifield, NCPLS 1404

NORTH CAROLINA L-4041 RONALD S. HOLLIFIELD

LINE TABLE		
NUM	BEARING	DISTANCE
L1	N73°36'40"E	110'
L2	S77°43'53"E	42.39'
L3	S64°50'33"E	58.96'
L4	S36°03'44"E	59.64'
L5	S09°59'30"E	28.07'
L6	S55°17'16"W	31.76'
L7	S43°03'44"E	64.38'
L8	S32°09'19"E	53.70'
L9	S00°27'25"E	72.35'
L10	S82°22'49"E	38.40'
L11	S74°08'14"W	33.10'
L12	S60°04'30"W	20.31'



NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●); ALL OTHERS CALCULATED POINTS (○)

R. S. Hollifield land surveying / subdivision planning p. o. box 1036 Troutman, NC 28166-1036
phone (704) 871-1175 ~ fax (704) 871-2777 ~ email: holiron@vvi.net

file: carage

Certificate of Ownership and Dedication
I (we) hereby certify that I (we are) am the owner (s) of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I (we) hereby adopt this plan of subdivision with my (our) free consent, establish minimum setback lines, and dedicate all streets, alleys, walks, parks, and other sites and easements to public or private use as noted.

I (we) further certify that:
a. there are no deed restrictions which will be violated by the requested subdivision, and there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will not be violated by the requested subdivision; and
b. I (we) understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

Jon A. Grigorian 11-23-04
Owner, Lakeshore Development Co. Date
By Jon A. Grigorian, President

NOTARY STATEMENT
North Carolina
County

I, a Notary Public for said County and State, do hereby certify that Jon A. Grigorian personally appeared before me this day, and acknowledged the execution of the forgoing instrument.

Witness my hand and official seal, this 23 day of November, 2004

Rebecca M. Ketner
Notary Public

My Commission expires: 11-05-2005

REBECCA M. KETNER NOTARY PUBLIC LINCOLN COUNTY, NC

Certificate of Approval of the Design and Installation of Street, Utilities, Other Required Improvements, and Approval for Recording
I hereby certify that the subdivision plat hereon has been found to comply with the Subdivision Regulations of Iredell County, NC. I further certify that all streets, utilities, and other required improvements have been installed in an acceptable manner or all the installation of the required improvements in an amount and manner satisfactory to the County of Iredell has been received, and that the filing fee for this plat, in the amount of $ 50.00 has been paid. This plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

11-24-04 Date
Subdivision Administrator

Review Officer Certification
State of North Carolina
County of Iredell

I, William M. Allison, review officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer 11-24-04 Date

Watershed Certification
All lots within CARRIAGE COVE subdivision, to the best of my knowledge, lie within the WS-IV (CA) of the LAKE NORMAN (CATAWBA RIVER) WATERSHED as designated by the North Carolina Division of Environmental Management and as appears on the Watershed Protection Map of Iredell County.

11-24-04 Date
Subdivision Administrator

Doc ID: 008896110001 Type: CRP
Recorded: 11/24/2004 at 03:32:38 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Brenda D. Bell Register of Deeds
BK 46 PG 31
By: Sheila D. Campbell, Deputy

Final Plat of
3.691 Acres
Carriage Cove

Fallstown Township Iredell County, NC
Tax PIN 4701-97-0326 ~ DB 1513-939 ~ PB 42-37

Scale: 1" = 50'
Survey Date: Sep. 14, 2004
Plat Date: Nov. 16, 2004

R S Hollifield
land surveying / subdivision planning
Troutman, NC 28166-1036
p (704) 871 1175, f (704) 871 2777
email holiron@vvi.net

Owner/Developer: Lakeshore Development Co.
249 Williamson Road
Mooresville, NC 28117
(704) 664-3400

Acknowledgement Of Plans Submittal ONLY!

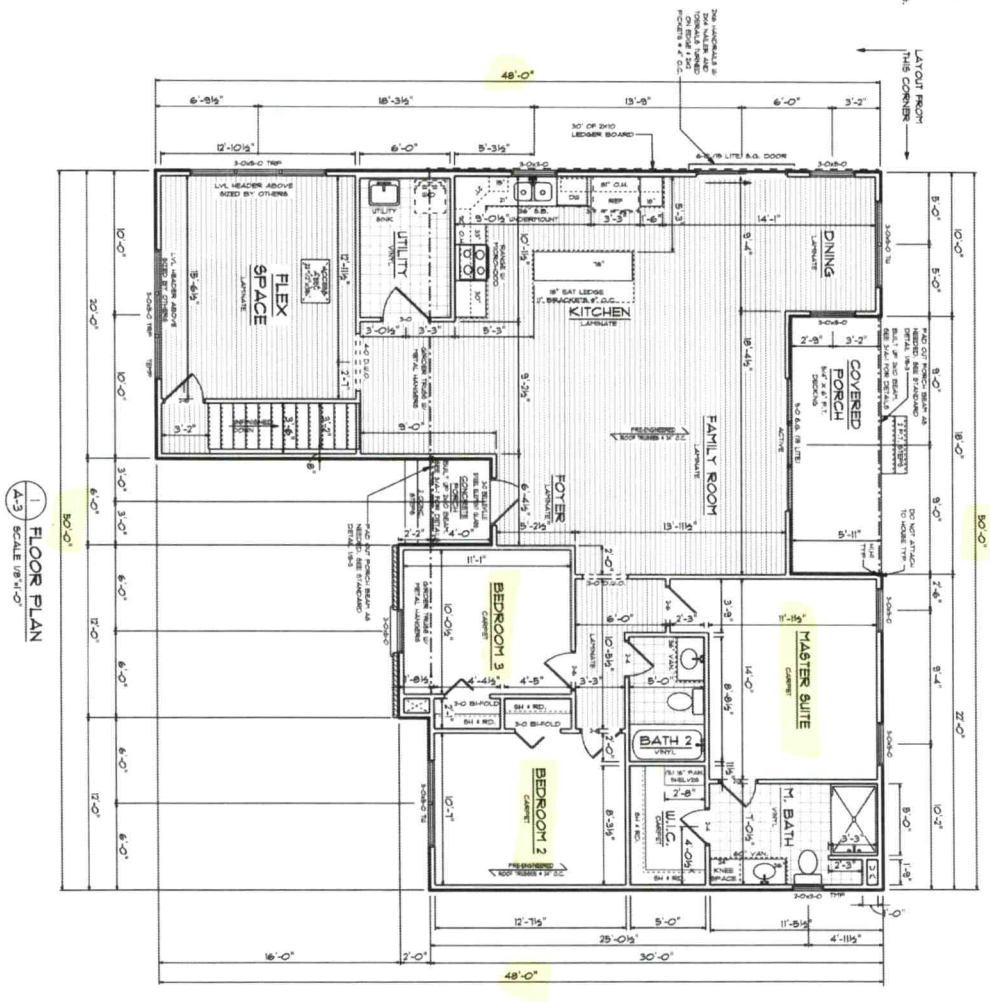
Mary Beth Sickles Date 11/10/2021

Bryant C. White Date 12-29-2021

SALES PLANS

GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 9'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" 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 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 68" FOR SINGLE & 42"/84" FOR DOUBLE TYP.



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

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.

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REVISED: 3.16.2016

SEDGEWICK HOMES PROUDLY PRESENTS THE:
SHENANDOAH MAPLE SERIES

CARL & MARY BETH SICKLES
JOB#0321032
439 CARRIAGE ROAD STATESVILLE NC 28677

SHEET NUMBER A-3 OF FIVE

SQUARE FOOTAGES:
HEATED: 1785
BASEMENT: 1785
FRONT PORCH: 154
REAR PORCH: 196
TOTAL SQFT: 3939

REVISED
77
77
77
77

SALES
SOLD BY:
LYNN DELUREY

SALES
PLAN SETS
CONSTRUCTION 12-15-21
K. PAINTER 12-15-21

SEDGEWICK HOMES

CONTACT INFORMATION
PHONE: (877)356-9199
WEBSITE: SEDGEWICKHOMES.COM

Acknowledgement Of
Plans Submittal ONLY!

MaryBeth Sickles Date 11/30/22

Bryant L. White Date 12-29-2021

SALES PLANS

GENERAL NOTES:

1. FILL ALL CELLS SOLID UNDER BEAM BEARING POINTS.
2. FILL ALL CELLS SOLID UNDER ANY POINT LOADS THAT FALL OVER FOUNDATION WALLS OR PIERS.
3. ALL MEASUREMENTS ARE TO THE OUTSIDE FACE OF 8" OR OUTSIDE FACE OF 12" BLOCK DEPENDING ON LOCATION.

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.

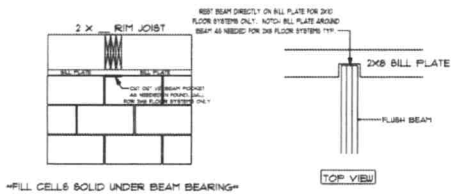
ALL FOUNDATION VENT DIMENSIONS ARE +/- 8" TO ALLOW FOR REGULAR BLOCK SPACING

SET FOUNDATION UP FOR 2X10 FLOOR SYSTEM

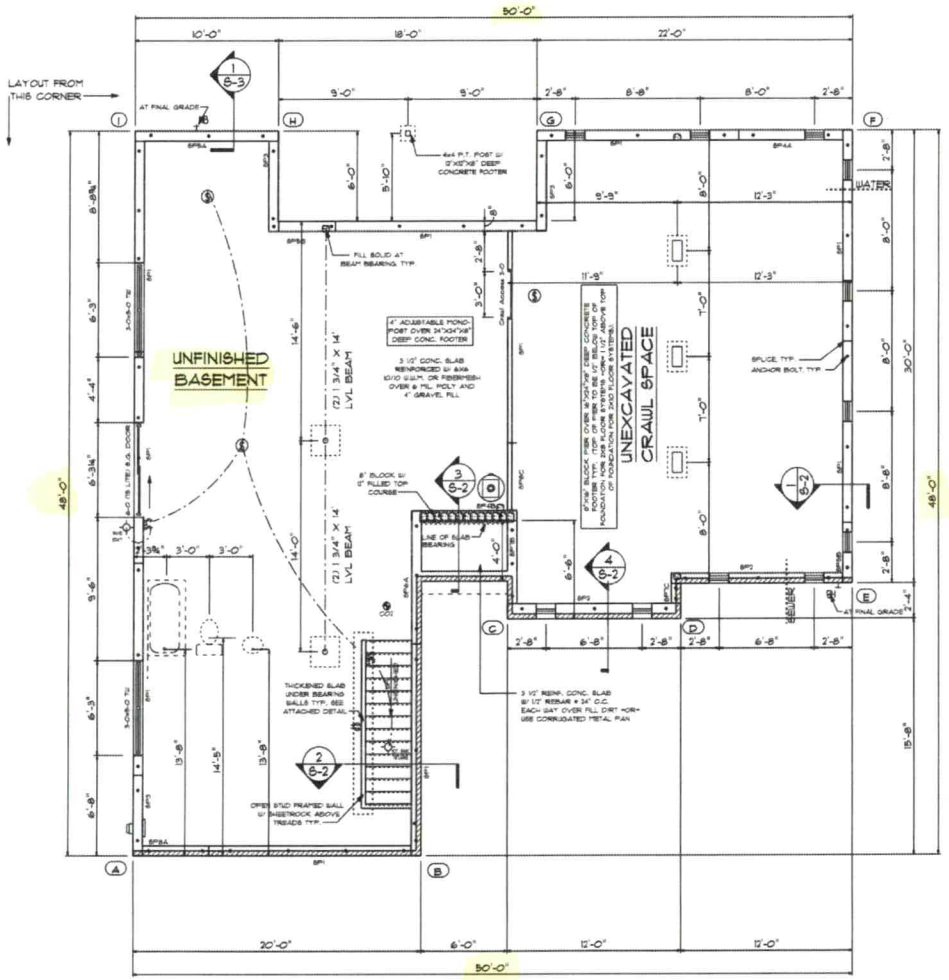
DIAGONAL	DIMENSIONS
A TO F	69'-3 7/8"
A TO G	55'-6 7/8"
B TO F	56'-7 1/4"
B TO I	52'-0"
C TO F	40'-0"
D TO I	49'-8 1/4"
E TO I	58'-3 7/8"

SILL PLATE MATERIAL TABLE

FRAMING ID	LENGTH	WIDTH	DEPTH	COUNT
SP1	14'-0"	2	8	11
SP2	12'-0"	2	8	2
SP3	18'-0" CUT TO 6'-0" (X3)	2	8	1
SP4	14'-0" CUT TO (A) 7'-4" (B) 6'-8"	2	8	1
SP5	18'-0" CUT TO (A) 10'-0" (B) 4'-0" (X2)	2	8	1
SP6	14'-0" CUT TO (A) 8'-10" (B) 5'-1"	2	8	1
SP7	12'-0" CUT TO (A) 4'-8" (B) 5'-6" (C) 1'-4"	2	8	1
SP8	16'-0" CUT TO (A) 4'-8" (B) 5'-4" (C) 4'-11 3/4"	2	8	1
SP9	16'-0" CUT TO 15'-4"	2	8	1



2 / A-4 BEAM POCKET DETAIL
SCALE 3/8"=1'-0"



1 / A-4 FOUNDATION PLAN
SCALE 1/8"=1'-0"

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REVISED: 3.16.2016

CONTACT INFORMATION
PHONE: (877)359-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: LYNN DELUREY

PLAN SETS
SALES: K. HUNTER 12-15-21
CONSTRUCTION: ?? ?-?-??
REVISED: ?? ?-?-?? ?? ?? ??

SQUARE FOOTAGES:

HEATED:	1755
BASEMENT	1051
FRONT PORCH:	24
REAR PORCH	106
TOTAL SQFT:	2936

SEDGEWICK HOMES PROUDLY PRESENTS THE: SHENANDOAH MAPLE SERIES

CARL & MARY BETH SICKLES

JOB#0321032

439 CARRIAGE ROAD STATESVILLE NC 28677

SHEET NUMBER A-4 OF FIVE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317878
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4701879287.000		Iredell County

Owner Information	Applicant Information
Name: DIAZ EVERARDO T JR	Name: CARL & MARY BETH SICKLES
Address:	Address: 5 BOB WHITE LANE
	MORGANTOWN, WV 26508
Phone:	Phone: (304)685-7848

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.09	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
SFD 439 CARRIAGE RD

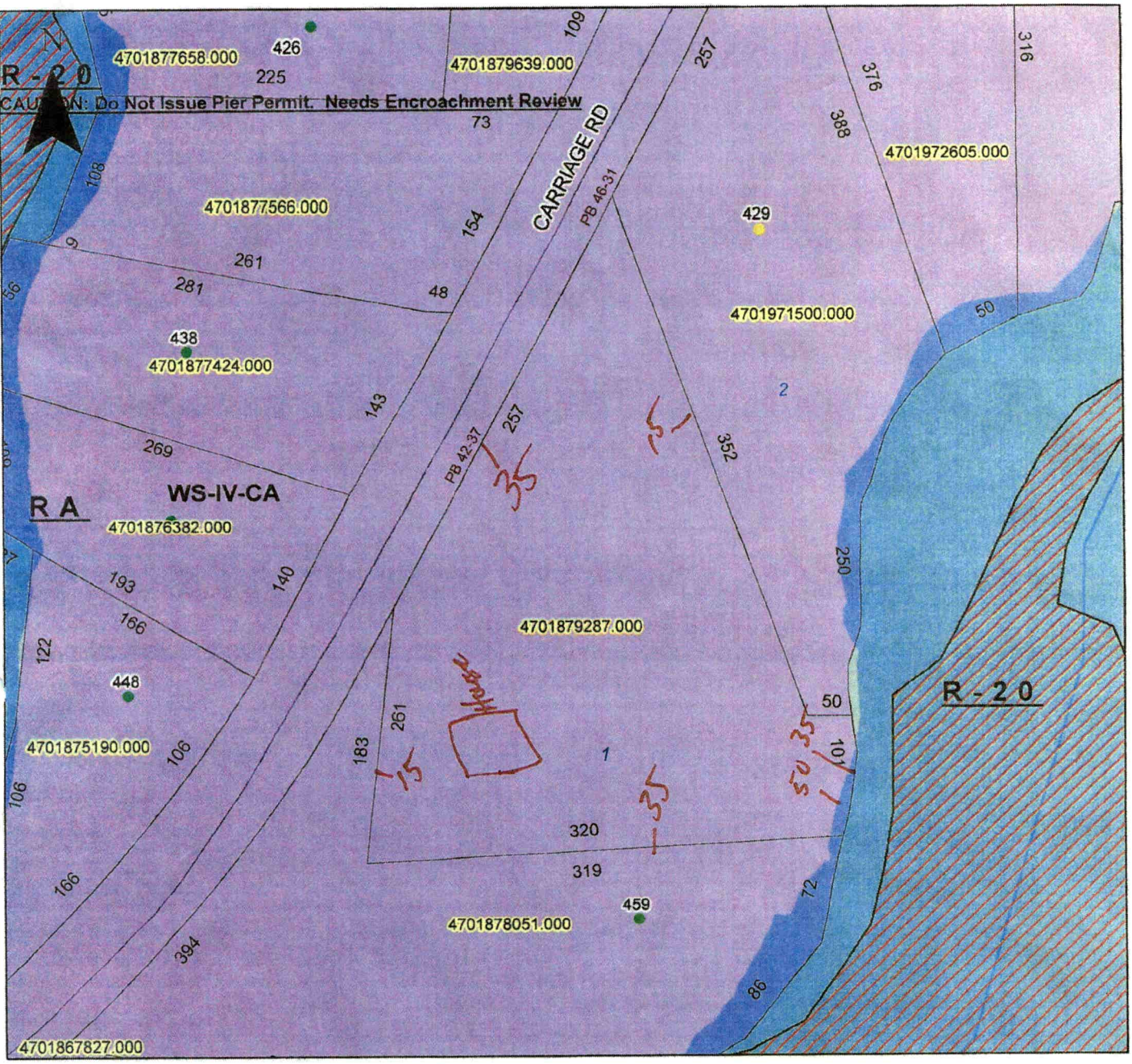
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 05/14/2021

Signature of Owner/Contractor

Permit Number	317878	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 439 Carriage Rd.

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. Applicant further acknowledges that the 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

5/14/21
Date