ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 31448

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

PIN # 4705308461

APPLICANT/OWNER: Joe Payne / Jeff Devore APPLICANT ADDRESS: 198 Old Lionkd Statesville / 170 Abruzzo Ln. Statesville

SITE ADDRESS: 164 Alpine Circle, Statesville NC 28625 PHONE: 828-312-4662 ALT. PHONE 704-380-1497

SITE DIRECTIONS: 40 to old Mountain Rd T/R off exit 60 2 miles Alpine on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Maria Devore SECTION: / LOT # TR 1 LOT AREA: 0.93ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	6/21	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	26% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Drip Repair	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	27"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

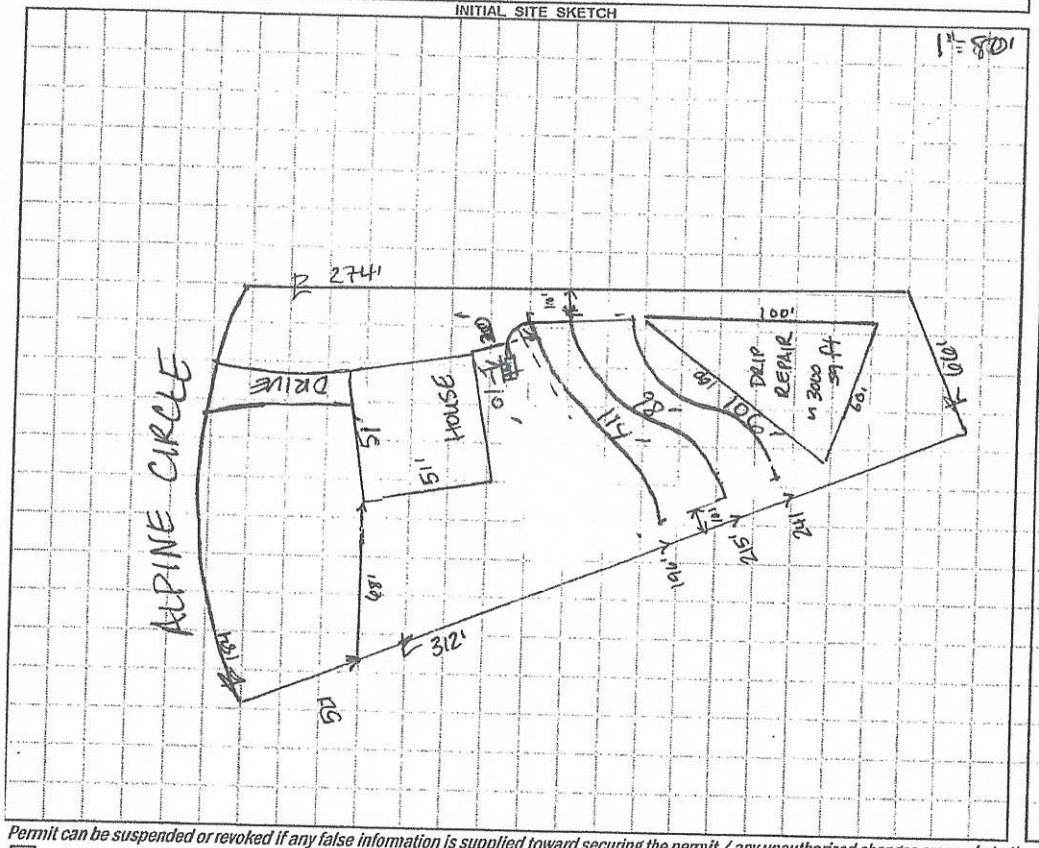
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Follow contour of land when installing drainlines. DO not park, drive, grade

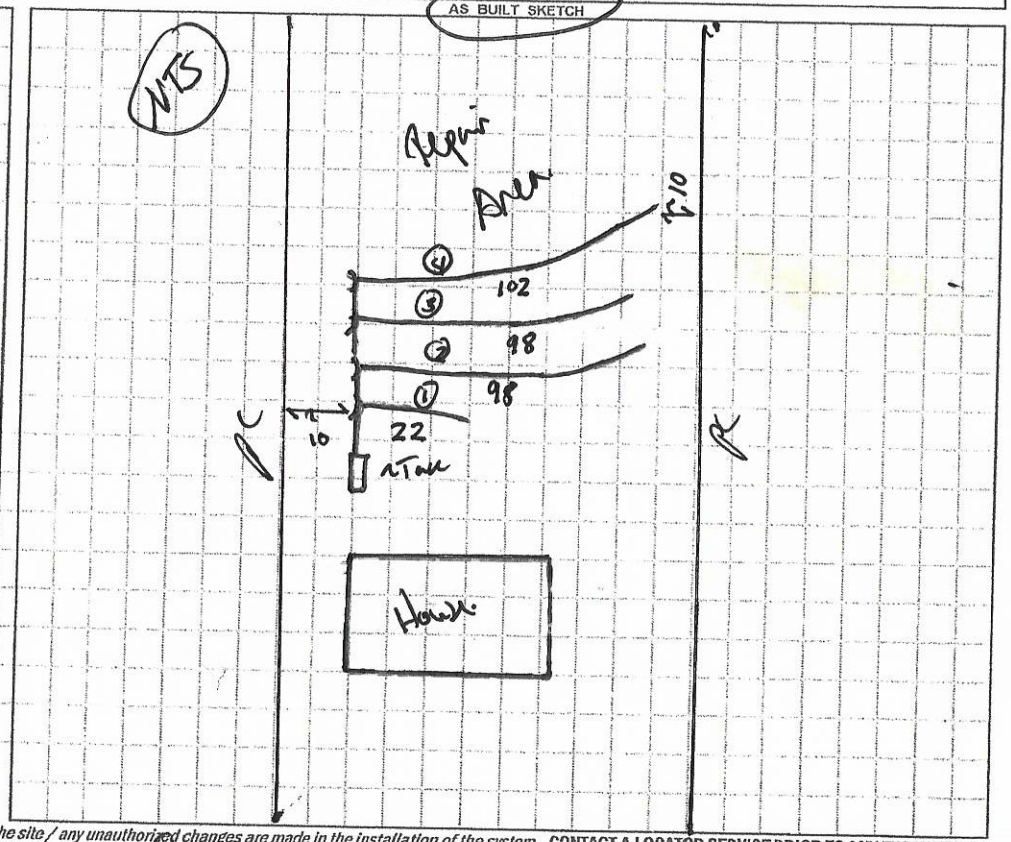
Line 1 + Line 2 fed together on same elevation
Line 2 - Line 4 - Serial Distribution

INITIAL SITE SKETCH

1" = 80'



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: 11/9/2020 Installed by: Shannon Brandenburg

IMPROVEMENT PERMIT by: [signature] Date: 10/26/20 OPERATION PERMIT by: Benjamin A Beck Date: 8/26/2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/26/20 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.

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

Sheet 1 of 1
PROPERTY ID #: 4705384961
COUNTY: Iredell

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

OWNER: Joe Payne
APPLICATION DATE 10/2/20
ADDRESS: 198 Old Lion Rd
DATE EVALUATED: 10/23/20
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.93ac
LOCATION OF SITE: 164 Alpine Circle
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other N/A
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ 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	
1	L 10%	0-40	SBK C	fi SE	Chroma's 6's @ 42"	PS	N/A	N/A	PS .3 w/30" max trench
		40-46	WABK BC	fi/fr SE					
2	L 8%	0-12	SBK C	fi SE	PS	PS	N/A	N/A	PS .3
		12-52	WABK BC	fi/fr SE					
3	L 6%	0-45	SBK	fi SE	Chroma 3's @ 24"	50"	N/A	N/A	PS .25
		45-50	WABK BC	fi/fr SE					
4	L 8%	0-40	SBK C	fi SE	PS	50"	N/A	N/A	PS .3
		40-50	WABK BC	fi/fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	~~PP~~	V
Site LTAR	.3	.15

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
OTHER(S) PRESENT:

COMMENTS: IPS 0-40 FI 40+ Rock VPS

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
			None	None		

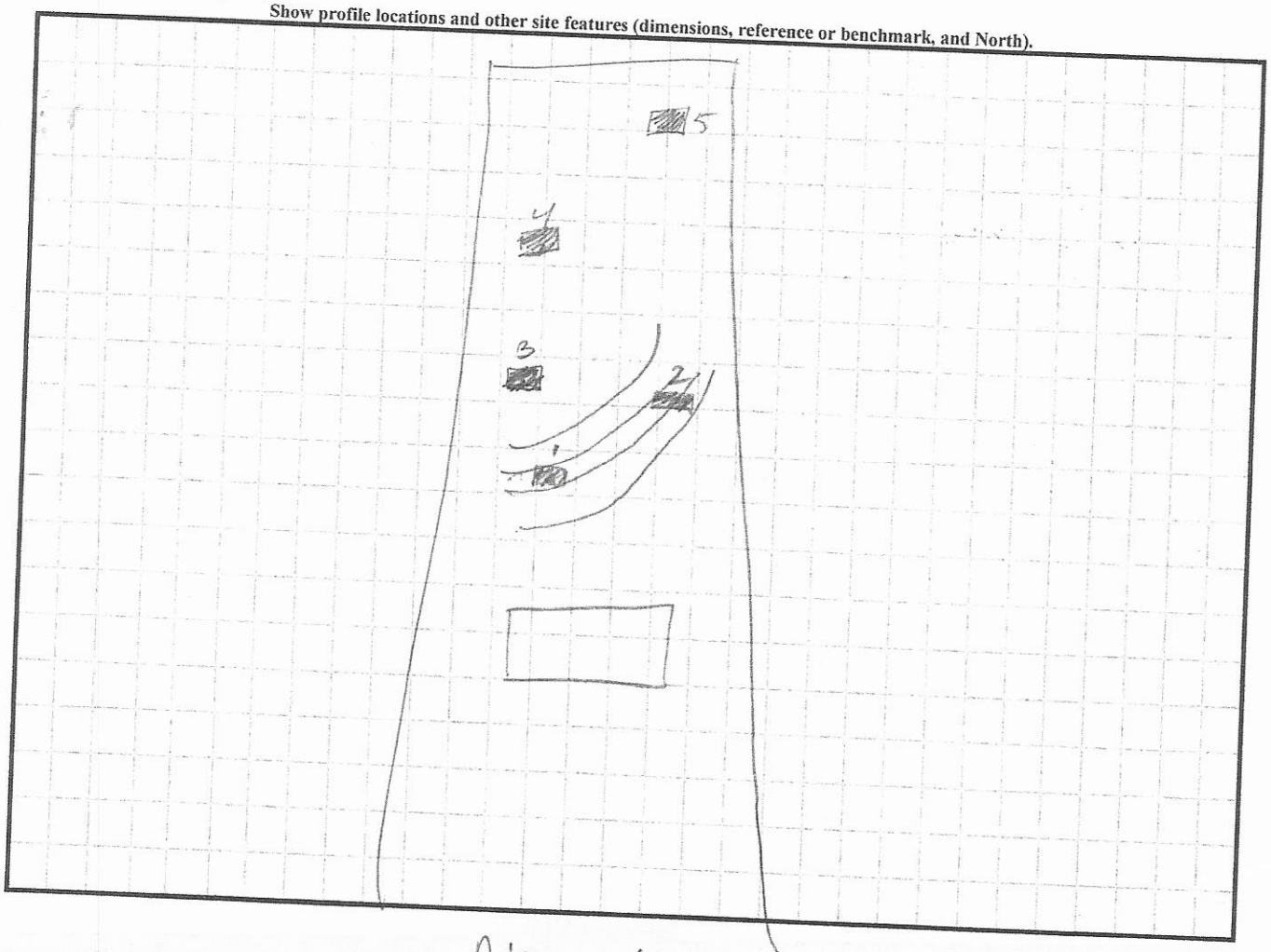
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Pits

9:30
10/22/20

RECEIVED OCT 0 2 2020

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

AP-311448
$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) 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: Joseph Payne Address: 198 old Lion Rd. Statesville NC Zip: 28625
Applicant Email: joepayne40@gmail.com Phone: 828-312-4662 Alt. Phone:
Owner Name: Jeff & Marie Devore Address: 120 Abruzzo Ln. Statesville Zip: 28625
Owner Email: Mightymotormouse@juno.com Phone: 704380-1497 Alt. Phone:

Property Information:

Street Address: 164 Alpine Circle Statesville NC 28625
Subdivision Name: Alpine Section/Phase: Lot Number:
Driving Directions: Interstate 40 west to Old mountain Rd. Take a left Right off of exit. Go about 2 miles & the Road is on the right.

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 3JP
Maximum Number of Occupants: 4
( ) 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
( ) Concrete Slab Foundation
(X) Basement with Plumbing
(X) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well ( ) Community Well (X) 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: _____ 10/2/2020
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

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Maria DeVore

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, Maria DeVore + Jeffrey DeVore, am the legal owner(s) of the property located at 164 Alpine Circle, Statesville, 28625, identified as PIN (Parcel Identification Number) 4705308211, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Joseph Payne, Maple Rock Builders, 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.

Maria DeVore Jeffrey Scott DeVore
Signature of Owner(s)

10/2/2020
Date

Mooresville - Environmental Health

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

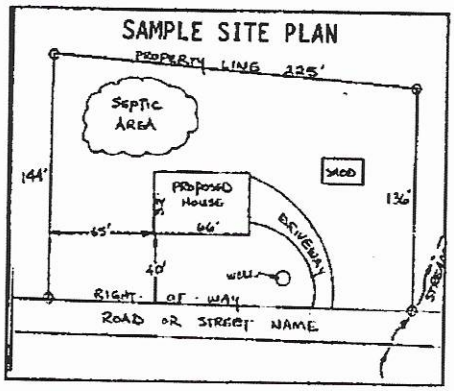
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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: _____

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

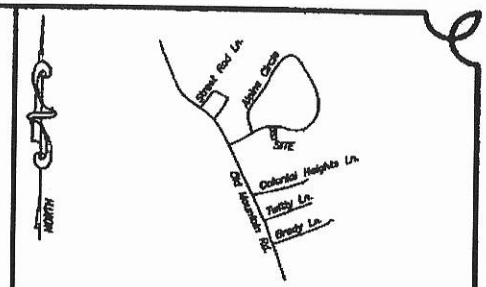
10/21/2020

DATE

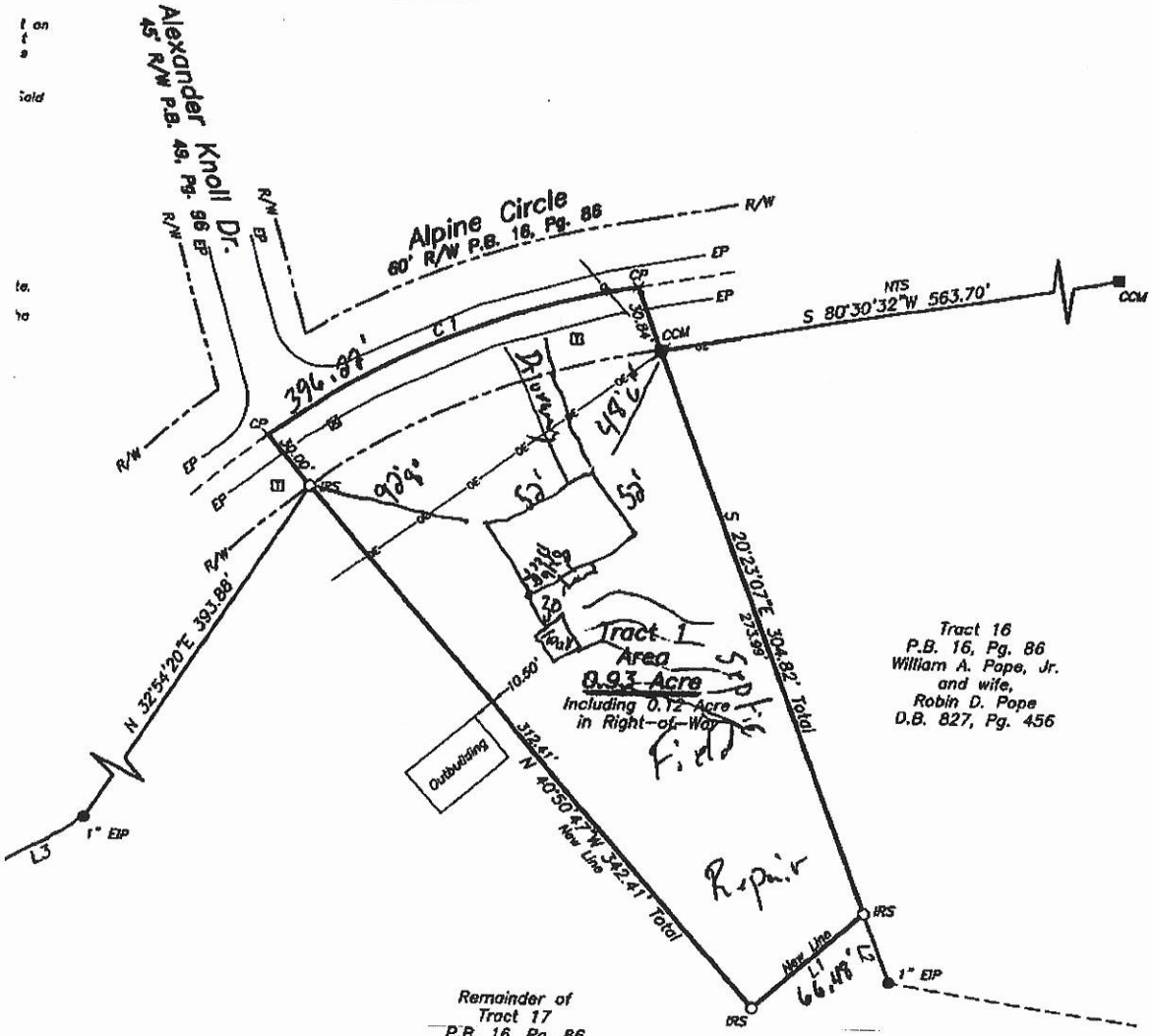
Curve	Radius	Length	Chord	Chord Bear.
C1	396.22'	183.65'	182.01'	N 67°13'08" E

Course	Bearing	Distance
L1	S 48°49'30" W	66.48'
L2	N 20°23'07" W	33.58'
L3	N 59°54'08" E	53.64'

Doc ID: 017138670001 Type: CRP
Recorded: 09/04/2020 at 03:59:12 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 72 PG 87



Vicinity Map (NTS)





Water Supply Watershed Certificate:

To the best of my knowledge this plat does not lie within a water supply watershed designated by the North Carolina Division of Environmental Management as appears on the Watershed Protection Map of Iredell County, North Carolina.

Subdivision Administrator — Date: 9-4-20

Review Officer Certificate

State of North Carolina
County of Iredell

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

Review Officer — Date: 9-4-20

Certificate of Ownership & Dedication

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines as noted.

a. there are no deed restrictions which will be violated by the requested subdivision;

b. 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 be violated by the requested subdivision; and

c. I 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.

Owner: Patty Walser — Date: Sept 4, 2020

Notary

North Carolina, Iredell County

I, William S. Rhyne, a Notary Public for said county and state do hereby certify that Patty Walser owner(s) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal,

this the 4 day of September 2020

William S. Rhyne
Notary Public

My commission expires: 3-2-2025

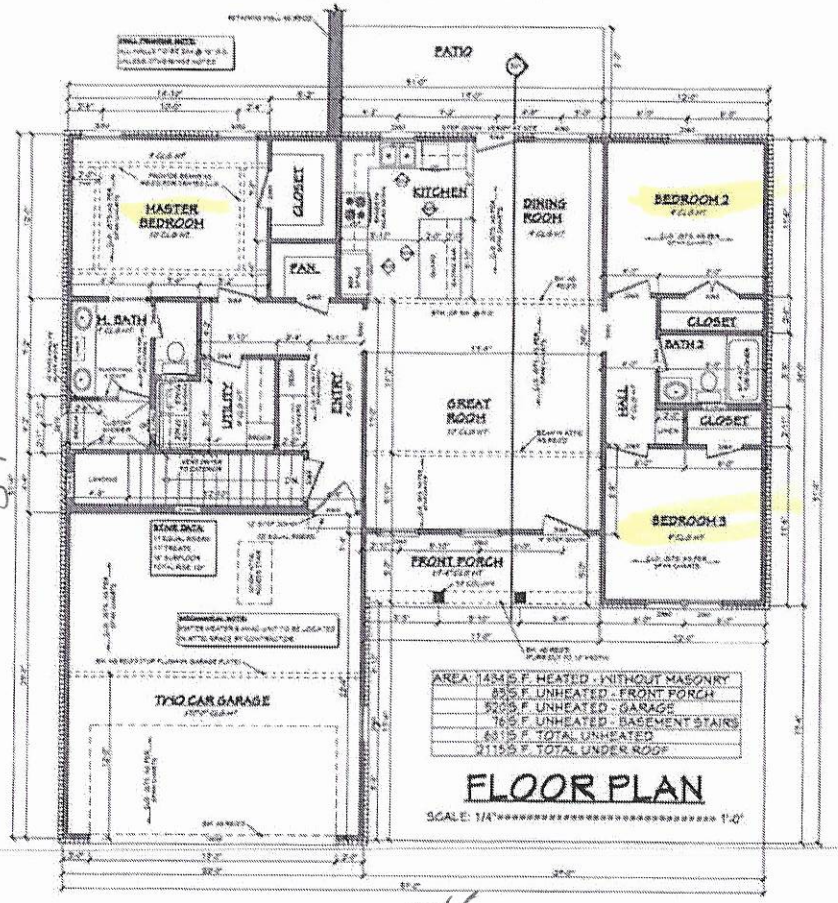
WILLIAM S RHYNE NOTARY

Legend

Acknowledgement Of
Plans Submittal ONLY!
Date 10/7/2020
Date 10/26/20

NOTES:

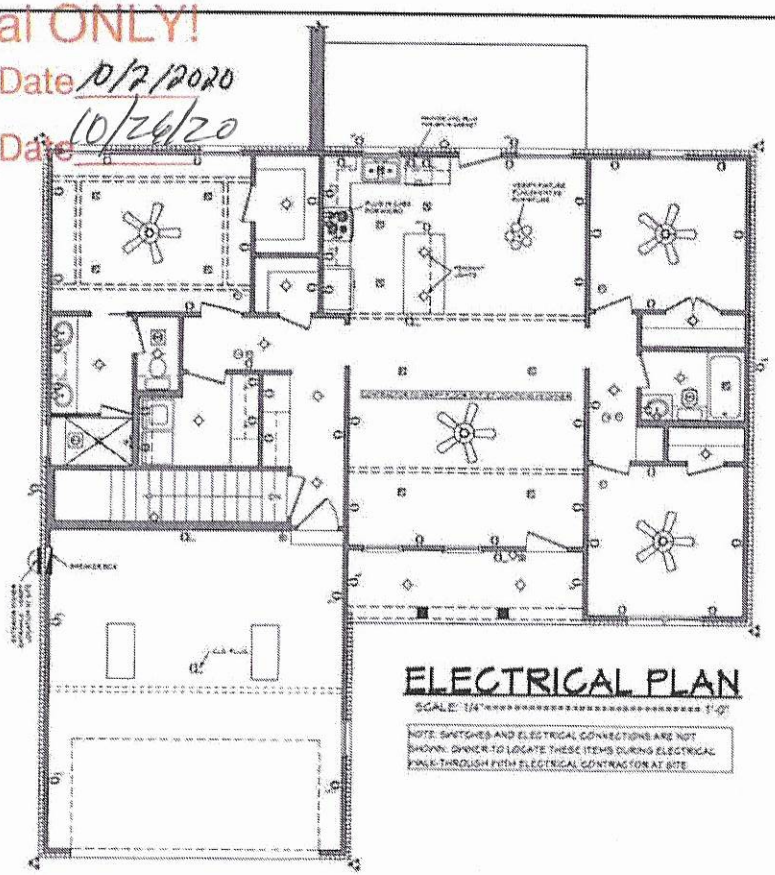
1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENINGS.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. RAILINGS, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. [IRC 2015 R312.1.1 AND 312.2]
8. IRC 2015 M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. [IRC 2015 M1305.1.3] EXCEPTIONS:
   A. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE ACCESS OPENING.
   B. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AS APPLIANCE. M1305.1.1
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MINIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1600 OF THE IRC 2015.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED IF REQUIRED BY LOCAL CODES AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC, IRC 2015, M1505.3



AREA: 1454 S.F. HEATED - WITHOUT MASONRY
85 S.F. UNHEATED - FRONT PORCH
529 S.F. UNHEATED - GARAGE
76 S.F. UNHEATED - BASEMENT STAIRS
681 S.F. TOTAL UNHEATED
2135 S.F. TOTAL UNDER ROOF

FLOOR PLAN

SCALE: 1/4"=1'-0"



ELECTRICAL PLAN

SCALE: 1/4"=1'-0"

NOTE: SWITCHES AND ELECTRICAL CONNECTIONS ARE NOT SHOWN. OWNER TO LOCATE THESE ITEMS DURING ELECTRICAL WALK-THROUGH WITH ELECTRICAL CONTRACTOR AT SITE.

ELECTRICAL SYMBOLS LEGEND

SYMBOL	DESCRIPTION
	110 VOLT OUTLET
	GROUND FAULT PROTECTED OUTLET
	WEATHERPROOF OUTLET
	220 VOLT RECEPTACLE
	FLOOR OUTLET (OWNER TO LOCATE)
	CEILING FLUSH FIXTURE
	EYE BROWS MOUNTED FLOODLIGHTS
	WALL MOUNTED FLOODLIGHTS
	RECESSED CEILING FIXTURE
	FLUORESCENT LIGHT
	CARBON MONOXIDE DETECTOR
	SMOKE DETECTOR
	SWITCH (OWNER TO LOCATE)
	WALL MOUNTED LIGHT
	WEATHERPROOF OUTLET
	CATV SWITCH/OUTLET (AGC/OWNER TO LOCATE)
	TELEPHONE OUTLET (OWNER TO LOCATE)
	TELEVISION OUTLET (OWNER TO LOCATE)
	DOORBELL BUTTON (CONTRACTOR TO LOCATE)
	THERMOSTAT (CONTRACTOR TO LOCATE)
	CEILING EXHAUST FAN, VENT TO EXTERIOR
	UNDER COUNTER LIGHTING
	TV SPEAKER
	RADIO SPEAKER
	CEILING FAN ONLY, NO LIGHT KIT
	CEILING FAN WITH LIGHT KIT
	TRACK LIGHTING (OWNER TO LOCATE)
	WALL SCONCE (OWNER TO LOCATE)
	CHANDELIER 1 (O.F.S.)
	CHANDELIER 2 (O.F.S.)

ELECTRICAL NOTES
1. ALL WORK SHALL COMPLY WITH ALL CODES APPLICABLE AT SITE.
2. SMOKE ALARMS SHALL BE INSTALLED IN THE FOLLOWING LOCATIONS: EACH SLEEPING ROOM, OUTSIDE EACH SEPARATE SLEEPING AREA IN THE IMMEDIATE VICINITY OF THE BEDROOMS, ON EACH ADDITIONAL STORY OF THE DWELLING, INCLUDING BASEMENTS AND HABITABLE ATTICS. WHEN MORE THAN ONE SMOKE ALARM IS REQUIRED TO BE INSTALLED WITHIN A DWELLING THE ALARM DEVICES SHALL BE INTERCONNECTED IN SUCH A MANNER THAT THE ACTUATION OF ONE ALARM WILL ACTIVATE ALL OF THE ALARMS IN THE UNIT. SMOKE ALARMS SHALL BE HARD WIRED WITH A BATTERY BACK UP.
3. CARBON MONOXIDE ALARMS SHALL BE INSTALLED OUTSIDE OF EACH SEPARATE SLEEPING AREA IN THE IMMEDIATE VICINITY OF THE BEDROOMS IN DWELLING UNITS WITH FUEL FIRED APPLIANCES AND IN DWELLING UNITS WITH ATTACHED GARAGES.
4. A 125 VOLT, SINGLE PHASE, 15-20 AMPERE RATED RECEPTACLE OUTLET SHALL BE INSTALLED AT AN ACCESSIBLE LOCATION FOR THE SERVICING OF HEATING, AIR CONDITIONING AND REFRIGERATION EQUIPMENT. THE RECEPTACLE SHALL BE LOCATED ON THE SAME LEVEL AND WITHIN 25 FEET OF THE EQUIPMENT. THE RECEPTACLE OUTLET SHALL NOT BE CONNECTED TO THE LOAD SIDE OF THE HVAC EQUIPMENT DISCONNECTING MEANS.

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N·C·B·D·C

Pre-Drawn Plan ID:
BB-1416R

Date: 10.02.19
Drawn By: R.B.W.
Project Name:

SHEET NUMBER
3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311448 Issue Date: 10/02/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4705308461.000	164 ALPINE CIR	Iredell County

Owner Information	Applicant Information
Name: WALSER PATTY S DEVORE	Name: JOSEPH PAYNE
Address: 144 ALPINE CIRCLE	Address: 198 OLD LION RD.
STATESVILLE, NC 28625	Statesville, NC 28625
Phone:	Phone: (828)312-4662

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.93	35	35	15	15	N/A	NO

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.

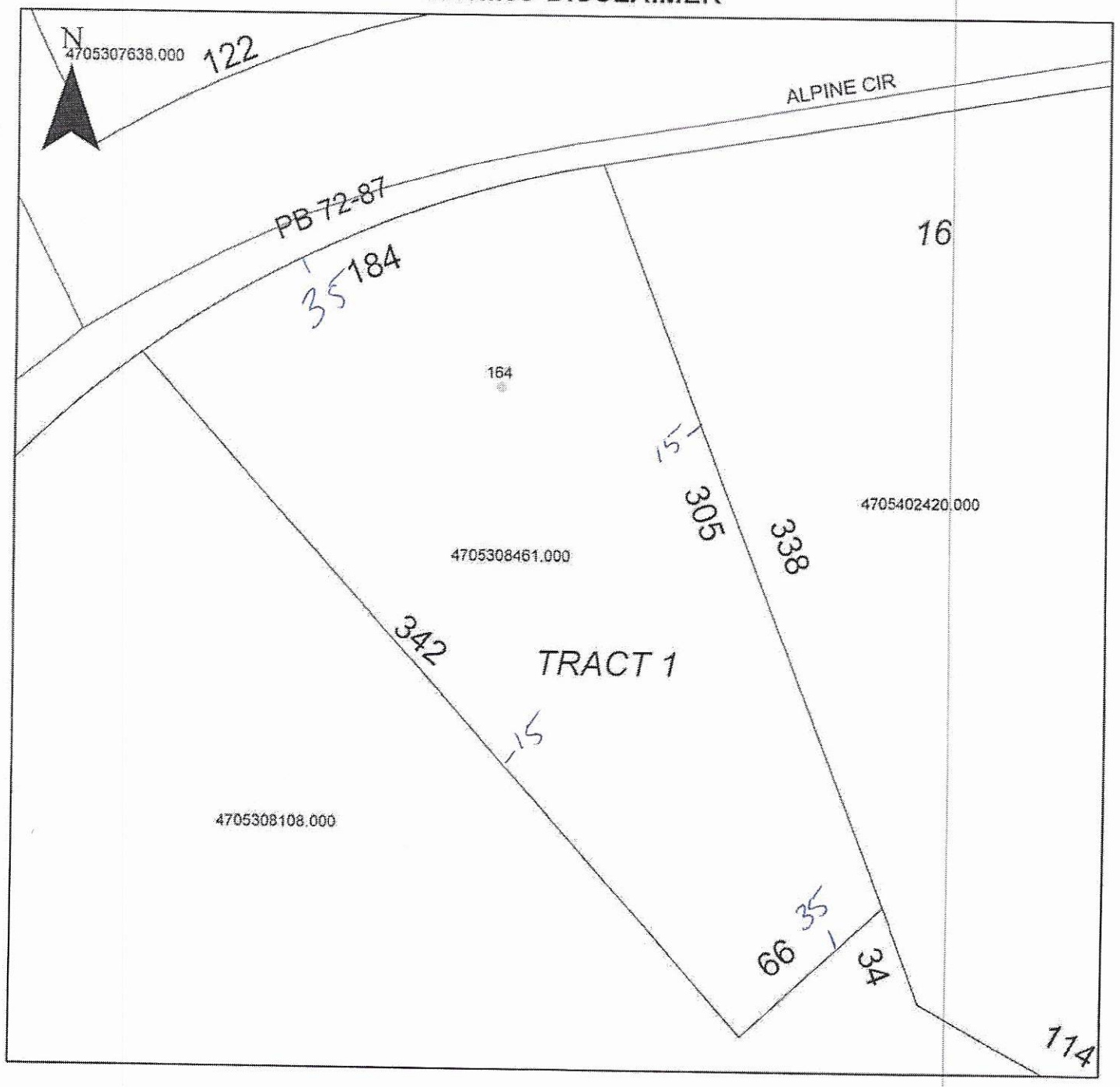
Signature of Owner/Contractor

Date: 10/02/2020

Permit Number	311448

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 164 Alpine

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

10/21/2020
Date