IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234454

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

PIN # 4711-33-3329

APPLICANT/OWNER: Sherry Johnson APPLICANT ADDRESS: 140 Maxwell Statesville NC 28677

SITE ADDRESS: 248 Windingwood Dr. Statesville, NC 28677 PHONE: 321697-8987 ALT. PHONE 407 301 5412

SITE DIRECTIONS: Buffalo Shoals Rd (towards lake) TL Windingwood at end SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ridge wood SECTION: — LOT # 16 LOT AREA: .94 Acre DESIGN FLOW: 600gpd L.T.A.R.: .3

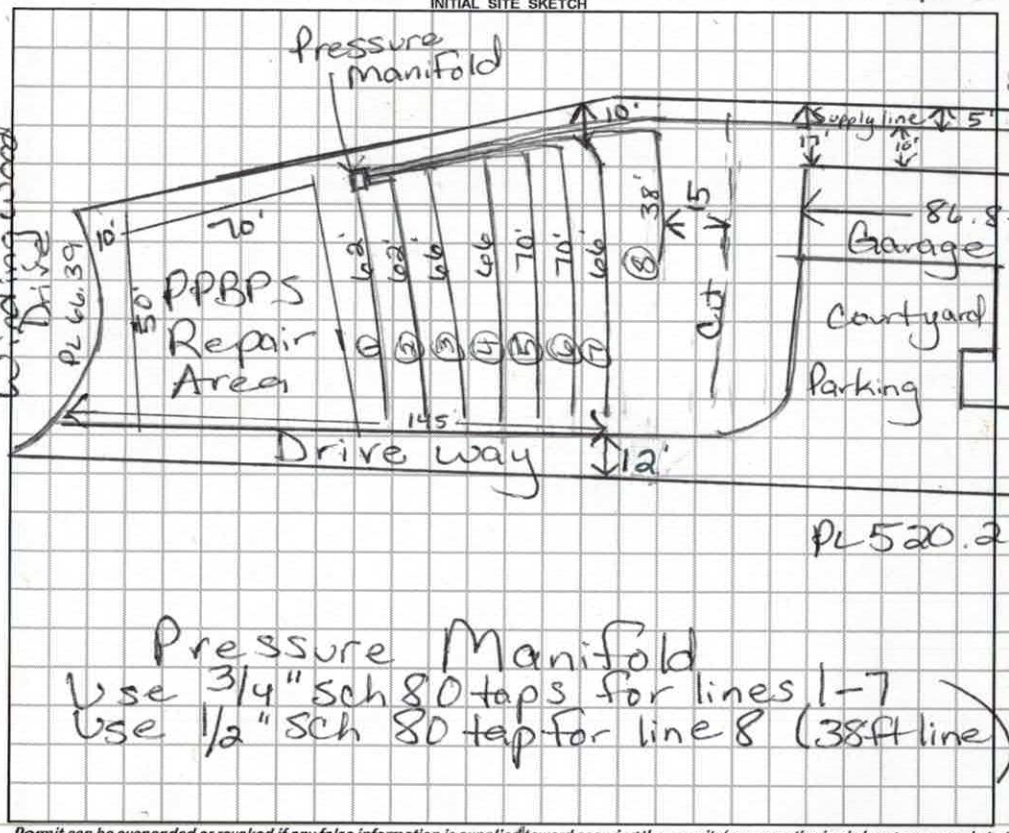
Septic Tank	1500 (gal)	STB	964	Date	2-18-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1500 (gal)	PT	353	Date	5-20-18	System Description:	Pump-PM-25% Reduction PPBPS			☐ Business	No. Persons 10
Pump Make		Model		Serial #		Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	8	Linear Ft	500'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"			Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert storm/surface water max away from Septic * Neighbor's "Proposed well"

Keep Drain lines a minimum of 15ft from "cut" Keep tanks minimum 50ft from well

INITIAL SITE SKETCH



AS BUILT SKETCH

Pressure Manifold
Use 3/4" sch 80 taps for lines 1-7
Use 1/2" sch 80 tap for line 8 (38ft line)

* lines: 6 chambers @ 42" > need to remove 6"
line 6: 5 chambers @ 42"

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: Date: 5/2/19 Installed by: Sammy Reavis

IMPROVEMENT PERMIT by: Date: 5/1/19 OPERATION PERMIT by: Carla C Cave Date: 5-23-19

AUTHORIZATION TO CONSTRUCT by: Date: 5/1/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t ection is needed. Be sure to speak with an inpsector to confirm your inspection time.

3:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 234454

PIN # 4711 33329

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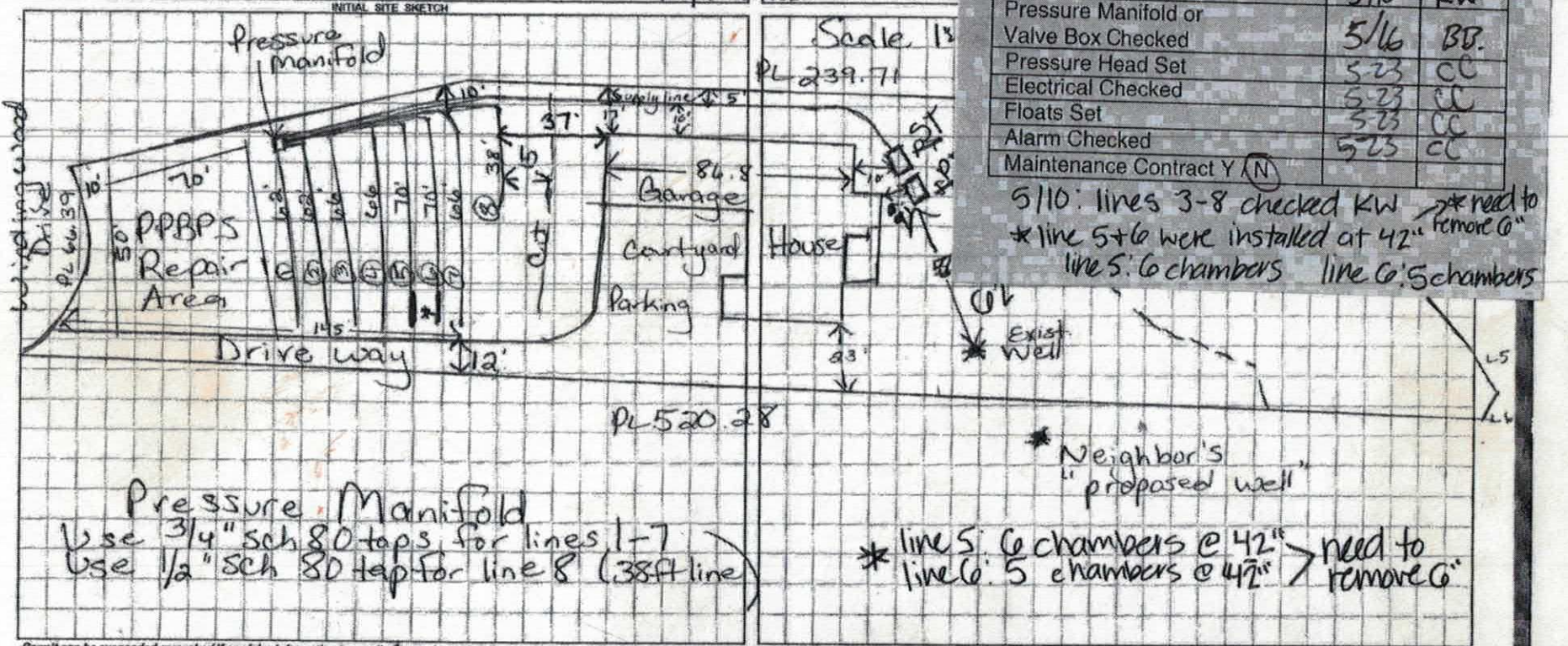
SUBDIVISION: Ridge wood SECTION: LOT # 16 LOT AREA: .94 Acre DESIGN FLOW: 600gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB 964	Date 2-18-19	☒ New System ☐ Repair ☐ Expansion	System Type: I	☒ Residence	No. Bedrooms 5
Pump Tank	1500 (gal)	PT 353	Date 5-20-18	System Description: Pump-PM-25% Re			Water Supply
Pump Make		Model	Serial #	Repair System Description: PPBPS			
# Nitrification Fields	1	# Lines 8	Linear Ft 500	Maintenance Agreement Required:	☐ YES ☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	☐ GRAVITY ☒ PRES		

Comments / Conditions: Divert storm/surface water away from Septic

* Neighbor's "Proposed well"

INITIAL SITE SKETCH



Pressure Manifold
Use 3/4" sch 80 taps for lines 1-7
Use 1/2" sch 80 tap for line 8 (38ft line)

* Needs 8 more Feet 5/16
CHECKED 5/20/19 BCW

	Date	Initials
Drain Lines Checked	5-23	BCW
Tanks Checked	5/10	KW
Pressure Manifold or Valve Box Checked	5/16	BB.
Pressure Head Set	5-23	CC
Electrical Checked	5-23	CC
Floats Set	5-23	CC
Alarm Checked	5-23	CC
Maintenance Contract Y (N)		

5/10: lines 3-8 checked KW
* line 5+6 were installed at 42" > need to remove 6"
line 5: 6 chambers line 6: 5 chambers

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☐ 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.*

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Zoned 2 Hp.-

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4711333329
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Sherry Johnson
ADDRESS: 140 Maxwell Ln Statesville, NC 28677
PROPOSED FACILITY: House
LOCATION OF SITE: 248 Windingwood Statesville Ridgewood #16
APPLICATION DATE
DATE EVALUATED: 4/13/18
PROPERTY SIZE: .94 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
1	17%	0-6	B	SCL GR, FR	SS, SP, SExp				PS .3
		6-26	RC, m-w	SBK	SS, SP, SExp, FR				
		26-62	RC, w	SBK	SS, SP, SExp, FR				
			Lay	SAP Inclus					
2	8%	0-6	Brw	SCL GR	FR, SS, SP, SExp				PS .3
		6-27	RC	m-w SBK	SS, SP, SExp, FR				
		27-55	RC	w SBK	SS, SP, SExp, FR				
			Lay	SAP Inclus					
		>50"	manu		SAP Inclus				
3	8%	0-5	Brw	SCL GR	FR SS, SP, SExp				PS .3
		5-22	RC	m-w SBK	SS, SP, SExp, FR				
		22-56	RC	w SBK	SS, SP, SExp, FR				
			SAP	Inclus					
		56-60	L/S	L, SAP	massive FR				
4	15%	0-5	Brw	SCL	SS, SP, SExp				PS .3
		5-25	RC	m-w SBK	SS, SP, SExp				
		25-52	RC	w SBK	SS, SP, SExp, FR				
			Lay	SAP	Inclus				

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Danny Lambeth

COMMENTS:

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	NEXP (Non-expansive) 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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None	None		

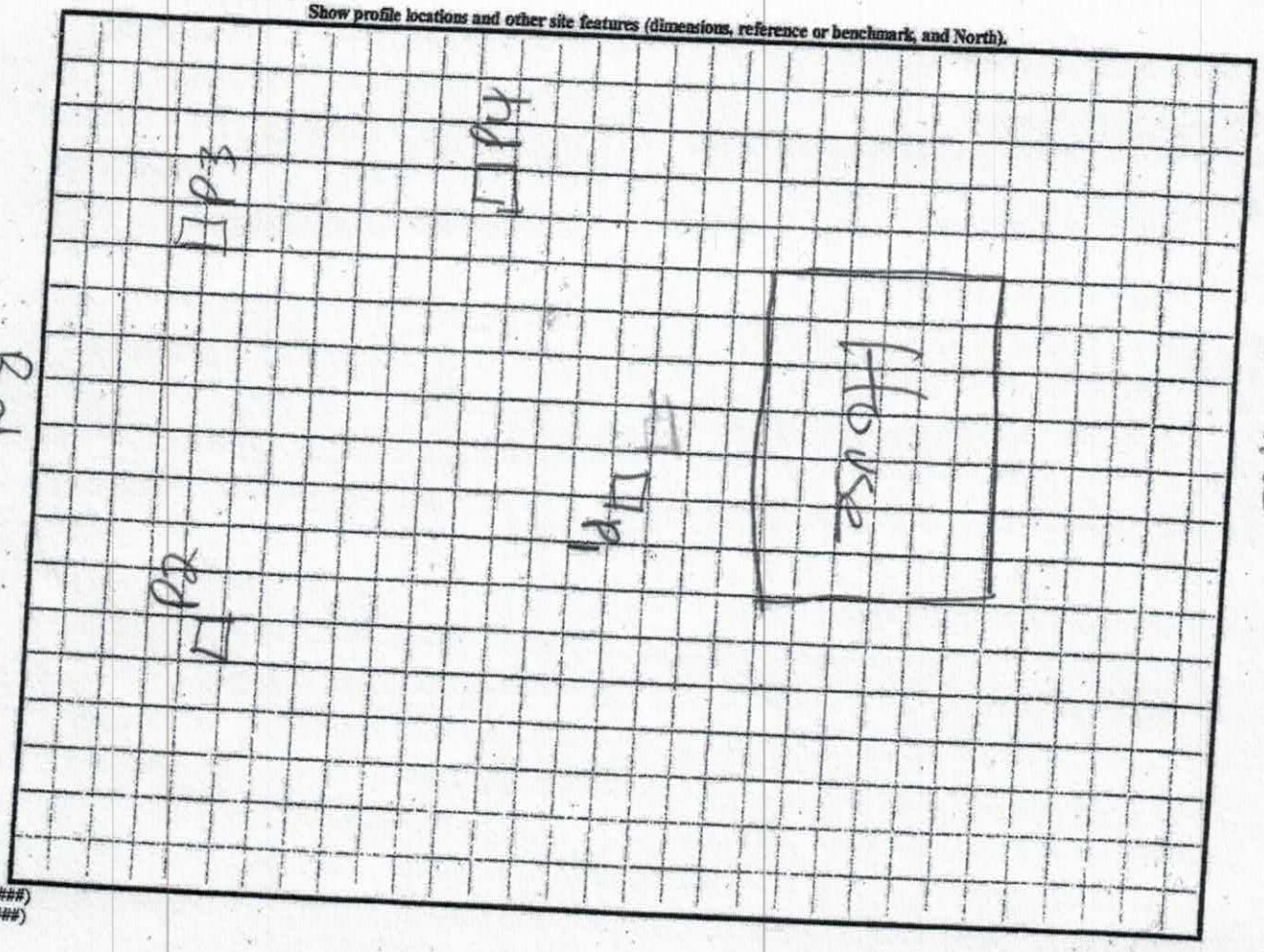
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



NR (######)
riew (#####)

234454

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sherry Johnson	140 maxwell Lane, Statesville NC 28677	407-301-5412	321-697-8987
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
melissa martucci Sherry Johnson	same as above	same as	above

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
248 windingwood Dr, Statesville NC 28677	Ridgewood	PB 42-121; L16

Driving Directions: Off Buffalo shoals, right before the catawba county line

See attached MapQuest

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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

6. Proposed Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

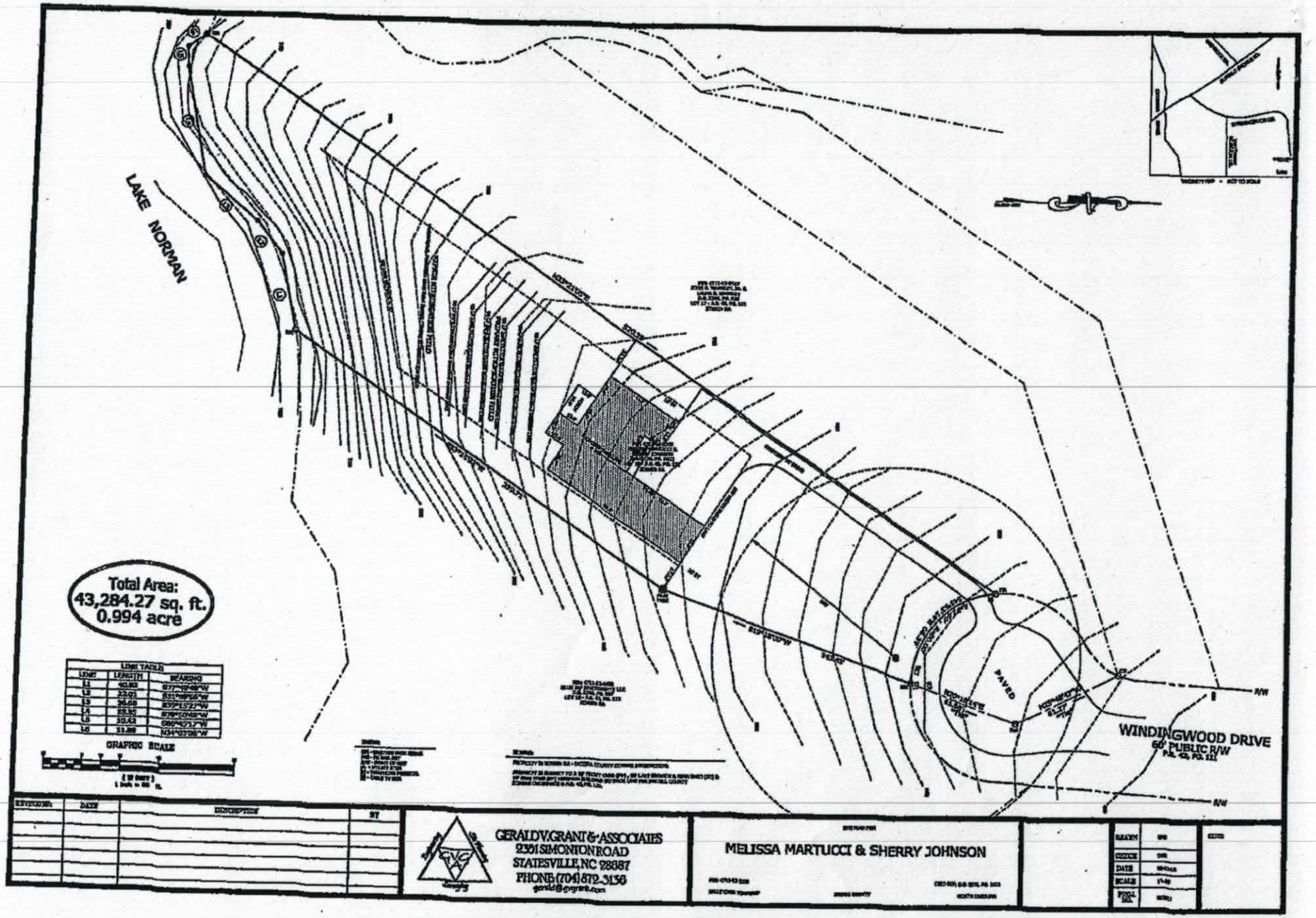
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?

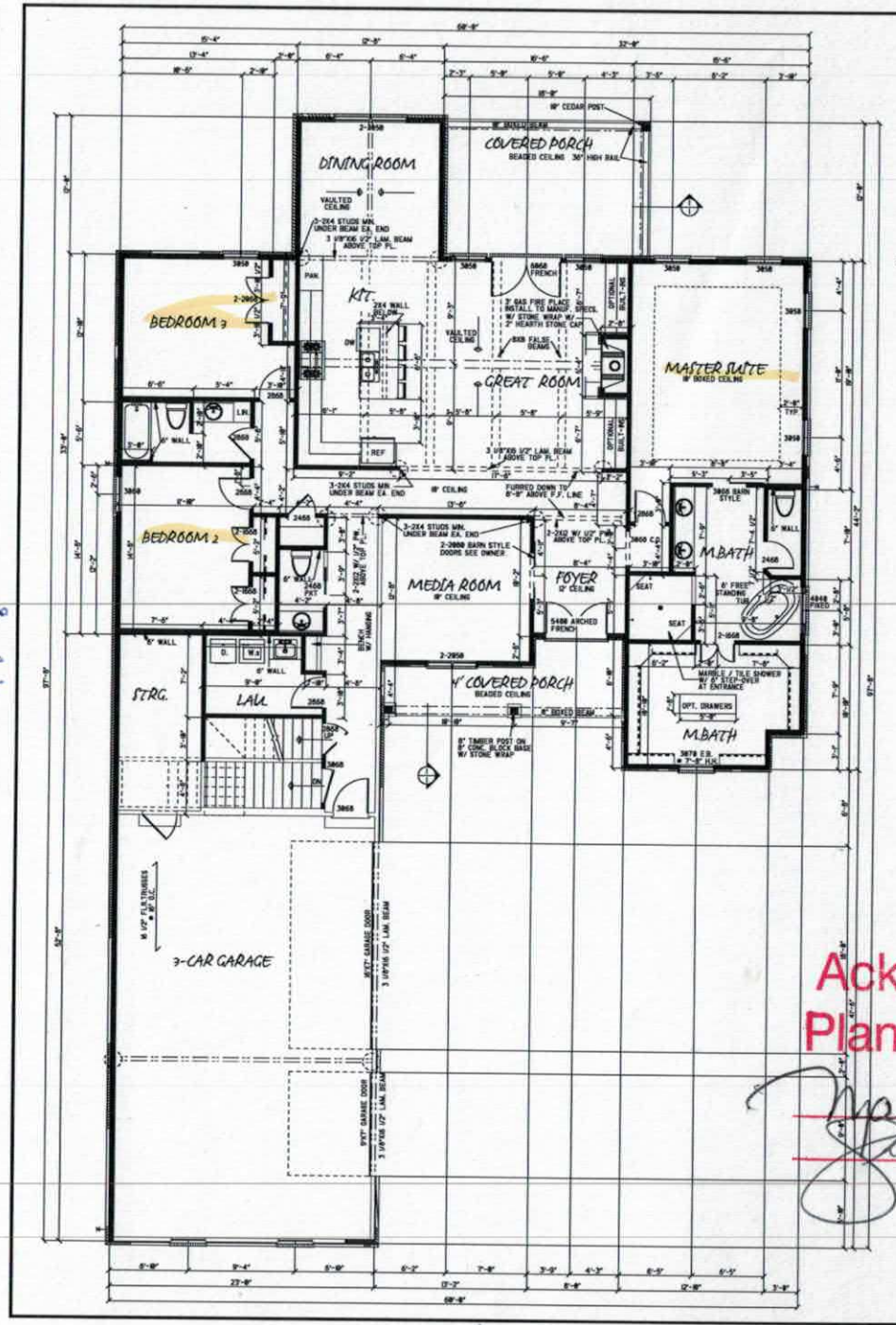
(✓) Yes ( ) No Is the site subject to approval by any other public agency? Erosion Control Permit/Plan

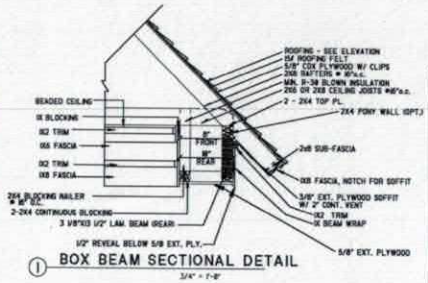
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

9. Signature: _____ 3/28/18

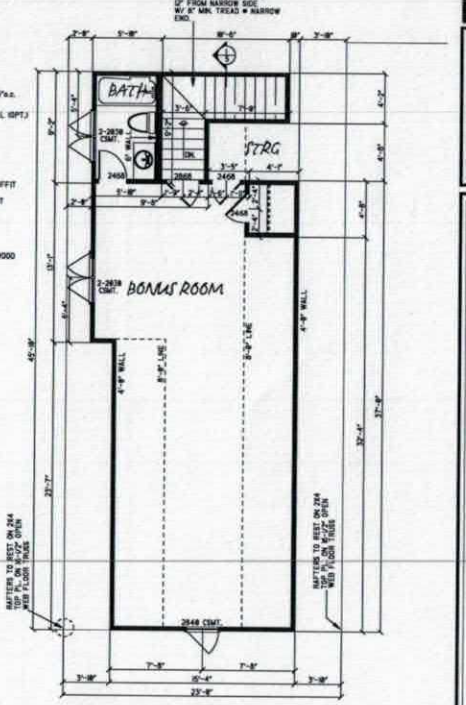
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


LAKE NORMAN
Total Area:
43,284.27 sq. ft.
0.994 acre
LINE TABLE
LINE | LENGTH | BEARING
L1 | 40.82 | S77°09'48"W
L2 | 23.01 | S51°08'56"W
L3 | 36.66 | S39°15'22"W
L4 | 85.85 | S76°10'05"W
L5 | 30.43 | S86°45'17"W
L6 | 31.89 | N34°03'36"W
GRAPHIC SCALE
PAVED
WINDINGWOOD DRIVE
60' PUBLIC R/W
P.B. 43, PG. 111
R/W
REVISIONS | DATE | DESCRIPTION | BY
GERALD V. GRANT & ASSOCIATES
2361 SIMONTON ROAD
STATESVILLE, NC 28687
PHONE (704) 872-3136
MELISSA MARTUCCI & SHERRY JOHNSON





① BOX BEAM SECTIONAL DETAIL



FLOOR PLAN NOTES:

1. ALL STRUCTURAL INFORMATION SHOWN FOR REFERENCE PURPOSES ONLY. CONTRACTOR SHALL HAVE LICENSED STRUCTURAL ENGINEER REVIEW AND DESIGN ALL STRUCTURAL ELEMENTS SUCH AS ALL FRAMING WALLS, BEAMS, CONNECTIONS, HEADERS, JOISTS AND RAFTERS.

2. ALL DIMENSIONS ARE FROM FACE OF STUD TO FACE OF STUD UNLESS NOTED OTHERWISE.

3. WINDOW SIZES INDICATED ON PLANS ARE NOTED BY APPROXIMATE ROUGH OPENING SIZE. REFER TO PLANS AND EXTERIOR ELEVATIONS FOR WINDOW TYPES.

4. COORDINATE LOCATION OF UTILITY METERS WITH SITE PLAN AND LOCATE AWAY FROM PUBLIC VIEW. VISUAL IMPACT SHALL BE MINIMIZED, I.E. MOUNT AS LOW AS POSSIBLE.

5. PREFABRICATED FIREPLACE CONSTRUCTION SHALL MEET OR EXCEED ALL APPLICABLE CODES REGARDING USE OF FIRE SEPARATIONS, CLEARANCES, ETC. IT IS THE CONTRACTOR'S RESPONSIBILITY TO ENSURE THAT ALL ITEMS AND CONSTRUCTION MEET OR EXCEED CODE. OVERALL FLUE HEIGHT SHALL BE COORDINATED TO MATCH HEIGHT SHOWN ON PLANS AND SHALL NOT EXCEED THE TOP OF CHIMNEY CHASE AS CONSTRUCTED.

6. CONTRACTOR SHALL COORDINATE ALL CLOSET SHELVING REQUIREMENTS.

7. DO NOT SCALE DRAWINGS, FOLLOW DIMENSIONS ONLY.

8. CONTRACTOR SHALL FIELD VERIFY ALL CABINET DIMENSIONS BEFOR FABRICATION.

9. BEDROOM WINDOWS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQ.FT., A MINIMUM NET CLEAR OPENABLE WIDTH OF 24". A MINIMUM NET CLEAR OPENABLE HEIGHT OF 24" AND HAVE A MAXIMUM FINISH SILL HEIGHT OF 43" FROM FINISH FLOOR.

10. ALL GLASS LOCATED WITHIN 18" OF FLOOR, 12" OF A DOOR OR LOCATED WITHIN 60" OF FLOOR AT BATHTUBS, WHIRLPOOLS, SHOWERS, SAUNAS, STEAM ROOMS OR HOT TUBS SHALL BE TEMPERED.

11. ALL EXPOSED INSULATION SHALL HAVE A FLAME SPREAD RATING OF LESS THAN 25 AND A SMOKE DENSITY RATING OF LESS THAN 450.

12. PROVIDE COMBUSTION AIR VENTS, WITH SCREEN AND BACK DAMPER, FOR FIREPLACES, WOOD STOVES AND ANY APPLIANCE WITH AN OPEN FLAME.

13. BATHROOMS AND UTILITY ROOMS SHALL BE VENTED TO THE OUTSIDE WITH A MINIMUM OF 2 @ 25 CFM FAN. RANGE HOODS SHALL ALSO BE VENTED TO OUTSIDE.

14. ATTIC HVAC UNITS SHALL BE LOCATED WITHIN 20' OF ITS SERVICE OPENING. RETURN AIR GRILLES SHALL NOT BE LOCATED WITHIN 18 FEET OF A GAS FIRED APPLIANCE.

15. WALLS COMMON TO GARAGE AND HOUSE SHALL HAVE A LAYER OF TYPE "X" GYPSUM BOARD AT GARAGE SIDE.

16. ALL FIREPLACE CHASE WALLS SHALL BE INSULATED INSIDE AND OUTSIDE. PROVIDE HORIZONTAL "DRAFT STOPS" AT EACH FLOOR LEVEL BY PACKING 8" (R-19) INSULATION BETWEEN 2X4 JOISTS.

17. ALL INTERIOR WALLS SHALL BE COVERED WITH 1/2" GYPSUM BOARD, WITH METAL CORNER REINFORCING TAPE, FLOAT AND SAND. (I) COATD USE 5/8" GYPSUM BOARD ON CEILINGS WHEN SUPPORTING MEMBERS ARE 24" O.C. OR GREATER. USE 1/2" GYPSUM BOARD ON [illegible] UNLESS OTHERWISE NOTED.

18. ALL BATH AND TOILET ROOM WALLS AND CEILINGS SHALL HAVE MOISTURE RESISTANT GYPSUM BOARD.

NOTE:

1- HVAC TO BE IN ATTIC, VERIFY W/ BUILDER.
2 - UPPER FLOOR CEILING HEIGHTS TO BE 8'-0" UNLESS NOTED.
3 - UPPER FLOOR JOIST TO BE 16"-0" OPEN WEB FLOOR TRUSSES @ 16" O.C. W/ 3/4" T&G ADVANTECH FLOOR GLUED & SCREWED. SEE TRUSS MANUF. FOR FLOOR TRUSS LAYOUTS. **ALL OPEN WEB FLOOR TRUSSES TO BE DESIGNED & ENGINEERED BY TRUSS MANUF. TRUSS MANUF. WILL PROVIDE TRUSS LAYOUT BASED ON ENGINEERING. RELOCATED UNITS TO ALLOW FOR EXT. WALL SUPPORT & RAFTER CLEARENCE.**
4.- HVAC & W.H. TO BE IN ATTIC UNLESS OTHERWISE NOTED.

FLOOR PLAN SPECIFICATIONS

HEAT/COOLED MAIN FLOOR:	2567 SQ. FT.
GARAGE, STORAGE:	778 SQ. FT.
PORCHES:	342.50 FT.
TOTAL:	3687 SQ. FT.
BONUS:	648 SQ. FT.

NOTE:

1- MAIN FLOOR CEILINGS TO BE 9' UNLESS NOTED.
2- UPPER FLOOR CEILINGS TO BE 8' UNLESS NOTED.
3- BUILDER TO APPROVE & VERIFY ALL PLANS BEFORE CONSTRUCTION.
4 - VERIFY ALL PLANS W/ LOCAL BUILDING CODES.
5 - HVAC & W.H. TO BE IN ATTIC UNLESS OTHERWISE NOTED.
6.- PROVIDE SHUT-OFF VALVE FOR ALL GAS APPLIANCES. REFERENCE IRC SECTION G2420
7.- ALL GLASS LOCATED WITHIN 18" OF FLOOR, 24" OF A DOOR OR LOCATED WITHIN 60" OF FLOOR AT BATHTUBS, WHIRLPOOLS, SHOWERS, SAUNAS, STEAM ROOMS OR HOT TUBS SHALL BE TEMPERED TO COMPLY WITH IRC SECTION R308.4.6
8.- NARROW WALL SHEARWALLS SHALL BE CONSTRUCTED IN ACCORDANCE WITH 2006 IRC SECTION R602.10 BRACED WALL LINES. SAID SHEARWALLS MAY ALSO BE CONTRUCTED USING SIMPSON STRONG TIE PRODUCTS. REFER TO SIMPSON STRONG TIE FOR "STRONGWALL" APPLICATIONS. THIS MAY BE REQUIRED TO MEET ANY CODE REQUIREMENTS FOR NARROW WALLS NEXT TO GARAGE DOORS. CORRECT PRODUCT SELECTION IS SENSITIVE TO BOTH SEISMIC AND WIND ZONE PARAMETERS AND SHOULD BE VERIFIED LOCALLY PRIOR TO CONSTRUCTION. ALSO DUE TO THE NATURE OF THE SIMPSON INSTALLATION PROCESS, THE DECISION TO USE THE "STRONG-WALL" SYSTEM SHALL BE MADE PRIOR TO FOUNDATION CONCRETE PLACE-MENT. SINCE THESE PLANS ARE NOT SITE OR LOCATION SPECIFIC THE MECHANICS TO MEET CODE REQUIREMENTS SHALL BE VERIFIED BY QUALI-FIED PERSONNEL AT THE LOCAL LEVEL PRIOR TO CONSTRUCTION.
SEE DETAILS 1 & 2 ON PAGE SDW2, SHEARWALL "GARAGE wALL OPTION".

Acknowledgement of Plans Submittal ONLY!

Date 4/19/18

Date 5/2/19

NOTICE DUTY OF COOPERATION
© 2011 Michael E. Nelson Designs, LLC
MICHAEL E. NELSON DESIGNS, LLC or Individual Designer has prepared these plans and specifications in accordance with the Owner's instructions. These plans and specifications are intended for use only once and solely by the Owner and only with respect to the property described herein. Ownership of these plans and specifications, including all intellectual property rights therein, shall remain with the Designer. Unauthorized use, reproduction, or modification of these plans and specifications is strictly prohibited without the prior written consent of the Designer. Any use of these plans and specifications by the Owner or others for any purpose not expressly authorized by the Designer shall be at the user's sole risk and without liability to the Designer. The Owner agrees to indemnify and hold harmless the Designer from any claims, damages, losses, or expenses arising out of such unauthorized use.
Designer, Architect, Contractor, or Structural Engineer should attempt to modify any portion of this design.
Written dimensions on these drawings shall have precedence over scaled dimensions; contractors shall verify and be responsible for all dimensions and conditions on the job. This office must be notified of any variations from the dimensions and conditions shown by these drawings. Shop details must be submitted to this office for approval before proceeding with fabrication or construction.

MICHAEL E. NELSON P.E.D. Cert. No. AP-984

MEN DESIGNS

REVISIONS	BY
	38x42

A NEW HOME FOR
MELISSA MARTUCCI
MAIN FLOOR PLAN / NOTES

MEN DESIGNS By Michael E. Nelson A Signature Series of Home Plans
Member ALLIANCE OF NATIONAL DESIGNERS
NATIONALLY PUBLISHED

DATE	1-25-18
SCALE	1/4" = 1'-0"
BUILDER	
JOB	MEN507IR
DRAWN BY	AT

1
8

97' 8 2b

248 building wood

60' 8"

IREDELL COUNTY

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

APPLICATION NUMBER
234454
Issue Date: 03/28/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4711133329.000	248 WINDINGWOOD DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	ANDREWS JOHN W III+JO ANN B	Applicant:	JOHNSON, SHERRY
Address:	815 WARWICK CT	Address:	140 MAXWELL LN
	BURLINGTON, NC 27215		STATESVILLE, NC 28677
Phone:		Phone:	407-301-5412

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.991	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

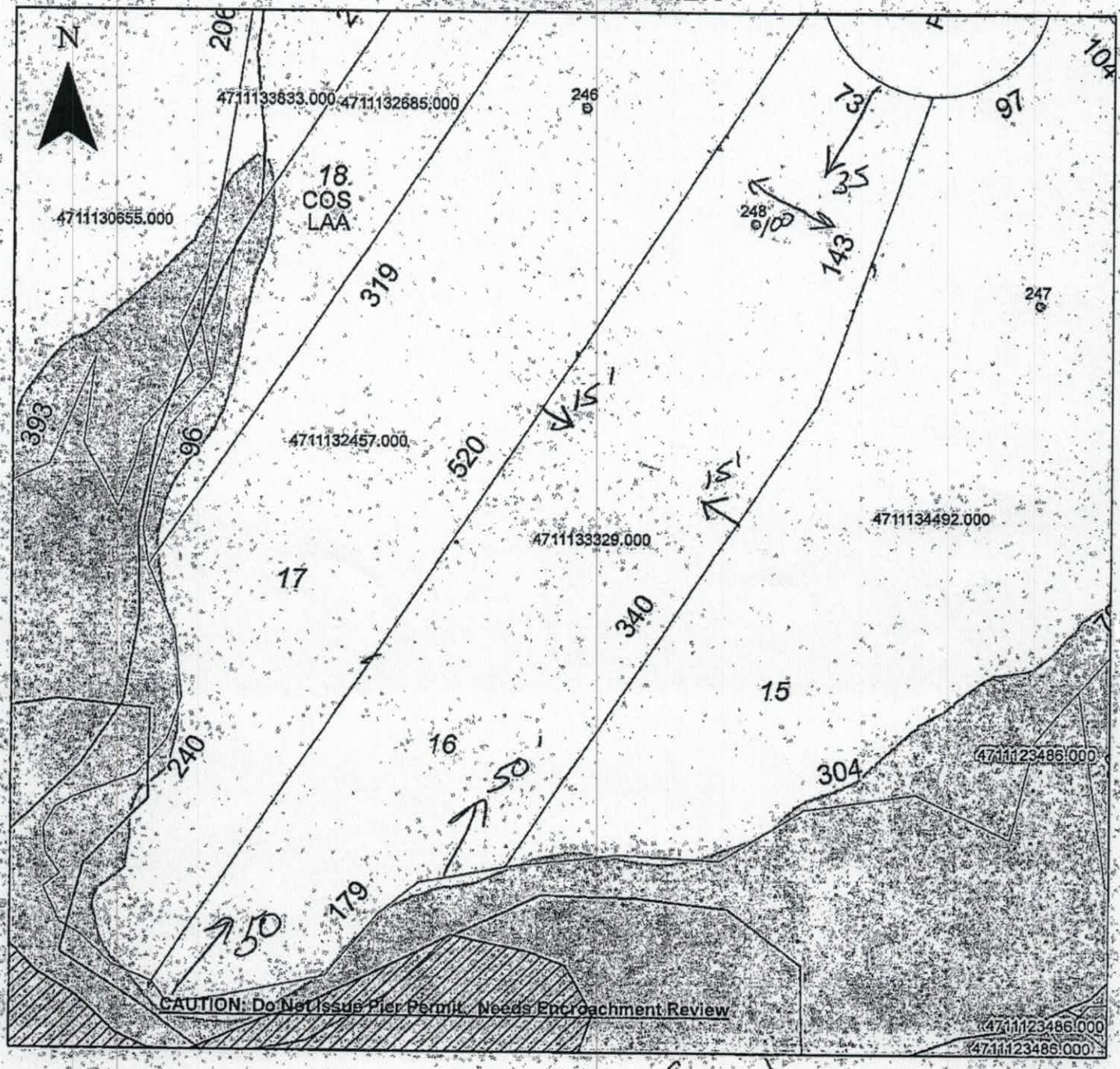
: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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	133689	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 248 Windingwood (SFD)

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Melissa Martucci

Applicant

Date