ICHD - ENVIRONMENTAL HEALTH DIVISION

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

324508

PERMIT # RELAY-2023-15856

PIN # 4711-14-7109

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

APPLICANT / OWNER: ROBERT TAYLOR NEILSON JR | APPLICANT ADDRESS: 442 Lytton St 188 BELLWOOD LOOP, STATESVILLE, NC 28625

SITE ADDRESS: 219 WINDINGWOOD DR, STATESVILLE, NC 28677 | PHONE: 7044500082 | ALT. PHONE:

SITE DIRECTIONS: W Old Mountain -> L Buffalo Shoals -> L Windingwood -> lot on L | SAP CONTROLLED: YES ☑ NO ☐

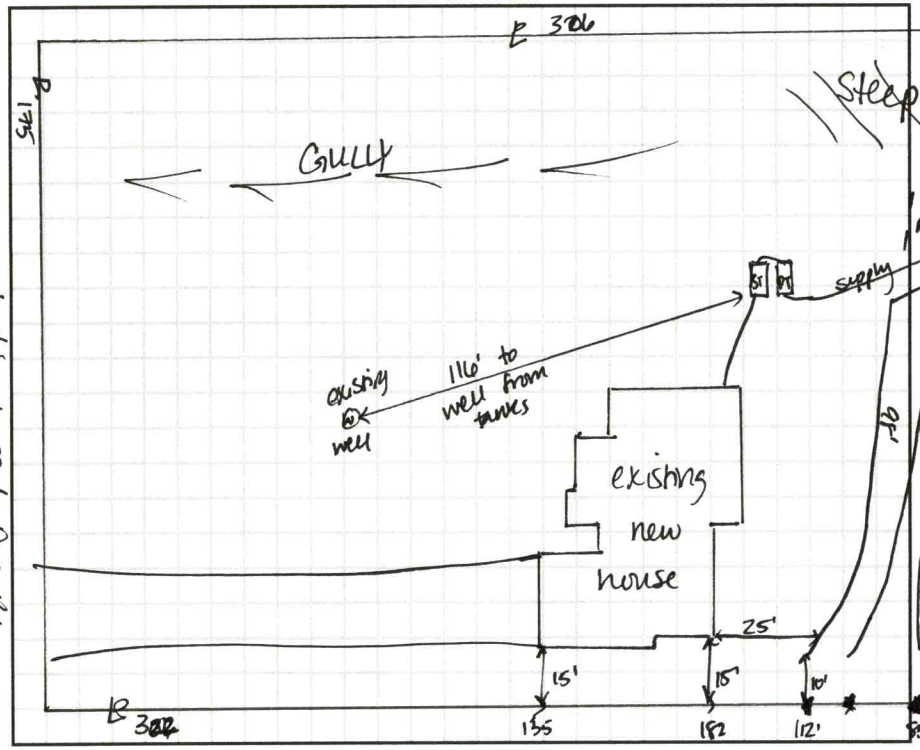
SUBDIVISION: Ridgewood | SECTION: 1 | LOT #: 12 | LOT AREA: 1.261 | DESIGN FLOW: 360 | L.T.A.R.: 0.3

Septic Tank: 1000 (gal)	STB: 760	Date: 12-19-2022	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Existing Well
Pump Tank: 1000 (gal)	PT: 363	Date: 12-17-2022	System Description: 25% Reduction PM		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: 50% Reduction		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 3	Linear Ft.: 302	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: 36	Trench Bottom Depth (Low side): 24		Gravel Depth: 0	☐ GRAVITY ☑ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

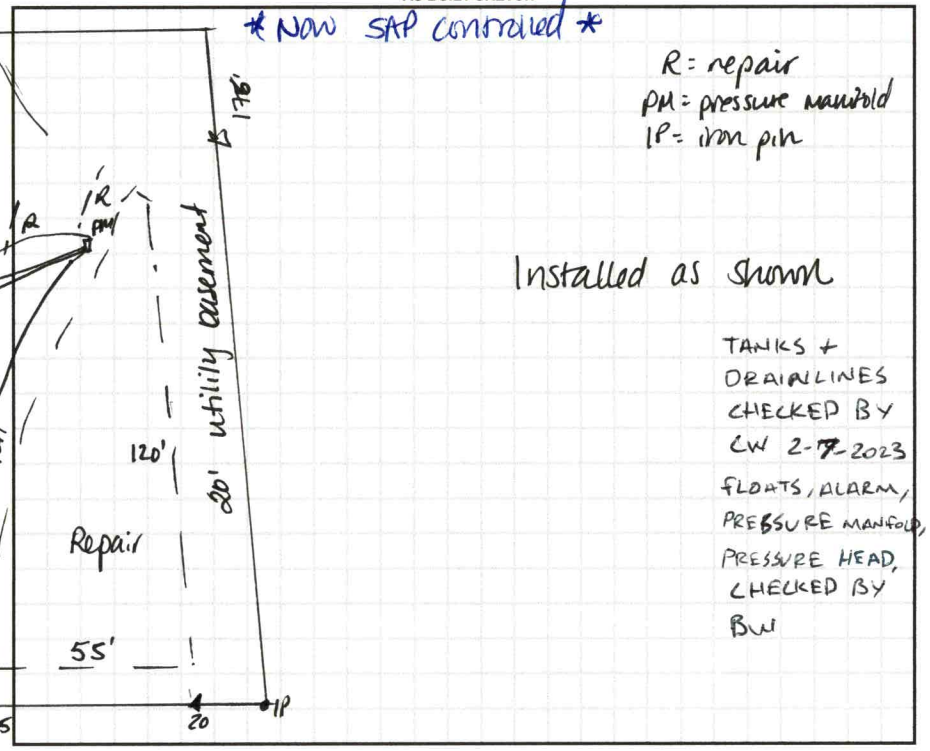
Comments / Conditions: Pressure Manifold = 2" supply. 2' pressure head Use (3) 3/4" SCH 40 taps. Feed as shown. Dose = 137.41 Flow = 37.5 gpm Runtime = 3.8 min min Drawdown = 6.5"
Divert drainage off of drainfield. Keep 25' off foundation drains below field.

Permit redrawn after builder cut soil from drainfield.

INITIAL SITE SKETCH



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: online Signature | Date:

IMPROVEMENT PERMIT by: D. Weber | Date: 2/10/23

AUTHORIZATION TO CONSTRUCT by: D. Weber | Date: 2/10/23

Installed By: Lentz Wastewater

OPERATION PERMIT by: Cory Whisle | Date: 2/20/23

Existing System Inspected By: | Date:

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

Shows pit evaluated after soil cut

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

Sheet ___ of ___
PROPERTY ID #: 47111440
COUNTY: Iredell

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

Crawl Space

OWNER: Gregory Herring
ADDRESS: 219 Windingwood, Statesville
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 219 Windingwood Statesville
APPLICATION DATE
DATE EVALUATED: 1/28/22
PROPERTY SIZE: 1.261
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 5%	0-6	SCL - SBK	SSSP FR SEXP	N/A	57"	H/SL	N/A	PS 0.3
		6-20	C - SBK	↓					
		20-40	CL WSBK	↓					
		40-51	L WSBK	SSNP FR SEXP	Sap incl throughout 20"+ discontinuous band of sap HS @ 38"				
2	LS 5%	0-9	compacted - road bed		N/A	51"	N/A		PS 0.3
		9-23	C - SBK	SS SP FR SEXP					
		23-51	CL WSBK	"	Sap incl throughout 23"+ band of sap @ 34"+ HS				
3	LS 10%	0-6	SCL - SBK	SSSP FR S EXP	N/A	52"	N/A	N/A	PS 0.3
		6-25	C - SBK	↓					
		25-52	CL - WSBK	↓	mica common				
4	LS 10%	0-7	SCL - SBK		N/A	53"	N/A	N/A	PS 0.3
		7-28	C - SBK						
		28-53	CL - WSBK		mica common Sap incl sporadic				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	
System Type(s)	25% PM	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Meberg
OTHER(S) PRESENT:

COMMENTS:

#5 0-17 CL-WSBK SSSP-FR Sap inclusions PS
17-60 Sap-SL/L-M NSNP-VFR common throughout 0.3

Updated February 2014

LEGEND

use the following standard abbreviations

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

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

NOTES

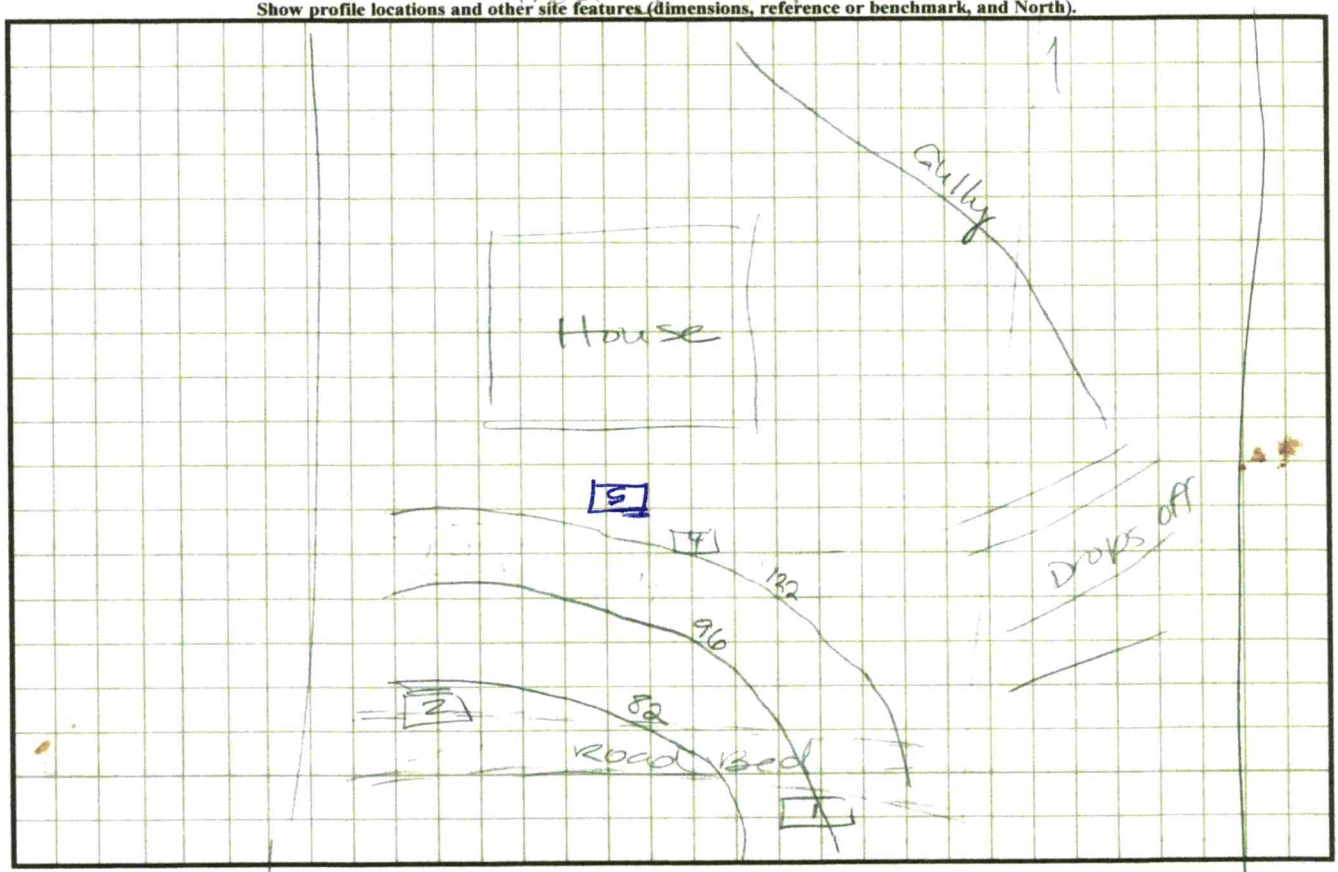
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or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

Evaluation of saprolite shall be by pits.

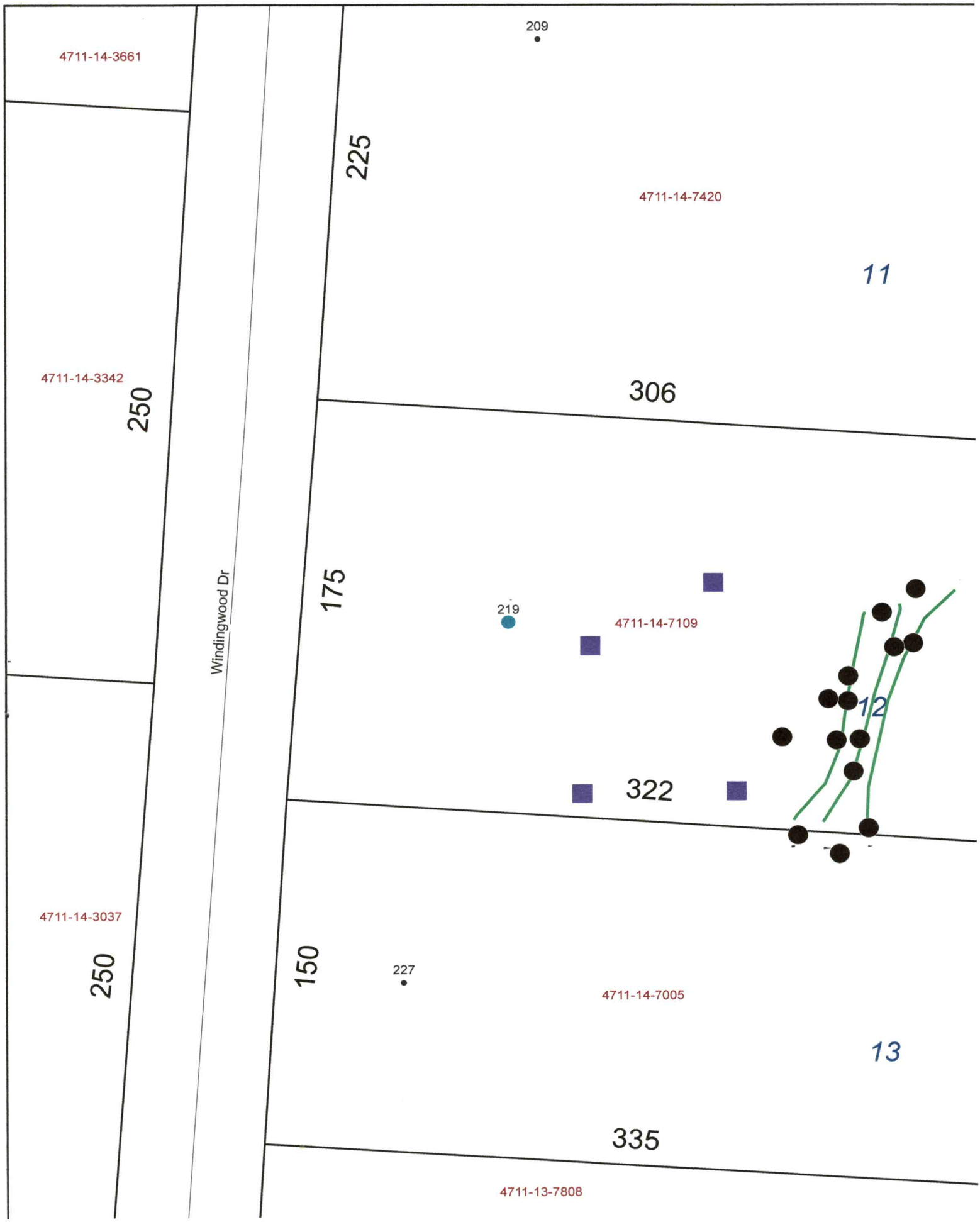
Long-term Acceptance Rate (LTAR): gal/day/ft²

Windingwood

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



Updated February 2014


4711-14-3661
209
225
4711-14-7420
11
4711-14-3342
250
306
Windingwood Dr
175
219
4711-14-7109
12
322
4711-14-3037
250
150
227
4711-14-7005
13
335
4711-13-7808

nrecorded, written or
ner encumbrances. Such
d not appear on this plat.
ed to remain alert for the
ot shown hereon.

use of the party named
to any unnamed person
e surveyor naming said

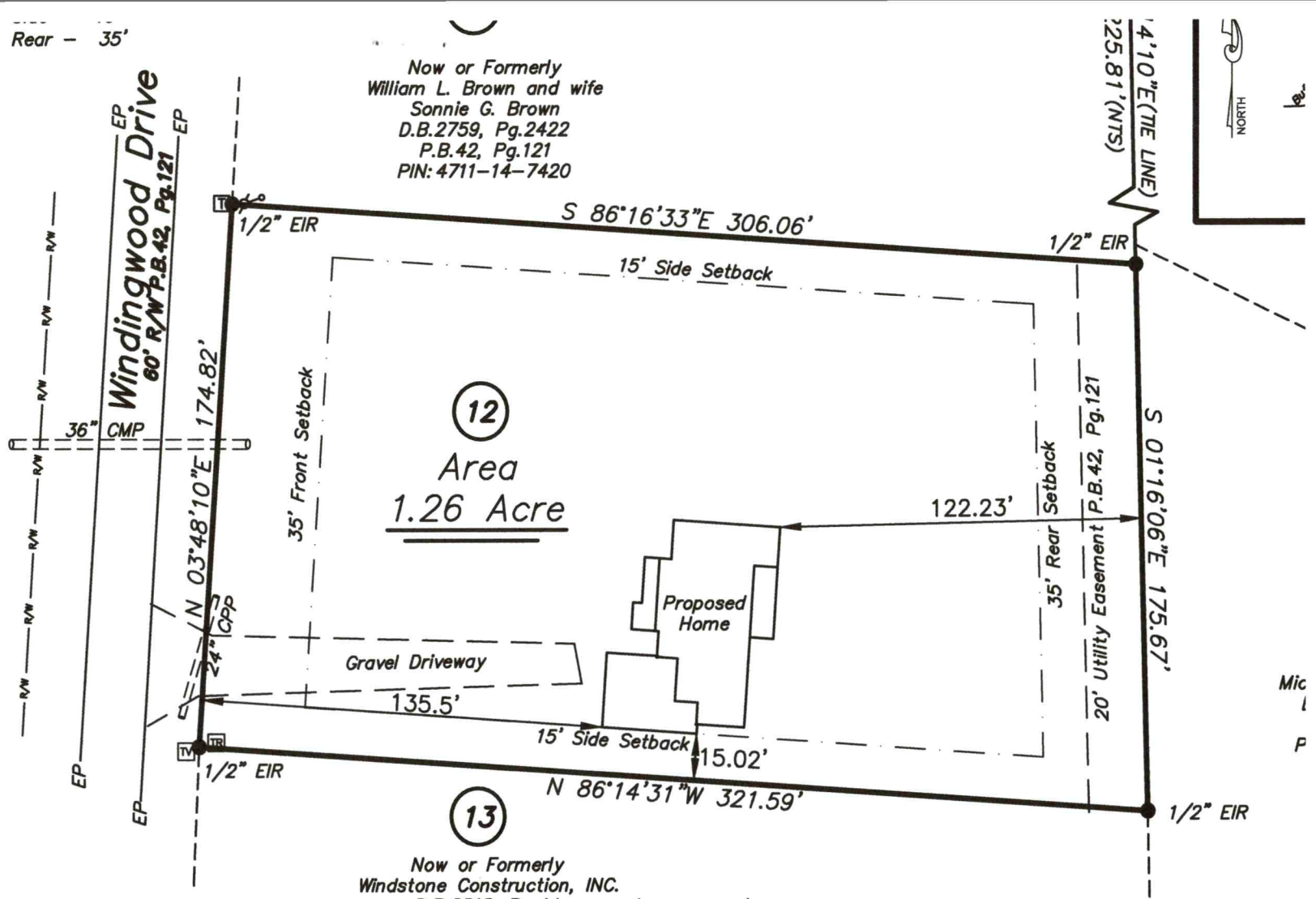
(GNSS) was used to
acy standards, part 2
95% confidence accuracy
time kinematic.

was drawn under my
made under my supervision
to perform the survey.

tations.

ment found within 2,000

tration number and



NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 4711, Iredell County, North Carolina, effective date: 3/18/2008, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X – other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Legend

- ● EXISTING MONUMENT FOUND AS INDICATED
- ..... LIGHT POLE
- T ..... TELEPHONE PEDESTAL
- TV ..... CATV
- TR ..... TRANSFORMER
- EIR ..... EXISTING IRON ROD AS SHOWN
- PIN ..... PARCEL IDENTIFICATION NUMBER
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- NTS ..... NOT TO SCALE
- CMP ..... CORRUGATED METAL PIPE
- CPP ..... CORRUGATED PLASTIC PIPE
- LINE SURVEYED
- TIE LINE SURVEYED

Boundary Survey

Robert

Fallstown Township

Owners of Record:

Deed Reference: D

Plat Reference: P.B

PIN: 4711-14-710

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

Sheet ___ of ___
PROPERTY ID #: 4711147409
COUNTY: Iredell

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

Crawl Space

OWNER: Gregory Hemin — APPLICATION DATE ___
ADDRESS: 219 Windingwood, Statesville — DATE EVALUATED: 1/28/22
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: 1.261
LOCATION OF SITE: 219 Windingwood Statesville — PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
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1	LS 5%	0-6 6-20 20-40 40-51	SCL - SBK C - SBK CL WSBK L WSBK	SSSP FR SEXP ↓ SSNP FR-SEXP	N/A Sap incl throughout 20" discontinuous band of sap HS @ 38"	51"	H/SL	N/A	PS 0.3
2	LS 5%	0-9 9-23 23-51	compacted - road bed C - SBK CL - WSBK	SSSP-FR-SEXP "	N/A Sap incl throughout 23" + band of sap @ 34" + HS	51"	N/A		PS 0.3
3	LS 10%	0-6 6-25 25-52	SCL - SBK C SBK CL - WSBK	SSSP FR S EXP ↓	N/A mica common	52"	N/A	N/A	PS 0.3
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System Type(s)	25% PM	50%
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COMMENTS: ___

Updated February 2014

LEGEND

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NOTES

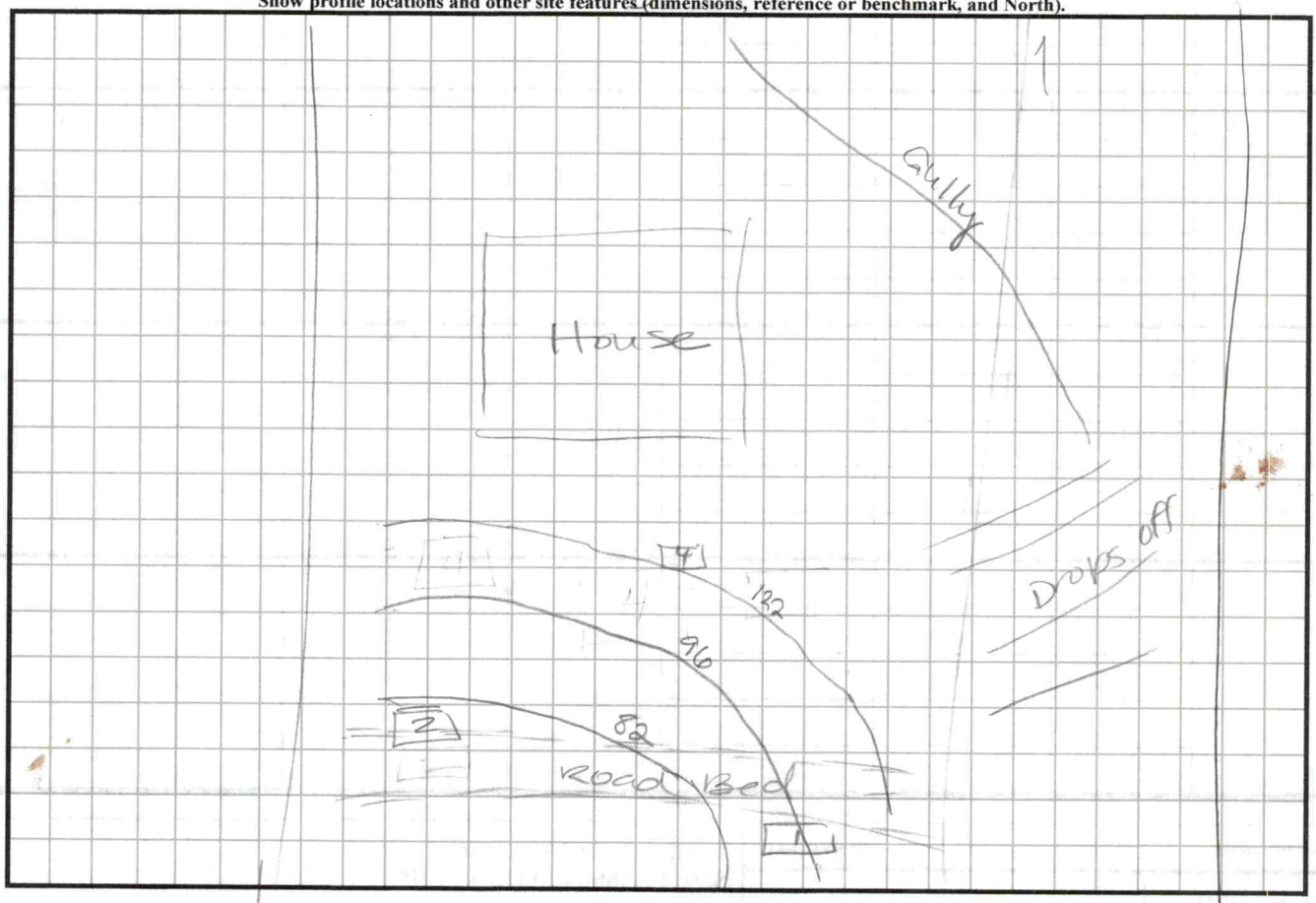
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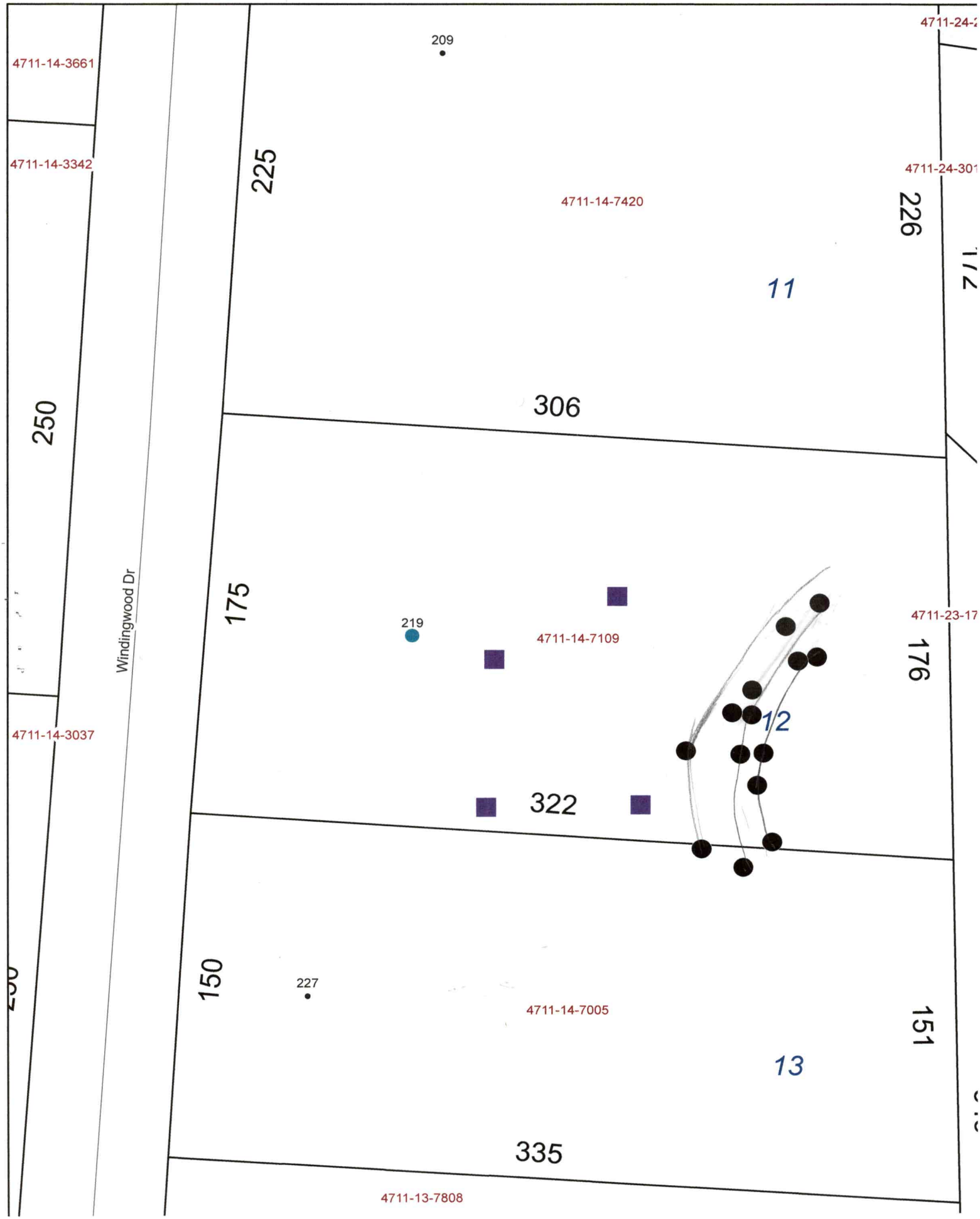
Long-term Acceptance Rate (LTAR): gal/day/ft²

Windingwood

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



Updated February 2014


4711-24-2
209
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4711-14-3342
225
4711-14-7420
4711-24-301
226
11
306
250
175
Windingwood Dr
219
4711-14-7109
4711-23-17
176
12
4711-14-3037
322
150
227
4711-14-7005
151
13
335
4711-13-7808

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

RECEIVED JAN 1 2 2022

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 324508 $500.00

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: DOUGLAS SCOTT MOORE Address: 611 CANADICE RD Zip: 28078
Applicant Email: SMOORE4276@gmail.com Phone: 704-634-3078 Alt. Phone: _____
Owner Name: GREGORY K. HERRING Address: 219 WOODINGWOOD DRIVE Zip: _____
Owner Email: herringreg70@gmail.com Phone: 704-214-9980 Alt. Phone: _____

Property Information:

Street Address: 219 WOODINGWOOD DR.
Subdivision Name: REDGEWOOD Section/Phase: _____ Lot Number: 12
Driving Directions: OFF BUFFALO SHOALS ROAD TURN ONTO WOODINGWOOD DRIVE.

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: 3
Maximum Number of Occupants: 3
( ) 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
( ) Basement with Plumbing
( ) Basement without Plumbing

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 (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.

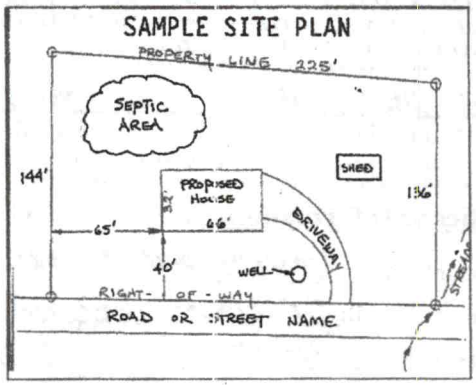
Signature: Douglas Scott Moore 12/10/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

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

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

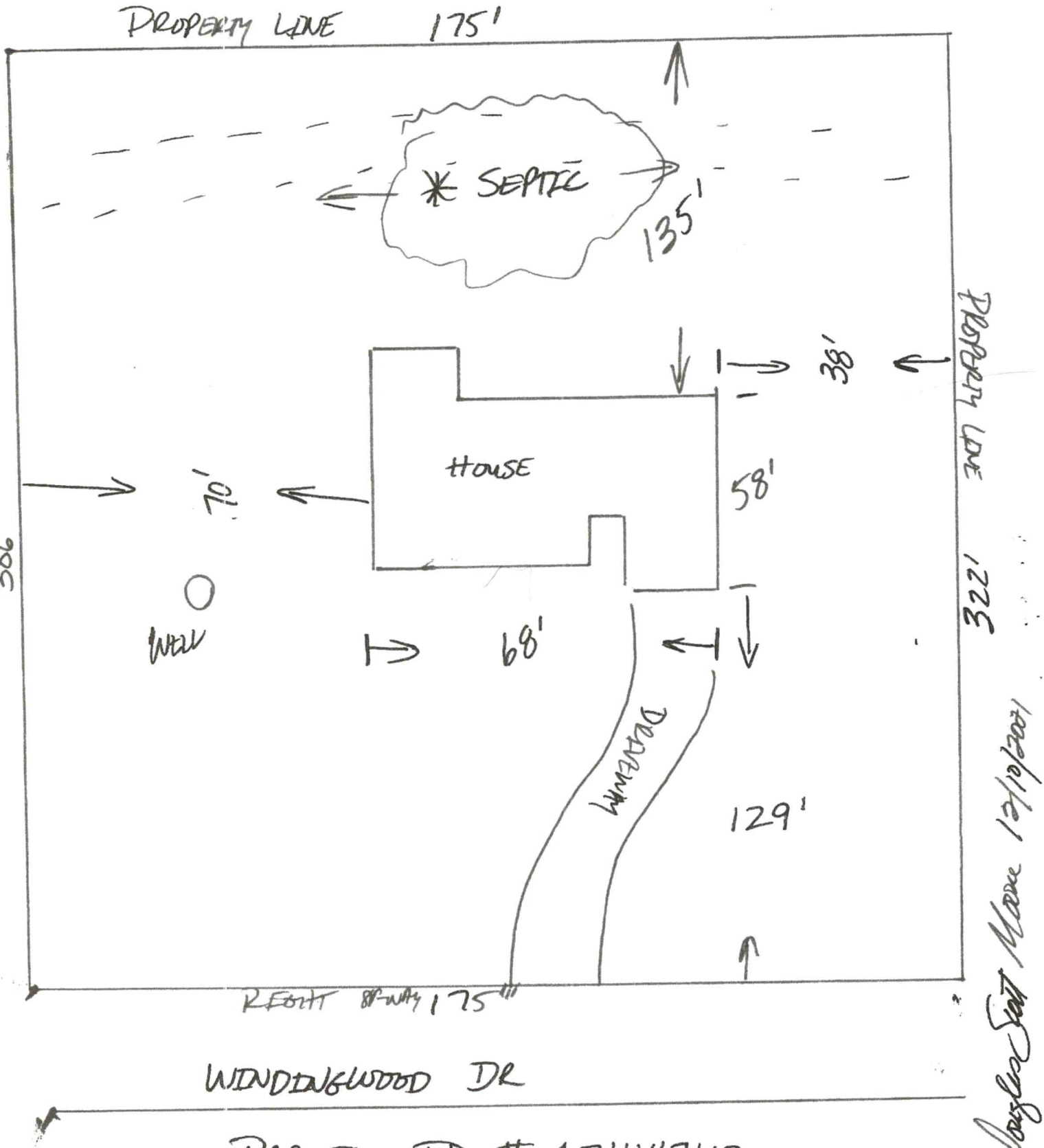
Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Signature: Douglas Scott Moore
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/10/2022
DATE



PARCEL ID # 4711147109

PLOT PLAN GREGORY C. HERRIN

Joseph Scott Moore 12/9/2021

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

✓ **Complete all Environmental Health forms:**

DSM Application

NSM Site Plan including the dimensions of proposed structure, addition, pool etc.

DSM Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)

NSM Copy of Zoning Permit when applicable

DSM Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

___ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

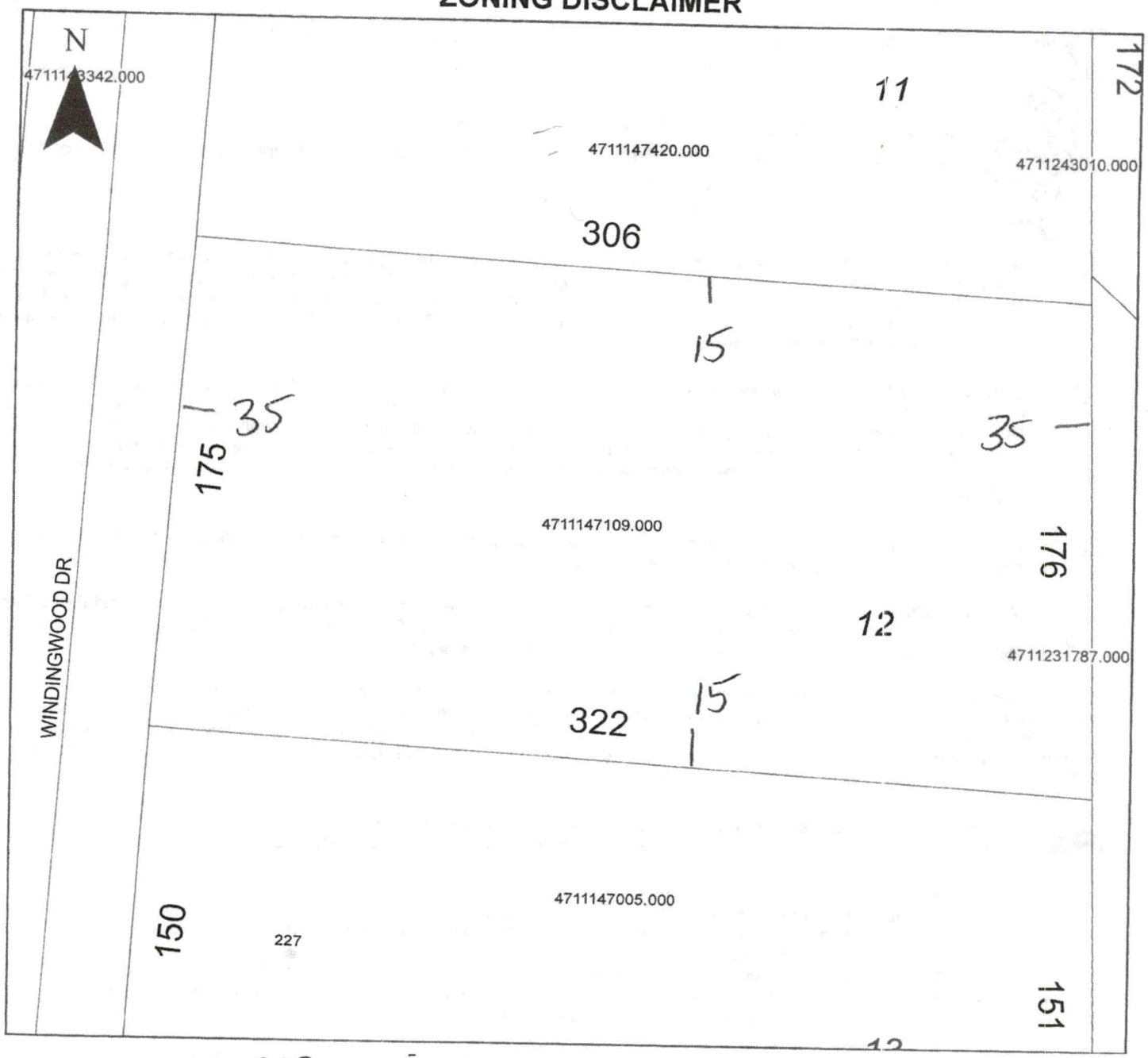
Signature Douglas Scott Moore **Date** 12/10/2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

ZONING DISCLAIMER



Property Address 219 Windingwood Dr.

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.

Douglas Scott Mower
Applicant

1/10/2022
Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324508
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711147109.000		Iredell County

Owner Information	Applicant Information
Name: HERRIN GREGORY F	Name: Moore Painter and Homes Improvements Inc
Address:	Address: 611 Canadice Rd
	Huntersville, NC 28078
Phone:	Phone: (704)634-3078

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.261	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
sfd/need disc and updates on eh forms

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: 01/10/2022

Signature of Owner/Contractor

Permit Number	324508	TOTAL FEES:	$77.25

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB17740

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-324508 Address: 219 WINDINGWOOD DR APN: 4711147109.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:WEB17740			**$577.25**

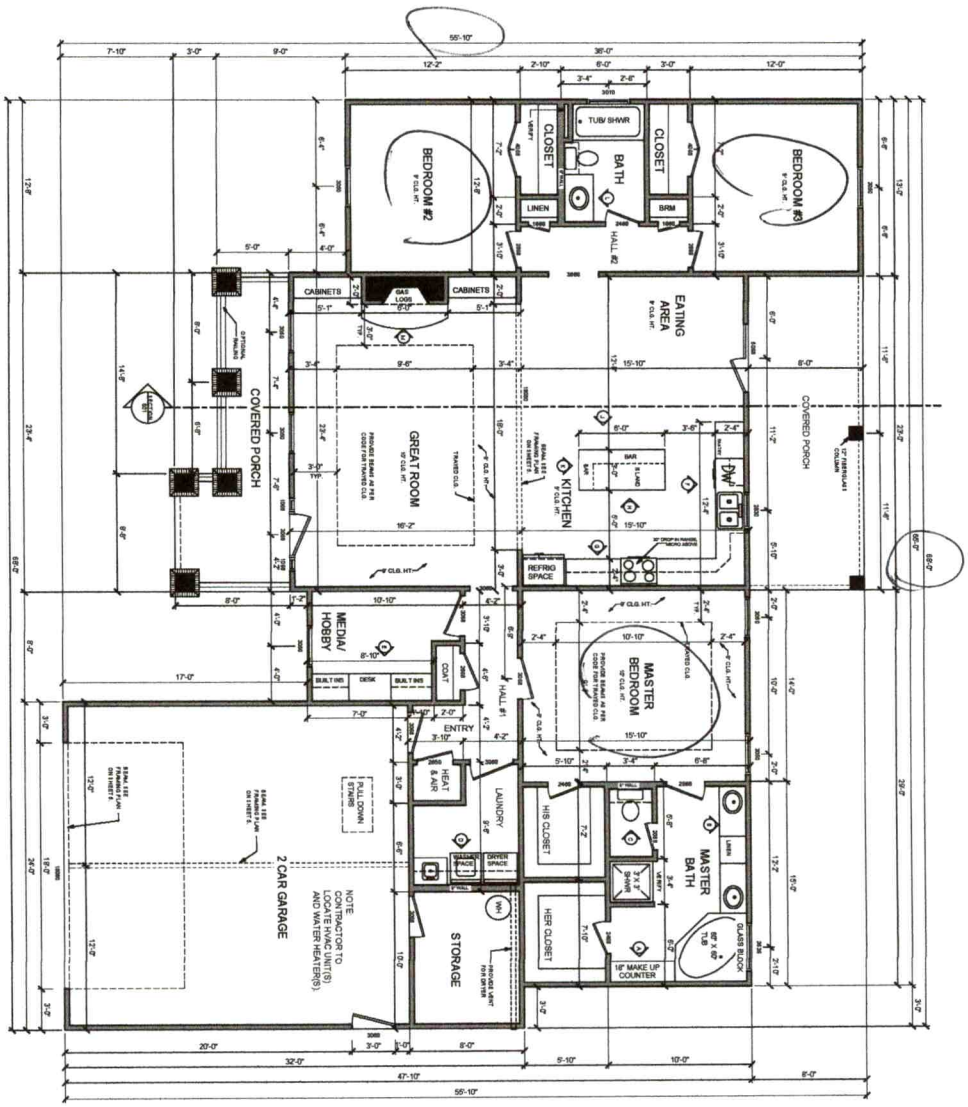
Date Paid: Tuesday, January 11, 2022

Paid By: MOORE PAINTING AND HOME IMPROVEMENTS INC

Cashier: ECON

Pay Method: CREDIT 167606

324508



Acknowledgement Of
Plans Submittal ONLY!

Date 5/2/22

Date 5/3/22

ALL CEILING HEIGHTS SHALL BE APPROX. 9'-0", UNLESS OTHERWISE NOTED.

FLOOR PLAN

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

AREAS: 1901 S.F. HEATED
978 S.F. UNHEATED
2879 S.F. TOTAL UNDER ROOF
(NOT INCLUDING MASONRY)

FLOOR PLAN NOTES

DOOR AND WINDOW SIZES ARE GIVEN IN FEET AND INCHES (WIDTH AND HEIGHT) EXAMPLE SIZE - 3068 IS 2'-8" WIDE BY 6'-8".

CONTRACTOR SHALL VERIFY CLEARANCE OF ALL TRIM SIZES SELECTED BY OWNER, AND ADJUST AS NECESSARY.

ADJUST FINISH FLOOR HEIGHT AS NEEDED FOR PROPER DRAINAGE ONSITE.

ALL WINDOW AND DOOR SIZES GIVEN ARE NOMINAL. REFER TO MANUFACTURER SPECS FOR ROUGH OPENING DIMENSIONS.

DOOR & WINDOW SPECIFICATIONS TO BE DETERMINED BY LICENSED BUILDER AS PER LOCAL CODES. ADJUST AS NEEDED. BUILDER TO VERIFY ALL HAZARDOUS LOCATIONS AS PER LOCAL CODE. USE TEMPERED GLASS AS PRESCRIBED BY LOCAL CODE.

HOUSE PLAN GALLERY, INC.

6659 HWY. 98 WEST, HATTIESBURG, MS 39402
EMAIL: HOUSEPLANGALLERY@COMCAST.NET \\ FAX: (601) 264-4483

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DATE:	4/2/21
DRAWN BY:	JRS
CHECKED BY:	G.S.M.
PLAN NUMBER HPG-	1901
	FLOOR PLAN
SHEET NUMBER	3