IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311793

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

PIN # 4713865795

APPLICANT/OWNER: Jim Hood APPLICANT ADDRESS: 2649 Breakonridge Center Dr. Monroe NC, 28110

SITE ADDRESS: 136 Dublin Ct, Statesville, NC 28677 PHONE: 704-506-3852 ALT. PHONE 704-502-5588

SITE DIRECTIONS: 21 S T/R Old Mountain Rd T/R Bethlehem Rd To Greenwich Dr. T/L Heathrow T/R Dublin SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: The Landing SECTION: 3 LOT # 63 LOT AREA: .39ac DESIGN FLOW: 360 L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB	160	Date	7-7-2021	■ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	■ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	319	Date	6-29-2021	System Description:	LPPPBPS	☐ Business	No. Persons	6	☐ Private
Pump Make			Model		Serial #		Repair	Drip	☐ Other	No. Employees		■ Public
# Nitrification Fields	1		# Lines	5	Linear Ft	292'	Maintenance Agreement Required:	■ YES ☐ NO	■ Slab	☐ Crawl Space		☐ Community
Trench Width	36"		Max Trench Bottom Depth		33"	Gravel Depth	N/A	☐ GRAVITY ■ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Per plan by: Septic Environmental Solutions

INITIAL SITE SKETCH

See plan by: Septic Environmental Solutions

AS BUILT SKETCH

9-29-2021 Tanks + Drainlines JB

	Date	Initials
Drain Lines Checked	9-29-21	
Tanks Checked	9-29-21	
Pressure Manifold or Valve Box Checked	11-24	
Pressure Head Set	11-24	
Electrical Checked	11-24	
Floats Set	11-24	
Alarm Checked	11-24	
Maintenance Contract Y / N		
Comments:		

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.*

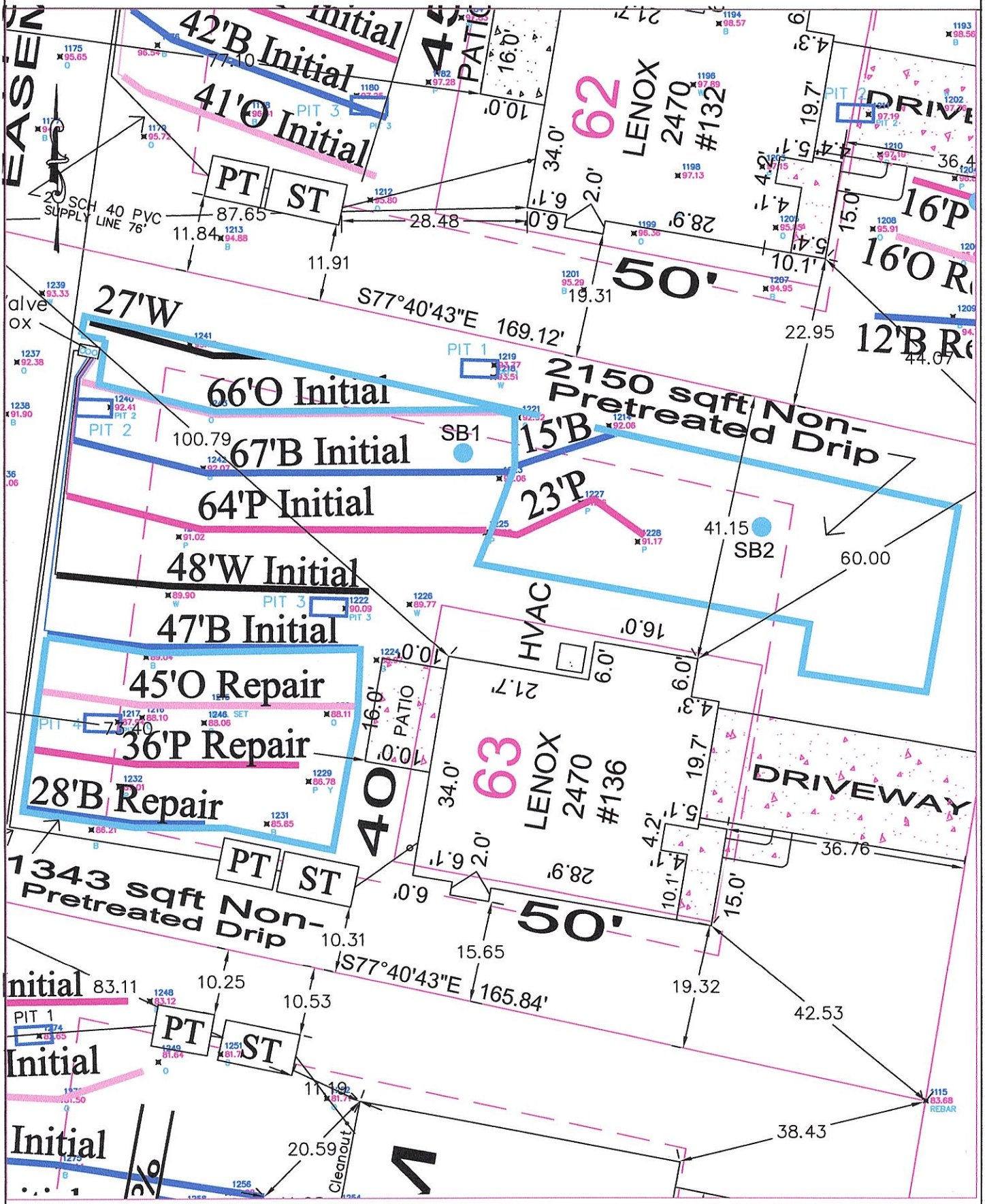
Owner / Applicant Signature: Date: 12-1-20 Installed by: (Sid Gatkins) Water Management

IMPROVEMENT PERMIT by: Date: 11/20/20 OPERATION PERMIT by: Date: 11-24-2021

AUTHORIZATION TO CONSTRUCT by: Date: 6-1-2021 Existing System Inspected by: Date:

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

THE LANDINGS ~ LOT 63



PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

Providence

20 0' 10 20
1" = 20'

Design Specifications for Lot 63 The Landing, Iredell, North Carolina

Daily Design Flow	360	gals
Number of Bedrooms	3	bedrooms
Basement or Crawspace	Slab/Stemwall	
Dellinger Septic Tank Size	1000	gals, Effluent Poly Lock PL68 Filter or equal.
Dellinger Pump Tank Size	1000	gals
Sim/Tech Effluent Filter on Pump Tank	Yes	Connection inside pump tank vault and on supply line.
Primary System Loading Rate (LTAR)	0.275	gpd/ft^2 LTAR
Number of Lines	5	Total LP PPBPS, See Scaled Dwg.
Primary System	292	ft. only requires 219-ft
Trench Width	3	ft
Trench Spacing	9	ft
Trench Maximum Depth	33	inches
Pump required	Yes	
Distribution Device	Yes	Gate Valve Box with LPP Panel Distribution
Maintenance Agreement Required	Yes	Contracted by Septic Environmental Solutions, Inc.
Length and Diameter of Supply Line	107	2" SCH 40 PVC
Number of T&J Panels	67	Total panels for primary system
Flow Rate through System	34	gpm– use 5/32" holes with 3ft head
Elevation Head	10	ft.
Pressure Head	3	ft.
Friction Head	1.78	ft.
20% Contingency	3	ft.
Total Head	17.74	ft.
Pump Requirements	34	gpm. with 18-ft of Head; Use Goulds WE03M Pump or Equivelent with Compatible Electrical
Dosing Volume per day	242	s 1.5 doses/day@design flow*
Dosing Volume per dose	121	s 2 doses/day
Pump run time per day, approx.	7.1	min
Pump run time per dose, approx.	3.6	min
Check Valve	Yes	
Siphon Break Hole	Yes	
Repair System Loading Rate	0.150	gpd/ft2
Repair System	Yes	Non-pretreated drip
Total squar-foot of Repair	3500	sq-ft

Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occures, reduce floats by 25 gallons and reset until no overflow is observed.

LPPPPBPS Design Worksheet (Primary System)						File #/Name:	The Landing		
System Requirements						Tax #:	4713865795.00		
Number of bedrooms	3					Lot	63		
Craw Space/Basement	Slab/Stemwall					County	Iredell County		
Daily Design Flow	360	gpd				Address:	136 Dublin Ct,Stateville, NC 28677		
LTAR	0.275	gpd/ft.^2				Consultant:	Septic Environmental Solutions Inc.		
Linear footage	436.36	ft. (Conventional)				Phone:	704-502-5588		
Linear footage	218.18	ft. (50% Reduction)							
Trench Maximum Depth		inches							
Laterals	Length (ft)	# Panels	Calculated					T&J Panel Summary Table	
Line # 1	66	15	15					Linear Feet	# Panels
Line # 2	67	15	15					20	5
Line # 3	64	15	15					30	7
Line # 4	48	11	11					40	9
Line # 5	47	11	11					50	11
Line # 6		0	0					60	14
Line # 7		0	0					70	16
Line # 8		0	0					80	18
Line # 9		0	0					90	21
Line # 10		0	0					100	23
Line # 11		0	0					110	25
Line # 12		0	0					120	17
Totals	292	67	67					130	30
	*Lines longer than 70 ft. must be center-fed to comply with sewage rules.							140	32
Absorption Area								150	34
Length (ft)	Width (ft)	Spacing	Area (ft^2)					160	37
292	3	9	3000+					170	39
System Pressure Head	3	ft.	Value selected by system designer (must be between 2-5 ft.)					180	41
Orifice Diameter	5/32	in.	Size selected by system designer (1/8 in. minimum)					190	43
Flow Rate per Orifice/Panel	0.5	gpm	Determined from orifice flow design table (use table from Flow Rate tab)					200	46
Total System Flow Rate	34	gpm	Total number of panels required multiplied by the orifice flow rate						
System Dose Volume	242	gal.	Total number of panels required multiplied by 3.6 gal./panel						
Doses Per Day	1.5	cycles	Number of dose cycles per day based on daily design flow. Daily design flow divided by system dose volume.						
Pump Run Time	7.12	min.	System dose volume divided by the total system flow rate						
Pump Tank Volume / Inch	21	gal./in.	1,000 gal. Pump tank, volume is approximately 21 gallons per inch. 1,500 gal. pump tank, volume is approximately						
			29 gallons per inch. Contractor is responsible in verifying tank gallons per inch.						
Pump Tank Drawdown	11.52	in.	System Dose Volume divided by gallons per inch for the designed tank size.						

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell
4713865795.000

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

OWNER: Mr. James Ford
ADDRESS: 2649 Brown Ridge, Center, Monroe, NC 28110
PROPOSED FACILITY: 3BR SFD
LOCATION OF SITE: Lot 63, 186 Dublin Ct, Statesville NC
APPLICATION DATE: 11-9-20
DATE EVALUATED: 10-15-20
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.38 ac
PROPERTY RECORDED: After 1983
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other 28677
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
pit 1	Outside Sapric Area 0% LL 8 1/0	0-16	sandy loam/WK/gr/FR	NS/NP/NEXP					
		16-42	clay/WK/SBK/FR/FR	SS/SP/SEXP					
		42-	Rock @ 42		NONE	42"	NONE	BR 42"	WT
pit 2	Repair 8% LL Initial	0-8	sandy loam/WK/gr/FR	NS/NS/NEXP			Right side 38" Curve NONE VIOL		Initial 0.275
		8-38	clay/WK/SBK/FI	SS/SP/SEXP					
		38-55	sicl/WK/Ang/SBK/FR	NS/NP/NEXP NONE		55		BR 55	0.125 Drip
pit 3	8 1/0 LL Initial	0-19	sandy loam/WK/FR/SBK	NS/NP/NEXP			Right side 38" Curve Light NONE	Front wall 55	
		19-46	clay/WK/SBK/FI	SS/SP/SEXP					
		46-60	sicl/WK/SBA/ANG/FI	NS/NP/NEXP		60			
pit 4	8 1/0 Repair 9% LL Initial	0-11	sandy loam/WK/FR/SBK	NS/NP/NEXP					
		11-36	clay/WK/FI/SBK	SS/SP/SEXP					
		36-47	clay loam/WK/FI	SS/SP/SEXP					
		47-61	sicl/WK/FI/ANG/SBK	NS/NP/NEXP	NONE	47	NONE		
		Bedrock 23"							

LICENSED SOIL SCIENTIST KENNETH L. OWENS 1134 STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	297	350 sq ft
System Type(s)	50% LP	Non-Pressure Drip
Site LTAR	0.275	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): Suitable
EVALUATED BY:
OTHER(S) PRESENT:
11/9/20

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

LOT 63

PROPERTY ID #: 47386578
DATE OF EVALUATION: 11-2-20
COUNTY: IREDELL

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
SB1	LL 0/0	0-8	SiLHloam/FR/WK/gr/NS/NP/SEP						
		8-38	clay/FI/SBK/ANG/WK/S/P/SEP						
					DBM	38	NONE	BR 38	C, 225
SB2	Repair LL 0/0	0-8	SiLHloam/FR/WK/gr/NS/NP/SEP						
		8-36	clay/FI/SBK/WK/S/P/SEP						
		36 BR	FRAG						
					NSVE	36	NONE	RK FRAG @ 36	K, 10 OCFS 0.425

COMMENTS:

RECEIVED MAY 27 2021

Neat

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-311793

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MR JIM HOOD TRUE HOMES Address: 1649 BRECKENRIDGE CENTER DRIVE MONROE, NC Zip: 28110
Applicant Email: JHOOD@TRUEHOMESUSA.COM Phone: 704-506-3852 Alt. Phone: 704-502-5588
Owner Name: MR. ROB COLLIER COLLIER PROPERTIES Address: 743 OLD STATESVILLE RD, STATESVILLE Zip: 28625
Owner Email: ROBC57@GMAIL.COM Phone: 704-902-4598 Alt. Phone: _____

Property Information:

TAX ID 4713865-185.000

Street Address: 136 DUBLIN COURT, STATESVILLE NC 28677

Subdivision Name: THE LANDING Section/Phase: I Lot Number: 63

Driving Directions: I-40 TO E. CENTER AVE, Right onto N. MAPLE ST, LEFT onto E. IREDELL (RIGHT onto HWY 115 N. (N. BRARD ST.) into STATESVILLE HWY into CHARLOTTE 21 N, LEFT onto OLD MOUNTAIN RD, Right onto BETHEL RD (W) to GREEN MEADOW DR., LEFT into HEATHROSE and DUBLIN CT

Site Development Information: *(check or complete ALL that apply)* **CHECK FOUNDATION TYPE**

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) Concrete Slab Foundation / STEM WALL
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: NA — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Non-Residential Site Development: Type of Business: N/A
Square Footage of Building: _____ Max. Number of Employees: N/A Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: N/A 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 (2) Alternative (1) Conventional (3) Innovative (3) 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.

DocuSigned by: Robert A Collier III 9/21/2020
Signature: 73AE8ECE488A413... _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

RECEIVED NOV 1 2 2020

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $850.00 AP 311793

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(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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Applicant Email: JHOOD@TRUEHOMESUSA.COM Phone: 704-506-3852 Alt. Phone: 704-502-5588
Owner Name: MR. ROB COLLIER COLLIER PROPERTIES Address: 743 OLD MOCKSVILLE RD, STATESVILLE Zip: 28625
Owner Email: ROBJC57@GMAIL.COM Phone: 704-902-4598 Alt. Phone: _____

Property Information:

TAX ID 4713865785.000
Street Address: 136 DUBLIN COURT, STATESVILLE, NC 28677
Subdivision Name: THE LANDING Section/Phase: I Lot Number: 63
Driving Directions: L ONTO E. CENTER AVE, Right onto N. MAPLE ST, LEFT onto E IREDELL / RIGHT ONTO HWY 115 N. (N. BROAD ST.) INTO STATESVILLE HWY, INTO CHARLOTTE / 21 N, LEFT onto OLD MOUNTAIN RD, Right onto BETHLEHEM RD #2 TO GREENWICH DR., LEFT onto HEATHROSE AND DUBLIN

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (X) Concrete Slab Foundation / STEM WALL
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: NA — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: N/A Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: N/A 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 (2) Alternative (4) Conventional (1) Innovative (3) 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.

DocuSigned by:
Signature: Robert A Collier III 9/21/2020
73AE8ECE48BA443...
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)* _____

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.

X 2. I, MR. ROB COLLIER, am the legal owner(s) of the property located at 136 DUBLIN COURT, STATESVILLE, NC 28677, identified as LOT 63

PIN (Parcel Identification Number) 4913865795.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** MR. KENNETH L. OWENS WITH SEPTIC ENVIRONMENTAL SOLUTIONS 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.

X DocuSigned by: Robert A Collier III 73AE8ECE40BA449... 9/21/2020

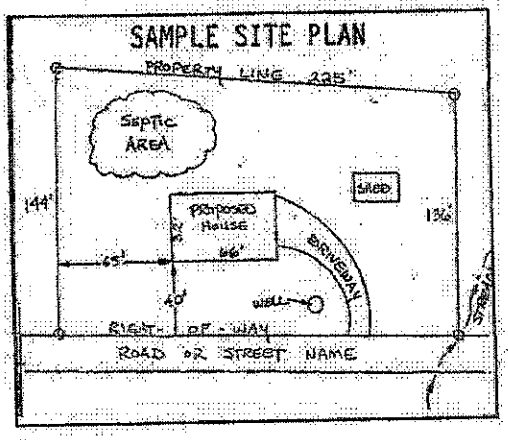
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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 OR WELL 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**
- ( ) **Preferred well location** NA
- (X) **Preferred septic system location**
- (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 DWGS.

DocuSigned by:
Robert A Collier III
73AE8ECE48BA443...

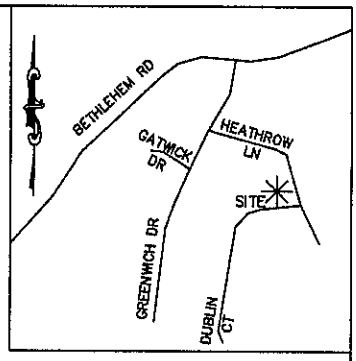
Signature: _____ 9/21/2020

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

DRAWING IS A PRELIMINARY PLAT FOR VERIFICATION OF ZONING COMPLIANCE FOR HOME LOCATION AND SHALL NOT BE USED FOR THE SALE, CONVEYANCE OR CONSTRUCTION OF THE DEPICTED LOT.

PLOT PLAN DEPICTS THE CONCEPTUAL LOCATION OF THE PROPOSED HOME AND ALL INFORMATION SHOWN TAKEN FROM PRELIMINARY PLAT ON FILE WITH IREDELL COUNTY AND SHOWN IMPROVEMENTS HAVE NOT BEEN AS-BUILT BY R. JOE HARRIS & ASSOCIATES, INC.

LOT IS SUBJECT TO ANY DEED RESTRICTIONS, EASEMENT CONVEYANCES, RIGHTS-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS ON FILE WITH THE IREDELL COUNTY, NCDOT, CITY OF STATESVILLE, HOMEOWNERS ASSOCIATION AND/OR OTHER GOVERNMENTAL AGENCIES.



VICINITY MAP
NOT TO SCALE

THE LANDINGS-LOT 63
MODEL-LENOX
ELEV.-2470
FND-STEM WALL
FACADE-STONE/VINYL (NOT SHOWN)
2-CAR GARAGE RIGHT FRONT

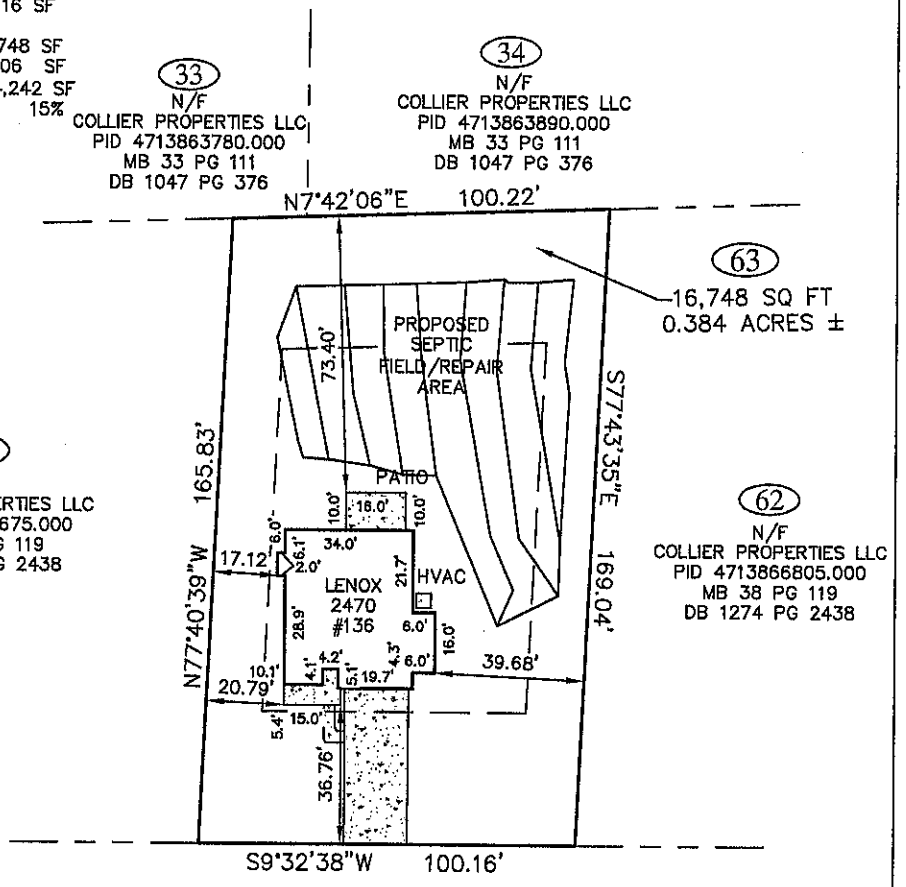
IMPERVIOUS SURFACE AREA

DESCRIPTION	AREA
HOUSE	1,505 SF
DRIVE	696 SF
FRONT PORCH	98 SF
PATIO	160 SF
LEADWALK	31 SF
HVAC	16 SF
TOTAL LOT AREA	16,748 SF
TOTAL PROPOSED	2,506 SF
SEED/STRAW	14,242 SF
IMPERVIOUS	15%

ZONING: R/A
MUNICIPALITY: IREDELL

SETBACKS:
FRONT 35'
REAR 35'
SIDE 15'

MB 38 PG 119



DUBLIN CT
50' PUBLIC R/W

LOT IS NOT LOCATED WITHIN THE 100 YEAR FLOOD PER FEMA FLOOD INSURANCE RATE MAP (FIRM) #3710470200K DATED, MARCH 18, 2008.

DRIVEWAY LOCATION APPROXIMATE ONLY. SUBJECT TO FIELD VERIFICATION AND LOCAL ORDINACES.

FINAL HOUSE PLACEMENT WILL BE ESTABLISHED BY TRUE HOMES AND MAY VARY BY FIELD CONDITIONS.

-40 0 20 40
SCALE: 1" = 40'
FIRM # C-4168

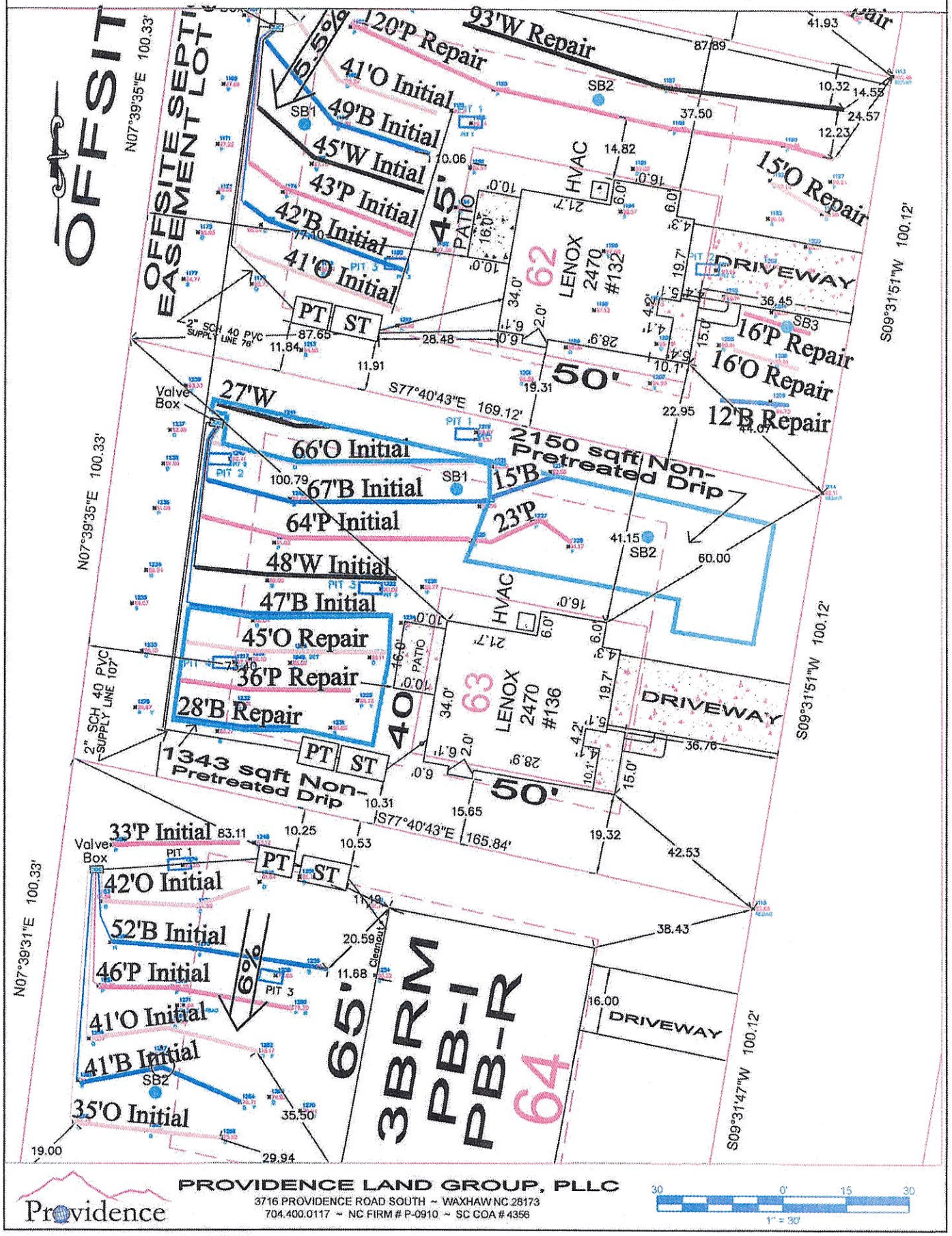
Preliminary Plot Plan - Lot 63

For: True Homes
136 Dublin Ct @ The Landings Phase 3
City of Statesville, Iredell County, North Carolina

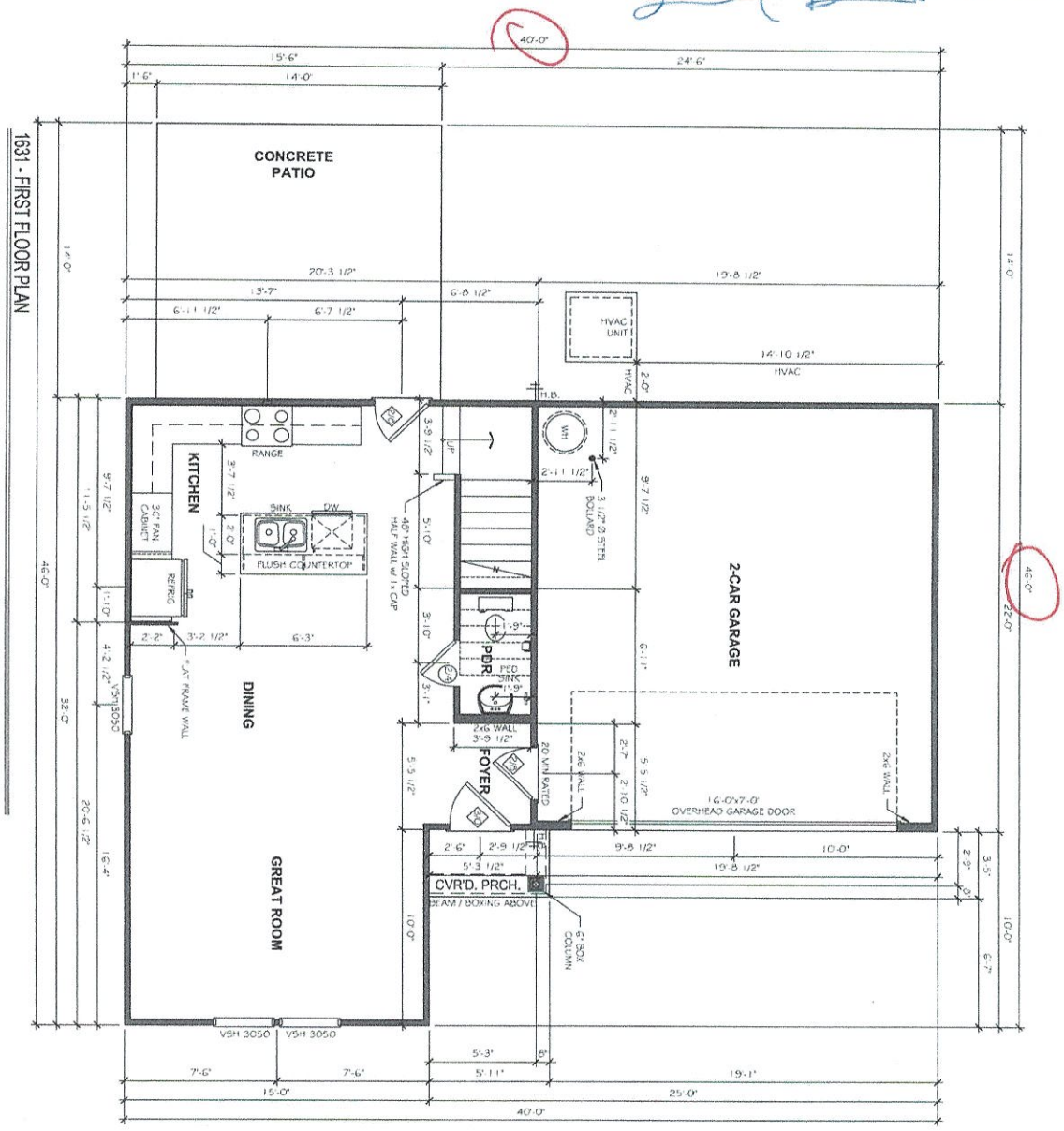
Drawn: ZSL	Date: 10-13-2020	MB 38 PG 119
Surveyor: BPL		DB 1274 PG 2438
Job: 4150		PID 4713865795.000

R. Joe Harris & Associates, Inc.
Engineering • Land Surveying • Planning Management
1186 Stonecrest Blvd, Tega Cay, S.C. 29708 Phone: (803) 802-1799

THE LANDINGS ~ LOT 63

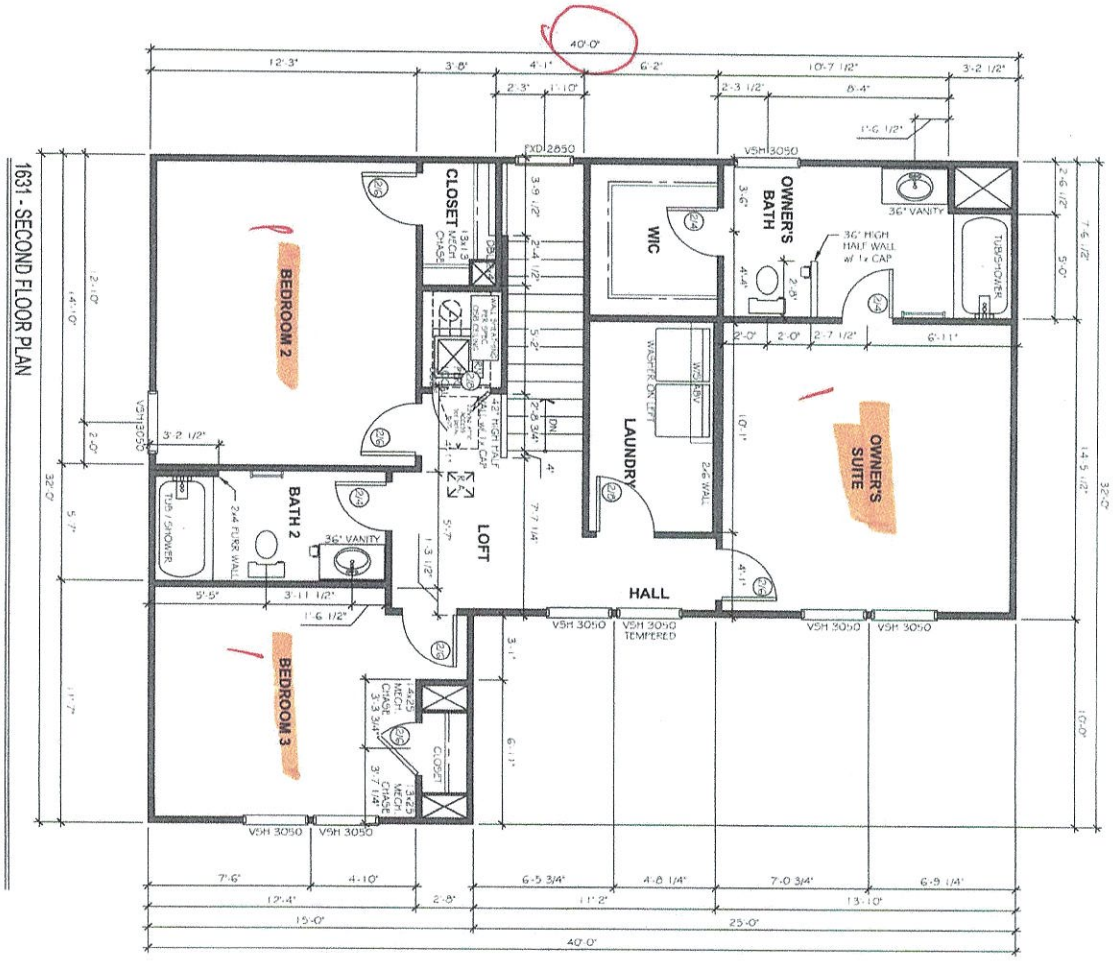


Acknowledgement Of
Plans Submittal ONLY!
Bajmi A. Patel Date 6-1-2021
Date 6/2/2021



SHEET: A2.1	CHARLOTTE 1631	TRUE CUSTOM SOLO - REGION A	TrueHomes IT'S ALL ABOUT U 2649 Brekonridge Centre Dr. Suite 104 Monroe, N.C. 28110 704-271-1191
PREPARED BY: T.J. DATE: 05.19.21 SCALE: 3/16"=1'-0" REVIEWED BY: CHUCK	IREDELL	LOT # 7121	

Acknowledgement Of
Plans Submittal ONLY!
Benjamin A. Bittocks 6-1-2021
Date 6/2/2021



136 Dublin

SHEET: A2.2	CHARLOTTE 1631	TRUE CUSTOM SOLO - REGION A	TrueHomes IT'S ALL ABOUT U 2649 Brekonridge Centre Dr. Suite 104 Monroe, N.C. 28110 704-271-1191
PREPARED BY: T.J. DATE: 05.19.21 SCALE: 3/16" = 1'-0" REVIEWED BY: CHUCK	IREDELL	LOT # 7121	

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311793 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4713865795.000	136 DUBLIN CT	Iredell County

Owner Information	Applicant Information
Name: COLLIER PROPERTIES LLC	Name: TRUE HOMES LLC T/A TRIBUTE HOMES
Address: P O BOX 366	Address: 2649 BRECKONRIDGE CENTRE DR STE 104
STATESVILLE, NC 28687	MONROE, NC 28110
Phone:	Phone: (704)238-1229

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.39	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: 10/14/2020

Permit Number	311793

TOTAL FEES:	$77.25

ZONING DISCLAIMER

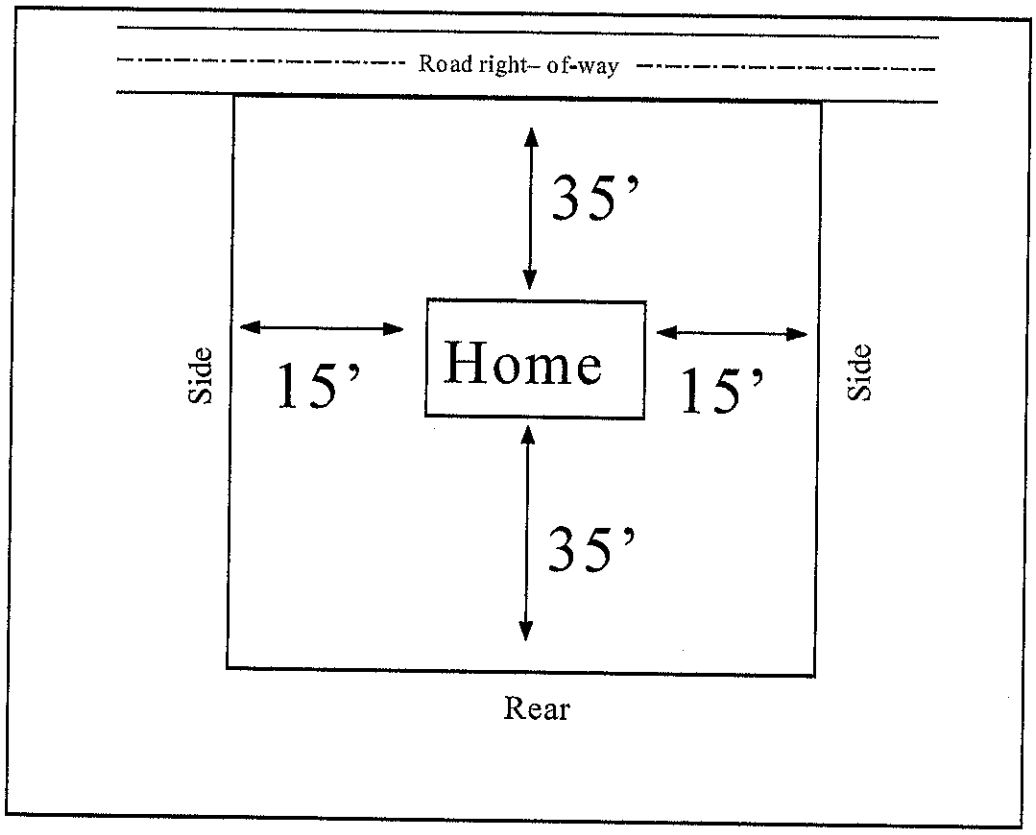
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions,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

Applicant

10/14/2020

Date

STREET NAME: 136 Dublin



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.