BB

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311801

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

PIN # 4713866925

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

SITE ADDRESS: 128 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 # 61 LOT AREA: .4ac DESIGN FLOW: 360 L.T.A.R.: 0.275

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 160 | Date | 6/14 | ■ New System | ☐ Repair | ☐ Expansion | System Type: I II III (IV) V VI | |
| Pump Tank | 1000 | (gal) | PT | 3/9 | Date | 5/13 | System Description: | | | LPPPBPS | |
| Pump Make | | | Model | | Serial # | | Repair | | | LPPPBPS | |
| # Nitrification Fields | 1 | | # Lines | 4 | Linear Ft | 242' | Maintenance Agreement Required: | | ☐ YES | ■ NO | |
| Trench Width | 36" | | Max Trench Bottom Depth | | 28" | | Gravel Depth | N/A | ■ GRAVITY | ☐ PRESSURE | |

| | | | | | |
|---|---|---|---|---|---|
| ■ Residence | No. Bedrooms | 3 | Water Supply | | |
| ☐ Business | No. Persons | 6 | ☐ Private | | |
| ☐ Other | No. Employees | | ■ Public | | |
| ■ Slab | ☐ Crawl Space | | ☐ Community | | |
| ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing | | |

Comments / Conditions: Per plan by: Septic Environmental Solutions

INITIAL SITE SKETCH

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 7-30-21 | MD |
| Tanks Checked | 7-23-21 | PB |
| Pressure Manifold or Valve Box Checked | 8-5-21 | GS |
| Pressure Head Set | 8-5-21 | GS |
| Electrical Checked | 8-5-21 | GS |
| Floats Set | 8-5-21 | GS |
| Alarm Checked | 8-5-21 | GS |
| Maintenance Contract (Y) N | 8-11-21 | GS |
| Comments: | | |

Se

AS BUILT SKETCH

7/23/2021: PT deeper than 3'. Lot needs to be graded. Filter was in ST pump was not in PT. As built meason site sketch not to scale

*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.*

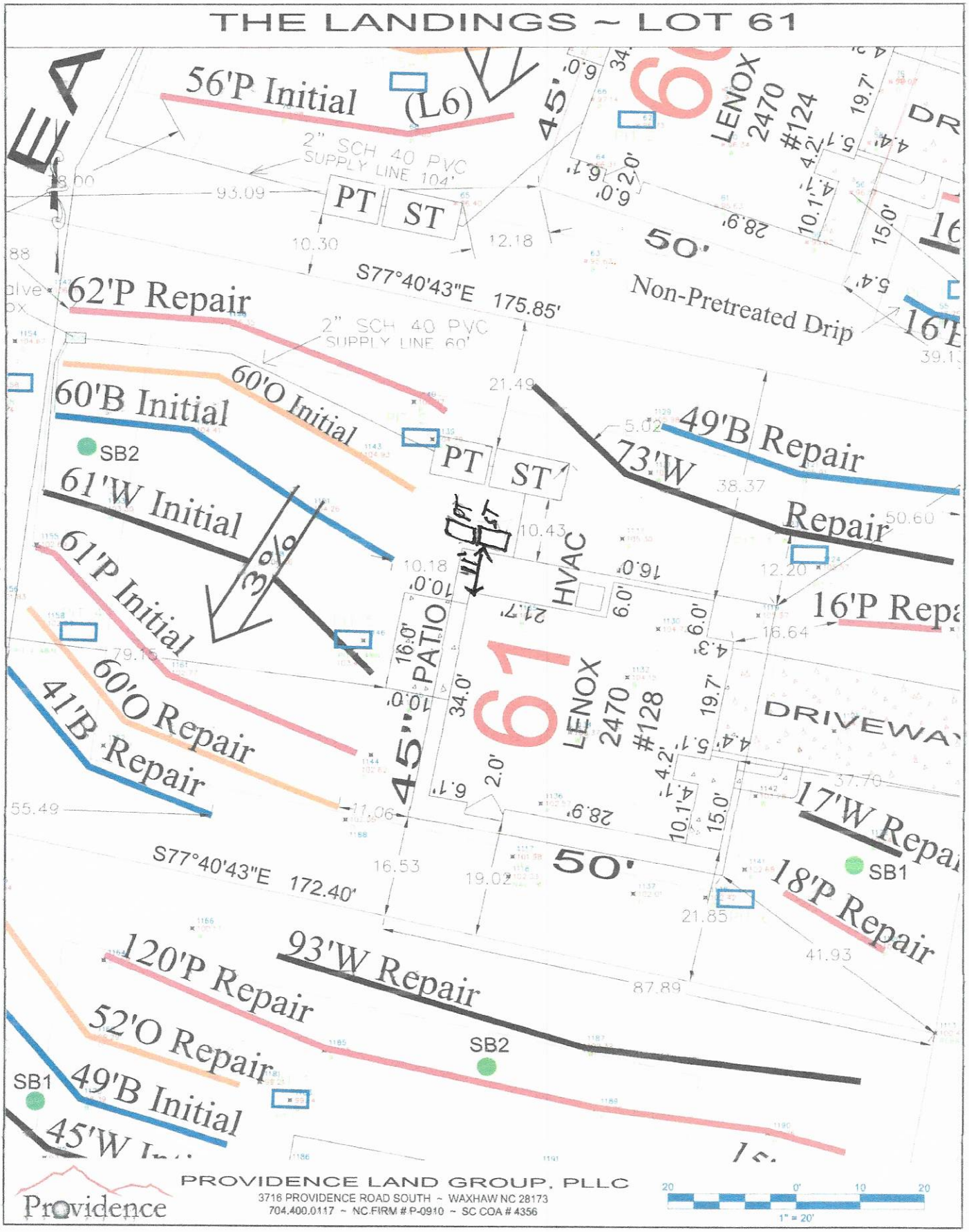
Owner / Applicant Signature: Date: 12-1-20 Installed by: Sid Gaskin Wastewater Mgmt

IMPROVEMENT PERMIT by: Date: 11/23/20 OPERATION PERMIT by: Date: 8-17-2021

AUTHORIZATION TO CONSTRUCT by: Date: 2/26/2021 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 61

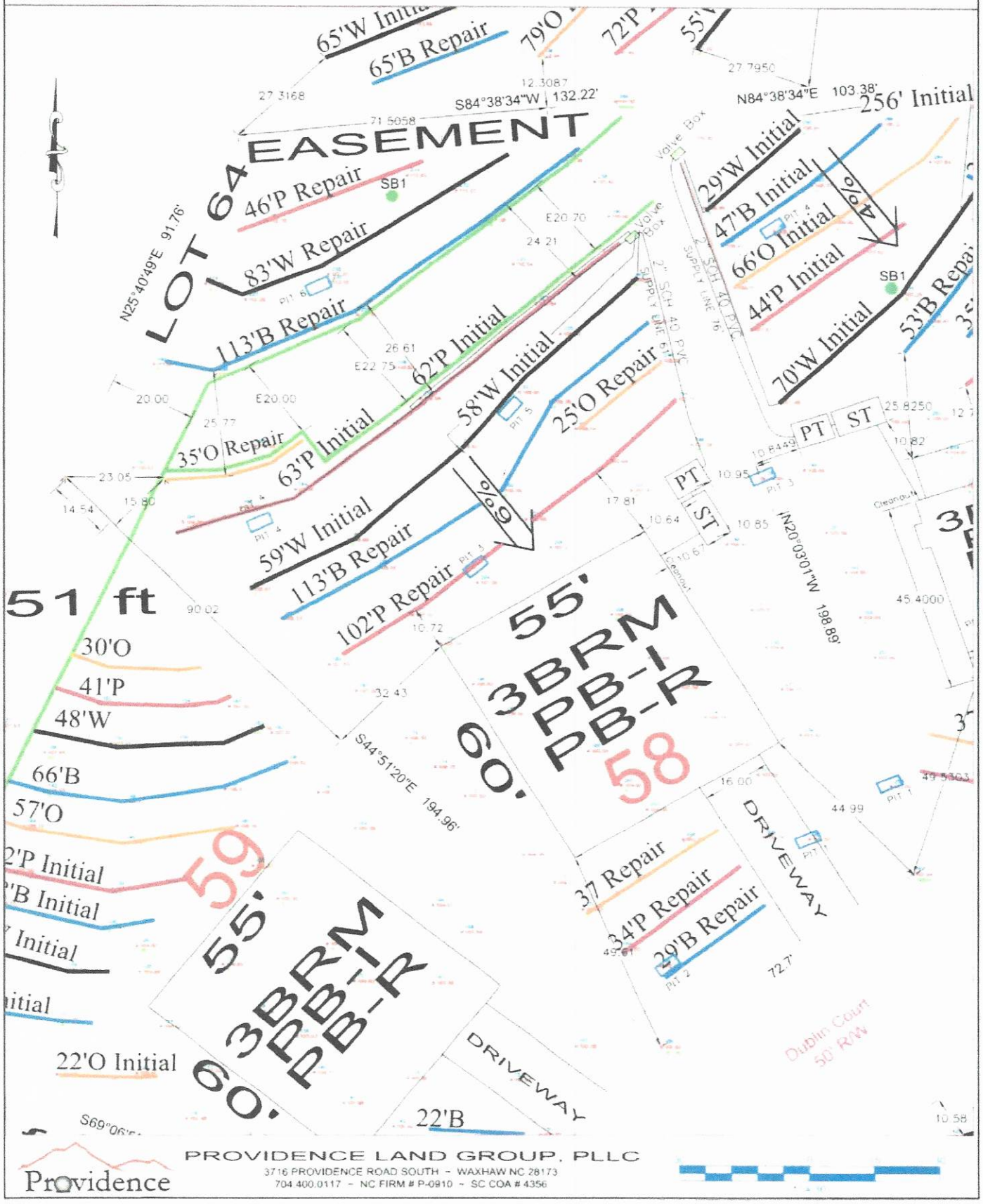



PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

Providence

20 0' 10 20
1" = 20'

# THE LANDINGS ~ LOT 64 EASEMENT




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

Providence

## Design Specifications for Lot 61 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 | 4 | Total LP PPBPS, See Scaled Dwg. |
| Soil Cover | 4 | Must add 4 inches of soil cover. |
| Primary System | 242 | ft. only requires 219-ft |
| Trench Width | 3 | ft |
| Trench Spacing | 9 | ft |
| Trench Maximum Depth | 28 | 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 | 60 | 2" SCH 40 PVC |
| Number of T&J Panels | 56 | Total panels for primary system |
| Flow Rate through System | 28 | 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 | 28 | gpm. with 18-ft of Head; Use Goulds WE03M Pump or Equivelent with Compatible Electrical |
| Dosing Volume per day | 202 | s 1.8 doses/day@design flow* |
| Dosing Volume per dose | 101 | s 2 doses/day |
| Pump run time per day, approx. | 7.2 | min |
| Pump run time per dose, approx. | 3.6 | min |
| Check Valve | Yes | |
| Siphon Break Hole | Yes | |
| Repair System Loading Rate | 0.28 | gpd/ft2 |
| Repair System | Yes | LP PPBPS, See attached dwg. |
| Total foot of Repair | 336 | 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) | | |

Sheet 1 of 1
PROPERTY ID #:
COUNTY: IREDELL
# 4718866925.000

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

~~128 Dublin CT~~ 743 OLD Mocksville Rd, STATESVILLE, NC 28625

OWNER: MR. JIMMY HOOD TRUE HOMES
ADDRESS: [redacted]
APPLICATION DATE: 10-5-20
DATE EVALUATED: 10-15-20
PROPOSED FACILITY: 3BRM PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.40
LOCATION OF SITE: LOT 62 128 Dublin CT, STATESVILLE, NC 28677
PROPERTY RECORDED: AFTER 1983
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 |
|---|---|---|---|---|---|---|---|---|---|
| Pit 1 | 3 % LL Repair | 0-21 | sandy loam/WK/GR/FR | NS/NP/NEXP | | | SAPROLITE mixing In @ 46" | BT2 65 | 0.275 |
| | | 21-36 | clay/WK/FI/SBK | SS/SP/SEXP | NEXP | | | | |
| | | 36-65 | SRD/SCLAY/WK/FI/ANG | NS/NP/NEXP | NONE | 65 | | | |
| Pit 2 | Initial 3 % LL | 0-10 | sandy loam/WK/FR/GR | NS/NP/NEXP | | | REVIEW @ 44 & VIEW of GRADE SS | 44-64" | 0.275 |
| | | 10-32 | clay/WK/FI/SBK | SS/SP/SEXP | SS/SP/SEXP | | | | |
| | | 32-64 | WK/ANG/FI/clay/clay loam | NS/NP/NEXP | NONE | 64 | | | |
| Pit 3 | adjacent septic 3 % LL | 0-10 | sandy loam/WK/FR/GR | NS/NP/NEXP | | | | | |
| | | 10-36 | clay/WK/FI/SBK | SS/SP/SEXP | | | | | |
| | | 36-64 | WK/ANG/FI/clay/sid | NS/NP/NEXP | NONE | 64 | NONE | BT 64" | 0.275 |
| Pit 4 | #4 3 % LL Initial + Repair | 0-15 | sandy loam/WK/FR/GR | NS/NP/NEXP | | | | | |
| | | 15-39 | clay/WK/FI/SBK | SS/SP/SEXP | | | | | |
| | | 39-62 | SAPROclay/clay/ANG/SBK/FI | NS/NP/NEXP | NONE | 62 | SAPROLITE | | 0.275 |

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

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 242 | 336 |
| System Type(s) | 50% LPP | 50% LPP |
| Site LTAR | 0.275 | 0.275 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): E
EVALUATED BY:
OTHER(S) PRESENT:

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

PROPERTY ID #: 471356692[illegible]
DATE OF EVALUATION: 10-15-20
COUNTY: IREDELL

LOT 61

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZ ON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| P4 #5 | Initial LL 3% | 0-35 | clay to sandy loam / WK / SBK / FI | SS/SP/EXP | NONE | 60 | NONE | Bt2 60 | 0.275 |
| | | 35-60 | sicl / WK / Ang / SBK / FI-VFI | S/P/EXP | | | | | |
| P4 #6 | Repair LL 3% | 0-36 | sandy loam / FR / WK / gr | NS/NP/NEXP | NONE | 68 | NONE | Bt2 68 | 0.275 |
| | | 36-68 | clay / WK / Ang / FI | SS/SP/SEXP | | | | | |
| Initial SB1 | LL 3% | 0-4 | silt loam / WK / gr / FR | NS/NP/NEXP | NONE | 54 | NONE | Bt2 54" | 0.275 |
| | | 4-12 | sicl / WK / SBK / FR | SS/SP/SEXP | | | | | |
| | | 12-36 | sicl / clay / FI / WK / SBK | SS/SP/SEXP | | | | | |
| | | 36-54 | sicl / clay loam / WK / FI / Ang-Sub | NS/NP/NEXP | | | | | |
| Repair SB2 | LL 3% | 0-4 | silty clay to sicl / WK / FR / gr | NS/NP/NEXP | NONE | 58 | NONE | 58 | 0.275 |
| | | 4-38 | sicl / clay / SBK / WK / FI | S/P/SEXP | | | | | |
| | | 38-58 | sicl / WK / Mas / FFS | NS/NP/NEXP | | | | | |

COMMENTS:

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*

AP-311801 Paid $850.00

**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: 2649 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 MOCKSVILLE RD, STATESVILLE Zip: 28625
Owner Email: ROBCSTC@GMAIL.COM Phone: 704-902-4598 Alt. Phone: _____

**Property Information:** TAX ID 4713869250.000

Street Address: 128 DUBLIN COURT, STATESVILLE, NC 28677
Subdivision Name: THE LANDING Section/Phase: I Lot Number: 61
Driving Directions: I-40 TO E. CENTER AVE, Right onto N. MAPLE ST., LEFT onto E IREDELL, RIGHT ON TO HWY 115 N. (N. BROAD ST.) INTO STATESVILLE HWY INTO CHARLOTTE, 21 N, LEFT ONTO OLD MOUNTAIN RD, RIGHT ONTO BETHEL RD, R ON TO GREENWICH DR., LEFT INTO 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: NA Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: NA 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: Robert A Collier III 73AE8ECE48BA443...
**Signature:** _____ 9/21/2020
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*) _____

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, MR. ROB COLLIER, am the legal owner(s) of the property located at 128 DUBLIN COURT, STATESVILLE, NC 28677, identified as LOT 61 PIN (Parcel Identification Number) 4713866925.000, 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.

DocuSigned by: Robert A Collier III 79AE8ECE48BA445...

Signature of Owner(s)

9/21/2020

Date

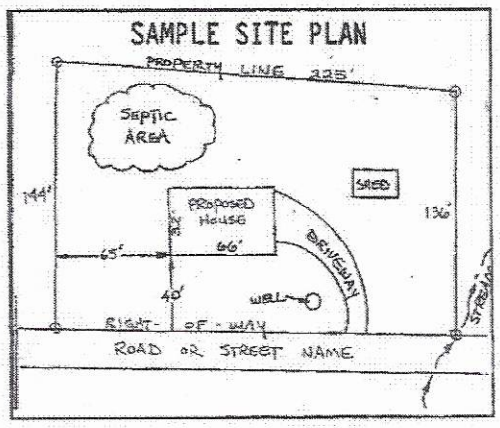

**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *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** N/A
- (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.

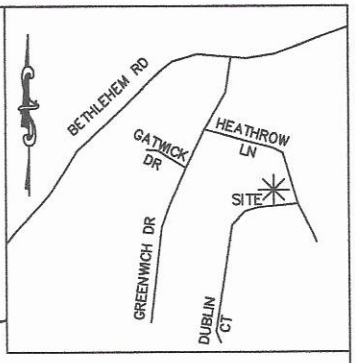
**Signature:** DocuSigned by: Robert A Collier III 73AE8ECE48BA443... 9/21/2020

**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 61
MODEL-LENOX
ELEV.-2470
FND-STEM WALL
FACADE-STONE/VINYL (NOT SHOWN)
2-CAR GARAGE RIGHT FRONT

IMPERVIOUS SURFACE AREA

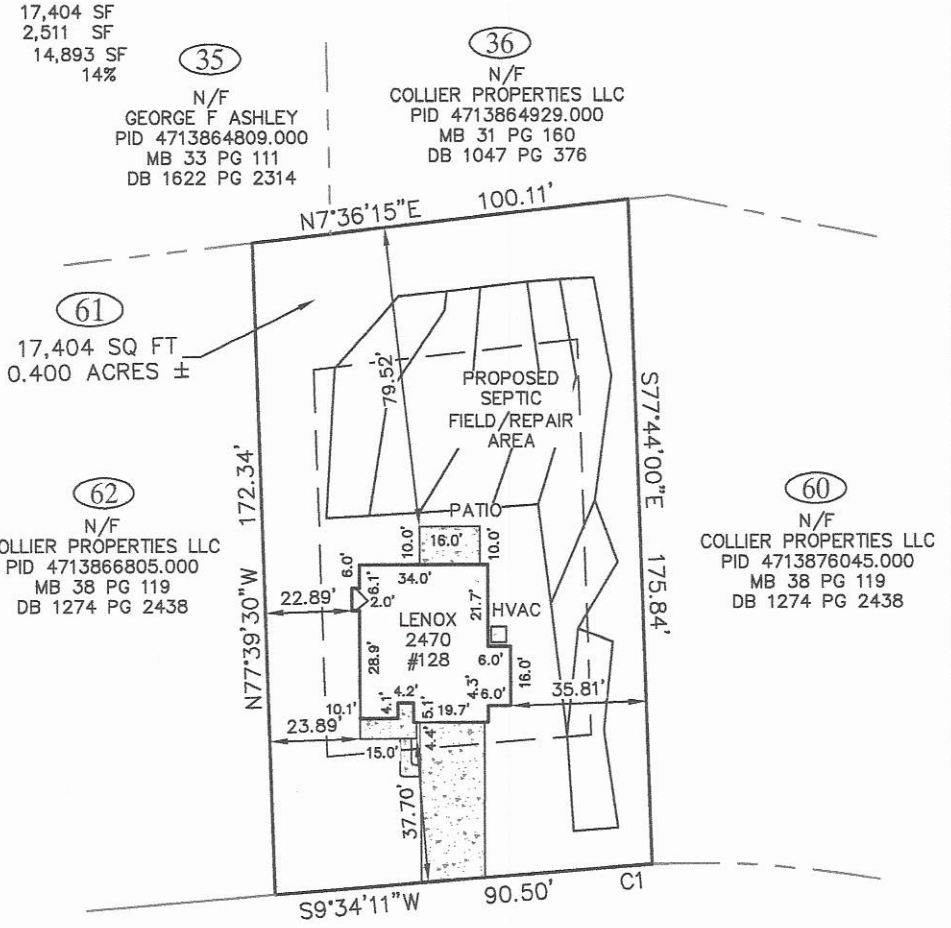
| DESCRIPTION | AREA |
|---|---|
| HOUSE | 1,505 SF |
| DRIVE | 701 SF |
| FRONT PORCH | 98 SF |
| PATIO | 160 SF |
| LEADWALK | 31 SF |
| HVAC | 16 SF |
| TOTAL LOT AREA | 17,404 SF |
| TOTAL PROPOSED | 2,511 SF |
| SEED/STRAW | 14,893 SF |
| IMPERVIOUS | 14% |

MB 38 PG 119

| Curve Table | | | | | |
|---|---|---|---|---|---|
| Curve # | Length | Radius | Chord | Bearing | Delta |
| C1 | 9.61 | 275.00 | 9.61 | S10°01'22"W | 2°00'10" |

ZONING: R/A
MUNICIPALITY: IREDELL

SETBACKS:
FRONT 35'
REAR 35'
SIDE 15'




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.

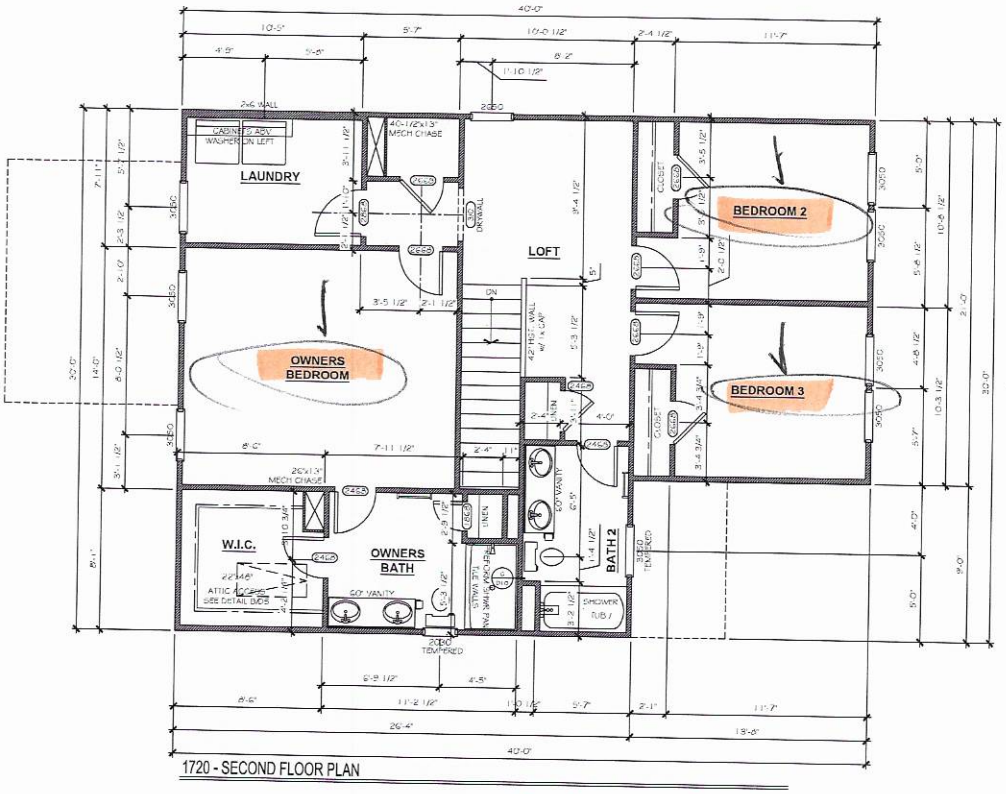
-40 0 20 40
SCALE: 1" = 40'
FIRM # C-4168

# Preliminary Plot Plan - Lot 61

For: True Homes
128 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 4713866925.000 |


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




Acknowledgement Of
Plans Submittal ONLY!

Date

Date 3/11/21

1-2-21

128 Dublin
rec'd app. 2.15.21

TrueHomes
IT'S ALL ABOUT U
2849 Brekonridge Centre Dr.
Suite 104
Monroe, NC 28110
704-271-1191

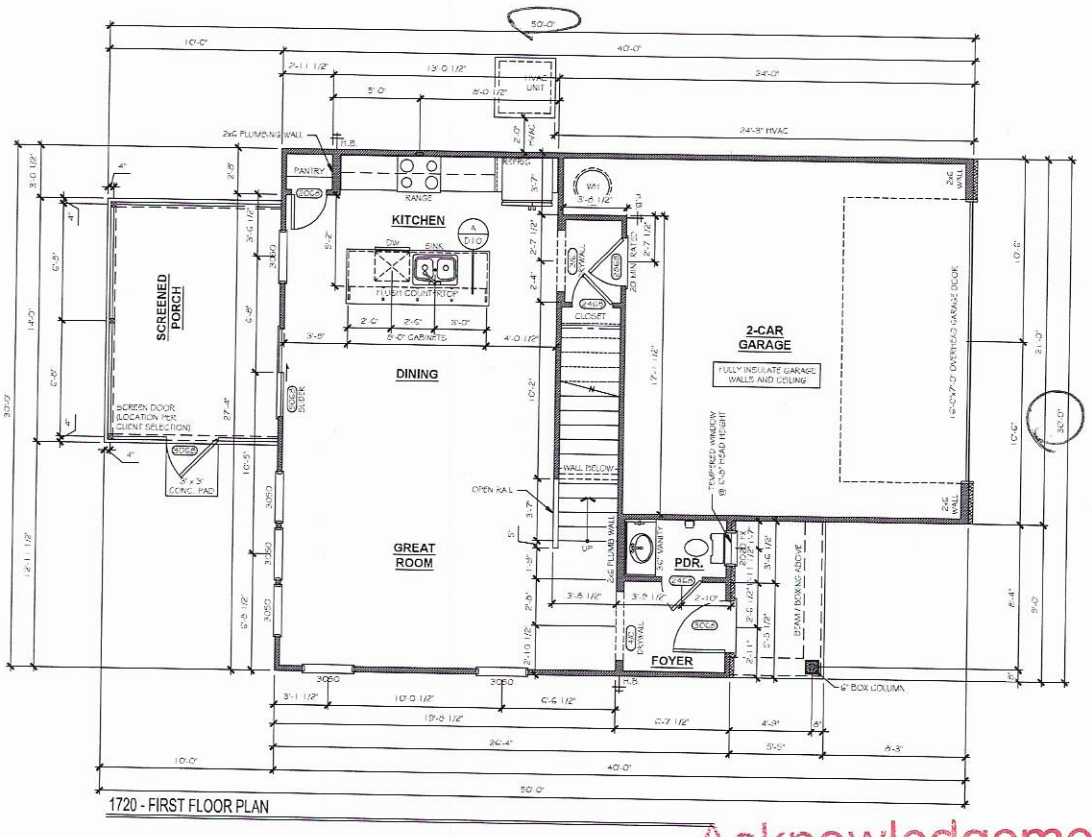
TRUE CUSTOM
SOLO - REGION A
LOT # 7119

ARIA
1720

IREDELL

PREPARED BY: T.J.
DATE: 02-05-21
SCALE: 3/16"=1'-0"
REVIEWED BY: CHUCK

SHEET: A2.2




1720 - FIRST FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 3-1-2021

Date 3-2-21

TrueHomes
IT'S ALL ABOUT U
2849 Brekenridge Centre Dr.
Suite 104
Monroe, NC 28110
704-271-1191

TRUE CUSTOM
SOLO - REGION A
LOT # 7119

ARIA
1720

IREDELL

Copyright True Homes, LLC - All rights reserved. These plans, as an instrument of service, are and shall remain the property of True Homes, LLC. Any other distribution or use of these drawings without the written permission of True Homes, LLC is prohibited by law.

PREPARED BY: T.J.
DATE: 02-05-21
SCALE: 3/16" = 1'-0"
REVIEWED BY: CHUCK
SHEET: A2.1

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 311801<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4713866925.000 | 128 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 |
|---|---|---|---|---|---|---|
| 0.4 | 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 | 311801 |
|---|---|

| TOTAL FEES: | $77.25 |
|---|---|

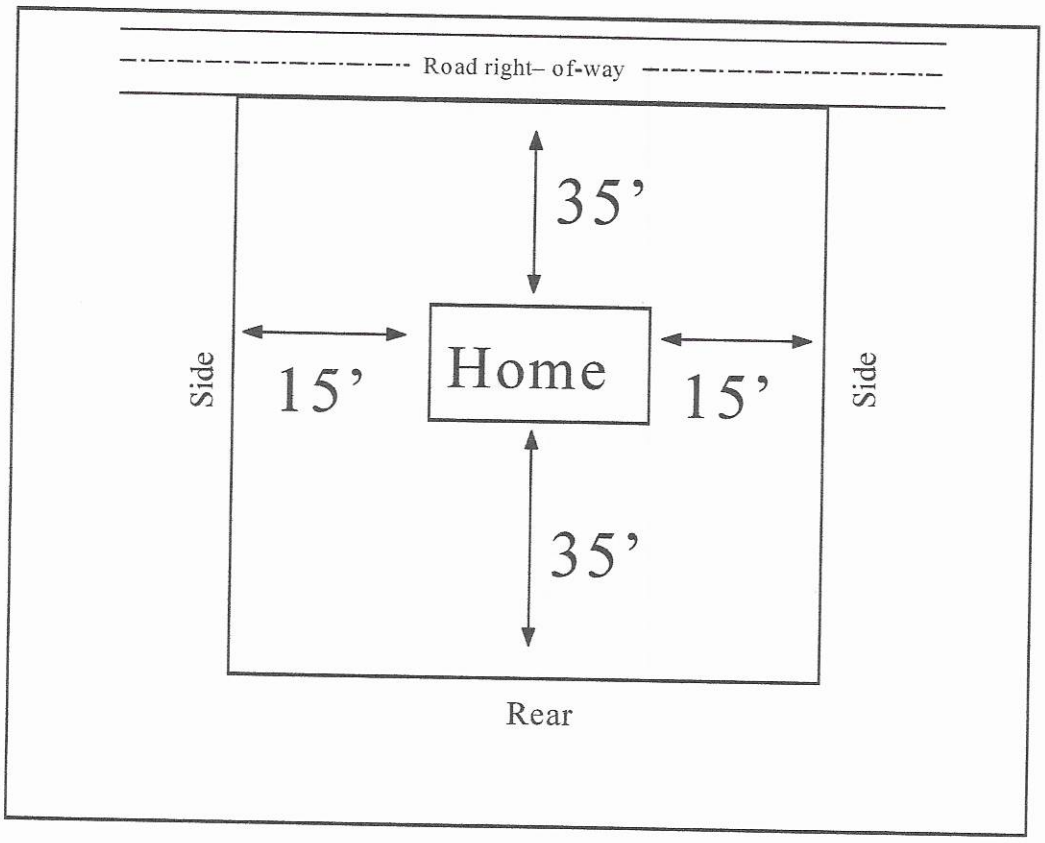
# ZONING DISCLAIMER

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: 128 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.