IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311800

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

PIN # 4713876045

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

SITE ADDRESS: 124 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 S SECTION: 3 LOT # 60 LOT AREA: .42ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 378'

Trench Width 36" Max Trench Bottom Depth 27" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: PM 25% Reduction

Repair Drip

Maintenance Agreement Required: ☐ YES ■ NO ☐ GRAVITY ■ PRESSURE

■ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

■ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions: Per plan by: Septic Environmental Solutions

INITIAL SITE SKETCH

See plan by: Septic Environmental Solutions

AS BUILT SKETCH

See attached - Pg. 2

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**

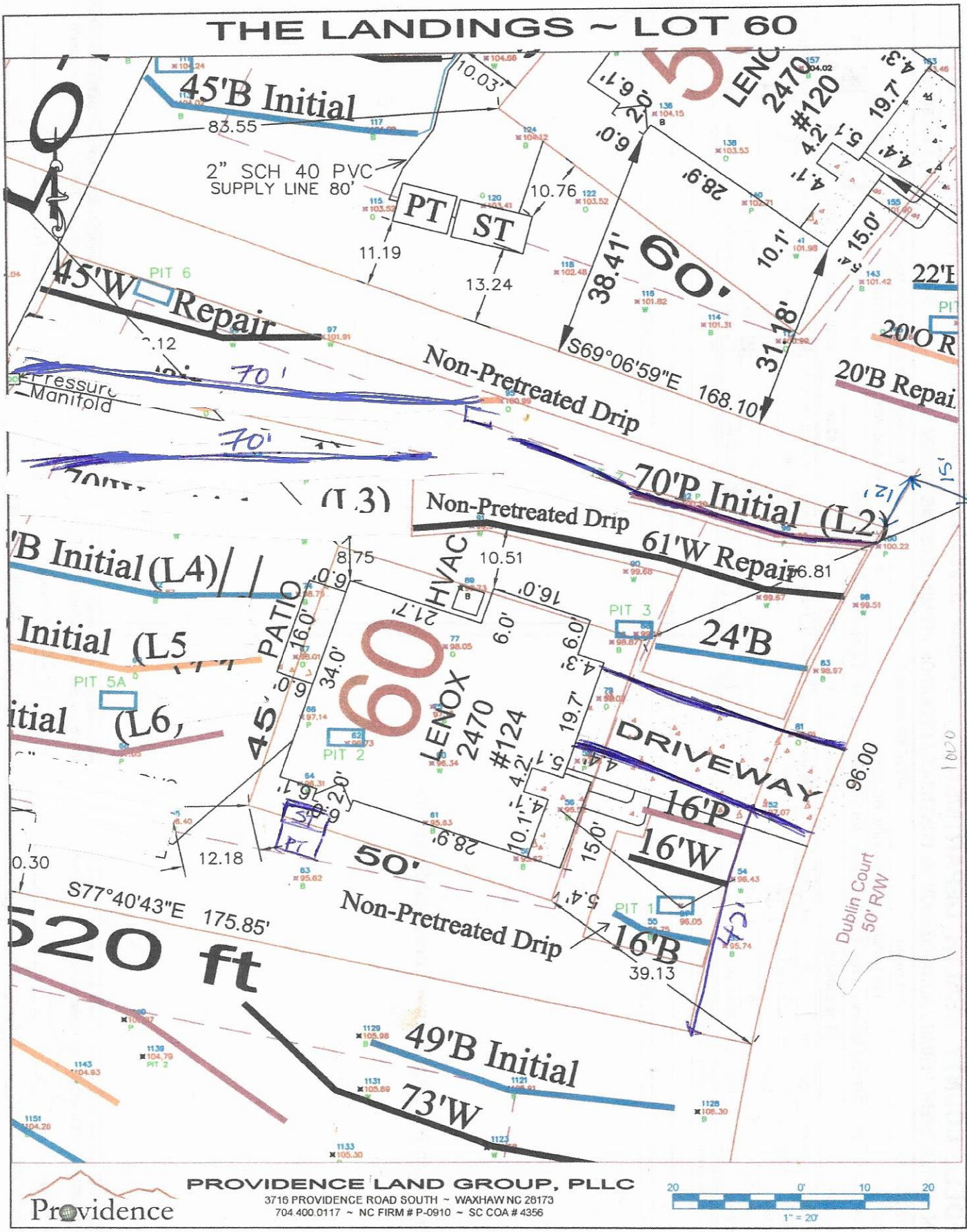
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ■ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11-12-20 Installed by: (S. & Gaskins) Water Management

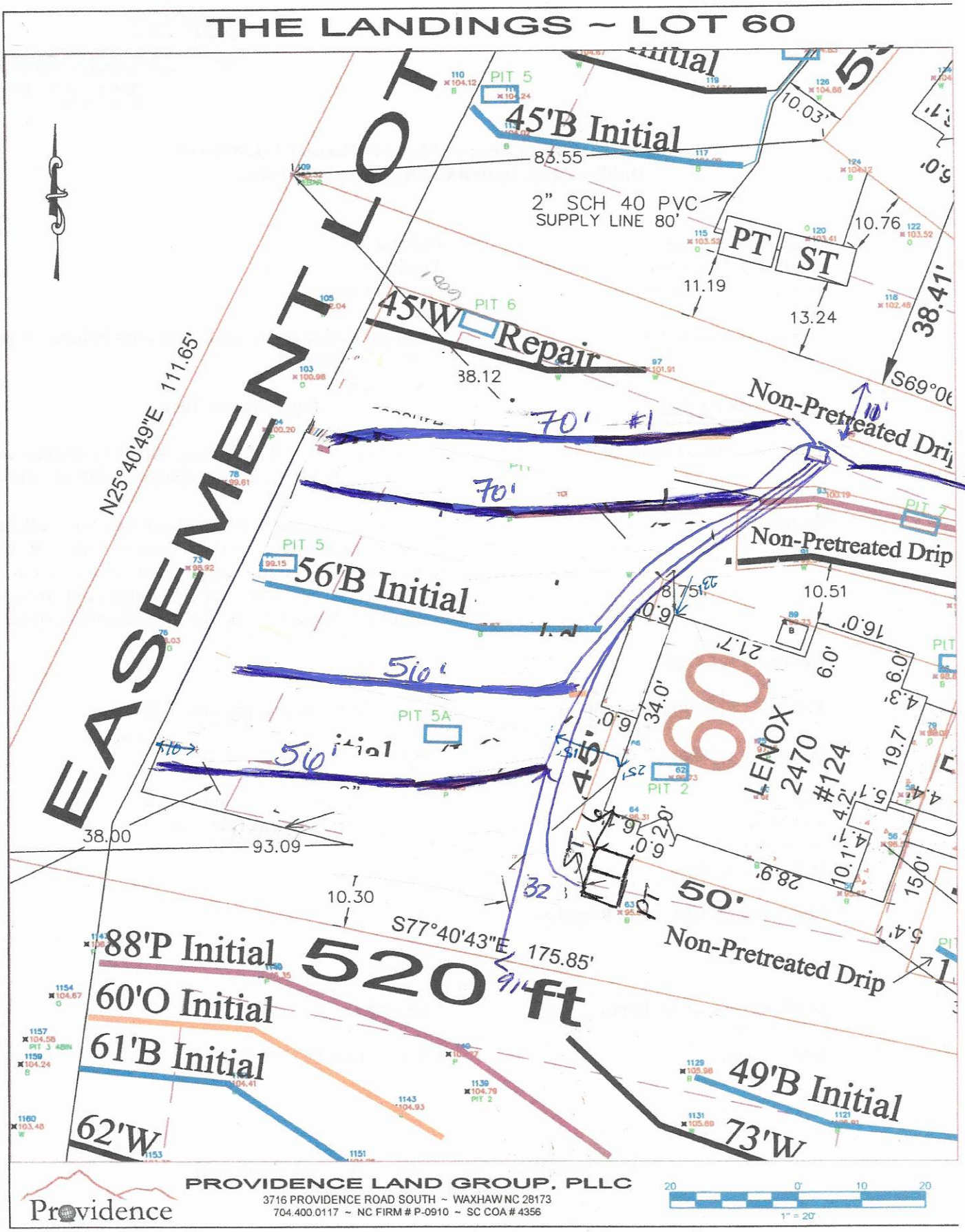
IMPROVEMENT PERMIT by: Date: 11/6/20 OPERATION PERMIT by: D. Wiebery Date: 10/13/21

AUTHORIZATION TO CONSTRUCT by: Date: 5-14-2021 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.



As Built (page 2) 8/4/21 DW


THE LANDINGS ~ LOT 60
EASEMENT LOT
N25°40'49"E 111.65'
45'B Initial
83.55
2" SCH 40 PVC
SUPPLY LINE 80'
PT
ST
10.76
11.19
13.24
38.41'
45'W Repair
38.12
Non-Pretreated Drip
70' #1
70'
56'B Initial
51o'
51o'
38.00
93.09
10.30
S77°40'43"E 175.85'
88'P Initial
60'O Initial
61'B Initial
62'W
520 ft
49'B Initial
73'W
Non-Pretreated Drip
10.51
60
LENOX
2470
#124
45'
50'
PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356
Providence
1" = 20'

As Built - NTS

Supply Inc Check 8-5-2021

	Date	Initials
Drain Lines Checked	8/2/21	DW except #1
Tanks Checked	7/30/21	MD
Pressure Manifold or Valve Box Checked	8/4/21	DW
Pressure Head Set	10/13/21	DW
Electrical Checked	10/6/21	DW
Floats Set	10/6/21	DW
Alarm Checked	10/13/21	DW
Maintenance Contract Y / (N)	Not Required	

SEPTIC ENVIRONMENTAL SOLUTIONS

Design Specifications Proposal Lot 60 (Parcel# 4713876045)
Dublin Road, Iredell County, North Carolina

Daily Design Flow:	360 gpd
Number of Bedrooms	3 bedroom
Basement or Crawlspace	Stemwall/slab
Well	NA
Septic Tank STB-338	1,000 gal, Dellinger Precast Tank with effluent filter Poly Lock PL68
Pump Tank PT-141	1,000 gal, Dellinger Precast Tank
Primary System Loading Rate (LTAR)	0.250 gpd/ft^2 LTAR including Soils Evaluations were determined by Septic Environmental Solutions, Inc..
Primary System	Pump to 25% reduction Infiltrator Chamber, all lines to be a minimum of 9-ft on center with 3-ft wide trench widths. Trench depth shall be maximum 16-inches. Additional 6 to 8-inches of approved soil cover is required. See scale map for total drainfield area.
Number and Length of Lines	6 See attached drawing.
Total foot of Primary System	requires 360-ft onsite, provided 378-ft
Distribution Device	Pressure Manifold
Tap Size	See Pressure Manifold Table Below
Tap Material	See Pressure Manifold Table Below
Barrel Size	4-inch
Barrel Material	SCH 80 PVC
Maintenance Agreement Required	No
Dosing Volume	170.1 gal
Depth of dose draw down	5.86-inch
Supply Line	104-ft, 2-inch SCH 40 PVC

3019 Spring Fancy Lane• Indian Trail, North Carolina 28079
Mobile (704) 502.5588

Pressure Manifold

No. of Lines	Line Length (ft)	Tap Size/Type	GPM/Linear Ft	% GPM/Linear Ft
1 (L1)	70	7.11 ½ sch 40	0.010157	100
2 (L2)	70	7.11 ½ sch 40	0.010157	100
3 (L3)	70	7.11 ½ sch 40	0.010157	100
4 (L4)	56	5.48 ½ sch 80	0.097857	96.3
5 (L5)	56	5.48 ½ sch 80	0.097857	96.3
6 (L6)	56	5.48 ½ sch 80	0.097857	96.3
Total		37.77 Gallon		

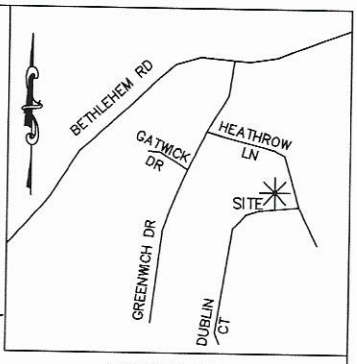
Flow rate through the system	37.77 gpm, use 38 gpm
Elevation head + pump height	Approximately 11-ft
Pressure head	2 ft
Friction head	2.27-ft
20% Contingency	3.05-ft
Total Head	18.32-ft, use 19-ft
Pump Type	38 gpm@19-ft of head; Use Goulds WE05H Pump with manufacture required equivalent voltage 240V.
Pump Run Time	4.48 minutes
Check Valve	Yes
Siphon Break Hole	Yes
Repair System	Non-Pretreated Drip
Repair System Loading Rate	0.15 GPD/SF
Total foot of Repair Required	2400+ sq-ft,

3019 Spring Fancy Lane• Indian Trail, North Carolina 28079
Mobile (704) 502.5588

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 60
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	728 SF
FRONT PORCH	98 SF
PATIO	160 SF
LEADWALK	31 SF
HVAC	16 SF
TOTAL LOT AREA	18,435 SF
TOTAL PROPOSED	2,538 SF
SEED/STRAW	15,897 SF
IMPERVIOUS	14%

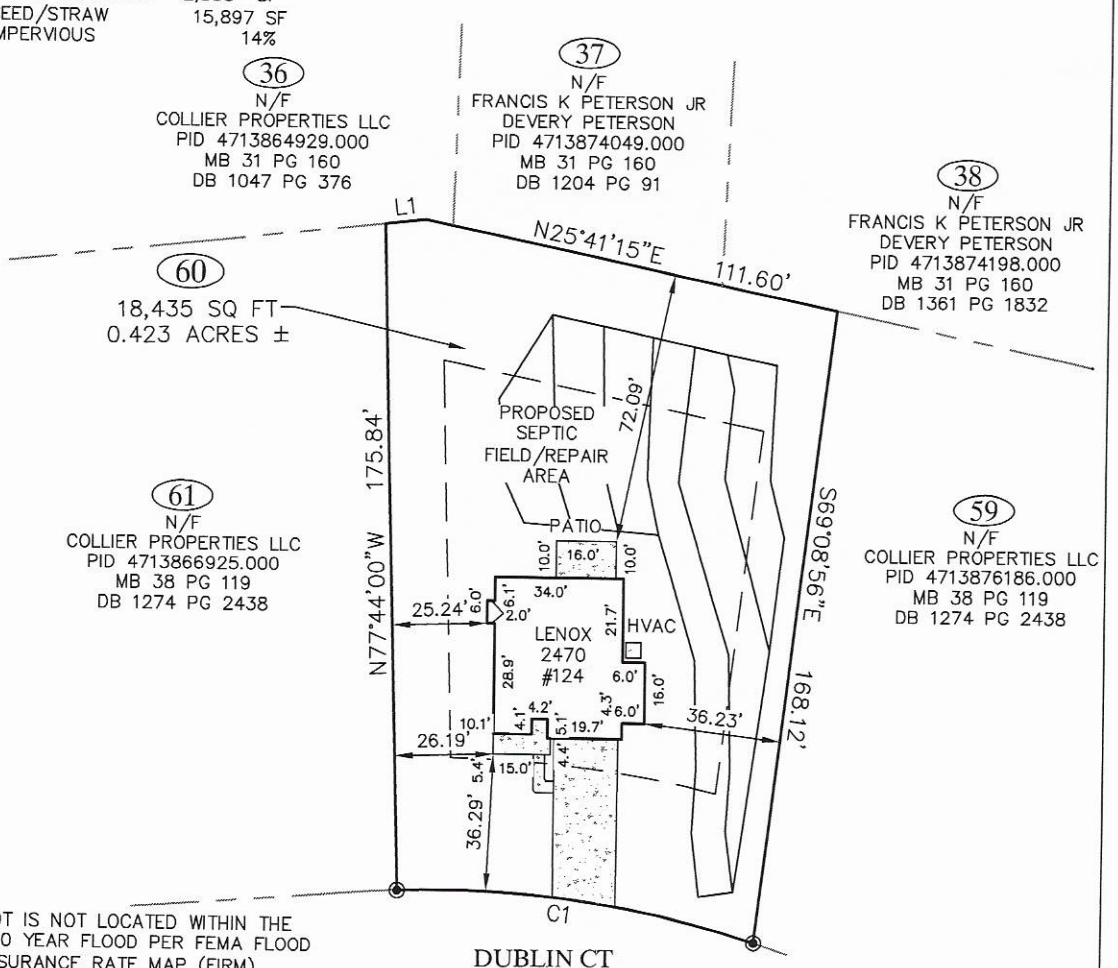
MB 38 PG 119

Curve Table					
Curve #	Length	Radius	Chord	Bearing	Delta
C1	96.01	275.00	95.52	S21°33'09"W	20°00'13"

Line Table		
Line #	Length	Direction
L1	10.85	N7°36'42"E

ZONING: R/A
MUNICIPALITY: IREDELL

SETBACKS:
FRONT 35'
REAR 35'
SIDE 15'



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 60

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

Drawn: ZSL	Date: 10-12-2020	MB 38 PG 119
Surveyor: BPL		DB 1274 PG 2438
Job: 4150		PID 4713876045.000

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: IREDELL

4713876045

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

OWNER: MR. Rob COLLIER
ADDRESS: 743 OLD MOCKSVILLE Rd, STATESVILLE NC 28625
PROPOSED FACILITY: 3
LOCATION OF SITE: LOT 60 124 BUTLER CT, STATESVILLE, NC 28677

APPLICATION DATE
DATE EVALUATED: 10-15-20
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.423
PROPERTY RECORDED: AFTER 1993

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) 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
PIT 1	repair LL 5%	0-6	sicl/WK/gr/FR	NS/NP/MEXP					
		6-36	sicl/c/WK/[illegible]/FF	SS/SP/SEXP					
		36-64	Angl/[illegible]/WK/	NS/NP/MEXP	NONE	64	NONE	64	0.25
PIT 2	Horse Pad LL 5%	0-6	sicl/WK/gr/FR	NS/NP/MEXP					
		[illegible]	s.						
		6-17	sicl/WK/SBK/FR-FI	SS/SP/SEXP	NONE	67	NONE	67	0.25
		17-52	sicl/c/WK/SBK-Angl/FI	SS/NP/MEXP					
		52-67	sicl/c/WK/[illegible] Angl/FI	NS/NP/MEXP			52-67 RX/soil		
PIT 3	Repair LL 5% R to Left	0-6	sicl/WK/gr/FR	NS/NP/MEXP			NONE	71	0.25
		6-36	sicl/c/WK/SBK/FI	SS/SP/SEXP					
		36-71	Sil Angl/FRI/FR/	NS/NP/MEXP	NONE	71			
PIT 4	24,33,32 LL 5% Initial	[illegible]							
		0-30	sicl/WK/SBK/FF	SS/SP/SEXP		30			
		30-61	sicl/WK/Angl/FI	NS/NP/MEXP	NONE	60			
		Avg	29.7"			24,33,32			0.25

LICENSED SOIL SCIENTIST KENNETH L. OWENS STATE OF NORTH CAROLINA 134

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:

PROPERTY ID #:

COUNTY: Indian River

6471387604S

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

OWNER: LOT 60 SEE PREVIOUS SHEET 1/1 APPLICATION DATE

ADDRESS: DATE EVALUATED:

PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:

LOCATION OF SITE: PROPERTY RECORDED:

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
PIT 5	LL 5% Initial	0-10	sicl/WK/gr	FR NS/NP/NSNP		45 Pa	SAP NONE 45-66 RX	45"	0.25
		10-45	sicl/WK/gr	FR SS/SP/SEXP					
		45-66	sicl/WK/Ang	FR NS/NP/NSNP	NONE				
PIT 6	LL 5% Repair	0-2	sicl/WK/gr	FR NS/NP/NSNP		45	SAP NONE Rx Inclusion 45-55	45"	0.25
		2-35	sicl/c/WK/SBK/FI	SS/SP/SEXP					
		35-45	sicl/WK/Ang	FI NS/NP/NSNP	NONE				
		45-55	sicl/lcm/WK/Ang	FI NS/NP/SEXP					
PIT 9 SA	LL 5% Initial	0-16	sicl/WK/gr/SBK	FR NS/NP/NSNP		42	42-55 RX	42	0.25
		16-42	sicl/WK/Ang	FI SS/SP/SEXP					
		42-55	lcm sicl/WK/Ang	FI NS/NP/NSNP	NONE				
PIT 4 7	LL 5% Repair	0-8	sicl/WK/gr	FR NS/NP/NSNP		30	lcm 32 Avg	32	0.25
		8-30	sicl/c/SBK	FI SS/SP/SEXP	NONE				
		30-47	Left Wall sicl/WK	RX/SAP/FRI/mod					
		30-38	And Right Wall	NS/NP/NSNP					
		38-51							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

COMMENTS:

RECEIVED OCT 1 9 2020

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

Iredell County Health Department – Environmental Health Division

AP-311800 $350.00

PAGE 1: *APPLICATION FORM*

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 MOCKSVILLE RD, STATESVILLE **Zip:** 28625

Owner Email: ROBC57@GMAIL.COM **Phone:** 704-902-4598 **Alt. Phone:** _____

Property Information: TAX ID. 4713876045.000

Street Address: 124 DUBLIN COURT, STATESVILLE, NC 28677

Subdivision Name: THE LANDING **Section/Phase:** I **Lot Number:** 60

Driving Directions: I-40 TO E. CENTER AVE, Right ONTO N. MAPLE ST, LEFT ONTO E IREDELL AVE, RIGHT ONTO HWY 115 N. (N. BROAD ST.) INTO STATESVILLE HWY INTO CHARLOTTE HWY 21 N, LEFT ONTO OLD MOUNTAIN RD, Right ONTO BETHEL RD, LEFT ONTO GREENWICH DR., LEFT ONTO HEATHROW 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 / STEEL 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:** NA
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:
X **Signature:** Robert A Collier III 9/21/2020
73AF8ECF488A443...
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 127 DUBLIN COURT, STATESVILLE, NC 28677, identified as LOT 60

PIN (Parcel Identification Number) 4713876045.000, 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
73AE8ECE48BA443...
Signature of Owner(s)

9/21/2020
Date

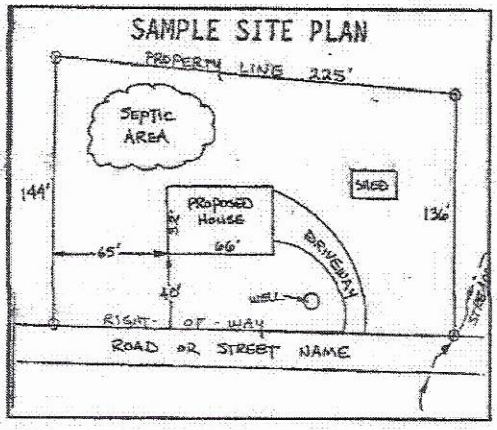
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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.

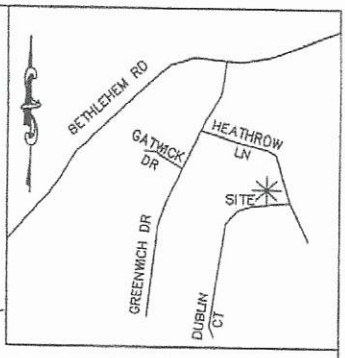
Signature: DocuSigned by: Robert A Collier III 73AE8ECE48BA443... 9/21/2020

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

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NOT TO SCALE

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SEED/STRAW	15,897 SF
IMPERVIOUS	14%

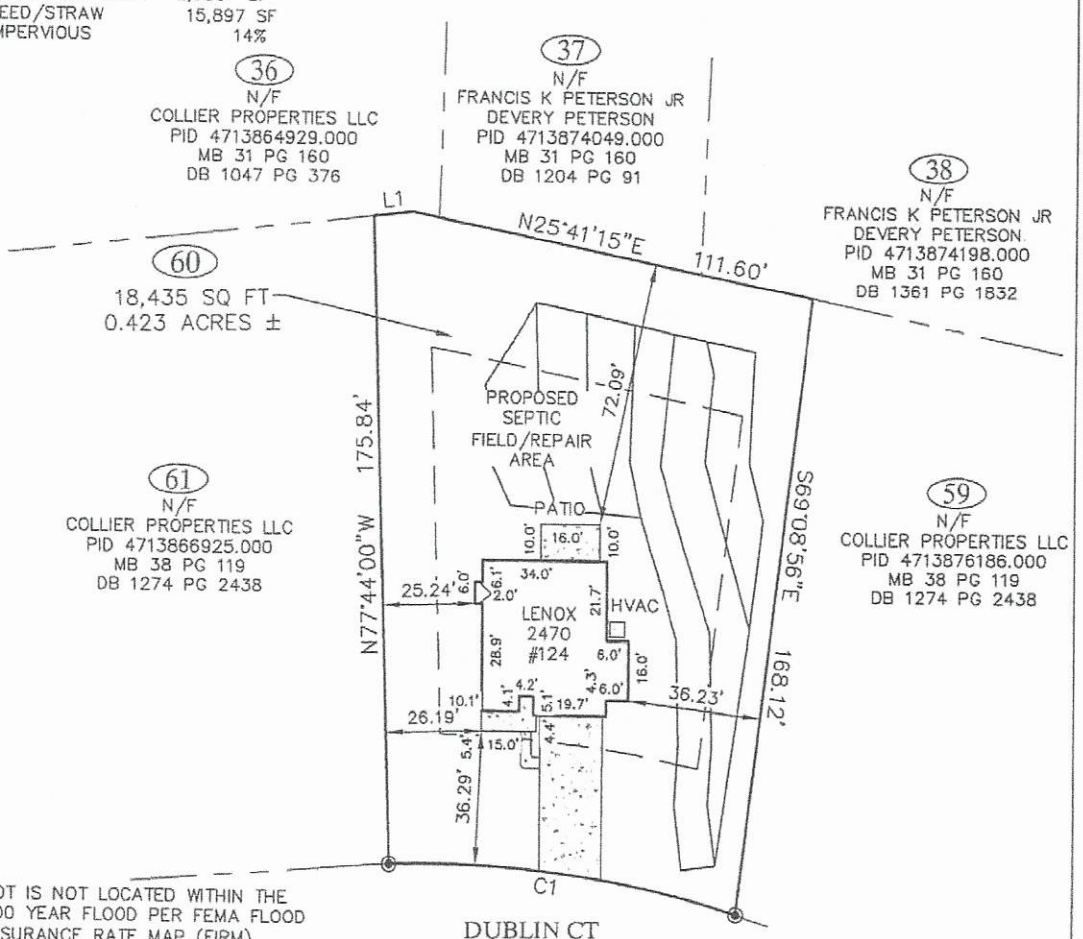
MB 38 PG 119

Curve Table					
Curve #	Length	Radius	Chord	Bearing	Delta
C1	96.01	275.00	95.52	S21°33'09"W	20°00'13"

Line Table		
Line #	Length	Direction
L1	10.85	N7°36'42"E

ZONING: R/A
MUNICIPALITY: IREDELL

SETBACKS:
FRONT 35'
REAR 35'
SIDE 15'



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

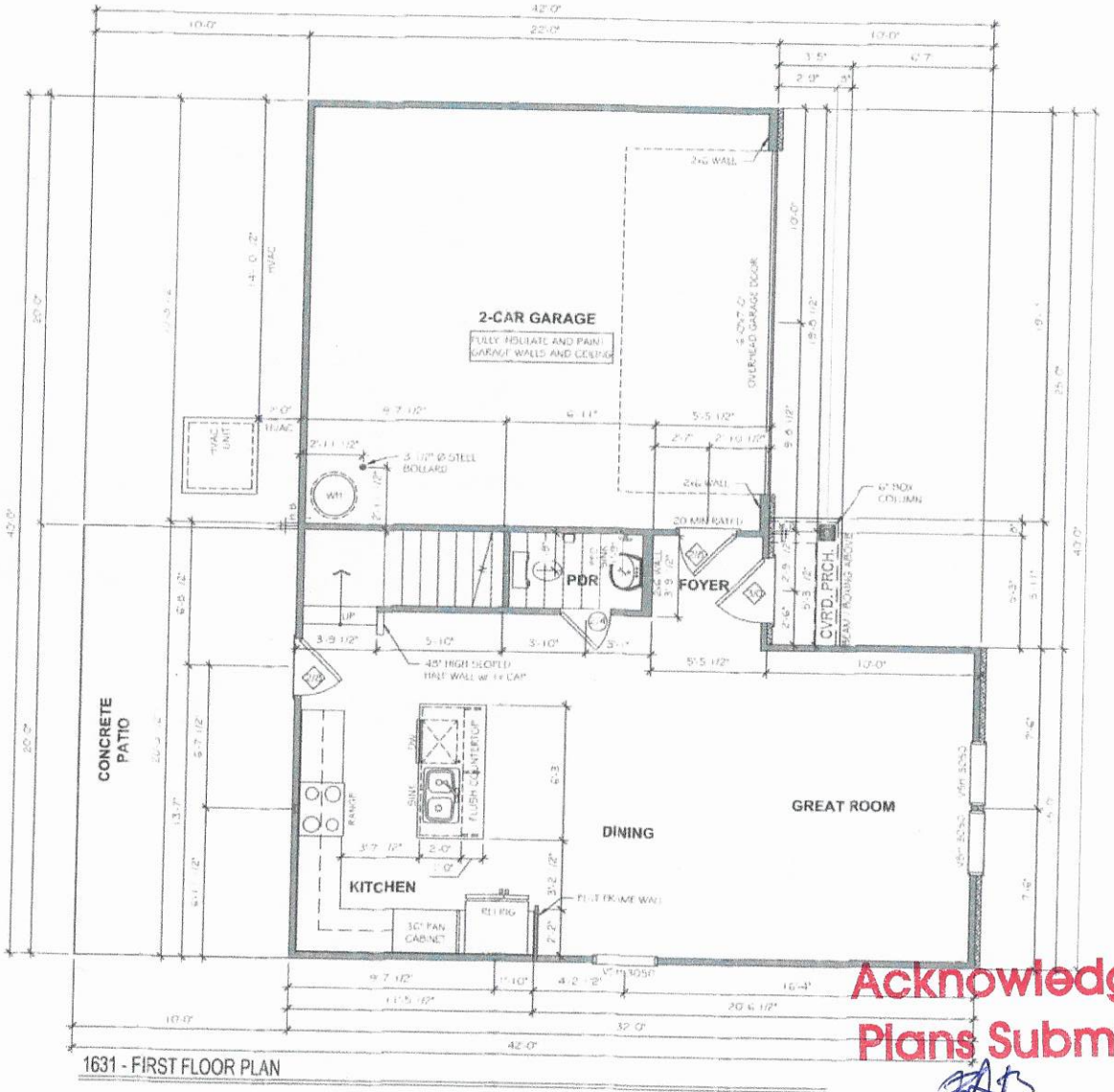
Preliminary Plot Plan - Lot 60

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

Drawn: ZSL	Date: 10-12-2020	MB 38 PG 119
Surveyor: BPL		DB 1274 PG 2438
Job: 4150		PID 4713876045.000

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

42'



1631 - FIRST FLOOR PLAN

40'

Acknowledgement Of
Plans Submittal ONLY!

Date 5-14-21

Date

X

LOT @ 60

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

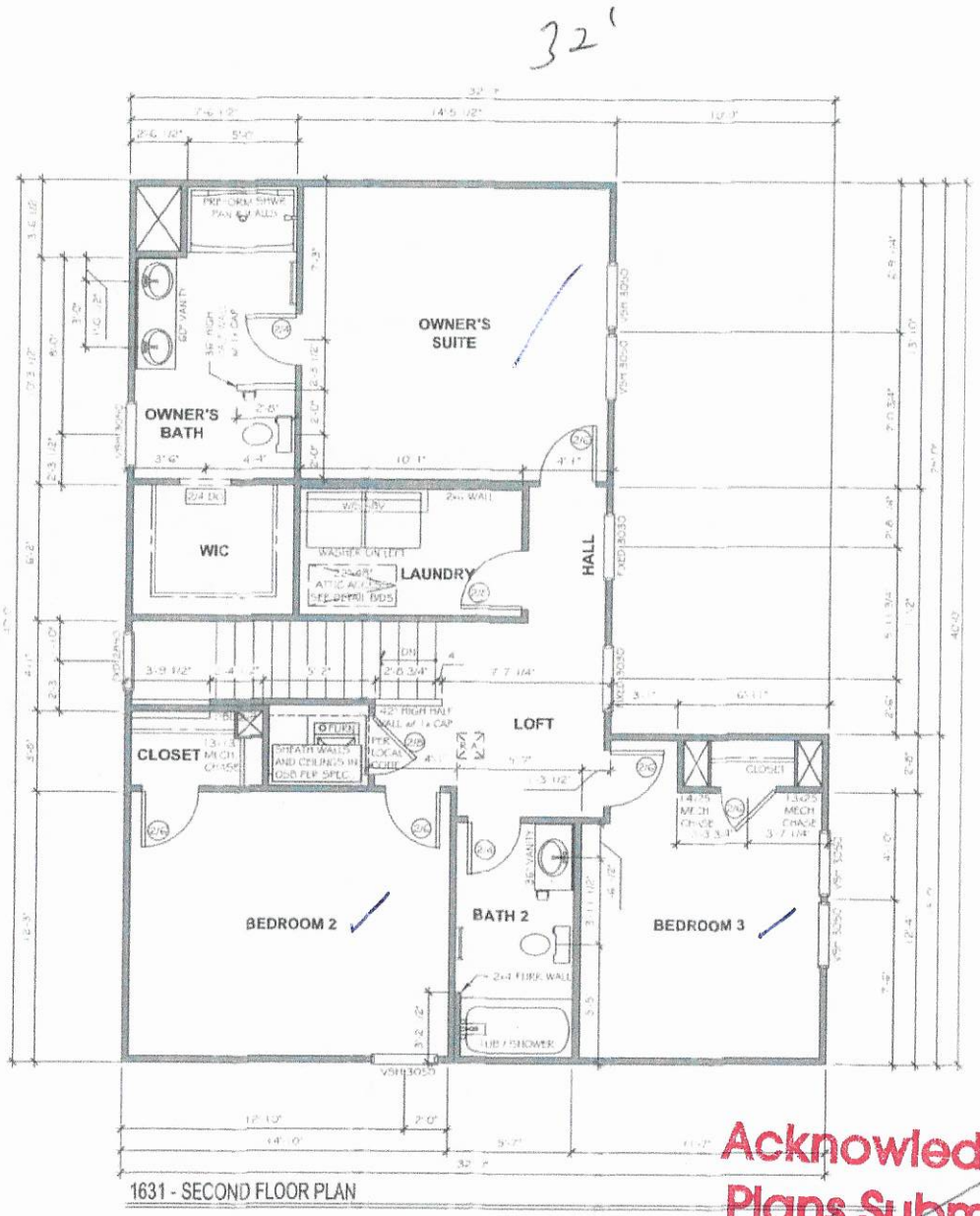
TRUE CUSTOM
SOLO - REGION A
LOT # 7118

CHARLOTTE
1631

IREDELL

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PREPARED BY: T.J.
DATE: 04-02-21
SCALE: 3/16"=1'-0"
REVIEWED BY: CHUCK
SHEET: A2.1



1631 - SECOND FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

X _____ Date _____

Lot 58 Date 5-19-2021

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Suite 104
Monroe, N.C. 28110
704-271-1191

TRUE CUSTOM
SOLO - REGION A

LOT # 7118

CHARLOTTE
1631

IREDELL

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PREPARED BY: T.J.
DATE: 04.02.21
SCALE: 3/16"=1'-0"
REVIEWED BY: CHUCK

SHEET A2.2

IREDELL COUNTY

IREDELL COUNTY

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

APPLICATION NUMBER
311800 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4713876045.000	124 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
0.42	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	311800

TOTAL FEES:	$77.25