2:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225009

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

PIN # 4715960019

APPLICANT: CASTLEGATE LLC / LANE LUXURY APPLICANT ADDRESS: 7271 LONG ISLAND RD CATAWBA 28609

SITE ADDRESS: 115 HANBURY LN STATESVILLE 28625 PHONE: ALT. PHONE:

SITE DIRECTIONS: HWY 64/90 TL ASHER FARM - TL STAFFORDSHIRE - TL HANBURY - ON LT

SUBDIVISION: CASTLE GATE SECTION: - LOT # 97 LOT AREA: .74AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825 Date 10-4-19

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 300

Trench Width 36" Max. Trench Bottom Depth (24") Gravel Depth NA

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP PPBPS AT GRADE

Maintenance Agreement Required: ☐ YES ☐ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☑ Community

Comments / Conditions:

ST 9 1/2 Ft from house
Center feed last line

INITIAL SITE SKETCH

See Oaks Group

Design.

AS BUILT SKETCH

Installed Quick 4
as Shown.
No dboxes used

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**

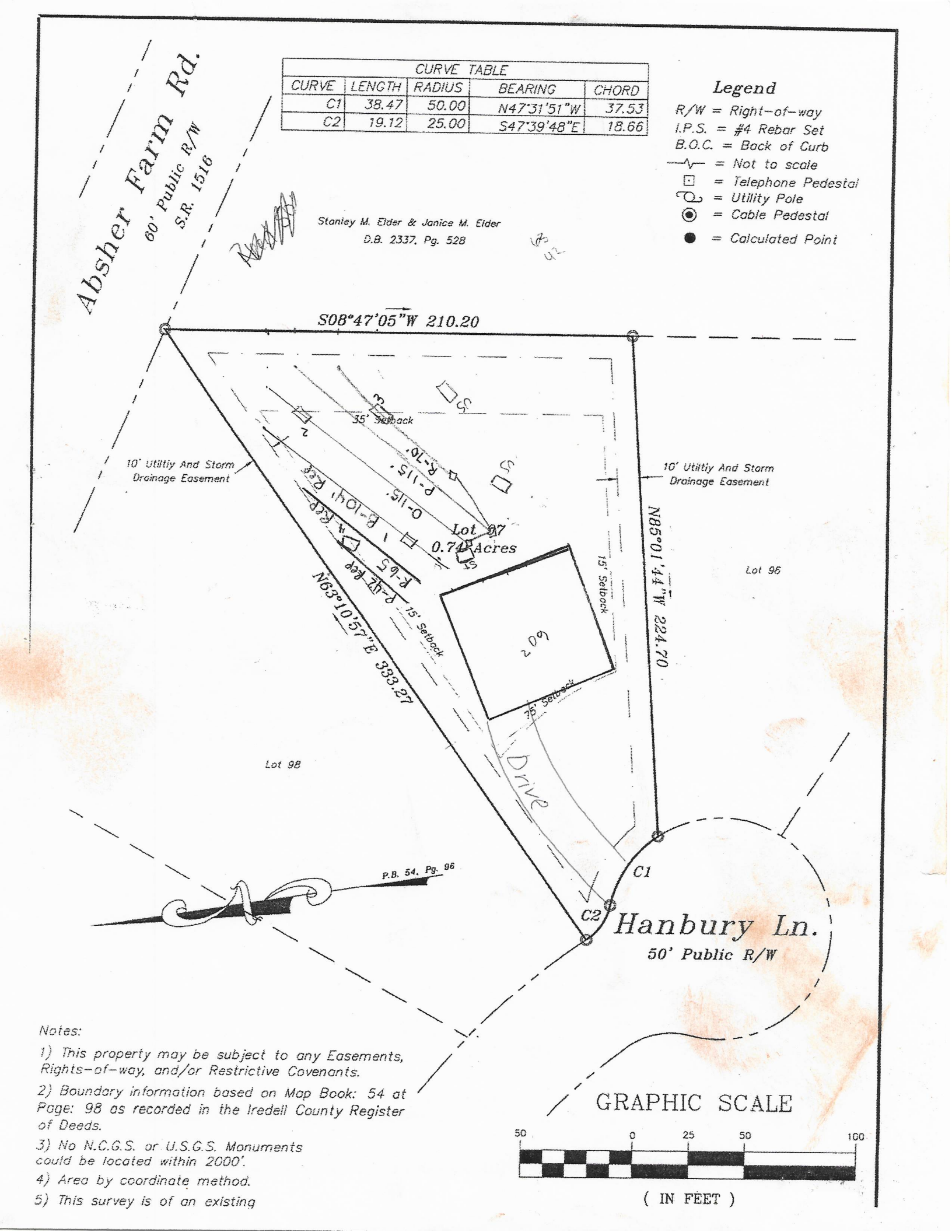
☑ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3/17/17 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: 3/15/17 OPERATION PERMIT by: Date: 11/19/19

AUTHORIZATION TO CONSTRUCT by: Date: 6/11/18 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 54 at Page: 98 as recorded in the Iredell County Register of Deeds.

3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

4) Area by coordinate method.

5) This survey is of an existing

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Castlegate Lot 97

Date: February 6, 2017

Attached is the septic specification information required to permit the Castlegate Lot 97 for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Lot 97 Castlegate Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Concrete Slab/Crawl Spac**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	~~36"~~ 24" KMS
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	200
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Pink	LP PPBPS	42
2	Repair	Red	LP PPBPS	65
3	Repair	Blue	LP PPBPS	104
4	System	Orange	25% Reduction	115 endfed
6	System	Pink	25% Reduction	115 endfed
7	System	Red	25% Reduction	70 endfed
				Total System: 300'
				Total Repair: 211'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

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

Sheet 1 of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Lake Luxury
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 2-8-17
LOCATION OF SITE: Castlegate 97 PROPERTY SIZE: 0.74
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 3-5%	0-27	MO SBK CL	FR SS/SP	R; F Sap				0.4
		27-51	WK SBK CL	FR SS/SP	R; C Sap				
		0-25	RL SBK	fr SSSP					
		25-51	RL WSBK	fr SSSP	+ C SAP (3)	51+	N/A	N/A	
2	L OK	0-15	MO SBK C	FR ss/sp	R				0.3
		15-30	WK SBK CL	↓	R, vein of Sap @ top, F Sap				
		30-60	MA SL Sap		Yel/R, F Firm pockets				
						30"	PS	N/A	
3	OK L CHK L	0-15	MO SBK C	FR ss/sp	R				0.3
		15-27	WK SBK CL	↓	R, F Sap				
		27-52	MA L Sap		Yel/R, F Fr SL pocket				
						27"	PS	N/A	
4	OK L CHK	0-18	MO SBK CL	FR SS/SP	R				0.4
		18-37	WK SBK CL	↓	R, F Sap				
		37-48	MA SL Sap		R	37"	PS	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LPP BPPS
Site LTAR	0.3	0.3

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

COMMENTS: _____

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well [illegible]

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE S IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMIT APPLICATION WITH SITE PLAN AS INDICATED. APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETA

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

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Lake Luxury Homes Castlegate LLC Address: 727 Longstand Rd Catawba Phone: 28609

Owner Name: Same Address: Phone:

Property Information:

Street Address: 115 Hanbury Ln Statesville

Subdivision Name: Castlegate Section/Phase: Lot Number: 97

Driving Directions: Interstate 40, exit on to Hwy 64, Right on Taylorsville Hwy, L on Absher Farm Loop. L on Staffordshire

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6 max
( ) Swimming Pool
( ) Crawl Space Foundation
(X) Concrete Slab Foundati
( ) Basement with Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employees:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) Known Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 [illegible]?

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 proper identification and labelling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signatures: Emma Hall / Kathleen Saunders

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

6/18/18
DATE

Non expiring

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

RECEIVED FEB 2 7 2017

Paid $350.00 #225009

Application For:

(X) *Septic Improvement Permit* ( ) New Well Permit ( ) *Authorization to Construct* ( ) Well Repair Permit ( ) *Existing System Inspection* ( ) Well Abandonme ( ) *Septic System Re*

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE S IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMIT APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETA

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet

( ) Custom Site Plan, scaled no more than 1 inch = 60 f

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Lake Luxury Homes Castleggate LLC **Address:** 721 Long Island Rd Catawba **Phone:**

Owner Name: Same **Address:** 28609 **Phone:**

Property Information:

Street Address: 115 Hanbury Ln Statesville

Subdivision Name: Castlegate **Section/Phase:** _____ **Lot Number:** 97

Driving Directions: Interstate 40, exit on to Hwy 64, Right on Taylorsville Hwy, L on Absher Farm Loop, L on Staffordshire

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6 max
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) Concrete Slab Foundati
( ) Basement with Plumbin
( ) Basement without Plumb

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 gran right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for 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: Emma Helton

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

2/17/17

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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 PERMIT ISSUANCE OR SEPTIC SYSTEM SUBMITTAL.*

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...**

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

X **Front and side setbacks from property line...**

X **Area you prefer your septic system to be placed...**

X **Preferred driveway location and configuration, preferred well location...**

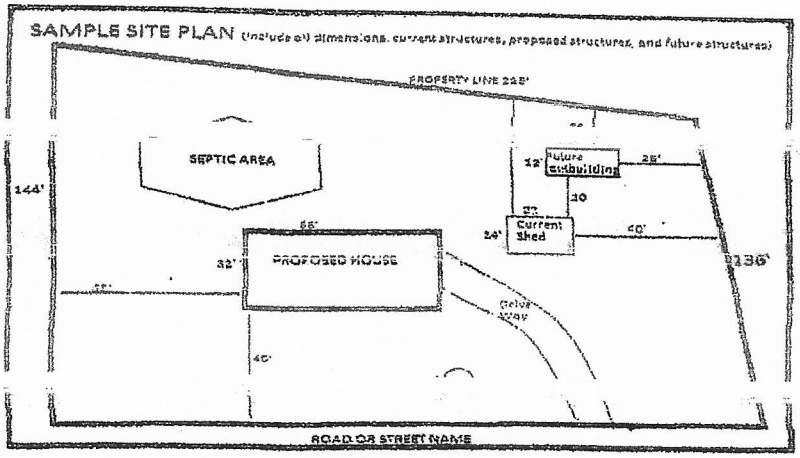
X **North arrow, or other sufficient indicator of direction...**

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)

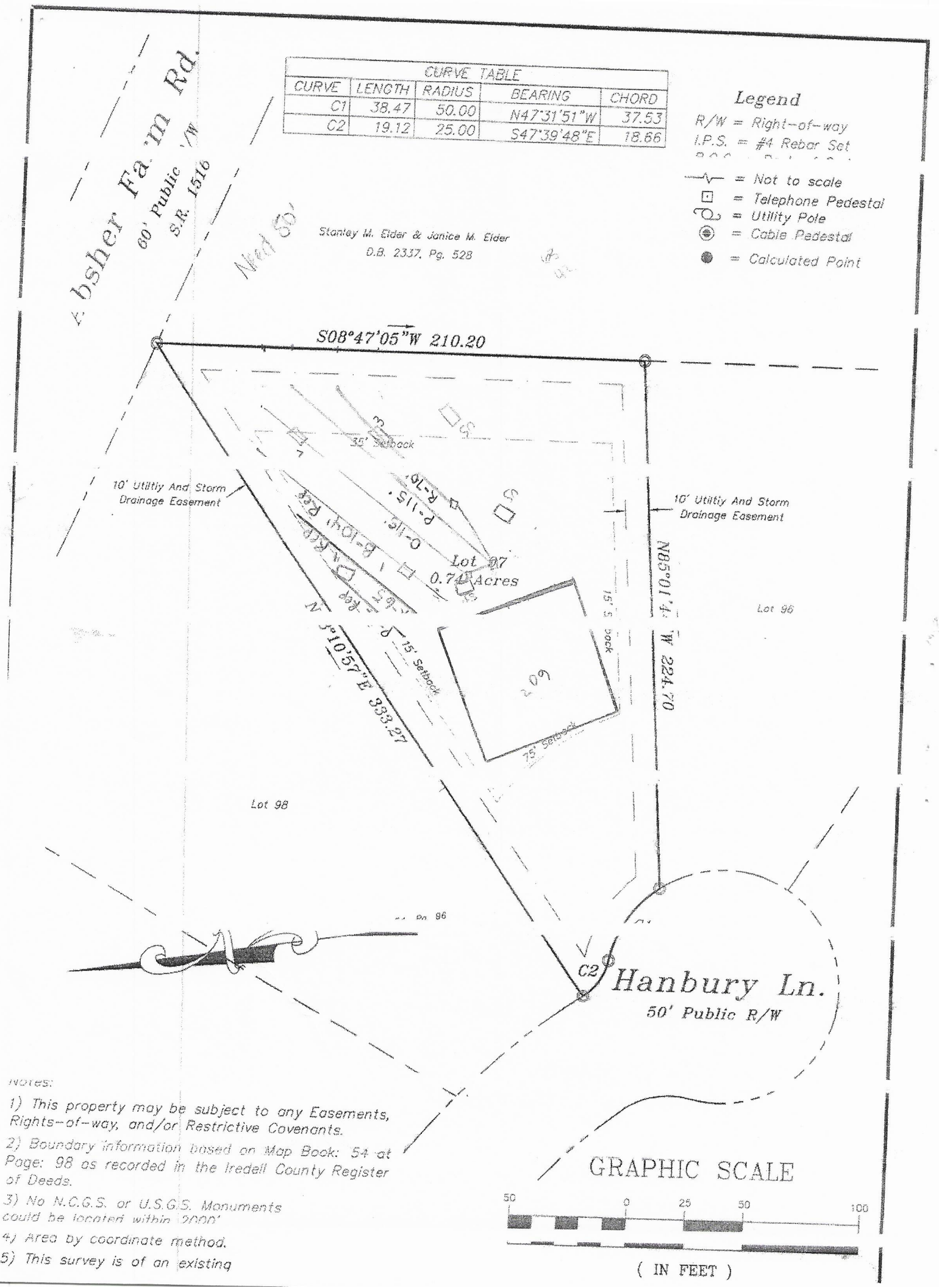


USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see attached site plan

Signature: Emma Hall / Kathleen Sanders Date: 6/18/18

REQUIRED property owner or owner's legal representative signature



CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	38.47	50.00	N47°31'51"W	37.53
C2	19.12	25.00	S47°39'48"E	18.66

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Calculated Point

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 54 at Page: 98 as recorded in the Iredell County Register of Deeds.

3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'

4) Area by coordinate method.

5) This survey is of an existing



THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE SUBDIVISION JURISDICTION OF THE IREDELL COUNTY, WHICH HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (TITLE REFERENCES AS SHOWN ON PLAT); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN WITH DASHED LINES (TITLE REFERENCES AS SHOWN ON PLAT); THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL, THIS 10 DAY OF JUNE 2008.

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

State of North Carolina, County of Iredell

I, _____, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer _____ Date _____

NAD 27

COLEMAN ABSHER
TAX ID #4715-75-1420
DEED BOOK 796 PAGE 773

JOHN F. CRAWFORD, ETAL
TAX ID #4715-94-3489
DEED BOOK 344 PAGE 241

MARY H. DEAL
TAX ID #4715-96-2523
DEED BOOK 328 PAGE 514

LEGEND

R/W = Right-of-way
IPS = #4 Rebar Set
—^— = Not to scale
D&UE = Drainage & Utility Easement
CCM = Concrete Control Monument
(T) = Total
= Hydrant
FES = Flared End Section
RCP = Reinforced Concrete Pipe
PSDE = Permanent Storm Drainage Easement

GRAPHIC SCALE

100 0 50 100 200 400

(IN FEET)
1 inch = 100 ft.

6-25-08
511496-100

SEE SHEET 3 FOR ALL NOTES & DETAILS
THIS IS A MULTI-SHEET DOCUMENT & IS ONLY VALID WITH ALL SHEETS

FINAL PLAT
Castlegate Subdivision
Sheet 1 of 3

Tax Map Reference: Concord Twsp., Iredell County, NC Parcel ID: 4715-85-1182	Date of Survey: 1-15-07
	Date of Map: 6/10/08
	Scale: 1" = 100'
Owner/Developer: Phoenix Rising Development, LLC P.O. Box 5010 Mooresville, NC 28117 Deed Book: 1863 Page: 670	Drawn By: GHL
	Job Number: 2004-120PH2
	Land Surveyor: Joel H. Patterson, III P.O. Box 5010 Mooresville, N.C. 28117 Phone: (704) 381-0415

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ray Short, am the legal owner of the property located at 115 Hanbury Ln Statesville, identified as PIN(Parcel Identification Number) 4715960019, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed *before the individual's specified above will be recognized as the authorized agent.*

Signature of Owner — Date: 2/1/17

Signature of Witness — Date

335A36

Acknowledgement Of Plans Submittal ONLY!

Reviewed By: [illegible] Date 6/19/18.

[illegible] Date 7-19-18

GENERAL FRAMING NOTES

1. ROOFER TO INSTALL ICE & WATER SHIELD AT ALL ROOF TO WALL INTERSECTIONS, VALLEYS, AND AT ALL ROOF PENETRATIONS.
2. ALL ROOFING MATERIALS SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS.
3. ALL PROVIDED SKYLIGHTS SHALL BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS.
4. ROOFER TO INSTALL CONTINUOUS RIDGE VENT AT ALL ROOF RIDGES.
5. ALL EXPOSED CORNERS OVER 45° SHALL BE CHAMFERED 3/4" UNLESS OTHERWISE NOTED.
6. ALL EXTERIOR CORNERS OVER 45° SHALL BE CHAMFERED 3/4" UNLESS OTHERWISE NOTED.
7. ALL EXTERIOR CORNERS OVER 45° SHALL BE CHAMFERED 3/4" UNLESS OTHERWISE NOTED.
8. ALL EXTERIOR CORNERS OVER 45° SHALL BE CHAMFERED 3/4" UNLESS OTHERWISE NOTED.
9. ALL EXTERIOR CORNERS OVER 45° SHALL BE CHAMFERED 3/4" UNLESS OTHERWISE NOTED.
10. ALL EXTERIOR CORNERS OVER 45° SHALL BE CHAMFERED 3/4" UNLESS OTHERWISE NOTED.

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE CODES AND REGULATIONS.
2. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS IN THE FIELD BEFORE BEGINNING CONSTRUCTION.
3. ALL DIMENSIONS ARE TO FACE OF STUD UNLESS OTHERWISE NOTED.
4. ALL WORK SHALL BE PERFORMED IN A WORKMANLIKE MANNER.
5. ALL MATERIALS SHALL BE NEW AND FREE OF DEFECTS.
6. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITION OF THE INTERNATIONAL RESIDENTIAL CODE.
7. ALL ELECTRICAL WORK SHALL BE IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE.
8. ALL PLUMBING WORK SHALL BE IN ACCORDANCE WITH THE UNIFORM PLUMBING CODE.
9. ALL MECHANICAL WORK SHALL BE IN ACCORDANCE WITH THE UNIFORM MECHANICAL CODE.
10. ALL FUEL GAS PIPING SHALL BE IN ACCORDANCE WITH THE NATIONAL FUEL GAS CODE.

NOTE: ALL ANGLED WALLS ARE AT 45° UNLESS OTHERWISE NOTED

NOTE: ALL CEILING JOISTS TO BE DESIGNED TO CARRY 20 PSF LIVE LOAD AND 10 PSF DEAD LOAD TO BEAR ON LOAD BEARING WALLS DESIGNED TO CARRY 40 PSF LIVE LOAD AND BE SUPPORTED BY 2" X 4" FURRING SLAB GARAGE BEAM OR FOOTING DESIGNED TO CARRY LOAD.

COPYRIGHT © 1994 BY FRANK BETZ ASSOCIATES, INC. NOT TO BE REPRODUCED

Frank Betz Associates, Inc. assumes no liability for any changes or modifications made to these plans by others.

SQUARE FOOTAGE:
FIRST FLOOR 1392 S.F.

SHEET 3 OF 9

DATE 4-1-94

BY Mary CK FBA

FBA
FRANK BETZ ASSOCIATES, INC.
1800 LAKE PARK DRIVE/SUITE 101
SMYRNA, GEORGIA 30080
404/431-0858

FLOOR PLAN
THE KNOLLWOOD

HOMEPLANS
DESIGNED FOR TODAY'S MARKET

DATE	REV	DATE	REV
4-20-94	W. Framing		
6-8-94	Revised Slab		

This drawing and the design shown are the property of Frank Betz Assoc. Inc. and may not be reproduced or used in any manner whatsoever without the written permission of Frank Betz Assoc. Inc.

IREDELL COUNTY

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

APPLICATION NUMBER
225009
Issue Date: 02/15/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4715960019.000	115 HANBURY LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASTLEGATE LLC	Applicant: KATHLEEN SAUNDERS
Address: 282 SCOTTS CREEK RD STATESVILLE, NC 28625	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.740	35.00	35.00	15.00	15.00	NOT	X

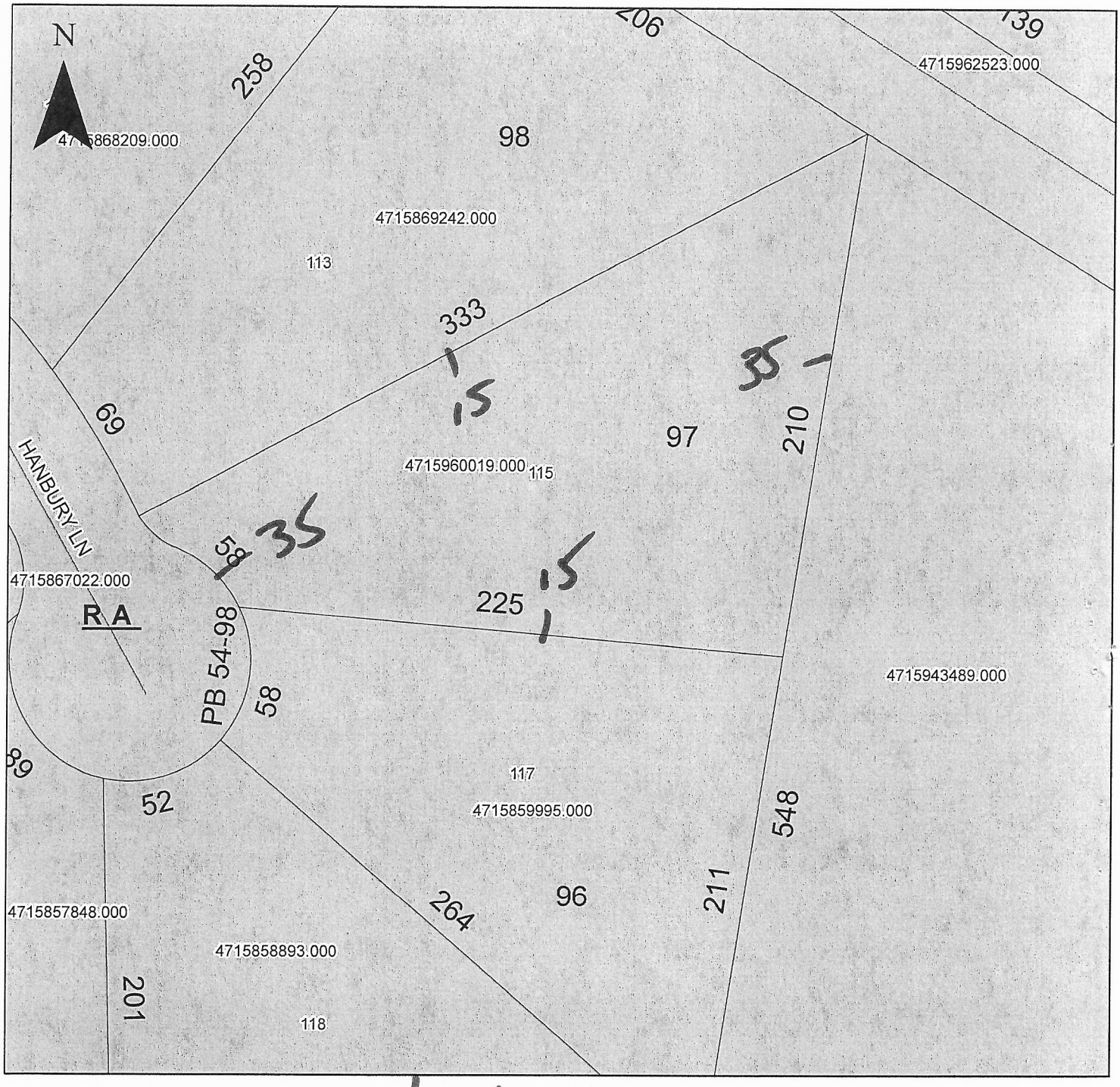
Remarks:

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

Applicant: _____ Date: _____

Permit Number	93486	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 115 Hanbury Ln

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.

Emma Delk

Applicant

2/15/17

Date