IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225728

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

PIN # 4723-12-5515

APPLICANT: Americas Home Place APPLICANT ADDRESS: 1206 Greenland Drive Charlotte, NC

SITE ADDRESS: 181 Spring Meadows Lane Statesville, NC PHONE: 704-872-4383 ALT. PHONE:

SITE DIRECTIONS: Old Mountain Rd N from Troutman → R onto Spring Meadows Lane → Lot on left

SUBDIVISION: Spring Meadows SECTION: LOT # 51 LOT AREA: 0.88 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.

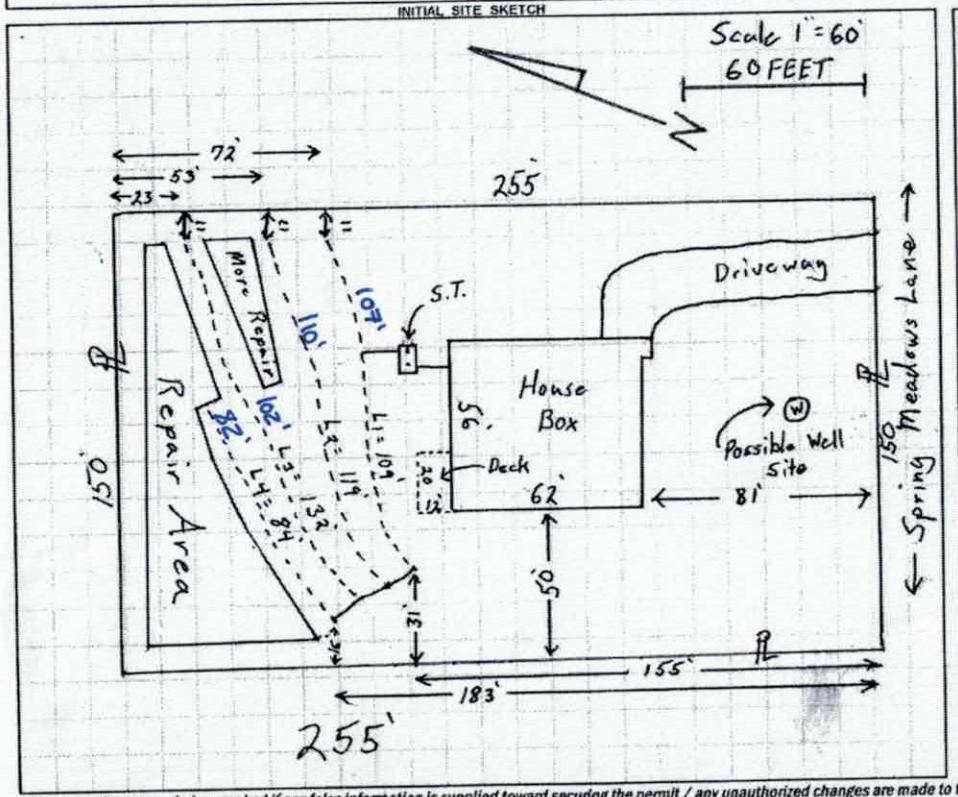
Septic Tank	1000	(gal)	STB	760	Date	4-22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	50% Reduction - PPBPS			
# Nitrification Fields	1	# Lines		4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth		36" [high side]	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Though 444 l.f. of drainfield has been laid out, only 400 l.f. need be installed. The leftover/remainder of the area is set aside for future repair purposes.

★ Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS SHOWN
6-22-17
BA

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: Tom Shuck Date: 4/20/17 Installed by: GROUND BREAKERS

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/20/17 OPERATION PERMIT by: BA Date: 6-22-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/20/17 Existing System Inspected by: Date:

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

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

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

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

OWNER: Americas Home Place
ADDRESS: 181 Spring Meadows Lane Statesville
PROPOSED FACILITY: 4 BR House
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 181 Spring Meadows Lane Statesville, NC
APPLICATION DATE: 3/16/17
DATE EVALUATED: 4/12/17
PROPERTY SIZE: 0.88 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	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	Primary Distal	0-7	SCL V.W. SBK	Sl. Firm, SS, Sp, Sap	—	32	PS	—	0.30 PS
		7-19	Clay W-m SBK/ABK	Sl. Firm, SS, Sp, Sap					
		19-32	Clay Loam W. SBK (Some SAP)	Sl. Friable, SS, Sp, Sap					
		32-60	Loamy SAPROLITE MA	Friable + well Drained					
2	Primary Header	0-7	SCL V.W. SBK	Sl. Firm, SS, Sp, Sap	—	29	PS	—	Deep 0.35 PS
		7-20	Clay W-m SBK/ABK	Sl. Firm, SS, Sp, Sap					
		20-29	Clay Loam W SBK (Many SAP)	Sl. Friable, SS, Sp, Sap					
		29-65	Loamy + Sandy SAPROLITE	Very Friable, well Drained					
3	Repair Header	0-9	SCL V.W. SBK	Sl. Firm, SS, Sp, Sap	—	35	PS	—	0.30 PS
		9-28	Clay W→m SBK/ABK	Firm, Sticky, Sap					
		28-35	Clay Loam V.W. SBK	Sl. Friable, SS, Sp, Sap					
		35-60	MA Loamy Saprolite	Friable + well Drained					
4	Repair Distal	0-6	SCL V.W. SBK/ABK	Sl. Firm, SS, Sp, Sap	SAP inclusion 14"-20"	33	PS	—	0.30 PS
		6-22	Clay W-m SBK/ABK	Sl. Firm, SS, Sp, Sap					
		22-33	Clay Loam W. SBK Some Saprolite	Sl. Friable, SS, Sp, Sap					
		33-57	Loamy Saprolite MA felt	Friable + well Drained					
			clay plugs						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	300+
System Type(s)	25%	50%
Site LTAR	0.30	0.30

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

COMMENTS: _____

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

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

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

APPLICATION DATE _____
DATE EVALUATED: 4/5/17 (AM)

OWNER: _____
ADDRESS: _____
PROPOSED FACILITY: L
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: _____
LOCATION OF SITE: 181 Spring Meadows Lane
PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	8% LSS Below Deck	0-22	clay W-M sBK	sl. Firm, SS, Sp, Sap					0.3 PS Pit?
		22-36	clay Loam v.w. sBK soft	sl. F. m/brittle, SS, Sp, Sap					
		36-48	Loamy Sand MA	Friable, Moderately Drained					
2	7% LSS Driveway Side	0-23	clay W-M sBK w. ABK	sl. Firm, SS, Sp, Sap					0.3+ Pit Number
		23-29	clay Loam w. sBK soft + Abundant Gravels @ 29"	sl. Friable, SS, Sp, Sap					
		29-48	Loamy Sand MA	very Friable + Well Drained					
3									
4									

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

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

LEGEND

use the following standard abbreviations

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

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

OTES

HORIZON DEPTH — In inches below natural soil surface

EPTH OF FILL — In inches from land surface

ESTRICTIVE HORIZON — Thickness and depth from land surface

PROLITE — S(suitable) or U(unsuitable)

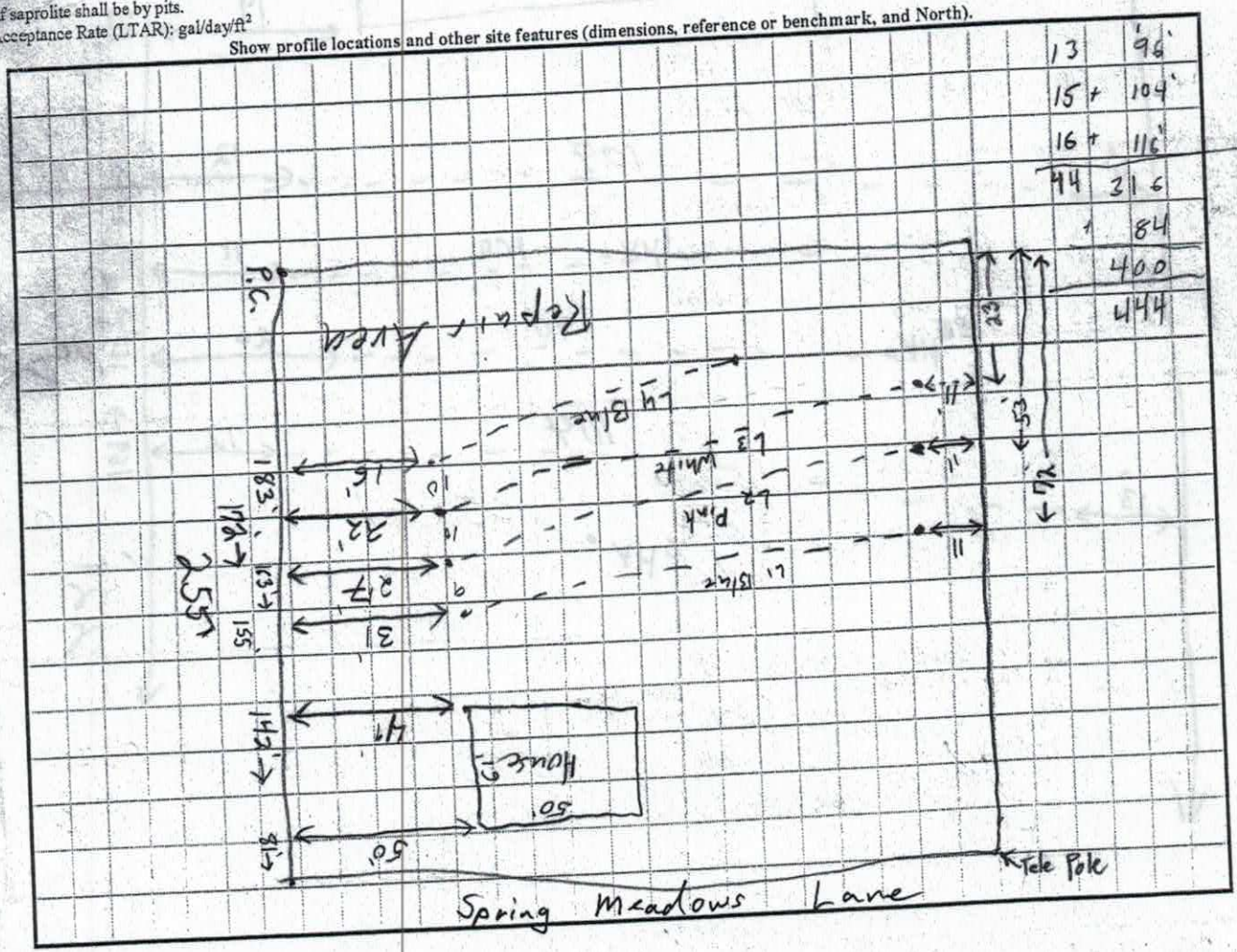
IL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

ASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Juation of saprolite shall be by pits.

g-term Acceptance Rate (LTAR): gal/day/ft^2

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



IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) Septic Improvement Permit (✓) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

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

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Americas Home Place **Address:** 1206 Greenland Dr **Phone:** 704 872 4383

Owner Name: John Sturgill **Address:** 105 Madison Ridge Rd Piedmont SC **Phone:** _____

Property Information:

Street Address: 181 Spring Meadows Ln, Statesville NC

Subdivision Name: Spring Meadows **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Buffalo Shoals Rd. Rt on Old Mountain Rd. Rt onto Spring Meadows Ln. lot is on left

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 ( ) 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 (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

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

3/16/17
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, John Stuart II & Linda Stuart II, am the legal owner(s) of the property located at 181 Spring Meadows Lane Statesville NC, identified as PIN (Parcel Identification Number) H723125515.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Americas Home Place, 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.

John Stuart 3/13/17 — Signature of Owner(s) — Date

Linda Stuart 3/13/17

Signature of Witness — Date 3/13/17

Please return this signed form to the appropriate office:

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 HEALTH DEPARTMENT

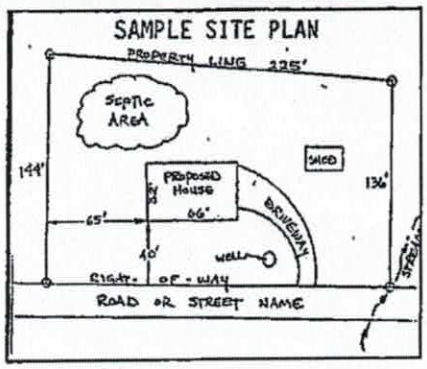
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

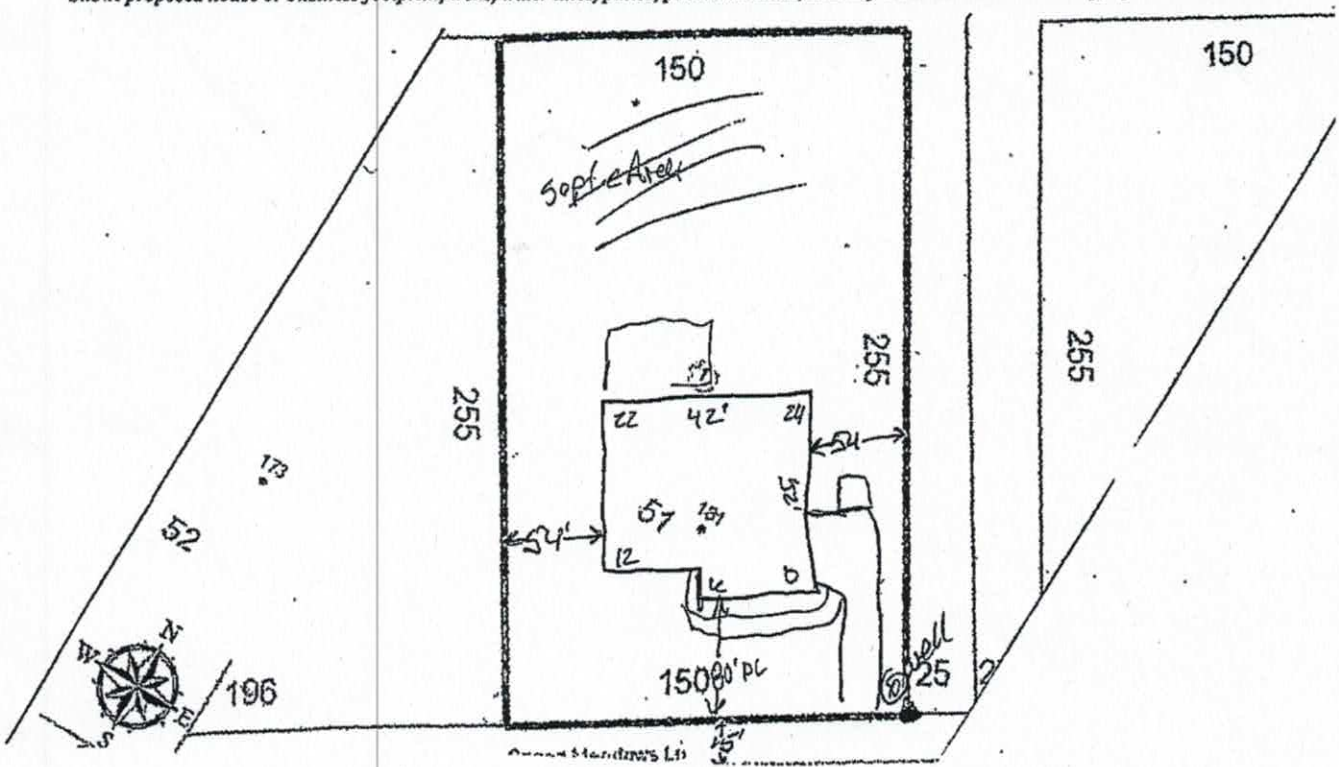


Circle N/A on the following if appropriate:

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)

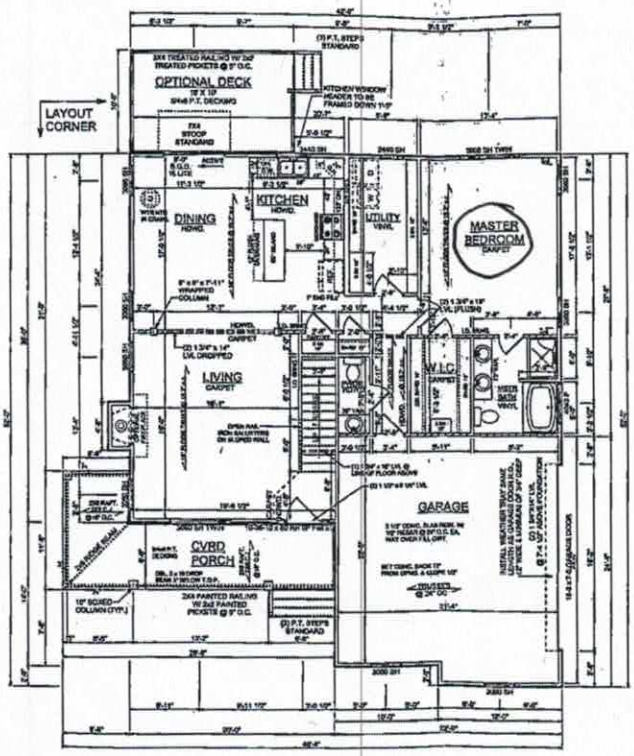
USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____ 3/17/17

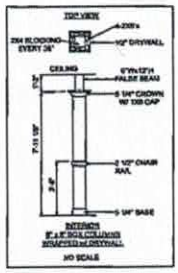
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE



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TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128

GENERAL NOTES

MIN. 8'-1 1/8" CEILING HEIGHT ON FIRST FLOOR
MIN. 8'-1 1/8" CEILING HEIGHT ON SECOND FLOOR
ALL LOAD BEARING WALLS & EXT. GYPSUM TO HAVE
2) 2x10 HEADERS UNLESS OTHERWISE NOTED
STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 2'-0" FROM T.O.P. EXCEPT AS NOTED
7/16" O.S.B. AND HOUSEWRAP REQUIRED
DIMENSIONS ARE TO GYPSUM TYP. INTERIOR, SUBTRACT 1/2" FROM DIMENSION FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION (F OPENINGS AND FRAMED BEFORE SHEATHING INSTALLATION
ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED A MINIMUM OF 4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED
HEADER OF STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
CLOSET SHELF HEIGHT OFF FLOOR:
SINGLE-66"
DOUBLE-42" & 84"
ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AND LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION
ALL TUBS/SHOWERS ARE TO HAVE WALLS AT FLANGE
INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM



2X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

SHEET NO: 5 OF 8

FIRST FLOOR PLAN

SCALE: 1/8"=1'-0"

DRAWN BY: LF

DATE: 1/20/17

JOB #

AREAS:
FIRST FLOOR
SECOND FLOOR
COVERED PORCH
TOTAL UNDER ROOF
HEATED/FOOTPRINT

THE GRAYSON
FOR CUSTOMER
ST. ADDRESS
CITY, STATE 00000

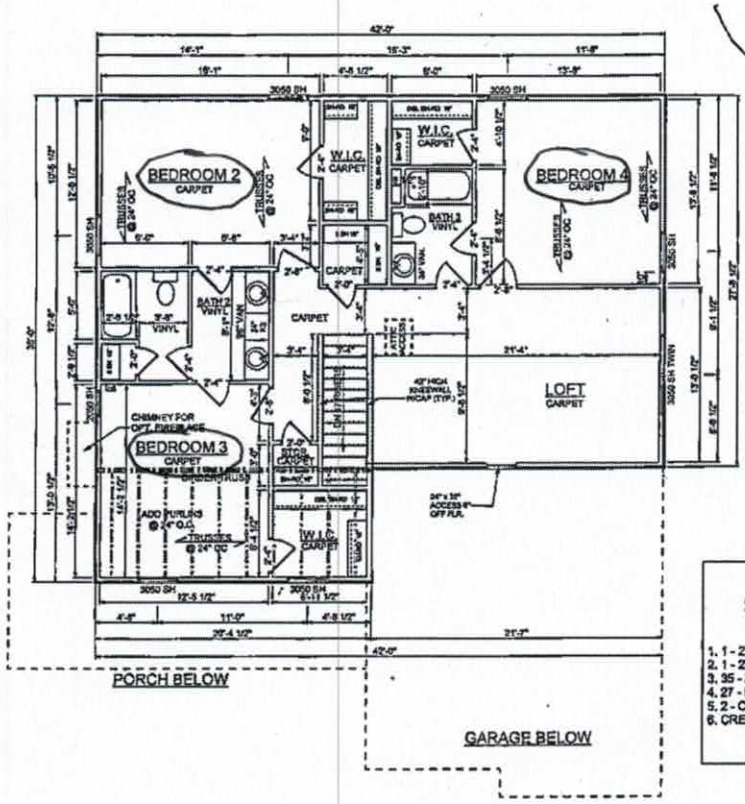
PROPERTY OF: AMERICA'S HOME PLACE, INC.

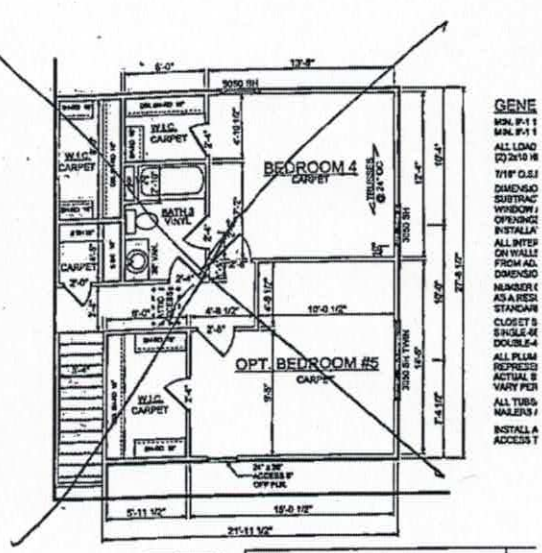
PRINT DATE: February 28, 2015

PAPER

Acknowledgement Of
Plans Submittal ONLY!
Date 4/20/17
Date 4/20/17

Acknowledgement Of
Plans Submittal ONLY!
Date 4/20/17
Date 4/20/2017



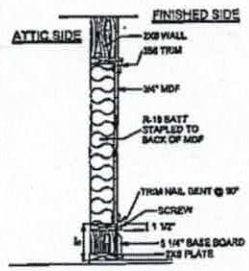


OPTIONAL BEDROOM #5
ADD IN SIEBEL

1. 1 - 2'-8" INTERIOR DOOR
2. 1 - 2'-4" INTERIOR DOOR
3. 35 - LINEAL FEET ON INTERIOR WALL
4. 27 - LINEAL FEET ON SHELVING
5. 2 - CEILING LIGHTS FOR HALL & CLOSET
6. CREDIT 10 LINEAL FEET OF KNEEWALL

WALL ACCESS OPENING
N.T.S.

SECTION



FORMATTED FOR 11 x 17 PAPER

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2 X 4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

SHEET NO.: 7 of 8

ELECTRICAL & HVAC PLAN

SCALE: 1/8"=1'-0"

DRAWN BY: LP

DATE: 10/07/15
REVISION:
JOB #:

AREAS:
FIRST FLOOR 1331 S.F.
SECOND FLOOR 2062 S.F.
COVERED PORCH 195 S.F.
GARAGE 331 S.F.
COVERED DORMER ROOF 15 S.F.
REAR DECK / STOOP 144/28 S.F.

THIS GRAYSON
FOR CUSTOMER
ST. ADDRESS
CITY, STATE 00000

PROPERTY OF:
AMERICA'S HOME PLACE, INC.
COPYRIGHT 2014
SOLD BY:

PRINT DATE:
February 26, 2015

ELECTRICAL	SYMBOL
Ceiling Fan w Light	
Chime	
Detector - Combo	SMCO CMB
Detector - Smoke	SM
Fan - Bath Exhaust	
Fan - Exhaust w Light	
Light - Ceiling Incand	
Light - Ceiling Recessed	
Light - Flood	
Light - Wall	
Light - Wall Ext Coach	
Misc - Door Bell	
Misc - Thermostat	
Outlet	
Outlet - GFI	GFI
Outlet - GFI Waterproof Ext.	WP GFI
Outlet - Sngl 220	
Panel	PANEL
Switch	S
Switch - 3 Way	S3
Switch - 4 Way	S4
ex Down to Switch	DH to switch
ex Up to Light	UP to light

HVAC SYMBOLS
(TYPICAL)

- RA — RETURN AIR - CEILING
- RA — RETURN AIR - WALL
- SUPPLY - CEILING
- SUPPLY - FLOOR
- SUPPLY - WALL

HVAC NOTES:

-FURN. NOT LOC'D ON HEATED AREA TO BE AS CENTRALLY LOC'D AS POSS. IN ACCORDCE WITH ALL APPLICABLE CODES
-HVAC VENTS AND UNIT TO BE LOCATED AT BUILDER'S DISCRETION
-RETURN AIR REG'S TO BE AS CLOSE TO FURN. UNIT & CENTRALLY LOC'D AS POSS.
-OUTSIDE COMPRESSOR UNIT TO BE LOCATED AS CLOSE TO INT. AIR HANDLER AS POSSIBLE
-OUTSIDE COMPRESSOR UNIT TO BE LOCATEDD 10' AWAY MIN. FROM DRYER VENT

ELECTRICAL NOTES:

BRANCH CIRCUITS THAT SUPPLY 125V, SINGLE PHASE, 15 & 20AMP RECEPTACLE OUTLETS IN DWNNS SHALL BE PROTECTED BY ARC-FAULT CIRCUIT INTERRUPTER, ART. 210-12 (c) 1999NEC

CONFORM ELECT. WIRING & COMPONENTS TO CURRENT NEC PROVISIONS OF 1 & 2 FAMILY DWELLINGS AS REQ'D BY CODE

-OUTLET LOCATIONS ARE REPRESENTATION ONLY.
-ACTUAL OUTLET LOCATIONS MAY VARY PER LOCAL CODE.

1ST FLOOR PLAN

2ND FLOOR PLAN

D FOR 11 x 17 PAPER

IREDELL COUNTY

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

APPLICATION NUMBER
225728
Issue Date: 03/17/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4723125515.000	181 SPRING MEADOWS LANE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STURGILL JOHN+LINDA	Applicant: AMERICAS HOME PLACE IN
Address: 2821 SW SUN CT PORT ST LUCIE, FL 34953	Address: 1206 GREENLAND DRIVE STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SFD REPLACING PERMIT 140240	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.880	35.00	35.00	15.00	15.00	NOT	X

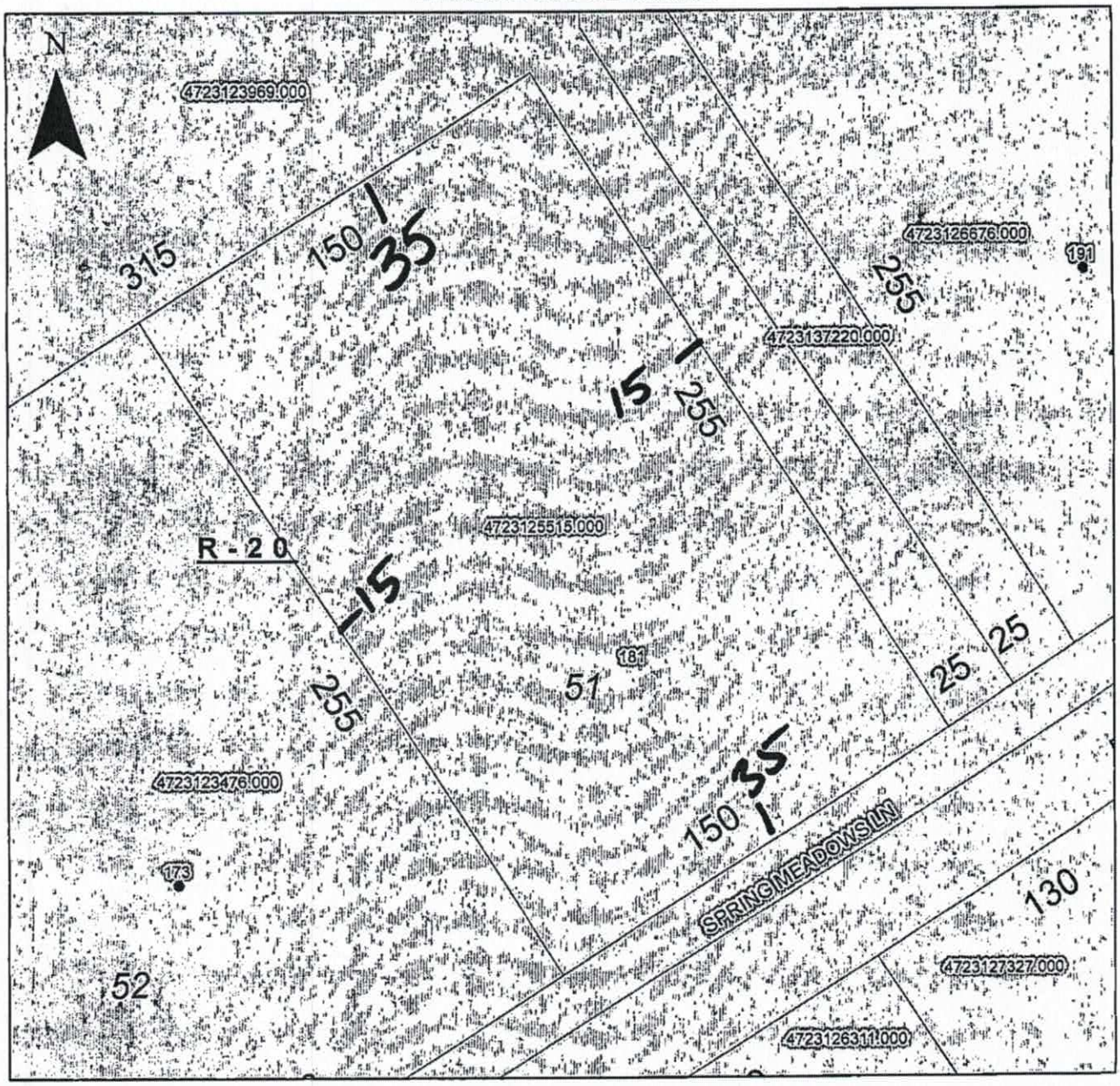
Remarks:

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	96760	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 181 Spring Meadows Ln.

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Applicant

3/17/17
Date