ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP315130

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

PIN # 4723--37--3254

APPLICANT/OWNER: Cornerstone III Properties | APPLICANT ADDRESS: 118 E Kingston Ave Charlotte NC 28203

SITE ADDRESS: 133 Sandtrap Dr Statesville NC 28677 | PHONE: 704-301-3229 | ALT. PHONE

SITE DIRECTIONS: Buffalo Shoals Rd to R on Old Airport Rd, L on Sandtrap Dr, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Brittian Hills | SECTION: - | LOT # 7 | LOT AREA: 0.708 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .25

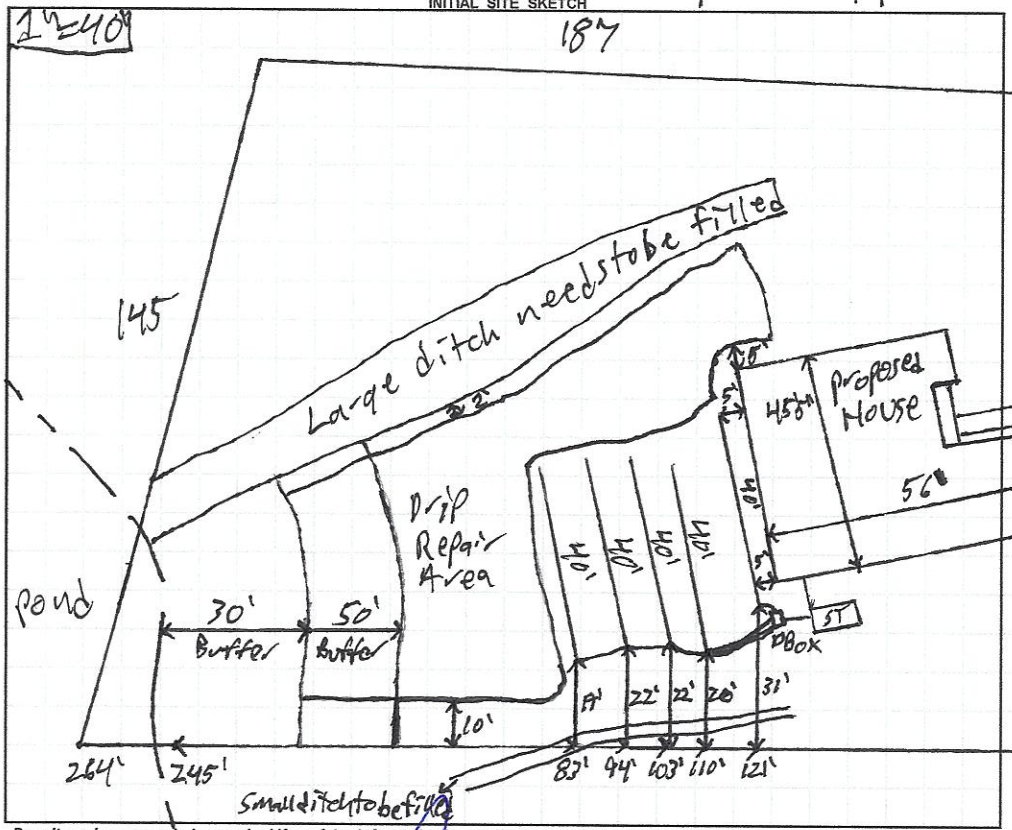
Septic Tank	1000 (gal)	STB	760	Date	4-23-2022	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity Horizontal Panel
Pump Make	—	Model	—	Serial #	—	Repair System Description:	T32 Drip
# Nitrification Fields	1	# Lines	6	Linear Ft:	240'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	14"	Gravel Depth	—	☒ 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: Install lines on contour. DO NOT drive on stone material or manipulate drainfield in any way. All property lines, corners and buffers must be marked during time of installation and inspection. Any part of septic must be 10' off waterline. 8" of approved type 3 soil must be brought in as cover for system. NO foundation drains can be installed around house

INITIAL SITE SKETCH



AS BUILT SKETCH

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

* Lentz called about design problems going to Installed 5 lines @ 48 RL Light + Adding 8ft towards the small ditch - Bottoms

-COVER CHECKED 6"+ OVER SYSTEM
6-20-2022 BCM

SEE ATTACHED

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: [signature] Date: 7/23/21 Installed by: LENTZ Wastewater

IMPROVEMENT PERMIT by: Patrick J Boletti Date: 7/21/2021 OPERATION PERMIT by: Burgess Whitten Date: 6-21-2022

AUTHORIZATION TO CONSTRUCT by: Patrick J Boletti Date: 7/21/2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	6/17/22	DW
Tanks Checked	6/17/22	DW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments: Check 6" soil cover		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4723377245
COUNTY: Iredell

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

OWNER: Cornerstone III Properties
ADDRESS: 118 E Kingston Ave Charlotte NC 28203
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 133 Sandtrap Dr

APPLICATION DATE 1/29/2021
DATE EVALUATED: 3/9/2021
PROPERTY SIZE: 0.78 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	SS 16%	0-5	Topsoil	—	Small bands of Chroma 3 sandy's between 32" and 36"	60"	Litho common from 18" down	some manganese inclusions at bottom	PS, .275
		5-16	CL SBK	Fr SS SP SOP					
		16-60	CL SBK	Fr SS SP SOP					
2	SS 16%	0-4	Topsoil	—	YB mottles throughout Chroma 2 sat 34"	50"	Litho common from 25" to Lony sap at 50"	Chroma 2 sat 34" manganese inclusions	PS, .25 .1 drip
		4-25	CL SBK	Fr SS SP SOP					
		25-50	CL SBK	Fr SS SP SOP					
		50-60	Lony sapmass	VFr					
3	SS 19%	0-4	Topsoil	—	Chroma 2 sat 33"	46"	Litho common from 20" to lony sap at 46"	Chroma 2 sat 33"	PS, .25 .1 drip
		4-18	CSBK/ABK	Fr SS SP SOP					
		18-46	CL WS BK	Fr SS SP SOP					
		46-60	Lony sap						
4	SS 15%	0-5	Topsoil	—	—	36"	Litho common to Lony sap at 36"	some Parent Rx inclusions throughout manganese common at bottom	PS, .25
		5-24	CL SBK/ABK	Fr SS SP SOP					
		24-36	CL SBK	Fr SS SP SOP					
		36-60	Lony sapmass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	3600'
System Type(s)	horizontal lateral	drip
Site LTAR	.25	.1

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

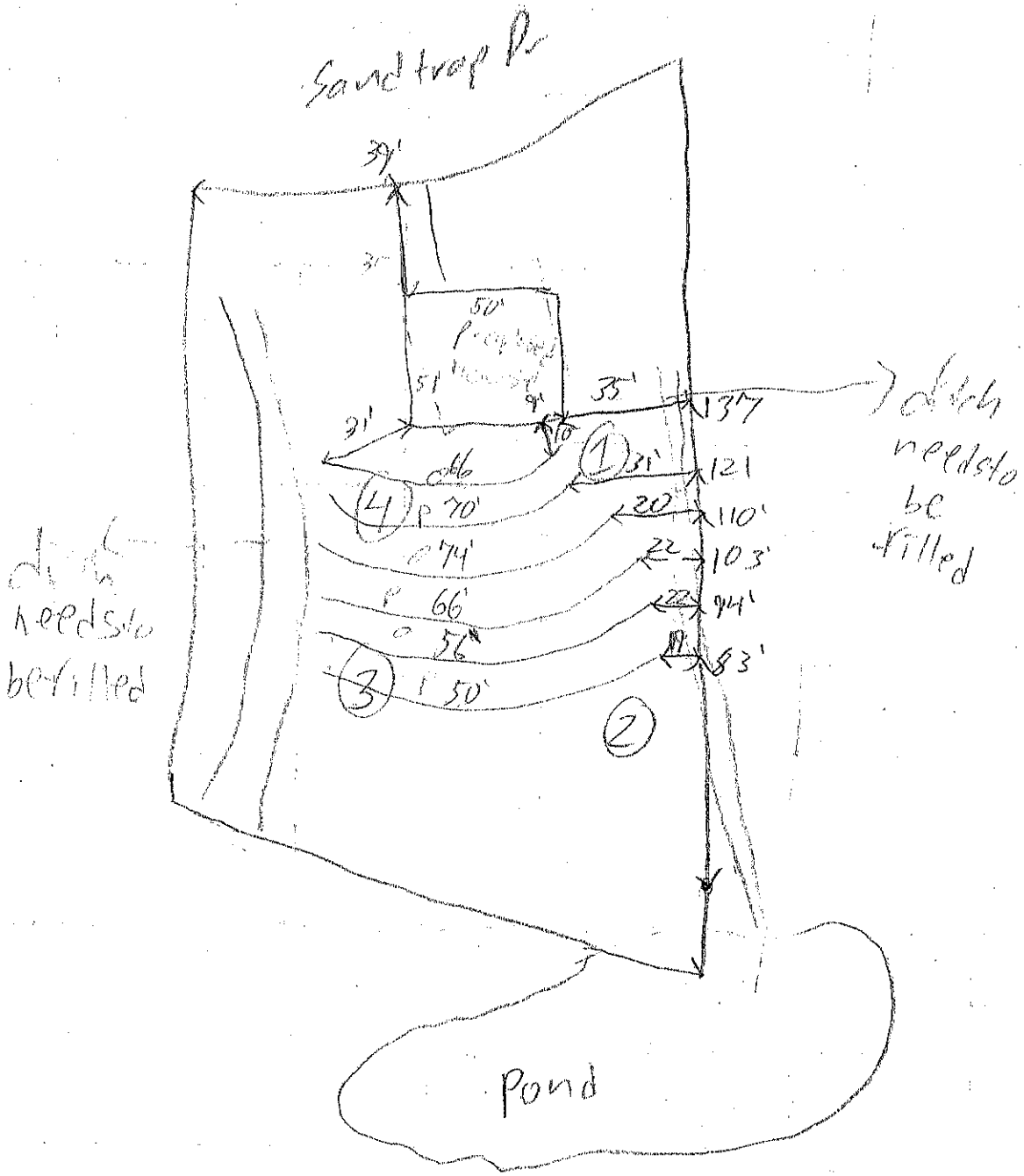
COMMENTS: Sunny Lot needs to be treed Keep as small as possible

Updated February 2014

360 ÷ 25 → 1440 ÷ 3 → 480 x 5 → 240'

360 ÷ .25 → 1440 ÷ 3 → 480 ÷ .75 → 360

61' Approved needs more



X PAID FOR RE LAYOUT X

RECEIVED JUN 2 5 2021

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

Iredell County Health Department – Environmental Health Division

X SEPTIC X PAGE 1: *APPLICATION FORM* AP-315130 $105.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) 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: ( ) 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: (PRINT CLEARLY)

Applicant Name: CORNERSTONE III PROPERTIES Address: 118 EAST KINGSTON AVE, CLT. Zip: 28203
Applicant Email: STAN@CORNERSTONEIIIP.COM Phone: 704 301 3229 Alt. Phone: X
Owner Name: BUTLER RIVER DEVELP. Address: 725 CHERRY RD. Rock Hill SC Zip: 29732
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 133 SANDTRAP DRIVE 4723-37-3254
Subdivision Name: BRITTAIN HILLS Section/Phase: _____ Lot Number: 7
Driving Directions: WEST OLD AIRPORT RD / LEFT ON SANDTRAP DR.

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) 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: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: _____
( ) 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: Stan Cowley 6/25/21
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, PAM HARDING / BULLER RIVER, am the legal owner(s) of the property located at 133 SANDTRAP DR., identified as

PIN (Parcel Identification Number) 4723-37-3254 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) STAN PRESSLEY / CORNERSTONE III _____, 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.

Pam Harding / Buller River Developer — Signature of Owner(s)

6/25/21 — Date

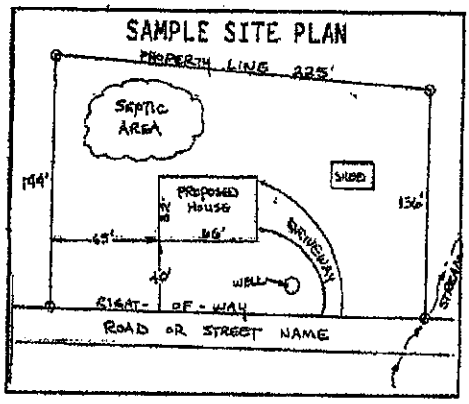
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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:

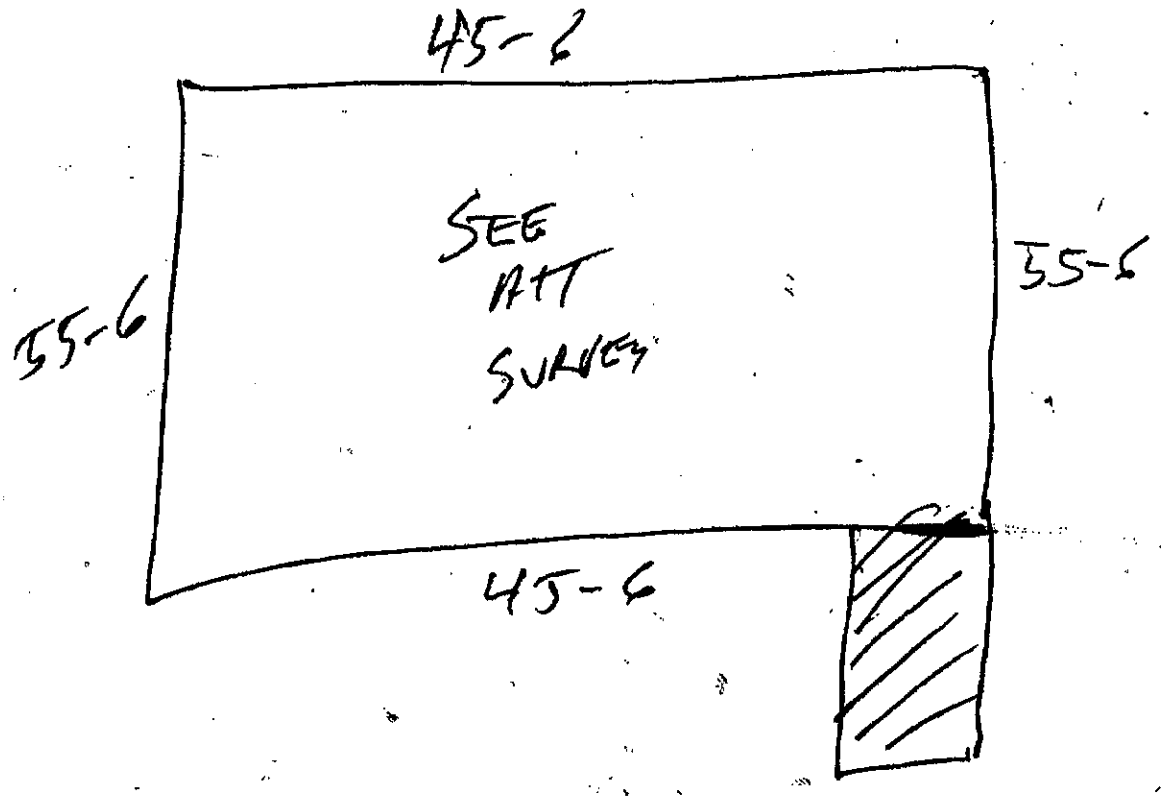
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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

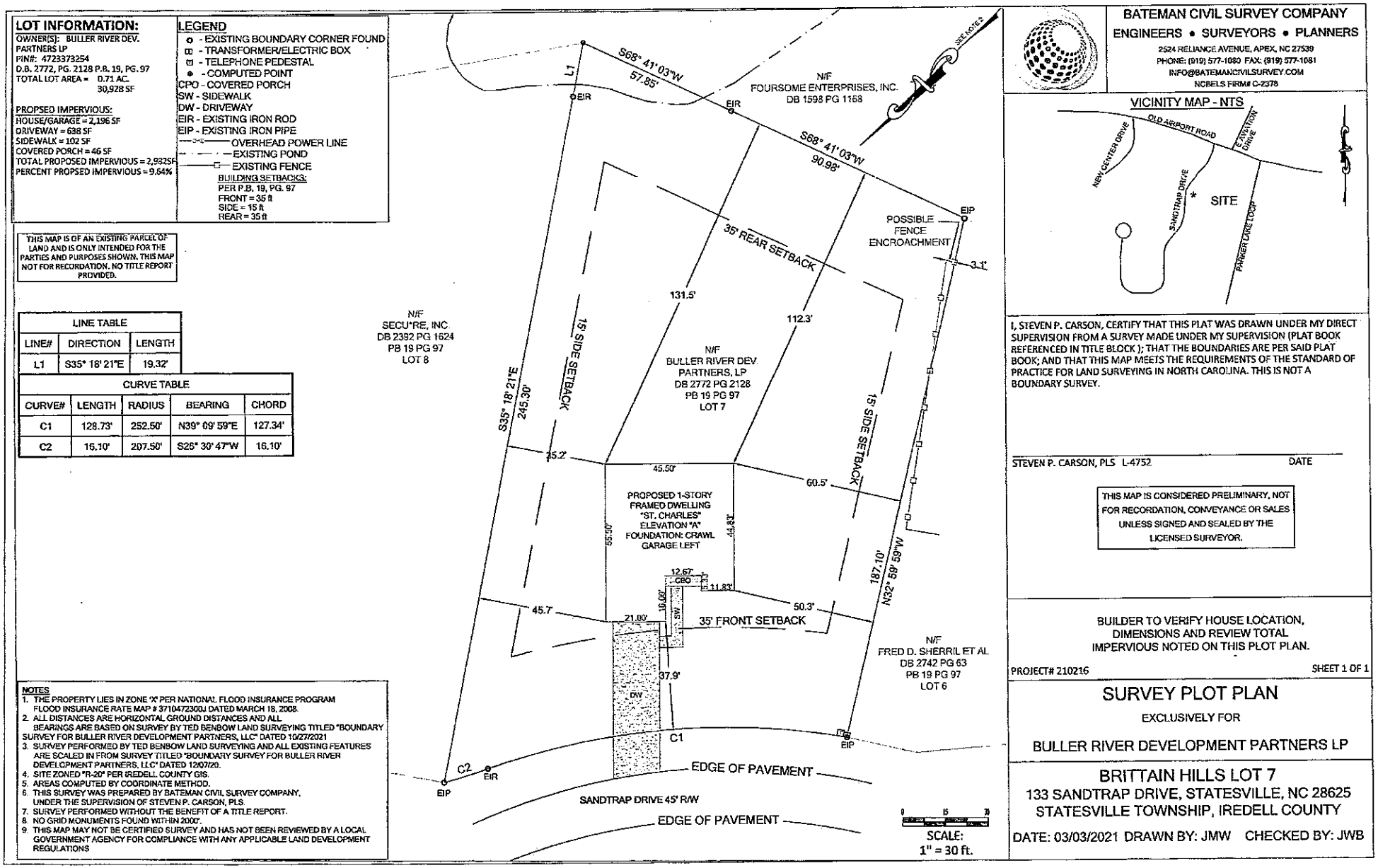
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



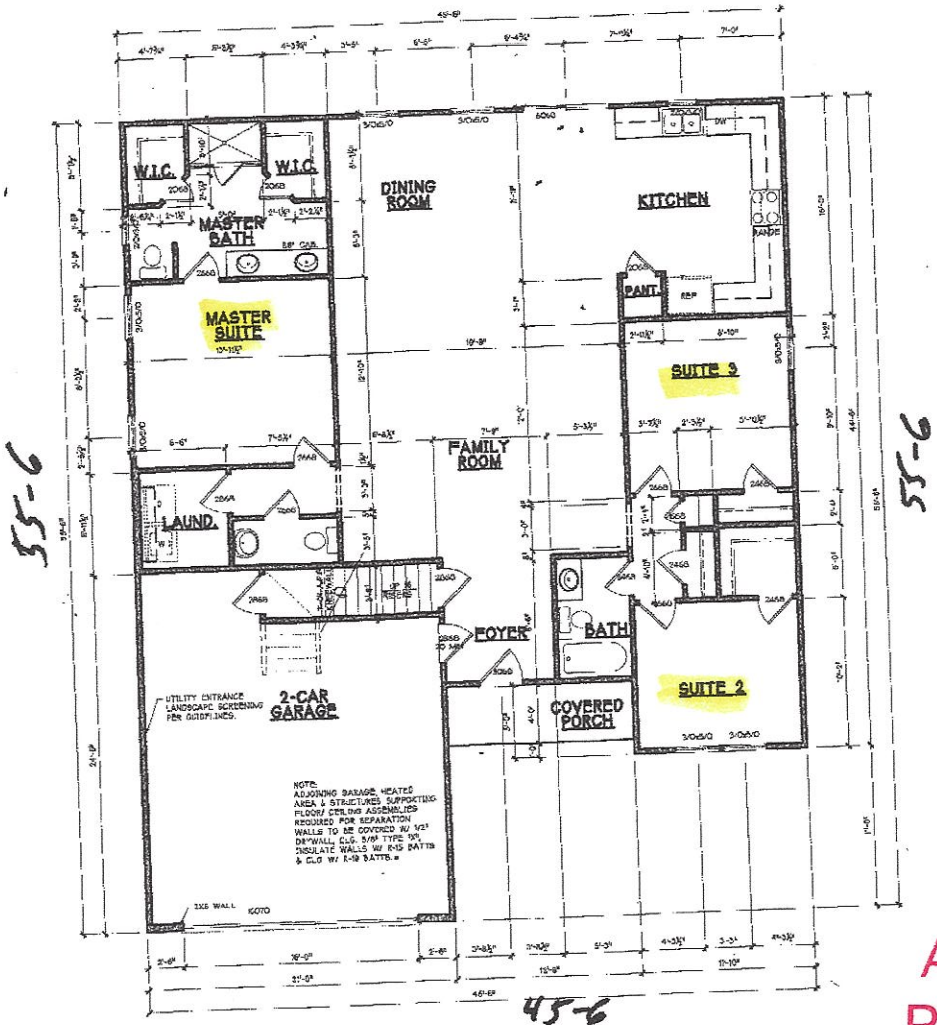
Signature: Tom Crowley

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

DATE 6/25/21


LOT INFORMATION:
OWNER(S): BULLER RIVER DEV. PARTNERS LP
PIN#: 4723373254
D.B. 2772, PG. 2128 P.B. 19, PG. 97
TOTAL LOT AREA = 0.71 AC. 30,928 SF
PROPSED IMPERVIOUS:
HOUSE/GARAGE = 2,196 SF
DRIVEWAY = 638 SF
SIDEWALK = 102 SF
COVERED PORCH = 46 SF
TOTAL PROPOSED IMPERVIOUS = 2,982SF
PERCENT PROPSED IMPERVIOUS = 9.64%
LEGEND
- EXISTING BOUNDARY CORNER FOUND
- TRANSFORMER/ELECTRIC BOX
- TELEPHONE PEDESTAL
- COMPUTED POINT
CPO - COVERED PORCH
SW - SIDEWALK
DW - DRIVEWAY
EIR - EXISTING IRON ROD
EIP - EXISTING IRON PIPE
OVERHEAD POWER LINE
EXISTING POND
EXISTING FENCE
BUILDING SETBACKS:
PER P.B. 19, PG. 97
FRONT = 35 ft
SIDE = 15 ft
REAR = 35 ft
THIS MAP IS OF AN EXISTING PARCEL OF LAND AND IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.
LINE TABLE
LINE# DIRECTION LENGTH
L1 S35° 18' 21"E 19.32'
CURVE TABLE
CURVE# LENGTH RADIUS BEARING CHORD
C1 128.73' 252.50' N39° 09' 59"E 127.34'
C2 16.10' 207.50' S26° 30' 47"W 16.10'
NOTES
1. THE PROPERTY LIES IN ZONE 'X' PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP # 3710472300J DATED MARCH 18, 2008.
2. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE BASED ON SURVEY BY TED BENBOW LAND SURVEYING TITLED "BOUNDARY SURVEY FOR BULLER RIVER DEVELOPMENT PARTNERS, LLC" DATED 10/27/2021
3. SURVEY PERFORMED BY TED BENBOW LAND SURVEYING AND ALL EXISTING FEATURES ARE SCALED IN FROM SURVEY TITLED "BOUNDARY SURVEY FOR BULLER RIVER DEVELOPMENT PARTNERS, LLC" DATED 12/07/20.
4. SITE ZONED "R-20" PER IREDELL COUNTY GIS.
5. AREAS COMPUTED BY COORDINATE METHOD.
6. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY COMPANY, UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
7. SURVEY PERFORMED WITHOUT THE BENEFIT OF A TITLE REPORT.
8. NO GRID MONUMENTS FOUND WITHIN 2000'.
9. THIS MAP MAY NOT BE CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS
L1
S68° 41' 03"W
57.85'
EIR
N/F
FOURSOME ENTERPRISES, INC.
DB 1598 PG 1168
SEE NOTE 2
S68° 41' 03"W
90.98'
EIP
POSSIBLE FENCE ENCROACHMENT
3.1'
35' REAR SETBACK
131.5'
112.3'
N/F
SECU*RE, INC.
DB 2392 PG 1624
PB 19 PG 97
LOT 8
15' SIDE SETBACK
N/F
BULLER RIVER DEV. PARTNERS, LP
DB 2772 PG 2128
PB 19 PG 97
LOT 7
15' SIDE SETBACK
S35° 18' 21"E
245.30'
45.2'
45.50'
60.5'
PROPOSED 1-STORY FRAMED DWELLING "ST. CHARLES" ELEVATION "A" FOUNDATION: CRAWL GARAGE LEFT
55.50'
44.83'
12.67'
CPO
11.83'
16.66'
SW
187.10'
N32° 59' 59"W
45.7'
21.00'
50.3'
35' FRONT SETBACK
37.9'
DW
N/F
FRED D. SHERRIL ET AL
DB 2742 PG 63
PB 19 PG 97
LOT 6
C1
EIP
C2
EIR
EIP
EDGE OF PAVEMENT
SANDTRAP DRIVE 45' R/W
EDGE OF PAVEMENT
0 15 30
SCALE:
1" = 30 ft.
BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2524 RELIANCE AVENUE, APEX, NC 27539
PHONE: (919) 577-1080 FAX: (919) 577-1081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM# C-2378
VICINITY MAP - NTS
NEW CENTER DRIVE
OLD AIRPORT ROAD
E. ARATHONT DRIVE
SANDTRAP DRIVE
SITE
PARKER CARE COOP
I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK REFERENCED IN TITLE BLOCK); THAT THE BOUNDARIES ARE PER SAID PLAT BOOK; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA. THIS IS NOT A BOUNDARY SURVEY.
STEVEN P. CARSON, PLS L-4752
DATE
THIS MAP IS CONSIDERED PRELIMINARY, NOT FOR RECORDATION, CONVEYANCE OR SALES UNLESS SIGNED AND SEALED BY THE LICENSED SURVEYOR.
BUILDER TO VERIFY HOUSE LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN.
PROJECT# 210216
SHEET 1 OF 1
SURVEY PLOT PLAN
EXCLUSIVELY FOR
BULLER RIVER DEVELOPMENT PARTNERS LP
BRITTAIN HILLS LOT 7
133 SANDTRAP DRIVE, STATESVILLE, NC 28625
STATESVILLE TOWNSHIP, IREDELL COUNTY
DATE: 03/03/2021 DRAWN BY: JMW CHECKED BY: JWB

45-6



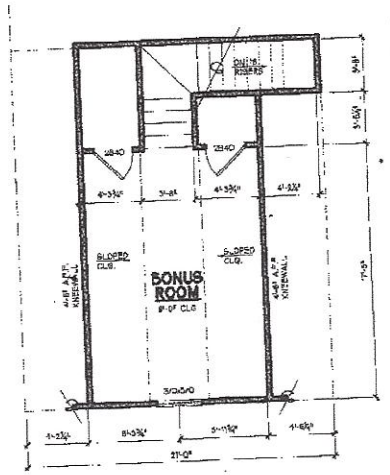
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55-6

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1 / 4.0 FIRST FLOOR PLAN

SCALE: 1/8"=1'-0" (11"x17" SHEET SIZE)
SCALE: 1/4"=1'-0" (22"x36" SHEET SIZE)



2 / 4.0 SECOND FLOOR PLAN

SCALE: 1/8"=1'-0" (11"x17" SHEET SIZE)
SCALE: 1/4"=1'-0" (22"x36" SHEET SIZE)

FIRST FLOOR NOTES:

- FULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED

DIMENSIONS

- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING
- INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- ALL INTERIOR DOORS ARE 4" FROM WALL UNLESS NOTED OTHERWISE
- WHEN HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- MASTER MOUNTS SHALL BE PLACED ON ALL EXTERIOR LIGHTS AND HOSE BIBBS.
- FRAMED CAVITY WALLS BE. TUBS, SHOWERS, STAIRS & FIREPLACES SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE.
- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF OR EQUAL TO OR GREATER THAN 72" BFF. MUST HAVE WOOD & MAY BE SUBJECT TO FALL PROTECT RULE
- ALL SHEETROCK OPENING SHALL BE 1/2" BELOW CEILING TYP. U.N.O.
- ALL PANTRY/LINEN SHALL HAVE (6) 12" SHELVES TYP., UNO.

SQUARE FOOTAGE:

1ST FLR.	1849 SQ. FT.
2ND FLR.	325 SQ. FT.
TOTAL HEATED:	2174 SQ. FT
FRONT PORCH:	44 SQ. FT
TOTAL UNHEATED:	44 SQ. FT
[illegible] BAR.	487 SQ. FT.
TOTAL UNDER ROOF:	2661 SQ. FT.

Acknowledgement Of Plans Submittal ONLY!

Stan Presley Date 7/23/21

Patrick J Byrd III Date 7/21/2021

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
ST. CHARLES RESIDENCE

PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY: CORNERSTONE III
CHECKED BY: STAN PRESLEY
FILE NUMBER: 20-2287.CHARLES

SHEET TITLE
ELEV
FLOOR PLAN

SHEET NUMBER
4.0A