ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305

PIN # 4726 --36 --3728

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

APPLICANT/OWNER: Sherrie & Jimmy Dean
APPLICANT ADDRESS: Sams Way Statesville
PHONE: N/A
ALT. PHONE
SITE ADDRESS: 120 Sams Way Statesville NC
SAP CONTROLLED: ☐ YES ☒ NO
SITE DIRECTIONS: Hwy 115N @ Midway Rd @ Short Dog @ Sams Way
DESIGN FLOW: 480 L.T.A.R.: .30
SUBDIVISION: Beagle Run
SECTION: 2 LOT # 49 LOT AREA: 1.068 Ac

Septic Tank	1000 (gal)	STB	ID12	Date	5-14-22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	LP-PPBPS - 50% Reduction		
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36	Trench Bottom Depth(Low side)	30 in	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:

* Per updated Sams deed does not impact Septic Area 5/3/2022

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group PA

LSS # 1313 Dated Sept 16, 2021

A/C E-MAILED 3-30-22 @

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.

Installed as Drawn

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: Kathleen Saunders Date: 10-7-21

IMPROVEMENT PERMIT by: Benjamin A Batts Date: 9/29/21

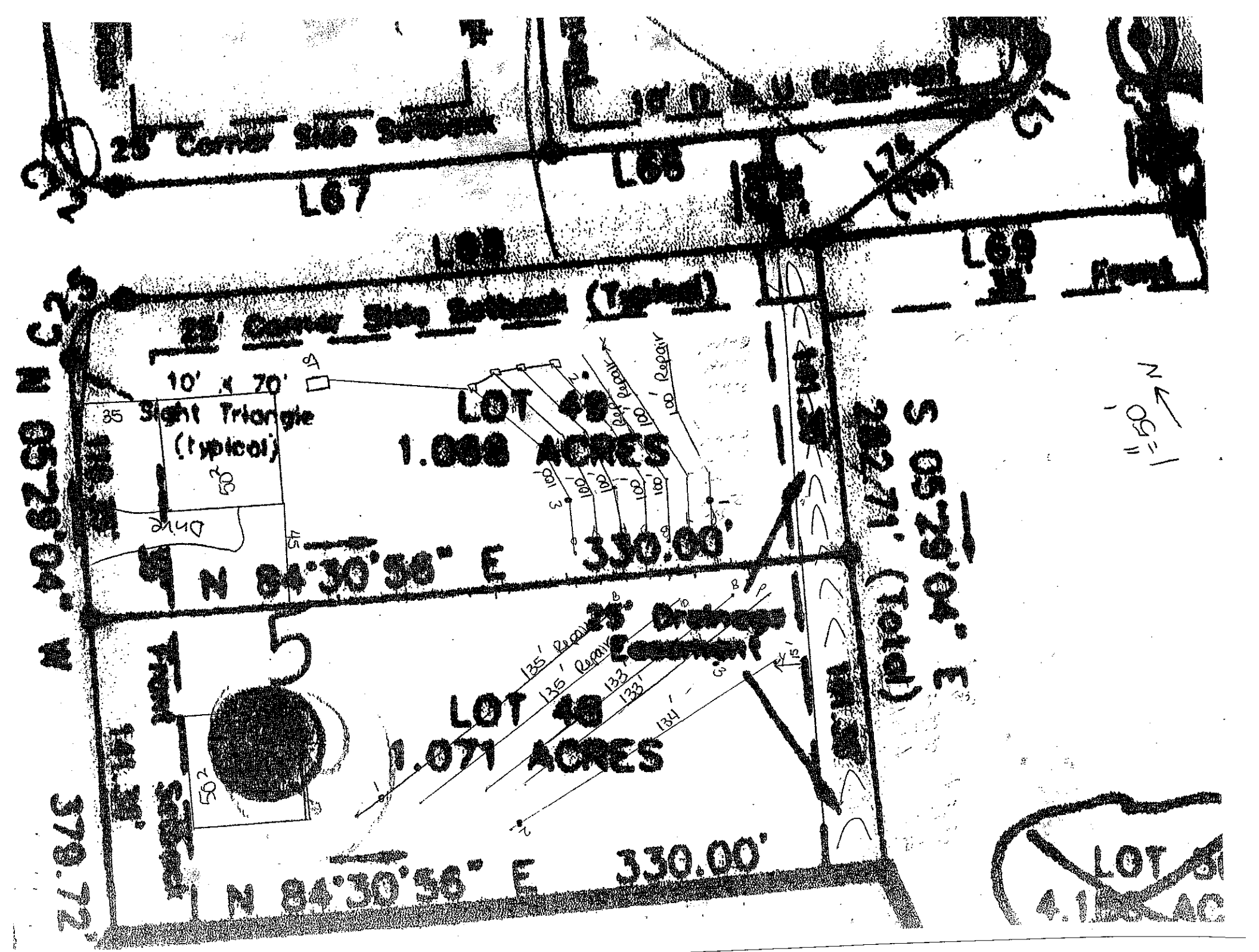
AUTHORIZATION TO CONSTRUCT by: Cary Whitt Date: 3/24/22

Installed by: Steve Jordan Date: 8-18-22

OPERATION PERMIT by: Matt Wilson Date:

Existing System Inspected by:

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


25' Common Side Setback
L67
L68
L69
25' Common Side Setback (Typical)
10' x 70'
35
Sight Triangle
(Typical)
LOT 48
1.088 ACRES
100' Repair
330.00'
N 84°30'56" E
25' Drainage Easement
135' Repair
133'
LOT 49
1.071 ACRES
330.00'
N 84°30'56" E
N 04°29'04" W 330.00'
S 04°29'04" E 330.00'
LOT
4.1 AC

Beagle Run Lot 49 - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
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)	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	300
Repair Loading Rate	0.3
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Orange	25% Reduction	100 endfed
2	System	Yellow	25% Reduction	100 endfed
3	System	Pink	25% Reduction	100 endfed
4	System	Orange	25% Reduction	100 endfed
5	Repair	Blue	LP PPBPS	100
6	Repair	Yellow	LP PPBPS	100
7	Repair	Pink	LP PPBPS	100
				Total System: 400'
				Total Repair: 300'

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

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

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

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

OWNER: Jimmy & Shemie Dean
ADDRESS:
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 49 Beagle Run
APPLICATION DATE
DATE EVALUATED: 8/2/21
PROPERTY SIZE: 1.068 Ac/
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-34	Mo SBKC	FR SS/SP	R; F Mn Ca R; C Sap	48+	N/A	N/A	0.3
		34-48	WK SBK Ca	↓					
2	L 10%	0-26	Mo SBKC	FR SS/SP	R R; C Sap	48+	N/A	N/A	0.3
		26-48	WK SBK Ca	↓					
3	L 10%	0-36	Mo SBKC	FR SS/SP	R R; C Sap	48+	N/A	N/A	0.3
		36-48	WK SBK Ca	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IV
Site LTAR	0.3	0.3

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

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
STATE OF NORTH CAROLINA
1313

COMMENTS: ___

Kathleen Saunders

Updated February 2014

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Lot 49 Beagle Run Subdivision

Date: September 16, 2021

Attached is the septic specification information required to permit Lot 49 Beagle Run for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell 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 before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: DON CRAYTON Address: 3501 MOUNTAIN HILL DR WAKE FOREST Zip: 27587
Applicant Email: DON@VELOCITYCMOPS.com Phone: 919-422-6631 Alt. Phone: _____
Owner Name: GREYSTONE REALTY GROUP LLC Address: SAME ↑ Zip: _____
Owner Email: SAME Phone: SAME Alt. Phone: _____

Property Information:

Street Address: 120 SAMS WAY STATESVILLE NC 28625
Subdivision Name: BEAGLE RUN Section/Phase: II Lot Number: 49
Driving Directions: I-77 NORTH, LEFT ON MIDWAY RD, LEFT ON START DOG DR, ~~RIGHT~~ LEFT ON SAMS WAY

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2370 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: 3

( ) 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: _____ 03/23/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ _____ 03/23/22
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

RECEIVED SEP 2 3 2021 Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-321771 Paid $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Sherrie & Jimmy Dean Address: Sams Way Statesville Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 120 Sams Way Statesville NC

Subdivision Name: Beagle Run Section/Phase: _____ Lot Number: 49

Driving Directions: Hwy 115 N, L Midway Rd, L Short Dog, L Sams Way

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: _____ Number of Persons: _____
( ) Multi-connection Well Number of Houses: _____
( ) 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 ( ) 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 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: Kathleen Saunders 9-16-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Sherrie Dean, am the legal owner of the property located at 120 Sams Way, Statesville, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders - The Oaks Group, PA, _____, _____, _____, _____, 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.

Sherrie Dean — 9/1/21

Signature of Owner — Date

_____ — _____

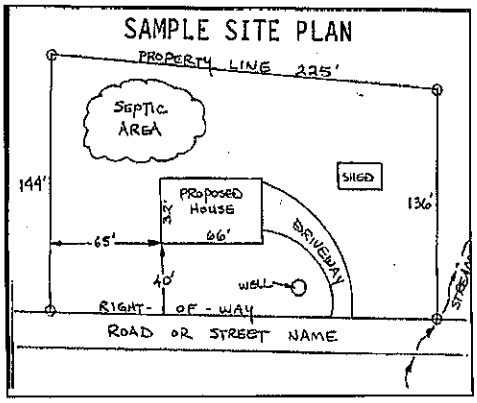
Signature of Witness — Date

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

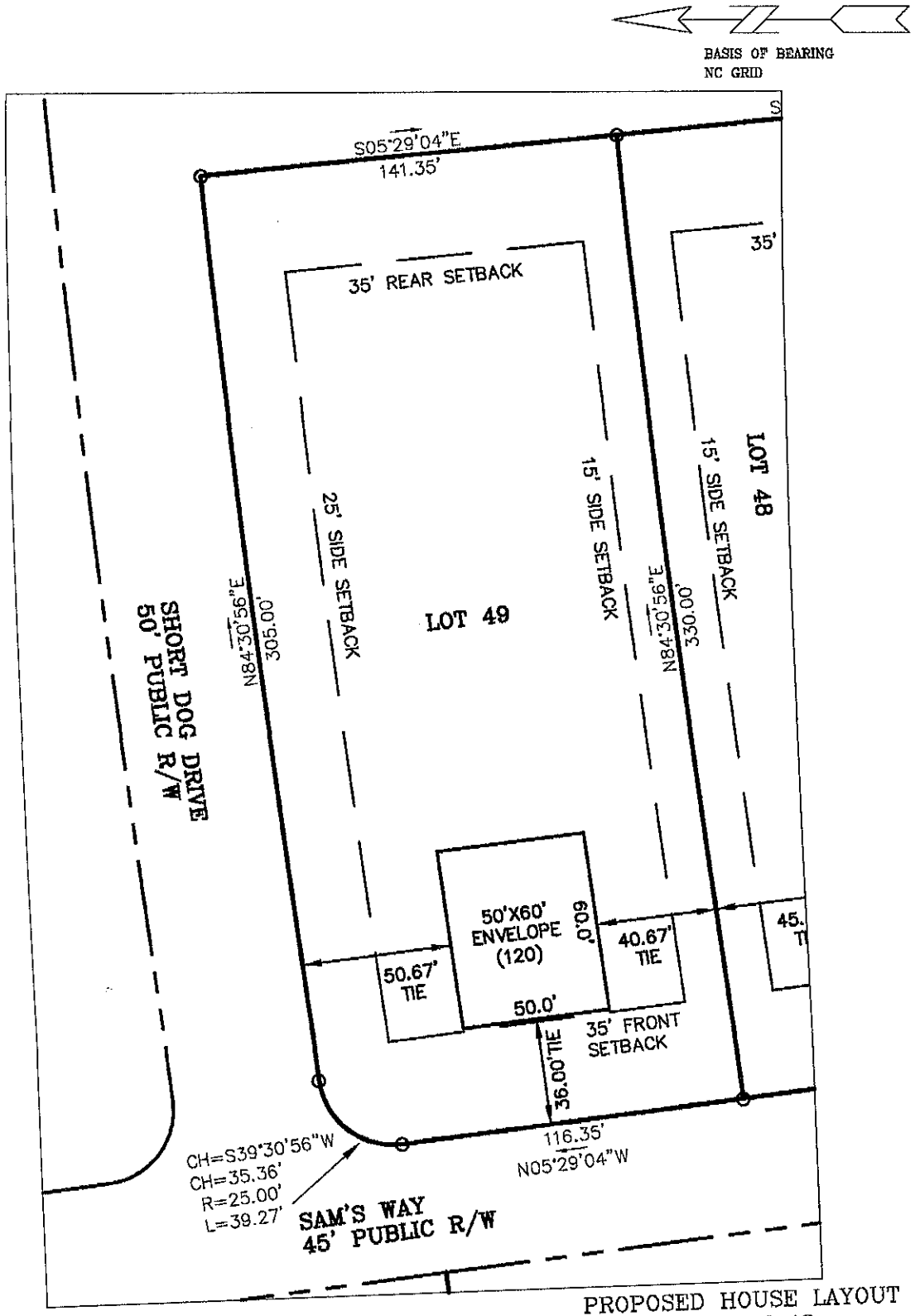
SEE ATTACHED

Signature: [signature] MKea

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

03/23/22

DATE



GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

1 inch = 50 ft.

PROPOSED HOUSE LAYOUT FOR
LOT 49
BEAGLE RUN SUBDIVISION
PHASE II
PLAT BOOK 57, PAGE 1 & 2

120 SAM'S WAY, STATESVILLE, NC

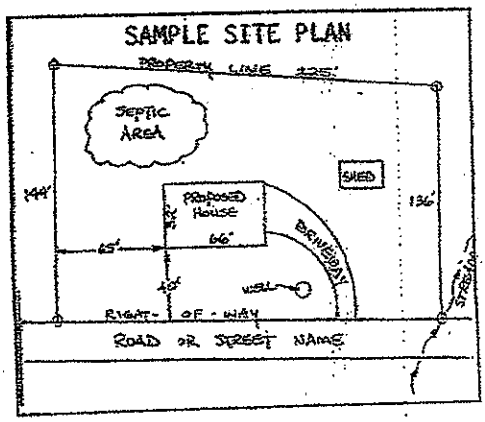
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) 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)

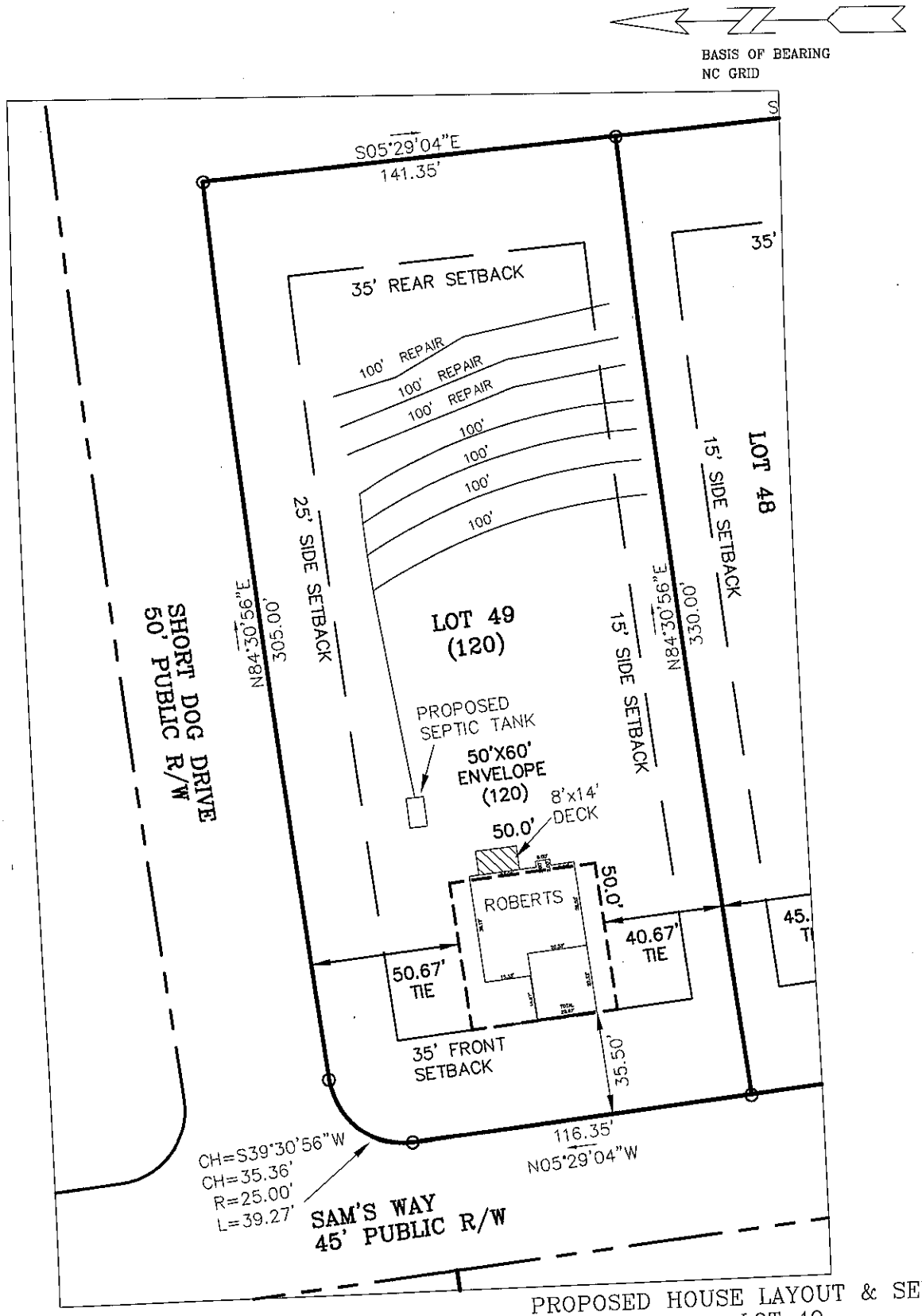
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Please see Attached

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

9-16-21
DATE



GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

1 inch = 50 ft.

PROPOSED HOUSE LAYOUT & SEPTIC FOR
LOT 49
BEAGLE RUN SUBDIVISION
PHASE II
PLAT BOOK 57, PAGE 1 & 2

120 SAM'S WAY, STATESVILLE, NC

Acknowledgement Of Plans Submittal ONLY!

Date 3-24-23

Date 3/24/23

1 FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

SQUARE FOOTAGE			
	HEATED S.F.	UNHEATED S.F.	
FIRST FLOOR	1146	0	
SECOND FLOOR	1224	0	
FRONT PORCH			107
PATIO / DECK			120
GARAGE			459
TOTAL	2370		686

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 4" THICK U.N.O. ANGLED WALL ARE DRAWN @45° U.N.O.

SMOKE DETECTORS:
LOCATION AND NUMBER OF DETECTORS SHALL CONFORM TO NEC.

EGRESS:
ALL BEDROOMS MUST HAVE AT LEAST ONE WINDOW WHICH CONFORMS TO R310 OF THE N.C. BLDG. CODE. IT IS THE CONTRACTORS RESPONSIBILITY TO VERIFY CHOSEN WINDOWS MEET EGRESS REQUIREMENTS AS MANUFACTURERS VARY.

ATTIC ACCESS:
MIN. ATTIC ACCESS SHALL BE PROVIDED BY BUILDER AND LOCATED ON SITE.

WALL/CEILING HGT.
WALL AND CEILING HEIGHT NOTES ARE BASED ON NOMINAL WALL SIZE.
KNEE WALL HEIGHT LABELS FOR WALLS UNDER RAFTERS ASSUME AN EXTRA 2" FOR FURRING (IN HEATED SPACES) HEIGHT REFERS TO THE HGT. FROM INSULATION. THE WALL FROM THE FLOOR DECKING TO THE BOTTOM OF THE FURRING.

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SOUTH DESIGNS
P.O. Box 688
Wake Forest, NC 27588
(O) 919-556-2226
(F) 919-556-2226
www.southdesignsinc.com

Drawn By:	RWB
Checked By:	RWB
Date:	7-11-2018
Revision No.	Revision Date

Designer Signature

This plan is the property of South Designs, Inc. and may not be used or reproduced without the expressed written consent of South Designs, Inc. These drawings are to be used for the named client & contract use only. This construction plan is not to be sold or provided to any other party for any reason.

Each individual lot must be verified for any/all dimensions and conditions prior to starting any work. Contractor or builder assumes all responsibility for these drawings. Changes will be made to these drawings only when signed by the designer.

Client

Title: FIRST FLOOR PLAN

Plan No. 2370 - Roberts

Sheet No. A-1

Acknowledgement Of Plans Submittal ONLY!

PM

Date 3-24-22

Guy Wil

Date 3/24/22

SECOND FLOOR PLAN

1 SCALE: 1/4" = 1'-0"

SQUARE FOOTAGE			
	HEATED S.F.	UNHEATED S.F.	
FIRST FLOOR	1146	0	
SECOND FLOOR	1224	0	
FRONT PORCH		107	
PATIO / DECK		120	
GARAGE		439	
TOTAL	2370		666

GENERAL NOTES

WALLS:
ALL WALLS ARE DRAWN 4" THICK U.N.O. ANGLED WALL ARE DRAWN @45° U.N.O.

SMOKE DETECTORS:
LOCATION AND NUMBER OF DETECTORS SHALL CONFORM TO NEC.

EGRESS:
ALL BEDROOMS MUST HAVE AT LEAST ONE WINDOW WHICH CONFORMS TO R310 OF THE N.C. BLDG. CODE. IT IS THE CONTRACTORS RESPONSIBILITY TO VERIFY CHOSEN WINDOWS MEET EGRESS REQUIREMENTS AS MANUFACTURERS VARY.

ATTIC ACCESS:
MIN. ATTIC ACCESS SHALL BE PROVIDED BY BUILDER AND LOCATED ON SITE.

WALL/CEILING HGT.
WALL AND CEILING HEIGHT NOTES ARE BASED ON NOMINAL KNEE WALL HEIGHT LABELS FOR WALLS UNDER RAFTERS ASSUME AN EXTRA 2" FOR FURRING (IN HEATED SPACES) FOR INSULATION. THE WALL HEIGHT REFERS TO THE HGT. FROM THE FLOOR DECKING TO THE BOTTOM OF THE FURRING.

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Sheet No.	A-2
Plan No.	2370 - Roberts
Title	SECOND FLOOR PLAN
Client	

Revision No.	Revision Date

Drawn By: RWB
Checked By: RWB
Date: 7-11-2018

Designer Signature

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IREDELL COUNTY · NC

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

APPLICATION NUMBER
321771 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726363728.000	120 SAMS WAY	Iredell County

Owner Information	Applicant Information
Name: DEAN JAMES T+SHERRIE L Address: Phone:	Name: THE OAKS GROUP Address: 121 HOLT LN MOORESVILLE, NC 28117 Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.068	35	35	15	25		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.

Date: 09/23/2021

Signature of Owner/Contractor

Permit Number	321771

TOTAL FEES:	$77.25