ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 305370.

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

PIN # 4726475534.000.

APPLICANT/OWNER: Jimmy Faires / CS+SC

APPLICANT ADDRESS: 6633 Midway Rd Statesville NC 28625

SITE ADDRESS: 151 Short Dog Drive Statesville NC 28625

PHONE: 704-361-0412 ALT. PHONE —

SITE DIRECTIONS: Hwy 115 N. From Statesville TL on Midway TL on Short dog First open Field.

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Beagle Run

SECTION: 1 LOT # 2 LOT AREA: 6.568 Acres.

DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	6-1-2020
Pump Tank	— (gal)	PT		Date	
Pump Make	—	Model		Serial #	
# Nitrification Fields	1	# Lines	4	Linear Ft:	360
Trench Width	36	Trench Bottom Depth(Low side)	33	Gravel Depth	—

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

System Description: Gravity - 25% Reduction

Repair System Description: Gravity - 25% Reduction

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: * See Plan + Design dated. July 19, 2020.

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:

Carolina Soil + Septic Consulting PLLC

LSS # 1314.

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 Dawn

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: 8/10/2020

IMPROVEMENT PERMIT by: [signature] Date: 8-4-2020

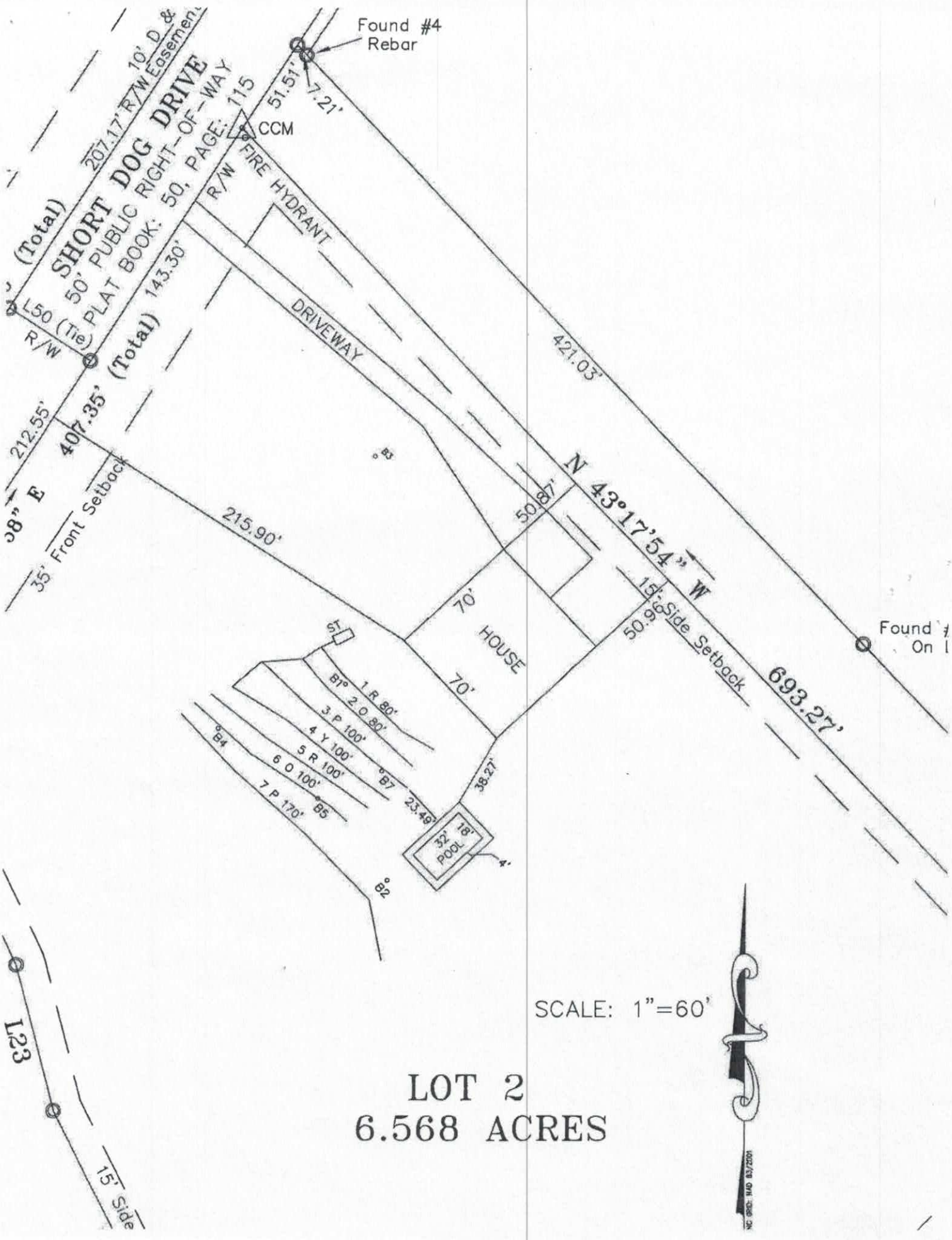
AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-4-2020

Installed by: Grand Breaker

OPERATION PERMIT by: [signature] Date: 8-19-2020

Existing System Inspected by: Date:

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


Found #4 Rebar
SHORT DOG DRIVE
50' PUBLIC RIGHT-OF-WAY
PLAT BOOK: 50, PAGE: 115
207.17' R/W Easement
10' D &
(Total)
51.51'
7.21'
CCM
R/W
FIRE HYDRANT
DRIVEWAY
143.30'
(Total)
407.35'
212.55'
L50 (Tie)
R/W
38" E
35' Front Setback
215.90'
421.03'
N 43°17'54" W
50.87'
50.96'
15' Side Setback
693.27'
Found
On
70'
HOUSE
70'
B1° 1 R 80'
2 O 80'
3 P 100'
4 Y 100'
5 R 100'
6 O 100'
7 P 170'
B4
B5
B6
B7
B2
B3
38.27'
23.49'
32' 18'
POOL
4'
L23
15' Side
SCALE: 1"=60'
LOT 2
6.568 ACRES

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

PROPERTY ID #: 4726475534
COUNTY: IREDELL

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

OWNER: JIMMY FAIRES APPLICATION DATE
ADDRESS: 633 MIDWAY RD., STATESVILLE, NC 28625 DATE EVALUATED: 2/20/2020
PROPOSED FACILITY: RES. PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 6.568 AC.
LOCATION OF SITE: SHORT DOG DR., STATESVILLE; BEAGLES RUN LOT 2 PROPERTY RECORDED:
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X 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
B 1	LSS 8%	0-4	B CL WFSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS
		4-24	R C MFABK	FI S P SEXP	-COM SAP				
		24-38	R C MFABK	FI S P SEXP	-MANY SAP				
		38-48	YR CL WFSBK	FR SS SP SEXP	-MANY SAP				0.275-0.3 GPD/SQFT
B 2	LSS 4%	0-19	B SCL/CL WFSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS
		19-30	R C MFSBK	FI S P SEXP	-FEW MN				
		30-48	R C MFABK	FI S P SEXP	-FEW SAP				0.275 GPD/SQFT
B 4	LSS 3%	0-4	DB CL WFSBK	FR SS SP SEXP	-COM CHARCOAL 0-4"	44"	PS	N/A	PS
		4-13	RB SC WFSBK	FI S SP SEXP	-FEW/COM SAP 30-38"				
		13-30	R C MFSBK/ABK	FI S P SEXP	-COM SAP, FEW/COM R C VEINS 38-44"				0.275 GPD/SQFT
		30-38	R C MFSBK	FI S P SEXP	->50% SAP, COM R C VEINS 44-48"				
		38-44 44-48	R CL WFSBK VAR L SAP M	FR SS SP SEXP FR SS SP SEXP					
B 5	LSS 4%	0-6	B CL WFSBK	FR SS SP SEXP	N/A	49"	N/A	N/A	PS
		6-30	R C MFSBK/ABK	FI S P SEXP					
		30-47	R C MFABK	FI S P SEXP	-FEW SAP				
		47-49	R C MFABK	FI S P SEXP	-COM Y SAP, POSS FEW YB				0.275 GPD/SQFT TO 47"

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY 25%	GRAVITY 25%
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: ADRIAN L. PRUETT
OTHER(S) PRESENT: JACOB CONRAD

LICENSED SOIL SCIENTIST ADRIAN L. PRUETT 1314 STATE OF NORTH CAROLINA

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4726475534
DATE OF EVALUATION: 2/20/20
COUNTY: IREDELL

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	
B 6	LSS 8%	0-6	B CL WFSBK	FR SS SP SEXP	N/A -FEW MN -FEW SAP -COM SAP, FEW R C VEINS	48"	N/A	N/A	PS 0.275 GPD/SQFT
		6-24	R C WFSBK	FI S P SEXP					
		24-42	R C WF/MFSBK/ABK	FI S P SEXP					
		42-48	YR/R CL WFSBK	FR SS SP SEXP					
B 7	LSS 8%	0-3	BC WFSBK	FI S P SEXP	N/A -FEW YB	48"	N/A	N/A	PS 0.25 GPD/SQFT
		3-19	R C MFSBK/ABK	FI S P SEXP					
		19-35	R C MFABK	FI S P SEXP					
		35-48	R C MFSBK/ABK	FI S P SEXP					

COMMENTS:

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

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

Proposed Revised Design for a 25% Reduction Septic System using Gravity distribution for a 3 bedroom single family residence on Lot 2 of Beagle Run Phase 1 Subdivision, in Statesville , Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
Design Specifications---------- 2
Layout Specifications---------- 3

Site Plan/System Plan---------- 4-5

Dosing Calculations---------- 6

Revised
July 19, 2020
Job Number: 20040
Design By: Adrian L. Pruett



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as an Accepted 25% reduction Gravity installation.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

Owner: Jimmy Faires
Address: 633 Midway Rd.
Statesville, NC 28625

Client: Jimmy Faires
Address: 633 Midway Rd.
Statesville, NC 28625
Contact: Jimmy Faires
Phone: 704-361-0412
County: Iredell
Location: BEAGLES RUN LOT 2, PHASE 1, REVISION

Source of Wastewater Flow: 3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 360
System Flow: NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 360
Loading/Soil Application Rate (gpd/ft.^{2}): 0.250
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 360
Total Lateral Length Required: 360
Trench Depth: 33 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 1080

Trench Spacing on Center: 9 ft.

Repair Trench Spacing: 9 ft.
Repair Trench Depth: 30 in.
Repair Trench Width: 36 in.

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 8
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 2.88
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by Adrian L. Pruett LSS

BEAGLES RUN LOT 2, PHASE 1, REVISION
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM RESIDENCE

July 19, 2020

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***RED***	*NA*	*NA*	*83*	*80*
2	***ORANGE***	*NA*	*NA*	*91*	*80*
3	***PINK***	*NA*	*NA*	*160*	*100*
4	***YELLOW***	*NA*	*NA*	*160*	*100*
5	RED	NA	NA	164	100
6	ORANGE	NA	NA	167	100
7	PINK	NA	NA	170	170
			Total	**995**	**730**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***360***	*ACCEPT.*	*0.250*	*25% RED.*	*GRAVITY*
Repair	370	*ACCEPT.*	0.250	25% RED.	GRAVITY

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Septic design revision is for the addition of a swimming pool and reduction of bedrooms in the house from the previous septic design from 4 to 3 bedrooms.**
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS REVISION

Location	BEAGLES RUN
Lot No:	2
Address:	SHORT DOG
No. of Bedrooms	3
Design Flow	360 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2 day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	8 ft.
Supply Line Volume	2.88 gal.
Required Feet of 25% RED. Line	360 ft.
Amount of Line from Layout	360 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	235.08 gal.

RECEIVED JUL 2 3 2020

AP-305370
$105.00

SESSION LAW 114 IN OFFICE LIMITED REDRAW

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: JIMMY FAIRES/CS&SC **Address:** 633 MIDWAY RD., STATESVILLE **Zip:** 28625

Applicant Email: JIMMY.FAIRES@GEOMATICCONCEPTS.COM **Phone:** 704-361-0412 **Alt. Phone:**

Owner Name: SAME **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 151 SHORT DOG DR.

Subdivision Name: BEAGLE RUN **Section/Phase:** 1 **Lot Number:** 2

Driving Directions: HWY 115 N. FROM STATESVILLE, TL ON MIDWAY, TL ON SHORT DOG, FIRST OPEN FIELD ON L

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

CHECK FOUNDATION TYPE

(✓) 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: 3
Maximum Number of Occupants: 6
(✓) 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: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 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: _____ 7/19/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

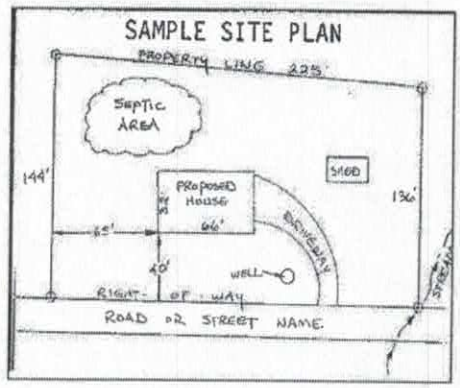
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- N/A( ) 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

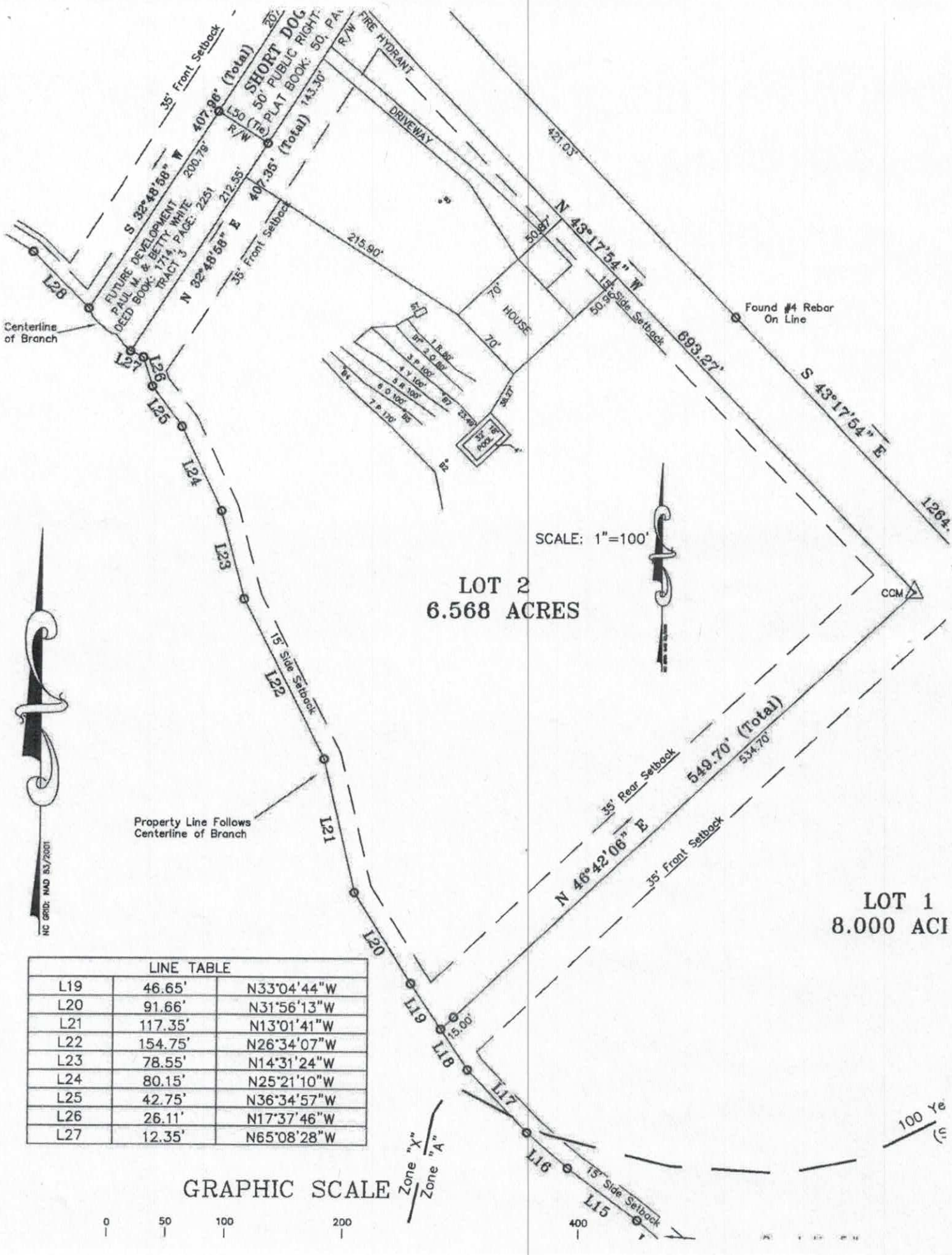
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

SEE ATTACHED SITE PLAN

Signature: _____ 7/19/2020

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



LINE TABLE		
L19	46.65'	N33°04'44"W
L20	91.66'	N31°56'13"W
L21	117.35'	N13°01'41"W
L22	154.75'	N26°34'07"W
L23	78.55'	N14°31'24"W
L24	80.15'	N25°21'10"W
L25	42.75'	N36°34'57"W
L26	26.11'	N17°37'46"W
L27	12.35'	N65°08'28"W

305370

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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.

X

2. I, Thomas Stevenson + Jenny Fuller, am the legal owner(s) of the property located at 151 Shard Dog Road Statesville, identified as PIN (Parcel Identification Number) 4726 47 5534, located in Iredell County, North Carolina.

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

Chad Holloway, America's Home Place Inc, 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

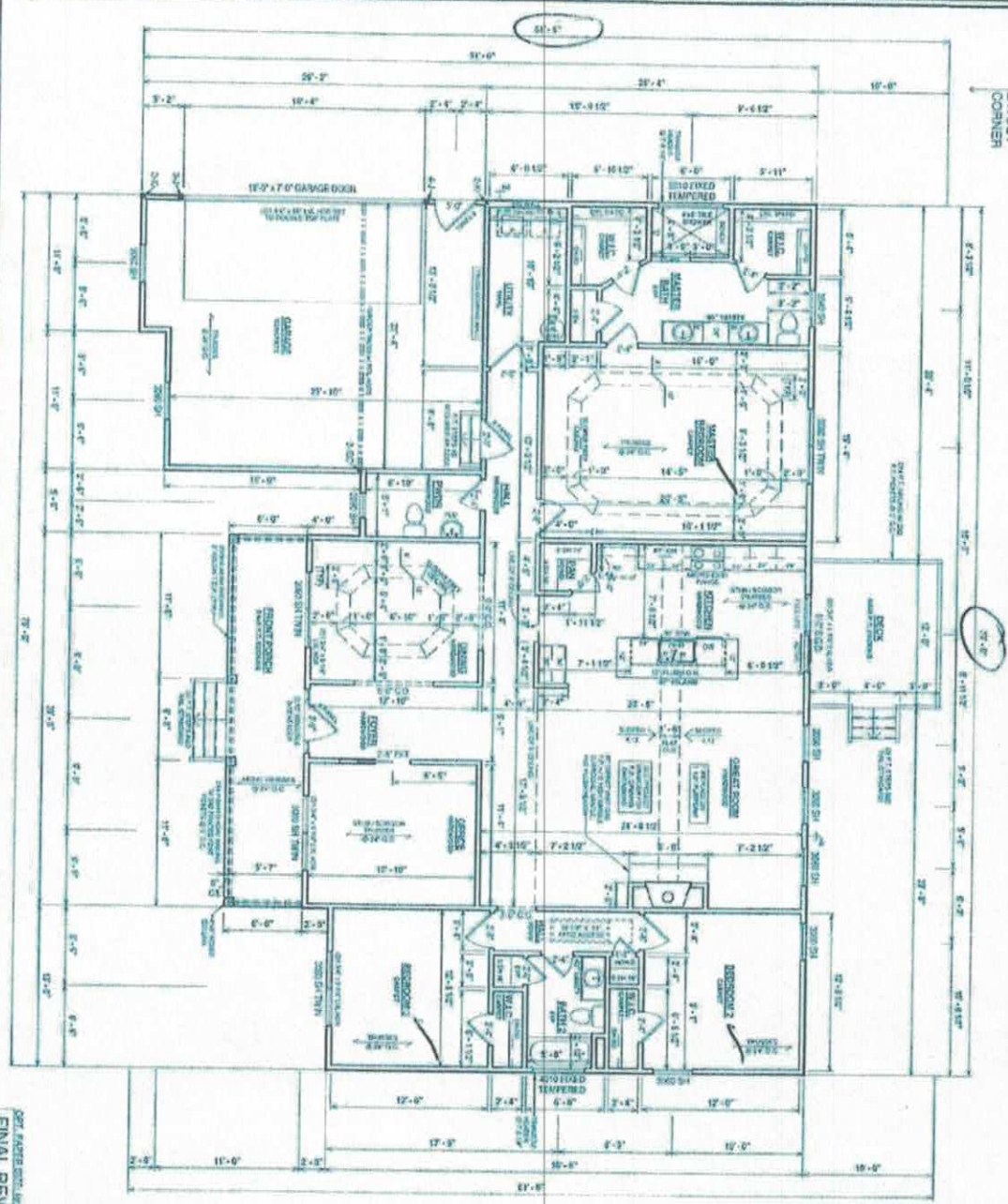
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

X Thomas W. Stevenson Jenny Fuller — Signature of Owner(s)

8-7-20 — 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



Acknowledgement Of Plans Submittal ONLY!

Benjamin A Batts Date 4/20/2020

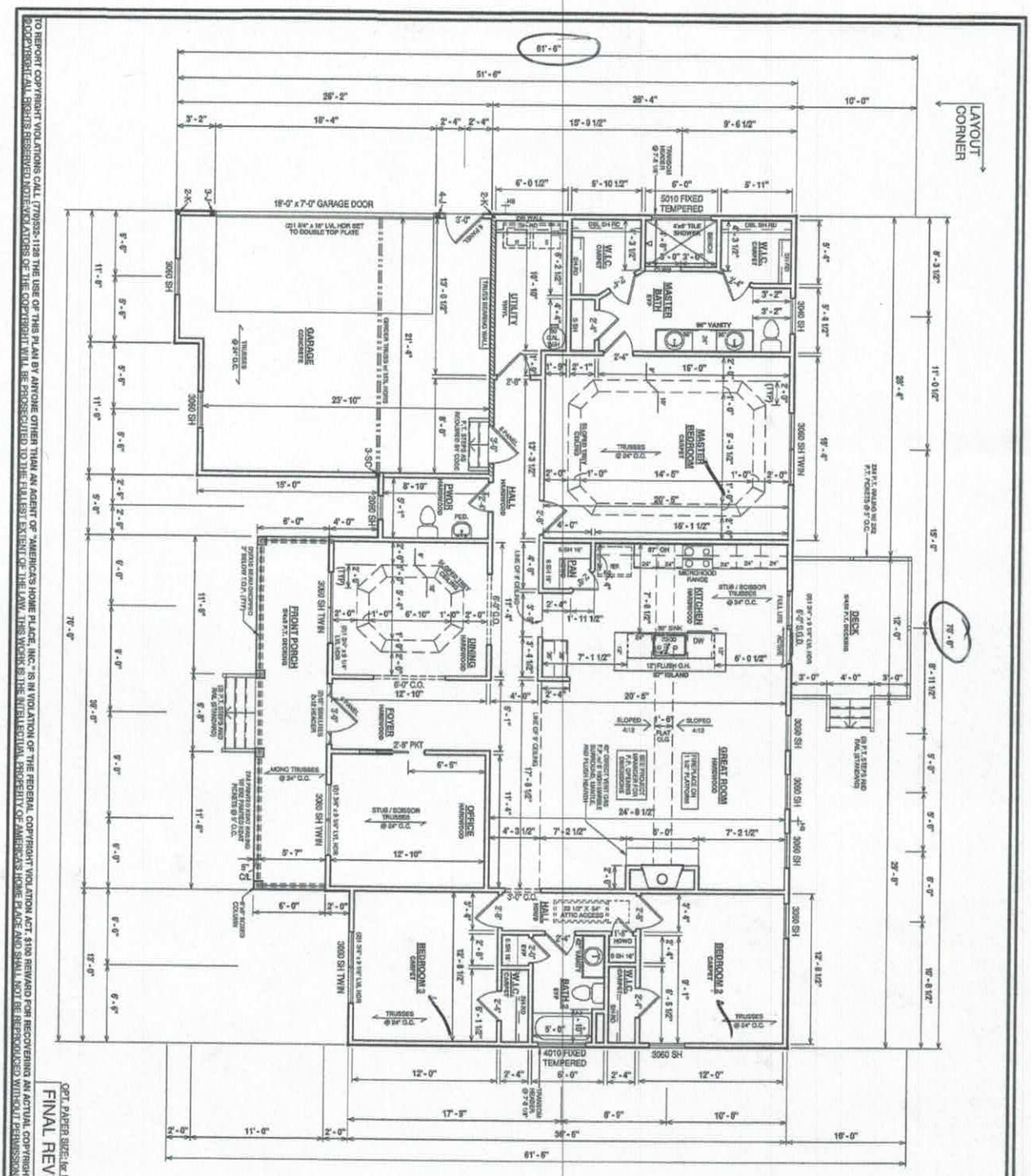
Chad Hunsucker Date 4/21/2020

RECEIVED APR 1 2020

FINAL REVIEW CONSTRUCTION PLANS

SHEET NUMBER: F-2	PROPERTY OF:	DRAWN BY: T. RAWL	JOB#: 87-20-033	TITLE: FRANKLIN - CUSTOM	AREAS:		Revision Schedule
		CHECKED BY: R. THOMPSON	2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED	FOR: JENNY FULLER & THOMAS STEVENSON	FIRST FLOOR HEATED	2,562 SF	Revision Number / Revision Description / Revised Date
		PRINT DATE: 4/15/2020 2:14:11 PM	FOUNDATION TYPE: CRAWL SPACE	LOT 2 SHORT DOG DR STATESVILLE, NC 28625	GARAGE	661 SF	1 PRELIM 03/05/20
					FRONT PORCH	180 SF	2 FINAL REVIEW 04/15/20
						721 SF	
					TOTAL UNDER ROOF	3,093 SF	
					DECK	120 SF	
				CITY/ST: STATESVILLE, NC	TOTAL UNCOVERED	120 SF	
FIRST FLOOR PLAN				DRAWN BY: J. SCHOOLEY			

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OPT. PAPER SIZE: for 1/4"=1'-0" on 24x36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL REVIEW CONSTRUCTION PLANS

PAPER SIZE: 11" x 17"

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

SPECIAL NOTES

- GRANITE KITCHEN COUNTERTOPS, w/ 4" GRANITE BACKSPLASH, PENCIL EDGE PROFILE AND UNDERMOUNT SINK
- CULTURED MARBLE VANITY COUNTERTOPS IN ALL BATHS
- SMOOTH CEILINGS THROUGHOUT
- LEVERED HANDLES
- PULL DOWN STAIR - INSULATED AND SEALED
- 5'x4' TILE SHOWER w/ 2' RETURN WALL AND BENCH SEAT IN MASTER BATH

Acknowledgement Of Plans Submittal ONLY!

Benjamin A Botte Date 4/20/2020

Date

SHEET NUMBER: F-2	PROPERTY OF: AMERICA'S HOME PLACE	DRAWN BY: T. RAWL	JOB# 87-20-033	THE: FRANKLIN - CUSTOM	AREAS:
	©COPYRIGHT - 2018	CHECKED BY: R. THOMPSON	2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED	FOR: JENNY FULLER & THOMAS STEVENSON	FIRST FLOOR HEATED 2,362 SF
		PRINT DATE: 4/15/2020 2:14:11 PM	FOUNDATION TYPE: CRAWL SPACE	LOT 2 SHORT DOG DR STATESVILLE, NC 28625	2,362 SF
					GARAGE 551 SF
					FRONT PORCH 180 SF
					731 SF
					TOTAL UNDER ROOF 3,093 SF
					DECK 120 SF
					TOTAL UNCOVERED 120 SF

FIRST FLOOR PLAN

OFFICE: STATESVILLE, NC | SOLD BY: J. SCHOOLEY

Revision Schedule		
Revision Number	Revision Description	Revision Date
1	PRELIM	032920
2	FINAL REVIEW	041520

RECEIVED APR 17 2020

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

APPLICATION NUMBER
305370 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726475534.000	SHORT DOG DR	Iredell County

Owner Information	Applicant Information
Name: FAIRES JIMMY N	Name: CAROLINA SOIL SEPTIC CONSULTING, PLLC
Address: 633 MIDWAY RD	Address: 162 WEST B ST
STATESVILLE, NC 28625	KANNAPOLIS, NC 28081
Phone:	Phone: (704)202-5791

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.568	35	35	15	15	N/A	YES

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.

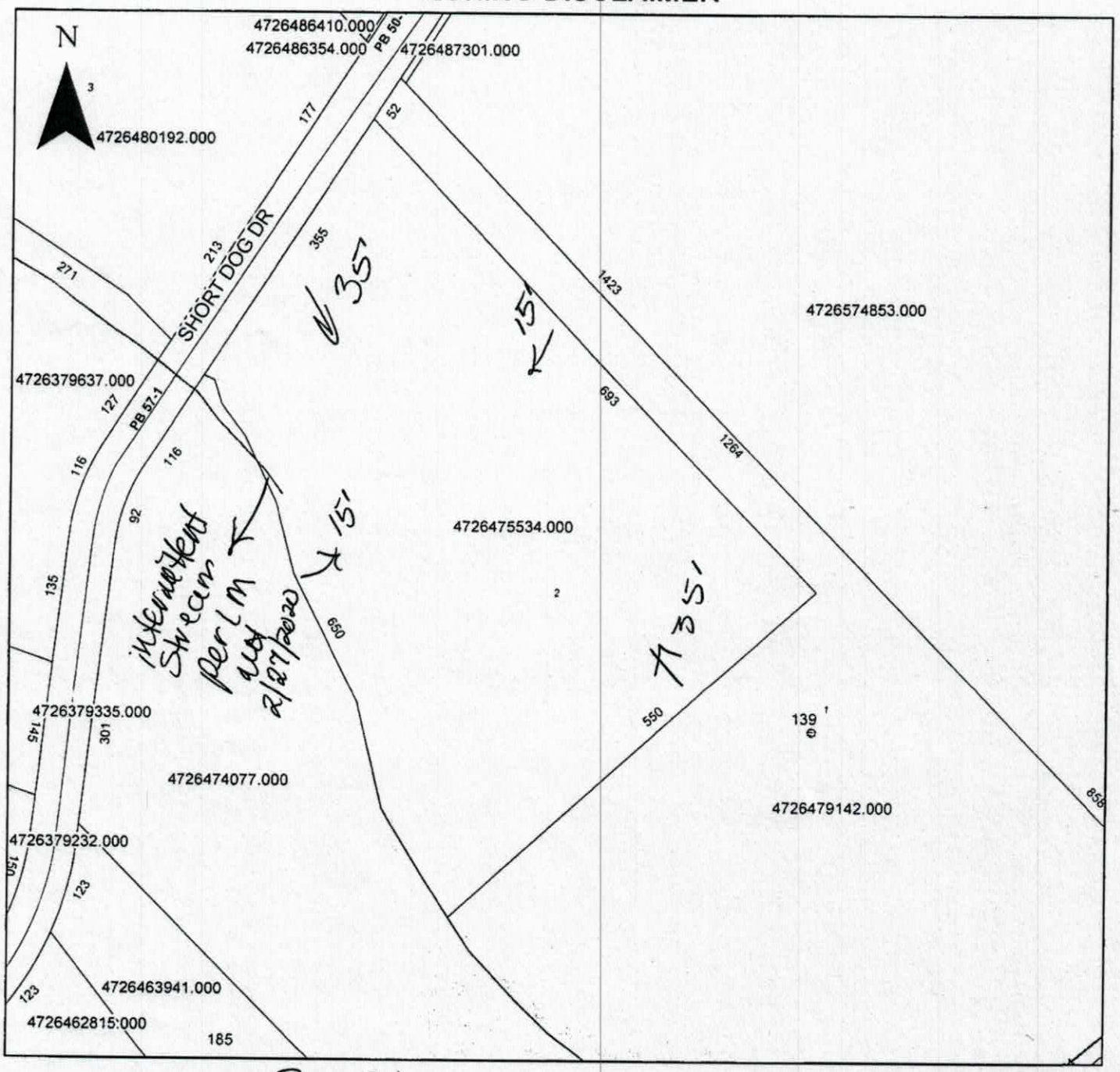
Date: 02/27/2020

Signature of Owner/Contractor

Permit Number	305370

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address ? Short Dog

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.

Applicant

2-28-2020
Date