ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP 327351

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

PIN # 4726 -- 47 -- 9142 ✓

APPLICANT/OWNER: ~~House Renovations LLC~~ J. Thornley APPLICANT ADDRESS: 8726 Riverwood Rd

SITE ADDRESS: 139 Short Dog Dr, Statesville 28625 ✓ PHONE: 704-500-6220 ALT. PHONE -

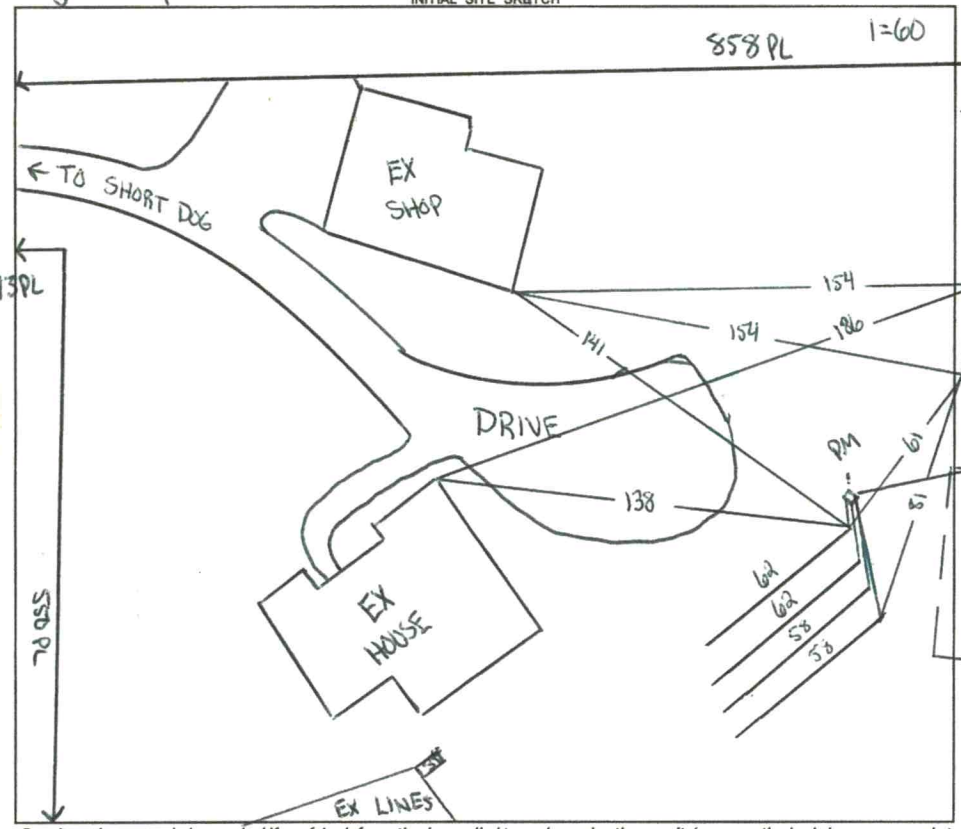
SITE DIRECTIONS: 115 N - Midway - Short Dog SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Beagle Run ✓ SECTION: - LOT # 1 ✓ LOT AREA: 8 acres DESIGN FLOW: 240 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	160	Date	9/20/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	2	Water Supply	
Pump Tank	1000	(gal)	PT	149	Date	9/7/22	System Description:	25% reduction ✓			☐ Business	No. Persons	4	☐ Private	
Pump Make			Model		Serial #		Repair System Description:	DRIP			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1		# Lines	4	Linear Ft	240 Ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36 in		Trench Bottom Depth(Low side)	30"	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Install drain lines on contour with the land. Do not exceed 36 inch trench bottom. Do not grade, park, or drive on septic area.

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.

DW 11/22/22 - Lines, tanks, PM, floats

Dose = 109.2
Flow = 21.92
Time = 4.98
Drawdown = 5.2 in
2 ft head
2 in supply
(4) 1/2 sch 80

- (4) 1/2 SCH 40 taps used
- New run time 3.83 min

Installed as shown

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 plan 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: Anthony Wayne Date: 5-12-22 Installed by: Ryan Byers

IMPROVEMENT PERMIT by: Cory Wilt Date: 6/1/22 OPERATION PERMIT by: Mark Wilt Date: 3/17/25

AUTHORIZATION TO CONSTRUCT by: Cory Wilt Date: 8/8/22 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # **AP** 327351

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

PIN # 4726 -- 47 -- 9142

APPLICANT/OWNER: ~~House Renovations LLC~~ J. Thornley APPLICANT ADDRESS: 8726 Riverwood Rd

SITE ADDRESS: 139 Short Dog Dr, Statesville 28625 PHONE: 704-500-6220 ALT. PHONE -

SITE DIRECTIONS: 115 N - Midway - Short Dog SAP CONTROLLED: ☐ YES ☒ NO

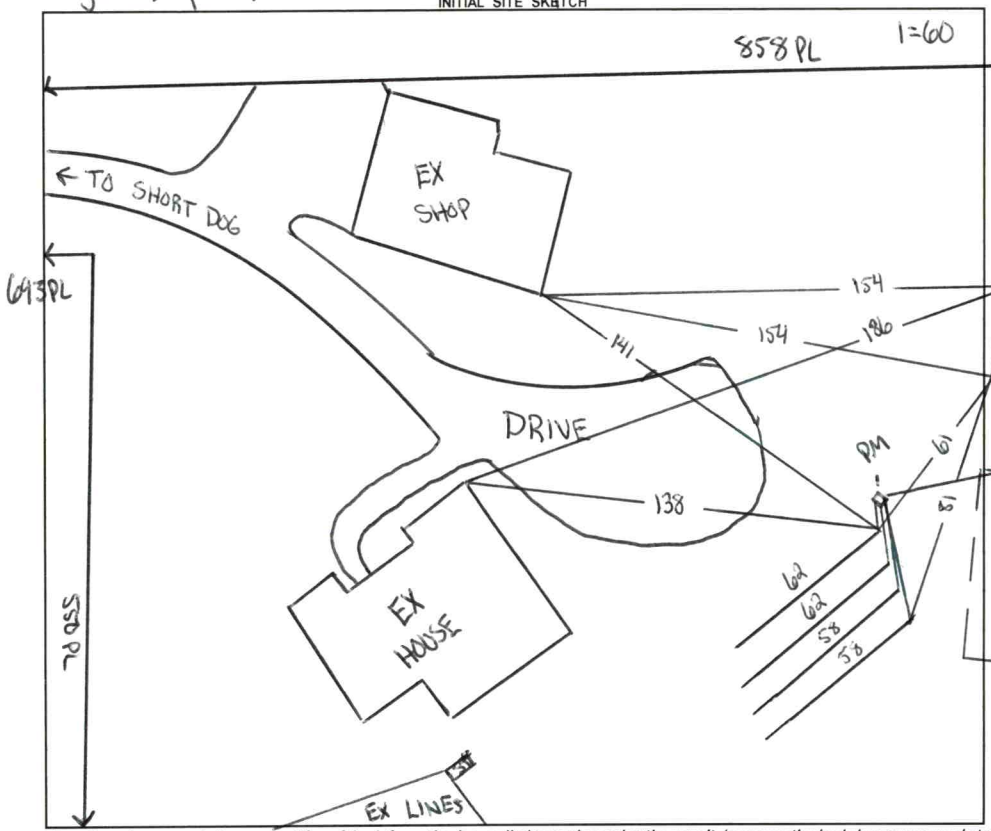
SUBDIVISION: Beagle Run SECTION: - LOT # 1 LOT AREA: 8 acres DESIGN FLOW: 240 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	2
Pump Tank	1000	(gal)	PT	Date	System Description:	25% reduction			☐ Business	No. Persons	4
Pump Make		Model		Serial #	Repair System Description:	DRIP			☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4	Linear Ft 240 FT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	
Trench Width	36 in	Trench Bottom Depth(Low side)		30"	Gravel Depth	-	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install drain lines on contour with the land. Do not exceed 36 inch trench bottom. Do not grade, park, or drive on septic area.

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.

Dose = 109.2
Flow = 21.92
Time = 4.98
Drawdown = 5.2 in
2 Ft head
2 in supply
(4) 1/2 sch 80

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: 5-12-22 Installed by:

IMPROVEMENT PERMIT by: Cory Wil Date: 6/1/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Wil Date: 8/8/22 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		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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 #: 4726479142
COUNTY: Iredell

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

OWNER: House Renovations LLC
ADDRESS: 8726 Riverwood Rd
PROPOSED FACILITY: 2 bd/r home
PROPOSED DESIGN FLOW (.1949): 240 gpd
LOCATION OF SITE: 139 Short Dog, Statesville
APPLICATION DATE: 5/2/22
DATE EVALUATED: 5/27/22
PROPERTY SIZE: 8 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 8%	0-6	SCL SBK	SS SP FR SE	10yr 6/2 at 23"+ 10yr 6/1 at 32"	49	–	–	DRIP 1
		6-27	C SBK	SS SP FR SE					
		27-49	CL ABK	SS SP FR SE					
2	Linear 10%	0-5	SCL SBK	SS SP FR SE	10yr 6/2 at 30"	52	–	–	.25 PS
		5-29	C SBK	SS SP FR SE					
		29-52	CL SBK	SS SP FR SE					
3	Linear 5%	0-8	SCL SBK	SS SP FR SE	10yr 6/2 at 30"	48	–	–	.25 PS
		8-30	C SBK	SS SP FR SE					
		30-48	CL SBK	SS SP FR SE					
4	Linear 7%	0-18	SCL SBK	SS SP FR SE	Yellow/Brown at 38"	52	–	–	.25 PS
		18-33	C SBK	SS SP FR SE					
		33-52	CL SBK	SS SP FR SE					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT:

COMMENTS:
Pit 5 Linear 0-30 SCL SBK SS SP FA SE Yellow/Brown .25
6% 30-49 C SBK S P FR SE in C hyer PS

LEGEND

use the following standard abbreviations

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

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

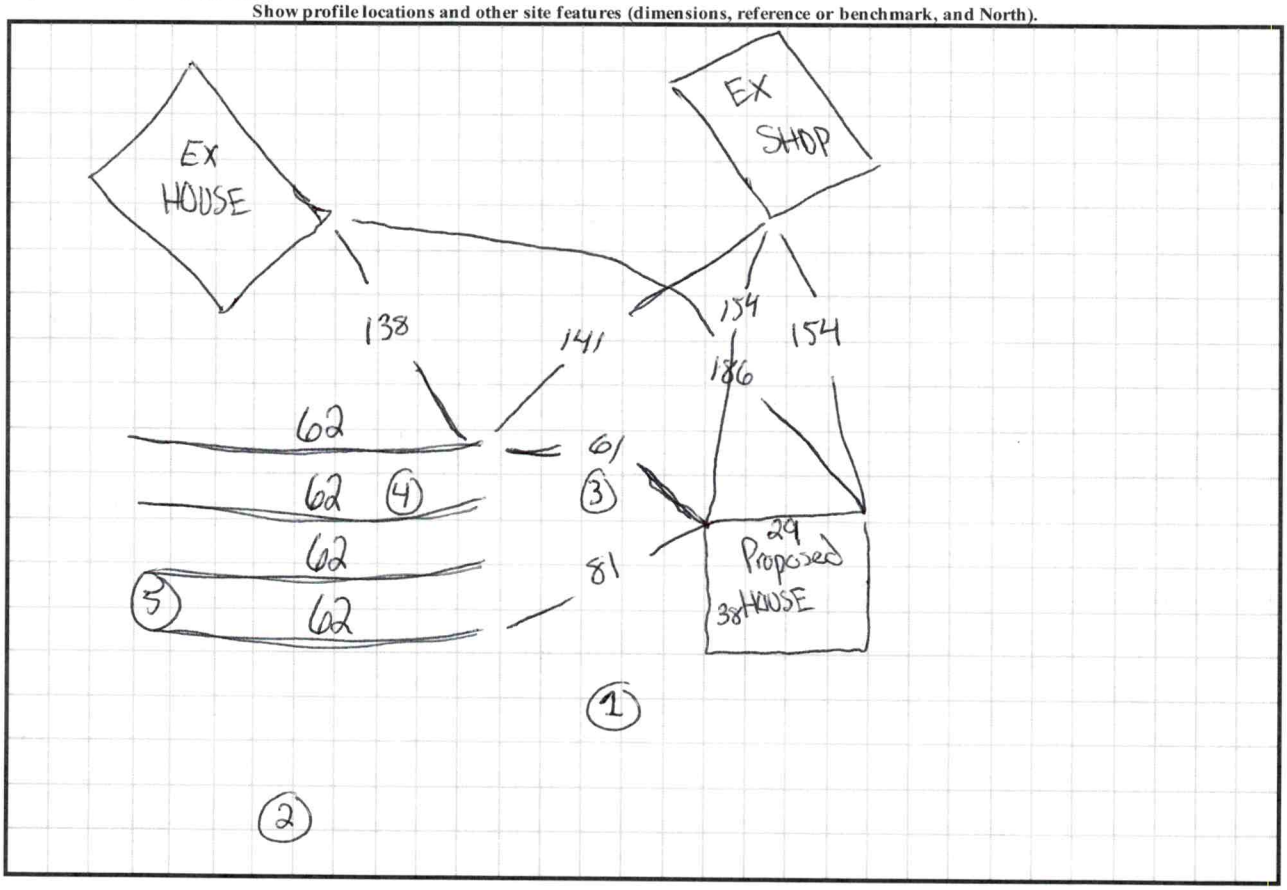
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL 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
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

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

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



RECEIVED MAY 2 - 2022

CW

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

AP-327351

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: (X) 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: House Renovations, LLC **Address:** 8726 Riverwood Rd **Zip:** 28682

Applicant Email: psbristow@gmail.com **Phone:** 704-500-6220 **Alt. Phone:** _____

Owner Name: Paul G. Bristow **Address:** 8726 Riverwood Rd. **Zip:** 28682

Owner Email: psbristow@gmail.com **Phone:** 704-500-6220 **Alt. Phone:** _____

Property Information:

Street Address: 139 Short Dog Dr., Statesville, N.C. 28625

Subdivision Name: Beagle Run **Section/Phase:** _____ **Lot Number:** 1

Driving Directions: North on Highway 115, Left on Midway, Left on Short Dog, 1st mailbox on the left, dirt/gravel driveway.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 1 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 1 — ( ) 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: _____ Number of Persons: _____

( ) 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 (X) 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: Sherry L Bristow — 3/26/2022

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

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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, Janette Thornley, am the legal owner(s) of the property located at 139 Short Dog Dr., Statesville, N.C. 28625, identified as PIN (Parcel Identification Number) 4726479142.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul & Sherry Bristow House Renovations, LLC, 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.

Janette A Thornley
Signature of Owner(s)

03/26/2022
Date

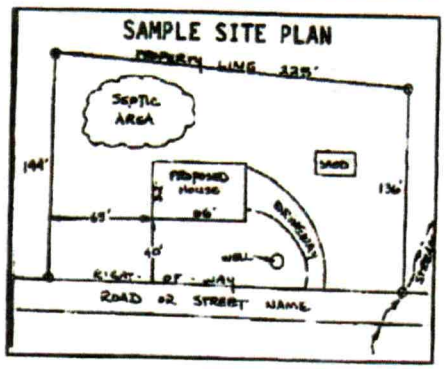
Mooresville - Environmental Health

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

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:

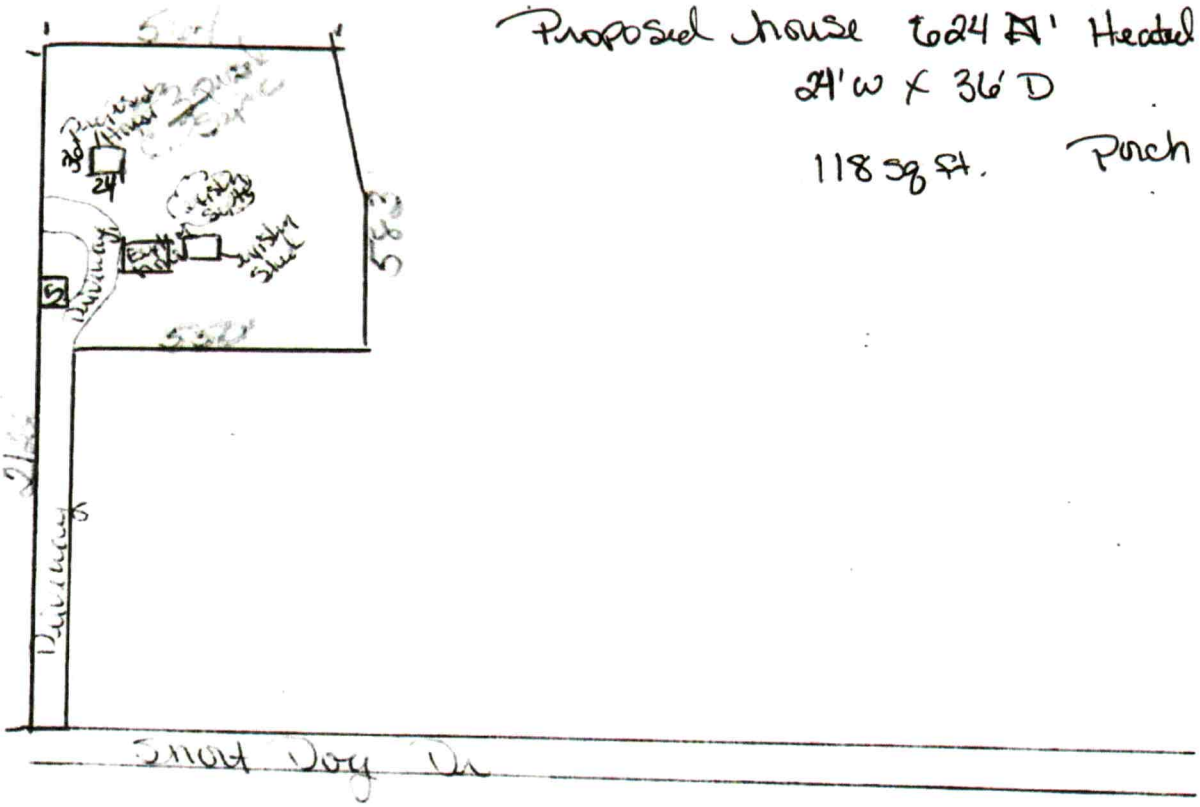
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: Sherry L Bristow
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

03/26/2022
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 153626 PIN # 4726-47-9142 DATE 22 December 08

OWNER or APPLICANT Kirk H. Bandy PHONE: Business (704) 902-1415 Home:

OWNER or APPLICANT ADDRESS 142 Wineberry Ln. Statesville, NC.

LOCATION / DIRECTIONS Hwy 115 N Th Midway Rd. TL ½ mile onto Short Dog Dr. - TL - End of Pavement - Go to End.

SUBDIVISION BLOCK / SECTION 1 LOT # 1 LOT AREA 8 Ac. DESIGN FLOW 360 gpd L.T.A.R. 0.25 lb/ft²

Septic Tank 1000 Gallons: STB 1017 Date 8-6-08

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 360

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

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Follow contour / Shallow placement of system not to exceed 24" trench depth. /

Comments / Conditions

INITIAL SITE SKETCH

Please see Attached Site Sketch.

AS BUILT SKETCH

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.

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

Owner / Applicant Signature: Date 12/22/08

Improvement Permit by: R.S. Date 22 Dec. 08

Authorzation to Construct by: R.S. Date 22 Dec. 08

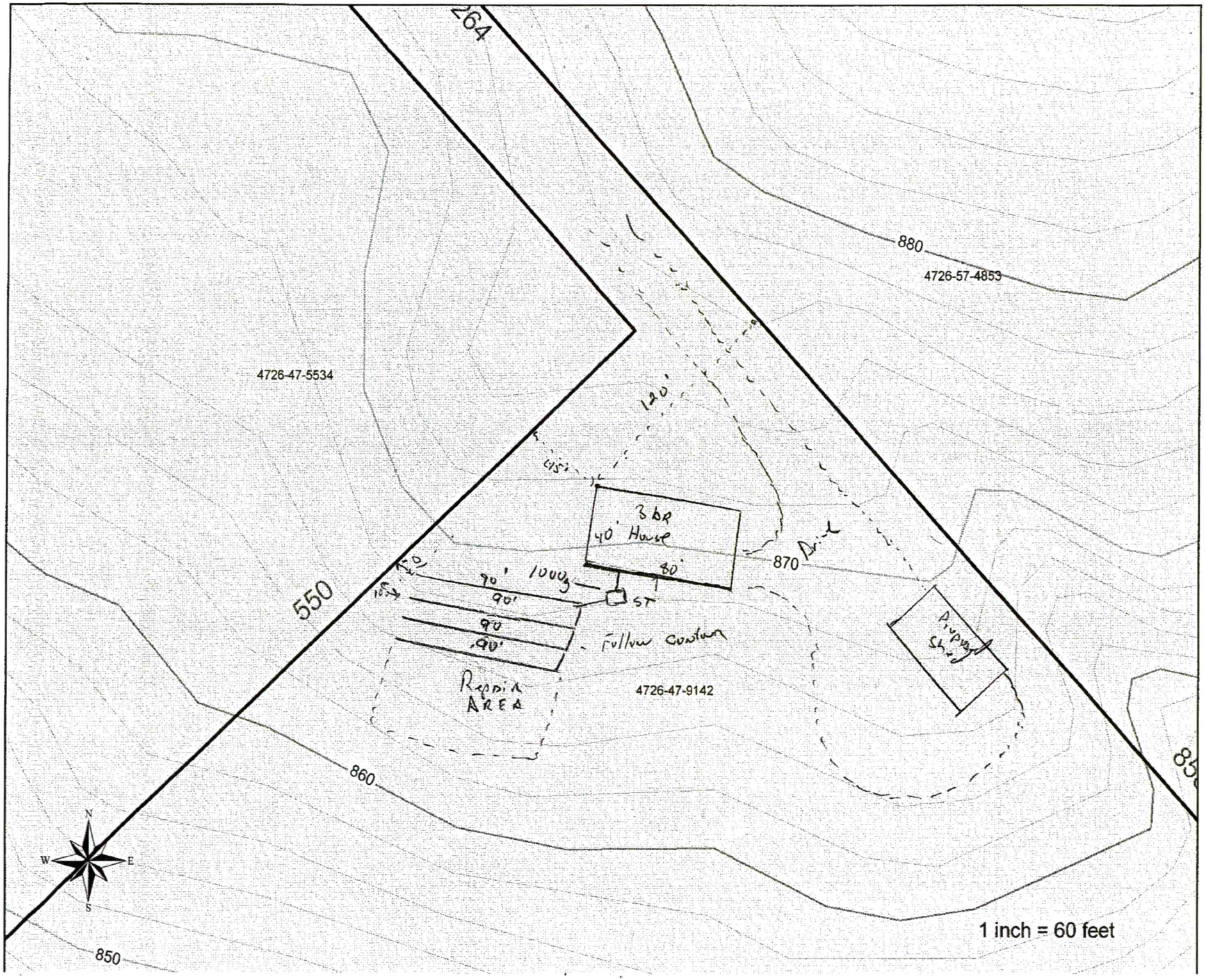
YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Gunner Sterling

Operation Permit by: Date: 2-9-09

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant


264
880
4726-57-4853
4726-47-5534
120'
3 BR
40' House
80'
870
550
90'
90'
90'
90'
1000g
ST
Follow Contour
Rapid
AREA
4726-47-9142
Pumping
Shed
860
850
N
W
E
S
1 inch = 60 feet

IREDELL COUNTY · NC

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

APPLICATION NUMBER
327351 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4726479142.000	139 SHORT DOG DR	Iredell County

Owner Information	Applicant Information
Name: THORNLEY JANETTE A+THOMAS R FOSS JR	Name: House Renovations LLC
Address: ,	Address: 8726 Riverwood Rd Terrell, NC 28682
Phone:	Phone: (704)500-6220

Use Requested	Zone Code
Accessory Dwelling Unit	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8	35	50	15	15	N/A	YES

Remarks

accessory dwelling/ need disc

must be 70ft between existing dwelling and accessory dwelling
Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

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: 04/05/2022

Signature of Owner/Contractor

Permit Number	327351	TOTAL FEES:	$77.25

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB20567

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-327351 Address: 139 SHORT DOG DR APN: 4726479142.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:WEB20567			**$577.25**

Date Paid: Thursday, April 28, 2022

Paid By: House Renovations LLC

Cashier: ECON

Pay Method: CREDIT 02432G

SUPERION

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R17098

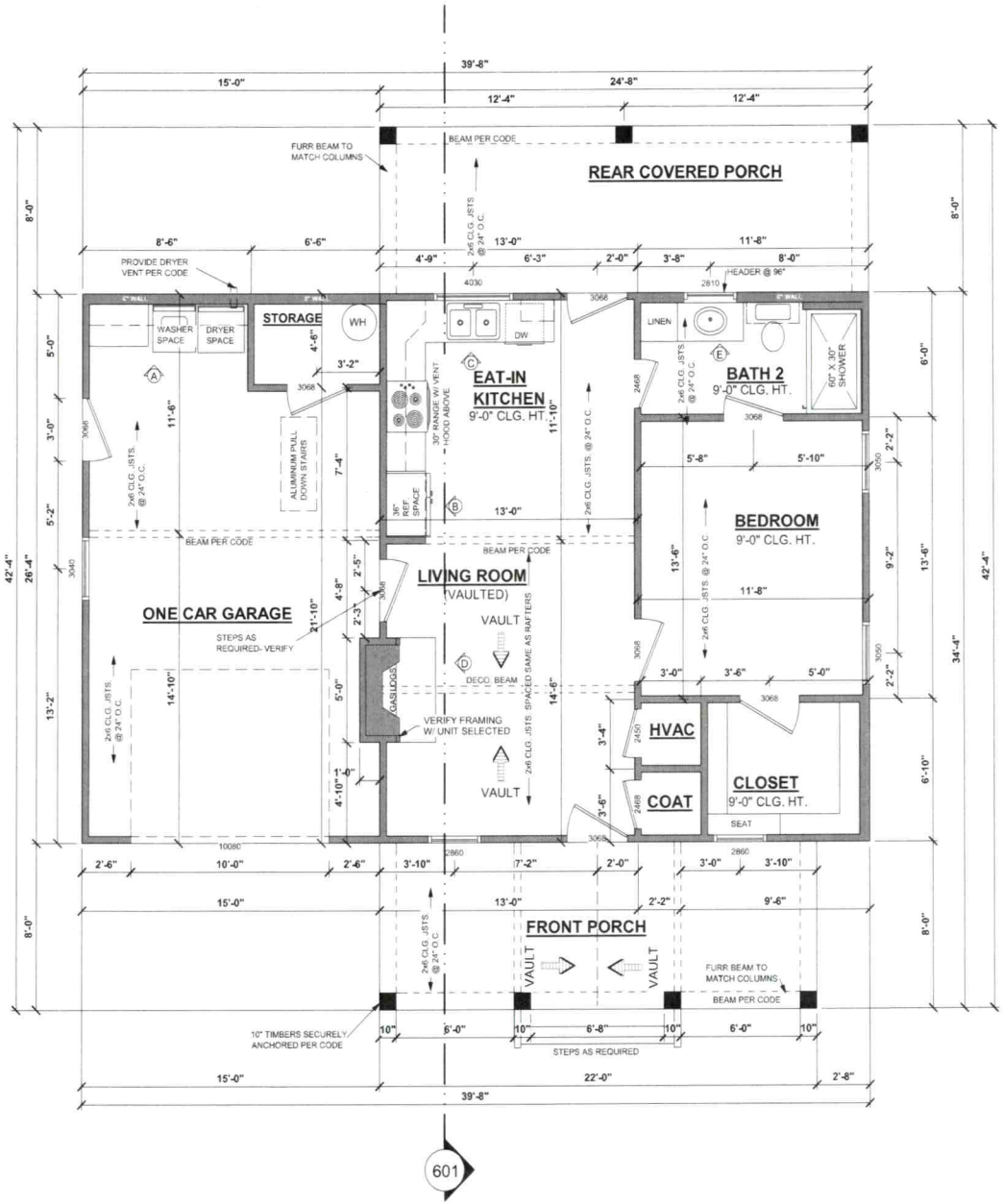
DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$700.00**
AP-327351 Address: 139 SHORT DOG DR APN: 4726479142.000			**$700.00**
EH NEW SYSTEM PERMITS			$700.00
PUMP BALANCE NEW SYSTEM	10492751-447004	0	$700.00
TOTAL FEES PAID BY RECEIPT:R17098			**$700.00**

Date Paid: Tuesday, June 07, 2022

Paid By: House Renovations LLC

Cashier: BJK

Pay Method: CREDIT CARD 01010G



FLOOR PLAN NOTES

DOOR AND WINDOW SIZES ARE GIVEN IN FEET AND INCHES IN WIDTH AND HEIGHT RESPECTIVELY. EXAMPLE SIZE - 2860 IS 2'-8" WIDE BY 6'-0"

CONTRACTOR SHALL VERIFY CLEARANCE OF ALL TRIM SIZES SELECTED BY OWNER, AND ADJUST AS NECESSARY.

ADJUST FINISH FLOOR HEIGHT AS NEEDED FOR PROPER DRAINAGE ONSITE.

ALL WINDOW AND DOOR SIZES GIVEN ARE NOMINAL. REFER TO MANUF. SPECS FOR ROUGH OPENING DIMENSIONS.

DOOR & WINDOW SPECIFICATIONS TO BE DETERMINED BY LICENSED BUILDER AS PER LOCAL CODES. ADJUST AS NEEDED.

BUILDER TO DETERMINE ALL HAZARDOUS LOCATIONS AS PER LOCAL CODE. USE TEMPERED GLASS AS PRESCRIBED BY LOCAL CODE.

THORNLEY HPG-915R

FLOOR PLAN

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

AREAS:	650	S.F. HEATED
	768	S.F. UNHEATED
	1418	S.F. TOTAL UNDER ROOF
		MASONRY NOT INCLUDED

Acknowledgement Of Plans Submittal ONLY!

Cary Whit Date 8/8/22

Date

HOUSE PLAN GALLERY, INC.
6659 HWY. 98 WEST, HATTIESBURG MS. 39402
PHONE: (601) 264-5028 \\\ FAX: (601) 264-4483

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DATE: 07/08/22

DRAWN BY: W.D.S

CHECKED BY: G.S.M.

PLAN NUMBER HPG-915R

FLOOR PLAN

SHEET NUMBER 3

PROFESSIONAL MEMBER