Site Address: 166 Twin Creeks Dr. Rtm.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144364 PIN# 4738452972 DATE 8-31-07

OWNER OR APPLICANT NEW AMERICAN BUILDERS PHONE: Business 704-201-8855 Home

ADDRESS PO Box 567 WARSAW NC 28173

LOCATION PORTH RD (R) State Park (L) Twin Creeks Drive on RT LOT # 57

SUBDIVISION TWIN CREEK BLOCK / SECTION 2 LOT 57 LOT AREA 1.23 AC SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 125

Septic Tank: 1000 Gallons: STB 744 Date 12/21/07
Pump Tank: 1000 Gallons: PT 27 Date 12/21/07
Pump Make: ZOELLER Model N-152 Serial No.
Nitrification Field: No Fields 1 Square Feet 60=1920 Linear Feet 320'
No Lines 4x80' Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: Low Pressure 50% Reduct
Repair System Description: SAME
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: ① Keep House Out of Ground & BACK FILL for the 10' Positive Drainage REQMTS. Septic Lines CAN NOT BE 5' OFF DRAINAGE, 15' OFF HOUSE AS DRAWN, EARTHWORK & MET WITH BUILDER

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY LORNE COOK, P.E.

Comments/Conditions: ② CALL Prior to installation for Pump Sizing & System Specs if necessary ③ House & System completely FLAGGED OUT. House SLID BACK 20' From Original Staking. Drawn correctly on Permit. BUILDER OK'D

AS BUILT SKETCH SLIDING BACK 20'.

POWLOK FILL + MOUND

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 with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 8/31/07 Installed by: Commercial Services

Improvement Permit by: [signature] date 8/31/07 Operation Permit by: [signature] date 2-21-08

Authorization to Construct by: [signature] date 8/31/07 Existing System Inspection by: date

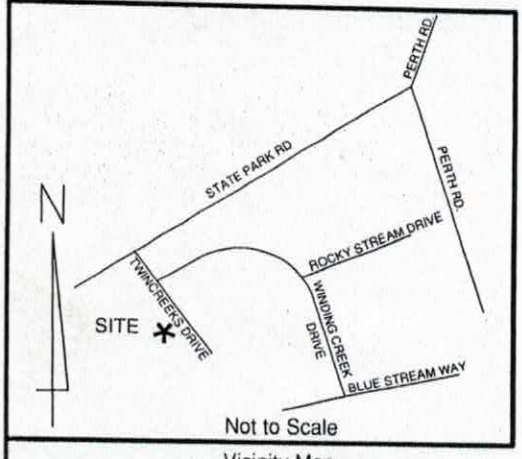
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

THIS IS TO CERTIFY THAT ON THE 09 DAY OF August 20 07 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Robert G. Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008

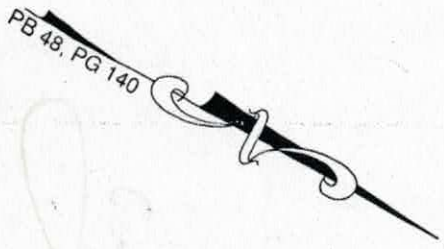
NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP



Vicinity Map

LEGEND

E.I.P.	EXISTING IRON PIN
N.P.S.	NO POINT SET
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE SET IRON PIN
———	PROPERTY LINE
— — —	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.S.D.E.	PUBLIC STORM DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1'in 10,000'
F.P.E.	FLOOD PROTECTION ELEVATION
	POWER POLE



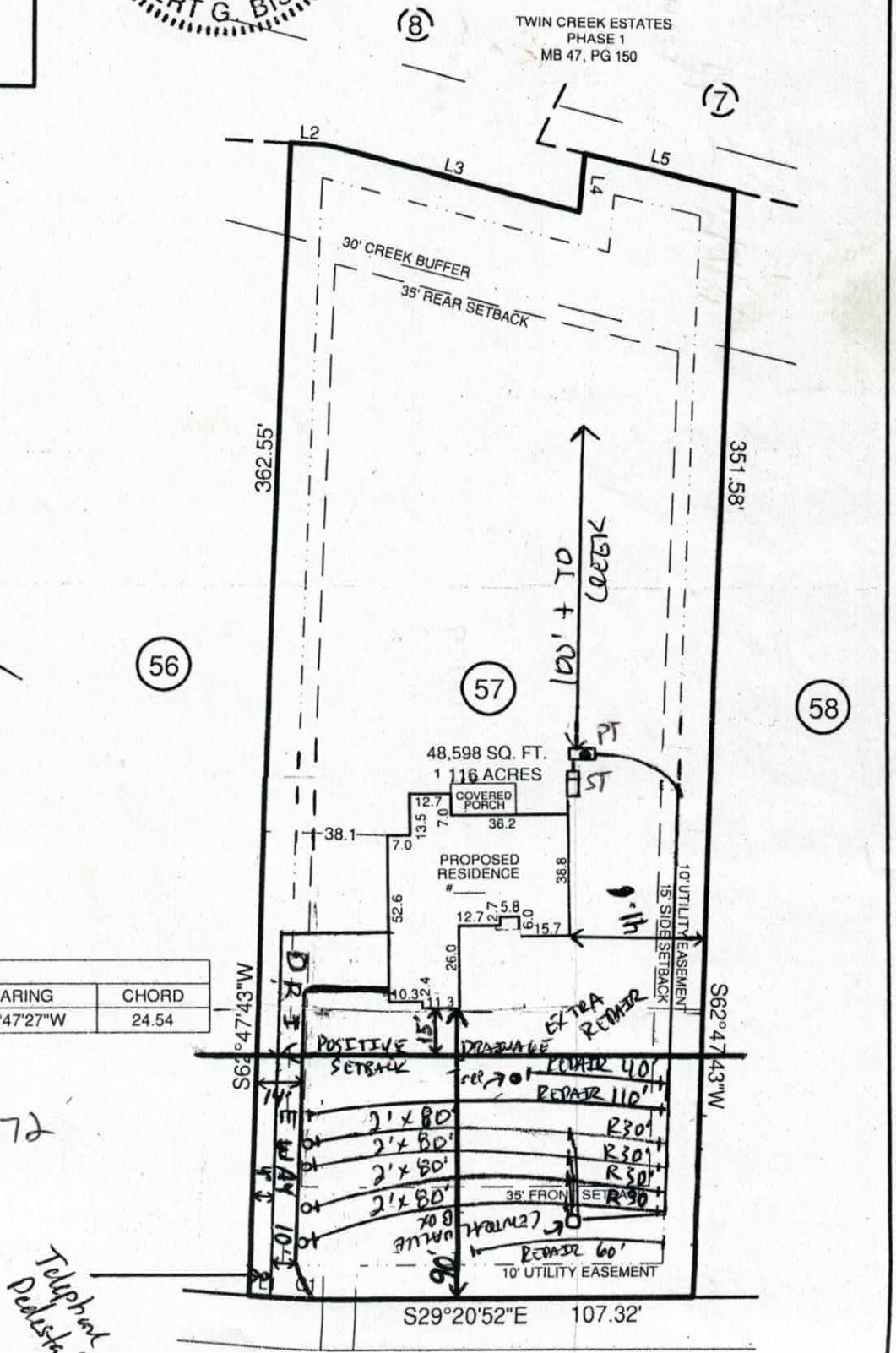
LINE TABLE		
LINE	LENGTH	BEARING
L1	4.90	N24°14'01"W
L2	10.23	N27°03'36"W
L3	80.86	N15°28'15"W
L4	17.87	N65°45'59"E
L5	47.17	N16°29'50"W

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	24.55	275.00	N26°47'27"W	24.54

Permit # 144364

Pin # 4730452972

TW



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: 144364
COUNTY: 473D45 2972

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Applicant
OWNER: New Horizon Boots
ADDRESS: PO Box 567 Waxhaw NC 28173
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Twin Creeks lot 57

APPLICATION DATE: 7/26/07
DATE EVALUATED: 8/22/07
PROPERTY SIZE: 1.23 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	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	6 - 30/0 L	0-8	sl cl s gr	fr so po ss		24"			PS .5
		8-24	cnsl cbk	fr ss so pl ex					
		24-48	sl sp vfs gr	fr so po ex					
		48-65	lo wy sp vfs gr	fr so po ex					
2	2% L	0-8	sc vfsl gr	fr so po ex	Pit soil better toward driveway less mottles				PS
		8-24	cnsl cbk	fr ss so pl ex	2.5 y 7/8 mix				
		24-36	cnsl cbk	fr ss so pl ex	sp to slo ine with 2.5 y 7/8 mix				.25
		36-60	cnsl cbk	fr ss so pl ex	fr sp slo inc				
3	40/0 L	0-24	cnsl cbk	fr ss so pl ex					PS .5
		24-65	cnsl cbk	fr ss so pl ex	sp to slo ine	50% 65"			
		65+	lo wy sp vfs gr	fr so po ex					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	LPP 50%	LPP 50%
Site LTAR	.25	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: L. Cook
OTHER(S) PRESENT: Pit Digger

COMMENTS: ___

4x60 .2 Repair .25

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

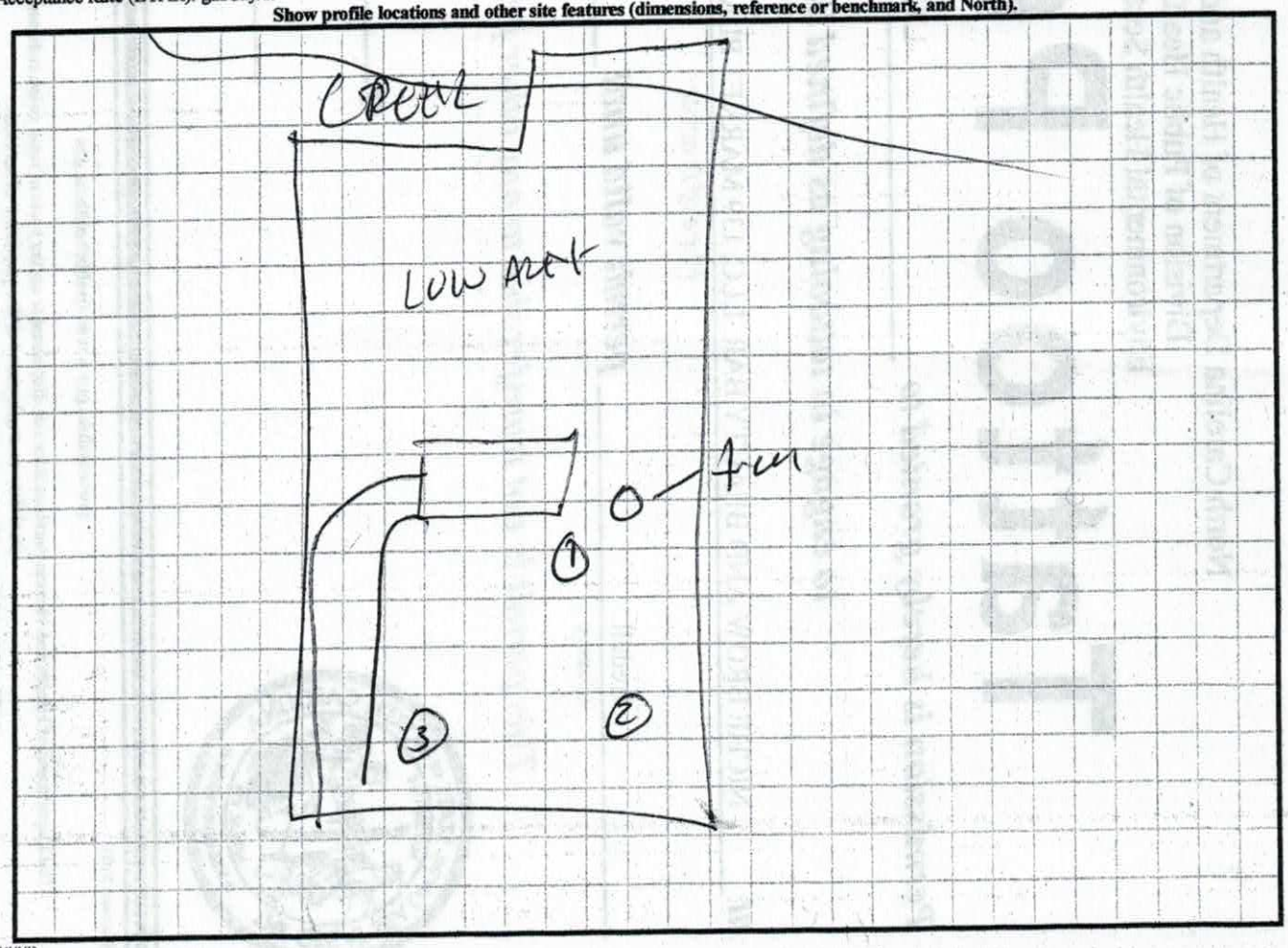
NOTES

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).



DENR (######)
Review (#####)

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

NEW AMERICAN BUILDERS	P.O. BOX 567 WAXHAW N.C. 28173	704-201-8855	704-201-8855
Applicant Name	Mailing Address	Home Phone	Work Phone
TODD WILLIAMS	P.O. BOX 567 WAXHAW N.C. 28173	704-201-8855	704-201-8855
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

166 TWIN CREEKS DR.	TWIN CREEKS	PHASE 2 LOT 57
Street Address	Subdivision Name	Section/Phase and Lot Number

TROUTMAN 28166
Driving Directions: _____

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (✓) No Preference

****

8. **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. industry) 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.

9. **Signature:** Todd Williams — 8/31/07

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

HOIDAS ENGINEERING, PLLC
20460 Chartwell Center Drive, Suite 2
Cornelius, NC 28031
Phone: 704-987-3922
Fax: 704-987-3924

January 30, 2008

Mr. Todd Williams
New American Builders
4261 McConnell's Highway
Rock Hill, SC 29732

RE: **Twin Creeks Estates**
Lot 57, 166 Twin Creek
HE-01000

Dear Mr. Williams:

Per your request, Hoidas Engineering, PLLC has performed construction quality assurance services for the referenced residential lot. These services consisted of a site visit on January 24, 2008 to verify compaction of the soils replacing a trenched area within the proposed septic leach field.

It is our understanding that the local power company had installed a trench across the location of the lot where the proposed septic leach field is to be installed. The trench was backfilled and the power was rerouted around the area of concern. Hoidas Engineering, PLLC observed that five proposed septic trench lines had been crossed during the trenching. Three hand auger and dynamic cone penetrometer (DCP) tests were performed. Two tests were performed within the backfilled trench and one in the residual soils to compare.

The results of the DCP testing within the backfilled trench area ranged from 15 to 23 blows per increment beginning at an approximate depth of 6 inches below existing grade. The DCP results from the residual soil sample ranged from 17 to 24 blows per increment. Based on the testing results obtained, it appears that compaction of the backfilled soils is similar in density of the residual soils tested and will provide similar results for the proposed septic leach field.

This report has been prepared in accordance with generally accepted soils and foundation engineering practices. Variations of the soil conditions between test locations may be encountered and are beyond the control of Hoidas Engineering, PLLC. The information included in this report provides a general indication of the soil conditions at the test locations and depths tested.

FEB-20-2008(WED) 14:51 Hoidas Engineering (FAX)704 987 3924 P.002/003

Hoidas Engineering, PLLC cannot guarantee that variations in the soil will not occur between testing locations.

If you should have any questions, please call us at your convenience.
Hoidas Engineering, PLLC

Sincerely,

Mark W. Hoidas P.E.



1/30/08

IREDELL COUNTY HEATLH DEPARTMENT

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…
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line…
____ Preferred driveway location and configuration, preferred 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:

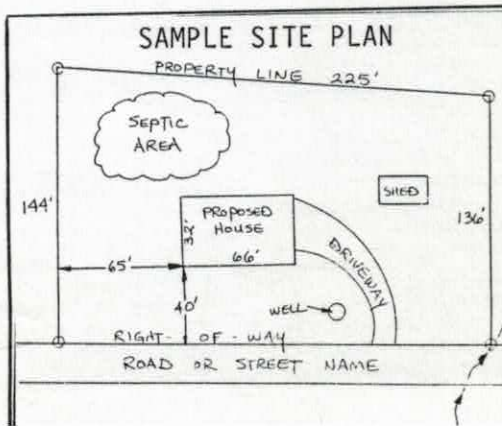
____ Location of septic systems and wells within 100' of your property… N/A
____ Location of easements and rights of ways on your property… N/A
____ Location of any designated wetlands on the property… N/A

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

8/17/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

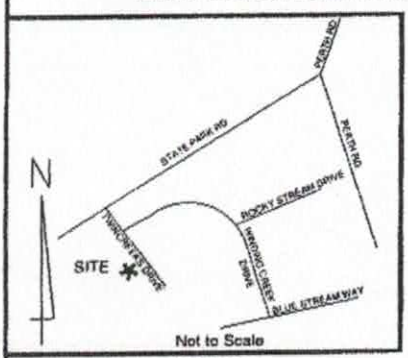


THIS IS TO CERTIFY THAT ON THE 09 DAY OF August 20 07 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Robert G. Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008

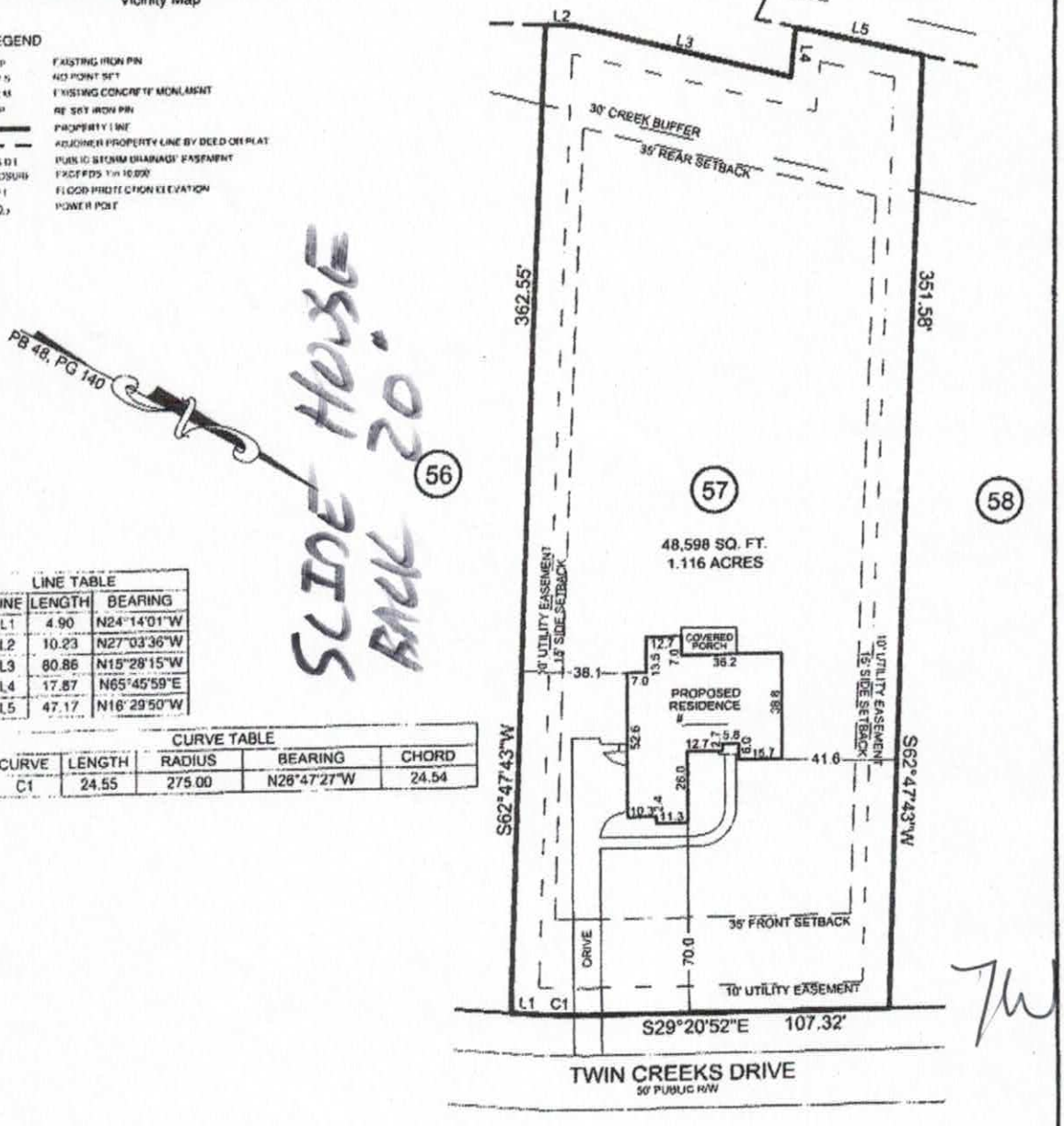
NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP



Vicinity Map

LEGEND

EIP	EXISTING IRON PIN
NPS	NO POINT SET
ECM	EXISTING CONCRETE MONUMENT
RIP	RE SET IRON PIN
	PROPERTY LINE
	ADJOINER PROPERTY LINE BY DEED OR PLAT
PSDE	PUBLIC STORM DRAINAGE EASEMENT
CLOSURE	EXCEEDS 1 in 10,000
FPE	FLOOD PROTECTION ELEVATION
PP	POWER POLE



SLIDE House BACK 20'

LINE TABLE

LINE	LENGTH	BEARING
L1	4.90	N24°14'01"W
L2	10.23	N27°03'36"W
L3	80.86	N15°28'15"W
L4	17.87	N65°45'59"E
L5	47.17	N16°29'50"W

CURVE TABLE

CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	24.55	275.00	N28°47'27"W	24.54

Plot Plan SURVEY
OF
Lot 57, Twin Creek Estates, Phase 2
Fallstown Twsp., Iredell County, N.C.

SCALE 1"= 50'

THE PROPERTY OF New American Builders

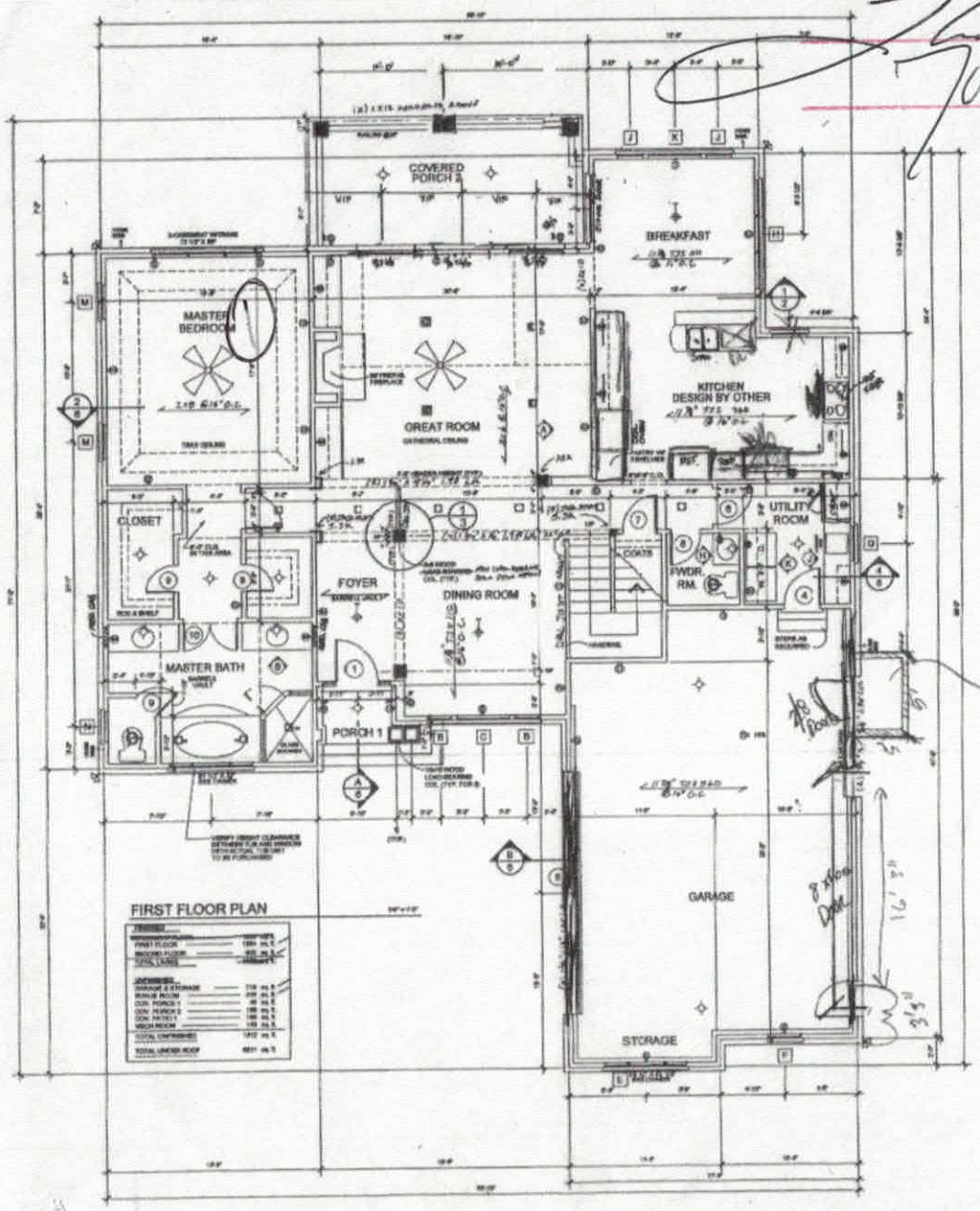
MAP RECORDED IN BOOK 48 AT PAGE 140 DEED RECORDED IN BOOK _____ PAGE _____

Drawn By: CWI

FILE C:\LAND PROJECTS 3\Iredell County\DWG\Twin Creek Estates LS7.DWG

Acknowledgement Of
Plans Submittal ONLY!

APPROVED W/ BUILDER PLAN



DOOR SCHEDULE

MARK	SIZE	QUAN.	DESCRIPTION
A	3'-0" x 6'-8"	1	SOLID CORE WOOD W/ (2) 10" BEVELITED & 10" ARCHED TRANSOM
B	2'-6" x 6'-8"	1	EXT. FULL GLASS SWING W/ TRANSOM
C	2'-6" x 6'-8"	1	EXT. FULL GLASS SWING W/ TRANSOM
D	2'-6" x 6'-8"	1	EXT. FULL GLASS SWING W/ TRANSOM
E	2'-6" x 6'-8"	1	SOLID, 1 HOUR RATED
F	2'-6" x 6'-8"	1	GARAGE
4	2'-6" x 6'-8"	5	
5	2'-6" x 6'-8"	1	
6	2'-6" x 6'-8"	4	
8	2'-6" x 6'-8"	4	
9	2'-6" x 6'-8"	4	
10	(2) 2'-6" x 6'-8"	2	
11	(2) 2'-6" x 6'-8"	3	

* CHECK ALL DIMENSIONS BEFORE ORDERING

WINDOW SCHEDULE

MARK	SIZE	QUAN.	DESCRIPTION
B	1'-4" x 5'-0"	2	DOUBLE HUNG
C	4'-0" x 5'-0"	1	FIXED
D	2'-8" x 5'-0"	2	DOUBLE HUNG
E	SEE DWGS.	1	
F	2'-4" x 5'-0"	1	DOUBLE HUNG
G	2'-4" x 5'-0"	2	DOUBLE HUNG
H	(2) 2'-4" x 5'-0"	1	DOUBLE HUNG
I	2'-4" x 5'-0"	1	DOUBLE HUNG HIGH TOP
J	2'-4" x 5'-0"	2	DOUBLE HUNG
K	4'-0" x 5'-0"	1	FIXED
L	SEE DWGS.	2	
M	2'-4" x 5'-0"	1	DOUBLE HUNG
N	1'-4" x 5'-0"	4	FIXED
O	2'-6" x 5'-0"	2	DOUBLE HUNG W/ CIRCLE HEAD TRANSOM
P	2'-6" x 5'-0"	1	DOUBLE HUNG HIGH TOP
Q	2'-6" x 5'-0"	3	DOUBLE HUNG W/ CIRCLE HEAD TRANSOM

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.
VERIFY LOCAL CODE BEFORE WINDOW MEASUREMENTS PRIOR TO CONSTRUCTION
WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.
VERIFY WINDOW NOTES, HARDWARE AND SIZES WITH MANUFACTURER BEFORE ORDERING CONSTRUCTION.
** SEE ELEVATION FOR TRANSOM

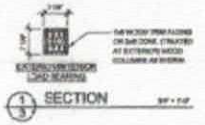
PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES AND SITE CONDITIONS PRIOR TO CONSTRUCTION.
2. SHOWN SELECTED MECHANICAL SYSTEM WITH OWNER PRIOR TO CONSTRUCTION.
   REVIEW SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNITS WITH THE OWNER PRIOR TO CONSTRUCTION. VERIFY LOCAL SUB-DIVISION REQUIREMENTS AND MANUFACTURER REQUIREMENTS FOR ATTIC, CRAWL SPACE, OR GARAGE LOCATIONS.
   IN CASE EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSED BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 20"x30".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. ANGLE RATE AROUND ALL BATHROOM UTILITY ROOM.
5. TYPICAL WALL, 2x4 @ 16" O.C., UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELL, TRANSFORMER, AND CHIME.

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
WP	WEATHER PROOF DUPLEX OUTLET
	ABOVE COUNTER LOCATION
	FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	SURFACE OVER ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN w/ LIGHT
	CEILING MOUNTED FAN - SYMBOLIC
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN, LIGHT, AND HEATER

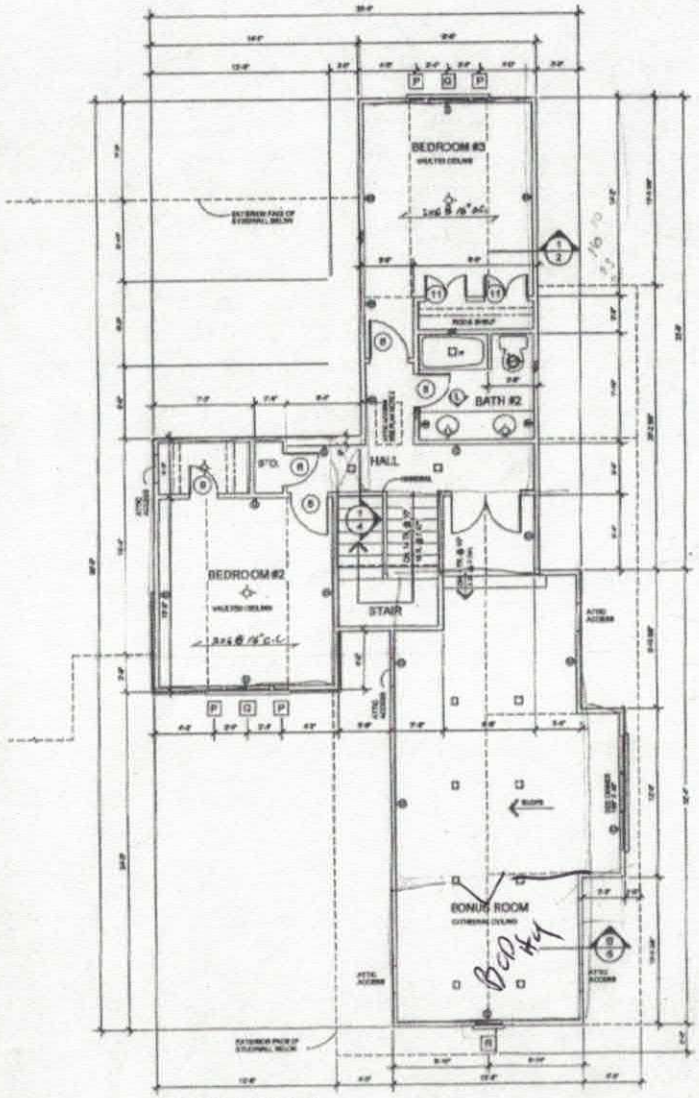
In accordance with N.C. General Statutes that plans have not been reviewed for Code compliance. Contractors must comply with the applicable Codes in effect at the time of permit issuance. These plans shall be kept on the building site and available for periodic inspections by the Code Enforcement Official.



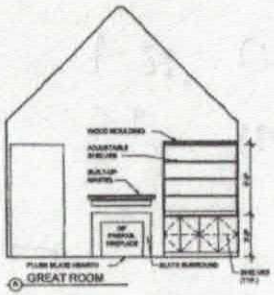
CHECK W/ BUILDER ON ALL WINDOW R/O'S PRIOR TO FRAMING

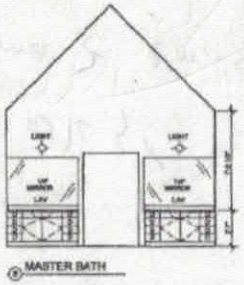
DONALD A. GARDNER, INC.
ARCHITECTS • PLANNERS
P.O. BOX 30178 • GREENVILLE, S.C. 29603
803 • 235 • 7880

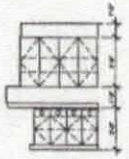
ALL RIGHTS RESERVED BY DONALD A. GARDNER, INC.

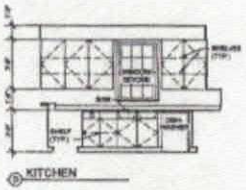


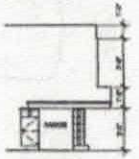
SECOND FLOOR PLAN

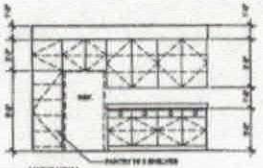


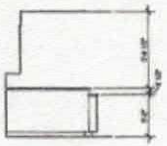


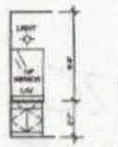


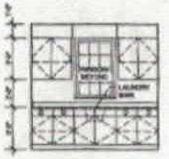


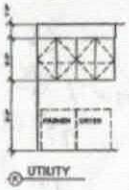


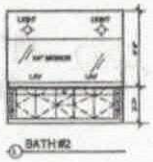






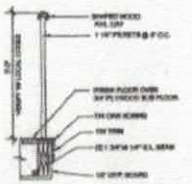






INTERIOR ELEVATIONS

In accordance with N.C. General Statutes these plans have not been reviewed for Code compliance. Contractors must comply with the applicable Codes in effect at the time of permit issuance. These plans shall be kept at the building site and available for unscheduled inspections by the Code Enforcement Official.



1/4 SECTION

DONALD A. GARDNER, INC.
ARCHITECTS • PLANNERS

DO NOT SCALE DRAWINGS
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Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 144364ZO

Printed: 7/26/2007

Master #: 144364

Associated Permits:
144364ZO Zoning

Applicant

Name: NEW AMERICAN BUILDERS
Address: PO BOX 567
Waxaw, NC 28173
Phone: 704-201-8855

Parcel

Parcel Number: 4730452972.000
Address: 166 TWIN CREEKS DR
Troutman, NC 28166
Subdivision: Twin Creeks
Zoning: RA
Township: 1500
Area: 1.23
Lot(s): 57
Directions to Parcel: 21/115 SOUTH, RIGHT PERTH RD, RIGHT STATE PARK RD, RIGHT TWIN CREEKS DR

Owners

Name: Lake Vision Development
Address: 8915 Warwick Lane
Sherrills Ford, NC 28673
Phone: 704-506-0807
Fax: 828-478-9074

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-157795-07	Zoning - Permit / Inspection	$45.00
FEE-157796-07	Environmental Health - Type I or II System	$400.00
	Total Fees:	**$445.00**
REC-86860-07		$445.00
	Total Receipts:	**$445.00**

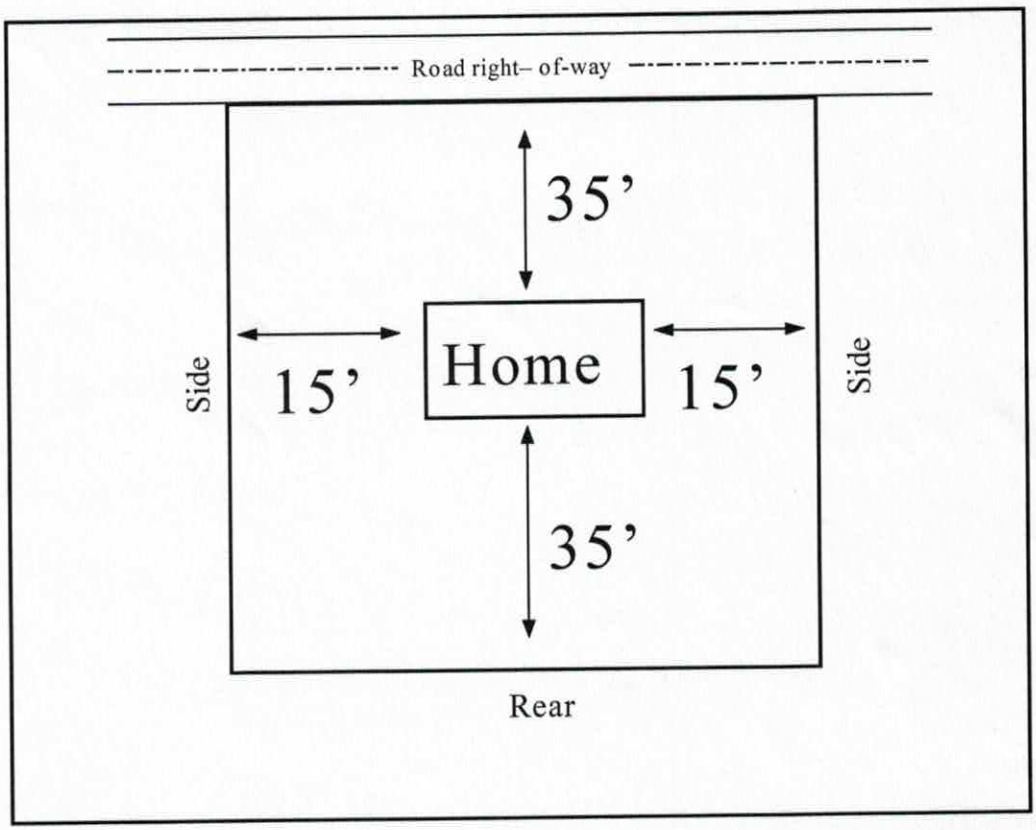
Conditions

ZONING DISCLAIMER

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 Date

STREET NAME : 166 TWIN CREEKS DR



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.