Site Plan: 145 Scaled Plat Ln. Jstm 28166

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~10-P-03-08~~ 239522 PIN# 4730-48-7954 DATE 3-31-08

OWNER OR APPLICANT DR6 Properties LLC PHONE: Business 443-745-2222 Home

ADDRESS 9168 FAIR OAKS Drive Shrills FORD NC 28673

LOCATION PERTHRO (R) State PARK (R) MEADOW GLEN (R) VALLEY GLEN (L) Scotch Irish on LEFT

SUBDIVISION MEADOW GLEN BLOCK / SECTION 4 LOT 140 LOT AREA .479 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 V Gallons: STB 825 Date 3-20-19
Pump Tank: 1000 Gallons: PT 302 Date 1-12-19
Pump Make: Zoeller Model 152 Serial No. 152-0442
Nitrification Field: No Fields 1 Square Feet EQ=1440 Linear Feet 240'
No Lines 6 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

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

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: (1) MAINTAIN SETBACKS. TANKS MUST BE 15' OFF BASEMENT DRAIN (2) READ DESIGN MANUAL BY STATE (3) SYSTEM MUST BE 25' UPSLOPE FROM BASEMENT DRAIN AND

INITIAL SITE SKETCH

SEE ATTACHED SYSTEM DESIGN BY STATE, ILL

Comments/Conditions: 15' OFF SIDESLOPE OF BASEMENT DRAIN, (4) KEEP HOUSE OUT OF GROUND & BACKFILL FOR POSITIVE DRAINAGE REQMTS.

*10/18/18 A/C with site visit - House + system as permitted.
- Maintain 15ft From Ditch

AS BUILT SKETCH

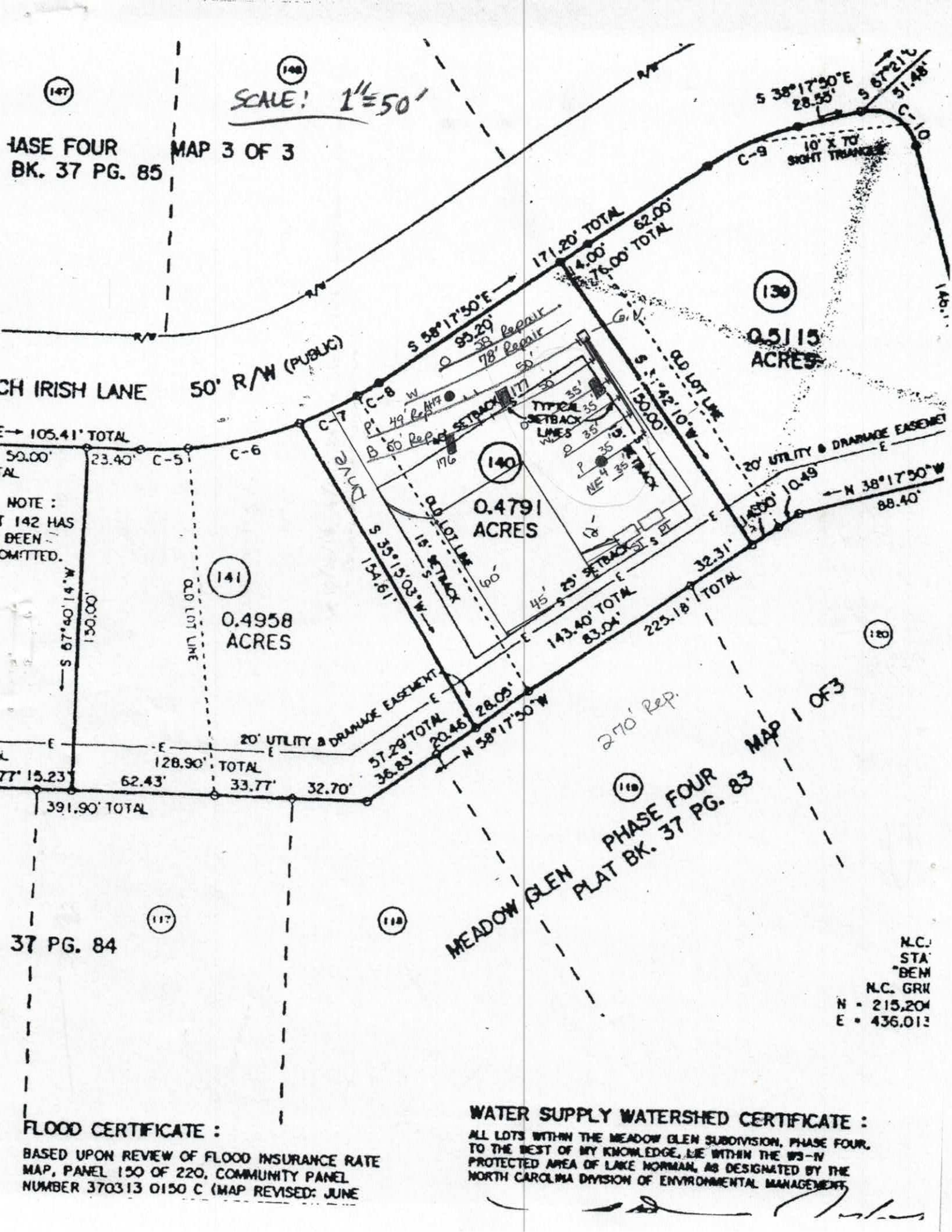
	Date	Initials
Drain Lines Checked	5-9	JS
Tanks Checked	5-9	JS
Pressure Manifold or Valve Box Checked	5-9	JS
Pressure Head Set	5-9	JS
Electrical Checked	7-8	JS
Floats Set	5-9	JS
Alarm Checked	5-16	JS
Maintenance Contract Y / N	7-3	

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 3/31/08
Improvement Permit by: [signature] date 3-31-08
Authorization to Construct by: Benjamin D. Bottin date 10/18/18

Installed by: Rawn Septic
Operation Permit by: [signature] date 7-10-19
Existing System Inspection by: date

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



FLOOD CERTIFICATE :

BASED UPON REVIEW OF FLOOD INSURANCE RATE MAP, PANEL 150 OF 220, COMMUNITY PANEL NUMBER 370313 0150 C (MAP REVISED: JUNE

WATER SUPPLY WATERSHED CERTIFICATE :

ALL LOTS WITHIN THE MEADOW GLEN SUBDIVISION, PHASE FOUR, TO THE BEST OF MY KNOWLEDGE, LIE WITHIN THE WS-IV PROTECTED AREA OF LAKE NORMAN, AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT.

S&ME

To: Iredell County Environmental Health

From: Paul G. Penninger, LSS
Patrick Mitchell, RS, LSS-IT

RE: Meadow Glen Subdivision – DPG Properties, LLC – Lot 140 Fast Track

Date: March 27, 2008

Attached is the Fast Track information required to place Lot 140 in Meadow Glen Subdivision on your fast track work list to review the septic system layouts. Please call when you are ready to review the lot and we will meet you on the site.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the Iredell County Health Department (ICHD) with the site evaluation. 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. If the ICHD wishes to change tank locations, distribution devices, etc., this can be shown on the Improvement Permit.

All information and specifications were prepared in conjunction with the Fast Track Program for Iredell County and are for the use of DPG Properties, LLC in acquiring permits under the Fast Track Program. It is ultimately the Iredell County Health Department's responsibility to verify all specifications before permitting and/or septic system installation.

Lot 140 Meadow Glen Subdivision

Fast Track Septic System Information

Number of Bedrooms:	**3**
Design Flow (gpd):	360
Foundation Type:	**Basement w/ Plumbing**
Initial System Type:	**LP PPBPS**
LTAR (gpd/ft2):	**0.25**
No. Lines:	6
Total Linear Feet:	240
Trench Width:	2' min.
Trench Spacing:	8' min.
Max Trench Depth (in.):	36"
Pump Required:	Yes
Distribution Device:	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required:	Yes
Length and Diameter of Supply Pipe:	~95' of 2" SCH 40 PVC
Size of laterals:	1 1/4" SCH 40 PVC
Flow Rate through the system (gpm):	28
Approx. Elevation head (ft.):	24
Pressure head (ft.):	3
Friction head (ft.):	1
20% Contingency (ft.):	1
Total Head (ft.):	29
Approx. Pump Requirements:	**28 gpm @ 29 ft. of head**

***To be designed by installer at time of installion**

Dosing Volume (gal/dose/day @ design flow): 201.6 gallons — 1.8 doses/day @ design flow*

Volume of water pumped per dose: Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)

Approx. Pump Run Time per dose (min.): 7.2

Check Valve:	Yes
Siphon Break hole:	Yes
Repair System:	**LP PPBPS**
Total Linear Feet:	270
Repair LTAR:	0.25

240 ft. Required

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Lot 140 Meadow Glen Subdivision **Fast Track Septic System Information**

Table 1: Summary of Initial LPPPBPS System Specifications

Line No.	Line Color	Length (ft)	# Panels	**Rod Reading Elev. (Ft.)	Hole Size(In.) per panel
1	Pink	50	12		5/32"
2	Blue	50	12		5/32"
3	Orange	35	8		5/32"
4	White	35	8		5/32"
5	Orange	35	8		5/32"
6	Pink	35	8	12.3'	5/32"
Totals		**240**	**56**		

Table 2: Summary of Repair System Specifications

Laterals	Line Color	Length (ft)	Elev. (Ft.)
1	Orange	58	2.7'
2	White	78	
3	Pink	49	
4	Blue	50	
5	NF	35	
Totals		**270**	

			Elev. (ft.)
Tank	Orange	1000 gal (2 compartment)	
Pump Tank	Orange	1000 gal.	20.6'
House	Blue	Front Left Corner	9.4'

**** Elevations should be verified by surveyor at time of installation**

NOTES: ** Place one 5/32" hole per panel

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: DPG / Meadowglen SD
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360 DATE EVALUATED: 3/5/08
LOCATION OF SITE: Lot 140 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	
1	AH #7 L	0-9	Mo/WK SBK SCL	FR SS/SP	Br		Fsap; msap	F weathered Quartz	0.3 PS
		9-30	Mo SBK C	FR SS/SP	Red				
		30-40	WK SBK CL	FR SS/SP	Red				
		40-48	MA SL/L sap	FR SS/SP	multi; F CL pockets				
2	pit #176 L	0-5	Mo GR SL	FR ns/np	Br		C/M sap; FWR		0.3 PS
		5-32	Mo SBK C	FR SS/SP	Red				
		32-48	WK SBK C/CL	FR SS/SP	Red				
	pit #177 L	0-24	Mo/WK SBK C	FR SS/SP	Red		C/M sap; FWR		<40" 0.3 >40" 0.25
		24-40	CL/C	FR SS/SP	Red				
		40-49	CL	FR SS/SP	Red		M sap; CROCK/WR		
	AH #4 L	0-4	SCL		Red	C clay inc.	C/M sap		0.3 PS
		4-24	C		Red				
		24-32	C		Red				
		32-40	MA L sap						
		40-52	MA L sap						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ilable Space (.1945)		
em Type(s)		
LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: PGP, PLM, PW, KMS
OTHER(S) PRESENT: _____

MENTS: _____

RECEIVED OCT 1 6 2018

AC w/Inspection - No Chg

#239552

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: G&G Builders of Lake Norman **Address:** 1679 Lynwood Lane Statesville **Zip:** 28673

Applicant Email: GBarnard13@aol.com **Phone:** 704-978-5600 **Alt. Phone:**

Owner Name: DPG Properties LLC **Address:** 1679 Lynwood Lane Statesville **Zip:** 28673

Owner Email: GBarnard13@aol.com **Phone:** 704-978-5600 **Alt. Phone:**

****

Property Information:

Street Address: 145 Scotch Irish Lane, Troutman

Subdivision Name: Meadows **Section/Phase:** **Lot Number:** 140

Driving Directions: I-77 S to R on Perth Rd to R on State Park Rd. to R on Meadow Glen Drive to R on Valley View to L on Scotch Irish on left

****

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

(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: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (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 (X) 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: Gary M. Barnard 10/12/18

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Garry M. Barnard, am the legal owner(s) of the property located at 145 Scotts Fish Lane, Troutman, identified as

PIN (Parcel Identification Number) 4730489954.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ~~BFC Properties LLC~~ G & G Builders of Lake Norman 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.

Garry M. Barnard manager — Signature of Owner(s)

10/12/18 — Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

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:** (X) 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: *Place check ( ) beside whichever is submitted if applicable*
   ( ) Survey Plat, Scaled no more than 1 Inch = 60 Feet
   (X) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
DPG Properties, LLC	9168 Fair Oaks Drive Sherrills Ford, NC 28673		

~~Owner Name~~	~~Mailing Address~~	~~Home Phone~~	Work Phone
		SAME, Inc. 704-998-8047	OR 704-662-8625

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Meadow Glen	Lot 140

Driving Directions: Perth Rd., State Park Rd., Right into Meadow Glen.

****

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (X) Other Public Water

****

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

(X) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

****

8. **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. industry) 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.

9. **Signature:** [signature] — SAME, Inc. 03/24/2008

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

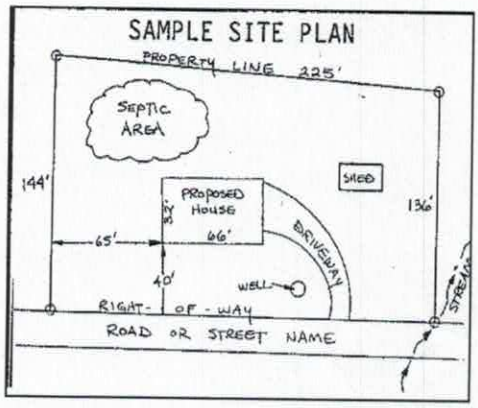
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- ( ) **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 Septic Permit

Signature: Gary M. Barnes Manager

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

10/12/15

DATE

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:

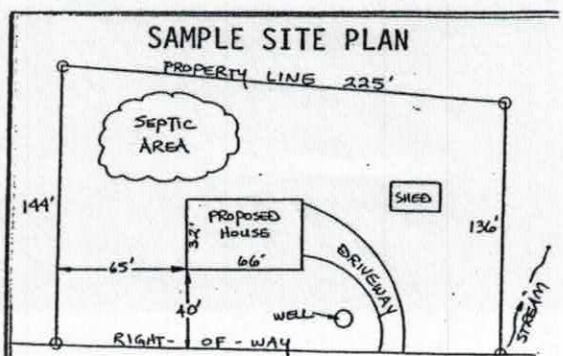
____ **Location of septic systems and wells within 100' of your property...** **N/A**
____ **Location of easements and rights of ways on your property...** **N/A**
____ **Location of any designated wetlands on the property...** **N/A**

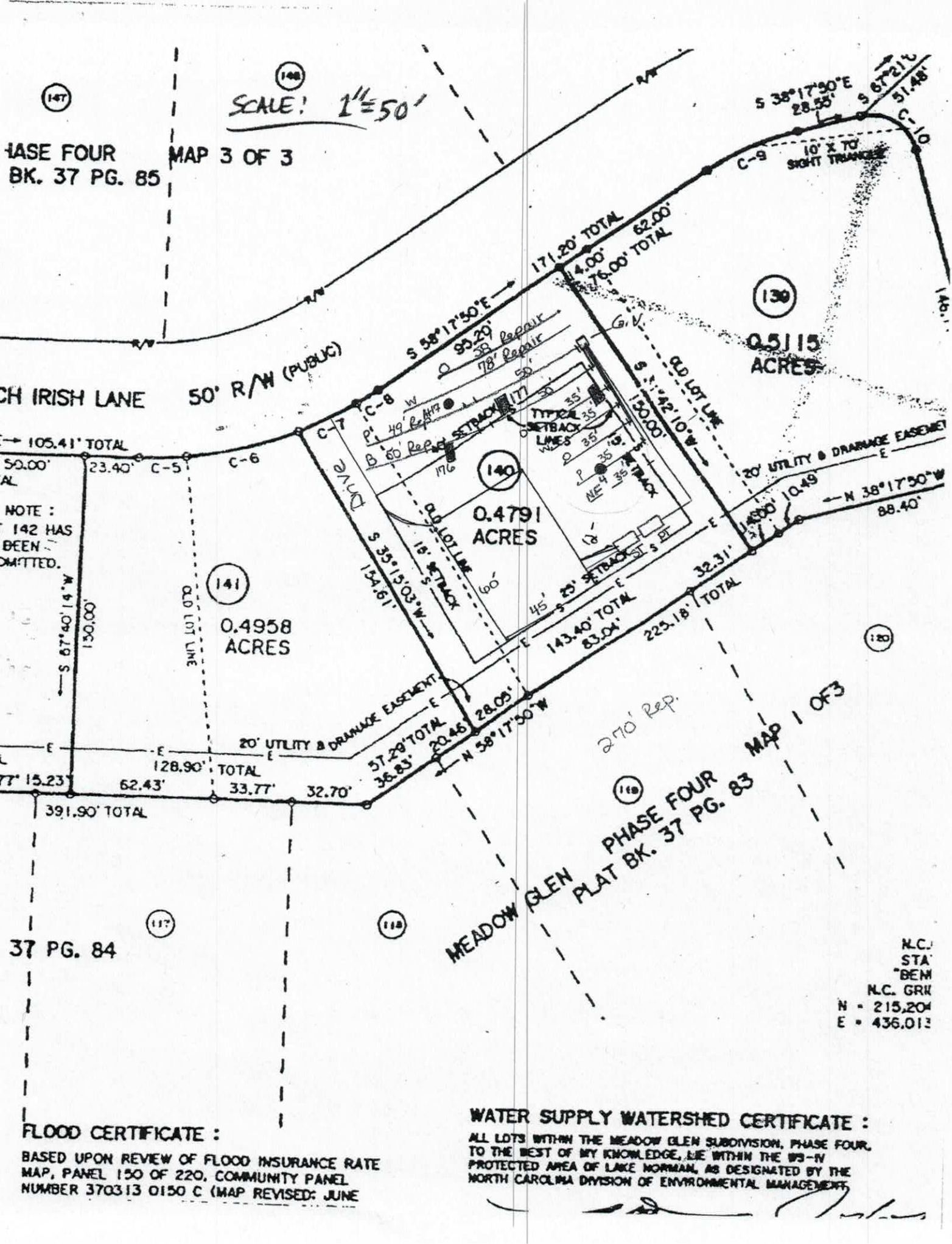
Signature: [signature] — STME, Inc. 03/24/08

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

* See Attached.



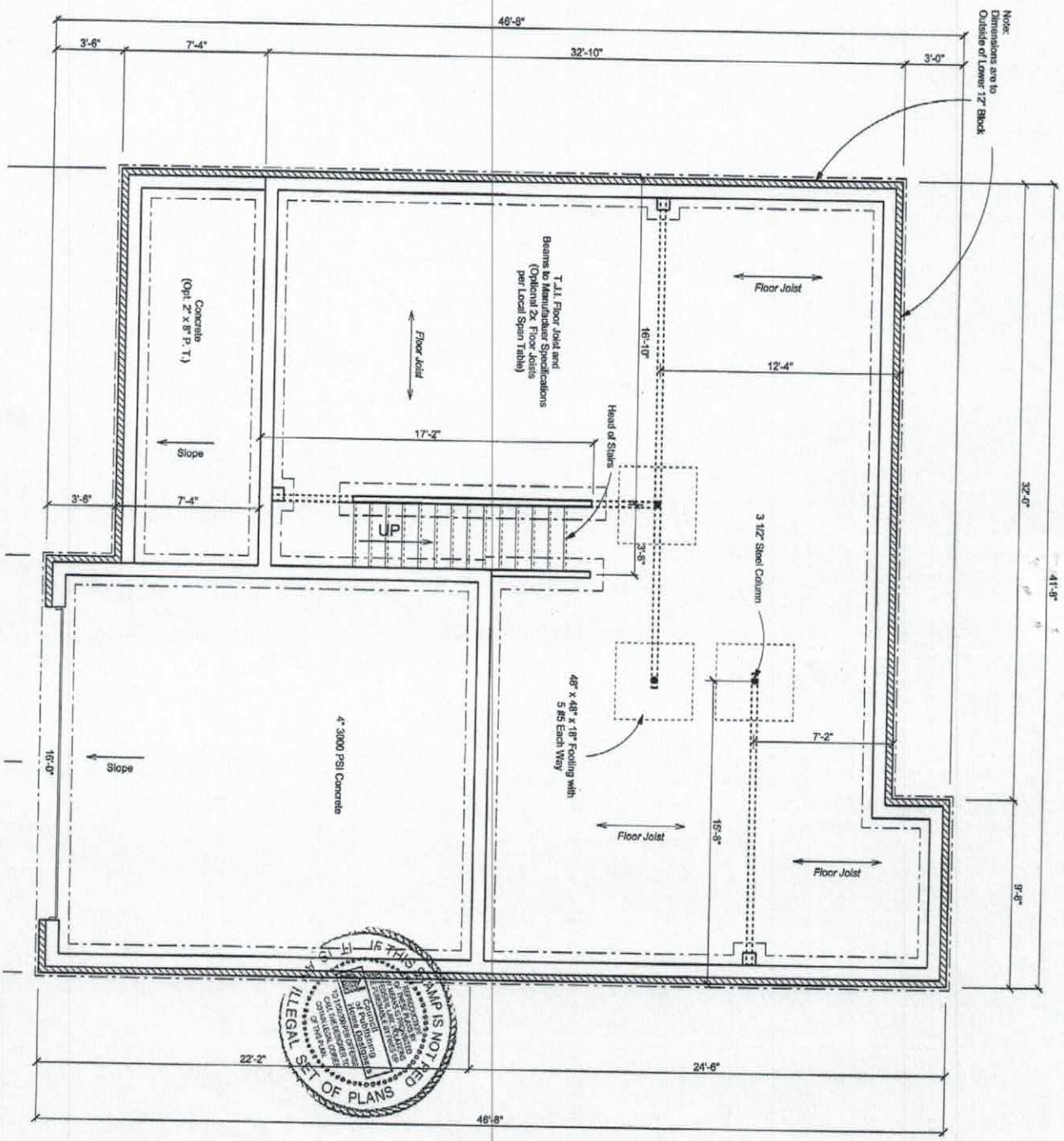


FLOOD CERTIFICATE :

BASED UPON REVIEW OF FLOOD INSURANCE RATE MAP, PANEL 150 OF 220, COMMUNITY PANEL NUMBER 3703I3 0150 C (MAP REVISED: JUNE

WATER SUPPLY WATERSHED CERTIFICATE :

ALL LOTS WITHIN THE MEADOW GLEN SUBDIVISION, PHASE FOUR, TO THE BEST OF MY KNOWLEDGE, LIE WITHIN THE WS-IV PROTECTED AREA OF LAKE NORMAN, AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT.



IF THIS STAMP IS NOT RED IT IS AN ILLEGAL SET OF PLANS

Acknowledgement Of
Plans Submittal ONLY!

Date 10/12/18

Date

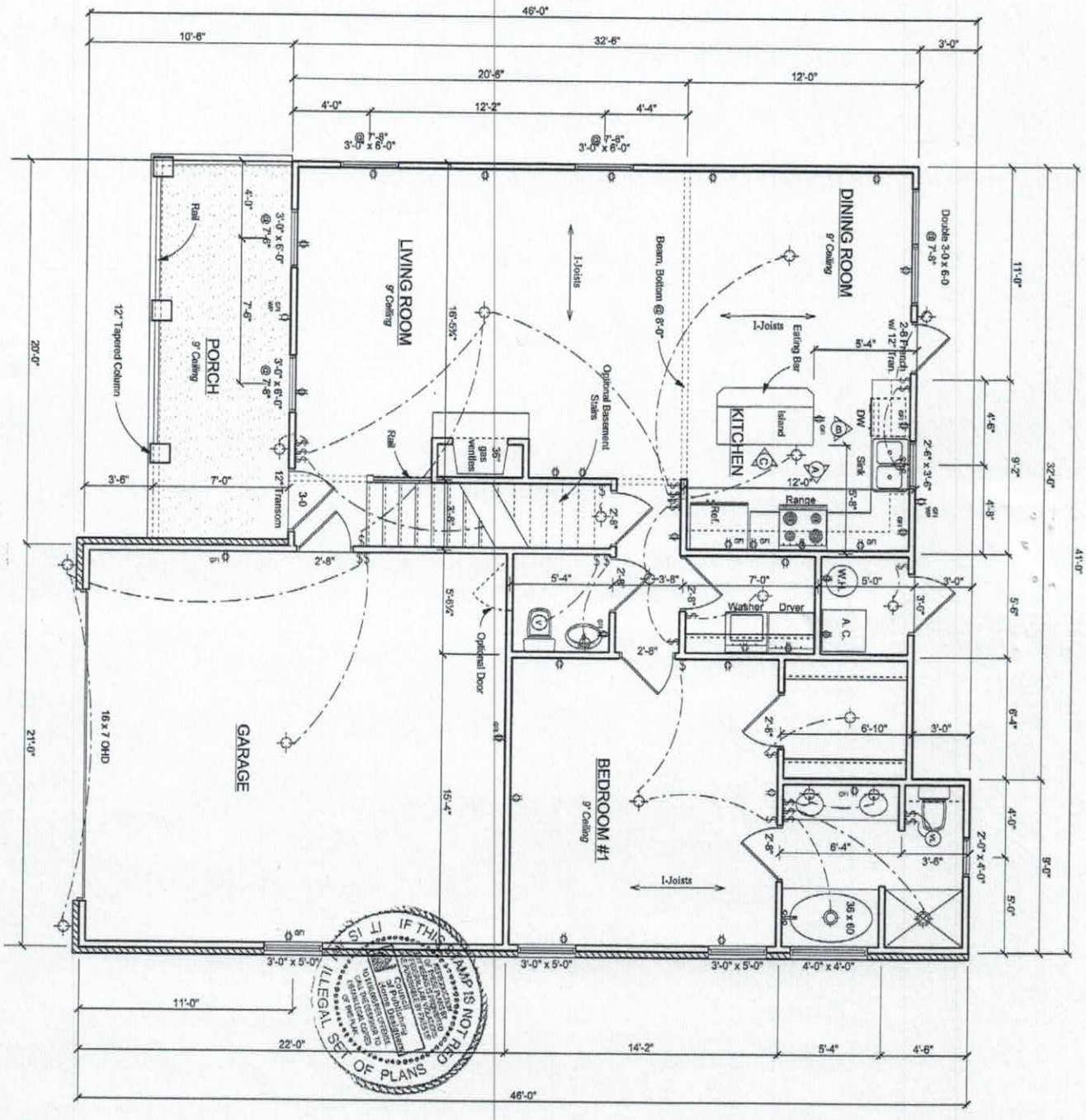
W.L. Martin Home Designs

for Contact Information

www.wlmartinhomes.com

#24284 Avilla
Reversed

REVISIONS	BY



IF THIS PLAN IS NOT RED IT IS AN ILLEGAL SET OF PLANS

Acknowledgement Of
Plans Submittal ONLY!

Mary M. Barnes Date 10/19/18

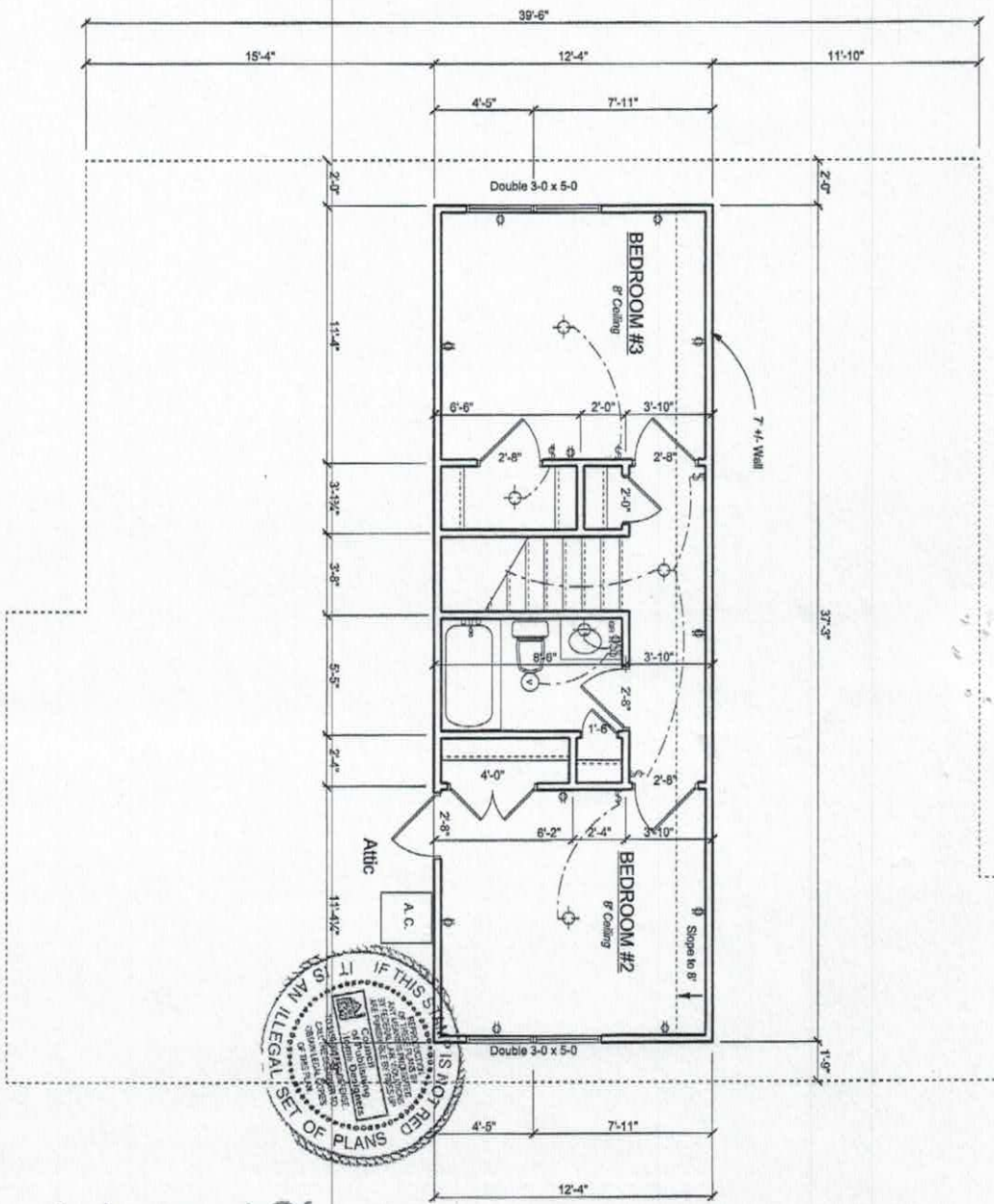
_____ Date _____

Date

W.L. Martin Home Designs

for Contact Information

#24284 Avilla



IF THIS STAMP IS NOT RED IT IS AN ILLEGAL SET OF PLANS

2nd Floor Plan

Notes:
1. A/C May be Relocated as Required by Mechanical Contractor.
2. Builders' Choice on 6" Plumb Wall Locations.
3. Co-ordinate Floor Truss Chase with Mechanical Contractor.
4. Provide Bulkhead Above Bathroom for Duct Work.

Acknowledgement Of
Plans Submittal ONLY!
Date 12/2/15
Date

Sheet	Job	Drawn	Scale	Date
4			1/4" = 1'-0"	

W.L. Martin Home Designs
for Contact Information
www.wlmartinhomes.com

#24284 Avilla
Reversed

Zoning Permit # 2395~~5~~2 (2)
Fee $ 4500 Code 104

See reverse for new construction.

Zoning Permit

LOCATION

Date (mm/dd/yy)	10/12/18	Tax Parcel #	4730489954.000
Business Name or Property Owner	DPG Properties LLC		
Street Address & Lot Number	145 Scotch Irish Lane, Troutman Lot 140		
Business Type and/or Project Description	SFD		

APPLICANT

Applicant	G+H Builders of Lake Norman	Preferred Phone	704-928-5600
Address City/State/Zip	3679 Lynwood Lane, Sherrills Ford, NC 28673		
E-Mail			

Would you like your e-mail address added to: (check any of interest)

- ☐ The Whistle Stop (Town of Troutman newsletter)
- ☐ Troutman Business Council (Local Chamber of Commerce)
- ☐ Sunshine List (Agenda for Town Board Meetings)

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	RS	TL ☐ ETJ ☑	Plans Attached	Yes ☑ No ☐
Utilities		Public water Public water Well/Septic		Floodplain	Yes ☐ No ☑
Permitted Use of Property		SFR			
Minimum Setback Requirements		Front 25', Rear 25', Left Side 10', Right Side 10' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments:

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Gary M. Bacon manager
Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Administrator

PAID
MAR 28
TOWN OF TROUTMAN

TOWN OF TROUTMAN
ZONING CLEARANCE APPLICATION
PERK TEST ONLY

Change of Principal Use
New or Enlarged Principal Use ✓
New or Enlarged Accessory Structure

PERMIT 10 -p- 03-08 **DATE OF APPLICATION** 3-28-2008

APPLICANT'S NAME Gary Barnard w/ DPG Properties LLC
APPLICANT'S MAILING ADDRESS 9168 Fair Oaks Drive Sherrills Ford NC 28673

DAY TIME PHONE # (443 745-2222

PROPERTY LOCATION: Meadow Glen Lot 140

TAX MAP OR PARCEL IDENTIFICATION NUMBER (PIN): 4730-48-9954

EXISTING ZONING: RS **IN A SPECIAL FLOOD HAZARD AREA?** Yes ___ No X

LOT DIMENSIONS: (Fill in all four blanks)
Length 150 Area 0.479
Width 142 Street Frontage 130'

TYPE OF BUILDING PROPOSED AND/OR PROPOSED USE: SF Res.

PROPERTY OWNER'S NAME: Same as above

PROPERTY OWNER'S MAILING ADDRESS "

RELATIONSHIP OF APPLICANTS TO PROPERTY OWNER ———

IF ACCESSORY STRUCTURE, CHECK PROPOSED YARD LOCATION

Front: Right Side:
Rear: X Left Side: X

STRUCTURE REQUIREMENT (Note: A separate application must be completed for each structure)

(Set Backs)	Required	Proposed
Lot Area	Increased from existing	0.479
Side Yard—Left	15'	60'
Side Yard—Right	15'	30'
Front Setback(from road R/W)	40'	64'
Building Height	50' max	<50'
Lot Width at Building Line	80'	133'
Rear Yard Setback	25'	25'

*Additional ten feet (10') required on all side yards which abut a public or private street

Comments: **PERK TEST ONLY!!!!**