IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-3625 PERMIT # 22107

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

PIN # 4730-55-4375

APPLICANT/OWNER: Billy Little / Nick Smith APPLICANT ADDRESS: 1002 Perth Rd. Troutman, NC

SITE ADDRESS: 1002 Perth Rd. Troutman NC 28166 PHONE: 704-797-6782 ALT. PHONE

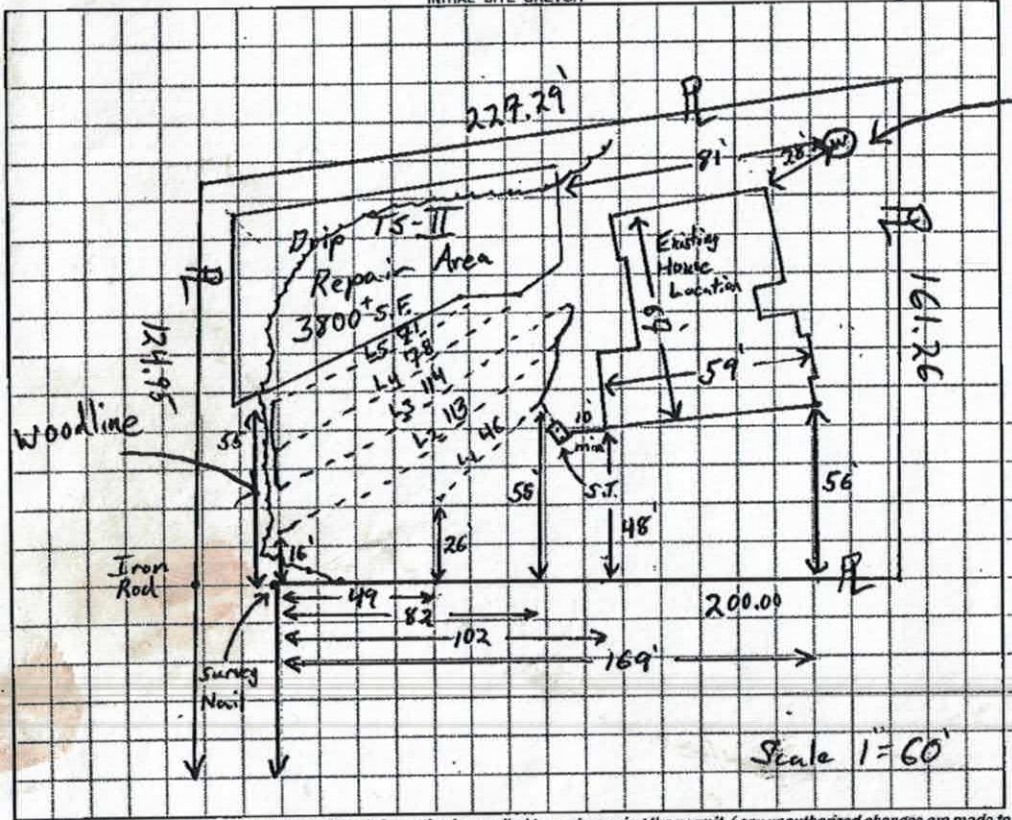
SITE DIRECTIONS: Perth Rd N from Rt 150 → After Crossing Lake Norman, house 1 mile ahead on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.947 DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

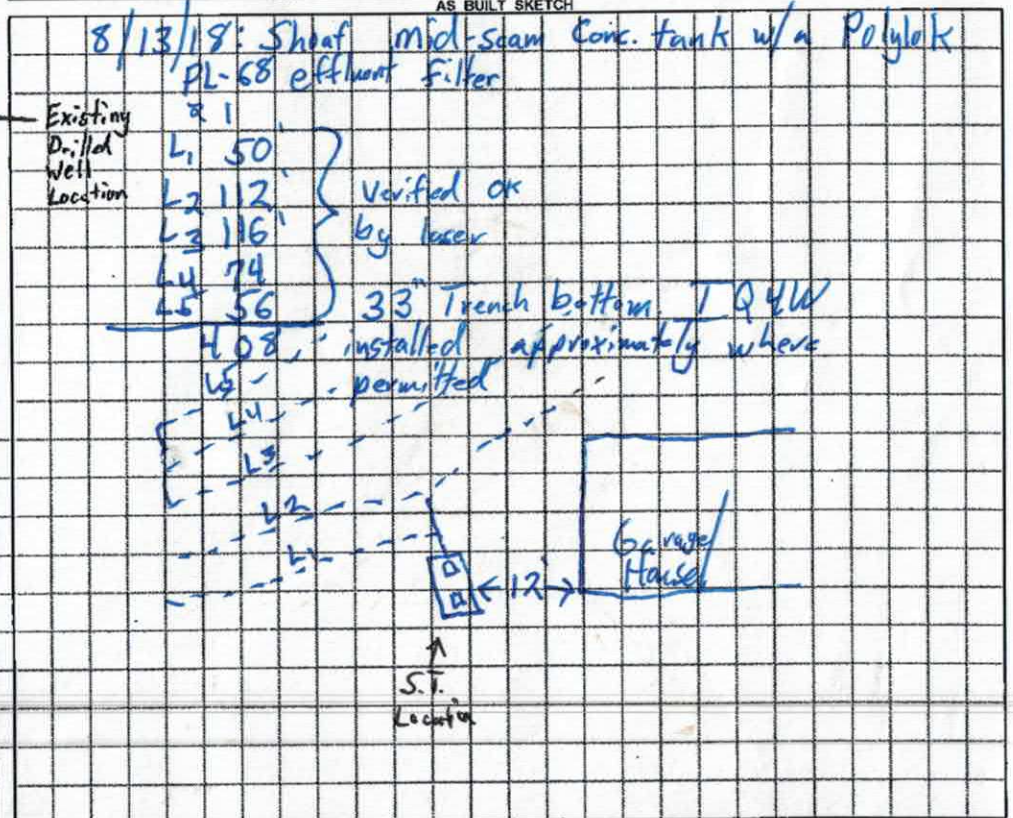
Septic Tank	1000	(gal)	STB	760	Date	6-11-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT		Date		System Description: 25% Reduction (serial distribution)		☐ Business	No. Persons	8	☒ Private Existing
Pump Make			Model		Serial #		Repair System Description: Drip + TS II (Shallow) [0.15 LTAR]		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	5	Linear Ft	400	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☒ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth(Low side)	33"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Though 422 l.f. of line has been laid out, only 400 l.f. need be installed. Extra area to be set aside for future repair area. Recommend pumping the tank every 3-5 years. House constructed per approved floorplans dated 10/30/2017.

INITIAL 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. **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: Billy Little Date: 8/2/2018 Installed by: Rick (A-1 Backhoe)

IMPROVEMENT PERMIT by: Tom Shuck Date: 8/1/2018 OPERATION PERMIT by: Tom Shuck Date: 8/13/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 8/1/2018 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet of
PROPERTY ID #: 4730-35-4375
COUNTY: Iredell

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

OWNER: Billy Little / Nick Smith
ADDRESS: 1002 Perth Rd. Troutman, NC
PROPOSED FACILITY: 4 BR SFR
LOCATION OF SITE: 1002 Perth Rd. Troutman, NC

APPLICATION DATE: 6/25/18
DATE EVALUATED: 7/11/18
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.947
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	6% middle of berm [.8 reduction]	0-13	SCL V.W. SBK	Sl. Friable, SS, Sp, Sep		68"			0.3 PS 36" TB
		13-32	clay m. SBK/ABK	Firm, Sticky, Sp, Sep					
		32-68	clay loam some Sap	Friable, SS, Sp, Sep					
			mica W. SBK						
2	7% Between House + Berm	0-14	SCL V.W. SBK	Sl. Friable, SS, Sp, Sep		59"			PS 0.2 PC 36" TB
		14-31	14-31 W SBK	Sl. Firm, Sticky, Sp, Sep					
		31-59	31-59 V.W. SBK some Saprolite	Friable, SS, Sp, Sep					
3	5% Repair Lower	0-16	SCL V.W. ABK	Sl. Friable, SS, Sp, Sep		48"			0.15 PS
		16-22	clay m. SBK/ABK	Sl. Firm, Sticky, Sp, Sep					
		22-48	clay m. SBK/ABK	Firm, Sticky, Sp, Sep					
			Platy 24"-36"		Chroma 2 Redox 23"-36"				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	422 l.f.	3800 S.F
System Type(s)	25% Reduction	TS-II Drip (See attached)
Site LTAR	0.30	0.15

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:
* Remove berm + trees to install in new area

COMMENTS:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Bk 2511 Pgs 2245-2247 (Deed)
66-123 (Plat)

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

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

5 0-27" OK
27-43 + chroma 2

OWNER: Billy Little
ADDRESS: 1014 Perth Rd. Troutman, NC
PROPOSED FACILITY: 4BR SFR
LOCATION OF SITE: 1002 Perth Rd Troutman, NC
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE: 8-29-17
PROPOSED DESIGN FLOW (.1949): 480 GPD
DATE EVALUATED: 9/15/17
PROPERTY SIZE: 0.94 acres
PROPERTY RECORDED: Yes

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	LSS 7%	0-5	SCL v.w SBK	SL Firm, SS,SP,SOP	—	46	—	—	0.325 PS
		5-26	Clay m ABK/SBK	SL Firm, sticky,SP,SOP					
		26-46	clay Loam w.SBK some SAP	Friable, SS,SP,SOP					
		46-58	Loamy Saprolite N/A	very Friable + well Drained					
			Gravel						
2	LSS 7%	0-7	SCL v.w SBK	SL Firm, SS,SP,SOP	—	50	—	—	0.30 PS
		7-31	clay m ABK/SBK	SL Firm, sticky,SP,SOP					
		31-50	clay Loam W.SBK some SAP	Friable, SS,SP,SOP					
		50-54	Loamy Saprolite N/A	very Friable + well Drained					
3	LSS 7%	0-8	SCL v.w SBK	SL Firm, SS,SP,SOP	—	55	—	—	0.30 PS
		8-29	Clay w-m SBK/ABK	SL Firm, sticky,SP,SOP					
		29-55	clay Loam W.SBK some SAP	Friable, SS,SP,SOP					
4	LSS 7%	0-26	SCL v.w SBK	SL Firm, SS,SP,SOP	—	52	—	—	0.275 PS
		26-40	clay w.SBK	SL Firm, sticky,SP,SOP					
		40-52	clay Loam W.SBK some SAP	SL Friable, SS,SP,SOP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)	267	300'
ystem Type(s)	PPBPS	LP-PPBPS
te LTAR	0.30	0.275

OTHER FACTORS (.1946): Cut back berm
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

ADDITIONAL COMMENTS:

L1 B 22 46

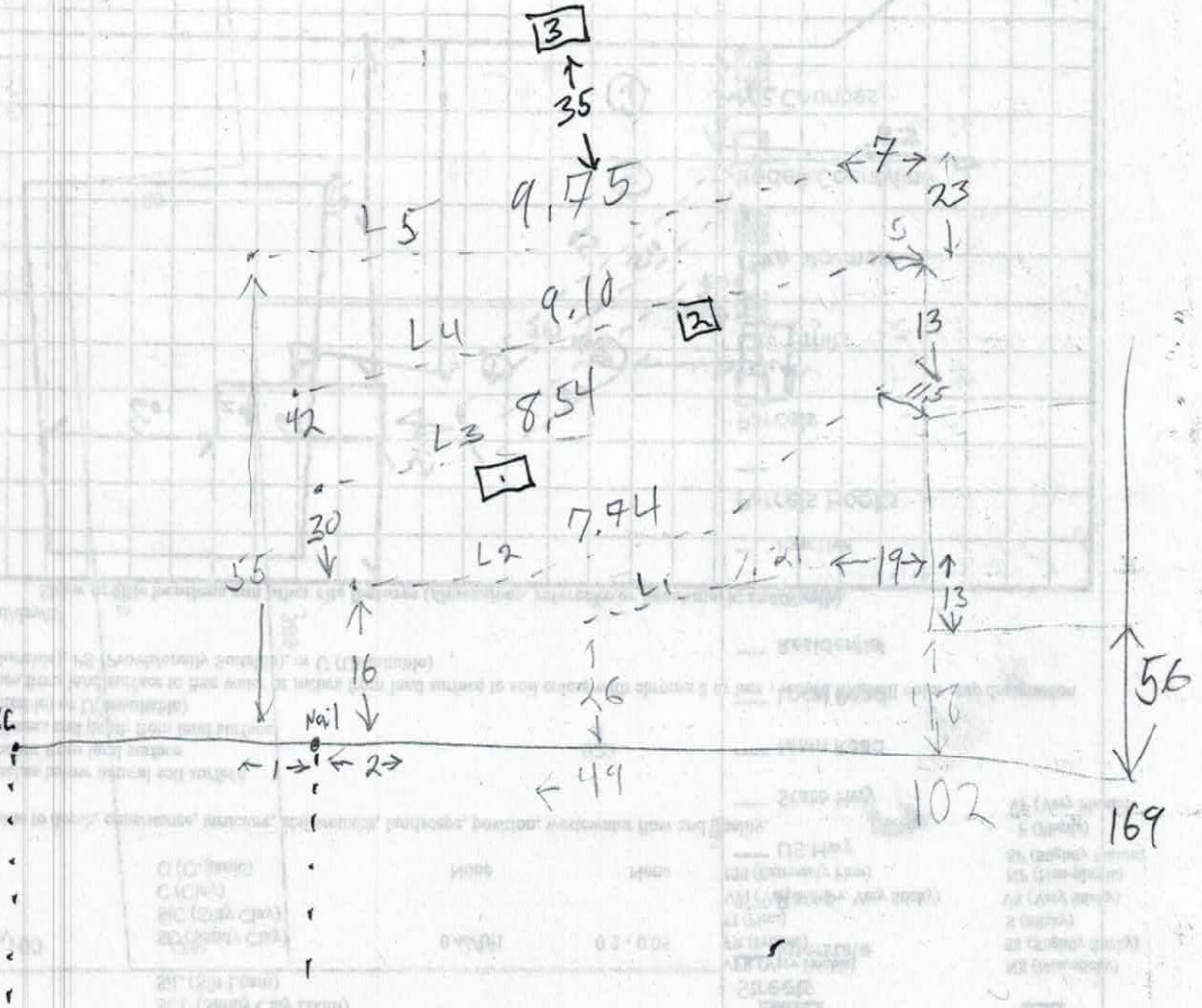
L2 W 113

L3 P 114'

L4 B: 78

L5 W 71

4 22



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

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

Bk 2511 Pgs 2245-2247 (Deed)
66-123 (Plat)

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

5 0-27" OK
27-43 + chroma 2

OWNER: Billy Little
APPLICATION DATE: 8-29-17
ADDRESS: 1014 Perth Rd. Troutman, NC
DATE EVALUATED: 9/15/17
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.94 acres
LOCATION OF SITE: 1002 Perth Rd Troutman, NC
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	LSS 7%	0-5	SCL v,w SBK	Sl. Firm, SS,Sp,Soap	—	46	—	—	0.325 PS
		5-26	m Clay ABK/SBK	Sl. Firm, sticky Sp, Soap					
		26-46	clay Loam w. SBK some SAP	Friable, SS, Sp Soap					
		46-58	Loamy Saprolite MA	very Friable + well Drained					
			Rock						
2	LSS 7%	0-7	SCL v,w SBK	Sl. Firm, SS, Sp, Soap	—	50	—	—	0.30 PS
		7-31	Clay m. ABK/SBK	Sl. Firm, Sticky Sp, Soap					
		31-50	clay Loam W. SBK some SAP	Friable, SS, Sp, Soap					
		50-54	Loamy Saprolite MA	very Friable + well Drained					
3	LSS 7%	0-8	SCL V,W SBK	Sl. Firm, SS, Sp, Soap	—	55	—	—	0.30 PS
		8-29	Clay w-m SBK/ABK	Sl. Firm, Sticky Sp, Soap					
		29-55	clay loam w. SBK some SAP	Friable, SS, Sp, Soap					
4	LSS 7%	0-26	SCL V.W SBK	Sl. Firm, SS, Sp, Soap	—	52	—	—	0.275 PS
		26-40	clay W. SBK	Sl. Firm, sticky Sp, Soap					
		40-52	clay Loam W. SBK some SAP	Sl. Friable, SS, Sp, Soap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267	300'
System Type(s)	PPBPS	LP-PPBPS
Site LTAR	0.30	0.275

OTHER FACTORS (.1946): Cut back berm
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

C 5.28

44.5 line lengths

L_1	P	7.03	45
L_2	W	7.48	64'
L_3	P	8.06	64'
L_4	W	8.58	64'
L_5	P	9.27	66
L_6	W	9.88	68

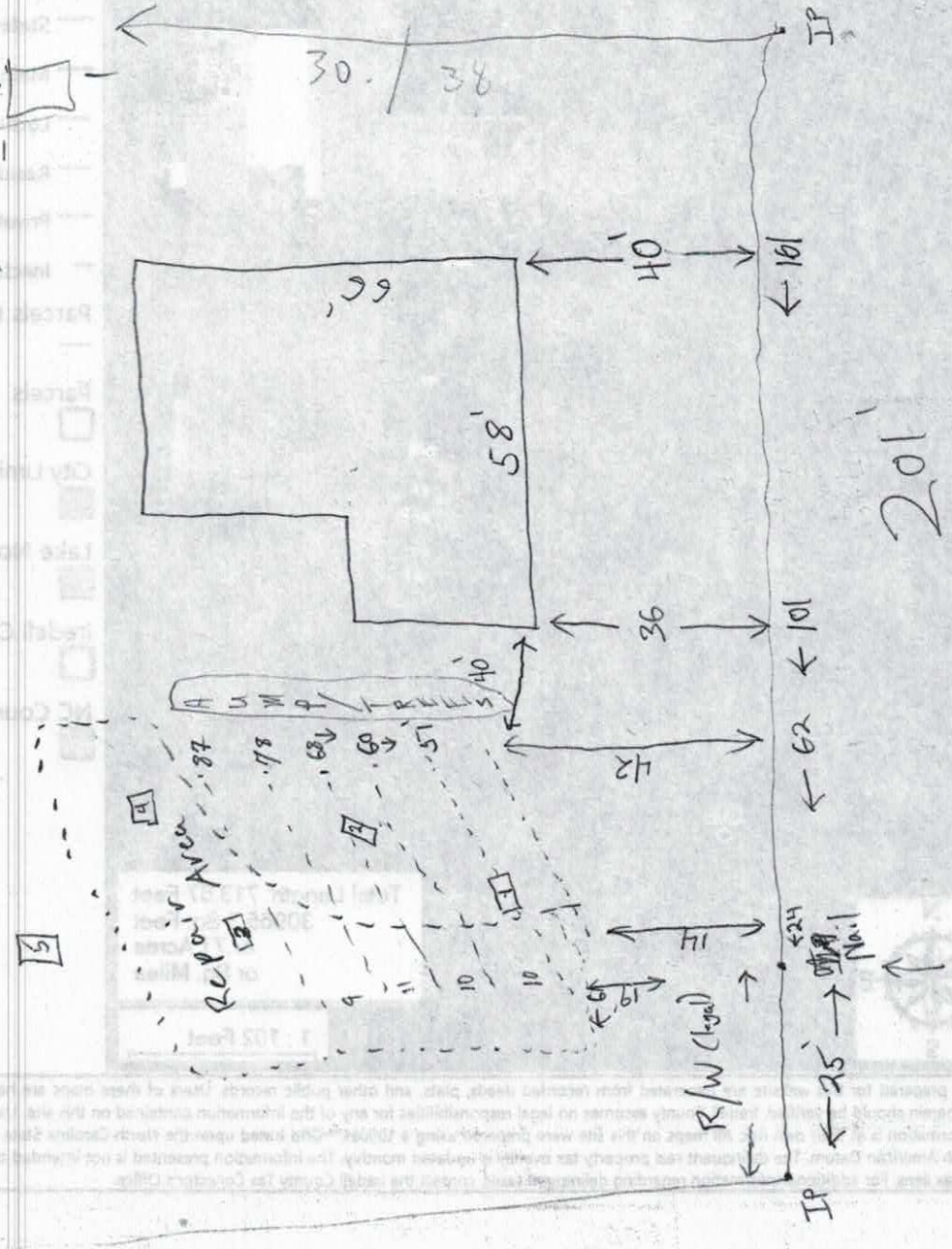
371

257 Required

104 left over

7% Slope

60
60
60
60



HC 5.25

44.5 line lengths

L1 P	7.03	45	
L2 W	7.48	64'	60
L3 P	8.06	64'	60
L4 W	8.58	64'	60
Ls P	9.29	6c	60
Lc W	9.88	68	30'/32

7% Slope

3 Pt Required
104 left over
70

201

forth in Sections II.A through I of this approval are met, as applicable. Summary tables of siting criteria, including when a special site evaluation (Section IV) is required, are included in Appendix A.

A. An aerobic subsurface drip system may be utilized on sites that meet one of the following criteria:
   1. Sites classified suitable or provisionally suitable in accordance with Rules .1939-.1948;
   2. Sites reclassified to be provisionally suitable in accordance with Rules .1956(1), (2), (4), (5) or (6a); or
   3. Sites meeting the criteria for low pressure pipe (LPP) systems in accordance with Rule .1957(a)(2).
   4. A special site evaluation pursuant to Section IV shall only be required if needed to justify the proposed long term acceptance rate (LTAR), as set forth in Section III.

B. Required vertical separation requirements shall be measured from the trench bottom or point of application, whichever is deeper.

C. The minimum vertical separation distance to rock or tidal water for subsurface drip systems shall be 12 inches, regardless of treatment.

D. A minimum of 6 inches of soil cover shall be maintained over driplines receiving effluent treated to TS-II or a less stringent standard.

E. Minimum required soil cover shall be uniform over the entire drip dispersal field or zone.

F. If reuse quality water is being dispersed to a conjunctive system area, less than 6 inches of soil cover may be maintained over the drip tubing.

G. This requirement for at least 6 inches of cover may be met by the addition of up to 6 inches, after settling, of suitable Group II or III soil material over the drip field. If cover material is required and the slope is over 30 percent, a slope stabilization plan must be provided by an appropriately licensed individual.

H. Driplines shall be installed at least 1 inch into naturally occurring soil. The drip installation shall otherwise be considered a fill system.

I. A drip system receiving effluent treated to the NSF-40 standard, or a more stringent standard, may be utilized on sites where there is at least 18 inches of useable naturally occurring soil above an UNSUITABLE soil horizon, rock, or soil wetness condition. The minimum vertical separation distance between the trench bottom or point of application, whichever is deeper, and any UNSUITABLE horizon, rock, or soil wetness condition shall be 12 inches.

J. A special site evaluation, pursuant to Section IV of this Approval, shall be required whenever Group IV soils are encountered within 18 inches of the naturally occurring soil surface or within 12 inches of the trench bottom or point of application, whichever is deeper, and the LTAR pursuant to Section III.B is proposed to exceed 0.10 gpd/ft^2 for NSF-40 effluent, 0.12 gpd/ft^2 for TS-I effluent, and 0.15 gpd/ft^2 for effluent treated to TS-II or a more stringent standard.

K. A drip system receiving aerobic effluent treated to TS-I, or a more stringent standard, may be utilized on

Comp. Redraw Permit 229814

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00

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: Billy Little Address: 1002 Perth Rd Trantman NC Zip: 28166
Applicant Email: BLittle_68@Tahoo.com Phone: 704-797-6782 Alt. Phone:
Owner Name: Nick Smith Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 1002 Perth Rd Trantman. NC. 28166
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: South Perth Rd House on left no woods

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

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

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

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: 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: Billy Little 6/25/18
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)* Bill Tuttle

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, Bill Tuttle, am the legal owner(s) of the property located at 1002 Ruth Rd Troutman NC 28166, identified as

PIN (Parcel Identification Number) 4730-55-4375, located in Iredell County, North Carolina.
I do hereby authorize **(print legal representative/company name)** Bill Tuttle, _____, 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.

Bill Tuttle
Signature of Owner(s)

10/25/18
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

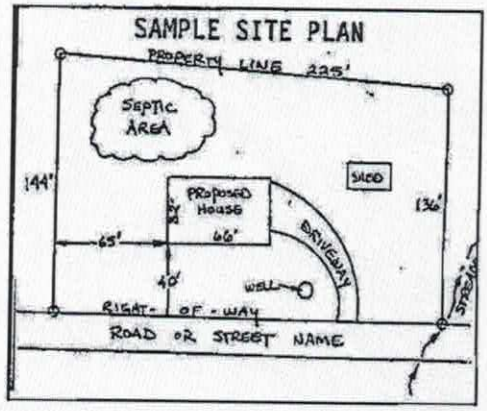
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

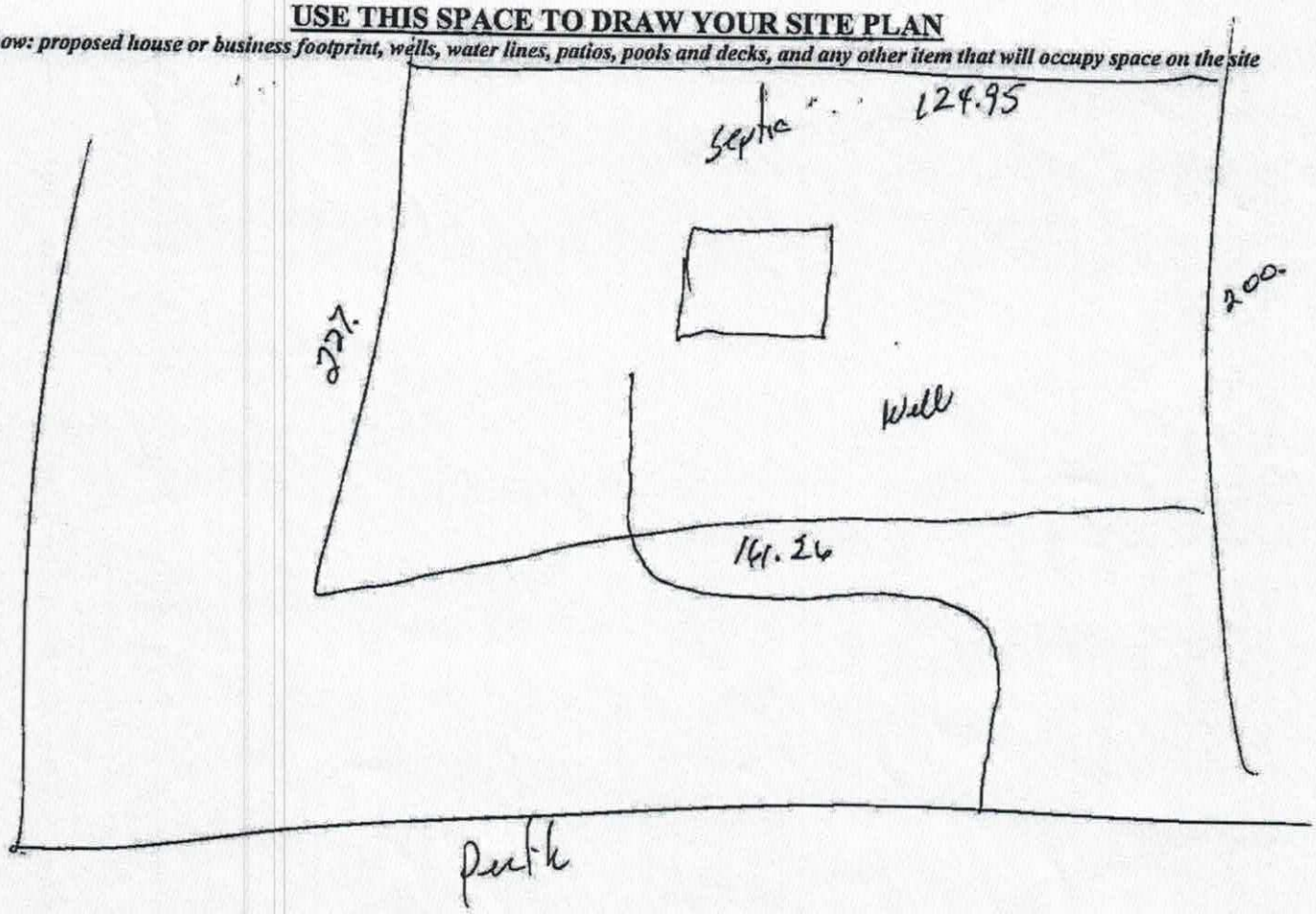


Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



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

6/25/18
DATE

1002 Perth Rd

Acknowledgement Of Plans Submittal ONLY!

By [illegible] Date 9/29/17

[illegible] Date 10/30/17

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE APPROVED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW SIZES AND LOCATIONS WITH OWNER PRIOR TO CONSTRUCTION.
4. CONTRACTOR SHALL VERIFY ALL ENGINEERED COMPONENTS WITH MANUFACTURER SPECIFICATIONS AND ROUGH OPENING SIZES.
5. SHOP DRAWINGS FOR ENGINEERED COMPONENTS TO BE SUBMITTED TO OWNER PRIOR TO CONSTRUCTION.
6. ALL WORK SHALL COMPLY WITH ALL APPLICABLE CODES AT SITE.
7. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
8. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2015, R312.1.1 & R312.1.2
9. M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.

EXCEPTIONS:

a. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.

b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.

9. APPLIANCE ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. INSTALLATION OF ROOM HEATERS SHALL BE PERMITTED WITH AT LEAST AN 18-INCH WORKING SPACE. A PLATFORM SHALL NOT BE REQUIRED FOR ROOM HEATERS.

M1305.1.1 FURNACES AND AIR HANDLERS. FURNACES AND AIR HANDLERS WITHIN COMPARTMENTS OR ALCOVES SHALL HAVE A MINIMUM WORKING SPACE CLEARANCE OF 3 INCHES ALONG THE SIDES, BACK AND TOP WITH A TOTAL WIDTH OF THE ENCLOSING SPACE BEING AT LEAST 12 INCHES WIDER THAN THE FURNACE OR AIR HANDLER. FURNACES HAVING A FIREBOX OPEN TO THE ATMOSPHERE SHALL HAVE AT LEAST A 6-INCH WORKING SPACE ALONG THE FRONT COMBUSTION CHAMBER SIDE. COMBUSTION AIR OPENINGS AT THE REAR OR SIDE OF THE COMPARTMENT SHALL COMPLY WITH THE REQUIREMENTS OF CHAPTER 11.

EXCEPTION: THIS SECTION SHALL NOT APPLY TO REPLACEMENT APPLIANCES INSTALLED IN EXISTING COMPARTMENTS AND ALCOVES WHERE THE WORKING SPACE CLEARANCES ARE IN ACCORDANCE WITH THE EQUIPMENT OR APPLIANCE MANUFACTURER'S INSTALLATION INSTRUCTIONS.

10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.

11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2015.

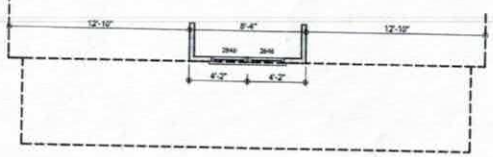
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.

13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.

14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2015, M1507.2

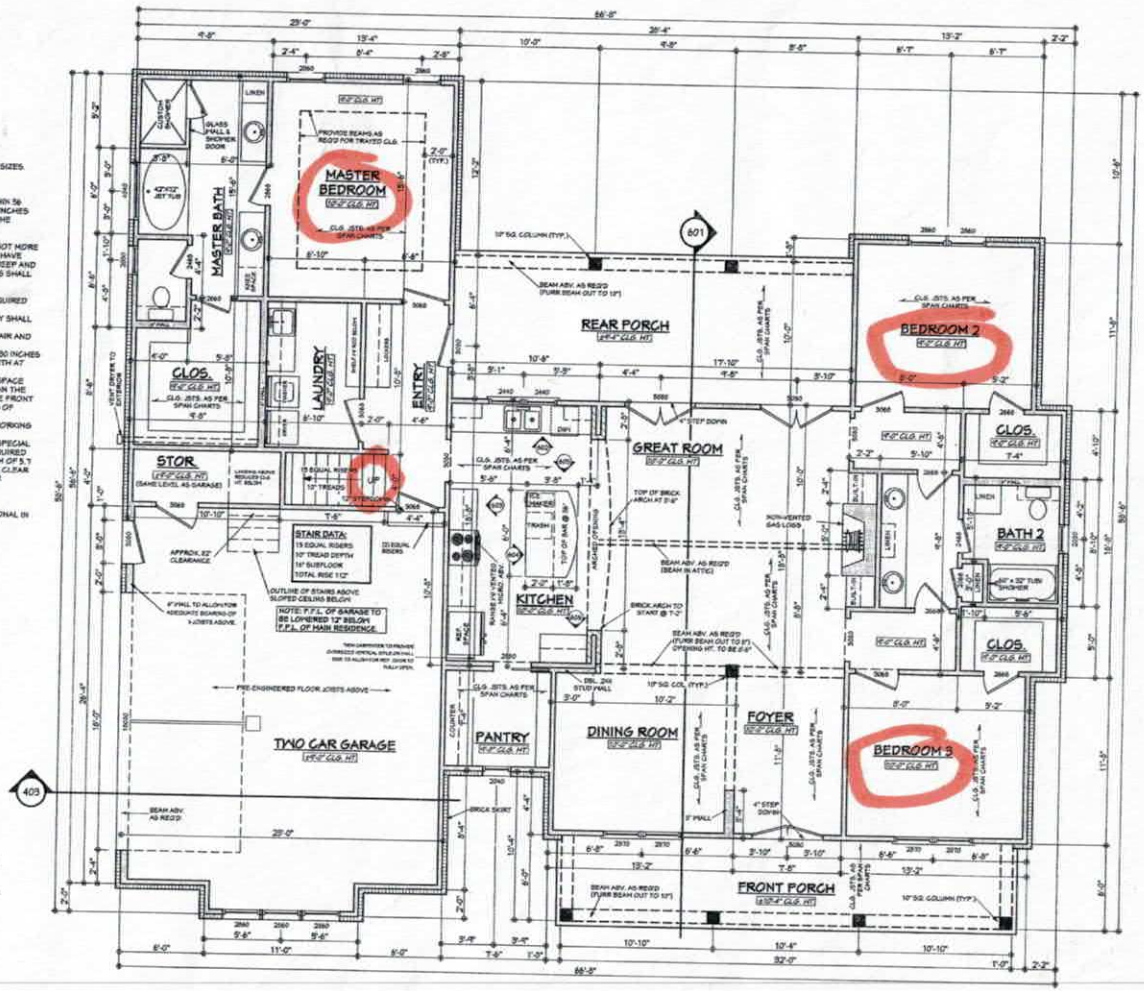


Stairs to bonus Room ok.



BONUS ROOM FLOOR PLAN

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



NOTE: CONTRACTOR TO LOCATE WATER HEATER AND HVAC UNITS AT SITE.

BB-2077 FLOOR PLAN

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

AREAS:		
	2077	S.F. HEATED - NOT INCLUDING MASONRY
	372	S.F. UNHEATED - BONUS ROOM
	622	S.F. UNHEATED - GARAGE
	283	S.F. UNHEATED - REAR PORCH
	43	S.F. UNHEATED - STORAGE
	192	S.F. UNHEATED - FRONT PORCH
	1512	S.F. UNHEATED - TOTAL
	3589	S.F. TOTAL (WITHOUT MASONRY)

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

House Plan Zone

Designing Homes Building Relationships

Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.336.3254
Fax: 1.800.514.1381

N·C·B·D·C
JONATHAN L. BOONE
CERTIFICATION NO. 35-157

Pre-Drawn Plan ID: BB-2077

House Plan Zone, L.L.C. has executed great care and effort in the development of these plans and the completion of these construction documents. However, we cannot warrant the accuracy of the information supplied herein and we will not be responsible for any loss, injury, or inconvenience sustained by anyone resulting from information contained herein. House Plan Zone, L.L.C. assumes no responsibility for any damages, including consequential damages, resulting from the use of these plans. House Plan Zone, L.L.C. assumes no responsibility for any deviations from these plans that are not approved by us in writing. In addition to your local building officials prior to construction. Additional engineering may be required by your local building officials. It is the responsibility of the owner and/or contractor to determine if any additional engineering is required. The purchaser and/or general contractor shall be responsible for ordering and obtaining all soil tests, engineering and other tests required by the local building officials or lending institutions. The purchaser and/or general contractor shall be responsible for verifying all measurements and shall be responsible for any errors or omissions which may occur as a result of failure to do so. House Plan Zone, L.L.C. will not be responsible for any changes made in these plans by other persons. If a person fails to follow and abide by these terms, he/she will be liable for any damages that House Plan Zone, L.L.C. incurs as a result of such failure. By the act of using these plans, you agree that you have read and understand the terms contained in these plans, and that you agree to be bound by them.

Date: 02.16.11
Drawn By: J.A.B.
Project Name:

SHEET NUMBER 3

IREDELL COUNTY

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

APPLICATION NUMBER
229814
Issue Date: 08/31/2017

ZONING PERMIT
Residential

FILE COPY

Parcel Number	Street Address	Jurisdiction
4730650593.000	1014 PERTH ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LITTLE BILLY F JR+CRYSTAL	Applicant: BILLY LITTLE
Address: 1014 PERTH RD TROUTMAN, NC 28166	Address: 1006 IREDELL CO, NC 28625
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.643	35.00	35.00	15.00	15.00	CACL	X

Remarks:

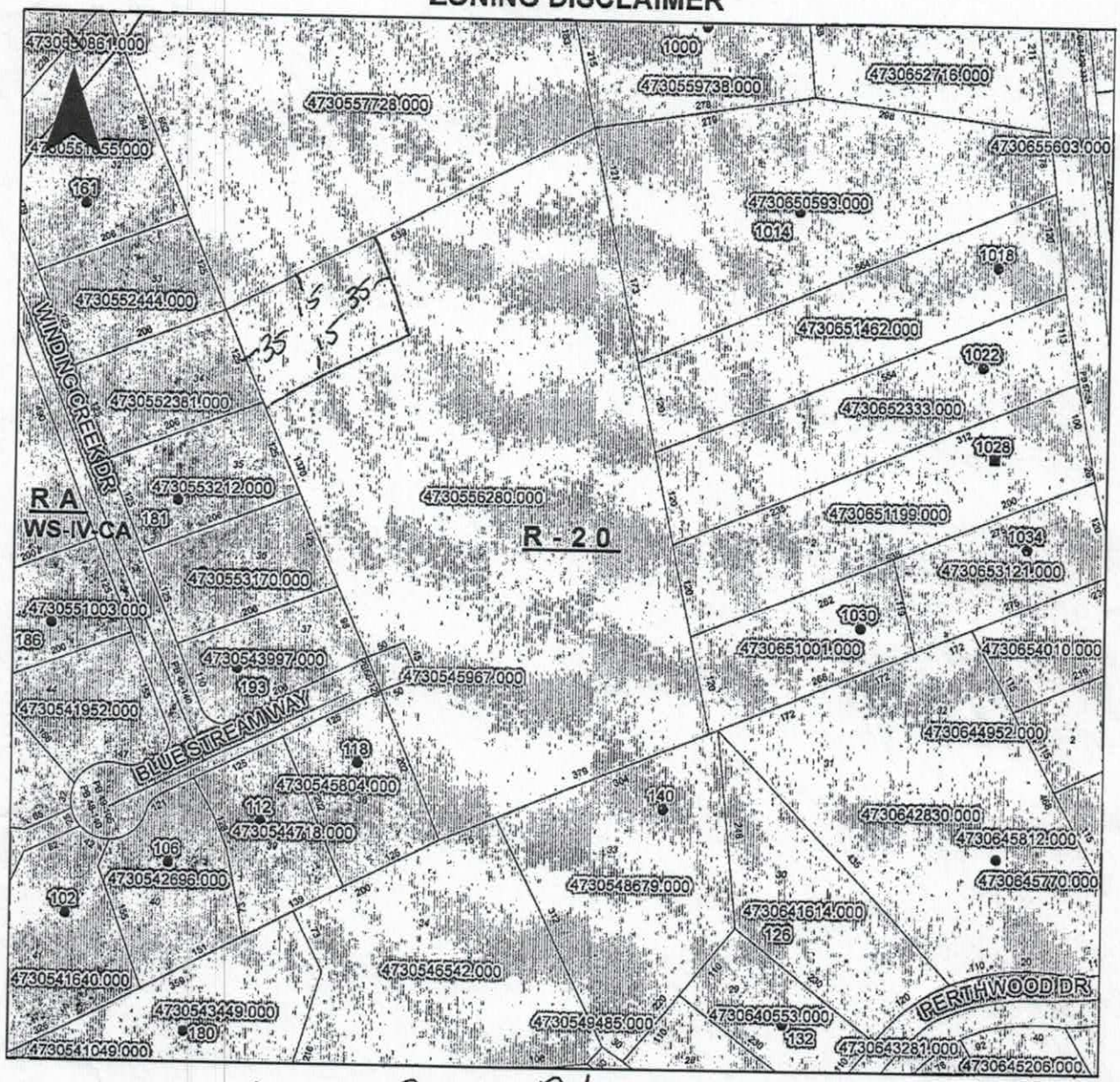
PAID 8/31

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.

Applicant: See Attached Date: _____

Permit Number	113739	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1002 Perth Rd

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

8-30-17
Date