IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 228702

PIN # 4732058109 ✓

APPLICANT/OWNER: Smith Douglas Homes - Charlotte APPLICANT ADDRESS: 4293-02 NC Hwy 24/27E, Midland NC

SITE ADDRESS: ✓137 Autumn Mist Rd, Statesville 28677 PHONE: 704-781-5158 ALT. PHONE 704-273-6541

SITE DIRECTIONS: 215 → R on Hillhaven → L on Wallace Springs → L on Autumn Mist → on left

SUBDIVISION: ✓Autumn Brook SECTION: 1 LOT # 43 LOT AREA: .513ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480gpd L.T.A.R.: .3

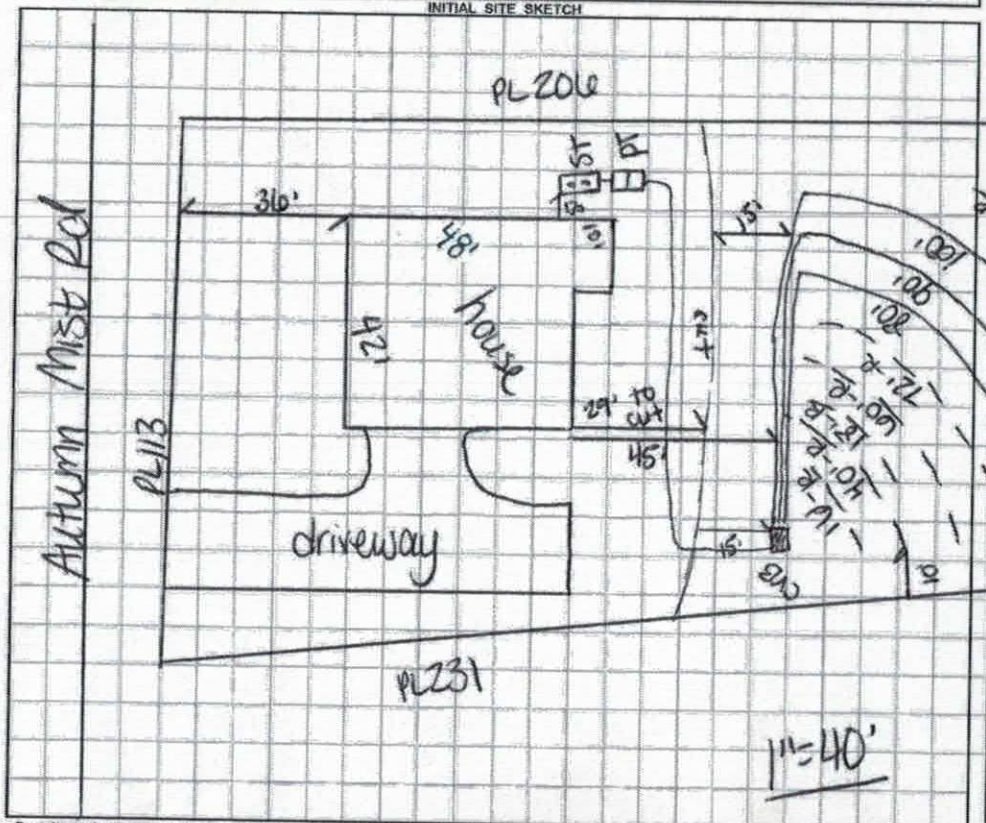
Septic Tank	1000 (gal)	STB Infiltrator	Date IN-1060	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT Infiltrator	Date IN-1060	System Description: LP PPBPS				☐ Business	No. Persons 8
Pump Make	Orenco Model	PF 300511	Serial # 186j4200602	Repair System Description: LP PPBPS				☐ Other	No. Employees
# Nitrification Fields	1 # Lines	3	Linear Ft 270'	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☐ Crawl Space
Trench Width	24" Trench Bottom Depth(Low side)	30"	Gravel Depth —		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

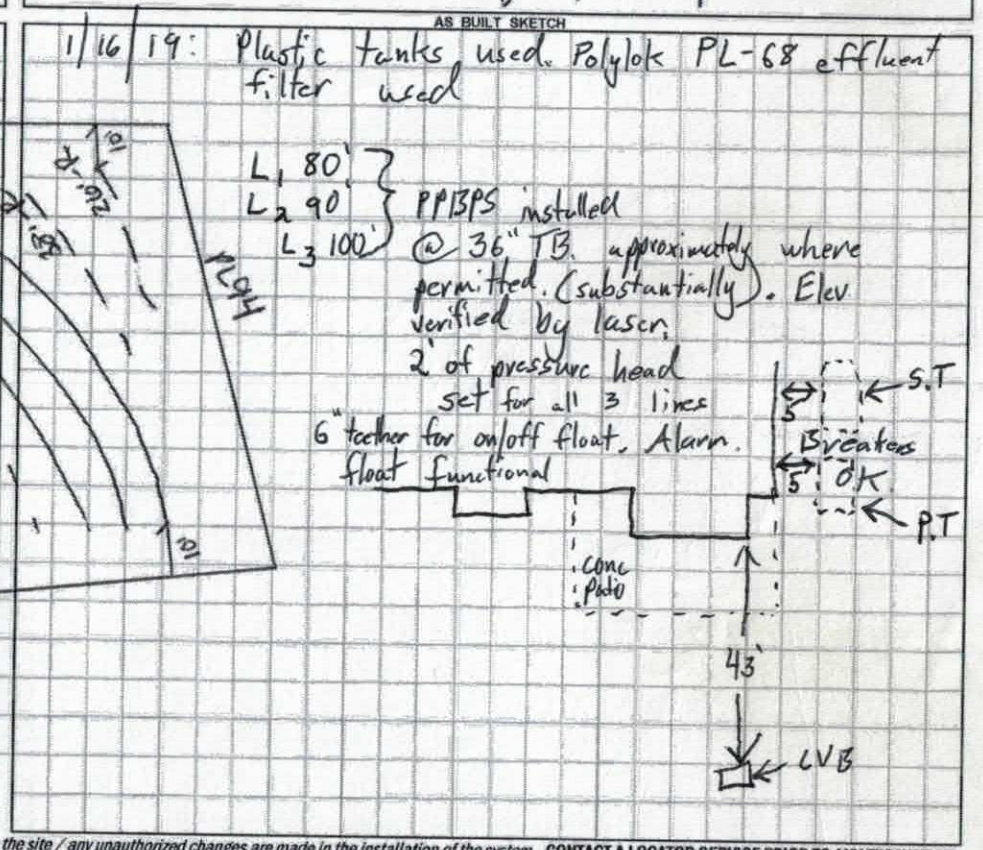
Comments / Conditions: Purpose of this permit is a redraw due to grading cut. Maintain 15' setback from cut.

- 75.42 gal per min with 149.54 gal dose volume based on '08 permit design by Ashley Rollans, LSS

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: Carla C. Cave Date: 1/14/19

IMPROVEMENT PERMIT by: Carla C. Cave Date: 1/11/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 1/11/19

Installed by: Jamie O'Daniel (Specialty Septic)

OPERATION PERMIT by: Tom Shuck Date: 1-17-19

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.

	Date	Initials
Drain Lines Checked	1/16/19	SA
Tanks Checked	1/16/19	SA
Pressure Manifold or Valve Box Checked	1/16/19	SA
Pressure Head Set	1/16/19	SA
Electrical Checked	1/16/19	SA
Floats Set	1/16/19	SA
Alarm Checked	1/16/19	SA
Maintenance Contract (Y) N		
Comments:		

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

Sheet 1 of 1
PROPERTY ID #: 97320586
COUNTY: Iredell

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

OWNER: Steven Brusko
ADDRESS: 137 Autumn Mist Trl
APPLICATION DATE: 7/17/17
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
DATE EVALUATED: 7/31/17
LOCATION OF SITE: 21 S T/R old Mtn T/R Wallace Springs T/R Autumn Mist T/R W/R
PROPERTY SIZE: .510
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	L 6%	0-6	SBK CL	fr SE	PS	PS	N/A	N/A	PS .3
		6-26	SBK C	fi SE					
		26-50	WSBK BC	fi/fr SE					
2	L 5%	0-8	SBK SCL	fr SE	PS	PS	N/A	N/A	PS .3
		8-37	SBK C	fi SE					
		37-53	WSBK BC	fi/fr SE					
3	L 6%	0-6	GR SCL	fr SE	PS	PS	N/A	N/A	PS .3
		6-34	SBK C	fi SE					
		34-48	WSBK BC	fi/fr SE					
4	L 5%	0-9	SBK SCL	fr SE	PS	PS	N/A	N/A	PS .3
		9-31	SBK C	fi SE					
		31-48	WSBK BC	fi/fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H Snow
OTHER(S) PRESENT:

COMMENTS:

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)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
DS (Debris Slump) FP (Flood Plain) FS (Foot Slope)	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

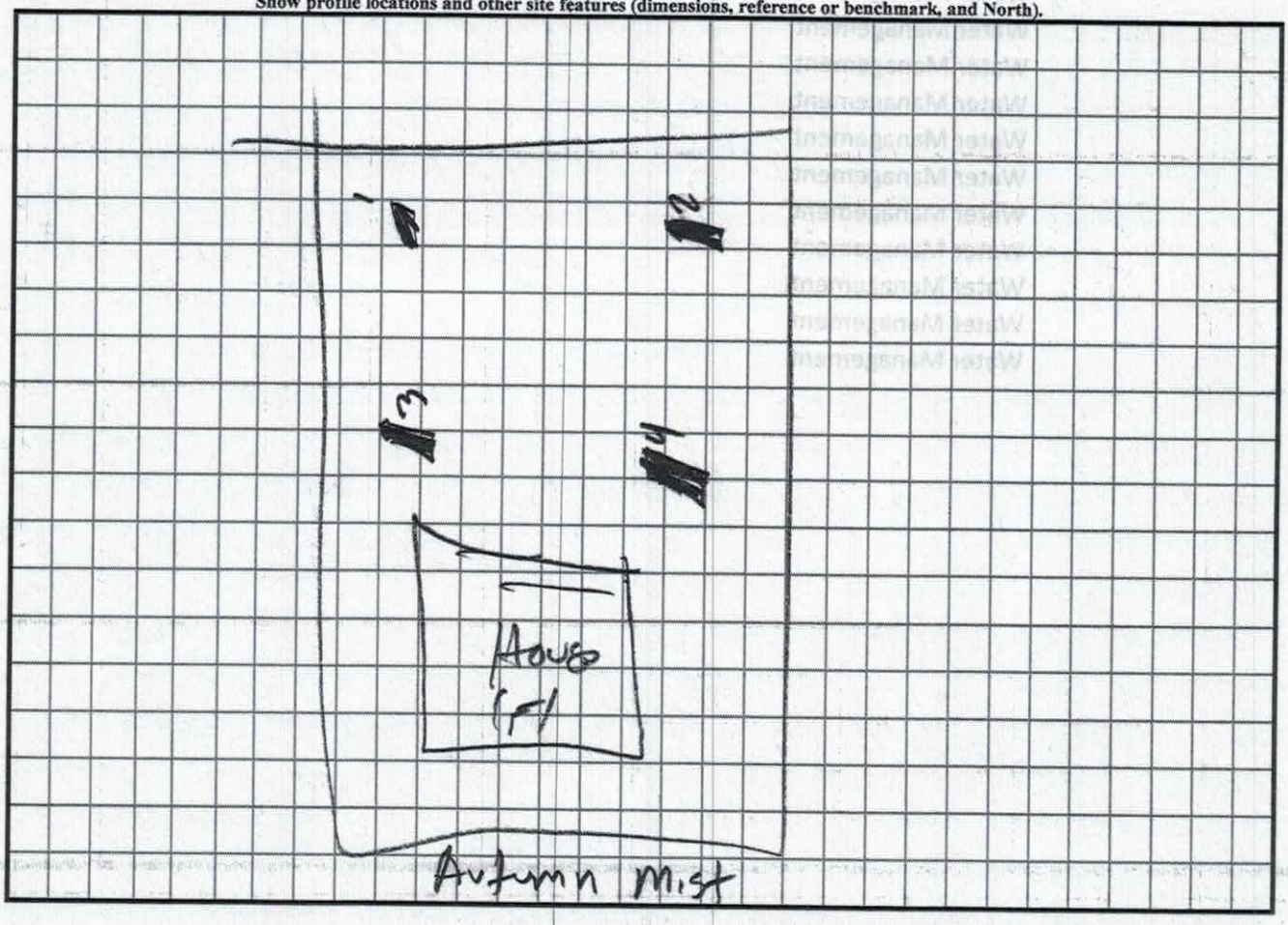
NOTES

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).



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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

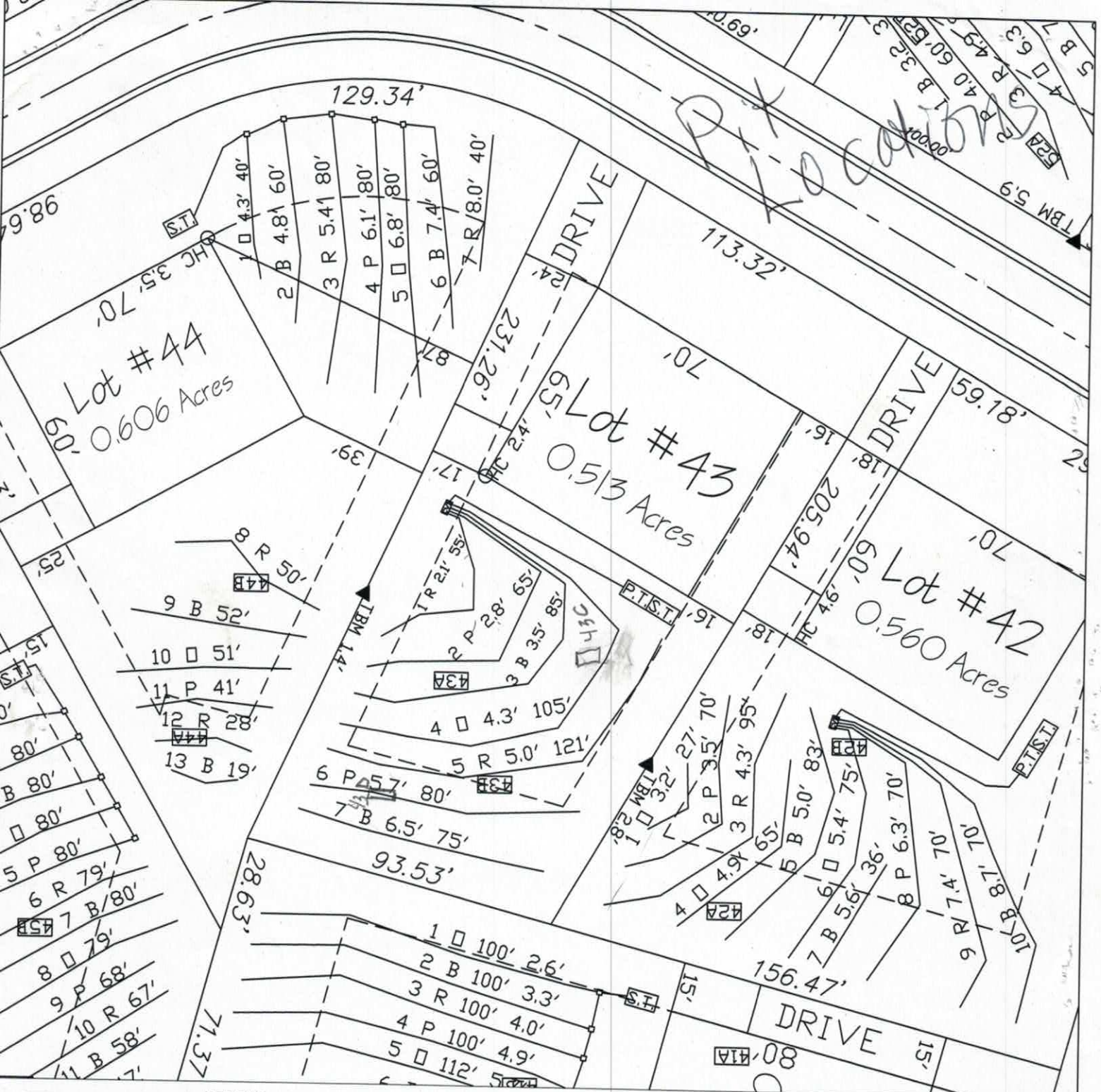
OWNER: The Johnson Group
ADDRESS: 132 Court St. Statesville NC 28677 — APPLICATION DATE 6/08
PROPOSED FACILITY: 4 BRM — PROPOSED DESIGN FLOW (.1949): 480 gpd — DATE EVALUATED: 4/08
LOCATION OF SITE: Autumn Brook Subdivision Off Wallace Springs Rd) Lot 43 — PROPERTY SIZE: 0.513 Ac
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other — PROPERTY RECORDED: No
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
43A	LSS	0-8	B scl gr	ss, sp, fr SEP	—	48"	—	—	PS
4	0-5%	8-30	R C MFSBK	ss, sp, fr SEP					
		30-48	R CL WSBK	ss, sp, fr SEP	few sap				.3
43B	LSS	0-10	B scl gr	ss, sp, fr SEP	—	52"	—	—	PS
2	5-10%	10-32	R CL MFSBK	ss, sp, fr SEP					
		32-52	R CL WSBK	ss, sp, fr SEP	few sap				.3
3C		0-6	B scl gr	fr					
B		6-27	mod bk RC	fr SE					
		27-60	wk sbk RC	fr			f-sap		.3
		60	sl sap						
4		0-10	B sc l gr						
		10-34	mod bk RC	fr SE					
		34-60	sl sap				f-sap cl inc.		.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:



LEGEND

- HOUSE
- PIT
- SEPTIC LINES
- REPAIR LINES

GRAPHIC SCALE
1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

ROLLANS SOIL & ENVIRONMENTAL SERVICES
70 N. BROAD ST., SUITE D
OORESVILLE, NC 28115
HONE/FAX: (704) 658-1723
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANS@WINDSTREAM.NET

MAP TITLE: PRELIMINARY SOIL EVALUATION

PROJECT NAME: THE JOHNSON GROUP / AUTUMN WOODS

LOCATION/DATE: WALLACE SPRINGS ROAD IREDELL COUNTY, NORTH CAROLINA JUNE 2006

JOB # :	01-1439
FILE:	C:\JOBS\01-1439
PROJECT MGR.:	A.L.P
FIELD WORK:	A.L.P
DRAWN BY:	A.L.P

RECEIVED JAN 8 - 2018

Paid $320.00

228702

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

redraw

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: ( ) 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: Smith Douglas Homes **Address:** 4293-D2 NC Hwy 24/27 E **Midland** NC **Zip:** 28107

Applicant Email: msmith@smithdouglas.com **Phone:** 704-781-5158 **Alt. Phone:** 704-273-6541

Owner Name: same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 137 Autumn Mist Rd

Subdivision Name: Autumn Brook **Section/Phase:** _____ **Lot Number:** 43

Driving Directions: S on 21 R on Hill Haven L on Wallace Springs L onto Autumn Mist

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — **Maximum Number of Bedrooms:** 4
( ) New Multi-Family Residence — **Maximum Number of Occupants:** _____
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____

( ) Crawl Space Foundation
(X) 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 (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 ( ) 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: _____ 1-8-19
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, Smith Douglas Homes, am the legal owner(s) of the property located at 137 Autumn Mist Rd, identified as

PIN (Parcel Identification Number) 4732058692, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Matt Smith _____, 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.

_____ 1-8-19

Signature of Owner(s) 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

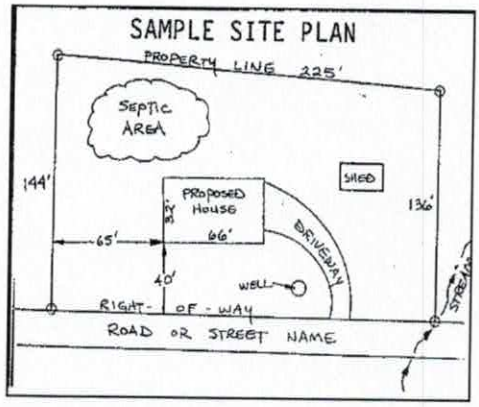
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- **( ) 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**

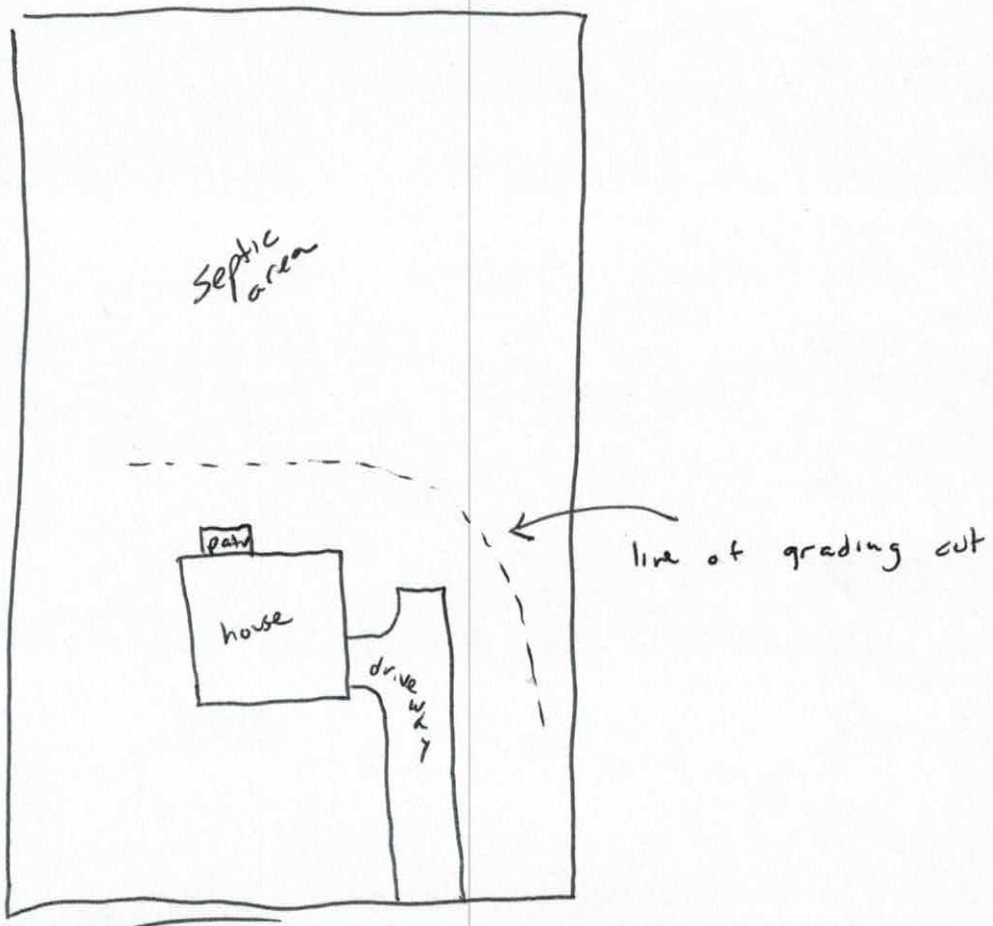


Circle N/A on the following if appropriate:

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



Signature: _____

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

1/8/19

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228702

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

PIN # 4732058692

APPLICANT/OWNER: ~~Steven Brusko~~ SDH Charlotte APPLICANT ADDRESS: P.O. Box Cornelius NC 28031

SITE ADDRESS: 137 Autumn Mist Rd Statesville NC PHONE: 704-622-3356 ALT. PHONE N/A

SITE DIRECTIONS: 21 TR 010 Mtn Rd T/R Wallace Spring, T/R Autumn Mist SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Brook SECTION: 1 LOT # 43 LOT AREA: 1.510 DESIGN FLOW: 480 L.T.A.R.: 6.3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	1000	(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	4	Linear Ft.	270			
Trench Width	36"		Trench Bottom Depth(Low side)	36"+1	Gravel Depth	N/A			

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4 Water Supply

☐ Business No. Persons 8 ☐ Private

☐ Other No. Employees ☒ Public

☒ Slab ☐ Crawl Space ☐ Community

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions:

In line pump filter required

INITIAL SITE SKETCH

See plan from Pollans Soil + Environmental Services

AS BUILT SKETCH

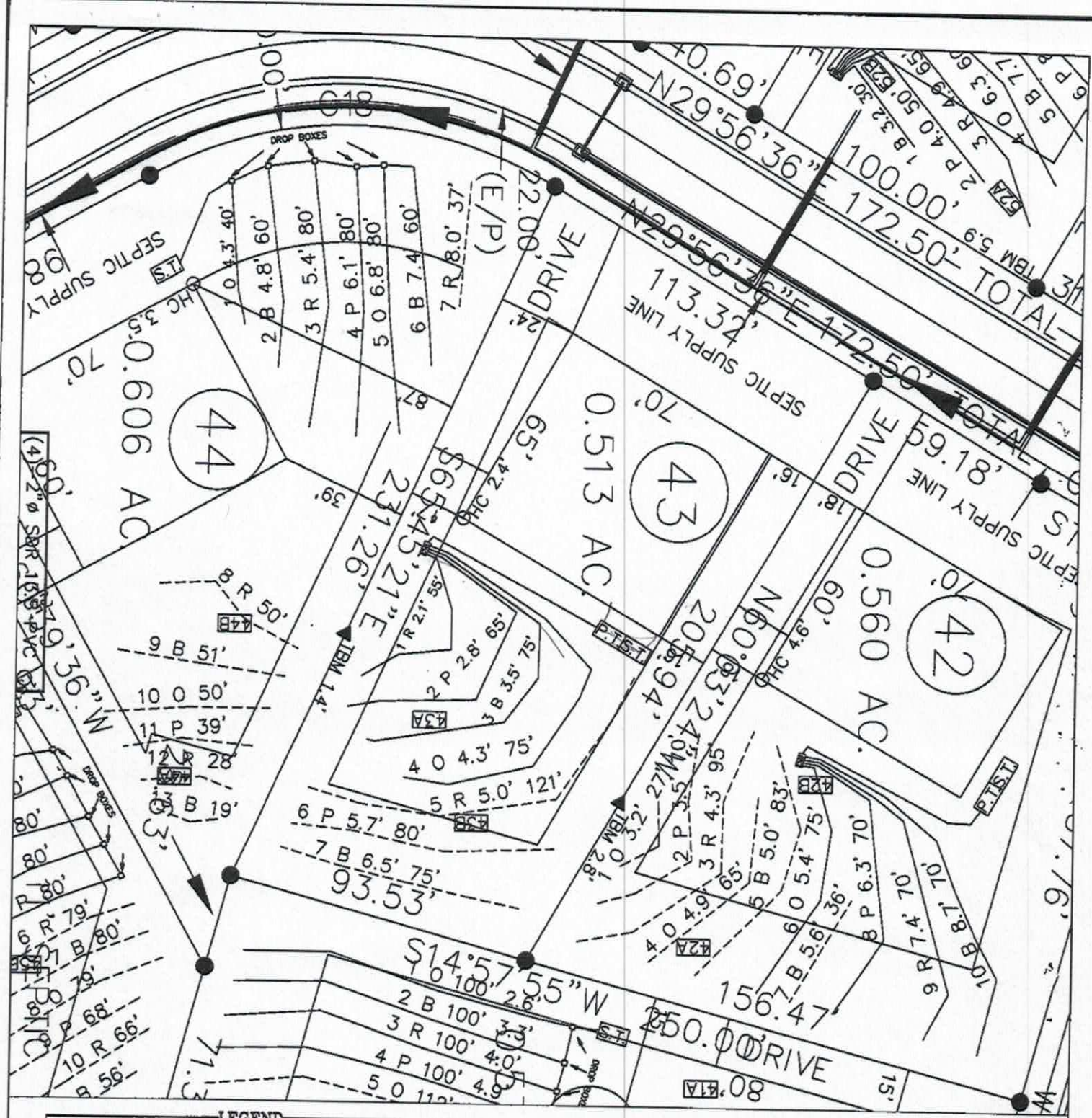
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☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9-26-17 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 08/01/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 9/6/18 Existing System Inspected by: Date:



FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 N. BROAD ST., SUITE D
MOORESVILLE, NC 28115
PHONE/FAX: (704) 658-1723

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANS6@WINDSTREAM.NET

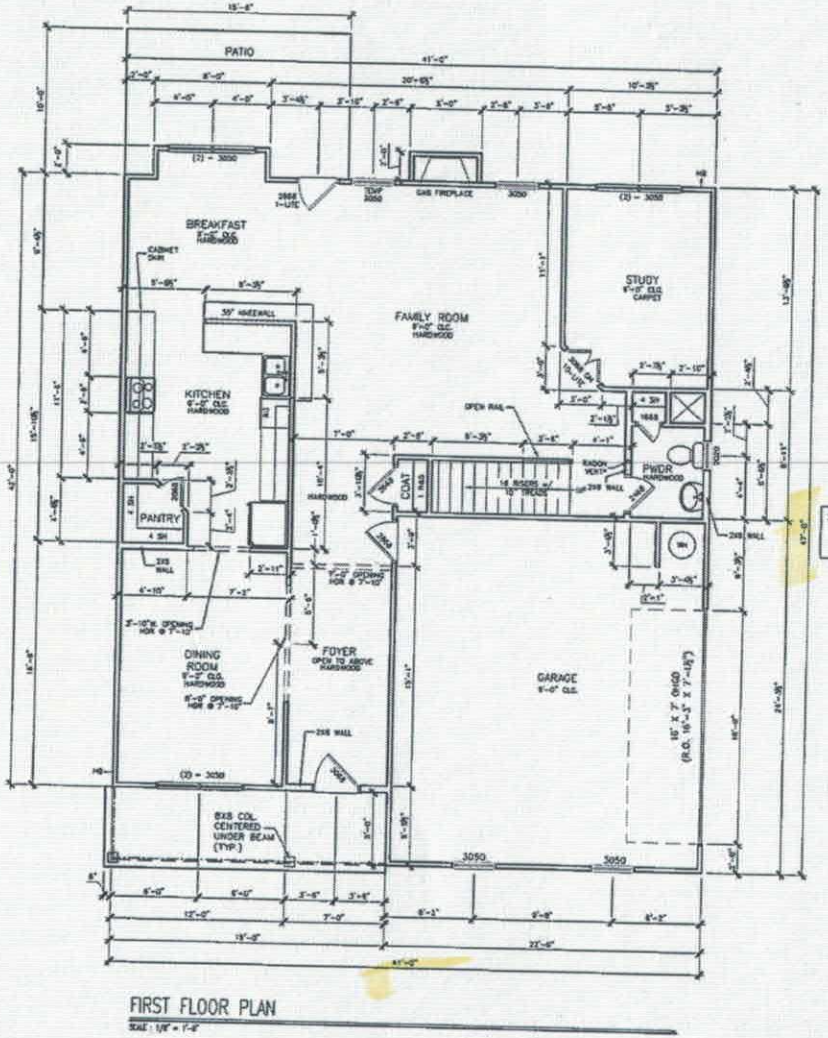
MAP TITLE: PRELIMINARY SOIL EVALUATION

PROJECT NAME: THE JOHNSON GROUP / AUTUMN BROOK

LOCATION/DATE: WALLACE SPRINGS ROAD, IREDELL COUNTY, NORTH CAROLINA, JUNE 2006

JOB # : 01-1439
FILE: C:\JOBS\01-1439
PROJECT MGR.: A.L.P
FIELD WORK: A.L.P
DRAWN BY: A.L.P

AUTUMN BROOK
LOT 43



FIRST FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 9/14/17

Date

REVISION	BY	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
MCINTOSH

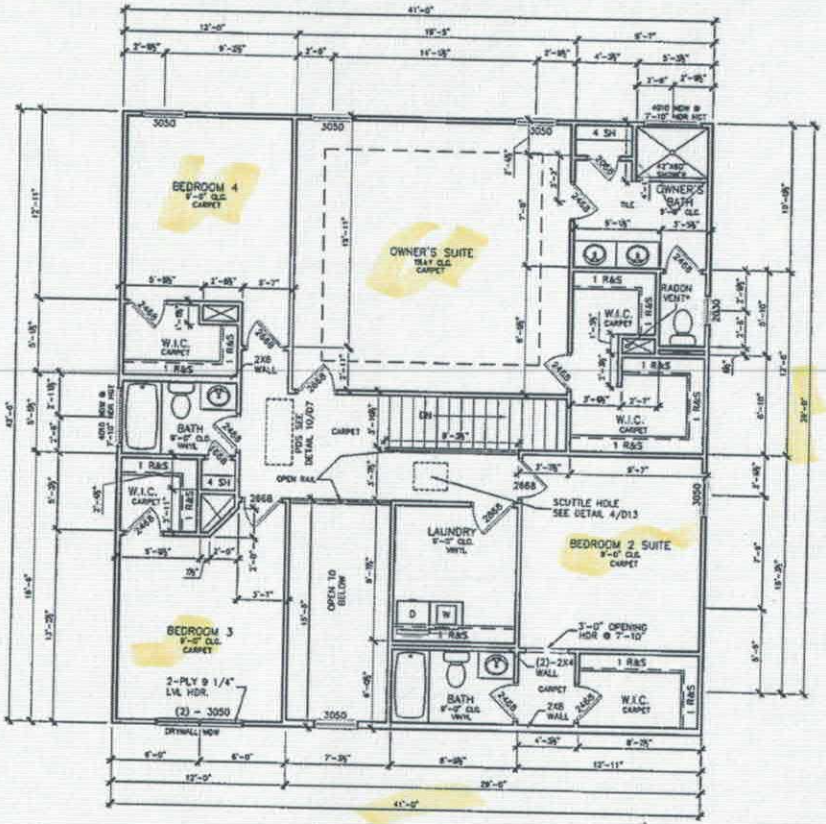
SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA 30188
www.smithdouglas.com

SMITH DOUGLAS HOMES expressly reserves its property rights in these plans and drawings. These plans and related drawings are not to be reproduced without written consent from SMITH DOUGLAS HOMES.

BY	CK
MM	AW
DATE	8/8/18
FACADE OPT.	C
PLAN #	2895
FOR	ALL
REV	F
SHEET NO.	A5.1

© SMITH DOUGLAS HOMES 2018

AUTUMN BROOK
LOT 43



SECOND FLOOR PLAN
SCALE: 1/8" = 1'-0"

*RADON VENT PROVIDED PER LOCAL CODE

REFER TO MANUFACTURERS SPECS FOR DRAIN PIPE TYPES ON DETAIL SHEETS D12, D12.1, D12.2 & D12.3

Acknowledgement Of Submittal ONLY!

Date 9/4/18

Date

REVISION	DATE

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
MCINTOSH

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA 30188
www.smithdouglas.com

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DES	DR
MM	AW
DATE	
8/8/18	
PLANS BY	
C	
JOB NO.	
2895	
SCALE	SHT
ALL	F
SHEET NO.	
A5.2	

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IREDELL COUNTY

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

APPLICATION NUMBER
228702
Issue Date: 07/17/2017

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4732058692.000	137 AUTUMN MIST ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: NOVY HOMES INC	Applicant: NOVY HOMES INC
Address: PO BOX 58 CORNELIUS, NC 28031	Address: PO BOX 58 CORNELIUS, NC 28031
Phone: 704-622-3356	Phone: 704-622-3356

Use Requested	Zone Code
SFD REPLACING PERMIT 150780	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.510	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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: _____ Date: _____

Permit Number	109210	TOTAL FEES:	$ 77.25