Old # 2100 150745

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222757

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

PIN # 4732069109

APPLICANT: Autumn Brook LLC APPLICANT ADDRESS: 1542 Queens Road West

SITE ADDRESS: 117 Autumn mist Rd Statesville NC 28677 PHONE: 704-598-4451 ALT. PHONE: N/A

SITE DIRECTIONS: 215 T/R Old Mountain Rd T/R Wallace Springs T/R Autumn mist lot on left

SUBDIVISION: Autumn Brook SECTION: 1 LOT # 29 LOT AREA: 1.48ac DESIGN FLOW: 480 L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB		Date		[X] New System [ ] Repair [ ] Expansion System Type: I II III [IV] V VI		[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT		Date		System Description: LP PP BPS - offsite		[ ] Business	No. Persons	8	[ ] Private
Pump Make	Orenco	Model	PF300511	Serial #		Repair System Description: Drip		[ ] Other	No. Employees		[X] Public
# Nitrification Fields	1	# Lines	6	Linear Ft:	320	Maintenance Agreement Required: [X] YES [ ] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	[ ] GRAVITY [ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: * per plan specs *

TPH to be determined at time of installation
266 gal close volume @ 74 panels

Off site system: on part of PIN# 4732.16.2130

easement: deed bk 2376 pg 1686-732

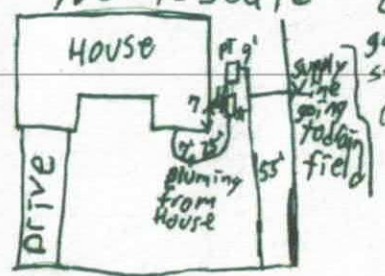
INITIAL SITE SKETCH

See plan by Rollins Soil + Environmental

AS BUILT SKETCH

Must install 4BR per permit.

Not to scale



4/21/2020: Tanks were checked and both were good. Filter was in St. didn't see pump in pt. Tanks were connected to house and the supply Line running to off site Area. All supply lines were run with tracer wire

See offsite drawing for drainlines lengths.

4/30/2020
- Pump test failed. leaking into road. Will call back after addressed (see picture) SF

5/8/2020: 2' of pressure set
Alarm OK, Floats OK

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

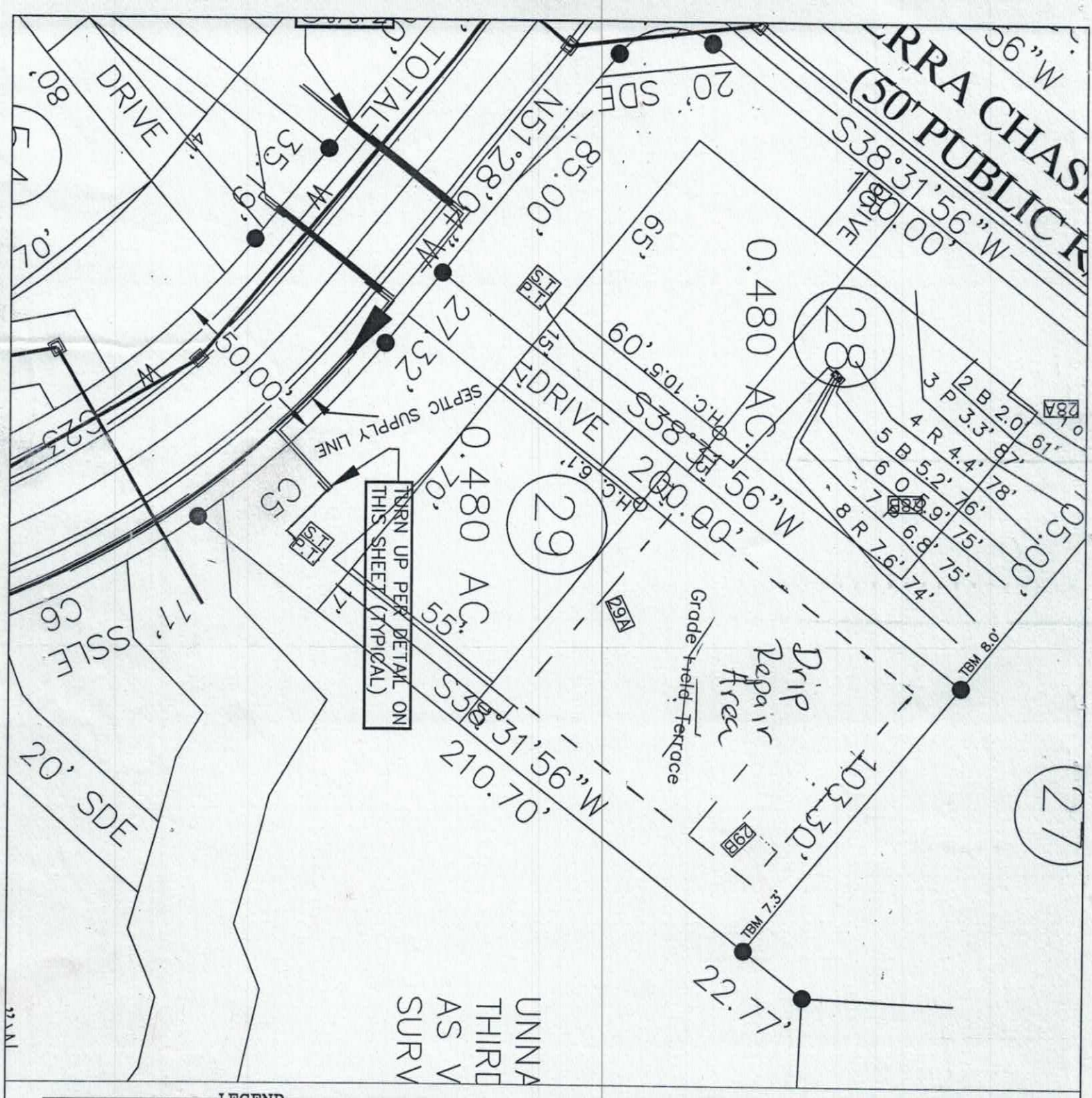
[X] IMPROVEMENT PERMIT with plat valid without expiration. [ ] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Kathleen Saunders Date: 1/3/17 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: [signature] Date: 12/29/16 OPERATION PERMIT by: Tom Shuck Date: 6/12/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 2-20-20 Existing System Inspected by: _____ Date: _____

Health Dept. Copy: WHITE Applicant (Final Approval): YELLOW Applicant (Conditional Approval): PINK



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.

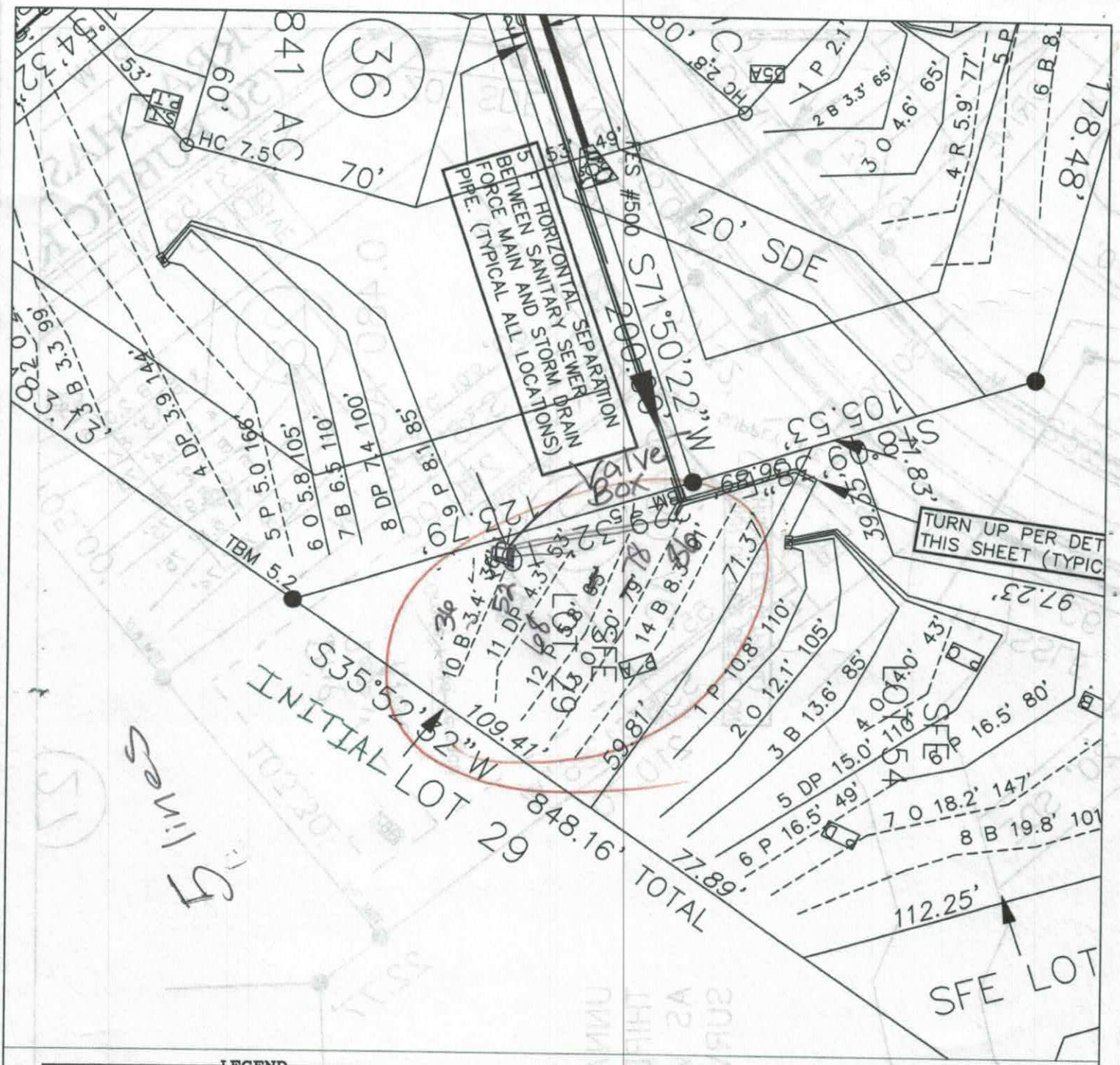
ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 N. BROAD ST., SUITE D
MOORESVILLE, NC 28115
PHONE/FAX: (704) 658-1723
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANS@WINDSTREAM.NET

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



LEGEND

- HOUSE
- PIT
- SEPTIC LINES
- REPAIR LINES

GRAPHIC SCALE

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40 0 40 80

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PROJECT MGR.:	A.L.P
FIELD WORK:	A.L.P
DRAWN BY:	A.L.P

	Date	Initials
Drain Lines Checked	# sometime	Maria Dotson
Tanks Checked	4/21/2020	Patrick Boyle
Pressure Manifold or Valve Box Checked	5/8/2020	
Pressure Head Set	5/8/2020	
Electrical Checked	6/12/2020	TS
Floats Set	5/8/2020	
Alarm Checked	5/8/2020	
Maintenance Contract (Y) / N	6/10/20	

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: ___ APPLICATION DATE
ADDRESS: ___ DATE EVALUATED: 8-6-0
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Autumn Brook 29/29 Repair 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) .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
29 C 1		0-3	scl						
		3-45	mmsbkRC	fr s p			f-sap 30"-45"		.3
		45-56	wk sbkRC	fr					
29 D 2		0-5	Br scl	fr					
		5-24	mm sbk RC	fr s p					
		24-55	wk sbk RC	fr	—	—	c-m sap		.3
29 E 3		0-24	mmsbkRC	fr s p					
		24-54	wk sbkRC	fr ss sp	—	—	f-sap		.3
29 F 4		0-33	mmsbkRC	fr s p					
		33-56	wk sbkRC	fr ss sp	—	—	f-sap		.3

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: ICHD L. Cook, J. Mel
OTHER(S) PRESENT: ___
COMMENTS: ___

DENI
Revie

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
PROPOSED FACILITY: 4 BRM
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: Autumn Brook Subdivision (off Wallace Springs Rd) Lot 29
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
APPLICATION DATE 6/08
DATE EVALUATED: 4/08
PROPERTY SIZE: 0.480 Ac
PROPERTY RECORDED: NO
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
P29A 1	LSS 10-15%	0-17	R C MFSBK	Fr, SS, SP SEXP	—	50"	—	—	PS .3
		17-50	R CL WFSBK	Fr, SS, SP SEXP	Com. Sap				
P29B 2	LSS 5-10%	0-7	B SCL Gr	Fr, SS, SP SEXP	Chr 2 from 32-42"	54"	—	32-42" Not in System	PS .225-.25 to 32"
		7-54	R C MFABK	Fr, SS, SP SEXP					
PA 3	LSS 8-12%	0-4	B CL WFSBK	SS, SP, Fr SEXP	—	42"	PS	—	PS .3-.35
		4-22	R C MF/WFSBK	SS, SP, Fr SEXP					
		22-42	R CL WFSBK	SS, SP, Fr SEXP	Com Sap				
		42-60	Var L Sap Mass	SS, SP, Fr SEXP	few/com R C incl.				
B29A 4	SS 5-10%	0-12	BR SCL WFSBK	SS, SP, Fr SEXP	—	48"	—	—	PS .3
		12-25	R C MFSBK	SS, SP, Fr SEXP					
		25-37	R CMF/WFSBK	SS, SP, Fr SEXP	few/com Sap				
		37-48	R CL WFSBK	SS, SP, Fr SEXP	com Sap				

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:

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		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		0-11	GrSCL	fr SE	PS	PS	33"	W/A	PS, 2
		11-33	ABK C	fi SE					
		33-58	Mass (SCL SAP)	fr W/A					
			Pod SAP	11"-33"					
				>11"					
2	initial	0-9	SBK CL	fr SE	PS	PS	W/A	W/A	PS,
		9-40	SBK C	fi SE					
		40-52	ABK BC	fi/fr SE					
		52-56	Mass SAP	fr W/A					
3									
4									

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: _____

RECEIVED FEB 1 9 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: SDH Charlotte, LLC **Address:** PO Box 311 Midland, NC 28107 **Zip:** _____

Applicant Email: arandall@smithdouglas.com **Phone:** 704-781-5137 ext. 114 **Alt. Phone:** _____

Owner Name: SDH Charlotte, LLC **Address:** same **Zip:** _____

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

Property Information:

Street Address: 117 Autumn Mist Road

Subdivision Name: Autumn Brook **Section/Phase:** _____ **Lot Number:** 29

Driving Directions: I – 77 to exit 42, Highway 21N, left on Old Mountain Road, right on Wallace Springs Road, right on Autumn Mist.

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

CHECK FOUNDATION TYPE

(✓) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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: Andrea Randall 2/13/20

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)**

_____, _____, 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.

_____ _____

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Autumn Brook Development, LLC By: Kayo Gillespie, am the legal owner of the property located at 117 Autumn Mist, identified as PIN(Parcel Identification Number) 4732 06 9189, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group P.A., _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Kayo Gillespie 10.7.16
Signature of Owner Date

Lorri B Carlson 10.7.16
Signature of Witness Date

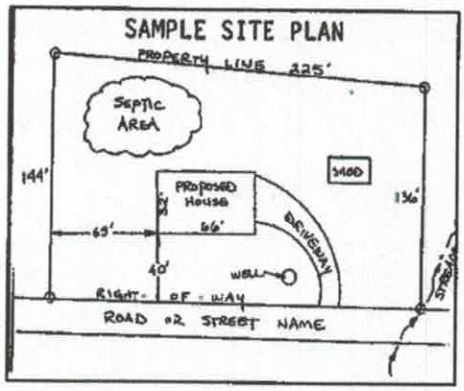
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

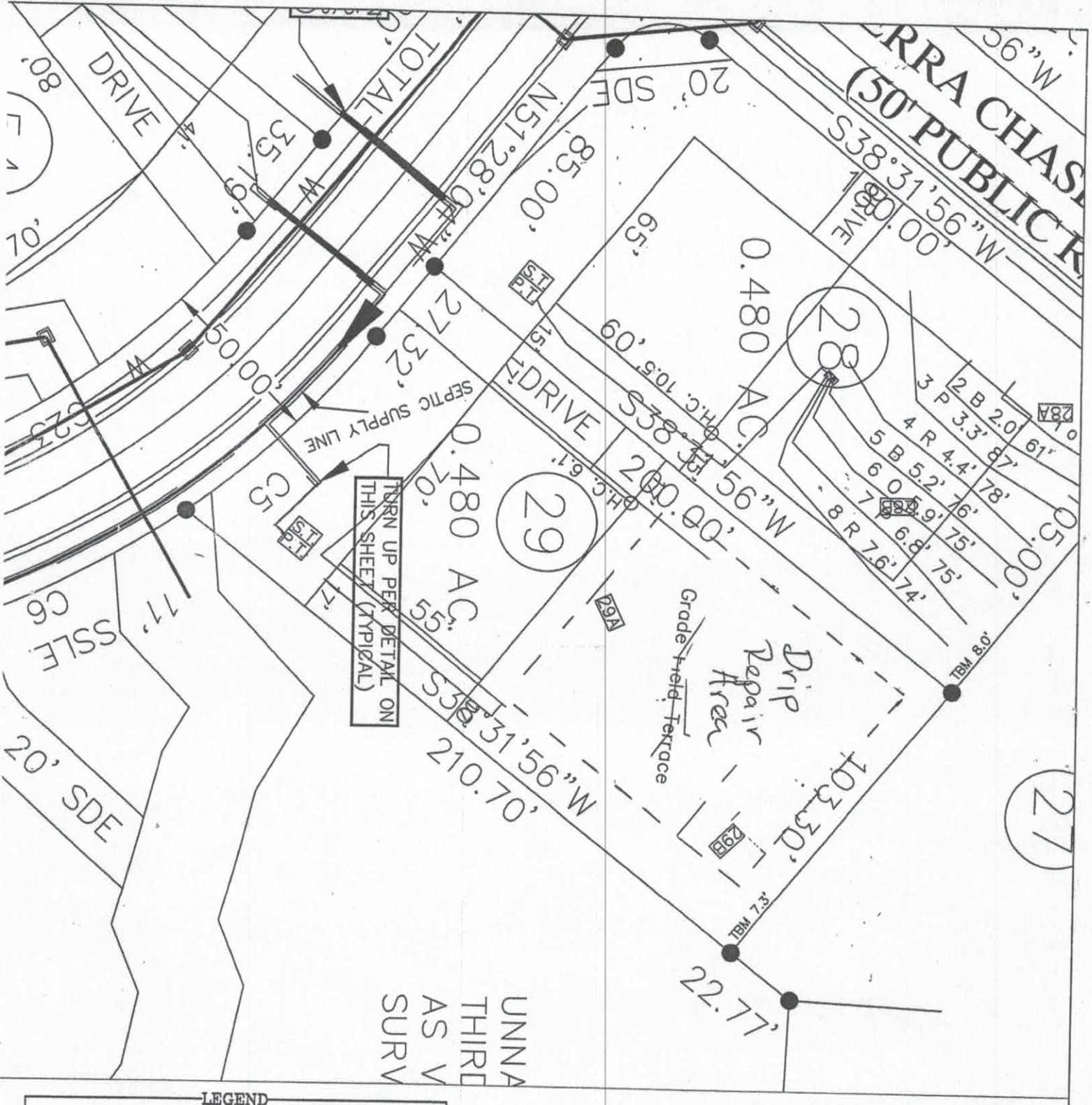
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Please see attached.

Signature: _____ 2/13/20

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



LEGEND

- HOUSE
- PIT
- SEPTIC LINES
- REPAIR LINES

GRAPHIC SCALE
1" = 40'

40 0 40 80

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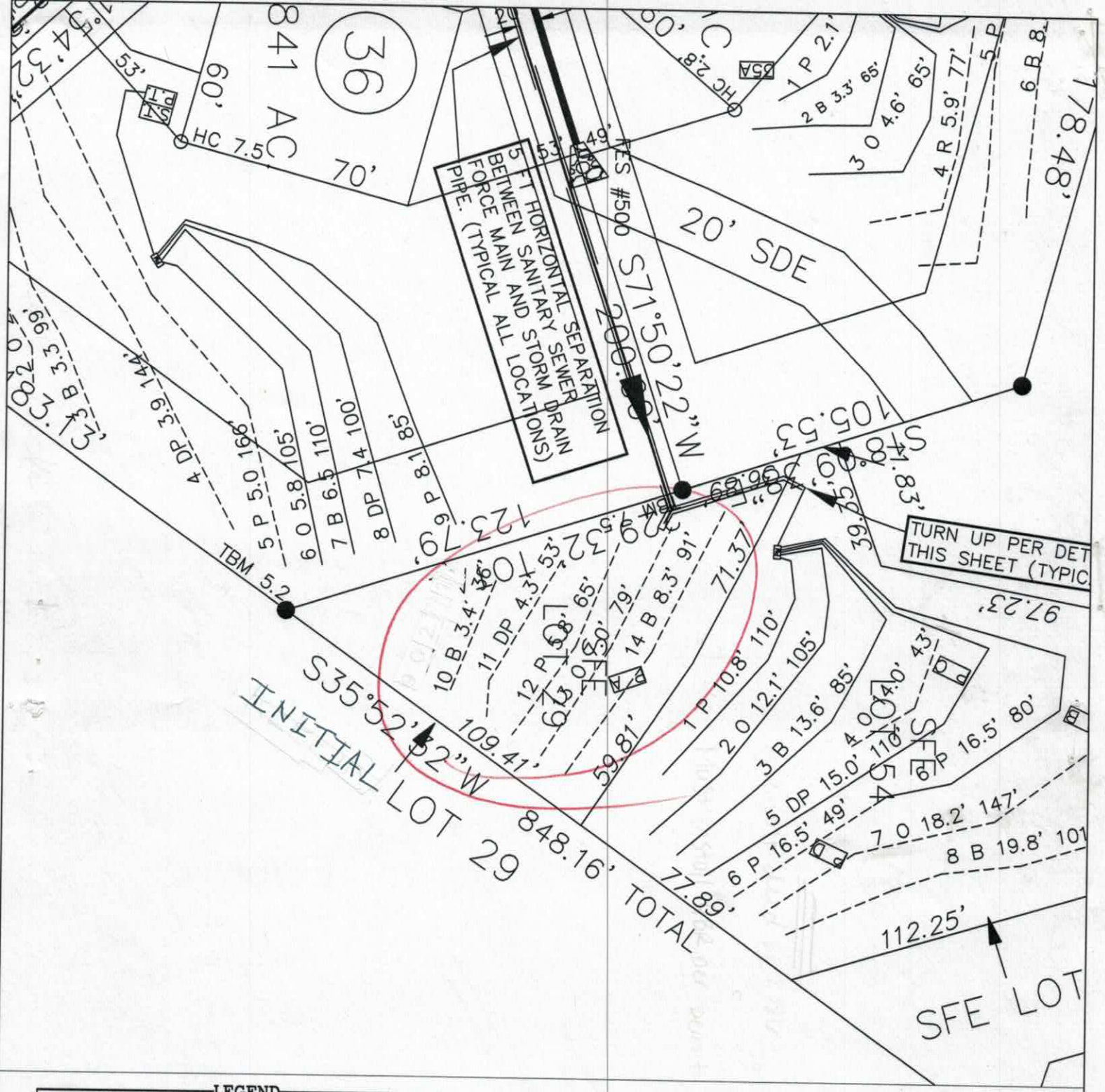
ROLLANS SOIL & ENVIRONMENTAL SERVICES
70 N. BROAD ST., SUITE D
OORESVILLE, NC 28115
HONE/FAX: (704) 658-1723
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANS@WINDSTREAM.NET

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- HOUSE
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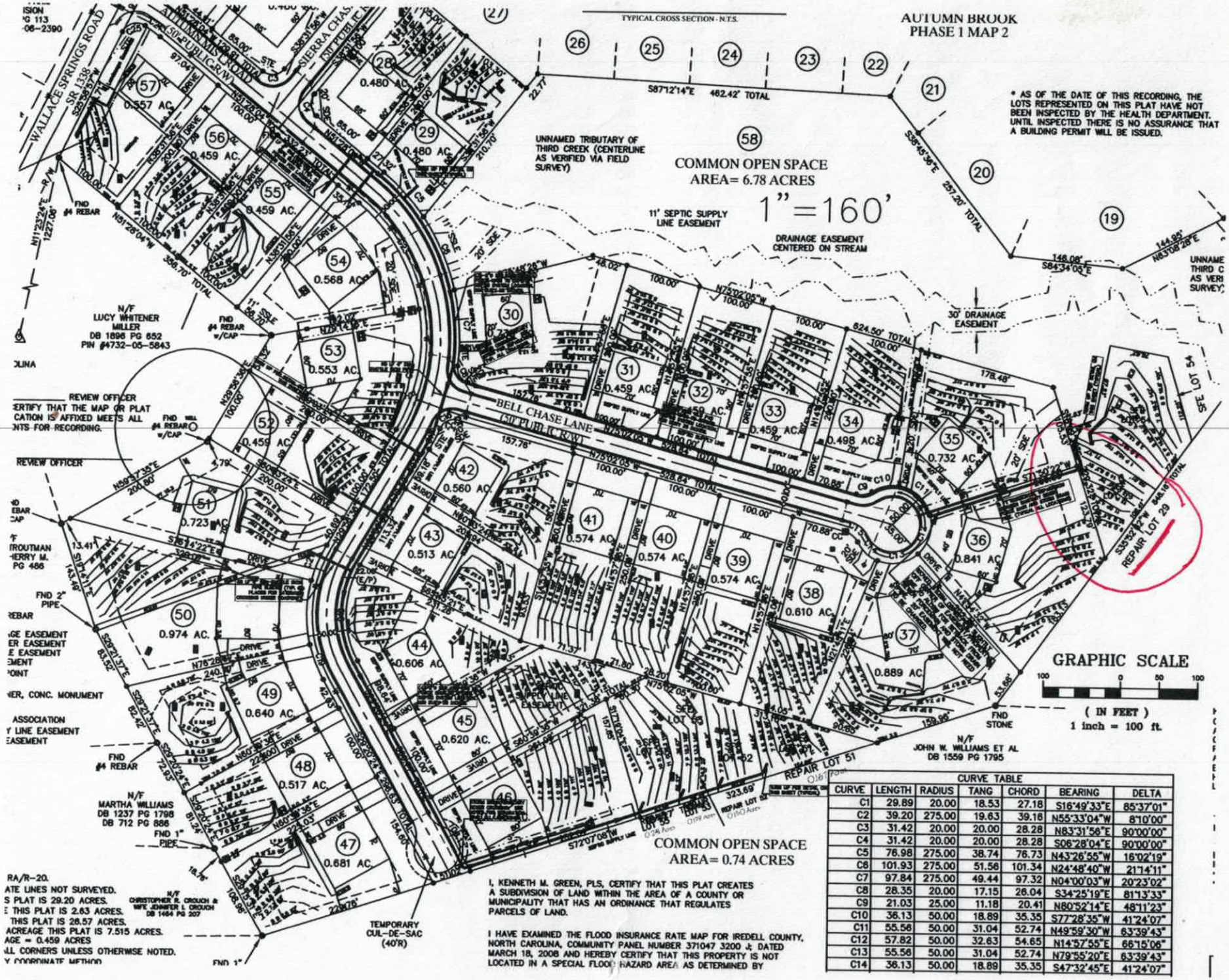
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PROJECT MGR.:	A.L.P
FIELD WORK:	A.L.P
DRAWN BY:	A.L.P



CURVE TABLE						
CURVE	LENGTH	RADIUS	TANG	CHORD	BEARING	DELTA
C1	29.89	20.00	18.53	27.18	S16°49'33"E	85°37'01"
C2	39.20	275.00	19.63	39.16	N55°33'04"W	8°10'00"
C3	31.42	20.00	20.00	28.28	N83°31'56"E	90°00'00"
C4	31.42	20.00	20.00	28.28	S06°28'04"E	90°00'00"
C5	76.98	275.00	38.74	76.73	N43°26'55"W	16°02'19"
C6	101.93	275.00	51.56	101.34	N24°48'40"W	21°14'11"
C7	97.84	275.00	49.44	97.32	N04°00'03"W	20°23'02"
C8	28.35	20.00	17.15	26.04	S34°25'19"E	81°13'33"
C9	21.03	25.00	11.18	20.41	N80°52'14"E	48°11'23"
C10	36.13	50.00	18.89	35.35	S77°28'35"W	41°24'07"
C11	55.56	50.00	31.04	52.74	N49°59'30"W	63°39'43"
C12	57.82	50.00	32.63	54.65	N14°57'55"E	66°15'06"
C13	55.56	50.00	31.04	52.74	N79°55'20"E	63°39'43"
C14	36.13	50.00	18.89	35.35	S47°32'45"E	41°24'07"

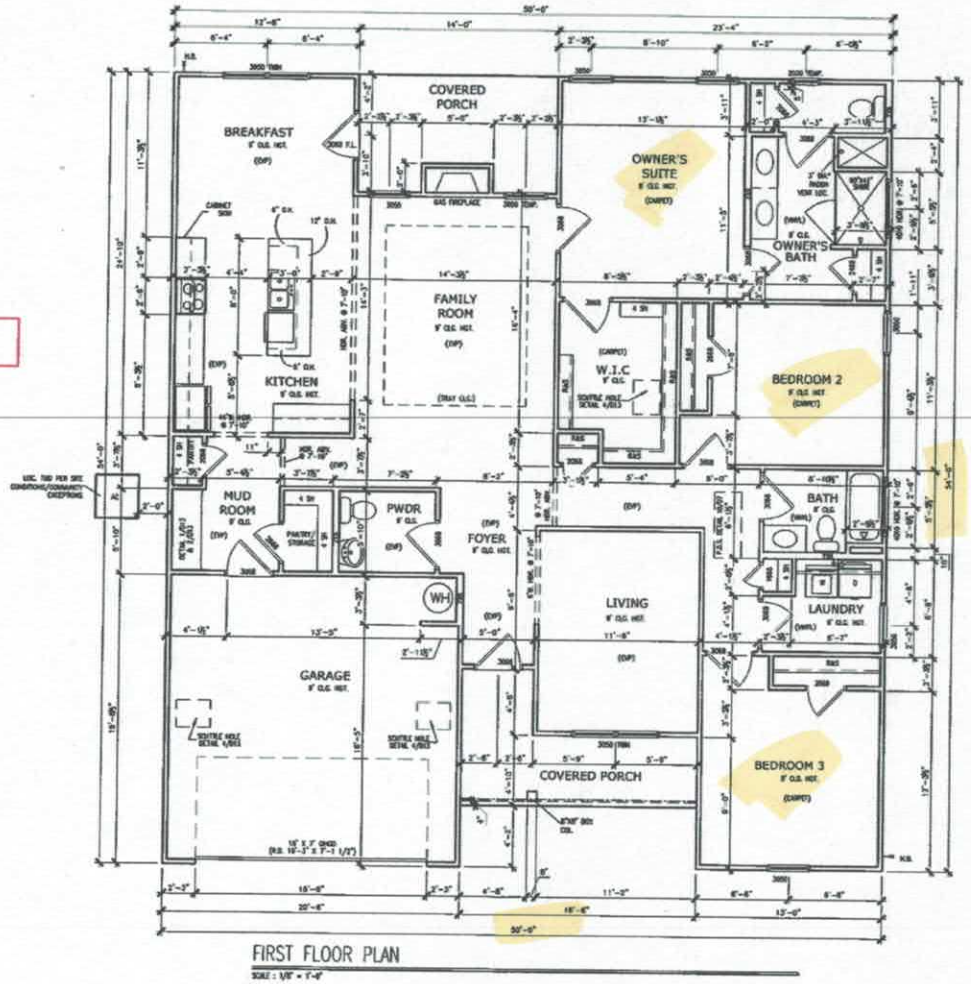
Autumn Brook - Lot 29

Acknowledgement Of Plans Submittal ONLY

2/19/20 Date

Curtis C. Nick Date 2-20-20

36" cabinet upgrade



FIRST FLOOR PLAN

*RADON VENT PROVIDED PER LOCAL CODE

REFER TO MANUFACTURER'S SPECS. FOR DRAIN LOCATIONS ON DETAIL SHEETS D12,D12.1,D12.2 & D12.3

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BY	CJJ	AW
DATE	2/10/20	
REVISION	B	
JOB #		
PAD	ALL	B
PAGE NO	A5.1	

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IREDELL COUNTY

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

APPLICATION NUMBER
222757
Issue Date: 10/26/2016

ZONING PERMIT

Open Space .

Parcel Number	Street Address	Jurisdiction
4732069109.000	117 AUTUMN MIST ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: COMMUNITYONE BANK NA	Applicant: KATHLEEN SAUNDERS
Address: 407 IREDELL CO, NC 28625	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.480	35.00	35.00	15.00	15.00	NO	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	84175	TOTAL FEES:	$ 77.25