IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241493 ~~231513~~

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

PIN # 4732162353

APPLICANT/OWNER: Autumn Brook LLC APPLICANT ADDRESS: 1542 Queens Rd W Charlotte NC 28207

SITE ADDRESS: 134 Sierra Chase Drive Statesville NC 28677 PHONE: 704-578-4951 ALT. PHONE N/A

SITE DIRECTIONS: Wallace Springs Rd, Autumn Mist Rd, Sierra Chase Drive, Carriage Hill on Right SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 24 LOT AREA: 1.40 ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB		Date		■ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LPPBPPS			
Pump Make			Model		Serial #		Repair System Description:	TS-1 Drip			
# Nitrification Fields	1	# Lines	5	Linear Ft:	240		Maintenance Agreement Required:	■ YES	☐ NO		
Trench Width	24"	Trench Bottom Depth(Low Side)	30"	Gravel Depth	N/A		☐ GRAVITY	■ PRESSURE			

■ Residence ☐ Business ☐ Other ■ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☐ Crawl Space

Water Supply: ☐ Private ■ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Per plan By The Oaks Group, PA

INITIAL SITE SKETCH

See plan by:The Oaks Group, PA

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: Kathleen Saunders Date: 1/24/19 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Benjamin A Bottkin Date: 1/23/2019 OPERATION PERMIT by: Benjamin A Bottkin Date: 12/5/19

AUTHORIZATION TO CONSTRUCT by: Carla C Cave Date: 1-13-19 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.

4

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241493 ~~234513~~

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

PIN # 4732162353

APPLICANT/OWNER: Autumn Brook LLC APPLICANT ADDRESS: 1542 Queens Rd W Charlotte NC 28207

SITE ADDRESS: 134 Sierra Chase Drive Statesville NC 28677 PHONE: 704-578-4951 ALT. PHONE N/A

SITE DIRECTIONS: Wallace Springs Rd, Autumn Mist Rd, Sierra Chase Drive, Carriage Hill on Right SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 24 LOT AREA: 1.40 ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB Infiltrator Date Im1060
Pump Tank 1000 (gal) PT Infiltrator Date Im1060
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft 240
Trench Width 24" Trench Bottom Depth(Low Side) 30" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LPPBPPS
Repair System Description: TS-1 Drip
Maintenance Agreement Required: ■ YES ☐ NO
☐ GRAVITY ■ PRESSURE

■ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
■ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions: Per plan By The Oaks Group, PA

INITIAL SITE SKETCH

See plan by: The Oaks Group, PA

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	11/22/19	BB
Tanks Checked	11/15/19	KW
Pressure Manifold or Valve Box Checked	125	BB
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

- filter still needs to be checked (BB)
- Supply line O.K. (BB)

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**

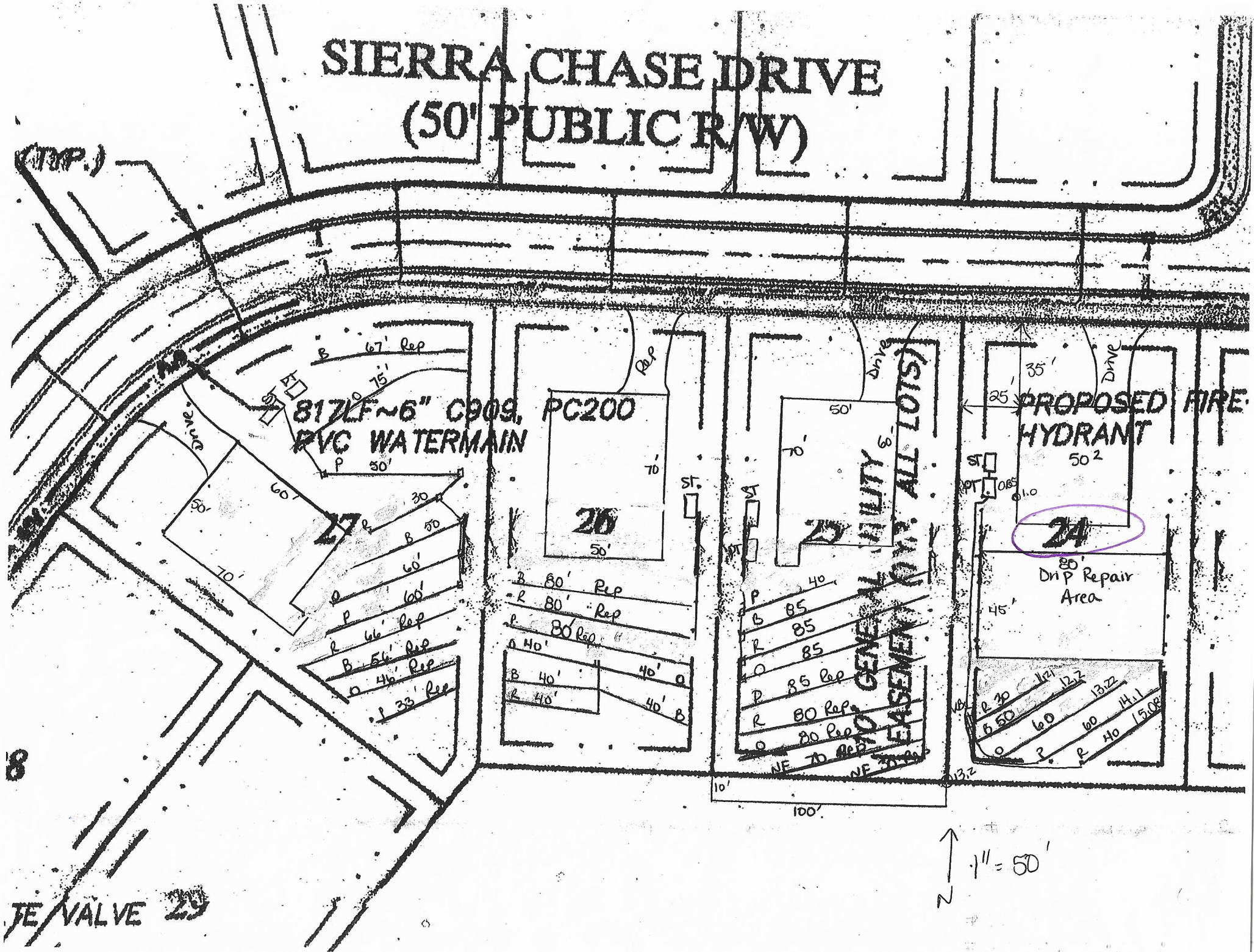
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ■ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 1/24/19 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Benjamin A Bittinger Date: 1/23/2019 OPERATION PERMIT by: Benjamin A Bittinger Date: 12/5/19.

AUTHORIZATION TO CONSTRUCT by: Carla C Cave Date: 1-13-19 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.


SIERRA CHASE DRIVE
(50' PUBLIC R/W)
(TYP.)
817LF~6" C909, PC200
PVC WATERMAIN
PROPOSED FIRE
HYDRANT
27
26
25
24
ALL LOTS) 10' UTILITY
AND GENERAL EASEMENT
Drip Repair
Area
Drive
100'
1" = 50'
N
JE VALVE 29

Autumn Brook Lot 4 Fast Track Septic System Information

Number of Bedrooms	3
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.25
Primary System Type	**LP PPBPS**
No. Lines	5 (See Table)
Minimum Linear Feet	240
Total Linear Feet	240
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (low side)	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	80' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	28 gpm
Elevation head	Approx: 6 ft
Pressure head	3 ft
Friction head	1.4 ft
20% Contingency	2.084 ft
Total Head	12.504 ft
Pump Requirements	28 gpm @ 12.5' of head To be designed by installer.
Maximum Dosing Volume	201.6 gal -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.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	yes
Repair System	**Subsurface Drip**
Total Linear Feet	3,600 sqft
Repair LTAR	0.1

***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.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Red	LPPPBPS	30 endfed	11.21	7	7	1 per panel	5/32"
2	System	Blue	LPPPBPS	50 endfed	12.2	12	12	1 per panel	5/32"
3	System	Orange	LPPPBPS	60 endfed	13.22	14	14	1 per panel	5/32"
4	System	Pink	LPPPBPS	60 endfed	14.1	14	14	1 per panel	5/32"
5	System	Red	LPPPBPS	40 endfed	15.08	9	9	1 per panel	5/32"
						Total: 56	Total: 56 (1 in each panel turned up)		
				Total System: 240'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	0.85
House	blue		1.00

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Remove berms

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 134 Sierra Chase Dr

Date: January 14, 2019

Attached is the septic specification information required to permit 134 Sierra Chase Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. 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, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

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 Dev, LLC, am the legal owner of the property located at 134 Sierra Chase Dr, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders / The Ohle Group, _____, _____, _____, 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.

By: Autumn Brook Development LLC — 4-9-18

Signature of Owner — Date

Jerri S. Carlton — 4/9/18

Signature of Witness — Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

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

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

SDH Charlotte LLC	PO Box 311 Midland NC 28107	704-781-5158	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SDH Charlotte LLC	PO Box 311 Midland NC 28107	704-781-5158	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

134 Siena Chase Drive	Autumn Brook	24
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I 77 exit 42, Hwy 21 N, Upton Old Mountain Rd, Right on Wallace Springs Rd, Right on Autumn Mist

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 10 — (✓) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
(✓) Other Confirming bedrooms on existing permit

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

6. Proposed Water Supply:

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

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following To The Best of Your Ability: ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Andrea Radale — 6/12/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

#231513
pd 75.00

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) *Septic Improvement Permit* ( ) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Rep*

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE S IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITT APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETA

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) 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 f

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Autumn Brook LLC **Address:** 1542 Queens Rd W Charlotte 28207 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 134 Sierra Chase Dr

Subdivision Name: Autumn Brook **Section/Phase:** **Lot Number:** 24

Driving Directions: Wallace Springs Rd, R Autum Mist Rd, L Sierra Chase

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
(X) Concrete Slab Foundatio
( ) Basement with Plumbin
( ) Basement without Plumb

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employees:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) 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 gran right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for proper identification and labelling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Emma Holt / Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-14-19
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

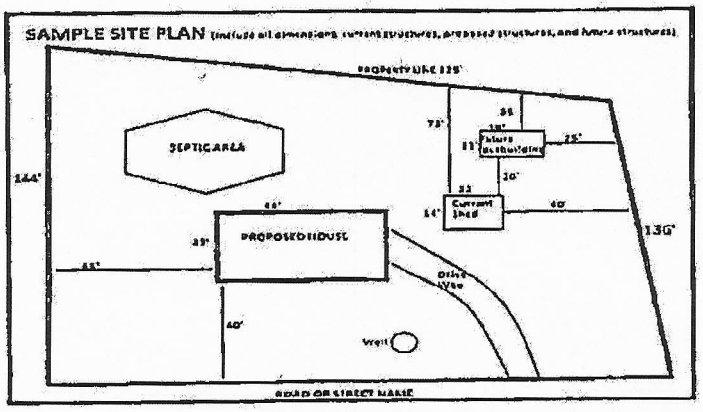
- X Property Line measurements are clearly identified...
- X All proposed structures are indicated...

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

- X Front and side setbacks from property line...
- X Area you prefer your septic system to be placed...
- X Preferred driveway location and configuration, preferred well 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

See attached

Signature: Andrea Randall

REQUIRED property owner or owner's legal representative signature.

6/12/19

DATE

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

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:

X **Property Line measurements are clearly identified...** X **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

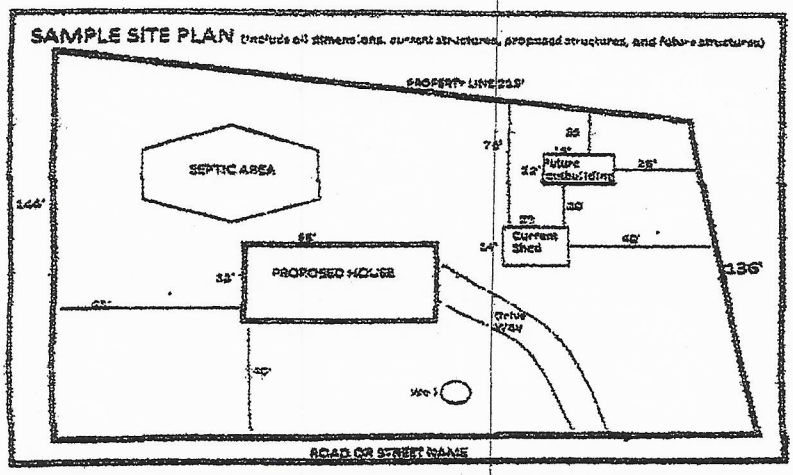
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...** 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)

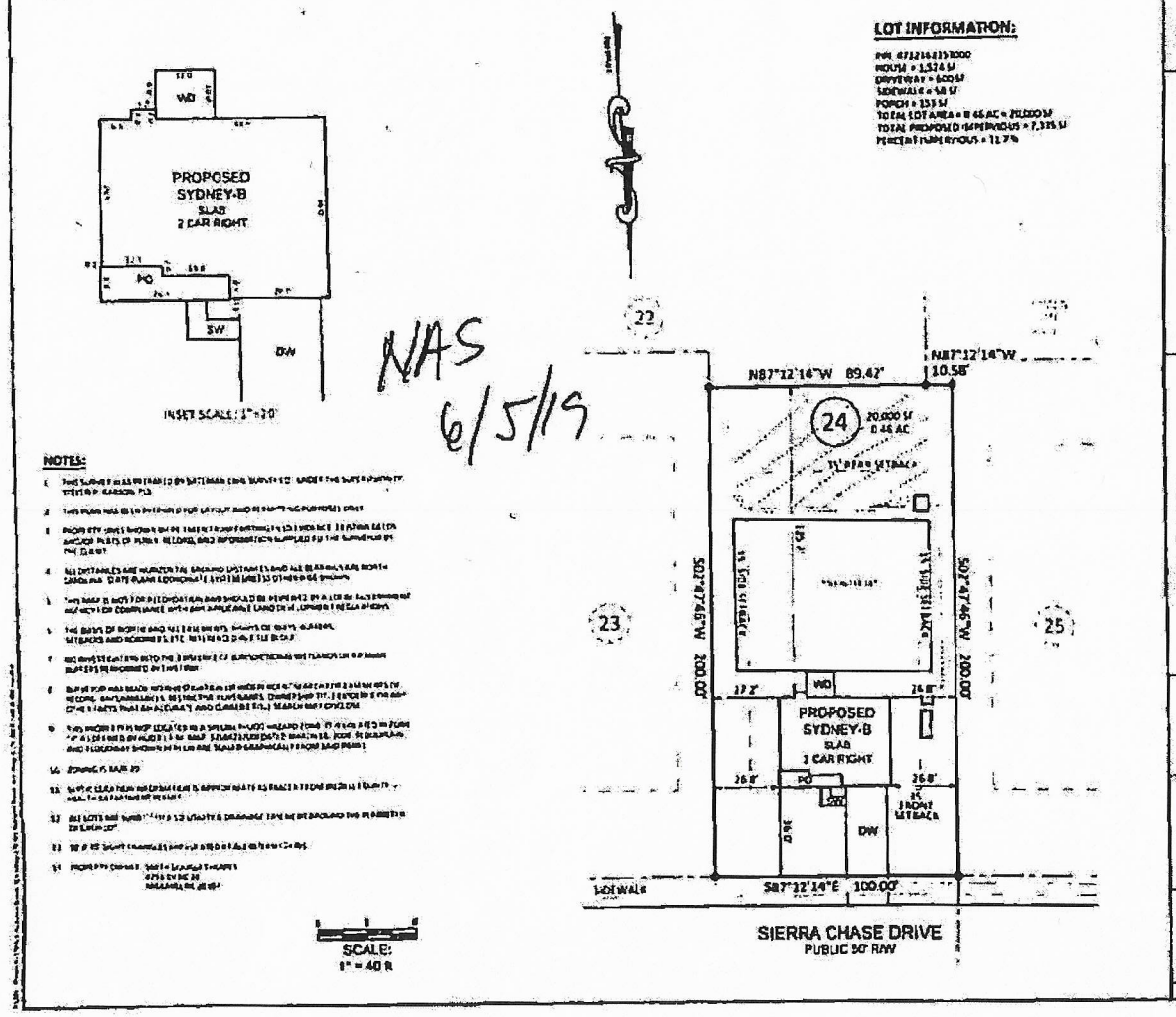
____ **Location of easements and rights of ways on your property...** (N/A) __ __ **Location of any designated wetlands on the property...** (N/A)

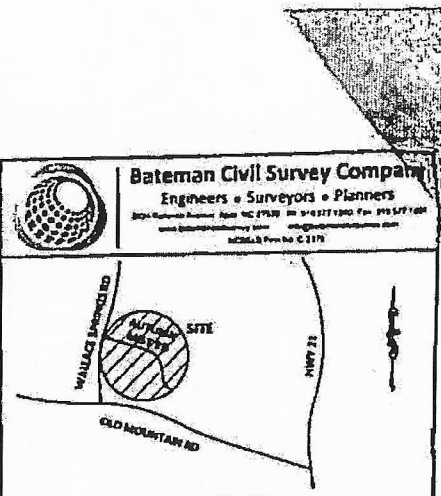


USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see attached site plan

Kathleen Saunders 1/14/19





VICINITY MAP

LEGEND:

BUILDING SETBACKS:

I, STEVEN P. GARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK ; PAGE ; ETC.) THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK ; PAGE ; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA. (G.S. 47-30)

SEAL

DATED:

PRELIMINARY

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for recordation. No title report provided.

BUILDER TO VERIFY HOUSE MODEL, LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN

PRELIMINARY PLOT PLAN

FOR

SMITH DOUGLAS HOMES

AUTUMN BROOK - PHASE 2, MAP 2 - LOT 24
SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

DATE: 5/21/19 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE FROM PG 01 PROJECT # 19201 SCALE: 1" = 40'

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.

_____ _____

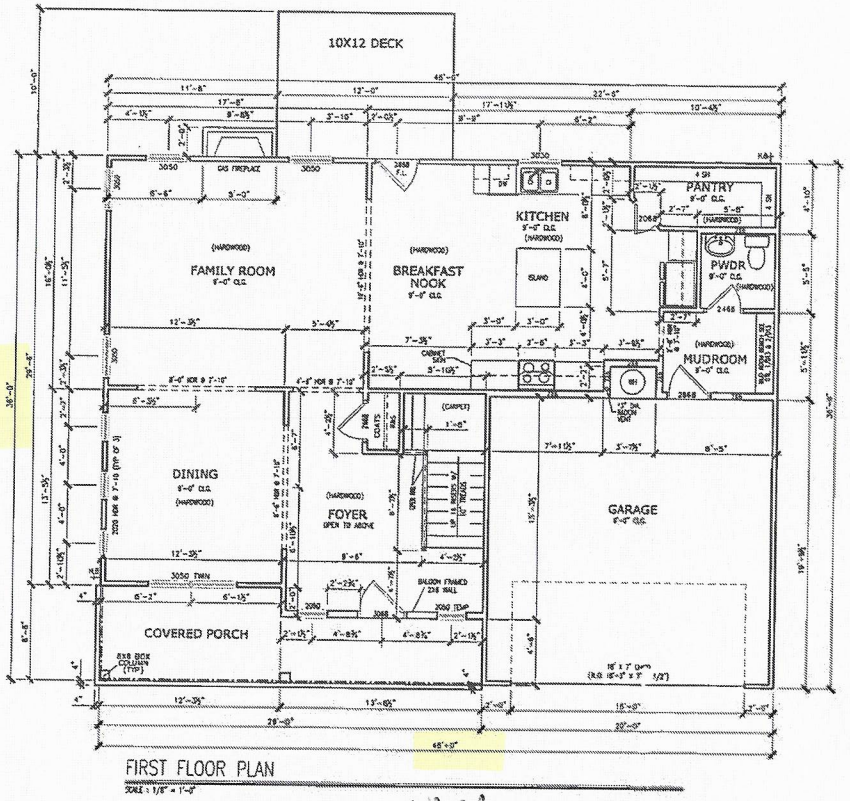
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

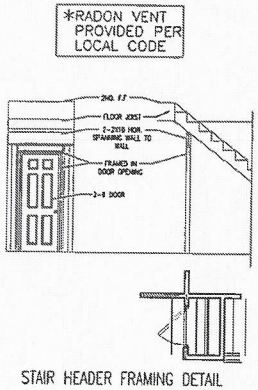
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Autumn Brook - Lot 24

30



FIRST FLOOR PLAN



STAIR HEADER FRAMING DETAIL

40'

Acknowledgement Of
Plans Submittal ONLY!
Carl C. Cox Date 6-13-19
Date 6-18-19

© SMITH DOUGLAS HOMES 2019

BY | DATE | REVISION

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

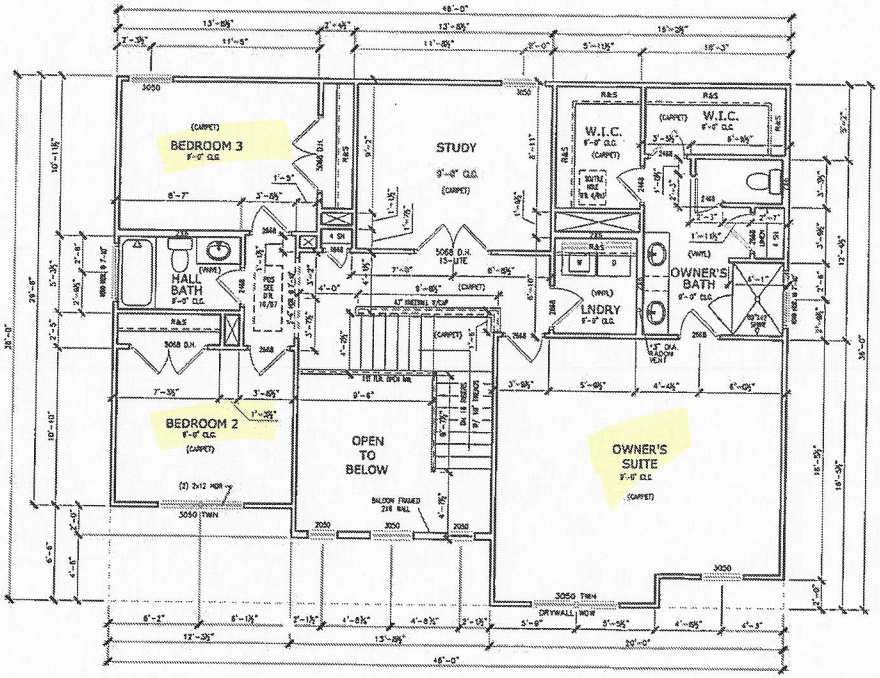
FLOOR PLANS
FIRST FLOOR
SYDNEY

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA 30189
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: CLJ	CK: AW
DATE: 5/23/19	
PLANS BY: B	
PLAN ID	
FND: ALL	ELEV: B
SHEET NO: A5.1	

Autumn Brook - Lot 24



SECOND FLOOR PLAN ELEVATION

SCALE : 1/8" = 1'-0"

*RADON VENT PROVIDED PER LOCAL CODE

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

BY	DATE	REVISION

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLANS
SECOND FLOOR
SYDNEY

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

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BY	CK
CLJ	AW
DATE	5/23/19
ELEVATION	B
PLAN NO.	
FND	ELEV
ALL	B
SHEET NO	A5.2

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IREDELL COUNTY

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

APPLICATION NUMBER
241493
Issue Date: 01/15/2019

FILE COPY

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4732162353.000	134 SIERRA CHASE DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK DEV LLC	Applicant: THE OAKS GROUP
Address: 1542 QUEENS ROAD WEST	Address: 121 HOLT LN
STATESVILLE, NC 28207	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
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID
1430
MA 1/15

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	164554	TOTAL FEES:	$ 77.25