IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~230174~~ 247161

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

PIN # 4732104527

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

SITE ADDRESS: 141 Sierra Chase Ln. Statesville, NC 28677 PHONE: 704-578-4951 ALT. PHONE N/A

SITE DIRECTIONS: Wallace Springs Rd T/R Autumn Mist Rd, T/L Sierra Chase property on left. SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 13 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	760	Date	10-6-19	■ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	■ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:	LPPBPPS	☐ Business	No. Persons	6	☐ Private
Pump Make			Model		Serial #		Repair System Description:	Drip	☐ Other	No. Employees		■ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	240		Maintenance Agreement Required:	☐ YES ■ NO	■ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)		14"	Gravel Depth	N/A	■ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Per plan By The Oaks Group PA

~~43 FT~~ from S.T to D-box
11/19/19 Checked drainlines 3-6 & Supply line to d-box

INITIAL SITE SKETCH

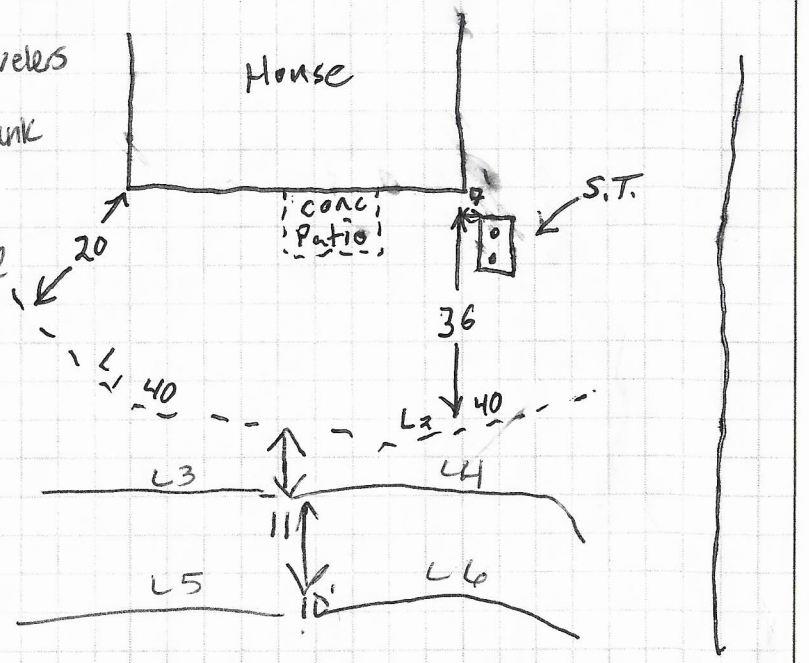
See plan by: The Oaks Group, PA

AS BUILT SKETCH

11/18/19
PPBPS lines installed (2) w/ 14" TB. Verified by laser

11/20/19 -
- set spread levelers in d-box
- filter in tank checked

11/21/19 -
- final grade checked



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: Date: 4/27/18 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Date: 04/23/18 OPERATION PERMIT by: Carla C. Nicks Date: 11-21-19

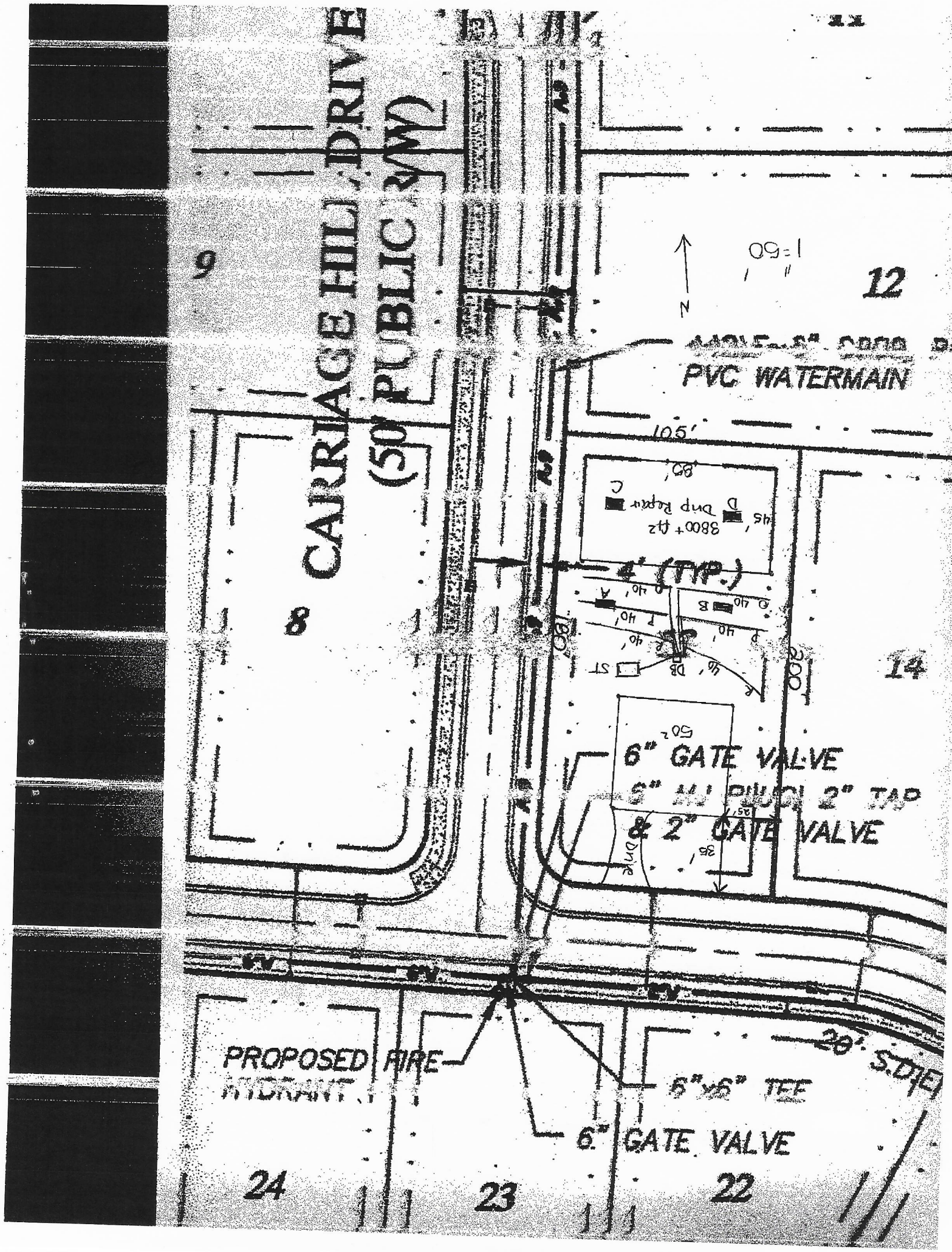
AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 7-2-19 Existing System Inspected by: Date:

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.

11/18/19 TS

	1 & 2 / 4–6	Date	Initials
Drain Lines Checked		11/19/19	MD
Tanks Checked		11-4	
Pressure Manifold or Valve Box Checked			
Pressure Head Set			
Electrical Checked			
Floats Set			
Alarm Checked			
Maintenance Contract Y / N			
Comments: Check tank but No filter			

Supply line to d-box 11/19/19 MD


CARRIAGE HILL DRIVE
(50' PUBLIC R/W)
9
8
12
14
24
23
22
N
1:60
PVC WATERMAIN
105'
4" (TYP.)
6" GATE VALVE
& 2" GATE VALVE
PROPOSED FIRE
HYDRANT
6"x6" TEE
6" GATE VALVE
20' S.D.E.

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

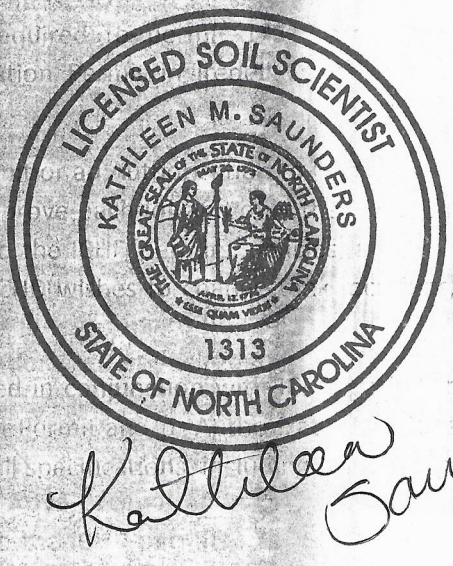
RE: 141 Sierra Chase Dr

Date: March 5, 2018

Attached is the septic specification information required to permit 141 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.



Autumn Brook Lot 13 Septic System Information

Horizontal Installation

Number of Bedrooms	3
Basement or Crawl	**Concrete Slab**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.25
Primary System Type	**PPBPS**
No. Lines	8 (See Table)
Total Linear Feet	240
Trench Width	3' 2' min.
Trench Spacing	9' 8' min.
Trench Depth Low Side	14"
Pump Required	No
Distribution Device	*Distribution Box*
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	10 ft of 2" SCH 40 PVC
Repair System	**Subsurface Drip**
Total Linear Feet	3600 sqft
Repair LTAR	0.1
Trench Depth	6"

GM

***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.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Panels
1	System	Red	PPBPS	40 endfed	9
2	System	Red	PPBPS	40 endfed	9
3	System	Pink	PPBPS	40 endfed	9
4	System	Pink	PPBPS	40 endfed	9
5	System	orange	PPBPS	40 endfed	9
6	System	orange	PPBPS	40 endfed	9
					Total: 54
				Total System: 240'	
				Total Repair: xxx'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line
Remove Berms
Needs 4-6" of suitable cover material brought in over septic area

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

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

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

OWNER: Autumn Brook LLC
ADDRESS: 1542 Queens Rd W
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: Autumn Brook Lot 13
APPLICATION DATE ____
DATE EVALUATED: 2/12/18
PROPERTY SIZE: 0.46
PROPERTY RECORDED: No

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
A	L 12%	0-13	Mo GR SL	FR NS/NP	Br	38"	N/A	38"	0.3 to 38"
		13-38	Mo SBK C	FR SS/SP	R				
		38"	cr (Ave depth)						
B	L 12%	0-12	Mo GR SL	FR NS/NP	Br	60+	N/A	N/A	0.25
		12-38	Mo SBK C	FR SS/SP	R; C yt/Br				
		38-60	Wk SBK C	↓	R				
C	L 12%	0-9	Mo GR SL	FR NS/NP	Br	18"	N/A	18"	0.1 drp
		9-18	Mo SBK C	FR SS/SP	R; C soft				
		18"	cr						
D	L 12%	0-3	Mo GR SL	FR NS/NP	Br	20"	N/A	20"	0.1 drp
		3-20	Mo SBK C	FR SS/SP	R				
		20	cr						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	Sub. drip
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): Remove Berms
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ____

COMMENTS: ____

247161 originally 2-20-14 MH

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	704-781-5137	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
SDH Charlotte LLC	PO Box 311 Midland NC 28107	704-781-5137	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

141 Sierra Chase Drive	Autumn Brook	13
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I-77, exit 42, Hwy 21N, Left on Old Mountain Road, right on Wallace Springs Road, right on Autumn Mist

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
(✓) Other Confirming bedrooms on existing permit

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) 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 Randall 8/1/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 5 - 2018

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

Paid $350.00

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

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

Page 2: Site Plan Worksheet form MUST accompany this application #230174

The following optional attachments may also be submitted:
Place an (X) in the box(es) that is submitted if applicable
(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 fee

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

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

Property Information:

Street Address: 141 Sierra Chase Drive Statesville NC 28677

Subdivision Name: Autumn Brook Section/Phase: 2 Lot Number: 13

Driving Directions: Wallace Springs Rd, R Autumn Mist Rd, L Sierra Chase property is on the left.

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

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

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
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 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.

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

3-5-18
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...

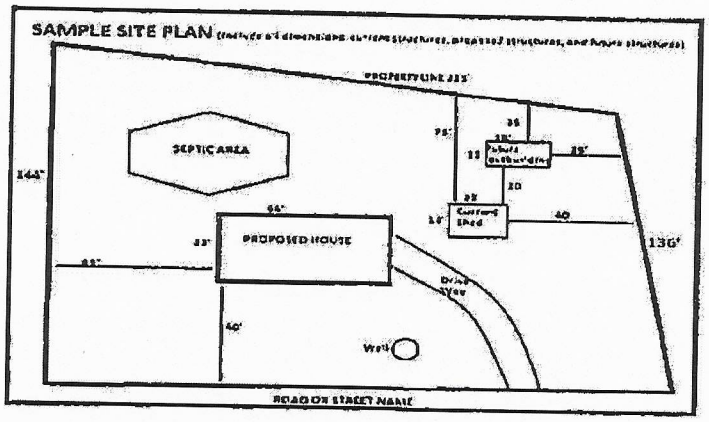
X North arrow, or other sufficient indicator of direction...

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.

8/1/19

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 CORRECTION 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...

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

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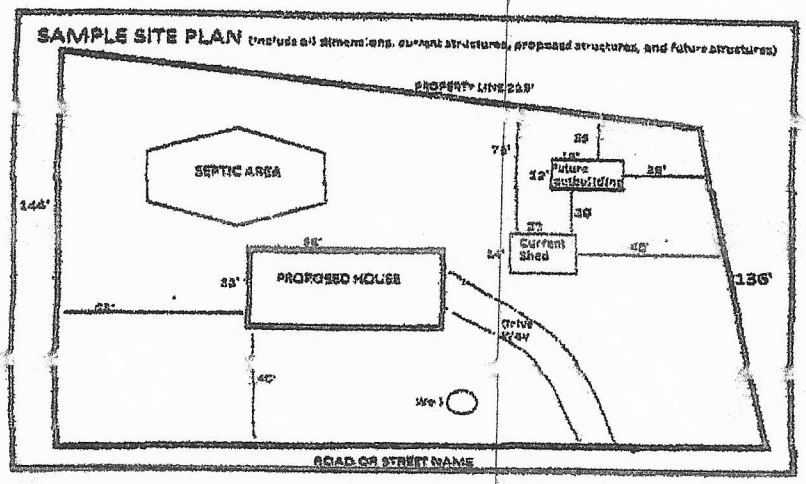
X North arrow, or other sufficient indicator of direction...

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

Signature: Emma Wells / Kathleen Saunders 3-5-18

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 Gillum Jr, am the legal owner of the property located at 141 Sierra Chase Dr, identified as PIN(Parcel Identification Number) 4732 16 2596, located in Iredell County, North Carolina.

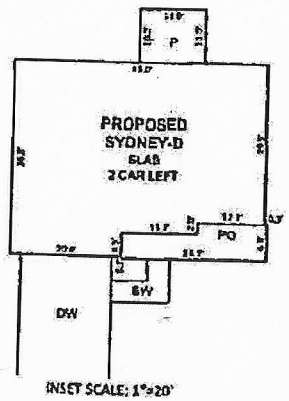
I do hereby authorize (print authorized agent/company name) The Oaks Group, PA, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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 Gillum Jr — 12.8.17
Signature of Owner — Date

Terri S Carlson — 12.8.17
Signature of Witness — Date

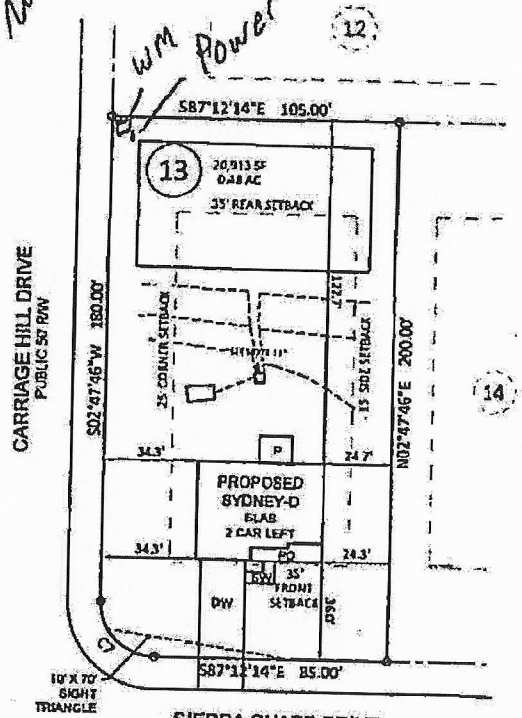


OK JB Numm 8/1/19

wm Power

LOT INFORMATION:

PIN: 4733164937.000
HOUSE = 2,514 SF
DRIVEWAY = 600 SF
SIDEWALK = 56 SF
PORCH = 159 SF
PATIO = 120 SF
TOTAL LOT AREA = 0.48 AC = 20,913 SF
TOTAL PROPOSED IMPERVIOUS = 3,449 SF
PERCENT IMPERVIOUS = 11.7 %



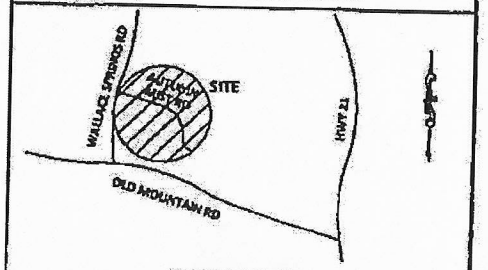
NOTES:

1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PLANTING PURPOSES ONLY.
3. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT.
4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE, COORDINATE SYSTEM NAD 1983 (2011) NSRS.
5. THIS MAP IS MEANT FOR ILLUSTRATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
6. THE RIGHT OF WAY AND ALL EASEMENTS, RIGHTS OF WAYS, BUFFERS, SETBACKS AND AGREEMENTS, ETC. REFERENCED IN TITLE BLOCK.
7. NO INVESTIGATION INTO THE EXISTENCE OF REGULATORY WETLANDS OR REGULATED STEMS PERFORMED BY THIS FIRM.
8. SURVEYOR HAS MADE NO INVESTIGATION OR ANY INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
9. THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD ZONE, IT IS LOCATED IN ZONE "X" AS PER FLOOD INSURANCE RATE MAP 3710470200J DATED MARCH 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED OFF AND ARE APPROXIMATE.
10. ZONED R-MX-20
11. SEPTIC LOCATION INFORMATION IS APPROXIMATE AS TRACED FROM IREDELL COUNTY HEALTH DEPARTMENT PERMIT.
12. ALL LOTS ARE SUBJECT TO A 10' UTILITY & DRAINAGE EASEMENT AROUND THE PERIMETER OF EACH LOT.
13. 10' X 70' SIGHT TRIANGLES ARE LOCATED AT ALL INTERSECTIONS
14. PROPERTY OWNER: SMITH DOUGLAS HOMES
4721 OLD NC 24
BADEN, NC 28107

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C1	20.00	31.42'	S42°12'14"E	28.28'

SCALE:
1" = 40 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners
254-A Old Airport Rd., Agnes, NC 27829 Ph: 919.877.1000 Fax: 919.877.1001
www.batemancivilsurvey.com Email: info@batemancivilsurvey.com
SCBELS Firm No. C-3378



VICINITY MAP
(Not to Scale)

LEGEND

PO = PORCH
SP = SCREENED PORCH/PATIO
CP = COVERED PORCH/PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
P = CONC PATIO
⊕ = COMPUTED POINT
⊙ = IRON PIPE FOUND (IPF)
⊕ = IRON PIPE SET (IPS)
⊕ = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
SM = SEWER MANHOLE
EB = ELECTRIC BOX
CB = CABLE BOX
TP = TELEPHONE PEDESTAL
LP = LIGHT POLE
SFC = SEPTIC FIELD CAP/VENT

BUILDING SETBACKS:
FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 25 ft

I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK & PAGE ENCODED IN TITLE BLOCK); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OR THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA.
L-4733
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 13
141 SIERRA CHASE DRIVE, STATESVILLE, NC
STATESVILLE TWP., IREDELL COUNTY

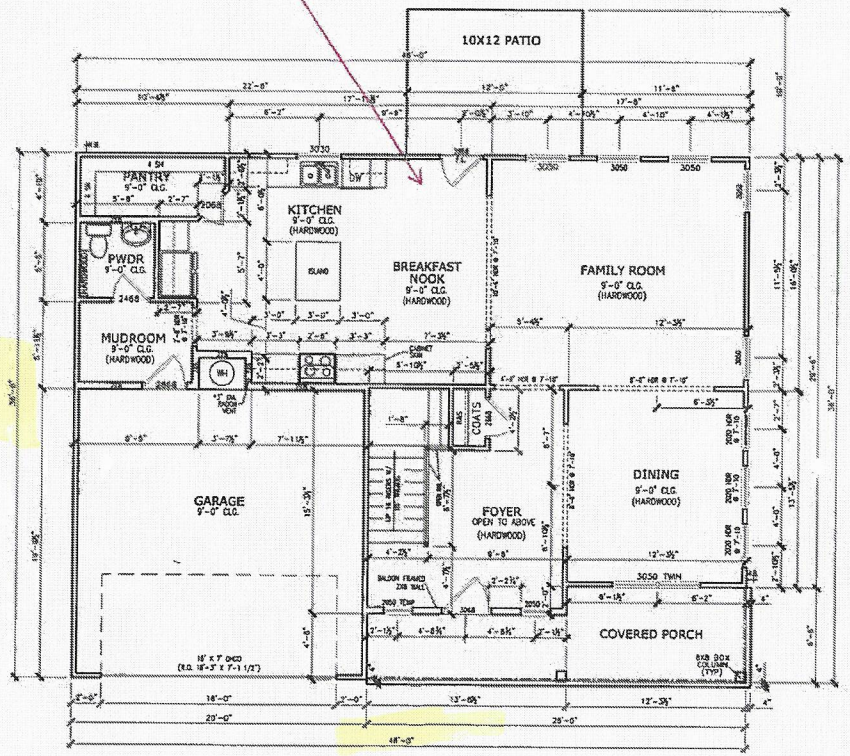
DATE: 7/16/19 DRAWN BY: NMW CHECKED BY: SPC

REFERENCE: 4169, PG 83 PROJECT # 178001 SCALE: 1" = 40'

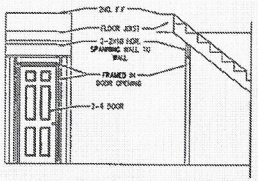
Acknowledgement Of
Plans Submittal ONLY!
Carl Date 8/1/19
Andrea Date
8/1/19

AUTUMN BROOK - 13

36" cabinet upgrade



FIRST FLOOR PLAN



STAIR HEADER FRAMING DETAIL

*RADON VENT PROVIDED PER LOCAL CODE

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REVISION | BY | DATE

SMITH DOUGLAS HOMES | QUALITY | INTEGRITY | VALUE

FLOOR PLANS
FIRST FLOOR
SYDNEY

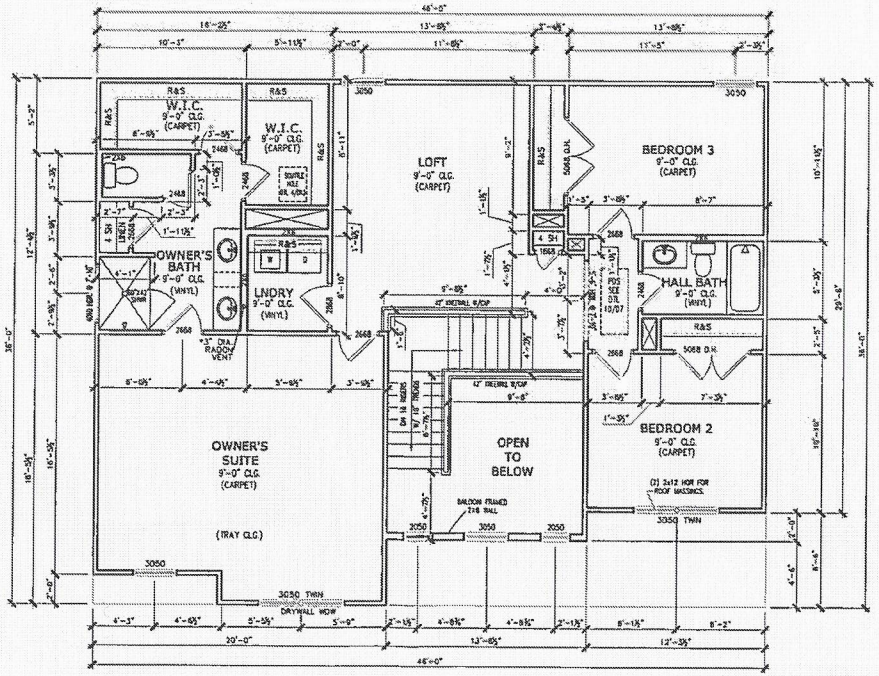
SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 215
WOODSTOCK, GA 30188
www.smithdouglas.com

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BY:	ED / AW
DATE:	7/17/19
FACADE OPT	A
PLAN NO.	
ELEV	ALL / D
SHEET NO	A5.1

AUTUMN BROOK - 13

Acknowledgement Of Plans Submittal ONLY!
Reviewed
4/5/19 Date
Date 8-5-19



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

© SMITH DOUGLAS HOMES 2019

DATE	REVISION	BY

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
ED	AW

DATE: 7/17/19
FACADE OPT: A
PLAN ID:
ELEV: ALL | D
SHEET NO: A5.2

IREDELL COUNTY

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

APPLICATION NUMBER
247161
Issue Date: 08/02/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4732164527.000	141 SIERRA CHASE DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK DEV LLC	Applicant: SDH CHARLOTTE LLC
Address: 1542 QUEENS ROAD WEST	Address: PO BOX 311
STATESVILLE, NC 28207	MIDLAND, NC 28107
Phone:	Phone: 704-781-5158

Use Requested	Zone Code
SFD IMPROVEMENT ISSUED ON 230174 BUT COULD NOT REINSTATE TH AT PERMIT88TRANSFERRED TO THIS PERMIT**. MH 8-2-2019	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35 00	25.00	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 partics.

Applicant: _____ Date: _____

Permit Number	187485	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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

APPLICATION NUMBER
230174
Issue Date: 09/14/2017

ZONING PERMIT

Residential

Lot 13

Parcel Number	Street Address	Jurisdiction
4732162596.000	141 SIERRA CHASE DRIVE, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: AUTUMN BROOK PROPERTIES LLC	Applicant: KATHLEEN SAUNDERS
Address: 1542 QUEENS RD W STATESVILLE, NC 28207	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
16.660	35.00	35.00	25.00	15.00	NOT	X

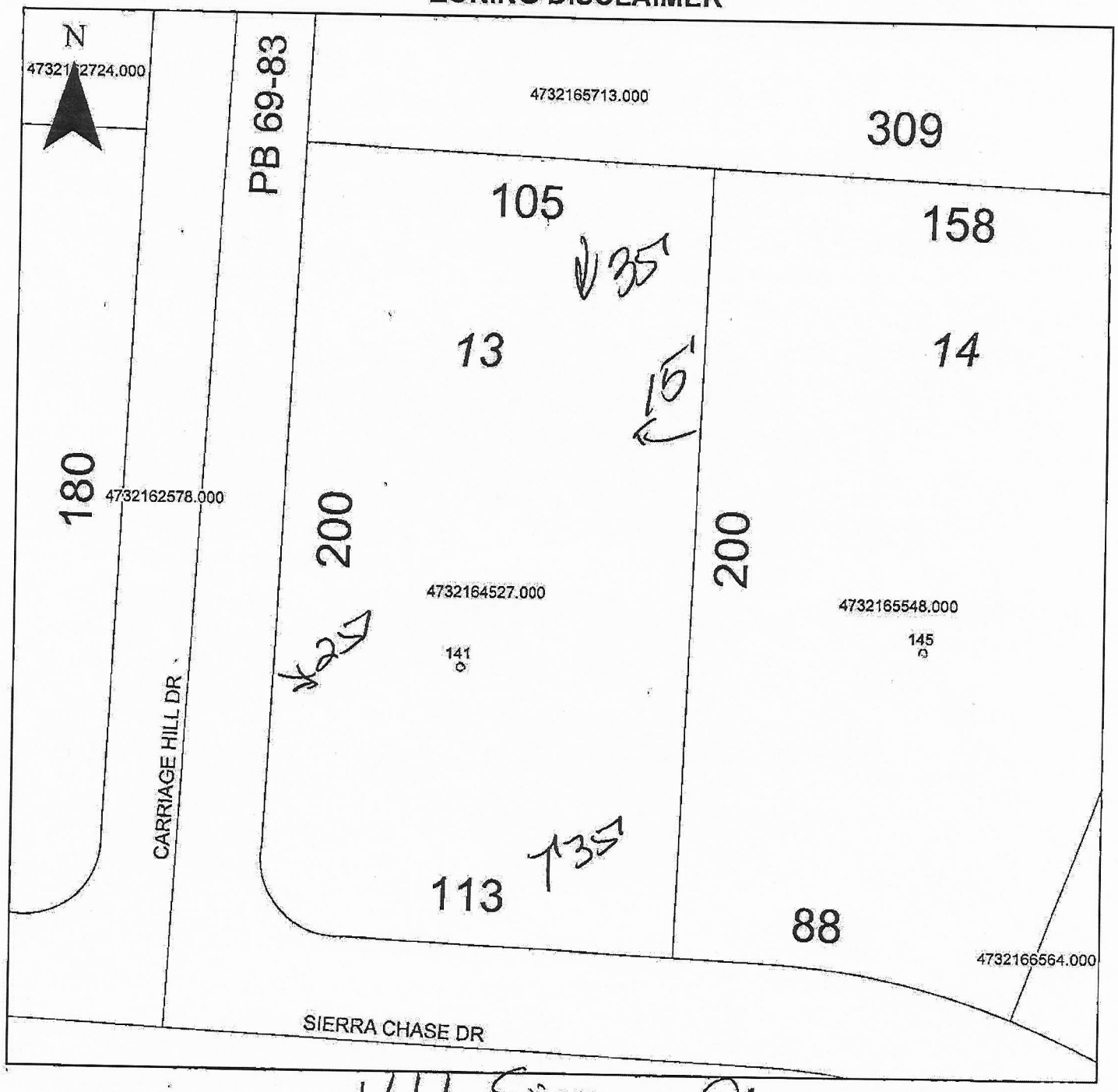
Remarks:

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	115073	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 141 Sierra Chase

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

Date