IREDELL COUNTY HEALTH DEPARTMENT

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

AP-300675

PERMIT # 232045

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

PIN # 4732162596 5249

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

SITE ADDRESS: 150 Sierra Chase Drive Statesville, NC 28677 PHONE: 704 578-4951 ALT. PHONE

SITE DIRECTIONS: Old Mountain Rd TR Wallace Springs TR Autumn Mist TL Sierra Chase SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Autumn Brook SECTION: 2 LOT # 21 LOT AREA: .472 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3 / .1 Repair

Septic Tank	1000 (gal)	STB	760	Date	10-20-19	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence [ ] Business [ ] Other [X] Slab [ ] Basement w/plumbing	No. Bedrooms 4 No. Persons 8 No. Employees [ ] Crawl Space [ ] Basement w/o plumbing
Pump Tank	(gal)	PT		Date		System Description: Gravity - PBPS			Water Supply [ ] Private [ ] Public [ ] Community
Pump Make		Model		Serial #		Repair System Description: Subsurface Drip			
# Nitrification Fields	1	# Lines	8	Linear Ft	280	Maintenance Agreement Required: [ ] YES [X] NO			
Trench Width	min 24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A	[X] GRAVITY [ ] PRESSURE			

Comments / Conditions: Note: per plan remove berms

Follow NC Plumbing Code re: Clean Outs on Supply line

INITIAL SITE SKETCH

See attached, approved Septic Plan by The Oaks Group, PA (dated 7/26/18)

AS BUILT SKETCH

* Although 3BR floor plans submitted, 4 BR system must be installed per permit. -CC 9-10-19

- tank 5'10" off house (no filter yet) 12-12-19
- lines checked 12-12-19 -CCN
- still needs supply line + set cleanout

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**

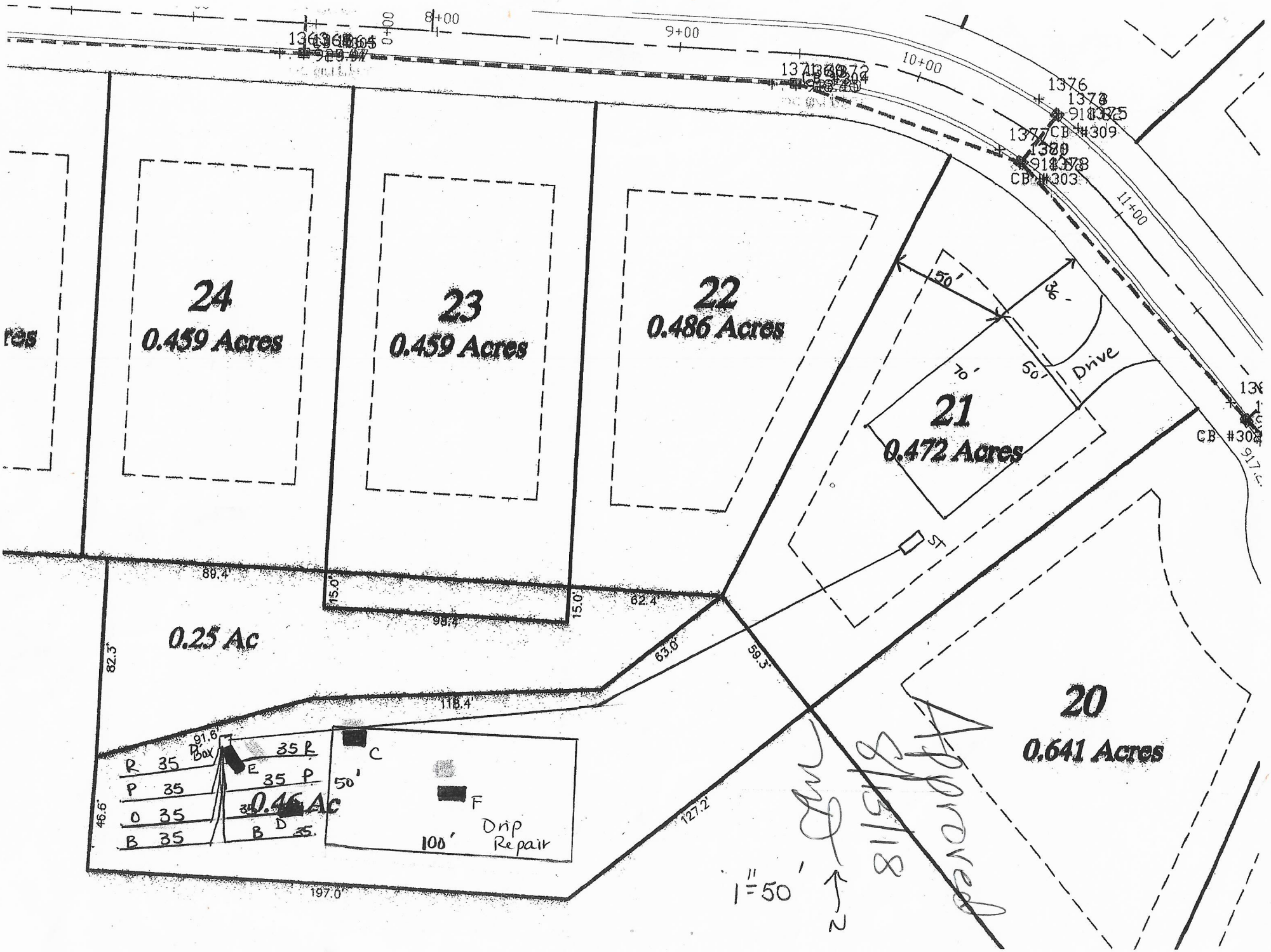
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration:* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 8-16-18 Installed by: M. Powell w/ Sid Gaskins

IMPROVEMENT PERMIT by: Mary Dotson Date: 8/13/18 OPERATION PERMIT by: Benjamin A Ball Date: 12/16/19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 9/10/19 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.


8+00
9+00
10+00
11+00
CB #309
CB #303
CB #308
24
0.459 Acres
23
0.459 Acres
22
0.486 Acres
21
0.472 Acres
20
0.641 Acres
0.25 Ac
0.46 Ac
50'
Drive
ST
80.4'
98.4'
15.0'
62.4'
82.3'
118.4'
63.0'
59.3'
127.2'
197.0'
46.6'
91.6'
100'
Drip Repair
R 35
P 35
O 35
B 35
35 P
B 35
C
D
E
F
1"=50'
Approved
4/13/18

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

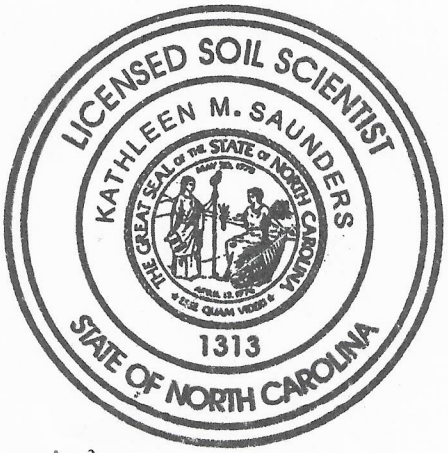
RE: 152 Sierra Chase Lane

Date: July 26, 2018

Attached is the septic specification information required to permit ~~130~~ 152 Sierra Chase Lane 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

Autumn Brook Lot 21 Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**PPBPS**
No. Lines	8 (See Table)
Total Linear Feet	280
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth Low Side	30"
Pump Required	No
Distribution Device	Distribution Box
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	295 ft of 2" SCH 40 PVC
Repair System	**Subsurface Drip**
Total Linear Feet	4,800 sqft
Repair LTAR	0.1

Approved 8/13/18

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	35 endfed	8
2	System	Red	PPBPS	35 endfed	8
3	System	Pink	PPBPS	35 endfed	8
4	System	Pink	PPBPS	35 endfed	8
5	System	orange	PPBPS	35 endfed	8
6	System	orange	PPBPS	35 endfed	8
7	System	Blue	PPBPS	35 endfed	8
8	System	Blue	PPBPS	35 endfed	8
					Total: 64
				Total System: 280'	
				Total Repair: xxx'	

Tank	Red	1000
Pump Tank	Red	
House	Blue	

Note: Place tank to achieve gravity flow to uppermost line
Remove Berms

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

Approved 8/13/18 MD

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

OWNER: Autumn Brook LLC
ADDRESS: 1542 Queens Rd W Charlotte
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Autumn Brook #21

APPLICATION DATE
DATE EVALUATED: 5/20/18
PROPERTY SIZE: 0.93
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
C	L ~8%	0-19 19"	WK SBK C Cr	FR SS/SP	R	19"	N/A	19"	0.1 to 19"
D	L ~8%	0-10 10-32 32-60	Mo GR SL Mo SBK C WK SBK C	FR ns/np FR SS/SP ↓	Br R R;C soap	60+	N/A	N/A	0.3
E	L ~8%	0-18 18-27 27-60	Mo SBK C WK SBK CL MA L Soap	FR SS/SP ↓ ↓	R R;C soap multi	27"	PS	N/A	0.3
F	L ~8%	0-8 8-18 18-33 33"	Mo GR SL Mo SBK C WK SBK C Cr	FR ns/np FR SS/SP ↓	Br R R;C soap opp wall C		Rock		0.1 drip

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	PP BPS	Drip
Site LTAR	0.3	0.1

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

COMMENTS:

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 Zip: 28107

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

Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: 150 Sierra Chase Drive

Subdivision Name: Autumn Brook Section/Phase: _____ Lot Number: 21

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 8/20/19

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, _____, 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

Please CALL prior to inspection

Name: Kathleen

Number: 7045784951

#232045

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

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

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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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Contact Kathleen Saunders (704) 578-4951

Applicant Information:

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

Owner Name: Same Address: Phone:

Property Information:

Street Address: ~~152~~ 150 Sierra Chase Drive Statesville NC 28677

Subdivision Name: Autumn Brook Section/Phase: 2 Lot Number: 21

Driving Directions: Wallace Springs Rd, R Autumn 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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

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 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: Emma Holt / Kathleen Saunders 8/3/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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: [signature], am the legal owner of the property located at 150 Siena Chase, identified as PIN(Parcel Identification Number) 4732 162596, 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.

[signature] 12.12.17
Signature of Owner Date

Lorri S Carlson 12.12.17
Signature of Witness Date

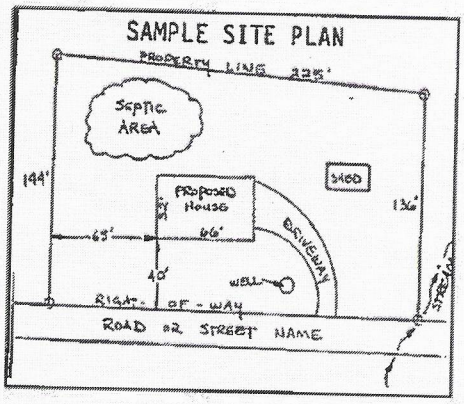
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

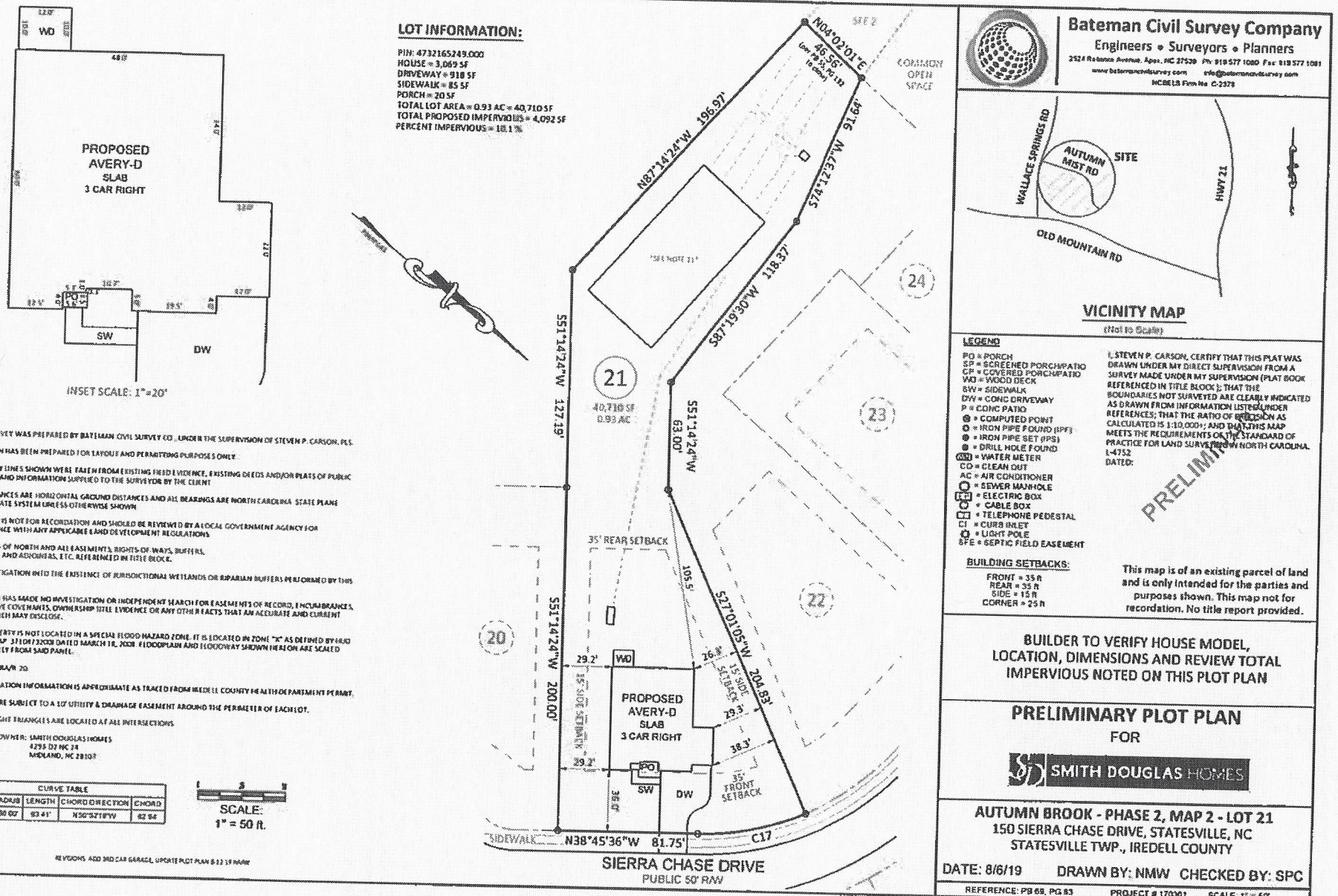
See Attached

Signature: Andrea Randall

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

8/24/19

DATE



NOTES:

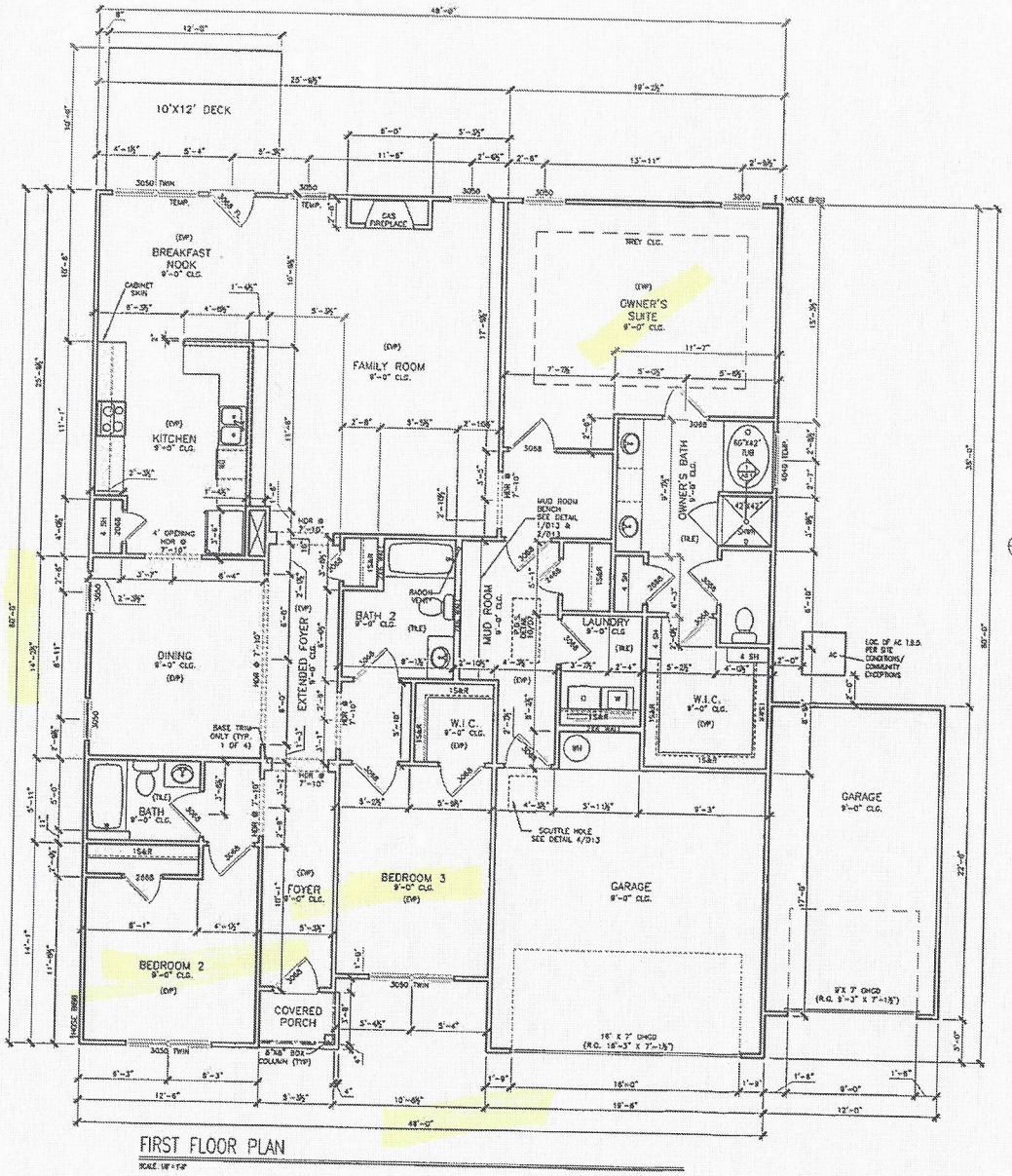
1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
3. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT.
4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
5. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
6. THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADDITIONS, ETC. REFERENCED IN TITLE BLOCK.
7. NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM.
8. SURVEYOR HAS MADE NO INVESTIGATION OR 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 DEFINED BY HUD F.I.R.M. MAP 3710873200I DATED MARCH 18, 2008. FLOODPLAIN AND FLOODWAY SHOWN HEREON ARE SCALED GRAPHICALLY FROM SAID PANEL.
10. ZONING IS RA/R 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
4225 D7 NC 24
MIDLAND, NC 28107

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C17	150.00'	93.41'	N30°52'19"W	92.56'

SCALE:
1" = 50 ft.

REVISIONS: ADD 3RD CAR GARAGE, UPDATE PLOT PLAN 8.12.19 NMW

P:\2017 Projects\170301 Autumn Brook SDC\dwg\170301 Autumn Brook SDC.dwg, 8/12/2019 2:30:21 PM, mwade



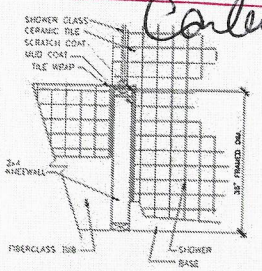
FIRST FLOOR PLAN

AUTUMN BROOK
LOT 21

Acknowledgement Of Plans Submittal ONLY!

Andrea Randall Date 8/26/19

Carla C. Cave Date 9-10-19



SECTION @ TYPICAL GARDEN TUB/ TILED SHOWER w/GLASS WALL

SMITH DOUGLAS HOMES
QUALITY | INTEGRITY | VALUE

FLOOR PLAN
FIRST FLOOR
AVERY

SMITH DOUGLAS HOMES
110 VILLAGE TRAIL
SUITE 115
WOODSTOCK, GA 30188
www.smithdouglas.com

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

*RADON VENT PROVIDED PER LOCAL CODE

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

© SMITH DOUGLAS HOMES 2019

BY	CLJ	CK	AW
DATE	8/13/19		
SCALE: 1/4"	A		
PLANNER			
ELEV	ALL	ELEV	A
PAGE NO.	A5.1		

IREDELL COUNTY

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

APPLICATION NUMBER
232045
Issue Date: 12/08/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4732162596.000	150 ~~152~~ 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	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: _____

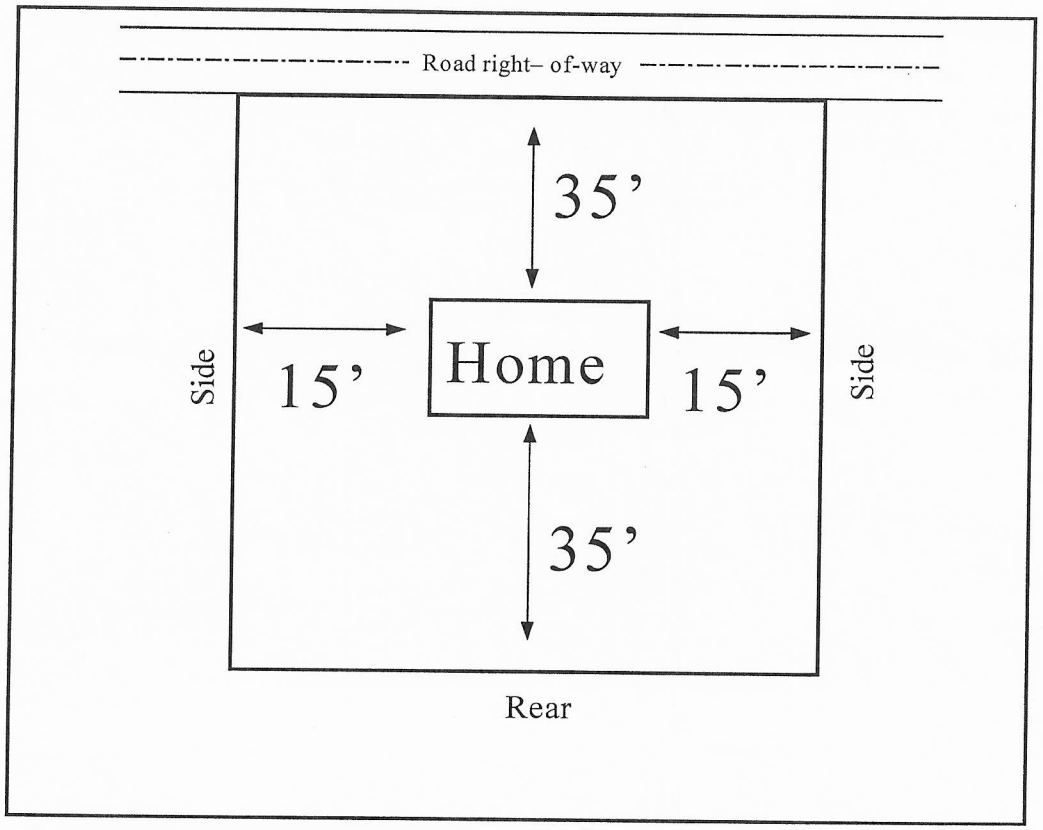
Permit Number	122831	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER

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 _____

STREET NAME : ~~152~~ 150 SIERRA CHSE DR



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.