IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 663-3623 PERMIT # 25064

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

PIN # 4735-39-9930

APPLICANT/OWNER: James Deciccio APPLICANT ADDRESS: 122 Meadow Oaks Dr. Statesville, NC 28625

SITE ADDRESS: 195 Meadow Oaks Drive Statesville, NC PHONE: 704-400-2184 ALT. PHONE

SITE DIRECTIONS: Rt 115 N from Statesville → R on Sullivan Farm → R on Meadow Oaks → Lot on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Meadow Oaks SECTION: — LOT # 42 LOT AREA: 1.03 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	1012	Date	3/96		
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	5	Linear Ft	300		
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		

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

System Description: 25% Reduction (serial distribution)

Repair System Description: 50% Reduction - LP-PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

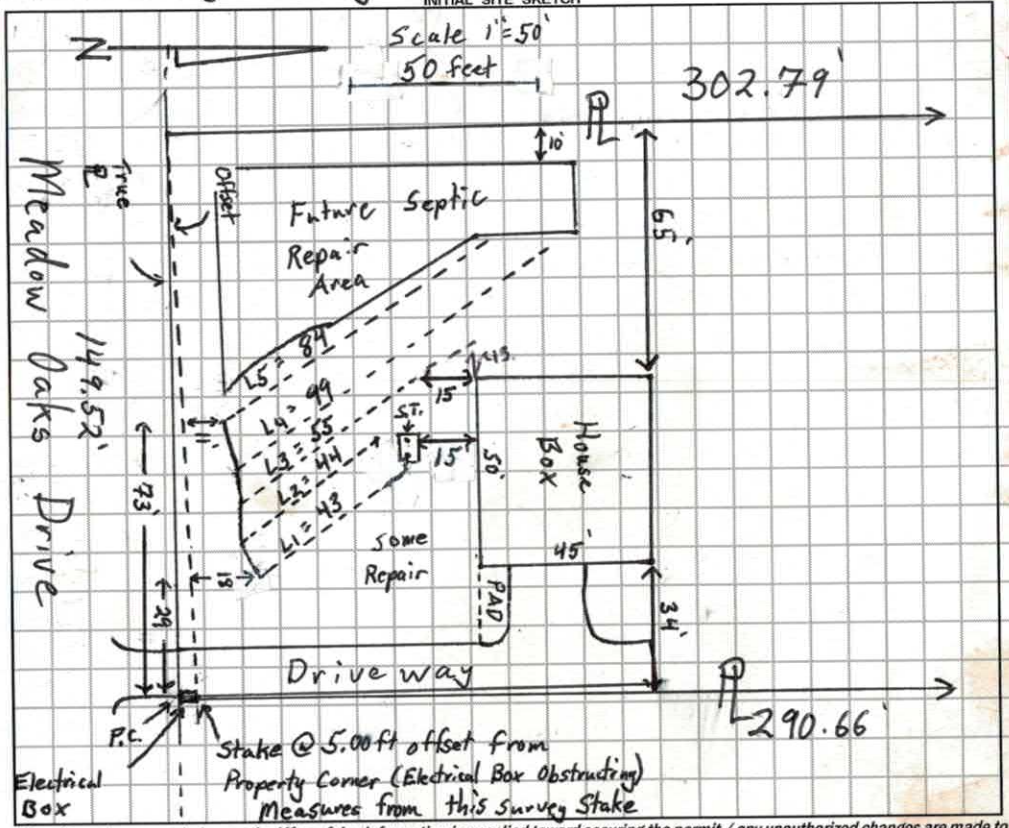
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Though 325 l.f. of line has been laid out, only 300 l.f. need be installed. Extra area to be set aside for future repair purposes. Recommend pumping septic tank every 3-5 years.

Line Lengths as follows:
L1 - 42
L2 - 37
L3 - 61
L4 - 80
L5 - 82

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: James DeCiccio Date: 10/27/17

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/27/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/27/17

Installed by: Gunter Grading

OPERATION PERMIT by: Benjamin A. Bakken Date: 6/6/19

Existing System Inspected by: Date:

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

Rear/Side Yard
Pit
5 0-12 Clay v SBK S. Firm
12-44 Clay v.w SBK Firm 0.30

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell



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

OWNER: James Decicco
ADDRESS: 122 Meadow Oaks Dr. Statesville, NC
PROPOSED FACILITY: 3 BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 195 Meadow Oaks Dr, Statesville (Meadow Oaks Lot 42)

APPLICATION DATE 10/2/17
DATE EVALUATED: 10/19/17
PROPERTY SIZE: 1.03 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 8% Repair- Driveway	0-3	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp	-	50	-	-	0.30 PS
		3-16	Clay M.SBK	Sl. Firm, Sticky, Sp, Sexp					
		16-50	Clay W.SBK	Sl. Firm, Sticky, Sp, Sexp					
2	LSS 8% Distal Primary	0-3	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp	-	56	-	-	0.30 PS
		3-34	Clay M.SBK	Sl. Firm, Sticky, Sp, Sexp					
		34-56	Clay some micac V.W SBK	Firm, Sticky, Sp, Sexp					
3	LSS 8% Near/Heater Primary	0-3	SCL V.W.SBK	Friable, SS, Sp, Sexp	-	53	-	-	0.30 PS
		3-18	Clay Loam W.SBK	Sl. Friable, SS, Sp, Sexp					
		18-53	Clay W. SBK/ABK ↑ some gravels/ pebbles @ 48"-55" (rounded)	Firm, Sticky, Sp, Sexp					
4	LSS 6% Repair	0-3	SCL V.W.SBK	Friable, SS, Sp, Sexp	-	52	-	-	0.30 PS
		3-17	Clay W.SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					
		17-52	Clay V.W.SBK	Firm, Sticky, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330+	200+
System Type(s)	25% Red	50% Red
Site LTAR	0.30	0.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: James Decicco

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

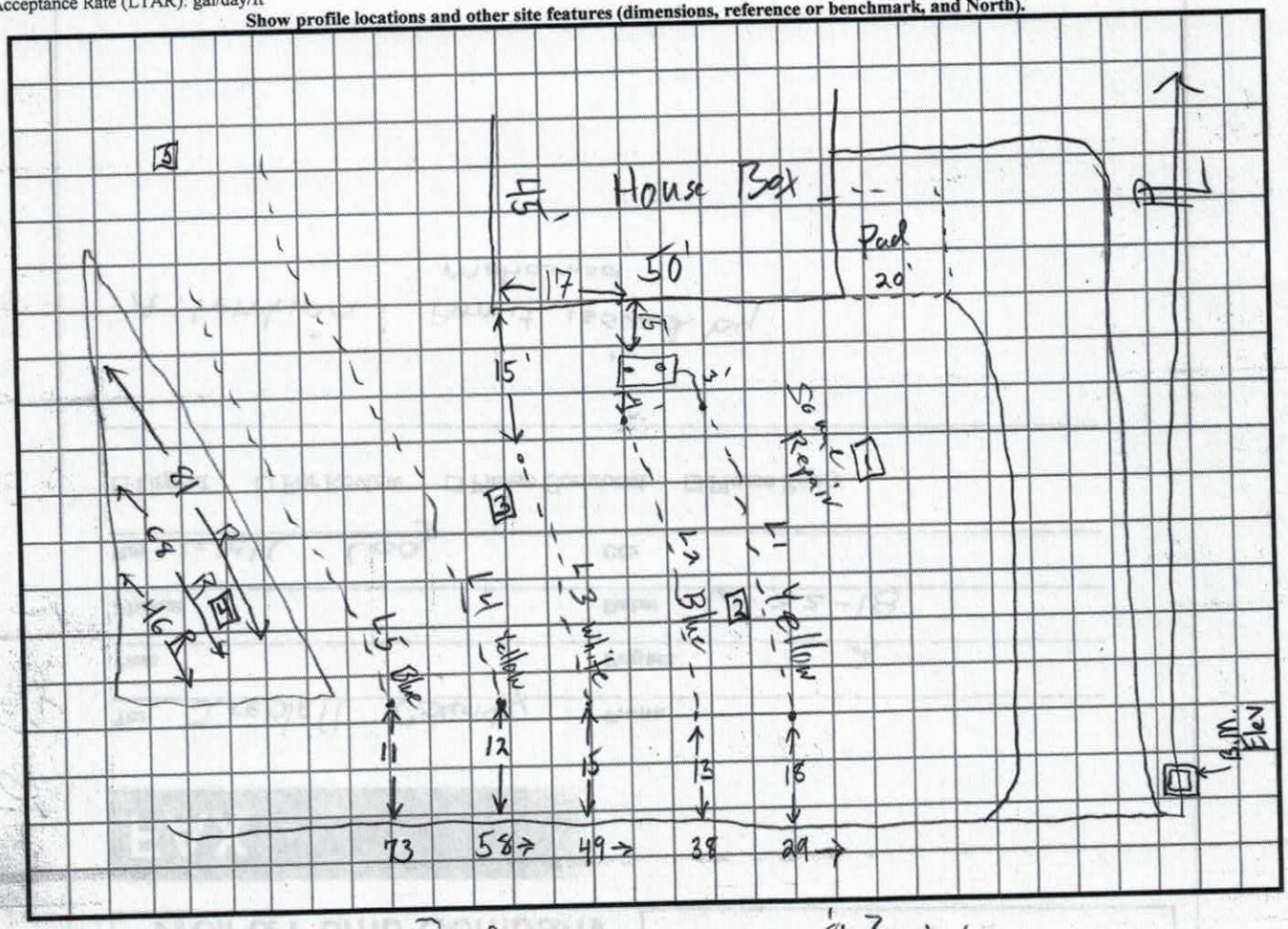
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



L1 Yellow 43' 6.27 } 325

L2 Blue 44' 7.06

L3 White 55' 7.97

L4 Yellow 99' 8.53 } 8% slope

84 9.20

81
68
96
195 } Below Primary PPDS Repair

4.95 elev @ Top corner of Electrical Box (Benchmark) EQ Cent Pad base

RECEIVED OCT -3 2017

230647

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Paid $500.00

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: James DeCicco Address: 122 Meadow Oaks DR. Zip: 28625
Applicant Email: traydecicco@bellsouth.net Phone: 704-400-2184 Alt. Phone: 704-408-7704
Owner Name: John Shoaf Address: 195 Meadow Oaks DR. Zip: 28625
Owner Email: _____ Phone: 704-902-5930 Alt. Phone: _____

Property Information:

Street Address: 195 Meadow Oaks DR. Statesville NC 28625
Subdivision Name: Meadow Oaks Section/Phase: _____ Lot Number: 42
Driving Directions: Hwy 115, right on Sullivan farm, right on Meadow Oaks on Left bottom

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

(✓) 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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: 25% Reduction

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: _____ 10/2/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, John Shoaf, am the legal owner(s) of the property located at 195 Meadow Oaks Dr. Statesville NC 28625, identified as PIN (Parcel Identification Number) 4735399930, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) James Decicco, _____, 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.

John Shoaf 10/2/17
Signature of Owner(s) Date

James Decicco 10/2/17
Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY HEALTH DEPARTMENT

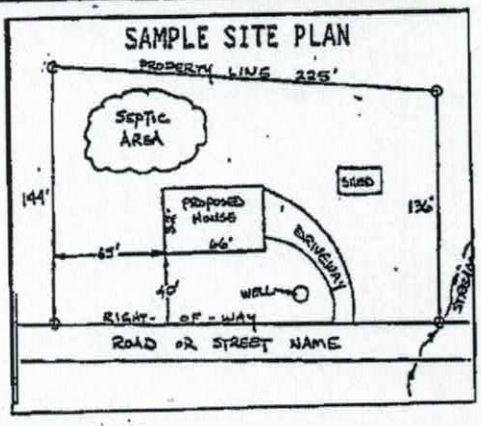
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and 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

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

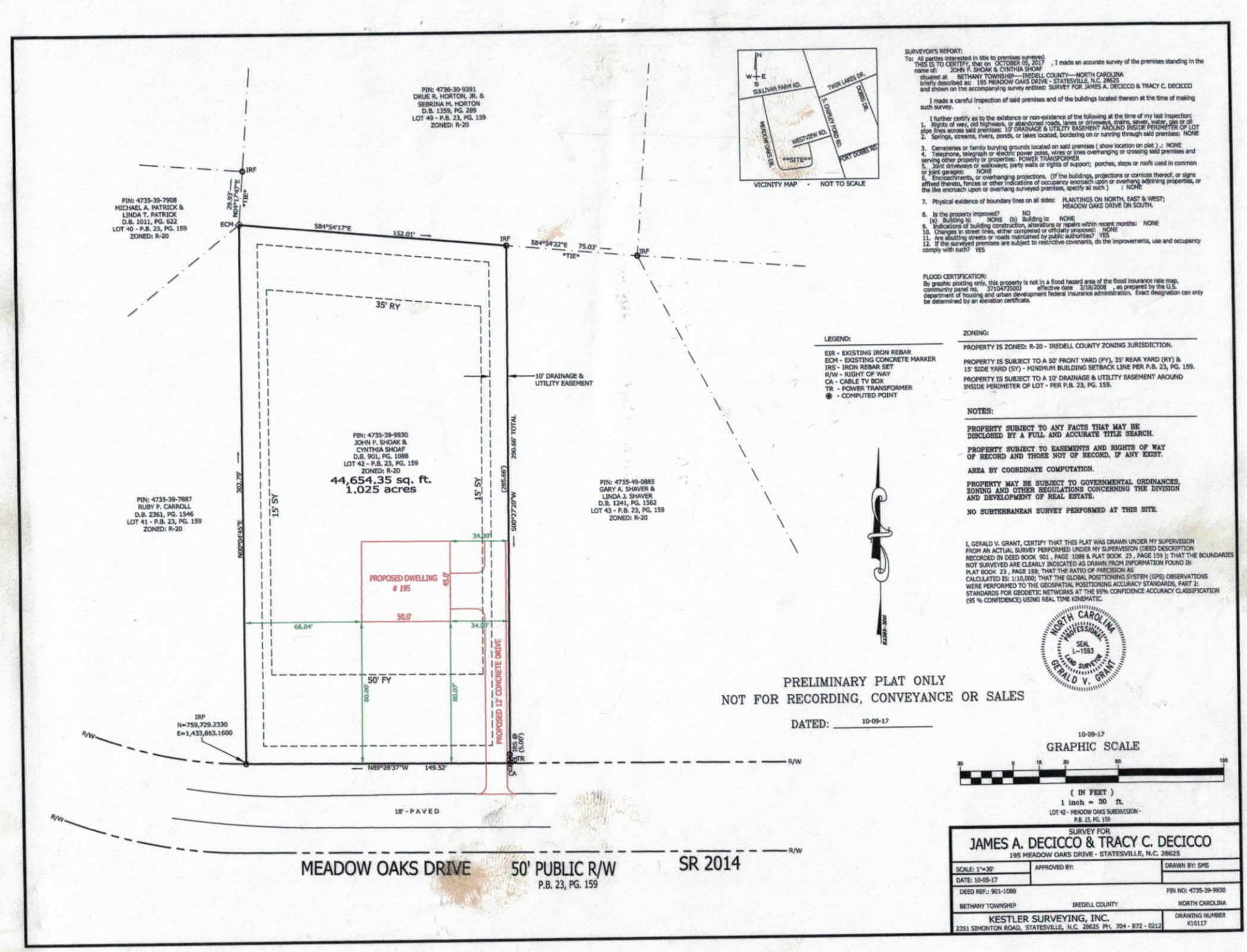
*See Attached

Signature: _____

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

10/21/17

DATE



VICINITY MAP - NOT TO SCALE

SURVEYOR'S REPORT:

To: All parties interested in title to premises surveyed.
THIS IS TO CERTIFY, that on OCTOBER 05, 2017 , I made an accurate survey of the premises standing in the name of: JOHN F. SHOAK & CYNTHIA SHOAK
situated at: BETHANY TOWNSHIP---IREDELL COUNTY---NORTH CAROLINA
briefly described as: 195 MEADOW OAKS DRIVE - STATESVILLE, N.C. 28625
and shown on the accompanying survey entitled: SURVEY FOR JAMES A. DECICCO & TRACY C. DECICCO

I made a careful inspection of said premises and of the buildings located thereon at the time of making such survey.

I further certify as to the existence or non-existence of the following at the time of my last inspection:
1. Rights of way, old highways, or abandoned roads, lanes or driveways, drains, sewer, water, gas or oil pipe lines across said premises: 10' DRAINAGE & UTILITY EASEMENT AROUND INSIDE PERIMETER OF LOT
2. Springs, streams, rivers, ponds, or lakes located, bordering on or running through said premises: NONE
3. Cemeteries or family burying grounds located on said premises (show location on plat).: NONE
4. Telephone, telegraph or electric power poles, wires or lines overhanging or crossing said premises and serving other property or properties: POWER TRANSFORMER
5. Joint driveways or walkways; party walls or rights of support; porches, steps or roofs used in common or joint garages: NONE
6. Encroachments, or overhanging projections. (If the buildings, projections or cornices thereof, or signs affixed thereto, fences or other indications of occupancy encroach upon or overhang adjoining properties, or the like encroach upon or overhang surveyed premises, specify all such) : NONE
7. Physical evidence of boundary lines on all sides: PLANTINGS ON NORTH, EAST & WEST; MEADOW OAKS DRIVE ON SOUTH.
8. Is the property improved? NO
(a) Building is: NONE (b) Building is: NONE
9. Indications of building construction, alterations or repairs within recent months: NONE
10. Changes in street lines, either completed or officially proposed: NONE
11. Are abutting streets or roads maintained by public authorities? YES
12. If the surveyed premises are subject to restrictive covenants, do the improvements, use and occupancy comply with such? YES

FLOOD CERTIFICATION:
By graphic plotting only, this property is not in a flood hazard area of the flood insurance rate map, community panel no. 3710473500J effective date 3/18/2008 , as prepared by the U.S. department of housing and urban development federal insurance administration. Exact designation can only be determined by an elevation certificate.

LEGEND:

EIR - EXISTING IRON REBAR
ECM - EXISTING CONCRETE MARKER
IRS - IRON REBAR SET
R/W - RIGHT OF WAY
CA - CABLE TV BOX
TR - POWER TRANSFORMER
◉ - COMPUTED POINT

ZONING:

PROPERTY IS ZONED: R-20 - IREDELL COUNTY ZONING JURISDICTION.

PROPERTY IS SUBJECT TO A 50' FRONT YARD (FY), 35' REAR YARD (RY) & 15' SIDE YARD (SY) - MINIMUM BUILDING SETBACK LINE PER P.B. 23, PG. 159.

PROPERTY IS SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT AROUND INSIDE PERIMETER OF LOT - PER P.B. 23, PG. 159.

NOTES:

PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST.

AREA BY COORDINATE COMPUTATION.

PROPERTY MAY BE SUBJECT TO GOVERNMENTAL ORDINANCES, ZONING AND OTHER REGULATIONS CONCERNING THE DIVISION AND DEVELOPMENT OF REAL ESTATE.

NO SUBTERRANEAN SURVEY PERFORMED AT THIS SITE.

I, GERALD V. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY PERFORMED UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 901 , PAGE 1088 & PLAT BOOK 23 , PAGE 159); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN PLAT BOOK 23 , PAGE 159; THAT THE RATIO OF PRECISION AS CALCULATED IS: 1:10,000; THAT THE GLOBAL POSITIONING SYSTEM (GPS) OBSERVATIONS WERE PERFORMED TO THE GEOSPATIAL POSITIONING ACCURACY STANDARDS, PART 2: STANDARDS FOR GEODETIC NETWORKS AT THE 95% CONFIDENCE ACCURACY CLASSIFICATION (95 % CONFIDENCE) USING REAL TIME KINEMATIC.

NORTH CAROLINA PROFESSIONAL SEAL L-1583 LAND SURVEYOR GERALD V. GRANT

PRELIMINARY PLAT ONLY
NOT FOR RECORDING, CONVEYANCE OR SALES

DATED: 10-09-17

10-09-17

GRAPHIC SCALE

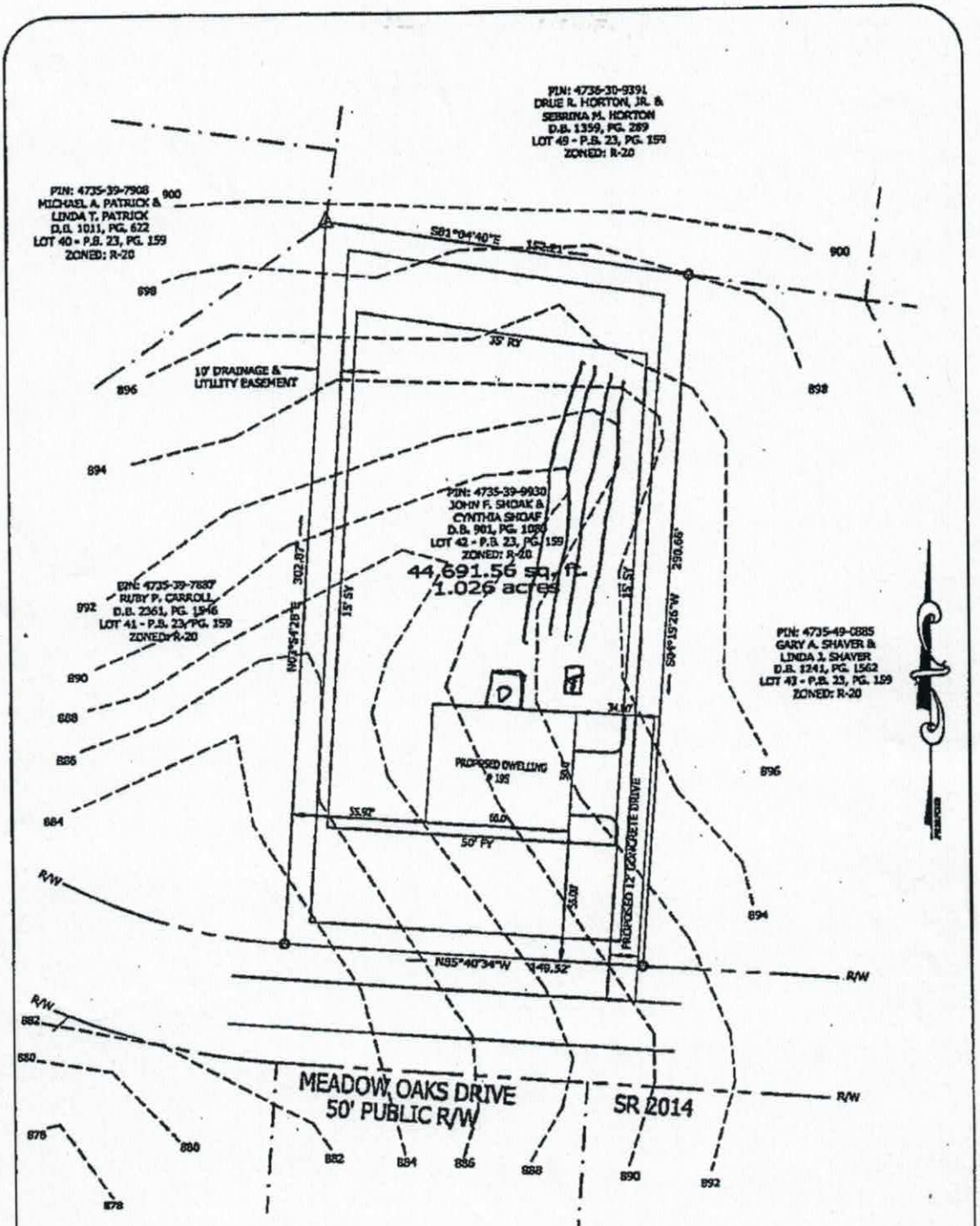
30 0 15 30 60 120

(IN FEET)
1 inch = 30 ft.

LOT 42 - MEADOW OAKS SUBDIVISION - P.B. 23, PG. 159

SURVEY FOR
JAMES A. DECICCO & TRACY C. DECICCO
195 MEADOW OAKS DRIVE - STATESVILLE, N.C. 28625

SCALE: 1"=30'	APPROVED BY:	DRAWN BY: SMS
DATE: 10-05-17		
DEED REF.: 901-1088		PIN NO: 4735-39-9930
BETHANY TOWNSHIP	IREDELL COUNTY	NORTH CAROLINA
KESTLER SURVEYING, INC. 2351 SIMONTON ROAD, STATESVILLE, N.C. 28625 PH. 704 - 872 - 0212		DRAWING NUMBER K10117



ZONING:

PROPERTY IS ZONED: R-20 - IREDELL COUNTY ZONING JURISDICTION.

PROPERTY IS SUBJECT TO A 50' FRONT YARD (FY), 35' REAR YARD (RY) & 15' SIDE YARD (SY) - MINIMUM BUILDING SETBACK LINE PER P.B. 23, PG. 159.

PROPERTY IS SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT AROUND INSIDE PERIMETER OF LOT - PER P.B. 23, PG. 159.

135 MEADOW OAKS DRIVE - STATESVILLE, N.C. 28625
LOT 42 - MEADOW OAKS SUBDIVISION -
P.B. 23, PG. 159

PROPOSED HOUSE LAYOUT FOR

JAMES A. DECICCO & TRACY C. DECICCO

DEED REF: 901-1088
BETHANY TOWNSHIP

DATE: 09-29-2017
REVISED: 10-01-17
IREDELL COUNTY

PIN: 4735-39-9930
NORTH CAROLINA

* NOT AN ACTUAL SURVEY *

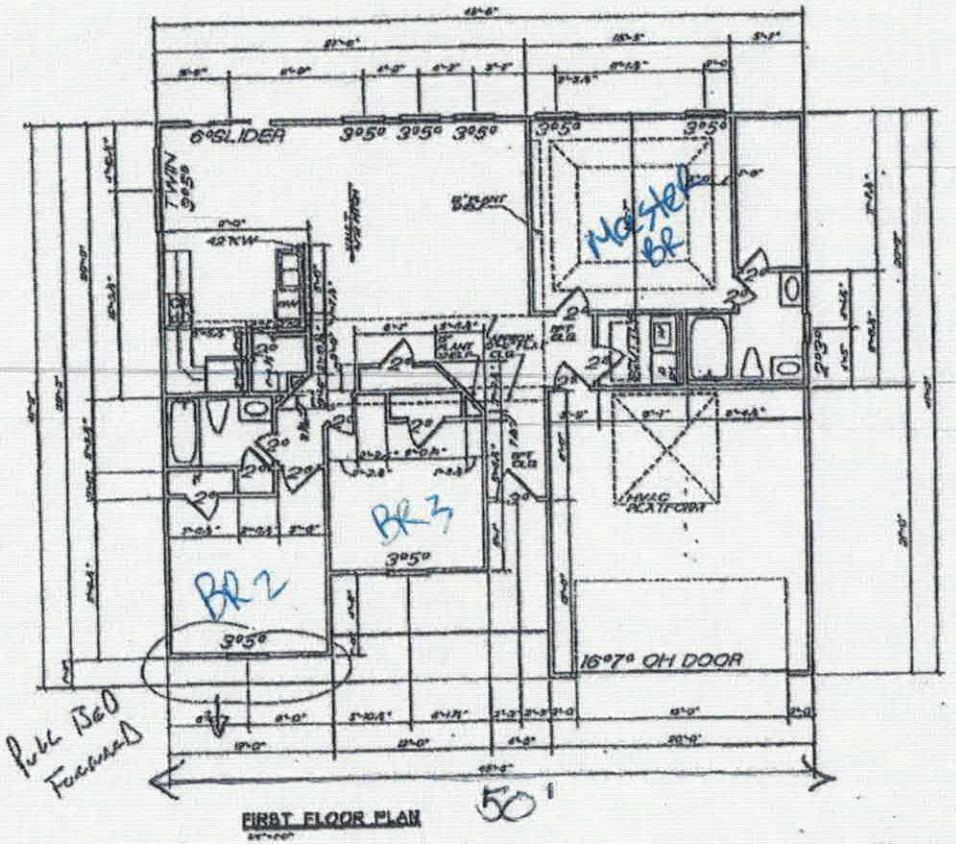
THIS PROPOSED HOUSE PLAN WAS DRAWN FROM EXISTING PLATS AND/OR DEEDS AND NO ACTUAL SURVEY WAS DONE AT THIS TIME. ACREAGES AND DISTANCES ARE SUBJECT TO AN ACTUAL SURVEY.

GRAPHIC SCALE

40 0 20 40 80 160

(IN FEET)
1 inch = 40 ft.

DRAWN BY: SMS



FIRST FLOOR PLAN

Pub Sgd Footings

98-

1500 total sq feet

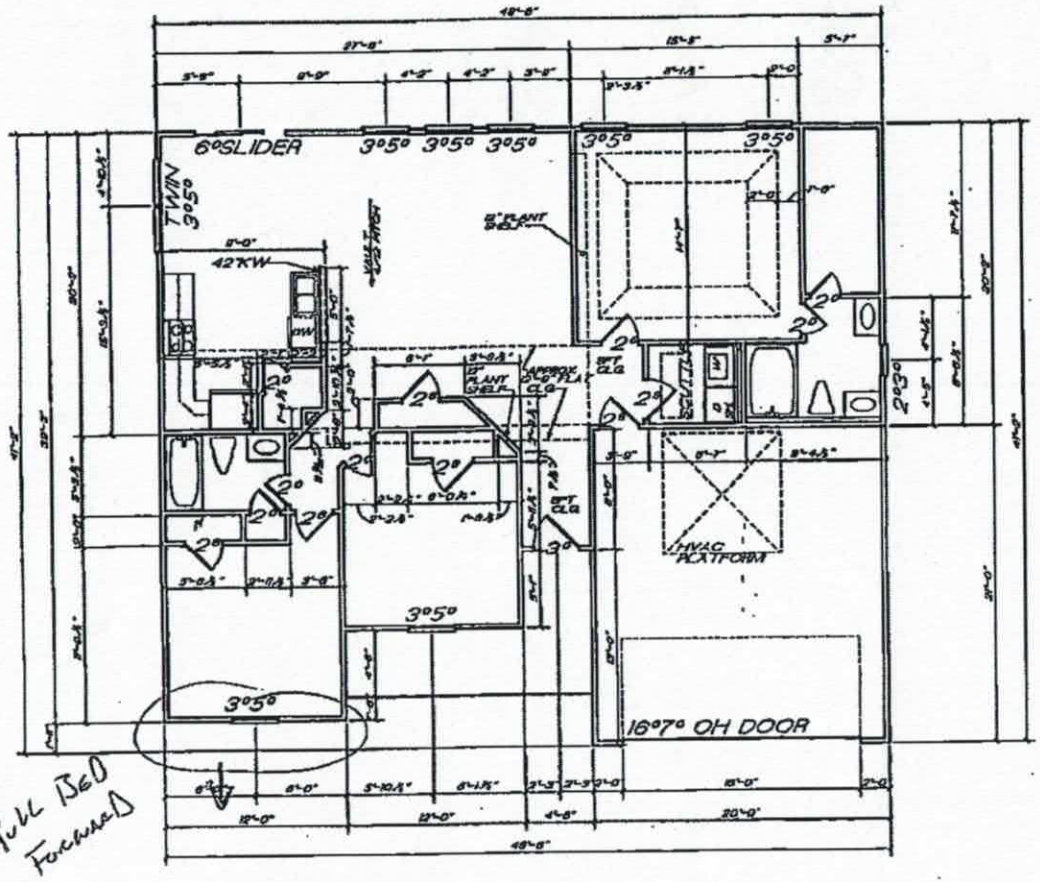
-CKNOW

Plans Submittal ONLY!

Date 10/3/17

Date 10/27/17

	SQUARE FOOTAGE
	STANDARD HEADER SCHEDULE
	LEGEND
	STANDARD LINTEL SIZES
	NEATAH 1402 GARAGE 4B
	FIRST FLOOR PLAN
	CARMICHAEL DESIGNS INC.
	"HOLY The SPRINGS"
	03-28-H
	UNIT 4



FIRST FLOOR PLAN

Pull Bed Forward

98-

SQUARE FOOTAGE	
FIRST FLOOR	1402 SQ. FT.
SECOND FLOOR	000 SQ. FT.
TOTAL HEATED	1402 SQ. FT.
GARAGE	418 SQ. FT.
FRONT PORCH	87 SQ. FT.
REAR PATIO	100 SQ. FT.

STANDARD HEADER SCHEDULE

	HEADER SIZE	STUDDING & LOCATION
RANCH		
TWO-STORY		
TWO STORY W/ BASE		

ALL HEADERS TO BE SYP NO. #2

LEGEND

FCN FLOORING BREAK
SHL SHELVES
POS. PULL DOOR STAIRS
W/ ROD AND SHELF.
TRDS.= TREADS
OPT.= OPTIONAL
DBL.= DOUBLE
PC. PER ELEVATION
HDR.= HEADER
*MISC BIS

STANDARD LINTEL SIZES

STOCK BRICK WIDTH	ADOBE DIMENSION
MODULAR 3 5/8"	4" X 8" X 16"
5 1/2" THICK BRICK	3" X 5 1/2" X 16"
7 5/8" THICK BRICK	4" X 7 5/8" X 16"

DATE	REVISION

SQUARE FOOTAGE
HEATED 1402
GARAGE 418

FIRST FLOOR PLAN

CARMICHAEL DESIGNS INC.

"HOLY SPRINGS" The SPRINGS

DATE 02-28-17

SHEET 4

-Know

Plans Submittal ONLY!

Date 10/3/17

Date

IREDELL COUNTY

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

APPLICATION NUMBER
230647
Issue Date: 10/03/2017

FILE COPY

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4735399930.000	195 MEADOW OAKS DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SHOAF JOHN F+CYNTHIA	Applicant: DECICCO, JAMES & TRACY
Address: 137 EMMA LANE STATESVILLE, NC 28625	Address: 122 MEADOW OAKS DR STATESVILLE, NC 28625
Phone:	Phone: 704-408-7704

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.030	35.00	35.00	15.00	15.00	NOT	X

Remarks:

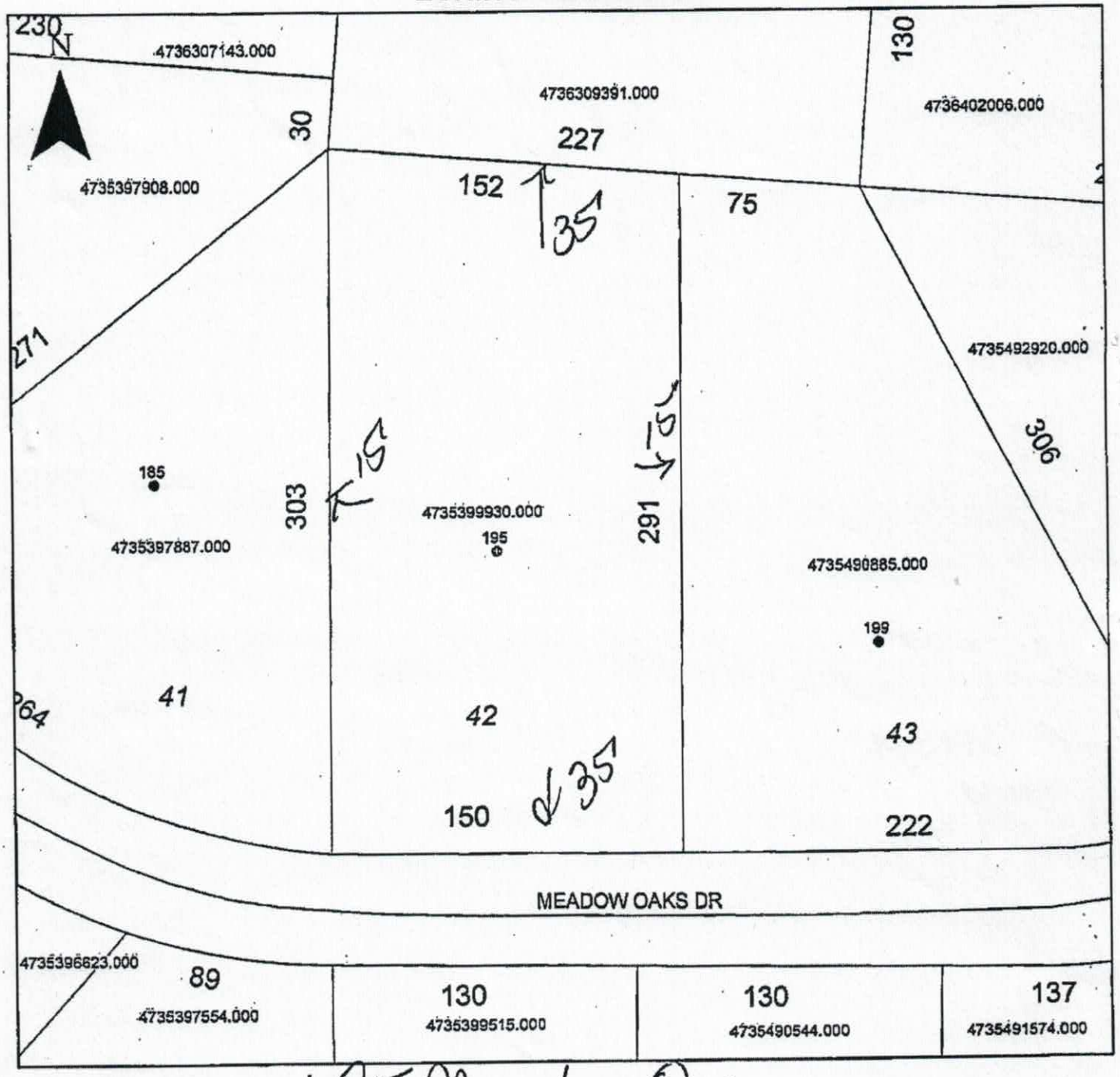
PAID

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: See Attached Date: _____

Permit Number	116774	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 195 Meadow Oaks

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Applicant

10/3/17
Date