ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325874

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

PIN # 4739--38--0456

APPLICANT/OWNER: Shelby Best APPLICANT ADDRESS: 127 Bess Rd, Statesville NC 28625

SITE ADDRESS: 121 Bess Rd, Statesville NC 28625 PHONE: 850-377-9873 ALT. PHONE 704-881-4863

SITE DIRECTIONS: (N) NC 115 → (R) Snow Creek → (L) N. Chipley Ford → (R) Bess → lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

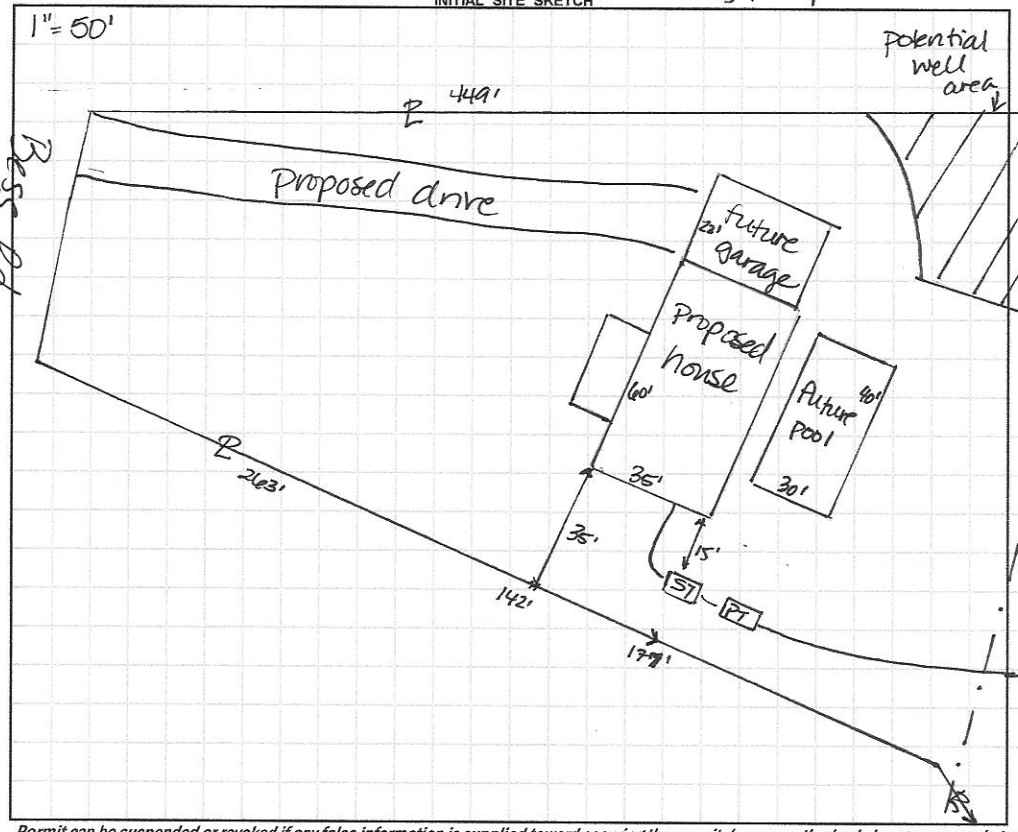
SUBDIVISION: SECTION: N/A LOT # N/A LOT AREA: 1.861 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	1012	Date	10/5/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	417	Date	10/23/22	System Description:	25% Reduction - PM			☐ Business	No. Persons 10	☒ Private
Pump Make		Model		Serial #		Repair System Description:	25% reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	330'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	34" (36 MAX)	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield. Divert all drainage. Install on contour & use pressure manifold distribution. - 2" supply, 2' pressure head

INITIAL SITE SKETCH

1" = 50'



① & ② = 1/2 SCH 40 (same trap) Dose = 150.15 g

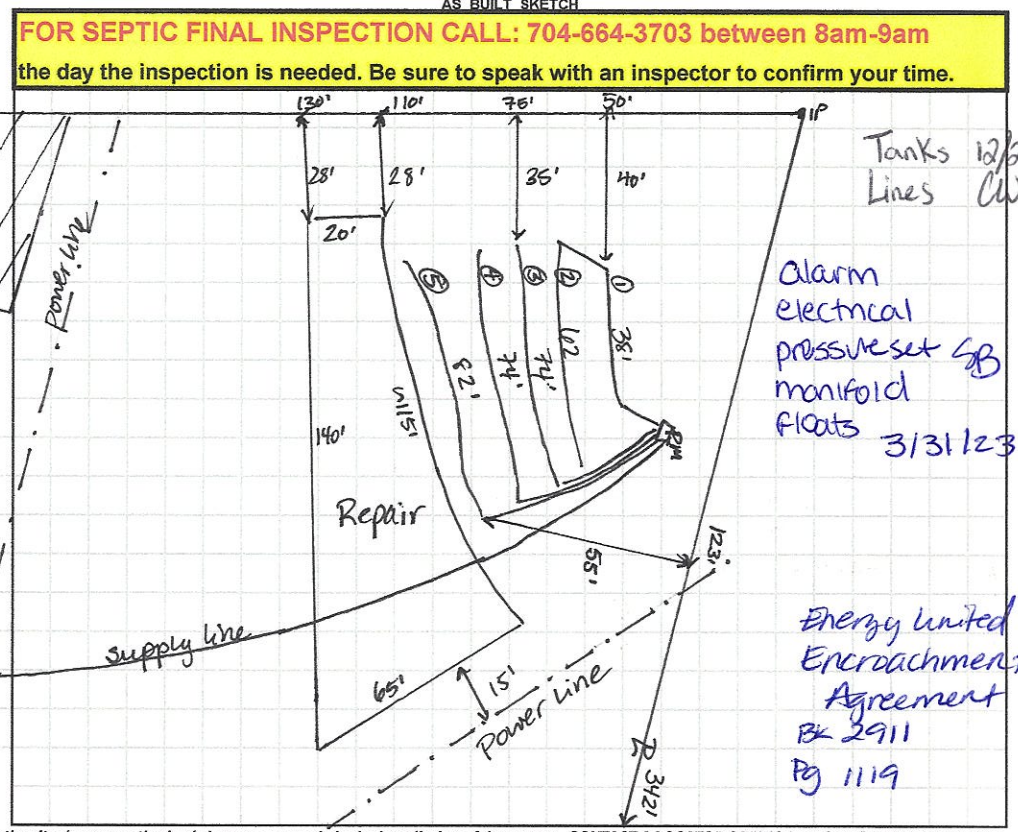
③, ④, ⑤ = 1/2 SCH 80 each Flow = 23.55 gpm

Run Time = 6.37 min Drawdown = 7.15"

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



Tanks 12/28, Lines CW

Alarm electrical pressureset SB manifold floats 3/31/23

Energy United Encroachment Agreement Bk 2911 Pg 1119

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: Shelby Best Date: 4/19/22 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: D. Wieberg Date: 3/8/22 OPERATION PERMIT by: Sarah Bradley Date: 3/31/2023

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 4/3/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

CONNECTGIS WEB HOSTING

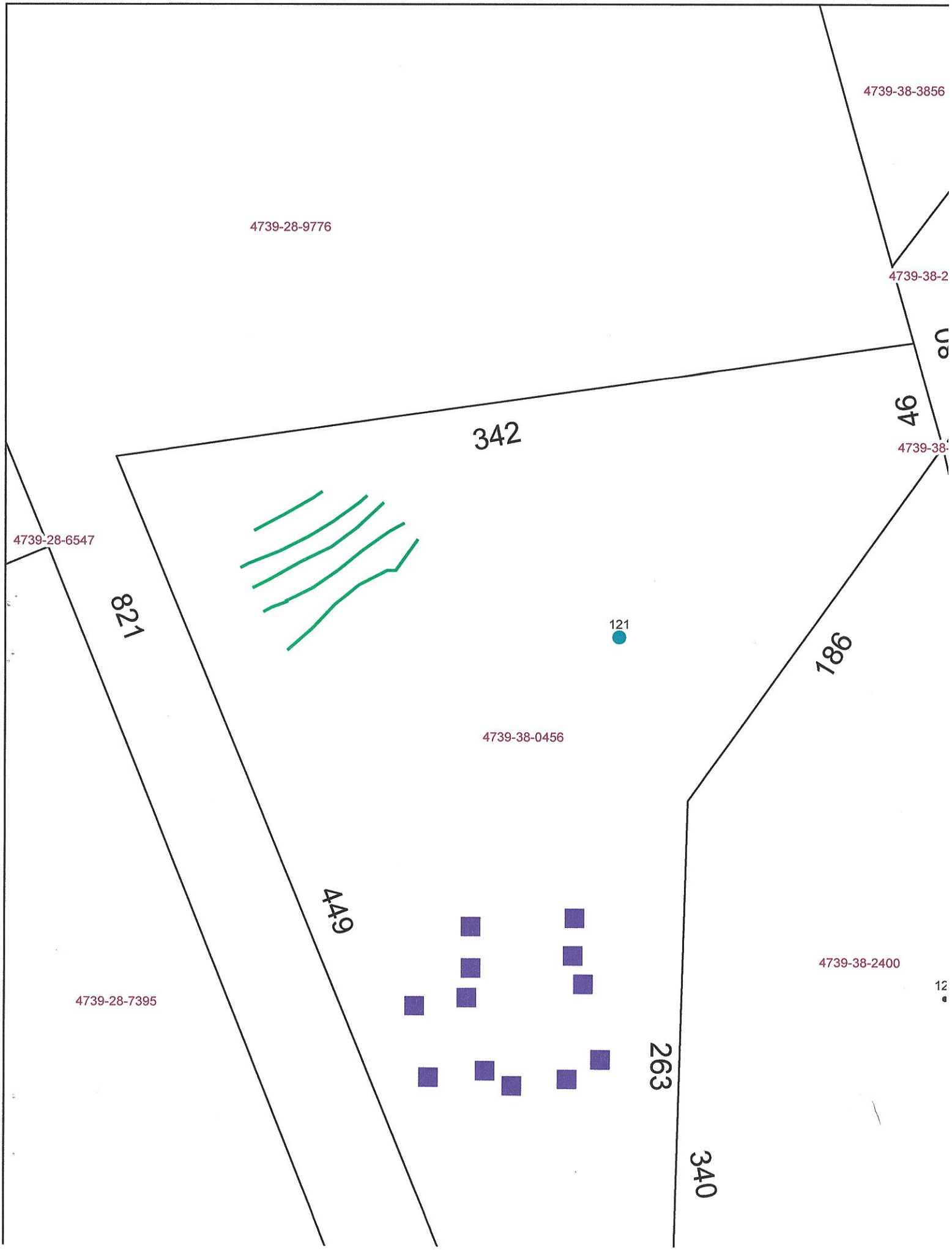
North Carolina Iredell County

1:50



Search

Excel 2000/2003 **Results**


4739-38-3856
4739-28-9776
4739-38-2
342
46
4739-28-6547
821
121
186
4739-38-0456
449
4739-38-2400
4739-28-7395
263
340

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

Sheet 1 of 2
PROPERTY ID #: 4739380625
COUNTY: Iredell

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

OWNER: Shelby Best — APPLICATION DATE: 2/21/22
ADDRESS: 127 Bess Rd Statesville NC 28625 — DATE EVALUATED: 3/4/22
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 6
LOCATION OF SITE: 121 Bess Rd Statesville 28625 — 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	HS 8%	0-10	SCL-SBK	SSSP-FR-SEXP	2.5Y 7/2 @ 32"	48"	N/A	N/A	PS 0.1
		10-26	C/CL-SBK	SSP-FR-SEXP	2.5Y 4/4				
		26-48	C-ABK/PL	SSSP-FR-SEXP	lateral H2O @ 48"+				
2	HS 5%	0-7	CL-SBK	SSSP-FR-SEXP	YB mottles throughout	48"	N/A	N/A	PS U
		7-27	C-SBK/ABK	SSP-FR-SEXP	2.5Y 7/2 @ 27"+				
		27-48	C/CL ~~ABK/PL~~	SSSP-FR-SEXP	lateral H2O @ 30"+				
3	LS 5%	0-10	SCL-SBK	SSSP-FR-SEXP	mica throughout minor Mn	48"	N/A	N/A	PS 0.3
		10-40	C-SBK	↓					
		40-48	CL-SBK	↓					
4	LS 5%	0-5	SCL-SBK	SSSP-FR-SEXP	YB (minor) 18"-28", gone below 28"	48"	N/A	N/A	PS 0.275 -34-36
		5-32	C-ABK/SBK	↓					
		32-48	CL-WSBK	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Meberg
OTHER(S) PRESENT:

COMMENTS: terraced farmland

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

terraced land

PROPERTY ID #: 4739 38 0625
DATE OF EVALUATION: 3/4/22
COUNTY: Iredell

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
5	LS 5%	0-8	SCL-SBK	SSSP-FR-SEXP	some PL tendencies in 8-32"	50"	N/A	N/A	PS 0.25
		8-32	C-ABK/SBK	↓					
		32-50	CL-MSBK		YB mottles (few) 8-32"				
6	LS 5%	0-9	SCL-SBK	SSSP-FR-SEXP	YB mottles 9-25"	50"	N/A	N/A	PS 0.25
		9-25	C-ABK/SBK	↓					
		25-50	CL-SBK		TB @ 37"				

- Well permit needed
  keep copy of septic
- Encroachment agreement & floor plans supply

COMMENTS:

R 3/4 1000

DW

RECEIVED FEB 2 1 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-325874 $500.00

Application For:
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Shelby Best Address: 127 Bess Rd Statesville, NC Zip: 28625
Applicant Email: Shelbybest91@gmail.com Phone: 850-377-9873 Alt. Phone: 704-881-4863
Owner Name: ~~Del~~ Shelby Best Address: 127 Bess Rd Statesville, NC Zip: 28625
Owner Email: Shelbybest91@gmail.com Phone: 850-377-9873 Alt. Phone: 704-881-4863

Property Information:

Street Address: 121 Bess Rd Statesville, NC 28625

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: North on 77, exit 59, turn left on Tomlin Mill Rd, Turn left onto Jennings Rd, Turn Right onto Snow Creek, Turn Right onto N. Cheplyford Turn Right on Bess

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) 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 (X) 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.

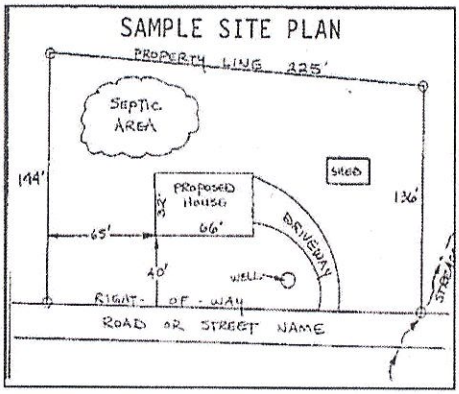
Signature: Shelby Best 2/18/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

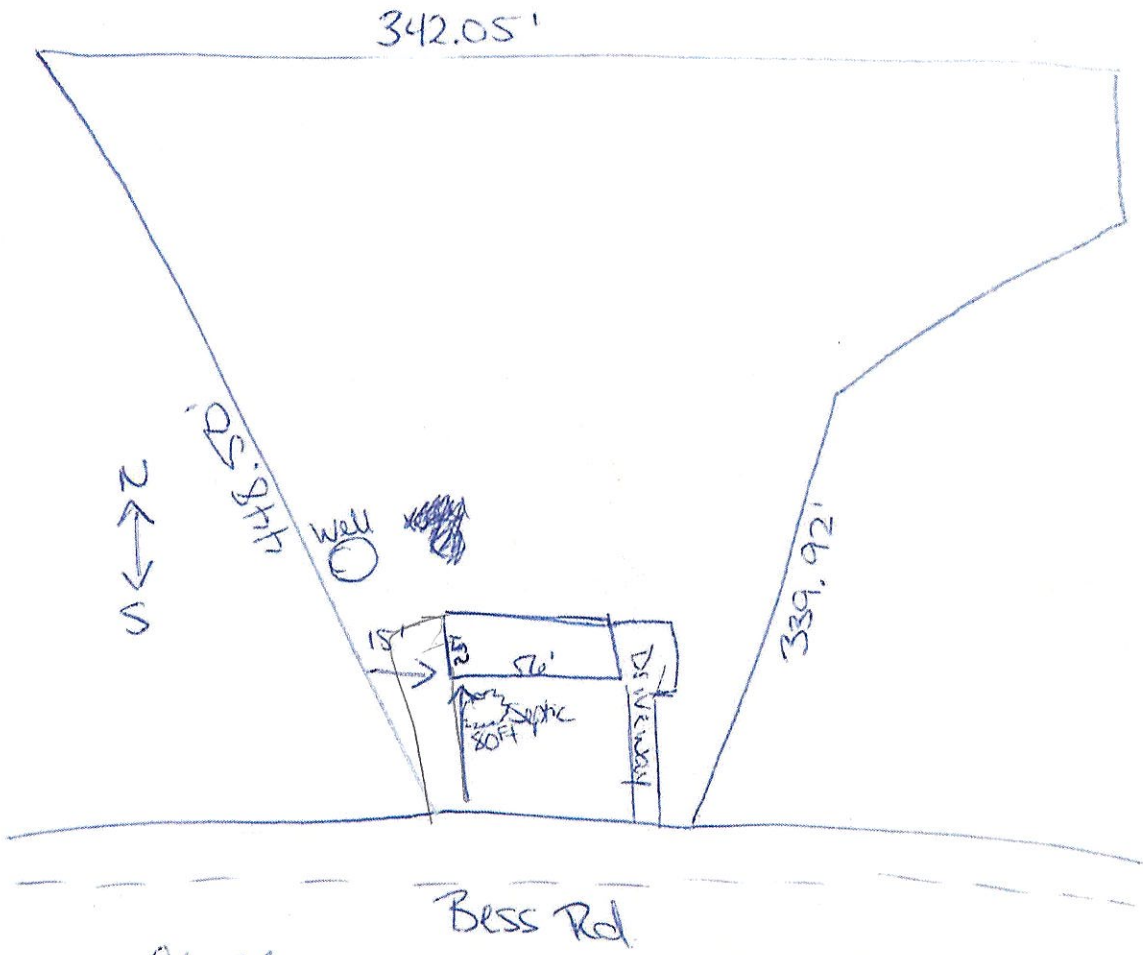
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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



Signature: Shelly Ds

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

2/18/22
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*) Shelby Bass

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
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

SB **Complete all Environmental Health forms:**

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ____ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

SB **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

SB **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

SB **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

SB **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 2/18/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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

APPLICATION NUMBER
325874 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4739380625.000	121 BESS RD	Iredell County

Owner Information	Applicant Information
Name: BEST CYNTHIA G	Name: BEST CYNTHIA G
Address: 127 BESS RD	Address: 127 BESS RD
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6	35	35	15	15		NO

Remarks
SFD

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.

Date: 02/18/2022

Signature of Owner/Contractor

Permit Number	325874	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
N/A

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 400 sq ft.

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Joel + Shelby Best Phone # 704-881-4863

Owner's Current Address 127 Bess Rd. Statesville, NC 28625

Property Information

Property Address 121 Bess Rd. Statesville, NC 28625 Parcel # 4739380625

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township: Sharpesburg

Directions to property (from a MAIN ROAD) 77-N to Exit 59, Take a Left on Tomlin Mill Rd, Take Left onto Jennings Rd, take a right onto Snow Creek Rd Take a right on N. Shipley Ford Rd, Take right onto Bess Rd.

Application Information

Applicant's Name or Company Shelby Best Applicant's Phone # 850-377-9873

Applicant's Address 127 Bess Rd. Statesville, NC 28625

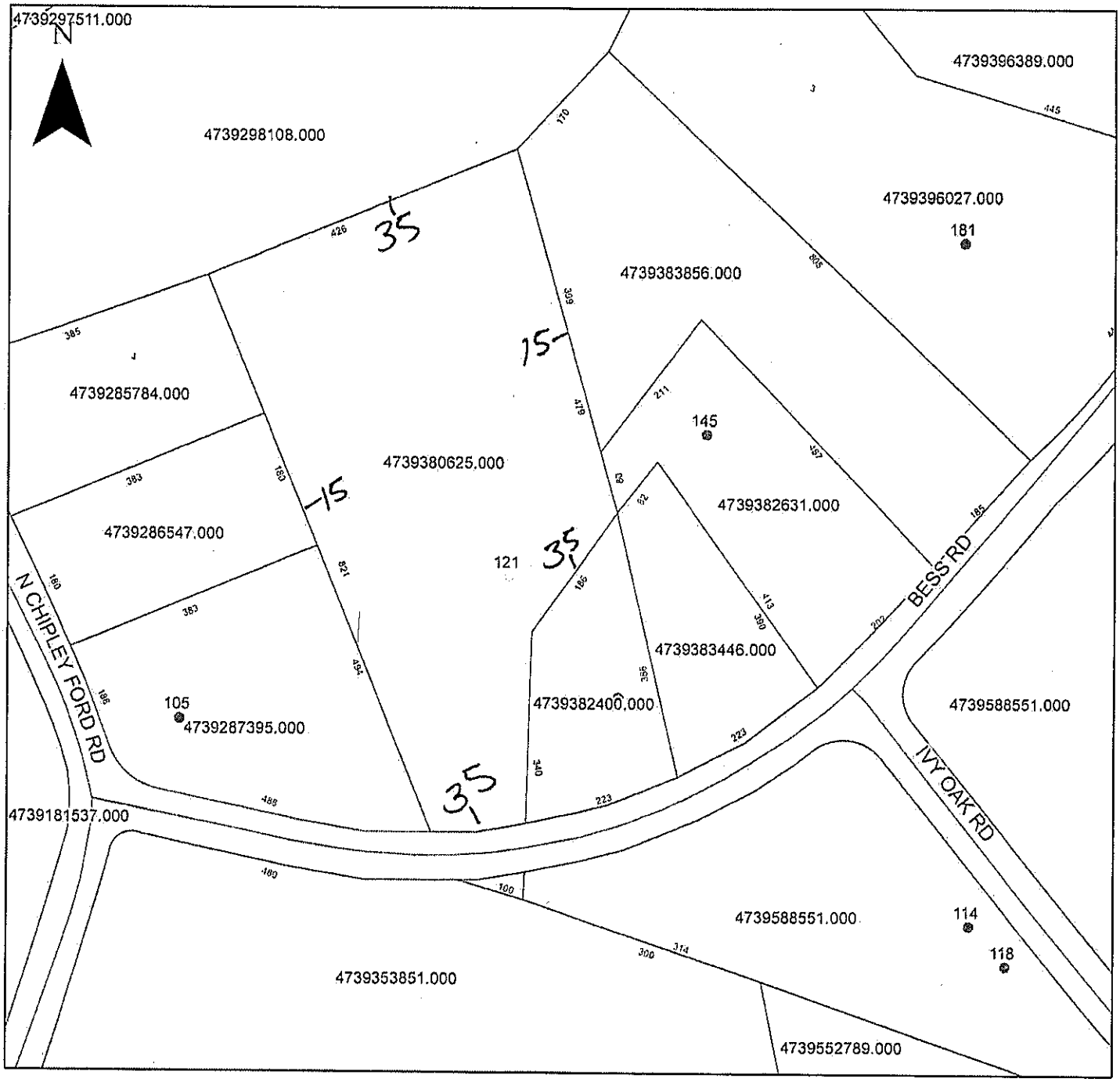
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Shelby Best DATE 2/18/22

RA
60.00
NO

ZONING DISCLAIMER



Property Address 121 Bess Rd.

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

2/18/22
Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R14956

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-325874 Address: 121 BESS RD APN: 4739380625.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R14956			**$577.25**

Date Paid: Friday, February 18, 2022

Paid By: BEST CYNTHIA G

Cashier: BJK

Pay Method: CREDIT CARD 609928

Credits

BASE PLANS

GENERAL NOTES:

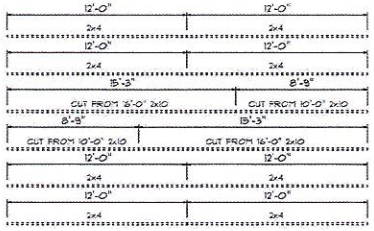
1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR WILL BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

Acknowledgement Of Plans Submittal ONLY!

Shelly Best Date 4/19/22

Date 3/17/22

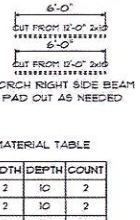
THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.



FRONT PORCH BEAM
PAD OUT AS NEEDED



PORCH LEFT SIDE BEAM
PAD OUT AS NEEDED

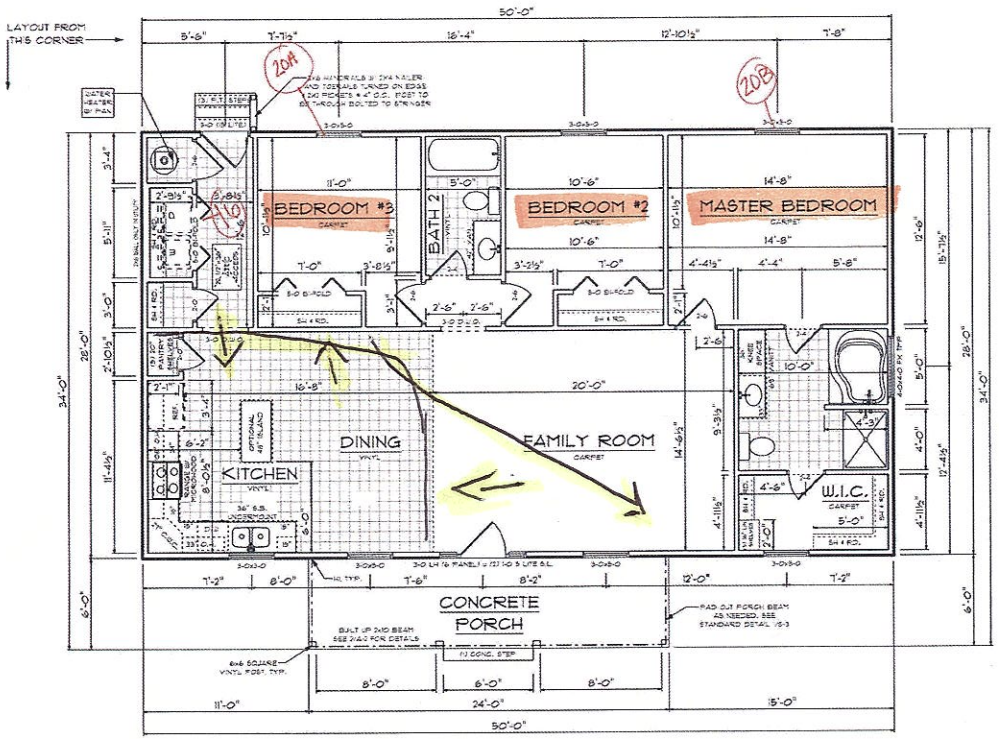


PORCH RIGHT SIDE BEAM
PAD OUT AS NEEDED

BEAM MATERIAL TABLE

LENGTH	WIDTH	DEPTH	COUNT
16'-0"	2	10	2
12'-0"	2	10	2
10'-0"	2	10	2
12'-0"	2	4	8

(1) A-1 FRONT PORCH BEAM LAYOUT
SCALE: 1/8"=1'-0"



(1) A-2 FLOOR PLAN
SCALE 1/8"=1'-0"

HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H1	DOUBLE	2	18	2

Bedroom #3 to front
Family room shifts to left
Utility to front left elevation
Dining & kitchen back to left back elevation
121 Bess

CONTACT INFORMATION
PHONE: (877)958-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: ??

PLAN SETS
SALES: ?? ?-?-??
CONSTRUCTION: ?? ?-?-??
REVISED: ?? ?-?-??
?? ??
?? ??

SQUARE FOOTAGES:
HEATED: 1400
FRONT PORCH: 144
TOTAL SQFT: 1544

SEDGEWICK HOMES PROUDLY PRESENTS THE:
BROOKSIDE
POPLAR SERIES
JOB ADDRESS

SHEET NUMBER

BASE PLANS

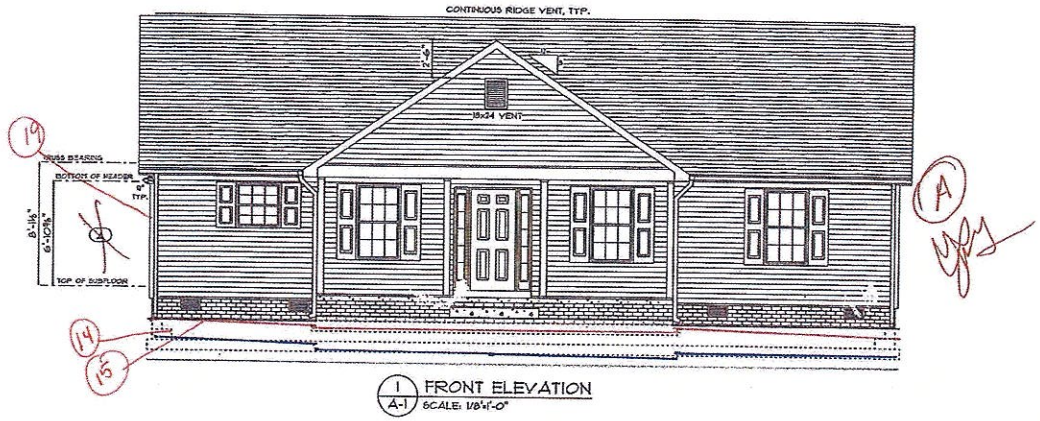
① Contingency Fund

JOB #: 0322002

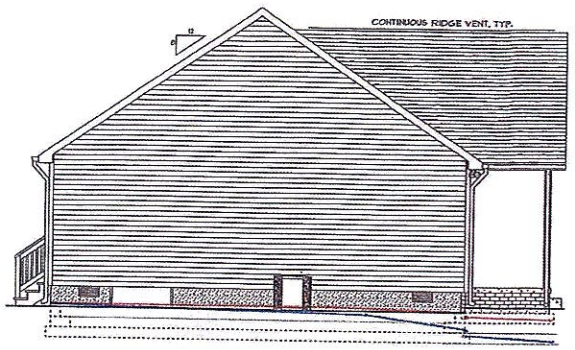
Best, Joel + Shelby
Sales: Jodi P

NOTE:
ADJUST HEEL HEIGHTS TO PLANE OUT FASCIA LINES AS NEEDED.

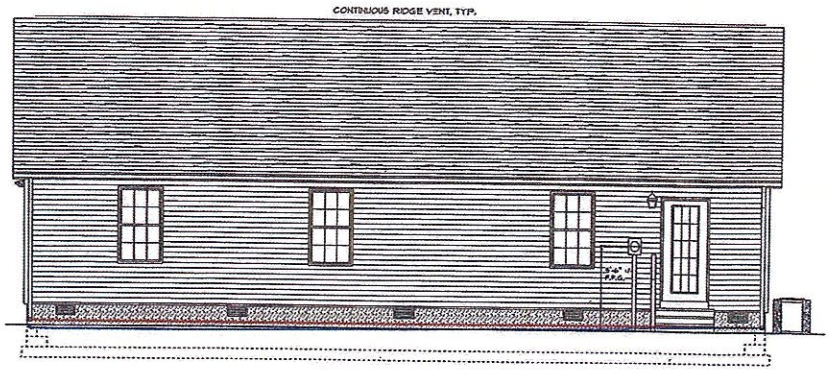
THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.



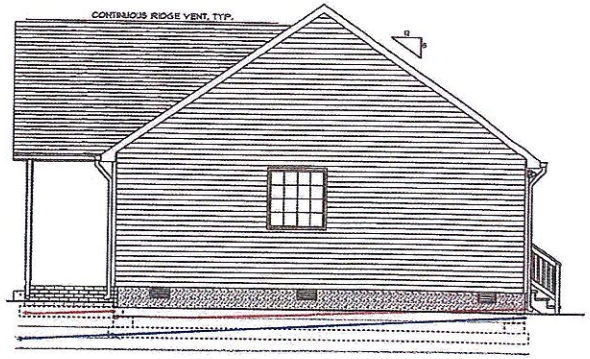
1 / A-1 FRONT ELEVATION
SCALE: 1/8"=1'-0"



2 / A-1 LEFT ELEVATION
SCALE 1/8"=1'-0"



3 / A-1 REAR ELEVATION
SCALE: 1/8"=1'-0"



4 / A-1 RIGHT ELEVATION
SCALE 1/8"=1'-0"

CONTACT INFORMATION
PHONE: (877)358-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: ??

PLAN SETS
SALES: ?? ?-?-??
CONSTRUCTION: ?? ?-?-??
REVISED: ?? ?-?-??
?? ?? ??

SQUARE FOOTAGES:
HEATED: 1400
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SEDGEWICK HOMES PROUDLY PRESENTS THE:
BROOKSIDE
POPLAR SERIES
JOB ADDRESS

SHEET NUMBER
A-1

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IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R16129

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			$700.00
AP-325874 Address: 121 BESS RD APN: 4739380625.000			$700.00
EH NEW SYSTEM PERMITS			$700.00
PUMP BALANCE NEW SYSTEM	10492751-447004	0	$700.00
TOTAL FEES PAID BY RECEIPT R16129			$700.00

Date Paid: Tuesday, April 19, 2022

Paid By: BEST CYNTHIA G

Cashier: BJK

Pay Method: CREDIT CARD 708805