ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324078

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

PIN # 4741 -- 62 -- 5474

APPLICANT/OWNER: Kristine & Timothy Dixon APPLICANT ADDRESS: 138 Faith Rd Mooresville NC 28115

SITE ADDRESS: 175 Levo Drive Troutman NC 28166 PHONE: 810-656-2907 ALT. PHONE 810-656 6178

SITE DIRECTIONS: Hwy 21 to Peony Rd to Levo e End of Street SAP CONTROLLED: ☐ YES ☒ NO

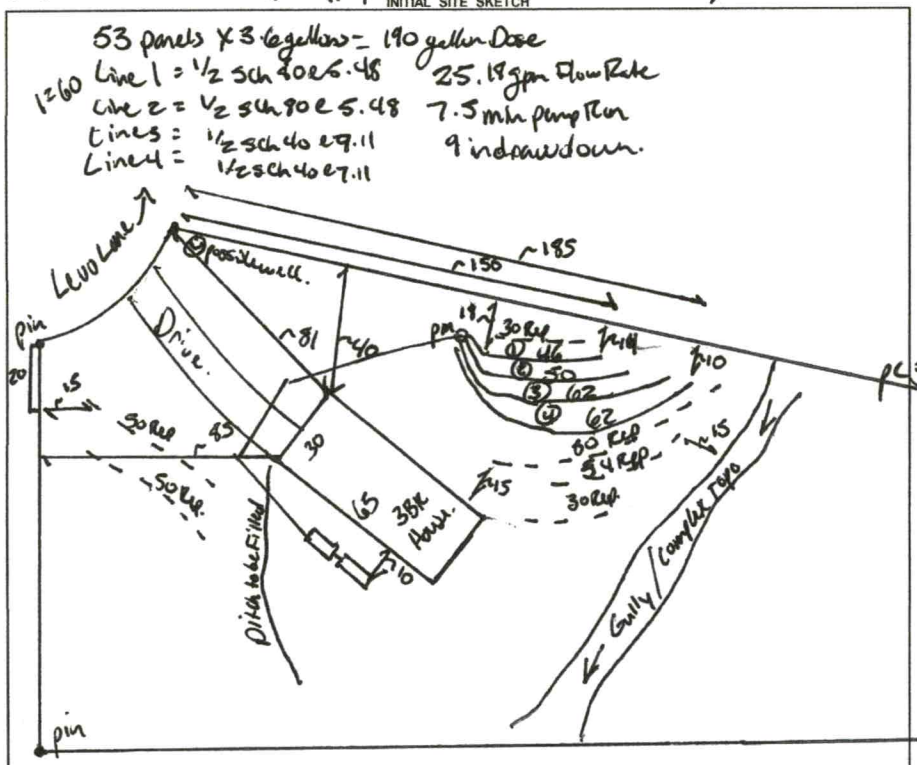
SUBDIVISION: Peony Heights SECTION: _ LOT # 13 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 10116	Date	—	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	1000	(gal)	PT 10116	Date	—	System Description: PM - Horizontal PPBPS - 35% Reduction				☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description: TS II Horizontal PPBPS - System				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	220	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36in	Trench Bottom Depth(Low side)	26in max	Gravel Depth			☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install on the Contour of the Land. Utilize Pressure manifold. Do not exceed max depth of 26 inches. Do not Drive, Park, Pave, grade or place utilities in Drainfield Area. Keep Supply Line 30 inches below Driveway

INITIAL SITE SKETCH



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
Supply Line
Lines
PM
Alarm
} SH 4/18/23

Electrical 9/13/23

Installed as shown

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: Kristine Dixon Date: 4-25-22 Installed by: Maiden Grading

IMPROVEMENT PERMIT by: Benjamin A Boyce Date: 4-11-22 OPERATION PERMIT by: Date: 9/13/23

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boyce Date: 4-11-22 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324078

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

PIN # 4741 -- 62 -- 6178

APPLICANT/OWNER: Kristine & Timothy Dixon APPLICANT ADDRESS: 138 Faith Rd Mooresville NC 28115

SITE ADDRESS: 175 Levo Drive Troutman NC 28166 PHONE: 810-656-2907 ALT. PHONE 810-656 6178

SITE DIRECTIONS: Hwy 21 to Perry Rd to Levo e End of Street SAP CONTROLLED: ☐ YES ☒ NO

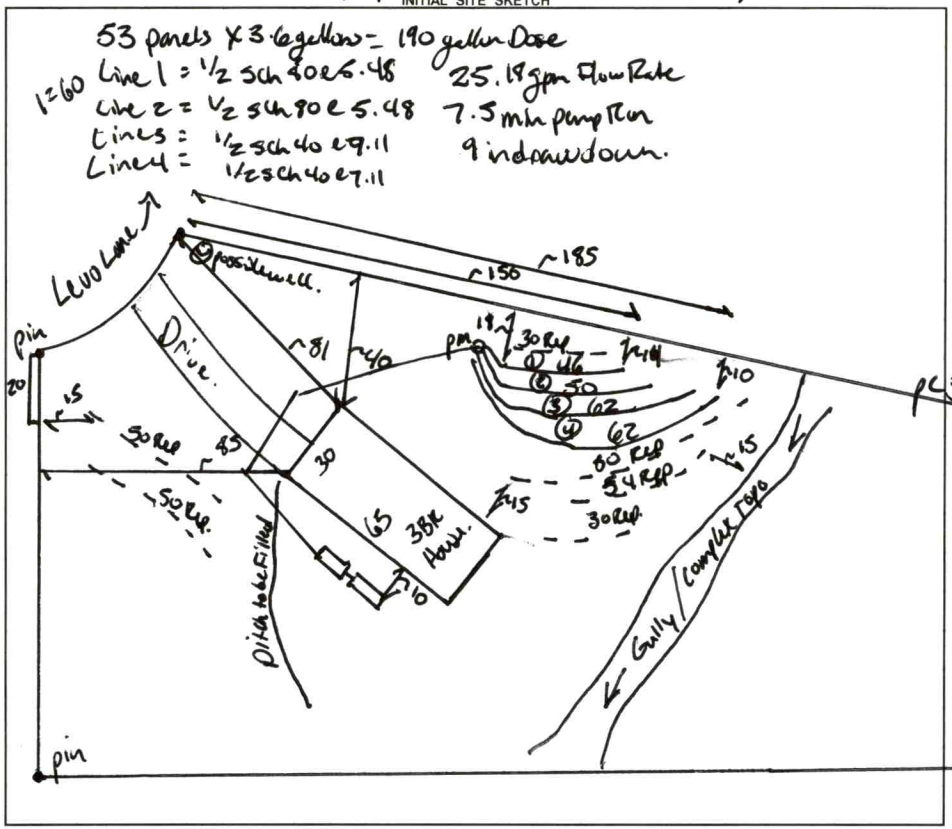
SUBDIVISION: Perry Heights SECTION: _ LOT # 13 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 1016	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000	(gal)	PT 1016	Date		System Description: PM - Horizontal PPBPS - 50% Reduction				☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description: TS II Horizontal PPBPS - 50% Red				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	220	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36in	Trench Bottom Depth(Low side)	26 in max	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on the Contour of the Land. Utilize Pressure manifold. Do not exceed max depth of 26 inches Do not Drive, Park, Pave, grade on Disposal Areas. Keep Supply Line 30 inches below Driveway

INITIAL SITE SKETCH



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
Supply Line
Lines
PM
Alarm
} SH 4/18/23

Installed as shown

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: Kristine Dixon Date: 4-25-22 Installed by: Maiden Grading

IMPROVEMENT PERMIT by: Benjamin A Faye Date: 4-11-22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Faye Date: 4-11-22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4741623
COUNTY: Iredell

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

OWNER: Dixon
ADDRESS: 136 Fain Rd Mtc
PROPOSED FACILITY: SFR
LOCATION OF SITE: 175 Levo Dr
APPLICATION DATE
DATE EVALUATED: 1-19-22
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: Andy Cs
PROPERTY RECORDED:

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side slope / Nose	0-5	SCL/ABK/GR	SS/SP					P.S .275
		5-23	C/MABK	SS/SP				Mn starting @ 20"	
		23-37	CL/ABK	SS/SP					
		37-50	CL/PL	SS/SP					
2	Side 10-15%	0-16	SCL/ABK	SS/SP					P.S .275
		16-48	C/ABK	SS/SP			Chromas Starting @ 48"		
		48-58	CL/ABK	SS/SP					
3	Upslope Foot.	0-4	Organic						PS.1 D.Tp
		4-28	C ABK					Chroma 2 @ 28 Blue/G.L	
		28-61	SCL w/ABK	FR			n/a		
4	Foot Slope	0-6	organic						
		6-32	C				Chroma @ 32"		
		32-46	CL						
		46-60	Lsap						

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

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

COMMENTS:

Updated February 2014

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.

183.6 gallons 51 parts 3/16 hole 2ft head 8.7 in Drawdown

220

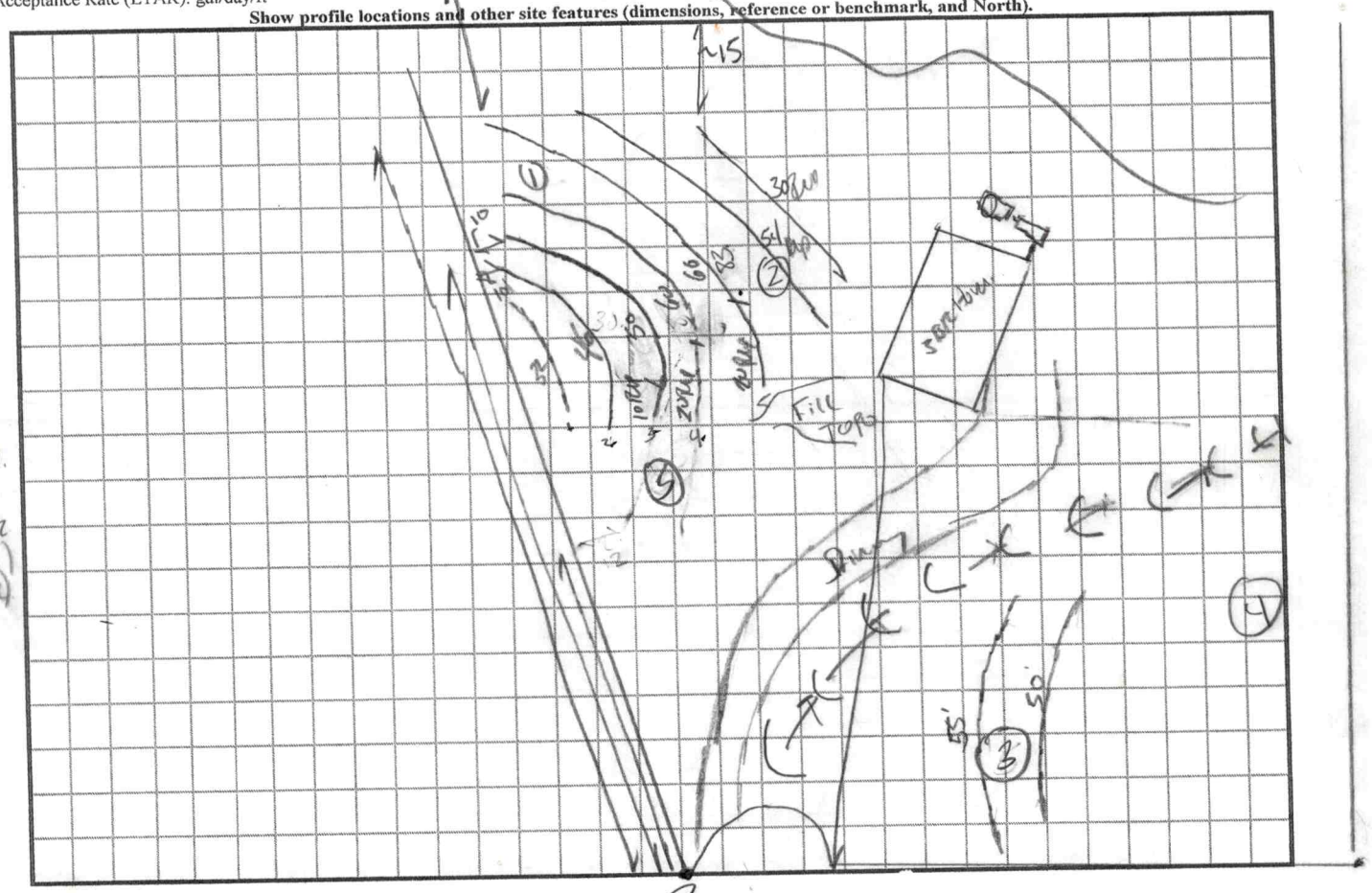
NOTES

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).



220

146 on 1992

120ft
Ln1 (150)
Ln2 (160)
Ln3 (172
Ln4 (182)
Ln5 (192

Pit #5
0-9
9-31
31-65
65-84

TSII Ewni

- 31-60 FR Parent Mat. band @ start of pit
- 33-84 Heavy Mn con.

P.S .275

Updated February 2014

RECEIVED APR 1 - 2022 AP 324078

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED Limited Re-Layout

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* Paid $105.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
(No floorplan submitted with App.) (Floorplan submitted with App.)

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: Kristine Dixon / Timothy Dixon **Address:** 138 Faith Rd. Mooresville, NC **Zip:** 28115

Applicant Email: timdixon50@yahoo.com **Phone:** 810-656-2907 **Alt. Phone:** 810-656-6178

Owner Name: same as applicant **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 175 Levo Dr. Troutman, NC 28166

Subdivision Name: Perry Heights **Section/Phase:** _____ **Lot Number:** 13

Driving Directions: _____

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

CHECK FOUNDATION TYPE
(X) 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:** _____
(X) 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: Kristine Dixon 3-31-22
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*) Kristina Dixon

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.

Kristina Dixon — Signature of Owner(s)

3-31-22 — Date

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

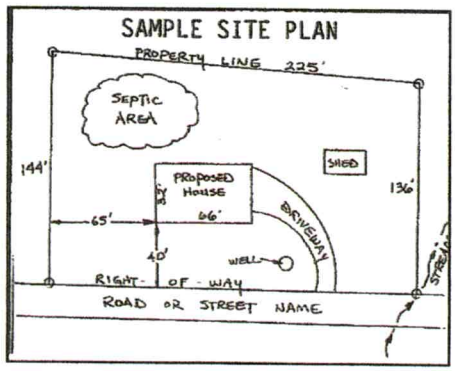
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

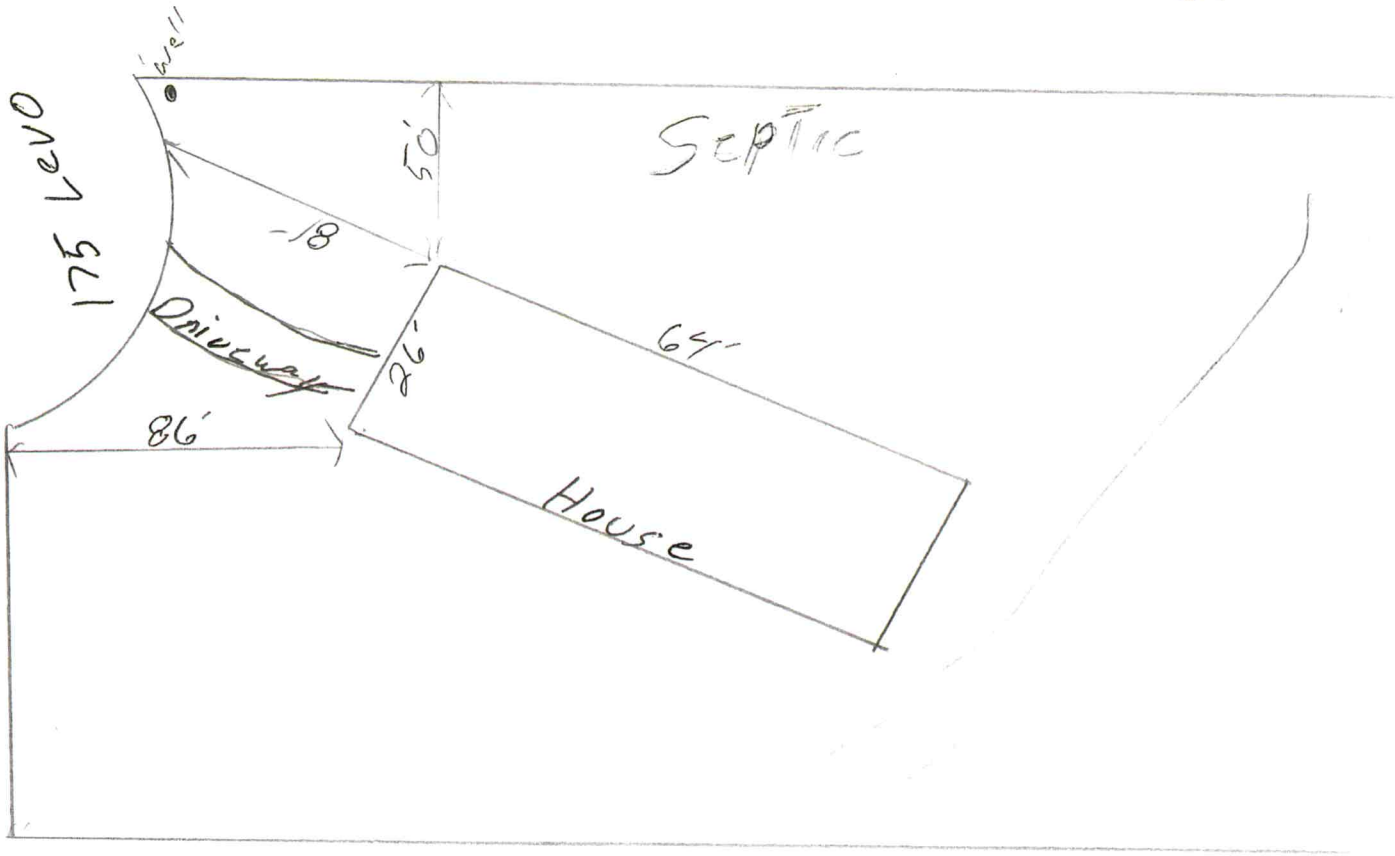
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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



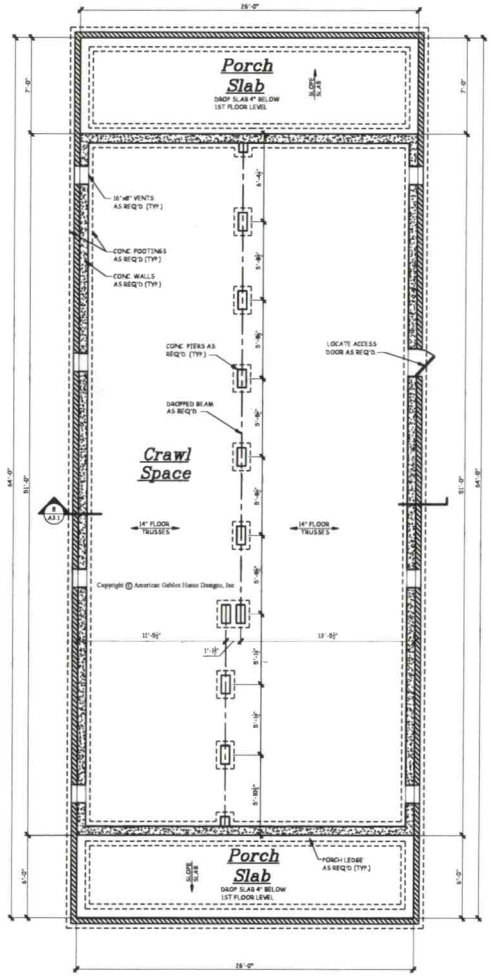
Signature: Kristen Dixon Kristen Dixon

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

3-31-22

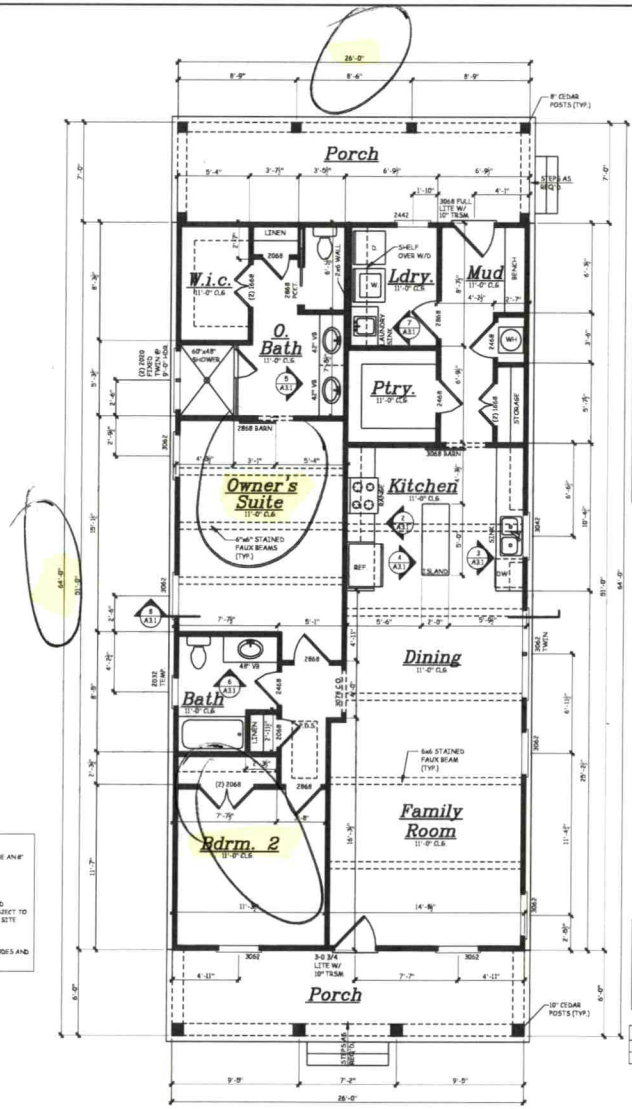
DATE

175 Levo Drive -



1 A2.1 CRAWL SPACE FOUNDATION
SCALE: 1/4" = 1'-0"

NOTE:
1. ALL DIMENSIONS ASSUME AN 8" FOUNDATION WALL.
2. 14" FLOOR TRUSSES PER MANUFACTURER.
3. FOUNDATION WALLS AND RETAINING WALLS ARE SUBJECT TO CHANGE DUE TO CHANGING SITE CONDITIONS.
4. PROVIDE CRAWL SPACE VENTILATION PER LOCAL CODES AND REQUIREMENTS.



2 A2.1 FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

GENERAL NOTES:
1. THESE PLANS ARE DESIGNED TO MEET THE 2018 INTERNATIONAL RESIDENTIAL CODE FOR ONE AND TWO FAMILY DWELLINGS.
2. BUILDER IS RESPONSIBLE TO SEE THAT THE HOUSE IS BUILT IN STRICT COMPLIANCE WITH CITY, COUNTY, STATE AND FEDERAL CODES IN THE AREA THE HOUSE IS TO BE CONSTRUCTED.
3. BUILDER MUST VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION AND REPORT ANY DISCREPANCIES TO AMERICAN GABLES HOME DESIGNS, INC. FOR JUSTIFICATION AND/OR CORRECTIONS. BUILDER SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
4. ALL DIMENSIONS SHOULD BE READ OR CALCULATED AND NEVER SCALED.
5. THESE PLANS ARE NOT TO BE COPIED OR REPRODUCED IN ANY FORM WITHOUT THE EXPRESS WRITTEN PERMISSION OF AMERICAN GABLES HOME DESIGNS, INC.
6. ALL LOAD BEARING WALLS, BEAM SUPPORTS AND RAFTER BRACING SHOULD CARRY LOAD THRU ALL LEVELS TO FOUNDATION AND BE SUPPORTED BY GRADE BEAMS OR FOOTINGS DESIGNED TO CARRY LOADS.
7. ALL ANGLED WALLS ARE 45° UNLESS NOTED OTHERWISE.
8. ALL STRUCTURAL BEAMS AND WALLS ARE TO BE DESIGNED BY A LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
9. FLOOR AND ROOF TRUSS DRAWINGS MUST BE PROVIDED BY TRUSS MANUFACTURER. PLUMBING AND HVAC PLANS SHOULD BE PROVIDED BY A LOCAL CONTRACTOR.
10. SQUARE FOOTAGE CALCULATIONS ARE MADE FROM OUTSIDE OF EXTERIOR FRAME WALL AND INCLUDE FINISHED AREAS ONLY. AREAS NOT INCLUDED ARE DECKS, PORCHES, GARAGES, BASEMENTS, ATTICS, FIREPLACES, ETC. TWO STORY, VAULTED AREAS AND STAIRS ARE COUNTED ONCE IN THE FIRST FLOOR SQUARE FOOTAGE CALCULATIONS. BRICK IS NOT COUNTED IN OUR SQUARE FOOTAGE CALCULATIONS.
11. AMERICAN GABLES HOME DESIGNS, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.
12. THESE PLANS ARE PROTECTED BY COPYRIGHT. REPRODUCTION OF THE HOUSE PLANS, EITHER IN WHOLE OR PART, INCLUDING ANY FORM OF COPYING AND/OR PREPARATION OF DERIVATIVE WORKS THEREOF, FOR ANY REASON WITHOUT PRIOR WRITTEN PERMISSION BY AMERICAN GABLES HOME DESIGNS, INC IS STRICTLY PROHIBITED.

NOTE:
SET FIRST FLOOR WINDOW HEADERS AT 7'-8" A.F.F. UNLESS OTHERWISE NOTED.
ALL FIRST FLOOR DOORS ARE 6'-8"H UNLESS OTHERWISE NOTED.
ALL ANGLES SHOWN ARE 45° UNLESS OTHERWISE NOTED.

SQUARE FOOTAGE	
1ST FLOOR	1,326 SQ. FT.
PORCHES	338 SQ. FT.

AMERICAN GABLES HOME DESIGNS, INC. hereby reserves its common law copyright and other property rights in these plans, designs, arrangements and ideas. These ideas, plans and designs are not to be reproduced, changed or copied in any form or manner whatsoever, nor are they to be assigned to any third party without first obtaining the express written permission from AMERICAN GABLES HOME DESIGNS, INC.

MARIETTA
CRAWL FOUNDATION & FIRST FLOOR PLAN

American Gables HOME DESIGNS, INC
3000 Johnson Ferry Road * Suite 206
Marietta, GA 30062 678.919.7717
www.AmericanGables.com

DRAWN BY: AMH
DATE: 04/13/20
REVISIONS:
DCI 3/8/22

SHEET A2.1

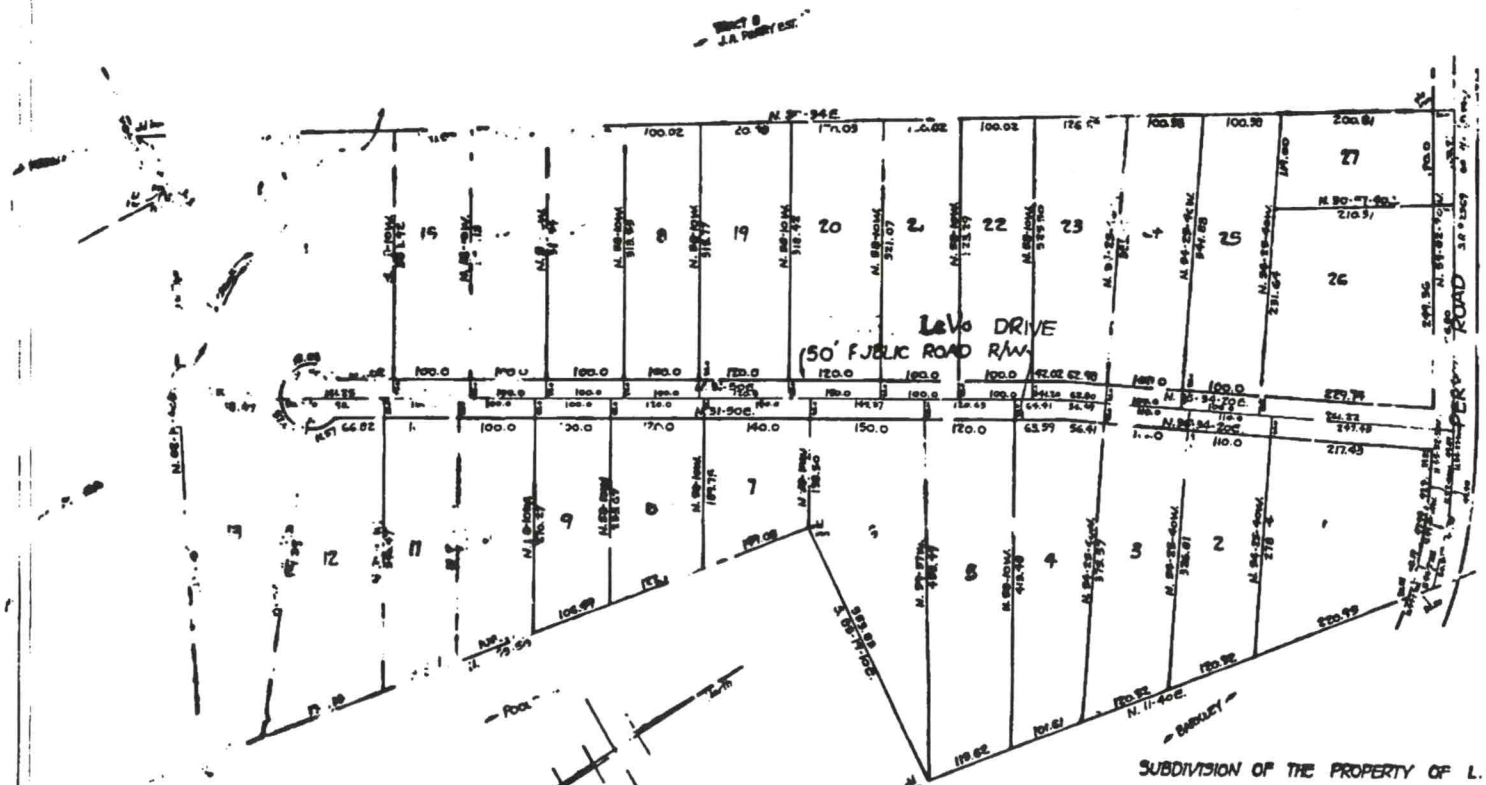
cknowledgement Of
ns Submittal ONLY!
BNB. Date 4-11-22
KD Date 4-25-22

From: Grantor Mario Arana and Wife Teresa Arana
To: Luis Alfredo Pacheco and Wife Juana Pacheco

BEING all of Lot 13 of Perry Heights Subdivision as the same is platted, planned and recorded in Plat Book 19, at Page 68, in the Office of the Register of Deeds for Iredell County, North Carolina.

See also Deed Book 1883 at Page 526 Iredell County Register of Deeds.

COPY



SUBDIVISION OF THE PROPERTY OF L. C. PERRY

PERRY HEIGHTS

BARRINGER TOWNSHIP IREDELL CO., N.C.
(A Division of Tracts 6 & 7 of the J.A. Perry Estate)

1"=120'
December 1986

R.S. Hollifield
N.C. Registered Surveyor

NOTE. Iron stakes at all corners, unless noted otherwise.

0 50 100 200 300 400

KNOW ALL MEN BY THESE PRESENTS, that I (we) L.C. Perry and Dixie B. Perry hereby certify that I/We ____ to (are) the owner (s) of the property shown on this plat, that I/We hereby acknowledge this plat and allotment to be my (our) free act and do hereby dedicate to public use all streets, alleys, easements and other public areas shown on this plat. I (we) further certify that R.S. Hollifield (Registered Land Surveyor) surveyed and made this plat at my (our) direction, and that the entire subdivision is within the boundaries of a tract conveyed to me by a deed recorded in Deed Book 760, Page 259, Iredell County Registry.

Signature of owner

SUBSCRIBED AND SWORN TO BEFORE ME, this the 12th day of January, 1988.

My Com. Exp.: 10-2-89

Millicent H. Lynn
Notary Public

NORTH CAROLINA
IREDELL COUNTY

I, Millicent H. Lynn, a Notary PUBLIC of Iredell Co., N.C., do hereby certify that L.C. Perry and wife, Dixie B. Perry personally appeared before me this day and acknowledged the due execution of the foregoing certificate for the purposes therein expressed.

WITNESS my hand and notarial seal this the 12 day of January, 1988.

Millicent H. Lynn
Notary Public

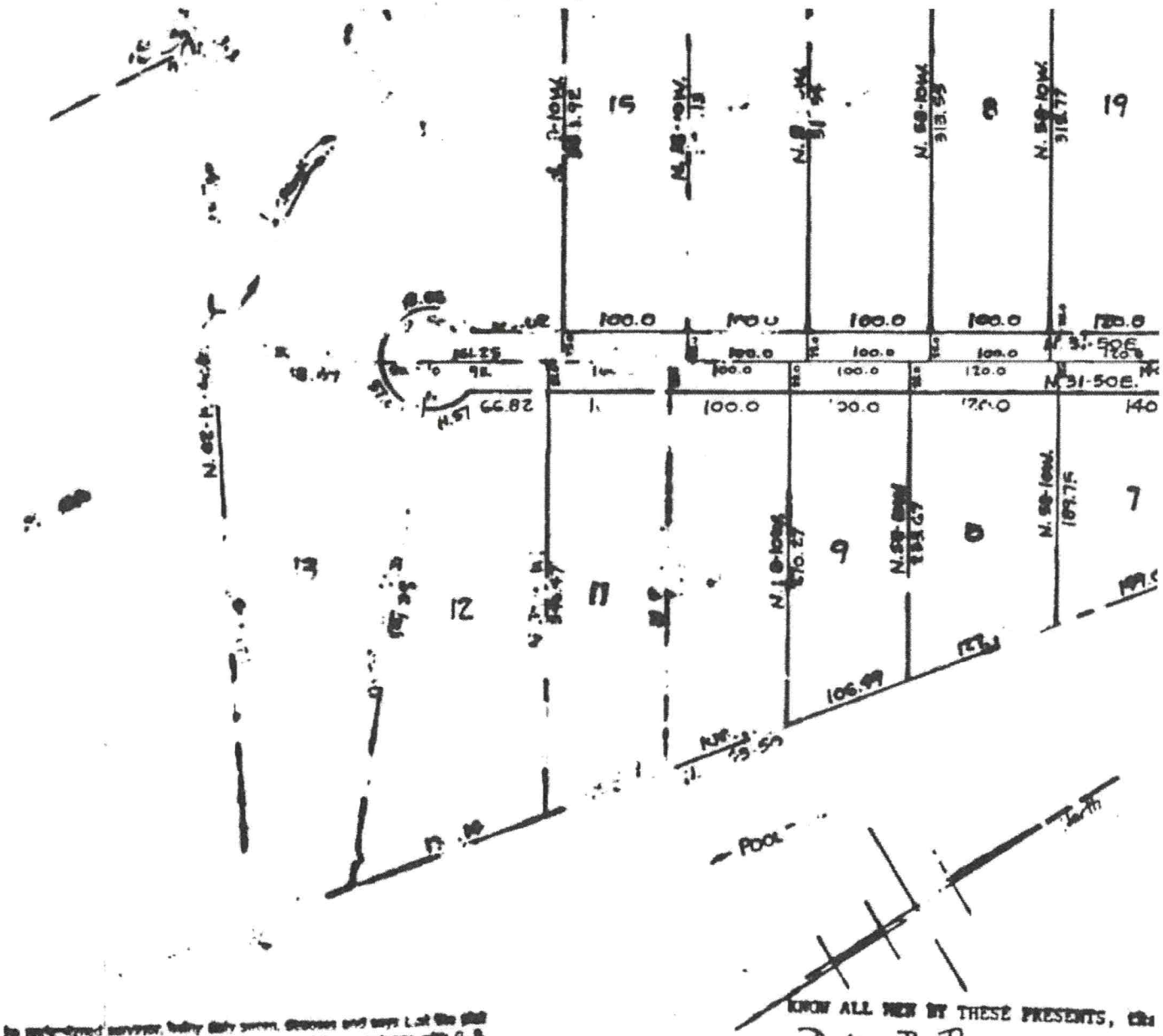
My comm. expires: 10/2/89

State of North Carolina
Iredell County

Phyllis W. Edmisten & Millicent H. Lynn

The foregoing certificate of Notaries Public of Iredell Co NC is certified to be correct. This instrument was presented for Registration this day and hour and duly recorded in the office of register of Deeds of Iredell County, North Carolina in Plat Book 17 Page 68 this 14 day of Jan. A.D., at 2 o'clock P. M.

Lo Nesbit By: Linda O. Bell
Register of Deeds Deputy



The undersigned surveyor, Bailey Daly Swann, deposes and says that the plat hereon, this certificate appears, was prepared in accordance with G. S. 47-30 as amended, is in all respects correct according to the best of his knowledge and belief, and was prepared from an actual survey made by him on the ____ day of _____, 19__.

Witness my hand and seal this ____ day of _____, 19__.

Minimum field error of closure for _____ is 1:10,000 or less.

KNOW ALL MEN BY THESE PRESENTS, that

DIXIE B. PERRY hereby certifies that

_____ he (are) the owner(s) of the

property shown on this plat, that _____ hereby acknowledge this plat and adopt

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324078 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4741625474.000	175 LEVO DR	Iredell County

Owner Information	Applicant Information
Name: PACHECO LUIS A G+JUANA	Name: LUIS ANDJUANA PACHECO
Address:	Address:
Phone:	Phone: (704)682-3998

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	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: 12/20/2021

Signature of Owner/Contractor

Permit Number	324078	TOTAL FEES:	$77.25