ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-247549

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

PIN # 4746209898

APPLICANT/OWNER: PECONIC BAY HOMES, INC APPLICANT ADDRESS: 141 CEDAR WOODS DRIVE, MOORESVILLE, N.C. 28117

SITE ADDRESS: 106 DESERT SKY COURT, STATESVILLE, N.C. 28625 PHONE: 704-235-8443 ALT. PHONE 704-235-8489

SITE DIRECTIONS: (N) ON 115, (R) ON SOUTH CHIPLEY FORD, (R) ON FORT DOBBS, (R) ON DESERT SKY, LOT ON (R) SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.53 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	5-10-20	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	PPBPS - 50% REDUCTION		
# Nitrification Fields	1	# Lines	5	Linear Ft	310FT	Maintenance Agreement Required:	[ ] YES	[x] NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		[x] GRAVITY	[ ] PRESSURE	

[x] Residence No. Bedrooms 3 — Water Supply: [ ] Private [x] Public [ ] Community

[ ] Business No. Persons 6

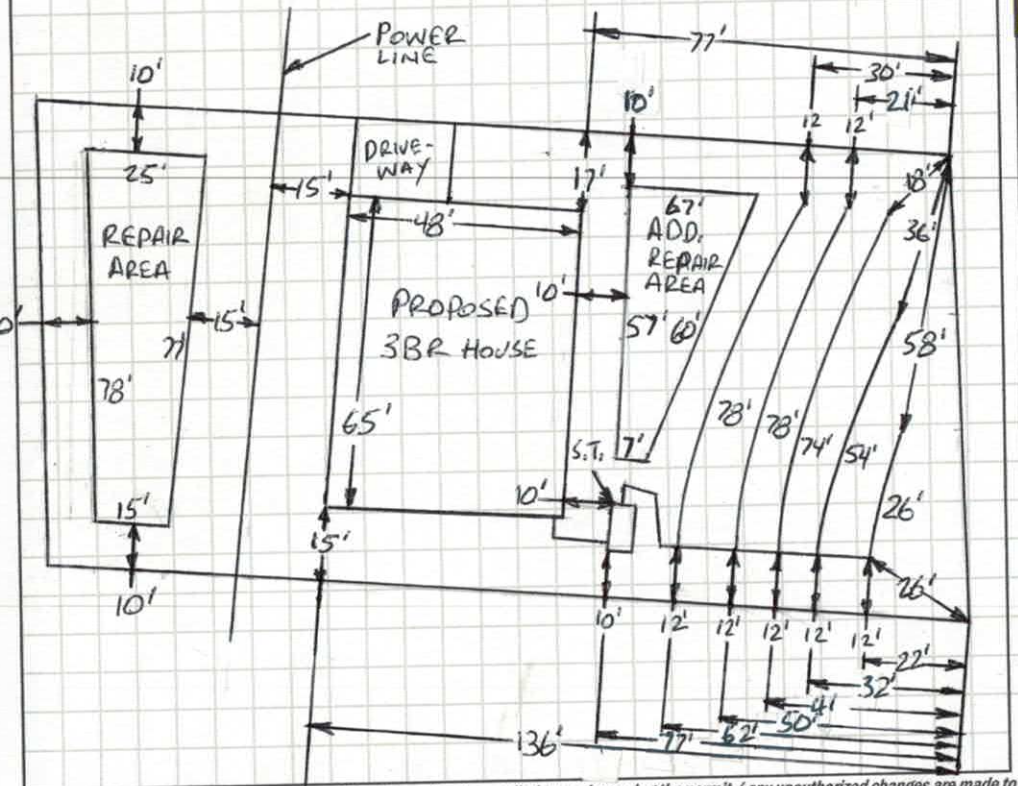
[ ] Other No. Employees —

[ ] Slab [x] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS UTILIZE SERIAL DISTRIBUTION, POWERLINE AND PROPERTY LINES TO BE MARKED AT TIME OF INSPECTION

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.

1 IN = 40FT
S.T.=SEPTIC TANK

19 Installed as Drawn
19
18
13
6

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: Date: Installed by: Tommy Fry Date: 7-2-2020

IMPROVEMENT PERMIT by: Bradford C. Culvitt Date: 6-18-2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bradford C. Culvitt Date: 6-18-2020 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4746 2098
COUNTY: IREDELL

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

OWNER: PECONIC BAY HOMES, INC
APPLICATION DATE: 8-7-2017
ADDRESS: 141 CEDAR WOODS DRIVE, MOORESVILLE, N.C, 28117
DATE EVALUATED: 8-28-2017
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.53 AC
LOCATION OF SITE: 106 DESERT SKY COURT, STATESVILLE, NC, 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 8%	0-10	PLOW LAYER MIXED		SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		10-30	C, SBK	FR, S, P, SEXP					
		30-60	CL, WSBK	FI, SS, SP, SEXP					
2	LINEAR SIDE -5%	0-21	C, SBK	FR, S, P, SEXP	REDOX IN & Poss. OLD STUMP HOLE SAP INC 0"-42" MICA COMMON	42"	PS II L	NA	PS .3
		21-42	CL, WSBK	FR, SS, SP, SEXP					
		42-60	SAP, MAS	FR, NS, NP, SEXP					
3	LINEAR SIDE 5%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC 0"-48" MICA COMMON	48"	PS II L	NA	PS .3
		8-24	C, SBK	FR, S, P, SEXP					
		24-48	CL, WSBK	FR, SS, SP, SEXP					
		48-60	SAP, MAS	FR, NS, NP, SEXP					
4	LINEAR SIDE 5%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	62"+	NA	NA	PS .3
		7-32	C, SBK	FR, S, P, SEXP					
		32-62	CL, WSBK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnett C. Hulette
OTHER(S) PRESENT:

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) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			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.

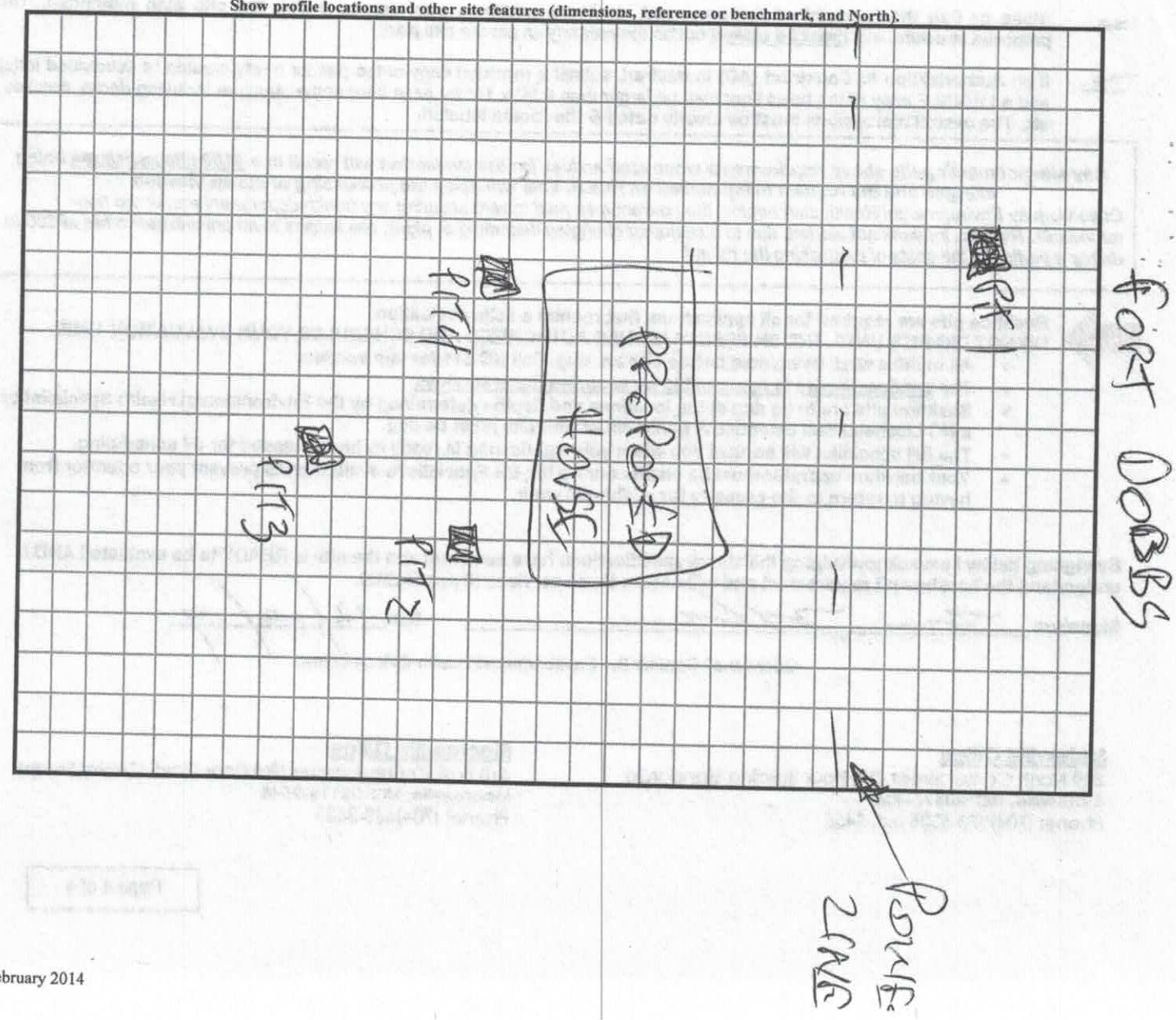
NOTES

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).



RECEIVED MAY 19 2020 AP-247349 $320.00

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*

REDRAW

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: PECONIC BAY HOMES Address: 127 BLUFF MEADOW LANE Zip: 28115
Applicant Email: PETE@PECONICBAYHOMES Phone: 704-235-8489 Alt. Phone:
Owner Name: K & T PROPERTIES Address: 141 S LONGFELLOW LANE Zip: 28117
Owner Email: KEVIN.KLINK@POWERHOME.COM Phone: 704-956-1169 Alt. Phone:

Property Information:

Street Address: 106 DESERT SKY CT, STATESVILLE NC 28625
Subdivision Name: DESERT SKY Section/Phase: Lot Number:
Driving Directions: (N) ON 21, (L) ON FORT DOBBS, (L) ON DESERT SKY, LOT ON (R)

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) 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:

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: _____ 5/12/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

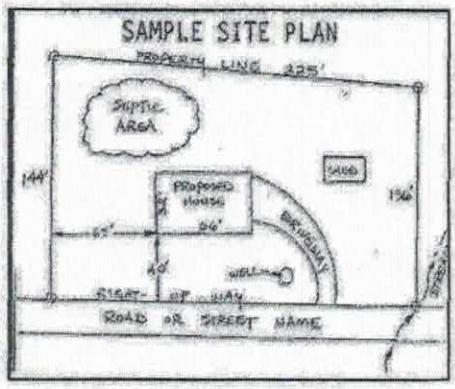
$320.00

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

SEE ATTACHED EXISTING PERMIT. PLEASE CHANGE TO A 3 BEDROOM CONVENTIONAL.

THANKS

Signature: _____ 5/12/2020

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 247344

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

PIN # 4746209898

APPLICANT/OWNER: PECONIC BAY HOMES, INC APPLICANT ADDRESS: 141 CEDAR WOODS DRIVE, MOORESVILLE, NC 28117

SITE ADDRESS: 106 DESERT SKY COURT, STATESVILLE, N.C. 28625 PHONE: 704-235-8443 ALT. PHONE 704-235-8489

SITE DIRECTIONS: (N) ON 21, (L) ON FORT DOBBS, (L) ON DESERT SKY, LOT ON (R)

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.53 AC SAP CONTROLLED: [x] YES [ ] NO

DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	— (gal)	PT	— Date	—	
Pump Make	— Model	—	Serial #	—	
# Nitrification Fields	1 # Lines	8	Linear Ft.	268 FT	
Trench Width	24 IN Trench Bottom Depth(Low side)	33 IN	Gravel Depth	—	

[x] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: PPBPS - GRAVITY / PARALLEL

Repair System Description: PPBPS - LPP

Maintenance Agreement Required: [ ] YES [x] NO

[x] GRAVITY [ ] PRESSURE

[x] Residence No. Bedrooms 4
[ ] Business No. Persons 8
[ ] Other No. Employees —
[ ] Slab [x] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [ ] Private [x] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE PARALLEL DISTRIBUTION (D.ROX), ALL PROPERTY LINES MUST BE MARKED AT INSTALL, POWERLINE MUST BE MARKED AT INSTALL

PERMIT IS INVALID IF SITE PLAN IS NOT ATTACHED
FLOOR PLAN SHOWS 3BEDROOM - 4 BEDROOM SYSTEM MUST BE INSTALLED

INITIAL SITE SKETCH

PLEASE SEE ATTACHED

SITE PLAN BY:

MICHAEL ATHANAS AND

ASSOCIATES, LSS # 1252

AS BUILT SKETCH

COPY

Revoked

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: Bankurst C. White Date: 11-14-19 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Bankurst C. White Date: 11-14-19 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 inspector to confirm your inspection time.



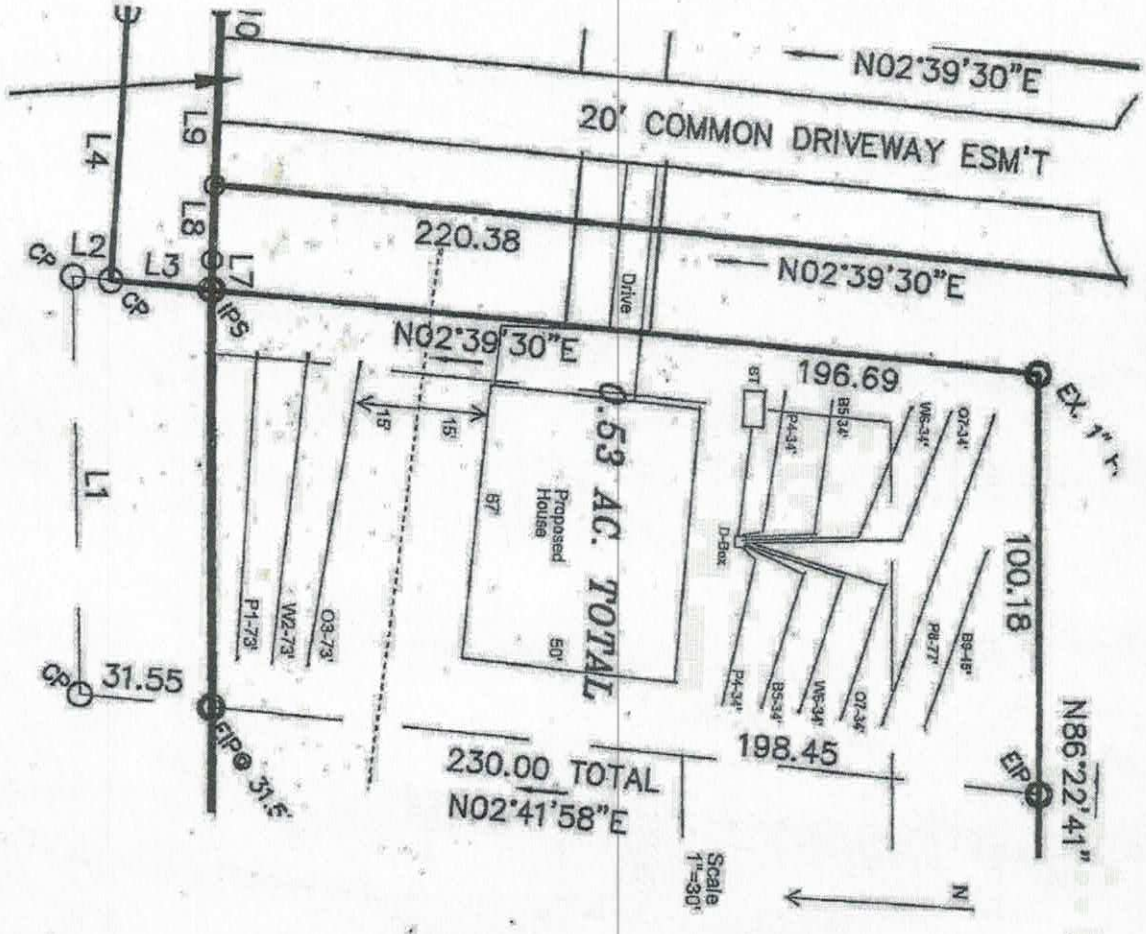
MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

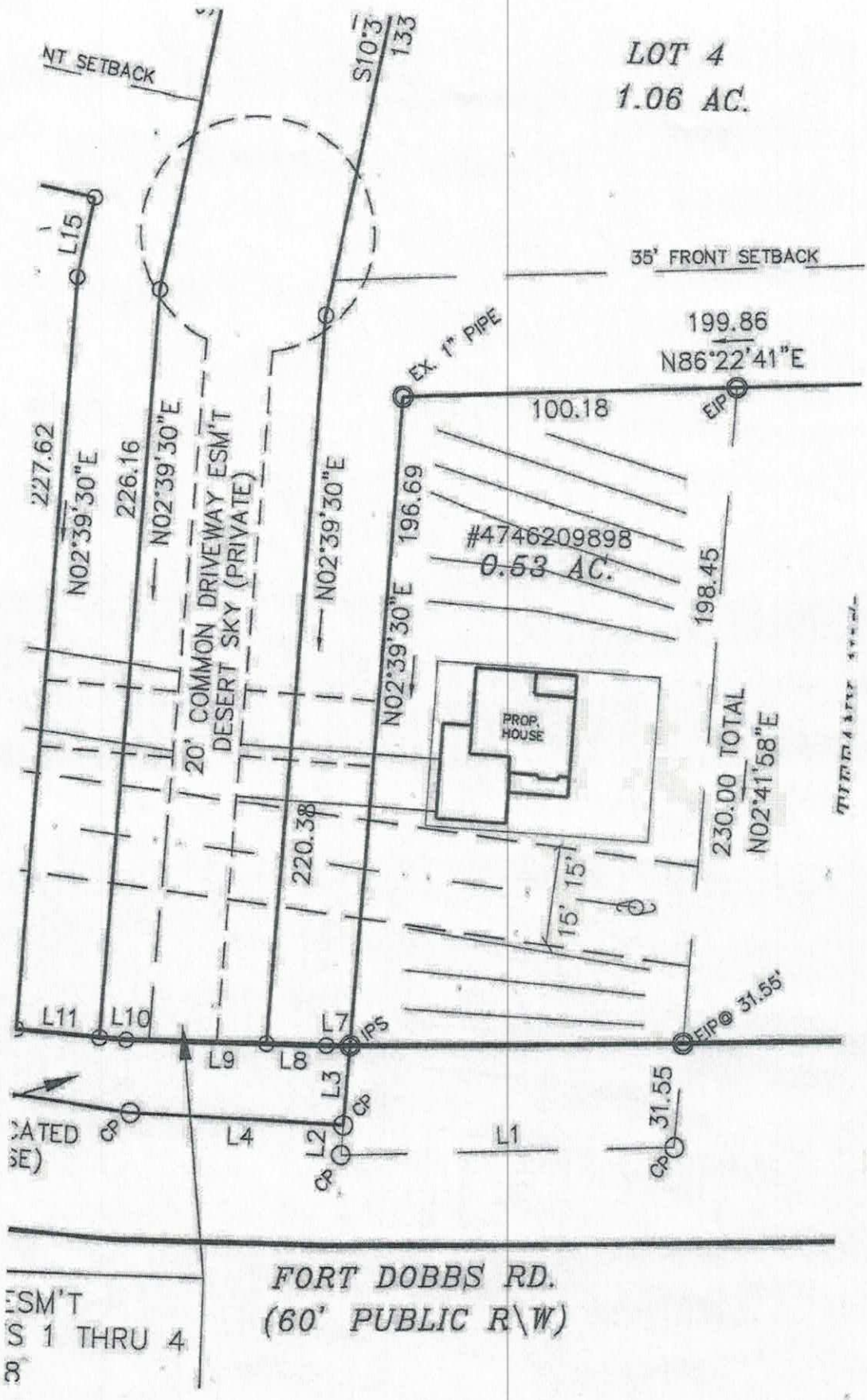
Reference: Data Sheet for 106 Desert Sky Ct, PIN 4748209898
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: County Water
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 30-36"

Line	Design Length	Actual Length
Pink 1		73'
White 2		73'
Orange 3		73'
Pink 4	**34'/34'**	**75'**
Blue 5	**34'/34'**	**75'**
White 6	**34'/34'**	**75'**
Orange 7	**34'/34'**	**75'**
Pink 8		77'
Blue 9		45'

Initial System: 268' **Repair System:** 341'

Comments:
The front property line goes to the center of the road, so the septic lines can go to the right of way.


N02°39'30"E
20' COMMON DRIVEWAY ESM'T
220.38
N02°39'30"E
Drive
N02°39'30"E
196.69
EX. 1" I
0.53 AC. TOTAL
Proposed House
87'
50'
15'
15'
ST
D-Box
100.18
N86°22'41"
EIP
198.45
230.00 TOTAL
N02°41'58"E
31.55
EIP@ 31.E
L1
L2
L3
L4
L7
L8
L9
CP
IPS
Scale 1"=30'
N


LOT 4
1.06 AC.
NT SETBACK
S10°3
133
35' FRONT SETBACK
199.86
N86°22'41"E
EX. 1" PIPE
EIP
100.18
L15
227.62
N02°39'30"E
226.16
N02°39'30"E
20' COMMON DRIVEWAY ESM'T
DESERT SKY (PRIVATE)
N02°39'30"E
196.69
N02°39'30"E
#4746209898
0.53 AC.
198.45
PROP. HOUSE
230.00 TOTAL
N02°41'58"E
220.38
15'
15'
L11
L10
L9
L8
L7
IPS
EIP @ 31.55'
L3
L4
L2
L1
31.55
CATED
SE)
ESM'T
S 1 THRU 4
FORT DOBBS RD.
(60' PUBLIC R\W)

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, KEVIN KLINK, am the legal owner(s) of the property located at 106 DESERT SKY CT, identified as PIN (Parcel Identification Number) 4746209898, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PETER DENICOLA, PECONIC BAY HOMES INC, 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

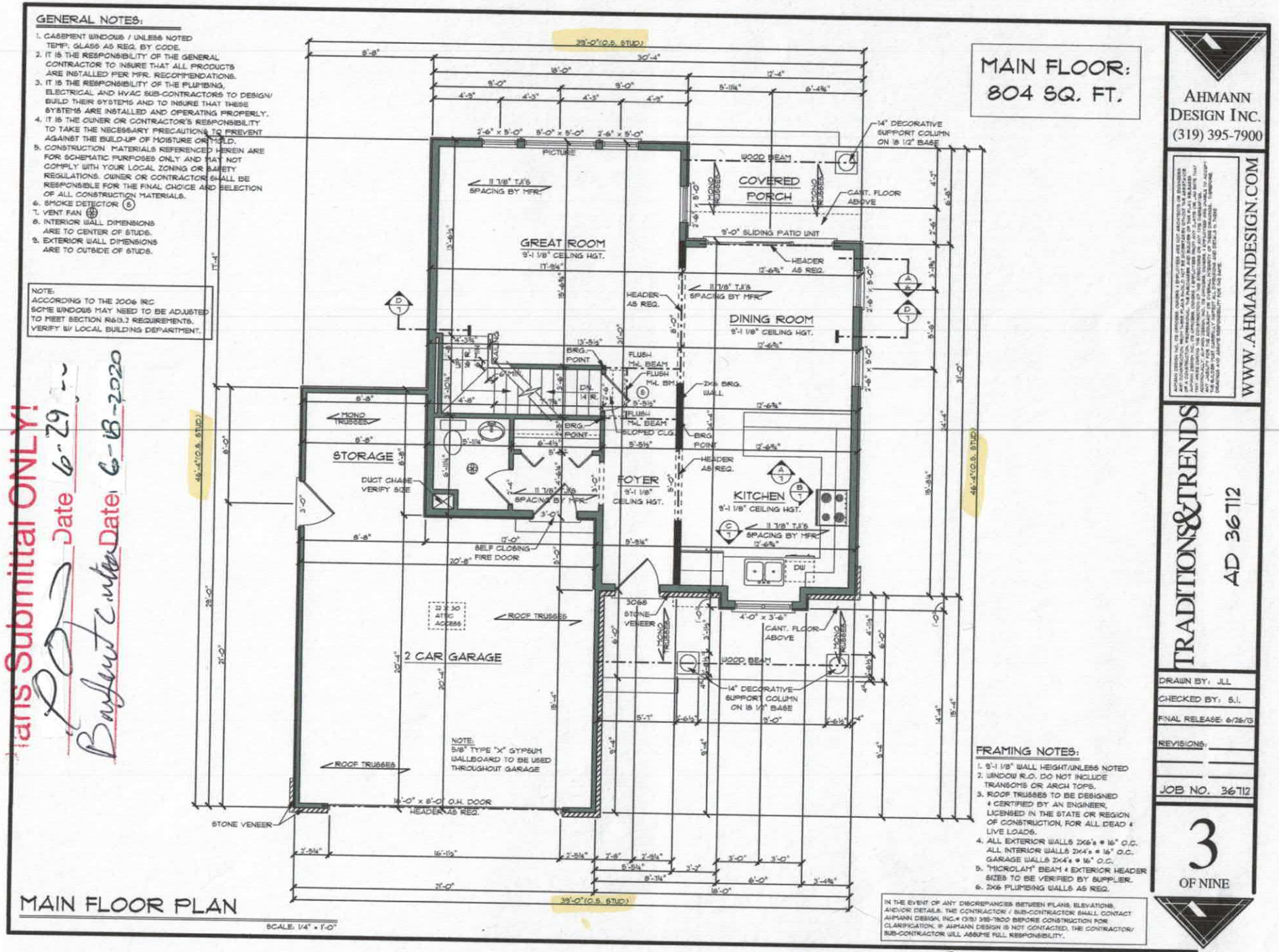
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	4/21/20		4/21/20

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

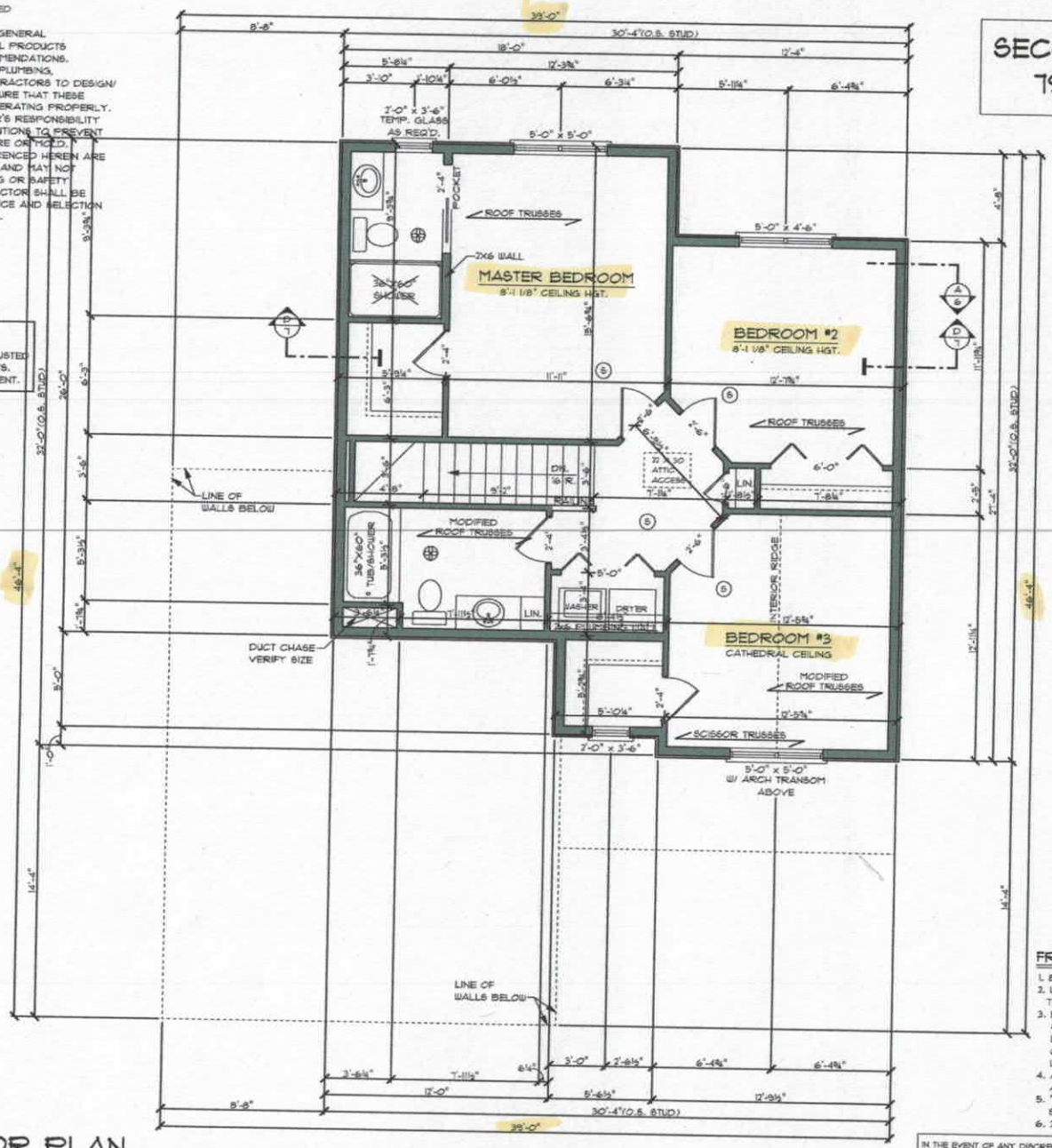


Acknowledgement Of Plans Submittal ONLY!
Date 6-29-20
Builder/Contractor Date: 6-18-2020

GENERAL NOTES:

1. CASEMENT WINDOWS / UNLESS NOTED TEMP. GLASS AS REQ. BY CODE.
2. IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO INSURE THAT ALL PRODUCTS ARE INSTALLED PER MFR. RECOMMENDATIONS.
3. IT IS THE RESPONSIBILITY OF THE PLUMBING, ELECTRICAL AND HVAC SUB-CONTRACTORS TO DESIGN/ BUILD THEIR SYSTEMS AND TO INSURE THAT THESE SYSTEMS ARE INSTALLED AND OPERATING PROPERLY.
4. IT IS THE OWNER OR CONTRACTOR'S RESPONSIBILITY TO TAKE THE NECESSARY PRECAUTIONS TO PREVENT AGAINST THE BUILD-UP OF MOISTURE OR MOLD.
5. CONSTRUCTION MATERIALS REFERENCED HEREIN ARE FOR SCHEMATIC PURPOSES ONLY AND MAY NOT COMPLY WITH YOUR LOCAL ZONING OR SAFETY REGULATIONS. OWNER OR CONTRACTOR SHALL BE RESPONSIBLE FOR THE FINAL CHOICE AND SELECTION OF ALL CONSTRUCTION MATERIALS.
6. SMOKE DETECTOR (S)
7. VENT FAN
8. INTERIOR WALL DIMENSIONS ARE TO CENTER OF STUDS.
9. EXTERIOR WALL DIMENSIONS ARE TO OUTSIDE OF STUDS.

NOTE:
ACCORDING TO THE 2006 IRC SOME WINDOWS MAY NEED TO BE ADJUSTED TO MEET SECTION R613.2 REQUIREMENTS. VERIFY W/ LOCAL BUILDING DEPARTMENT.



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

SECOND FLOOR: 794 SQ. FT.

FRAMING NOTES:

1. 8'-1 1/8" WALL HEIGHT UNLESS NOTED
2. WINDOW R.O. DO NOT INCLUDE TRANSOMS OR ARCH TOPS.
3. ROOF TRUSSES TO BE DESIGNED & CERTIFIED BY AN ENGINEER, LICENSED IN THE STATE OR REGION OF CONSTRUCTION, FOR ALL DEAD & LIVE LOADS.
4. ALL EXTERIOR WALLS 2X6's @ 16" O.C. ALL INTERIOR WALLS 2X4's @ 16" O.C.
5. "MICRO.LAM" BEAM & EXTERIOR HEADER SIZES TO BE VERIFIED BY SUPPLIER.
6. 2X6 PLUMBING WALLS AS REQ.

IN THE EVENT OF ANY DISCREPANCIES BETWEEN PLANS, ELEVATIONS, AND/OR DETAILS, THE CONTRACTOR / SUB-CONTRACTOR SHALL CONTACT AHMANN DESIGN, INC.@ (319) 395-7900 BEFORE CONSTRUCTION FOR CLARIFICATION. IF AHMANN DESIGN IS NOT CONTACTED, THE CONTRACTOR/ SUB-CONTRACTOR WILL ASSUME FULL RESPONSIBILITY.

Acknowledgement Of Plans Submittal ONLY!
Date 6-29-20
Date 6-18-2020

AHMANN DESIGN INC.
(319) 395-7900
WWW.AHMANNDESIGN.COM

TRADITIONS & TRENDS
AD 36712

DRAWN BY: JLL
CHECKED BY: S.I.
FINAL RELEASE: 6/26/13
REVISIONS:
JOB NO. 36712

4
OF NINE

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IREDELL COUNTY

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

APPLICATION NUMBER
247344
Issue Date: 08/08/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4746209898.000	106 DESERT SKY COURT, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: NICHOLSON C W+JEANETTTE	Applicant: MICHAEL ATHANAS & ASSO
Address: 231	Address: 561 ENNIS RD
IREDELL CO, NC 28625	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.530	35.00	35.00	15.00	15.00	NOT	X

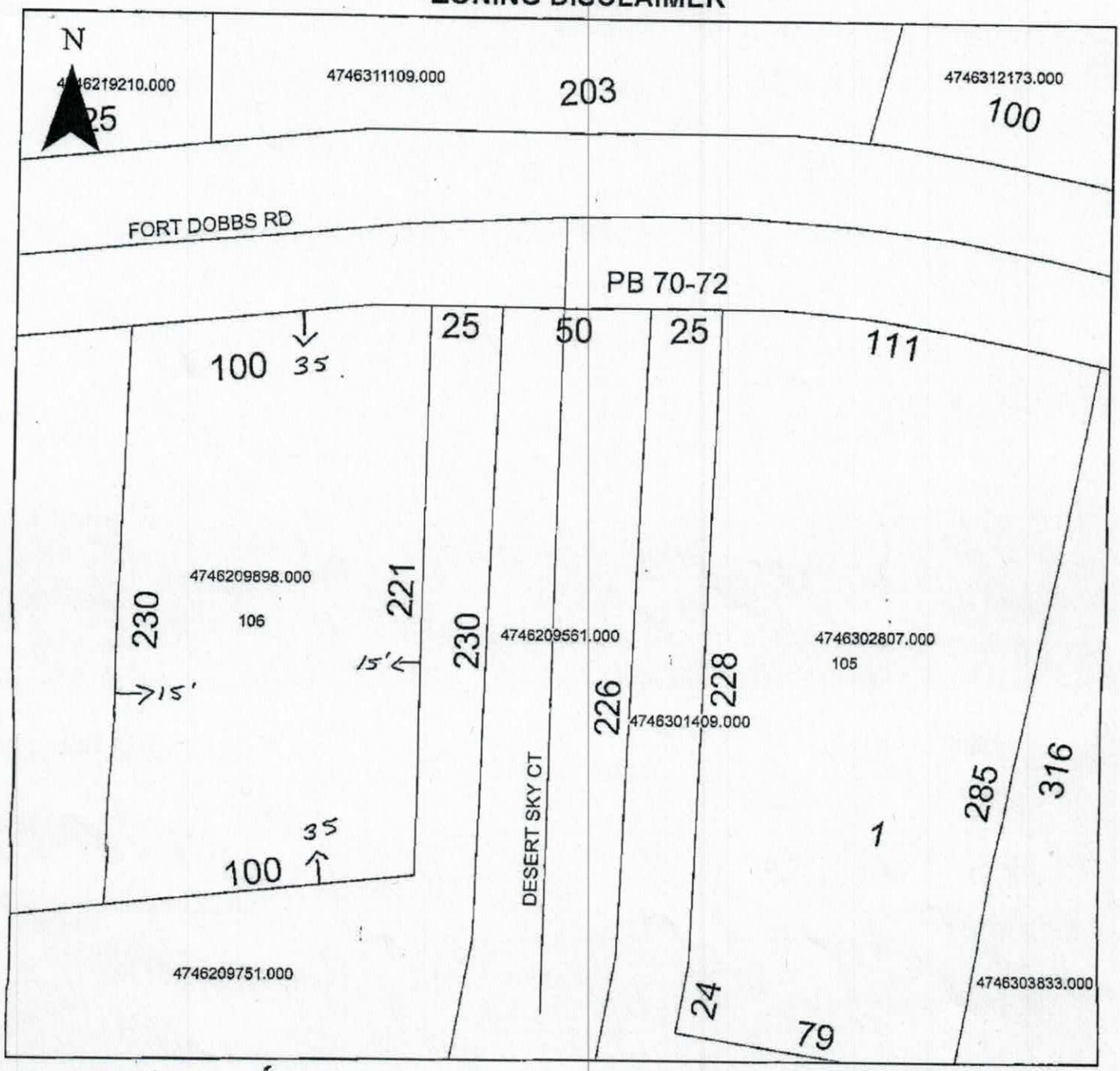
Remarks:

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	188128	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 106 Desert Sky

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

8/8/2019
Date