IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 247343

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

PIN # 4746302807

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

SITE ADDRESS: 105 DESERT SKY COURT, STATESVILLE, NC, 28625 | PHONE: 704-235-8443 | ALT. PHONE

SITE DIRECTIONS: (N) ON 21, (L) ON FORT DOBBS, (L) ON DESERT SKY, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: FORT DOBBS ACRES SUBDIVISION | SECTION: — | LOT # 1 | LOT AREA: 0.52 AC | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB ~~Infiltration~~	Date 10/60.	☑ 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:	PDBPS - LPP		
# Nitrification Fields	1	# Lines 7	Linear Ft 400FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees	—	☑ ~~Public~~
☐ Slab	☑ ~~Crawl Space~~		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

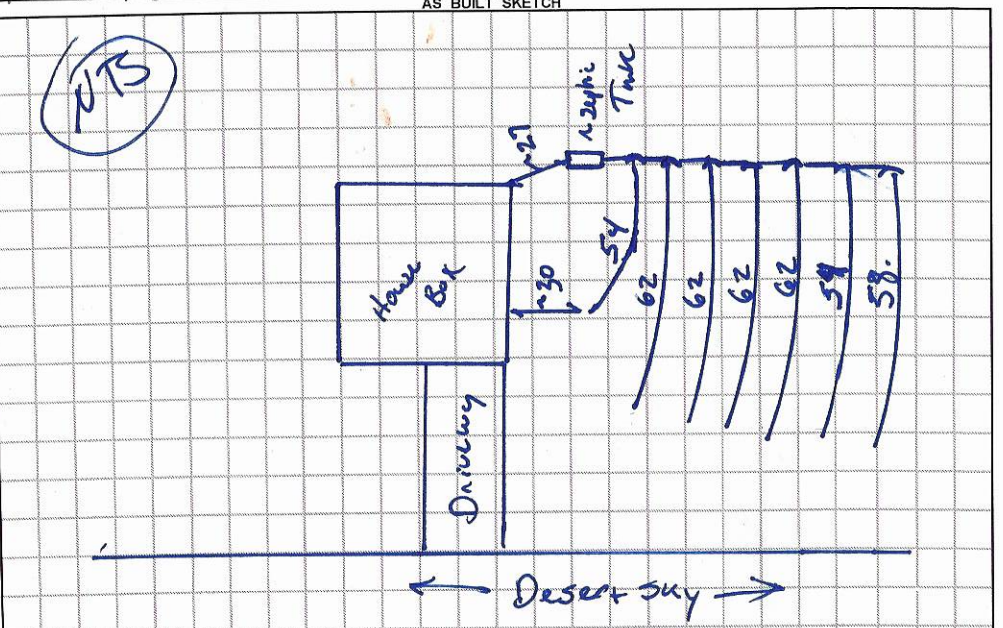
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 0FT CENTERS
ALL PROPERTY LINES MUST BE MARKED AT INSTALL, POWER LINE MUST BE MARKED AT INSTALL, UTILIZE SERIAL DISTRIBUTION

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

INITIAL SITE SKETCH

PLEASE SEE ATTACHED
SITE PLAN BY:
MICHAEL ATHANAS AND
ASSOCIATES, LSS #1252

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: [signature] Date: 11/18/19

IMPROVEMENT PERMIT by: Bryant C. White Date: 11-18-19

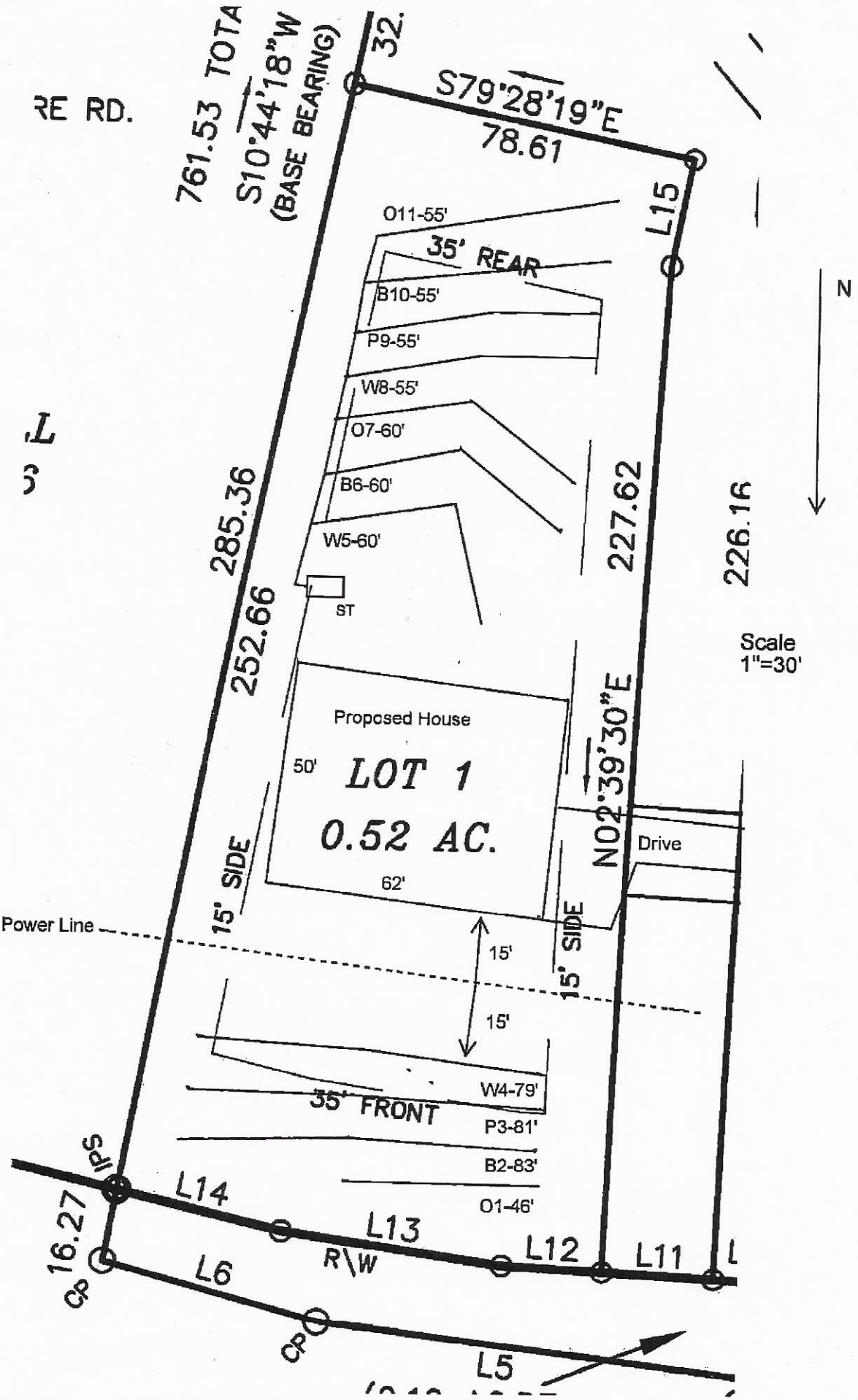
AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 11-18-19

Installed by: Frye & Gosnell Septic

OPERATION PERMIT by: Benjamin A. Bostic Date: 2-4-2020

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


RE RD.
761.53 TOTA
S10°44'18"W
(BASE BEARING)
32.
S79°28'19"E
78.61
L15
O11-55'
35' REAR
B10-55'
P9-55'
W8-55'
O7-60'
B6-60'
W5-60'
ST
285.36
252.66
227.62
226.16
N
Scale
1"=30'
Proposed House
50'
LOT 1
0.52 AC.
62'
N02°39'30"E
15' SIDE
15' SIDE
Drive
Power Line
15'
15'
W4-79'
35' FRONT
P3-81'
B2-83'
O1-46'
IPS
L14
L13
L12
L11
16.27
CP
L6
R\W
CP
L5

8-7-19



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

Reference: Data Sheet for 105 Desert Sky Ct, Fort Dobbs Acres Lot 1
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: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length
Orange 1		46'
Blue 2		83'
Pink 4		81'
White 5		79'
White 6	**60'**	**64'**
Blue 7	**60'**	**90'**
Orange 8	**60'**	**71'**
White 9	**55'**	**61'**
Pink 10	**55'**	**60'**
Blue 11	**55'**	**59'**
Orange 12	**55'**	**59'**

Initial System: 400' **Repair System:** 289'

Comments:

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

Sheet 1 of 1
PROPERTY ID #: 4746302807
COUNTY: IREDELL

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

OWNER: PECONIC BAY HOME, INC.
ADDRESS: 141 CEDAR WOODS DRIVE, MOORESVILLE, N.C. 28117
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 105 DESERT SKY COURT, STATESVILLE, N.C 28625
APPLICATION DATE 8-7-2019
DATE EVALUATED: 8-23-2019
PROPERTY SIZE: 0.52 AC
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	LINEAR SIDE 5%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		7-33	C, SBK	FR, S, P, SEXP					
		33-60	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		8-28	C, SBK	FR, S, P, SEXP					
		28-60	CL, WSBK	FI, SSSP, SEXP					
3	LINEAR SIDE 8%	0-40	FILL	FILL	REDOXIMORPHIC FEATURES THRU OUT	55"+	NA	NA	0.3 PS
		40-55	C, SBK	FR, S, P, SEXP					
		LOOK IDENTICAL TO PIT 4 ON OPPOSITE SIDEWALL					STUMP HOLE ONLY ON ONE SIDE		
4	LINEAR SIDE 8%	0-13	FILL	FILL	REDOX INC SUIT SAP INC IN CL MICA COMMON	60"+	NA	NA	PS .25 IF FILL CUT 0.3
		13-42	C, SBK	FR, S, P, SEXP					
		42-60	CL/WSBK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burpont C. White
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 None	0.2 - 0.05 None	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

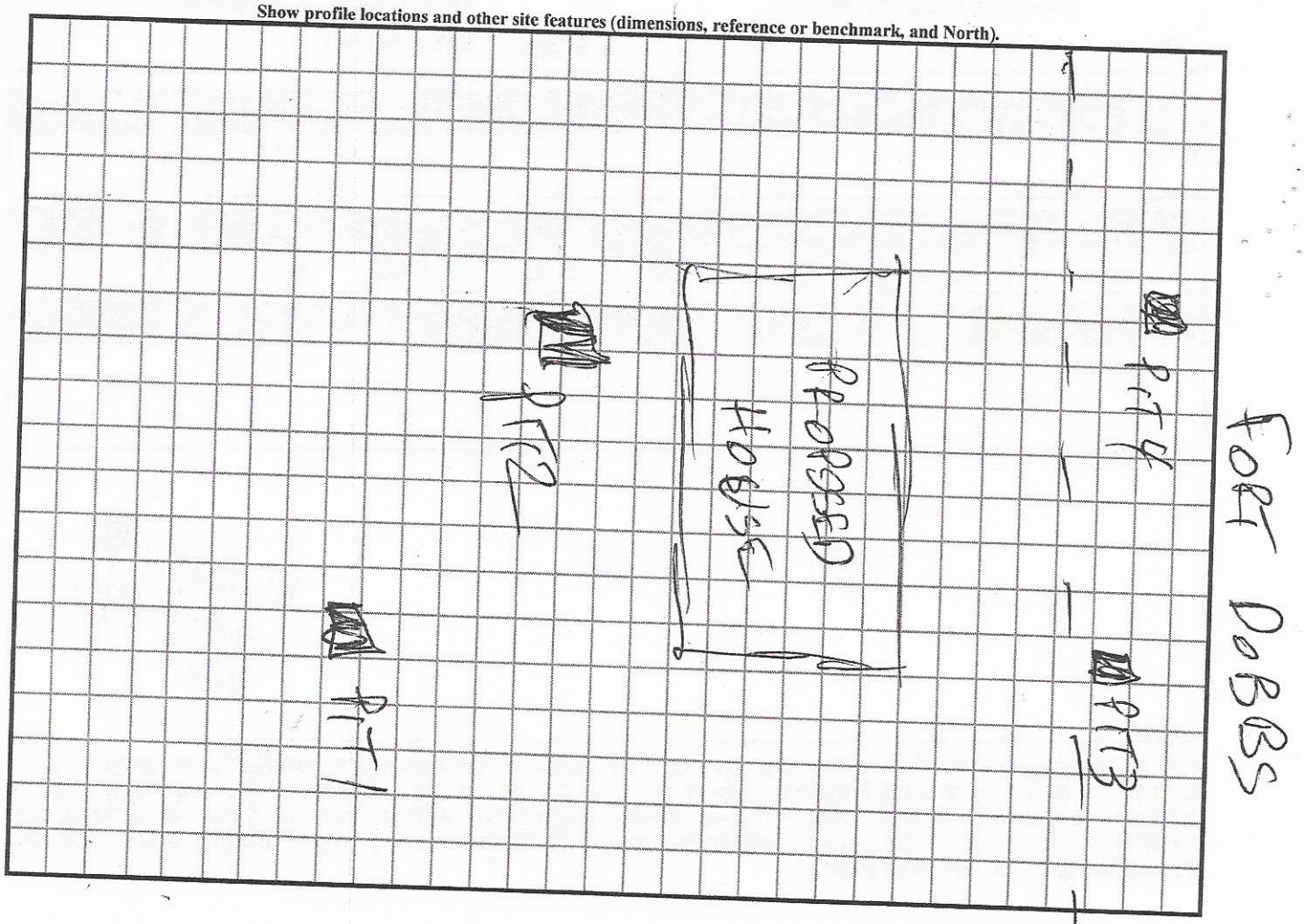
NOTES

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).



SVL

247343

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH $500

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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, Inc **Address:** 141 Cedar Woods Dr, Mooresville, NC **Zip:** 28117
Applicant Email: _____ **Phone:** 704-235-8443 **Alt. Phone:** _____
Owner Name: Same **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 105 Desert Sky Ct
Subdivision Name: Fort Dobbs Acres **Section/Phase:** _____ **Lot Number:** 1
Driving Directions: Turnersburg Hwy N, TL Fort Dobbs, TL Desert Sky

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

(X) 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: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

CHECK FOUNDATION TYPE
(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:** _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (X) Other: Accepted

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: _____ 8/7/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

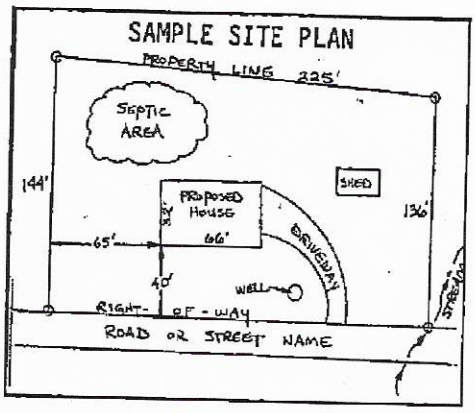
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) 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

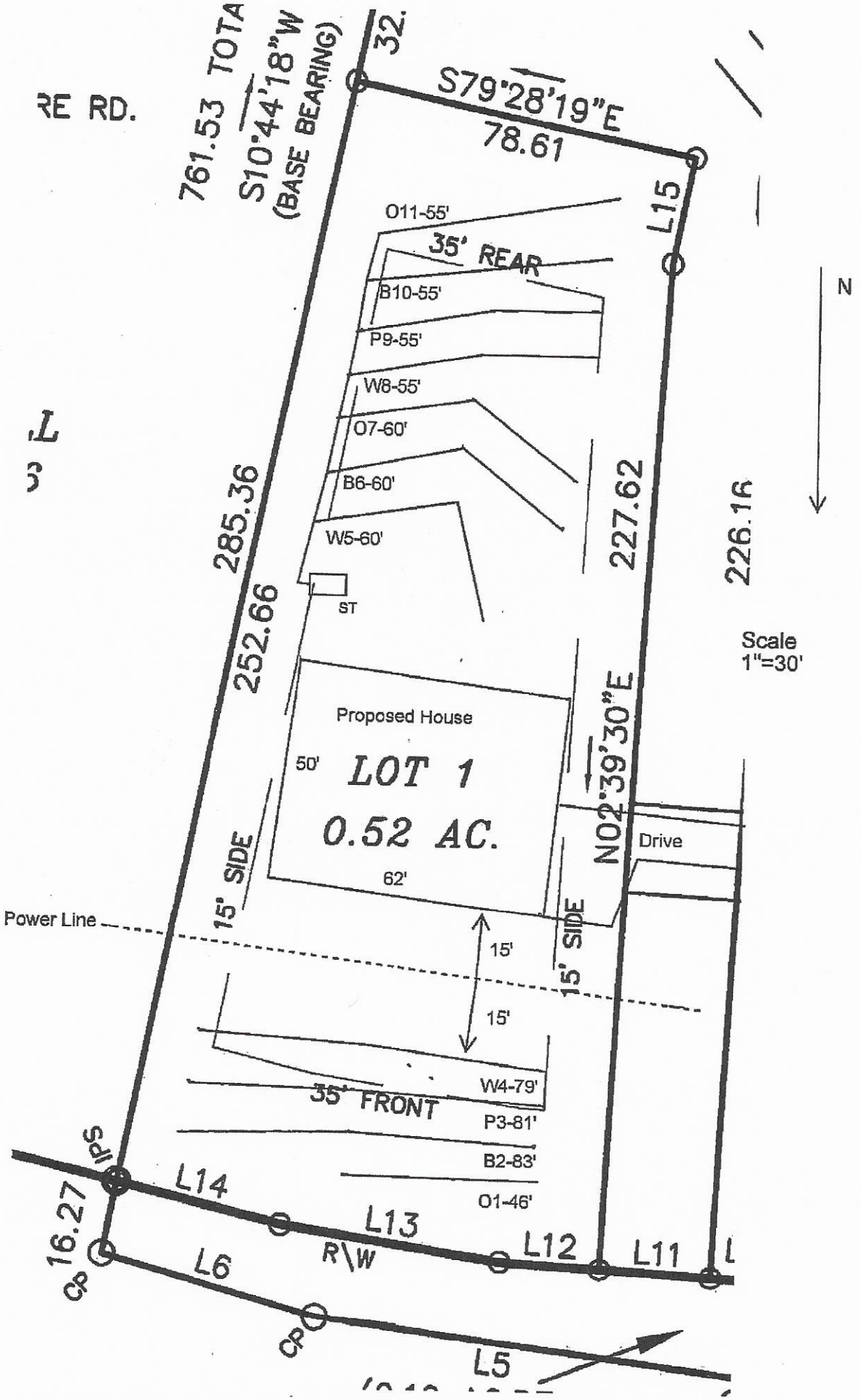
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 plan

Signature: _____ 8/7/2019

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


RE RD.
761.53 TOTA
S10°44'18"W
(BASE BEARING)
32.
S79°28'19"E
78.61
L15
O11-55'
35' REAR
B10-55'
P9-55'
W8-55'
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N
Scale
1"=30'
Proposed House
50'
LOT 1
0.52 AC.
62'
N02°39'30"E
15' SIDE
15' SIDE
Drive
Power Line
15'
15'
W4-79'
35' FRONT
P3-81'
B2-83'
O1-46'
IPS
16.27
CP
L14
L13
R\W
L12
L11
L6
CP
L5

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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 105 Desert Sky Ct Fort Dobbs Acres Lot 1, identified as PIN (Parcel Identification Number) 4746302807, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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.

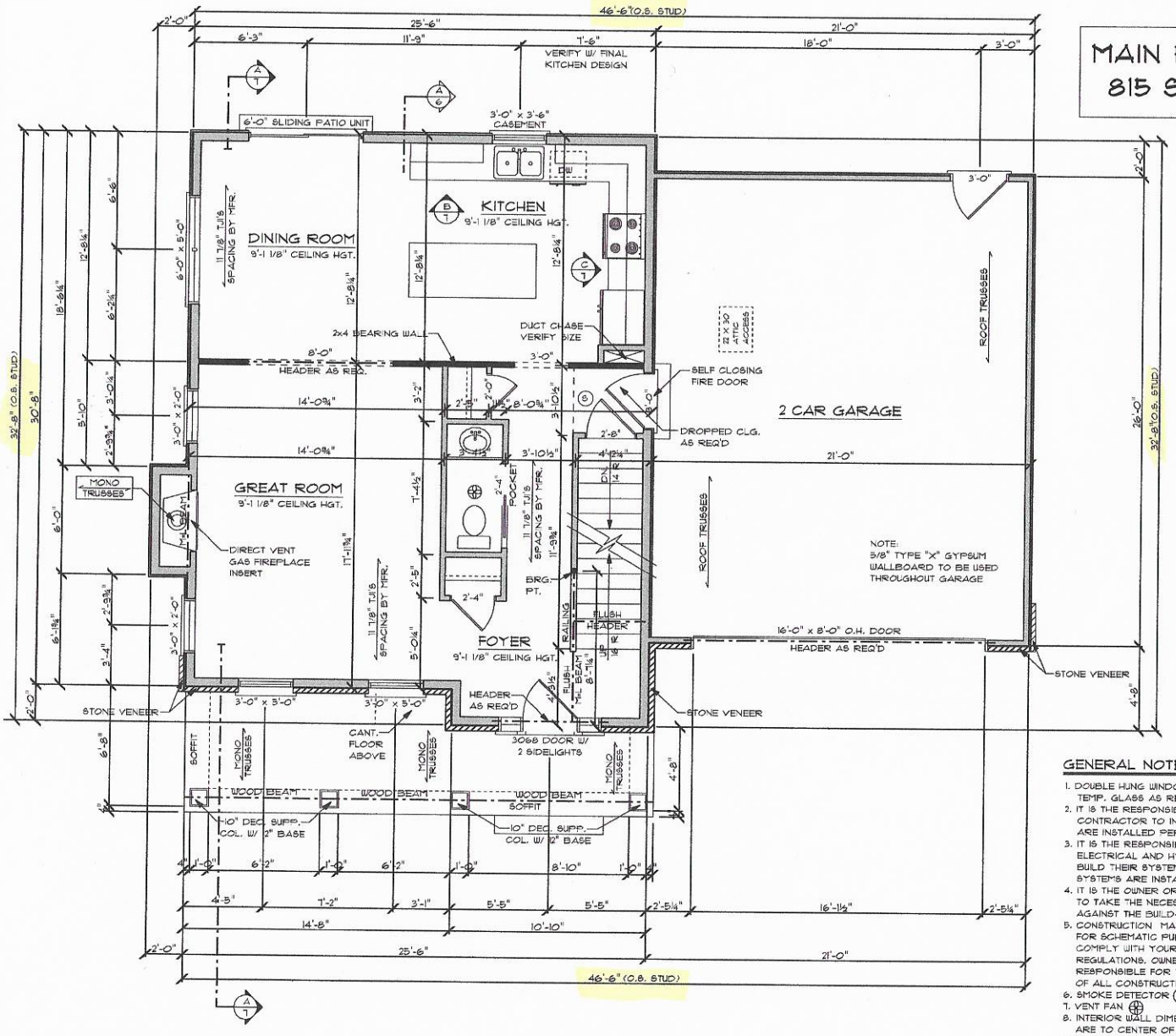
Signature of Owner(s) — Date 8/13/09

Signature of Witness — Date 8/13/09

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
[redacted]
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
[redacted]
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



MAIN FLOOR PLAN

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

MAIN FLOOR: 815 SQ. FT.

Plans Submittal ONLY!

Buyer's Signature _____ Date _____

Builder's Signature _____ Date _____

Acknowledgment Of

FRAMING NOTES:

1. 9'-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. GARAGE WALLS 2x4's @ 16" O.C.
5. "MICRO-LAM" BEAM & EXTERIOR HEADER SIZES TO BE VERIFIED BY SUPPLIER.
6. 2x6 PLUMBING WALLS AS REQ.

GENERAL NOTES:

1. DOUBLE HUNG 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 (F)
8. INTERIOR WALL DIMENSIONS ARE TO CENTER OF STUDS.
9. EXTERIOR WALL DIMENSIONS ARE TO OUTSIDE OF STUDS.

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.

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

THESE PLANS ARE THE PROPERTY OF AHMANN DESIGN INC. AND ARE NOT TO BE USED IN ANY WAY FOR CONSTRUCTION WITHOUT THE WRITTEN CONSENT OF AHMANN DESIGN INC. THESE PLANS SHALL NOT BE SUBSTITUTED WITHOUT THE ASSISTANCE OF AHMANN DESIGN INC. THE PURCHASER, OWNER, CONTRACTOR OR ANY OTHER PERSON USING THESE PLANS FOR CONSTRUCTION OR ANY OTHER PURPOSE AGREES TO ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL CHANGES MADE TO THESE PLANS AND HOLD AHMANN DESIGN INC. HARMLESS FROM ANY AND ALL LIABILITY. FOR THE ACCURACY AND OVERALL INTEGRITY OF THESE DRAWINGS, TOGETHER WITH ANY MODIFICATIONS MADE BY OTHERS. THE PURCHASER, OWNER, CONTRACTOR AND DETAILER IN THESE DRAWINGS ARE ASSUME RESPONSIBILITY FOR THE SAME.

TRADITIONS & TRENDS

AD 45614

DRAWN BY: BRANDON

CHECKED BY: JP

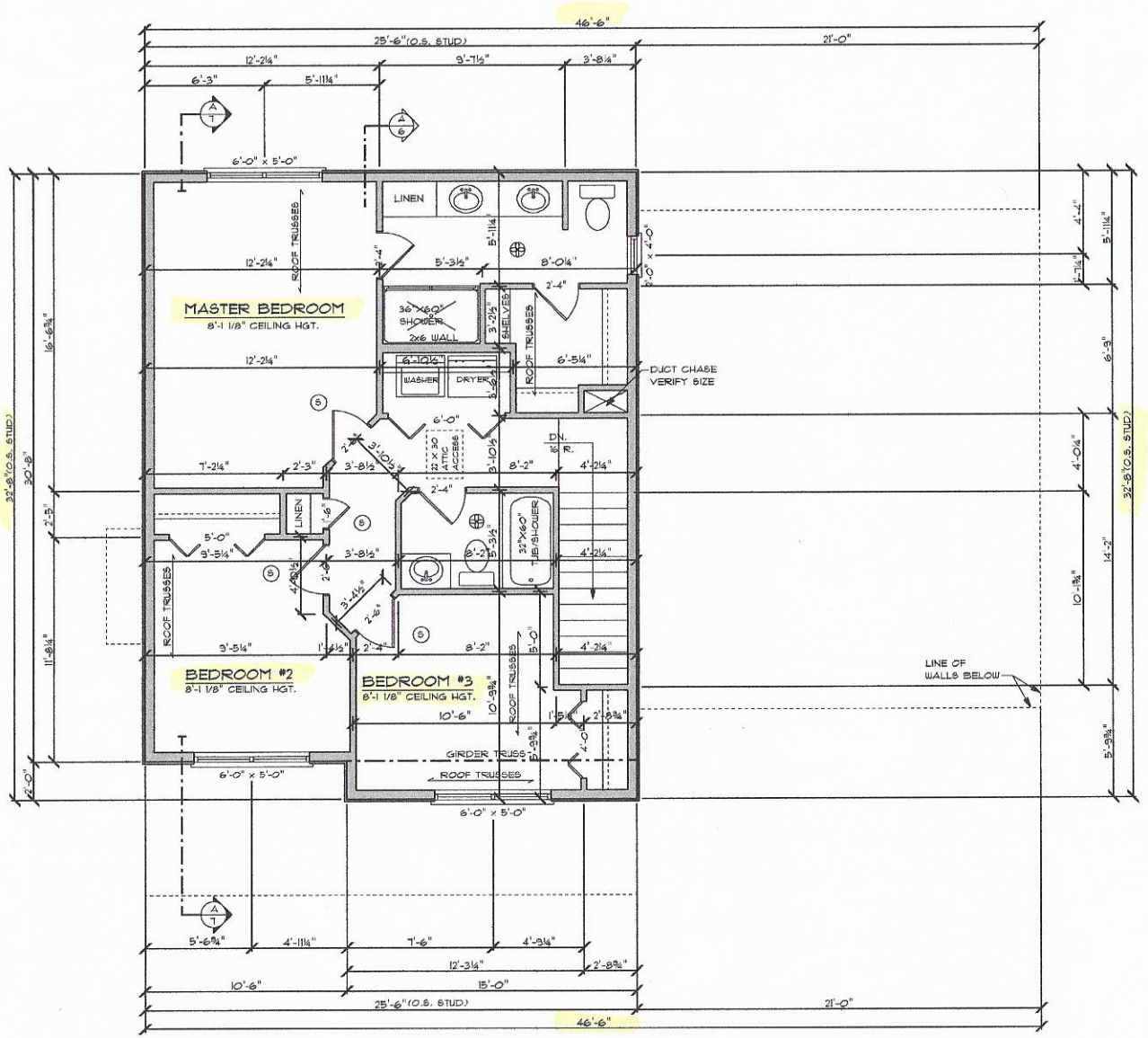
FINAL RELEASE: 9/5/14

REVISIONS:

JOB NO. 45614

3 OF EIGHT

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SECOND FLOOR PLAN

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

SECOND FLOOR: 754 SQ. FT.

Acknowledgement of Plans Submittal Only

Date 11/3/14

Builder: white Date 11/3/14

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. GARAGE WALLS 2X4's @ 16" O.C.
5. "MICRO-LAM" BEAM & EXTERIOR HEADER SIZES TO BE VERIFIED BY SUPPLIER.
6. 2X6 PLUMBING WALLS AS REQ.

GENERAL NOTES:

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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.
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(319) 395-7900
WWW.AHMANNDESIGN.COM

AHMANN DESIGN INC., ITS OFFICERS, OWNERS & EMPLOYEES ARE NOT ARCHITECTS OR ENGINEERS AND DOING SO IN CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A LICENSED ARCHITECT OR ENGINEER. BY USING THESE PLANS, YOU AGREE THAT AHMANN DESIGN INC., ITS OFFICERS, OWNERS, & EMPLOYEES SHALL NOT BE LIABLE FOR ANY CLAIMS OR LAW SUITS THAT ARISE FROM THE USE OF THESE PLANS. YOU AGREE TO INDEMNIFY AHMANN DESIGN INC., ITS OFFICERS, OWNERS, & EMPLOYEES FROM ANY CLAIMS OR LAW SUITS THAT ARISE FROM THE USE OF THESE PLANS. YOU AGREE TO PAY ALL ATTORNEY FEES AND COSTS ADDITIONALLY, AHMANN DESIGN, INC., ITS OFFICERS, OWNERS, & EMPLOYEES ARE UNABLE TO ACCEPT ANY RESPONSIBILITY FOR CONSTRUCTION MISTAKES MADE FROM THESE PLANS. THEREFORE, IT IS THE BUILDER / GENERAL CONTRACTOR'S RESPONSIBILITY TO CHECK ALL DIMENSIONS AND DETAILS AND ASSUME RESPONSIBILITY FOR THE SAME.

TRADITIONS & TRENDS

AD 45614

DRAWN BY: BRANDON

CHECKED BY: JP

FINAL RELEASE: 9/5/14

REVISIONS:

JOB NO. 45614

4 OF EIGHT

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IREDELL COUNTY

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

APPLICATION NUMBER
247343
Issue Date: 08/08/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4746302807.000	105 DESERT SKY COURT, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: K+T PROPERTIES II LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: PO BOX 9068	Address: 561 ENNIS RD
CHARLOTTE, NC 28299	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
	35.00	35.00	15.00	15.00	NOT	X

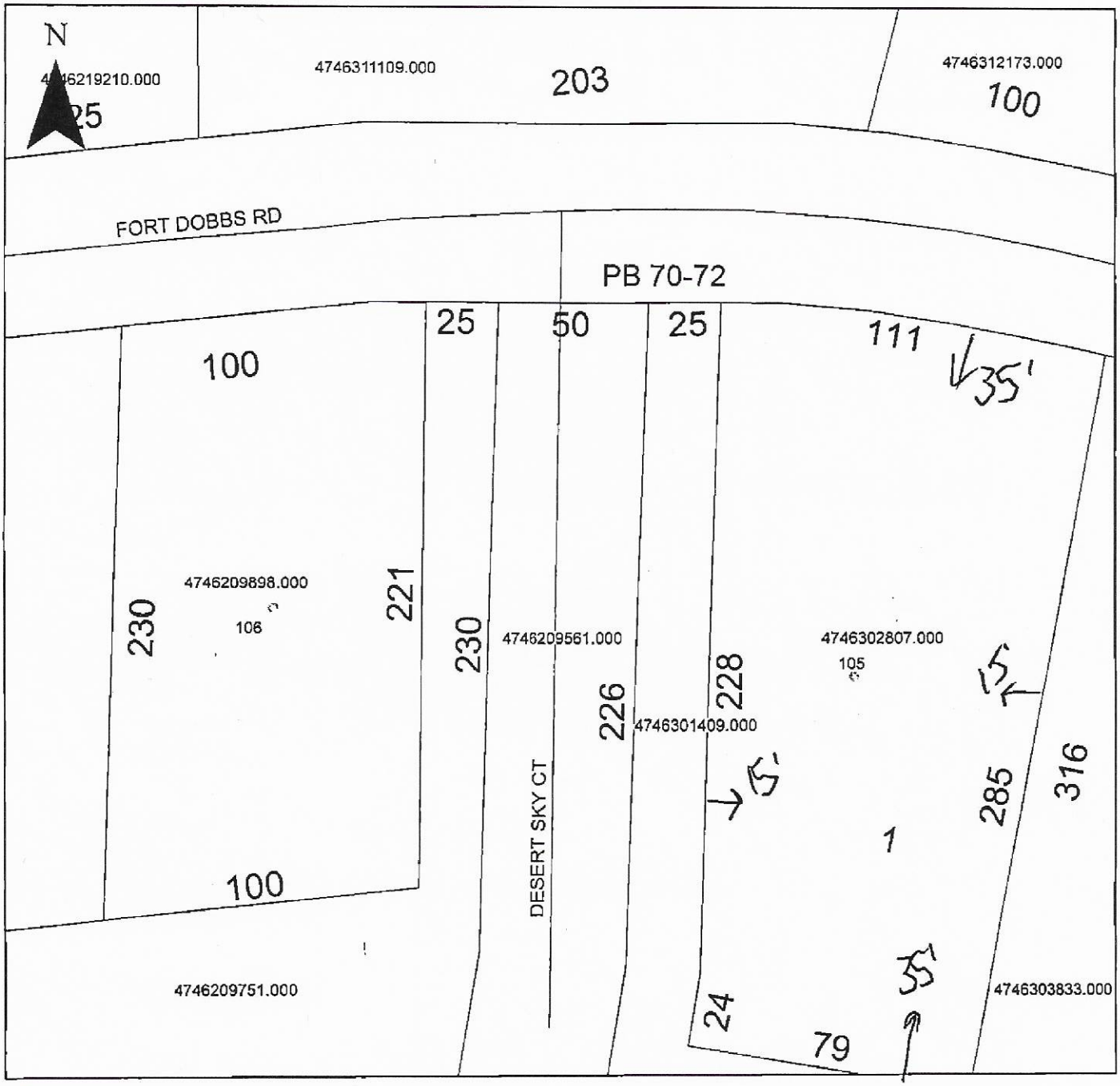
Remarks:

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	188129	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 105 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