IREDELL COUNTY HEALTH DEPARTMENT

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

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

PIN # 4747327805

APPLICANT/OWNER: April Ottone
APPLICANT ADDRESS: 155 Poplar Leaf Ln
SITE ADDRESS: 172 Doe Run Ln, Statesville
PHONE: 704-883-0938 ALT. PHONE —
SITE DIRECTIONS: 21 → Shumpker Dr → L on Doe Run Ln → on R
SAP CONTROLLED: ☐ YES ☒ NO
SUBDIVISION: Graystone Meadow
SECTION: 2 LOT # 37 LOT AREA: 1.007 ac
DESIGN FLOW: 480 gpd L.T.A.R.: .3

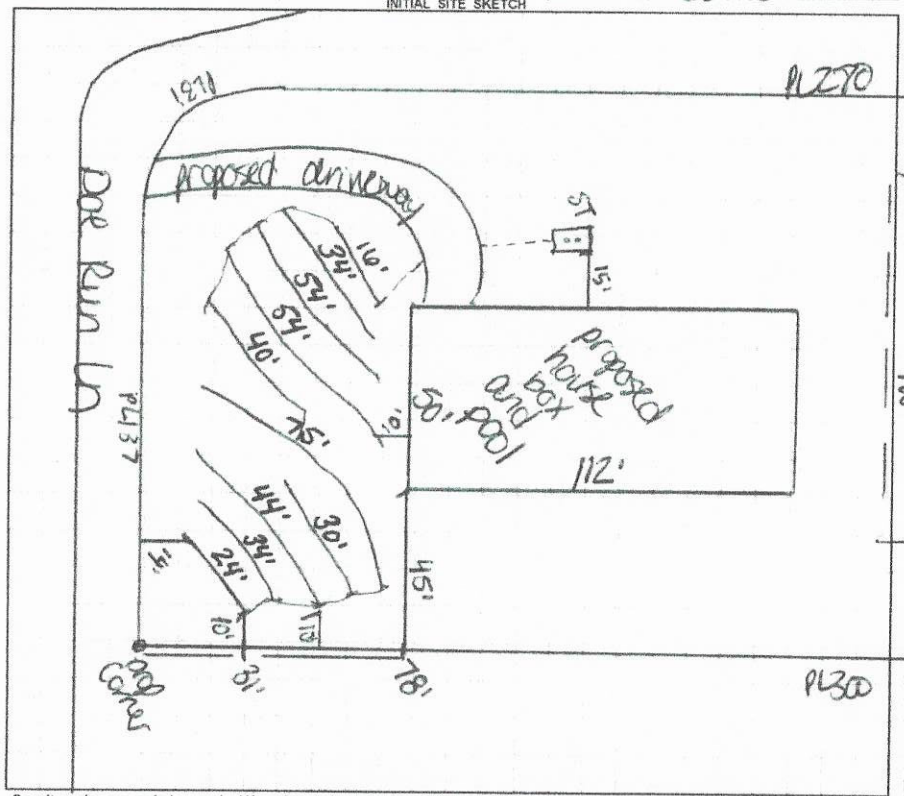
Septic Tank	1000 (gal)	STB	760	Date	1/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% reduction		
Pump Make		Model		Serial #		Repair System Description:	LPP685		
# Nitrification Fields	1	# Lines	10	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth	36" max	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing
No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space
☐ Basement w/o plumbing

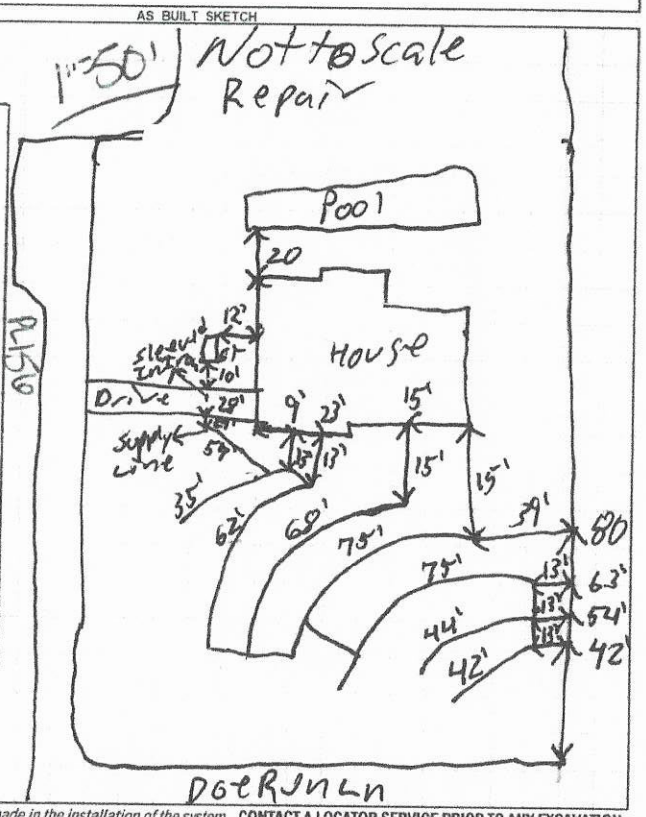
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour & utilize serial distribution. Supply line from tank to 1st line must be sleeved in ductile iron or buried 30 inches.

INITIAL SITE SKETCH



AS BUILT SKETCH



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

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

Owner / Applicant Signature: April Ottone Date: 11-18-19 Installed by: Neil Stutts

IMPROVEMENT PERMIT by: Carla C. Cave Date: 9-27-19 OPERATION PERMIT by: Patrick J Boyle III Date: 4/21/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 11-18-19 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 inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 474732 7803
COUNTY: Iredell

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

OWNER: April Othone
ADDRESS: 155 Poplar Leaf
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 172 Doe Run Ln

APPLICATION DATE 8-15-19
DATE EVALUATED: 8-26-19
PROPERTY SIZE: 1.00 ac
PROPERTY RECORDED: Y

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	L 5%	0-41	SBK C	Fr ss sp smp	—	58"	—	—	PS .3
		41-58	SBK CL	Fr ss sp smp					
2	L 5%	0-33	SBK C	Fr ss sp smp	—	56"	—	—	PS .3
		33-56	SBK CL	Fr ss sp smp					
3	L 9%	0-19	fill		few sap inc.	51"	—	—	PS .3 (under fill)
		0-7	SBK SCL	Fr ss sp smp					
		7-33	SBK C	Fr ss sp smp					
		33-51	SBK CL	Fr ss sp smp					
4	L 5%	0-11	fill		—	49"	—	—	PS .3
		0-9	SBK SCL	Fr ss sp smp					
		9-31	SBK C	Fr ss sp smp					
		31-49	SBK CL	Fr ss sp smp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	267'
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A PS
SITE CLASSIFICATION (.1948):
EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

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

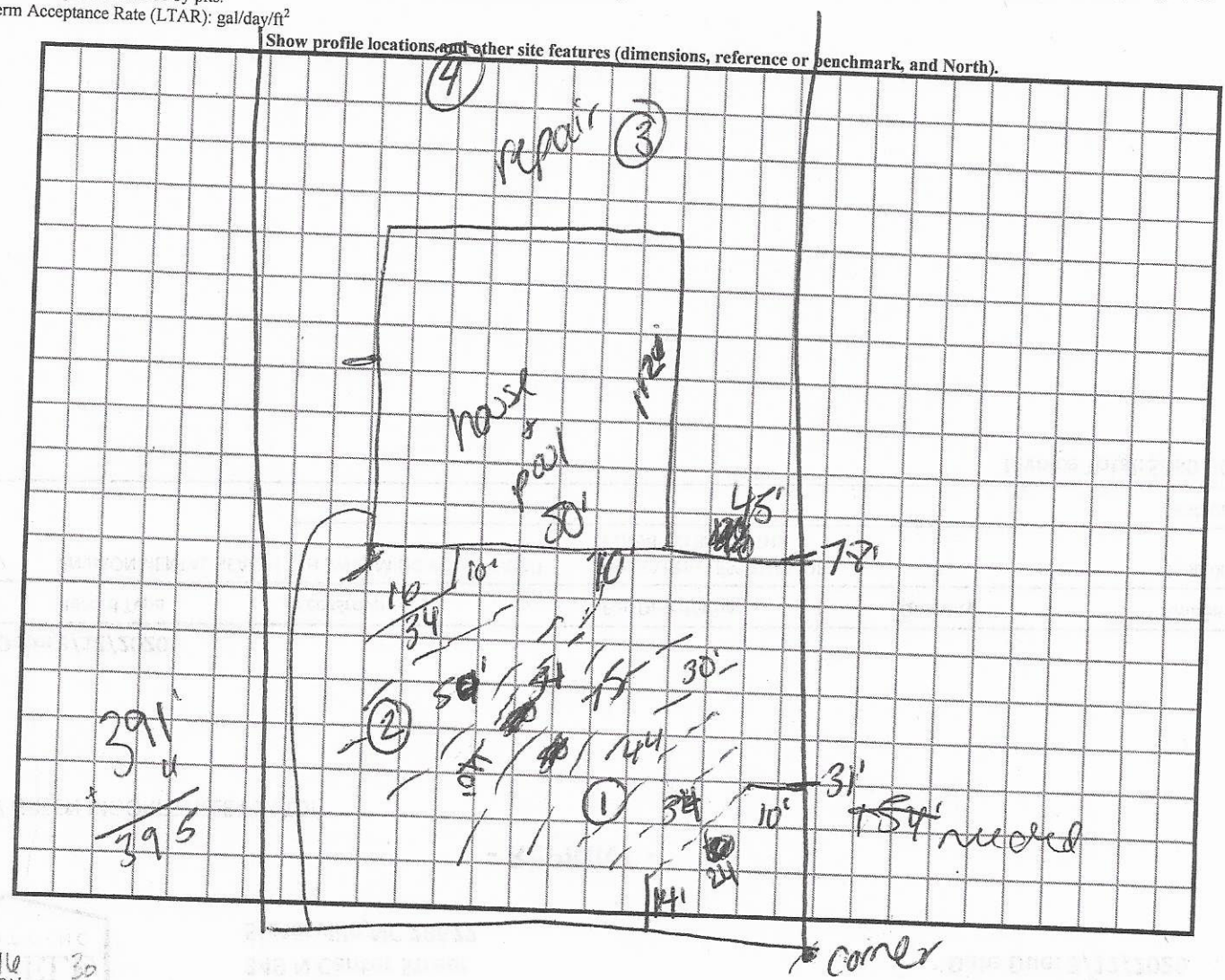
NOTES

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

Evaluation of saprolite shall be by pits.

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

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



16 30
34 44
54 34
54 24
40
75

RECEIVED NOV 1 8 2019

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

1. **APPLICATION FOR:** X **Improvement Permit** ✓ **Authorization To Construct** ___ **Existing System Inspection**

2. **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 check ( ) beside whichever is submitted if applicable ___**Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

April Ottone	155 Poplar Leaf Ln	704-883-6938	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

172 Doe Run Ln	Graystone Meadows	37
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Hwy 21 to Shoemaker. Approx 2.5mi; Doe Run on Lft. Lot end of Rd on Rt.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: **Type of Business** ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
   To The Best of Your Ability: ( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** ___
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/18/19
DATE

SVL

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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1. **APPLICATION FOR:** (X) Improvement Permit ( ) Authorization To Construct ( ) Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application** 247549
   The following optional attachments may also be submitted: ( ) Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ( ) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:** $50 pd

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
April Ottone	155 Poplar Leaf Ln	704-883-6938	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Kent Nicholson			

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Street Address	Subdivision Name	Section/Phase and Lot Number
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Maximum Number of Occupants 5
If Expansion, Current Number of Bedrooms ___

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8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
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9. **Signature:** _____ 8/15/19
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Kent W. Nicholson, am the legal owner(s) of the property located at 137 Doe Run Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4747-32-8805, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** April Ottone, 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 11/8/19

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

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...

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

✓ Front and side setbacks from property line...

✓ Area you prefer your septic system to be placed...

✓ Preferred driveway location and configuration, preferred well location...

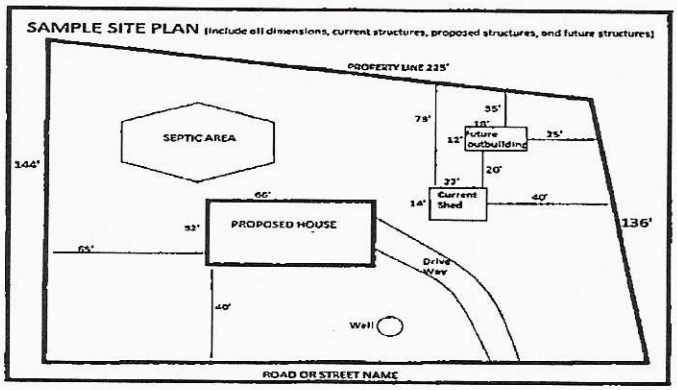
✓ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

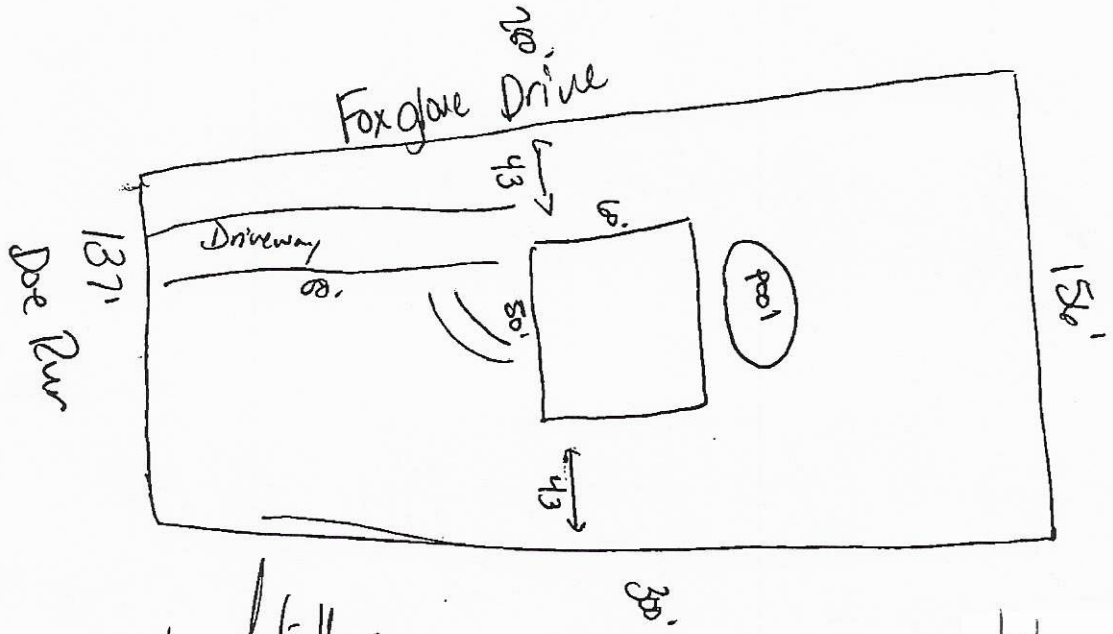
_____ Location of septic systems and wells within 100' of your property... N/A

_____ 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



Signature: _____

REQUIRED property owner or owner's legal representative signature.

11/18/19

DATE

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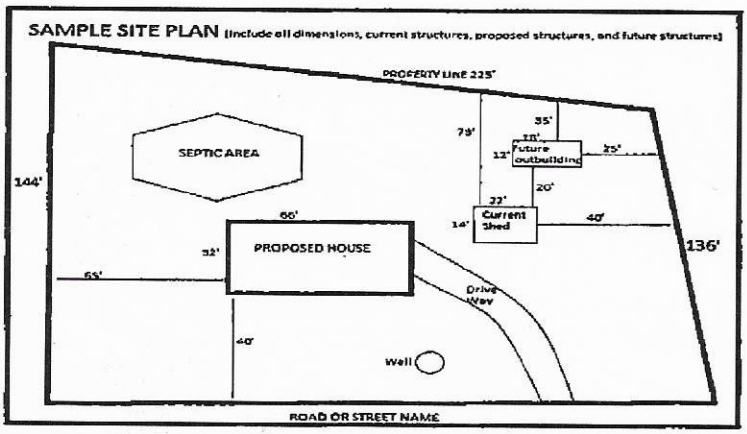
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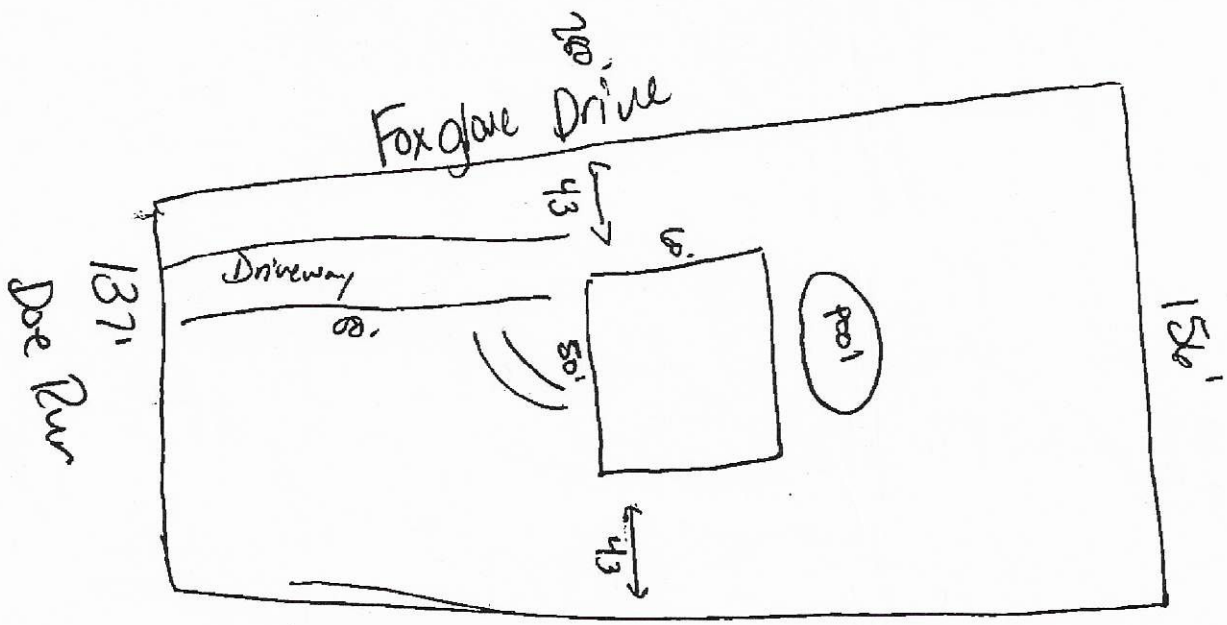
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USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____

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8/15/19

DATE

Public Health

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Public Health

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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.

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- 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
Kent W. Nicholson	8-12-2019	Stacy A. Nicholson	8-12-19

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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!
April Ottone Date 11-18-19
Carla C. Nicks Date 11-18-19

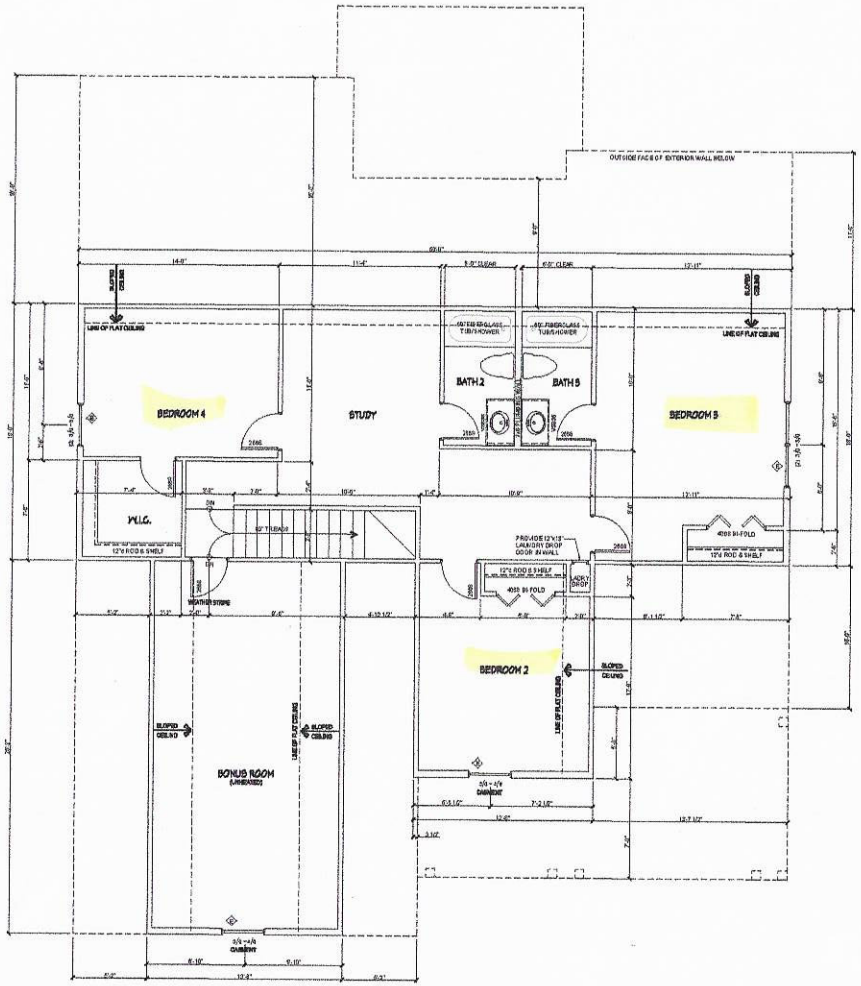
PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" LPAPER SIZE

FLOOR PLAN NOTES

1. ALL DIMENSIONS & SITE CONDITIONS TO BEVERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, C.M.U. WALL MEMBER OF PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD. NO WALL FINISHES, TRIM OR MOLDING ARE ASSUMED
3. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
5. VERIFY ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
7. CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE
8. ANGLES IN WALLS TO BE ASSUMED 45° TYP. U.N.O
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X6 @ 16" O.C. TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 @ 16" O.C. TYP. UNLESS NOTED OTHERWISE
12. DOUBLE WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND GRIDS STYLE WITH OWNER AND MANUFACTURER.

EGRESS NOTE

(E) SYMBOL INDICATES THAT THE WINDOW MUST MEET EMERGENCY EGRESS REQUIREMENTS PER LOCAL BUILDING CODES SEE WINDOW MANUFACTURERS SPECIFICATION MANUAL FOR FURTHER DETAILS / INFORMATION. WINDOW SIZE MAY BE ADJUSTED IF SIZE SHOWN IS INADEQUATE TO MEET LOCAL REQUIREMENTS



DOOR NOTES

1. PROVIDE WEATHER STRIPPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

D&T HOME DESIGNS
DESIGNER
Phone: (704) 263-9586
eMail: DTHomeDesigns@Gmail.Com

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE AND SHALL REMAIN THE PROPERTY OF D&T HOME DESIGNS, LLC. ALL RIGHTS RESERVED. THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONSTRUCT ANY BUILDING WITHOUT THE WRITTEN AUTHORIZATION OF D&T HOME DESIGNS, LLC

© COPYRIGHT 2019

D&T HOME DESIGNS, LLC HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS. HOWEVER SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIFIC CODE OR ORDINANCE. CONTRACTOR IS TO VERIFY COMPLIANCE AND MAKE MODIFICATIONS AS NEEDED. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL DESIGN COMPLIANCE. D&T HOMEDESIGNS, LLC. ASSUMES NO RESPONSIBILITY FOR ANY HOME CONTRACTED USING THESE PLANS.

SQUARE FOOTAGE

Main Level Heated	1761 S.F.
Upper Level Heated	881 S.F.
Bonus Room	358 S.F.
Garage	811 S.F.
Front Porch	201 S.F.
Rear Porch	183 S.F.
Total Heated	2642 S.F.
Total Under Roof	4045 S.F.

REVISIONS

No.	Date	By	Description

Drawn By: DRG | Issue Date: 10.2018

Customer Name:
Anthony & April Ottone

Street
Statesville, North Carolina

Plan Design Number:
R-2019-190

Sheet Title:
UPPER LEVEL FLOOR PLAN

Sheet No.:
B3.2

Acknowledgement Of
Plans Submittal ONLY!

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" t PAPER SIZE

Date 11-18-19

Date 11-18-19

247549

ISSUED FOR CONSTRUCTION

D&T HOME DESIGNS

DESIGNER
Phone: (704) 251-4099
eMail: DTHomeDesigns@Mail.com

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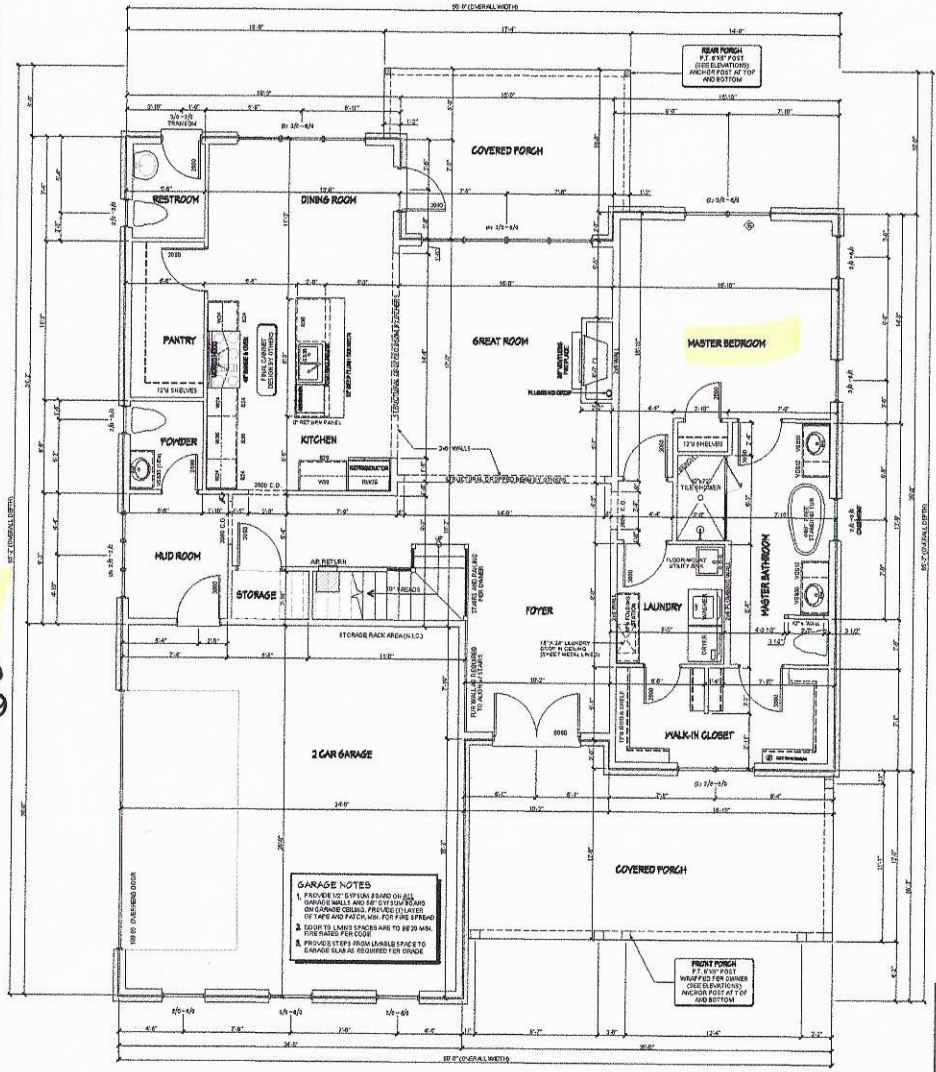
DBT HOME DESIGNS, LLC HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS. HOWEVER SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIFIC CODE OR ORDINANCE. CONTRACTOR IS TO VERIFY COMPLIANCE AND MAKE MODIFICATIONS AS NEEDED. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL DESIGN COMPLIANCE. DBT HOME DESIGNS, LLC ASSUMES NO RESPONSIBILITY FOR ANY HOME CONSTRUCTED USING THESE PLANS.

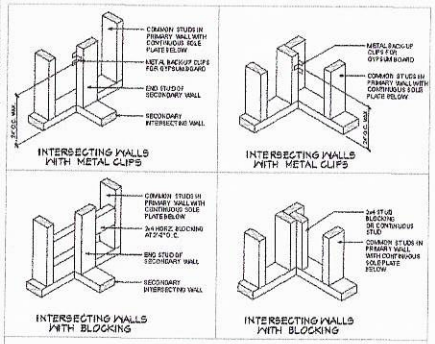
FLOOR PLAN NOTES

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, CMU WALL, VENEER OF PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD. (NO WALL FINISHES, SIDING OR VENEER ARE AS LINED)
3. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS.
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
5. VERIFY ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
7. CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE
8. ANGLES IN WALLS TO BE ASSUMED 45° TYP. U.N.O.
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X6 @ 16" O.C., TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 @ 16" O.C., TYP. UNLESS NOTED OTHERWISE
12. DOUBLE WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.

EGRESS NOTE

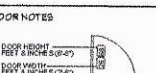
E SYMBOL INDICATES THAT THE WINDOW MUST MEET EMERGENCY EGRESS REQUIREMENTS PER LOCAL BUILDING CODES. SEE WINDOW MANUFACTURERS' DESIGN MANUAL FOR FURTHER DETAILS / INFORMATION. WINDOW SIZE MAY BE ADJUSTED IF SIZE SHOWN IS INADEQUATE TO MEET LOCAL REQUIREMENTS





INTERMEDIATE FRAMING DETAILS
105 NOT TO SCALE

DOOR NOTES



1. PROVIDE WEATHER STRIPPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

SQUARE FOOTAGE

Main Level Heated	1995 S.F.
Upper Level Heated	1021 S.F.
Bonus Room	358 S.F.
Garage	611 S.F.
Front Porch	102 S.F.
Rear Porch	164 S.F.
Total Heated	3016 S.F.
Total Under Roof	4054 S.F.

REVISIONS

No.	Date	By	Description

Drawn by: DRO | Issue Date: 10.2019

Customer Name:
Anthony & April Ottone

Street
Statesville, North Carolina

Plan Design Number:
R-2019-190

Sheet Title:
MAIN LEVEL FLOOR PLAN
SCALE: 1/8"=1'-0"

Sheet No.:
B3.0

IREDELL COUNTY

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

APPLICATION NUMBER
247549
Issue Date: 08/15/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4747328805.000	172 DOE RUN LANE, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: D+N LLP	Applicant: OTTONE, APRIL
Address: 198	Address: 155 POPLAR LEAF LN
IREDELL CO, NC 28625	STATESVILLE, NC 28625
Phone:	Phone: 704-883-6938

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	35.00	25.00	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	189015	TOTAL FEES:	$ 77.25