IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 BCW Mooresville Office (704) 660-3625 PERMIT # 301609.

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

PIN # 4748452866.000

APPLICANT/OWNER: Connie Trautman APPLICANT ADDRESS: 232 Davie Ave Statesville NC 28677

SITE ADDRESS: 1018 Jennings Rd Statesville, NC 28625 PHONE: 704 903 3202 ALT. PHONE 704 8735233

SITE DIRECTIONS: Hwy 21 N Left on Jennings Rd Property on Right Approx 4 miles SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Cypress Acres SECTION: 1 LOT # 4 LOT AREA: .504 Acres DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank 1000 (gal) STB 760 Date 9/9 — ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank (gal) PT Date — System Description: Gravity 25% Reduction

Pump Make Model Serial # — Repair System Description: Drip Repair

Nitrification Fields 1 # Lines 6 Linear Ft 328 — Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36 Trench Bottom Depth (Deepest) 21 max Gravel Depth — ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 — Water Supply: ☐ Private ☐ Public ☐ Community

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

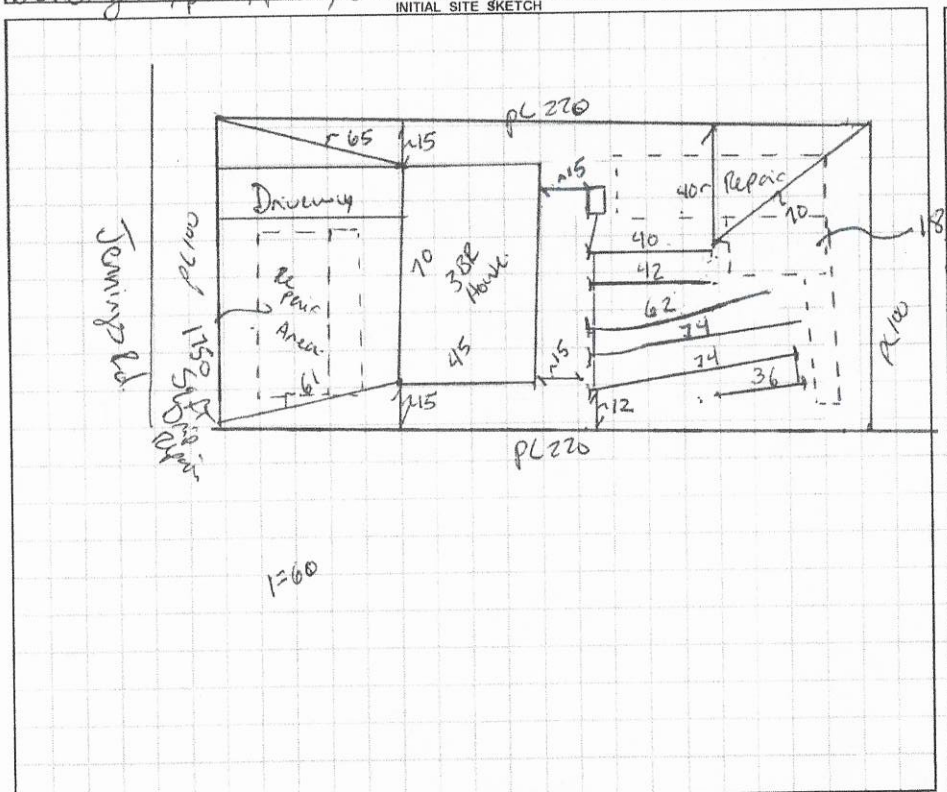
☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: * No Foundation Drain allowed front of house *

Install septic Drainfield on the contour of the land to utilize sheet distribution

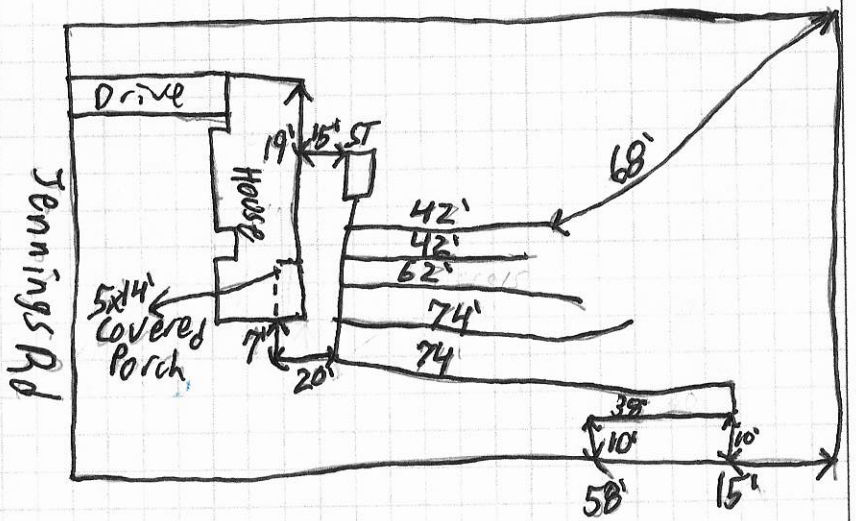
Do not grade, pave, park, build or bury utilities in drainfield area.

INITIAL SITE SKETCH



AS BUILT SKETCH

Not to scale



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: Date: 10/28/19 Installed by: Jake Williams

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 10/28/19 OPERATION PERMIT by: Fabrizio Bglatti Date: 10/23/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 6-9-2020 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.

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

Sheet 1 of 1
PROPERTY ID #: 4174815 2866
COUNTY: Iredell

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

C+4.

OWNER: Trotman
ADDRESS: 232 Devil Ave Sul NC.
PROPOSED FACILITY: 3BR Home PROPOSED DESIGN FLOW (.1949): 360.
LOCATION OF SITE: 107 Cypress Acres Sul NC

APPLICATION DATE 10/3/19
DATE EVALUATED: 10/15/19
PROPERTY SIZE: .504
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	Ridge shoulder 3-5%	0-31	C SBk	SS SP FR SEP	2.5YR 4/6	48.		some FIRM Rock controlled Sope 38 inch	PS .3 Max 4
		31-48.	CL wSBk	SS SP FM					
2	Ridge shoulder 3-5%	0-16	C SBk	SS SP FR SEP	2.5YR 4/6	33		Rock @ 33	PS .275 Max 20
		16-33	CL wSBk	SS SP FM					
		33-48	RC Sap.						
3	shoulder 3-5%	0-23	C SBk	SS SP FR SEP.		23.			PS shoulder .1 Disp 20in.
		23-48.	RC Sap.						
4	Side slope #5	0-28	C SBk	SS SP FR SEP		48.		white C'tg Motts	PS .3.
		28-48.	CL wSBk	SS SP FR					
		0-29	C SBk	SS SP FR SEP		48		L.Pw	PS .3.
		29-48.	CL wSBk	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328 L.f.	3600 SqFt
System Type(s)	III 25%	V Disp.
Site LTAR	.275	.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bolton
OTHER(S) PRESENT: Neil Stutts

COMMENTS: Rock intrusion

Updated February 2014

3150.

LEGEND

use the following standard abbreviations

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

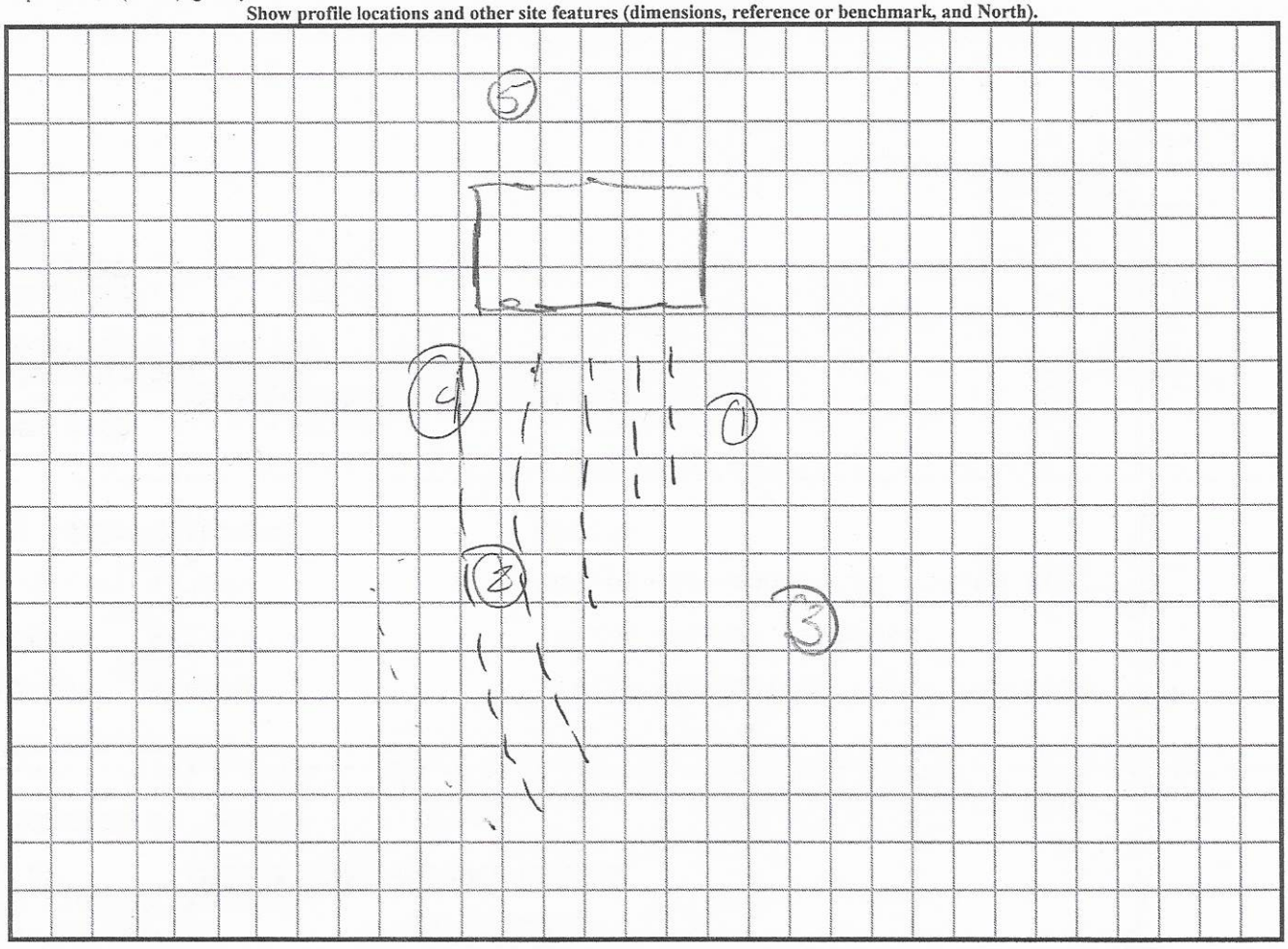
NOTES

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).



0-29
29-48

40
42
62
74
74. 76

RECEIVED JUN 8 - 2020

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*

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: WILLIAM (BILLY) SELF Address: 224 HARRIS ST. Zip: 28677
Applicant Email: wbself1@gmail.com Phone: 704.903.3202 Alt. Phone: _____
Owner Name: LONNIE TROUTMAN Address: 232 DAVIE AVE Zip: 28677
Owner Email: lonnie@troutmanrealty.net Phone: 704.873.5233 Alt. Phone: _____

Property Information:

Street Address: 1018 JENNINGS RD STATESVILLE, NC 28625
Subdivision Name: CYPRESS ACRES Section/Phase: I Lot Number: 4
Driving Directions: HWY 21 NORTH. LEFT ON JENNINGS RD. PROPERTY ON RIGHT 3.7 MILES

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

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

CHECK FOUNDATION TYPE
(✓) 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: _____
( ) 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: W. B. S 6/8/20
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*) _____

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, LONNIE TROUTMAN, am the legal owner(s) of the property located at 1018 JENNINGS RD, identified as PIN (Parcel Identification Number) 4748452866-000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WILLIAM SELF, _____, 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.

X _____ _____
Signature of Owner(s) Date

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

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

SVL

RECEIVED OCT 8 2019

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 301609 Paid $500.00

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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: Lonnie Troutman Address: 232 Davie Avenue, Statesville Zip: 28677
Applicant Email: lonnie@troutmanrealty.net Phone: 704.903.3202 Alt. Phone: 704-878-5233
Owner Name: Howard Hudgins Address: 186 Friendship Rd Statesville Zip: 28625
Owner Email: _____ Phone: 704-876-6885 Alt. Phone: _____

Property Information:

Street Address: 1018 JENNINGS RD, STATESVILLE, NC 28625
Subdivision Name: CYPRESS ACRES Section/Phase: _____ Lot Number: 4
Driving Directions: HWY 21 NORTH, LEFT ON JENNINGS, PROPERTY ON RIGHT APPROX 4 mi.

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

(✓) 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: 3
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

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
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( ) 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 (✓) 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: L Troutman 10.3.19
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*) _____

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, Howard D. Hudgins, am the legal owner(s) of the property located at 1018 Jennings Rd, Statesville, NC, identified as

PIN (Parcel Identification Number) 4748-45-2866, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lonnie Trautman, _____, 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.

Howard D Hudgins
Signature of Owner(s)

10-7-14
Date

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

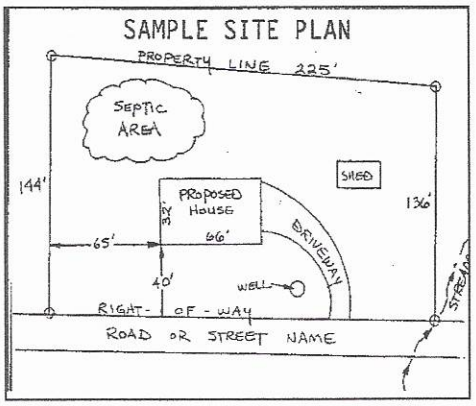
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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:

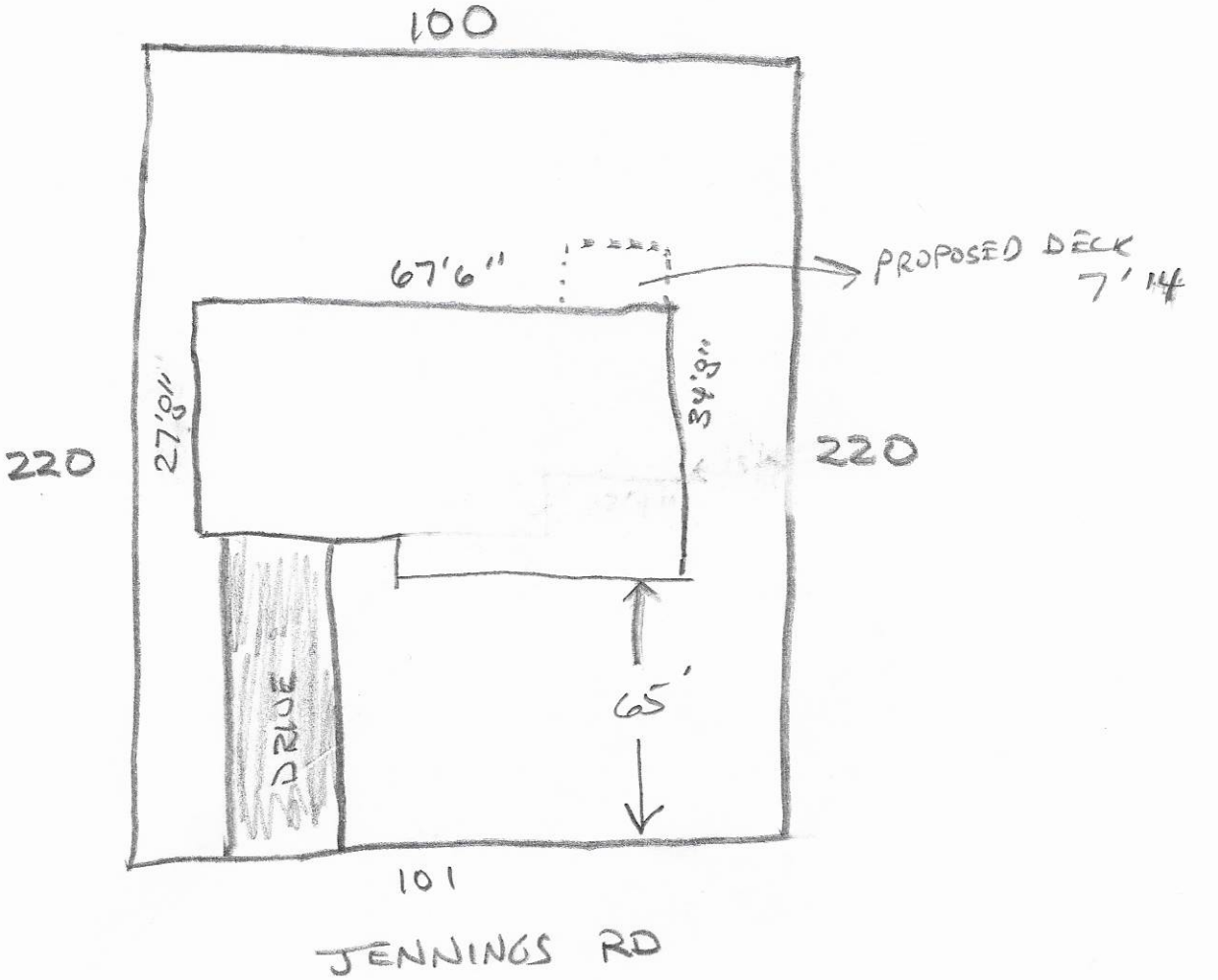
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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



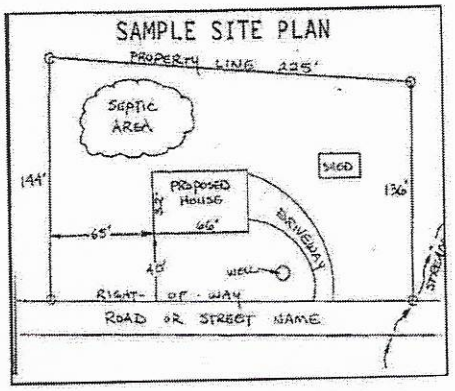
Signature: W. B. _____ 6/8/20

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:

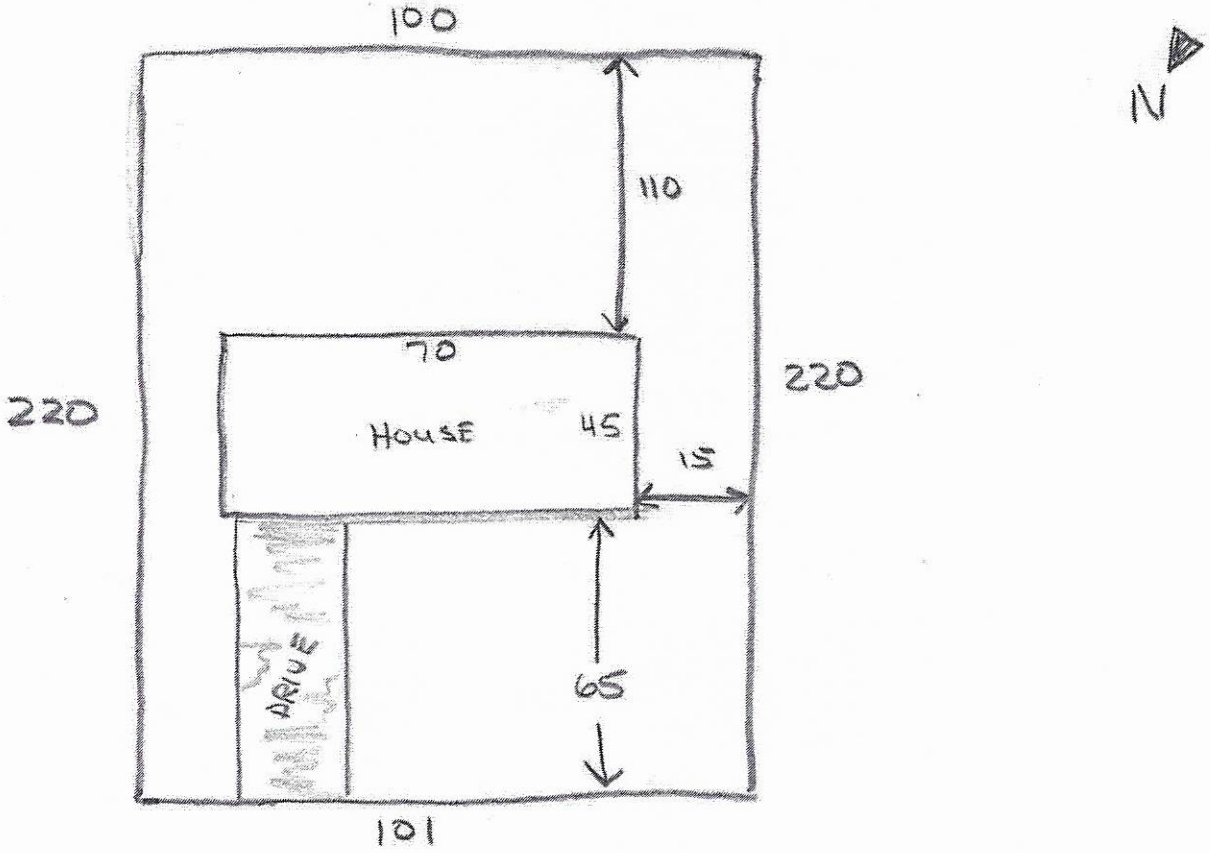
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: L Martinez

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

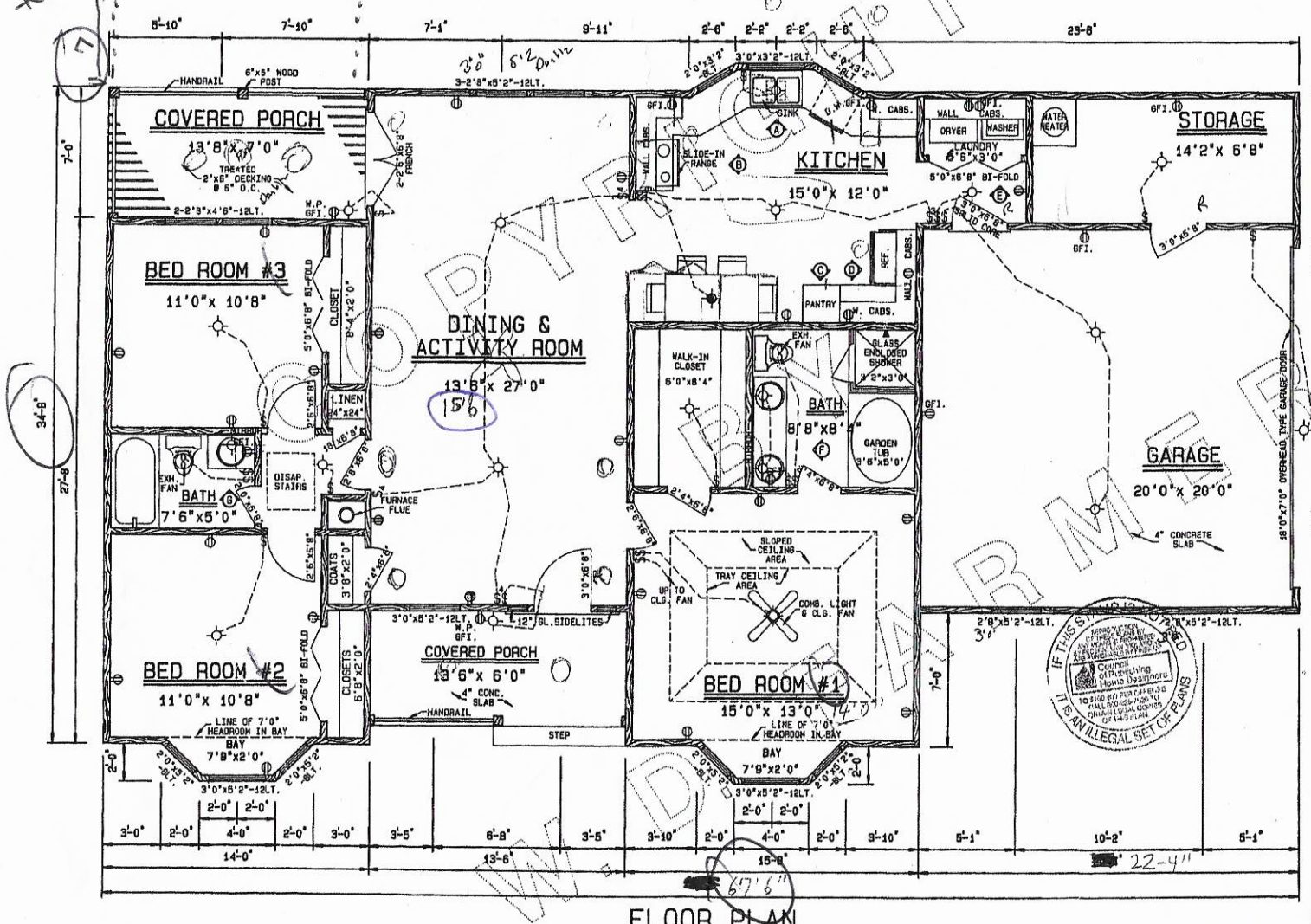
10-3-19

DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 6-9-2020
Date 6/10/20

REVERSE PLAN

* PROPOSED 7' DECK



FLOOR PLAN

ENERGY CODE NOTE:

THIS PLAN CONTAINS THE FOLLOWING ENERGY FEATURES:

WALLS:	R-14.6	R-13 FULL THICK BATT (FOR GEORGIA TYPE #5 WALL CONSTRUCTION)
CEILING:	R-30	
FLOORS:	R-13	OVER UNHEATED BASEMENT OR CRAWL SPACE
	R-5	EDGE OF CONCRETE SLAB FLOOR
WINDOWS:		WOOD FRAME, 3/16" INSULATING GLASS (GEORGIA WINDOW TYPE "D")

NOTE:

1. THE MAKE, MODEL No., AND LOCATION OF THE FOLLOWING OPTIONAL EQUIPMENT TO BE SELECTED BY OWNER:
   - A. CENTRAL VACUUM SYSTEM
   - B. MASTER RADIO-INTERCOM SYSTEM & STATIONS
   - C. SECURITY SYSTEM (BURGLAR & FIRE)
   - D. MASTER T.V. ANTENNA AND JACKS
   - E. EXTERIOR FLOODLIGHTS, ACCENT LIGHTING AND SWITCHING
   - F. TELEPHONE JACKS
   - G. ELECTRIC GARAGE DOOR OPENER
2. FLOOR, CEILING AND RAFTER FRAMING BASED ON No. 2 S.Y.P. (KILN-DRIED) WITH EMPIRICAL DESIGN CRITERIA BASED ON 1991 NFPA SPAN TABLES AND 1991 SPIB GRADING RULES
   DESIGN VALUES BASED ON:
   FLOOR JOISTS:
   40 psf. LIVE LOAD, 10 psf. DEAD LOAD
   CEILING JOISTS:
   20 psf. LIVE LOAD, 10 psf. DEAD LOAD
   RAFTERS:
   20 psf. LIVE LOAD, 15 psf. DEAD LOAD
   EXTERIOR BALCONIES & DECKS:
   60 psf. LOAD
   SNOW:
   10 psf. LOAD
   WIND:
   80 M.P.H. BASIC WIND SPEED
3. FURNACE & WATER HEATER USING FOSSIL FUEL REQUIRES FRESH AIR VENT FROM OUTSIDE FOR COMBUSITION AIR AT THE RATE OF 1 SQ. IN. OF FREE AIR SPACE PER 1000 B.T.U.
4. GARAGE AREA REQUIRES 1/2' GYPSUM BOARD OR EQUIVALENT APPLIED TO CEILINGS & WALLS

AREAS

HOUSE	1381	SQ. FT.
GARAGE	413	SQ. FT.
STORAGE	106	SQ. FT.
REAR PORCH	96	SQ. FT.
FRONT PORCH	81	SQ. FT.

IF THIS STAMP IS NOT ON THIS PLAN IT IS AN ILLEGAL SET OF PLANS

AMERICAN INSTITUTE OF BUILDING DESIGN A|B|D W.D. FARMER CERT. NO. 11-108

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NEW AREA CODE
PHONE (770) 934-7360
FAX (770) 934-1700

PLAN NO. 364-R
BY W.D. FARMER, F.A.I.B.D.
RESIDENCE DESIGNER INC
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PAGE NO. 2
SCALE: 1/4"=1'-0"

NOTICE: CONTRACTOR MUST CHECK ALL DIMENSIONS AT SITE

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IREDELL COUNTY · NC

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

APPLICATION NUMBER

301609
Issue Date: 10/08/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4748452866.000	1018 JENNINGS RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: HUDGINS HOWARD D	Name: TROUTMAN LONNIE
Address:	Address: 232 DAVIE AVE
	, 28677
Phone:	Phone: (704)880-0357

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.504	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: 10/08/2019

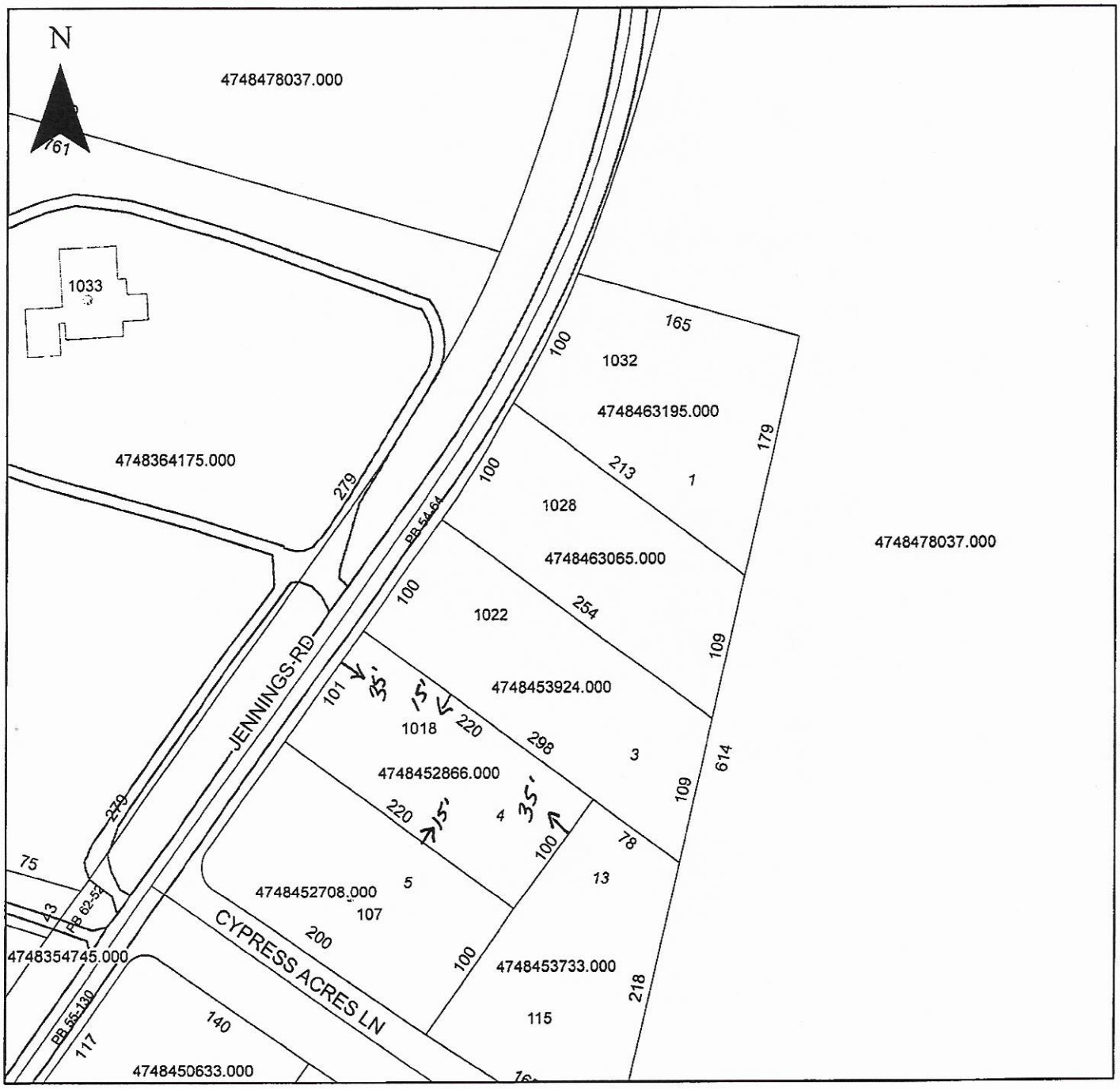
Signature of Owner/Contractor

Permit Number	000515	TOTAL FEES:	$77.25

AP -301609 ES 000289
ZR -000515

RA NO FLD .504
NO WS

ZONING DISCLAIMER



Property Address 1018 Jennings Rd.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

10-8-19
Date