IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221471

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

PIN # 4750810600

APPLICANT: Nest Homes LLC APPLICANT ADDRESS: P.O. Box 3965 Mooresville NC 28117

SITE ADDRESS: 6944 Houston Rd Troutman NC PHONE: ALT. PHONE: 704 433-9947

SITE DIRECTIONS: US21/Hwy 115 N TR Shepherd Rd TL Houston Rd on left

SUBDIVISION: GA Mills Plantation SECTION: LOT # 59 LOT AREA: .80 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	8/7/17	☒ 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:	Same		
# Nitrification Fields	1	# Lines	4@120'	Linear Ft:	480ft	Maintenance Agreement Required:	☒ YES	☐ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

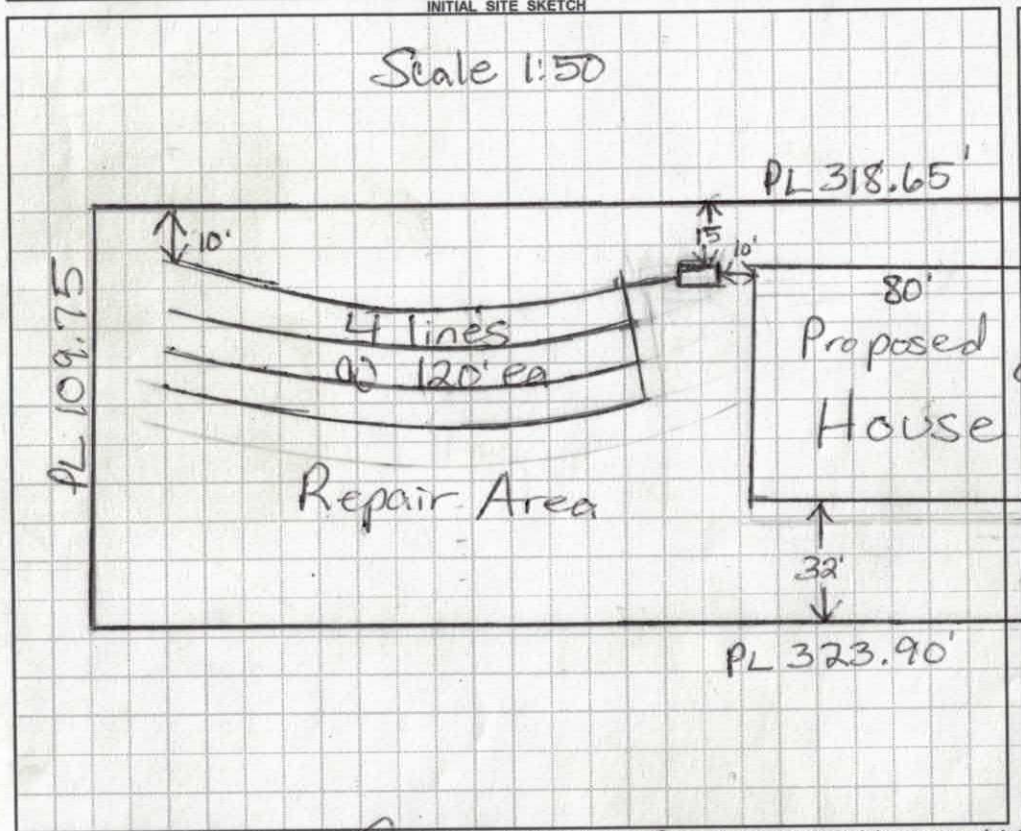
No. Bedrooms 4 No. Persons 8 No. Employees ☒ Crawl Space

☐ Basement w/o plumbing

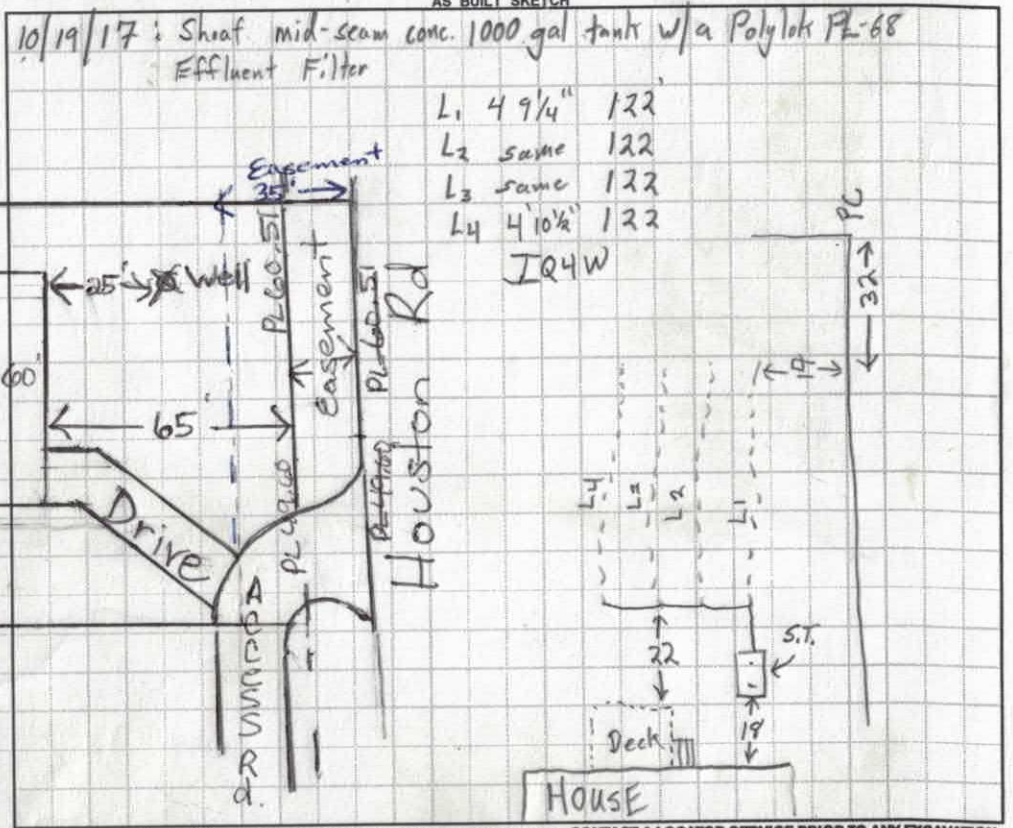
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

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: Date: 10/15/17 Installed by: Jamie O'Daniel

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 10/8/16 OPERATION PERMIT by: Tom Shuck Date: 10/19/17

AUTHORIZATION TO CONSTRUCT by: Date: 6/13/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #:
COUNTY: Freed

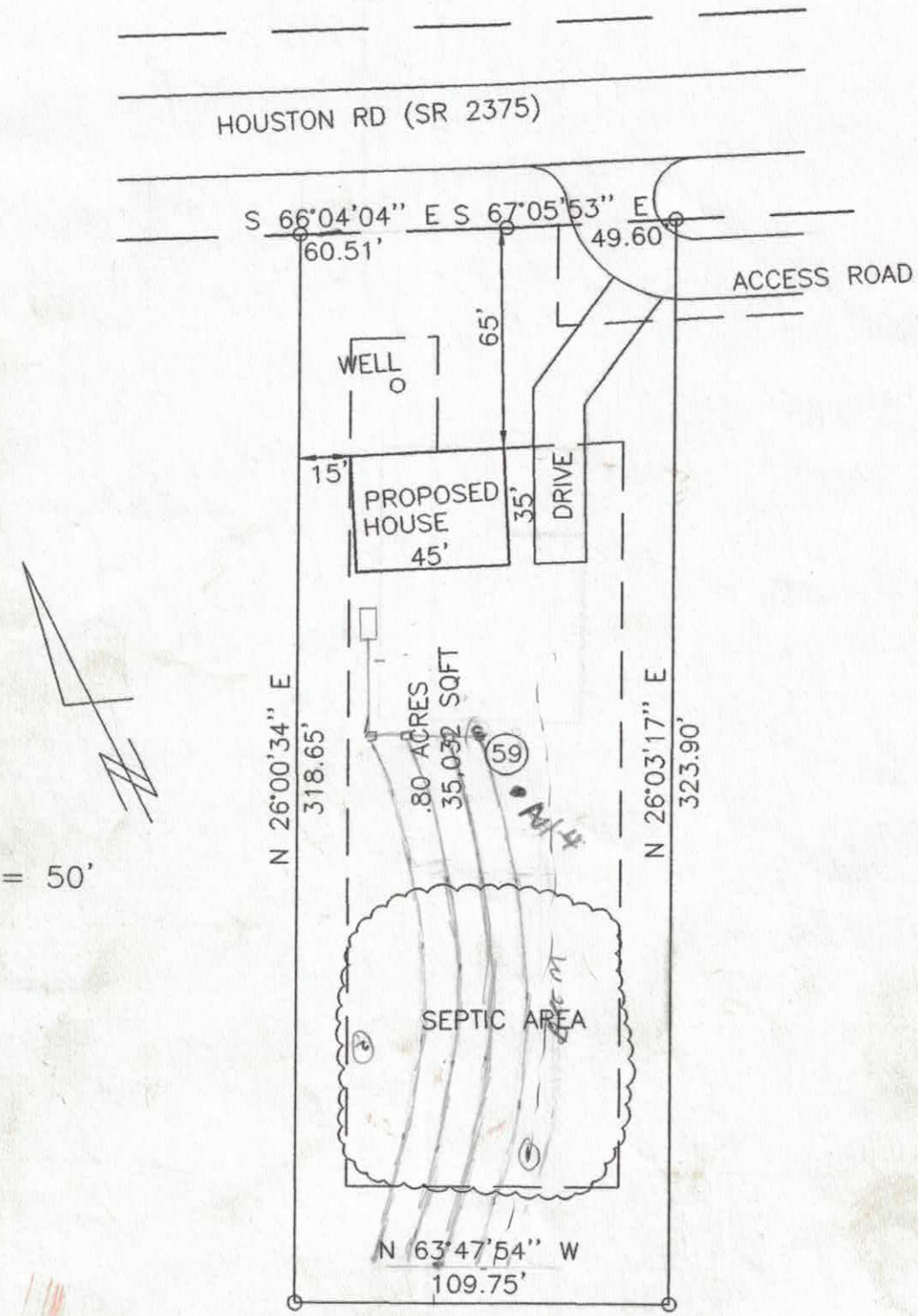
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Nest Homes
ADDRESS:
APPLICANT:
APPLICATION DATE:
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949): 480
DATE EVALUATED: 8/5/04
LOCATION OF SITE: L 59 Dunjee Mills Plantation
PROPERTY SIZE:
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFIL CLASS & LTAR
1	Very Dry T +2-3% Rising	0-23	M scl	Fr					
		24-36	wm sbk c	Fi SEXP SS-SP	8c 4B	PS			.25?
		37-51	wF sbk	Fi SEXP SS-SP		PS			.3
2	T +2%	0-7	-sbk sc						
		8-19	SM sbk c ADD INCL	FR SEXP SP-SS	4B				
		20-48	WF cl	FR SEXP SS-SP	4B IWCL		Sapmid Feldspar		.3
3	T +2%	0-9	scl						
		9-29	c mm sbk	ER SS-SP					.25
		29-48	4 SAP mid cl WF sbk	FR SS-SP			SAPmid		.25
4	3%	0-15	Rd/R-w SCL						
		15-36	R C m-w SBK SS SP SEXP	FR					PS
		36-48	R to Y/R C L	w SBK SS SP SEXP	FR				.3
			common	mica					

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

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Wesley Sparks & Maria Dotson
OTHER(S) PRESENT:


HOUSTON RD (SR 2375)
S 66°04'04" E
60.51'
S 67°05'53" E
49.60'
ACCESS ROAD
65'
WELL
15'
PROPOSED HOUSE
45'
35'
DRIVE
N 26°00'34" E
318.65'
.80 ACRES
35,032 SQFT
59
N 26°03'17" E
323.90'
SEPTIC AREA
N 63°47'54" W
109.75'
1" = 50'

SITE LAYOUT

RECEIVED JUN - 1 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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: ___Improvement Permit __X__ **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: __X__ **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:

Nest Homes LLC	PO Box 3965 Mooresville, NC 28117	704-208-4251	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

694 Houston Rd	Georgia Mills	59
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: US21 Hwy 115 N TR Shephard Rd TL on Houston Rd on left

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
( ) pair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) 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 ( ) 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: Laketa Davis — 6/12/17

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

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, Eric Wood, am the legal owner(s) of the property located at 694 Houston Rd Troutman, NC, identified as PIN (Parcel Identification Number) 4750810600, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Laketa Davis, Nest Homes LLC, 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]	06/12/2017	Laketa Davis	06/12/17
Signature of Owner(s)	Date	Signature of Witness	Date

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

RECEIVED AUG 3 0 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

Paid $ 500.00 #221471

(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: ✓ **Improvement Permit** ___ **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

IP only per M. Welter 8/30

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	704-433-9947	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Rameses Development	PO Box 3965 Mooresville NC 28117		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
694 Houston Rd	Georgia Mills	59

Driving Directions: I-77 S to Exit 42/ East on HWY 21/ Right onto Houston Rd/ Property on right

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

(✓) 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 8
If Expansion, Current Number of Bedrooms ____

(✓) 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 ( ) Other Public Water

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

9. Signature: _____ 8/30/16

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

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, Eric Wood, am the legal owner(s) of the property located at 694 Houston Rd, identified as PIN (Parcel Identification Number) 4750810600, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Wetter, _____, 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
Eric W Wood	8/30/16	J. Michael Wetter Jr.	8/30/16

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:

_____ Property Line measurements are clearly identified… **_____ 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

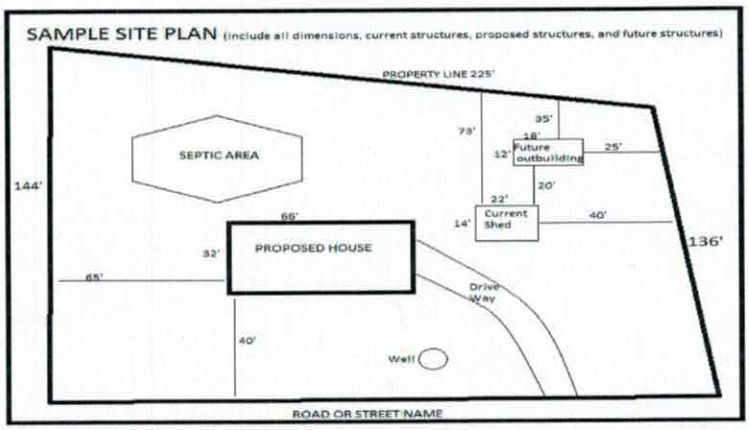
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

see plot plan attached

Signature: Laketa Davis

REQUIRED **property owner or owner's legal representative signature.**

06/12/17

DATE

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:

_____ Property Line measurements are clearly identified... **_____ 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

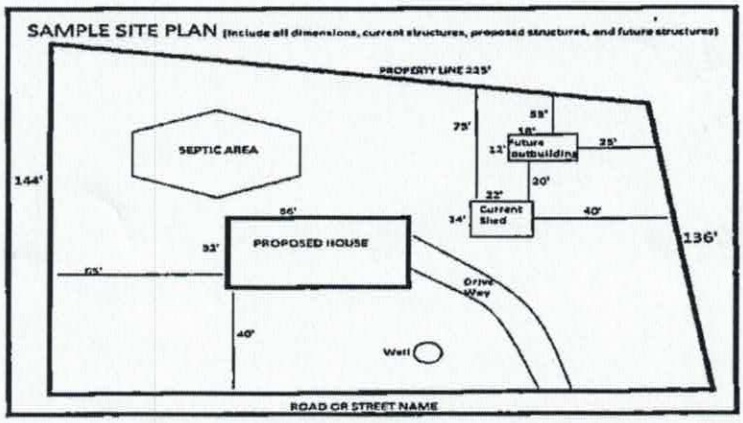
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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

See plot plan attached

House Box Dimensions
80 x 60
Per M. Wetter 9-12-16

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

8/30/16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 137196 PIN# 4750 71 8340 .000 DATE 8/14/06

OWNER OR APPLICANT Zoya Holdings Inc PHONE: Business Home

ADDRESS 7195 Bridgeview Ave STE 117 Las Vegas NV 89147

LOCATION 115 N, TR Shepherds, TL Houston on LT

SUBDIVISION Georgia Mills BLOCK / SECTION LOT 57 LOT AREA 0.35 AC SITE CLASS. 1-2 DESIGN FLOW 480 L.T.A.R. 0.25

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 640'

No Lines 4@160' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Conventional

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

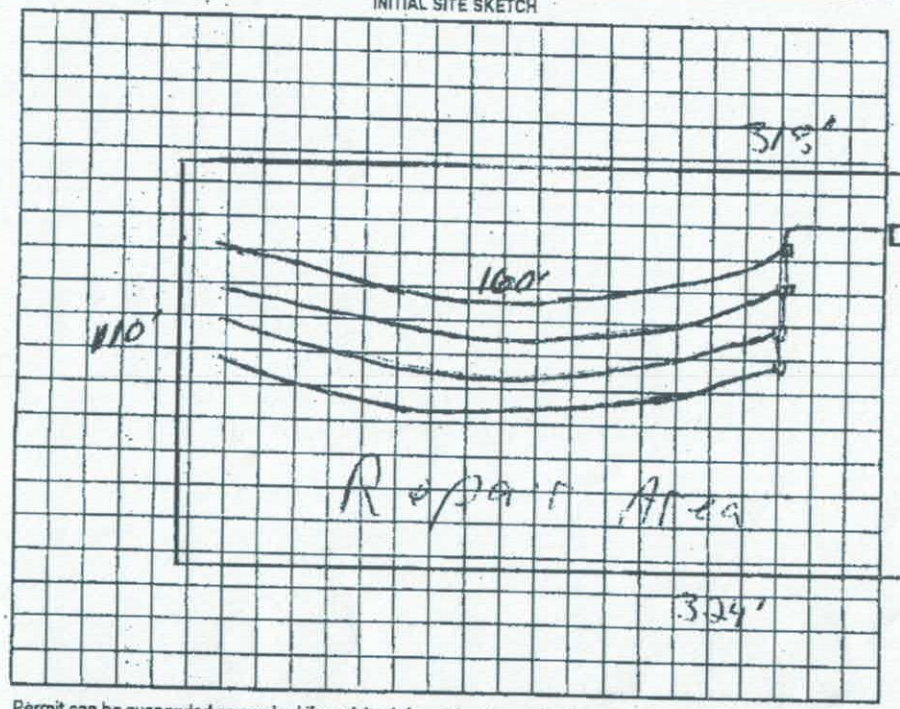
Comments:/Conditions:

Comments:/Conditions:

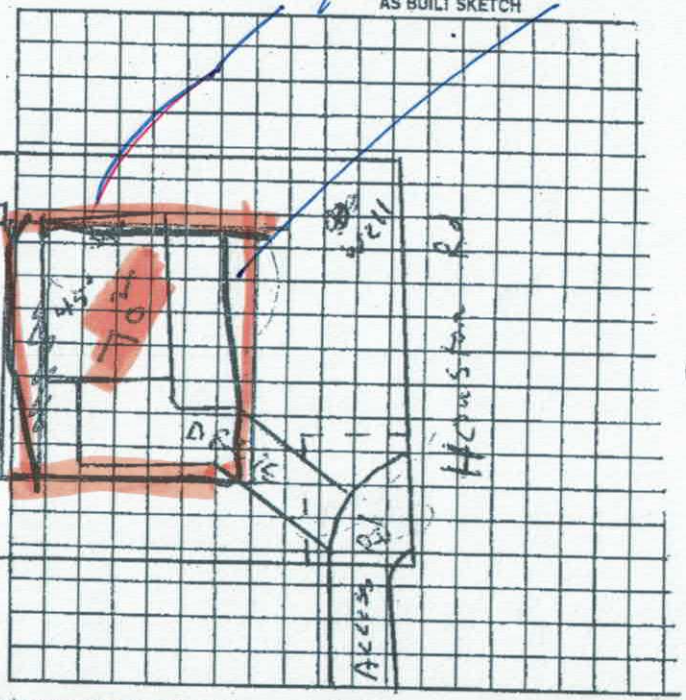
10'x40' 80x60

Improvement Permit Only-Do not Issue Building Permit

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Christy J. Franklin date 12/19/06

Improvement Permit by: date 8/14/06

Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date

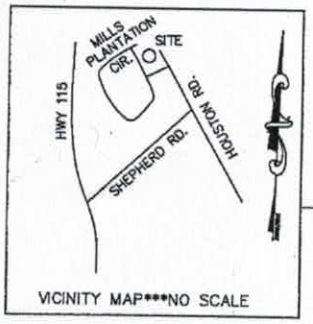
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2354, page 2074, and/or plat book 54, page 82, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 8, day of JUNE, A.D. 20 17.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP***NO SCALE

CONCRETE CAL.
DRIVE = 1635 SF
WALK = 133 SF.

LEGEND
- = P.P. = POWER POLE
- □ = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF

LOT 59 GEORGIA MILLS PLANTATION

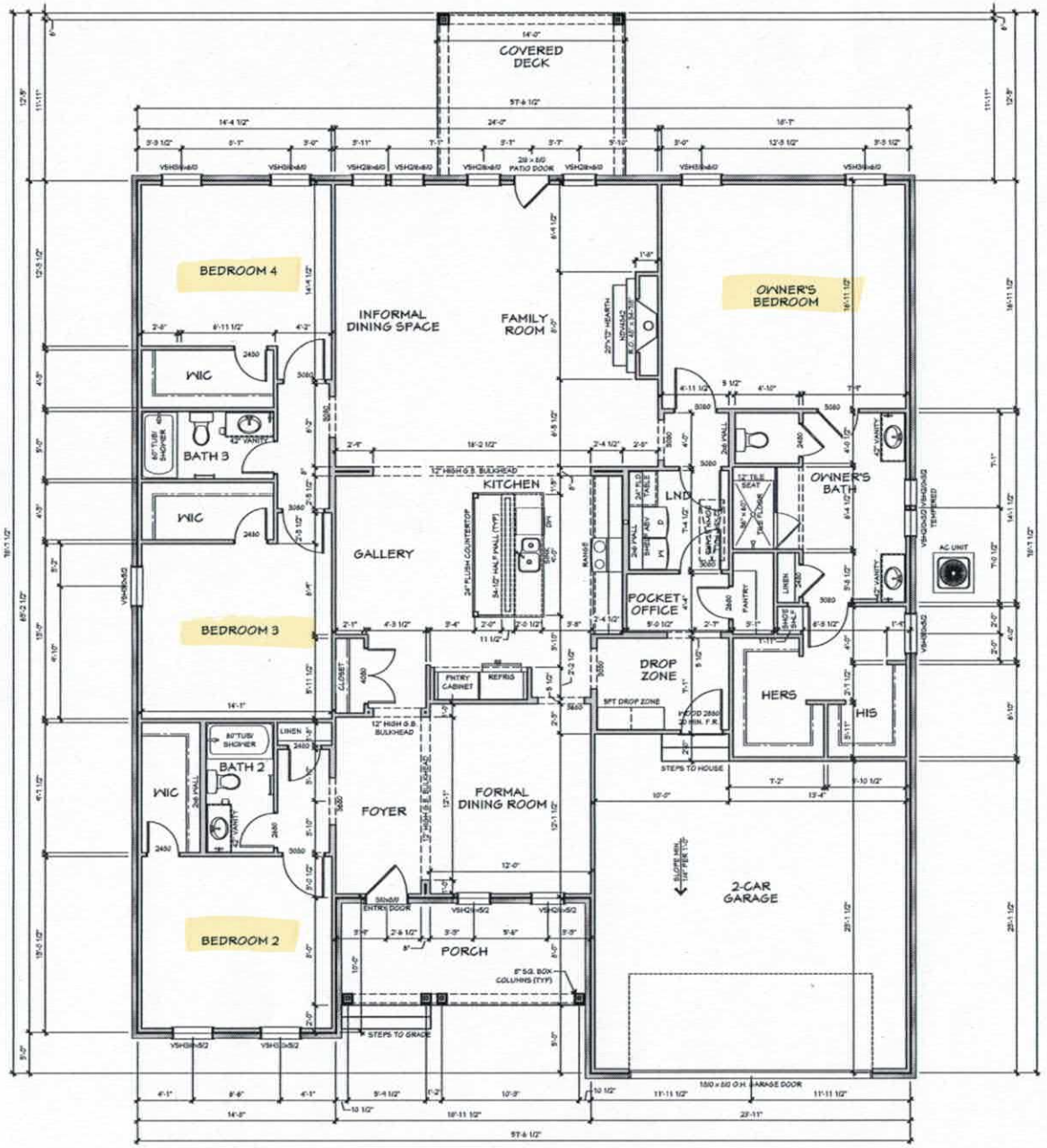
SCALE 1" = 50'

BARRINGER TWSP., IREDELL CO., N.C

ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: GEORGIA MILLS 59
DC FILE:
TAX MAP NO: 4750810600

Acknowledgement of
Plans Submittal ONLY!
Date 6-13-17
Date 6/13/17



FIRST FLOOR PLAN - CLASSICAL

SCALE: 1/4" = 1'-0"
9'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 6'-8" A.F.F.

Neal Homes
918 Reckoning Conn Suite 7
Mooresville, NC 28117
PH: 704-658-6511
www.nealhomes.com

Township/County
TOWN OF TROUTMAN
IREDELL COUNTY

Inspector
INSPECTOR NAME
000-000-0000

Engineer
INTELLIGENT DESIGN ENGERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
corporate license #: C-3118
704-335-7200

Stamp/seal

Project name/owner
THE MARQUETTE CLASSICAL ELEVATION
GEORGIA MILLS LOT 59

OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

(c) 2016 copyright notice Neal Homes, Inc. All rights reserved. These plans are the property of Neal Homes. Any use, reproduction, licensing, or distribution of these drawings is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or divulged, in whole or in part, without written authorization from Neal Homes.

Date
May 31, 2017

Drawn by
RES

Reviewed by
RES

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
XX.XX.XXXX

Drawing set
CONSTRUCTION SET

Sheet title/description
FIRST FLOOR PLAN CLASSICAL ELEVATION

Sheet no.
A3.0

Master plan version
v0.1

IREDELL COUNTY

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

APPLICATION NUMBER
221471
Issue Date: 08/31/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4750810600.000	694 HOUSTON ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: RAMESES DEV LLC	Applicant: NEST HOMES LLC
Address: PO BOX 3965 TROUTMAN, NC 28117	Address: PO BOX 3965 MOORESVILLE, NC 28117
Phone:	Phone: 704-208-4251

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.811	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	79246	TOTAL FEES:	$ 77.25