ICHD–ENVIRONMENTAL HEALTH DIVISION KW

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

PERMIT # 241588

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

PIN # 4751261747

APPLICANT/OWNER: Mike Faulkenberry | APPLICANT ADDRESS: 15 Frowein Rd Suite G-2 Center Moriches, NY 11934

SITE ADDRESS: 145 Windstone Dr. Troutman, NC 28166 | PHONE: 980-722-7370 | ALT. PHONE

SITE DIRECTIONS: Oswalt Amity Rd TL Pilch Rd Continue straight into Windstone

SUBDIVISION: Wind Stone Crossing | SECTION: - | LOT # 11 | LOT AREA: .62 Acre | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480gpd | L.T.A.R.:

Septic Tank	1000 (gal)	STB	760	Date	6-14-19	☒ New System	☐ Repair ☐ Expansion
Pump Tank	1000 (gal)	PT	360	Date	5-13-19	System Type: I II III IV V VI	
Pump Make		Model		Serial #		System Description:	LP PPBPS
# Nitrification Fields	1	# Lines	5	Linear Ft	270	Repair System Description:	LP PPBPS
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	Maintenance Agreement Required:	☒ YES ☐ NO
							☐ GRAVITY ☒ PRESSURE

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

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

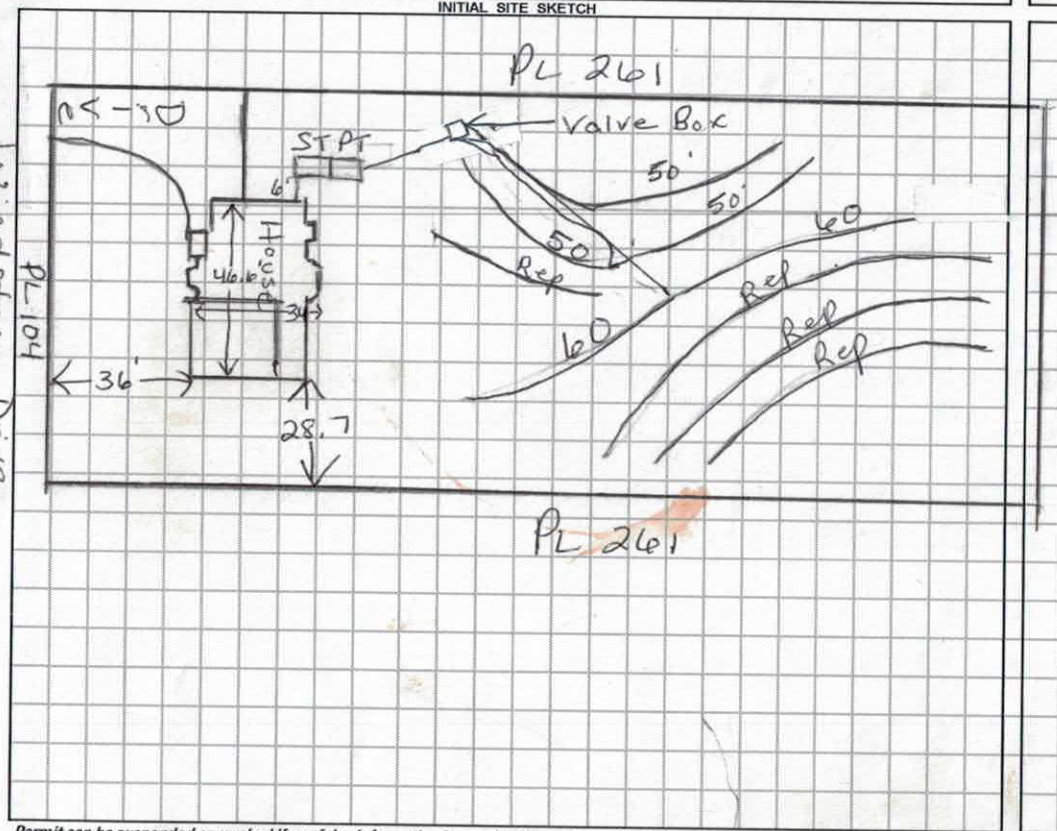
Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

Comments / Conditions: Drainlines, Valve box & elect. checked by JB
Tanks & 1st 3 lines Checked by CC

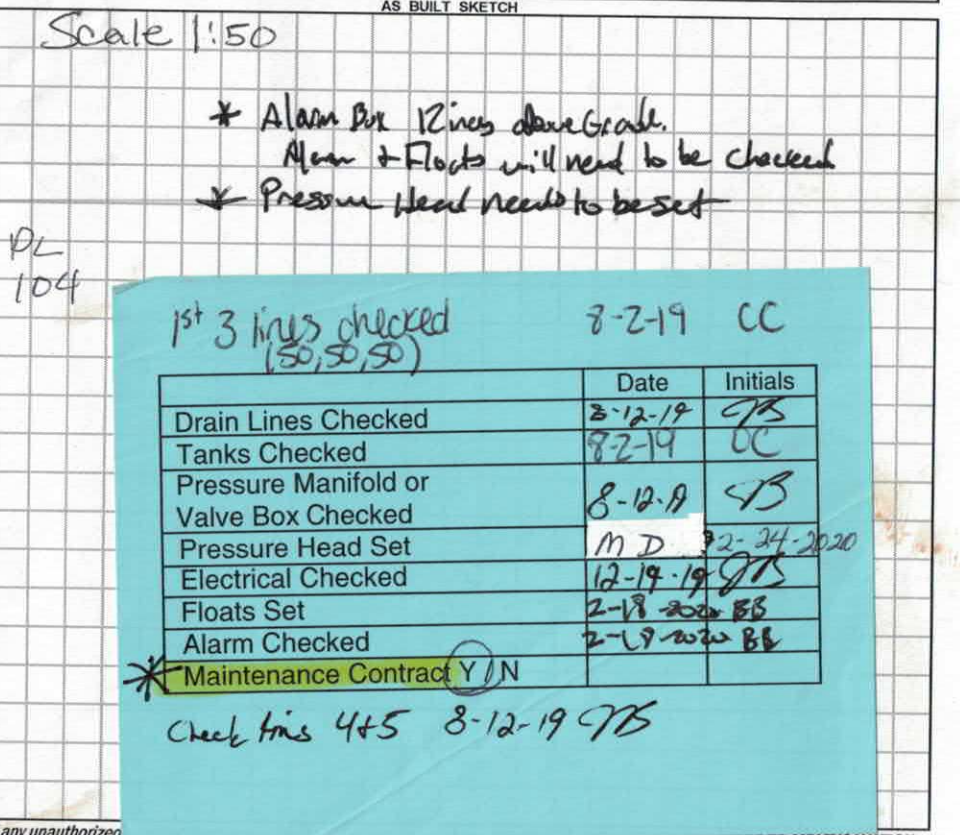
This permit replaces previous permit that expired 12/31/19.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50



1st 3 lines checked (50,50,50) 8-2-19 CC

	Date	Initials
Drain Lines Checked	8-12-19	CB
Tanks Checked	8-2-19	CC
Pressure Manifold or Valve Box Checked	8-12-19	CB
Pressure Head Set	MD 12-24-2020	
Electrical Checked	12-19-19	CB
Floats Set	2-18-2020	BB
Alarm Checked	2-19-2020	BB
* Maintenance Contract Y / N		

Check this 4&5 8-12-19 CB

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 [illegible] 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: 2-12-20 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/7/2020 OPERATION PERMIT by: [signature] Date: 3-23-2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/7/2020 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.

Ronda Hart

From: Maria Dotson
Sent: Monday, March 23, 2020 8:38 AM
To: Ronda Hart; Mike Faulkenberry
Cc: Heath Snow
Subject: RE: Lot 11 Windstone Crossing

Ronda:
Yes, I checked the Head pressure on that on 2/24/2020.

From: Ronda Hart
Sent: Friday, March 20, 2020 2:58 PM
To: Mike Faulkenberry <wmf2087@windstream.net>
Cc: Maria Dotson <MDotson@co.iredell.nc.us>; Heath Snow <heath.snow@co.iredell.nc.us>
Subject: RE: Lot 11 Windstone Crossing

Mike,

I am cc'ing Maria and Heath on this reply. If they checked it, we didn't see it noted on our copy of the permit.

Maria & Heath – please see below. We have the maintenance contract now.

Thanks,

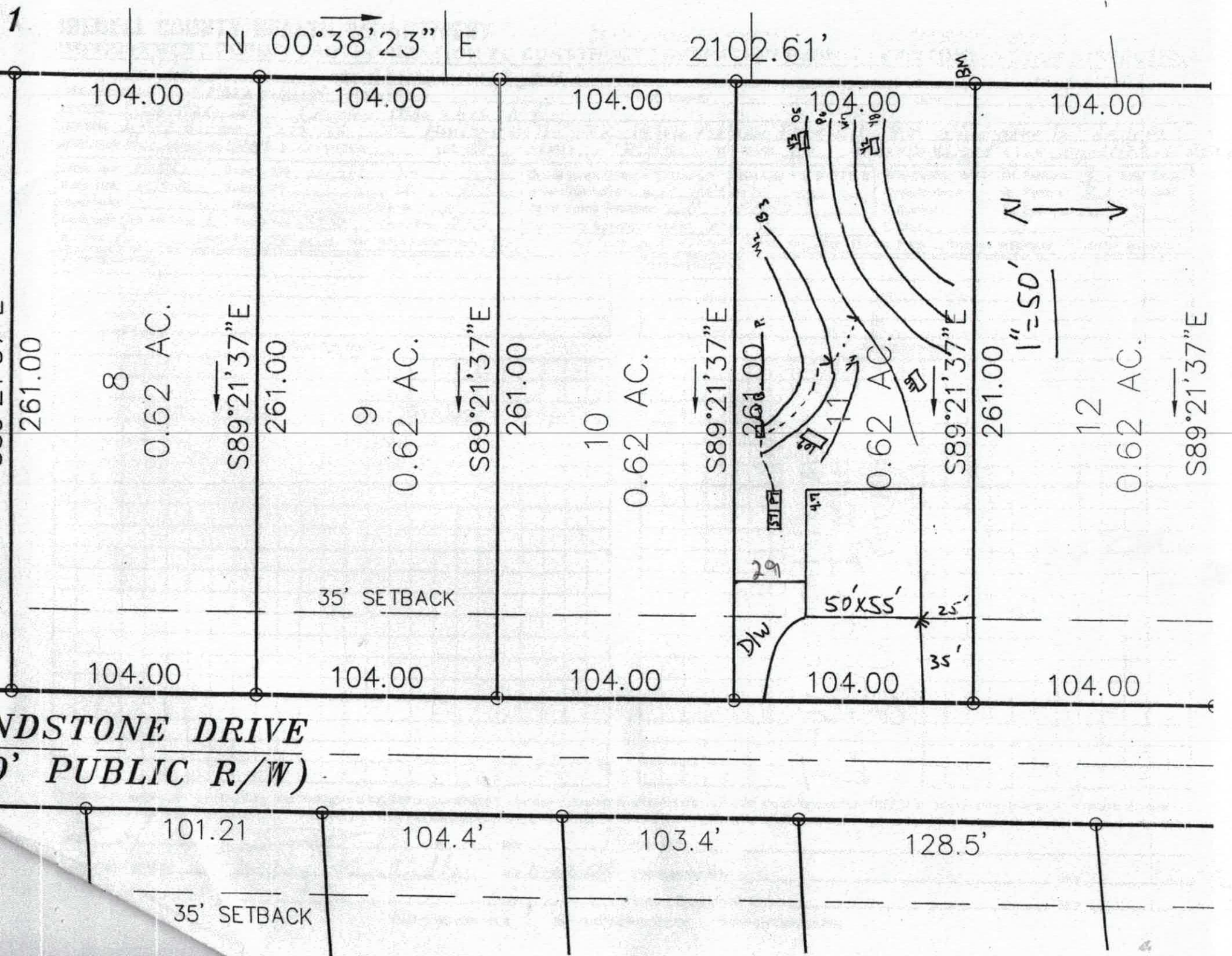
Ronda Hart
Administrative Assistant

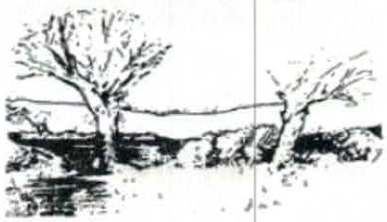
Public Health
Prevent. Promote. Protect.
Iredell County Health Department
Environmental Health
349 N. Center Street
Statesville, NC 28677
Ronda.hart@co.iredell.nc.us
704-878-5305 x 3456
Fax 704-871-3483

Please click below and tell us how we are doing:

Take Our Survey

From: Mike Faulkenberry <wmf2087@windstream.net>
Sent: Friday, March 20, 2020 2:44 PM


1
N 00°38'23" E
2102.61'
104.00
104.00
104.00
104.00
104.00
261.00
261.00
261.00
261.00
261.00
8
0.62 AC.
9
0.62 AC.
10
0.62 AC.
11
0.62 AC.
12
0.62 AC.
S89°21'37"E
S89°21'37"E
S89°21'37"E
S89°21'37"E
S89°21'37"E
261.00 R
BM
N
1"=50'
35' SETBACK
29
50'X55'
25'
35'
D/W
104.00
104.00
104.00
104.00
104.00
NDSTONE DRIVE
0' PUBLIC R/W)
101.21
104.4'
103.4'
128.5'
35' SETBACK



MICHAEL ATHANAS & ASSOCIATES, INC.
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
FORT MILL, SC 29715
803-802-4403 (office)
803-802-4402 (fax)

Paramount Woods S.D Lot 11

Number of Bedrooms: **4/480gpd**
Proposed LTAR: **Initial: .3gpd/ft2, Repair .25gpd/ft2**
Water Source: **Community Well**
Building Footprint: **50'x55'**
Proposed Initial System Type: **LP PPBPS**
Proposed Repair System: LP PPBPS, 375' Linear Feet
Distribution Method: **Central Valve Box**
Pressure Head: **2'**
Flow per Orifice: **.59**
Hole Size: **3/16**
Number of Panels: **61**
System Flow: **35.99gpm**
Dosing Volume:**219.60gal**
Pump Tank Drawdown: **10.46**
Pump Run Time: **6.10min**
Elevation Head: **8.80**
Friction Head: **2.05**
Total Dynamic Head: **15.42 (w/20%)**

Line	Length	Design Length	Elevation
Pink1	26'		3.1
White2	**50'**	50'	**3.5**
Blue3	**110'**	2@50'	**3.9**
Yellow4	54'		4.5
Orange5	**150'**	2@60'	**5.5**
Pink6	120'		6.7
White7	97'		7.6
Yellow8	78'		8.7

House Corner: **4.7**
Septic Tank: **5.3**
Bench Mark: **12.6 (Back Right Crn.)**
Initial System: **White2, Centerfeed Blue3 (2, 50'), Centerfeed Orange5 (2, 60') Totals 270'**
Repair System: Blue1-Orange2 & 60' Remaining of Blue6 & Orange 7, (375' linear feet)

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

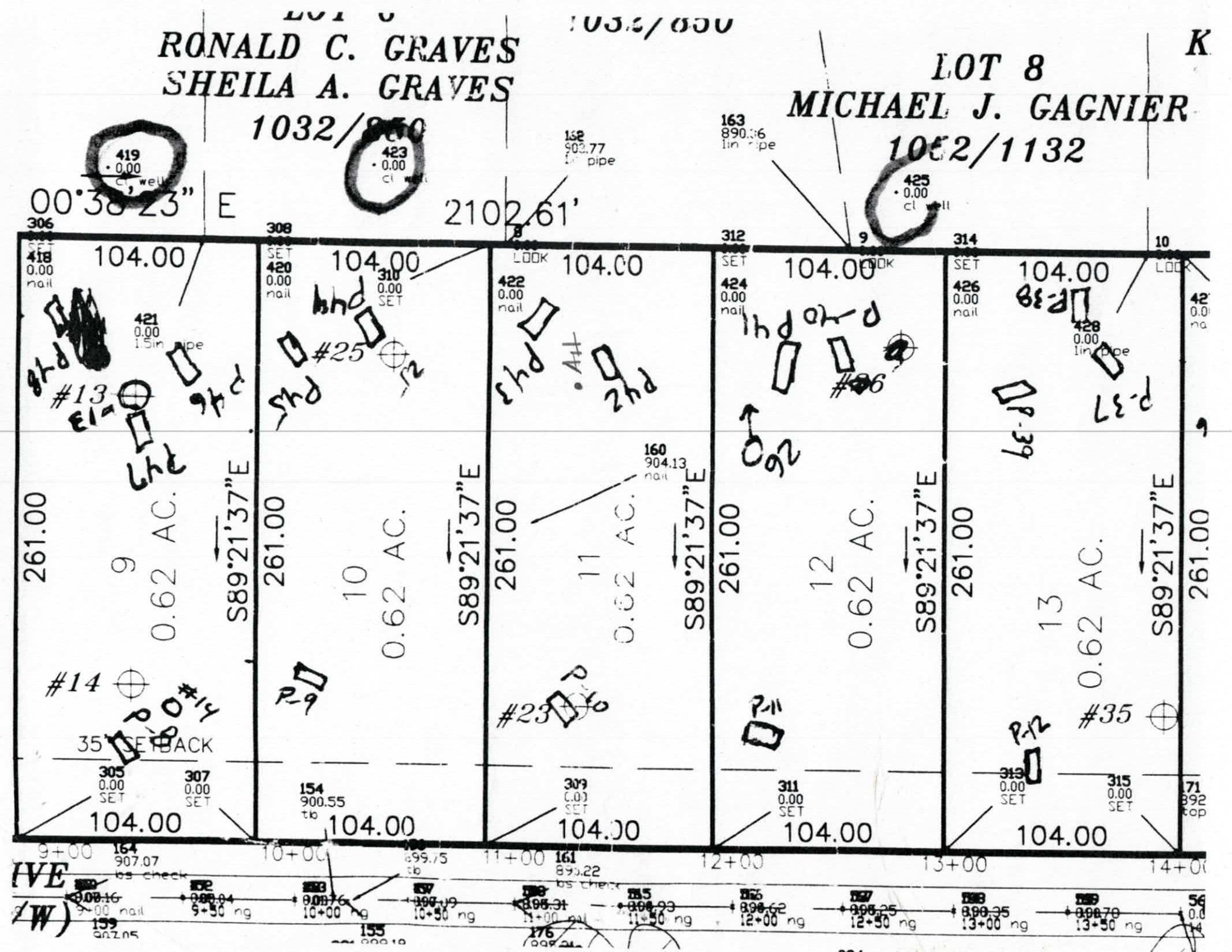
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Paramount Homes — APPLICANT: ___
ADDRESS: ___ — APPLICATION DATE: ___ — DATE EVALUATED: ___
PROPOSED FACILITY: 4 bedroom — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 0.62 Ac
LOCATION OF SITE: Paramount Woods # 11 — PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

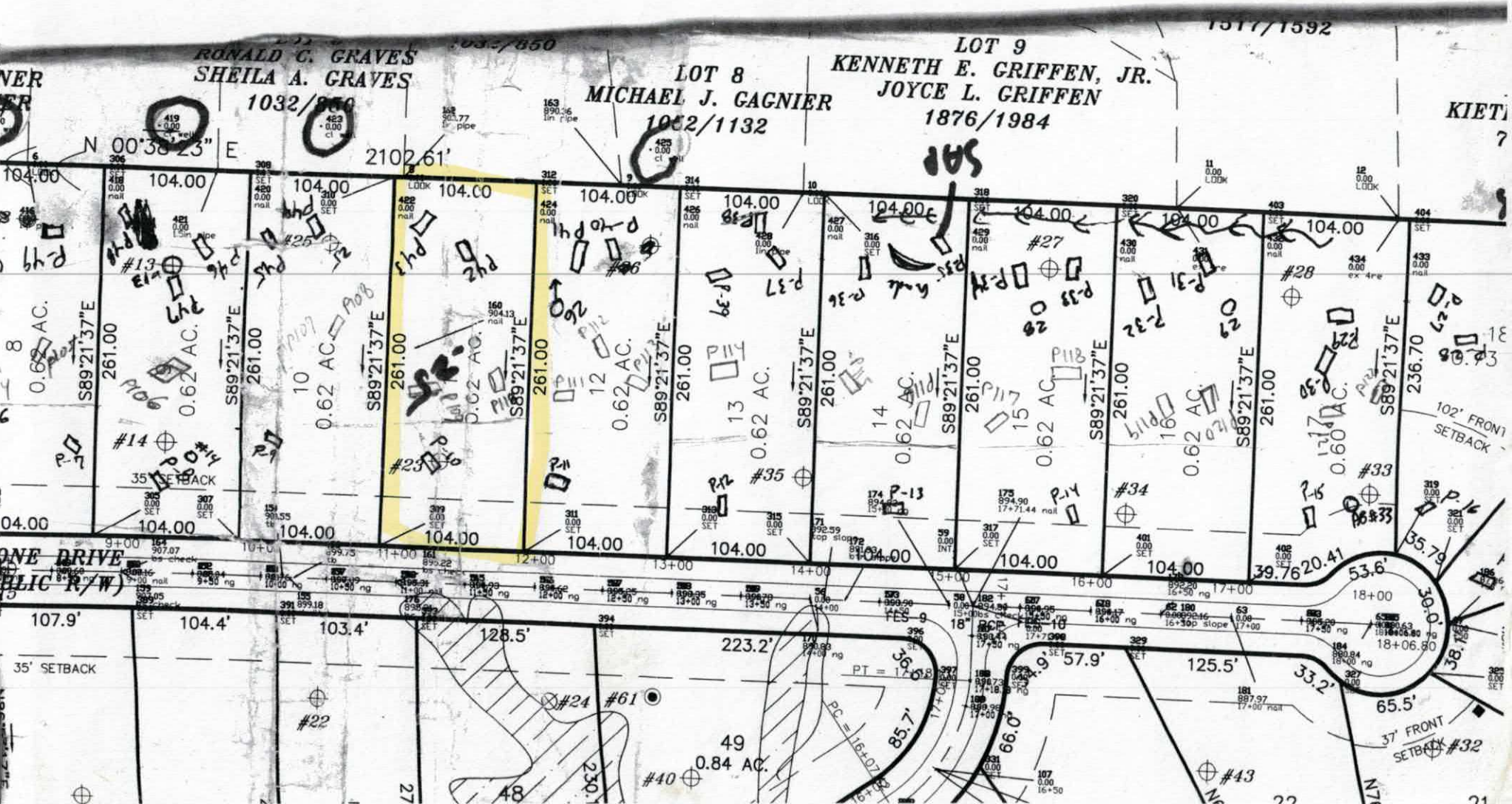
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
10 1	LS 2-3%	0-31	Rc sbk	Fr ss sp	—	50"	Few Inc sap	—	PS 0.3
		31-50	Rcl wsbk	Fr ss sp					
42 2	LS 5%	0-12	YB scl wsbk	Fr ss sp	Few YB's Fr-c YB's	48"	Few Inc sap	.25 OK gm 1-28-08	PS 0.25
		12-41	Rc sbk/Abk	Fr ss sp					
		41-48	Rcl wsbk	Fr ss sp					
43 3	LS 2%	0-4	Brscl wsbk	Fr ss sp	Few YB's to 15" NO YB's >15" C-GB's to 32"	48"	—	.25 gm 1-28-08	PS 0.3
		4-31	Rc sbk/Abk	Fr ss sp					
		31-48	Rcl wsbk	Fr ss sp					
4	Alt 5%	0-4	Bw Scl wsbk ss, sp, Sexp, Fr			48"			PS .3
		4-30	RC m-wSBK/Abk ss, sp, Sexp, Fr						
		30-48	RC c wSBK ss, sp Sexp, Fr						
		few	Quartz Inclus > 42"						
		Evaluated by MD 1/28/09							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: MA + Assoc.
OTHER(S) PRESENT: ___


RONALD C. GRAVES
SHEILA A. GRAVES
1032/850
LOT 8
MICHAEL J. GAGNIER
1062/1132
00°38'23" E
2102.61'
104.00
261.00
S89°21'37"E
0.62 AC.
9
10
11
12
13
35' SETBACK
#13
#14
#25
#23
#35
#36
419
420
421
422
423
424
425
426
428
160
154
161
164
159
155
176
9+00
10+00
11+00
12+00
13+00
14+00

Lot 11


RONALD C. GRAVES
SHEILA A. GRAVES
1032/850
LOT 8
MICHAEL J. GAGNIER
1062/1132
LOT 9
KENNETH E. GRIFFEN, JR.
JOYCE L. GRIFFEN
1876/1984
1317/1592
N 00°38'23" E
2102.61'
S89°21'37"E
261.00
104.00
0.62 AC.
0.60 AC.
236.70
35' SETBACK
102' FRONT SETBACK
37' FRONT SETBACK
107.9'
104.4'
103.4'
128.5'
223.2'
57.9'
125.5'
65.5'
49
0.84 AC.
48
#13
#14
#22
#23
#24
#25
#26
#27
#28
#33
#34
#35
#40
#43
#61
PT = 17+08.90
PC = 16+07.90
18" RCP
FES 9
16+30 slope
18+06.80

RECEIVED JAN 2 9 2020

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

Paid $320.00 #241588

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Mike Faulkenberry Address: 15 Frowein Rd Suite C-2 Center Moriches, NY Zip: 11934
Applicant Email: wmf2087@windstream.net Phone: 980-722-7370 Alt. Phone: _____
Owner Name: Ed Belanger Address: SAme Zip: _____
Owner Email: edbchomes@aol.com Phone: 631-831-1461 Alt. Phone: _____

Property Information:

Street Address: 145 Windstone Dr. Troutman, NC 28166
Subdivision Name: Windstone Crossing Section/Phase: _____ Lot Number: 11
Driving Directions: I77 S to x45 TL Amity Hill Rd. TL Pitch Rd TR Windstone Dr.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 4 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: WM Faulkenberry 1-29-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

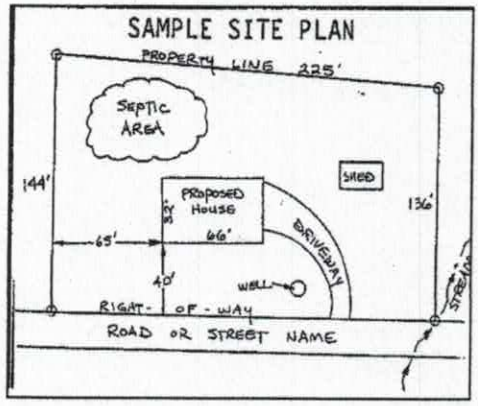
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) 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)

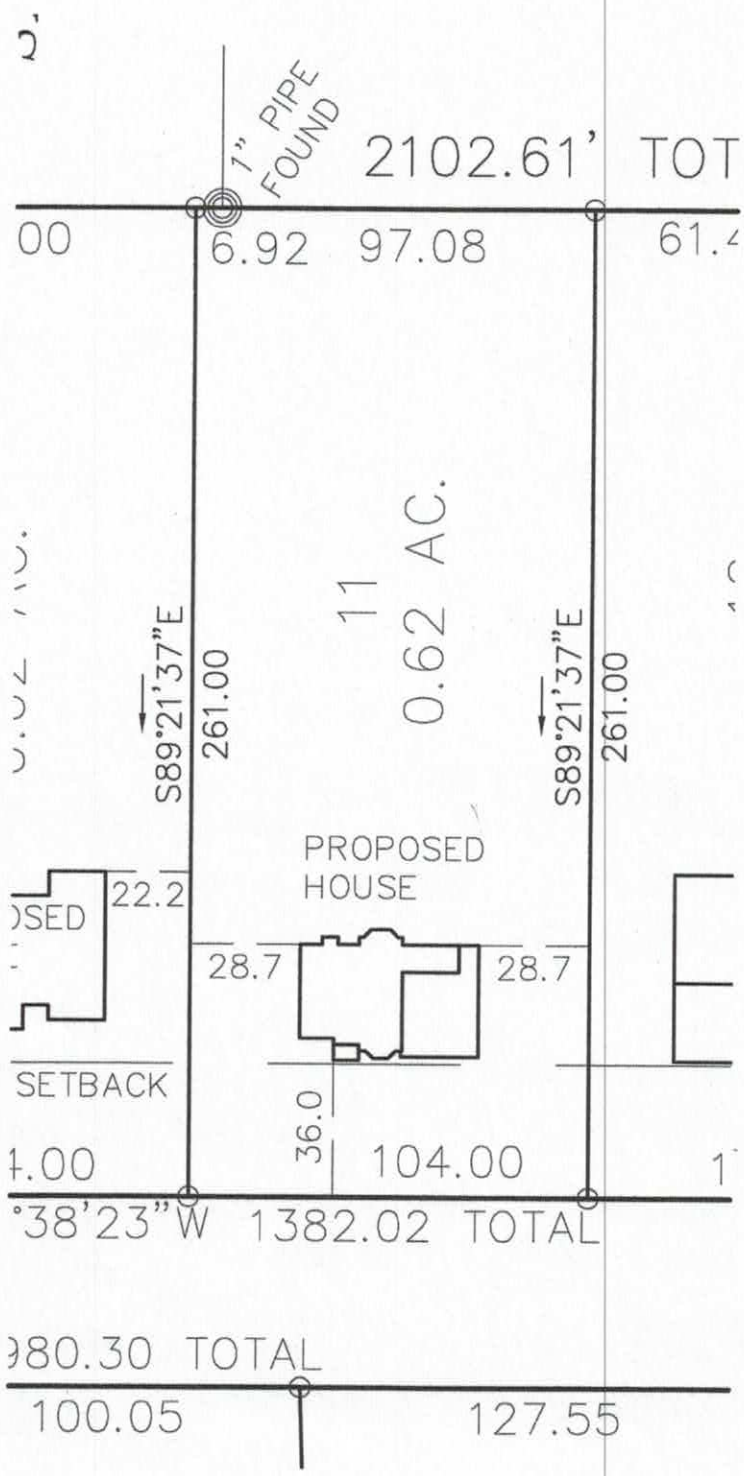
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 proposal from Michael Athanis and Assoc.

Signature: _____ 1-29-20

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


1" PIPE FOUND
2102.61' TOT
00
6.92
97.08
61.4
11
0.62 AC.
S89°21'37"E
261.00
S89°21'37"E
261.00
PROPOSED HOUSE
22.2
28.7
28.7
SETBACK
36.0
4.00
104.00
°38'23"W 1382.02 TOTAL
980.30 TOTAL
100.05
127.55

Site address: 000 - 11 Windstone Dr - Iron

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1471681 PIN# 4751264478.011747 DATE 3-12-08

OWNER OR APPLICANT Paramount Homes/Mike Faulkenberry PHONE: Business _____ Home _____

ADDRESS P.O. Box 25 Center Moriches NY

LOCATION I-77 S to Exit 45 Th Amity Hill TR Pilch / Pear Tree Rd TR Windstone Dr. on left

SUBDIVISION ~~Paramount Woods~~ BLOCK / SECTION _____ LOT 11 LOT AREA .72 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft² .25 Repair

Septic Tank: 1000 Gallons: STB 700 Date 10-14-19

Pump Tank: 1000 Gallons: PT AT 3100 Date 5-13-19

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 5 Trench Width 24" min. Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☐ Public ☒ Community

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

Comments:/Conditions:

Comments:/Conditions: 11/29/19 Reviewed Floor plans, in Compliance with Septic plan.

Crossing Windstone

INITIAL SITE SKETCH

See plan from Michael Athanas & Assoc.

AS BUILT SKETCH

1st 3 lines checked (50,50,50) 8-2-19 CC

	Date	Initials
Drain Lines Checked	8-12-19	CTS
Tanks Checked	8-2-19	CC
Pressure Manifold or Valve Box Checked	8-12-19	CTS
Pressure Head Set		
Electrical Checked	12-19-19	CTS
Floats Set		
Alarm Checked		
* Maintenance Contract Y / N		

Check lines 4+5 8-12-19 CTS

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: _____ date _____ Installed by: Gunters Grading

Improvement Permit by: Judy Melville date 3-12-08 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 11/29/19 Existing System Inspection by: _____ date _____

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Edward Belanger, am the legal owner(s) of the property located at 145 Windstone Dr. Troutman, NC 28166, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Mike Faulkenberry, 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
	8/10/18		8/10/18

Please return this signed form to the appropriate office:

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

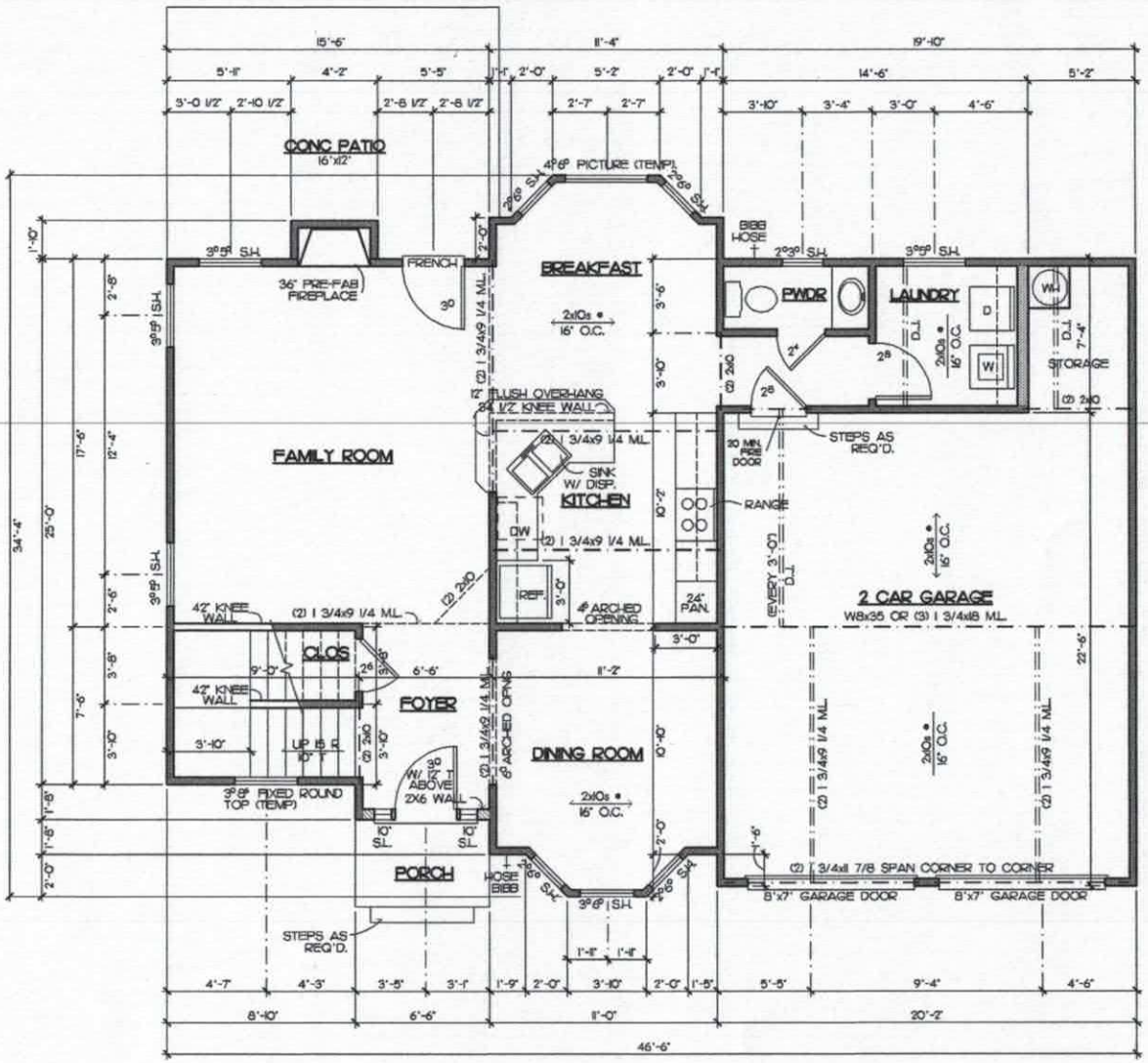
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

11

Date 1-29-20

Date 2/7/20



FIRST FLOOR PLAN

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

SQUARE FOOTAGES	
FRAMING:	
1st FLOOR =	879 SQ FT
2nd FLOOR =	199 SQ FT
GARAGE =	485 SQ FT
TOTAL HEATED =	2078 SQ FT
GARAGE =	485 SQ FT

NOTE:
ALL ANGLED WALLS ARE AT 45°

NOTE:
ALL CEILINGS TO BE 9'-0" UNLESS OTHERWISE NOTED.

NOTE

Drafting & Design assumes no liability for any home construction from this plan. It is the responsibility of the purchaser of the plan to have the builder/contractor verify ALL DIMENSIONS prior to the beginning of construction. The contractor must verify compliance with all local building codes.

Every attempt has been made in preparation of this drawing to avoid errors. Any discrepancy, error and/or omission, if found, is to be brought to our attention prior to construction.

Drafting & Design will not be liable for any human error or for any change made to the plan.

Structural steel beams are to be sized by an engineer and is the responsibility of the builder/contractor.

Local, state and federal building codes take precedence over this plan.

Drafting & Design Inc.
Charlotte, N.C.
704-542-9928
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WINDSTONE ESTATES

The Wainscott

1ST FLOOR - 4 BDRM. OPT

FRONT LOAD GARAGE

GARAGE RIGHT

DR. BY: BRIAN G.
Date: 11-05-07
REV: 06-17-08 (BG)
03-27-15

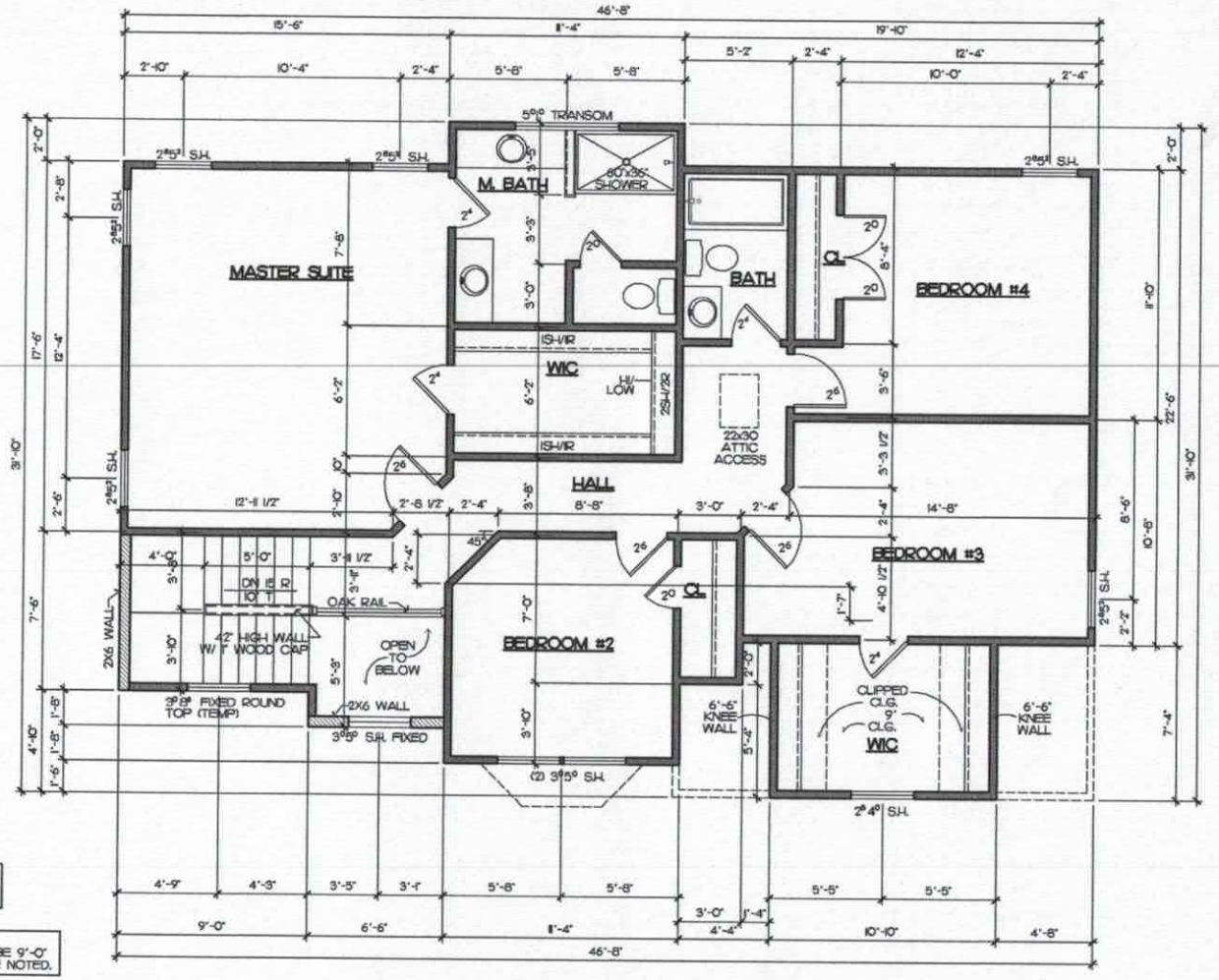
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WAINSCOTT

Sheet 4

11-14-07 CJ

Acknowledgement Of
Plans Submittal ONLY!
Wm Falkel Date 1-29-20
Maria Dotson Date 2/7/2020



NOTE:
ALL ANGLED WALLS ARE AT 45°

NOTE:
ALL CEILINGS TO BE 9'-0" UNLESS OTHERWISE NOTED.

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTE
Drafting & Design assumes no liability for any home construction from this plan. It is the responsibility of the purchaser of the plan to have the builder/contractor verify ALL DIMENSIONS prior to the beginning of construction. The contractor must verify compliance with all local building codes.

Every attempt has been made in preparation of this drawing to avoid errors. Any discrepancy, error and/or omission, if found, is to be brought to our attention prior to construction.

Drafting & Design will not be liable for any human error or for any change made to the plan.

Structural steel beams are to be sized by an engineer and is the responsibility of the builder/contractor.

Local, state and federal building codes take precedence over this plan.

Drafting Group Inc.
Charlotte, NC
704-542-3035

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WINDSTONE ESTATES

The Wainscott
2ND FLOOR- 4 BDRM OPT.

DR. BY: J. BODNAR
Date: 03-2-16
REV: 03-27-16

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WAINSCOTT
Sheet
5

GARAGE RIGHT

IREDELL COUNTY

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

APPLICATION NUMBER
241588
Issue Date: 01/18/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751261747.000	145 WINDSTONE DRIVE, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PILCH ACRES HOLDING LLC	Applicant: WINDSTONE CROSSING INC
Address: 423	Address: 15 FROWEIN RD STE G-2
IREDELL CO, NC 28625	CENTER MORICHES, NY 11934
Phone:	Phone: 704-528-8450

Use Requested	Zone Code
SFD - APPLYING FOR AUTHORIZATION FROM 2007 SEPTIC	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.620					NOT	X

Remarks:

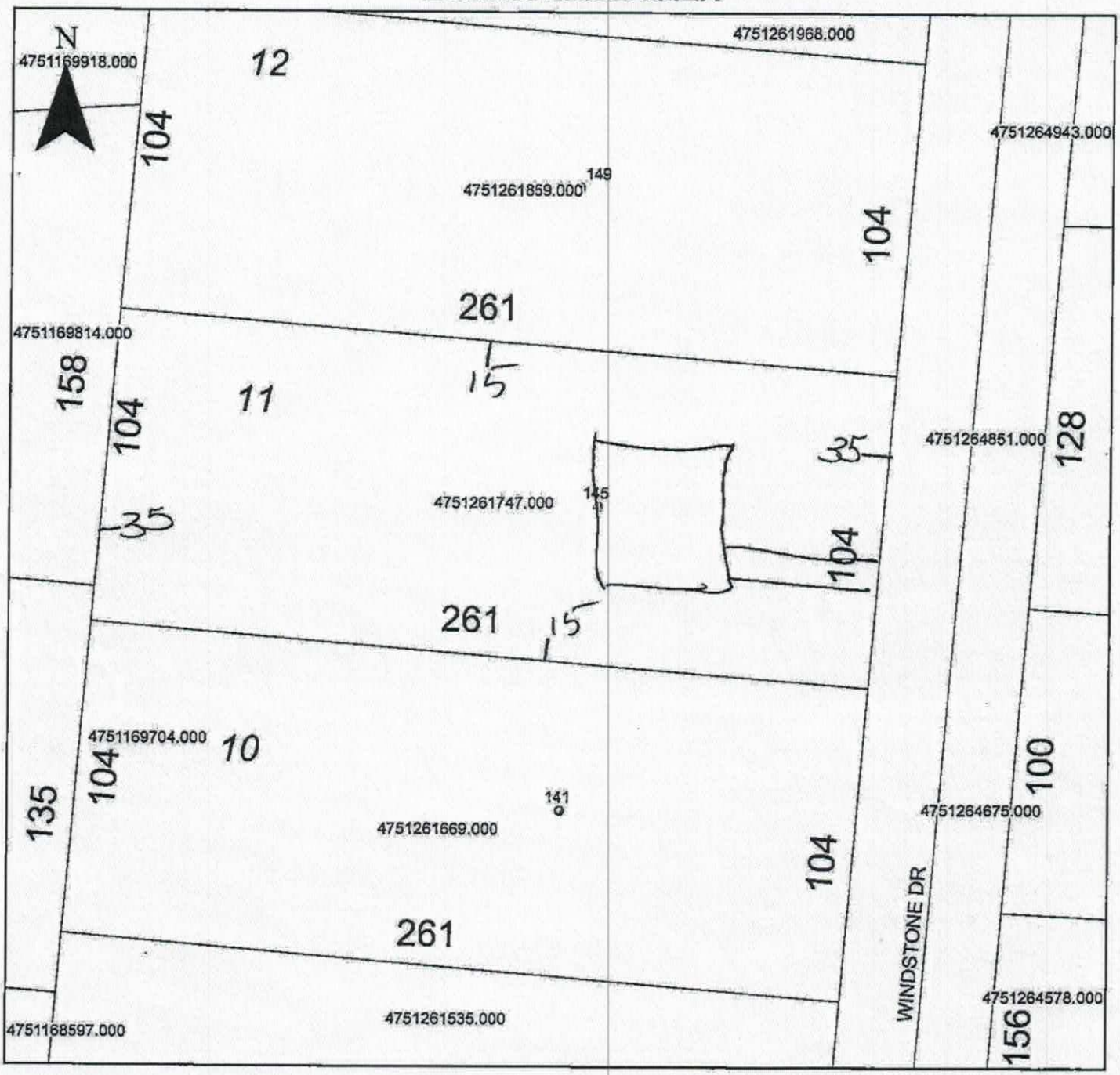
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	165017	TOTAL FEES:	$ 77.25

241588
123431

ZONING DISCLAIMER



Property Address 145 Windstone

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.

X

Applicant

X 1-18-19

Date