ICHD - ENVIRONMENTAL HEALTH DIVISION

PJB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 319340

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

PIN # 4756 -- 49 -- 8297

APPLICANT/OWNER: Carlos Granados APPLICANT ADDRESS: 2018 Edendemy Dr. Statesville NC 28625

SITE ADDRESS: 145 Renaissance Place, Statesville, NC PHONE: 704-560-6510 ALT. PHONE

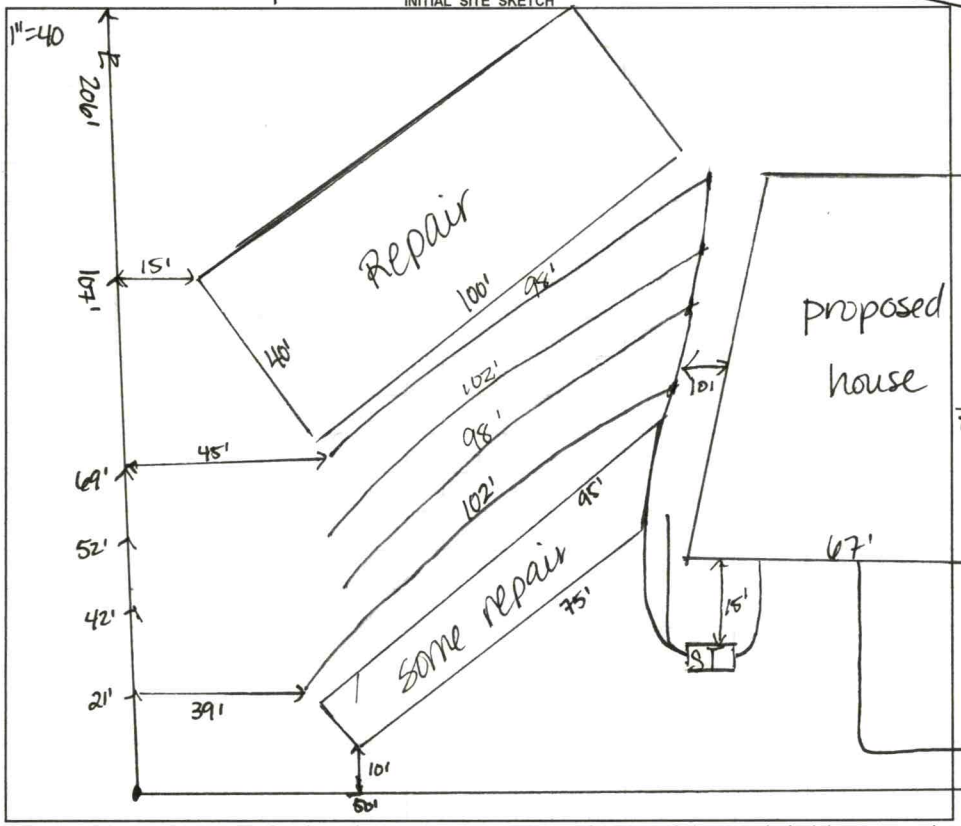
SITE DIRECTIONS: Old Mocksville → (L) Jane Sowers → (R) Baymount → (L) W Baymount → (R) Renaissance SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Baymount Meadows NW SECTION: 2 LOT # 15 LOT AREA: 1.004 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3 (I&R)

Septic Tank	1000	(gal)	STB 160	Date 8/31	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% Reduction				[ ] Business	No. Persons 8	[ ] Private
Pump Make		Model		Serial #	Repair System Description: 50% Reduction				[ ] Other	No. Employees	[X] Public
# Nitrification Fields	1	# Lines	4	Linear Ft 400'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth N/A	[X] GRAVITY	[ ] PRESSURE			[ ] Basement w/ plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Do not drive, pave, grade, park, or bury utilities in drainfield area. Divert all drainage from drainfield. Do not install deeper than 36"

INITIAL SITE SKETCH



AS BUILT SKETCH

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

Installed as drawn

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 8.12.21 Installed by: Hager Bros.

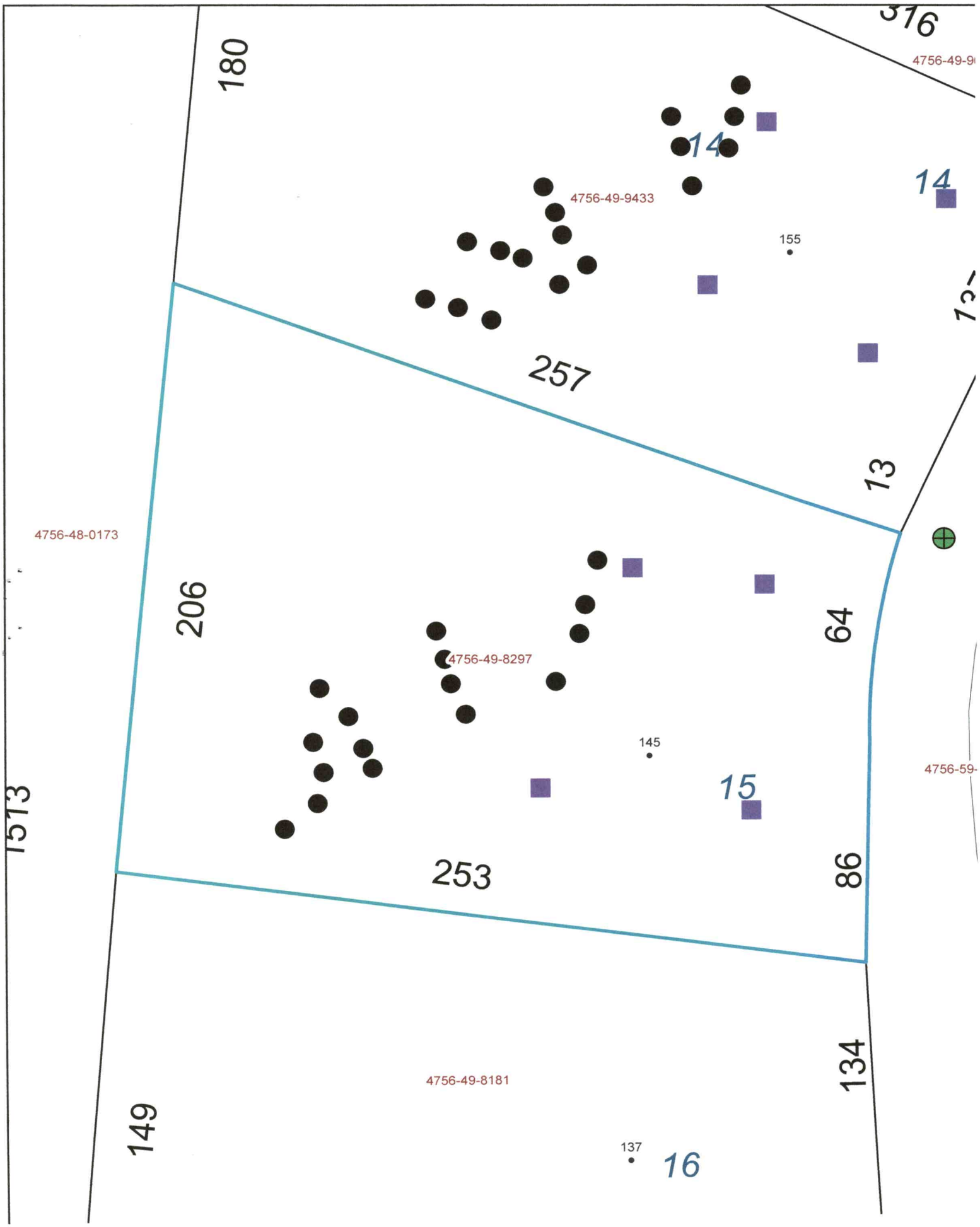
IMPROVEMENT PERMIT by: D. Mikeberg Date: 7/30/21 OPERATION PERMIT by: Date: 10/25/21

AUTHORIZATION TO CONSTRUCT by: Date: 8.24.21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


180
316
4756-49-9
14
14
4756-49-9433
155
257
13
4756-48-0173
206
64
4756-49-8297
145
15
4756-59-
1513
253
86
4756-49-8181
134
149
137
16

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

Sheet 1 of 1
PROPERTY ID #: 4756 475297
COUNTY: Iredell

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

OWNER: Carlos Granados
APPLICATION DATE: 7/2/21
ADDRESS: 2018 Edenderry Dr. Statesville 28625
DATE EVALUATED: 7/22/21
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 1.004
LOCATION OF SITE: 145 Renaissance Pl, Statesville 7.
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 15%	0-5	CL - SBK	SSSP-FR-SEXP	heavy Sap 39-45	45"	L	N/A	PS 0.3
		5-20	C - SBK	↓					
		20-39	CL - SBK	↓					
		39-45	L - WSBK	SSNP FR-SEXP					
		45-57	SAP-M-L	VFR					
2	LS 15%	0-5	CL - SBK	SSSP-FR-SEXP	Sap incl common 34"+, 6 in 18-34"	45"	L	N/A	PS 0.3
		5-18	C - SBK	↓					
		18-34	CL - SBK	↓					
		34-45	L - WSBK	SSNP-FR-SEXP					
		45-57	SAP-M-L	VFR					
3	LS 12%	0-8	CL SBK	SSSP-FR SEXP	Sap content 22"+	40"	L	N/A	PS 0.35
		8-22	C - SBK	↓					
		22-32	CL - SBK	↓					
		32-40	L WSBK	SSNP FR-SEXP					
		40-56	SAP-ML	VFR					
4	LS 12%	09	CL SBK	SSSP-FR-SEXP	some mn 9-26 Heavy sap content 40-46	46"	L/SL	N/A	PS 0.3
		9-26	C - SBK	↓					
		26-40	CL - SBK	↓					
		40-46	CL/WSBK	SSNP-FR-SEXP					
		46-56	SAP-L&M	VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	267
System Type(s)	25% red	50% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Nieberg
OTHER(S) PRESENT: D. Lambeth

COMMENTS:

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.

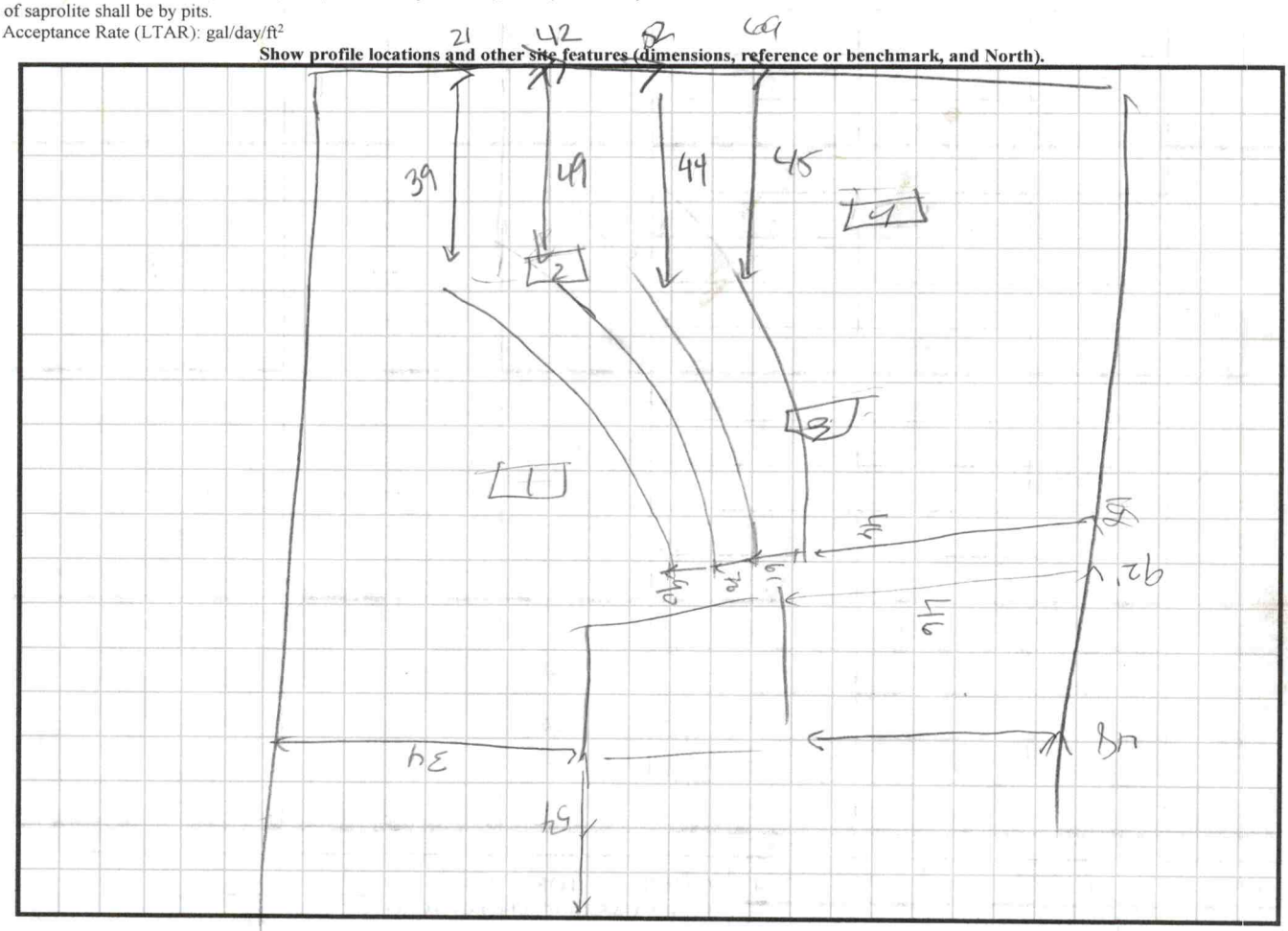
NOTES

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/ft²

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



4

7122

RECEIVED JUL C 2 2021

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-319340 $500.00

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) Luisa 704-500-7952 Call for AC

Applicant Name: Carlos Granados Address: 2018 Edenderry Dr Statesville Zip: 28625

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Carlos Granados Address: 2018 Edenderry Dr Statesville Zip: 28625

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 145 Renaissance Pl

Subdivision Name: Baymount Section/Phase: _____ Lot Number: 15

Driving Directions: Start Jane Sower Rd turn Baymount Dr, turn W Baymount D. Left turn Renaissance PL

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: 5/4 (4)
Maximum Number of Occupants: 2
( ) 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.

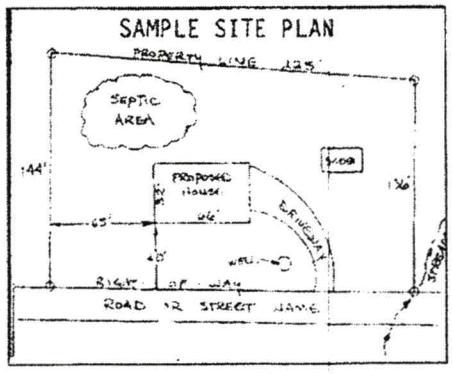
Signature: ✓ Carlos P Tan 7/1/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

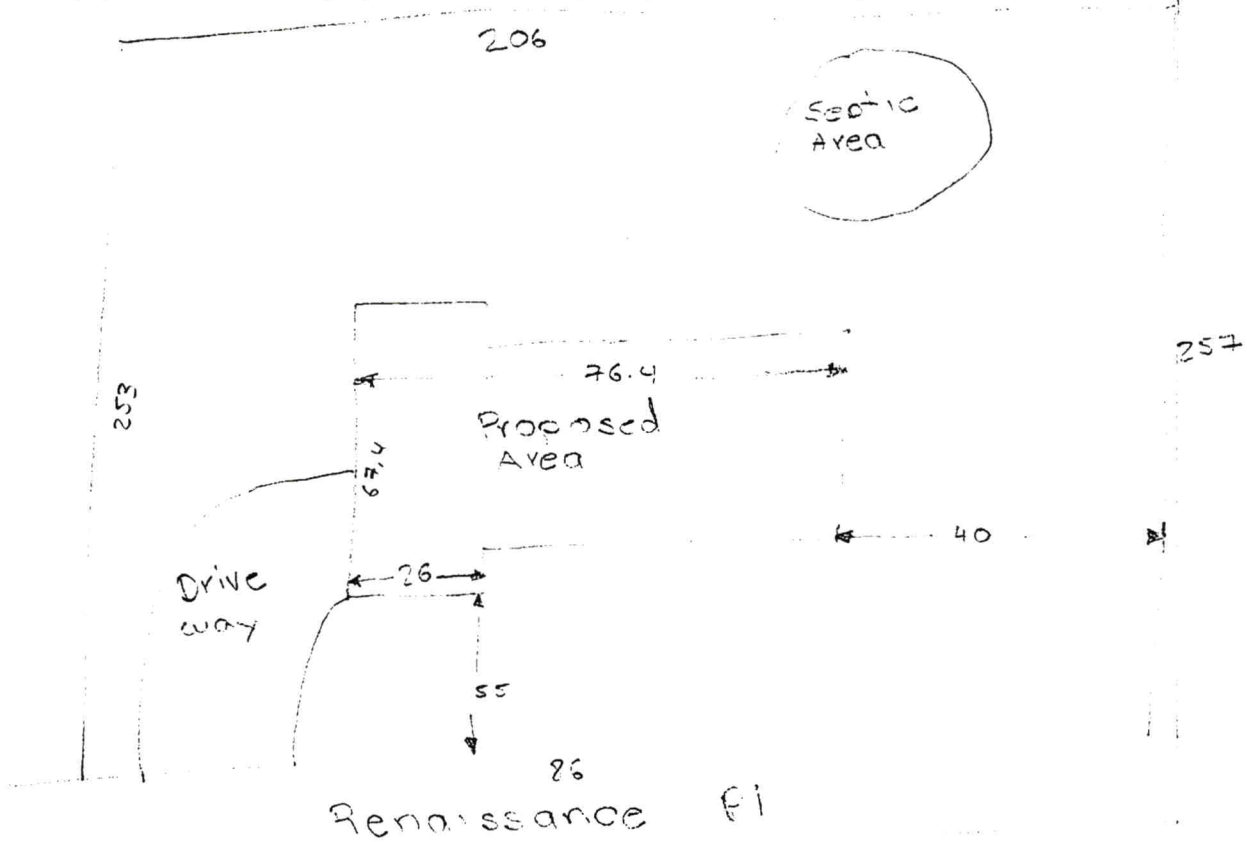
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

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

7/1/21

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, Carlos Granados, am the legal owner(s) of the property located at 145 Renaissance Pl, identified as PIN (Parcel Identification Number) 4756498297.000, located in Iredell County, North Carolina.

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

✓ Carlos Granados
Signature of Owner(s)

2/1/21
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

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 5 and stories? 1

Please describe project (Details, Purpose, or Use): New Sngle Family Residence

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 4313

Does the property have community water? (Yes) No If yes, please list who provides it: Iredell Water

Does the property have community sewer? Yes (No) If yes, please list who provides it: ___

Owner Information

Property Owner's Name Carlos Granados Phone # 704 500 6510

Owner's Current Address 2018 Edenderry Dr Statesville NC 28625

Property Information

Property Address 145 Renaissance Pl Parcel # ___

Subdivision: Baymont Lot: 15 Zoning: R20 Watershed: Y / (N) Flood Plain: Y / (N) Township: Bethany

Directions to property (from a MAIN ROAD) Jane Sloan Rd. turn Baymont Dr. Turn W Baymont Dr, LEFT turn Renaissance Pl.

Application Information

Applicant's Name or Company Carlos Granados Applicant's Phone # 704 500 6510

Applicant's Address 2018 Edenderry Dr Statesville NC 28625

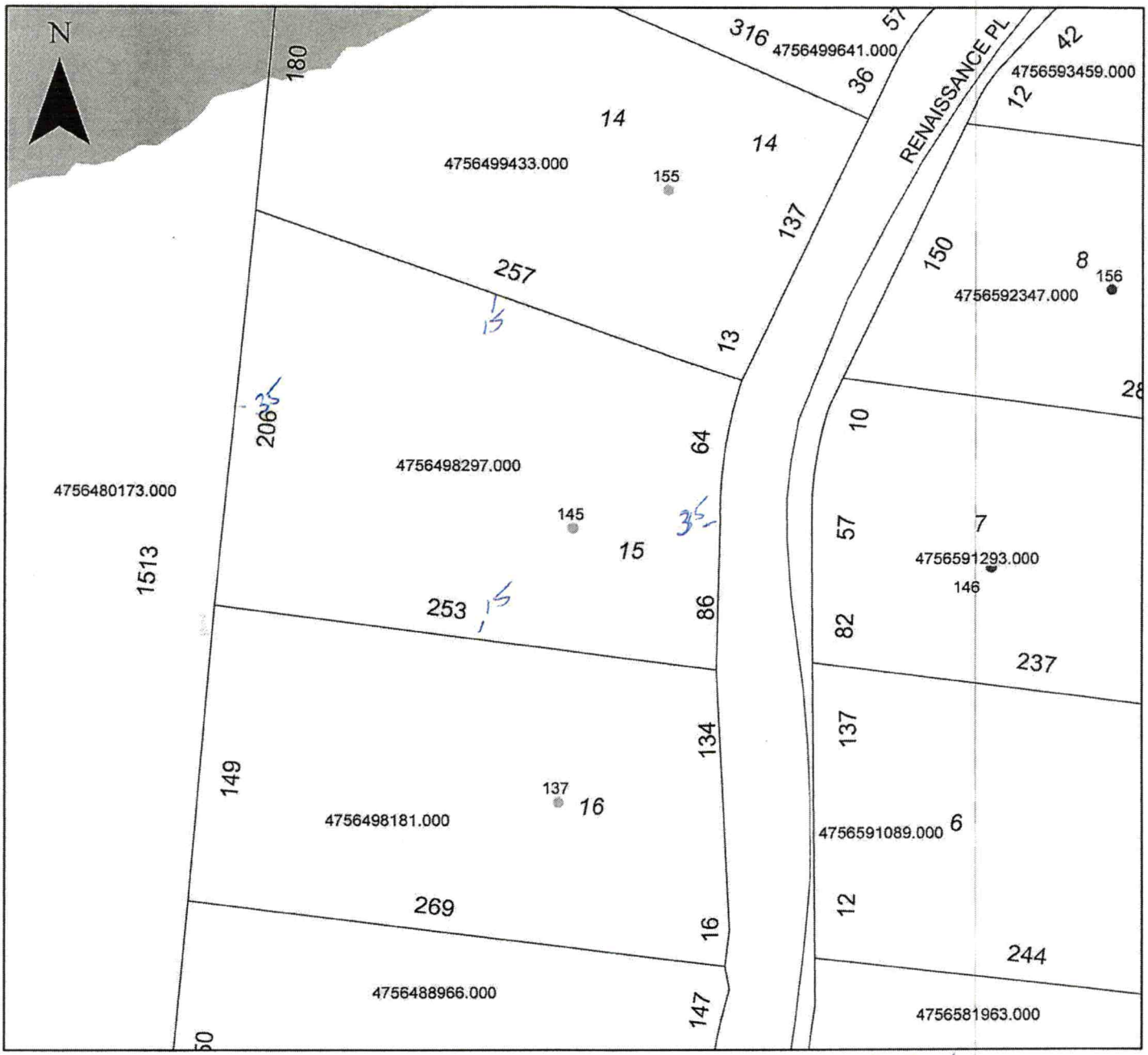
If Company, Representative's Name and Title ___

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Ca-Lo. G DATE 7/1/21

3/9340

ZONING DISCLAIMER



Property Address 145 Renaissance PL

1.004
Iredell
R-20
Flood-No

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

7/1/21

Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319340 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756498297.000	145 RENAISSANCE PL	Iredell County

Owner Information	Applicant Information
Name: GRANADOS CARLOS A+LUZ M VASQUEZ	Name: GRANADOS CARLOS A+LUZ M VASQUEZ
Address: , Phone: (704)500-6510	Address: , Phone: (704)500-6510

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.004	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: 07/01/2021

Signature of Owner/Contractor

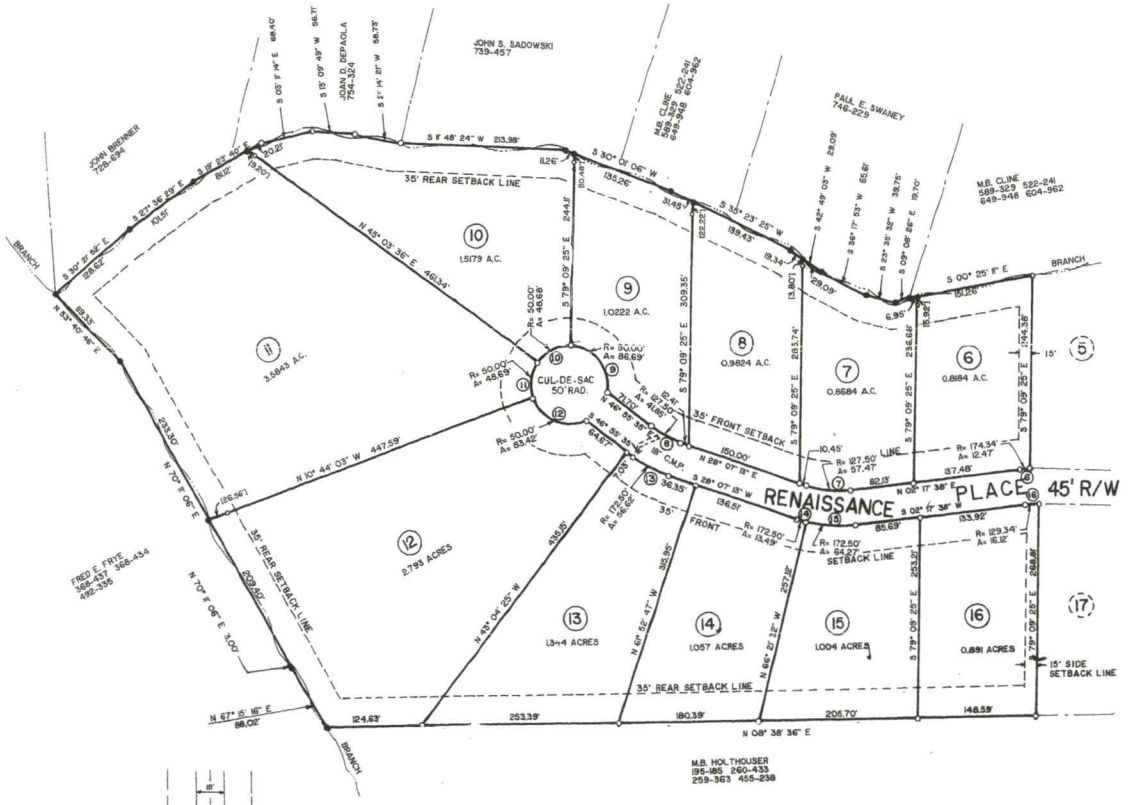
Permit Number	319340	TOTAL FEES:	$77.25

PAID
7-1-21 C/C
JM

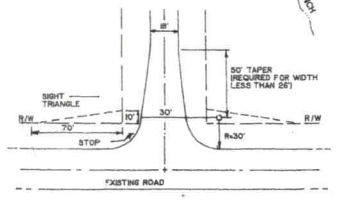
FILED
IREDELL COUNTY
'89 AUG 30 PM 3 54
BOOK 21 PAGE 4-A
L.L. RESBIT
REGISTER OF DEEDS

CURVE DATA

C	CHORD BEARING	DIST.	RADIUS	ARC	TAN.	DELTA
1	N 40° 18' 52" W	28.28'	20.00'	31.42'	20.00'	90° 00' 00"
2	N 07° 46' 50" E	77.45'	721.19'	77.49'	38.78'	06° 09' 23"
3	N 08° 37' 11" E	13.53'	174.34'	13.53'	6.77'	04° 26' 46"
4	S 10° 08' 29" W	3.17'	123.38'	3.17'	1.59'	01° 24' 15"
5	S 07° 45' 54" W	82.32'	766.19'	82.36'	41.22'	06° 09' 31"
6	N 04° 20' 50" E	12.47'	174.35'	12.47'	6.24'	04° 05' 57"
7	N 15° 12' 26" E	56.99'	127.50'	57.47'	29.23'	25° 49' 35"
8	N 37° 31' 24" E	41.66'	127.50'	41.85'	21.11'	18° 48' 22"
9	N 60° 30' 47" E	76.23'	50.00'	86.69'	58.90'	99° 20' 24"
10	N 17° 02' 54" W	46.48'	50.00'	48.68'	26.46'	55° 46' 58"
11	N 72° 50' 14" W	46.79'	50.00'	48.69'	26.47'	55° 47' 39"
12	S 31° 28' 05" W	74.08'	50.00'	83.42'	55.14'	95° 35' 44"
13	S 37° 31' 24" W	56.37'	172.50'	56.62'	28.57'	18° 48' 22"
14	S 25° 52' 50" W	13.48'	172.50'	13.49'	6.75'	04° 28' 45"
15	S 12° 56' 03" W	63.90'	172.50'	64.27'	32.51'	21° 20' 50"
16	S 05° 52' 06" W	16.11'	129.35'	16.12'	8.07'	07° 08' 31"



BAYMOUNT MEADOWS NORTHWEST SECTION



TYPICAL ROAD CONNECTION DETAIL
NOT TO SCALE

NOTE
- IRON PIN AT ALL CORNERS UNLESS OTHERWISE NOTED

PROPERTY SUBJECT TO 15' SIDE AND 35' REAR SETBACK LINES AND 35' FRONT SETBACK LINES

DRAWING NO. : 10488 SCALE 1"= 100' DATE: 05-24-89

0 25 50 75 100 150 200 300 400

SHEET 2 OF 2

STATE OF NORTH CAROLINA 21-4A
IREDELL COUNTY

THE FOREGOING CERTIFICATES OF NOTARY PUBLIC IS CERTIFIED TO BE CORRECT, THIS INSTRUMENT WAS PRESENTED FOR REGISTRATION THIS DAY AND HOUR AND DULY RECORDED IN THE OFFICE OF REGISTER OF DEEDS OF IREDELL COUNTY, N.C. IN PLAT BOOK ___ PAGE ___ . THIS ___ DAY OF ___ A.D. AT ___ O'CLOCK ___ M.

REGISTER OF DEEDS

KNOW ALL MEN BY THESE PRESENTS, THAT I, Gerald V. Grant HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN ON THIS PLAT, THAT I HEREBY ACKNOWLEDGE THIS PLAT, AND ALLOTMENT TO BE MY FREE ACT AND DO HEREBY DEDICATE TO PUBLIC USE ALL STREETS, ALLEYS, EASEMENTS AND OTHER PUBLIC AREAS SHOWN ON THIS PLAT. I FURTHER CERTIFY THAT GERALD V. GRANT SURVEYED AND MADE THIS PLAT AT MY DIRECTION, AND THAT THE ENTIRE SUBDIVISION IS WITHIN THE BOUNDARIES OF A TRACT CONVEYED TO ME BY A DEED RECORDED IN DEED BOOK ___, PAGE ___.

Gerald V. Grant

NORTH CAROLINA, Iredell COUNTY, I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFOREAID, CERTIFY THAT Gerald V. Grant PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION AND FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 7th DAY OF July, 19 89.

NOTARY PUBLIC
IREDELL COUNTY, N.C.

MY COMMISSION EXPIRES 11-22-89

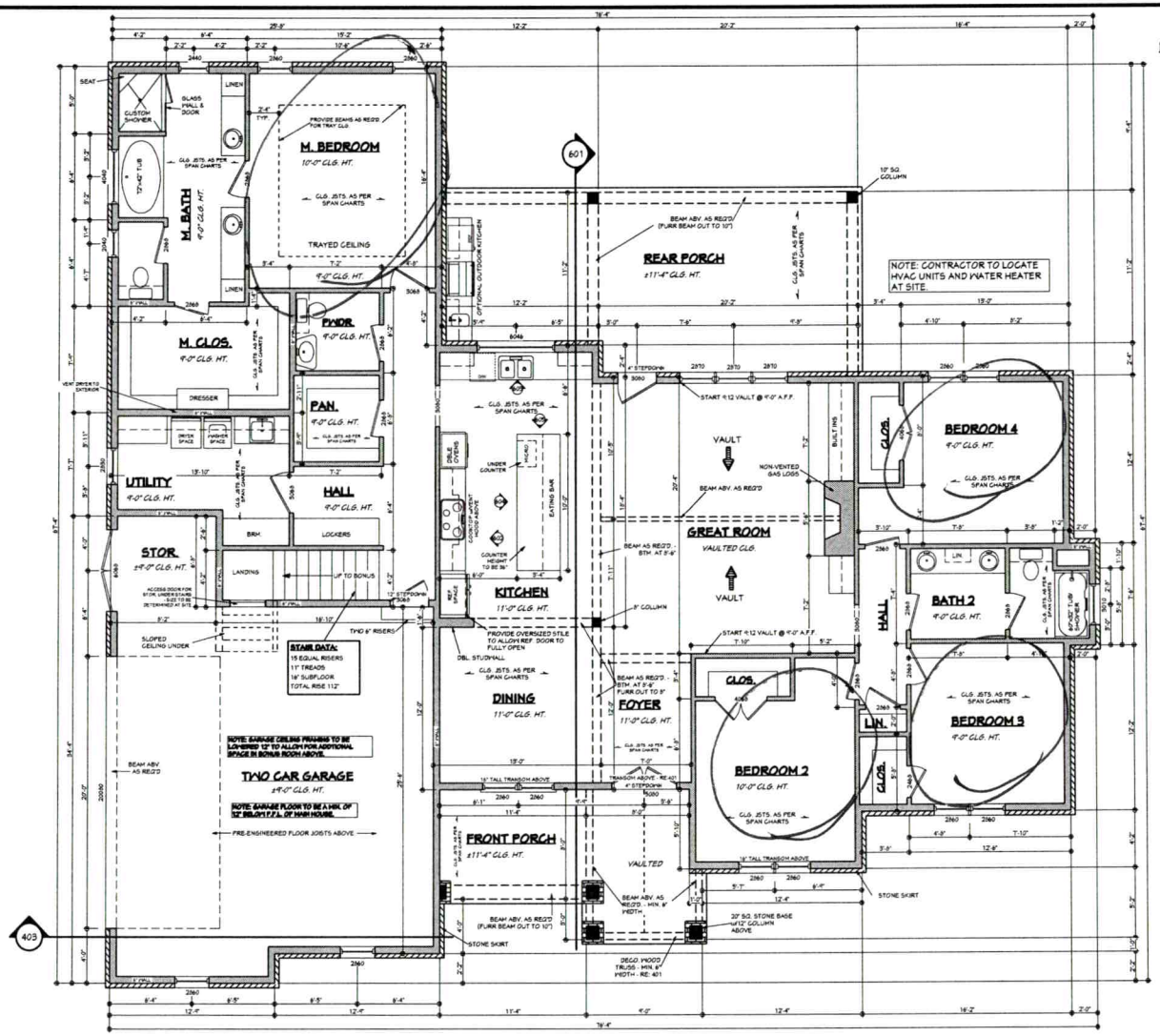
STATE OF NORTH CAROLINA, IREDELL COUNTY, I, GERALD V. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION IS 1: ; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ___ PAGE ___; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY SIGNATURE, REGISTRATION NUMBER AND SEAL THIS ___ DAY OF ___ A.D. 19___.

L-1893
SURVEYOR REG. NO.

NORTH CAROLINA, IREDELL COUNTY, I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFOREAID, CERTIFY THAT GERALD V. GRANT, A REGISTERED LAND SURVEYOR, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT, WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS ___ DAY OF ___, 19___.

NOTARY PUBLIC

KESTLER SURVEYING, INC.
P. O. BOX 1793
STATESVILLE, N.C. 28677
PHONE (704) 872-0212



NOTE: ALL EXTERIOR WALLS AND ALL WALLS AROUND THE HEATED AREA TO BE 2X6 CONSTRUCTION.

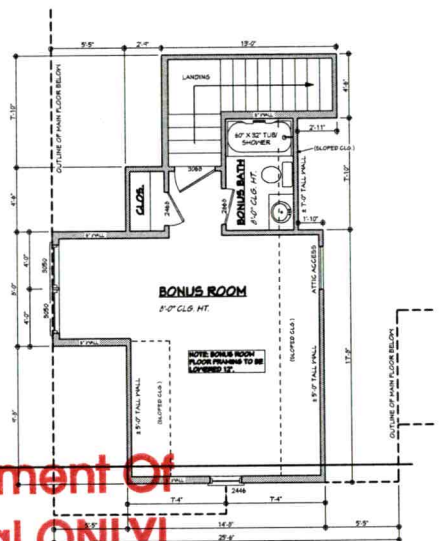
BB-2589-VC FLOOR PLAN

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

AREAS:	
2597	S.F. HEATED
399	S.F. UNHEATED - BONUS ROOM
671	S.F. UNHEATED - GARAGE
54	S.F. UNHEATED - STORAGE
184	S.F. UNHEATED - FRONT PORCH
408	S.F. UNHEATED - REAR PORCH
1716	S.F. TOTAL UNHEATED
4313	S.F. TOTAL UNDER ROOF
	MASONRY NOT INCLUDED

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2015, R312.1.1 & R312.1.2.
8. M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
a. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. INSTALLATION OF ROOM HEATERS SHALL BE PERMITTED WITH AT LEAST AN 18-INCH WORKING SPACE. A PLATFORM SHALL NOT BE REQUIRED FOR ROOM HEATERS.
M1305.1.1 FURNACES AND AIR HANDLERS. FURNACES AND AIR HANDLERS WITHIN COMPARTMENTS OR ALCOVES SHALL HAVE A MINIMUM WORKING SPACE CLEARANCE OF 3 INCHES ALONG THE SIDES, BACK AND TOP WITH A TOTAL WIDTH OF THE ENCLOSING SPACE BEING AT LEAST 12 INCHES WIDER THAN THE FURNACE OR AIR HANDLER. FURNACES HAVING A FIREBOX OPEN TO THE ATMOSPHERE SHALL HAVE AT LEAST A 6-INCH WORKING SPACE ALONG THE FRONT COMBUSTION CHAMBER SIDE. COMBUSTION AIR OPENINGS AT THE REAR OR SIDE OF THE COMPARTMENT SHALL COMPLY WITH THE REQUIREMENTS OF CHAPTER 17.
EXCEPTION: THIS SECTION SHALL NOT APPLY TO REPLACEMENT APPLIANCES INSTALLED IN EXISTING COMPARTMENTS AND ALCOVES WHERE THE WORKING SPACE CLEARANCES ARE IN ACCORDANCE WITH THE EQUIPMENT OR APPLIANCE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2015.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2015, M1507.2



BONUS FLOOR PLAN

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

Acknowledgement Of Plans Submittal ONLY!

Date 6-22-2021

Date 8/24/21

HOUSE PLAN ZONE
Designing Homes Building Relationships

Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.336.3254
Fax: 1.800.574.1387

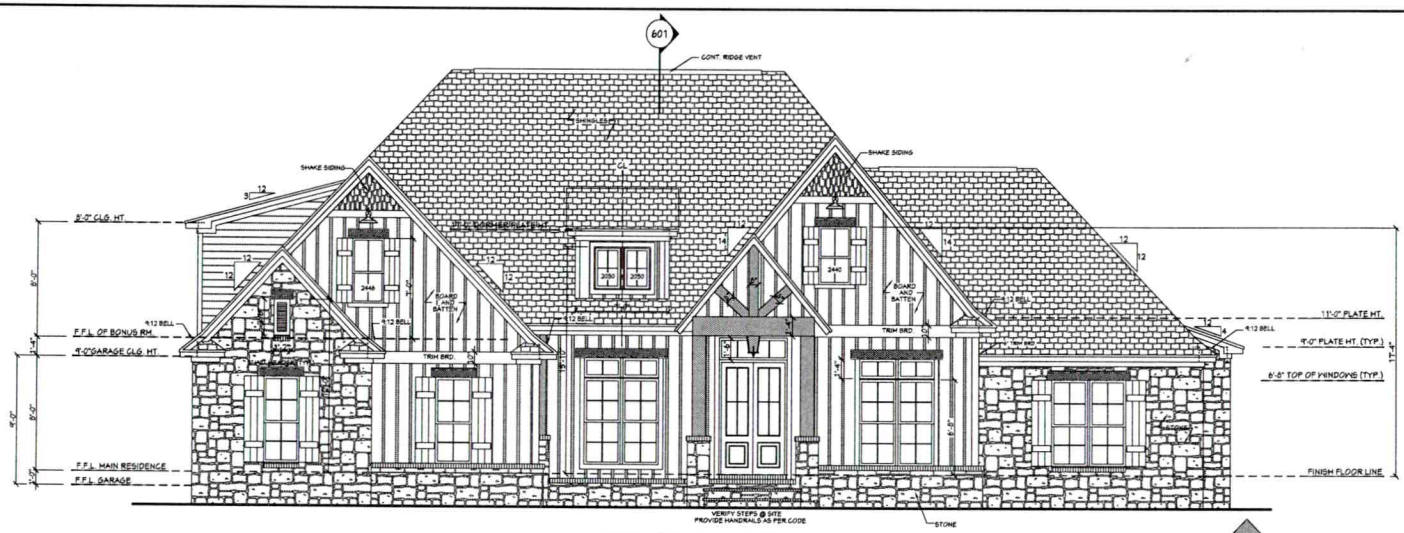
N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS CERTIFICATION
JONATHAN L. BOONE
CERTIFICATION NO. 25-137

Pre-Drawn Plan ID:
BB-2589-VC

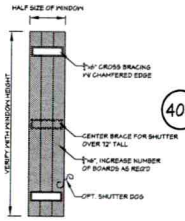
House Plan Zone, LLC. has exercised great care and effort in the development of these plans and the completion of these construction documents. However due to the great variance in building codes and site specific conditions, House Plan Zone, LLC. assumes no responsibility for errors or omissions in these plans. It is the responsibility of the builder to verify all dimensions and conditions. House Plan Zone, LLC. highly recommends that these plans be reviewed by a licensed structural engineer prior to the start of construction. House Plan Zone, LLC. highly recommends that these plans be reviewed by a licensed mechanical engineer prior to the start of construction. All other special conditions required by local building codes, all alterations to the plans and all engineering are the responsibility of the owner and/or builder and must be addressed prior to construction. House Plan Zone, LLC. is not responsible for any alterations to the plans after the plans have been released for construction.

Date: 04.30.18
Drawn By: C.T.B.
Project Name:

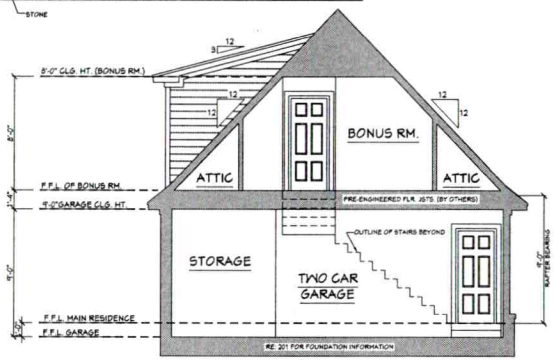
SHEET NUMBER
3



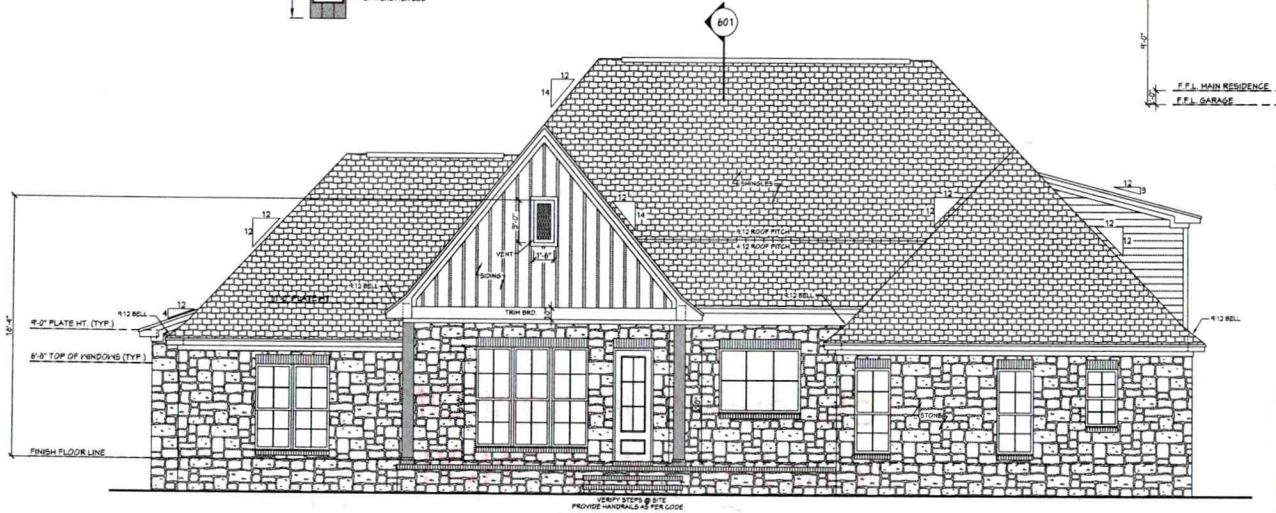
401 FRONT VIEW
SCALE---------- 1/4" = 1'-0"



404 SHUTTER DETAIL
SCALE---------- 1/2" = 1'-0"



403 GARAGE SECTION
SCALE----------1/4"=1'-0"



402 REAR VIEW
SCALE---------- 1/4" = 1'-0"

EXTERIOR ELEVATION NOTES:

1. CONTRACTOR TO VERIFY ALL WINDOW AND DOOR STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION.
2. PROVIDE STEPS AND GUARD RAILS AS PER CODE BASED ON SITE CONDITIONS.
3. GROUND LINES SHOWN FOR REFERENCE ONLY AND VARY DEPENDING ON SITE CONDITIONS.
4. ALL FINISH MATERIALS TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
5. REFER TO TYPICAL WALL DETAIL FOR FRAMING METHODS AND OTHER MISC. INFORMATION.
6. CONTRACTOR TO PROVIDE ADEQUATE ROOF VENTILATION AS REQ'D BY CURRENT CODES.

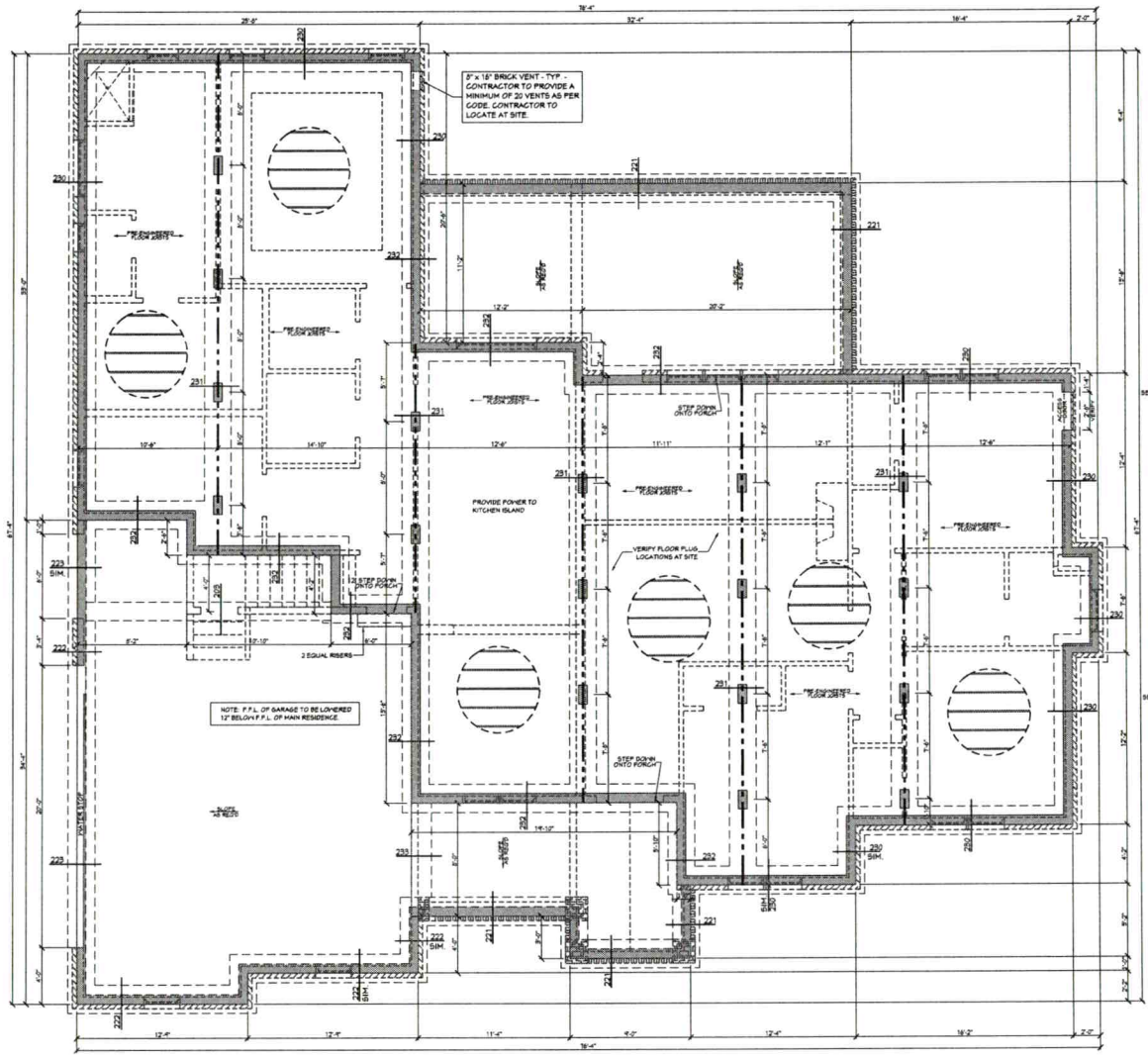
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Website: www.HPZplans.com
Email: sales@hpzplans.com
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Fax: 1.800.574.1387
N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATION
JONATHAN L. BOONE
CERTIFICATION NO. 25-137

Pre-Drawn Plan ID:
BB-2589-YC

House Plan Zone, LLC, has exercised great care and effort in the development of these plans and the completion of these construction documents. However, due to the great variances in building codes and site specific conditions, House Plan Zone, LLC assumes no responsibility for errors or omissions in these plans after they have been released for construction. It is the responsibility of the builder and/or owner to have these plans reviewed by a licensed architect or engineer at the end of construction documents phase to insure that they meet all applicable building codes and site conditions. It is the responsibility of the builder and/or owner to have these plans sealed by the licensed architect or engineer of their choice. House Plan Zone, LLC is not responsible for the failure of any structure built from these plans if the builder and/or owner does not contract the services of a licensed architect or engineer to review these plans and seal them as required by the local building jurisdiction. It is the responsibility of the builder and/or owner to have a soil test performed and a foundation plan designed by a licensed architect or engineer prior to construction.

Date: 04.30.18
Drawn By: C.T.B.
Plan number:
Project Name:

SHEET NUMBER
4



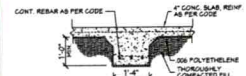
201 FOUNDATION PLAN

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

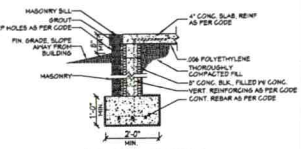
CRAWLSPACE FOUNDATION NOTES:

1. ALL FOOTING SIZES AND LOCATIONS TO BE VERIFIED BY A LICENSED STRUCTURAL ENGINEER.
2. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
3. CONTRACTOR SHALL VERIFY ALL DIMENSIONS WITH FLOOR PLAN PRIOR TO CONSTRUCTION AND MAKE ANY NECESSARY ADJUSTMENTS.
4. CONTRACTOR TO PROVIDE WATERPROOFING AS REQ'D TO MEET ALL APPLICABLE CODES AND TYPICAL BUILDING PRACTICES.
5. CONCRETE SLABS TO BE 4" (3000 psi MIN.), REINFORCED AS PER CODE OR AS DETERMINED BY LICENSED ENGINEER.
6. CONTRACTOR TO PROVIDE ADEQUATE DRAINAGE BASED ON EXISTING SITE CONDITIONS. VERIFY w/LOCAL CODES.
7. REFER TO FLOOR JOIST MANUFACTURER FOR JOIST SIZING AND SPACING, CROSS BRACING REQUIREMENTS, AND BEAM SIZES.
8. VERIFY THE QUANTITY AND LOCATION OF BRICK VENTS WITH ALL APPLICABLE CODES AT SITE.

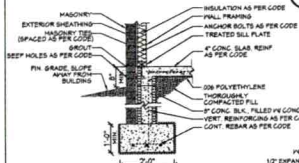
NOTE: PRE-ENGINEERED FLOOR JOISTS ARE SHOWN. REFER TO FLOOR JOIST MANUFACTURER FOR JOIST SIZING, SPACING, CROSS BRACING REQUIREMENTS, AND BEAM SIZES.



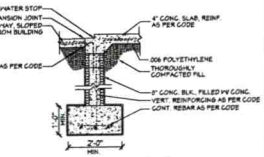
203 FTG. DET.



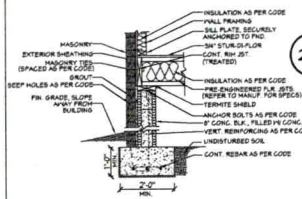
221 FTG. DET.



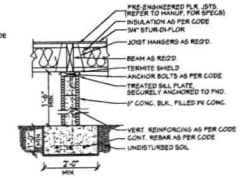
222 FTG. DET.



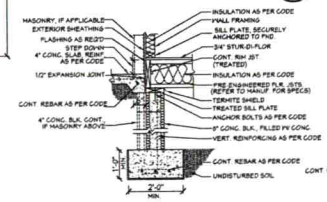
223 FTG. DET.



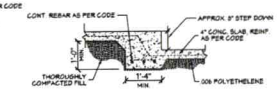
230 FTG. DET.



231 FTG. DET.



232 FTG. DET.



233 FTG. DET.

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JONATHAN L. BOONE
CERTIFICATION NO. 25-197

Pre-Drawn Plan ID:
BB-2589-VC

House Plan Zone, L.L.C. has the sole discretion in finalizing colors and style specific conditions. House Plan Zone, L.L.C. assumes no responsibility for any errors or omissions in construction drawings that are not brought to the attention of House Plan Zone, L.L.C. in writing. House Plan Zone, L.L.C. highly recommends that these plans be reviewed by a licensed engineer in the area of construction. House Plan Zone, L.L.C. highly recommends that a licensed engineer be employed to perform on site inspections of the project to verify that all conditions assumed by these drawings are present. All dimensions to be verified on site prior to construction. If foundation plan has been included in these plans, it is given as a guide only and must be verified by a licensed engineer prior to construction.

Date: 04.30.18
Drawn By: C.T.B.
Plan number:
Project Name:

SHEET NUMBER
2

DW

145 Renaissance Place Carlos Granados
Baymount, Lot 15

319340

House Plan Zone, LLC.

Designing Homes
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A B D®

STANDARD ABBREVIATIONS

@	AT
#	POUND(S)
APPROX.	APPROXIMATELY
BASE	BASEMENT
BTWN	BETWEEN
BLK.	BLOCK
BLK'G	BLOCKING
BD.	BOARD
BRD	BOARD
BOT.	BOTTOM
BLDG.	BUILDING
CAB.	CABINET
CLG.	CEILING
CLR.	CLEAR
CLOS.	CLOSET
COL.	COLUMN
COLS.	COLUMNS
CONC.	CONCRETE
CMU	CONCRETE MASONRY UNIT
C.U.	CONDENSOR UNIT
CONN.	CONNECTION
CONT.	CONTINUOUS
COVERG	COVERING
CS.	CRAWL SPACE
DECO.	DECORATIVE
DET.	DETAIL
DIA.	DIAMETER
DW.	DISHWASHER
DBL.	DOUBLE
DF	DOUGLAS FIR
D	DRYER
EA.	EACH
ELEV.	ELEVATION
ENG.	ENGINEER
FT.	FEET
F.F.L.	FINISHED FLOOR LINE
FIN.	FINISH
F.C.	FIRE CODE
FLR.	FLOOR
FTG.	FOOTING
FOUND.	FOUNDATION
FND.	FOUNDATION
FR.	FREEZER
GA.	GAUGE
GALV.	GALVANIZED
GYP.	GYPSUM
HDR.	HEADER
HVAC	HEATING, VENTILATION & AIR CONDITIONING
HT.	HEIGHT
HTS.	HEIGHTS
HORIZ.	HORIZONTAL
IN.	INCHES
INCL.	INCLUDE
INSUL.	INSULATION
JT.	JOINT
JST.	JOIST
JSTS.	JOISTS
LT.	LIGHT
LIN.	LINEN
MANUF.	MANUFACTURER
MAS.	MASONRY
MAX.	MAXIMUM
MTL.	METAL
MIN.	MINIMUM
N.I.C.	NOT IN CONTRACT
O.C.	ON CENTER
O/C	ON CENTER
OPT.	OPTIONAL
O.S.B.	ORIENTED STRAND BOARD
OTS	OWNER TO SELECT
O.T.S.	OWNER TO SELECT
PG.	PAGE
PAN.	PANTRY
PL.	PLATE
#	PLATE
PLYWD.	PLYWOOD
PLYWD.	PLYWOOD
POLY.	POLYETHYLENE
PSI	POUNDS PER SQUARE INCH
PRE-FAB	PREFABRICATED
REF.	REFERENCE
REF	REFRIGERATOR
REINF.	REINFORCED
R.	RESISTANCE
R.A.	RETURN AIR
R.A.G.	RETURN AIR GRILLE
REQ'D	REQUIRED
SCR.	SCREEN
SHLVS.	SHELVES
SHR.	SHOWER
SHWR.	SHOWER
SST.	SIMPSON STRONG TIE
SP	SOUTHERN PINE
SPECS.	SPECIFICATIONS
SQ.	SQUARE
S.F.	SQUARE FOOTAGE
STL.	STEEL
THK.	THICK
THK.	THICKNESS
TBD.	TO BE DETERMINED
TR.	TRANSOM
TYP.	TYPICAL
U.T.C.	UNDER THE COUNTER
UTIL.	UTILITY
VAN.	VANITY
VERT.	VERTICAL
WH	WATER HEATER
W.	WASHER
WT.	WEIGHT
WIN.	WINDOW
W.M.	WIRE MESH
W.	WITH
WD.	WOOD
WFCM	WOOD FRAME CONSTRUCTION MANUAL



BB-2589-VC

SHEET INDEX:

1 COVER SHEET
2 FOUNDATION PLAN
3 FLOOR PLANS
4 EXTERIOR VIEWS
5 EXTERIOR VIEWS
6 SECTIONS & CABINETS
7 ROOF PLAN
8 ELECTRICAL PLANS

CODE DISCLAIMER:
1. THESE PLANS WERE DESIGNED TO MEET IRC 2015 AT THE TIME OF THEIR CREATION AND MORE SPECIFICALLY THE MINIMAL LOCAL CODES OF THE SOUTH MISSISSIPPI AREA. IT IS HIGHLY RECOMMENDED THAT THESE PLANS BE REVIEWED BY A LOCAL STRUCTURAL ENGINEER PRIOR TO CONSTRUCTION.
2. BEAMS AND FLOOR JOISTS ARE NOT SIZED DUE TO THE MANY GEOGRAPHIC LOCATIONS THESE PLANS ARE SOLD. THESE ITEMS SHALL BE SIZED BY A LOCAL ENGINEER OR MANUFACTURER.
3. ALL CEILING & FLOOR JOISTS (IF CONVENTIONAL FRAMING) SHOULD BE SIZED USING THE LATEST VERSION OF THE IRC OR APPLICABLE CODES AT SITE TO MEET THE LOCAL REQUIREMENTS SUCH AS SNOW LOADS AND OTHER FACTORS. THE CEILING JOISTS SIZES LABELED (IF PRESENT) WERE SIZED USING THE 2015 IRC AT THE TIME OF THEIR CREATION. THEY MUST BE VERIFIED AND MODIFIED AS REQUIRED TO MEET THE LATEST EDITION OF THE (IRC) INTERNATIONAL RESIDENTIAL CODE.
4. ALL FOUNDATIONS AND FOOTING DETAILS SHALL BE REVIEWED AND APPROVED BY A LOCAL ENGINEER.
5. CONTRACTOR SHALL PROVIDE ALL HIGH WIND STRAPPING AND ANCHOR BOLTS AS REQUIRED BY THE LOCAL CODE REQUIREMENTS AND THE LATEST VERSION OF THE IRC.

N·C·B·D·C
NATIONAL COUNCIL OF BUILDING DESIGNERS CERTIFICATION
JONATHAN L. BOONE
CERTIFICATION NO. 25-137

Date: 04.30.18
Drawn By: C.T.B.
Plan Number:

SHEET NUMBER 1