P5B

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319339

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

PIN # 4756--49--9433

APPLICANT/OWNER: Juan Carlos Granados | APPLICANT ADDRESS: 2004 Taras Trace Dr. Statesville NC 28625

SITE ADDRESS: 155 Renaissance Pl, Statesville NC | PHONE: 704-500-7952 | ALT. PHONE

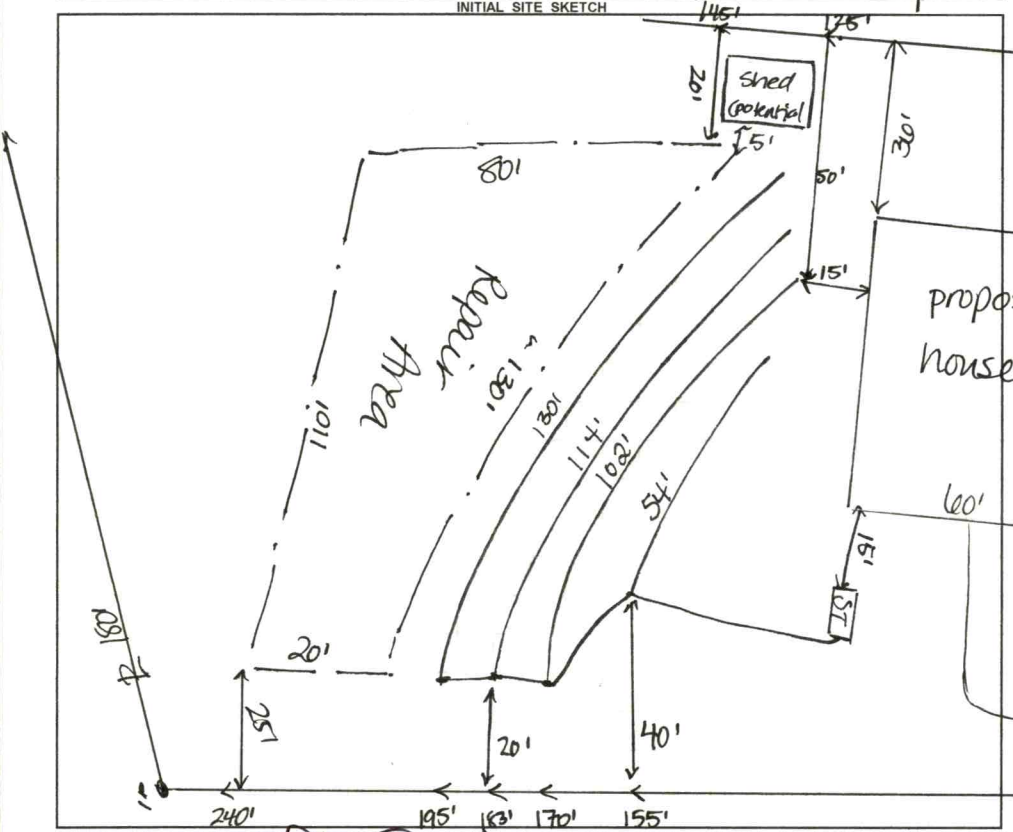
SITE DIRECTIONS: Old Mocksville → (L) Jane Sowers → (R) Baymount → (L) W. Baymount → (R) Renaissance | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Baymount Meadows NW | SECTION: 2 | LOT # 14 | LOT AREA: 1.037 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3 (I & R)

Septic Tank	1000	(gal)	STB 760	Date 9/5	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ 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	☒ Public
# Nitrification Fields		# Lines 4		Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

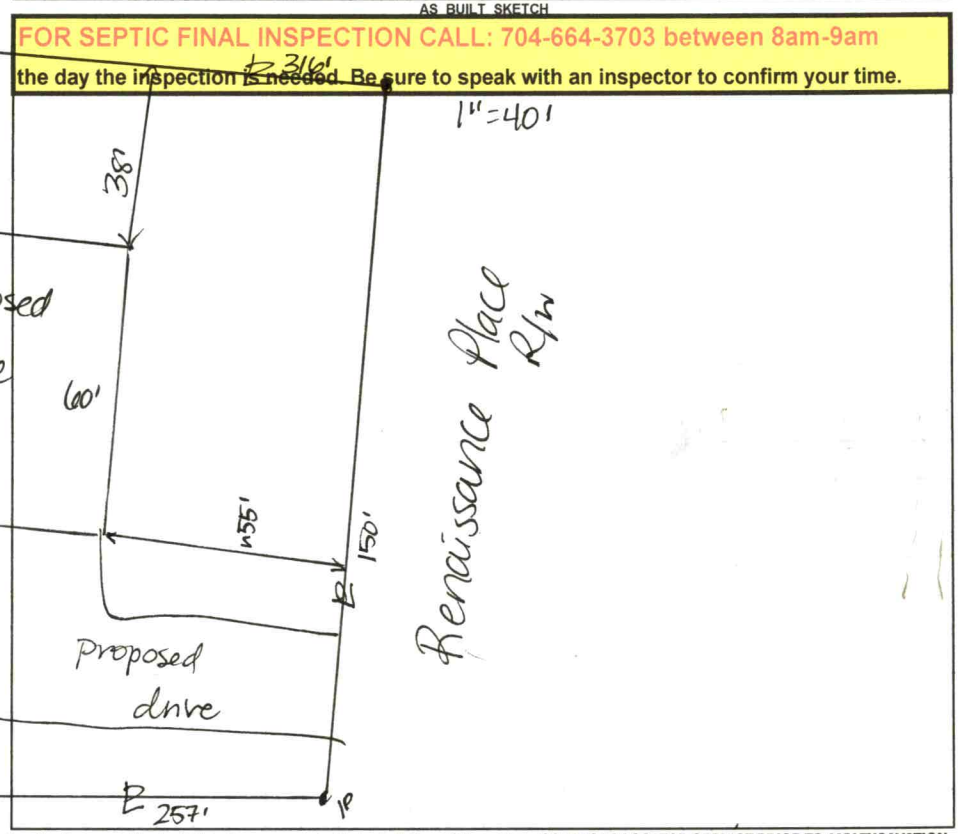
Comments / Conditions: Do not drive park, pave, grade, or bury utilities in drainfield. Divert all drainage from drainfield. Keep shed 5' from drainfield. 36" max trench depth

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.



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: 8-12-21 | Installed by: Hager Bros

IMPROVEMENT PERMIT by: D. Mabery | Date: 8/31/21 | OPERATION PERMIT by: Matt Wilkie | Date: 10/25/22

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? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4756049943
COUNTY: Iredell

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

OWNER: Juan Carlos Granados — APPLICATION DATE 7/2/21
ADDRESS: 2004 Taras Trace Dr, Statesville — DATE EVALUATED: 7/22/21
PROPOSED FACILITY: 4BR — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 1.037
LOCATION OF SITE: 155 Renaissance Pl Statesville — PROPERTY RECORDED: Y
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 10	0-8	CL - SBK	SSSP - FR - SEXP	sap incl common 32"+				PS 0.3
		8-32	C - SBK	↓					
		32-55	CL - SBK						
2	LS 12	0-10	CL - SBK	SSSP - FR - SEXP	minor sap incl 25-36 sap incl common 36"+				PS 0.3
		10-36	C - SBK	"					
		36-55	CL - SBK	SSSP/NP - FR - SEXP					
3	LS 15	0-15	CL SBK	SSSP - FR - SEXP	minor sap incl 30"+				PS 0.3
		15-30	C SBK	↓					
		30-55	CL - SBK						
4	LS 15	0-5	CL - SBK	SSSP - FR - SEXP	sap incl 24"+				PS 0.3
		5-24	C - SBK	↓					
		24-42	CL SBK						
		42-56	CL - RCF/SBK	SSNP - FR/FI					

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

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

COMMENTS: 60" Slope Correction

Updated February 2014

LEGEND

use the following standard abbreviations

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

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

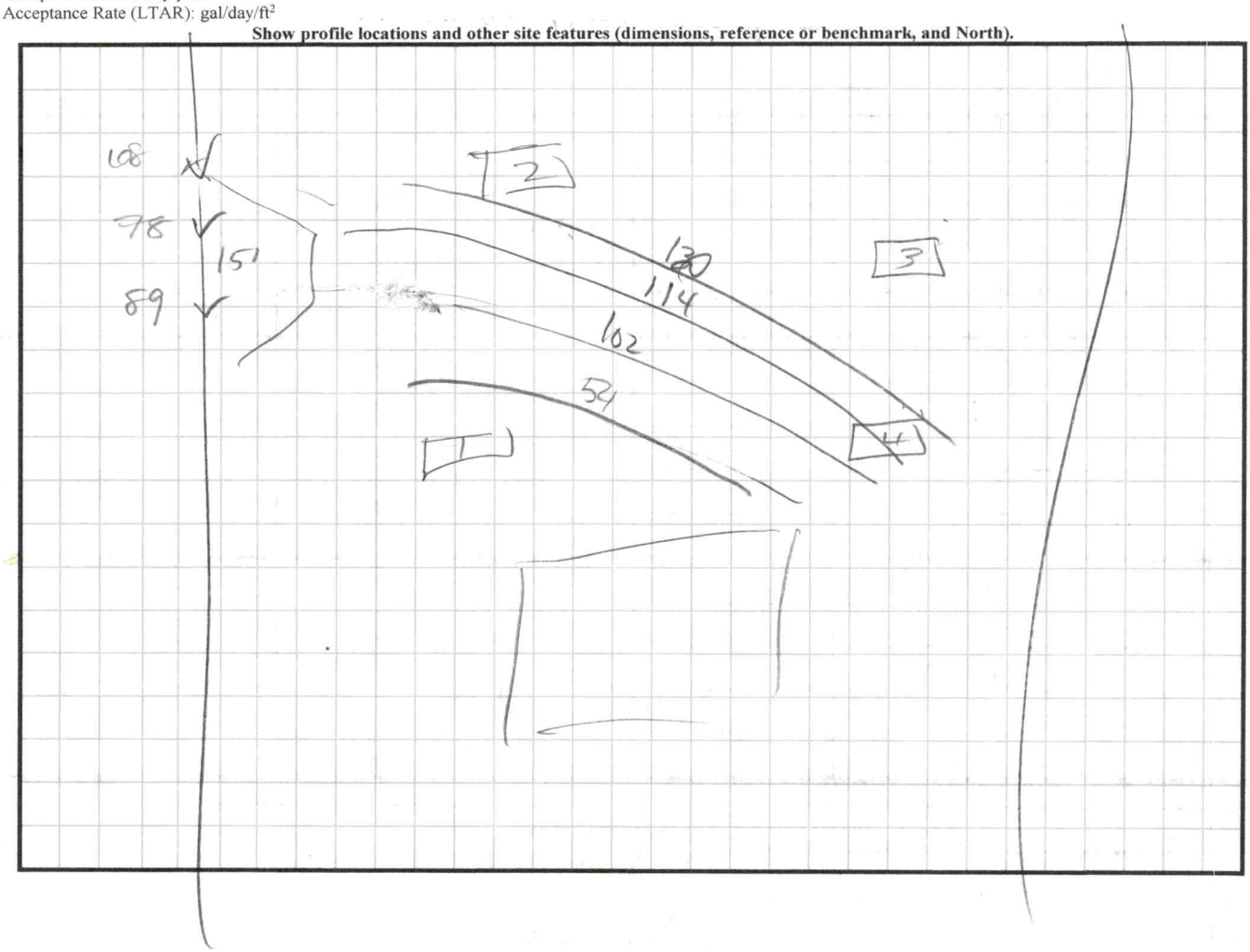
NOTES

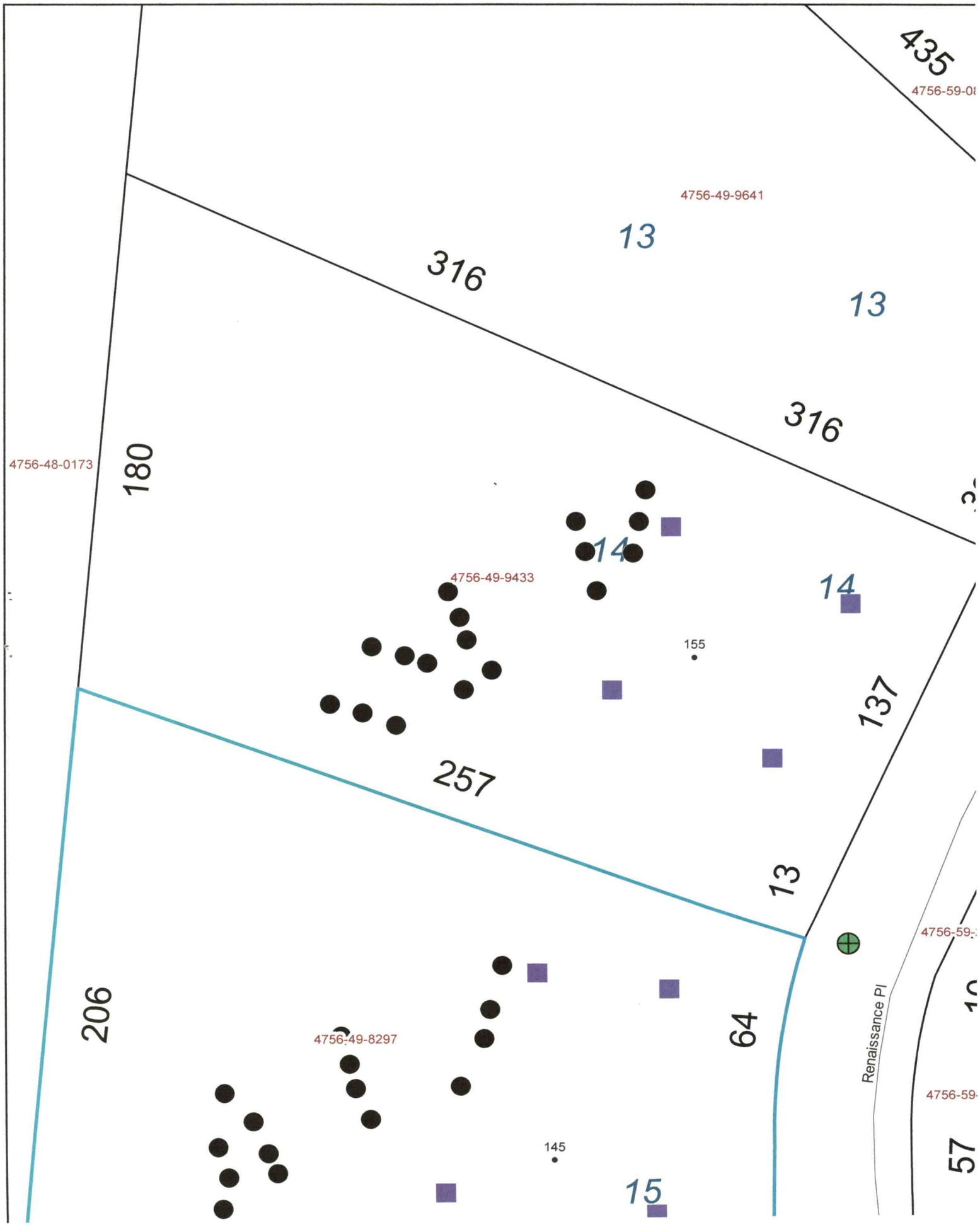
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or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

Evaluation of saprolite shall be by pits.

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

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

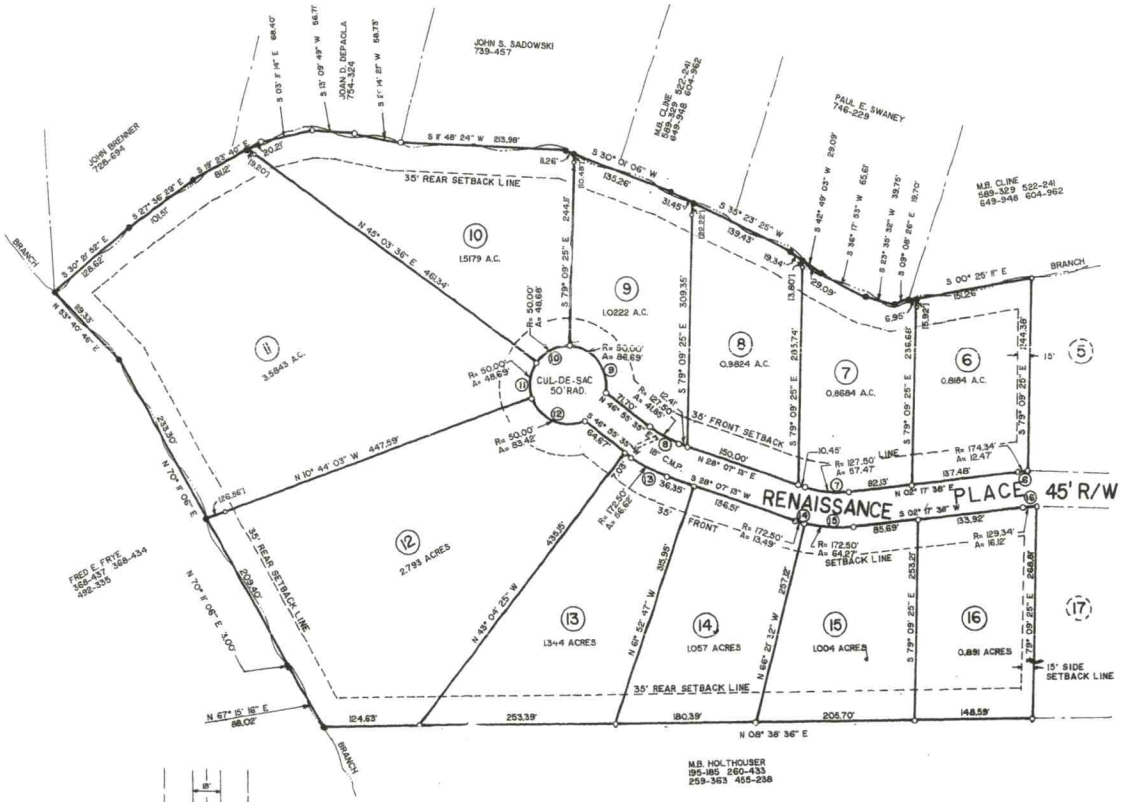



435
4756-59-0
4756-49-9641
13
316
13
316
4756-48-0173
180
14
4756-49-9433
14
155
137
257
13
206
64
4756-49-8297
Renaissance Pl
4756-59-
4756-59-
57
145
15

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° 45' 50" E	77.45'	721.19'	77.49'	38.76'	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'	129.35'	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'	86.59'	56.90'	99° 20' 24"
10	N 17° 02' 54" W	46.48'	50.00'	48.68'	26.46'	55° 46' 59"
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° 58' 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"



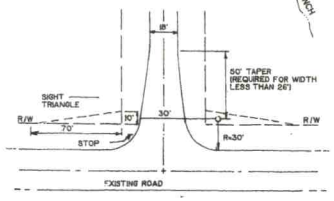
BAYMOUNT MEADOWS NORTHWEST SECTION

NOTE
o-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



TYPICAL ROAD CONNECTION DETAIL
NOT TO SCALE

SHEET 2 OF 2

STATE OF NORTH CAROLINA 21-4A
IREDELL COUNTY

THE FOREGOING CERTIFICATE 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 ____ .

_____

NORTH CAROLINA, Iredell COUNTY, I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFOREAID, CERTIFY THAT William Lowery PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION AND FOREGOING INSTRUMENT, WITNESS MY HAND AND NOTARIAL STAMP OR SEAL, THIS 17th DAY OF June, 19 89

_____
NOTARY PUBLIC

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 ____ .

_____
SURVEYOR

L-1693
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

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

7/22

Bedroom Count

RECEIVED JUL 0 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* HP-319339 $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: Juan Carlos Granados Address: 2004 Taras Trace Dr Statesville Zip: 28625

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

Owner Name: Juan Carlos Granados Address: 2004 Taras Trace Dr Statesville Zip: 28625

Owner Email: _____ Phone: 7045007052 Alt. Phone: _____

Property Information:

Street Address: 155 Renaissance Pl SVL

Subdivision Name: Baymont Section/Phase: _____ Lot Number: 14

Driving Directions: start on Slower Rd turn Baymount Dr, turn W Baymount Dr, 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 (3)
Maximum Number of Occupants: 4
( ) Swimming Pool
(✓) Other Addition/Structure: 1

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: _____ 7/1/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

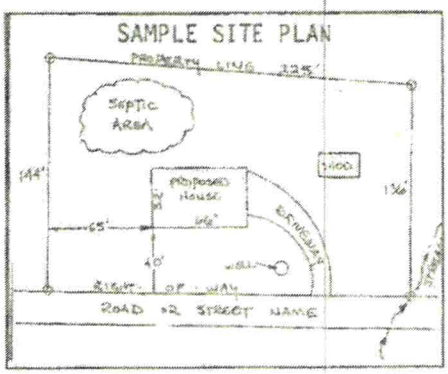
319339

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:

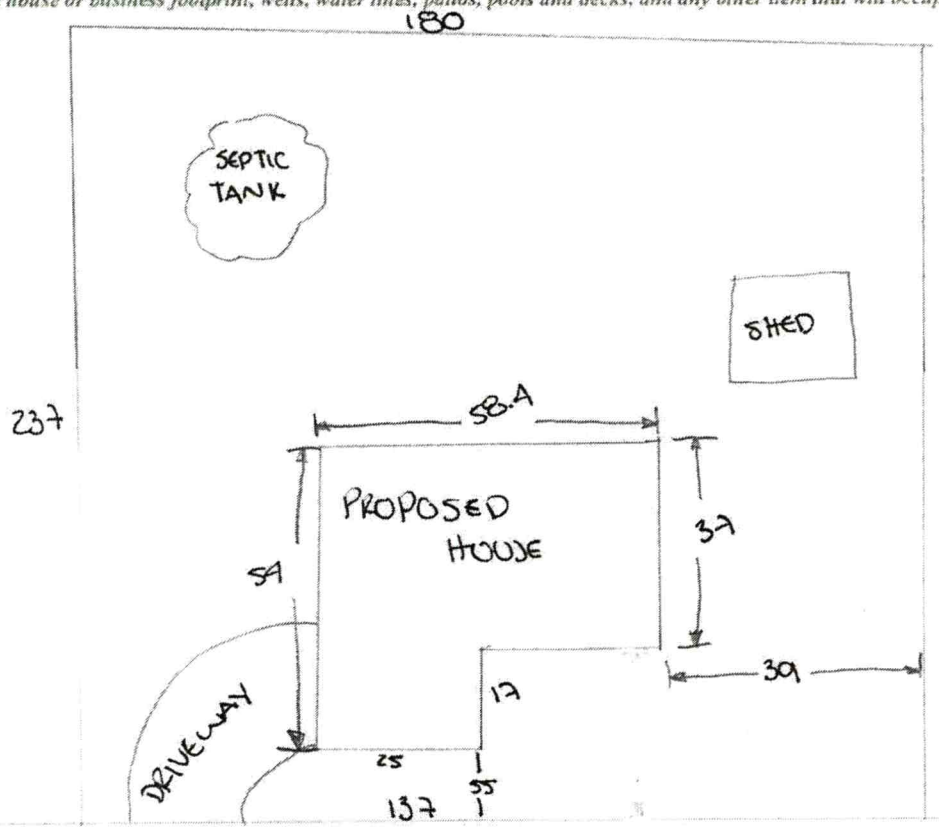
( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient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



RENAISSANCE PL

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

7/8/21
DATE

3/9339

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, Juan Carlos Granados, am the legal owner(s) of the property located at 155 Renaissance Pl, identified as PIN (Parcel Identification Number) 4756499433.000, 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.

_____ 7/1/21
Signature of Owner(s) Date

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

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319339 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756499433.000	155 RENAISSANCE PL	Iredell County

Owner Information	Applicant Information
Name: GRANADOS JUAN C+DANIA CARDOZO	Name: GRANADOS JUAN C+DANIA CARDOZO
Address:	Address:
,	,
Phone:	Phone: (704)500-7952

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.037	35	50	15	15		YES

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	319339	TOTAL FEES:	$77.25

PAID
7-1-21 JC
JM

319339

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? 2

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

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 3846

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 Juan Carlos Granados Phone # 704 500 7952

Owner's Current Address 2004 Taras Trace Dr Statesville NC 28625

Property Information

Property Address 155 Renaissance Pl Parcel # ___

Subdivision: Baymont Lot: 14 Zoning: R20 Watershed: Y (N) Flood Plain: (Y)/ N Township: Bethany

Directions to property (from a MAIN ROAD) Jane Glover Rd, turn Baymount Dr, Turn W Baymount Dr, Left turn Renaissance Pl.

Application Information

Applicant's Name or Company Juan Carlos Granados Applicant's Phone # ___

Applicant's Address 2004 Taras Trace Dr, Statesville NC 28625

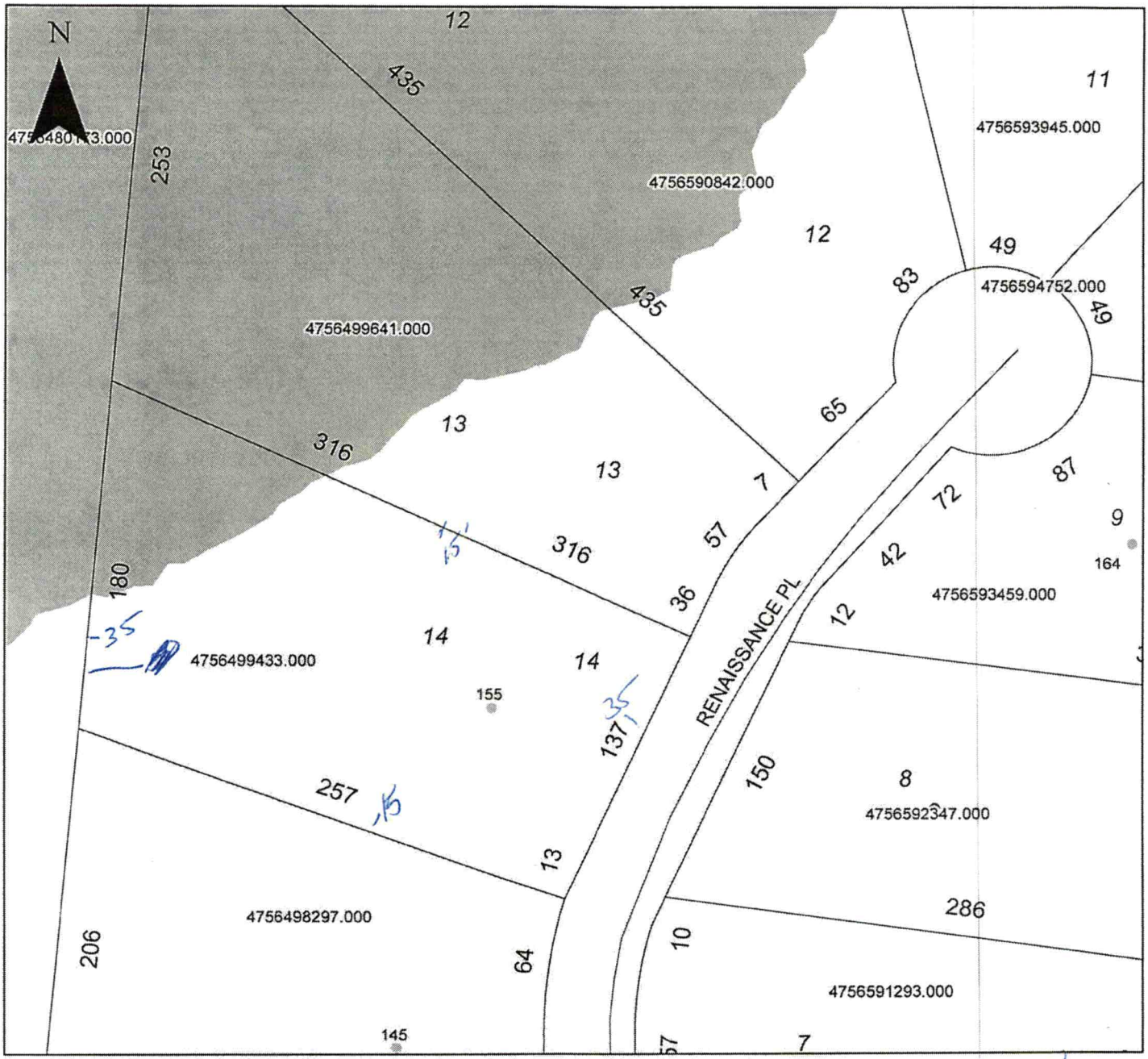
If Company, Representative's Name and Title ___

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 [signature] DATE 7/1/21

3 19339

ZONING DISCLAIMER



Property Address 155 Renaissance PL

spoke w Leslie D 7-21- OK

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.

1.037
Iredell
R-20
Flood - Yes

Applicant

7/1/24

Date

DW

155 Renaissance PL. Juan Granados
Baymount, Lot 14

319339

GENERAL NOTES & DESIGN CRITERIA

This plan was designed and drafted by Design Basics, Inc., to meet average conditions and codes in the State of Nebraska at the time it was designed. This plan was also designed for seismic zone B. Because codes and requirements can change and may vary from jurisdiction to jurisdiction, Design Basics, Inc. cannot warrant compliance with any specific code or regulation. Consult your local building official to determine the suitability of these plans for your specific site and application. This plan can be adapted to your local building codes and requirements, but also, it is the responsibility of the purchaser and/or builder of this plan to see that the structure is built in strict compliance with all governing municipal codes (city, county, state and federal). The purchaser and/or builder of this plan releases Design Basics, Inc., its shareholders, directors, officers, and employees from any claims or lawsuits that may arise during the construction of this structure or anytime thereafter.

DESIGN LOADS:
- Floor: 40 psf. live, 15 psf. dead
- Roof: 30 psf. live, 10 psf. dead
- Ceiling: 10 psf. live, 10 psf. dead
- Soil bearing Capacity - 1500 PSF
- Live loads, dead loads, wind loads, snow loads, lateral loads, seismic zoning and any specialty loading conditions will need to be confirmed before construction and adjustments to plans made accordingly. See your local building officials for verification of your specific load data, zoning restrictions and site conditions.

CONCRETE AND FOUNDATIONS:
- All foundation walls and slabs on grade shall be 3000 PSI (28-day compressive strength concrete), unless noted otherwise.
- All interior slabs on grade shall bear on 4" compacted granular fill with 6 mil. polyethylene vapor barrier underneath.
- Provide proper expansion and control joints as per local requirements.
- All 36" x 36" x 18" concrete pads to have (3) #5 rods each way.
- All 48" x 48" x 18" concrete pads to have (4) #5 rods each way.
- Foundation walls are not to be backfilled until properly braced.
- Verify depth of frost footings with your local codes.
- Provide termite protection as required by HUD minimum property standards.
- Foundation bolts must be anchored to sill plate with 1/2" bolts embedded 15" in concrete walls.

REBAR & BOLT SCHEDULE:

BAR SIZE AND SPACING	VERTICAL	HORIZONTAL
8" Wall thickness	#5 @ 16" o.c.	#5 @ 16" o.c.
10" Wall thickness (w-brick)	#5 @ 12" o.c.	#5 @ 16" o.c.

EXTERIOR FILL	BOLT SPACING
0" to 3'-6"	72" o.c.
3'-7" to 6'-0"	48" o.c.
6'-1" to 7'-0"	32" o.c.
Over 7'-0"	Additional engineering may be required

STEEL:
- All structural steel for beams and plates shall comply with ASTM specification A-36.
- All structural steel for steel columns shall comply with ASTM specification A-53 Grade B or A-501.
- All reinforcing steel for concrete shall comply with ASTM specification A-615 Grade 60.
- Provide steel shimns in all beam pockets.
- Steel columns are to be 3" I.D. (inside diameter) unless noted otherwise.

FRAMING MEMBERS:
- Unless noted otherwise, all framing lumber shall have the following characteristics: Fb = 1,000 psi Fv = 75 psi E = 1,400,000 psi
- Contractor to confirm the size, spacing and stress characteristics of all framing and structural members to meet your local code requirements.
- Hole sizes and locations in GluLam or Laminated Veneered Lumber members are to be confirmed by a professional engineer.
- Any structural or framing members not indicated on the plan are to be sized by contractor.
- Double floor joists under all partition walls, unless noted otherwise.
- All subflooring is assumed to be 3/4" thick.-Glued&Nailed
- All exterior walls are dimensioned to outside of 1/2" rigid insulation.
- All exterior walls are 4" (3 1/2" stud plus 1/2" rigid insulation), All interior walls are 3 1/2" unless otherwise shown.
- Calculated dimensions take precedence over scaled dimensions.
- All Main level walls are 9'-1 1/8" high unless otherwise noted or implied.
- All angled walls on floor plans are at 45 degree angle, unless otherwise noted.

FRAMING MEMBERS (continued):
- Any wall 12'-0" high or higher shall be 2x6 and balloon framed.
- Unless noted otherwise, above all openings that are:
  (1) Load bearing and less than or equal to 3 ft. ..... use 4x6.
  (2) Load bearing and more that 3 ft. ..... use (2) 2x12 w/1/2" Plywood between.
  (3) Non-load bearing and less than or equal to 6 ft. .....use 4x6.
  (4) Non-load bearing and more than 6 ft. ..... use (2) 2x12 w/1/2" Plywood between.
  (5) All exterior openings use (2) 2x12 w/1/2" Plywood between.
- All trusses to be engineered by truss manufacturer according to the loading indicated on this plan.
- All exterior corners shall be braced in each direction with let-in diagonal bracing or plywood.
- Place (1) row of 1" x 3" cross-bridging on all spans over 8'-0" and (2) rows of 1" x 3" cross-bridging on all spans over 16'-0".
- Collar ties are to be spaced 4'-0" o.c.
- All purlins and kickers are to be 2x6's, unless noted otherwise.
- Any hip or valley rafters over a 28'-0" span are to be Laminated Veneer Lumber (L.V.L.).

MISC. NOTES:
- Prefabricated fireplaces and flues are to be U.L. approved and installed as per manufacturer's specifications.
- All materials, supplies and equipment to be installed as per manufacturer's specifications and as per local codes and requirements.
- Note: Provide proper insulation for all plumbing.
- 1/2" water-resistant drywall around showers, tubs and whirlpools.
- 1/2" drywall on interior walls and ceilings.
- 5/8" type "X" fire code drywall on garage walls and ceilings.
- Windows are called out by glass size only.
- Windows, if not noted, are assumed to be casements.
- Header heights are labeled to bottom of arched transoms
- Confirm window openings for your local egress requirements and minimum light and ventilation requirements.
- Headroom at stairs shall have a minimum clearance of 6'-8" high.
- Provide proper handrails at stairs as per local code.
- The mechanical and electrical layouts are suggested only. Consult your mechanical and electrical contractors for exact specifications, locations and sizes.
- Jog flue to rear of ridge as necessary.
- Note: Provide proper wiring for all electrical appliances, mechanical equipment and whirlpools as per manufacturer's specifications.
- All air conditioner locations may vary depending on restrictive covenants and codes.
- Typical overhang sizes unless noted otherwise on drawing are as follows:
  On pitches of 4/12 - 5/12 - 6/12 = 24" overhang
  7/12 = 20" overhang
  8/12 = 16" overhang
  9/12 = 16" overhang
  10/12 - 11/12 - 12/12 = 12" overhang
- Note: Adjust overhangs to provide clearance for windows to open. Adjust overhangs to maintain a consistent level when the plans call for (2) different pitches at a hip.
- Minor alterations to this plan can be made by builder. Please contact our drafting department for information and price quotes if major changes are required.
- Design Basics, Inc. determines finished square footage by measuring to the outside of all walls. We include: interior fireplaces and every location in which the floor joists project from the foundation. We do not include: window boxes where the floor joists do not project from the foundation; 2-story entries; exterior fireplaces; garage; decks; patios; porches; unfinished storage areas; basements or any other unfinished areas.

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ABBREVIATIONS

A/C	Air Conditioner	DISH	Dishwasher	INSUL	Insulation	PROJ	Projection	TRAP	Trapezoid
ADJ	Adjustable	DN	Down	INT	Interior	RAD	Radius	U.L.	Underlayment
AWN	Awning	DRY	Dryer	JST	Joist	RAFT'S	Rafters	UNEX	Unexcavated
BLDG	Building	EA	Each	LVL	Laminated Veneer Lumber	REFRIG	Refrigerator	WASH	Washer
BSMT	Basement	ENT	Entertainment	LIN	Linen	RM	Room	WD	Wood
BTM	Bottom	EXP	Exposure	MAX	Maximum	SEC	Second	WH	Water Heater
BTW	Between	EXT	Exterior	MBR	Master Bedroom	SHWR	Shower	W.W.M.	Welded Wire Mesh
CANT	Cantilever	FIN	Finished	MICRO	Microwave	S.L.	Side Lite		
C.J.	Ceiling Joist	F.J.	Floor Joist	MIN	Minimum	SPR	Sump Pump Pit	@	At
CLG	Ceiling	FLUOR	Fluorescent	MISC	Miscellaneous	STA	Stationary		Line
CEIL	Ceiling	FTG	Footing	O.C.	On Center	STD	Standard	2W	Two Wide
CMU	Concrete Masonry Unit	GALV	Galvanized	O.H.D.	Overhead Door	STL	Steel	3W	Three Wide
C.O.	Cased Opening	GARB	Garbage Disposal	OPNG	Opening	STRUCT	Structural	4W	Four Wide
CONC	Concrete	G & N	Glued & Nailed	PC	Pull Chord	T.C.	Trash Compactor		Center Line
DBL	Double	G.L.	Gluelam Header	PICT	Picture	T & G	Tongue & Groove	W	With
DH	Double Hung	HDR	Header	POLY	Polyethylene	TRANS	Transom		Diameter

ARTIST CONCEPTION ONLY

Peony

ARTWORK NOT TO SCALE

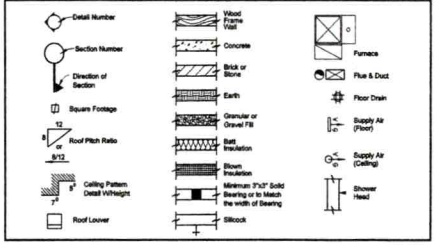


This plan is Designed with HER in mind.

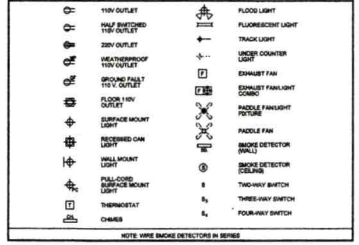
woman-centric matters!SM

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SYMBOLS



ELECTRICAL LEGEND



NOTE: WIRE SMOKE DETECTORS IN SERIES

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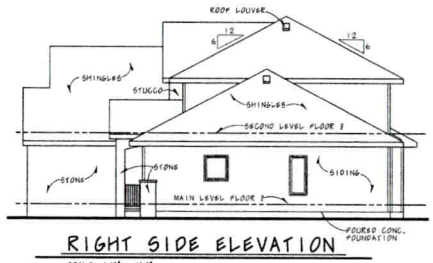
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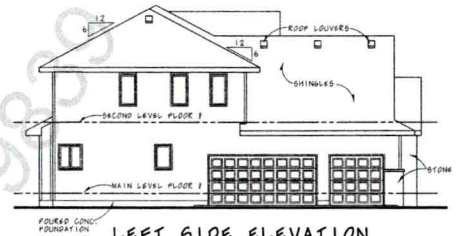
RIGHT SIDE ELEVATION

SCALE: 1/8" = 1'-0"



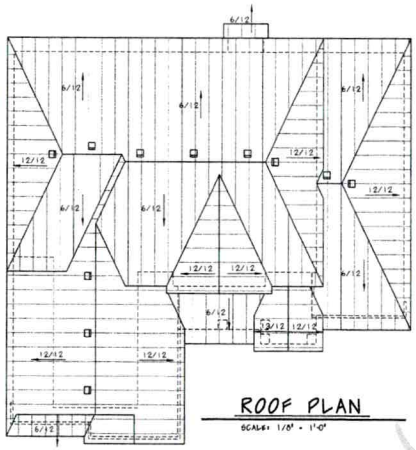
REAR ELEVATION

SCALE: 1/8" = 1'-0"



LEFT SIDE ELEVATION

SCALE: 1/8" = 1'-0"



ROOF PLAN

SCALE: 1/8" = 1'-0"

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A framing and dimensional layout for framer and builder
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PLAN ALTERATIONS

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FRONT ELEVATION

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

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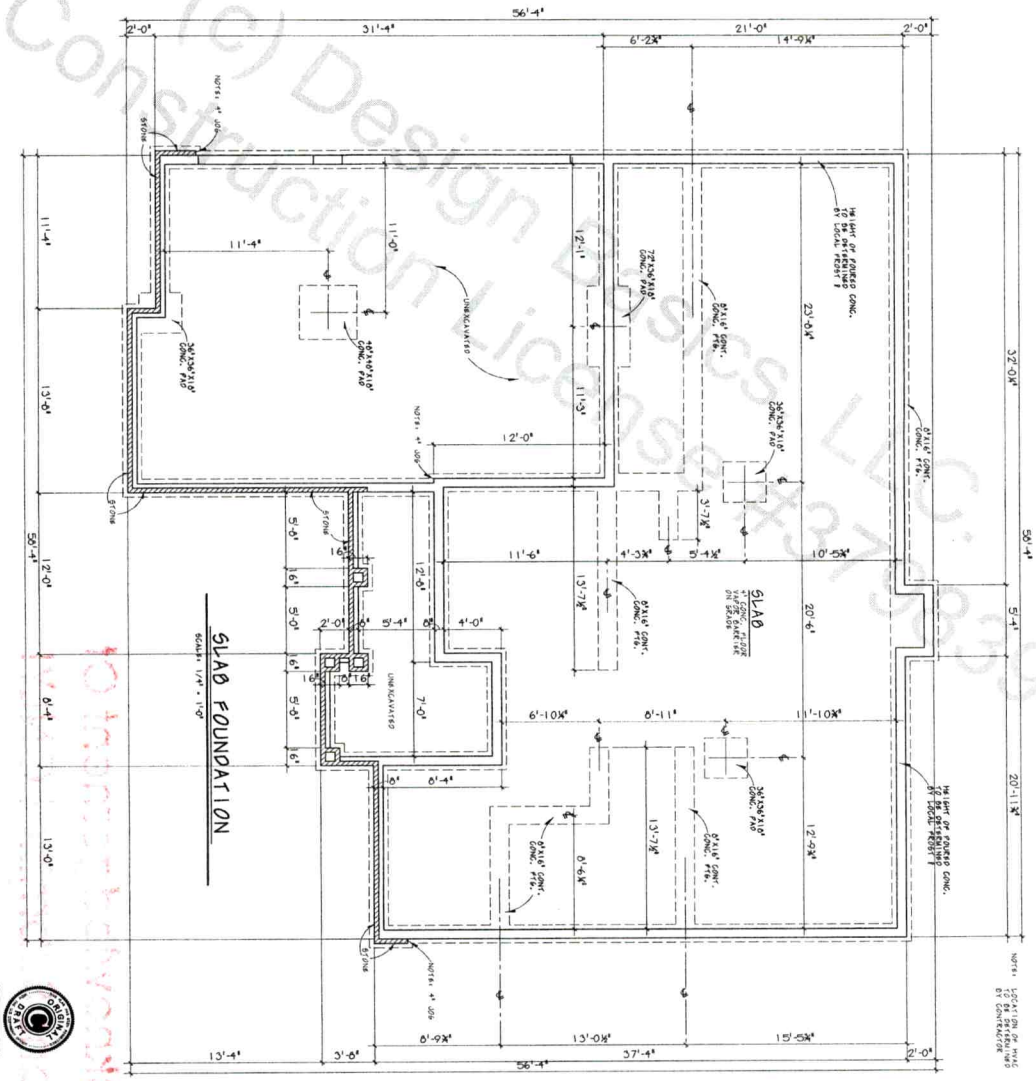
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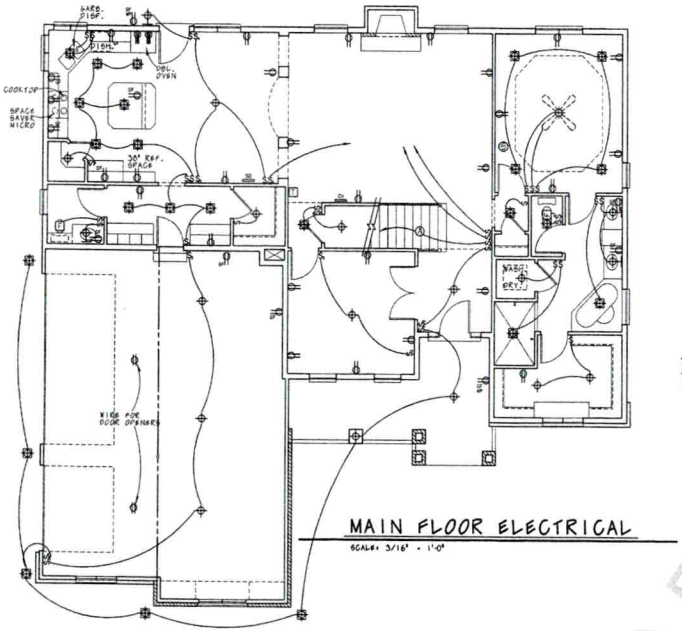
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Construction Use

FOUNDATION ELECTRICAL NOTE:

* LIGHTING IN BASEMENT TO BE DETERMINED BY CONTRACTOR AND/OR HOME OWNER

* OUTLETS AND SMOKE DETECTORS IN BASEMENT TO BE DETERMINED BY LOCAL GOVERNING CODES.

* VERIFY ELECTRICAL REQUIREMENTS OF ALL MECHANICAL AND ELECTRICAL DEVICES WITH CONTRACTOR.



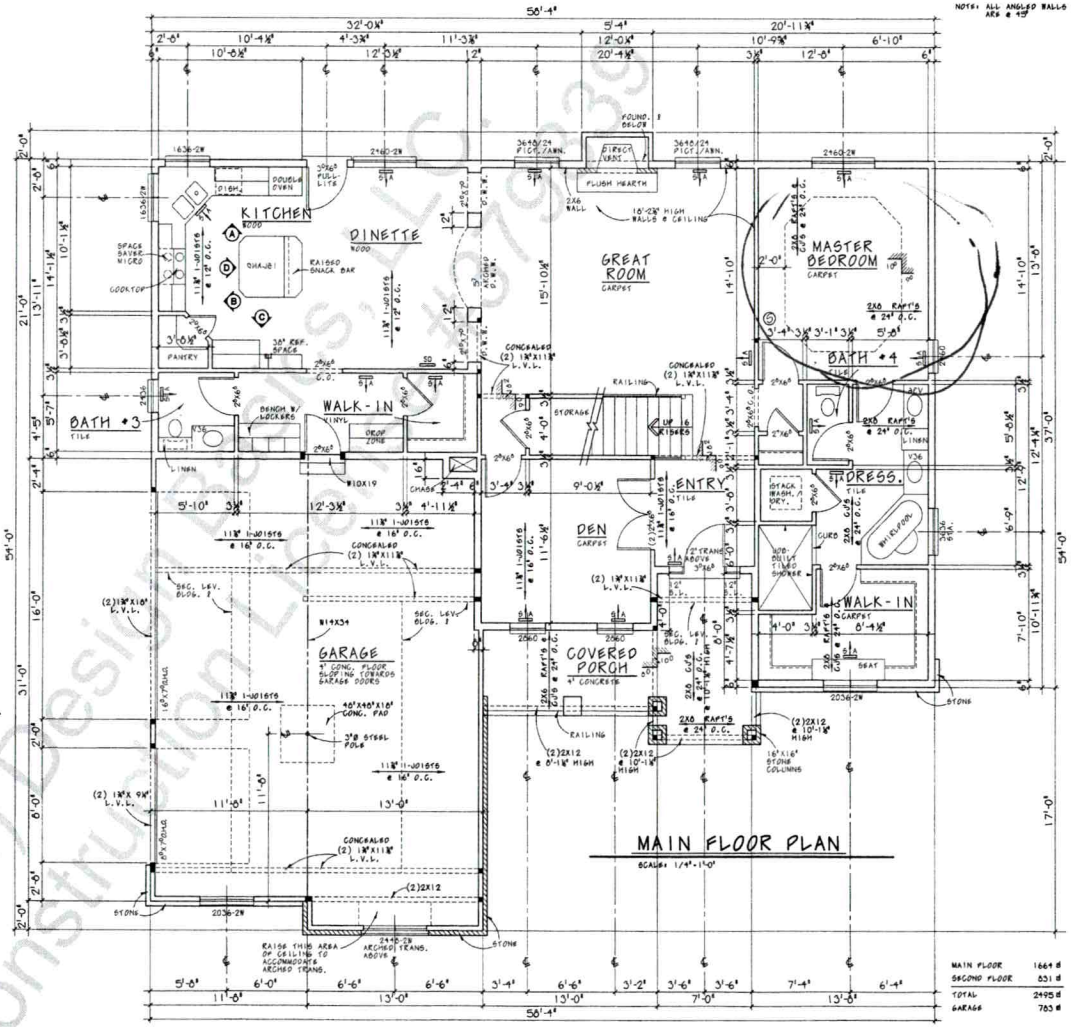
MAIN FLOOR ELECTRICAL

SCALE: 3/16" = 1'-0"

NOTE: ALL MAIN FLOOR WALLS ARE 9'-1⅛" HIGH UNLESS NOTED OTHERWISE

NOTE: ALL EXTERIOR WALLS ARE 6" (5½" STUD +½" SHEATHING) ALL INTERIOR WALLS ARE 3½" UNLESS OTHERWISE SHOWN

NOTE: ALL ANGLED WALLS ARE @ 45°



MAIN FLOOR PLAN

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

MAIN FLOOR	1664 sf
SECOND FLOOR	831 sf
TOTAL	2495 sf
GARAGE	763 sf

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Construction Use Prohibited

Acknowledgement Of
Plans Submittal ONLY!

Date 8-24-2021

Date 8/24/21

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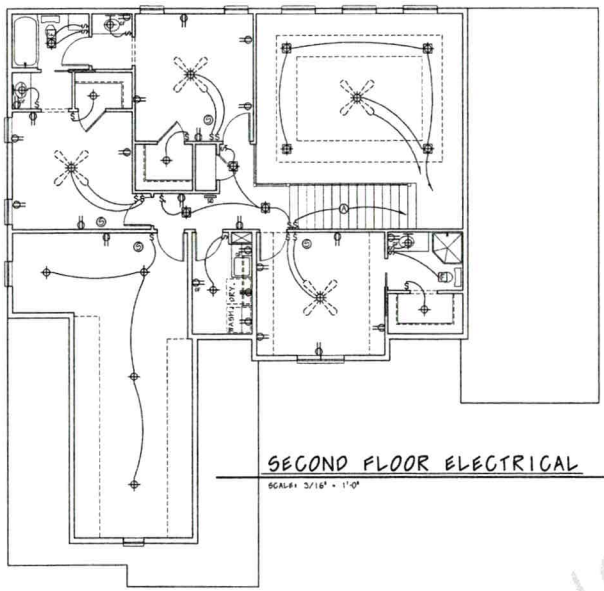
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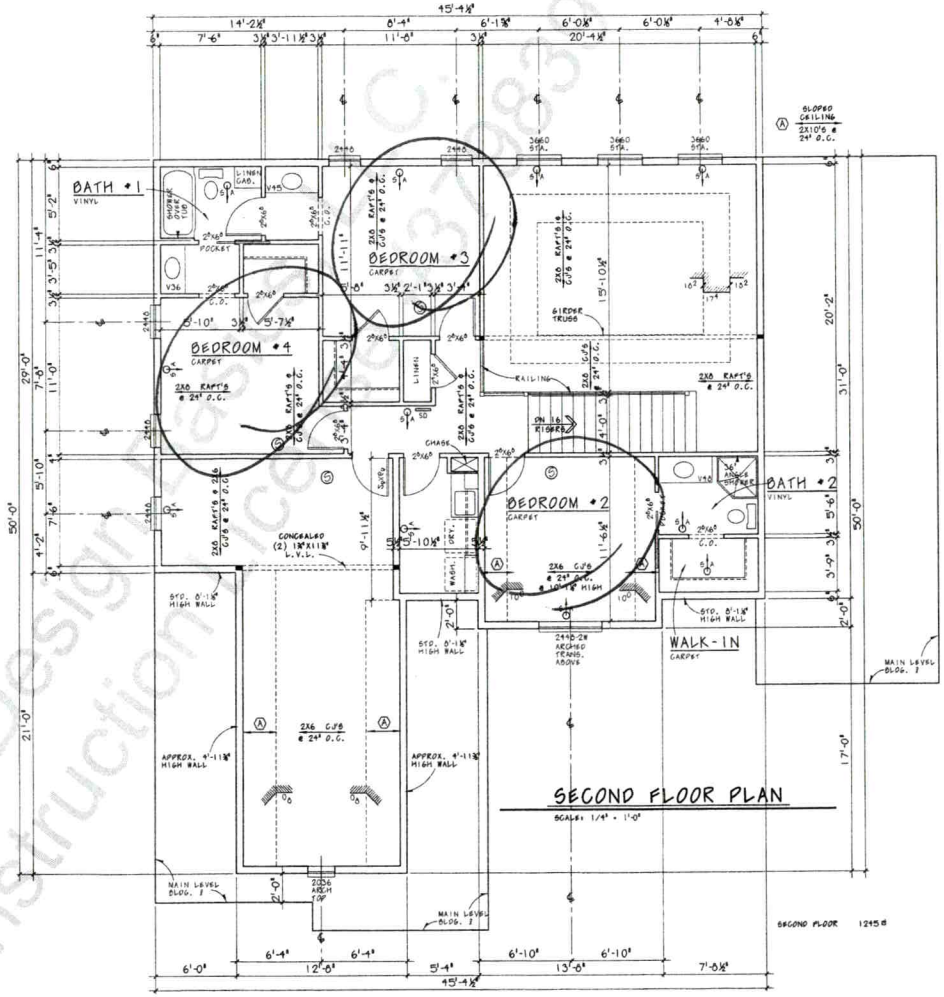
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SECOND FLOOR ELECTRICAL

SCALE: 3/16" = 1'-0"



SECOND FLOOR PLAN

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

NOTE: ALL SECOND FLOOR WALLS ARE 8'-1" HIGH UNLESS NOTED OTHERWISE

NOTE: ALL EXTERIOR WALLS ARE 6" (5½" STUD + ½" SHEATHING.) ALL INTERIOR WALLS ARE 3½" UNLESS OTHERWISE SHOWN

NOTE: ALL ANGLED WALLS ARE @ 45°

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Acknowledgement Of Plans Submittal ONLY!

~~Date~~ 8.24.2021

Date 8/24/2021

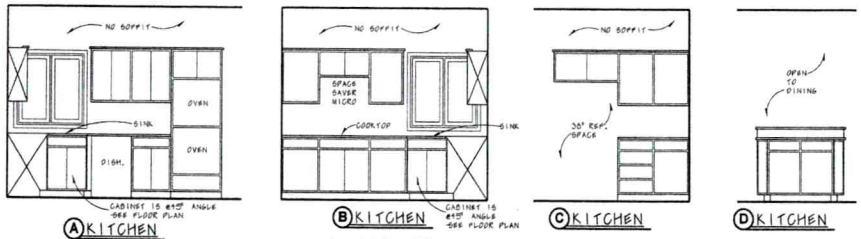
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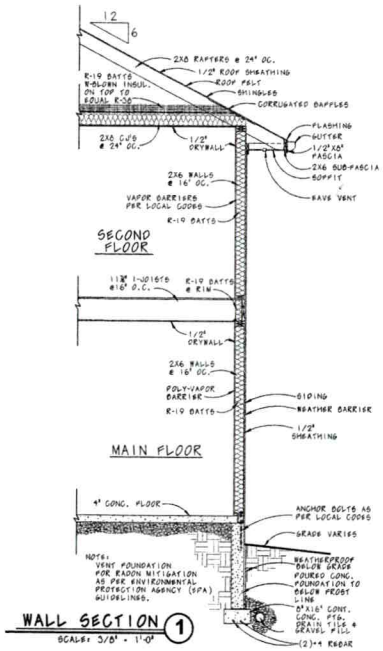
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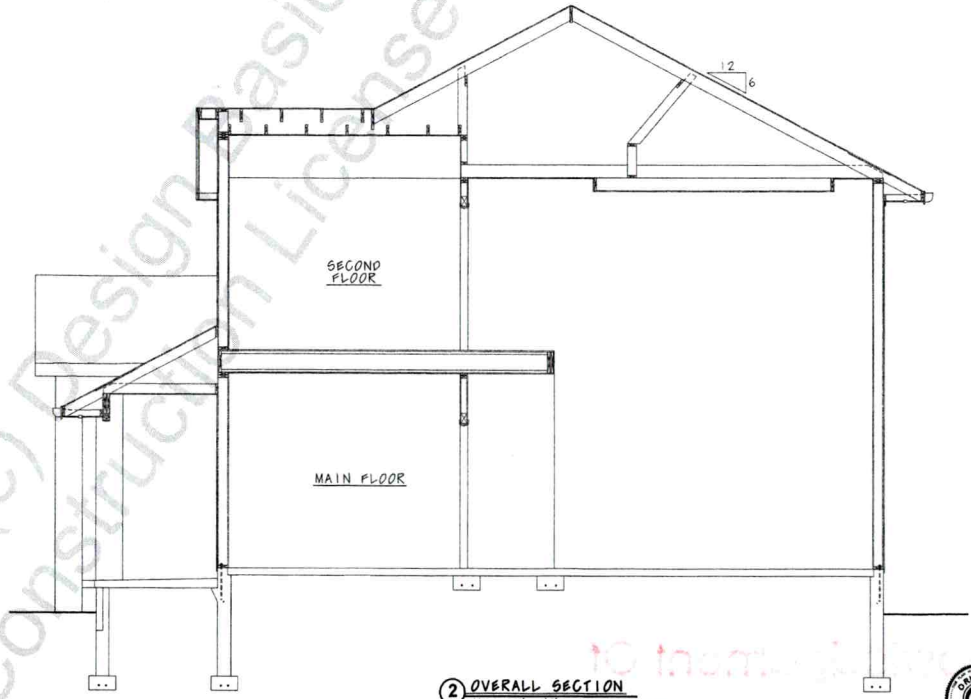
INTERIOR ELEVATIONS

SCALE: 3/8" = 1'-0"



WALL SECTION 1

SCALE: 3/8" = 1'-0"



2 OVERALL SECTION

SCALE: 3/8" = 1'-0"

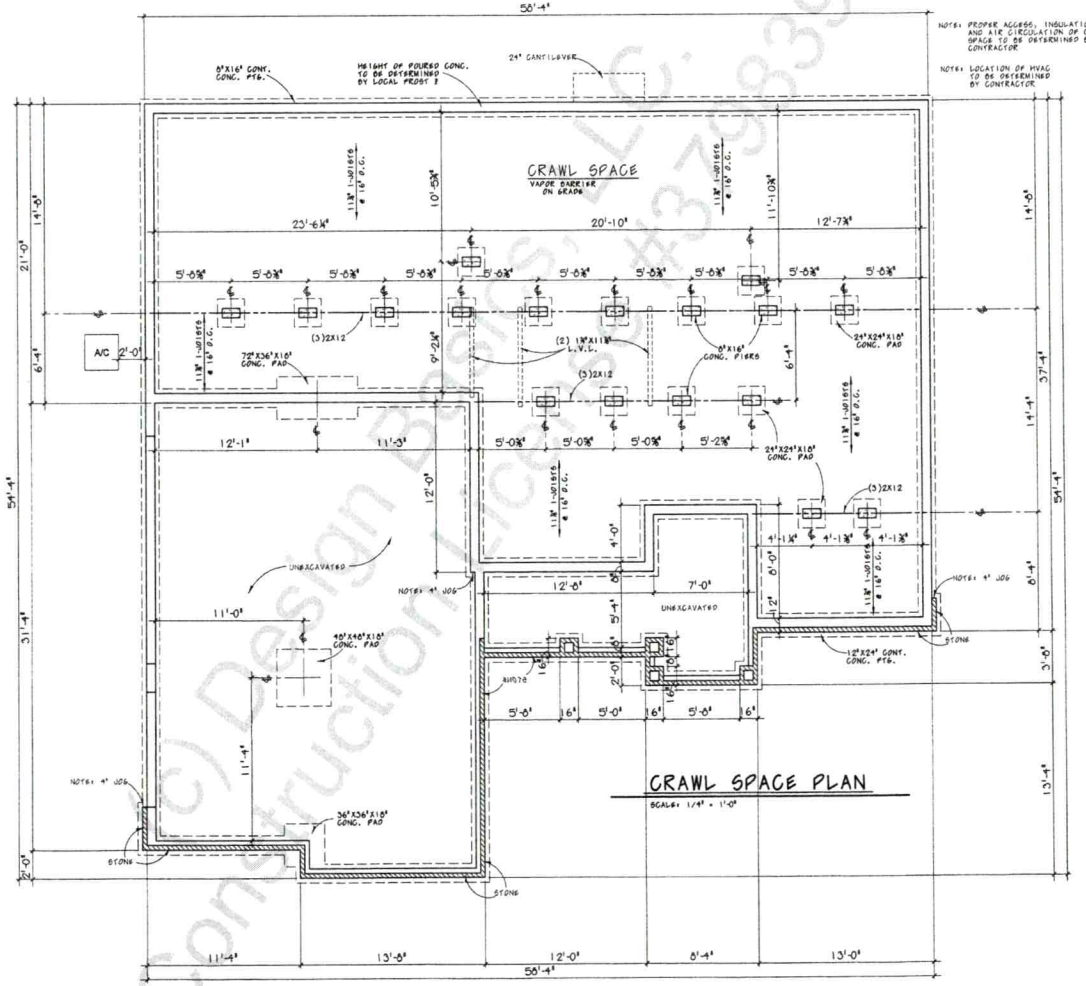
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