ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

(BB)

PERMIT # 303285

PIN # 4754428490

APPLICANT/OWNER: Lakeisha Reynolds

APPLICANT ADDRESS: 1441 Winter Dr, Statesville

SITE ADDRESS: 160 Morning Dove Ln, Statesville 28625

PHONE: 704-500-7411 ALT. PHONE —

SITE DIRECTIONS: 3rd Mocksville Rd → L on Jane Sowers → R on Baymont → cont. on Morning Dove → on R

SUBDIVISION: Baymont Meadows SECTION: — LOT # 131 LOT AREA: 1.89

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd L.T.A.R.: 13

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	1000 (gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	4	Linear Ft:	270'
Trench Width	24"	Trench Bottom Depth(Low side)	36" max	Gravel Depth	—

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

System Description: 50% REDUCTION- PPBPS-PM

Repair System Description: UPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

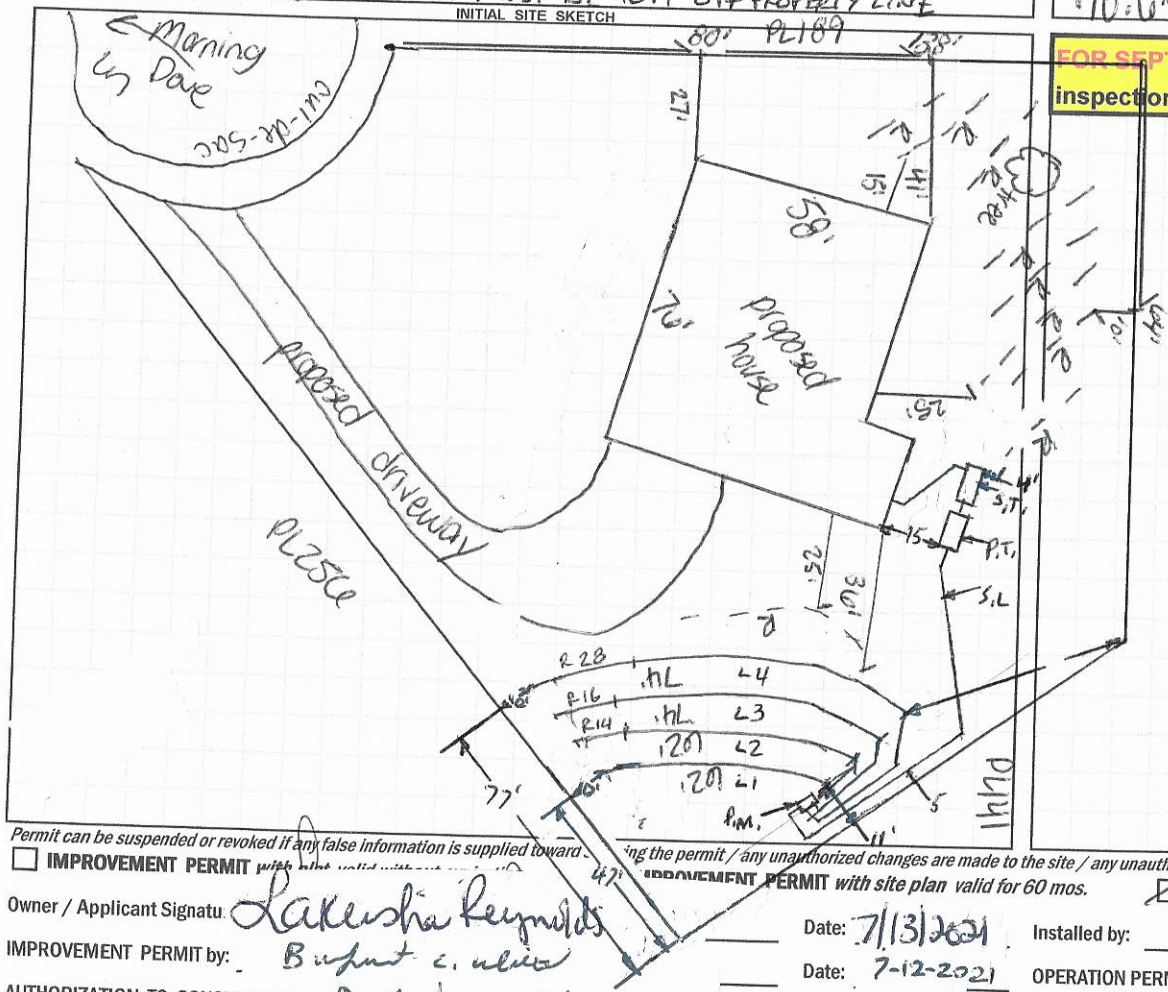
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 No. Persons 8 No. Employees —

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour. Do not grade septic area. TANKS NOT TO EXCEED 36 IN OF COVER OR TRAFFIC RATED TANKS ARE REQUIRED, PRESSURE MANIFOLD MUST BE 10FT OFF PROPERTY LINE

INITIAL SITE SKETCH



- 42 panels
- 223.2 gal dose
- 10:1" drawdown
- TAPS L1=½ SCH80, L2=½ SCH80, L3=½ SCH40, L4=½ SCH40
- GPM = 25.18
- RUN TIME = 9 MIN
- 2FT OF PRESSURE HEAD

AS BUILT SKETCH

FOR SEPTIC 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.

L.I.N.=SOFT
S.T.=SEPTIC TANK
P.T.=PUMP TANK
S.L.=SUPPLY LINE
P.M.=PRESSURE MANIFOLD

	Date	Initials
Drain Lines Checked	7/14	BB
Tanks Checked	7/14	BB
Pressure Manifold or Valve Box Checked	7/14	BB
Pressure Head Set	7/14	BB
Electrical Checked	8-12	BLW
Floats Set	7/14	BB
Alarm Checked	8-12	BLW
Maintenance Contract Y / (N)	8-12	BLW

Permit can be suspended or revoked if any false information is supplied toward ... ing 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 ... ☐ **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 Signatu: Lakeisha Reynolds Date: 7/13/2021

IMPROVEMENT PERMIT by: Baynt C. White Date: 7-12-2021

AUTHORIZATION TO CONSTRUCT by: Baynt C. White Date 7-12-2021

Installed by: SHADY KNOLL SEPTIC

OPERATION PERMIT by: Baynt C. White Date: 8-12-2021

Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 47506 [illegible]
COUNTY: Iredell

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

OWNER: Lakeisha Reynolds
ADDRESS: 1441 Winter Dr
PROPOSED FACILITY: 3 BR
LOCATION OF SITE: 1160 Morning Dove Ln
PROPOSED DESIGN FLOW (.1949): ~~480 gpd~~ 360 gpd
APPLICATION DATE: 4-13-20
DATE EVALUATED: 4-27-20
PROPERTY SIZE: .39 ac
PROPERTY RECORDED: ✓
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 15%	0-6	GR SCL	FR SS SP SBK	–	50"	–	–	PS .3
		6-35	SBK C	" "					
		35-50	SBK CL	" "					
2	L 15%	0-5	GR SCL	FR SS SP SBK	–	48"	–	–	PS .3
		5-37	SBK C	" "					
		37-48	SBK CL	" "					
3	L 15%	0-6	GR SCL	FR SS SP SBK	very few saprinc incl	50"	–	–	PS .3
		6-31	SBK C	" "					
		31-50	SBK CL	" "					
4	L 15%	0-4	GR SCL	FR SS SP SBK	–	48"	–	–	PS .3
		4-32	SBK C	" "					
		32-48	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25% RM	LPPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

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

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

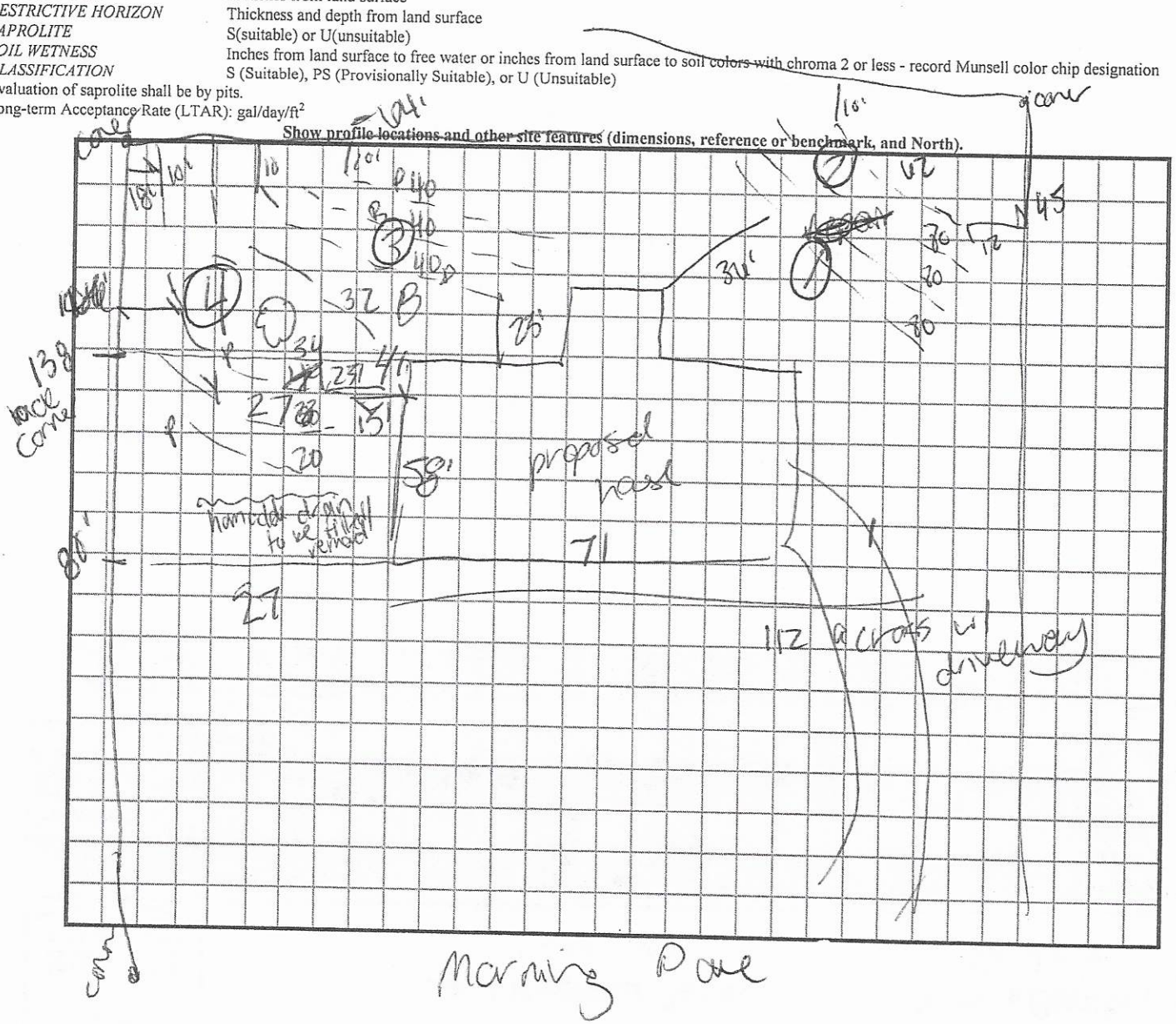
NOTES

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).



RECEIVED JUN 18 2021

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

Iredell County Health Department – Environmental Health Division

Intermediate

PAGE 1: *APPLICATION FORM* AP-303285 $320.00

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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lakeisha Reynolds **Address:** 1441 Winter Drive Statesville, NC **Zip:** 28677
Applicant Email: LReynolds102018@gmail.com **Phone:** 704-500-7411 **Alt. Phone:** 336-755-8658
Owner Name: Lakeisha Reynolds **Address:** Same As Above **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 160 Morning Dove Lane, Statesville NC 28625
Subdivision Name: Bay Mount **Section/Phase:** _____ **Lot Number:** 131
Driving Directions: Make A Right off of Jane Sowers Rd, Into Baymount Subdivision, Keep Straight Last lot #131 in Cul-de-Sac

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: 4
Maximum Number of Occupants: 3
( ) 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: 2800 **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: Lakeisha Reynolds 6/11/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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)* Rakeshia Reynolds

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, Rakeshia Reynolds, am the legal owner(s) of the property located at 160 Morning Dove Lane, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Rakeshia Reynolds
Signature of Owner(s)

6/11/2021
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

Barbara Nebel

From: Amro Constructions <amroconstructions@yahoo.com>
Sent: Monday, June 14, 2021 10:55 AM
To: Barbara Nebel
Subject: Fw: Septic tank location redraw
Attachments: Septic tank relocation.pdf

Hi,
attached you will find the new application for the redraw of the septic tank location. Originally the tank was to the front of the house and we want to move it to the right on back of the house .
Please call me at : 704-315-1684 Nick, for payment .
Let ,me know please if you have any questions.
Thank you !

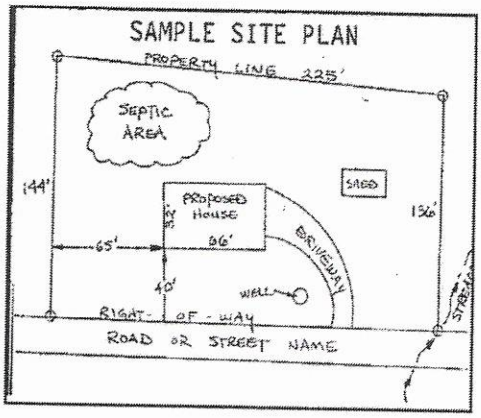
CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

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:

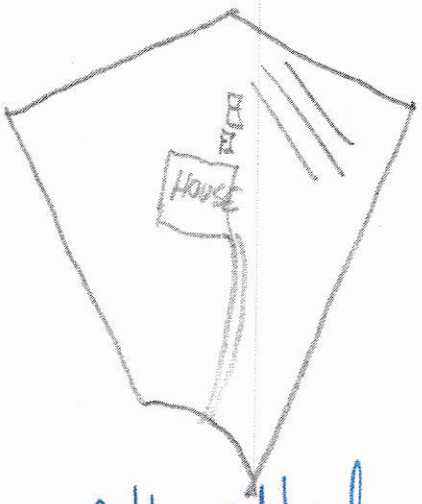
- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location and well location**
- (✓) **Area you prefer your septic system to be placed**
- (✓) **North arrow, or other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



See Attached

Signature: Lakeshia Reynolds

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

6/11/2021

DATE

(BB)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 303295

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

PIN # 4751184910?

APPLICANT/OWNER: Lakeisha Reynolds APPLICANT ADDRESS: 1441 Winter Dr, Statesville

SITE ADDRESS: 1160 Morning Dove Ln, Statesville PHONE: 704-580-7411 ALT. PHONE —

SITE DIRECTIONS: 2nd Mocksville Rd → L on Jane Sowers → R on Baymont → cont. on Morning Dove → on R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Baymont Meadows SECTION: — LOT # 131 LOT AREA: .789 DESIGN FLOW: 480 gpd L.T.A.R.: .13

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 270'

Trench Width 24" Trench Bottom Depth ~~(Low side)~~ 36" max Gravel Depth —

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

System Description: LPPBPS

Repair System Description: LPPBPS

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

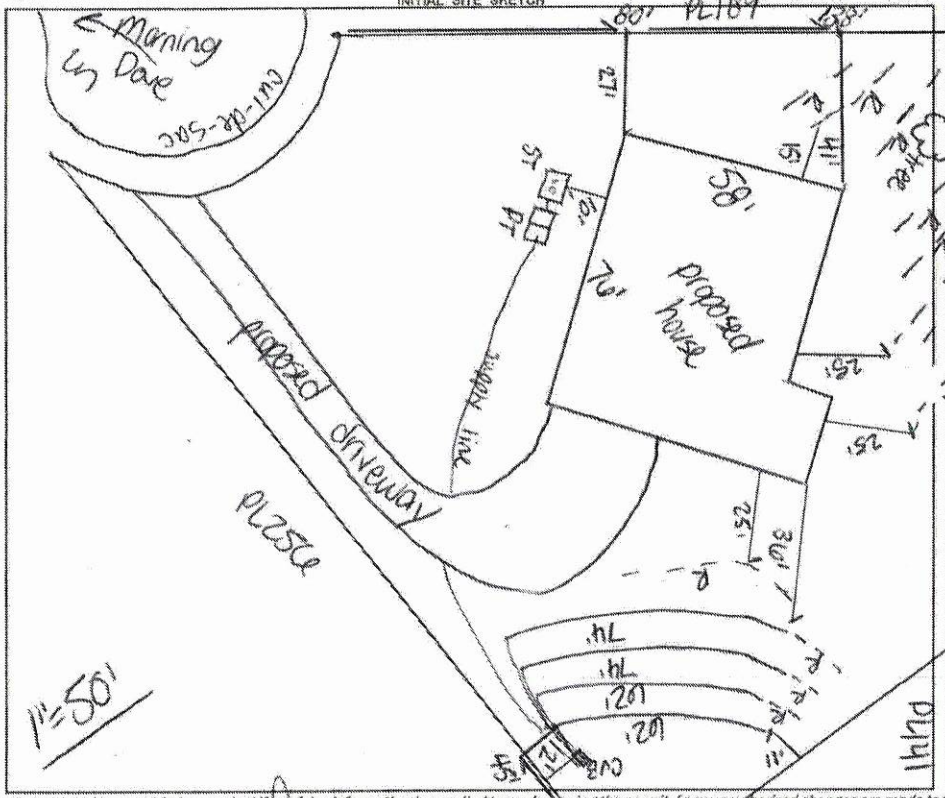
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour. Do not grade septic area. Supply line under driveway must be sleeved in ductile iron or buried 30".

- 42 panels
- 223.2 gal dose
- 10.6" drawdown

· 25.42 gpm

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC 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 plot 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: Lakeisha Reynolds Date: 5/19/2020 Installed by:

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 5-13-20 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 5-13-20 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147598 PIN# 4756684964 DATE 3-5-08

OWNER OR APPLICANT James Rutty PHONE. Business 704 971 3276 Home 704 873 3687

ADDRESS 160 Morning Dove Lane - Stat

LOCATION Hwy 21 N, (R) on Long Shoals, (L) on 1st Beaumont entrance. Lot at end of Cul-de-sac on (R)

SUBDIVISION Beaumont Phase BLOCK/ SECTION LOT 131 LOT AREA .89 SITE CLASS. B5 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: ST# Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% Reduction Pump

Repair System Description: 50% Reduction LP

Maintenance Agreement Required: ☐ Yes ■ No

Gravel Depth ☐ Gravity ■ Pressure ☐ Slab ☐ Crawl Space ■ Basement w/plumbing ☐ Basement wo/plumbing

■ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

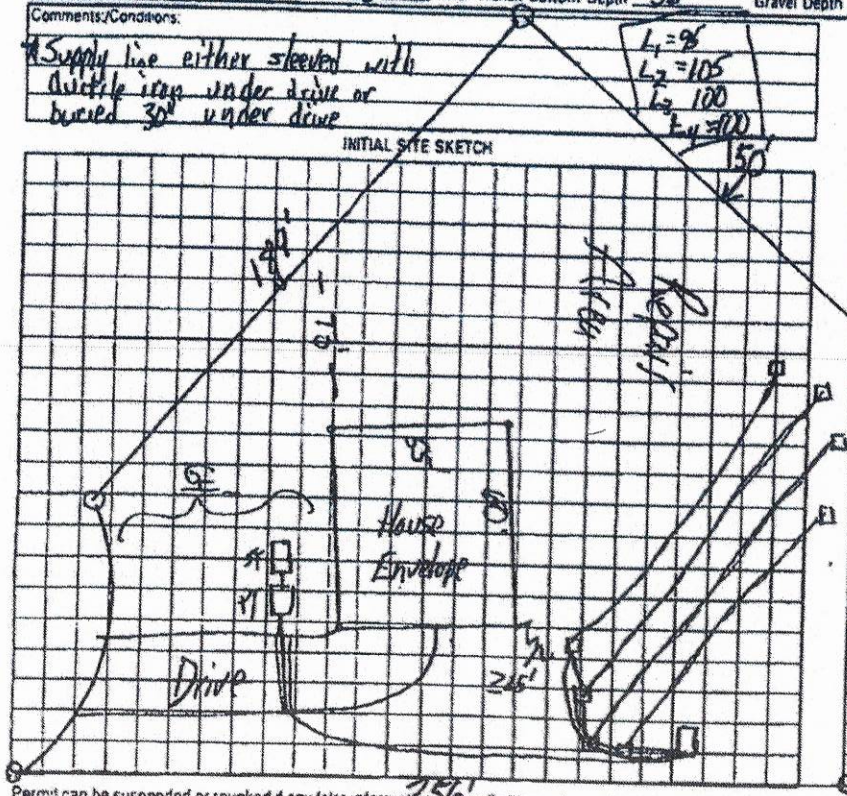
No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☐ Individual ■ Public ☐ Community

Comments/Conditions:

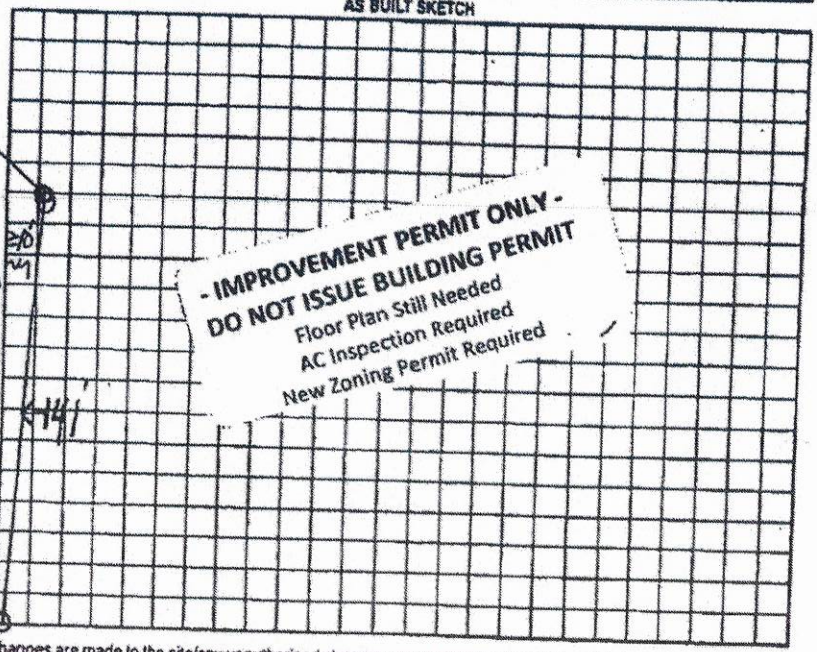
*Supply line either sleeved with Quittle trap under drive or buried 30" under drive

INITIAL SITE SKETCH



Comments/Conditions:

AS BUILT SKETCH



- IMPROVEMENT PERMIT ONLY -
DO NOT ISSUE BUILDING PERMIT
Floor Plan Still Needed
AC Inspection Required
New Zoning Permit Required

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 Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ■

Signed: Bellinda J. Rutty

Improvement Permit by: date 3-17-08

Authorization to Construct by: date 3-5-8

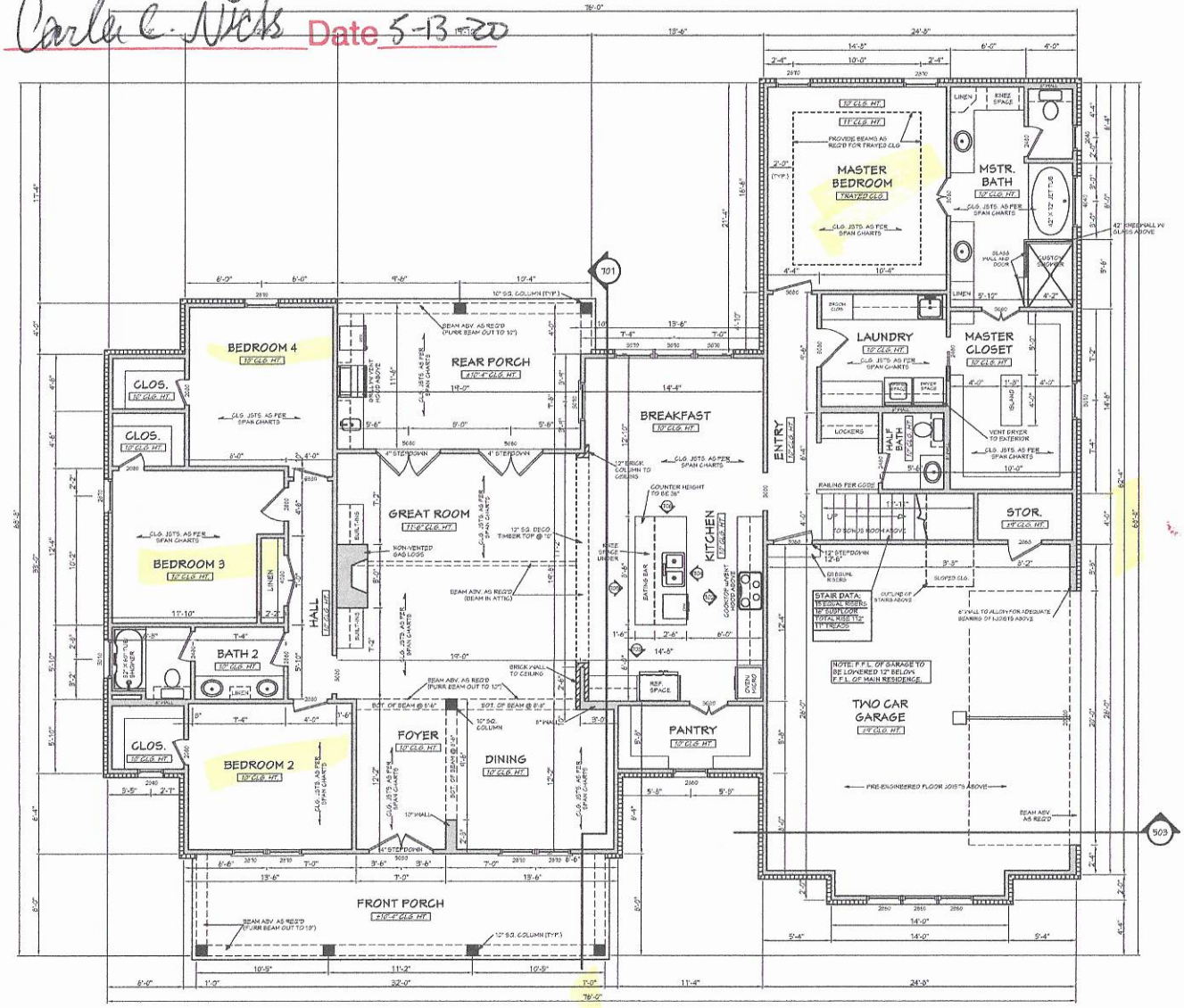
Installed by: date

Operation Permit by: date

Existing System Inspection by: date

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

Acknowledgement Of
Plans Submittal ONLY!
Karlestra Reynolds Date 5/13/2020
Carla C. Nicks Date 5-13-20



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 FLATFORM 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, M1501.2

NOTE: CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE.

BB-2686 FLOOR PLAN

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

AREA:	2686	S.F. HEATED - FIRST FLOOR
	509	S.F. UNHEATED - BONUS ROOM
	222	S.F. UNHEATED - REAR PORCH
	663	S.F. UNHEATED - GARAGE
	32	S.F. UNHEATED - STORAGE
	256	S.F. UNHEATED - FRONT PORCH
	1682	S.F. UNHEATED - TOTAL
	4368	S.F. TOTAL UNDER ROOF

House Plan Zone
Designing Homes Building Relationships
Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.336.9254
Fax: 1.800.574.1381
N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATION
JONATHAN L. BOONE CERTIFICATION: 25-137

Pre-Drawn Plan ID: BB-2686

House Plan Zone, LLC. has created grant use and utilize in the development of these plans and in the completion of these construction documents. Any unauthorized use, modification, reproduction, publication or transfer of these documents in any manner without the prior written consent of House Plan Zone, LLC. is prohibited. Unauthorized use of these documents will be at the user's sole risk and without liability to House Plan Zone, LLC. and its officers, employees and consultants. The user agrees to indemnify and hold harmless House Plan Zone, LLC. and its officers, employees and consultants from and against all loss, expense, including reasonable attorney's fees, damages or claims arising out of any such use, modification, reproduction, publication or transfer of these documents. Any such unauthorized use, modification, reproduction, publication or transfer of these documents will be at the user's sole risk and without liability to House Plan Zone, LLC. and its officers, employees and consultants. The user agrees to indemnify and hold harmless House Plan Zone, LLC. and its officers, employees and consultants from and against all loss, expense, including reasonable attorney's fees, damages or claims arising out of any such use, modification, reproduction, publication or transfer of these documents. Any such unauthorized use, modification, reproduction, publication or transfer of these documents will be at the user's sole risk and without liability to House Plan Zone, LLC. and its officers, employees and consultants. The user agrees to indemnify and hold harmless House Plan Zone, LLC. and its officers, employees and consultants from and against all loss, expense, including reasonable attorney's fees, damages or claims arising out of any such use, modification, reproduction, publication or transfer of these documents.

Date: 10.21.16
Drawn By: J.A.B.

SHEET NUMBER 3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303285
Issue Date: 12/09/2019

Permit Type: ZONING

FILE COPY

Parcel Number	Street Address	Jurisdiction
4756684969.000	160 MORNING DOVE LN	Iredell County

Owner Information	Applicant Information
Name: RUFTY JAMES T+BEVERLY L	Name: RUFTY JAMES T+BEVERLY L
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15		

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.

SEE ATTACHED

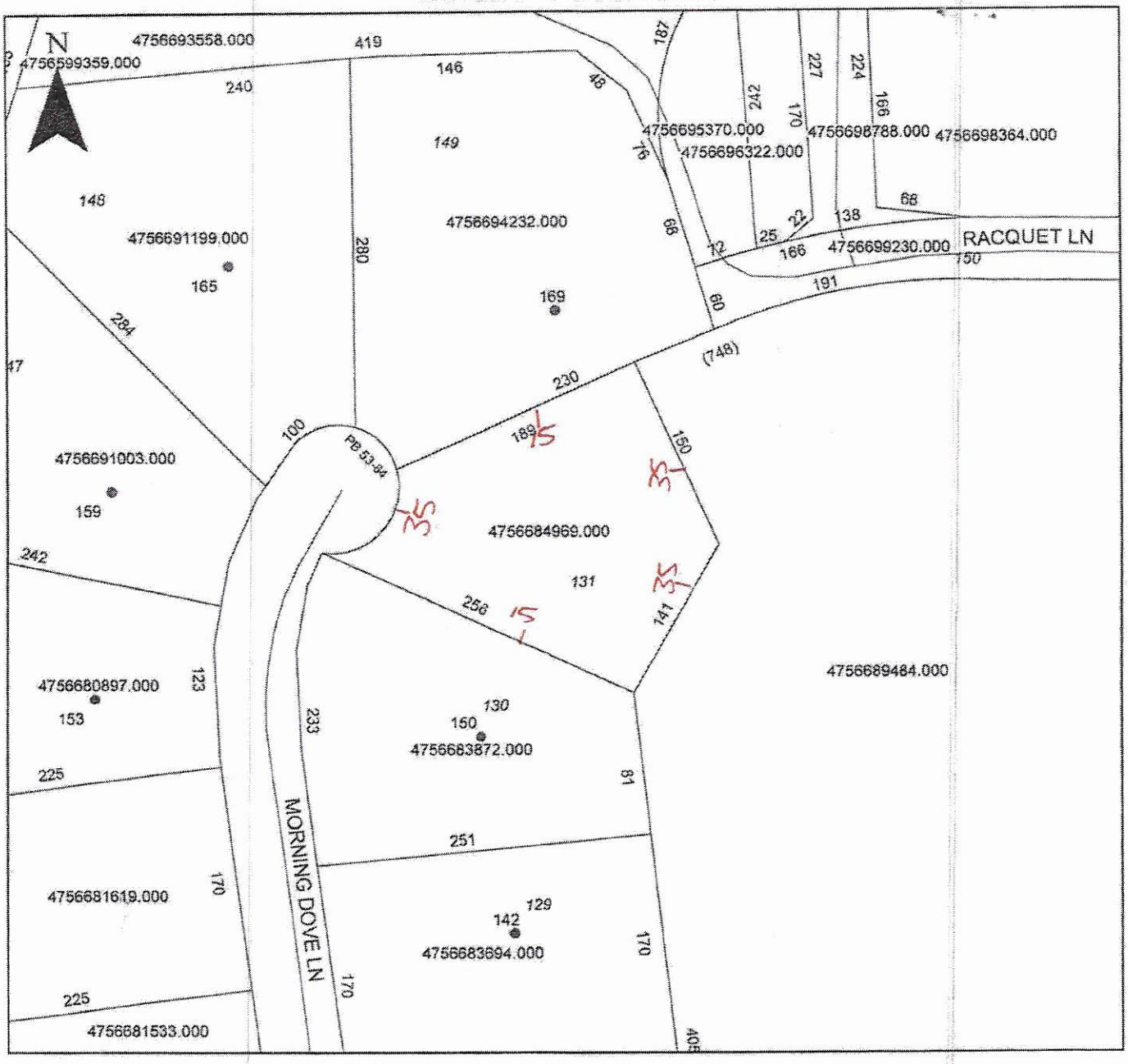
Signature of Owner/Contractor

PAID Credit 12-9-19 bk

Date: 12/09/2019

Permit Number	303285	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 1160 Morning Dove Lane

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

12/9/19
Date