IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit ___Authorization To Construct ✓ BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Tom Palmer Homes, Inc	P.O. Box 2387 Davidson, NC 28036	704-500-2104	980-241-9693
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Rick and Diane Honeycutt	873 Eupeptic Springs Rd., Olin, NC 28660	704-539-4723	704-929-0991

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
274 Baymount Drive Statesville, NC	Baymount Meadows	

Driving Directions: 21 North, (R) on Jane Sowers, (L) on Baymount, Property on Right

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

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6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water County Water

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

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8. **Please Answer The Following To The Best of Your Ability:**

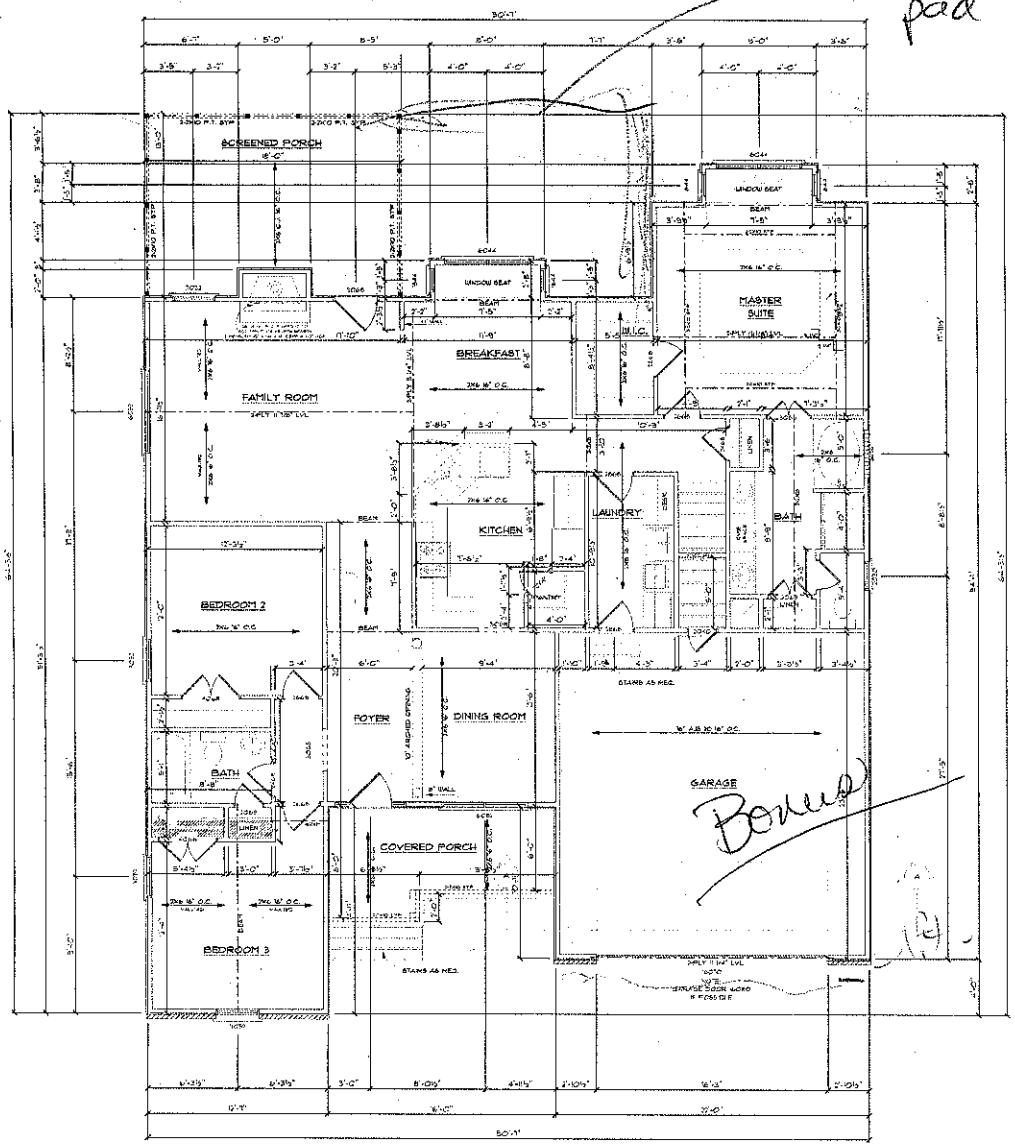
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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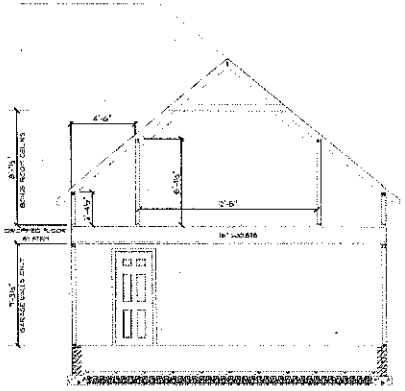
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible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

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

concrete pad

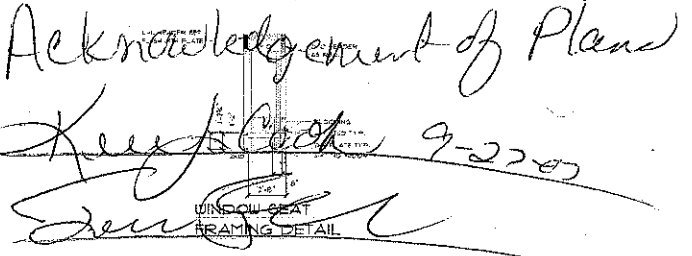


FIRST FLOOR WALLS
SCALE: 1/4"=1'-0"



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

Acknowledgement of Plans
9-22-20



Reverse

SQ FOOTAGE	
FIRST FLOOR	1902
BONUS ROOM	436
TOTAL HEATED	2338
SCREENED IN PORCH	224
GARAGE	512
COVERED PORCH	113
TOTAL UNDER ROOF	3187

Structural Notes:

1. All construction to comply with current local building codes.
2. Ceiling joists to be 2x6 at 16" o.c. unless noted otherwise.
3. All first floor load-bearing headers to be 2-2x8, unless noted otherwise.
4. Install 2 studs in jacks under beams, headers etc. unless noted otherwise.
5. All door and window header sizes shall be 2-2x10, unless noted otherwise.
6. Install double joists under all walls parallel to joist span unless noted otherwise.

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, REGULATIONS AND RULING TYPE.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO ROLL ELLIOTT DESIGNS FOR ASSESSMENT AND/OR CORRECTION BEFORE PROCEEDING WITH WORK. CONTRACTORS SHALL ASSUME RESPONSIBILITY FOR ERRORS THAT ARE NOT REPORTED.
3. ALL DIMENSIONS SHALL BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS TO BE REST ON VIRGIN SOIL, COMPACTED AND FREE OF ORGANIC MATERIAL AND FILL. CONSULT LOCAL ENGINEER FOR PROPER FOOTING AND REINFORCING SIZES.
5. CONTRACTOR SHALL INSURE COMPATIBILITY OF THE BUILDING WITH ALL SITE REQUIREMENTS.
6. ALL FOUNDATION AND STRUCTURAL PROGRESS SHOULD BE INSPECTED AND STAMPED BY LOCAL STATE CERTIFIED STRUCTURAL ENGINEER. TOP CONTRACTOR IS RESPONSIBLE FOR ADJUSTING AND MODIFYING ALL STRUCTURAL DETAILS AND CONSULT 2X6 TO MEET ALL LOCAL CODES AND TO INSURE A QUALITY AND SAFE CONSTRUCTION.

Builder Of Record:

Sheet Information:

DATE: December 01, 2020

DRAWING: FIRST FLOOR WALLS

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

SHEET 1