ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 3175576

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

PIN # 4758-67-2384

APPLICANT/OWNER: Stanley Sandrowitz

APPLICANT ADDRESS: 116 Signal Hill, Apt. 101, Statesville NC 28625

SITE ADDRESS: 233 Fairmount Rd, Statesville NC 28625

PHONE: 727-480-4965 ALT. PHONE

SITE DIRECTIONS: (N) 77 → exit 54 → (R) 21 → (L) Fairmount → lot on (L)

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Rufus E Gatton Sr. SECTION: LOT # TR2 LOT AREA: 10.81

DESIGN FLOW: 360 gpd L.T.A.R.: 0.3/6.275

Septic Tank	1000	(gal)	STB 760	Date	4/30/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft:	302'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE		

☒ Residence — No. Bedrooms: 3

☐ Business — No. Persons: 6

☐ Other — No. Employees:

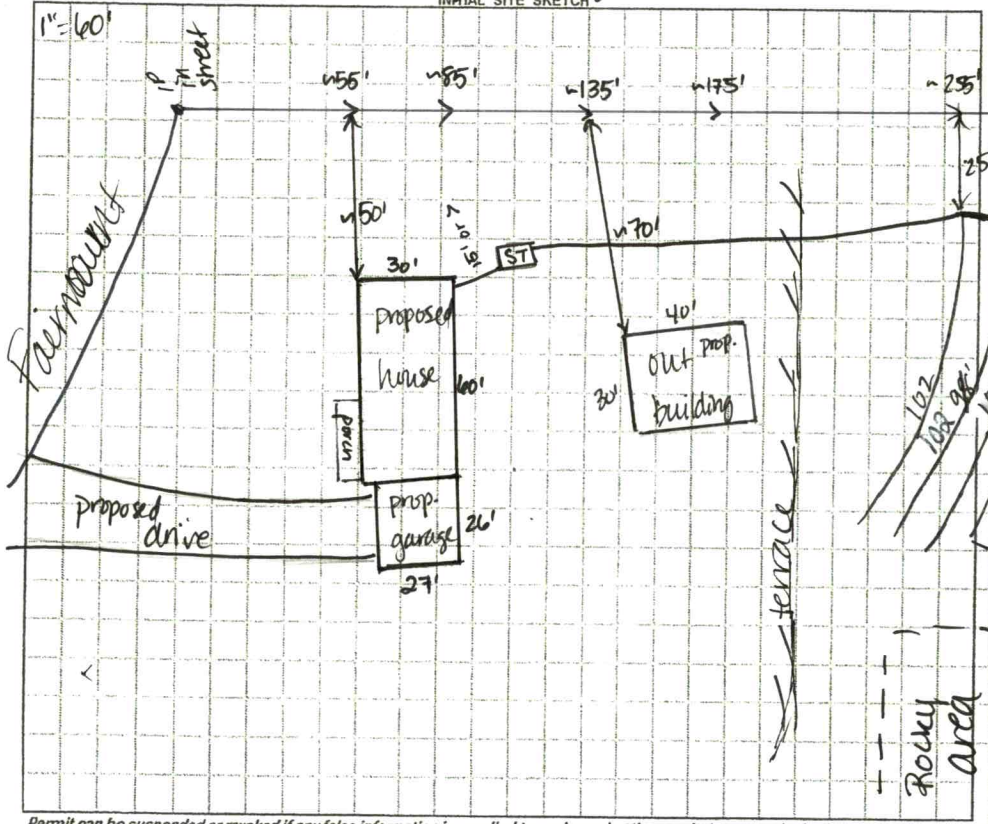
☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☒ Basement w/o plumbing

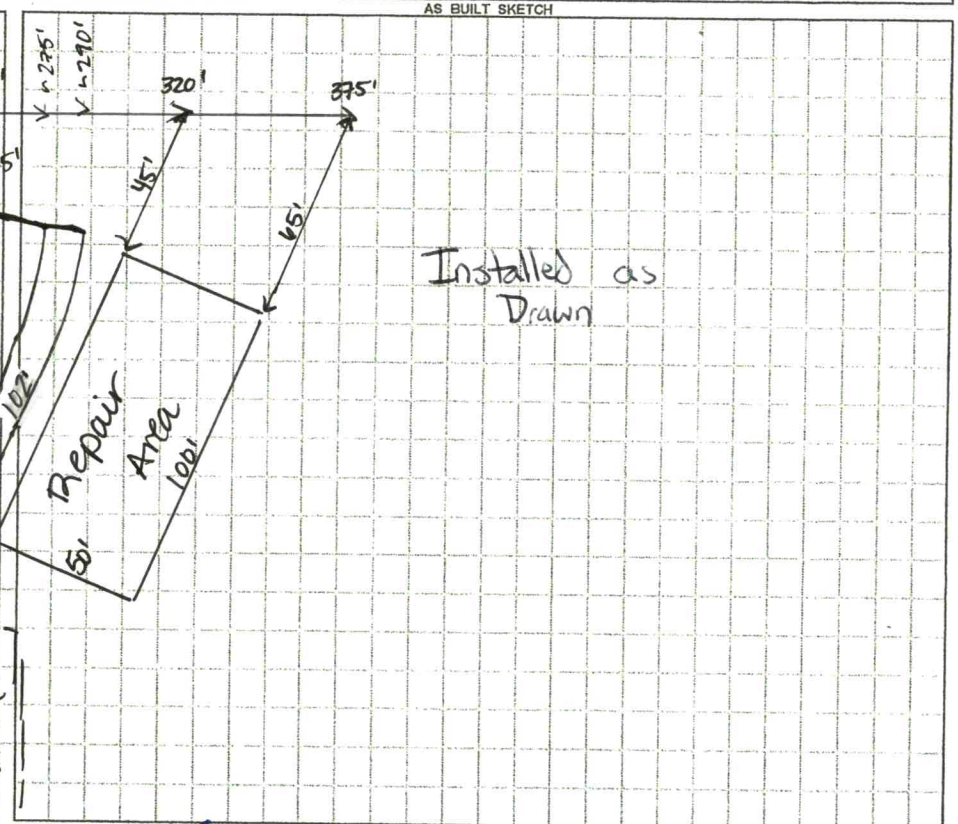
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Do not park, pave, grade, drive, or bury utilities in drain field area. Divert all drainage from drainfield area - ensure terrace does not cause drainage issues - grade down if it does.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 6/22/21

IMPROVEMENT PERMIT by: D. Wieberg Date: 6/21/21

AUTHORIZATION TO CONSTRUCT by: Benjamin Baker Date: 6/22/22

Installed by: Piedmont Backhoe

OPERATION PERMIT by: Tony Whit Date: 6/14/23

Existing System Inspected by: Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 4758672384
COUNTY: Iredell

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

OWNER: Stanley Sandrowitz — APPLICATION DATE 6/2/21
ADDRESS: 116 Sighthill Dr. #101 Statesville — DATE EVALUATED: 6/11/21
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 10.81
LOCATION OF SITE: 233 Fairmount, Statesville NC — 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	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	LS ~10%	0-8	CL-SBK	SSSP-FR-SEXP		(52")	N/A		PS
		8-26	C-SBK	↓					
		26-40	CL-SBK	↓					0.3
		40-52	CL-WSBK	SSNP-FR-SEXP	mica common throughout				
					Sap incl	40"+			
2	LS 10%	0-5	CL-SBK	SSSP-FR-SEXP		(40")	NA		PS
		5-11	C-SBK	↓					
		11-40	CL-SBK/WSBK	SSSP-FR-SEXP	(some floater rocks 20"-30")				0.3
		40-52	ROCK						
					Band of rock @ 40" HS/44" LS				
3	LS ~	0-9	CL-SBK	SSSP-FR-SEX		19-48"			Not using unless further explored
		9-19	C-SBK	↓					
		19-48	CL-SBK/RCF	↓	Large bands/columns Rock starts 16" toward back of pit		Road ← Back		PS/0.1
4	LS 10%	0-8	CL-SBK	SSSP-FR-SEXP					PS
		8-24	C-SBK	↓					
		24-52	CL-SBK	↓					0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	328'
System Type(s)	25% red	25% red.
Site LTAR	0.3	0.275

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

COMMENTS: Sunny/dry
CL 0 & 8-24 variable band of rock
C CL 24-52 ~rock prevalent in CL
29/58 0.275

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

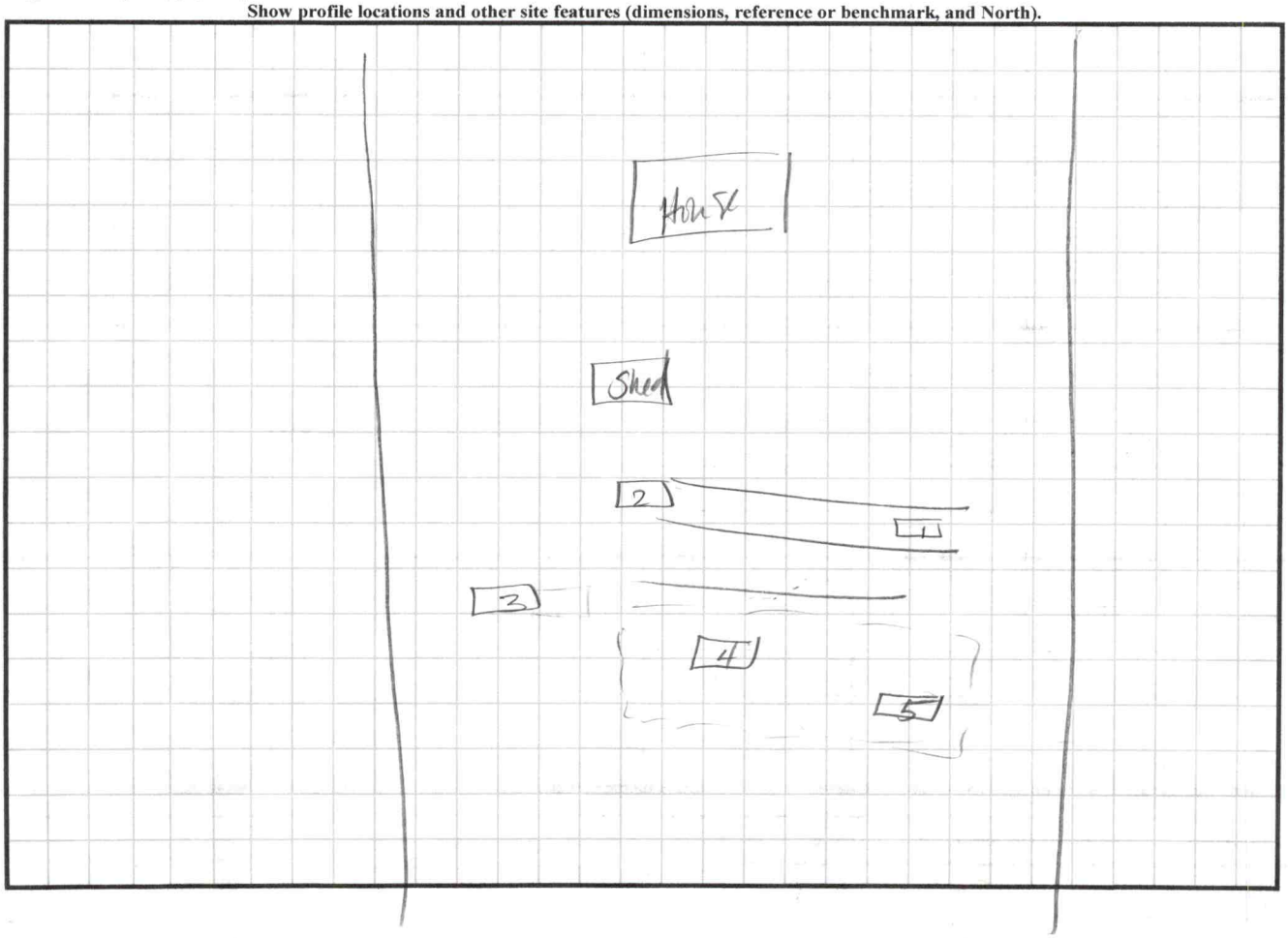
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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

Fairmont

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



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4758672384
DATE OF EVALUATION: 6/11/21
COUNTY: Iredell

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
5	10%	0-8	SL - SBK	SSSP - FR - SEXP	variable band of rock prevalent in CL layer (24"-52")	52"	N/A	N/A 29-38"	0.275
		8-24	C - SBK	SSSP - FR - SEXP					
		24-52	CL - SBK	SSSP - FR - SEXP					

Property came centred location - pin in
Sunken on permit street
to account for that

4758-68-4828

448

Fairmount Rd

136

233

227

4758-67-2384

4758-67-5634

355

372

377

4758-67-8518

2

60

60

4758-77-0070

99

RECEIVED JUN C 2 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-317576 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) 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)

Applicant Name: STANLEY SANDROWITZ Address: 116 SIGNAL HILL DR. APT 101 STATESVILLE NC Zip: 28625
Applicant Email: SANDROWITZ@MSN.COM Phone: 727-480-4965 Alt. Phone: _____
Owner Name: STANLEY SANDROWITZ Address: 116 SIGNAL HILL DR APT 101 STATESVILLE Zip: 28625
Owner Email: SANDROWITZ@MSN.COM Phone: 727-480-4965 Alt. Phone: _____

Property Information:

Street Address: 233 FAIRMOUNT Rd, STATESVILLE, NC.
Subdivision Name: RUFUS E. GATTON JR. ~~TRACT~~ PROPERTY Section/Phase: TRACT 2 Lot Number: _____
Driving Directions: FRONTS ON FAIRMOUNT Rd.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(X) Basement without Plumbing

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2021
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 5/6/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

317576

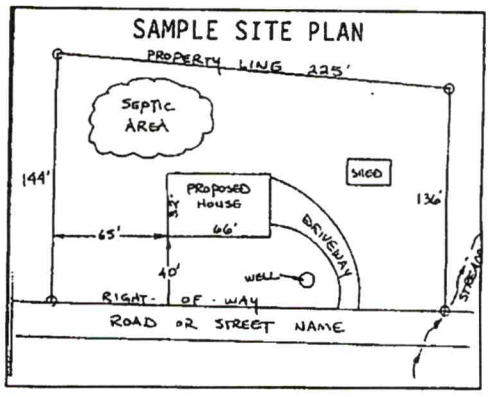
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

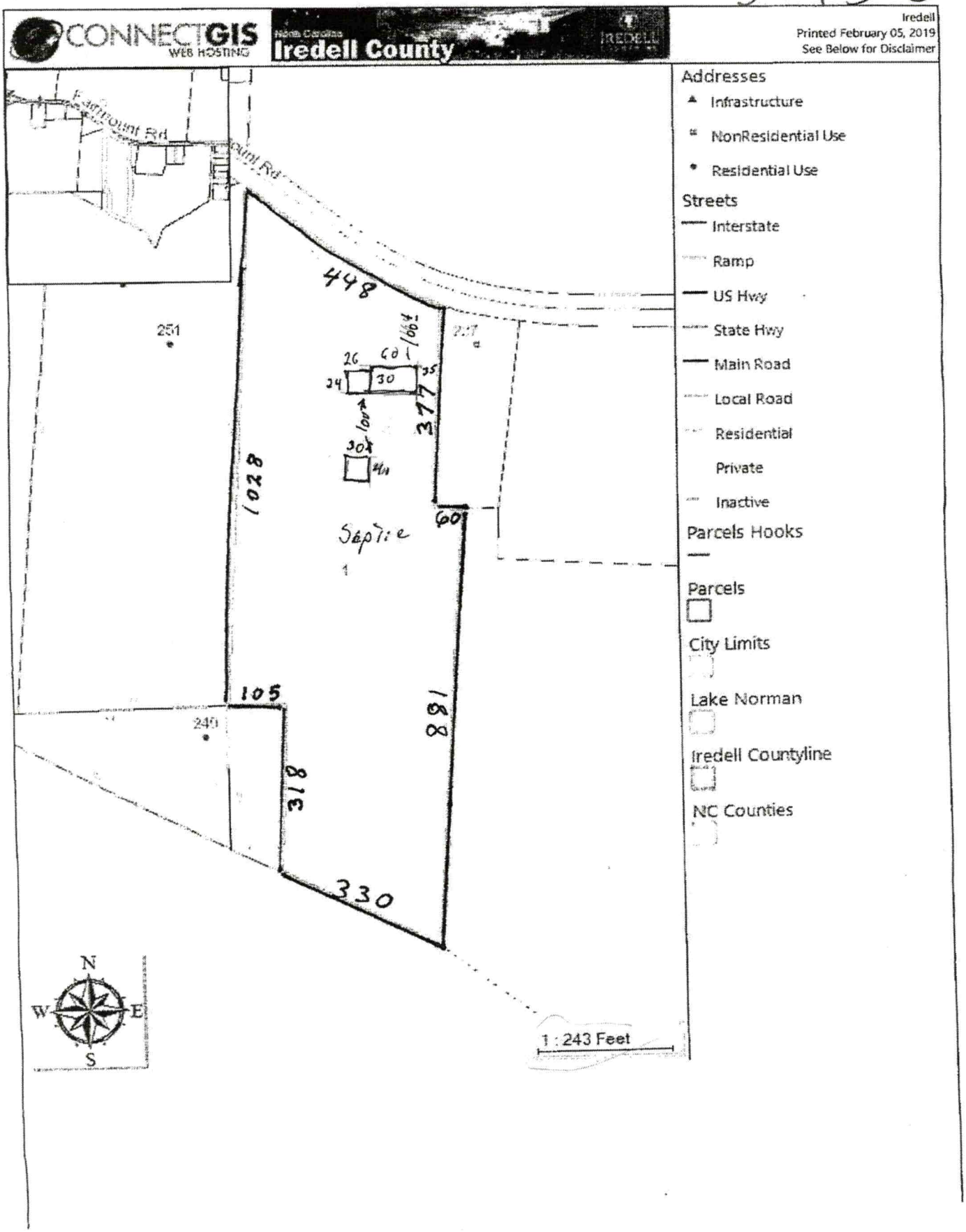
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See ATTACHED

Signature: _____ 5/6/21

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

S17576


CONNECTGIS
WEB HOSTING
North Carolina
Iredell County
IREDELL
Iredell
Printed February 05, 2019
See Below for Disclaimer
Addresses
Infrastructure
NonResidential Use
Residential Use
Streets
Interstate
Ramp
US Hwy
State Hwy
Main Road
Local Road
Residential
Private
Inactive
Parcels Hooks
Parcels
City Limits
Lake Norman
Iredell Countyline
NC Counties
Fairpoint Rd
448
251
217
26
60
166'
24
30
35
377
100'
30'
1028
Septic
1
60
105
881
240
318
330
N
W
E
S
1 : 243 Feet

317576

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent Promote Protect
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*) Stanley Sandrowitz

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, STANLEY B. SANDROWITZ, am the legal owner(s) of the property located at 233 FAIRMONT, 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.

Signature of Owner(s) — Date: 5/6/21

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

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

3175716

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

SB Complete all Environmental Health forms:
- _____ Application
- _____ Site Plan with dimensions of proposed structure, addition, pool etc.
- _____ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- _____ Copy of Zoning Permit when applicable
- _____ Sign this sheet after you have completed all items

DS _____ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

DS _____ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

SB _____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

_____ If an **Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.

Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 5/6/21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

317576
10.81 RA
NN

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 X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed) X 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? 3 and stories? 1

Please describe project (Details, Purpose, or Use): Single Family House and Storage/Wood Shop

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

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

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

Owner Information

Property Owner's Name Stanley + Risa Sandrowitz Phone # 727-480-4965

Owner's Current Address 116 Signal Hill Dr Apt 101, Statesville, NC 28625

Property Information

Property Address 233 Fairmount Rd Parcel # 4758672384.00

Subdivision: Russ E. Gatton Jr Lot: Tract 2 Zoning: ____ Watershed: Y (N) Flood Plain: Y (N) Township: Olin
PROPERTY

Directions to property (from a MAIN ROAD) Fronts on Fairmount Rd.

Application Information

Applicant's Name or Company Stanley Sandrowitz Applicant's Phone # 727-480-4965

Applicant's Address 116 Signal Hill Dr Apt 101 Statesville, NC 28625

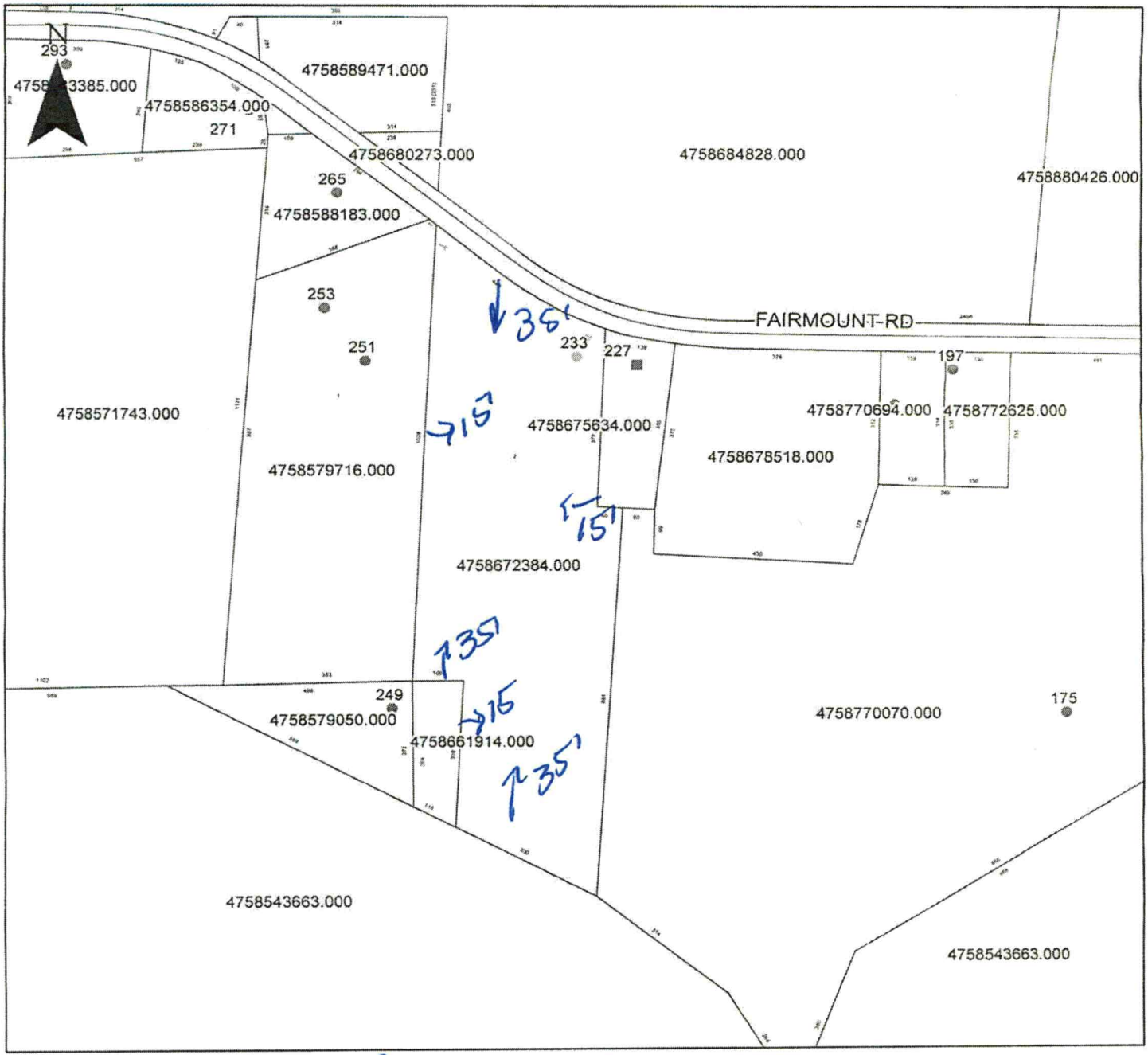
If Company, Representative's Name and Title _____

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 _____ DATE 5/6/21

317576

ZONING DISCLAIMER



Property Address 233 Fairmount

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

5/6/21
Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317576 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4758672384.000	233 FAIRMOUNT RD	Iredell County

Owner Information	Applicant Information
Name: SANDROWITZ STANLEY+RISE	Name: SANDROWITZ STANLEY+RISE
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
10.81	35	35	15	15		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: 05/06/2021

Signature of Owner/Contractor

Permit Number	317576	TOTAL FEES:	$77.25

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R10794

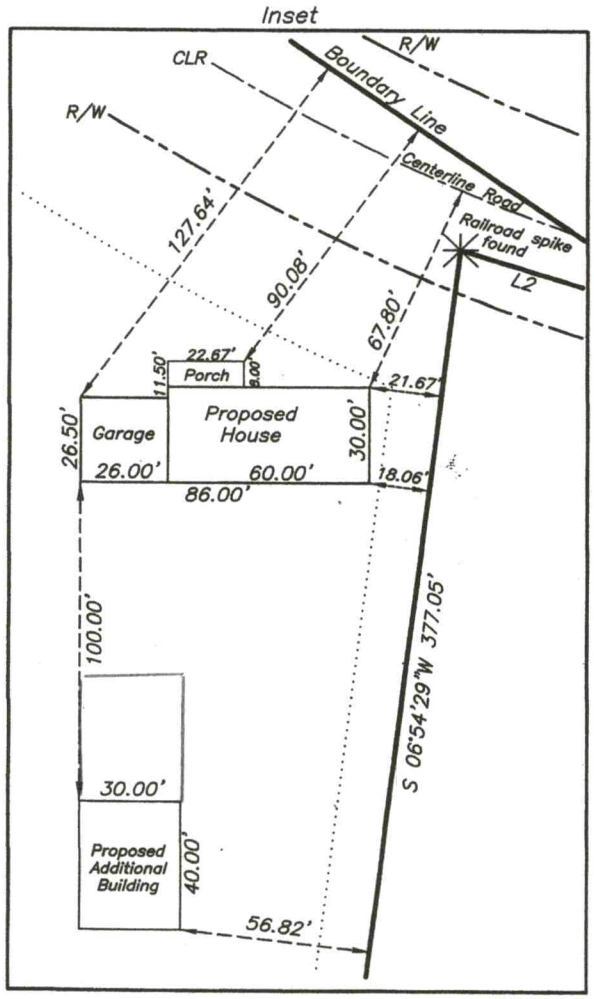
DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-317576 Address: 233 FAIRMOUNT RD APN: 4758672384.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R10794			**$577.25**

Date Paid: Thursday, May 06, 2021

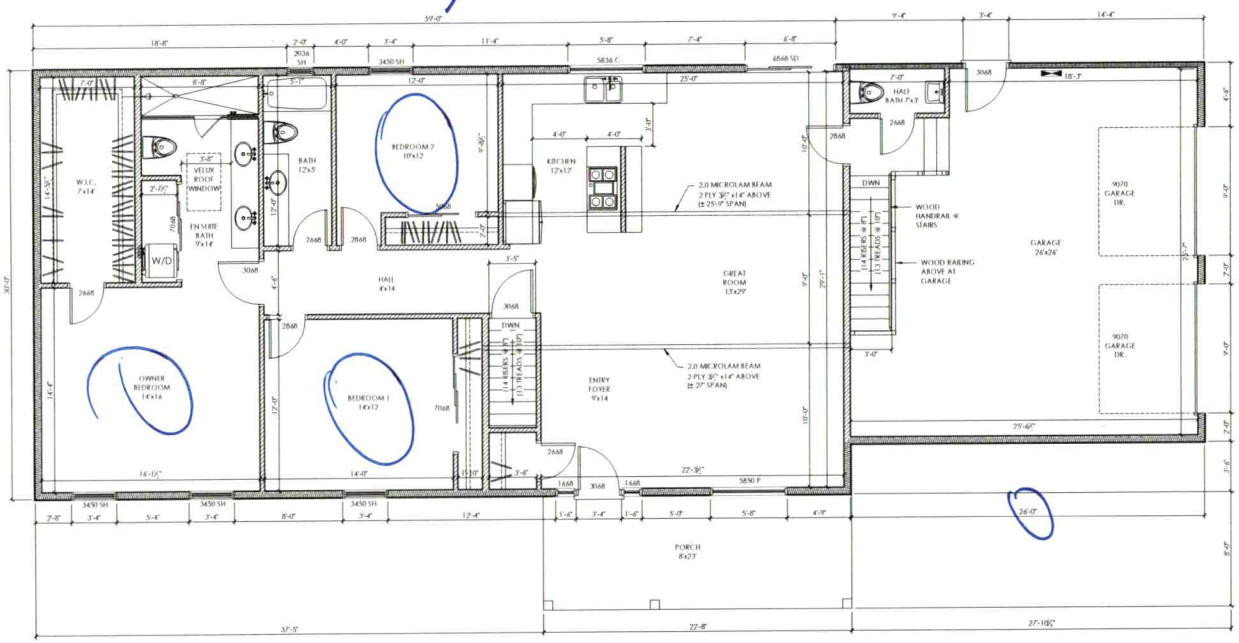
Paid By: SANDROWITZ STANLEY+RISE

Cashier: AP

Pay Method: CHECK 1002

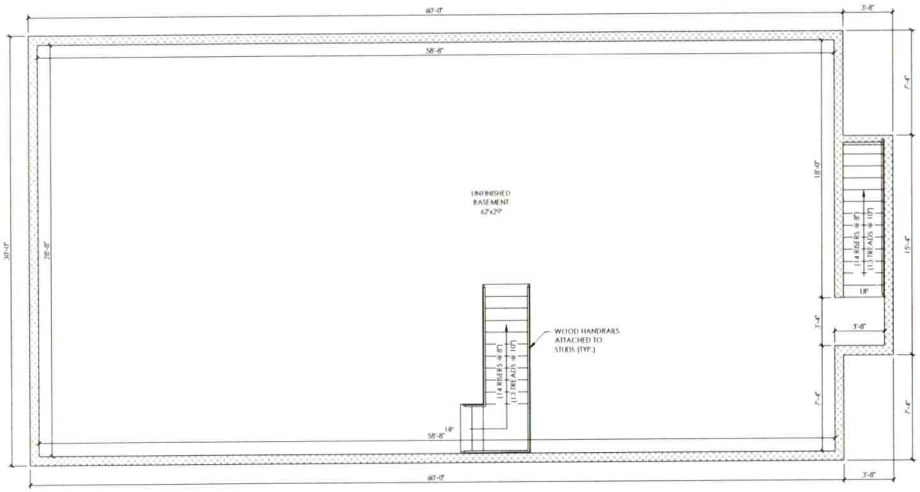

Inset
CLR
R/W
Boundary Line
R/W
Centerline Road
Railroad spike found
L2
127.64'
90.08'
67.80'
22.67'
11.50'
Porch
9.00'
21.67'
Garage
Proposed House
26.50'
30.00'
26.00'
60.00'
18.06'
86.00'
100.00'
30.00'
Proposed Additional Building
40.00'
56.82'
S 06°54'29"W 377.05'

3



FIRST FLOOR PLAN

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



BASEMENT FLOOR PLAN

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

Acknowledgement Of Plans Submittal ONLY!

Date 6/22/21

Date 6/22/2021.

WALL LEGEND

- 2" x 4" WOOD STUDS @ 16" O.C. w/ ONE LAYER ½" GYPSUM BOARD EACH SIDE. TAPED, FINISHED & PAINTED. PROVIDE DURA ROCK GYPSUM BOARD AT TILE WALLS.
- 2" x 6" WOOD STUDS @ 16" O.C. w/ ONE LAYER ½" GYPSUM BOARD EACH SIDE. TAPED, FINISHED & PAINTED. PROVIDE DURA ROCK GYPSUM BOARD AT TILE WALLS.
- 2" x 6" WOOD STUDS @ 16" O.C. w/ ONE LAYER ½" GYPSUM BOARD INT. SIDE. TAPED, FINISHED & PAINTED. & LP LAP SIDING OVER ½" EXT. SHEATHING UNDER HOUSEWRAP EXT. SIDE. PROVIDE DURA ROCK GYPSUM BOARD AT TILE WALLS.
- 8" THICK CONCRETE MASONRY WALL WITH EXTERIOR FINISH PER EXTERIOR ELEVATIONS. PROVIDE VERTICAL STRUCTURAL REINFORCING PER STRUCTURAL DRAWINGS.

Revisions	Date	By
1 Owner	12/9/19	DG
2 Owner	1/4/20	DG

DISCLAIMER

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CERTIFICATION

TO THE BEST OF MY KNOWLEDGE, THE ATTACHED PLANS AND SPECIFICATIONS COMPLY WITH THE APPLICABLE MINIMUM BUILDING CODES

GreenfieldCAD

Design & Drafting Services

846 Lake Forest Road, Clearwater, FL 33765 (813) 464-0860 greenfieldcad@gmail.com

PROJECT: SANDROWITZE RESIDENCE
NEW CONSTRUCTION
ADDRESS: 233 FAIRMOUNT ROAD
STATESVILLE, NORTH CAROLINA 28625
FLOOR PLANS

DATE	12/8/19
DRN BY	D.G.
CK BY	S.S.
SCALE	AS NOTED
CLIENT	Stan

Sheet: A1