IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 300683.

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

PIN # 4765808558.000

APPLICANT/OWNER: Kenson Properties LLC APPLICANT ADDRESS: 185 Shelburne Place Mooresville NC 28119.

SITE ADDRESS: 259 Lone Pine Rd Statesville NC 28625 PHONE: 760-522-4415 ALT. PHONE –

SITE DIRECTIONS: 64 E Rt on Lone Pine. Lot on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Corson Creek SECTION: 1 LOT # 3 LOT AREA: .8 Acres DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 2071-1060	Date INFILTRATOR	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	–	(gal)	PT –	Date –	System Description: Gravity 25% Reduction				☐ Business	No. Persons	6	☐ Private
Pump Make	–	Model –		Serial # –	Repair System Description: 25% Reduction				☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 328.	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth	36 max	Gravel Depth –		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions:

*House Box is 7ft wider @ 65 x 49 Does not impact Septic Design or Setbacks B. Bottoms

INITIAL SITE SKETCH

See attached Proposal + Design by Soil + Forestry Services of the Carolinas, PA # 1231

AS BUILT SKETCH

INSTALLED AS PERMITTED

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: 10-31-19 Installed by: CHRIS FRYE

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 9/30/2019 OPERATION PERMIT by: Benjamin C. White Date: 1-9-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 10/31/2019 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.


L20
125.5'
296.83'
S78°10'33"E
174.6'
30.4'
29.9'
ST
DRIVE
49'
15'
L19
Lot 3
0.800 Ac.
HOUSE
58'
P1 1 B 43'
2 P 66'
P2
3 R 104'
4 Y 52'
5 O 96'
P4 6 B 82'
7 P 82'
P3
8 Y 82'
9 R 82'
119.43'
S16°13'40"W
111.56'
S16°13'40"W
1 R
P4
3 Y 113'
4 B 104' (INSI
5 P S
P2
6 R 98
7 O 95'
8
NORTH
SCALE
1" = 40'
L18
287.95'
S78°10'34"E
DRIVE
49'
13'
ST
HOUSE
99'
1 R 52'
2 O 80'
3 Y 90'
P1
P3
4 B 75'

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence at Carson Creek Subdivision Lot 3, 259 Lone Pine Road, Statesville, NC 28625, PIN#: 4765808558.

Contents:

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Design Information	
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Calculations	6
Profile Descriptions	7
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Zoning Permit & Receipt	9-11
Application	12-13
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August 23, 2019
Project #: 18-0134
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a 25% reduction system

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Kenson Properties LLC
Address:	185 Shelborne Place Mooresville, NC 28117
Phone:	760.522.7415
County:	Iredell
Location:	259 Lone Pine Road, Carson Creek Lot 3
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	328	
Loading Rate (gpd/ft.^{2}):	0.275	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Trench Depth:	36 in.	Repair 36 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	16	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	10.45	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA	

259 Lone Pine Road, Carson Creek Lot 3

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.275
TOTAL AREA TRENCH BOTTOM:	984
TOTAL LATERAL LENGTH:	328
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	327.2727273
SUPPLY LINE LENGTH:	16
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - Carson Creek Lot 3

Project #: 18-0134

LAYOUT FOR 3 BEDROOM HOME

August 23, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
				REPAIR			
1	BLUE					43	43
2	PINK					66	66
3	RED					104	104
4	YELLOW					52	52
5	ORANGE					97	97
				SYSTEM			
6	***BLUE***					***96***	***82***
7	***PINK***					***93***	***82***
8	***YELLOW***					***90***	***82***
9	***RED***					***86***	***82***
					Total	727	690

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***328***	***0.275***	***ACCEPT.***	***0.275***	***25% RED***	***GRAVITY***
Repair	362	0.250	ACCEPT.	0.250	***25% RED***	GRAVITY

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by GPS.

CALCULATIONS

Location 259 Lone Pine Road

Project Number 18-0134

Lot No: 3

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.275 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 16 ft.

Supply Line Volume 10.448 gal.

Required Feet of Line 327.2727 ft.
Amount of Line from Layout 328 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Sheet 1 of 1
PROPERTY ID #: 4976809556
COUNTY: Iredell

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

OWNER: Kenson Properties LLC
ADDRESS: 185 Shelborne Place, Mooresville NC 28117
PROPOSED FACILITY: 3BR Single Family PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 259 Low Pine Rd, Statesville Lot 3 Statesville NC 28625
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED: 5/31/19
PROPERTY SIZE: ~~0.800~~ 0.800 AC
PROPERTY RECORDED:

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
P 1	L/6%	0-4	BSL Gr	Fr SS SP					PS .125 Deep-.3
		4-30	BRC wmsbk/sbk	Fr SS P	Few to C. Fe Dep 16-29"				
		30-42	RC wmsbk/msbk	F SS P	Few SAP	65			
		42-65	RBCL wfsbk	Fr SS SP	Few to C. SAP				
					16-29" Lithro Colors				
P 2	L/6%	0-3	BSL Gr	Fr SS SP					PS .3
		3-24	BRC wmsbk/msbk	Fr SS P					
		24-66	RBCL wfsbk	Fr SS SP	Few SAP	66			
		66-76	VFR L Mass	Fr SS SP					
P 3	L/6%	0-4	RBCL wmsbk	F SS P	Compacted				PS .225-.3
		4-33	BRC wmsbk/sbk	Fr SS P	Few Fe Dep				
		33-70	RBCL wmsbk	Fr SS SP SEXP	Few SMO Inc	70			
P 4	L/6%	0-5	BSCL wmsbk	F SS SP	Compacted				PS .225-.3 30" Trench Bot
		5-29	BRC wmsbk		C, Fe Dep 12-29" Few Clay's				
		29-43	RC wmsbk/msbk	F SS SP	Few 16-24 SPD	73			
		43-73	RBCL wmsbk	Fr SS SP	Few to C SAP				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	Accepted
Site LTAR	0.275	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Roilans
OTHER(S) PRESENT: Chad Wagner, Kody Neil, Maxx Freeman

COMMENTS:

RECEIVED SEP 1 2 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 # AP-300683

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
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Benson Properties LLC **Address:** 185 Shelburne Place Mooresville **Zip:** 28117
Applicant Email: EKV4@aol.com **Phone:** 760-322-7415 **Alt. Phone:**
Owner Name: Same **Address:** Same **Zip:**
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 259 Lone Pine Rd, Statesville NC 28625
Subdivision Name: Carson Creek **Section/Phase:** **Lot Number:** 3
Driving Directions: 64E, Rt on Lone Pine, Lot on Lt

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

(X) 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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(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: [signature] 8/29/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

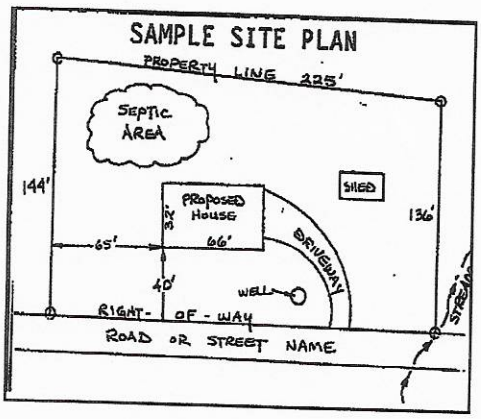
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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

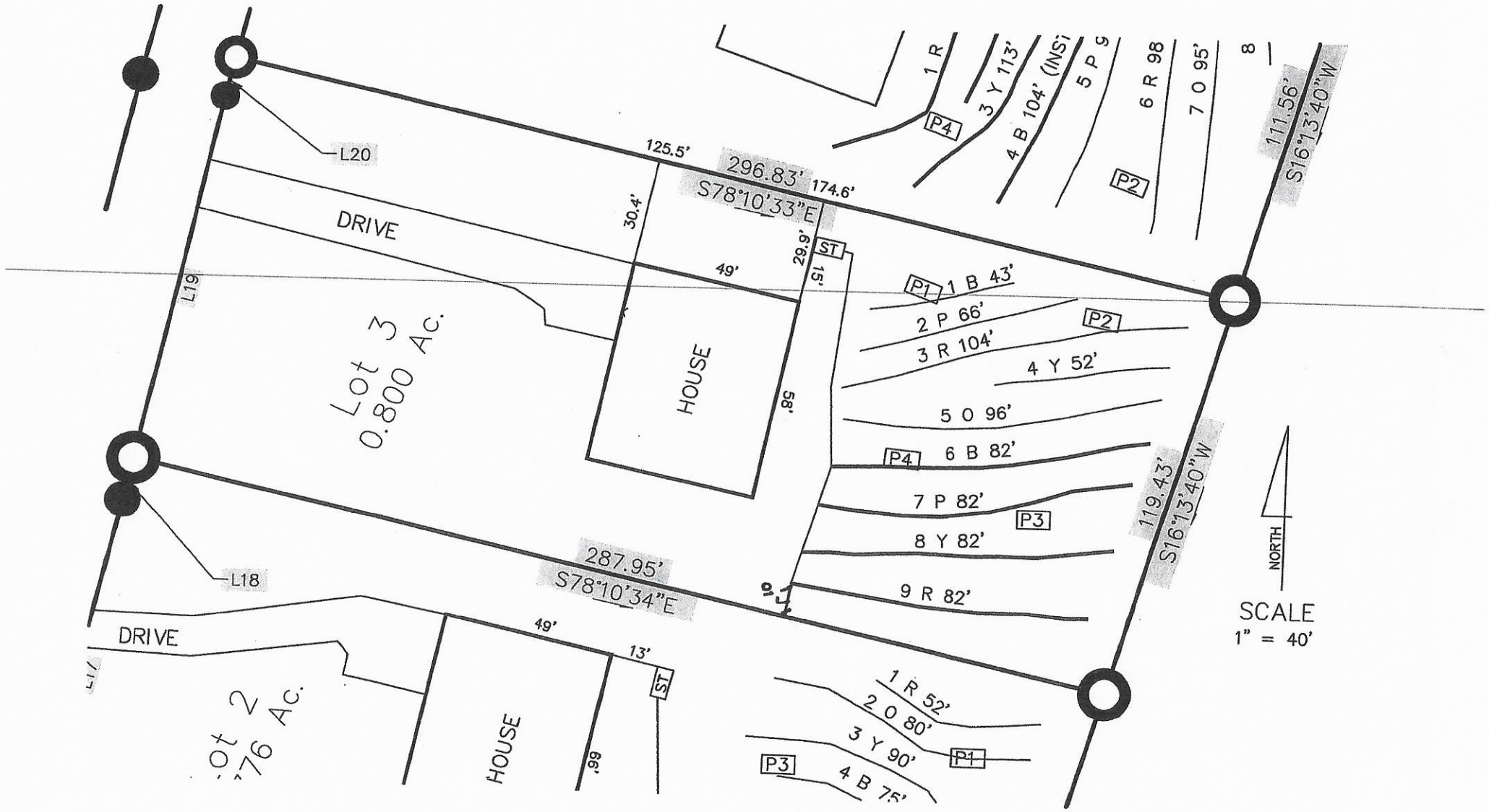
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

8/29/19
DATE


L20
125.5'
296.83'
S78°10'33"E
174.6'
30.4'
29.9'
ST
15'
49'
DRIVE
L19
Lot 3
0.800 Ac.
HOUSE
58'
1 R
3 Y 113'
4 B 104' (INS)
5 P 9
6 R 98
7 O 95'
8
111.56'
S16°13'40"W
P4
P2
P1 1 B 43'
2 P 66'
3 R 104'
4 Y 52'
5 O 96'
6 B 82'
7 P 82'
8 Y 82'
9 R 82'
P3
119.43'
S16°13'40"W
L18
287.95'
S78°10'34"E
49'
13'
ST
DRIVE
Lot 2
.76 Ac.
HOUSE
99'
1 R 52'
2 O 80'
3 Y 90'
4 B 75'
P3
P1
NORTH
SCALE
1" = 40'

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, Frank Kush Vessels of Kenson Homes LLC, am the legal owner(s) of the property located at 259 Lone Pine Road, Statesville, identified as PIN (Parcel Identification Number) 4765808558, located in Iredell County, North Carolina.

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

Pete DeNicola, Peconic Bay Homes, 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.

of Kenson Homes LLC — 10/30/19

Signature of Owner(s) — Date

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Frank Kash Vessels of Kenson Homes LLC am the legal owner(s) of the property located at 179 Lone Pine Road, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4765913219, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollans, Rollans Soil Environmental Services, 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	Signature of Witness	Date
[signature]	8/7/19	Kelly Vessels	8.7.19

Please return this signed form to the appropriate office:

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

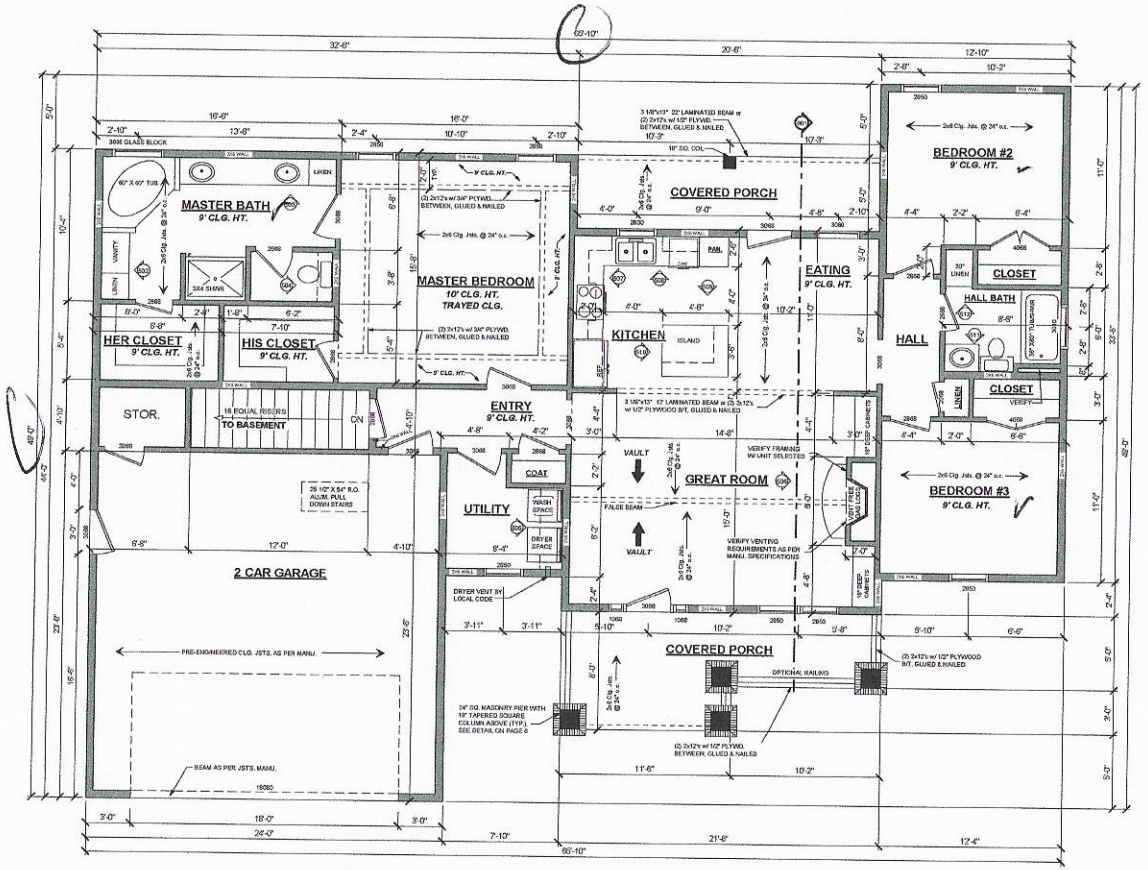
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

Date 10/30/19

Benjamin Bell Date 10/31/2019

Lot 3



NOTES:

CONTRACTOR TO VERIFY ALL DIMENSIONS & EXISTING SITE CONDITIONS PRIOR TO CONSTRUCTION.

DOOR & WINDOW SIZES ARE GIVEN IN FEET & INCHES IN WIDTH & HEIGHT RESPECTIVELY.

DOOR EXAMPLE: 3068. 3'-0" WIDE BY 6'-8" TALL.
WINDOW EXAMPLE: 2840. 2'-8" WIDE BY 4'-0" TALL.

CONTRACTOR SHALL VERIFY ALL INTERIOR FINISHES, FLOOR COVERINGS, AND TRIM SIZES & CONFIGURATIONS WITH OWNER PRIOR TO CONSTRUCTION.

IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY CLEARANCES OF THE ITEMS MENTIONED ABOVE PRIOR TO CONSTRUCTION.

REFER TO EXTERIOR ELEVATIONS FOR EXTERIOR WALL FINISHES.

REFER TO MANUFACTURERS SPECS FOR ROUGH OPENING DIMENSIONS, FOR DOORS AND WINDOWS.

ALL BEAM SIZES TO BE VERIFIED BY STRUCTURAL ENGINEER.

CONTRACTOR SHALL MAKE ALL NECESSARY MODIFICATIONS DURING CONSTRUCTION PROCESS TO COMPLY WITH I.R.C. (INTERNATIONAL RESIDENTIAL CODE), LATEST EDITION, OR APPLICABLE CODES AT SITE.

LOCATE HVAC AND WATER HEATER IN ATTIC.
ALL WALLS ARE CONSTRUCTED OF 2X4'S UNLESS OTHERWISE NOTED.

HPG-1627

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

AREAS:	1627	S.F. HEATED
	887	S.F. UNHEATED (MAIN FLOOR)
	2514	S.F. TOTAL UNDER ROOF
		MASONRY NOT INCLUDED

HOUSE PLAN GALLERY, INC.
6659 HWY. 98 WEST, HATTIESBURG MS, 39402
EMAIL: HOUSEPLANGALLERY@COMCAST.NET \\ FAX: (601) 264-4483

DIMENSIONS AND CONDITIONS TO BE VERIFIED BY CONTRACTOR. - ALL CONSTRUCTION AND MATERIALS MUST COMPLY WITH ALL APPLICABLE CODES AND ORDINANCES. - COPYRIGHT LAW AND ALL UNAUTHORIZED REPRODUCTION PROHIBITED

DATE: 10/07/10

DRAWN BY: A.L.B.

CHECKED BY: G.S.M.

PLAN NUMBER HPG- 1627

FLOOR PLAN

SHEET NUMBER 3

PROFESSIONAL MEMBER

IREDELL COUNTY · NC

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

APPLICATION NUMBER
300683 Issue Date: 09/06/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4765808558.000	259 LONE PINE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: KENSON HOMES LLC	Name: ROLLANS SOIL & ENVIRONMENTAL SERVICES
Address:	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: (704)658-1723

Use Requested	Zone Code
Single Family Dwelling	r-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.8	35	35	15	15	N/A	NO

Remarks
sfd

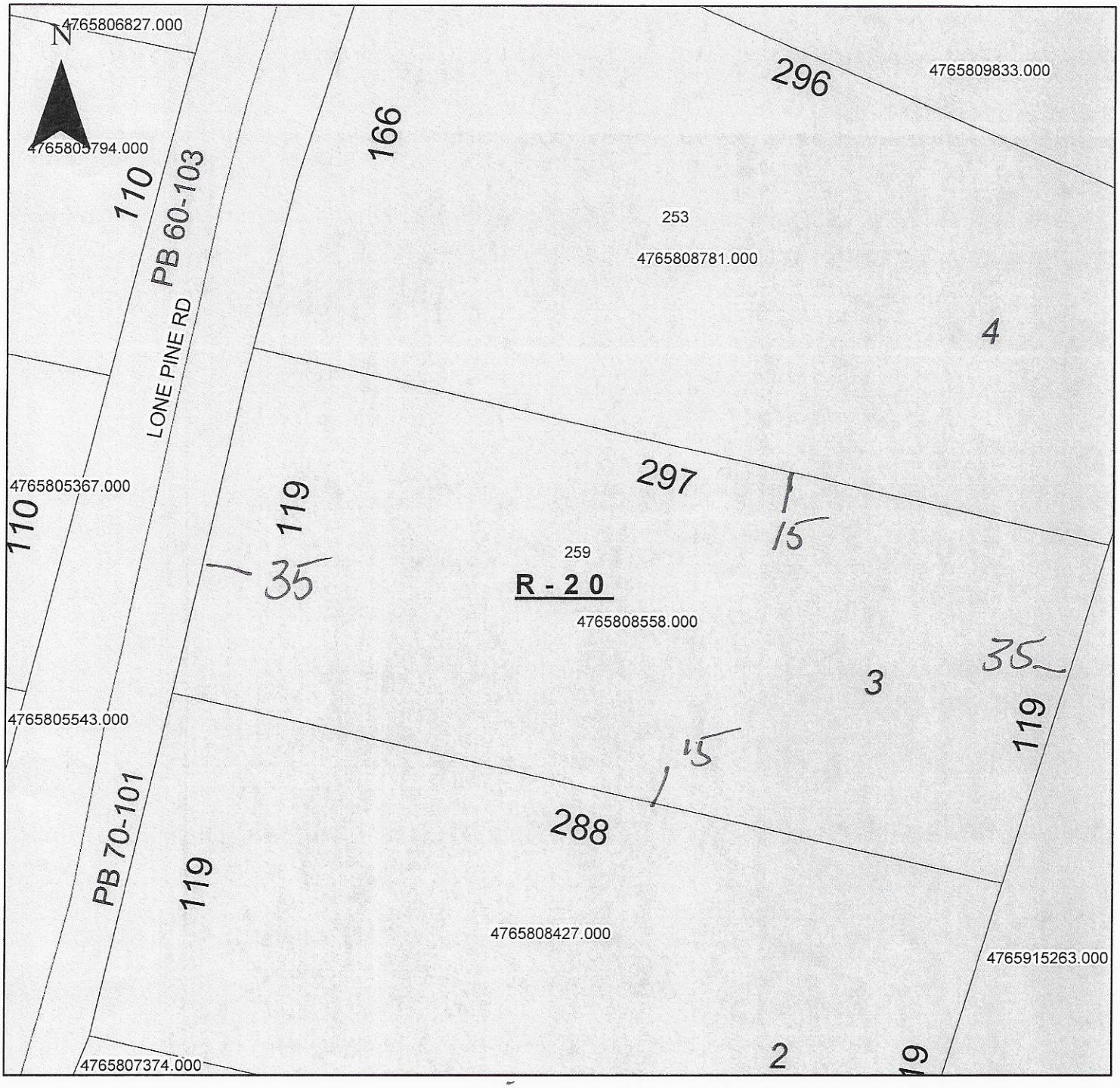
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 09/06/2019

Permit Number	000199	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 259 Lone Pine

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Sam Tolley
Applicant

9/12/19
Date