IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 300684

OC

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

PIN # 4765808781.000

APPLICANT/OWNER: Henson Properties LLC APPLICANT ADDRESS: 185 Shelburne Place Mooresville NC 28117.

SITE ADDRESS: 253 Lone Pine Rd Statesville NC 28625 PHONE: 760-522-7415 ALT. PHONE —

SITE DIRECTIONS: 64 E Rt on Lone Pine Lot on Left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Carson Creek SECTION: 1 LOT # 4 LOT AREA: .95 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

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 1 Linear Ft 328

Trench Width 36 Trench Bottom Depth (Outside) 30 max Gravel Depth —

System Description: Gravity 25% Reduction.

Repair System Description: Gravity 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: * No foundation drain on Side or Rear of House *

INITIAL SITE SKETCH

See attached Proposal + Design by Soil + Forestry Services of the Carolinas, PA (SS # 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**

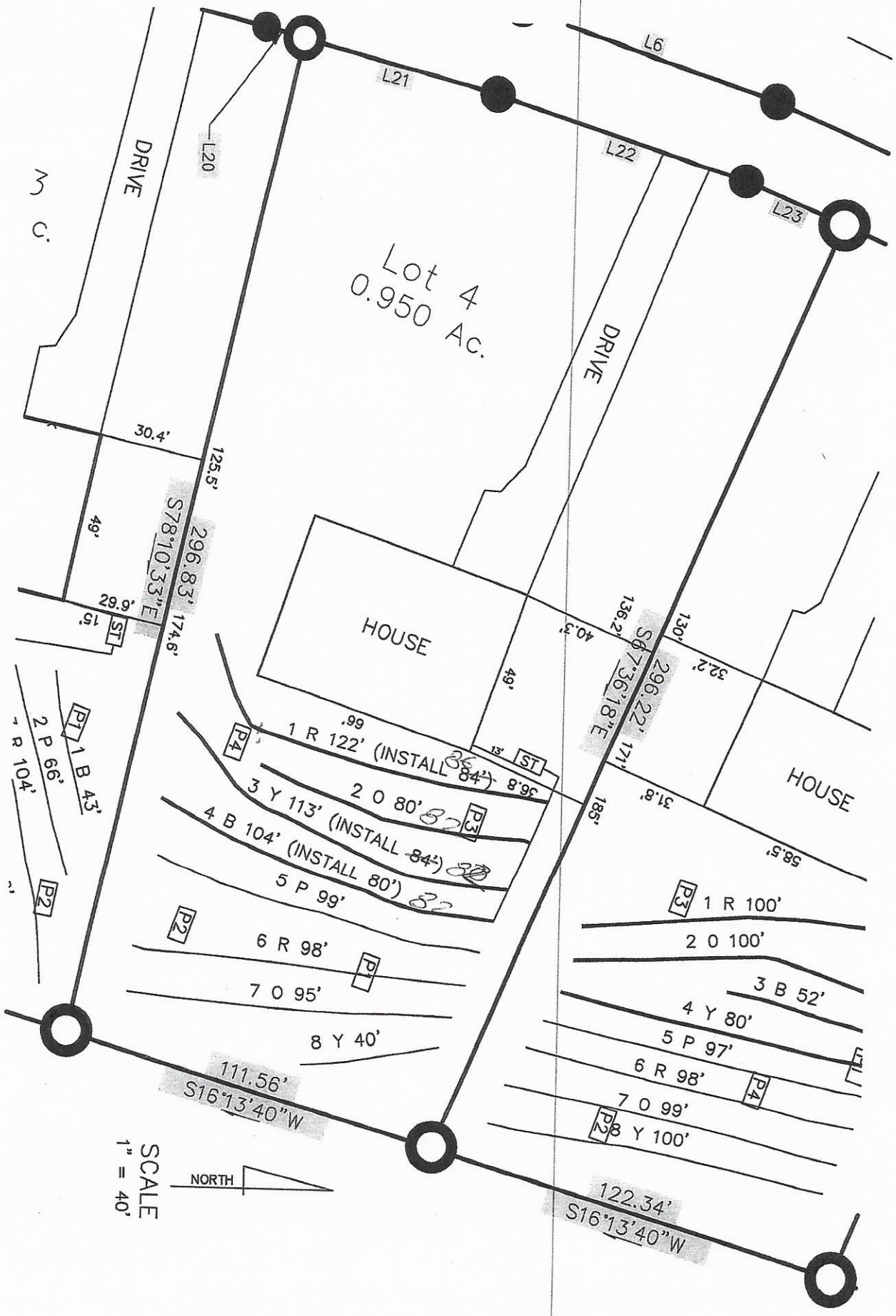
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 10-31-19 Installed by: CHRIS F&F

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

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bott 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.


L6
L21
L22
L23
L20
DRIVE
Lot 4
0.950 Ac.
DRIVE
HOUSE
HOUSE
30.4'
125.5'
49'
S78°10'33"E
296.83'
29.9'
15'
ST
174.6'
40.3'
136.2'
S87°36'18"E
296.22'
130'
32.2'
49'
13'
ST
171'
185'
31.8'
58.5'
36.8'
.99
1 R 122' (INSTALL 84")
2 0 80'
3 Y 113' (INSTALL 84")
4 B 104' (INSTALL 80')
5 P 99'
6 R 98'
7 0 95'
8 Y 40'
P1 1 B 43'
2 P 66'
R 104'
P2
P3 1 R 100'
2 0 100'
3 B 52'
4 Y 80'
5 P 97'
6 R 98'
7 0 99'
8 Y 100'
P4
111.56'
S16°13'40"W
122.34'
S16°13'40"W
SCALE
1" = 40'
NORTH

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 on Carson Creek Subdivision Lot 4 253 Lone Pine Road, Statesville, NC 28625, PIN#: 4765808781.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	7
Expedited Review Process Checklist	8
Zoning Permit & Receipt	9-11
Application	12-13
Green Sheet	14
Agent Authorization Form	15

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 gravity 25% reduction (Accepted) installation.

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:	253 Lone Pine Road, Carson Creek Lot 4
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:	30 in.	Repair Trench Bottom 30 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	

253 Lone Pine Road, Carson Creek Lot 4

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:	327.2727
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 4

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							
1	*RED*					*122*	*84*
2	*ORANGE*					*82*	*80*
3	*YELLOW*					*113*	*84*
4	*BLUE*					*104*	*80*
5	PINK					99	99
6	RED					98	98
7	ORANGE					95	95
8	YELLOW					40	40
					Total	753	660

	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	332	0.275	ACCEPT.	0.275	*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 253 Lone Pine Road

Project Number 18-0134

Lot No: 4

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 #: 4765808878
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
APPLICATION DATE:
PROPOSED FACILITY: 3BR Single Family PROPOSED DESIGN FLOW (.1949): 360 gpd
DATE EVALUATED: 5/30/19
LOCATION OF SITE: 253 Lone Pine Rd, Statesville 0 of 4 Statesville NC 28625
PROPERTY SIZE: 0.950 AC
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED:
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 1	L/5%	0-28	BRC wmsbk/Abk	F SS P	Few Fe Depl.	63			PS ✓ .275-.3
		28-63	RBCL wmsbk	Fr SS SP	Few fac. SMP				
P 2	L/5%	0-44	RC wmsbk/Abk	Fr SS P		64			PS ✓ .275-.3 ~~E 1/8~~
		44-64	RBCL wmsbk	Fr SS SP	Few SMP 2mm Few Fe Depl.				
P 3	L/5%	0-4	BSL Gr	Fr SS SP		64			PS ✓ .275 Eval to 4/8
		4-44	RC wmsbk/Abk	F SS P	Few Fe Depl.				
		44-64	RBCL wmsbk	Fr SS SP	Few fac. SMP				
P 4	L/5%	0-4	BSL Gr	Fr SS SP		64			PS ✓ .275
		4-48	RC wmsbk/Abk	F SS P	Few Fe Depl.				
		48-64	RBCL wmsbk	Fr SS SP					

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

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

COMMENTS:

RECEIVED SEP 1 2 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00

Application For:
( ) Septic Improvement Permit (✓) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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- 300684

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: 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: 253 Lone Pine Rd, Statesville NC 28625
Subdivision Name: Carson Creek **Section/Phase:** **Lot Number:** 4
Driving Directions: 64E, Rt on Lone Pine, Lot on Lt

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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: [signature] 8/29/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

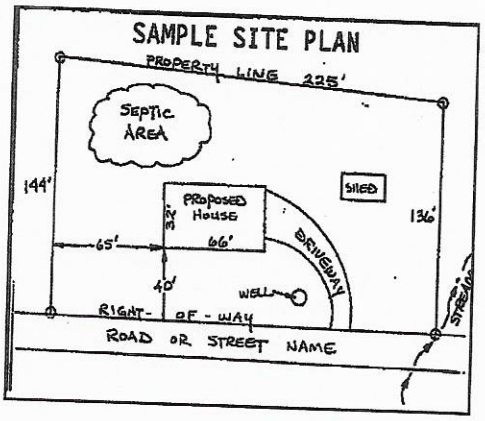
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

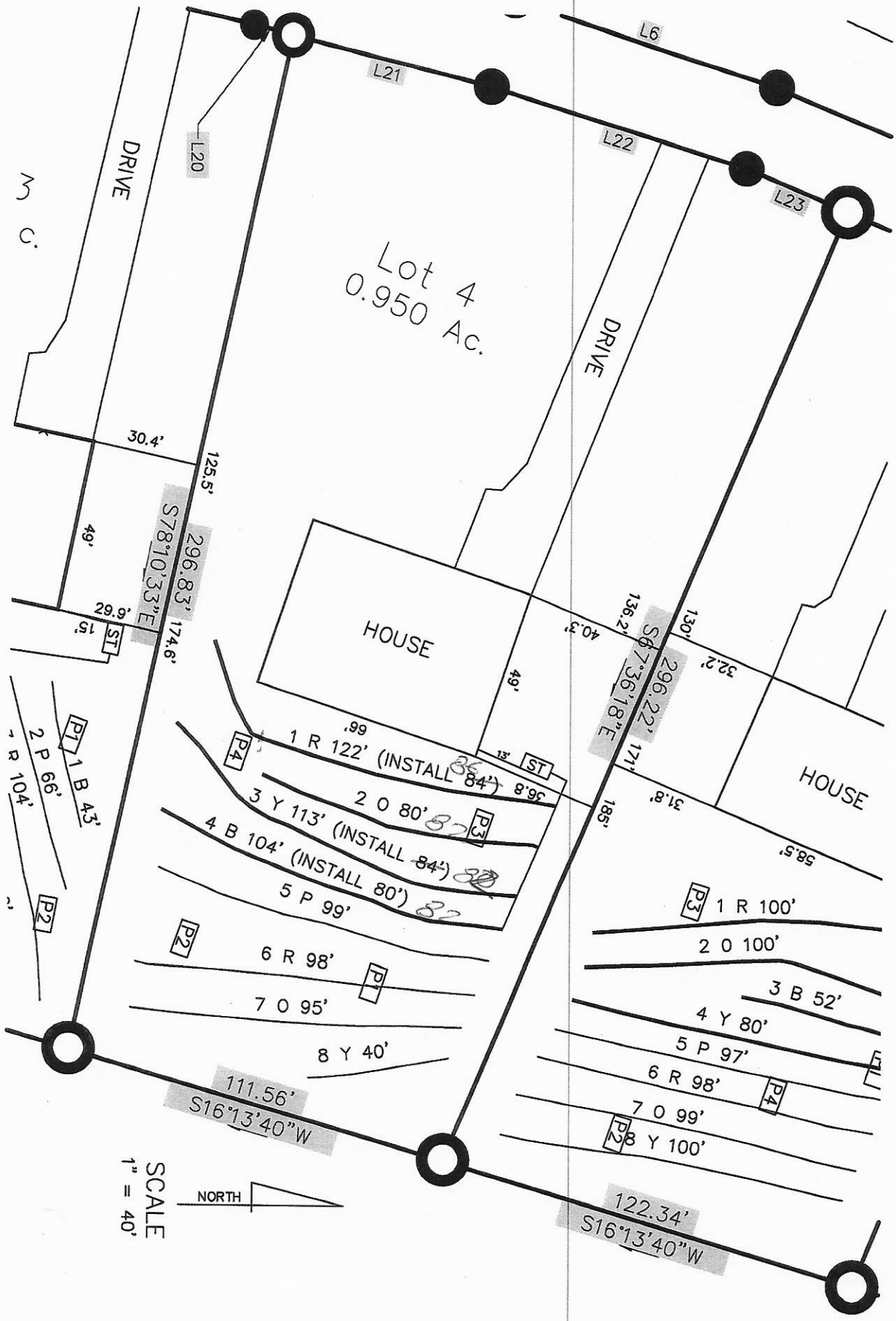
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 8/29/19

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


L6
L21
L22
L23
L20
DRIVE
DRIVE
Lot 4
0.950 Ac.
HOUSE
HOUSE
30.4'
125.5'
49'
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111.56'
S16°13'40"W
122.34'
S16°13'40"W
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 Kash Vessels of Kenson Homes LLC, am the legal owner(s) of the property located at 253 Lone Pine Road, Statesville, identified as PIN (Parcel Identification Number) 4765808781, located in Iredell County, North Carolina.

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

Pete DeNicola, Pelonia 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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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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

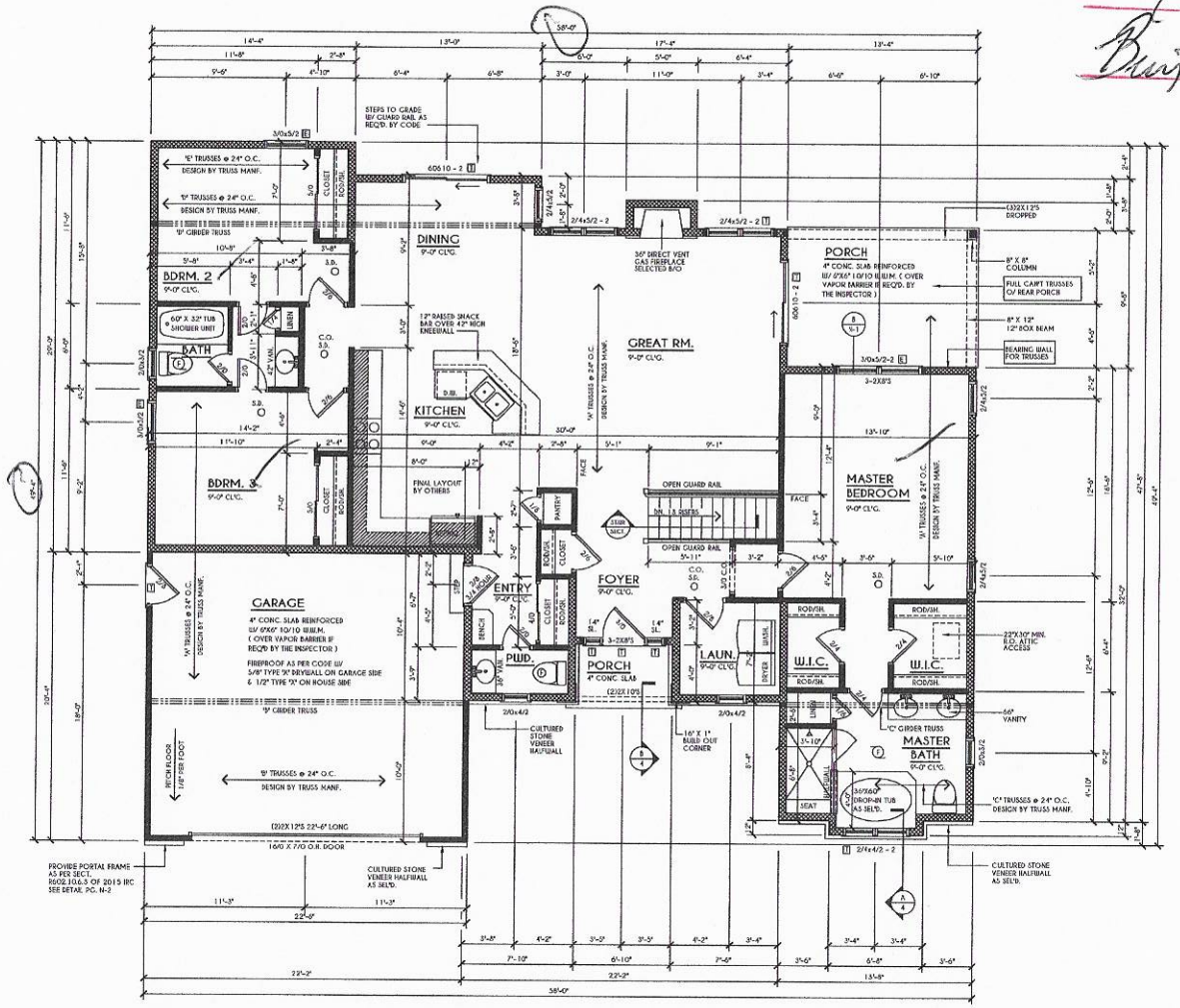
Please return this signed form to the appropriate office:

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

(4)

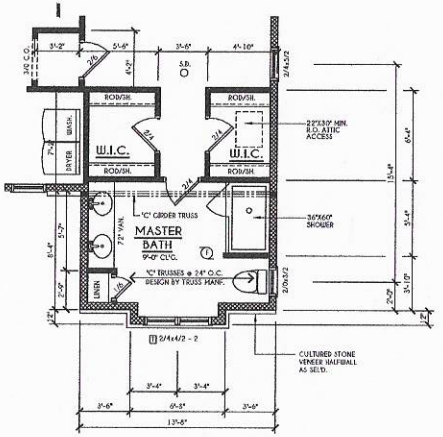
Ackno[illegible] ent Of
Plans Su[illegible] ONLY!
te 10/30/19
Benjamin A Bell ate 10/31/19



FIRST FLOOR PLAN

1796 SQ. FT.

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



ALT. MASTER BATH

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

FRAMING LEGEND:

- PROVIDE SOLID POSTING
- DROPPED HEADER
- FLUSH HEADER
- 2X4 STUDS @ 16" O.C.
- 2X6 STUDS @ 16" O.C.

NOTES: FIRST FLOOR PLATE NOT TO BE 9'-1 1/8" (UNLESS NOTED OTHERWISE)
ALL WINDOW R.O. HGT'S TO BE 6'-10 1/2" U.N.O.
PROVIDE SOLID BLOCKING UNDER ALL BEARING POINTS DOWN TO FOUNDATION WALL
PROVIDE DBL. JACK STUDS EA. SIDE OF LOAD BEARING OPENINGS > / = 4'-0"
ALL ANGLES TO BE 45 DEG. U.N.O.
ALL EXTERIOR WINDOW & DOOR HEADERS TO HAVE MIN. 0-5 INSUL. & TO BE MIN. (2)2X8'S OR (3)2X6'S (U.N.O.)
ALL APPLIANCES SHOWN TO BE BY OWNER OR AS PER CONTRACT BY BUILDER
SMOKE (SD) & CARBON MONOXIDE (CO) DETECTORS SHALL BE INSTALLED AS PER SECT. R314 OF 2015 IRC
THE AIR BARRIER INSTALLED AT EXTERIOR WALLS ADJACENT TO SHOWERS AND TUBS SHALL SEPARATE THEM FROM THE SHOWER OR TUBS.

WINDOW / DOOR LEGEND:

[E] - MEETS OR EXCEEDS EGRESS REQUIREMENTS
- CLEAR OPENING AREA OF 5.7 SQ.FT.
- CLEAR OPENING WIDTH OF 20"
- CLEAR OPENING HEIGHT OF 24"
PER SECT. R310.1 OF 2015 IRC

[T] - SPECIFIES THAT THIS FIXED OR OPERABLE UNIT REQUIRES SAFETY GLAZING PER SECT. R308.4 OF 2015 IRC

[FP] - SPECIFIES THAT THIS OPERABLE WINDOW UNIT REQUIRES FACTORY APPLIED FALL PROTECTION PER SECT. R312.2 OF 2015 IRC

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GREATER LIVING ARCHITECTURE, P.C.
3033 BRIGHTON-HENRIETTA TOWNLINE RD
ROCHESTER, NY 14623
CALL:(585) 272-9170
FAX: (585) 292-1262
www.greaterliving.com

REVISIONS:

DATE	BY	DESCRIPTION
5 / 15	CDK	2015 IRC UPDATE

CLIENT/LOCATION:

BUILDER:

FIRST FLOOR PLAN

GLA PLAN 1796R2

drawn:	checked:
CSB	AMM
scale:	date:
AS NOTED	6/15
PROJECT:	sheet:
2395L	3 / 4

IREDELL COUNTY · NC

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

APPLICATION NUMBER
300684 Issue Date: 09/06/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4765808781.000	253 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
0.95	35	35	15	15	N/A	NO

Remarks
sfd

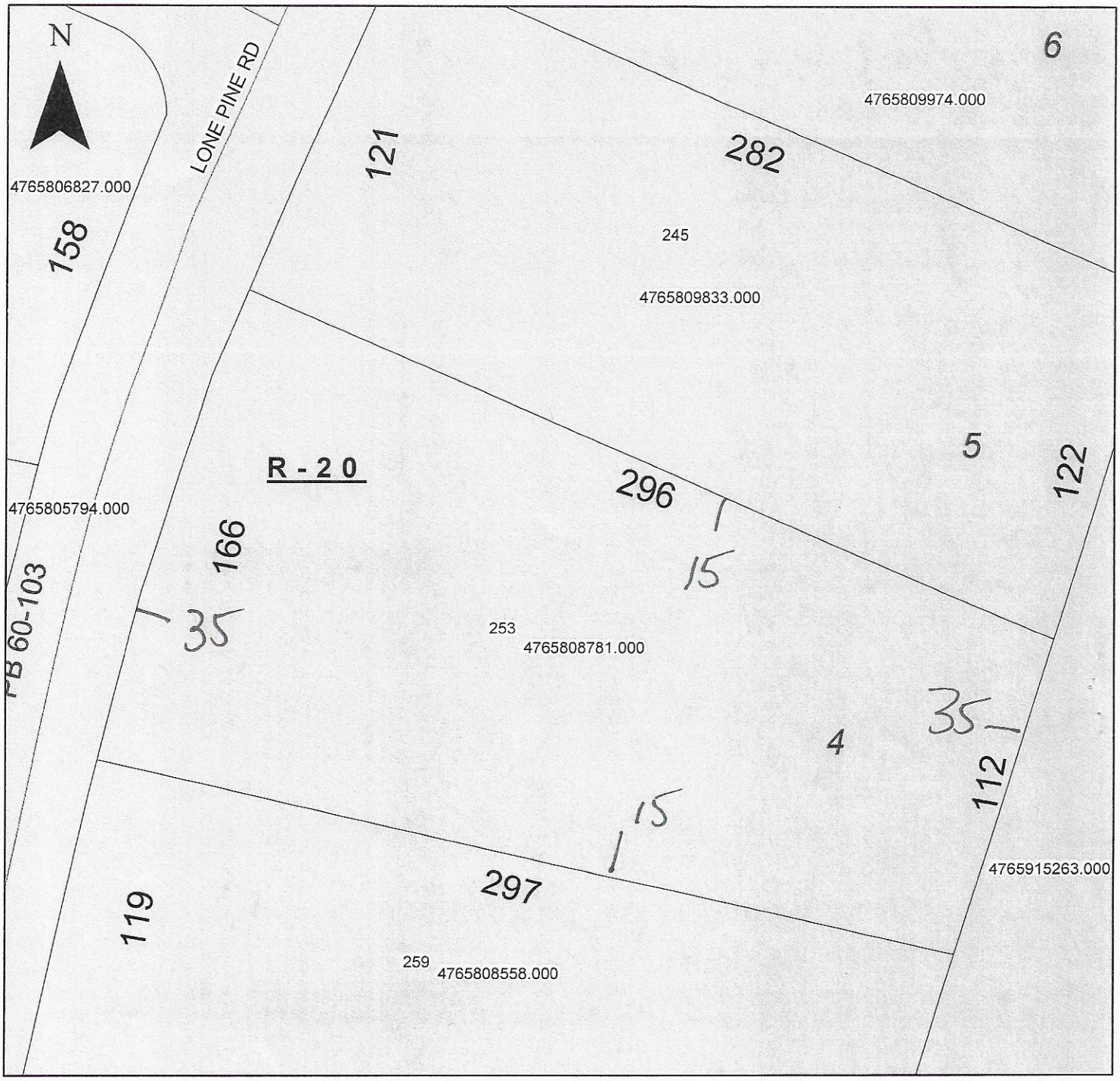
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	000200	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 253 Lone Pine

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

9/12/19
Date