IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 300741

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

PIN # 4765809974.000

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

SITE ADDRESS: 239 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 # 6 LOT AREA: .766 Acres DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	10.27.2020	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity 25% Reduction.			
Pump Make			Model		Serial #		Repair System Description:	LP HPPRPS · 50% Reduction			
# Nitrification Fields	1		# Lines	5	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36		Trench Bottom Depth	24 max	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence No. Bedrooms 3 — Water Supply: ☐ Private ☒ Public ☐ Community

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions:

A/C OK House Box Adding Garage does not impact Septic Area. House must not be moved any further towards back Property Line.

INITIAL SITE SKETCH

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

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: [signature] Date: 8-25-20 Installed by: Tommy Fry

IMPROVEMENT PERMIT by: [signature] Date: 10/8/2019 OPERATION PERMIT by: [signature] Date: 12-23-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/21/2020 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.

L26
DRIVE
Lot 6
Pressure Manifold
117'
30'
281.86'
S67°36'18"E
HOUSE
49'
10'
ST
41'
15'
ST
166'
27.5'
65.8'
141'
266.49'
S67°36'18"E
PT
ST
190'
1B 51'
2Y 78'
3O 90'
4P 92'
5R 100'
6B 96'
7Y 76'
8O 56'
9P 32'
P1
P2
P3
P4
P1
122.34'
S16°13'40"W

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted (25% reduction) Septic System with gravity distribution for a 3 bedroom single family residence at 239 Lone Pine Rd, Carson Creek Subdivision Lot 6 PIN#(4765809974)

Contents:

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Design Information	
Design Specifications	2-3
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September 25, 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 HPPBPS system with low pressure distribution.

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:	239 Lone Pine Rd - Lot 6

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	360	
Loading Rate (gpd/ft.^{2}):	0.25	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	24 in	Repair: 22 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

239 Lone Pine Rd - Lot 6

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.25
TOTAL AREA TRENCH BOTTOM:	1080
TOTAL LATERAL LENGTH:	360
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	360
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 6

Project #: 18-0134

LAYOUT FOR 3 BEDROOM HOME

9/25/2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
			REPAIR				
1	BLUE					51	51
2	YELLOW					78	78
3	ORANGE					90	90
4	PINK					92	92
			SYSTEM				
5	***RED***					***114***	***100***
6	***BLUE***					***97***	***96***
7	***YELLOW***					***79***	***76***
8	***ORANGE***					***56***	***56***
9	***PINK***					***32***	***32***
					TOTAL	614	614

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	***360***	***0.250***	***ACCEPT.***	***0.250***	***25% RED***	***GRAVITY***
Repair	240	0.250	MOD. CONV.	0.250	HPPBPS	LOW PRESSURE

Notes: **All measures in feet

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

**Nitrification lines were located by GPS.

CALCULATIONS

Location	Carson Creek	
Project Number	18-0134	
Lot No:	6	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.250	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	16	ft.
Supply Line Volume	10.448	gal.
Required Feet of Line	360	ft.
Amount of Line from Layout	360	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

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

Sheet 1 of 1
PROPERTY ID #: 1746580797
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
LOCATION OF SITE: 239 Lone Pine Rd, Statesville Lot 6 Statesville NC 28625

APPLICATION DATE
DATE EVALUATED: 6/13/19
PROPERTY SIZE: 0.7606 AC
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 360 gpd

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	.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/11/6	0-8	BSL Gr	Fr SS SP		62		only to S6	PS .275 ✓
		8-40	BRC wmsbk/Absk	Fr SS P	Few Fe Depl.				
		40-62	RC wmsbk/Absk	Fr SS SP	Few to C. Fe Depl Cm R 2' @ 48" Few				
P 2	L/10/6 .7	0-4	BSLCr	Fr SS SP		58		only Eval to 58	PS .25 Trench Bottom 22" chroma 2 @ 40 inches
		4-7	RBCL wfsbk	Fr SS SP					
		7-58	BRC wmAbk/sbk	Fr SS P	Fe Depl @ 32"-58" Few Cm @ 42"				
		58-62							
P 3	L/10/6	0-8	BSCL wfsbk	Fr SS SP		62			PS ✓ .225-.275
		8-47	BRC wmsbk/Absk	Fr S P	Few Fe Depl.				
		47-62	RC wmAbk	Fr SP	C. Fe Depl + Cm R 2 @ 51"				
P 4	L/10/6 8	0-5	BSL Gr	Fr SS SP		60			PS ✓ .25
		5-11	RBCL wfsbk	Fr SS SP					
		11-39	BRC wfsbk/Absk	Fr SS SP	Few Fe Depl.				
		39-60	BRC wmAbk/Absk	Fr SS SP	C. Fe Depl. + Cm R 2 @ 48"				

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

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

COMMENTS:

Updated February 2014

1 item of concern needed for Repair

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

Iredell County Health Department – Environmental Health Division

LOT 6

PAGE 1: ***APPLICATION FORM***

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: ( ) 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: PECONIC BAY HOMES Address: 127 BLUFF MEADOW LANE Zip: 28115
Applicant Email: PETE@PECONICBAYHOMES.COM Phone: 704-235-8489 Alt. Phone:
Owner Name: KENSON PROPERTIES LLC Address: 185 SHELBURNE PL, MOORESVILLE Zip: 28117
Owner Email: FKV4@AOL.COM Phone: 760-522-7415 Alt. Phone:

Property Information:

Street Address: 239 LONE PINE RD, STATESVILLE NC 28625
Subdivision Name: CARSON CREEK Section/Phase: 1 Lot Number: 6
Driving Directions: 64E - RT ON LONE PINE – LOT ON LEFT

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: 3
Maximum Number of Occupants: 6
( ) 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
( ) 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: _____ 7/9/2020
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

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 PROPERTIES am the legal owner(s) of the property located at 239 LONE PINE RD, STATESVILLE NC 28625, identified as PIN (Parcel Identification Number) 4765809974-000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) PETER DENICOLA, PELICAN BAY HOMES INC, 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.

FVS of Kenson Properties — 7/9/2020

Signature of Owner(s) — Date

Mooresville - Environmental Health
Fax: 704-663-3750
610 N. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704 871-3489
340 N. Center Street, Statesville, NC 28677

RECEIVED OCT 2 - 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 AP-300741

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (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: 239 Lone Pine Rd, Statesville NC 28625
Subdivision Name: Carson Creek **Section/Phase:** **Lot Number:** 6
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 (X) 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: Kenneth A Benson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/29/19
DATE

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	[signature]	8.7.19

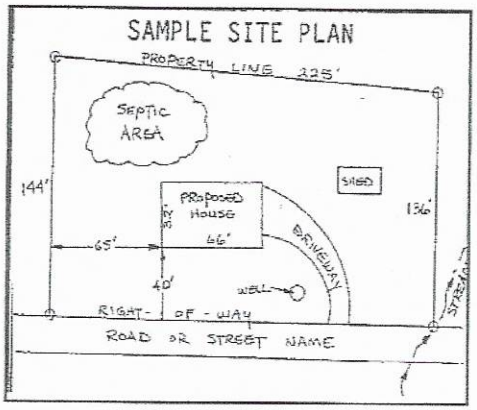
Please return this signed form to the appropriate office:

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

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

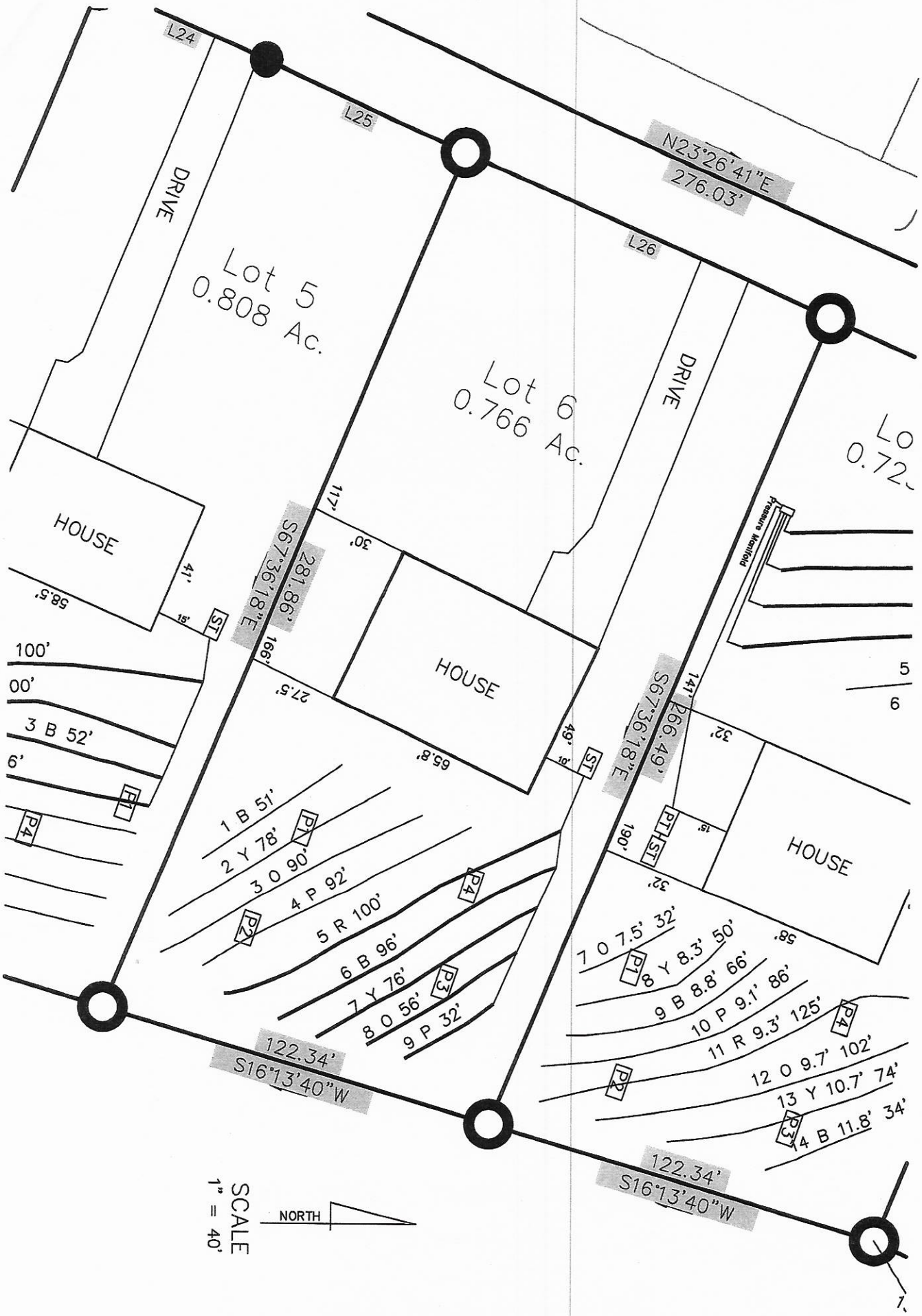
USE THIS SPACE TO DRAW YOUR SITE PLAN

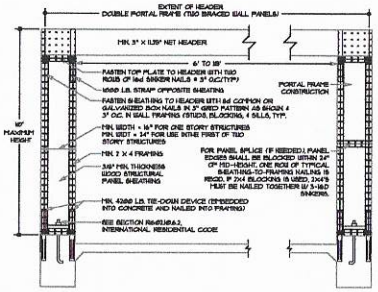
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTATCHED SEPTIC IMPROVEMENT PLAN PERMIT # 301177

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

7/9/2020
DATE


L24
L25
L26
DRIVE
Lot 5
0.808 Ac.
Lot 6
0.766 Ac.
HOUSE
HOUSE
HOUSE
N23°26'41"E
276.03'
S67°36'18"E
281.86'
S67°36'18"E
266.49'
122.34'
S16°13'40"W
122.34'
S16°13'40"W
Pressure Manifold
1 B 51'
2 Y 78'
3 O 90'
4 P 92'
5 R 100'
6 B 96'
7 Y 76'
8 O 56'
9 P 32'
7 O 7.5' 32'
8 Y 8.3' 50'
9 B 8.8' 66'
10 P 9.1' 86'
11 R 9.3' 125'
12 O 9.7' 102'
13 Y 10.7' 74'
14 B 11.8' 34'
SCALE
1" = 40'
NORTH



GARAGE PORTAL DETAIL

NOT TO SCALE

IMPORTANT NOTE:
ALL EGRESS OR RESCUE WINDOWS FROM SLEEPING ROOMS MUST HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQUARE FEET. GRADE FLOOR WINDOWS MAY HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. THE MINIMUM NET CLEAR OPENING HEIGHT SHALL BE 24". THE MINIMUM NET CLEAR OPENING WIDTH SHALL BE 20". MAXIMUM SILL HEIGHT = 44" AFF.

CODE DISCLAIMER:

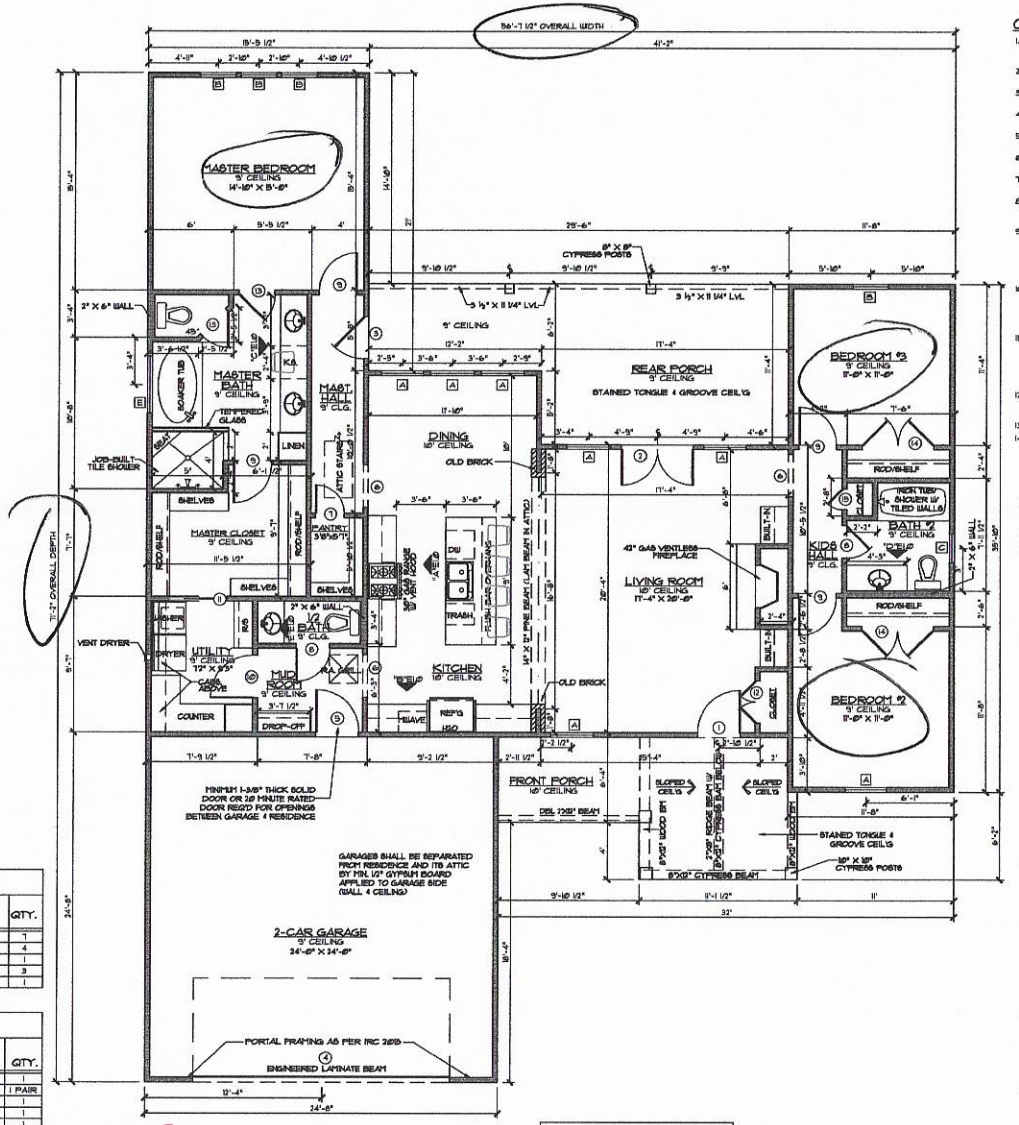
1. THESE PLANS WERE DESIGNED TO MEET IRC 2015 AT THE TIME OF THEIR CREATION AND MORE SPECIFICALLY THE MINIMAL LOCAL CODES OF THE SOUTH LOUISIANA AREA. IT IS HIGHLY RECOMMENDED THAT THESE PLANS BE REVIEWED BY A LOCAL STRUCTURAL ENGINEER PRIOR TO CONSTRUCTION.
2. BEAMS AND FLOOR JOISTS ARE NOT SIZED DUE TO THE MANY GEOGRAPHIC LOCATIONS THESE PLANS ARE SOLD. THESE ITEMS SHALL BE SIZED BY A LOCAL ENGINEER OR MANUFACTURER.
3. ALL CEILING & FLOOR JOISTS (IF CONVENTIONAL FRAMING) SHOULD BE SIZED USING THE LATEST VERSION OF THE IRC OR APPLICABLE CODES AT SITE TO MEET THE LOCAL REQUIREMENTS SUCH AS SNOW LOADS AND OTHER FACTORS. THE CEILING JOIST SIZES LABELED (IF PRESENT) WERE SIZED USING THE 2015 IRC AT THE TIME OF THEIR CREATION. THEY MUST BE VERIFIED AND MODIFIED AS REQUIRED TO MEET THE LATEST EDITION OF THE (IRC) INTERNATIONAL RESIDENTIAL CODE.
4. ALL FOUNDATION AND FOOTING DETAILS SHALL BE REVIEWED AND APPROVED BY A LOCAL ENGINEER.
5. CONTRACTOR SHALL PROVIDE ALL HIGH WIND STRAPPING AND ANCHOR BOLTS AS REQUIRED BY THE LOCAL CODE REQUIREMENTS AND THE LATEST VERSION OF THE IRC.

WINDOW SCHEDULE

MARK	OPENING SIZE	DESCRIPTION	QTY.
A	3'-0" X 7'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	7
B	2'-6" X 4'-6"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	4
C	2'-0" X 4'-0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	1
D	2'-6" X 4'-6"	4 LITE VINYL FIXED WINDOW INSULATED (SEE ELEVS.)	3
E	4'-6" X 4'-6"	PICTURE WINDOW BY OWNER	1

DOOR SCHEDULE

MARK	SIZE	DESCRIPTION	QTY.
1	3'-0" X 8'-0"	EXTERIOR 4 LITE 3/4 FRENCH SOLID WOOD DOOR	1
2	DBL. 2'-6" X 8'-0"	EXTERIOR 4 LITE FULL FRENCH WOOD DOORS	1 PAIR
3	3'-0" X 6'-8"	EXTERIOR 4 LITE 1/2 FRENCH WOOD DOOR	1
4	16'-0" X 8'-0"	EXTERIOR OVERHEAD METAL GARAGE DOOR W/ OPENER	1
5	3'-0" X 8'-0"	EXTERIOR 6 PANEL METAL DOOR	1
6	3'-0" X 8'-0"	CASED OPENING	3
7	2'-8" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1
8	2'-4" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	2
9	2'-8" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	4
10	3'-0" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1
11	2'-0" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE POCKET DOOR	1
12	DBL. 2'-6" X 8'-0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOORS	1 PAIR
13	2'-6" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	2
14	DBL. 2'-6" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOORS	2 PAIR
15	1'-6" X 6'-8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1



SQUARE FOOTAGE

LIVING	1814
FRONT PORCH	168
REAR PORCH	211
GARAGE	600
TOTAL SQ. FT.	2853

FLOOR PLAN

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

GENERAL NOTES:

1. ALL KITCHEN AND UTILITY COUNTERTOPS ARE SHOWN AS 2'-0" WIDE UNLESS STATED OTHERWISE.
2. ALL BATHROOM LAVATORY COUNTERTOPS SHOWN AS 1'-6" WIDE.
3. ALL EXTERIOR OVERALL DIMENSIONS ARE FROM EDGE OF FOUNDATION.
4. ALL INTERIOR DIMENSIONS ARE FROM STUD FACE TO STUD FACE.
5. ALL INTERIOR WALL THICKNESS SHOWN AS 4" UNLESS NOTED OTHERWISE.
6. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS BEFORE COMMENCING WORK.
7. BRICK VENEER WALL TIES (MAX 24" O.C. EACH WAY.)
8. PURCHASER OF THIS PLAN ASSUMES LIABILITY FOR ANY MODIFICATIONS MADE TO THE LAYOUT OF THIS PLAN.
9. ALL WOOD FRAMING SHALL BE NO. 2 GRADE - SOUTHERN PINE LUMBER. ALL CEILING JOIST SPANS ARE BASED ON TABLE R802.4(1) OF THE I.R.C. 2015 AND ARE DESIGNED FOR ATTICS WITH LIMITED STORAGE. (REFER TO FOUNDATION SHEET FOR SPANS)
10. REF. SEC. 308 GLAZING IN HAZARDOUS LOCATIONS & TEMPERED GLASS FOR WINDOWS THAT ARE WITHIN 24" OF THE DOOR IN THE CLOSED POSITION, PROVIDING THE WINDOW IS LESS THAN 60" ABOVE THE FLOOR. (R308.1 I.R.C. 2015)
11. MASONRY VENEER SHALL BE ANCHORED TO THE SUPPORTING WALL WITH CORROSION-RESISTANT METAL TIES SPACED NOT MORE THAN 24" ON CENTER HORIZONTALLY AND VERTICALLY AND SHALL SUPPORT NOT MORE THAN 2.6 SQ. FEET OF WALL PER SECTION R703.7.4.1
12. VENT HOOD IN KITCHEN MUST VENT TO THE OUTSIDE. MICROWAVE HOODS MUST VENT TO THE OUTSIDE WHERE APPLICABLE.
13. DRYER VENT MUST HAVE MAX LENGTH 25'
14. ATTIC SPACES MUST PROVIDE 1 SQ. FT. VENTILATION PER 150 SQ. FT. OF AREA UNLESS CONDITIONED SPACE. (ATTIC 3 R806.)

WIND ZONE NOTES

1. VERIFY WINDOW CODE REQUIREMENTS AT EACH BUILDING LOCATION, AND INSTALL WINDOWS AS PER CODE. REQUIREMENTS WILL VARY FROM DOUBLE INSULATED VINYL TO IMPACT RESISTANT DOUBLE INSULATED VINYL WINDOWS.
2. ALL WINDOWS SHALL COMPLY WITH THE GOVERNING IRC/IBC. WINDOWS SHALL BE SELECTED BASED UPON THE COMPONENT AND CLADDING DESIGN PRESSURES.
3. CONTRACTOR RESPONSIBLE FOR ANCHORAGE OF BOTTOM PLATE AND WALL STUDS TO FOUNDATION IN COMPLIANCE WITH THE GOVERNING EDITION OF IRC/IBC 1605.

HEADER SPANS FOR LOAD BEARING WALLS:

SINGLE STORY

- 2 PLY 2"X6" 4'-3" MAX
- 2 PLY 2"X8" 5'-4" MAX
- 2 PLY 2"X10" 7'-6" MAX

2 STORY:

- 2 PLY 2"X6" 3'X1" MAX
- 2 PLY 2"X8" 4'X6" MAX
- 2 PLY 2"X10" 6'X2" MAX

- 2 PLY 2X6 HEADERS FOR ALL NON-LOAD BEARING WALLS
- OSB BETWEEN ALL HEADER PLIES
- NO BOXED HEADERS

REFER TO IRC R502.5 (1) AND (2) FOR ADDITIONAL HEADER AND GIRDER SPANS

NOTE:
ROOF OVERHANGS ON NEW CONSTRUCTION TYPICAL 18" FROM FACE OF STUD UNLESS OTHERWISE NOTED.

GENERAL CONTRACTOR TO PROVIDE ADEQUATE ROOF VENTILATION BUILDING SYSTEMS PER IRC CODE (SECTION R806.). SYSTEMS TO BE USED TO MEET ROOF VENTALATION REQUIREMENTS ARE AS FOLLOWS: CONTINUOUS RIDGE VENTS, POWER VENTS, BOX VENTS, AND GABLE/DORMER VENTS WHEN APPROVED BY OWNER.

SOFFIT VENTS TO BE USED ONLY IN ACCORDANCE W/ IRC CODE (SECTION R303 AND TABLE R303.1) TO ACCOMMODATE APPROPRIATE FIRE SEPARATION DISTANCES.

GENERAL MATERIALS:

1. EXTERIOR WALLS:
   - -BRICK VENEER
   - -REINFORCED CEMENTITIOUS SIDING
   - -"TYVEK" BUILDING WRAP
   - -1/2" OSB SHEATHING — -2X4 STUDS @ 1'-4" O.C.
   - -R-13 BATT INSULATION — -1/2" GYPSUM BOARD INTERIOR
2. INTERIOR WALLS:
   - -2X4 STUDS @ 1'-4" O.C. — -1/2" GYPSUM BOARD ON BOTH SIDES
3. CEILING:
   - -2x JOISTS @ 1'-4" O.C. — -1/2" GYPSUM BOARD
   - -R38 INSULATION
4. ROOF SYSTEM:
   - -30 YEAR FIBERGLASS SHINGLES — -1"SHELT
   - -5/8" OSB OR CDX PLYWOOD — -2X6 RAFTERS @ 2'0" O.C.
   - -STANDING SEAM METAL ROOF

NOTE: ALL ROOFING PRODUCTS, MATERIALS AND INSTALLATION, SHALL COMPLY WITH THE REQUIREMENTS UNLESS CHANGED BY GENERAL CONTRACTOR AT OUR DISCRETION.

PROTECTION AGAINST TERMITES:

1. SUBTERRANEAN TERMITE CONTROL. IN AREAS FAVORABLE TO TERMITE DAMAGE METHODS OF PROTECTION SHALL BE BY CHEMICAL SOIL TREATMENT, PRESSURE-TREATED WOOD, NATURALLY TERMITE RESISTANT WOOD OR PHYSICAL BARRIERS (SUCH AS METAL OR PLASTIC TERMITE SHIELDS), OR ANY COMBINATION OF THESE METHODS.
2. CHEMICAL SOIL TREATMENT. THE CONCENTRATION, RATE OF APPLICATION AND TREATMENT METHOD OF THE TERMITICIDE LABEL.
3. PRESSURE-TREATED AND NATURALLY RESISTANT WOOD. HEARTWOOD OF REDWOOD AND EASTERN RED CEDAR SHALL BE CONSIDERED TERMITE RESISTANT. PRESSURE-TREATED WOOD AND NATURALLY TERMITE RESISTANT WOOD SHALL NOT BE USED AS A PHYSICAL BARRIER UNLESS A BARRIER CAN BE INSPECTED FOR ANY TERMITE SHELTER TUBES AROUND THE INSIDE AND OUTSIDE EDGES AND JOINTS OF A BARRIER.
4. FIELD TREATMENT. FIELD CUT ENDS, NOTCHES, AND DRILLED HOLES OF PRESSURE-TREATED WOOD SHALL BE RETREATED IN THE FIELD ACCORDING TO AWPA M4.

Acknowledgement Of Receipt ONLY!
Date 8/21/20
Benjamin Battles
Date 8/24/2020

MADDEN HOME DESIGN, LLC NOT BEING A LICENSED ENGINEER, EXPRESSLY ASSUMES NO LIABILITY FOR STRUCTURAL OR ARCHITECTURAL DESIGN INTEGRITY. ENSURE ALL DIMENSIONS ARE CORRECT AND ENVIRONMENTAL REGULATIONS HAVE BEEN MET. IF ANY ERROR OR OMISSION ARE FOUND, IT IS THE CONTRACTOR AND OR OWNER'S RESPONSIBILITY AT HIS OWN EXPENSE AND NOT OUR RESPONSIBILITY OF THE DRAFTING SERVICE.
CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL DIMENSIONS IN THE FIELD AND SHALL BUILD HOME IN ACCORDANCE WITH THE INTERNATIONAL RESIDENTIAL CODE 2015.

RESIDENCE OF
FRANK VESSELS

Project

MADDEN HOME DESIGN
8375 Rushing Road
Denham Springs, Louisiana
70726
Phone: (225) 791-2912

ALL BID©

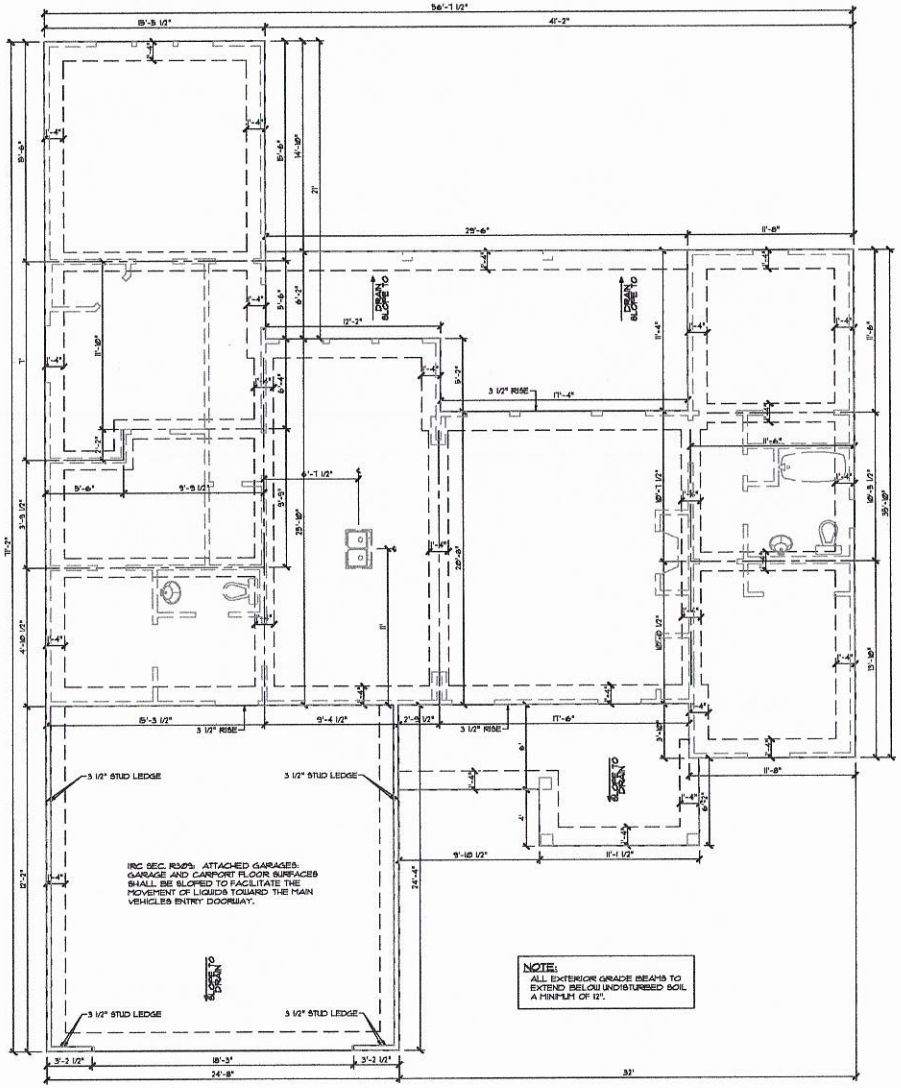
Project No.: Hidden Creek - Mirror
DATE: July 2, 2020
DRAWN BY: Steven Madden
DESIGNED BY: Steven Madden

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Sheet Title
FLOOR PLAN

☐ Preliminary Dwg.
☐ Bidding Doc.
☐ Construction Doc.

Sheet:
A1.0



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

NOTE:
ALL EXTERIOR GRADE BEAMS TO EXTEND BELOW UNDISTURBED SOIL A MINIMUM OF 12".

NOTE:
THIS GENERIC FOUNDATION PLAN IS DESIGNED FOR NON EXPANSIVE SOILS WITH A BEARING CAPACITY OF AT LEAST 2500 PSF. MADDEN HOME DESIGN IS NOT AN ENGINEER AND RECOMMENDS THAT A PROFESSIONAL ENGINEER BE CONSULTED FOR YOUR SPECIFIC LOT AS THE DESIGNER HAS NOT BEEN PROVIDED ANY INFORMATION BY THE CLIENT REGARDING THE BEARING CAPACITY OF THE SOILS FOR THIS LOT AND ASSUMES NO RESPONSIBILITY FOR THE STRUCTURAL PERFORMANCE OF THIS DESIGN.

CONCRETE NOTES:

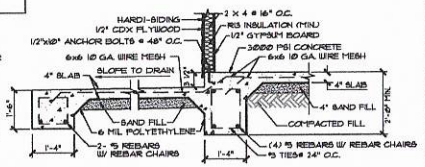
1. REFER TO BUILDING PLANS FOR DOOR OPENINGS AND EXACT DIMENSIONS.
2. USE CONCRETE BRICK SUPPORTS TO MAINTAIN REINFORCING CLEARANCES. DO NOT USE CMU OR FACE BRICK.
3. FOUNDATION DESIGN BASED ON A-4 FILL DIRT COMPACTED TO 95% DENSITY (ASTM D-1557). FILL PLACED @ 8" MAX. LIFTS.
4. ALL CONCRETE SHALL DEVELOP 3,000 PSI COMPRESSIVE STRENGTH @ 28 DAYS. PLACE CONCRETE W/ MAXIMUM SLUMP OF 6". PROVIDE SLUMP TEST AND CYLINDERS AT BEGINNING AND MIDPOINT OF POUR.
5. GRADE 40 DEFORMED REINFORCING.
6. ASTM-185 WF REINFORCING.
7. APPLY A LIQUID MEMBRANE CURING CHEMICAL TO ALL CONCRETE SURFACES IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS. W.R. GRACE PRODUCT OR EQUAL.
8. CONTRACTOR SHALL COORDINATE ALL DOOR LOCATIONS AND CMT NOTCHES ACCORDINGLY.
9. 2" CLEARANCE FOR REBAR, SIDES AND BOTTOM.
10. MINIMUM SLAB THICKNESS SHALL BE 4" ON HOUSE AND ANY SIDEWALKS INCLUDING DRIVEWAY.
11. FINISH GRADE TO SLOPE AWAY FROM THE HOUSE.
12. REFER TO ELECTRICAL PLAN FOR IN-SLAB WIRING AND OUTLET REQUIREMENTS.
13. CONTRACTOR SHALL EXCAVATE ALL FOOTINGS TO SOLID, UNDISTURBED SOIL.
14. SLABS AND FOOTINGS SHALL BE PLACED MONOLITHICALLY IN A CONTINUOUS POUR. CONSTRUCTION JOINTS FOR THE PURPOSE OF POUR INTERRUPTION SHALL NOT BE ALLOWED WITHOUT PRIOR APPROVAL BY THE OWNER.
15. ALL DRIVEWAY POURS SHALL HAVE THE PROPER CONSTRUCTION AND CONTROL JOINTS AT A DISTANCE NO GREATER THAN 15' WITH A JOINT DOWN THE CENTER. RADIUS BENDS SHALL HAVE A CONTROL JOINT AT THE CENTER OF THEM.

SITE PREPARATION NOTES:

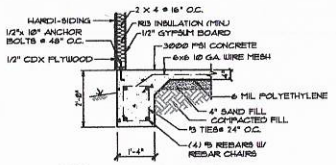
1. REMOVE TOP SOIL (8" TO 12") AND DELETERIOUS MATERIAL.
2. PROOF ROLL SUBBASE WITH A LOADED 18 YARD DUMP TRUCK. RE-LOVE ALL "PUMPING AREAS."

FOUNDATION AND SITE WORK NOTES:

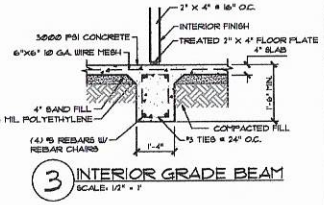
1. CHECK ELECTRICAL PLAN FOR ANY CONDUIT OR FLOOR RECEPTACLES.
2. TERMITE TREAT THE SOIL PRIOR TO POURING CONCRETE AND RETAIN CERTIFICATE FOR OWNER.
3. GRADE LOT TO DRAIN AWAY FROM THE FOUNDATION A MINIMUM OF 6 INCHES IN THE FIRST 10 FEET.
4. CARPORT AND FRONT PORCH BEAMS ARE NOT SHOWN FOR CLARITY PURPOSES.
5. CONTRACTOR SHALL EXCAVATE ALL FOOTINGS TO SOLID, COMPACTED, UNDISTURBED FILL MEETING 95% MODIFIED PROCTOR AS TESTED.
6. ALL WELDED WIRE FABRIC SHALL BE 6X6 10/10 W.W.F.
7. POLYETHYLENE VAPOR BARRIER SHALL BE 6 MIL THICKNESS.



1 COVERED PORCH FOOTING
SCALE: 1/2" = 1' — SIDING EXT. WALL



2 HARDI EXTERIOR GRADE BEAM
SCALE: 1/2" = 1'



3 INTERIOR GRADE BEAM
SCALE: 1/2" = 1'

MADDEN HOME DESIGN, LLC NOT BEING AN ARCHITECTURAL OR ENGINEERING FIRM ASSUMES NO LIABILITY FOR STRUCTURAL ASPECTS OF THESE PLANS. ALTHOUGH EVERY EFFORT HAS BEEN MADE TO INSURE ALL DIMENSIONS ARE CORRECT AND ALL CONSTRUCTION METHODS HAVE BEEN MET, IF AN ERROR OR OMISSION DOES OCCUR, IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR AND/OR OWNER AT HIS OWN EXPENSE AND NOT THE RESPONSIBILITY OF THE DRAFTING SERVICE. CONTRACTOR IS RESPONSIBLE FOR VERIFICATION OF DIMENSIONS IN THE FIELD AND SHALL BUILD HOME IN ACCORDANCE WITH THE INTERNATIONAL RESIDENTIAL CODE 2015

RESIDENCE OF
FRANK VESSELS

Project

MADDEN HOME DESIGN
8375 Rushing Road
Denham Springs, Louisiana
70726
Phone: (225) 791-2912

A | BD®

Project No.: Hidden Creek - Mirror
DATE: July 2, 2020
DRAWN BY: Steven Madden
DESIGNED BY: Steven Madden

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Sheet Title
FOUNDATION PLAN

☐ Preliminary Dwg.
☐ Bidding Doc.
☐ Construction Doc.

Sheet:
A4.0

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

APPLICATION NUMBER
300741 Issue Date: 09/10/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4765809974.000	239 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
0.766	35	35	15	15		NO

Remarks
SFD

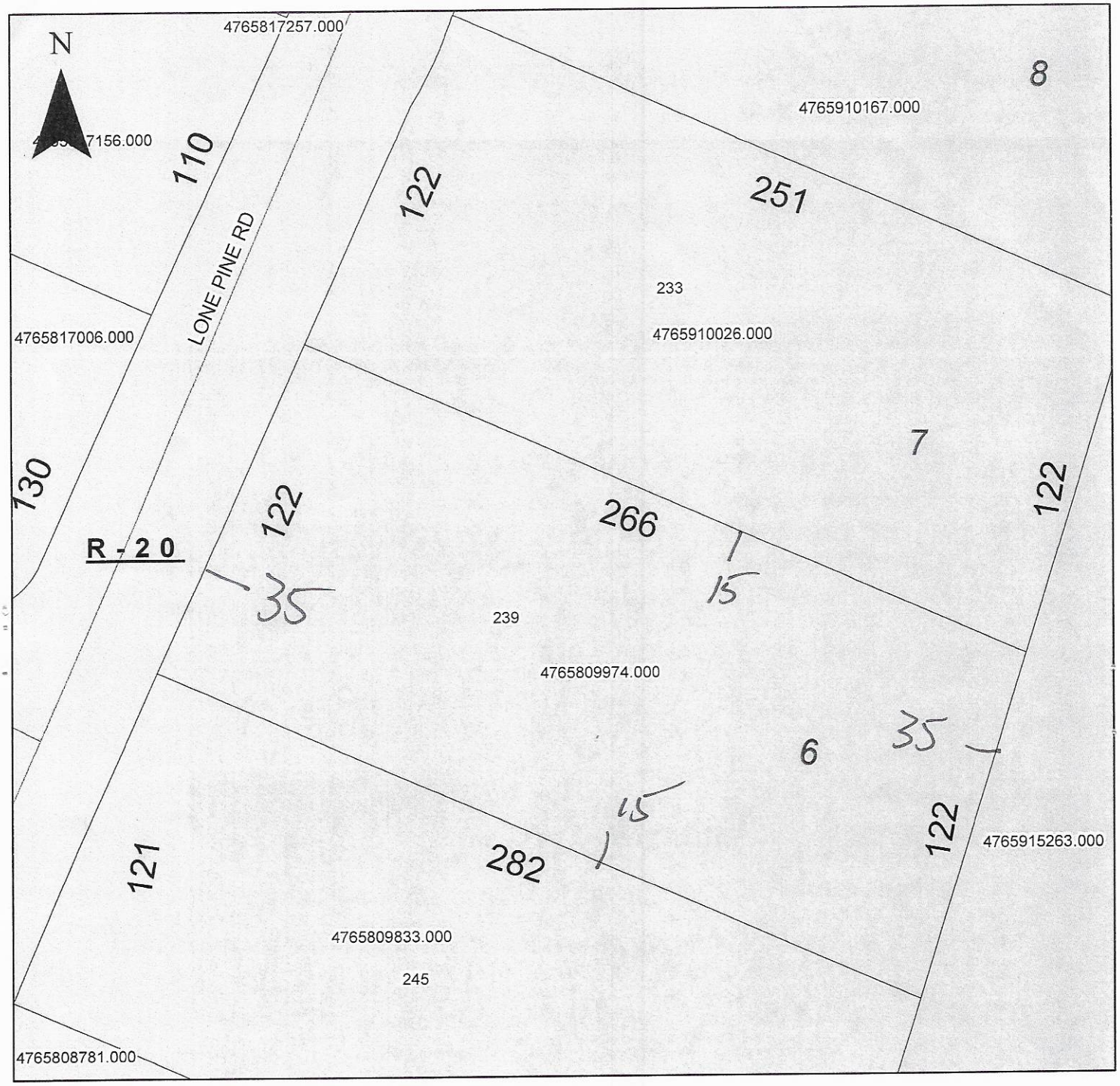
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 09/10/2019

Permit Number	000218	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 239 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.

Sam Keller

Applicant

9/10/19

Date