ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 308980

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

PIN # 4770168102

APPLICANT/OWNER: Granite Ferry Inc. APPLICANT ADDRESS: P.O. Box 620013 Charlotte, NC 28262

SITE ADDRESS: 149 Charles Farm Ln, Cleveland NC PHONE: 919374-0121 ALT. PHONE

SITE DIRECTIONS: Hwy 801 N TL Triplett TL Charles Farm on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Creek SECTION: 1 LOT # 14 LOT AREA: .60 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB ~~SHCAF 7000~~ Date 9/21

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 400

Trench Width 36" Trench Bottom Depth(Low side) 24" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees

☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Do not Cut down for Slab.
Divert Storm/Surface water away from Septic.

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 7/1/2020)

AS BUILT SKETCH

As Built Attached

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.*

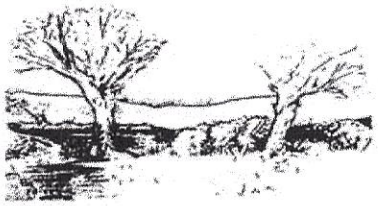
Owner / Applicant Signature: Brn Rud Date: 7/29/20 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Maria Dotson Date: 7/29/2020 OPERATION PERMIT by: D. Mebery Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/15/202 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.

N 87°50'59" W
(BASE BEARING)
CHARLES FAR
(50' PUBLI
N 87°50'59" W
Scale 1"=30'
N
N 02°09'01" E
200.00'
130.00'
LOT 14
0.60 AC.
Pit 1
Pit 2
Pit 3
Pit 4
P1
W2
O3
ST
Proposed House
50'
60'
30'
Drive
Well
Drive
Deck
11'
10'
12'
12'
20'
78'
78'
82'
82'
P1 - 90'
W2 - 95'
O3 - 95'
B4 - 80'
P5 - 80'
W6 - 80'
O7 - 80'
B8 - 80'
As Built
149 Charles Pkwy
Approved
7/29/2020
N



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
7/1/2020

Approved
7/29/2020
MD

Reference: Data Sheet for 149 Charles Farm Rd, Hidden Creek Lot 14
House Footprint: 50' x 60'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length
Pink 1		90'
White 2		95'
Orange 3		95'
Blue 4	**80'**	**92'**
Pink 5	**80'**	**92'**
White 6	**80'**	**92'**
Orange 7	**80'**	**92'**
Blue 8	**80'**	**92'**

Initial System: 400' **Repair System:** 280'

Comments:



PROPERTY ID #: 4770168102
COUNTY: Iredell

Approved 7/29/2020 MD

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Granite Ferry Inc _____ APPLICATION DATE _____
ADDRESS: PO Box 3190, Mooresville, NC 28117 _____ DATE EVALUATED: 7/2020
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.60 AC
LOCATION OF SITE: 149 Charles Farm Rd, Hidden Creek Lot 14 PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 4%	0-12	Br SCL WSBK	FR SS SP SXP	N/A	49"	F-C SAP	N/A	PS 0.3
		12-28	R C SBK	FR SS SP SXP					
		28-49	R CL WSBK	FR SS SP SXP					
		49-59	VER SL SAP M	VFR SS SP SXP					
PIT 2	LS 4%	0-12	Br CL WSBK	FR SS SP SXP	N/A	52"	F-C SAP	N/A	PS 0.3
		12-33	R C SBK	FR SS SP SXP					
		33-52	R CL WSBK	FR SS SP SXP					
PIT 3	LS 3%	0-12	BrR SCL WSBK	FR SS SP SXP	N/A	52"	F-C SAP	N/A	PS 0.3
		12-18	Br SCL WSBK	FR SS SP SXP					
		18-43	R C SBK	FR SS SP SXP					
		43-52	R CL WSBK	FR SS SP SXP					
PIT 4	LS 3%	0-12	RBr SCL WSBK	FR SS SP SXP	N/A	59"	F-C SAP	N/A	PS 0.3
		12-32	Br SCL WSBK	FR SS SP SXP					
		32-51	R C SBK	FR SS SP SXP					
		51-59	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	840 FT^2
System Type(s)	225% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: _____

COMMENTS: _____

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

AP-308980

APPLICATION FORM

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

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

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Cynthia Bladning **Address:** 3401 Saint Vardell Lane, Suite B, Charlotte, NC **Zip:** 28217

Applicant Email: submit@maipermits.com **Phone:** (704) 621-4664 **Alt. Phone:** (704) 884-1548

Owner Name: Adams Homes AEC, LLC **Address:** 3401 Saint Vardell Lane, Suite B, Charlotte, NC **Zip:** 28217

Owner Email: charlottewarranty@adamshomes.com **Phone:** (704) 558-4527 **Alt. Phone:** _____

Property Information:

Street Address: 149 Charles Farm Drive, Statesville, NC 28677

Subdivision Name: ~~Northlakes~~ Hidden Creek **Section/Phase:** _____ **Lot Number:** 14

Driving Directions: I-77 North, exit 42, right onto NC-115 / US-21 toward Troutman , Turn left onto US-21 N / NC-115 N,
Turn right onto Ostwalt Amity Rd, Turn left onto Bethesda Rd, Turn right onto Northlake Dr

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: 4
Maximum Number of Occupants: _____
( ) 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

(X) 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: _____

(X) 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: _____
(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: Cynthia Bladning December 2, 2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Jenkins – 910-777-8531 Northlake Drive lots

Ryan Kinard – 704-813-7535 Wylie Trial lots

Hidden Creek Lot: **14**

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 info

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, Arrow Home NC, LLC, am the legal owner(s) of the property located at 149 Charles Farm Drive, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4770-168-102, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Cynthia Blanding, MAJ Permits 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.

X MANAGER 7/9/2016
Signature of Owner(s) Date

X
Signature of Witness Date

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

RECEIVED JUL 1 4 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP- 308980 Paid $350.00

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: Granite Ferry Inc **Address:** PO Box 620013, Charlotte, NC **Zip:** 28252

Applicant Email: MichaelRBlackmon@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 149 Charles Farm Rd

Subdivision Name: Hidden Creek **Section/Phase:** _____ **Lot Number:** 14

Driving Directions: _____

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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 ( ) 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: Accepted

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: _____ 7/14/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, Granite Ferry, Inc., am the legal owner(s) of the property located at 149 Charles Farm Rd Hidden Creek Lot 14, identified as PIN (Parcel Identification Number) 4770168102, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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) Bryce Board	7/14/2020 Date	Signature of Witness	7/14/2020 Date

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

149 Charles Farm Drive, Statesville, NC 28677 Lot 14

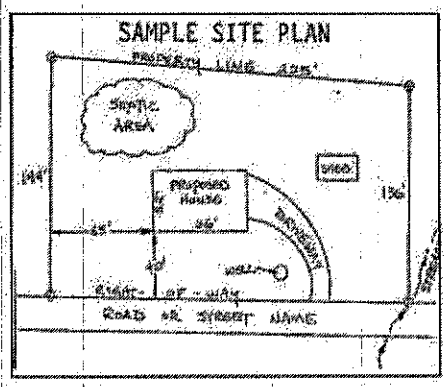
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Please see attached

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

December 2, 2020
DATE

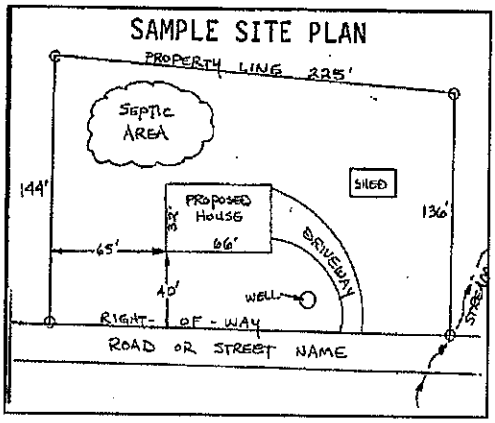
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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



Circle N/A on the following if appropriate:

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

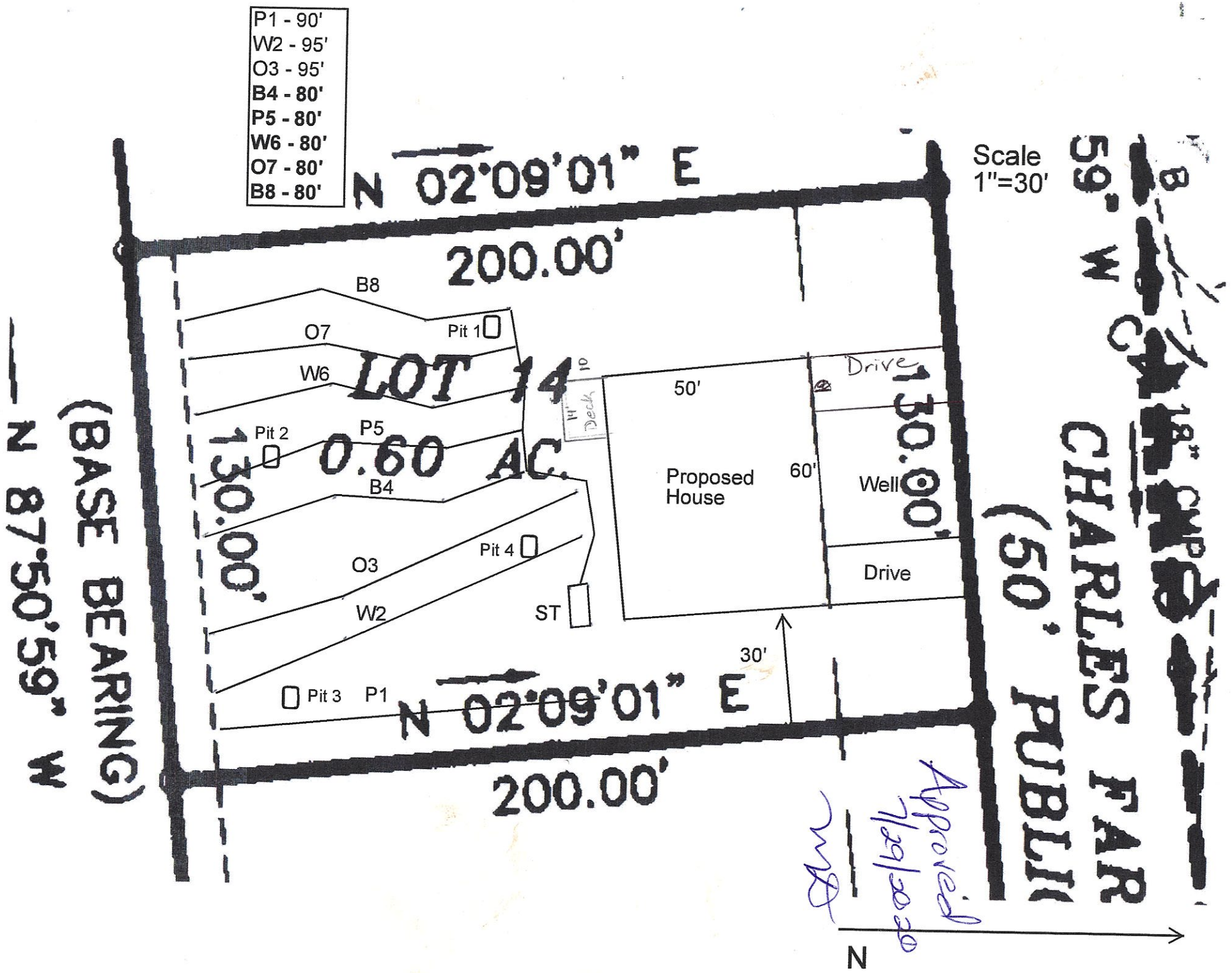
USE THIS SPACE TO DRAW YOUR SITE PLAN

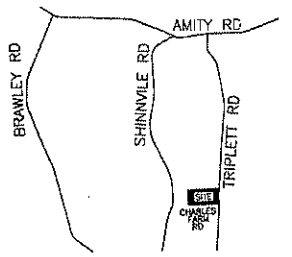
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached plan

Signature: _____ 7/14/2020

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


P1 - 90'
W2 - 95'
O3 - 95'
B4 - 80'
P5 - 80'
W6 - 80'
O7 - 80'
B8 - 80'
N 02°09'01" E
200.00'
Scale
1"=30'
B
59° W
CHARLES FAR
(50' PUBLI
B8
O7
Pit 1
W6
LOT 14
0.60 AC.
Pit 2
P5
B4
130.00'
14" Deck
50'
Drive
Proposed
House
60'
Well
130.00'
Drive
Pit 4
O3
W2
ST
30'
Pit 3
P1
N 02°09'01" E
200.00'
(BASE BEARING)
N 87°50'59" W
N
Approved
9/29/20



VICINITY MAP (NTS)

LEGEND
AC=AIR CONDITIONING UNIT
BOC=BACK OF CURB
CATV=CABLE TV
CB=CATCH BASIN
DW=CONC DRIVEWAY
EB=ELECTRIC BOX
EM=ELECTRIC METER
EOP=EDGE OF PAVEMENT
EP=ELECTRIC PEDESTAL
FH=FIRE HYDRANT
ICV=IRRIGATION CONTROL VALVE
LP=LIGHT POLE
MH=MANHOLE
MTR=METER
PCP=PLASTIC CORRUGATED PIPE
PO=PORCH
PP=POWER POLE
RCP=REINFORCED CONC PIPE
R/W=RIGHT OF WAY
SCO=CLEANOUT
SW=SIDEWALK
TF=TRANSFORMER
TP=TELEPHONE PEDESTAL
WM=WATER METER
WV=WATER VALVE
○ EIP=EXISTING IRON PIPE
◉ IRON PIPE SET
○ EIR=EXISTING IRON ROD

THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

SHAWN T. RUMBERGER, PLS L-4909 DATE

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

GENERAL NOTES:

1. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN U.S. SURVEY FEET UNLESS OTHERWISE NOTED.

2. AREAS SHOWN HEREON WERE COMPUTED USING THE COORDINATE METHOD.

3. LINES NOT SURVEYED ARE SHOWN AS DASHED LINES FROM INFORMATION REFERENCED ON THE FACE OF THIS SURVEY.

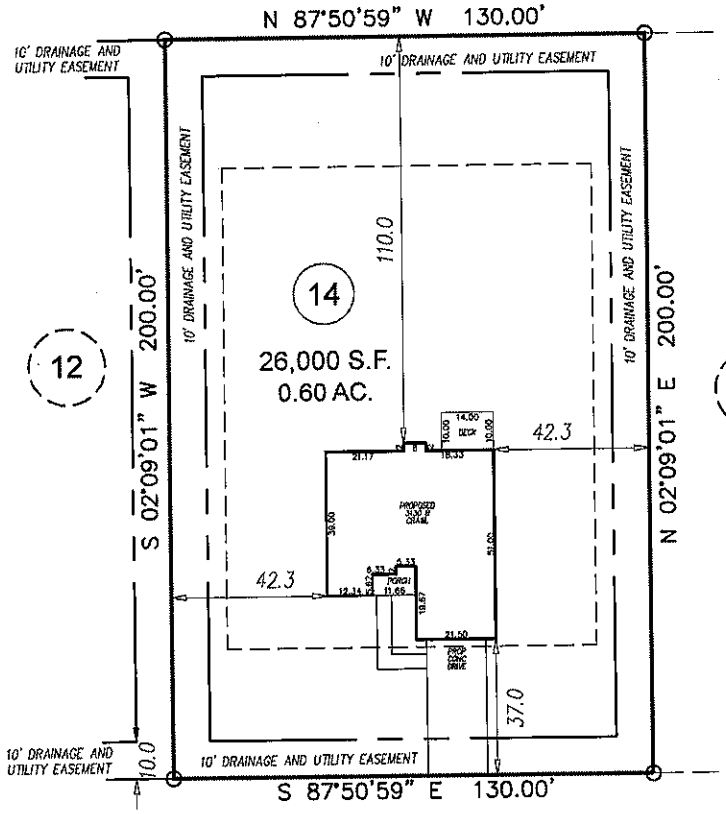
4. PROPERTY MAY BE SUBJECT TO ANY/ALL EASEMENTS AND RESTRICTIONS OF RECORD. THIS SURVEY IS A CORRECT REPRESENTATION OF THE LAND PLATTED AND OR DEEDED AND HAS BEEN PREPARED IN CONFORMITY WITH NORTH CAROLINA STANDARDS, G.S. 47-30, AND REQUIREMENTS OF LAW, BUT WITHOUT A FULL TITLE REPORT. A NORTH CAROLINA LICENSED ATTORNEY-AT-LAW SHOULD BE CONSULTED REGARDING CORRECT OWNERSHIP, WIDTH AND LOCATION OF EASEMENTS, AND OTHER TITLE QUESTIONS REVEALED BY TITLE EXAMINATION.

5. DRIVEWAY IMPERVIOUS CALCULATION SHOWN HEREON CALCULATED TO THE FRONT PROPERTY LINE/RIGHT-OF-WAY.

6. 10' DRAINAGE AND UTILITY EASEMENT ALONG ALL LOT LINES.

PLAT NORTH PB 55, PG 138

N/F
R+S HOLDING GROUP LLC
DB 1897 PG 2436



CHARLES FARM DRIVE
50' PUBLIC R/W

IMPERVIOUS AREA

HOUSE	2,045 SQ.FT.
DRIVE TO R/W	592 SQ.FT.
WALK	118 SQ.FT.
PATIO	140 SQ.FT.
TOTAL	2,895 SQ.FT.

SETBACKS

FRONT	35'
SIDE	15'
REAR	35'
SIDE STREET	25'

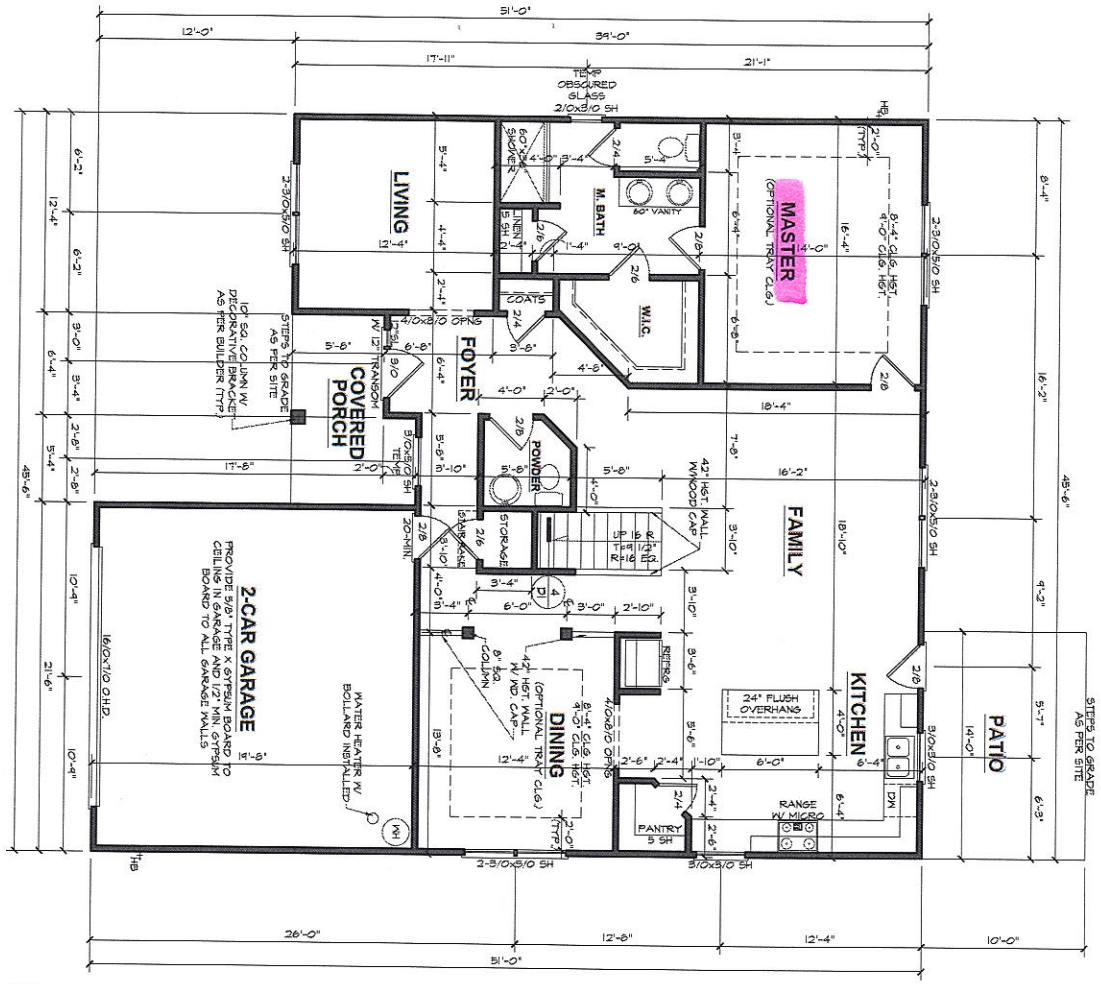
GRAPHIC SCALE
50 0 25
1 inch = 50 ft.

PRELIMINARY PLOT PLAN

PROJECT:	20-007 HIDDEN CREEK
DRAWN BY:	SEER
SCALE:	1"=50'
DATE:	10-30-2020

FOR
ADAMS HOMES
149 CHARLES FARM DRIVE
LOT 14 HIDDEN CREEK SUBDIVISION
BARRINGER TWP., IREDELL CO., NC
P.B. 55, PG. 138

ECLS GLOBAL, INC
U.S. VETERAN-OWNED
19 N McKINLEY ST
COATS, NC 27521
910.897.3257 ECLSGLOBALINC.COM
910.897.2329 (FAX) CO#C-4175



215'6"

51.

Acknowledgment Of Plans Signed at ONL

Maria Olson Date 1/15/2021

Date 1/19/21

FIRST FLOOR PLAN

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

9'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

3130 "B" FE (R) HK014

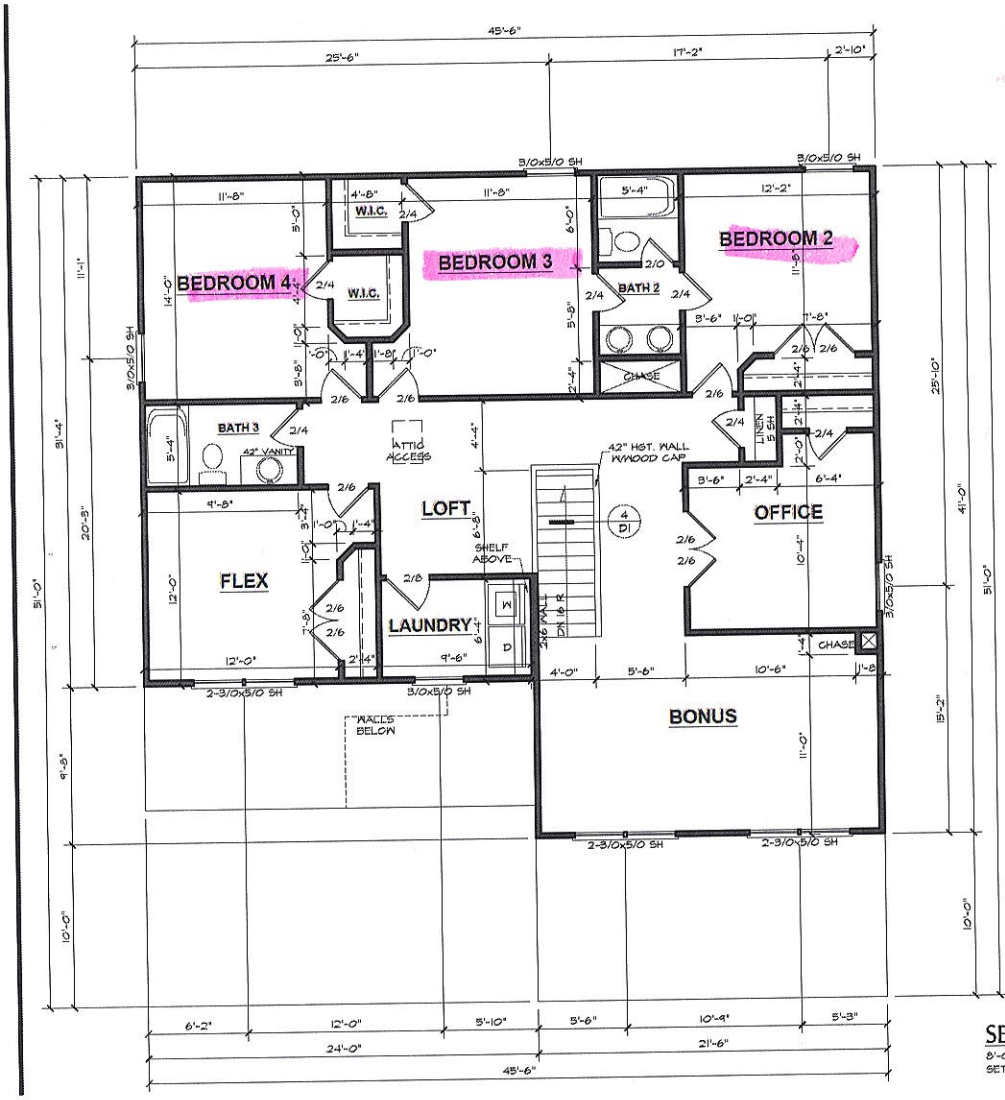
DATE DRAWN
12/15/2020

PROJECT
4TOT

REVISIONS

SHEET
3

ADAMS HOMES AEC, LLC



SECOND FLOOR PLAN

8'-0" (NOM.) CLG. HST. U.N.O.
SET WINDOWS @ 7'-2" U.N.O.

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

Approved Plans
Maria Stasa 1/15/2021
Cyndi Block 1/19/21

ADAMS HOMES AEC, LLC

3130 "B" FE (R) HK014

DATE DRAWN
12/15/2020
PROJECT
4707
REVISIONS

SHEET
4

IREDELL COUNTY · NC

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

APPLICATION NUMBER

308980
Issue Date: 07/10/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4770168102.000	149 CHARLES FARM DR	Iredell County

Owner Information	Applicant Information
Name: GRANITE FERRY INC	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	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.

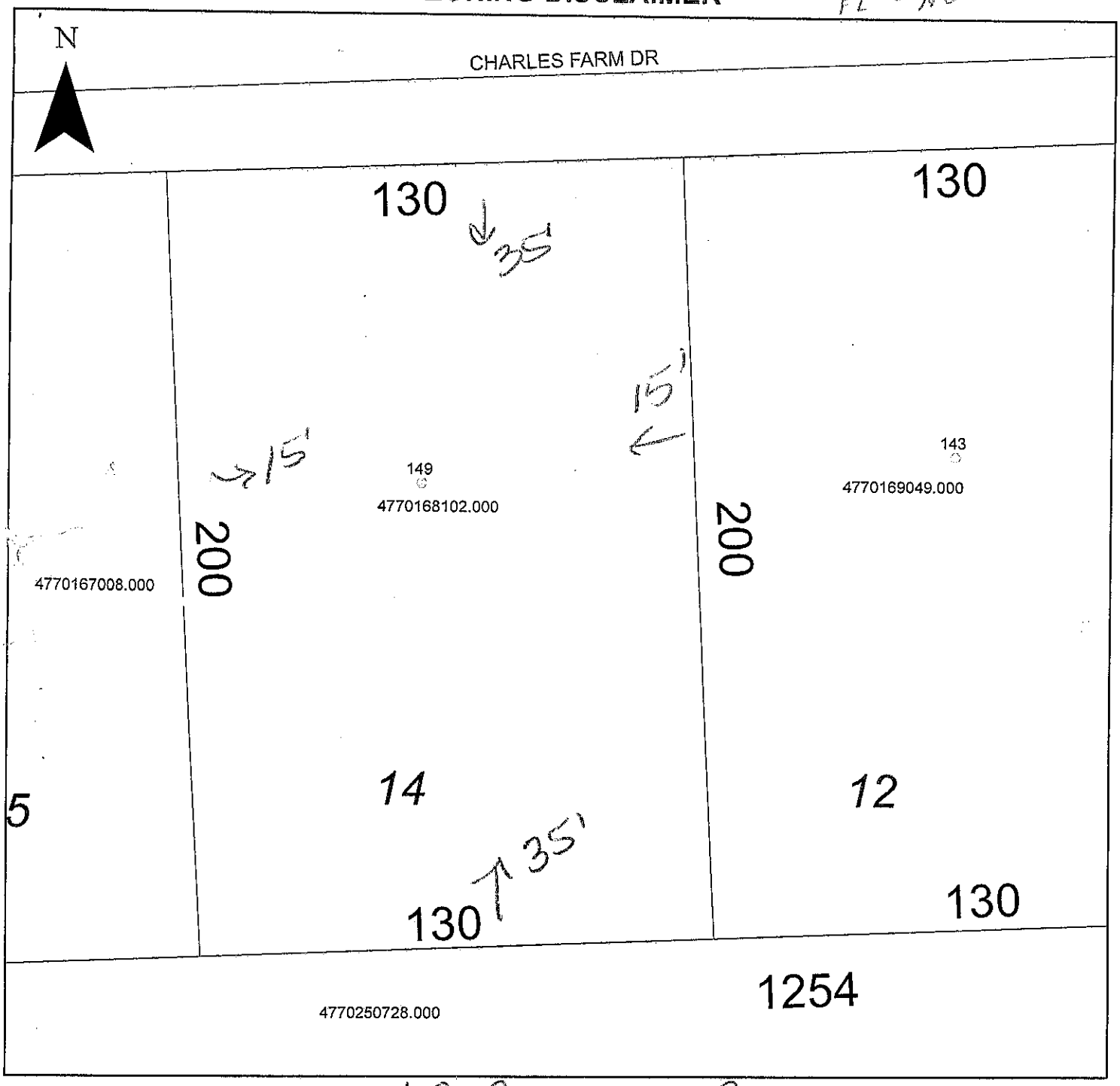
Date: 07/10/2020

Signature of Owner/Contractor

Permit Number	308980	TOTAL FEES:	$77.25

RA .6 AC
WS - NO
FL - NO

ZONING DISCLAIMER



Property Address 149 Charles Farm

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

7/10/2020
Date