IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20157

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

PIN # 4770-26-3184

APPLICANT: Warren Smith APPLICANT ADDRESS:

SITE ADDRESS: 121 Charles Farm Dr - Cleveland PHONE: 704-363-1622 ALT. PHONE:

SITE DIRECTIONS: Hwy 115N, TR on Mazeppa, TL on Triplett, TL on Charles Farm Dr, Lot on L

SUBDIVISION: Hidden Creek SECTION: 1 LOT # 8 LOT AREA: 0.60 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 400'

Trench Width 36" Max. Trench Bottom Depth 28" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity 25% Reduction

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees

☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 100' minimum from well with all septic lines and Tank

INITIAL SITE SKETCH

See Design By

Michael Athanas

&

Associates

(Approved 12-30-14, ARP)

AS BUILT SKETCH

INSTALLED AS SHOWN

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: 5/12/16 Installed by: ABERNATHY RA 008 Date: 1-26-17

IMPROVEMENT PERMIT by: Date: 12-30-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: RA 008 Date: 9-30-16 Existing System Inspected by:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

The current permit was for a 4 bedroom PPBPS. We are proposing a 25% reduction system in the same soil area. We performed a soil observation to confirm LTAR. The house and 100' well radius are marked in red flags. The initial system must be 24" maximum trench bottom to keep the system out of the saprolite. This will allow the initial system to be closer than 100' to the well.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet _1___ of _1___
PROPERTY ID #: 4770263184_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _Warren Smith_____ APPLICATION DATE_____
ADDRESS:_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: __0.60 AC_____
LOCATION OF SITE: 121 Charles Farm Dr., Hidden Creek Lot 8_____ PROPERTY RECORDED: _1/27/2009_____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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
1	LS 5%	0-30	R C SBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP					
2									
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____
APPROVED DEC 30 2014

COMMENTS: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 1-25-05
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: lot 7 Triplett Estates PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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
1	5% S	0-4	wk sbk brn sl	fr ss sp	few-common mod sap				.3
		4-25	wk sbk RC	fr ss sp					
		25-40	(BT) wk fsbk RCL	fr ss sp					
		40-67	massive L/SCL sap	fr ss sp-np					
2	3½% S	0-10	SBK brn-pbrn	cl/c fr ss sp	few-common mod sap				.25-.3
		10-29	BT wk sbk yr cl	fr ss sp					
		29-69	wk sbk-massive LSCL sap	fr ss sp	few gravel				
3	Revised plat now would show this pit on 7/8 PL 2% L	0-10	gr-wk sbk brn sl	fr ss sp	few. common mod sap	23"			.3
		10-36	wk sbk yr cl/cl	fr ss sp					
		36-72	massive L/SCL sap	fr ss sp-np					
4	3% S	0-8	gr-wk sbk brn SL/scl	fr ss sp	few common mod sap				.3
		8-27	wk fsbk yr cl/cl	fr ss sp					
		27-40	wk fsbk CL/L	fr ss sp					
		40-63	massive L/SCL sap	fr ss sp-np					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 1-25-05
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 8 Triplett Estates PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut 2-3% #5 0-10 gr brn sl/scl fr sssp
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed 10-42 mf abk RC fr sp sexp
42-72 wk fsbk yr cl fr sss p few-common
.25 shallow either shallow

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	3% S	0-3	gr sdl	fr sssp					
		3-18	mf abk RC	fr sss sp sexp					3
		18-42	wk fsbk yr scl	fr sss p	few-com inf sap				
		42-68	massive yr sl sap	fr sss p					
2	3%	0-7	wk sbk brn scl	fr sss p					
		7-20	mf abk RC	fr ssbp sexp					3
		20-36	(B-C) wk fsbk yr cl	fr sss p	common inf sap		42"		
		42-72	massive yr sl sap	fr sss p					
3	4% L	0-8	wk sbk brn scl	fr sss p					
		8-30	wk mf sbk RC	fr sss p sexp					3
		30-66	wk sbk RCl	fi-fr sss p	few inf sap				
4	1-2% 3% S	0-8	gr brn sl/scl	fr sss p					
		8-37	mf sbk RC	fr sp sexp	few yr inf mottles				3
		37-65	wk fsbk yr cl	fr sss p	few inf sap				

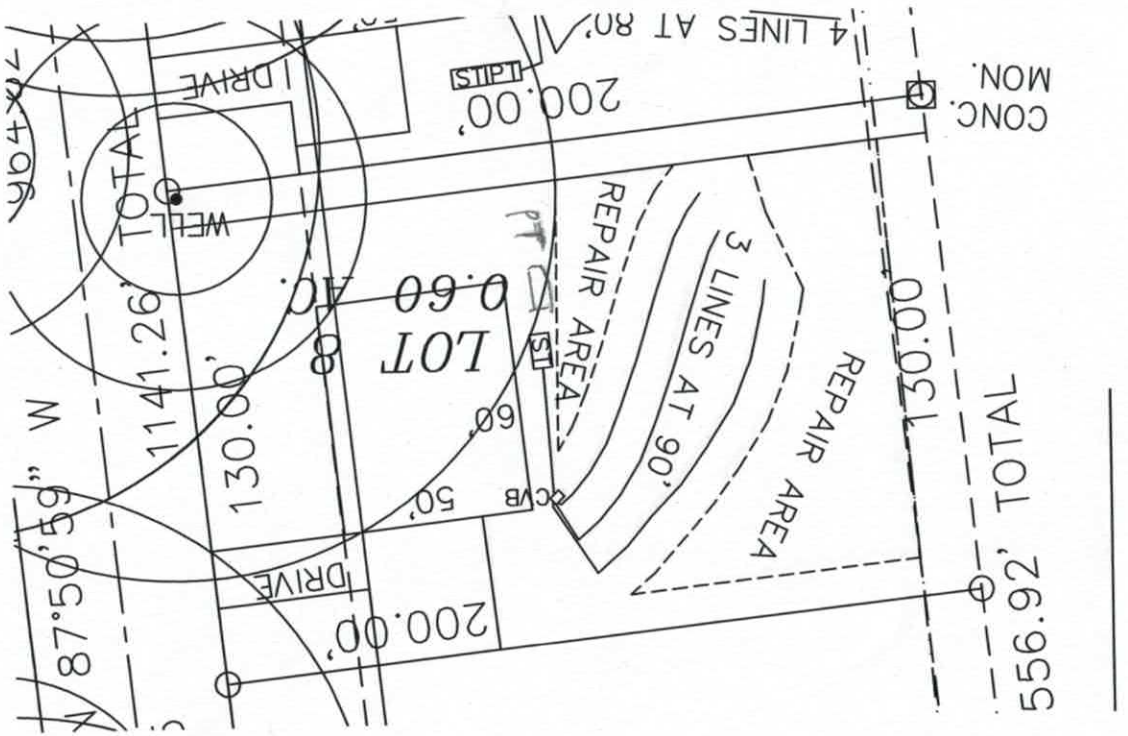
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

2/13/08
Redrawn for 4BR
and onsite well
Diagram by Brady Freeman
& Rollans

AC



IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ___ Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
R&S HOLDINGS	PO Box 3190 Mooresville NC 28117	704-363-1622	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
R&S HOLDINGS	PO Box 3190 Mooresville NC 28117	704-363-1622	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
121 CHARLES FARM DR	HIDDEN CREEK	8

Driving Directions: _____

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** _____ 9/30/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED DEC 1 9 2014

IREDELL COUNTY HEALTH DEPARTMENT

Paid $195.00 Int. Relayout #207571

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

Applicant Information:

Applicant Name: Warren Smith **Address:** Mooresville NC **Phone:** 704 363-1622

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 121 Charles Farm Dr.

Subdivision Name: Hidden Creek **Section/Phase:** **Lot Number:** 8

Driving Directions: Hwy 801, TL Tripplett, TL Charles Farm, 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

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

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(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: _____ 12/19/2014

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

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

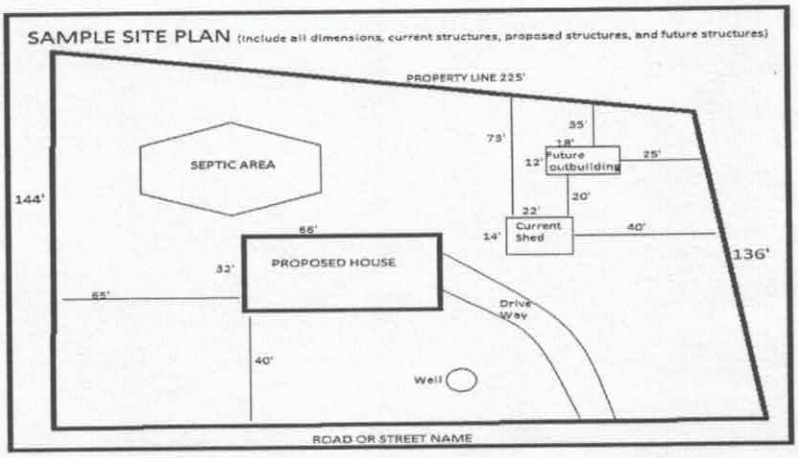
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

9/30/16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

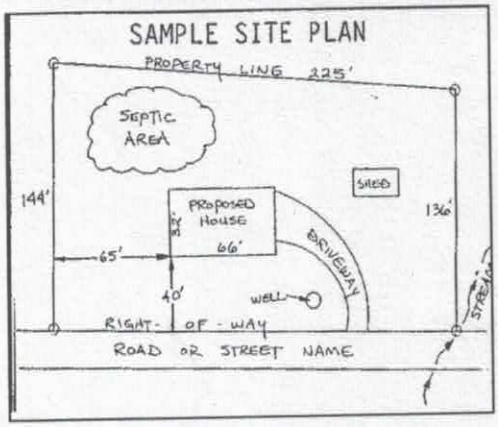
ENVIRONMENTAL HEALTH DIVISION

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 Attached Plan

Signature: _____ 12/19/2014

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

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 55 at Page: 138 as recorded in the Iredell County Register of Deeds.
4) This survey is of an existing parcel or parcels of land.
5) Area by coordinate method.

Legend

E.O.P. = Edge of Pavement
R/W = Right-of-way
I.P.S. = #4 Rebar Set
—\/— = Not to scale
⊡ = Telephone Pedestal
● = Calculated Point



Coy R Wiles Jr. & Sue F. Wiles
D.B. 746, Pg. 537
P.B. 27, Pg. 120

N87°50'59"W 130.00

11' Septic Supply Line Easement

10' Drainage & Utiltiy Easement Typical

35' Setback

Lot 8
25,988 Sq.Ft.
0.59 Acres

15' Setback

15' Setback

S02°08'20"W 200.00

N2°31'01"E 200.00

Lot 7

Lot 9

50.0
Proposed House
46.3
27.7
Proposed Drive
22.3
9.7
5.3
12.7
26.0
22.3
35' Setback
53.9
36.1

S87°50'59"E 129.89

Charles Farm Drive
50' Public R/W

GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)
1 inch = 50 ft.

Vicinity Map



Not To Scale

Plot Plan

FOR

Courtland Home Builders

PROPERTY DESCRIPTION

Lot 8,
Hidden Creek, Phase 1
P.B. 55, Pg. 138

Barringer Township, Iredell County, NC

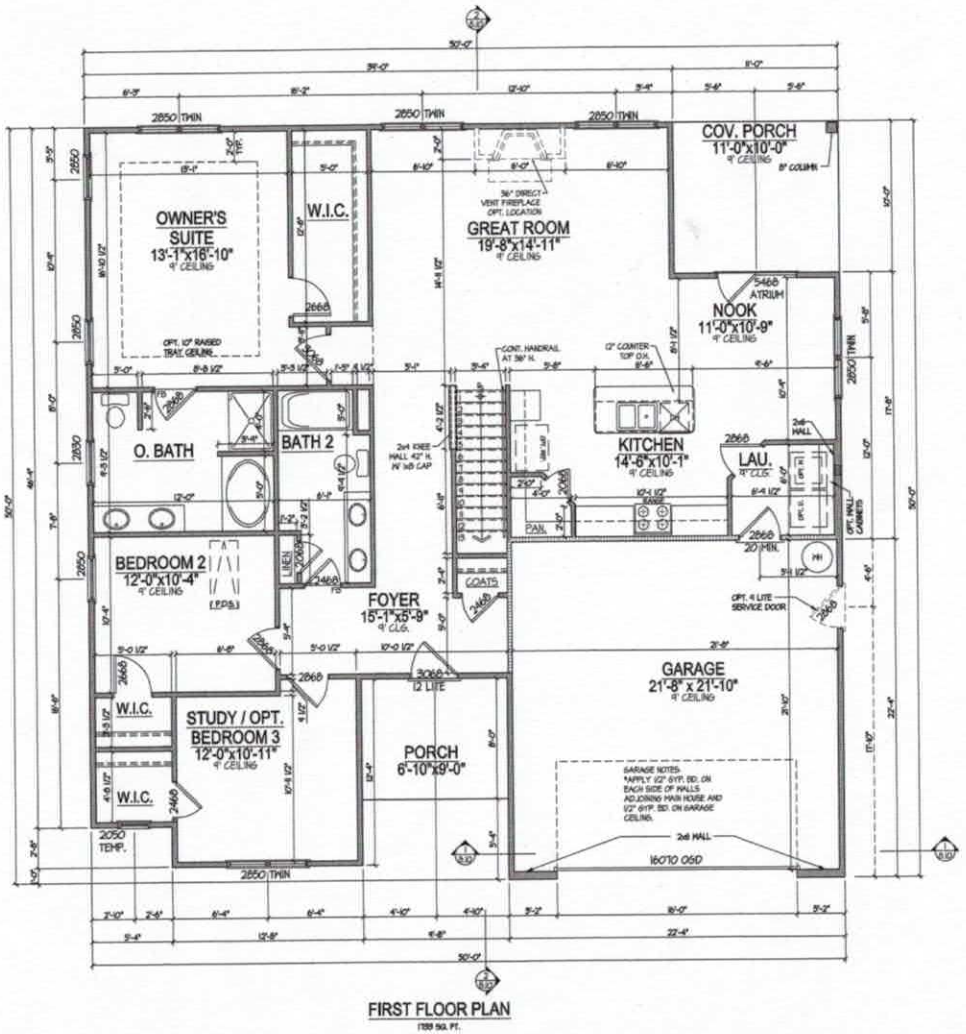
SCALE: 1" = 50

FIELD BOOK:

FILE: 2016-224

TAX PARCEL ID: 4770263184

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218



FIRST FLOOR PLAN
1739 SQ. FT.

STAIR DATA	2012 NORBC
FIRST FLOOR W/ 9'-1 1/2" PLATE HEIGHT: ATTIC TRUSS WITH 2x10 BOTTOM CORD AND 24" TAS DECKING. 5 TREADS AT 9 1/4" EACH 5 RISERS AT 7-1/2" EACH	

FIRST FLOOR PLAN NOTES

1. FIRST FLOOR CEILING HEIGHT IS 9'-1 1/2" U.N.O.
2. SEE ELEVATIONS FOR WINDOW HEADER HEIGHTS
3. ALL EXTERIOR WALLS ARE DRAWN AT 4" U.N.O. W/ STUD SPACING AT 16" O.C.
4. ALL INTERIOR WALLS ARE DRAWN AT 3 1/2" U.N.O. W/ STUD SPACING AT 24" O.C. STUD WALLS AT KITCHEN LOCATIONS TO SPACED AT 16" O.C.
5. APPLY 1/2" GYP. BD. ON ALL GARAGE WALLS AND 5/8" TYPE X GYP. BD. ON GARAGE CEILING.
6. VERIFY LOCATION OF HVAC CONDENSOR WITH FIELD MANAGER.

BPS (www.plansinc.com) - GENERAL INFORMATION

ALL CONTRACTORS SHALL REVIEW AND VERIFY ALL DIMENSIONS BEFORE DRAWING ANY WORK.

ALL CONTRACTORS CONSTRUCTION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL BUILDING CODES.

BUILDERS PLANSOURCE, INC. (WWW.PLANSINC.COM) IS NOT RESPONSIBLE FOR FINISHED RESIDENCE MEETING YOUR LOCAL CODES. ANY CONSTRUCTION DETAILS THAT ARE NOT SPECIFICALLY SHOWN IN THESE PLANS SHALL BE CONSTRUCTED IN ACCORDANCE WITH GENERAL FRAMING PRACTICES THAT WOULD BE FOUND IN SIMILAR CONDITIONS AND MATERIALS.

ALL STRUCTURAL COMPONENTS INCLUDING, BUT NOT LIMITED TO, SOLID HEADERS, BEAMS, HIP RAFTERS, VALLEY RAFTERS, GIRDERS, PIERS, JOISTS, BEARING WALLS, ETC. SHALL BE SIZED AND/OR SPECIFIED IN ACCORDANCE WITH CURRENT STATE AND LOCAL BUILDING CODES. IT SHALL BE THE RESPONSIBILITY OF THE BUILDER TO HIRE/APPOINT A REGISTERED ENGINEER TO SPECIFY SUCH COMPONENTS. BUILDERS PLAN SOURCE, INC. (WWW.PLANSINC.COM) HAS PROVIDED A DRAFTING SERVICE ONLY AND SHALL NOT BE HELD LIABLE FOR STRUCTURAL COMPONENTS FOUND WITHIN PLANS.

SOME FINISHED MATERIALS SUCH AS FLOOR COVERINGS, WALL COVERINGS, AND ANY RELATED TRIM WORK MAY NOT BE FOUND IN THESE PLANS. THESE ITEMS ARE TO BE DESIGNATED BY THE BUILDER.

ALL INTERIOR WALLS ARE TO BE MEASURED AT 3 1/2" UNLESS NOTED OTHERWISE. EXTERIOR WALLS ARE 4" UNLESS OTHERWISE NOTED.

THIS RESIDENCE IS NOT DESIGNED FOR A SPECIFIC LOT/GRADE CONDITION. IT IS THE BUILDERS RESPONSIBILITY TO INSURE SURE FOUNDATION WALLS, POSITIVE DRAINAGE, AND GRADING ARE COMPLETED AND/OR INSTALLED IN ACCORDANCE WITH CURRENT STATE AND LOCAL BUILDING CODES.

COPYRIGHT INFORMATION

Copyright BUILDERS-PlanSource, Inc. All Rights Reserved. The sale, rental, or any other distribution of these drawings to any other organization or party is strictly Prohibited unless authorized in writing by BPS Inc. This plan was purchased through a "multi-build" agreement with BPS therefore authorizing the purchaser to duplicate and distribute the plan as necessary to build multiple homes. Any later duplication or extension to another builder is prohibited according to the purchase agreement at the time of the sale.

SQUARE FOOTAGE		
	SF INSIDE OF STUDS	SF OUTSIDE OF STUDS
FIRST FLOOR	1664 SF.	1739 SF.
BONUS ROOM	251 SF.	271 SF.
TOTAL HEATED	1915 SF.	2010 SF.
GARAGE	473 SF.	496 SF.
FRONT PORCH	62 SF.	62 SF.
COVERED PORCH	88 SF.	88 SF.
TOTAL UNDER ROOF	2541 SF.	2656 SF.
*BASE HOUSE		
OVERALL WIDTH 50'-0"		OVERALL DEPTH 50'-0"

Acknowledgement of Plans Submittal ONLY!

Date 7/30/16

Date 9-30-16

SCALE: 1/8" = 1'-0" U.N.O. (11x17)
SCALE: 1/4" = 1'-0" U.N.O. (24x36)

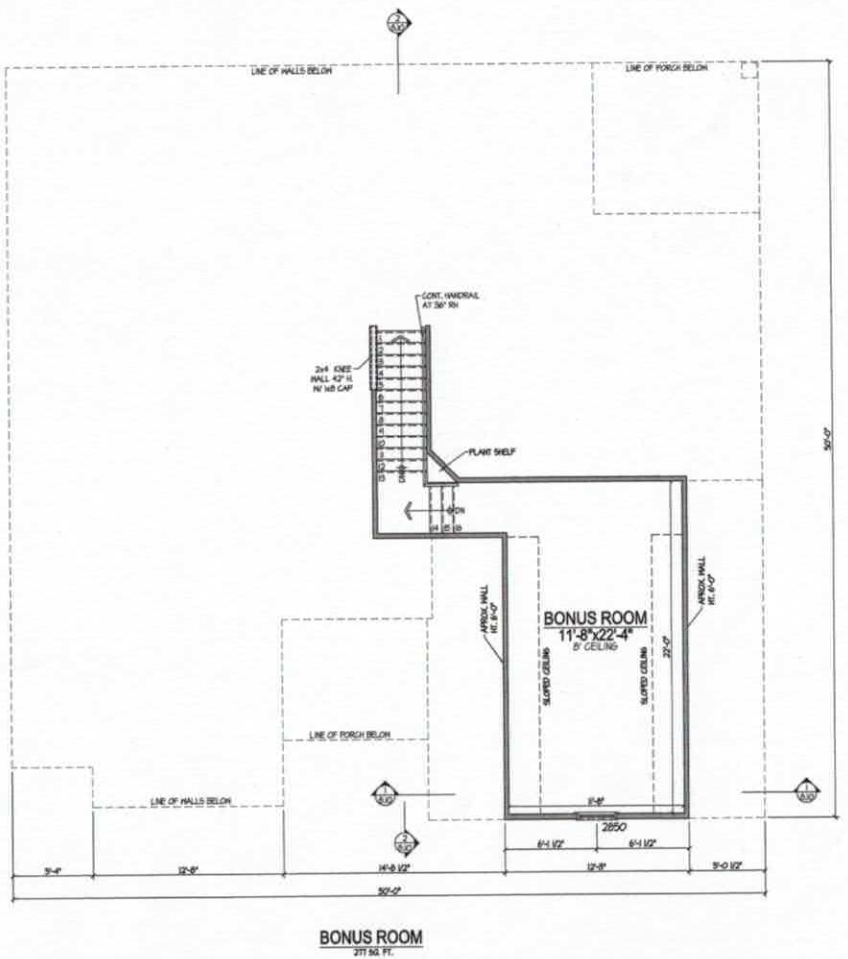
BUILDERS PLAN SOURCE
ADDRESS:
BUILDERS PLANSOURCE, INC.
P.O. BOX 1586
KING, NORTH CAROLINA 27021
PHONE:
336-985-0363
FAX:
336-985-0364

ORIG. DATE: 2016-04-29
REVISIONS:

DRAWN BY:
APPROVED BY:
SAVED: JMORTON

PLAN NAME: ASHTON
PLAN #: ASHTON I
DRAWING: FIRST FLOOR PLAN

SHEET #
4.10



BONUS ROOM
211 SQ. FT.

STAIR DATA	2012 IRC/IRC
FIRST FLOOR W/ 9'-1 1/2" PLATE HEIGHT: ATTIC TRUSS WITH 2x10 BOTTOM CORD AND 3/4" T&G DECKING. 15 TREADS AT 9 1/4" EACH 16 RISERS AT 7-1/2" EACH	

SECOND FLOOR PLAN NOTES

1. SECOND FLOOR CEILING HEIGHT IS 8'-1 1/2" U.N.O.
2. SEE ELEVATIONS FOR WINDOW HEADER HEIGHTS.
3. ALL EXTERIOR WALLS ARE DRAWN AT 4" U.N.O. W/ STUD SPACING AT 16" O.C.
4. ALL INTERIOR WALLS ARE DRAWN AT 3 1/2" U.N.O. W/ STUD SPACING AT 24" O.C. STUD WALLS AT KITCHEN LOCATIONS TO BE SPACED AT 16" O.C.
5. ALL HORIZONTAL AND VERTICAL ACCESS DOORS TO UNCONDITIONED SPACES MUST BE WEATHER-STRIPPED AND INSULATED PER LOCAL BUILDING CODE.

BPS (www.plansinc.com) - GENERAL INFORMATION

ALL CONTRACTORS SHALL REVIEW AND VERIFY ALL DIMENSIONS BEFORE BEGINNING ANY WORK.

ALL CONTRACTOR'S CONSTRUCTION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL BUILDING CODES.

BUILDERS PLANSOURCE, INC. (BPS) (WWW.PLANSINC.COM) IS NOT RESPONSIBLE FOR FINISHED RESIDENCE MEETING YOUR LOCAL CODES. ANY CONSTRUCTION DETAILS THAT ARE NOT SPECIFICALLY SHOWN IN THESE PLANS SHALL BE CONSTRUCTED IN ACCORDANCE WITH GENERAL FRAMING PRACTICES THAT WOULD BE FOUND IN SIMILAR CONDITIONS AND MATERIALS.

ALL STRUCTURAL COMPONENTS INCLUDING, BUT NOT LIMITED TO, SOLID HEADERS, BEAMS, HIP RAFTERS, VALLEY RAFTERS, GIRDERS, PIERS, JOISTS, BEARING WALLS, ETC. SHALL BE SIZED AND/OR SPECIFIED IN ACCORDANCE WITH CURRENT STATE AND LOCAL BUILDING CODES. IT SHALL BE THE RESPONSIBILITY OF THE BUILDER TO HIRE/APPOINT A REGISTERED ENGINEER TO SPECIFY SUCH COMPONENTS. BUILDERS PLAN SOURCE, INC. (WWW.PLANSINC.COM) HAS PROVIDED A DRAFTING SERVICE ONLY AND SHALL NOT BE HELD LIABLE FOR STRUCTURAL COMPONENTS FOUND WITHIN PLANS.

SOME FINISHED MATERIALS SUCH AS FLOOR COVERINGS, WALL COVERINGS, AND ANY RELATED TRIM WORK MAY NOT BE FOUND IN THESE PLANS. THESE ITEMS ARE TO BE DETERMINED BY THE BUILDER.

ALL INTERIOR WALLS ARE TO BE MEASURED AT 3 1/2" UNLESS NOTED OTHERWISE. EXTERIOR WALLS ARE 4" UNLESS OTHERWISE NOTED.

THIS RESIDENCE IS NOT DESIGNED FOR A SPECIFIC LOT/GRADE CONDITION. IT IS THE BUILDER'S RESPONSIBILITY TO MAKE SURE FOUNDATION WALLS, POSITIVE DRAINAGE, AND GRADING ARE COMPLETED AND/OR INSTALLED IN ACCORDANCE WITH CURRENT STATE AND LOCAL BUILDING CODES.

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SQUARE FOOTAGE		
	SF INSIDE OF STUDS	SF OUTSIDE OF STUDS
FIRST FLOOR	1869 SF.	1733 SF.
BONUS ROOM	251 SF.	277 SF.
TOTAL HEATED	1938 SF.	2010 SF.
GARAGE	473 SF.	486 SF.
FRONT PORCH	62 SF.	62 SF.
COVERED PORCH	86 SF.	86 SF.
TOTAL UNDER ROOF	2549 SF.	2656 SF.
*BASE HOUSE		
OVERALL WIDTH 50'-0"	OVERALL DEPTH 50'-0"	

Acknowledgement of Plans Submittal ONLY!

Date 9/30/16

Date 9-30-16

SCALE: 1/8" = 1'-0" U.N.O. (11x17)
SCALE: 1/4" = 1'-0" U.N.O. (24x36)

BUILDERS PLAN SOURCE

ADDRESS:
BUILDERS PLANSOURCE, INC.
1000 ISAAC DR.
KING, NORTH CAROLINA 27021

PHONE:
336-985-0363

FAX:
336-985-0364

ISSUED:

ORIG. DATE:
2016-04-29

REVISIONS:

DRAWN BY:

APPROVED BY:

SAVED: JHORTON

PLAN #
ASHTON I

PLAN NAME
ASHTON

DRAWING
SECOND FLOOR PLAN

SHEET #
4.20

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	121358ZO	Subdivision:	Triplett Estates
Proposed Use:	Single Family	Township:	1600 Barringer
Location of Property:	000 Road "A" Cleveland NC 27013		
Parcel #:	4770-26-0568.008	Zoning:	RA
Lot #:	8 Size: ~~.46~~ .60	Flood Plain:	No Watershed: None
Applicant:	James J Rehm, Etal	Owner:	James J Rehm, Etal
Address:	753 White Oak Road Mooresville NC 28115	Address:	753 White Oak Road Mooresville, NC 28115
Phone:	704-663-5275	Phone:	704-663-5275
Property Recorded: No	Site Plan Reviewed:	Community Water: No	Community Sewer: no

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 20000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Hold building permit until plat has been recorded to document lot creation from parent parcel.

Directions:

Keep STRAIGHT onto US-21 [SR-115] 8.0 2: Bear LEFT (East) onto SR-1001 [Ostwalt Amity Rd] 5.6 3: Turn RIGHT South) onto SR-2362 [Triplett Rd] 2.9

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: 8/27/04

A non-refundable fee of $45.00 is charged on all permit applications.

ELLIOTTE BLACKWELL

Printed: 5/20/2004