ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP3080026

PIN # 4770263309

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

APPLICANT/OWNER: Granite Ferry Inc / Adam S | APPLICANT ADDRESS: 1820 Harris Houston Rd #620013 Charlotte NC 28262

SITE ADDRESS: 124 Charles Farm Dr. Cleveland, NC 27013 | PHONE: 919-274-0121 | ALT. PHONE

SITE DIRECTIONS: N Church Street to Lon E Park Ave, Lon Tripplett Rd, Lon Charles Farm Dr, Lot on R

SUBDIVISION: Hidden Creek | SECTION: P1 | LOT # 50 | LOT AREA: 0.53 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480 GPD | L.T.A.R.: .25 (.3 Repair)

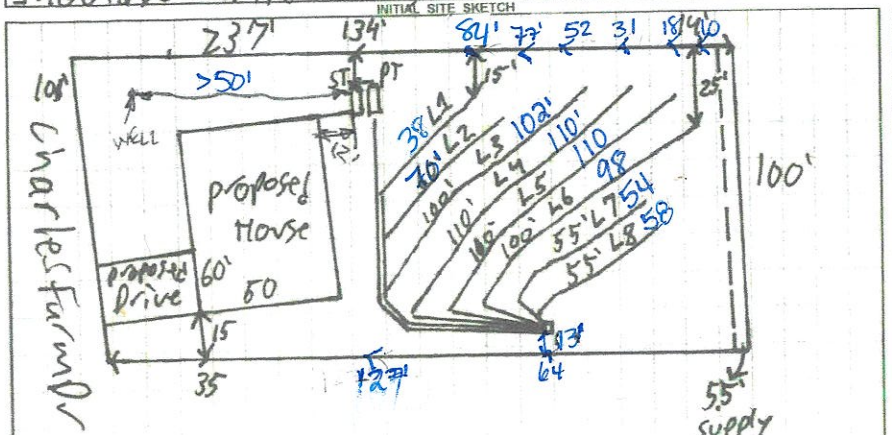
Septic Tank	1000 (gal)	STB	760	Date	7-9-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	363	Date	7-16-2021	System Description:	PM Low Profile chambers
Pump Make	ZOELLER	Model	BN1520	Serial #	2K21H18X	Repair System Description:	LPP1BPS
# Nitrification Fields	1	# Lines	8	Linear Ft	640	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth (Low Side)	A 14"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE

☒ Residence | No. Bedrooms 4
☐ Business | No. Persons 8
☐ Other | No. Employees
☐ Slab | ☒ Crawl Space
☐ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do Not Drive on, Store material or manipulate drainfield in any way. All property Lines and corners should be marked during time of installation and Inspection. If 6" of cover can not be maintained then approved Type 3 soil will need to be brought in

INITIAL SITE SKETCH

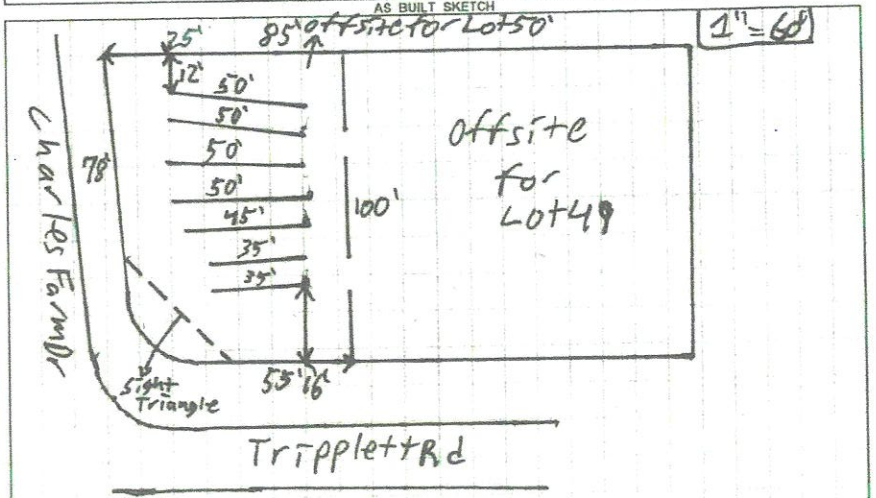


Connect Lines L1 and L2 as well as Lines L7 and L8 to make 110' Lines

As Built - NTS

1"=60'

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: | Date: 7/21/20 | Installed by: PRECISION

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 7/13/2020 | OPERATION PERMIT by: D. Meberg | Date: 10/14/21

AUTHORIZATION TO CONSTRUCT by: | Date: 12/28/20 | 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 inspector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	9/7/21	DW
Tanks Checked	9/3/21	BCW
Pressure Manifold or Valve Box Checked	9/3/21	DW
Pressure Head Set ~~25t~~	9/8/21	MK
Electrical Checked	9/14/21	DW
Floats Set	9/3/21	BCW
Alarm Checked	9/8/21	MK
Maintenance Contract Y / (N)		

Wires Sealed going into PT & alarm box.

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

PROPERTY ID #: _____
COUNTY: Iredell

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

APPROVED JUL 22 2015
BA

OWNER: R + S Holding Group LLC
ADDRESS: _____
APPLICATION DATE _____
DATE EVALUATED: _____
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.53 AC
LOCATION OF SITE: Hidden Creek Lot 50
PROPERTY RECORDED: 2015
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
1	LS 3%	0-12	Br CL WSBK	FR SS SP	F-C YB CHR 2 @ 30"	30"	N/A	N/A	PS 0.25
		12-30	R C SBK	FR SS SP					
2	LS 3%	0-6	Br CL WSBK	FR SS SP	F-C YB CHR 2 @ 28"	28"	N/A	N/A	PS 0.25
		6-28	R C SBK	FR SS SP					
3	LS 3%	0-5	Br CL WSBK	FR SS SP	F-C YB CHR 2 @ 28"	28"	N/A	N/A	PS 0.25
		5-28	R C SBK	FR SS SP					
4	LS 3%	0-14	Br CL WSBK	FR SS SP	F-C YB CHR 2 @ 28"	28"	N/A	N/A	PS 0.25
		14-28	R C SBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1920 FT2	945 FT2
System Type(s)	8" Infiltrator	PPBPS
Site LTAR	0.25	0.3

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

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

APPROVED JUL 22 2015

PROPERTY ID #: Hidden Creek 50_
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 3%	0-8	BrR CL WSBK	FR SS SP	F-C YB CHR 2 @ 33"	33"	N/A	N/A	PS 0.25
		8-33	R C SBK	FR SS SP					
1	SFE LS 5%	0-2	Br CL WSBK	FR SS SP	N/A	48"	Few SAP	N/A	PS 0.3
		2-32	R C SBK	FR SS SP					
		32-48	R CL WSBK	FR SS SP					
2	SFE LS 5%	0-9	Br CL WSBK	FR SS SP	N/A	53"	Few SAP	N/A	PS 0.3
		9-45	R C SBK	FR SS SP					
		45-53	R CL WSBK	FR SS SP					
3	SFE LS 5%	0-8	Br WSBK	FR SS SP	N/A	50"	N/A	N/A	PS 0.3
		8-40	R C SBK	FR SS SP					
		40-50	R CL WSBK	FR SS SP					
6	LS 3%	0-12	BR CL WSBK	FR SS SP	YB	40"	N/A	N/A	PS 0.25
		12-32	R C SBK	FR SS SP					
		32-40	R CL WSBK	FR SS SP					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

APPROVED JUL 22 2015

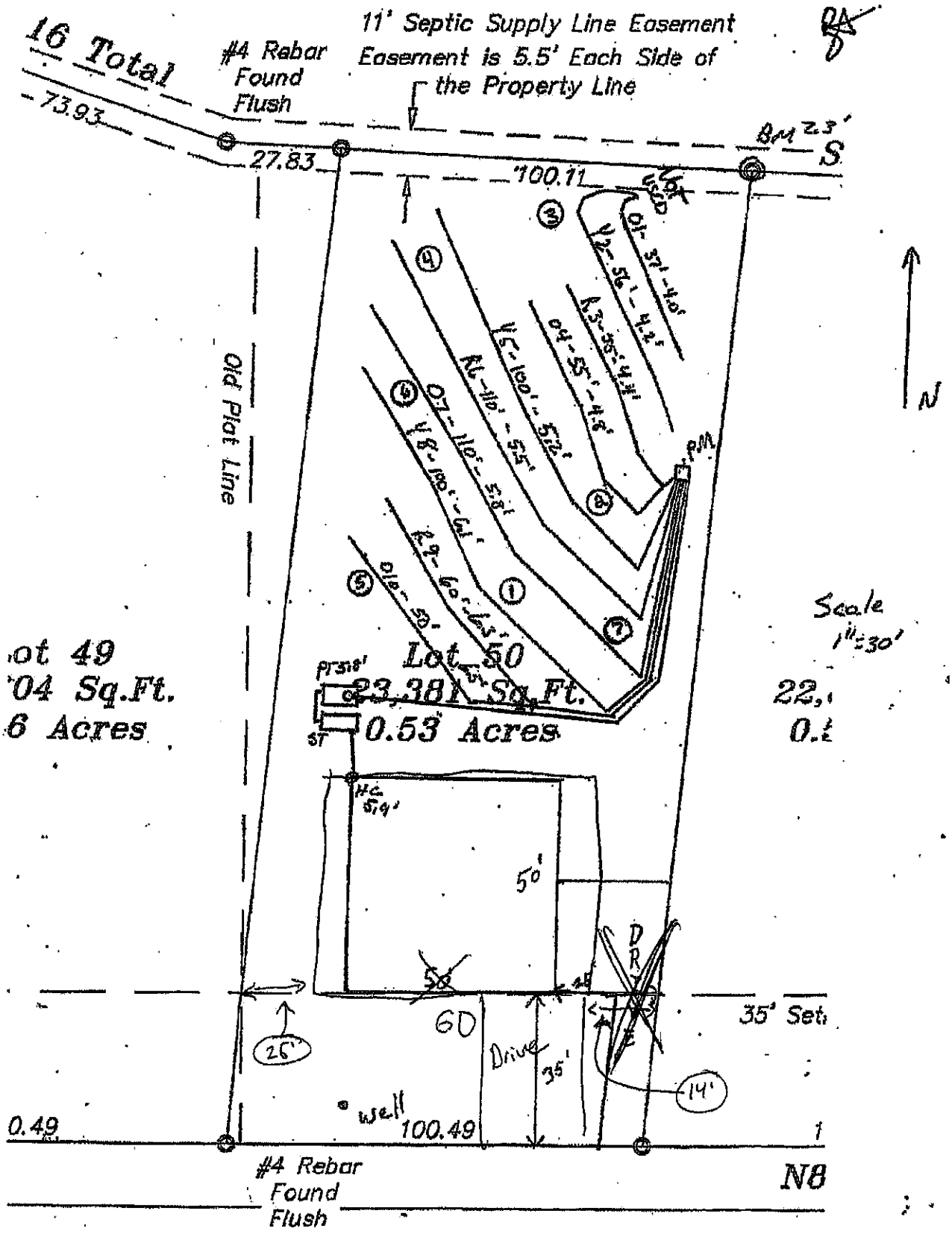
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: Hidden CRK 50
DATE OF EVALUATION: _____
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
7	LS 3%	0-7	BR CL WSBK	FR SS SP	YB	40"	N/A	N/A	PS 0.25
		7-30	R C SBK	FR SS SP					
		30-40	R CL WSBK	FR SS SP					

COMMENTS: _____

APPROVED JUL 22 2015



APPROVED JUL 22 2015



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

Reference: Data Sheet for Hidden Creek Lot 50
House Footprint: 50' x 50'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2 (initial), 0.3 GPD/FT2 (repair)
Proposed System Type: 8" Infiltrators
Proposed Repair System Type: PPEPS (offsite)
Distribution: Pressure manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 32.88 GPM
Dosing Volume: 280 gallons
Pump Run Time: 8.5 minutes
Elevation Head: 6.4'
Friction Head: 3.1'
Pressure Head: 2'
Total Dynamic Head: 11.5'
Supply Line Length: 125'
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 14"

NOT USED

Line	Design Length	Actual Length	Elevation
Orange 1		37'	4.0'
Yellow 2		56'	4.2'
Red 3	55'	74'	4.4'
Orange 4	55'	88'	4.8'
Yellow 5	100'	104'	5.2'
Red 6	110'	118'	5.5'
Orange 7	110'	112'	5.8'
Yellow 8	100'	100'	6.1'
Red 9	60'	85'	6.3'
Orange 10	50'	60'	6.5'

APPROVED JUL 22 2015

Line	Design Length	Actual Length	Elevation
Orange 1 (SFE)		50'	-1.6'
Blue 2 (SFE)		50'	-0.9'
Red 3 (SFE)		50'	-0.2'
White 4 (SFE)		50'	0.3'
Orange 5 (SFE)		45'	0.7'
Blue 6 (SFE)		35'	1.1'
Red 7 (SFE)		35'	1.7'

Initial System: 640' **Repair System:** 315' (offsite)
Pump Tank: 5.8' **House Corner:** 5.9' **Benchmark:** 2.3'

Comments:
The purpose of this evaluation was to divide lots that have been combined.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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(j) 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: 124 Charles Farm Drive, Statesville, NC 28677

Subdivision Name: Northlakes **Section/Phase:** **Lot Number:** 50

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***

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

4

RECEIVED JUN 08 2020

HP-5080[illegible]
$320.00
Tunis 2 11998

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: X **Improvement Permit** ___ **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 #
Granite Ferry, Inc	1820 Harris Houston Rd #620013 Charlotte, NC 28262	919-374-0121	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Granite Ferry, Inc	1820 Harris Houston Rd #620013 Charlotte, NC 28262	919-374-0121	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
124 Charles Farm Dr, Cleveland, NC 27013	Hidden Creek	~~13~~ 50

Driving Directions: From Ostwalt Amity Rd, Right onto Triplett Rd, Charles Farm Dr on right - Lot on Right

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

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

Maximum Number of Bedrooms 04
Maximum Number of Occupants 08
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 (X) 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: [signature] 6-4-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Limited R/I
~~Auto~~ Per Patrick

Hidden Creek Lot: **50**

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, Arbors Homes ATT, LLC, am the legal owner(s) of the property located at 124 Charles Farm Drive, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4770-263-309, 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 _____ 7.11.16 — 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

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. attn. Bruce Bernard**, am the legal owner(s) of the property located at **124 Charles Farm Dr, Cleveland, NC 27013**, identified as PIN (Parcel Identification Number) **4770263309.000**, located in Iredell County, North Carolina.

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

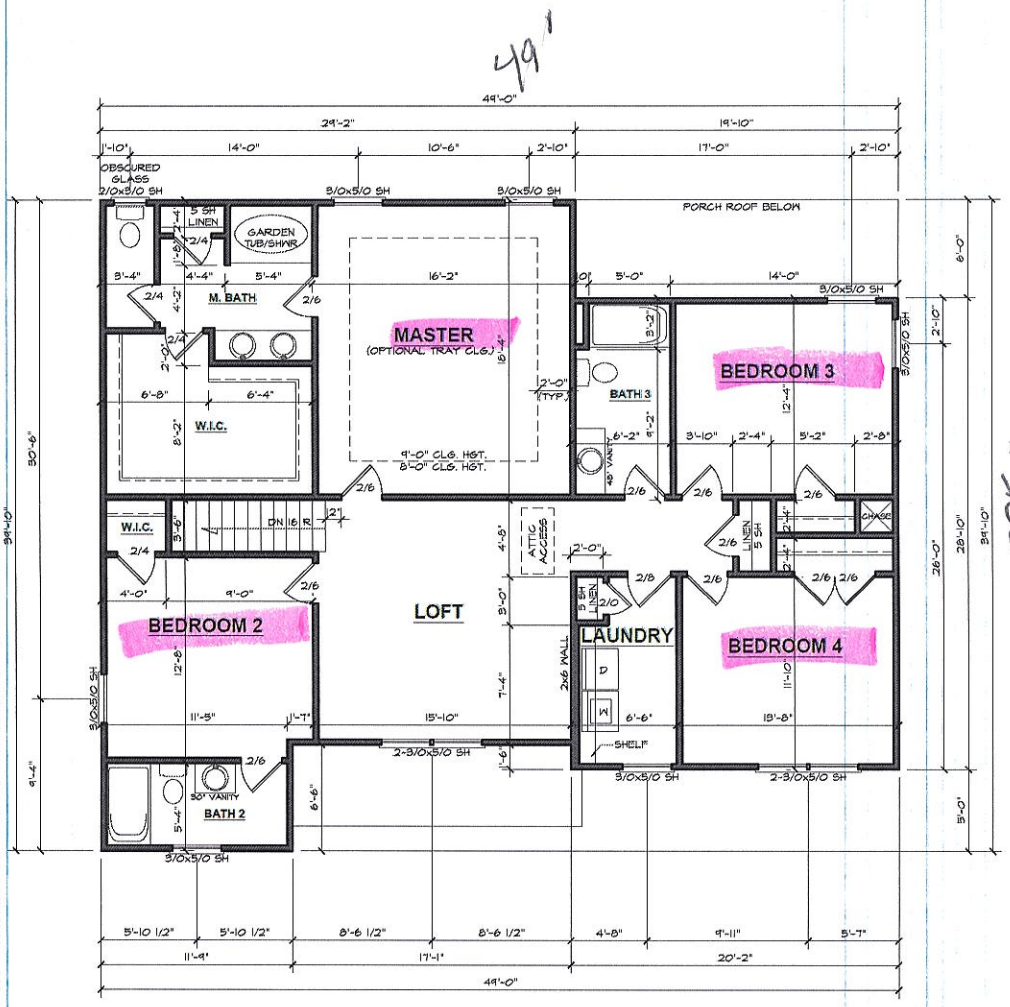
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	6-4-20		6-4-20

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



49'

39'10"

ADAMS HOMES AEC, LLC

2721 "A" FE (R) HK050

DATE DRAWN
11/18/2020
PROJECT
4700
REVISIONS

SHEET 4

SECOND FLOOR PLAN

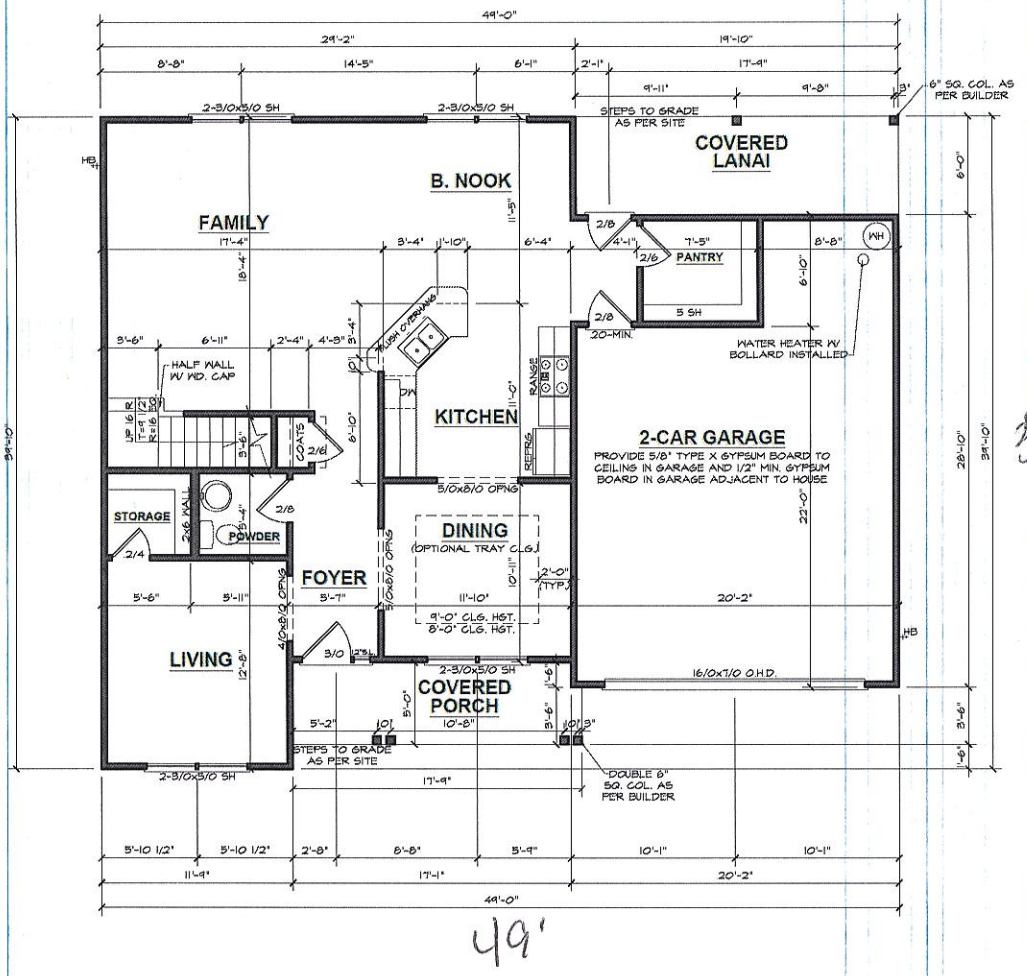
8'-0" (NOM.) CLG. HGT. U.N.O. SET WINDOWS @ 7'-2" U.N.O.

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

Acknowledgement of Plans Submittal ONLY!

Date 1/19/20

Date 12/28/20



49'

39'

ADAMS HOMES AEC, LLC

2721 "A" FE (R) HK050

DATE DRAWN	11/18/2020
PROJECT	4700
REVISIONS	

SHEET 3

FIRST FLOOR PLAN

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

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

Acknowledgement of Plans Submittal ONLY!

Date 1/19/21

Date 1/19/2021

IREDELL COUNTY

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

APPLICATION NUMBER
211998
Issue Date: 07/13/2015

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4770262450.000	124 CHARLES FARM DRIVE, CLEVELAND, NC 27013	

Owner Information	Applicant Information
Owner: R+S HOLDING GROUP LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: P O BOX 3190 MOORESVILLE, NC 28117	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	350.00	35.00	15.00	15.00	NOT	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	43536	TOTAL FEES:	$ 77.25