RCHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 305058

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

PIN # 4770290577, 195

APPLICANT/OWNER: Todd Abernathy | APPLICANT ADDRESS: 617 N Main St, Mooresville

SITE ADDRESS: 195 Skycrest Ln, Cleveland 27013 | PHONE: 704-634-4542 | ALT. PHONE: -

SITE DIRECTIONS: Oswalt Army → R on Trigliff → R on Skycrest | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - | SECTION: - | LOT #: - | LOT AREA: 79.545 | DESIGN FLOW: 2380 gpd | L.T.A.R.: .3

Septic Tank	3000 (gal)	STB	2104	Date	9-21-20	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	3000 (gal)	PT	2104	Date	9-21-20	System Description:	25% reduction - PM
Pump Make	Geotis	Model	0522 1/2 HP	Serial #		Repair System Description:	25% reduction - PM
# Nitrification Fields	1	# Lines	10 @ 200'	Linear Ft:	2000	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	30"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE

☐ Residence ☐ Business ☒ Other ☐ Slab ☐ Basement w/plumbing | No. Bedrooms | No. Persons 340 guests | No. Employees | ☐ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Design is for a 340 guest wedding venue with no employees designed at 7 gal per guest. 30" max trench depth.

Used 1/2 sch 80 tops
Corey McCurdy Approved 6-17-2021

INITIAL SITE SKETCH

See attached design by Michael Thomas & Associates

AS BUILT SKETCH

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 time.

	Date	Initials
Drain Lines Checked & Header Ditch	9-14-2020	
Tanks Checked	11-23-2020	
Pressure Manifold or Valve Box Checked	6-17	
Pressure Head Set	6-17	
Electrical Checked	6-17	
Floats Set	6-17	
Alarm Checked	6-17	
Maintenance Contract Y / N		
Comments:		

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

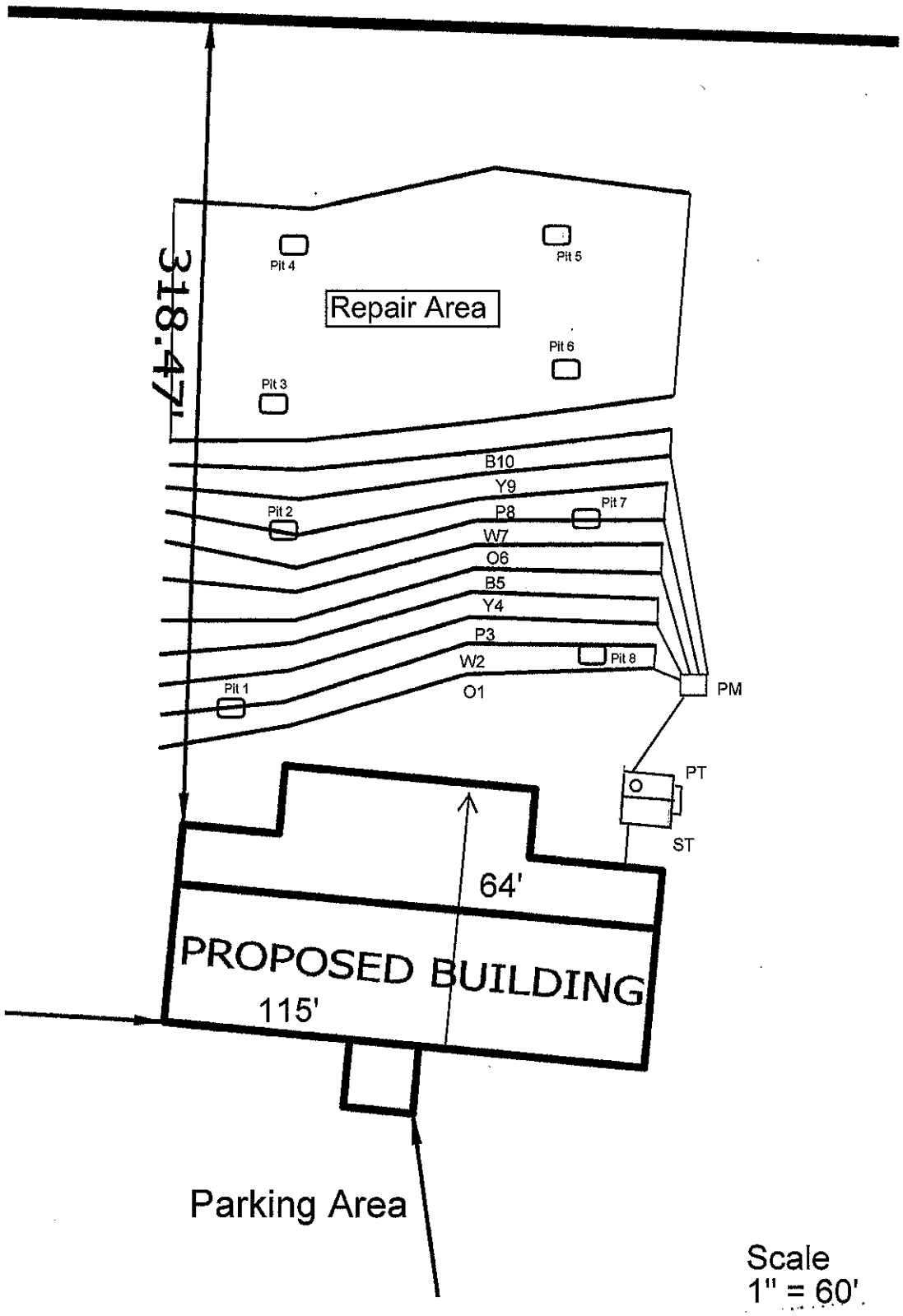
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mos.*

Owner / Applicant Signature: | Date: 6-30-20 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Carla C. Nicks | Date: 6-24-20 | OPERATION PERMIT by: | Date: 6-17-2021

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks | Date: 6-24-20 | Existing System Inspector

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection


318.47'
Pit 4
Pit 5
Repair Area
Pit 6
Pit 3
B10
Y9
Pit 2
P8
Pit 7
W7
O6
B5
Y4
P3
W2
Pit 8
Pit 1
O1
PM
PT
ST
64'
PROPOSED BUILDING
115'
Parking Area
Scale
1" = 60'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
6/19/2020

Reference: Data Sheet for 195 Skycrest Ln
Building Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Guests/Daily Flow: 340 Guests at 7gal/guest/2380 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Pressure Manifold
Flow per Tap: 7.11
Tap Size and Material: ½" SCH 40
System Flow: 71.1 GPM
Dosing Volume: 875 gallons
Pump Run Time: 12.3 minutes
Elevation Head: TBD
Friction Head: 3'
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: 30' of 3" PVC
Septic/Pump Tank Size: 3000/3000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Orange 1	200'	200'	
White 2	200'	200'	
Pink 3	200'	200'	T
Yellow 4	200'	200'	
Blue 5	200'	200'	
Orange 6	200'	200'	B
White 7	200'	200'	
Pink 8	200'	200'	
Yellow 9	200'	200'	D
Blue 10	200'	200'	



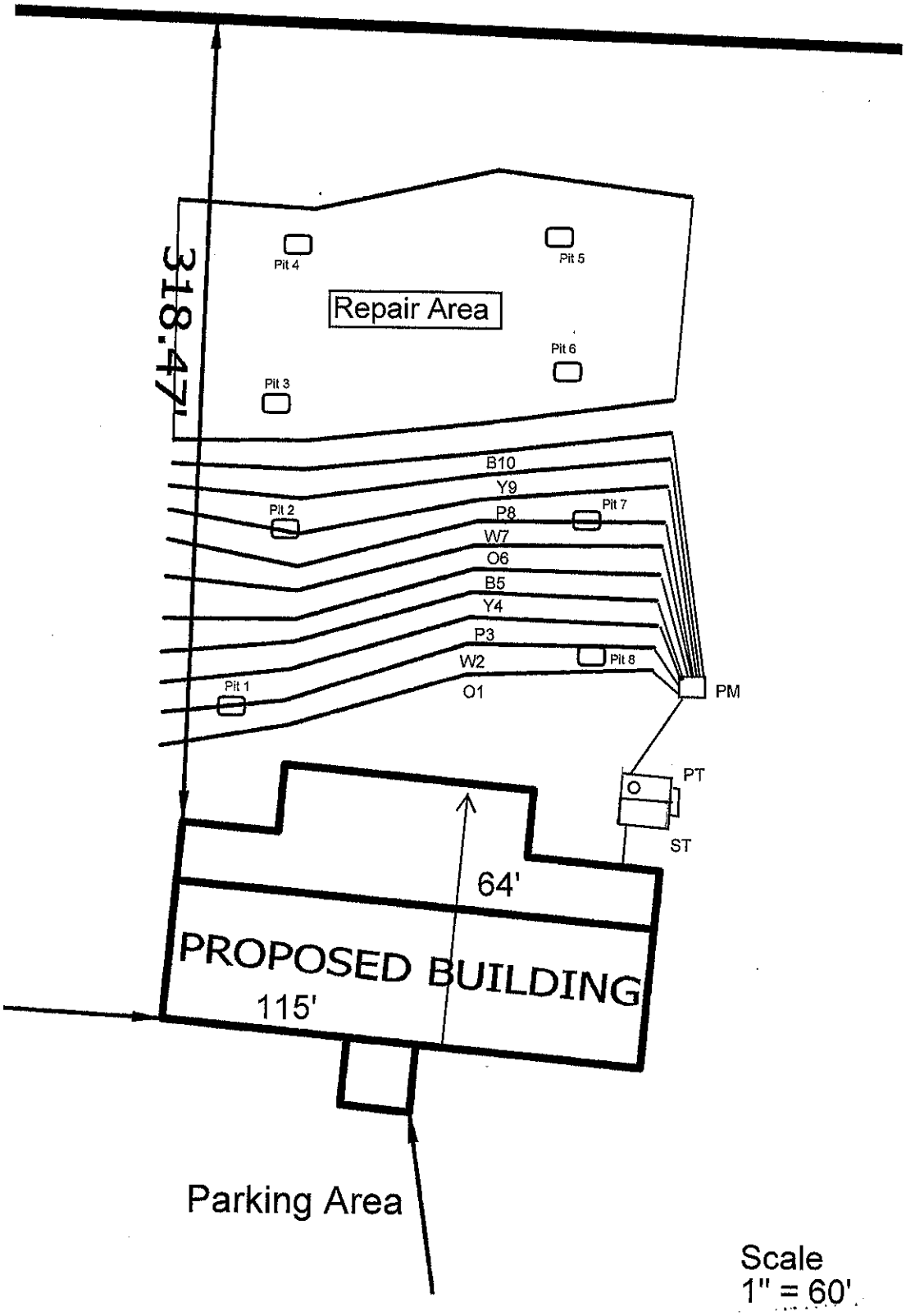
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561 Ennis Rd.
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Reference: Data Sheet for 195 Skycrest Ln
Building Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Guests/Daily Flow: 340 Guests at 7gal/guest/2380 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Pressure Manifold
Flow per Tap: 12.5 GPM
Tap Size and Material: 3/4" SCH 40
System Flow: 62.5 GPM
Dosing Volume: 875 gallons
Pump Run Time: 14 minutes
Elevation Head: TBD
Friction Head: 3'
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: 30' of 3" PVC
Septic/Pump Tank Size: 3000/3000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Orange 1	200'	200'	
White 2	200'	200'	
Pink 3	200'	200'	T
Yellow 4	200'	200'	
Blue 5	200'	200'	
Orange 6	200'	200'	B
White 7	200'	200'	
Pink 8	200'	200'	
Yellow 9	200'	200'	D
Blue 10	200'	200'	

Initial System: 2000' **Repair System:** 2000'
Pump Tank: TBD **House Corner:** TBD **Benchmark:** TBD

Comments:
The manifold will have 5 taps. Each tap will feed two lines.


318.47'
Pit 4
Pit 5
Repair Area
Pit 6
Pit 3
B10
Y9
Pit 2
P8
Pit 7
W7
O6
B5
Y4
P3
W2
Pit 8
Pit 1
O1
PM
PT
O
ST
64'
PROPOSED BUILDING
115'
Parking Area
Scale
1" = 60'

PROPERTY ID #: 4770280577
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Todd Abernathey
ADDRESS: 612 N Main St, Mooresville, NC 28115 APPLICATION DATE
PROPOSED FACILITY: Wedding Venue PROPOSED DESIGN FLOW (.1949): 2380GPD DATE EVALUATED:
LOCATION OF SITE: 195 Skycrest Ln PROPERTY SIZE: 79.545 AC
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other PROPERTY RECORDED:
EVALUATION METHOD: ☐ 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	
1	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	45"	F-C SAP PS	N/A	PS 0.3
		6-30	R C SBK	FR SS SP SXP					
		30-45	R CL WSBK	FR SS SP SXP					
		45-60	VER SL SAP M	VFR SS SP SXP					
2	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	43"	F-C SAP PS	N/A	PS 0.3
		6-16	R C SBK	FR SS SP SXP					
		16-43	R CL WSBK	FR SS SP SXP					
		43-65	VER SL SAP M	VFR SS SP SXP					
3	LS 8%	0-30	R C SBK	FR SS SP SXP	N/A	45"	F-C SAP PS	N/A	PS 0.3
		30-45	R CL WSBK	FR SS SP SXP					
		45-60	VER SL SAP M	VFR SS SP SXP					
4	LS 8%	0-7	Br SCL WSBK	FR SS SP SXP	N/A	49"	F-C SAP PS	N/A	PS 0.3
		7-24	R C SBK	FR SS SP SXP					
		24-49	R CL WSBK	FR SS SP SXP					
		49-64	VER SL SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	6000 FT^2	6000 FT^2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #:4770280577
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
5	LS 8%	0-8	Br SCL WSBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		8-32	R C SBK	FR SS SP SXP					
		32-50	R CL WSBK	FR SS SP SXP					
		50-64	VER SL SAP M	VFR SS SP SXP					
6	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	50"	F-C SAP PS	N/A	PS 0.3
		6-33	R C SBK	FR SS SP SXP					
		33-50	R CL WSBK	FR SS SP SXP					
		50-64	VER SL SAP M	VFR SS SP SXP					
7	LS 8%	0-7	Br SCL WSBK	FR SS SP SXP	N/A	46"	F-C SAP PS	N/A	PS 0.3
		7-29	R C SBK	FR SS SP SXP					
		29-46	R CL WSBK	FR SS SP SXP					
		46-60	VER SL SAP M	VFR SS SP SXP					
8	LS 8%	0-29	R C SBK	FR SS SP SXP	N/A	52"	F-C SAP PS	N/A	PS 0.3
		29-52	R CL WSBK	FR SS SP SXP					
		52-60	VER SL SAP M	VFR SS SP SXP					

COMMENTS:

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

Sheet 1 of 2
PROPERTY ID #: 477028 05
COUNTY: Iredell

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

OWNER: Todd Abernathy
ADDRESS: 602 N main St Mt
PROPOSED FACILITY: wedding venue
LOCATION OF SITE: 195 Skyforest
APPLICATION DATE 5-29-20
DATE EVALUATED: 6-3-20
PROPOSED DESIGN FLOW (.1949): 2380 gpd
PROPERTY SIZE: 79.5 ac
PROPERTY RECORDED: Y
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	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
1	u 7/6	0-6	GR SCL	Fr SS SP SBK	4/6 ABC 11-28	45"	PS	-	PS .3
		6-30	SBK C	" "					
		30-45	SBK CL	" "					
		45-56	M L SAP	VFr					
2	u 7/6	0-6	GR SCL	Fr SS SP SBK	ABC	43"	PS	-	PS .3
		6-16	SBK C	" "					
		16-43	WSBK CL	" "					
		43-61	M L SAP	VFr					
3	u 7/6	0-30	SBK C	Fr SS SP SBK	few Fe/Mn motts in CL	45"	PS	-	PS .3
		30-45	WSBK CL	" "					
		45-60	M L SAP	VFr					
4	u 7/6	0-7	fill	Fr SS SP SBK	SAP in Fe CL	49"	PS	-	PS .3
		7-24	SBK C	" "					
		24-49	WSBK CL	" "					
		49-64	M L SAP	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	2ss PM	2ss PM
Site LTAR	.3	.3

OTHER FACTORS (.1946): NH
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT: Gary, MA+A

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

PROPERTY ID #: 4770280877
DATE OF EVALUATION: 6-3-20
COUNTY: Iredell

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
5	L 8%	0-7	GR SCL	Fr SS SP SBKP	–	50"	PS	–	PS .3
		7-32	SBK C	" "					
		32-50	WSBK CC	" "					
		50-64	M L SOP	VFr					
6	L 8%	0-6	GR SCL	Fr SS SP SBKP	–	50"	PS	–	PS .3
		6-33	SBK C	" "					
		33-50	WSBK CL	" "					
		50-60	M L SOP	VFr					
7	L 8%	0-7	GR SCL	Fr SS SP SBKP	–	46"	PS	–	PS .3
		7-29	SBK C	" "					
		29-46	WSBK CL	" "					
		46-60	M L SOP	VFr					
8	L 8%	0-29	SBK C	Fr SS SP SBKP	–	52"	PS	–	PS .3
		29-52	SBK CC	" "					
		52-64	M L SOP	VFr					

COMMENTS:

RECEIVED MAY 2 9 2020 AP-000056 $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Todd Abernathy Address: 612 N Main St, Mooresville, NC Zip: 28115

Applicant Email: _____ Phone: 704-634-4342 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 195 Skycrest Ln

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

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: _____
Maximum Number of Occupants: _____
( ) 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: Wedding Venue
Square Footage of Building: _____ Max. Number of Employees: 0 Max. Number of Seats/Beds/Other: 340 guests 7 gal/guest

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: _____ 5/26/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

beside 137H Tripleth for GPS

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, Scott Awell, am the legal owner(s) of the property located at Triplett Rd, Cleveland, NC, identified as PIN (Parcel Identification Number) 4770280573, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, Gary McNeely, 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: 4/15/25

Signature of Witness — Date: 4/15/25

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

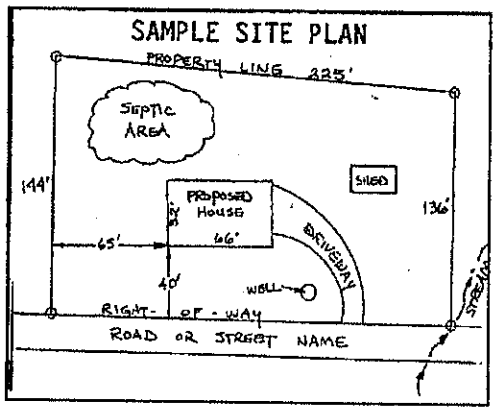
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

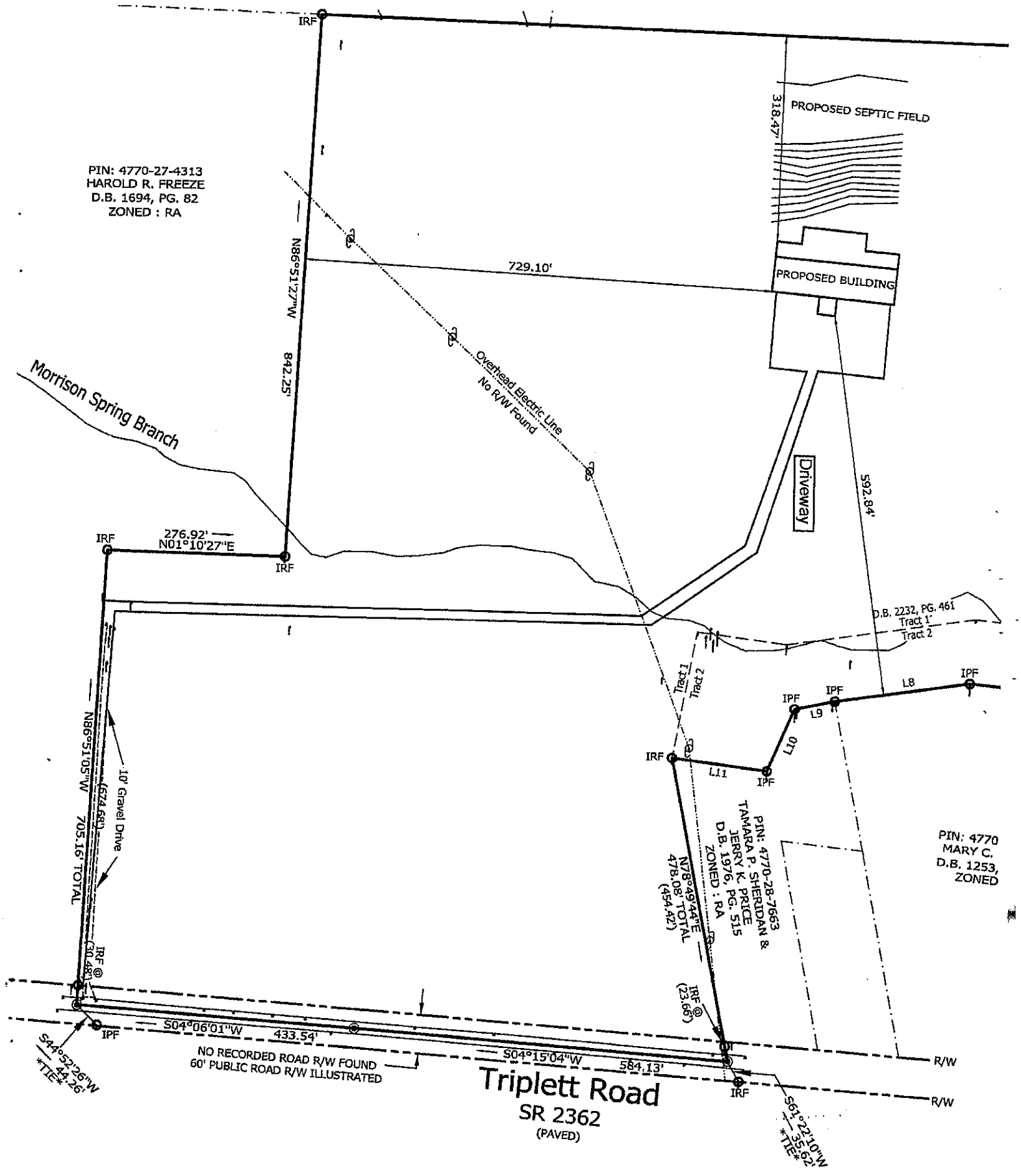
USE THIS SPACE TO DRAW YOUR SITE PLAN

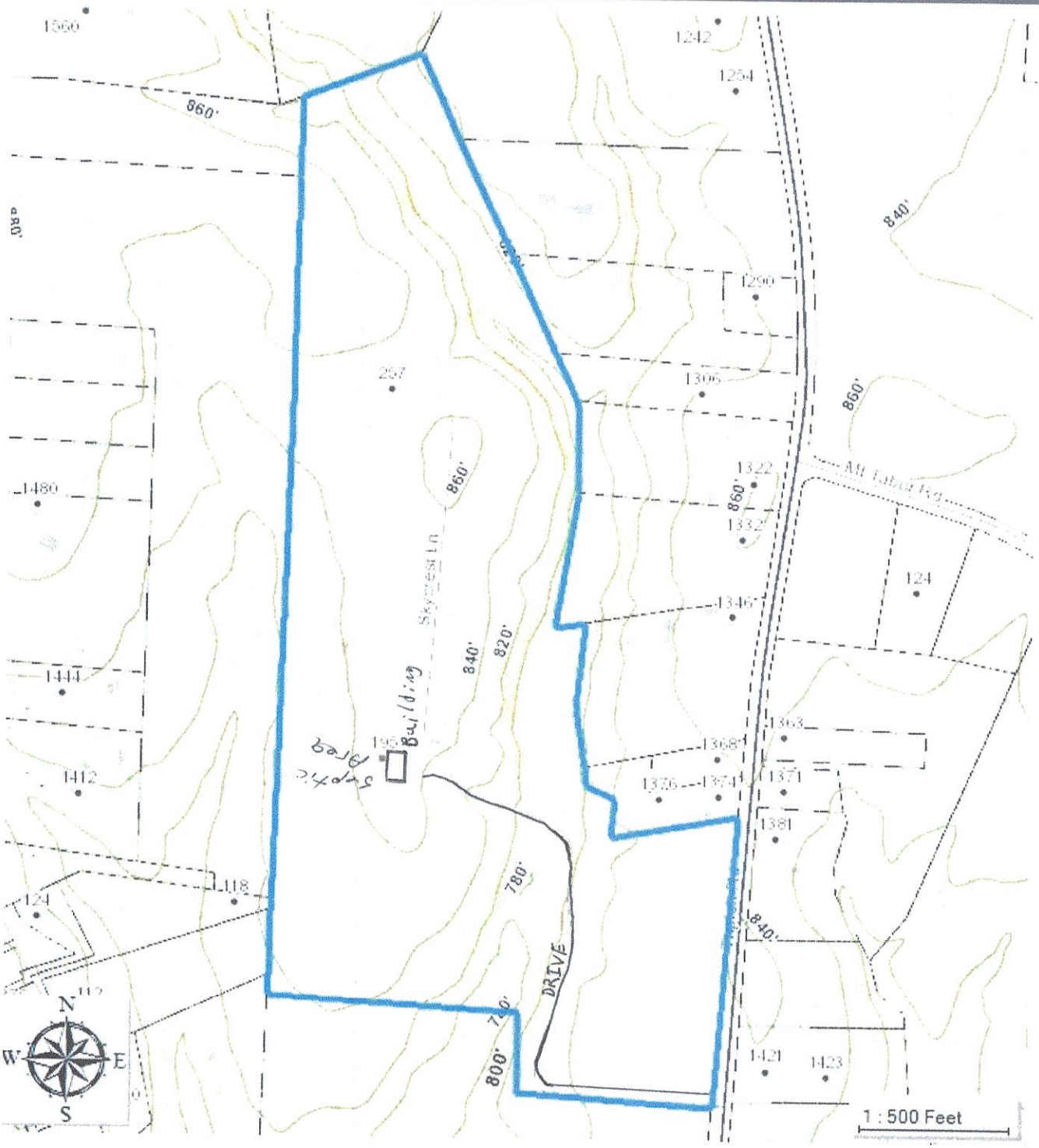
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

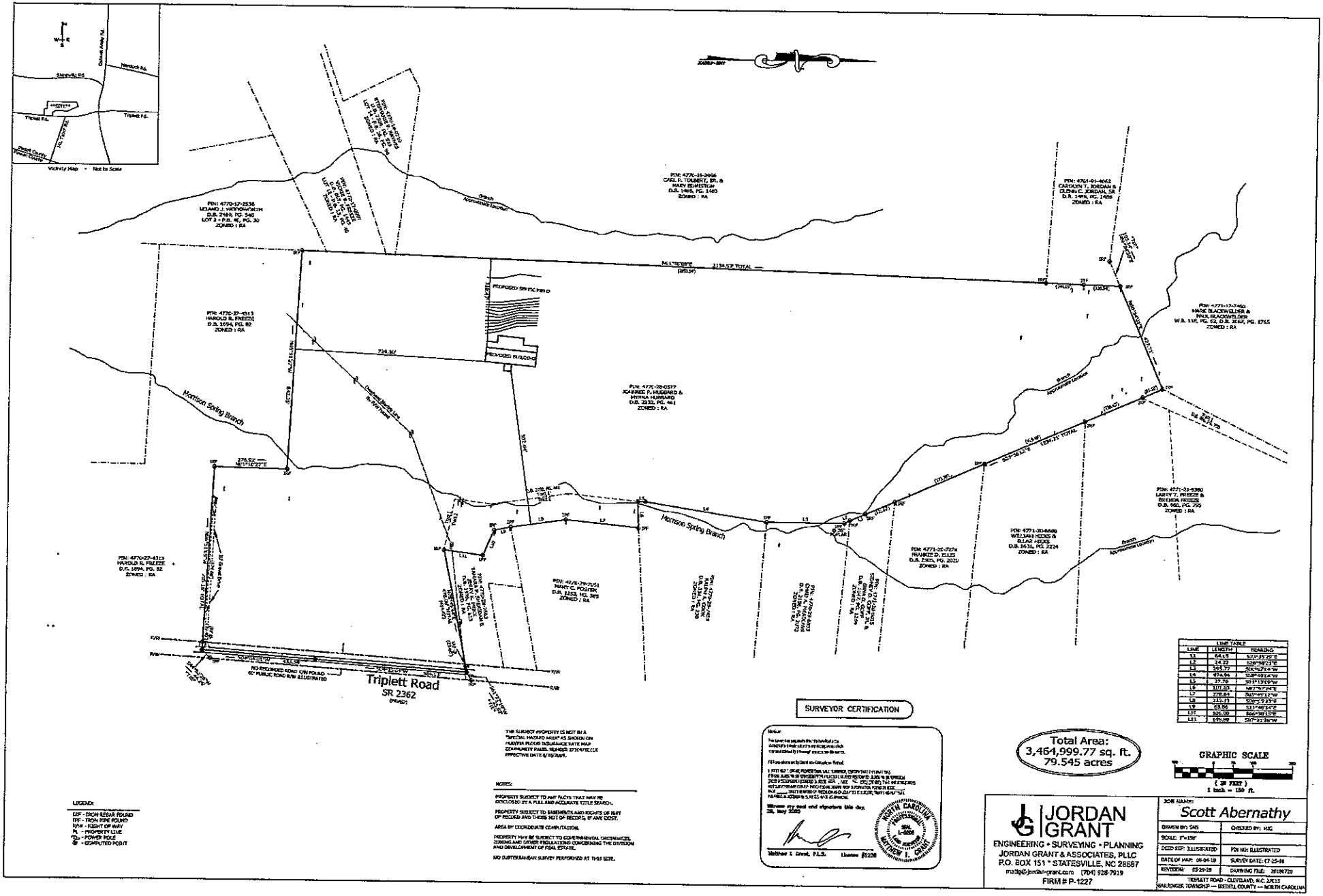
See attached plan

Signature: _____ 5/26/2020

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

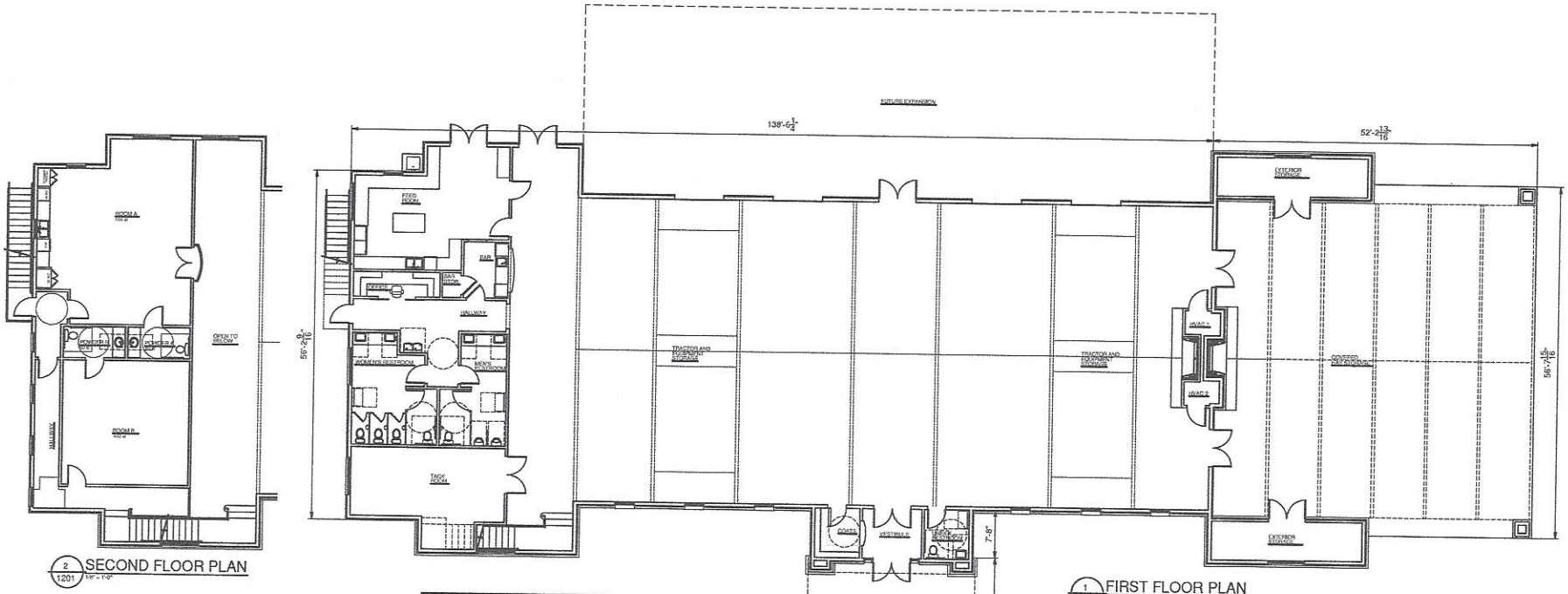

IRF
PROPOSED SEPTIC FIELD
318.47'
PIN: 4770-27-4313
HAROLD R. FREEZE
D.B. 1694, PG. 82
ZONED : RA
N86°51'27"W
842.25'
729.10'
PROPOSED BUILDING
Overhead Electric Line
No R/W Found
Morrison Spring Branch
Driveway
592.84'
276.92'
N01°10'27"E
IRF
IRF
D.B. 2232, PG. 461
Tract 1
Tract 2
Tract 1
Tract 2
IPF
IPF
IPF
L8
L9
L10
L11
IRF
IPF
N86°51'05"W
674.66'
705.16' TOTAL
10' Gravel Drive
PIN: 4770-28-7663
TAMARA P. SHERIDAN &
JERRY K. PRICE
D.B. 1976, PG. 515
ZONED : RA
N78°49'44"E
478.08' TOTAL
(454.42')
PIN: 4770
MARY C.
D.B. 1253,
ZONED
IRF ©
(30.48')
IRF ©
(23.66')
IPF
S04°06'01"W
433.54'
S04°15'04"W
584.13'
NO RECORDED ROAD R/W FOUND
60' PUBLIC ROAD R/W ILLUSTRATED
R/W
R/W
S44°52'26"W
44.26'
TIE
IRF
S61°22'10"W
35.62'
TIE
Triplett Road
SR 2362
(PAVED)


1560
860'
1242
1254
840'
1290
297
1306
860'
1480
1322
860'
1332
Skyrest Ln
124
1346
840'
820'
1444
1363
1368
1412
1376
1374
1371
1381
780'
118
124
DRIVE
840'
800'
1421
1423
N
W
E
S
1 : 500 Feet



JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

JOB NAME: Scott Abernathy
DRAWN BY: SAS | CHECKED BY: MIG
SCALE: 1"=150' |
DEED REF: ILLUSTRATED | PIN NO: ILLUSTRATED
DATE OF MAP: 06-04-18 | SURVEY DATE: 07-25-18
REVISIONS: 08-29-18 | DRAWING FILE: 20180720
TRIPLETT ROAD - CLEVELAND, N.C. 28115
SHILOH TOWNSHIP — IREDELL COUNTY — NORTH CAROLINA



2 / 1201 SECOND FLOOR PLAN 1/8" = 1'-0"

1 / 1201 FIRST FLOOR PLAN 1/8" = 1'-0"

SQUARE FOOTAGE	
FIRST FLOOR	7,993 SF (HEATED)
SECOND FLOOR	1,566 SF (HEATED)
TOTAL (HEATED)	8,229 SF
COVERED HAY STORAGE	2,561 SF (UNHEATED)
EXTERIOR STORAGE	360 SF (UNHEATED)
PORTE COCHERE	553 SF (UNHEATED)
TOTAL (HEATED AND UNHEATED)	11,443 SF

Acknowledgement Of Plans Submittal ONLY!

Carla C. Nicks Date 6-29-20

_____ Date _____

6-30-20

REVIEW SET-NOT FOR CONSTRUCTION

ARCHITECT:
STRUCTURAL INTEGRITY ARCHITECTURE, P.A.
10307 RIVERSTONE WAY
SUITE 200
CHARLOTTE, NC 28273

PROJECT NAME AND ADDRESS:
ABERNATHY BARN
MOORESVILLE, NC 28115

DRAWING TITLE:
FIRST AND SECOND FLOOR PLAN

DATE:
JUNE 9, 2020

SHEET NO:
1201

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305056 Issue Date: 02/17/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4770280577.000	195 SKYCREST LN	

Owner Information	Applicant Information
Name: ATWELL PROPERTIES LLC	Name: Todd Abernathy
Address: 195 Skycrest Lane	Address: 612 N. Main Street
MOORESVILLE, NC 28115	Mooresville, NC 28115
Phone:	Phone:

Use Requested	Zone Code

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

Remarks
Farm Use (Wedding Venue)

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: 04/16/2020

Permit Number	305056	TOTAL FEES:	