IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22068 4

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

PIN # 4775056409

APPLICANT: David Payne APPLICANT ADDRESS: 303 Brookmeade Dr. Statesville, NC 28625

SITE ADDRESS: 185 Spring Forest Dr Statesville, NC PHONE: 704 872 3880 ALT. PHONE: 704 437-4617

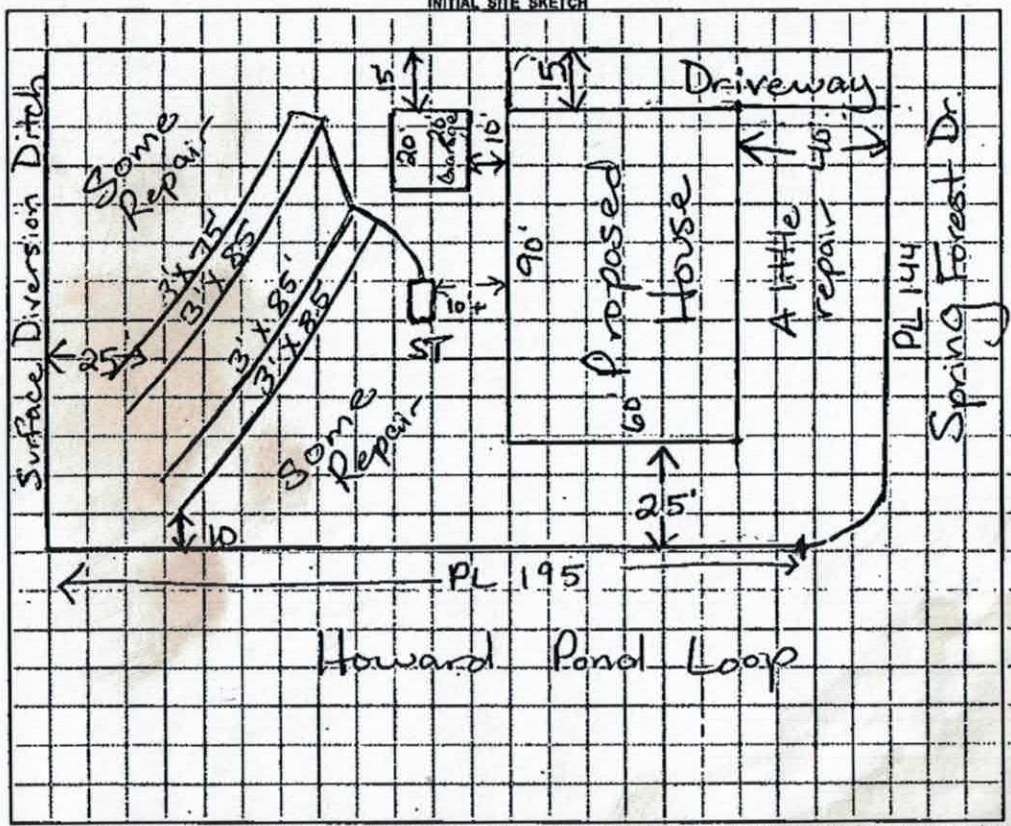
SITE DIRECTIONS: Hwy 64 E (Mocksville Hwy) TL Sain Rd 2nd left TL Spring Forest Dr on left

SUBDIVISION: Spring Forest SECTION: — LOT # 57 LOT AREA: .854 Acre DESIGN FLOW: 360gpd L.T.A.R.: .275

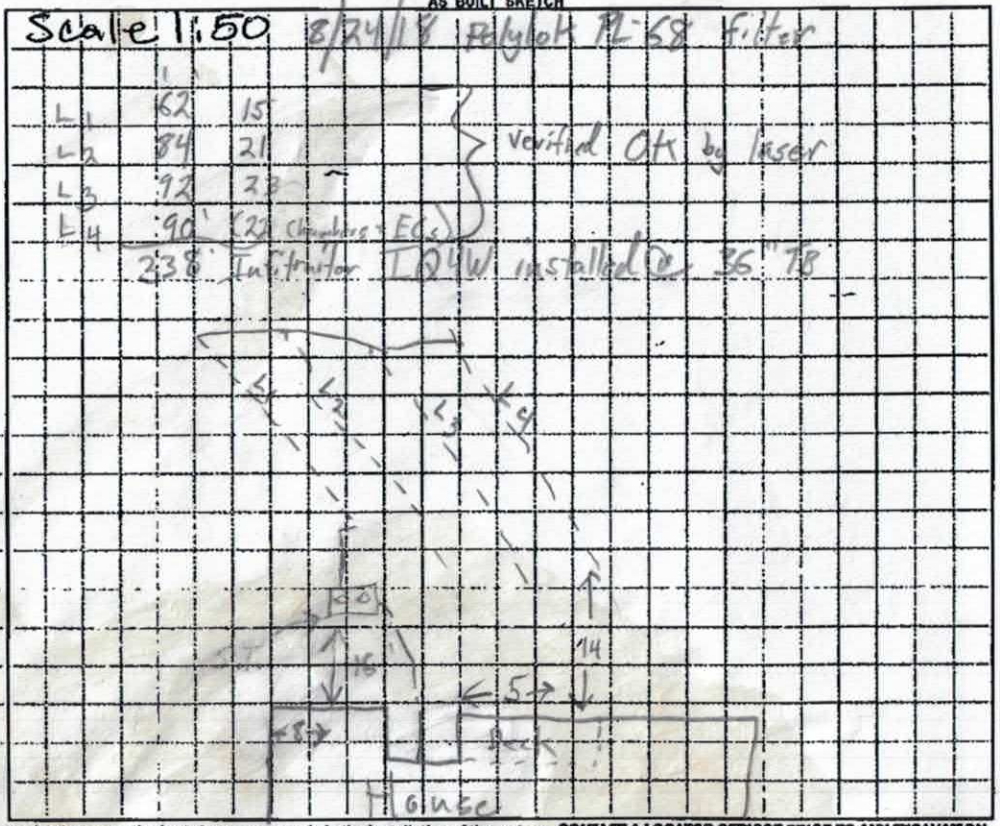
Septic Tank	1000 (gal)	STB	Infiltrator	Date	IM-1060	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity – 25% Reduction			☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	330'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Stab	☒ Crawl Space	☒ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Keep drainfield 25Ft from Stormwater diversion ditch.

INITIAL SITE SKETCH



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: David Payne Date: 9/19/17 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Mariah Talton RS Date: 9/14/17 OPERATION PERMIT by: Thomas Church Date: 8/24/18

AUTHORIZATION TO CONSTRUCT by: Benjamin Bolton Date: 9/18/17 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Payne
ADDRESS: ___ APPLICATION DATE ___
PROPOSED FACILITY: ___ DATE EVALUATED: 9/7/16
LOCATION OF SITE: 185 Spring Forest PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: ___
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ___ PROPERTY RECORDED: ___
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	4%	0-10	Brw SCL GR FR						PS .3
		10-42"	RC m-w SBK SS, SP, SExp FR w/ few Quartz rock Inclus						
		42"	Rock Couldn't auger thru						
2	5%	0-10	Brw SCL GR FR						PS .3 to 30"
		10-30"	RC/C						
		30"	Rock Couldn't auger thru						
3	4%	0-2"	Top Soil						PS .3
		2"-48"	RC/C m-w SBK SS, SP, SExp FR						
			few Yel/Brw Inclus @ 42"						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25% Red
Site LTAR	.275	.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Mona Dotson
OTHER(S) PRESENT: ___

COMMENTS: ___

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Payne
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 9/12/16
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE:
LOCATION OF SITE: 185 Spring Forest
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

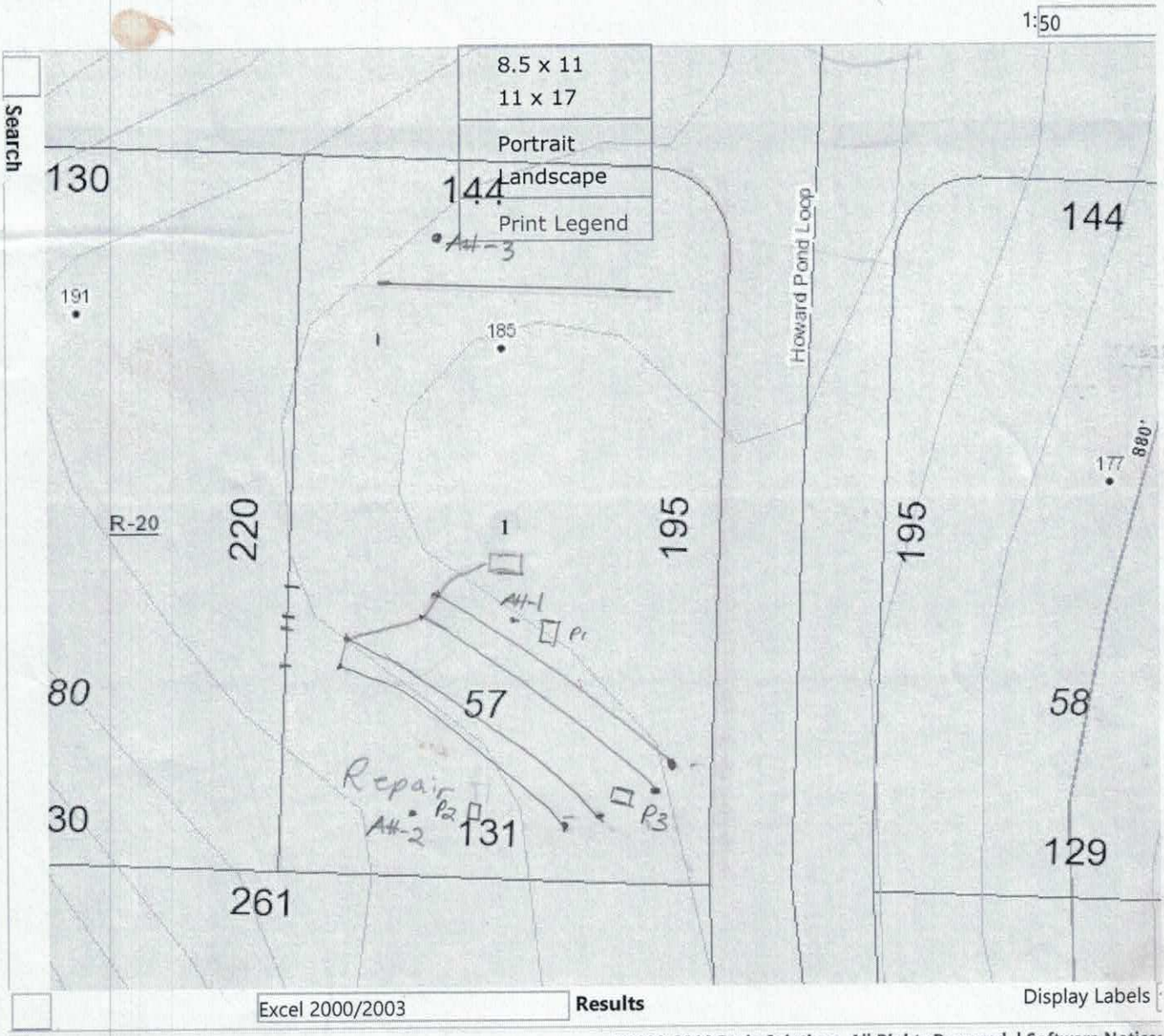
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4%	0-6	Brw	SCL					PS .3 to .275
		6-13	Rd/Brw to Yel/Brw	C/CL (maybe fill) with Many Inclus of hard weathered rock					
		13-60+	R	C/CL m-w SBK SS, SP, SEXP, FR w/ Few w Rock Inclus					
2	5%	0-5	Brw	SCL					PS .3
		5-13	Rd/Brw to Yel/Brw	C/CL w/many Inclus of Hard W. Rock					
		13-55	R	C/CL m-w SBK SS, SP, SEXP, FR					
		55-60	L/S	SAP					
3	5%	0-3	Brw	SCL					PS .3
		3-14	Rd/Brn to Yel/Brw	C/CL w/many Inclus					
		14-60	Rd/C	CL m-w SBK, SS, SP, SEXP, FR w/Few Rock Inclus					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25 Red
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Beam
COMMENTS:

CONNECTGIS WEB HOSTING

North Carolina Iredell County



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W 34 BL 10 88'BL 44
R 28 BL 17 78 BL 40
B 20 BL 34 76 BL 18
O 15 to BL 43 to SL 63 BL 17

285
x 4
340

RECEIVED SEP 13 2017

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: DAVID L PAYNE Address: 303 Brookmeade Dr STATESVILLE NC Zip: 28625

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: David Payne Address: _____ Zip: _____

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

Property Information:

Street Address: 185 Spring Forest Dr

Subdivision Name: Spring Forest Section/Phase: _____ Lot Number: 185 57

Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) 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 IREDELL WATER

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(×) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (×) No Does the site contain any jurisdictional wetlands?
( ) Yes (×) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: David L Payne 9-12-17
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, DAVID PAYNE, am the legal owner(s) of the property located at 185 SPRING FOREST DR, identified as PIN (Parcel Identification Number) #185, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Phil Smith, 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.

David h Payne 9-12-17
Signature of Owner(s) Date

Zachary Payne 9-12-17
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

$500

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: ___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:

DAVID PAYNE	303 Brookmeade Dr Statesville NC 28625	704 872 3880	704 437 4617
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Sheila J Payne	SAME		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

185 Spring Forest Dr	Spring Forest	2
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Hwy 64 East = Mocksville Hwy - turn left onto Sain Rd then take 2nd left

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 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

(x) Crawl Space Foundation?
( ) 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: Iredell Water

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 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. 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: David Payne — 7-29-16
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, Elizabeth Bowling, am the legal owner(s) of the property located at 185 Spring Forest Drive, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4775-05-6409, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) David and/or Sheila Payne, 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.

Elizabeth C. Bowling 7-28-2016 — 7-28-16

Signature of Owner(s) Date 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

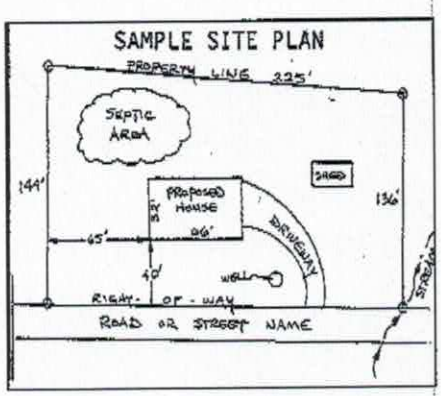
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 Septic Permit ON FILE

Signature: David L Payne
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-12-17
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

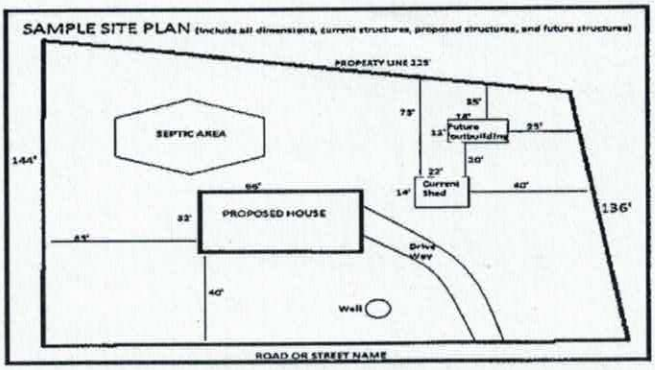
SITE PLAN WORKSHEET

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!!!***

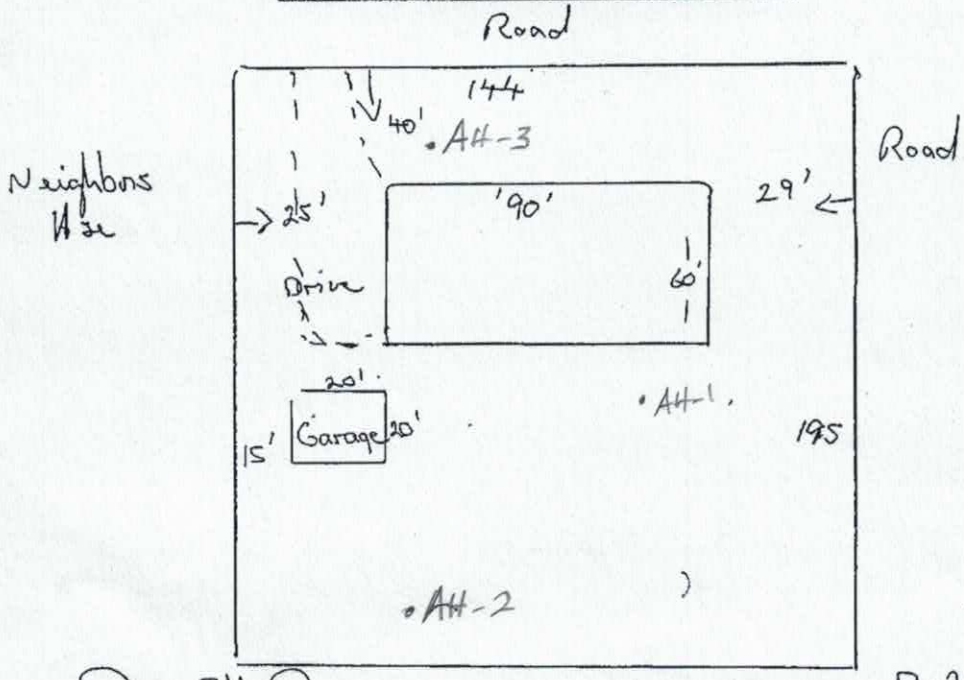
Place an (X) beside each item as you complete the site plan:
DhP Property Line measurements are clearly identified... DhP All proposed structures are indicated...

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... DhP 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:
N/A 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: Danielle Parga 7-29-16

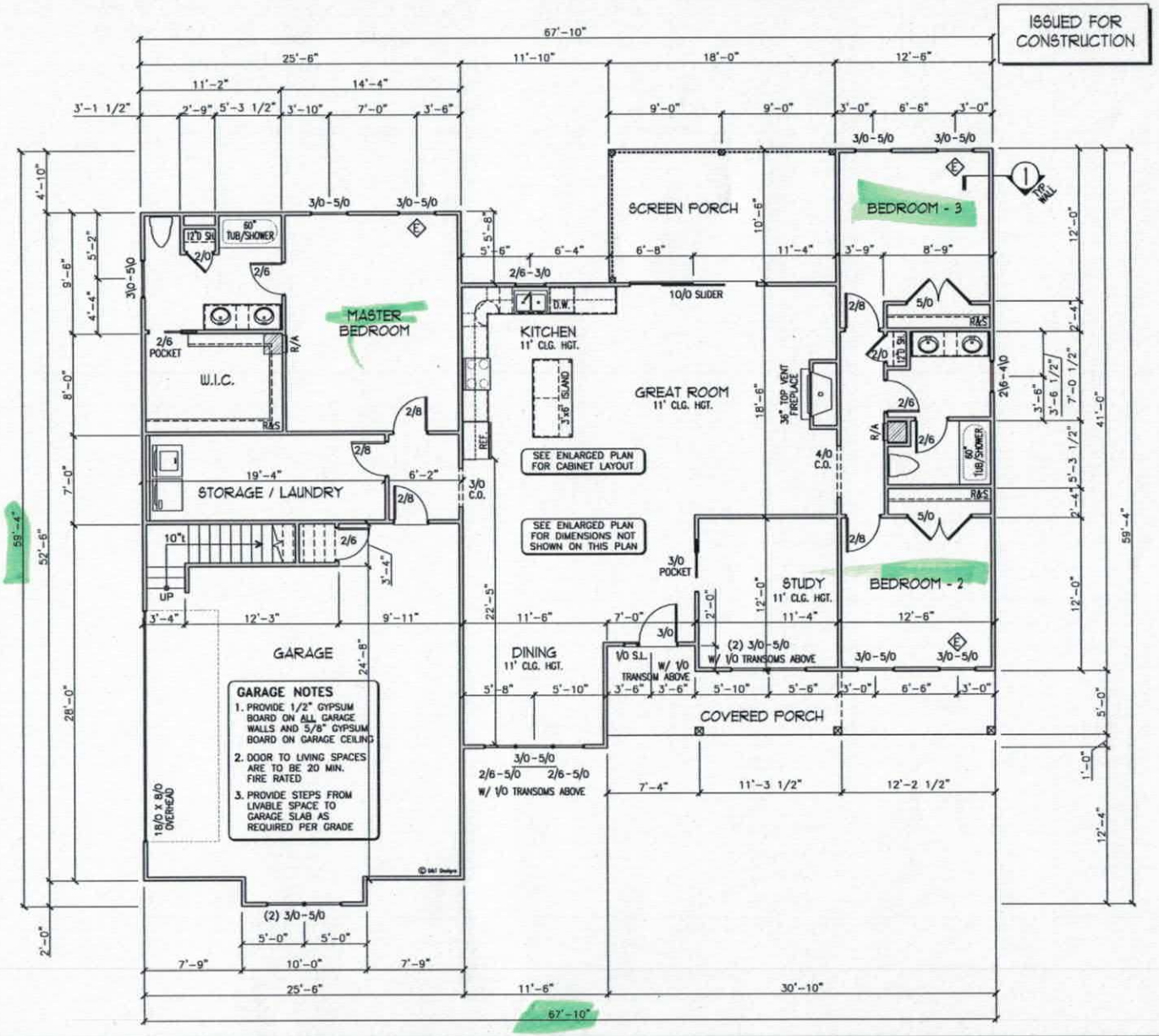
REQUIRED property owner or owner's legal representative signature. **DATE**

Acknowledgement of
Plans Submittal ONLY!

Payment Date 9/18/17

Doug Gaither Date 9-19-17

ISSUED FOR CONSTRUCTION



PLAN NOTES

1. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, C.M.U. WALL, VENEER OF PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD. NO WALL FINISHES ARE ASSUMED. TYPICAL U.N.O. VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION.
2. EXTERIOR WALLS ARE TO BE 2X4, TYPICAL UNLESS NOTED OTHERWISE
3. INTERIOR WALLS ARE TO BE 2X4, TYPICAL UNLESS NOTED OTHERWISE
4. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
5. ■ INDICATES CONCENTRATED LOAD FROM ABOVE. PROVIDE SOLID BLOCKING (JOIST OR STUDS) AT ALL LOCATIONS FOR LOAD TRANSFER
6. PLACE DOORS 5" FROM CORNER WHERE APPLICABLE, PER PLAN
7. WEATHER STRIP ALL DOORS OR OPENINGS INTO ATTIC OR NON HEATED SPACES

Ⓔ INDICATES THAT THE WINDOW MUST MEET EGRESS REQUIREMENTS PER LOCAL BUILDING CODES. SEE WINDOW MANUFACTURES DESIGN MANUAL FOR FURTHER DETAILS.

D&T DESIGNS

© COPYRIGHT 2017

Payne Residence

185 Spring Forest Drive ◆ STATESVILLE, NC

MAIN LEVEL PLAN

SQUARE FOOTAGE	
MAIN LEVEL	2,107 S.F.
GARAGE	729 S.F.
FRONT PORCH	168 S.F.
SCREEN PORCH	185 S.F.
BONUS ROOM	409 S.F.
TOTAL HEATED -	2,107 S.F.

DRAWN BY: DOUG GAITHER
DESIGN NO: R-2017-105
SCALE: 1/8" = 1'-0"
BASE PLAN:
REVISION:
MANAGER
DATE DRAWN: 04/30/17

B2.2

Acknowledgement of
Plans Submittal ONLY!

Date

Date

ISSUED FOR CONSTRUCTION

SQUARE FOOTAGE	
MAIN LEVEL	2,107 S.F.
GARAGE	729 S.F.
FRONT PORCH	168 S.F.
SCREEN PORCH	189 S.F.
BONUS ROOM	409 S.F.
TOTAL HEATED -	2,107 S.F.

DRAWN BY: DOUG GAITHER
DESIGN NO: R-2017-105
SCALE: 1/8" = 1'-0"
BASE PLAN:
REVISION:
MANAGER
DATE DRAWN: 04/30/17

B2.3

Payne Residence

185 Spring Forest Drive ◆ STATESVILLE, NC

UPPER LEVEL PLAN

© COPYRIGHT 2017

D&T DESIGNS

IREDELL COUNTY

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

APPLICATION NUMBER
220684
Issue Date: 07/29/2016

ZONING PERMIT
Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4775056409.000	185 SPRING FOREST DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BOWLING ELIZABETH C	Applicant: PAYNE DAVID L+SHEILA J
Address: 1530 FOREST PARK DR STATESVILLE, NC 28677	Address: 303 BROOKMEADE DR STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
NEW SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.854	35.00	35.00	15.00	25.00	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: David L Payne Date: 7-29-16

Permit Number	75992	TOTAL FEES:	$ 77.25