ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT #AP 311777

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

PIN # 4776 - 14 - 0908

APPLICANT/OWNER: Cornerstone Properties | APPLICANT ADDRESS: 118 East Kingstree Ave Clt 28203

SITE ADDRESS: 110 Innes Court Statesville NC 28625 | PHONE: 704-301-3229 | ALT. PHONE -

SITE DIRECTIONS: Hwy 64 L on Riverhill R on Independence L on Innes | SAP CONTROLLED: ☐ YES ☒ NO

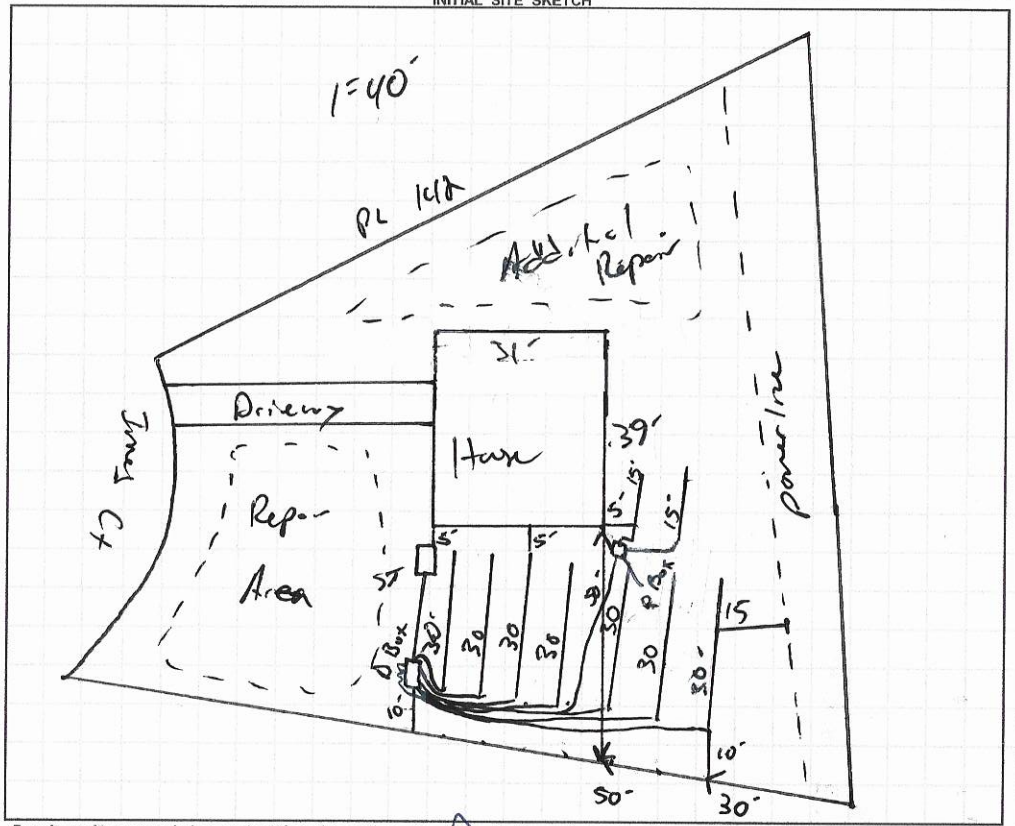
SUBDIVISION: River Hill Heights | SECTION: - | LOT # 42 | LOT AREA: .36 Acre | DESIGN FLOW: 360gpd | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	7-2-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	50% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	9	Linear Ft:	240'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

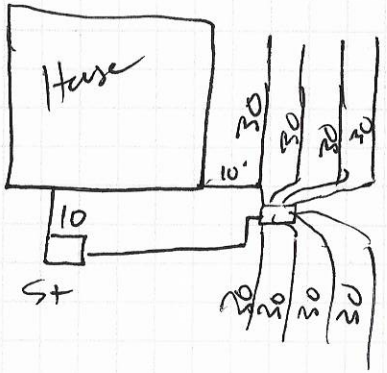
Comments / Conditions: Install Drainlines on Contour of land. Use 0 Box for distribution.
No foundation drains can be used.

INITIAL SITE SKETCH



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.



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: [signature] Date: 3/12/21 | Installed by: Lenta Waterworks

IMPROVEMENT PERMIT by: [signature] Date: 2-22-2021 | OPERATION PERMIT by: [signature] Date: 8-27-2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2-22-2021 | Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4776 14 0909
COUNTY: Iredell

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

OWNER: Cornerstone Properties
ADDRESS: 118 East Lyerly Ave
PROPOSED FACILITY: SFR
LOCATION OF SITE: 110 Jones
PROPOSED DESIGN FLOW (.1949): _____
APPLICATION DATE: 10-9-2020
DATE EVALUATED: _____
PROPERTY SIZE: .86
PROPERTY RECORDED: No

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10% SS	0-6 6-28 24-46	SBK SCL ABK C SBK CL	Fr SS SPSaP	N/A	48+	N/A		PS .35
2	10% CS	0-6 6-26 26-48	SBK SCL ABK C SBK CL		N/A	48+	N/A		PS .35
3	7% SS	0-6 6-28 28-48	SBK SCL SBK C SBK CL		N/A	48+	N/A		PS .3
4	SS 10%	0-6 6-30 30-48	SBK SCL SBK C SBK CL		N/A	48+	N/A		PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	240'
System Type(s)	50%	50%
Site LTAR	.35	.3

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

COMMENTS: _____

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

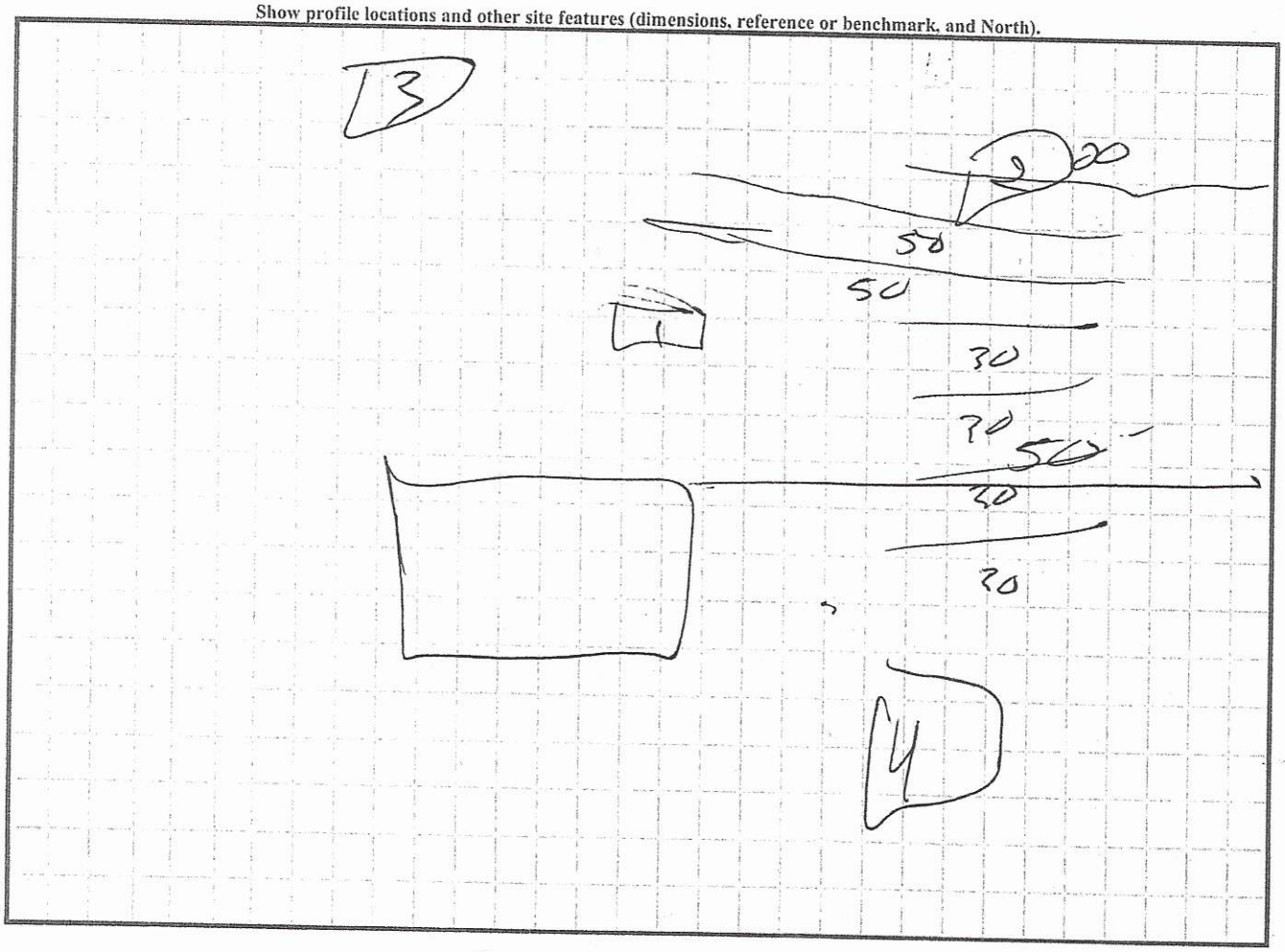
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED OCT 23 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-311777
$500.00

Iredell County Health Department – Environmental Health Division

SEPTIC

PAGE 1: *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: CORNERSTONE III PROPERTIES Address: 118 EAST KINGSTON AVE, CLT. Zip: 28203
Applicant Email: STAN@CORNERSTONE3P.COM Phone: 704 301 3229 Alt. Phone: X
Owner Name: BUTLER RIVER DEVELP. Address: 725 CHERRY RD. Rock Hill, SC Zip: 29732
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 110 TIMES Ct. PIN # 477 61 40 908
Subdivision Name: RIVER HILL HEIGHTS Section/Phase: _____ Lot Number: 42
Driving Directions: NORTH I-40 / LEFT ONTO RIVER HILL RD. / RIGHT ON INDEPENDENCE LOOP / LEFT ONTO TIMES Ct.

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: 3
Maximum Number of Occupants: 3
( ) 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: 1 Number of Persons: 3
( ) 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: _____

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: Stan Cumley 10/9/20
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, PAM HARDING / BUTLER RIVER, am the legal owner(s) of the property located at JONES CT. LOT-42, identified as

PIN (Parcel Identification Number) 4776140908, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) STAN PRESSLEY / CORNERSTONE III _____, 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.

Pam Harding / Butler River Developments — Signature of Owner(s)

10/9/12 — Date

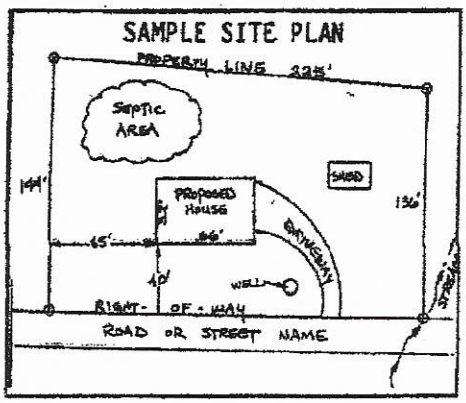
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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:

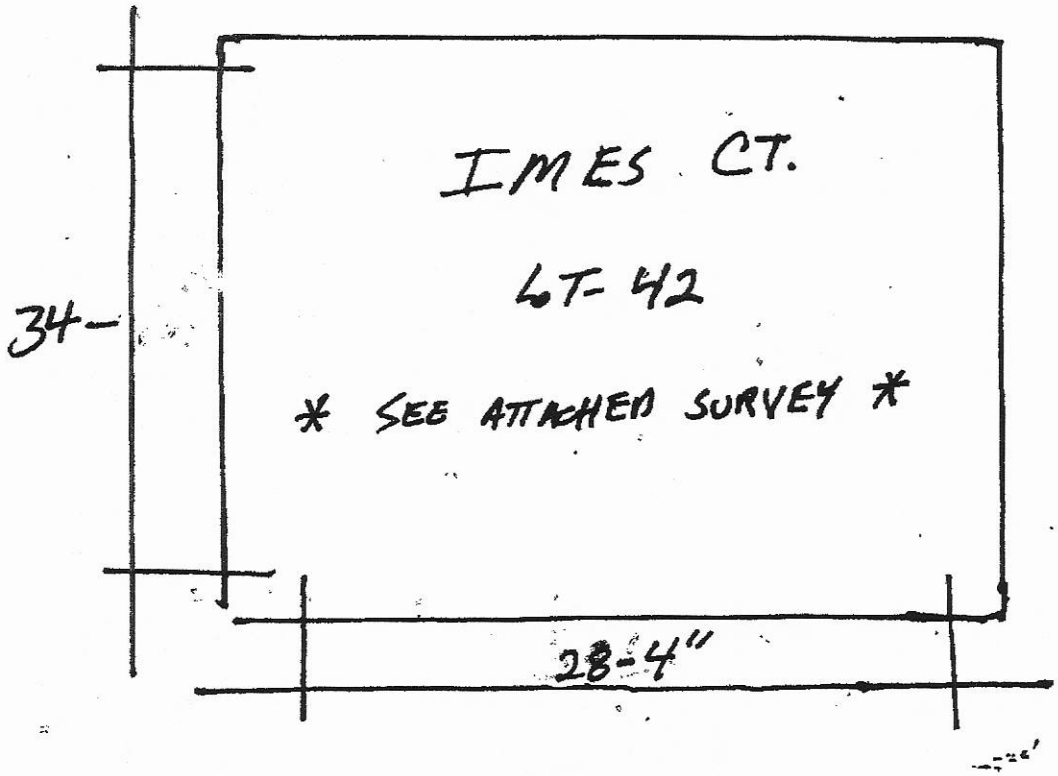
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

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

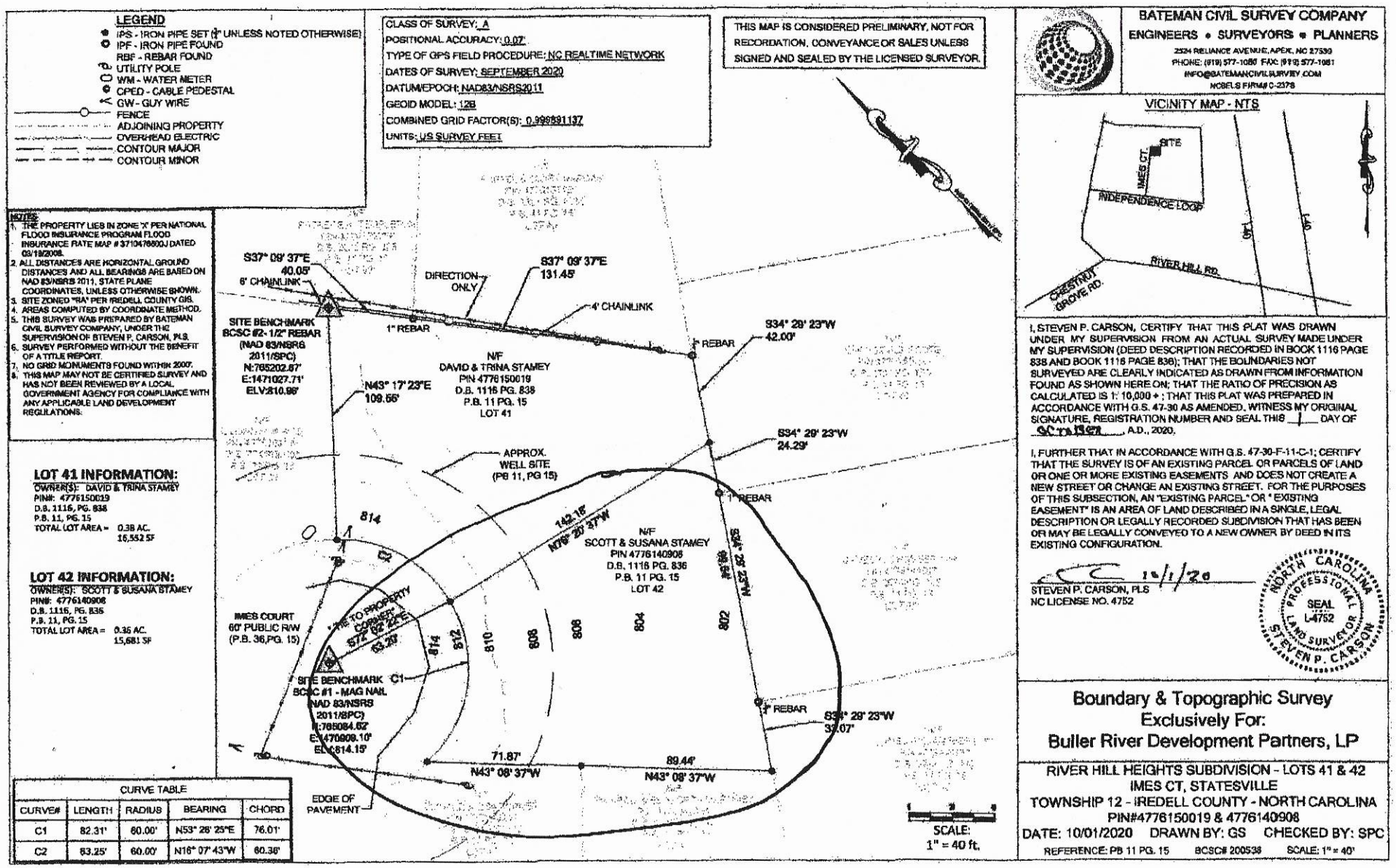
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

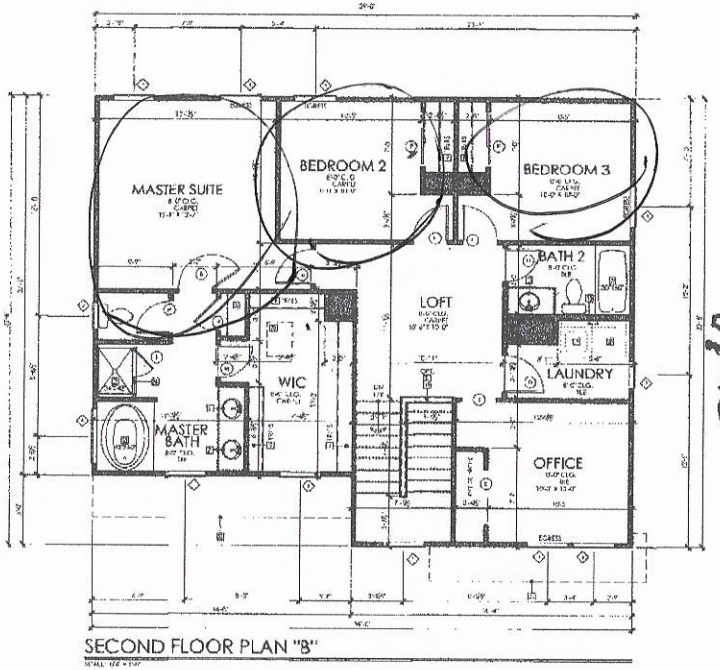


Signature: Stan Crowley **10/9/20**

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

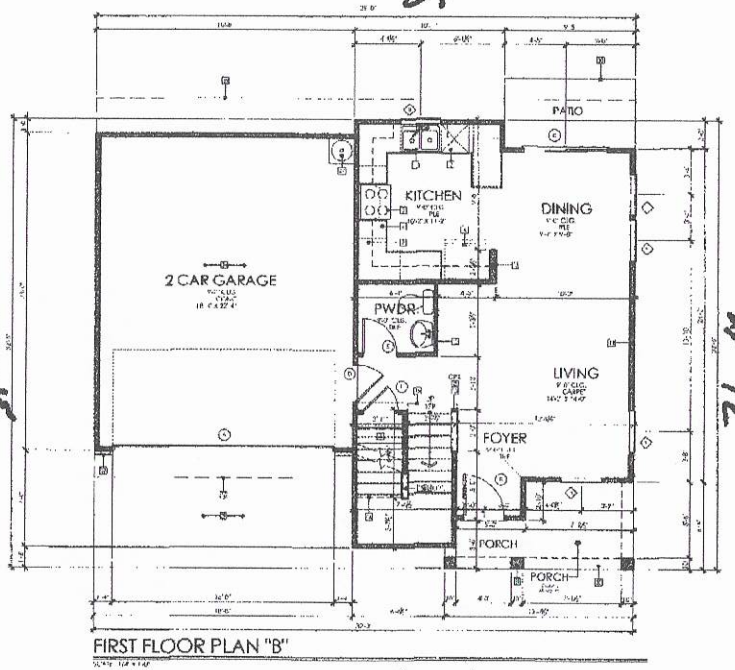

LEGEND
IPS - IRON PIPE SET (1" UNLESS NOTED OTHERWISE)
IPF - IRON PIPE FOUND
RBF - REBAR FOUND
UTILITY POLE
WM - WATER METER
CPED - CABLE PEDESTAL
GW - GUY WIRE
FENCE
ADJOINING PROPERTY
OVERHEAD ELECTRIC
CONTOUR MAJOR
CONTOUR MINOR
CLASS OF SURVEY: A
POSITIONAL ACCURACY: 0.07'
TYPE OF GPS FIELD PROCEDURE: NC REALTIME NETWORK
DATES OF SURVEY: SEPTEMBER 2020
DATUM/EPOCH: NAD83/NSRS2011
GEOID MODEL: 12B
COMBINED GRID FACTOR(S): 0.999891137
UNITS: US SURVEY FEET
THIS MAP IS CONSIDERED PRELIMINARY, NOT FOR RECORDATION, CONVEYANCE OR SALES UNLESS SIGNED AND SEALED BY THE LICENSED SURVEYOR.
NOTES:
1. THE PROPERTY LIES IN ZONE 'X' PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP # 3710476800J DATED 03/19/2008.
2. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE BASED ON NAD 83/NSRS 2011, STATE PLANE COORDINATES, UNLESS OTHERWISE SHOWN.
3. SITE ZONED "RA" PER IREDELL COUNTY GIS.
4. AREAS COMPUTED BY COORDINATE METHOD.
5. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY COMPANY, UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
6. SURVEY PERFORMED WITHOUT THE BENEFIT OF A TITLE REPORT.
7. NO GRID MONUMENTS FOUND WITHIN 2000'.
8. THIS MAP MAY NOT BE CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
LOT 41 INFORMATION:
OWNER(S): DAVID & TRINA STAMEY
PIN#: 4776150019
D.B. 1116, PG. 838
P.B. 11, PG. 15
TOTAL LOT AREA = 0.38 AC. 16,552 SF
LOT 42 INFORMATION:
OWNER(S): SCOTT & SUSANA STAMEY
PIN#: 4776140908
D.B. 1116, PG. 836
P.B. 11, PG. 15
TOTAL LOT AREA = 0.35 AC. 15,681 SF
S37° 09' 37"E 40.05'
6' CHAINLINK
DIRECTION ONLY
S37° 09' 37"E 131.45'
4' CHAINLINK
1" REBAR
SITE BENCHMARK BCSC #2- 1/2" REBAR (NAD 83/NSRS 2011/SPC) N:765202.87' E:1471027.71' ELV:810.98'
N43° 17' 23"E 109.55'
N/F DAVID & TRINA STAMEY PIN 4776150019 D.B. 1116 PG. 838 P.B. 11 PG. 15 LOT 41
S34° 29' 23"W 42.00'
1" REBAR
S34° 29' 23"W 24.29'
APPROX. WELL SITE (PB 11, PG 15)
1" REBAR
N/F SCOTT & SUSANA STAMEY PIN 4776140908 D.B. 1116 PG. 836 P.B. 11 PG. 15 LOT 42
142.15'
N79° 20' 27"W
S34° 29' 23"W 89.44'
IMES COURT 60' PUBLIC R/W (P.B. 36,PG. 15)
TIE TO PROPERTY CORNER S72° 02' 22"E 53.20'
SITE BENCHMARK BCSC #1 - MAG NAIL NAD 83/NSRS 2011/SPC) N:765084.62' E:1470909.10' ELV:814.15'
C1
C2
814
812
810
808
806
804
802
1" REBAR
S34° 29' 23"W 32.07'
71.87'
N43° 08' 37"W
89.44'
N43° 08' 37"W
EDGE OF PAVEMENT
SCALE: 1" = 40 ft.
CURVE TABLE
CURVE# | LENGTH | RADIUS | BEARING | CHORD
C1 | 82.31' | 60.00' | N53° 26' 25"E | 76.01'
C2 | 53.25' | 60.00' | N16° 07' 43"W | 60.36'
BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2524 RELIANCE AVENUE, APEX, NC 27539
PHONE: (919) 577-1080 FAX: (919) 577-1081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM# C-2378
VICINITY MAP - NTS
SITE
IMES CT.
INDEPENDENCE LOOP
RIVER HILL RD.
CHESTNUT GROVE RD.
I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 1116 PAGE 838 AND BOOK 1116 PAGE 836); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND AS SHOWN HERE ON; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: 10,000 + ; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 1 DAY OF OCTOBER, A.D., 2020.
I, FURTHER THAT IN ACCORDANCE WITH G.S. 47-30-F-11-C-1; CERTIFY THAT THE SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND OR ONE OR MORE EXISTING EASEMENTS AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET. FOR THE PURPOSES OF THIS SUBSECTION, AN "EXISTING PARCEL" OR " EXISTING EASEMENT" IS AN AREA OF LAND DESCRIBED IN A SINGLE, LEGAL DESCRIPTION OR LEGALLY RECORDED SUBDIVISION THAT HAS BEEN OR MAY BE LEGALLY CONVEYED TO A NEW OWNER BY DEED IN ITS EXISTING CONFIGURATION.
10/1/20
STEVEN P. CARSON, PLS
NC LICENSE NO. 4752
NORTH CAROLINA PROFESSIONAL SEAL L-4752 LAND SURVEYOR STEVEN P. CARSON
Boundary & Topographic Survey
Exclusively For:
Buller River Development Partners, LP
RIVER HILL HEIGHTS SUBDIVISION - LOTS 41 & 42
IMES CT, STATESVILLE
TOWNSHIP 12 - IREDELL COUNTY - NORTH CAROLINA
PIN#4776150019 & 4776140908
DATE: 10/01/2020 DRAWN BY: GS CHECKED BY: SPC
REFERENCE: PB 11 PG. 15 BCSC# 200538 SCALE: 1" = 40'

Lot- 42
110 IMES CT.



SECOND FLOOR PLAN "B"

39'



FIRST FLOOR PLAN "B"

39'

FLOOR PLAN NOTES

1	PROVIDE FASCIA VENT WHERE ROOF OVERHANG IS LESS THAN 12".
2	DISHWASHER PROVIDE 24"H CLEARANCE AIR GAP ABOVE FLOOD LEVEL RIM
3	RANGE HOOD MICROWAVE HOOD ACTS AS VENT TO OUTSIDE AIR AND PROVIDE BACK DRAFT DAMPER - VERIFY SMALL OR ALTERNATE SPEC
4	REFRIGERATOR PROVIDE SPACE W/ COLD WATER LINE CUT OFF VALVE IN CABINET BELOW AS REQ'D
5	NOTE 5
6	BASE CABINETS - REFER TO CABINET MANUFACTURER SHOP DRAWINGS
7	UPPER CABINETS REFER TO CABINET MANUFACTURER SHOP DRAWINGS
8	NOTE 8
9	5'-0" AND OVER - FLOOR PLAN
10	NOTE 10
11	ALL INTERIOR WALLS 10'-0" AND UNDER TO BE 9'-0" U.N.O.
12	ALL INTERIOR WALLS OVER 10'-0" AND UNDER TO BE 10'-0" U.N.O.
13	GYP BOARD AT 10'-0" U.N.O.
14	LOW WALL - REFER TO PLAN FOR HEIGHT
15	CLOSET WALL - TO ABOVE FINISHED CEILING
16	TILE UP 4'-0" ABOVE
17	TILE UP FLOOR ABOVE
18	LINE OF WALL BELOW
19	UTILITY SINK
20	WASHER SPACE - PROVIDE DRAIN PAN AND HOT AND COLD WATER SUPPLY WITH WAVE TYPE RECESSED BOX
21	DRYER SPACE - PROVIDE SHEET METAL DRYER BOX WITH DRYER VENT TO EXTERIOR AND DRYER EXHAUST DUCT WITH MINIMUM LENGTH AND NUMBER OF ELBOWS AS PER MANUFACTURER'S INSTRUCTIONS
22	WASHER SPACE
23	DISHWASHER CONNECT - SEE SCHEDULE
24	SEE NOTE 24 - CONFIRM
25	5'-0" MINIMUM TEMPERED GLASS SHOWER ENCLOSURE W/ DOOR
26	DROP IN SINK W/ DECK
27	TRIM WITH 1/2" SHELVES
28	WALL HEATER - WATER LINE/DRAIN, GAS, ELECTRICAL
29	SEE NOTE 29
30	MONO CONC SLOPE AWAY FROM STRUCTURE - SEE PLOT PLAN FOR GRADE
31	CONCRETE PATIO - SLOPE AWAY FROM STRUCTURE
32	TILE 60" MIN WHERE SHOWER HEAD IS LOCATED
33	PITCH AS NOTED
34	STAIR RISER - 7" ABOVE FINISHED FLOOR OR GRADE
35	GARAGE SLAB - REFER TO STRUCTURAL PLANS
36	MANUFACTURED HOME STRUCTURE PER SPEC
37	STRANDED WIRES - ALUMINUM WIRES ARE NOT PERMITTED
38	SEE NOTE 38

DOOR SCHEDULE

MARK	WIDTH	HEIGHT	QUANTITY	REMARKS
DOOR SCHEDULE				
A	16'-0"	7'-0"	1	NON-INSULATED STEEL GARAGE DOOR
B	3'-0"	6'-8"	1	PANEL DOOR W/ TEMPERED GLAZING
C	6'-0"	6'-8"	1	SLIDING GLASS DOOR
D	2'-6"	6'-8"	1	SINGLE PANEL SWING PATIO DOOR
E	2'-8"	6'-8"	1	HOLLOW CORE PASSAGE DOOR
F	4'-0"	6'-8"	1	HOLLOW CORE BI-PASS DOOR
G	2'-8"	6'-8"	1	HOLLOW CORE PASSAGE DOOR
H	3'-0"	7'-0"	1	10 MINUTE FIRE RATED DOOR
I	3'-0"	7'-0"	1	SLIDING GLASS SHOWER DOOR

DRYWALL WRAPPED OPENING SCHEDULE

MARK	WIDTH	HEIGHT	QUANTITY	REMARKS
CASED OPENING AND ARCH NOTE				
1	7'-0"	8'-0"	1	GARAGE ENTRANCE
4	4'-0"	8'-0"	1	LAUNDRY

WINDOW SCHEDULE

MARK	WIDTH	HEIGHT	QUANTITY	REMARKS
WINDOW SCHEDULE				
1	3'-0"	2'-0"	3	SINGLE HUNG - LOW-E
2	2'-0"	4'-0"	2	SINGLE HUNG
3	3'-0"	5'-0"	5	SINGLE HUNG
4	4'-0"	4'-0"	1	PICTURE GLASS - TEMPERED

AREA CALCULATION

FIRST FLOOR (GROSS)	611'-93
SECOND FLOOR (GROSS)	1,690'-80
TOTAL GROSS LIVING AREA	2302'-73
PORCH	75'-73
GARAGE	578'-24

Acknowledgement Of
Plans Submittal ONLY!

Date 2.22.2021

Date 3/12/21

CORNERSTONE III PROPERTIES
4509 Faith Church Road
Indian Trail NC 28079

CHARLOTTE, NC

REVISIONS

FLOOR PLANS
-
BEDFORD
ELEVATION 'B'

SHEET NO.
A1-2.0

DATE 02.18.21

PLOTTED: Mar 12, 2021 / 10:16 / J:\BEDFORD\CD\05 11 1.DWG

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311777
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4776140908.000	110 IMES	Iredell County

Owner Information	Applicant Information
Name: STAMEY N SCOTT+SUSANA E	Name: CORNERSTONE III PROPERTIES
Address:	Address: 118 E KINGSTON AVE
,	CHARLOTTE, NC 28203
Phone:	Phone: (704)301-3229

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.36	35	35	15	15	N/A	NO

Remarks
SFD 110 IMES need disclaimer

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

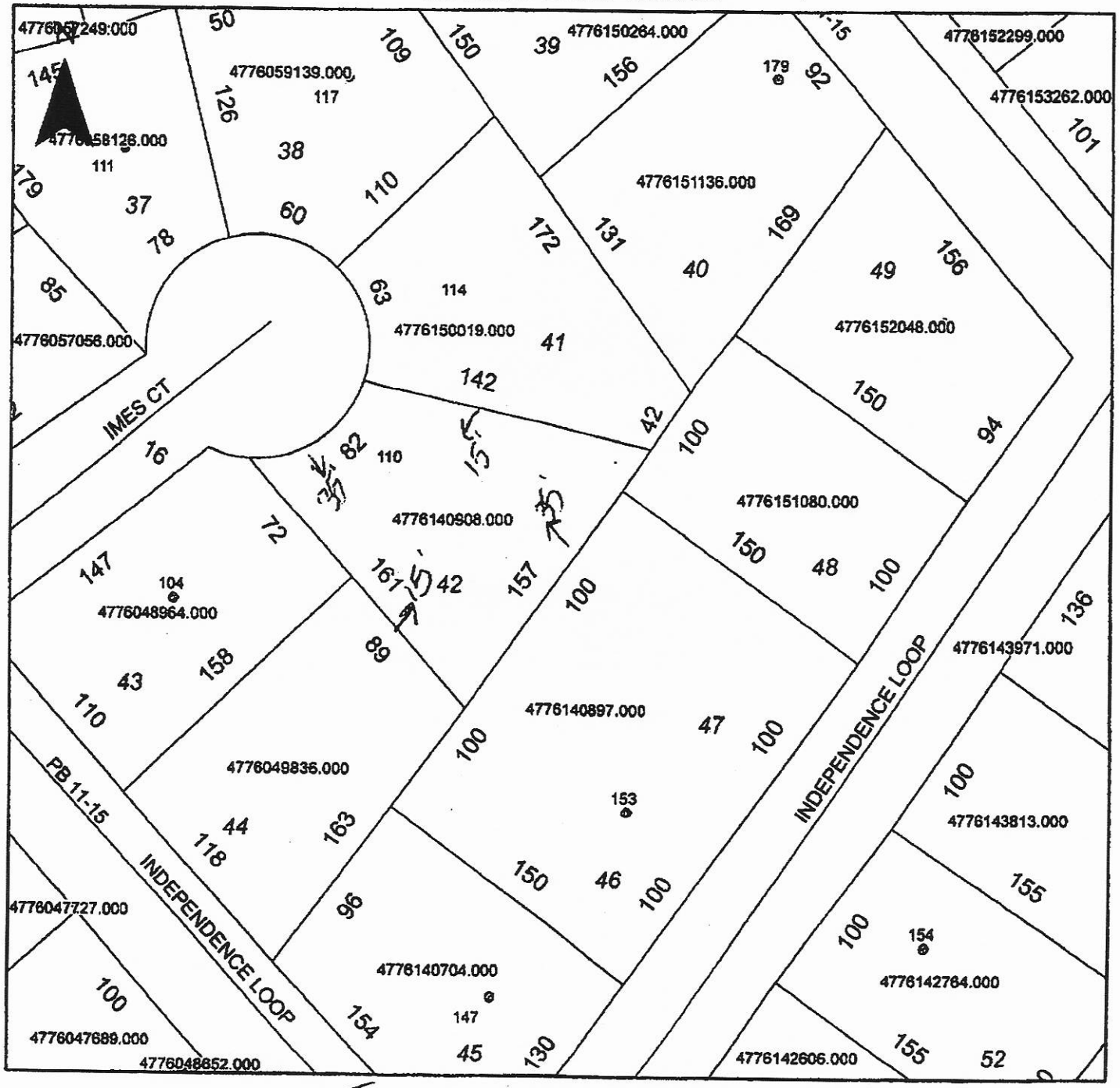
Date: 10/16/2020

Signature of Owner/Contractor

Permit Number	311777	TOTAL FEES:	$77.25

311777

ZONING DISCLAIMER



Property Address 110 Imes Court

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

✓ Stan Pauley
Applicant

✓ 10/16/20
Date