1:00

(BCM)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 311121

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

PIN # 4776 -72 -9035 ✓

APPLICANT/OWNER: Cornerstone III Properties APPLICANT ADDRESS: 118 East Kingsley Ave CLT NC 28203.

SITE ADDRESS: ✓ 116 Poplar Leaf Lane ; STV 28625 PHONE: 704 301 3229 ALT. PHONE —

SITE DIRECTIONS: Hwy 64 N / L onto Swan Rd R Poplar Leaf SAP CONTROLLED: ☐ YES ☒ NO

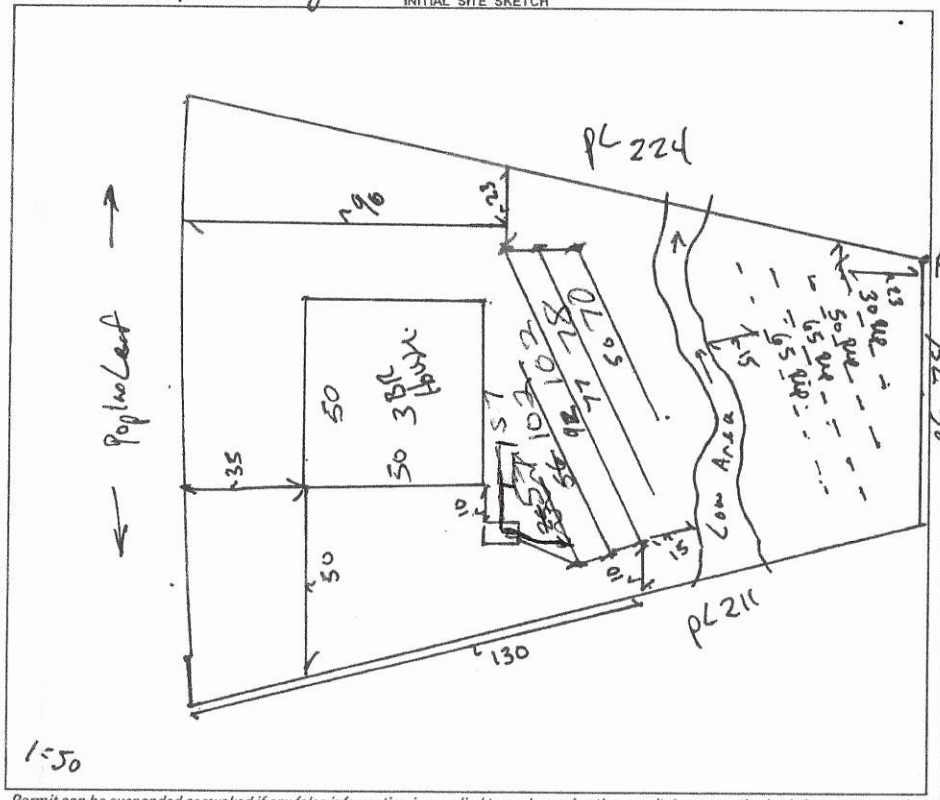
SUBDIVISION: Fifth Creek Estates ✓ SECTION: 2 LOT # 18 ✓ LOT AREA: .61 Acres. DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	760	Date	5-1-21	☒ 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: LP- Panel Blocks 50% Reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	5		Linear Ft	300	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth	[redacted]	30 in max	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: * Keep System out of low Area. Promote Water Runoff away from Septic Area. Install on the Contour of the land Utilize Serial distribution. Do not Drive, pave, Pave, grade or bury utilities in drainfield Area.

* New 3BR Floorplan submitted 11/24/2020 *
Installed Quick 4

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: Stan Purdy Date: 7/13/20 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Benjamin A Bass Date: 10/22/2020 OPERATION PERMIT by: Mana Nelson Date: 6/18/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bass Date: 11-2-2020 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 #:
COUNTY:

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

Lot 18.

OWNER:
ADDRESS: APPLICATION DATE
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): DATE EVALUATED:
LOCATION OF SITE: 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	S;ds 12%	0-17	scl vgr wsbk	ss sp fr sepl	2. 5YR 4/6.	48.		NA	PS -30
		17-36	c sbk	ss sp fr					
		36-48.	cl wsbk	ss sp fr					
2	S;ds 10%	0-15	scl vwsbk	ss sp fr sepl	2-5YR 4/6	48		FM CL 48	PS -30 McK 30 Inc
		15-29	c sbk	ss sp fr					
		29-48	cl wsbk	ss sp fr					
3	S;dl 10%	0-17	scl wsbk						PS -30
		17-47	c sbk						
4	S;dl 10%	0-15	scl wsbk	ss sp fr sepl				Limiting water	PS -30
		15-47	c sbk	ss sp fr					

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

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

COMMENTS: 3BR / Crawl Space

Updated February 2014

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.

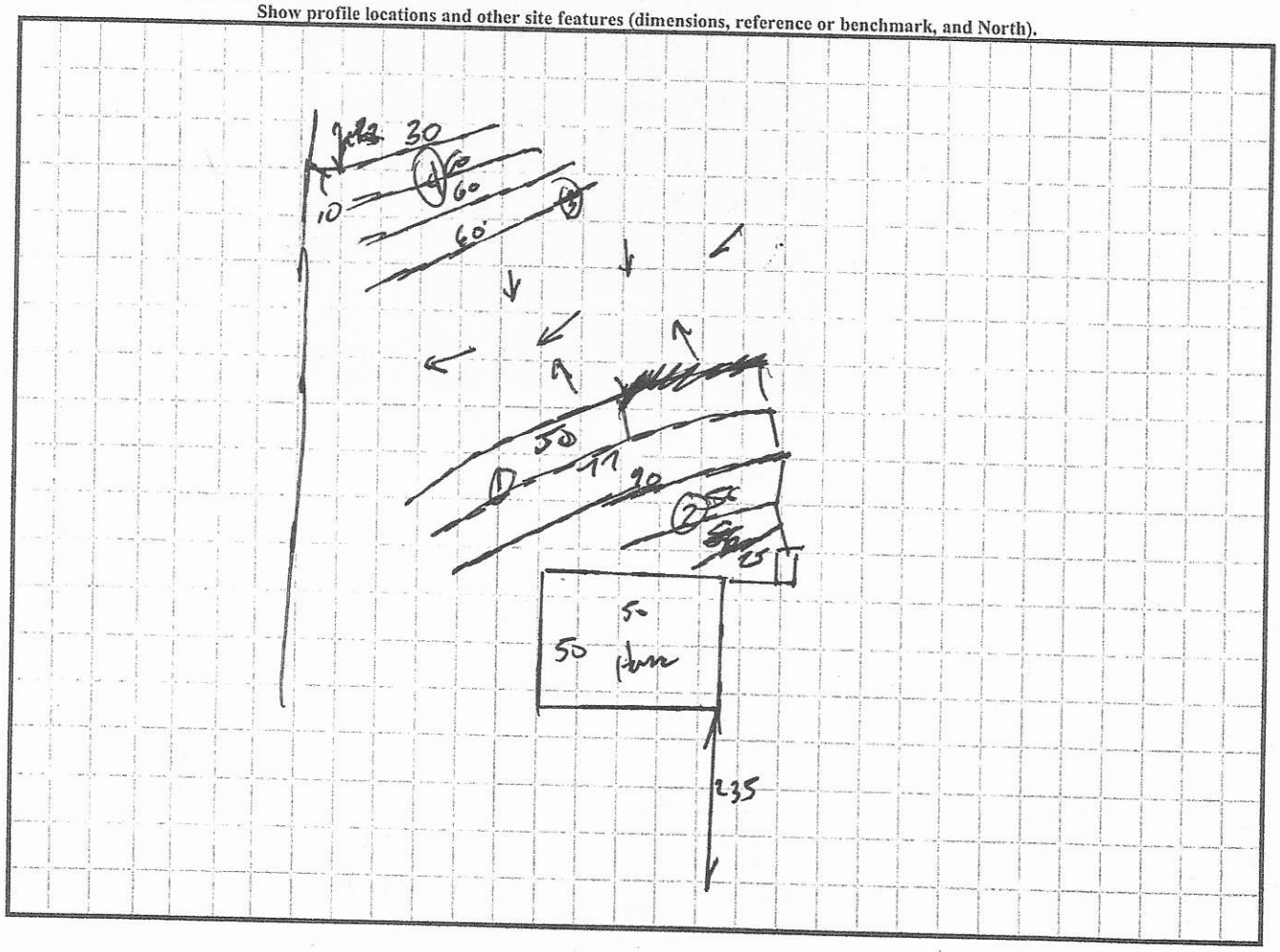
NOTES

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).



Revised

RECEIVED NOV 5 2020

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

Iredell County Health Department – Environmental Health Division

AP- 311121

SEPTIC

PAGE 1: *APPLICATION FORM*

Pd $500.00

Application For: ( ) 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(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@CORNERSTONESP.COM Phone: 704 301 3229 Alt. Phone: X
Owner Name: BUFFER 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: 116 Poplar Leaf Lane PIN# 4776-72-9035
Subdivision Name: FIFTH CREEK ESTATES Section/Phase: _____ Lot Number: 18
Driving Directions: HWY 64 NORTH / LEFT ONTO SWAIN ROAD / RIGHT ONTO POPLAR LEAF

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: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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: Stan Cumley 11/4/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED NOV 18 2020

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

AP-311142

Iredell County Health Department – Environmental Health Division

SEPTIC

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Signature: Stan Cumley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/16/20
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/Buller River, am the legal owner(s) of the property located at Poplar Leaf Lane, identified as

PIN (Parcel Identification Number) 4776-72-9035, 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/Buller River Development — 9/16/21

Signature of Owner(s) — Date

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

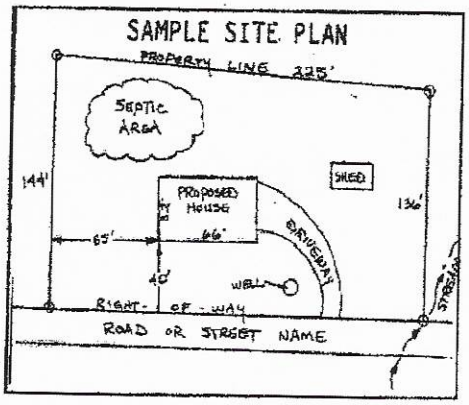
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

SEPTIC 116 Poplar Leaf Lane Lot-18 *

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

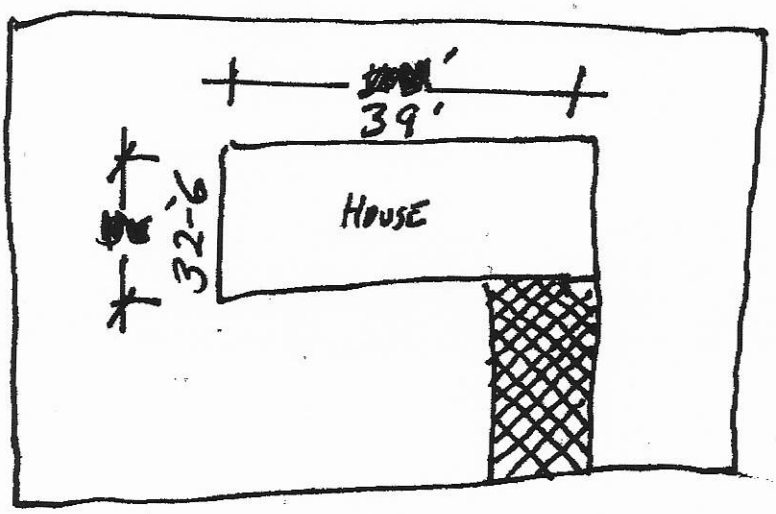
Circle N/A on the following if appropriate:

- 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

* SEE ATTACHED SURVEY *



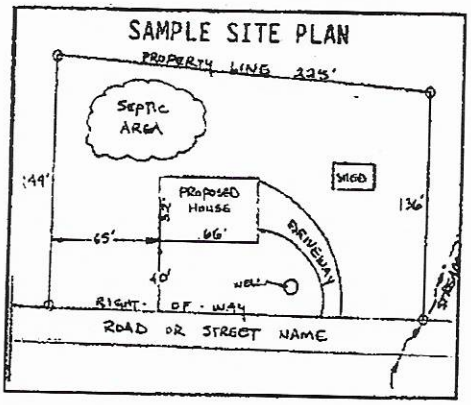
Signature: Stan Pauley 9/23/20

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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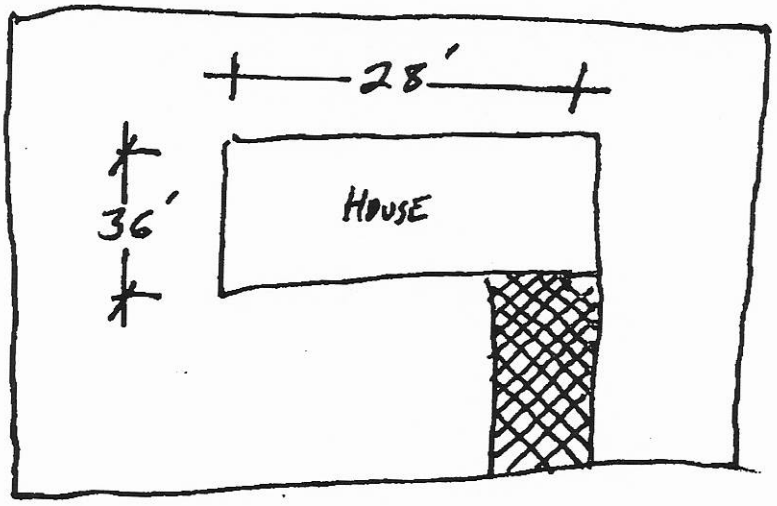
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* SEE ATTACHED SURVEY *



Signature: Stan Crowley

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

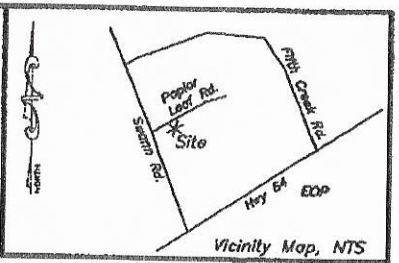
9/16/20

DATE

TED BENBOW
Land Surveying
Proudly Surveying Iredell County
Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

Course	Bearing	Distance
L1	N 69°46'06" E	12.85'

Curve	Radius	Length	Chord	Chord Bear.
C1	410.34'	156.85'	155.90'	N 80°46'12" E



Poplar Leaf Lane, 18' paved
R/W
EP
50' R/W See P.B. 33 @ Pg. 145
Tie Line
S 88°22'16"E 119.92'
1/2" EIR
C1
L1
MAG nail set in intersection of Swann Road & Poplar Leaf Lane.
Tie Line
N 76°10'23"E
224.62'
NTS
Analisa Z. Sanchez
and
Jessica C. Kelsoe
D.B. 2478, Pg. 1045
(18)
Area
0.61 Acre
N 23°45'51"W 211.25'
S 01°41'59"W 224.37'
(17)
P.B. 33, Pg. 145
RELATIVE TO PB 33 @ Pg. 145
PRELIMINARY PLAT:
NOT FOR RECORDATION,
CONVEYANCES, OR SALES
74.17'
N 88°51'08"W
ECM
N 88°51'08"W 119.93'
Tie Line
Ruben Dwayne Stroud
D.B. 2892, Pg. 1708
(16)
P.B. 53, Pg. 31

Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- EIR ..... EXISTING IRON ROD AS SHOWN
- CP ..... COMPUTED POINT
- IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- MNS ..... MAG NAIL SET
- ..... EXISTING CONCRETE MONUMENT
- ..... CATV PEDISTAL
- ..... TRANSFORMER
- ..... POWER BOX
- ..... TELEPHONE PEDESTAL
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- PIN ..... PARCEL IDENTIFICATION NUMBER
- NTS ..... NOT TO SCALE
- LINE NOT SURVEYED
- LINE SURVEYED
- CHAINLINK FENCE

Zoning

ZONING: RA
(Residential Agricultural)
Front - 35'
Side - 15'
Rear - 35'

40 0 40 80 120
GRAPHIC SCALE - FEET 1" = 40'

Notice

- Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
- This survey is subject to any facts that may be disclosed by a full and accurate title search.
- This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.
- This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.
- This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
- The ratio of precision before any adjustments is 1: 38,654.
- Area determined by coordinate computations.
- No NGS or NCGS Horiz. Control Monument found within 2,000 feet of the site.

Witness this my original signature, registration number and seal this _____ day of _____, 2020 A.D.

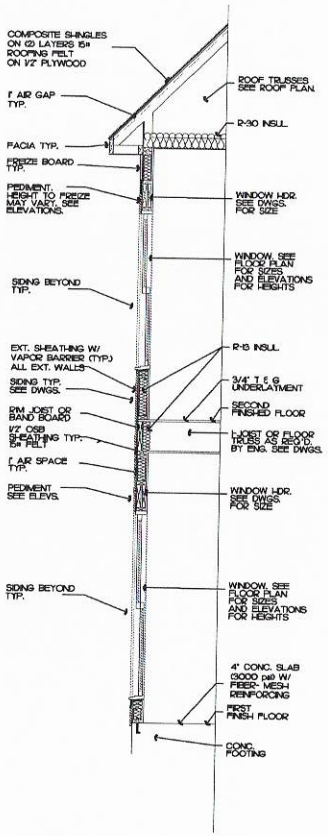
Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

Flood Hazard Area Certificate

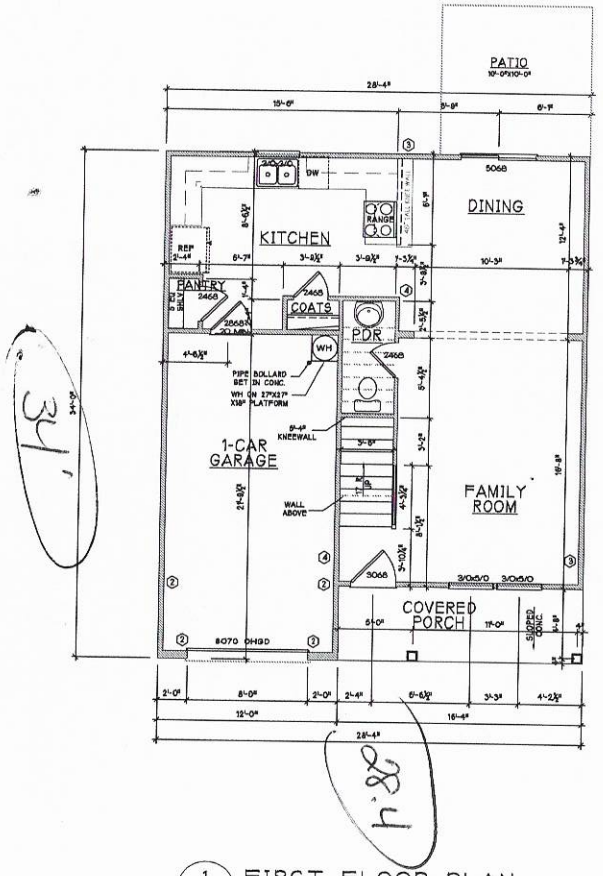
According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 4766, Iredell County, North Carolina, effective date: 03-18-2008, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X - other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

Boundary Survey For:
Buller River Development
Cool Springs Township, Iredell County, NC
Owners of Record: D & D Enterprises of Iredell, LLC
Deed Reference: Bk. 1088 @ Pg. 453
Plat Reference: PB 33 @ Pg. 145
PIN: 4776-72-9035
Job Number:2008126.DWG (2008124.CRD)
Field Work: 08-12-2020
Plat Date: 08-21-2020



2/40 TYP. SIDING SLAB WALL SECTION

SCALE: N.T.S. (11"X17" SHEET SIZE)
SCALE: N.T.S. (24"X36" SHEET SIZE)



1/4.0A FIRST FLOOR PLAN

SCALE: 1/8"=1'-0" (11"X17" SHEET SIZE)
SCALE: 1/4"=1'-0" (22"X36" SHEET SIZE)

BAB 11/26/20

SQUARE FOOTAGE:	
1ST. FLR:	625 SQ. FT.
2ND FLR:	784 SQ. FT.
TOTAL HEATED:	1340 SQ. FT.
FRONT PORCH:	82 SQ. FT.
GARAGE:	264 SQ. FT.
TOTAL UNHEATED:	336 SQ. FT.
TOTAL UNDER ROOF:	1716 SQ. FT.

FIRST FLOOR NOTES:

- PULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES (UNLESS NOTED OTHERWISE)
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING, INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- ALL INTERIOR DOORS ARE 4" FROM WALL (UNLESS NOTED OTHERWISE)
- WHEN HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- MASTER MOUNTS SHALL BE PLACED ON ALL EXTERIOR LIGHTS AND HOSE BIBBS.
- FRAMED CAVITY WALLS (IE. TUBS, SHOWERS, STAIRS & FIREPLACES) SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE.
- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF. OR EQUAL TO OR GREATER THAN 72" BFF. MUST HAVE WOOD & MAY BE SUBJECT TO FALL PROTECT RULE.
- ALL SHEETROCK OPENING SHALL BE 12" BELOW CEILING TYP. U.N.O.
- ALL PANTRY/LINEN SHALL HAVE (5) 12" SHELVES TYP., U.N.O.

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE

MASON II PLAN

PROJECT NUMBER
ISSUE DATE
- 08.17.19

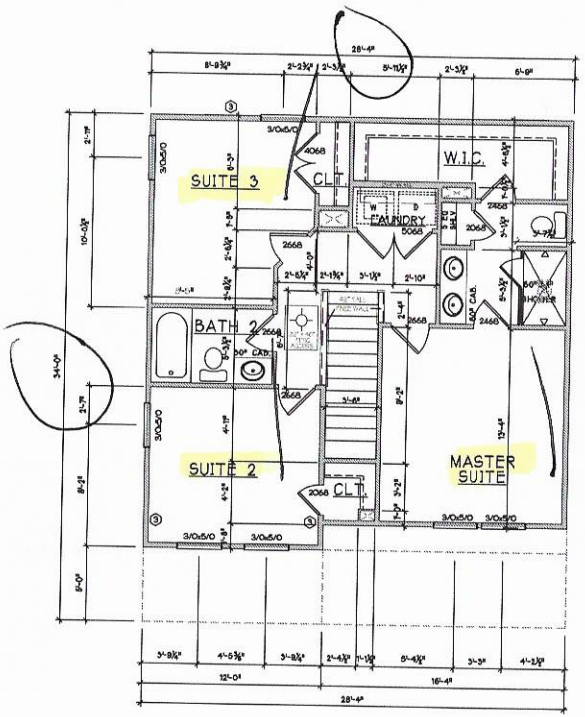
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CHECKED BY: STAN PRESSLEY
FILE NUMBER: MASON SF

SHEET TITLE
FIRST FLOOR PLAN

SHEET NUMBER
4.0

1116 Poplar
311142

BOB 11/24/202



1 / 4.1A SECOND FLOOR PLAN

SCALE: 1/8"=1'-0" (11"X17" SHEET SIZE)
SCALE: 1/4"=1'-0" (22"X36" SHEET SIZE)

SECOND FLOOR NOTES:

- FULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES (UNLESS NOTED OTHERWISE)
- ALL INTERIOR DOORS ARE 4" FROM WALL (UNLESS NOTED OTHERWISE)
- ALL WINDOW HEADER HEIGHTS ARE TO BE RAISED TO 7'-0" WITH A BOWS/REG RMLOFT STEP UP.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING, INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- HIGH HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- FRAMED CAVITY WALLS (i.e. TUBS, SHOWERS, STAIRS & FIREPLACES) SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE.
- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF. MUST HAVE HOOD & MAY BE SUBJECT TO FALL PROTECT RULE.

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE

MASON II PLAN

PROJECT NUMBER

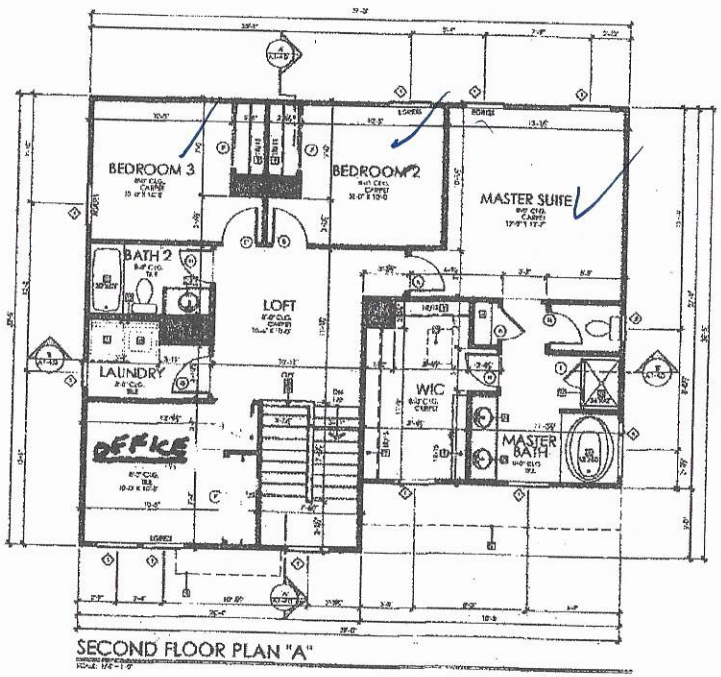
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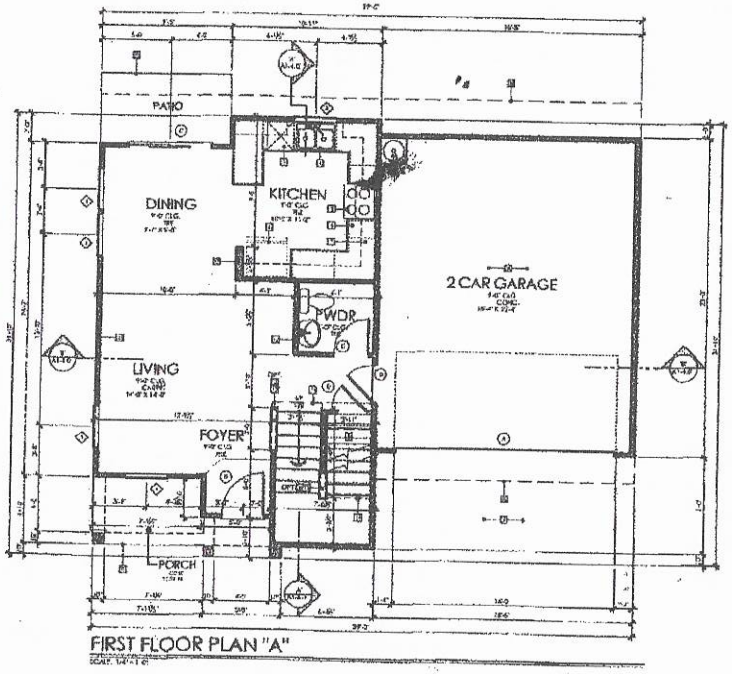
SHEET TITLE
SECOND FLOOR PLAN

SHEET NUMBER
4.1

Lot 18



SECOND FLOOR PLAN "A"



FIRST FLOOR PLAN "A"

FLOOR PLAN NOTES

1	DOUBLE BASIN SINK W/ GARBAGE DISPOSAL - VERIFY SIZE W/ OWNER
2	DISHWASHER - PROVIDE AIR GAP - VERIFY SIZE W/ OWNER
3	RANGE WITH MICROWAVE HOOD ABOVE - VENT TO OUTSIDE AIR AND DUCTS SHALL DRAIN TO EXTERIOR - VERIFY SIZE W/ OWNER
4	REFRIGERATOR ALCOVE SPACE W/ COLD WATER STUB-OUT FOR ICE MAKER - RECESSED IN WALL
5	NOT USED
6	MAIN CARRIER - REFER TO CARRIER MANUFACTURER'S SPECIFICATIONS - UPPER CARRIER REFER TO CARRIER MANUFACTURER'S SPECIFICATIONS
7	NOT USED
8	5-1/2" R-30 BATT - SEE PLAN
9	NOT USED
10	ALL EXTERIOR WALLS TO BE 2x6 STUDS AT 16" O.C. - U.N.O.
11	ALL INTERIOR WALLS TO BE 2x4 STUDS AT 24" O.C. - U.N.O.
12	2'x6'x10 AT 24" O.C. - U.N.O.
13	NEW WALL - REFER TO PLAN FOR HEIGHT
14	CLOSET ROD + SHELF - SEE INTERIOR ELEVATIONS
15	LIGHT FIXTURE AND OUTLET
16	LIGHT FIXTURE AND OUTLET
17	UTILITY SINK
18	WASHER BOX - PROVIDE DRAIN PAN AND PROVIDE COLD WATER SUPPLY WITH WATER HAMMER ARRESTORS AS REQUIRED
19	DRYER BOX - PROVIDE VENT TO OUTSIDE AND DUCTS SHALL COMPLY WITH MANUFACTURER'S SPECIFICATIONS AND MECHANICAL CODE
20	UTILITY SINK
21	FLOOR MOUNTED COMMODE - SEE SPECIFICATIONS
22	SHOWER - SEE PLAN FOR SIZE
23	5/4 FIBERGLASS WINDOW GLASS SHOWER ENCLOSURE w/ DOOR
24	DROP IN TUB w/ DECK
25	FRAME WITH 20 SHELVES
26	WALL UP SLAVE - VERIFY W/ MANUFACTURER'S SPECS
27	22"x 30" ATTIC ACCESS
28	ANCHOR CHAIR RECESS AWAY FROM STRUCTURE WHERE TO HANDICAP ACCESS
29	CONCRETE PADS - SLOPE AWAY FROM STRUCTURE
30	12"x12" VENTED FOR ATTIC VENTILATION
31	ROOF BEYOND
32	GARAGE - SEE ANCHORING DETAILS
33	GARAGE WALL - REFER TO STRUCTURAL PLANS
34	MANUFACTURED STONE VENEER PER SPEC
35	SCREENED PORCH - ALUMINUM FRAME SCREEN W/ 0.1 GAUGE
36	BRICK PER SPEC

DOOR SCHEDULE

MARK	WIDTH	HEIGHT	QUANTITY	REMARKS
DOOR SCHEDULE				
A	16'-0"	7'-0"	1	HORIZONTAL SLIDING GARAGE DOOR
B	2'-0"	6'-8"	1	ENTRY DOOR W/ TEMPERED GLAZING
C	6'-0"	6'-8"	1	FRENCH GLASS DOOR
D	2'-8"	6'-8"	1	SINGLE CASED FIRE RATED DOOR
E	2'-6"	6'-8"	2	HOLLOW CORE PASSAGE DOOR
F	4'-0"	6'-8"	2	HOLLOW CORE BI-PASS DOOR
G	2'-8"	6'-8"	1	HOLLOW CORE PASSAGE DOOR
H	3'-6"	6'-8"	1	HOLLOW CORE PASSAGE DOOR
I	2'-8"		1	EXIST. GLASS ENTRY DOOR

WINDOW SCHEDULE

MARK	WIDTH	HEIGHT	QUANTITY	REMARK
WINDOW SCHEDULE				
1	3'-0"	5'-0"	13	SINGLE HUNG - EGRESS
2	2'-0"	4'-0"	2	SINGLE HUNG
3	3'-0"	3'-0"	1	TRANSOM WINDOW
4	4'-0"	4'-0"	1	HORIZONTAL SLIDER

AREA CALCULATION

FIRST FLOOR (GROSS)	1195
SECOND FLOOR (GROSS)	1498
TOTAL GROSS LIVING AREA	2502
PORCH	75
GARAGE	618

Acknowledgement Of
Plans Submittal ONLY!
Date 11-12-20
Date 11/13/20

CHARLOTTE, NC

REVISIONS

FLOOR PLANS

BEDFORD
ELEVATION 'A'

CORNERSTONE III PROPERTIES
4509 Faith Church Road
Indian Trail, NC 28079

SHEET NO.
A1-1.0R
DATE 03/31/17

PLOTTED: May 15, 2017 / Karla / BEDFORD CD 05 11 17.DWG

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311121
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4776729035.000	116 POPLAR LEAF LN	Iredell County

Owner Information	Applicant Information
Name: D+D ENTERPRISES OF IREDELL LLC	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
0.61	35	35	15	15	N/A	NO

Remarks
SFD

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.

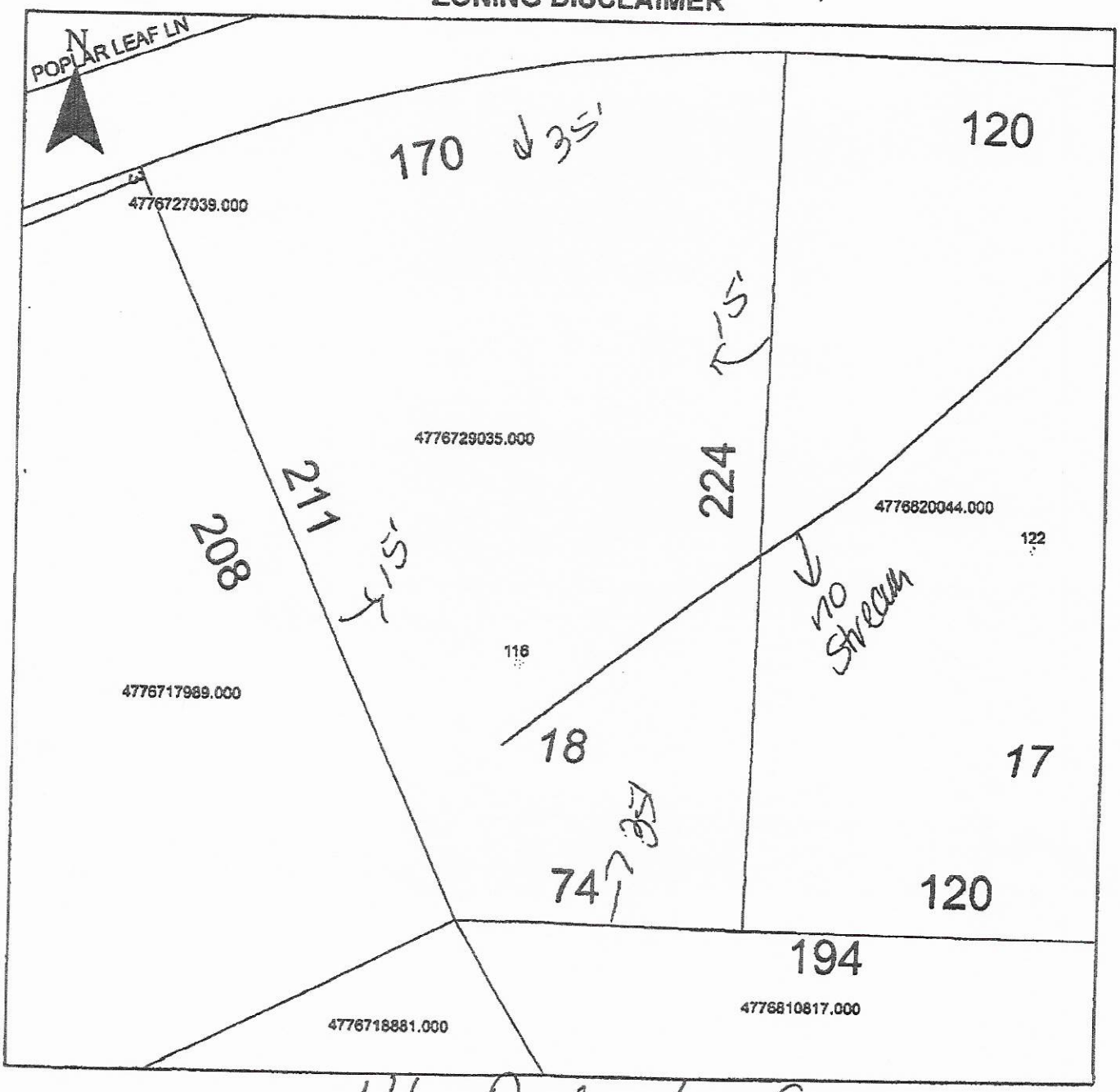
Signature of Owner/Contractor

Date: 09/22/2020

Permit Number	311121

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 116 Poplar Leaf

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 Sealy

Applicant

9/22/20

Date