ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242684 -86 ~~-2118-7426~~

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

PIN # 4812

APPLICANT/OWNER: Beau Blackwelder APPLICANT ADDRESS: 2179 old Williamson Rd Statesville, NC 28625

SITE ADDRESS: 242 Coolbrook Rd Union Grove, NC 28689. PHONE: 704-657-8031 ALT. PHONE

SITE DIRECTIONS: Hwy 115 N Down Coolbrook Property 1/2 mile down on Right SAP CONTROLLED: ☐ YES ☒ NO

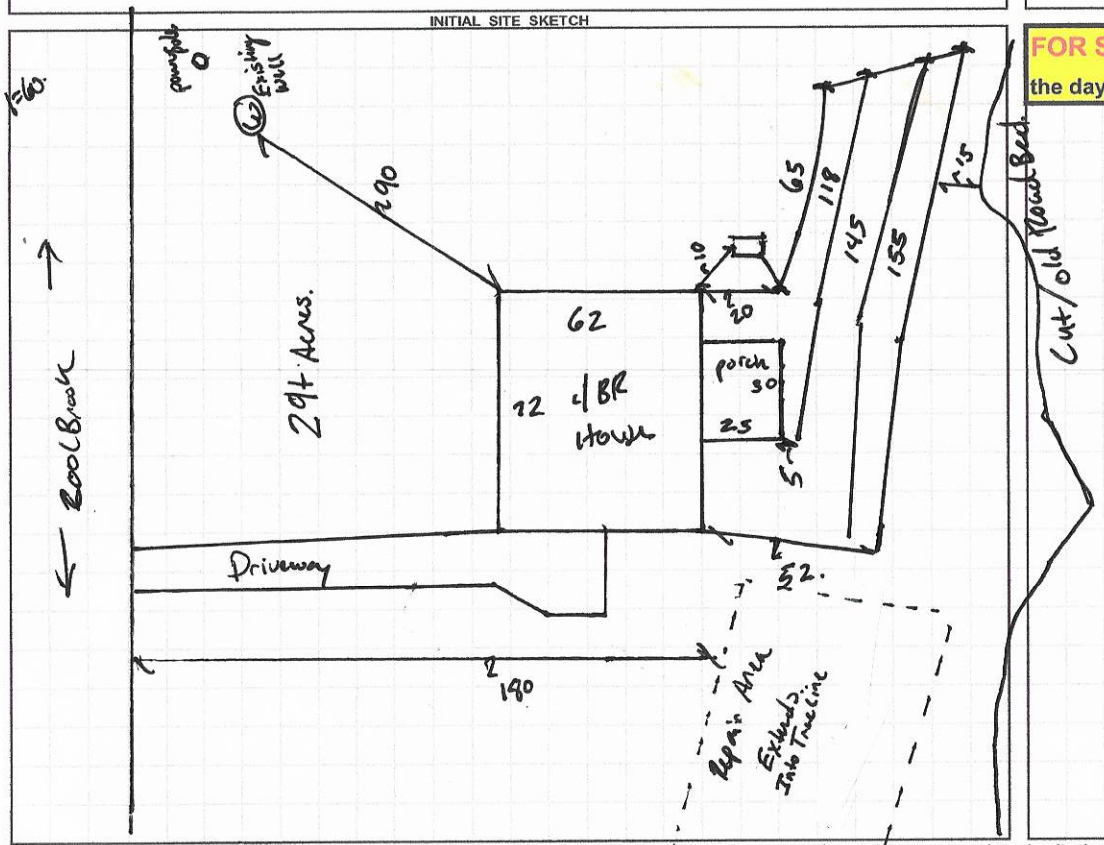
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 29+ Acres DESIGN FLOW: 480 L.T.A.R.: -25

Septic Tank	1000	(gal)	STB		Date	2-11-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction.			
Pump Make			Model		Serial #		Repair System Description:	25% Reduction.			
# Nitrification Fields	1	# Lines	4		Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36.	Trench Bottom Depth				28.	Gravel Depth		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/ plumbing	☐ Basement w/o plumbing			

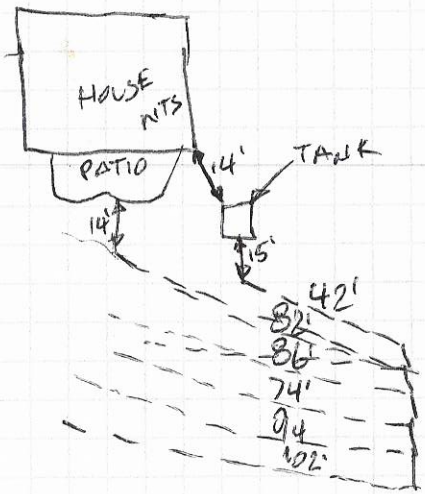
Comments / Conditions: Install Septic Drawings on the contour of the land and utilize Serial distribution.

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: Beau Blackwelder Date: 11/9/2020 Installed by: A-1 BACKHOE

IMPROVEMENT PERMIT by: Benjamin A Batten Date: 11-13-2020 OPERATION PERMIT by: Burnett C. White Date: 4-30-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batten Date: 11-13-2020. 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 #: 4812867111.
COUNTY: _____

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

OWNER: Blackwelder
ADDRESS: 242 Coolbrook.
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480.
LOCATION OF SITE: 242 Coolbrook
APPLICATION DATE: 10/2022
DATE EVALUATED: 11/22
PROPERTY SIZE: 29 AC.
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	Ridge Side Slope	0-13	Disturbed		P	60	—	—	PS .30 R 36.
		13-32	C	SSSp					
		32-60	CL	SSSp					
2	Ridge Side Slope	0-25	C SBK	SS Sp	P	62	—	32-38 FM Rock SAP In Stools & Mn Conc	PS .25
		25-62	CL mottle	SSSp					
3	Ridge Side Slope	0-25	C SBK	SSSp	P	57	—	25= FM Cobble Rock Band	PS .25
		25-57	CL mottle	SSSp.					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	460	460
System Type(s)	III	III
Site LTAR	.35	.25

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

COMMENTS: Repair Already Evaluated on Permit.

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION

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)

GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
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
IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05
		None	None

MINERALOGY/ CONSISTENCE

SEXP (Slightly Expansive)
EXP (Expansive)

STRUCTURE

G (Single Grain)
M (Massive)
CR (Crumb)
GR (Granular)
SBK (Subangular Blocky)
ABK (Angular Blocky)
PL (Platy)
PR (Prismatic)

MOIST

VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

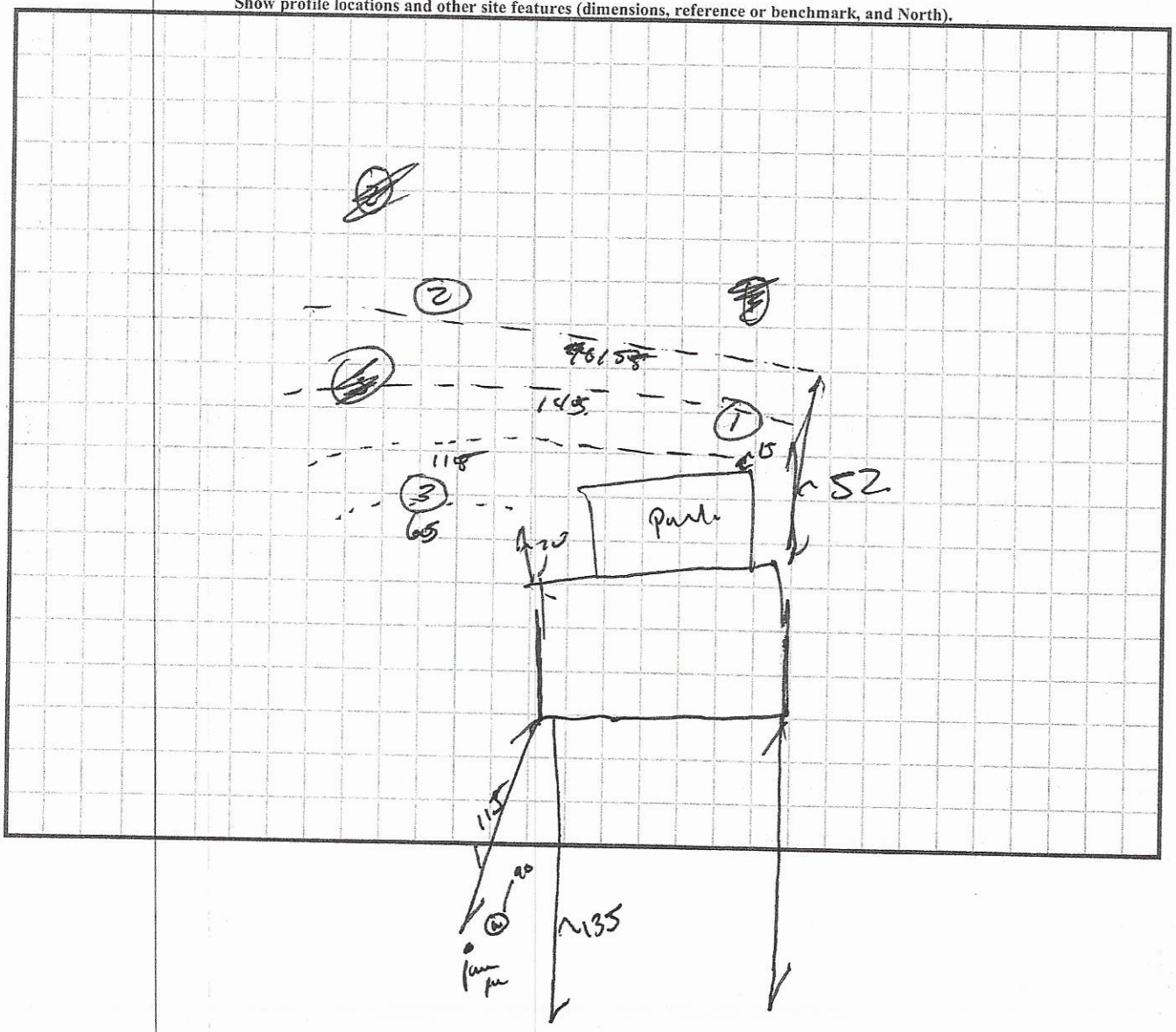
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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/ft^2

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



RECEIVED OCT 1 5 2020

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

AP-242684
$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Beau Blackwelder Address: 2179 Old Wilkesboro Rd, Statesville, NC Zip: 28625
Applicant Email: Rocksolidcontracting@Outlook.com Phone: 704-657-8031 Alt. Phone: _____
Owner Name: SAME AS ABOVE Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 242 Coolbrook Road, Union Grove, NC 28689
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Turn left onto Coolbrook Rd. off of HWY 115 North. Property is about ½ mile down Coolbrook on the right.

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: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) 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: Beau Blackwelder 10/15/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*) Brian Blackwelder

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

Brian Blackwelder
Signature of Owner(s)

10/15/2020
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242684.

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

PIN # 4812867118

APPLICANT/OWNER: Beau Blackwelder APPLICANT ADDRESS: 2179 Old Wilkesboro Rd Statesville NC 28625

SITE ADDRESS: 242 Coolbrooke Rd Union Grove NC 28689 PHONE: 704-657-8031 ALT. PHONE

SITE DIRECTIONS: Hwy 115 N Dan Coolbrooke Property 1/2 mile on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: N/A SECTION: - LOT # - LOT AREA: 29.086 Acres DESIGN FLOW: 480 L.T.A.R.: .30

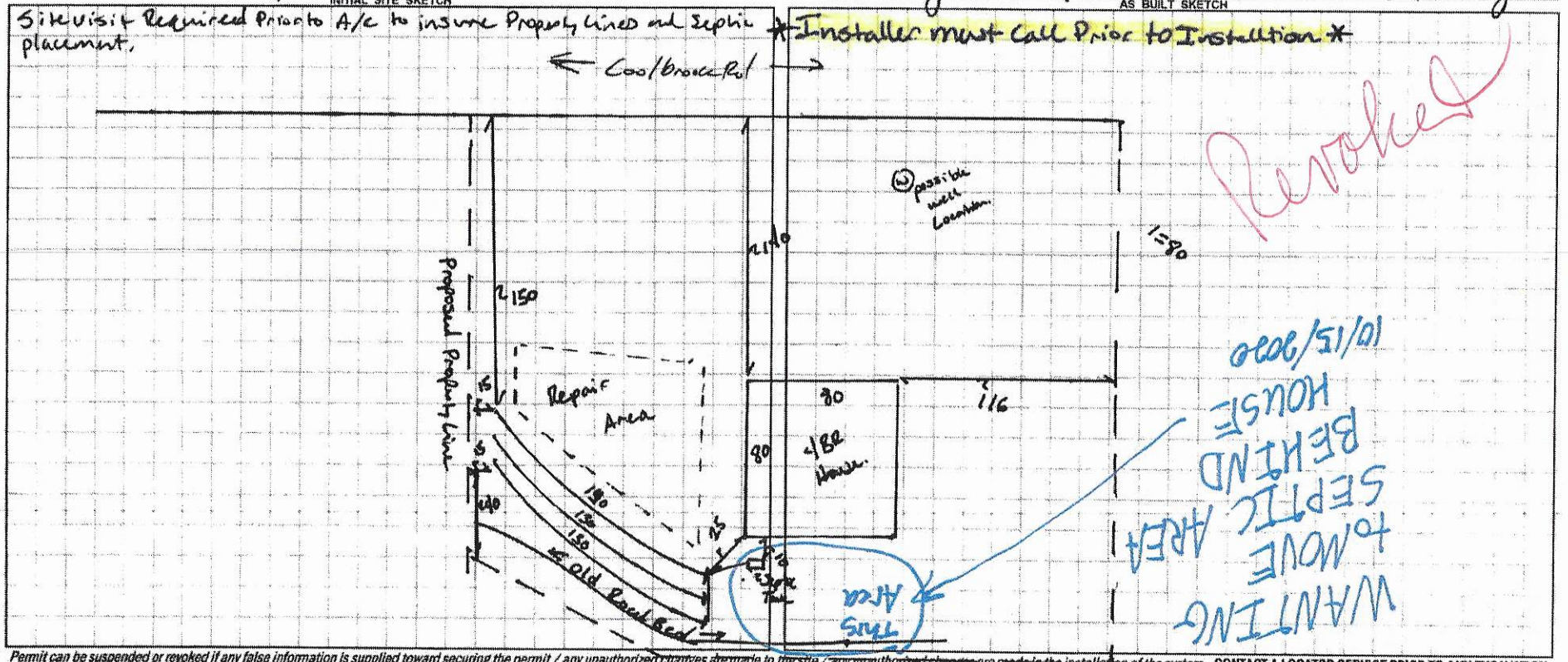
Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity 25% Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: Pump 25% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36	Trench Bottom Depth(Low side) 18	Gravel Depth -	☒ GRAVITY ☐ PRESSURE		Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Septic Drainlines on the Contour of the Land and utilize Serial distribution. Do not drive, park, pave, grade or bury, utilities in drainfield area. Property must be Recorded Prior to A/C.

* Property not being subdivided @ time of construction. House Box shifted slightly further away from Septic Area Building Crawl Space instead of Basement w/ Plumbing.

INITIAL SITE SKETCH

Site visit Required Prior to A/C to insure Property Lines and Septic placement.



AS BUILT SKETCH

* Installer must Call Prior to Installation *

Revoked

WANTING TO MOVE SEPTIC AREA BEHIND HOUSE 10/15/2020

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: Beau Blackwelder Date: 7/25/19 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 5/6/2019 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 2/7/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" t PAPER SIZE

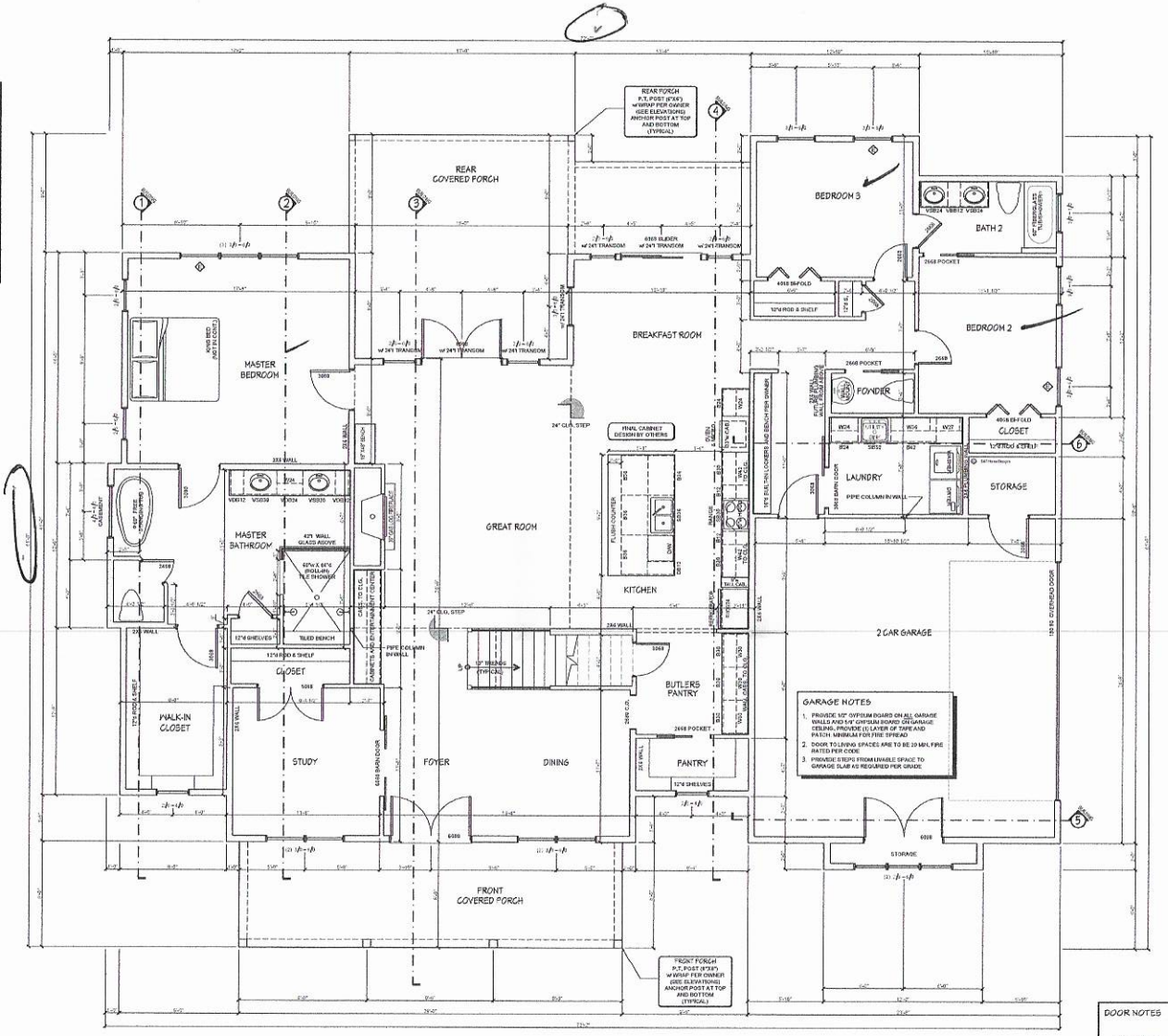
ISSUED FOR CONSTRUCTION

FLOOR PLAN NOTES

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, CMU, WALL VENEER OF PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD. NO WALL FINISHES, SIDINGS OR VENEERS ARE ASSUMED
3. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS.
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
5. VERIFY ALL FINISHES (INTERIOR & EXTERIOR), TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
7. CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE
8. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X6 at 16" O.C. TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 at 16" O.C. TYP. UNLESS NOTED OTHERWISE
12. DOUBLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE, COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.

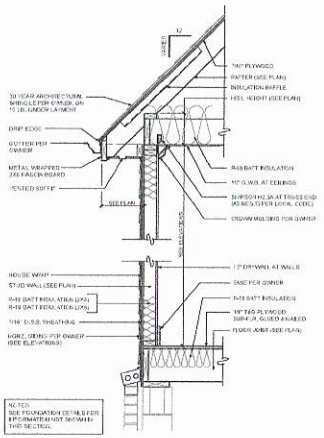
EGRESS NOTE

(E) SYMBOL INDICATES THAT THE WINDOW MUST MEET EMERGENCY EGRESS REQUIREMENTS PER LOCAL BUILDING CODES SEE WINDOW MANUFACTURERS DESIGN MANUAL FOR FURTHER DETAILS / INFORMATION. WINDOW SIZE MAY BE ADJUSTED IF SIZE SHOWN IS INADEQUATE TO MEET LOCAL REQUIREMENTS



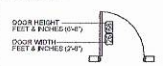
GARAGE NOTES

1. PROVIDE 1/2" GYPSUM BOARD ON ALL GARAGE WALLS AND 5/8" GYPSUM BOARD ON GARAGE CEILING - PROVIDE (1) LAYER OF TAPE AND PATCH, MINIMUM FOR FIRE SPREAD
2. DOOR TO LIVING SPACES ARE TO BE 20 MIN. FIRE RATED PER CODE
3. PROVIDE STEPS FROM LIVABLE SPACE TO GARAGE SLAB AS REQUIRED PER GRADE



TYPICAL WALL SECTION
SCALE: 3/4"=1'-0"

DOOR NOTES



1. PROVIDE WEATHER STRIPPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

Acknowledgement Of Plans Submittal ONLY!

Benjamin A. Butler Date 2-7-2020

Brad Allen Date 2/27/2020

D&T HOME DESIGNS

DESIGNER
Phone: (704)-252-0090
email: DTHomeDesign@GMail.Com

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF D&T HOME DESIGNS, LLC. ALL RIGHTS RESERVED. THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT THE WRITTEN AUTHORIZATION OF D&T HOME DESIGNS, LLC

© COPYRIGHT 2020

D&T HOME DESIGNS, LLC, HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS, HOWEVER SINCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIFIC CODE OR ORDINANCE. CONTRACTOR IS TO VERIFY COMPLIANCE AND MAKE MODIFICATIONS AS NEEDED. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL DESIGN COMPLIANCE. D&T HOME DESIGNS, LLC. ASSUMES NO RESPONSIBILITY FOR ANY HOME CONSTRUCTED USING THESE PLANS.

SQUARE FOOTAGE

Main Level Heated	2575 S.F.
Upper Level Heated (Bonus Hab.	79 S.F.
Future Upper Level	300 S.F.
Attic Storage	507 S.F.
Garage / Storage	484 S.F.
Front Covered Porch	252 S.F.
Rear Covered Porch	374 S.F.
Total Heated -	2654 S.F.
Total Under Roof -	6691 S.F.

REVISIONS

No:	Date:	By:	Description:

Drawn By: DRC | Issue Date: 01.03.20

Customer Name:
Mr. & Mrs. Blackwelder

Coolbrook Road
Union Grove, North Carolina

Plan Design Number:
R-2019-185

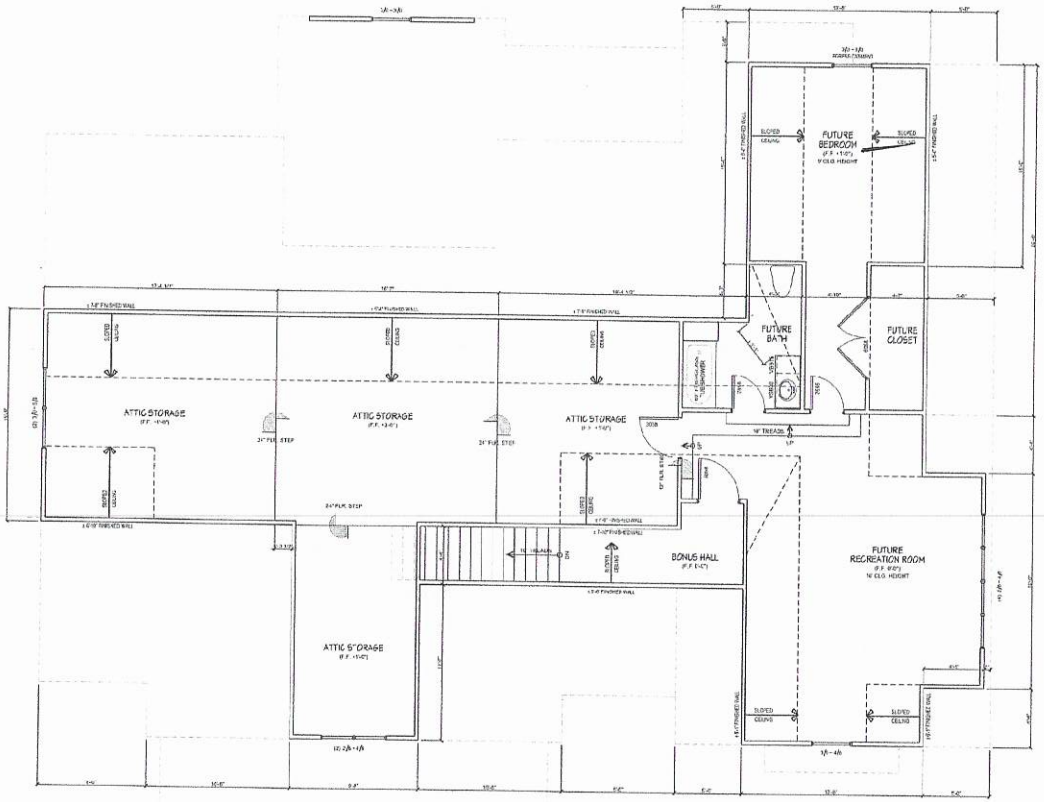
Sheet Title:
MAIN LEVEL FLOOR PLAN

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

Sheet No.:
B3.0

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" t PAPER SIZE

PRELIMINARY



Acknowledgement Of Plans Submittal ONLY!

Benjamin A. Bottkin Date 2-7-2020

Bear Blackwell Date 7/15/2020

DOOR NOTES

1. PROVIDE WEATHER STRIPPING ON ALL DOORS TO SPACES HEATED OR AIR CONDITIONED
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

D&T HOME DESIGNS

DESIGNER
Phone: (704) 353-6585
eMail: DTHomeDesigns@Gmail.com

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE, ARE AND SHALL REMAIN THE PROPERTY OF D&T HOME DESIGNS, LLC. ALL RIGHTS RESERVED. THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONSTRUCT ANY BUILDING WITHOUT THE WRITTEN AUTHORIZATION OF D&T HOUSE DESIGNS, LLC
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D&T HOME DESIGNS, LLC HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS HOWEVER BASIC CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY. WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIFIC CODE. COMPLIANCE CONTRACTOR IS THE RESPONSIBILITY OF THE OWNER. MODIFICATIONS AS REQUIRED BY LOCAL CODES SHALL BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL OR CODE COMPLIANCE. D&T HOUSE DESIGNS, LLC ASSUMES NO RESPONSIBILITY FOR ANY HOME CONSTRUCTED USING THESE PLANS.

SQUARE FOOTAGE

Main Level Covered	2076 S.F.
Upper Level Covered Excess Path	70 S.F.
Future Upper Level	616 S.F.
Attic Storage	807 S.F.
Garage - Garage	434 S.F.
Front Covered Porch	232 S.F.
Rear Covered Porch	374 S.F.
Total Heated -	2692 S.F.
Total Home Plan -	3829 S.F.

REVISIONS

No	Date	By	Description

Drawn by: ERG | Issue date: 11-4-19

Customer Name
Mr. & Mrs. Blackwell

PRELIMINARY

Building Lot
Buttermilk Road
Union Grove, North Carolina

File Design Number
R-2019-185

Sheet Title
UPPER LEVEL FLOOR PLAN

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

Sheet No
B3.2

IREDELL COUNTY

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

APPLICATION NUMBER
242684
Issue Date: 03/11/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4812867118.000	242 COOLBROOK, UNION GROVE, NC 28689	

Owner Information	Applicant Information
Owner: WILLIAMS JOSEPH BRENT	Applicant: ** UNKNOWN
Address: 130	Address:
IREDELL CO, NC 28625	
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
25.550	35.00	35.00	15.00	15.00	NO	AE

Remarks:

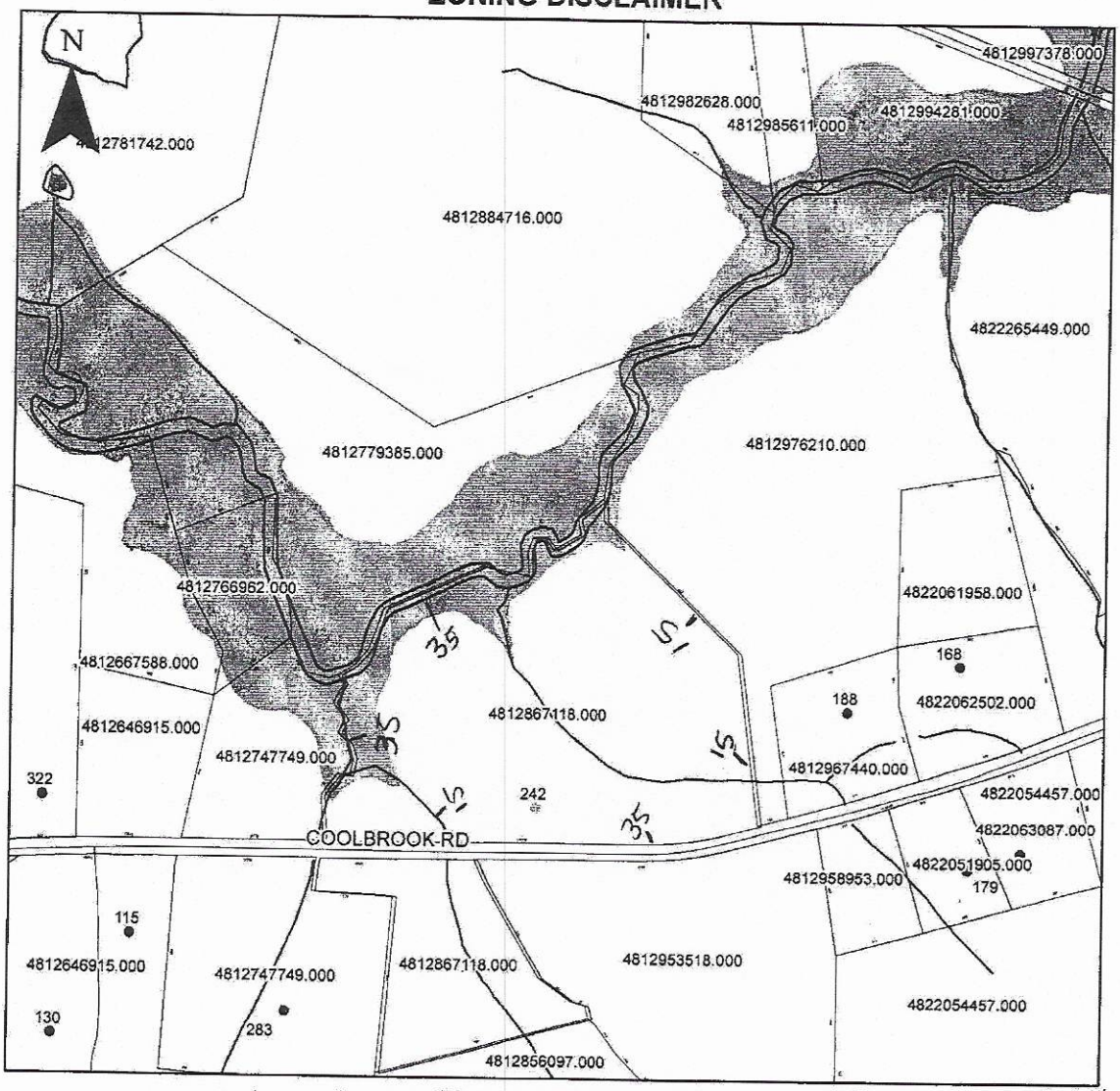
PAID #1233 mel 3/11/19

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: See Attached Date: _____

Permit Number	170114	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 242 Cool Brook Rd.

The back is a perinal stream but not in flood zone. Regular set backs apply. Per Rich

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.

Brian Blackwelder

Applicant

3/11/19

Date