IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233748

BB

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

PIN # 4850615175

APPLICANT/OWNER: Stephen L. Byrd APPLICANT ADDRESS: 219 Spicewood Circle Troutman

SITE ADDRESS: 167 Ashton Manor Ln, Olin 28660 PHONE: 828-455-7195 ALT. PHONE 704-309-9279

SITE DIRECTIONS: 77 N to Tomlin Mill Rd → R off exit → L on Rash Rd → Ashton Manor Ln on left SAP CONTROLLED: ☐ YES ☒ NO (REPAIR)

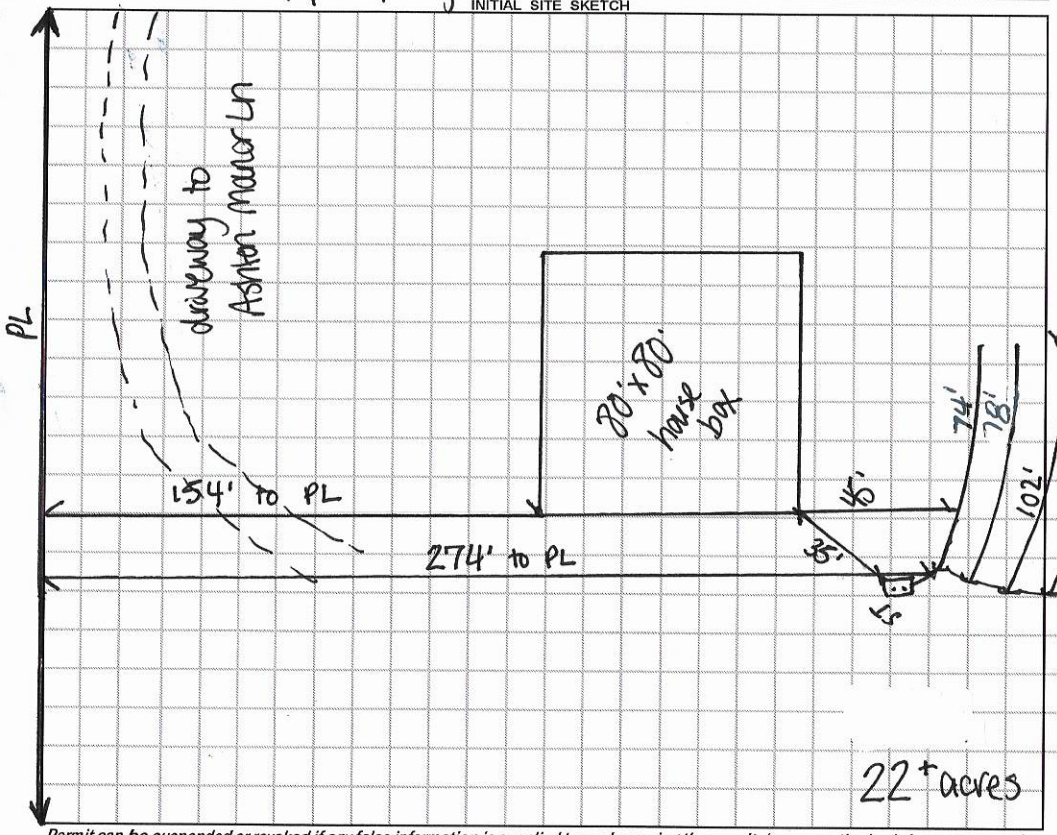
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 22.29 ac DESIGN FLOW: 360 GPD L.T.A.R.: .275 0.25

Septic Tank	1000	(gal)	STB 760	Date	9-9-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	—	(gal)	PT —	Date	—	System Description:			25% reduction	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:			25% reduction → .25 LTAR	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	328 FT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	28"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing

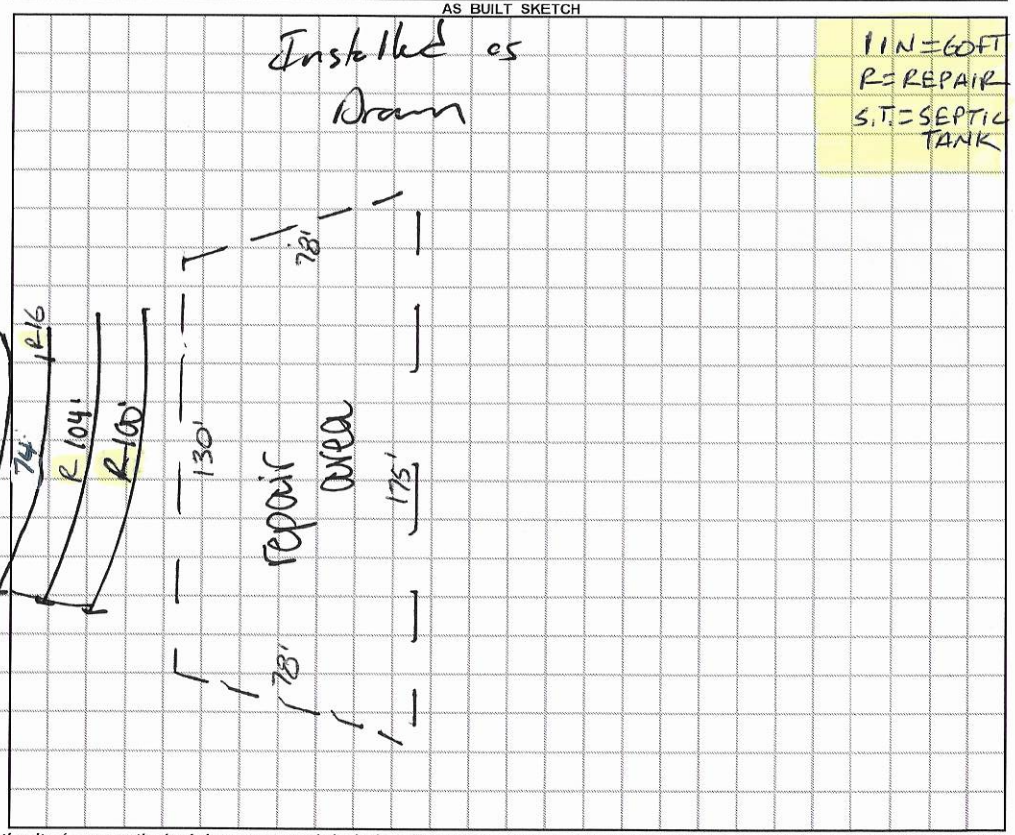
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on the contour of the land. Utilize serial distribution. Do not exceed max trench depth of 32" (high side) Do not drive on, pave, or grade drainfield area.

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 plan* ☒ **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: Stephen L Byrd Date: 10/24/2020 Installed by: Precision Excavating

IMPROVEMENT PERMIT by: Bryant Cumbia Date: 10-28-2020 OPERATION PERMIT by: Date: 11-5-2020

AUTHORIZATION TO CONSTRUCT by: Bryant Cumbia Date: 10-28-2020 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.

Starmount10
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Stephen Byrd
ADDRESS: 219 Spikewood Circle Troutman
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600 gpd
LOCATION OF SITE: 107 Ashton Manor
APPLICATION DATE 2/28/18
DATE EVALUATED: 3/7/18
PROPERTY SIZE: 22.29 ac
PROPERTY RECORDED: Y
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LSS 9% I	0-12	SBK SCL	Fr SS SP SPXP	→ many saprinc. @ 41"	48"	PS	N/A	PS .275
		12-33	SBK C	Fr SS SP SPXP					
		33-44	SBK CL	Fr SS SP SPXP					
		44-48	L SAP	VFr					
2	LSS 9%	0-10	SBK SCL	Fr SS SP SPXP	rock @ 25" (only 1 sidewall)	N/A	N/A	rock 25" → rock vein only in this pit	U
		10-25	SBK C	Fr SS SP SPXP					
3	LSS 9% I	0-9	SBK SCL	Fr SS SP SPXP	N/A	47"	PS	N/A	PS .25
		9-33	ABK C	Fr SS SP SPXP					
		33-47	ABK CL	Fr SS SP SPXP					
		47-52	L SAP	VFr					
4	LSS 9% I	0-9	SBK SCL	Fr SS SP SPXP	N/A	51"	N/A	N/A	PS .25
		9-37	ABK C	Fr SS SP SPXP					
		37-51	ABK CL	Fr SS SP SPXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	545'	600'
System Type(s)	25% red	25% red
Site LTAR	.275	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #:
DATE OF EVALUATION: 3/7/18
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LSS X	0-8	SBK SCL	Fr ss sp sexp	N/A	48"	PS	N/A	PS .3
		8-40	SBK C	Fr ss sp sexp					
		40-48	SBK CL	Fr ss sp sexp					
		48-52	L sap	VFr					

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) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	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)

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

NOTES

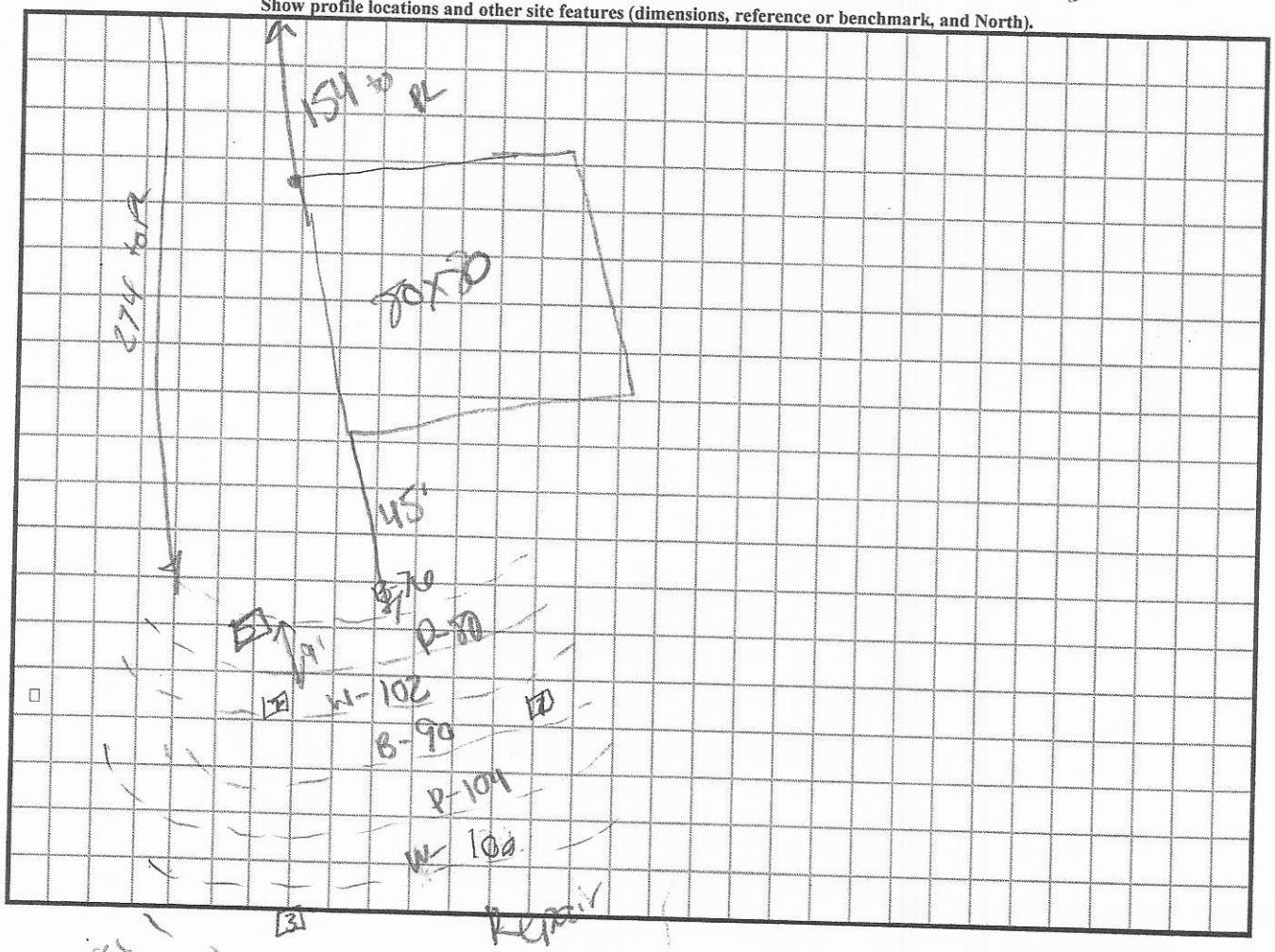
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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

S 45 needed

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



0-8 SL
8-40 SCL
40-48 CL
48-? LSOP

RECEIVED OCT 6 2020

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

Paid $105.00

Iredell County Health Department – Environmental Health Division

Ltd Relayout

PAGE 1: *APPLICATION FORM*

#233748

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: Stephen Byrd Address: 167 Ashton Manor Lane Zip: 28660
Applicant Email: Sbyrd5170@Aol.com Phone: 828-455-7195 Alt. Phone: —
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 167 Ashton Manor Lane, Olin, NC 28660
Subdivision Name: ~ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 1
( ) 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

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: S. Byrd
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

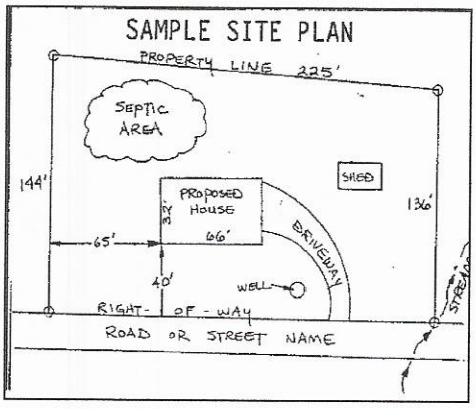
10-6-2020
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and 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:

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

Signature: Stph 2 By 1

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

10-6-2020

DATE

BB.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233748

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

PIN # 4850615175

APPLICANT/OWNER: Stephen L. Byrd APPLICANT ADDRESS: 219 Spicewood Circle Troutman

SITE ADDRESS: 167 Ashton Manor Ln, Olin PHONE: 828-455-7195 ALT. PHONE 704-309-9279

SITE DIRECTIONS: 77 N to Tomlin Mill Rd → R off exit → L on Rash Rd → Ashton Manor Ln on L ft SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 22.29 ac DESIGN FLOW: 600 gpd L.T.A.R.: .275

Septic Tank	1250	(gal)	STB		Date				
Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—	Model		—	Serial #	—			
# Nitrification Fields	1	# Lines	6		Linear Ft	545			
Trench Width	36"	Trench Bottom Depth(Low side)		28"	Gravel Depth	—			

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% reduction

Repair System Description: 25% reduction → .25 LTAR

Maintenance Agreement Required: ☐ YES ☒ NO

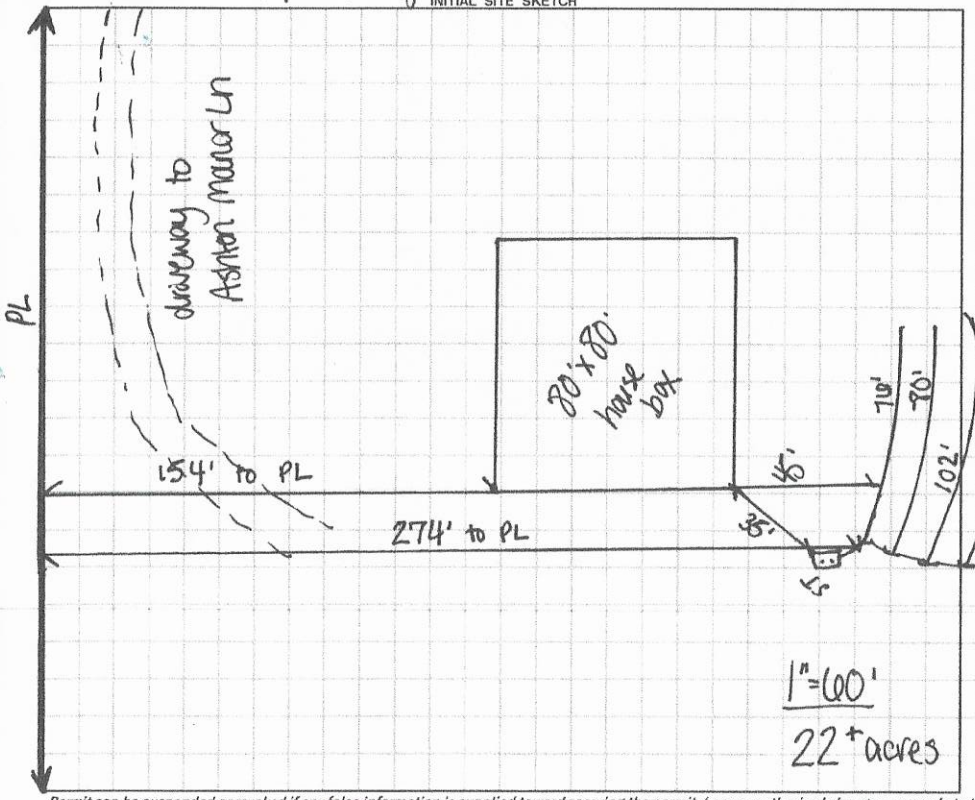
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 5
☐ Business No. Persons 10
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

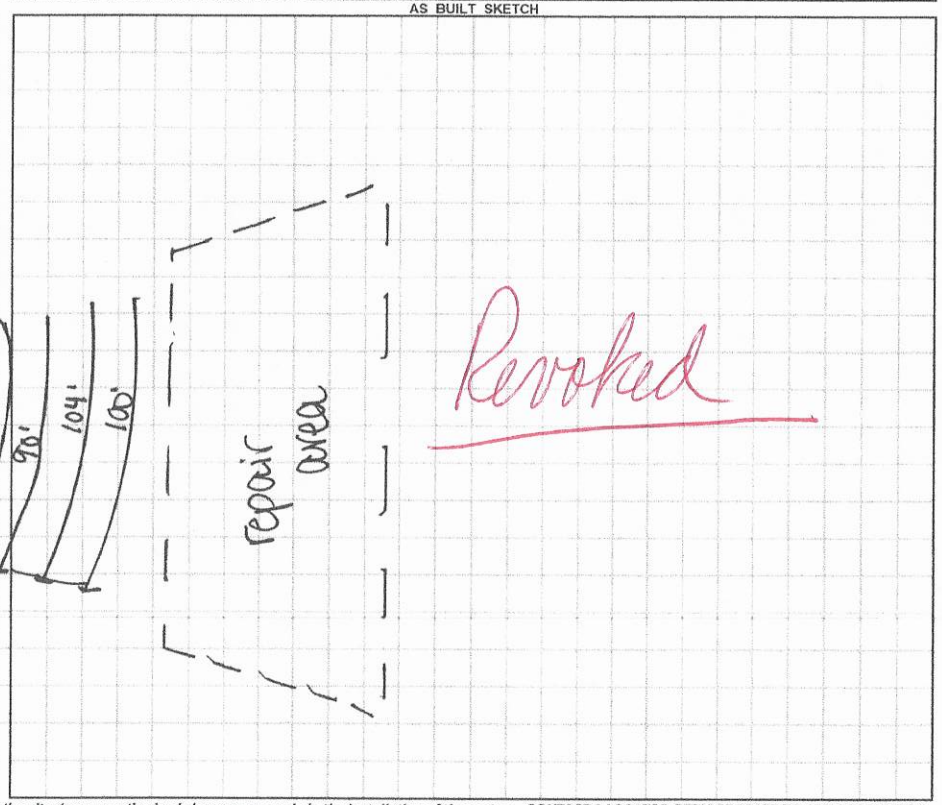
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on the contour of the land. Utilize serial distribution. Do not exceed max trench depth of 32" (high side) Do not drive on, pave, or grade drainfield area.

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.*

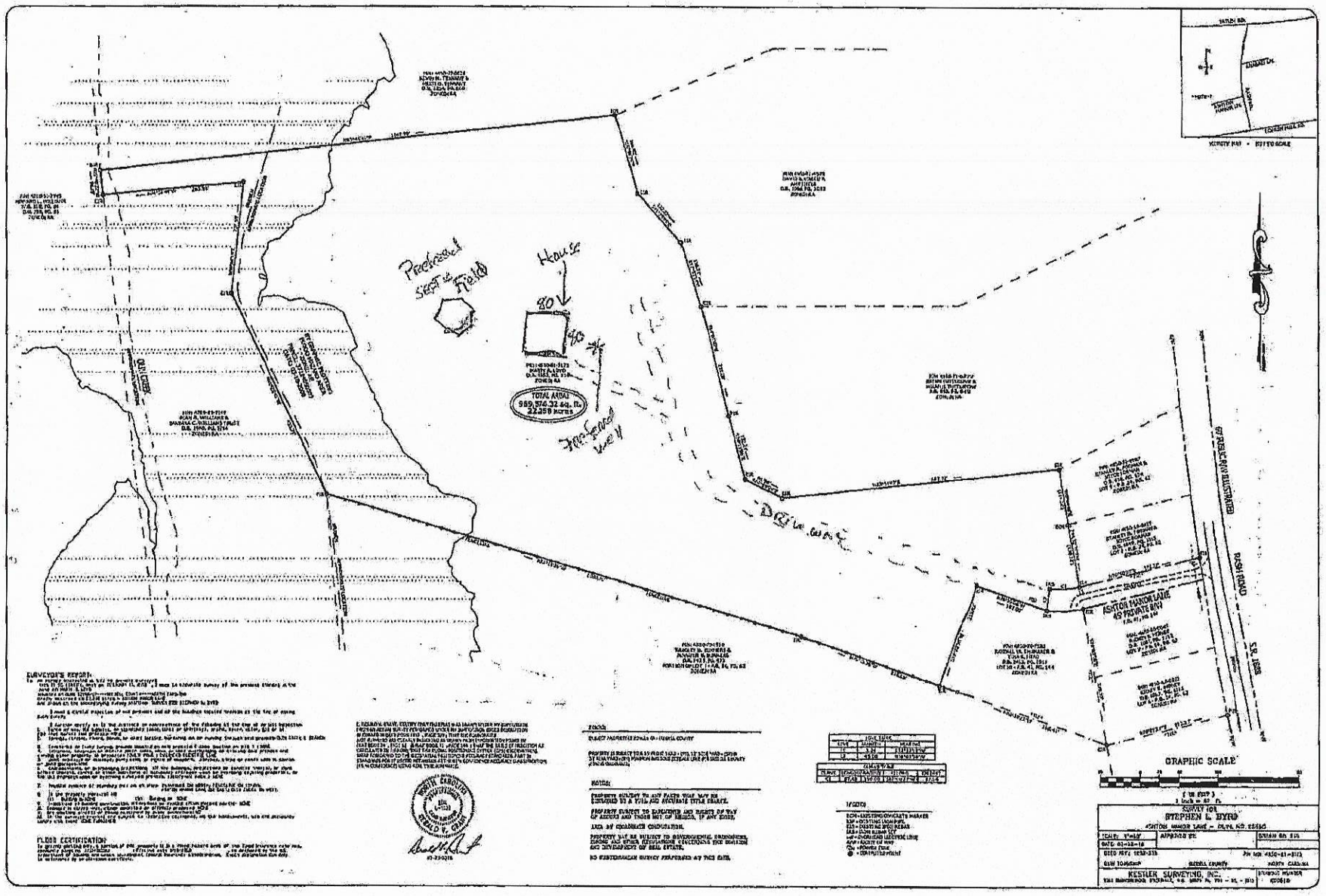
Owner / Applicant Signature: Stephen L Byrd Date: 6/22/18 Installed by:

IMPROVEMENT PERMIT by: Carla C. Cave Date: 3/12/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 2/15/19 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.

167 Ashton Manor Ln



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*) _____

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.

_____ 10-6-20
Signature of Owner(s) Date

Mooresville - Environmental Health

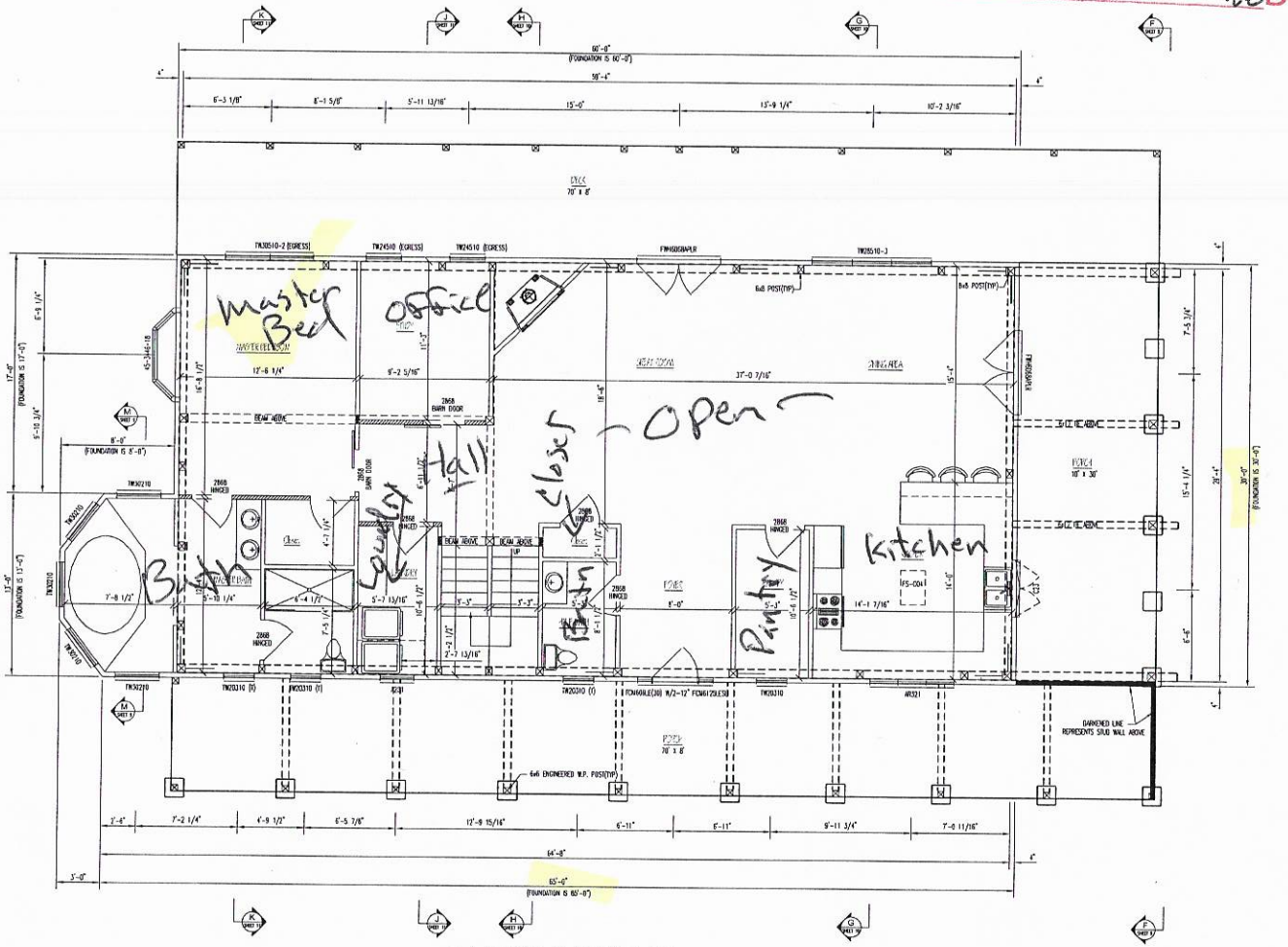
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!

Steve Byrd Date 10-29-20

Builder Committee Date 10-28-2020



1st LEVEL FLOOR PLAN

TOTAL FLOOR SPACE = 1892 SQ. FT.

- INDICATES BEARING WALLS

DO NOT SCALE DRAWING -CONTRACTOR TO VERIFY ALL DIMENSIONS IN FIELD

SLOAN'S MILL LOG & TIMBER FRAME HOMES

RESIDENCE FOR: SLOANS MILL - STEVE BYRD

PLAN NAME: FIRST FLOOR PLAN

PRELIMINARY DATES: 10/15/19 | FINAL PRELIM. DATES: 1-11-19 | FINAL DATES: 1/25/19

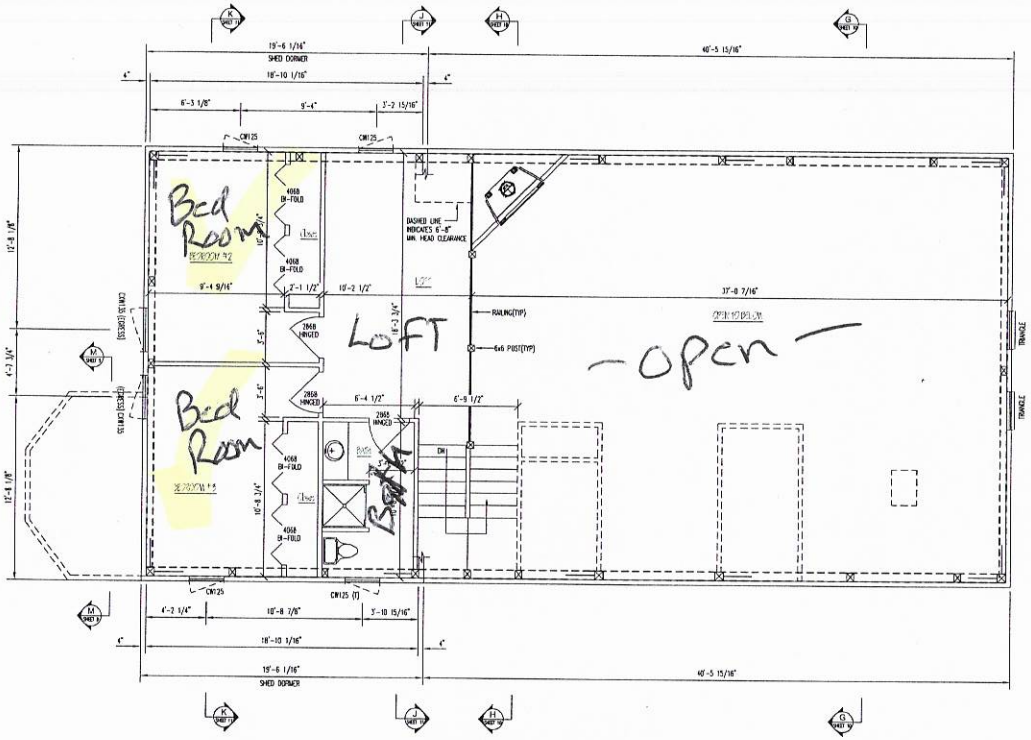
DRAWN BY: BRZR | DRAWN BY: ---- | DRAWN BY: ----

FINAL REV. DATES: ---- | MODEL: ---- | SCALE: 1/4" = 1'-0"

DRAWN BY: ---- | PRTL. NO. ----

SALES REP. / DEALER: SLOANS MILL | DWG. NO. ----

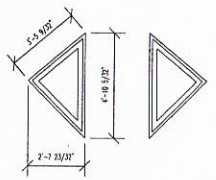
SHEET NO. 3 OF 11



2nd LEVEL FLOOR PLAN

TOTAL FLOOR SPACE = 645 SQ. FT.

WINDOW & DOOR SCHEDULE				
MODEL #	QTY	ROUGH OPENING	DESCRIPTION	COMMENTS
FWH6068APUR	2	6'-0" x 6'-8"	ANDERSEN FRENCHWOOD HINGED PATIO DOOR	
FCM0068(2X0) W/2-12" FCW612SLSL	1	5'-4 1/2" x 8'-10 1/2"	THERMA-TRU FIBER-CLASSIC MAHOGANY ENTRY DOOR	
TW24310	2	2'-6 1/8" x 3'-8 7/8"	ANDERSEN DOUBLE-HUNG WINDOW	
TW30510-2	1	6'-4" x 6'-0 7/8"	ANDERSEN TWIN DOUBLE-HUNG WINDOW	
TW30210	5	3'-2 1/8" x 3'-4 7/8"	ANDERSEN DOUBLE-HUNG WINDOW	
TW38510-3	1	8'-5 5/8" x 6'-0 7/8"	ANDERSEN TRIPLE DOUBLE-HUNG WINDOW	
TW20310	1	2'-2 1/8" x 4'-0 7/8"	ANDERSEN DOUBLE-HUNG WINDOW (TEMPERED)	
TW20310 (T)	3	2'-2 1/8" x 4'-0 7/8"	ANDERSEN DOUBLE-HUNG WINDOW (TEMPERED)	
CW125	3	2'-4 7/8" x 2'-4 7/8"	ANDERSEN CASEMENT WINDOW	
CW125 (T)	1	2'-4 7/8" x 2'-4 7/8"	ANDERSEN CASEMENT WINDOW (TEMPERED)	
CW135	2	2'-0 1/2" x 3'-5 3/8"	ANDERSEN CASEMENT WINDOW(CROSS HARDWARE REQ'D)	
C23	1	4'-8 1/2" x 3'-0 1/2"	ANDERSEN CASEMENT WINDOW	
FS-004	1	21" X 37 7/8"	VELUX FIXED SKYLIGHT	
A251	1	2'-4 7/8" x 2'-0 5/8"	ANDERSEN AWNING WINDOW	
45-3446-18	1	6'-8 7/16" X 5'-6 3/4"	ANDERSEN DOUBLE-HUNG 45 ANGLE BAY WINDOW	
AR321	1	6'-0 3/8" x 1'-5 1/2"	ANDERSEN TRIPLE AWNING WINDOW	
TRIANGLE	2	SEE WINDOW DETAIL	ANDERSEN TRIANGLE WINDOW	
2868	9	2'-10" x 6'-10"	RAISED PANEL WHITE PINE INTERIOR HINGED DOOR	
4068	4	4'-2" x 6'-10"	RAISED PANEL WHITE PINE BI-FOLD DOORS	



CUSTOM WINDOW DETAILS

3/8" = 1'-0"

* NOTE : WINDOW DIMENSIONS SHOWN ARE FOR ROUGH OPENINGS (FROM BUCK TO BUCK)

* * VIEWED FROM OUTSIDE OF HOME LOOKING INSIDE * *

Acknowledgement Of Plans Submittal ONLY!

Steve Byrd Date 2/15/19

Carlen C. Cave Date 2/15/19

DO NOT SCALE DRAWING -CONTRACTOR TO VERIFY ALL DIMENSIONS IN FIELD

SLOAN'S MILL LOG & TIMBER FRAME HOMES

RESIDENCE FOR: SLOANS MILL - STEVE BYRD

PLAN NAME: SECOND FLOOR PLAN

PRELIMINARY DATES: 10/19/18 | FINAL PRELIM. DATES: 1-11-19 | FINAL DATES: 1/29/19

DRAWN BY: BRZR | DRAWN BY: ---- | DRAWN BY: ----

FINAL REV. DATES: ---- | MODEL: ---- | SCALE: 1/4" = 1'-0"

PROJ. NO. ----

SALES REP. / DEALER: SLOANS MILL | DWG. NO. ----

SHEET NO. 4 OF 11

IREDELL COUNTY

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

APPLICATION NUMBER
233748
Issue Date: 02/28/2018

ZONING PERMIT
Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4850615175.000	167 ASHTON MANOR LANE, OLIN, NC 28660	

Owner Information	Applicant Information
Owner: LOYD MARTY R	Applicant: STEPHEN L BYRD
Address: 118	Address: 219 SPICEWOOD CIRCLE
IREDELL CO, NC 28625	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
22.290	35.00	35.00	15.00	15.00	NO	AE

Remarks:

$ PAID 4236 SL 2-28-18

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.

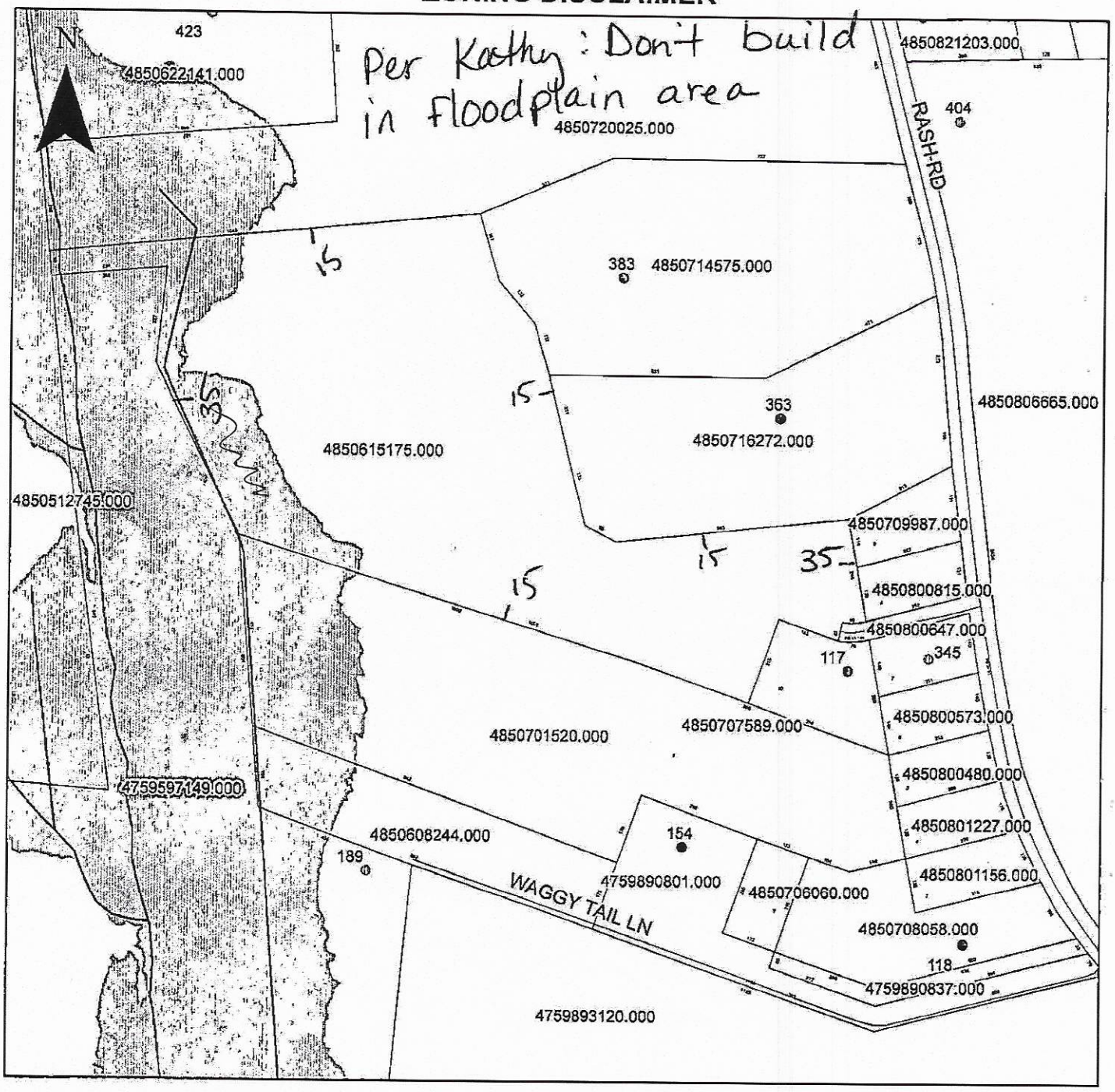
See Attached

SL

Applicant: _____ Date: _____

Permit Number	130271	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 167 Ashton Manor

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.

See Attached SByrd

X _____

Applicant

X 2-28-18

Date