ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317953

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

PIN # 4883 -- 47 -- 6982

APPLICANT/OWNER: Deborah Duchesne | APPLICANT ADDRESS: 26160 Norman Isle Dr. Denver NC 28037

SITE ADDRESS: 215 Autumn Rd, Harmony NC 28634 | PHONE: 904-614-9595 | ALT. PHONE

SITE DIRECTIONS: N) 77 → R) 901 (exit 65) L) Eagle Mills → R) Houstonville → L) N. Meadow → L) Autumn → 1st on L)

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Beecher & Mary Grose | SECTION: N/A | LOT # 2 | LOT AREA: 3.316 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.275 (I) / 0.1 (R)

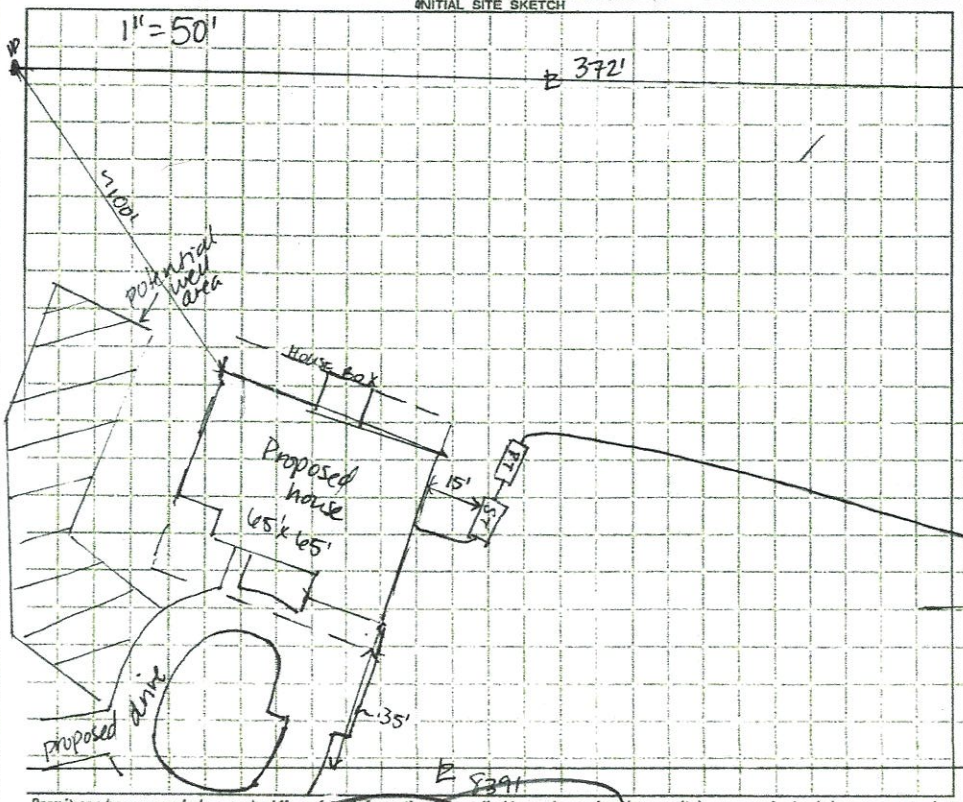
Septic Tank	1000 (gal)	STB	760	Date	10/29/21	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	3363	Date	1/11/22	System Description:	25% Red.	☐ Business	No. Persons 6
Pump Make	Liberty	Model	280 ½hp	Serial #		Repair System Description:	Drip - 2400 ft²	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	3301	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour of land, use pressure manifold distribution. Do not pave, grade, park, drive, or bury utilities in drainfield. Divert all drainage from drain field

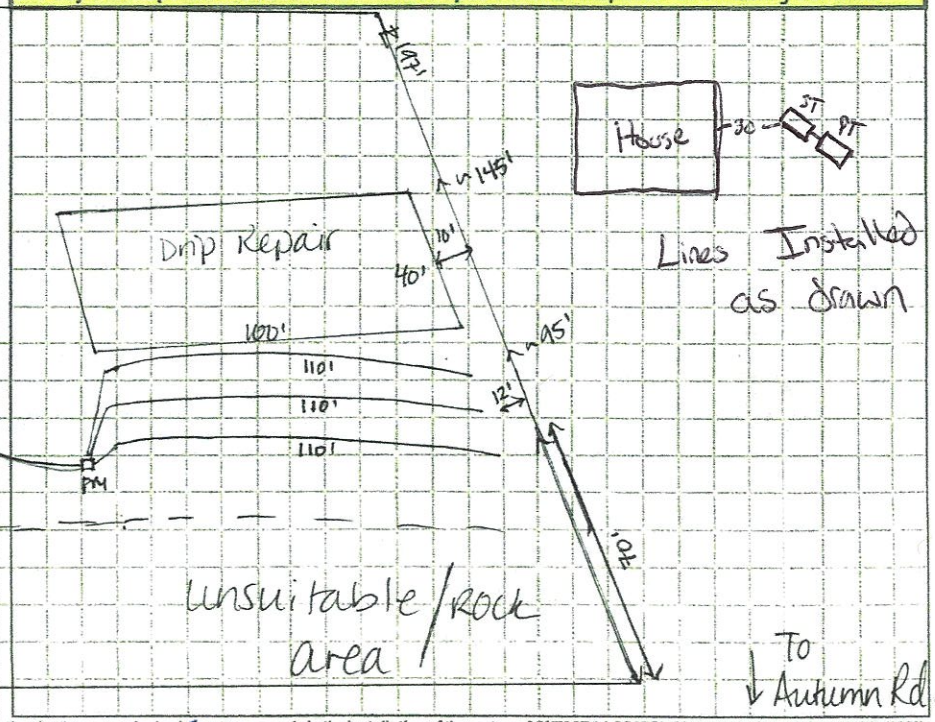
Pressure Manifold: (3) ½ SCH 40 taps Flow: 21.33 gpm
Dose = 150.15 g Run Time = 7.03 min Drawdown = 7.15"
2" Supply line 2' pressure head

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: 7.1.21 Installed by: Stevens Trucking + Septic

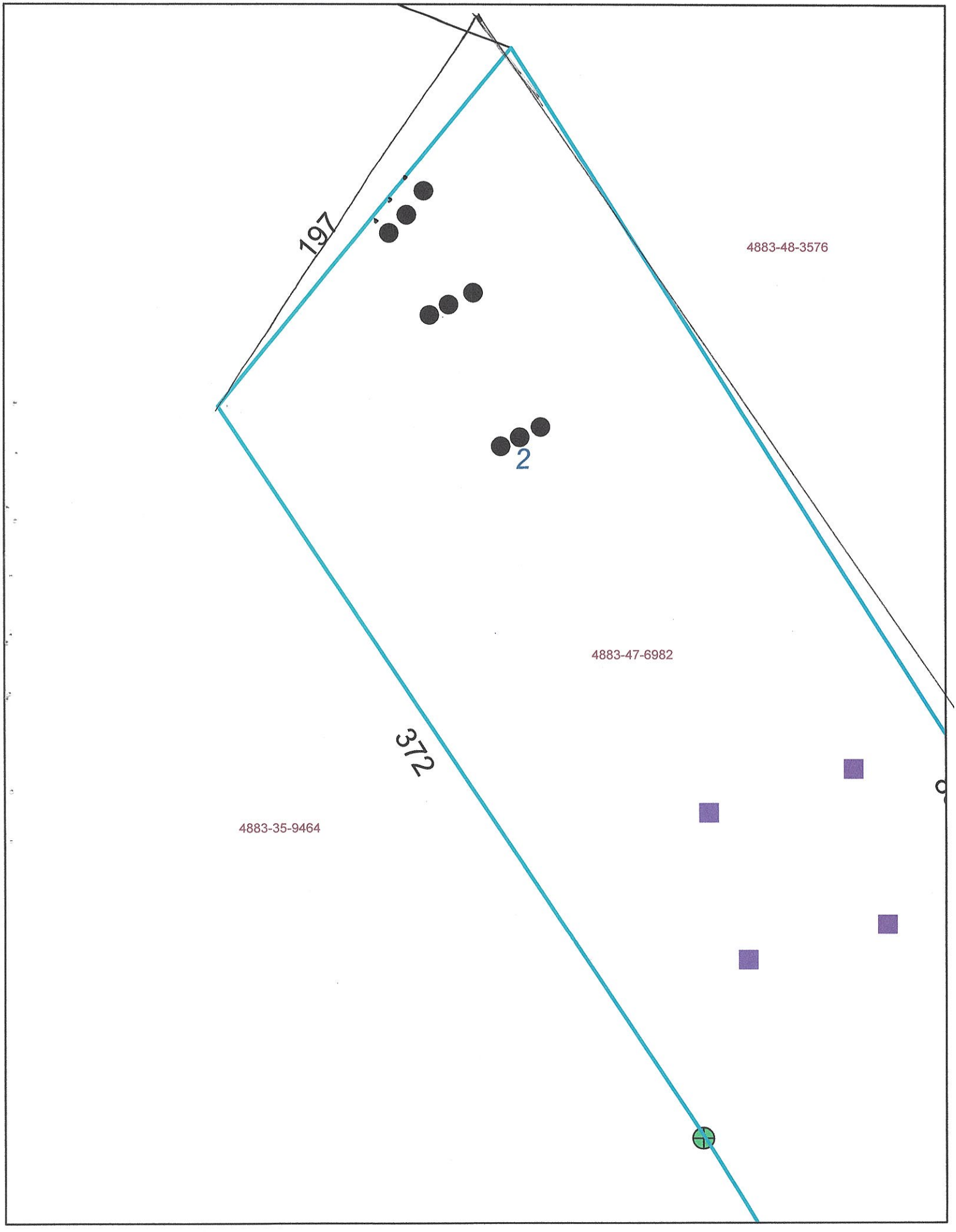
IMPROVEMENT PERMIT by: D. Imeberg Date: 6/14/21 OPERATION PERMIT by: Cay Wil Date: 3/29/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-7-2021. Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	3/15/22	CW
Tanks Checked	3/15/22	CW
Pressure Manifold or Valve Box Checked	3/15/22	CW
Pressure Head Set	3/15/22	CW
Electrical Checked	3/28/22	CW
Floats Set	3/15/22	CW
Alarm Checked	3/29/22	CW
Maintenance Contract Needed? Y (N)		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


197
4883-48-3576
2
4883-47-6982
372
4883-35-9464

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

Sheet 1 of 3
PROPERTY ID #: 4583474 98.
COUNTY: Iredell

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

OWNER: Deborah Duchesne
ADDRESS: 26060 Norman Isle pr. Denver 28037
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 215 Autumn Rd, Harmony 28634
APPLICATION DATE: 5/18/21
DATE EVALUATED: 6/4/21
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 3.31ac
PROPERTY RECORDED: yes

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	LS 15%	0-9	CL - SBK comp.	SSSP-FI-SEKP	N/A	40"	SL	N/A	PS Below 40" or drip 0.3
		9-16	C - SBK	SSSP-FR-SEKP	Heavy sap in CL layers				
		16-29	CL-SBK	SSSP-FR-SEKP					
		29-40	CL-PL (RCF)	SSNP-FR-SEKP					
		40-76	SAP-M-SL	NSNP-FR	Mica prevalent throughout				
2	LS 15%	0-12	CL - SBK comp	SSSP-FI-SEKP		60"	CL	N/A	PS 0.225
		12-28	C - SBK/ABK	SSSP-FR-SEKP					
		28-60	CL - SBK	SSNP-FR-SEKP	Heavy sap in CL Chroma 2's YB prevalent		38"+ 30"+		
		60-74	SAP-CL-M	SSNP-FR-SEKP					
3	LS 15%	0-8	CL-SBK (comp)	SSSP-FI-SEKP	N/A	73"	N/A	N/A	U
		8-15	CL - SBK	SSSP-FR-SEKP					
		15-73	CL-PL (RCF)	SSNP-FR-SEKP	Bands of sap throughout, creating PL, RCF LS loses PL @ 59"				
4	LS 15%	0-14	CL - Nearly comp		N/A	55"	N/A	N/A	U
		14-55 (LIS)	CL-PL- large bands of CL & Firm sap throughout						
		55-80	ROCK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300/327	360 FI 2
System Type(s)	25% DM	drip
Site LTAR		0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Webber
OTHER(S) PRESENT: D. Duchesne

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 #: 4883476982
DATE OF EVALUATION: 6/4/21
COUNTY: Iredell

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
5	Ridge 10%	0-8	CL - ABK/ Comp	SSSP-FI/FR SEXP	N/A	28"	SL	N/A	U
		8-28	CL - PL RCF	SSSP-FR-SEXP					
		28-72	SAP. LS - RCF PL	FI/FR					
6	Ridge 10%	0-16	CL - Comp	SSSP-FI SEXP	N/A	16"	N/A	N/A	U
			ROCK						
7	LS 19%	0-6	CL Comp	SSSP-FR-SEXP	N/A	46"	SL	N/A	PS 0.275
		6-10	C - SBK						
		10-46	CL SBK	↓					
		46-100	SAP SG-M	NSNP-FR-					
					Some areas of sap tending to FI				
8	LS 19%	0-9	CL - SBK	SSSP-FR-SEXP	N/A	53"	L/SL	N/A	PS 0.3
		9-20	C - SBK						
		20-53	CL - SBK	↓					
		53-62	SAP - L/SL (M)	NSNP-FR					
9	LS 18%	0-6	CL SBK Comp	SSSP-FI/FR-SEXP	N/A	22"	N/A	N/A	PS 0.1 drip
		6-22	CL - SBK	SSSP-FR SEXP	floater rocks & sap incl 10"+				
		22-100	ROCK	—					

COMMENTS:

LS 0-6 - SL
6-25 C
75-100 CL 0.3

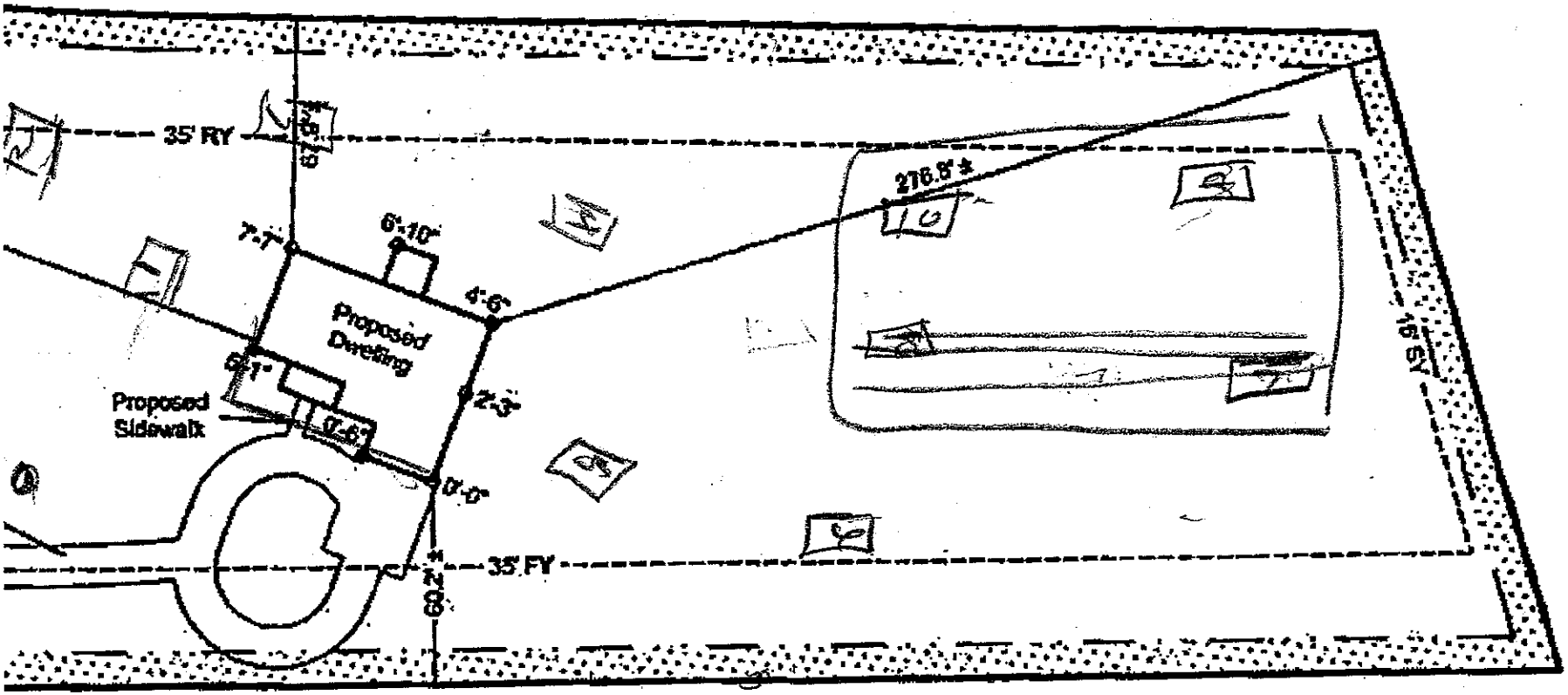
SOIL/SITE EVALUATION

(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 #: 488347698 2
DATE OF EVALUATION: 10/4/21
COUNTY: Iredell

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
A	LS	0-6	SL - SBK	SSSP - FR - SERP	N/A	60"	N/A	N/A	PS
		6-25	C - SBK	" "					
10	19%	25-60	CL - SBK	SSNP - FR - SERP	Sap inc	in CL	layer		0.3



0 60 120

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 3710488300J EFFECTIVE DATE 3/18/2008.

RENTLY ZONED: RA (IREDELL COUNTY)

' FRONT YARD (FY), 15' SIDE YARD (SY), & 35'

JORDAN GRANT

Plot Plan For:

DuChesne

DRAWN BY: IDV	CHECKED BY: JWE	SCALE: 1" = 60'

PIN NO: 4883-47-6982

DEED REF: 19E - 971 & 2803 - 1014

RECEIVED JUL C 2 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-317953

Application For:

(X) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: *Place an (X) beside whichever is submitted if applicable*

(X) Survey Plat, scaled no more than 1 inch = 60 feet

(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: DEBORAH DUCHESNE Address: 26660 NORMAN ISLE DR. DENVER, NC Zip: 28037

Applicant Email: devorshae@gmail.com Phone: 904.614.9595 Alt. Phone: N/A

Owner Name: (Same as above) Address: _____ Zip: _____

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

Property Information: 215

Street Address: TBD AUTUMN RD. HARMONY, NC 28634

Subdivision Name: N/A Section/Phase: _____ Lot Number: 2

Driving Directions: I-77 N, EXIT 65 TO HARMONY, HOUSTONVILLE RD WEST, LEFT ON N. MEADOW RD, TO AUTUMN ROAD.

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: 6
( ) 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: _____

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

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Year existing system installed: _____

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: _____ 5.10.21

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, _____, 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.

_____ _____
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

RECEIVED MAY 18 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-317953 - $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
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Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____

(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: _____ 5.10.21
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)

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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.

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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.

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- 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.

_____ _____
Signature of Owner(s) Date

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

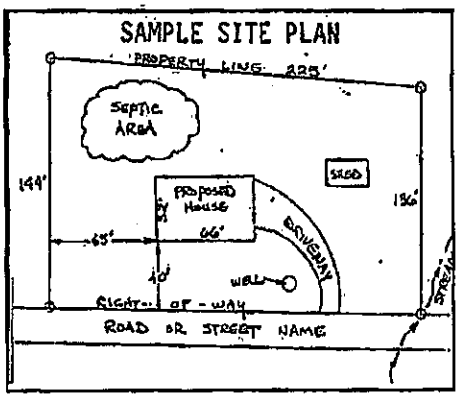
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- 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 and well location
- X Area you prefer your septic system to be placed
- 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 DOCUMENT.

Signature: _____

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

5.10.21

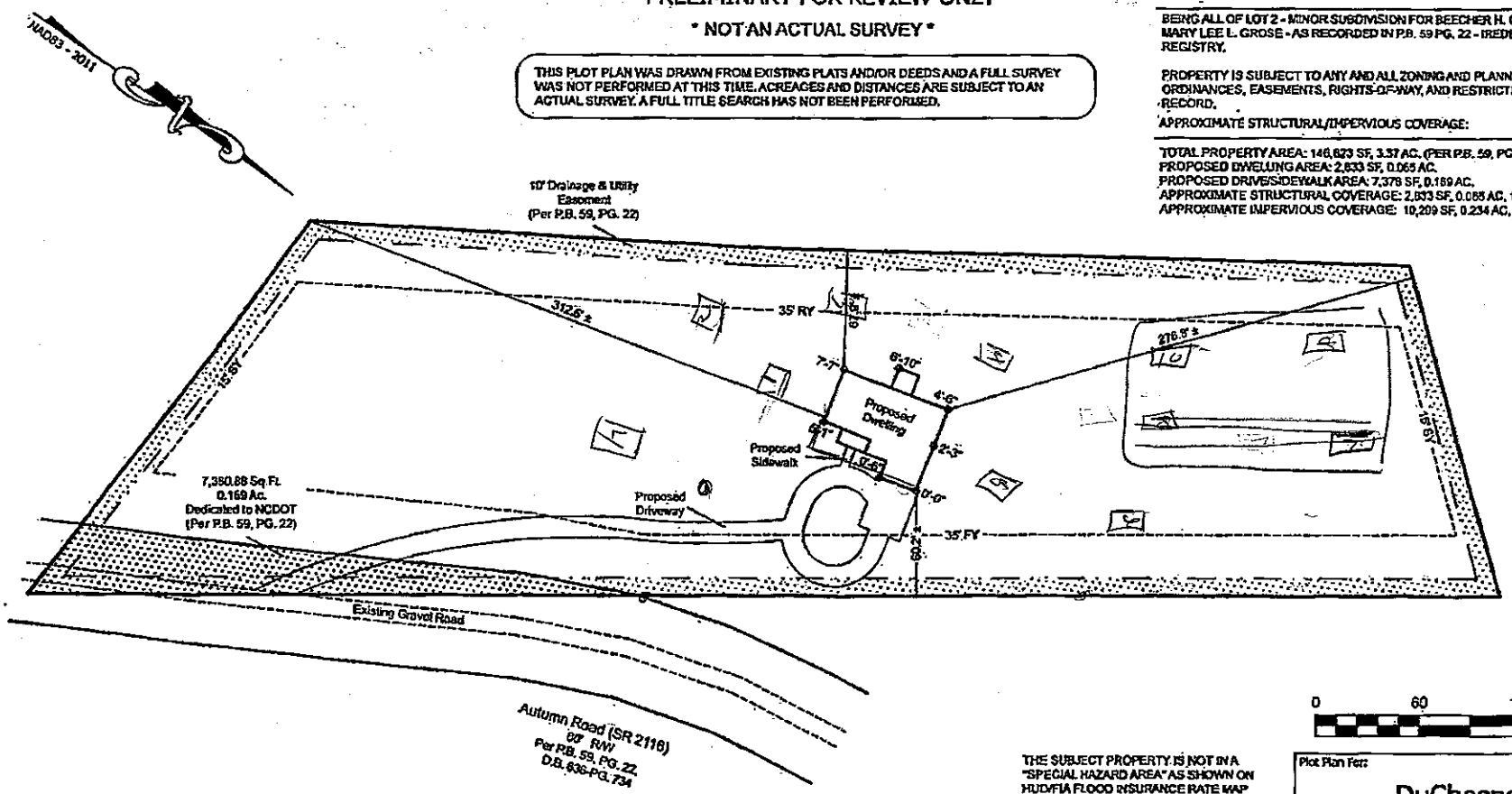
DATE

SCHUMACHER - PLOT PLAN FOR DEBORAH DUCHESNE
TBD AUTUMN ROAD, HARMONY NC 28634

PRELIMINARY FOR REVIEW ONLY

* NOT AN ACTUAL SURVEY *

THIS PLOT PLAN WAS DRAWN FROM EXISTING PLATS AND/OR DEEDS AND A FULL SURVEY WAS NOT PERFORMED AT THIS TIME. ACREAGES AND DISTANCES ARE SUBJECT TO AN ACTUAL SURVEY. A FULL TITLE SEARCH HAS NOT BEEN PERFORMED.



REFERENCE:

BEING ALL OF LOT 2 - MINOR SUBDIVISION FOR BEECHER H. GROSE, SR. & MARY LEE L. GROSE - AS RECORDED IN P.B. 59 PG. 22 - IREDELL COUNTY REGISTRY.

PROPERTY IS SUBJECT TO ANY AND ALL ZONING AND PLANNING ORDINANCES, EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD.

APPROXIMATE STRUCTURAL/IMPERVIOUS COVERAGE:

TOTAL PROPERTY AREA: 146,823 SF, 3.37 AC. (PER P.B. 59, PG. 22)
PROPOSED DWELLING AREA: 2,833 SF, 0.065 AC.
PROPOSED DRIVE/SIDEWALK AREA: 7,378 SF, 0.169 AC.
APPROXIMATE STRUCTURAL COVERAGE: 2,833 SF, 0.065 AC, 1.93%
APPROXIMATE IMPERVIOUS COVERAGE: 10,209 SF, 0.234 AC, 6.95%

0 60 120 180

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

SETBACKS:

PROPERTY CURRENTLY CURRENTLY ZONED: RA (IREDELL COUNTY)

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) AS RECORDED IN P.B. 59, PG. 22.

PROPERTY SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT, AS RECORDED IN P.B. 59, PG. 22.

PROPERTY LIES WITHIN THE "WS-III BW" WATERSHED OVERLAY.

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 3710433000J EFFECTIVE DATE 3/18/2008.

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
Matt.Grant@jordan-grant.com (704) 929-7919
FIRM # P-1227

Plot Plan For:

DuChesne

DRAWN BY: TDV	CHECKED BY: JWE	SCALE: 1" = 60'
PIN NO: 4883-47-6982		
DEED REF: 195 - 971 & 2803 - 1014		
DATE OF MAP: 04-27-21	SURVEY DATE: 04-23-21	
REVISION:	DRAWING FILE: 20210425_04-27-21	

Lot 2 - Autumn Rd, Harmony, NC 28634.
Harmony TWSP - Iredell County - North Carolina

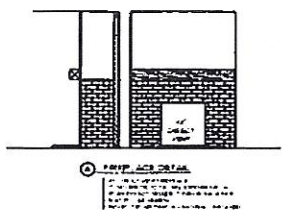
PAGE 54

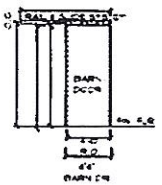
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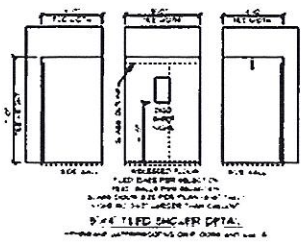
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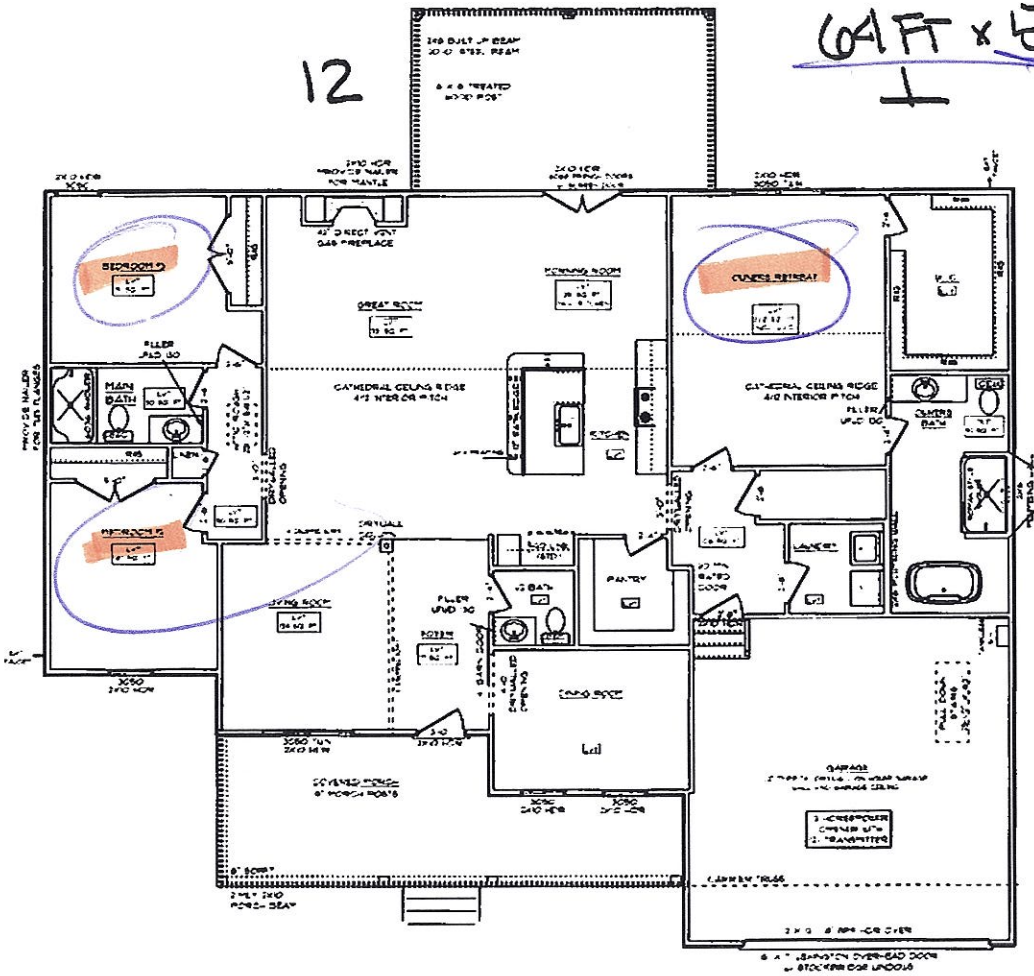
FOOTPRINT:

64 FT x 50 FT =
L W









GENERAL FRAMING NOTES
- DRYWALLED OPENINGS TO BE 6'-0" HIGH UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-2"X10" DFO W/ (1) KING & (1) JACK STUD UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF 3" KING & (2) JACK STUDS UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- 5 1/4" BASEBOARDS
- 3 1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE EXTERIOR SIDING
- SHAKER, MOLDED CORE FOLDING INTERIOR DOORS
- PLYGEM LOUVE VINYL SHUTTERS

FLOORING NOTES:
- ALL FLOORING BREAKS UNDER A CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOOR HAS SQUARE FOOTAGES THAT INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION & THE BARE FLOOR IS CONTINUED

COVERED PORCH STAIRS LOCATED AT TIME OF PERMIT

LOCATE AND GIVE QUANTITY OF PLAY ROOM BUILT-INS

BEVERLY MODERN FARMHOUSE / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT

Acknowledgement Of
Plans Submittal ONLY!

Date 7-1-2021

Date 7.9.21

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 201-3482
www.schumacherhomes.com

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317953 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4883476982.000	215 AUTUMN RD	Iredell County

Owner Information	Applicant Information
Name: DUCHESNE DEBORAH A	Name: DUCHESNE DEBORAH A
Address: 2660 NORMAN ISLE DR	Address: 2660 NORMAN ISLE DR
DENVER , NC 28037	DENVER, NC 28037
Phone: (904)614-9595	Phone: (904)614-9595

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.366	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks
SFD

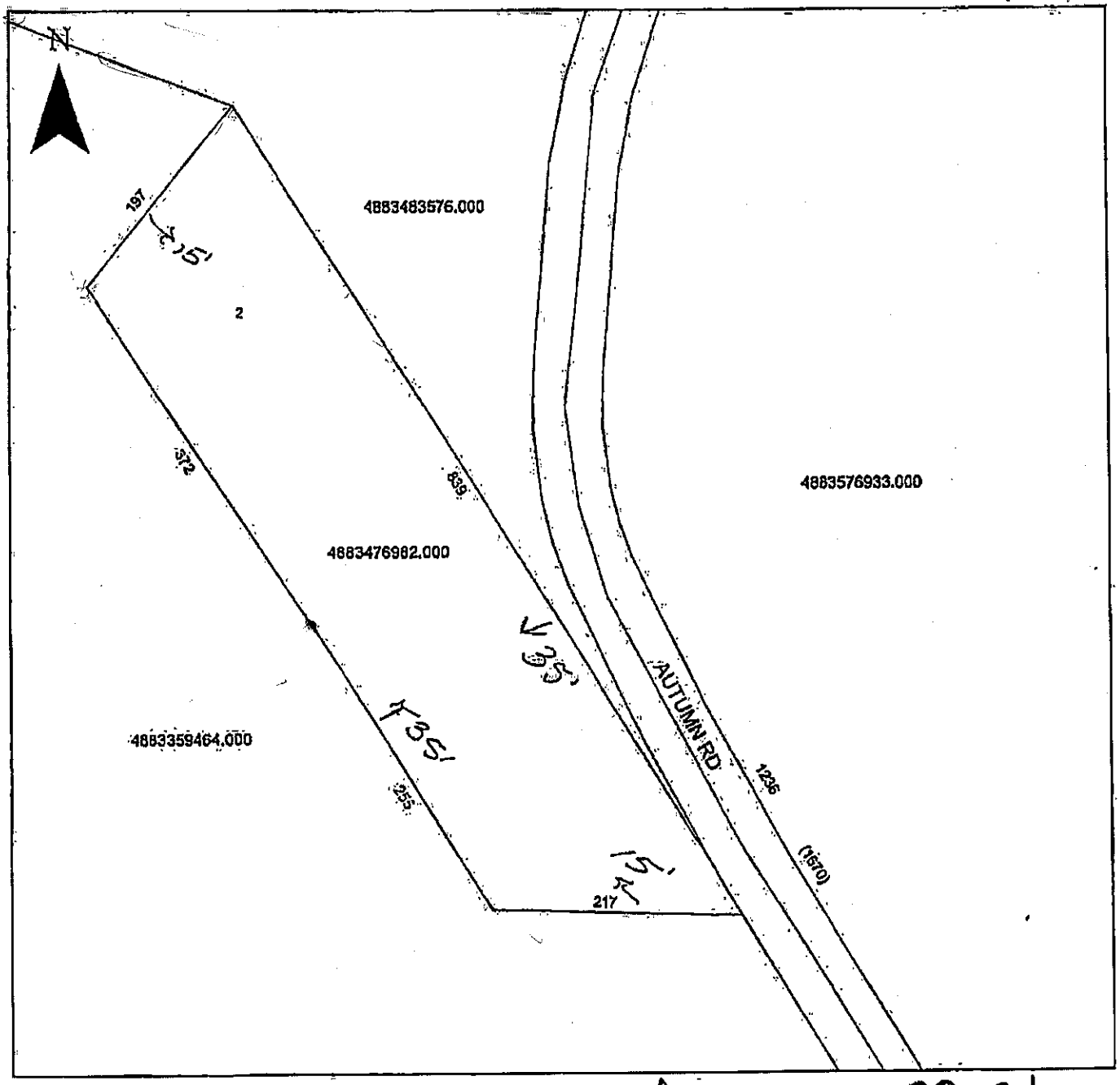
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 05/18/2021

Signature of Owner/Contractor

Permit Number	317953	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 215 Autumn Rd, HARMONY NC 28634
AUTUMN RD.

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.

Applicant

MAY 11, 2021
Date