IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 241883

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

PIN # 4614965655.000

APPLICANT/OWNER: Terri Crawley / Christine Miller | APPLICANT ADDRESS: 181 W. Statesville Ave Mooresville NC 28115

SITE ADDRESS: 171 Binns Rd. Mooresville NC 28117 | PHONE: 704 799 9982 | ALT. PHONE -

SITE DIRECTIONS: BSR (R) on Tuckaseegee Trail (R) on Binns Rd Lot on Left | SAP CONTROLLED: ☐ YES ☒ NO

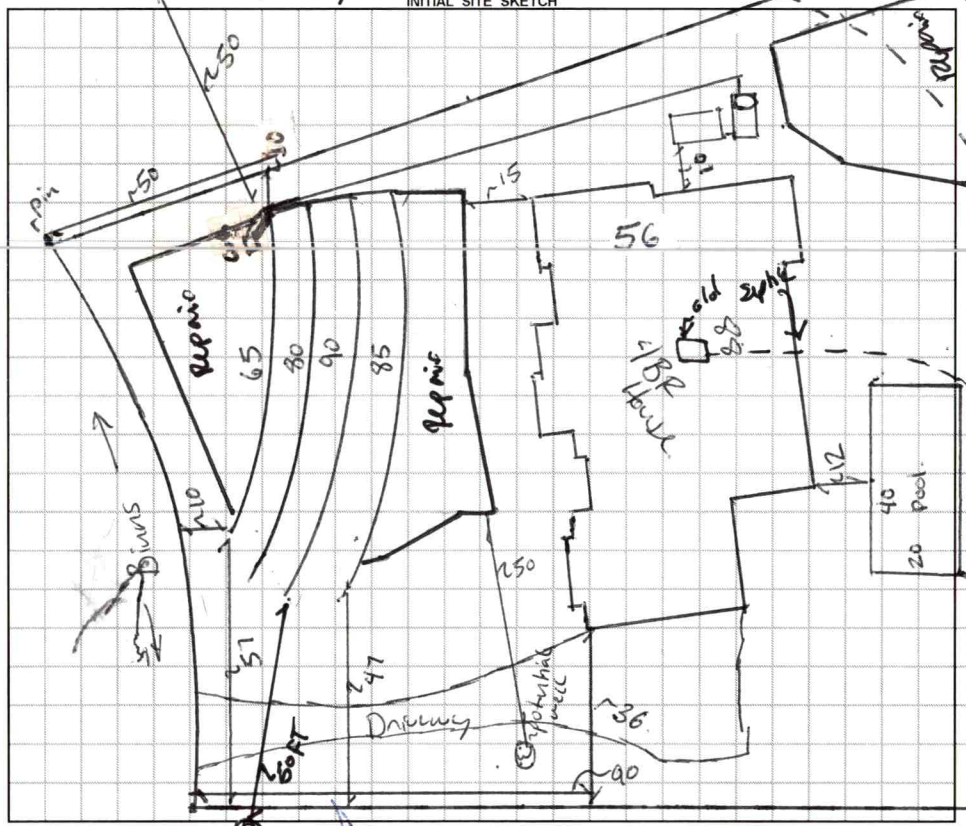
SUBDIVISION: CL+T | SECTION: 6 | LOT # 239 | LOT AREA: .800 | DESIGN FLOW: 480 | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 760	Date 10-8-2019	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT 363	Date 1-3-2020	System Description:	LP- Panel Block - 50% Red	☐ Business	No. Persons	8	☒ Private
Pump Make		Model	Serial #	Repair System Description:	TS-II Drip (.125) LTAR	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 4	Linear Ft 320	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24	Trench Bottom Depth (lowside)	+36"	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

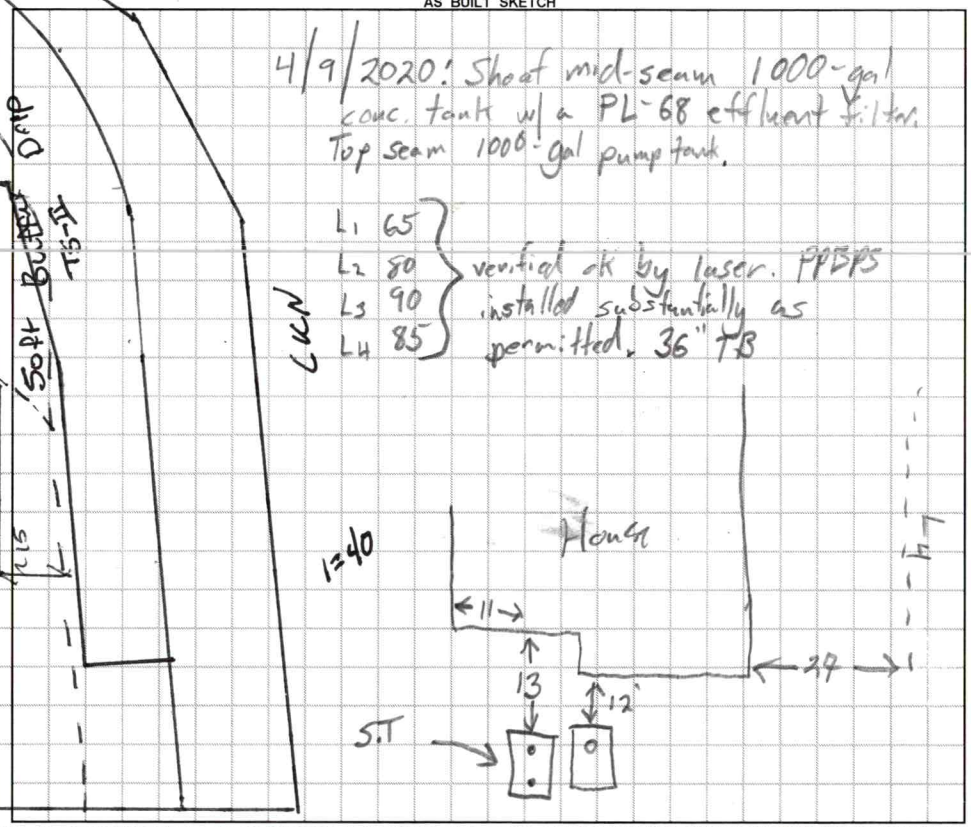
Comments / Conditions: Trench Bottom must be 36 inches · Install Septic Drainlines on the Contour of the Land · Use Central Value Box · Do not Drive, park, pave, grade or bag utilities in drainfield.

Abandon old Septic System. 266 gallon dose 12.6 inch drawdown. 30 gpm System Flow 6/32 holes

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: | Date: 11/13/19 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Benjamin A Bolton | Date: 11/8/2019 | OPERATION PERMIT by: Patrick J Byrd III | Date: 10/8/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton | Date: 11/8/2019 | 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.

	Date	Initials
Drain Lines Checked	4/9/2020	TS
Tanks Checked	4/9/2020	TS
Pressure Manifold or Valve Box Checked	4/9/2020	TS
Pressure Head Set	8/31/2020	PJB
Electrical Checked	8/31/2020	PJB
Floats Set	8/31/2020	PJB
Alarm Checked	8/31/2020	PJB
Maintenance Contract Ⓨ / N	7/2/2020	MA
Comments: Pool water Line needs to be moved 8/31/2020		

10/8/2020 water Line moved 1600

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

Sheet 1 of 1
PROPERTY ID #: 46M965685
COUNTY: Iredell

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

OWNER: Miller — APPLICATION DATE 1/31/19.
ADDRESS: 187 Christmas Dove Mill — DATE EVALUATED: Feb 19.
PROPOSED FACILITY: 4BR Hm — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: .800 Ac
LOCATION OF SITE: 171 Binns Rd Mill — 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	2-3% In Buffer	0-11	~~SC~~ WSBk	SS SP FR SEH		59		10YR5/4 10YR d/4 Redox 23-28. Some Litho	.1 ~~.15~~ in Buffer of .3. Deep Repair Possible TJJ or Dap
		11-30	C ABK/SBK	SS SP FR					
		30-59.	CL WSBk	SS SP FR					
2	Side 4%	0-6	SC WSBk	SSSP FR SEH	2.5YR4/6	60		Rock via 25 Hbg Micca.	PS .3
		6-30	C SBK	SS SP FR					
		30-60	CL WSBk	SS SP FR					
3	Side 3%	0-10	SCL WSBk	SS SP FR SEH	2.5YR4/6	66		10YR 6/3 6/4 25-28 Slightly Firm	PS .25. Deep R 36
		10-30	C ABK	SS SP FR					
		30-66.	CL WSBK.	SS SP FR					
				□					
4	Side. 4%	0-8	SCL	SS SP FR SEH	2.5YR4/6.	64		Litho Inclus	PS .25
		8-32	C ABK/SBK	SS SP FR					
		32-64.	CL WSBk	SS SPFM					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	320 Lf	1700 SqFt
System Type(s)	TV LP Pond	IV Drip TSII
Site LTAR	.25.	~~.25~~ .125

OTHER FACTORS (.1946): Wells
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bolkins
OTHER(S) PRESENT: Boggs / Pennington.

COMMENTS: 320 Lf. TSII Repair. 73 97 93 92.

Updated February 2014

AC

241883

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit **_X_Authorization To Construct** ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: _X_ **Survey Plat, Scaled no more than 1 Inch = 60 Feet**

Place check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Terri Crawley	181 W. Statesville Ave.,Mooresville, NC 28115		704-799-9982
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
John & Christine Miller	187 Chandeleur Dr.,Mooresville, NC 28117		704-799-9982
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

171 Binns Rd., Mooresville, NC 28117	Crescent Land & Timber	239
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Brawley School Rd. to Right on Tuskarora Trail, to Right on Binns Rd., lot is on Left

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) **New, Single Family Residence**
( ) **New, Multi-Family Residence**
( ) **Expansion of Existing Septic System**
( ) **Repair To Failing Septic System due to** _____
( ) **Other** _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ____

(X) **Crawl Space Foundation?**
( ) **Concrete Slab Foundation?**
( ) **Basement w/Plumbing?**
( ) **Basement w/out Plumbing?**

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) **EXISTING SYSTEM installed** _____ *Year*

( ) **Alternative** (X) **Conventional** ( ) **Innovative** ( ) **Modified Conventional** ( ) **Other** _____

8. Please Answer The Following ( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
To The Best of Your Ability: ( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

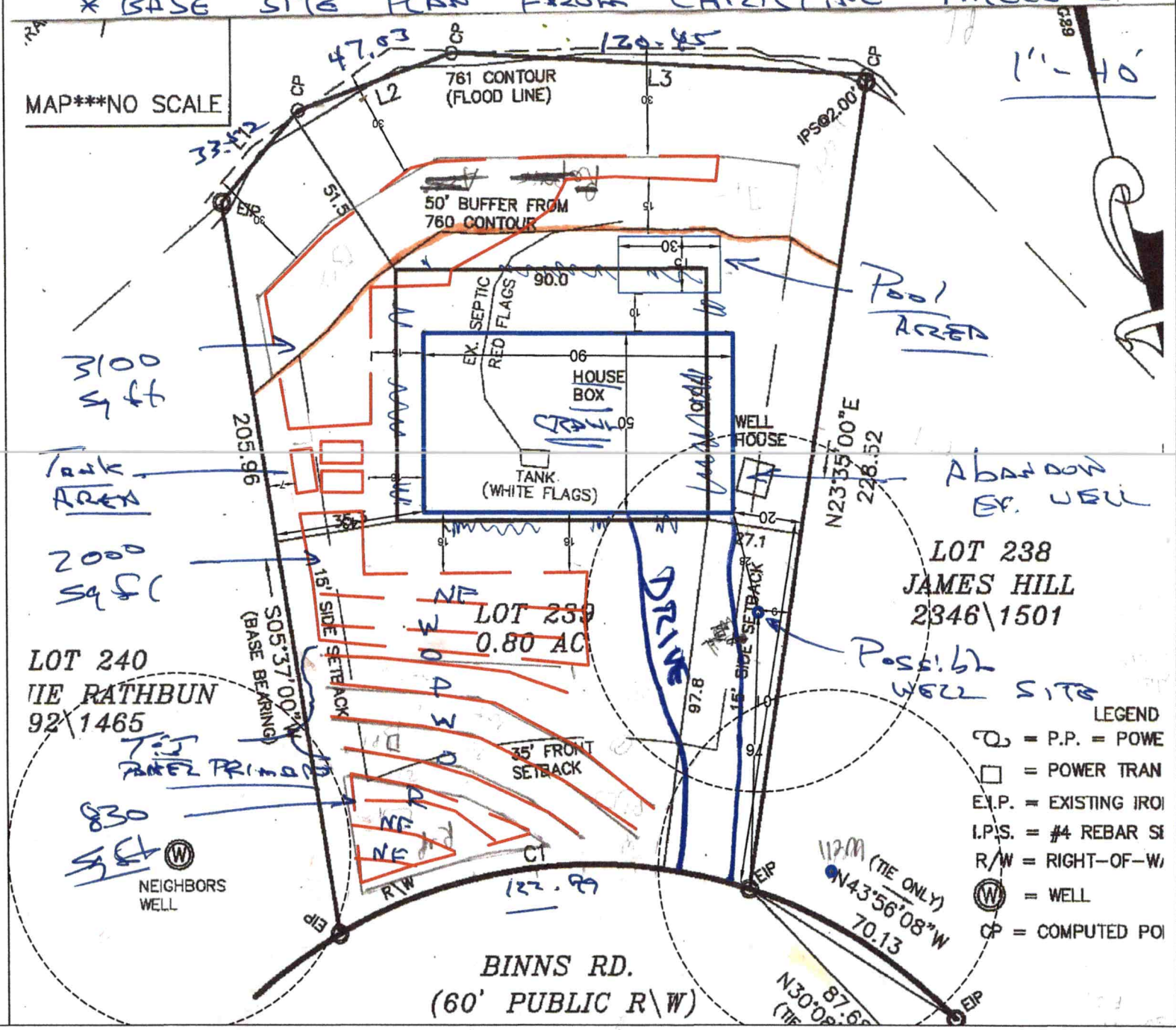
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

9. Signature: Terri Crawley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-26-19
DATE

17) BINNS RD SEPTIC SITE PLAN 2-12-19

* BASE SITE PLAN FROM CHRISTINE MILLER



dotloop signature verification: dtlp.us/zQyr-I7cZ-zS12

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, John & Christine Miller, am the legal owner(s) of the property located at 171 Binns Rd., Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4614965655.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Terri Crawley, Jasper Builders, Inc., 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.

Christine Miller dotloop verified 09/26/19 2:09 PM EDT LG15-HIRD-TWWZ-X2QE

Signature of Owner(s) Date

Terri Crawley 9/26/19

Signature of Witness Date

Please return this signed form to the appropriate office:

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

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

NEILL PARDUE

Well Contractor Name (or well owner personally abandoning well on his/her property)

2609

NC Well Contractor Certification Number

AIR DRILLING, INC.

Company Name

2. Well Construction Permit #: 241883

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	■Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 10/9/19

5a. Well location:

JASPER BLDRS

Facility/Owner Name

Facility ID# (if applicable)

171 BINNS RD. MOORESVILLE

Physical Address, City, and Zip

IREDELL

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35° 30. 683 N 80° 57. 014 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

*Attach well construction record(s) if available. For multiple injection or non-water supply wells **ONLY** with the same construction/abandonment, you can submit one form.*

6a. Well ID#: _____

6b. Total well depth: 25 **(ft.)**

6c. Borehole diameter: 2 **(in.)**

6d. Water level below ground surface: _____ **(ft.)**

6e. Outer casing length (if known): _____ **(ft.)**

6f. Inner casing/tubing length (if known): _____ **(ft.)**

6g. Screen length (if known): _____ **(ft.)**

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): _____ **(gal.)**

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used: _____

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	■ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

40 LBS

7g. Provide a brief description of the abandonment procedure:

POURED

8. Certification:

Neill Pardue 10/9/19

Signature of Certified Well Contractor or Well Owner Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

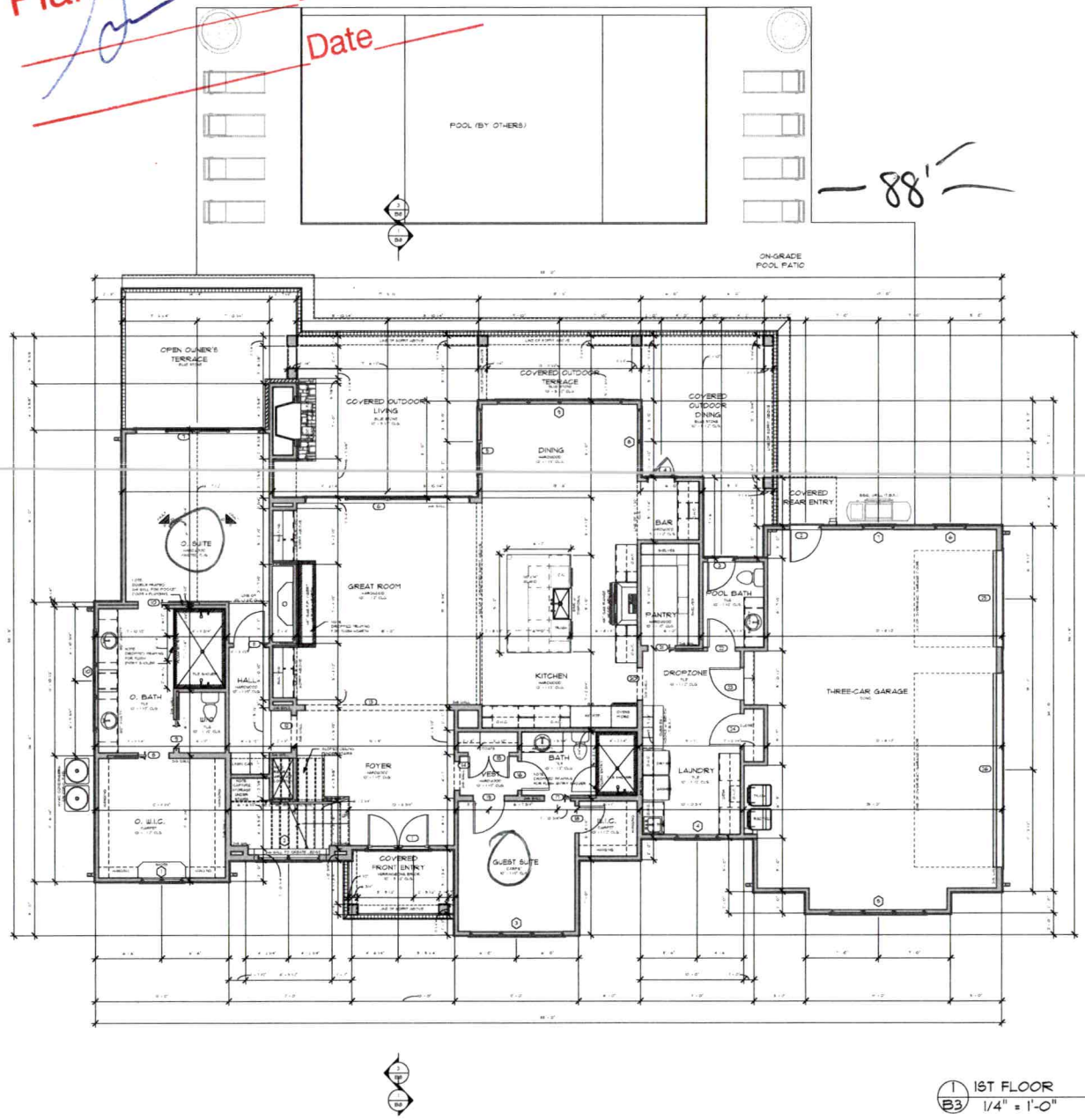
10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

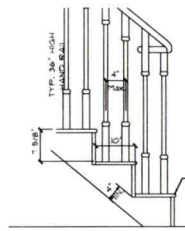
10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

Acknowledgement Of
Plans Submittal ONLY!
Date 11/13/19

Date



1 B3 1ST FLOOR
1/4" = 1'-0"



FIRST FLOOR TO SECOND FLOOR STAIR DETAIL

STAIR SPECS.

GENERAL FLOOR PLAN NOTES

1. SEE SHEET S2.1 FOR ADDITIONAL FRAMING NOTES.
2. ALL HEADERS ARE (2) 2X8 U.N.O.
3. PROVIDE 1/2" DRYWALL SEPARATION BETWEEN WALLS OF GARAGE & HOUSE. PROVIDE 5/8" TYPE "X" DRYWALL SEPARATION ON CEILING OF GARAGE (TABLE R302.6)
4. BUILD UP FLOOR AREAS AS REQUIRED TO HAVE FLUSH FLOOR FINISHES AT DIFFERENT MATERIALS - PER PLAN.
5. ALL ANGLES ARE 45 DEGREES (U.N.O.)
6. ALL INTERIOR DOORS ARE 6" FROM WALL (UNLESS DIMENSIONED OTHERWISE).
7. INSTALL DBL. JOIST UNDER ALL PARALLEL PARTITION WALLS (U.N.O.)
8. INSTALL A MIN. OF (3) 2X4 STUDS UNDER ALL BEAMS, LVL'S OR BUILT-UP, AT THE FIRST FLOOR LEVEL (U.N.O.)
9. ALL EXTERIOR WALLS TO HAVE 7/16" OSB SHEATHING FASTENED W/ 8d NAILS @ 6" o.c. AROUND EDGES & 12" o.c. IN FIELD
10. ALL EXTERIOR STUD WALLS TO BE 2x6 @ 16" o.c. U.N.O.
11. SEE STRUCTURAL SHEETS FOR ALL POINT LOADS, BEAMS, HEADERS & JOIST LAYOUTS PER STRUCTURAL ENGINEER DRAWINGS.
12. U.N.O. = UNLESS NOTED OTHERWISE

FIRST FLOOR DOOR SCHEDULE

	Width	Height	Comments
1	3'-0"	8'-0"	TWIN - 3/4 GLASS ENTRY (6 TOTAL)
2	3'-0"	8'-0"	SINGLE - CRAFTSMAN PANELED
3	3'-6"	8'-0"	SINGLE - CRAFTSMAN PANELED W/ 1/4 GLASS
4	2'-6"	8'-0"	SINGLE - FRENCH
5	6'-0"	8'-0"	TWIN - FRENCH SLIDING
6	16'-0"	8'-0"	QUAD. - FRENCH SLIDING W/ CENTER TWO OPERABLE
7	12'-0"	8'-0"	QUAD. - FRENCH SLIDING W/ CENTER TWO OPERABLE
8	3'-0"	8'-0"	SINGLE - PANELED POCKET
9	2'-8"	8'-0"	SINGLE - PANELED POCKET
10	3'-0"	8'-0"	SINGLE - PANELED POCKET
11	3'-0"	8'-0"	SINGLE - PANELED
12	3'-0"	9'-0"	6" CASED OPENING
13	14'-0"	9'-0"	6" CASED OPENING
14	2'-8"	9'-0"	6" CASED OPENING
15	4'-0"	8'-0"	TWIN - PANELED
16	2'-8"	8'-0"	SINGLE - PANELED
17	2'-6"	8'-0"	SINGLE - PANELED POCKET
18	2'-6"	8'-0"	SINGLE - PANELED
19	3'-0"	8'-0"	SINGLE - PANELED
20	3'-0"	9'-0"	6" CASED OPENING
21	2'-8"	8'-0"	SINGLE - PANELED POCKET
22	2'-8"	8'-0"	SINGLE - PANELED
23	3'-0"	8'-0"	SINGLE - PANELED SOLID CORE (TO TUB)
24	2'-0"	8'-0"	SINGLE - PANELED
25	9'-0"	8'-0"	OVERHEAD GARAGE DOOR (T.B.D.)
26	8'-0"	8'-0"	OVERHEAD GARAGE DOOR (T.B.D.)

FIRST FLOOR WINDOW SCHEDULE

	Width	Height	Notes
1	3'-0"	6'-0"	TWIN - CASEMENT (3'4" EACH)
2	3'-0"	6'-0"	TWIN - FIXED w/ 60" UNITS ABOVE "TEMPERED" (36" EACH)
3	3'-0"	6'-0"	TRIPLE - CASEMENT (36" EACH)
4	7'-0"	6'-0"	TWIN - CASEMENT (3'4" EACH)
5	3'-0"	6'-0"	TRIPLE - CASEMENT (36" EACH)
6	3'-0"	6'-0"	SINGLE - CASEMENT
7	3'-0"	6'-0"	SINGLE - CASEMENT
8	3'-0"	6'-0"	TWIN - CASEMENT (36" EACH)
9	3'-0"	6'-0"	QUAD. - CASEMENT (36" EACH)
10	3'-0"	1'-6"	TRIPLE - TRANSOM (36" EACH)

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL VERIFY ALL CONDITIONS W/ MANUFACTURER & CODE RESTRICTIONS

NOTE

HANDRAILS & BALUSTERS SHOWN MAY NOT REPRESENT THE FINAL PROJECT. THIS DRAWING IS FOR CODE PURPOSES ONLY.

STAIR SPECS.

18 RISERS @ 7 5/8" EACH
17 TREADS @ 10" EACH
W/ 1" NOSING

NOTE:
VERIFY ACTUAL CONDITIONS & FLOOR FINISH MATERIALS PRIOR TO STAIR FABRICATION

NOTE:
GUARD RAILS & HANDRAILS SHALL BE IN COMPLIANCE W/ 2018 N.C.R.C.

STAIR SPECS.

BUILDER
Jasper Builders
INCORPORATED

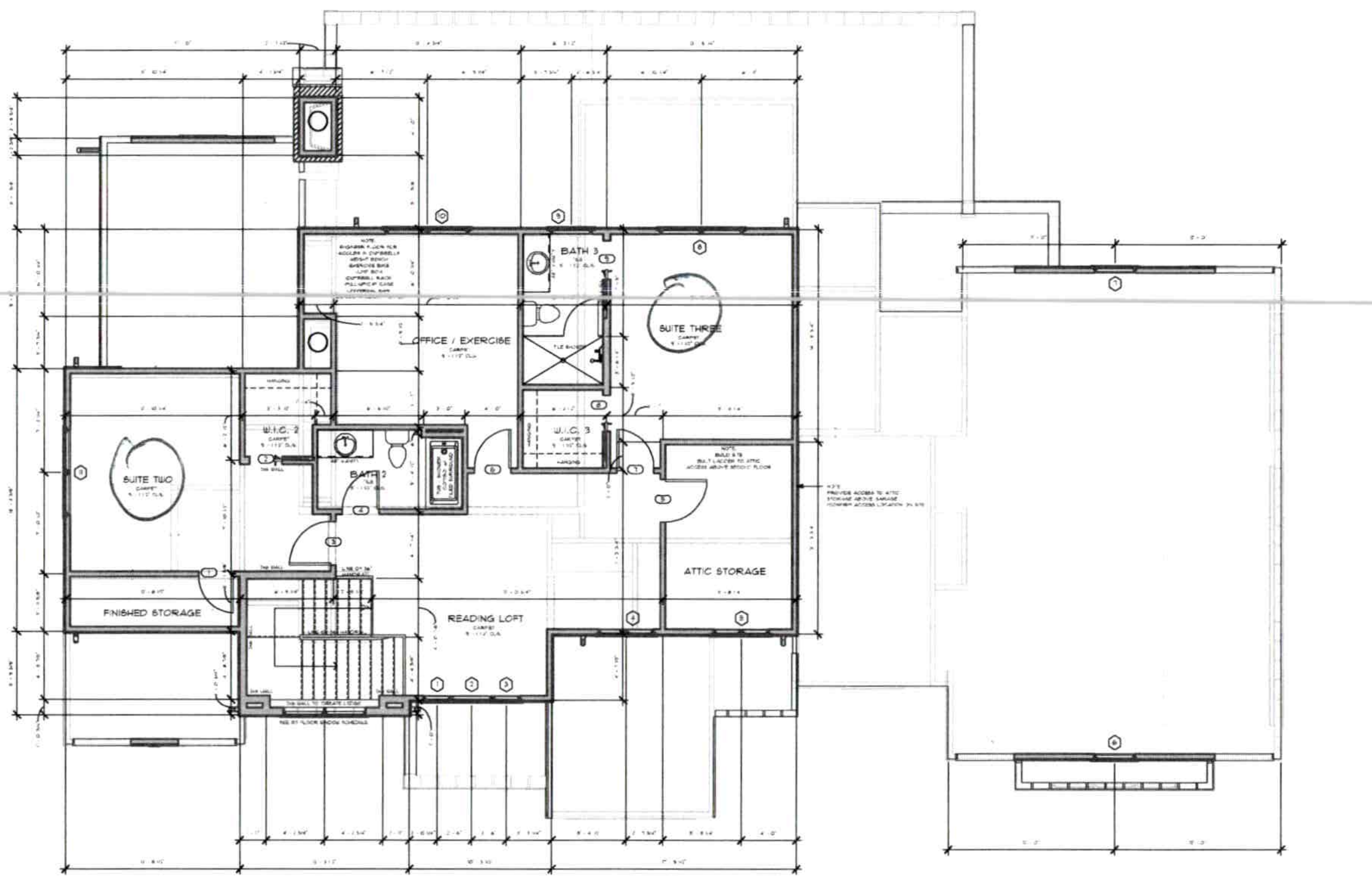
PROJECT
MILLER RESIDENCE
171 BINNS ROAD
IN
MOORESVILLE, NORTH CAROLINA

WITH SPECIAL CONSTRUCTION TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD

SMITH | SLOVIK
residential design group
TROY S. SMITH
704.641.2844
DAVE SLOVIK
704.560.9919
1307 W. MOREHEAD ST., Suite 135
CHARLOTTE, NC 28208
WWW.SMITHSLOVIK.COM

DATE: AUGUST 26, 2019
DR. & CHK'R: SAS - JASP - NEW
REVISIONS:
SHEET: B3

Acknowledgement Of
Plans Submittal ONLY!
Date
Date 11/13/19



(1/B4) 2ND FLOOR
1/4" = 1'-0"

GENERAL FLOOR PLAN NOTES

1. SEE SHEET GN-1 FOR ADDITIONAL FRAMING NOTES.
2. ALL HEADERS ARE (2) 2X8 (U.N.O.)
3. PROVIDE 1/2" DRYWALL SEPARATION BETWEEN WALLS OF GARAGE & HOUSE. PROVIDE 5/8" TYPE "X" DRYWALL SEPARATION ON CEILING OF GARAGE (TABLE R-302.6)
4. BUILD UP FLOOR AREAS AS REQUIRED TO HAVE FLUSH FLOOR FINISHES AT DIFFERENT MATERIALS - PER PLAN.
5. ALL ANGLES ARE 45 DEGREES (U.N.O.)
6. ALL INTERIOR DOORS ARE 6" FROM WALL (UNLESS DIMENSIONED OTHERWISE)
7. INSTALL DBL. JOIST UNDER ALL PARALLEL PARTITION WALLS (U.N.O.)
8. INSTALL A min. OF (3) 2X4 STUDS UNDER ALL BEAMS, LVL's, OR BUILT-UP, AT THE FIRST FLOOR LEVEL (U.N.O.)
9. ALL EXTERIOR WALLS TO HAVE 7/16" OSB SHEATHING FASTENED w/ 8d NAILS @ 6" o.c. AROUND EDGES & 12" o.c. IN FIELD
10. ALL EXTERIOR STUD WALLS TO BE 2x4's @ 16" o.c. (U.N.O.)
11. SEE STRUCTURAL SHEETS FOR ALL POINT LOADS, BEAMS, HEADERS, & JOIST LAYOUTS. (PER STRUCTURAL ENGINEER DRAWINGS)
12. U.N.O. = UNLESS NOTED OTHERWISE

SECOND FLOOR DOOR SCHEDULE

#	Width	Height	Comments
1	2'-6"	6'-8"	SINGLE - PANELED
2	2'-4"	8'-0"	SINGLE - PANELED POCKET
3	3'-0"	6'-8"	SINGLE - PANELED
4	2'-8"	6'-8"	SINGLE - PANELED
5	3'-0"	6'-8"	SINGLE - PANELED (INSULATED AND WEATHERSTRIPPED)
6	2'-8"	6'-8"	SINGLE - PANELED
7	2'-8"	6'-8"	SINGLE - PANELED
8	2'-6"	8'-0"	SINGLE - PANELED POCKET
9	2'-8"	6'-8"	SINGLE - PANELED POCKET

SECOND FLOOR WINDOW SCHEDULE

#	Width	Height	Notes
1	2'-0"	5'-0"	SINGLE - CASEMENT
2	3'-0"	5'-0"	SINGLE - CASEMENT
3	2'-0"	5'-0"	SINGLE - CASEMENT
4	2'-0"	3'-6"	TWIN - CASEMENT (24" EACH)
5	2'-0"	3'-6"	TWIN - CASEMENT (24" EACH)
6	3'-0"	5'-0"	SINGLE - CASEMENT
7	3'-0"	5'-0"	SINGLE - CASEMENT
8	3'-0"	5'-0"	TWIN - CASEMENT (36" EACH)
9	3'-0"	5'-0"	SINGLE - CASEMENT
10	3'-0"	5'-0"	TWIN - CASEMENT (36" EACH)
11	3'-0"	5'-0"	TWIN - CASEMENT (36" EACH)

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL VERIFY ALL CONDITIONS W/ MANUFACTURER & CODE RESTRICTIONS

BUILDER: JasperBuilders INCORPORATED

PROJECT:

MILLER RESIDENCE

171 BINNS ROAD
IN
MOORESVILLE, NORTH CAROLINA

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD

SMITH | SLOVIK
residential design group

TROY S. SMITH 704.641.2544
DAVE SLOVIK 704-560.9919
1307 W MOREHEAD ST, SUITE 105
CHARLOTTE, NC 28208
WWW.SMITHSLOVIK.COM

DATE: AUGUST 26, 2019
JOB NUMBER: 949 - JASP - NEW
REVISIONS:
SHEET: B4
OF: 8

IREDELL COUNTY · NC

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

APPLICATION NUMBER

241883
Issue Date: 09/27/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4614965655.000	171 BINNS RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: MILLER JOHN P+CHRISTINE T	Name: JASPER BUILDERS INC
Address:	Address: 181 W STATESVILLE AVE MOORESVILLE, NC 28115
Phone:	Phone: (704)799-9982

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.8	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
HOLD BUILDING PERMIT UNTIL DEMO OR MOBILE HOME HAS BEEN REMO VED FROM PROPERTY. WA 1.31.19

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.

Date: 09/27/2019

Signature of Owner/Contractor

Permit Number	000436	TOTAL FEES:	$77.25