# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3825 | CCN 2130 | PERMIT # 310223

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

PIN # 4614 - 99 - 9801

APPLICANT/OWNER: Larry Beresnoy | APPLICANT ADDRESS:

SITE ADDRESS: 612 Stonemarker Drive Mooresville NC 28117. | PHONE: 845-234-7502 | ALT. PHONE 704 578 4951.

SITE DIRECTIONS: BSR @ Stonemarker on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T | SECTION: 6 | LOT # 2 | LOT AREA: 1.173 Acres | DESIGN FLOW: 480 | L.T.A.R.: .25

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 4-13-21 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III (IV) V VI |
| Pump Tank | 1000 (gal) | PT | 363 | Date | 4-17-21 | System Description: | CUB-GP-PPBPS-50% Reductn |
| Pump Make | Zoeller | Model | BR0140 | Serial # | | Repair System Description: | CUB-GP-PPBPS-50% Reductn |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft | 320 | Maintenance Agreement Required: | ☐ YES ☐ NO |
| Trench Width | 24 | Trench Bottom Depth(Low side) | 30 | Gravel Depth | | ☐ GRAVITY ☒ PRESSURE | |

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions:

Checked tanks, drainlines & supply lines 5/21/21 MS

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Owen Group PA

LSS # 1313.

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.

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 5/21/21 | MS |
| Tanks Checked | 5/21/21 | MS |
| Pressure Manifold or Valve Box Checked | 12/29/21 | MS |
| Pressure Head Set | 12/29/21 | MS |
| Electrical Checked | 12/30/21 | CW |
| Floats Set | 12/29/21 | MS |
| Alarm Checked | 12/29/21 | MS |
| Maintenance Contract (Y) N | 12/30/21 | CW |
| Comments: 12/29/21 Pump would not run when put on Auto. Breaker Kept tripping. | | |

*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: Kathleen Saunders Date: 8/27/2020 | Installed by: Ground Breakers

IMPROVEMENT PERMIT by: Benjamin A Bolkin Date: 8/24/2020 | OPERATION PERMIT by: Cy Whitt Date: 12/30/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolkin Date: 8/24/2020 | Existing System Inspected by: Date:

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

...tio of precision or positional accuracy is ...20,000; and that this map meets the ...quirements of The Standards of Practice ...r Land Surveying in North Carolina (21 ...CAC 56.1600).

...is 13th day of July, 2020.

Mark S. Pence L-3680
Professional Land Surveyor

NORTH CAROLINA PROFESSIONAL SEAL L-3680 LAND SURVEYOR MARK S. PENCE

Davidson Township, Irec
Scale 1"= 50' – Date
Current Owners: Alison Cour
588 Stonemarker Roa
Lot #2 of the Minor Subdivis
Section 6, Lots 1 & 2, PB
Site Address: 612 Stonemark

PIEDMONT DESIG
ENGINEERING – S
Suite 101 Westfield Center, 12
Phone (704) 664-78
Corporate

## Lot #1
#4614-99-7921
Robert K. Weaver
& Mary T. Mock
Deed Book 2611 Page 1845
Minor Subdivision of
Crescent Land & Timber Corp.,
Section 6, Lots 1 & 2
Plat Book 62, Page 50

## Lot #2
...Acres
Sq. Ft.
99-9801
& Timber Corp.,
Lots 1 & 2
2, Page 50
Lot

## Lot #3
#4614-99-8529
Alison Courtney Leffler
& Jason C. Leffler
Deed Book 2139 Page 736
Minor Subdivision of
Crescent Land & Timber Corp.,
Section 6, Lots 1 & 2
Plat Book 62,. Page 50

Lake Norman
Site Benchmark
Water Level @ 9:30 am
on 07/07/2020 was
757.50' (NGVD 29)

Drop inlet
Road
#4 Rebar Found
Gravel Drive
L12
C1
Oil
well
CP
Drive
#4 Rebar Found
N54° 52' 28"E 143.49'
15' SS
Junction Box
18" CMP
#4 Rebar Found
L11
Rip Rap
L10 L9 L8 L7
Field Located 760' Contour Line
L5 L4 L6 L3
L2
#4 Rebar Found
Calculated Points along Field Located 760' Contour Line
Stonema...
60' Pub...
C2
35'
80'
CP
N66° 51' 55"E 142.96' Tie Line
#4 Rebar Found
N58° 38' 55"W 262.20'
15' SS
L1
CP
C3
#4 Rebar Found
PB 62
PG 50
N 2° 50' 1" E

| Curve | Radius | Leng |
|---|---|---|

...nefit
... any
Ways

310223

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 612 Stonemarker Road

Date: August 18, 2020

Attached is the septic specification information required to permit 612 Stonemarker Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

310223

## 612 Stonemarker Drive Fast Track Septic System Information

| | |
|---|---|
| **Number of Bedrooms** | 4 |
| **Basement or Crawl** | **Crawl Space** |
| **Design Flow (gpd)** | 480 |
| **LTAR (gpd/ft2)** | 0.25 |
| **Primary System Type** | **LP PPBPS** |
| No. Lines | 4 (See Table) |
| Total Linear Feet | 320 |
| Trench Width | 2' min. |
| Trench Spacing | 8' min. |
| Trench Depth (low side) | 30" |
| Pump Required | Yes |
| Distribution Device | Gate Valve Box w/ LPP Distribution |
| Maintenance Agreement Required | Yes |
| Length and Diameter of Supply Pipe | 205' of 2" SCH 40 PVC |
| Size of laterals | 1 1/4" SCH 40 PVC |
| Flow Rate through the system | 36 gpm |
| Elevation head | Approx. 13.8' |
| Pressure head | 3.0' |
| Friction head | 5.1' |
| 20% Contingency | 4.4' |
| Total Head | 26.3' |
| Pump Requirements | 36 gpm @ 26.3' of head<br>To be designed by installer. |
| Maximum Dosing Volume | 259.2 gal -2.2 doses/day @ design flow* |
| Volume of water pumped per dose | Calculated to specific tank by measure or dealer engineering specifications ( 1 cubic ft. of water equals 7.48 gal.) |
| Pump Run per dose | approx. 7.2 min. |
| Check Valve | Yes |
| Siphon Break hole | no |
| **Repair System** | **LP PPBPS** |
| Total Linear Feet | 320 |
| Repair LTAR | 0.25 |

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

## Table 1: Summary of Primary and Repair Nitrification Line Specifications

| Line No. | Use | Line Color | System Type | Line Length (Ft.) | Rod Reading Elev. (Ft.) | Panels | Holes | Hole Spacing | Hole Size (In.) |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Repair | Blue | LPPPBPS | 83 | | | | | |
| 2 | Repair | Red | LPPPBPS | 110 | 1.5 | | | | |
| 3 | System | Pink | LPPPBPS | 80 endfed | | 18 | 18 | 1 per panel | 5/32" |
| 4 | System | Pink | LPPPBPS | 80 endfed | | 18 | 18 | 1 per panel | 5/32" |
| 5 | Repair | Blue | LPPPBPS | 56 | 5.27 | | | | |
| 6 | System | Orange | LPPPBPS | 80 endfed | | 18 | 18 | 1 per panel | 5/32" |
| 7 | System | Orange | LPPPBPS | 80 endfed | | 18 | 18 | 1 per panel | 5/32" |
| 8 | Repair | NF | LPPPBPS | 70 | | | | | |
| | | | | | | Total: 72 | Total: 72 (1 in each panel turned up) | | |
| | | | | Total System: 320' | | | | | |
| | | | | Total Repair: 320' | | | | | |

| | | | |
|---|---|---|---|
| Tank | Red | 1000 gal (2 compartment) | 9.3 |
| Pump Tank | Red | 1000 gal. | |
| House | Blue | | 8.6 |

**Note:** **All Rod Readings should be verified by installer prior to installation of system**
**Fill material ranging from 12" to 18" has been removed from the septic area.**

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The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Lamu Beresnov
ADDRESS: 612 Stonemarker Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: same
APPLICATION DATE ___
DATE EVALUATED: 8/17/2020
PROPERTY SIZE: 1.21 Ac
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 | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| A | L 10% | 0-25 | Mo SBK C | Fi SS/SP | R | | | | |
| | | 25-48 | WK SBK C | Fi SS/SP | R; FF yel Br | | | | |
| | | | | | | 48+ | N/A | N/A | 0.25 |
| B | L 10% | 0-36 | Mo SBK C | Fi SS/SP | R | | | | |
| | | 36-48 | WK SBK C | Fi SS/SP | R; F sap | | | | |
| | | | | | | 48+ | N/A | N/A | 0.25 |
| C | L 10% | 0-18 | Mo SBK C | Fi SS/SP | R | | | | |
| | | 18-48 | WK SBK C | Fi SS/SP | R | | | | |
| | | | | | | 48+ | N/A | N/A | 0.25 |
| 5 | L 10-15% | 0-8 | Mo GR SL | FR NS/NP | Br | | | | |
| | | 8-19 | WK SBK SCL | FR SS/SP | yel R | | | | |
| | | 19-36 | Mo SBK C | ↓ | R | | | | |
| | | 36-59 | WK SBK CL | ↓ | R; C sap | 59+ | N/A | N/A | 0.3 |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | IV | IV |
| Site LTAR | 0.25 | 0.25 |

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

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

COMMENTS: 1 0-19 Mo SBK C Fi S/P R
19-48 WK SBK C Fi S/P R F/C yel Br 0.25
Existing Fill was removed from septic area

Updated February 2014

RECEIVED AUG 2 0 2020 310223

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

Paid $1200.00

**Application For:** (X) 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.*

Session Law

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

*Place an (X) beside whichever is submitted if applicable*

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Larry Beresnoy Address: _____ Zip: _____
Applicant Email: _____ Phone: 845-234-7562 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951

**Property Information:**

Street Address: 612 Stonemarker, 28117
Subdivision Name: CLAT [redacted] Section/Phase: S6 Lot Number: 2
Driving Directions: BSR, R Stonemarker, on R

**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: 8
(X) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ 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 ( ) 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:** Kathleen Saunders 8-18-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

310223

# AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Larry L. Beresnoy, am the legal owner of the property located at 612 Stonemarker Rd. Mooresville, NC 28117, identified as PIN(Parcel Identification Number) 4614-99-9801.000, located in Iredell County, North Carolina.

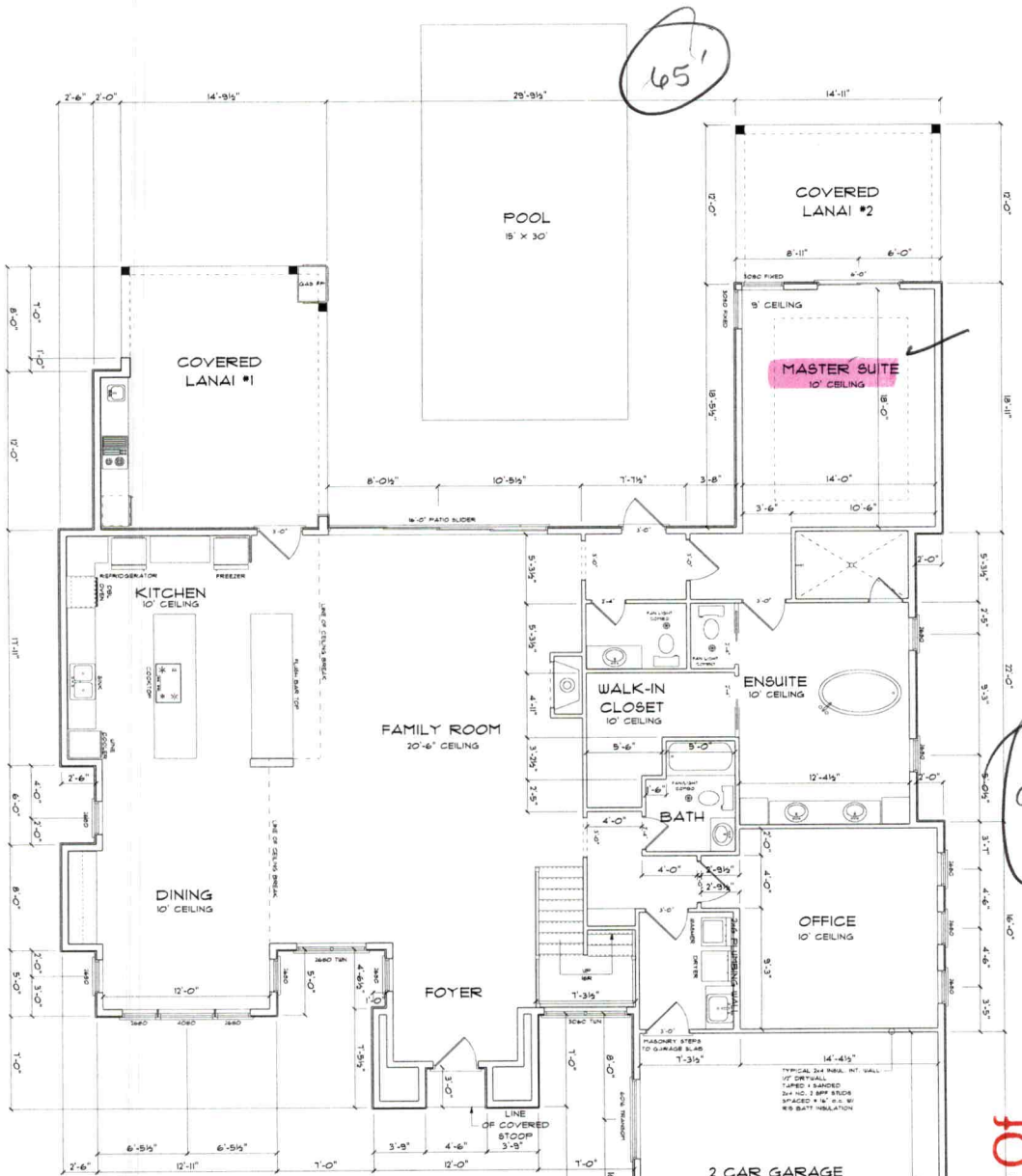
I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

| | |
|---|---|
| Signature of Owner | 8/17/2020 Date |
| Signature of Witness | 8/17/2020 Date |

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## MAIN FLOOR PLAN

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

HEATED ---------- 2601 SQFT
COVERED LANAI #1 -- 320 SQFT
COVERED LANAI #2 --- 178 SQFT
GARAGE ---------- 592 SQFT

(H1) (2) 2X6 NO. 2 SYP HEADER W/ SGL JACK STUDS

(H2) (2) 2X6 NO. 2 SYP HEADER W/ DBL JACK STUDS

(H3) (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS

(H4) (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

(H5) (3) 2X10 NO. 2 SYP PT

R612.2 WINDOW SILLS. In dwelling units, where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the windows shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4 inch diameter sphere where such openings are located within 24 inches of the finished floor.

EXCEPTIONS:

1. Windows whose openings will not allow a 4-inch diameter sphere to pass thru the opening when the opening is in its largest opened position.
2. Openings that are provided with fall prevention devices that comply with SECTION R612.3
3. Openings that are provided with fall prevention devices that comply with ASTM F 2090.
4. Windows that are provided with opening limiting devices that comply with SECTION R612.4

### WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.

Acknowledgement Of Plans Submittal ONLY!

Date 8/24/20

Date 8-19-2020

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS ARE NOT SITE SPECIFIC. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL APPLICABLE STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING. SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED HEREIN.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. DESIGNER IS NOT RESPONSIBLE FOR DIMENSIONAL ERRORS ONCE CONSTRUCTION BEGINS.

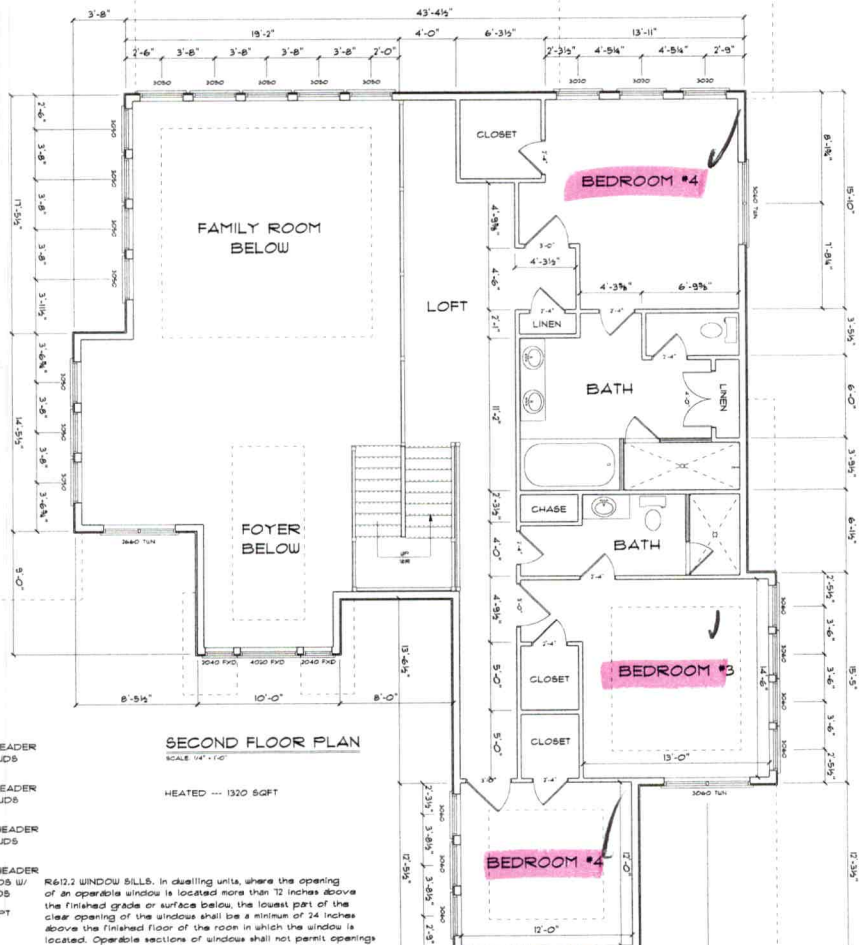
| | | | | |
|---|---|---|---|---|
| SHEET NO. A3 | SCRATCH PAD DESIGNS<br>711 SOUTH ZION STREET<br>LANDIS, NC 28088<br>(704)855-3624 | PROJECT INFORMATION<br>ORIGINAL DATE: MARCH, 2019<br>DRAWN BY: D. ELLIS<br>REVISED DATE:<br>SCALE: 1/4" = 1'-0" | PROJECT INFORMATION | DRAWING TITLE<br>MAIN FLOOR PLAN |

310223

Acknowledgement Of Plans Submittal ONLY!

Date 8/24/2020

Kathleen Saunders Date 8/19/2020




## SECOND FLOOR PLAN

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

HEATED --- 1320 SQFT

H1 (2) 2X6 NO. 2 SYP HEADER W/ SGL JACK STUDS

H2 (2) 2X6 NO. 2 SYP HEADER W/ DBL JACK STUDS

H3 (2) 2X10 NO. 2 SYP HEADER W/ SGL JACK STUDS

H4 (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

H5 (3) 2X10 NO. 2 SYP PT

R612.2 WINDOW SILLS. In dwelling units, where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4 inch diameter sphere where such openings are located within 24 inches of the finished floor.

EXCEPTIONS:

1. Windows whose openings will not allow a 4-inch diameter sphere to pass thru the opening when the opening is in its largest opened position.
2. Openings that are provided with fall prevention devices that comply with SECTION R612.3
3. Openings that are provided with fall prevention devices that comply with ASTM F 2090.
4. Windows that are provided with opening limiting devices that comply with SECTION R612.4

### WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.

1. BECAUSE SITE CONDITION MAY VARY, ISOLATED PAD DESIGNS CANNOT BE PREPARED TO SUIT EVERY SITUATION. THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY DISCREPANCIES OR REVISIONS WITH THE OWNER AND DESIGNER
4. CONTRACTOR SHALL VERIFY ALL UTILITY CONNECTIONS AND REQUIREMENTS WITH THE OWNER AND DESIGNER BEFORE CONSTRUCTION BEGINS
5. DO NOT SCALE DRAWINGS FOR DIMENSIONAL AND/OR ARCHITECTURAL ERRORS ONCE CONSTRUCTION BEGINS

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704)855-3624

| PROJECT INFORMATION | |
|---|---|
| ORIGINAL DATE | MARCH, 2019 |
| DRAWN BY | D. ELLIS |
| REVISED DATE | |
| SCALE | 1/4" = 1'-0" |

PROJECT INFORMATION

DRAWING TITLE: SECOND FLOOR PLAN

SHEET NO. A4

emailed 8/20/2020

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

| APPLICATION NUMBER |
|---|
| **310223**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4614999801.000 | 612 STONEMARKER RD | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: BERESNOY LARRY L | Name: THE OAKS GROUP |
| Address: | Address: 121 HOLT LN |
| , | MOORESVILLE, NC 28117 |
| Phone: | Phone: (704)578-4951 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.173 | 50 | 35 | 15 | 15 | WSIV-CA Catawba/Lake Norman | YES |

| 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:** 08/20/2020

Signature of Owner/Contractor

| Permit Number | 310223 | TOTAL FEES: | $77.25 |
|---|---|---|---|