IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218229

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

PIN # 4624097225

APPLICANT: Ron Kormenek/Jasper Blds. APPLICANT ADDRESS: 181 W. Statesville Ave, Mooresville, NC 28115

SITE ADDRESS: 160 Stonemarker Mooresville, NC PHONE: 7047999982 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR Stonemarker TL Blarney TR Stonemarker on left

SUBDIVISION: Lot SECTION: 6 LOT # 171 LOT AREA: .74 Acre DESIGN FLOW: 480gpd L.T.A.R.: N/A

Septic Tank 1000 (gal) STB 794 Date 2-3-17
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: Bed 200ft
Trench Width Max. Trench Bottom Depth Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Gravity - Conventional 1/New ST
Repair System Description: Decided prior to
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Abandon Bull-Run valve, feed bed first then serial distribution to individual lines.

3/9/17 Checked New ST & New Distribution box

INITIAL SITE SKETCH

See attached, approved plan by Michael Athanas & Associates

* - Recommend pumping septic tank every 3-5 years. -SP

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

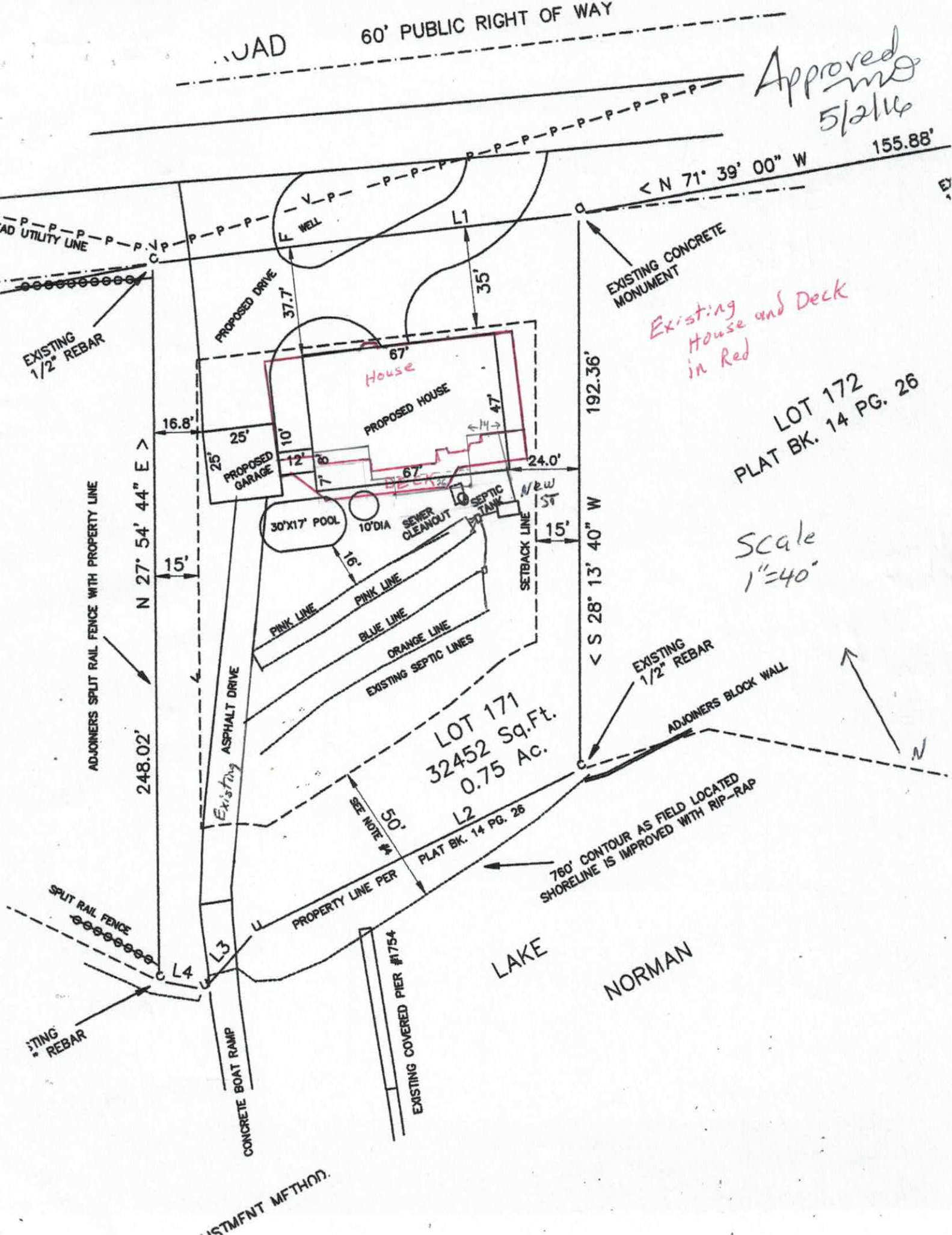
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 5/10/16 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 5/2/16 OPERATION PERMIT by: Maria Dotson Date: 3/9/17

AUTHORIZATION TO CONSTRUCT by: Tom Pluck Date: 5/10/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

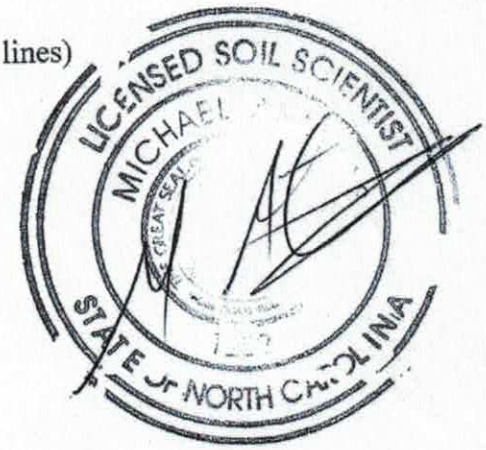

60' PUBLIC RIGHT OF WAY
Approved MO 5/2/16
155.88'
< N 71° 39' 00" W
EXISTING CONCRETE MONUMENT
EXISTING 1/2" REBAR
PROPOSED DRIVE
37.7'
35'
L1
WELL
Existing House and Deck in Red
67'
House
PROPOSED HOUSE
47'
16.8'
25'
10'
25'
PROPOSED GARAGE
12'
8'
7'
67'
DECK
24.0'
192.36'
LOT 172
PLAT BK. 14 PG. 26
30'X17' POOL
10'DIA
SEWER CLEANOUT
SEPTIC TANK
New SEPTIC
15'
SETBACK LINE
Scale 1"=40'
16'
PINK LINE
PINK LINE
BLUE LINE
ORANGE LINE
EXISTING SEPTIC LINES
N 27° 54' 44" E >
ADJOINERS SPLIT RAIL FENCE WITH PROPERTY LINE
248.02'
Existing ASPHALT DRIVE
< S 28° 13' 40" W
EXISTING 1/2" REBAR
ADJOINERS BLOCK WALL
LOT 171
32452 Sq.Ft.
0.75 Ac.
N
SEE NOTE #
50'
L2
PLAT BK. 14 PG. 26
760' CONTOUR AS FIELD LOCATED SHORELINE IS IMPROVED WITH RIP-RAP
PROPERTY LINE PER
SPLIT RAIL FENCE
L3
L4
LAKE
NORMAN
EXISTING COVERED PIER #1754
CONCRETE BOAT RAMP



Approved
MD
5/2/16

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 660 Stonemarker Rd., CL&T Sec.6 Lot 171
House Footprint: See Attached
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well (existing)
Number of Bedrooms: 4/480 GPD
Proposed LTAR: N/A
Proposed System Type: Existing system (Bed + 200' Conventional lines)
Proposed Repair System Type: N/A
Distribution: See existing permit
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: Existing



Line	Design Length	Actual Length
Pink	Bed	
Blue	Existing 100'	
Orange	Existing 100'	

Initial System: Existing **Repair System:** N/A

Comments:
This property has an existing system permit for three bedrooms in 1981, and an expansion permit to four bedrooms in 1989. MA&A have located the existing system. The new house will be constructed in the same location as the existing house. The septic tank will have to be replaced because the new house will compromise the current tank location. The new tank is marked in white flags and the old tank in yellow flags. We marked the new house in pink flags, but because of the existing drive and house, these flags could not be placed in the field with accuracy.
The current distribution has a Bull-Run valve feeding two distribution boxes. MA&A suggests changing this set up. The pipe from the septic tank should go to the distribution box at the bed. This D-box should have speed-levelers to feed the bed first then have a pipe that goes to the conventional lines that would be used once the bed fills. The conventional lines should be fed with another D-box with speed-levelers. The current D-boxes should be replaced as needed which will be determined at the installation of the new tank.

RECEIVED MAY 5 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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 ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jasper Builders, Inc	181 W. Statesville Ave Mooresville, NC 28115	704.799.9982	Sean's cell 704.201.4980
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Ron Kormanek	186 Milford Circle, Mooresville, NC 28117	704. 799.8955	518.331.5894

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
6660 Stonemarker Rd.		Lot 171

Driving Directions: Take Brawley School Rd. westbound; go right on Stonemarker Point; becomes Stonemarker Road, go left onto Blarney Rd, take first right onto Stonemarker Rd.; 6660 on left.

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) 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:

(✓) 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 1 2 8 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 5/5/16
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

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, Ron Kormanek, am the legal owner(s) of the property located at 6660 Stonemarker Rd., Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4624 09 72 25.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Sean Gallagher, 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.

Signature of Owner(s) 5/5/16 Date

Signature of Witness 5/5/16 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

RECEIVED APR 2 8 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

ENVIRONMENTAL HEALTH DIVISION

#218229 Relocation

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit ( ) Authorization to Construct (X) 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:

Place an (X) beside whichever is submitted if applicable

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

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

Applicant Information:

Applicant Name: Ron Kormanek **Address:** 184 W. Statesville Ave, Mooresville NC 28115 **Phone:** 704 799-9982

Owner Name: Our Place NB LLC **Address:** 691 Jonestown Rd Winston Salem NC 27104 **Phone:**

Property Information:

Street Address: 660 Stonemarker

Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 171

Driving Directions: BSR, TR Stonemarker, TL Blarney, TR Stonemarker on Lt

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 1989 (Expans

( ) 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: _____ 4/21/2016

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

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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, Ron Kurmanek, am the legal owner(s) of the property located at 1660 Stonemarker Rd., Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4624 09 4225.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, Michael Athanas + Associates, 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) 4/22/16 Date Signature of Witness 4/22/16 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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

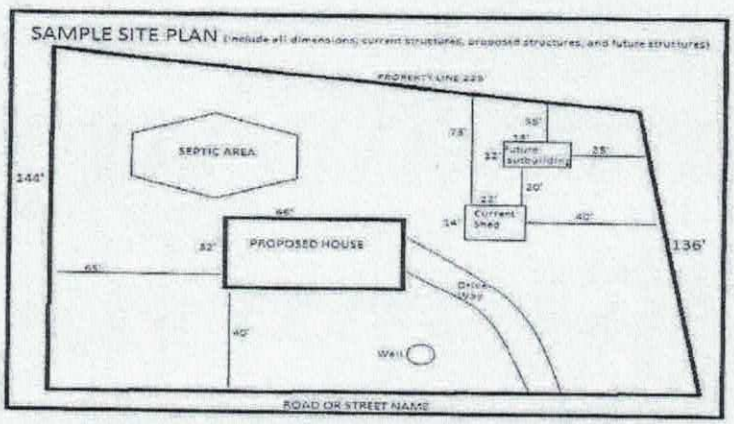
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

Site Plan Attached

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

5/5/16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

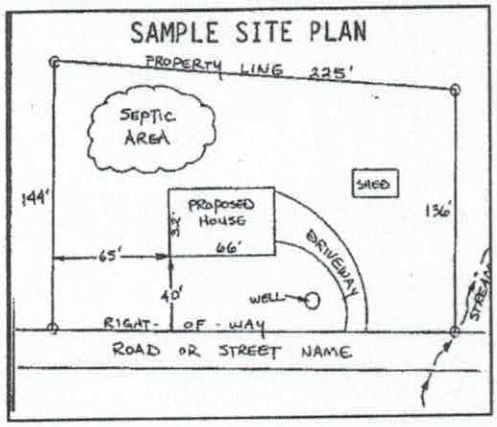
ENVIRONMENTAL HEALTH DIVISION

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 Attached Plan

Signature: _____

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

4/21/2014

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
218229
Issue Date: 04/22/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624097225.000	660 STONEMARKER ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: OUR PLACE NB LLC	Applicant: JASPER BUILDERS INC
Address: 691 JONESTOWN RD MOORESVILLE, NC 27104	Address: 181 W STATESVILLE AVE MOORESVILLE, NC 28115
Phone:	Phone: 704-799-9982

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.740	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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

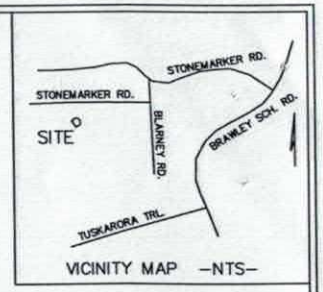
Applicant: _____ Date: _____

Permit Number	66484	TOTAL FEES:	$ 77.25

RECREATION LOTS SECTION 6
PLAT BK. 14 PG. 26

NORTH
PLAT BK. 14 PG. 26

Line	Bearing	Distance
L1	S 67° 59' 20" E	148.11'
L2	N 87° 47' 00" W	124.98'
L3	S 70° 25' 00" W	26.92'
L4	N 50° 35' 33" W	15.77'



VICINITY MAP –NTS–

I, Michael R. Bowden, certify that this plat was drawn by me from an actual field survey made under my direct supervision; that the boundaries shown are from the record information noted hereon; that the actual ratio of precision exceeds 1:10,000; and that this plat represents an existing parcel of land. Witness my original signature, seal, and license number this the 9th day of February, 2016

Professional Land Surveyor L-3811

STONEMARKER ROAD
60' PUBLIC RIGHT OF WAY

EXISTING 1/2" REBAR
209.13'
S 72° 13' 30" E
OVERHEAD UTILITY LINE
EXISTING 1/2" REBAR
L. WELL
PROPOSED DRIVE
37.7'
L1
35'
67'
16.8'
25'
23'
PROPOSED GARAGE
12'
10'
7'
PROPOSED HOUSE
47'
67'
30'X17' POOL
10'DIA
SEWER CLEANOUT
SEPTIC TANK
24.0'
15'
PINK LINE
PINK LINE
BLUE LINE
ORANGE LINE
EXISTING SEPTIC LINES
SETBACK LINE
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EXISTING 1" REBAR
ADJOINERS SPLIT RAIL FENCE WITH PROPERTY LINE
N 27° 54' 44" E
248.02'
15'
ASPHALT DRIVE
SPLIT RAIL FENCE
LOT 170
PLAT BK. 14 PG. 26
LOT 172
PLAT BK. 14 PG. 26
LOT 171
32452 Sq.Ft.
0.75 Ac.
SEE NOTE #4
50'
L2
L3
L4
EXISTING 1/2" REBAR
PROPERTY LINE PER PLAT BK. 14 PG. 26
EXISTING 1/2" REBAR
ADJOINERS BLOCK WALL
760' CONTOUR AS FIELD LOCATED
SHORELINE IS IMPROVED WITH RIP-RAP
CONCRETE BOAT RAMP
EXISTING COVERED PIER #1754
LAKE
NORMAN

LOT 171
OUR PLACE NB, LLC
DEED BK. 2215 PG. 810
PIN #4624-09-7225

F = WELL
c = EXISTING IRON AS NOTED
C = 1/2" REBAR SET
u = POINT – NOTHING SET
v = UTILITY POLE – LIGHT POLE

NOTES:
1. TRAVERSE ADJUSTED BY COMPASS RULE ADJUSTMENT METHOD.
2. AREAS DETERMINED BY COORDINATE COMPUTATIONS.
3. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.
4. SETBACK FROM CURRENT 760' CONTOUR PER IREDELL COUNTY

REFERENCES: DEEDS AND MAPS SHOWN HEREON.

50 25 0 50 100
SCALE OF DRAWING IS 1 INCH = 50 FEET

RON KORMANEK

660 STONEMARKER ROAD
DAVIDSON TOWNSHIP
IREDELL CO., N. C.

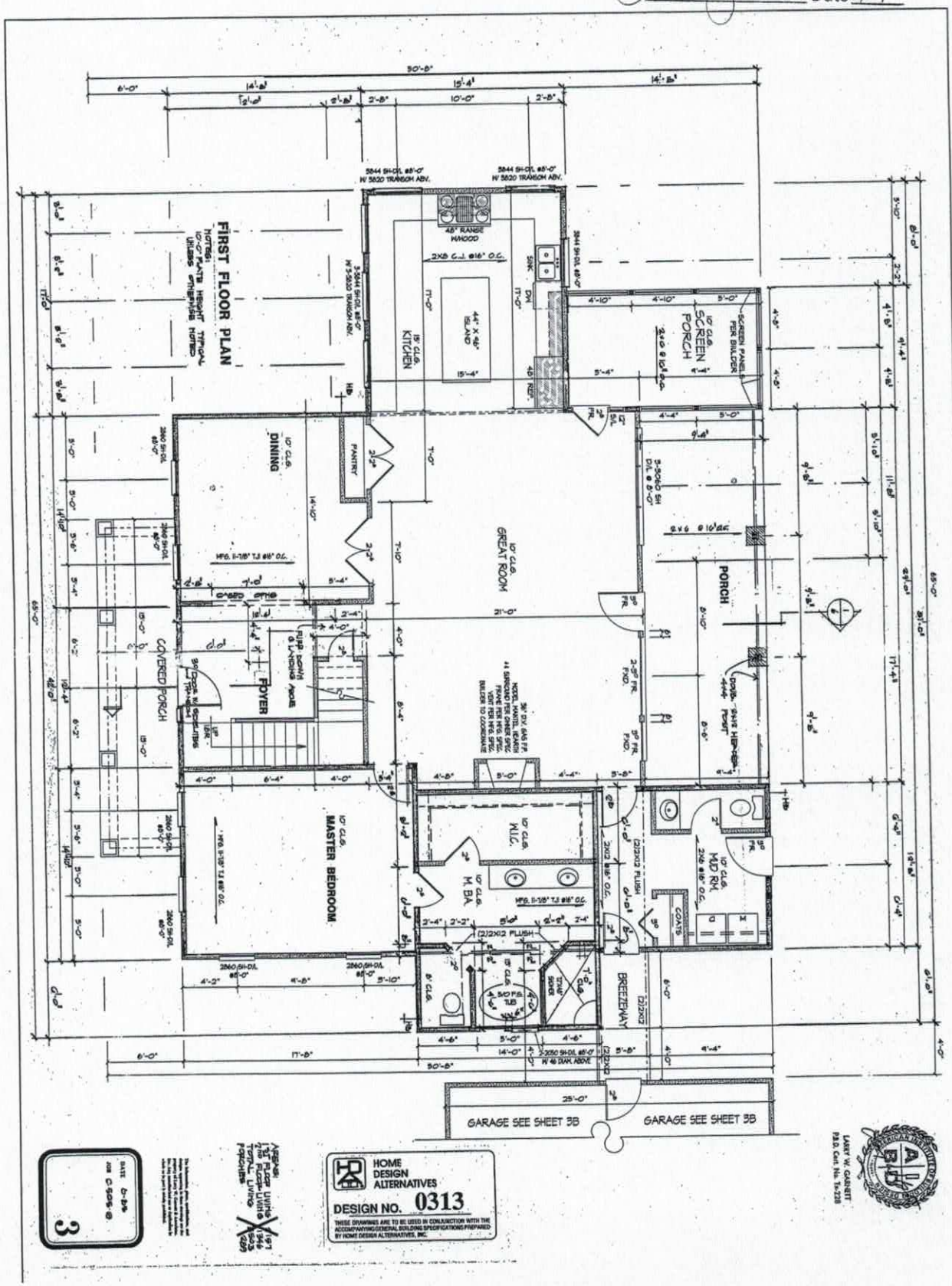
Project # 160024-1 Date: 5 FEBRUARY, 2016
FIRM # F-0902

BOWDEN SURVEYING & MAPPING
704-691-5256
317 SOUTH LAUREL ST.
LINCOLNTON, N.C., 28092

Acknowledgement Of
Plans Submittal ONLY!

Tom Stuck Date 5-10-16

Date 5/10/16



HOME DESIGN ALTERNATIVES

DESIGN NO. 0313

THESE DRAWINGS ARE TO BE USED IN CONJUNCTION WITH THE ACCOMPANYING GENERAL BUILDING SPECIFICATIONS PREPARED BY HOME DESIGN ALTERNATIVES, INC.

3

DATE 5-86

JOB C 505-B

REVISIONS
1ST FLOOR LIVING 1946
TOTAL LIVING 2823
FOR CLOSE

LARRY W. GARRETT
F.S.D. Cert. No. 1-228

Acknowledgement of
Plans Submittal ONLY!

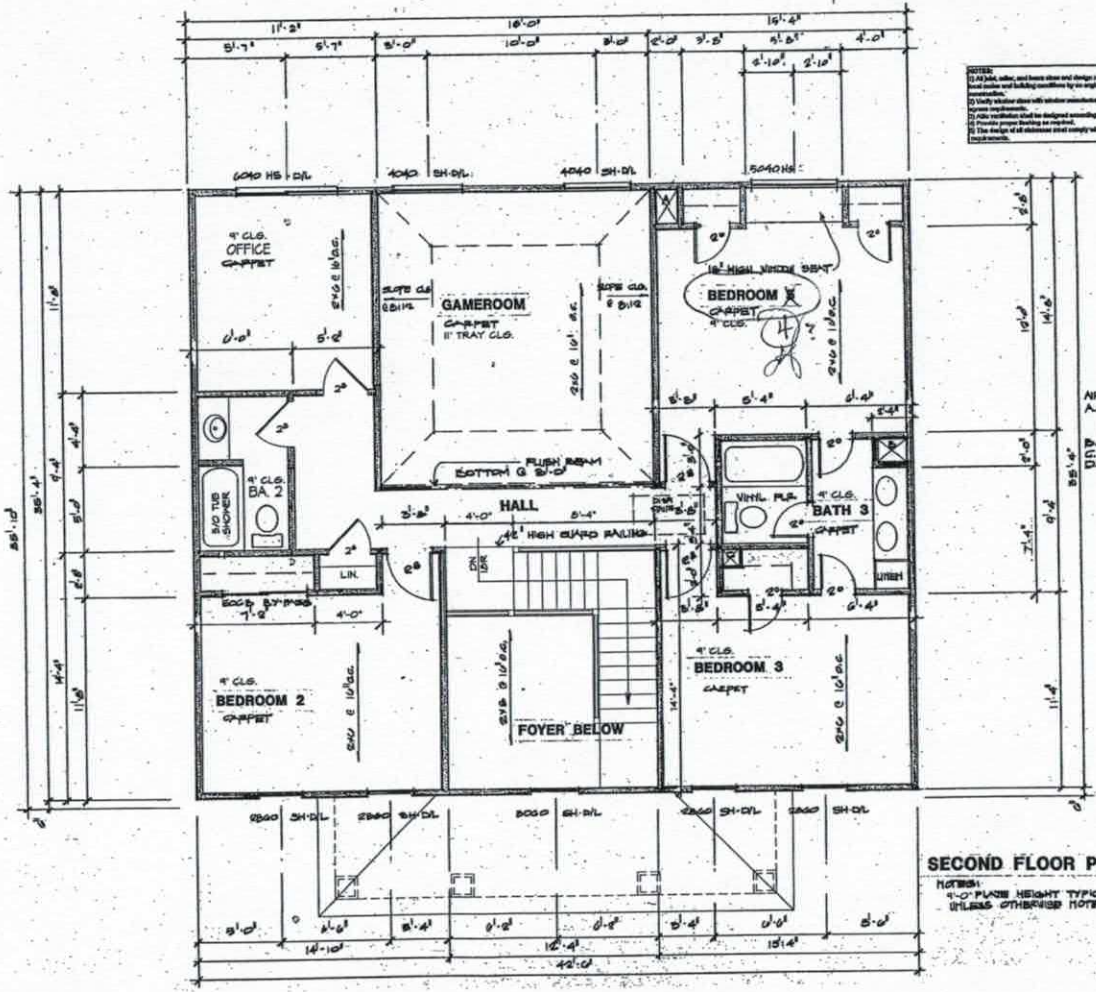
Date 5-10-16

Date 5-10-16

HOME DESIGN ALTERNATIVES
DESIGN NO. 0313

THESE DRAWINGS ARE TO BE USED IN CONJUNCTION WITH THE ACCOMPANYING GENERAL BUILDING SPECIFICATIONS PREPARED BY HOME DESIGN ALTERNATIVES, INC.

LARRY W. GARNETT
P.S.D. Cert. No. TX-228



NOTES:
1) All plbg., mtlwk., and frame shear wall design must be verified for compliance with local codes and building conditions by an engineer prior to beginning construction.
2) Verify window sizes with window manufacturer for compliance with beyond egress requirements.
3) All retaining walls to be designed according to local codes and criteria.
4) Provide proper flashing as required.
5) The design of all staircase steel comply with the local codes and requirements.

A/R DISTRIBUTION:
A. TO SUPPLY LIVING ROOM, STUDY, AND MORNING ROOM. RUN THROUGH FLOOR JOISTS
B. TO SUPPLY MASTER BATH
C. TO SUPPLY MASTER BEDROOM
D. TO SUPPLY KITCHEN AND DINING

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SECOND FLOOR PLAN

NOTES:
9'-0" PLATE HEIGHT TYPICAL UNLESS OTHERWISE NOTED.

DATE 6-89
JOB C-505-B

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