IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216870

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

PIN # 4624-34-3623

APPLICANT: IQ Custom Cons. APPLICANT ADDRESS: 840 Edmiston Rd.

SITE ADDRESS: 130 Washam Rd. Mrvl 28117 PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: BSR TL 1st Washam ; on R

SUBDIVISION: Washam Point SECTION: - LOT # 4 LOT AREA: .972 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	825	Date	5-12-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:		25% Reduction		☐ Business	No. Persons		☒ Private	
Pump Make		Model			Serial #		Repair System Description:		Panel Block		☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	5		Linear Ft:	400'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"	Max. Trench Bottom Depth		30"	Gravel Depth	-	☒ GRAVITY		☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions:

25
25
20
17

INITIAL SITE SKETCH

See Plan From The Oaks Group

AS BUILT SKETCH

Used Quick 4, installed essentially as Drawn

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**

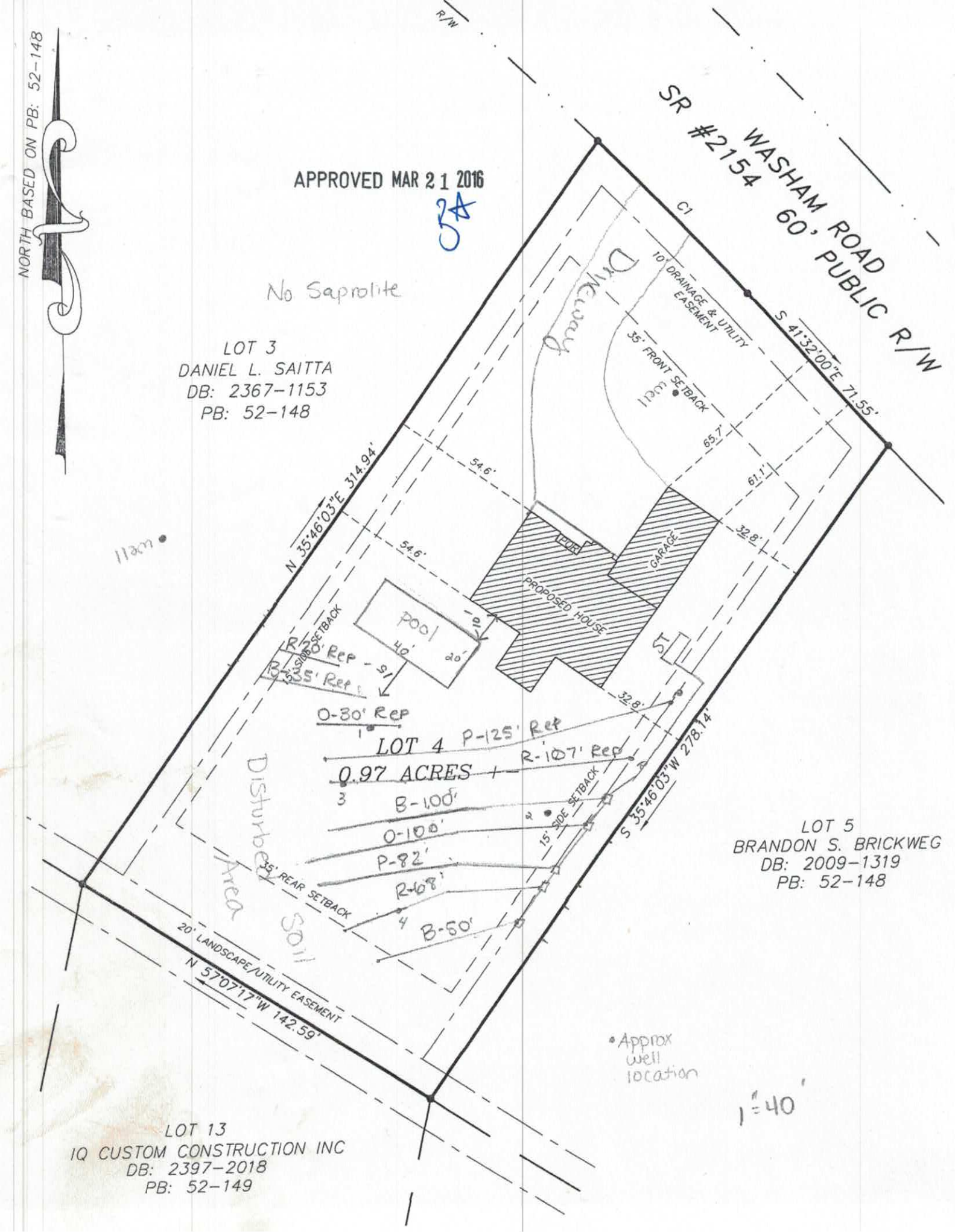
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3/23/16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: RA Cook APPROVED Date: MAR 21 2016 OPERATION PERMIT by: Maina Dotson RS Date: 7/18/16

AUTHORIZATION TO CONSTRUCT by: RA Cook APPROVED Date: MAR 21 2016 Existing System Inspected by: Date:

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


NORTH BASED ON PB: 52-148
R/W
SR #2154 WASHAM ROAD 60' PUBLIC R/W
APPROVED MAR 21 2016
53A
No Saprolite
LOT 3
DANIEL L. SAITTA
DB: 2367-1153
PB: 52-148
C1
Drainage
10' DRAINAGE & UTILITY EASEMENT
35' FRONT SETBACK
S 41°32'00"E 71.55'
65.7'
61.1'
32.8'
54.6'
N 35°46'03"E 314.94'
LEDGE
GARAGE
PROPOSED HOUSE
POOL
40'
20'
ST
15' SIDE SETBACK
0-30' Rep
LOT 4
0.97 ACRES +/-
P-125' Rep
R-107' Rep
B-100'
0-100'
P-82'
R-68'
B-50'
35' REAR SETBACK
20' LANDSCAPE/UTILITY EASEMENT
N 57°07'17"W 142.59'
S 35°46'03"W 278.14'
Disturbed Area Soil
LOT 5
BRANDON S. BRICKWEG
DB: 2009-1319
PB: 52-148
LOT 13
IQ CUSTOM CONSTRUCTION INC
DB: 2397-2018
PB: 52-149
Approx well location
1"=40'

APPROVED MAR 21 2016

Lot 4 Washam Rd Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	317
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	20
2	Repair	Blue	LP PPBPS	35
3	Repair	Orange	LP PPBPS	30
4	Repair	Pink	LP PPBPS	125
5	Repair	Red	LP PPBPS	107
6	System	Blue	25% Reduction	100 endfed
7	System	Orange	25% Reduction	100 endfed
8	System	Pink	25% Reduction	82 endfed
9	System	Red	25% Reduction	68 endfed
10	System	Blue	25% Reduction	50 endfed
				Total System: 400'.
				Total Repair: 317'

Note: Tank and distribution device locations can be altered at the discretion of ICHD. Keep proper setbacks if foundation drains are used

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 130 Washam Road

Date: February 26, 2016

Attached is the septic specification information required to permit 130 Washam Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD 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, including soil descriptions, before permitting and/or septic system installation.

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

Kathleen Saunders

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kenneth Baker Homes LLC — APPLICATION DATE 11/07
ADDRESS: PO Box 3398 Mooresville, NC 28117 — DATE EVALUATED: 11/07
PROPOSED FACILITY: 4 BRM — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: _____
LOCATION OF SITE: Washam Rd (off Brawley School Rd) Lot 4 — 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
4A 1	SS 0-5%	0-12	RB CL WFSBK	SS,SP,Fr SExP	—	48"	—	—	PS .3
		12-48	RC MFSBK	SS,SP,Fr SExP					
4C 2	SS 0-5%	0-6	B SCL WFSBK	SS,SP,Fr SExP	—	48"	—	—	PS .3
		6-20	RC MFSBK	SS,SP,Fr SExP					
		20-48	RC MFSBK/ABK	SS,SP,Fr SExP	com. sap				
4D 3	SS 0-5%	0-28	RC MFSBK	SS,SP,Fr SExP	—	48"	—	—	PS .3
		28-48	RCL WFSBK	SS,SP,Fr SExP	few sap				
4E 4	SS 0-5%	0-24	RC MFSBK	SS,SP,Fr SExP	—	48"	—	—	PS .3
		24-48	RCL WFSBK	SS,SP,Fr SExP	few sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kenneth Beaver Homes
ADDRESS: _____
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Washington Rd Washington Rd Lot 4

APPLICATION DATE _____
DATE EVALUATED: 11/14/07
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	4B	0-10	GrSCl	FrSSSpSexP	few clay				PS .3
		10-48	mSbk C Red	FrSSSpSexP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Anthony Cahoon
OTHER(S) PRESENT: _____

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

APPROVED MAR 21 2016 BA

Sheet:
Property ID:
Lot #: 4
File #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: IQ Custom Construction
Address: 130 Washam
Proposed Facility: SFR Design Flow (.1949) 480
Location of Site: 4624-34-3623

Applicant: IQ Custom Const
Date Evaluated: 2/25/16
Property Size: 0.97 AC
Property Recorded:

Water Supply: [ ] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 Structure/ Texture	SOIL MORPHOLOGY .1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L ~5%	0-40	Mo SBK C	FR SS/SP	R; F sap				0.3
		40-48	Wk SBK CL	↓	R; C sap				
2	L	0-43	Mo SBK C	FR SS/SP	R; F Mica, F sap				0.3
		43-50	Wk SBK CL	↓	R, C sap				
3	L	0-24	Mo SBK C	FR SS/SP	R				0.3
		24-48	Mo/Wk SBK CL	↓	R; C sap				
4	L ~5%	0-34	Mo SBK C	FR SS/SP	R				0.3
		34-48	Wk SBK CL	↓	R; C sap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	25% Red	LP PPBPS
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present: ELH
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present: ELH

1:30

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

RECEIVED FEB 29 2016

PAGE 1: *APPLICATION FORM* Paid $225.00 #216870

Application For:

( ) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

Paid $125.00 3-2376

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: Contact Kathleen Saunders (704) 578-4951

Applicant Name: IQ Custom Const. **Address:** 840 Edmiston Rd, Mt Ulla 28125 **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 130 Washam Rd 28117

Subdivision Name: Washam Point **Section/Phase:** **Lot Number:** 4

Driving Directions: BSR, L First Washam Rd, 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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(X) 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:

(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: Emma Hall

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

2/26/16
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, IC Custom Construction, am the legal owner(s) of the property located at 130 Washam, identified as PIN (Parcel Identification Number) 4624-34-3623, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, 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

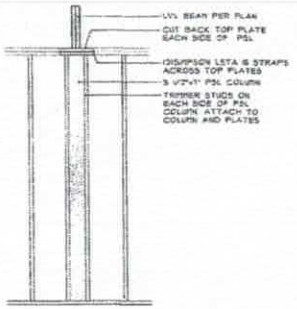
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

[signature]	2/25/14	Jason B Slagle	2-25-14
Signature of Owner(s)	Date	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



TYPICAL PSL
COLUMN DETAIL
SCALE: 1/2" = 1'-0"

NOTE:
PROVIDE RIGID BLOCKING AND CRIPPLESTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY.

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL OR AN APPROVED NON RIGID MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UNHEATED SIDE OF ALL KNEE WALLS.

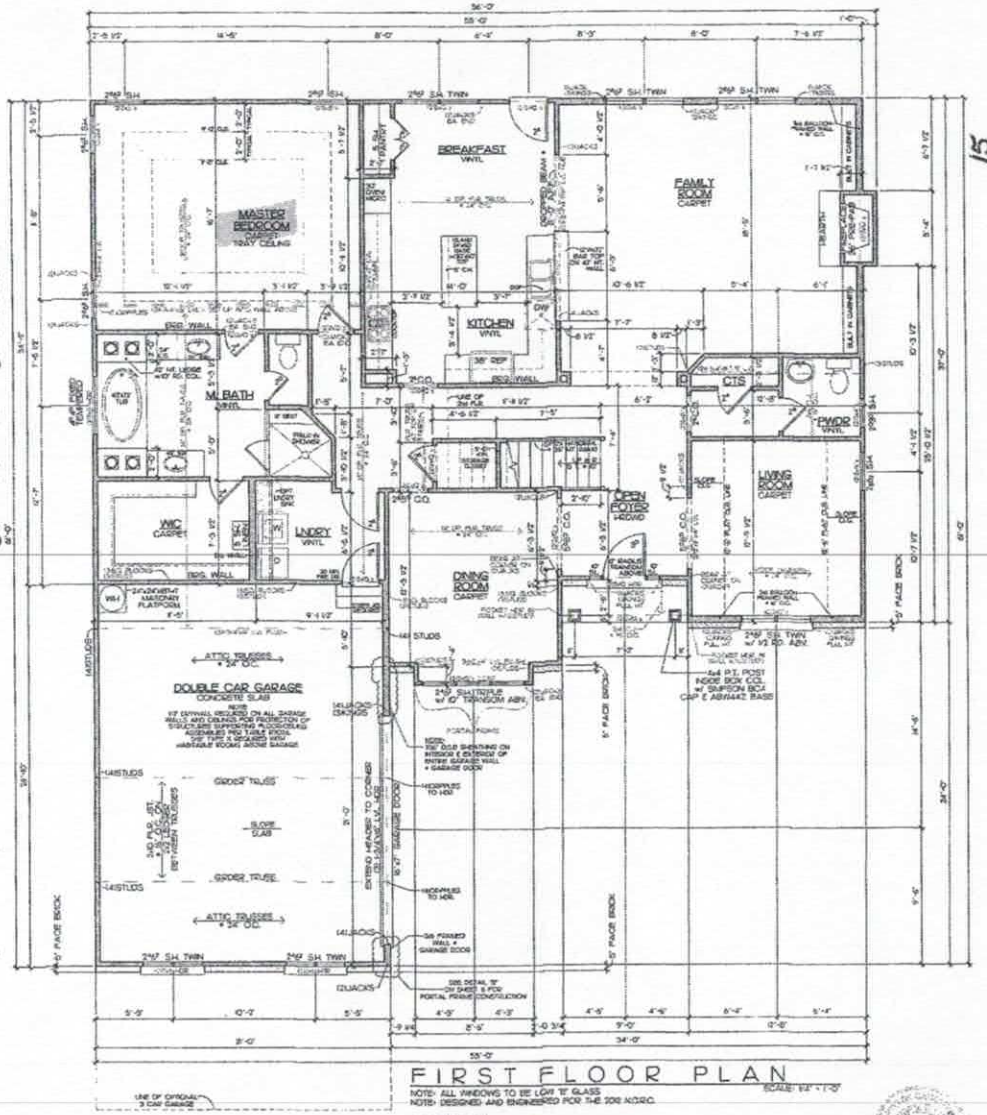
2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R613.08 OR R613.

61 +15' for Sunroom

56

15

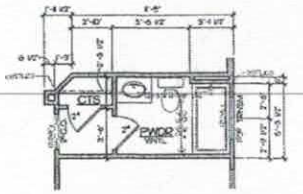
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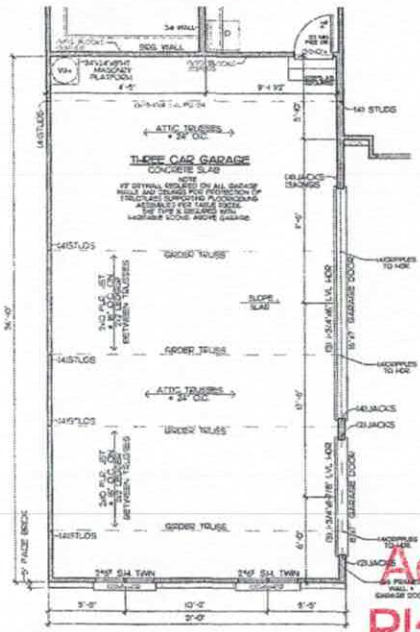
FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTE: ALL WINDOWS TO BE LOW 'E' GLASS
NOTE: DESIGNED AND ENGINEERED FOR THE 2012 NCRC.

OPT. SUNROOM
SCALE: 1/4" = 1'-0"



OPT. FULL BATH
SCALE: 1/4" = 1'-0"



OPT. 3 CAR GARAGE
SCALE: 1/4" = 1'-0"

HANGER SCHEDULE FOR JOISTS AND BEAMS	
MEMBER (NUMBER OF PLYS)	HANGER
2x8	LUS28
2x10	LUS210
2x12	LUS310
2-2x8	HUS28-2
2-2x10	HUS210-2
2-2x12	HUS212-2
3-2x8	LUS28-3
3-2x10	LUS210-3
3-2x12	HUS212-3 FRH
2-1 3/4" x 9 1/4" LVL	HGUS410
2-1 3/4" x 11 7/8" LVL	HGUS412
2-1 3/4" x 14" LVL	HGUS414
2-1 3/4" x 16" LVL	HGUS414
2-1 3/4" x 18" LVL	HGUS414
3-1 3/4" x 9 1/4" LVL	HGUS8.5D/10
3-1 3/4" x 11 7/8" LVL	HGUS8.5D/12
3-1 3/4" x 14" LVL	HGUS8.5D/14
3-1 3/4" x 16" LVL	HGUS8.5D/14
3-1 3/4" x 18" LVL	HGUS8.5D/14
4-1 3/4" x 9 1/4" LVL	HGUS7.25/10
4-1 3/4" x 11 7/8" LVL	HGUS7.25/12
4-1 3/4" x 14" LVL	HGUS7.25/14
4-1 3/4" x 16" LVL	HGUS7.25/14
4-1 3/4" x 18" LVL	HGUS7.25/14

SQUARE FOOTAGE

HEATED:	
FIRST FLOOR:	1004 SF
SECOND FLOOR:	596 SF
TOTAL HEATED:	1600 SF
BASEMENT:	1019 SF
GARAGE:	760 SF
OPT. SUNROOM:	225 SF
OPT. BONUS Rm:	156 SF
OPT. 3 CAR:	310 SF

Southern Dynasty
Engineering and Design, PLLC
P.O. Box 69
Waxhaw, NC 28173
Brad Ray Kirkendall Date
NC Certificate of Licensure P-0213

Acknowledgement of
Plans Submittal ONLY!

APPROVED MAR 21 2016
Date

Date 3/28/16

I.Q. CUSTOM CONSTRUCTION
840 Edmiston Rd.
MT. Ulla, NC 28125 Ph. 704-660-5738

THE HAWTHORN
HOUSE PLAN

FIRST FLOOR PLAN

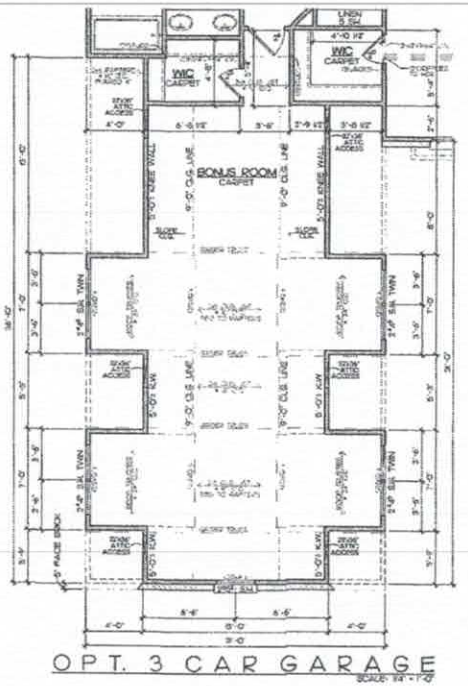
Drawn By: S. BROOKS
Date: 04-04-15
Rev: 05-04-15

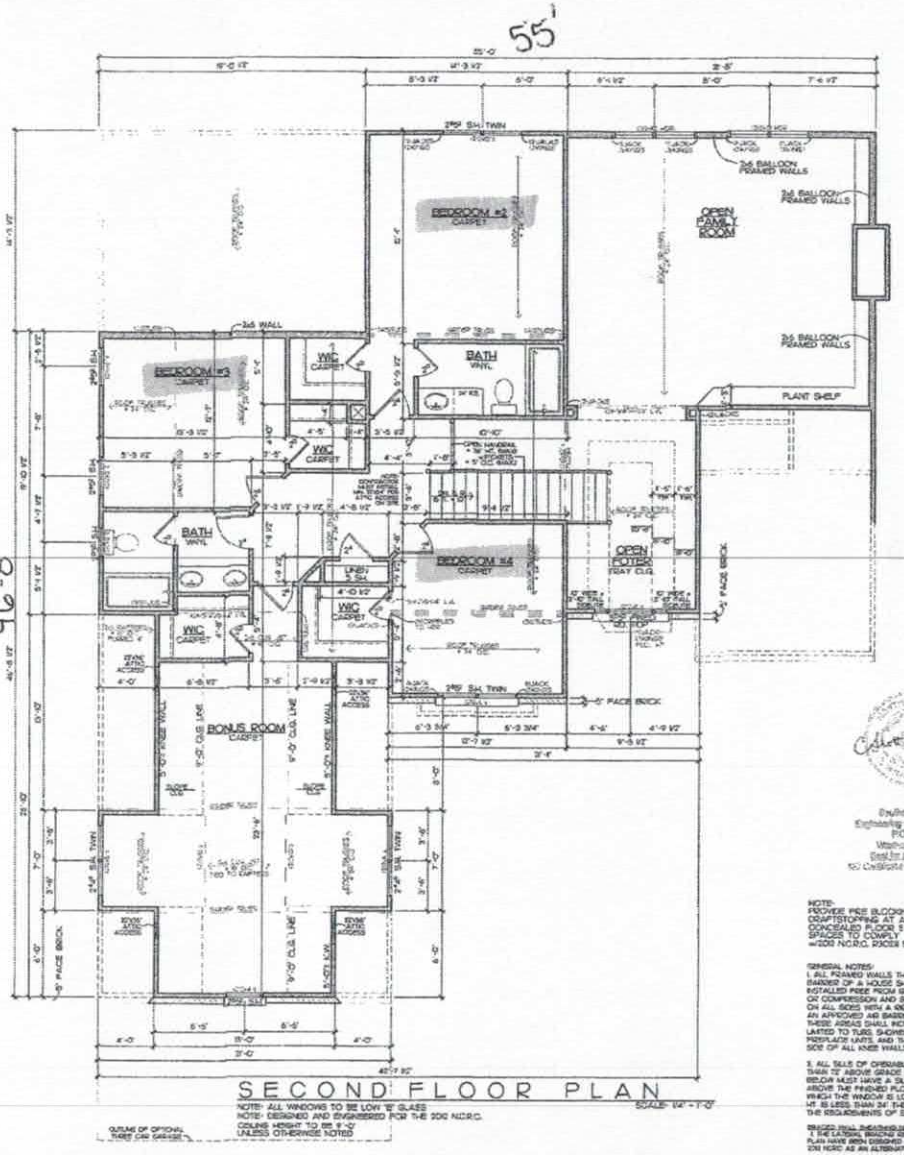
Sheet
3

Acknowledgement of
Plans Submittal ONLY!

APPROVED MAR 21 2016
Date

Date 3/21/16





Southern Dynamic
Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
Seal for Structural Only
NO Certificate of Licensure Required

NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY w/2012 NCRC, R302.8 & R302.12

GENERAL NOTES:
1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UNFINISHED SIDE OF ALL KNEE WALLS.

3. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R303.3 OR R324.

BRACED WALL SHEATHING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR BRACED WALLS OF THIS PLAN HAVE BEEN DESIGNED PER SECTION R602 EXEMPTION #1 OF THE 2012 NCRC AS AN ALTERNATIVE METHOD.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATED WITH A MINIMUM 7/16" OSB AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.09") NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG (USE PANEL EDGE), PASTEN PANEL EDGES TO BLOCKING AT 6" O.C. AND 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% OF WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" OSB.

5. FOR GARAGE WALL USES, METHOD PFG IS TO BE USED IN ACCORDANCE WITH THE SECTION R602.3.4 AS SHOWN IN FIGURE R602.3.4.

I.Q. CUSTOM CONSTRUCTION
840 Edminston Rd.
Mt. Ulla, NC 28125 Ph. 704-660-5738

THE HAWTHORN
HOUSE PLAN

SECOND FLOOR PLAN

S. BROOKS
3-4-16
3-21-16

4

IREDELL COUNTY

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

APPLICATION NUMBER
216870
Issue Date: 02/26/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4624343623.000	130 WASHAM ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BRICKWEG BRANDON+STEHANIE	Applicant: KATHLEEN SAUNDERS
Address: 138 WASHAM RD MOORESVILLE, NC 28117	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD REPLACING PERMIT 146731	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.972	35.00	35.00	15.00	15.00	CACL	X

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	61317	TOTAL FEES:	$ 77.25