IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230652

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

PIN # 4625979055

APPLICANT/OWNER: Thomas & Chris Robillard APPLICANT ADDRESS: 111 Quaker Rd Mooresville NC

SITE ADDRESS: 111 Quaker Rd Mooresville NC PHONE: 704-996-6330 ALT. PHONE N/A

SITE DIRECTIONS: 77 S T/R Brawley School Rd T/L Quaker Rd Lot on left SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: The Point ON NORMAN SECTION: 1C LOT # 32 LOT AREA: 1.22ac DESIGN FLOW: Ex 480 L.T.A.R.: Ex

Septic Tank	Ex	(gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	Ex
Pump Tank	Ex	(gal)	PT		Date		System Description: Existing		☐ Business	No. Persons	Ex
Pump Make		Model			Serial #		Repair System Description:		☐ Other	No. Employees	
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft	Ex	Maintenance Agreement Required: ☒ YES ☐ NO		☒ Slab	☐ Crawl Space	
Trench Width	Ex	Trench Bottom Depth(Low side)		Ex	Gravel Depth		☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply
☐ Private
☐ Public
☒ Community

Comments / Conditions: See plan per Paul Penninger. No surface diversion drain can be installed above new pool house.

INITIAL SITE SKETCH

See plan from Paul Penninger

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: [signature] Date: 10-13-17 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 10/12/17

BRAWLEY SCHOOL ROAD
CR 1100 · 90' PUBLIC R/W

N37°27'20"W
144.01'

LANDSCAPE EASEMENT
35' X 90' LANDSCAPE AND SIGN EASEMENT

5/8" H REBAR

60' BLDG. LINE

20' PSDE

18" RCP

N86°33'09"E
232.33'

20' BLDG. LINE

20' SSE

EX. Pool

EX. 2-STORY RESIDENCE

Lot 32
1.289 Acs.

R 180.00'

R 50.00'

WSS'

EX. DRIVE

12' SSE

20' BLDG. LINE

50' BLDG. LINE

S36°48'38"W
111.05'

S74°36'47"E
132.40'

TIE LINE
N72°47'10"W
13.79'

EX ⅝" REBAR

EX PK NAIL

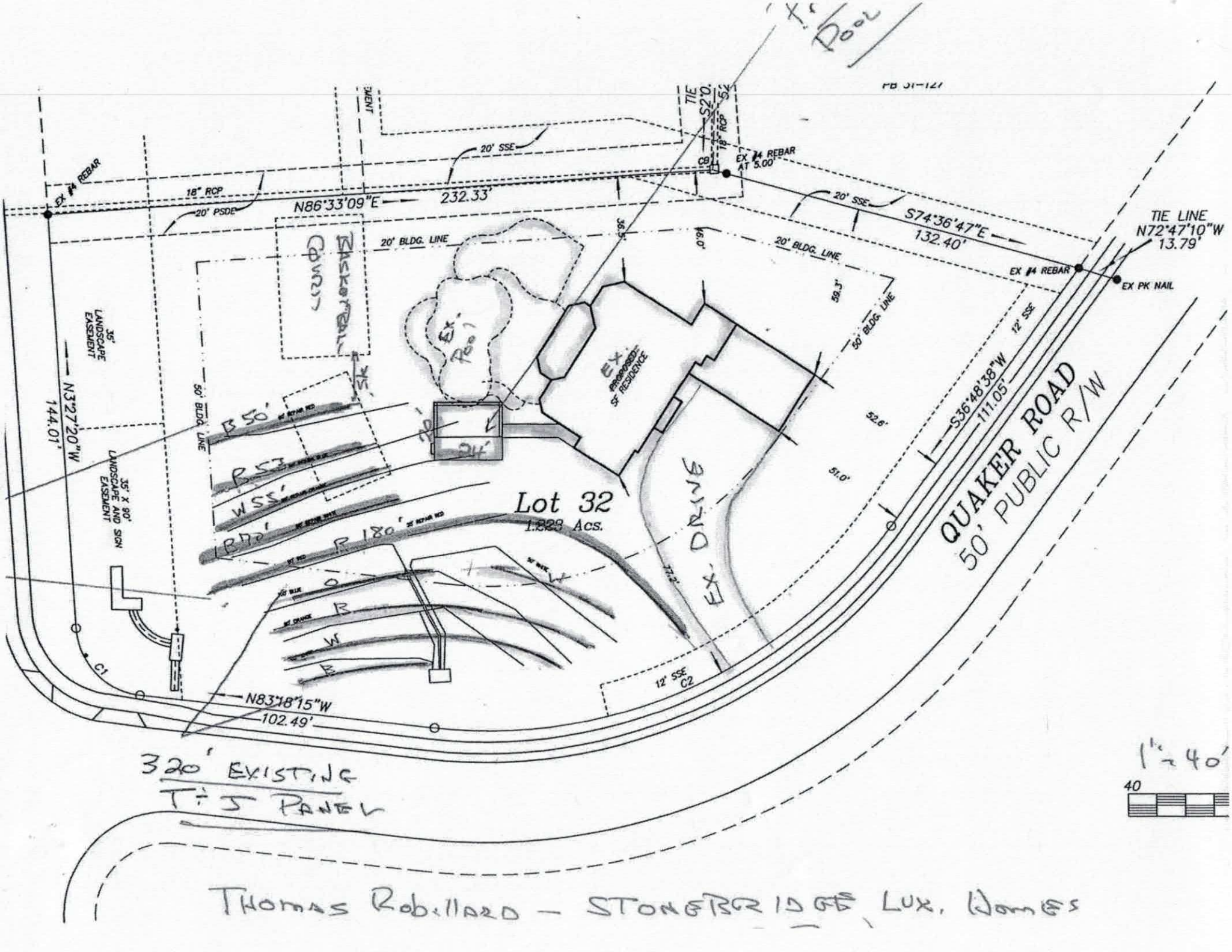
PROPOSED POOL HOUSE

320' EXISTING T-1-T PANEL

THOMAS ROBILLARD - STONEFIRE 10 GE LUX. HOMES
111 QUAKER EX. SYSTEM SITE PLAN
FOR PROPOSED POOL HOUSE

1" = 40'
40 0
SCALE

10-2-17



THOMAS ROBILLARD – STONEBRIDGE LUX. HOMES

Lot 32 Phase 1C The Point ICHD Fast Track System Specifications - Stonebridge Lux. Homes

Number of Bedrooms	4
Basement or Crawl	**Crawlspace**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.25
Primary System Type	**LP PPBPS**
No. Lines	5 (See Table)
Total Linear Feet	320
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	approx. 250' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	36 gpm
Elevation head	Approx. 18'
Pressure head	3.0'
Friction head	approx 7'
20% Contingency	5.6'
Total Head	33.6'
Pump Requirements	36 gpm @ 34' of head To be verified by installer and ICHD.
Maximum Dosing Volume	259 gallons
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	351 (320 required)
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.**

DENR/DEH

ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Stambaugh Log Homes
ADDRESS: _____
APPLICATION DATE _____
PROPOSED FACILITY: 4 Bdr
PROPOSED DESIGN FLOW (.1949): 480
DATE EVALUATED: 12/22/10
LOCATION OF SITE: Pt Lot 31 Ph 1c
PROPERTY SIZE: 4 ac ± 2
WATER SUPPLY: • Private • Public • Well • Spring • Other County soil
PROPERTY RECORDED: (R95)
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	C 5-10%	0-5	WSBK/SiL	fr SS/SP	—				PS .3
		5-22	mSBK/C	fr SS/SP	red br		fSAP	sl	
		22-48	SL/SAP	fr SS/SP		22" + SAP	fSAP PS	sl —	
2	C 5-10%	0-7	WSBK/SiL	fr SS/SP	br				PS .3
		7-32	mSBK/ABr C	fr SS/P	red		fSAP	sl	
		32-48	mSBK/C-Cl	fr SS/SP	red	48"	—	—	
3	C 5-10%	0-23	mSBK/SiL	fr SS/P	red		—		PS .3
		23-54	WSBK/SiL-SCl	fr SS/SP	red-brn	54"	SAP	—	
					—	—	—		
4	C 5-10%	0-5	SL/GR	fr SS/SP	br				PS .25-.3
		5-22	mSBK/ABK-C	fr SS/P	red				
		22-40	mSBK-C	fr SS/P	red		10YR 5/6 - 6/6		
		40-47	WSBK/C-Cl	fr SS/SP	red		—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ps	Ps
System Type(s)	PPBSS	PPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: PSE — REV. 12/10
OTHER(S) PRESENT: _____

COMMENTS: _____

Approved .25 LTAR
ICHD 12-30-10 gm

60" Pit - SL sap @ 30" .3 gm

60" Pit - L sap @ 15" .25 gm

.25 gm

Call Marc F. for site V.S. RECEIVED OCT - 1 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH #230652

APPLICATION FORM

704.996.6330

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 Existing Sys. Paid $250.00

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Thomas & Chris Robillard Address: 111 Quaker Rd Mooresville Zip: 28117

Applicant Email: ron@stonebridgehomes.com Phone: Alt. Phone: 704-996-6330

Owner Name: same Address: Zip:

Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 111 Quakers Rd

Subdivision Name: The Point Section/Phase: 1C Lot Number: 32

Driving Directions: BSR, TL Quaker, (7 on left)

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

CHECK FOUNDATION TYPE

( ) 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:
Maximum Number of Occupants:
( ) Swimming Pool
(X) Other Addition/Structure: Pool House

( ) Crawl Space Foundation
(X) 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:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2011
( ) 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: _____ 10-2-17
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, Thomas & Chris Robillard, am the legal owner(s) of the property located at 111 Quaker Rd, identified as PIN (Parcel Identification Number) 4625979065.000 located in Iredell County, North Carolina

I do hereby authorize (**print legal representative/company name**) Pave Pennington Rod Parrow, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below Pennington Soil Consulting Stonebridge Lux, Homes

- 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

10/2/17

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

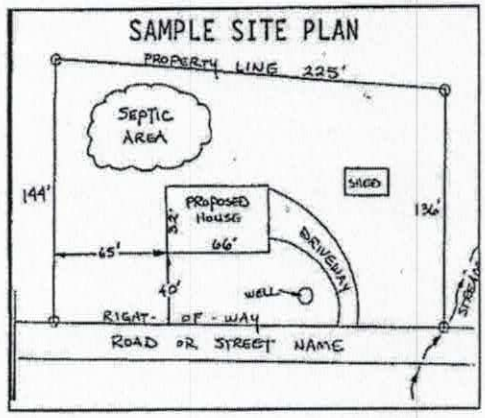
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location SEE
- ( ) Preferred well location N A
- ( ) Preferred septic system location SEE
- (X) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

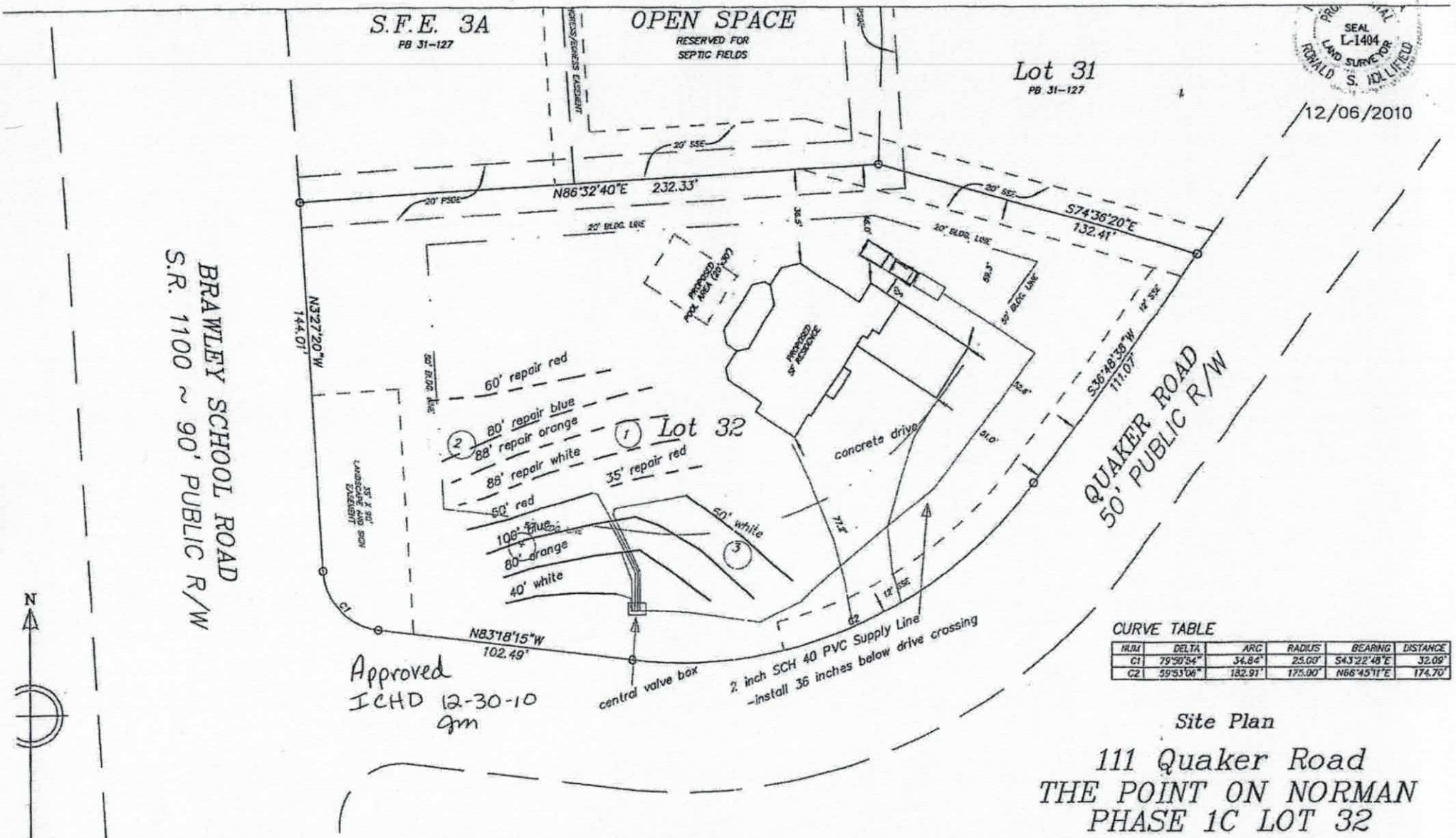
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE attached SURVEY

Signature: _____

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

10-2-17
DATE



CURVE TABLE

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	79°50'54"	34.84'	25.00'	S43°22'48"E	32.09'
C2	59°53'06"	182.91'	175.00'	N68°45'11"E	174.70'

Site Plan

111 Quaker Road
THE POINT ON NORMAN
PHASE 1C LOT 32

Davidson Township, Iredell County, NC
Tax PIN 4625-97-9055 ~ D. B. 2035-2135 ~ P.

Property of: Thomas C and Chris Lynn Robill

R. S. Hollifield land surveying / subdivision planning p. o. box 1036 Troutman, NC 28166-1036
phone (704) 871-1175 ~ cell (704) 201-1281 ~ email: holiron@bellsouth.net

file: 10\pnt1c132

map by RS Hollifield with ICHD Fast Track septic details by S&ME 12-27-10. (1" = 40') – Sketch, lines flagged in field

This sketch must accompany written report and is not intended to be a Professional Engineer Design.

4.00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 164618 PIN # 4625 97 9055 DATE December 30, 2010

OWNER or APPLICANT Stonebridge Homes / Thomas & Chris Robillard PHONE: Business 704-658-1404 Home: 704-660-5780 cell

OWNER or APPLICANT ADDRESS PO Box 4297, Mooresville, NC 28117-7540

LOCATION / DIRECTIONS Brawley School Rd, TL Bunker Rd on left at corner

SUBDIVISION The Point BLOCK / SECTION 1C LOT # 32 LOT AREA 1.22 ac. DESIGN FLOW 480 gpd L.T.A.R. .25 gpd/ft²

(1850)

Septic Tank 1500 Gallons: STB 528 Date 2-10-07
Pump Tank 1500 Gallons: PT 485 Date 3-24-10
Pump Make Gould Model WE6512H Serial # E113703
Nitrification Field No Fields 1 No Lines 5★ Linear Feet 320
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA ☐ GRAVITY ☒ PRESSURE

☒ New System ☐ Repair ☐ Expansion System Type I II III (IV) V VI
System Description: LP PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required ☒ YES ☐ NO

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

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions
★ 2 lines centerfed, 3 lines endfed
★ Okay to install Swimming pool as shown on permit

INITIAL SITE SKETCH

See plan from SME
Approved by ICHD

Comments / Conditions 10/10/2011 Checked tanks. TJ2
10/18/11 Panels installed
Installed as Drawn
3/16" hole drilled

AS BUILT SKETCH

11/7/2011 Set 3# pressure, checked elect & alarm

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.

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

Owner / Applicant Signature: Chris Robillard Date 12-30-10 Installed by: Steve Gordon PS

Improvement Permit by: Judy Melville REHS Date 12-30-10 Operation Permit by: Judy Melville Date 11/7/2011

Authorization to Construct by: Judy Melville REHS Date 12-30-10 Existing System Inspected by: Date:

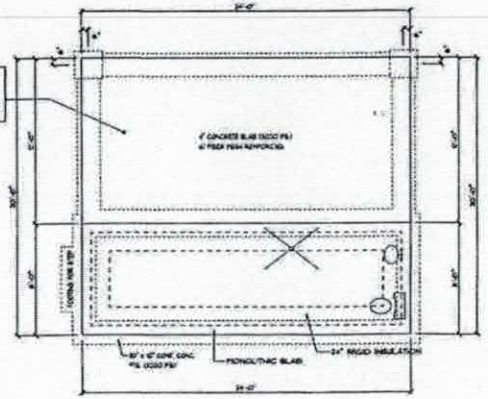
YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

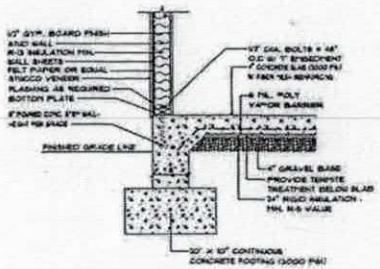
WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

Acknowledgement of
Plans Submittal ONLY!

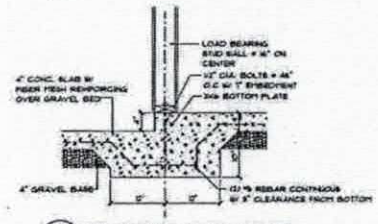
Date

Date 10/12/21





A/3 FOUNDATION DETAIL
SCALE: 1" = 1'-0"

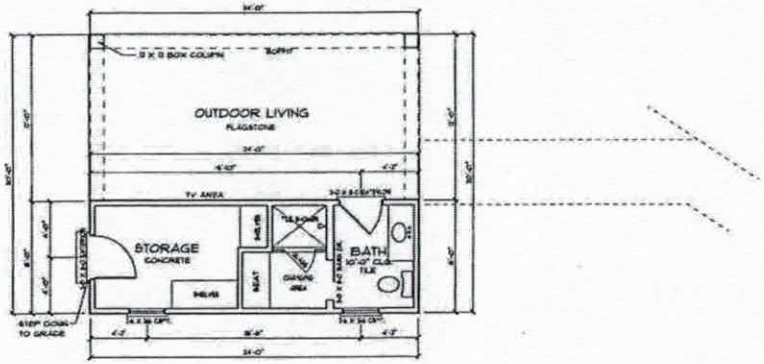


B/3 THICKENED SLAB DETAIL
SCALE: 1" = 1'-0"

FOUNDATION NOTES

- FOUNDATION WALL FOOTING TO BE 12" THICK BY 30" WIDE CONTINUOUS CONCRETE (3000 PSI MIN.)
- SLAB FOUNDATION TO BE 4" THICK CONCRETE (3000 PSI MIN.) W/ FIBER MESH
- PROVIDE 6-MIL. POLY VAPOR BARRIER & TERMITE TREATMENT BELOW ALL CONCRETE SLABS

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



SQUARE FOOTAGE

BATH	56
MEDIA ROOM	356
OUTDOOR LIVING	288
STORAGE	84
TOTAL	834

DOOR & WINDOW NOTE

ALL EXTERIOR DOOR SIZES ARE NOMINAL. BUILDER TO VERIFY ALL SIZES & NON-EGRESS CONDITIONS. FALL PROTECTION CODE & GLAZING REQUIREMENTS PER CODE W/ WINDOW & DOOR MANUFACTURE SELECTED. ALL DOORS & WINDOWS TO COMPLY W/ ALL OF 2018 NORTH CAROLINA RESIDENTIAL CODES.

FIRST FLOOR NOTES

- 10' CEILING HEIGHT, TYP., UNLESS NOTED OTHERWISE
- 8' DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR BEAM & FIRST FLOOR HEADER SIZES.
- IN DWELLING UNITS, WHERE THE OPENING OF AN OPERABLE WINDOW IS LOCATED MORE THAN 72" ABOVE THE FINISHED GRADE OR SURFACE BELOW, THE LOWEST PART OF THE CLEAR OPENING OF THE WINDOW SHALL BE A MINIMUM OF 24" ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. OPERABLE SECTIONS OF WINDOWS SHALL NOT PERMIT THE OPENINGS THAT ALLOW PASSAGE OF A 4" DIAMETER SPHERE WHERE SUCH OPENINGS ARE LOCATED WITHIN 24" OF THE FINISHED FLOOR.
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.
- 90MM MU GLAZING IN ALL FIXED & OPERABLE PANELS OF SWINGING, SLIDING & BI-FOLD DOORS
- PROVIDE TEMPERED GLAZING WHERE THE WINDOW IS WITHIN 24" OF A DOOR & LESS THAN 60" FROM THE FLOOR
- PROVIDE MIN. 4 SQ. FT. NET CLEAR OPENING & MIN. 22" OPENING HEIGHT & MIN 20" OPENING WIDTH IN ALL SLEEPING ROOMS

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

ENGINEERED BY:
G.B. ENGINEERING, PLLC
P-1258

DRAWN BY:
ELIAS LEACH

PROJECT:
© COPYRIGHT 2011

ROBILLARD RESIDENCE
111 QUAKER ROAD MOORESVILLE, NC 28117

DATE:
09/17/2017

REVISIONS:
REV:
REV:

SHEET 3 OF 8

ITE:
OGETHER W/ TWO ROWS
ON 8D@ 6C/@6C/@ 4 16" O.C.
OF A 3/4" TRUSSLOK.
SS NOTED OTHERWISE ON
BE LOCATED A MINIMUM
"HE TOP or BOTTOM OF

ANGERS
& BEAMS
HANGER

LUS26
LUS210
LUS310
HUS26-3
HUS210-3
HUS212-3
LUS28-3
LUS210-3
HUS10-3 MIN.
HGUS4-10
HGUS410
HGUS412
HGUS414
HGUS5-14
HGUS5.50/10
HGUS5.50/10
HGUS5.50/12
HGUS5.50/12
HGUS5.50/14
HGUS5.50/14
HGUS5.50/14
HGUS7.25/10
HGUS7.25/10
HGUS7.25/12
HGUS7.25/12
HGUS7.25/14
HGUS7.25/14
HGUS7.25/14

SIMPSON STRONG TIE
OR EQUIVALENTE

DOOR & WINDOW NOTE

LL WINDOW & DOOR SIZES ARE NOMINAL.
VERIFY ALL ROUGH & NON-EGRESS
DIRECTIONAL FALL PROTECTION CODE & GLAZING
EQUIREMENTS PER CODE W/ WINDOW & DOOR
MANUFACTURE SELECTED. ALL DOORS & WINDOWS TO
COMPLY W/ ALL OF 2012 NORTH CAROLINA RESIDENTIAL
ODES.

ECOND FLOOR NOTES

CEILING HEIGHT "TYP. UNLESS NOTED OTHERWISE

8" DOOR AND WINDOW HEIGHT TYP. UNLESS
TED OTHERWISE. SEE ELEVATION FOR WINDOW HEIGHTS.

ROVIDE ATTIC ACCESS TO ALL ATTIC SPACES
CORDING TO CODE.

E SECOND FLOOR CEILING PLAN FOR ALL
COND CLG. BEAM & SECOND FLOOR HEADER SIZES.

L DOORS WITH GLASS SHOULD BE TEMPERED &
ROOMS SHOULD BE TEMPERED PER STATE CODE

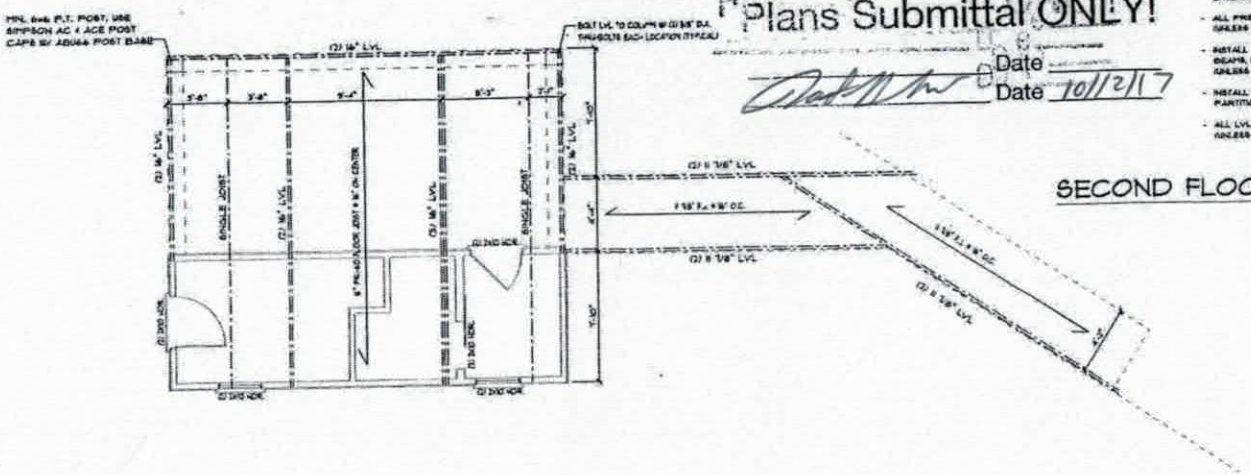
L FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE
HECKED PER TYP.

LAZING IN ALL FIXED & OPERABLE PANELS
SWINGING, SLIDING & BI-FOLD DOORS

ROVIDE TEMPERED GLAZING WHERE THE WINDOW
WITHIN 24" OF A DOOR, LESS THAN 60" FROM
E FLOOR, OR LESS THAN 36" FROM SURFACE OF
PERMANENT BENCH SEAT.

ROVIDE MIN. 4 SQ. FT. NET CLEAR OPENING & MIN.
" OPENING HEIGHT & MIN 20" OPENING WIDTH IN ALL
LEEPING ROOMS

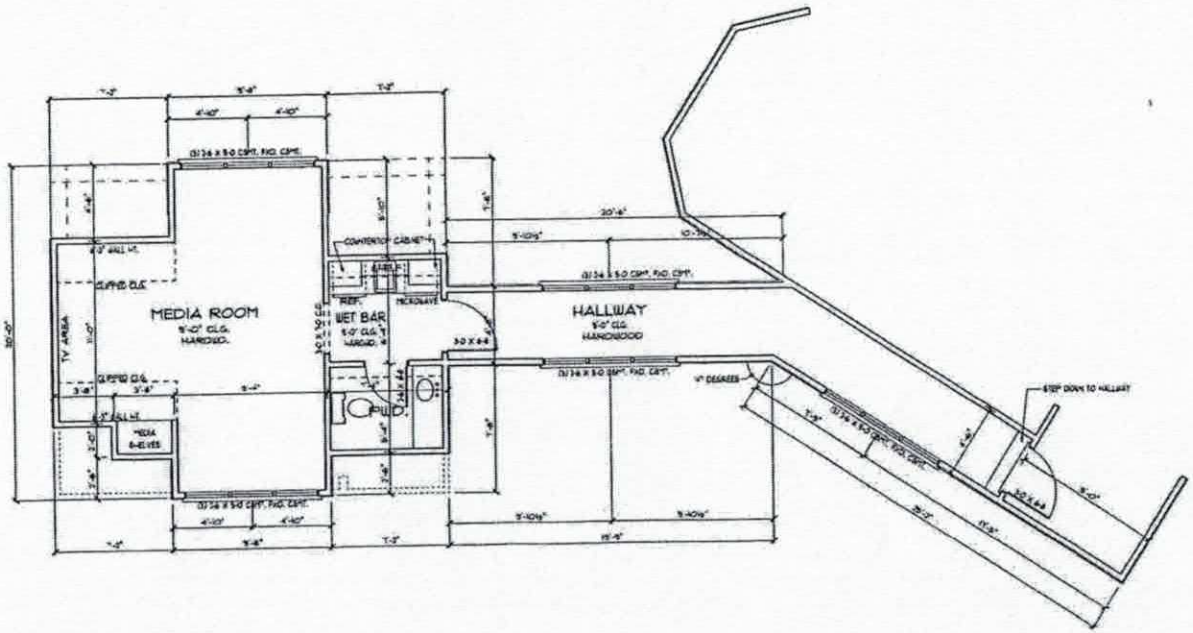
COND FLOOR PLAN
SCALE: 1/4" = 1'-0"



SECOND FLOOR FRAMING PLAN

- SECOND FLOOR JOISTS TO BE 16" FM 6x10 @ 16" ON CENTER UNLESS NOTED OTHERWISE/ DIRECTION INDICATED ON PLAN
- SUB-FLOORING TO BE 3/4" TONGUE & GROOVE PLYWOOD (GLUED & NAILED)
- DOUBLE BAND @ ALL PARALLEL EXTERIOR WALLS & SINGLE BAND @ ALL PERPENDICULAR EXTERIOR WALLS.
- ALL FIRST FLOOR HEADERS TO BE (2) 2x10 & T.O.P. UNLESS NOTED OTHERWISE)
- INSTALL A MINIMUM OF (3) 2x4 STUDS UNDER ALL BEAMS, LVL, & GIRDERS AT THE FIRST FLOOR UNLESS NOTED OTHERWISE)
- INSTALL DOUBLE JOISTS UNDER ALL PARALLEL PARTITION WALLS UNLESS NOTED OTHERWISE)
- ALL LVL BEAMS ARE 1 3/4" WIDE UNLESS NOTED OTHERWISE)

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



ENGINEERED BY:
G.B. ENGINEERING, PLLC
P-1258

DRAWN BY:
ELIAS LEACH

PROJECT:
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ROBILLARD RESIDENCE
111 QUAKER ROAD MOORESVILLE, NC 28117

DATE:
09/17/2017

REVISIONS:
REV:
REV:

SHEET 4
OF 8

Acknowledgement of Plans Submittal ONLY!
Date
Date 10/12/17

IREDELL COUNTY

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

APPLICATION NUMBER
230652
Issue Date: 10/03/2017

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4625979055.000	111 QUAKER ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROBILLARD THOMAS C JR+CHRIS L	Applicant: STONEBRIDGE LUXURY HOM
Address: 111 QUAKER RD MOORESVILLE, NC 28117	Address: PO BOX 4297 MOORESVILLE, NC 28117
Phone:	Phone: 704-658-1404

Use Requested	Zone Code
ATTACHED POOL HOUSE	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.220	35.00		25.00	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	116791	TOTAL FEES:	$ 77.25