IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625

PERMIT # 218519

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

PIN # 4626672537.000

APPLICANT/OWNER: IQ Custom Homes

APPLICANT ADDRESS: 840 Edminston Rd. Mt. Ulla, NC 28125

SITE ADDRESS: 140 Millhouse Rd. Mooresville, NC

PHONE:

ALT. PHONE (704) 578-4951 Kathleen Saunders

SITE DIRECTIONS: Brawley School Rd, TR McKendree, TR Millhouse on right.

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Meadows Field

SECTION: — LOT # 7 LOT AREA: 0.834 acres

DESIGN FLOW: 480 GPD L.T.A.R.: 0.3I, 0.25R

Septic Tank	1000	(gal)	STB	825	Date	7-2-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% reduction	
Pump Make	—		Model	—	Serial #	—	Repair System Description:	LPPPBPS	
# Nitrification Fields	1	# Lines	6		Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	28"low, 32"high		Gravel Depth	—	☒ 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: Recommend pumping septic tank every 3-5 years

INITIAL SITE SKETCH

See attached, approved plan by The Oaks Group (dated 8/9/2017, approved 8/16/2017)

AS BUILT SKETCH

Installed as shown

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: 8-16-17

IMPROVEMENT PERMIT by: Mohamed Dumarieh Date: 8/16/2017

AUTHORIZATION TO CONSTRUCT by: Mohamed Dumarieh Date: 8/16/2017

Installed by: Rowan Septic

OPERATION PERMIT by: [signature] Date: 8-18-17

Existing System Inspected by: Date:

ORDED RIGHTS OF WAYS OR EASEMENTS
BSERVED AND/OR RESTRICTIVE COVENANTS.
TO VERIFY ALL SETBACKS AND ZONING
ATIONS PRIOR TO ANY PLANNING OR
RUCTION.
STANCES ARE HORIZONTAL GROUND DISTANCES
; OTHERWISE NOTED.
EAS SHOWN HEREON WERE DETERMINED BY
NATE COMPUTATION.
KS AS SHOWN ARE PER PB: 64-131
AY DIFFER FROM CURRENT ZONING
NCES AND/OR RESTRICTIVE COVENENANTS.
ROPERTY DOES NOT LIE WITHIN A SPECIAL
HAZARD AREA AS DETERMINED BY THE
L EMERGENCY MANAGEMENT AGENCY.
OT IS SUBJECT TO A 10' DRAINAGE &
EASEMENT ALONG ALL PROPERTY LINES.

IN NORTH CAR
THE RATIO OF F

Shelby
PROFESSIONAL

APPROVED AUG 16 2017
M.A.D.

MILLHOUSE RD 60' PUBLIC R/W

WICKFORD LN 60' PUBLIC R/W
PB: 15-83

LOT 629 C.O.S.
FARMS PROPERTY
OWNERS ASSOCIATION INC
DB: 1906-2397
PB: 52-16

N 22°55'36"E 211.71'

S 35°22'18"E 403.56'

N 67°00'49"W 343.35'

LOT 7
0.83 ACRES +-

LOT 6
IQ CUSTOM CONSTRUCTION INC
DB: 2421-409
PB: 64-131

Add. Repair
R-70' REP
4 @ 0.58' REP

GARAGE
FOUNDATION (EASEMENT)
Deck
Shed
well
Drive
Storm Wall

35.9'
35.8'
48.5'
41.1'
40.1'

35' FRONT SETBACK
15' SIDE SETBACK
15' SIDE SETBACK

R-30
R-86
R-62
R-53' REP
R-79' REP
0-138'
0-68' REP

EX. #4 REBAR

R/W

1" = 10'

VICINITY MAP
(NOT TO SCALE)

MILLHOUSE RD
WICKFORD LN
SITE
SCHOOL RD

LEGEND:

BOUNDARY LINE
OVERHEAD UTILITIES
FENCE (TYPE NOTED)
CP = COMPUTED POINT (UNMARKED)

Meadow Fields Lot 7 Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	6 (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	32"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	328
Repair Loading Rate	0.25

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	58
2	Repair	Pink	LP PPBPS	70
3	**System**	**Pink**	**25% Reduction**	**62 endfed**
4	**System**	**Red**	**25% Reduction**	**30 endfed**
5	**System**	**Orange**	**25% Reduction**	**139 endfed**
6	**System**	**Blue**	**25% Reduction**	**87 endfed**
7	**System**	**Red**	**25% Reduction**	**52 endfed**
8	**System**	**Pink**	**25% Reduction**	**30 endfed**
9	Repair	Pink	LP PPBPS	53
10	Repair	Orange	LP PPBPS	68
11	Repair	Red	LP PPBPS	79
				Total System: 400'
				Total Repair: 328'

No. lines: 6
M.A.D.

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

Mohamed Dumarieh

From: Heath Snow
Sent: Tuesday, August 15, 2017 9:04 AM
To: Mohamed Dumarieh
Subject: FW: Lot 7 Millhouse
Attachments: Gravity 25% Reduction Fast Track - Millhouse Lot 7.pdf; EPSON041.PDF

From: Kathleen Saunders [mailto:kathleenmsaunders@gmail.com]
Sent: Monday, August 14, 2017 2:54 PM
To: Benjamin Aldridge; Heath Snow
Subject: Lot 7 Millhouse

Per our site meeting today on this lot, I met Kevin with Rowan Septic this afternoon and we came up with this layout. It removes the uppermost red line (30 ft) from the limited redraw application site plan and puts it in between the orange and pink lines. He confirmed he can get fall from the tank to the pink line, which is now the uppermost line.

Please see the revised site plan and spec sheet, which are attached, and let me know if you have any questions or if you need to meet on site again to discuss.

Kathleen Saunders, LSS
The Oaks Group, PA

,TMENT OF HEALTH AND HUMAN SERVICES
.SION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
-SITE WATER PROTECTION BRANCH

PROPERTY ID #:
COUNTY: Iredell

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

OWNER: IQ Custom Construction
ADDRESS: Millhouse Rd Mooresville
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 7
APPLICATION DATE
DATE EVALUATED: 3/14/16
PROPERTY SIZE: 0.8 Acres
PROPERTY RECORDED:
PROPOSED DESIGN FLOW (.1949): 480 gpd

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L	0-20	mo sbk/ wk abk C	FR ss/sp	R; F yel/br	52"+	N/A	N/A	0.25
		20-52	wk sbk C	↓	R; F yel/br				
2	L ~10%	0-8	mo gr cl	FR ns/np	Br	56"+	N/A	N/A	0.3
		8-36	mo sbk C	FR ss/sp	R				
		36-56	wk sbk C	↓	R				
3	L	0-30	mo sbk C/CL	FR ss/sp	R	54"+	N/A	N/A	0.3
		30-54	wk sbk CL	↓	R yel; C/M Sap * some L sapp pocket				
4	L	0-35	mo sbk/ wk abk C	FR ss/sp	R	45"	PS	N/A	0.3
		35-45	wk sbk CL	↓	R; C Sap				
		45-65	MA L Sap	↓	R yel				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LPP BPS
Site LTAR	0.3	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P.S
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

APPROVED MAY 16 2016

BA

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: IQ Custom Construction
APPLICATION DATE
ADDRESS: millhouse Rd Mooresville
DATE EVALUATED: 3/14/16
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 0.8 Acres
LOCATION OF SITE: Lot 7
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) .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
1	L	0-20	mo SBK/ WK ABK C	FR SS/SP	R; F yel/br				0.25
		20-52	WK SBK C	↓	R; F yel/br				
2	L ~10%	0-8	MO GR SL	FR NS/NP	Br				0.3
		8-36	MO SBK C	FR SS/SP	R				
		36-56	WK SBK C	↓	R				
3	L	0-30	MO SBK C/CL	FR SS/SP	R				0.3
		30-54	WK SBK CL	↓	R yel; C/M Sap * some L sap pocket				
4	L	0-35	mo SBK WK ABK C	FR SS/SP	R				0.3
		35-45	WK SBK CL	↓	R; C Sap				
		45-65	MA L Sap		R yel				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	25% Red	LPP BPS
Site LTAR	0.3	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P.S
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

Limited Redraw

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

RECEIVED AUG 9 - 2017

Paid $75.00 #218519

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

Page 2: Site Plan Worksheet form MUST accompany this application

The following optional attachments may also be submitted:
(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

contact Kathleen Sawriders (704) 578-4951

Applicant Information:

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

Owner Name: same **Address:** **Phone:**

Property Information:

Street Address: 140 Millhouse Rd Mooresville 28117

Subdivision Name: Meadow Field **Section/Phase:** **Lot Number:** 7

Driving Directions: BSR, R on Mckendree Rd, R on Mill House, Lot On Right

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
( ) Swimming Pool
( ) Other Addition/Structure:

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

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)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Year existing system installed:

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 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 Helt 8/9/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

#218520

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Pd $75 2/27/17

(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: X **Improvement Permit** X **Authorization To Construct** ___ **Existing System Inspection**

****

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

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

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

****

3. Applicant Information:

contact Kathleen Saunders (704) 578-4951

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
ID Custom Homes	840 Edminston Rd Mt Ulla	28125	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
140 millhouse Rd	Mill house	Lot 7

Driving Directions: BSR, Mckendree, Millhouse

****

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

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

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

****

6. Proposed Water Supply:

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

****

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

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

8. 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. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 2/27/17

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, IQ Custom Construction, am the legal owner(s) of the property located at 140 Millhouse Rd Mooresville, identified as PIN (Parcel Identification Number) 4626672537, 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.

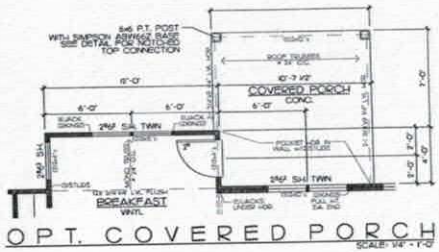
Signature of Owner(s) — Date: 3/31/16

Signature of Witness — Date: 3-31-16

Please return this signed form to the appropriate office:

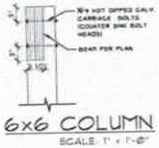
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



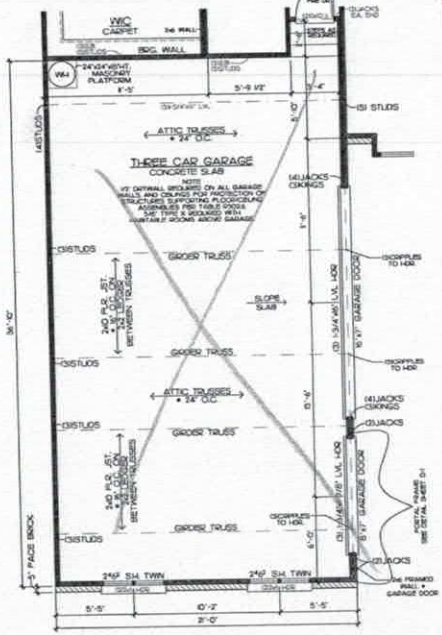
OPT. COVERED PORCH

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



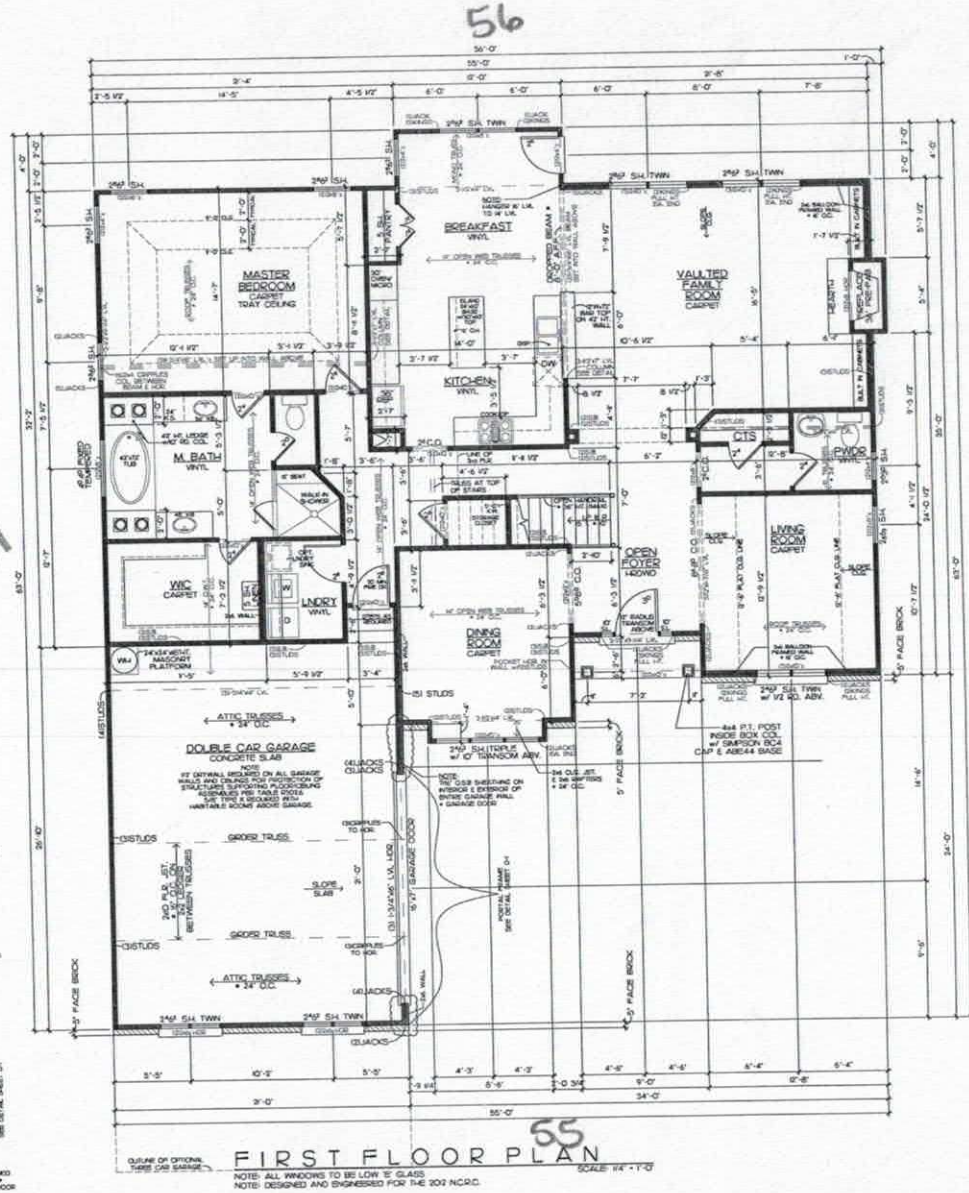
6x6 COLUMN

SCALE: 1" = 1'-0"



OPT. 3 CAR GARAGE

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



OUTLINE OF OPTIONAL THREE CAR GARAGE

FIRST FLOOR PLAN

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

NOTE: ALL WINDOWS TO BE LOW 'E' GLASS

NOTE: DESIGNED AND ENGINEERED FOR THE 2012 N.C.R.C.

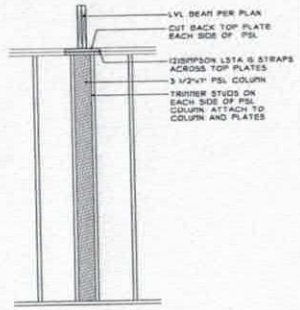
WALL BRACING NOTES:

1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN R602.10.4 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH SEPTEMBER 1, 2013 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATED WITH A MINIMUM 7/16" O.S.B. AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d [2.5"x0.131"] NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG O.S.B. PANEL EDGES. FASTEN PANEL EDGES TO BLOCKING AT 3" O.C. AND 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF THE WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" O.S.B.



TYPICAL PSL COLUMN DETAIL

SCALE: 1/2" = 1'-0"

HANGER SCHEDULE FOR JOISTS AND BEAMS	
MEMBER (NUMBER OF PLY'S)	HANGER
2X8	LUS26
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 TRN
2-1 3/4" x 9 1/4" LVL	HGUS410
2-1 3/4" x 9 1/8" LVL	HGUS413
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	HGUS5.50/10
3-1 3/4" x 9 1/8" LVL	HGUS5.50/12
3-1 3/4" x 14" LVL	HGUS5.50/14
3-1 3/4" x 16" LVL	HGUS5.50/14
3-1 3/4" x 18" LVL	HGUS5.50/14
4-1 3/4" x 9 1/4" LVL	HGUS7.25/10
4-1 3/4" x 9 1/8" 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

NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY w/R302 N.C.R.C. 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 UNHEATED 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 R613 OR R612.

SQUARE FOOTAGE

1ST FLOOR	2,294 SF
2ND FLOOR	2,068 SF
TOTAL HEATED	4,362 SF
2 CAR BONUS RM	362 SF
3 CAR BONUS RM	362 SF
1ST FLOOR	2,294 SF
2ND FLOOR	2,068 SF
2 CAR GARAGE	510 SF
3 CAR GARAGE	719 SF

Acknowledgement of Plans Submittal ONLY!

Date 2/27/17

Date 3/8/17

Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
NC Corp. of Licensure P-0713
Seal for Structural Only

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

Project: THE BURNSIDE HOUSE PLAN

Sheet Title: FIRST FLOOR PLAN

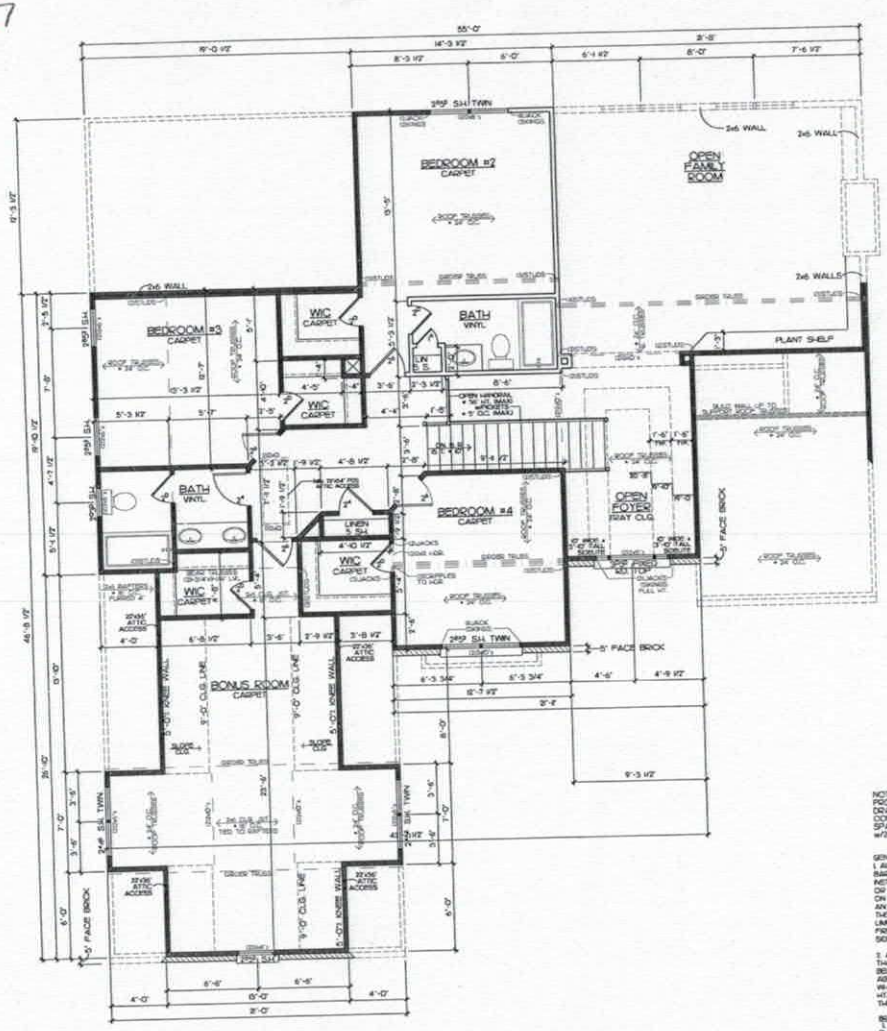
Drawn By: JR
Date: 02-21-17
Rev: 06-01-17

Sheet: 3

Acknowledgement of
Plans Submittal ONLY!

Date 2/27/17

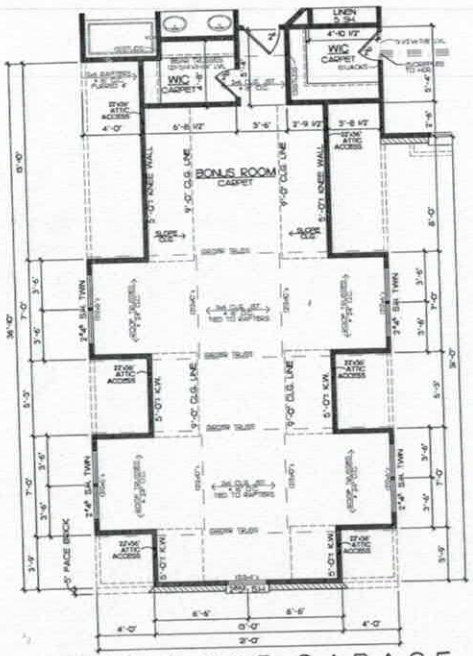
Date 3/8/17



SECOND FLOOR PLAN

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

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



OPT. 3 CAR GARAGE

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

NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY w/2012 NCRC: R302.11 & 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 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 R612.3 OR R308.4

BRACED WALL SHEATHING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR BRACED WALLS OF THIS PLAN HAVE BEEN DESIGNED PER SECTION R602.10 EXCEPTION #2 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"X.093 NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG OSB PANEL EDGES. PASTEN PANEL EDGES TO BLOCKING AT 3" O.C. AND 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% 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 R602.10.3.4 AS SHOWN IN FIGURE R602.10.3.4

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MT. Ulla, NC 28125 Ph: 704-660-5738

Project: THE BURNSIDE HOUSE PLAN

Sheet Title: SECOND FLOOR PLAN

Drawn By: JR
Date: 1-02-05
Revs: 06-01-16, 06-09-16
Site:

Sheet: 4

IREDELL COUNTY

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

APPLICATION NUMBER
218519
Issue Date: 05/03/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4626671380.000	140 MILLHOUSE ROAD, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CALDWELL MARSHALL TODD	Applicant: THE OAKS GROUP
Address: PO BOX 1774 124 BLAKE LN MOORESVILLE, NC 28115	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.330	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: Emma Holt Date: 05/02/16

Permit Number	67588	TOTAL FEES:	$ 77.25