IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214661

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

PIN # 4626-69-6813.000

APPLICANT: Chad Goodin Signature Homes APPLICANT ADDRESS: River Hwy Mooresville NC

SITE ADDRESS: 429 Grasshopper Ck. Mooresville NC PHONE: — ALT. PHONE: —

SITE DIRECTIONS: 3512, TR McKendree, TR Grasshopper, Bear R, on R

SUBDIVISION: CL&T SECTION: 8 LOT # 461 LOT AREA: .675 ACRE DESIGN FLOW: 480 GPD L.T.A.R.: .3 I / .275

Septic Tank 1000 (gal) STB 199 Date 9-3-17
Pump Tank 1000 (gal) PT 283 Date 9-5-17
Pump Make Liberty Model 290 Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 267'
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III ☒ IV V VI
System Description: LP-PPBPS
Repair System Description: PRE-TREATED LP-PPBPS
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: SHED NEEDS TO BE MOVED OFF OF SEPTIC REPAIR AREA PRIOR TO ISSUANCE OF OP.
CRUSH & FILL OLD SEPTIC TANK.

DRAINFIELD IS TO BE LOWER THAN ANY FOUNDATION DRAIN FOR HOUSE. IF BASEMENT IS CUT LOWER, SYSTEM MAY HAVE TO BE REDRAWN.

INITIAL SITE SKETCH

See Approved / Attached
Design By Michael
Athanas & Assoc.

DATED APPROVED NOV 1 9 2015

AS BUILT SKETCH

** Must keep house at least 25ft from existing well.

10/12/17, Set 2ft pressure
Checked tanks & lines

	Date	Initials
Drain Lines Checked	10/12/17	MD
Tanks Checked	10/12/17	MD
Pressure Manifold or Valve Box Checked	10/12/17	MD
Pressure Head Set	10/12/17	MD
Electrical Checked	2-2-18	BB
Floats Set	2-2-18	BB
Alarm Checked	2-2-18	BB
Maintenance Contract (Y) / N	2-5-18	KW
Comments:		

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: 2/10/17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date: 2-5-18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson APPROVED NOV 1 9 2015 Date: 2/10/17 Existing System Inspected by: Date:

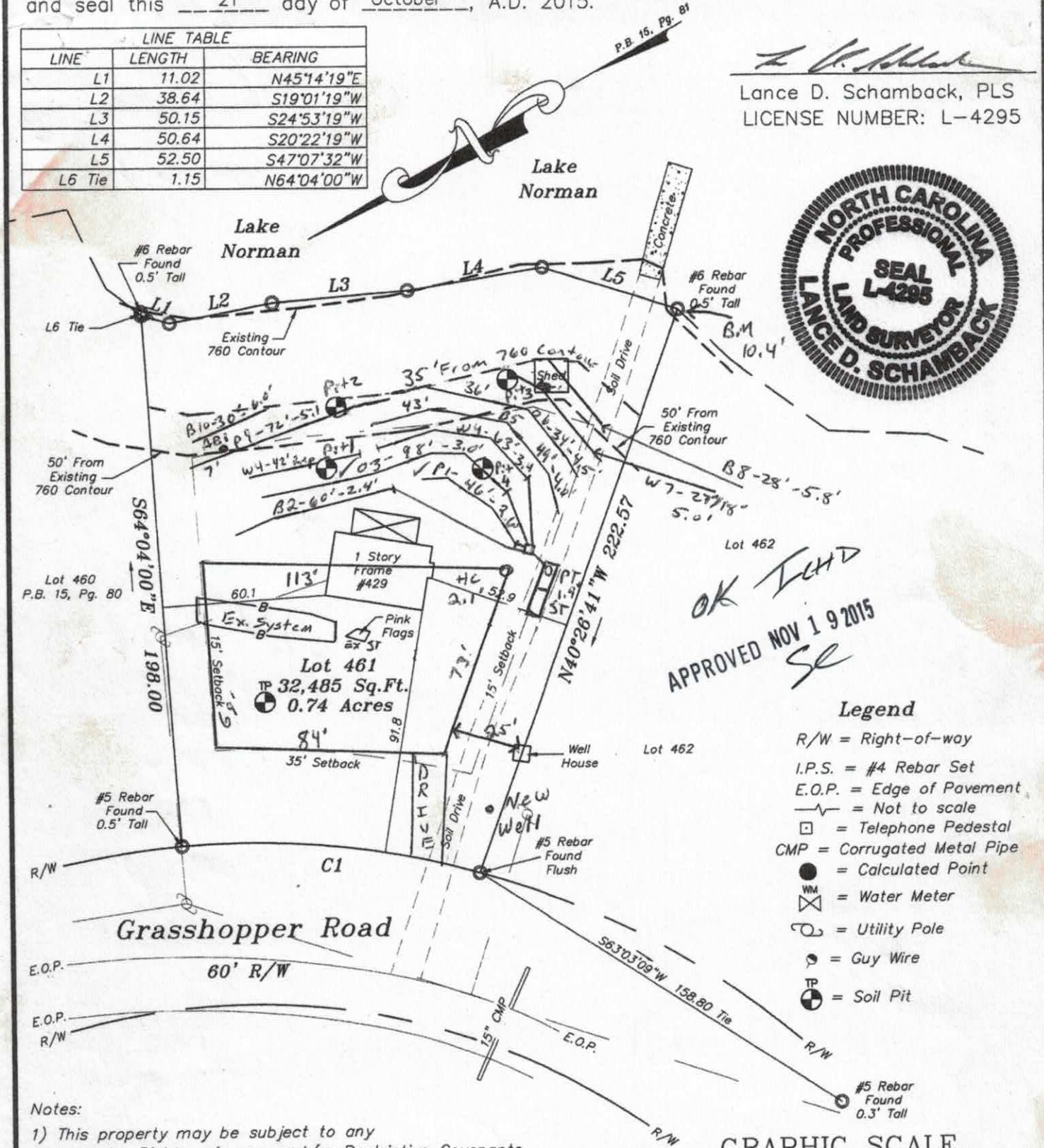
Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

and seal this 21 day of October, A.D. 2015.

LINE TABLE		
LINE	LENGTH	BEARING
L1	11.02	N45°14'19"E
L2	38.64	S19°01'19"W
L3	50.15	S24°53'19"W
L4	50.64	S20°22'19"W
L5	52.50	S47°07'32"W
L6 Tie	1.15	N64°04'00"W

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK



OK LHD
APPROVED NOV 19 2015
SL

Legend

- R/W = Right-of-way
- I.P.S. = #4 Rebar Set
- E.O.P. = Edge of Pavement
- = Not to scale
- = Telephone Pedestal
- CMP = Corrugated Metal Pipe
- = Calculated Point
- WM = Water Meter
- = Utility Pole
- = Guy Wire
- TP = Soil Pit

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 15 at Page: 81 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.

GRAPHIC SCALE

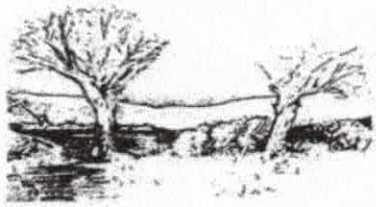
50 0 25 50 100

(IN FEET)
1 inch = 50 ft.



Boundary Survey
FOR
Chad Goodin Signature Homes

SCALE: 1" = 50
FIELD BOOK:
FILE: 2015-033



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

Reference: Data Sheet for 429 Grasshopper Cir. CL&T Sec 8, Lot 461
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.275 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 37.2 GPM
Dosing Volume: 226.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 4.3'
Friction Head: 0.2'
Pressure Head: 2'
Total Dynamic Head: 6.5'
Supply Line Length: 5'
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24"

OK ICH
APPROVED NOV 19 2015

Line	Design Length	Actual Length (50%/25%)	Elevation
Pink 1	45 **46' (11 panels)**	**46'**	**2.6'**
Blue 2	69 ~~60'~~ **(14 panels)**	**60'**	**2.4'**
Orange 3	96 ~~98'~~ **(23 panels)**	**98'**	**3.0'**
White 4	**63' (15)**/42 (Rep)	**110'**	**3.4'**
Blue 5		49'/43'	4.0'
Orange 6		34'/36'	4.5'
White 7		27'/18'	5.0'
Blue 8		28' (25%)	5.8'
Pink 9		7'/72'	5.1'
Blue 10		30' (25%)	6.0'

Initial System: 267' **Repair System:** 310' (equivalent 50%-see comments)
Pump Tank: 1.9' **House Corner:** 2.1' **Benchmark:** 10.4'

Comments:
The purpose of this evaluation is to design a four bedroom system for the above mentioned property. The existing system will be abandoned. The existing well is being used by the neighbor and a new well will be installed for this residence.
The repair system is designed as PPBPS, but because the lines cross the 50' setback, we have shown the amount of line that is considered as 50% reduction and the portion of line considered 25% reduction. There is 159' of repair outside of the 50' buffer and 227' of repair between the 50' setback and the 35' setback. The 227' of line at 25% reduction is equivalent to 151' of line at 50% reduction (159' + 151'=310'). The lines are laid out on 8' centers.

OK IHD

APPROVED NOV 19 2015

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

PROPERTY ID #: 4626696813
COUNTY: Iredell

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

OWNER: Ronald Farrar APPLICATION DATE
ADDRESS: 2799 East 2100 ST South, Salt Lake City, UT 84109 DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.74 AC
LOCATION OF SITE: 429 Grasshopper Cir., CL&T Sec. 8, Lot 461 PROPERTY RECORDED: 10/5/1977

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	
PIT 1	LS 5%	0-3	Br CL WSBK	FR SS SP	N/A	53"	N/A	N/A	PS 0.3
		3-38	R C SBK	FR SS SP					
		38-53	R CL WSBK	FR SS SP					
PIT 2	LS 5%	0-4	Br CL WSBK	FR SS SP	Few Mn	48"	N/A	N/A	PS 0.3-0.275 .275 IC#2
		4-40	R C SBK/ABK	FR SS SP					
		40-48	R CL WSBK	FR SS SP					
PIT 3	LS 5%	0-6	Br SCL WSBK	FR SS SP	N/A	53"	N/A	N/A	PS 0.3
		6-42	R C SBK	FR SS SP					
		42-53	R CL WSBK	FR SS SP					
PIT 4	LS 5%	0-25	R C SBK	FR SS SP	N/A	53"	F-C SAP Many SAP 40"-53"	N/A	PS 0.3 OK IC#2
		25-53	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	534 FT2	
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: M A & A
OTHER(S) PRESENT:

COMMENTS: Some water (12"-18") In Pit 2 Day of Eval.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: _4626696813_
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

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
AB 1	LS 3%	0-3	Br CL WSBK	FR SS SP	Mn	48"	N/A	N/A	PS 0.275
		3-48	R C SBK	FR SS SP					

RECEIVED FEB 10 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

Applicant Name: Chad Goodin Signed **Address:** 915 River Hwy Mooresville **Phone:** 704 363-7302

Owner Name: James, Chris & Theresa (Home) **Address:** _____ **Phone:** _____

Property Information:

Street Address: 429 Grasshopper Cir Mooresville, NC 28117

Subdivision Name: CL+T **Section/Phase:** 8 **Lot Number:** 461

Driving Directions: _____

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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 ( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: Chad W. _____ 2/9/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED NOV 9 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 #214661

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit

(X) New Well Permit ( ) Authorization to Construct

( ) Well Repair Permit ( ) Existing System Inspection

( ) Well Abandonment ( ) Septic System Repair

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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

(X) 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: Chad Goodin Signature Homes **Address:** River Hwy Mooresville NC **Phone:** _____

Owner Name: Ronald Farrar **Address:** 2799 East 2100 ST South, Salt Lake City UT **Phone:** _____

Property Information:

Street Address: 429 Grasshopper Cir

Subdivision Name: CLT **Section/Phase:** 8 **Lot Number:** 461

Driving Directions: BSR, TR McKendree, TR Grasshopper, bear Rt, on Rt

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

GM 12/4/2015

(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
(X) 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 (X) 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: _____ 11/9/2015

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, CHRISTOPHER H JAMES am the legal owner(s) of the property located at 429 GRASSHOPPER CIRCLE/MOORESVILLE NC, identified as PIN (Parcel Identification Number) 4626-69-6813.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** MICHEAL ATHANAS, MICHEAL ATHANASIASSO, 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.

Christopher H James 11-20-15 Dan Grandbois

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

089867

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

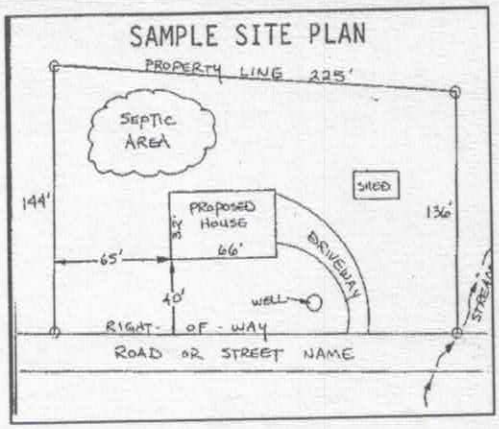
ENVIRONMENTAL HEALTH DIVISION

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

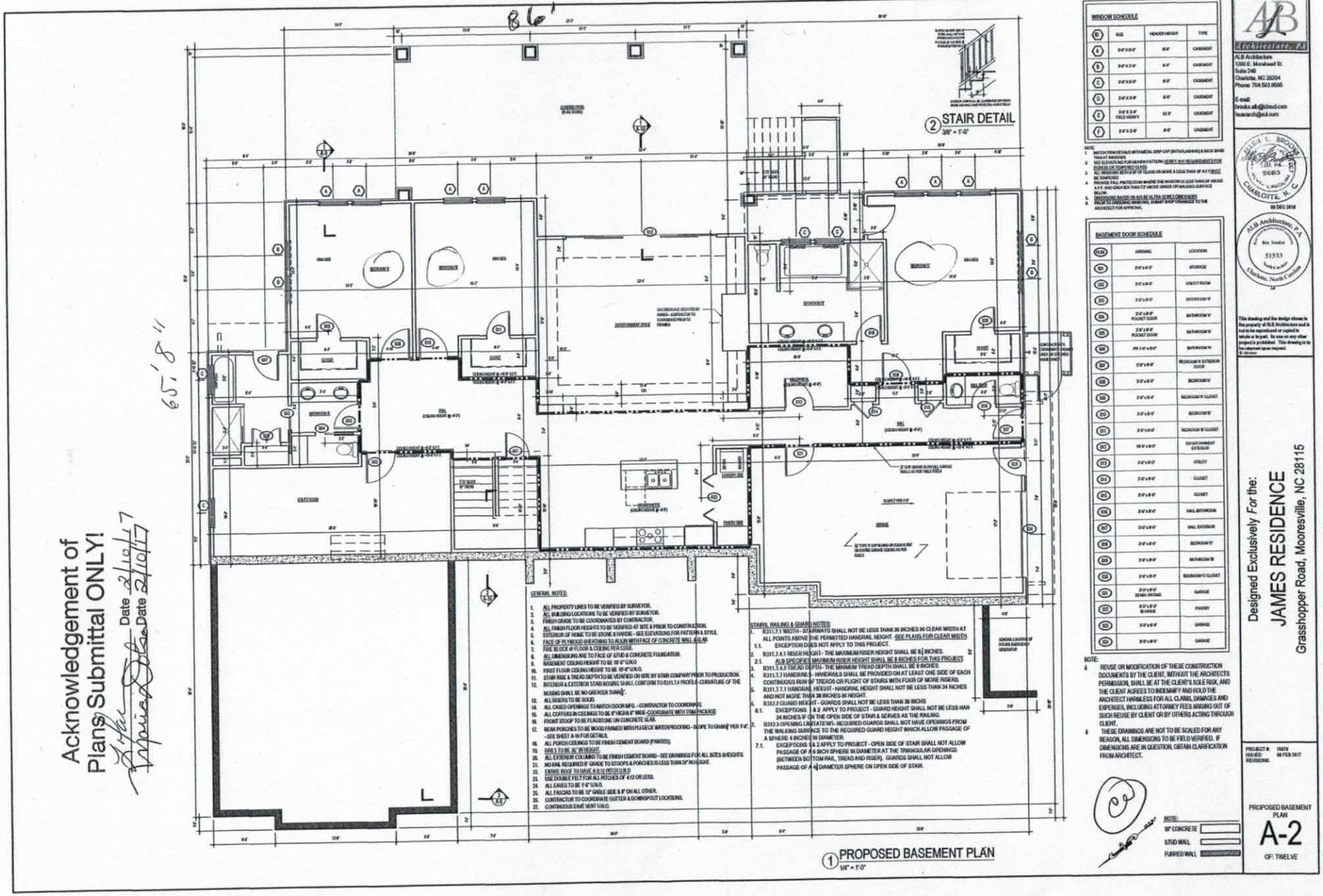
See Attached Plan

Signature: _____

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

11/9/2015

DATE



Acknowledgement of Plans Submittal ONLY!

Date 2/10/17

Date 2/10/17

WINDOW SCHEDULE

NO.	SIZE	HEADER HEIGHT	TYPE
A	36"X60"	8'0"	CASEMENT
B	36"X72"	8'0"	CASEMENT
C	72"X60"	8'0"	CASEMENT
D	36"X72"	8'0"	CASEMENT
E	36"X24" FIELD VERIFY	12'0"	CASEMENT
F	24"X72"	8'0"	CASEMENT

NOTE:
1. BRICK TRIM DETAILS WITH METAL DRIP CAP (WITH FLASHING) & BACK BAND TRIM AT WINDOWS
2. SEE ELEVATIONS FOR WINDOW PATTERN VERIFY ANY REQUIREMENTS FOR EGRESS OR TEMPERED GLASS
3. ALL WINDOWS WITH A TOP OF GLASS OR MORE & LESS THAN 36" A.F.F. TO BE TEMPERED
4. PROVIDE FALL PROTECTION WHERE THE WINDOW IS LESS THAN 24" ABOVE A.F.F. AND GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW
5. DIMENSIONS BASED ON SIZE IN ULTRA SERIES DIMENSIONS
6. PRIOR TO ORDERING WINDOWS, SUBMIT SHOP DRAWINGS TO THE ARCHITECT FOR APPROVAL.

BASEMENT DOOR SCHEDULE

TAG	OPENING	LOCATION
100	3'0"x8'0"	STORAGE
102	3'0"x8'0"	UTILITY ROOM
103	2'6"x8'0"	BATHROOM 'B'
104	2'4"x8'0" POCKET DOOR	BATHROOM 'A'
105	2'6"x8'0" POCKET DOOR	BATHROOM 'B'
106	PR 5'0"x8'0"	BATHROOM 'A'
107	3'0"x8'0"	RECREATION 'A' EXTERIOR DOOR
108	3'0"x8'0"	RECREATION 'A'
109	2'6"x8'0"	BEDROOM 'A' CLOSET
110	3'0"x8'0"	BEDROOM 'A'
111	2'6"x8'0"	BEDROOM 'B' CLOSET
112	16'0"x8'0"	ENTERTAINMENT EXTERIOR
113	3'0"x8'0"	UTILITY
114	2'0"x8'0"	CLOSET
115	2'0"x8'0"	CLOSET
116	2'6"x8'0"	HALL BATHROOM
117	3'0"x8'0"	HALL EXTERIOR
118	2'6"x8'0"	BEDROOM 'C'
119	2'6"x8'0"	BATHROOM 'B'
120	2'6"x8'0"	BEDROOM 'C' CLOSET
121	20'0"x8'0" 20'0x8'0 (EXISTING)	GARAGE
122	9'0"x8'0" W/ RANGE	PANTRY
123	9'0"x8'0"	GARAGE
124	9'0"x8'0"	GARAGE

NOTE:
A. REVISE OR MODIFICATION OF THESE CONSTRUCTION DOCUMENTS BY THE CLIENT, WITHOUT THE ARCHITECTS PERMISSION, SHALL BE AT THE CLIENT'S SOLE RISK, AND THE CLIENT AGREES TO INDEMNIFY AND HOLD THE ARCHITECT HARMLESS FOR ALL CLAIMS, DAMAGES AND EXPENSES, INCLUDING ATTORNEY FEES ARISING OUT OF SUCH REISE BY CLIENT OR BY OTHERS ACTING THROUGH CLIENT.
B. THESE DRAWINGS ARE NOT TO BE SCALED FOR ANY REASON, ALL DIMENSIONS TO BE FIELD VERIFIED. IF DIMENSIONS ARE IN QUESTION, OBTAIN CLARIFICATION FROM ARCHITECT.

NOTE:
- 10" CONCRETE
- STUD WALL
- FURRED WALL

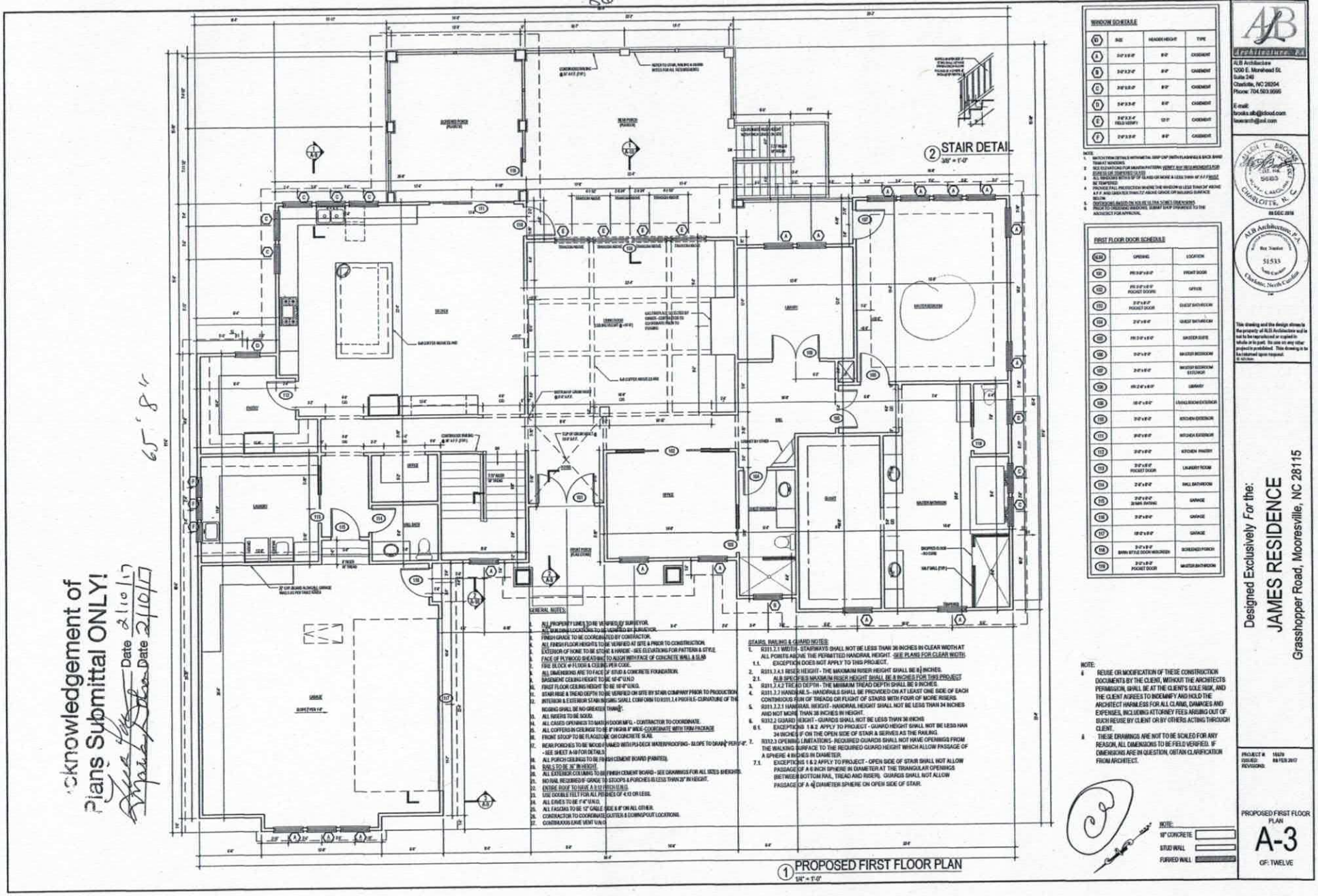
ALB Architecture, P.A.
ALB Architecture
1200 E. Morehead St.
Suite 240
Charlotte, NC 28204
Phone: 704.503.9595
E-mail:
brooks.alb@icloud.com
lwsarch@aol.com

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© Mirrors

Designed Exclusively For the:
JAMES RESIDENCE
Grasshopper Road, Mooresville, NC 28115

PROJECT #: 15079
ISSUED: 06 FEB 2017
REVISIONS:

PROPOSED BASEMENT PLAN
A-2
OF: TWELVE



② STAIR DETAIL
3/8" = 1'-0"

① PROPOSED FIRST FLOOR PLAN
1/4" = 1'-0"

WINDOW SCHEDULE

	SIZE	HEADER HEIGHT	TYPE
A	3'-0" X 5'-0"	8'-0"	CASEMENT
B	3'-0" X 3'-0"	8'-0"	CASEMENT
C	2'-0" X 5'-0"	8'-0"	CASEMENT
D	3'-0" X 5'-0"	8'-0"	CASEMENT
E	2'-0" X 3'-0" FIELD VERIFY	12'-0"	CASEMENT
F	2'-0" X 5'-0"	8'-0"	CASEMENT

NOTE:
1. MATCH TRIM DETAILS WITH METAL DRIP CAP (WITH FLASHING) & BACK BAND TRIM AT WINDOWS.
2. SEE ELEVATIONS FOR MUNTIN PATTERN. VERIFY ANY REQUIREMENTS FOR EGRESS OR TEMPERED GLASS.
3. ALL WINDOWS WITHIN 60" OF ISLAND OR MORE & LESS THAN 48" A.F.F MUST BE TEMPERED.
4. PROVIDE FALL PROTECTION WHERE THE WINDOW IS LESS THAN 24" ABOVE A.F.F. AND GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW.
5. DIMENSIONS BASED ON SOLID OAK TONGUE DRAWINGS.
6. PRIOR TO ORDERING WINDOWS, SUBMIT SHOP DRAWINGS TO THE ARCHITECT FOR APPROVAL.

FIRST FLOOR DOOR SCHEDULE

DOOR	OPENING	LOCATION
101	3'-0" X 8'-0"	FRONT DOOR
102	2'-6" X 8'-0" POCKET DOORS	OFFICE
103	2'-0" X 8'-0" POCKET DOOR	GUEST BATHROOM
104	2'-6" X 8'-0"	GUEST BATHROOM
105	2'-6" X 8'-0"	MASTER SUITE
106	3'-0" X 8'-0"	MASTER BEDROOM
107	2'-6" X 8'-0"	MASTER BEDROOM ENTRANCE
108	2'-6" X 8'-0"	LIBRARY
109	10'-0" X 8'-0"	LIVING ROOM ENTRANCE
110	3'-0" X 8'-0"	KITCHEN ENTRANCE
111	3'-0" X 8'-0"	KITCHEN ENTRANCE
112	2'-6" X 8'-0"	KITCHEN PANTRY
113	2'-0" X 8'-0" POCKET DOOR	LAUNDRY ROOM
114	2'-6" X 8'-0"	HALL BATHROOM
115	2'-0" X 6'-0" 20 MIN. RATING	GARAGE
116	3'-0" X 8'-0"	GARAGE
117	16'-0" X 8'-0"	GARAGE
118	3'-0" X 8'-0" BARN STYLE DOOR-MOLDED	SCREENED PORCH
119	2'-0" X 8'-0" POCKET DOOR	MASTER BATHROOM

GENERAL NOTES:

1. ALL PROPERTY LINES TO BE VERIFIED BY SURVEYOR.
2. ALL UTILITIES LOCATIONS TO BE VERIFIED BY SURVEYOR.
3. FINISH GRADE TO BE COORDINATED BY CONTRACTOR.
4. ALL FINISH FLOOR HEIGHTS TO BE VERIFIED AT SITE & PRIOR TO CONSTRUCTION.
5. EXTERIOR OF HOME TO BE STONE & HARDIE - SEE ELEVATIONS FOR PATTERN & STYLE.
6. FACE OF PLYWOOD SHEATHING TO ALIGN WITH FACE OF CONCRETE WALL & SLAB.
7. 1ST FLOOR CEILING HEIGHT TO BE 10'-0" U.N.O.
8. ALL DIMENSIONS ARE TO FACE OF STUD & CONCRETE FOUNDATION.
9. BASEMENT CEILING HEIGHT TO BE 9'-0" U.N.O.
10. FIRST FLOOR CEILING HEIGHT TO BE 10'-0" U.N.O.
11. STAIR RISE & TREAD DEPTH TO BE VERIFIED ON SITE BY STAIR COMPANY PRIOR TO PRODUCTION.
12. INTERIOR & EXTERIOR STAIR NOSING SHALL CONFORM TO R311.7.4 PROFILE: CURVATURE OF THE NOSING SHALL BE NO GREATER THAN 9".
13. ALL RISERS TO BE SOLID.
14. ALL CASED OPENINGS TO MATCH DOOR MFG. - CONTRACTOR TO COORDINATE.
15. ALL COFFERS IN CEILINGS TO BE 3" HIGH & 6" WIDE- COORDINATE WITH TRIM PACKAGE
16. FRONT STOOP TO BE FLAGSTONE OR CONCRETE SLAB.
17. REAR PORCHES TO BE WOOD FRAMED WITH PLYDECK WATERPROOFING - SLOPE TO DRAIN 1/4" PER 1'-0". - SEE SHEET A-9 FOR DETAILS.
18. ALL PORCH CEILINGS TO BE FINISH CEMENT BOARD (PAINTED).
19. RAILS TO BE 36" IN HEIGHT.
20. ALL EXTERIOR COLUMNS TO BE FINISH CEMENT BOARD - SEE DRAWINGS FOR ALL SIZES & HEIGHTS.
21. NO RAIL REQUIRED IF GRADE TO STOOPS & PORCHES IS LESS THAN 20" IN HEIGHT.
22. ENTIRE ROOF TO HAVE A 5:12 PITCH U.N.O.
23. USE DOUBLE FELT FOR ALL PITCHES OF 4:12 OR LESS.
24. ALL EAVES TO BE 1'-4" U.N.O.
25. ALL FASCIAS TO BE 12" CABLE SIDE & 8" ON ALL OTHER.
26. CONTRACTOR TO COORDINATE GUTTER & DOWNSPOUT LOCATIONS.
27. CONTRACTOR TO GIVE VENT U.N.O.

STAIRS, RAILING & GUARD NOTES:

1. R311.7.1 WIDTH - STAIRWAYS SHALL NOT BE LESS THAN 36 INCHES IN CLEAR WIDTH AT ALL POINTS ABOVE THE PERMITTED HANDRAIL HEIGHT. SEE PLANS FOR CLEAR WIDTH
   1.1. EXCEPTION DOES NOT APPLY TO THIS PROJECT.
2. R311.7.4.1 RISER HEIGHT - THE MAXIMUM RISER HEIGHT SHALL BE 8 INCHES.
   2.1. ALB SPECIFIES MAXIMUM RISER HEIGHT SHALL BE 8 INCHES FOR THIS PROJECT
3. R311.7.4.2 TREAD DEPTH - THE MINIMUM TREAD DEPTH SHALL BE 9 INCHES.
4. R311.7.7 HANDRAILS - HANDRAILS SHALL BE PROVIDED ON AT LEAST ONE SIDE OF EACH CONTINUOUS RUN OF TREADS OR FLIGHT OF STAIRS WITH FOUR OF MORE RISERS.
5. R311.7.7.1 HANDRAIL HEIGHT - HANDRAIL HEIGHT SHALL NOT BE LESS THAN 34 INCHES AND NOT MORE THAN 38 INCHES IN HEIGHT.
6. R312.2 GUARD HEIGHT - GUARDS SHALL NOT BE LESS THAN 36 INCHES
   6.1. EXCEPTIONS 1 & 2 APPLY TO PROJECT - GUARD HEIGHT SHALL NOT BE LESS HAN 34 INCHES IF ON THE OPEN SIDE OF STAIR & SERVES AS THE RAILING.
7. R312.3 OPENING LIMITATIONS - REQUIRED GUARDS SHALL NOT HAVE OPENINGS FROM THE WALKING SURFACE TO THE REQUIRED GUARD HEIGHT WHICH ALLOW PASSAGE OF A SPHERE 4 INCHES IN DIAMETER.
   7.1. EXCEPTIONS 1 & 2 APPLY TO PROJECT - OPEN SIDE OF STAIR SHALL NOT ALLOW PASSAGE OF A 6 INCH SPHERE IN DIAMETER AT THE TRIANGULAR OPENINGS (BETWEEN BOTTOM RAIL, TREAD AND RISER). GUARDS SHALL NOT ALLOW PASSAGE OF A 4" DIAMETER SPHERE ON OPEN SIDE OF STAIR.

NOTE:
a. REUSE OR MODIFICATION OF THESE CONSTRUCTION DOCUMENTS BY THE CLIENT, WITHOUT THE ARCHITECTS PERMISSION, SHALL BE AT THE CLIENT'S SOLE RISK, AND THE CLIENT AGREES TO INDEMNIFY AND HOLD THE ARCHITECT HARMLESS FOR ALL CLAIMS, DAMAGES AND EXPENSES, INCLUDING ATTORNEY FEES ARISING OUT OF SUCH REUSE BY CLIENT OR BY OTHERS ACTING THROUGH CLIENT.
b. THESE DRAWINGS ARE NOT TO BE SCALED FOR ANY REASON, ALL DIMENSIONS TO BE FIELD VERIFIED. IF DIMENSIONS ARE IN QUESTION, OBTAIN CLARIFICATION FROM ARCHITECT.

NOTE:
- 8" CONCRETE
- STUD WALL
- FURRED WALL

Acknowledgement of Plans Submittal ONLY!
Date 2/10/17
Date 2/10/17

65' 8"

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Designed Exclusively *For* the:
JAMES RESIDENCE
Grasshopper Road, Mooresville, NC 28115

PROJECT #: 16629
ISSUED: 09 FEB 2017
REVISIONS:

PROPOSED FIRST FLOOR PLAN

A-3

OF: TWELVE

IREDELL COUNTY

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

APPLICATION NUMBER
214661
Issue Date: 11/03/2015

ZONING PERMIT

Residential

FILE COPY

Parcel Number	Street Address	Jurisdiction
4626696813.000	429 GRASSHOPPER CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROSSI YVONNE DEL+RONALD HOLMES FARRAR	Applicant: MICHAEL ATHANAS & ASSO
Address: 2799 EAST 2100 STREET SOUTH MOORESVILLE, UT 84109	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone: - -	Phone: 704-576-3887

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.750	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

MB

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: 11/3/2015

Permit Number	53117	TOTAL FEES:	$ 77.25