ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 312163

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

PIN # 4627-12-9273

APPLICANT/OWNER: Pete Grethusis | APPLICANT ADDRESS: 139 Patternoke Rd Mooresville NC 28117.

SITE ADDRESS: 120 Conway Lane Mooresville NC 28117 | PHONE: — | ALT. PHONE —

SITE DIRECTIONS: — | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL+T | SECTION: 8 | LOT # 306 | LOT AREA: | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank 1000 (gal)	STB Infiltrator	Date Infiltrator	☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank — (gal)	PT Plastic Infiltrator	Date Infiltrator ST	System Description: Gravity - Horizontal PPBPS	☐ Business	No. Persons 6	☒ Private
Pump Make —	Model —	Serial # —	Repair System Description: T3 II Drip Disposal	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft: 75	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36	Trench Bottom Depth 28 max	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

ST & drain lines Checked by PJB 5/24/21
Checked supply lines & d-boxes MD 5/24/21
Drain line 25 ft to pool

INITIAL SITE SKETCH

See attached Plan and proposal from Michael Athanas + Associates

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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**

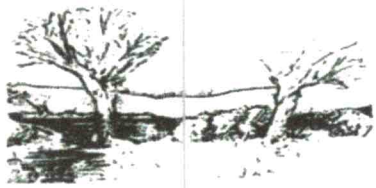
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11-13-20 Installed by: Stanley Environmental

IMPROVEMENT PERMIT by: Benjamin A Botkin Date: 11-12-2020 OPERATION PERMIT by: Maria Dotson Date: 5/24/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botkin Date: 11-12-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
10/22/2020

Reference: Data Sheet for 120 Caraway Ln, CL&T Sec 8 Lot 306
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: Existing Conventional Bed + Horizontal PPBPS
Proposed Repair System Type: TSII Drip Dispersal
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 28" maximum



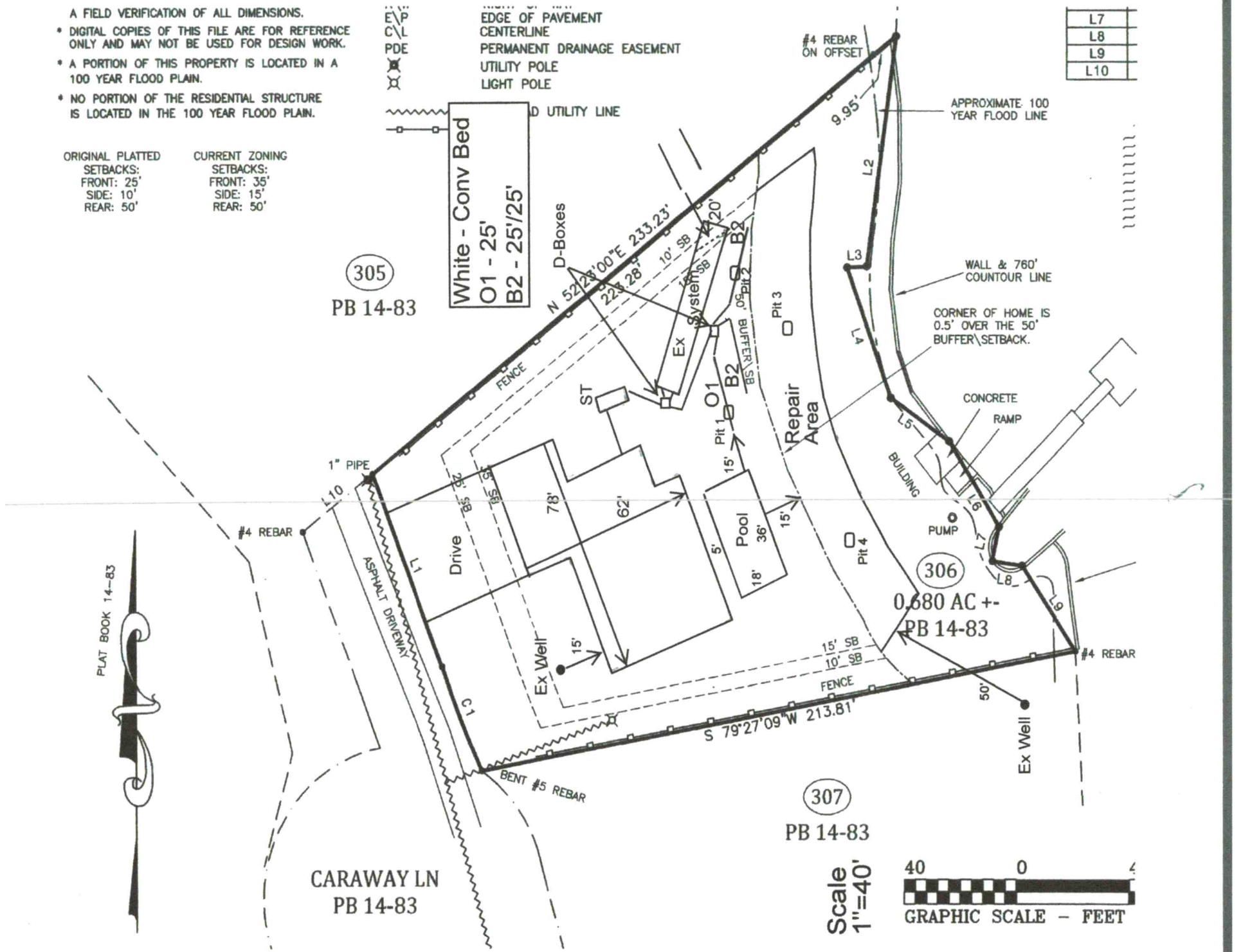
Line	Design Length	Actual Length
White – Existing Conventional Bed		
Orange 1	**25'**	**25'**
Blue 2	**25'/25'**	**60'**

Initial System: Ex Conv Bed + 75' **Repair System:** 3000 FT^2

Comments:
A small portion of the existing bed is too close to the neighbor's septic. The system should be designed to feed the conventional bed first then flow to the additional lines. This portion (50 FT^2) will be abandon and add into the new septic.

120 GPD/0.3 GPD/FT^2=400 FT^2 + 50 FT^2 = 450 FT^2/3 FT = 150 FT/2 = 75FT of PPBPS

The existing well will need a variance to be used because it is closer than 25' to the house.


A FIELD VERIFICATION OF ALL DIMENSIONS.
* DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
* A PORTION OF THIS PROPERTY IS LOCATED IN A 100 YEAR FLOOD PLAIN.
* NO PORTION OF THE RESIDENTIAL STRUCTURE IS LOCATED IN THE 100 YEAR FLOOD PLAIN.
ORIGINAL PLATTED SETBACKS: FRONT: 25' SIDE: 10' REAR: 50'
CURRENT ZONING SETBACKS: FRONT: 35' SIDE: 15' REAR: 50'
E\P EDGE OF PAVEMENT
C\L CENTERLINE
PDE PERMANENT DRAINAGE EASEMENT
UTILITY POLE
LIGHT POLE
UTILITY LINE
White - Conv Bed
O1 - 25'
B2 - 25'/25'
305
PB 14-83
D-Boxes
N 52°28'00"E 233.23'
228.28'
10' SB
20'
B2
Ex System
50' BUFFER\SB
Pit 2
Pit 3
Pit 1
O1
B2
ST
FENCE
Repair Area
1" PIPE
#4 REBAR
L10
25' SB
15' SB
78'
62'
Drive
L1
ASPHALT DRIVEWAY
Pool
36'
18'
5'
15'
Ex Well
Pit 4
#4 REBAR ON OFFSET
9.95'
APPROXIMATE 100 YEAR FLOOD LINE
L2
L3
L4
WALL & 760' COUNTOUR LINE
CORNER OF HOME IS 0.5' OVER THE 50' BUFFER\SETBACK.
CONCRETE RAMP
L5
BUILDING
L6
L7
L8
L9
PUMP
306
0.680 AC +-
PB 14-83
#4 REBAR
15' SB
10' SB
FENCE
50'
Ex Well
S 79°27'09"W 213.81'
C1
BENT #5 REBAR
307
PB 14-83
CARAWAY LN
PB 14-83
PLAT BOOK 14-83
L7
L8
L9
L10
Scale 1"=40'
40 0
GRAPHIC SCALE – FEET

PROPERTY ID #: 4627129273_
COUNTY: __Iredell___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Pete Grekusis _____ APPLICATION DATE _____
ADDRESS: 139 Patternote Rd, Mooresville, NC 28117 _____ DATE EVALUATED: _10/2020_____
PROPOSED FACILITY: ___3 BDRM_____ PROPOSED DESIGN FLOW (.1949): __360 GPD____ PROPERTY SIZE: ____0.68 AC_____
LOCATION OF SITE: 120 Caraway Ln, CL&T Sec 8 Lot 306 _____ PROPERTY RECORDED: __12/2/1976_____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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	LS 4%	0-5	FILL		N/A	42"	F-C SAP PS	N/A	PS 0.3 ✓
		5-22	R C SBK	FR SS SP SXP					
		22-42	R CL WSBK	FR SS SP SXP					
		42-63	VER SL SAP M	VFR SS SP SXP					
2	LS 4%	0-32	R C SBK	FR SS SP SXP	N/A	61"	Few SAP	N/A	PS 0.3 ✓
		32-61	R CL WSBK	FR SS SP SXP					
3	LS 6%	0-5	Br SCL WSBK	FR SS SP SXP	N/A	54"	F-C SAP PS	N/A	PS 0.3 ✓
		5-24	R C SBK	FR SS SP SXP					
		24-54	R CL WSBK	FR SS SP SXP					
		54-66	VER SL SAP M	VFR SS SP SXP					
4	LS 6%	0-33	R C SBK	FR SS SP SXP	N/A	53"	PS	N/A	PS 0.3 only Eval to 26 Drip Repair
		33-53	R CL WSBK	FR SS SP SXP					
		53-60	VER SL SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	225 FT^2 Add	3000 FT^2
System Type(s)	Hor PPBPS Add	TSII DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: _____

RECEIVED OCT 2 7 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-312143 $350.00

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (✓) 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: Pete Grekusis **Address:** 139 Patternote Rd, Mooresville, NC **Zip:** 28117

Applicant Email: brawleyautomotive@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 120 Caraway Ln

Subdivision Name: CL&T **Section/Phase:** 8 **Lot Number:** 306

Driving Directions: _____

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: 3
Maximum Number of Occupants: 6
(✓) 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: _____ **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 ( ) 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: _____ 10/23/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Pete Grekusis, am the legal owner(s) of the property located at 120 Caraway Ln CL&T Sec 8 Lot 306, identified as PIN (Parcel Identification Number) 4627129273, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

Signature of Owner(s)	Date	Signature of Witness	Date
PM	10-26-20		

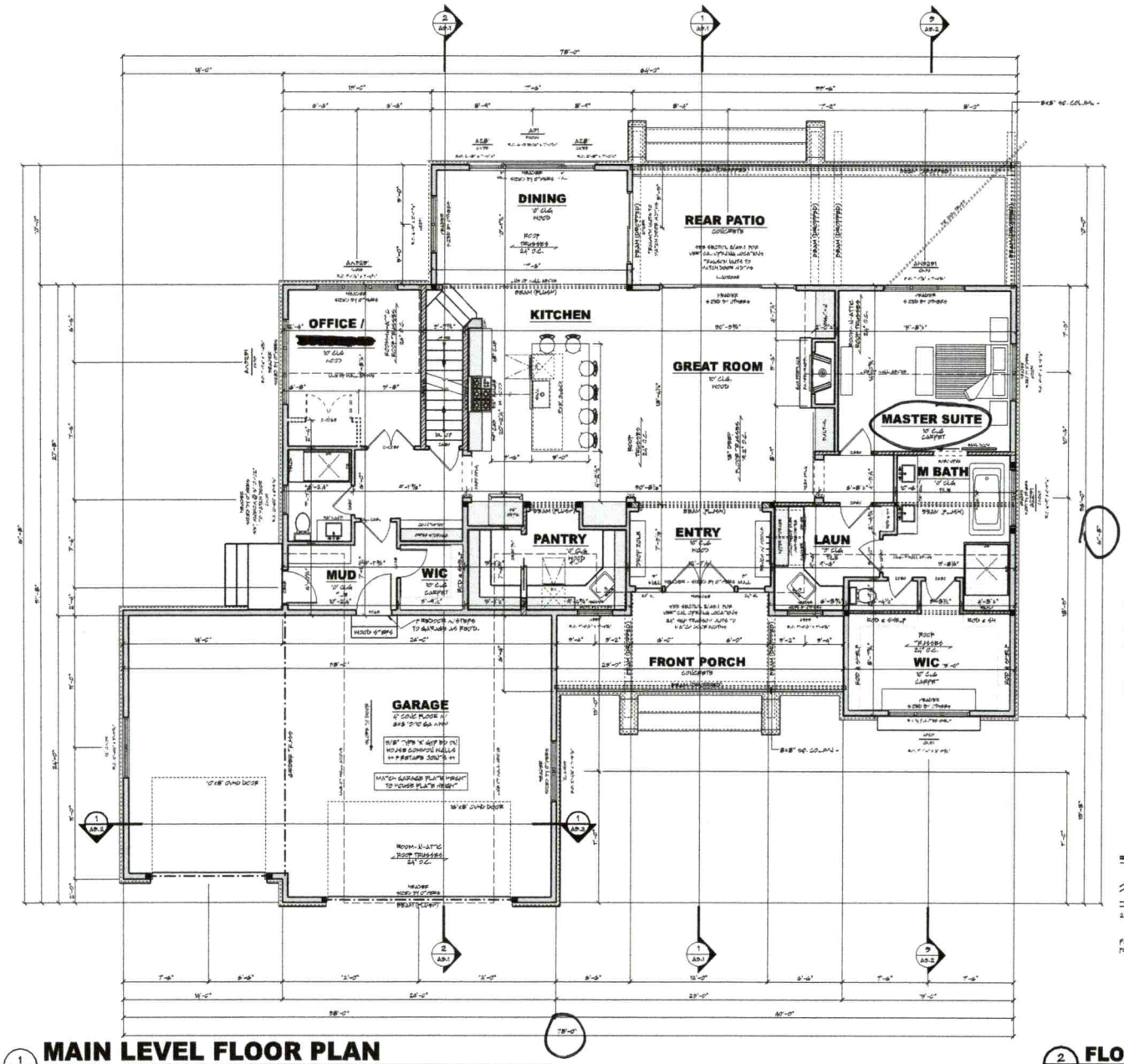
Please return this signed form to the appropriate office:

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

11/12/2020

11-13-20



GENERAL NOTES

- ALL MATERIALS AND WORKMANSHIP SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM INSIDE FACE OF STUD OR FACE OF CONCRETE AND CENTERLINE OF STEEL MEMBERS UNLESS OTHERWISE NOTED
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE CONTRACTOR MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, & EXISTING AND SITE CONDITIONS AND BE RESPONSIBLE FOR SAME.
- ANY DEVIATIONS OR CHANGES IN STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION WALLS, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. THAT APPEAR ON THESE PLANS ARE FOR BIDDING PURPOSES ONLY. IT IS ENTIRELY THE RESPONSIBILITY OF THE CONTRACTOR TO CONSULT A PROFESSIONAL ENGINEER OR ARCHITECT TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INCLUDED IN THE STRUCTURE.

WINDOWS

- ALL EGRESS WINDOWS
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH "T" TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH "W" MEET EGRESS CODES
- WINDOW HEADER HEIGHTS 6'8" TO 8'-1 1/2" (U.N.O.)
- ALL DOOR TO VERIFY HAND AND SWING WITH OWNER PRIOR TO ORDERING

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MAX. LIVE/DEAD DEFLECTION OF L/480
- TRUSS MANUFACTURER TO PROVIDE DRAWINGS FOR ALL SHOP, AND INSTALLATION
- TRUSS MANUFACTURER TO VERIFY FRAMING AS CANTILEVERED FOR FOUR LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATION OF ANY CONCENTRATED LOADS, SUCH AS SPAS, TO CONFIRM/ADD AND PROVIDE PROPER FRAMING AS NEEDED

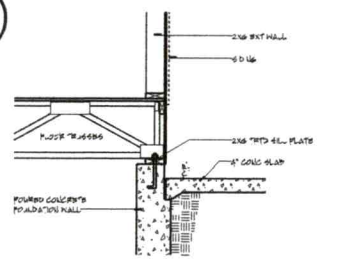
FRAMING

- 9'-1 1/8" PLATE HEIGHT (U.N.O.)
- 2X6 WALLS AT ALL POWER DOORS.
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS

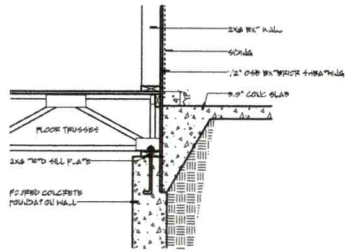
■ - NO CAMES SHALL BE PUT LOAD
- FROM DIE CONTINUOUS BLOCKING TO FOUNDATION BELOW - USE BY LOADS W/ LOCAL STRUCTURAL ENGINEER

+++ STRUCTURAL NOTICE +++

ALL STRUCTURAL BEAM AND HEADER SIZES SHALL BE CONFIRMED AND APPROVED PRIOR TO INSTALL BY A STRUCTURAL ENGINEER HIRED BY BUILDER WITH CONSTRUCTION DRAWINGS SEALED TO MEET ALL APPLICABLE CODES FOR HOME STRUCTURE.



FLOOR TRUSSES - PERPENDICULAR
HOUSE / GARAGE



FLOOR TRUSSES - PERPENDICULAR
AT STOOP

ROYAL OAKS DESIGN
3459 Lake Elmo Ave
Lake Elmo, MN
651-964-2726
www.royaloaksdesign.com

CERTIFIED PROFESSIONAL BUILDING DESIGNER
NATIONAL COUNCIL OF BUILDING DESIGN CERTIFICATION
Kieran J. Liebl 24-105

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY TO ANY STRUCTURE, OR ITEM OR MATERIAL CONSTRUCTED BASED ON THESE PLANS UNLESS WE ARE RETAINED TO PERFORM CONSTRUCTION ADMINISTRATION. IF NOT, NOTIFY ROYAL OAKS DESIGN, INC. OF ANY DISCREPANCIES TO START OF CONSTRUCTION. ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR THE WORKMANSHIP OF THE SUBCONTRACTORS.

CL-20-002
CRAWL SPACE
REV. 3 CAR FRONT

MAIN FLOOR

Document Date:
10/14/2020

Document Phase:

Drawn by: DML

ISSUE	DATE	REMARK
	9-29-20	CRAWL SPACE REV. 3 CAR FRONT

MAIN LEVEL FLOOR PLAN

A2.2

1 / A2.2 **MAIN LEVEL FLOOR PLAN**

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

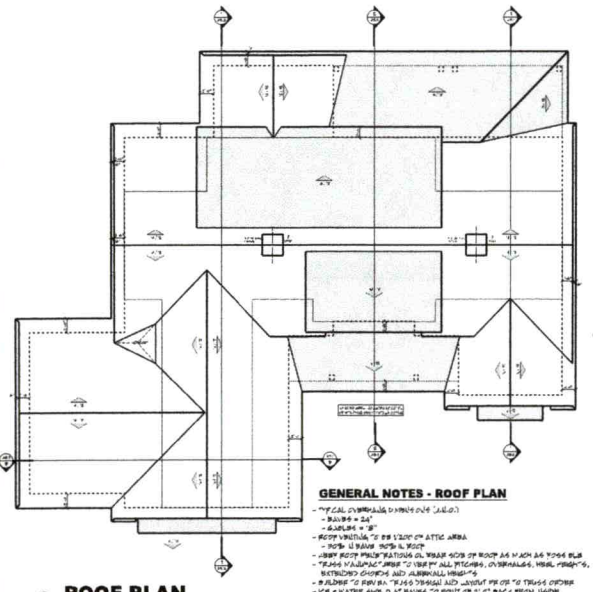
2 / A2.2 **FLOOR FRAMING DETAILS**

SCALE: 3/4" = 1'-0"

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11/12/2020

11/13/20



ROOF PLAN

GENERAL NOTES - ROOF PLAN

- TYPICAL OVERHANG DIMENSIONS (U.N.O.)
  - SIDES = 24"
  - GABLES = 18"
- ROOF VENTING TO BE 1/300 OF ATTIC AREA
  - NOTE: U BAND NOT A VENT
- VERIFY ROOF PENETRATIONS OF WEAR SIDE OF ROOF AS MUCH AS POSS BLE
- TRUSS MANUFACTURER TO VERIFY ALL PITCHES, OVERHANGS, HEEL HEIGHTS, RETURNED CHORDS AND ALLOWABLE LOADING
- BLOCK TO RUN IN TRUSS DESIGN AND LAYOUT BY OR TO TRUSS OWNER
- USE A WATER SHIELD AT VALLEYS TO POINT OF 2'-0" BACK FROM INSIDE FACE OF EXTERIOR WALL
- FULL OR PARTIAL SHIELD ON ROOF PITCHES LESS THAN 4/12
- ROOFING CONTRACTOR TO INSTALL ROOFOUT FLASHING AS NEEDED
  - CONTRACTOR TO VERIFY INSTALLATION PRIOR TO FINISHING

DOOR SCHEDULE SYMBOL

2468 REPRESENTS A 2'-4" WIDE X 6'-8" HIGH DOOR

"TRUSS SUPPLIER" TO VERIFY ALL STUDS, PITCHES, HEEL HEIGHTS AND OTHER CONSTRUCTION CRITICAL TO PROPER TRUSS FABRICATION.

ANY STRUCTURAL COMPONENTS THAT MAY BE USED ON THESE PLANS ARE INTENDED FOR DIAGRAMMATIC PURPOSES ONLY. IT IS RECOMMENDED THAT ALL STRUCTURAL DESIGN ELEMENTS BE ENGINEERED BY A LOCAL LICENSED PROFESSIONAL STRUCTURAL ENGINEER. FINAL ROOF AND FLOOR TRUSS DESIGN AND LAYOUT TO BE PROVIDED BY YOUR LOCAL TRUSS SUPPLIER.

+++ STRUCTURAL NOTICE +++

ALL STRUCTURAL BEAM AND HEADER SIZES, TYPE OF WOOD OR COLD FORM AND ANCHOR REQUIREMENTS MUST BE VERIFIED BY A STRUCTURAL ENGINEER BASED ON ENGLISH SITE CONDITIONS. OWNER TO ASSUME ALL RESPONSIBILITY FOR BEAM STRUCTURE.

++ FOUNDATION ENGINEERING ++

ALL BUILDING FOUNDATION, FOOTING SIZES AND REINFORCING, MUST BE VERIFIED BY A STRUCTURAL ENGINEER OR FOUNDATION CONTRACTOR BASED ON SITE SOIL CONDITIONS.

GENERAL NOTES

- ALL METAL DOWNSPOUTS SHALL TURN PERPENDICULAR OVER SPLASH OF DRAIN TILE
- DOWNSPOUTS ARE FROM EXTERIOR FACE OF EXTERIOR STUD WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER/BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.
- ANY DEVIATIONS OR CHANGES OF STRUCTURAL MEMBERS SUCH AS "STUDS, "SOLIDS" OR SIZES, POSTS, BEAMS, ETC.", ELEVATIONS, "WINDOWS ETC." THAT APPEAR ON THESE PLANS ARE FOR DESIGN REVIEW AND PERMIT PURPOSES ONLY. "IT IS RECOMMENDED A PROFESSIONAL ENGINEER BE ENGAGED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INVOLVED IN THE STRUCTURE.

WINDOWS

- ALL EGRESS AND SIZES AS NOTED
- WINDOWS DESIGNATED AS "T" TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED AS "H" ARE TEMPERED GLASS
- WINDOW HEADER HEIGHTS SET TO " 11'-0" (U.N.O.)
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

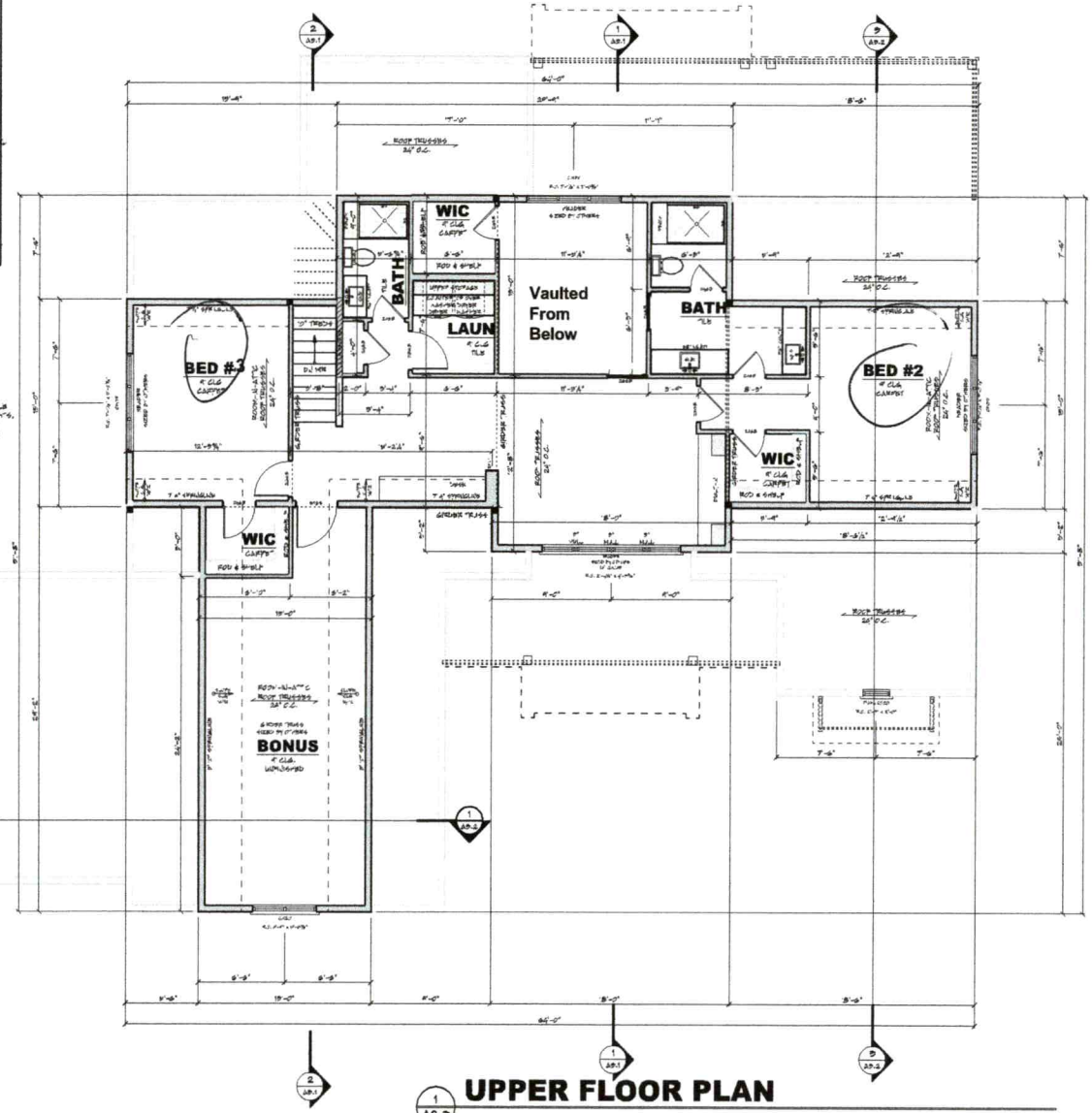
FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MEET OR EXCEED CURRENT CODE LOADS
- TRUSS MANUFACTURER TO PROVIDE CRANE FOR ALL SUPPLY AND INSTALLATIONS.
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CALL OUTS AND POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND SPECIFY PROPER MEANS TO BE ADDRESSED

MEANING

- 4"-4/8" PLATE HEIGHT (U.N.O.)
- 2x8 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS

■ - LOCATE FRAMING FOR LOAD
- PROVIDE COLUMN AND SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER



UPPER FLOOR PLAN

ROYAL OAKS DESIGN

3459 Lake Elmo Ave
Lake Elmo, MN
651-964-2726
www.royaloaksdesign.com

CERTIFIED PROFESSIONAL BUILDING DESIGNER
NATIONAL COUNCIL OF BUILDING DESIGN CERTIFICATION
Kieran J. Lisle 24-106

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR ERRORS OR OMISSIONS RESULTING FROM THE USE OF INCOMPLETE OR INACCURATE DIMENSIONS SHOWN ON THESE PLANS. IT IS THE CONTRACTOR AND OR OWNER BUILDER'S RESPONSIBILITY TO VERIFY ALL DIMENSIONS AND CONDITIONS OF THE SITE. NOTIFY ROYAL OAKS DESIGN, INC. OF ANY DISCREPANCIES IN THESE PLANS OR FIELD CONDITIONS PRIOR TO START OF CONSTRUCTION. ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR THE SUBCONTRACTOR'S WORK OR FOR THE SUBCONTRACTOR'S FAILURE TO CARRY OUT THEIR WORK IN ACCORDANCE WITH THE CONTRACT DOCUMENTS.

CL-20-002
CRAWL SPACE
REV. 3 CAR FRONT

UPPER FLOOR

Document Date: 10/14/2020

Document Phase:

Drawn by: DML

ISSUE	DATE	REMARK
	10/14/20	CRAWL SPACE REV. 3 CAR

UPPER LEVEL FLOOR PLAN

5 **A2.3** 7

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IREDELL COUNTY · NC

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

APPLICATION NUMBER
312143 Issue Date: 10/27/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4627129273.000	120 CARAWAY LN	Iredell County

Owner Information	Applicant Information
Name: GREKUSIS PETE Address: , Phone:	Name: MICHAEL ATHANAS & ASSOCIATES Address: 561 ENNIS RD WEDDINGTON, NC 28173 Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

SFD

Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

Date: 10/27/2020

Signature of Owner/Contractor

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TOTAL FEES:	$77.25