ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (68) Mooresville Office (704) 660-3625 PERMIT # AP3097746

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

PIN # 4629-71-5160

APPLICANT/OWNER: Barton Building APPLICANT ADDRESS: 188 Sagemore Rd Mooresville NC 28117

SITE ADDRESS: 118 Redbud Lane Troutman NC 28166 PHONE: 704-453-1230 ALT. PHONE -

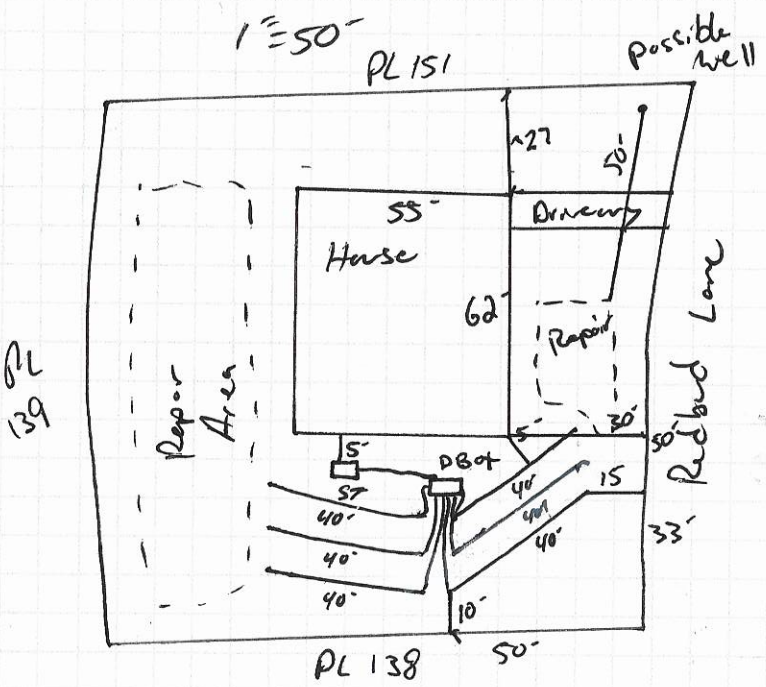
SITE DIRECTIONS: Morrison Farm Rt on Redbud SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Allendale Acres SECTION: - LOT # 10 LOT AREA: 0.46 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .35

Septic Tank	1000	(gal)	STB 760	Date	5-7-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank		(gal)	PT	Date		System Description:	50% Reduction County			☐ Business	No. Persons	8	☒ Private	
Pump Make		Model		Serial #		Repair System Description:	50% Reduction			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	6	Linear Ft	230'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth (Low side)	Max 36	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on contour of land and use D Box for Distribution.

INITIAL SITE SKETCH



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.

Installed as Drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Bob Barton Date: 9-29-2020 Installed by: Richard Abernathy Company

IMPROVEMENT PERMIT by: Date: 9-25-2020 OPERATION PERMIT by: Date: 7-13-2021

AUTHORIZATION TO CONSTRUCT by: Date: 12-17-2020 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4629775160
COUNTY: Iredell

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

OWNER: Barton Building
ADDRESS: 188 Sagemore Road
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 118 Redbud
PROPOSED DESIGN FLOW (.1949): 480 gpd
APPLICATION DATE: 7-29-20
DATE EVALUATED: 8-20-2020
PROPERTY SIZE: 1.46
PROPERTY RECORDED: Y-S

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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 9-10%	0-6	scl SBK	SS SPS anp FI	N/A	48+	N/A	N/A	PS .35
		6-28	RC SBK						
		28-48	CL SBK						
2	9-10% SS	0-6	SBK scl		N/R	48+	N/A	N/R	PS .35
		6-35	SBK C						
		35-45	SBK CL						
3	9-10% SS	0-6	SBK scl		N/A	48+	N/A	N/A	PS .35
		6-38	SBK CL						
		38-50	SBK CL						
4	SS 9-10%	0-6	SBK scl		N/A	48+	N/A	N/A	PS .35
		6-31	SBK C						
		31-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	230'	230'
System Type(s)	50%	50%
Site LTAR	.35	.35

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL ,1955 LTAR*	LPP ,1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None			

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

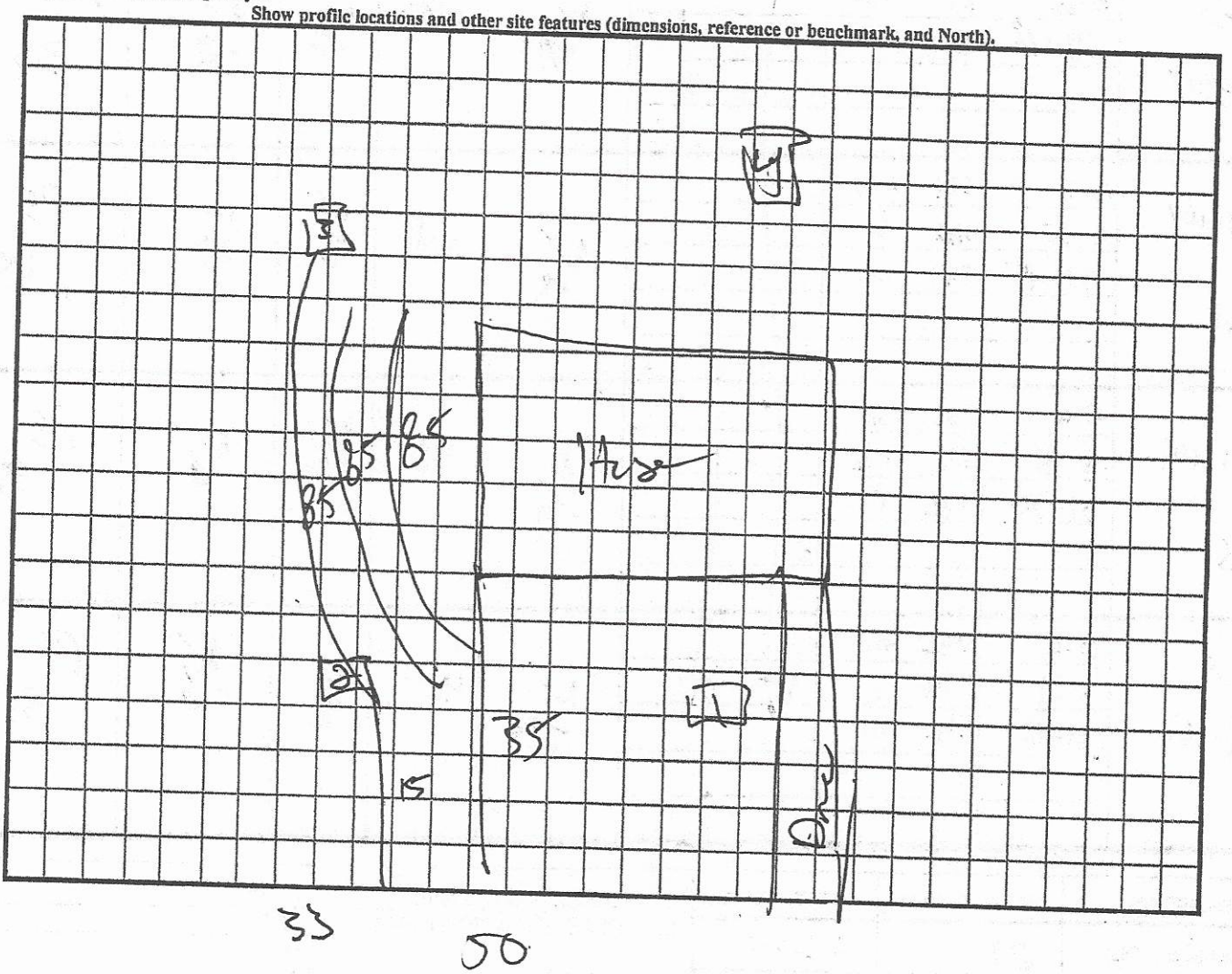
NOTES

HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Not marked 8/6

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

RECEIVED AUG 0

$500

AP-3097460

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: BARTON BUILDING Address: 188 SAGEMORE RD MOORESVILLE Zip: 28117
Applicant Email: bobbarton60@gmail Phone: 704-453-1230 Alt. Phone: _____
Owner Name: BOB BARTON Address: SAME Zip: _____
Owner Email: _____ Phone: SAME Alt. Phone: _____

Property Information: 118 Red Bud Ln

Street Address: LOT 10 REDBUD LN. TROUTMAN NC. 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: 10
Driving Directions: MORRISON FARM RD. RT. ON REDBUD

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

(✓) 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: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) *Other Addition/Structure:* _____

CHECK FOUNDATION TYPE
(✓) 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: Bob Barton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/29/2020
DATE

DocuSign Envelope ID: 9DEA2898-8467-4016-ADEB-3E25AD9D7C4C

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

309746

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, Richard Griffen and Beverly Griffen, am the legal owner(s) of the property located at Lot 10, Redbud Ln, Troutman, NC 28166, identified as

PIN (Parcel Identification Number) 4629715160.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Bob Barton, _____, 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.

DocuSigned by: Richard D. Griffen F208BA6C6F1F40F... DocuSigned by: Beverly Griffen F208BA6C6F1F40F... Signature of Owner(s)

7/28/2020 | 1:09 PM EDT
Date

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

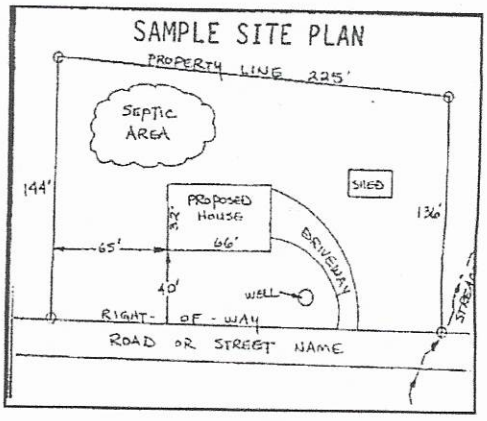
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT 309746

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:

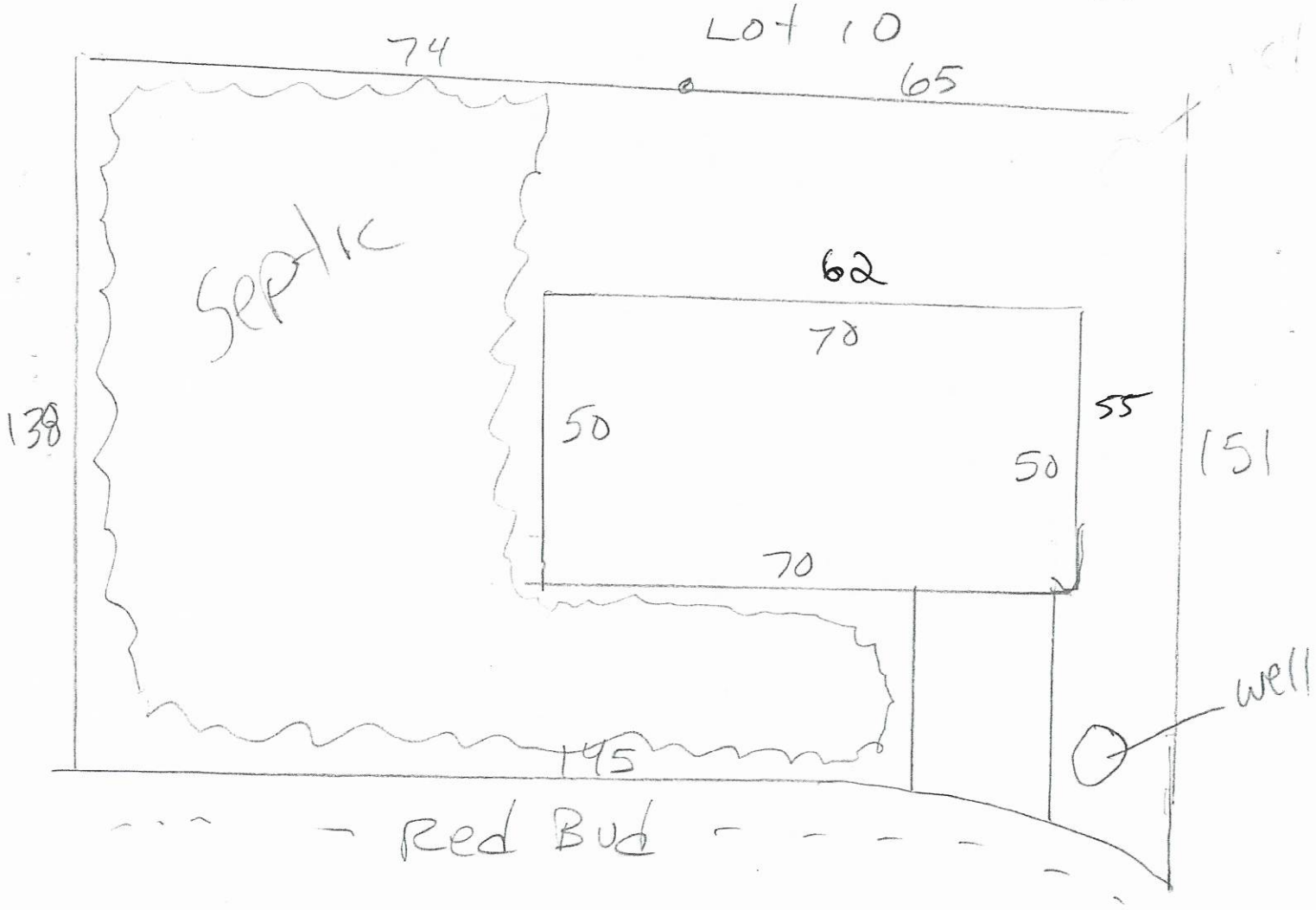
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

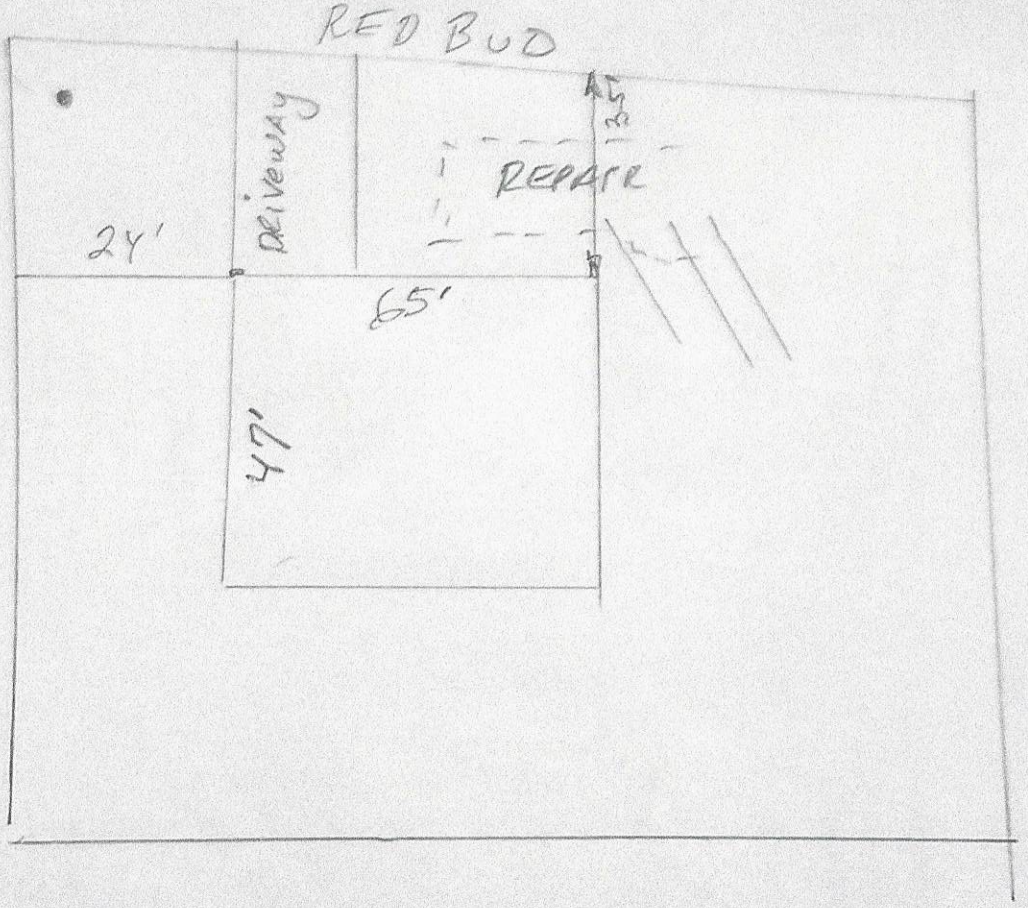


Signature: _____ _____

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

PERMIT # 39776

118 REDBUD LANE



FLOOR PLAN - SYMBOL LEGEND	
DESCRIPTION	SYMBOL
INTERIOR LOAD BEARING WALL	
BRACED WALL PANEL	
STONE OR BRICK VENEER	
JOIST SIZE AND DIRECTION	
DEADDOR TYPE	
CENTERLINE	
POINT LOAD	
BRACED WALL PANEL METHOD	
WINDOW GLASS SIZE	

FLOOR JOIST SCHEDULE					
MARK	TYPE	S.S.-TYPE	SIZE	SPACING	MAX SPAN
FJ-1	11" JOIST	1.8 PRO 1NB	9 1/8"	12" O.C.	19'
FJ-2	11" JOIST	1.8 PRO 1NB	9 1/8"	16" O.C.	18'
FJ-3	11" JOIST	1.8 PRO 1NB	9 1/8"	19.2" O.C.	17'
FJ-4	11" JOIST	1.8 PRO 1NB	9 1/8"	24" O.C.	16'
FJ-5	11" JOIST	1.8 PRO 1NB	9 1/8"	12" O.C.	22'
FJ-6	11" JOIST	1.8 PRO 1NB	9 1/8"	19.2" O.C.	20'
FJ-7	11" JOIST	1.8 PRO 2NB	9 1/8"	12" O.C.	20'
FJ-8	11" JOIST	1.8 PRO 2NB	9 1/8"	16" O.C.	19'
FJ-9	11" JOIST	1.8 PRO 2NB	9 1/8"	19.2" O.C.	18'
FJ-SB	LUMBER	CCA TREATED	2x8	12" O.C.	
FJ-31	LUMBER	CCA TREATED	2x8	16" O.C.	
FJ-32	LUMBER		2x8	12" O.C.	14'-7"
FJ-33	LUMBER		2x8	16" O.C.	12'-1"
FJ-34	LUMBER		2x8	19" O.C.	11'-0"
FJ-35	LUMBER		2x8	24" O.C.	10'-0"
FJ-36	LUMBER		2-2x8	16" O.C.	
FJ-71	LUMBER		2x8	12" O.C.	
FJ-72	LUMBER		2x8	16" O.C.	

NOTE: "I" JOISTS LISTED ABOVE ARE MANUFACTURED BY TRUS JOIST MACMILLAN AND BRAND ARE BASED ON L / 480 LIVE LOAD DEFLECTION

HEADER SCHEDULE		
MARK	SIZE	NO OF BRDS AT EACH END
(G)	2 - 2 x 10"s	2
(H)	2 - 2 x 8"s	2
(J)	2 - 7/8" x 7 1/4" LVL'S	2
(K)	2 - 7/8" x 9 1/4" LVL'S	2
(L)	2 - 7/8" x 11 7/8" LVL'S	3
(M)	2 - 7/8" x 14" LVL'S	4
(N)	2 - 7/8" x 16" LVL'S	4
(O)	2 - 7/8" x 18" LVL'S	4
(P)	3 - 7/8" x 9 1/4" LVL'S	4
(Q)	3 - 7/8" x 11 7/8" LVL'S	4
(R)	3 - 7/8" x 14" LVL'S	5
(S)	3 - 7/8" x 16" LVL'S	6
(T)	3 - 7/8" x 18" LVL'S	6
(U)	11 - 7/8" x 9 1/4" LVL	7
(V)	11 - 7/8" x 11 7/8" LVL	7

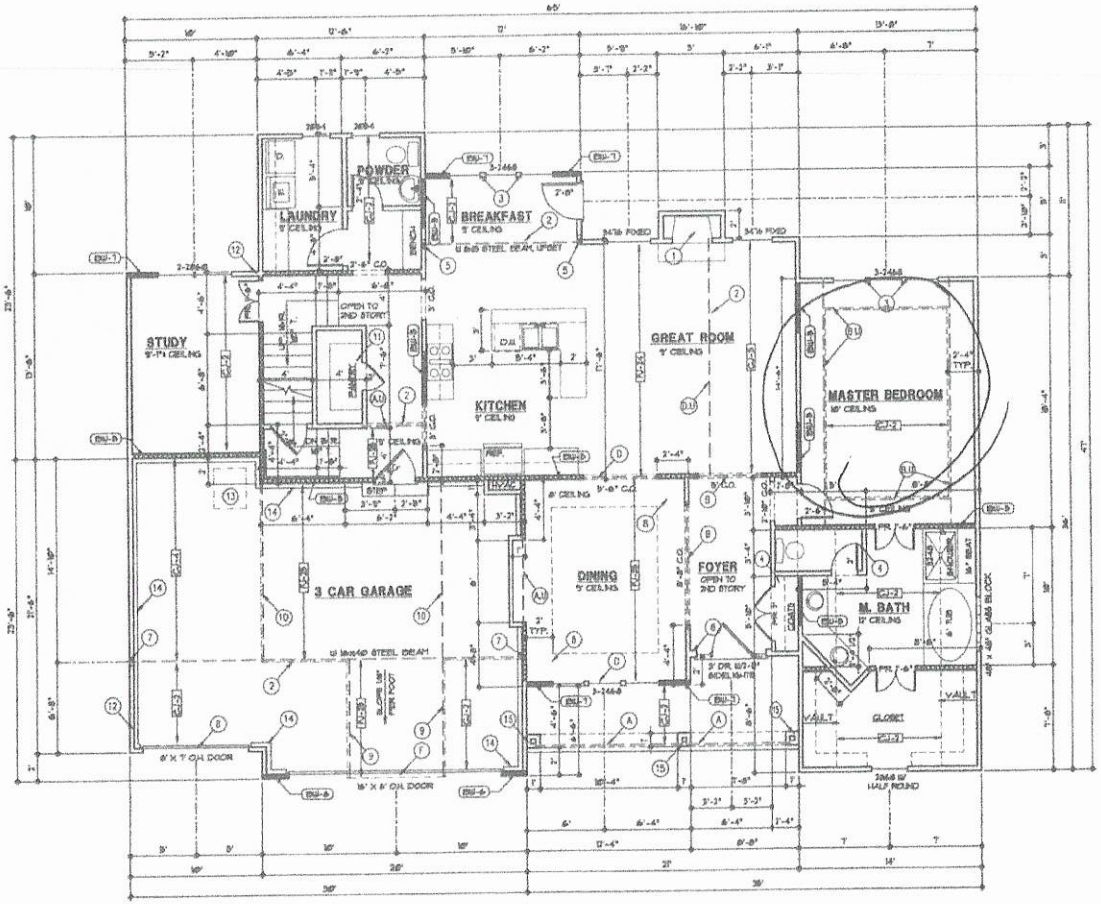
NOTE: "J" INDICATES HEADER IS UPSET

CEILING JOISTS SCHEDULE			
MARK	SIZE	SPACING	MAXIMUM SPAN
CJ-1	2x6	12"	14'-10"
CJ-2	2x6	16"	13'-10"
CJ-3	2x6	19.2"	12'-9"
CJ-4	2x6	24"	11'-10"
CJ-5	2x8	12"	19'-3"
CJ-6	2x8	16"	17'-10"

SQUARE FOOTAGE TABLE	
LOCATION	AREA (S.F.)
FIRST FLOOR	1688
MID LEVEL STUDY	138
SECOND FLOOR	595
TOTAL	2196
GARAGE	648
BASEMENT (UNFINISHED)	1843

FLOOR PLAN NOTES

1. 36" DIRECT VENT FIREPLACE WITH 16" DEEP HEARTH.
2. FLOOR LINE ABOVE
3. 9 STUDS BELOW WINDOWS
4. PLANT SHELF @ 5'-6" A.F.F.
5. 5 STUDS FOR BEARING. SOLID BLOCK BELOW
6. 2x6 STUDS AT 16" O.C.
7. 7 STUDS FOR BEARING. SOLID BLOCK BELOW
8. FURR DOWN CEILING TO 8'
9. DOUBLE FLOOR JOISTS ABOVE
10. TRIPLE FLOOR JOIST ABOVE
11. PLANT SHELF OVER PANTRY - SEE 2ND FLOOR FOR HEIGHT
12. CHANGE IN PLATE HEIGHT (SEE ELEVATION)
13. 2'-6"x3' ATTIC ACCESS
14. EXPOSED TOP OF FOUNDATION WALL
15. 8"x8" BOXED COLUMN



NOTE

ALL EXTERIOR WALLS TO BE CONSTRUCTED PER BRACED WALL METHOD 4 UNLESS NOTED OTHERWISE. ALL INTERIOR BRACED WALLS ARE METHOD 9. SEE S-SHEET G2.

Acknowledgement Of
Plans Submittal ONLY!

Date 12.17.2020

Robert Barton Date 12/30/2020

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

Webster

DRAWN BY: MB, MP
DATE: 9-1-20
PROJECT NO: 84-0004-01

SHEET NO: A2

FLOOR PLAN - SYMBOL LEGEND	
DESCRIPTION	SYMBOL
INTERIOR LOAD BEARING WALL	
BRACED WALL PANEL	
STONE OR BRICK VENEER	
JOIST SIZE AND DIRECTION	
HEADER TYPE	(X)
CENTER LINE	
POINT LOAD	
BRACED WALL PANEL METHOD	
WINDOW GLASS SIZE	

FLOOR JOIST SCHEDULE					
MARK	TYPE	SUB-TYPE	SIZE	SPACING	MAX SPAN
FJ-1	"I" JOIST	TJI PRO 360	9 1/2"	12" O.C.	17'
FJ-2	"I" JOIST	TJI PRO 360	9 1/2"	16" O.C.	16'
FJ-3	"I" JOIST	TJI PRO 360	9 1/2"	19.2" O.C.	15'
FJ-4	"I" JOIST	TJI PRO 360	11 7/8"	12" O.C.	21'
FJ-5	"I" JOIST	TJI PRO 360	11 7/8"	16" O.C.	19'
FJ-6	"I" JOIST	TJI PRO 360	11 7/8"	19.2" O.C.	18'
FJ-7	"I" JOIST	TJI PRO 360	14 1/8"	12" O.C.	23'
FJ-8	"I" JOIST	TJI PRO 360	14 1/8"	16" O.C.	22'
FJ-9	"I" JOIST	TJI PRO 360	14 1/8"	19.2" O.C.	19'
FJ-10	LUMBER	CCA TREATED	2x8	12" O.C.	
FJ-11	LUMBER	CCA TREATED	2x8	16" O.C.	
FJ-12	LUMBER		2x8	12" O.C.	14'-2"
FJ-13	LUMBER		2x8	16" O.C.	12'-7"
FJ-14	LUMBER		2x8	12" O.C.	17'-5"
FJ-15	LUMBER		2x8	16" O.C.	15'-9"
FJ-16	LUMBER		1-2x8	16" O.C.	
FJ-17	LUMBER		2x8	12" O.C.	
FJ-18	LUMBER		2x8	16" O.C.	

NOTE: "I" JOISTS LISTED ABOVE ARE MANUFACTURED BY TRUS JOIST MACMILLAN AND BRAND ARE BASED ON L / 480 LIVE LOAD DEFLECTION.

HEADER SCHEDULE		
MARK	SIZE	NO OF STUDS AT EACH END
(A)	2 - 2 x 8"s	2
(B)	2 - 2 x 6"s	2
(C)	2 - 1¾" x 9¼" LVL"s	2
(D)	2 - 1¾" x 11⅞" LVL"s	2
(E)	2 - 1¾" x 14" LVL"s	2
(F)	3 - 1¾" x 9¼" LVL"s	3
(G)	3 - 1¾" x 11⅞" LVL"s	3
(H)	3 - 1¾" x 14" LVL"s	3
(I)	4 - 1¾" x 9¼" LVL"s	4
(J)	4 - 1¾" x 11⅞" LVL"s	4
(K)	4 - 1¾" x 14" LVL"s	4
(L)	5 - 1¾" x 9¼" LVL"s	5
(M)	5 - 1¾" x 11⅞" LVL"s	5
(N)	5 - 1¾" x 14" LVL"s	5
(O)	1 - 1¾" x 9¼" LVL	1
(P)	1 - 1¾" x 11⅞" LVL	1

NOTE: "U" INDICATES HEADER IS UPSET

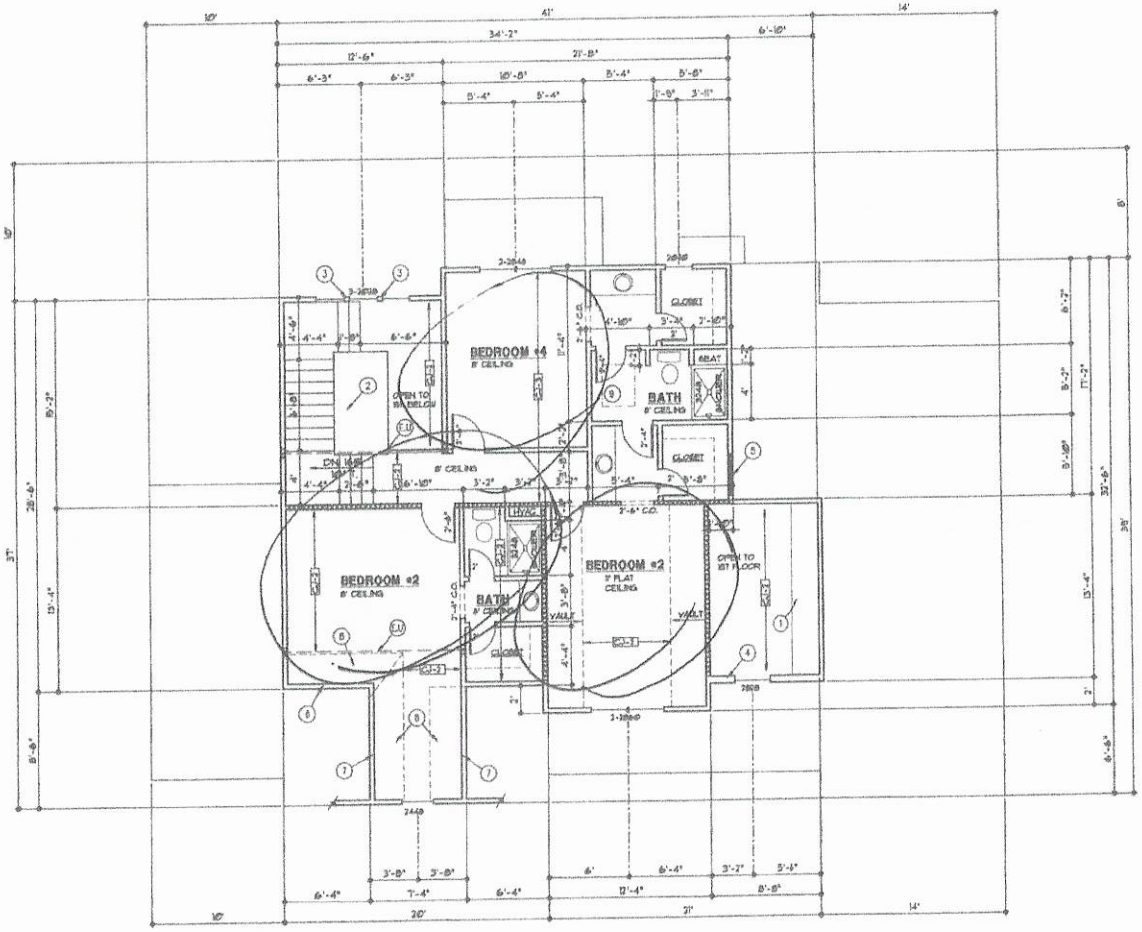
CEILING JOISTS SCHEDULE			
MARK	SIZE	SPACING	MAXIMUM SPAN
CJ-1	2x6	12"	14'-10"
CJ-2	2x6	16"	13'-6"
CJ-3	2x6	19"	12'-8"
CJ-4	2x8	12"	19'-3"
CJ-5	2x8	16"	17'-3"
CJ-6	2x8	19"	16'-2"

FLOOR PLAN NOTES:

1. PLANT SHELF OVER 1ST FLOOR CLOSET
2. PLANT SHELF OVER 1ST FLOOR PANTRY - TOP OF SHELF AT 36" ABOVE 2ND FLOOR
3. 3 STUDS BETWEEN WINDOWS
4. 2x6 STUDS AT 16" O.C.
5. 2'-6"x3'-6" ACCESS PANEL
6. 5'-6"± TALL WALL
7. 5'-4"± TALL WALL
8. CLIPPED CEILING
9. 2'-6"x3' ATTIC ACCESS

NOTE:

ALL EXTERIOR WALLS TO BE CONSTRUCTED PER BRACED WALL METHOD 4 UNLESS NOTED OTHERWISE. ALL INTERIOR BRACED WALLS ARE METHOD 5. SEE SHEET G2.



Acknowledgement Of
Plans Submittal ONLY!

Date 12.17.2020

Robert Bobb Date 12/30/2020

SECOND FLOOR PLAN
1/4" = 1'-0"

Webster architects
2555 W. VALLEY PARKWAY
SUITE 110
ESCONDIDO, CA 92025-6405
PHONE: 619-360-4663
FAX: 619-360-4664
www.websterarchitects.com

DRAWN BY: MB, TYP
DATE: 3-1-19
PROJECT NO: 04-2556-19

SHEET NO: A3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
309746 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629715160.000	118 Red Bud Ln	Iredell County

Owner Information	Applicant Information
Name: GRIFFEN RICHARD D+BEVERLY R Address: Phone:	Name: BARTON BUILDING Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.4635	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

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.

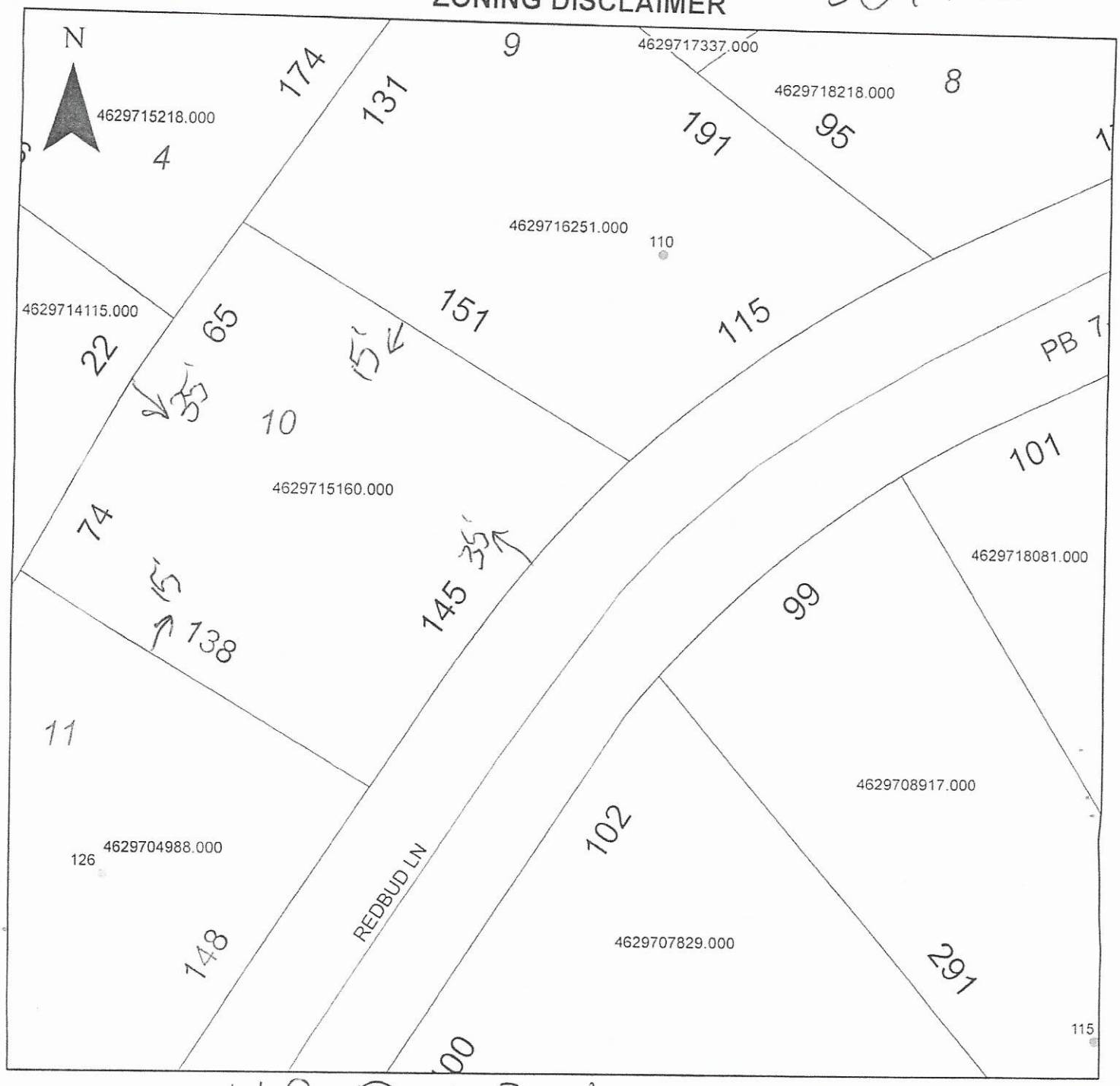
Date: 08/05/2020

Signature of Owner/Contractor

Permit Number	309746	TOTAL FEES:	$77.25

309746

ZONING DISCLAIMER



Property Address 118 Red Bud

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. Applicant further acknowledges that the 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.

Bob Barton
Applicant

8/3/2020
Date