IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 229700

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

PIN # 4636532241

APPLICANT/OWNER: IQ Custom Construction | APPLICANT ADDRESS: 840 Edmiston Rd. Mt. Ulla, NC 28125

SITE ADDRESS: 116 Poinsettia Ln Mooresville, NC | PHONE: 704 578-4951 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Stutts Rd TR Poinsettia on right. | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Stutts Acres | SECTION: 2 | LOT # 48 | LOT AREA: .95 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 825	Date 12-15-17	☒ 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:	Gravity -25% Reduction	☐ Business	No. Persons	8	☒ Private
Pump Make		Model	Serial #	Repair System Description:	Pump - 25% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 5	Linear Ft 400'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"I/20"A	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Note; Do not exceed 24" trench bottom for initial system. Divert storm/surface water away from Septic System.

INITIAL SITE SKETCH

See attached,

Approved Septic plan

by The Oaks Group, PA

(dated 8/29/17)

2 / 48 / 4 = 392 + 10 = 402

81 / 4 = 324 + 332

AS BUILT SKETCH

2/28/18

Rowan Precast mid-seam 1000-gal conc tank w/ a Tuf-Tite EF-6 Filter

House

L1 11
L2 20
L3 25
L4 25
L5 17
+ End Caps
OK by Laser

slab Driveway Turnaround

House

Garage

S.T.

15'

10'

19'

12'

6'

8'

28'

IQ4s installed @ 24" TB

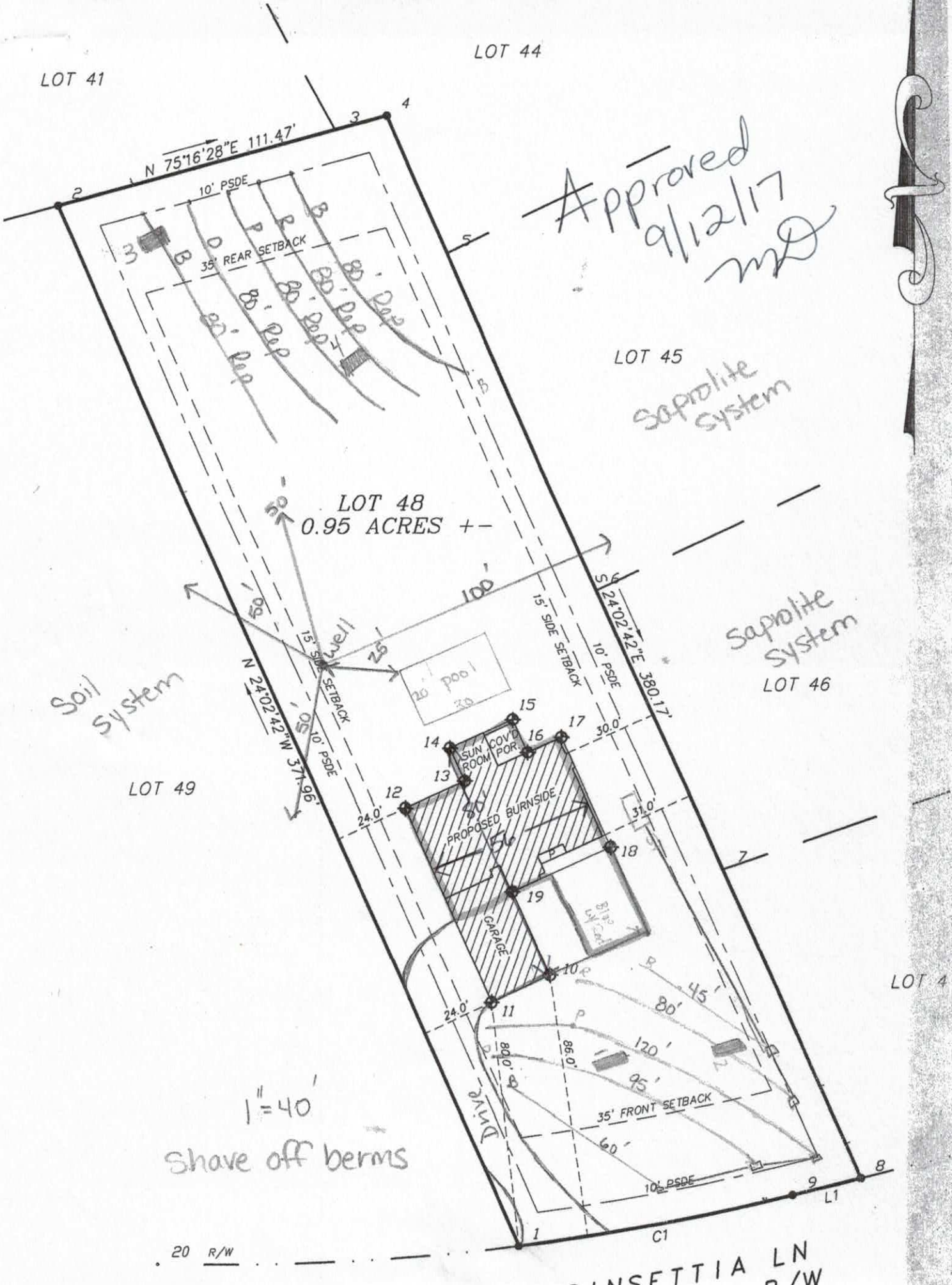
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: 9/13/17 Installed by: Rowan Septic (Kevin Kirkpatrick)

IMPROVEMENT PERMIT by: Maria Allison Date: 9/12/17 OPERATION PERMIT by: Tom Church Date: 2/28/18

AUTHORIZATION TO CONSTRUCT by: Maria Allison Date: 9/12/17 Existing System Inspected by: Date:


LOT 41
LOT 44
LOT 45
LOT 46
LOT 49
LOT 48
0.95 ACRES +-
N 75°16'28"E 111.47'
S 24°02'42"E 380.17'
N 24°02'42"W 371.96'
10' PSDE
35' REAR SETBACK
15' SIDE SETBACK
30.0'
31.0'
24.0'
80' Rep
PROPOSED BURNSIDE
SUN ROOM COVD POR.
GARAGE
pool
well
Soil System
Saprolite System
Saprolite System
Approved 9/12/17 MD
1"=40'
Shave off berms
35' FRONT SETBACK
Drive
20 R/W
POINSETTIA LN
PUBLIC R/W
LINE TABLE

Lot 48 Stutts Cove Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Concrete Slab/Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (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 (High Side)	24"
Maintenance Agreement Required	No
Repair System	**25% Reduction**
Total Linear Feet	400
Repair Loading Rate	0.3
Trench Depth	20"

Approved 9/12/17 MD

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	**System**	**Blue**	**25% Reduction**	**45 endfed**
2	**System**	**Red**	**25% Reduction**	**80 endfed**
3	**System**	**Pink**	**25% Reduction**	**120 endfed**
4	**System**	**Orange**	**25% Reduction**	**95 endfed**
5	**System**	**Blue**	**25% Reduction**	**60 endfed**
6	Repair	Blue	25% Reduction	80
7	Repair	Red	25% Reduction	80
8	Repair	Pink	25% Reduction	80
9	Repair	Orange	25% Reduction	80
10	Repair	Blue	25% Reduction	80
				Total System: 400'
				Total Repair: 400'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Must Keep system and repair above saprolite for well setbacks
Shave off berms in septic areas

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

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

Approved MD 9/12/17

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

OWNER: IQ Custom Construction — APPLICATION DATE ___
ADDRESS: 840 Eamiston Rd Mooresville — DATE EVALUATED: 8/22/17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 0.95Ac
LOCATION OF SITE: Stutts Cove 48 — PROPERTY RECORDED: yes
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~5%	0-27	MO SBK C	FR SS/SP	R	28"	PS	N/A	0.3 PS
		27-38	WK SBK CL	↓	R; C SAP				
		38-48	MO L SAP	↓	Multi				
2	L ~5-8%	0-30	MO SBK C	FR FR/FP	R	42"	PS	N/A	0.3
		30-42	WK SBK CL		R; C SAP				
		42-60	MO L SAP	↓	Multi				
3	L 5%	0-7	Old Berm Fill	MO GR SCL	L	34"	PS	N/A	0.3
		7-20	MO SBK C	FR FR/FP	L; C/M SAP				
		20-34	WK SBK CL	↓	Multi				
		34-53	MO L SAP	↓					
4	L 5%	0-27	MO SBK C	FR SS/SP	R; F/C SAP	38"	N/A	N/A	0.3
		27-53	WK SBK CL	↓	R C/M SAP				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIb
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Shave berms
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ___
* Trench Depths above sap!

COMMENTS: ___

RECEIVED AUG 3 1 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
229700

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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

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 fe

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: IQ Custom Const **Address:** 840 Edmiston Rd Mnt Ulla 28125 **Phone:**

Owner Name: Anthony Mercogliano **Address:** 11 Rolling Meadow LN NY 11768 **Phone:**

Property Information:

Street Address: 116 Poinsettia LN 28117

Subdivision Name: Stutts Cove **Section/Phase:** **Lot Number:** 48

Driving Directions: BSR, L Stutts, R Poinsettia, on R

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
(X) Swimming Pool
( ) Other Addition/Structure:

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

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 ( ) 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 grante right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for th 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 Helton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/29/17
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, IQ Custom Construction, am the legal owner of the property located at 116 Poinsettia Cir, identified as PIN(Parcel Identification Number) 4636 53 2241, located in Iredell County, North Carolina.

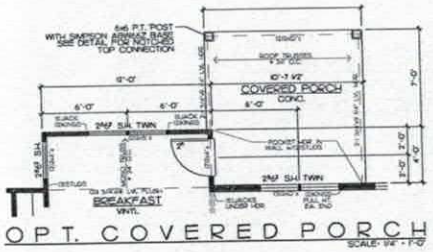
I do hereby authorize (print authorized agent/company name) The Oaks Group, PA, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

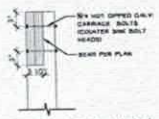
1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

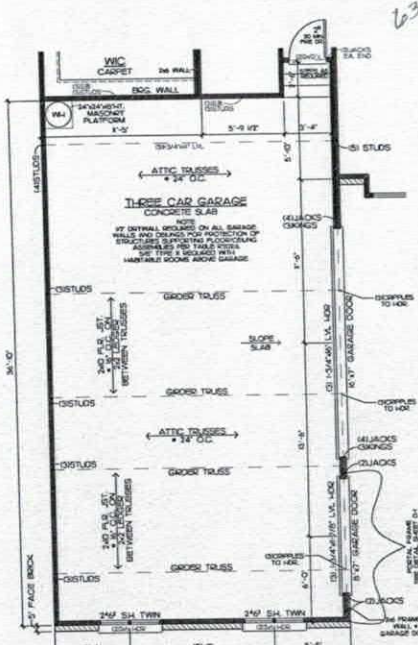
I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

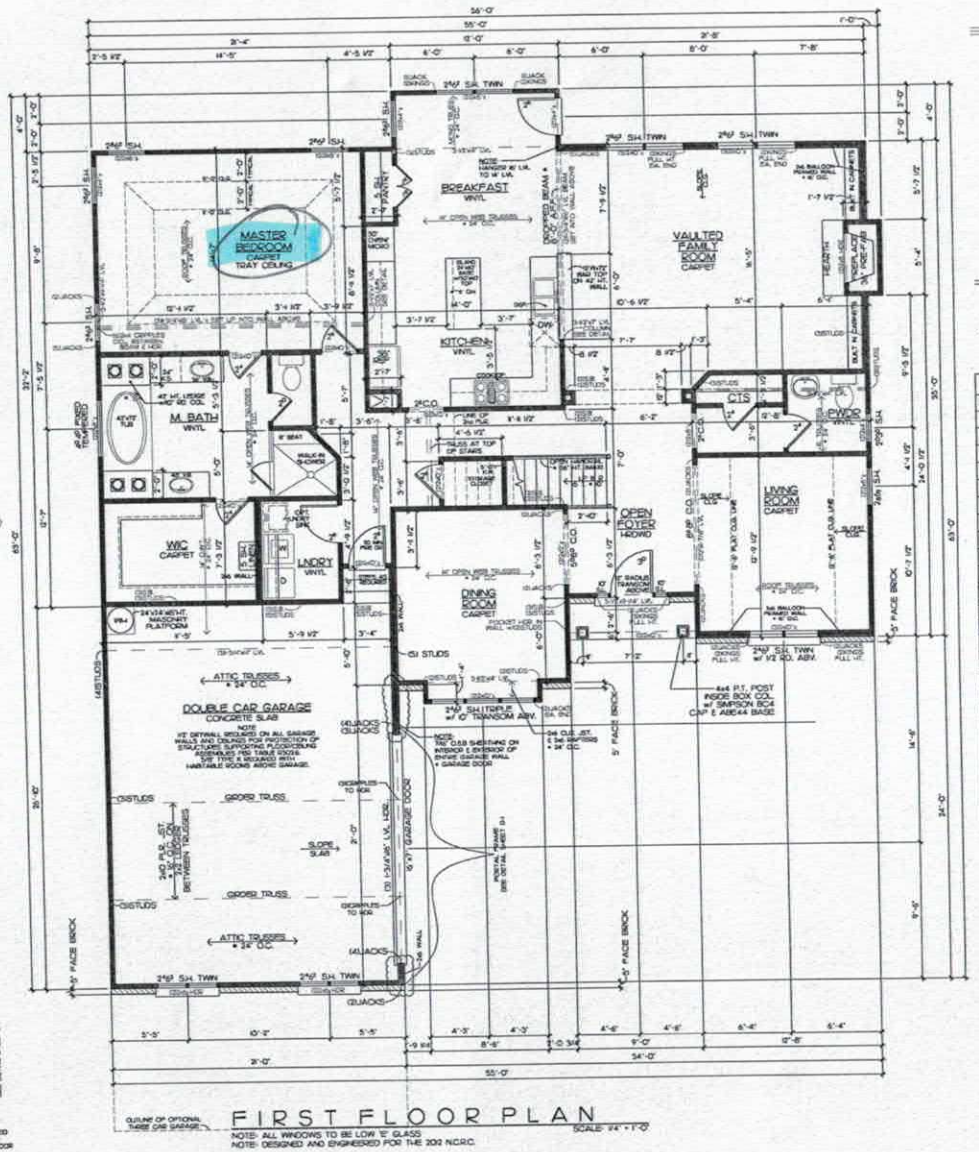
Signature of Owner — Date 8/25/17

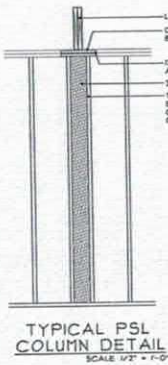
Signature of Witness — Date 8/25/17











TYPICAL PSL COLUMN DETAIL
SCALE: 1/2" = 1'-0"

HANGER SCHEDULE FOR JOISTS AND BEAMS	
MEMBER (NUMBER OF PLY'S)	HANGER
2X8	LUS28
2X10	LUS210
2X12	LUS210
2-2X8	HUS28-2
2-2X10	HUS210-2
2-2X12	HUS212-2
3-2X8	LUS28-3
3-2X10	LUS210-3
3-2X12	HU212-3 TFH
2-1 3/4" x 9 1/4" LVL	HGUS410
2-1 3/4" x 11 7/8" LVL	HGUS412
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 11 7/8" 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 11 7/8" 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/202 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.

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 R613 OR R614.

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 SIDE BUT GREATER THAN 2SIDE OF THE WALL IS SHEATHED.

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

SQUARE FOOTAGE

HEATED:	
FIRST FLOOR:	1933 SF
SECOND FLOOR:	908 SF
TOTAL HEATED:	2841 SF
2 CAR BONUS RM:	362 SF
OPT. 3 CAR BONUS RM:	547 SF
2 CAR GARAGE:	570 SF
3 CAR GARAGE:	779 SF

Acknowledgement of Plans Submittal ONLY!

Date 8/31/17

Date 9/12/17

Floorplan is mirrored

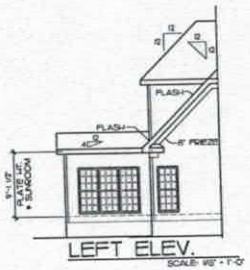
Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
NC Cert. of Licensure # 0713
Soil for Structural Only

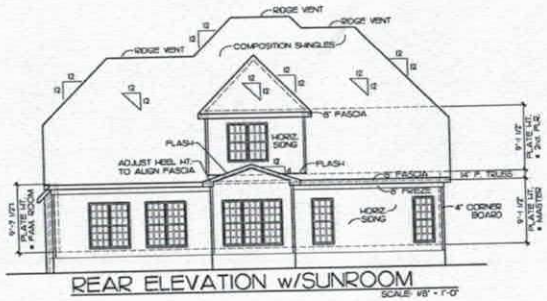
I.Q. CUSTOM CONSTRUCTION
840 Edminston Rd.
MT. Ulla, NC 28125 Ph. 704-660-5738

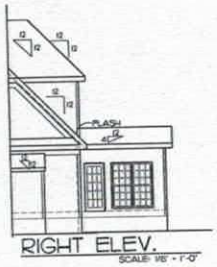
Project: THE BURNSIDE HOUSE PLAN
Sheet Title: FIRST FLOOR PLAN

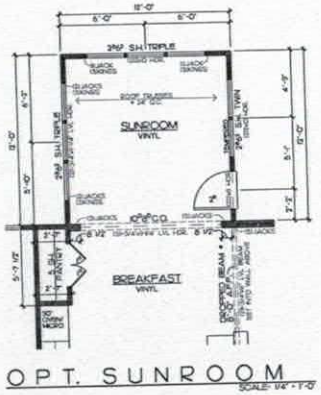
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Date: 02-21-13
Rev: 06-01-16

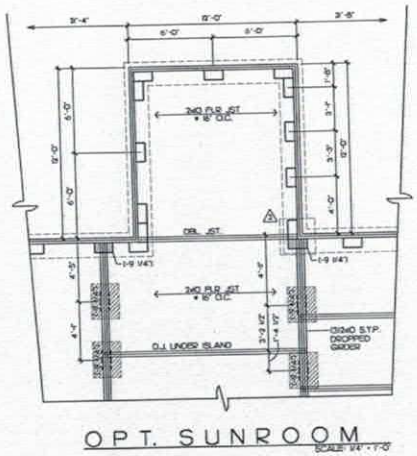
Sheet: 3











HANGER SCHEDULE FOR JOISTS AND BEAMS	
MEMBER (NUMBER OF PLY'S)	HANGER
2X8	LUS28
2X10	LUS210
2X12	LUS210
2-2X8	HUS28-2
2-2X10	HUS210-3
2-2X12	HUS212-2
3-2X8	LUS28-3
3-2X10	LUS210-3
3-2X12	HU210-3 ITW
2-1 3/4" x 9 1/4" LVL	HGUS410
2-1 3/4" x 9 7/8" LVL	HGUS412
2-1 3/4" x 11" LVL	HGUS414
2-1 3/4" x 12" LVL	HGUS414
2-1 3/4" x 14" LVL	HGUS414
3-1 3/4" x 9 1/4" LVL	HGUS8.50/10
3-1 3/4" x 9 7/8" LVL	HGUS8.50/12
3-1 3/4" x 11" LVL	HGUS8.50/14
3-1 3/4" x 12" LVL	HGUS8.50/14
3-1 3/4" x 14" LVL	HGUS8.50/14
4-1 3/4" x 9 1/4" LVL	HGUS1.25/10
4-1 3/4" x 9 7/8" LVL	HGUS1.25/12
4-1 3/4" x 11" LVL	HGUS1.25/14
4-1 3/4" x 12" LVL	HGUS1.25/14
4-1 3/4" x 14" LVL	HGUS1.25/14

FOOTING SCHEDULE
⚠ 24"x24"x12"Dp. POURED CONC. FOOTING
⚠ 30"x30"x12"Dp. POURED CONC. FOOTING w/#4's • 6' O.C. EA. WAY
⚠ 36"x36"x12"Dp. POURED CONC. FOOTING w/#4's • 6' O.C. EA. WAY
⚠ 42"x42"x16"Dp. POURED CONC. FOOTING w/#5's • 6' O.C. EA. WAY

NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY w/2012 NC.R.C. 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 R20 MATISRAIL 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 R612 OR R924.

SQUARE FOOTAGE

HEATED	
OPTIONAL SUNROOM	96 SF

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 SIDE BUT GREATER THAN 2SIDE OF THE WALL IS SHEATHED.

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

Acknowledgement of Plans Submittal ONLY!
Date 8/31/17
Date 9/12/17

Structure 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 Edminston Rd.
Mt. Ulla, NC 28125 Ph. 704-660-5738

Project: THE BURNSIDE HOUSE PLAN
Sheet Title: OPTIONAL SUNROOM

Drawn By	JR
Date	03-21-17
REV.	06-03-16 06-09-16
Site	

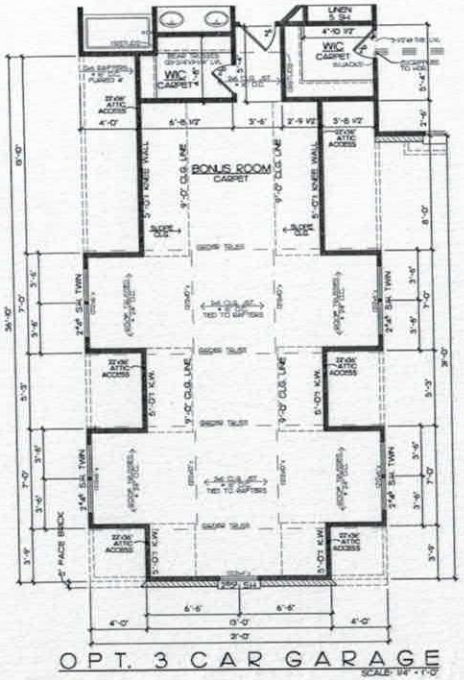
IQBSNSRO

Sheet: 3a

Acknowledgement of
Plans Submittal ONLY!

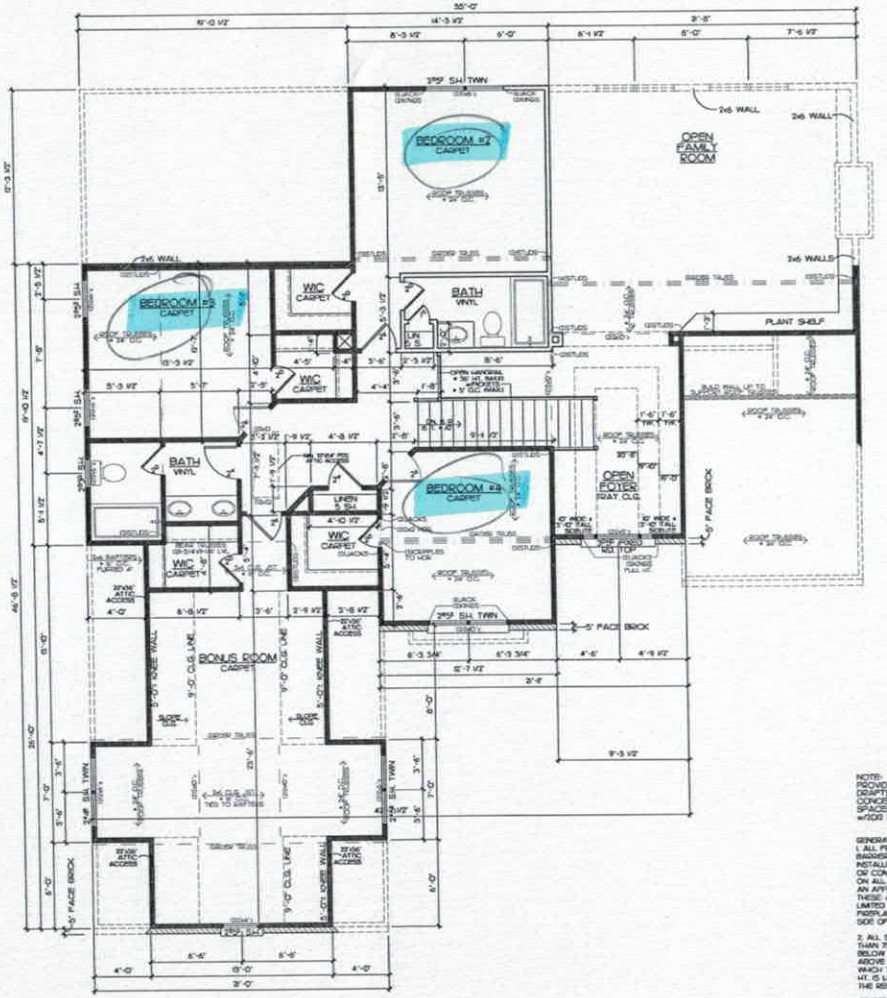
Date 8/31/17

Date 9/12/17



OPT. 3 CAR GARAGE

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



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.

NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY w/2012 N.C.R.C. 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 R613 OR R612.4.

BRACED WALL SHEATHING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR BRACED WALLS OF THIS PLAN HAVE BEEN DESIGNED PER SECTION R602.10 WITH EXEMPTION #3 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 6d (2"X.0131 NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG OSB 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 WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" OSB.

5. FOR GARAGE WALL LINES, METHOD PFG IS TO BE USED IN ACCORDANCE WITH THE SECTION R602.10.3.4 AS SHOWN IN FIGURE R602.10.3.4.

Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
NC Cert. 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: SECOND FLOOR PLAN

Drawn By: JR
Date: 9-02-05
Rev: 05-09-16, 06-09-16
Site:

Sheet: 4

IREDELL COUNTY

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

APPLICATION NUMBER
229700
Issue Date: 08/28/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636532241.000	116 POINSETTIA LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MERCOGLIANO ANTHONY	Applicant: THE OAKS GROUP
Address: 11 ROLLING MEADOW LANE FORT SALONGA, NY 11768	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
.950	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: _____ Date: _____

Permit Number	113322	TOTAL FEES:	$ 77.25