IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226515

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

PIN # 4636-54-1401

APPLICANT/OWNER: Widgeon Lane LLC APPLICANT ADDRESS: 4700 Millenia Blvd. Ste 175 Orlando, FL 32839

SITE ADDRESS: 253 Stutts Rd. Mooresville, NC 28117 PHONE: 704-578-4951 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → L on Stutts Rd → Site on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Mallard Head Country Club SECTION 2C LOT # 192 LOT AREA: 0.54 acres DESIGN FLOW: 480 GPD L.T.A.R.:

Septic Tank	1000	(gal)	STB 825-1000	Date	1-28-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	—	(gal)	PT —	Date	—	System Description:	25% Reduction		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Exempt (Pre 1983)		
# Nitrification Fields	1	# Lines	6	Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Also recommend an interceptor drain be installed along the 165.00' RL and terminating at the L3 RL corner. ~~TRENCH BOTTOM NOT TO EXCEED 18" on LOW SIDE of the trench.~~

INITIAL SITE SKETCH

See attached plans from The Oaks Group, P.A.

Dated 4/25/2017 Kathleen Saunders LSS #1313

AS BUILT SKETCH

Tank 11' from house

End of first drain line 21' from house

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: Kathleen Saunders Date: 6-28-17 Installed by: Rowan Septic

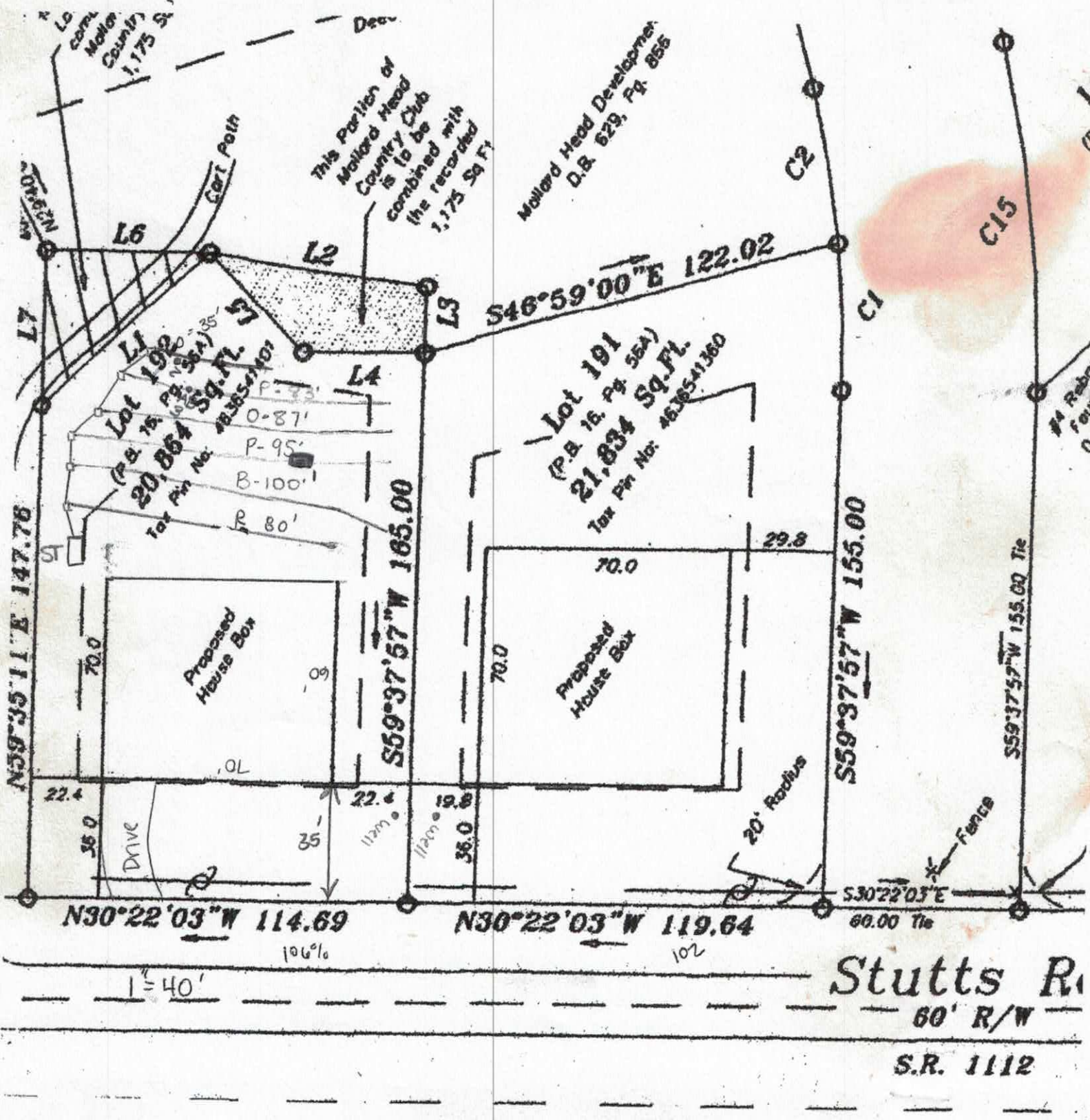
IMPROVEMENT PERMIT by: Tom Shuck Date: 6/20/2017 OPERATION PERMIT by: James Boggs Date: 3-18-19

AUTHORIZATION TO CONSTRUCT by: Kristy Wilson Date: 4-20-18 Existing System Inspected by: Date:

Approved
6/20/2017

4 BDR gravity chamber

1" = 40'



THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 2532 Stutts Road

Date: April 25, 2017

Attached is the septic specification information required to permit the 253 Stutts Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

Lot 192 Mallard Head Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Concrete Slab/Crawl Spac**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	~~36"~~ 18" KMS 6-15-17
Maintenance Agreement Required	No
Repair System	**Repair Exempt**
Total Linear Feet	xxx
Repair Loading Rate	xxx

Approved
6/20/2017

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Red	25% Reduction	80 endfed
2	System	Blue	25% Reduction	100 endfed
3	System	Pink	25% Reduction	95 endfed
4	System	Orange	25% Reduction	87 endfed
5	System	Pink	25% Reduction	83 endfed
6	System	Orange	25% Reduction	35 endfed
				Total System: 480'
				Total Repair: xxx'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Lots are repair exempt and will utilize private wells

ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4636-54-1401
COUNTY: T

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

OWNER: Widgeon Lane LLC
ADDRESS: 259 Stutts Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 192
APPLICATION DATE 4/21/17
DATE EVALUATED:
PROPERTY SIZE: 20.864 ± 2
PROPERTY RECORDED: before 81

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L	0-16	mo SBK C	FR SS/SP	R				
		16-36	mo SBK CL	↓	R, F Sap				0.4
		36-65	WK SBK CL		R/yel; C/m Sap	65+	N/A	N/A	below 16"
			↑ observed Platy structure 34"-38" in pit on 6/16/17 by SR						
2	L	0-12	mo GR SL	FR ns/np	Br				
		12-33	mo SBK C	FR SS/SP	R				
		33-48	WK SBK C	↓	R, F/C yel Br	48+	N/A	N/A	0.25
AB 3	Toe Slope 4%	0-13							P.t Needed
		13-34	clay w.m SBK/ASK	SL. Firm, Sticky, Sp Sap	Free H_2O @ 24" Lite/Redox Yellowing 26"-28"				—
		34-45	Platy? 33" Free Water 36-43"						
			Clay Loam						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	N/A
System Type(s)	25% Red	\
Site LTAR	0.25	\

OTHER FACTORS (.1946): /
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH Tom Shuck (P.T.) on 6/16/17
Approved 6/20/2017 SR

COMMENTS:

RECEIVED APR 17 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Aaron Guess **Address:** 4700 Millenia Blvd #175, Orlando, FL **Zip:** 32839

Applicant Email: Aaron@storyhomes.me **Phone:** 407 559 1000 **Alt. Phone:** 407 276 6663

Owner Name: Aaron Guess **Address:** 4700 Millenia Blvd #175, Orlando, FL **Zip:** 32839

Owner Email: Aaron@storyhomes.me **Phone:** 407 559 1000 **Alt. Phone:** 407 276 6663

Property Information:

Street Address: 253 Stutts Rd Mooresville, NC 28117

Subdivision Name: Mallard Head Country Club **Section/Phase:** S2C **Lot Number:** 192

Driving Directions: About .6 miles south on Stutts Rd on the left.

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

(X) 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

(X) 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: _____

(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 (X) Other: See attached

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: _____ 4/17/2018
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, Aaron Guess, am the legal owner(s) of the property located at 253 Stutts Rd Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4636541401.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, 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
	4/17/2018		4/17/2018

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

RECEIVED MAY 15 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

ENVIRONMENTAL HEALTH DIVISION

226515

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) *Septic Improvement Permit* ( ) *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 SIT 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:

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 fee

Applicant Information: contact Kathleen Sauriders (704) 578-4951

Applicant Name: Widgeon Lane LLC **Address:** 4700 Millenia Blvd Suite 175 **Phone:**

Owner Name: Widgeon Lane LLC **Address:** Orlando Fl 32839 **Phone:**

Property Information:

Street Address: 253 Stutts Rd Mooresville 28117

Subdivision Name: Mallard Head Country Club **Section/Phase:** S2C **Lot Number:** 192

Driving Directions: Brawley School Rd. Left on Stutts. Lot on left

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **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 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: Emma Helt

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

4/21/17

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, Aaron Guess, am the legal owner of the property located at 253 Stutts Rd, Mooresville NC, identified as PIN(Parcel Identification Number) 4636-54-1401, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, 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.

_____ May 12, 2017

Signature of Owner Date

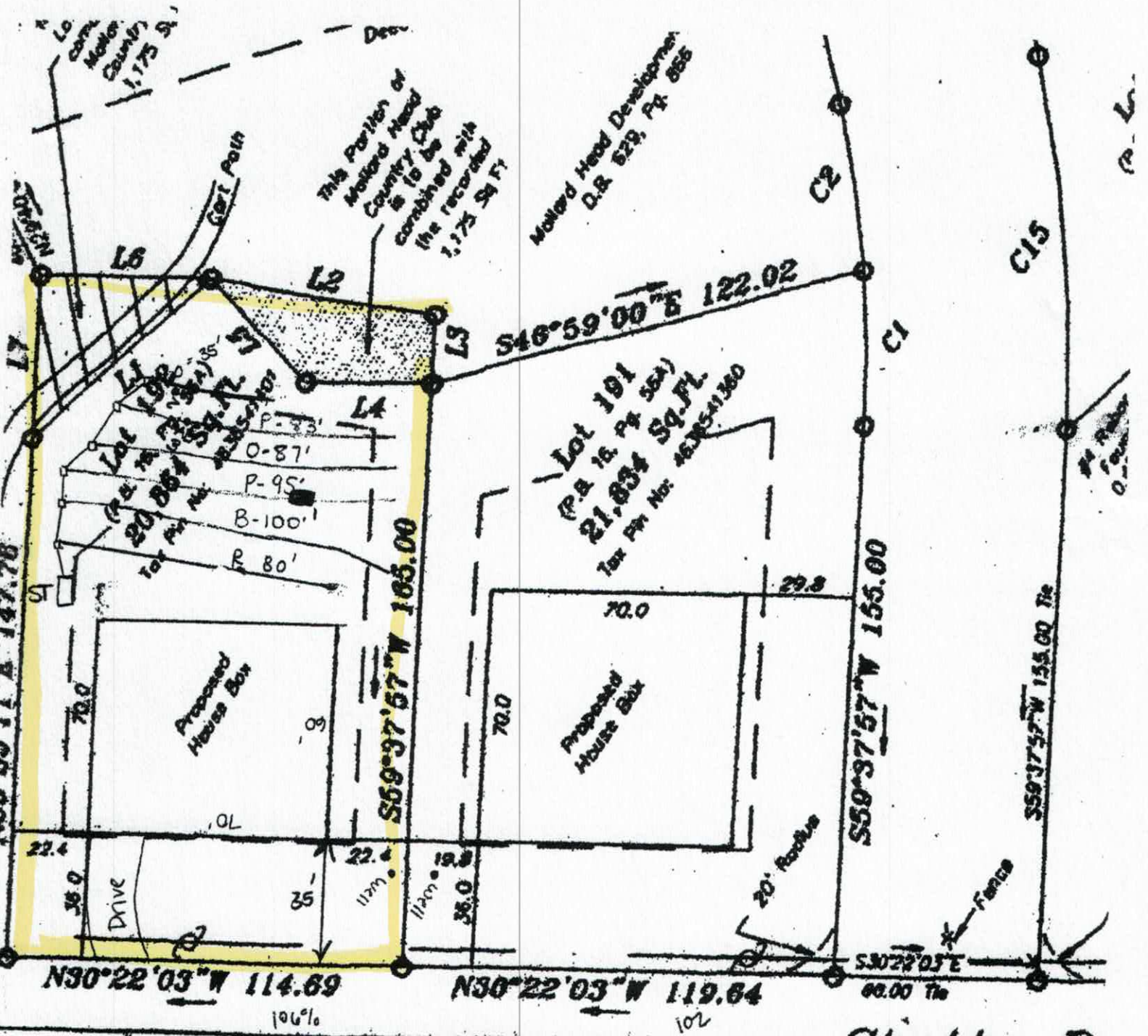
_____ _____

Signature of Witness Date

Approved
6/20/2017

4 BDR gravity
chamber

1" = 40'

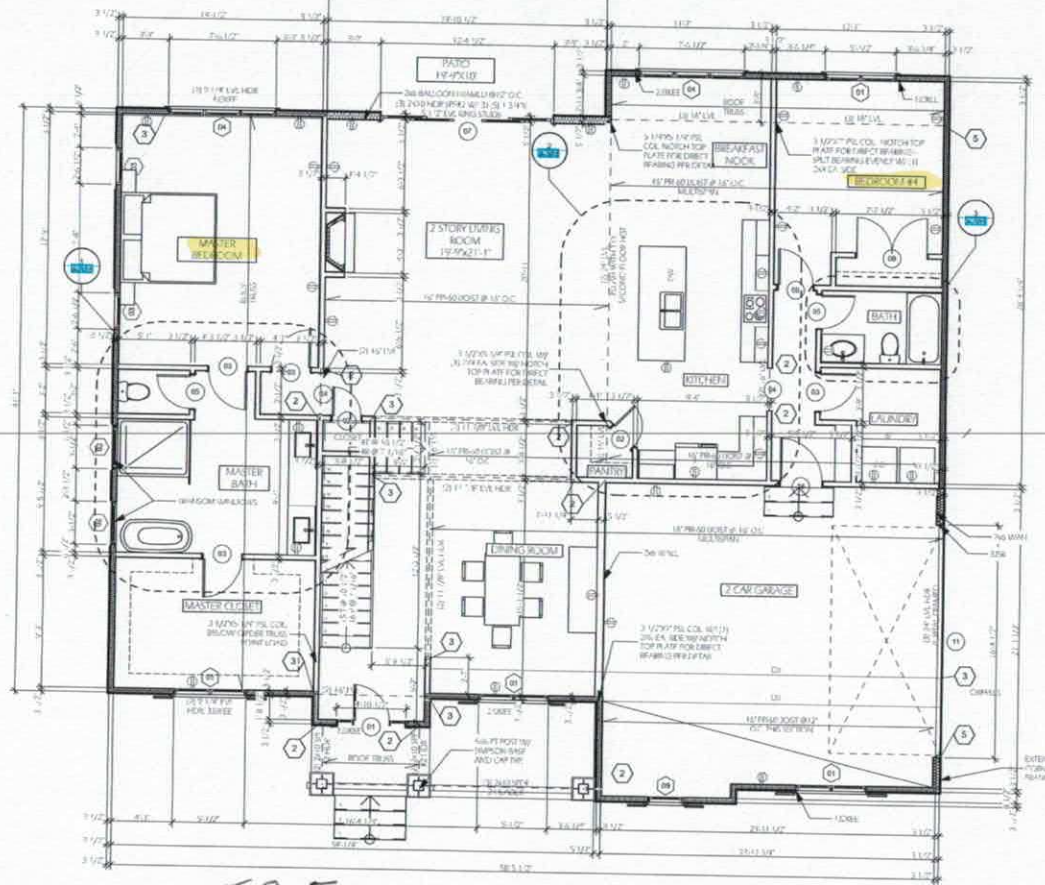


FIRST FLOOR

Acknowledgement of Plans Submittal ONLY!

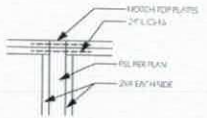
Date 4-17-2018

Date 4-20-18



1 1st FLOOR PLAN

SCALE: 1/8" = 1'-0"



5 BEARING SUPPORT DETAIL

SCALE: 1" = 1'-0"

NOTES:

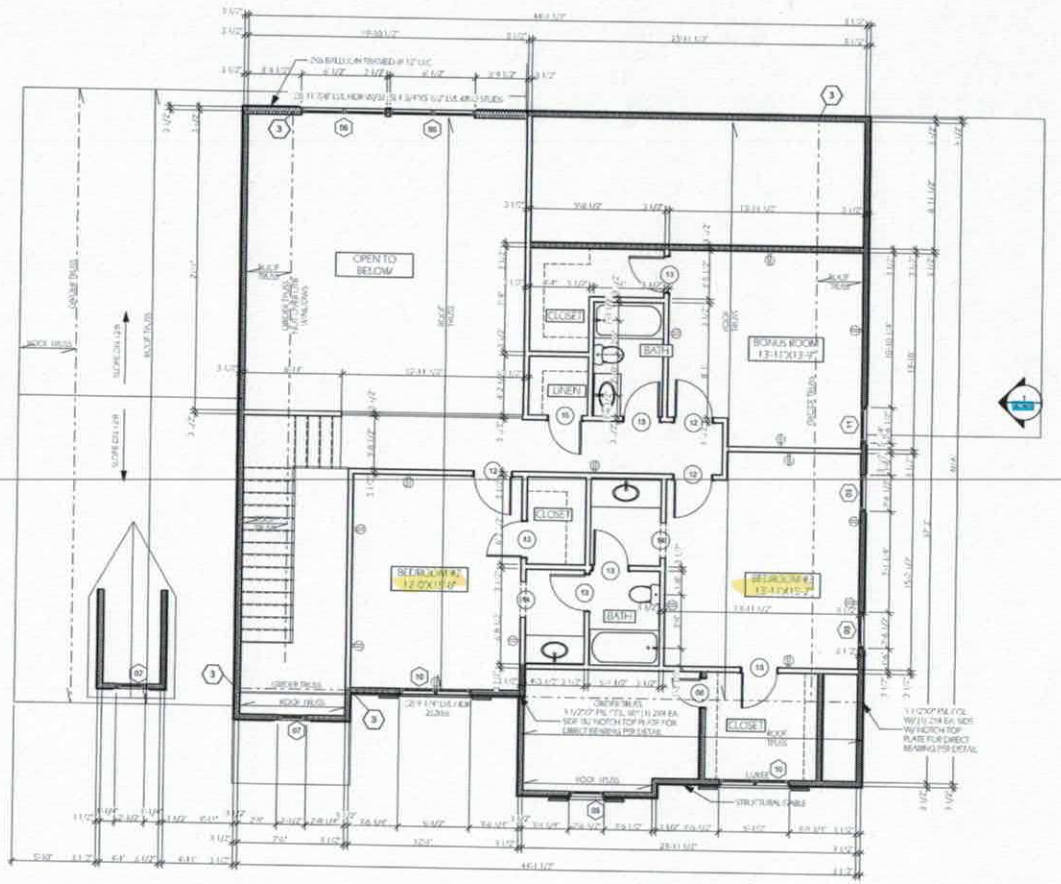
1. ALL DIMENSIONS ARE TO THE FACE OF STUD.
2. ALL EXTERIOR WALLS TO BE 2X4 WOOD STUDS @ 16" O.C. SPRUCE #2 OR BETTER SEE SCHEDULE.
3. ALL INTERIOR WALLS TO HAVE 1/2" GYP. BOARD.
4. EXTERIOR WALLS TO BE 1/2" GYPSUM SHEATHING OR OSB @ 16" O.C. SPRUCE #2 R-15 MIN. BATT INSULATION, 7/16" OSB, TYVEK BUILDING WRAP OR SIMILAR EXTERIOR FINISH AS NOTED ON ELEVATIONS.
5. PROVIDE (2) 2X8 HEADER FOR ALL WINDOW AND DOOR OPENINGS UP TO 4'-0" AND (2) 2X10 HEADER TO OPENINGS TO 6'-0".
6. ALL DOOR JAMBS TO BE 5/8" FROM ADJACENT WALLS, TYP.
7. PROVIDE DOUBLE JOISTS AT ALL WALL LOCATIONS ABOVE.
8. PROVIDE TEMPERED GLAZING IN THE WINDOW WITHIN 36" OF THE WALKING SURFACE OF A STAIR LESS THAN 60" ABOVE THE PLANE OF THE ADJACENT WALKING AREA, AND LESS THAN 60" FROM THE TUB LIP, SHOWER AND LESS THAN 60" ABOVE THE FLOOR.
9. SITES 11, 13 WHERE THE PROPERTY LINE IS LESS THAN 10' FROM THE RUN OF EAVE AND THE SOFFIT MATERIAL IS VENTED OR ASSUMED THAT THE SOFFIT MATERIAL IS VENTED, THE SOFFIT AND FASCIA OF THE ADJACENT WALL SHALL BE PROTECTED WITH NOT LESS THAN 5/8" TYPE X GYPSUM BOARD, WOOD SHINGLES, OR SIDING MATERIAL ON NOT LESS THAN NOMINAL 1" WOOD FURRING STRIPS OR OTHER APPROVED NONCOMBUSTIBLE MATERIAL.

STRUCTURAL NOTES:

1. (E) = # OF 2X4 JACK STUDS
2. ALL INT./EXT. LOAD BEARING HEADERS TO BE (3) 2X10 JN.,(4) 2X10 JN. OR (3) 1.75"X9.25" LVL AT EACH END U.N.O. (2) 2X10 IN 2X6 WALLS U.N.O.
3. (HJACK) = # OF JACK STUDS AND (4) OF KING STUDS AT EACH END OF HEADER, (KING) = # KING PER 3" OF OPENING U.N.O.
4. TRANSFER ALL POINT LOADS FROM ABOVE THRU THE FLOORING AND WALLS OF THIS LEVEL WITH FULL LOAD PATH OF STUD MATERIAL U.N.O.
5. ROOFING - 2 LAYERS OF 1/2" THICK CDX PLY @ 24" O.C. STAGGER JOINTS MIN. 1/2" TYP.
6. HEADER - (O) INDICATES LVL'S FROM SUPPLIER ONLY U.N.O.
7. ROOF TRUSS DRAWINGS TO CONFORM TO THESE PLANS IN KEEPING WITH THE ONE PRIOR TO FABRICATION.
8. ALL JOISTS TO BE 2000 PSI MIN. ALL SUB. TO HAVE MIN. 2000 PSI BEARING CAPACITY.
9. DO NOT DOUBLE JOIST BENEATH IF NON-BEARING AT NON-BEARING WALLS.

TYPICAL HANGERS

Second Floor

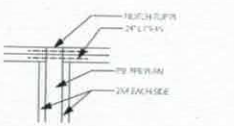


1 2nd FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTES:
1. ALL DIMENSIONS ARE TO THE FACE OF STUD.
2. ALL EXTERIOR WALLS TO BE 2X4 WOOD STUDS @ 16" O.C. - GRADE #2 W/ 5 1/2" R-19 BATT INSULATION.
3. ALL EXTERIOR WALLS TO HAVE 7/16" CONTINUOUS OSB.
4. EXTERIOR WALLS TO BE 1/2" GWB, 2X4 AND 12 GAUGE @ 16" O.C. - SPRUCE #2, R-15 MIN. BATT INSULATION, 7/16" OSB, TYVEK BUILDING WRAP OR SIMILAR EXTERIOR FINISH AS NOTED ON ELEVATIONS.
5. PROVIDE (2) 2X8 HEADER FOR ALL WINDOW AND DOOR OPENINGS TO 4'-0" AND (3) 2X10 HEADERS TO OPENINGS TO 6'-0"
6. ALL DOOR JAMBS TO BE 5" FROM ADJACENT WALLS TYP.
7. PROVIDE DOUBLE JOISTS AT ALL WALL LOCATIONS ABOVE.
8. PROVIDE TEMPERED GLAZING IN THE WINDOW WITHIN 60" OF THE WALKING SURFACE OF A STAIR IF IT'S LESS THAN 60" ABOVE THE PLANE OF THE ADJACENT WALKING AREA, AND LESS THAN 60" FROM THE TUB OR SHOWER AND LESS THAN 60" ABOVE THE FLOOR.
9. IF DISTANCE WHERE THE PROPERTY LINE IS LESS THAN 10' FROM THE REAR OF THE HOUSE AND THE SOFFIT MATERIAL IS USING OR ALUMINUM, THE SOFFIT MATERIAL SHALL BE SECURELY ATTACHED TO THE FRAMING MEMBERS AND SHALL USE UNDERLAYMENT MANUFACTURED FOR USE AS EXPOSED WOOD SOFFITS. 23/32" WOOD SHEATHING OR SIMILAR BOARD. VENTING REQUIREMENTS SHALL APPLY TO BOTH VINYL AND UNVENTED SOFFIT AND SHALL BE PER SECTION R806.

STRUCTURAL NOTES:
1. (#) # OF 2X6 JACK STUDS.
2. ALL INT./EXT. LOAD BEARING HEADERS TO BE (3) 2X10 IN 2X6 WALLS W/ (1) 1/2" LVL AND (1) 7/16" OSB U.N.O. (3) 2X10 IN 2X6 WALLS U.N.O.
3. 4 WIDE = 4 OF JACK STUDS AND 4 OF KING STUDS AT EACH SIDE OF HEADER. MIN. 1 KING PER 3 OF OPENING U.N.O.
4. TRANSFER ALL POINT LOADS FROM ABOVE THRU THE FLOOR AND LEVELS OF THE HOUSE WITH 7/16 OSB, AMOUNT OF STUD MATERIAL U.N.O.
5. NOTED - (2) ROWS OF 1/2" THROUGH BOLTS @ 24" O.C. STAGGERED ROWS TO MEET 12" TOTAL.
6. MUSSEL 10' SHEAR ON EXTERIOR WALLS ONLY U.N.O.
7. ROOF TRUSS DESIGNER TO CONFIRM TRADE PLATFORM NEEDS ARE MET PRIOR TO FABRICATION.
8. CURTAIN TUBE (2000 PSI) OR LVL (2.5 MILLION PSI) BLANKING CANNON.
9. (D) = DOUBLE STUD (SPRUCE #2 OR BETTER) TO RECEIVE

ROOF FRAMING NOTES:
1. ROOF TRUSS PER MANUFACTURER (24" MAX)
2. GIRDER TRUSSES PER MANUFACTURER
3. VALLEY TRUSS PER MANUFACTURER (24" MAX)
4. TRUSS TO BE INSTALLED ON EXTERIOR WALLS ONLY U.N.O.
5. ROOF TRUSS DESIGNER TO CONFIRM TRADE PLATFORM NEEDS ARE MET PRIOR TO FABRICATION.



3 BEARING SUPPORT DETAIL
SCALE: 1" = 1'-0"

TYPICAL HANGERS

WALL STUD REQUIREMENTS

Acknowledgement of Plans Submittal ONLY!

ISSUED FOR CONSTRUCTION

Date 4-19-2018

Date 4-20-18

JBA
JENNIFER BENSON ARCHITECTURE, PLLC
735 MATTHEWS TOWNSHIP PKWY
MATTHEWS, NC 28105
980-245-8447
980-225-0449 FAX
www.jbensonarch.com

2/20/2018

2/20/2018

WIDGEON HEIGHTS
TILLERY PLAN
WIDGEON WAY, LOT 1
MOORESVILLE, NC 28215

Δ	Date:	Revision:

DATE: 2/20/2018
DRAWN BY: JAB
SCALE:
PROJECT NO.: 17.870
CHECKED BY: JENNIFER BENSON
SHEET TITLE: 2ND FLOOR PLAN
SHEET NUMBER: A-105

IREDELL COUNTY

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

APPLICATION NUMBER
226515
Issue Date: 04/21/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636541401.000	253 STUTTS ROAD, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: MALLARD HEAD DEVE CORP	Applicant: KATHLEEN SAUNDERS
Address: 816 IREDELL CO, NC 28625	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.540	35.00	35.00	15.00	15.00	CA	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	100399	TOTAL FEES:	$ 77.25