IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 210109

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

PIN # 4636741524

APPLICANT: GRANDE HOMES | APPLICANT ADDRESS: 4368 S. TRYON ST CHARLOTTE Avon

SITE ADDRESS: 249 PINTAIL RUN LN - Mooresville | PHONE: | ALT. PHONE: 704 363-4990

SITE DIRECTIONS: BSR - TL CANVASBACK - TR OLD SQUAW - TL BELLY JOE - TR PINTAIL - ON LT

SUBDIVISION: NEEL ACRES | SECTION: - LOT # 4 | LOT AREA: .71AC | DESIGN FLOW: 480 | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	8/29/16	☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	283	Date	8/29/16	System Description:	LP PBPS			☐ Business	No. Persons 8
Pump Make	Liberty	Model	290	Serial #		Repair System Description:		SAME		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	267	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☑ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

Today:
2/3/17 Checked drain lines
3/3/17 Checked pressure, electrical & alarm

INITIAL SITE SKETCH

See Michael Athanas & Associates Design

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	2/3/17	MD
Tanks Checked	10/14	WS
Pressure Manifold or Valve Box Checked	3/3/17	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract (Y) / N	3/13/17	MD
Comments:		

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

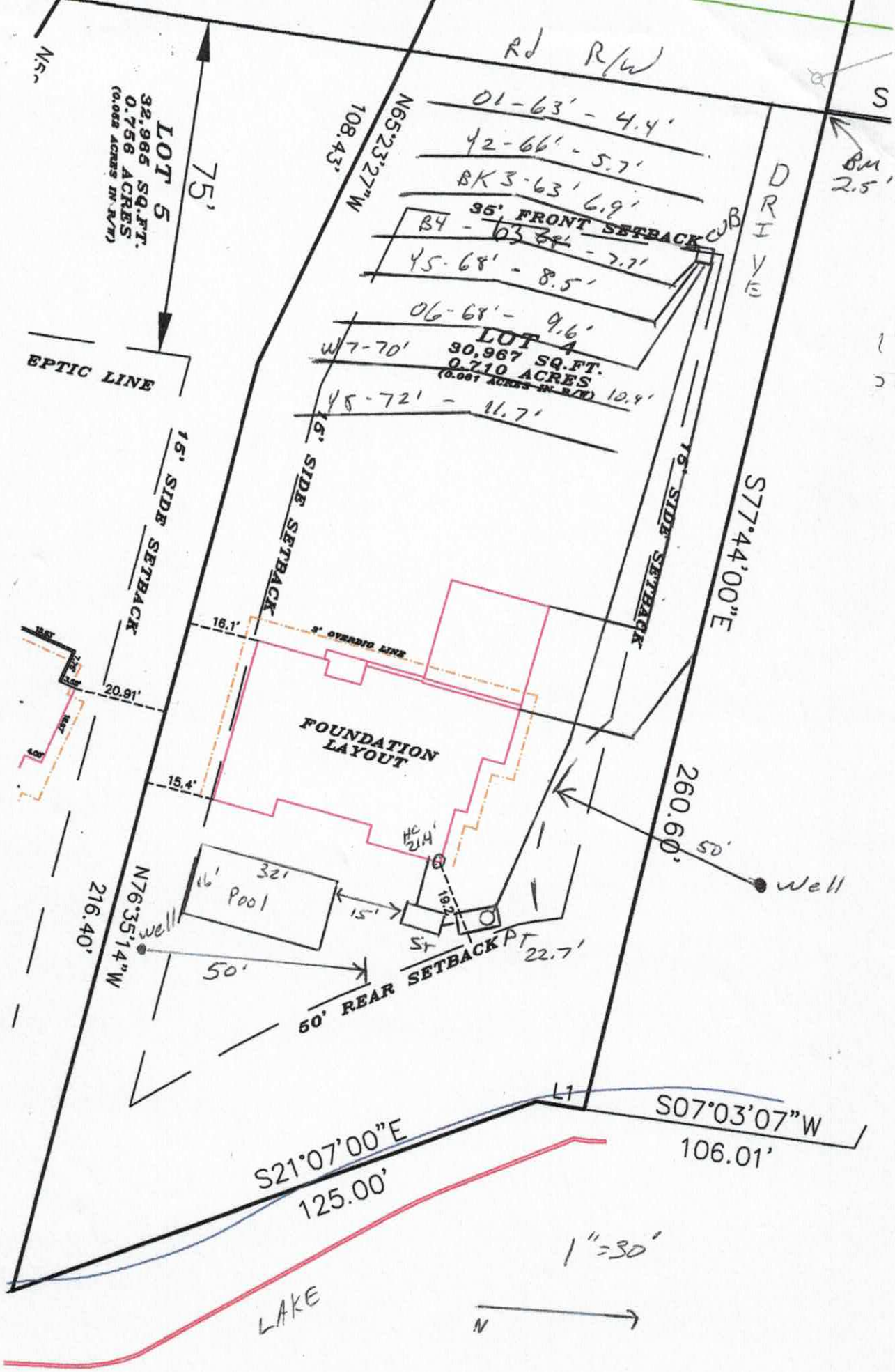
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

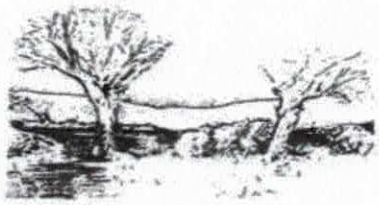
Owner / Applicant Signature: [signature] Date: 8/10/16 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 8/9/16 OPERATION PERMIT by: Marian Dobson Date: 3/13/17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/9/16 Existing System Inspected by: Date:

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


RD R/W
N55°23'27"W 108.43'
01-63' - 4.4'
02-66' - 5.7'
BK3-63' 6.9'
35' FRONT SETBACK
B4 - 63 64' - 7.7'
05-68' - 8.5'
06-68' - 9.6'
LOT 4
30,967 SQ.FT.
0.710 ACRES
(0.067 ACRES IN R/W)
07-70' 10.4'
05-72' - 11.7'
LOT 5
32,985 SQ.FT.
0.756 ACRES
(0.068 ACRES IN R/W)
75'
EPTIC LINE
19' SIDE SETBACK
19' SIDE SETBACK
16' SIDE SETBACK
S77°44'00"E
DRIVE
16.1'
3' OVERDIG LINE
20.91'
FOUNDATION LAYOUT
15.4'
HC 21.4'
260.60'
50'
well
16' 32'
Pool
15'
19.2'
ST
PT 22.7'
N76°35'14"W 216.40'
well
50'
50' REAR SETBACK
L1
S07°03'07"W
106.01'
S21°07'00"E
125.00'
LAKE
1"=30'
N



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

Reference: Data Sheet for Neel Acres Lot 4
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36.6 GPM
Dosing Volume: 223.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 20.8'
Friction Head: 4.9'
Pressure Head: 2'
Total Dynamic Head: 27.7'
Supply Line Length: 155' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" **Trench Width:** 24"

Line	Design Length	Actual Length	Elevation
Orange 1		63'	4.4'
Yellow 2		66'	5.7'
Black 3	**63' (14 panels)**	**67'**	**6.9'**
Blue 4	**68' (16 panels)**	**70'**	**7.7'**
Yellow 5	**68' (16 panels)**	**71'**	**8.5'**
Orange 6	**68' (16 panels)**	**70'**	**9.6'**
White 7		70'	10.4'
Yellow 8		72'	11.7'

Initial System: 267' **Repair System:** 271'
Pump Tank: 22.7' **House Corner:** 21.4' **Benchmark:** 2.5'

RECEIVED AUG 1 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $75.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Ltd Redraw # 210109

Application For:

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

(X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Grande Homes **Address:** 4368 S. Tryon St. Charlotte, NC 28217 **Phone:** John 704 999-6898

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 249 Pintail Run

Subdivision Name: Neel Acres **Section/Phase:** _____ **Lot Number:** 4

Driving Directions: BSR, TL Canvas back, TR Old Squaw, TL Billy Joe, TR Pintail on Lt

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

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

Non-Residential Site Development:

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

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 8/1/2016

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, John Jackovich, am the legal owner(s) of the property located at 249 Pintail Run Lane, identified as PIN (Parcel Identification Number) 4636741524.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mike Athanas, 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)	7/28/16 Date	Signature of Witness	7/28/16 Date

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

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

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Grande Custom Homes **Address:** PO Box 5309 Charlotte NC 28299 **Phone:** 704 202 5433

Owner Name: Blue Heel Development **Address:** 442 South Main St Suite 100 Davidson NC 28036 **Phone:** 704 737 2511

Property Information:

Street Address: 249 Pintail Run Ln Mooresville NC 28117

Subdivision Name: Neel Acres **Section/Phase:** _____ **Lot Number:** 4

Driving Directions: Cawcs back TR, Old Statesville, TL Billy Joe, TR Pintail on L

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

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

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

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 1-13-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

1

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

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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, BLUE HEEL DEVELOPMENT LLC, am the legal owner(s) of the property located at 249 Pintail Run Ln, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Cascade Custom Homes Alex Cithe, 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.

X _____ 1-19-16
Signature of Owner(s) Manager Date

X _____ 1/19/16
Signature of Witness Date

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
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IREDELL COUNTY HEALTH DEPARTMENT

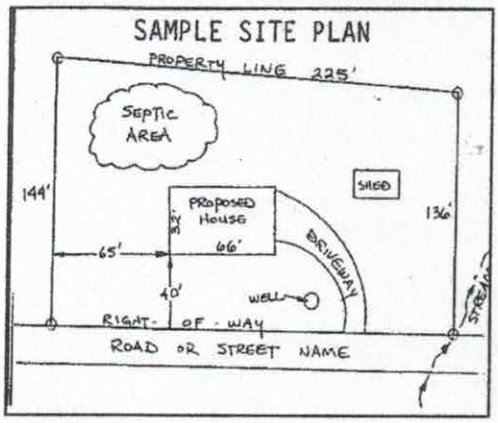
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

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



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached Plan

Signature: _____ 8/1/2016

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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!!!***

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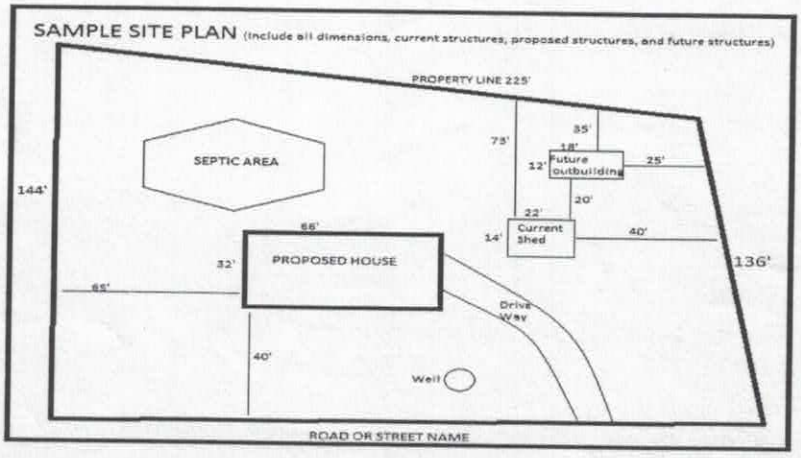
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

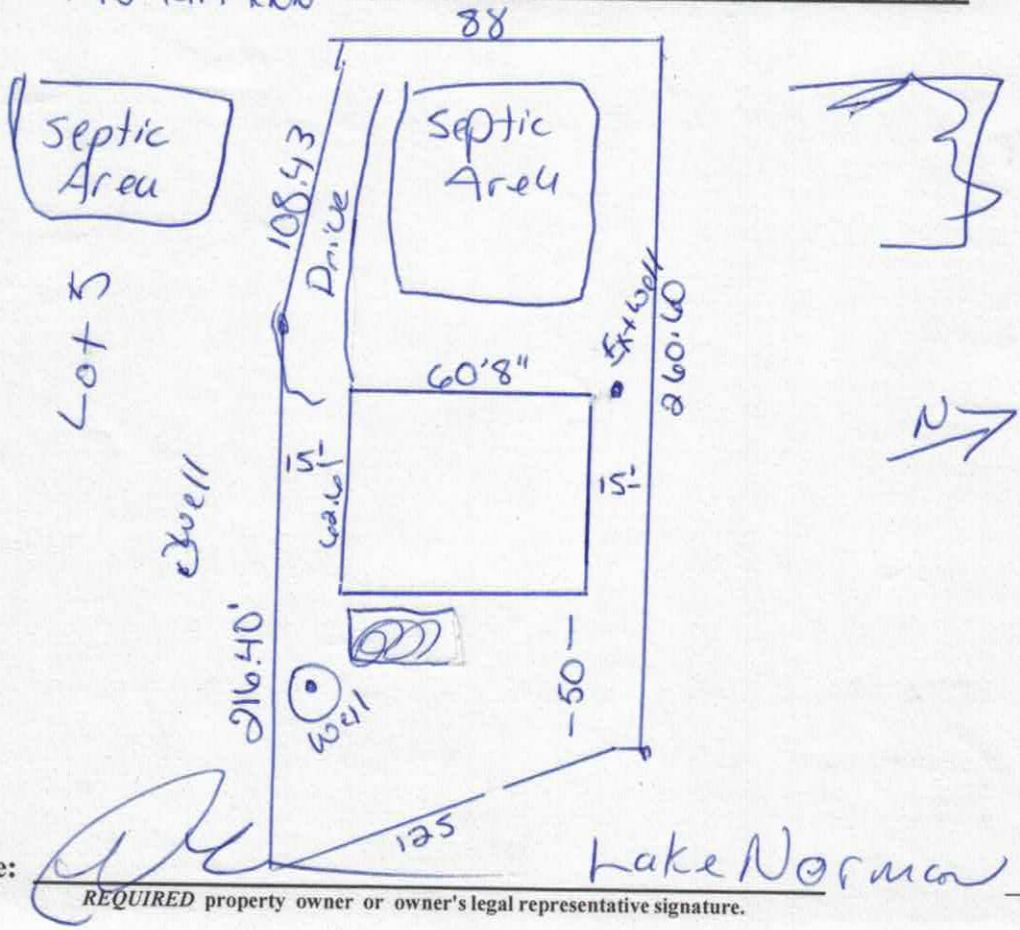
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- **Area you prefer your septic system to be placed…**
- ✓ **North arrow, or other sufficient indicator of direction…**

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**



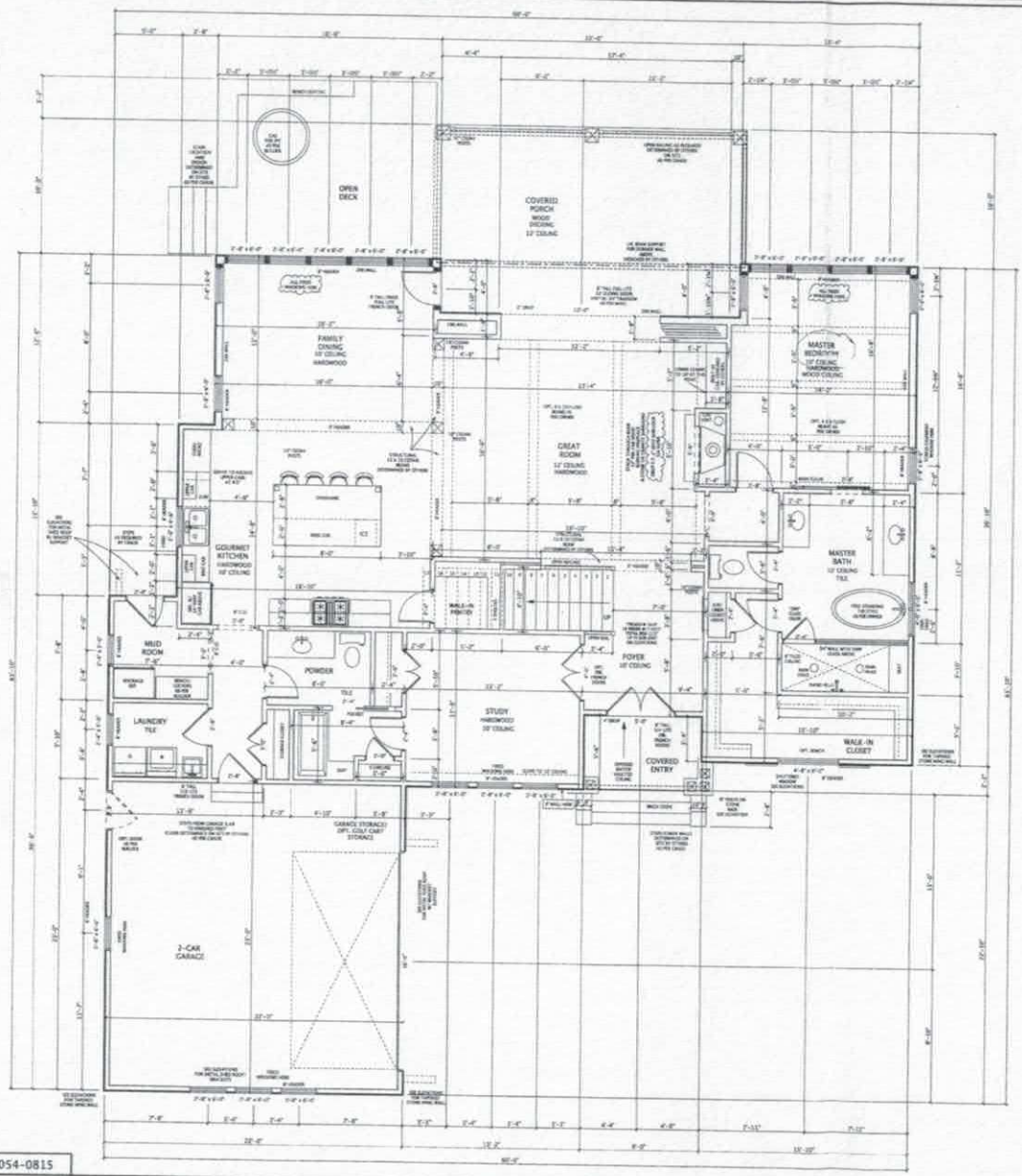
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

DATE



LIMITED CONSTRUCTION LICENSE

UPON CONSTRUCTION OF THIS HOME, THE PLAN PURCHASER AGREES TO THE FOLLOWING TERMS:

THIS PLANS PURCHASER IS HEREBY GRANTED A LIMITED, NON-EXCLUSIVE AND NON-TRANSFERABLE LICENSE TO BUILD ONE (1) AND ONLY ONE (1) HOME DEPICTED IN THIS PLAN. USE OF THIS PLAN TO BUILD MORE THAN ONE (1) HOME OR ANY ALTERED AND/OR ALTERED VERSION OF THIS HOME PLAN WITHOUT THE EXPRESSED WRITTEN CONSENT OF FRUSTERIO DESIGN, INC., IS STRICTLY PROHIBITED AND IS ENFORCED AND PROTECTED BY FEDERAL COPYRIGHT LAWS. UNAUTHORIZED USERS WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

© COPYRIGHT 1991-2015 FRUSTERIO ALL RIGHTS RESERVED

IMPORTANT INFORMATION:
PLEASE READ CAREFULLY
**** BEFORE STARTING CONSTRUCTION ****

IMPORTANT NOTES:

SCALE ALL STUCCO DETAILS FROM THE ELEVATION DRAWINGS.

REFERENCE ROOF LAYOUT FOR DIFFERENT OVERHANG DEPTHS.

NOTICE DIFFERENT KNEE WALL HEIGHTS FOR HOUSE PROPORTIONS.

REFERENCE ALL WINDOWS ON FLOORPLAN WITH ELEVATIONS & NOTIFY OWNER AND/OR DESIGNER OF ANY DISCREPANCIES BEFORE ORDERING WINDOW PACKAGE.

** NOTED WINDOW SIZES AS SHOWN ON ** THIS PLAN MAY VARY WITH DIFFERENT MANUFACTURER'S WINDOW SIZES.

CHANGE OF WINDOW SIZES SHOULD CLOSELY MATCH WINDOWS SHOWN ON ELEVATIONS.

THIS PLAN IS FOR A ONE TIME USE ONLY FOR LOT #4-LAKE NORMAN 249 PINTAIL RUN LANE

FIRST FLOOR DETAIL CONSTRUCTION SHEET
SCALE: 1/4" =1'0"

AREAS

FIRST FLOOR	1,992 sq ft
SECOND FLOOR	1,410 sq ft
SUB-TOTAL LIVING:	3,402 sq ft
5TH BEDROOM	270 sq ft
TOTAL LIVING:	3,672 sq ft

Acknowledgement of Plans Submittal ONLY!

Date 1-19-16

Date 2/12/16

PROPERTY OF FRUSTERIO
THIS ORIGINAL PLAN & ITS IDEAS ARE THE PROPERTY OF FRUSTERIO DESIGN, INC. COPYRIGHT INFRINGEMENT WHICH MAY RESULT IN LEGAL ACTION FOR DISTRIBUTION, REPRODUCTION OR USE OF THIS PLAN WITHOUT THE EXPRESSED WRITTEN CONSENT OF FRUSTERIO DESIGN, INC. RESERVES THE RIGHT TO PROSECUTE TO FULLEST EXTENT OF THE LAW. ALL OR PART OF ANY OF ITS HOME PLAN DESIGNS.

AMERICAN INSTITUTE OF BUILDING DESIGN
PROFESSIONAL MEMBER

CUSTOM HOME DOCUMENTS FOR:
GRANGE CUSTOM HOMES
LAKE NORMAN LOT #4

frusterio

DESIGN DATE: JANUARY 19, 2016
REVISION DATE: 01:31 PM

SHEET # 4 OF 10

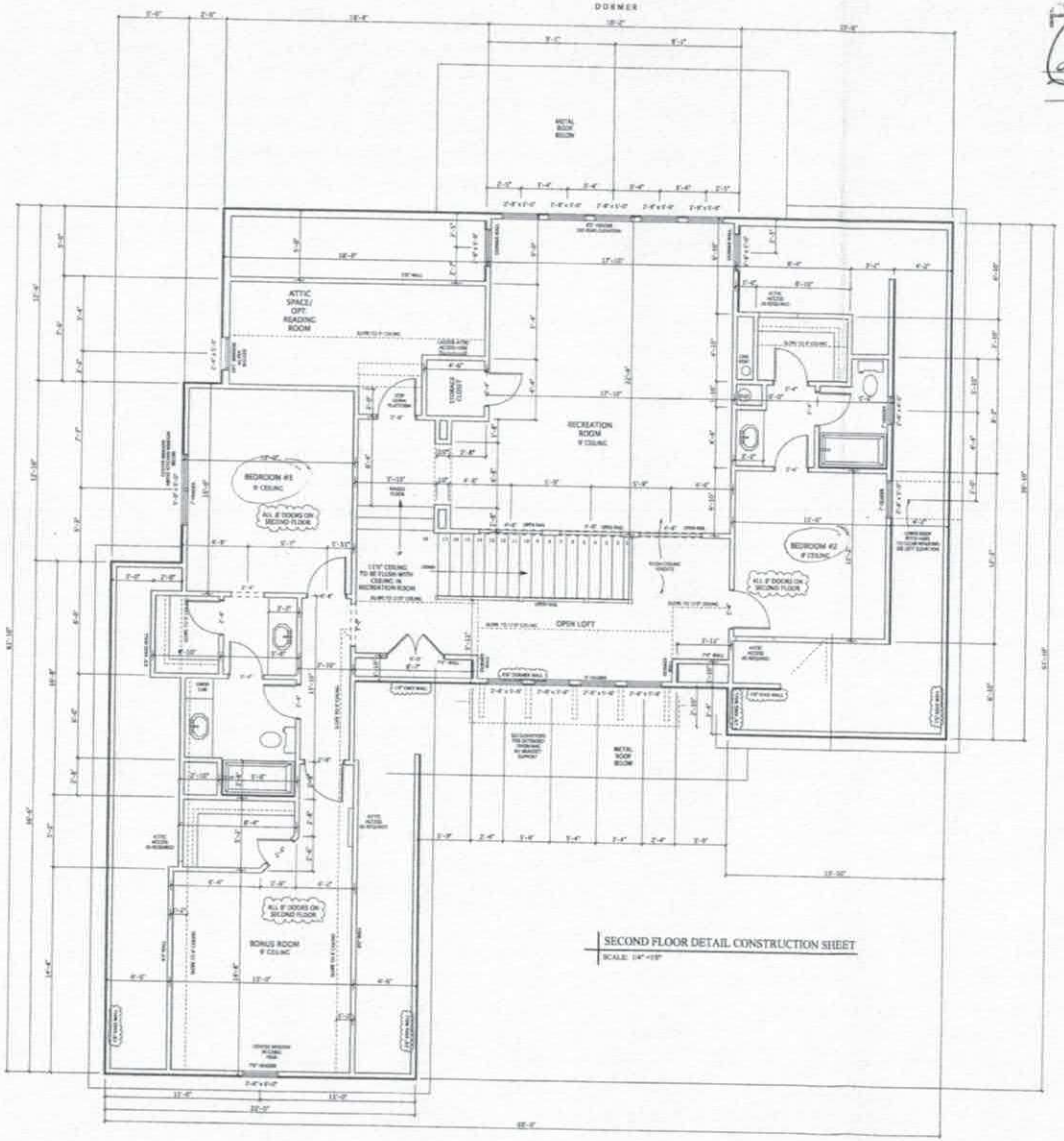
AUTHENTICITY REGISTERED DESIGN CODE: 2054-0815

JOB # 2054-0815

THIS PLAN AND ITS DESIGN COMPOSITION IS PROTECTED UNDER FEDERAL COPYRIGHT LAWS AND ENFORCED BY COPYRIGHT ATTORNEYS SIROTE & PERMUTT P.C., BIRMINGHAM, ALABAMA

© COPYRIGHT FRUSTERIO 1991-2015 ALL RIGHTS RESERVED

Acknowledgement of
Plans Submittal ONLY!
Date 1-19-16
Date 2/12/16



SECOND FLOOR DETAIL CONSTRUCTION SHEET
SCALE: 1/4"=1'0"

IMPORTANT INFORMATION:
PLEASE READ CAREFULLY
**** BEFORE STARTING CONSTRUCTION ****

IT IS THE RESPONSIBILITY OF THE BUILDER TO COMPLY WITH AND ADAPT THIS PLAN TO SATISFY THE APPLICABLE INTERNATIONAL RESIDENTIAL CODE WHERE DIFFERENCES PLANS IS CONSTRUCTED AND TO MEET ALL LOCAL BUILDING CODES AT THE SITE LOCATION.

THIS HOME AND ITS DESIGN MUST BE CONSTRUCTED BY A LICENSED AND EXPERIENCED BUILDER WITH EXPERIENCE IN CONSTRUCTING THIS TYPE OF HOME.

ALL SUB-CONTRACTORS USED IN THE CONSTRUCTION OF THIS HOME MUST BE LICENSED WITH THE STATE AND QUALIFIED TO PERFORM THE WORK REQUIRED. FRUSTERIO DESIGN, INC. ASSUMES NO LIABILITY FOR ANY ERRORS IN THIS PLAN.

IT IS THE RESPONSIBILITY OF THE BUILDER TO REVIEW AND PERFORM ALL FIELD OBSERVATIONS THIS PLAN AND NOTIFY FRUSTERIO DESIGN, INC. OF ANY CONCERNS PRIOR TO BEGINNING CONSTRUCTION.

THE SELECTION AND CONDITION OF LUMBER USED IN CONSTRUCTION MAY VARY WIDELY. AS USED THE QUALITY OF THE WORKMANSHIP, METHOD FRUSTERIO DESIGN, INC. OR ITS MEMBERS HAVE KNOWLEDGE OF THE QUALITY OF THE WORKMANSHIP OR CONSTRUCTION METHODS AND PRACTICES USED ON ANY CONSTRUCTION PROJECT, AND IS THEREFORE HELD HARMLESS FROM THE DESIGN OR PERFORMANCE OF THE LUMBER IN COMPLETED STRUCTURES.

ALL STRUCTURAL MATERIAL USED TO CONSTRUCT THIS HOME MUST MEET CURRENT IRC CODE REQUIREMENTS, CERTIFIED BY THE MANUFACTURER OR BY A LICENSED STRUCTURAL ENGINEER.

ANY STRUCTURAL & FOUNDATION MODIFICATION ON THIS PLAN IS INTENDED FOR PURPOSES OF DESIGN ONLY & IS NOT INTENDED FOR FINAL STRUCTURAL REQUIREMENTS FOR LOAD BEARING LOCATIONS WHICH ARE DESIGNED BY OTHERS.

ALL LOAD BEARING LOCATIONS MUST BE REVIEWED, REVISED & APPROVED BY LUMBER MANUFACTURER OR STRUCTURAL ENGINEER PRIOR TO THE START OF CONSTRUCTION.

EASEMENTS & SETBACKS AS DETERMINED BY SITE'S LICENSED SURVEYOR. IT IS RECOMMENDED THAT A CERTIFIED STRUCTURAL ENGINEER REVIEW THE FRAMING CONSTRUCTION TO VERIFY STRUCTURAL INTEGRITY.

THESE PLANS DO NOT SHOW THE SUGGEST FINAL INSULATED CONSTRUCTION VALUES.

SITE REQUIREMENTS

THESE PLANS ARE FOR UNIVERSAL CONDITIONS & DO NOT ADDRESS SPECIFIC SITE REQUIREMENTS. IT IS RECOMMENDED THAT SOIL CONDITIONS AT SITE BE SAMPLED & TESTED BY A COMPETENT SOILS TESTING LABORATORY AND, IF NECESSARY, FOUNDATION PLANS BE MODIFIED BY A STRUCTURAL ENGINEER WHO IS FAMILIAR WITH THE BUILDING SITE CONDITIONS & BE BASED ON RECOMMENDATIONS OF THE SOILS TESTING LABORATORY.

COMPARE DIMENSIONS IN 1ST FLOOR AND VERIFY ALL DIMENSIONS, INCLUDING COMPARISON OF FLOOR PLANS AND FOUNDATION TO INSURE ACCURACY PRIOR TO

THE BEGINNING OF CONSTRUCTION. TO THE BEST OF THE KNOWLEDGE, THE DESIGNER HAS PREPARED THESE PLANS TO COMPLY WITH THE CLIENT'S SPECIFICATIONS AND CURRENT BUILDING CODES IN EFFECT AT THE TIME. ALL FIELDS EVERY REASONABLE EFFORT HAS BEEN MADE TO ELIMINATE ERRORS, OMISSIONS, AND MISTAKES. THE CONTRACTOR AND/OR OWNER SHOULD VERIFY ALL CONDITIONS, DIMENSIONS, DETAILS AND SPECIFICATIONS PRIOR TO CONSTRUCTION. THE DESIGNER

WILL NOT BE LIABLE FOR ANY ERROR OR OMISSION IN CONSTRUCTION BECAUSE.

IT IS THE RESPONSIBILITY OF THE LUMBER SUPPLIER TO DETERMINE, CALCULATE, ENGINEER, AND CERTIFY ALL LOAD BEARING LOCATIONS ON THIS PLAN AND INCLUDE THE REQUIRED LUMBER AND IRON MATERIAL TO ADEQUATELY SUPPORT THE STRUCTURAL INTEGRITY OF THIS PLAN.

FRUSTERIO DESIGN, INC. IS A RESIDENTIAL DESIGN FIRM AND ASSUMES NO LIABILITY FOR THE STRUCTURAL INTEGRITY OF THIS PLAN, CONSTRUCTION METHODS, OR THE FINAL PLACEMENT OF THIS HOME ON ITS SITE.

SOME STATE AND/OR LOCAL BUILDING CODES MAY REQUIRE A LICENSED PROFESSIONAL ENGINEER OR ARCHITECT'S CERTIFICATION STAMP BEFORE BUILDING PERMITS CAN BE ISSUED.

LIMITED CONSTRUCTION LICENSE

UPON CONSTRUCTION OF THIS HOME, THE PLAN PURCHASER AGREES TO THE FOLLOWING TERMS:
THIS PLANS PURCHASER IS HEREBY GRANTED A LIMITED, NON-EXCLUSIVE AND NON-TRANSFERABLE LICENSE TO BUILD ONE (1) AND ONLY ONE (1) HOME EXPECTED IN THIS PLAN. USE OF THIS PLAN TO BUILD MORE THAN ONE (1) HOME OR ANY MODIFIED AND/OR ALTERED VERSION OF THIS HOME PLAN WITHOUT THE EXPRESSED WRITTEN CONSENT OF FRUSTERIO DESIGN, INC. IS STRICTLY PROHIBITED AND IS ENFORCED AND PROTECTED BY FEDERAL COPYRIGHT LAWS. UNAUTHORIZED USERS WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

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IMPORTANT NOTES:

SCALE ALL STUCCO DETAILS FROM THE ELEVATION DRAWINGS.

REFERENCE ROOF LAYOUT FOR DIFFERENT OVERHANG DEPTHS.

NOTICE DIFFERENT KNEE WALL HEIGHTS FOR HOUSE PROPORTIONS.

REFERENCE ALL WINDOWS ON FLOOR PLAN WITH ELEVATIONS & NOTIFY OWNER AND/OR DESIGNER OF ANY DISCREPANCIES BEFORE ORDERING WINDOW PACKAGE.

** NOTE: WINDOW SIZES AS SHOWN ON ** THIS PLAN MAY VARY WITH DIFFERENT MANUFACTURER'S WINDOW SIZES.

CHANGE IN WINDOW SIZE SHOULD CLOSELY MATCH WINDOWS SHOWN ON ELEVATIONS.

THIS PLAN IS FOR A ONE TIME USE ONLY FOR LOT #4-LAKE NORMAN
249 PINTAIL RUN LANE

charles michael
frusterio
DESIGNING A LEGACY OF FINE HOMES & RENOVATIONS®

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AI AMERICAN INSTITUTE OF BUILDING DESIGN
BD PROFESSIONAL MEMBER

CUSTOM HOME DOCUMENTS FOR: GRANDE CUSTOM HOMES LOT #4

frusterio

DESIGN DATE: JANUARY 5, 2016 FLOOR PLAN TIME 01:08 PM

SHEET # 5 OF 10

AUTHENTICITY REGISTERED DESIGN CODE 2054-0815

JOB # 2054-0815

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