Site Address: 123 Kingfisher Dr. Mrsv 28117 #237172

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 237172 ~~144922~~ PIN# 4637 45 0107 DATE 9/14/07

OWNER OR APPLICANT JOAN JERENC LLC PHONE: Business 828-461-0518 Home

ADDRESS PO Box 218 Denver, NC. 28037

LOCATION 150W TL Poole Rd. TR Whipporwill Rd TR Kingfisher to 3rd lot on (L)

SUBDIVISION Whipporwill BLOCK SECTION — LOT 30 LOT AREA 1.84 Ac. SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Infiltrator Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: GRAVITY - 25% Reduction

Repair System Description: SAME TYPE

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees

☐ Other

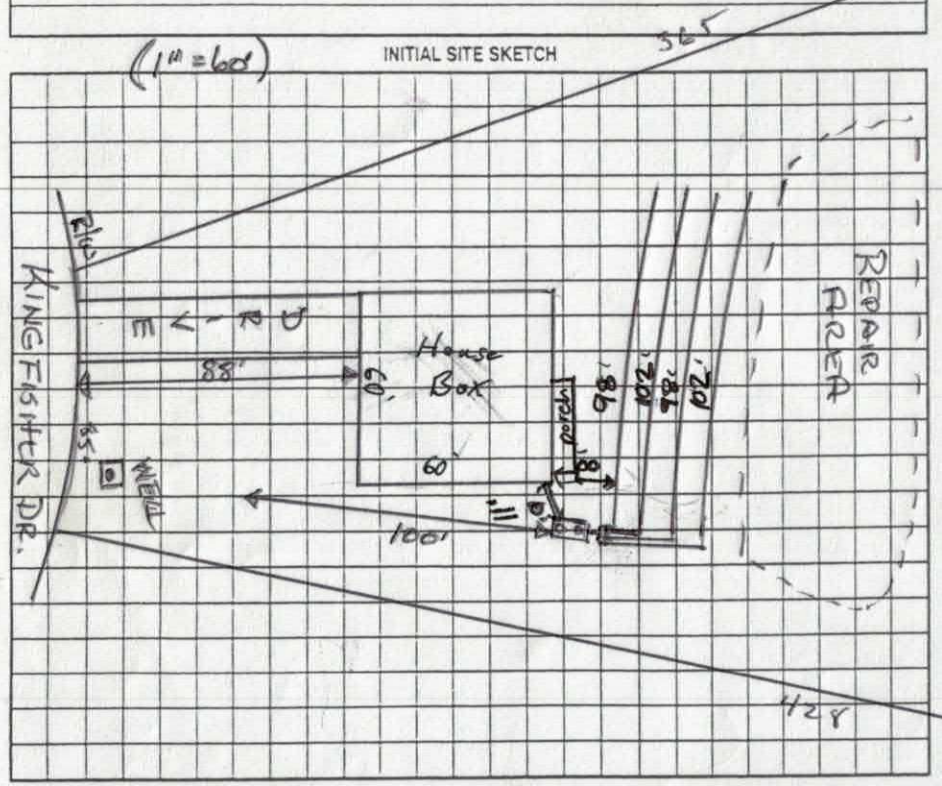
Water Supply: ☒ Individual ☐ Public ☐ Community

☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

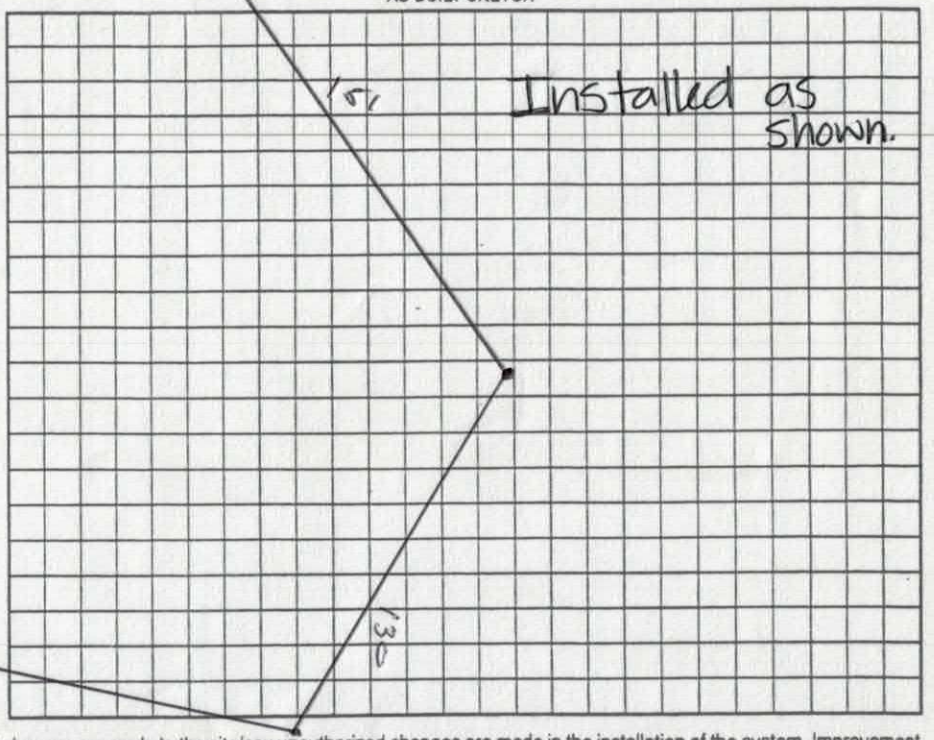
Comments/Conditions: ★ See floor plans + plat dated 7-5-2018. ★
Recommend having septic tank pumped every 3-5 years.

Comments/Conditions:

INITIAL SITE SKETCH (1" = 60')



AS BUILT SKETCH



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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date

Improvement Permit by: Wesley Hughes R.S. date 9/14/07

Authorization to Construct by: Tom Shuck date 7-5-2018

Installed by: JST Enterprise (Joe Thompson)

Operation Permit by: Kayla Watson date 1-18-19

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 9/12/07
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: ~1.8Ac
LOCATION OF SITE: Lot Whippoorwill Woods II L30. PROPERTY RECORDED: 4
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

Blind high spot as per contours run more parallel

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	ridge CVL 4-6%	0-12	M FSBK / scl	FI SS - SP					
		13-25	M VF SBK / cl	FR SS - SP					
		26-48	0 - SAP (SG) / lSAM	VFR - NS - NP			PS		
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Grande Homes **Address:** 555 Delburg St. **Zip:** 28036
Applicant Email: grandehomes@icloud.com **Phone:** 704 400 1710 **Alt. Phone:**
Owner Name: See Attached **Address:** **Zip:**
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 123 Kingfisher Dr Mooresville NC 28117
Subdivision Name: Whippoorwill Woods **Section/Phase:** **Lot Number:** 30
Driving Directions: From Hwy 150 west to left onto Dootie Rd. Rt onto Whippoorwill Rd, Rt onto Kingfisher, 3rd lot on left

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: Spectrum
( ) 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 (1) 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: _____ 6-6-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Ioan Ieremciuc — Applicant Name
PO Box 218, Denver, NC 28037 — Mailing Address
828-461-0518 — Home Phone
Work Phone

Cheryl Ann Terrell — Owner Name
4043 Langhorne Ave, Charlotte, NC 28205 — Mailing Address
Home Phone
704-338-5312 — Work Phone

4. Property Information:

123 Kingfisher Dr. Mooresville, NC 28117 — Street Address
Whippoorwill Woods — Subdivision Name
Lot 30 — Section/Phase and Lot Number

Driving Directions: ______

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ______
Square Footage of Building ______
Maximum Number of Employees ______
Maximum Number of Seats ______

****

6. Proposed Water Supply:

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

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other______ ( ) No Preference

****

8. 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. industry) 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.

9. Signature: [signature] 9/12/07
X
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, John Aultman, am the legal owner(s) of the property located at 123 Kingfisher Dr, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4637-45-0107.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Matt McMullen Grande Homes Inc, 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.

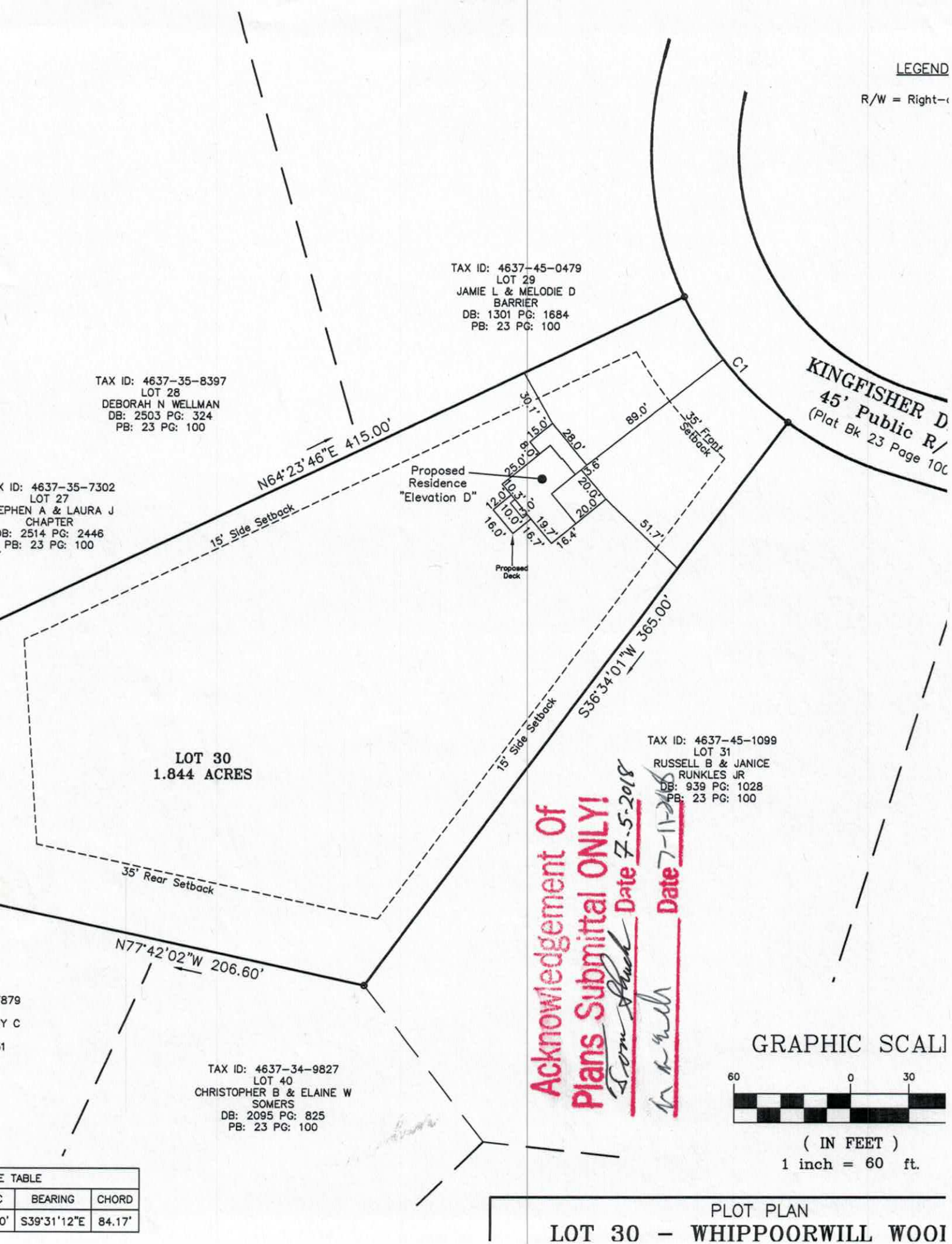
John Norris Aultman — dotloop verified 05/29/18 11:31AM EDT O7VK-SXJ6-NZ6Z-HG7A — Signature of Owner(s) — Date

Connie Hughes — dotloop verified 05/29/18 12:28PM EDT AGK6-1DJT-Z5QB-BJDI — 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
349 N. Center Street, Statesville, NC 28677



E TABLE		
C	BEARING	CHORD
0'	S39°31'12"E	84.17'

PLOT PLAN
LOT 30 - WHIPPOORWILL WOOI

Rev floor plan

BPS (www.plansinc.com) - GENERAL INFORMATION

ALL CONTRACTORS SHALL REVIEW AND VERIFY ALL DIMENSIONS BEFORE BEGINNING ANY WORK.

ALL CONTRACTORS CONSTRUCTION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL BUILDING CODES.

BUILDERS PLANSOURCE, INC. (WWW.PLANSINC.COM) IS NOT RESPONSIBLE FOR PERMITTING RESIDENCE MEETING YOUR LOCAL CODES. ANY CONSTRUCTION DETAILS THAT ARE NOT SPECIFICALLY SHOWN IN THESE PLANS SHALL BE CONSTRUCTED IN ACCORDANCE WITH GENERAL FRAMING PRACTICES THAT WOULD BE FOUND IN SIMILAR CONDITIONS AND MATERIALS.

ALL STRUCTURAL COMPONENTS INCLUDING, BUT NOT LIMITED TO, SOLID HEADERS, BEAMS, HIP RAFTERS, VALLEY RAFTERS, GIRDERS, PIERS, JOISTS, BEARING WALLS, ETC. SHALL BE SIZED AND/OR SPECIFIED IN ACCORDANCE WITH CURRENT STATE AND LOCAL BUILDING CODES. IT SHALL BE THE RESPONSIBILITY OF THE BUILDER TO HIRE/APPOINT A REGISTERED ENGINEER TO SPECIFY SUCH COMPONENTS. BUILDERS PLAN SOURCE, INC. (WWW.PLANSINC.COM) HAS PROVIDED A DRAFTING SERVICE ONLY AND SHALL NOT BE HELD LIABLE FOR STRUCTURAL COMPONENTS FOUND WITHIN PLANS.

SOME FINISHED MATERIALS SUCH AS FLOOR COVERINGS, WALL COVERINGS, AND ANY RELATED TRIM WORK MAY NOT BE FOUND IN THESE PLANS. THESE ITEMS ARE TO BE DETERMINED BY THE BUILDER.

ALL INTERIOR WALLS ARE TO BE MEASURED AT 5 1/2" UNLESS NOTED OTHERWISE. EXTERIOR WALLS ARE 4" UNLESS OTHERWISE NOTED.

THIS RESIDENCE IS NOT DESIGNED FOR A SPECIFIC LOT/GRADE CONDITION. IT IS THE BUILDERS RESPONSIBILITY TO MAKE SURE FOUNDATION WALLS, POSITIVE DRAINAGE, AND GRADING ARE COMPLETED AND/OR INSTALLED IN ACCORDANCE WITH CURRENT STATE AND LOCAL BUILDING CODES.

COPYRIGHT INFORMATION

Copyright BUILDERS PlanSource, Inc. All Rights Reserved. The sale, rental, or any other distribution of these drawings to any other organization or party is strictly Prohibited unless authorized in writing by BPS, Inc. This plan was purchased through a "multi-build" agreement with BPS therefore authorizing the purchaser to duplicate and distribute the plan as necessary to build multiple homes. Any other distribution or extension to another builder is prohibited according to the purchase agreement at the time of the sale.

ALL FRAMING LUMBER SHALL BE SPF #2 (Fb = 875 PSI UNLESS NOTED OTHERWISE (NO).

ALL WOODEN BEAMS AND HEADERS SHALL HAVE THE FOLLOWING END SUPPORTS:
(2) 2x4 STUD CRIPPLE OR 6"-0" MAX. BEAM SPAN, MINIMUM (2) STUDS FOR BEAM SPAN GREATER THAN 6'-0" EACH. ALL BEARING HEADERS AND HEADERS OVER 6'-0" IN LENGTH SHALL BE (2) 2x10's (NO). SEE PLAN FOR SPECIFIC BEAM SIZES.

L.V.L. SHALL BE LAMINATED VENEER LUMBER OR PARALLEL STRAND LUMBER (PSL) WITH THE FOLLOWING PROPERTIES: Fb = 2800 PSI, Fv = 285 PSI, E = 1800,000 PSI.
INSTALL ALL CONNECTIONS PER MANUFACTURERS INSTRUCTIONS.

BRICK LINTELS SHALL BE 3 1/2"x3 1/2"x1/4" STEEL ANGLE FOR UP TO 6'-0" SPAN AND 6"x4"x5/16" STEEL ANGLE WITH 4" LEG VERTICAL FOR SPANS UP TO 9'-0" (NO).

THE POSITIVE AND NEGATIVE DESIGN PRESSURE FOR DOORS AND WINDOWS FOR A MEAN ROOF HEIGHT OF 35 FEET OR LESS SHALL BE 25 PSF.

THE POSITIVE AND NEGATIVE DESIGN PRESSURES REQUIRED FOR ANY ROOF OR WALL CLADDING APPLICATION NOT SPECIFICALLY ADDRESSED IN THE NORTH CAROLINA STATE RESIDENTIAL CODE - 2012 EDITION SHALL BE AS FOLLOWS:
ROOF:
- 45.4 PSF - 2.5/12 PITCH OR LESS
- 34.8 PSF - 2.5/12 TO 7/12 PITCH
- 21 PSF - 7/12 TO 12/12 PITCH

WALLS:
- 24.1 PSF - WALLS

PRESCRIPTIVE COMPLIANCE (FENESTRATION) FOR DOORS AND WINDOWS	
GROSS AREA OF EXTERIOR WALLS	2189 SQFT.
NOMINAL AREA OF UNGLAZED DOORS	71.38 SQFT.
NOMINAL AREA OF DOORS WITH GLAZING	15.23 SQFT.
NOMINAL AREA OF WINDOWS	218 SQFT.
TOTAL NOMINAL AREA OF DOORS & WINDOWS	304.6 SQFT.
% OF DOOR AND WINDOW OPENINGS	13.9%

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 SHEATHED WITH A MINIMUM 7/16" OSB AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS @ 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. SPACING AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG OSB PANEL EDGES. FASTEN PANEL EDGES AT BLOCKING AT 3" O.C. AND AT 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF WALL IS SHEATHED.

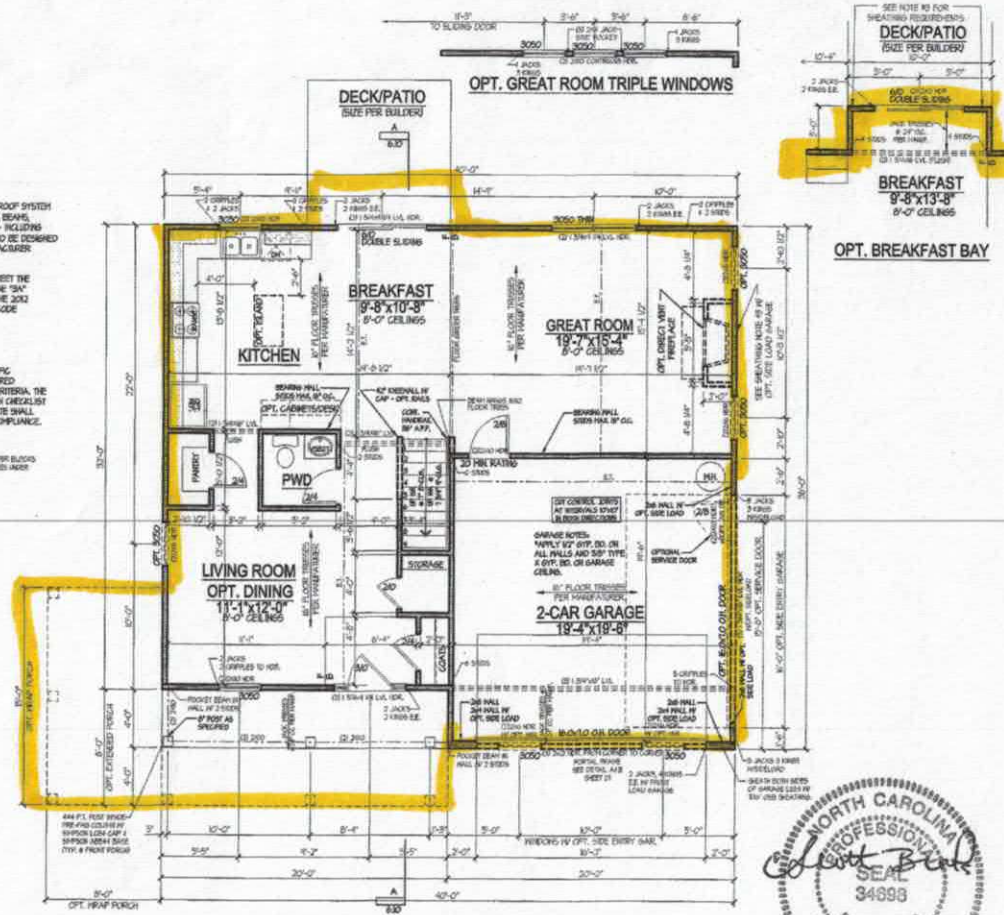
4. SHEATH ALL GABLE END WALLS W/ 7/16" OSB.

NOTE: ALL FLOOR SYSTEM AND ROOF SYSTEM COMPONENTS (TRUSSES, I-JOISTS, BEAMS, GIRDERS, COLUMNS, & HEADERS - INCLUDING GARAGE DOOR HEADERS) ARE TO BE DESIGNED AND ENGINEERED BY THE MANUFACTURER.

NOTE: PROVIDE INSULATION TO MEET THE REQUIREMENTS FOR CLIMATE ZONE "3A" AS LISTED IN TABLE N1101.1 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE
CEILINGS = R-30
WALLS = R-13
FLOORS = R-11

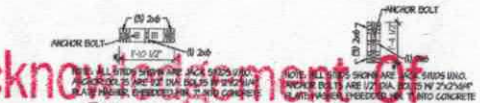
ENERGY EFFICIENCY SHALL BE DEMONSTRATED PER A NC-SPECIFIC RESCHECK INDICATING THE REQUIRED INSULATION AND FENESTRATION CRITERIA. THE RESCHECK PRODUCED INSPECTION CHECKLIST & ENERGY EFFICIENCY CERTIFICATE SHALL BE USED TO VERIFY REQUIRED COMPLIANCE.

E.E. = EXTRA EGRESS
- MAY BE ADMINISTERED W/ 2x4 LADDER BLOCKS @ 16" O.C. BETWEEN TYPICAL TRUSSES UNDER PARTITION WALLS ABOVE.



SQUARE FOOTAGE ANALYSIS					
HABITABLE AREAS				OTHER AREAS	
SPECIFIED AREA	SF INSIDE OF STUDS	SF OUTSIDE OF STUDS	APPRAISABLE SF	SPECIFIED AREA	SQUARE FOOTAGE
FIRST FLOOR	1111	1161	1213	GARAGE	400
SECOND FLOOR	1232	1280	1284	REAR PATIO	120
				COVERED PORCH	80
OPTIONAL BREAKFAST BAY	28	30	30	OPT. EXTENDED PORCH	160
				OPT. WRAP PORCH	120
				ATTIC STORAGE: (APPROX.)	N/A
TOTAL SF	2511	2241	2257	SECOND STORY FOYER	N/A
TOTAL SF W/ OPT. BAY	2711	2271	2287	2 STORY/VAULT GREAT RM	N/A

APPRAISABLE SF INCLUDES BRICK VENEER IF APPLICABLE



Acknowledgment of Plans Submittal ONLY!

Date

Date 6-6-18

NORTH CAROLINA PROFESSIONAL SEAL 34698 ENGINEER C. SCOTT BROOKS 5/4/16

Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
Seal for Structural Only
NC Certificate of Licensure P-0713

BUILDERS PLAN SOURCE
PO Box 836
Kitty Hawk, North Carolina 27021
Phone: 252.995.0965

BUILDER: PLANSINC.com Stock Plans
OWNER:
PLAN NAME: MV40-2241 Elevation D

ISSUE DATE	DESIGNER DATE
03/04/07	8/23/12
	02/20/15
	03/01/16

DRAWN BY: JHM
CHECKED BY: JJT
STANDARD SCALE: 1/8"=1'-0" 3/16"=1'-0" 1/4"=1'-0"

SHEET NUMBER 3.10

FIRST FLOOR PLAN

Rev floor plan

BPS (www.plansinc.com) - GENERAL INFORMATION

ALL CONTRACTORS SHALL REVIEW AND VERIFY ALL DIMENSIONS BEFORE BEGINNING ANY WORK.

ALL CONTRACTOR'S CONSTRUCTION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL BUILDING CODES.

BUILDERS PLANSOURCE, INC. (WWW.PLANSINC.COM) IS NOT RESPONSIBLE FOR FINISHED RESIDENCE MEETING YOUR LOCAL CODES. ANY CONSTRUCTION DETAILS THAT ARE NOT SPECIFICALLY SHOWN IN THESE PLANS SHALL BE CONSTRUCTED IN ACCORDANCE WITH GENERAL FRAMING PRACTICES THAT WOULD BE FOUND IN SIMILAR CONDITIONS AND MATERIALS.

ALL STRUCTURAL COMPONENTS INCLUDING, BUT NOT LIMITED TO, SOLID HEADERS, BEAMS, HIP RAFTERS, VALLEY RAFTERS, GIRDERS, PIERS, JOISTS, BEARING WALLS, ETC. SHALL BE SIZED AND/OR SPECIFIED IN ACCORDANCE WITH CURRENT STATE AND LOCAL BUILDING CODES. IT SHALL BE THE RESPONSIBILITY OF THE BUILDER TO HIRE/APPOINT A REGISTERED ENGINEER TO SPECIFY SUCH COMPONENTS. BUILDERS PLAN SOURCE, INC. (WWW.PLANSINC.COM) HAS PROVIDED A DRAFTING SERVICE ONLY AND SHALL NOT BE HELD LIABLE FOR STRUCTURAL COMPONENTS FOUND WITHIN PLANS.

SOME FINISHED MATERIALS SUCH AS FLOOR COVERINGS, WALL COVERINGS, AND ANY RELATED TRIM WORK MAY NOT BE FOUND IN THESE PLANS. THESE ITEMS ARE TO BE DETERMINED BY THE BUILDER.

ALL INTERIOR WALLS ARE TO BE MEASURED AT 3 1/2" UNLESS NOTED OTHERWISE. EXTERIOR WALLS ARE 4" UNLESS OTHERWISE NOTED.

THIS RESIDENCE IS NOT DESIGNED FOR A SPECIFIC LOT/GRADE CONDITION. IT IS THE BUILDER'S RESPONSIBILITY TO MAKE SURE FOUNDATION WALLS, POSITIVE DRAINAGE, AND GRADING ARE COMPLETED AND/OR INSTALLED IN ACCORDANCE WITH CURRENT STATE AND LOCAL BUILDING CODES.

COPYRIGHT INFORMATION

Copyright BUILDERS PlanSource, Inc. All Rights Reserved. The sale, rental, or any other distribution of these drawings to any other organization or party is strictly Prohibited unless authorized in writing by BPS, Inc. This plan was purchased through a "multi-build" agreement with BPS therefore authorizing the purchaser to duplicate and distribute the plan as necessary to build multiple homes. Any other duplication or extension to another builder is prohibited according to the purchase agreement at the time of the sale.

ALL FRAMING LUMBER SHALL BE SPF #2 (Fb = 875 PSI) UNLESS NOTED OTHERWISE (UNO).

ALL WOODEN BEAMS AND HEADERS SHALL HAVE THE FOLLOWING END SUPPORTS: (1) 2x4 STUD COLUMN FOR 6'-0" MAX. BEAM SPAN, MINIMUM (2) STUDS FOR BEAM SPAN GREATER THAN 6'-0" (UNO). ALL BEARING HEADERS AND HEADERS OVER 6'-0" IN LENGTH SHALL BE (2) 2x10's (UNO). SEE PLAN FOR SPECIFIC BEAM SIZES.

L.V.L. SHALL BE LAMINATED VENEER LUMBER OR PARALLEL STRAND LUMBER (PSL) WITH THE FOLLOWING PROPERTIES: Fb = 2600 PSI, Fv = 285 PSI, E = 1900000 PSI.

INSTALL ALL CONNECTIONS PER MANUFACTURERS INSTRUCTIONS.

BRICK LINTELS SHALL BE 3 1/2"x3 1/2"x1/4" STEEL ANGLE FOR UP TO 6'-0" SPAN AND 6"x4"x5/16" STEEL ANGLE WITH 6" LEG VERTICAL FOR SPANS UP TO 9'-0" (UNO).

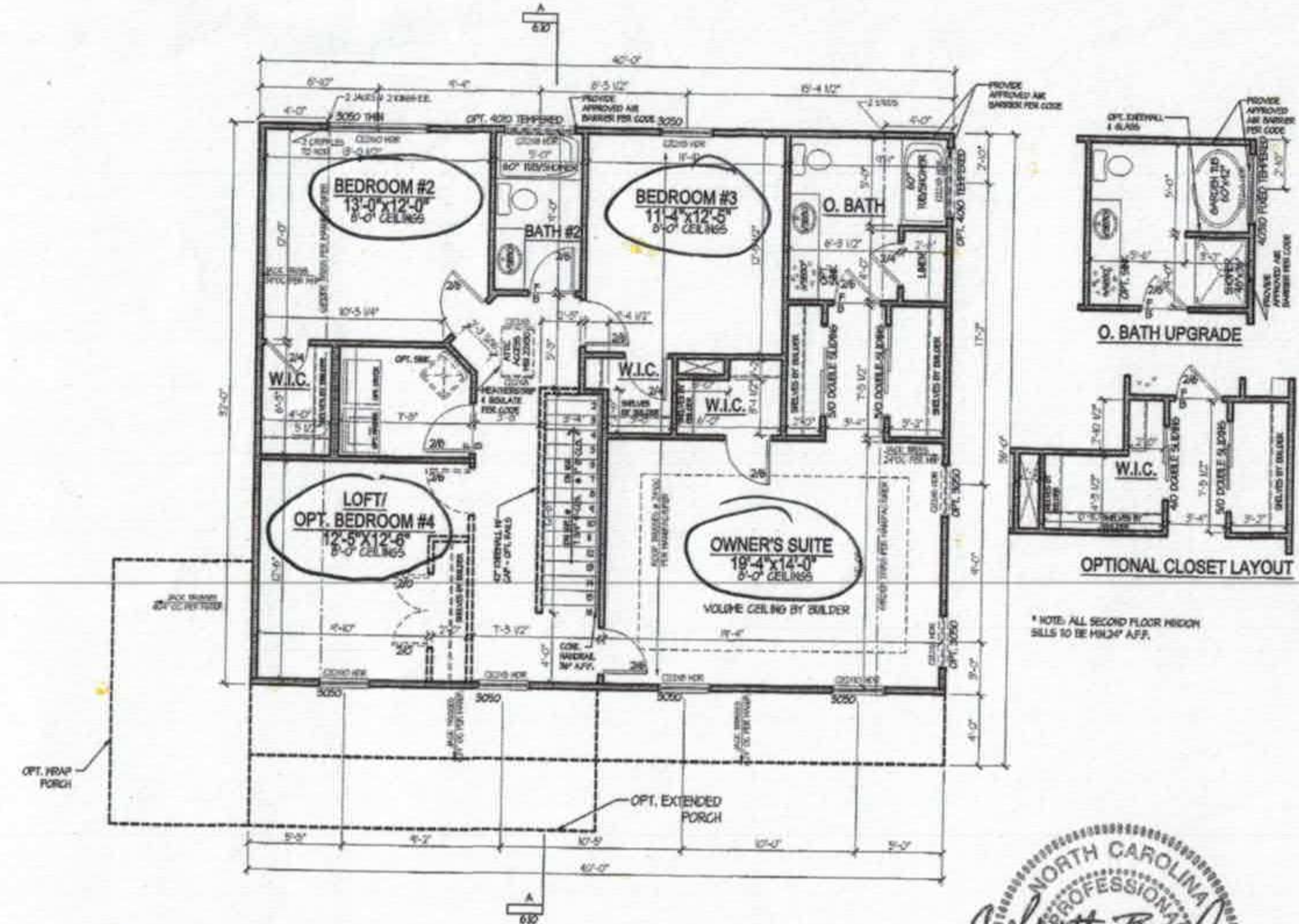
THE POSITIVE AND NEGATIVE DESIGN PRESSURE FOR DOORS AND WINDOWS FOR A MEAN ROOF HEIGHT OF 35 FEET OR LESS SHALL BE 25 PSF.

THE POSITIVE AND NEGATIVE DESIGN PRESSURES REQUIRED FOR ANY ROOF OR WALL CLADDING APPLICATION NOT SPECIFICALLY ADDRESSED IN THE NORTH CAROLINA STATE RESIDENTIAL CODE - 2012 EDITION SHALL BE AS FOLLOWS:

ROOF:
45.4 PSF - 2.25/12 PITCH OR LESS
34.8 PSF - 2.25/12 TO 7/12 PITCH
21 PSF - 7/12 TO 12/12 PITCH

WALLS:
24.1 PSF - WALLS

PRESCRIPTIVE COMPLIANCE (FENESTRATION) FOR DOORS AND WINDOWS	
GROSS AREA OF EXTERIOR WALLS	2181 SQFT.
NOMINAL AREA OF UNGLAZED DOORS	17.78 SQFT.
NOMINAL AREA OF DOORS WITH GLAZING	13.33 SQFT.
NOMINAL AREA OF WINDOWS	273 SQFT.
TOTAL NOMINAL AREA OF DOORS & WINDOWS	304.11 SQFT.
% OF DOOR AND WINDOW OPENINGS	13.94%



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 SHEATHED WITH A MINIMUM 7/16" OSB AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS @ 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. SPACING AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG OSB PANEL EDGES. FASTEN PANEL EDGES AT BLOCKING AT 3" O.C. AND AT 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF WALL IS SHEATHED.

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

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 34698 C. SCOTT BROOKS
3/4/16

Southern Dynamic
Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
Seal for Structural Only
NC Certificate of Licensure P-0713

SQUARE FOOTAGE ANALYSIS

HABITABLE AREAS

SPECIFIED AREA	SF INSIDE OF STUDS	SF OUTSIDE OF STUDS	APPRAISABLE SF
FIRST FLOOR	414	461	419
SECOND FLOOR	1232	1280	1284
OPTIONAL BREAKFAST BAY	26	30	30
TOTAL SF	2181	2241	2257
TOTAL SF W/ OPT. BAY	2191	2271	2287

OTHER AREAS

SPECIFIED AREA	SQUARE FOOTAGE
GARAGE	400
REAR PATIO	120
COVERED PORCH	80
OPT. EXTENDED PORCH	110
OPT. WRAP PORCH	120
ATTIC STORAGE (APPROX.)	N/A
SECOND STORY FOYER	N/A
2 STORY/VAULT GREAT RM	N/A

APPRAISABLE SF INCLUDES BRICK VENEER IF APPLICABLE

Acknowledgement Of
Plans Submittal ONLY!
Date 7-5-2018
Date 6-6-18

BUILDERS PLAN SOURCE
PO Box 836
King, North Carolina 27021
Phone: 336.985.0363

BUILDER: PLANSINC.com Stock Plans

OWNER:

PLAN NAME: MV40-2241 Elevation D

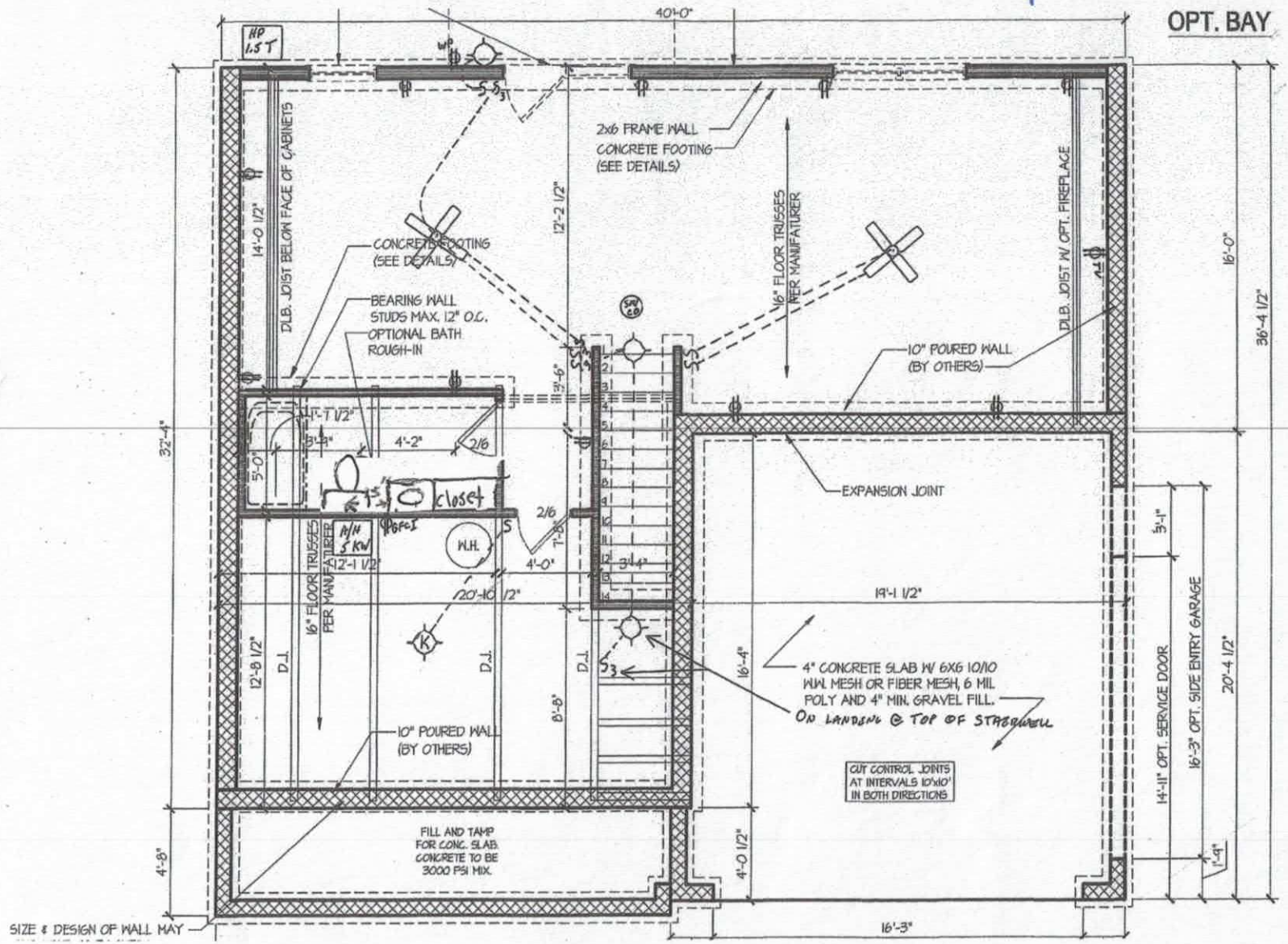
ISSUE DATE: 09/04/07
REVISION DATE: 8/23/12, 02/06/15, 03/01/16

DRAWN BY: JHM
CHECKED BY: JJT
STANDARD SCALE: 11x17: 1/8"=1'-0", 22x34: 1/4"=1'-0"

SECOND FLOOR PLAN

SHEET NUMBER: 4.10

Rev. floor plan



6-6-18

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	144922ZO	Subdivision:	Whippoorwill Woods II
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	123 KINGFISHER DR MOORESVILLE NC 28117		
Parcel #:	4637450107.000	Zoning:	RA
Lot #:	0 Size: 1.949	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	IOAN IEREMCIUC	Owner:	CHERYL ANN BEADNELL
Address:	P.O. BOX 218 DENVER NC 28037	Address:	4043 LANGHORNE AVE CHARLOTTE, NC 282050000
Phone:	828-461-0518	Phone:	704-338-5312
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

Directions:

Exir 36, 150 west, 3 miles, Doolie Road left, 3/4 right Whipporwill, Right Kingfisher Property on left 3rd lot on left.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$400.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$445.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY Printed: 8/22/2007

DEVELOPER PERMIT