IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 215544

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

PIN # 4637613425

APPLICANT: Robert Schuberth APPLICANT ADDRESS: 386 Riverwood Rd Mooresville, NC 28117

SITE ADDRESS: 246 Oaktree Rd Mooresville, NC 28117 PHONE: 704 202-3341 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR Oaktree Rd on your right ~ 1 mile

SUBDIVISION: Grand Oaks SECTION: — LOT # 5 LOT AREA: 3.52 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 760	Date 11-5-16	☒ 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	☐ Private
Pump Make		Model	Serial #	Repair System Description: PPBPS				☐ Other	No. Employees	☒ Public
# Nitrification Fields 1		# Lines 8	Linear Ft: 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"		Max. Trench Bottom Depth ~24" Initial	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: ~~*~~ 36" TB repair

INITIAL SITE SKETCH

See attached plan
by Michael Athanas & Assoc.
Rec. 7/15/16
(Approved 7/20/16)

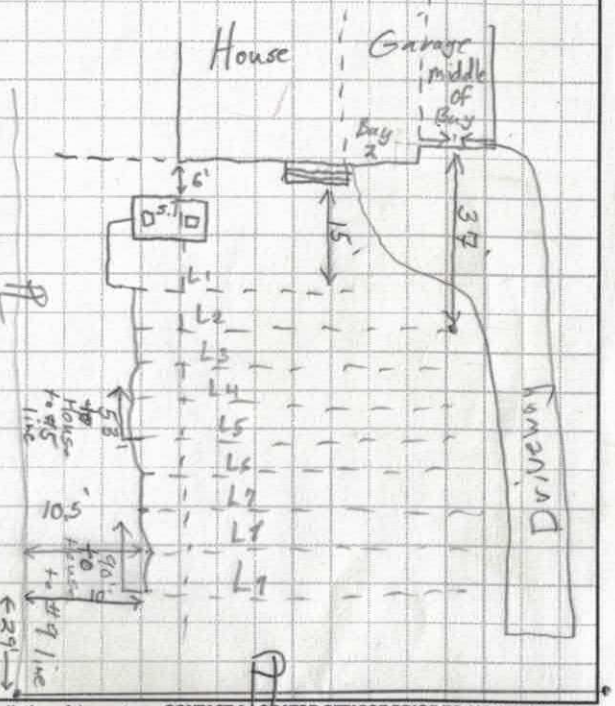
AS BUILT SKETCH

2-8-17: Shoaf mid-seam 1000-gal conc tank w/a Polylok PL-68 filter

	@Filter	5'	7.5"		H
L_1	6'	1.5"			30'
L_2	6'	10.5"			50'
L_3	7'	7.5"			49'
L_4	8'	5.0"			49'
L_5	8'	9.75"			49'
L_6	9'	6.5"			48'
L_7	10'	7 3/4"			49'
L_8	11'	3.0"			40'
L_9	= 12'	0.125"			45

409 l.f.

Infiltrator Chambers
IQ45
@ 22"-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.*

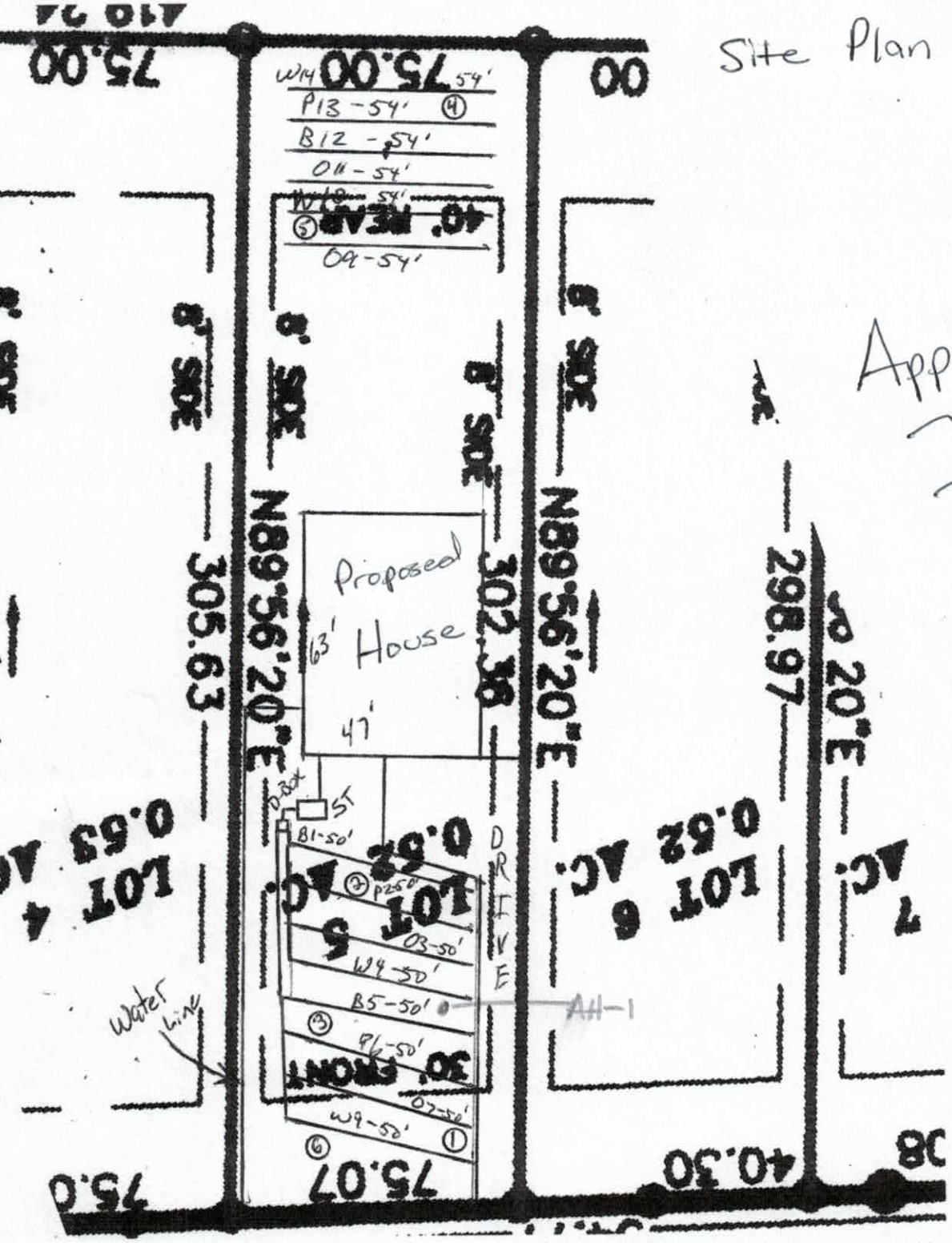
Owner / Applicant Signature: Robert Schuberth Date: 7-21-16 Installed by: Randy Miller #1128-I

IMPROVEMENT PERMIT by: Myra Dotson RS Date: 7/20/16 OPERATION PERMIT by: Son Shuck Date: 2-8-2017

AUTHORIZATION TO CONSTRUCT by: Myra Dotson RS Date: 7/20/16 Existing System Inspected by: Date:

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

Site Plan



Approved
MD
7/20/16

Oak Tree Rd.

N

Scale
1" = 40'

Rec. 7/15/16



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

Approved
MD
7/20/16

Reference: Data Sheet for 246 Oak Tree Rd., Grand Oak SD Lot 5
House Footprint: 47' x 63'
Building Setbacks: 30' front, 8' side, 40' rear
Water Source: City Water
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution Box & End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24" (initial), 36" maximum (repair)

Line	Design Length	Actual Length
Blue 1	**50'**	**51'**
Pink 2	**50'**	**51'**
Orange 3	**50'**	**51'**
White 4	**50'**	**51'**
Blue 5	**50'**	**51'**
Pink 6	**50'**	**51'**
Orange 7	**50'**	**51'**
White 8	**50'**	**51'**
Orange 9		54'
White 10		54'
Orange 11		54'
Blue 12		54'
Pink 13		54'
White 14		54'

Initial System: 400' **Repair System:** 324'

Comments:
MA&A evaluated this lot for a four bedroom residence. The initial system will go to a distribution box that will split the flow to B1 and B5. It will then feed P2, O3, W4; and P6, O7, W8 from the end caps or drop boxes. The slope in the repair area is 2% or less. The repair is on 8' centers. The water line must be as close as possible to the property line. The system must be 10' from the water line.

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

PROPERTY ID #: 4637613425_
COUNTY: _Iredell____

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

Approved 7/20/16 MD

OWNER: _Rowland Dev. Corp_____ APPLICATION DATE_____
ADDRESS: 2231 Hwy 152E, Mooresville, NC 28115_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD____ PROPERTY SIZE: _0.52 AC_____
LOCATION OF SITE: 246 Oak Tree Rd., Grand Oak SD lot 5_____ PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WEINESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 6%	0-22	R C SBK	FR SS SP SEXP	N/A	42"	F-C SAP	N/A	PS 0.3
		22-42	R CL WSBK	FR SS SP SEXP			PS		
		42-48	SL SAP M	VFR SS SP SEXP					
2	LS 6%	0-22	R C SBK	FR SS SP SEXP	N/A	45"	F-C SAP	N/A	PS 0.3
		22-45	R CL WSBK	FR SS SP SEXP			PS		
		45-48	SL SAP M	VFR SS SP SEXP					
3	LS 6%	0-8	RBr SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		8-26	R C SBK	FR SS SP SEXP					
		26-48	R CL WSBK	FR SS SP SEXP					
4	LS 1-2%	0-6	RBr SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		6-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	648 FT2
System Type(s)	25% Reduction	PPBPS

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____

Site LTAR	0.3	0.3	OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4637613425
DATE OF EVALUATION:
COUNTY: IREDELL

Approved 7/20/16

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WEINESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 1-2%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					
6	LS 6%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-29	R C SBK	FR SS SP SEXP					
		29-48	R CL WSBK	FR SS SP SEXP					
	7/16/16 Att 1 5%	0-36"	R C/CL m-w SBK, SS, SP, SExP, FR						
		36"-48	R CL w SBK SS, SP, SExP, FR w/ common Mica &						PS .3
			few to many SAP Inclus						

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

APPROVED JAN 06 2016

Sheet:
Property ID:
Lot #: 5
File #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: IQ Custom Construction
Address:
Proposed Facility: SFR
Design Flow (.1949) 480
Location of Site: Oak Tree #5

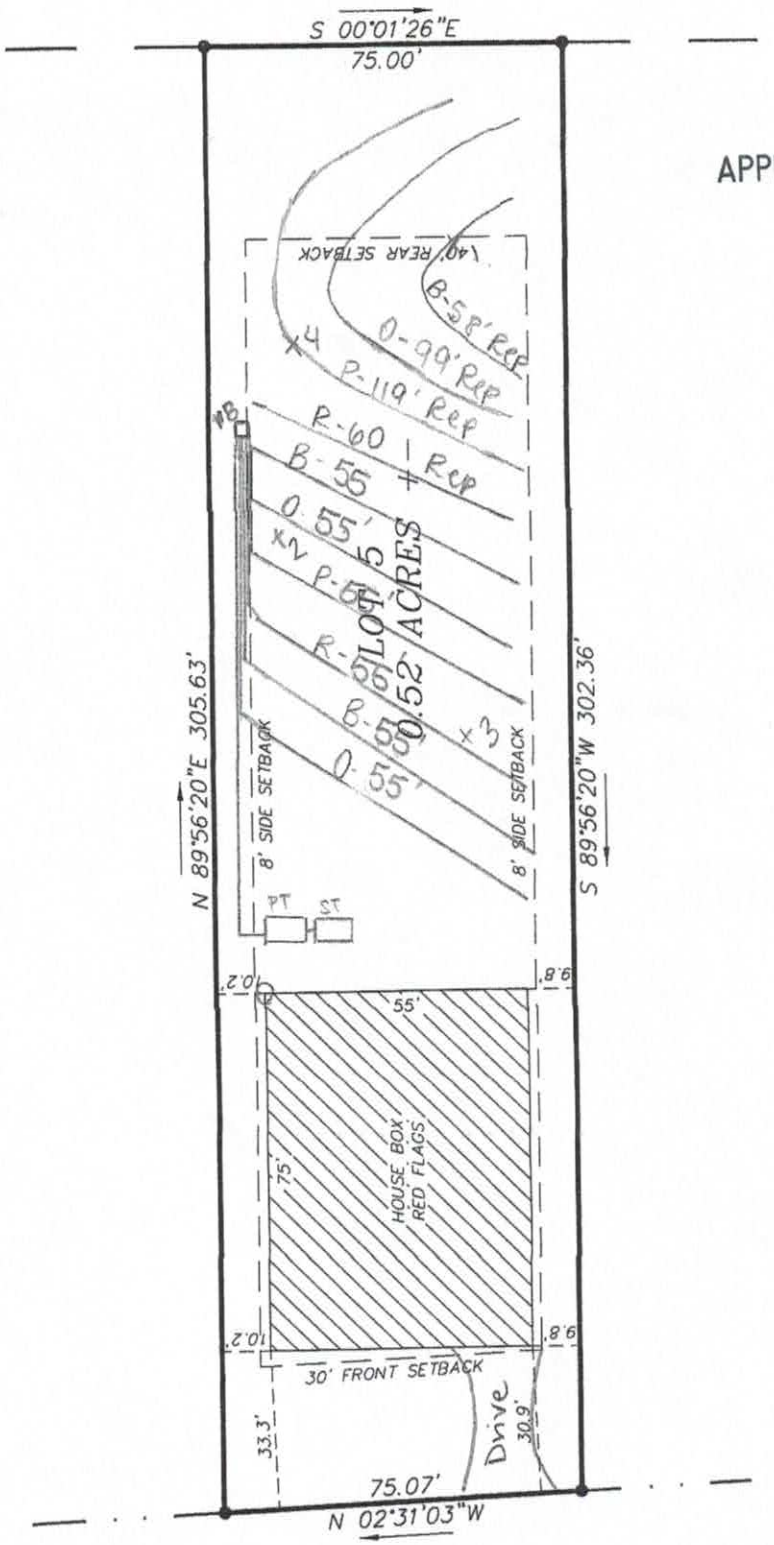
Applicant:
Date Evaluated: 11/28/15
Property Size: 0.52 Ac
Property Recorded: Post 1983

Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L 2%	0-30	WK SBK C	Fi S/P	R R; F sap				0.25 36" TB
		30-48	WK SBK C	FR SS/SP					
2	L 3-5%	0-27	Mo SBK C	Fi S/P	R R; C sap				0.25
		27-50	WK SBK C	FR SS/SP					
3	L 3-5%	0-24	Mo SBK C	FR SS/SP	R R; C/M sap				0.25
		24-47	WK SBK C	↓					
4	L	0-25	Mo SBK C	Fi S/SP	C Sap				0.25
		25-50	WK SBK C	Fr SS/SP					

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	LP PPBPS	LP PPBPS
Site LTAR	0.25	0.25

Other Factors (.1946):
Soil Evaluation By: KMS
Others Present:
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present:


S 00°01'26"E
75.00'
APPROVED JAN 0 6 2016
40' REAR SETBACK
B-58' Rep
0-99' Rep
P-119' Rep
R-60 - Rep
B-55 +
0.55'
x2
P-65'
R-55'
B-55
0.55'
0.52 ACRES
LOT 5
x3
8' SIDE SETBACK
8' SIDE SETBACK
N 89°56'20"E 305.63'
S 89°56'20"W 302.36'
PT
ST
0.2'
9.8'
55'
HOUSE BOX
RED FLAGS
75'
10.2'
9.8'
30' FRONT SETBACK
33.3'
Drive
30.9'
75.07'
N 02°31'03"W
1" = 40'
OAK TREE RD
SR #1179 60' PUBLIC R/W

RECEIVED JUN 9 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

Paid $500.00

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

215544

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Robert Schwerth	386 Riverwood Rd Mooresville, NC 28117	704-202-3341	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Rowland Development corp.	2231 Highway 152 E Mooresville, NC 28023		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
246 Oaktree Road	Grand Oak Oaktree Road Subdivision	Lot 5

Driving Directions: From Brawley School Rd take a right on to Oaktree Rd, Subdivision will be on your Rt about a Mile Down Oaktree.

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

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

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

- (✓) 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:

( ) 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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Robert Schwerth 6-9-16

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, James Rowland, am the legal owner(s) of the property located at 246 Oak tree rd Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4637 6134 25, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athens & Assoc. Robert Schuberth, Schuberth Builders, 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
	6-9-16	Jacquelyn Schuberth	6-9-16

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*:

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:

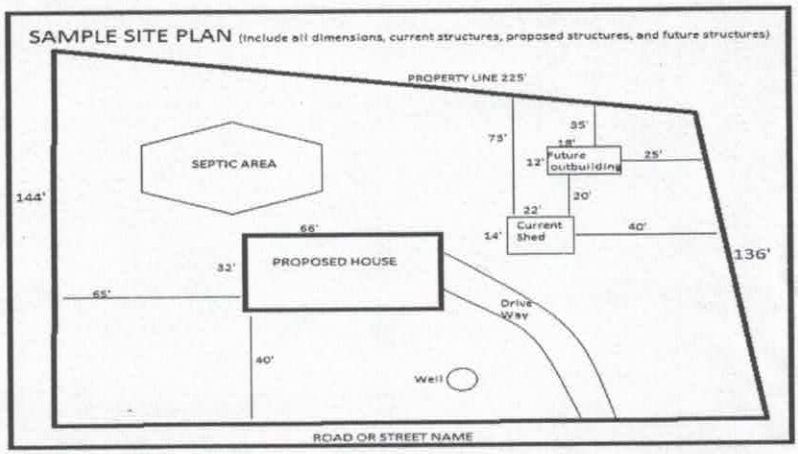
- X **Property Line measurements are clearly identified…**
- X **All proposed structures are indicated…**

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

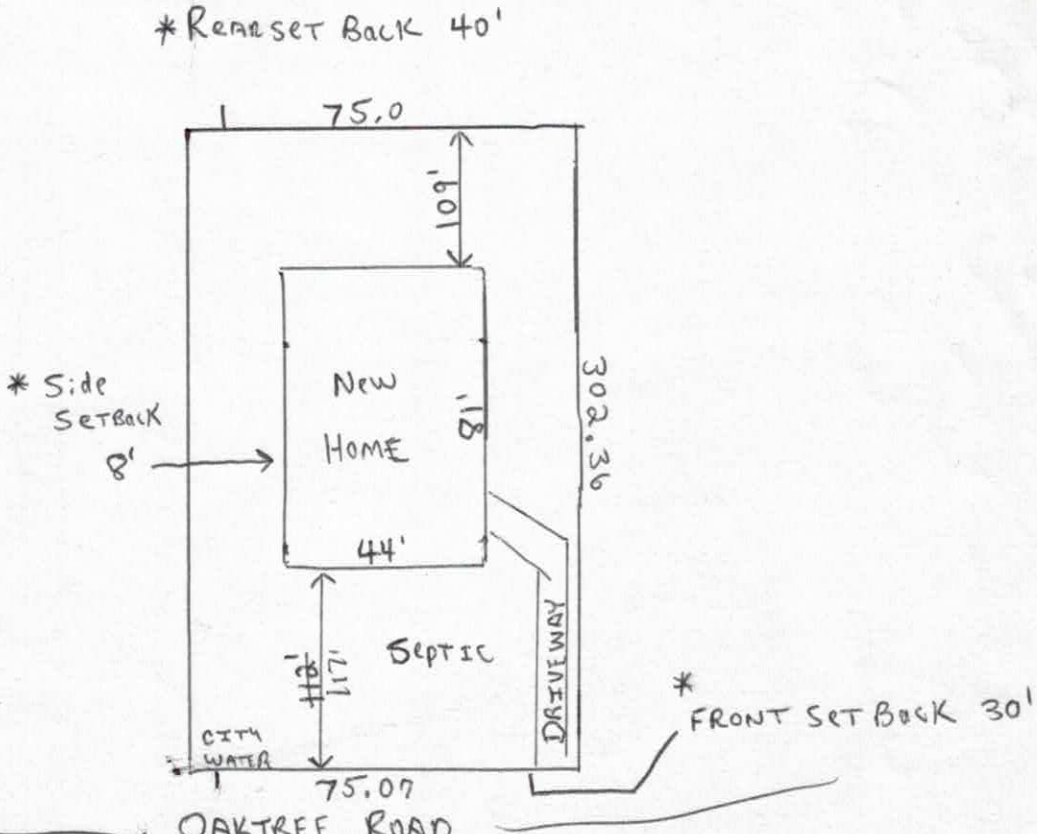
- X **Front and side setbacks from property line…**
- X **Preferred driveway location and configuration, preferred well location…**
- X **Area you prefer your septic system to be placed…**
- X **North arrow, or other sufficient indicator of direction…**

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

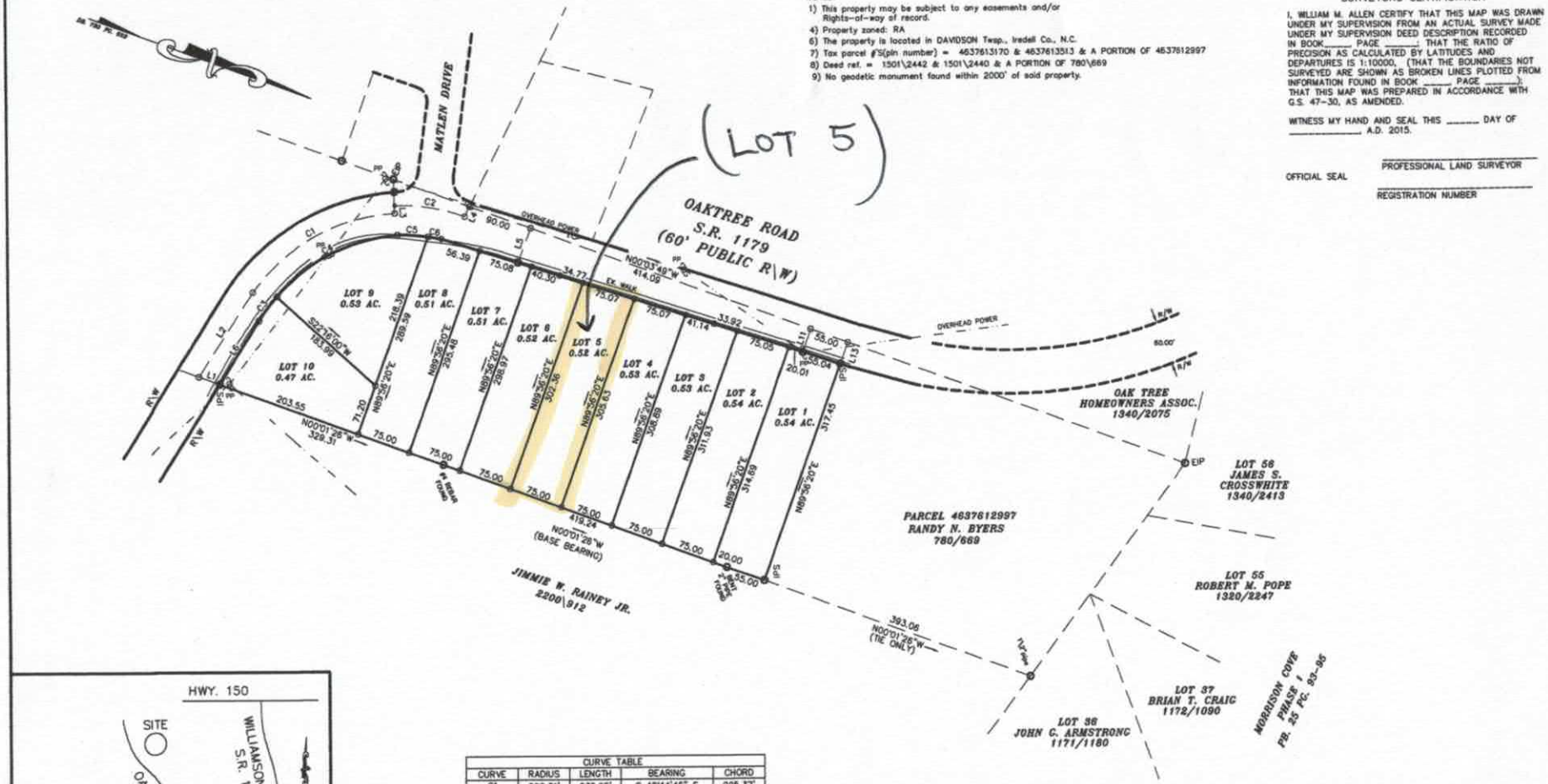


Signature: _____

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

6-9-16

DATE



NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
4) Property zoned: RA
6) The property is located in DAVIDSON Twsp., Iredell Co., N.C.
7) Tax parcel #'S(pin number) = 4637613170 & 4637613513 & A PORTION OF 4637612997
8) Deed ref. = 1501\2442 & 1501\2440 & A PORTION OF 780\669
9) No geodetic monument found within 2000' of said property.

SURVEYORS CERTIFICATION

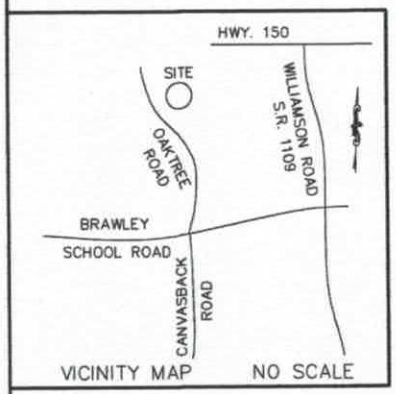
I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK_____ PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000, (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK _____ PAGE _____); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS _____ DAY OF _____ A.D. 2015.

OFFICIAL SEAL

PROFESSIONAL LAND SURVEYOR

REGISTRATION NUMBER



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	262.31'	232.95'	S 48°44'45" E	225.37'
C2	258.12'	99.81'	S 10°37'01" E	99.19'
C3	250.00'	41.62'	S 73°23'28" E	41.57'
C4	250.00'	192.98'	S 46°30'28" E	188.23'
C5	260.37'	42.31'	S 16°40'18" E	42.26'
C6	260.37'	18.95'	S 09°55'53" E	18.95'

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 00°01'26" W	30.56'
L2	N 77°09'39" W	136.82'
L3	N 68°17'05" E	10.85'
L4	S 83°37'35" E	15.44'
L5	N 89°12'47" W	50.38'
L6	N 78°05'40" W	103.38'
L7	S 02°41'35" E	111.62'
L8	S 02°41'35" E	60.15'
L9	N 02°07'32" W	55.04'
L10	N 04°39'50" W	7.90'
L11	S 89°56'20" W	33.28'
L12	S 89°56'20" W	31.30'

LEGEND
- P.P. = POWER POLE
- DUKE POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = ¼ REBAR SET
- R/W = RIGHT-OF-WAY
- = WELL

PRELIMINARY SURVEY
OF
OAKTREE RD SUBDIVISION
DAVIDSON TWSP., IREDELL CO., N.C.
SCALE: 1" = 100' DATE: MAY 20, 2015

OWNER: ROWLAND DECELOPEMENT

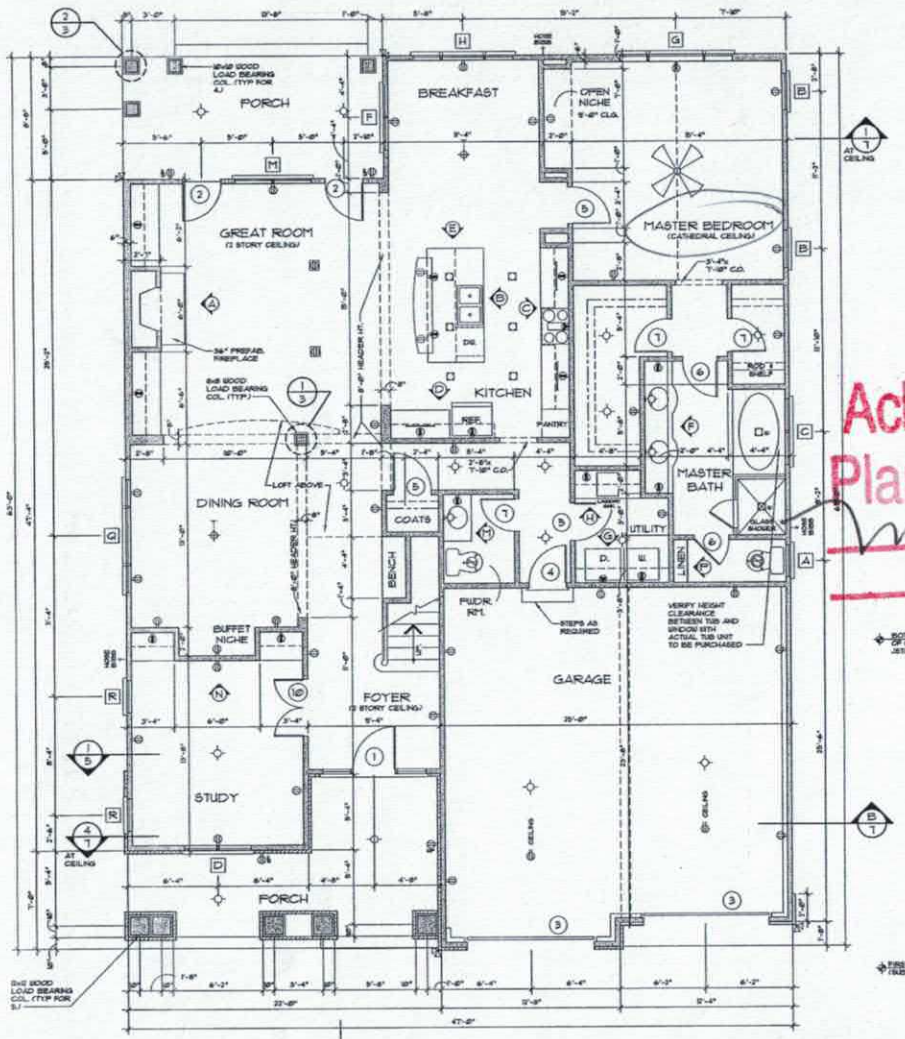
GRAPHIC SCALE

100 0 50 100 200 400
(IN FEET)
1 inch = 100 ft.

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive - Suite 102 * Mooresville, N.C. 28117
(704) 664-7029 (704) 664-8041 Fax
dasurvey@windstream.net

FILE NAME: OAK TREE ROAD-BYERS PROPERTY - 13357.dwg

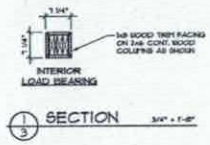
Visit www.DAGmarketplace.com for information on interior and exterior products for your home!



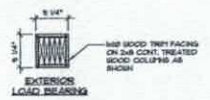
FIRST FLOOR PLAN

1/4" = 1'-0"

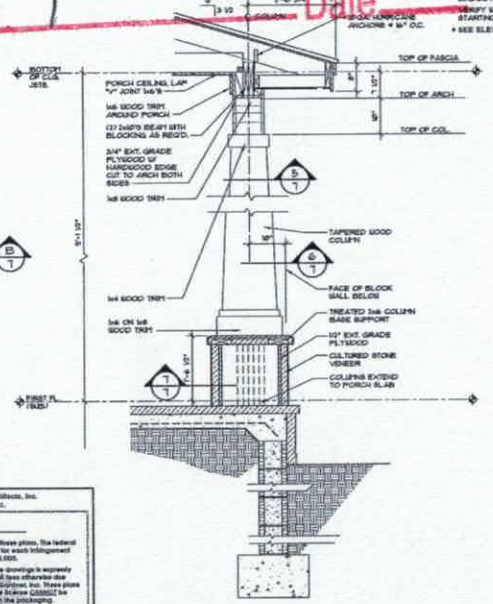
FIRST FLOOR	1565 sq. ft.
SECOND FLOOR	1295 sq. ft.
TOTAL LIVING	2860 sq. ft.
GARAGE	608 sq. ft.
BONUS ROOM	311 sq. ft.



SECTION 3/4" = 1'-0"



SECTION 3/4" = 1'-0"



SECTION 3/4" = 1'-0"
SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION

DOOR SCHEDULE

SYMBOL ○

MARK	SIZE	QUAN.	DESCRIPTION
1	5'-0" x 6'-8"	1	EXT., 10' 3/4" SIDELITES + 12" TRANSOM# *
2	2'-8" x 6'-8"	2	EXT., FULL GLASS W/ 12" TRANSOM
3	9'-0" x 8'-0"	3	GARAGE
4	2'-8" x 6'-8"	1	EXT., 1 HOUR FIRE-RATED
5	2'-8" x 6'-8"	1	INT.
6	2'-6" x 6'-8"	5	INT.
7	2'-4" x 6'-8"	3	INT.
8	(2) 2'-6" x 6'-8"	2	INT., BIFOLD
9	(2) 2'-6" x 6'-8"	1	INT., BIFOLD
10	(2) 2'-8" x 6'-8"	2	INT.

* SEE ELEVATION FOR TRANSOM.

WINDOW SCHEDULE

SYMBOL □

MARK	SIZE	QUAN.	DESCRIPTION
A	2'-4" x 4'-6"	1	D.H.
B	2'-8" x 5'-10"	2	D.H.
C	(2) 2'-4" x 4'-6"	1	D.H.
D	(2) 2'-4" x 6'-6"	1	D.H.
E	(2) 2'-4" x 5'-6"	2	D.H.
F	(2) 2'-4" x 5'-10"	1	D.H.
G	2'-0" x 5'-10" 4'-0" x 5'-10" 2'-0" x 5'-10"	1	D.H., CENTER FIXED W/ 2'-8" ARCHED HEAD TRANSOM #
H	7'-0" x 5'-10" 3'-0" x 5'-10" 2'-0" x 5'-10"	1	D.H.
I	5'-0" x 3'-4"	2	FIXED, ARCH HEAD #
K	2'-4" x 4'-3"	3	D.H.
L	(2) 2'-0" x 5'-2"	1	D.H.
M	(2) 2'-0" x 5'-10"	1	D.H.
N	3'-0" x 5'-2"	1	D.H.
P	(2) 2'-5" x 2'-5"	1	CASEMENT
Q	2'-0" x 5'-10" 4'-0" x 5'-10" 2'-0" x 5'-10"	1	D.H., CENTER FIXED
R	2'-4" x 5'-10"	2	D.H.

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.
VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.
WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.
VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.
SEE ELEVATION.

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
WP	WEATHER PROOF DUPLEX OUTLET
	ABOVE COUNTER LOCATION
	FLUSH FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN w/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT

PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   REVISE SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNIT(S) WITH THE OWNER PRIOR TO CONSTRUCTION. ENSURE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.
   HVAC EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL 2x4'S @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

DO NOT SCALE DRAWINGS.

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Acknowledgement Of Plans Submittal ONLY!
Date 7/2/16
Date

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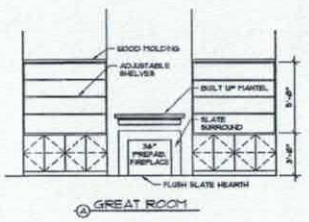
DESIGN NO. 1172-THR
SHEET 3 OF 8 DR. TSK
FLOOR PLAN

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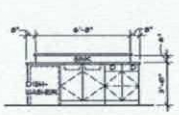
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Grand Oak #5

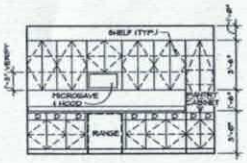
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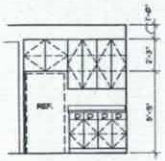
A GREAT ROOM



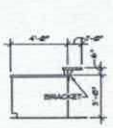
B KITCHEN



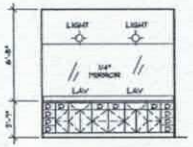
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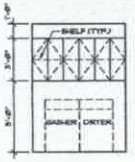
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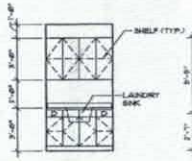
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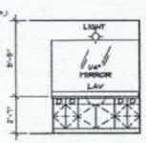
F MASTER BATH



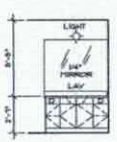
G UTILITY



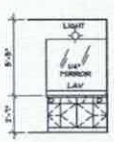
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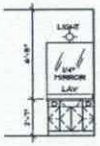
J BATH #2



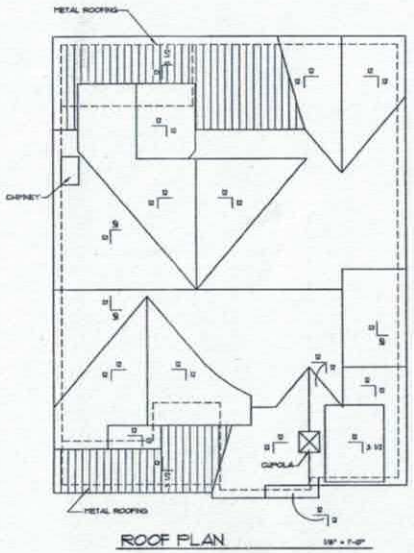
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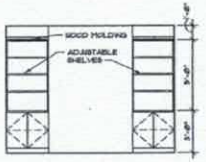
L BATH #4



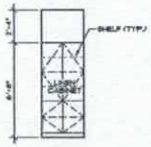
H PWDR. ROOM



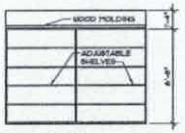
ROOF PLAN 1/8" = 1'-0"



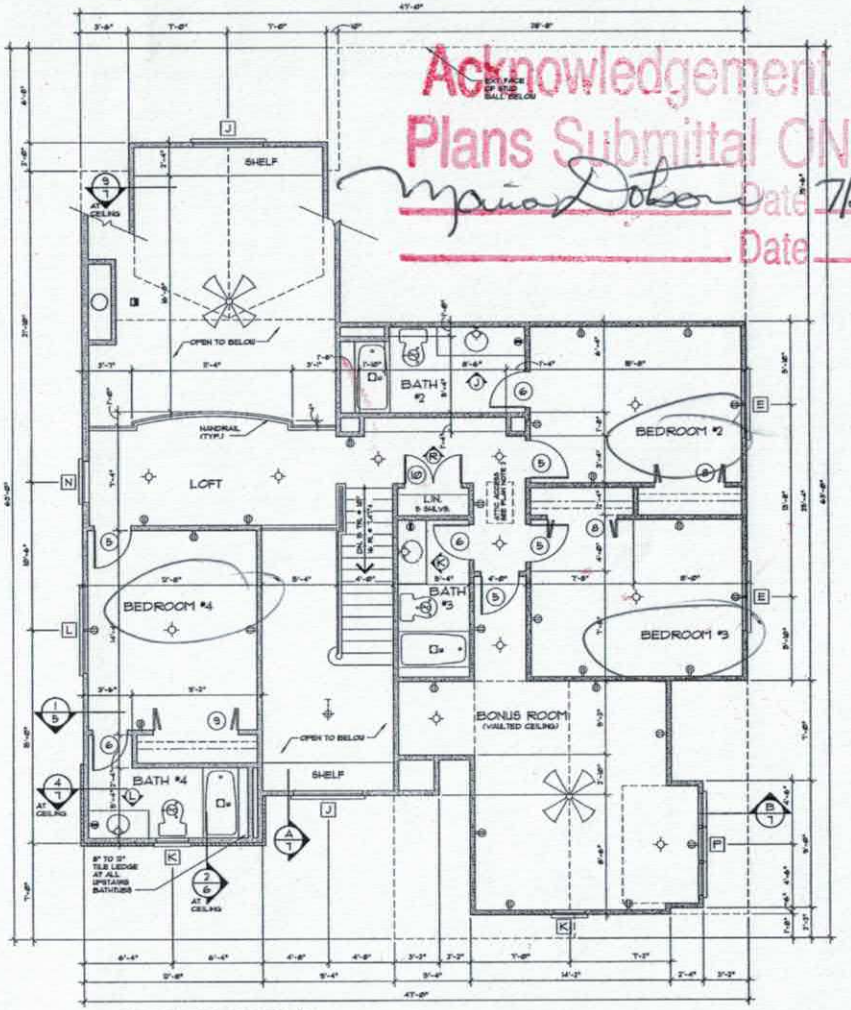
N STUDY



P MASTER LINEN



R LOFT



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



GABLE PLAN 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!
Maria Dobson Date 7/20/16
Date

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FLOOR PLAN

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Grand Oak #5

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 215544 Subdivision:

Proposed Use: PERT TEST FOR SINGLE FAMILY HOME

Location: 246 OAK TREE ROAD

Tax PIN: 4637613425.000 Zoning: R2 Lot: 5 Size: 0.520

Owner:	ROWLAND DEVELOPMENT CORP	Applicant:	SCHUBERTH BUILDERS
Address:	2231 HIGHWAY 152 E MOORESVILLE, NC 28023	Address:	386 RIVERWOOD ~~DRIVE~~ RD MOORESVILLE, NC 28117
Phone:		Phone:	
Email:		Email:	

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 Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date 6-8-2016

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

Lot Area: Front Yard Depth: 30.00 Side Yard Depth: 8.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: APPROVAL FOR PERT TEST- NOT FOR CONTSTRUCTION
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HP	12/18/2015	N/C
Approved By:	Date	Application Fee