ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 309493

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

PIN # 4637 -- 61 -- 6740

APPLICANT/OWNER: Sullivan Tierney Industries, Inc APPLICANT ADDRESS: 271 Milford Circle, Mooresville 28117

SITE ADDRESS: 136 McNeil Ln, Mooresville 28117 PHONE: 312-498-2456 ALT. PHONE –

SITE DIRECTIONS: Brawley School Rd - Rt Oaktree - Rt McNeil Ln SAP CONTROLLED: ☐ YES ☒ NO

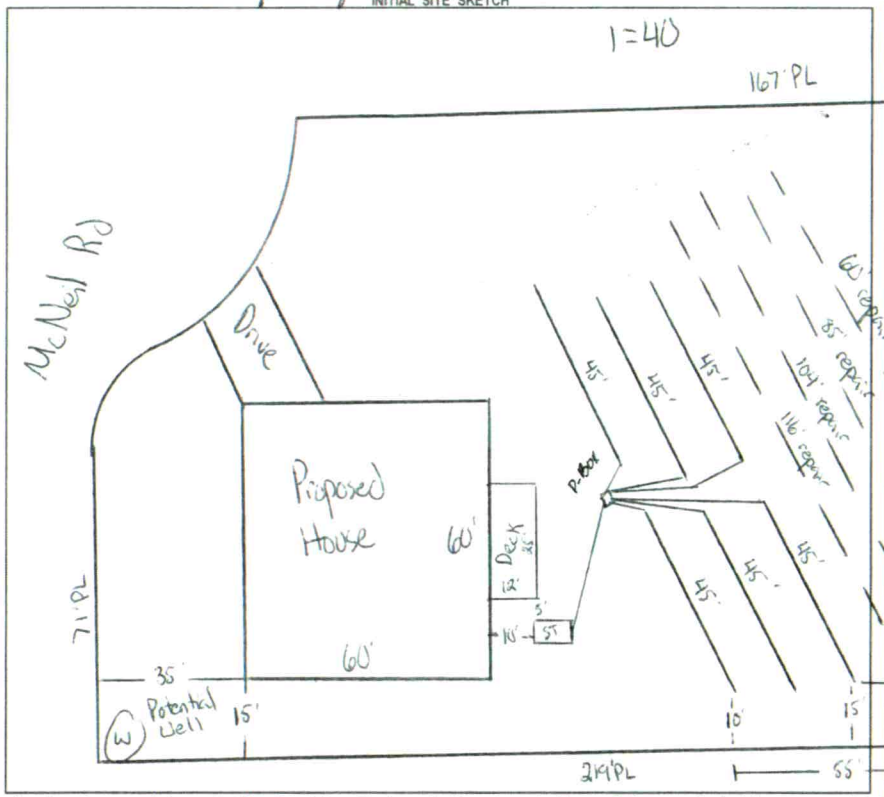
SUBDIVISION: The Estates at Oak Tree SECTION: – LOT # 6 LOT AREA: 0.69 acres DESIGN FLOW: 480 GPD L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	Infiltrator	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity PPPBPS 30% reduction			
Pump Make		Model			Serial #		Repair System Description:	LPPPBPS			
# Nitrification Fields	1	# Lines	6		Linear Ft	270'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth (Min/Max)			At	36 in	Gravel Depth	–	☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	4	**Water Supply**	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☒ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Install on contour of the land. Do not drive, park, or grade septic area. Use distribution box to feed all lines equally

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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 EXCEDVATION**

☐ **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: Sheila Sullivan Date: 10/22/21 Installed by: T4 Plumbing & Septic

IMPROVEMENT PERMIT by: Cay Whitt Date: 10/13/21 OPERATION PERMIT by: Matt Whitt Date: 2/21/23

AUTHORIZATION TO CONSTRUCT by: Cay Whitt Date: 10/19/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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 * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

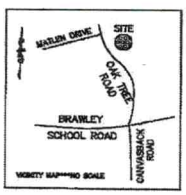
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2767, page 2166, and/or plat book 72, page 84, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 12, day of JULY A.D. 20 21.

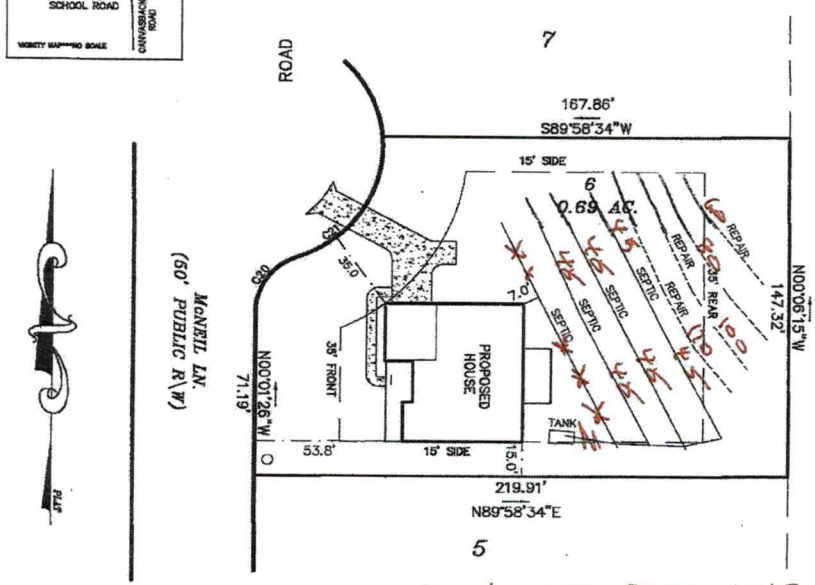
NEW PLANS, REVISED ON 9/15/21

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C20	25.00'	31.24'	S 35°46'19" W	29.24'
C21	51.00'	67.75'	N 33°30'36" E	62.88'





- Don't use upper line
- Primary now T.J Rebel 6.45'
- 350' T.J Rebel signed 267' rec.
- Lines from 2020 ICPS site Dan

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
Ⓦ = WELL
CP = COMPUTED POINT

0' 25' 50' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF

136 MCNEIL LN.

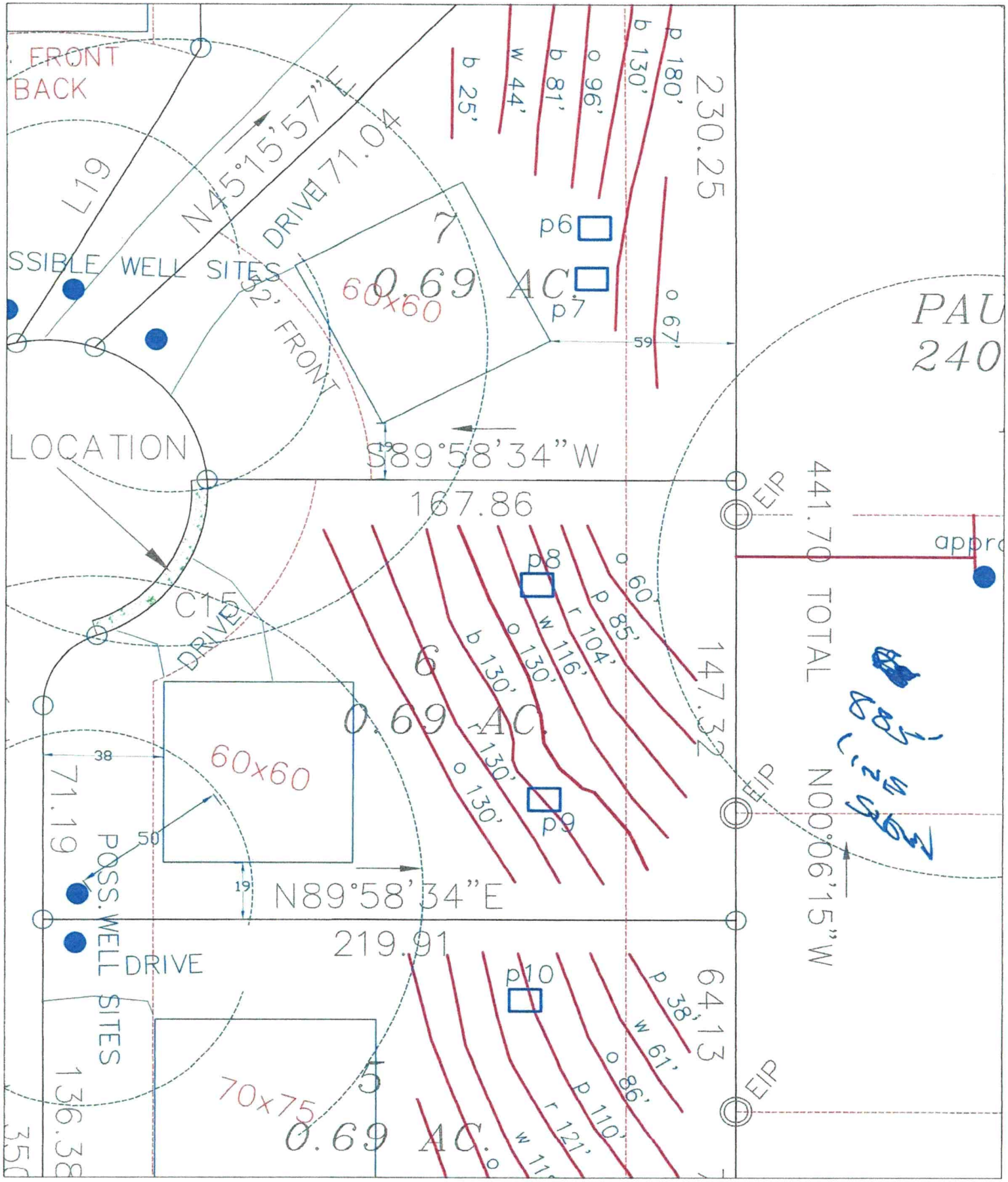
LOT 6 THE ESTATES AT OAK TREE RIDGE

SCALE 1" = 50'

DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: MCNEIL LANE LLC

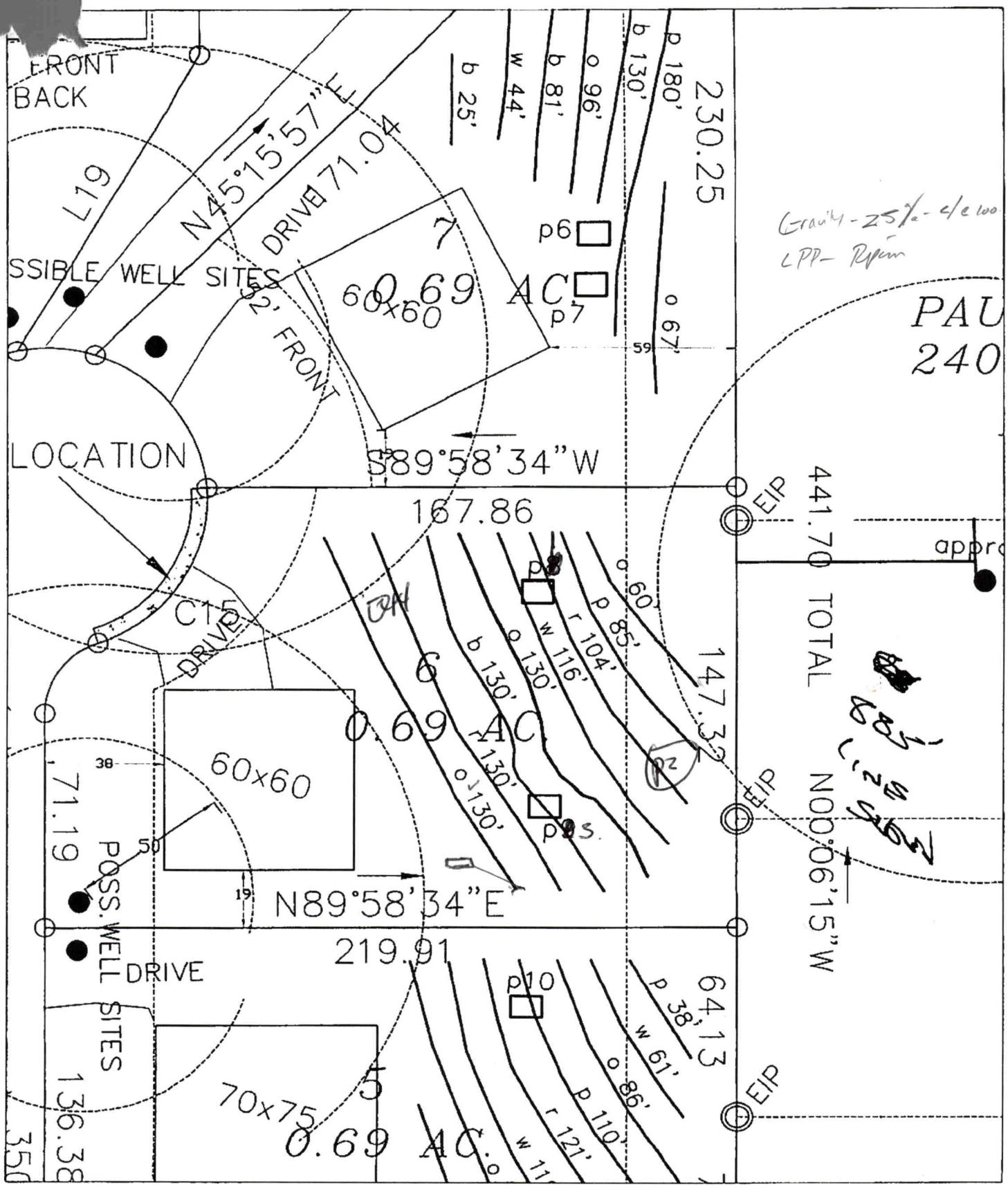
FIELD BOOK:
FILE: ESTATES AT OAK TREE
DC FILE:
TAX MAP NO: 4637616740



The Estates at Oak Tree Ridge Lot 6 Septic Site Plan 7.27.20

Base site plan from DAS. Approx. septic line locations. Refer to flags in field.
Septic system and well must be approved and permitted by ICHD.

1":40'



The Estates at Oak Tree Ridge Lot 6 Septic Site Plan 7.27.20

Base site plan from DAS. Approx. septic line locations. Refer to flags in field. Septic system and well must be approved and permitted by ICHD.

1"=40'

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

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

C+G.

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side	0-9	Mulch						PS -30 Bldg 20
		0-12	Fill						
		12-20	SC						
		20-55	CL						
2	15% Side	0-6	Fill-	M	2.5YR 6/6	68			PS -30
		6-31	C SBK	SS SP FR					
		31-68	CL WSBK	SS SP VFR					
3	Side	0-27	C SBK	SS SP					PS -30
		27-56	CL WSBK	SS SP					
4	Ridge Side	0-24	C SBK	SS SP FR SBK					PS -30
		24-56	CL WSBK	SS SP VFR					

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

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

COMMENTS: _____

T3036.

Updated February 2014

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

10/14/2021

Owner: Sullivan Tierny Industries
Address: 271 Milford Circle, Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 136 McNeil Ln Mooresville, NC 28117 Permit 309493

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system:
(permit date)

Type III_ at Address : 136 McNeil Ln Mooresville, NC 28117 Permit 309493

for the site will be "revoked" immediately by the authorized agent/local health department.

Shirley Tierny 10/21/21
Signature of Property Owner

CALL PAUL PENNINGER FOR SITE VISIT 704.996.6330 RECEIVED OCT 0 5 2021

CW

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Limited

APPLICATION FORM AP-309493 $105.00

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Sullivan Tierney Industries, Inc Address: 271 Milford Circle, Mooresville Zip: 28117

Applicant Email: brianetierney@hotmail.com Phone: 312 498 2456 Alt. Phone: _____

Owner Name: same as above Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 136 McNeil Lane

Subdivision Name: The Estates at Oak Tree Ridge Section/Phase: _____ Lot Number: 6

Driving Directions: Brawely School Road, R Oak Tree, R McNeil Lane

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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____

(X) 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: _____ 7.26.20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

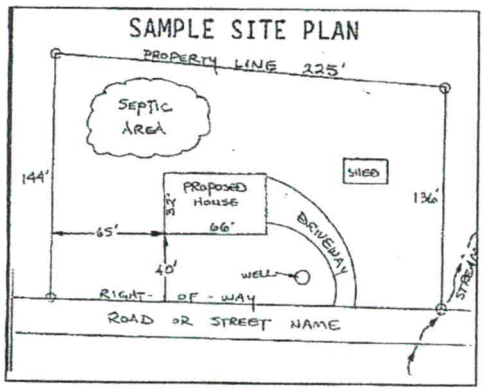
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (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

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 site plan.

Signature: _____

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

7.26.20

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, SULLIVAN TIERNEY INDUSTRIES INC, am the legal owner(s) of the property located at The Estates at Oak Tree Ridge Sub. Lot 1-9, identified as

PIN (Parcel Identification Number) 4637616408.000, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting _____, 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.

Sullivan Tierney Industries LLC — 7/25/2020

Signature of Owner(s) — Date

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

Complete all Environmental Health forms:
- ___ Application
- ___ Site Plan with dimensions of proposed structure, addition, pool etc.
- ___ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ___ Copy of Zoning Permit when applicable
- ___ Sign this sheet after you have completed all items

___ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

___ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

___ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

N/A If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

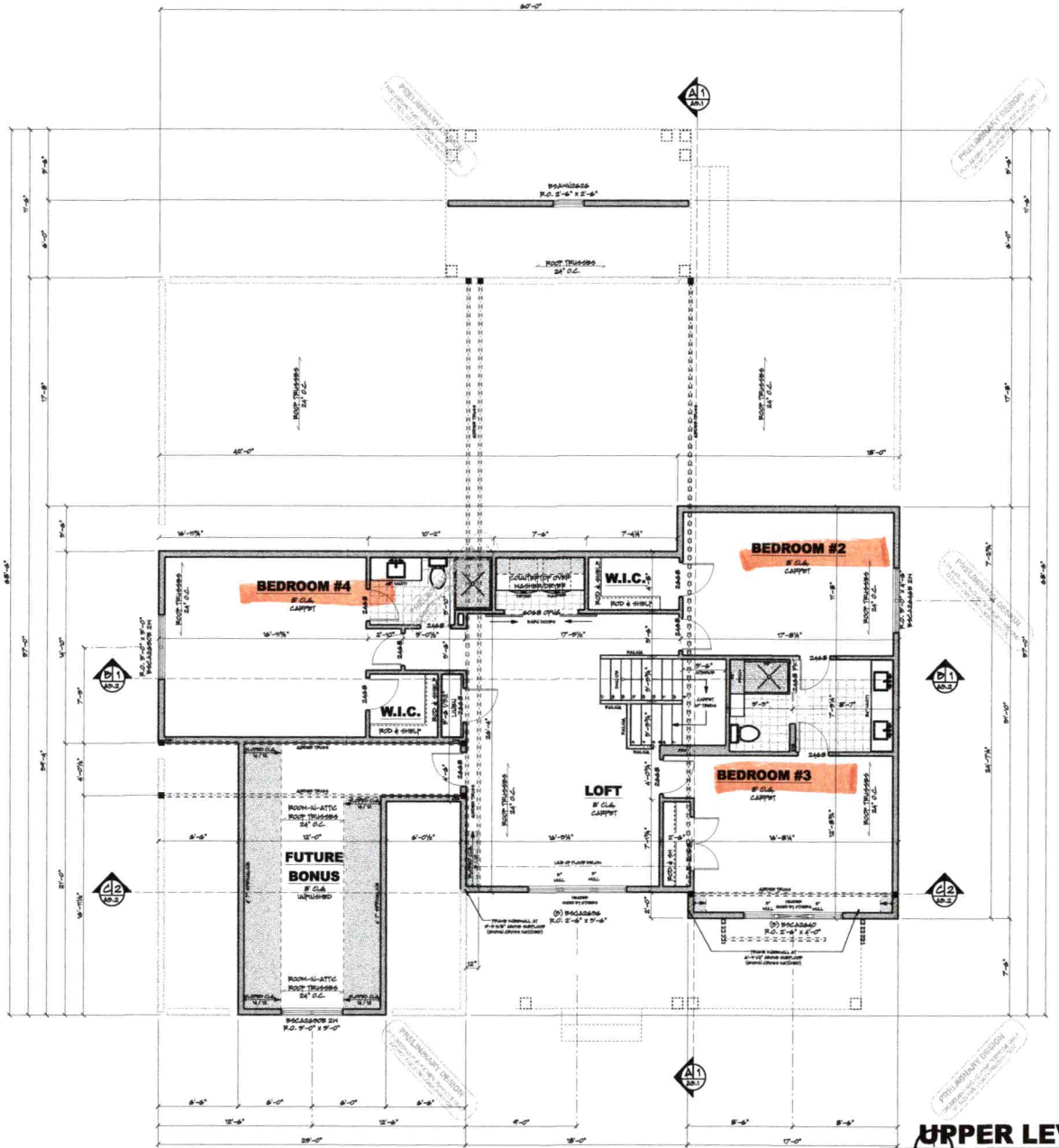
By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 7.26.20

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625



AREA TABULATION

BASEMENT	2,565 SF
MAIN LEVEL	2,565 SF
UPPER LEVEL	1,402 SF
FUTURE BONUS (UNFINISHED)	280 SF
TOTAL FINISHED	5,467 SF
GARAGE	501 SF
FRONT PORCH	150 SF
REAR PORCH	279 SF

FLOOR AREAS ARE CALCULATED FROM THE OUTSIDE OF FOUNDATION WALLS AND/OR OUTSIDE FACE OF EXTERIOR STUD AT FRAMED WALLS.

STAIRS ARE INCLUDED IN CALCULATIONS AT ALL LEVELS.

GENERAL NOTES

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM EXTERIOR FACE OF EXTERIOR STUD WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER/BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.
- ANY LOCATIONS OF SIZES OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION SIZES, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. THAT APPEAR ON THESE PLANS ARE FOR DESIGN PROVEN AID DESIGN PURPOSES ONLY. IT IS RECOMMENDED A PROFESSIONAL ENGINEER BE ENGAGED TO CALCULATE AND DESIGN ALL SITE SPECIFIC COMPONENTS INVOLVED IN THIS STRUCTURE.

WINDOWS
- MARVIN ESSENTIAL SERIES
- STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH 'W' MUST EGRESS (CRC)
- WINDOW HEADER HEIGHTS SET TO 6' 11-9/8" (U.N.O.)
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENING AND HEADER HEIGHTS

FLOOR SYSTEM
- ENGINEERED WOOD FLOOR TRUSSES
- DESIGNED TO MIL L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING
- 9' 1-1/8" PLATE HEIGHT (U.N.O.)
- 2X6 WALLS AT ALL EXCEPT DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS

■ - INDICATES FRAMING POINT LOAD
- PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

DOOR SCHEDULE SYMBOL

2468 PREFIN SWING A 2'-4" WIDE x 6'-8" HIGH DOOR

TRUSS SUPPLIER TO VERIFY ALL SPANS, PITCHES, HEEL HEIGHTS AND OTHER CONDITIONS CRITICAL TO PROPER TRUSS FABRICATION.

ANY STRUCTURAL COMPONENTS THAT MAY APPEAR ON THESE PLANS ARE INTENDED FOR DESIGN/BID PURPOSES ONLY. IT IS RECOMMENDED THAT ALL STRUCTURAL DESIGN ELEMENTS BE PROVIDED BY A LOCAL LICENSED PROFESSIONAL STRUCTURAL ENGINEER. FINAL ROOF AND FLOOR TRUSS DESIGN AND LAYOUT TO BE PROVIDED BY YOUR LOCAL TRUSS SUPPLIER.

+++ STRUCTURAL NOTICE +++

ALL STRUCTURAL BEAM AND HEADER SIZES, BRACING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE PROVIDED BY A STRUCTURAL ENGINEER BASED ON EXISTING SITE CONDITIONS. OWNER/BUILDER TO ASSUME ALL RESPONSIBILITY FOR BUYER'S STRUCTURE.

UPPER LEVEL FLOOR PLAN

A2.2

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

100% SCALE @ 36"x24"

ROYAL OAKS DESIGN
3459 Lake Elmo Ave
Lake Elmo, MN
651-964-2726
www.royaloaksdesign.com
CERTIFIED PROFESSIONAL BUILDING DESIGNER
NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATIONS
Kieran J. Lietz 24-106

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR ANY STRUCTURAL OR DIMENSIONAL ERRORS OR OMISSIONS. THE CONTRACTOR AND/OR OWNER SHALL BE RESPONSIBLE FOR VERIFYING THE ACCURACY OF ALL NOTES, DETAILS, ELEVATIONS, SECTIONS AND FLOOR PLANS AND NOTIFY ROYAL OAKS DESIGN, INC. OF ANY ERRORS PRIOR TO START OF CONSTRUCTION. ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR THE WORKMANSHIP OF THE SUB-CONTRACTORS.

M-21-147 TIRENEY

CL-20-012 W/O BSMT 2C SIDE REV.

Please scan or visit www.royaloaksdesign.com to see more of our plans or to request modifications.

Document Date: 8/23/2021

Document Phase:

Drawn by: DML

ISSUE	DATE	REMARK
1	09/09/21	FOUNDATION WALLS - DML

PRELIMS 08232021 (SDP)

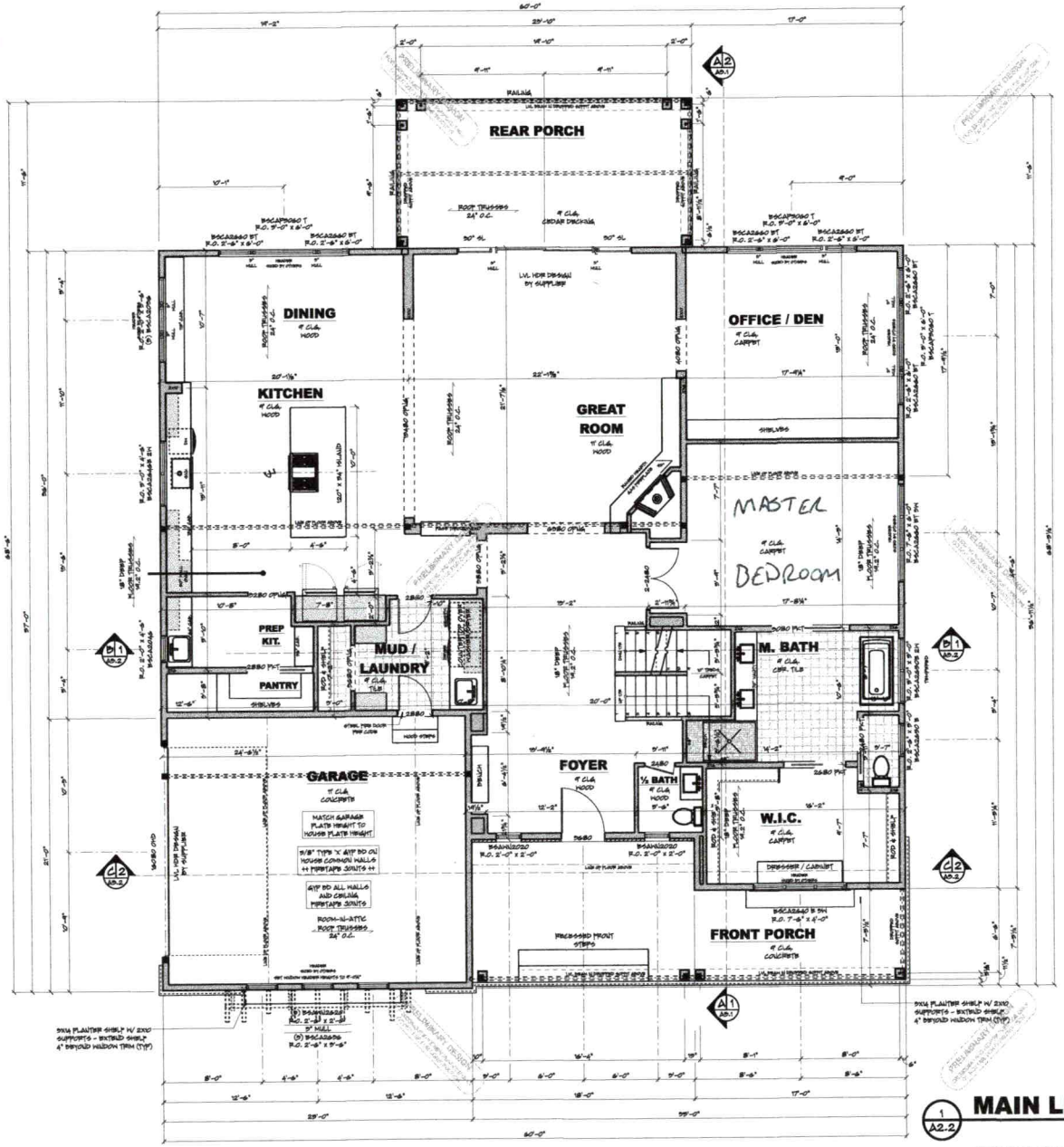
UPPER LEVEL FLOOR PLAN

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AREA TABULATION	
BASEMENT	2,569 SF
MAIN LEVEL	2,569 SF
UPPER LEVEL	1,402 SF
FUTURE BONUS (UNFINISHED)	285 SF
TOTAL FINISHED	3,457 SF
GARAGE	921 SF
FRONT PORCH	150 SF
REAR PORCH	279 SF

FLOOR AREAS ARE CALCULATED FROM THE OUTSIDE OF FOUNDATION WALLS AND/OR OUTSIDE FACE OF EXTERIOR STUD AT FRAMED WALLS.

STAIRS ARE INCLUDED IN CALCULATIONS AT ALL LEVELS.

GENERAL NOTES

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM EXTERIOR FACE OF EXTERIOR STUD WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO MAKE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER/BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, WITH CONDITIONS AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.
- ANY NOTATIONS OF SIZES OF STRUCTURAL MEMBERS (SUCH AS FOOTINGS, FOUNDATION WEBS, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. THAT APPEAR ON THESE PLANS ARE FOR DESIGN REVIEW AND BIDDING PURPOSES ONLY. IT IS RECOMMENDED A PROFESSIONAL ENGINEER BE ENGAGED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INVOLVED IN THIS STRUCTURE.

WINDOWS

- MARVIN ESSENTIAL SERIES
- STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 7'-1-5/8" (U.N.O.)
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MIN. L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING

- 9' 1-1/8" PLATE HEIGHT (U.N.O.)
- 11' 1-1/8" ASPHALT ROOM PLATE HEIGHT
- 2X6 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ■ - INDICATES FRAMING POINT LOAD
  - PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

DOOR SCHEDULE SYMBOL

2468 REPRESENTS A 2'-4" WIDE x 6'-8" HIGH DOOR

TRUSS SUPPLIER TO VERIFY ALL SPANS, PITCHES, HEEL HEIGHTS AND OTHER CONDITIONS CRITICAL TO PROPER TRUSS FABRICATION.

ANY STRUCTURAL COMPONENTS THAT MAY NOTED ON THESE PLANS ARE INTENDED FOR DESIGN REVIEW PURPOSES ONLY. IT IS RECOMMENDED THAT ALL STRUCTURAL DESIGN ELEMENTS BE REVIEWED BY A LOCAL LICENSED PROFESSIONAL STRUCTURAL ENGINEER. FINAL ROOF AND FLOOR TRUSS DESIGN AND LAYOUT TO BE PROVIDED BY YOUR LOCAL TRUSS SUPPLIER.

+++ STRUCTURAL NOTICE +++

ALL STRUCTURAL BEAM AND HEADER SIZES, FRAMING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON ENGTHS, SITE CONDITIONS. OWNER/BUILDER TO ASSUME ALL RESPONSIBILITY FOR BUILDING STRUCTURE.

5X14 PLANTER SHELF W/ 2X10 SUPPORTS - EXTEND SHELF 4" BEYOND WINDOW TRIM (TYP.)

5X14 PLANTER SHELF W/ 2X10 SUPPORTS - EXTEND SHELF 4" BEYOND WINDOW TRIM (TYP.)

MAIN LEVEL FLOOR PLAN

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

100% SCALE @ 36"x24"

ROYAL OAKS DESIGN
3459 Lake Elmo Ave
Lake Elmo, MN
651-964-2726
www.royaloaksdesign.com
CERTIFIED PROFESSIONAL BUILDING DESIGNER
NATIONAL COUNCIL OF
Kieran J. Lloid 24-106

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M-21-147 TIRENEY

CL-20-012 W/O BSMT 2C SIDE REV.

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Document Phase:

Drawn by: DML

ISSUE	DATE	REMARK
1	09/09/21	FOUNDATION WEBS - DML

PRELIMS 08232021 (MDF)

MAIN LEVEL FLOOR PLAN

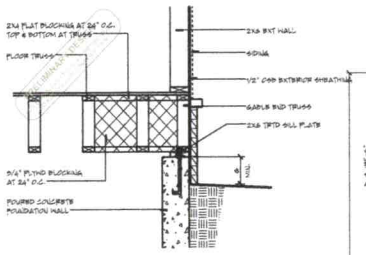
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PRELIMINARY DESIGN - NOT FOR CONSTRUCTION

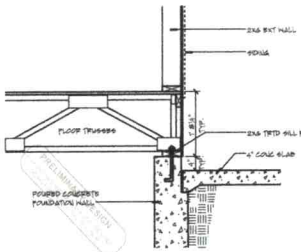
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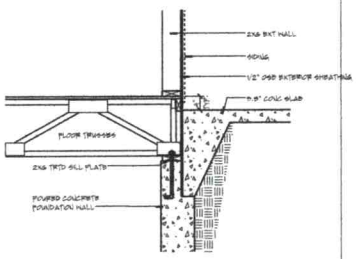
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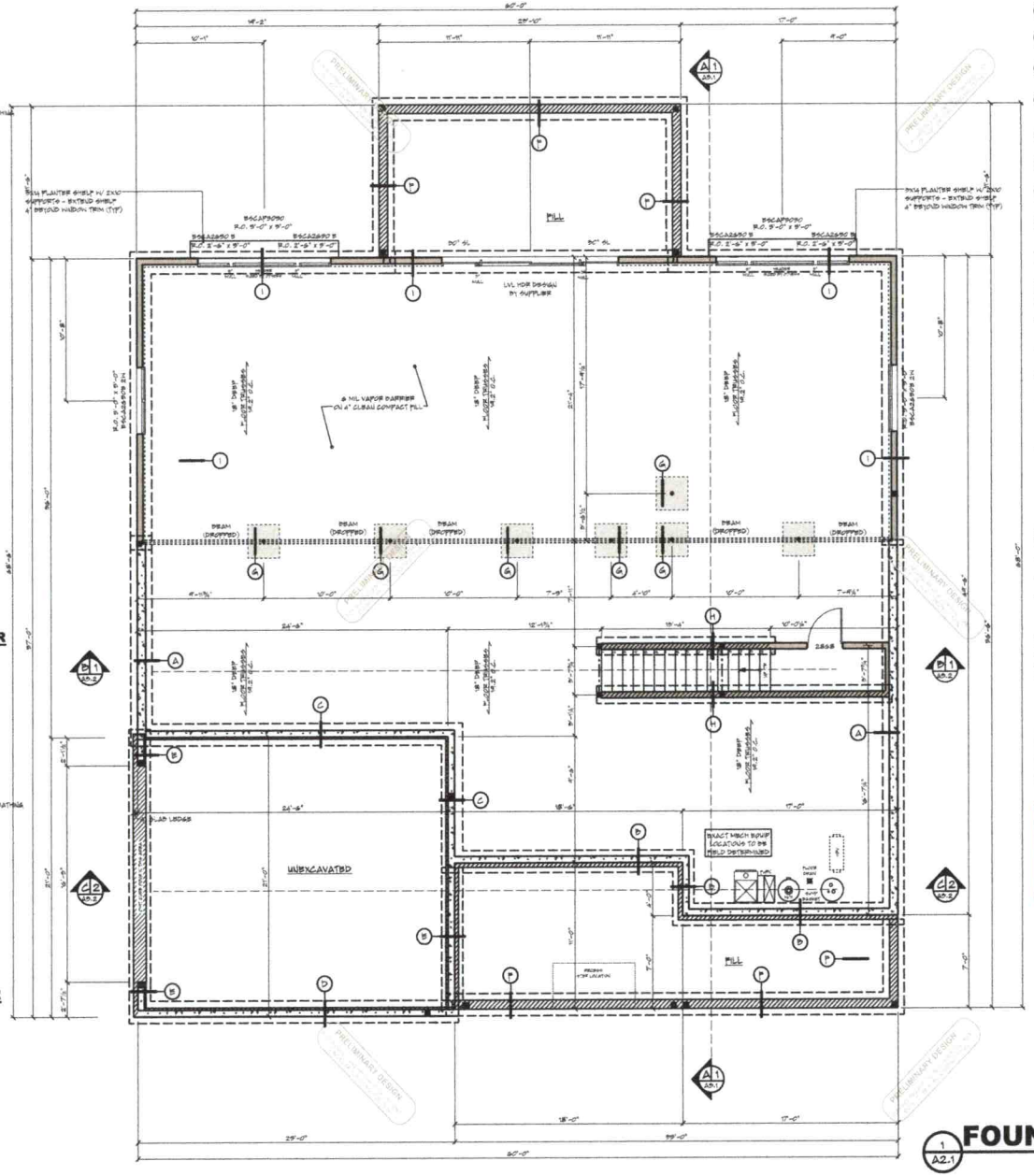
FLOOR TRUSSES - PARALLEL FULL BASEMENT



FLOOR TRUSSES - PERPENDICULAR HOUSE / GARAGE



FLOOR TRUSSES - PERPENDICULAR AT STOOP


80'-0"
32'-0"
17'-0"
11'-11"
11'-11"
8'-0"
A1 A2.1
P
P
P