IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | KW Mooresville Office (704) 660-3625 | PERMIT # 226893 | PIN # 4638-66-2991

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

APPLICANT/OWNER: MIKE & GRETCHEN JUDD | APPLICANT ADDRESS: 9116 MAGNOLIA ESTATES CORNELIUS

SITE ADDRESS: 742 COLLINGSWOOD RD. MOORESVILLE 28117 | PHONE: 704-746-5046 | ALT. PHONE

SITE DIRECTIONS: STUMPY CREEK, TL COLLINGSWOOD, ON R | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: CL&T | SECTION: 14 | LOT # 62 | LOT AREA: .7 AC | DESIGN FLOW: 480 | L.T.A.R.:

Septic Tank	1000 (gal)	STB Infiltrator	Date Infiltrator	☐ New System	☐ Repair	☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT Infiltrator	Date Infiltrator	System Description: PM-PPBPS + GRAVEL BED				☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft 139'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: RECOMEND TRENCHING PLUMBING LINE FROM HOUSE & LEAVING 2' OF UNDISTURBED SOIL BETWEEN THE LINE & DRAIN FIELD. * PUMP, CRUSH & FILL OLD TANK *

7/26/19 Reviewed Floor plans, plans & application indicate 3 Bedrooms, Septic permit is for 4 Bedrooms.

INITIAL SITE SKETCH

SEE ATTACHED DRAWING & TAP SHEET FROM ROLLANS SOIL & ENV. SERVICES

AS BUILT SKETCH

8/12/2021: 50' Buffer not marked could not tell if tanks were outside it. Filter was not in & pump was not in Pt. Lines were to close to foundation drain at House. Pump box was only 97' off of neighbors well. connection to existing drain field was not uncovered.

As Built Attached

11/23/21 DW

- (1) Alarm did not go off, (2) breakers not clearly labeled (3) foundation drain needs to be solid across bed & daylight 10' below bed,
- (4) need 6" of riser exposed all the way around

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.*

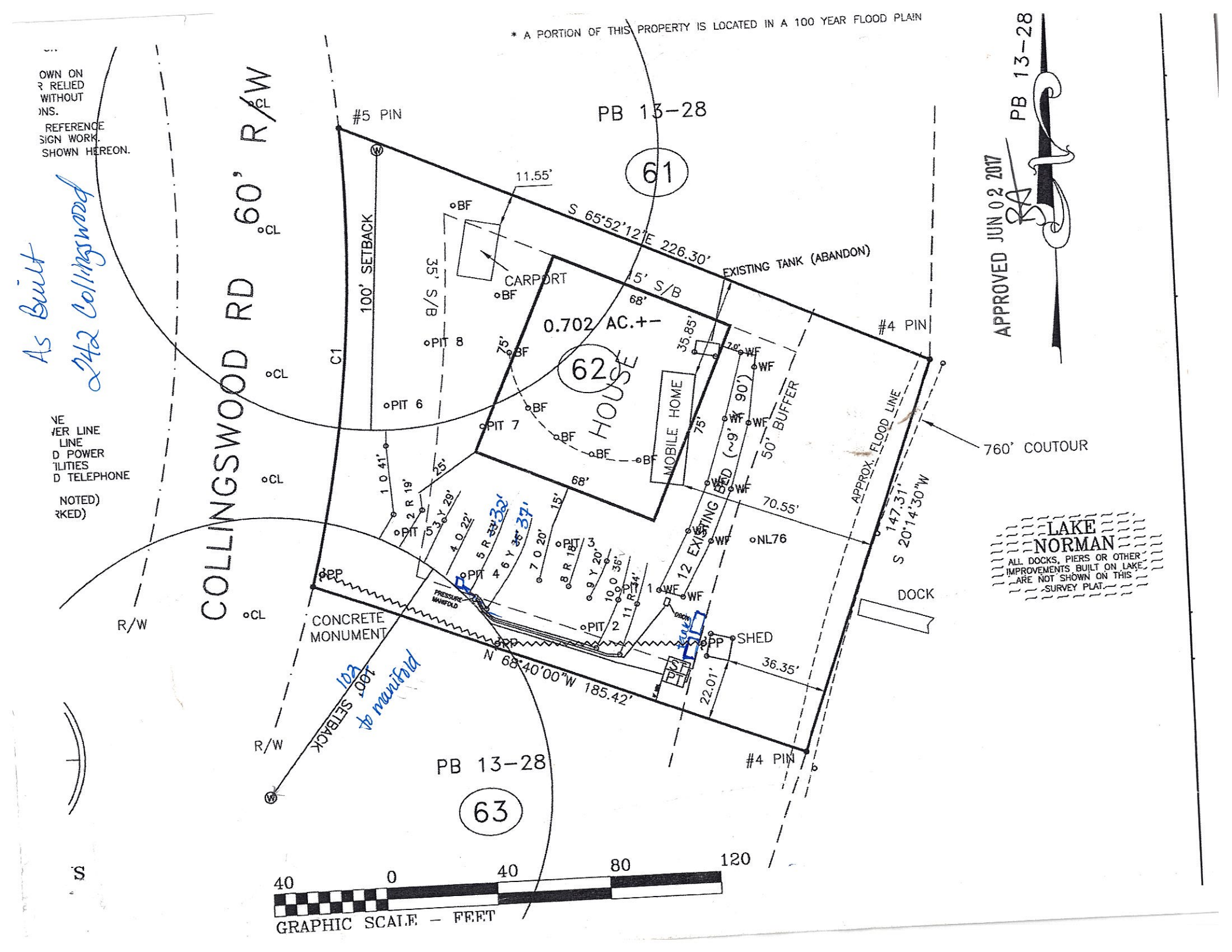
Owner / Applicant Signature: Samuel C. Hollins Date: 6/2/17 Installed by: Cruseptic and grading

IMPROVEMENT PERMIT by: APPROVED JUN 02 2017 Date: OPERATION PERMIT by: D. Mebane Date: 12/1/21

AUTHORIZATION TO CONSTRUCT by: Date: 7/26/19 Existing System inspected by: Date:

Foundation Drain	11/30/21	DW
Risers	11/30/21	DW
	Date	Initials
Drain Lines Checked	8/16/21	DW
Tanks Checked	8/13/21	DW
Pressure Manifold or Valve Box Checked *	8/13/21	DW
Pressure Head Set	8/20/21	DW
Electrical Checked	12/1/21	DW
Floats Set	8/20/21	DW
Alarm Checked	11/30/21	DW
Maintenance Contract Y (N)		
	8/20/21	DW

* D-Box to bed



As Built
242 Collingswood

OWN ON
R RELIED
WITHOUT
ONS.
REFERENCE
SIGN WORK.
SHOWN HEREON.

NE
VER LINE
LINE
D POWER
ILITIES
D TELEPHONE

NOTED)
RKED)

S

PRESSURE MANIFOLD TAPSHEET - 242 COLLINGSWOOD ROAD (CL&T LOT# 62)

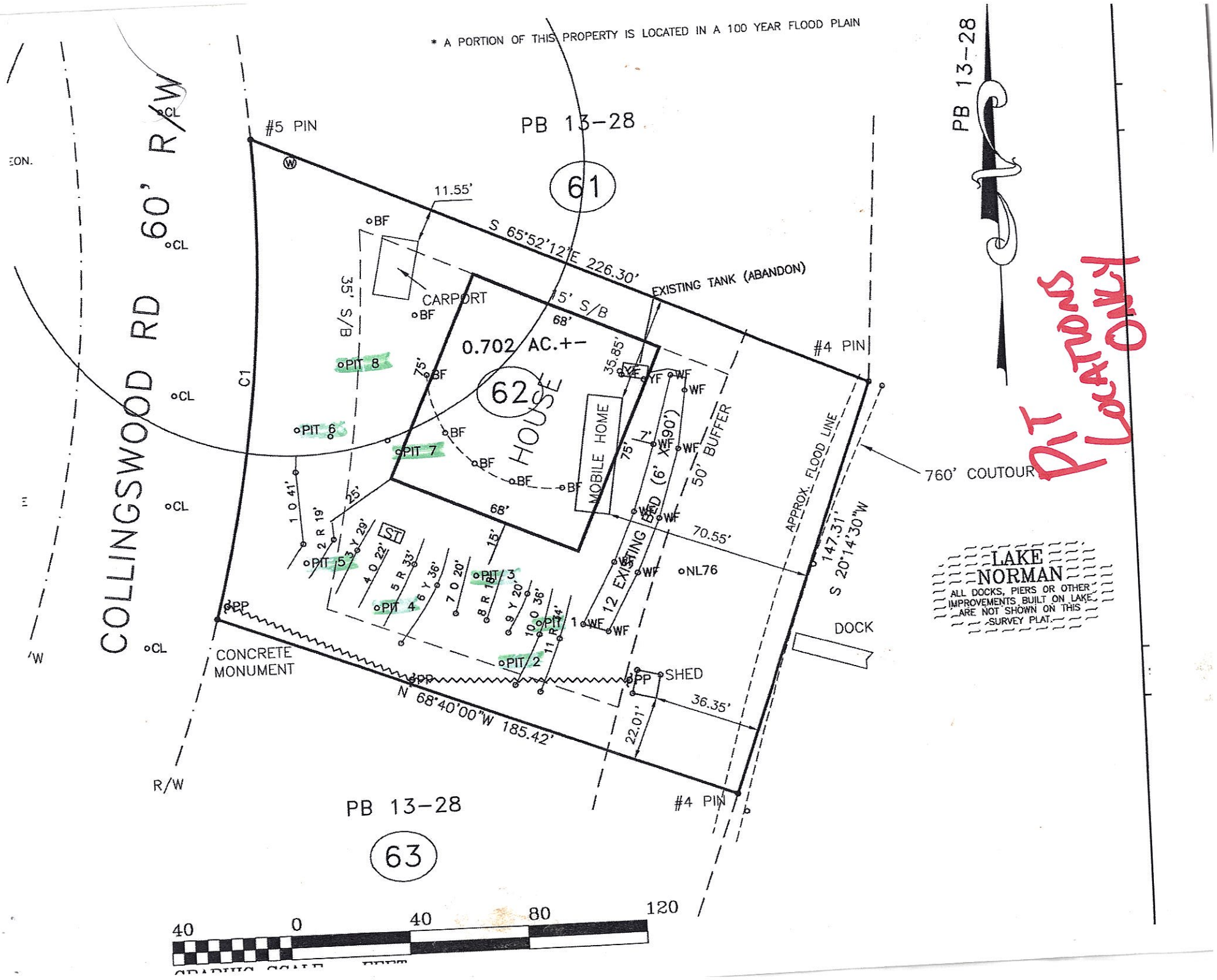
SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR	# PANELS
5	RED	N/A	33	SCH 80 1/2	5.48	66	0.21	7
6	YELLOW	N/A	36	SCH 80 1/2	5.48	72	0.20	8
10	ORANGE	N/A	36	SCH 80 1/2	5.48	72	0.20	8
11	RED	N/A	34	SCH 80 1/2	5.48	68	0.21	7
12	WHITE	N/A	90	SCH 40 1 IN.	20.2	810	N/A	EXISTING BED
							TOTAL	30
	total	feet =	139	gal/min =	42.12			
			Des. Flow	480				
			soil LTAR	0.3				
			LTAR +5%	0.315				
			LTAR with ACCEPTED	0.4				
			LTAR with ACCEPTED + 5%	0.42				

Lines 5, 6, 10, & 11 are PPBPS Laterals installed for a 2 bedroom upgrade to an existing 2 BR Conventional Bed System (Line 12). All are dosed using Pressure Manifold Distribution.

APPROVED JUN 02 2017

JA


* A PORTION OF THIS PROPERTY IS LOCATED IN A 100 YEAR FLOOD PLAIN
COLLINGSWOOD RD 60' R/W
#5 PIN
PB 13-28
61
11.55'
S 65°52'12"E 226.30'
EXISTING TANK (ABANDON)
#4 PIN
CARPORT
35' S/B
15' S/B
68'
0.702 AC.+-
62
HOUSE
MOBILE HOME
75'
35.85'
50' BUFFER
APPROX. FLOOD LINE
760' COUTOUR
PIT 8
PIT 6
PIT 7
PIT 5
PIT 4
PIT 3
PIT 2
PIT 1
25'
15'
70.55'
147.31'
S 20°14'30"W
12' EXISTING
ROAD (6' X 90')
NL76
DOCK
SHED
36.35'
22.01'
CONCRETE MONUMENT
N 68°40'00"W 185.42'
R/W
CL
C1
PB 13-28
63
PB 13-28
LAKE NORMAN
ALL DOCKS, PIERS OR OTHER IMPROVEMENTS BUILT ON LAKE ARE NOT SHOWN ON THIS SURVEY PLAT.
PIT Locations ONLY
40 0 40 80 120

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

APPROVED JUN 02 2017 Sheet 2 of

3A

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

242 Collingswood (pits)

PROPERTY ID #:
DATE OF EVALUATION: 3/13/17
COUNTY: Iredell

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
P1	16%	0-4	BL GR	~~GR~~ FR SS SP	gravel				PS.4
		4-21	BRC w/m SBK	" " P					TR 42+
		21-31	RBCL WF SBK	" " SP	f-c SAP incl				
		31-63	VERSL/LS	FR NS NP	non-EXP				
P2	15%	0-4	BL GR		gravel			Rock @ 37" upper side of Pit	PS.3 -.35
		4-24	BRC w/m SBK	FR SS SP	FC SAP				
		24-46	RBCL WF SAB ANG BLK	" " "					
		46-52	VL MASS	" " "					
P3	18%	0-4	BCL WF SBK	FR SS SP	f Rock Frags				PS.3
		4-26	BRC w/m SBK/ABK	" " "	f-c SAP				
		26-56	RBCL WF SBK	" " "					
		56-68	VL MASS	FR " "					
P4	17%	0-4	BCL WF SBK	FR SS SP	F-Rock incl				PS,3
		4-35	BRC w/m SBK	" " "	F. SAP INC F. Rock INC				
		35-66	RBCL w/m SAB ANG BLK	" " "					
P5	14%	6-2	BCL WF SBK		FC-SAP INCL				PS. 3-.35
		2-25	RC w/m SBK/ABK	FR SS SP					
		25-50	RBCL WF SBK	" " "					
		50-68	VL MASS	" " "					

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

APPROVED JUN 02 2017 Sheet 3 of ___

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

242 Collingswood

PROPERTY ID #: 13A
DATE OF EVALUATION: 3-13-17
COUNTY: Iredell
(Pits)

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
P6	12%	0-2	BL GR		C SAPRIC				P5.35
		2-11	BRC WM SBK/ABK	F SS P					
		11-30	RBCL WF SBK	FR SS SP					
		30-66	VL						
P7	12%	0-4	SL		Gravel F SAPRIC				P5 .3-.35
		4-26	BRC WM SBK	FR SS SP					
		26-48	BRCL WM SBK	" " "					
		48-70	VL MASS	" " "					
P8									

COMMENTS:

AC

#226893
AC
7.26.19

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

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

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: Robert D Jones Address: 208 Paradise Penn Rd Mooresville Zip: 28117
Applicant Email: rjonesd@aol.com Phone: 704.213.7307 Alt. Phone:
Owner Name: Mike & Gretchen Judd Address: 9116 Magnolia Estates Dr. Cornelius NC Zip: 28031
Owner Email: Phone: Alt. Phone: 704 213 7307

Property Information:

Street Address: 242 Collingswood Rd Mooresville NC 28117
Subdivision Name: Lot 62 CLT Section/Phase: 14 Lot Number: 62
Driving Directions: Perth to Stumpy Creek, L on Collingswood, Lot on Right before cul de sac

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: 3
Maximum Number of Occupants: 6
( ) 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 ( ) 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: Robert D Jones 7/26/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Please CALL prior to inspection

Name: Ashley

Number: 704-746-5046

RECEIVED MAY 8 - 2017

OK

Paid $500.00

#226893

EDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(v) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: (v) Survey Plat, scaled no more than 1 inch = 60 feet ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: Mike & Gretchen Sudd **Address:** 9116 Magnolia Estates Cornelius 28031 **Phone:** 704 746 5046

Owner Name: Charles & Teresa Brown **Address:** 4525 Glen Oaks Dr Matthews 28104 **Phone:** 704 746 5046

Property Information:

Street Address: ~~Lot~~ 242 Collingswood Rd Mooresville NC 28117

Subdivision Name: CL&I **Section/Phase:** 14 **Lot Number:** 62

Driving Directions: N on Perth, L on Stumpy Crk, L on Collingswood Lot on R

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

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

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(v) 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 (v) Other Public Water

Year existing system installed: 1981

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

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (v) Modified Conventional ( ) Other: Hybrid

Please answer the following to the best of your ability:

( ) Yes (v) 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: [signature] 5/8/17

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

NOTES:

- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- ALL UNDERGROUND UTILITIES ARE NOT SHOWN HEREON.

LEGEND:

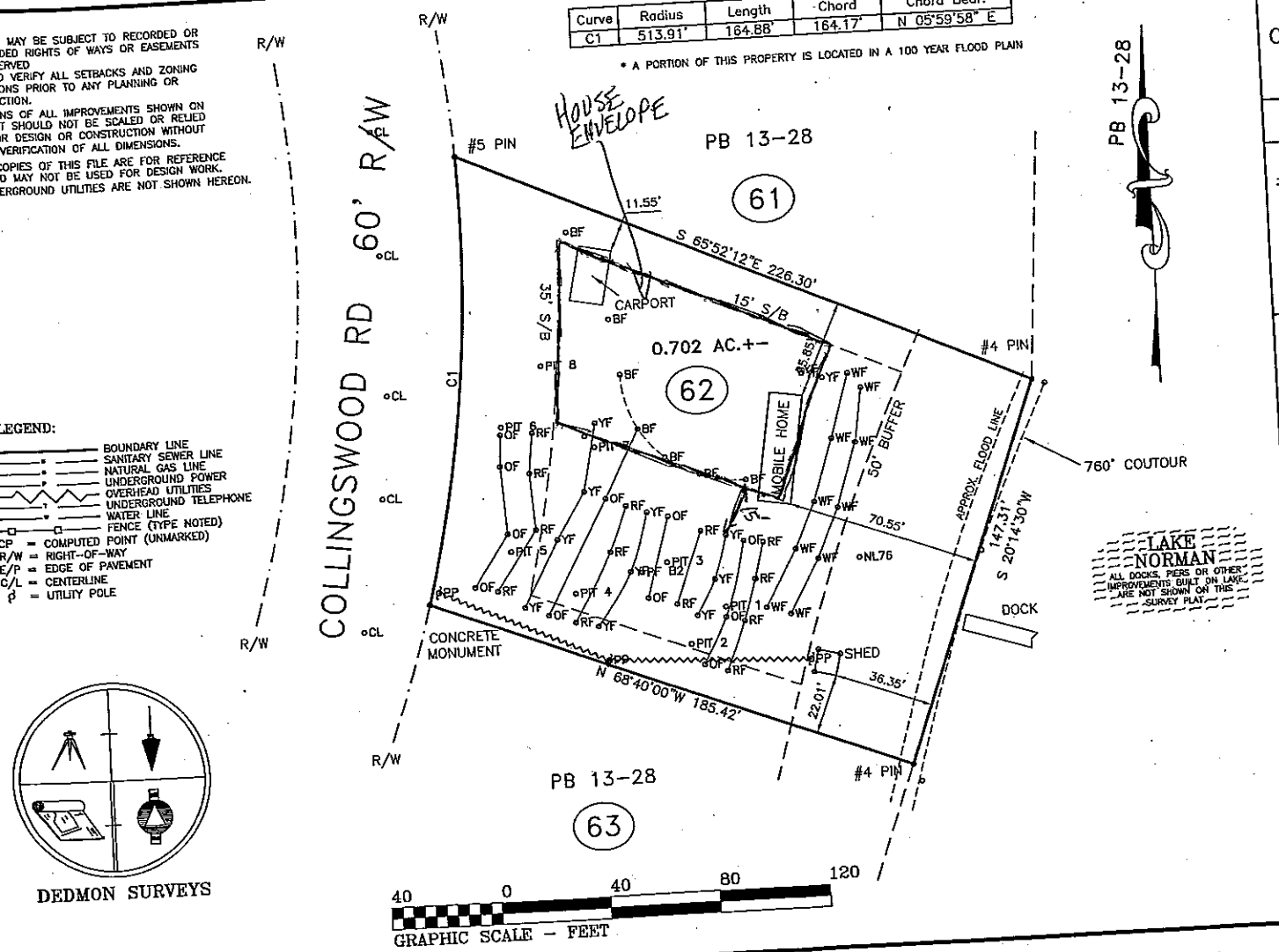
- BOUNDARY LINE
- SANITARY SEWER LINE
- NATURAL GAS LINE
- UNDERGROUND POWER
- OVERHEAD UTILITIES
- UNDERGROUND TELEPHONE
- WATER LINE
- FENCE (TYPE NOTED)

CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
ø = UTILITY POLE

DEDMON SURVEYS

Curve	Radius	Length	Chord	Chord Bear.
C1	513.91'	164.88'	164.17'	N 05°59'58" E

* A PORTION OF THIS PROPERTY IS LOCATED IN A 100 YEAR FLOOD PLAIN



PHYSICAL SURVEY
FOR

LOT #62

CRESCENT LAND & TIMBER

242 COLLINGSWOOD RD – MOORESVILLE NC

DAVIDSON TOWNSHIP – IREDELL COUNTY
SCALE: 1" = 40'

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

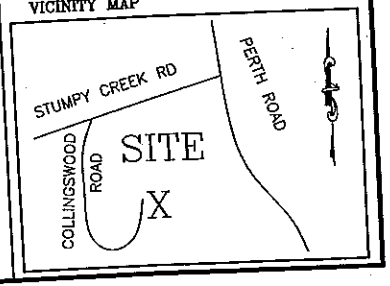
NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 785, PG290)(PB 13, PG 28; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 27 DAY OF APRIL, AD 2017.

PROFESSIONAL LAND SURVEYOR — L-3762 LICENSE NO.

SURV. BY: FAL	DRAWN: CP	JOB# COLWOOD

VICINITY MAP



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, Mike Judd, am the legal owner(s) of the property located at 242 Collingswood Rd Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4638-66-2991, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Golsen Jones Builders, Robert D Jones, 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.

Mike Judd
Signature of Owner(s)

7/26/19
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

THE JUDD RESIDENCE

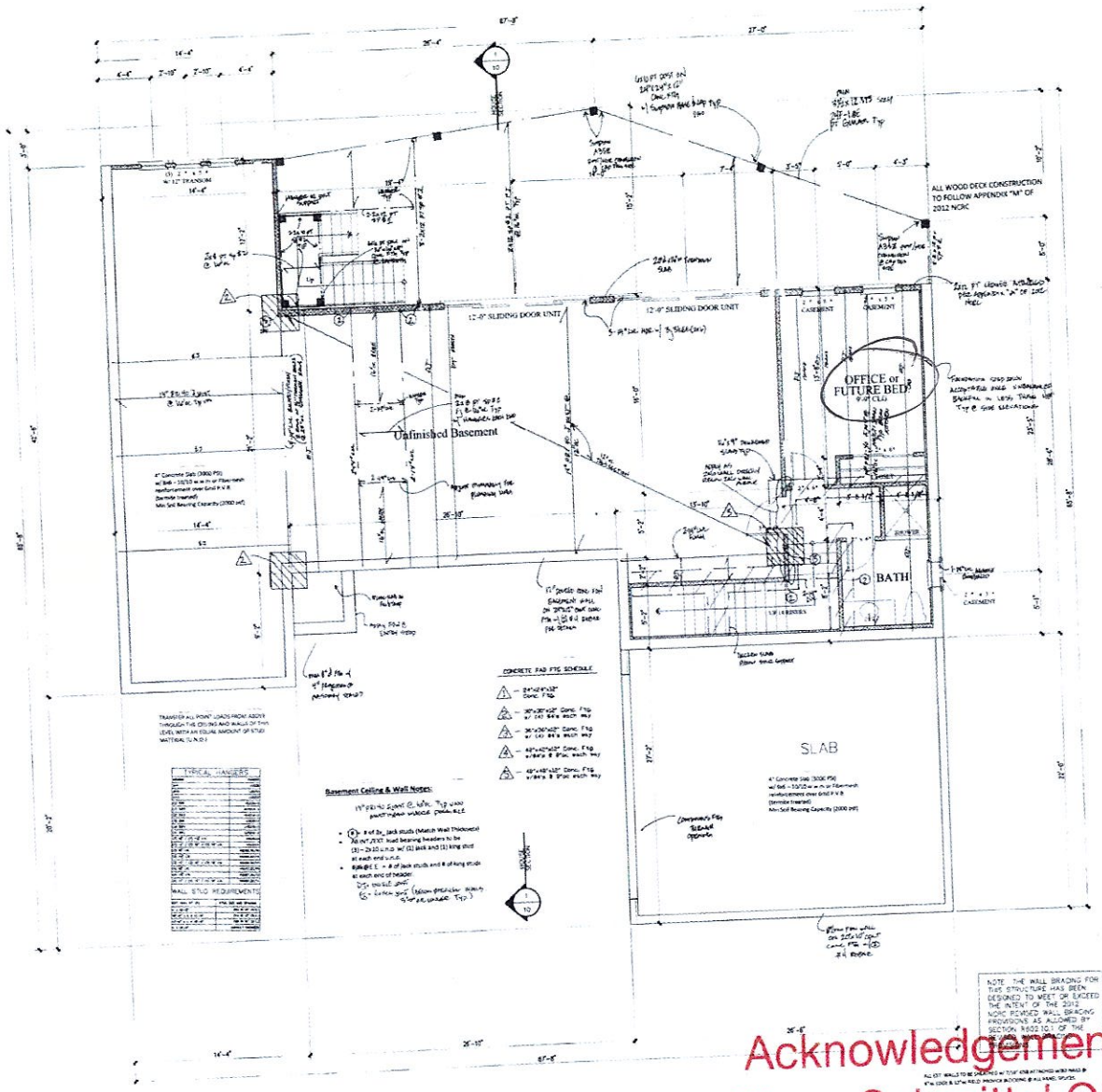
SQUARE FOOTAGE	3-20-18	
Main Level	1,932	Sq.Ft.
Lower Level	305	Sq.Ft.
Total Heated	2,237	Sq.Ft.
Garage	583	Sq.Ft.
Unfinished Basement	1,415	Sq.Ft.
Total Unconditioned	1,998	Sq.Ft.
Total Under Roof	4,235	Sq.Ft.

LOWER LEVEL NOTES

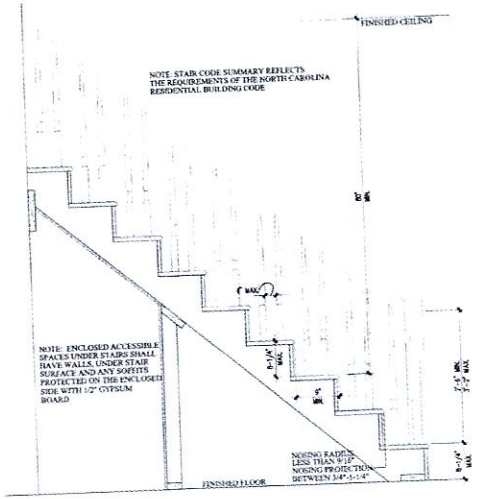
*ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE

*LOWER LEVEL CEILING HEIGHT IS BASED ON A 10' POURED WALL. CONTRACTOR TO VERIFY HEIGHT BASED ON ACTUAL SITE CONDITIONS

NOTE: CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL FRAMING SIZES & LOCATIONS. VERIFYING ALL FRAMING REQUIREMENTS. DRAFTER HAS TO MEET MINIMUM REQUIREMENTS. DRAFTER HAS SHOWN INTENT BUT IS NOT A LICENSED ENGINEER OR ARCHITECT



LOWER LEVEL FLOOR PLAN



STAIR CODES DETAIL

NOTE:
STRUCTURE TO BE PROVIDED BY LICENSED STRUCTURAL ENGINEER

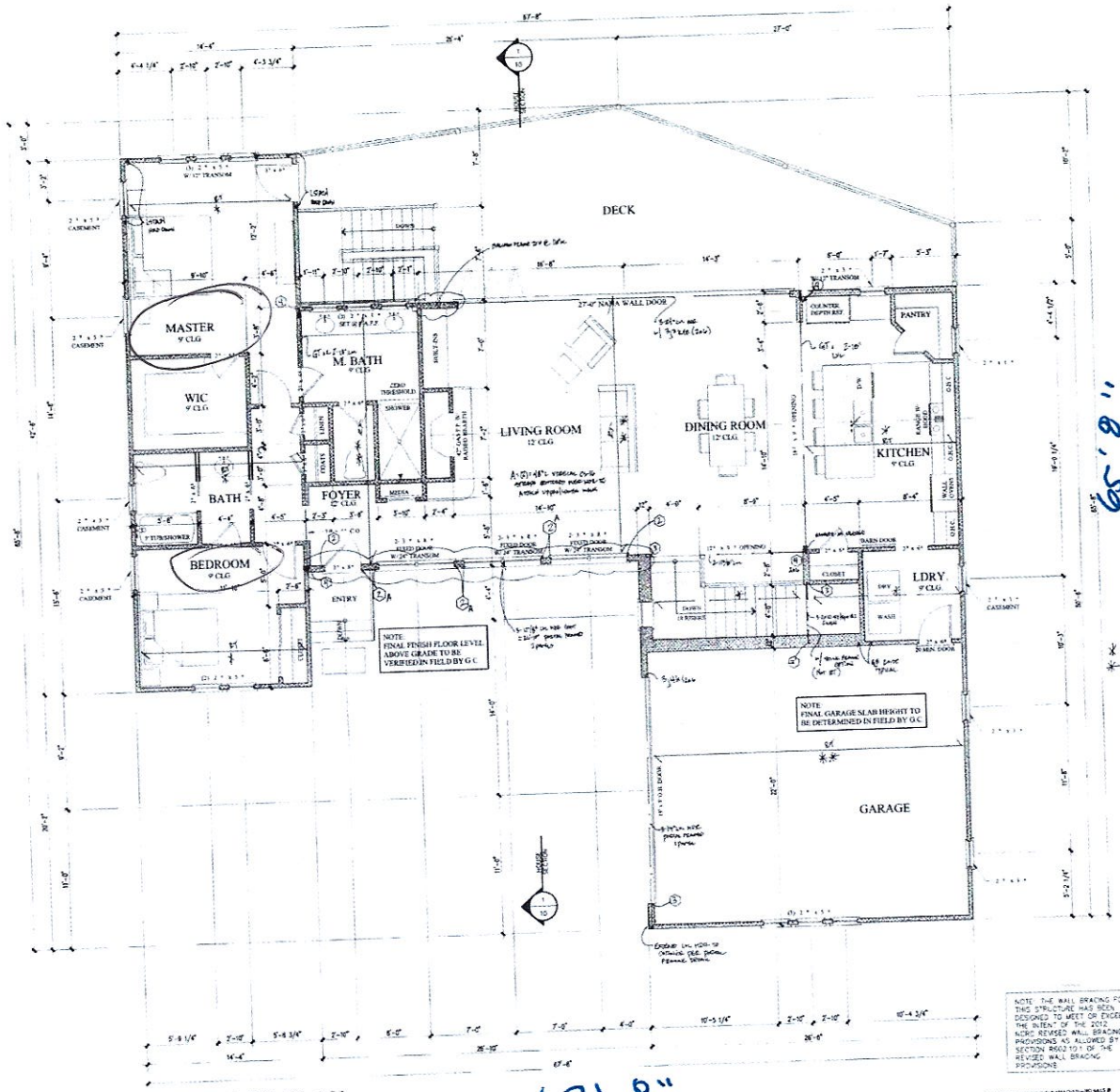
NOTE:
ALL DIMENSIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION

Acknowledgement of
Plans Submittal ONLY!

Date 7/24/19

Date 7/26/19

67' 8"



65' 8"

67' 8"

MAIN LEVEL FLOOR PLAN

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

SQUARE FOOTAGE	3-20-18	
Main Level	1,932	Sq.Ft.
Lower Level	305	Sq.Ft.
Total Heated	2,237	Sq.Ft.
Garage	583	Sq.Ft.
Unfinished Basement	1,415	Sq.Ft.
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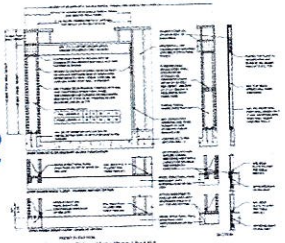
MAIN FLOOR NOTES

- ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE
- MAIN LEVEL CEILING HEIGHT IS 9' (+/-) UNLESS NOTED OTHERWISE

NOTE:
CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL FRAMING SIZES & LOCATIONS TO MEET MINIMUM REQUIREMENTS. DRAFTER HAS SHOWN INTENT BUT IS NOT A LICENSED ENGINEER OR ARCHITECT

1st Floor Ceiling & Wall Notes:

- (#) = # of 2x4 jack studs
- All INTJEST load bearing headers to be (2) - 2x8 (in 2x4 walls) w/ (1) jack & (1) king stud at each end u.n.o. (3-2x8 2x6 walls) u.n.o.
- RAFTER = # of jack studs and # of king studs at each end of header (min. 1 king per 3' of opening u.n.o.)





NOTE:
STRUCTURE TO BE PROVIDED BY LICENSED STRUCTURAL ENGINEER

NOTE:
ALL DIMENSIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION

Acknowledgement Of Plans Submittal ONLY!
Date 7/24/19
Date 7/26/19

THE JUDD RESIDENCE

S3

IREDELL COUNTY

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

APPLICATION NUMBER
226893
Issue Date: 05/05/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4638662991.000	242 COLLINGSWOOD ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BROWN CHARLES PHILLIP+TERESA	Applicant: JUDD, MIKE + GRETCHEN
Address: 4525 GLEN OAKS DR MATTHEWS, NC 28104	Address: 242 COLLINGSWOOD RD MOORESVILLE, NC 28117
Phone:	Phone: 704-746-5046

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.700	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: 5/8/17

Permit Number	101798	TOTAL FEES:	$ 77.25