IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234350

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

PIN # 4639217270

APPLICANT/OWNER: Patrick Jadries APPLICANT ADDRESS: 112 Camp Ln Mooresville, NC

SITE ADDRESS: 1023 Fern Hill Rd, Mooresville, NC PHONE 980 722-3345 ALT. PHONE

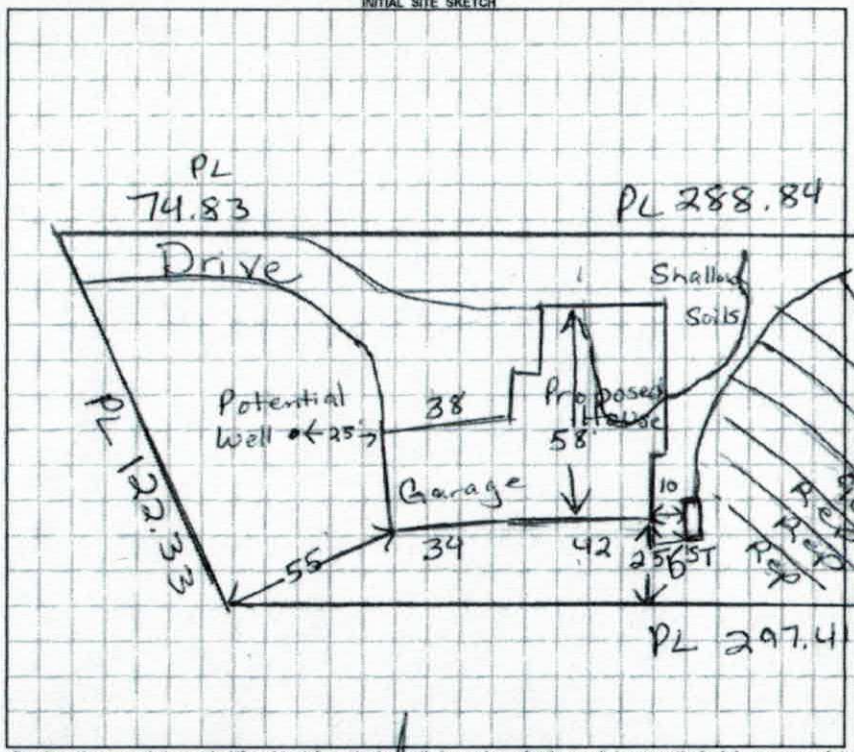
SITE DIRECTIONS: Perth Rd N. T. Fern Hill on left before Harvest Ln SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodleaf SECTION: 2 LOT # 81 LOT AREA: .782 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

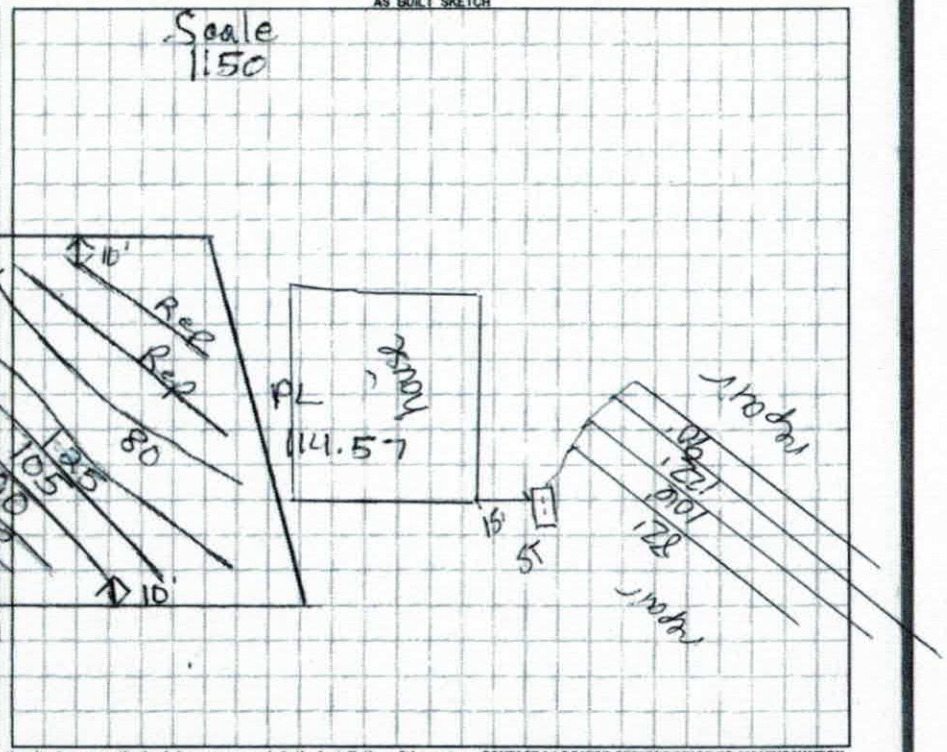
Septic Tank	1000 (gal)	STB	Infiltrator	Date	plastic	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description: Gravity - 25% Reduction		☐ Business	No. Persons	8	☒ Private
Pump Make		Model		Serial #		Repair System Description: 2 PRBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft.	400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Keep drainfield out of area with shallow soils.

INITIAL SITE SKETCH



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. **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: Date: Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Maria Dotson Date: 7/20/18 OPERATION PERMIT by: Carter C. Cave Date: 8.15.19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 7/20/18 Existing System Inspected by: Date:

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 inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

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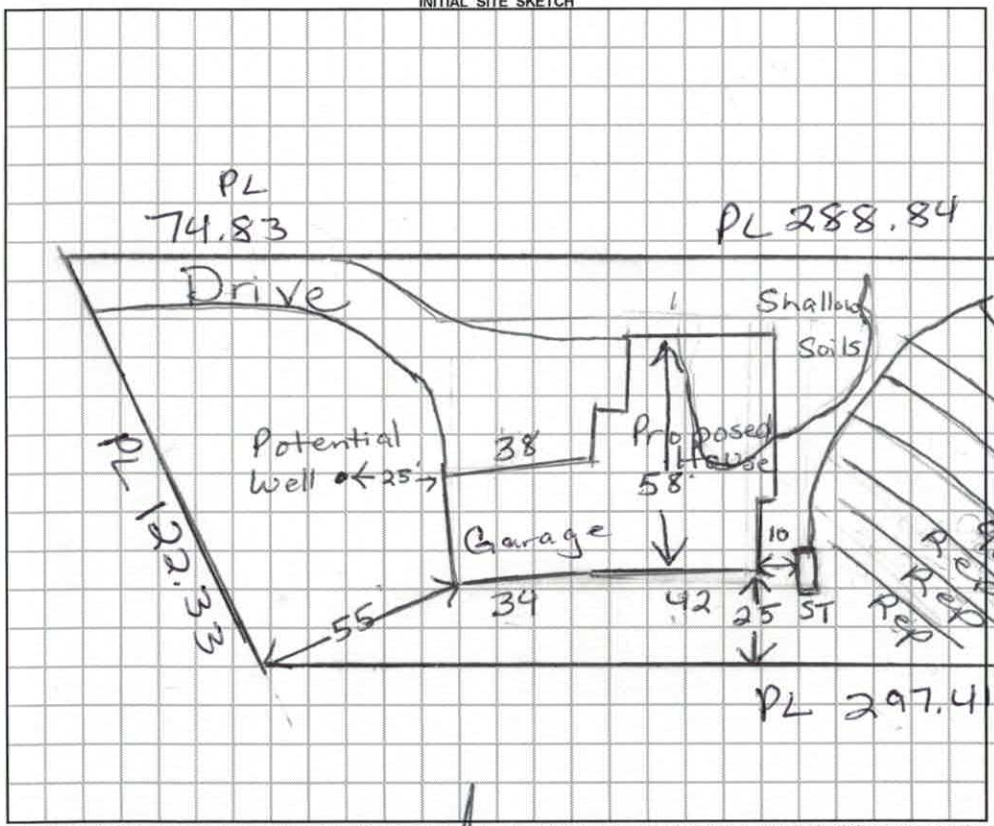
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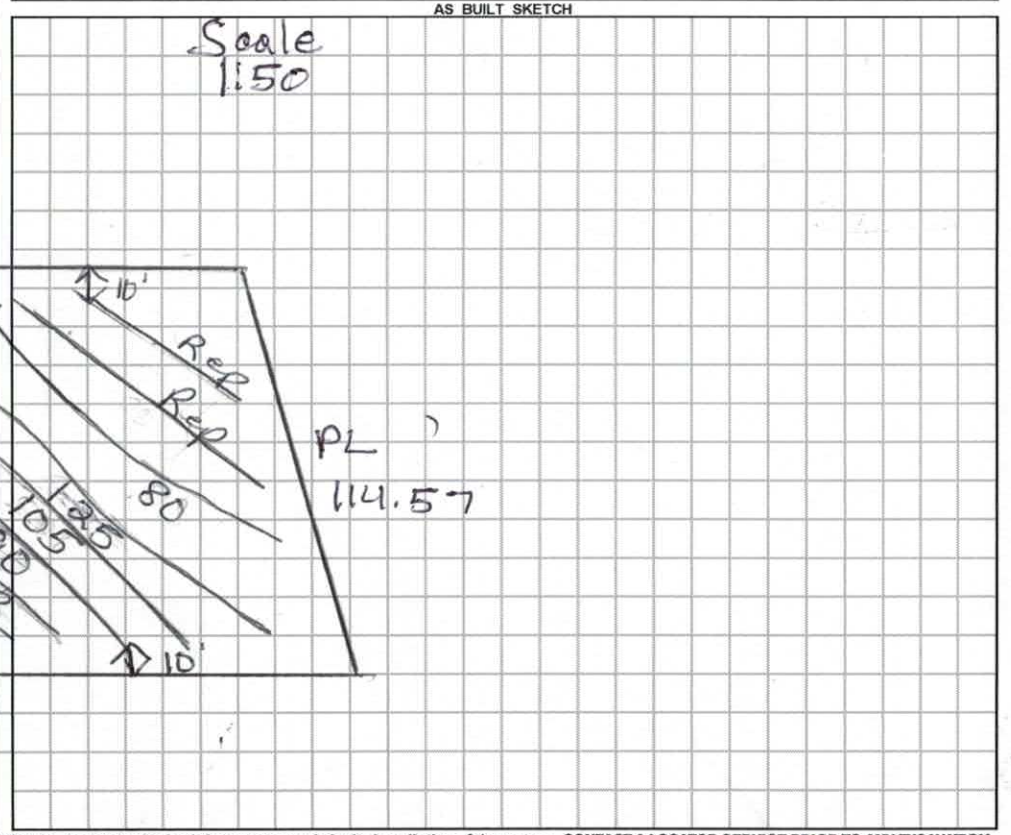
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction			☐ Business	No. Persons	8	☒ Private
Pump Make	Model		Serial #	Repair System Description:	2 PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	4	Linear Ft 400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36" Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Keep drainfield out of area with shallow soils.

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Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 7/20/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 7/20/18 Existing System Inspected by: Date:

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

DEPARTMENT OF ENVIRONMENT 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: Woodleaf Ph 2 _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 9/21/06
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 81 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	pit #38 L 8-10%	0-10	MoGRSL	FR NS/NP	Br		F sap		PS 0.3
		10-42	MoSBK C	FR SS/SP	Red				
2	3-22-07	0-7	WkSBK scl	FR SS SP	Rwd Sap/WR				
		7-32	MSBK C	FR SS SP SAP					
		32+	mostly rock						
3		0-9	WkGR lamsl	FR SS NP					.3
		9-30	MSBK wk c	FR SS SP SOP					
		30-49	WkSBK cl	FR SS SP many Sap ind					
4	12%	0-14	WkSBK sl/scl	FR SS SP					.3
		14-44	MSBK/WkMK c	FR SS SP					
		44-60	WkSBK cl	FR SS SP common Sap					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____
Need more AH's/pits!

COMMENTS: _____

AUGER #5
0-8" Mo, Gr, SL VFr, SS, NP (Brwn)
8-24 Mo/wk, Sbk, C Fr, SS, SP (Red) C-Sap F-Weathered Rock
24-31 Mass., SL-Sap Fr, NS, NP (Multi) C-Weathed Rock/Rock
31+ Auger Refusal

<31"
0.30

AUGER #6
0-9" Mo, Gr, SL VFr, SS, NP (Dk Brwn)
9-31 Mo, Sbk, C Fr, SS, SP (Red)
31-48 Mo/wk, Sbk, CL Fr, SS, SP (Red) F-C-Sap

0.30

AUGER #7
0-7 Mo, Gr, SL VFr, SS, NP (Brwn)
7-30 Mo, Sbk, C Fr, SS, SP (Red)
30-42 Wk, Sbk, CL Fr, SS, SP (Red) C-M-Sap
42-48 Wk, Sbk, CL + SL Sap Mix Fr, SS, SP

0.30

AUGER #8
0-5 Mo, Gr, SL VFr, SS, NP (Brwn)
5-24 Mo, Sbk, C Fr, SS, SP (Red)
24-30 Mo, Sbk, CL Fr, SS, SP (Red)
30-38 Wk, Sbk, CL Fr, SS, SP (Red) C-Sap
38-48 Mass., SL-Sap Fr, SS, NP (Multi)

0.325-0.35

AUGER #9
0-8 Mo, Gr, SL VFr, SS, NP (Brwn)
8-34 Mo, Sbk, C Fr, SS, SP (Red)
34-40 Wk, Sbk, CL Fr, SS, SP (Red) F-C Sap
40-45 Mass., SL-Sap Fr, SS, SP (Multi) F-Weathered Rock
45-48 " w/ C-Weathed Rock

0.30~~45~~

#10 Cr @ 32"

#'23935O

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Intermediate $50

(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 ___ 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
PATRICK INDRIES	112 CAMP LN.	980-722-3345	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1023 FERN HILL RD	WOODLEAF	#81

Driving Directions: _____

****

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

(X) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

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)* ( ) 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: _____ 6·26·18

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

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1. APPLICATION FOR: X 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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
WOODBRIDGE PARTNERS, LLC	P.O. BOX 3608 MOORESVILLE, NC 28117		704-942-1250 Kathleen Saunders (SAME)
Same			
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Woodleaf	Ph 2, Lot 81

Driving Directions: Perth Rd, L Fern Hill Rd, Lot on left

****

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 ___

KMD
- (X) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (X) 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)*

(4) Alternative (1) Conventional (2) Innovative (3) 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: Kathleen Saunders — 3/9/07
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____ 4/24/18

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

_____, _____, 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

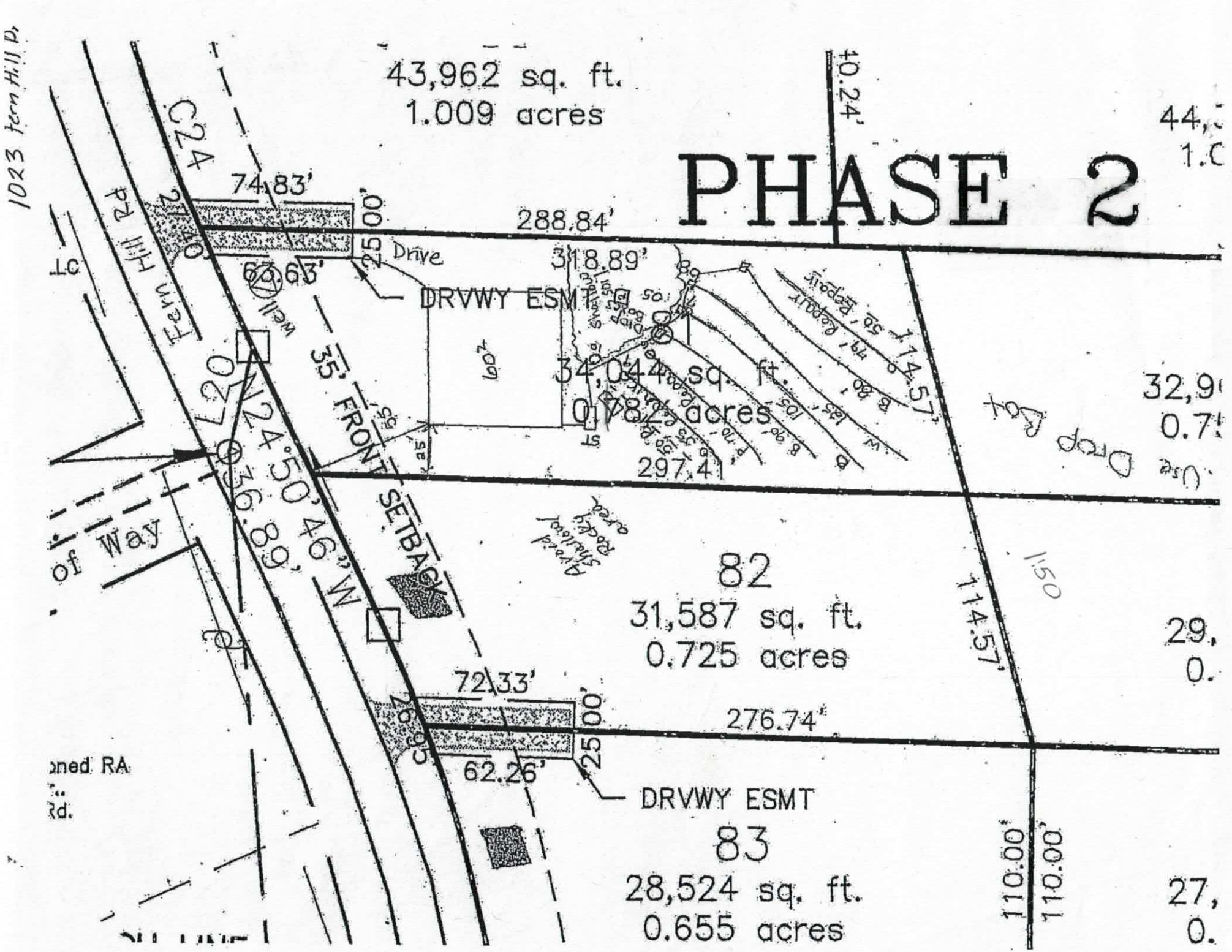
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____

Signature of Owner(s) Date

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


PHASE 2
43,962 sq. ft.
1.009 acres
74.83'
288.84'
Drive
DRVWY ESMT
318.89'
34,044 sq. ft.
0.782 acres
297.41'
114.57'
N24°50'46"W
936.89'
35' FRONT SETBACK
82
31,587 sq. ft.
0.725 acres
72.33'
276.74'
62.26'
DRVWY ESMT
83
28,524 sq. ft.
0.655 acres
110.00'
110.00'
Fern Hill Rd
Well
of Way
L20
C24
C25
C26
25.00'
25.00'
40.24'
150'

Acknowledgement of
Plans Submittal ONLY!

Date 7/20/18

Date

TYP. HANGERS FOR JOIST & BEAMS

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC. (BRAND-NAME EQUIVALENTS ACCEPTABLE)

MEMBERS	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS212-3 MIN.
(2) 1-3/4"x9-1/4" LVL	HGUS410
(2) 1-3/4"x11-1/4" LVL	HGUS412
(2) 1-3/4"x11-7/8" LVL	HGUS412
(3) 1-3/4"x14" LVL	HGUS414
(3) 1-3/4"x16" LVL	HGUS424
(3) 1-3/4"x18" LVL	HGUS414
(3) 1-3/4"x9-1/4" LVL	HGUS56.56/10
(3) 1-3/4"x9-1/8" LVL	HGUS56.56/10
(3) 1-3/4"x11-1/4" LVL	HGUS56.56/12
(3) 1-3/4"x11-7/8" LVL	HGUS56.56/12
(3) 1-3/4"x14" LVL	HGUS56.56/14
(3) 1-3/4"x16" LVL	HGUS56.56/14
(3) 1-3/4"x18" LVL	HGUS56.56/14
(4) 1-3/4"x9-1/4" LVL	HGUS37.28/10
(4) 1-3/4"x9-1/8" LVL	HGUS37.28/10
(4) 1-3/4"x11-1/4" LVL	HGUS37.28/12
(4) 1-3/4"x11-7/8" LVL	HGUS37.28/12
(4) 1-3/4"x14" LVL	HGUS37.28/14
(4) 1-3/4"x16" LVL	HGUS37.28/14
(4) 1-3/4"x18" LVL	HGUS37.28/14

HEADER SIZE AND JACK REQUIREMENTS

SPAN	SIZE	NO. OF JACK STUDS
<3'-9"	(2) 2x6's	1
3'-10" thru 6'-0"	(2) 2x8's	1
6'-1" thru 8'-0"	(2) 2x10's	2
8'-1" thru 9'-2"	(2) 2x12's	2
9'-3" thru 9'-11"	(3) 2x12's	3
9'-9"<	SEE PLAN	SEE PLAN

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
H < 10'-0"	2x6 @ 16" o.c.
10'-0" < H < 11'-0"	2x6 @ 12" o.c.
10'-0" < H < 11'-0"	2x8 @ 16" o.c.
H > 10'-0"	CONSULT ENGINEER

EGRESS WINDOW REQUIREMENTS

IRC 2012 310.1 EVERY SLEEPING ROOM SHALL HAVE AT LEAST ONE OF THE APPROVED FOR EMERGENCY EGRESS OR RESCUE. THE UNIT WITH A FULL CLEAR OPENING WITHOUT THE USE OF A KEY OR TOOL BOARD OF EGRESS OR RESCUE. THEY SHALL HAVE A SILL FLOOR.

IRC 310.1.1 THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 24". THE MIN. NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20". THE NET CLEAR OPENING AREA SHALL NOT BE LESS THAN 5 SQ. FT.

EXTERIOR WINDOW OR EXTERIOR DOOR MUST BE OPERABLE FROM THE INSIDE TO A WHERE WINDOWS ARE SPECIFIED AS A RIGHT OF NOT MORE THAN 44" ABOVE THE

GR.1.1 SLEEPING WINDOW (SLEEPING ROOMS HAVE A MIN. TOTAL AREA OF NOT LESS - SQ. FT. IN THE F A GROUND FLOOR AND NOT LESS 5 SQ. FT. IN THE Y A SECOND STORY

5.7 SQ. FT. MIN.

GE[NE]RAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS IN QUOTES
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FA
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE INSIDE FACE
4. ALL INTERIOR WALLS ARE ASSUMED TO BE 2-1/2" WOOD ST
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 2-1/2" WOOD ST
6. ALL DOORS TO BE CENTERED, UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING IN WALLS FOR MOUNTING OF ALL
8. ALL CABINETRY TO BE FURNISHED BY OWNER AND SHALL BE
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY
10. NUMBER OF EXTERIOR RISERS TO BE FIELD VERIFIED AT
11. PROVIDE TERMITE CHEMICAL AT FOUNDATION AS REQUIRED.
12. MINIMUM 20-1/2"(w) x 54-1/2"(l) ATTIC ACCESS DOOR w/
13. HVAC RETURN(S) TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 36" A.F.F. UNLESS NOTED OTHER
15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION--OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE (3)2x6 STUD JACKS UNDER EACH
2. MICRO-LAM BEAMS MUST HAVE (3)2x6 STUD JACKS UNDER
3. ALL BEAMS OVER LOCAL ROOMS MUST HAVE ANGLE WITH TH
4. ALL WOOD I-JOISTS AND OPEN JOISTS MUST BE BRACED IN
5. ALL RAFTER BRACES MUST HAVE A STUDS FROM PLATE TO WITHOUT STUDS DIRECTLY UNDER THEM.
6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 5/8" t. THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES OVER A 15' SPAN A MI MEMBERS IN THE APPROXIMATE MID-SPAN AS A LOAD DISTR
8. WHERE CLING JOISTS ARE PARALLEL TO EXTERIOR WALLS AD RAFTERS AND TOP PLATE TO 2x6 HOSS 6" LONG (MIN.) IN
9. ALL 2-STORY OPEN GREAT ROOMS, LIVING ROOMS, WITH 2 1 ANGLE VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO TOP PLATE WITH (3) 5/16"x3" LAG THROUGH A 1/4" PLATE. BRUSH OPENINGS SHALL HAVE AT LEAST (1) STEEL ANGLE PARTITION SHALL BE 1/2" PLYWOOD, NO OTHER SHEATHING

STAIRWAYS

1. TREADS SHALL BE 9" WIDE PLUS A 1" NOSING.
2. RISERS SHALL BE FIELD VERIFIED (NOT TO EXCEED 8-1/4").
3. STAIR SHALL BE 36" WIDE CLEAR MINIMUM AND SHALL HAVE

9 SUPPORT, UNLESS NOTED OTHERWISE.
E END SUPPORT, UNLESS NOTED OTHERWISE.
LAG SCREWS TO STUDS ABOVE AND ACCORDANCE WITH DETAIL.
DINANCE WITH MANUFACTURER'S DIRECTIONS PLUS DETAILS OR
KEATION OR BEAM BELOW SHEAR AT ALL FLOORS. NO BRACES I

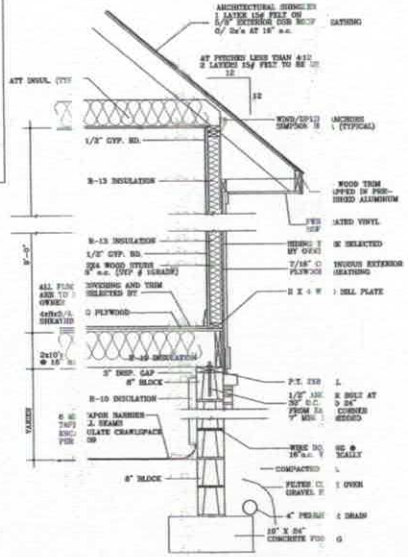
ON PLANS.
EILING PLATE
TO SUPPORT
VERTICAL
SITE BRACE

SEE @ 16"o.c. MUST BE PLACED PERPENDICULAR TO THE TRUSS

SNGLE LINE OF 2"x4" STEEL BE NAILED TO DIAGONAL MEMBERS
THIN MEMBERS.
RAFTERS NEAR OR STUDS WALL TOP PLATE ADJACENT TO CEILING
CENTERED ALONG LENGTH OF CEILING JOISTS.
SOME ADJACENT OPENINGS OF 3' OR LESS MUST USE A R-5.5(2)
G STUDS WITH (2) 6"x5" LinTe @ 24"o.c. VERTICALLY AND LOC
THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 3' OR LESS
TICALLY IN EACH WALL(S) SPACE. THE SHEATHING ON THIS ST
(L BE PERMITTED.

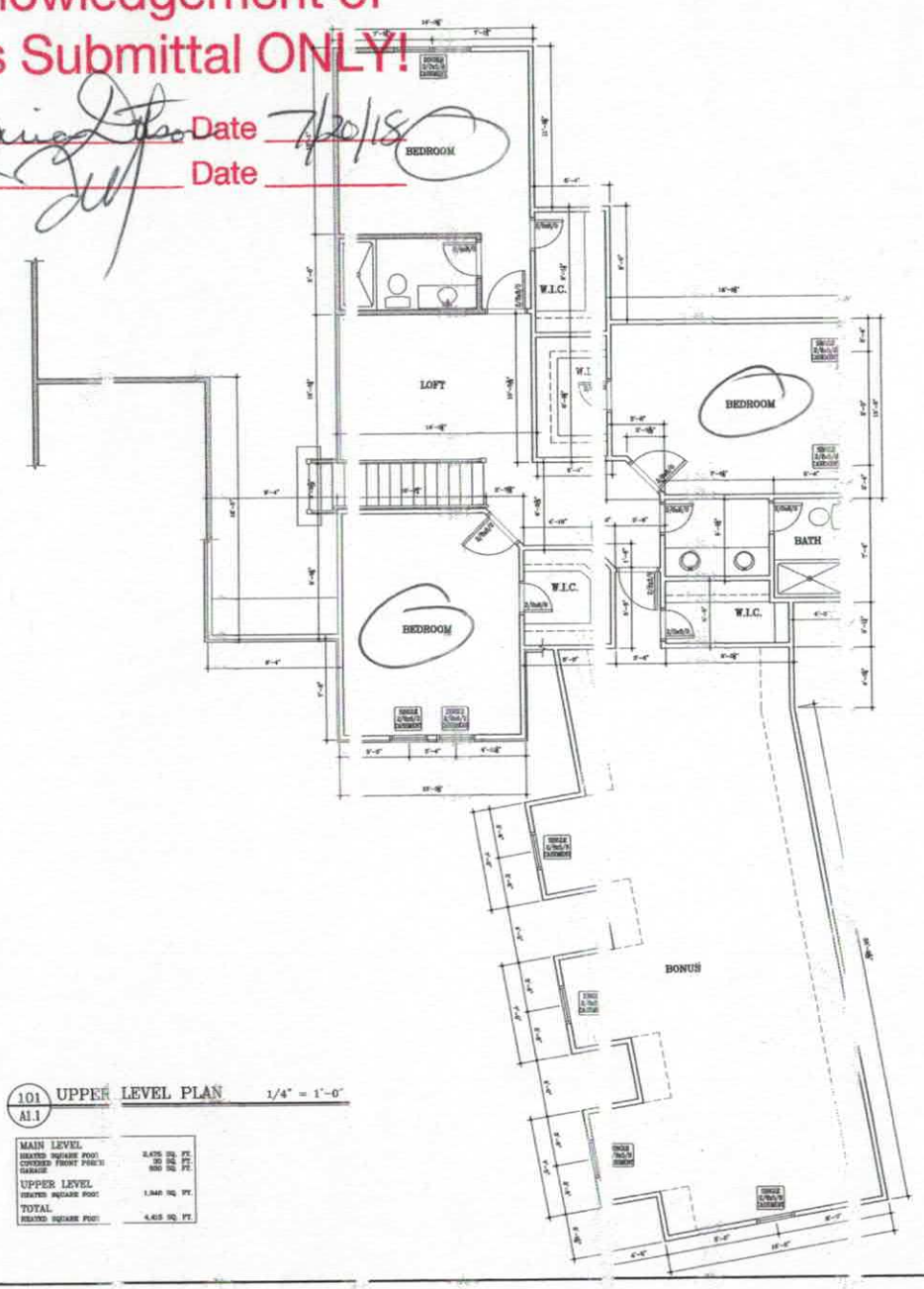
1/2"x1/2" STEEL TO FLOOR AND ICE BETWEEN RESPONCED

HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 36".



102 A1.1 TYP. STAIR DTL. 3/ = 1'-0"

103 A1.1 T P. WALL SECTION 3 " = 1'-0"



101 A1.1 UPPER LEVEL PLAN 1/4" = 1'-0"

MAIN LEVEL	
HEATED SQUARE FOOT	2,875 SQ. FT.
COVERED FRONT PORCH	80 SQ. FT.
GARAGE	660 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	1,940 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	4,815 SQ. FT.

MSJ DRAFTING
1491 FOLKSTON ROAD
LINCOLNTON, NORTH CAROLINA
TELEPHONE (704) 735-8844
FAX (704) 735-7720

A NEW RESIDENCE FOR:
ARAD
NORTH CAROLINA

PROJECT NO. 20120501.01
DATE MARCH 9, 2018
DRAWN BY MSJ
CHECKED BY MSJ
REVISIONS:
NO. DATE BY

CONSTRUCTION REFERENCE NUMBER 20120501.01 A1.1
SHEET NO. A1.1

TYP. HANGERS FOR JOIST & BEAMS

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC. (BRAND-NAME EQUIVALENTS ACCEPTABLE)

MEMBERS	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS212-3 MIN.
(2) 1-3/4"x9-1/4" LVL	HU9.25/10
(2) 1-3/4"x9-1/2" LVL	HU10/10
(2) 1-3/4"x11-1/4" LVL	HU11.25/12
(2) 1-3/4"x11-7/8" LVL	HU11.88/12
(2) 1-3/4"x14" LVL	HU14/14
(2) 1-3/4"x16" LVL	HU16/14
(3) 1-3/4"x9-1/4" LVL	HU9.25-3/10
(3) 1-3/4"x9-1/2" LVL	HU9.5/10
(3) 1-3/4"x11-1/4" LVL	HU11.25/12
(3) 1-3/4"x11-7/8" LVL	HU11.88/12
(3) 1-3/4"x14" LVL	HU14/14
(3) 1-3/4"x16" LVL	HU16/14
(4) 1-3/4"x9-1/4" LVL	HU9.25-4/10
(4) 1-3/4"x9-1/2" LVL	HU9.5-4/10
(4) 1-3/4"x11-1/4" LVL	HU11.25-4/12
(4) 1-3/4"x11-7/8" LVL	HU11.88-4/12
(4) 1-3/4"x14" LVL	HU14-4/14
(4) 1-3/4"x16" LVL	HU16-4/14

HEADER SIZE AND JACK REQUIREMENTS

SPAN	SIZE	NO. OF JACK STUDS
0'-0"	(2) 2x6's	1
6'-10" thru 4'-0"	(2) 2x8's	1
4'-1" thru 5'-0"	(2) 2x8's	2
5'-1" thru 6'-0"	(2) 2x10's	2
6'-0" thru 7'-1"	(2) 2x12's	2
7'-2"	SEE PLAN	SEE PLAN

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
H < 10'-0"	2x6 @ 16" o.c.
10'-0" < H < 11'-0"	2x6 @ 12" o.c.
10'-0" < H < 11'-0"	2x8 @ 16" o.c.
H > 10'-0"	CONSULT ENGINEER

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED; DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FACE OF STUD; UNLESS NOTED OTHERWISE.
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE INSIDE FACE OF STUD; UNLESS NOTED OTHERWISE.
4. ALL EXTERIOR WALLS ARE ASSUMED TO BE 2-1/2" WOOD STUD WALLS (PLUS 1/2" EXTERIOR WALL SHEATHING); UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 3-1/2" WOOD STUD WALLS UNLESS NOTED OTHERWISE.
6. ALL DOORS TO BE CENTERED, UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING IN WALLS FOR MOUNTING OF ALL TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CABINETRY TO BE DESIGNED BY OTHERS AND SHALL COMPLY WITH ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED).
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY OWNER.
10. NUMBER OF EXTERIOR DOORS TO BE FIELD VERIFIED; AS REQUIRED BY CODE.
11. PROVIDE TERMITE CHEMICAL AT FOUNDATION AS REQUIRED.
12. MINIMUM 22-1/2"(W) x 54-1/2"(H) ATTIC ACCESS DOOR w/ STAIRWAY REQUIRED.
13. HVAC RETURN(S) TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 36" A.F.F. UNLESS NOTED OTHERWISE.
15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION - OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE (2)2x6 STUD JACKS UNDER EACH END SUPPORT; UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS MUST HAVE (2)2x6 STUD JACKS UNDER EACH END SUPPORT; UNLESS NOTED OTHERWISE.
3. ALL BLOCK OVER LOWER ROOFS MUST HAVE ANGLE WITH [illegible] AND BE INSTALLED IN ACCORDANCE WITH DETAIL.
4. ALL WOOD I-JOISTS AND OPEN JOISTS MUST BE BRACED IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS PLUS DETAILS ON PLANS.
5. ALL RAFTER BRACES MUST HAVE 2 STUDS FROM PLATE TO RIDGE WITHOUT STUDS DIRECTLY UNDER THEM.
6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 2"x6" SILL PLATE TO BE INSTALLED PERPENDICULAR TO THE TRUSS TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES OVER A 10' SPAN A MID-SPAN BRACE SHALL BE INSTALLED VERTICAL AND SECURED IN THE APPROXIMATE MID-SPAN AS A LOAD DISTRIBUTION MEMBER.
8. WHERE CEILING JOISTS ARE PARALLEL TO EXTERIOR WALLS AN ADDITIONAL 2x6 SHALL BE INSTALLED BETWEEN THE LAST TWO JOISTS AT EXTERIOR WALLS. THIS 2x6 SHALL BE SPACED FROM THE LAST JOIST TO ALLOW FOR INSULATION BAFFLES AND TOP PLATE TO 2x6 ROOF 6" LONG (MIN.) ON CENTER.
9. ALL 2-STORY OPEN SPACES, LIVING ROOMS, WITH 1/2" GYPSUM BOARD WALLS AND CEILINGS SHALL HAVE AT LEAST (1) STEEL ANGLE 3"x3"x1/4" VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 8" OR LESS PARTITION BETWEEN SPACE. THE SHEATHING ON THIS PARTITION SHALL BE 1/2" PLYWOOD; NO OTHER SHEATHING WILL BE PERMITTED.

STAIRWAYS

1. TREADS SHALL BE 9" WIDE PLUS A 1" NOSING.
2. RISERS SHALL BE NOT TO EXCEED 8-1/4".
3. STAIR SHALL BE 36" WIDE CLEAR MINIMUM AND SHALL HAVE HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 36".

EGRESS WINDOW REQUIREMENTS

MCMC 2012 310.1

EVERY SLEEPING ROOM SHALL HAVE AT LEAST ONE OPERABLE EMERGENCY ESCAPE AND RESCUE WINDOW OR EXTERIOR DOOR. THE UNITS ARE APPROVED FOR EMERGENCY ESCAPE OR RESCUE. THE UNITS ARE OPERABLE FROM THE INSIDE TO A FULL CLEAR OPENING WITHOUT THE USE OF A KEY OR TOOL. WHERE BARS ARE PROVIDED FOR SECURITY, THE SIX WINDOWS ARE PROVIDED AS A MEANS OF EGRESS OR RESCUE, THEY SHALL HAVE A SELF RELEASING MECHANISM OR EXTERIOR DOOR SHALL BE OPERABLE FROM THE INSIDE WITHOUT THE USE OF A KEY OR TOOL. OP NOT MORE THAN 44" ABOVE THE FLOOR.

MCMC 310.1.1

THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 24". THE MIN. NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20". THE MIN. NET CLEAR OPENING AREA SHALL NOT BE LESS THAN 4 SQ. FT.

MCMC 310.1 EACH SLEEPING ROOM FROM THAT MUST HAVE A WINDOW OR DOOR THAN 5 SQ. FT. WINDOW SHALL BE LESS THAN 24" FROM THE FLOOR.

5 WINDOW TWO ROOMS A MIN. TOTAL OF NOT LESS FT. IN THE SECOND FLOOR MUST LESS FT. IN THE SECOND STORY

4 SQ. FT. MIN.

24" MIN. HEIGHT

44" MAX.

5.7 SQ. FT. MIN.

102 PORTAL FRAME DTL. A1.0 NTS

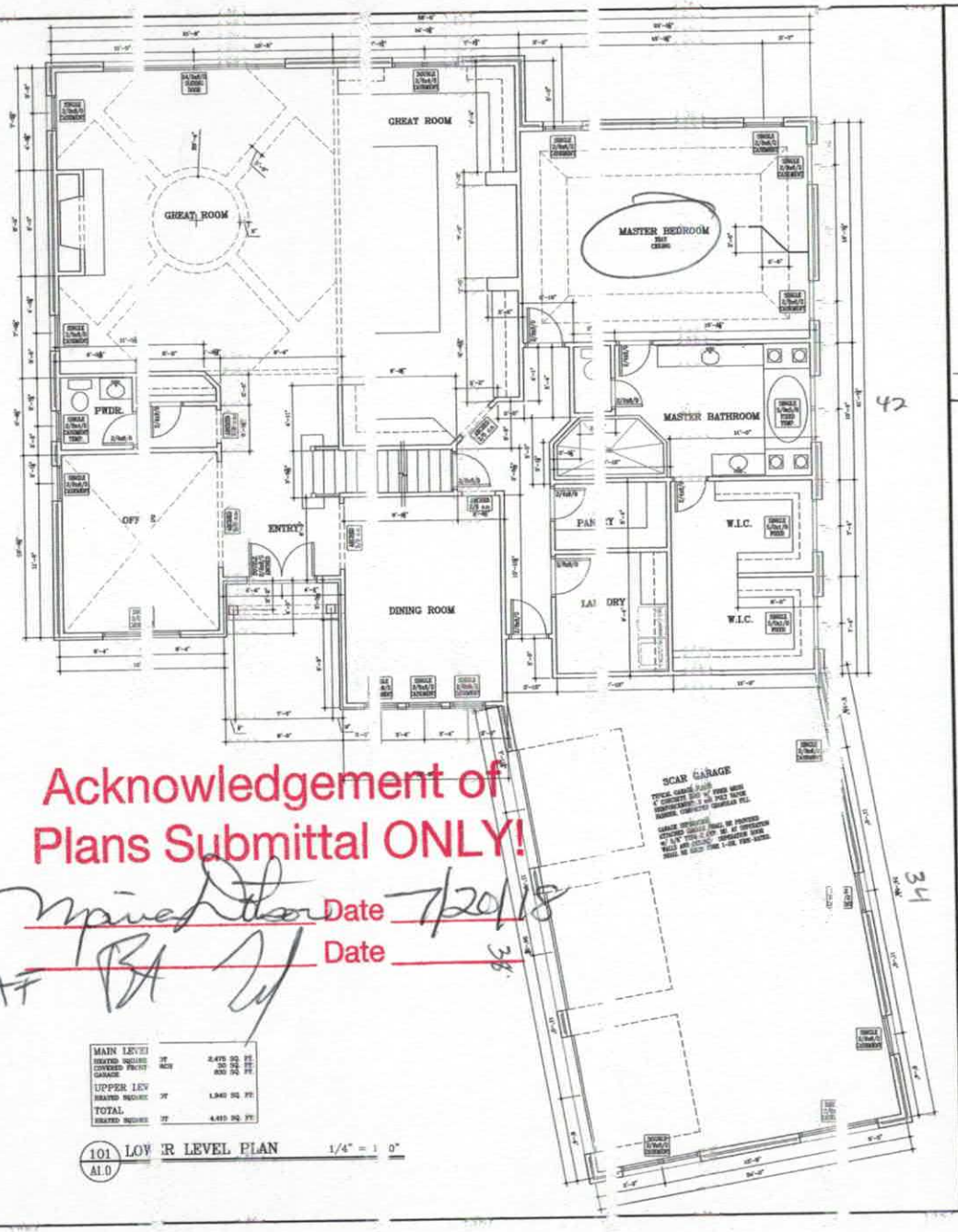
103 PORTAL FRAME DTL. A1.0 NTS

LVL BOLTING PATTERN DET.

3 OR 4 LVL's (PER PLAN)

1/2"ø THROUGH BOLT (TYP.)

6" 5'-0" 1'-0" 1'-0" 5'-0"



Acknowledgement of Plans Submittal ONLY!

LOT 81 Date 7/20/18

WOOD LEAF Date

MAIN LEVEL		
HEATED SQUARE	FT	2,475 SQ. FT.
COVERED FRONT PORCH	EACH	30 SQ. FT.
GARAGE		800 SQ. FT.
UPPER LEVEL		
HEATED SQUARE	FT	1,940 SQ. FT.
TOTAL		
HEATED SQUARE	FT	4,415 SQ. FT.

101 LOWER LEVEL PLAN A1.0 1/4" = 1'-0"

MSJ DRAFTING
1971 FOLKSTONE ROAD
LINCOLNTON, NORTH CAROLINA
TELEPHONE (704) 735-8552
FAX (704) 735-1750

A NEW RESIDENCE FOR:
ARAD
NORTH CAROLINA

PROJECT NO. 180308201/01
DATE: MARCH 9, 2018
DRAWN BY: MSB
CHECKED BY: MSB

REVISIONS:

NO.	DATE	BY

COMPUTER REFERENCE NUMBER 180308201/01.DWG

SHEET NO. A1.0

IREDELL COUNTY

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

APPLICATION NUMBER
234350
Issue Date: 03/22/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639217270.000	1023 FERN HILL ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WOODBRIDGE PARTNERS LLC	Applicant: INDRIES PATRICK P+ADIN
Address: PO BOX 3608	Address: 112 CAMP LANE
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone: 704-799-9770	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.781	35.00	35.00	15.00	15.00	CACL	X

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: _____

Permit Number	132957	TOTAL FEES:	$ 77.25