IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 234349

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

PIN # 4639218000

APPLICANT/OWNER: Patrick Ingries APPLICANT ADDRESS: 112 Camp Ln Mooresville, NC 28117

SITE ADDRESS: 1033 Fern Hill Rd Mooresville, NC PHONE: 9807223345 ALT. PHONE

SITE DIRECTIONS: Perth Rd N. TL Fern Hill on left right after Harvest Ln SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Wood Leaf SECTION: 2 LOT # 82 & 83 LOT AREA: 1.38 Acre DESIGN FLOW: 480 L.T.A.R.: .3

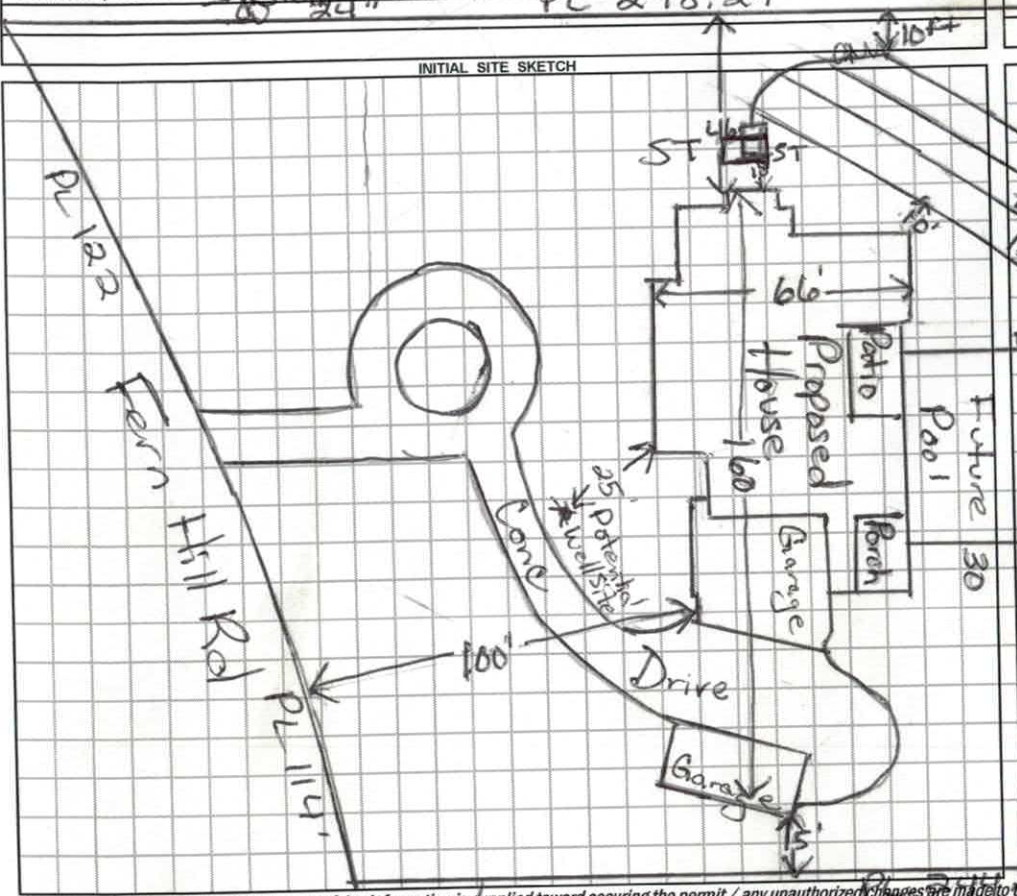
Septic Tank	1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description: Pump - 25% Reduction		☐ Other	No. Employees
# Nitrification Fields	1 # Lines 4		Linear Ft 400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36" Trench Bottom Depth(Low side) max		24" Gravel Depth	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install trenches @ 24" PL 298.29'

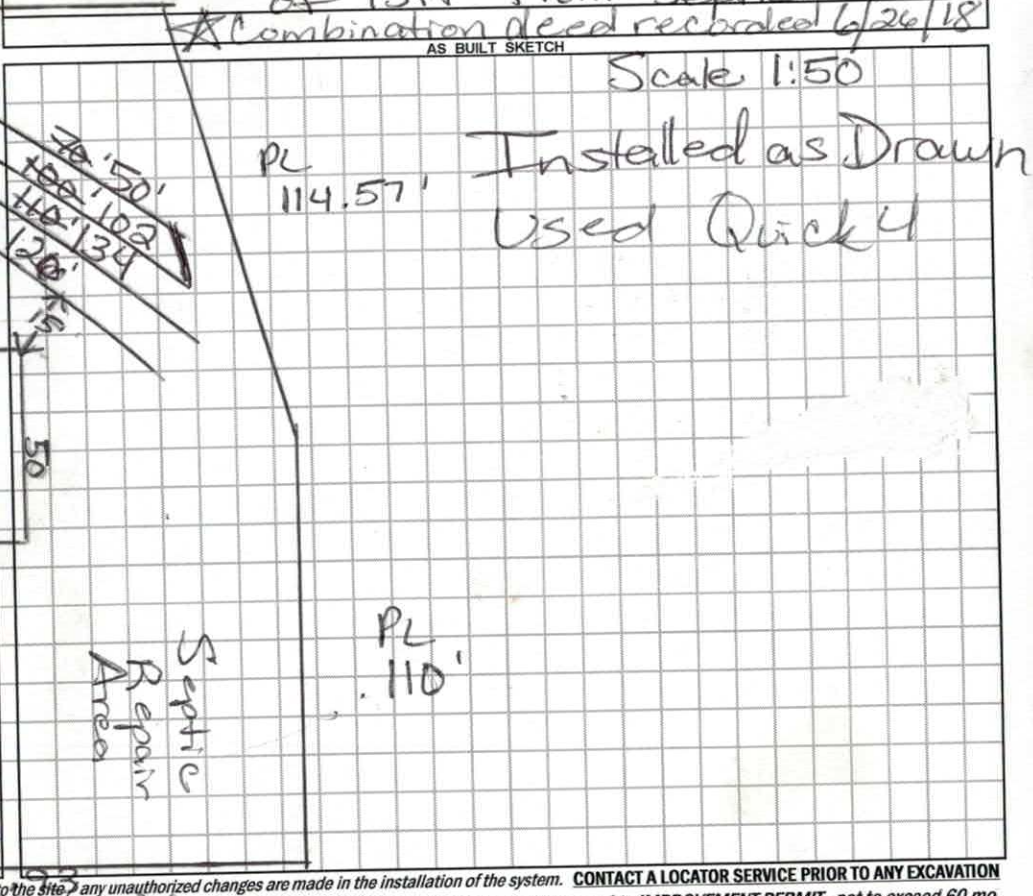
Must keep future pool a minimum of 15ft from Septic
☆ Combination deed recorded 6/26/18

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50



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: 6/26/18 Installed by: Tommy Ingries

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/24/18 OPERATION PERMIT by: Maria Dotson Date: 8/13/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/27/18 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 83 — PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

Approved MD

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	pit #36 L 6-8% 10%	0-8	Mo GR SL	FR NS/NP	Br				PS 0.3
		8-26	Mo SBK C	FR SS/SP	Red Br				
		26-48	WK SBK SCL	FR SS/SP	Red		F sap		
2		0-4	gr SCL	fr ss sp					.25
		4-30	msbk scl c	fr ss sp sap	few common yellow mottles				
		30-51	wk sbk cl	fr ss sp	few brown mottles few common sap				
3		0-5	mgr SL	fr					.3
		5-30	msbk scl	fr ss sp					
		30-46	wk sbk cl	fr ss sp	common sap				
		46-58	massive SL	sap fr ss sp					
4		0-5	gr brsl	fr ss sp					.3
		5-22	mod sbk c	fr ss sp	Red				
		22-50	mod sbk cl	fr ss sp	few 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: ___

COMMENTS: ___

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: 9/21/04
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 82 PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

Approved MD

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 #37 L 4-6% 990	0-4	Mo GR SL	FR ns/np	Br		F sap		PS 0.3
		4-25	Mo SBK C	FR SS/SP	Red		F/C sap		
		25-50	WK SBK CL	FR SS/SP	Red				
2		0-9	gr (LBRV) SL/scl	fr ss sp					.3
		9-32	WK SBK vfc	fr ss/ss sap					
		32-48	WK SBK cl	fr ss/sp Few common in sap					
3		0-12	gr lk brn SL	vfr ss np					.3
		12-50	MSBK/mk c	fr ss/p sap	few in sap				
4									

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

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

COMMENTS: _____

N
S50°46"W
36.89'
121.98'
SETBACK
114.72'
well
120.52'
C23
55'
30'
Drive
60²
276.74'
232.95'
244.18'
3
26
36
2
MATCH LINE
120.00'
127.05'
110.00'
110.00'
114.57'
83
247.98'
245.37'
252.7'
287.05'

1:30
RECEIVED MAR 2 6 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 #234349

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: PATRICK INDRIES Address: 112 CAMP LN. Zip: 28117
Applicant Email: PINDRIES @ YAHOO.COM Phone: 980-722-3345 Alt. Phone: _____
Owner Name: WOODBRINE PARTNERS Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1029 FERN HILL RD. MOORESVILLE NC 28117
Subdivision Name: WOODLEAF Section/Phase: _____ Lot Number: 82/83
Combining Lots
Driving Directions: _____

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: 5
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 6,500 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: _____
( ) 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: _____ 3-22-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: 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		Kathleen Saunders (S+ME) 704-942-1250
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 82

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 ___

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

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

****

6. Proposed Water Supply:

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

****

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

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. Please Answer The Following To The Best of Your Ability:

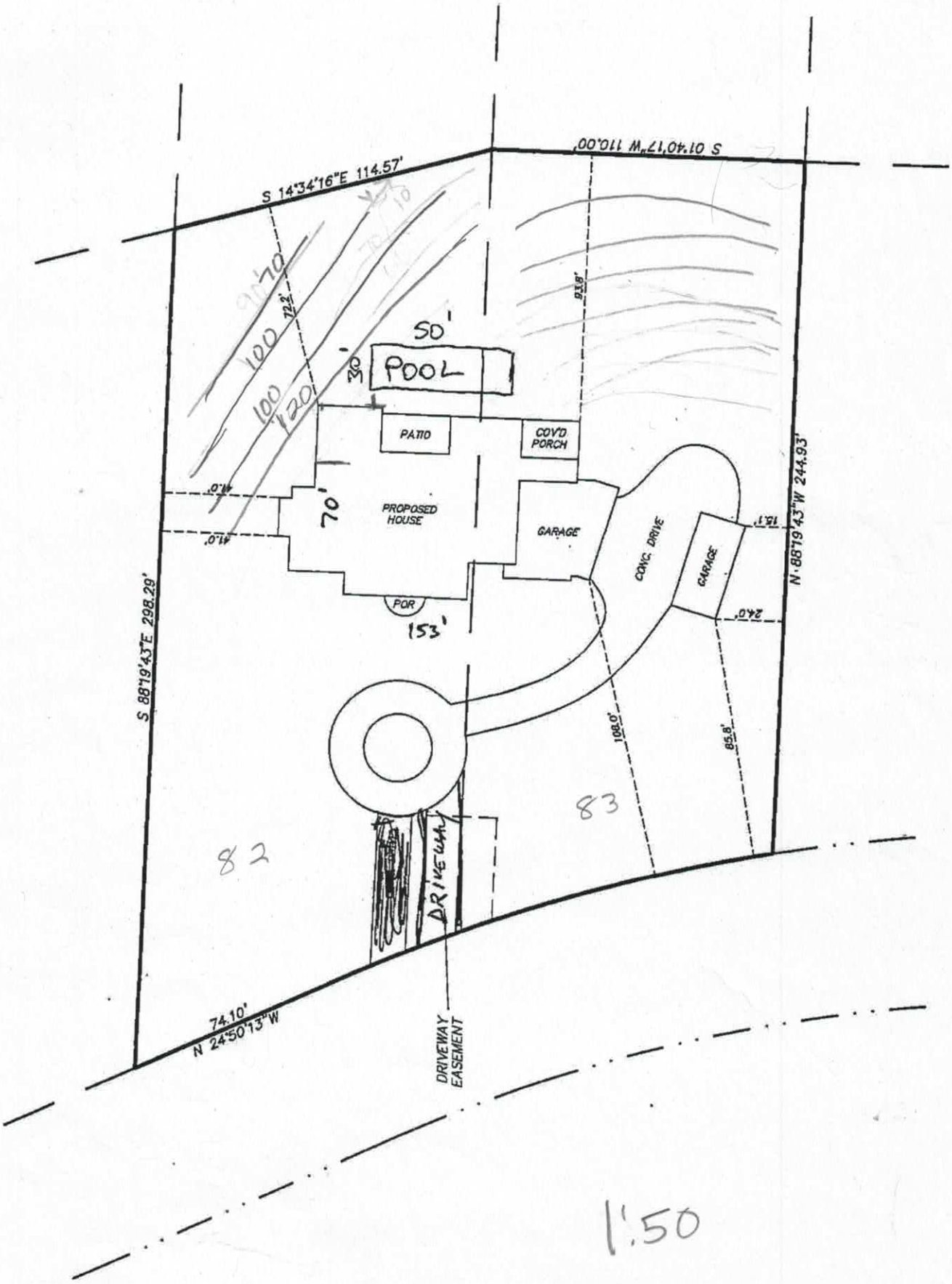
- ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
- ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
- ( ) Yes (X) No Is the site subject to approval by any other public agency?

****

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



1029 Fern Hill Rd.

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, Woodbridge Partners LLC, am the legal owner(s) of the property located at lot 82 & lot 83 Woodleaf, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Patrick Andrews of Atina Andrews, 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.

Woodbridge Partners LLC
By _____ 3/20/18 / Belinda Crane Asenhow 3/20/18

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS AS INDICATED SHALL BE CLARIFIED BY CONTRACTOR.
2. ALL EXTERIOR DIMENSIONS ARE TAKEN TO THE FINISHED FACE OF STUD, AND EXCLUSIVE OF SIDING.
3. ALL INTERIOR DIMENSIONS ARE TAKEN TO THE FINISHED FACE OF STUD, UNLESS NOTED OTHERWISE.
4. ALL EXTERIOR WALLS ARE DESIGNED TO BE 6x2" WOOD STUD @ 16" O.C. UNLESS NOTED OTHERWISE.
5. ALL DOORS TO BE CONSTRUCTED, LABELED, NOTED OTHERWISE.
6. PROVIDE HOUSE NUMBERS AS REQUIRED BY LOCAL AUTHORITIES.
7. ALL CONNECTIONS TO BE DESIGNED BY ENGINEER AND SHALL MEET ALL CODES AND ACCORDING TO MANUFACTURER'S SPECIFICATIONS.
8. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECT(S).
9. WARNING OF DANGER IF WORK TO BE DONE IN WINDOWS, ATTENTION MUST BE GIVEN TO HOW WINDOWS ARE OPENED AND SECURED.
10. ALL WORK TO COMPLY WITH ALL STATE AND LOCAL CODES.
11. VERIFY ALL DIMENSIONS AND CONDITIONS PRIOR TO CONSTRUCTION.
12. ALL DIMENSIONS ARE GIVEN TO FACE OF STUD, UNLESS NOTED OTHERWISE.
13. ALL DOOR HEIGHTS ARE GIVEN TO TOP OF DOOR.

FOUNDATION CONSTRUCTION SHEET NOTES

1. STEEL SQUARE POST SHOE. (3) SLAB SIZE, ANCHOR SHOE TO SLAB AS SUPPORT, ANCHOR AS PER LOT OF WORKING.
2. MECHANICAL EQUIPMENT HOME. (3) SLAB SIZE, ANCHOR SHOE TO SLAB AS SUPPORT, ANCHOR AS PER LOT OF WORKING.
3. ALL WOOD TO BE PRESSURE TREATED WHERE IN CONTACT WITH CONCRETE OR MASONRY.
4. ALL WOOD TO BE PRESSURE TREATED WHERE IN CONTACT WITH CONCRETE OR MASONRY.
5. ALL FOOTINGS SHALL BE SET ON UNDISTURBED SOIL AND EXTEND BELOW FROST LINE.
6. ALL FOOTINGS SHALL BE SET ON UNDISTURBED SOIL AND EXTEND BELOW FROST LINE.
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FRAMING CONSTRUCTION SHEET NOTES

1. STEEL SQUARE POST SHOE. (3) SLAB SIZE, ANCHOR SHOE TO SLAB AS SUPPORT, ANCHOR AS PER LOT OF WORKING.
2. MECHANICAL EQUIPMENT HOME. (3) SLAB SIZE, ANCHOR SHOE TO SLAB AS SUPPORT, ANCHOR AS PER LOT OF WORKING.
3. ALL WOOD TO BE PRESSURE TREATED WHERE IN CONTACT WITH CONCRETE OR MASONRY.
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ROOF CONSTRUCTION SHEET NOTES

1. STEEL SQUARE POST SHOE. (3) SLAB SIZE, ANCHOR SHOE TO SLAB AS SUPPORT, ANCHOR AS PER LOT OF WORKING.
2. MECHANICAL EQUIPMENT HOME. (3) SLAB SIZE, ANCHOR SHOE TO SLAB AS SUPPORT, ANCHOR AS PER LOT OF WORKING.
3. ALL WOOD TO BE PRESSURE TREATED WHERE IN CONTACT WITH CONCRETE OR MASONRY.
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STRUCTURAL

1. THESE NOTES ARE TO BE USED IN CONJUNCTION WITH THE ARCHITECTURAL DRAWINGS AND SPECIFICATIONS.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2012 NORTH CAROLINA RESIDENTIAL CODE.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2012 NORTH CAROLINA RESIDENTIAL CODE.
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ELECTRICAL

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PLUMBING

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2012 NORTH CAROLINA RESIDENTIAL CODE.
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MECHANICAL

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2012 NORTH CAROLINA RESIDENTIAL CODE.
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FIRE PROTECTION

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2012 NORTH CAROLINA RESIDENTIAL CODE.
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TYP. HANGERS FOR JOIST & BEAMS

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC. (OTHER MAKE EQUIVALENTS ACCEPTABLE)

HANGER	HANGER
2x4	LUS24
2x6	LUS26
2x8	LUS28
(3) 2x6	HUS26-2
(3) 2x8	HHUS26
(3) 2x10	HUS210
(2) 2x8	LSU28
(2) 2x10	LSU210
(3) 2x10	HUS210
(2) 1-1/4"x9-1/4" LVL	HUS26
(3) 1-1/4"x9-1/4" LVL	HHUS26
(2) 1-1/4"x11-7/8" LVL	HUS210
(3) 1-1/4"x11-7/8" LVL	HHUS210
(2) 1-1/4"x14" LVL	HUS212
(3) 1-1/4"x14" LVL	HHUS212
(2) 1-1/4"x16" LVL	HUS214/16
(3) 1-1/4"x16" LVL	HHUS214/16
(2) 1-1/4"x18" LVL	HUS214/16
(3) 1-1/4"x18" LVL	HHUS214/16
(2) 1-1/4"x20" LVL	HUS214/16
(3) 1-1/4"x20" LVL	HHUS214/16
(2) 1-3/4"x9-1/4" LVL	HUS26-2
(3) 1-3/4"x9-1/4" LVL	HHUS26-2
(2) 1-3/4"x11-7/8" LVL	HUS210-2
(3) 1-3/4"x11-7/8" LVL	HHUS210-2
(2) 1-3/4"x14" LVL	HUS212-2
(3) 1-3/4"x14" LVL	HHUS212-2
(2) 1-3/4"x16" LVL	HUS214/16-2
(3) 1-3/4"x16" LVL	HHUS214/16-2
(2) 1-3/4"x18" LVL	HUS214/16-2
(3) 1-3/4"x18" LVL	HHUS214/16-2
(2) 1-3/4"x20" LVL	HUS214/16-2
(3) 1-3/4"x20" LVL	HHUS214/16-2

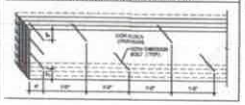
HEADER SIZE REQUIREMENTS

HEADER	SUPPORT SPANS	ENTRY OR STORAGE	JACK STUDS
(2) 2x6	4'-0"	4'-0"	1
(2) 2x8	5'-0" TO 6'-0"	5'-0" TO 6'-0"	2
(2) 2x10	6'-0" TO 8'-0"	6'-0" TO 8'-0"	2
BEAM PLAN	8'-0"	8'-0"	SEE PLAN

WALL STUD REQUIREMENTS

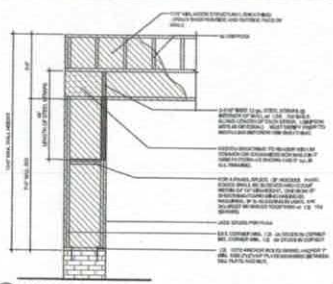
EXTERIOR WALL HEIGHT	STUD SIZE / SPACING
8'-1" OR 9"	2x6 @ 16" O.C.
10'-0" OR 11'-1"	2x6 @ 12" O.C.
10'-0" OR 11'-1"	2x6 @ 16" O.C.
11'-1" OR 9"	CONSULT ENGINEER

LVL BOLTING PATTERN DETAIL



EGRESS WINDOW REQUIREMENTS





102 / A1.0 PORTAL FRAME DTL. NTS

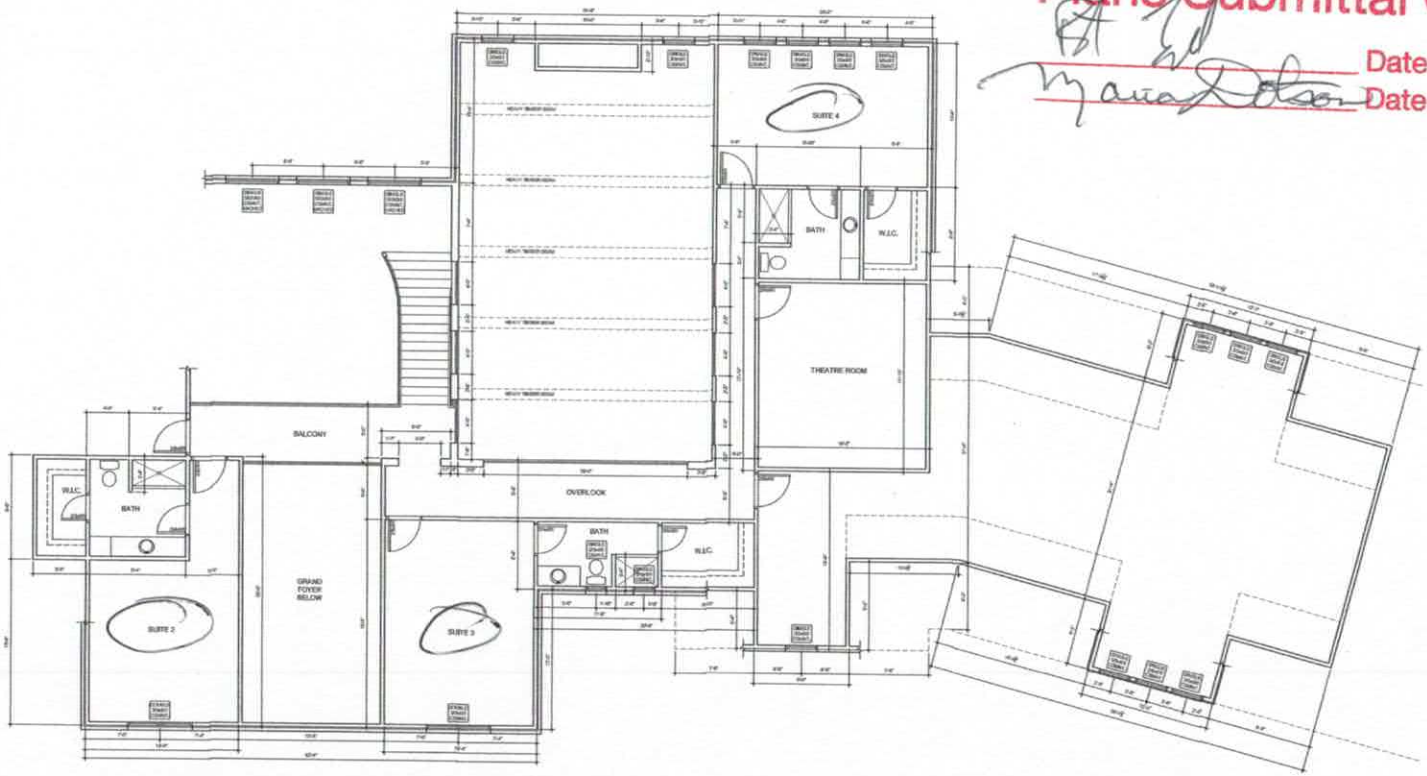


103 / A1.0 PORTAL FRAME DTL. NTS

Acknowledgement of Plans Submittal ONLY!

Date 3.26.18

Date 6/27/18



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

MAIN LEVEL	
HEATED SQUARE FOOT	sqft SQ. FT.
COVERED PORCH	sqft SQ. FT.
GARAGE	sqft SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	sqft SQ. FT.
TOTAL	
HEATED SQUARE FOOT	sqft SQ. FT.

ADINA

UPPER LEVEL PLAN AND NOTES

A1.1

MSU DRAFTING

A NEW RESIDENCE FOR:
PATRIC NORRIS
[illegible]
XXXX
XXXX

A1.1

GENERAL PLAN NOTES

1. GRADING LINE NOT TO BE TO SLOPE. DIMENSIONS AS INDICATED SHALL BE CLEAR FACE OF ROUGH WORK.
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 INTERIOR WALLS ARE ASSUMED TO BE 2x4" WOOD STUDS UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 2x6" WOOD STUDS. (TRUE 6" SYSTEM WALL SHEATHING - UNLESS NOTED OTHERWISE).
6. ALL DOORS TO BE CENTERED, UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING AS WALL SYSTEM REQUIRES OR ALL CABINETS, TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CABINETRY TO BE DESIGNED BY OTHERS AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES OF REFERENCE.
9. ALL DIMENSIONS ARE TO BE VERIFIED IN THE FIELD BY CONTRACTOR.
10. CONTRACTOR TO COORDINATE REQUIRED TO BE VERIFIED (+/-) ALL DRAWINGS PRIOR TO ANY WORK AND INSTALLATION OF MATERIALS. ALL ALSO BE REQUIRED.
11. PROVIDE STRUCTURAL CONNECTION AS NOTED ABOVE.
12. MINIMUM SLOPE 1/4" / 1'-0" (2%) ACCESS ROOF HATCH. SLOPING CURBING TO BE DETERMINED ON SITE.
13. NO _____ (STRUCTURAL) TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 24" O.C. UNLESS NOTED OTHERWISE.
15. ALL WOOD HEADERS ARE SHOWN ON PLANS.

EXTERIOR CONSTRUCTION (FIRST FINISH FLOOR)

1. STEEL BOARD BELOW WOOD 1/2 - 2x4 STUD LAYOUT UNLESS NOTED OTHERWISE.
2. WOOD ALL BE BOARD RIGHT HAND - 1/2 - 2x4 STUD LAYOUT UNLESS NOTED OTHERWISE.
3. ALL WOOD - SHOP LUMBER MOISTURE CONTENT 19% MAX. & MEETS OR EXCEEDS THE REQUIREMENTS OF THE 2015 I.R.C.
4. ALL WOOD SLAB TO BE OPEN JOINTS MUST BE SPACED IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS PLUS.
5. ALL SHUTTER SHALL BE MUST HAVE STATIC STRENGTH OF 175 POUNDS PER SQ. FT. OF GRAIN WEIGHT THAN 81 SQ. FT. EXCEEDS, NO WINDOWS OR DOORS PLUS CONTRACTOR'S MUST DIRECTLY UNDER THEM.
6. ENERGY EFFICIENCY FULL OPENINGS PLUS OR TRUSSES, 2'x 4" LEDGERS @ WALL MUST BE PLACED PERPENDICULAR TO AND TRUSSES TO SUPPORT THE PITCH DECKING.
7. ON ALL OPEN SIDES FLOOR TRUSSES 24 OR 4' WITH A RIM, SHEETS MAY BE 2'x4" WALL RETAINED TO DIAGONAL MEMBERS OF ENTIRE.
8. HEADER OVER ALL OPENINGS TO BE APPLIED 1 - 2 DOUBLE STUDS UNLESS NOTED OTHERWISE.
9. ALL EXTERIOR DOORS AND WINDOWS SHALL BE FLASHED AND WATERPROOF WHERE ENTER WALL. TOP PLATE SHOULD NOT TO EXTERIOR WALLS WHICH SUPPORTED AND TOP PLATE TO BE WIDER AT SIDES - WALL SHEETS IN WALL LENGTH OF CEILING HEIGHT.
10. ALL EXPOSED OPEN CONCRETE FOOTING, LIGHTWEIGHT CONCRETE OR 2'-0" CROSS WEIGHT USE 4" X 4"X 1/2" STEEL ANGLES WITH ALL 4 SIDES AND TOP PLASTERED. (1) 5/8"x 4" LAG THROUGH 4 X 6" PLATE AT TOP AND BOTTOM. ELECTRICAL WIRING WITH 2" OR LESS SPACE BETWEEN ROUGH OPENINGS SHALL HAVE 1/2" x 6" (2) STEEL ANGLE MINIMUM 1 INCH BOLTS WITH NON-SHRINK. THE SAME PROCESS FOR STEEL EMBEDDED PARTITIONS WALL AT TOP AT LANDED, MOTOR OR SUBSTANDARD WALL OR PERIMETER.

FOOTINGS

1. STAGGER SHALL BE NOT MORE THAN 3" APPROX.
2. REBARS SHALL BE TIED OR WIRED - NOT TO BE MISSED IN ANY.
3. STAMP SHALL BE 48" MIN. CLEAR MINIMUM AND SHALL HAVE A MINIMUM 12" X 48" DEEP UNDER THE WORKS OF 36".

TYP. HANGERS FOR JOIST & BEAMS

2x4	LUS24
2x6	LUS26
2x8	LUS28
2x10	HHUS210
2x12	HHUS212
3x6	HHUS3210
3x8	HHUS3212
3x10	LUS3210
3x12	HHUS3212
4x6	HHUS4210
4x8	HHUS4212
4x10	HHUS4210
4x12	HHUS4212

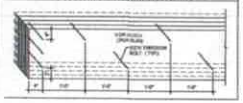
HEADER SIZE REQUIREMENTS

SIZE	EXTERIOR (ONE BUILDING)	INTERIOR (ONE)	JACK STUDS
(2) 2x6	2 1/2"	1 1/2"	1
(2) 2x8	2 1/2" (5 1/2")	2 1/2" (5 1/2")	1
(2) 2x10	2 1/2" (5 1/2")	2 1/2" (5 1/2")	1
(2) 2x12	2 1/2"	2 1/2"	1

WALL STUD REQUIREMENTS

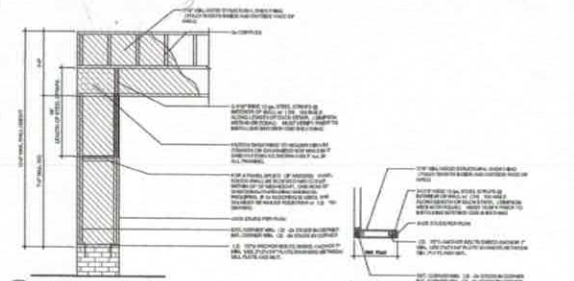
EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
10'-0"	2x4 @ 16" O.C.
10'-0" < H < 12'-0"	2x4 @ 12" O.C.
12'-0" < H < 14'-0"	2x6 @ 16" O.C.
14'-0"	CONSULT ENGINEER

LVL BOLTING PATTERN DETAIL



EGRESS WINDOW REQUIREMENTS





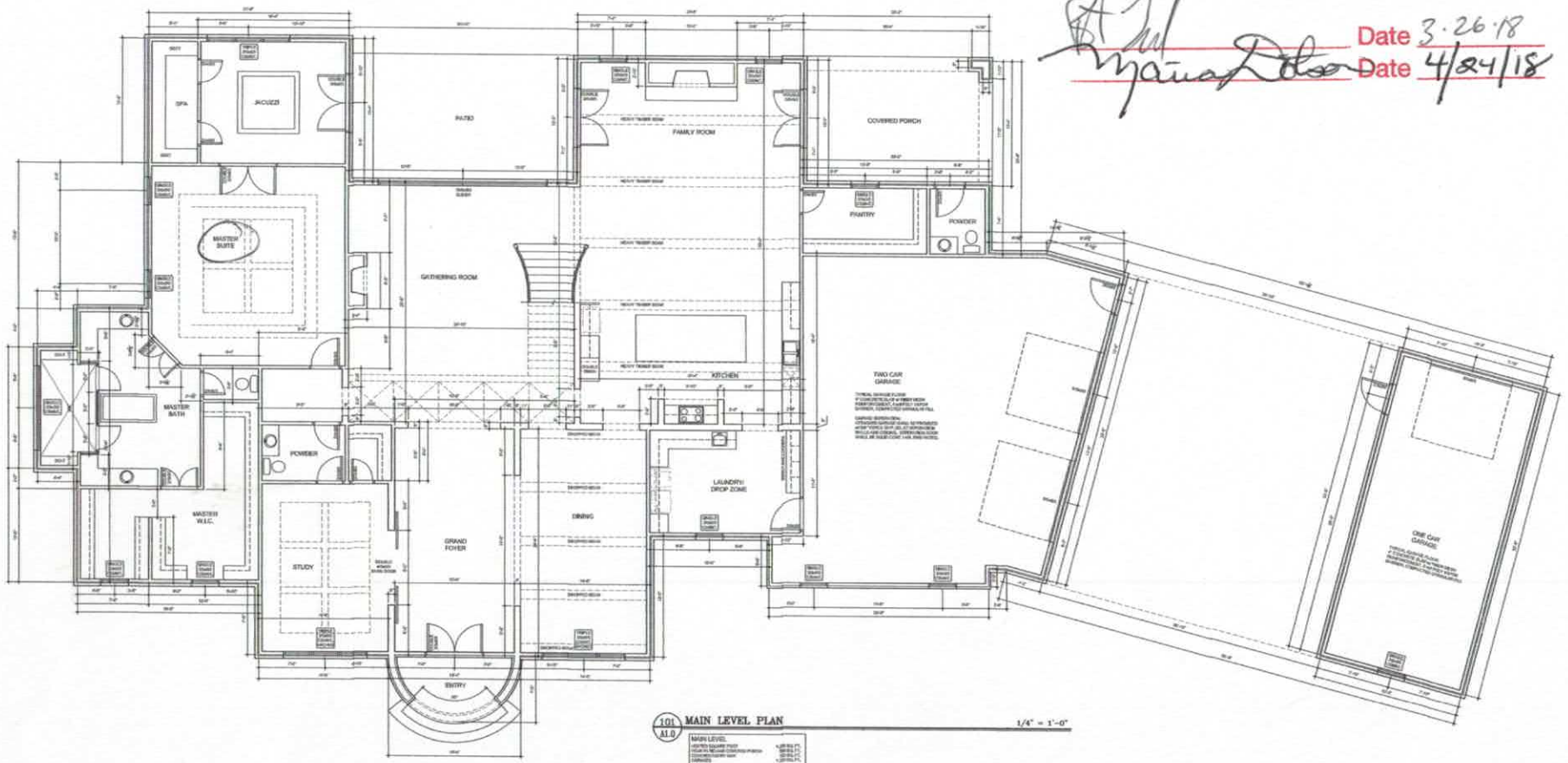
102 A1.0 PORTAL FRAME DTL. NTS

103 A1.0 PORTAL FRAME DTL. NTS

Acknowledgement of Plans Submittal ONLY!

Date 3.26.18

Date 4/24/18



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

MAIN LEVEL	
HEATED SQUARE FOOT	1,188 SQ. FT.
COVERED SQUARE FOOT	168 SQ. FT.
GARAGES	1,120 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	1,421 SQ. FT.
COVERED SQUARE FOOT	1,421 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	2,609 SQ. FT.
COVERED SQUARE FOOT	2,589 SQ. FT.

106

153

101 POWDER SPRINGS ROAD, SUITE 200 MARIETTA, GA 30064 (404) 429-8227 www.msjdrafting.com

MSJ DRAFTING

A1.0

A NEW RESIDENCE FOR:	ADINA
PATRIC PIONEER	
DATE:	
XXX	

MAIN LEVEL PLAN AND NOTES

A1.0

IREDELL COUNTY

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

APPLICATION NUMBER
234349
Issue Date: 03/22/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639218064.000	1029 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
.725	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	132955	TOTAL FEES:	$ 77.25