ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (cc) Mooresville Office (704) 660-3625 PERMIT # 245894

PIN # 4639-23-4222

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

APPLICANT/OWNER: Kamran Mumtaz APPLICANT ADDRESS: 6016 Mc Daniel Lane Charlotte, NC 28213

SITE ADDRESS: 134 Frostcliff Lane Mooresville, NC 28117 PHONE: 704-506-1122 ALT. PHONE

SITE DIRECTIONS: Perth Rd → Fern Hill Rd → Frostcliff → lot @ end on right SAP CONTROLLED: ☐ YES ☒ NO

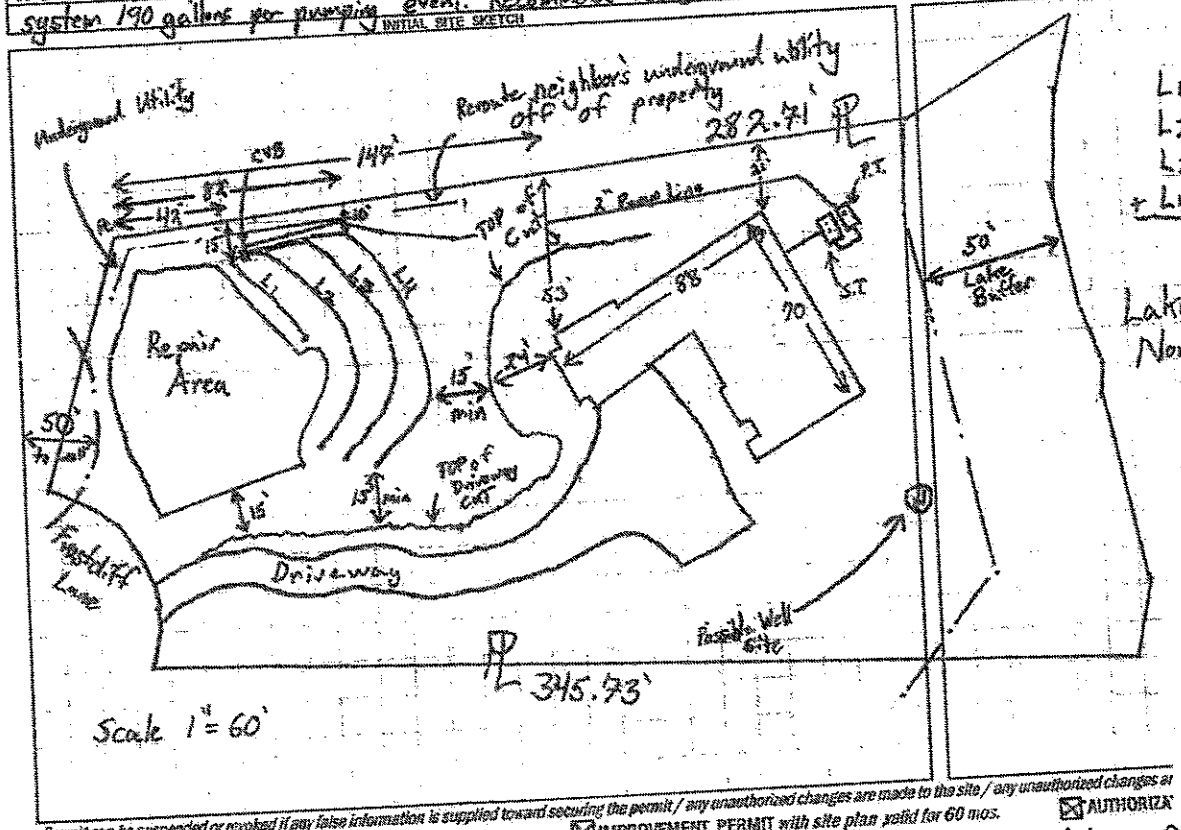
SUBDIVISION: Beacon Pointe SECTION: 4 LOT # 17 LOT AREA: 1.315 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	Infiltrator	Date	2/12/2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Infiltrator	Date		System Description: LP-PPBPS		☐ Business	No. Persons 8
Pump Make	Zoeller	Model	EQ/HS DN/6	Serial #		Repair System Description: Horizontal PPBPS (LP) 50% Reduction		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft.	267	Maintenance Agreement Required: ☒ YES ☐ NO		☒ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth (Low side)	36"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: No cutting within 15 feet of primary or repair septic areas. Use 5/32" orifices in panels. Set control floats to dose system 190 gallons per pumping event. Recommend an event counter be installed on the control panel to track total # of pumping events.

INITIAL SITE SKETCH



	# Rocks
L1 37'	9
L2 74	19
L3 84	19
+ L4 72	19
267	62

Lake Norman

12/9/2020 JB Checked new Tank Location due to Deck

12/18/2020: Supply Line checked and all was connected

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	10/9	GB
Tanks Checked	10/9	GB
Pressure Manifold or Valve Box Checked	10/9	BR
Pressure Head Set	11/19/21	CW
Electrical Checked	12/2/21	CW
Floats Set	12/2/21	CW
Alarm Checked	12/2/21	CW
Maintenance Contract (Y) / N	12/3/21	CW
Comments:		

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 ar ☒ AUTHORIZA

☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos.

Owner / Applicant Signature: Permit Acceptance Form Rec'd Date: 4-29-20 Installed by: Andrew Day

IMPROVEMENT PERMIT by: Date: 4/21/2020 OPERATION PERMIT by: Cay Wilt 12/3/21

AUTHORIZATION TO CONSTRUCT by: Date: 4/21/2020 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.

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

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

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS Repair Front (Below Elec. Box)	0-10	SCL V.W. SBK	Sl. Firm, SS, Sp, Sexp	—	31" Clowes sidewall 35"	—	—	0.30 PS
		10-31	Clay/Clay Loam m. ABK/SBK	Sl. Firm, SS, Sp, Sexp					
		31-62	MA Sandy Sapric	Friable, very wet drawn					
2	LSS Repair Distal	0-8	SCL V.W. SBK	Sl. Firm, SS, Sp, Sexp	7.5YR 6/2 @ 48"-53"	53"	—	—	0.30 PS
		8-24	Clay m. SBK	Sl. Firm, Sticky, Sp, Sexp					
		24-53	Clay Loam w. SBK some Sap	Sl. Friable, SS, Sp, Sexp					
3	LSS Repair 3 after (middle)	0-16	SCL V.W. SBK	Sl. Firm, SS, Sp, Sexp	—	53"	—	—	0.30 PS
		16-53	Sandy Clay W. SBK	Sl. Firm, Sticky, Sp, Sexp					
4	Repair Tank end	0-12	SCL V.W. SBK	Sl. Firm, SS, Sp, Sexp	7.5YR 6/2 @ 41"-48"	48"	—	—	0.30 PS
		12-41	Clay W. SBK ABK	Sl. Firm, Sticky, Sp, Sexp					
		41-48	Clay Loam V.W. SBK	Sl. Friable, SS, Sp, Sexp					

11+6+12 = 29 18+6+12 = 36 + Cover

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

OTHER FACTORS (.1946): 12x6
SITE CLASSIFICATION (.1948): 14 20
EVALUATED BY: _____
OTHER(S) PRESENT: _____

RECEIVED MAR 1 9 2020

#245894
$320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Kamran Mumtaz (builder) **Address:** 423 Cannings Lane, Charlotte, NC **Zip:** 28262

Applicant Email: kmconstruction45@gmail.com **Phone:** (704) 506-1122 **Alt. Phone:**

Owner Name: Amr Soliman & Yasmin Said **Address:** 156 Capital Avenue #207, Mooresville, NC **Zip:** 28117

Owner Email: aasoliman2@gmail.com **Phone:** (980) 333-3270 **Alt. Phone:**

Property Information:

Street Address: 134 Frostcliff Lane, Mooresville, NC 28117

Subdivision Name: Beacon Pointe **Section/Phase:** 3/4 **Lot Number:** 7

Driving Directions: Interstate 77, Exit 36 (go West on NC-150/W Plaza Dr), Right onto Bluefield Rd, Left into Cornelius Rd, Right onto Judas Rd, Right onto Perth Rd, Left onto Fern Hill Rd, Right onto Frostcliff Ln (go to end, cull-de-sac)

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 5 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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: Amr Soliman Yasmin Said — 03/18/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(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, Amr Soliman & Yasmin Said , am the legal owner(s) of the property located at 134 Frostcliff Lane, Mooresville, NC 28117 , identified as PIN (Parcel Identification Number): 4639-23-5078.007 , located in Iredell County, North Carolina.

I do hereby authorize Kamran Mumtaz, Kamran Mumtaz Construction , 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.

Amr Soliman Yasmin Said 03/18/20

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

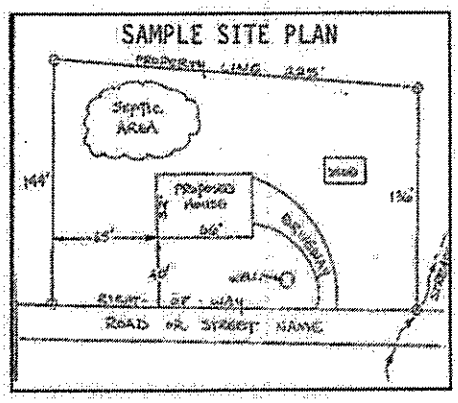
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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**

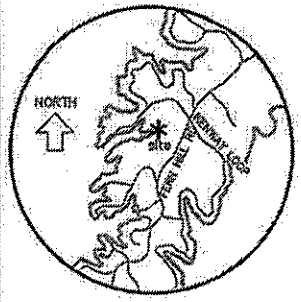
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

{ please see attached foundation survey. thank you. }

Signature: Tammy Said
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

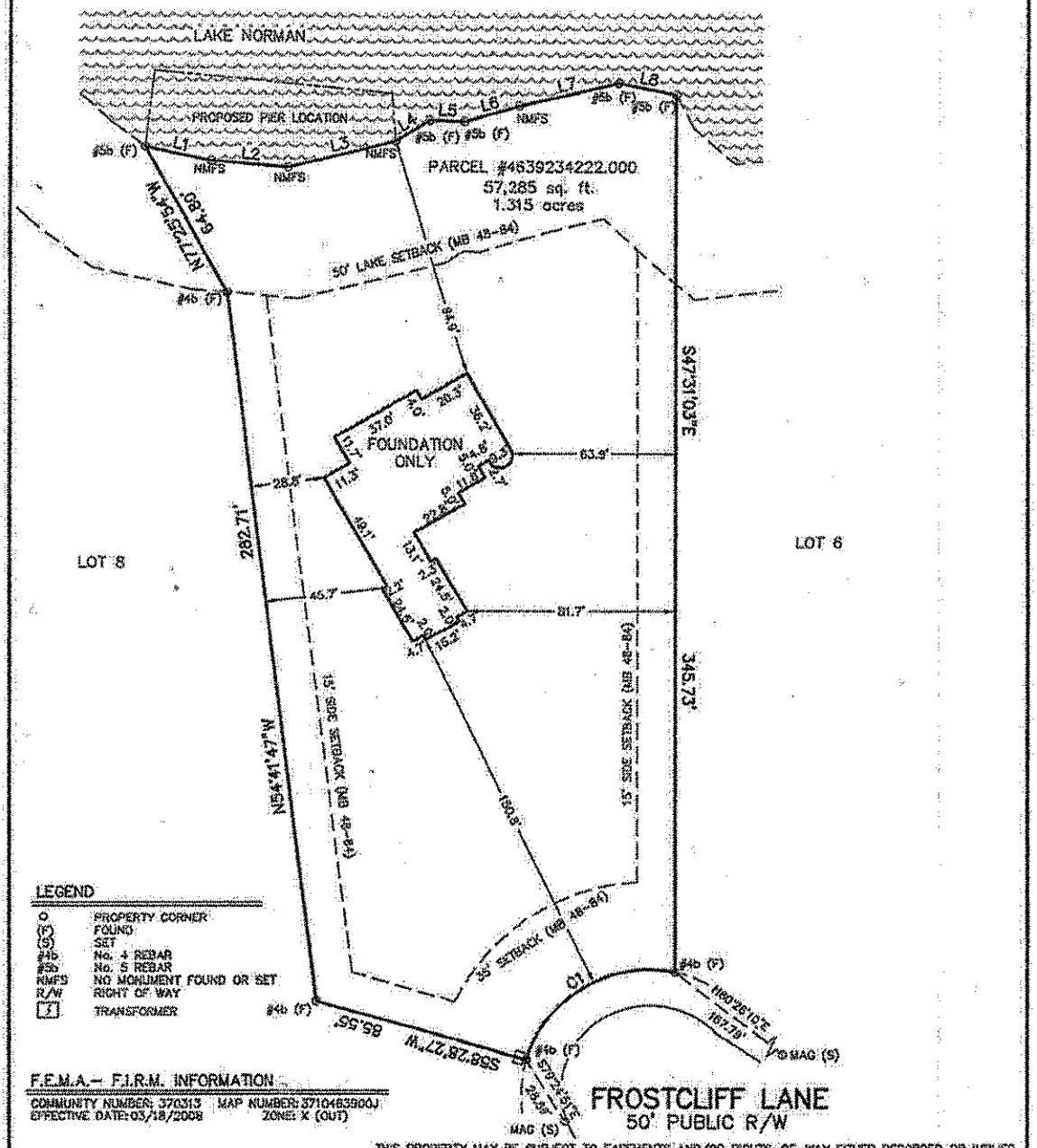
03/18/20
DATE



VICINITY MAP
n.t.s.

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	50.00	74.69	68.08	S 11°22'15" W	85°48'49"

LINE		
LINE	BEARING	LENGTH
L1	N54°28'19"E	26.55
L2	N47°11'54"E	30.23
L3	N28°26'42"E	43.30
L4	N11°17'45"E	15.65
L5	N44°28'24"E	13.71
L6	N27°02'42"E	22.13
L7	N29°32'56"E	39.98
L8	N53°12'33"E	23.09



LEGEND

○	PROPERTY CORNER
(F)	FOUND
(S)	SET
#4b	No. 4 REBAR
#5b	No. 5 REBAR
NMFS	NO MONUMENT FOUND OR SET
R/W	RIGHT OF WAY
T	TRANSFORMER

F.E.M.A. – F.I.R.M. INFORMATION
COMMUNITY NUMBER: 370313 MAP NUMBER: 3710463900J
EFFECTIVE DATE: 03/18/2008 ZONE: X (OUT)

THIS PROPERTY MAY BE SUBJECT TO EASEMENTS AND/OR RIGHTS-OF-WAY EITHER RECORDED OR IMPLIED.

0' 1" SCALE: 1" = 50'

Lucas-Forman Incorporated
Land Surveying
Planning & Engineering
N.C. License C-1215
4000 Stuart Andrew Boulevard
Charlotte, North Carolina 28217
P.O. Box 11386 28220-1386
(704) 527-6626 Fax 527-9540

FOUNDATION SURVEY
of
134 FROSTCLIFF LANE
FALLSTOWN & DAVIDSON TWSP., IREDELL COUNTY, N.C.

LOT 7 BLOCK --- MAPBOOK 48 PAGE 84
SUBDIVISION BEACON POINTE SUBDIVISION PHASE IV
DEED REFERENCE: DB 2260 PG 675
for
AMR SOLIMAN and YASMIN SAID
SURVEYED: M.M.AVERY DATE: 02/04/20 REV.
DRAWN: C.VANDER #LDES JOB# 18205

SEAL
NORTH CAROLINA PROFESSIONAL
SEAL L-3141 LAND SURVEYOR
ARTHUR F. FORMAN

ICHD–ENVIRONMENTAL HEALTH DIVISION 12.15 Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24589

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

PIN # 4639-23-4222

APPLICANT/OWNER: Kamran Mumtaz
APPLICANT ADDRESS: 6016 McDaniel Ln. Charlotte, NC 28213
SITE ADDRESS: 134 Frostcliff Lane Mooresville, NC
PHONE: 704-506-1122 ALT. PHONE
SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Fern Hill Rd → R on Frostcliff → lot @ end on left
SAP CONTROLLED: ☐ YES ☒ NO
SUBDIVISION: Beacon Pointe
SECTION: 3/4 LOT # 7 LOT AREA: 1.315 acres
DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	4	Linear Ft:	267		
Trench Width	24"	Trench Bottom Depth ~~(Low side)~~	36"	Gravel Depth	—		

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP - PPBPS (50% Reduction)
Repair System Description: LP-PPBPS (50% Reduction
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

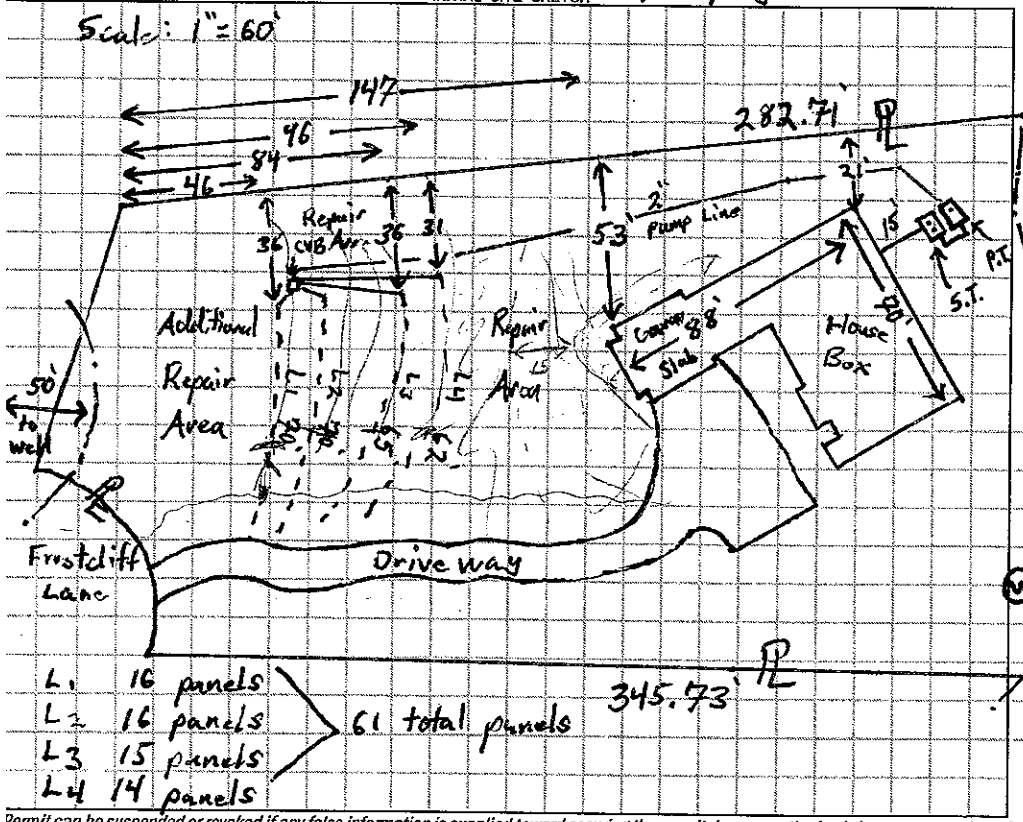
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☒ Slab ☐ Crawl Space
☒ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

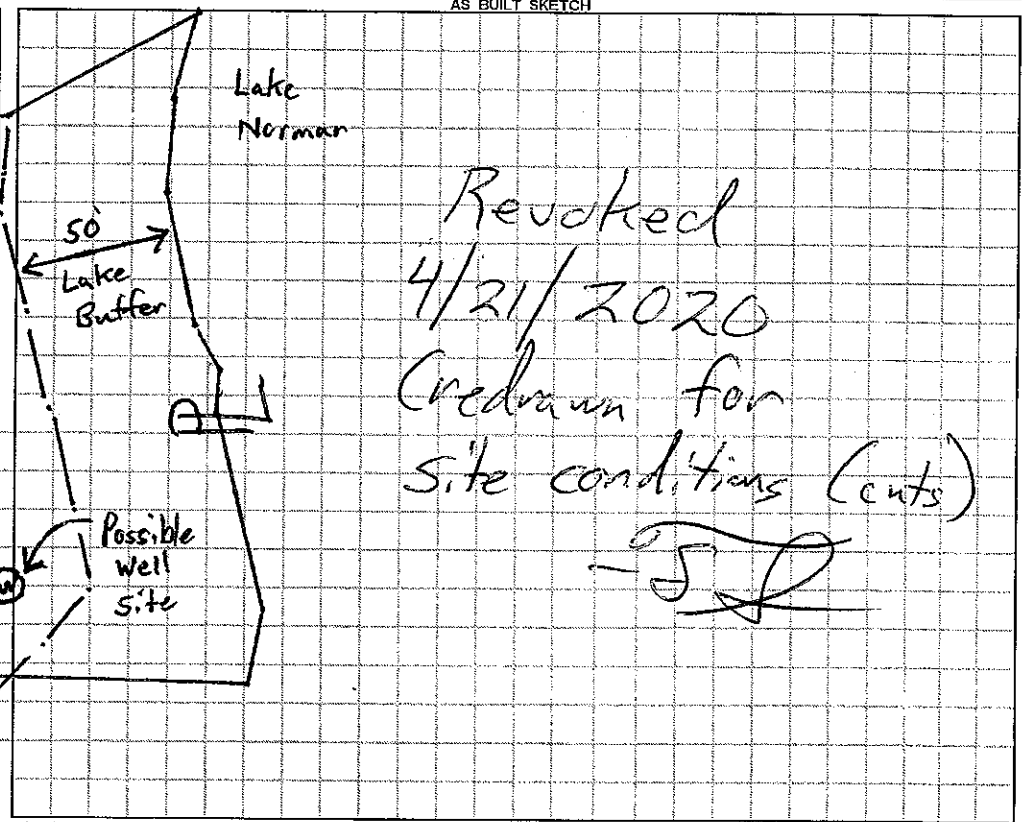
Comments / Conditions: Though 287 l.f. of drainfield line has been laid out at the site, only 267 l.f. need be installed. Set control floats to dose system @ ≈ 150 gallons per pumping event.

Soil notes from previous approval dated 6/5/13. Garage slab to NOT be excavated

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**

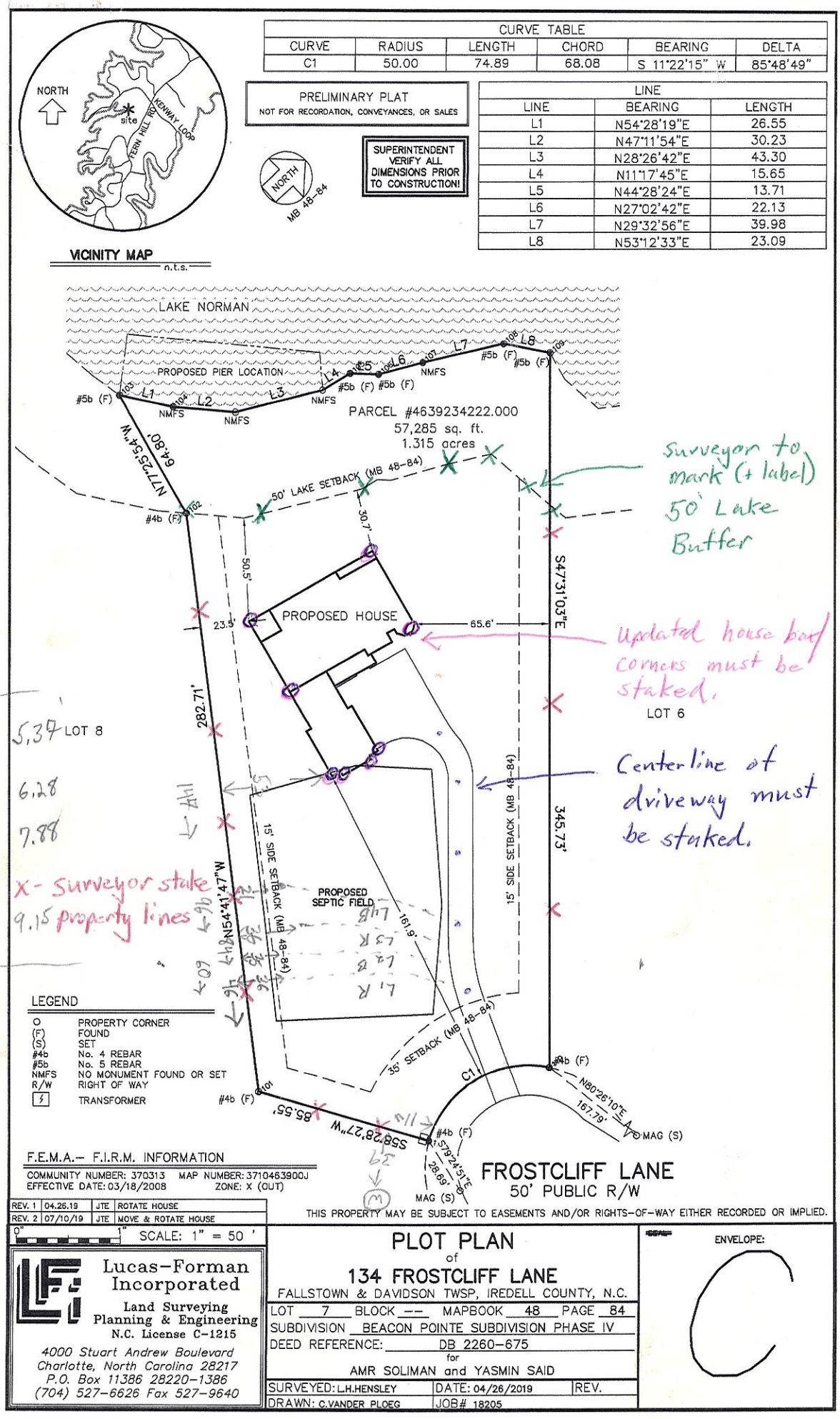
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 08/21/19 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 8/13/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 8/16/19 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.



F.E.M.A.– F.I.R.M. INFORMATION

COMMUNITY NUMBER: 370313 MAP NUMBER: 3710463900J
EFFECTIVE DATE: 03/18/2008 ZONE: X (OUT)

THIS PROPERTY MAY BE SUBJECT TO EASEMENTS AND/OR RIGHTS-OF-WAY EITHER RECORDED OR IMPLIED.

REV.	DATE		
REV. 1	04.26.19	JTE	ROTATE HOUSE
REV. 2	07/10/19	JTE	MOVE & ROTATE HOUSE

SCALE: 1" = 50 '

Lucas-Forman Incorporated
Land Surveying
Planning & Engineering
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4000 Stuart Andrew Boulevard
Charlotte, North Carolina 28217
P.O. Box 11386 28220-1386
(704) 527-6626 Fax 527-9640

PLOT PLAN
of
134 FROSTCLIFF LANE
FALLSTOWN & DAVIDSON TWSP, IREDELL COUNTY, N.C.

LOT 7 BLOCK -- MAPBOOK 48 PAGE 84
SUBDIVISION BEACON POINTE SUBDIVISION PHASE IV
DEED REFERENCE: DB 2260-675
for
AMR SOLIMAN and YASMIN SAID

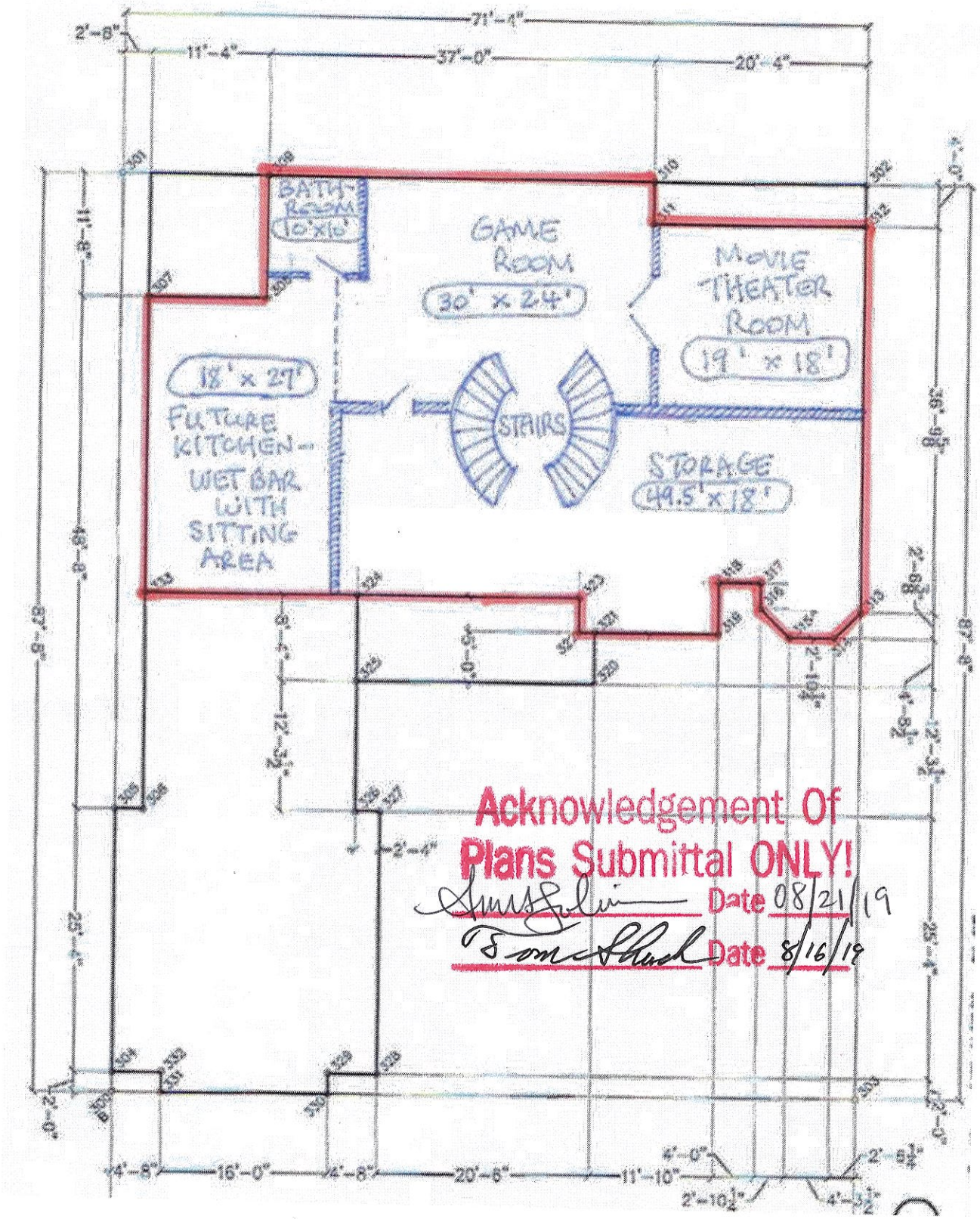
SURVEYED: L.H.HENSLEY	DATE: 04/26/2019	REV.
DRAWN: C.VANDER PLOEG	JOB# 18205	

ENVELOPE:
C

Layout 1
2
1 R 66
L2 B 68
L3 R 76
L4 B 94
L5 R 82
386

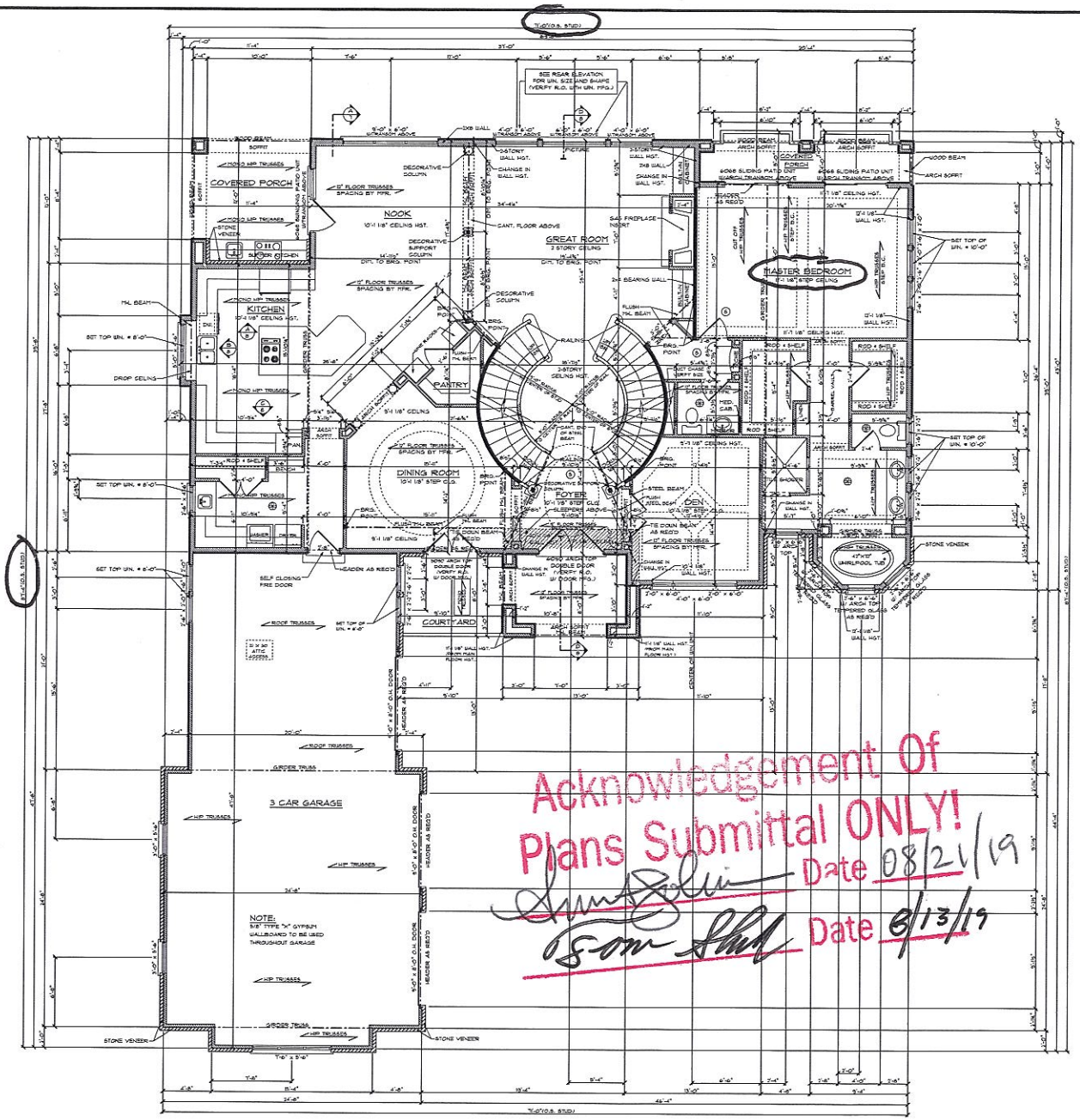
Layout 2
L1 (R) 62' 5.37
L2 (B) 65 6.28
L3 (R) 72 7.88
L4 (B 88 9.15
69
287
62
65
70
70
199

134 FROSTCLIFF LANE – PROPOSED BASEMENT LAYOUT / FLOOR PLAN
(AREA OUTLINED IN RED)



FRAMING NOTES:

1. 10'-1 1/8" WALL HEIGHT UNLESS NOTED
2. WINDOW R.O. DO NOT INCLUDE TRANSOMS OR ARCH TOPS.
3. ROOF TRUSSES TO BE DESIGNED + CERTIFIED BY AN ENGINEER, LICENSED IN THE STATE OR REGION OF CONSTRUCTION, FOR ALL DEAD + LIVE LOADS.
4. ALL EXTERIOR WALLS 2X6'S + 16" O.C. ALL INTERIOR WALLS 2X4'S + 16" O.C. GARAGE WALLS 2X4'S + 16" O.C.
5. "MICRO-LAM" BEAM + EXTERIOR HEADER SIZES TO BE VERIFIED BY SUPPLIER.
6. 2X6 PLUMBING WALLS AS REQ.



MAIN FLOOR:
2567 SQ.FT.

NOTE:
ACCORDING TO THE 2006 IRC SOME WINDOWS MAY NEED TO BE ADJUSTED TO MEET SECTION R303 REQUIRMENTS. VERIFY W/ LOCAL BUILDING DEPARTMENT.

Acknowledgement Of
Plans Submittal ONLY!
Date 08/21/19
Date 8/13/19

GENERAL NOTES:

1. CASEMENT WINDOWS / UNLESS NOTED TEMP. GLASS AS REQ. BY CODE.
2. IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO INSURE THAT ALL PRODUCTS ARE INSTALLED PER MFR. RECOMMENDATIONS.
3. IT IS THE RESPONSIBILITY OF THE PLUMBING, ELECTRICAL AND HVAC SUB-CONTRACTORS TO DESIGN/BUILD THEIR SYSTEMS AND TO INSURE THAT THESE SYSTEMS ARE INSTALLED AND OPERATING PROPERLY.
4. IT IS THE OWNER OR CONTRACTOR'S RESPONSIBILITY TO TAKE THE NECESSARY PRECAUTIONS TO PREVENT AGAINST THE BUILDUP OF MOISTURE OR MOLD.
5. CONSTRUCTION MATERIALS REFERENCED HEREIN ARE FOR SCHEMATIC PURPOSES ONLY AND MAY NOT COMPLY WITH YOUR LOCAL ZONING OR SAFETY REGULATIONS. OWNER OR CONTRACTOR SHALL BE RESPONSIBLE FOR THE FINAL CHOICE AND SELECTION OF ALL CONSTRUCTION MATERIALS.
6. SMOKE DETECTOR (S)
7. VENT FAN (F)
8. INTERIOR WALL DIMENSIONS ARE TO CENTER OF STUDS.
9. EXTERIOR WALL DIMENSIONS ARE TO OUTSIDE OF STUDS.

IN THE EVENT OF ANY DISCREPANCIES BETWEEN PLANS, ELEVATIONS AND/OR DETAILS, THE CONTRACTOR / SUB-CONTRACTOR SHALL CONTACT AHMANN DESIGN, INC. @ (319) 395-7900 BEFORE CONSTRUCTION FOR CLARIFICATION. IF AHMANN DESIGN IS NOT CONTACTED, THE CONTRACTOR/SUB-CONTRACTOR WILL ASSUME FULL RESPONSIBILITY.

MAIN FLOOR PLAN

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

AHMANN DESIGN INC.
(319) 395-7900
WWW.AHMANNDESIGN.COM

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TRADITIONS & TRENDS
AD 21207 REVERSED

DRAWN BY: MS
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FINAL RELEASE: 4/4/07

REVISIONS:
MS 5/28/08
JL 10/4/11

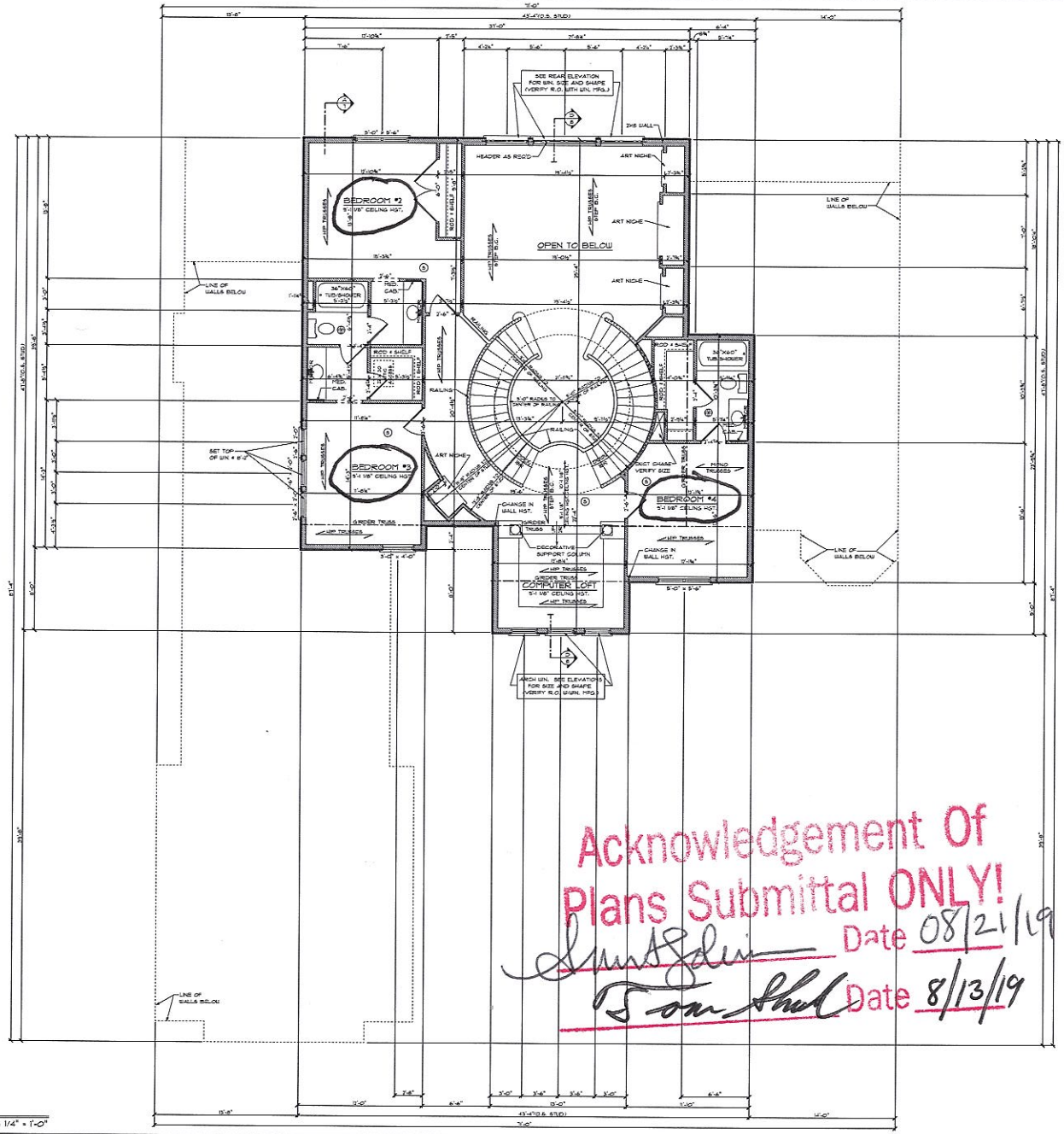
JOB NO. 21207R

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OF TEN

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FRAMING NOTES:

1. 5'-1 1/8" WALL HEIGHT UNLESS NOTED
2. WINDOW R.O. DO NOT INCLUDE TRANSOMS ON ARCH TOPS.
3. ROOF TRUSSES TO BE DESIGNED + CERTIFIED BY AN ENGINEER, LICENSED IN THE STATE OR REGION OF CONSTRUCTION, FOR ALL DEAD + LIVE LOADS.
4. ALL EXTERIOR WALLS 2X6'S @ 16" O.C. ALL INTERIOR WALLS 2X4'S @ 16" O.C. GARAGE WALLS 2X4'S @ 16" O.C.
5. "THORO-LAM" 5SGN 1 EXTERIOR HEADER SIZES TO BE VERIFIED BY SUPPLIER.
6. 2X6 PLUMBING WALLS AS REQ.



SECOND FLOOR: 1120 SQ.FT.

NOTE:
ACCORDING TO THE 2006 IRC SOME WINDOWS MAY NEED TO BE ADJUSTED TO MEET SECTION R310 REQUIREMENTS. VERIFY W/ LOCAL BUILDING DEPARTMENT.

Acknowledgement Of Plans Submittal ONLY!
Date 08/21/19
Date 8/13/19

GENERAL NOTES:

1. CASEMENT WINDOWS 1' UNLESS NOTED TEMP. GLASS AS REQ. BY 2006
2. IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO INSURE THAT ALL PRODUCTS ARE INSTALLED PER MFR. RECOMMENDATIONS.
3. IT IS THE RESPONSIBILITY OF THE PLUMBING, ELECTRICAL AND HVAC SUB-CONTRACTORS TO DESIGN/BUILD THEIR SYSTEMS AND TO INSURE THAT THESE SYSTEMS ARE INSTALLED AND OPERATING PROPERLY.
4. IT IS THE OWNER OR CONTRACTOR'S RESPONSIBILITY TO TAKE THE NECESSARY PRECAUTIONS TO PREVENT AGAINST THE BUILD-UP OF MOISTURE OR MOLD.
5. CONSTRUCTION MATERIALS REFERENCED HEREIN ARE FOR SCHEMATIC PURPOSES ONLY AND MAY NOT COMPLY WITH YOUR LOCAL ZONING OR SAFETY REGULATIONS. OWNER OR CONTRACTOR SHALL BE RESPONSIBLE FOR THE FINAL CHOICE AND SELECTION OF ALL CONSTRUCTION MATERIALS.
6. SMOKE DETECTOR (S)
7. VENT FAN (F)
8. INTERIOR WALL DIMENSIONS ARE TO CENTER OF STUDS.
9. EXTERIOR WALL DIMENSIONS ARE TO OUTSIDE OF STUDS.

IN THE EVENT OF ANY DISCREPANCIES BETWEEN PLANS, ELEVATIONS, AND/OR DETAILS, THE CONTRACTOR / SUB-CONTRACTOR SHALL CONTACT AHMANN DESIGN INC. AND REQUEST CLARIFICATION PRIOR TO CONSTRUCTION. IF CLARIFICATION IS NOT REQUESTED BEFORE CONSTRUCTION, THE CONTRACTOR / SUB-CONTRACTOR WILL ASSUME FULL RESPONSIBILITY.

SECOND FLOOR PLAN

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

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AD 21207 REVERSED

DRAWN BY: MB
CHECKED BY: KB
FINAL RELEASE 4/4/07

REVISIONS:	
MB	7/19/07
JL	10/4/11

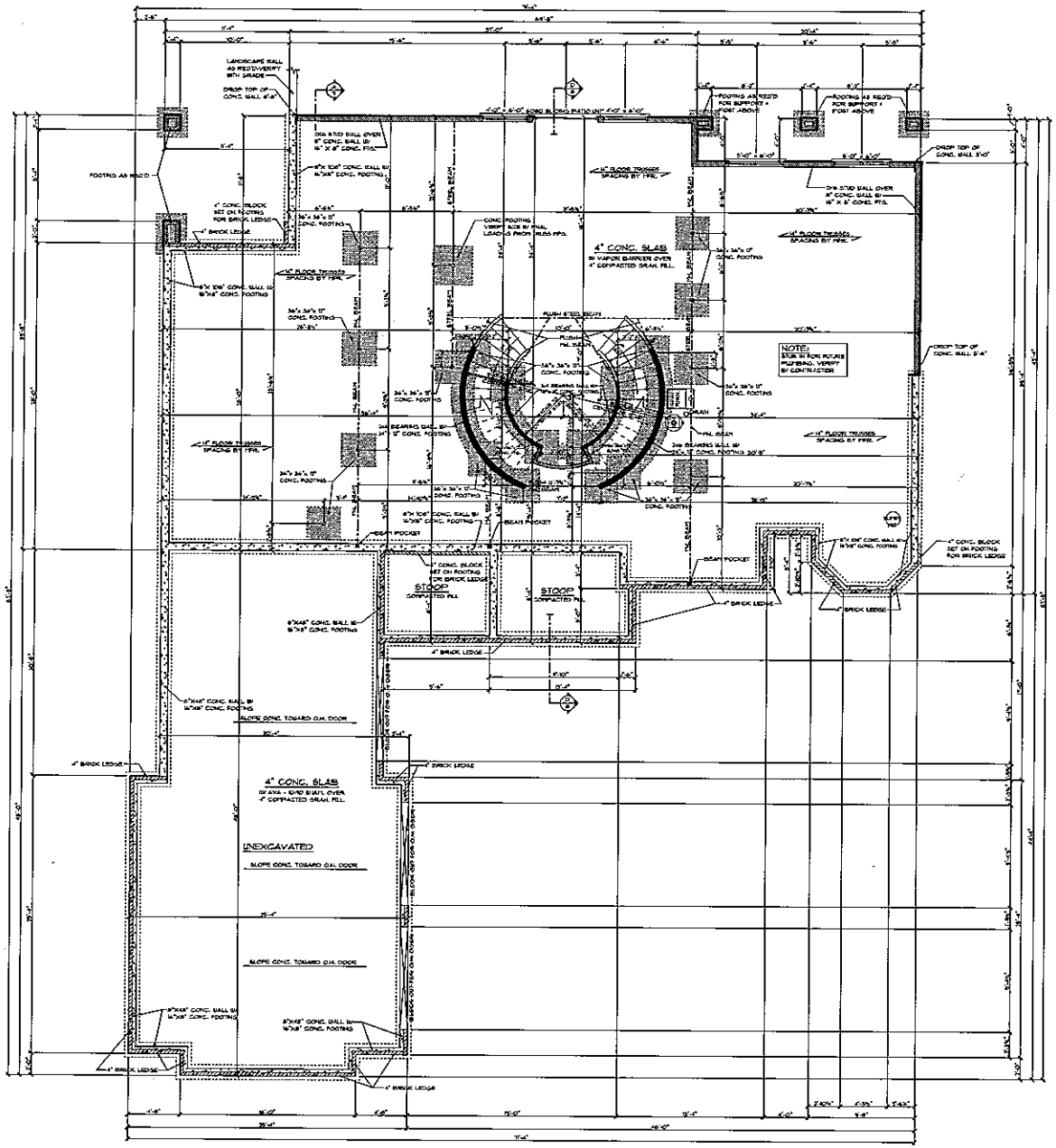
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FOUNDATION NOTES:

1. 2000 P.S.F. SOIL BEARING PRESSURE ASSUMED FOR FOOTING DESIGN. IF DIFFERENT CONDITIONS ARE ENCOUNTERED NOTIFY DESIGNER.
2. DO NOT BACKFILL BASEMENT WALLS UNTIL FIRST FLOOR IS IN PLACE.
3. 3000 P.S.I. CONCRETE (TYPICAL)
4. DO NOT PLACE ANY FOOTINGS ON DISTURBED OR UNSTABLE SOIL - OVER EXCAVATE AND ENTIRE FOOTING DEPTH.
5. CONCRETE POSTFORMING SIZE & SPACING - BY OTHERS.
6. VERIFY DEPTH OF FROST FOOTINGS W/ LOCAL CODES, FROST AND SOIL BEARING.
7. PROVIDE TERMITE PROTECTION AS REQUIRED PER LOCAL CODE.
8. ACTUAL FLOOR JOIST LAYOUT & SPACING BY HFG.



FOUNDATION PLAN

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

NOTE:
ACCORDING TO THE 2006 IRC SOME WINDOWS MAY NEED TO BE ADJUSTED TO MEET EGRESS REQUIREMENTS. VERIFY W/ LOCAL BUILDING DEPARTMENT.

* Need Basement Floorplan

GENERAL NOTES:

1. 8'-1 1/2" CEILING HGT.
2. IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO ENSURE THAT ALL PRODUCTS ARE INSTALLED PER MFR. RECOMMENDATIONS.
3. IT IS THE OWNER OR CONTRACTOR'S RESPONSIBILITY TO TAKE THE NECESSARY PRECAUTIONS TO PREVENT AGAINST THE BUILDUP OF MOISTURE OR MOLD.
4. IT IS THE RESPONSIBILITY OF THE PLUMBING, ELECTRICAL AND HVAC SUB-CONTRACTORS TO DESIGN AND BUILD THEIR SYSTEMS AND TO INSURE THAT THESE SYSTEMS ARE INSTALLED AND OPERATING PROPERLY.
5. CONSTRUCTION MATERIALS REFERENCED HEREIN ARE FOR SCHEMATIC PURPOSES ONLY AND MAY NOT COMPLY WITH YOUR LOCAL ZONING OR SAFETY REGULATIONS. OWNER OR CONTRACTOR SHALL BE RESPONSIBLE FOR THE FINAL CHOICE AND SELECTION OF ALL CONSTRUCTION MATERIALS.
6. CASEMENT WINDOWS UNLESS NOTED
7. TEMP. GLASS AS REQUIRED BY CODE
8. SMOKE DETECTOR (S)
9. VENT FAN (F)
10. INTERIOR DIMENSIONS ARE TO CENTER OF STUDS.
11. BASEMENT EGRESS WINDOW AS REQUIRED BY LOCAL CODE-VERIFY SIZE & LOCATION W/CONTRACTOR.
12. TAPE, CUT AND INSULATE BASEMENT SILLS AS REQUIRED BY LOCAL CODES.
13. TOP PRL CEILING HGT. / 8'-4" FRL TO UNDERSIDE OF BEAMS, DUCTS, ETC.

IN THE EVENT OF ANY DISCREPANCIES BETWEEN PLANS, ELEVATIONS, AND/OR DETAILS, THE CONTRACTOR / SUB-CONTRACTOR SHALL CONTACT AHMANN DESIGN, INC.@ (319) 395-7900 BEFORE CONSTRUCTION FOR CLARIFICATION. IF AHMANN DESIGN IS NOT CONTACTED, THE CONTRACTOR / SUB-CONTRACTOR WILL ASSUME FULL RESPONSIBILITY.

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TRADITIONS&TRENDS
AD 21207 REVERSED

DRAWN BY: MS
CHECKED BY: KR
FINAL RELEASE: 4-4-07

REVISIONS:

1|	7/18/07
2|	10/4/07

JOB NO. 2720 TR

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