IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236790

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

PIN # 4939352342

APPLICANT/OWNER: Grande Homes APPLICANT ADDRESS: 555 Delburg St Davidson, NC 28036

SITE ADDRESS: 159 Marietta Rd Mooresville NC 28117 PHONE: 704 400-1710 ALT. PHONE

SITE DIRECTIONS: Hwy 150 TR Perth Rd TL Fern Hill TR Marietta lot on left SAP CONTROLLED: YES' NO

SUBDIVISION: Marietta Overlook SECTION: — LOT # 5 LOT AREA: .57 Acre DESIGN FLOW: 480 gpd L.T.A.R.: I 3/.1 R

Septic Tank	1000 (gal)	STB	IM1060	Date	infiltrator	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	IM1060	Date	infiltrator	System Description:	LPPBPS		
Pump Make	Liberty	Model	290 3/4HP	Serial #		Repair System Description:	LPPBPS/Drip		
# Nitrification Fields	1	# Lines	5	Linear Ft	270'	Maintenance Agreement Required:	☒ YES / ☐ NO		
Trench Width	min 24"	Trench Bottom Depth (Low side)	30" max	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE	

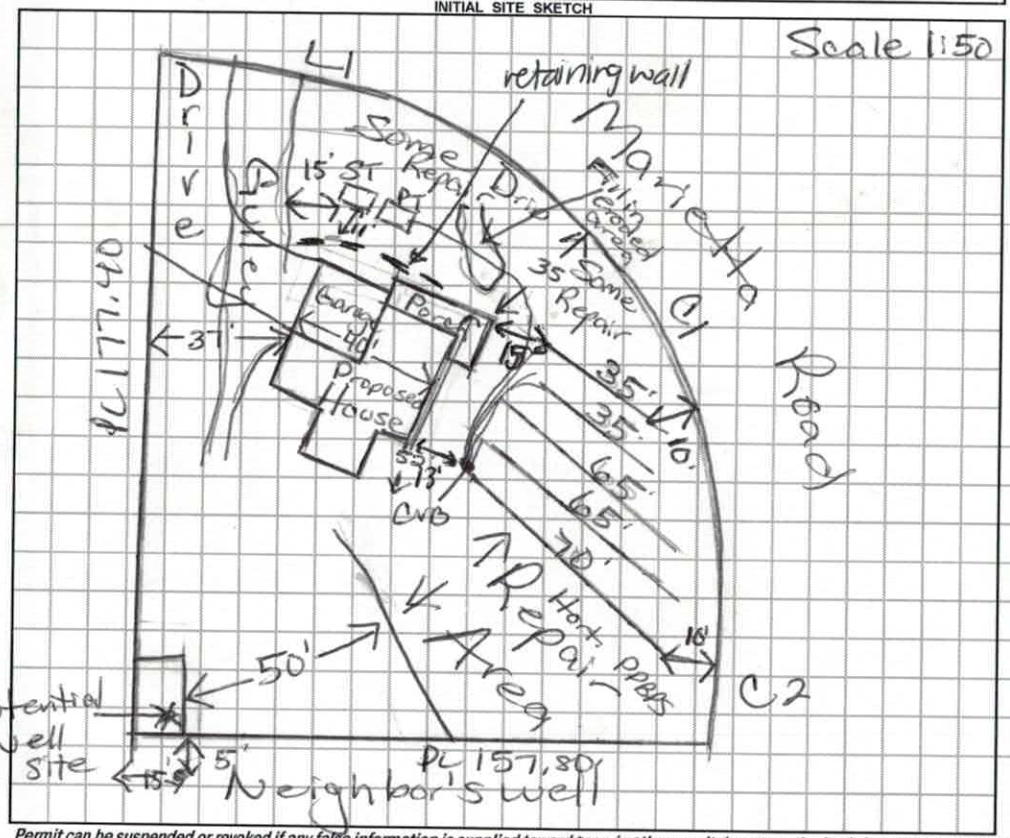
☒ Residence No. Bedrooms 4
☐ Business No. Persons 5
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert Storm/surface water away from Septic.

3 16 used

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	3/25	KW
Tanks Checked	3/25	KW
Pressure Manifold or Valve Box Checked	3/25	KW
Pressure Head Set	3/25	KW
Electrical Checked	5/06	PJB
Floats Set	5/06	PJB
Alarm Checked	05/06	PJB
Maintenance Contract (Y) / N	05/13	PJB

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:

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/7/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 9/7/18

Installed by: Joe Thompson

OPERATION PERMIT by: Patrick Bigelow Date: 05/13/19

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.

236790 Pd $1050

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

well + septic

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: Grande Homes **Address:** 555 Delburg St. **Zip:** 28036

Applicant Email: grandehomes@icloud.com **Phone:** 704 400 1710 **Alt. Phone:** _____

Owner Name: see authorization **Address:** _____ **Zip:** _____

Owner Email: form **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: ~~Lot 5~~ 159 Marietta Rd.

Subdivision Name: Marietta Overlook **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: 150 to Perth to 1st on Fern Hill to right on Marietta - lot on left across from lake

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: 4
Maximum Number of Occupants: _____
( ) 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: _____ 6-26-18
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

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, Clay Cogar, am the legal owner(s) of the property located at Lot 5 Marietta Road, identified as PIN (Parcel Identification Number) 4639-35-2342, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Matt McMullen, 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.

Clay Cogar 6-20-18 Lucero Hernández 6/20/18

Signature of Owner(s) Date Signature of Witness Date

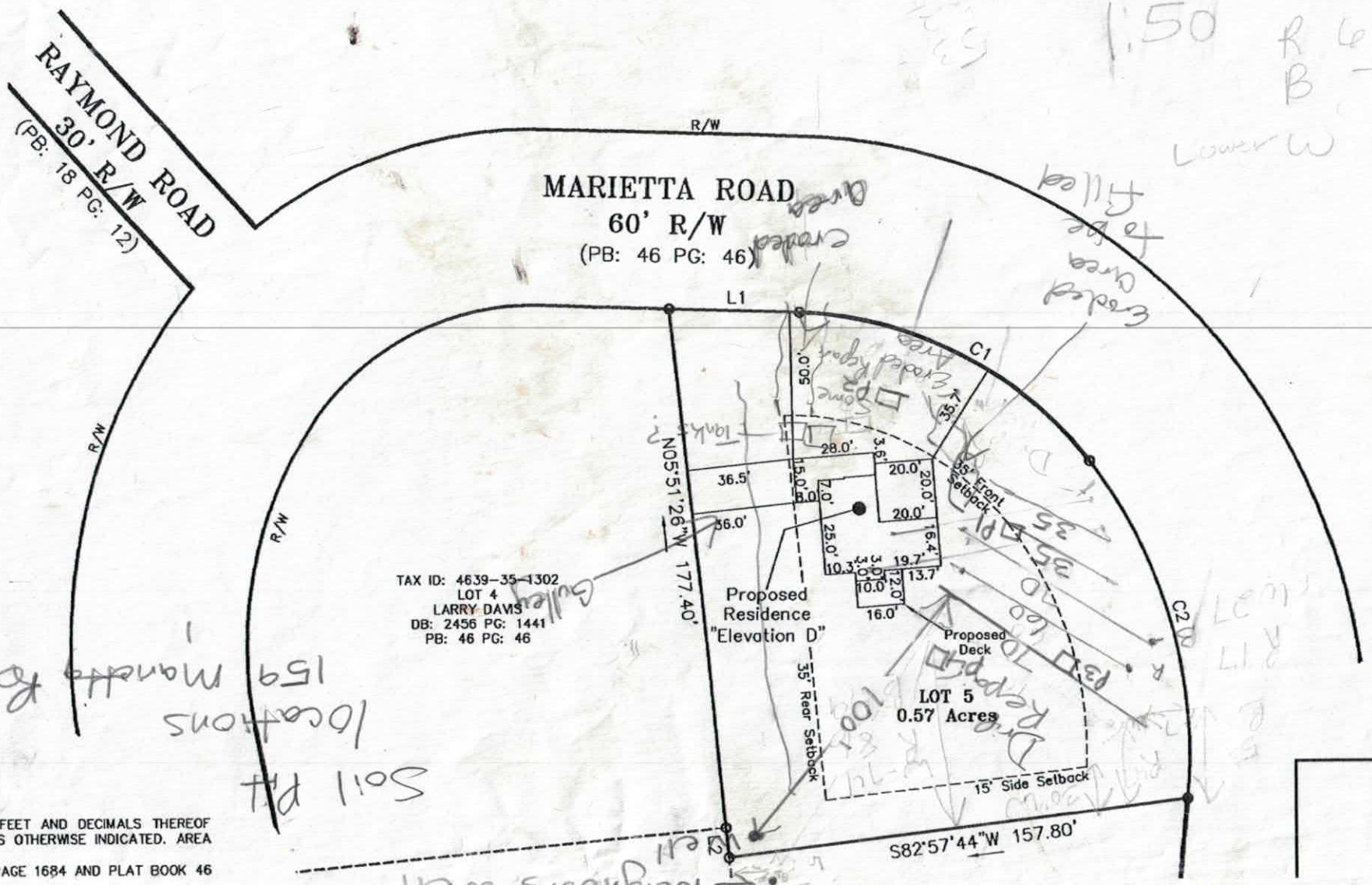
Please return this signed form to the appropriate office:

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

S PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN
ON; DEED DESCRIPTION AND/OR MAP BOOK SEE,
OT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM
THAT THE RATIO OF PRECISION AS CALCULATED IS
IN ACCORDANCE WITH THE STANDARDS OF PRACTICE
21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE,
DAY OF _____, 2018.

PRELIMINARY
NOT FOR RECORDATION
CONVEYANCES AND/OR SALES



SURVEY FEET AND DECIMALS THEREOF
S UNLESS OTHERWISE INDICATED. AREA

K 2184 PAGE 1684 AND PLAT BOOK 46

LOT 5 -

PLAT

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

Sheet ___ of ___
PROPERTY ID #: 4939534
COUNTY: Iredell

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

OWNER: Grande Homes
APPLICATION DATE 6/26/18
ADDRESS: 555 Delburg St
DATE EVALUATED: 7/26/18
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: ___
LOCATION OF SITE: 159 Marietta Rd Mooresville, NC
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	P1 13%	0-9"	Brw SCL	wSBK SS, SP, SExP, FR					PS .3
		9-29"	RC m-w	SBK SS, SP, SExP, FR					
		29-48"	Rd to Yel/Rd	CL SS, SP, SExP, FR	—	48"			
			W/SAP	Inclus.					
		48-49	SL SAP	FR massive					
2	P2 In Light 2%	0-6	Brw SCL	SS, SP, SExP, FR					PS .3
		6-22"	RC m	SBK SS, SP, SExP, FR					
		22-29"	R/Y CL w	SBK SS, SP, SExP, FR					
		29-50'	Y/SL SAP	massive, FR	—	50'			
3	P3 12%	0-7"	Brw SCL	wSBK SS, SP, SExP, FR					PS .3
		7-22"	RC m	SBK SS, SP, SExP, FR					
		22-46	R to Rd/Brw	CL wSBK SS, SP, SExP, FR	—	46"			
			W/SAP	Inclus					
		46-60	L/SL SAP	massive, FR					
4	15%	0-9"	Brw SCL	wSBK SS, SP, SExP, FR					PS .3
		9-29"	Rd C m-w	SBK SS, SP, SExP, FR					
		29-50	Yel/Rd CL	wSBK SS, SP, SExP, FR					
		50-56	L/SL SAP	FR massive					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% Red	50% Red & Drip
Site LTAR	.3	.3/.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Joe Thompson

COMMENTS:

BPS (www.plansinc.com) - GENERAL INFORMATION

ALL CONTRACTORS SHALL REVIEW AND VERIFY ALL DIMENSIONS BEFORE BEGINNING ANY WORK.

ALL CONTRACTORS CONSTRUCTION SHALL COMPLY WITH ALL APPLICABLE STATE AND LOCAL BUILDING CODES.

BUILDERS PLANSOURCE, INC. (WWW.PLANSINC.COM) IS NOT RESPONSIBLE FOR FINISHED RESIDENCE MEETING YOUR LOCAL CODES. ANY CONSTRUCTION DETAILS THAT ARE NOT SPECIFICALLY SHOWN IN THESE PLANS SHALL BE CONSTRUCTED IN ACCORDANCE WITH GENERAL FRAMING PRACTICES THAT WOULD BE FOUND IN SIMILAR CONDITIONS AND MATERIALS.

ALL STRUCTURAL COMPONENTS INCLUDING, BUT NOT LIMITED TO, SOLID HEADERS, BEAMS, HIP RAFTERS, VALLEY RAFTERS, GIRDERS, PIERS, JOISTS, BEARING WALLS, ETC. SHALL BE SIZED AND/OR SPECIFIED IN ACCORDANCE WITH CURRENT STATE AND LOCAL BUILDING CODES. IT SHALL BE THE RESPONSIBILITY OF THE BUILDER TO AND/OR APPOINT A REGISTERED ENGINEER TO SPECIFY SUCH COMPONENTS. BUILDERS PLAN SOURCE, INC. (WWW.PLANSINC.COM) HAS PROVIDED A DRAFTING SERVICE ONLY AND SHALL NOT BE HELD LIABLE FOR STRUCTURAL COMPONENTS FOUND WITHIN PLANS.

SOME FINISHED MATERIALS SUCH AS FLOOR COVERINGS, WALL COVERINGS, AND ANY RELATED TRIM WORK MAY NOT BE FOUND IN THESE PLANS. THESE ITEMS ARE TO BE DETERMINED BY THE BUILDER.

ALL EXTERIOR WALLS ARE TO BE MEASURED AT 9 1/2" UNLESS NOTED OTHERWISE. EXTERIOR WALLS ARE 4" UNLESS OTHERWISE NOTED.

THIS RESIDENCE IS NOT DESIGNED FOR A SPECIFIC LOT/GRADE CONDITION. IT IS THE BUILDER'S RESPONSIBILITY TO MAKE SURE FOUNDATION WALLS, POSITIVE DRAINAGE, AND GRADING ARE COMPLETED AND/OR INSTALLED IN ACCORDANCE WITH CURRENT STATE AND LOCAL BUILDING CODES.

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ALL FRAMING LUMBER SHALL BE SPF #2 (Fb = 875 PSI) UNLESS NOTED OTHERWISE (ENG).

ALL WOODEN BEAMS AND HEADERS SHALL HAVE THE FOLLOWING END SUPPORTS: (2) 2x4 STUD COLUMN FOR 6'-0" MAX. BEAM SPAN, MINIMUM (2) STUDS FOR BEAM SPAN GREATER THAN 6'-0" (ENG). ALL BEARING HEADERS AND HEADERS OVER 6'-0" IN LENGTH SHALL BE (2) 2x10's (ENG). SEE PLAN FOR SPECIFIC BEAM SIZES

L.V.L. SHALL BE LAMINATED VENEER LUMBER OR PARALLEL STRAND LUMBER (PSL) WITH THE FOLLOWING PROPERTIES: Fb = 2800 PSI, Fv = 285 PSI, E = 1900,000 PSI.

INSTALL ALL CONNECTIONS PER MANUFACTURER'S INSTRUCTIONS.

BRICK LINTELS SHALL BE 3 1/2"x3 1/2"x1/4" STEEL ANGLE FOR UP TO 6'-0" SPAN AND 6"x4"x5/16" STEEL ANGLE WITH 6" LEG VERTICAL FOR SPANS UP TO 10'-0" (ENG).

THE POSITIVE AND NEGATIVE DESIGN PRESSURE FOR DOORS AND WINDOWS FOR A MEAN ROOF HEIGHT OF 35 FEET OR LESS SHALL BE 25 PSF.

THE POSITIVE AND NEGATIVE DESIGN PRESSURES REQUIRED FOR ANY ROOF OR WALL CLADDING APPLICATION NOT SPECIFICALLY ADDRESSED IN THE NORTH CAROLINA STATE RESIDENTIAL CODE - 2012 EDITION SHALL BE AS FOLLOWS:

ROOF:
- 45.4 PSF - 2.25:12 PITCH OR LESS
- 34.8 PSF - 2.25:12 TO 7:12 PITCH
- 31 PSF - 7:12 TO 12:12 PITCH

WALLS:
- 24.1 PSF - WALLS

PRESCRIPTIVE COMPLIANCE (FENESTRATION) FOR DOORS AND WINDOWS	
GROSS AREA OF EXTERIOR WALLS	2151 SQFT.
NOMINAL AREA OF UNGLAZED DOORS	17.19 SQFT.
NOMINAL AREA OF DOORS WITH GLAZING	18.33 SQFT.
NOMINAL AREA OF WINDOWS	205 SQFT.
TOTAL NOMINAL AREA OF DOORS & WINDOWS	534.6 SQFT.
% OF DOOR AND WINDOW OPENINGS	19.44%

HALL BRACING NOTES:

1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN R602.10.4 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH SEPTEMBER 1, 2013 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATHED WITH A MINIMUM 7/16" OSB AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS @ 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. SPACING AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG OSB PANEL EDGES. FASTEN PANEL EDGES AT BLOCKING AT 3" O.C. AND AT 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF WALL IS SHEATHED.

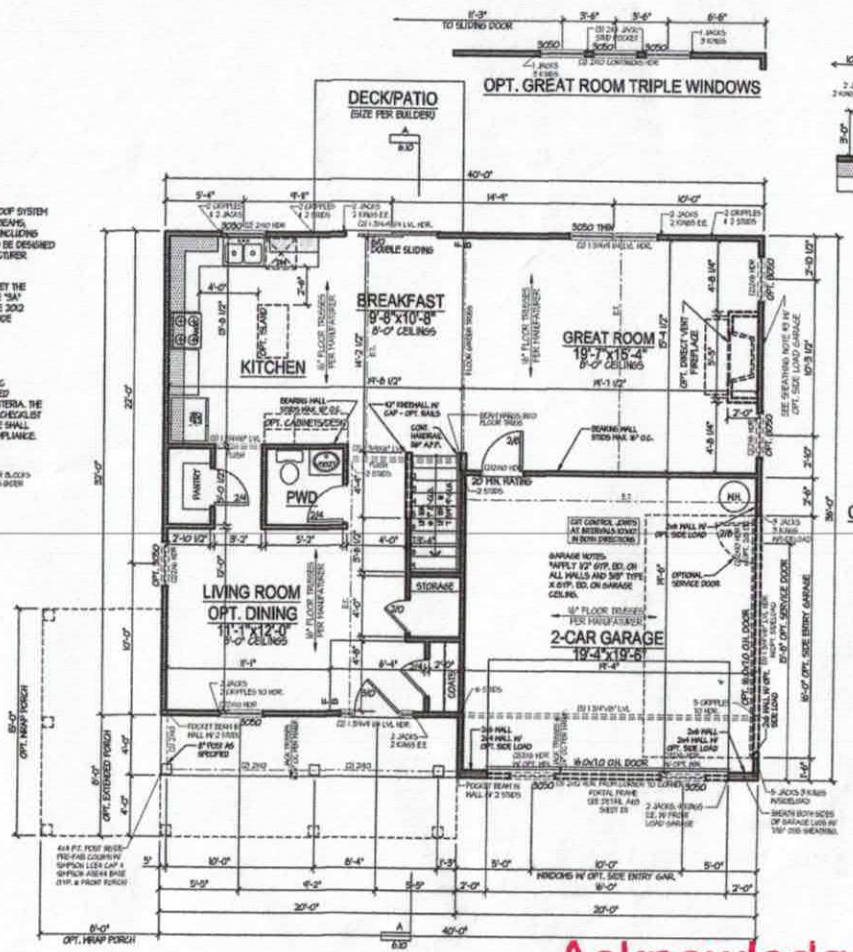
4. SHEATH ALL GABLE END WALLS W/ 7/16" OSB.

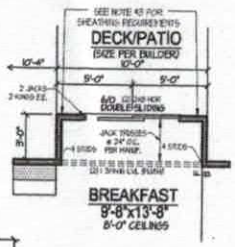
NOTE: ALL FLOOR SYSTEM AND ROOF SYSTEM COMPONENTS (TRUSSES, I-JOISTS, BEAMS, GIRDERS, COLUMNS, & HEADERS - INCLUDING GARAGE DOOR HEADERS) ARE TO BE DESIGNED AND ENGINEERED BY THE MANUFACTURER.

NOTE: PROVIDE INSULATION TO MEET THE REQUIREMENTS FOR CLIMATE ZONE "3A" AS LISTED IN TABLE N1102.1 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE
CEILINGS = R-30
WALLS = R-13
FLOORS = R-11

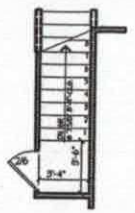
ENERGY EFFICIENCY SHALL BE DEMONSTRATED PER A NC SPECIFIC RESCHECK INDICATING THE REQUIRED INSULATION AND FENESTRATION CRITERIA. THE RESCHECK PROVIDED INSPECTION CHECKLIST & ENERGY EFFICIENCY CERTIFICATE SHALL BE USED TO VERIFY REQUIRED COMPLIANCE.

E3 = EXTRA TRUSS
- MAY BE SUBSTITUTED W/ 2x4 LADDER BLOCKS @ 16" O.C. BETWEEN TYPICAL TRUSSES OVER PARTITION WALLS ABOVE.





OPT. BREAKFAST BAY



OPT. STAIR W/ BASEMENT



(A) FRONT LUG DETAIL



(B) SIDE ENTRY LUG DETAIL

SQUARE FOOTAGE ANALYSIS

HABITABLE AREAS				OTHER AREAS	
SPECIFIED AREA	SF INSIDE OF STUDS	SF OUTSIDE OF STUDS	APPRAISABLE SF	SPECIFIED AREA	SQUARE FOOTAGE
FIRST FLOOR	1911	1911	1911	GARAGE	400
SECOND FLOOR	1232	1280	1280	REAR PATIO	120
				COVERED PORCH	150
				OPT. EXTENDED PORCH	160
OPTIONAL BREAKFAST BAY	28	30	30	OPT. WRAP PORCH	120
				ATTIC STORAGE (APPROX.)	N/A
				SECOND STORY FOYER	N/A
TOTAL SF	2051	2241	2241	2 STORY/VAULT GREAT RM	N/A
TOTAL SF W/ OPT. BAY	2779	2271	2271		

APPRAISABLE SF INCLUDES BRICK VENEER IF APPLICABLE

Acknowledgement of Plans Submittal ONLY!

Date 9/7/18

Date

BUILDERS PLAN SOURCE
PO Box 838
Kitty Hawk, North Carolina 27021
Phone: (252)255-0303

BUILDER: PLANSINC.com Stock Plans

OWNER:

PLAN NAME: MV40-2241 Elevation D

ISSUE DATE	REVISION DATE
03/04/07	06/07/16
	08/25/16
	06/18/18

DRAWN BY: JHM
CHECKED BY: JJT
STANDARD SCALE: 1/8"=1'-0" 22x34 1/4"=1'-0"

SHEET NUMBER: 3.10

FIRST FLOOR PLAN

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ALL FRAMING LUMBER SHALL BE SPF #2 (Fb = 875 PSI) UNLESS NOTED OTHERWISE (U.N.O.)

ALL WOODEN BEAMS AND HEADERS SHALL HAVE THE FOLLOWING END SUPPORTS:
(1) 2x4 STUD COLUMN FOR 4'-0" MAX. BEAM SPAN MINIMUM (2) STUDS FOR BEAM SPAN GREATER THAN 4'-0" U.N.O. ALL BEARING HEADERS AND HEADERS OVER 6'-0" IN LENGTH SHALL BE (2) 2x10's U.N.O. SEE PLAN FOR SPECIFIC BEAM SIZES

L.V.L. SHALL BE LAMINATED VENEER LUMBER OR PARALLEL STRAND LUMBER (PSL) WITH THE FOLLOWING PROPERTIES: Fb = 2800 PSI, Fv = 285 PSI, E = 1900,000 PSI.
INSTALL ALL CONNECTIONS PER MANUFACTURERS INSTRUCTIONS.

BRICK LINTELS SHALL BE 3 1/2"x3 1/2"x1/4" STEEL ANGLE FOR 8'-0" TO 8'-0" SPAN AND 6"x4"x5/16" STEEL ANGLE WITH 6" LEG VERTICAL FOR SPANS UP TO 4'-0" U.N.O.

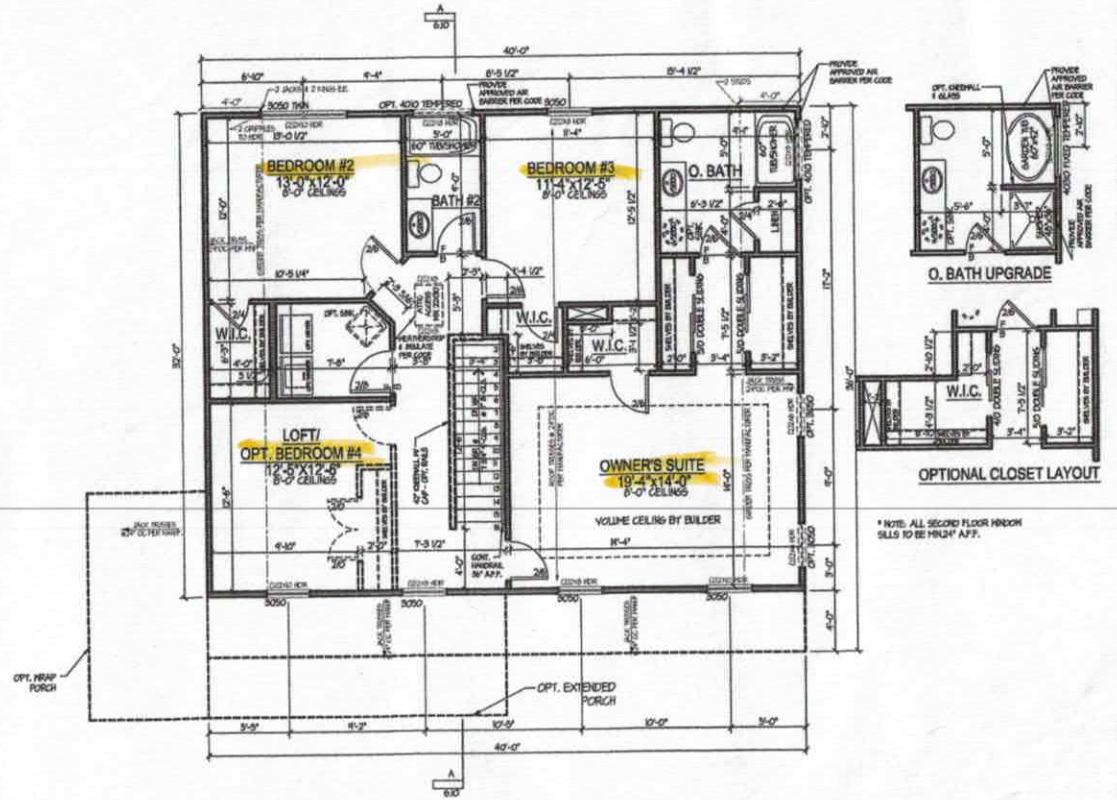
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WALLS:
- 24.1 PSF - WALLS

PRESCRIPTIVE COMPLIANCE (FENESTRATION) FOR DOORS AND WINDOWS	
GROSS AREA OF EXTERIOR WALLS	2181 SQFT.
NOMINAL AREA OF UNGLAZED DOORS	1178 SQFT.
NOMINAL AREA OF DOORS WITH GLAZING	1533 SQFT.
NOMINAL AREA OF WINDOWS	219 SQFT.
TOTAL NOMINAL AREA OF DOORS & WINDOWS	3043 SQFT.
% OF DOOR AND WINDOW OPENINGS	13.94%



OPTIONAL CLOSET LAYOUT

* NOTE: ALL SECOND FLOOR WINDOW SILLS TO BE MIN.24" A.F.F.

WALL BRACING NOTES:
1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOUNTED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN R602.10.4 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH SEPTEMBER 1, 2013 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATHED WITH A MINIMUM 7/16" OSB AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS @ 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. SPACING AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG OSB PANEL EDGES. FASTEN PANEL EDGES AT BLOCKING AT 3" O.C. AND AT 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS W/ 7/16" OSB.

Acknowledgement of Plans Submittal ONLY!

Maria Date 9/7/18

Date

SQUARE FOOTAGE ANALYSIS

HABITABLE AREAS

SPECIFIED AREA	SF INSIDE OF STUDS	SF OUTSIDE OF STUDS	APPRAISABLE SF
FIRST FLOOR	918	961	961
SECOND FLOOR	1232	1280	1280
OPTIONAL BREAKFAST BAY	28	30	30
TOTAL SF	2150	2241	2241
TOTAL SF W/ OPT. BAY	2178	2271	2271

OTHER AREAS

SPECIFIED AREA	SQUARE FOOTAGE
GARAGE	400
REAR PATIO	120
COVERED PORCH	80
OPT. EXTENDED PORCH	160
OPT. WRAP PORCH	120
ATTIC STORAGE (APPROX.)	N/A
SECOND STORY FOYER	N/A
2 STORY/VAULT GREAT RM	N/A

APPRAISABLE SF INCLUDES BRICK VENEER IF APPLICABLE

SECOND FLOOR PLAN

BUILDERS PLAN SOURCE
PO Box 936
Kitty Hawk, North Carolina, 27021
Phone: (252)255-0553

BUILDER: PLANSINC.com Stock Plans

OWNER:

PLAN NAME: MV40-2241 Elevation D

ISSUE DATE	REVISION DATE
03/04/07	06/07/16
	08/25/16
	09/18/18

DRAWN BY: JHM
CHECKED BY: JJT
STANDARD SCALE: 1/8"=1'-0" 3/16"=1'-0" 1/4"=1'-0"

SHEET NUMBER: 4.10