IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228833

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

PIN # 4639361944

APPLICANT/OWNER: David Gaws APPLICANT ADDRESS: 631 Brawley School Rd Mooresville, NC 28117

SITE ADDRESS: 267 Tennessee Circle Mooresville, NC PHONE: 704 400-2307 ALT. PHONE

SITE DIRECTIONS: Hwy 150 TR Perth Rd TL Fern Hill TR Tennessee Circle on left SAP CONTROLLED: Repair Only ☒ YES ☐ NO

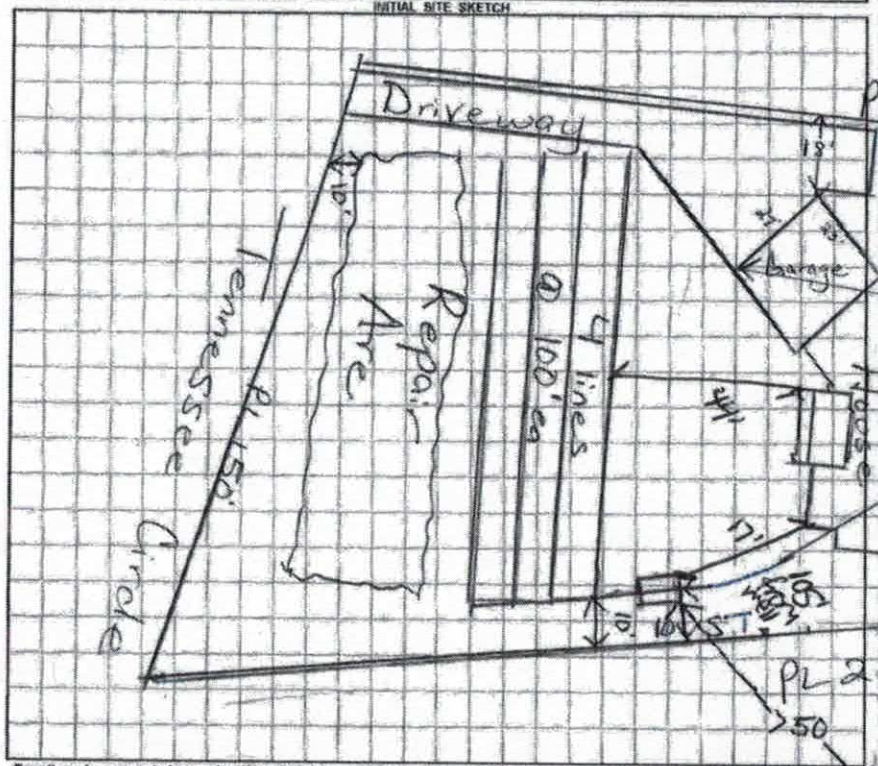
SUBDIVISION: Tennessee Circle SECTION: LOT # 10 LOT AREA: .69Ac. DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 1012	Date 3-26-19	☒ 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: 50% Reduction		☐ 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) max 36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

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

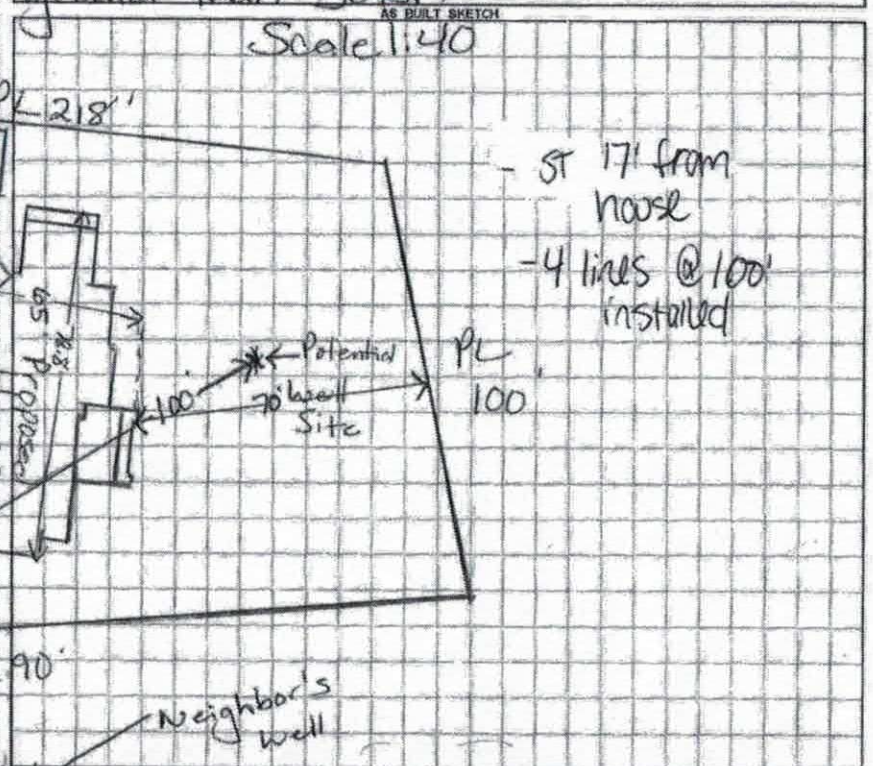
Keep Septic maximum feasible distance to Neighbor's well but must be greater than 50 ft.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:40



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: David Gaws Date: 2/12/19 Installed by: Piedmont Backhoe (Steve Jordan)

IMPROVEMENT PERMIT by: Maria L. Dotson Date: 2/11/19 OPERATION PERMIT by: Carla C. Carl Date: 6-24-19

AUTHORIZATION TO CONSTRUCT by: Maria L. Dotson Date: 2/11/19 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228833

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

PIN # 4639361944

APPLICANT/OWNER: David Gaus APPLICANT ADDRESS: 631 Brawley School Rd Mooresville, NC 28117

SITE ADDRESS: 267 Tennessee Circle Mooresville, NC PHONE: 704 400-2307 ALT. PHONE

SITE DIRECTIONS: Hwy 150 TR Perth Rd TL Fern Hill TR Tennessee Circle on left SAP CONTROLLED: Repair Only ☒ YES ☐ NO

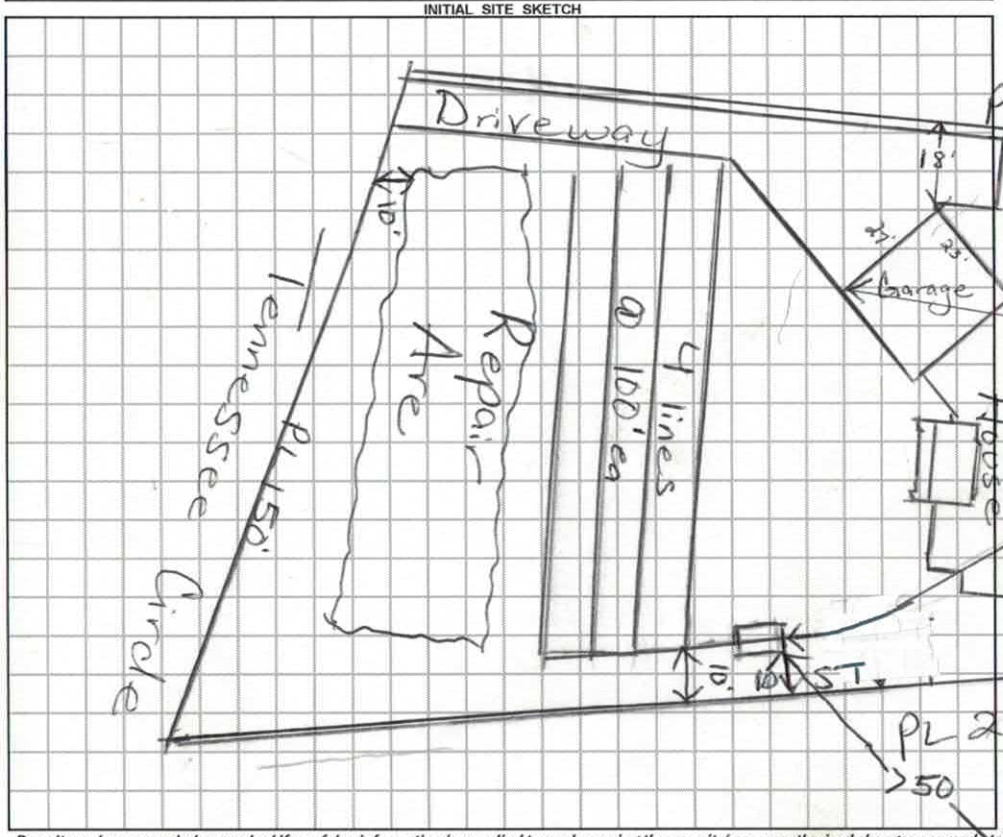
SUBDIVISION: Tennessee Circle SECTION: LOT # 10 LOT AREA: .69Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply		
Pump Tank	(gal)	PT	Date	System Description:	Gravity-25% Reduction	☐ Business	No. Persons	8	☒ Private		
Pump Make	Model		Serial #	Repair System Description:	50% Reduction	☐ 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)	max 36"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing		

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

Keep Septic maximum feasible distance to Neighbor's well but must be greater than 50ft.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:40

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: David Gaus Date: 2/12/19 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/11/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/11/19 Existing System Inspected by: Date:

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

228833

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: DAVID GAUS Address: 631 BRAWLEY SCHOOL RD Zip: 28117

Applicant Email: dgcustomhomes1@hotmail.com Phone: 704-400-2307 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 267 TENNESSEE CIRCLE

Subdivision Name: TENNESSEE CIRCLE SUB Section/Phase: _____ Lot Number: 10

Driving Directions: HWY 150 W TR FOURTH RD TL FERN HILL TR TENNESSEE CIRCLE - ON LEFT

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: _____ — ( ) 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: David Gaus 1-24-18

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

Will call back when survey done.

RECEIVED JUL 2 0 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM* Paid $500.00

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.

#228833

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: DAVID DAGENHART Address: 21116 TOWNWOOD DR CORNELIUS NC Zip: 28031
Applicant Email: ddagenhart@mccombs-steel.com Phone: 704-578-4511 Alt. Phone: 704-873-7563
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 267 TENNESSEE CIRCLE MOORESVILLE NC
Subdivision Name: Tennessee Circle Section/Phase: _____ Lot Number: 10
Driving Directions: PERTH ROAD, FERN HILL, RIGHT ON TENNESSEE

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: 8
(✓) Swimming Pool
(✓) Other Addition/Structure: pool house

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: _____ 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: _____ 7-20-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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*) David Hart

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, David Hart, am the legal owner(s) of the property located at 267 TENNESSEE CIRCLE, identified as PIN (Parcel Identification Number) 4639361944, 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.

David Hart
Signature of Owner(s)

1-24-19
Date

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

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



PLOT PLAN FOR:

David Dagenhart

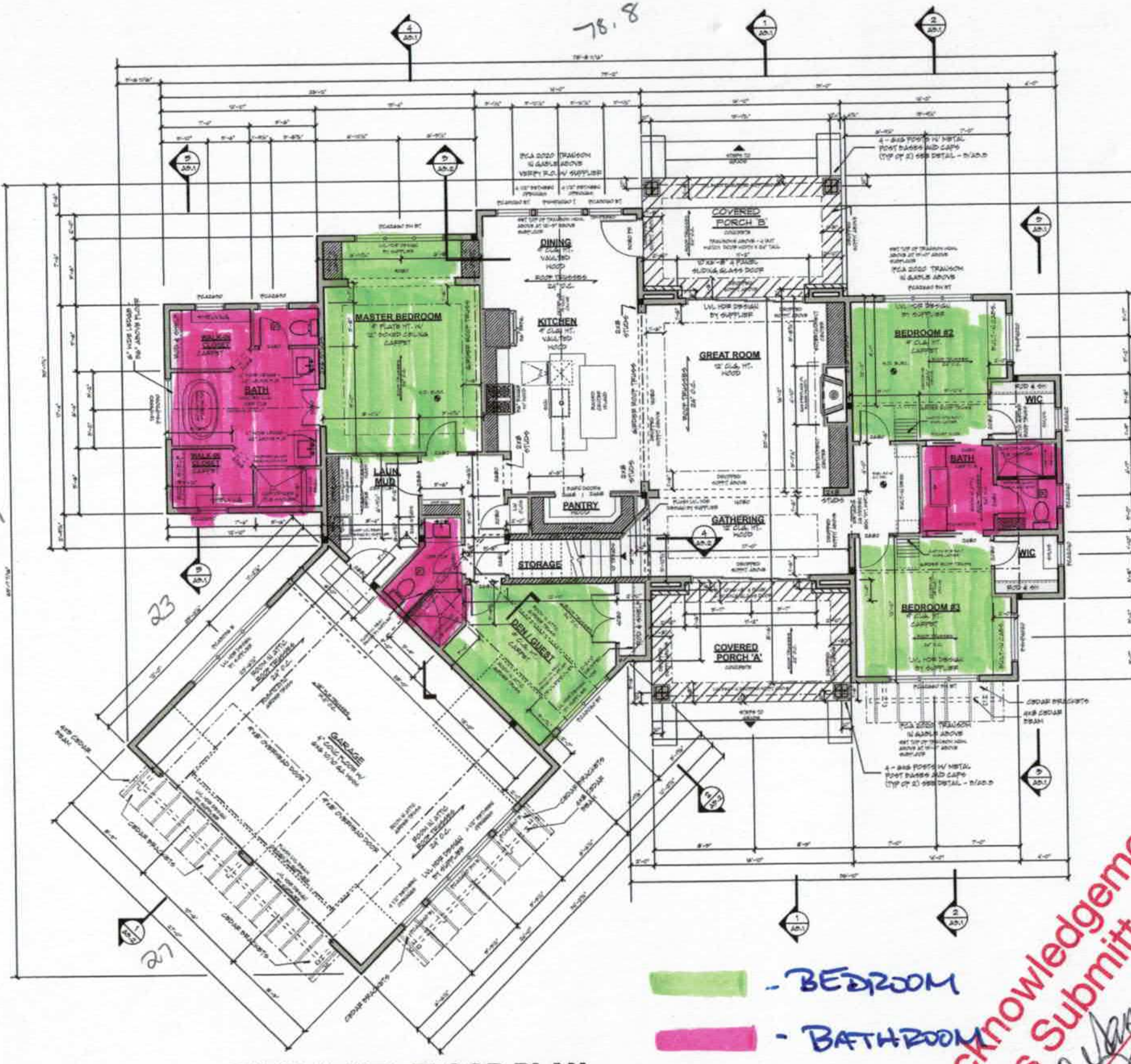
JORDAN GRANT

ENGINEERING • SURVEYING • PLANNING

JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

DRAWN BY: MIG	CHECKED BY: MT
SCALE: 1"=40'	
DEED REF: 2484-2264	PIN NO:
DATE OF MAP: 07-20-17	SUP
REVISION:	

267 TENNESSEE CIR, MOOR
FALLSTOWN TOWNSHIP — IREDELL COUN



- BEDROOM

- BATHROOM

MAIN LEVEL FLOOR PLAN

SCALE: 1/4" = 1'0"

AREA CALCULATIONS

LOWER LEVEL UNFINISHED	2157 SF 2157 SF
MAIN LEVEL	2157 SF
BONUS ROOM	347 SF
GAMES/LOFT	200 SF
TOTAL LIVABLE	2704 SF
TOTAL FINISHED	2704 SF
GARAGE	649 SF
PORCH 'A'	168 SF
PORCH 'B'	168 SF

GENERAL NOTES - MAIN FLOOR

- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER / BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS WILL BE RESPONSIBLE FOR SAME. SIZES OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION SIZING, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. ARE FOR BIDDING AND REVIEW PURPOSES ONLY.

WINDOWS

- MARVIN INTEGRITY ALL ULTREX SERIES UNITS SHOWN
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 7' 11-5/8" OFF FLOOR
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MAX. L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY GRANITE COUNTERTOPS AND PROVIDE PROPER FRAMING AS NEEDED
- DIMENSIONS ARE FROM EXTERIOR FACE OF STUD OF EXTERIOR WALLS AND CENTERLINE OF INTERIOR PARTITIONS

FRAMING

- PLATE HEIGHTS (ROUGH FRAME):
  - 9' 1-1/8" MAIN LEVEL
  - 12' 1-1/8" GREAT ROOM, FOYER
- DOUBLE STUDS AT WINDOWS AND DOOR HEADERS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ALL EXTERIOR DOOR AND WINDOW HDRS TO BE 2-2X10 UNLESS NOTED OTHERWISE

■ - DENOTES SOLID BEARING IN WALL CONTINUOUS TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

OPENING SCHEDULE			
PRODUCT CODE	SIZE	R.O. WIDTH	R.O. HEIGHT
3080 FR	3080	[illegible]	[illegible]
CRAFTSMAN - COUNTRY 4 PANEL-MODIFIED	3080	[illegible]	[illegible]
[illegible]-MODIFIED	3080	[illegible]	[illegible]
[illegible]-MODIFIED	4080	[illegible]	[illegible]
[illegible]-MODIFIED	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	3080	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]-MODIFIED	[illegible]	10' 0¾"	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

STRUCTURAL NOTES

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED & STRUCTURAL ENGINEER BASED ON EXISTING SITE CONDITIONS. OWNER / BUILDER TO ASSUME ALL RESPONSIBILITY FOR ENTIRE STRUCTURE.

Acknowledgement of Plans Submittal ONLY!

Date 1-24-18

Date 2/11/19

ROYAL OAKS

3459 Lake Elmo Ave
Lake Elmo, MN
651-765-4751
www.royaloaksdesign.com

CERTIFIED PROFESSIONAL BUILDING DESIGNER
NATIONAL COUNCIL OF
Karen J. Lisbl 24-106

CL - 18 - 006
CRAWL

Document Date:
7/17/2018
Document Phase:

Drawn by:

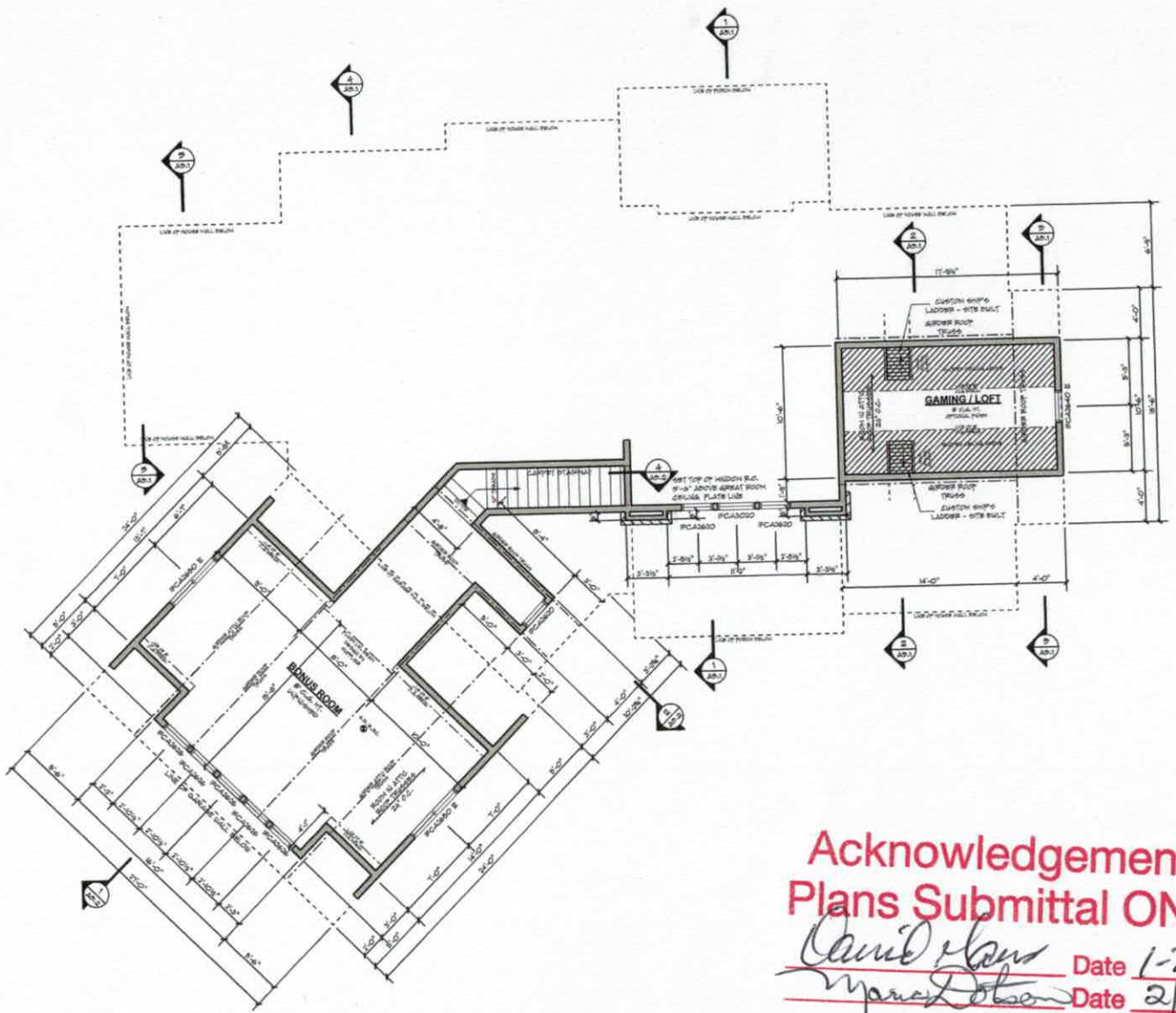
ISSUE DATE REMARK

MAIN FLOOR PLAN

4 A2.2 8

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SECOND LEVEL FLOOR PLAN

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

AREA CALCULATIONS	
LOWER LEVEL UNFINISHED	2197 SF
LOWER LEVEL	2197 SF
MAIN LEVEL	2197 SF
BONUS ROOM	947 SF
GAMING/LOFT	370 SF
TOTAL LIVABLE	3704 SF
TOTAL FINISHED	3704 SF
GARAGE	849 SF
PORCH 'A'	168 SF
PORCH 'B'	168 SF

GENERAL NOTES - SECOND FLOOR

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM INTERIOR FACE OF STUD OF EXTERIOR WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO ENSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER / BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS. ALL RESPONSIBILITY FOR SIZES, SIZES OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION WALLS, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. ARE FOR BIDDING AND PERMIT PURPOSES ONLY.

WINDOWS
- MARVIN ULTIMATE ALL-ULTREX SERIES UNITS SHOWN
- STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 7'-0 1/8" OFF FLOOR
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM
- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MIL L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL DUCTS AND PIPING FUNCTIONS
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERED FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATION OF ANY ABRUPT CONFIGURATIONS AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING
- PLATE HEIGHTS (ROUGH FRAME):
  - 8' 1-1/8" MAIN LEVEL
  - DOUBLE STUDS AT HOLDING AND DOOR HEADERS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ALL INTERIOR DOOR AND HOW HOPS TO BE 2-2X10 UNLESS NOTED OTHERWISE

■ - DENOTES SOLID FRAMING W/ WALL CONTINUOUS TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

OPENING SCHEDULE			
ROUGH SIZE	SIZE	R.O. WIDTH	R.O. HEIGHT
FC43660 E	4'11 5/8" X 6'-0"	5'-0"	6'-0"
FC43660	4'11 5/8" X 6'-0"	5'-0"	6'-0"
FC43660	4'11 5/8" X 6'-0"	5'-0"	6'-0"
FC43660 E	4'11 5/8" X 6'-0"	5'-0"	6'-0"
FC43660	4'11 5/8" X 6'-0"	5'-0"	6'-0"

STRUCTURAL NOTES

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED & STRUCTURAL ENGINEER MADE EXISTING SITE CONDITIONS. OWNER / BUILDER TO ASSUME ALL RESPONSIBILITY FOR ENTIRE STRUCTURE.

Acknowledgement of Plans Submittal ONLY!

David Hans Date 1-24-19

Marcia Dolson Date 2/19/19

ROYAL OAKS DESIGN
3459 Lake Elmo Ave
Lake Elmo, MN
651-765-4751
www.royaloaksdesign.com

CL - 18 - 006
CRAWL

Document Date: 7/17/2018
Document Phase:
Drawn by:

ISSUE DATE REMARK

SECOND FLOOR PLAN

A2.3

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IREDELL COUNTY

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

APPLICATION NUMBER
228833
Issue Date: 07/20/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639361944.000	267 TENNESSEE CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SHOFFNER JACK W	Applicant: DAGENHART, DAVID
Address: 5319 SHOFFNER RD MCLEANSVILLE, NC 27301	Address: 21116 TOWNWOOD DR CORNELIUS, NC 28031
Phone:	Phone: 704-873-7563

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	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	109661	TOTAL FEES:	$ 77.25

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: 463936 1940

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Dagenhart APPLICATION DATE 7-20-17

ADDRESS: 2111 Townwood Dr Cornelius NC DATE EVALUATED: 7-27-17

PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: .69Ac

LOCATION OF SITE: 267 Tennessee Circle M'ville 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Repair 13%	0-4	Brw SCL	SS, SP, SExp, FR					PS .3
		4-20	Rd/Brw	C m-wSBK	SS, SP, SExp, FR				
		20-50	Rd/Brw	C, wSBK	SS, SP, SExp, FR				
	Initial 13-15%	0-14	Brw SCL, wSBK some Quartz fragments						PS .3
		14-56	Rd/RC/C	M+wSBK	SS, SP, SExp, FR				
	Initial 13-15%	0-12	Brw SCL	wSBK	SS, SP, SExp, FR				PS .3
		12-28	Rd/C/CL	m-wSBK	SS, SP, SExp				
		28-50	Rd/CL	m-wSBK	SS, SP, SExp, FR				
	Repair 13%	0-8	Brw SCL						PS .3
		8-24	RC	mSBK					
		24-33	R CL	wSBK					
		33-50	S/SL	SAP massive	FR				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
e Space (.1945)	PS	PS
e(s)	25% Red	50% Red
	.3	.3

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): ____

EVALUATED BY: Maria Dotson

OTHER(S) PRESENT: David Dagenhart