IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212890

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

PIN # 4639 37 047

APPLICANT/OWNER: Thomas Vincent APPLICANT ADDRESS: 14027 Helen Benson Blvd Davidson, NC 28036

SITE ADDRESS: 259 Tennessee Circle, Circle Mooresville PHONE: 7049651088 ALT. PHONE

SITE DIRECTIONS: Perth Rd W TL Fern Hill TR Tennessee Circle, on left

SUBDIVISION: Tennessee Circle SECTION: — LOT # 9 LOT AREA: .59 Ac

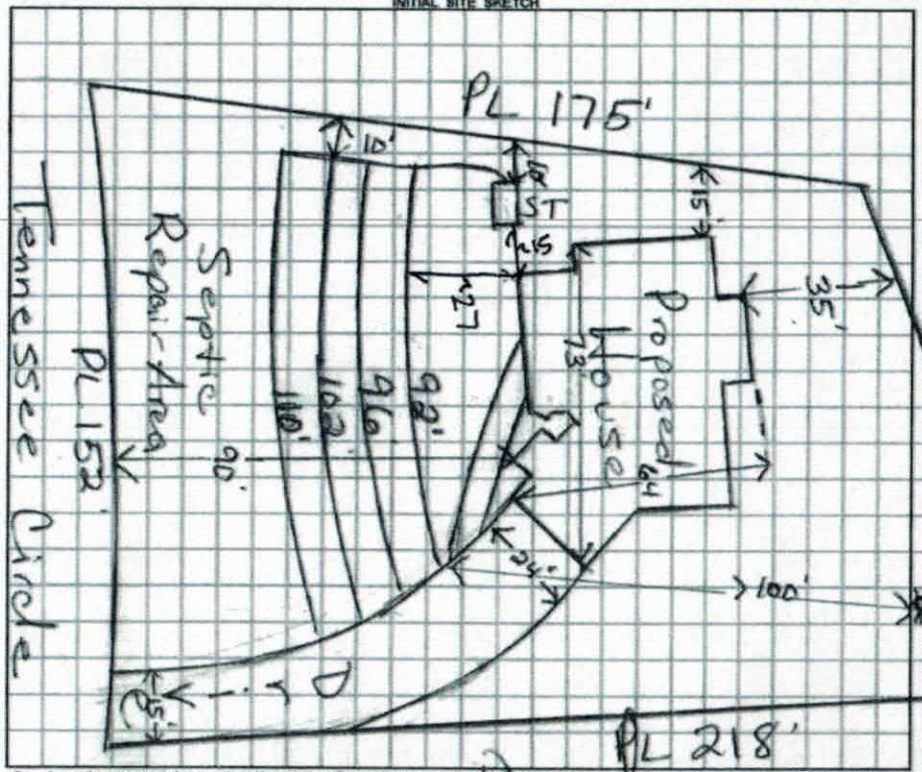
SAP CONTROLLED: ☒ YES ☐ NO DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 760	Date	6 20.	☐ 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:				☐ 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)	36"	Gravel Depth			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

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: Thomas Vincent Date: 4/4/2018 Installed by: Groundbreaker

IMPROVEMENT PERMIT by: Marian Olson Date: 4/3/18 OPERATION PERMIT by: Benjamin A. Brittain Date: 8/17/2019

AUTHORIZATION TO CONSTRUCT by: Marian Olson Date: 4/3/18 Existing System Inspected by: Date:

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4639-37-1047
Lot #: 9
Permit #: 212890
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: DAVID MAYFIELD
Address: 259 TENNESSEE CIRCLE
Proposed Facility: SFR Design Flow (.1949) 480
Location of Site: TENNESSEE CIRCLE LOT 9
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: SAME
Date Evaluated: 10/5/2015
Property Size: YES
Property Recorded:

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 1	LINEAR 13%	0-8	SCL,W,SBK	SS	NA	33"	S	60"+	.35
		8-24	C,M,SBK	SS					
		24-33	CL,W,SBK	SS					
		33-60	SSAP	NS					
PIT 2	LINEAR 13%	0-6	SL,GR	SS	NA	60"	S	60"+	.3
		6-26	C,M,SBK	SS					
		26-60	CL,M,SBK	SS					
PIT 3	LINEAR 13%	0-23	C,M,SBK	SS	NA	34"	S	60"	.35
		23-34	CL,M,SBK	SS					
		34-60	SSAP	NS					
PIT 4	LINEAR 13%	0-22	C,M,SBK	SS	NA	40"	S	70"+	.35
		22-40	CL,W,SBK	SS					
		40-70	LSAP	NS					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	LP PANEL BLOCK
Site LTAR	.3	.35

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE, TOM SHUCK
Others Present: DAVID BEAN, DAVID MAYFIELD
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE, TOM SHUCK
Others Present: DAVID BEAN, DAVID MAYFIELD

RECEIVED MAR 6 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Ltd Relayout

APPLICATION FORM

Paid $105.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 # 212890

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: THOMAS VINCENT **Address:** 1027 HELEN BENSON BLVD, DAVIDSON, NC **Zip:** 28036
Applicant Email: TEVINCENT2@GMAIL.COM **Phone:** (704) 905-1088 **Alt. Phone:** (704) 258-3492
Owner Name: THOMAS VINCENT **Address:** 1027 HELEN BENSON BLVD, DAVIDSON, NC **Zip:** 28036
Owner Email: TEVINCENT2@GMAIL.COM **Phone:** (704) 905-1088 **Alt. Phone:** (704) 258-3492

****

Property Information:

Street Address: 259 TENNESSEE CIRCLE, MOORESVILLE, NC

Subdivision Name: TENNESSEE CIRCLE **Section/Phase:** _____ **Lot Number:** 9

Driving Directions: HEATHER, AT OAKERNHILL, AT 259 TENNESSEE CIRCLE

TE

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 4 — (X) 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:** _____

(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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

****

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. industrial) 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.

Signature: Thomas Vincent
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/5/2018
DATE

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, THOMAS E. VINCENT, am the legal owner(s) of the property located at 269 TENNESSEE CIRCLE, MOORESVILLE, NC, identified as PIN (Parcel Identification Number) 4639-37-1447.000 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.

Thomas E. Vincent 3/6/2018 Joanne M. Vincent 03/06/18

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

RECEIVED AUG 17 2015

212890 Paid $500.00 #212890

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

Applicant Information: * Please call *

Applicant Name: DAVID MAYFIELD Address: 252 TENNESSEE CIRCLE, MOORESVILLE, NC Phone: 704-239-7912

Owner Name: JACK SHOFFNER Address: 5319 SHOFFNER RD, McLEANSVILLE, NC Phone: 336-587-4391

Property Information:

Street Address: 259 TENNESSEE CIRCLE, MOORESVILLE, NC

Subdivision Name: TENNESSEE CIRCLE Section/Phase: _____ Lot Number: 9

Driving Directions: HWY 150 to PERTH ROAD, GO NORTH TO FERN HILL ROAD, TAKE LEFT, GO TO TENNESSEE CIRCLE, TAKE RIGHT, BEAR RIGHT AT FORK, SHARP CURVE TO LEFT, LOT ON LEFT BEFORE NEXT HOUSE

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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 (1) Conventional ( ) Innovative (2) Modified Conventional (3) Other: 25% Reduction

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: _____ 8-12-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

GENERAL PLAN NOTES

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

FRAMING CONSTRUCTION-OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE (3) 2x4 STUD JACKS UNDER EACH END SUPPORT, UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS MUST HAVE (3) 2x4 STUD JACKS UNDER EACH END SUPPORT, UNLESS NOTED OTHERWISE.
3. ALL BRICK OVER LOWER ROOFS MUST HAVE ANGLE WITH STEPS LAG SCREWS TO STUDS ABOVE AND ACCORDANCE WITH DETAIL.
4. ALL WOOD I-JOISTS AND OPEN JOISTS MUST BE BRACED IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS PLUS (X) I-NI-3 SHOWN ON PLANS.
5. ALL RAFTER BRACES MUST HAVE 2 STUDS FROM PLATE TO FOUNDATION OR BEAM BELOW THEM AT ALL FLOORS. NO BRACES ON CEILING PLATE WITHOUT STUDS DIRECTLY UNDER THEM.
6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 2"x4" LADDERS @ 16"o.c. MUST BE PLACED PERPENDICULAR TO THE TRUSSES TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES OVER A 10'-0"SPAN A MIN. SINGLE LINE OF 2"x4" SHALL BE NAILED TO DIAGONAL MEMBERS OR VERTICAL MEMBERS BY THE APPROXIMATE MIDSPAN AS A LOAD DISTRIBUTION MEMBER.
8. WHERE CEILING JOISTS ARE PARALLEL TO EXTERIOR WALLS AND RAFTERS REST ON STUD WALL TOP PLATE ADJACENT TO CEILING JOISTS, BRACE RAFTERS AND TOP PLATE TO 2x6 HOGS 8'-0" LONG (MIN.) ON 8' CENTERS ALONG LENGTH OF CEILING JOISTS.
9. ALL 2-STORY OPEN GREAT ROOMS, LIVING ROOMS, WITH 2 OR MORE ADJACENT OPENINGS OF 3' OR LESS MUST USE A 3-1/2"x3-1/2"x1/2" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO KING STUDS WITH (3) 5"x3" LAGS @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (1) 3/16"x3" LAG THROUGH (4) 1/4"x"8 PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 3' OR LESS SPACE BETWEEN ROUGH OPENINGS SHALL HAVE AT LEAST (1) STEEL ANGLE VERTICALLY IN EACH MULLION SPACE. THE SHEATHING ON THIS STEEL REINFORCED PARTITION SHALL BE 1/2" PLYWOOD, NO OTHER SHEATHING SHALL BE PERMITTED.

STAIRWAYS

1. TREADS SHALL BE 9" WIDE PLUS A 1" NOSING
2. RISERS SHALL BE FIELD VERIFIED (NOT TO EXCEED 8-1/4")
3. STAIRS SHALL BE 36" MIN. CLEAR MINIMUM AND SHALL HAVE A HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 34".

TYP. HANGERS FOR JOIST & BEAMS

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

MEMBERS	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS12-3 MIN.
(2) 1-3/4"x9-1/4" LVL	HGUS410
(3) 1-3/4"x9-1/2" LVL	HGUS410
(2) 1-3/4"x11-7/8" LVL	HGUS412
(3) 1-3/4"x11-7/8" LVL	HGUS412
(2) 1-3/4"x14" LVL	HGUS414
(3) 1-3/4"x14" LVL	HGUS414
(2) 1-3/4"x16" LVL	HGUS416
(3) 1-3/4"x16" LVL	HGUS416
(2) 3-1/8"x9-1/2" LVL	HGUS5.512
(3) 3-1/8"x9-1/2" LVL	HGUS5.512
(2) 3-1/8"x11-7/8" LVL	HGUS5.512
(3) 3-1/8"x11-7/8" LVL	HGUS5.512
(2) 3-1/8"x14" LVL	HGUS5.514
(3) 3-1/8"x14" LVL	HGUS5.514
(2) 3-1/8"x16" LVL	HGUS5.516
(3) 3-1/8"x16" LVL	HGUS5.516
(4) 1-3/4"x9-1/4" LVL	HGUS7.2510
(4) 1-3/4"x9-1/2" LVL	HGUS7.2512
(4) 1-3/4"x11-7/8" LVL	HGUS7.2512
(4) 1-3/4"x14" LVL	HGUS7.2514
(4) 1-3/4"x16" LVL	HGUS7.2516
(4) 3-1/8"x16" LVL	HGUS7.2516

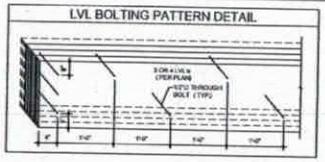
HEADER SIZE REQUIREMENTS

SIZES	EXTERIOR WALLS	INTERIOR WALLS	JACK STUDS
(2) 2x6's	4'-2"-6'	4'-2"-6'	1
(2) 2x8's	2'-8" thru 5'-8"	2'-8" thru 5'-8"	1
(2) 2x10's	2'-8" thru 5'-8"	2'-8" thru 5'-8"	1
SEE PLAN	6'-6"+	6'-6"+	SEE PLAN

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
H < 10'-0"	2x4 @ 16" o.c.
10'-0" < H < 11'-0"	2x4 @ 12" o.c.
10'-0" < H < 11'-0"	2x6 @ 16" o.c.
H > 13'-0"	CONSULT ENGINEER

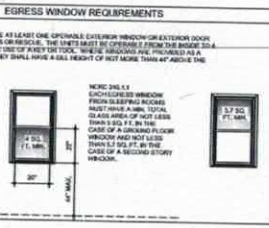
I.VL BOLTING PATTERN DETAIL



EGRESS WINDOW REQUIREMENTS

NCRC 2012 310.1
EVERY SLEEPING ROOM SHALL HAVE AS LEAST ONE OPERABLE EXTERIOR WINDOW OR EXTERIOR DOOR APPROVED FOR EMERGENCY EGRESS OR RESCUE. THE UNITS MUST BE OPERABLE FROM THE INSIDE TO A FULL CLEAR OPENING WITHOUT THE USE OF A KEY OR TOOL. WHERE WINDOWS ARE PROVIDED AS A MEANS OF EGRESS OR RESCUE, THEY SHALL HAVE A SILL HEIGHT OF NOT MORE THAN 44" ABOVE THE FLOOR.

NCRC 310.1.1
THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 22". THE MIN. NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20". THE NET CLEAR OPENING AREA SHALL NOT BE LESS THAN 4 SQ.FT.

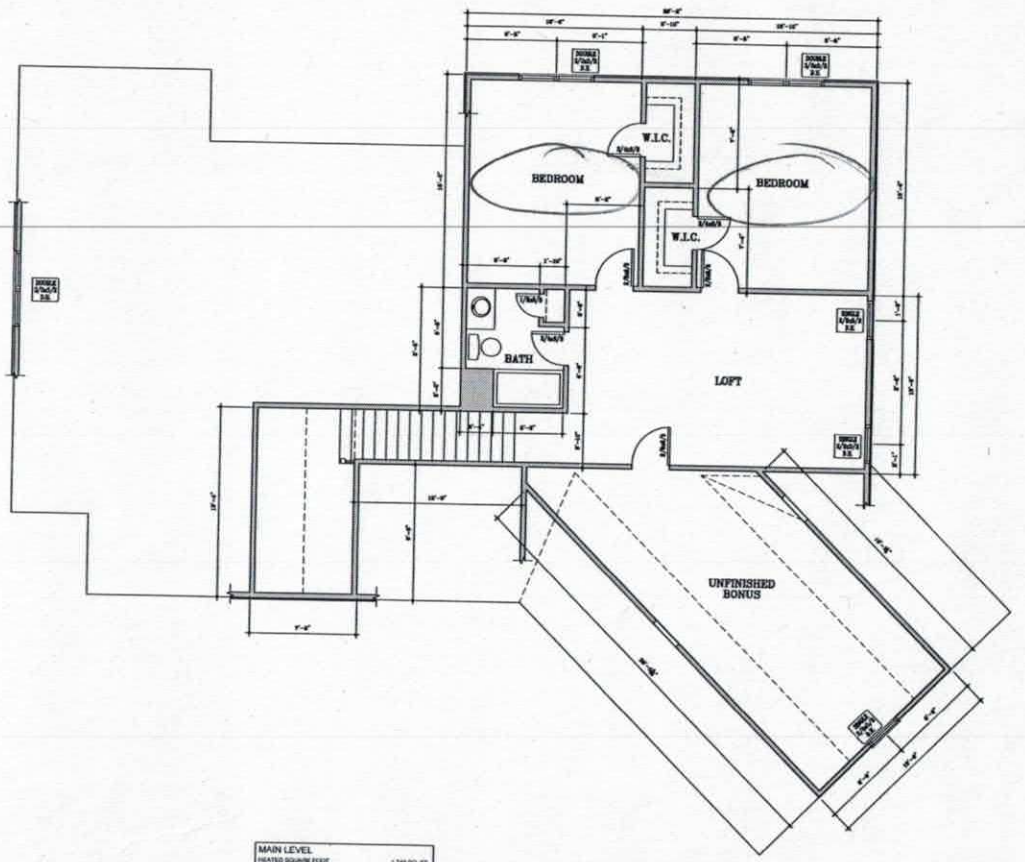


NCRC 310.1.1
EACH EGRESS WINDOW FROM SLEEPING ROOMS MUST HAVE A MIN. TOTAL GLASS AREA OF NOT LESS THAN 5 SQ. FT. IN THE CASE OF A GROUND FLOOR WINDOW AND NOT LESS THAN 5.7 SQ. FT. IN THE CASE OF A SECOND STORY WINDOW.

Acknowledgement of Plans Submittal ONLY!

Maria Dolan Date 4/3/18

Date



MAIN LEVEL	
HEATED SQUARE FOOT	1,749 SQ. FT.
COVERED FRONT PORCHES	292 SQ. FT.
SCREEN PORCHES AND DECK	225 SQ. FT.
GARAGE AND STORAGE	810 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	787 SQ. FT.
UN-HEATED SQUARE FOOT	345 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	2,537 SQ. FT.
UN-HEATED SQUARE FOOT	1,845 SQ. FT.

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

1501 POARCH ROAD
LINCOLNTON, NC 28092
(704) 735-0866
BBEALS040@YAHOO.COM

MSJ DRAFTING

A1.1

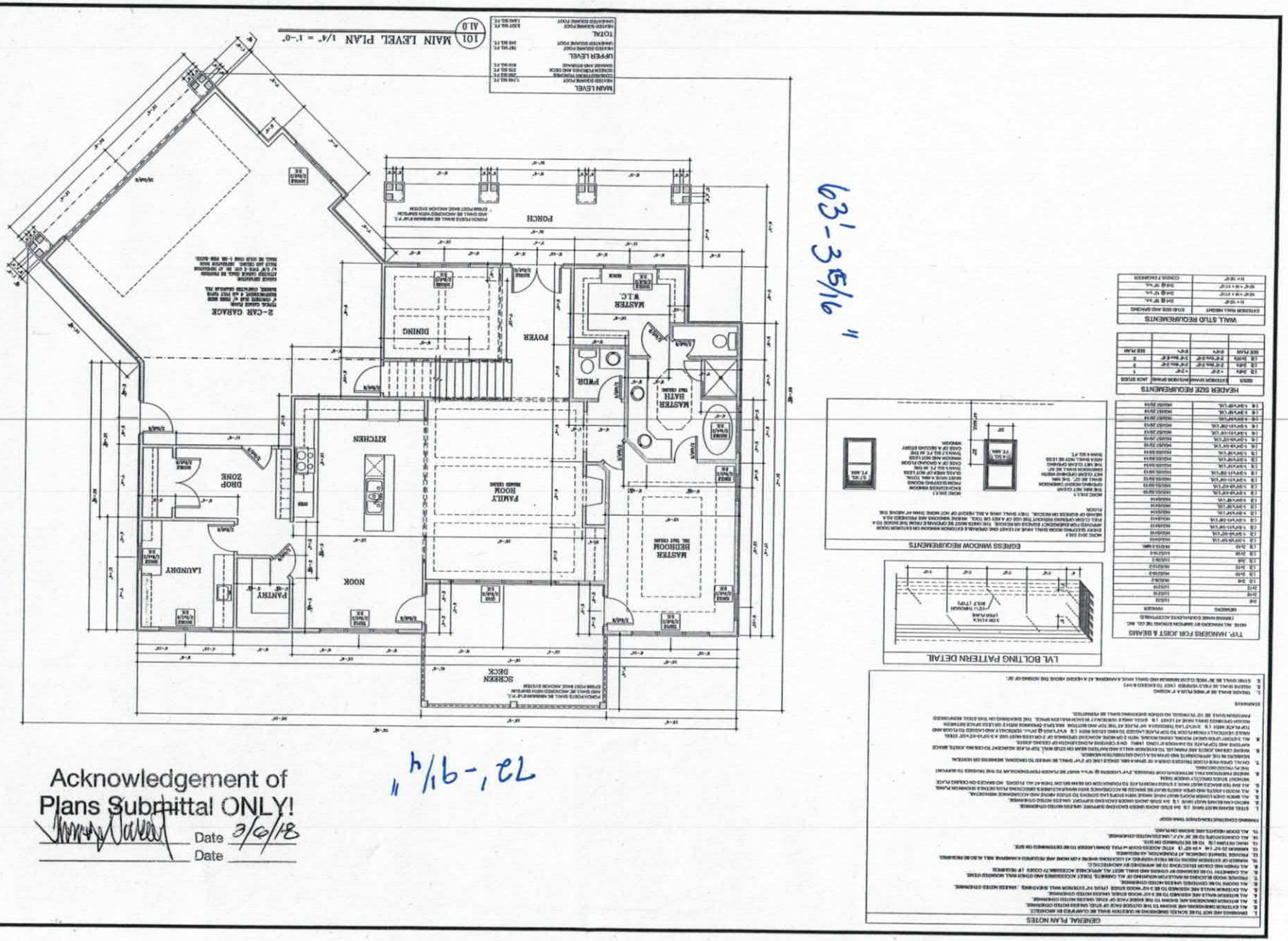
UPPER LEVEL PLAN AND NOTES

A NEW RESIDENCE FOR:
MR. AND MRS. TOM VINCENT

PROJECT ADDRESS
XXX
XXX

A1.1

259 TN CIRCLE



Acknowledgement of
Plans Submittal ONLY!

Date 3/6/18

Date

IREDELL COUNTY

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

APPLICATION NUMBER
212890
Issue Date: 08/17/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639371047.000	259 TENNESSEE CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SHOFFNER JACK W	Applicant: MAYFIELD, DAVID
Address: 5319 SHOFFNER RD MOORESVILLE, NC 27301	Address: 252 TENNESSEE CR MOORESVILLE, NC 28117
Phone:	Phone: 704-528-5952

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.590	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: 8-17-15

Permit Number	46705	TOTAL FEES:	$ 77.25