IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 ~~11:00~~ 10:00 PERMIT # 221516

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

PIN # 4639-63-5083 ✓

APPLICANT/OWNER: ✓ J.S. Testa Homes APPLICANT ADDRESS: 19901 W. Catawba AVE. #103 Cornelius, NC 28031

SITE ADDRESS: ✓ 189 Bay Shore Loop Mooresville NC 28114 PHONE: 704-598-4951 ALT. PHONE

SITE DIRECTIONS: Perth Rd N → L on Livia Lane → R on Bay Crossing Rd → L on Bay Shore Loop → R

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ✓ Bay Shore Crossing SECTION: 2 LOT # 47 ~~47A~~ LOT AREA: 0.90 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	~~1000~~ 1500 (Gal)	STB	444	Date	2-8-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (Gal)	PT	27	Date	1-2-18	System Description: 50% Reduction LP-PPBPS		☐ Business	No. Persons	8	☒ Private
Pump Make		Model		Serial #		Repair System Description: Offsite : 50% Reduction LP-PPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	8	Linear Ft	272	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	27"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Easement accessing repair site area must be created + entered into land records with supporting documents demonstrating such BEFORE the property qualifies for an SC. Covenants within privacy septic area must be filled. Recommend limiting dosing of drain lines to ≤ 158 gallons/pumping event (70% total volume capacity of 63 panels.)
7-11-17: Easement information provided.

INITIAL SITE SKETCH

See attached plans from The Oaks Group, PA

Dated 5/15/2017 Kathleen Saunders L-8 #1313

AS BUILT SKETCH

2/6/18 Checked tanks
6/15/18 Checked drain lines & supply line
Per Builder - no pool

* Offsite Repair on Lot 47-A (PIN# 4639-62-8580 *

	Date	Initials
Drain Lines Checked	6/15/18	MD
Tanks Checked	2/6/18	MD
Pressure Manifold or Valve Box Checked	6/15/18	MD
Pressure Head Set	8/21/18	BB
Electrical Checked	8/21/18	BB
Floats Set	8/21/18	BB
Alarm Checked	8/21/18	BB
Maintenance Contract (Y) N	8/29/18	CC
Comments: Supply line	6/15/18	MD

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: 7/12/17 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Tom Shuck Date: 5/22/17 OPERATION PERMIT by: Carla C. Cave Date: 8/29/18

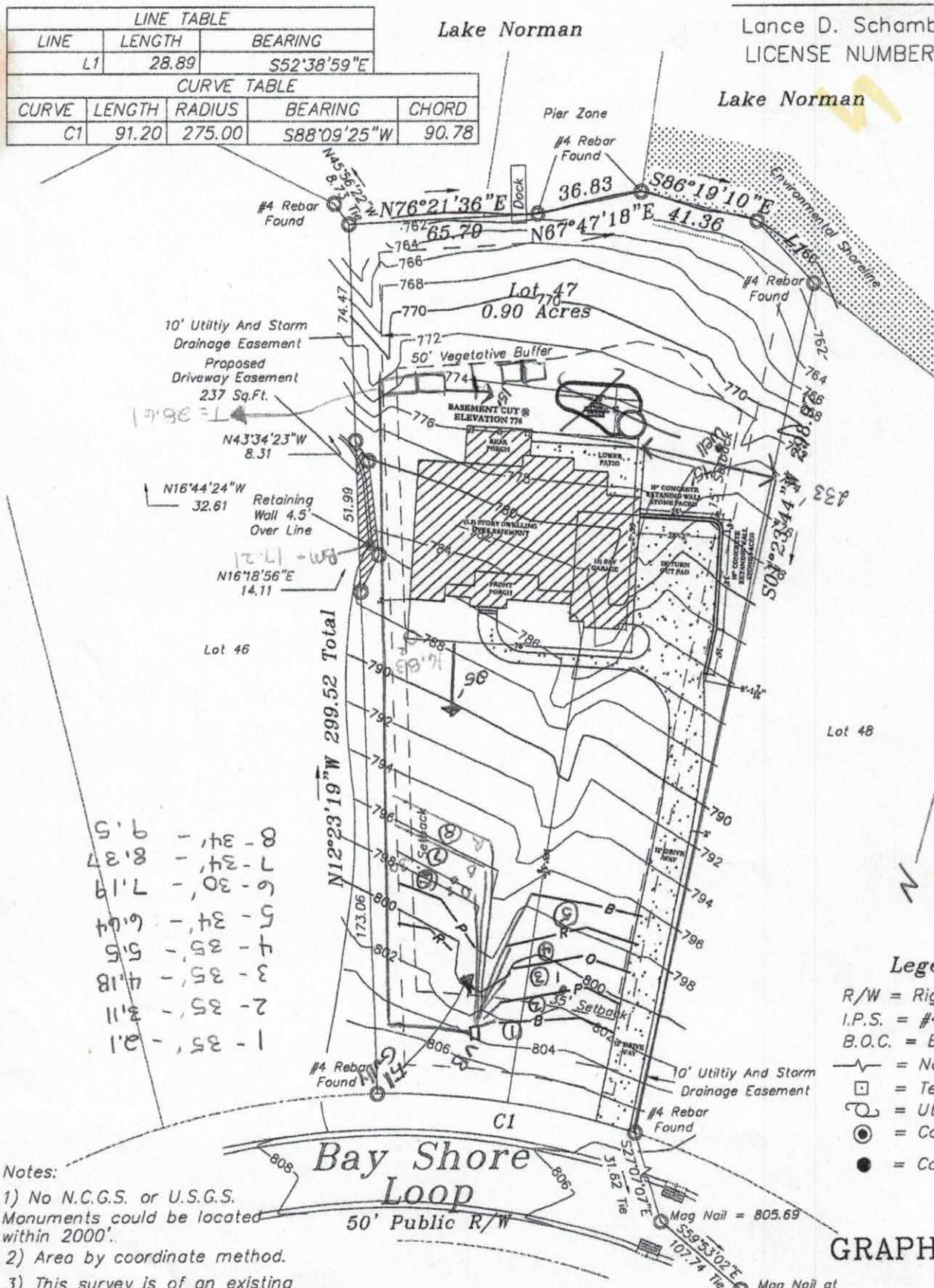
AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/11/2017 Existing System Inspected by: Date:

I Lance D. Schamback, certify that this plat was drawn under my supervision fro
survey made under my supervision (deed description and/or Map Book: 47, Pa
That the boundaries not surveyed are clearly indicated as drawn from informatio
survey; that the ratio of precision as calculated is 1: 10,000+ that this plat w
in accordance with G.S. 89-C as amended. Witness my original signature, registra
and seal this 13 day of February, A.D. 2017.

Lance D. Schamb
LICENSE NUMBER

LINE TABLE		
LINE	LENGTH	BEARING
L1	28.89	S52°38'59"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	91.20	275.00	S88°09'25"W	90.78



Notes:

1) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

2) Area by coordinate method.

3) This survey is of an existing

4) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

5) Boundary information based on Map Book: 47 at

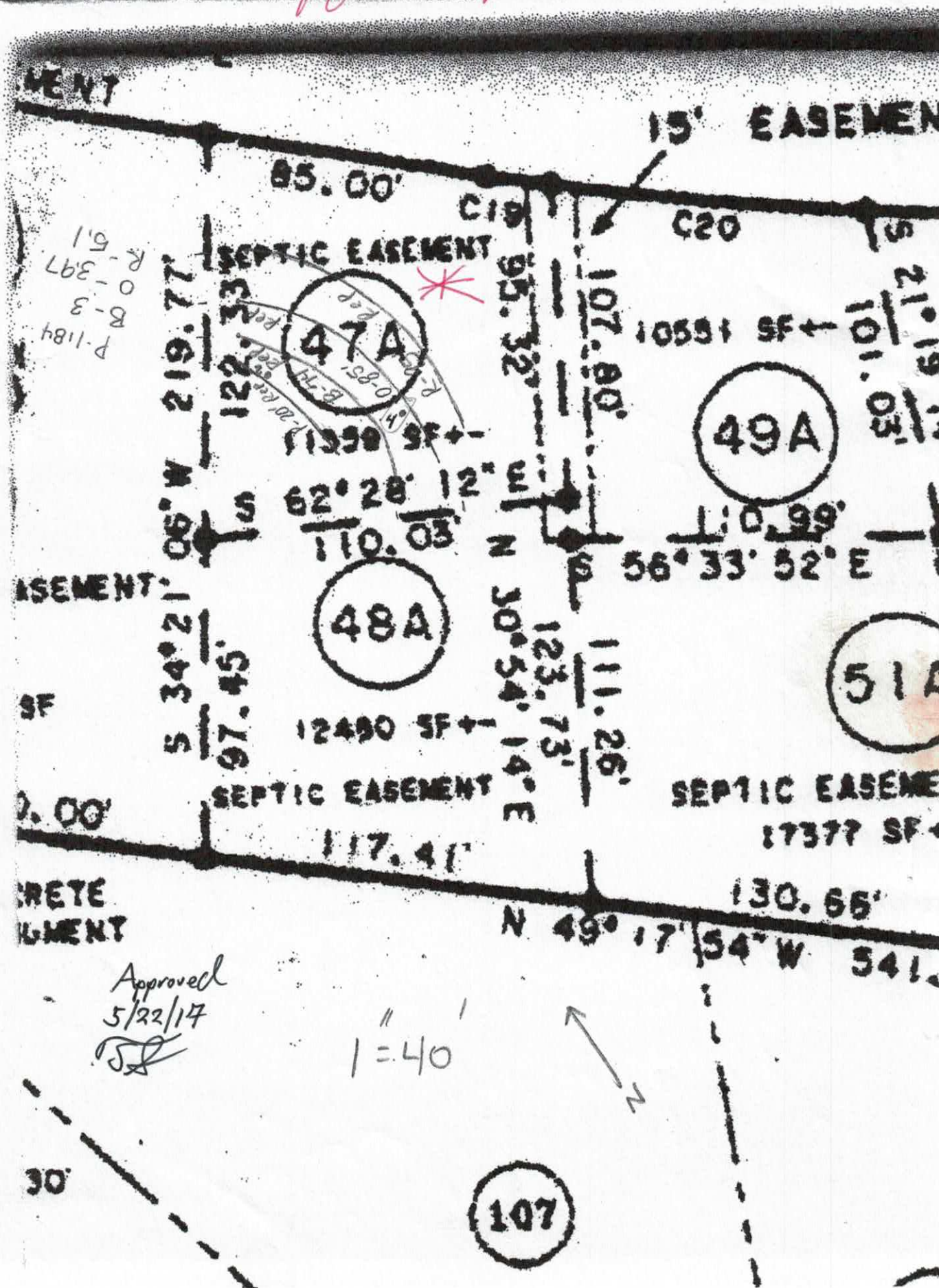
Approved
5/22/17

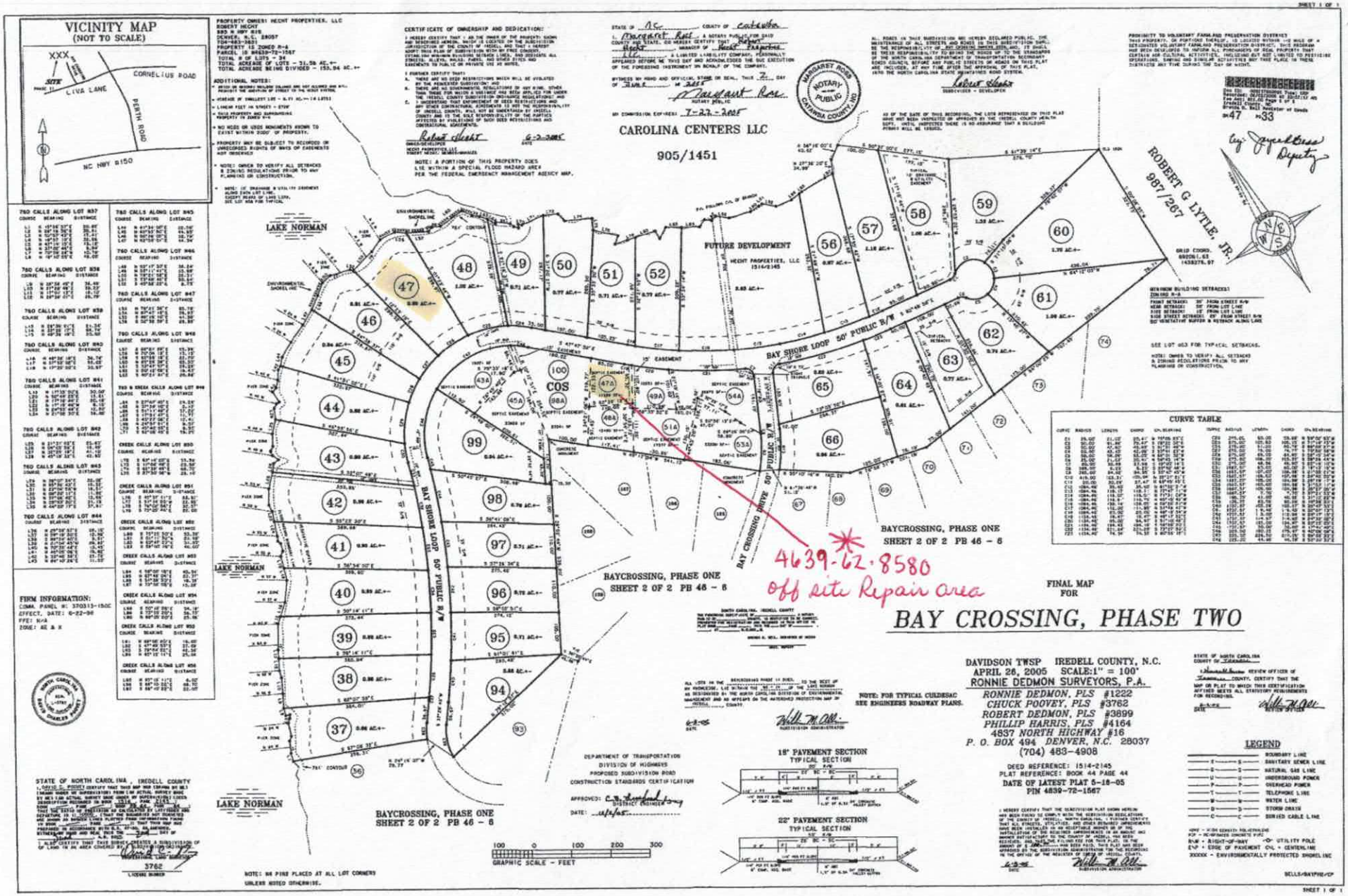
Leg
R/W = Rig
I.P.S. = #
B.O.C. = E
= No
= Te
= Ut
= Co
= Co

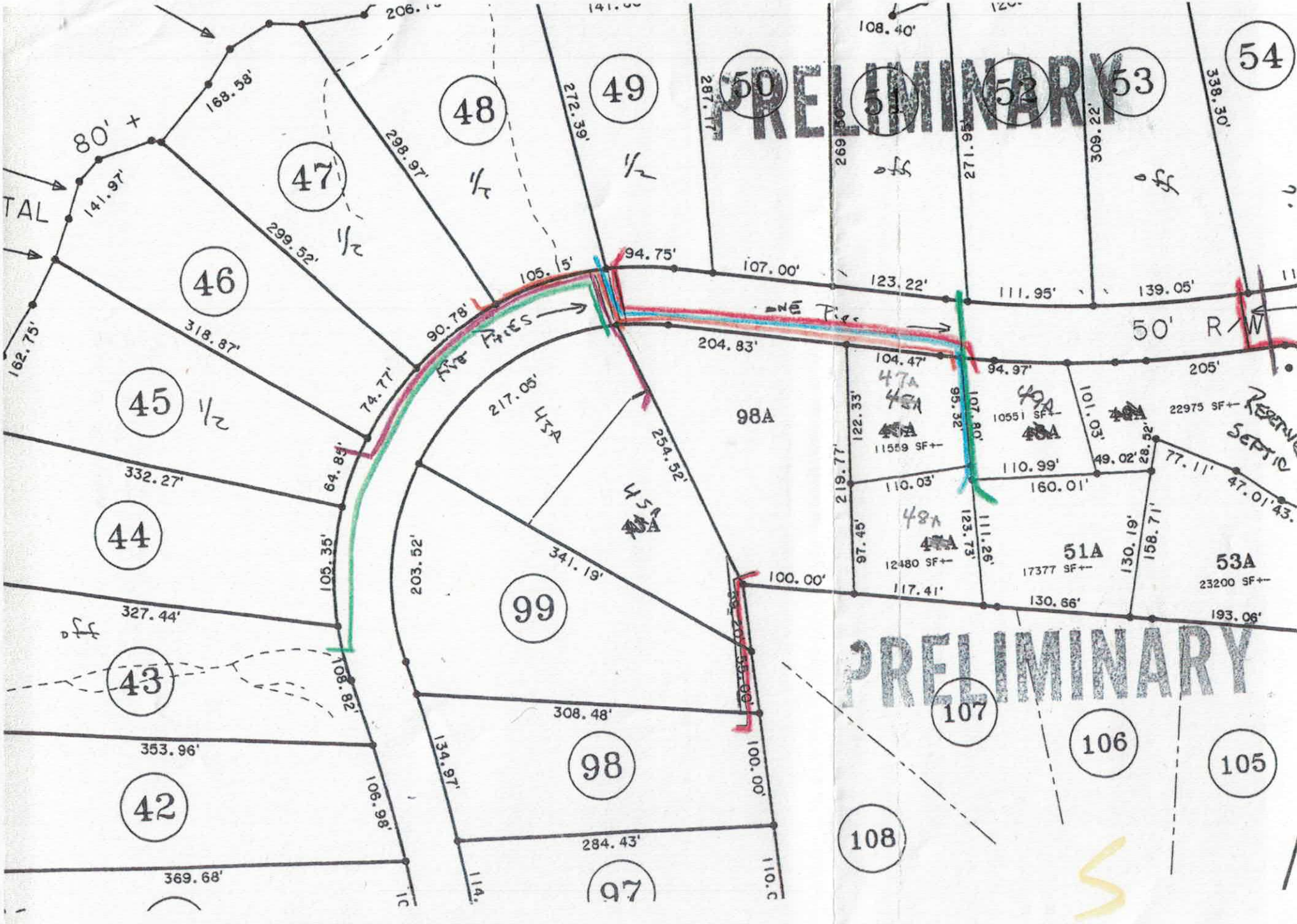
GRAPH

50 0 25

Off site Repair




VICINITY MAP
(NOT TO SCALE)
SITE
LIVA LANE
CORNELIUS ROAD
PERTH ROAD
NC HWY #150
PROPERTY OWNER: HECHT PROPERTIES, LLC
ROBERT HECHT
580 N HWY #16
DENVER, N.C. 28037
704-483-3631
PROPERTY IS ZONED R-6
PARCEL ID #4639-72-1567
TOTAL # OF LOTS = 34
TOTAL ACREAGE OF LOTS = 31.56 AC.+-
TOTAL ACREAGE BEING DIVIDED = 153.94 AC.+-
ADDITIONAL NOTES:
CERTIFICATE OF OWNERSHIP AND DEDICATION:
CAROLINA CENTERS LLC
905/1451
ROBERT G LYTLE, JR.
987/267
LAKE NORMAN
FUTURE DEVELOPMENT
HECHT PROPERTIES, LLC
1514/2145
BAY SHORE LOOP 50' PUBLIC R/W
BAY CROSSING DRIVE 50' PUBLIC R/W
15' EASEMENT
COS
BAYCROSSING, PHASE ONE
SHEET 2 OF 2 PB 46 - 6
4639-62-8580
off site Repair area
FINAL MAP
FOR
BAY CROSSING, PHASE TWO
DAVIDSON TWSP IREDELL COUNTY, N.C.
APRIL 26, 2005 SCALE:1" = 100'
RONNIE DEDMON SURVEYORS, P.A.
RONNIE DEDMON, PLS #1222
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
PHILLIP HARRIS, PLS #4164
4837 NORTH HIGHWAY #16
P. O. BOX 494 DENVER, N.C. 28037
(704) 483-4908
DEED REFERENCE: 1514-2145
PLAT REFERENCE: BOOK 44 PAGE 44
DATE OF LATEST PLAT 5-18-05
PIN 4639-72-1567
CURVE TABLE
LEGEND
FIRM INFORMATION:
COMM. PANEL #: 370313-150C
EFFECT. DATE: 6-22-98
FYE: N/A
ZONE: AE & X
STATE OF NORTH CAROLINA , IREDELL COUNTY
3762
18' PAVEMENT SECTION
TYPICAL SECTION
22' PAVEMENT SECTION
TYPICAL SECTION
DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
PROPOSED SUBDIVISION ROAD
CONSTRUCTION STANDARDS CERTIFICATION
GRAPHIC SCALE - FEET
NOTE: 5/8 PINS PLACED AT ALL LOT CORNERS UNLESS NOTED OTHERWISE.
NOTE: FOR TYPICAL CULDESAC SEE ENGINEERS ROADWAY PLANS.
PROXIMITY TO VOLUNTARY FARMLAND PRESERVATION DISTRICTS
ROBERT G LYTLE, JR.
987/267
Map Book 47 Page 33


PRELIMINARY
PRELIMINARY
47
48
49
50
51
52
53
54
46
45 1/2
44
43
42
99
98
97
98A
47A
48A
51A
53A
107
106
105
108
80' +
168.58'
141.97'
298.97'
299.52'
318.87'
162.75'
332.27'
327.44'
353.96'
369.68'
272.39'
287.17'
269.50'
216.12'
309.22'
338.30'
108.40'
94.75'
107.00'
123.22'
111.95'
139.05'
50' R/W
205'
105.15'
90.78'
74.77'
64.84'
105.35'
108.82'
106.98'
204.83'
217.05'
254.52'
341.19'
203.52'
308.48'
134.97'
284.43'
100.00'
104.47'
94.97'
95.32'
107.80'
122.33'
101.03'
49.02'
28.52'
77.11'
47.01'
43.
110.99'
160.01'
110.03'
219.77'
97.45'
123.73'
111.26'
130.19'
158.71'
117.41'
130.66'
193.06'
11589 SF+-
10551 SF+-
22975 SF+-
12480 SF+-
17377 SF+-
23200 SF+-
Septic

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 189 Bayshore Loop

Date: May 15, 2017

Attached is the septic specification information required to permit the 189 Bayshore Loop for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

Bay Crossing Lot 47 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	8 (See Table)
Minimum Linear Feet	267
Total Linear Feet	272
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (High side)	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	245' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	31.5 gpm
Elevation head	Approx: 32.5 ft
Pressure head	3 ft
Friction head	4.4 ft
20% Contingency	7.98 ft
Total Head	47.88 ft
Pump Requirements	31.5 gpm @ 47.9' of head To be designed by installer.
Maximum Dosing Volume	226.8 gal -2.1 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	275
Repair LTAR	0.3

Approved
5/22/17

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Blue	LPPPBPS	35 endfed	2.1	8	8	1 per panel	5/32"
2	System	Pink	LPPPBPS	35 endfed	3.11	8	8	1 per panel	5/32"
3	System	Orange	LPPPBPS	35 endfed	4.18	8	8	1 per panel	5/32"
4	System	Red	LPPPBPS	35 endfed	5.5	8	8	1 per panel	5/32"
5	System	Blue	LPPPBPS	34 endfed	6.64	8	8	1 per panel	5/32"
6	System	Orange	LPPPBPS	30 endfed	7.19	7	7	1 per panel	5/32"
7	System	Blue	LPPPBPS	34 endfed	8.37	8	8	1 per panel	5/32"
8	System	Red	LPPPBPS	34 endfed	9.5	8	8	1 per panel	5/32"
9	Repair	Pink	LPPPBPS	20	1.84*				
10	Repair	Blue	LPPPBPS	75	3.0*				
11	Repair	Orange	LPPPBPS	85	3.97*				
12	Repair	Red	LPPPBPS	95	5.1*				
						Total: 63	Total: 63 (1 in each panel turned up)		
				Total System: 272'					
				Total Repair: 275'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	28.61
House	orange		17.21

Note: Tanks and Distribution devices can be altered at the ICHD's discretion
Rod Readings should be verified by installer before installation
Repair is located off site on 47A. Elevations should be tied to the lot by a licensed surveyor if needed

Approved
5/22/17

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Jennifer Clark
ADDRESS: 19901 W Catawba Ave Cornelius
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Bay Crossing 47

APPLICATION DATE
DATE EVALUATED: 5/2/17
PROPERTY SIZE: > 0.5 Ac
PROPERTY RECORDED: yes

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	L 10-12%	0-24	Mo SBK C	FR SS/SP	R				0.3
		24-36	WK SBK C	↓	R; F sap				
		36-48	WK SBK CL	↓	yel R; C sap				
2	L 10-12% ✓	0-24	Mo SBK C	FR SS/SP	R				0.3
		24-40	Mo SBK CL	↓	R; F sap				
		40-48	WK SBK CL	↓	R yel; C sap, F WR				
3	L 5-8%	0-27	Mo SBK C	FR SS/SP	R				0.3
		27-51	WK SBK CL	↓	R; F/C sap	51"	N/A	N/A	
4	L 5-8% ✓	0-40	Mo SBK C	FR SS/SP	R				0.3
		40-50	WK SBK CL	↓	R; C sap	50"	N/A	N/A	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	LP PPBPS	LP PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Repair offsite
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: EIH
Tom Shuck 5/19/17 Choles 2+4)

COMMENTS:

Updated February 2014

47A1 (Purple)

Approved 5/22/17

RECEIVED MAY 15 2017

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Paid $850.00
#221516

Application For:

(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repai*

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: (X) 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: Contact Kathleen Saunders (704) 578-4951

Applicant Name: JS Testa Homes **Address:** 19901 W Catawba Ave #103 **Phone:** _____

Owner Name: Darrin Clark **Address:** Cornelius NC 28031 **Phone:** _____

Property Information:

Street Address: 189 Bay Shore Loop Mooresville 28117

Subdivision Name: Bay Crossing **Section/Phase:** _____ **Lot Number:** 47

Driving Directions: Perth, L on Liva Ln, R on Bay Crossing Rd, L on Bay Shore Loop (1st), lot on left

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbin

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/11/17
DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Jennifer Clark, am the legal owner of the property located (Lot #47 Bay Crossing Subdivision). at Lot #47 Bay Shore Loop, Mooresville, identified as PIN(Parcel Identification Number) 4639635083, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders, The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Jennifer Clark — Signature of Owner — 5/11/2017 — Date

Signature of Witness — 5/11/17 — Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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 PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

X Property Line measurements are clearly identified... **X All proposed structures are indicated...**

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

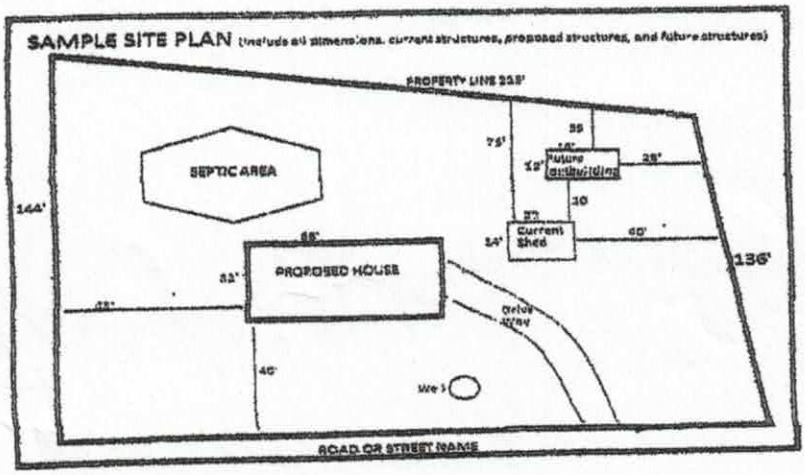
X Front and side setbacks from property line... **X Preferred driveway location and configuration, preferred well location...**

X Area you prefer your septic system to be placed... **X 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

Please see attached site plan

Signature: Emma Hall **DATE** 5/11/17

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 47 at Page: 33 as recorded in the Iredell County Register of Deeds.

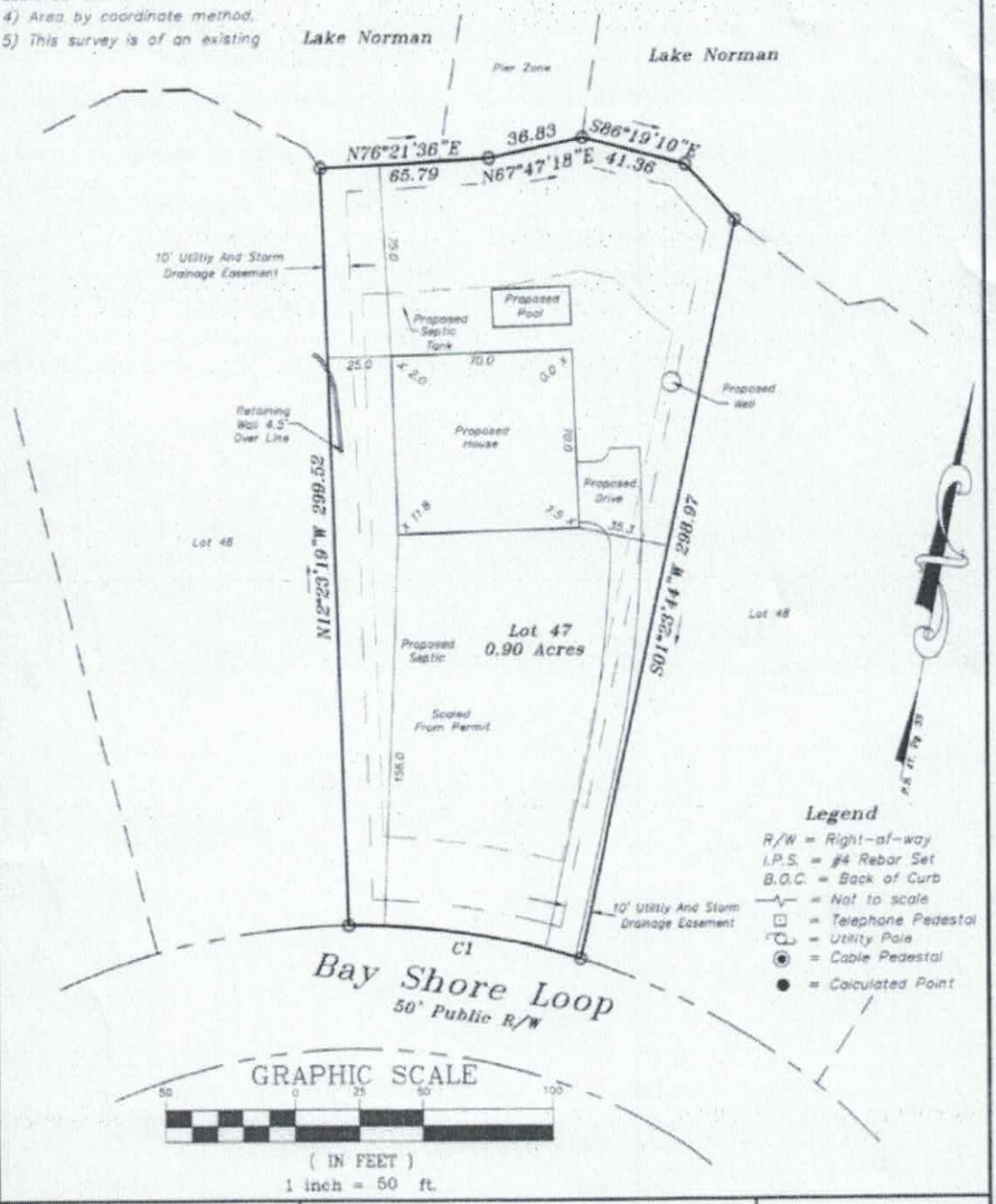
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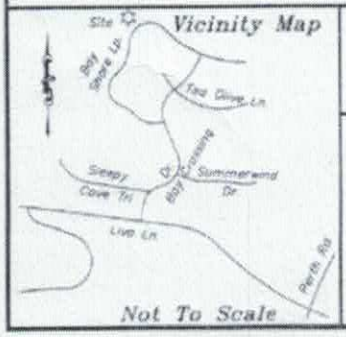
4) Area by coordinate method.

5) This survey is of an existing

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	91.20	275.00	S88°09'25"W	90.78

LINE TABLE		
LINE	LENGTH	BEARING
L1	28.89	S82°38'49"E





Plot Plan

FOR

Lake Mist Homes

PROPERTY DESCRIPTION

Lot 47,
Baycrossing, Phase Two
Plat Book 47, Page 33
Davidson Township
Iredell County, NC

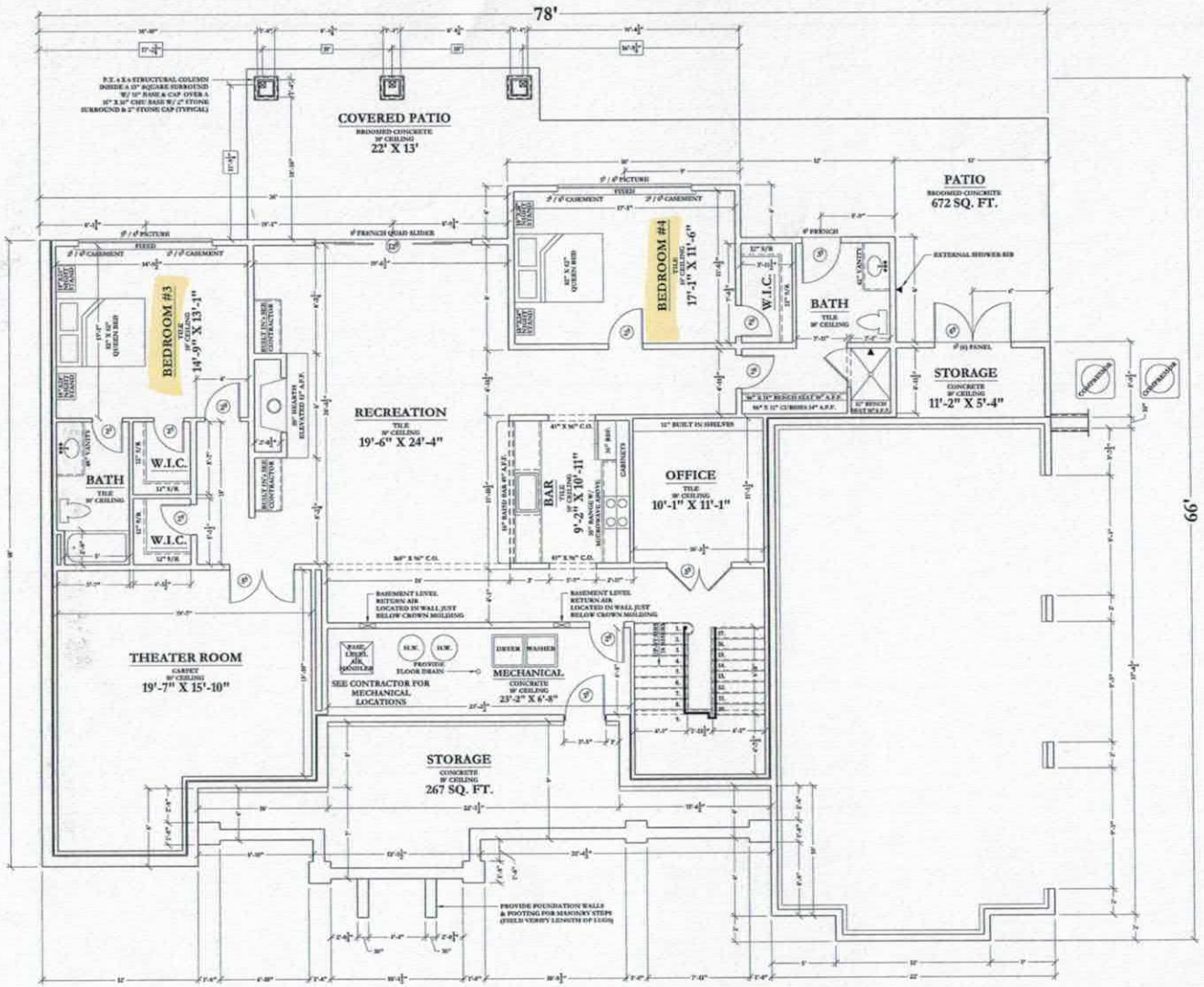
SCALE: 1" = 50

FIELD BOOK:

FILE: 2016-245

TAX MAP NO: 4639635083

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218



Acknowledgement of Plans Submittal ONLY!

Date 5-15-17

Date 7-11-2017

NOTE: THESE PLANS ARE PRELIMINARY AND ARE FOR BIDING ONLY. THEY ARE NOT FOR CONSTRUCTION!!!!

BASEMENT PLAN

SCALE: $\frac{1}{4}$" = 1'-0"

BASEMENT FINISHED:	2266 SQ. FT.
BASEMENT AREA:	2616 SQ. FT.

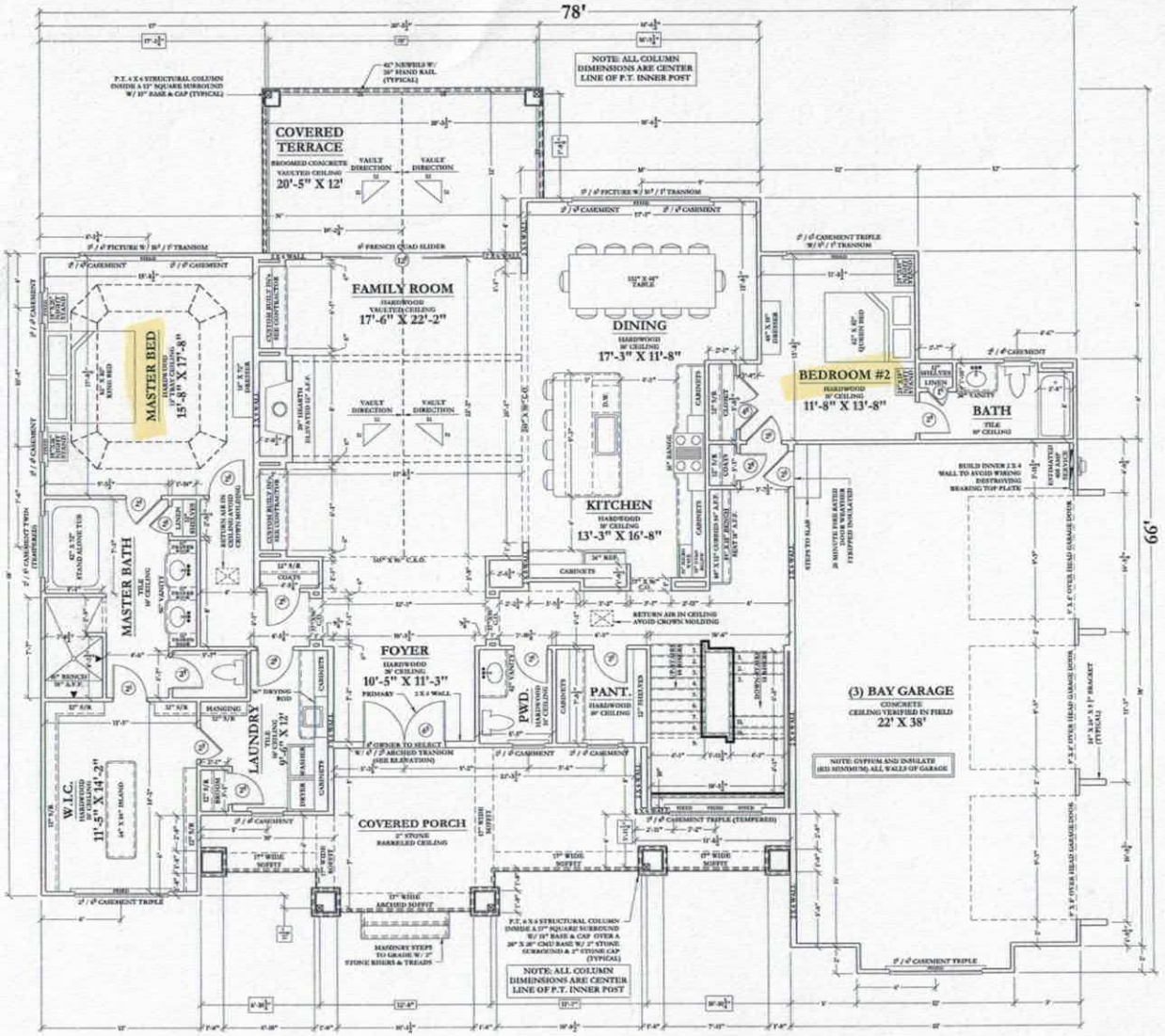
General Notes

McFarland Design Group or Robert K McFarland assumes no liability for any home constructed from this plan. Builder and/or owner is responsible for all dimensions and conditions on the job site. Changes made from these plans without consent of the McFarland Design Group are unauthorized and shall relieve the McFarland Design Group of responsibility for all errors or omissions. Changes made on these drawings shall have precedence over scaled dimensions, contractor shall verify and be responsible for all dimensions and conditions on the job.

"The Clark Residence"
Lot #47 Bay Shore Loop, Mooresville, Iredell County, NC 28117

McFarland Design Group Inc.
342 Highway 16 North, Denver, NC 28037
980-722-1726
www.mcfarlanddesign.com

Basement Plan
Date 3-10-2017
Scale 1/4" = 1'-0"
Drawn By: Rob M.
Sheet A-3



NOTE: THESE PLANS ARE PRELIMINARY AND ARE FOR BIDING ONLY. THEY ARE NOT FOR CONSTRUCTION!!!!

TABLE R302.6 DWELLING / GARAGE SEPARATION	
SEPARATION	MATERIAL
FROM THE RESIDENCE AND ATTICS	NOT LESS THAN $\frac{1}{2}$" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE GARAGE SIDE
FROM ALL HABITABLE ROOMS ABOVE THE GARAGE	NOT LESS THAN $\frac{5}{8}$" TYPE X GYPSUM BOARD OR EQUIVALENT
STRUCTURE(S) SUPPORTING ASSEMBLIES USED FOR SEPARATION REQUIRED BY THIS SECTION	NOT LESS THAN $\frac{1}{2}$" GYPSUM BOARD OR EQUIVALENT
GARAGES LOCATED LESS THAN 3 FEET FROM A DWELLING UNIT ON THE SAME LOT	NOT LESS THAN $\frac{1}{2}$" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE INTERIOR SIDE OF EXTERIOR WALLS THAT ARE WITHIN THIS AREA

FIRST FLOOR PLAN

SCALE: $\frac{1}{4}$" = 1'-0"

FIRST FLOOR FINISHED:	2616 SQ. FT.
BASEMENT FINISHED:	2266 SQ. FT.
LANDING:	52 SQ. FT.
TOTAL FINISHED AREA:	4934 SQ. FT.
GARAGE:	841 SQ. FT.
FRONT PORCH:	326 SQ. FT.
COVERED PORCH:	240 SQ. FT.
UN-FINISHED BASEMENT:	350 SQ. FT.
UN-FINISHED BONUS ROOM:	445 SQ. FT.
TOTAL UN-FINISHED:	2202 SQ. FT.
TOTAL HOUSE UNDER FOOTING / ROOF:	7136 SQ. FT.

Acknowledgement of Plans Submittal ONLY!

Kathleen Sandy Date 5-15-17

Tom Rauch Date 7-11-2017

General Notes

McFarland Design Group or Robert S. McFarland assumes no liability for any home constructed from this plan. Release of these plans constitutes acceptance of the above conditions. Changes made from these plans without consent of the McFarland Design Group are unauthorized and shall relieve the designer of responsibility for all consequences arising therefrom. The McFarland Design Group reserves the right to revise these plans at any time. In case of conflict, precedence over scaled dimensions, contractor shall verify and be responsible for all discussions and conditions on the job.

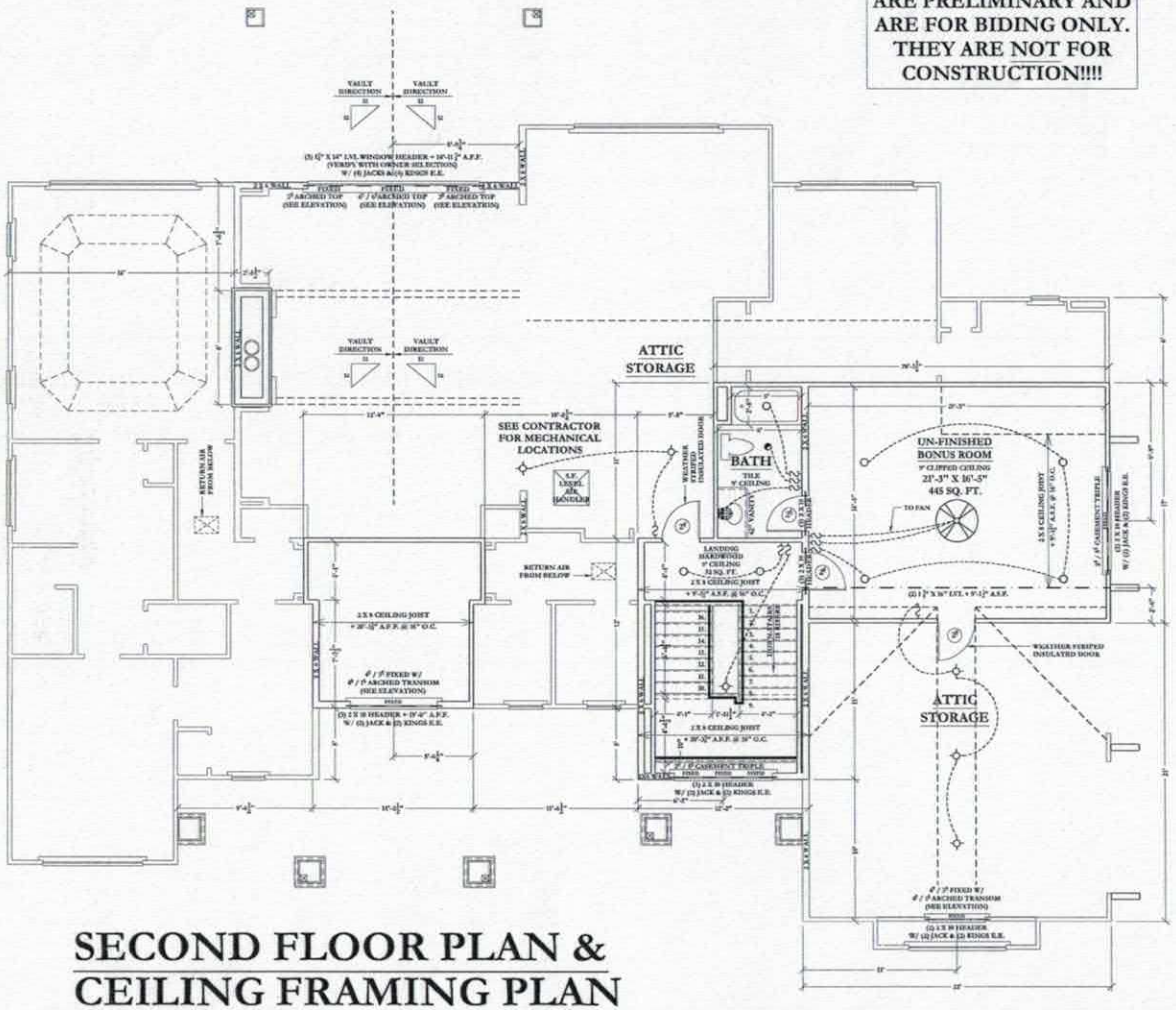
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First Floor Plan

Date: 5-10-2017
Scale: 1/4" = 1'-0"
Drawn By: Rob M.
Sheet: A-4

NOTE: THESE PLANS ARE PRELIMINARY AND ARE FOR BIDING ONLY. THEY ARE NOT FOR CONSTRUCTION!!!!



SECOND FLOOR PLAN & CEILING FRAMING PLAN

SCALE: $\frac{1}{4}$" = 1'-0"

LANDING FINISHED: 52 SQ. FT.

UN-FINISHED BONUS ROOM: 445 SQ. FT.

WALL BRACING NOTE

IN LIEU OF THE WALL BRACING REQUIREMENTS OF SECTION R602.10, ALL STORIES SHALL BE SHEATHED WITH WOOD STRUCTURAL SHEATHING PANELS. PANELS SHALL BE FASTENED AT 6"o.c. ALONG ALL EDGES AND 12"o.c. AT INTERMEDIATE FRAMING WITH 8d NAILS. UNLESS NOTED OTHERWISE ON THE DRAWINGS, NO BLOCKING, STRAPS, OR SPECIAL HOLDDOWNS ARE REQUIRED IF SHEATHED AS DESCRIBED ABOVE. GARAGE DOOR PORTALS/FRAMES SHALL BE CONSTRUCTED AS SHOWN ELSEWHERE ON THIS PAGE. IF REQUIRED BY ENGINEERING EVALUATION, ADDITIONAL PORTAL FRAMING REQUIREMENTS WILL BE SHOWN ON THE DRAWINGS.

WALL STUD REQUIREMENTS

EXT. WALL HT. (h)	STUD SIZE & SPACING
h ≤ 10'-0"	2X4 @ 16" O.C.
10'-0" < h ≤ 11'-0"	2X4 @ 12" O.C.
11'-0" < h ≤ 18'-0"	2X6 @ 16" O.C.
h > 18'-0"	CONSULT ENGINEER

HANGER SCHEDULE

MEMBER SIZE	SIMPSON HANGER
(2) 2X8	HUS28-2
(2) 2X10	HU210-2
(2) 2X12	HU212-2
(2) 1-3/4" X 9-1/4" LVL	HGUS410
(2) 1-3/4" X 11-7/8" LVL	HGUS412
(2) 1-3/4" X 14", 16", & 18" LVL	HGUS414
(3) 1-3/4" X 9-1/4" LVL	HGUS5.50/10
(3) 1-3/4" X 11-7/8" LVL	HGUS5.50/12
(3) 1-3/4" X 14", 16", & 18" LVL	HGUS5.50/14
ANY (4) PLY BEAM	(SEE PLAN)

NOTE:
ALL EXTERIOR HEADERS (2) 2X10 (UNO)
ALL INTERIOR BEARING HEADERS (2) 2X10 (UNO)
ALL INTERIOR NON BEARING HEADERS (2) 2 X 6 (UNO)
ALL SECOND FLOOR DOORS TO BE 6'-8" SOLID CORE W/ 6"MIN. FRAME SURROUND (UNO)
ALL SECOND FLOOR WINDOWS TO HEADER AT 82.5" (UNO)
DBL JOIST UNDER ALL PARALLEL PARTITIONS
A.F.F. = ABOVE FIRST FLOOR
A.S.F. = ABOVE SECOND FLOOR
T.T.R. = TIED TO RAFTERS
BEARING OPENINGS 6'-0" OR LESS TO HAVE (2) JACK STUDS & (1) KING STUD MINIMUM EACH END
BEARING OPENINGS 6'-0" - 10'-0" TO HAVE (3) JACK STUDS & (2) KING STUDS MINIMUM EACH END
BEARING OPENINGS 10'-0" & GREATER (SEE PLAN)
ALL (2) PLY LVL BEAMS & HEADERS TO BEAR ON (3) STUDS MINIMUM EACH END (UNO)
ALL (3) PLY LVL BEAMS & HEADERS TO BEAR ON (4) STUDS MINIMUM EACH END (UNO)
ALL (4) PLY LVL BEAMS & HEADERS TO BEAR ON (SEE PLAN)
(TWO & THREE) PLY LVL BEAMS TO BE ATTACHED WITH 3 ROWS OF 16D COMMON NAILS @ 12" O.C. (UNO)
(FOUR) PLY LVL BEAMS TO BE ATTACHED WITH (2) ROWS OF 1/2" BOLTS @ 12" O.C. 2" MIN. EDGE DISTANCE FROM TOP & BOTTOM EDGES (UNO)
ALL POINT LOADS MUST BE BLOCKED SOLID THROUGH STRUCTURE TO FOUNDATION
ALL ANGLES TO 45 DEGREES (UNO)
REPRESENTS BEAM : — — — — — —
REPRESENTS FLOOR / CEILING JOIST : — — — — — —

Acknowledgement of Plans Submittal ONLY!

Kathleen Saunders Date 5-15-17

Tom Church Date 7-11-2017

General Notes

McFarland Design Group or Robert S. McFarland assumes no liability for any home constructed from this plan, for use of these plans without contract of the McFarland Design Group are unauthorized and shall relieve the McFarland Design Group are unauthorized and shall relieve the designer of any liability arising out of such use. The builder shall verify all dimensions. Changes made from these plans without consent of the McFarland Design Group are unauthorized and shall relieve the designer of any liability arising out of such use. The builder shall verify all dimensions. Changes made from these plans without consent of the designer of any liability arising out of such use. The builder shall verify all dimensions on these drawings shall have precedence over scaled dimensions, contractor shall verify and be responsible for all dimensions and conditions on the job.

No.	Revision/Issue	Date

"The Clark Residence"
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McFarland Design Group Inc.
342 Highway 16 North, Denver, NC 28037
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Second Floor Plan

Date: 5-30-2017

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

Drawing No./ Job No.

Sheet A-5

IREDELL COUNTY

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

APPLICATION NUMBER
221516
Issue Date: 05/10/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639635083.000	189 BAY SHORE LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NAGY LIVING TR ANNA C	Applicant: LAKESHORE HOLDINGS LLC
Address: 9 MEADOWBROOK LANE WEAVERVILLE, NC 28787	Address: P. O. BOX 5350 MOORESVILLE, NC 28117
Phone:	Phone: 704-799-0634

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.900	35.00	50.00	15.00	15.00	CACL	AE

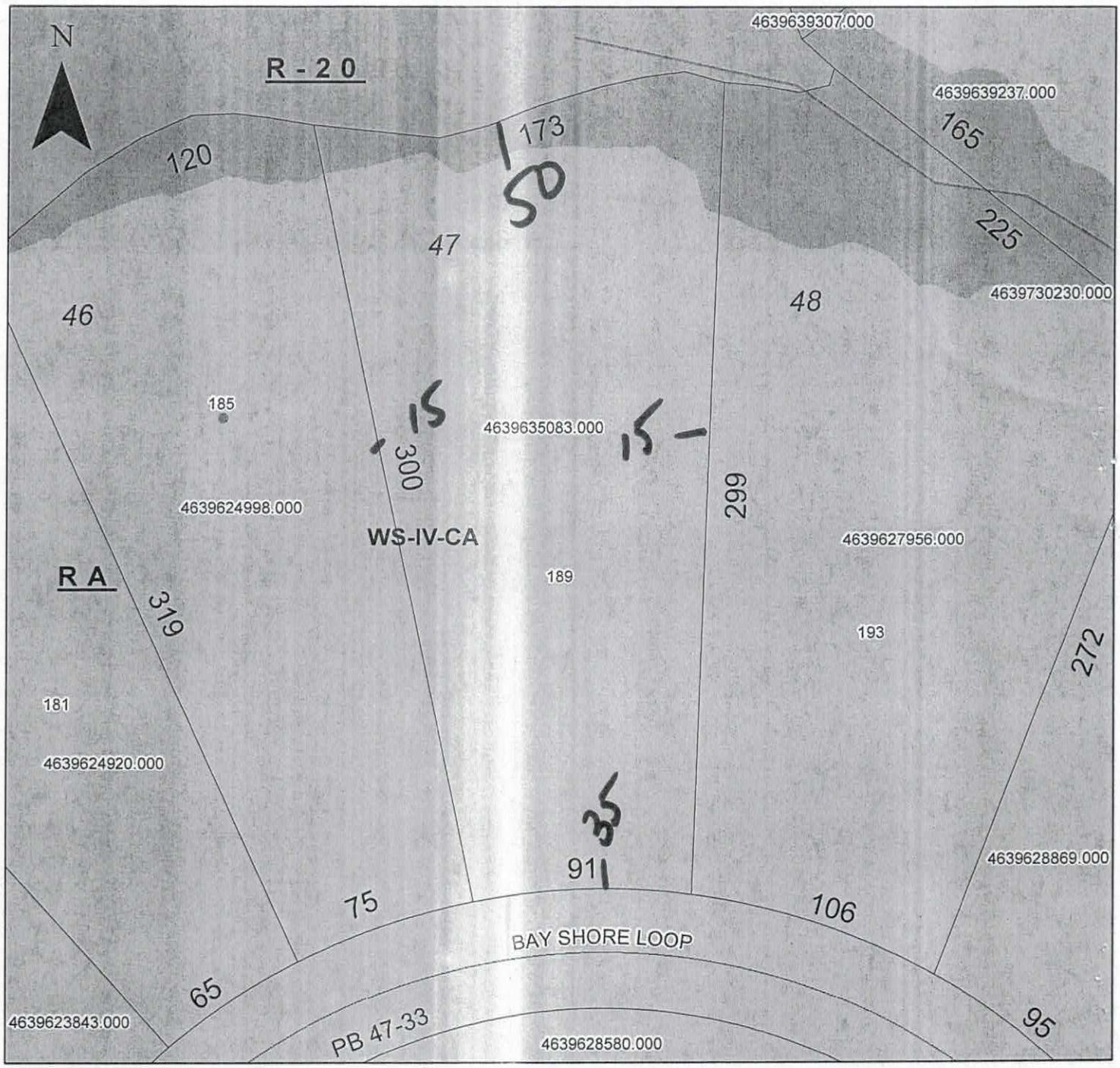
Remarks:

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	102480	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 189 Bay Shore Lp

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. Applicant further acknowledges that the 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

5/10/17

Date