ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP-303795

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

PIN #4644470912

APPLICANT/OWNER: Neha Patel

APPLICANT ADDRESS: 182 Westpaces Rd. Mooresville, NC

SITE ADDRESS: 182 Westpaces Rd. Mooresville, NC

PHONE: 704-363-7545 ALT. PHONE ——

SITE DIRECTIONS: NC 115 S → R on Langtree → 3rd exit traffic circle Mecklynn → lot on R

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Westview

SECTION: — LOT # 21 LOT AREA: .9 ac

DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Infiltrator Date

Pump Tank 1000 (gal) PT Infiltrator Date

Pump Make — Model — Serial #

Nitrification Fields 1 # Lines 4 @ 68' Linear Ft 272'

Trench Width 24" Trench Bottom Depth (~~Low side~~) MAX 36" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: PM PPBPS

Repair System Description: TSII pretreatment PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: * Temporary drive must be removed prior to issuing AC. A site visit will be required to verify. New drive cannot exceed 16' from property line.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	9-23-20	JB
Tanks Checked	9-23-20	JB
Pressure Manifold or Valve Box Checked	9-24-20	JB
Pressure Head Set	5-7-21	BCW
Electrical Checked	5-7-21	✓
Floats Set	5-7-21	✓
Alarm Checked	5-7-21	✓
Maintenance Contract Y / (N)	Not Required	
Comments: Sprinkler Sys to be removed		

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: Acceptance of Permit Received Date: 4-15-20

IMPROVEMENT PERMIT by: Kayla Watson Date: 4-14-20

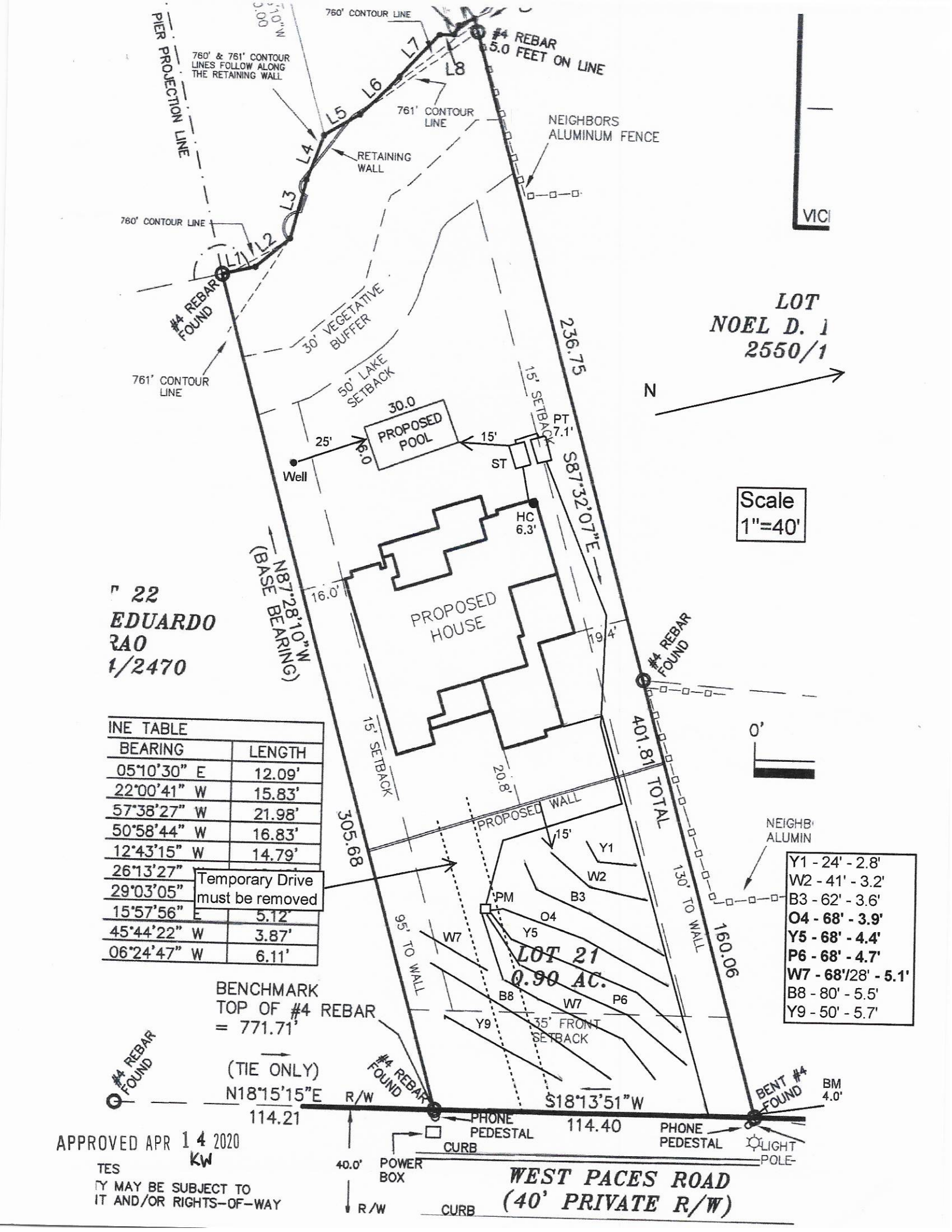
AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 4-17-20

Installed by: Specialty Septic

OPERATION PERMIT by: James Boggs Date: 5-20-2021

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.



LINE TABLE	
BEARING	LENGTH
05°10'30" E	12.09'
22°00'41" W	15.83'
57°38'27" W	21.98'
50°58'44" W	16.83'
12°43'15" W	14.79'
26°13'27"	
29°03'05"	
15°57'56" E	5.12'
45°44'22" W	3.87'
06°24'47" W	6.11'

APPROVED APR 14 2020
KW

TES
TY MAY BE SUBJECT TO
IT AND/OR RIGHTS-OF-WAY

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

Sheet 1 of 1
PROPERTY ID #: 4604447091 2
COUNTY: Iredell

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

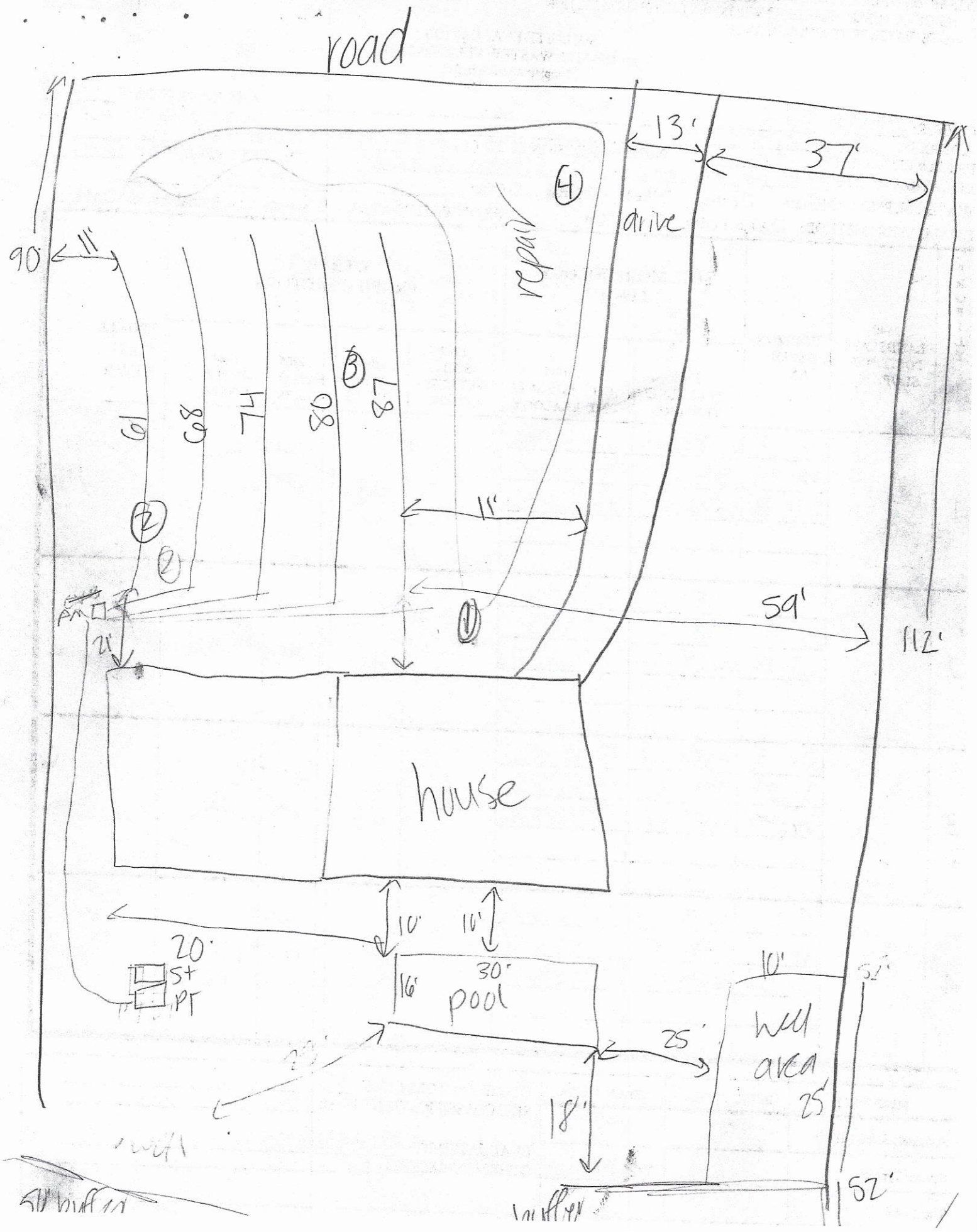
OWNER: Nilesh Patel
ADDRESS: 182 Westpines Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: NC 115 S → R on Langtree → 3rd exit traffic circle Meeklynn → lot on R
APPLICATION DATE 1-4-20
DATE EVALUATED: 2-10-20
PROPERTY SIZE: 9ac
PROPERTY RECORDED: YES
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

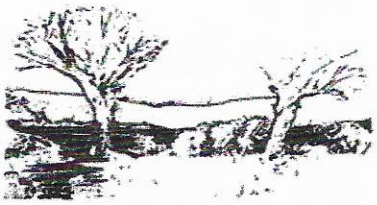
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	3%	0-4	WSBK SCL	FI,SS,SP,SE	—	48	29-48 few SAP	inc	PS
		4-29	ABK C	FI,SS,SP,SE					
		29-48	WABK CL	FI,SS,SP,SE					
R	LS								.3
2	4%	0-4	WSBK SCL	FI,SS,SP,SE	—	48	27-48 few-com SAP	inc.	PS
		4-27	ABK C	FI,SS,SP,SE					
		27-48	WABK CL	FI-FI,SS,SP,SE					
I	LS								.3
3	3%	0-5	WSBK SCL	FI,SS,SP,SE	—	48	26-48 com SAP		PS
		5-26	ABK C	FI,SS,SP,SE					
		26-48	WSBK CL	FI,SS,SP,SE					
I	LS								.3
4	3%	0-10	WSBK SCL	FI,SS,SP,SE	—	52	31-52 com-many SAP	inc.	PS
		10-31	ABK C	FI,SS,SP,SE					
		31-52	WSBK CL	FI,SS,SP,SE					
R	LS								.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


road
13'
37'
drive
repair
90
11'
61
68
74
80
87
11'
59'
112'
21'
house
10'
10'
20'
5+
PT
16'
30'
pool
10'
52'
25'
well
area
25
18'
52'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
3/31/2020

Reference: Data Sheet for 182 West Paces Rd, Westview Lot 21
House Footprint: See attached
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT^2 (ICHD)
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Pretreatment PPBPS
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 230.4 gallons
Pump Run Time: 8.1 minutes
Elevation Head: 8.2'
Friction Head: 3.7'
Pressure Head: 2'
Total Dynamic Head: 13.9'
Supply Line Length: 200' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" maximum
Proposed Trench Width: 24" (8' on center)



Line	Design Length	# of Panels	Actual Length	Elevation
Yellow 1			24'	2.8'
White 2			41'	3.2'
Blue 3			62'	3.6'
Orange 4	**68'**	**16**	**68'**	**3.9'**
Yellow 5	**68'**	**16**	**68'**	**4.4'**
Pink 6	**68'**	**16**	**68'**	**4.7'**
White 7	**68'**/28' (rep)	**16**	**101'**	**5.1'**
Blue 8			80'	5.5'
Yellow 9			50'	5.7'

Initial System: 272'
Repair System: 285'
Pump Tank: 7.1'
House Corner: 6.3'
Benchmark: 4.0'

Comments:
The supply line must be 30' below the driveway and 5' from any foundation drain.
The LTAR was previously determined by ICHD.
The repair is proposed as pretreated to decrease the setback to the retaining wall.

APPROVED APR 14 2020
KW

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Nilesh and Neha Patel, am the legal owner or the agent of the property located at 182 West Pines Rd Mooresville, NC 28117 identified as PIN(Parcel Identification Number) 4644470912, located in Iredell County, North Carolina.
Permit # AP-303795.

I do hereby agree to the permit design and the conditions of this permit.

[signature] 4/14/2020
Signature of Owner/Authorized Agent Date

Neha K Patel 4/14/20
Signature of Witness Date

nehapatel607@yahoo.com
email

Central Office (Health Dept.)
Health
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300
704 878-5305 x3456

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 660-3625

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115

http://www.co.iredell.nc.us/Departments/Health/

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RECEIVED APR 1 3 2020

AP-303795

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $225.00 Int. Relayout - EXP

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: Neha Patel **Address:** 182 West Paces Rd, Mooresville, NC **Zip:** 28117

Applicant Email: nehapatel607@yahoo.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 182 West Paces Rd

Subdivision Name: Westview **Section/Phase:** _____ **Lot Number:** 21

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) 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: _____

(✓) 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: _____ 4/10/2020
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 conditionsspecified by the local health department.

I, NEHA PATEL, am the legal owner(s) of the property located at 182 WEST PACES ROAD MOORESVILLE, NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas& Associates_, _____, 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.

Signature of Owner(s) _____ Date 4-6-20 Signature of Witness _____ Date 4-6-20

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

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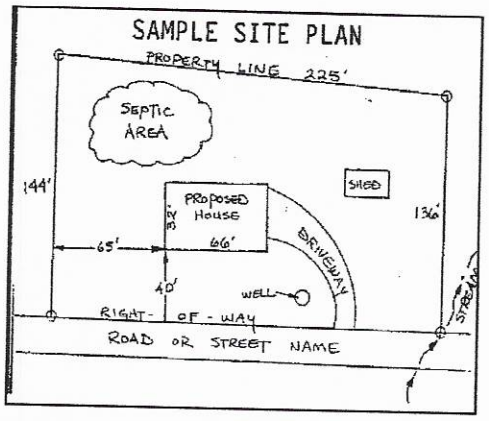
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

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

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached plan

Signature: _____

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

4/10/2020

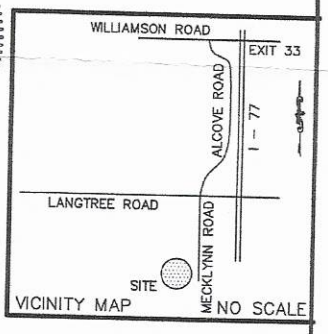
DATE

DAS DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2119, page 213, and/or plat book 29, page 55, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 27, day of JAN., A.D. 20 20.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



LEGEND
P.P. = POWER POLE
DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 05°10'30" E	12.09'
L2	N 22°00'41" W	15.83'
L3	N 57°38'27" W	21.98'
L4	N 50°58'44" W	16.83'
L5	N 12°43'15" W	14.79'
L6	N 26°13'27" W	19.46'
L7	N 29°03'05" W	20.34'
L8	N 15°57'56" E	5.12'
L9	N 45°44'22" W	3.87'
L10	N 06°24'47" W	6.11'

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 8/30/19) ELEVATION: 757.40'
4) UNDERGROUND POWER

TOPOGRAPHICAL/PLOT PLAN SURVEY

OF

182 WEST PACES ROAD

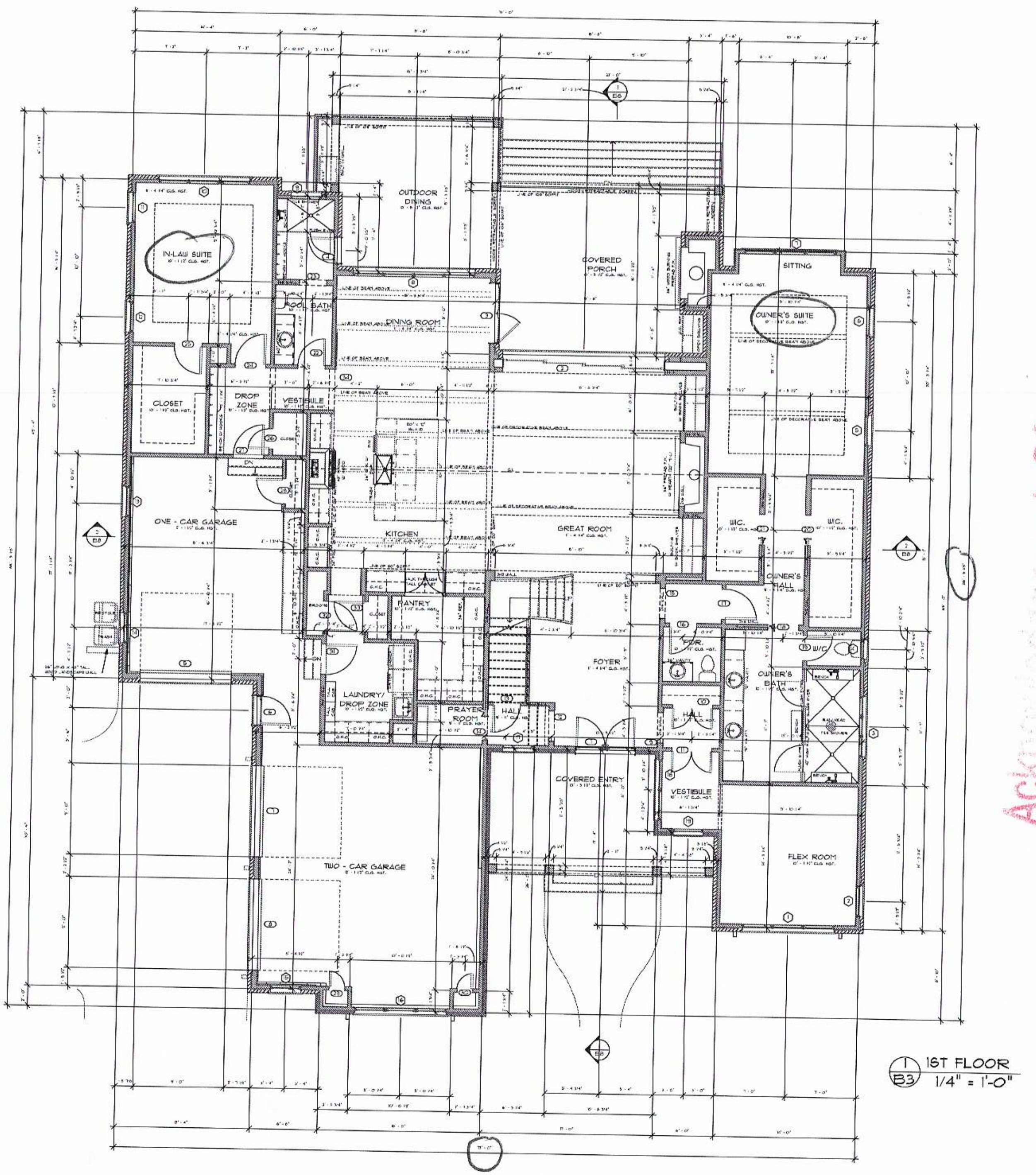
LOT 21 WESTVIEW SUBDIVISION

DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 50'

ACQUIRED BY: PATEL RESIDENCE

FIELD BOOK:
FILE: WESTVIEW LOT 21
DC FILE:
TAX MAP NO: 4644470912



1/B3 1ST FLOOR
1/4" = 1'-0"

GENERAL FLOOR PLAN NOTES

1. SEE SHEET GN-1 FOR ADDITIONAL FRAMING NOTES.

2. ALL HEADERS ARE (2) 2X8 (U.N.O.)

3. PROVIDE 1/2" DRYWALL SEPARATION BETWEEN WALLS OF GARAGE & HOUSE. PROVIDE 5/8" TYPE "X" DRYWALL SEPARATION ON CEILING OF GARAGE (TABLE R-302.6)

4. BUILD UP FLOOR AREAS AS REQUIRED TO HAVE FLUSH FLOOR FINISHES AT DIFFERENT MATERIALS - PER PLAN.

5. ALL ANGLES ARE 45 DEGREES (U.N.O.)

6. ALL INTERIOR DOORS ARE 6" FROM WALL (UNLESS DIMENSIONED OTHERWISE)

7. INSTALL DBL. JOIST UNDER ALL PARALLEL PARTITION WALLS (U.N.O.)

8. INSTALL A min. OF (3) 2X4 STUDS UNDER ALL BEAMS, LVL's, OR BUILT-UP, AT THE FIRST FLOOR LEVEL (U.N.O.)

9. ALL EXTERIOR WALLS TO HAVE 7/16" OSB SHEATHING FASTENED w/ 8d NAILS @ 6" o.c. AROUND EDGES & 12" o.c. IN FIELD

10. ALL EXTERIOR STUD WALLS TO BE 2x4's @ 16" o.c. (U.N.O.)

11. SEE STRUCTURAL SHEETS FOR ALL POINT LOADS, BEAMS, HEADERS, & JOIST LAYOUTS. (PER STRUCTURAL ENGINEER DRAWINGS)

12. U.N.O. = UNLESS NOTED OTHERWISE

FIRST FLOOR DOOR SCHEDULE

⊙	Width	Height	Comments
1	6' - 0"	8' - 0"	TWIN - 3/4 GLASS ENTRY
2	16' - 0"	8' - 0"	QUAD - FRENCH POCKETING SLIDER
3	6' - 0"	8' - 0"	TWIN - FRENCH (1 OPERABLE)
4	2' - 8"	8' - 0"	SINGLE - 3/4 GLASS
5	9' - 0"	8' - 0"	OVER HEAD GARAGE DOOR (T.B.S.)
6	3' - 0"	8' - 0"	SINGLE - 3/4 GLASS
7	9' - 0"	8' - 0"	OVER HEAD GARAGE DOOR (T.B.S.)
8	9' - 0"	8' - 0"	OVER HEAD GARAGE DOOR (T.B.S.)
9	3' - 0"	9' - 0"	6" CASED OPENING
10	4' - 0"	8' - 0"	TWIN - PANELED
11	4' - 0"	8' - 0"	TWIN - PANELED
12	3' - 0"	9' - 0"	6" CASED OPENING
13	2' - 8"	8' - 0"	SINGLE - PANELED
14	3' - 0"	8' - 0"	SINGLE - GLASS POCKETING
15	3' - 0"	9' - 0"	6" CASED OPENING
16	2' - 8"	8' - 0"	SINGLE - PANELED
17	3' - 0"	8' - 0"	SINGLE - PANELED
18	3' - 0"	8' - 0"	SINGLE - POCKET PANELED
19	2' - 6"	8' - 0"	SINGLE - PANELED
20	3' - 0"	8' - 0"	SINGLE - POCKET PANELED
21	3' - 0"	8' - 0"	SINGLE - POCKET PANELED
22	2' - 8"	8' - 0"	SINGLE - PANELED
23	2' - 8"	8' - 0"	6" CASED OPENING
24	3' - 0"	8' - 0"	SINGLE - PANELED
25	2' - 8"	8' - 0"	SINGLE - PANELED
26	2' - 0"	8' - 0"	SINGLE - PANELED
27	3' - 0"	8' - 0"	SINGLE - PANELED (SOLID CORE) (20" MIN. FIRE RATING)
28	2' - 6"	8' - 0"	SINGLE - PANELED
29	1' - 6"	8' - 0"	SINGLE - PANELED
30	1' - 6"	8' - 0"	SINGLE - PANELED
31	3' - 0"	8' - 0"	SINGLE - PANELED (SOLID CORE) (20" MIN. FIRE RATING)
32	3' - 0"	8' - 0"	SINGLE - PANELED
33	3' - 0"	8' - 0"	SINGLE - PANELED
34	4' - 0"	8' - 0"	SINGLE - BARN STYLE SLIDER

FIRST FLOOR WINDOW SCHEDULE

⊙	Width	Height	Notes
1	3' - 0"	8' - 0"	TRIPLE - CASEMENT (TEMPERED) (36" EACH)
2	3' - 0"	8' - 0"	SINGLE - CASEMENT (TEMPERED)
3	2' - 0"	5' - 0"	TRIPLE - CASEMENT (TEMPERED) (24" EACH)
4	2' - 0"	5' - 0"	SINGLE - CASEMENT
5	3' - 0"	5' - 0"	SINGLE - CASEMENT
6	3' - 0"	5' - 0"	SINGLE - CASEMENT
7	3' - 0"	8' - 0"	TRIPLE - CASEMENT (TEMPERED) (36" EACH)
8	3' - 0"	8' - 0"	QUAD - CASEMENT (TEMPERED) (36" EACH)
9	3' - 0"	1' - 4"	SINGLE - TRANSOM
10	3' - 0"	8' - 0"	TRIPLE - CASEMENT (TEMPERED) (36" EACH)
11	3' - 0"	5' - 0"	SINGLE - CASEMENT
12	3' - 0"	5' - 0"	SINGLE - CASEMENT
13	3' - 0"	6' - 0"	SINGLE - CASEMENT
14	3' - 0"	6' - 0"	SINGLE - CASEMENT
15	3' - 0"	3' - 0"	SINGLE - CASEMENT
16	3' - 0"	6' - 0"	TRIPLE - CASEMENT (36" EACH)
17	3' - 0"	6' - 0"	SINGLE - CASEMENT W/ 16" TRANSOM
18	3' - 0"	6' - 0"	TWIN - CASEMENT W/ 16" TRANSOM (36" EACH)
19	3' - 0"	6' - 0"	SINGLE - CASEMENT W/ 16" TRANSOM

Acknowledgement Of Plans Submittal ONLY
Date 2-25-20
Date 2/27/2020

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. VERIFY ALL CONDITIONS W/ MANUFACTURER & CODE RESTRICTIONS

NOTE:

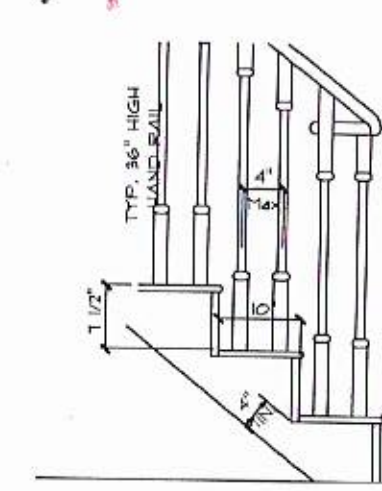
HANDRAILS & BALUSTERS SHOWN MAY NOT REPRESENT THE FINAL PRODUCT. THIS DRAWING IS FOR CODE PURPOSES ONLY.

STAIR SPECS.

18 RISERS @ 7 1/2" EACH
17 TREADS @ 10" EACH
w/ 1" NOSING

NOTE:
VERIFY ACTUAL CONDITIONS & FLOOR FINISH MATERIALS PRIOR TO STAIR FABRICATION

NOTE:
GUARD RAILS & HANDRAILS SHALL BE IN COMPLIANCE w/ 2018 N.C.R.C.



FIRST FLOOR TO SECOND FLOOR STAIR DETAIL

DATE: DECEMBER 11, 2019
JOB NUMBER: 811 - CLNT - NEW
REVISIONS:
SHEET: B3
OF:

SMITH | SLOVIK
residential design group
TROY S. SMITH 704.641.2544
DAVE SLOVIK 704-560.9919
1307 W MOREHEAD ST. SUITE 105
CHARLOTTE, NC 28208
WWW.SMITHSLOVIK.COM

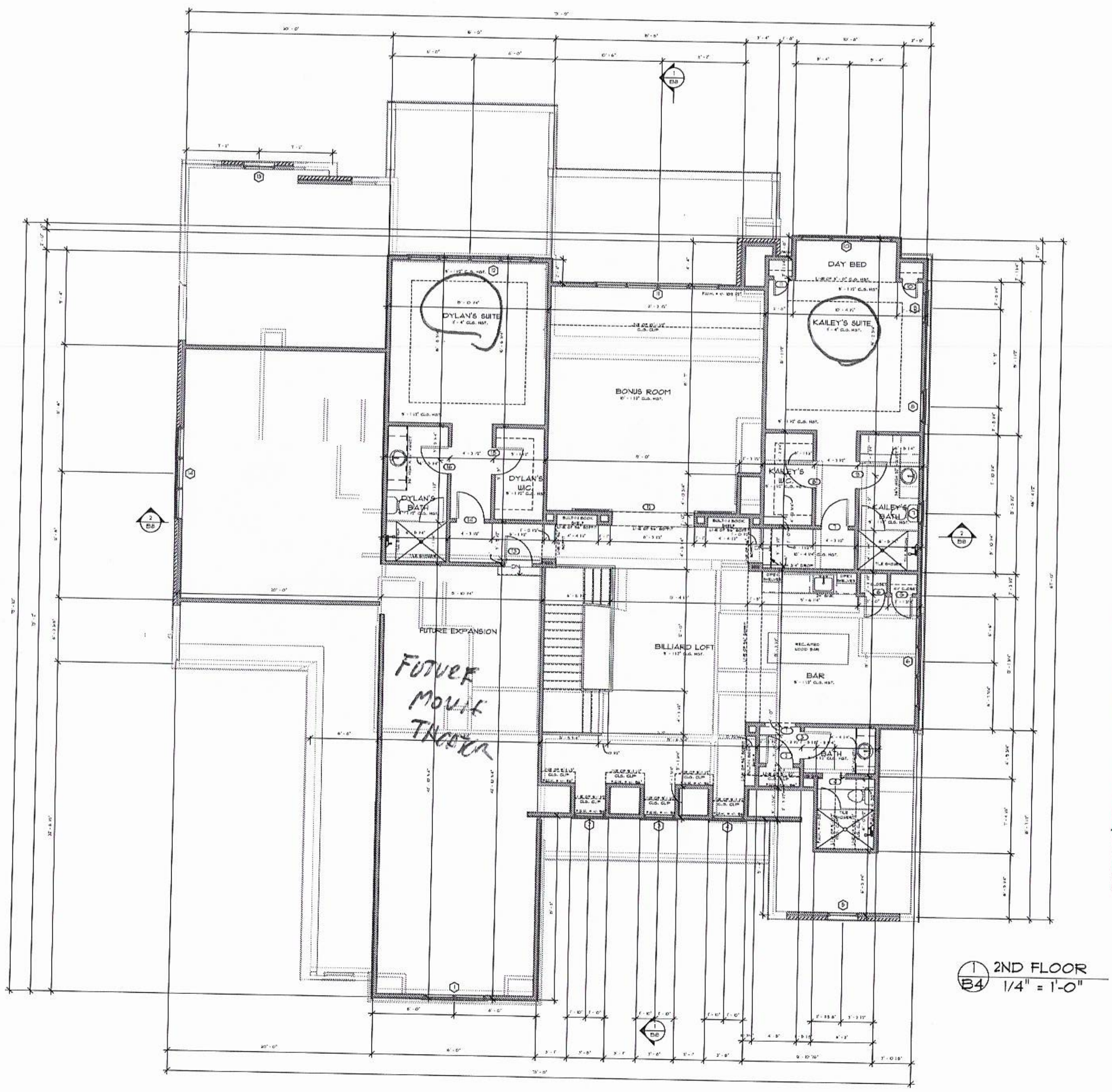
PROJECT:

PATEL RESIDENCE

LOT 21, WEST PACES ROAD
IN
DAVIDSON, NORTH CAROLINA

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

BUILDER:



2ND FLOOR
1/4" = 1'-0"

Plans Submittal ONL[illegible]
Date 2-25-20
Date 2/27/2020

GENERAL FLOOR PLAN NOTES

1. SEE SHEET GN-1 FOR ADDITIONAL FRAMING NOTES.

2. ALL HEADERS ARE (2) 2X8 (U.N.O.)

3. PROVIDE 1/2" DRYWALL SEPARATION BETWEEN WALLS OF GARAGE & HOUSE. PROVIDE 5/8" TYPE "X" DRYWALL SEPARATION ON CEILING OF GARAGE (TABLE R-302.6)

4. BUILD UP FLOOR AREAS AS REQUIRED TO HAVE FLUSH FLOOR FINISHES AT DIFFERENT MATERIALS - PER PLAN.

5. ALL ANGLES ARE 45 DEGREES (U.N.O.)

6. ALL INTERIOR DOORS ARE 6" FROM WALL (UNLESS DIMENSIONED OTHERWISE)

7. INSTALL DBL. JOIST UNDER ALL PARALLEL PARTITION WALLS (U.N.O.)

8. INSTALL A min. OF (3) 2X4 STUDS UNDER ALL BEAMS, LVL's, OR BUILT-UP, AT THE FIRST FLOOR LEVEL (U.N.O.)

9. ALL EXTERIOR WALLS TO HAVE 7/16" OSB SHEATHING FASTENED w/ 8d NAILS @ 6" o.c. AROUND EDGES & 12" o.c. IN FIELD

10. ALL EXTERIOR STUD WALLS TO BE 2x4's @ 16" o.c. (U.N.O.)

11. SEE STRUCTURAL SHEETS FOR ALL POINT LOADS, BEAMS, HEADERS, & JOIST LAYOUTS. (PER STRUCTURAL ENGINEER DRAWINGS)

12. U.N.O. = UNLESS NOTED OTHERWISE

SECOND FLOOR DOOR SCHEDULE

⊙	Width	Height	Comments
1	3'-0"	8'-0"	4" CASED OPENING
2	2'-8"	7'-0"	SINGLE - PANELED
3	2'-8"	7'-0"	SINGLE - PANELED
4	2'-4"	7'-0"	SINGLE - POCKET (PANELED)
5	2'-0"	7'-0"	SINGLE - PANELED
6	2'-0"	7'-0"	SINGLE - PANELED
7	2'-8"	7'-0"	SINGLE - PANELED
8	2'-8"	7'-0"	SINGLE - PANELED
9	2'-8"	7'-0"	SINGLE - PANELED
10	1'-6"	7'-0"	SINGLE - PANELED
11	1'-6"	7'-0"	SINGLE - PANELED
12	8'-0"	8'-0"	TWIN - SLIDING BARN DOOR (48" EACH)
13	2'-8"	7'-0"	SINGLE - PANELED (WEATHER STRIPPED & INSULATED)
14	2'-8"	7'-0"	SINGLE - PANELED
15	2'-8"	7'-0"	SINGLE - PANELED
16	2'-8"	7'-0"	SINGLE - PANELED

SECOND FLOOR WINDOW SCHEDULE

⊙	Width	Height	Notes
1	3'-0"	6'-0"	TWIN - CASEMENT (36" EACH)
2	3'-0"	6'-0"	SINGLE - CASEMENT (TEMPERED)
3	3'-0"	6'-0"	SINGLE - CASEMENT (TEMPERED)
4	3'-0"	6'-0"	SINGLE - CASEMENT (TEMPERED)
5	3'-0"	3'-0"	SINGLE - FIXED CASEMENT
6	3'-0"	5'-0"	TRIPLE - CASEMENT (36" EACH)
7	2'-0"	5'-0"	SINGLE - CASEMENT
8	3'-0"	5'-0"	SINGLE - CASEMENT
9	3'-0"	5'-0"	SINGLE - CASEMENT
10	3'-0"	4'-0"	TRIPLE - CASEMENT (36" EACH)
11	3'-0"	6'-0"	QUAD - CASEMENT (TEMPERED) (36" EACH)
12	3'-0"	5'-0"	QUAD - CASEMENT (36" EACH)
13	3'-0"	3'-0"	SINGLE - FIXED CASEMENT
14	3'-0"	6'-0"	TRIPLE - CASEMENT (36" EACH)
15	3'-0"	3'-0"	SINGLE - FIXED CASEMENT (SEE REAR ELEVATION)
16	3'-0"	3'-0"	SINGLE - FIXED CASEMENT (SEE LEFT ELEVATION)

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. VERIFY ALL CONDITIONS w/ MANUFACTURER & CODE RESTRICTIONS

SHEET: B4
OF:

DATE: DECEMBER 11, 2019
JOB NUMBER: BTI - CLNT - NEW
REVISIONS:

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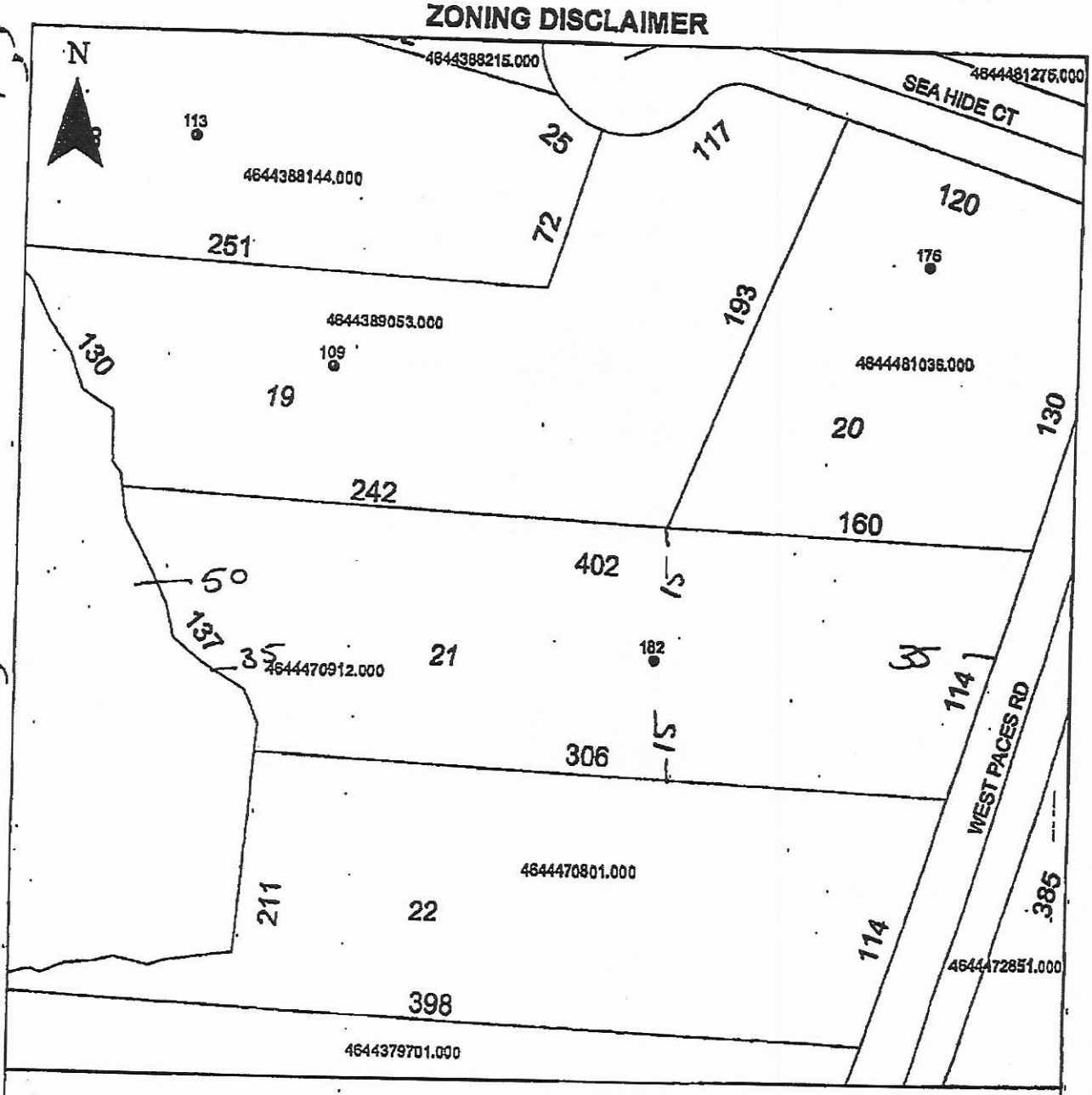
NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

BUILDER:

303795

SV

ZONING DISCLAIMER



Property Address 182 West Paces Rd.

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.

Paul Kuttz
Applicant

1.2.2020
Date