IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238653

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

PIN # 4645331654

APPLICANT/OWNER: Jon Wilson APPLICANT ADDRESS: 129 Lawrence Tee Ln Mooresville, NC. 28117

SITE ADDRESS: 129 Lawrence Tee Ln Mooresville, NC 28117 PHONE: 704 576-3887 ALT. PHONE

SITE DIRECTIONS: Hwy 115 S TR Langtree Rd TR into Carson's Pl bear rt @ lake, @ end on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Oak Harbor SECTION: - LOT # 18 LOT AREA: .89 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3I / .15R

Septic Tank Exist 1000 (gal) STB Date

Pump Tank Exist 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2 (+3 exist) Linear Ft: 70 ft

Trench Width min 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

☐ New System ☐ Repair ☒ Expansion System Type: I II III IV V VI

System Description: LP PPBPS

Repair System Description: TS II Drip Irrigation

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: May need to relocate CVB to accomodate piping to new drain lines. Bring existing ST & PT up to Current Standards.

Note: Expanding house from 3 Bedrooms to 4 Bedrooms & adding garage.

INITIAL SITE SKETCH

See attached/approved Septic plan by Michael Athanas & Assoc. (dated 9/10/18)

AS BUILT SKETCH

As Built Attached

dmwilson05@gmail.com

	Date	Initials
Drain Lines Checked	3/2/22	DW
Tanks Checked	—	—
Pressure Manifold or Valve Box Checked	3/2/22	DW
Pressure Head Set	3/2/22	DW
Electrical Checked	✓	
Floats Set	3/2/22	DW
Alarm Checked	3/22/22	MD
Maintenance Contract (Y) / N		

Alarm audible - could not see alarm

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: Dawn M Wilson Date: 9/25/18 Installed by: Sid Gaskins

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/17/18 OPERATION PERMIT by: Maria Dotson Date: 3/22/22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 9/17/18 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 inpsector to confirm your inspection time.

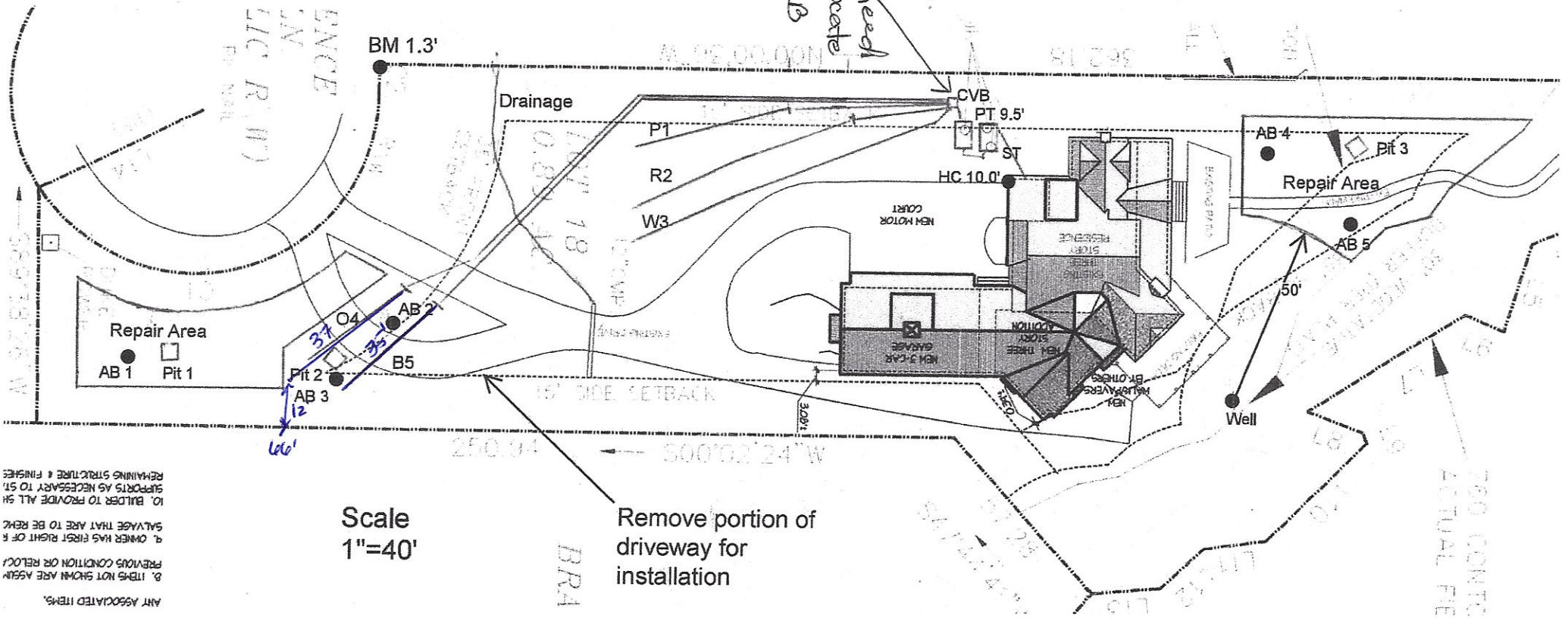
As Built

129 Lawrence Tee
Mooresville

Driveway removed over lines
supply greater than 30"
underdrive

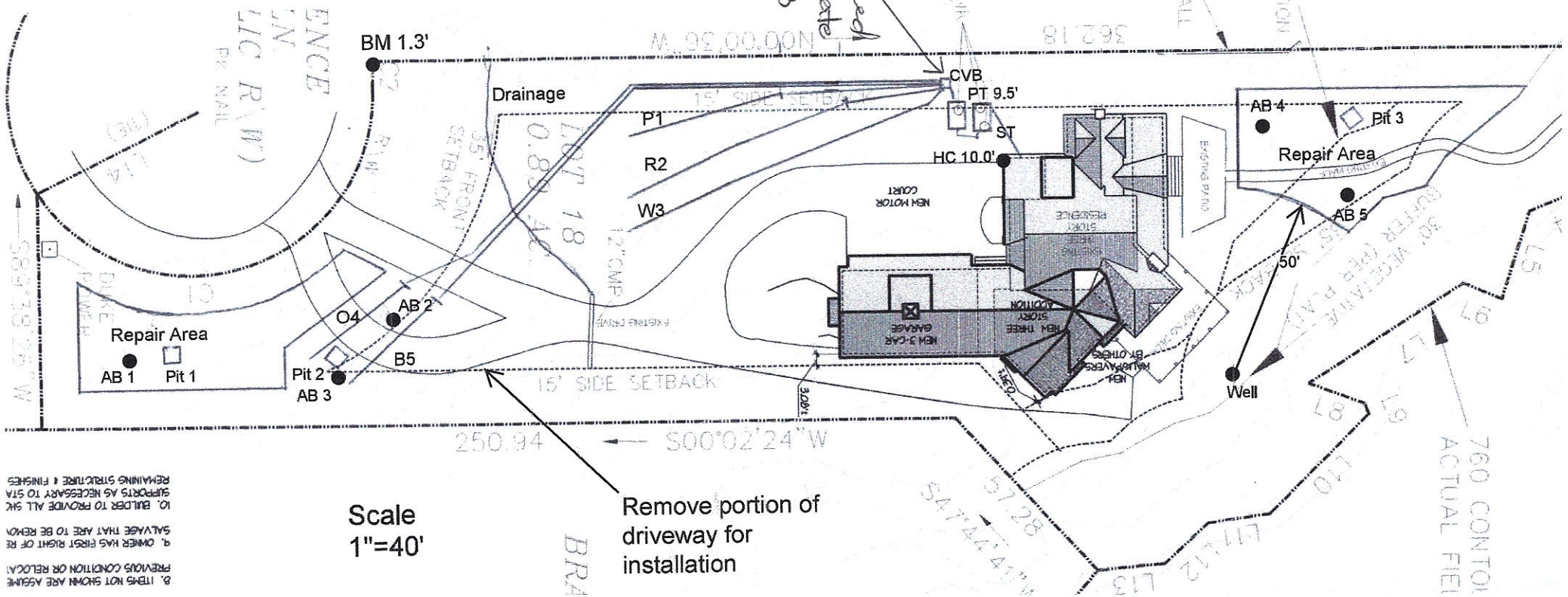
P1 - 44' - 5.9' EX
R2 - 66' - 7.7' EX
W3 - 90' - 8.8' EX
O4 - 35' - 6.4'
B5 - 35' - 7.5'

Approved
8/11/16
Jm
Maynee to relocate CVB



P1 - 44' - 5.9' EX
R2 - 66' - 7.7' EX
W3 - 90' - 8.8' EX
O4 - 35' - 6.4'
B5 - 35' - 7.5'

Approved
8/17/18
mg
may need to relocate CVB





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

Reference: 129 Lawrence Tee Ln, Oak Harbor Lot 18
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.15 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: TS II Drip Irrigation
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36 GPM
Dosing Volume: 219.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 8.6'
Friction Head: 0.1'
Pressure Head: 2'
Total Dynamic Head: 10.7'
Supply Line Length: 5' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons (existing)
Proposed Trench Bottom: 36" (initial), 18" (repair)

Approved
9/17/18
MD

Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1	44'	10	44'	5.9' (existing)
Red 2	66'	15	66'	7.7' (existing)
White 3	90'	20	90'	8.8' (existing)
Orange 4	35'	8	37'	7.5'
Blue 5	35'	8	40'	6.4'

Initial System: 270'
Repair System: 3357 FT^2
Pump Tank: 9.5'
House Corner: 10.0'
Benchmark: 1.3'

Comments:
This property has an existing three bedroom system. MA&A are proposing to increase the system to four bedrooms. There is also a proposed garage addition. The number of panels for the existing lines are assumed based the manufacturer's recommendation according to the line lengths. The hole size is also assumed. Supply lines must be installed 30" below any driveway. The looped section of the driveway must be removed for the installation of the new lines.

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jon Wilson APPLICATION DATE
ADDRESS: 129 Lawrence Tee Ln, Mooresville, NC 28117 DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.89 AC
LOCATION OF SITE: 129 Lawrence Tee Ln, Oak Harbor Lot 18 PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

Approved 4/17/18 MR

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
PIT 1	LS 5%	0-3	Br CL WSBK	FR SS SP SXP	N/A	50"	N/A	N/A	PS 0.3
		3-39	R C SBK	FR SS SP SXP					
		39-50	R CL WSBK	FR SS SP SXP					
PIT 2	LS 8%	0-30	R C SBK	FR SS SP SXP	N/A	50"	N/A	N/A	PS 0.3
		30-50	R CL WSBK	FR SS SP SXP					
PIT 3	LS 10%	0-16	R C comp		N/A	50"	N/A	N/A	PS 0.3 >16"
		16-36	R C SBK	FR SS SP SXP					
		36-50	R CL WSBK	FR SS SP SXP					
AB 1	LS 5%	0-22	BrR CL SBK	FR SS SP SXP	N/A	25"	N/A	N/A	PS 0.15 DRIP
		22-25	R C SBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	504 FT^2	3357 FT^2
System Type(s)	PPBPS	TS II DRIP
Site LTAR	0.3	0.15

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4645331654____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

Approved 9/17/18 MK

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 2	LS 6%	0-26	R CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		26-48	RBr CL WSBK	FR SS SP SXP					
AB 3	LS 6%	0-24	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		24-48	R CL WSBK	FR SS SP SXP					
AB 4	LS 10%	0-28	R C SBK	FR SS SP SXP	N/A	32"	N/A	N/A	PS 0.3
		28-32	R CL WSBK	FR SS SP SXP					
AB 5	LS 10%	0-30	R CL WSBK	FR SS SP SXP	N/A	30"	N/A	N/A	PS 0.3

COMMENTS: _____

DELIVERED SEP 7 - 2018 #238663 $350.00

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: Jon Wilson Address: 129 Lawrence Tee Ln, Mooresville, NC Zip: 28117

Applicant Email: jon.wilson@childress.klein.com Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 129 Lawrence Tee Ln

Subdivision Name: Oak Harbor Section/Phase: _____ Lot Number: 18

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: Attached Garage

(✓) 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: _____ 9/10/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

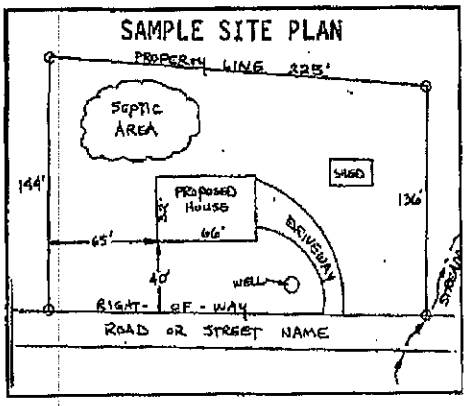
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

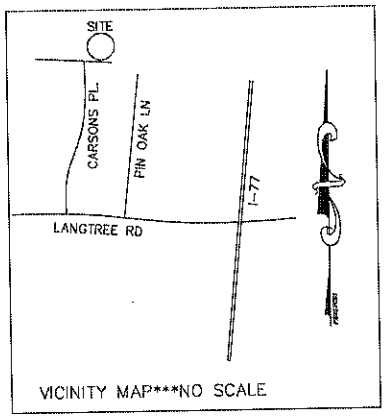
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

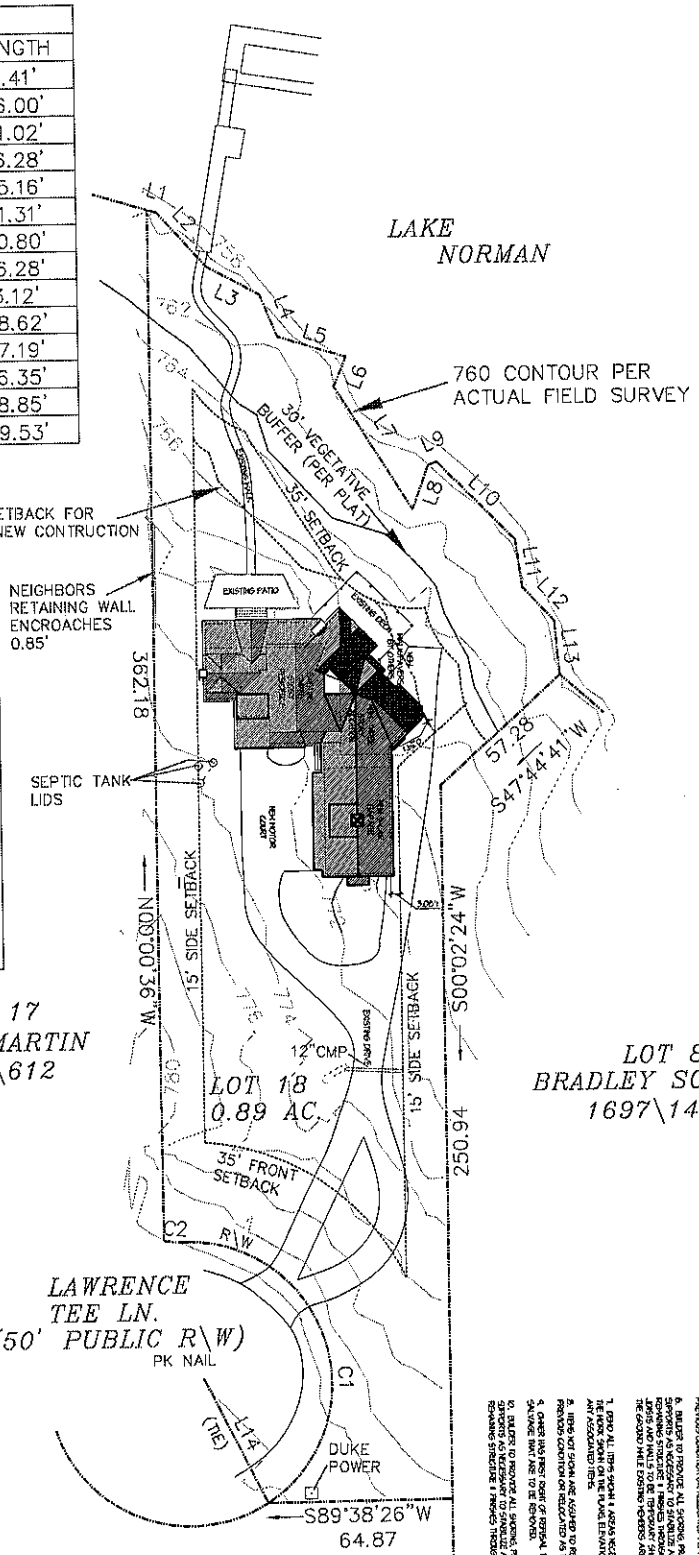
9/10/2018
DATE

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CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	129.93'	N 16°54'09" W	96.34'
C2	30.00'	7.33'	S 85°04'33" E	7.31'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 73°12'06" E	3.41'
L2	S 41°50'06" E	26.00'
L3	S 61°43'06" E	21.02'
L4	S 21°56'06" E	16.28'
L5	S 72°43'06" E	25.16'
L6	S 22°55'53" W	11.31'
L7	S 32°16'06" E	50.80'
L8	N 20°26'53" E	16.28'
L9	N 67°47'51" E	3.12'
L10	S 44°45'59" E	38.62'
L11	S 08°04'20" E	17.19'
L12	S 42°23'11" E	16.35'
L13	S 05°01'25" E	18.85'
L14	S 26°20'22" E	49.53'

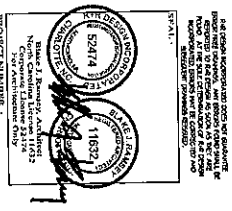




NOTES

1. THIS SITE PLAN IS PROVIDED PRIMARILY FOR ZONING PURPOSES TO SHOW THE POSITION OF THE WORK WITHIN THE CONFINES OF THE PROPERTY. ALL SITE DETAILS ARE RESPONSIBILITY OF THE CONTRACTOR TO PROVIDE APPROPRIATE GRADING, DRAINAGE, ETC. PER ALL JURISDICTIONAL REQUIREMENTS. SEE CONSTRUCTION PLANS FOR ADDITIONAL INFORMATION.
2. VERIFY ALL CONDITIONS IN FIELD.
3. REVIEW HOMEOWNER OTHER ITEMS THAT MAY BE REQUIRED AS PART OF THE WORK.
4. DEMO ALL ITEMS SHOWN / AREAS NECESSARY TO ACCOMPLISH THE WORK SHOWN ON THE PLANS, ELEVATIONS / DETAILS. INCLUDE ANY ASSOCIATED ITEMS.
5. ITEMS NOT SHOWN ARE ASSUMED TO REMAIN OR BE RETURNED TO PREVIOUS CONDITION OR RELOCATED AS THE WORK MAY DICTATE.
6. BUILDER TO PROVIDE ALL SHORING, PROTECTION, TEMPORARY BRACING, SUPPORTS, ETC. REQUIRED THROUGHOUT CONSTRUCTION. ALL REMAINING STRUCTURE / FINISHES THROUGHOUT CONSTRUCTION SHALL BE PROTECTED AT ALL TIMES FROM DAMAGE DUE TO WORK PERFORMED.
7. DEMO ALL ITEMS SHOWN / AREAS NECESSARY TO ACCOMPLISH THE WORK SHOWN ON THE PLANS, ELEVATIONS / DETAILS. INCLUDE ANY ASSOCIATED ITEMS.
8. ITEMS NOT SHOWN ARE ASSUMED TO REMAIN OR BE RETURNED TO PREVIOUS CONDITION OR RELOCATED AS THE WORK MAY DICTATE.
9. BUILDER TO PROVIDE ALL SHORING, PROTECTION, TEMPORARY BRACING, SUPPORTS, ETC. REQUIRED THROUGHOUT CONSTRUCTION. ALL REMAINING STRUCTURE / FINISHES THROUGHOUT CONSTRUCTION SHALL BE PROTECTED AT ALL TIMES FROM DAMAGE DUE TO WORK PERFORMED.
10. BUILDER TO PROVIDE ALL SHORING, PROTECTION, TEMPORARY BRACING, SUPPORTS, ETC. REQUIRED THROUGHOUT CONSTRUCTION. REMAINING STRUCTURE / FINISHES THROUGHOUT CONSTRUCTION.

R+R DESIGN



PROJECT NUMBER:
17.003.WILS.SPALS v1.0
May 10, 2018

A Renovation for

The Wilson Residence

Lot 18 · Carson's Place · PB 2091.91A& 24161
129 Lawrence Tee Lane · Mooresville

DRAWING: ARCHITECTURAL SITE PLAN
SCALE: 1" = 30'-0"
2 OF 22

Mgmt Donna Current 1-97

IREDELL COUNTY HEALTH DEPARTMENT

4645 33 1654

14904

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Larry Chulo DATE Feb 11, '93 PERMIT NO. 2A-6A-14

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 TR into Carsons Place Dear right at lake at end on left 129 LAWRENCE TEER RD. S.R. No. _____

SUBDIVISION NAME Carson's Place LOT NO. 18 SECTION OR BLOCK NO. _____

House ☑ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☑ No ☐

Auto. Wash. Machine Yes ☑ No ☐

Lot Area ▶ 20,000 ft²

Soil Characteristics psilboy

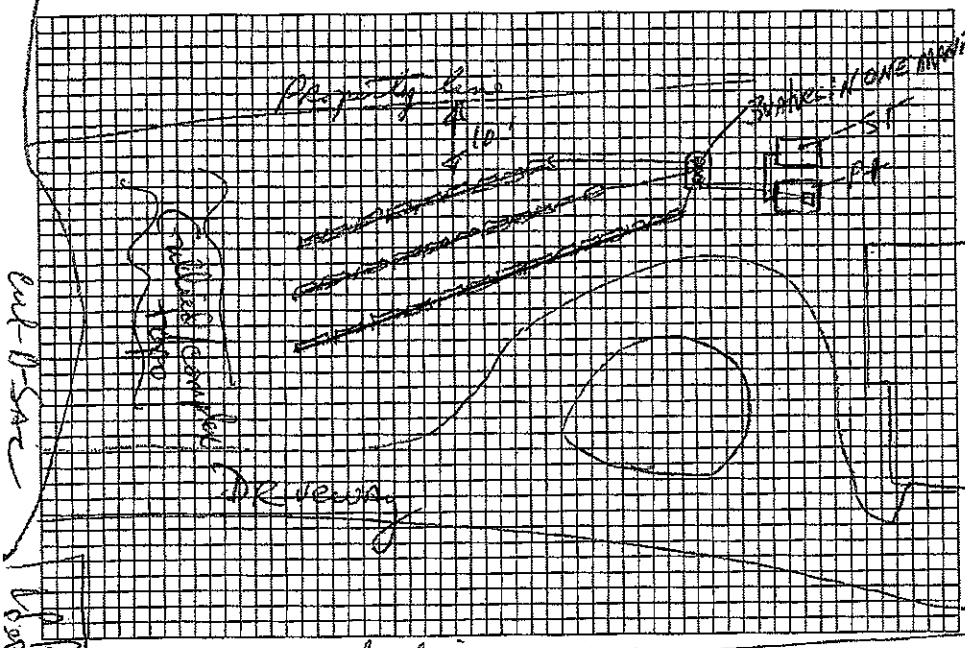
Application Rate .3

Topography 2% SL complex

Depth to Water Table 7 ft

Rock or other impervious formations None obs.

✓ Basement with Plumbing (owner/builder set pumpless in basement to main sewer) _____ Basement without Plumbing _____ No Basement _____ Crawl Space



Lot & System (Not to Scale)

Size of Tank 1000/1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200' of 16" PVC's

Depth of Stone in Lines _____

Water Supply: Individual ☑ Public ☐

Installed by Walter Barton

I understand and agree to install a septic tank system as specified on this Improvement Permit.

Signed: _____

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY _____

COMMENTS _____

Operation permit

CERTIFICATE OF COMPLETION BY _____ DATE 2/11/93

EXISTING SYSTEM CHECKED BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Jon K Wilson, am the legal owner(s) of the property located at 129 Lawrence Tee Ln, Mooresville, NC 28117, identified as
PIN (Parcel Identification Number) 4645331654, 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

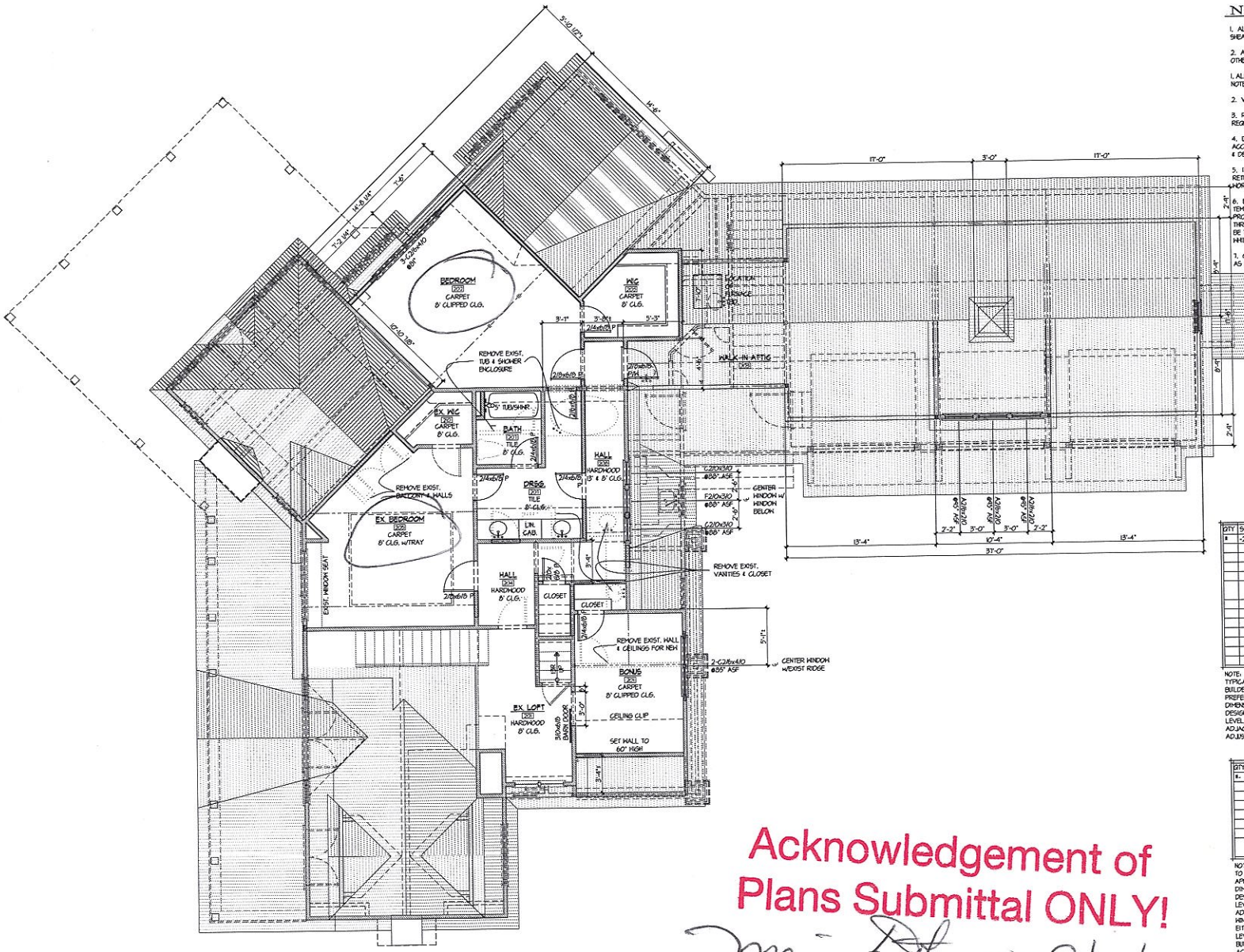
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	9.6.18 Date	Signature of Witness	9/6/18 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



NOTES

1. ALL EXTERIOR DIMENSIONS ARE FROM THE FACE OF SHEATHING.
2. ALL ANGLED WALLS ARE @ 45° UNLESS NOTED OTHERWISE.
3. ALL DOORS ARE 6" FROM WALLS OR ON CENTER UNLESS NOTED OTHERWISE.
2. VERIFY ALL CONDITIONS IN FIELD.
3. REVIEW w/OWNER OTHER M/E/P ITEMS THAT MAY BE REQUIRED.
4. DEMO ALL ITEMS SHOWN & AREAS NECESSARY TO ACCOMPLISH THE WORK SHOWN ON THE PLANS, ELEVATIONS & DETAILS. INCLUDE ANY ASSOCIATED ITEMS.
5. ITEMS NOT SHOWN ARE ASSUMED TO REMAIN, BE RETURNED TO PREVIOUS CONDITION OR RELOCATED AS THE WORK MAY DICTATE.
6. BUILDER TO PROVIDE ALL SHORING, PROTECTION & TEMPORARY SUPPORTS AS NECESSARY TO STABILIZE AND PROTECT THE REMAINING STRUCTURE & FINISHES THROUGHOUT CONSTRUCTION. ALL JOISTS AND WALLS TO BE TEMPORARY SHORED ALL THE WAY TO THE GROUND WHILE EXISTING MEMBERS ARE BEING REPLACED.
7. CONFIRM DOOR HEIGHTS TO MATCH EXISTING OR SAME AS REPLACEMENTS.

DRAWING · UPPER LEVEL FLOOR PLAN

5 OF · 22

SCALE · 1/4" = 1'-0"

A Renovation for

The Wilson Residence

Lot 18 · Carson's Place · PB 2091,91A& 24161
129 Lawrence Tee Lane · Mooresville

DOOR LEGEND

QTY	SIZE (FEET/INCHES)	DOOR TYPE
8	-2/8x6/0	P (PANEL)
		F (FRENCH-FULL GLAZED LITE)
		HF (FRENCH-HALF GLAZED LITE)
		FF (FIXED FRENCH)
		/R (RATED)
		/W (WEATHER STRIP-OTHER THAN EXTERIOR)
		/BF (BI-FOLD)
		/PK (POCKET)
		/S (SLIDER)
		/OH (OVERHEAD)
		/AT (ARCH TOP)
		/SL (SIDE LIGHT)
		/T (TRANSOM)

NOTE: NOMINAL HEAD JAMB HEIGHTS SHOWN ARE FOR TYPICAL APPLICATIONS AS A POINT OF REFERANCE. THE BUILDER IS TO ADJUST FOR DIFFERENT TRADE PREFERANCES, PRACTICES AND MANUFACTURER SIZES. ALL DIMENSIONS ARE IN INCHES ABOVE SUB-FLOOR AND MAY DESIGNATE FROM A DIFFERENT LEVEL NOTED AS ML-MAIN LEVEL, ETC., OTHER WISE IS FROM THE HIGHEST, MOST ADJACENT RISER, LANDING OR SUB-FLOOR. BUILDER TO ADJUST DIMENSIONS FOR ACTUAL CONDITIONS.

WINDOW LEGEND

QTY	WINDOW TYPE	SIZE (FEET/INCHES)
11	C (CASEMENT)	2/4x5/0
	DH (DOUBLE HUNG)	
	F (FIXED)	
	A (AWNING)	
	S (SLIDING)	
	T (TRANSOM)	
	/AT (ARCH TOP)	
	/SP (SPECIAL-SEE ELEVATION OR DETAIL ELSEWHERE)	

NOTE: NOMINAL TOP SASH HEIGHTS SHOWN ARE ESTIMATED TO MATCH DOOR HEAD JAMB HEIGHTS FOR TYPICAL APPLICATIONS IN ALIGNING SIMILAR TRIM WORK. ALL DIMENSIONS ARE IN INCHES ABOVE SUB-FLOOR AND MAY DESIGNATE FROM A DIFFERENT LEVEL NOTED AS ML-MAIN LEVEL, ETC., OTHERWISE IT IS FROM THE HIGHEST, MOST ADJACENT RISER, LANDING OR SUB-FLOOR. STACKED WINDOWS WILL BE LISTED BY THE BOTTOM MOST FIRST AND EITHER THE WINDOWS ABOVE NEXT, OR SHOWN ON THE NEXT LEVEL UP. WINDOWS SIZES ARE NOMINAL IN FEET/INCHES. BUILDER IS RESPONSIBLE TO REVIEW MANUFACTURER'S ACTUAL SIZES AND CODE COMPLIANCE.

LEGEND

EXISTING WALL OR PORTION ..... EXISTING TO BE REMOVED

NEW WALL OR PORTION

R+R DESIGN INCORPORATED DOES NOT GUARANTEE ERROR FREE DRAWINGS. ANY ERRORS FOUND SHALL BE REPORTED TO R+R DESIGN AS SOON AS THEY ARE FOUND. AT THE SOLE DETERMINATION OF R+R DESIGN INCORPORATED, ERRORS MAY BE CORRECTED AND SUBSEQUENT DRAWINGS REISSUED.

SEAL ·

R+R DESIGN INCORPORATED · CHARLOTTE, N.C. · 52474

BLAKE J. RAMSEY · REGISTERED ARCHITECT · 11632

Blake J. Ramsey, Architect
North Carolina License 11632
Corporate License 52474
For Architecture Only

PROJECT NUMBER · 17.003.WILS SHALS v1.0
May 10, 2018

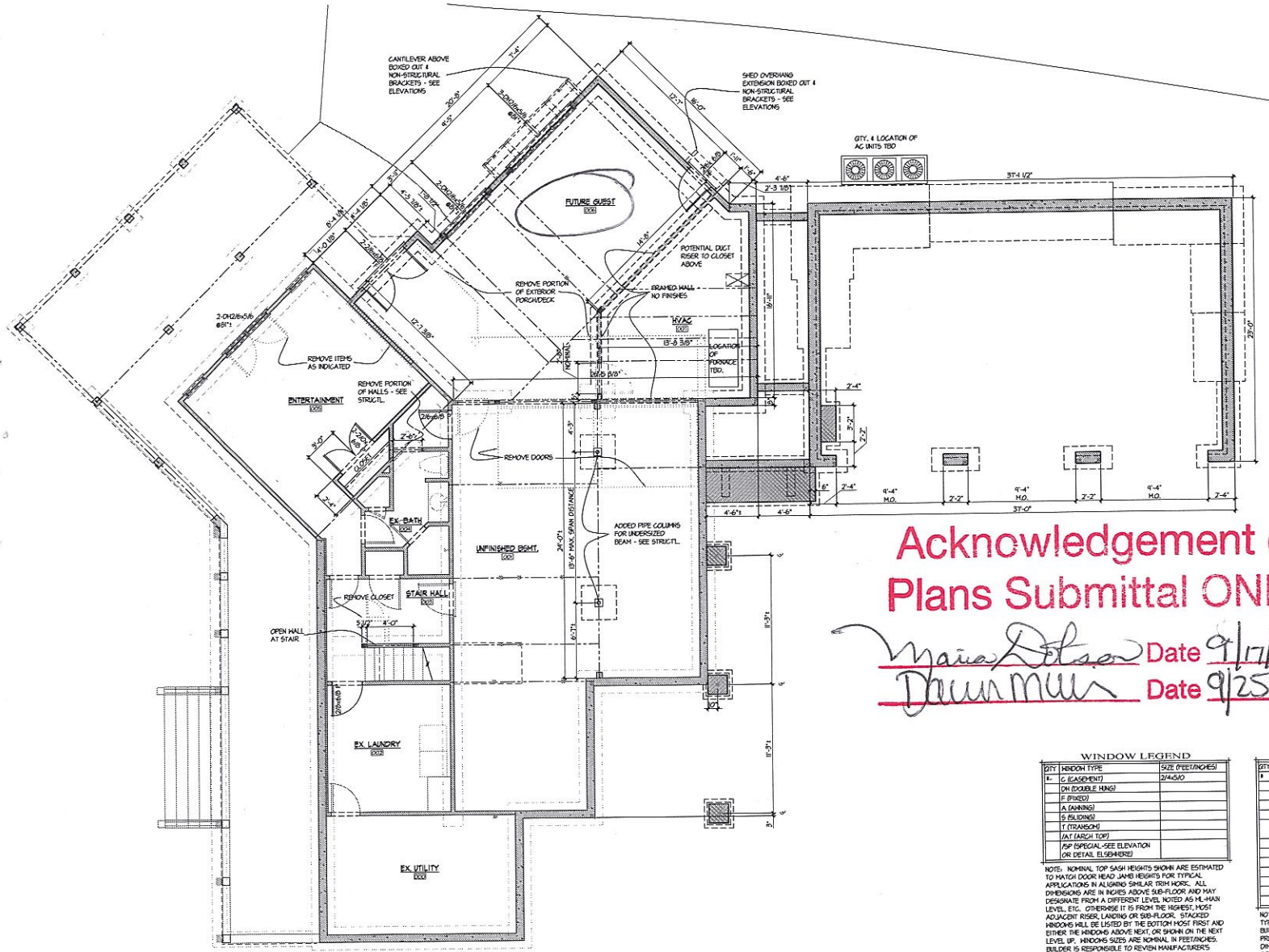
R+R DESIGN
1027 Square Drive · Charlotte, NC 28211 · 704.724.3488 · www.RnRdesign.com

Acknowledgement of Plans Submittal ONLY!

Date 9/17/18

Date 9/25/18

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NOTES

1. ALL DOORS ARE 6" FROM WALLS OR ON CENTER UNLESS NOTED OTHERWISE.
2. VERIFY ALL CONDITIONS IN FIELD.
3. REVIEW W/OWNER OTHER M/E/P ITEMS THAT MAY BE REQUIRED.
4. DEMO ALL ITEMS SHOWN & AREAS NECESSARY TO ACCOMPLISH THE WORK SHOWN ON THE PLANS, ELEVATIONS & DETAILS. INCLUDE ANY ASSOCIATED ITEMS.
5. ITEMS NOT SHOWN ARE ASSUMED TO REMAIN, BE RETURNED TO PREVIOUS CONDITION OR RELOCATED AS THE WORK MAY DICTATE.
6. BUILDER TO PROVIDE ALL SHORING, PROTECTION & TEMPORARY SUPPORTS AS NECESSARY TO STABILIZE AND PROTECT THE REMAINING STRUCTURE & FINISHES THROUGHOUT CONSTRUCTION. ALL JOISTS AND WALLS TO BE TEMPORARY SHORED ALL THE WAY TO THE GROUND WHILE EXISTING MEMBERS ARE BEING REPLACED.
7. TERMITE CONTROL SHALL BE BY CHEMICAL SOIL TREATMENT OR OTHER METHODS APPROVED BY THE NORTH CAROLINA DEPARTMENT OF AGRICULTURE.
8. PROVIDE GROUND VAPOR BARRIER AT ALL NEW & EXISTING CRAWL SPACES.
9. ALL BEAMS AND BEAM CONDITIONS ARE SHOWN IN SEPARATE DETAILS AS REQUIRED.
10. PER NCBC R408.2; UNDER-FLOOR SPACE VENTILATION MAY BE REDUCED TO A RATION OF 1/1500 BY APPLICATION OF 6 mil. VAPOR BARRIER TO UNDER-FLOOR GROUND SURFACE. CRAWL VENTILATION CALCULATIONS-NOTE: 16"x8" SCREENED FOUNDATION VENT =50 SQ FT VENTED AREA-1 SQ FT PER EVERY 1500 SQ FT REQUIRED.

CALCULATIONS:
CRAWL SPACE 1,212 SQ. FT. DIVIDED BY 1,500 SQ. FT. = 0.85 SF REQ'd.
0.85 SQ. FT. REQUIRED DIVIDED BY 50 SQ. FT = 2 VENTS REQ'd.
NUMBER OF VENTS PROVIDED ON PLAN= 4

11. VERIFY ALL CONDITIONS IN FIELD. ALL ITEMS LABELED ARE NEW U.N.O.
12. ALL ANGLED WALLS ARE AT 45° UNLESS NOTED OTHERWISE.
13. DEMO ALL ITEMS SHOWN & AREAS NECESSARY TO ACCOMPLISH THE WORK SHOWN ON THE PLANS, ELEVATIONS & DETAILS. INCLUDE ANY ASSOCIATED ITEMS.
14. ITEMS NOT SHOWN ARE ASSUMED TO REMAIN, BE RETURNED TO PREVIOUS CONDITION OR RELOCATED AS THE WORK MAY DICTATE.
15. OWNER HAS FIRST RIGHT OF REFUSAL TO KEEP ANY ITEMS FOR SALVAGE THAT ARE TO BE REMOVED.
16. BUILDER TO PROVIDE ALL SHORING, PROTECTION & TEMPORARY SUPPORTS AS NECESSARY TO STABILIZE AND PROTECT THE REMAINING STRUCTURE & FINISHES THROUGHOUT CONSTRUCTION.
17. PROVIDE TEMPORARY SHORING FOR DECK JOISTS OVER 7' IF DECKING CONSISTS OF TWO SPANS. FOR DECKING THAT SPANS ONCE, TEMPORARY SHORING SHALL BE PROVIDED FOR SPANS OVER 5'-6". TEMPORARY SHORING SHALL BE LEFT IN PLACE FOR 5 DAYS AFTER POUR.

Acknowledgement of Plans Submittal ONLY!!

Maria Dotson Date 9/17/18

Dawn Mills Date 9/25/18

DRAWING · LOWER LEVEL FLOOR PLAN

3 OF · 22

SCALE · 1/4" = 1'-0"

A Renovation for

The Wilson Residence

Lot 18 · Carson's Place · PB 2091,91A& 24161
129 Lawrence Tee Lane · Mooresville

WINDOW LEGEND

QTY	WINDOW TYPE	SIZE (FEET/INCHES)
8	C (CASEMENT)	2'-4x5'-0
	DH (DOUBLE HUNG)	
	F (FIXED)	
	A (AWNING)	
	S (SLIDING)	
	T (TRANSOM)	
	/AT (ARCH TOP)	
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DOOR LEGEND

QTY	SIZE (FEET/INCHES)	DOOR TYPE
8	-2/6x6/0	P (PANEL)
		F (FRENCH-FULL GLAZED LITE)
		HF (FRENCH-HALF GLAZED LITE)
		FF (FIXED FRENCH)
		/R (RATED)
		/W (WEATHER STRIP-OTHER THAN EXTERIOR)
		/SF (SI-FOLD)
		/PK (POCKET)
		/S (SLIDER)
		OH (OVERHEAD)
		/AT (ARCH TOP)
		/SL (SIDE LIGHT)
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LEGEND

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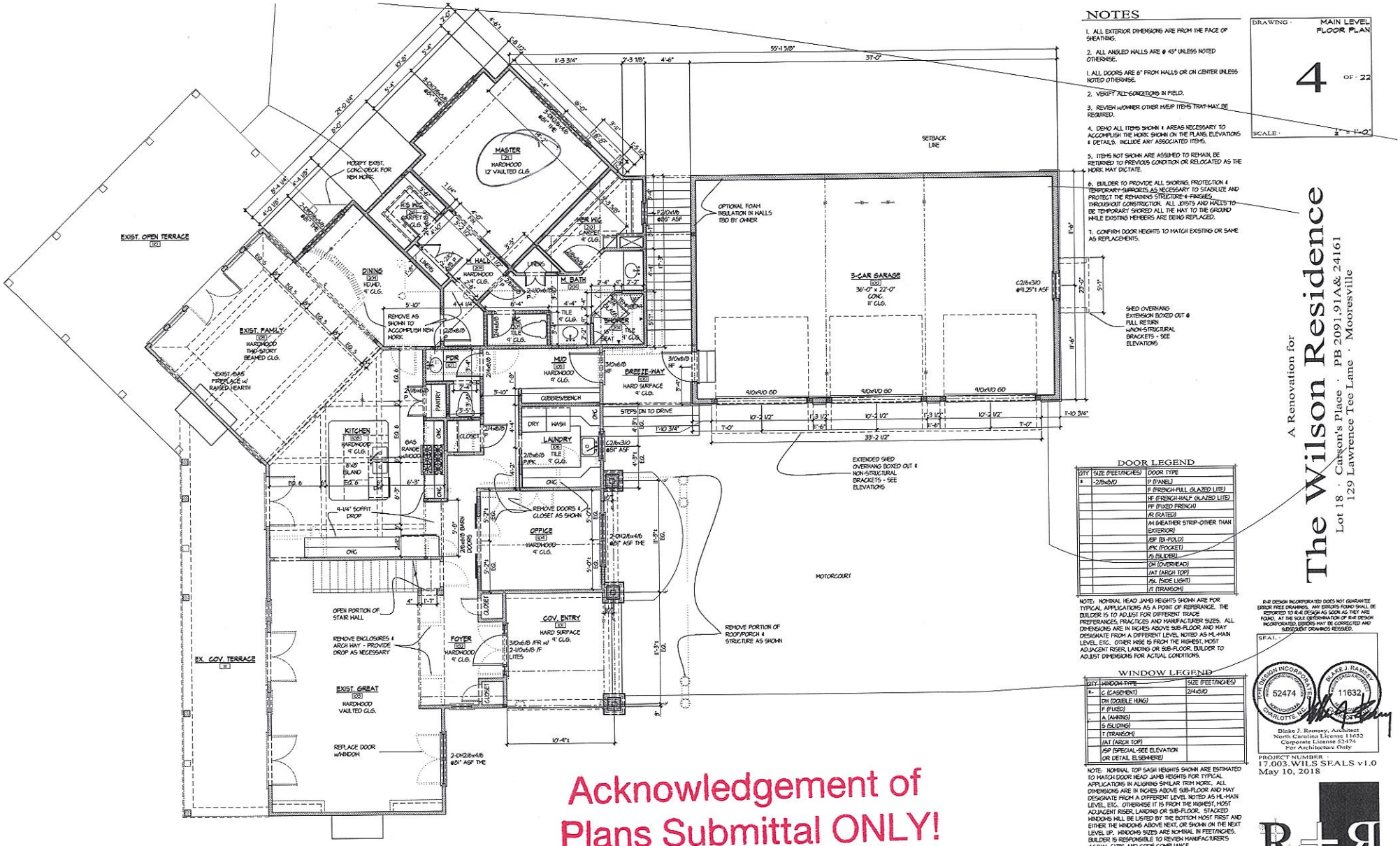
BLAKE J. RAMSEY · REGISTERED ARCHITECT · 11632 · NORTH CAROLINA

Blake J. Ramsey, Architect
North Carolina License 11632
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PROJECT NUMBER ·
17.003.WILS SEALS v1.0
May 10, 2018

R+R DESIGN
1227 Spratt Drive · Charlotte, NC 28211
704.724.1488 · www.RnRdesign.com

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NOTES

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2. ALL ANGLED WALLS ARE @ 45° UNLESS NOTED OTHERWISE.
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7. CONFIRM DOOR HEIGHTS TO MATCH EXISTING OR SAME AS REPLACEMENTS.

DRAWING · MAIN LEVEL FLOOR PLAN
4 OF 22
SCALE · 1/4"=1'-0"

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The Wilson Residence
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BLAKE J. RAMSEY · 11632 · REGISTERED · NORTH CAROLINA

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R+R DESIGN
1227 Squirt Drive · Charlotte, NC 28211
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Acknowledgement of Plans Submittal ONLY!

Maria Dotson Date 9/17/18
Dawn Mills Date 9/25/18

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IREDELL COUNTY

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

APPLICATION NUMBER
238653
Issue Date: 09/07/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4645331654.000	129 LAWRENCE TEE LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BARNETT PETER S+CAROLYN	Applicant: MICHAEL ATHANAS & ASSOC
Address: 129 LAWRENCE TEE LANE	Address: 561 ENNIS RD
MOORESVILLE, NC 28117	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
ADDITION OF GARAGE W/4TH BEDROOOM	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.890	35.00	50.00	15.00	15.00	CACL	AE

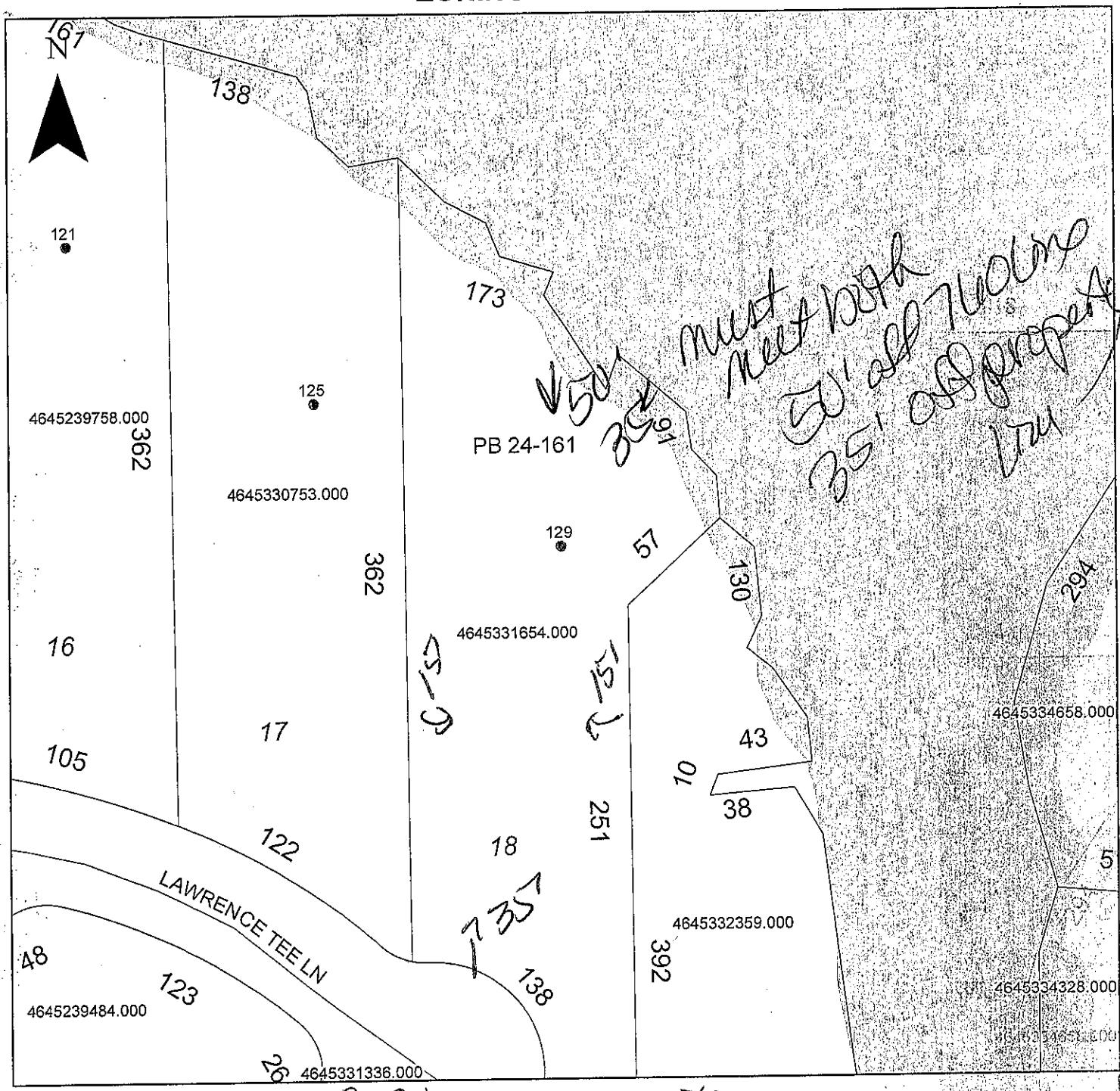
Remarks:

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	151601	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 129 Lawrence Tee

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

9/7/2018
Date