DW (1)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 238900

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

PIN # 4646 --43 --2854

APPLICANT/OWNER: Nest Homes LLC | APPLICANT ADDRESS: P.O Box 3965 Mooresville, NC 28117

SITE ADDRESS: 185 Ponderosa Circle Mooresville, NC 28117 | PHONE: 980500 1239 | ALT. PHONE

SITE DIRECTIONS: Williamson Rd North TL Ponderosa Circle property on left | SAP CONTROLLED: ☐ YES ☒ NO

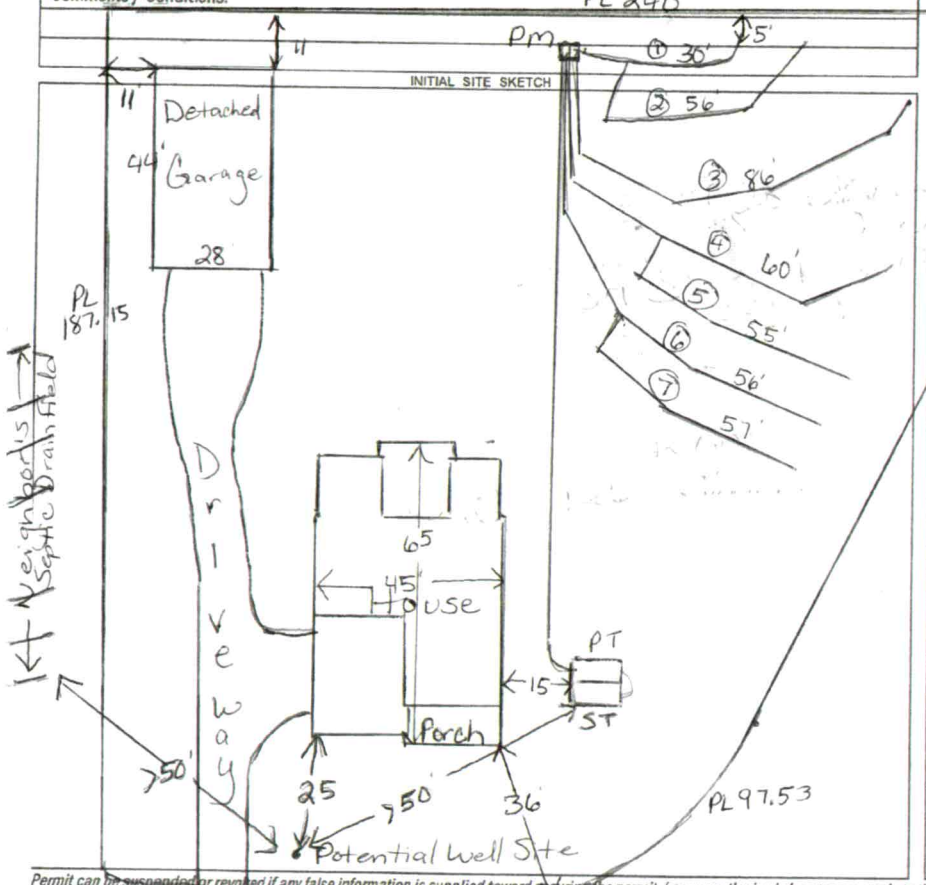
SUBDIVISION: Lake Norman Bonanza | SECTION: | LOT # 15 | LOT AREA: .81 Ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 1012	Date 4-15-22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4*	Water Supply
Pump Tank 1000 (gal)	PT 17	Date 4-6-22	System Description: Pump-PM 25% Reduction		☐ Business	No. Persons 8	☒ Private
Pump Make Zoeller	Model N132	Serial # 2020	Repair System Description: Exempt		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 7 (4 taps)	Linear Ft 400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 20"	Gravel Depth —	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: PL 240

Relocate power/utility line 15ft from Septic System. Septic must be 50ft from Well * Floor plans show 3 Bedrooms permit is for 4 Bedrooms

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

Scale 1:40

Pressure Manifold

Sch 80 1/2" tap lines 1 & 2 = 5.48 gpm

Sch 80 1/2" tap line 3 = 5.48 gpm

Sch 40 1/2" tap lines 4 & 5 = 7.11 gpm

Sch 40 1/2" tap lines 6 & 7 = 7.11 gpm

25.18 gal/min 7.26 min = Pump run

Dosing Volume 182.84 gal

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: 8/2/21 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Nelson Date: 7/29/21 | OPERATION PERMIT by: [signature] D. Meberg Date: 10/20/22

AUTHORIZATION TO CONSTRUCT by: Maria Nelson Date: 8/2/21 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

7
14
21
15
13
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15

DW

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 238900

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

PIN # 4646 --43 --2854

APPLICANT/OWNER: Nest Homes LLC | APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC 28117

SITE ADDRESS: 185 Ponderosa Circle Mooresville, NC 28117 | PHONE: 9805001239 | ALT. PHONE

SITE DIRECTIONS: Williamson Rd North TL Ponderosa Circle property on left | SAP CONTROLLED: ☐ YES ☒ NO

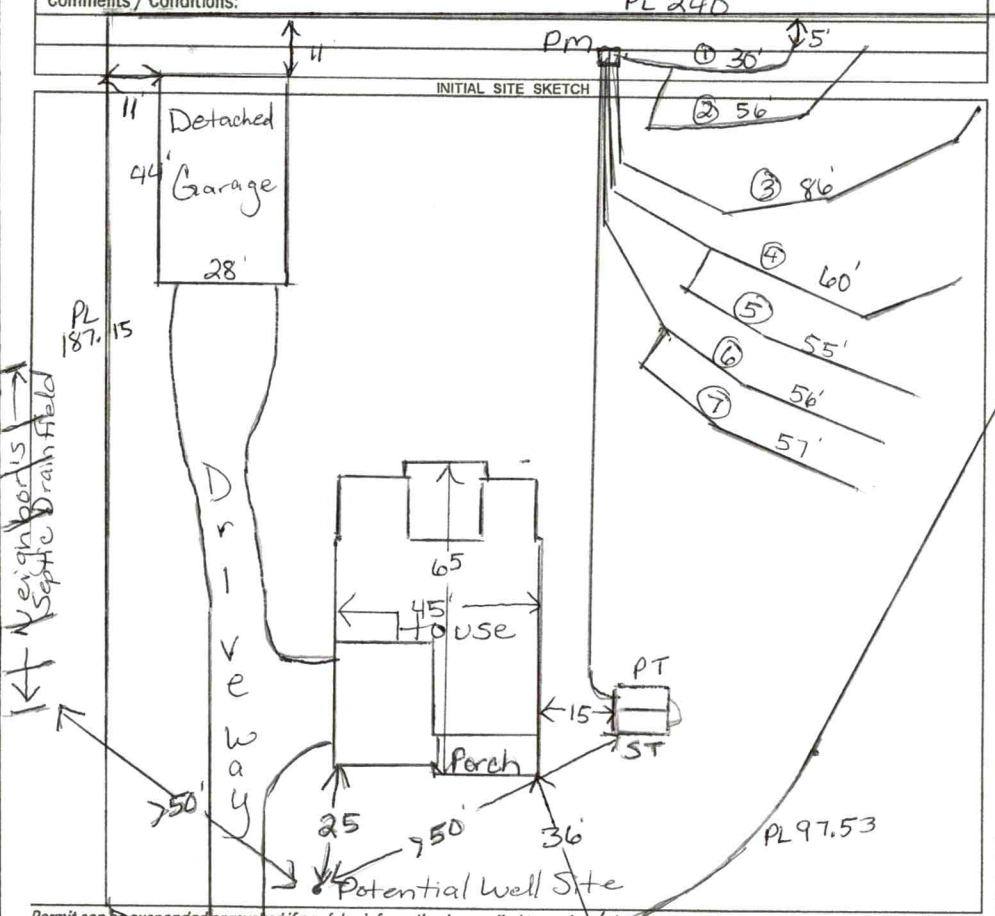
SUBDIVISION: Lake Norman Bonanza | SECTION: | LOT # 15 | LOT AREA: .81 Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4**	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description: Pump-PM 25% Reduction				☐ Business	No. Persons 8	☒ Private
Pump Make		Model	Serial #	Repair System Description: Exempt				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 7 (4 taps)	Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	20"	Gravel Depth		☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: PL 240

Relocate power/utility line 15ft from Septic System. Septic must be 50ft from Well * Floor plans show 3 Bedrooms, permit is for 4 Bedrooms

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

Scale 1:40

Pressure Manifold

Sch 80	1/2" tap lines 1 & 2	= 5.48 gpm
Sch 80	1/2" tap line 3	5.48 gpm
Sch 80	1/2" tap lines 4 & 5	7.11 gpm
Sch 40	1/2" tap lines 6 & 7	7.11 gpm

25.18 gal/min 7.26min = Pompron

Dosing Volume 182.84 gal

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: 8/2/21 Installed by:

IMPROVEMENT PERMIT by: Maria Nelson Date: 7/29/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Nelson Date: 8/2/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	—	BB
Tanks Checked	—	BB
Pressure Manifold or Valve Box Checked	10/20/22	DW
Pressure Head Set	10/20/22	DW
Electrical Checked		
Floats Set	10/20/22	DW
Alarm Checked	10/20/22	DW
Maintenance Contract Needed? Y / (N)		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

RECEIVED JUL 0 8 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP- 238900

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Nest Homes, LLC **Address:** P.O. Box 3965, Mooresville, NC **Zip:** 28117

Applicant Email: jdubois@nesthomes.com **Phone:** 980-500-1239 **Alt. Phone:** _____

Owner Name: _____ **Address:** P.O. Box 3965, Mooresville, NC **Zip:** 28117

Owner Email: jdubois@nesthomes.com **Phone:** 980-500-1239 **Alt. Phone:** _____

Property Information:

Street Address: 185 Ponderosa Circle, Mooresville, NC 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** 15

Driving Directions: Williamson Rd north, left on Ponderosa Circle, property located on left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
(X) 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 ( ) Conventional ( ) Innovative (X) 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: _____ 7/2/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

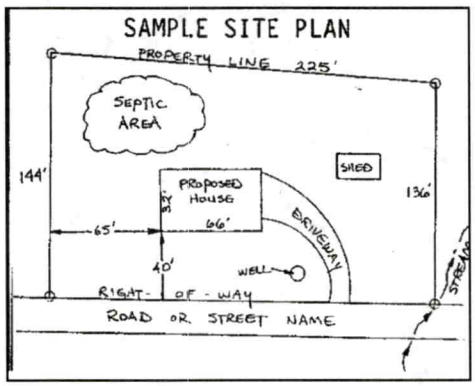
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- [X] **Property Line measurements are clearly identified**
- [X] **All proposed structures are indicated**
- [X] **Front and side setbacks from property line**
- [X] **Preferred driveway location**
- [X] **Preferred well location**
- [X] **Preferred septic system location**
- [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

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

****PLEASE SEE ATTACHED PLOT PLAN****

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

7/2/21
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238900

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

PIN # 4646-43-2854

APPLICANT/OWNER: Eddie Brotherton / CS+SC APPLICANT ADDRESS: 233 Ponderosa Cir. Mooresville, NC 28117

SITE ADDRESS: 185 Ponderosa Cir. Mooresville, 28117 PHONE: 704-363-1865 ALT. PHONE

SITE DIRECTIONS: Williamson Rd South from BSR → R on Ponderosa → Lot on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lake Norman Bonanza SECTION: LOT # 15 LOT AREA: ≈0.54 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000 (gal)	PT	Date	System Description: 25% Reduction (Pressure Manifold)	☐ Business	No. Persons	8	☒ Private	
Pump Make	Model		Serial #	Repair System Description: Exempt	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1 # Lines	7 (4 taps)	Linear Ft: 400	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36" Trench Bottom Depth(Low side)	20"	Gravel Depth —	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: See tap size specifications on page 7 of attached design. Power/utility line must be relocated at least 15' from any sewage disposal system components prior to AC issuance. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

See attached plans from Carolina Soil + Septic Consulting, PLLC

Dated 9/13/2018 Adrian Pruett LSS # 1314

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

AS BUILT SKETCH

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☐ **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: Marvin Brotherton Date: 11-8-18 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/24/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 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.

LOT 15
SCALE 1"=40'

NORTH

PONDEROSA CIRCLE

175'

97.53'

PLUNDL

91'

73.15'

7 Y 57' 776.67'

6 P 56' 777.29'

5 R 55' 778.18'

4 Y 60' 779.00'

3 R 86' 779.63'

2 D 56' 780.43'

1 R 30' 782.04'

P1

P2

P3

P4

P5

P7

S7

5'

240'

PM

35'

70'

HC 774.87'

70'

HOUSE

DRIVE WAY

DRIVE WAY

187.15'

217.15'

38'

WELL

TBM 780.18'

60'

70'

HC

8 B 35'

7 P 31'

6 Y 75'

5 P 75'

4 B 78'

3 R 78'

2 D 75'

1 Y 33'

APPROVED OCT 24 2018

WELL

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Scott Strong & Keri Johnson, am the legal owner(s) of the property located at 185 Ponderosa Circle, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4646432854.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jenna Dubois, Nest Homes, LLC, 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

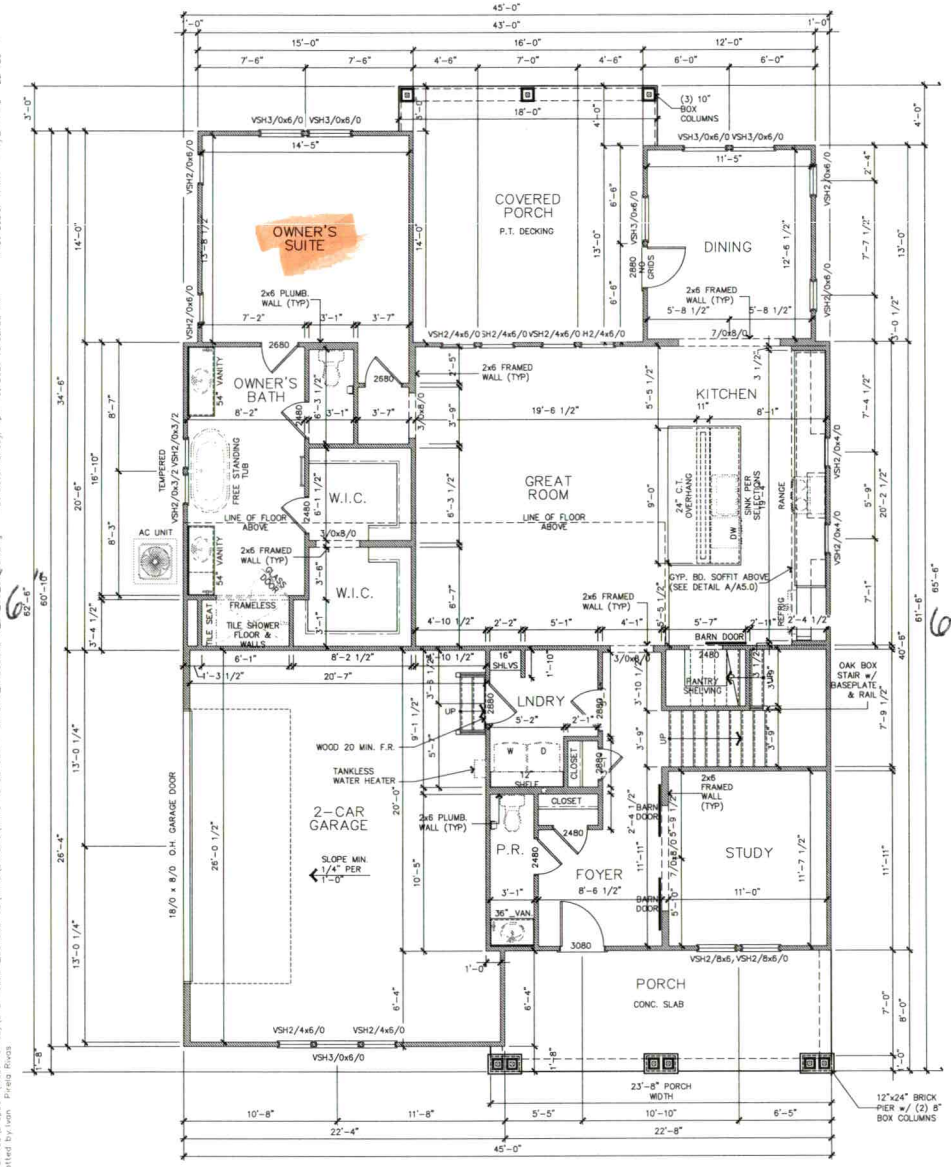
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Keri Johnson and Scott Strong — Signature of Owner(s)

7/2/21 — Date

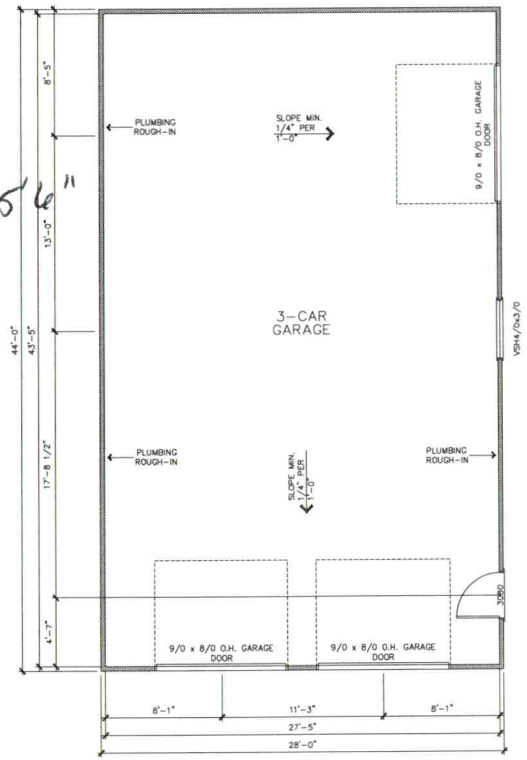
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



FIRST FLOOR PLAN – ELEVATION A

SCALE: 1/4" = 1'-0"
9'-1" 1/8" FRAMED WALL HEIGHT
WINDOW HEADERS @ 8'-0" A.F.F.



DETACHED GARAGE FLOOR PLAN – ELEVATION A

SCALE: 1/4" = 1'-0"
9'-1" 1/8" FRAMED WALL HEIGHT
WINDOW HEADERS @ 8'-0" A.F.F.

I-JOIST NOTES

FRAMING CONSTRUCTION NOTES:

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED WALL SHEATHING AS INDICATED IN THE GENERAL NOTES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE.

1. I-JOISTS ARE DESIGNED TO BE CONTINUOUS IN SOME AREAS. I-JOIST MANUFACTURER TO STOP AND START JOISTS WHERE SHOWN ON PLAN TO ALLOW FOR CONTINUOUS ACTION.
2. "DBL" INDICATES DOUBLE JOIST
3. RIM BOARDS AND BANDS PARALLEL TO FLOOR FRAMING TO BE DOUBLED.
4. ALL LOAD- BEARING HEADERS SHALL BE (2)2X8 SPF#2 UNLESS OTHERWISE NOTED ON THE PLAN.
5. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
6. ALL WALLS UP TO 10 FT. TALL SHALL BE 2X4 SPF#2 @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(4) OF THE CODE OR AS NOTED ON THE PLAN.
7. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN:

MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(2) 2X12	LUS 210-2
(2) 1¾" X 9⅞" LVL	HUS 410
(2) 1¾" X 11⅞" LVL	HUS 412
(2) 1¾" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

8. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 16d x 3½" COMMON NAILS (3|"x 0.162") OR 16d x2|" (2|"x 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10dX 1½" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 1|" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
9. STEEL BEAMS MUST HAVE (5)-2X4 OR (4)-2X6 STUDS UNDER EACH END SUPPORT UNLESS NOTED OTHERWISE.
10. "LVL" AND GLU-LAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)-2X4 OR (2)-2X6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
11. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS -WHETHER WOOD OR STEEL-CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B" IS INDICATED ON THE PLAN.
12. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6½" TRUSSLOK SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.
13. FASTEN FIRST KING STUD TO LUMBER HEADER WITH AT LEAST THREE 16D (3|"X0.162") IN EACH PLY.
14. JACK AND KING STUD SCHEDULE AT WALL OPENINGS
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "BJ" OR "PK" ON PLAN)
SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS >4'-0" TO 8'-0" ..... 1 JACK, 2 KINGS
SPANS >8'-0" TO 8'-6" ..... 2 JACK, 3 KINGS
SPANS >8'-6" ..... SEE PLAN

Next Homes
236 Rockaway Street Suite 7
Mooresville, NC 28117
PH: 704.360.4471
www.nexthomes.com

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORP. LIC.#C-3118
704-335-7200

Stamp/seal

Project name/owner
THE THEODORE ELEVATION A
PONDEROSA LOT 15
KERI ANN JOHNSON
SCOTT MICHAEL STRONG

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Date
April 19, 2021

Drawn by
IPR

Reviewed by
MCN

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
1231

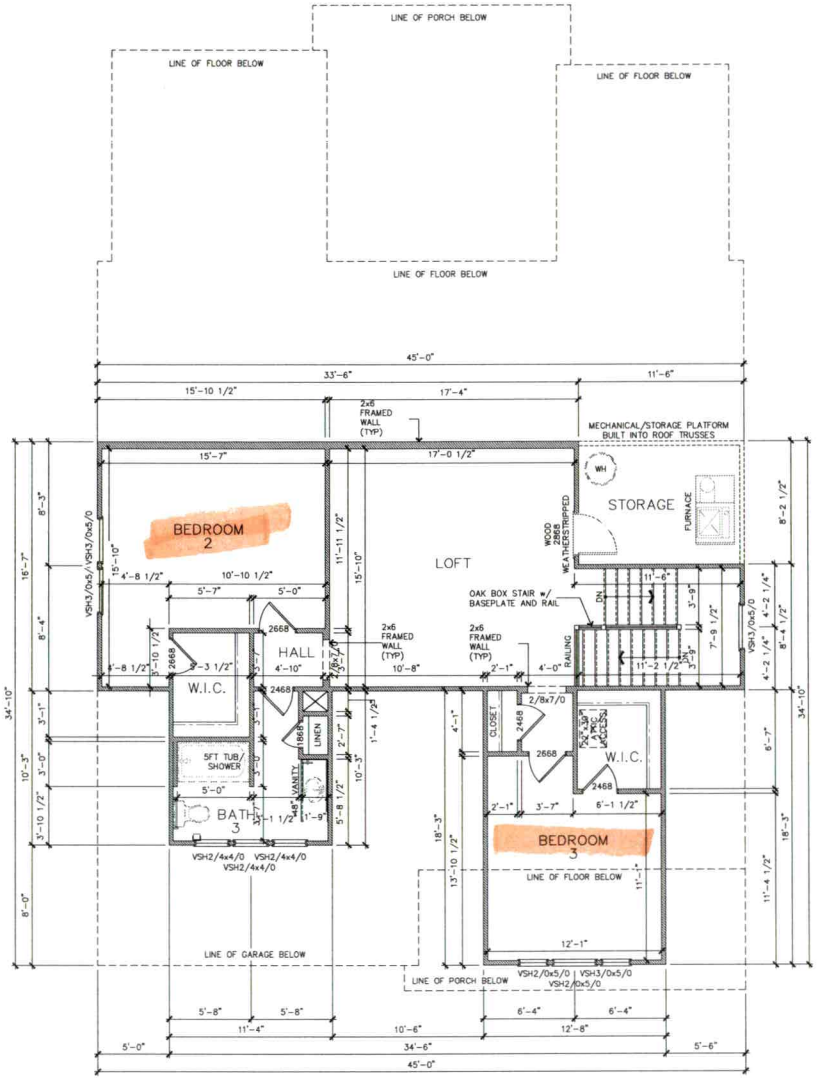
Drawing set
FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN
ELEVATION A

Sheet no.
A3.0

Master plan version
v1.0

C:\Users\IvanPerezRivas\Dropbox (Next Homes)\CAD FOLDER_OUTSOURCE_IVN_\STRONG_IVN_PONDEROSA - STRONG_THEODORE A_LH_C5_IN2021.dwg Plot Date: Monday, April 19, 2021 10:02:39 AM Plot Scale: 11"x17" = 1/8"=1'-0" 24"x36" = 1/4"=1'-0" Plotted by: Ivan Perez Rivas



SECOND FLOOR PLAN – ELEVATION A

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

8'-1" 1/8" FRAMED WALL HEIGHT

WINDOW HEADERS @ 7'-0" A.F.F.

UPPER LEVEL NOTES

UPPER LEVEL FRAMING NOTES:

BRACED WALL LINE NOTE:

THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED ½" OSB WALL SHEATHING USING 8D NAILS AT 6" O.C. ALONG THE EDGE AND 12" O.C. AT INTERMEDIATE FRAMING, BLOCK AND NAIL ALL PANEL EDGES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS.

1. "T.T.R" INDICATES "TIE (CEILING JOIS) TO RAFTER WITH FOUR 3"X0.131" NAILS)
2. ALL LOAD- BEARING HEADERS SHALL BE (2)2X8 SPF#2 UNLESS OTHERWISE NOTED ON THE PLAN.
3. WHERE DIMENSIONS ARE NOT INDICATED. BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.
4. ALL WALLS UP TO 10 FT. TALL SHALL BE 2X4 SPF#2 @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(4) OF THE CODE OR AS NOTED ON THE PLAN.
5. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO BEAMS OR LEDGERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN:

MEMBER SIZE	SIMPSON HANGERS
(2) 2X8	LUS 28-2
(2) 2X10	LUS 210-2
(2) 2X12	LUS 210-2
(2) 1¾" X 9¼" LVL	HUS 410
(2) 1¾" X 11⅞" LVL	HUS 412
(2) 1¾" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

6. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 10d x 3" COMMON NAILS (3¼"x 0.162") OR 16d x2½" (2½ x 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10dX 1½" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 1" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
7. "LVL" AND GLU-LAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)-2X4 OR (2)-2X6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
8. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS -WHETHER WOOD OR STEEL-CANNOT BEAR ON SHEATHING ALONE. BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B" IS INDICATED ON THE PLAN.
9. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 3"LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6½" TRUSSLOK SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 2" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.
10. JACK AND KING STUD SCHEDULE AT WALL OPENINGS:

TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "#J" OR "#K" ON PLAN

SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS >4'-0" TO 5'-6" ..... 1 JACK, 2 KINGS
SPANS >5'-6" TO 8'-6" ..... 2 JACK, 3 KINGS
SPANS >8'-6" ..... SEE PLAN

11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

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Township/County
TOWNSHIP COUNTY

Engineer
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CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORP. LIC.#C-3118
704-335-7200

Stamp/seal

Project name/owner
THE THEODORE ELEVATION A
PONDEROSA LOT 15
KERI ANN JOHNSON SCOTT MICHAEL STRONG

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Date
April 19, 2021

Drawn by
IPR

Reviewed by
MCN

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
1231

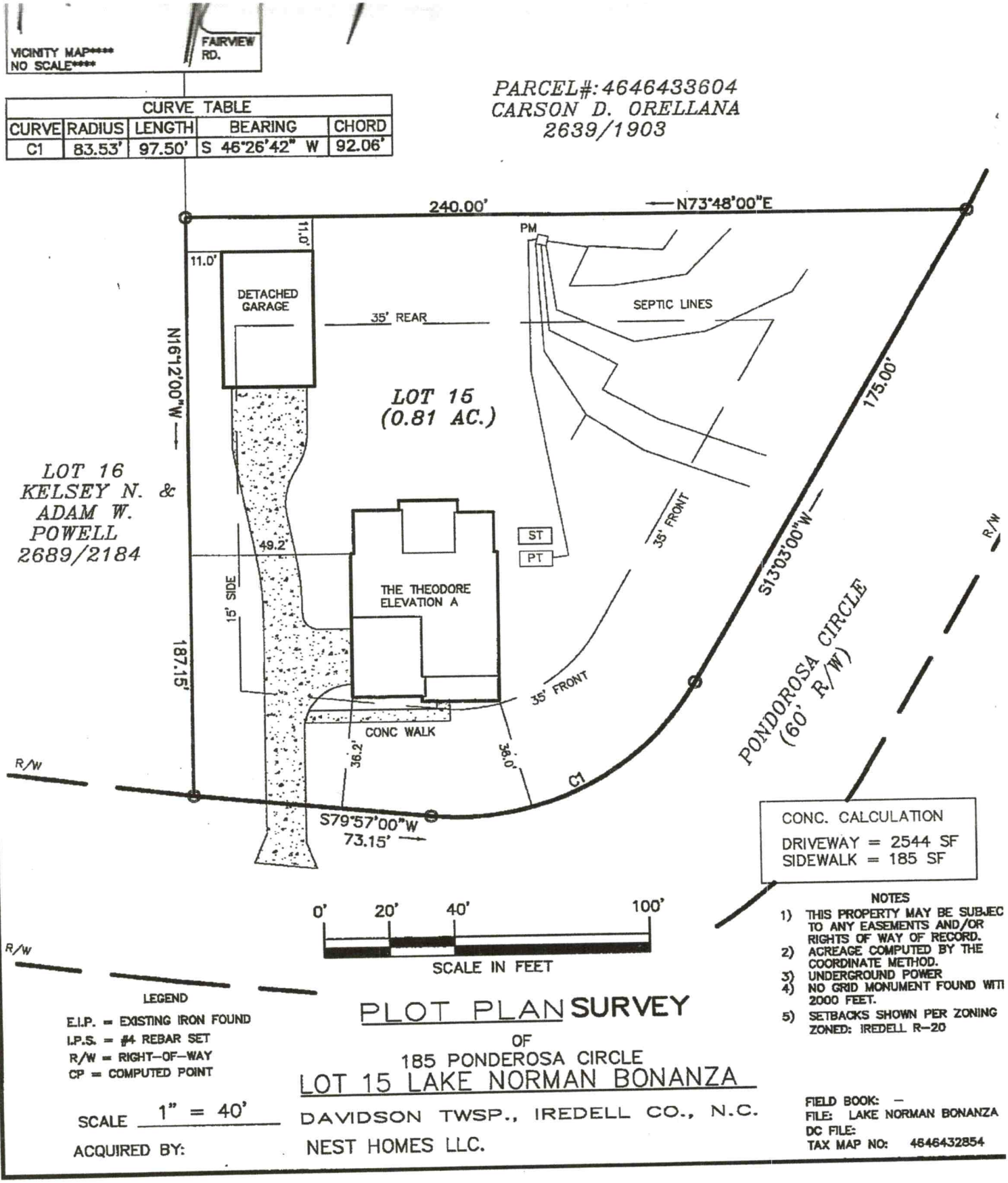
Drawing set
FOR CONSTRUCTION

Sheet title/description
SECOND FLOOR PLAN
ELEVATION A

Sheet no.
A4.0

Master plan version
v1.0

C:\Users\IvonPrieto\Dropbox (Nest Homes)\CAD FOLDER_OUTSOURCE\1231\STRONG\1231 PONDEROSA - STRONG_THEODORE A_LH_CS_041921.dwg Plot Date: Monday, April 19, 2021 10:02:40 AM Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0" Plotted by: Ivon Prieto Rivas


VICINITY MAP****
NO SCALE****
FAIRVIEW RD.
PARCEL#:4646433604
CARSON D. ORELLANA
2639/1903
CURVE TABLE
CURVE | RADIUS | LENGTH | BEARING | CHORD
C1 | 83.53' | 97.50' | S 46°26'42" W | 92.06'
240.00'
N73°48'00"E
PM
11.0'
11.0'
DETACHED GARAGE
35' REAR
SEPTIC LINES
N16°12'00"W
LOT 15
(0.81 AC.)
175.00'
LOT 16
KELSEY N. &
ADAM W.
POWELL
2689/2184
49.2'
ST
PT
35' FRONT
S13°03'00"W
R/W
15' SIDE
THE THEODORE
ELEVATION A
187.15'
35' FRONT
PONDEROSA CIRCLE
(60' R/W)
CONC WALK
36.2'
36.0'
C1
R/W
S79°57'00"W
73.15'
CONC. CALCULATION
DRIVEWAY = 2544 SF
SIDEWALK = 185 SF
0'
20'
40'
100'
SCALE IN FEET
R/W
NOTES
1) THIS PROPERTY MAY BE SUBJEC TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITI 2000 FEET.
5) SETBACKS SHOWN PER ZONING ZONED: IREDELL R-20
LEGEND
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT
PLOT PLAN SURVEY
OF
185 PONDEROSA CIRCLE
LOT 15 LAKE NORMAN BONANZA
DAVIDSON TWSP., IREDELL CO., N.C.
SCALE 1" = 40'
ACQUIRED BY: NEST HOMES LLC.
FIELD BOOK: –
FILE: LAKE NORMAN BONANZA
DC FILE:
TAX MAP NO: 4646432854