ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 329277

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

PIN # 4646 -- 46 -- 6835

APPLICANT/OWNER: Keith Ashcraft APPLICANT ADDRESS: 218 Dillon Dr. Statesville 28625

SITE ADDRESS: 126 Waterfowl Ln Mooresville PHONE: 704-634-7082 ALT. PHONE 704-521-0634

SITE DIRECTIONS: 77 S, (R) off exit 33, (L) on waterfowl Ln SAP CONTROLLED: ☐ YES ☑ NO

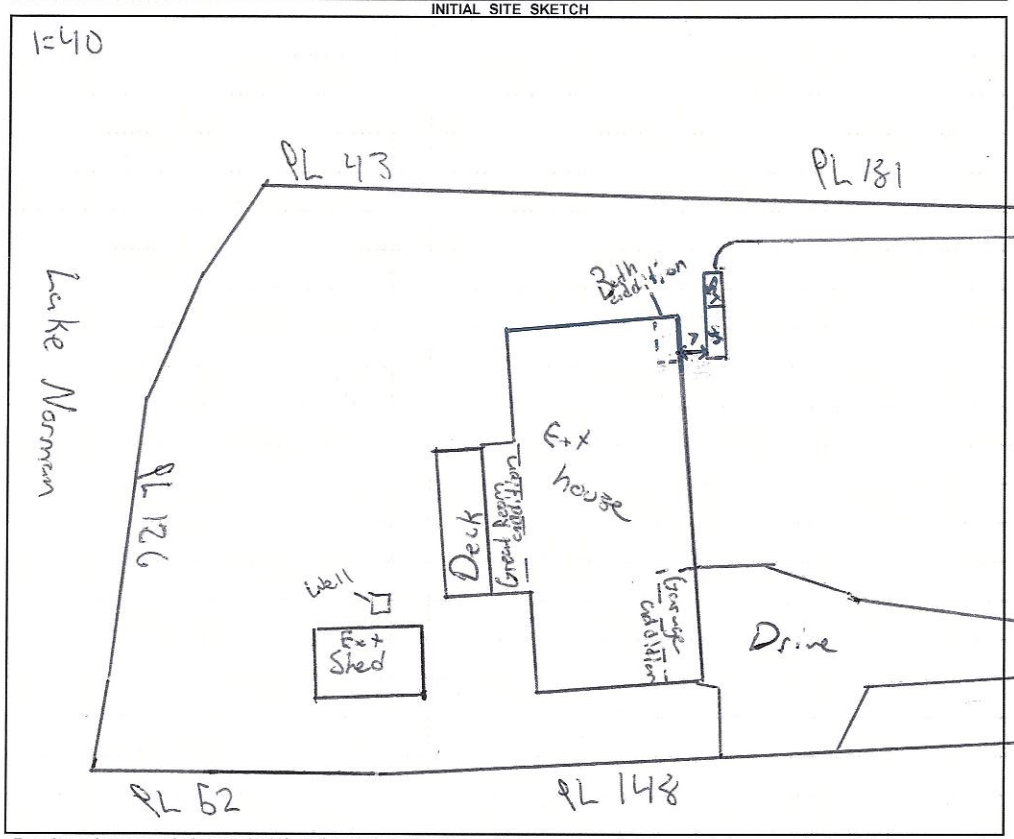
SUBDIVISION: Idlewood Harbor SECTION: - LOT # 2 LOT AREA: .61 Ac DESIGN FLOW: Ext L.T.A.R.: Ext

Septic Tank	Ext	(gal)	STB		Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT		Date	System Description:	Ext			☐ Business	No. Persons 6
Pump Make		Model			Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	Ext	# Lines	3		Linear Ft Ext	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☑ Crawl Space
Trench Width	Ext	Trench Bottom Depth(Low side)		Ext	Gravel Depth		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Do not drive, park, or construct on existing system. No foundation drain on bath addition

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.

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: Danny K. Ashcraft Date: 7/15/22 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Matt Wells Date: 7/13/22

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

RECEIVED JUN 8 - 2022

RW

Please CALL prior to inspection
Name: Keith - Needs to meet you.
Number: 704-634-7082

JST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

AP-329277

Health Department – Environmental Health Division $250.00

PAGE 1: *APPLICATION FORM*

Application for:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Keith Ashcraft Address: 218 Dillon Dr. Statesville Zip: 28625
Applicant Email: Ashcrafthomes@bellsouth.net Phone: 704 634-7082 Alt. Phone: _____
Owner Name: Lu Ann Liseski Address: 126 Waterfowl Lane Zip: _____
Owner Email: luann.liseki@gmail.com Phone: 704 574-0634 Alt. Phone: _____

Property Information:

Street Address: 126 Waterfowl Lane Mooresville NC
Subdivision Name: Idlewood Harbor Section/Phase: _____ Lot Number: 2
Driving Directions: 77 south, Right off Exit 33, left on Waterfowl Lane

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 3 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 3 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
(X) 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: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1991
( ) 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 (X) 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.

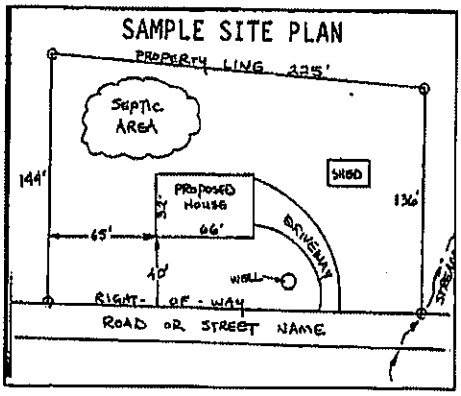
Signature: Keith Ashcraft 6/2/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

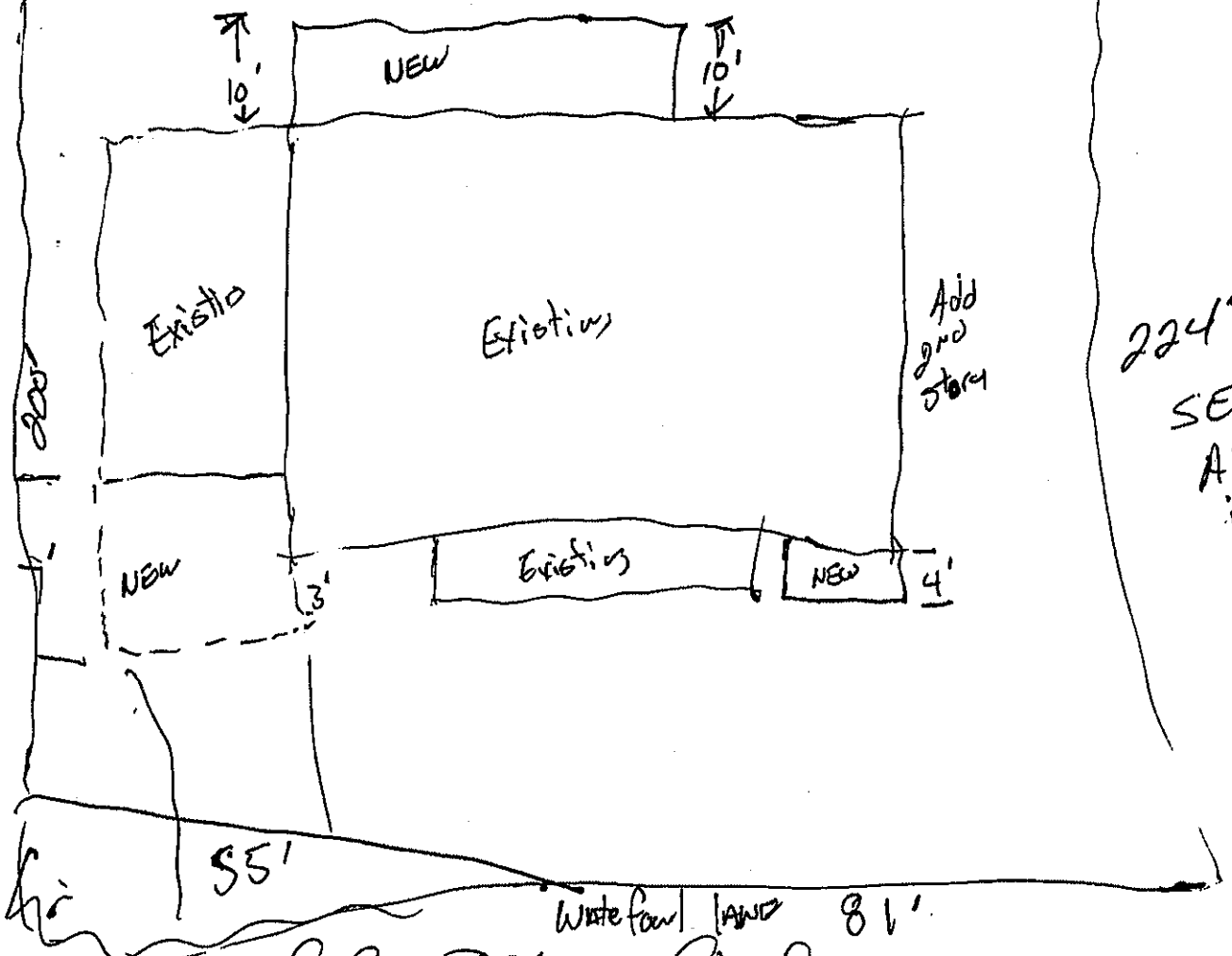
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate: N/A

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



Signature: Barbara Marie Brandon
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-3-22
DATE

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, Sulma Maria Rosales, am the legal owner(s) of the property located at 126 Waterfowl Lane Mooresville NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashcraft Custom Homes, Inc. Keith Ashcraft, 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.

Sulma Maria Rosales
Signature of Owner(s)

6-3-22
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Iredell County Existing Septic System Waiver Form

Owner: LeAnn Lisecki Phone: 704-574-0634

Site Address: 126 Waterpool Lane

It is the responsibility of the property owner to maintain all setbacks according to 15A NCAC 18A .1950 (see reverse side) with the wastewater system and any part of a structure foundation including but not limited to porches, decks, accessory buildings and pools. If you are unsure of the exact location of the septic system please have a NC licensed installer or a NC septic inspector locate the septic system for you.
The issuance of a zoning and/or building permit in no way expresses that the wastewater disposal system serving the site is functioning properly at the time of the zoning and/or building permit is used nor does it guarantee the disposal system will continue to function for any period of time.

Owner Signature [signature] Date 5-5-22

I certify by my signature above that I am the current property owner, I have read and understand the information above and that I waive the existing septic system inspection by the Iredell County Environmental Health Division. Furthermore, I understand the requirements above that by waiving the existing system inspection I assume the responsibility of setback requirements according to 15A NCAC 18A .1950, listed on the reverse side of this form.

Additional information available at the links below.

Website of available septic records:

https://www.co.iredell.nc.us/1034/View-Your-Septic-Record-Online

If the record is not found please contact the Iredell County Environmental Health Division for further investigation at 704-878-5305 ext. 3456 or 704-660-3625.

Website to 15A NCAC 18A .1900 rules:

http://ehs.ncpublichealth.com/oswp/docs/rules/RulesCompleteEff10012011.pdf

4646466835.006

13557

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Lewis Davis DATE 12/5/91 PERMIT NO. 2T-10-A-002

PHONE: Business _____ Home 663-7954

LOCATION Wellemeyer Rd, TR across from Diner to second lot on (R)

_____ S. R. No. _____

SUBDIVISION NAME Idelwood Harbor LOT NO. 2 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil ~~sandy~~ P/c (w/ structure-as)

Percolation Rate 25

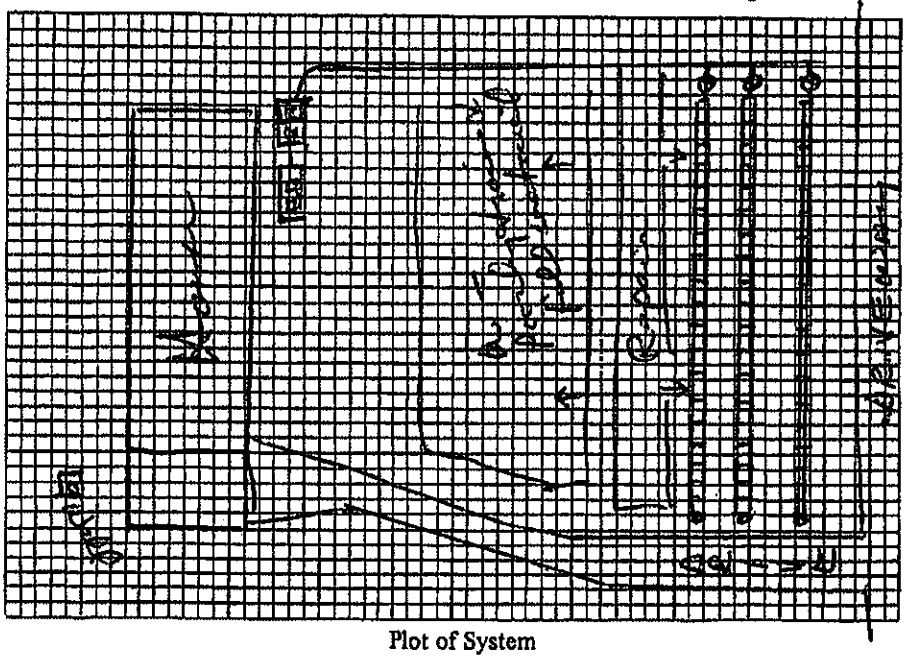
Topography 2-3% Sl.

Depth to Water Table 3.5'

Rock or other impervious formations None observed

Lot Area 22,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1000 Septic Tank

Size of Tank 1000 Pump Tank Gals.

Nitrification Field:

No. of Lines 3 @ 85' x 2'

Sq. Ft. _____ Linear Ft. 250

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by Rowan Septic Tank

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: 12/5/91 - Completed drainfield - balanced pressure head - risers installed and septic tank pump tank approved.

CERTIFICATE OF COMPLETION BY Wesley Parks RS. DATE 12/12/91

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 false information is supplied in making Improvements Permit.

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

№ 13557

PROPERTY DESCRIPTION

4164 0835.00

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) (✓) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: SINGLE FAMILY HOUSE

Location: 150 (W) TO WILLIAMSON RD.

Tax Map No.	Township	Jurisdiction	Zoning
2J-10-A-002	DAVIDSON	IREDELL	R-20

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
IDLEWOOD HARBOR	2		( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO. 2J-10-A-002

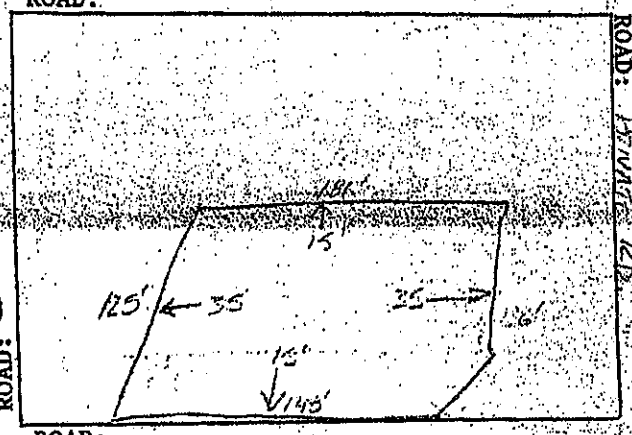
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

$15.00
25.00
140.00

62238
Rob



OWNER	ADDRESS	PHONE NO.
MAX SPEAR LOUIS DAVIS	607 ANDERSON AVE SALISBURY NC 28144	636-7454

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent — Application Date: 10-8-91

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 20,000 sq. ft. Front yard depth 55 ft. Corner yard depth ____ ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Well application to H.D. 12/12/91

ZONING ADMINISTRATION DIVISION

William Allen — Approved by — 10-8-91 Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

13557

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Louis Davis DATE 10/11/91 PERMIT NO. 2T-10-A-002

PHONE: Business _____ Home 663-7954

LOCATION Williamson Rd, TR across from Dirt to 2nd Lot on (R)

_____ S. R. No. _____

SUBDIVISION NAME Idlewood Harbor LOT NO. 2 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil P - c (wk structure - SS)

Percolation Rate .25

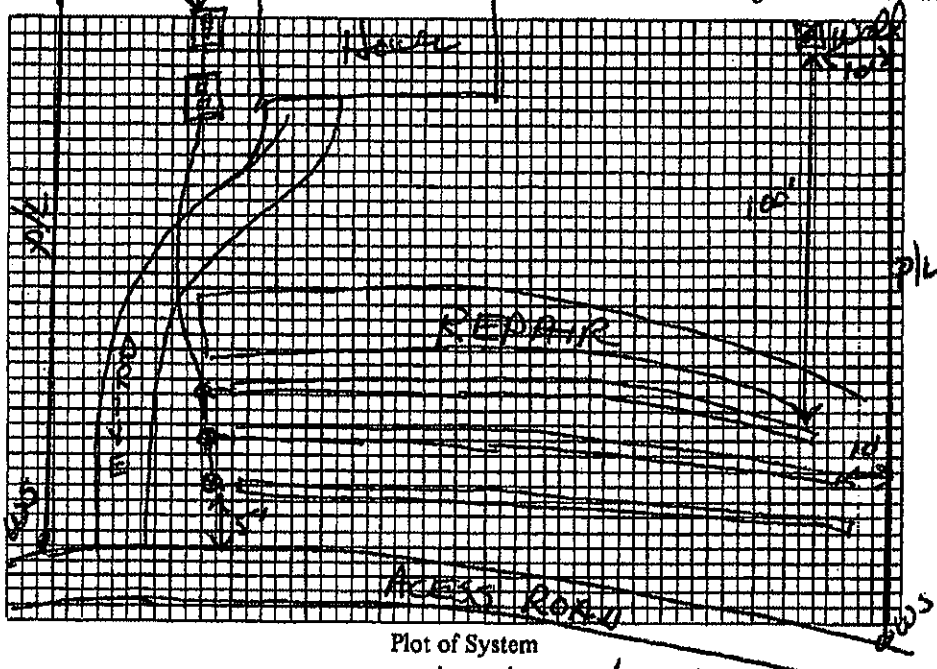
Topography 2-3% (COMPLEX)

Depth to Water Table 3½'

Rock or other impervious formations None observed

Lot Area 29,000 FT SQ FROM LAKE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

1000 Pump Tank

Size of Tank 1000 Sept. Tank Gals.

Nitrification Field:

No. of Lines 3 85'x2'

Sq. Ft. _____ Linear Ft. 250 ✱

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

✱16" Prefabricated Permeable Panel Blocks

Installed by X

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

Signed: _____ (agent)

IMPROVEMENTS PERMIT BY Wesley Sparks R.S.

COMMENTS: 19 panels per ditch, one 5/32" hole per panel, trench bottom no deeper than 30" to bottom. Drainfield on contour; 2' pressure head per ditch. Not less than 24 gal/min at ~15' TDH - Dose 180 gal per dose 7.5 min cycle (9" stroke on pump switch-float)

CERTIFICATE OF COMPLETION BY _____ DATE _____

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 false information is supplied in making Improvements Permit.

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

TYP. HANGERS FOR JOIST & BEAMS

[illegible]

BALLOON WALL FRAMING SCHEDULE

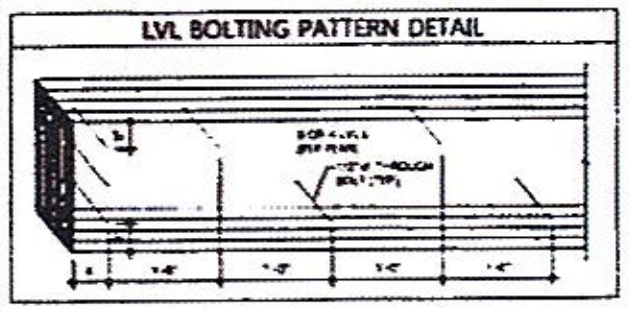
FRAMING MEMBER SIZE	MAX HEIGHT (PLATE TO PLATE) 115 MPH ULTIMATE DESIGN WIND SPEED
2x4 @ 16"o.c.	10'-0"
2x4 @ 12"o.c.	12'-0"
2x6 @ 16"o.c.	15'-0"
2x6 @ 12"o.c.	17'-9"
2x8 @ 16"o.c.	19'-0"
2x8 @ 12"o.c.	22'-0"
(2)2x4 @ 16"o.c.	14'-6"
(2)2x4 @ 12"o.c.	17'-0"
(2)2x6 @ 16"o.c.	21'-6"
(2)2x6 @ 12"o.c.	25'-0"
(2)2x8 @ 16"o.c.	27'-0"
(2)2x8 @ 12"o.c.	31'-0"

a. ALL HEIGHTS ARE MEASURED SUBFLOOR TO TOP OF WALL PLATE

b. WHEN SPLIT-FRAMED WALLS ARE USED FOR HEIGHTS OVER 12' THE G.C. SHALL ADD 6" MIN. OF CS16 COIL STRAPPING, CENTERED OVER THE WALL BREAK

c. FINGER-JOINTED MEMBERS MAY BE USED FOR CONTINUOUS HEIGHTS WHERE TRADITIONALLY MILLED LUMBER LENGHTS ARE LIMITED.

LVL BOLTING PATTERN DETAIL



HEADER SIZE REQUIREMENTS U.N.O.

[illegible]

WALL STUD REQUIREMENTS

[illegible]

GENERAL PLAN NOTES

[illegible]

TABLE N1102.1.2 - INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT

[illegible]

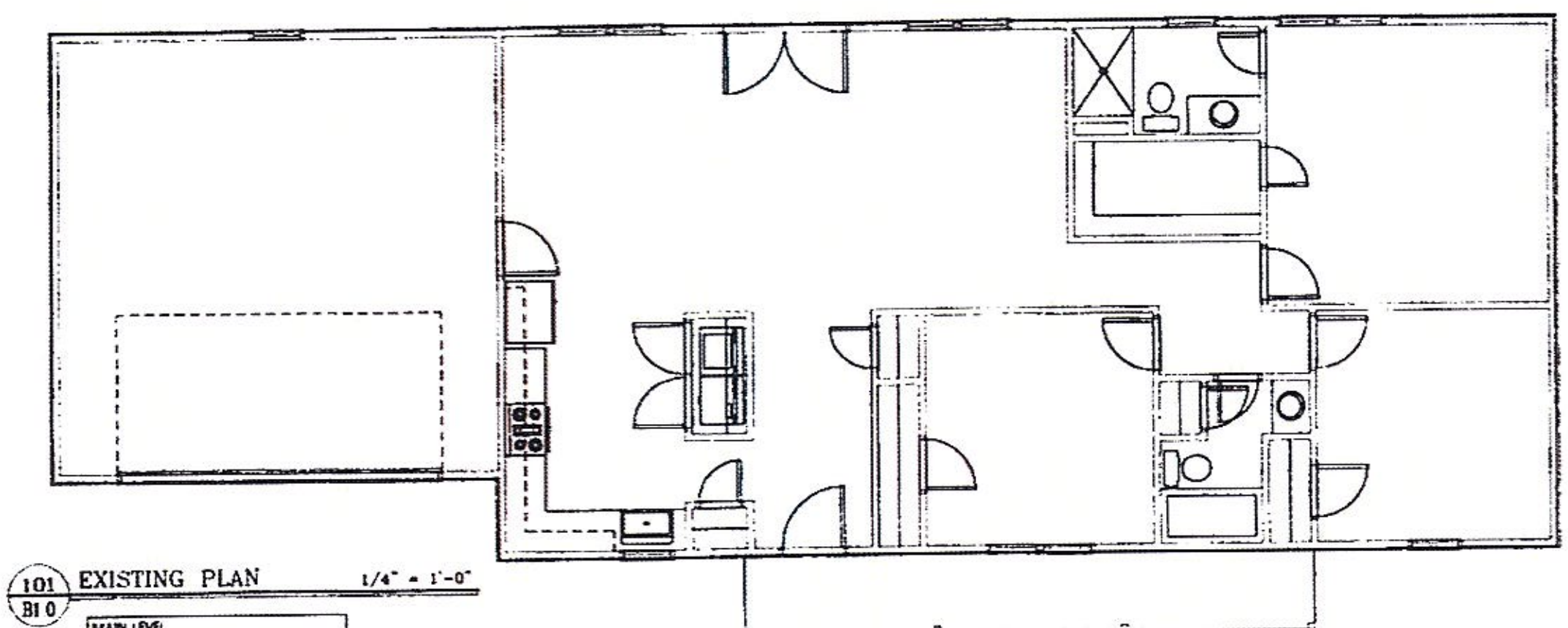
EGRESS WINDOW REQUIREMENTS

[illegible]



NAILING SCHEDULE

[illegible]

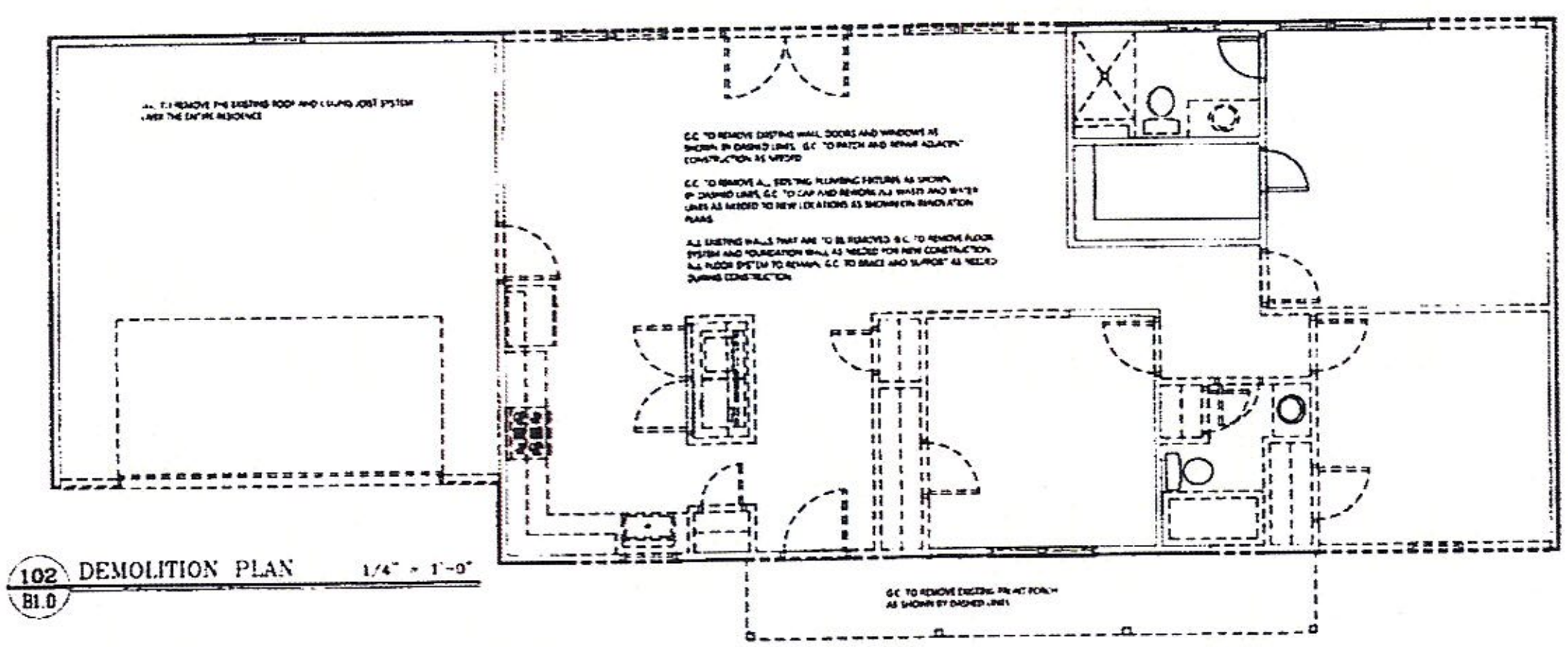


101 / B1.0 EXISTING PLAN 1/4" = 1'-0"

MAIN LEVEL

UPPER LEVEL

TOTAL



102 / B1.0 DEMOLITION PLAN 1/4" = 1'-0"

Existing

Danny K. Ashcraft [signature]

6/7/22

[signature] 7/14/22

MAIN LEVEL PLAN AND NOTES

A NEW RESIDENCE FOR

XXX

XXX

B1.0

MSJ DRAFTING

1801 [illegible] ROAD
LINCOLNTON, NC 28092
(980) 429-4000
SEEAL2040@YAHOO.COM

B1.0

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED. DIMENSIONS IN CASE FROM SHALL BE CLARIFIED BY ARCHITECT.
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FACE OF STUD UNLESS NOTED OTHERWISE.
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE FINISH FACE OF STUD UNLESS NOTED OTHERWISE.
4. ALL INTERIOR WALLS ARE ASSUMED TO BE 2"x4" WOOD STUDS UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 2"x6" WOOD STUDS PLUS 1" EXTERIOR RIGID INSULATION, UNLESS NOTED OTHERWISE.
6. ALL DOORS TO BE CENTERED UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING IN WALLS AS REQUIRED FOR ALL CABINETS, TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CABINETRY TO BE DESIGNED BY OTHERS AND SHALL MEET ALL ADA CODE REQUIREMENTS, WHERE APPLICABLE.
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECT.
10. NUMBER OF EXTERIOR HOSE BIBS TO BE FIELD VERIFIED AT LOCATIONS WHERE 1 OR MORE ARE REQUIRED IN ADDITION, WALL HOSE BIB TO BE PROVIDED.
11. PROVIDE TERMITE CHEMICAL AT FOUNDATION AS REQUIRED.
12. MINIMUM 22"x30" (+ 6" FOR ATTIC ACCESS DOOR W/ PULL DOWN LADDER TO BE DETERMINED ON SITE AND WEATHERSTRIPPED AND INSULATED WITH MIN. R-5 MINIMUM.
13. MINE SUBSIDENCE TO BE DETERMINED ON SITE.
14. ALL ELEVATIONS TO BE 30" A.F.F., UNLESS NOTED OTHERWISE.
15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION OTHER THAN WOOD

1. STEEL BEAMS MUST HAVE CRIPPLE STUD WOOD UNDER EACH END SUPPORT UNLESS NOTED OTHERWISE.
2. MICRO LAM BEAMS, SEE S0.1 CONSTRUCTION OTHER THAN WOOD, NOTE 7
3. ALL BRICK OVER LOWER WOOD WALLS MUST HAVE ANGLE WITH SHORT LEG BEARING TO SPLICE ABOVE AND ACCORDANCE WITH DETAIL
4. ALL WOOD POSTS, BEAMS OVER 6'-0"S MUST BE SPLICE IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS PLUS 20" MIN. SPLICE IN PLANS.
5. ALL RAFTER SPANS IN 1/2" HARD 4 PITCH ON MIN PLATE TO FOUNDATION OR BEAM BELOW. THRU AT ALL FLOORS. NO BRACING IN EXTERIOR WALLS WITHOUT STRUCTURAL ENGINEER'S APPROVAL.
6. WHERE PARTITIONS RUN BETWEEN FLOOR TRUSSES, PROVIDE BLOCKING @ TOP PLATE MUST BE PLACED PERPENDICULAR TO THE TRUSSES TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES HAVING A 6'-0" SPAN AND/OR GREATER, SPACE USE OF 2"x6" SHALL BE INSTALLED TO DIAGONAL MEMBERS FOR VERTICAL MEMBERS IN THE APPROXIMATE MID-SPAN OF A LOAD CARRYING MEMBER.
8. ALL 2"x6" EXTERIOR WALLS ARE PARALLEL TO TRUSSES SHALL HAVE A MINIMUM OF 2"x6" RAFTER BEAM ON STUD WALL, FOR PLATE ADJACENT TO LOWER, 4"x6" BEAM RAFTERS AND TOP PLATE TO THE MOST CONTINUOUS AND APPLICABLE OF ON-SITE CONDITIONS.
9. ALL 2"x12" OPEN GREAT ROOMS, LIVING, DINING, WITH 2 OR MORE ADJACENT OPENINGS OF 8'-0" OR LESS MUST USE 2 X 12"x12"x1/2" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE UNLESS TO KING STUDS WITH 2x12" LINES @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (2) 5/16"x6" LAG THROUGH A 1/4" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 2'-0" OR LESS SPACE BETWEEN ROUGH OPENINGS SHALL HAVE AT LEAST (1) STEEL ANGLE APPROVED BY EACH MULLION SHALL THE SHEATHING ON THE STEEL REINFORCED PARTITION SHALL BE 5/8" X WOOD WITH LONGEST NAILS BE PERMITTED.

STAIRWAYS

1. HEADS SHALL BE 6'-8" MIN. FROM A 9" NOSING.
2. RAILING SHALL BE ADD STAIRWAY OVER TO ENCLOSED AREA.
3. STAIR SHALL BE 36" WIDE CLEAR MINIMUM AND SHALL HAVE A HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 34"-38"
4. GUARD RAIL HEIGHT SHALL BE A MINIMUM OF 36" OR HIGHER PER R312.1.3
5. RECESSED GUARDS SHALL NOT HAVE OPENINGS FROM WALKING SURFACE TO GUARD THAT HEIGHT THAT ALLOW PASSAGE OF A 6" SPHERE
6. GUARDS ON OPEN SIDES OF STAIRS SHALL HAVE OPENINGS TO CONFORM TO R312.1.3 WHICH ALLOW PASSAGE OF A 6" SPHERE
7. TRIANGLE FORMED BY RISER, TREAD AND A LINE CONNECTING THE TREAD AND THE NOSING ABOVE SHALL NOT ALLOW PASSAGE OF A 6" SPHERE

TABLE N1102.1.2 - INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT

Climate Zone	Fenestration U-Factor	Skylight U-Factor	Glazed Fenestration SHGC	Ceiling R-Value	Wood Frame Wall R-Value	Mass Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab R-Value and Depth	Crawl Space Wall R-Value
3	0.35	0.55	0.30	38 OR 30 CONT	13 OR 20	8/13	19	5/13	0	5/13
4	0.35	0.55	NR	38 OR 30 CONT	13 OR 20	8/13	19	10/13	10	10/13
5	0.35	0.55	NR	38 OR 30 CONT	13 OR 20 OR 13+5	13/17	30	10/13	10	10/13

TYP HANGERS FOR JOIST & BEAMS

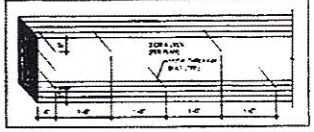
MEMBERS	HANGER
HB	LSTA18
2x10	LSTA18
(2) 2x10	LSTA18
(3) 2x10	HUS26-2
(2) 2x12	HUS26-2
(3) 2x12	HUS26-3
(4) 2x12	LSTA21
(5) 2x12	HUS210-3
(2) 1-3/4"x9-1/4" LVL	HUS26
(3) 1-3/4"x9-1/4" LVL	HUS26
(4) 1-3/4"x9-1/4" LVL	HHUS410-2
(5) 1-3/4"x9-1/4" LVL	HHUS410-2
(2) 1-3/4"x11-7/8" LVL	HHUS410
(3) 1-3/4"x11-7/8" LVL	HHUS410
(4) 1-3/4"x11-7/8" LVL	HHUS410
(5) 1-3/4"x11-7/8" LVL	HHUS410
(2) 1-3/4"x14" LVL	HHUS412-SDS2.5
(3) 1-3/4"x14" LVL	HHUS412
(4) 1-3/4"x14" LVL	HHUS412
(5) 1-3/4"x14" LVL	HHUS412
(2) 1-3/4"x16" LVL	HHUS416-2
(3) 1-3/4"x16" LVL	HHUS416-2
(4) 1-3/4"x16" LVL	HHUS416-2
(5) 1-3/4"x16" LVL	HHUS416-2
(2) 1-3/4"x18" LVL	HHUS418-2
(3) 1-3/4"x18" LVL	HHUS418-2
(4) 1-3/4"x18" LVL	HHUS418-2
(5) 1-3/4"x18" LVL	HHUS418-2
(2) 1-3/4"x20" LVL	HHUS420-2
(3) 1-3/4"x20" LVL	HHUS420-2
(4) 1-3/4"x20" LVL	HHUS420-2
(5) 1-3/4"x20" LVL	HHUS420-2

BALLOON WALL FRAMING SCHEDULE

FRAMING MEMBER SIZE	MAX HEIGHT (PLATE TO PLATE) 115 MPH ULTIMATE DESIGN WIND SPEED
2x4 @ 16"o.c.	10'-0"
2x4 @ 12"o.c.	12'-0"
2x6 @ 16"o.c.	15'-0"
2x6 @ 12"o.c.	17'-9"
2x8 @ 16"o.c.	19'-0"
2x8 @ 12"o.c.	22'-0"
(2)2x4 @ 16"o.c.	14'-6"
(2)2x4 @ 12"o.c.	17'-0"
(2)2x6 @ 16"o.c.	21'-6"
(2)2x6 @ 12"o.c.	25'-0"
(2)2x8 @ 16"o.c.	27'-0"
(2)2x8 @ 12"o.c.	31'-0"

a. ALL HEIGHTS ARE MEASURED SUBFLOOR TO TOP OF WALL PLATE
b. WHEN SPLIT-FRAMED WALLS ARE USED FOR HEIGHTS OVER 12' THE G.C. SHALL ADD 6" MIN. OF CS16 COL STRAPPING, CENTERED OVER THE WALL BREAK
c. FINGER-JOINTED MEMBERS MAY BE USED FOR CONTINUOUS HEIGHTS WHERE TRADITIONALLY MILLED LUMBER LENGTHS ARE LIMITED.

LVL BOLTING PATTERN DETAIL



HEADER SIZE REQUIREMENTS U.N.O

SIZES	MAX. BEARING (BETWEEN JAMB) EXTERIOR STUDS	NON-BEARING (BETWEEN JAMB) INTERIOR STUDS	MIN. # STUDS EACH END
(2) 2x6 -	2'-6"	3'-6"	1(1/2")
(2) 2x8 -	2'-7" min. 7'-6"	3'-7" min. 5'-1"	1(2")
(2) 2x10 -	2'-7" min. 9'-6"	3'-7" min. 6'-1"	1(2")
(2) 2x12 -	5'-1" min. 6'-6"	6'-7" min. 8'-1"	1(2")
(2) 2x14 -	6'-7" min. 8'-6"		1(2")

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	2"x6" JOIST AND WALL
9'-1" - 10'-0"	2x6 @ 16" o.c.
10'-0" < h < 11'-0"	2x6 @ 12" o.c.
10'-0" < h < 11'-0"	2x6 @ 16" o.c.
11'-1" - 12'-0"	CONSULT ENGINEER

MAIN LEVEL	
-HEATED SQUARE FOOT	1,458.90 +/-
COVERED FRONT PORCH	57.50 +/-
GARAGE/STORAGE	541.50 +/-
COVERED REAR PORCH	64.50 +/-
UPPER LEVEL	
-HEATED SQUARE FOOT	728.50 +/-
TOTAL	
-HEATED SQUARE FOOT	2,294.50 +/-
UNHEATED SQUARE FOOT	888.50 +/-

NAILING SCHEDULE

ON 2"x12" OR 4"x6" POST	(4) 16d COMMON
HEADER TO STUD (BUILT-UP)	(3) 16d @ 16" o.c.
HEADER TO STUD	(4) 16d TOE NAIL
HEADER TO HEADER	(3) 16d @ 12" o.c.
CEILING JOIST TO PLATE	(3) 16d TOE NAIL
CEILING JOIST TO RIDGE	(3) 16d TOE NAIL
RAFTER TO PLATE	(3) 16d TOE NAIL
RAFTER TO RIDGE	(3) 16d TOE NAIL
COLLAR TIE TO RAFTER	(3) 10d @ 12" o.c.
RIDGE BOARD	1" x RAFTER CUT
RAFTER TO CEILING JOIST	(3) 16d TOE NAIL
1/2" OR 5/8" SHEATHING	8d @ 6" o.c. EDGE & 12" o.c. FIELD
1/2" OR 5/8" SHEATHING	8d @ 6" o.c. EDGE & 12" o.c. FIELD
1" x 6" SHEATHING	(2) 8d @ EACH BEARING

EGRESS WINDOW REQUIREMENTS

NCRC 2018 R310.1

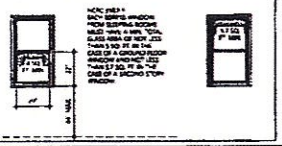
EVERY SLEEPING ROOM SHALL HAVE AT LEAST ONE (1) OPERABLE EXTERIOR WINDOW OR EXTERIOR DOOR APPROVED FOR EMERGENCY EGRESS OR RESCUE. THE UNITS "MUST" BE OPERABLE FROM THE INSIDE TO A FULL CLEAR OPENING WITHOUT THE USE OF A KEY OR TOOL. WINDOWS ARE PROVIDED AS A MEANS OF RAPID OR WHOLE, THEY SHALL HAVE A SILL HEIGHT OF NOT MORE THAN 44" ABOVE THE FLOOR.

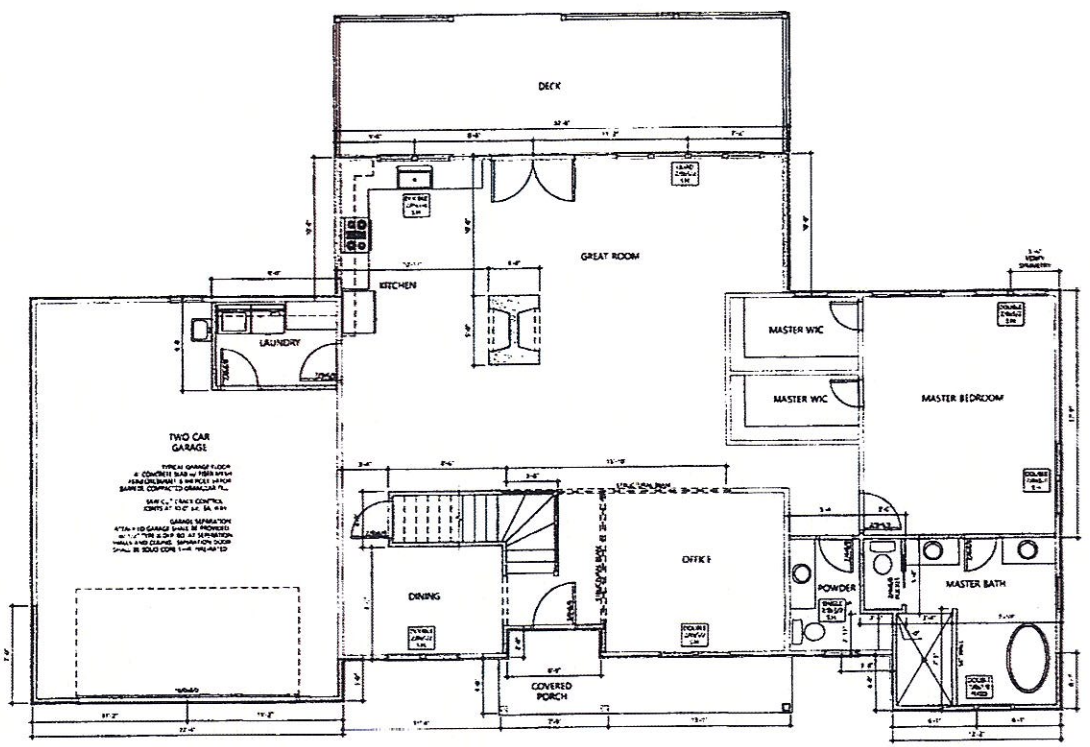
NOTE R310.1.1

THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 24" THE MIN. NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20" THE NET CLEAR OPENABLE AREA SHALL NOT BE LESS THAN 5.7 SQ. FT.

NOTE R310.1

EACH SLEEPING WINDOW FROM SLEEPING ROOMS SILLS HAVE A MIN. TOTAL GLASS AREA OF NOT LESS THAN 5.7 SQ. FT. IN THE CASE OF A GROUND FLOOR WINDOW AND NOT LESS THAN 5.7 SQ. FT. IN THE CASE OF A SECOND FLOOR WINDOW.





101 B1.1 MAIN LEVEL PLAN 1/4" = 1'-0"

New

Dan K. Adkins
6/7/22

Matt Wilkie 7/14/22

1801 ISAAC'S ROAD
LINCOLNTON, NC 28092
(980) 429-4000
SEEALSOMSJDRAFTING@GMAIL.COM

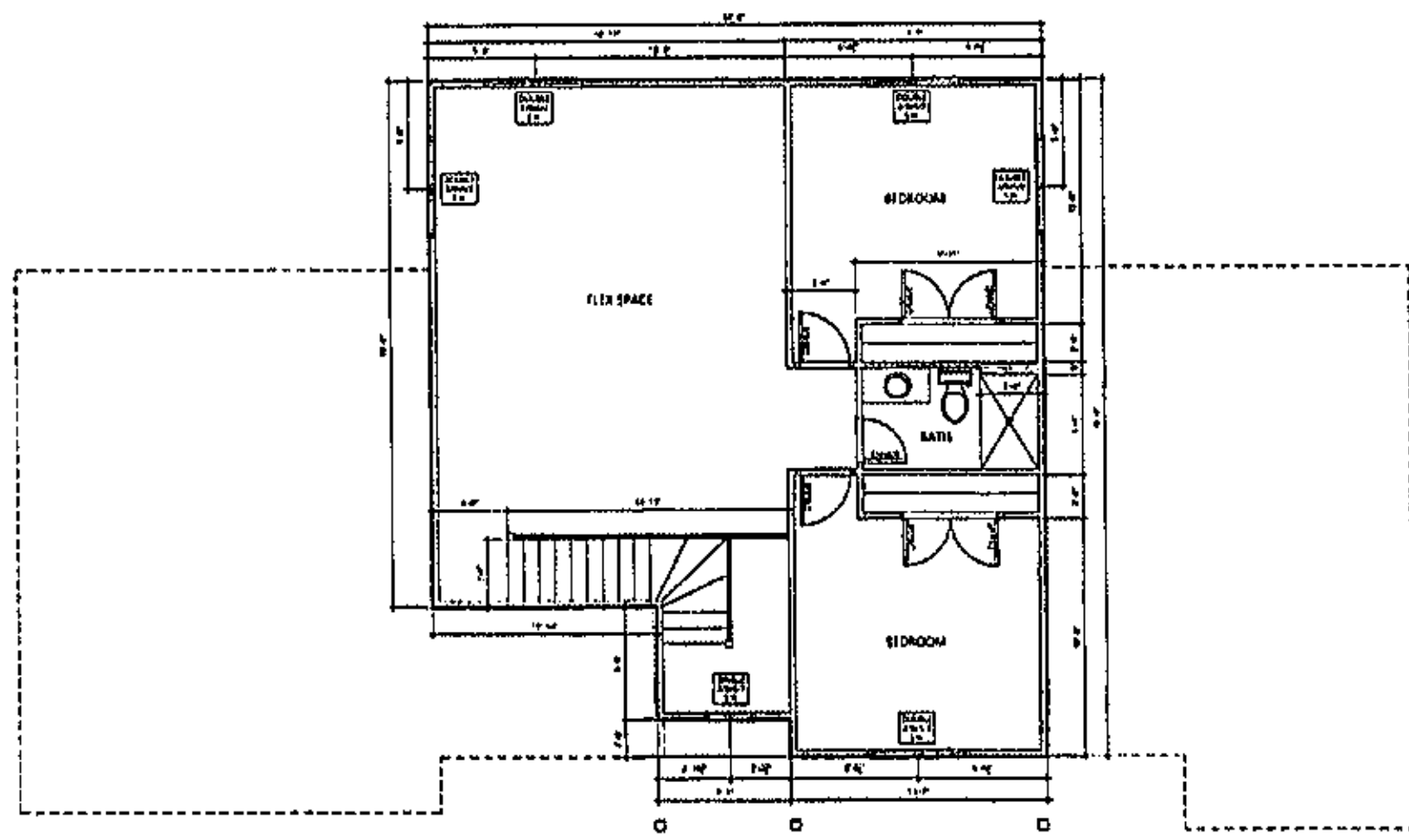
MSJ DRAFTING

B1.1

MAIN LEVEL PLAN AND NOTES

B1.1

GENERAL PLAN NOTES



(101/B1.1) UPPER LEVEL PLAN 1/4" = 1'-0"

TABLE R1102.1.2 - INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT

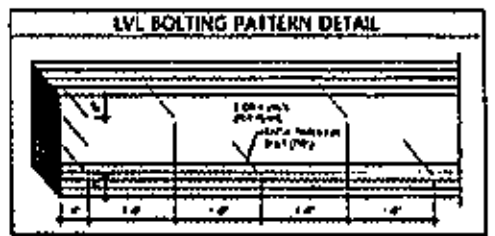
HANGERS FOR JOIST & BEAMS

BALLOON WALL FRAMING SCHEDULE

FRAMING MEMBER SIZE	MAX HEIGHT (PLATE TO PLATE) 115 MPH ULTIMATE DESIGN WIND SPEED
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2x4 @ 12" o.c.	12'-0"
2x6 @ 16" o.c.	15'-0"
2x6 @ 12" o.c.	[illegible]
2x8 @ 16" o.c.	[illegible]
2x8 @ 12" o.c.	22'-0"
(2)2x4 @ 16" o.c.	[illegible]
(2)2x4 @ 12" o.c.	[illegible]
(2)2x6 @ 16" o.c.	21'-4"
(2)2x6 @ 12" o.c.	[illegible]
(2)2x8 @ 16" o.c.	[illegible]
(2)2x8 @ 12" o.c.	[illegible]

a. ALL HEIGHTS ARE MEASURED SUBFLOOR TO TOP OF WALL PLATE.
b. WHEN SPLIT-FRAMED WALLS ARE USED FOR HEIGHTS OVER 12', THE G.C. SHALL ADD 8" MIN. OF CS16 COIL STRAPPING CENTERED OVER THE WALL BREAK.
c. FINGER-JOINTED MEMBERS MAY BE USED FOR CONTINUOUS HEIGHTS WHERE TRADITIONALLY MILLED LUMBER LENGHTS ARE LIMITED.

LVL BOLTING PATTERN DETAIL



HEADER SIZE REQUIREMENTS U.N.O.

WALL STUD REQUIREMENTS

MAIN LEVEL

UPPER LEVEL

TOTAL

NAILING SCHEDULE

EGRESS WINDOW REQUIREMENTS

UPPER LEVEL PLAN AND NOTES

B1.2

MSJ DRAFTING

B1.2