IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22212 14

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

PIN # 4648129975

APPLICANT: JBR Custom Homes APPLICANT ADDRESS: P.O. Box 5289 Mooresville, NC 28117

SITE ADDRESS: 447 Castle Drive Mooresville NC PHONE: 704 380-0838 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Bluefield TL Big Indian Lp TR Castle Drive, at end on left

SUBDIVISION: Indian Forest SECTION: 2 LOT # 23 LOT AREA: 1.34 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3I/.25R

Septic Tank 1000 (gal) STB 760 Date 12-3
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 460'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: PPBPS
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: Divert Storm/Surface Water Away From Septic System.

9/8/16 Reviewed Floorplans, in Compliance with Septic Plan.

INITIAL SITE SKETCH

See attached.

Approved plan by Michael Athanas & Assoc. (dated 8/23/16)

AS BUILT SKETCH

4-21-17 INSTALLED 402' AS SHOWN RA

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

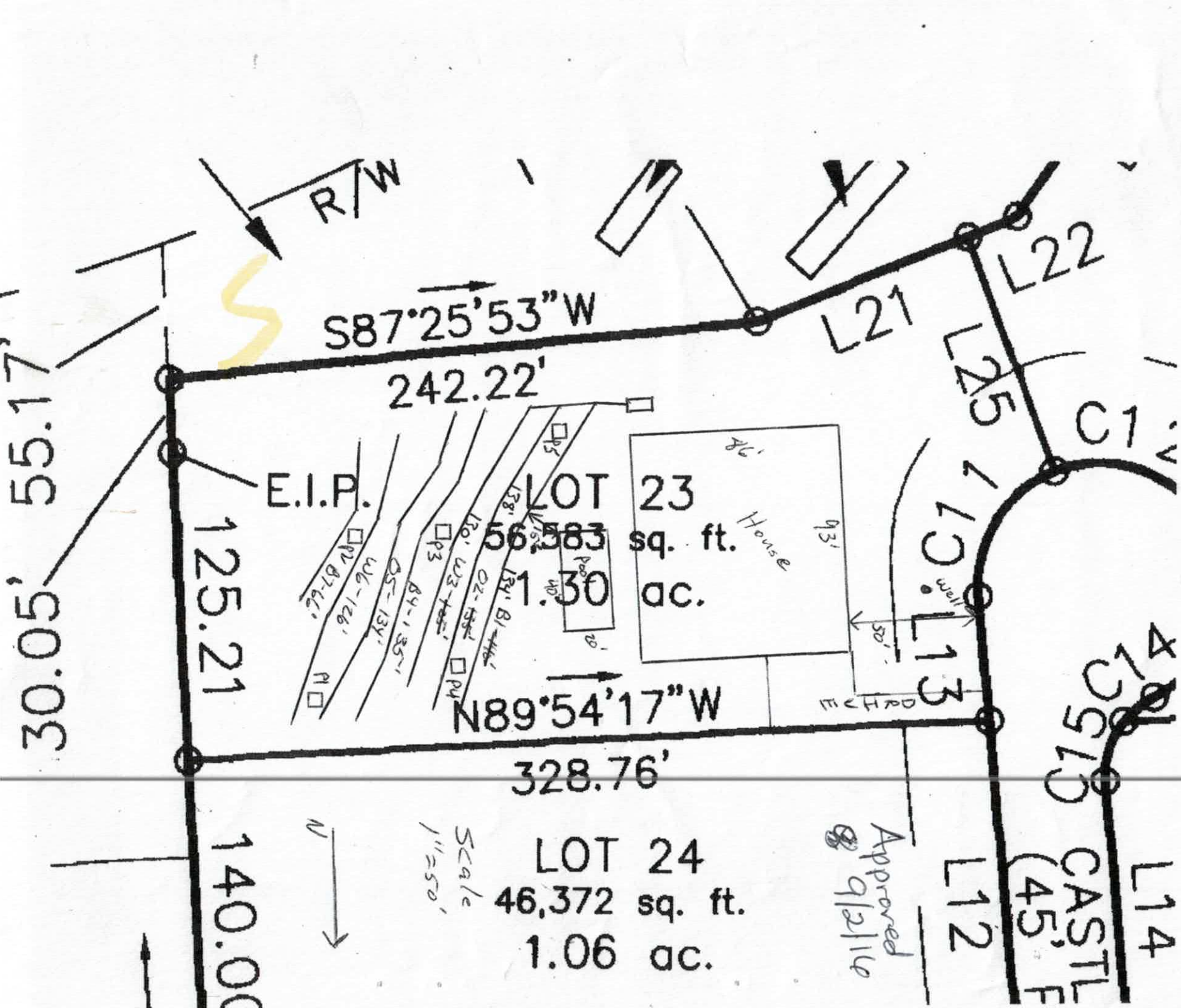
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 9/7/16 Installed by: GUNTER RA

IMPROVEMENT PERMIT by: Maria Dolan RS Date: 9/7/16 OPERATION PERMIT by: Date: 4-21-17

AUTHORIZATION TO CONSTRUCT by: Maria Dolan RS Date: 9/8/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


R/W
S87°25'53"W
242.22'
L21
L22
L25
C1
C11
C13
C14
C15
L13
L14
L12
55.17'
30.05'
125.21'
E.I.P.
LOT 23
56,583 sq. ft.
1.30 ac.
House
Well
Pool
EVHPD
N89°54'17"W
328.76'
LOT 24
46,372 sq. ft.
1.06 ac.
140.00'
Scale
1"=50'
Approved
9/2/16
CASTL
(45'



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

Approved
8/2/14
MD

Reference: Data Sheet for 147 Castle Dr., Indian Forest SD Lot 23
House Footprint: 86' x 93'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.25 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	Actual Length
Blue 1	**140'**	**145'**
Orange 2	**135'**	**135'**
White 3	**125'**	**126'**
Blue 4		135'
Orange 5		134'
White 6		126'
Blue 7		66'

Initial System: 400' **Repair System:** 461'

Comments:

MENT OF HEALTH AND HUMAN SERVICES
ON OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
TE WATER PROTECTION BRANCH

Sheet _1___ o
PROPERTY ID #: 464812
COUNTY: Ired

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

OWNER: JBR Custom Homes, Inc. _____ APPLICATION DATE_____
ADDRESS: _PO Box 5289 Mooresville, NC 28117_____ DATE EVALUATED: ____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: _1.30 AC____
LOCATION OF SITE: 147 Castle Dr., Indian Forest Lot 23_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mix

Approved 9/21/16

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
1	LS 8% ✓	0-7	FILL		N/A	64"	F-C SAP	N/A	PS 0.3
		7-31	R C SBK	FR SS SP SEXP					
		31-64	R CLWSBK	FR SS SP SEXP					
2	LS 5% ✓	0-9	Br SCL WSBK	FR SS SP SEXP	F-C YB	65"	N/A	N/A	PS 0.3-0.25
		9-30	Br CL WSBK	FR SS SP SEXP					
		30-55	R C SBK	FR SS SP SEXP					
		55-65	R CL WSBK	FR SS SP SEXP					
3	LS 5% ✓	0-6	FILL		N/A	40"	PS	N/A	PS 0.3
		6-12	Br SCL WSBK	FR SS SP SEXP					
		12-30	R C SBK	FR SS SP SEXP					
		30-40	R CL WSBK	FR SS SP SEXP					
		40-65	VER L SAP M	VFR SS SP SEXP					
4	LS 5% ✓	0-7	Br CL WSBK	FR SS SP SEXP	N/A	65"	N/A	N/A	PS 0.3
		7-20	RBr SCL WSBK	FR SS SP SEXP					
		20-50	R C SBK	FR SS SP SEXP					
		50-65	R CL WSBK	FR SS SP SEXP					

LICENSED SOIL SCIENTIST MICHAEL ATHANAS 1252 STATE OF NORTH CAROLINA

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	FT2
System Type(s)	25% Reduction	
Site LTAR	0.3	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: _4648129975____
DATE OF EVALUATION: _____
COUNTY: __Iredell_____

Approved 9/2/16

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 8% ✓	0-22	R C SBK	FR SS SP SEXP	N/A	40"	F-C SAP	N/A	PS 0.3-0.4
		22-40	R CL WSBK	FR SS SP SEXP					
		40-62	SL SAP M	VFR SS SP SEXP			PS		

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

4648-12-9975

OWNER: FRED LEASING, INC
ADDRESS: 2451 SIMONTON ROAD, STATESVILLE, NC 28625
PROPOSED FACILITY: SBR HOUSE PROPOSED DESIGN FLOW (.1949): 600
LOCATION OF SITE: INDIAN FOREST PHASE I LOT # 23
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE 5-25-05
DATE EVALUATED: 6-16-05
PROPERTY SIZE: 1.3 ACRES
PROPERTY RECORDED:
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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
1	L 4%	0-4	wfSBK SC	VFR SS/P			PS TO 44"		PS 0.3 TO 44"
		4-44	mfSBK C	FR SS/P					
		44-48	mfSBL SAP MIX CL	FR SS/P					
2	L 4%	0-4	wfSBK SC	VFR SS/P					PS 0.3
		4-48	mfSBK C	FR SS/P					
3	L 3%	0-26	MFSBK C	FR SS/P					PS 0.3
		26-48	mfSBK CL	FR SS/SP SS/P					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	I	~~I~~
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. HEDRICK
OTHER(S) PRESENT: TIM WHITAKER

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

MINERALOGY/ CONSISTENCE	STRUCTURE
NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

MOIST	WET
VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

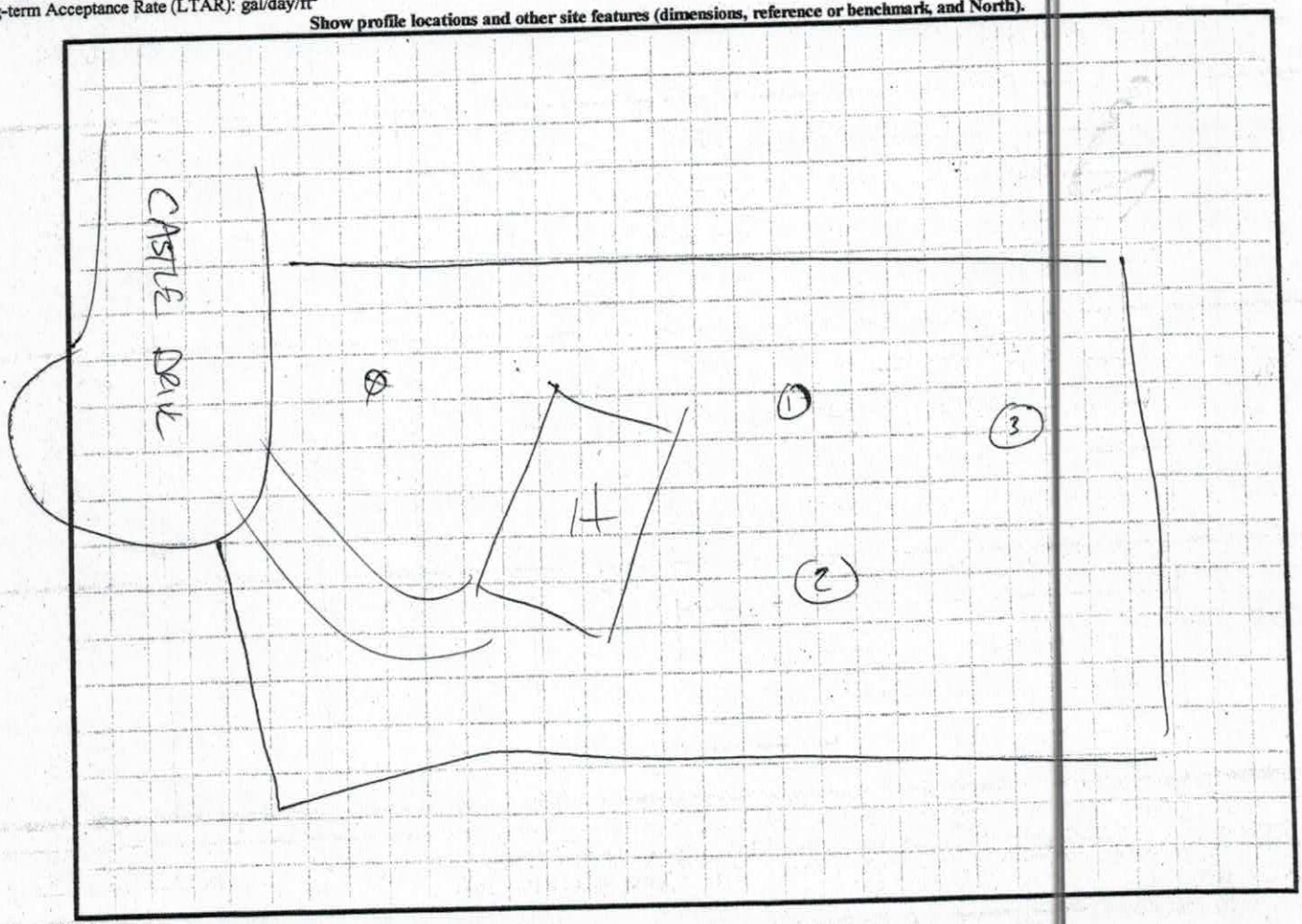
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)

RECEIVED AUG 2 3 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
#221274

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: JBR custom Homes **Address:** PO Box 5289 Mooresville NC 28117 **Phone:** 704 380 0838

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 147 Castle Dr

Subdivision Name: Indian Forest **Section/Phase:** _____ **Lot Number:** 23

Driving Directions: 150 W, TR Bluefield, TL Big Indian Cp, TR Castle Dr. ated on LT

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

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

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

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: _____ 8/23/2016
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 conditions specified by the local health department.

I, Jeff Hunt, am the legal owner(s) of the property located at 147 Castle Dr Mooresville NC 28117 Indian Forest 23, identified as PIN (Parcel Identification Number) 4648129975, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athenas & Assoc., 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) 8/12/16 Date

Signature of Witness 8/12/16 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

IREDELL COUNTY HEALTH DEPARTMENT

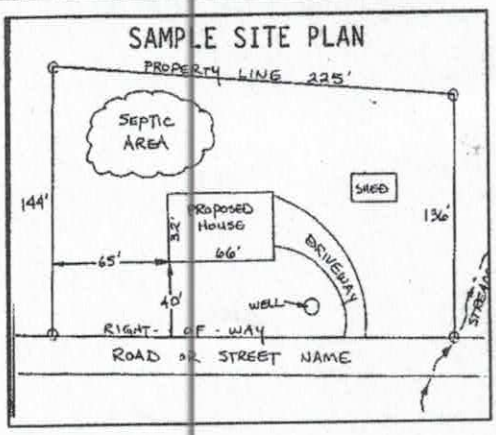
ENVIRONMENTAL HEALTH DIVISION

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:

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: _____

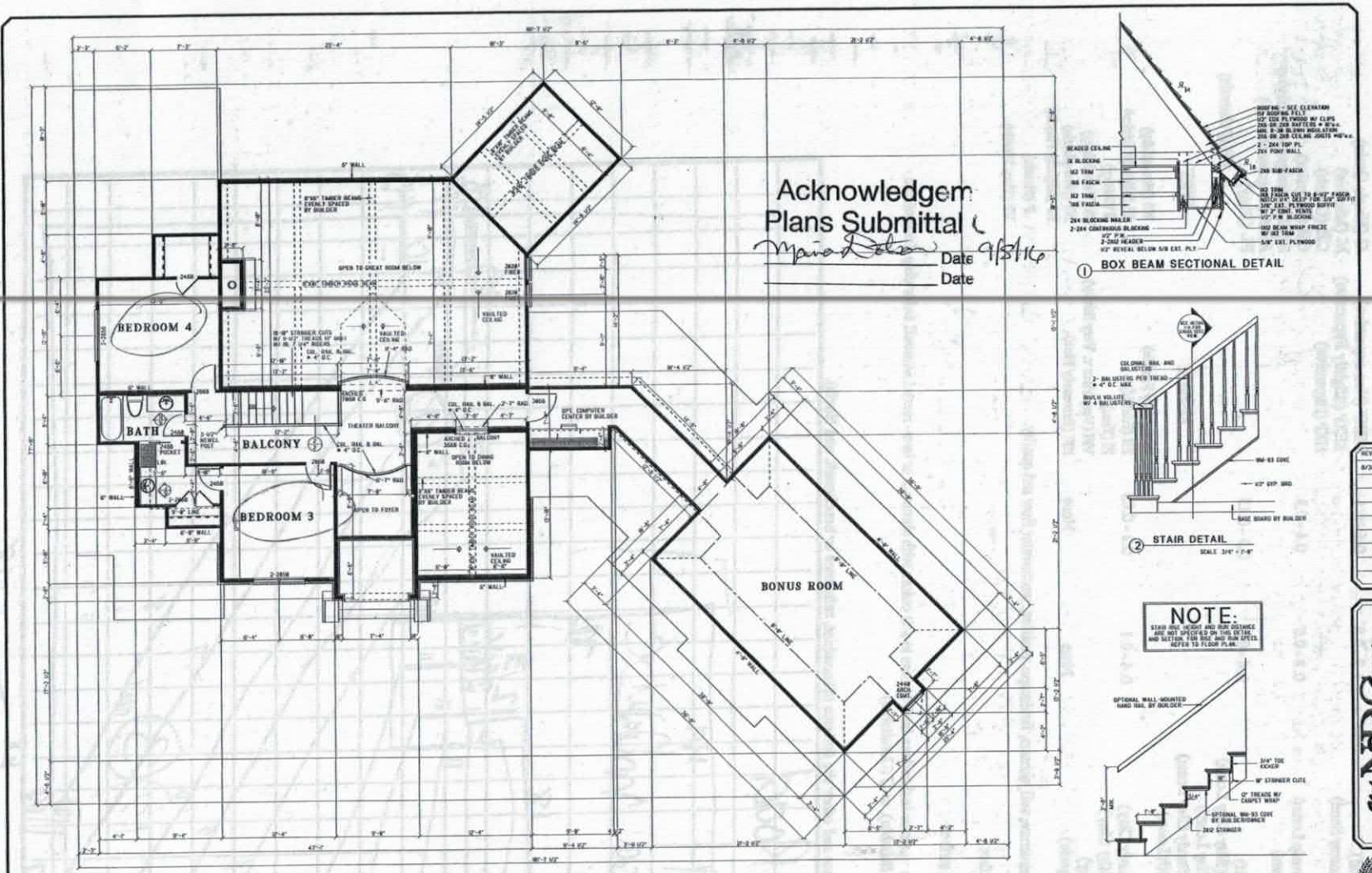
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8/23/2016

DATE

Acknowledgement of Plans Submittal ONLY!
Date 9/13/16
Date

Acknowledgem
Plans Submittal
Maria Nelson
Date 9/13/16
Date



① BOX BEAM SECTIONAL DETAIL

② STAIR DETAIL
SCALE: 3/4" = 1'-0"

NOTE:
STAIR RISE HEIGHT AND RUN DISTANCE ARE NOT SPECIFIED ON THIS DETAIL AND SECTION. FOR RISE AND RUN SPECS. REFER TO FLOOR PLAN.

③ STAIR SECTIONAL
SCALE: 3/4" = 1'-0"

REVISIONS	BY
8/30/16	ML

Nelson Design Group LLC
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NATIONALLY PUBLISHED
Member AIBD • CPBD
www.nelsondesigngroup.com

MICHAEL E. NELSON
P.B.D. Cert. No. AR-184

DATE	June 28, 2012
SCALE	1/4" = 1'-0"
BUILDER	
JOB	NDG1424
DRAWN BY	ML
	2 of 9

NOTE:
1.- HVAC TO BE IN ATTIC. VERIFY W/ BUILDER.
2.- UPPER FLOOR CEILING HEIGHTS TO BE 9'-0" UNLESS NOTED.
3.- UPPER FLOOR JOIST TO BE @ 16"O/C OPEN WEB FLOOR TRUSSES @ 16" O.C. W/ 3/4" T&G ADHERED FLOOR GLUED & SCREWED.
SEE TRUSS MANUF. FOR FLOOR TRUSS LAYOUTS
ALL OPEN WEB FLOOR TRUSSES TO BE DESIGNED & ENGINEERED BY TRUSS MANUF. TRUSS MANUF. WILL PROVIDE TRUSS LAYOUT BASED ON ENGINEERING. TRUSS MANUF. TO SUPPLY TRUSSES W/ CHAMFERED END ON RELIEVED UNITS TO ALLOW FOR EXT. WALL SUPPORT & RAFTER CLEARENCE.
4.- HVAC & W.H. TO BE IN ATTIC UNLESS OTHERWISE NOTED.

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NOTICE: DUTY OF COOPERATION
NELSON DESIGN GROUP, LLC. or Michael E. Nelson assumes no liability for any ERROR constructed from this plan. Release of these plans constitutes further cooperation along the owner, his contractor and the designer. Design and construction has been thought through by the designer and his consultants performed their services with due care and diligent, they cannot warrant that our documentation is perfect and every contingency cannot be anticipated. Any ambiguity or discrepancy discovered by the use of these plans shall be reported immediately to the designer. Failure to notify the designer constitutes misunderstanding and increases construction costs. A failure to cooperate by a single notice to the designer shall relieve the designer from responsibility for all consequences. Changes made from the plans without the consent of the designer are unauthorized and shall relieve the designer of responsibility for all consequences arising out of such changes. Only qualified Designer, Architect, Contractor, or Structural Engineer should attempt to modify any portion of this design.
Written dimensions on these drawings shall have precedence over scaled dimension, contractors shall verify and be responsible for all dimensions and conditions on the job. This office must be notified of any variations from the dimensions and conditions shown by these drawings. Shop details must be submitted to this office for approval before proceeding with fabrication.

UPPER FLOOR PLAN / NOTES
NDG1424
" Where Traditional Values and Family Come Together "

CAD DESIGNED

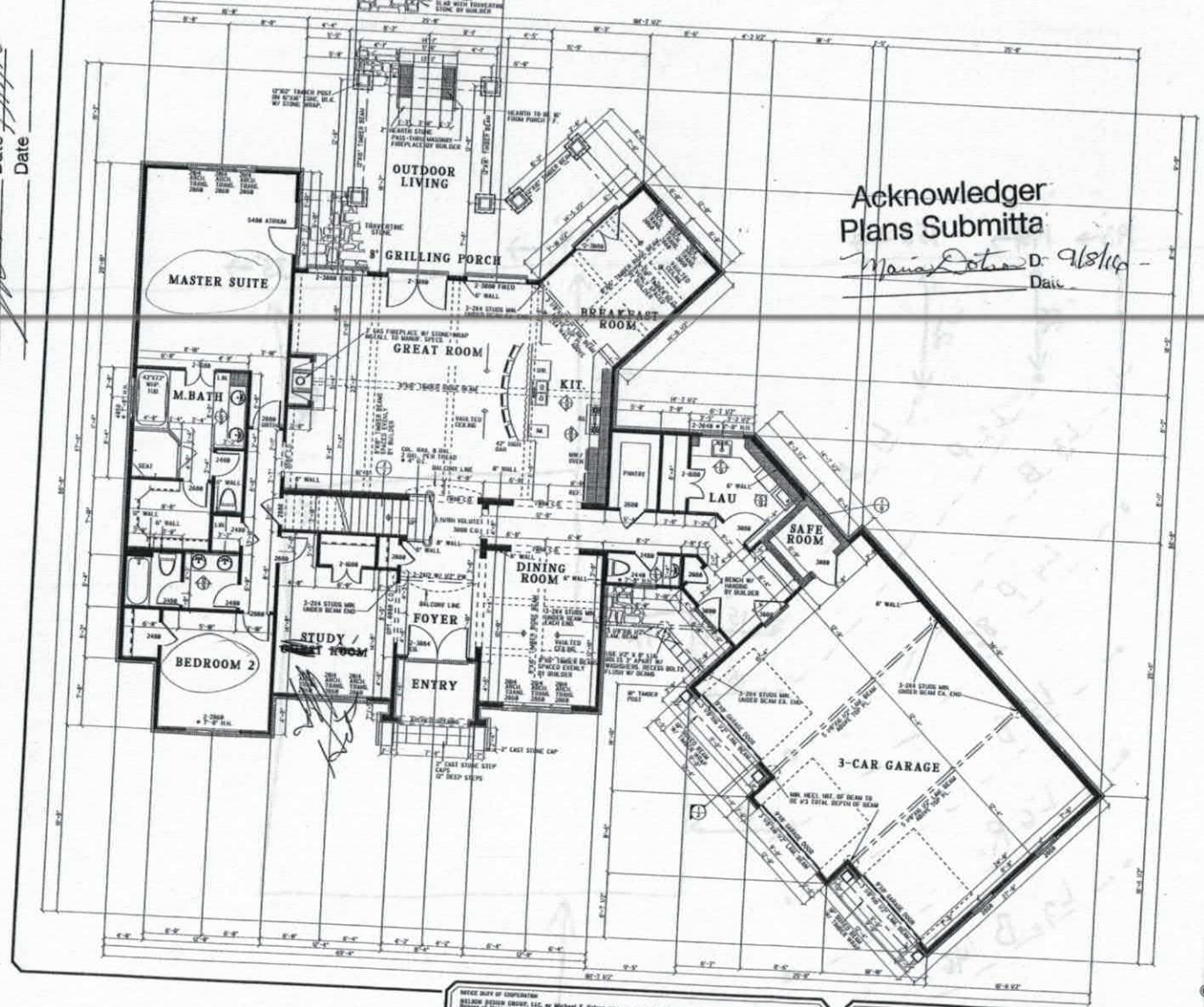
Acknowledgement of Plans Submittal ONLY!

Date 9/18/14

Date

Acknowledged
Plans Submitted

Date 9/18/14



FLOOR PLAN SPECIFICATIONS

HEAT/COOLED MAIN FLOOR	2171 SQ. FT.
HEAT/COOLED UPPER	994 SQ. FT.
HEAT/COOLED TOTAL	3165 SQ. FT.
GARAGE, STORAGE	1752 SQ. FT.
PORCHES	493 SQ. FT.
DECKS	452 SQ. FT.
TOTAL	5299 SQ. FT.
BONUS ROOM	877 SQ. FT.

NOTE:

1- MAIN FLOOR CEILINGS TO BE 9' UNLESS NOTED.
2- UPPER FLOOR CEILINGS TO BE 9' UNLESS NOTED.
3- BUILDER TO APPROVE & VERIFY ALL PLANS BEFORE CONSTRUCTION.
4- VERIFY ALL PLANS W/ LOCAL BUILDING CODES.
5- HVAC & W.H. TO BE IN ATTIC UNLESS OTHERWISE NOTED.
6- PROVIDE SHUT-OFF VALVE FOR ALL GAS APPLIANCES. REFERENCE IRC SECTION G2420
7- ALL GLASS LOCATED WITHIN 60" OF FLOOR, 24" OF A DOOR OR LOCATED WITHIN 60" OF FLOOR AT BATHTUBS, WHIRLPOOLS, SHOWERS, SAUNAS, STEAM ROOMS OR HOT TUBS SHALL BE TEMPERED TO COMPLY WITH IRC SECTION R308.4
8- NARROW WALL SHEARWALLS SHALL BE CONSTRUCTED IN ACCORDANCE WITH 2006 IRC SECTION R602.10 SHEARED WALLS LABEL SAID SHEARWALLS WITH SIMPSON STRONG TIE FOR "STRONGWALL" APPLICATIONS. THIS MAY BE REQUIRED TO MEET ANY CODE REQUIREMENTS FOR NARROW WALLS. BOTH SEISMIC AND WIND ZONE PARAMETERS AND SHEAR SHALL BE VERIFIED LOCALLY PRIOR TO CONSTRUCTION. ALSO DUE TO THE NATURE OF THE SIMPSON INSTALLATION PROCESS, THE DECISION TO USE THE "STRONG WALL" SYSTEM SHALL BE MADE PRIOR TO FOUNDATION CONCRETE PLACEMENT. SINCE THESE PLANS ARE NOT SITE OR LOCATION SPECIFIC THE MECHANICS TO MEET CODE REQUIREMENTS SHALL BE VERIFIED BY QUALIFIED PERSONNEL AT THE LOCAL LEVEL PRIOR TO CONSTRUCTION. SEE DETAILS 1 & 2 ON PAGE SW2 SHEARWALL "GARAGE wALL OPTIONS"

FLOOR PLAN NOTES:

1. ALL STRUCTURAL INFORMATION SHOWN FOR REFERENCE PURPOSES ONLY. CONTRACTOR SHALL HAVE LICENSED STRUCTURAL ENGINEER DESIGN ALL STRUCTURAL ELEMENTS SUCH AS ALL FRAMING WALLS, BEAMS, CORNETTONS, HEADERS, JOISTS AND RAFTERS.
2. ALL DIMENSIONS ARE FROM FACE OF STUD TO FACE OF STUD UNLESS NOTED OTHERWISE
3. WINDOW SIZES INDICATED ON PLANS ARE NOTED BY APPROXIMATE ROUGH OPENING SIZE. REFER TO PLANS AND EXTERIOR ELEVATIONS FOR WINDOW TYPES.
4. COORDINATE LOCATION OF UTILITY METERS WITH SITE PLAN AND LOCATE AWAY FROM PUBLIC VIEW. HOUSE. METER SHALL BE MANAGED TO MOUNT AS LOW AS POSSIBLE.
5. PREFABRICATED FIREPLACE CONSTRUCTION SHALL MEET OR EXCEED ALL APPLICABLE CODES REGARDING USE OF FIRE SEPARATIONS, CLEARANCES, ETC. IT IS THE CONTRACTOR'S RESPONSIBILITY TO ENSURE THAT ALL ITEMS AND CONSTRUCTION MEET OR EXCEED CODE. OVERALL FLUE HEIGHT SHALL BE COORDINATED TO MATCH HEIGHT SHOWN ON PLANS AND SHALL NOT EXCEED THE TOP OF THE CHIMNEY CHASE AS CONSTRUCTED.
6. CONTRACTOR SHALL COORDINATE ALL CLOSET SHELVING REQUIREMENTS.
7. DO NOT SCALE DRAWINGS, FOLLOW DIMENSIONS ONLY.
8. CONTRACTOR SHALL FIELD VERIFY ALL CABINET DIMENSIONS BEFORE FABRICATION.
9. BEDROOM WINDOWS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQ.FT., A MINIMUM NET CLEAR OPENABLE WIDTH OF 24", A MINIMUM NET CLEAR OPENABLE HEIGHT OF 24", AND HAVE A MAXIMUM FINISH SILL HEIGHT OF 42" FROM FINISH FLOOR.
10. ALL GLASS LOCATED WITHIN 60" OF FLOOR, 12" OF A DOOR OR LOCATED WITHIN 60" OF FLOOR AT BATHTUBS, WHIRLPOOLS, SAUNAS, STEAM ROOMS OR HOT TUBS SHALL BE TEMPERED.
11. ALL EXPOSED INSULATION SHALL HAVE A FLAME SPREAD RATING OF LESS THAN 25 AND A SMOKE DENSITY RATING OF LESS THAN 450.
12. PROVIDE COMBUSTION AIR VENTS WITH SCREEN AND DAUL DAMPER, FOR FIREPLACES, WOOD STOVES AND ANY APPLIANCE WITH AN OPEN FLAME.
13. BATHROOMS AND UTILITY ROOMS SHALL BE VENTED TO THE OUTSIDE WITH A MINIMUM OF 4 50 CFM FAN. RANGE HOODS SHALL ALSO BE VENTED TO OUTSIDE.
14. ATTIC HVAC UNITS SHALL BE LOCATED WITHIN 20' OF ITS SERVICE OPENING, BELOW AND UNLESS SHALL NOT BE LOCATED WITHIN 10 FEET OF A GAS FIRED APPLIANCE.
15. ALL WALLS AND CEILINGS IN GARAGE AND GARAGE STORAGE AREAS TO HAVE 5/8" TYPE-X GYP. BOARD W/ 1-HOUR FIRE RATING. ALL EXT. DOORS IN GARAGE TO BE METAL OR SOLID CORE, DOORS INCLUDING DOORS ENTERING HEATED/COOLED PORTION OF RESIDENCE.
16. ALL FIREPLACE CHASE WALLS SHALL BE INSULATED INSIDE AND OUTSIDE. PROVIDE HORIZONTAL "DRAFT STOPS" AT EACH FLOOR LEVEL BY PACKING 6" OF R-19 INSULATION BETWEEN 2X4 JOISTS.
17. ALL INTERIOR WALLS SHALL BE COVERED WITH 1/2" GYPSUM BOARD, WITH METAL CORNER BEAD INSTALLED, TAPED, FLOAT AND SAND (3 COATS) USE 5/8" GYPSUM BOARD ON CEILING WHERE SUPPORTING MEMBERS ARE 24" O.C. OR GREATER, USE 1/2" GYPSUM BOARD ON CEILING MEMBERS LESS THAN 24" O.C.
18. ALL BATH AND TOILET AREA WALLS AND CEILINGS SHALL HAVE WATER RESISTANT GYPSUM BOARD.

REVISIONS	BY
6-1-16	MM

Nelson Design Group, LLC
RESIDENTIAL PLANNING + DESIGN
Brian Ivey
ATLANTA, GEORGIA 30363
NATIONALLY PUBLISHED

AIBD

MICHAEL E. NELSON
P.B.D. Cert. No. AD-004

DATE June 28, 2013
SCALE 1/4" = 1'-0"
BUILDER
JOB NDG1424
DRAWN BY ML

1 OF 9

NOTICE DUTY OF COOPERATION
NELSON DESIGN GROUP, LLC. or Michael E. Nelson assumes no liability for any HOME constructed from this plan. Construction of these plans contemplates further cooperation among the owner, his contractor and the designer. Design and construction documents are complex. Although the designer and his consultants have performed their services with due care and diligence, they cannot guarantee perfection. Communication is important and every contingency cannot be anticipated. Any ambiguities discovered by the use of these plans shall be reported immediately to the designer. Failure to notify the designer constitutes acknowledgment by the user of these plans that he understands the conditions and accepts responsibility for all consequences. Changes made from these plans without the consent of the designer, Architect, Contractor, or Structural Engineer should attempt to modify every portion of this design. Verify all dimensions and conditions on the job. This office must be notified of any variances from the dimensions and conditions shown by these drawings. Any errors must be submitted to this office for approval before proceeding with fabrication.

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MAIN FLOOR PLAN / NOTES

NDG1424

" Where Traditional Values and Family Come Together "

CAD DESIGNED

ABBD Custom Homes
Lot #23 Indian Ridge
#147 Castle Dr., Woodstock
Jeff Hunt Pres

IREDELL COUNTY

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

APPLICATION NUMBER
221274
Issue Date: 08/23/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648129975.000	147 CASTLE DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: JBR CUSTOM HOMES INC	Applicant: MICHAEL ATHANAS & ASSO
Address: PO BOX 5289 MOORESVILLE, NC 28117	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD- FAST TRACK	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.300	35.00	35.00	15.00	15.00	CACL	X

Remarks:

$ PAID

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.

See Attached

Applicant: _____ Date: _____

Permit Number	78446	TOTAL FEES:	$ 77.25