IREDELL COUNTY HEALTH DEPARTMENT

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

1:00. BB

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

PERMIT # 225214

PIN # 4649226681

APPLICANT: Parkertown Holdings LLC. APPLICANT ADDRESS: P.O. Box 3608 Mooresville, NC 28117

SITE ADDRESS: 390 Parkertown Rd. Troutman, NC PHONE: 704-799-9990 ALT. PHONE:

SITE DIRECTIONS: Rt 115 N from Mooresville → L on Parkertown Rd → Lot on Right

SUBDIVISION: Parkertown SECTION: 1 LOT # 7 LOT AREA: 1.656 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

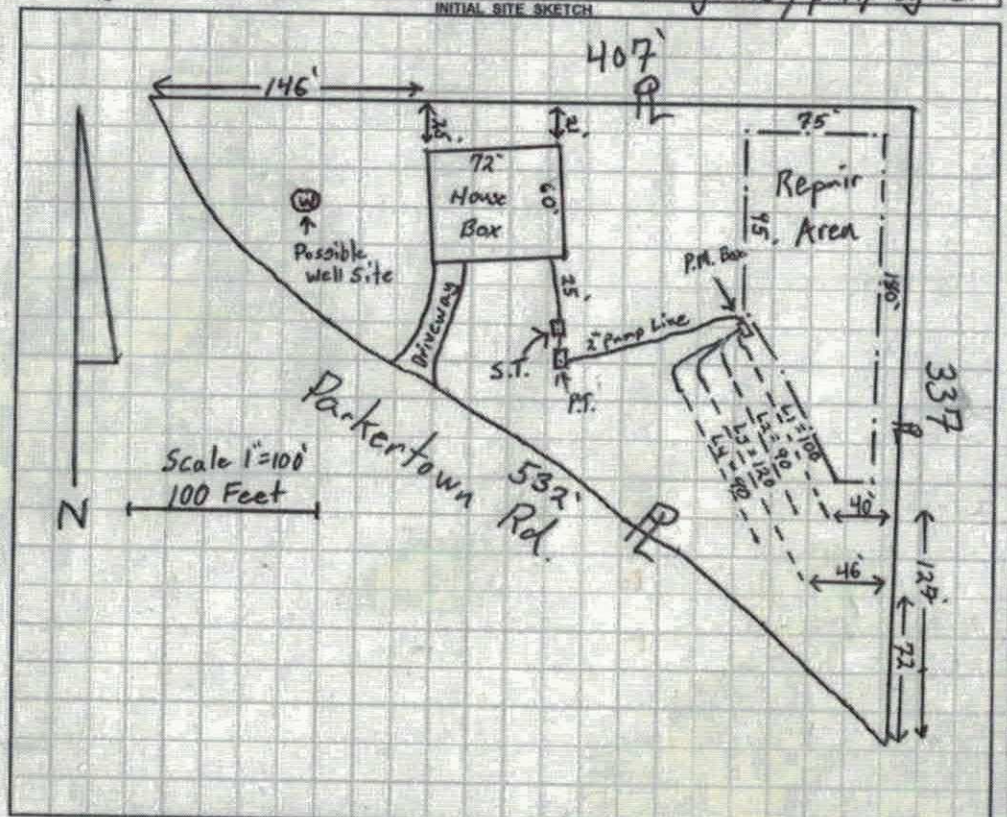
Septic Tank	1000 (gal)	STB	794	Date	10/13/17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		
Pump Tank	1000 (gal)	PT	298	Date	See attached	System Description:	25% Reduction- Pressure Manifold				
Pump Make	Champion	Model	1/2 HD	Serial #		Repair System Description:	25% Reduction (0.25 LTAR)				
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO			
Trench Width	36"	Trench Bottom Depth	31" Low side	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE			

☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Pressure Manifold TAP Design: L_1, L_2 and L_4 shall utilize 1½" SCH 80 TAPS and L_3 shall utilize a 1½" SCH 40 TAP delivering @ 23.55 GPM for the 4 total taps. Recommend setting floats to dose field no more than 260 gallons / pump cycle.

7/26/2017: Though it appears only a 3-Bedroom house is being constructed (see floorplans approved 7/26/2017), the entire system must be installed as designed. Any deviation in system design must first receive written approval from ICHD.

INITIAL SITE SKETCH



AS BUILT SKETCH

1½ 40 sch 40 7-11 Drawn dimensions Line lengths 100 ft - Taps 1½ sch 40 Taps Tanks Drainfield Checked

↳ pump tank needs date

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.

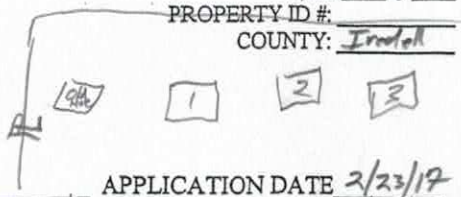
Owner / Applicant Signature: Date: 4-11-17 Installed by: Bass Construction Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 4-10-2017 OPERATION PERMIT by: Maria Dotson Date: 1/12/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/26/2017 Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell



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

OWNER: Parkertown Holdings LLC
ADDRESS: P.O. Box 3608 Mooresville, NC
PROPOSED FACILITY: 4BR House PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Lot 7 390 Parkertown Rd. Troutman

APPLICATION DATE 2/23/17
DATE EVALUATED: 3/21/17
PROPERTY SIZE: 1.656 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	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	Repair Corner LSS 12%	0-3	Clay Loam V.W. SBK	SL Firm, SS, SP, Scrp	—	67"	—	—	0.25 PS
		3-32	Clay W→M SBK/ABK	SL Firm, SS, SP, Scrp					
		32-67	Clay + Manganese V.W. SBK/ABK	Firm, SS, SP, Scrp					
2	Primary LSS 14%	0-6	SCL Clay Loam V.W. SBK	SL Firm, SS, SP, Scrp	—	38" 51→58"	—	—	0.30 PS
		6-30	Clay W. SBK	SL Firm, SS, SP, Scrp					
		30-58	Clay Loam V.W. SBK + Alum Stain	Very Friable, SS, SP, Scrp					
			Saprolite Loamy SAP MA Band 38-51"						
3	Primary LSS 14%	0-3	SCL V.W. SBK	SL Firm, SS, SP, Scrp	—	45	—	—	0.30 PS
		3-30	Clay W→M SBK/ABK	SL Firm, SS, SP, Scrp					
		30-45	Clay Loam W. SBK some saprolite	Friable, SS, SP, Scrp					
		45-70	MA Loamy saprolite	Very Friable + Well Drained					
			some Manganese Accumulations 45-52"						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	400+
System Type(s)	25%	25%
Site LTAR	0.30	0.250

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Parkertown Holdings LLC
ADDRESS: 390 Parkertown Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE:
APPLICATION DATE 2/23/17
DATE EVALUATED: 3/7/17
PROPERTY SIZE:
PROPERTY RECORDED:

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

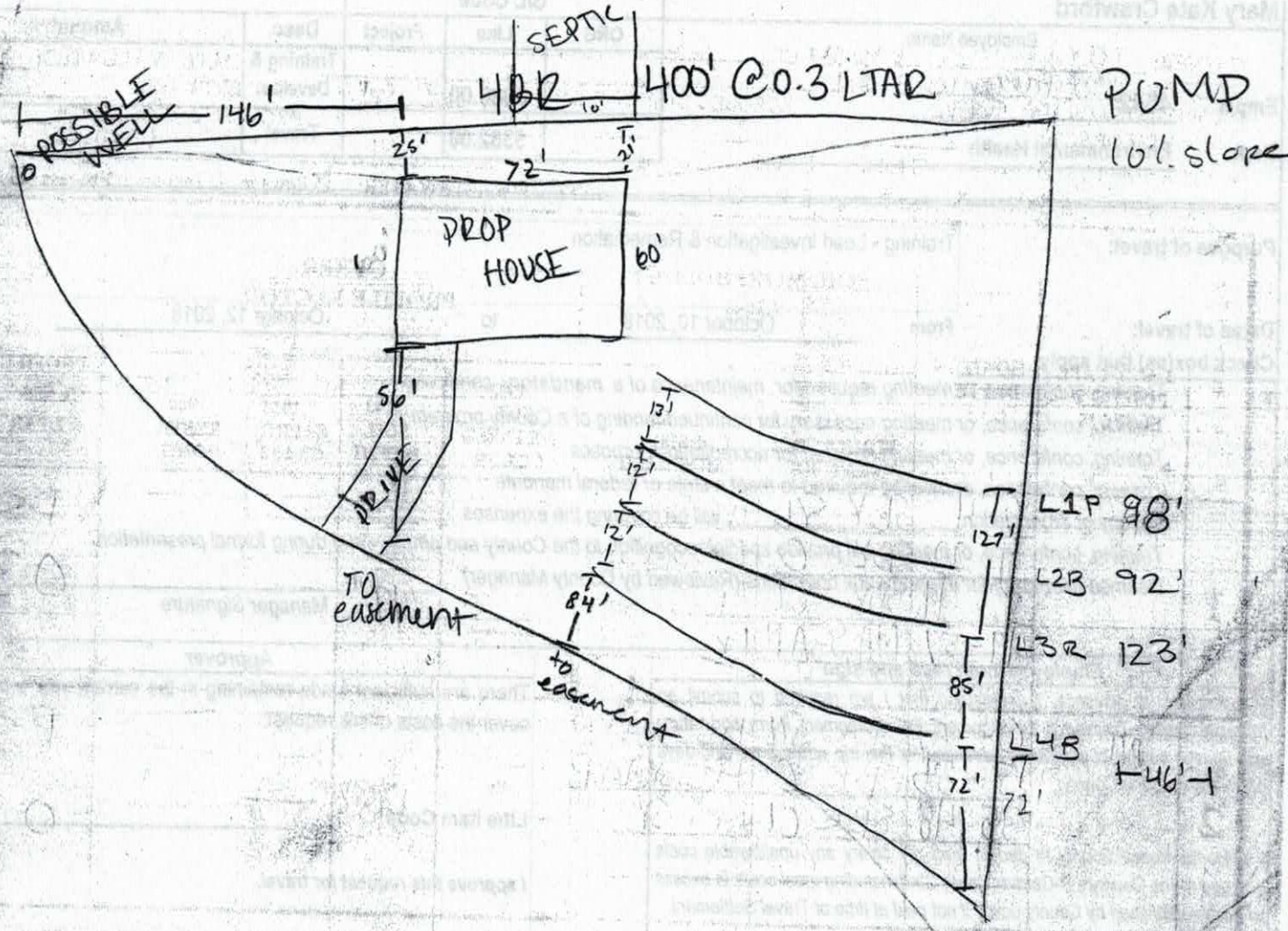
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	PIT	0-4	SBK SCL	FrSSSPSEXP	—	49"	—	—	PS
		4-22	SBK C	FrSSSPSEXP	—		—	—	0.3
		22-49	SBK CL	FrSSSPSEXP	—		—	—	
		49-57	MASSAP	Fr	—			—	
2	PIT	0-5	SBK SCL	FrSSSPSEXP	—	48"	—	—	PS
		5-35	SBK C	FrSSSPSEXP	—		—	—	0.3
		35-48	SBK CL	FrSSSPSEXP	—		—	—	
3	PIT	0-2	SBK SCL	FrSSSPSEXP	—	48"	—	—	PS
		2-25	SBK C	FrSSSPSEXP	—		—	—	0.3
		25-48	SBK CL	FrSSSPSEXP	—		F→C	—	
4	PIT	0-4	SBK SCL	FrSSSPSEXP	—	45" mang. ind.	F→C ind	—	PS
		4-29	SBK C	FrSSSPSEXP	—			—	0.3
		29-45	SBK CL	FrSSSPSEXP	—			—	
		45-60	MASSAP	Fr	—			—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)	25% red	25% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Grace Herbert
OTHER(S) PRESENT:

COMMENTS:

(A) Form TRA101 must be attached to the form



DELLINGER PRECAST

To Whom It May Concern:

Dellinger Precast Inc hereby declares that the 1,000 gallon septic tank sold to Bass Grading with the following address 390 Parker Town Rd Troutman, North Carolina 28166 was at the least 28 days past.

If you have any further concerns, please feel free to contact me at any point.

Thank you,

Jeff Flowers

Dellinger Precast

Quality Control Manager

704-483-2868 O

704-200-0890 M

jeff@dellingerprecast.com

RECEIVED JUL 2 0 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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)

1. APPLICATION FOR: ___Improvement Permit __X__ **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

****

2. 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 check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Nest Homes LLC	PO Box 3965 Mooresville, NC 28117	704-208-4251	980-500-1226
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Parkertown Holding LLC	PO Box 3608 Mooresville, NC 28117	704-799-9770	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
390 Parkertown Rd	Parkertown	7

Driving Directions: Rt 115 N from mvsl L on Parkertown Rd lot on Right

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(x) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (x) Other _____

8. Please Answer The Following ( ) Yes (x) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (x) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Laketa Davis — 7/12/17

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, Eric Wood, am the legal owner(s) of the property located at 390 Parkertown Rd Troutman, NC, identified as PIN (Parcel Identification Number) 4649822681, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Laketa Davis, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	7/12/2017	Laketa Davis	7/12/17

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

RECEIVED FEB 2 4 2017 Pd $700.00

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $500.00 2-25-17 mds #225214 4-11-17

Application For:

- [✓] Septic Improvement Permit
- [ ] New Well Permit
- [ ] Authorization to Construct
- [ ] Well Repair Permit
- [ ] Existing System Inspection
- [ ] Well Abandonment
- [ ] 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:
Place an (X) beside whichever is submitted if applicable

- [ ] Survey Plat, scaled no more than 1 inch = 60 feet
- [✓] Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Parkertown Holdings, LLC **Address:** PO Box 3608 Mooresville, NC 28117 **Phone:** 704.799.9770

Owner Name: same as above **Address:** _____ **Phone:** _____

Property Information:

Street Address: 390 Parkertown Road

Subdivision Name: Parkertown Subdivision **Section/Phase:** 1 **Lot Number:** 7

Driving Directions: Highway 21 north, TL Parkertown Road, lot on right before creek.

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

- [✓] New Single Family Residence
- ( ) New Multi-Family Residence
- ( ) Accessory Building
- [ ] Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8

- [ ] Swimming Pool
- [ ] Other Addition/Structure: _____

- [✓] Crawl Space Foundation
- [ ] Concrete Slab Foundation
- [ ] Basement with Plumbing
- ( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

- [✓] 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:** _____

- [2] No Preference
- ( ) Alternative
- ( ) Conventional
- ( ) Innovative
- ( ) Modified Conventional
- ( ) Other: 252

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: _____ 2.23.17

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, Parkertown Holdings, LLC (Eric Wood), am the legal owner(s) of the property located at Lot 1-7 Parkertown Subdivision, identified as PIN (Parcel Identification Number) portion of parcel 4649813858, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Paul Penninger, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]		[signature]	2-23-2017

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:*

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...**

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

____ **Front and side setbacks from property line...**

____ **Area you prefer your septic system to be placed...**

____ **Preferred driveway location and configuration, preferred well location...**

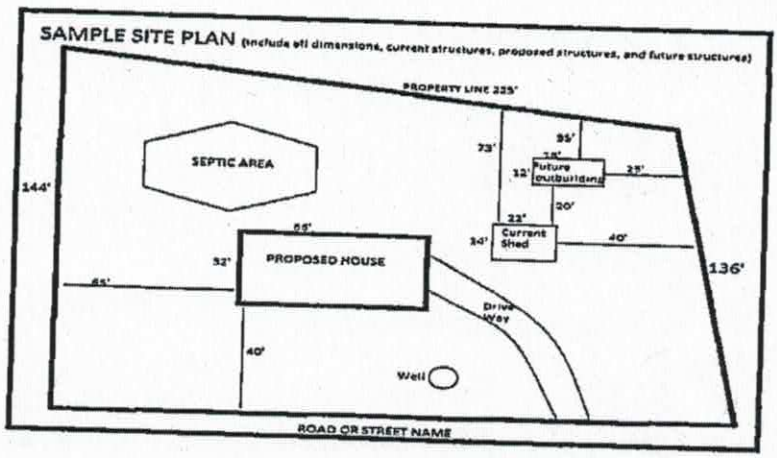
____ **North arrow, or other sufficient indicator of direction...**

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

SEE attach 1"=60' site plan

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

2-23-17

DATE

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

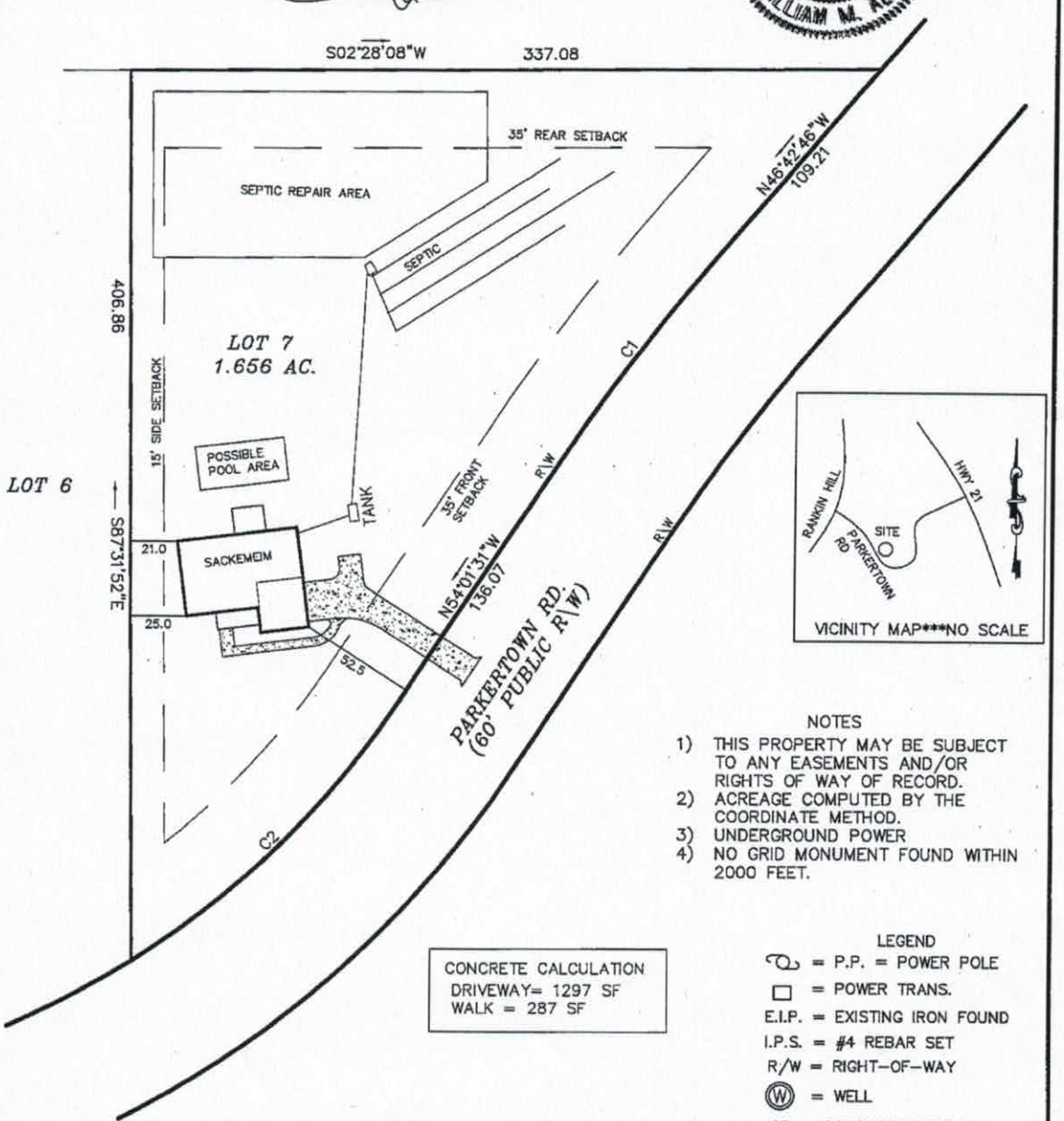
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book 66, page 41, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 29, day of JUNE, A.D. 20 17.

WILLIAM M. ALLEN

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	930.00'	118.69'	N 50°22'09" W	118.61'
C2	395.00'	167.55'	S 41°52'24" E	166.30'

PB66 PG41



NOTES
1) THIS PROPERTY MAY BE SUBJECT 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 WITHIN 2000 FEET.

CONCRETE CALCULATION
DRIVEWAY= 1297 SF
WALK = 287 SF

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

0' 30' 60' 100'
SCALE IN FEET

PLOT PLAN SURVEY
OF
LOT 7 PARKERTOWN SUBDIVISION
DAVIDSON TWSP., IREDELL CO., N.C.

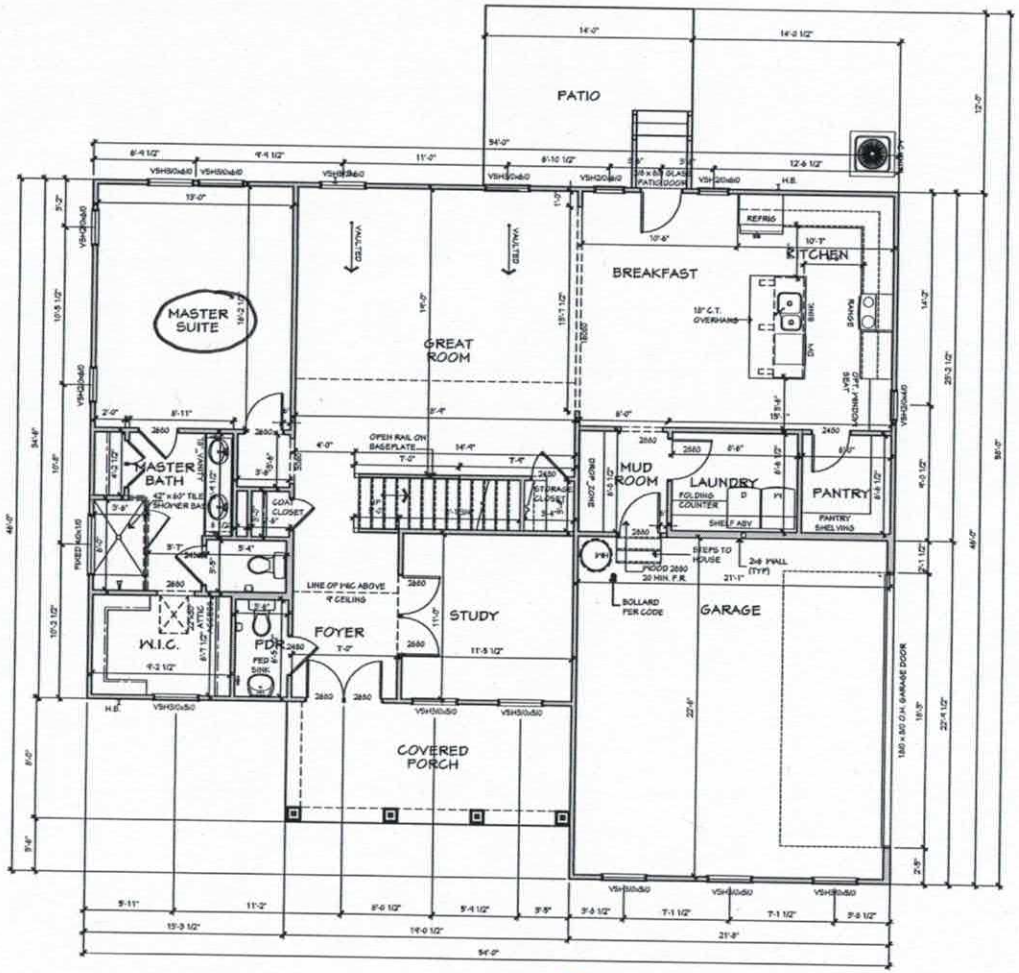
SCALE 1" = 60'
ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: PARKERTOWN 7
DC FILE:
TAX MAP NO:

Acknowledgement of Plans Submittal ONLY!

Tom Shuck Date 7/26/2017

Date



FIRST FLOOR PLAN - CLASSICAL

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

9'-1 1/8" WALL HEIGHT

WINDOW HEADER @ 6'-8" A.F.F.

WALL STUD REQUIREMENTS	
EXT. WALL HEIGHT (h)	STUD SIZE AND SPACING
h < 10'-0"	2x4 @ 16" O.C.
10'-0" < h <11'-0"	2x4 @ 12" O.C.
11'-0" < h < 15'-0"	2x6 @ 16" O.C.
h > 15'-0"	CONSULT ENGINEER

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) 1 3/4" X 9 1/4" LVL	HUS 410
(2) 1 3/4" X 11 1/4" LVL	HUS 412
(2) 1 3/4" 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 (3½" 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 10d(r 3"),"HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 1½" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
9. STEEL BEAMS MUST HAVE (3)-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 EQUIV. 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 3" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6(½" 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 "#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 6'-6" ..... 2 JACK, 3 KINGS
SPANS >6'-6" ..... SEE PLAN

NEST HOMES
4745 Piedmont Row Drive, Suite 7
Charlotte, NC 28210
PH: 704-364-4141
www.nesthomes.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
704-335-7208

Stamp/seal

Project name/owner: SACKENHEIM CUSTOM ELEVATION

PARKERTOWN ROAD

OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

(c) 2017 copyright notice Nest Homes, Inc. All rights reserved. These plans are the property of Nest Homes. Any use, reproduction, licensing, or distribution of these drawings is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or divulged, in whole or in part, without written authorization from Nest Homes.

Date: July 10, 2017

Drawn by: MWH

Reviewed by: CAD

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

Project/plan code: XX.XX.XXXX

Drawing set: FOR CONSTRUCTION

Sheet title/description: FIRST FLOOR PLAN

Sheet no.: A3.0

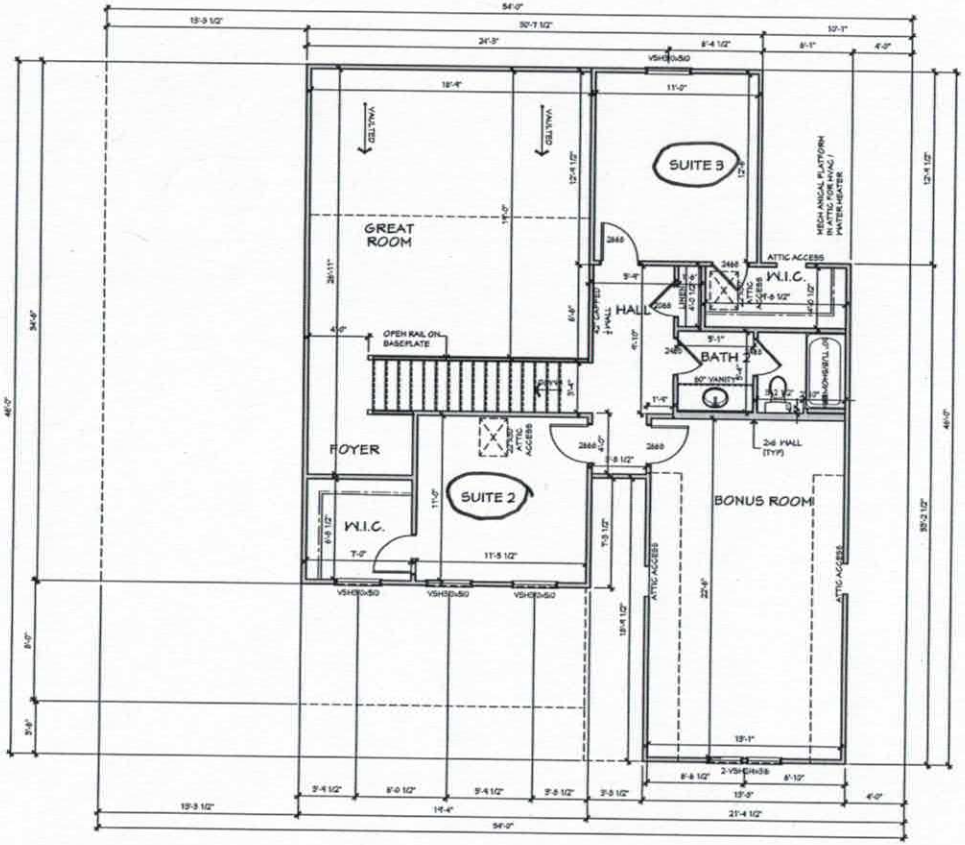
Master plan version: v1.0

C:\Users\mwhamond\Dropbox (Nest Homes)\NEST HOMES - HOME\BUILDING\ARCHITECTURAL SERVICES\2_PRODUCTION\SACKENHEIM RESIDENCE\SACKENHEIM RESIDENCE.dwg Plot Date: Monday, July 10, 2017 9:20:50 PM Plot Scale: 1'1"=1" • 1/8"=1'-0" 22"x36" • 1/4"=1'-0" Plotted By:mwhamond

Acknowledgement of Plans Submittal ONLY!

Tom Shuck Date

Date 7/26/2017



SECOND FLOOR PLAN - CLASSICAL

SCALE: 1/4" = 1'-0"
9'-1 1/2" 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 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. "T.T.R" INDICATES "TIE (CEILING JOIST) 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 (3"x 0.162") OR 16d x 3½" (3½"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 1½" 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 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.
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 6'-0" ..... 1 JACK, 2 KINGS
SPANS >6'-0" TO 8'-0" ..... 2 JACK, 3 KINGS
SPANS >8'-0" ..... SEE PLAN
11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

NEST HOMES
3716 Rocketry Dr Suite 7
Monroe, NC 28110
PH: 704-904-7553
www.nesthomes.com

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J H PEASE PLACE
STE4
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORP. LIC.# C-3118
704-335-7260

Stamp/seal

Project name/owner
SACKENHEIM
CUSTOM ELEVATION

PARKERTOWN ROAD

OWNER NAME/TITLE
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000-000-0000

(c) 2017 copyright notice Nest Homes, Inc. All rights reserved. These plans are the property of Nest Homes. Any use, reproduction, licensing, or distribution of these drawings is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or divulged, in whole or in part, without written authorization from Nest Homes.

Date: July 10, 2017

Drawn by: MWH

Reviewed by: CAD

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

Project/plan code: XX.XX.XXXX

Drawing set: FOR CONSTRUCTION

Sheet title/description: SECOND FLOOR PLAN CLASSICAL ELEVATION

Sheet no.: A4.0

Master plan version: v1.0

C:\Users\mmoon\Dropbox (Nest Homes)\NEST HOMES - HOME\BUILDING\ARCHITECTURAL SERVICES\Q_PRODUCTION\SACKENHEIM RESIDENCE\SACKENHEIM RESIDENCE.dwg Plot Date: Monday, July 10, 2017 2:20:39 PM Plot Scale: 1'1"x1'1" = 1'0" 22"x36" = 1/4"=1'-0" Plotted by:mmoon

IREDELL COUNTY

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

APPLICATION NUMBER
225214
Issue Date: 02/23/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649813858.000	390 PARKERTOWN ROAD, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PARKERTOWN HOLDINGS LLC	Applicant: PARKERTOWN HOLDINGS LL
Address: PO BOX 3608 MOORESVILLE, NC 28117	Address: PO BOX 3608 MOORESVILLE, NC 28117
Phone: - -	Phone: - -

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
208.400	35.00	35.00	15.00	15.00	CACL	X

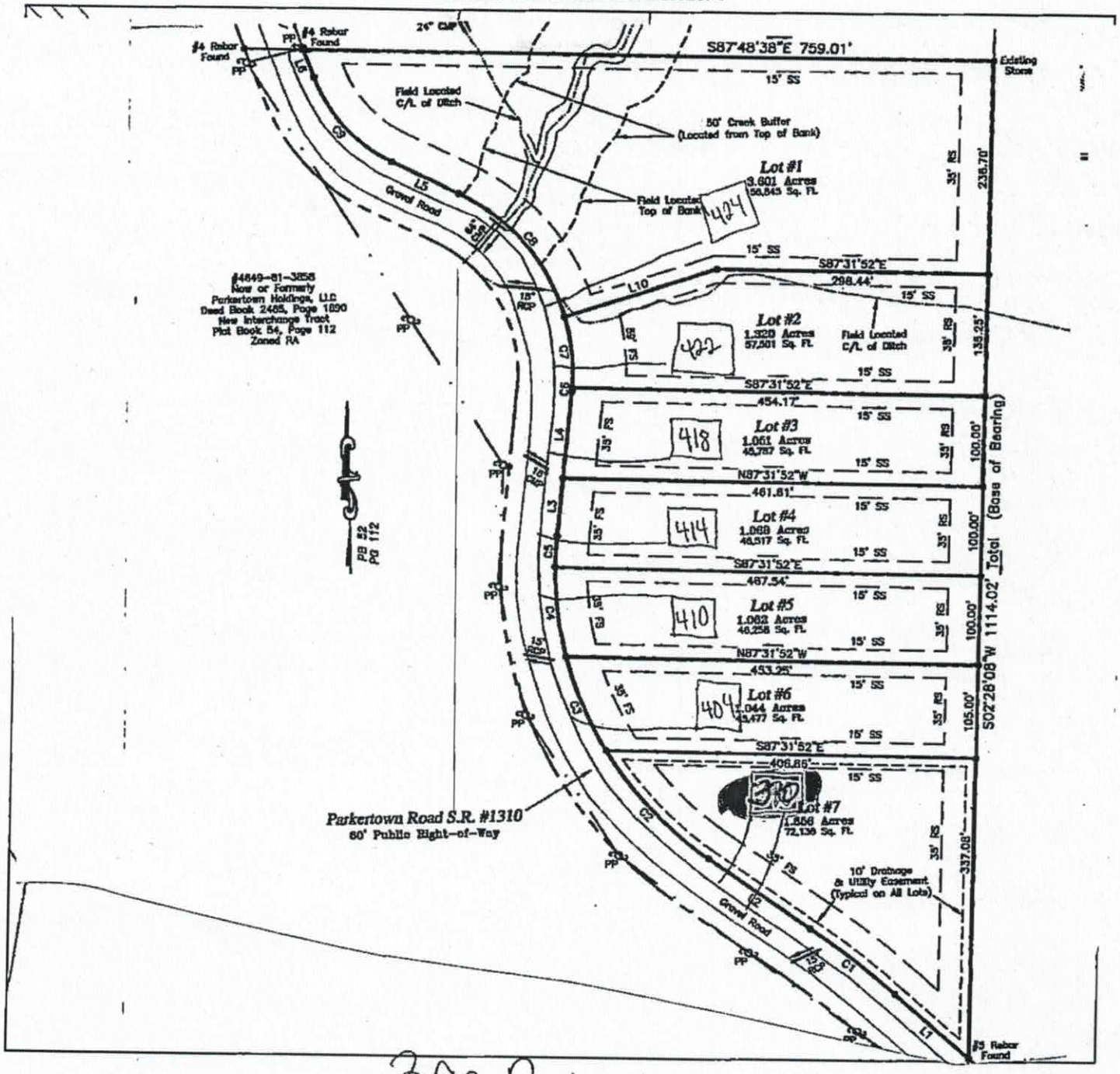
Remarks:

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	94432	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 390 Parkertown

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

Date