IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-6305 Mooresville Office (704) 660-3625 PERMIT # 225216

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

PIN # 4649-82-2829

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

SITE ADDRESS: 410 Packertown Road, Troutman, NC PHONE: 704-799-9240 ALT. PHONE:

SITE DIRECTIONS: Rt 21 N from Mooresville → L on Packertown Rd → Lot on Right

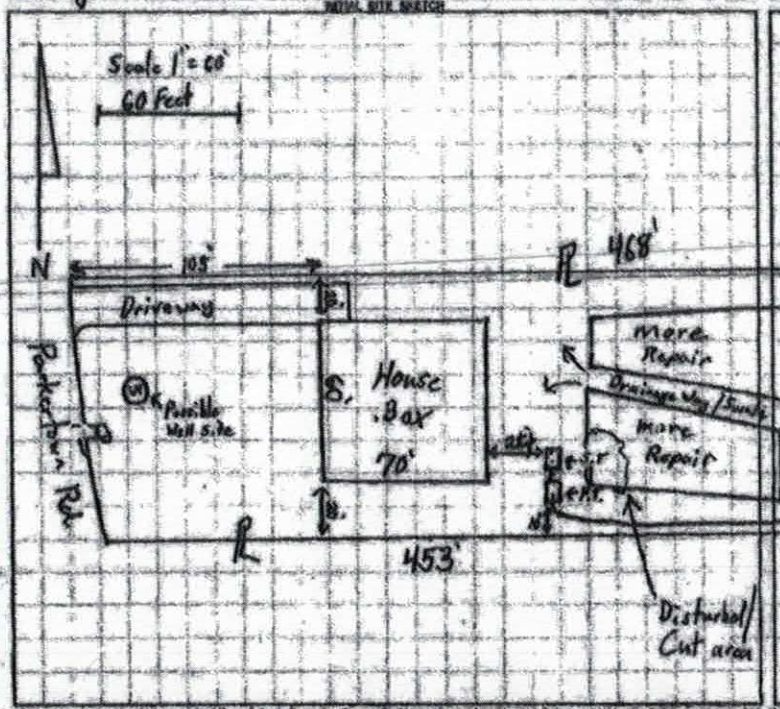
SUBDIVISION: Packertown SECTION: 1 LOT # 5 LOT AREA: 1.062 DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	SIB	7.14	Date	4-13-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	27	Date	4-19-19	System Description: PM 25% Reduction		☐ Business	No. Persons	8	☒ Private
Pump Make	LIBERTY	Model	254HDV	Serial #	—	Repair System Description: 25% Reduction		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft.	400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Avg. Trench Bottom Depth	30" (low side)	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

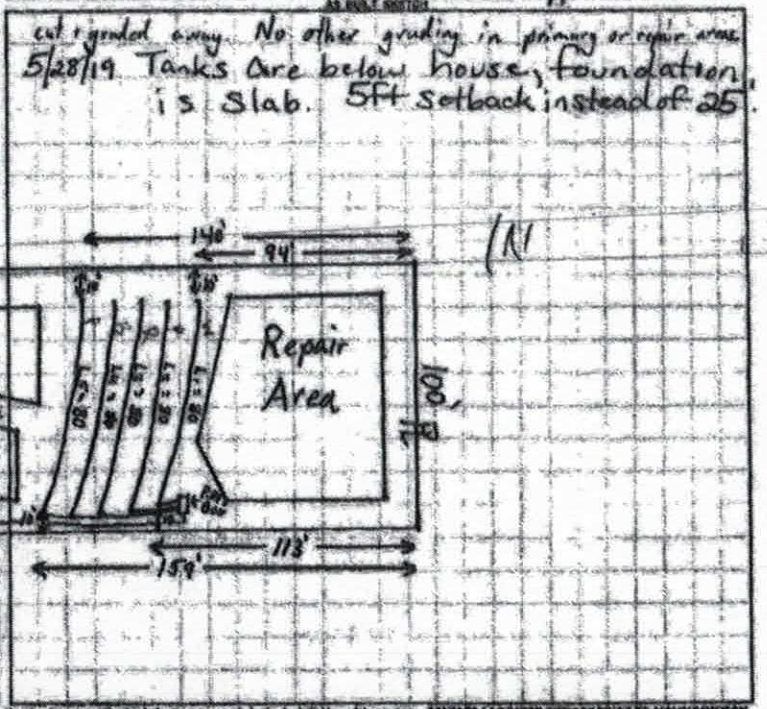
Comments / Conditions: PM Design 5 x 1½" SCH 80 TAPS delivering 27.4 Gallons Per Minute. Recommend setting floats to dose 280 gallons/pumping event. Recommend pumping septic tank every 3-5 years.

Should an ejector pump be needed, a 2nd trash trash of equal size shall be required. If the tanks must be moved to the front yard, another permit authorizing the relocation would be required. 2-11-19: A 30' section of the repair area appears to be cut + graded away. No other grading in primary or repair area. 5/28/19 Tanks are below house, foundation is Slab. 5ft setback instead of 25'.

INITIAL SITE SKETCH



AS BUILT SKETCH



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 plot 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 mos.

Owner / Applicant Signature: [signature] Date: 4-11-19 Installed by: R&H OF LAKE NORMAN

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/7/19 OPERATION PERMIT by: Bonnie L. White Date: 6-26-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/11/19 Existing System Inspected by: Date:

Health Dept. Copy - WHITE

	Date	Initials
Drain Lines Checked	5-30	BCW
Tanks Checked	5-30	BCW
Pressure Manifold or Valve Box Checked	6-26	BCW
Pressure Head Set	6-26	BCW
Electrical Checked	6-26	BCW
Floats Set	6-26	BCW
Alarm Checked	6-26	BCW
Maintenance Contract Y (N)	5-30	BCW

(BB)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225216

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

PIN # 4649-82-2827

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

SITE ADDRESS: 410 Parkertown Road Troutman, NC PHONE: 704-799-9770 ALT. PHONE:

SITE DIRECTIONS: Rt 21 N from Mooresville → L on Parkertown Rd → Lot on Right

SUBDIVISION: Parkertown SECTION: 1 LOT # 5 LOT AREA: 1.062 DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 400
Trench Width 36" Min. Trench Bottom Depth 30" [low side] Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

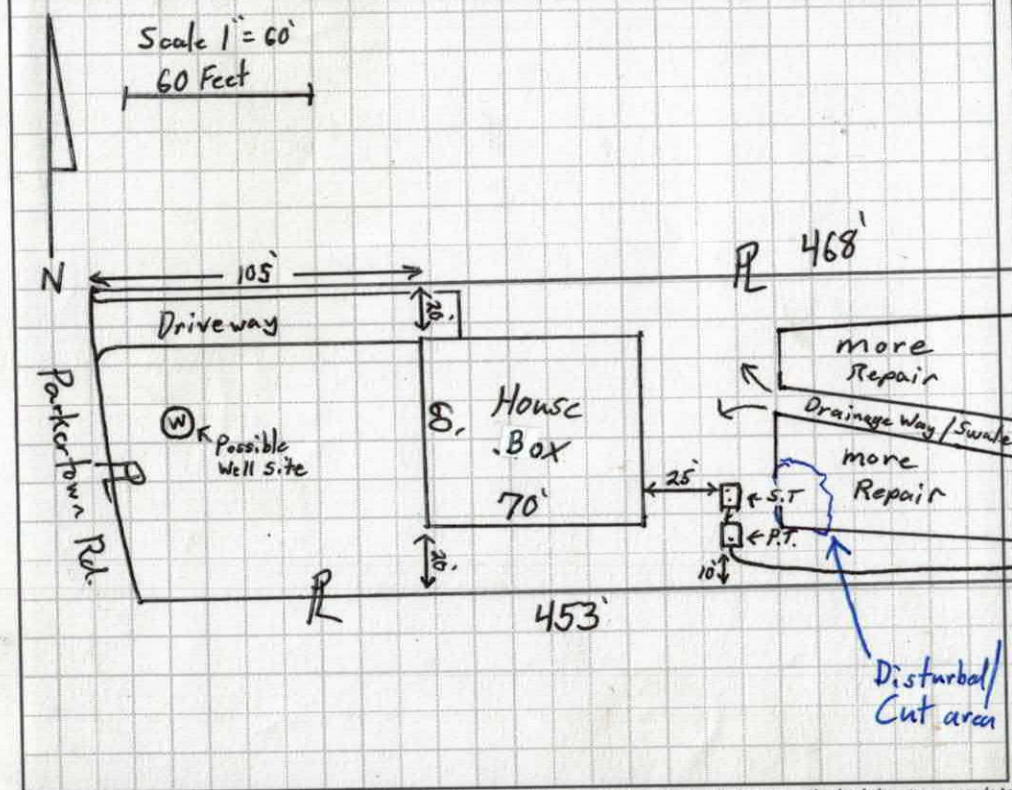
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing
No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

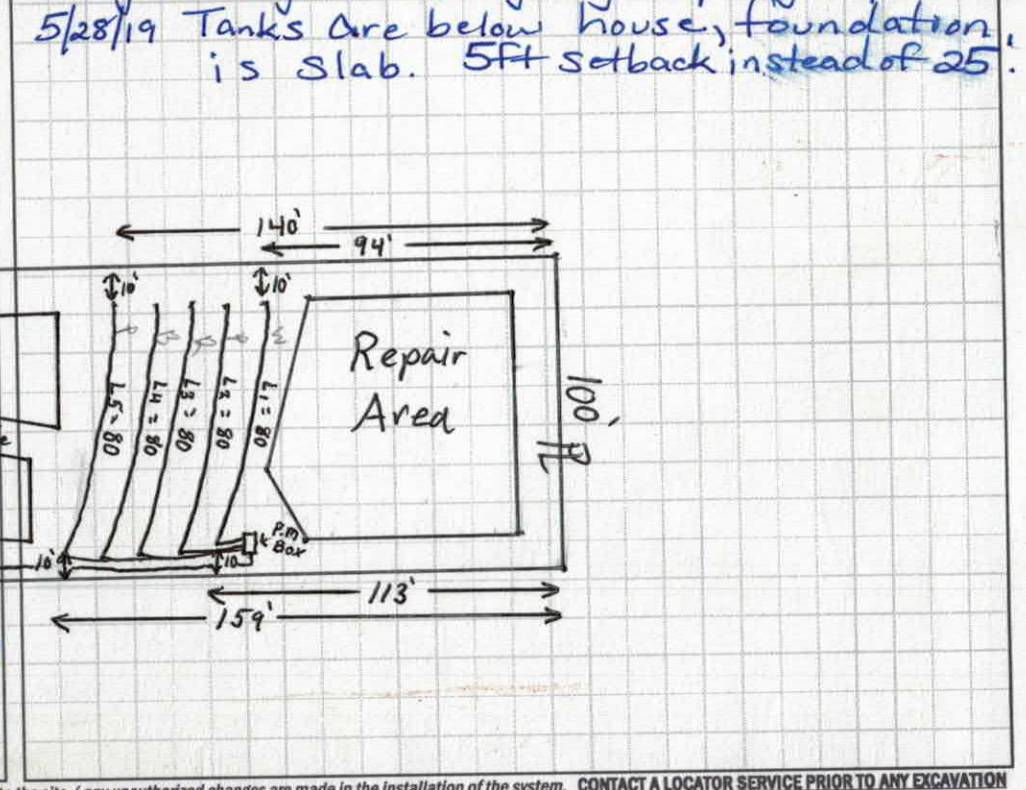
Comments / Conditions: PM Design 5 x 1/2" SCH 80 TAPS delivering 27.4 Gallons Per Minute. Recommend setting floats to close 280 gallons/pumping event. Recommend pumping septic tank every 3-5 years.

Should an ejector pump be needed, a 2nd trash tank of equal size shall be required. If the tanks must be moved to the front yard, another permit authorizing the relocation would be required.
2-11-19: A ~30' section of the repair area appears to be cut + graded away. No other grading in primary or repair areas.
5/28/19 Tanks are below house, foundation is slab. 5ft setback instead of 25'.

INITIAL SITE SKETCH



AS BUILT SKETCH



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**

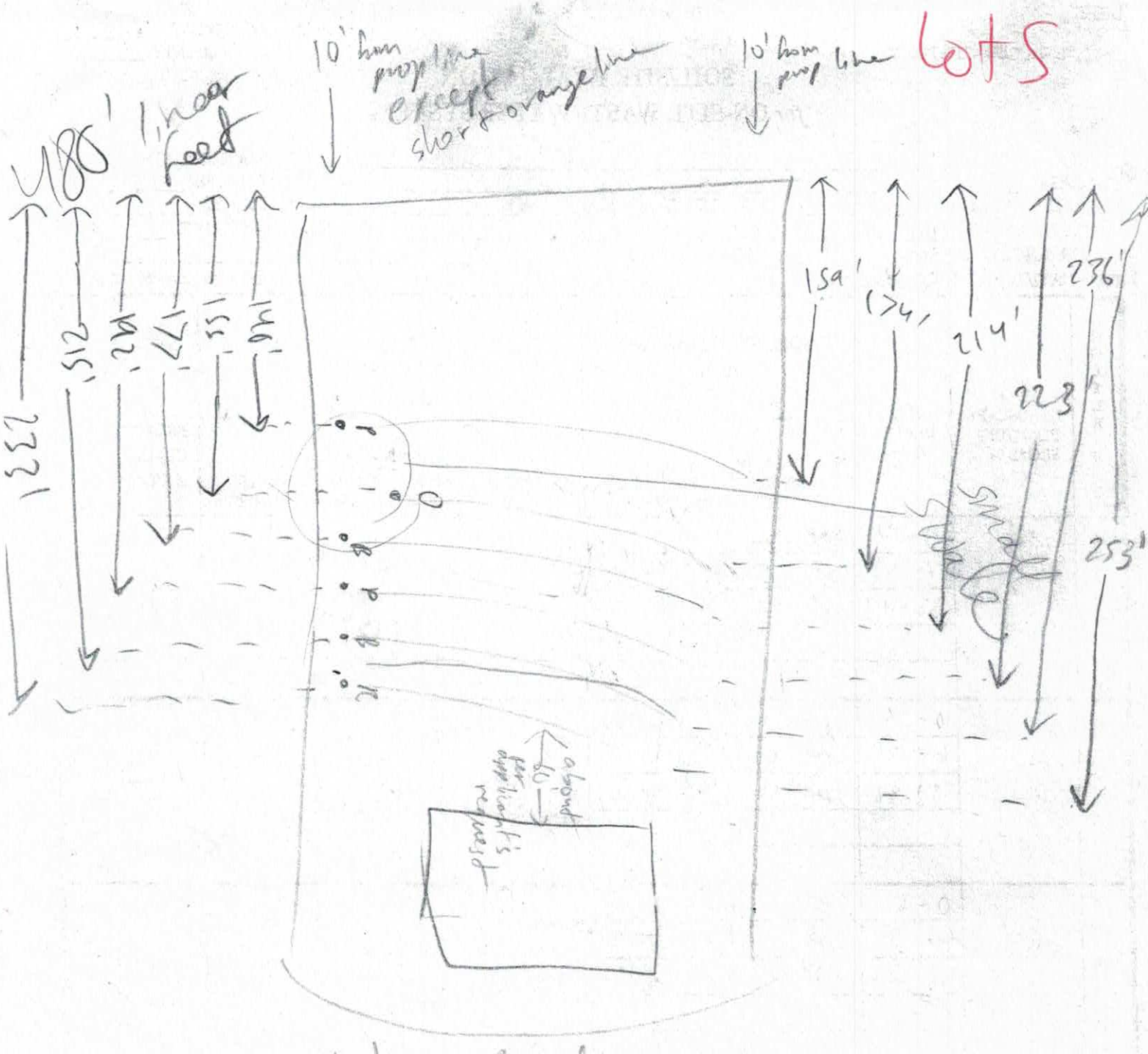
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

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

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/7/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/11/19 Existing System Inspected by: Date:

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



P	O	B	P	B	R
4'0.2"	4'9.5"	5'5.5"	6'3.8"	5'4.4"	6'9.3"
83'	58'	85'	84'	85'	85'

* = lake mowed once

** = twice

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

Lot 5

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Parkertown Holdings, LLC — APPLICATION DATE: 2/23/17
ADDRESS: PO Box 3603 Mooresville NC 28117 — DATE EVALUATED: 3/25/2017
PROPOSED FACILITY: 4BR House — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 1.062
LOCATION OF SITE: 410 Parkertown — 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	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		0-7	SBK SCL	FR SS SP Sexp	—	60	—	—	0.3
		7-39	MABK C	FR SS SP Sexp					
		39-60	SBK CL	FR SS SP Sexp					
2		0-11	SCL	FR SS SP Sexp	—	60	abundant sap @ 55"	—	0.3
		11-44	MABK C	FR SS SP Sexp					
		44-60	CL	FR SS SP Sexp					
3		0-10	SCL	FR SS SP Sexp	—	60"	abundant sap @ 50"	—	0.3
		10-45	MABK C	FR SS SP Sexp					
		45-60	CL	FR SS SP Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 lin feet	400 lin feet
System Type(s)	25% reduction pump	25% reduction pump
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): LS
EVALUATED BY: Mohamed Rumaich
OTHER(S) PRESENT: ____

COMMENTS: There were only 3 pits.

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

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

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

OWNER: Parkertown Holdings LLC — APPLICATION DATE 2/23/17
ADDRESS: P.O. Box 3608 Mooresville, NC — DATE EVALUATED: 3/21/17
PROPOSED FACILITY: 4 BR House — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 1.062
LOCATION OF SITE: Lot 5 410 Parkertown Rd, Troutman — 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	13% LSS Primary-S	0-5	SCL V.W.SBK	SL Firm, SS, Sp, Sexp	–	61	–	–	0.3 AS
		5-19	Clay W.SBK/ABK	SL Firm, SS, Sp, Sexp					
		19-36	Clay M-S SBK/ABK	SL Firm, SS, Sp, Sexp					
		36-61	Clay Loam W.SBK	Friable, SS, Sp, Sexp					
2	14% LSS Primary-N	0-21	SCL V.W-SBK	SL, Friable, SS, Sp, Sexp	–	64	–	–	0.3 PS
		21-42	Clay M.SBK	SL Firm, SS, Sp, Sexp					
		42-64	Clay Loam W.SBK some Sap	Friable, SS, Sp, Sexp					
3	14% LSS Repair Upper South	0-10	SCL V.W.SBK	SL, Friable, SS, Sp, Sexp	–	62	–	–	0.375 PS
		10-27	Clay M.SBK	SL Firm, SS, Sp, Sexp					
		27-62	Clay Loam W.SBK + Abundant	Friable, SS, Sp, Sexp					
			Saprolite						
4									

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

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

RECEIVED FEB 24th 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $500.00 2/24/17 Pd $700.00 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 #225216

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: 410 Parkertown Road

Subdivision Name: Parkertown Subdivision **Section/Phase:** 1 **Lot Number:** 5

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:** _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: 256

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**

AC 2/4/19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

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

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

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

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

Property Information:

Street Address: 410 Parkertown Road, Troutman, NC 28166

Subdivision Name: Parkertown **Section/Phase:** **Lot Number:** 5

Driving Directions: Route 21 N from Mooresville, Left on Parkertown Road, lot on right

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) 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: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

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

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Jenna DuBois 2/4/19
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.

E M [illegible] _____ Bunde Fineburg 2-23-2017

Signature of Owner(s) Date Signature of Witness 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 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***)** Jenna DuBois

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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

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

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

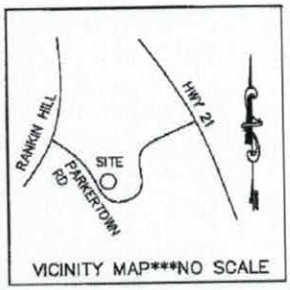
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2545, page 2096, and/or plat book 66, page 41, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

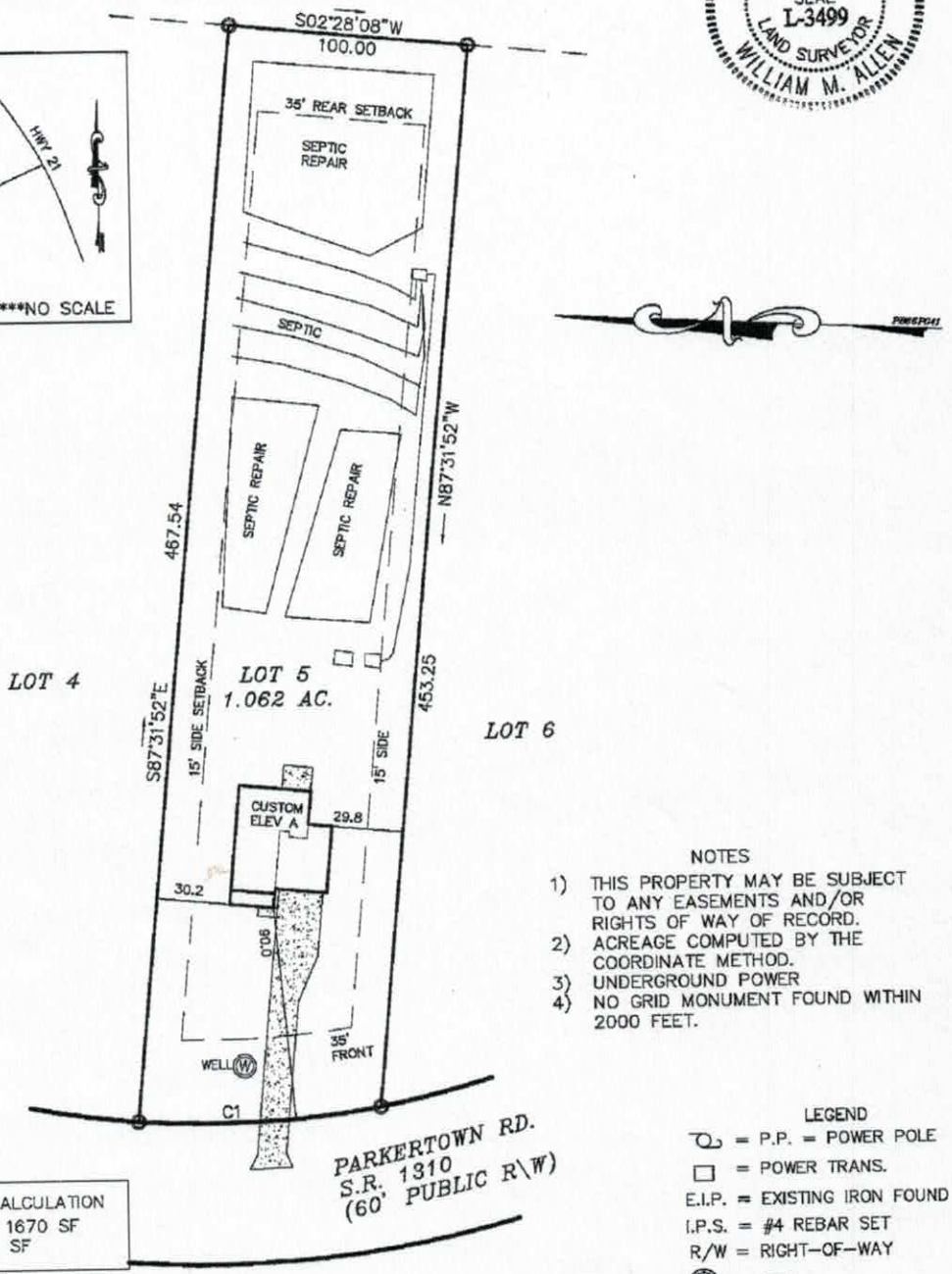
my hand and seal on the 1, day of FEB.,
A.D. 20 19.

WILLIAM M. ALLEN

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	395.00'	101.29'	S 05°39'49" E	101.02'





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.

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

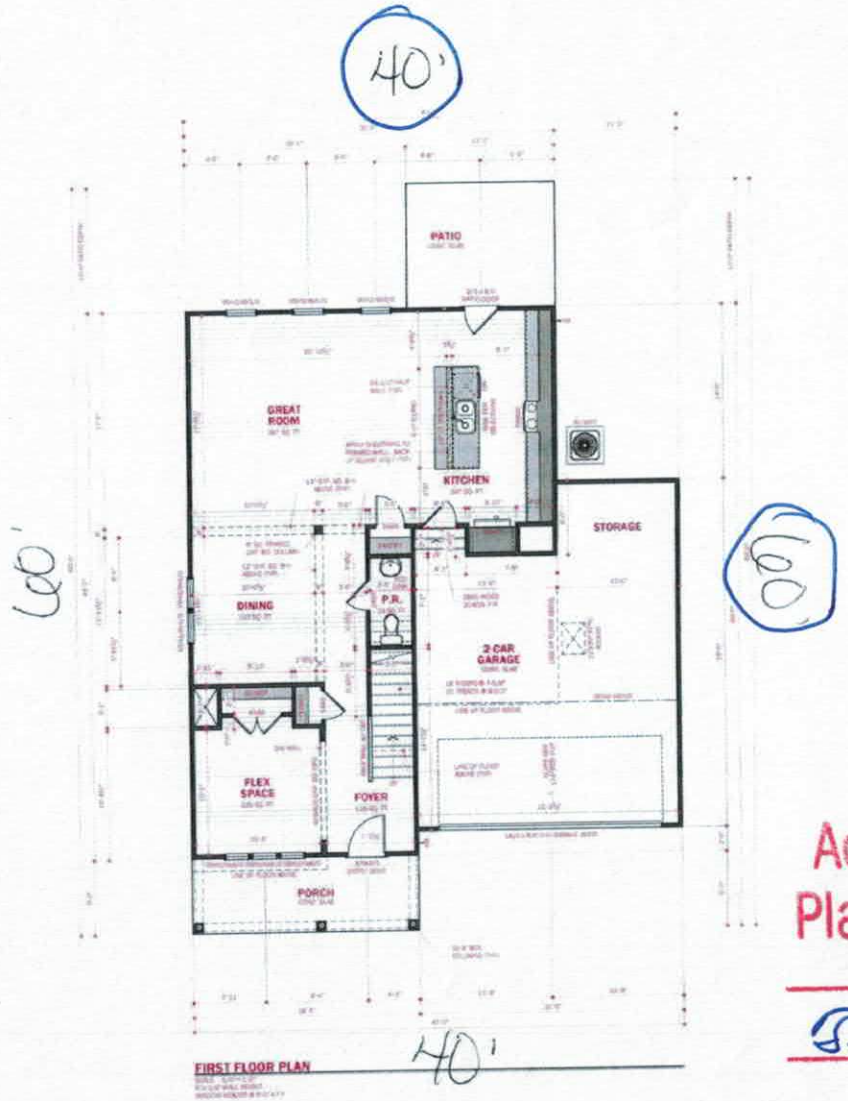
CONCRETE CALCULATION
DRIVEWAY= 1670 SF
WALK = 32 SF

0' 30' 60' 100'
SCALE IN FEET

PLOT PLAN SURVEY
OF
410 PARKERTOWN RD.
LOT 5 PARKERTOWN SUBD.
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 60'
ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: PARKERTOWN 5
DC FILE:
TAX MAP NO: 4649822827



WALL STUD REQUIREMENTS	
EST. WALL HEIGHT (ft)	STUD SIZE AND SPACING

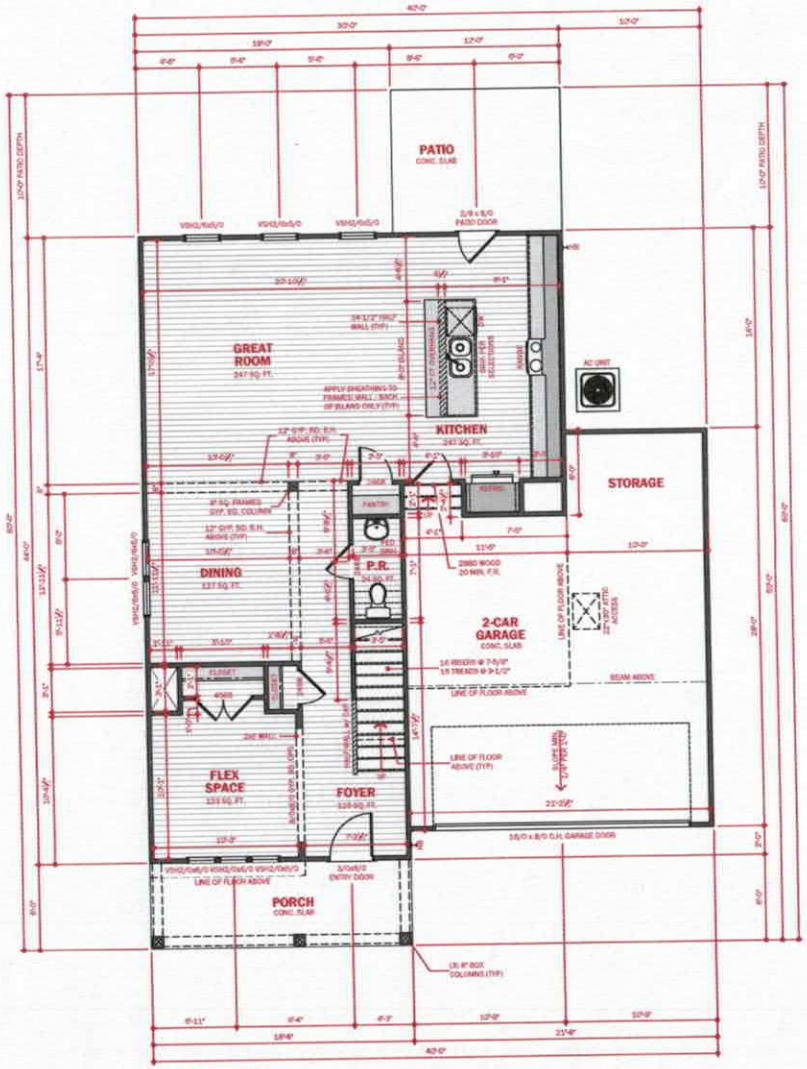
I-JOIST NOTES

Acknowledgement Of
Plans Submittal ONLY!

Date 2/11/19

Tom Shuck Date 2/11/19

A3.0



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
9'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 6'-0" A.F.F.

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

I-JOIST NOTES

FRAMING CONSTRUCTION NOTES:

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

1. 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 SYP#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 210-3
(2) 1¾" X 9¼" LVL	HUS 410
(3) 1¾" X 11¼" LVL	HUS 412
(2) 1¾" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

8. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 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 10d6 "IF" "HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY ¾" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
9. STEEL BEAMS MUST HAVE (5)-2X4 OR (4)-2X6 STUDS UNDER EACH END SUPPORT UNLESS NOTED OTHERWISE.
10. "LVL" AND GLULAM 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 (SB.) 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 "BLK" IS INDICATED ON THE PLAN.
12. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 5½" 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"X3.5") IN EACH PLY.
14. JACK AND KING STUD SCHEDULE AT WALL OPENINGS:
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "KI" OR "9K" ON PLAN
SPANS UP TO 4'-6" ..... 1 JACK, 1 KING
SPANS >4'-6" TO 6'-6" ..... 1 JACK, 2 KINGS
SPANS >6'-6" TO 8'-6" ..... 2 JACK, 2 KINGS
SPANS >8'-6" ..... SEE PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 2/11/19

Tom Rhuck Date 2/11/19

HOMES
108 Raceway Drive Suite 7
Mooresville, NC 28117
PH: 704-895-4761
www.neatHomes.com

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-535-7355

Stamp/Seal

Project name/owner
CUSTOM PLAN
ELEVATION A
PARKERTOWN
LOT 5
410 PARKERTOWN RD.
TROUTMAN, NC 28166

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Date
January 24, 2019

Drawn by
RES

Reviewed by
BITSALS

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
NOT TO SCALE

Prescription code
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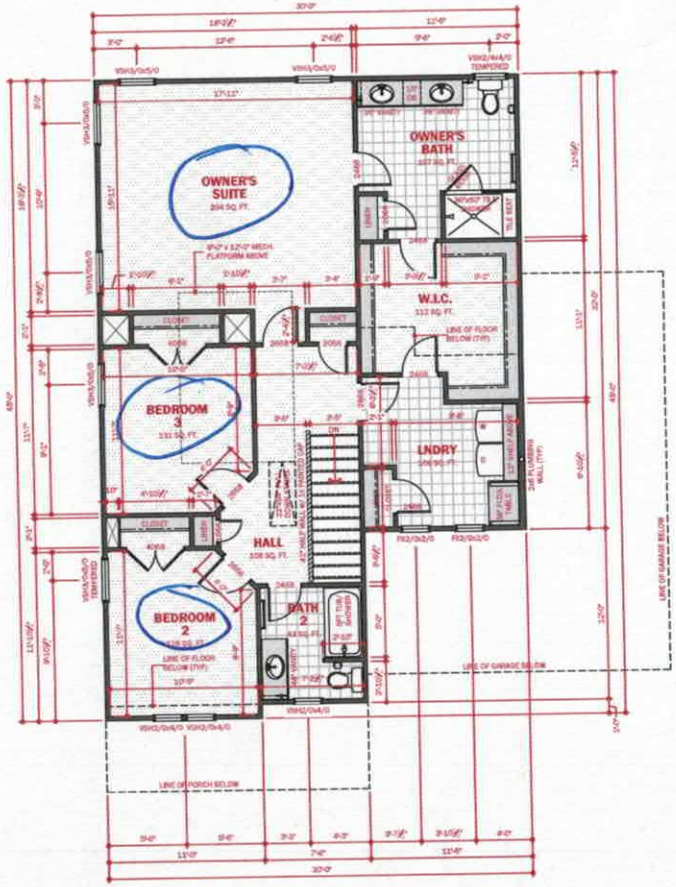
Drawing set
FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN

Sheet no.
A3.0

Master plan version
v5.0

C:\Users\Russell Smith\Dropbox (Neat Homes)\NEAT HOMES - HOME\BUILDING\ARCHITECTURAL SERVICES\2_PRODUCTION\PARKERTOWN 5 RENTAL\PARKERTOWN 5 RENTAL.dwg\Plot Date-Thursday, January 24, 2019 11:41:51 PM Plot Scale: 1"=1"* x 1.0* x 1.0* x 24"=1'-0" Plotted by:Robert Smith



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
9'-1 3/4" WALL HEIGHT
WINDOW HEADER @ 7'-0" A.F.F.

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UPPER LEVEL NOTES

UPPER LEVEL FRAMING NOTES:

BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED 4" OSB WALL SHEATHING USING 8D NAILS AT 6" O.C. ALONG THE EDGE AND 12" O.C. AT INTERMEDIATE FRAMING. BLOCK AND NAIL ALL PANEL EDGES. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS.

1. "T.T.B" INDICATES "TIE (CEILING JOIST) TO RAFTER WITH FOUR 3"X0.131" NAILS)
2. ALL LOAD- BEARING HEADERS SHALL BE (2)2X6 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(A-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) 1/4" X 9 1/8" LVL	HUS 410
(2) 1/4" X 11 7/8" LVL	HUS 412
(2) 1/4" X 14" LVL	HUS 412
ALL TRIPLE LVLs	HHUS 5.50/10

6. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 10d (3" COMMON NAILS (OR 0.162") OR 16d (3½" (OR 0.162") NAILS UNLESS OTHERWISE SPECIFIED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE 10d3 (3" "HANGER NAIL's" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY ¾" 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 (SIB.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE, RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B" IS INDICATED ON THE PLAN.
9. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 3" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 4½" 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 "NJ" OR "WK" ON PLAN
SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS >4'-0" TO 5'-4" ..... 1 JACK, 2 KINGS
SPANS >5'-4" TO 6'-8" ..... 2 JACK, 2 KINGS
SPANS >6'-8" ..... SEE PLAN
11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

INSIGHT HOMES
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www.insighthomes.com

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
704-333-7200

Stamp/seal

Project name/owner
CUSTOM PLAN
ELEVATION A
PARKERTOWN
LOT 5
419 PARKERTOWN RD.
TROUTMAN, NC 28166

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January 24, 2019

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Master plan version
v1.0

G:\Users\Richard Smith\Dropbox (Insight Homes)\INSIGHT HOMES - HOME\BUILDING\ARCHITECTURAL SERVICES\ENG_PRODUCTION\PARKERTOWN 5 REVIT\AL.dwg Plot Date=Thursday, January 24, 2019 1:47:52 PM Plot Scale: 1"=1'-0" 22"x36" = 11"x17" Plotted by:Robert Smith

IREDELL COUNTY

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

APPLICATION NUMBER
225216
Issue Date: 02/23/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649813858.000	410 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	94434	TOTAL FEES:	$ 77.25