PJB

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-303445

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

PIN # 4649-83-2037

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

SITE ADDRESS: 418 Parkertown Rd. Mooresville, NC | PHONE: 704-433-9947 | ALT. PHONE —

SITE DIRECTIONS: Parkertown Rd from Rt 21 → House on Right | SAP CONTROLLED: ☐ YES ☒ NO

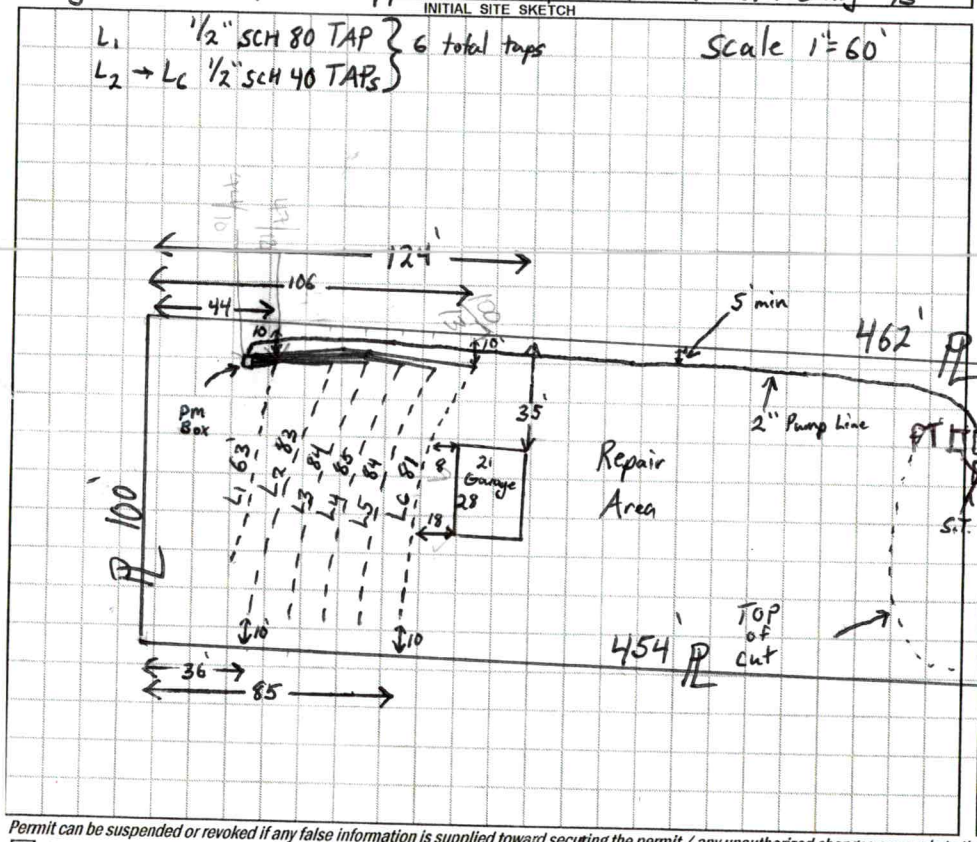
SUBDIVISION: Parkertown | SECTION: — | LOT # 3 | LOT AREA: 1.051 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.250

Septic Tank 1000 (gal)	STB Infiltrator	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank 1000 (gal)	PT Plastic Date Tanks	System Description: PM - 25% Reduction		☐ Business	No. Persons 8
Pump Make —	Model WEOT12HH Serial # —	Repair System Description: LP-PM3PS (50% Reduction)		☐ Other	No. Employees —
# Nitrification Fields 1	# Lines 6 Linear Ft 480	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width 36"	Trench Bottom Depth(Low side) 30"	Gravel Depth —	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

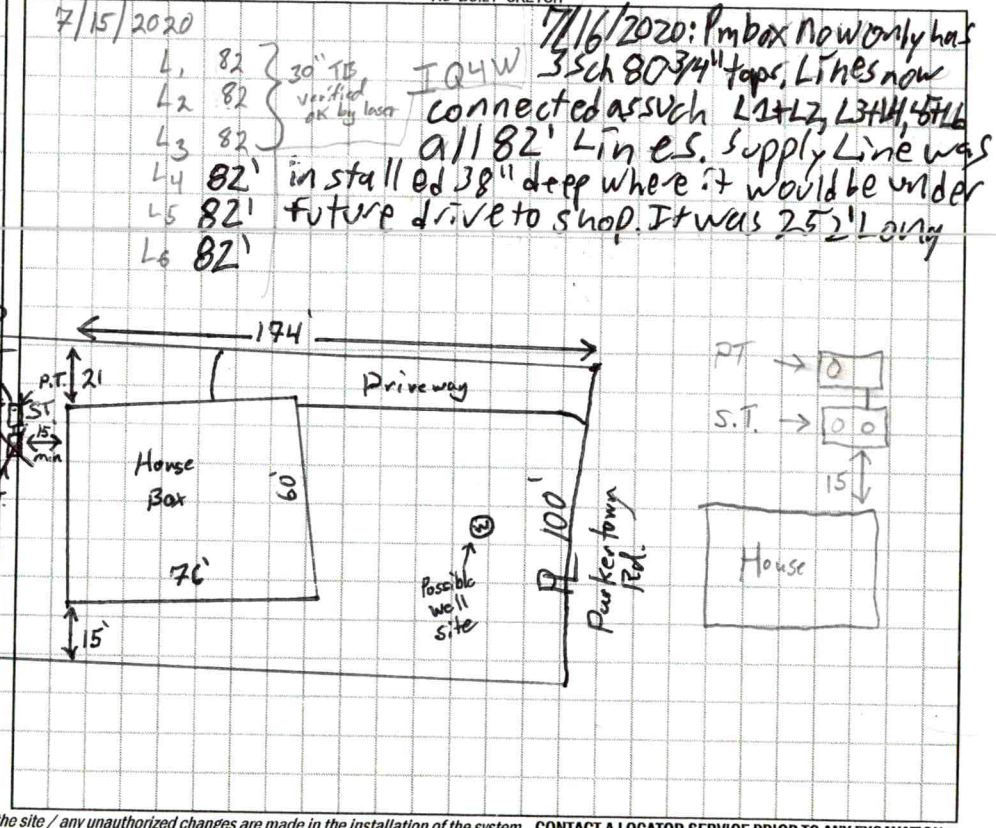
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Set pump/floats to dose system 200 gallons per pumping event. Recommend having tank pumped every 5 years. Floorplans approved 1/10/2020. If driveway is extending across pump line, line must be installed 30" deep OR constructed of ductile iron (or equivalent)

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: [signature] Date: 6/30/20

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/26/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/26/2020

Installed by: Specialty Septic

OPERATION PERMIT by: Marian Dotson Date: 7/7/2020

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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: Nest Homes LLC
ADDRESS: PO Box 3965 Mooresville, NC
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Parkerdown Lot 3
APPLICATION DATE: 5/8/2020
DATE EVALUATED: 6/22/2020
PROPERTY SIZE: 1.05 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS Header	0-18	SCL V.W. SBK	SI Friable, SS, SP, Scap	—	59"	—	—	0.275 PS
		18-46	Clay M SBK W. ABK	F. Firm, Sticky, SP, Scap					
		46-59	Clay Loam (Heavy	SI. Friable, SS, SP, Scap					
2	LSS Distal	0-12	SCL V.W. SBK	SI Friable, SS, SP, Scap	—	66"	—	—	0.295 PS
		12-45	Clay M SBK	SI. Firm, Sticky, SP, Scap					
		45-66	Clay Loam (Heavy W. SBK	SI. Friable, SS, SP, Scap					
3									
4			L1R 81						
			L2Y ~~85~~ 84						
			L3W ~~86~~ 85						
			L4R ~~86~~ 84						
			L5Y ~~82~~ 83						
			L6W 63					54 to stake	110'

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480 l.f.	same
System Type(s)	25% Red	as before
Site LTAR	0.250	

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

RECEIVED MAY 19 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-303445

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (✓) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Nest Homes, LLC **Address:** PO Box 3965 Mooresville NC 28117 **Zip:** _____

Applicant Email: mwetter@nesthomes.com **Phone:** 704-433-9947 **Alt. Phone:** _____

Owner Name: _____ **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 418 Parkertown Rd. Mooresville NC 28117

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

Driving Directions: North on NC115/21. Right onto Parkertown Rd. Property is on Right

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: _____

CHECK FOUNDATION TYPE

(✓) 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: _____

(✓) 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: _____

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: J. Michael Wetter Jr. 5/8/20

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

(Check and sign only ONE of the options below)

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

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

☑ **2.** I, Eric Wood, am the legal owner(s) of the property located at 418 Parkertown Rd., identified as PIN (Parcel Identification Number) 4649832037.000, located in Iredell County, North Carolina.

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

Eric L. Wood
Signature of Owner(s)

5/18/20
Date

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

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

131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664–7029 (704) 664–8041 Fax

, certify that this map was drawn under my supervision from an actual made under my supervision recorded in deed book 2465, page 1690, and/or k 66, page 41, that the ratio of precision is 1':10,000, that this map pared in accordance with the General Statutes of North Carolina Chapter 89C. d and seal on the 9, day of DEC. 2019.

WILLIAM M. ALLEN, PLS

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

CURVE TABLE			
RADIUS	LENGTH	BEARING	CHORD
220.00'	4.30'	S 06°11'14" W	4.30'

S02°28'08"W
100.00'

35' REAR SETBACK

SEPTIC AREA

Dashed yellow line indica 10 'property line set k for septic lines

Move primary drain field lines towar rear property line as as possible

SEPTIC REPAIR AREA

HWY 21

***** NO SCALE

S87°31'52"E
454.17'

N87°31'52"W
461.61'

15' SIDE SETBACK

15' SIDE SETBACK

LOT 3
1.051 AC.

LOT 2

LOT 4

32.5

THE BLUE JAY

19.5

99.3

35' FRONT SETBACK

WELL

R\W

C1

L1

R\W

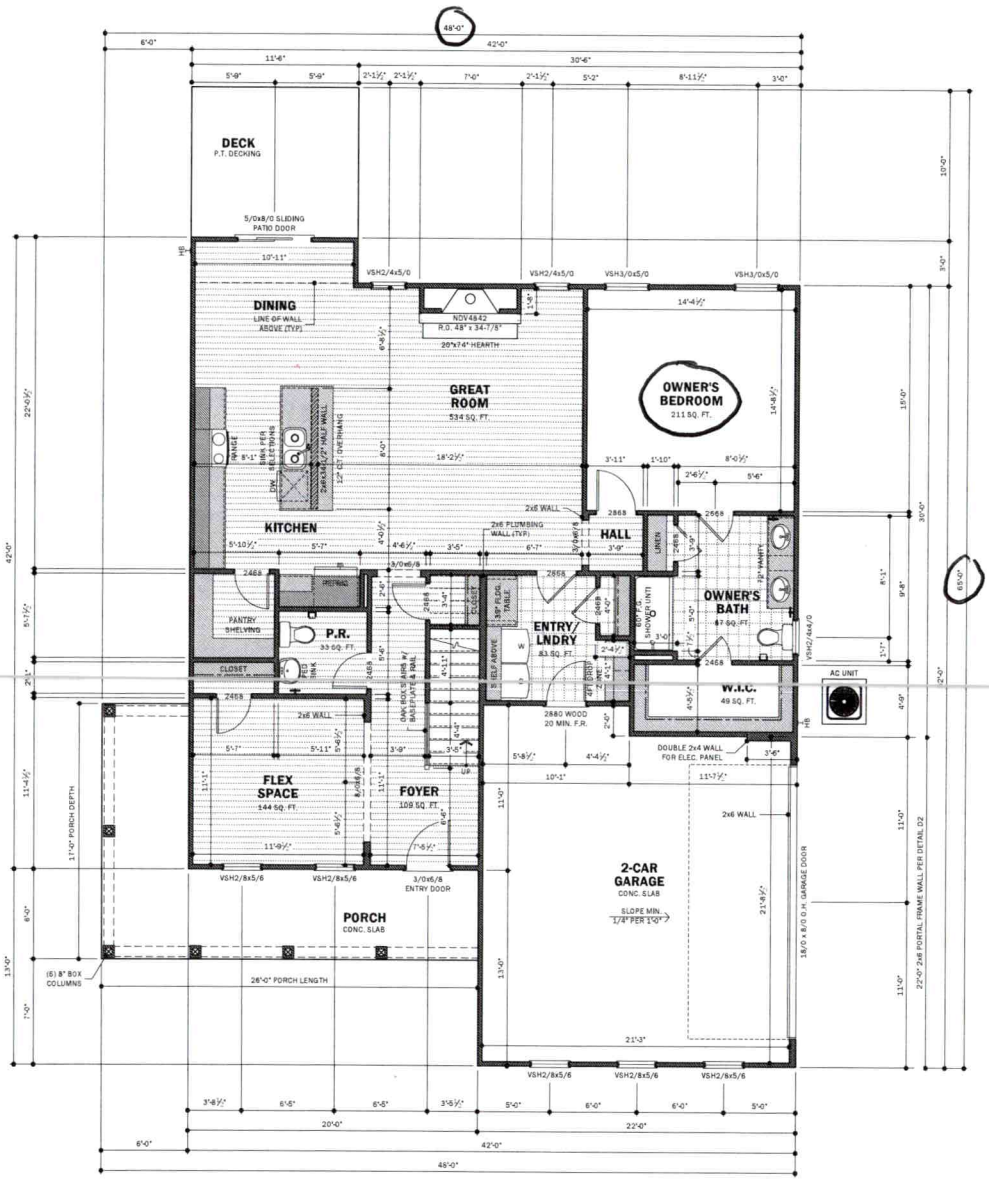
PARKERTOWN RD.
(60' PUBLIC R\W)

CALCULATION
2170 SF
06 SF

OTES
RTY MAY BE SUBJECT
EMENTS AND/OR
WAY OF RECORD.
MPUTED BY THE
METHOD.
ND POWER
NUMENT FOUND WITHIN

LINE TABLE

LEGEND
P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
9'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 8'-0" 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 < 18'-0"	2x6 @ 16" O.C.
h > 18'-0"	CONSULT ENGINEER

I-JOIST NOTES

FRAMING CONSTRUCTION NOTES:

BRACED WALL LINE NOTE
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED 7/16" 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. ON FRONT ELEVATION ONLY, 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. 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(5) OF THE CODE OR AS NOTED ON THE PLAN.
7. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING IN TO 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 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 16d x 3½" COMMON NAILS (3½"x 0.162") OR 16d x 3" (3"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 1¾" OR LESS OF WOOD IS PROVIDED TO NAIL INTO.
9. STEEL BEAMS MUST HAVE (5)-2X4 OR (4)-2X6 STUDS UNDER EACH END SUPPORT UNLESS NOTED OTHERWISE.
10. "LVL" AND GLU-LAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (3)-2X4 OR (2)-2X6 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.
11. ALL POINT LOADS FROM ROOF BRACES, JACK STUDS, BEAM SUPPORTS (WHETHER WOOD OR STEEL-CANNOT BEAR ON SHEATHING ALONE, BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTS ABOVE MUST BE CARRIED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SQUASH BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATE POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE "S.B" IS INDICATED ON THE PLAN.
12. FASTEN ALL TRIPLE PLY LVLs TOGETHER WITH TWO ROWS OF 5" LONG TRUSSLOK OR SIMPSON SDS SCREWS @ 16" O.C. AND FOUR PLY LVLs WITH TWO ROWS OF 6 ¾" 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 (3½"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 "FJ" OR "FK" 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

Ack nt Of
Plans S ONL
Date 1-15-20
Date 1/10/2020

nest HOMES
236 Rathbway Drive Suite J
Mooresville, NC 28117
PH: 704.658.4767
www.nesthomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

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

Stamp/seal

Project name/owner
THE BLUE JAY
PARKERTOWN LOT 3
418 PARKERTOWN RD
MOORESVILLE, NC 28117

AMBER TROTTA
236 LAKESHORE DR
MOORESVILLE, NC 28117
910-840-2798
910-234-4845

(c) 2019 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
December 12, 2019

Drawn by
RES

Reviewed by
INITIALS

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

Project/plan code
—

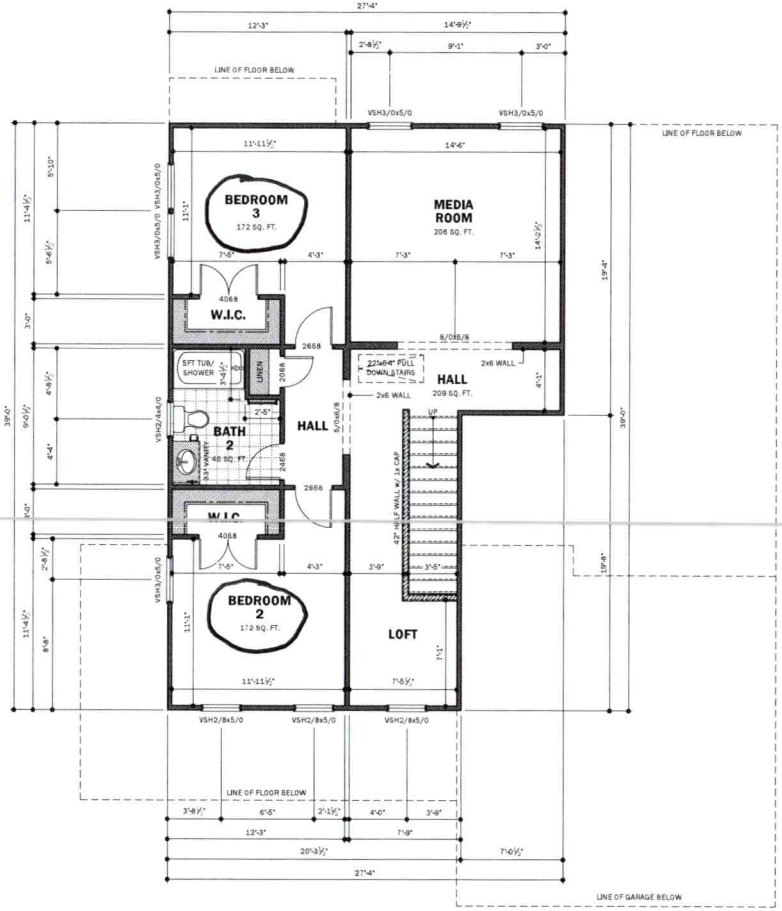
Drawing set
FOR CONSTRUCTION

Sheet title/description
FIRST FLOOR PLAN
A ELEVATION

Sheet no.
A3.0

Master plan version
v1.0

E:\Dropbox (Nest Homes)\NEST HOMES - HOME BUILDING\Architectural services\2_production\PARKERTOWN\LOT 3\PT3_BLUE JAY_RH_C6.dwg Plotted by Robert Smith Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0" Plot Date/Time: Thursday, December 12, 2019 3:51:01 PM



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
8'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 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 7/16" OSB WALL SHEATHING USING 8D NAILS AT 6" O.C. ALONG THE EDGE AND 12" O.C. AT INTERMEDIATE FRAMING. WHERE BRACED WALLS DO NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERED 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.P." 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(5) 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 16d x 3½" COMMON NAILS (3½" 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 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 "#" 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
11. CONTRACTOR TO PROVIDE 22"x30" ACCESS TO ATTIC.

Plans Examiner Date 1.15.20

Tom Shuck Date 1/10/2020

nest HOMES
206 Hardaway Drive Suite 7
Mooresville, NC 28117
PH: 704-908-4751
www.nesthomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

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

Stamp/seal

Project name/owner
THE BLUE JAY
PARKERTOWN LOT 3
418 PARKERTOWN RD
MOORESVILLE, NC 28117

ARDEN TROYAN
296 LAKESHORE DR
MOORESVILLE, NC 28117
910-840-2790
910-234-4845

(c) 2019 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
December 12, 2019

Drawn by
RES

Reviewed by
INITIALS

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

Project/plan code
—

Drawing set
FOR CONSTRUCTION

Sheet title/description
SECOND FLOOR PLAN
A ELEVATION

Sheet no.
A4.0

Master plan version
v1.0

E:\Dropbox (Nest Homes)\NEST HOMES - HOME\BUILDING\architectural services\2_production\PARKERTOWN\LOT 3\PT3_BLUE JAY_RH_CS.dwg Plot Date: Thursday, December 12, 2019 5:37:06 PM Plot Scale: 1"=1" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0" Plotted by: Robert Smith

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303445 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4649832037.000	418 PARKERTOWN RD	Iredell County

Owner Information	Applicant Information
Name: PARKERTOWN HOLDINGS LLC	Name: NEST HOMES LLC
Address: PO BOX 3608	Address: PO BOX 3965
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: (704)208-4251

Use Requested	Zone Code
Single Family Dwelling	ra

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.051	35	35	15	15		

Remarks
SFD

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.

Signature of Owner/Contractor

Date: 12/13/2019

Permit Number	303445

TOTAL FEES:	$77.25