ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 241006

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

PIN # 4654761689

APPLICANT/OWNER: Matthew Sammis | APPLICANT ADDRESS: PO Box 1503 Davidson NC 28036

SITE ADDRESS: 108 Castleview Ln Mooresville NC 28115 | PHONE: 704-507-2223 | ALT. PHONE:

SITE DIRECTIONS: NC 3 N to Ron Kistler Farm Rd, Ron Rocky River Rd Lon Sheerers Rd, Ron Presbyterian Rd Lon Smithfarm Rd approximately 1 mile on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Downs | SECTION: 4 | LOT # 165 | LOT AREA: 0.65 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: .275 (.3 Repair)

Septic Tank	1000 (gal)	STB	760	Date	8-11-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply: ☒ Private
Pump Tank	1000 (gal)	PT	302	Date	8-11-2020	System Description:			PM 75% reduction (offsite)	☐ Business	No. Persons 8	☐ Public
Pump Make		Model		Serial #		Repair System Description:			LPP RPS (offsite)	☐ Other	No. Employees	☐ Community
# Nitrification Fields	1	# Lines	4	Linear Ft	436'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	33" \ 36" High side	Gravel Depth				☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. 463 of line is shown only 436' is needed use the rest for repair. Property lines and property corners must be marked for both Lots by a

Tenured 5 Year during time of installation and inspection

INITIAL SITE SKETCH

1"=60'

SEE ATTACHED AND APPROVED SITE PLAN BY MICHAEL ATHANAS 3/17/2020 2020

237'

120'

120'

Possible well

15'

60' Proposed House

68

Proposed drive

30'

35'

231'

AS BUILT SKETCH

1"=50'

- TANKS
- SUPPLY - TO EXT OFF SITE
- DRAIN LINE
- PRESSURE END
- FLOATS
- P.I.

Offsite septic Area

68'

21'

25'

36'

49'

30'

28'

31'

32'

26'

115'

5' Repair

6' Repair

126 L1

137' 114 L2

125' 102 L3

110' 94 L4

91' 75' Repair (3' Repair)

Supply line

Trip's
L1-1/2 SCH 40
L2-1/2 SCH 40
L3-1/2 SCH 40
L4-1/2 SCH 40

11/24/2020: Electric checked and good still NO power for Alarm 28

12/3/2020: Alarm checked and good

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**

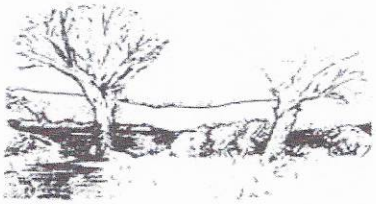
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Matthew S | Date: | Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Patrick G Boyle III | Date: 3/17/2020 | OPERATION PERMIT by: Patrick G Boyle III | Date: 12/3/2020

AUTHORIZATION TO CONSTRUCT by: Patrick G Boyle III | Date: 3/17/2020 | 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 inspector to confirm your inspection time.



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

Reference: Data Sheet for Lot 165 Davidson Downes Phase IV; Castleview Lane; Iredell County, NC

House Footprint: 70'x70'
Building Setback: 35' Front, 10' Side,
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.275 gpd/ft2
Suggested System Type: 25% Reduction (Off-site Easement)
Proposed Repair LTAR: 0.3 GPD/ft2
Repair System Type: PPBPS (Off-site Easement)
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM ½" SCH 40
Tap Size and Material: ½" SCH 40
System Flow: 26.81 GPM
Dosing Volume: 192.50 Gallons
Pump Run Time: 7.18 minutes
Elevation Head: TBD
Friction Head: TBD
Pressure Head: 2'
Total Dynamic Head: TBD
Supply Line Length: TBD
Septic/Pump Tank Size: 1000/1000
Proposed Trench Bottom: 36"

Line	Design Length	Repair Length	Actual Length	Elevation
Pink 1		54'	54'	TBD
Blue 2		69'	69'	TBD
White 3	½ Sch 40 115'	17'	137'	TBD
Orange 4	½ sch 40 120'		125'	TBD
Pink 5	½ sch 40 110'		110'	TBD
Blue 6	½ sch 80 91'		91'	TBD
Yellow 7		75'	75'	TBD
White 8		63'	63'	TBD

Initial System: 436' 25% Reduction **Repair System:** 278' PPBPS

APPROVED MAR 17 2020
PJB

APPROVED JAN 15 2019
KW

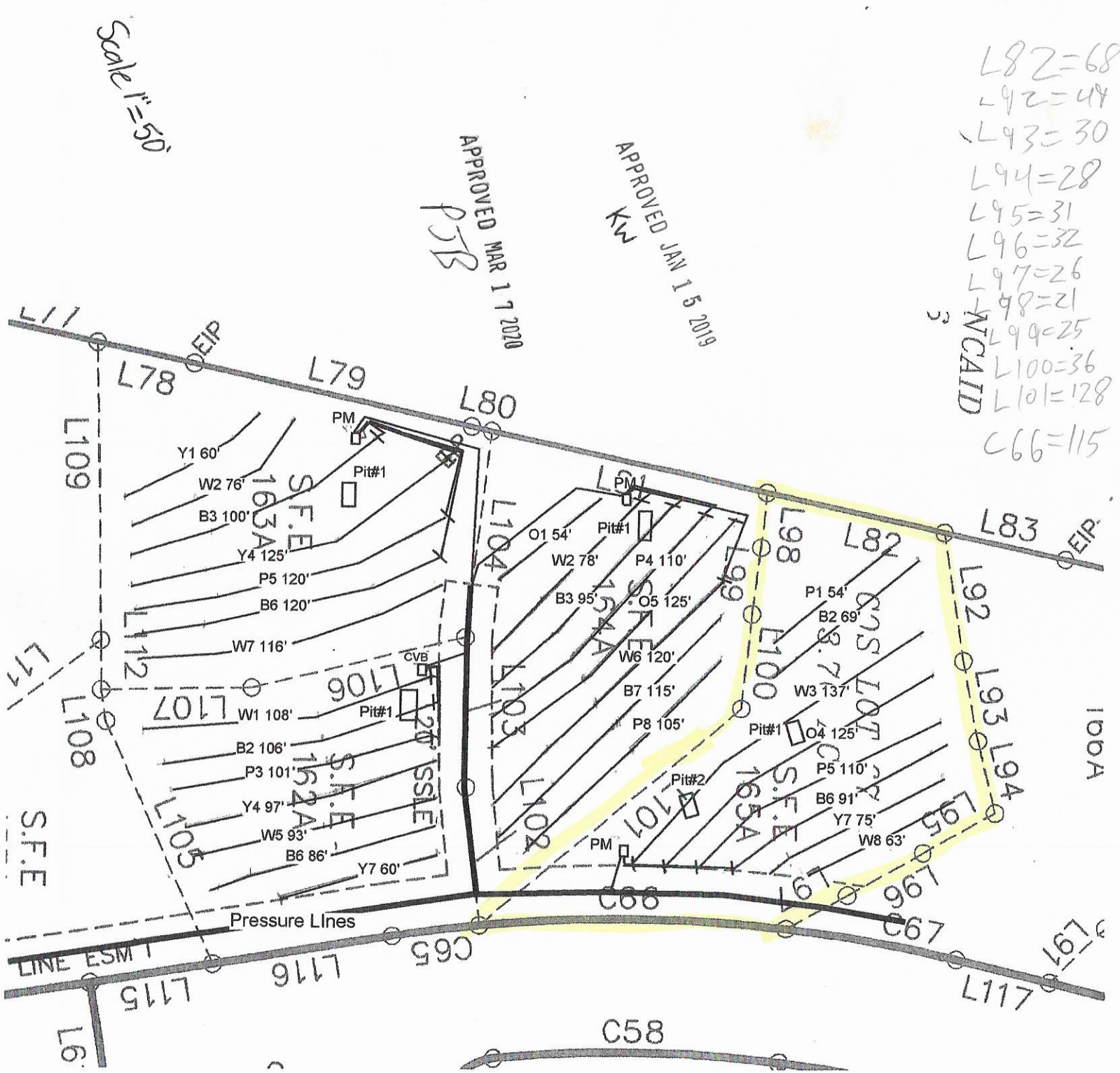
Comments:

The purpose of this evaluation is to permit the property for a 4-bedroom residence.

- The proposed house site has been staked by the surveyor using stakes with white tape.
- Due to soil and topography MA&A is proposing to permit this site as an off-site septic easement.
- All elevations and pressure line lengths will be determined prior to installation.

APPROVED MAR 17 2020
PJB

APPROVED JAN 15 2019
KW


Scale 1"=50'
APPROVED MAR 17 2020
PJB
APPROVED JAN 15 2019
KW
WCAID
L82=68'
L92=44
L93=30
L94=28
L95=31
L96=32
L97=26
L98=21
L99=25
L100=36
L101=128
C66=115
L78
L79
L80
L83
EIP
PM
Pit#1
Pit#2
Y1 60'
W2 76'
B3 100'
Y4 125'
P5 120'
B6 120'
W7 116'
W1 108'
B2 106'
P3 101'
Y4 97'
W5 93'
B6 86'
Y7 60'
O1 54'
W2 78'
P4 110'
B3 95'
O5 125'
W6 120'
B7 115'
P8 105'
P1 54'
B2 69'
W3 137'
O4 125'
P5 110'
B6 91'
Y7 75'
W8 63'
CVB
S.F.E
163A
154A
152A
L101
L102
L103
L104
L105
L106
L107
L108
L109
L112
L96
L97
L98
L99
L100
L92
L93
L94
L95
C65
C66
C67
C58
Pressure Lines
LINE ESM'T
L115
L116
L117
100A

APPROVED JAN 15 2019 KW

PROPERTY ID #: _____
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ray Development_____ APPLICATION DATE_____
ADDRESS: Denver, NC_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: ____0.67 AC_____
LOCATION OF SITE: Davidson Downs Lot 165_____ PROPERTY RECORDED: _____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 6%	0-20	R C SBK	FR SS SP SXP	N/A	50"	F-CSAP	N/A	PS 0.3
		20-50	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-15	Br CL WSBK	FR SS SP SXP	Mn	50"	N/A	N/A	PS 0.3
		15-38	RBr CL WSBK	FR SS SP SXP					
		38-50	R C SBK	FR SS SP SXP					
PIT 3	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	53"	N/A	N/A	PS 0.3
		4-32	R C SBK	FR SS SP SXP					
		32-53	R CL WSBK	FR SS SP SXP					
PIT 4	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	Few Mn	60"	N/A	N/A	PS 0.3
		4-34	R C SBK	FR SS SP SXP					
		34-60	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1308 FT^2	834 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.275	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

APPROVED JAN 15 2019
KW

PROPERTY ID #: _DD 165_____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 5	LS 6%	0-4	Br CL WSBK	FR SS SP SXP	N/A	56"	N/A	N/A	PS 0.3
		4-28	R C SBK	FR SS SP SXP					
		28-58	R CL WSBK	FR SS SP SXP					
PIT 6	LS 4%	0-4	Br CL WSBK	FR SS SP SXP	N/A	52"	N/A	N/A	PS 0.3
		4-32	R C SBK	FR SS SP SXP					
		32-52	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

RECEIVED MAR 04 2020

AP- 241006

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

AP- 305575 Limited R/C $105.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

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

The following optional attachments may also be submitted: ( ) 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: Matthew Sammis Address: P.O. Box 1503 Davidson, NC Zip: 28036
Applicant Email: Matthew.Sammis@outlook.com Phone: 704-507-2223 Alt. Phone:
Owner Name: Matthew Sammis Address: P.O. Box 1503 Davidson, NC Zip: 28036
Owner Email: Matthew.Sammis@outlook.com Phone: 704-507-2223 Alt. Phone:

Property Information:

Street Address: 108 Castleview LN
Subdivision Name: Davidson Downes Section/Phase: 4 Lot Number: 165
Driving Directions: Presbyterian Rd, Right on Sink farm Rd, Right on Buckingham Pl, Right on Mavarly LN, left on Castleview LN (2nd lot on right)

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

(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: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE

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

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

3/4/20
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)* Matthew S

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, Matthew Sammis, am the legal owner(s) of the property located at 108 Castleview LN Mooresville, NC 28115, 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.

Matthew S — Signature of Owner(s)

3/14/20 — Date

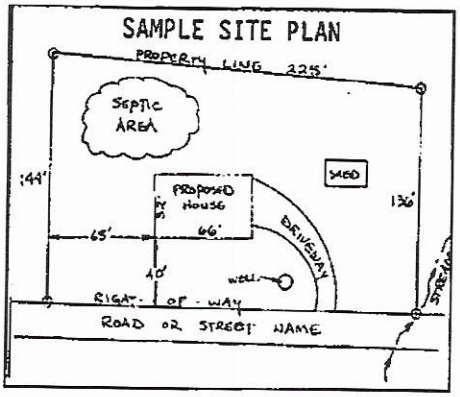
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

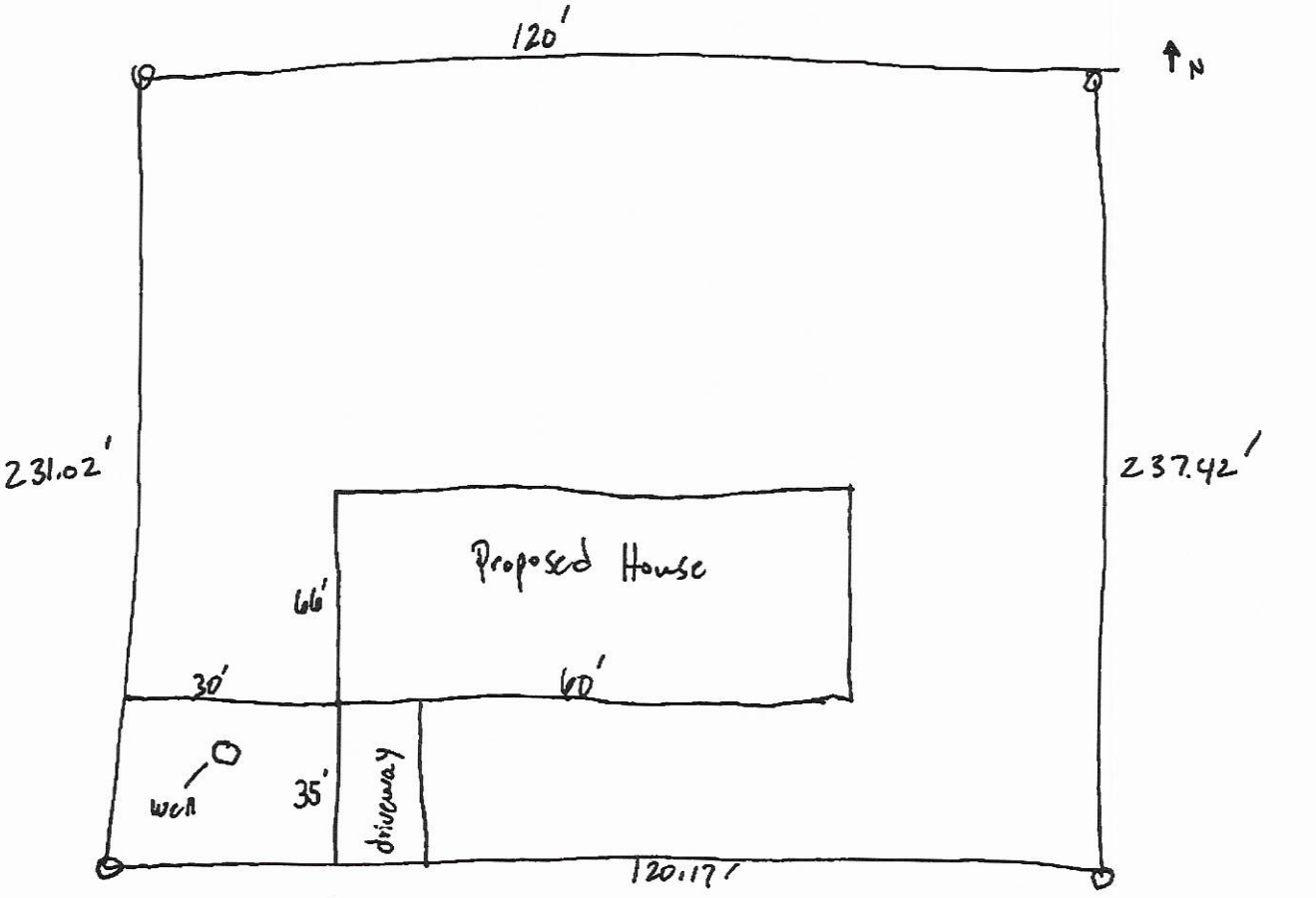
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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

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



Castleview LN

Signature: Matthew S. 3/4/20

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

APPROVED JAN 15 2019

KW

APPROVED MAR 17 2020

FJB

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GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE CODES, ORDINANCES, AND REGULATIONS, AND B.O.C.A. N.P.C.
2. CONTRACTOR SHALL VERIFY ALL FIELD DIMENSIONS AND CONDITIONS AT SITE BEFORE BEGINNING CONSTRUCTION. ANY FIELD CHANGES OR DEVIATIONS TO FRANK BETZ ASSOCIATES, INC. FINAL CONSTRUCTION DRAWINGS SHALL BE COMMUNICATED IMMEDIATELY TO FRANK BETZ ASSOCIATES, INC. PRIOR TO PROCEEDING WITH ANY CONSTRUCTION.
3. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS AT SITE.
4. ALL DIMENSIONS SHOULD BE USED AS CALCULATED AND NOTED INCLUDED.
5. ALL POSITIONS TO BE STRICTLY FOLLOWED FROM FINAL PLANS AND SHOP DRAWINGS. CONTRACTOR SHALL NOTIFY FRANK BETZ ASSOCIATES, INC. OF ANY CONFLICT BEFORE PROCEEDING FOR PROPER POSITIONING AND DIMENSIONING ERROR.
6. CONTRACTOR SHALL ENSURE COMPATIBILITY OF THE FRAMING WITH ALL TYPE REINFORCEMENTS.
7. ALL BACKFILL EXCEEDS 4' AGAINST ANY FOUNDATION WALL, RESPONSIBILITY OF CONTRACTOR.
8. ALL FOUNDATION AND STRUCTURAL MEMBERS SHOULD BE DESIGNED AND STAMPED BY AN ENGINEER IN THE STATE WHERE CONSTRUCTION IS OCCURRING, PER 10' X 1 FOOT RADIUS OF LOCAL SOIL CONDITIONS. ALL THE CONTRACTOR'S PROPOSED GEOLOGICAL AND WEATHER CONDITIONS, ALL THE CONTRACTOR'S PROPOSED GEOLOGICAL AND WEATHER CONDITIONS, ALL STRUCTURAL DETAILS ARE CONSIDERED TO MEET ALL LOCAL CODES AND TO ENSURE A QUALITY AND SAFE STRUCTURE.
9. ALL STRUCTURAL DESIGN AND STRUCTURAL DETAILS SHALL BE OF A GOOD GRADE AND QUALITY AND SHALL COMPLY WITH ALL NATIONAL, STATE, AND LOCAL BUILDING CODES WHERE APPLICABLE.
10. ALL CEILINGS OR ROOF FRAMING SHOULD BE PROVIDED TO CARRY LIGHT AND STABLE ENTERED BOOM THAT THE LOWER HOUSE AND PERIMETER AT ALL ROOF AND FRAME AS AT OTHER BEARING POINTS DESIGNED TO CARRY THE LOAD.

GENERAL FRAMING NOTES

THE FOLLOWING NOTES ARE SUGGESTED MINIMUM REQUIREMENTS ONLY. THE CONTRACTOR SHALL VERIFY ALL FRAMING DETAILS AND CONFORM WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERING FOR ALL STRUCTURAL REQUIREMENTS.

1. ALL FRAMED WALL DIMENSIONS ARE BASED ON 2 x 4 STUDS UNLESS NOTED OTHERWISE. EXTERIOR PLYWOOD AT ALL SHEAR WALLS 32" ON CENTER.
2. ALL BATH AND BATTING SHALL BE LINNED OVER STUDS SOLID.
3. ALL BRACING SHALL BE PLACED AT 45° TO 60° FROM VERTICAL.
4. FRAME BETWEEN GARAGE AND/OR UNHEATED SPACES SHALL BE INSULATED AS EXTERIOR WALLS. PLUMBING IN THESE SPACES SHALL BE PROTECTED.
5. PROVIDE CROSS BRACING AT MID POINT OF SPAN ON 6'-0".
6. ALL HEADER AT 8'-0" PLACE.
7. EXTERIOR WALLS SHALL BE APA 24 RATED EXPOSURE TWO PLYWOOD CONSTRUCTION.
8. EXPOSURE 1 GLUED FLOOR SHALL BE APA 24 RATED EXPOSURE 1 PLYWOOD CONSTRUCTION.
9. EXTERIOR SHEATHING TO BE CONTINUOUS 1/2" RATED "SHEATHING" OSB EXPOSURE 1 SHEATHING SCHEDULE TO BE 24 COMMONS AT 8" O.C. AT PERIMETER AND 12" O.C. AT INTERMEDIATE AT 24" O.C. AT ALL INTERMEDIATE SUPPORTS.
10. FOR ROOF SHEATHING USE 1/2" CDX PLYWOOD AT 48" SPAN FOR CEILING JOISTS WITH NONE UNBRACED EDGE SPACING.
11. PROVIDE COLLAR TIES AT UPPER 1/3 OF VERTICAL SPACE BETWEEN ROOF RAFTERS AND CEILING JOISTS AT 4'-0" O.C. MAXIMUM.
12. ALL EXTERIOR WALLS AND ROOFS SHEATHED SHALL BE USE "TYVEK" BUILDING PAPER OR EQUAL.
13. ROOF SHEATHING TO BE APA 24 RATED 1/2" PLYWOOD CDX EXPOSURE 1 INSTALLED PER MANUFACTURERS SPECIFICATIONS. MAKING ALLOWANCE TO BE 24 COMMONS AT 8" O.C. AT ALL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS. INSTALL TAPED JOINTS FROM EDGE CLIPS PER MANUFACTURERS SPECIFICATIONS.
14. PROVIDE FIRE STOPPING BETWEEN FLOOR AND ROOF TRUSSES AND CEILING FLOOR AT PERIMETER WALLS AND AT ALL PARTITIONS AT THE FIRST FLOOR LEVEL. INSTALLED ACCORDING TO LOCAL CODE REQUIREMENTS.
15. ALL CEILING JOISTS AND RAFTER BRACING TO LOCK ON LOAD BEARING WALLS DESIGNED TO CARRY LOAD THEM. ALL LEVELS AND TERMINATE AT EXTERIOR WALLS DESIGNED TO SUPPORTED BY CONCRETE SLAB EDGE BEAM OR FOOTING DESIGNED TO SUPPORTED BY CONCRETE SLAB EDGE BEAM OR FOOTING.
16. ALL BASEMENT WALLS, BEAMS, AND COLUMNS TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.
17. ALL BEAM FRAMING, COLUMNS, BEAMS, ETC., TO BE DESIGNED BY LOCAL STRUCTURAL ENGINEER AND MEET ALL LOCAL CODES.

WARRANTY AND LIABILITY

THERE ARE NO WARRANTIES MADE BY FRANK BETZ ASSOCIATES, INC., EITHER EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF TITLE. FRANK BETZ ASSOCIATES, INC. SPECIFICALLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability Frank Betz Associates, Inc. limits any and all liability to, at it's sole discretion, correct working drawings in the event of an error or omission. Your revised working drawings will be prepared and delivered to the client. No monies shall be charged or collected for these modifications, corrections, etc. Should the client desire changes, Frank Betz Associates, Inc. will, at its discretion, bill for time and materials at the rate of $75.00 per hour. Any alternate solution to problem/condition that may arise may or may not be an obligated one or no additional expense to the client.

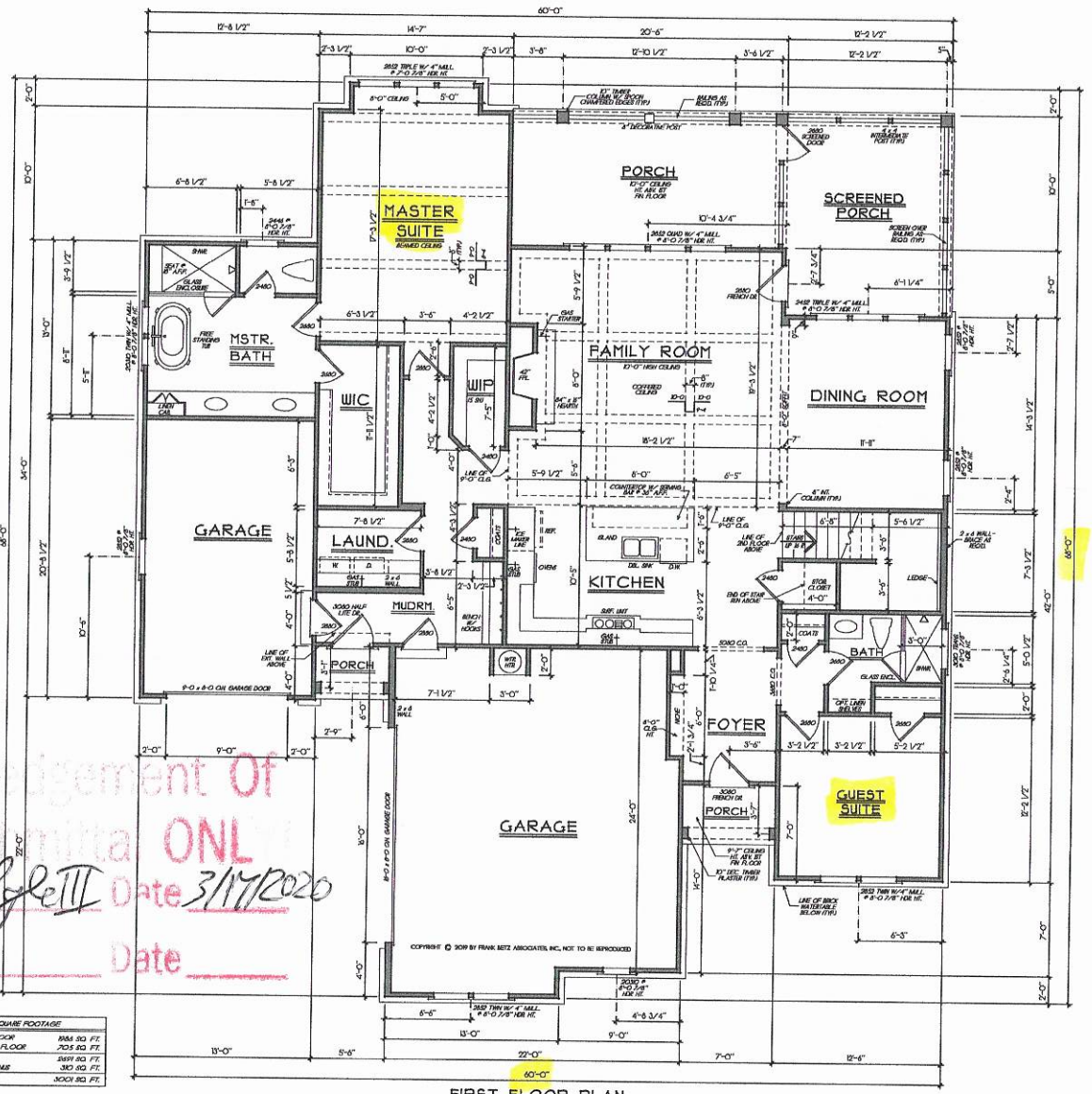
Indemnity: The client agrees to defend, indemnify, and hold harmless from any claim, liability, or defense cost in excess of the fee or agreed amount of this contract as calculated by any party from opposition, allegedly caused by company performance or services.

The plans and other information provided by Frank Betz Associates, Inc. hereunder are proprietary and for the use of the customer to whom the proposal is addressed and may not be used or seen by any other person or entity but by anyone other than the customer named above is at the user's peril.

Acknowledgement Of Plans Submittal ONL
Patrick Boyle II Date 3/17/2020
Date

Exclusive Modification Provider for Frank Betz Associates, Inc.
DESIGNS THAT JUST FEEL LIKE HOME
MAIN STREET Designs
ESTABLISHED 1996
Direct: 678-697-6458 mainstreetmodifications@gmail.com
Matthew Sammis 3/12/2020

SQUARE FOOTAGE	
FIRST FLOOR	1984 SQ. FT.
SECOND FLOOR	705 SQ. FT.
TOTAL	2689 SQ. FT.
OPT. BONUS	310 SQ. FT.
TOTAL	3003 SQ. FT.



FIRST FLOOR PLAN
1/4" = 1'-0"

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

REVISIONS	DATE	BY
INI WORK	2-20-19	CAS

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SAMMIS RESIDENCE
GREER, S.C.

FIRST FLOOR PLAN

THE DANBURY SPRINGS

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
12045 HIGHWAY 92
WOODSTOCK, GEORGIA 30188
770-431-0888 888-717-3003

BY CAS CK TEJ

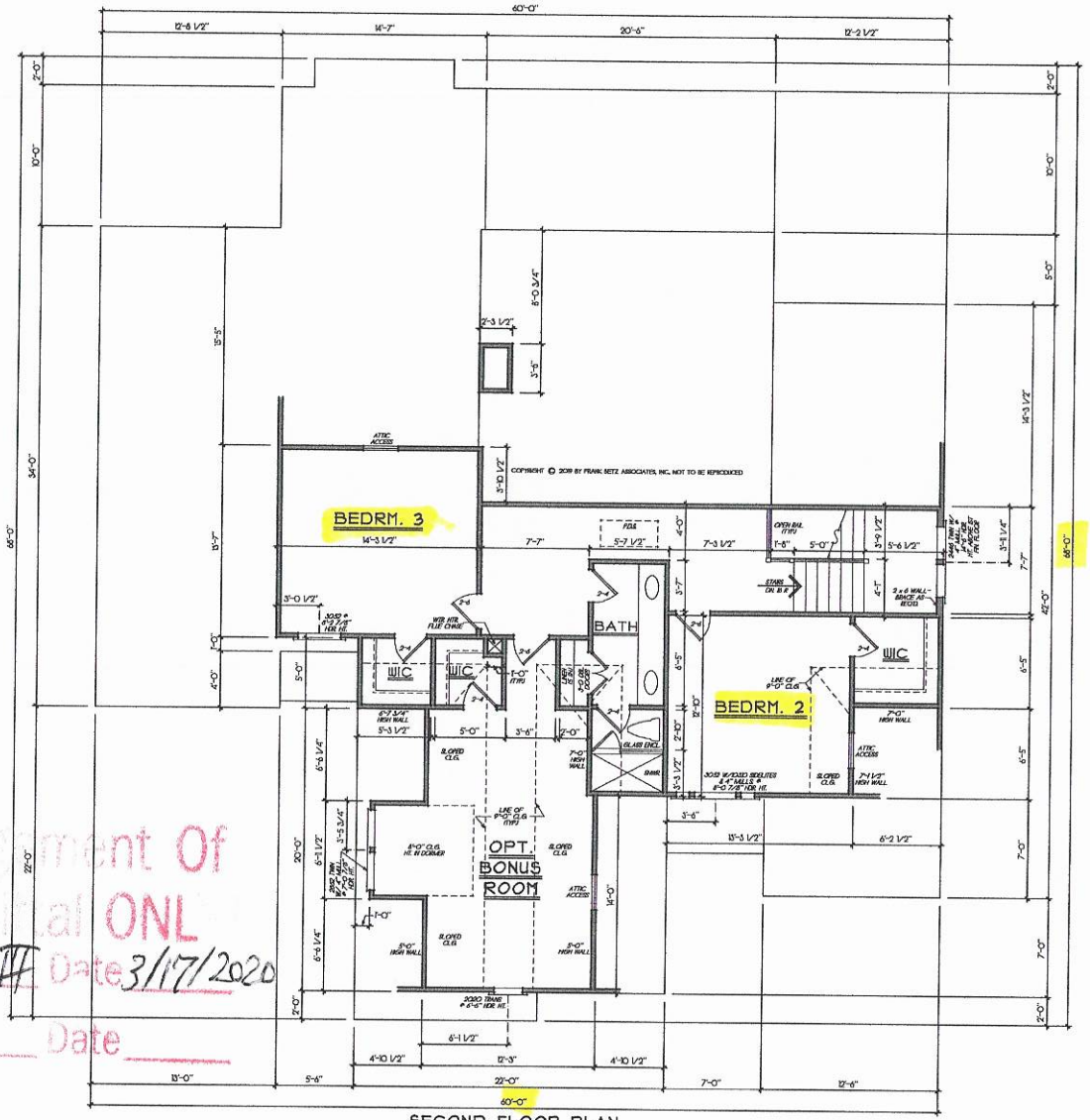
DATE 2-20-19

SHEET 3 OF 5

2-20-2019 8:13 PM C:\Users\Office\Desktop\Documents\Active\Active Jobs\Danbury Springs\DANBURY.dwg

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NOTE: ALL CEILING JOISTS AND RAFTER BRACING TO BEAR ON LOAD BEARING WALLS DESIGNED TO CARRY LOAD FROM ALL LEVELS AND ROOF ABOVE. ALL ROOF OPENINGS TO BE SUPPORTED BY ENGINEERED HEADER OR BEAM OR POCKETING DESIGNED TO CARRY LOAD.



SECOND FLOOR PLAN

1/4" = 1'-0"

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Indemnity: The client agrees to defend, indemnify, and hold harmless Frank Betz Associates, Inc. from any claim, liability, or defense cost in connection with an alleged error for which it is found to be solely and directly caused by our company's performance of services.

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Acknowledgement Of Plans Submittal ONL

Patrick J Bglett II Date 3/17/2020

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Matthew Sammis 3/12/2020 Date

REVISIONS	DATE	BY
PER YCBA	2-20-19	CAS

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SAMMIS RESIDENCE
GREER, S.C.

SECOND FLOOR PLAN

THE DANBURY SPRINGS

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOUSEPLANS
12045 HIGHWAY 92
WOODSTOCK, GEORGIA 30188
770-591-0888 800-717-3003

BY CAS CK TDJ

DATE 2-28-19

SHEET 4 OF 5

2-20-19 SM AU G:\Main Work Sheet\Documents\Active\Mar Sara Danbury Springs\CD\Plot.dwg

IREDELL COUNTY

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

APPLICATION NUMBER
241006
Issue Date: 12/18/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4654754930.000	108 CASTLEVIEW LANE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: RAY DEVELOPMENT LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: 4643 MARINER LANE	Address: 561 ENNIS RD
DENVER, NC 28037	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

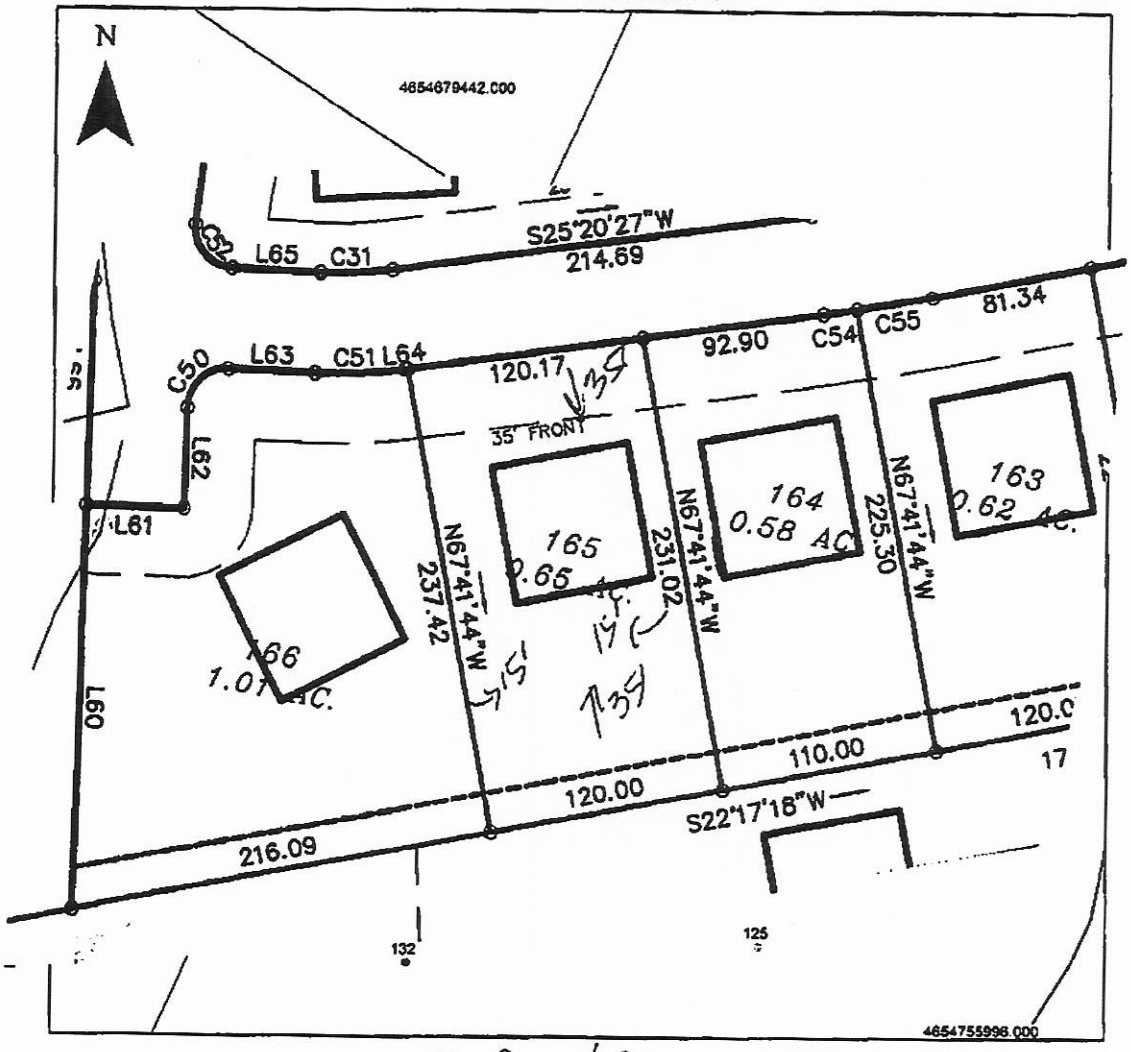
Remarks:

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	162562	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 108 Castleview

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.

Matthew S

Applicant

3/4/20

Date