IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 235615

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

PIN # 4658-98-0045 ✓

APPLICANT/OWNER: TLC Family Homes, LLC | APPLICANT ADDRESS: 201 Sassafras Rd. Mooresville, NC 28115

SITE ADDRESS: 169 Shinnville Rd Mooresville, NC 28115 | PHONE: 704-724-3111 | ALT. PHONE

SITE DIRECTIONS: Take 115N to 21N → Right on Shinnville Rd → Lot is 1/2 mile ahead on left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Thomas + Glenda Carriker | SECTION: — | LOT # 2 | LOT AREA: 2.382acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	825	Date	12/20/18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Conv. (Deep Installation) + Interceptor Drain
# Nitrification Fields	1	# Lines	3	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

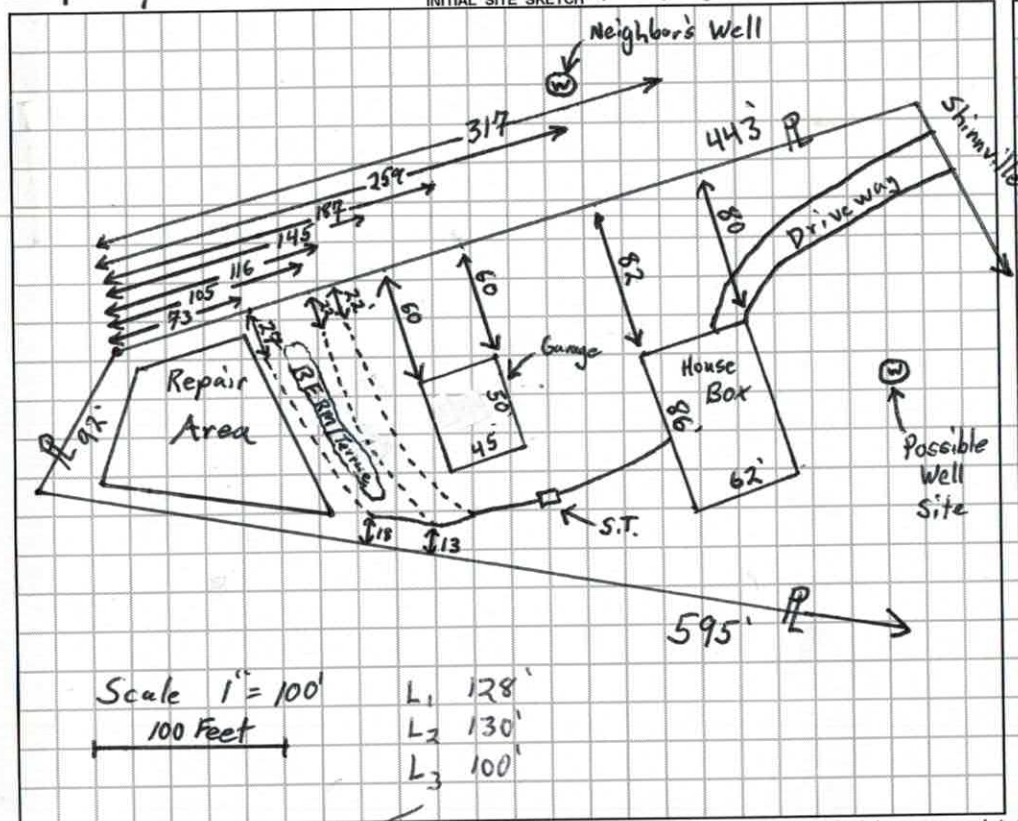
☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

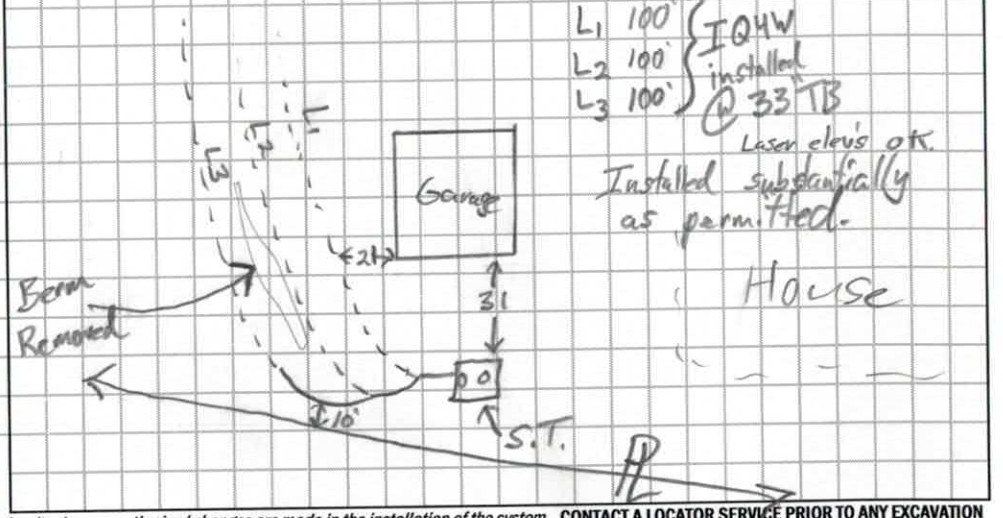
Comments / Conditions: Remove berm/terrace feature to ensure proper surface runoff. DO NOT place excess dirt/spoil atop repair area. Recommend pumping septic tank every 3-5 years. No business shall operate from garage unless first receiving written permission from ICHD. Recommend that a 1500 gallon septic tank be installed. Though 358 l.f. of line has been laid out only 300 l.f. need be installed. Extra area to be set aside for future repair. No living space in garage.

INITIAL SITE SKETCH



AS BUILT SKETCH

2/14/19 Rowan Septic 1000-gallon mid-seam conc-tank w/ a Tuff Tite EF-6 f. Hor



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: —

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/15/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/15/18

Installed by: Rowan Septic [Kevin Kirkpatrick

OPERATION PERMIT by: Tom Shuck Date: 2/14/19

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 #: 4658-78-0045
COUNTY: Iredell

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

OWNER: Thomas Carriker III
ADDRESS: 145 Shinnville Rd. Mooresville, NC
PROPOSED FACILITY: 3BR SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 169 Shinnville Rd. Mooresville, NC
APPLICATION DATE: 5/14/18
DATE EVALUATED: 5/12/18
PROPERTY SIZE: 2.382 acres
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

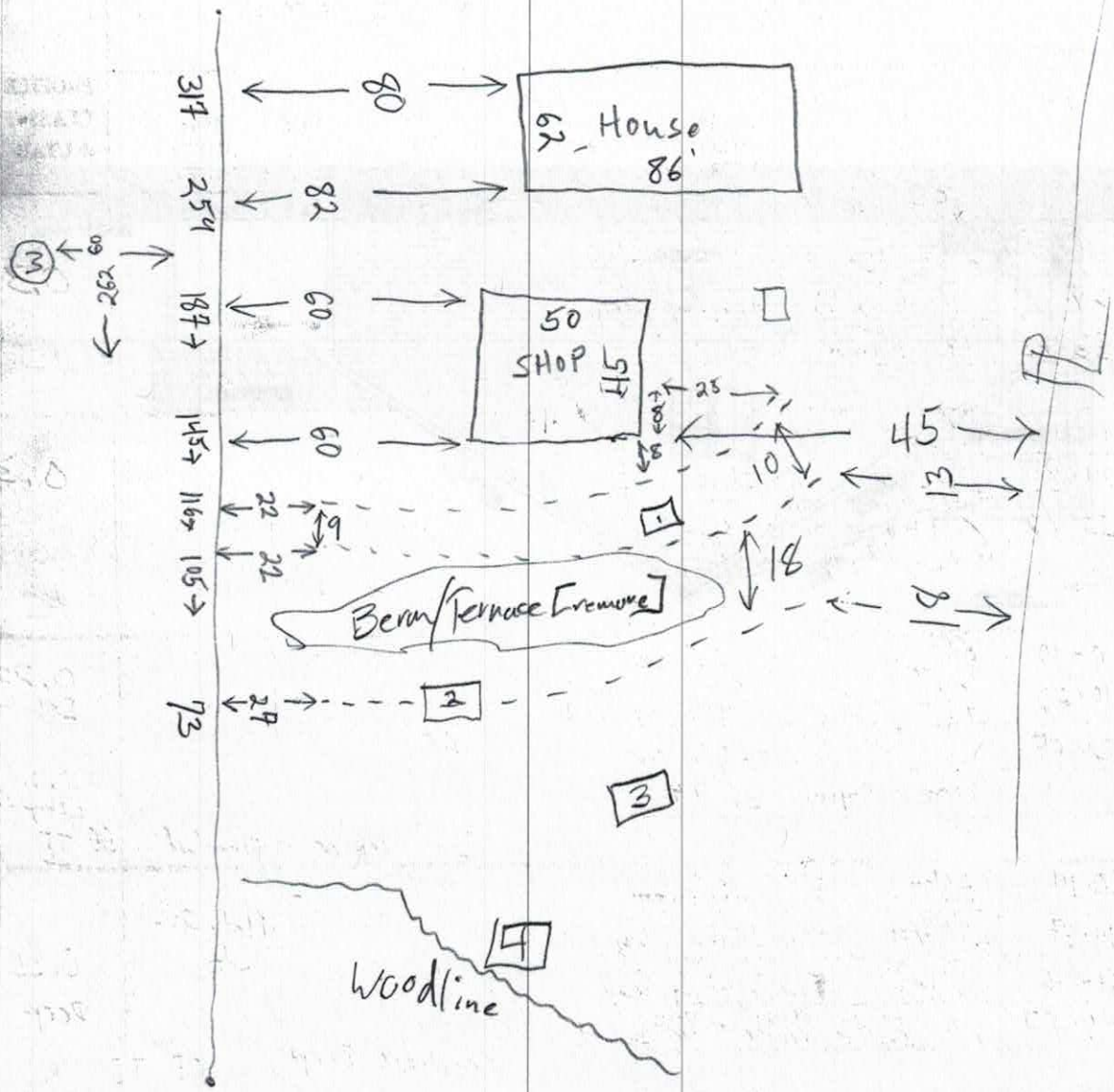
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 7% Primary	0-14	SCL V.W. SBK	Friable, SS, SP, SEXP		33"			0.30 PS
		14-28	Clay M SBK/ABK	Firm, Sticky, SP, SEXP					
		28-33	Clay Loam W. SBK common saprolite	Friable, SS, SP, SEXP					
		33-63	MA Loamy Saprolite	very Friable + well Drained					
2	LSS 7% Primary	0-14	SCL V.W. SBK	Friable, SS, SP, SEXP		62" 36" Fractured			0.30 PS
		14-33	Clay M SBK/ABK	Firm, Sticky, SP, SEXP					
		33-62	Clay Loam W. SBK	very friable SS, SP, SEXP					
			* Abundant Saprolite 40-62"						
3	LSS ≈6% Repair	0-10	SCL V.W SBK	SL Friable, SS, SP, SEXP	Light YB chroma 22-31"	65" Interceptor		Needed	0.225 [Shallow] 0.30 [Deep 38"+] 55" TB PS
		10-32	Clay M SBK/ABK	Firm, Sticky, SP, SEXP					
		32-67	Clay Loam V.W. SBK	SL Friable, SS, SP, SEXP					
			common Saprolite 38"-67"						
4	LSS 7% Repair	0-14	SCL V.W. SBK	SL Friable, SS, SP, SEXP		46" Fractured	Deep	Platy 27"-37" 55" TB	0.35 Deep PS
		14-37	Clay platy + ABK	Firm, Sticky, SP, SEXP					
		37-46	Clay Loam V.W. SBK	Friable SS, SP, SEXP					
		46-87"	MA Loamy Saprolite	very Friable + Very well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	400+
System Type(s)	25% Reduction	Conventional or PBTPS (vertical)
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: James Boggs + Shane Cashion.

COMMENTS: ___

L_1	5.76	P	128
L_2	6.37	W	130'
L_3	7.02	R	100
			358



RECEIVED MAY 17 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00

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

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

****

Page 2: *Site Plan Worksheet* form MUST accompany this application #235615

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

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: TLC Family Homes, LLC Address: 201 Sassafras Rd Zip: 28115
Applicant Email: TLCfamilyhomes@yahoo.com Phone: 704-724-3111 Alt. Phone: —
Owner Name: Thomas Carriker III Address: 145 Shinnville Rd Zip: 28115
Owner Email: N/A Phone: _____ Alt. Phone: —

****

Property Information:

Street Address: 1169 Shinnville Rd
Subdivision Name: N/A Section/Phase: N/A Lot Number: [redacted]12
Driving Directions: Take 115 N To 21 N Right on Shinnville Rd, 1/2 mile on left

****

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: _____

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

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: _____ 5-14-18
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, Thomas C Carruthers III, am the legal owner(s) of the property located at 1 Shinnville Rd, identified as PIN (Parcel Identification Number) 4658-98-0042, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) TLC Family 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.

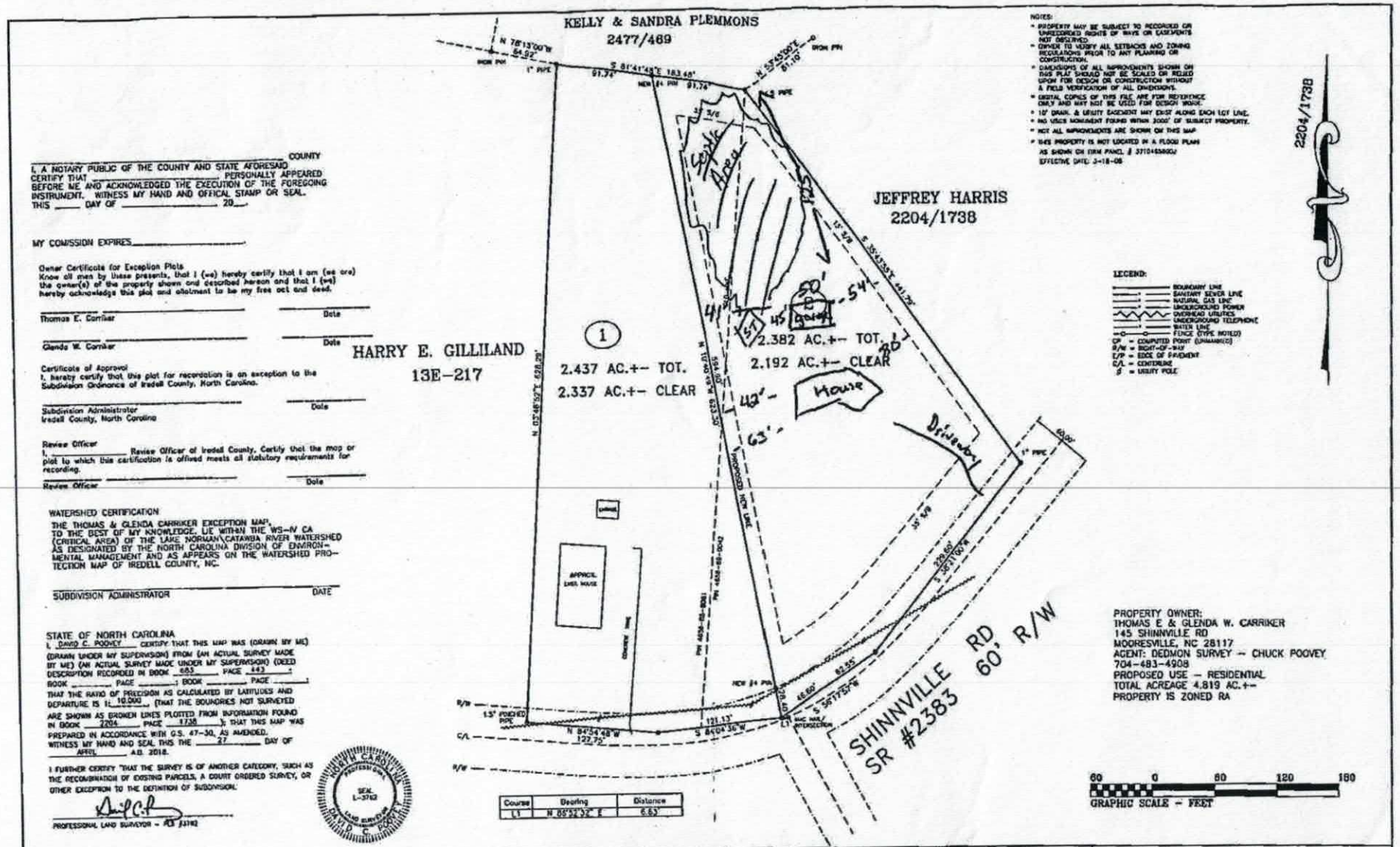
T Thomas C Carruthers III 5/2/18
Signature of Owner(s) Date

James H Davis 5-2-18
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



COUNTY

I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID CERTIFY THAT _____ PERSONALLY APPEARED BEFORE ME AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICAL STAMP OR SEAL. THIS ____ DAY OF _____ 20__.

MY COMISSION EXPIRES_____.

Owner Certificate for Exception Plats
Know all men by these presents, that I (we) hereby certify that I am (we are) the owner(s) of the property shown and described hereon and that I (we) hereby acknowledge this plat and allotment to be my free act and deed.

Thomas E. Carriker _____ Date

Glenda W. Carriker _____ Date

Certificate of Approval
I, hereby certify that this plat for recordation is an exception to the Subdivision Ordinance of Iredell County, North Carolina.

Subdivision Administrator
Iredell County, North Carolina _____ Date

Review Officer
I, _____ Review Officer of Iredell County, Certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review Officer _____ Date

WATERSHED CERTIFICATION
THE THOMAS & GLENDA CARRIKER EXCEPTION MAP, TO THE BEST OF MY KNOWLEDGE, LIE WITHIN THE WS-IV CA (CRITICAL AREA) OF THE LAKE NORMAN/CATAWBA RIVER WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY, NC.

SUBDIVISION ADMINISTRATOR _____ DATE

STATE OF NORTH CAROLINA
I, DAVID C. POOVEY CERTIFY THAT THIS MAP WAS (DRAWN BY ME) (DRAWN UNDER MY SUPERVISION) FROM (AN ACTUAL SURVEY MADE BY ME) (AN ACTUAL SURVEY MADE UNDER MY SUPERVISION) (DEED DESCRIPTION RECORDED IN BOOK 683 PAGE 443 ; BOOK _____ PAGE _____; BOOK _____ PAGE _____; BOOK _____ PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURE IS 1: 10,000 (THAT THE BOUNDRIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK 2204 PAGE 1738); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED. WITNESS MY HAND AND SEAL THIS THE 27 DAY OF APRIL A.D. 2018.

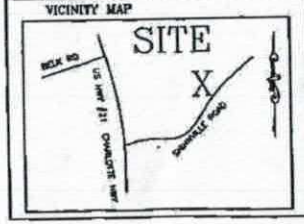
I FURTHER CERTIFY THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION.

PROFESSIONAL LAND SURVEYOR - NO. L-3762

NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

Course	Bearing	Distance
L1	N 86°52'32" E	6.63'

VICINITY MAP



DEDMON SURVEYS

DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 BUSINESS NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170

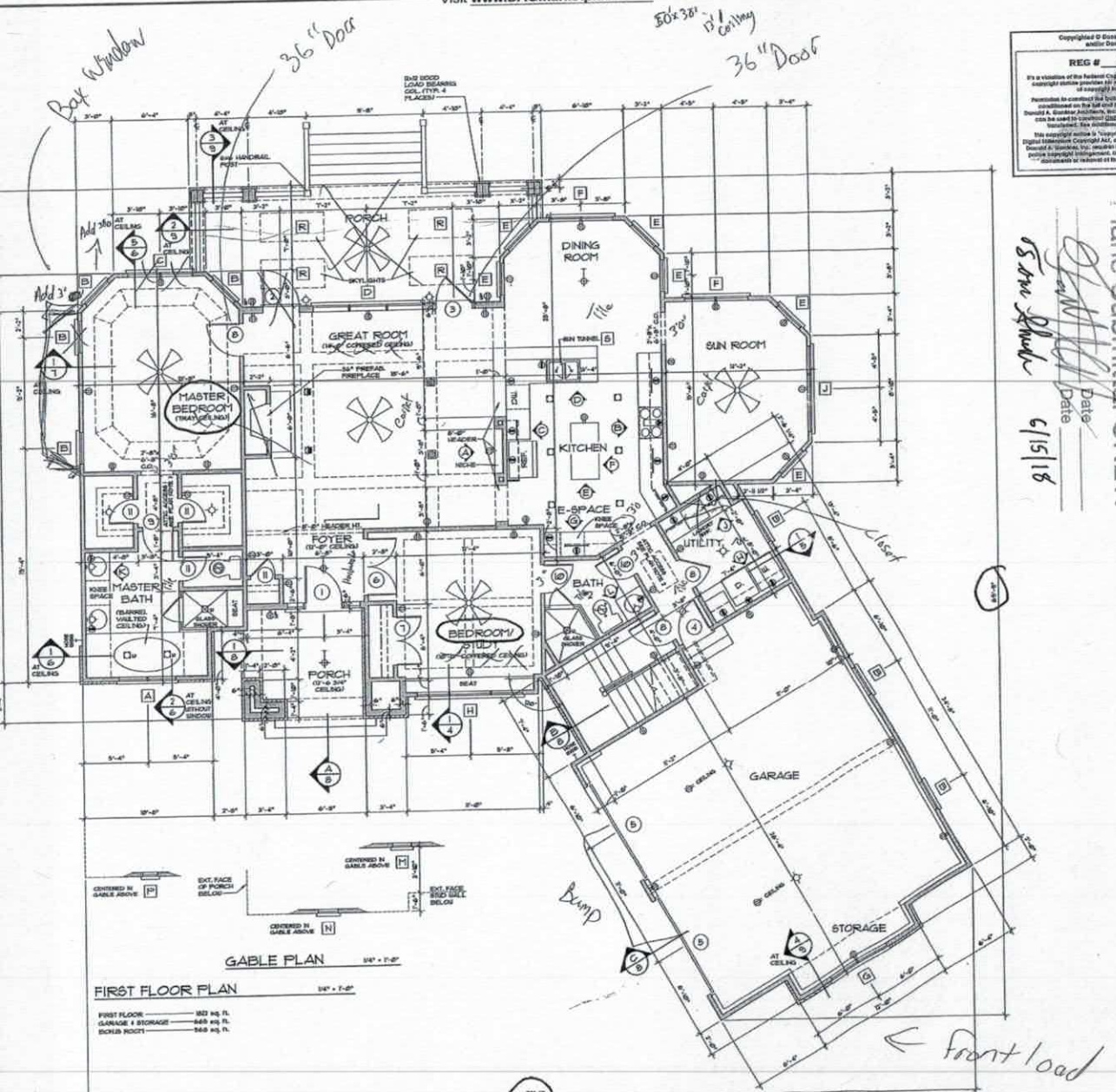
DATE 4-29-18
SCALE: 1" = 60'
DB: 683 PG: 443
DB: PG:
PB: XXXX PG: XXXX

CODDLE CREEK TOWNSHIP
IREDELL COUNTY, NC

SURV. BY: WT | DRAWN: CP | JOB# WSVR145

EXCEPTION SURVEY MAP
FOR
THOMAS E. CARRIKER
& GLENDA W. CARRIKER
LOT LINE ADJUSTMENT AS SHOWN
PIN 4658-88-8061 & 4658-98-0042
145 SHINNVILLE RD - MOORESVILLE, NC

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!



GABLE PLAN 1/4" = 1'-0"

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

FIRST FLOOR	1823 sq. ft.
GARAGE + STORAGE	649 sq. ft.
BONUS ROOM	568 sq. ft.

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REG # 321669

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Acknowledgement of Plans Submittal ONLY!

Date

Date 6/15/18

PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.

   REVIEW SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC EQUIPMENT WITH THE OWNER PRIOR TO CONSTRUCTION. ENSURE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.

   HVAC EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT ITO ALLOW REMOVAL OF THE EQUIPMENT, AND IN NO CASE LESS THAN 20"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOMS.
5. TYPICAL WALL, 2x4'S @ 16" O.C., UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
	WEATHER PROOF DUPLEX OUTLET ABOVE COUNTER LOCATION
	FLUSH FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN w/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT

DOOR SCHEDULE

SYMBOL ◯

MARK	SIZE	QUAN.	DESCRIPTION
-	3'-0" x 8'-0"	1	EXT., SOLID PANEL W/ 3'-1"x0'-1" LITE + 18" SIDELITES + 1'-9" ARCH HEAD TRANSOM #
2	3'-0" x 8'-0"	1	EXT., FULL GLASS W/ 1'-10" PARTIAL ARCH HEAD TRANSOM RIGHT #
3	3'-0" x 8'-0"	1	EXT., FULL GLASS W/ 1'-10" PARTIAL ARCH HEAD TRANSOM LEFT #
4	2'-8" x 6'-8"	1	EXT., 1 HOUR FIRE-RATED
5	9'-0" x 8'-0"	2	GARAGE
6	(2) 2'-4" x 6'-8"	1	INT.
7	(2) 2'-0" x 6'-8"	1	INT.
8	2'-6" x 6'-8"	4	INT.
9	2'-4" x 6'-8"	1	INT.
10	2'-4" x 6'-8"	2	INT.
11	2'-0" x 6'-8"	4	INT.

SEE ELEVATION FOR RADIUS.

WINDOW SCHEDULE

SYMBOL □

MARK	SIZE	QUAN.	DESCRIPTION
A	(2) 2'-4" x 4'-6"	1	DH, W/ 1'-4" ARCH HEAD TRANSOM ##
B	2'-8" x 5'-3"	1	DH.
C	(2) 2'-8" x 5'-3"	1	DH.
D	(3) 3'-0" x 6'-3"	1	DH, W/ 2'-9" ARCH HEAD TRANSOM ##
E	2'-8" x 6'-3"	8	DH.
F	(2) 2'-8" x 6'-3"	2	DH.
G	(2) 2'-8" x 5'-3"	1	DH, ARCH HEAD
H	2'-8" x 6'-3" 2'-8" x 6'-3" 2'-8" x 6'-3"	1	DH.
J	(3) 2'-4" x 6'-3"	1	DH.
K	2'-4" x 4'-6"	1	DH, ARCH HEAD
L	2'-8" x 4'-6"	1	DH.
M	1'-8" x 2'-8"	1	FIXED
N	1'-8" x 2'-8"	1	FIXED
P	1'-4" x 1'-4"	1	FIXED
Q	(2) 1'-8" x 4'-3"	1	DH.
R	3'-6 5/16" x 3'-3 3/8"	4	VELUX SKYLIGHT VSS-1034 ###
S	14" DIA.	1	VELUX SUN TUNNEL TWF-014 ###

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.

VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.

WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.

VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.

VERIFY WINDOW SILL HEIGHT CLEARANCE ABOVE TUBS AND COUNTERTOPS TO ALLOW FOR TILE AND/OR BACKSPLASH.

SEE ELEVATION FOR TRANSOM.

SEE ELEVATION FOR RADIUS.

VERIFY SKYLIGHT INSTALLATION REQUIREMENTS BEFORE CONSTRUCTION. IF CURB INSTALLATION IS RECOMMENDED DUE TO CLIMATIC CONDITIONS, MODEL NUMBER AND/OR ROUGH OPENING SIZE MAY VARY.

ALL FEDERAL STATE, AND LOCAL CODES, ORDINANCES, REGULATIONS AND MANUFACTURER'S INSTRUCTIONS ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS FOR THESE BUILDING AND SHALL TAKE PRECEDENCE OVER ANYTHING SHOWN, DESCRIBED, OR IMPLIED WHERE SAME ARE AT VARIANCE. THESE PLANS ARE NOT DRAWN FOR ANY PARTICULAR LOCALE. YOU ARE RESPONSIBLE FOR DETERMINING AND ENSURING COMPLIANCE WITH ALL APPLICABLE CODES AND MANUFACTURER'S REQUIREMENTS.

DONALD A. GARDNER, INC.
P.O. BOX 26178 • GREENVILLE S.C. • 29616
864 • 288 • 7580
www.dongardner.com

ROWAN
DESIGN NO. 1366
SHEET 5 OF 10 DR JAG
FLOOR PLAN

DO NOT SCALE DRAWINGS.

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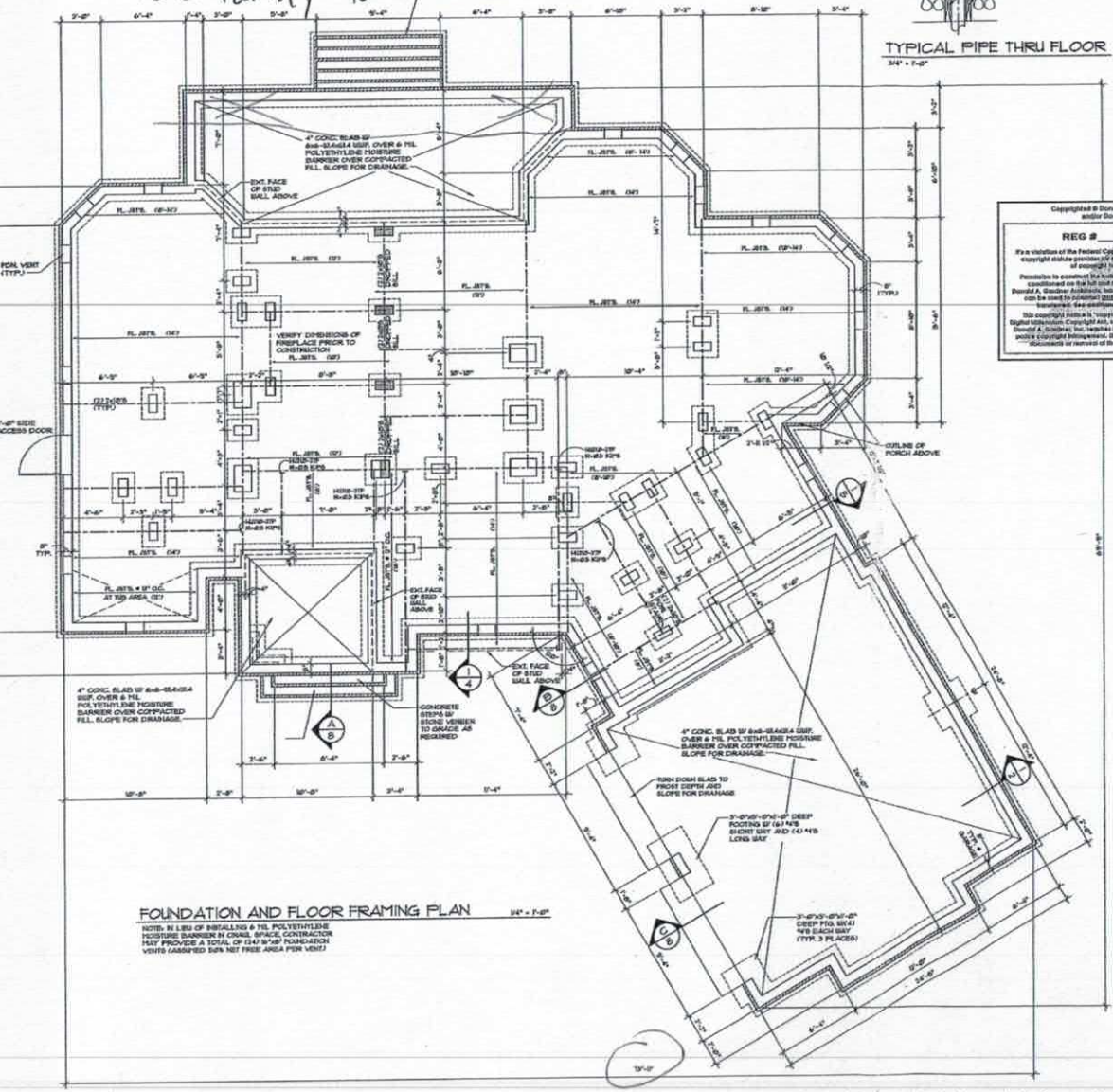
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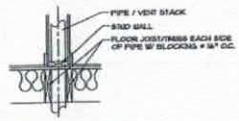
Visit www.DAGmarketplace.com for information on interior and exterior products for your home!

169 Shoville Rd

Davis Plan

TLC Family Homes





TYPICAL PIPE THRU FLOOR
3/4" = 1'-0"

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FOUNDATION LEGEND

FL .25% (U.O.) — FLOOR JOISTS, 2x10'S @ 16" O.C. WITH DECKING UNLESS NOTED OTHERWISE

CENTER LINE INDICATES (2) 2x10'S BEAM UNLESS NOTED OTHERWISE

8"x16" MAS. PIER

16"x24" MAS. PIER

8"x16" MAS. PIER TO RECEIVE DROPPED SILL

GENERAL NOTES

A. GENERAL:

1. AT THE TIME OF CREATION, PLANS CONFORM TO "CABO ONE AND TWO FAMILY DWELLING CODE," OR THE "INTERNATIONAL RESIDENTIAL CODE," HOWEVER MODIFICATIONS MAY BE NECESSARY TO COMPLY WITH LOCAL AND STATE CODES.
2. CONTRACTOR SHALL VERIFY ALL DIMENSIONS.
3. CONTRACTOR SHALL COMPLY WITH THE CONTENTS OF THE SPECIFICATIONS FOR THIS HOUSE.
4. ALL WOOD USED IN CONSTRUCTION OF DECKS AND STEPS SHALL BE TREATED. FASTENERS FOR TREATED WOOD (NAILS, BOLTS, HANGARS, ETC.) SHALL BE GALVANIZED.
5. CONTRACTOR SHALL INSTALL GROUND-FAULT AND ARC-FAULT CIRCUIT-INTERRUPTER OUTLETS AS PER CODE.
6. INSTALL ROOFING MATERIALS ACCORDING TO MANUFACTURERS RECOMMENDATIONS FOR THE AREA AND CLIMATE, INCLUDING BUT NOT LIMITED TO SHINGLES, TILES, FELTS, FLASHING, AND FASTENING DEVICES
7. HEARTH DIMENSIONS DETERMINED BY CODE
8. INSTALL ALL EXTERIOR FINISH MATERIALS PER MANUFACTURER'S RECOMMENDATIONS (I.E. CONTROL JOINTS, ATTACHMENT/ FASTENING DEVICES, FLASHING, SEALANTS, ETC.)

B. FRAMING:

1. STUD AND JOIST SPANS WERE DETERMINED ON THE BASIS OF THE ALLOWABLE STRESSES IN THE GRADING RULES OF THE SOUTHERN PINE INSPECTION BUREAU GRADE NUMBER TWO (2) KILN DRIED.
2. PROVIDE DOUBLE JOISTS BELOW ALL PARALLEL PARTITIONS, ABOVE AND AROUND ALL OPENINGS NOT INDICATED ON DRAWINGS.
3. PROVIDE SOLID BLOCKING BETWEEN FLOOR JOISTS UNDER WALLS THAT ARE PERPENDICULAR TO FLOOR JOISTS
4. SHEATH ALL EXTERIOR WALLS WITH NOMINAL 1/2" STRUCTURAL GRADE 2 PLYWOOD OR NOMINAL 1/2" OSB (ORIENTED STRAND BOARD) USING 8d NAILS SPACED 6" O.C. AT PERIMETER SHEETS AND 12" O.C. AT INTERIOR PERTSERS

C. VENTILATION:

1. PROVIDE CONTINUOUS RIDGE VENTS ON ALL ROOFS. LOCATE DOUBLE RIDGE BEARS TO ALLOW FOR PROPER INSTALLATION OF RIDGE VENTS.
2. PROVIDE CONTINUOUS ROOF TO WALL VENTS AT ALL JUNCTURES OF SLOPED ROOFS AND VERTICAL WALLS

D. FOOTINGS:

1. CARRY ALL FOOTINGS TO FIRM UNDISTURBED BEARING.
   A. 16" x 12" FOOTING FOR 8" FOUNDATION WALL WITH (3) #4 REINF. RODS CONTINUOUS
   B. 24" x 12" FOOTING FOR 12" OR 8 10" FOUNDATION WALL WITH (3) #4 REINF. RODS CONTINUOUS.
2. AT ELEVATED SLABS, PROVIDE #4 REINF. RODS TURNED UP VERTICALLY INTO THE FOUNDATION WALL AT 48" O.C. AND LIGHT UNBALANCED FILL TO 32" IN HEIGHT.

E. PIER FOOTINGS:

PIER FOOTINGS (TYPICAL UNLESS NOTED OTHERWISE)

1. PROVIDE 1'-8"x2'-4"x1'-0" DEEP CONCRETE FOOTING WITH (3) #4 REINF. RODS EACH WAY UNDER 8"x16" MASONRY PIERS.
2. PROVIDE 2'-4"x3'-0"x1'-0" DEEP CONCRETE FOOTING WITH (3) #4 REINF. RODS EACH WAY UNDER 16"x24" MASONRY PIERS.
3. FILL PIERS SOLID WITH 2500 P.S.I. CONCRETE, TYPICAL.
4. HEIGHT OF PIERS:
   A. PIERS LESS THAN 36" IN HEIGHT THAT ARE 8"x16" OR AS NOTED ON FOUNDATION PLAN.
   B. PIERS BETWEEN 36" AND 80" IN HEIGHT SHALL BE A MINIMUM OF 16"x24".
   C. PIERS GREATER THAN 80" IN HEIGHT SHALL BE A MINIMUM OF 16"x24" WITH (4) CONTINUOUS #5 BARS.

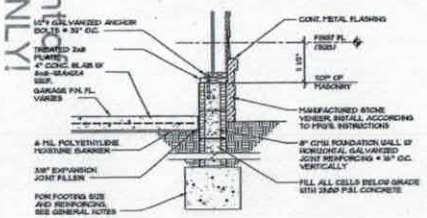
F. CHIMNEY CONSTRUCTION:

1. USE NOMINAL 1/2" STRUCTURAL GRADE 2 PLYWOOD OR NOMINAL 1/2" OSB (ORIENTED STRAND BOARD) SHEATHING.
2. SPLICE ONLY ONE CORNER STUD AT ANY SPLICE. STAGGER SPLICES AT LEAST 3'-0" AND USE (4) #10D8 PER CORNER.
3. USE 16d NAILS @ 4" O.C. AROUND ALL PLYWOOD EDGES AND 12" O.C. AT ALL INTERMEDIATE SUPPORTS.
4. PROVIDE BLOCKING BETWEEN STUDS AT 4'-0" INTERVALS.
5. CONTRACTOR TO VERIFY CHIMNEY FINISH MATERIAL WITH OWNER PRIOR TO CONSTRUCTION. IF BRICK MASONRY IS REQUIRED, CONTRACTOR TO MODIFY CONSTRUCTION OF FIREPLACE AND CHIMNEY AS REQUIRED.

Acknowledgement of Plans Submittal ONLY!

Owner — Date

Builder — Date



1/2 SECTION — 3/4" = 1'-0"

SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION

DO NOT SCALE DRAWINGS.

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ROWAN
DESIGN NO. 1366
SHEET 2 OF 10
DB JAG
FOUNDATION PLAN

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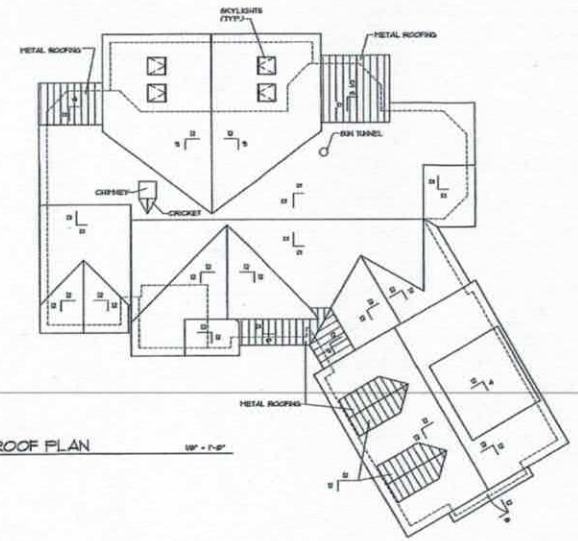
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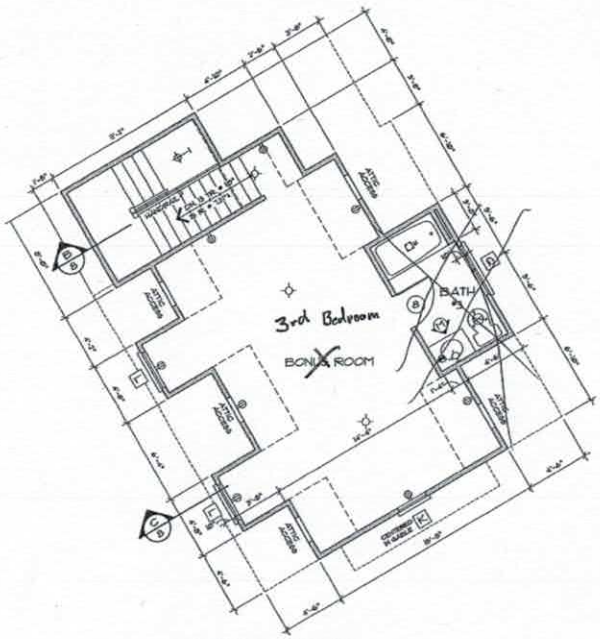
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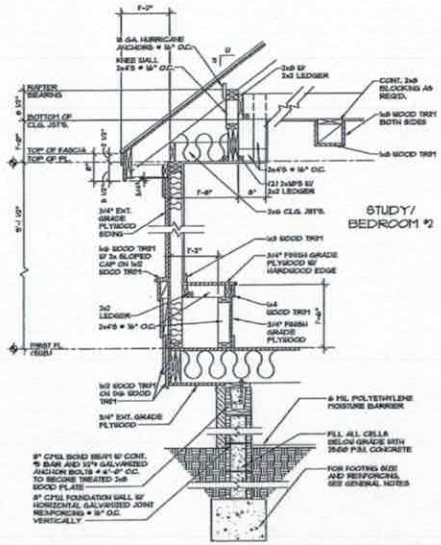
Tom Shuck 6/15/18



ROOF PLAN 1/8" = 1'-0"



BONUS ROOM FLOOR PLAN 1/4" = 1'-0"



1/4 SECTION 1/4" = 1'-0"
SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION

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ROMAN
DESIGN NO. 1366
SHEET 4 OF 10 JAG

BONUS ROOM FLOOR PLAN
1 ROOF PLAN

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IREDELL COUNTY

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

APPLICATION NUMBER
235615
Issue Date: 05/14/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4658980045.000	169 SHINNVILLE ROAD, MOORESVILLE, NC 28115	

Owner Information		Applicant Information	
Owner:	DONATION CONTRIBUTION	Applicant:	TLC FAMILY HOMES LLC
Address:		Address:	201 SASSAFRAS RD
	STATESVILLE, NC 28677		MOORESVILLE, NC 28115
Phone:		Phone:	704-724-3111

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	138691	TOTAL FEES:	$ 77.25