ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP300860

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

PIN # 4677011192

APPLICANT/OWNER: Peter Rondeau | APPLICANT ADDRESS: 159 Forest Walk Way Mooresville NC 28115

SITE ADDRESS: 333 Linwood Rd. Mooresville NC 28115 | PHONE: 704-235-9341 | ALT. PHONE

SITE DIRECTIONS: E Statesville Ave to R on N main St, R on Linwood Ave, Lot will be on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Carla Moore and Teresa D Moore | SECTION: – | LOT # Tract 2 | LOT AREA: 1.433 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	760	Date	5-13	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	LPPRPS		
# Nitrification Fields	1	# Lines	6	Linear Ft	480'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth (~~low side~~)		36" max		Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

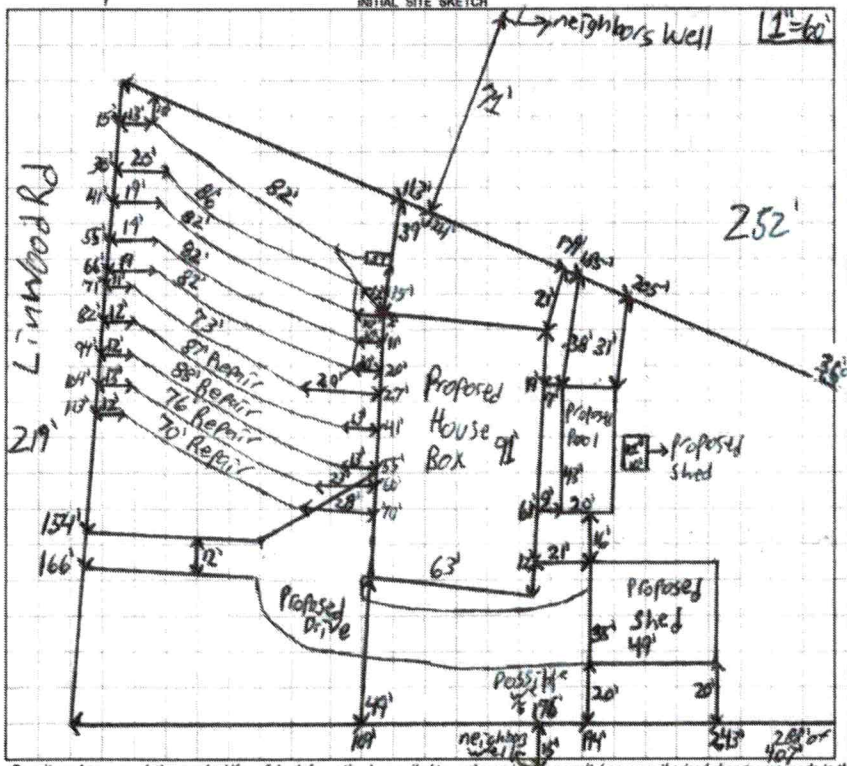
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

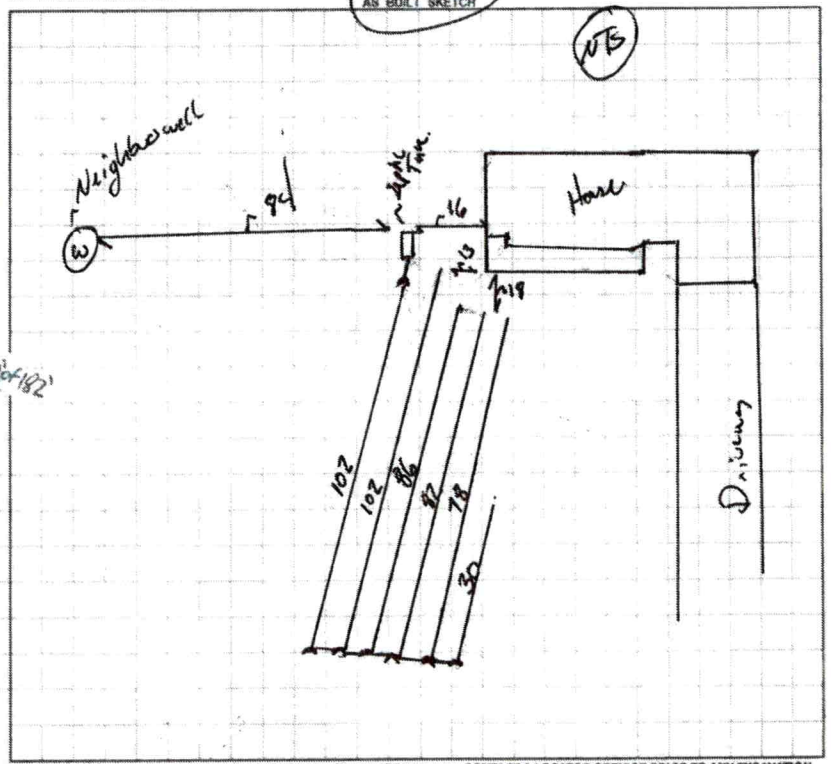
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Can cheat Contour but no more than 6". If installed deeper than 36" system will be in saperlite and well must be 100' away. Do not Drive on, store material, or manipulate septic area.

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**

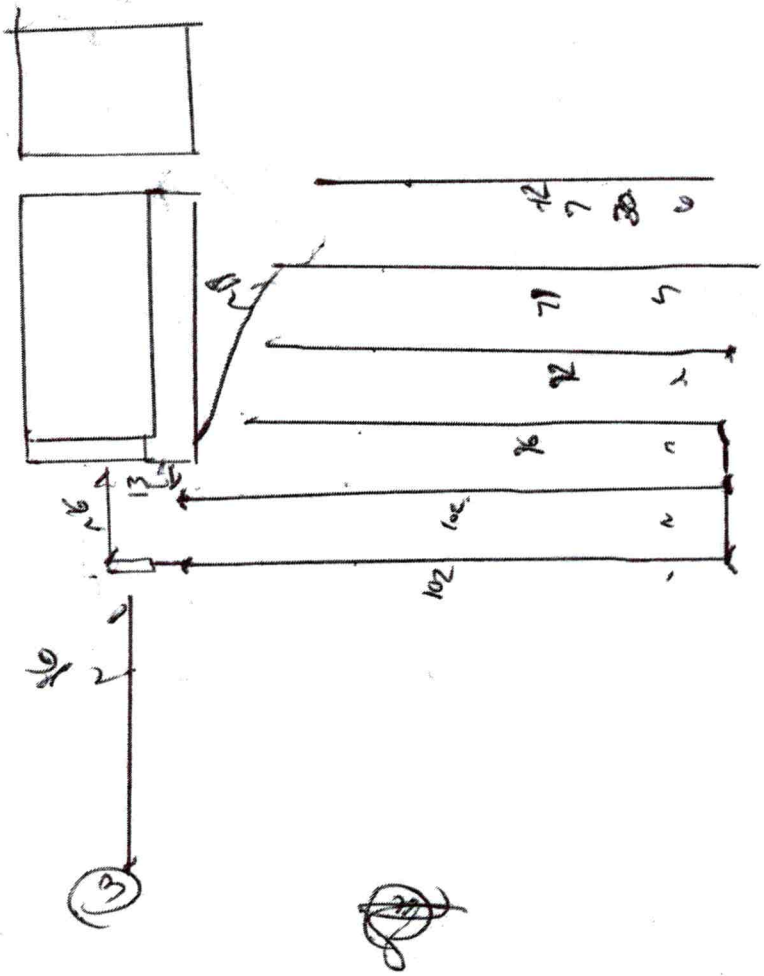
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 10-7-19 Installed by: Lute Wilson

IMPROVEMENT PERMIT by: Patrick O Bolett III Date: 10/2/19 OPERATION PERMIT by: Benjamin A Bell Date: 5-4-2020

AUTHORIZATION TO CONSTRUCT by: Patrick O Bolett III Date: 10/2/19 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 1 of 2
PROPERTY ID #: 167701192
COUNTY: Iredell

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

OWNER: Peter Roudeau
APPLICATION DATE 9/13/19
ADDRESS: 159 Forest walk way mooresville NC 28115
DATE EVALUATED: 9/24/19
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 1.433acres
LOCATION OF SITE: 333 Linwood Rd Mooresville NC 28115
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	SS 1%	0-6	SCL WkBlc	FrSSSPSexp.	—	50"	Sandy sapat 50" sap inclusions starting at 20" more common until 50"	—	PS.3
		6-24	C SBk/ABk	FiSSSPSexp					
		24-50	CL SBk	FrSSSPSexp					
		50-68	Sandy Sap Mass	VFr					
2	SS 1%	0-9	Fill	—	4B mottles scattered throughout 2.5Y6/4 starts at 32" more common at 42" grayish knots	58"	Sap inclusions starting at 18" More common until sandy sap at 58"	—	PS.25
		9-42	CSBk/ABlc	FiSSSPSexp					
		42-58	CL SBk	FrSSSPSexp					
		58-68	Sandy Sap Mass	VFr					
3	SS 2%	0-5	Fill	—	—	50"	Sap inclusions Starting at 12" more common until sandy sap at 50"	—	PS.275
		5-12	SCL SBk	FiSSSPSexp					
		12-29	C SBk/ABk	FiSSSPSexp					
		29-50	CL SBk	FrSSSPSexp					
		50-68	Sandy Sap Mass	VFr					
4	SS 2%	0-9	Fill	—	—	60"	Sap inclusions Starting at 20" more common until Loamy sap at 60"		PS.3
		9-22	C ABk	FiSSSPSexp					
		22-37	CSBk	FrSSSPSexp					
		37-60	CL ABk	FrSSSPSexp					
		60-72	Loamy sap mass	VFrSSSPSexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480'	320'
System Type(s)	25% Reduct LPPPPS	
Site LTAR	.25	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Patrick B
OTHER(S) PRESENT: _____

COMMENTS: has not rained in weeks soil was probably a little formerly normal

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

Sheet 2 of 2
PROPERTY ID #: 4674011192
COUNTY: Iredell

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

OWNER: Peter Raydeau
ADDRESS: 159 Forest Walkway Mooresville NC 28115
PROPOSED FACILITY: New single Fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 333 Linwood Rd Mooresville NC 28115
APPLICATION DATE 9/13/19
DATE EVALUATED: 9/24/19
PROPERTY SIZE: 1.433 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
5	SS 6%	0-6	FSIl	—	—	44"	Saprolite starting at 17" more common with depth to sap at 44"	—	PS, 3
		6-22	C ABk	Fr SSSPSexp					
		22-33	C SBk	Fr SSSPSexp					
		33-44	CL SBk	Fr SSSPSexp					
		44-72	Loamy Sap/Mass	Fr					
6	SS	0-19	C ABk	FrSSSPSexp	YBmottles Scattered throughout	49"	Sap inclusions starting at 15" more common until Sap at 49"	strong ABk up to 9" also a lot of manganese ini	PS, 25
		19-36	C SBk/ABk	FrSSSPSexp					
		36-49	CL SBk	FrSSSPSexp					
		49-72	Sandy Sap/Mass	FrSSSPSexp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480'	320'
System Type(s)	25%Red	LPPBBS
Site LTAR	.25	.25

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

COMMENTS: _____

AP 300860

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

$500 pd

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Peter Rondeau **Address:** 159 Forest Walk Way, Mooresville **Zip:** 28115

Applicant Email: prondeau65@gmail.com **Phone:** 704-235-8341 **Alt. Phone:**

Owner Name: Same. **Address:** **Zip:**

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

Property Information:

Street Address: 333 Linwood Rd. Mooresville, NC. 28115

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

Driving Directions:

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: 3
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(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 ( ) 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?

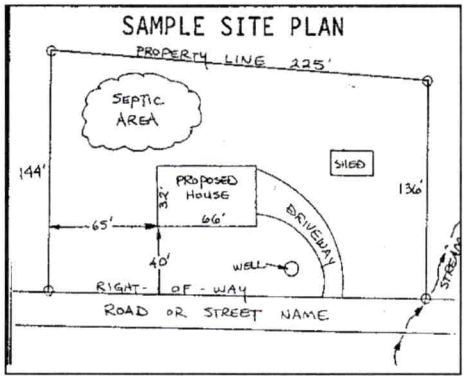
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 9-13-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

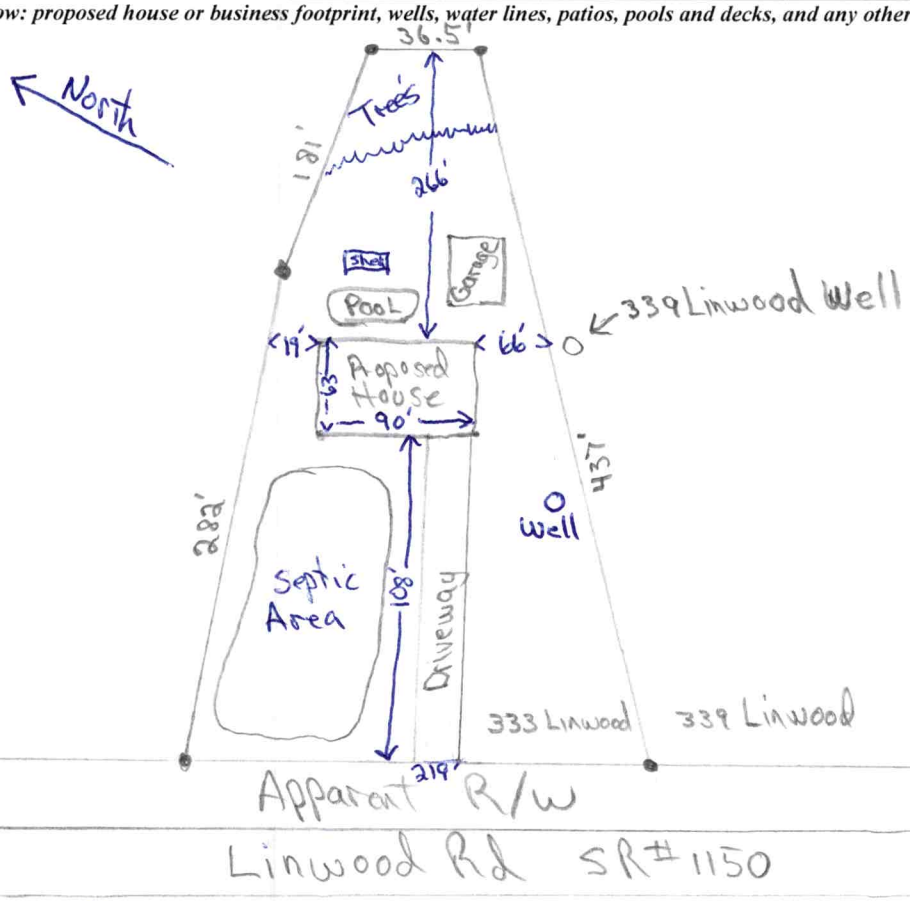
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other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



Signature: _____ 9-13-19

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

DigiSign Verified: AFBEE0A0-DC92-4784-B94A-36DCEA2C1946

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, **Allen Blide Patricia A Blide**, am the legal owner(s) of the property located at **333 Linwood Rd Mooresville NC 28115**, identified as

PIN (Parcel Identification Number) **4677-01-1192.00**, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, Peter + Carrie Rondeau, 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.

Allen Blide 09-06-2019 Patricia A Blide 09-06-2019

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

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l departures
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that this
signature,
that this
ordered

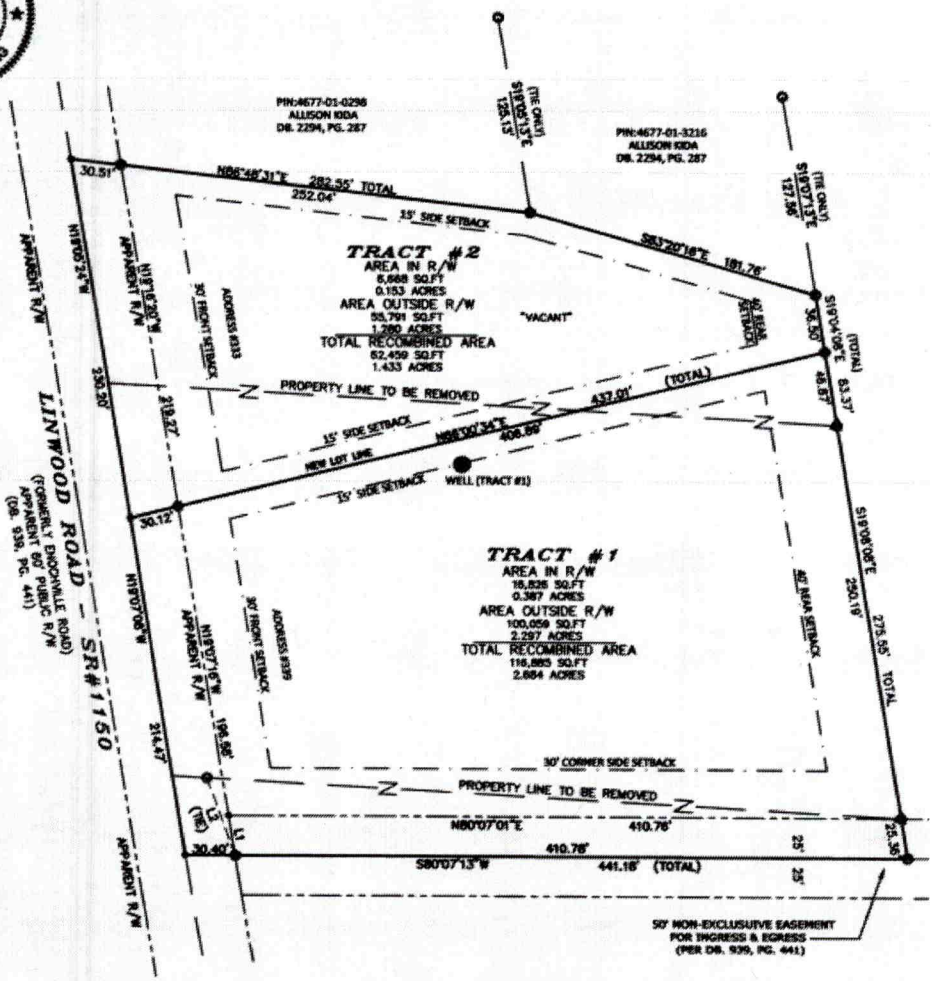
WATERSHED CERTIFICATE

All lots within to the best of my knowledge, lie within the WSII Balance of the Yadkin-Coddle Creek Watershed, as designated by the North Carolina Division of Environmental Management, and as appears on the Watershed Protection Map of Iredell County.

Subdivision Administrator

12/27/16
Date

Doc ID: 013683720001 Type: CRP
Recorded: 12/27/2016 at 01:53:48 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 65 PG 146



407'
37'
182'
252
219'

E TABLE

IGTH	BEARING
5.34	N19°07'16"W
1.54	S29°32'39"E

raphic Scale
0 60
owing 1 inch = 60 Feet

XUND
T
OINT
PERTY LINE
OPERTY LINE
BACK
Y (R/W)

STATE OF NORTH CAROLINA COUNTY OF Mecklenburg I, Brandy P. Williams, a Notary Public for said County and State, do Hereby certify that Carl B. Jacobs, IV & Teresa D. Irving personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this, the 22nd day of December, 2016.

Brandy P. Williams
Notary Public

My commission expires November 19, 2016

OWNER CE

Know all m
property s
and allotm

Owner's
C. B. & L.

Owner's

By:

Print
Addr

[redacted]

GENERAL PLAN NOTES:

1. GC TO REVIEW ALL DRAWINGS PRIOR TO CONSTRUCTION.
2. ANY DISCREPANCIES OR INCONSISTENCIES SHOULD BE BROUGHT TO THE ARCHITECTS ATTENTION PRIOR TO CONSTRUCTION.
3. ALL SUB-CONTRACTORS ARE TO WORK OFF OF FULL SETS OF DOCUMENTS.
4. DIMENSIONS ARE TO ROUGH FRAMING UNLESS NOTED OTHERWISE.
5. GC TO VERIFY ALL SITE CONDITIONS PRIOR TO CONSTRUCTION.
6. IN THE EVENT OF A DISCREPANCY BETWEEN STRUCTURAL DRAWINGS AND ARCHITECTURAL DRAWINGS, STRUCTURAL DRAWINGS WILL ALWAYS SUPERSEDE ARCHITECTURAL.
7. IF TRUSSES USED, A STATE LICENSED TRUSS COMPANY MUST PROVIDE SHOP DRAWINGS TO STRUCTURAL ENGINEER AND GC FOR REVIEW PRIOR TO FABRICATION.
8. ALL VENTING SHALL BE ROUTED TO THE BACK SIDE (NON-STREET/ENTRY) SIDE OF THE ROOF RIDGE AND BE PAINTED TO MATCH BASE ROOF COLOR.

INSULATION NOTES:

GC TO PROVIDE FINAL INSULATION OPTIONS PER CODE AND PER BUILDERS SPEC. *UNLESS NOTED OTHERWISE THE FOLLOWING INSULATION VALUES SHOULD BE USED.*

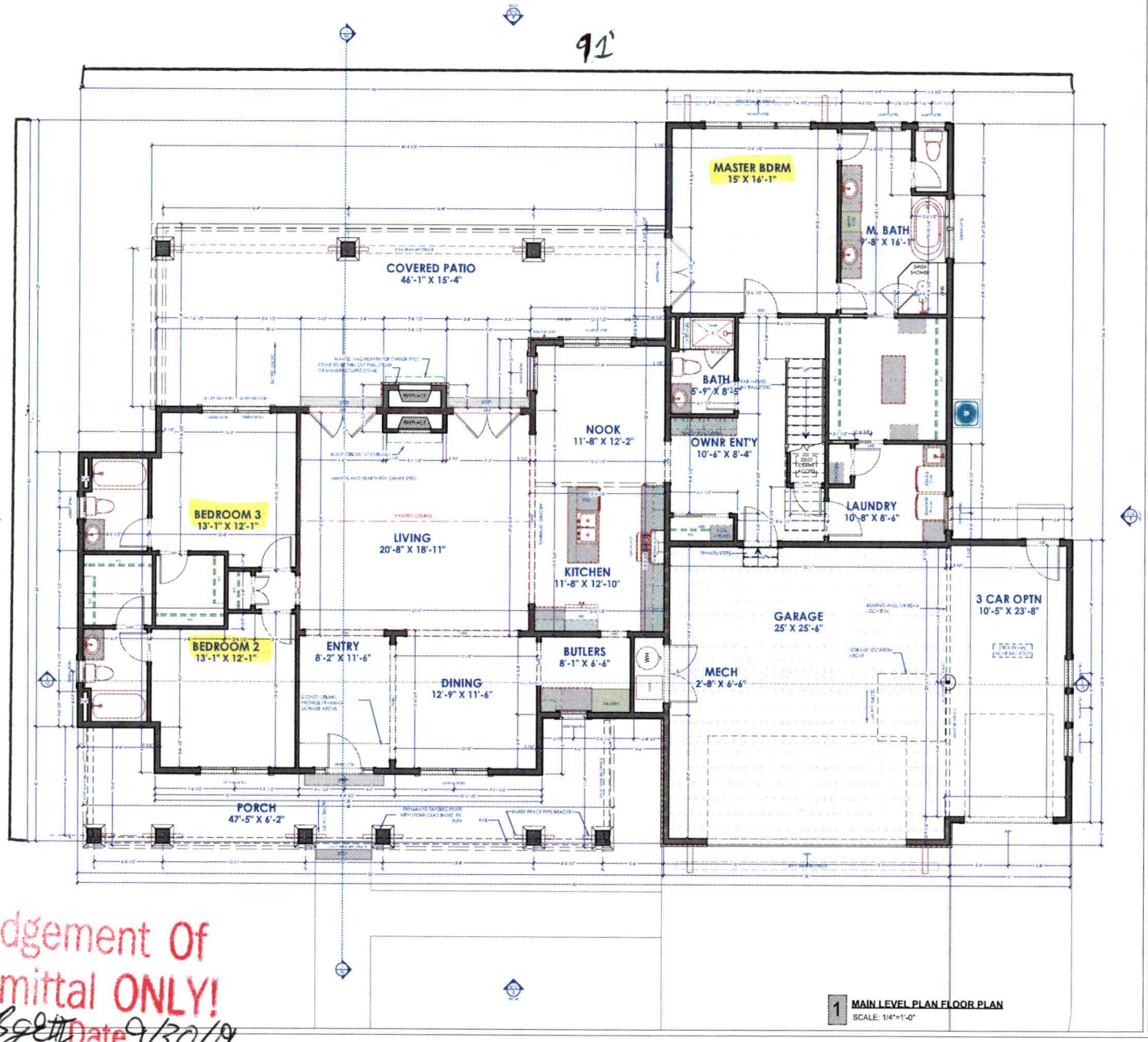
1. R-49 ROOF.
2. R-23 WALLS.
3. R-38 FLOORS

FLOOR PLAN GENERAL NOTES:

1. ALL WORK IS TO BE PERFORMED IN COMPLIANCE WITH ALL FEDERAL, STATE AND LOCAL CODES. SECURE ALL REQUIRED PERMITS AND APPROVALS PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. ALL CODE REFERENCES IN THESE DOCUMENTS REFER TO THE LATEST VERSION OF THE INTERNATIONAL RESIDENTIAL CODE.
2. THE PROJECT MANAGER, SUPERINTENDENT, AND ALL SUBCONTRACTORS ARE TO EXAMINE AND VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS BOTH ON THE PLANS AND IN THE FIELD. NOTIFY ARCHITECT AND BUILDER OF ANY DISCREPANCIES AND CONFLICTS PRIOR TO PROCEEDING WITH CONSTRUCTION.
3. BUILDER TO CONSULT COMPLETE SUBDIVISION PLANS FOR SPECIFIC UTILITY EASEMENTS AND OTHER PERTINENT INFORMATION.
4. BUILDER TO FIELD VERIFY AND COORDINATE UTILITY CONNECTIONS, THEIR ROUTING, METER LOCATIONS, HOSE BIBS AND OTHER ASSOCIATED ITEMS. BUILDER IS TO HAVE ALL EXISTING UTILITIES LOCATED BY ITS RESPECTIVE AUTHORITY, AND CONNECTIONS TO THOSE UTILITIES SHOULD TAKE THE MOST DIRECT ROUTE TO THE BUILDING.
5. IF A GEOTECHNICAL REPORT HAS BEEN PREPARED, IF HAS BEEN PROVIDED TO THE OWNER BY THEIR CONSULTANT. IF APPLICABLE, THE REPORT IS AVAILABLE FOR REVIEW AS AN AID IN PLANNING AND EXECUTING ALL AREAS OF WORK FOR THE PROJECT. THE REPORT DATA IS PROVIDED FOR REFERENCE ONLY, AND IS NOT TO BE CONSIDERED A PART OF THESE CONTRACT DOCUMENTS. WHILE IT IS BELIEVED TO BE RELIABLE, ITS ACCURACY AND/OR COMPLETENESS IS NOT GUARANTEED BY THE ARCHITECT.
6. BUILDER TO COORDINATE TOP OF FOUNDATION WALL ELEVATIONS WITH ELEVATION FROM STRUCTURAL DRAWINGS AND FINAL GRADING.
7. COORDINATE LANDSCAPE IRRIGATION SUPPLY AND REQUIRED SLEEVE LOCATIONS WITH THE BUILDER.
8. ALL WINDOWS TO BE DOUBLE PANED AND 'LOW E' TECHNOLOGY UNO. BASEMENTS AND SLEEPING ROOMS SHALL HAVE AT LEAST ONE OPERABLE EGRESS WINDOW FOR EMERGENCY ESCAPE. TEMPERED GLASS IS TO BE PROVIDED PER CODE.
9. STRUCTURAL DESIGN AND TRUSS AND FLOOR FRAMING DESIGN BY OTHERS.
10. CABINET DESIGN AND RELATED MILLWORK DRAWINGS ARE TO BE PROVIDED BY OTHERS.
11. ALL EXTERIOR DOORS LEADING TO UNHEATED AREAS ARE TO BE WEATHER-STRIPPED.
12. VERIFY WITH BUILDER IF GYP BOARD CORNERS ARE TO BE RADIUSED. FRAMING AT CABINETRY TO BE COORDINATED TO ALLOW FOR THE RADIUS TO TERMINATE AT OR BEFORE THE FACE OF CABINET.
13. TAKE CARE TO PROTECT ALL NEIGHBORING PROPERTY ENHANCEMENTS.
14. DO NOT SCALE DOCUMENTS.
15. ALL FLUES AND WALLS TO BE FIRESTOPPED.
16. MANUFACTURERS INSTALLATION INSTRUCTIONS ARE TO BE STRICTLY FOLLOWED FOR THE INSTALLATION OF ALL FIREPLACES. PROVIDE COMBUSTION AIR TO ALL FIREPLACES.
17. USE SELF CLOSING, TIGHT FITTING AND FIRE RATED GARAGE TO HOUSE DOORS ONLY.
18. ALL STAIR ASSEMBLIES OF 36" IN WIDTH OR GREATER SHALL HAVE A MINIMUM OF THREE STRINGERS.
19. PROVIDE GUTTERS AND DOWNSPOUTS (OR CHAINS PER PLANS). ON DOWNSPOUTS. A MINIMUM 4'-0" EXTENSION IS REQUIRED. SPLASH BLOCKS MAY ALSO BE USED, BUT MUST BE A MINIMUM OF 36" IN LENGTH.
20. ALL STONE TO BE THIN CUT REAL STONE OR PREMANUFACTURED STONE. RE: ELEVATION DRAWINGS. PROVIDE STUCCO PROFILE ABOVE STONE.
21. ALL BRICK TO HAVE ROWLOCK BRICK CAP WITH FLASHING AND TRIM OVER ROWLOCK. U.N.O.

WINDOW NOTES:

1 WINDOWS FINISH BY BUILDER SPEC.
2 PROVIDE LOW-E GLASS ON ALL WINDOWS SUBJECT TO OPINION OF WINDOW SUPPLIER.
3 GC AND WINDOW SUPPLIER TO VERIFY EGRESS REQUIREMENTS AND TEMPERED GLASS NEEDED.
4 GC AND WINDOW SUPPLIER TO VERIFY FINAL ROUGH OPENINGS.
5 PROVIDE ALL FLASHING AND COUNTER FLASHING, MEMBRANE WRAP AND SEALANT.
6 REF. BUILDING ELEVATIONS FOR WINDOW OPERATION.
7 BASEMENTS AND SLEEPING ROOMS SHALL HAVE AT LEAST ONE OPERABLE EGRESS WINDOW PER CODE.
8 TEMPER GLASS WHEN:
- LOCATION IS WITHIN A 24" ARC OF A DOOR, EITHER CLOSED OR OPEN.
- AREAS SUBJECT TO IMPACT BY HUMANS OR ANIMALS.
- GLASS USED IN DOORS.
- PLACED LESS THAN 18" AFF AND GREATER THAN 9 SF IN SIZE.
- AT BATHTUB AND SHOWER LOCATIONS.



1 **MAIN LEVEL PLAN FLOOR PLAN**
SCALE: 1/4"=1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Date 9/30/19
Date 10-2-19

SHEET TITLE: MAIN LEVEL PLAN FLOOR PLAN

USA HOMEPLANS
SCHOONOVER DESIGN GROUP LLC.
970.317.9260 • lisa@schoonoverdesigns.com

USA-2593-MT
MOUNTAIN RANCH STYLE
PLAN W/ CRAWL SPACE-
READ REV

DATE: 9/17/2019
SCALE:
SHEET: 3

GENERAL PLAN NOTES:

1. GC TO REVIEW ALL DRAWINGS PRIOR TO CONSTRUCTION.
2. ANY DISCREPANCIES OR INCONSISTENCIES SHOULD BE BROUGHT TO THE ARCHITECTS ATTENTION PRIOR TO CONSTRUCTION.
3. ALL SUB-CONTRACTORS ARE TO WORK OFF OF FULL SETS OF DOCUMENTS.
4. DIMENSIONS ARE TO ROUGH FRAMING UNLESS NOTED OTHERWISE.
5. GC TO VERIFY ALL SITE CONDITIONS PRIOR TO CONSTRUCTION.
6. IN THE EVENT OF A DISCREPANCY BETWEEN STRUCTURAL DRAWINGS AND ARCHITECTURAL DRAWINGS, STRUCTURAL DRAWINGS WILL ALWAYS SUPERSEDE ARCHITECTURAL.
7. IF TRUSSES USED, A STATE LICENSED TRUSS COMPANY MUST PROVIDE SHOP DRAWINGS TO STRUCTURAL ENGINEER AND GC FOR REVIEW PRIOR TO FABRICATION.
8. ALL VENTING SHALL BE ROUTED TO THE BACK SIDE (NON-STREET/ENTRY) SIDE OF THE ROOF RIDGE AND BE PAINTED TO MATCH BASE ROOF COLOR.

INSULATION NOTES:

GC TO PROVIDE FINAL INSULATION OPTIONS PER CODE AND PER BUILDERS SPEC. *UNLESS NOTED OTHERWISE THE FOLLOWING INSULATION VALUES SHOULD BE USED.*

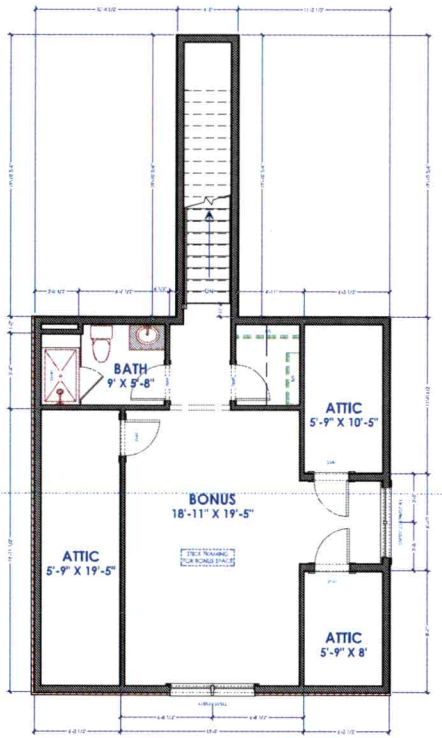
1. R-49 ROOF.
2. R-23 WALLS.
3. R-38 FLOORS

FLOOR PLAN GENERAL NOTES:

1. ALL WORK IS TO BE PERFORMED IN COMPLIANCE WITH ALL FEDERAL, STATE AND LOCAL CODES. SECURE ALL REQUIRED PERMITS AND APPROVALS PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. ALL CODE REFERENCES IN THESE DOCUMENTS REFER TO THE LATEST VERSION OF THE INTERNATIONAL RESIDENTIAL CODE.
2. THE PROJECT MANAGER, SUPERINTENDENT, AND ALL SUBCONTRACTORS ARE TO EXAMINE AND VERIFY ALL DIMENSIONS AND EXISTING CONDITIONS BOTH ON THE PLANS AND IN THE FIELD. NOTIFY ARCHITECT AND BUILDER OF ANY DISCREPANCIES AND CONFLICTS PRIOR TO PROCEEDING WITH CONSTRUCTION.
3. BUILDER TO CONSULT COMPLETE SUBDIVISION PLANS FOR SPECIFIC UTILITY EASEMENTS AND OTHER PERTINENT INFORMATION.
4. BUILDER TO FIELD VERIFY AND COORDINATE UTILITY CONNECTIONS, THEIR ROUTING, METER LOCATIONS, HOSE BIBS AND OTHER ASSOCIATED ITEMS. BUILDER IS TO HAVE ALL EXISTING UTILITIES LOCATED BY ITS RESPECTIVE AUTHORITY, AND CONNECTIONS TO THOSE UTILITIES SHOULD TAKE THE MOST DIRECT ROUTE TO THE BUILDING.
5. IF A GEOTECHNICAL REPORT HAS BEEN PREPARED, IF HAS BEEN PROVIDED TO THE OWNER BY THEIR CONSULTANT, IF APPLICABLE. THE REPORT IS AVAILABLE FOR REVIEW AS AN AID IN PLANNING AND EXECUTING ALL AREAS OF WORK FOR THE PROJECT. THE REPORT DATA IS PROVIDED FOR REFERENCE ONLY, AND IS NOT TO BE CONSIDERED A PART OF THESE CONTRACT DOCUMENTS. WHILE IT IS BELIEVED TO BE RELIABLE, ITS ACCURACY AND/OR COMPLETENESS IS NOT GUARANTEED BY THE ARCHITECT.
6. BUILDER TO COORDINATE TOP OF FOUNDATION WALL ELEVATIONS WITH ELEVATION FROM STRUCTURAL DRAWINGS AND FINAL GRADING.
7. COORDINATE LANDSCAPE IRRIGATION SUPPLY AND REQUIRED SLEEVE LOCATIONS WITH THE BUILDER.
8. ALL WINDOWS TO BE DOUBLE PANED AND "LOW E" TECHNOLOGY UNO. BASEMENTS AND SLEEPING ROOMS SHALL HAVE AT LEAST ONE OPERABLE EGRESS WINDOW FOR EMERGENCY ESCAPE. TEMPERED GLASS IS TO BE PROVIDED PER CODE.
9. STRUCTURAL DESIGN AND TRUSS AND FLOOR FRAMING DESIGN BY OTHERS.
10. CABINET DESIGN AND RELATED MILLWORK DRAWINGS ARE TO BE PROVIDED BY OTHERS.
11. ALL EXTERIOR DOORS LEADING TO UNHEATED AREAS ARE TO BE WEATHER-STRIPPED.
12. VERIFY WITH BUILDER IF GYP BOARD CORNERS ARE TO BE RADIUSED. FRAMING AT CABINETRY TO BE COORDINATED TO ALLOW FOR THE RADIUS TO TERMINATE AT OR BEFORE THE FACE OF CABINET.
13. TAKE CARE TO PROTECT ALL NEIGHBORING PROPERTY ENHANCEMENTS.
14. DO NOT SCALE DOCUMENTS.
15. ALL FLUES AND WALLS TO BE FIRESTOPPED.
16. MANUFACTURERS INSTALLATION INSTRUCTIONS ARE TO BE STRICTLY FOLLOWED FOR THE INSTALLATION OF ALL FIREPLACES. PROVIDE COMBUSTION AIR TO ALL FIREPLACES.
17. USE SELF CLOSING, TIGHT FITTING AND FIRE RATED GARAGE TO HOUSE DOORS ONLY.
18. ALL STAIR ASSEMBLIES OF 36" IN WIDTH OR GREATER SHALL HAVE A MINIMUM OF THREE STRINGERS.
19. PROVIDE GUTTERS AND DOWNSPOUTS (OR CHAINS PER PLANS). ON DOWNSPOUTS, A MINIMUM 4'-0" EXTENSION IS REQUIRED. SPLASH BLOCKS MAY ALSO BE USED, BUT MUST BE A MINIMUM OF 36" IN LENGTH.
20. ALL STONE TO BE THIN CUT REAL STONE OR PREMANUFACTURED STONE. RE: ELEVATION DRAWINGS. PROVIDE STUCCO PROFILE ABOVE STONE.
21. ALL BRICK TO HAVE ROWLOCK BRICK CAP WITH FLASHING AND TRIM OVER ROWLOCK. U.N.O.

WINDOW NOTES:

1. WINDOWS FINISH BY BUILDER SPEC.
2. PROVIDE LOW-E GLASS ON ALL WINDOWS SUBJECT TO OPINION OF WINDOW SUPPLIER
3. GC AND WINDOW SUPPLIER TO VERIFY EGRESS REQUIREMENTS AND TEMPERED GLASS NEEDS.
4. GC AND WINDOW SUPPLIER TO VERIFY FINAL ROUGH OPENINGS.
5. PROVIDE ALL FLASHING AND COUNTER FLASHING, MEMBRANE WRAP AND SEALANT.
6. REF. BUILDING ELEVATIONS FOR WINDOW OPERATION.
7. BASEMENTS AND SLEEPING ROOMS SHALL HAVE AT LEAST ONE OPERABLE EGRESS WINDOW PER CODE.
8. TEMPER GLASS WHEN:
   - LOCATION IS WITHIN A 24" ARC OF A DOOR, EITHER CLOSED OR OPEN.
   - AREAS SUBJECT TO IMPACT BY HUMANS OR ANIMALS.
   - GLASS USED IN DOORS.
   - PLACED LESS THAN 18" AFF AND GREATER THAN 9 SF IN SIZE.
   - AT BATHTUB AND SHOWER LOCATIONS



1 **UPPER LEVEL PLAN FLOOR PLAN**
SCALE: 1/4"=1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Patrick D Byle III Date 9/30/19
Date 10-2-19

SHEET TITLE: **UPPER LEVEL PLAN**
FLOOR PLAN

USA HOMEPLANS
SCHOONOVER DESIGN GROUP LLC.
970.317.2097 * team@usahomeplans.com

USA-2593-MT
MOUNTAIN RANCH STYLE
PLAN W/ CRAWL SPACE-
READ REV

DATE: 9/17/2019

SCALE:

SHEET: 4

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 000262 Subdivision:

Proposed Use: SINGLE FAMILY HOME

Street Address: 333 LINWOOD RD

Tax PIN: 4677011192.000 Zoning: R2 Lot: 0 Size:

Owner: BLIDE ALLEN+PATRICIA A

Address:

,

Applicant: PETER RONDEAU

Address: 159 FOREST WALK WAY

MOORESVILLE, NC 28115

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 0 Front Yard Depth: 30 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 15

Remarks: APPROVAL FOR SEPTIC EASEMENT FOR SINGLE FAMILY HOME
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS

HEATHER POSTON	09/13/2019	$50
Approved By:	Date	Application Fee