ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

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

PERMIT # 227595

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

PIN # 4704-44-2559

APPLICANT/OWNER: Davey Winter | APPLICANT ADDRESS: 540 Woodbridge Rd. Statesville, NC

SITE ADDRESS: 1331 Island Ford Rd. Statesville, NC 28625 | PHONE: 704-500-4632 | ALT. PHONE —

SITE DIRECTIONS: Old Mtn Rd N from I-40 → L on Island Ford Rd → Driveway on left

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 2.00 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	760	Date	4/19/21
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	5	Linear Ft	300
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—

☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI

System Description: 25% Reduction (serial distribution)

Repair System Description: PPBPS (50% Reduction)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☒ Crawl Space no Drain

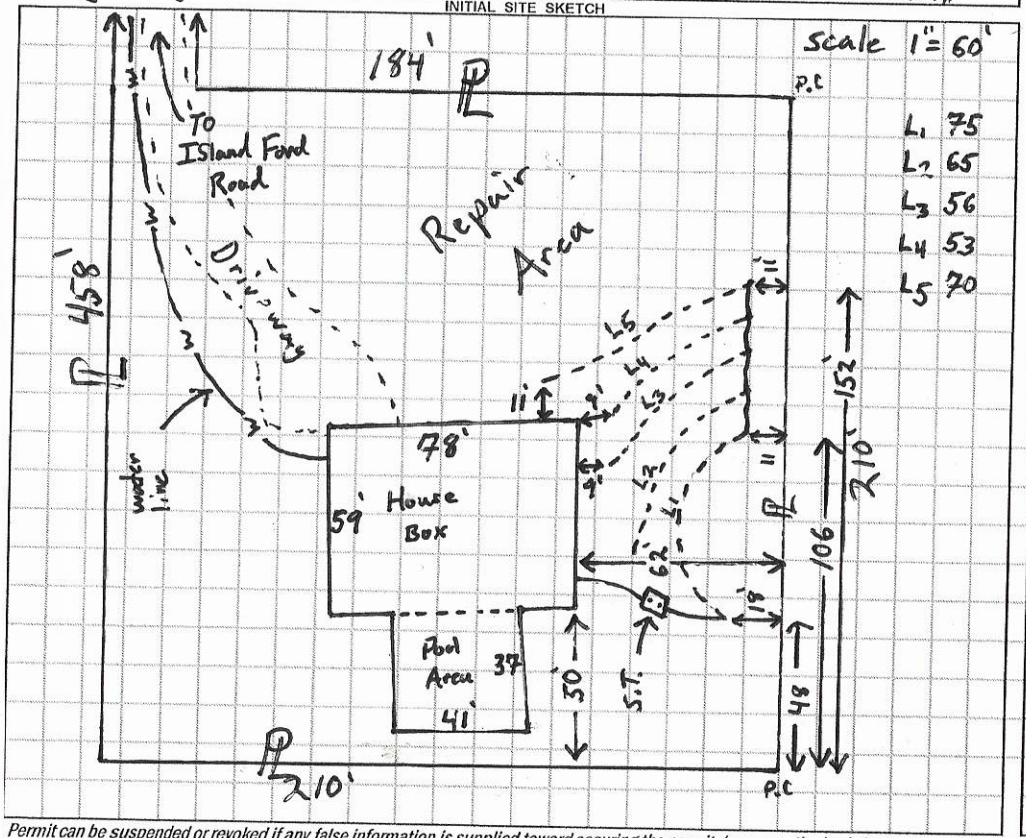
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

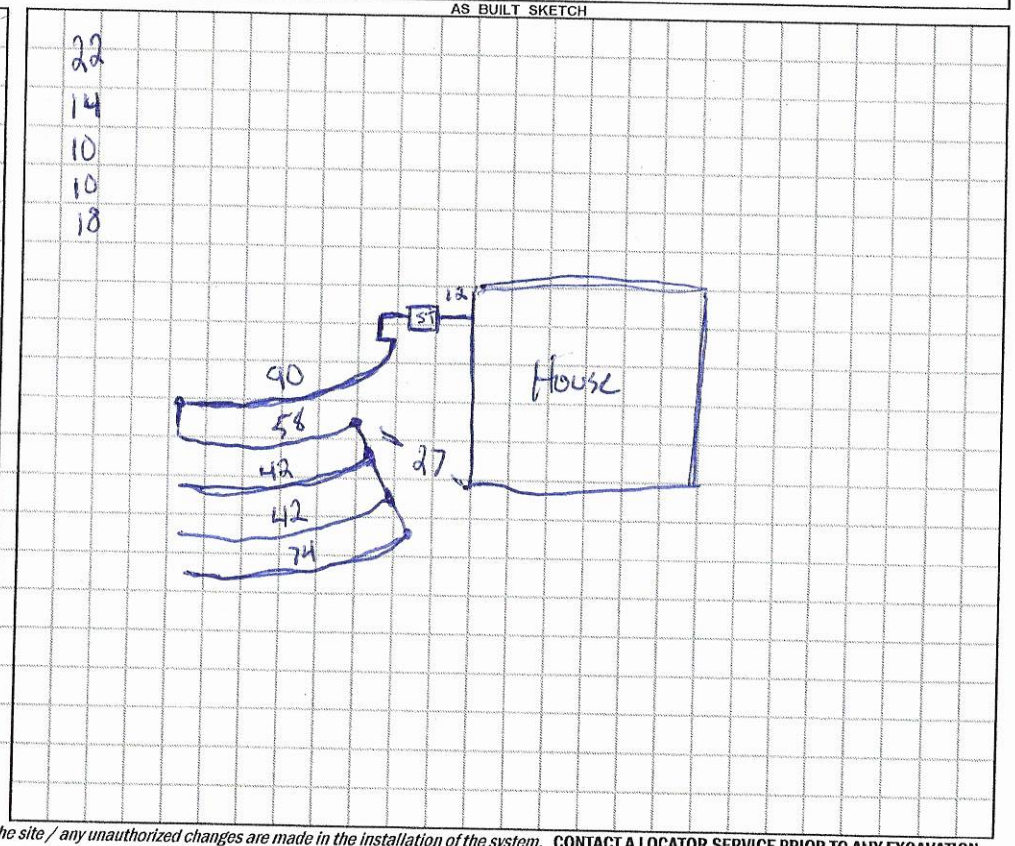
Comments / Conditions: Though 319 l.f. of drainfield has been laid out only 300 l.f. need be installed. Recommend pumping septic tank every 5 years. NO FOUNDATION DRAIN to be installed.

Direct all water away from septic area. Stub out house sewer line shallow to ensure fall to top drainfield line

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: Davey Winter Date: 6/22/2020

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/16/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bell Date: 6/22/2020

Installed by: STUTTS GRADING & Land

OPERATION PERMIT by: Bryant C. White Date: 6-30-2021

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 #: 4704-44-2557
COUNTY: Iredell

Partly Cloudy 84°F

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Davey Winter
APPLICATION DATE: 5/27/2020
ADDRESS: 540 Woodbridge Rd. Statesville, NC
DATE EVALUATED: 6/11/2020
PROPOSED FACILITY: 3 BR SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 2.00 ac±
LOCATION OF SITE: 1331 Island Ford Rd Statesville
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

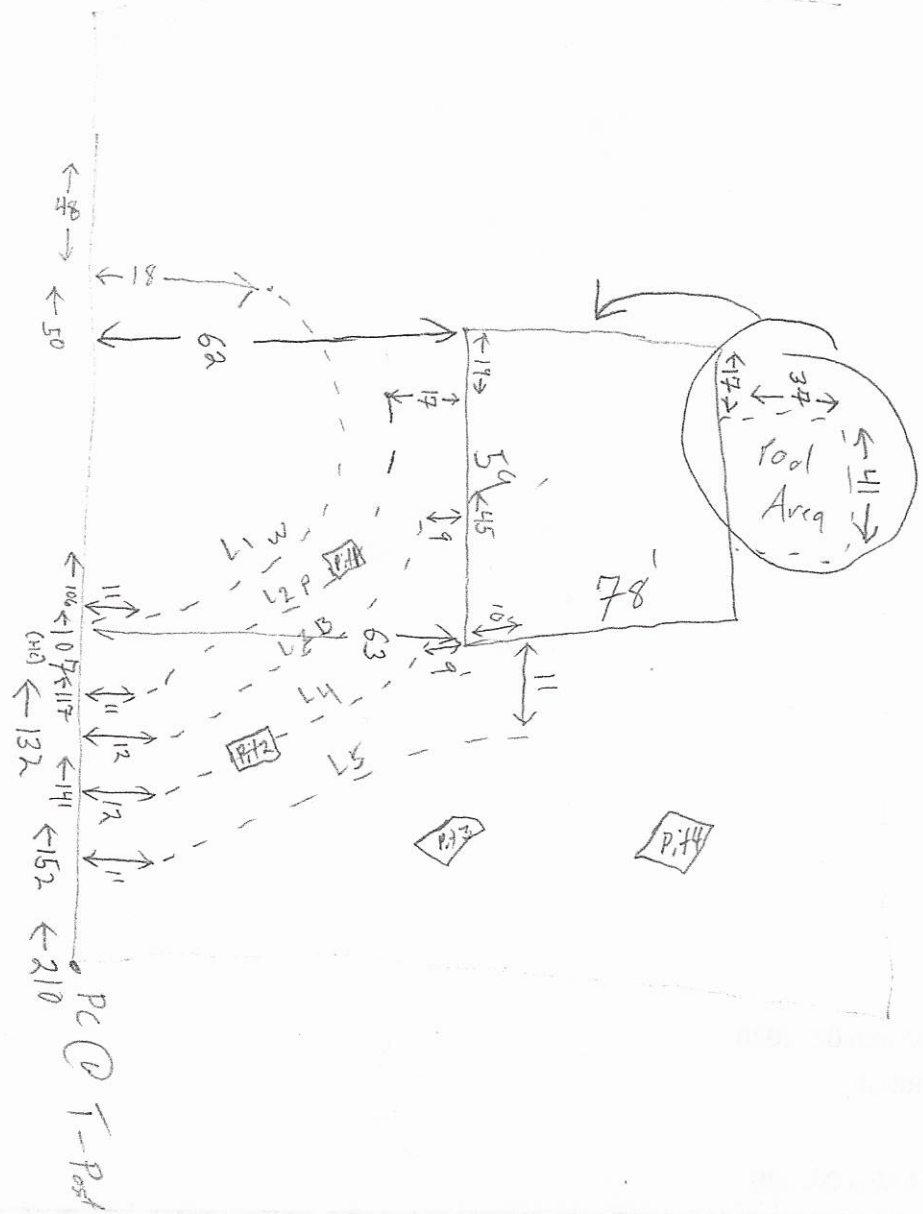
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Summit 4%	0-3	SCL V.W. SBK	Sl. Friable, SS, Sp, Sexp	—	52"	—	—	0.375 PS
		3-24	Clay w common mica m. SBK/ABK	Firm, Sticky, Sp, Sexp					
		24-52	Clay Loam Sandy w. SBK commonmica	Friable, SS, Sp, Sexp					
2	Shoulder (Linear) 3%	0-6	SCL V.W. SBK	Sl. Friable, SS, Sp, Sexp	—	53"	—	—	0.30 PS
		6-27	Clay m. SBK/ w. ABK	Sl. Firm, Sticky, Sp, Sexp					
		27-53	Clay Loam w. SBK some mica	Sl. Friable, SS, Sp, Sexp					
3	LSS 4%	0-5	SCL V.W. SBK	Sl. Friable, SS, Sp, Sexp	trace/some Light Brown mottles 7.5YR 6/8 6-13"	54"	—	—	0.30 PS
		5-12	Clay (Ap?) w. ABK	Firm, Sticky, Sp, Sexp					
		12-22	clay m. SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					
		54"-60	MA Loamy Saprolite	Well Drained + Very Friable					
		22-54"	Clay Loam V.W. SBK common mica	very Friable, SS, Sp, Sexp					
4	LSS 5%	0-17	SCL V.W. SBK	Sl. Friable, SS, Sp, Sexp		51"	—	—	0.30 PS
		17-32	Clay m. SBK w. ABK	Sl. Firm, Sticky, Sp, Sexp					
		32-51	Clay Loam v.w. SBK some mica	Sl. Friable, SS, Sp, Sexp					
		51-61	MA Loamy Saprolite	very Friable Well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330+ l.f.	250 l.f.
System Type(s)	25% Red	50% Red
Site LTAR	0.30	0.30

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

HC 5.26

L, W	4.65'	75
L_2 P	5.00'	65
L_3 B	5.28'	56
L_4 R	5.67'	53
L_5 W	6.20'	70
		319



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

Sheet ___ of ___
PROPERTY ID #: Not created
COUNTY: Iredell

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

OWNER: Davey Winter
ADDRESS: 540 Woodbridge Rd
PROPOSED FACILITY: 360 GPD
LOCATION OF SITE: 1331 Island Ford Rd.

APPLICATION DATE: 5/31/17
DATE EVALUATED: 6/2/2017
PROPOSED DESIGN FLOW (.1949): 4BR House/300
PROPERTY SIZE: To be created (Parent parcel 78 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	5.5%	0-37	Clay W-M SBK	Sl. Firm, Sticky, Sp, Sexp	–	48	–	–	0.30 PS
		37-48	Clay Loam W. SBK	Sl. Friable, SS, Sp, Sexp					
2	6%	0-33	Clay W-M SBK		–	40	–	–	0.30 PS
		33-36	Clay + some W. SBK mica						
		36-40	Clay Loam W. SBK (some SAP)						
		Saprolite refusal @ 40"							
3	6%	0-36	Clay W-M SBK Trace Mica	Sl. Firm, Sticky, Sp, Sexp	–	48	–	–	0.30 PS
		36-42	Clay Loam W. SBK some mica	Sl. Friable, SS, Sp, Sexp					
		42-48	Clay Loam W. SBK + Some Saprolith	Friable, SS, Sp, Sexp					
4	6%	0-37	Clay W-M SBK Trace mica	Sl. Firm, Sticky, Sp, Sexp	–	48	–	–	0.30 PS
		37-43	Clay W. SBK some mica	Sl. Firm, SS, Sp, Sexp					
		43-44	Clay Loam W. SBK Trace Saprolith	Sl. Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	300+
System Type(s)	25%	25%
Site LTAR	0.30	0.30

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

COMMENTS: ___

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None			

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH — In inches below natural soil surface

DEPTH OF FILL — In inches from land surface

RESTRICTIVE HORIZON — Thickness and depth from land surface

SAPROLITE — S(suitable) or U(unsuitable)

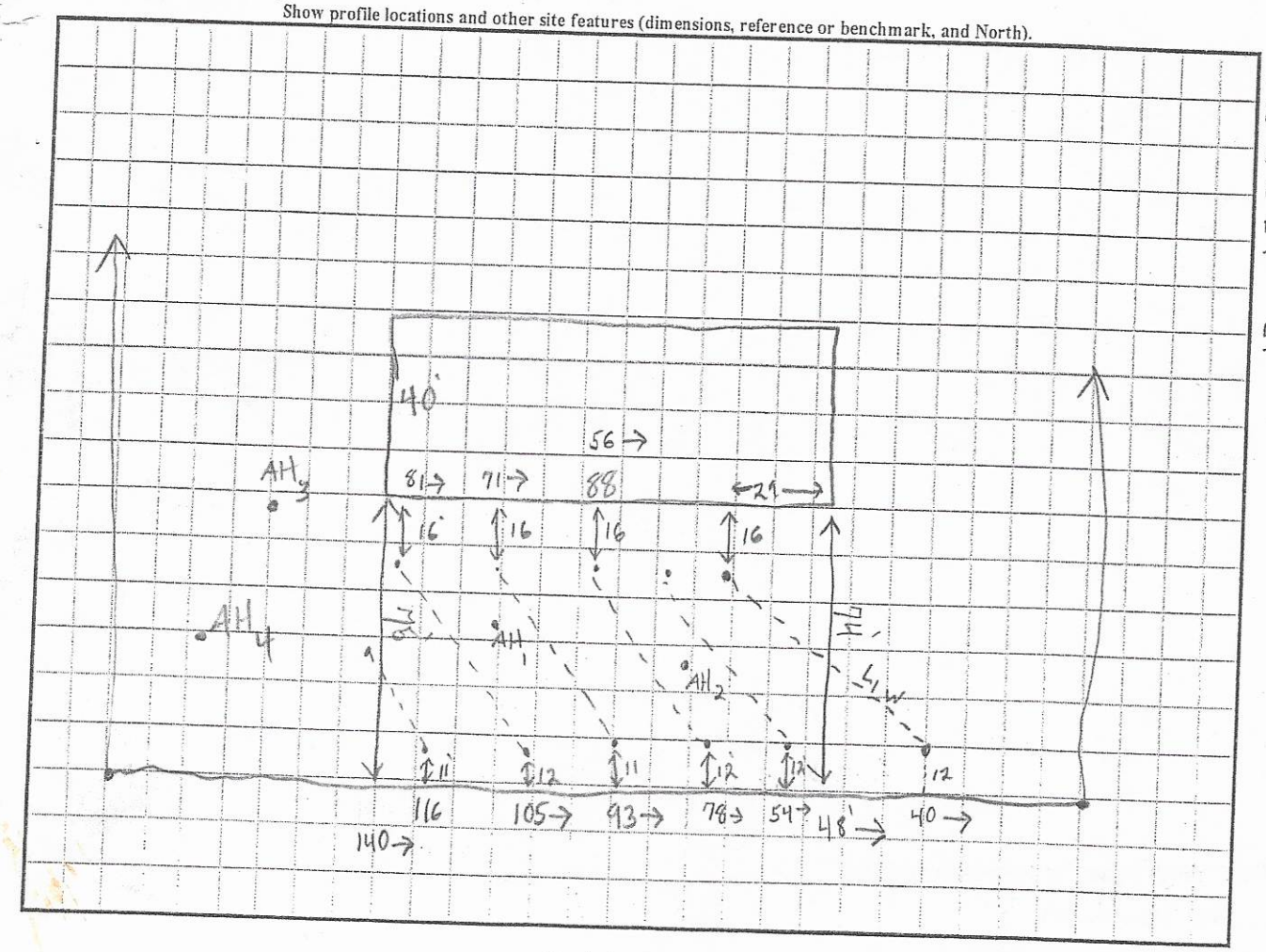
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



L1=62 5.74
L2=62 6.24
L3=53 6.97
L4=54 7.40
L5=53 7.75
284
L6 28 8.12
312

not marked by 4

Relayout #320 RECEIVED JUN 02 2020 AP-307848 $320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Davey Winters Address: 540 Woodbridge Rd Statesville NC, Zip: 28625

Applicant Email: wintersdp93@bellsouth.net Phone: 704-500-4632 Alt. Phone: _____

Same Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: 1331 Island Ford Rd Statesville, NC 28625

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

Driving Directions: Go North on old mountain Rd, Turn left on Island Ford Rd. Property is 1/4 mile on left

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — (✓) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

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: Davey Winters 5-27-2020
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)* Darry Winters

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, Davey Winters, Jessica Winters, am the legal owner(s) of the property located at 1331 Island Ford Rd Statesville NC, 28625 identified as

PIN (Parcel Identification Number) 4704440168.000, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Davey Winters, Jessica Winters, 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.

Darry Winters / Jessi M Winters — Signature of Owner(s)

5-27-2020 — 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

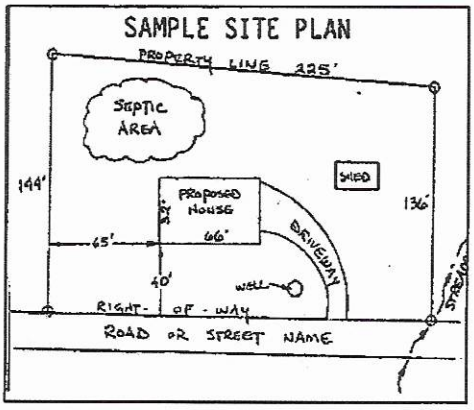
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

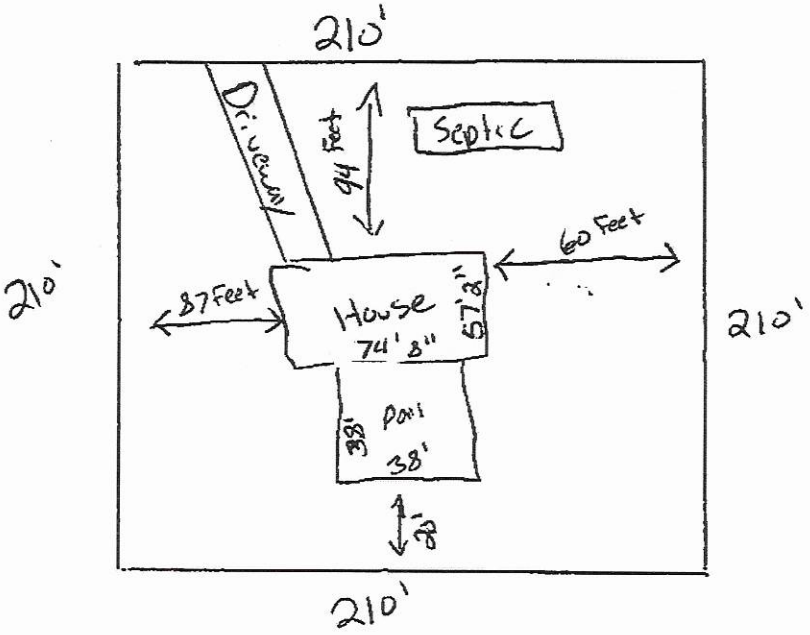


Circle N/A on the following if appropriate:

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



Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-27-2020
DATE

Acknowledgement Of
Plans Submittal ONLY!
Date 6-22-2020.
Date 6-22-2020

FLOOR AND CEILING RESIDENTIAL PLAN NOTES (WHERE APPLICABLE)

1. JOISTS TO BE AS PER PLAN. HEADERS TO BE SOUTHERN YELLOW PINE #2. STUDS TO BE SPF #2 GRADE. MICRO.LAM/PARALLAM (LVL/PSL) LUMBER TO HAVE Fb = 2650 PSI, E = 1550 KSI.
2. FLOOR SHEATHING TO BE 3/4" NOM. ADVANTECH, OR EQUAL, GLUED AND NAILED. NAIL PER MANUFACTURER'S RECOMMENDATIONS.
3. PROVIDE ANCHORAGE OF SILL PLATES TO FOUNDATION WITH 1/2 INCH DIAMETER ANCHOR BOLTS. THERE SHALL BE A MINIMUM OF TWO BOLTS PER SECTION OF PLATE WITH ONE BOLT LOCATED WITHIN TWELVE INCHES FROM THE END OF EACH SECTION OF PLATE. INTERMEDIATE BOLTS SHALL BE SPACED AT 4'-0" C/C. THE BOLTS SHALL BE EMBEDDED IN FOUNDATIONS TO A MINIMUM DEPTH OF 7" INTO CONCRETE OR 15" INTO MASONRY, UNLESS NOTED OTHERWISE.
4. STEEL BEAMS MUST HAVE 3-2x4 STUDS MINIMUM UNDER EACH END WITH 3-1/2" DIA x 3" LAG SCREWS INTO THE STUDS. BLOCK THE BEAM SOLID AT THE WALL. NAIL THE BEARING STUDS TOGETHER WITH 16d NAILS AT 12" C/C. TYPICAL UNLESS NOTED OTHERWISE. (C/C = CENTER TO CENTER)
5. MICRO.LAM/PARALLAM (LVL/PSL) BEAMS MUST HAVE 2-2x4 STUDS MINIMUM UNDER EACH END FOR SUPPORT UNO. NAIL THE BEARING STUDS TOGETHER WITH 16d NAILS AT 12" C/C. NAIL MULTIPLE MICRO.LAMS TOGETHER PER MANUFACTURER'S RECOMMENDATIONS.
6. MASONRY LINTELS UNLESS NOTED OTHERWISE. PROVIDE 1 ANGLE FOR EACH 4" OF WALL THICKNESS AS FOLLOWS.

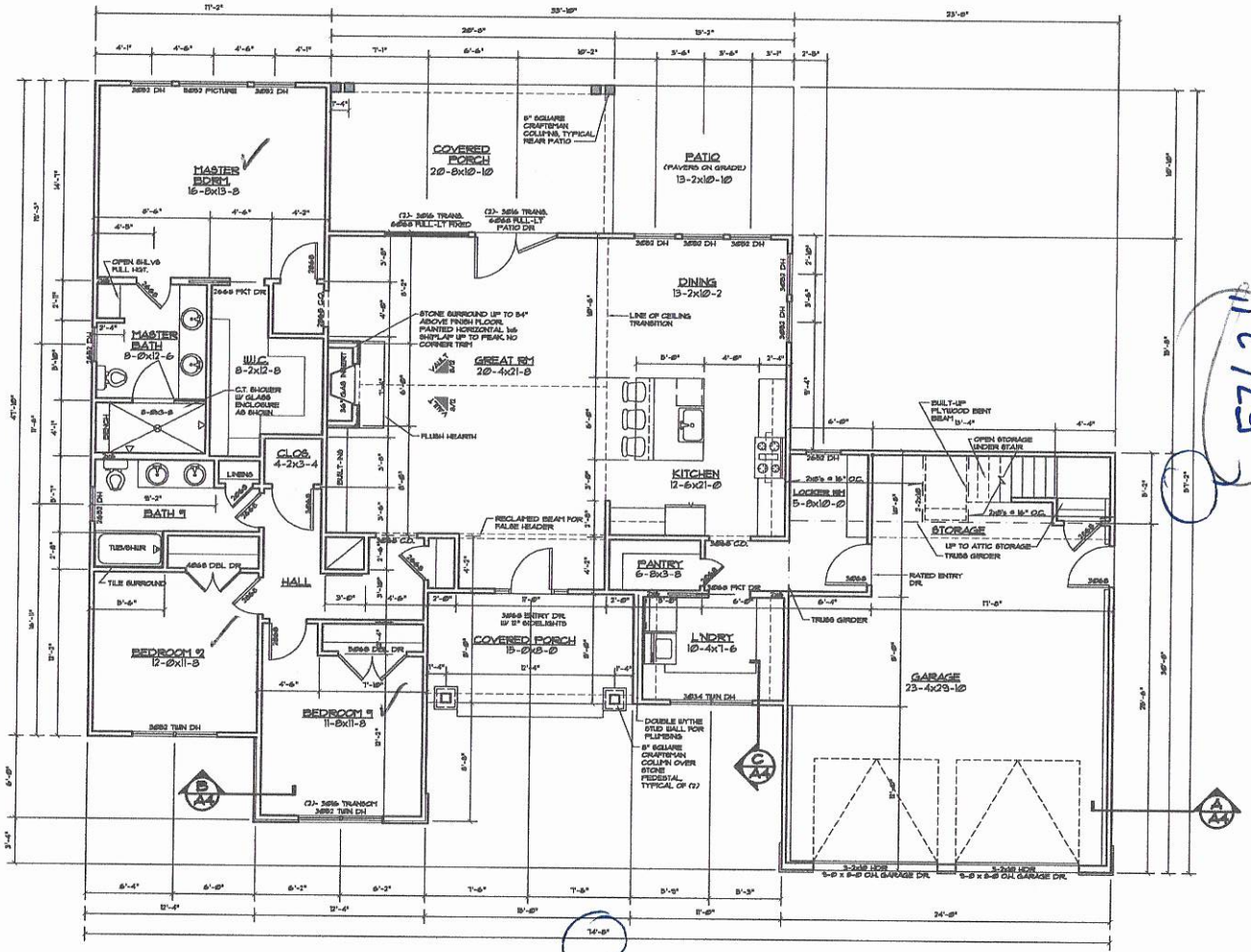
ANGLE SIZE	MASONRY OPENING	BEARING
L 3 1/2 x 3 1/2 x 1/4	NOT MORE THAN 3'-6"	4"
L 5 x 3 1/2 x 5/16 LLV	3'-1" TO 6'-0"	6"
L 6 x 3 1/2 x 5/16 LLV	6'-1" TO 10'-0"	8"

7. ALL PREFABRICATED WOOD I-JOISTS AND OPEN WEB JOISTS MUST BE BRACED PER THE MANUFACTURER'S RECOMMENDATIONS. SUBMIT JOIST LAYOUT TO DESIGNER FOR REVIEW PRIOR TO FABRICATION.
8. ALL RAFTER BRACES MUST HAVE TWO STUDS FROM PLATE TO PDN. OR BEAM/MICRO.LAM BELOW THEM AT ALL FLOORS. NO BRACES ON CEILING PLATE WITHOUT STUDS DIRECTLY UNDER THEM.
9. BRACE TOP OF ALL ROOF RAFTER KNEE WALLS TO CEILING JOISTS WITH A DIAG. 2x4 AT 4'-0" C/C WITH 7-16d NAILS EACH END OF DIAGONAL BRACE.
10. HEADERS SHALL BE AS SHOWN UNO. SEE PLANS FOR JACK AND KING STUD REQUIREMENTS.

OPENING	HEADER SIZE
UP TO 3'-6"	2-2x10
OVER 3'-1"	SEE PLAN

11. PROVIDE JOIST HANGERS FOR ALL NON-BEARING CONNECTIONS. THE USE OF A LEDGER ON FLOOR JOISTS WILL NOT BE PERMITTED.
12. MICRO.LAMS/PARALLAMS AND STEEL BEAMS THAT ARE UPSET (FLUSH FRAMED) IN CEILING FRAMING MUST HAVE THE TOP SURFACE OF THE MEMBER BRACED TO THE CEILING JOISTS AT A MAXIMUM OF 48 INCHES C/C. USE A DIAG. 2x4 EACH SIDE WITH TWO 16d NAILS IN EACH END.
13. BLOCK SOLID WITH CRIPPLE STUDS BELOW ALL LVL AND STEEL BM. BEARING POINTS BETWEEN FLOOR JOISTS TO ENSURE CONTINUOUS LOAD TRANSFER TO FOUNDATION.
14. STRUCTURAL STEEL MATERIALS SHALL BE:
    A. SHAPES AND PLATES: ASTM A992
    B. STRUCTURAL PIPES: ASTM A53 GRADE B
    C. STRUCTURAL TUBES: ASTM A500 GRADE B-FY = 46 KSI
    D. METAL DECK (GALVANIZED): ASTM A611, A446

7. ALL PREFABRICATED WOOD I-JOISTS AND OPEN WEB JOISTS MUST BE BRACED PER THE MANUFACTURER'S RECOMMENDATIONS. SUBMIT JOIST LAYOUT TO DESIGNER FOR REVIEW PRIOR TO FABRICATION.



FIRST FLOOR PLAN
NOTE: BUILDER TO VERIFY ALL DIMENSIONS
SCALE: 1/4" = 1'-0"

CORNERSTONE HOME DESIGNS, LLC.
JOEL L. DAVIS - DESIGNER
EMAIL: CHDLLC@GMAIL.COM
PHONE: 919-935-2993
WWW.MICHOMEDESIGN.COM

IT SHALL BE THE CONTRACTORS RESPONSIBILITY TO CAREFULLY REVIEW THESE PLANS FOR COMPLIANCE WITH ALL BUILDING CODES, ZONING & OTHER REGULATORY AGENCIES & FOLLOW SPECIFICATIONS OF DESIGNER AND ENGINEERS WHERE USED.

THESE CONSTRUCTION DOCUMENTS HAVE BEEN DEVELOPED FOR THE EXPLICIT USE BY THE CLIENT LISTED. THESE DOCUMENTS MAY NOT BE REPRODUCED BY ANY METHOD, NOR MAY THEY BE USED BY ANYONE FOR REPEAT CONSTRUCTION WITHOUT WRITTEN CONSENT OF DESIGNER, CORNERSTONE HOME DESIGNS, LLC.

PROJECT NAME:
WINTERS RESIDENCE
IREDELL COUNTY, NORTH CAROLINA

PROJECT NO.: 2670 WINTERS
DATE: 6/22/20
DRAWN BY: JLD
CONTRACTOR:

REVISIONS	BY

SHEET NO.
A-2
OF: 604

IREDELL COUNTY

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

APPLICATION NUMBER
227595
Issue Date: 05/31/2017

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4704440168.000	1331 ISLAND FORD ROAD, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WINTERS JAMES W+ELMER F	Applicant: WINTERS, DAVEY
Address: 123 WINTERS FARM LN STATESVILLE, NC 28625	Address: 540 WOODBRIDGE RD STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
78.240	35.00	35.00	15.00	15.00	PACL	X

Remarks:

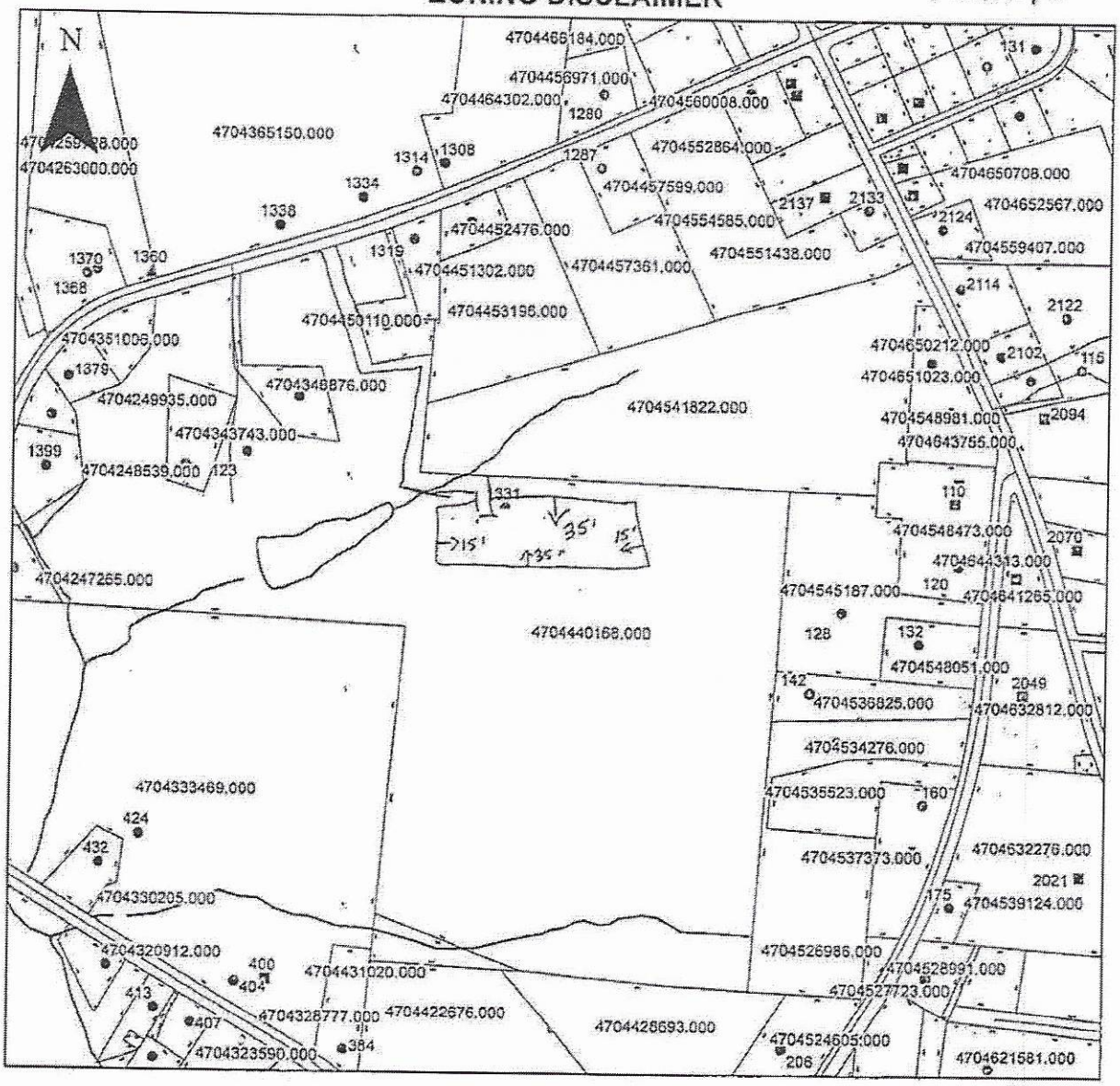
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	104675	TOTAL FEES:	$ 77.25

227595
123078

ZONING DISCLAIMER



Property Address 1331 Island Ford Rd.

See Attached Planning Approval by William Allison

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.

Danny Lester
Applicant

5-31-17
Date

sign Danny Lester

Date 5-27-2020