ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 BLW Mooresville Office (704) 660-3625 PERMIT # AP 323768

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

PIN # 4717 -- 41 -- 3887

APPLICANT/OWNER: Donald Archer Jr APPLICANT ADDRESS: 233 Hallmark Rd Statesville NC 28625

SITE ADDRESS: 919 Midway Road Statesville NC 28625 PHONE: 704-402-8930 ALT. PHONE -

SITE DIRECTIONS: Hwy 115 N Lon Midway Road Property on R SAP CONTROLLED: ☐ YES ☐ NO

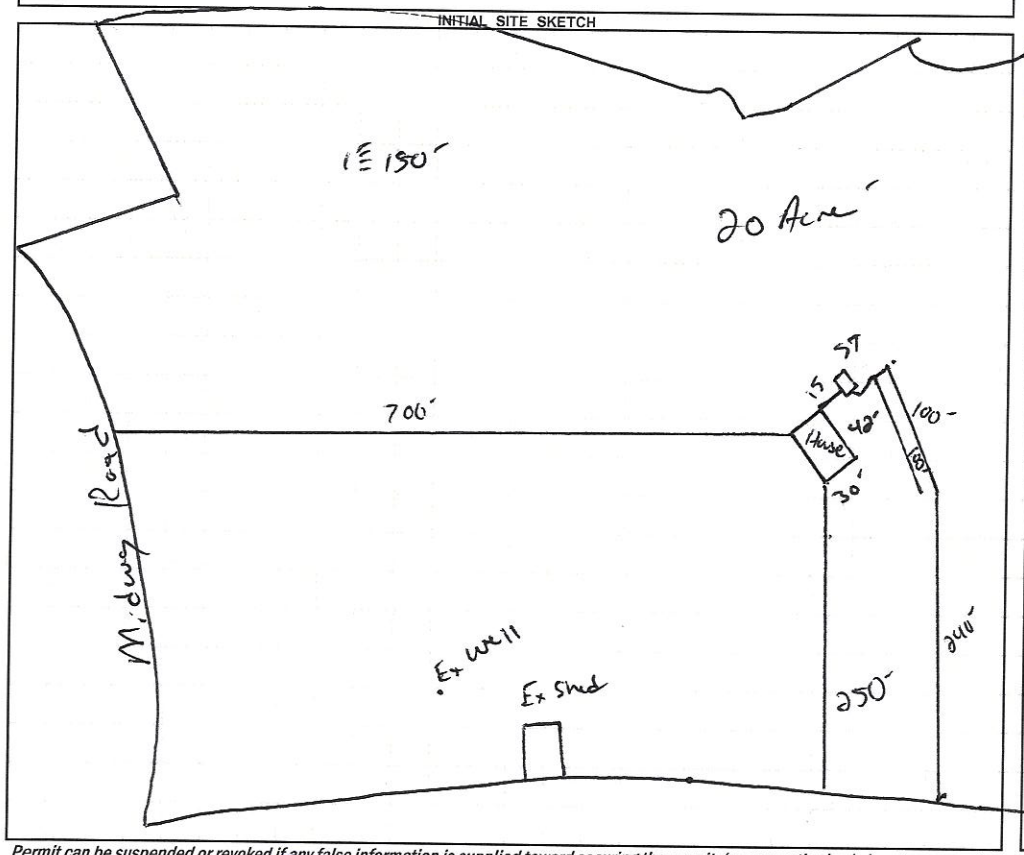
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 20 Acre DESIGN FLOW: 240 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	1-4-22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	25% Reduction			
# Nitrification Fields	1		# Lines	2	Linear Ft	200'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(~~Low side~~)		Max 36"		Gravel Depth -	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	2	**Water Supply**
☐ Business	No. Persons	4	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Dramlines on Contour of land and use Serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

System Installed as Drawn

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: Donald Archer Jr Date: 3/7/22 Installed by: Statis Grading

IMPROVEMENT PERMIT by: Date: 2-21-2022 OPERATION PERMIT by: Date: 3-8-2022

AUTHORIZATION TO CONSTRUCT by: Date: 2-21-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 471-9413
COUNTY: Iredell

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

OWNER: Donald Archer Jr
ADDRESS: 919 Midway Road Statesville
APPLICATION DATE: 12-7-2
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949): 360 gpd
DATE EVALUATED:
LOCATION OF SITE: 919 Midway
PROPERTY SIZE: 20 Ac
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
PROPERTY RECORDED:
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	2-4	0-4	SBK SCL	FI SSSP Seep	N/A	48+	N/A	N/A	PS .3
		4-18	SBK C						
		18-48	SBK CL						
2	3-4%	0-4	SBK SCL		N/A	48+	N/A	N/A	PS .3
		4-20	SBK C						
		20-50	SBK CL						
3	3-4%	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-20	SBK C						
		20-48	SBK CL						
4	3-4%	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-24	SBK C						
		24-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200+	200+
System Type(s)	3S6	3S6
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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

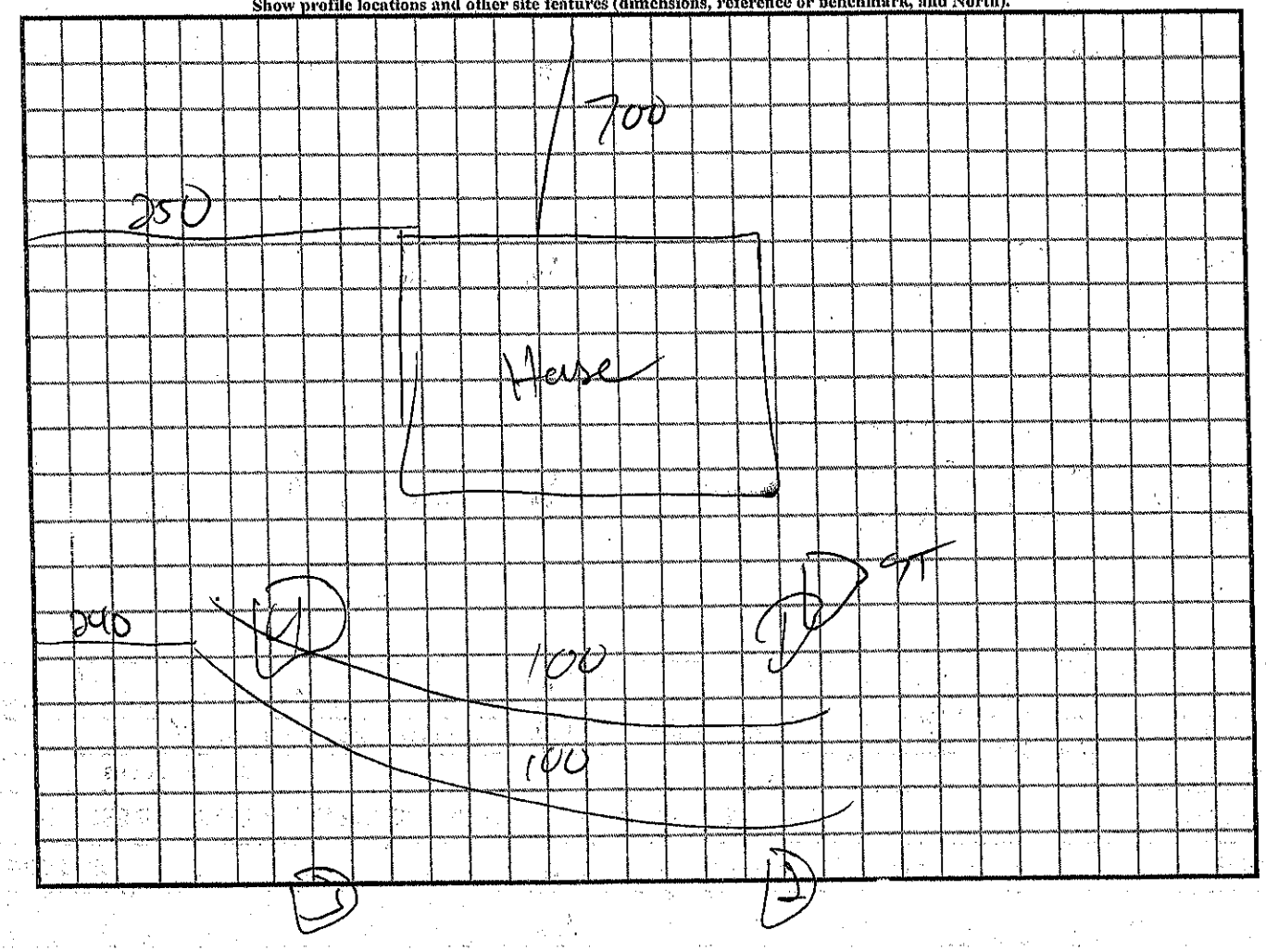
NOTES

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).



RECEIVED DEC 0 9 2021

4B

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-323768 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (No floorplan submitted with App.) ( ) Authorization to Construct (Floorplan submitted with App.) ( ) 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: Donald Archer Jr. Address: 233 Hallmark Rd. Statesville Zip: 28625
Applicant Email: GeneralJohnston1@gmail.com Phone: 704-402-8930 Alt. Phone: _____
Owner Name: Donald Archer Jr. Address: 233 Hallmark Rd. Zip: _____
Owner Email: GeneralJohnston1@gmail.com Phone: 704-402-8930 Alt. Phone: _____

Property Information:

Street Address: 919 Midway Rd, Statesville, N.C. 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 2
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
( ) 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: _____
( ) 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: Donald Archer Jr. X 12/7/2021
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*) Donald Chilcutt Jr.

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, _____, am the legal owner(s) of the property located at _____, 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.

_____ _____
Signature of Owner(s) Date

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

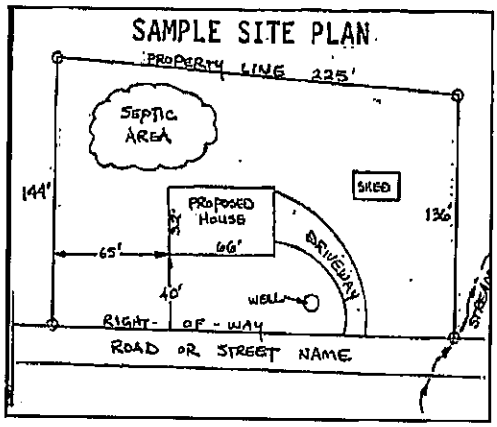
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 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 and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

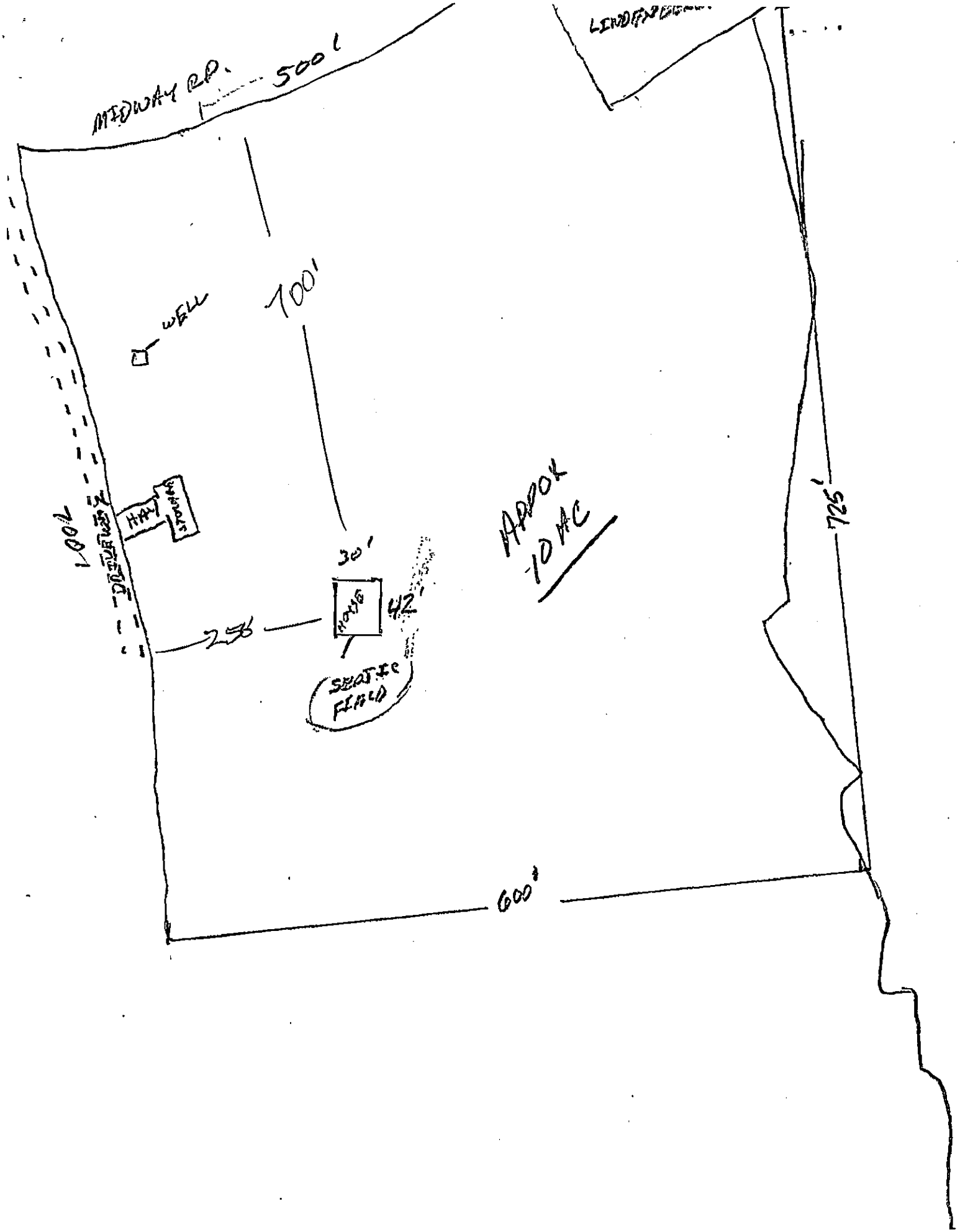
Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

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: _____ X 12/7/2021

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


MIDWAY RD.
500'
WELL
700'
HAY
STORAGE
100'
EASEMENT
30'
HOUSE
42'
256
SEPTIC FIELD
APPROX 10 AC
725'
600'

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED; DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
2. ALL EXTERIOR DIMENSIONS ARE SHOWN TO THE OUTSIDE FACE OF STUD UNLESS NOTED OTHERWISE.
3. ALL INTERIOR DIMENSIONS ARE SHOWN TO THE INSIDE FACE OF STUD, UNLESS NOTED OTHERWISE.
4. ALL INTERIOR WALLS ARE ASSUMED TO BE 3-1/2" WOOD STUDS UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 5-1/2" WOOD STUDS (PLUS 1/2" EXTERIOR WALL SHEATHING) UNLESS NOTED OTHERWISE.
6. ALL DOORS TO BE CENTERED UNLESS NOTED OTHERWISE.
7. PROVIDE WOOD BLOCKING IN WALLS FOR MOUNTING OF ALL CABINETS, TOILET ACCESSORIES AND OTHER WALL MOUNTED ITEMS.
8. ALL CASEWORK TO BE DESIGNED BY OTHERS AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED).
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECTURE.
10. NUMBER OF EXTERIOR RISERS TO BE FIELD VERIFIED AT LOCATIONS WHERE 4 OR MORE ARE REQUIRED A HANDRAIL WILL ALSO BE REQUIRED.
11. PROVIDE FRAMED CRAWLSPACE AT FOUNDATION AS REQUIRED.
12. MINIMUM 22-1/2"(W) x 54-1/2"(L) ATTIC ACCESS DOOR W/ PULL DOWN LADDER TO BE DETERMINED ON SITE AND WEATHERSTRIPPED AND INSULATED WITH MIN. R-5.
13. HVAC RETURN(S) TO BE DETERMINED ON SITE.
14. ALL COUNTERTOPS TO BE 36" A.F.F., UNLESS NOTED OTHERWISE.
15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION-OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE (2)2x4 STUD JACKS UNDER EACH END SUPPORT, UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS, SEE SD.1, CONSTRUCTION OTHER THAN ROOFS, NOTE 7.
3. ALL BRICK OVER LOWER ROOFS MUST HAVE ANGLE IRON STOPS LAG SCREWS TO STUDS ABOVE AND ACCORDANCE WITH DETAIL.
4. ALL WOOD I-JOISTS AND OPEN JOISTS MUST BE BRACED IN ACCORDANCE WITH MANUFACTURER'S DIRECTIONS PLUS DETAILS SHOWN ON PLANS.
5. ALL RAFTER BRACES MUST HAVE 2 STUDS FROM PLATE TO FOUNDATION OR BEAM BELOW THEM AT ALL FLOORS. NO BRACES ON CEILING PLATE WITHOUT STUDS DIRECTLY UNDER THEM.
6. WHERE PARTITIONS FALL BETWEEN FLOOR TRUSSES, 2"x4" LADDERS @ 16" o.c. MUST BE PLACED PERPENDICULAR TO THE TRUSSES TO SUPPORT THE PLYWOOD DECKING.
7. ON ALL OPEN WEB FLOOR TRUSSES OVER A 10' SPAN A MIN. SINGLE LINE OF 2"x4" SHALL BE INFILLED TO DIAGONAL MEMBERS OR VERTICAL MEMBERS IN THE APPROXIMATE MID-SPAN AS A LOAD DISTRIBUTION MEMBER.
8. WHERE CEILING JOISTS ARE PARALLEL TO EXTERIOR WALLS AND RAFTERS BEAR ON STUD WALL TOP PLATE ADJACENT TO CEILING JOISTS, BRACE RAFTERS AND TOP PLATE TO 2x6 HOGS 6" LONG (MIN.) ON 6' CENTERS ALONG LENGTH OF CEILING JOISTS.
9. ALL 2-STORY OPEN GREAT ROOMS, LIVING ROOMS, WITH 2 OR MORE ADJACENT OPENINGS OF 3' OR LESS MUST USE A 3-1/2"x3-1/2"x1/2" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO KING STUDS WITH (3) 6"x3" LAGS @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (1) 3/16"x3" LAG THROUGH-2 1/4" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 3' OR LESS SPACE BETWEEN ROUGH OPENINGS SHALL HAVE AT LEAST (1) STEEL ANGLE VERTICALLY IN EACH MULLION SPACE. THE SHEATHING ON THIS STEEL REINFORCED PARTITION SHALL BE 1/2" PLYWOOD. NO OTHER SHEATHING SHALL BE PERMITTED.

STAIRWAYS

1. TREADS SHALL BE 9" DEEP PLUS A 1" NOSING.
2. RISERS SHALL BE FIELD VERIFIED (NOT TO EXCEED 8-1/4").
3. STAIR SHALL BE 36" WIDE CLEAR MINIMUM AND SHALL HAVE A HANDRAIL AT A HEIGHT ABOVE THE NOSING OF 34"-38".
4. GUARD RAIL HEIGHT SHALL BE A MINIMUM OF 36" IN HEIGHT PER R312.2
5. REQUIRED GUARDS SHALL NOT HAVE OPENINGS FROM WALKING SURFACE TO GUARD RAIL HEIGHT THAT ALLOW PASSAGE OF A 4" SPHERE
6. GUARDS ON OPEN SIDES OF STAIRS SHALL NOT HAVE OPENINGS ALLOWING PASSAGE OF A 4-3/8" SPHERE.
7. TRIANGLE FORMED BY RISER, TREAD AND BOTTOM GUARD RAIL SHALL NOT ALLOW PASSAGE OF A 6" SPHERE.

I-JOIST EQUIVALENCY CHART

EQUIVALENT IN SPAN AND SPACING

DEPTH	MFTR. & SERIES	MFTR. & SERIES	MFTR. & SERIES
9-1/4"	TJI-110	BCI 4500	
	TJI-210	BCI 5000	
	TJI-230	BCI 6000	EVEREDGE 20
		BCI 6500	
11-7/8"	TJI-110	BCI 4500	
	TJI-210	BCI 5000	
	TJI-230	BCI 6000	EVEREDGE 20
		BCI 6500	
	TJI-360	BCI 60'S	EVEREDGE 30
	TJI-560	BCI 90'S	EVEREDGE 50/60
14"	TJI-110	BCI 4500	
	TJI-210	BCI 5000	
	TJI-230	BCI 6000	EVEREDGE 20
		BCI 6500	
	TJI-360	BCI 60'S	EVEREDGE 30
	TJI-560	BCI 90'S	EVEREDGE 50/60
16"	TJI-110	BCI 4500	
	TJI-210	BCI 5000	
	TJI-230	BCI 6000	EVEREDGE 20
		BCI 6500	
	TJI-360	BCI 60'S	EVEREDGE 30
	TJI-560	BCI 90'S	EVEREDGE 50/60

BALLOON WALL FRAMING SCHEDULE

FRAMING MEMBER SIZE	MAX HEIGHT(PLATE TO PLATE) 115 MPH ULTIMATE DESIGN WIND SPEED
2x4 @ 16"o.c.	10'-0"
2x4 @ 12"o.c.	12'-0"
2x6 @ 16"o.c.	15'-0"
2x6 @ 12"o.c.	17'-9"
2x8 @ 16"o.c.	19'-0"
2x8 @ 12"o.c.	22'-0"
(2)2x4 @ 16"o.c.	14'-6"
(2)2x4 @ 12"o.c.	17'-0"
(2)2x6 @ 16"o.c.	21'-6"
(2)2x6 @ 12"o.c.	25'-0"
(2)2x8 @ 16"o.c	27'-0"
(2)2x8 @ 12"o.c.	31'-0"

a. ALL HEIGHTS ARE MEASURED SUBFLOOR TO TOP OF WALL PLATE

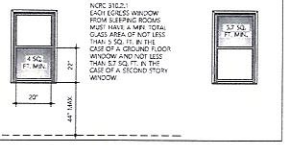
b. WHEN SPLIT-FRAMED WALLS ARE USED FOR HEIGHTS OVER 12', THE G.C. SHALL ADD 6" MIN. OF CS16 COIL STRAPPING, CENTERED OVER THE WALL BREAK

c. FINGER-JOINTED MEMBERS MAY BE USED FOR CONTINUOUS HEIGHTS WHERE TRADITIONALLY MILLED LUMBER LENGHTS ARE LIMITED.

EGRESS WINDOW REQUIREMENTS

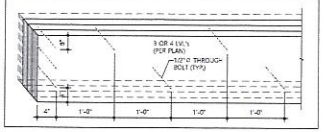
NCRC 2018 310.2.1
EVERY SLEEPING ROOM SHALL HAVE AT LEAST ONE OPERABLE EXTERIOR WINDOW OR EXTERIOR DOOR APPROVED FOR EMERGENCY EGRESS OR RESCUE. THE UNITS MUST BE OPERABLE FROM THE INSIDE TO A FULL CLEAR OPENING WITHOUT THE USE OF A KEY OR TOOL. WINDOWS WINDOWS ARE PROVIDED AS A MEANS OF EGRESS OR RESCUE. THEY SHALL HAVE A SILL HEIGHT OF NOT MORE THAN 44" ABOVE THE FLOOR.

NCRC 310.2.1
THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 24". THE MIN. NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20". THE NET CLEAR OPENABLE AREA SHALL NOT BE LESS THAN 4 SQ. FT.



NCRC 310.2.1
EACH EGRESS WINDOW FROM SLEEPING ROOMS MUST HAVE A MFR' TOTAL CLEAR AREA OF NOT LESS THAN 5 SQ. FT. IN THE CASE OF A GROUND FLOOR WINDOW AND NOT LESS THAN 5.7 SQ. FT. IN THE CASE OF A SECOND STORY WINDOW

LVL BOLTING PATTERN DETAIL



TYP. HANGERS FOR JOIST & BEAMS

NOTE: ALL HANGERS BY SIMPSON STRONG TIE CO., INC. (BRAND-NAME EQUIVALENTS ACCEPTABLE)

MEMBERS	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS210
(2) 2x8	HUS28-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x8	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS210-3 MIN.
(2) 1-3/4"x9-1/4" LVL	HGLS410
(2) 1-3/4"x9-1/2" LVL	HGLS410
(2) 1-3/4"x11-7/8" LVL	HGLS412
(2) 1-3/4"x11-7/8" LVL	HGLS412
(3) 1-3/4"x14" LVL	HGLS414
(4) 1-3/4"x14" LVL	HGLS414
(2) 1-3/4"x18" LVL	HGLS414
(3) 1-3/4"x9-1/4" LVL	HGUS5.50/10
(3) 1-3/4"x9-1/2" LVL	HGUS5.50/10
(3) 1-3/4"x11-1/4" LVL	HGUS5.50/12
(3) 1-3/4"x11-7/8" LVL	HGUS5.50/12
(3) 1-3/4"x14" LVL	HGUS5.50/14
(3) 1-3/4"x16" LVL	HGUS5.50/14
(3) 1-3/4"x18" LVL	HGUS5.50/14
(4) 1-3/4"x9-1/4" LVL	HGUST25/10
(4) 1-3/4"x9-1/2" LVL	HGUST25/10
(4) 1-3/4"x11-1/4" LVL	HGUST25/12
(4) 1-3/4"x11-7/8" LVL	HGUST25/12
(4) 1-3/4"x14" LVL	HGUST25/14
(4) 1-3/4"x16" LVL	HGUST25/14
(4) 1-3/4"x18" LVL	HGUST25/14

HEADER SIZE REQUIREMENTS

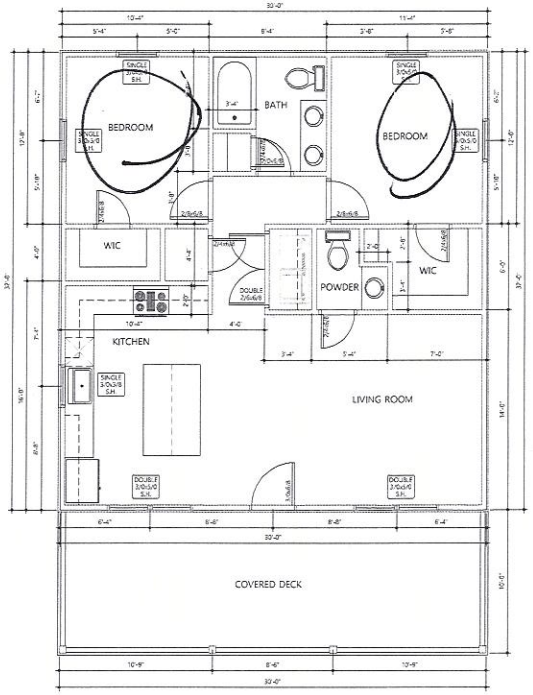
SIZES	EXTERIOR SPANS	INTERIOR SPANS	JACK STUDS
(2) 2x6's	< 2'-0"	< 2'-6"	1
(2) 2x8's	2'-0" thru 3'-0"	2'-6" thru 3'-6"	2
(2) 2x10's	3'-0" thru 5'-0"	3'-6" thru 6'-0"	3
SEE PLAN	5'-0"<	6'-0"<	SEE PLAN

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
H < 10'-0"	2x4 @ 16" o.c.
10'-0" < H < 11'-0"	2x4 @ 12" o.c.
10'-0" < H < 11'-0"	2x6 @ 16" o.c.
H > 18'-0"	CONSULT ENGINEER

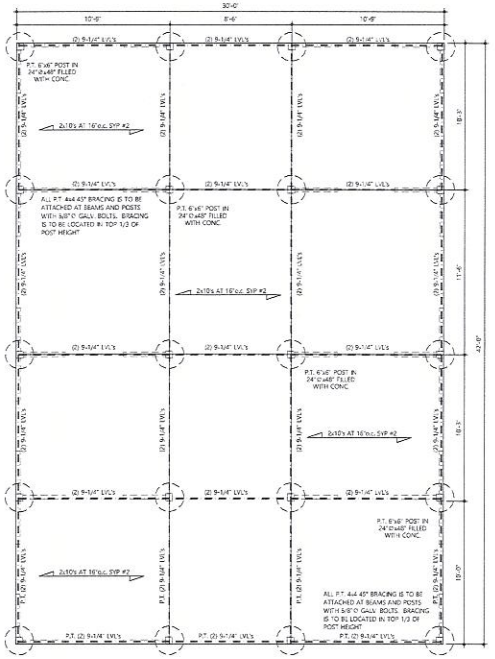
TABLE N1102.1.2 - INSULATION AND FENESTRATION REQUIREMENTS BY COMPONENT

CLIMATE ZONE	FENESTRATION U-FACTOR	SKYLIGHT U-FACTOR	GLAZED FENESTRATION SHGC	CEILING R-VALUE	WOOD FRAME WALL R-VALUE	MASS WALL R-VALUE	FLOOR R-VALUE	BASEMENT WALL R-VALUE	SLAB R-VALUE AND DEPTH	CRAWL SPACE WALL R-VALUE
3	0.35	0.55	0.30	38 OR 30 CONT.	20 13+2.5	5/13 8/10 ci.	19	5/13	0	5/13
4	0.35	0.55	0.30	38 OR 30 CONT.	13 13+2.5	5/13 8/10 ci.	19	10/13	10	10/13
5	0.35	0.55	NR	38 OR 30 CONT.	19, 13+5, OR 15+3	13/17 13/12.5 ci.	30	10/13	10	10/19



101 A1.0 MAIN LEVEL PLAN 1/4" = 1'-0"

MAIN LEVEL	
HEATED SQUARE FOOT	900 SQ. FT.
COVERED FRONT PORCH	300 SQ. FT.
COVERED REAR PORCH	N/A SQ. FT.
GARAGE AND STORAGE	N/A SQ. FT.
TOTAL	
HEATED SQUARE FOOT	900 SQ. FT.
UNHEATED SQUARE FOOT	300 SQ. FT.



102 A1.0 LOWER LEVEL PLAN 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 2-21-2022

Date 3/7/22

1801 PORCH ROAD
LINCOLNTON, NC 28092
(704) 735-4662
SEAN.JOW@YAHOO.COM

A.I.O. DRAFTING

ISSUED:	
DRAWN BY:	
REVISIONS	
REVISIONS	
REVISIONS	
REVISIONS	

MAIN LEVEL PLAN AND NOTES

A NEW RESIDENCE FOR
DONALD ARCHER

PLAN NUMBER
XX.X
XX.X

A1.0

THE SET OF DRAWINGS AND DESIGNS AND PROJECT SITE PLANS TO WHICH ARE OR SHOWN THEREON ARE THE EXCLUSIVE PROPERTY OF A.I.O. DRAFTING AND SHALL NOT BE USED IN WHOLE OR IN PART, DRAWINGS, OR DESIGNS, THE CONTRACTOR AND/OR CLIENT SHALL NOT ALTER THE DRAWINGS, SKETCHES, SPECIFICATIONS, AND DESIGNS, ALL OF WHICH SHALL REMAIN THE PROPERTY OF A.I.O. DRAFTING AND SHALL NOT BE USED FOR ANY OTHER PROJECT OR BY ANY OTHER PERSON OR ENTITY WITHOUT THE EXPRESS WRITTEN CONSENT OF A.I.O. DRAFTING.

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

APPLICATION NUMBER
323768
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4717413887.000	919 MIDWAY RD	Iredell County

Owner Information	Applicant Information
Name: ARCHIER DONALD T JR	Name: ARCHIER DONALD T JR
Address: 233 HALLMARK RD	Address: 233 HALLMARK RD
STATESVILLE , NC	STATESVILLE, NC
Phone: (704)402-8930	Phone: (704)402-8930

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
19.23	35	35	15	15	N/A	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

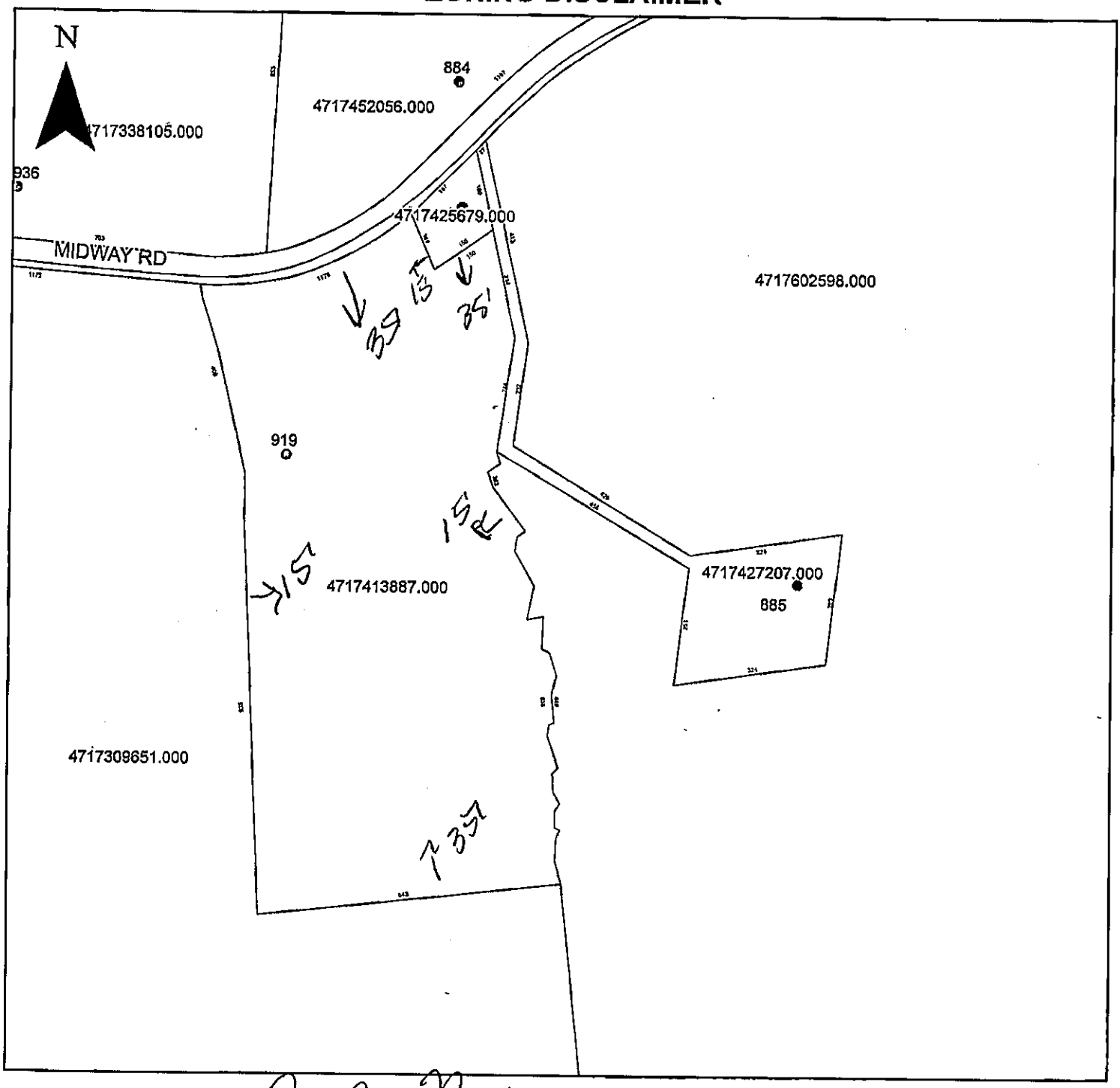
Signature of Owner/Contractor

Date: 12/09/2021

Permit Number	323768	TOTAL FEES:	$77.25

PAID
CK
MLT 12/9/21

ZONING DISCLAIMER



Property Address 919 Midway

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.

Applicant

12-9-24

Date