ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP313165

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

PIN # 4724 24 7671

APPLICANT/OWNER: Rory Hernandez

APPLICANT ADDRESS: 9307 Beacon Valley St Charlotte NC 28277

SITE ADDRESS: 116 Bent Twig Dr Statesville N.C 28677

PHONE: 704-313-6164 ALT. PHONE 704-631-7905

SITE DIRECTIONS: West End Ave to R on W Front St, L on Newton Dr, R on Westminster Dr, L on Brandy Ln, R on Bent Twig Dr, Lot on R

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 10 acres

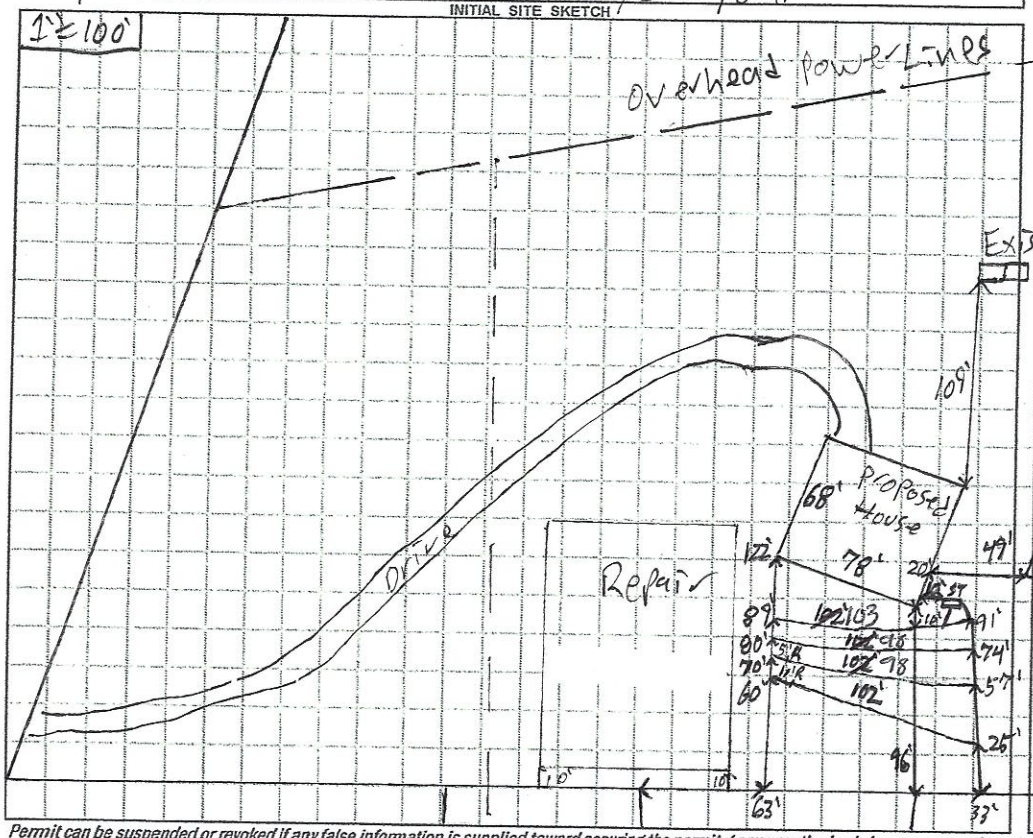
DESIGN FLOW: 480GPD L.T.A.R.: .3

Septic Tank	~~1000~~ 1500 (gal)	STB	~~1000~~ 964	Date	5/1/22	☒ 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:			LPPPBPS
# Nitrification Fields	1	# Lines	4	Linear Ft	408'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE		

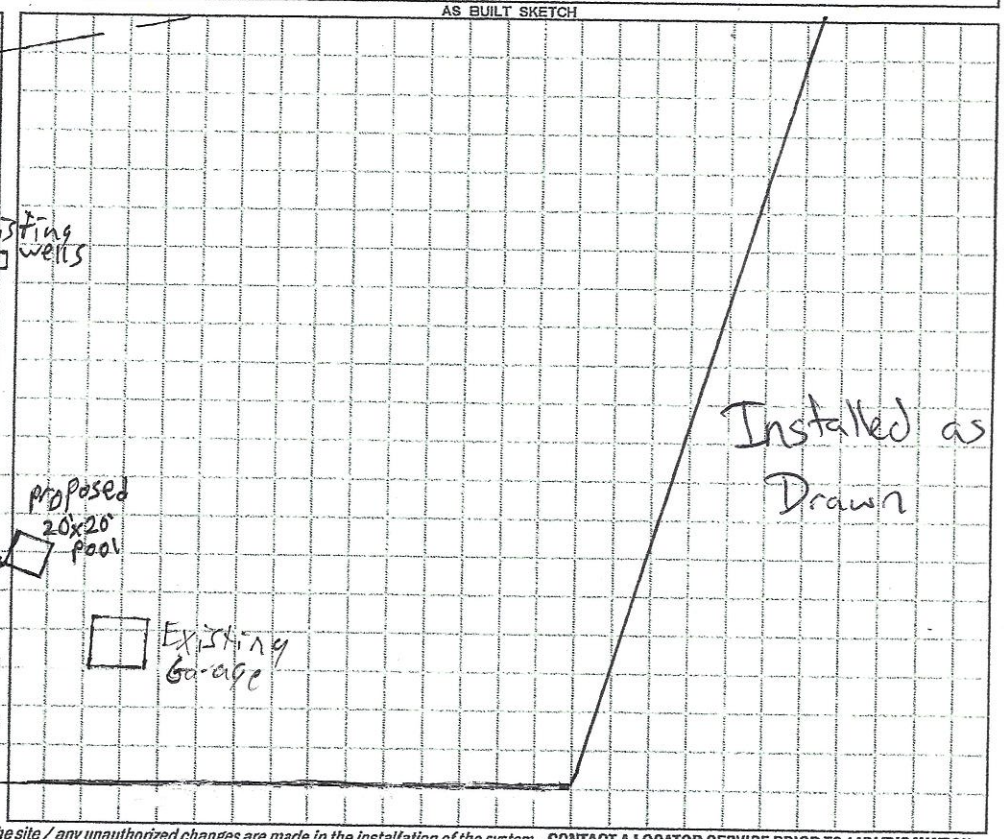
☒ Residence	No. Bedrooms	4	Water Supply	
☐ Business	No. Persons	8	☒ Private	☐ Public
☐ Other	No. Employees		☐ Community	
☐ Slab	☒ Crawl Space			
☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. Any part of septic must be 15' off water's edge of pool.

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: 3-17-21

IMPROVEMENT PERMIT by: Patrick J Bagett III Date: 3/16/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagett III Date: 3/16/2021

Installed by: Lentz Wastewater

OPERATION PERMIT by: Cy WH Date: 6/28/22

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 ___
PROPERTY ID #: ___
COUNTY: Franklin

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

OWNER: Rony Hernandez
ADDRESS: 9307 Beacon Valley St 28277
PROPOSED FACILITY: NC w single family PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 116 Bent Tw. g Dr

APPLICATION DATE 12/07/20
DATE EVALUATED: 3/11/2020
PROPERTY SIZE: ___
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	SS 5%	0-23	C SBK	Fr SS SP SO	—	60"	Litho inclusions common throughout	—	PS, 3
		23-60	CL SBK/WSBK	Fr SS SP SO					
2	SS 10%	0-4	Topsoil	—	—	55"	Litho inclusions common to Loamy Sap at 55"	—	PS, 3
		4-20	C SBK	Fr SS SP SO					
		20-55	CL SBK/WSBK	Fr SS SP SO					
		55-60	Loamy Sap mass	VFr					
3	SS 11%	0-12	SCL WSBK	Fr SS SP SO	—	58"	Litho Inclusions common to Loamy Sap at 58"	—	PS, 3
		12-34	C SBK	Fr SS SP SO					
		34-58	CL SBK/WSBK	Fr SS SP SO					
		58-62	Loamy Sap mass	VFr					
4	SS 5%	0-10	SCL WSBK	Fr SS SP SO	—	50"	Litho inclusions to Loamy Sap at 50" some Rx scattered throughout	some small Rocks scattered throughout	PS, 3
		10-36	C SBK	Fr SS SP SO					
		36-50	CL SBK	Fr SS SP SO					
		50-60	Loamy Sap mass	VFr					

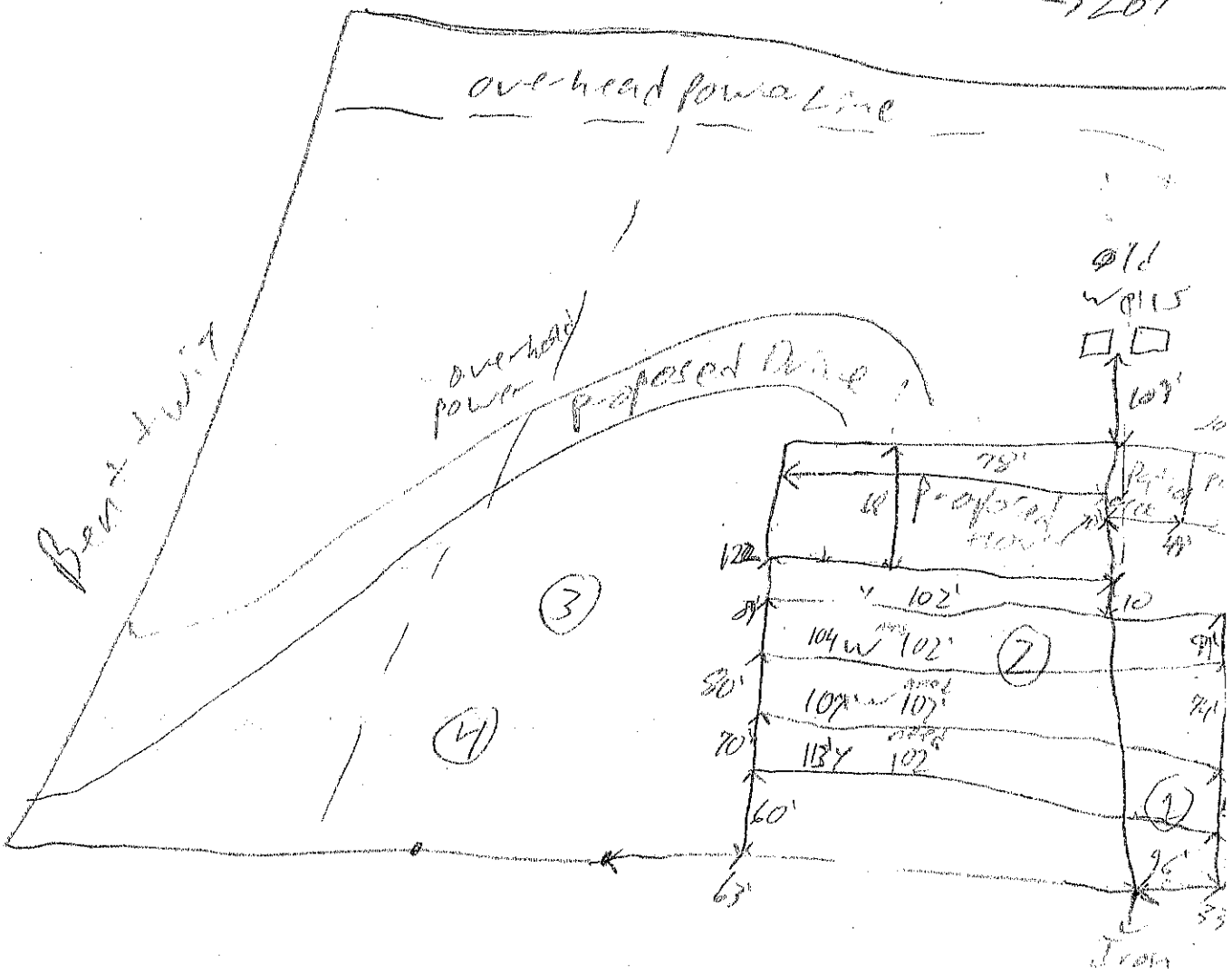
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267
System Type(s)	Gravity 25%	LPPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: RHR, REHS
OTHER(S) PRESENT: ___

COMMENTS: Loamy

480 ÷ 3
↳ 1600 ÷ 3
↳ 533 x .75
↳ 400

480 ÷ 3
↳ 1600 ÷ 3
↳ 533 x .5
↳ 267



RECEIVED DEC 07 2020

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

AP-313165
$250.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Rony Hernandez **Address:** 9307 Beacon Valley St **Zip:** 28277
Applicant Email: ronyxh@aol.com **Phone:** 7043136169 **Alt. Phone:** 7046317905
Owner Name: Rony Hernandez **Address:** Same **Zip:** _____
Owner Email: Same **Phone:** Same **Alt. Phone:** _____

Property Information:

Street Address: 116 Bent Twig Dr Statesville NC 28677

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** 47240767 02

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 5 — ( ) 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: 2800 **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:** N/A
( ) 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: _____ 12/07/20
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*) _____

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, Rony Hernandez, am the legal owner(s) of the property located at 116 Bent Tree Dr. Statesville NC, identified as PIN (Parcel Identification Number) 4724247671.000, 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.

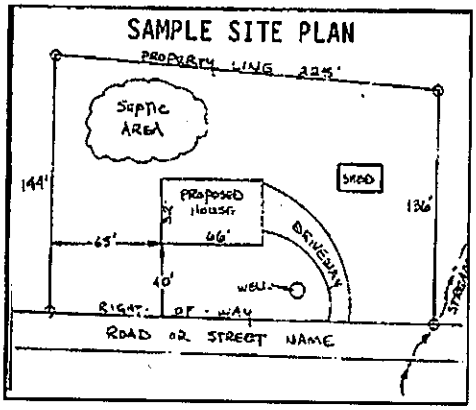
_____ 12-7-20
Signature of Owner(s) Date

Mooresville - Environmental Health
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:

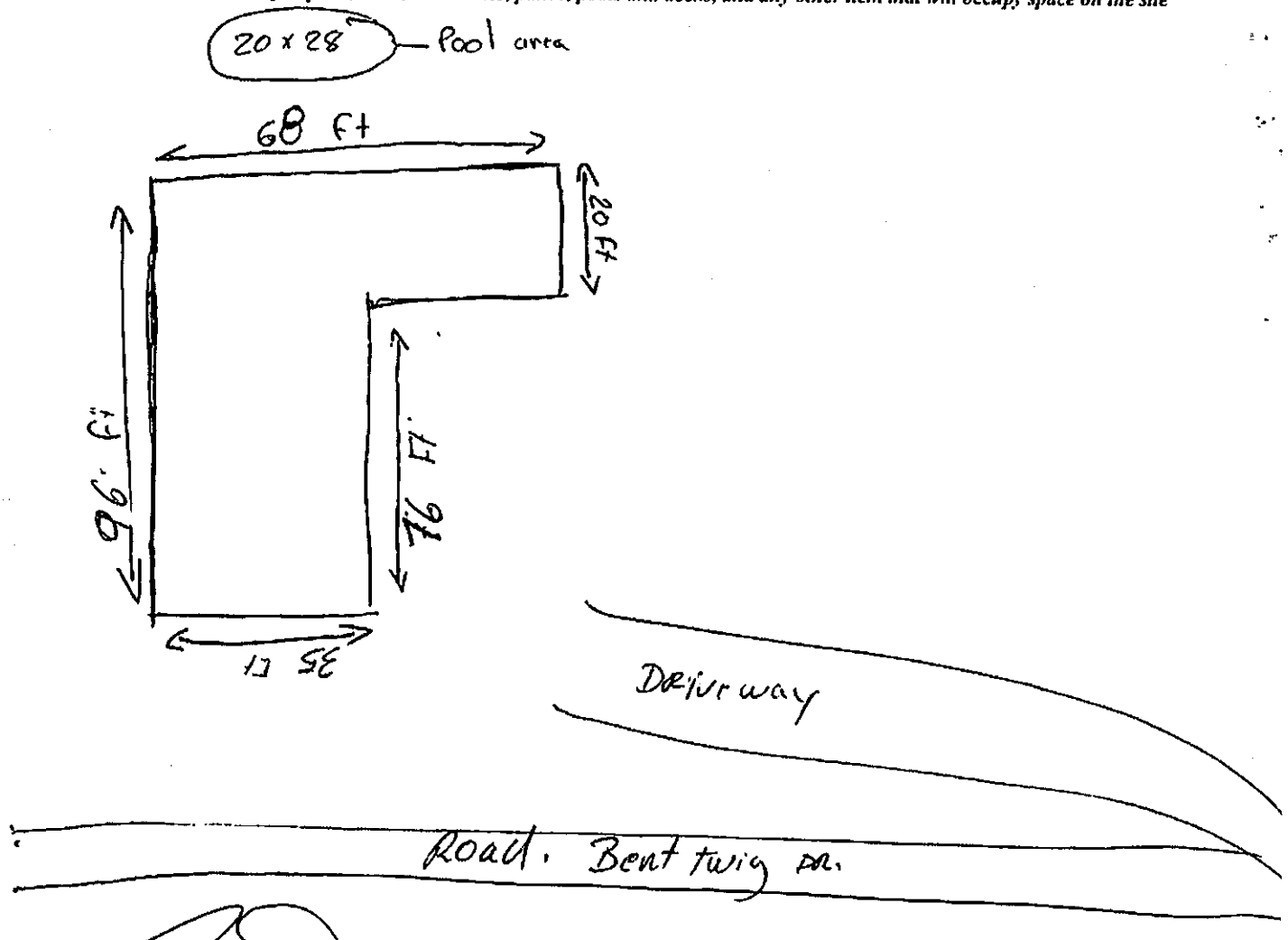
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

12-7-2020
DATE

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 5-1/2" WOOD STUD; UNLESS NOTED OTHERWISE.
5. ALL EXTERIOR WALLS ARE ASSUMED TO BE 5-1/2" WOOD STUD (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 CABINETRY TO BE DESIGNED BY OTHERS AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED)
9. ALL FINISH AND COLOR SELECTIONS TO BE APPROVED BY ARCHITECT/O.C.
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 TERMITE CHEMICAL 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.
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 (3)2x6 STUD JACKS UNDER EACH END SUPPORT; UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS MUST HAVE (3)2x6 STUD JACKS UNDER EACH END SUPPORT; UNLESS NOTED OTHERWISE.
3. ALL BRICK OVER LOWER ROOFS MUST HAVE ANGLE WITH 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"x6" 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"x6" SHALL BE NAILED TO DIAGONAL MEMBERS OR VERTICAL MEMBERS IN THE APPROXIMATE MID-SPAN AS A LOAD DISTRIBUTION MEMBER.
8. WHERE CLING 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 BOOS 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 5' OR LESS MUST USE A 3-1/2"x3-1/2"x1/2" STEEL ANGLE VERTICALLY FROM FLOOR TO TOP PLATE LAGGED TO RING STUDS WITH (3) 6"x3" LAGS @ 24"o.c. VERTICALLY AND LAGGED TO FLOOR AND TOP PLATE WITH (1) 5/8"x3" LAG THROUGH A 1/4" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 5' 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.

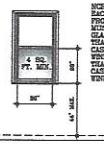
STAIRWAYS

1. TREADS SHALL BE 9" WIDE 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 36".

EGRESS WINDOW REQUIREMENTS

NCRC 2012 310.1
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. WHERE 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 310.1.1
THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 24". THE MIN. NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20". THE NET CLEAR OPENING AREA SHALL NOT BE LESS THAN 4 SQ. FT.



NCRC 310.1.3
EACH EGRESS WINDOW FROM SLEEPING ROOMS MUST HAVE A MIN. TOTAL GLASS 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.

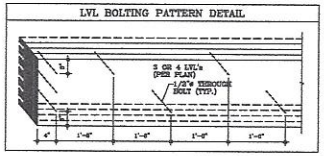


TYP. HANGERS FOR JOIST & BEAMS

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

MEMBERS	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS12-3 MIN.
(2) 1-3/4"x9-1/4" LVL	HGUS410
(3) 1-3/4"x9-1/2" LVL	HGUS410
(2) 1-3/4"x11-1/4" LVL	HGUS412
(3) 1-3/4"x11-7/8" LVL	HGUS412
(2) 1-3/4"x14" LVL	HGUS414
(3) 1-3/4"x14" LVL	HGUS414
(2) 1-3/4"x16" LVL	HGUS414
(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"x16" LVL	HGUS5.50/14
(4) 1-3/4"x9-1/4" LVL	HGUS7.25/10
(4) 1-3/4"x9-1/2" LVL	HGUS7.25/10
(4) 1-3/4"x11-1/4" LVL	HGUS7.25/12
(4) 1-3/4"x11-7/8" LVL	HGUS7.25/12
(4) 1-3/4"x14" LVL	HGUS7.25/14
(4) 1-3/4"x14" LVL	HGUS7.25/14
(4) 1-3/4"x16" LVL	HGUS7.25/14

LVL BOLTING PATTERN DETAIL



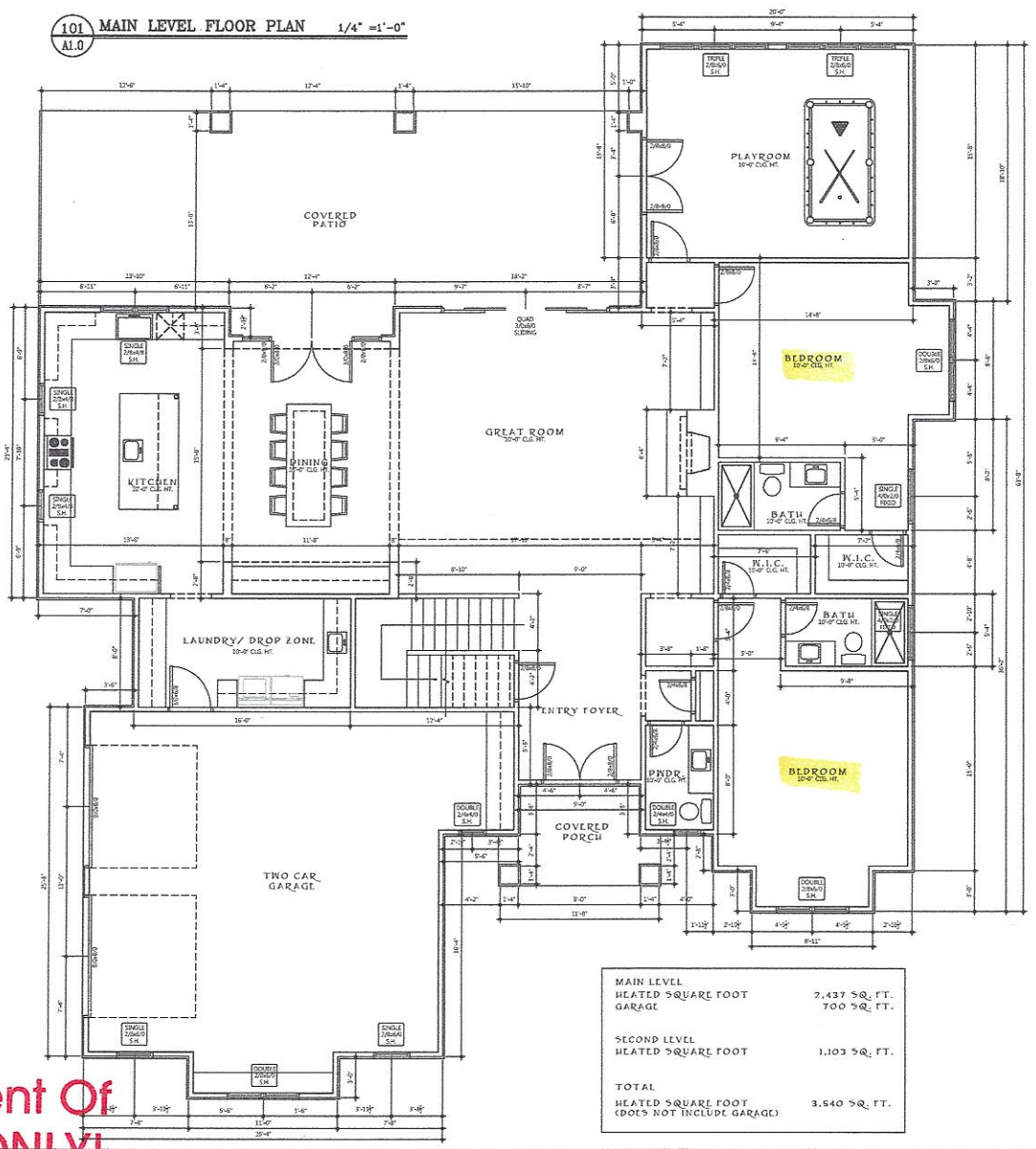
HEADER SIZE AND JACK REQUIREMENTS

SPAN	SIZE	NO. OF JACK STUDS
<3'-0"	(2) 2x4's	1
3'-0" thru 4'-0"	(2) 2x6's	1
4'-1" thru 5'-0"	(2) 2x8's	2
5'-1" thru 6'-6"	(2) 2x10's	2
6'-7" thru 7'-1"	(2) 2x12's	2
7'-2"<	SEE PLAN	SEE PLAN

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
H < 10'-0"	2x6 @ 16" o.c.
10'-0" < H < 11'-0"	2x6 @ 12" o.c.
10'-0" < H < 11'-0"	2x8 @ 16" o.c.
H > 11'-0"	CONSULT ENGINEER

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



MAIN LEVEL	
HEATED SQUARE FOOT	2,437 SQ. FT.
GARAGE	700 SQ. FT.
SECOND LEVEL	
HEATED SQUARE FOOT	1,103 SQ. FT.
TOTAL	
HEATED SQUARE FOOT (DOES NOT INCLUDE GARAGE)	3,540 SQ. FT.

Acknowledgement Of Plans Submittal ONLY!

Date 3-17-21

Date 3/16/2021

WINSTEAD ARCHITECTURE
J. STAN WINSTEAD, AIA
22 NORTH MAIN AVENUE (P.O. BOX 331) NEWTON, NORTH CAROLINA 28658
TELEPHONE (828) 464-2827
FAX (828) 464-3229

A NEW RESIDENCE FOR:
RONY & MAYERLIN HERNANDEZ
HICKORY, NORTH CAROLINA

STANLEY WINSTEAD 6909 REGISTERED PROFESSIONAL ENGINEER NEWTON, N.C.

PROJECT NO. 21-01
DATE: FEBRUARY 3, 2021
DRAWN BY: JSW
CHECKED BY: JSW
REVISIONS:

NO.	DATE:	BY:

CONSTRUCTION REFERENCE NUMBERS 21.01.01 126

SHEET NO. A1.0

GENERAL PLAN NOTES

1. DRAWINGS ARE NOT TO BE SCALED; DIMENSIONS IN QUESTION SHALL BE CLARIFIED BY ARCHITECT.
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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 CABINETRY TO BE DESIGNED BY OWNER AND SHALL MEET ALL APPLICABLE ACCESSIBILITY CODES (IF REQUIRED)
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15. ALL DOOR HEIGHTS ARE SHOWN ON PLANS.

FRAMING CONSTRUCTION--OTHER THAN ROOF

1. STEEL BEAMS MUST HAVE (3)2x4 STUD JACKS UNDER EACH END SUPPORT; UNLESS NOTED OTHERWISE.
2. MICRO-LAM BEAMS MUST HAVE (3)2x4 STUD JACKS UNDER EACH END SUPPORT; UNLESS NOTED OTHERWISE.
3. ALL BRICK OVER LOWER ROOFS MUST HAVE ANGLE WITH STUDS 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 NAILED 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 2x8 HOOK 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 5' 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 A 1/4" PLATE AT THE TOP AND BOTTOM. MULTIPLE OPENINGS WITH 1' 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" WIDE 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 36".

EGRESS WINDOW REQUIREMENTS

NCRC 2012 310.1
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. WHERE 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 310.1.1
THE MIN. NET CLEAR OPENING HEIGHT DIMENSION SHALL BE 24". THE MIN. NET CLEAR OPENING WIDTH DIMENSION SHALL BE 20". THE NET CLEAR OPENING AREA SHALL NOT BE LESS THAN 4 SQ. FT.



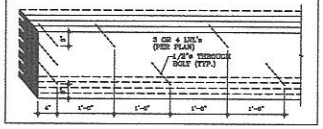
NCRC 310.1.1
EACH EGRESS WINDOW FROM SLEEPING ROOMS MUST HAVE A MIN. TOTAL GLASS AREA OF NOT LESS THAN 5 SQ. FT. IN THE CASE OF A GROUND FLOOR WINDOW AND NOT LESS THAN 5.7 SQ. FT. IN THE CASE OF A SECOND STORY WINDOW.

TYP. HANGERS FOR JOIST & BEAMS

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

MEMBERS	HANGER
2x6	LUS26
2x8	LUS28
2x10	LUS210
(2) 2x8	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(2) 2x6	LUS26-2
(3) 2x10	LUS210-3
(3) 2x12	HUS212-3 MIN.
(2) 1-3/4"x9-1/4" LVL	HGUS410
(2) 1-3/4"x9-1/2" LVL	HGUS410
(2) 1-3/4"x11-1/4" LVL	HGUS412
(2) 1-3/4"x11-7/8" LVL	HGUS412
(2) 1-3/4"x14" LVL	HGUS414
(2) 1-3/4"x16" LVL	HGUS414
(2) 1-3/4"x18" LVL	HGUS414
(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
(4) 1-3/4"x9-1/4" LVL	HGUS7.25/10
(4) 1-3/4"x9-1/2" LVL	HGUS7.25/10
(4) 1-3/4"x11-1/4" LVL	HGUS7.25/12
(4) 1-3/4"x11-7/8" LVL	HGUS7.25/12
(4) 1-3/4"x14" LVL	HGUS7.25/14
(4) 1-3/4"x16" LVL	HGUS7.25/14
(4) 1-3/4"x18" LVL	HGUS7.25/14

LVL BOLTING PATTERN DETAIL



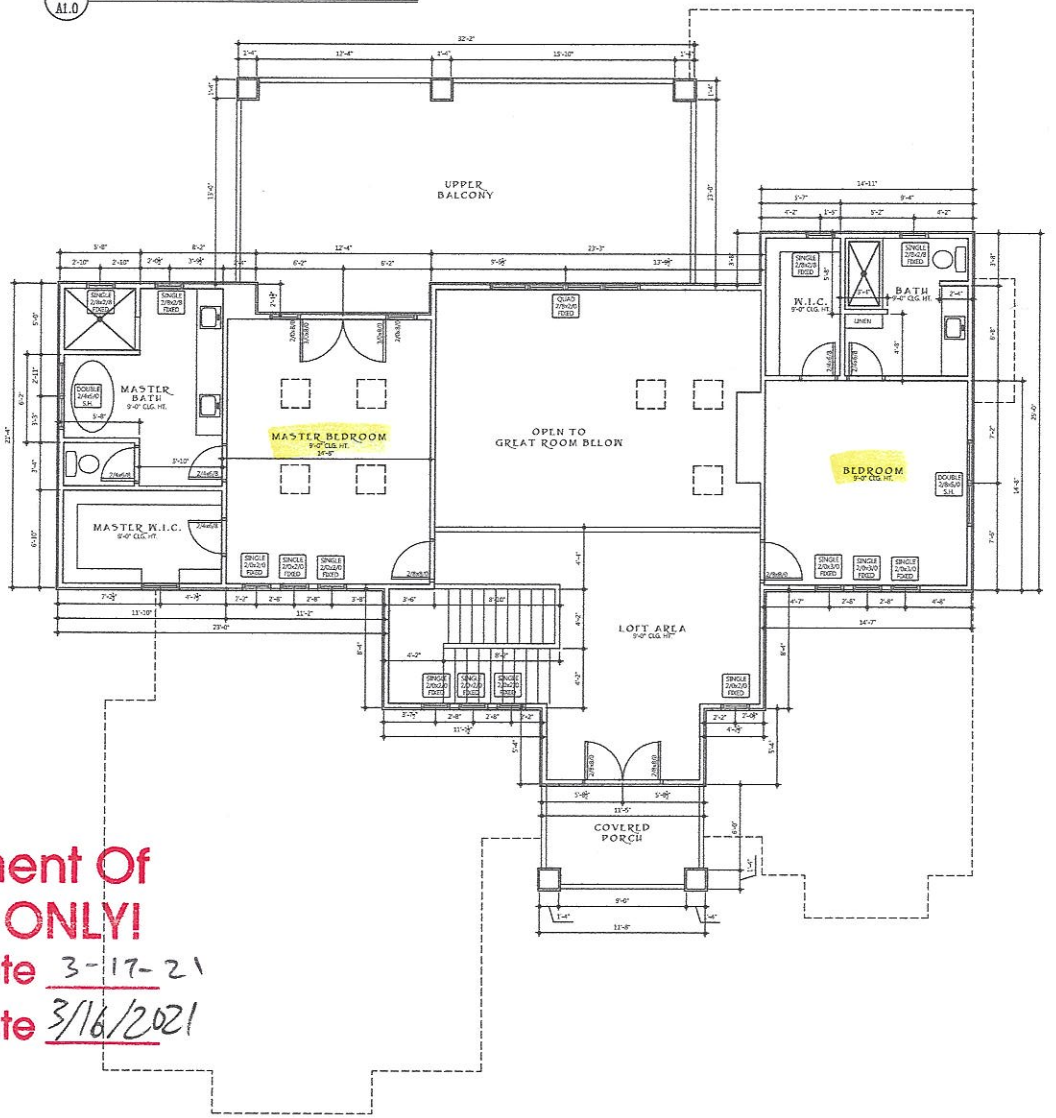
HEADER SIZE AND JACK REQUIREMENTS

SPAN	SIZE	NO. OF JACK STUDS
<3'-0"	(2) 2x4's	1
3'-10" thru 4'-0"	(2) 2x6's	1
4'-1" thru 5'-6"	(2) 2x8's	2
5'-7" thru 6'-3"	(2) 2x10's	2
6'-3" thru 7'-1"	(2) 2x12's	2
7'-2"<	SEE PLAN	SEE PLAN

WALL STUD REQUIREMENTS

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

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



Acknowledgement Of Plans Submittal ONLY!

Date 3-17-21

Date 3/16/2021

WINSTEAD ARCHITECTURE
J. STAN WINSTEAD, AIA
22 NORTH MAIN AVENUE (P.O. BOX 321) NEWTON, NORTH CAROLINA 28658
TELEPHONE (828) 464-2837
FAX (828) 464-3279

A NEW RESIDENCE FOR:
RONY & MAYERLIN HERNANDEZ
HICKORY, NORTH CAROLINA

J. STANLEY WINSTEAD REGISTERED ARCHITECT 6909 NEWTON, N.C.

4/4/21

PROJECT NO. 21-01
DATE: FEBRUARY 3, 2021
DRAWN BY: JSW
CHECKED BY: JSW
REVISIONS:

NO.	DATE:	BY:

COMPUTER REFERENCE NUMBER
S1101 .DWG

SHEET NO. A1.1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313165 Issue Date: 12/07/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4724247671.000	116 BENT TWIG DR	Iredell County

Owner Information	Applicant Information
Name: HERNANDEZ RONY A+MARYERLIN D Address: Phone:	Name: HERNANDEZ RONY A+MARYERLIN D Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	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.

Date: 12/07/2020

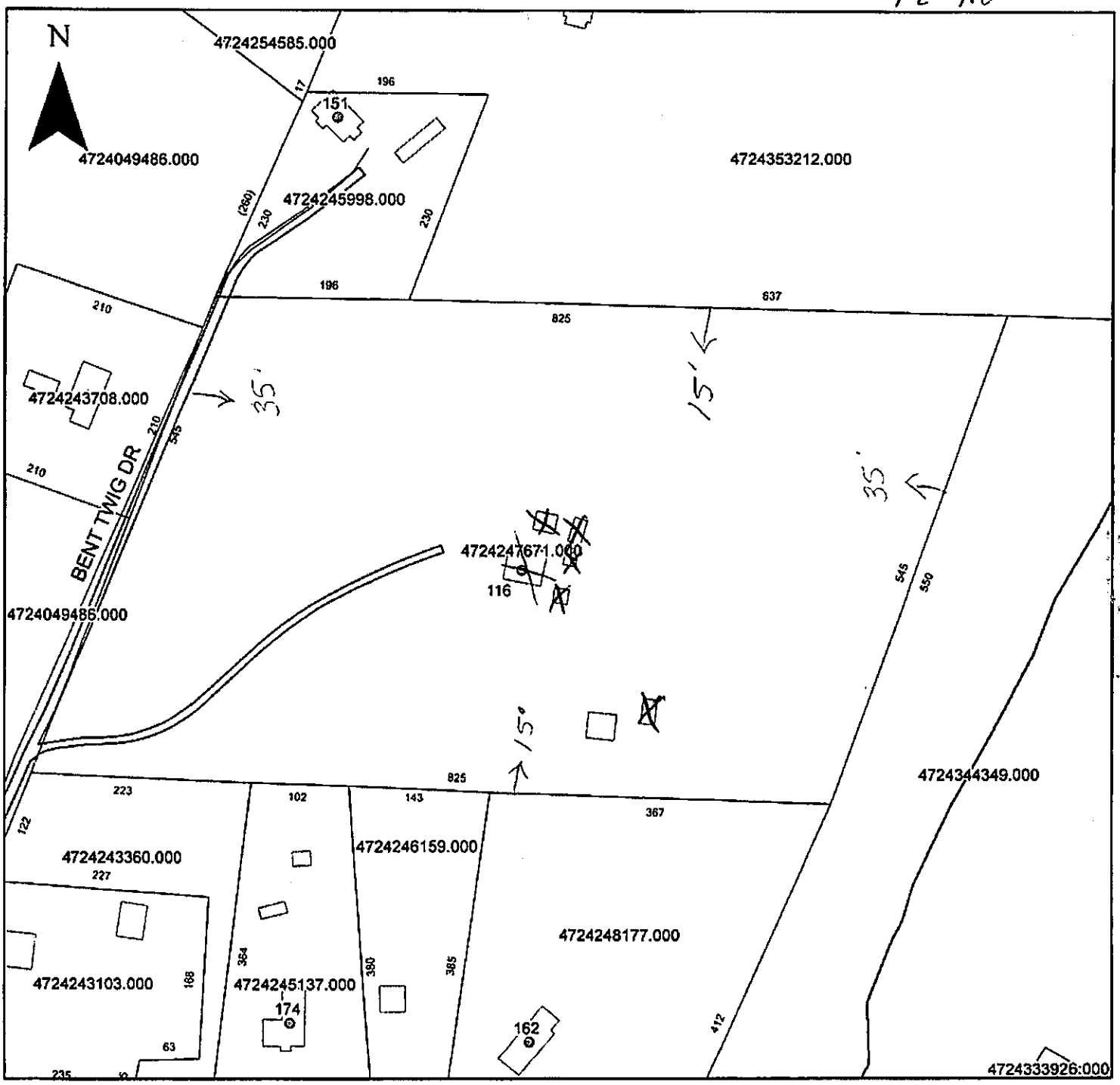
Signature of Owner/Contractor

Permit Number	313165

TOTAL FEES:	$77.25

5121162 R-20 10 ft -

ZONING DISCLAIMER WS-ND FL-ND



Property Address 116 Bent Twig Dr.

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

12-7-2020
Date