IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 23236A.

PIN # 4730035914

APPLICANT/OWNER: Joseph & Rose Salvatori APPLICANT ADDRESS: 622 Mount Sinai RD Williamsboro NC 27697.

SITE ADDRESS: 131 Parkstone DR Troutman NC 28166 PHONE: 336-244-7636 ALT. PHONE N/A

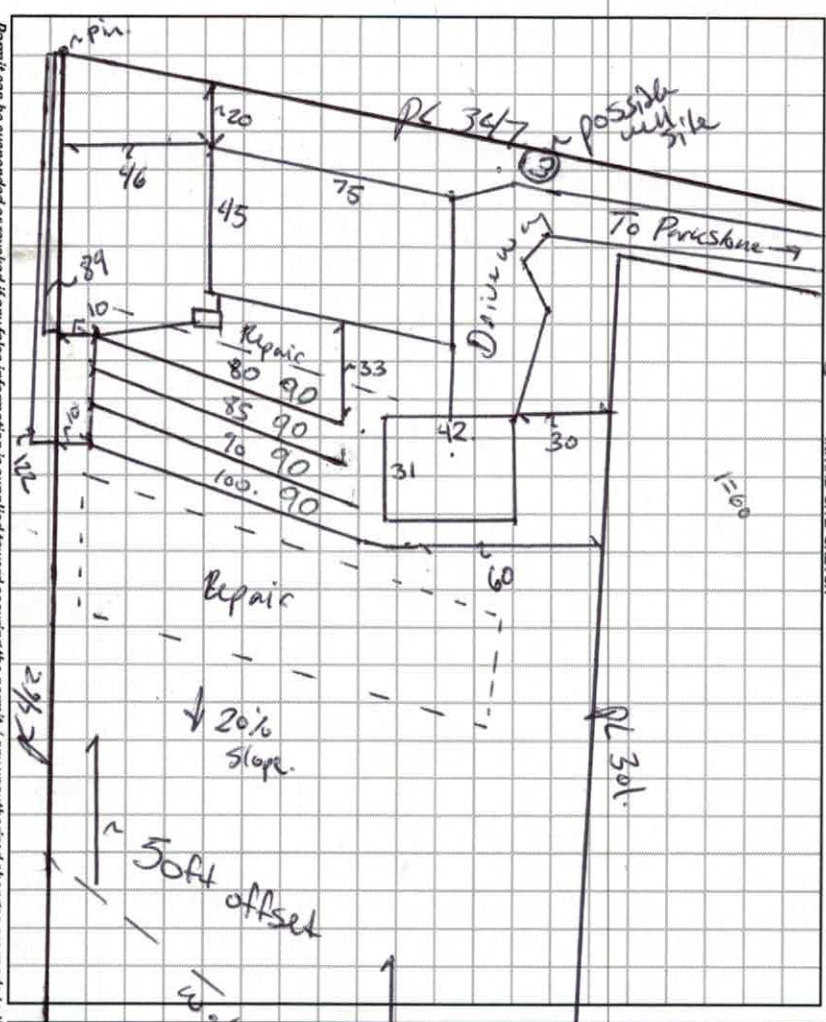
SITE DIRECTIONS: 21 & Autumnleaf Church RD to Parkstone RD to Parkstone SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Parkstone SECTION: ~ LOT # PT 4 LOT AREA: 2.141 Acres. DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	500 (gal)	STB ~	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	~ (gal)	PT ~	Date ~	System Description:				☐ Business	No. Persons	6	☒ Private
Pump Make	~	Model	Serial # ~	Repair System Description:			25% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Maintenance Agreement Required:			☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36	Linear Ft	360	Trench Bottom Depth(Low side)	22	Gravel Depth	~	☒ GRAVITY	☐ PRESSURE	☒ Basement w/ plumbing	☐ Basement w/o plumbing

Comments / Conditions: Install septic system at the contour of the lead available. Special distribution. Do not exceed max depth of 30 inches high side. Do not drive, park, pave, or rock over initial site sketch area.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS PERMITTED

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: Joseph A Salvatori Date: 3-6-2018 Installed by: DELLINGER SPRADING

IMPROVEMENT PERMIT by: Brian Bottoms Date: 1/22/2018 OPERATION PERMIT by: Brandt Co Initials Date: 8-6-19

AUTHORIZATION TO CONSTRUCT by: Brian Bottoms Date: 1/22/2018 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.

ADDRESS: 622 Mount Sinai RD Williamsboro, NC DATE EVALUATED: 1/16/18.

PROPOSED FACILITY: 3BR House PROPOSED DESIGN FLOW (.1949): 360 gpd. PROPERTY SIZE: 2.1 Ac

LOCATION OF SITE: 131 Parkstone. Troutman NC. 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	15-20	0-20	SC SBK	SS SP FM SFR		60	-	-	.25
		20-38	C SBK	SS SP FM					
		38-60	CL WSBK	SS SP FR					
2	15-20	0-10	SC SBK	SS SP FM SFR		52.			.25
		10-36	C SBK	SS SP FM					
		36-52	CL WSBK	SS SP FR					
		52-70	LSAPM	NS NP VFR					
3	15-20	0-8	SC SBK	SS SP FM SFR		<13.			.25
		8-27	C SBK	SS SP FM					
		27-43	CL WSBK	SS SP FR.					
		43-70	LSAPM	NS NP VFR					
4	15-20.	0-17	SC SBK	SS SP FM FRM		<18.			.25
		17-36	C SBK	SS SP FM					
		36-48	CL WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	240.
System Type(s)	2540	50%
Site LTAR	.25	.25

OTHER FACTORS (.1946): N/A

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Bottoms

OTHER(S) PRESENT: Boggs

COMMENTS:

Updated February 2014

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)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (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.

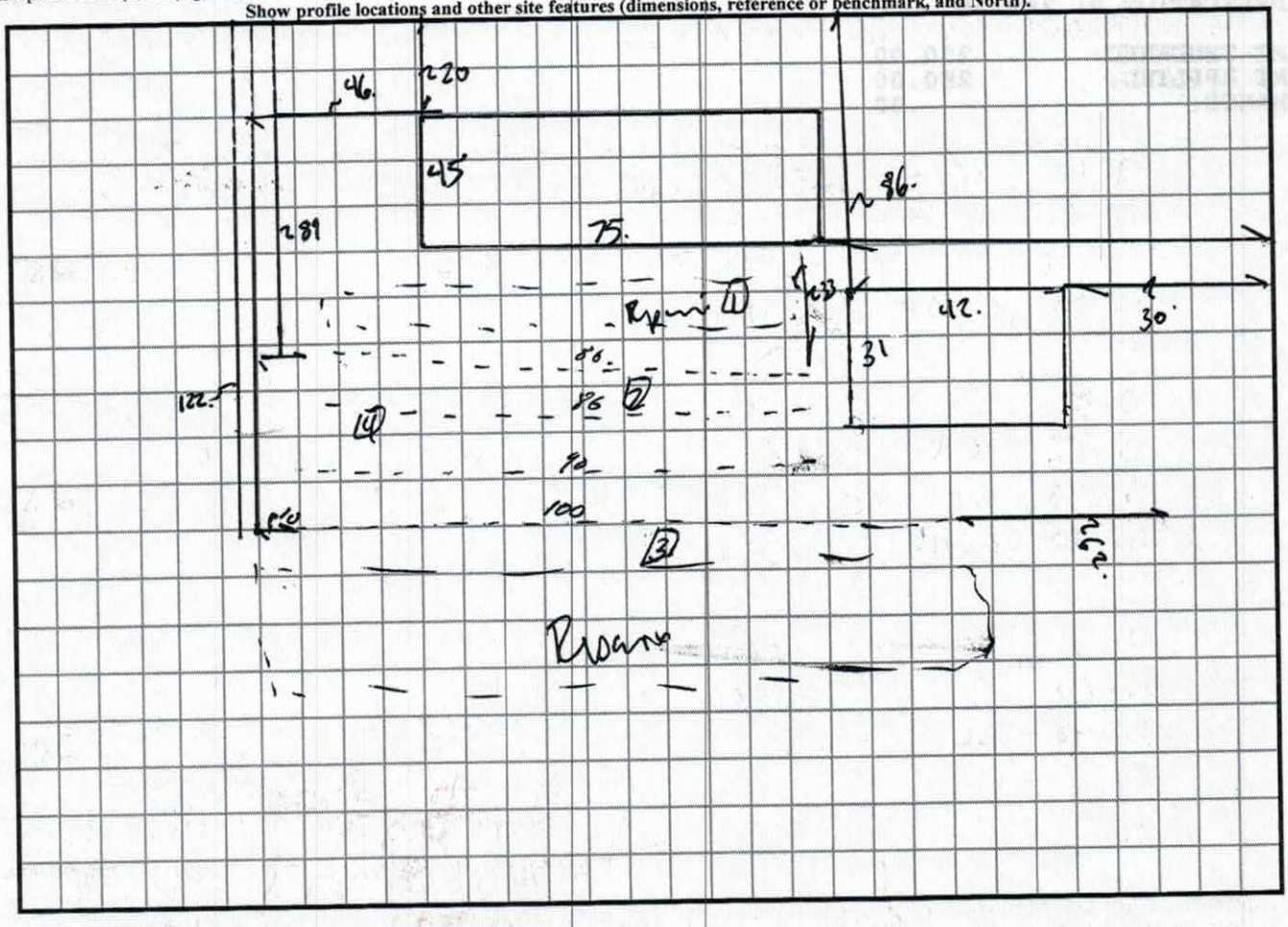
NOTES

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).



DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4730035914
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jesse Goodwin — APPLICATION DATE 5-31-13
ADDRESS: 12423 Brenthaven Dr — DATE EVALUATED: 6-20-13
PROPOSED FACILITY: 4BR SFD — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 2.14 acres
LOCATION OF SITE: 131 Parkstone Dr — PROPERTY RECORDED: yes
WATER SUPPLY: • Private • Public • Well • Spring • Other N/A
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	10% L	0-8	SC SBK	F SS SP Mod SE	+48"	+48"	+48"	+48"	PS 0.3
		8-27	C mica SBK	F SS SP Mod SE					
		27-48	CL mica WSBK	F Mod SE					
2	12.5% NS	0-16	C mica ABK	F SS SP Mod SE	+48"	+48"	+48"	+48"	PS 0.25
		16-48	CL mica WABK	F SS SP Mod SE					
		TSAH	Inclusions						
3	12.5% slight NS	0-5	SCL SBK	F Mod SE	+48"	+48"	+48"	+48"	PS 0.25
		5-26	C mica ABK	F Mod SE					
		26-48	CL TSAH mica ABK	F Mod SE					
4	12.5% slight NS	0-8	SC SBK	F Mod SE	+48"	+48"	+48"	+48"	PS 0.3
		8-26	C mica SBK	F Mod SE					
		26-48	CL mica WSBK	F Mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: just Henderson
OTHER(S) PRESENT: N/A

COMMENTS: N/A

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	NEXP (Non-expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
D (Drainage Way)					EXP (Expansive)	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.

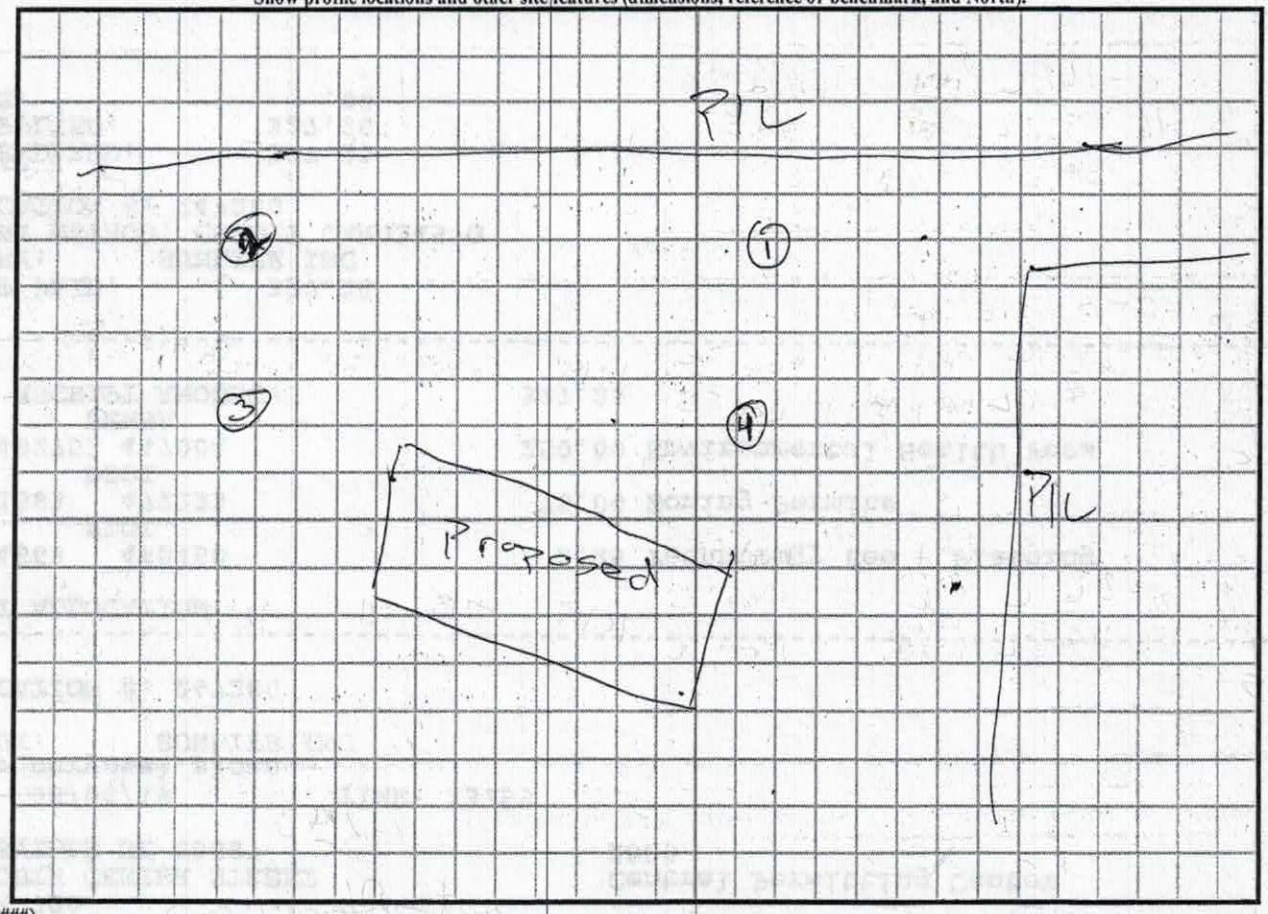
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CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

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).



DENR (######)
Review (#####)

Trustee 1.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Joseph Sakowski Address: 622 Mount Sinai Rd Wilkesboro Zip: 28697
Applicant Email: jsaks2@yahoo.com Phone: 336-984-4322 Alt. Phone: 336-244-7636
Owner Name: Joseph & Rosemary Sakowski Address: SAA Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 131 Parkstone Dr Troutman, NC
Subdivision Name: Parkstone Section/Phase: _____ Lot Number: _____
Driving Directions: I77, EXIT 42 (L) onto Route 21, (L) onto Autumn Leaf Rd, (L) onto Perth Rd (R) onto State Park Rd Parkstone on (R) about 1 mile

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) 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
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: _____

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) 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: Rosemary Sakowski 12-27-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

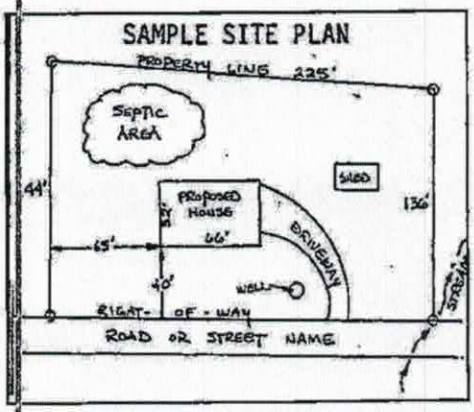
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) 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

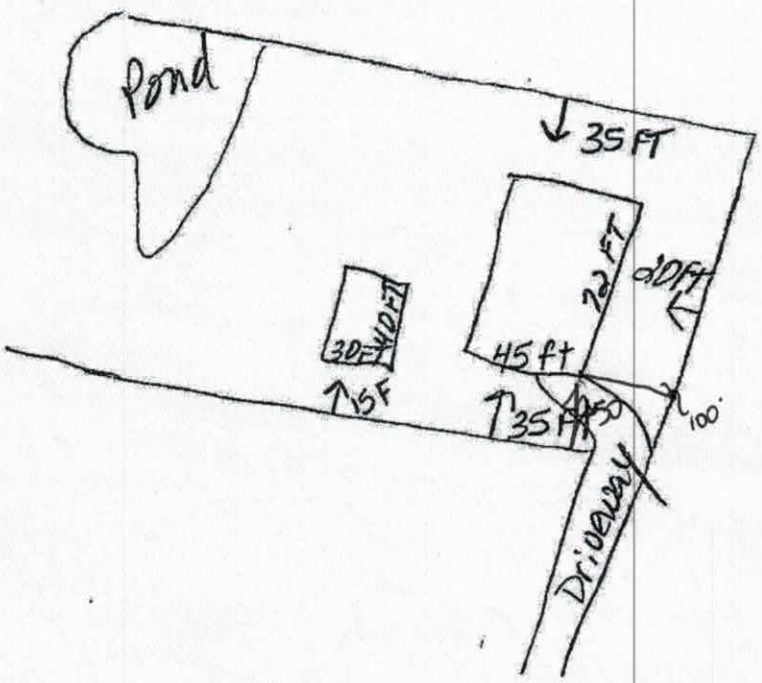


Circle N/A on the following if appropriate:

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: Rosemary Sykora

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

12-27-17

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Joseph & Rosemary Sakowski, am the legal owner(s) of the property located at 131 Parkstone Dr. Troutman, NC, 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	Signature of Witness	Date
Joseph Sakowski Rosemary Sakowski	12-27-17 12-27-17		

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY

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

APPLICATION NUMBER
232358
Issue Date: 12/27/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4730035914.000	131 PARKSTONE DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SAKOWSKI ROSE+JOE	Applicant: SAKOWSKI ROSE+JOE
Address: 622 MOUNT SINAI RD WILKESBORO, NC 28697	Address: 622 MOUNT SINAI RD WILKESBORO, NC 28697
Phone:	Phone:

Use Requested	Zone Code
PREVIOUS PERMIT FOR DIFFERENT HOUSE PLAN	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.141	35.00	35.00	15.00	15.00	CACL	X

Remarks:

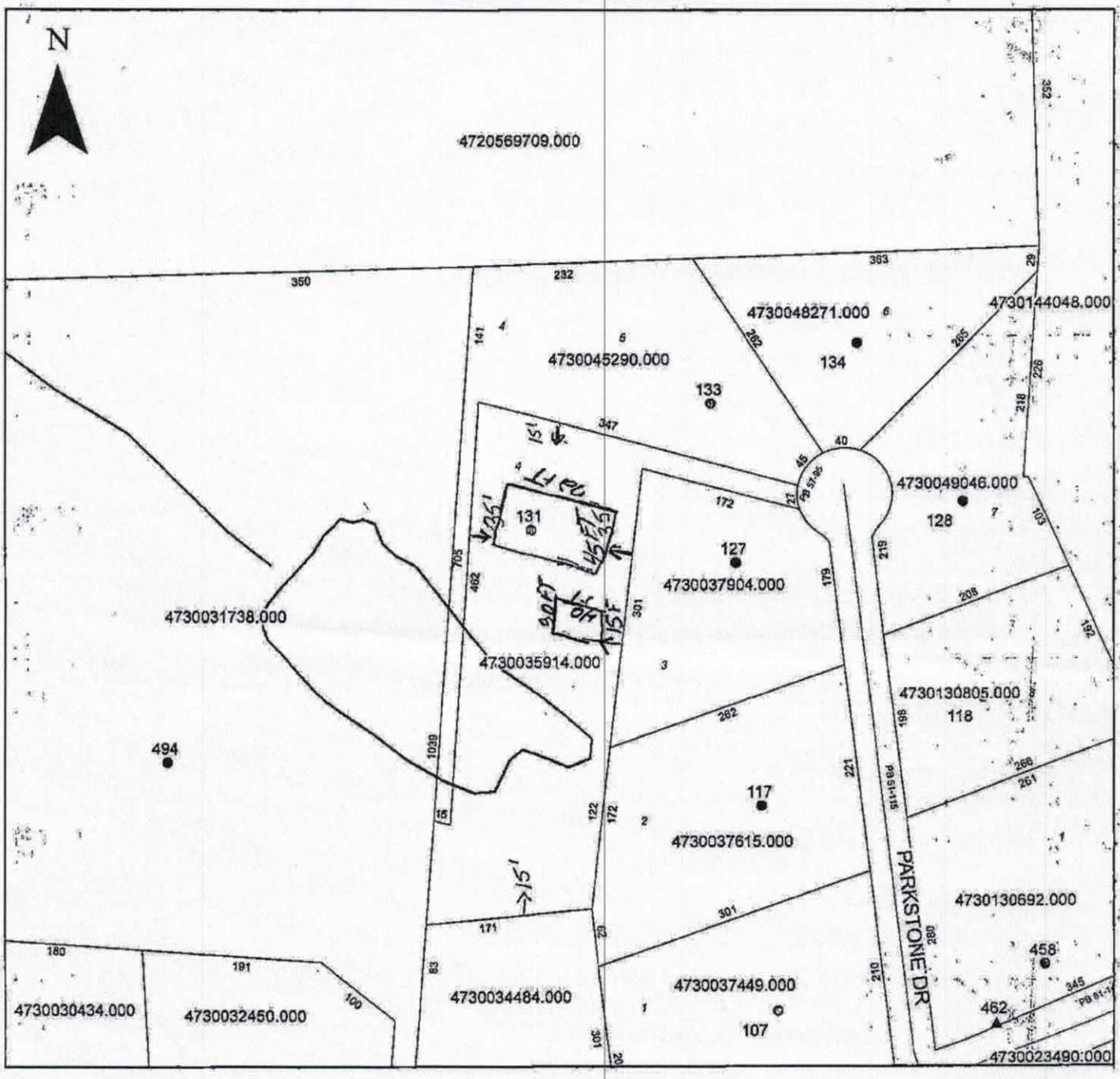
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	124415	TOTAL FEES:	$ 77.25

232558

ZONING DISCLAIMER



Property Address 131 Parkstone 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.

Rosemary Jakubek
Applicant

12.27.17
Date

SYMBOL LEGEND

MATERIAL LEGEND

SAKOWSKI

SHEET INDEX

ID	NAME	PUBLISHED
T1.0	COVER SHEET	☐
A0.1	GENERAL NOTES	☐
A1.0	MAIN LEVEL FLOOR AND HEATER	☐
A1.1	UPPER LEVEL FLOOR AND HEATER	☐
A2.0	ELEVATIONS	☐
A2.1	ELEVATIONS	☐
A3.0	LOWER LEVEL AND FOUNDATION	☐
A4.0	ROOF PLAN	☐
A5.0	DETACHED GARAGE PLAN	☐

MAIN LEVEL	
HEATED SQUARE FOOT	1,664 SQ. FT.
COVERED REAR PORCH	288 SQ. FT.
COVERED PORCH	200 SQ. FT.
GARAGE	528 SQ. FT.
UPPER LEVEL	
HEATED SQUARE FOOT	356 SQ. FT.
LOWER LEVEL	
HEATED SQUARE FOOT	1,309 SQ. FT.
UNHEATED SQUARE FOOT	356 SQ. FT.
TOTAL	
HEATED SQUARE FOOT	4,709 SQ. FT.
UNHEATED SQUARE FOOT	1,240 SQ. FT.

ABBREVIATIONS



1501 PEARCH ROAD
LINCOLNTON, NC 28092
(980) 241-8888
(980) 241-8889
MSJ DRAFTING

T1.0

A NEW RESIDENCE FOR:
JOE AND ROSE SAKOWSKI
XXX
LINCOLNTON, NC 28092

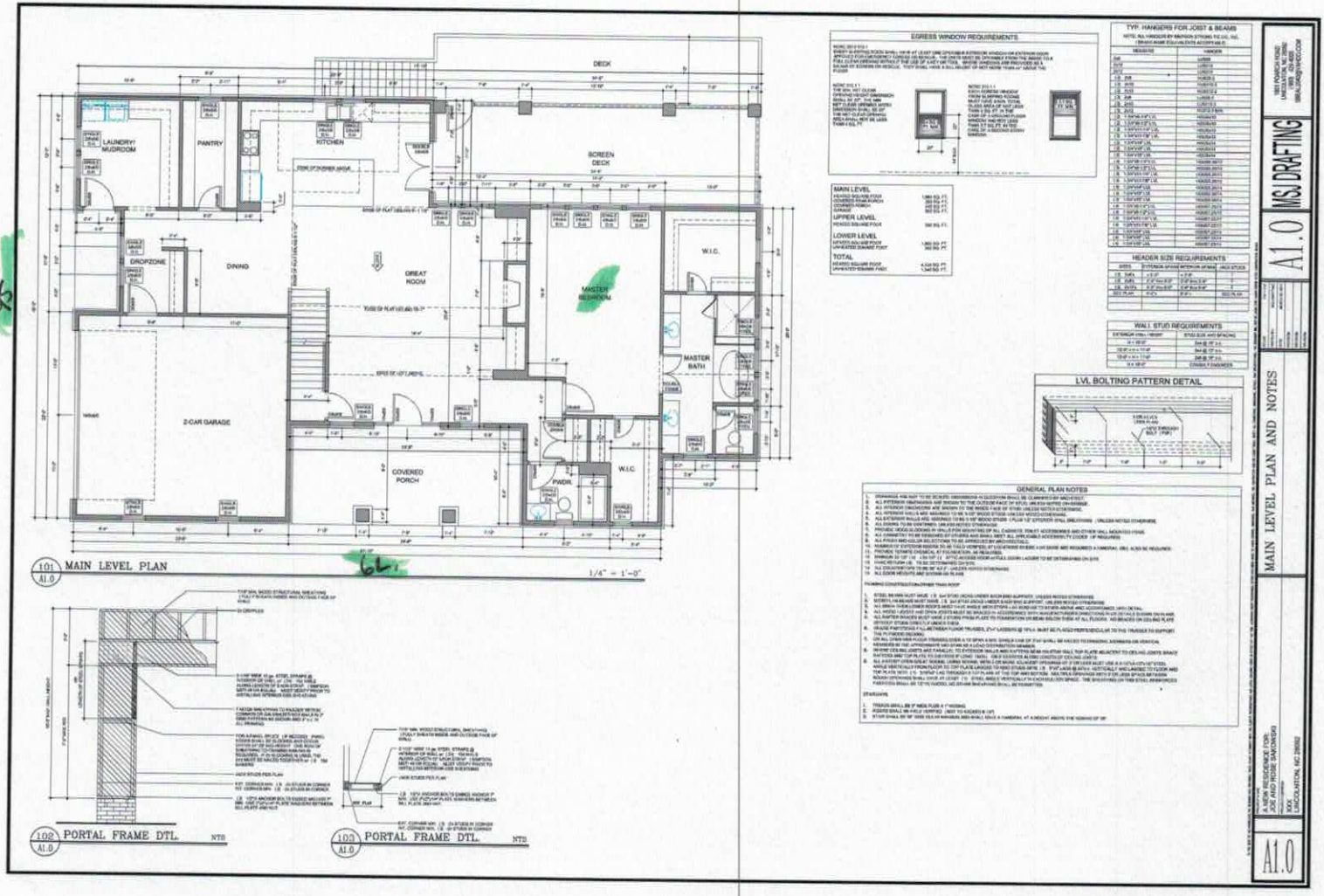
T1.0

COVER SHEET

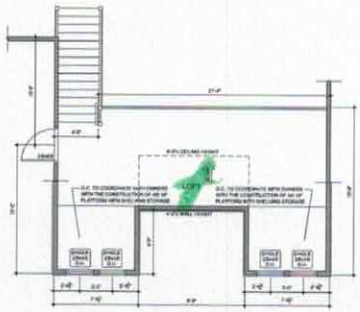
DATE	10-17-21
DESIGNED BY	MSJ
DRAWN BY	MSJ
CHECKED BY	MSJ
SCALE	AS NOTED
PROJECT NO.	2021-10
SHEET NO.	T1.0

THESE PLANS ARE THE PROPERTY OF MSJ DRAFTING AND ARE NOT TO BE USED IN ANY WAY WITHOUT THE EXPRESS WRITTEN CONSENT OF MSJ DRAFTING. ALL RIGHTS RESERVED UNDER THE COPYRIGHT LAWS OF THE UNITED STATES.

Acknowledgement Of
Plans Submittal ONLY!
Benjamin Bell Date 1/22/2018
Rosemary Patrick Date 3-6-2018



Acknowledgement Of
Plans Submittal ONLY!
Benjamin Bailey Date 1/22/2018
Norman Jakud Date 3-6-2018



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

EGRESS WINDOW REQUIREMENTS

TYP. HANGERS FOR JOIST & BEAMS

SIZE	HANGER
2x6	LUS26
2x8	LUS28
2x10	HUS210-2
2x12	HUS212-2
2x14	LUS214
3.5x9.25	HUS9.5/14
3.5x11.25	HUS11.5/16
3.5x13.25	HUS13.5/18
3.5x14	HUS14/18
3.5x16	HUS16/18
3.5x18	HUS18/18
3.5x20	HUS20/18
3.5x22	HUS22/18
3.5x24	HUS24/18
5.25x9.25	HHUS9.25/18
5.25x11.25	HHUS11.25/18
5.25x13.25	HHUS13.25/18
5.25x14	HHUS14/18
5.25x16	HHUS16/18
5.25x18	HHUS18/18
5.25x20	HHUS20/18
5.25x22	HHUS22/18
5.25x24	HHUS24/18
7.25x9.25	HHUS9.25/20
7.25x11.25	HHUS11.25/20
7.25x13.25	HHUS13.25/20
7.25x14	HHUS14/20
7.25x16	HHUS16/20
7.25x18	HHUS18/20
7.25x20	HHUS20/20
7.25x22	HHUS22/20
7.25x24	HHUS24/20
9.25x9.25	HGUS9.25/24
9.25x11.25	HGUS11.25/24
9.25x13.25	HGUS13.25/24
9.25x14	HGUS14/24
9.25x16	HGUS16/24
9.25x18	HGUS18/24
9.25x20	HGUS20/24
9.25x22	HGUS22/24
9.25x24	HGUS24/24

MAIN LEVEL
HEATED SQUARE FOOT 1,084 SQ. FT.
UNHEATED SQUARE FOOT 242 SQ. FT.
COVERED PORCH 64 SQ. FT.
GARAGE 484 SQ. FT.

UPPER LEVEL
HEATED SQUARE FOOT 356 SQ. FT.

LOWER LEVEL
HEATED SQUARE FOOT 1,084 SQ. FT.
UNHEATED SQUARE FOOT 356 SQ. FT.

TOTAL

HEADER SIZE REQUIREMENTS

WIDTH	EXTERIOR OPENING	INTERIOR OPENING	JACK STUDS
3.5" (NAT)	4 2x10	4 2x10	1
3.5" (NAT)	2 1.75x11.25"	2 LVL 9-1/4"	1
3.5" (NAT)	2 1.75x14.00"	2 LVL 11-7/8"	2
5.5" (FULL)	4 2x10	4 2x10	2
5.5" (FULL)	4 2x12	4 2x12	2

WALL STUD REQUIREMENTS

EXTERIOR WALL HEIGHT	STUD SIZE AND SPACING
9'-1 10'-2"	2x4 @ 16" o.c.
10'-3" to 11'-2"	2x4 @ 12" o.c.
10'-3" to 11'-2"	2x6 @ 16" o.c.
9'-1 10'-2"	CONSULT ENGINEER

LVL BOLTING PATTERN DETAIL

GENERAL PLAN NOTES

MSJ DRAFTING
A1.1
LOFT PLAN AND NOTES
A NEW RESIDENCE FOR:
JOE AND ROSE SAKOWSKI
XXX
LINCOLNTON, NC 28092
A1.1

Acknowledgement Of
Plans Submittal ONLY!
Benjamin Bates Date 1/22/2019.
Courtney Dalton Date 3-6-2018

