BCW BLDR-2823-32129

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP 317440**

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

PIN # 4764 --45 --6870

APPLICANT/OWNER: April Ottone APPLICANT ADDRESS: 172 Doe Run Lane Statesville 28625

SITE ADDRESS: 104 Capstone Ct Statesville NC 28625 PHONE: 704-883-6938 ALT. PHONE 704-929-0923

SITE DIRECTIONS: Hwy 64E R on Bell Farm R on Skyland R on Carters Farm R on Capstone SAP CONTROLLED: ☐ YES ☒ NO

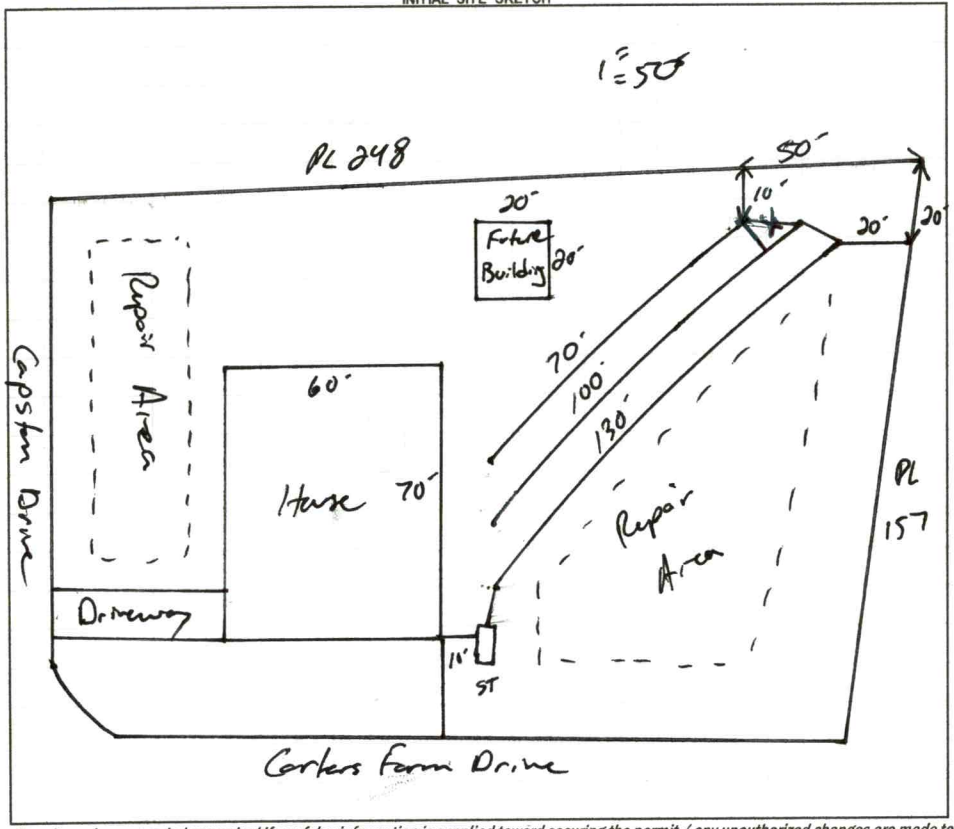
SUBDIVISION: Carters Farm SECTION: - LOT # 1 LOT AREA: 1.78 Acre DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	11/16/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	25% Reduction PM	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainline on Center of land use Serial distribution. No fandation drains on back of House
Reviewed FP - SP the same 7-20-23 BB

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.

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: April Ottone Date: 11-23-21 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Date: 6-11-2021 OPERATION PERMIT by: Date: 1/16/24

AUTHORIZATION TO CONSTRUCT by: Date: 6-11-2021 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4764456870
COUNTY: Iredell

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

OWNER: April O'Hare
ADDRESS: 172 Doe Run Statesville
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 104 Capstone

APPLICATION DATE: 5-3-2021
DATE EVALUATED: -
PROPERTY SIZE: .78
PROPERTY RECORDED: yes

PROPOSED DESIGN FLOW (.1949): 360gpd

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other

EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

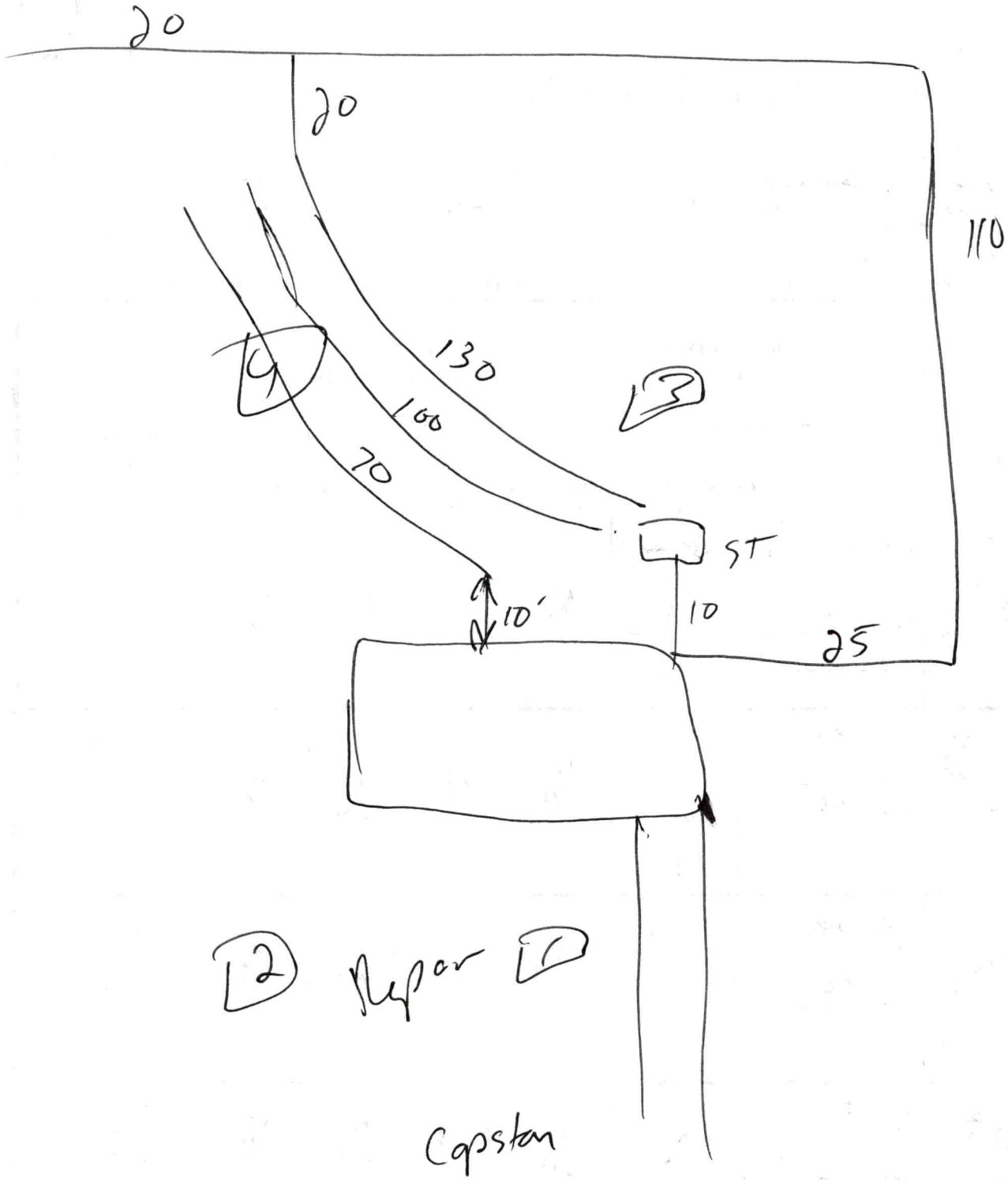
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	3-4%	0-12	SBK scL	FI SSSPSmp	N/A	48+	N/A	N/A	PS .3
		12-32	SBK C						
		32-48	SBK CL						
2	3-4%	0-12	SBK scL		N/A	48+	N/A	N/A	PS .3
		12-32	SBK C						
		32-48	SBK CL						
3	4-5%	0-12	SBK scL		N/A	48+	N/A	N/A	PS .3
		12-30	ABK C						
		30-48	SBK CL						
4	4-5%	0-12	SBK scL		N/A	48+	N/A	N/A	PS .3
		12-26	ABK C						
		26-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200' PM
System Type(s)	25%	25% PM
Site LTAR	.3	.3

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

COMMENTS:

Updated February 2014


20
20
110
130
100
70
ST
10'
10
25
2
Rig or
1
Capstan

RECEIVED MAY C 6 2021

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

1. **APPLICATION FOR:** ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application** AP-317440 $500.00

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

April Ottone	172 Doe Run Ln 28625	704 883 6938	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Wade Reeves	1531 Mocksville Hwy 28625	704 929 0923	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

104 Capstone Ct	Carters Farm	PIN 4764456870
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: 64E to Bell Farm Rd. Approx 3 miles, right on Skyland. Half mile, right on Carters Farm, then first right onto Capstone Ct. 104 Capstone First lot on right.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- (X) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** _____ 5/3/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

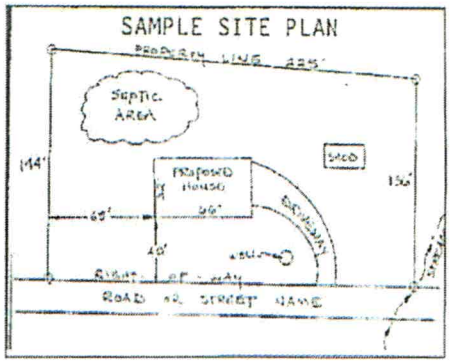
317440

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

See attachment

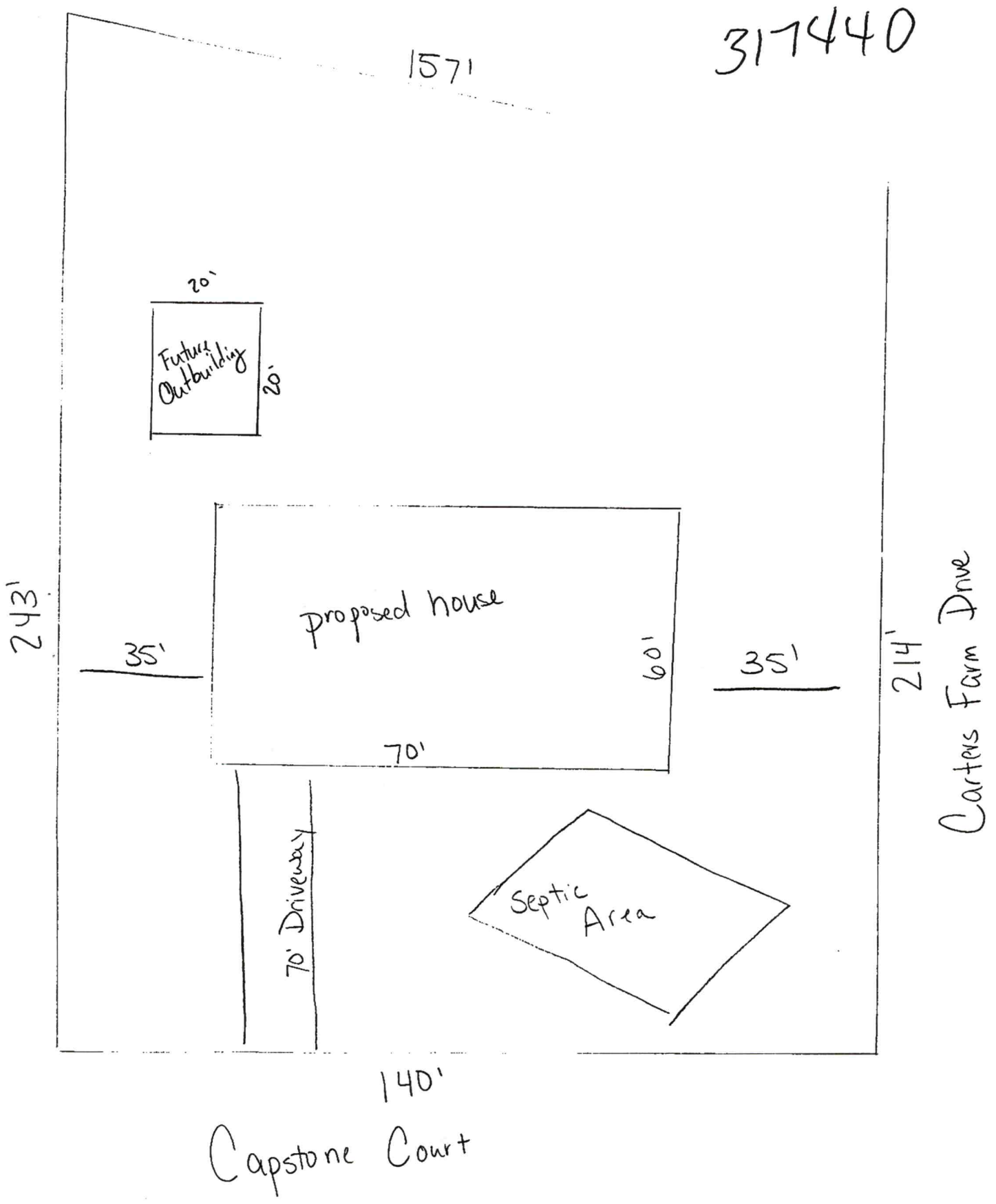
Signature: _____

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

5/3/21

DATE

317440


157'
20'
Future Outbuilding
20'
243'
proposed house
35'
60'
35'
214'
70'
70' Driveway
Septic Area
140'
Capstone Court
Carters Farm Drive

317440

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, Wade Reeves, am the legal owner(s) of the property located at 104 Capstan, identified as PIN (Parcel Identification Number) 4764456870, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) April Ottie, Reeves Home, 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.

_____ 5/3/21

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items* must be completed *PRIOR* to the *SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

317440

***** Initial each statement to indicate you have read and agree. *****

AD **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

AD **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

AD Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

AD **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

AD Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

AD In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature _____ **Date** 5/3/21

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317440 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4764456870.000	104 CAPSTONE CT	Iredell County

Owner Information	Applicant Information
Name: REEVES WADE W JR+JUNE S	Name: APRIL OTTONE
Address:	Address: 172 DOE RUN LN
	STATESVILLE, NC 28625
Phone:	Phone: (704)883-6938

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.787	35	35	25	15		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: 05/04/2021

Signature of Owner/Contractor

Permit Number	317440	TOTAL FEES:	$77.25

DOOR SCHEDULE

MARK	SIZE	DESCRIPTION	QTY.
1	DBL 7'6" X 8'0"	EXTERIOR 4 LITE 3/4 FRENCH SOLID WOOD DOORS	1 PAIR
2	3'0" X 8'0"	EXTERIOR 4 LITE FULL FRENCH WOOD DOOR	1
3	18'0" X 8'0"	EXT. O.H. METAL INSUL. GARAGE DOOR W/ LITES + OPENER	1
4	2'8" X 6'8"	EXTERIOR 6 PANEL METAL DOOR	1
5	3'6" X 8'0"	CASED OPENING	2
6	2'0" X 6'8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	2
7	2'0" X 8'0"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1
8	2'4" X 6'8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	2
9	2'8" X 6'8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	4
10	3'6" X 6'8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOOR	1
11	DBL 2'6" X 6'8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOORS	1 PAIR
12	DBL 2'6" X 6'8"	INTERIOR HORIZONTAL 6 PANEL H.C. MASONITE DOORS	1 PAIR
13	2'8" X 6'8"	SLIDING BARN DOOR - OWNER SELECT	1

WINDOW SCHEDULE

MARK	OPENING SIZE	DESCRIPTION	QTY.
A	3'0" X 7'0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	9
B	3'0" X 6'0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	5
C	2'0" X 4'0"	4 LITE VINYL FIXED WINDOW INSULATED	1
D	4'0" X 4'0"	4 LITE VINYL FIXED WINDOW INSULATED	1
E	1'6" X 3'0"	4 LITE VINYL FIXED WINDOW INSULATED (SEE ELEVS)	1
F	2'0" X 4'0"	4 LITE VINYL FIXED WINDOW INSULATED (SEE ELEVS)	1
G	3'0" X 4'0"	2/2 LITE VINYL SINGLE HUNG WINDOW INSULATED	1

IMPORTANT NOTE:
ALL EGRESS OR RESCUE WINDOWS FROM SLEEPING ROOMS MUST HAVE A MINIMUM NET CLEAR OPENING OF 5.7 SQUARE FEET. GRADE FLOOR WINDOWS MAY HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. THE MINIMUM NET CLEAR OPENING HEIGHT SHALL BE 24". THE MINIMUM NET CLEAR OPENING WIDTH SHALL BE 20". MAXIMUM SILL HEIGHT - 44" AFF.

PROTECTION AGAINST TERMITES:

1. SUBTERRANEAN TERMITE CONTROL. IN AREAS FAVORABLE TO TERMITE DAMAGE METHODS OF PROTECTION SHALL BE BY CHEMICAL SOIL TREATMENT, PRESSURE-TREATED WOOD, NATURALLY TERMITE RESISTANT WOOD OR PHYSICAL BARRIERS (SUCH AS METAL OR PLASTIC TERMITE SHIELDS), OR ANY COMBINATION OF THESE METHODS.
2. CHEMICAL SOIL TREATMENT. THE CONCENTRATION, RATE OF APPLICATION AND TREATMENT METHOD OF THE TERMITICIDE LABEL.
3. PRESSURE-TREATED AND NATURALLY RESISTANT WOOD. HEARTWOOD OF REDWOOD AND EASTERN RED CEDAR SHALL BE CONSIDERED TERMITE RESISTANT. PRESSURE-TREATED WOOD AND NATURALLY TERMITE RESISTANT WOOD SHALL NOT BE USED AS A PHYSICAL BARRIER UNLESS A BARRIER CAN BE INSPECTED FOR ANY TERMITE SHELTER TUBES AROUND THE INSIDE AND OUTSIDE EDGES AND JOINTS OF A BARRIER.
4. FIELD TREATMENT. FIELD CUT ENDS, NOTCHES AND DRILLED HOLES OF PRESSURE-TREATED WOOD SHALL BE RETREATED IN ACCORDANCE WITH AWPA M4.

WIND ZONE NOTES

1. VERIFY WINDOW CODE REQUIREMENTS AT EACH BUILDING LOCATION, AND INSTALL WINDOWS AS PER CODE. REQUIREMENTS WILL VARY FROM DOUBLE INSULATED VINYL TO IMPACT RESISTANT DOUBLE INSULATED VINYL WINDOWS.
2. ALL WINDOWS SHALL COMPLY WITH THE GOVERNING IRC/IBC WINDOWS SHALL BE SELECTED BASED UPON THE COMPONENT AND CLADDING DESIGN PRESSURES.
3. CONTRACTOR RESPONSIBLE FOR ANCHORAGE OF BOTTOM PLATE AND WALL STUDS TO FOUNDATION IN COMPLIANCE WITH THE GOVERNING EDITION OF IRC/IBC 1403.

GENERAL NOTES:

1. ALL KITCHEN AND UTILITY COUNTERTOPS ARE SHOWN AS 2'-0" WIDE UNLESS STATED OTHERWISE.
2. ALL BATHROOM LAVATORY COUNTERTOPS SHOWN AS 1'-10" WIDE.
3. ALL EXTERIOR OVERALL DIMENSIONS ARE FROM EDGE OF FOUNDATION.
4. ALL INTERIOR DIMENSIONS ARE FROM STUD FACE TO STUD FACE.
5. ALL INTERIOR WALL THICKNESS SHOWN AS 4" UNLESS NOTED OTHERWISE.
6. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS BEFORE COMMENCING WORK.
7. DRYER VENT MUST HAVE MAX LENGTH 25'
8. PURCHASER OF THIS PLAN ASSUMES LIABILITY FOR ANY MODIFICATIONS MADE TO THE LAYOUT OF THIS PLAN.
9. ALL FLOOR FRAMING SHALL BE NO. 2 GRADE - SOUTHERN PINE LUMBER. ALL CEILING JOISTS SPANS ARE BASED ON TABLE R802.5 (1) OF THE IRC, 2018 AND ARE DESIGNED FOR ATTICS WITH LIMITED STORAGE. (REFER TO FOUNDATION SHEET FOR SPANS)
10. ALL GLASS ARE CONSIDERED IN HAZARDOUS LOCATIONS & TEMPERED GLASS WINDOWS THAT ARE WITHIN 24" OF THE DOOR IN THE CLOSED POSITION, PROVIDING THE WINDOW IS LESS THAN 60" ABOVE THE FLOOR. (R308 IRC, 2015)
11. ATTIC SPACES MUST PROVIDE 1 SQ. FT. VENTILATION FOR EVERY 300 SQ.FT. OF AREA UNLESS CONDITIONED SPACE. (ATTICS R806)
12. VENT HOOD IN KITCHEN MUST VENT TO THE OUTSIDE. MICROWAVE HOODS MUST VENT TO THE OUTSIDE WHERE APPLICABLE.

HEADER SPANS FOR LOAD BEARING WALLS:

SINGLE STORY:
- 2 PLY 2"x6" — 4'-2" MAX
- 2 PLY 2"x8" — 5'-4" MAX
- 2 PLY 2"x10" — 7'-6" MAX

2 STORY:
- 2 PLY 2"x6" — 3'x1" MAX
- 2 PLY 2"x8" — 4'x6" MAX
- 2 PLY 2"x10" — 6'x2" MAX

- 2 PLY 2x6 HEADERS FOR ALL NON-LOAD BEARING WALLS
- OSB BETWEEN ALL HEADER PLIES
- NO BOWED HEADERS

REFER TO IRC R502.5 (1) AND (2) FOR ADDITIONAL HEADER AND GIRDER SPANS

NOTE:

ROOF OVERHANG ON NEW CONSTRUCTION TYPICAL 12" FROM FACE OF STUD UNLESS OTHERWISE NOTED.

GENERAL CONTRACTOR TO PROVIDE ADEQUATE ROOF VENTILATION BUILDING SYSTEMS PER IRC CODE (SECTION R806.) SYSTEMS TO BE USED TO MEET ROOF VENTILATION REQUIREMENTS ARE AS FOLLOWS: CONTINUOUS RIDGE VENTS, POWER VENTS, BOX VENTS, AND GABLE/DORMER VENTS WHEN APPROVED BY OWNER.

SOFFIT VENTS TO BE USED ONLY IN ACCORDANCE W/ IRC CODE (SECTION R302 AND TABLE R302.1) TO ACCOMMODATE APPROPRIATE FIRE SEPARATION DISTANCES.

GENERAL MATERIALS:

1. EXTERIOR WALLS:
   - -HARDIE SIDING AS SPECIFIED
   - -"TYVEK" BUILDING WRAP
   - -1/2" OSB SHEATHING — -2X4 STUDS @ 1'-4" O.C.
   - -R-13 BATT INSULATION — -1/2" GYPSUM BOARD INTERIOR
2. INTERIOR WALLS: -2X4 STUDS @ 1'-4" O.C. — -1/2" GYPSUM BOARD ON BOTH SIDES
3. CEILING: -2X JOISTS @ 1'-4" O.C. — -1/2" GYPSUM BOARD; -R38 INSULATION
4. ROOF SYSTEM: -30# YEAR FIBERGLASS SHINGLES — -REFELT; -5/8" OSB, OR CDX PLYWOOD — -2X6 RAFTERS @ 2'0" O.C.

NOTE: ALL ROOFING PRODUCTS, MATERIALS AND INSTALLATION, SHALL COMPLY WITH THE REQUIREMENTS UNLESS CHANGED BY GENERAL CONTRACTOR AT OUN DISCRETION.

CODE DISCLAIMER:

1. THESE PLANS WERE DESIGNED TO MEET IRC 2015 AT THE TIME OF THEIR CREATION AND MORE SPECIFICALLY THE MINIMAL LOCAL CODES OF THE SOUTH LOUISIANA AREA. IT IS HIGHLY RECOMMENDED THAT THESE PLANS BE REVISED BY A LOCAL STRUCTURAL ENGINEER PRIOR TO CONSTRUCTION.
2. BEAMS AND FLOOR JOISTS ARE NOT SIZED DUE TO THE MANY GEOGRAPHIC LOCATIONS THESE PLANS ARE SOLD. THESE ITEMS SHALL BE SIZED BY A LOCAL ENGINEER OR MANUFACTURER.
3. ALL CEILING & FLOOR JOISTS (IF CONVENTIONAL FRAMING) SHOULD BE SIZED USING THE LATEST VERSION OF THE IRC OR APPLICABLE CODES AT SITE TO MEET THE LOCAL REQUIREMENTS SUCH AS SNOW LOADS AND OTHER FACTORS. THE CEILING JOIST SIZES LABELED (IF PRESENT) WERE SIZED USING THE 2015 IRC AT THE TIME OF THEIR CREATION. THEY MUST BE VERIFIED AND MODIFIED AS REQUIRED TO MEET THE LATEST EDITION OF THE (IRC) INTERNATIONAL RESIDENTIAL CODE.
4. ALL FOUNDATION AND FOOTING DETAILS SHALL BE REVIEWED AND APPROVED BY A LOCAL ENGINEER.
5. CONTRACTOR SHALL PROVIDE ALL HIGH WIND STRAPPING AND ANCHOR BOLTS AS REQUIRED BY THE LOCAL CODE REQUIREMENTS AND THE LATEST VERSION OF THE IRC.

SQUARE FOOTAGE

MAIN LIVING	1898
FRONT PORCH	156
REAR PORCH	348
GARAGE	867
TOTAL SQ. FT.	2569

CONTRACTOR TO LOCATE WATER HEATER & A/C UNITS ON SITE

FLOOR PLAN

SCALE: 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY
Date 6-12-2021
Date 11-

MADDEN HOME DESIGN, LLC NOT BEING AN ARCHITECTURAL OR ENGINEERING FIRM OR ARCHITECTURAL DESIGN FIRM, DOES NOT EXPORT HAS BEEN MADE TO INCORPORATE ANY ARCHITECTURAL DESIGN INTEGRITY, AND ENVIRONMENTAL REGULATIONS HAVE BEEN MET. IF AN ERROR OR OMISSION EXISTS, IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR AND OR OPERATOR AT HIS OWN EXPENSE TO CORRECT. MADDEN HOME DESIGN IS RESPONSIBLE FOR VERIFICATION OF ALL DIMENSIONS IN THE FIELD AND SHALL BUILD HOME IN ACCORDANCE WITH THE INTERNATIONAL RESIDENTIAL CODE 2015.

RESIDENCE OF
APRIL OTTONE
Project

MADDEN HOME DESIGN
8375 Rushing Road
Denham Springs, Louisiana 70726
Phone: (225) 791-2912

A | BD

Project No.: The Deer Run - Mirror
DATE: JUNE 3, 2021
DRAWN BY: Steven Madden
DESIGNED BY: Steven Madden

COPYRIGHT NOTE: © These Plans Are Subject To Federal Copyright Laws And Are To Be Used For The Lot Number And Subdivision Indicated In This Title Block Only. Use On Any Other Site Is Prohibited.
© COPYRIGHT 2021

Sheet Title
FLOOR PLAN

☐ Preliminary Dwg.
☐ Bidding Doc.
☐ Construction Doc.

Sheet:
A1.0

MADDEN HOME DESIGN, LLC NOT BEING AN ARCHITECTURAL OR ENGINEERING FIRM ASSUMES NO LIABILITY FOR STRUCTURAL OR ARCHITECTURAL DESIGN. INTEGRITY. EVERY EFFORT HAS BEEN MADE TO INSURE ALL DRAWINGS ARE CORRECT AND ENVIRONMENTAL REGULATIONS HAVE BEEN MET. IF AN ERROR OR OMISSION DOES OCCUR, IT IS THE SOLE RESPONSIBILITY OF THE CONTRACTOR AND/OR OPINION AT HIS OWN EXPENSE AND NOT THE RESPONSIBILITY OF THE DRAFTING SERVICE.
CONTRACTOR IS RESPONSIBLE FOR VERIFICATION OF DRAWINGS IN THE FIELD AND SHALL BUILD HOME IN ACCORDANCE WITH THE INTERNATIONAL RESIDENTIAL CODE 2021.

Project RESIDENCE OF
APRIL
OTTONE

MADDEN HOME DESIGN
8375 Rushing Road
Denham Springs, Louisiana
70726
Phone: (225) 791-2912

Project No. The Deer Run - Mirror
DATE: JUNE 3, 2021
DRAWN BY: Steven Madden
DESIGNED BY: Steven Madden

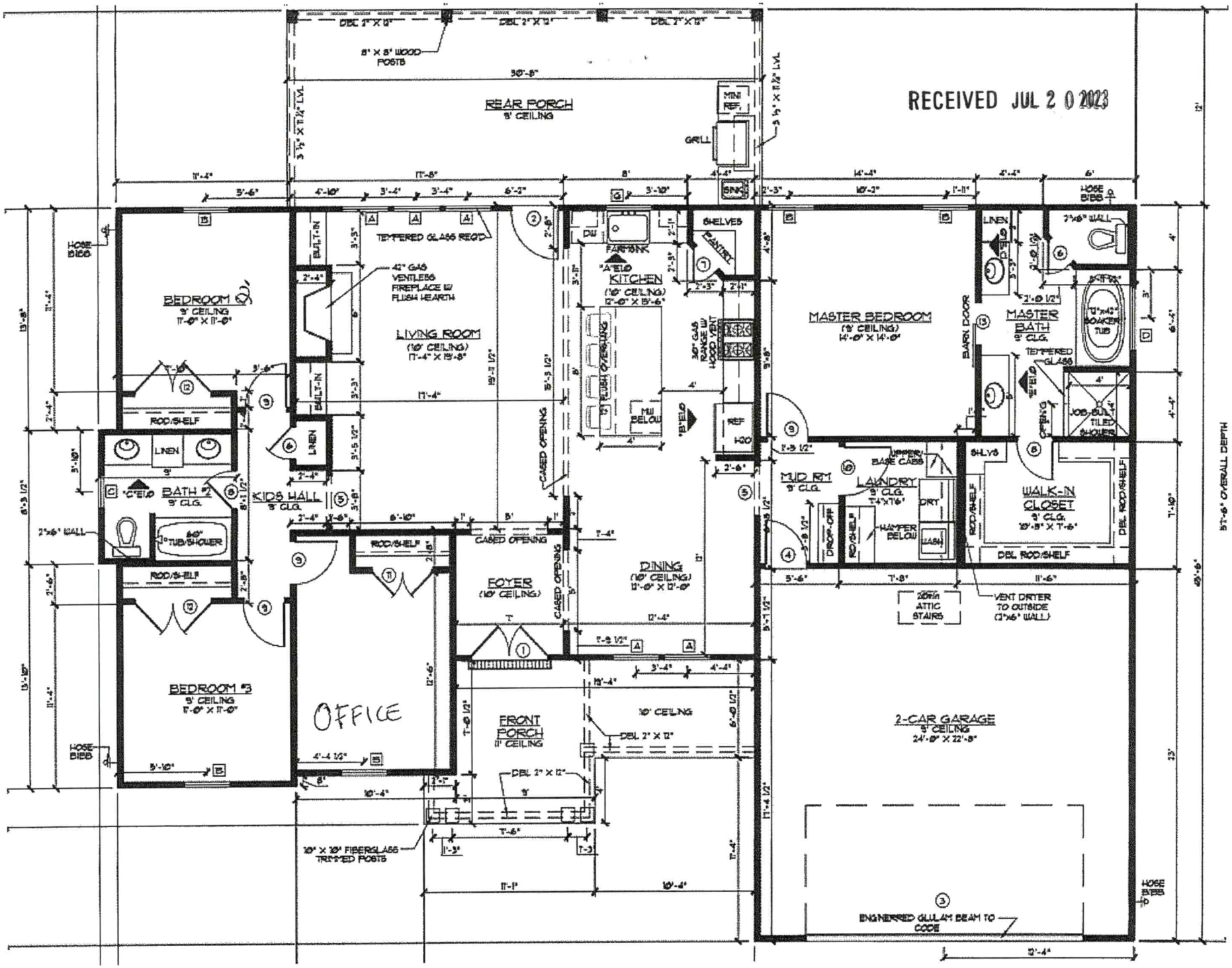
COPYRIGHT NOTE: ©
These Plans Are Subject To Federal Copyright Laws And Are To Be Used For The Lot Number And Address Indicated In This Title Block Only. Use On Any Other Site Is Prohibited.
© COPYRIGHT 2021

Sheet Title
COVER SHEET

Sheet:

- ☐ Preliminary Dwg.
- ☐ Bidding Doc.
- ☐ Construction Doc.

NOT FOR CONSTRUCTION


RECEIVED JUL 2 0 2023
REAR PORCH
9' CEILING
BEDROOM #2
9' CEILING
11'-0" X 11'-0"
LIVING ROOM
(10' CEILING)
11'-4" X 19'-8"
KITCHEN
(10' CEILING)
12'-0" X 15'-6"
MASTER BEDROOM
(9' CEILING)
14'-0" X 14'-0"
MASTER BATH
9' CLG.
WALK-IN CLOSET
9' CLG.
10'-8" X 7'-6"
LAUNDRY
9' CLG.
MUD RM
9' CLG.
BATH #2
9' CLG.
KIDS HALL
9' CLG.
FOYER
(10' CEILING)
DINING
(10' CEILING)
12'-0" X 13'-0"
BEDROOM #3
9' CEILING
11'-0" X 11'-0"
OFFICE
FRONT PORCH
11' CEILING
10' CEILING
2-CAR GARAGE
9' CEILING
24'-0" X 22'-8"
ATTIC STAIRS
VENT DRYER TO OUTSIDE (12"x6" WALL)
ENGINEERED GLULAM BEAM TO CODE
HOSE BIBB
57'-6" OVERALL DEPTH