ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-319527

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

PIN # ✓ 4779 -- 93 -- 2040

APPLICANT/OWNER: EAGLE MILLS INVESTMENTS APPLICANT ADDRESS: 275 DUTCHMAN ROAD, HARMONY, N.C. 28634

SITE ADDRESS: 110 ARROWOOD LANE, HARMONY, N.C. 28634 PHONE: 704-437-1593 ALT. PHONE 704-902-0937

SITE DIRECTIONS: (N) ON 21, (R) ON MOUNT BETHEL, (R) ON RIM ROCK, (L) ON ARROWOOD, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: ARCHERS RIDGE SECTION: - LOT # 13 ✓ LOT AREA: 0.46 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

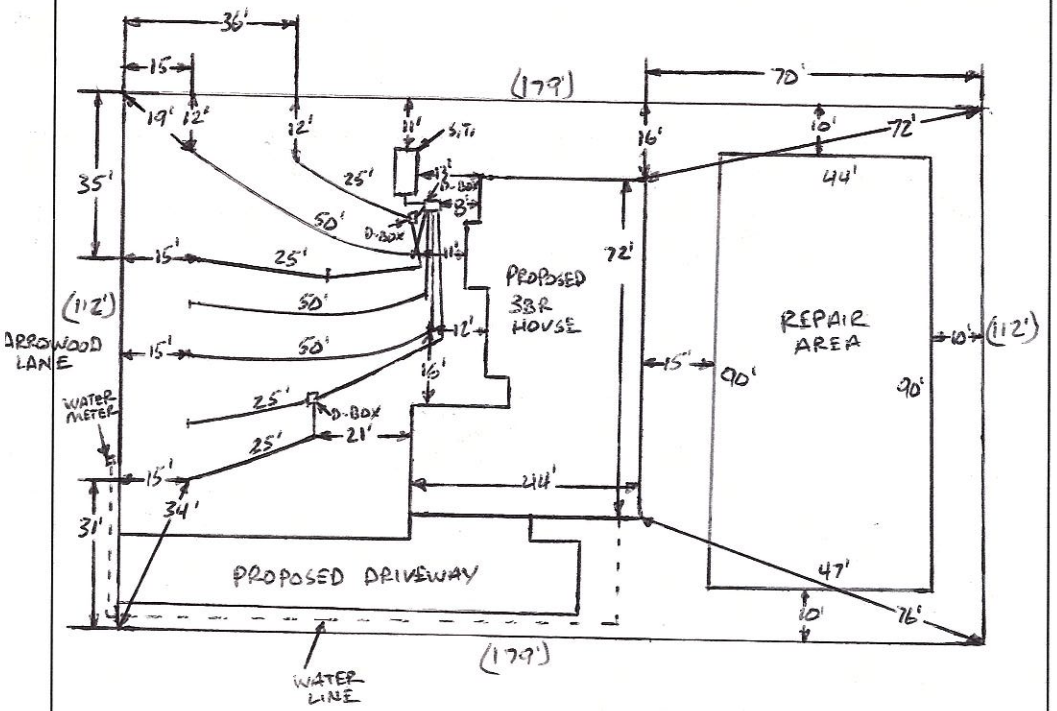
Septic Tank	1000	(gal)	STB	854	Date	4-15-2022	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	50% REDUCTION			
Pump Make	-		Model	-	Serial #	-	Repair System Description:	50% REDUCTION			
# Nitrification Fields	1	# Lines		7	Linear Ft	250 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	24 IN	Trench Bottom Depth(Low side)		32 IN	Gravel Depth	-	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees	-	☑ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8 FT CENTERS, UTILIZE D-BOX TO ACHIEVE EQUAL DISTRIBUTION, DO NOT EXCEED A 36 IN TRENCH BOTTOM, DO NO INSTALL FOUNDATION DRAINS ON FRONT OF HOUSE.

FLOOR PLANS APPROVED ON PREVIOUS PERMIT

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.

BCW TANK & 1ST 4 LINES CHECKED 6-24-2022
BCW 6-27-2022 - LAST 3 LINES CHECKED

1 IN = 40 FT
S.T. = SEPTIC TANK

INSTALLED AS SHOWN

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**

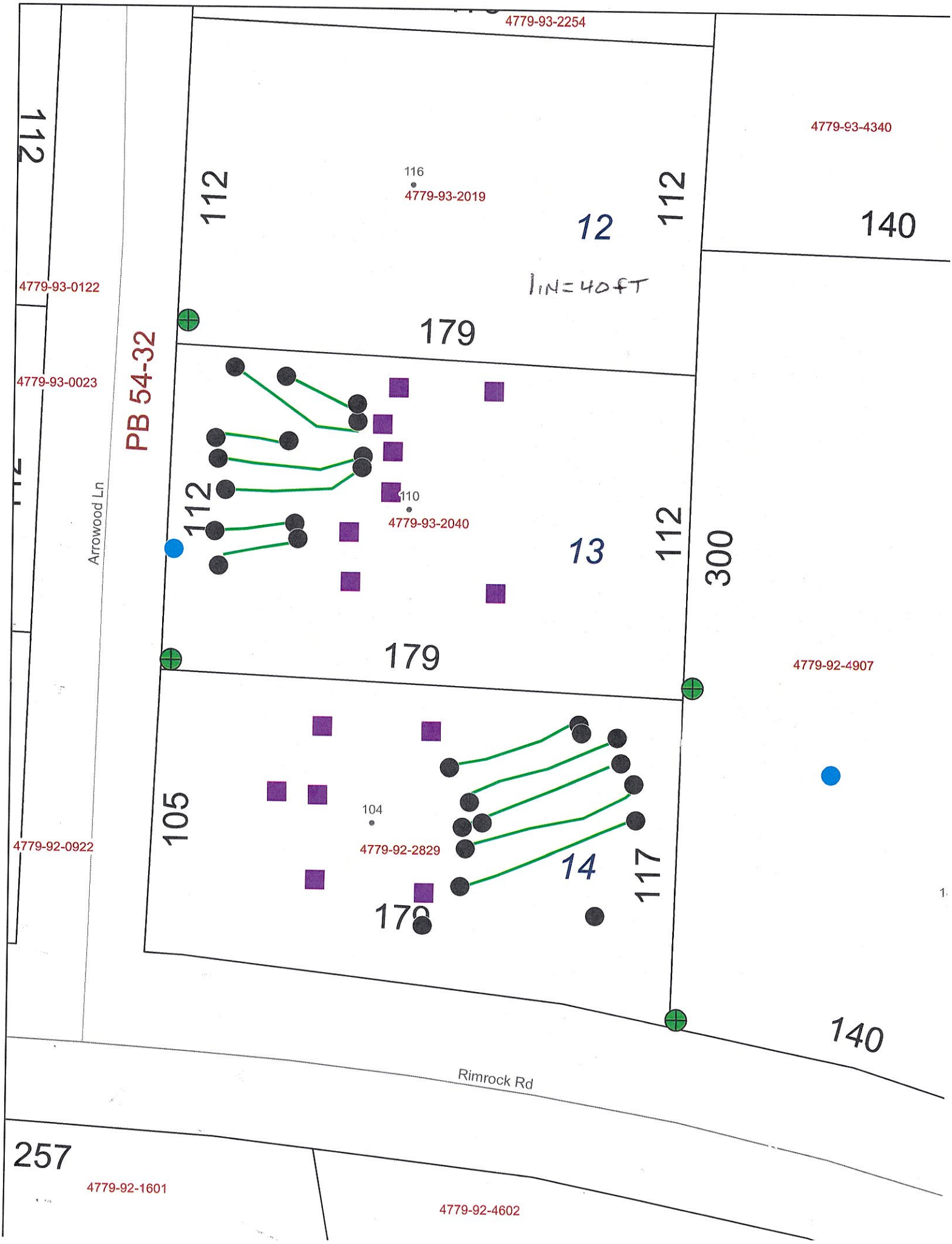
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 4-8-2022 Installed by: A-1 BACKHOE

IMPROVEMENT PERMIT by: Bryant C. White Date: 4-7-2022 OPERATION PERMIT by: Bryant C. White Date: 6-27-2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 4-7-2022 Existing System Inspected by: Date:

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


4779-93-2254
4779-93-4340
112
116
4779-93-2019
112
12
112
140
1IN=40FT
4779-93-0122
179
PB 54-32
4779-93-0023
112
110
4779-93-2040
13
112
300
Arrowood Ln
179
4779-92-4907
105
104
4779-92-2829
14
117
4779-92-0922
179
140
Rimrock Rd
257
4779-92-1601
4779-92-4602

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

Sheet 1 of 1
PROPERTY ID #: 4774932040
COUNTY: Iredell

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

OWNER: Eagel MTNS Investments
ADDRESS: 2 76 Duchman Rd Harmony
PROPOSED FACILITY: Newsingle Family, PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 110 Arrowood Ln

APPLICATION DATE: 7/8/202
DATE EVALUATED: 8/19/202
PROPERTY SIZE: 0.46 acres
PROPERTY RECORDED: Yes

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

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 6%	0-30	C SBK	FR SS SP SAP	—	60	Pos SG or SAP Sm. down slope site	—	PS,3
		30-60	CL SBK	FR SS SP SEXP					
2	SS 9%	0-24	C SBK/MAS	FR SP SEXP	few 1B mott 24" to limerock	50"	Litho inclusions common throughout SAP or SG	many litho inclusions throughout	PS,.275
		24-50	CL SBK	FR SP SEXP					
		50-60	SAP						
3	SS 15%	0-6	TOPSOIL		—	60"	few Litho inclusions more common at bottom	—	PS,3
		6-27	CL SBK/MAS	FR SP SEXP					
		27-60	CL SBK/MAS	FR SS SP SEXP					
4	SS 9%	0-5	TOPSOIL		—	60"	few Litho inclusions throughout SAP or SG	—	PS,3
		5-25	CL SBK/MAS						
		25-60	CL SBK/MAS	FR SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218'	220'
System Type(s)	Pump	LPP
Site LTAR	.275	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

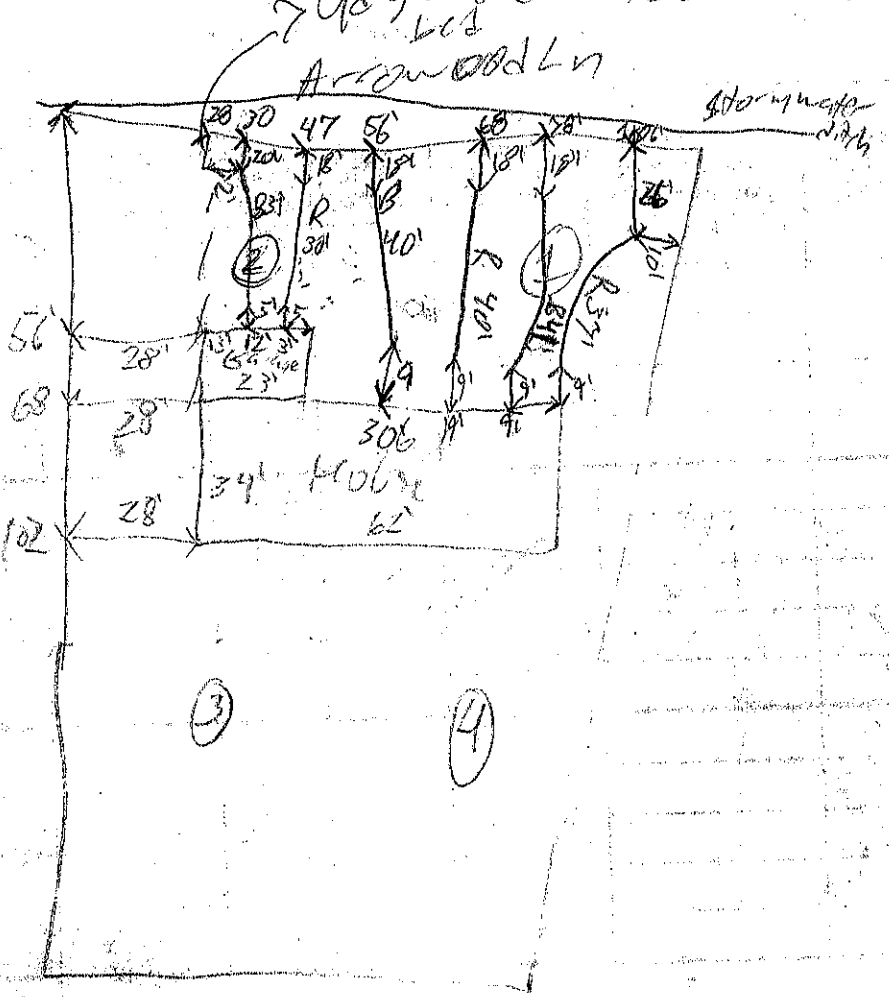
COMMENTS: Sunny

360 ÷ .275
↳ 1309 ÷ 3
↳ 436 x .75
↳ 327'

360 ÷ 275
↳ 1309 ÷ 3
↳ 436 x .5
↳ 218'

360 ÷ .3
↳ 1200 ÷ 3
↳ 400 x .75
↳ 300'

360 ÷ .3
↳ 1200 ÷ 3
↳ 400 x .5
↳ 200'


Old gravel Lot
Arrow Road Ln
Stormwater
20
30
47
56'
68
78
107'
20'
18'
18'
18'
18'
18'
R 38'
R 38'
40'
40'
R 38'
R 38'
R 38'
46'
10'
56'
28'
68'
28'
102'
28'
34'
40' x 62'
306'
91'
91'
91

RECEIVED FEB 2 1 2022

M
BW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED AP-349527 $320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* CALL PRIOR to INSPECTION

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Eagle Mills Investments Address: 275 Dutchman Road Harmony, NC Zip: 28634
Applicant Email: eaglemillsinvestmetns@gmail.com Phone: 704-437-1593 Alt. Phone: 704-902-0937
Owner Name: Eagle Mills Investments Address: 275 Dutchman Road Harmony, NC Zip: 28634
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 110 Arrowood Lane Harmony, NC 28634
Subdivision Name: Archers Ridge Section/Phase: _____ Lot Number: 13
Driving Directions: Turn onto Rimrock Road from Mt Bethel Road
Go approx. 1/4 mile and Arrowood Lane is on your left. Lot 110 is second lot on right

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

(X) 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: 3
Maximum Number of Occupants: _____
( ) 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

(X) 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 (X) 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 (X) Other: 25% GRAVITY

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 2-21-22
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, _____, 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
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

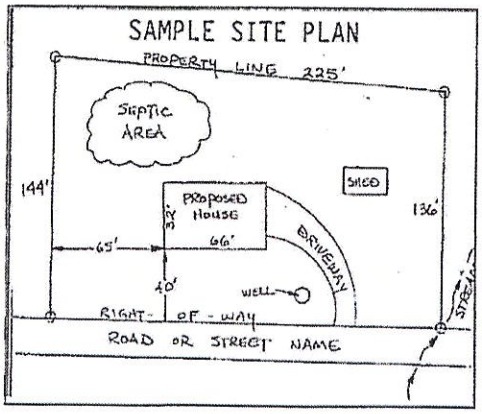
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

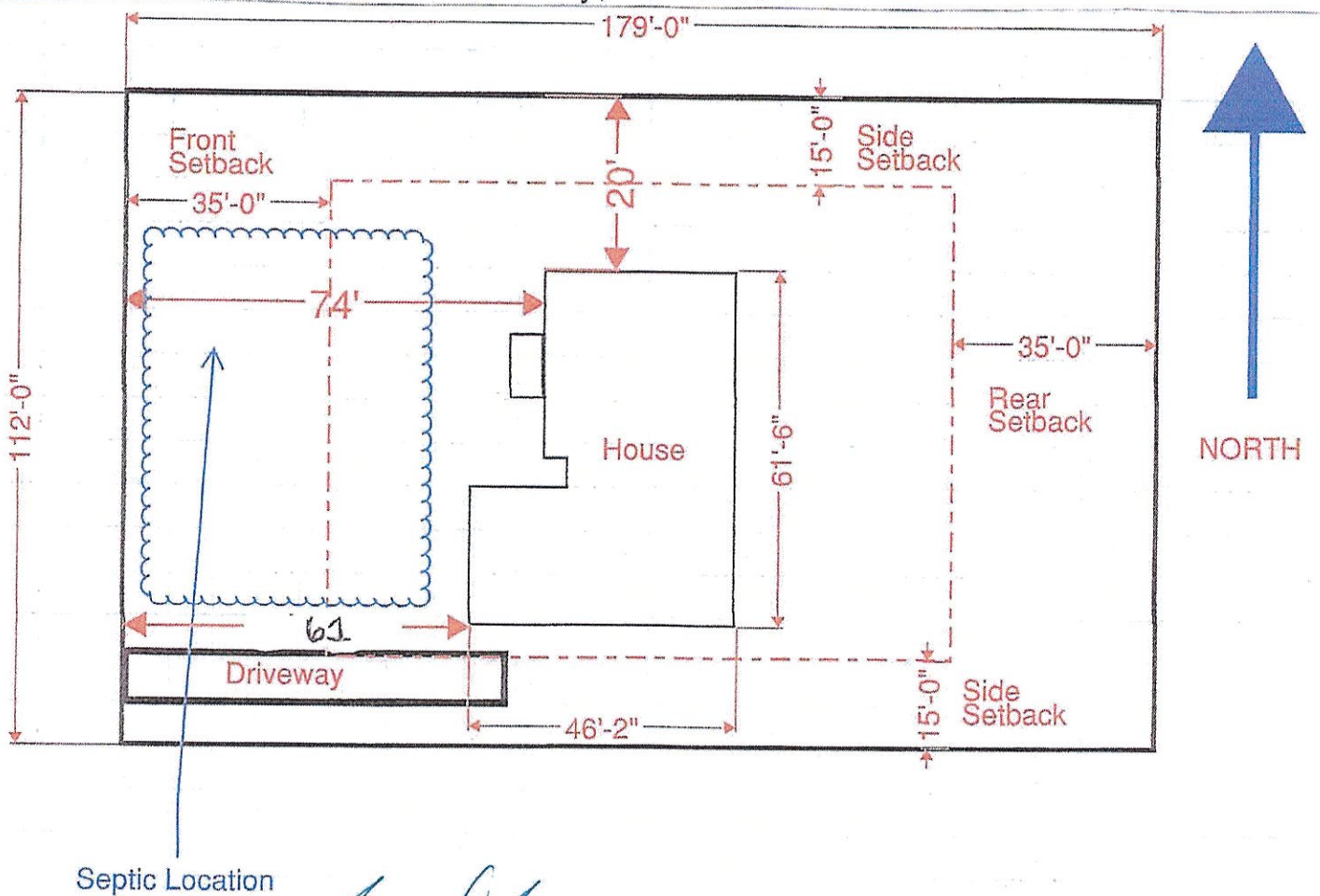
Circle N/A on the following if appropriate:

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

110 Arrowood Lane Harmony, NC 28634



Signature: _____

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

2-21-22

DATE

Intermidate Relayout

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319527

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

PIN # 4779--93--2040

APPLICANT/OWNER: Eagle Mills Investments | APPLICANT ADDRESS: 275 Dutchman Rd Harmony NC 28634

SITE ADDRESS: 110 Arrowood Ln Harmony NC 28634 | PHONE: 704-437-1593 | ALT. PHONE 704-902-0937

SITE DIRECTIONS: I 40 E to Exit 154, L on old Mocksville Rd, L on Mt Bethel Rd, R on Rimrock Rd, L on Arrowood Ln, lot on R

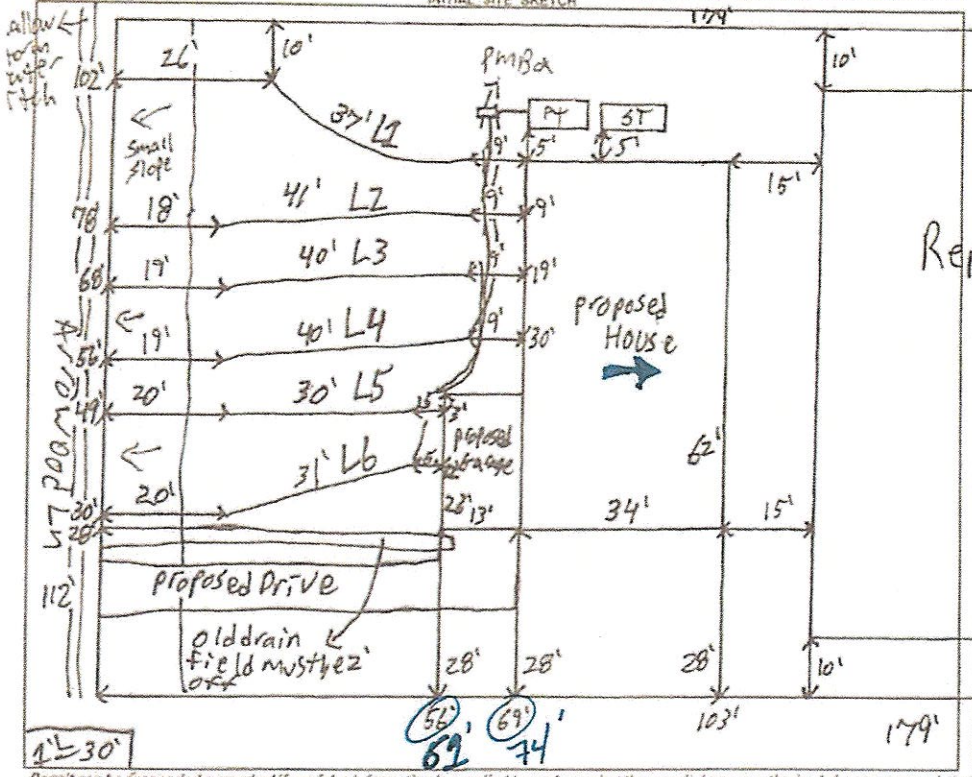
LSAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Archers Ridge | SECTION: — | LOT # 13 | LOT AREA: 0.46 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: .275

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank 1000 (gal)	PT	Date	System Description: PM 50% Reduction		☐ Business	No. Persons 6	☐ Private
Pump Make	Model	Serial #	Repair System Description: LPPBPS		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 6	Linear Ft 219'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 24"	Trench Bottom Depth(Low side) 32"	Gravel Depth	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install lines on Lontour. DO NOT drive on, store material or manipulate drainfield many way. Any part of septic must be 10' off waterline. NO Foundation drains can be installed on front or Left side of house when facing house from road.

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.

Would like a gravity system.
House location is incorrect.

Revoked

Line	Length	Tap size	
L 1	37'	1/2" sch 40	
L 2	41'	1/2" sch 40	2' pressure head
L 3	40'	1/2" sch 40	Dosing volume = 90.8
L 4	40'	1/2" sch 40	Drawdown = 9.09
L 5	30'	1/2" sch 80	Flow rate = 39.4
L 6	31'	1/2" sch 80	Runtime = 5.0

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: Date: 9/21/2021 Installed by:

IMPROVEMENT PERMIT by: Patrick J Byrne III Date: 8/26/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 9-22-2021 Existing System Inspected by: Date:

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

Eagle Mills Investments LLC
- [signature] member

110 Arrowood Rd
Harmony NC 28634

PRINTER NOTE: DRAWINGS PRINTED TO SCALE ON 36" w X 24" t PAPER SIZE

ISSUED FOR CONSTRUCTION

Acknowledgement Of Plans Submittal ONLY!
Date 9-22-21
Date

BRACED WALL BRACED PANELS CALCULATION		
Wind Speed	115 MPH	Required Length Of Bracing
Method	DS-WSP	
Eave To Ridge	9.5 feet	BRACED LINE "A" 8.74 FT
Story Level Req	Roof Only	BRACED LINE "B" 8.74 FT
		BRACED LINE "1" 6.56 FT
Seismic Category	N/A	BRACED LINE "2" 6.56 FT
Wall Height	9 feet	Provided Length Of Bracing
Exposure Category	B	
Note: See local building code for sheathing attachment requirements		BRACED LINE "A" 16.0 FT
		BRACED LINE "B" 11.0 FT
		BRACED LINE "1" 15.0 FT
		BRACED LINE "2" 13.0 FT

RESIDENTIAL LATERAL SYSTEM LEGEND

Abbreviation	Method
WSP	Wood Structural Panel
CS-WSP	Continuously Sheathed Wood Structural Panel
CS-PF	Continuously Sheathed Portal Frame
DS-GB	Double Sided Gypsum Board
PFG	Portal Frame Garage

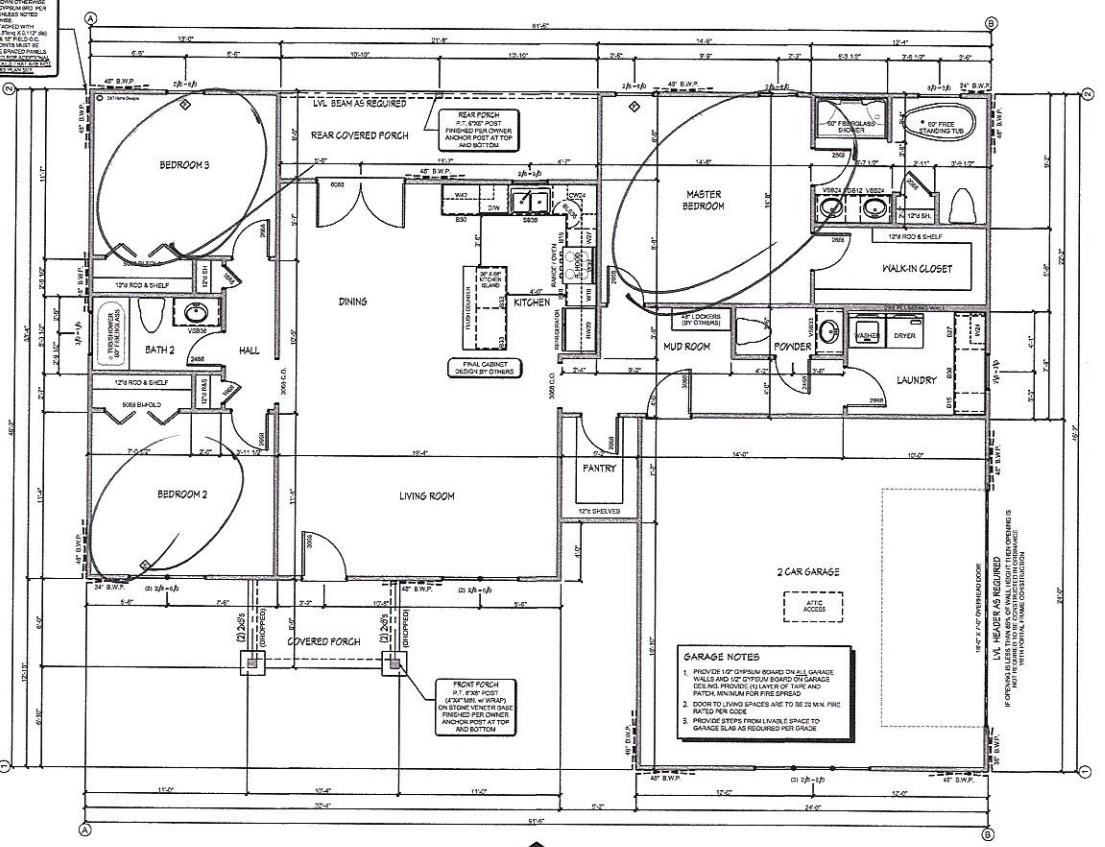
BRACED PANELS DESIGNATED BY



"A" B.W.P.

TYPICAL UNLESS SHOWN OTHERWISE. ATTACH O.S.B. AND GYPSUM (IRC) PER BUILDING CODE UNLESS NOTED OTHERWISE.

INSTALL GYPSUM WITH 5d COMMON OR 6d AT 7" (min) O.C. AT 8" O.C. EDGES & 12" FIELD O.C. ALL SHEATHING JOINTS MUST BE BLOCKED WITHIN THE BRACED PANELS SEE S.C.S.B.C. (R602.10) FOR ADDITIONAL INFORMATION ON BRACED WALL PANELS



FLOOR PLAN NOTES

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF CONCRETE WALL, C.M.U. WALL, VENEER OF PIER & CURTAIN WALL OR OUTSIDE FACE OF STUD. NO WALL FINISHES, SIDINGS OR VENEERS ARE ASSUMED
3. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING
5. VERIFY ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES
7. CONTRACTOR TO LOCATE HVAC UNITS AND WATER HEATER AT SITE
8. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X4 at 16" O.C. TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 at 16" O.C. TYP. UNLESS NOTED OTHERWISE
12. DOUBLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.

EGRESS NOTE

(E) SYMBOL INDICATES THAT THE WINDOW MUST MEET EMERGENCY EGRESS REQUIREMENTS PER LOCAL BUILDING CODES. SEE WINDOW MANUFACTURERS DESIGN MANUAL FOR FURTHER DETAILS INFORMATION. WINDOW SIZE MAY BE ADJUSTED IF SIZE SHOWN IS INADEQUATE TO MEET LOCAL REQUIREMENTS

FRAMING LAYOUT NOTE

CONTRACTOR IS TO REVIEW ALL FRAMING MEMBERS SHOWN ON PLANS PRIOR TO CONSTRUCTION. FRAMING INFORMATION ON PLANS SHOW SUGGESTED SIZES, MINIMUM REQUIREMENTS ONLY. DUE TO A VARIANCE OF CODES PER REGION, PLEASE REFER AND COMPLY WITH ALL YOUR LOCAL CODES. CONSULT WITH LOCAL ENGINEERS FOR ALL STRUCTURAL REQUIREMENTS.

FRAMING NOTES

1. SEE GENERAL NOTES STRUCTURAL FOR INFORMATION NOT SHOWN ON THIS PLAN
2. (2) 2x10'S ARE TO BE EXTERIOR DOOR/WINDOW HEADERS AND INTERIOR DOOR HEADERS (N LOAD BEARING WALL (TYPICAL UNLESS NOTED OTHERWISE)
3. DOUBLE FLOOR JOIST UNDER INTERIOR WALLS ARE NOT SHOWN FOR CLARITY. INSTALL PER BUILDING CODE
4. ■ INDICATES CONCENTRATED LOAD FROM ABOVE. PROVIDE SOLID BLOCKING (JOIST OR STUDS) AT ALL LOCATIONS FOR LOAD TRANSFER
5. ALL LOAD BEARING HEADERS & BEAMS TO HAVE A MIN. SUPPORT OF: (1) KING'S STUD AND (1) JACK STUD UNLESS NOTED OTHERWISE. (VERIFY LVL SUPPORT STUDS PER MANUF. DRAWINGS, TYPICAL)
6. PROVIDE SOLID BRIDGING IN JOIST SPANS (1 ROW) 2'-0" THRU 10'-0" (2 ROW) 10'-0" AND OVER

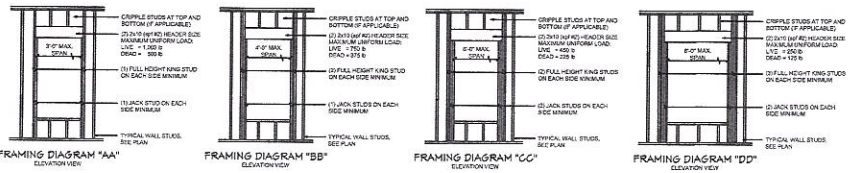
GARAGE NOTES

1. PROVIDE 1/2" GYPSUM BOARD ON ALL GARAGE WALLS AND 1/2" GYPSUM BOARD ON GARAGE CEILING, PROVIDE (1) LAYER OF TAPE AND PATCH, MINIMUM FOR FIRE SPREAD
2. DOOR TO LIVING SPACES ARE TO BE 20 MIN. FIRE RATED PER CODE
3. PROVIDE STEPS FROM LIVABLE SPACE TO GARAGE SLAB AS REQUIRED PER GRADE

LVL HEADER AS REQUIRED
IF OPENING IS LESS THAN 66% OF WALL WIDTH THEN OPENING IS NOT TO EXCEED 6'-0" WITHOUT ADDITIONAL FRAMING WITH VERTICAL FRAME CONSTRUCTION

NOTES

1. SEE PLANS FOR SPECIFIC OPENING AND HEADER SIZING. IF HEADERS SHOWN ON FRAMING PLANS DO NOT MATCH HEADER CONDITIONS IN THIS DETAIL THEN FRAMING PLANS SHALL TAKE PRECEDENCE. SEE PLANS OR ENGINEERED BEAM DRAWINGS OR BUILDING CODE FOR ADDITIONAL INFORMATION ABOUT MINIMUM SUPPORT STUDS.
2. SEE EXTERIOR ELEVATIONS FOR WALL HEIGHTS. HEADER CONDITIONS ASSUME A MAXIMUM WALL HEIGHT OF 10'-0"
3. (2) 2'x6'N INTERIOR NON-LOAD BEARING HEADERS, TYPICAL U.N.O.
4. NAIL HEADER PLIES AND SUPPORTING STUDS TOGETHER FOR LOCAL CODES.
5. HEADERS SHOWN ALWAYS ASSUME A UNIFORM LOADING PATTERN, NO POINT LOADS.
6. THIS TYPICAL INFORMATION ASSUMES SINGLE FLOOR RESIDENCE WITH STUDS AT 16" ON CENTER. CONSULT BUILDING CODE FOR DIFFERING CONDITIONS



FRAMING DIAGRAM "AA" ELEVATION VIEW
FRAMING DIAGRAM "BB" ELEVATION VIEW
FRAMING DIAGRAM "CC" ELEVATION VIEW
FRAMING DIAGRAM "DD" ELEVATION VIEW

3/24 HEADER FRAMING CONDITIONS
SCALE: 1/4"=1'-0"

DOOR NOTES



1. PROVIDE WEATHER STRIPPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION

D&T HOME DESIGNS

DESIGNER
Phone: (704)-253-8050
eMail: DTHomeDesigns@Gmail.Com

THESE DRAWINGS ARE INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF D&T HOME DESIGNS, LLC. ALL RIGHTS RESERVED.
THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT THE WRITTEN AUTHORIZATION OF D&T HOME DESIGNS, LLC
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D&T HOME DESIGNS, LLC. HAS TAKEN GREAT CARE IN THE PREPARATION OF THESE PLANS. HOWEVER S INCE CODES ARE SUBJECT TO CHANGE AND INTERPRETATIONS VARY WE DO NOT GUARANTY COMPLIANCE WITH ANY SPECIFIC CODE OR ORDINANCE. CONTRACTOR IS TO VERIFY COMPLIANCE AND MAKE MODIFICATIONS AS NEEDED. THESE PLANS SHOULD BE REVIEWED BY A LOCAL ENGINEER OR ARCHITECT FOR STRUCTURAL DESIGN COMPLIANCE. D&T HOME DESIGNS, LLC. ASSUMES NO RESPONSIBILITY FOR ANY HOME CONSTRUCTED USING THESE PLANS.

SQUARE FOOTAGE

Heated	1833 S.F.
Front Covered Porch	62 S.F.
Rear Covered Porch	130 S.F.
Garage	574 S.F.
Total Heated =	1833 S.F.
Total Under Roof =	2399 S.F.

REVISIONS

No:	Date	By:	Description

Drawn By: DRG | Issue Date: 05.23.21

Customer Name:
Eagle Mills Investments LLC

House Plan 21B
Plan Design Number:
R-2021-180

Sheet Title:
MAIN LEVEL FLOOR PLAN
SCALE: 1/4" = 1'-0"

Sheet No.:
B3.0

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319527 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4779932040.000	110 ARROWOOD LN	Iredell County

Owner Information	Applicant Information
Name: EAGLE MILLS INVESTMENTS LLC Address: Phone: (704)437-1593	Name: EAGLE MILLS INVESTMENTS LLC Address: Phone: (704)437-1593

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.46	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.

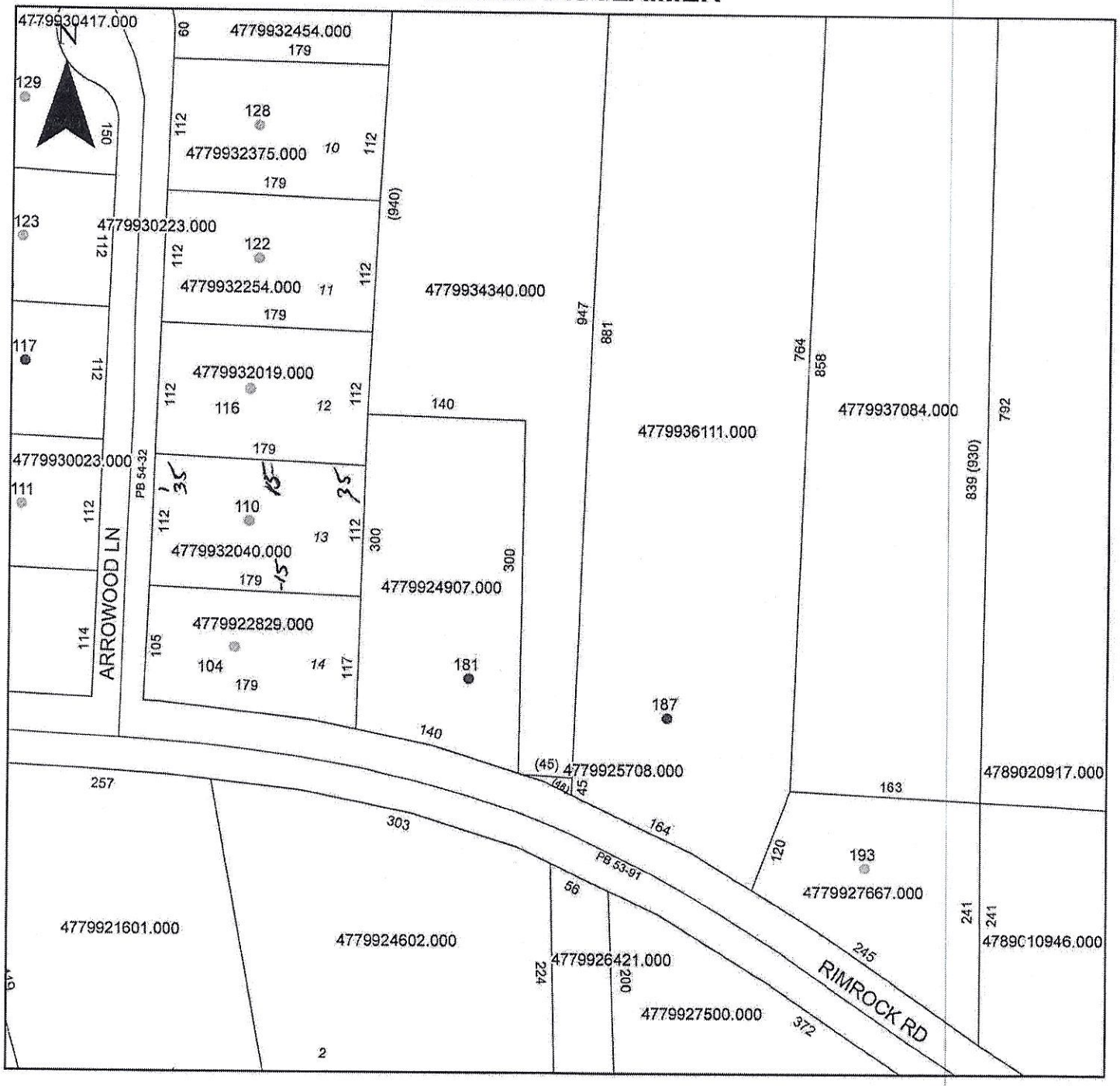
Signature of Owner/Contractor

Date: 07/09/2021

Permit Number	319527

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 110 Arrow Lane

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

7-9-21

Date