ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 300563

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

PIN # 4624359996

APPLICANT/OWNER: Dave Cochrane | APPLICANT ADDRESS: 792 Brawley School Rd Mooresville, NC 28117

SITE ADDRESS: 153 Hopkinton Dr. Mooresville, NC 28117 | PHONE: 919 212-3114 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Hopkinton Dr. on left at end. | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point (1500) | SECTION: 10 | LOT # 10 26 | LOT AREA: .692 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	min 1000* (gal)	STB	STOAF 964	Date	10/5	☒ 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:	SLP PPBPS		
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	30"-34"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE		

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

Comments / Conditions: * See Criteria for Crescent Comm. on site Sewage Systems.

Must have pool staked out at time of Septic Installation.

INITIAL SITE SKETCH

See attached Septic Plan by Michael Athanas & Assoc. dated 9/2/19

AS BUILT SKETCH

As Built Attached

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: 9/12/19 | Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/10/19 | OPERATION PERMIT by: D. Wiebenga Date: 11/18/21

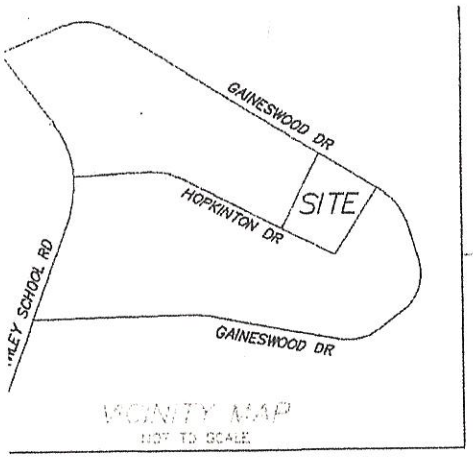
AUTHORIZATION TO CONSTRUCT by: D. Wiebenga Date: 4/28/21 | Existing System Inspected by: Date:

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.

SUR
DOUGLAS L

As Built 153 Hopkinton Dr

NTS



GAINESWOOD DR.
60' PUBLIC R/W ~ SR 3012

S43°22'53"E
S46°33'52"E
S46°33'52"E
EX #4 REBAR
EX #4 REBAR
EX #4 REBAR
EX #4 REBAR (DISTURBED)

Drainage
Berm
30' REAR YARD AND LANDSCAPE & UTILITY EASEMENT

Scale
1"=40'

Approved
9/10/19
MD

25'
B9
Y8
O7
P5
O3
P2
W1
53'
73'
85'
95'
98'
102'
102'
15'
15'
40'
20' Pool

Lot 1025
NOW OR FORMERLY
THOMAS & GAYLE UHL
DB 2279-720

Lot 1027
NOW OR FORMERL
LOIS A DACK
DB 2432-2058

W1 - 40'	
P2 - 40'	
O3 - 40'	
B4 - 100'	
P5 - 100'	
W6 - 100'	
O7 - 100'	
Y8 - 90'	
B9 - 72'	

N44°52'38"E

52.0'
15.0'
COVERED PORCH
15.0'
ST
73.0'
HOUSE
46.0'
49.0'
DRIVEWAY
11.0'
6.0'
6.0'
26.6'
3.0'
11.5'
9.3'
6.0'
14.6'
5' M.B.S.

FIRE HYDRANT
S44°32'08"E
N45°08'20"W

HOPKINTON DR
94' PRIVATE R/W

N



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
00/00/00

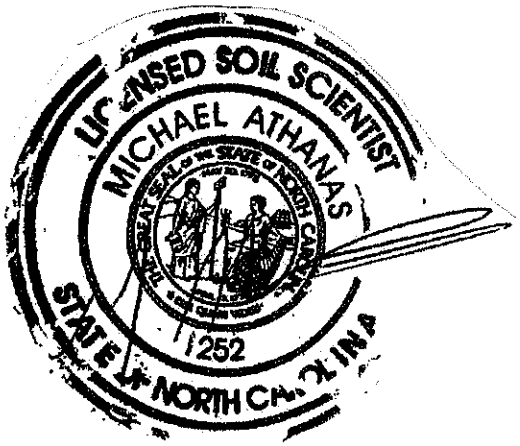
Approved
9/10/19
MD

Reference: Data Sheet for 153 Hopkinton Dr, The Point Lot 1026
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community Well
Number of Bedrooms/Daily Flow: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Distribution box/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" maximum

Line	Design Length	Actual Length
White 1		40'
Pink 2		40'
Orange 3		40'
Blue 4	**100'**	**113'**
Pink 5	**100'**	**114'**
White 6	**100'**	**115'**
Orange 7	**100'**	**100'**
Yellow 8		90'
Blue 9		72'

Initial System: 400' **Repair System:** 282'

Comments:



DocuSign Envelope ID: 4F6B42E5-5CC3-4854-8C9A-68872F252B97

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-306563

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: (X) 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: Lakeshore Holdings, LLC **Address:** 637 Williamson Rd, Ste 102, Mooresville, NC **Zip:** 28117

Applicant Email: lakemistoperations@gmail.com **Phone:** 704-799-7609 **Alt. Phone:**

Owner Name: Lakeshore Holdings, LLC **Address:** PO Box 5350, Mooresville, NC **Zip:** 28117

Owner Email: lakemisthomes@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:**

Property Information:

Street Address: 153 Hopkinton Drive

Subdivision Name: The Point **Section/Phase:** **Lot Number:** 1026

Driving Directions: Brawley School Rd to left on Hopkinton Drive

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: 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 (X) 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 (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: Lakeshore Holdings, LLC dba Lakemist Homes
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/16/2021
DATE

DocuSign Envelope ID: 4F6B42E5-5CC3-4854-8C9A-68872F252B97

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, Scott & Amanda Carruthers, am the legal owner(s) of the property located at 153 Hopkinton Drive, identified as PIN (Parcel Identification Number) 4624359996, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Stephen Nantz, Lakeshore Holdings, LLC dba Lakemist Homes, 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.

DocuSigned by: Amanda Carruthers 4E5A0561D33A4A1... DocuSigned by: Scott Carruthers D38740CC16B64BB...
Signature of Owner(s)

4/16/2021 4/16/2021
Date

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 DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP 300563

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.

$10
$225

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: Dave Cochrane **Address:** 792 Brawley School Rd, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** 949-212-3114 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 153 Hopkinton Dr

Subdivision Name: The Point **Section/Phase:** _____ **Lot Number:** 1026

Driving Directions: _____

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: 4
Maximum Number of Occupants: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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 (X) Community Well ( ) City Water ( ) Other Public Water

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

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: _____ 9/2/2019
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

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, DAVE COCHRANE, am the legal owner(s) of the property located at 153 Hopkinton Dr, The Point Lot 1026, identified as PIN (Parcel Identification Number) 4624450987, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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: 10/4/19

Signature of Witness — Date

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

DocuSign Envelope ID: 4F6B42E5-5CC3-4854-8C9A-68872F252B97

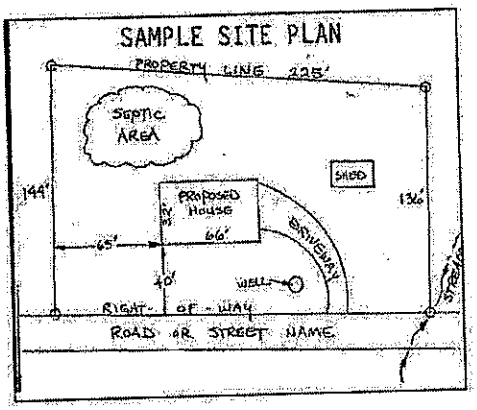
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

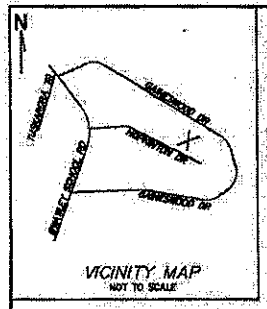
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

see attached

Signature: Lakeshore Holdings, LLC dba Lakemist Homes
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/16/2021
DATE

DocuSign Envelope ID: BE01BB9C-D227-429B-AD2F-B9E30AFF1329



VICINITY MAP
NOT TO SCALE

NOTES:
1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Easements and Right of Ways of record and those not of record if they exist.
4) Subject Property is not located in a Special Flood Hazard Area as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710462400K - Effective Date 3/2/2009.
5) No Geodetic information found within 2000' of Subject Property.
6) Setbacks shown per PB 65-146.
7) Subject to Restrictions per DB 1852-730.
8) Subject Property Zoning = R-20.

I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2696, Page 1367, or other reference source AS NOTED); that the boundaries not surveyed are shown as broken lines drawn from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that the plat meets the requirements of The Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

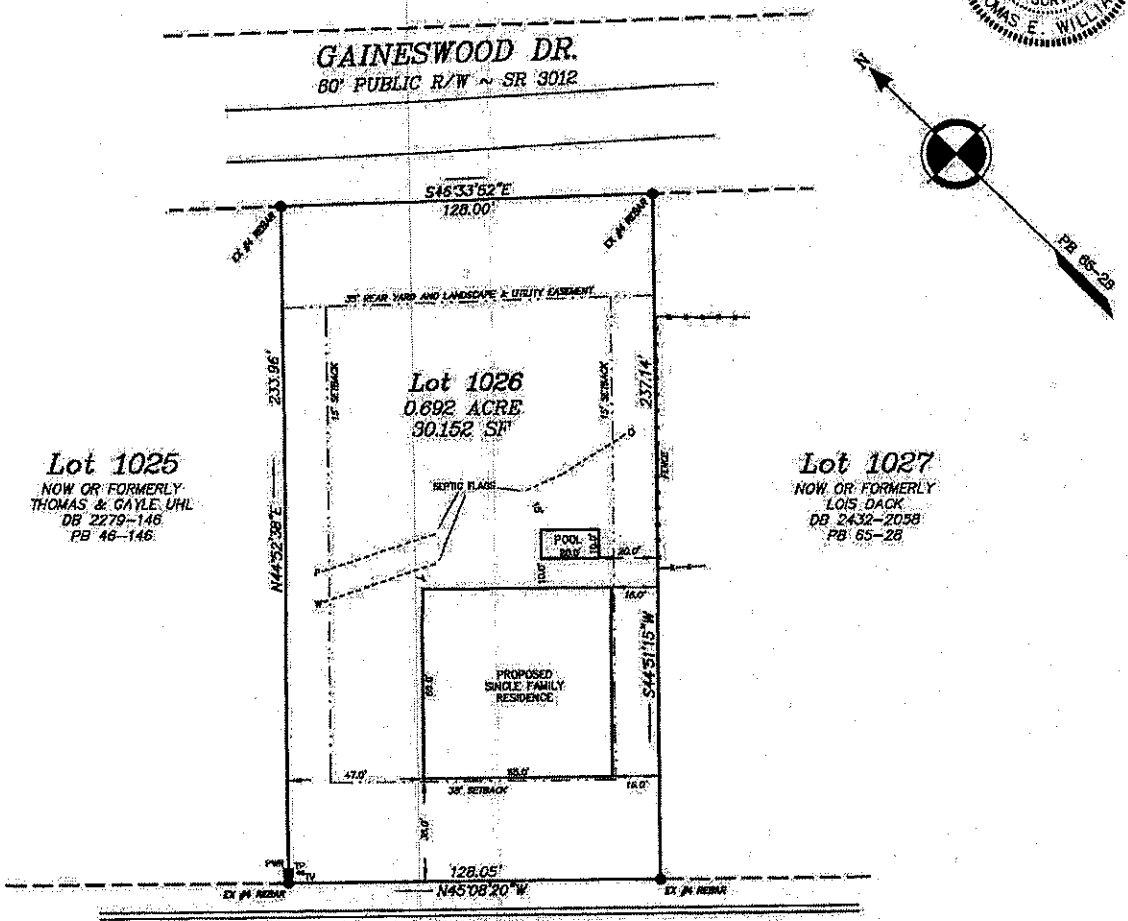
This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.

This 18th day of March, 2021.

Thomas E. Williams

Thomas E. Williams, NCPLS 4718

NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS



HOPKINTON DRIVE
94' PRIVATE R/W

LEGEND

	PROPERTY LINE (P/L)
	RIGHT OF WAY (R/W)
	TIE LINE
	ADJOINING PROPERTY LINE FROM DEED OR PLAT
	BUILDING SETBACK LINE
	FENCE
EX	EXISTING
PWR	GROUND TRANSFORMER
TP	TELEPHONE PEDESTAL
TV	CABLE TV BOX

40 0 40 80
SCALE: 1" = 40'

Site Plan
153 Hopkinton Drive

THE POINT PHASE 10 LOT 1026
SCONSET VILLAGE

Davidson Township, Iredell County, NC
PIN# 4624-35-9996 ~ DB 2696-1367 ~ PB 65-28
Property of: James & Amy Moellman
Prepared for: Scott and Amanda Carruthers

Williams Land Surveying Inc.
License Number C-3638
274 Baymount Drive, Statesville, NC 28625
phone: (704)878-3966 ~ email: runningontruth@bellsouth.net
File: 11\PH1027

DS AC DS SC

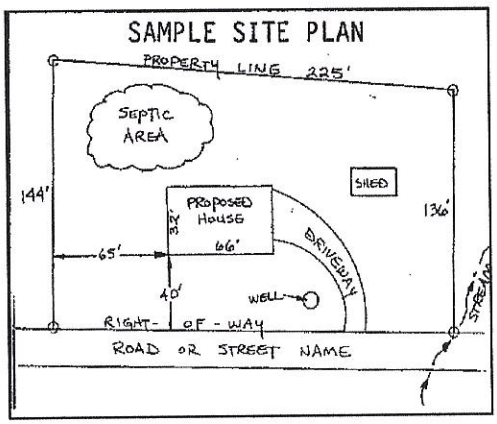
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

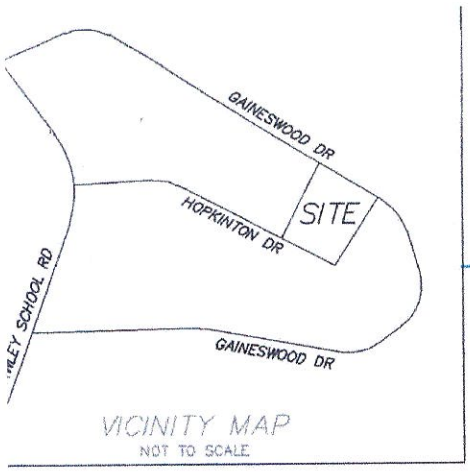
See attached plan

Signature: _____

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

9/2/2019

DATE



DOUGLAS L.

GAINESWOOD DR.
60' PUBLIC R/W ~ SR 3012

S43°22'53"E
S46°33'52"E
S46°33'52"E
EX #4 REBAR
EX #4 REBAR
EX #4 REBAR
EX #4 REBAR (DISTURBED)

Drainage
Berm
35' REAR YARD AND LANDSCAPE & UTILITY EASEMENT
25'

Approved
9/10/19
MD

Scale
1"=40'

Lot 1026
0.692 ACRE

B9
Y8
O7
W6
P5
B4
P2
W1
O3
15'
15'
40'
20' Pool
15' M.B.S.
15' M.B.S.
S44°51'15"W
N44°52'38"E

Lot 1025
NOW OR FORMERLY
THOMAS & GAYLE UHL
DB 2279-720

Lot 1027
NOW OR FORMERLY
LOIS A DACK
DB 2432-2058

W1 - 40'
P2 - 40'
O3 - 40'
B4 - 100'
P5 - 100'
W6 - 100'
O7 - 100'
Y8 - 90'
B9 - 72'

ST
52.0'
COVERED PORCH
15.0'
15.0'
73.0'
HOUSE
49.0'
49.0'
DRIVEWAY
11.0'
6.0'
6.0'
3.0'
26.6'
11.5'
9.3'
6.0'
14.6'
35' M.B.S.

FIRE HYDRANT
S44°32'08"E
N45°08'20"W

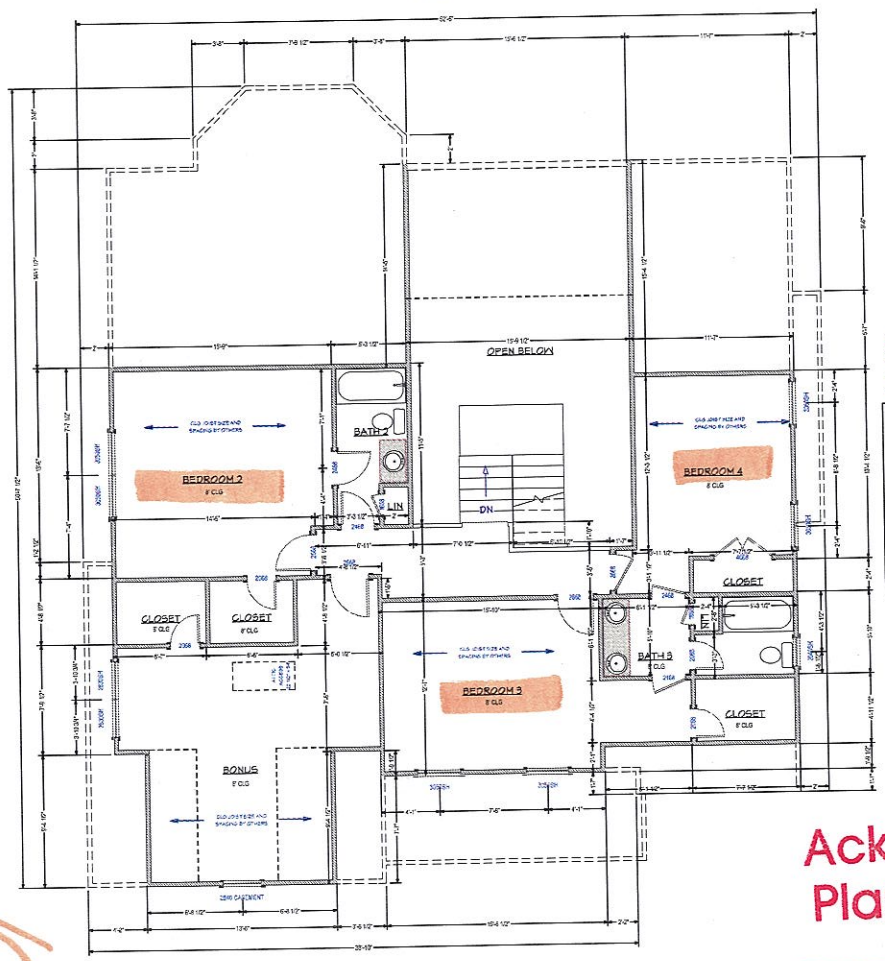
HOPKINTON DR
94' PRIVATE R/W

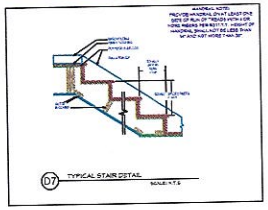
N

SQUARE FOOTAGE	
1ST FLOOR HEATED	1930
2ND FLOOR HEATED	1281
TOTAL HEATED	3211
GARAGES	485
PORCHES	263
TOTAL UNDER ROOF	3959

52' 5"

56' 7.5"





Stephen Nantz

Acknowledgement Of Plans Submittal ONLY!

Date

Date 4/28/21

SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
UPDATED CYPRESS
LAKEMIST HOMES

VISUAL DESIGN & DRAFTING
VisualDesignAndDrafting@gmail.com
Jason Travis
704-583-2650

DATE: 4/15/2021

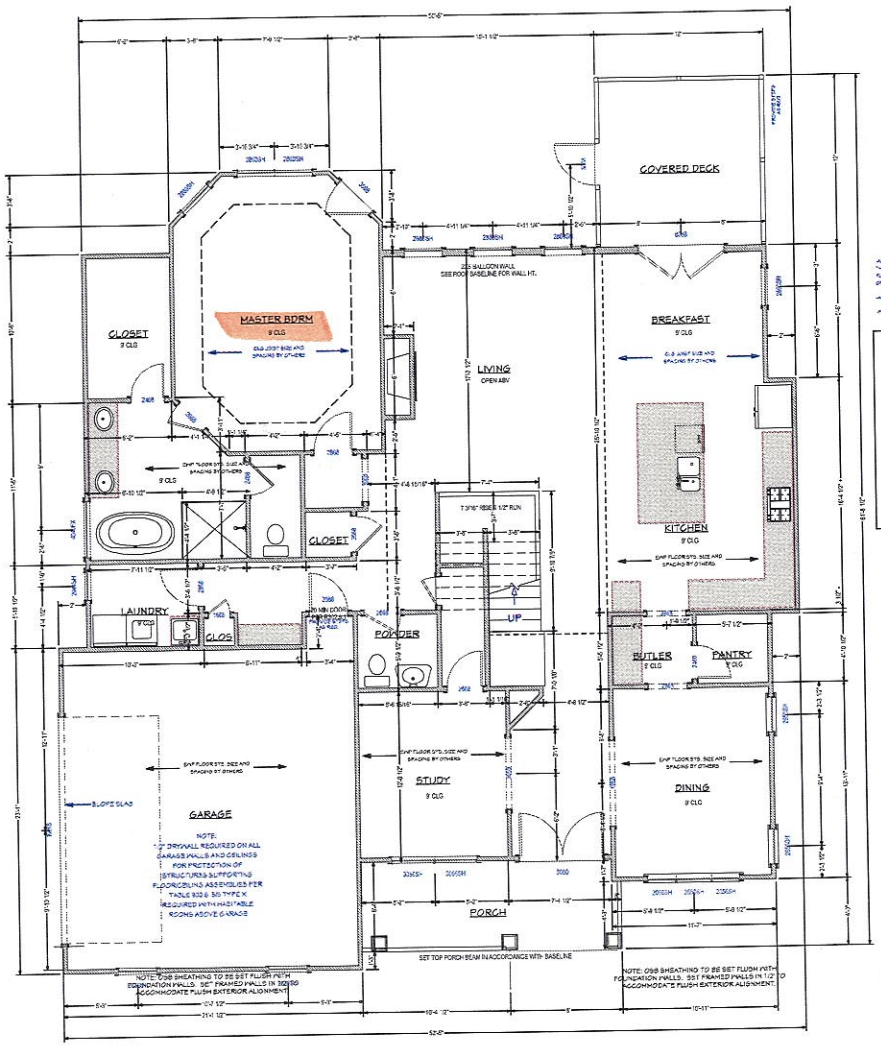
SCALE:

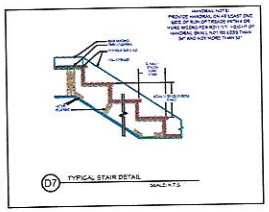
SHEET: A-7

SQUARE FOOTAGE	
1ST FLOOR HEATED	1930
2ND FLOOR HEATED	1281
TOTAL HEATED	3211
GARAGES	485
PORCHES	263
TOTAL UNDER ROOF	3959

50' 5"

56' 7.5"





Stephen Nantz

Acknowledgement Of Plans Submittal ONLY!

Date _____

Date 4/28/21

FIRST FLOOR PLANS

SCALE 1/4" = 1' - 0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
UPDATED CYPRESS
LAKEMIST HOMES

VISUAL DESIGN & DRAFTING
VisualDesignAndDrafting@gmail.com
Jason Tynes
704-453-0572

DATE:
4/15/2021

SCALE:

SHEET:
A-6