REDELL COUNTY HEALTH DEPARTMENT

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

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

Foundation ATP Homes 2100

PERMIT # 211379

PIN # 4639-33-4330

APPLICANT: WOODBRIDGE PARTNERS LLC APPLICANT ADDRESS:

SITE ADDRESS: 103 BLUE RIDGE TRL. - Mroyl PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL FERNHILL, TL BLUE RIDGE, ON L

SUBDIVISION: WOODLEAF SECTION: — LOT # 2 LOT AREA: .787 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 194	Date 2-27-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT 283	Date 9-4-18	System Description: PM 25% REDUCTION				☐ Business	No. Persons
Pump Make Zoeller	Model WE3121	Serial #		Repair System Description: PANEL BLOCK				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 4	Linear Ft: 402'		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width 36"	Max. Trench Bottom Depth 30"	Gravel Depth —			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: OK TO FLIP DRIVEWAY BA
6/29/18 STAKE behind house 10FT.

4/3/18 Reviewed Floor plan & Site plan; House is slightly deeper than Septic plan however, house is shifting 10ft closer to road. Floor plans show 3 Bedrooms

INITIAL SITE SKETCH

SEE PLAN FROM KATHLEEN SAUNDERS

AS BUILT SKETCH

6/29/18 Septic permitted for 4.
Used Arc 36 Chambers
Checked tanks, drainlines & Supply line
Installed 3 drainlines @ 135FT ea

	Date	Initials
Drain Lines Checked	6/29/18	MD
Tanks Checked	6/29/18	MD
Pressure Manifold or Valve Box Checked	8/6/18	MD
Pressure Head Set	8/6/18	MD
Electrical Checked	8/8/18	MD
Floats Set	8/6/18	MD
Alarm Checked	8/8/18	MD
Maintenance Contract Y / N		

Supply line 6/29/18 MD
TJ 704 913-8084

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: Kathleen Saunders Date: 6-25-15

IMPROVEMENT PERMIT by: APPROVED Date: JUN 22 2015

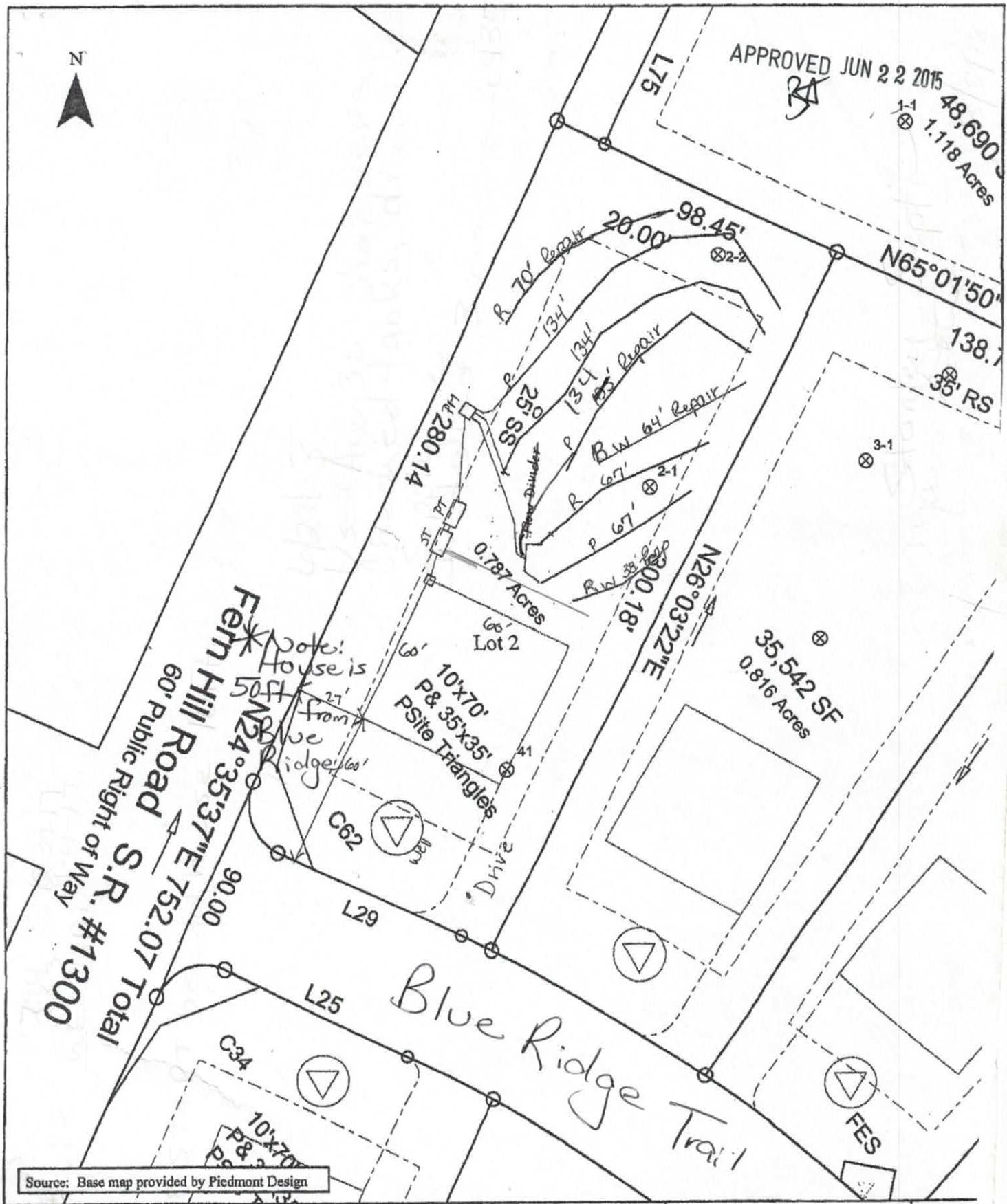
AUTHORIZATION TO CONSTRUCT by: Date: 4/3/18

Health Dept. Copy: WHITE

Installed by: Stanley Septic

OPERATION PERMIT by: Maria Dotson Date: 8/8/18

Existing System Inspected by: Date:



Source: Base map provided by Piedmont Design

Scale: 1 inch equals 50 feet	S&ME	Woodleaf Subdivision	FIGUR
Drawn by: JBP		Lot 2 Septic Lines	1
Reviewed by: PGP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Iredell County, NC	
		S&ME Project #1588-05-121	

APPROVED JUN 2 2 2015

Woodleaf Lot 2 Fast Track Septic Spec Sheet

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	402
Trench Width	3' min.
Trench Spacing	9' min.
Max Trench Depth	30"
Pump Required	Yes
Distribution Device	Pressure Manifold with Flow Divider
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	35' of 2" SCH 40 PVC
Flow Rate through the system	16.5 gpm
Elevation head	Approx. 7.3'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	2.1'
Total Head	12.4'
Pump Requirements	16.5 gpm @ 12.4' of head To be designed by installer.
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 14.5 min.
Repair System	**LP PPBPS**
Total Linear Feet	275
Repair Loading Rate	0.3

APPROVED JUN 22 2015

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Elevation (Ft.)
1	Repair	Red	LP PPBPS	70	5
2	System	Pink	25% Reduction	134 endfed	5.6
3	System	Orange	25% Reduction	134 endfed	
4	Repair	Pink	LP PPBPS	103	4.6
5	Repair	Blue	LP PPBPS	64	3.9
6	System	Red	25% Reduction	67 endfed	
7	System	Pink	25% Reduction	67 endfed	
8	Repair	Red	LP PPBPS	38	6.7
				Total System: 400'	
				Total Repair: 275'	

Tank	Red	1000 gal (2 compartment)	5.2
Pump Tank	Red	1000	
House	Blue		5.6

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	3
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

Note: **All rod readings should be verified by installer prior to installation**
Tank Locations and distribution devices may be altered at the discretion of the ICHD

SOIL/SITE EVALUATION (Continuation Sheet) **Sheet** **of**

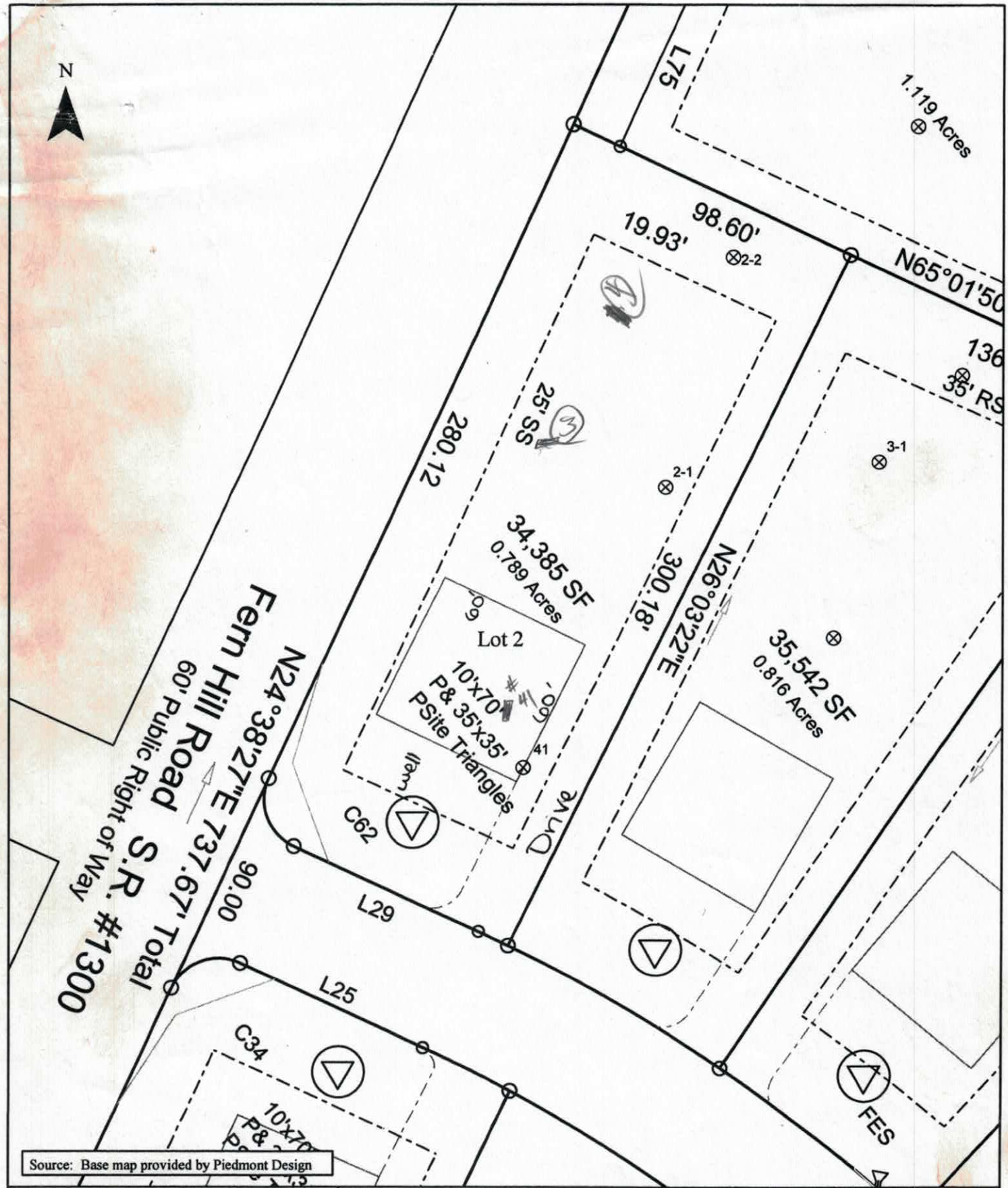
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID NO.: Lot 2
DATE OF EVALUATION: 6-8-06
COUNTY: Iredell

Lot 2 Woodleaf Subdivision

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON ON DEPTH (IN.)	SOIL MORPHOLOGY .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	3-7%	0-5	mgr sl	NS NP Fr	Br				.3
		5-26	msbk c	SS SP Fr	R				
		26-52	wsbk cl	SS SP fr	R F+o C Sap ind.				
		52-58	mass l	NS NP Fr	mult:				
pit # 41	L	0-6	WK SBK sl/scl	FR SS/SP	Br				0.2-0.25
		6-24	Mo SBK C	FR SS/SP	Red				
		24-52	WK SBK CL	Fi S/P	Red; C	Yel Br			
(3)	3to5	0-6	gr brw sl	fr ss sp					.3
		6-30	SBK red c	fr sp sc					
		30-57	wk sbk red cl	sp fr ss sp					
(4)		0-5	gr brwn sl	fr ss sp					.3
		5-27	wk sbk red c	fr ss sp sc					
		27-48	wk sbk cl	fr ss sp few fine sap					
		48-60	wk sbk yr scl	fr ss sp common med sap					
2-2		0-5	gr brwn sl	fr ss sp					.3
		5-21	wk sbk red c	fr ss sp sc					
		21-48	wk sbk cl	fr ss sp common sap					

COMMENTS:



Source: Base map provided by Piedmont Design

Scale: 1 inch equals 50 feet	S&ME	Woodleaf Subdivision	FIGURE
Drawn by: JBP		Lot 2	1
Reviewed by: PGP		Iredell County, NC	
Date: June, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05-121	

jsmithfoundation homes@gmail.com

RECEIVED APR 3 - 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

(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 __/__Authorization To Construct ___ BOTH ___ Existing System Inspection

****

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

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Foundation Homes	438 Williamson Rd	704-650-2260	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same	Same	Same	

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
103 Blue Ridge tr	Wood leaf	Lot #2

Driving Directions: Perth Rd (LT) Fern Hill (LT) Blue Ridge tr Lot #2 on left

****

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

(✓) 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 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) 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 ( ) Other Public Water

****

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

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

8. 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. industry) 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.

9. Signature: _____ 4-3-18

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Sonatha Smith, am the legal owner of the property located at 103 Blue Ridge Tr, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Foundation Haven _____, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 4-3-18
Signature of Owner Date

_____ _____
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

or

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

RECEIVED JUN 17 2015

Paid $225.00

#211379

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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: X **Improvement Permit** ___ **Authorization To Construct** ___ **BOTH** ___ **Existing System Inspection**

2. 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 check ( ) beside whichever is submitted if applicable X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Woodbridge Partners LLC	contact Kathleen Saunders	(704) 578-4951	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
103 Blue Ridge Trail	Woodleaf	Lot 2

Driving Directions: Perth Rd / L Fern Hill / L Blue Ridge Trail / 1st lot on left

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
- ( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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:

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: Emma Helton — 06/17/15

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Woodbridge Partners LLC, am the legal owner of the property located at 103 Blue Ridge Trail, identified as PIN(Parcel Identification Number) 4639 33 4330, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, PA, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 06/17/15
Signature of Owner Date

_____ _____
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

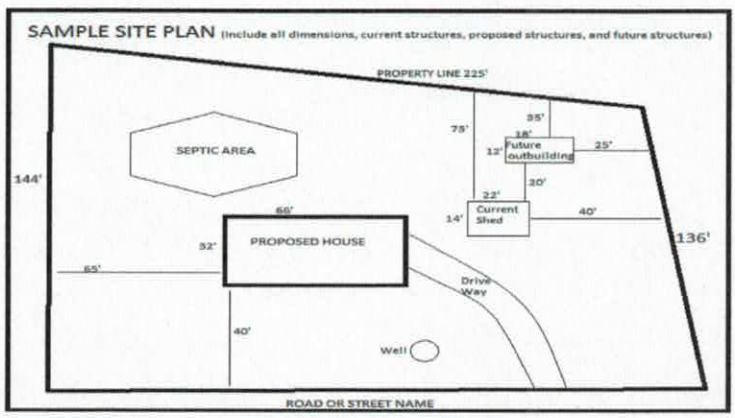
- X **Property Line measurements are clearly identified…**
- X **All proposed structures are indicated…**

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

- X **Front and side setbacks from property line…**
- X **Preferred driveway location and configuration, preferred well location…**
- X **Area you prefer your septic system to be placed…**
- X **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

- X **Location of septic systems and wells within 100' of your property… N/A**
- X **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

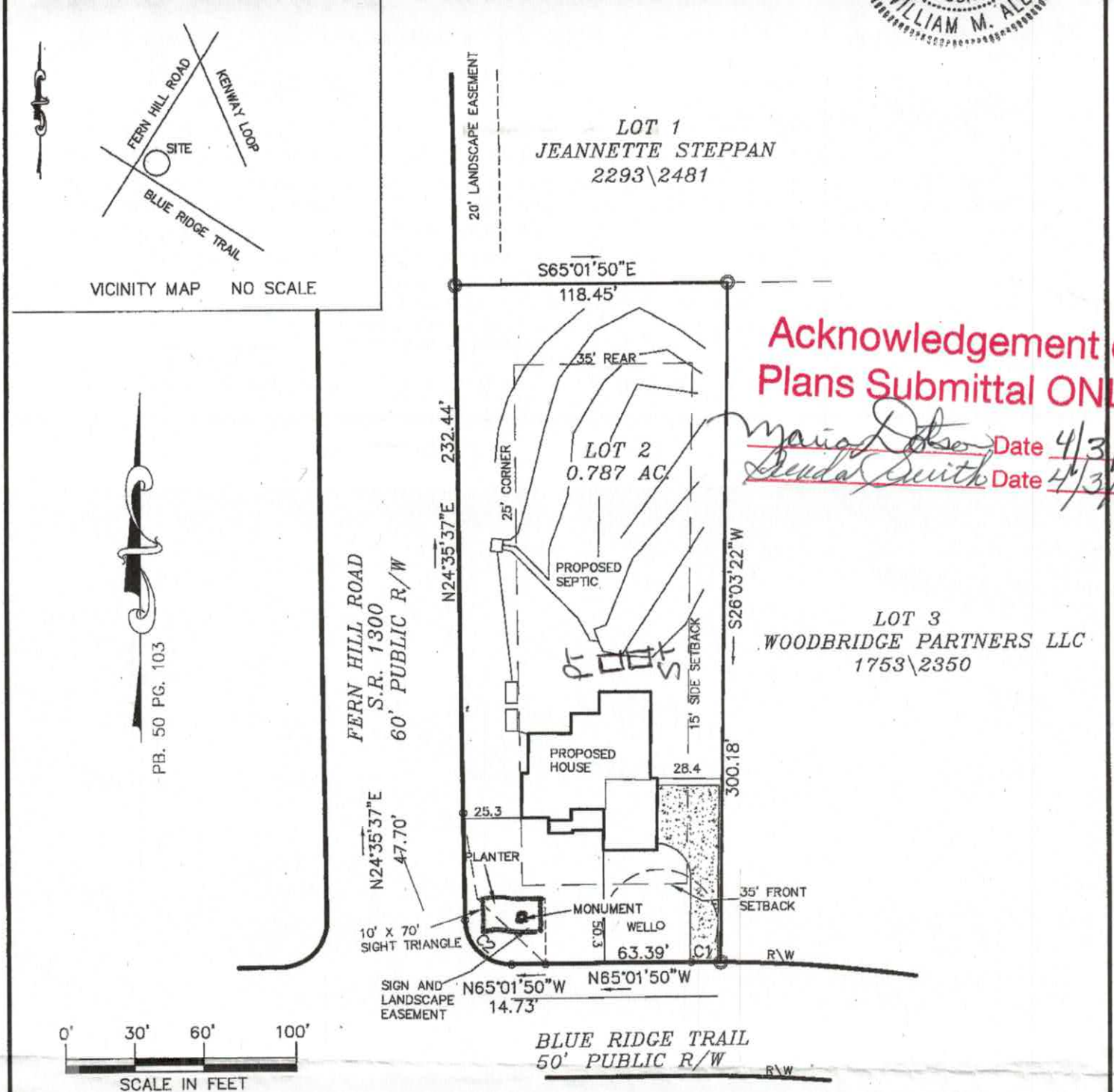
See attached site Plan

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

4-3-18

DATE



Acknowledgement of Plans Submittal ONLY

Maria Dotson Date 4/3/18

Brenda Smith Date 4/3/18

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND

P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

PLOT PLAN SURVEY

OF

103 BLUE RIDGE TRAIL

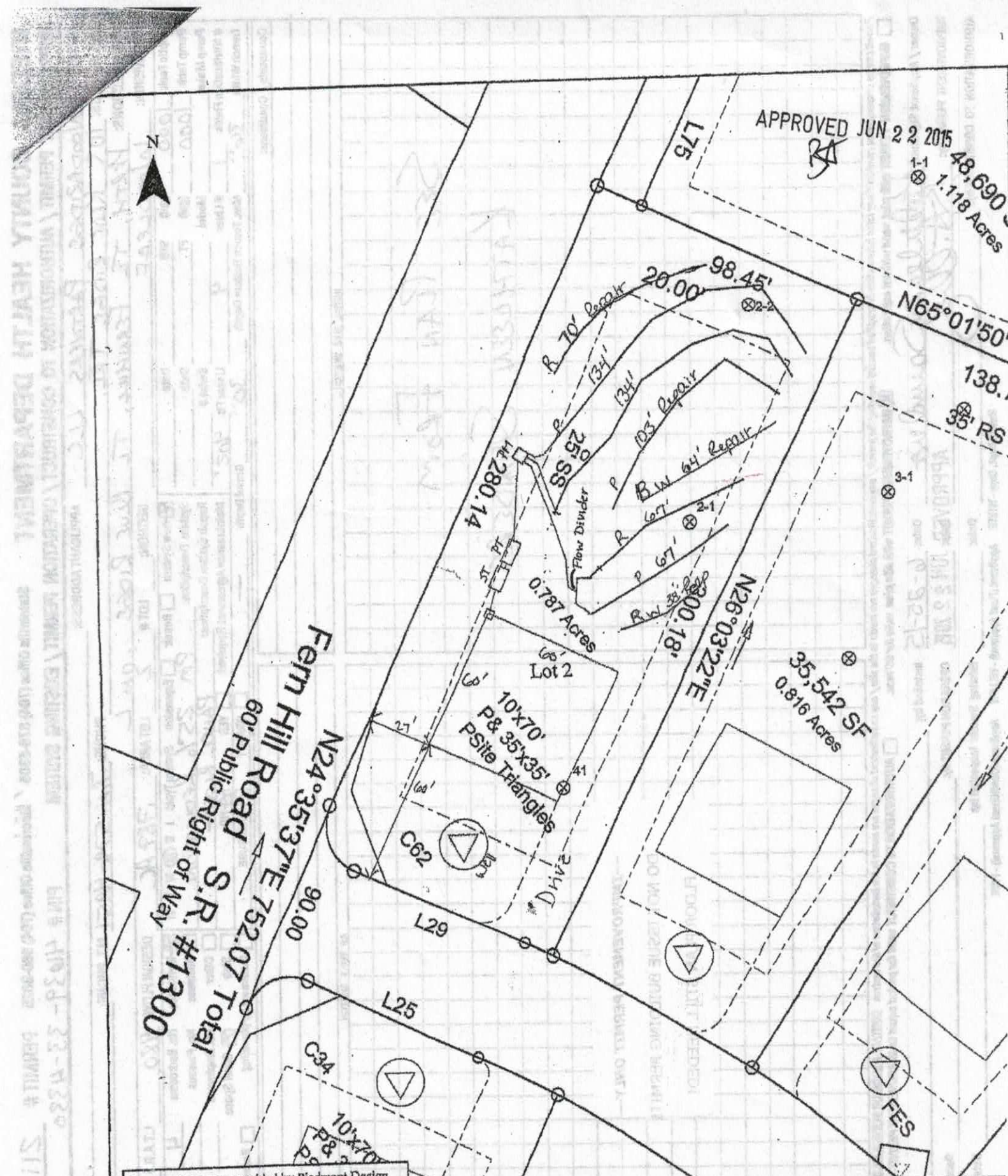
LOT 2 WOODLEAF SUBD.

SCALE 1" = 60'

DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: FOUNDATION HOMES

FIELD BOOK:
FILE: WOODLEAF 2
DC FILE:
TAX MAP NO: 4639334330


N
APPROVED JUN 2 2 2015
L75
48,690
1.118 Acres
98.45'
20.00
N65°01'50"
138.
35' RS
70' Repair
134'
134'
103' Repair
64' Repair
67'
67'
280.14
25 SS
Flow Divider
3T PT
0.787 Acres
Lot 2
10'x70'
P& 35'x35'
PSite Triangles
C62
Drive
L29
90.00
L25
C34
N24°35'37"E 752.07 Total
Fern Hill Road S.R. #1300
60' Public Right of Way
N26°03'2
300.18'
35,542 SF
0.816 Acres
FES
Source: Base map provided by Piedmont Design
Scale: 1 inch equals 50 feet
Drawn by: JBP
Reviewed by: PGP
S&ME
Woodleaf Subdivision
Lot 2 Septic Lines
Iredell County, NC
FIGUR
1

IREDELL COUNTY HEATLH 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…**
- ✓ ***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred 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:

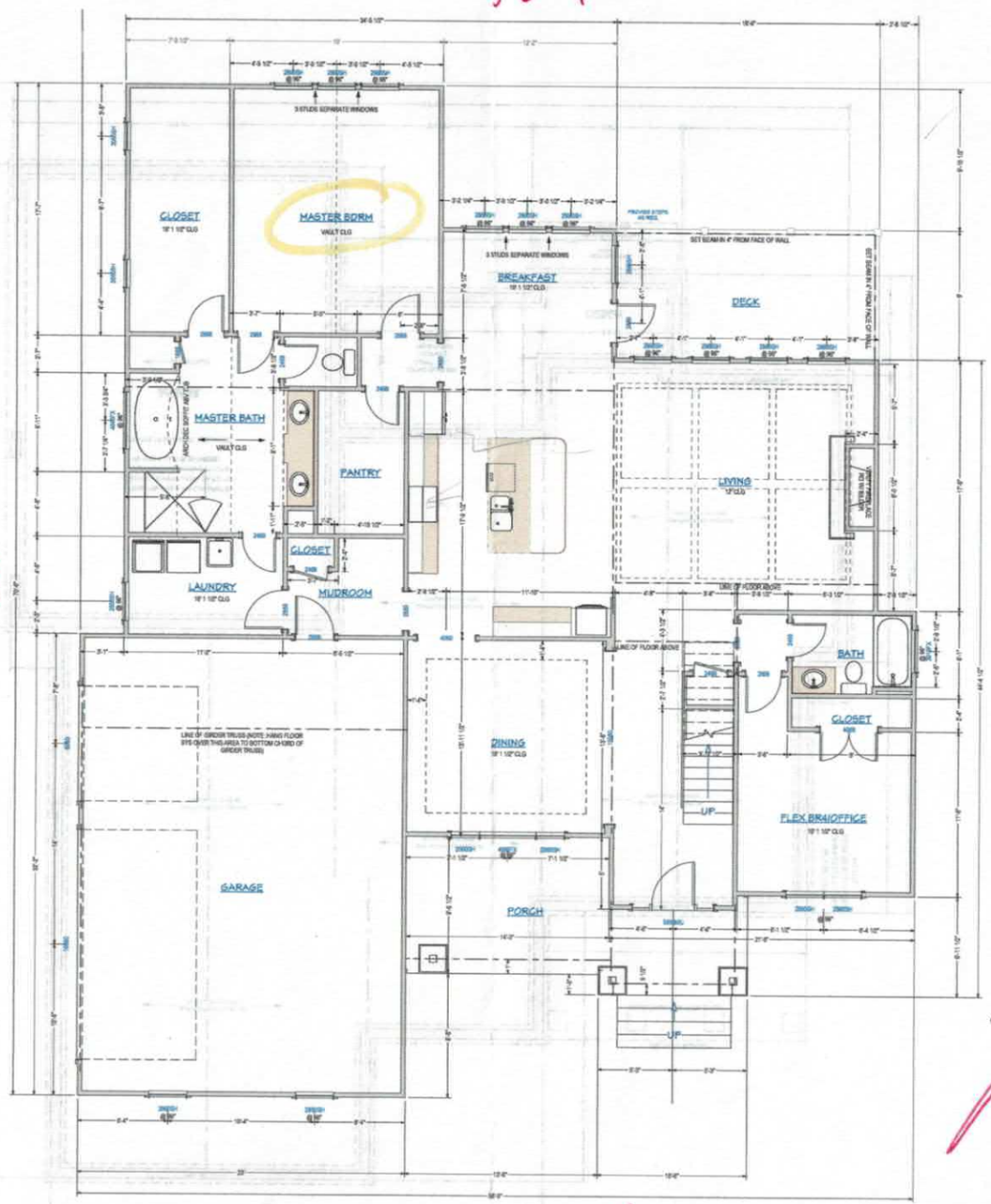
- ___ **Location of septic systems and wells within 100' of your property.** (N/A)
- ___ **Location of easements and rights of ways on your property…** (N/A)
- ___ **Location of any designated wetlands on the property…** (N/A)

Signature: Kathleen Saunders
REQUIRED **property owner or owner's legal representative signature.**

6-17-15
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached site plan



FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

SQUARE FOOTAGE	
1ST FLOOR HEATED	2170
2ND FLOOR HEATED	756
TOTAL HSF	2926
BONUS	
362	
PORCHES	338
GARAGE	
729	
TOTAL UNDER ROOF	4335

Acknowledgement of Plans Submittal ONLY!

Date 4-3-18

Date 4/4/18

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FOUNDATION HOMES
AMELIA

DATE: 7/20/2017

SCALE:

SHEET: A-6

Acknowledgement of
Plans Submittal ONLY!

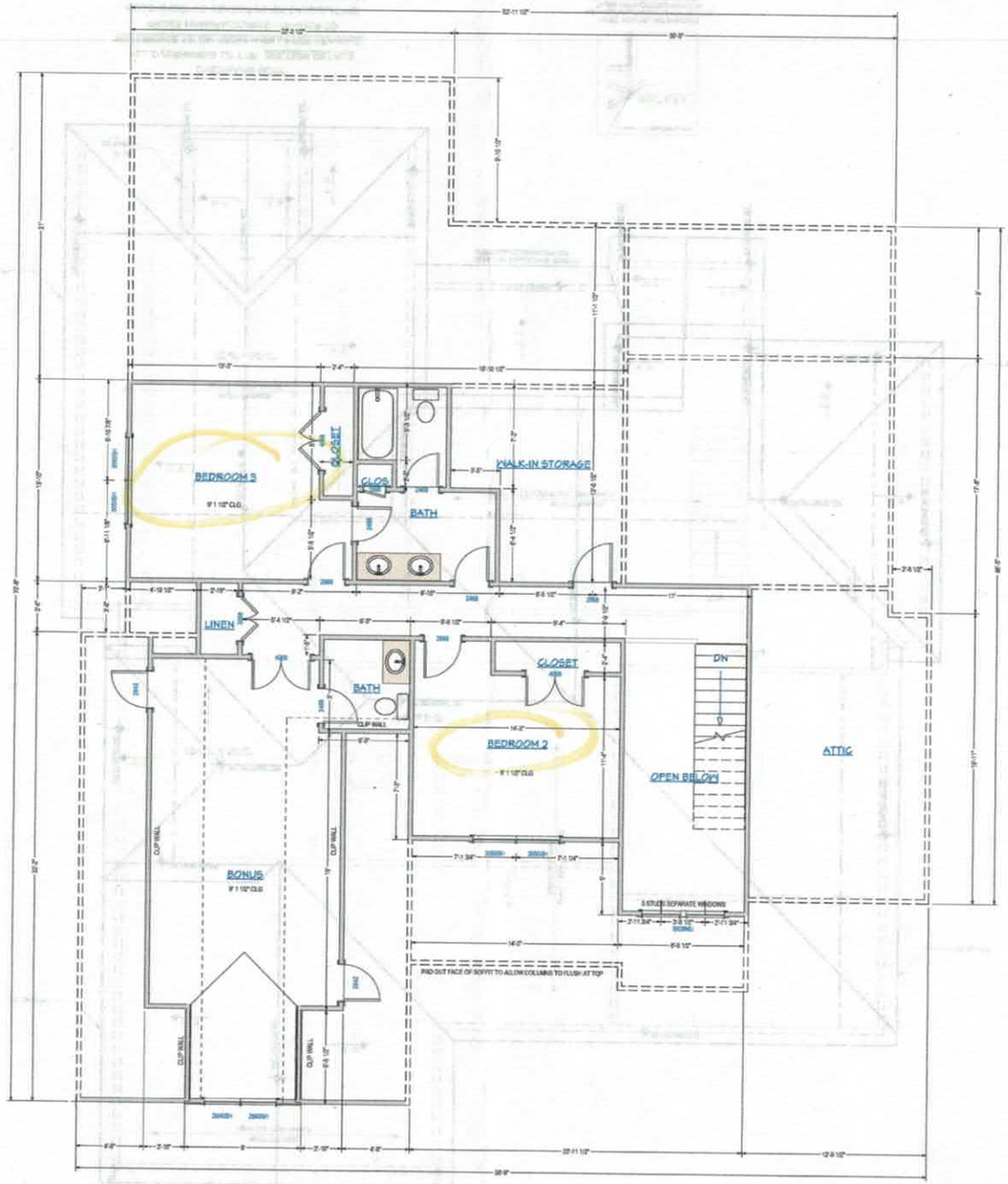
Brenda Smith Date 4-3-18

Maria Dolce Date 4/3/18



OPT FULL BATH

SCALE 1/4" = 1' - 0"



SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FOUNDATION HOMES
AMELIA

VisualDesignArchitecture@gmail.com
Justin Travis
706.343.5997
VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:
7/20/2017

SCALE:

SHEET:
A-7