01-07-12
pd 320.00 MS

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: ✓ 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 #
MERITAGE Homes	7761 BALLANTYNE Commons Pkwy		704 351 5405
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SAME	↑		↑

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
234 BELLS CROSSING DR	BELLS CROSSING	75

Driving Directions: 150 W — TURN RIGHT ON PERTH ROAD — 3 MILES TURN LEFT INTO BELLS CROSSING — ~~TURN LEFT AT ENTRY~~ ~~LOT~~ LOT ON RIGHT AFTER CLUB HOUSE

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 ___
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 in ___ *YEAR*

( ) 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: [signature] 1-2-13

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

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: H Q B QQ
REQUIRED property owner or owner's legal representative signature.

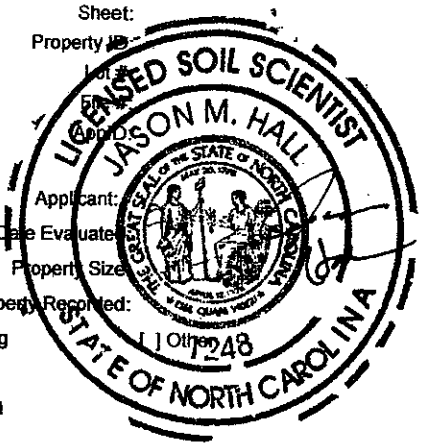
1-2-13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached Plan

White Copy – Environmental Health Yellow Copy – Applicant
V:\FORMS\OSWP Forms\Application For OSWP Permit.doc

Sheet:
Property ID:
Lot #:
Parcel:
App. Date:
Applicant:
Date Evaluated:
Property Size:
Property Recorded:



CCSC SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner:	Meritage Homes				
Address:					
Proposed Facility:	4-Bedroom	Design Flow (.1949)	480 gal/day		
Location of Site:	Bells Crossing Lot 75				
Water Supply:	[X] Public	[ ] Individual	[ ] Well	[ ] Spring	[ ] Other
Evaluation Method:	[X] Auger Boring		[X Pit	[ ] Cut	
Type of Wastewater:	[X] Sewage		[ ] Industrial Process	[ ] Mixed	

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS, 10%	A, 0-3	Gr, SL	VFR, NS, NP	7.5 YR 4/6				
Auger		Bt1, 3-17	SBK, Clay	FI, SS, SP	5 YR 5/8				
		Bt2, 17-32	SBK, Clay	FI, SS, SP	5 YR 4/6	PS			
		Bt2, 32-48	SBK, Clay	FI, SS, SP	2.5 YR 5/8	S			S, 0.3
2	LS	A, 0-3	Gr, SL	VFR, NS, NP	7.5 YR 4/3				
Pit		Bt1, 3-36	SBK, Clay	FI, SS, SP	2.5 YR 4/6	PS			
		BC, 36-47	Wk, SBK, SCL	FI, SS, SP	5 YR 6/3	PS			PS, 0.3
		C, 47-62+	Loam, SG	VFR, NS, NP	7.5 YR 7/8	S			S, 0.4
3	LS	A, 0-3	Gr, SL	VFR, NS, NP	7.5 YR 4/6				
Pit		Bt1, 3-21	SBK, SCL	FI, SS, SP	5 YR 4/6				
		Bt2, 21-38	SBK, Clay	FI, SS, SP	2.5 YR 4/8	PS			PS, 0.3
		Bt3, 38-53	SBK, SCL	FI, SS, SP	2.5 YR 6/8	S			S, 0.3
4	LS	A, 0-2	Gr, SL	VFR, NS, NP	7.5 YR 4/6				
Auger		Bt2, 2-8	SBK, SCL	FI, SS, SP	5 YR 4/6				
		Bt3, 8-32	SBK, Clay	FI, SS, SP	2.5 YR 4/8	PS			
		Bt3, 32-44	SBK, Clay	FI, SS, SP	2.5 YR 5/8				
		BC, 42-48	Wk SCK, CL	FI, SS, SP	5 YR 5/8	S			S, 0.3

Description	Initial System	Repair System
Available Space (.1945)	Yes	Yes
System Type(s)	Accepted	Panel Block
Site LTAR	0.3	0.3

Other Factors (.1946):

Soil Evaluation By: Jason Hall

Others Present: Matt Burdette

Site Classification (.1948): Suitable

Site Evaluation By:

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	152516ZO	Subdivision:	Bells Crossing
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 BELLS CROSSING DR MOORESVILLE NC 28117		
Parcel #:	4639834045.075	Zoning:	RA
Lot #:	75 Size: 0.64	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	Rollans Soil & Environmental Services	Owner:	Bells Crossing, LLC
Address:	470 NORTH BROAD STREET SUITE D MOORESVILLE NC 28115	Address:	127 B Promenade Dr MOORESVILLE, NC 28117
Phone:	704-658-1723	Phone:	704-663-1600
Property Recorded:	No Site Plan Reviewed:	Community Water:	Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

DEVELOPER PERMIT

RECEIVED SEP 10 2008 By

Directions:

PERTH RD, RT ON BELLS CROSSING, LOT ON RT

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$390.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

Printed: 8/29/2008

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ *of* ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bells Crossing LLC Lot 25
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: _____ PROPERTY SIZE: _____
WATER SUPPLY: ❑ Private ❑ Public ❑ Well ❑ Spring ❑ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ❑ Auger Boring ❑ Pit ❑ Cut TYPE OF WASTEWATER: ❑ Sewage ❑ Industrial Process ❑ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	P75A L/6-10%	0 - 11	BR scl vnsbk	FrSSSPSExP	-fSap	44	PS	—	PS 0.3 - 0.35
		11 - 27	RC mnsbk	FrSSSPSExP					
		27 - 44	RY cl wsbk	" " " "					
		44 - 60	verig l mass	" " " "					
2	P75B L/6-10%	0 - 14	B sl sr	FrSSSPSExP	-csap	48	—	—	PS 0.3
		14 - 38	RC wnsbk	" " " "					
		38 - 48	RY sc vwsbk	" " " "					
3	P75C SS 5-10%	0 - 15	B SCL WFSBK	SS, SP, Fr SExP	—	39"	PS	—	PS .3
		15 - 30	RC MFSBK	" " " "					
		30 - 39	RY CL WFSBK	" " " "	com Sap				
		39 - 60	Var LS Saprocks	NS, NP, Fr NExP	com RCL incl @ 60+				
4	P75D SS 8-12%	0 - 20	BC WFSBK	SS, SP, Fr SExP	—	48"	—	—	PS .3
		20 - 38	RC MFSBK	" " " "					
		38 - 48	RY CL WFSBK	" " " "	many Sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

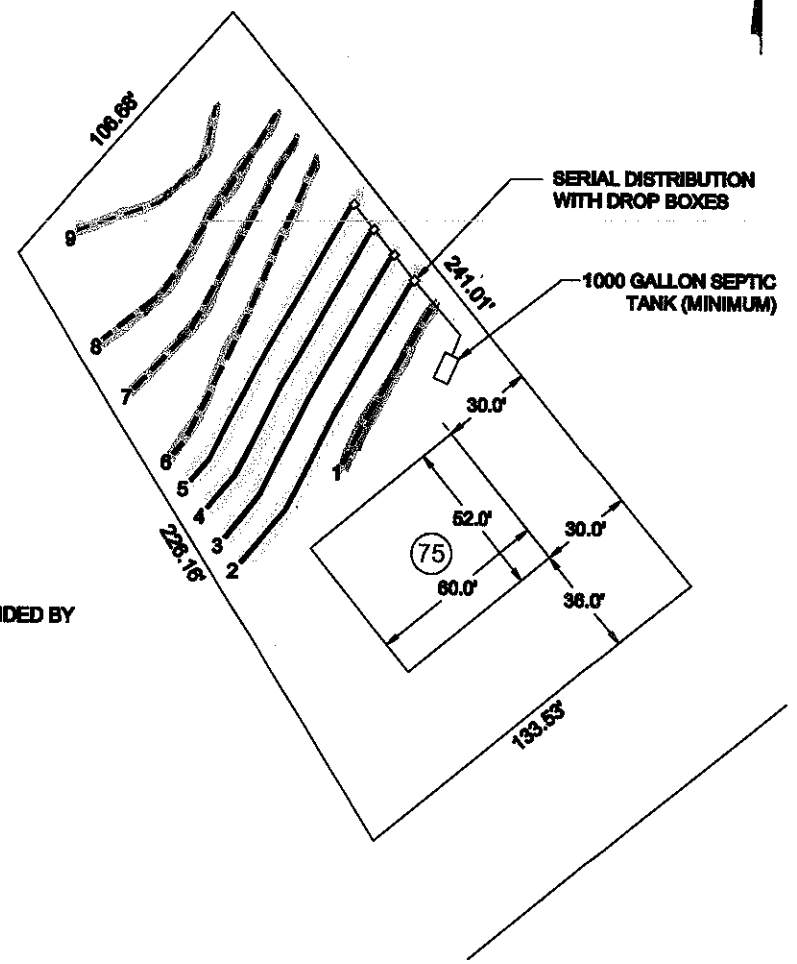
COMMENTS: _____

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	BLUE	0.7	39
2	YELLOW	2.1	103
3	ORANGE	2.8	103
4	BLUE	3.9	103
5	PINK	5.3	103
6	RED	6.7	96
7	PINK	8.1	92
8	BLUE	9.6	90
9	PINK	10.7	80

R I R





LOT 75 BELLS CROSSING SUBDIVISION

4-BEDROOM INNOVATIVE GRAVITY SYSTEM
SERIAL DISTRIBUTION WITH DROP BOXES
LINES 2-5 TOTAL 412 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION

4-BEDROOM PANEL BLOCK REPAIR
LINES 6-9 TOTAL 327 LINEAR FEET
LTAR 0.3
50% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS AND APPLICATION RATES PROVIDED BY CENTRAL CAROLINA SOIL CONSULTING

SYSTEM LINE ———

REPAIR LINE — — — —

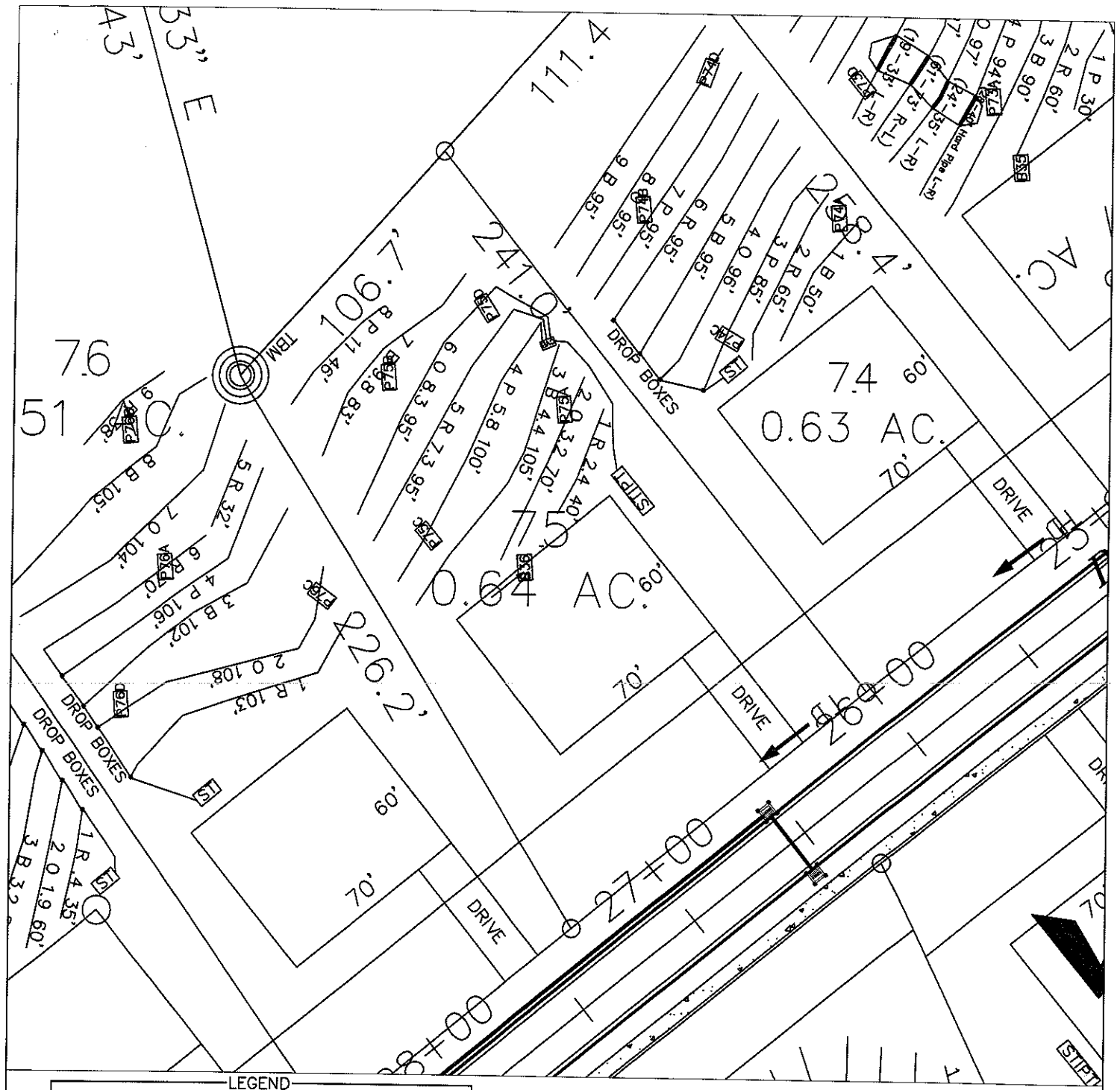
SCALE:
1" = 60 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners
300 N. Main Street, Holly Springs, NC 27540 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-3578

MeritageHomes

LOT 75
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 12/18/12 DRAWN BY: TMB CHECKED BY: TMB



LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724

BRADY FREEMAN, R.S.
MOBILE: (704) 746 - 6497
EMAIL: BFREE2098@YAHOO.COM

ASHLEY ROLLANS, N.C. LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ROLLANSSOIL@STREAM.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: BELLS CROSSING, LLC / BELLS CROSSING

LOCATION/DATE: PERTH RD IREDELL COUNTY, NORTH CAROLINA SEP 2008

JOB # : 01-1429
FILE: C:\JOBS\01-1429
PROJECT MGR.: C.B.F.
FIELD WORK: C.B.F., A.L.P. & M.D.B.
DRAWN BY: C.B.F. & M.D.B.

New Permit #205304

Per Debbie 8-15-14

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Meritage Homes Address: 11605 N Community Dr ste 250 Charlotte NC 28277 Phone: 704 329 6577

Owner Name: " Address: " Phone: 704 658 8616

Property Information:

Street Address: 234 Bells Crossing Dr

Subdivision Name: Bells Crossing Section/Phase: 1 Lot Number: 75

Driving Directions: _____

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(✓) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

Signature: _____ 3-11-14

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

IREDELL COUNTY HEALTH DEPARTMENT

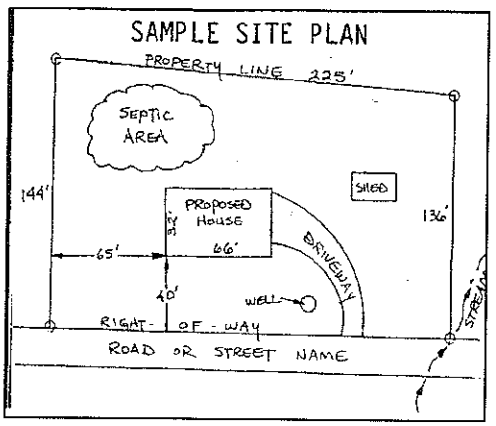
ENVIRONMENTAL HEALTH DIVISION

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**

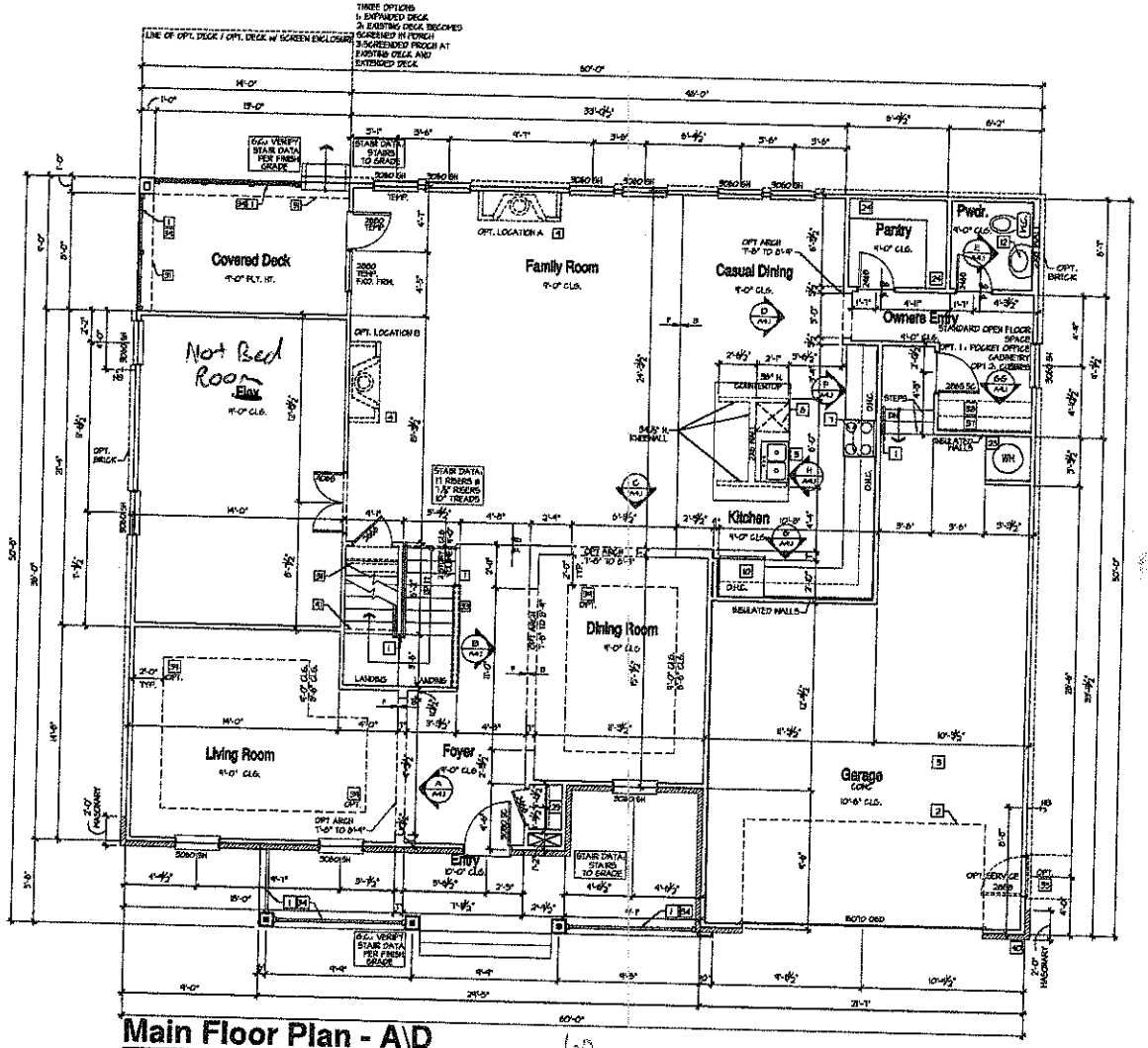
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 Attached

Signature: _____ 8-12-14

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



TYPICAL CONSTRUCTION ASSEMBLIES:

A. TYPICAL ROOF CONSTRUCTION:
ASPHALT ROOF SHINGLES.

B. TYPICAL FRAME FLOOR CONSTRUCTION:
FINISH FLOORING ON 3/4" TONGUE & GROOVE FLOOR SHEATHING ON FLOOR TRUSSES OR FLOOR JOISTS AS NOTED ON STRUCTURAL DRAWINGS.

C. SLAB ON GRADE FLOOR CONSTRUCTION:
4" CONCRETE SLAB, EXCEPT AS SPECIFIED BY SOIL REPORT, AND STRUCTURAL ENGINEER. INCLUDE VAPOR BARRIER PER SECTION IV, C, 5, a.

D. WINDOWS:
A. ALL BEDDING SHALL COMPLY WITH MINIMUM STANDARDS OUTLINED IN APPLICABLE RES. CHECKS.
B. WINDOW SUPPLIER TO VERIFY AT LEAST ONE WINDOW IN ALL BEDROOMS TO HAVE A CLEAR EGRESS OPENING OF 5.7 SQ. FT., WITH MIN. DIMENSION OF 24" IN HEIGHT AND 20" IN WIDTH SILL HEIGHT NOT GREATER THAN 44" ABOVE FLOOR.
C. TYPICAL WINDOW HEAD HEIGHT:
7'-0" A.F.F. @ 8'-1 1/8" PLATE HEIGHT (U.N.O.)
8'-0" A.F.F. @ 9'-1 1/8" PLATE HEIGHT (U.N.O.)

E. ELECTRICAL:
ALL ELECTRICAL AND MECHANICAL EQUIPMENT & METERS ARE SUBJECT TO RELOCATION DUE TO FIELD CONDITIONS. CONTRACTOR TO VERIFY.

F. VENT:
PROVIDE BACK DRAFT DAMPERS @ DRYER VENT, HOOD VENT, & EXHAUST FANS.

G. STONE SIDING:
INSTALL PER LOCAL CODE.

H. DIMENSIONS ARE TO THE FACE OF STUD, U.N.O.

I. ALL EXTERIOR DIMENSIONS ARE TO FACE OF STUDS UNLESS OTHERWISE NOTED.

M. ALL ANGLED PARTITIONS ARE 45 DEGREES UNLESS OTHERWISE NOTED.

N. BRICK SIDING:
INSTALL PER LOCAL CODE.

FLOOR PLAN NOTES:

(MAIN FLOOR)

1. THE FOLLOWING KEYNOTES REFERENCE THE SYMBOLS AS SHOWN ON PLANS.
1. 9" RAILING / HANDRAIL IS PROVIDED, ALL RAILING / GUARDRAIL BALUSTERS TO BE SPACED SUCH THAT A 4" SPHERE CANNOT PASS BETWEEN BALUSTERS. RAILINGS/HANDRAILS ARE TO BE AT A 34" MINIMUM TO 36" MAXIMUM HEIGHT A.F.F. FOR STAIRS AND 36" MINIMUM OR HORIZONTAL SURFACE GUARDS.
2. LINE OF OVERHEAD GARAGE DOOR IN OPEN POSITION.
3. SLOPE GARAGE FLOOR 1/8" PER FOOT TOWARD OVERHEAD GARAGE DOOR OPENING.
4. FIREPLACE, AS SPECIFIED BY BUILDER. INSTALL PER MANUFACTURERS SPECIFICATIONS. ALL FACTORY BUILT FIREPLACES SHALL COMPLY WITH LOCAL CODES
5. SINK W/ GARBAGE DISPOSAL
6. DISHWASHER
7. RANGE
8. COOK TOP
9. OVEN
10. REFRIGERATOR SPACE.
11. PANTRY
12. PEDESTAL SINK
13. SHOWER (SIZE AS NOTED)
14. N/A
15. 42" X 60" TUB 2" TO TOP OF DECK36
16. 60" X 60" CORNER TUB
17. 30" X 60" TERRAZZO
18. 32" X 60" TERRAZZO
19. LINEN SHELVING PER BUILDER SPECS.
20. WASHER SPACE
21. DRYER VENT
22. OPTIONAL LAUNDRY SINK.
23. PROVIDE NON-COMBUSTIBLE PLATFORM ELEVATED 6" ABOVE GARAGE FLOOR FOR WATER HEATER.
24. 3 SHELVES PER BUILDER SPECS.
25. ROD AND SHELF PER BUILDER SPECS.
26. ATTIC ACCESS (22 1/2"X30" U.N.O.).
27. ATTIC ACCESS W/ STAIRS (25 1/2"x54 1/2").
28. GYPSUM BOARD SOFFITS @ 8'-0" AT MAIN FLOOR & 7'-0" AT UPPER FLOOR U.N.O.
29. 6/PSM BOARD ARCH @ 7'-2" TO 8'-0".
30. 6/PSM BOARD LOW WALL 36" A.F.F. (U.N.O.) W/ HDF CAP.
31. SOFFIT, REFER TO EXTERIOR ELEVATIONS FOR HEIGHTS / ARCHITECTURAL DETAILS FOR FINISH.
32. PLANT SHELF, SEE EXTERIOR ELEVATIONS.
33. HALF WALL W/ WOOD CAP OR OPTIONAL LOW WALL MTH RAILING ABOVE.
34. PORCH RAIL, SEE ELEVATION.
35. 36"x36" CONCRETE STOOP.
36. 6x6 DEAD.
37. OPTIONAL UPPER CABINETS.
38. OPTIONAL CABINETS.
39. OPTIONAL COFFERED CEILING @ 8'-0" PER BUILDER SPEC.
40. LINE OF FRAMING ABOVE.
41. LINE OF FRAMING WALL BELOW.
42. 2x4 LOW WALL 42" A.F.F.
43. 2x6 LOW WALL 42" A.F.F.
44. ART NICHE
45. HORIZONTAL LAUNDRY CHUTE
46. LOW WALL 24" A.F.F.
47. 6/PSM BOARD ARCH @ 8'-0" TO 8'-6"
48. LOW WALL 30" A.F.F.
49. NO HARD LATCH OR LOCKING KNOB

SQUARE FOOTAGES

	SF
MAIN FLOOR	2724
UPPER FLOOR	2044
SUBTOTAL	4768
FINISHED BASEMENT	1,155
UNFINISHED BASEMENT	1167
GARAGE	611
PORCH	207
OPT. RAISE PORCH	136
TOTAL	4941

Acknowledgement Of Plans Submittal ONLY!

Date 8-12-14

Date 8/18/14

ISSUE DATE: 01/17/2014
REVISIONS

5400 Trinity Road
Suite 107
Raleigh,
North Carolina 27607
919-322-2266 Phone

Meritage Homes

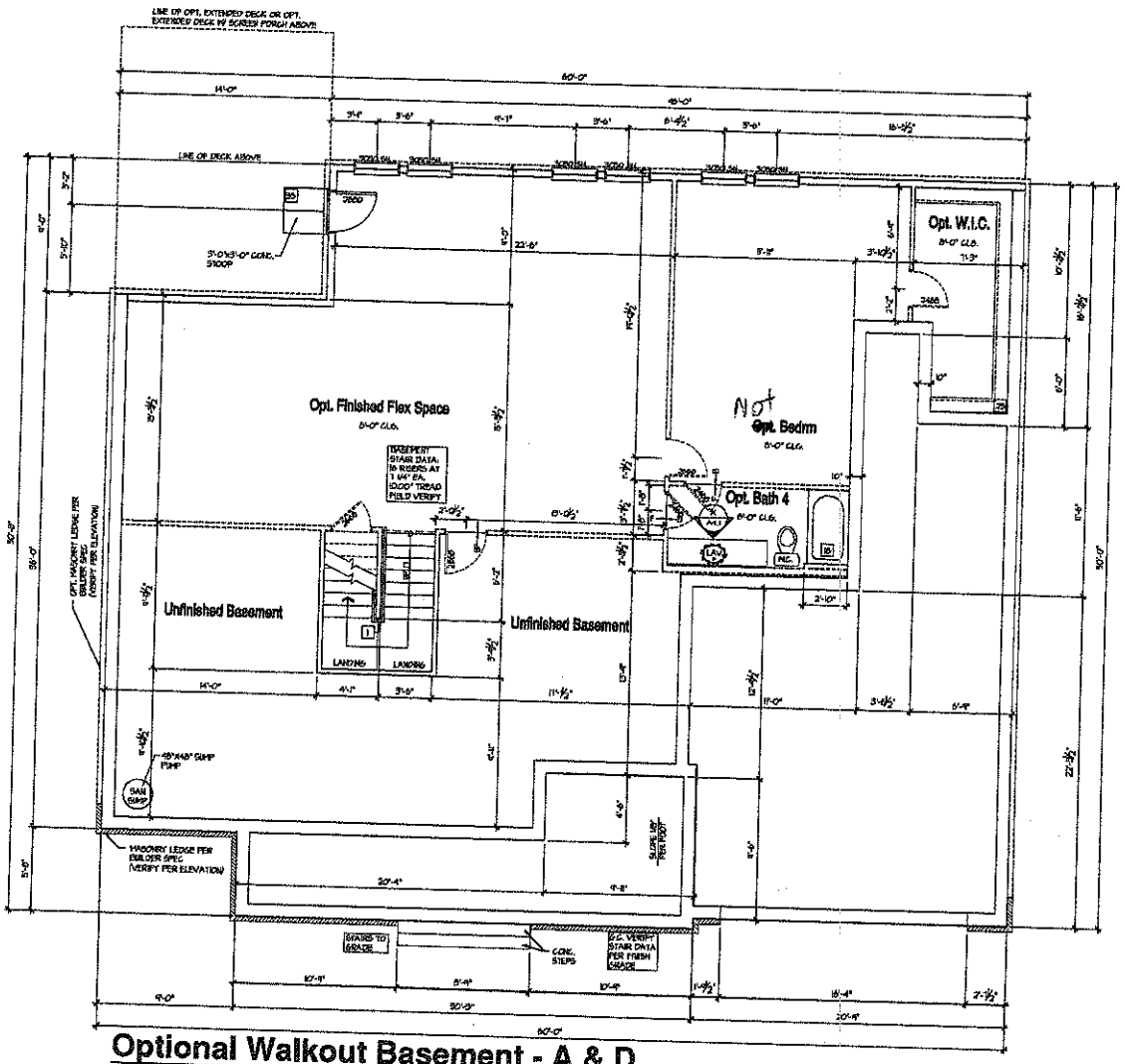
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BSB DESIGN

www.bsbdesign.com
4001 Weston Parkway, Suite 105
West Cary, North Carolina 27513
919.678.0015

MAIN FLOOR PLAN - A\D

Plan 4719
A2.1A\D



Optional Walkout Basement - A & D

0 2' 4' 8'

TYPICAL CONSTRUCTION ASSEMBLIES:

A. TYPICAL ROOF CONSTRUCTION:
ASPHALT ROOF SHINGLES.

B. TYPICAL FRAME FLOOR CONSTRUCTION:
FINISH FLOORING ON 3/4" TONGUE & GROOVE FLOOR SHEATHING ON FLOOR TRUSSES OR FLOOR JOISTS AS NOTED ON STRUCTURAL DRAWINGS.

C. SLAB ON GRADE FLOOR CONSTRUCTION:
4" CONCRETE SLAB, EXCEPT AS SPECIFIED BY SOIL REPORT, AND STRUCTURAL ENGINEER. INCLUDE VAPOR BARRIER PER SECTION N.C.S.C.

D. WINDOWS:
A. ALL WINDOWS SHALL COMPLY WITH MINIMUM STANDARDS OUTLINED IN APPLICABLE RES. CHECKS.
B. WINDOW SUPPLIER TO VERIFY AT LEAST ONE WINDOW IN ALL BEDROOMS TO HAVE A CLEAR EGRESS OPENING OF 5.7 SQ. FT. WITH MIN. DIMENSION OF 24" IN HEIGHT AND 20" IN WIDTH SILL HEIGHT NOT GREATER THAN 44" ABOVE FLOOR.
C. TYPICAL FINISH HEAD HEIGHT:
1'-0" A.F.F. @ 8'-1 1/8" PLATE HEIGHT (9'-1/8")
8'-0" A.F.F. @ 9'-1 1/8" PLATE HEIGHT (10'-1/8")

E. ELECTRICAL:
ALL ELECTRICAL AND MECHANICAL EQUIPMENT & METERS ARE SUBJECT TO RELOCATION DUE TO FIELD CONDITIONS. COORDINATOR TO VERIFY.

F. VENTING:
PROVIDE BACK DRAFT DAMPERS @ DRYER VENT, HOOD VENT, & EXHAUST FANS.

G. STONE SIDING:
INSTALL PER LOCAL CODE.

H. SHEETROCK ARE TO TIE FACE OF STUD, U.N.O.

I. ALL EXTERIOR DIMENSIONS ARE TO FACE OF STUDS UNLESS OTHERWISE NOTED.

M. ALL ANGLED PARTITIONS ARE 45 DEGREES UNLESS OTHERWISE NOTED.

N. BRICK SIDING:
INSTALL PER LOCAL CODE.

FLOOR PLAN NOTES:

(SPEC HOUSE)

1 THE FOLLOWING KEYNOTES REFERENCE THE SYMBOLS AS SHOWN ON PLANS.

1. L. 9' RAILING / GUARDRAIL IS PROVIDED. ALL RAILING / GUARDRAIL BALUSTERS TO BE SPACED SUCH THAT A 4" SPHERE CANNOT PASS BETWEEN BALUSTERS. RAILING/HANDRAILS ARE TO BE AT A 34" MINIMUM TO 38" MAXIMUM HEIGHT A.F.F. FOR STAIRS AND 36" MINIMUM ON HORIZONTAL SURFACE GUARDS.
2. LINE OF OVERHEAD GARAGE DOOR IN OPEN POSITION.
3. SLOPE GARAGE FLOOR 1/8" PER FOOT TOWARD OVERHEAD GARAGE DOOR OPENING.
4. FIREPLACE, AS SPECIFIED BY BUILDER, INSTALL PER MANUFACTURERS SPECIFICATIONS. ALL FACTORY BUILT FIREPLACES SHALL COMPLY WITH LOCAL CODES.
5. SEE 9' GARBAGE DISPOSAL
6. DISHWASHER
7. RANGE
8. COOK TOP
9. OVEN
10. REFRIGERATOR SPACE.
11. PANTRY
12. PEDESTAL SINK
13. SHOWER (SIZE AS NOTED)
14. N/A
15. 42" X 80" SEE 25" TO TOP OF DECKING
16. 60" X 60" CORNER TUB
17. 32" X 80" TUB/SHOWER
18. 32" X 80" TUB/SHOWER
19. LINEN SHELVING PER BUILDER SPECS.)
20. HAMPER SPACE
21. DRYER, VENT
22. OPTIONAL LAUNDRY SINK
23. PROVIDE NON-COMBUSTIBLE PLANTERS ELEVATED 6" ABOVE GARAGE FLOOR FOR WATER HEATER.
24. 5 SHELVES PER BUILDER SPECS.
25. ROD AND SHELF PER BUILDER SPECS.
26. ATTIC ACCESS D.2 10"x30" (U.N.O.)
27. ATTIC ACCESS W/ STAIRS 22½ (22½24 1/2").
28. GYPSUM BOARD OPENING @ 8'-0" AT MAIN FLOOR & 7'-0" AT UPPER FLOOR U.N.O.
29. GYPSUM BOARD ARCH @ 7'-0" TO 8'-0".
30. GYPSUM SOFFIT LOW WALL 30" A.F.F. (U.N.O.) W/ MDF CAP.
31. SOFFIT, REFER TO EXTERIOR ELEVATIONS FOR HEIGHTS & ARCHITECTURAL DETAILS FOR FINISH.
32. FLAT SHELF, SEE EXTERIOR ELEVATIONS.
33. WALL WALL W/ WOOD CAP OR OPTIONAL LOW WALL WITH RAILING ABOVE.
34. PORCH RAIL, SEE ELEVATION.
35. 36"x36" CONCRETE STOOP.
36. 6x6 BEAM.
37. OPTIONAL UPPER CABINETS.
38. OPTIONAL CASEMENTS.
39. OPTIONAL COFFERED CEILING @ 8'-0" PER BUILDER SPEC.
40. LINE OF FRAMING ABOVE.
41. LINE OF FRAMING/WALL BELOW.
42. 2x4 LOW WALL 42" A.F.F.
43. 2x6 LOW WALL 42" A.F.F.
44. ART NICHE
45. HORIZONTAL LAUNDRY CHUTE
46. LOW WALL 34" A.F.F.
47. GYPSUM BOARD ARCH @ 8'-0" TO 8'-6"
48. LOW WALL 32½" A.F.F.
49. NO HARD LATCH OR LOCKING KNOB

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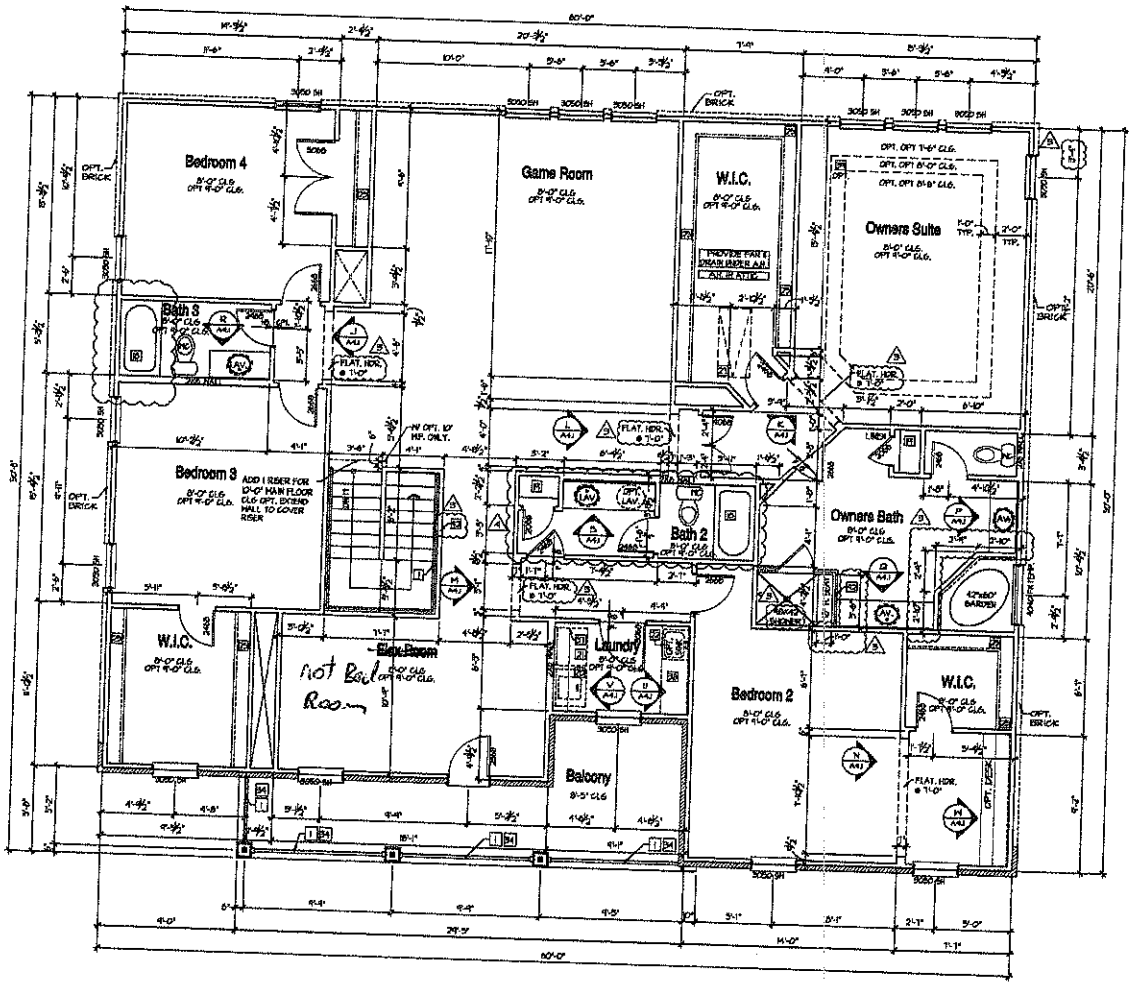
Meritage Homes

BSB DESIGN
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4021 Westchase Parkway, Suite 200
West Des Moines, Iowa 50266
515.223.1620

JOB NO. 13-0020 PRELIMINARY
DRAWN BY: LH CHECKED BY:

BASEMENT FLOOR PLAN - A\D

Plan 4719
A0.1A\D



Upper Floor Plan - A\D

0 2' 4' 8'

TYPICAL CONSTRUCTION ASSEMBLIES:

A. TYPICAL ROOF CONSTRUCTION
ASPHALT ROOF SHINGLES

B. TYPICAL FRAME FLOOR CONSTRUCTION
PARQUET FLOORING ON 3/4" TONGUE & GROOVE FLOOR SHEATHING ON FLOOR TRUSSES OR FLOOR JOISTS AS NOTED ON STRUCTURAL DRAWINGS.

C. SLAB ON GRADE FLOOR CONSTRUCTION
4" CONCRETE SLAB, EXCEPT AS SPECIFIED BY SOIL REPORT, AND STRUCTURAL ENGINEER. INCLUDE VAPOR BARRIER PER SECTION IV, C, 3, a.

D. WINDOWS:
A. ALL WINDOWS SHALL COMPLY WITH MINIMUM STANDARDS OUTLINED IN APPLICABLE NFPA CODES.
B. WINDOW SUPPLIER TO VERIFY AT LEAST ONE WINDOW IN ALL BEDROOMS TO HAVE A CLEAR EGRESS OPENING OF 5.7 SQ. FT. WITH MIN. DIMENSION OF 24" IN HEIGHT AND 20" IN WIDTH. SILL HEIGHT NOT GREATER THAN 44" ABOVE FLOOR.
C. TYPICAL WINDOW HEAD HEIGHT:
7'-0" A.F.F. @ 8'-1 1/8" PLATE HEIGHT (U.N.O.)
8'-0" A.F.F. @ 9'-1 1/8" PLATE HEIGHT (U.N.O.)

E. ELECTRICAL:
ALL ELECTRICAL AND MECHANICAL EQUIPMENT & METERS ARE SUBJECT TO RELOCATION DUE TO FIELD CONDITIONS. CONTRACTOR TO VERIFY.

F. VENT:
PROVIDE BACK DRAFT DAMPERS @ DRYER VENT, HOOD VENT, & EXHAUST FANS.

G. STONE SCREEN:
INSTALL PER LOCAL CODE.

H. DIMENSIONS ARE TO THE FACE OF STUD, U.N.O.

I. ALL EXTERIOR DIMENSIONS ARE TO FACE OF STUDS UNLESS OTHERWISE NOTED.

J. ALL ANGLED PARTITIONS ARE 45 DEGREES UNLESS OTHERWISE NOTED.

K. BRICK SIDING:
INSTALL PER LOCAL CODE.

FLOOR PLAN NOTES:
(MAIN FLOOR)

6 THE FOLLOWING KEYNOTES REFERENCE THE SYMBOLS AS SHOWN ON PLANS.

1. IF RAILING / BALUSTRAL IS PROVIDED, ALL RAILING / BALUSTRAL BALUSTERS TO BE SPACED SUCH THAT A 4" SPHERE CANNOT PASS BETWEEN BALUSTERS. RAILINGS/HANDRAILS ARE TO BE AT A 34" MINIMUM TO 38" MAXIMUM HEIGHT A.F.F. FOR STAIRS AND 36" MINIMUM ON HORIZONTAL SURFACE GUARDS.
2. LINE OF OVERHEAD GARAGE DOOR IN OPEN POSITION.
3. SLOPE GARAGE FLOOR 1/8" PER FOOT TOWARD OVERHEAD GARAGE DOOR OPENING.
4. FIREPLACE, AS SPECIFIED BY BUILDER. INSTALL PER MANUFACTURERS SPECIFICATIONS. ALL FACTORY BUILT FIREPLACES SHALL COMPLY WITH LOCAL CODES.
5. SINK W/ GARBAGE DISPOSAL
6. DISHWASHER
7. RANGE
8. COOK TOP
9. OVEN
10. REFRIGERATOR SPACE.
11. PANTRY
12. MEDICINAL SINK
13. SHOWER (SIZE AS NOTED)
14. WA
15. 42" X 80" TUB 3H TO TOP OF DECKING
16. 60" X 60" CORNER TUB
17. 30" X 60" TUB/SHOWER
18. 32" X 60" TUB/SHOWER
19. L BENCH SHELVING PER BUILDER SPECS.)
20. WASHER SPACE
21. DRYER, VENT
22. OPTIONAL LAUNDRY SINK.
23. PROVIDE NON-COMBUSTIBLE PLATFORM ELEVATED 8" ABOVE GARAGE FLOOR FOR WATER HEATER.
24. 5 SHELVES PER BUILDER SPECS.
25. ROD AND SHELF PER BUILDER SPECS.
26. ATTIC ACCESS (22 1/2"x30" U.N.O.)
27. ATTIC ACCESS W/ STAIRS (25 1/2"x54 1/2").
28. GYPSUM BOARD OPENING @ 8'-0" AT MAIN FLOOR & 7'-0" AT UPPER FLOOR U.N.O.
29. GYPSUM BOARD ARCH @ 11'-3" TO 8'-0".
30. GYPSUM BOARD LOW WALL 30" A.F.F. (U.N.O.) W/ MTF CAP.
31. SOFFIT, REFER TO EXTERIOR ELEVATIONS FOR HEIGHTS & ARCHITECTURAL DETAILS FOR FINISH.
32. PLANT SHELF, SEE EXTERIOR ELEVATIONS.
33. HALF WALL W/ WOOD CAP OR OPTIONAL LOW WALL WITH RAIL NO ABOVE.
34. FURNACE WALL, SEE ELEVATION.
35. 36"x36" CONCRETE STOOP.
36. 5x5 BEAM.
37. OPTIONAL UPPER CABINETS.
38. OPTIONAL CABINETS.
39. OPTIONAL COFFERED CEILING @ 8'-6" PER BUILDER SPECS.
40. LINE OF FRAMING ABOVE.
41. LINE OF FRAMING WALL BELOW.
42. 2x4 LOW WALL 42" A.F.F.
43. 2x6 LOW WALL 42" A.F.F.
44. ARC HOOD
45. HORIZONTAL LAUNDRY CHUTE
46. LOW WALL 42" A.F.F.
47. GYPSUM BOARD ARCH @ 8'-0" TO 8'-6"
48. LOW WALL 30" A.F.F.
49. NO HARD LATCH OR LOCKING KNOB

ALL EXTERIOR HOUSE WALLS MAY BE OPTIONAL 2X6 STUD WALLS - SEE STRUCTURAL PLANS FOR DETAILS.

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BSB DESIGN

UPPER FLOOR PLAN - A\D

Plan 4719
A2.2A\D