Spoke w/ Mark Sergeant 9:10 12/22/14

Rec'd 12-12-14

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION $850

Fees pd previously (2013/2014) #181580

PAGE 1: *APPLICATION FORM*

Application For:

(✓) Septic Improvement Permit (✓) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 Rd st 250 Charlotte NC 28277 Phone: 7043096577

Owner Name: 11 Address: 11 Phone: 7046588616

Property Information:

Street Address: 150 Leaning Tower Rd

Subdivision Name: Bells Crossing Section/Phase: 2 Lot Number: 33

Driving Directions: 150 W, R onto Perth Rd, L into Bells Crossing, R onto N San Agustin Dr, R onto Leaning Tower 5th Lot on the right.

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: _____ 11-3-14

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

4551C SB

IREDELL COUNTY HEALTH DEPARTMENT

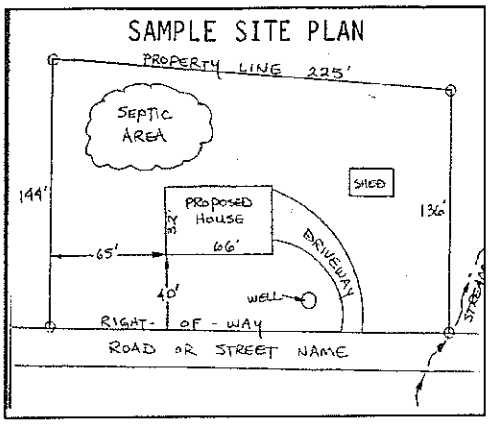
ENVIRONMENTAL HEALTH DIVISION

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

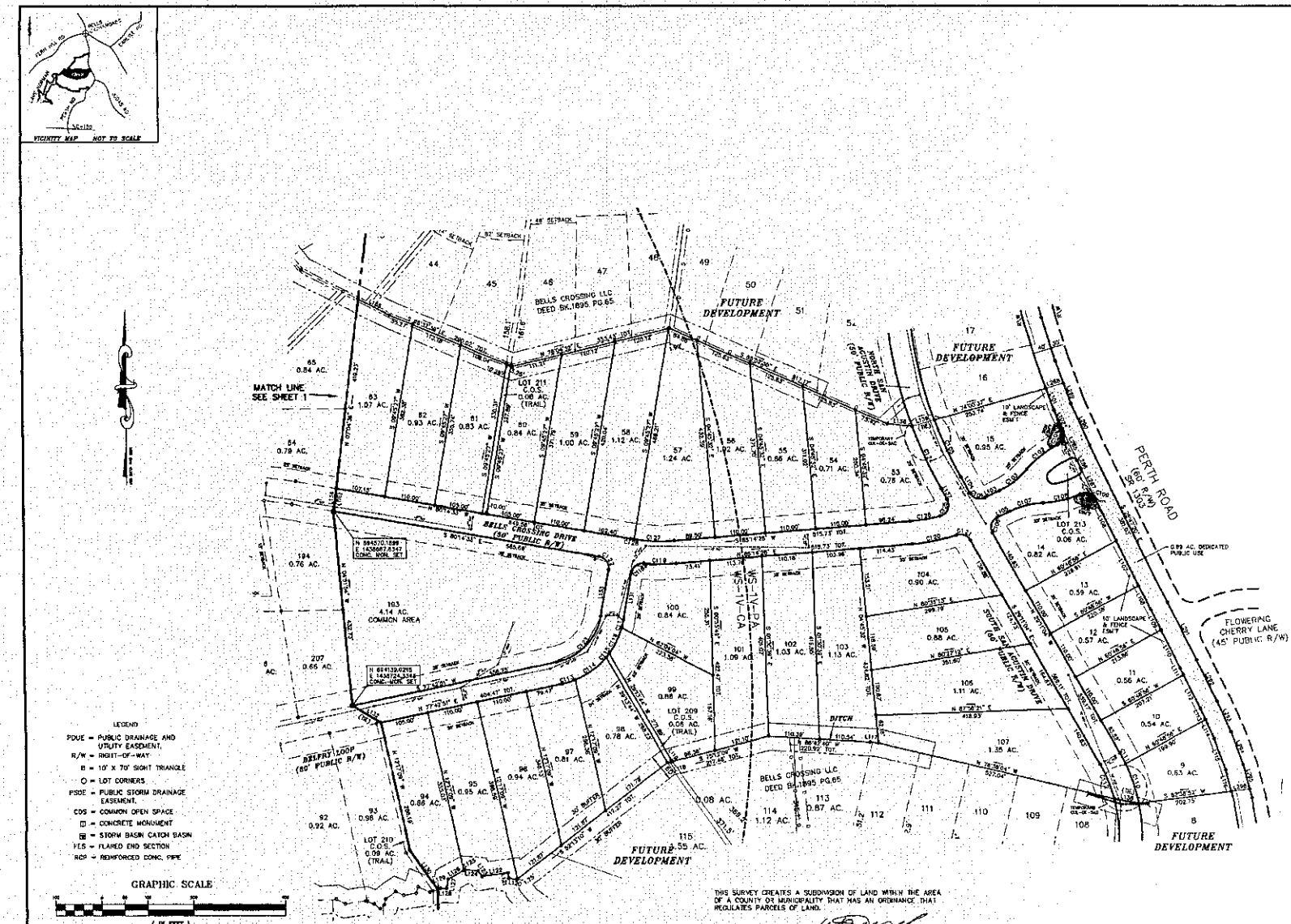
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 11-3-14

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



FILED FOR REGISTRATION
BOOK _____
DATE _____
REGISTERED IN RECORD OF _____
REGISTER OF DEEDS _____
BY: _____

Doc ID: 018620000003 Type: CRP
Recorded: 08/18/2008 at 08:10:16 PM
Fee Amt: $65.00 Page 1 of 3
Iredell County, NC
Brenda D. Bell Register of Deeds
BK 54 PG 89-91

OWNERS CERTIFICATE AND NOTARIZATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF IRE COUNTY OF IREDELL AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT AND ESTABLISH MINIMUM BUILDING SETBACKS AS NOTED, AND DEDICATE ALL ROADS, ALLEYS, WALKS, PARKS, AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED.

I FURTHER CERTIFY THAT

a. THERE ARE NO DEED RESTRICTIONS WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

b. THERE ARE NO GOVERNMENTAL REGULATIONS OF ANY KIND, OTHER THAN THOSE FOR WHICH A VARIANCE HAS BEEN APPLIED FOR UNDER IREDELL COUNTY SUBDIVISION ORDINANCE REGULATIONS, WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

c. I UNDERSTAND THAT ENFORCEMENT OF DEED RESTRICTIONS AND ANY OTHER CONTRACTUAL AGREEMENTS IS NOT THE RESPONSIBILITY OF IREDELL COUNTY, WILL NOT BE UNDERTAKEN BY IREDELL COUNTY, AND IS THE SOLE RESPONSIBILITY OF THE PARTIES AFFECTED BY VIOLATIONS OF SUCH DEED RESTRICTIONS AND CONTRACTUAL AGREEMENTS.

6/16/08
DATE

MICHAEL RYON / MANAGER

NORTH CAROLINA
IREDELL COUNTY

I, A NOTARY PUBLIC FOR SAID COUNTY AND STATE DO HEREBY CERTIFY THAT MICHAEL RYON MANAGER OF BELLS CROSSING, LLC, PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT.

WITNESS MY HAND AND OFFICIAL SEAL,
THIS 16 DAY OF June, 2008.

NOTARY PUBLIC
MY COMMISSION EXPIRES 6/12/12

SURVEYORS CERTIFICATION

I, WILLIAM C. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK ____ PAGE ____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000, (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ____ PAGE ____; THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S.47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 20 DAY OF June A.D. 2008.

SEAL L-3390

PROFESSIONAL LAND SURVEYOR

L-3390
REGISTRATION NUMBER

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY OF IREDELL (NORTH CAROLINA). I FURTHER CERTIFY THAT ALL STREETS, UTILITIES, AND OTHER REQUIRED IMPROVEMENTS HAVE BEEN INSTALLED IN AN ACCEPTABLE MANNER OR OF THE INSTALLATION OF THE REQUIRED IMPROVEMENTS IN AN AMOUNT AND MANNER SATISFACTORY TO THE COUNTY OF IREDELL HAS BEEN RECEIVED, AND THAT THE PLING FEE FOR THIS PLAT, IN THE AMOUNT OF $ 2.00 HAS BEEN PAID. THIS PLAT HAS BEEN APPROVED BY THE SUBDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF IREDELL COUNTY.

6-18-08
DATE

SUBDIVISION ADMINISTRATOR

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, _____ REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

6-18-08
DATE

REVIEW OFFICER

ALL LOTS WITHIN THE BELLS CROSSING TO THE BEST OF MY KNOWLEDGE LIE WITHIN THE WS-IV PROTECTED AREA OR WS-IV CRITICAL AREA OF THE LAKE NORMAN/CATAWBA WATERSHED BASINS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

6-18-08
DATE

SUBDIVISION ADMINISTRATOR

THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

RECORD PLAT
OF SHEET 1 OF 3

BELLS CROSSING, PHASE 1

DAVIDSON TWSP., IREDELL CO., N.C.
SCALE: 1" = 100'
DATE OF SURVEY: NOVEMBER 01, 2007
DATE PLAT PREPARED: JUNE 10, 2008

DEVELOPER: BELLS CROSSING, LLC.
127-B PROMENADE DRIVE
MOORESVILLE, NC 28117

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville, N.C. 28117
(704) 664-7029 (704) 664-8041 Fax

FILE NAME: 13032.DWG

Paid $350.00 Statesville
Paid $500.00 Mooresville
PM 2-25-14

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
(✓) Septic Improvement Permit (✓) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 Rd St 250 Charlotte NC 28277 **Phone:** 704-366-5717

Owner Name: " **Address:** " **Phone:**

Property Information:

Street Address: 156 Leaning Tower Ln

Subdivision Name: Bells Crossing **Section/Phase:** 2 **Lot Number:** 33

Driving Directions: I-40W - R on Perth Rd - L into Bells Crossing - R onto N San Agustine Dr. - L onto Leaning Tower L - 5th Lot on Right

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: 5
Maximum Number of Occupants: 10
( ) 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: [signature] 2-24-14

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:

- 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:

- ____ **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: [signature] 2-24-14

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

See site plan

IREDELL COUNTY

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

APPLICATION NUMBER
181580
Issue Date: 02/25/2014

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4639955462.000	156 LEANING TOWER DRIVE	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: MERITAGE HOMES OF NC INC Address: 17851 N 85TH ST SCOTTSDALE, AZ 85255 Phone:	Applicant: MERITAGE HOMES OF NC I Address: 17851 N 85TH ST SCOTTSDALE, AZ 85255 Phone:	Contractor: MERITAGE HOMES OF NC I Address: 17851 N 85TH ST SCOTTSDALE, AZ 85255 Phone: License Type License Number

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SINGLE FAMILY HOUSE

Permit Details:

IMPROVEMENT PERMIT FEE	Amount:	.00
IMPROVEMENT PERMIT FEE	Amount:	500.00
Paid in Blackbear 10/22/13	Amount:	+ 350.00
	Amount:	
	Amount:	
	Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 02/25/2014

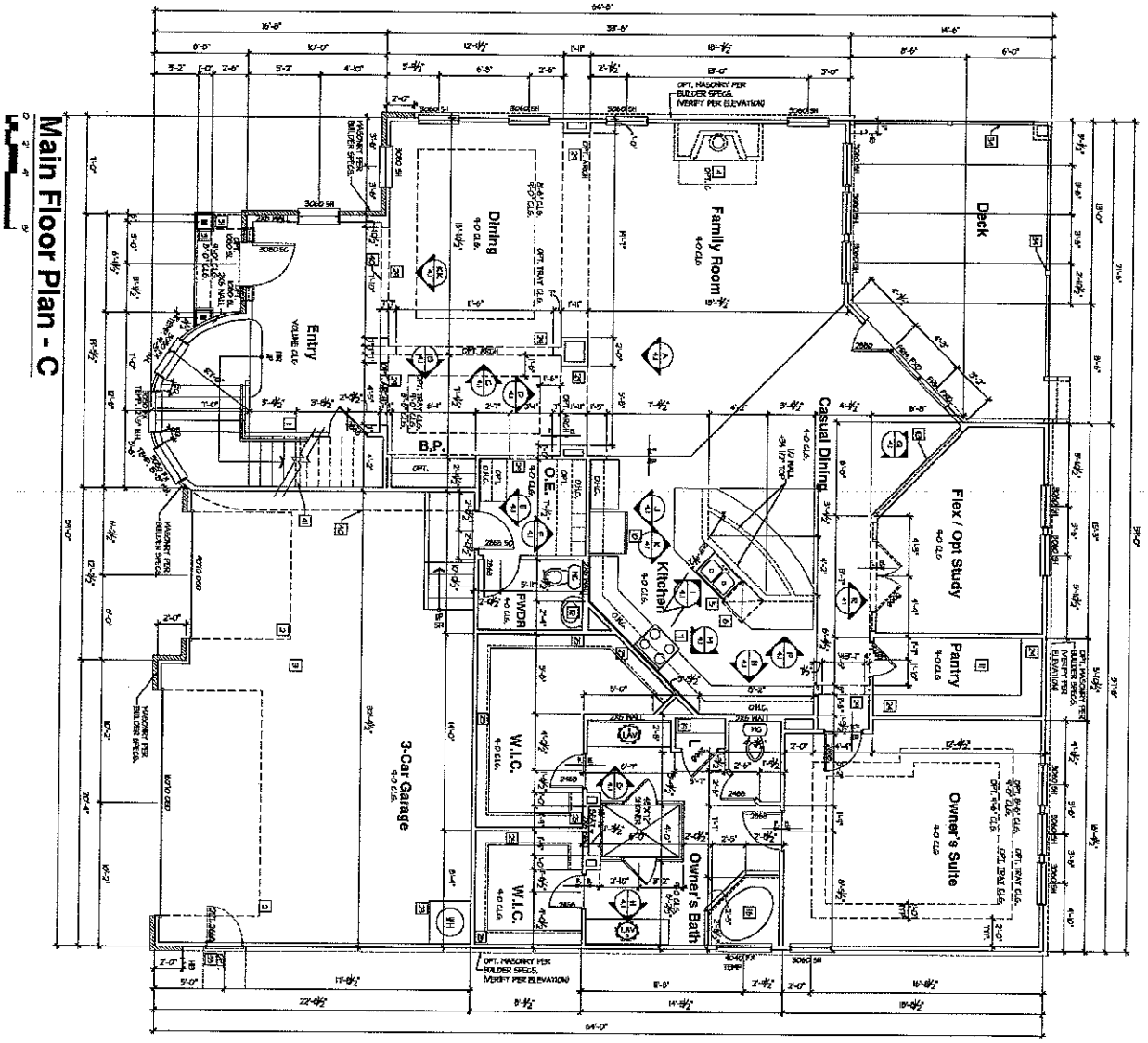
ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	6943	TOTAL FEES:	~~$ 500.00~~ 850.00

Acknowledgement Of Plans Submittal ONLY!

Date 12-11-14

Date 1-27-15



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

SQUARE FOOTAGES	
	0
	2850
	1551
	4398
	150
	218
	439
	5606

FLOOR PLAN NOTES:

SELECTION

THE FOLLOWING NOTATIONS REFERENCE THE SYMBOLS AS SHOWN ON PLANS.

1. 9' SOLID / SMOOTH, CLOSED FOR ALL
2. 8' SOLID / SMOOTH, CLOSED FOR ALL
3. 8' SOLID / SMOOTH, CLOSED FOR ALL
4. 8' SOLID / SMOOTH, CLOSED FOR ALL
5. 8' SOLID / SMOOTH, CLOSED FOR ALL
6. 8' SOLID / SMOOTH, CLOSED FOR ALL
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9. 8' SOLID / SMOOTH, CLOSED FOR ALL
10. 8' SOLID / SMOOTH, CLOSED FOR ALL
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13. 8' SOLID / SMOOTH, CLOSED FOR ALL
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48. 8' SOLID / SMOOTH, CLOSED FOR ALL
49. 8' SOLID / SMOOTH, CLOSED FOR ALL
50. 8' SOLID / SMOOTH, CLOSED FOR ALL

TYPICAL CONSTRUCTION ASSEMBLIES:

A. TYPICAL ROOF CONSTRUCTION
B. FRONT ELEVATION
C. SLAB ON GRADE FLOORS CONSTRUCTION
D. INTERIOR
E. ELECTRICAL
F. ROOF/ATTIC VENTILATION
G. INSULATION
H. WINDOWS
I. DOORS
J. GARAGE DOOR
K. STAIRS
L. FIREPLACE
M. CABINETS
N. MISCELLANEOUS

Meritage Homes

5400 Trinity Road
Suite 107
Raleigh,
North Carolina 27607
919-322-2285 Phone

ISSUE DATE: 01/17/2014

REVISIONS

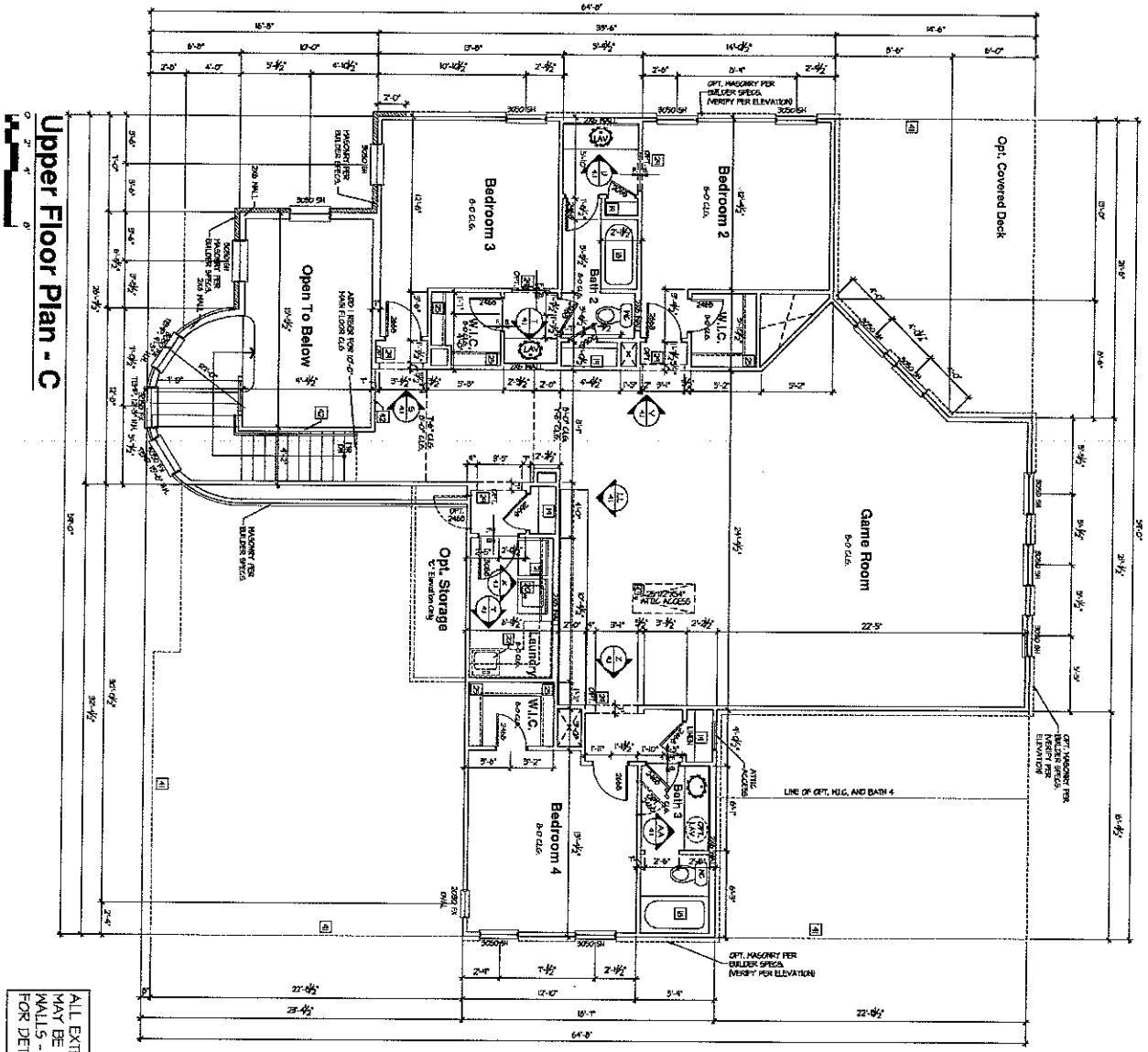
Plan 4551
A2.1C

MAIN FLOOR PLAN - C

Acknowledgement Of Plans Submittal ONLY!

Builder Date 12-11-14

City of Rocky Mount Date 1-27-15



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

FLOOR PLAN NOTES:

1. THE FOLLOWING KEYNOTES REFERENCE THE SYMBOLS AS SHOWN ON PLANS.
2. IF MAILING / MANIFOLD IS PROVIDED, ALL SUPPLY AND RETURN AIR DUCTWORK SHALL BE SEALED WITH MASTIC AT ALL JOINTS AND SEAMS PER MECHANICAL SPECIFICATIONS.
3. LAY OUT FOR FURNACE AND AIR CONDITIONING EQUIPMENT SHALL BE AS SPECIFIED BY BUILDER. INSTALLATION SHALL COMPLY WITH MANUFACTURER'S INSTRUCTIONS AND ALL APPLICABLE CODES.
4. PROVIDE ALL REQUIRED SMOKE DETECTORS AS SPECIFIED BY BUILDER. INSTALLATION SHALL COMPLY WITH LOCAL CODES AND BE TESTED AT FINAL INSPECTION.
5. SEE GARAGE DOOR SCHEDULE FOR GARAGE DOOR SIZES AND SWING.
6. DISHWASHER
7. RANGE
8. OVEN
9. REFRIGERATOR SPACE.
10. PEDESTAL SINK
11. 42" X 42" SHOWER
12. 60" X 60" SHOWER
13. 30" X 60" TUB/SHOWER
14. LINEN SHELVING PER BUILDER SPECS.
15. OPTIONAL LINEN CLOSET
16. OPTIONAL LAUNDRY SINK
17. OPTIONAL RECESSED CEILING
18. ELEVATED OR DROPPED FLOOR FOR WATER HEATER
19. ELEVATED OR DROPPED FLOOR FOR FURNACE PLATFORM PER BUILDER SPECS.
20. ATTIC ACCESS (22 1/2"X30" MIN.)
21. ATTIC ACCESS (22 1/2"X30" MIN.) LOCATE IN CLOSET WITH 30" CLEAR DOOR OPENING
22. OPTIONAL LAUNDRY SINK
23. OPTIONAL LAUNDRY CHUTE
24. 42" X 60" SHOWER
25. 60" X 60" SHOWER
26. 30" X 60" TUB/SHOWER
27. LINEN SHELVING PER BUILDER SPECS.
28. OPTIONAL LAUNDRY SINK
29. OPTIONAL LAUNDRY CHUTE
30. ELEVATED OR DROPPED FLOOR FOR FINISH.
31. SEPTIC - REFER TO EXTERIOR ELEVATION FOR ARCHITECTURAL DETAILS FOR FINISH.
32. FLAT SHELF, SEE EXTERIOR ELEVATION.
33. WALL NICH BELOW, ABOVE OR OPTIONAL LOCATION
34. 60" PEAK
35. OPTIONAL UPPER CABINETS
36. OPTIONAL RECESSED CEILING
37. BUILDER SPECS.
38. LINE OF FRAMING WALL BELOW
39. 2X6 LOW WALL 42" A.F.F.
40. 2X6 LOW WALL 42" A.F.F.
41. 42" HOME
42. HORIZONTAL LAUNDRY CHUTE
43. OPTIONAL RECESSED CEILING @ 8'-0" TO 8'-4"
44. LOW WALL 36" A.F.F.
45. 60" HAND LATCH OR LOCKING DOOR

TYPICAL CONSTRUCTION ASSEMBLIES:

A. TYPICAL ROOF CONSTRUCTION:
ASPHALT ROOF SHINGLES
B. TYPICAL FLOOR CONSTRUCTION:
FLOOR SHEATHING ON FLOOR TRUSSES OR JOISTS SIZES AS NOTED ON STRUCTURAL DRAWINGS.
C. TYPICAL EXTERIOR WALL CONSTRUCTION:
BRICK VENEER W/ CAVITY AND WEEPS AS REQUIRED BY SOILS REPORT, AND STRUCTURAL ENGINEER. BELOW VAPOR BARRIER PER BUILDER SPECS.
D. TYPICAL INTERIOR WALL CONSTRUCTION:
A. ALL ROOMS SHALL COMPLY WITH APPLICABLE REGULATIONS.
B. KITCHEN SHALL BE VENTED W/ RECIRCULATING OR EXHAUST FAN TO OUTSIDE AIR. EXHAUST FAN SHALL BE CAPABLE OF CLEARING GASEOUS OPENING OF 24" SQ. FT. WITH MIN. DIMENSION OF 24" IN HEIGHT AND WIDTH. EXHAUST OPENING NOT GREATER THAN 48" ABOVE FLOOR.
C. TYPICAL ROOM HEAD HEIGHT:
8'-0" A.F.F. @ 9'-1 1/8" PLATE HEIGHT (BMD)
9'-0" A.F.F. @ 10'-1 1/8" PLATE HEIGHT (BMD)
E. ELECTRICAL:
ALL ELECTRICAL AND MECHANICAL EQUIPMENT TO BE INSTALLED IN ACCORDANCE WITH MANUFACTURER'S RECOMMENDATIONS AND ALL APPLICABLE CODES.
F. PLUMBING:
PROVIDE BACK DRAFT DAMPERS @ DRYER EXHAUST, & SHOWER FANS.
G. ROOF:
ROOF PITCH AS NOTED ON ELEVATIONS.
H. ALL EXTERIOR DIMENSIONS ARE TO FACE OF SHEATHING UNLESS NOTED OTHERWISE.
I. ALL ANGLED PARTITIONS ARE 45° UNLESS NOTED OTHERWISE.
J. ALL WALLS ARE 2X4 @ 16" O.C. UNLESS NOTED OTHERWISE.
K. ALL EXTERIOR DIMENSIONS ARE TO FACE OF SHEATHING ARE TO THE FACE OF STUD.
L. ALL INTERIOR PARTITIONS ARE TO FACE OF STUD.
M. ALL ANGLED PARTITIONS ARE 45° UNLESS NOTED OTHERWISE.
N. DIMENSIONS NOTED "CLR." ARE TO BE MAINTAINED AS MINIMUM CLEAR DIMENSIONS.

Meritage Homes

5400 Trinity Road
Suite 107
Raleigh,
North Carolina 27607
919-322-2285 Phone

ISSUE DATE: 01/17/2014

REVISIONS

BSB DESIGN
www.bsbdesign.com
1001 Wyndover Parkway, Suite 201
Wake Forest, North Carolina 27587
919.570.0100

Plan 4551
A2.2C

PLAN NAME: UPPER FLOOR PLAN - C
PROJECT #: 14-0000
DRAWN BY: