ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317594

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

PIN # 4654 -68 -6551

APPLICANT/OWNER: Lakeshore Holdings, LLC APPLICANT ADDRESS: 627 Williamson Rd Ste 102 Mooresville NC

SITE ADDRESS: 125 Raleigh Dan Place Mooresville NC PHONE: 704-799-7609 ALT. PHONE -

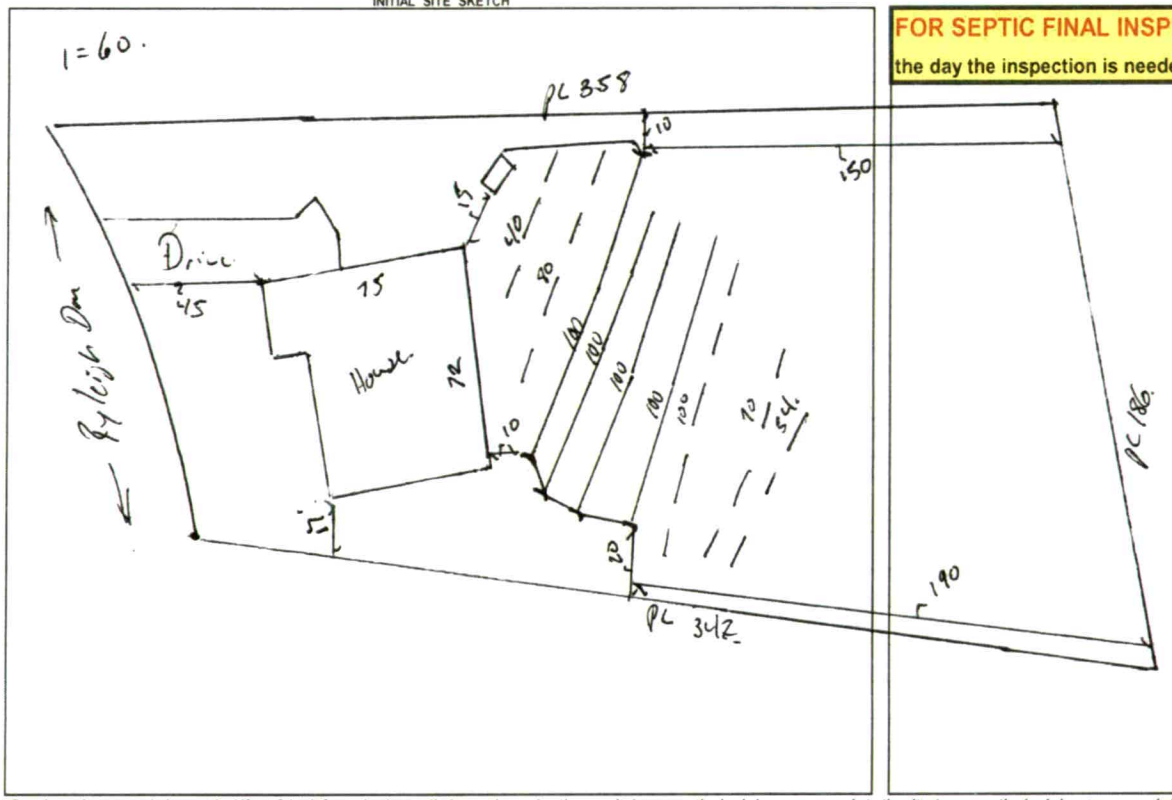
SITE DIRECTIONS: NC 115 to Davidson @ on Presbyterian @ Raleigh Dan Across from Silver Farm SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Pond SECTION: - LOT # 5 LOT AREA: 1.23 AC DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB 760	Date 5/27/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank		(gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons	8	☒ Private	
Pump Make		Model		Serial #	Repair System Description: CP-PPBPS - 50% Reduction		☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	4	Linear Ft 400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth	36 in max	Gravel Depth	—	☐ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing		

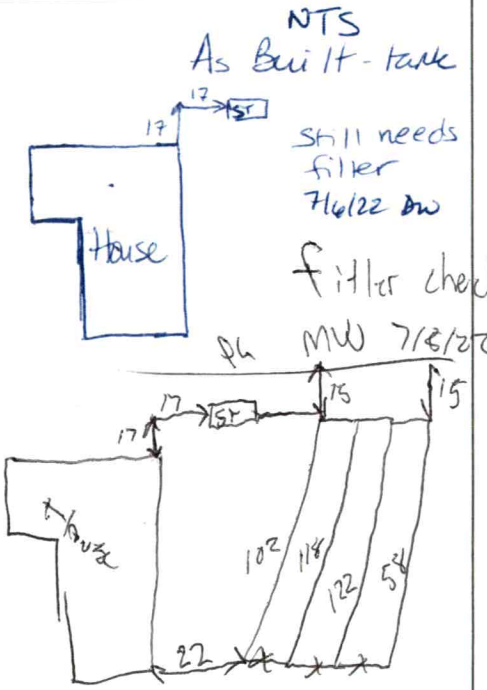
Comments / Conditions: Install Septic Drawings on the Contour of the Land
While Septic Tank Setting, Drive, Park, Pave, grade or Buy
Utilities in Drainfield Area.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Date: 2/21/22 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Date: 2-14-22 OPERATION PERMIT by: Date: 7/6/22

AUTHORIZATION TO CONSTRUCT by: Date: 2-14-22. Existing System Inspected by: Date:

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

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Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317594

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

PIN # 4654 --68 --6551

APPLICANT/OWNER: Lakeshore Holdings, LLC APPLICANT ADDRESS: 627 Williamson Rd Ste 102 Mooresville NC

SITE ADDRESS: 125 Raleigh Dan Place Mooresville NC PHONE: 704-799-7609 ALT. PHONE -

SITE DIRECTIONS: NC 115 to Davidson Co on Presbyterian Co Raleigh Dan Across from Silver Farm SAP CONTROLLED: ☐ YES ☒ NO

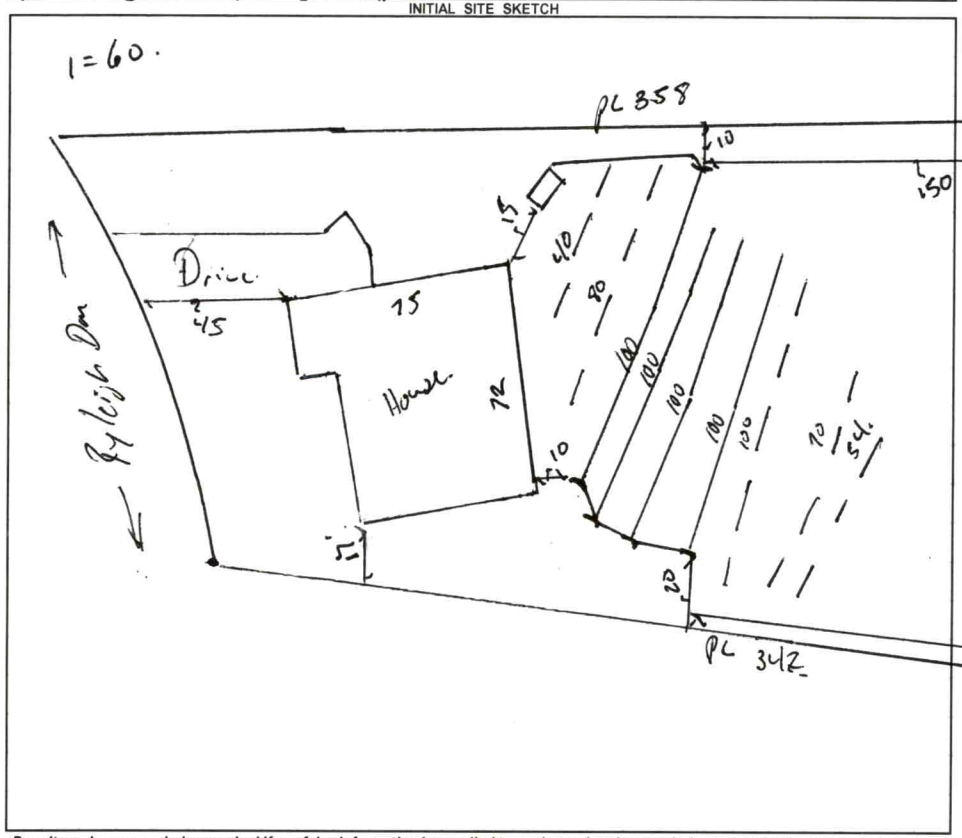
SUBDIVISION: Davidson Pond SECTION: - LOT # 5 LOT AREA: 1.23 AC DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	760	Date	5/27/22	☒ 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:	LP-PPBPS - 50% Reduction			
# Nitrification Fields	1		# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36		Trench Bottom Depth	36in max	Gravel Depth	-		☐ 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

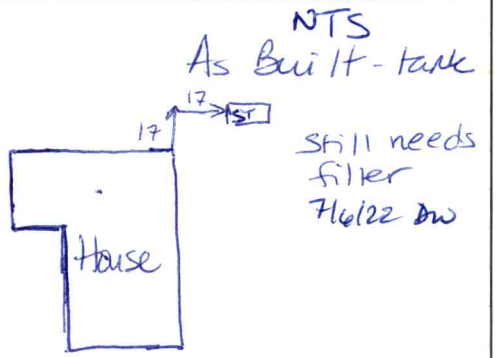
Comments / Conditions: Install Septic Drawings on the Contour of the Land while Serial Distribution. Drive, Park, Pave, grade or lay utilities in drainfield area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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

Owner / Applicant Signature: Date: 2/21/22 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Benjamin A Boles Date: 2-14-22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boles Date: 2-14-22. Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317594

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

PIN # -- --

APPLICANT/OWNER: Oak Springs, LLC APPLICANT ADDRESS: PO Box 5350 Mooresville, NC

SITE ADDRESS: 125 Ryleigh Dan Place Mooresville NC PHONE: 704-799-7609 ALT. PHONE

SITE DIRECTIONS: Mercklenburg Hwy @ Presbyterian, Ryleigh Dan Place on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Pond SECTION: - LOT # 5 LOT AREA: 1.23 AC DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	-	(gal)	PT	-	Date	-			
Pump Make	-	Model		-	Serial #	-			
# Nitrification Fields	1	# Lines	4		Linear Ft	400			
Trench Width	36	Trench Bottom Depth	36 in max		Gravel Depth	-			

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: LP-PPBPS-50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

No. Bedrooms 4 No. Persons 8 No. Employees ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic Drainlines on the contour of the land. Utilize Serial distribution. Do not Drive, park, pave, grade or bury utilities in Drain Field Areas.

INITIAL SITE SKETCH

See attached Site Plan & Design by Paul Perringer & ICHD dated 7-2-21

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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☐ **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: 9/21/21 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Butler Date: 7/15/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

* Limited Redraw *

BB

RECEIVED JAN 20 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-317594 $105.00

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: (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: 125 Ryleigh Dan Place

Subdivision Name: Davidson Pond **Section/Phase:** **Lot Number:** 5

Driving Directions: NC 115 towards Davidson to left on Presbyterian Rd. Turn left on to Ryleigh Dan Place. Ryleigh Dan Place is across from Sink Farm Rd.

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

(×) 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
(×) 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 ( ) 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: per IP

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: for Lakeshore Holdings, LLC dba Lakemist Homes — 1-18-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

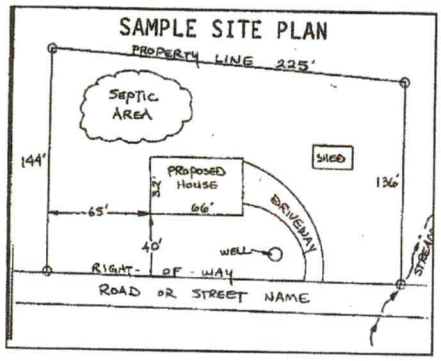
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

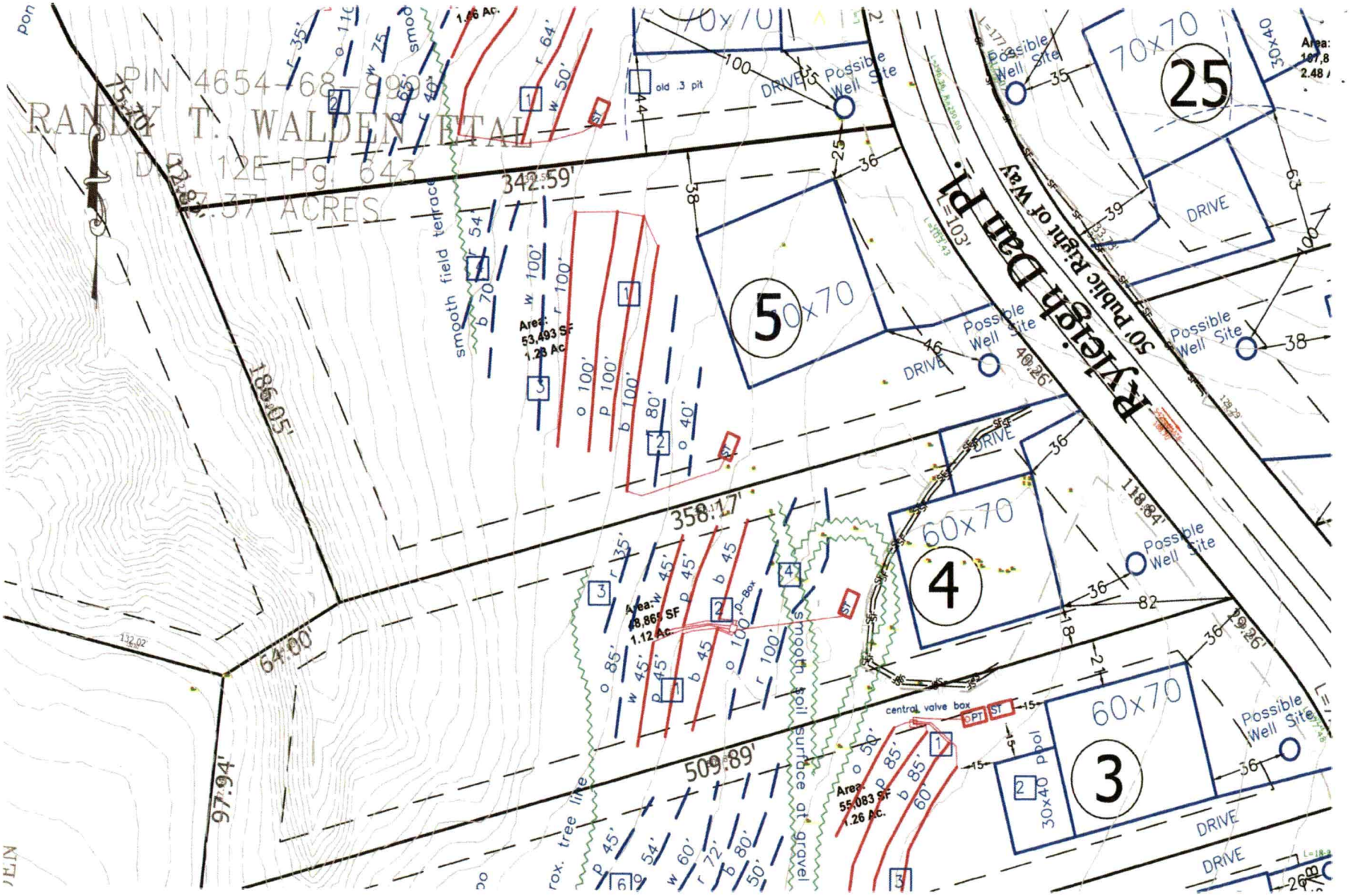
see attached

Signature: _____ Lakeshore Holdings, LLC dba Lakemist Homes

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

1-12-22

DATE



Oaksprings, LLC – Davidson Pond Subdivision – Lot 5 Septic Site Plan 7.2.21

Base site plan from PDAPA. House pad and lot lines staked by PDAPA. Approx. proposed septic lines sketched on site plan by Penninger Soil Consulting. Refer to flags in field. Any proposed well or septic system must be approved and permitted by the ICHD. Refer to ICHD permit for system type and specifications.

GRAPHIC SCALE

0 30 60 120

1 inch = 60 feet

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, Oak Springs, LLC, am the legal owner(s) of the property located at 125 Ryleigh Dan Place, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aaron Feldman, Lakeshore Holdings, LLC, 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

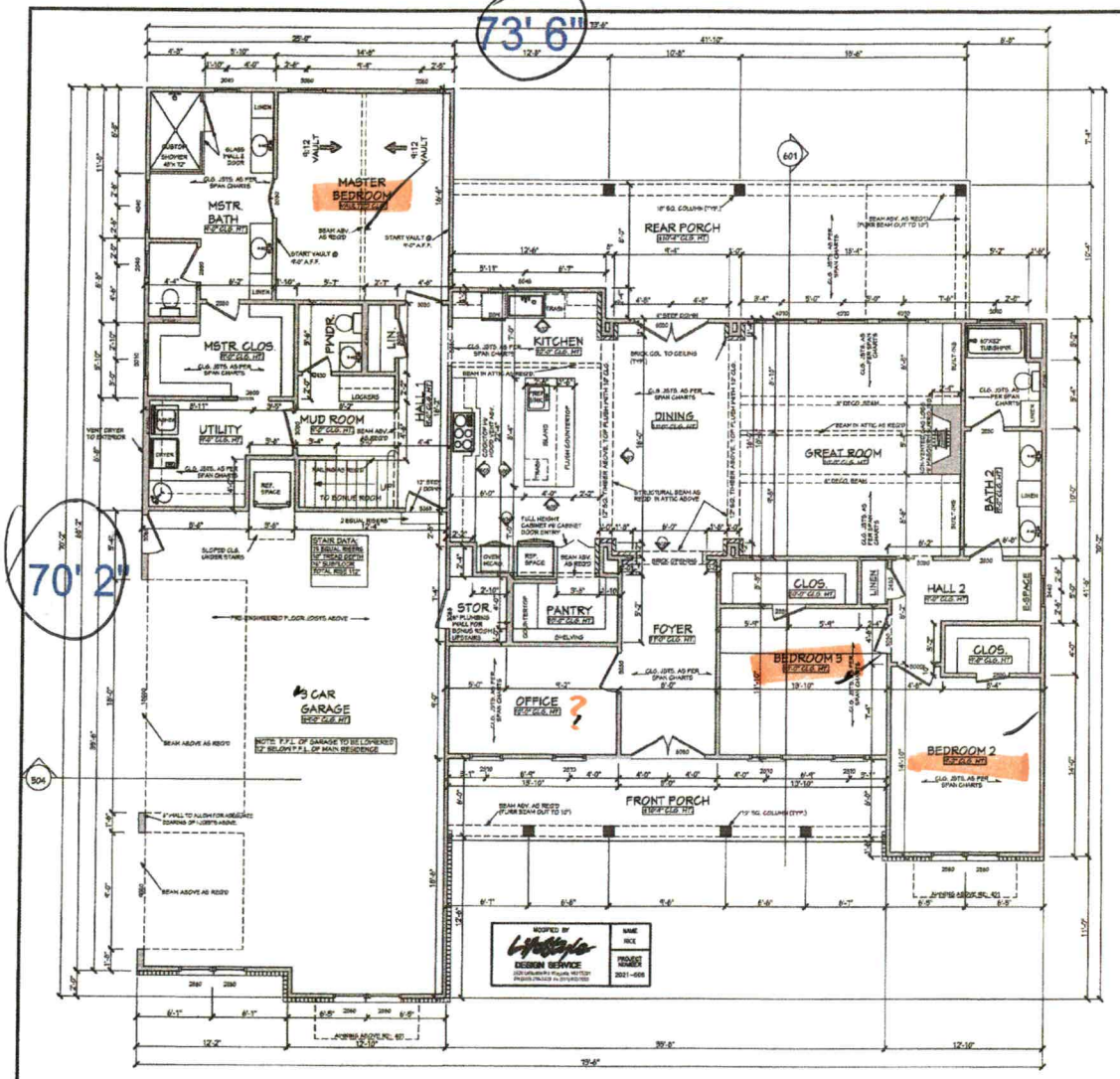
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

for Lakemist Homes — Lakeshore Holdings, LLC dba Lakemist Homes — 1-12-22

Signature of Owner(s) — 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



NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2018, R312.1.1 & R312.1.2
8. M1305.1.2 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 20 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
A. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
B. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. M1305.1.1
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2018 R310.2.1.
EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2018.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2018 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2018, M1505.2

AREAS:		
2553	S.F. HEATED - NOT INCLUDING MASONRY	
558	S.F. UNHEATED - BONUS ROOM	
214	S.F. UNHEATED - FRONT PORCH	
922	S.F. UNHEATED - THREE CAR GARAGE	
403	S.F. UNHEATED - REAR PORCH	
80	S.F. UNHEATED - STORAGE	
2127	S.F. UNHEATED - TOTAL	
4680	S.F. TOTAL UNDER ROOF	

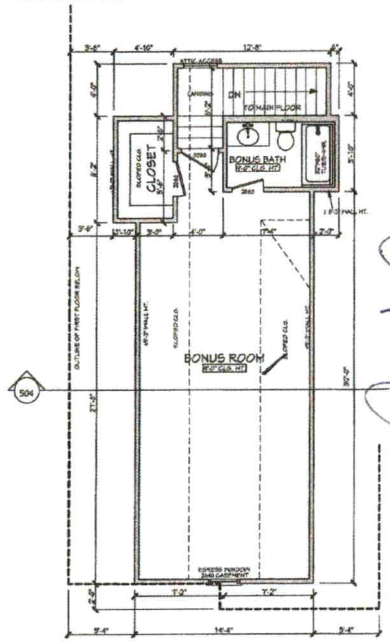
NOTE: CONTRACTOR TO LOCATE HVAC AND WATER HEATER UNITS AT SITE.

MAIN FLOOR PLAN

SCALE: 1/4" = 1'-0"

Important:

Contractor/Builders shall verify all conditions and dimensions before beginning construction. Any discrepancies shall be reported to LifeStyle Design Service for justification and/or corrections before proceeding with work. Contractor/Builders shall assume responsibility for all errors that are not reported. (888) 266-3439



BONUS ROOM FLOOR PLAN

SCALE: 1/4" = 1'-0"

Per Lot 1-12-22

HOUSE PLAN ZONE
Designing Homes Building Relationships

Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.936.3254
Fax: 1.800.574.1381

N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATION
JONATHAN L. BOONE CERTIFIED ID 20-10

Pre-Drawn Plan ID: BB-2553R-3C

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Date: 09/24/19
Drawn By: R.B.W.

SHEET NUMBER 3