Site Address: 182 Rain Shadow Dr., Mrvl 28115 · 10:30

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 14902423521Z PIN# ~~4676956326.000~~ 4676-84-8863 DATE 8-14-2008

OWNER OR APPLICANT DAVID R. MCKAY LLC PHONE: Business 664-9080 Home

ADDRESS 505 TEETER RD. MOORESVILLE, NC 28115

LOCATION I52-E TR TEETER RD. APPROX. 2 MI ON LT 8TH LOT ON RT

SUBDIVISION Holly Brook BLOCK / SECTION — LOT 8 LOT AREA 1.003 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .275 GPD/FT²

Septic Tank 1000 Gallons: ST8 760 Date 7-8-18
Pump Tank ____ Gallons: PT ____ Date ____
Pump Make ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 440
No Lines 4 Trench Width 36" Max Trench Bottom Depth 32"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION
Repair System Description: 4P-PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: INSTALL WITH 32" TRENCH BOTTOM.
* WELL MUST BE LOCATED MINIMUM 100' FROM SEPTIC SYSTEM.

Comments/Conditions:

INITIAL SITE SKETCH

* SEE PLANS FROM WASTEWATER SOLUTIONS & STEVE CURLEY GSS CONSULTANTS INC.

AS BUILT SKETCH

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 9/26 | BB. |
| Tanks Checked | 9/25 | KW |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Y / N | Not Required | |

* Checked 2/4 drain lines on 9/25 KW

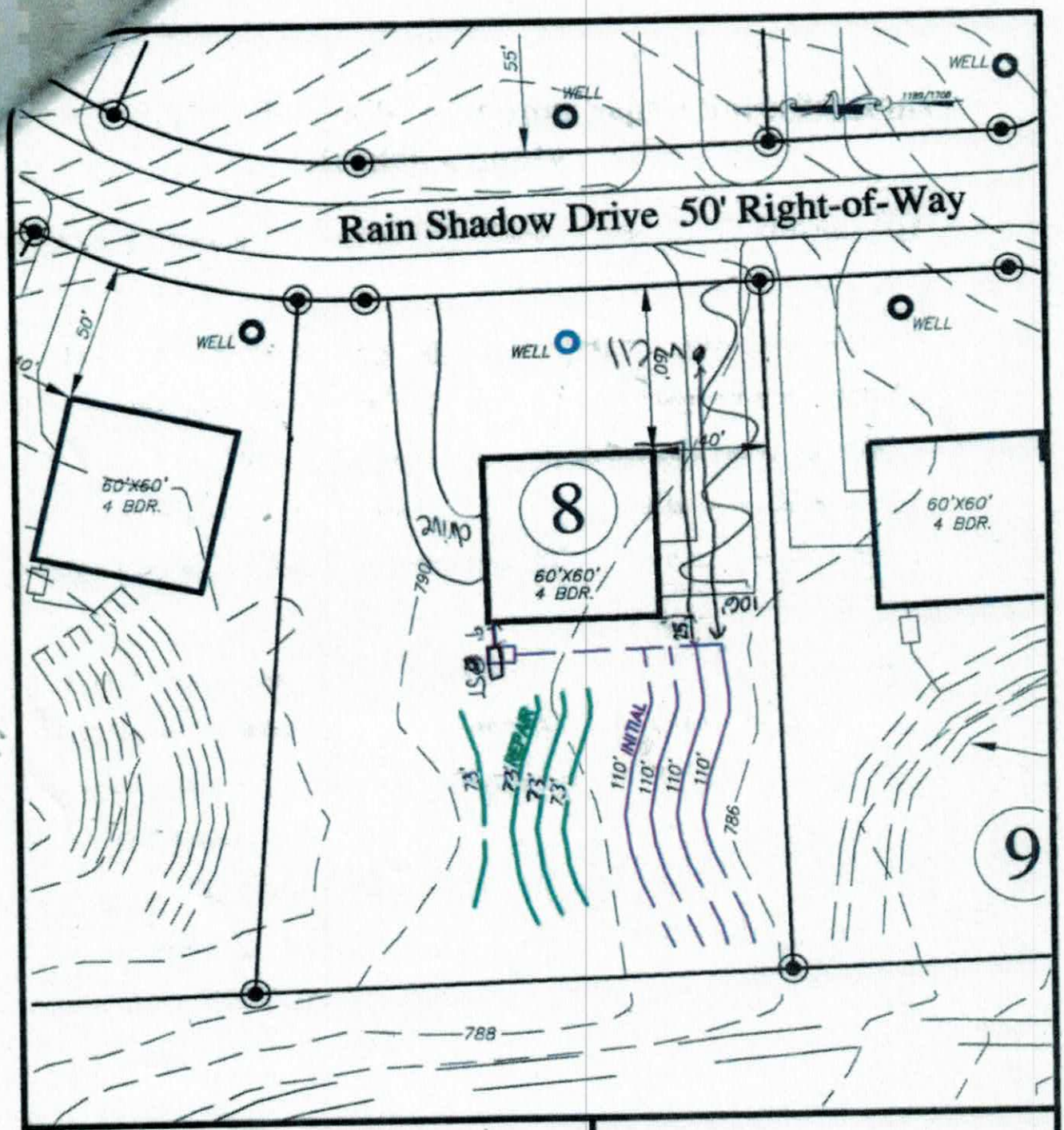
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 11-13-08 10-7-08 Installed by: Specialty Septic

Improvement Permit by: [signature] R.S. date 8-15-08 CPM Operation Permit by: Benjamin A Bolton date 9/26/2018

Authorization to Construct by: Kayla Watson date 5-4-18 Existing System Inspection by: ____ date ____

HEALTH DEPT COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK




# Hollybrook

FOR

DAVID R. MCKAY, LLC. & BETTY MCKAY, LLC.

505 TEETER ROAD
Mooresville, NC 28115
(704) 664-9080

IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 8

BAR SCALE 1"=50'

0 25 50 100

# Hollybrook Subdivision Septic Specifications
# Iredell County , NC

Lot # 8 Type of Water Supply Well Number of Bedrooms 4 GPD Flow 480

**Type of Initial System** 3g -25% Gravity ✓ Pump ____ LTAR 0.275

Total Linear feet of drain line 440 ' Type of Distribution System Serial

____ Number of Trenches 4 Trench Width and Length 3'x110' If

Variable Length Lines List Separately ____ Minimum Trench Spacing 9' o/c

Trench Depth 24 32 in. Septic Tank Size 1000 gal. Pump Tank Size ____ gal.

**Type of Repair System** 4g PPBPS Gravity ____ Pump ✓ LTAR 0.275

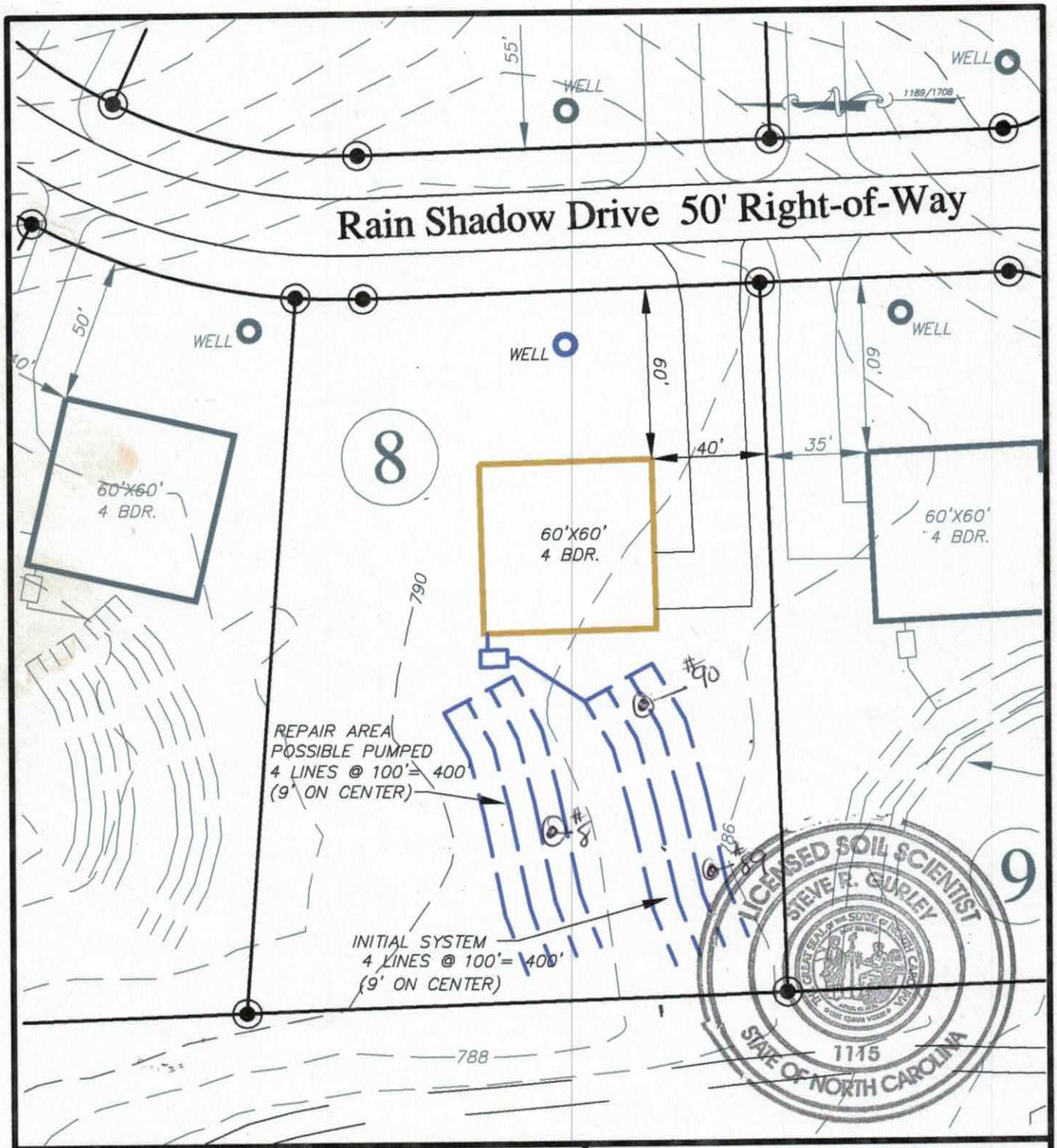
Total Linear Feet of drain line 292 ' Type of Distribution System LP

Number of Trenches 4 Trench Width and Length 3'x73'

If Variable Length List Separately ____

Minimum Trench Spacing 9' o/c

Trench Depth 36 in. Septic Tank Size 1000 gal. Pump Tank Size 1000 gal.




# *Hollybrook*

FOR

DAVID R. MCKAY, LLC. & BETTY MCKAY, LLC.

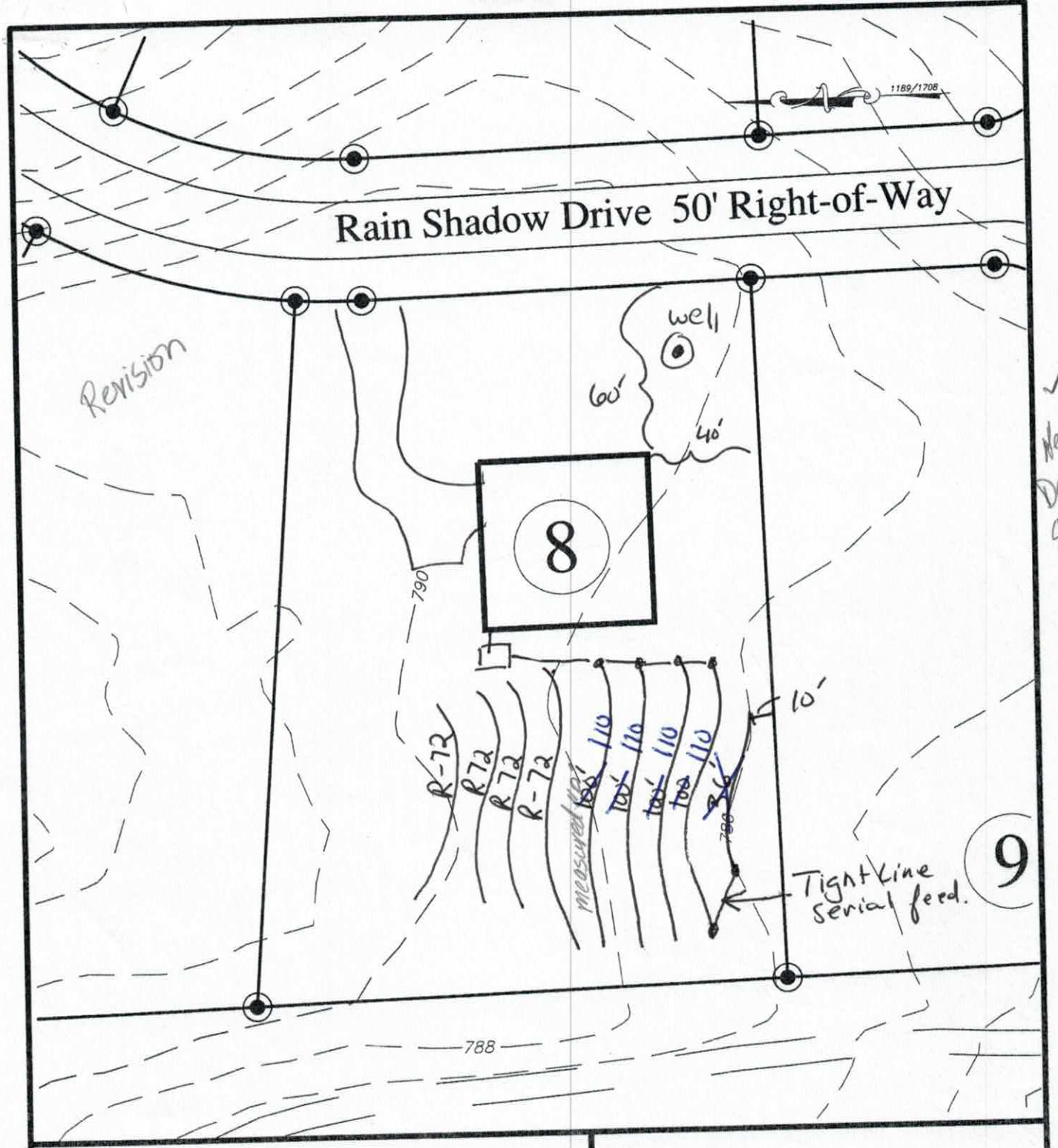

***505 TEETER ROAD***
***Mooresville, NC 28115***
***(704) 664-9080***


IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 8

BAR SCALE 1"=50'

0 25 50 100




Need Data Sheet

# *Hollybrook*

FOR

DAVID R. MCKAY, LLC. & BETTY MCKAY, LLC.

*505 TEETER ROAD*
*Mooresville, NC 28115*
*(704) 664-9080*

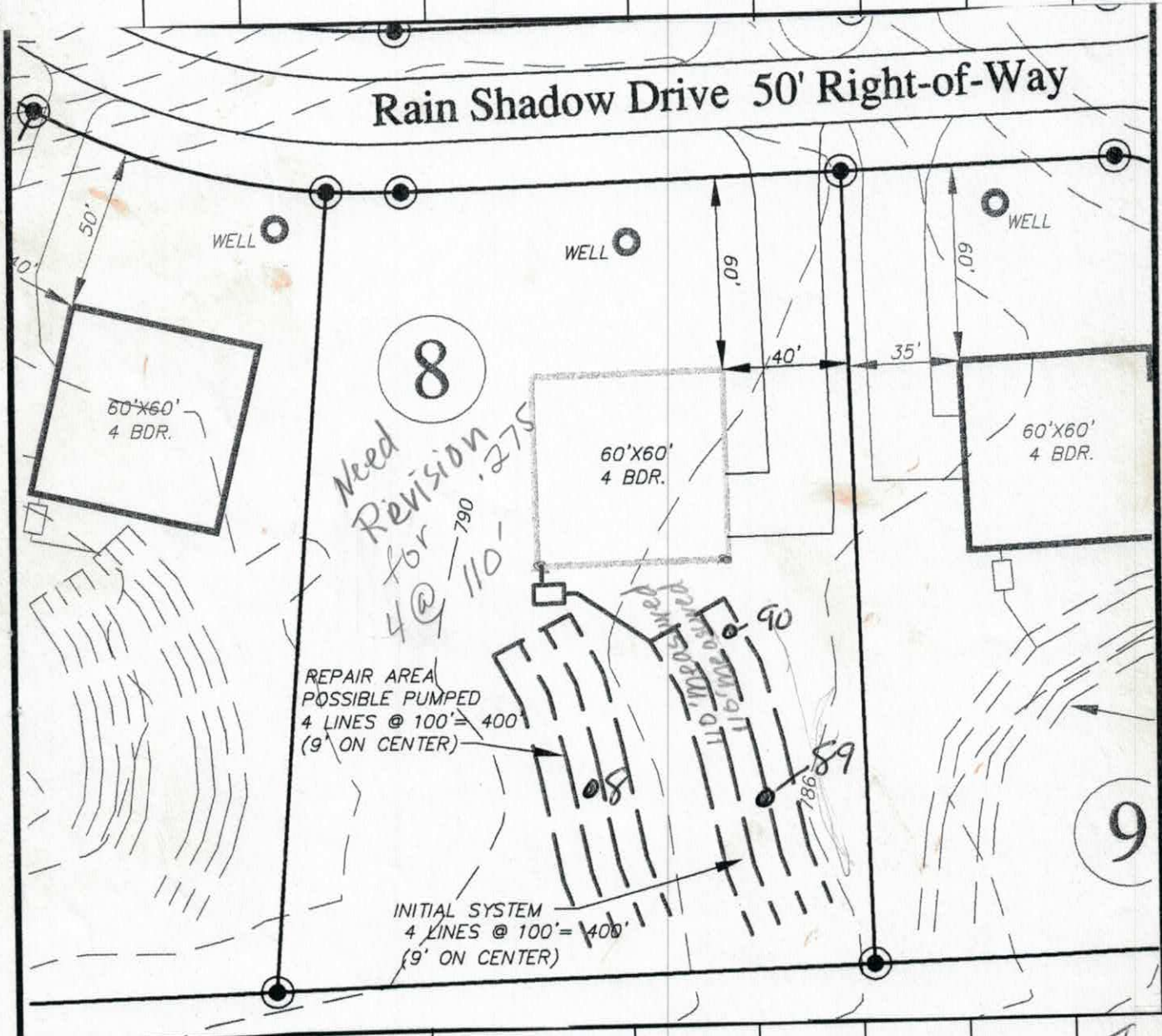
IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 8

BAR SCALE 1"=50'

0 25 50 100

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 8 | As (7) | Ab 0-5 | SBK | SCL | SEXP, FR, S, SP | 2.5YR 4/6 As B+2 in (L) | 36" | N/A | 36" to CB | IV 0.3 Hor .3 OK |
| | | B+1 5-18 | " | C | " " " P | | | | | |
| | | B+2 18-36 | " | C | " " " P | | | | | |
| | | CB 36-48+ | " | SL | " " " SP | | | | | |




| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 89 | As 88 | Ab 0-4 | SBK | CL | SEXP FR S SP | 2.5YR 4/8 | 48"+ | N/A | N/A | IV 0.3 Hor .3 OK |
| | | Bt 4-42 | " | C | " " " P | | | | | |
| | | BC 42-48+ | " | CL | " " " P | | | | | |
| 90 | As 88 | Ab 0-2 | SBK | CL | SEXP FR S SP | 5YR 4/6 2.5YR 4/8 | 48"+ | N/A | N/A | IV 0.3 Hor .275 Install @ 32" max 36" |
| | | Bt1 2-34 | " | C | " " " P | | | | | |
| | | Bt2 34-48+ | " | " | " " " " | | | | | |

Dark streaks w/ rock layer at 10"

# SOIL/SITE EVALUATION

*(Continuation Sheet)*



DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 5 | As (1) | AB 0-6 | SBK SCL | SEXP FR S SP | 10YR 4/6 | 48"+ | N/A | N/A | IV 0.3/ac |
| | | B+1 6-28 | " C | " " " P | | | | | |
| | | B+2 28-48+ | " C | " " " " | 10YR 4/6 Matrix w/ 10YR 6/6 Secondary | | | | |
| 6 | CV 4-8% smooth | AB 0-8 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 | 48"+ | N/A | N/A | IV 0.3/ac |
| | | B+1 8-38 | " C | " " " P | | | | | |
| | | B+2 38-48+ | " C | " " " " | 2.5YR 4/6 Matrix w/ 2.5YR 6/6 Secondary | | | | |
| 7 | CV 2-6% Smooth | AB 0-6 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 As B+2 in (6) | 42" | N/A | Depth to CB 42" | IV 0.3/ac |
| | | B+1 6-26 | " C | " " " P | | | | | |
| | | B+2 26-42 | " C | " FI " " | | | | | |
| | | CB 42-48+ | " SCL | " FR " SP | | | | | |
| 8 | As (7) | AB 0-5 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 As B+2 in (6) | 36" | N/A | 36" to CB | IV 0.3/ac |
| | | B+1 5-18 | " C | " " " P | | | | | |
| | | B+2 18-36 | " C | " " " P | | | | | |
| | | CB 36-48+ | " SCL | " " " SP | | | | | |
| 9 | As (7) | EA 0-23 | SBK SCL/SL | SEXP FR SS SP | 2.5YR 4/6 | 48"+ | N/A | N/A | IV 0.3/ac |
| | | B+ 23-48+ | " C | " " S P | | | | | |

COMMENTS: _____

# SOIL/SITE EVALUATION

*(Continuation Sheet)*



DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
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| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| ~~86~~ 87 | ~~AS~~ 82 | Ap 0-2 | SBK CL | SEXP FR S P | 2.5YR 4/8 | 48"+ | N/A | N/A | IV 0.3 ltar |
| | | Bt 2-48+ | " C | " " " " | | | | | |
| ~~87~~ 88 | ~~AS~~ 82 | Ap 0-2 | SBK CL | SEXP FR S SP | 2.5YR 4/8 | 48"+ | N/A | N/A | IV 0.3 ltar |
| | | Bt 2-48+ | " C | " " " P | | | | | |
| ~~88~~ 89 | L 2-6 smooth | Ap 0-4 | SBK CL | SEXP FR S SP | 5YR 4/6 | 48"+ | N/A | N/A | IV 0.3 ltar |
| | | Bt 4-48+ | " C | " " " P | | | | | |
| 89 | AS 88 | Ap 0-4 | SBK CL | SEXP FR S SP | 2.5YR 4/8 | 48"+ | N/A | N/A | IV 0.3 ltar |
| | | Bt 4-42 | " C | " " " P | | | | | |
| | | BC 42-48+ | " CL | " " " P | | | | | |
| 90 | AS 88 | Ap 0-2 | SBK CL | SEXP FR S SP | 5YR 4/6 2.5YR 4/8 | 48"+ | N/A | N/A | IV 0.3 ltar |
| | | Bt1 2-34 | " C | " " " P | | | | | |
| | | Bt2 34-48+ | " " | " " " " | | | | | |

COMMENTS: _____

# SOIL/SITE EVALUATION

*(Continuation Sheet)*



DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 5 | As (1) | AB 0-6 | SBK SCL | SEXP FR S SP | 10YR 4/6 | 48"+ | N/A | N/A | IV 0.3/tac |
| | | B+1 6-28 | " C | " " " P | | | | | |
| | | B+2 28-48+ | " C | " " " " | 10YR 4/6 Matrix w/ 10YR 6/6 Secondary | | | | |
| 6 | CV 4-8% smooth | AB 0-8 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 | 48"+ | N/A | N/A | IV 0.3/tac |
| | | B+1 8-38 | " C | " " " P | | | | | |
| | | B+2 38-46+ | " C | " " " " | 2.5YR 4/6 Matrix w/ 2.5YR 6/6 Secondary | | | | |
| 7 | CV 2-6% Smooth | AB 0-6 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 As B+2 in (6) | 46" | N/A | Depth to CB 46" | IV 0.3/tac |
| | | B+1 6-26 | " C | " " " P | | | | | |
| | | B+2 26-46 | " C | " FI " | | | | | |
| | | CB 46-48+ | " SCL | " FR " SP | | | | | |
| 8 | As (7) | AB 0-5 | SBK SCL | SEXP FR S SP | 2.5YR 4/6 As B+2 in (6) | 36" | N/A | 36" to CB | IV 0.3/tac |
| | | B+1 5-18 | " C | " " " P | | | | | |
| | | B+2 18-36 | " C | " " " P | | | | | |
| | | CB 36-48+ | " SCL | " " " SP | | | | | |
| 9 | As (7) | EA 0-23 | SBK SCL/SL | SEXP FR SS SP | 2.5YR 4/6 | 48"+ | N/A | N/A | IV 0.3/tac |
| | | B+ 23-48+ | " C | " " S P | | | | | |

COMMENTS: _____

# IREDELL COUNTY HEALTH DEPARTMENT

## Application For Improvement Permit and/or Authorization To Construct, 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 | Work Phone |
|---|---|---|---|
| Wastewater Solutions | 4711 Rocking Horse Dr. Maiden, | | 980-429-1580 |
| David McKay (Owner Name) | 505 Teeter Rd. Mooresville, | | 704 664-9080 |

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| | Holly Brook | Lot #8 |

Driving Directions: Hwy 150-E Rt on Teeter Rd go ≈ 2 mi. left into Holly Brook Subdiv., 5th lot on Rt.

**********

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

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)*

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

4-25-08
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

*Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Century Communities Southeast, LLC., am the legal owner(s) of the property located at Hollybrook Lot 8- 182 Rain Shadow Drive, identified as PIN (Parcel Identification Number) 4676-84-8863, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athana, Michael Athanas & Associates, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

Signature of Owner(s) 4/25/18 Date

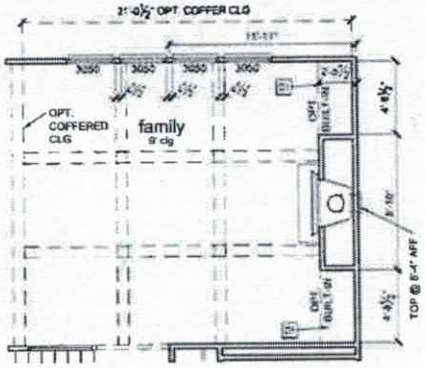
Rhonda Burtard Signature of Witness 4/25/18 Date

Please return this signed form to the appropriate office:

**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

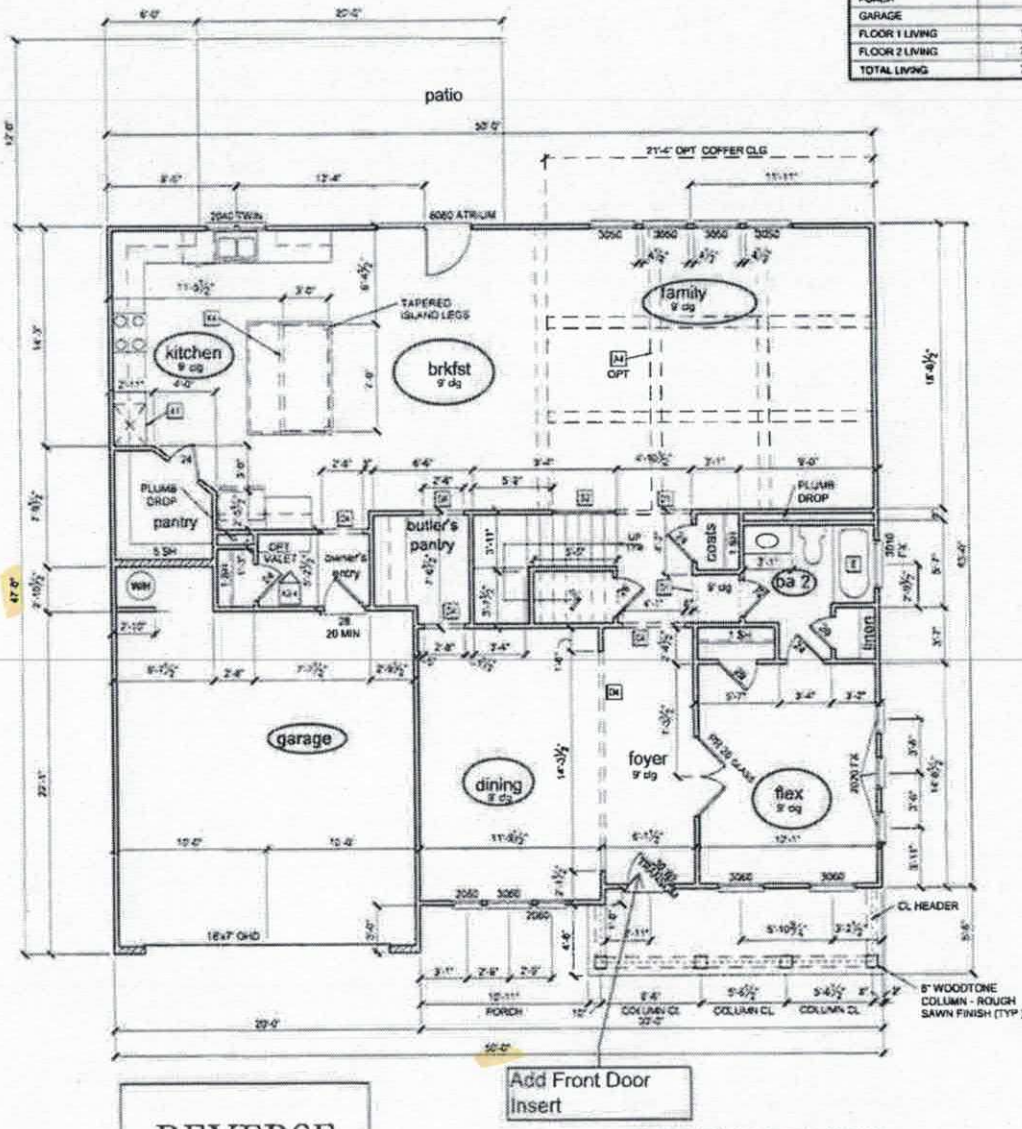
# Hollybrook - Lot 8
# 182 Rain Shadow Dr.




**fireplace**
1/8" = 1'-0" at 11X17

## AREA TABULATION

| | |
|---|---|
| PORCH | 113 SF |
| GARAGE | 455 SF |
| FLOOR 1 LIVING | 1,785 SF |
| FLOOR 2 LIVING | 2,203 SF |
| TOTAL LIVING | 3,988 SF |




**FIRST FLOOR PLAN 'B'**
1/8" = 1'-0" @ 11x17

## NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS.
2. EXTERIOR & LOAD BEARING WALLS SHALL BE 16" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WITH DOUBLE TOP PLATE U.N.O.
3. INTERIOR NON-BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 W/VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (2) HOSE BIBS SHALL BE INSTALLED. LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR.

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (FOR STRUCTURALS)

## KEYNOTES

- A1 OVEN (-MICRO) OR DOUBLE OVEN OPTIONAL DIR. INCLUDED PER COMMUN FT SPECS
- A2 GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL
- A3 22"X30" 4 TTIC ACCESS CONSTRUCTED W/1-1/4" SAF TYPE X GYP AND DOOR TRIM FRAME ACCESS SUPPORT
- A4 COFFERED CEILING PER SHEET CO.2
- D1 DRYWALL SOFFIT - 12" DROP FROM CEILING LINE
- D2 DRYWALL SOFFIT - 8" DROP FROM CEILING LINE
- D3 8' TALL DRYWALL OPENING, WIDTH PER PLAN
- D4 8' TALL CASED OPENING WIDTH PER PLAN
- D5 8'-10" TALL CASED OPENING WIDTH PER PLAN
- K1 36" KNEE WALL WITH TILE CAP
- K2 36" KNEE WALL WITH 1x CAP
- K3 42" KNEE WALL WITH 1x CAP
- K4 34 1/2" KNEE WALL
- P1 OPT. LAUNDRY SINK
- P2 (3) 2X4 CURB WITH CULTURED MARBLE CAP
- P3 18" HIGH SLOPED BONUS BEAT WITH TILE FINISH - SEE DETAIL PER SHEET CO.4
- P4 22" HIGH TUB DECK PLATE DRW - DETAILS PER SHT CO.4
- A 34"x48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
- B 42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
- C 42" X 60" OVAL LAWSON TUB - DROP-IN
- D 60"x72" LAWSON TUB - DROP-IN
- E 30 X60" TUB PER SPECS
- F SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
- G SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOWS
- H 48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
- S1 BOX STAIR WITH 36" KNEE WALL & 1X CAP
- S2 BOX STAIR WITH OPEN RAIL
- S3 EXPOSED TREAD W/OPEN RAIL
- S4 OPEN RAIL WINTER/MEDIATE NEWEL AS REQ'D PER CODE

REVERSE

Acknowledgement Of Plans Submittal ONLY!

Date

Date 5-4-18

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

Century Communities expressly reserves its common law copyright and other property rights in these plans. These plans are not to be copied, reproduced, or changed, in any form and or manner whatsoever nor are they to be assigned to a third party without first obtaining written permission and consent of Century Communities.

CENTURY COMMUNITIES

PLAN NUMBER 7030

RELEASE DATE: 2.17.17

MODEL: HAWTHORN 'B'

DRAWING TITLE: 1ST FLOOR PLAN

SHEET NO: A3.1B

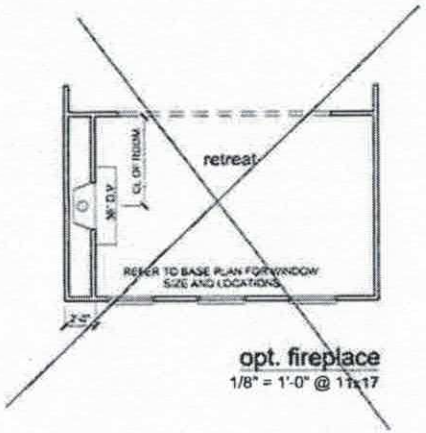
## KEYNOTES

| | | | |
|---|---|---|---|
| A1 | OVEN + MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS | P3 | 18" HIGH SLOPED BENCH SEAT W/ 1x4 TILE FINISH SEE DETAIL PER SHEET D3.4 |
| A2 | GARAGE CEILING - 3/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL | P4 | 20" HIGH TUB DECK PLATFORM DETAILS PER SHT D3.4 |
| A3 | 22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACCESS CLIPPOUT | A | 34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS GLASS ENCLOSURE |
| A4 | COFFERED CEILING PER SHEET D3.2 | B | 42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT |
| D1 | DRYWALL SOFFIT - 12" DROP FROM CEILING LINE | C | 42" X 60" OVAL LAMINATE TUB - DROP IN |
| D2 | DRYWALL SOFFIT - 8" DROP FROM CEILING LINE | D | 42"X72" LAMINATE TUB - DROP IN |
| D3 | 6" TALL DRYWALL OPENING WIDTH PER PLAN | E | 32"X60" TILE PIPE SPACE |
| D4 | 8" TALL CASED OPENING W/ 3/4" PER PLAN | F | SHOWER TILE FLOOR / WALLS, TILE WALL "TO DECK AND A" ALL SIDES OF WINDOW(S) |
| D6 | 6'-10" TALL CASED OPENING WIDTH PER PLAN | G | SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE |
| K1 | 30" KNEE WALL W/ TILE CAP | H | 48"X48" SHOWER PAN WITH TILE WALLS GLASS ENCLOSURE |
| K2 | 36" KNEE WALL WITH 1x CAP | S1 | BOX STAIR WITH 36" KNEE WALL & 1x CAP |
| K3 | 48" KNEE WALL WITH 1x CAP | S2 | BOX STAIR W/ 4 OPEN RAIL |
| K4 | 34 1/2" KNEE WALL | S3 | EXPOSED TREAD W/OPEN RAIL |
| P | OPT. LAUNDRY SINK | S4 | OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE |
| P2 | (2) 2x4 CURB WITH CULTURED MARBLE CAP | | |

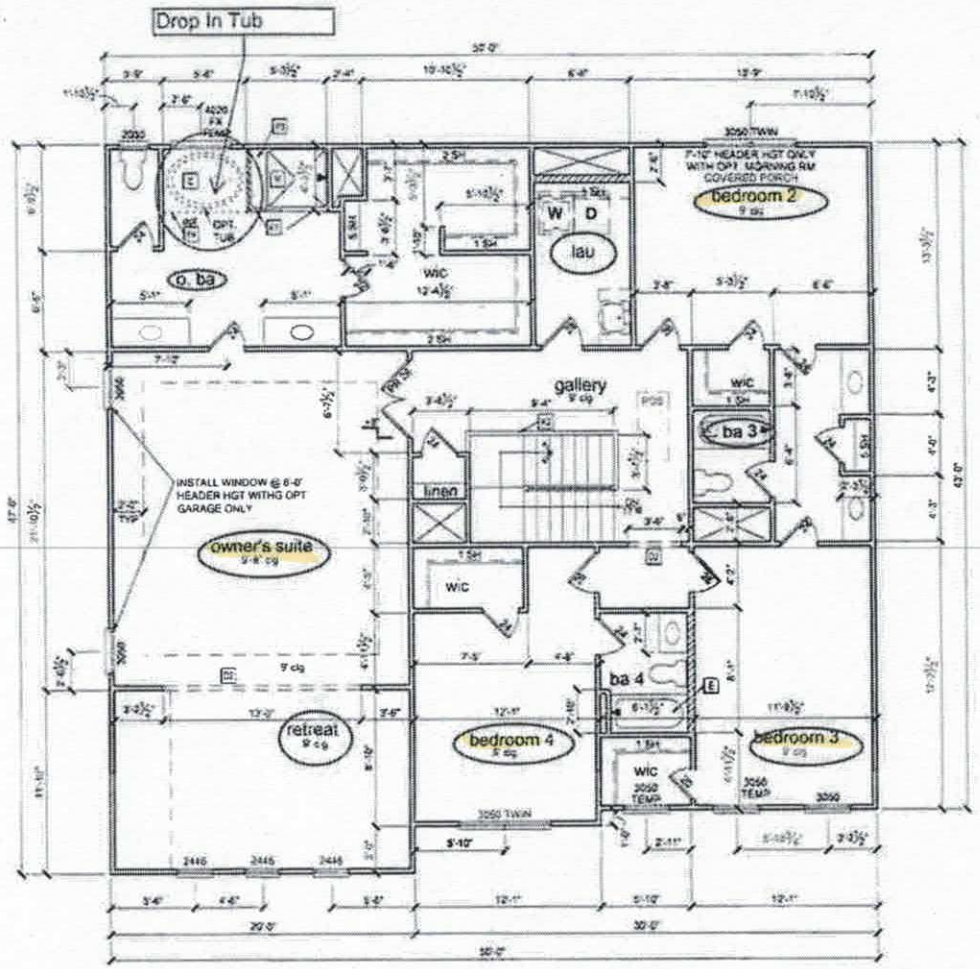
## NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS
2. EXTERIOR & LOAD BEARING WALLS SHALL BE 16" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WITH DOUBLE TOP PLATE U.N.O.
3. INTERIOR NON-BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE
4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

OPTIONAL WINDOW | 2x4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (FOR STRUCTURAL)




opt. fireplace
1/8" = 1'-0" @ 11x17




SECOND FLOOR 'B'
1/8" = 1'-0" @ 11x17

Acknowledgement Of Plans Submittal ONLY!

Rhonda Bretan Date

Date 5-4-18

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

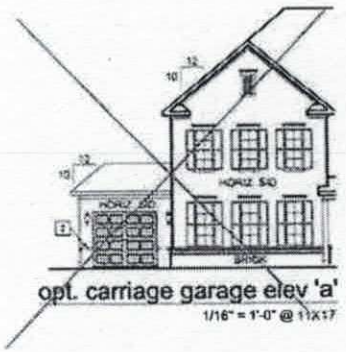
PLAN NUMBER 7030

RELEASE DATE: 2.17.17

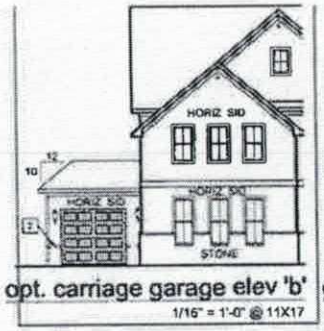
MODEL: HAWTHORN 'B'

DRAWING TITLE: SECOND FLOOR PLAN

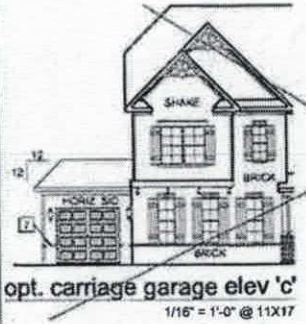
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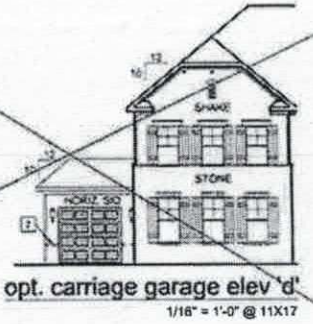

opt. carriage garage elev 'a'
1/16" = 1'-0" @ 11X17



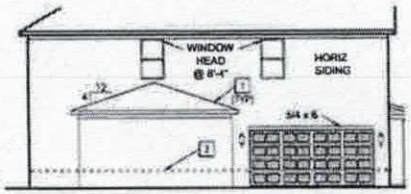

opt. carriage garage elev 'b'
1/16" = 1'-0" @ 11X17




opt. carriage garage elev 'c'
1/16" = 1'-0" @ 11X17

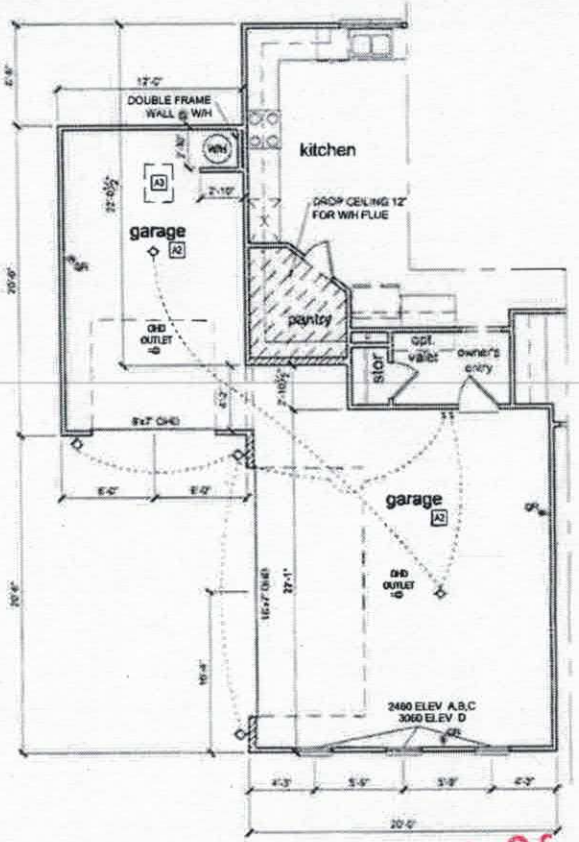



opt. carriage garage elev 'd'
1/16" = 1'-0" @ 11X17




opt. carriage garage side elev
1/16" = 1'-0" @ 11X17

REVERSE




opt. carriage garage floor plan
1/8" = 1'-0" @ 11X17

Acknowledgement Of Plans Submittal ONLY
Date 5-4-18
Rhonda Bolton
Date

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7030
RELEASE DATE: 2.17.17
MODEL: HAWTHORN
DRAWING TITLE: PLAN OPTIONS
SHEET NO: A3.3

# 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 #: 149024ZO
Proposed Use: Single Family
Location of Property: 000 Rain Shadow Dr. MOORESVILLE NC 28115
Parcel #: 4676956328.008
Lot #: 8 Size: 1.003
Applicant: Wastewater Solutions & Design
Address: 4711 Rocking Horse Dr.
Maiden NC 28650
Phone: 980-429-1580
Property Recorded: No Site Plan Reviewed:

Subdivision: Hollybrook
Township: 0300 Coddle Creek Outside
Zoning: RA
Flood Plain: No Watershed: WSII BA
Owner: David & Betty McKay
Address: 505 Teeter Rd.
MOORESVILLE, NC 28115
Phone:
Community Water: No 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. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:
SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

RECEIVED
MAY 12 2008
By

Directions:
SW on Coddle Creek, lft on Williford, rt on Linwood, lft on Teeter, rt on Rain Shadow, lot on rt

**FEES**

| | | |
|---|---|---|
| Zoning Permit/Inspection Fee | ☑ | $45.00 |
| Site Plan Review Fee | ☐ | $0.00 |
| Environmental Health New System | ☑ | $275.00 |
| Environmental Health Existing System | ☐ | $0.00 |
| Total Fees: | | $320.00 |

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: 3/13/2008