Site Address: 186 Rain Shadow Dr., Mrvl. 28115

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~149049~~ 235214 PIN# ~~4676956328.000~~ 4676-84-8914 DATE 8-14-2008

OWNER OR APPLICANT DAVID R. MCKAY LLC

ADDRESS 505 TEETER RD. MOORESVILLE, NC 28115 PHONE: Business 664-9080 Home

LOCATION 152 E TR TEETER RD. TL HOLLYBROOK SUBD. 9TH LOT ON RT

SUBDIVISION HOLLYBROOK BLOCK / SECTION LOT 9 LOT AREA 1.0 AC SITE CLASS. PS DESIGN FLOW 460 L.T.A.R. .275 GPD/FT²

Septic Tank: 1000 Gallons: STB 794 Date 8-20-18
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 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION gravity
Repair System Description: 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Floor plans submitted show 3 bedroom. Permit issued for 4 bedrooms.

Comments:/Conditions:

INITIAL SITE SKETCH

* SEE PLAN FROM WASTEWATER SOLUTIONS & STEVE CURLEY "LOSS CONSULTANTS INC.

AS BUILT SKETCH

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

Improvement Permit by: [signature] date ~~9-29-08~~ ~~8-15-08~~

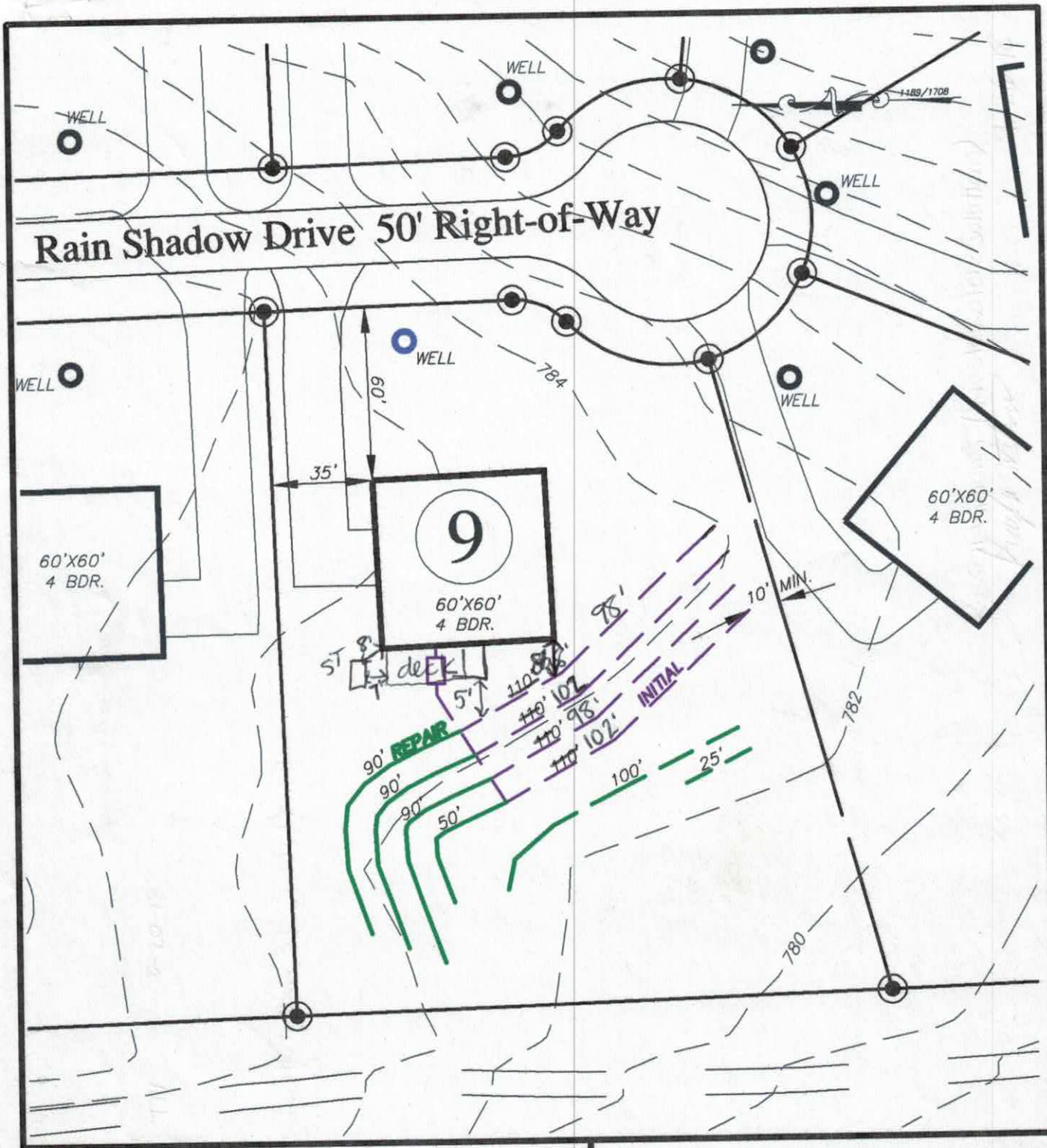
Authorization to Construct by: Kayla Wilson date 5-4-18

Installed by: Russell Williams (Wastewater Solutions)

Operation Permit by: Kayla Wilson date 9-26-18

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 # 9

BAR SCALE 1"=50'

0 25 50 100

Hollybrook Subdivision Septic Specifications
Iredell County , NC

Lot # 9 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" in. Septic Tank Size 1000 gal. Pump Tank Size — gal.

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

Total Linear Feet of drain line 445' Type of Distribution System Serial

Number of Trenches 6 Trench Width and Length 36" wide

If Variable Length List Separately 90, 90, 90, 50, 100, 25

Minimum Trench Spacing 9' o/c

Trench Depth 24 in. Septic Tank Size 1000 gal. Pump Tank Size — gal.

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 ltar
		B+1 6-28	" C	" " " P					
		B+2 28-48+	" C	" " " "	10YR 4/6 Matrix w/ 10R 5/6 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 ltar
		B+1 8-38	" C	" " " P					
		B+2 38-46+	" C	" " " "	2.5YR 4/6 Matrix w/ 2.5YR 4/8 Secondary				
7	CV 2-6% Smooth	AB 0-6	SBK SCL	SEXP FR S SP	2.5Y 4/4	40"	N/A	Depth to CB 40"	IV 0.3 ltar
		B+1 6-26	" C	" " " P					
		B+2 26-46	" C	" FI	A: B+2 in (2)				
		CB 46-48+	" SCL	" FR " SP					
8	As (7)	AB 0-5	SBK SCL	SEXP FR S SP	2.5Y 4/4	36"	N/A	36" to CB	IV 0.3 ltar
		B+1 5-18	" C	" " " P					
		B+2 18-36	" C	" " " P	A: B+2 in (2)				
		CB 36-48+	" SCL	" " " SP					
9	As (7)	EA 0-23	SBK SCL/SL	SEXP FR SS SP	2.5Y 4/4	48"+	N/A	N/A	IV 0.3 ltar
		B+ 23-48+	" C	" " SS P					

COMMENTS: _____

SOIL/SITE EVALUATION

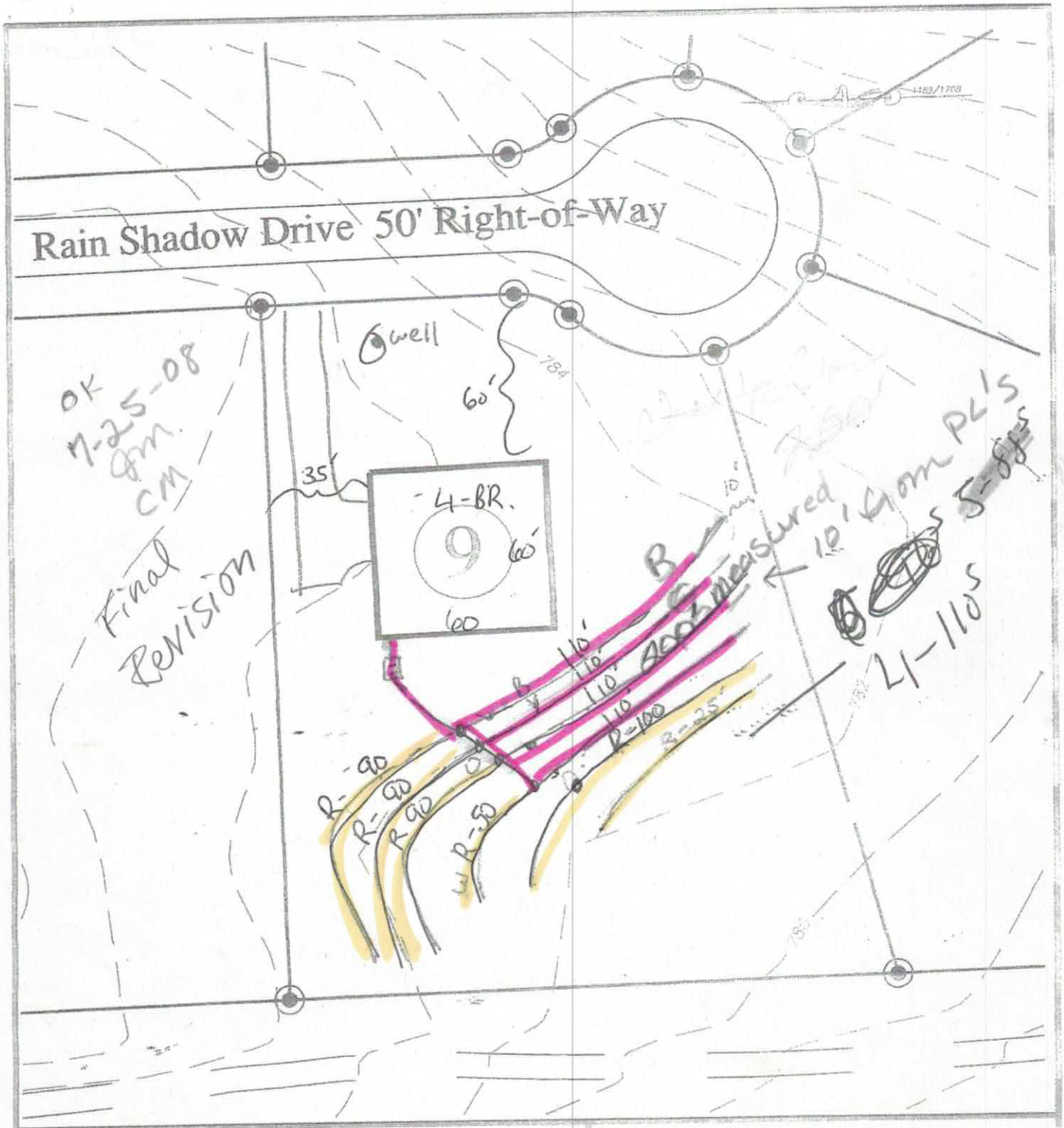
(Continuation Sheet)

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) 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~~	~~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~~	~~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	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 2-54	" C	" " " P					
		Bt2 54-48+	" "	" " " "					

COMMENTS: _____



Hollybrook

FOR

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

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

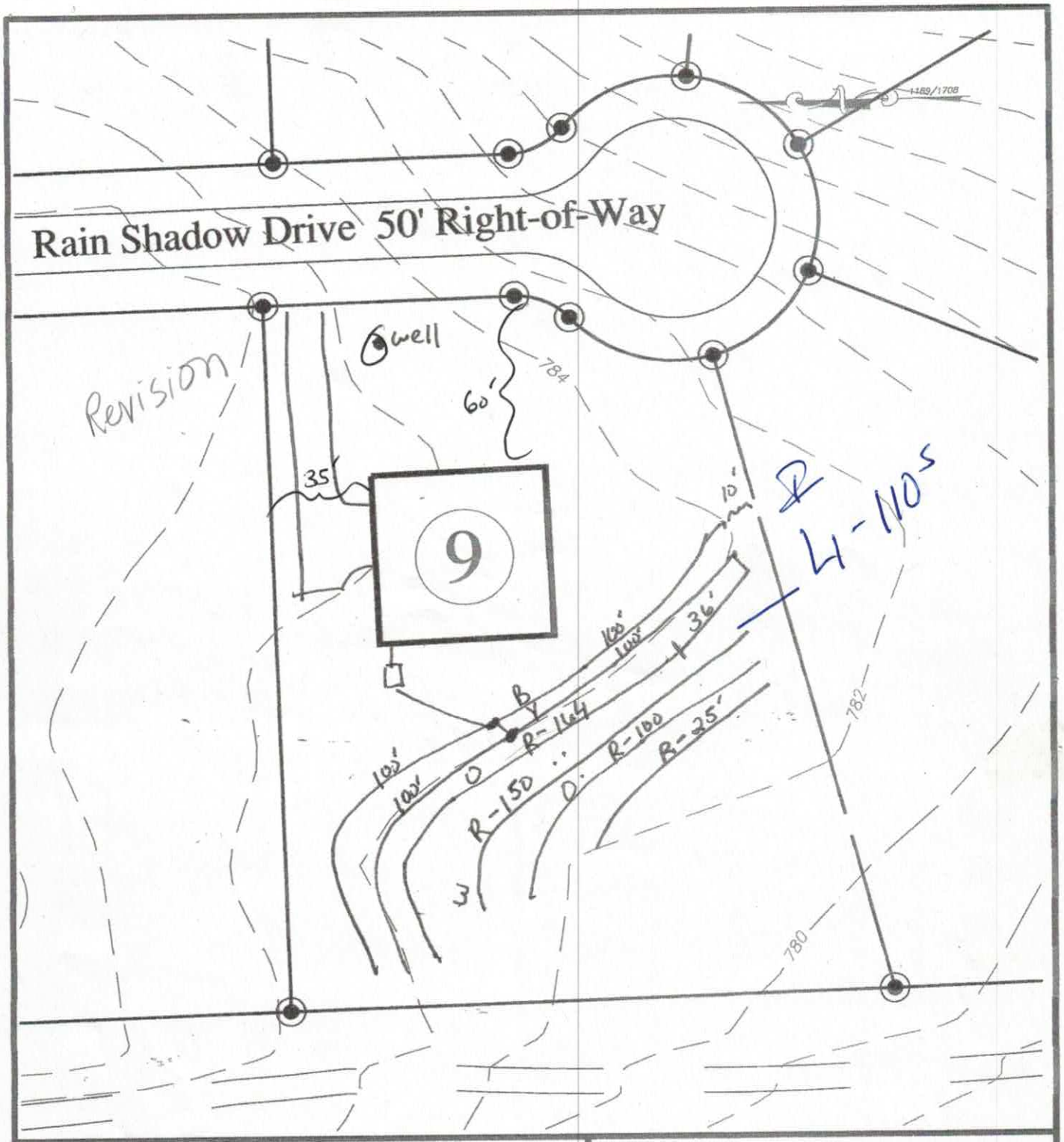
IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 9

BAR SCALE 1"=50'

0 25 50 100

4-BR Initial - LTAR .0275 = 436 lin ft. @ 25% Red = (4) · 100' - (1) 36'
480 Serial Dist. center feed
Repair. LTAR 0.275 = 436 lin ft. @ 25% Red = Variable, 164', 150', 100', 25'



Hollybrook

FOR

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

505 TEETER ROAD
Mooresville, NC 28115
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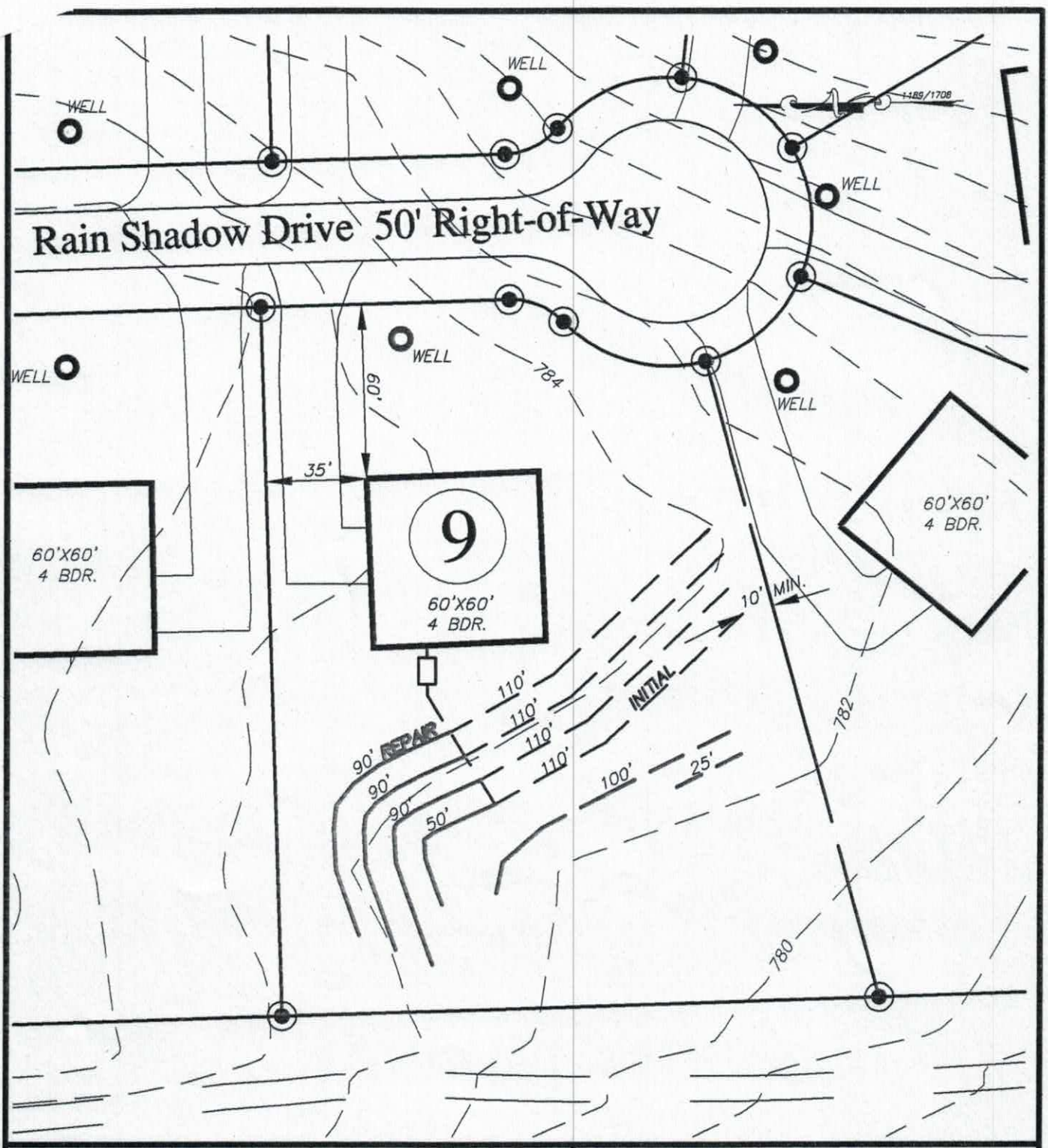
IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 9

BAR SCALE 1"=50'

0 25 50 100

4-BR Initial - LTAR 0.275 = 436 lin ft. @ 25% Red = (4) - 100S - (1) 36'
480 Serial Dist. centrifeed
Repair. LTAR 0.275 = 436 lin ft. @ 25% Red = variable, 164', 150', 100', 25'



Hollybrook

FOR

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Mooresville, NC 28115
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IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 9

BAR SCALE 1"=50'

0 25 50 100

RECEIVED APR 3 0 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#235214

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 AC w/ Inspection

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: Century Communities Southeast, LLC **Address:** 7400 Carmel Executive Park Dr. Suite 205 **Zip:** 28226

Applicant Email: rhonda.bustard@centurycommunit **Phone:** 704-943-1310 **Alt. Phone:** _____

Owner Name: Century Communities Southeast, LLC. **Address:** 7400 Carmel Executive Park Dr. Suite 205 **Zip:** 28226

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 186 Rain Shadow Drive

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 9

Driving Directions: HWY 152 Right on Teeter Road, community on Right

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

CHECK FOUNDATION TYPE

(X) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) 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:** N/A
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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: Rhonda Bustard 4/27/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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, Matthew Chisholm, am the legal owner(s) of the property located at Hollybrook Lot 9 - 186 Rain Shadow Drive, identified as PIN (Parcel Identification Number) 4676-84-8914, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Century Communities, 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

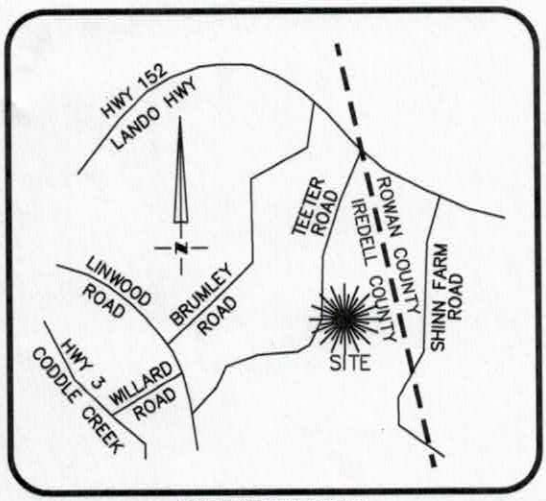
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) Date Rhonda Gustad Signature of Witness Date

Please return this signed form to the appropriate office:

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

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



VICINITY MAP
Not To Scale

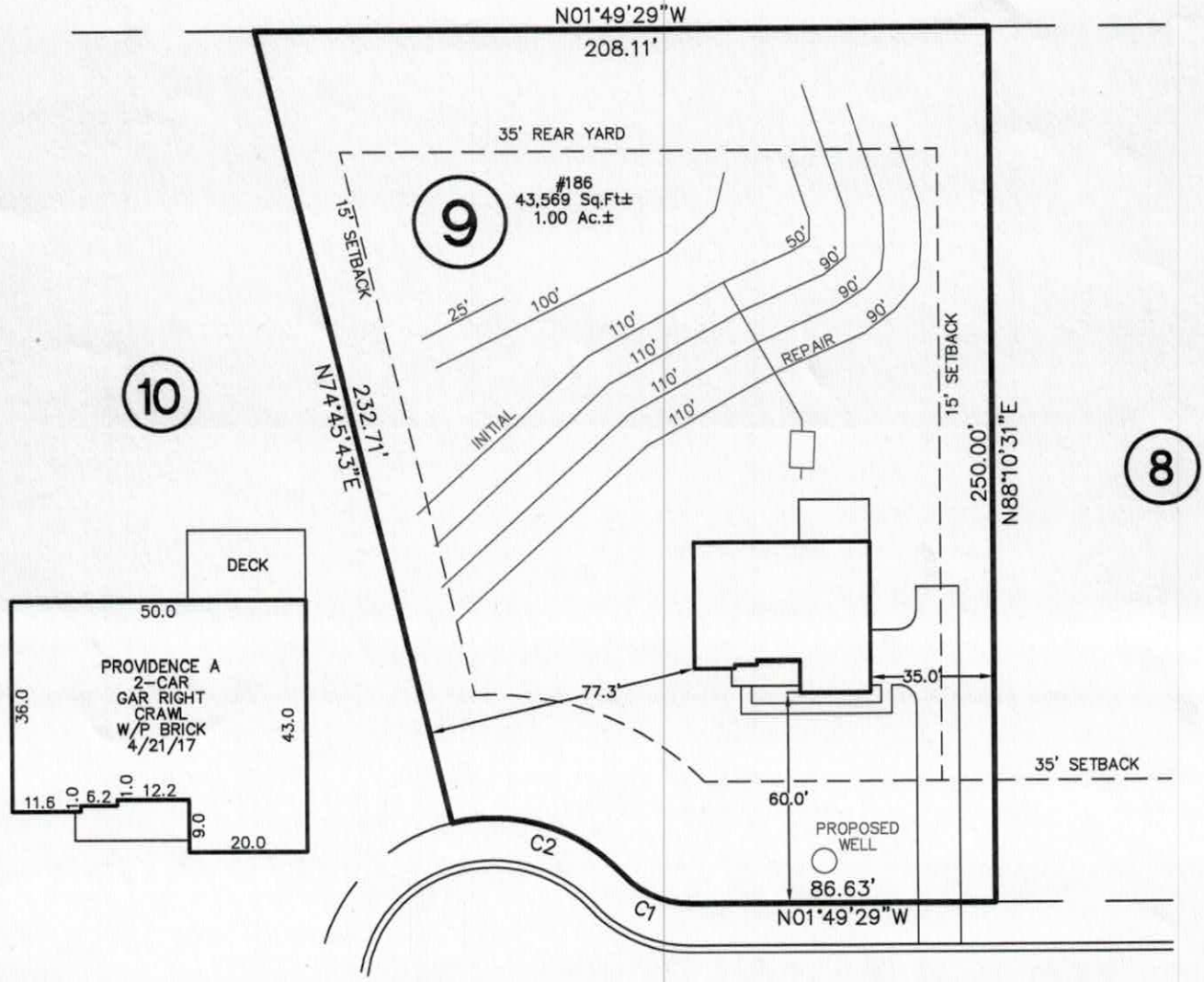
NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.

DESCRIPTION	AREA
LEADWALK	158 S.F.±
DRIVEWAY ASSUMED 12' TO BOC	1,444 S.F.±
SOD AREA 1 (BOC TO REAR OF HOUSE)	13,836 S.F.±
SOD AREA 2 (REAR OF HOUSE TO REAR SETBACK)	20,638 S.F.±

NOW OR FORMERLY
TRACT ONE
WILLIAM LEE TEETER, ET AL
DB 1007 PG 159
DB 1055 PG 425
DB 1067 PG 812
DB 2100 PG 2108
DB 2106 PG 488

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	N22°16'14"E	20.41	21.02	25.00
C2	S15°33'59"W	51.20	53.75	50.00

BOOK: 59 PGS: 143–144



RAIN SHADOW DRIVE

50' PUBLIC R/W

NOTE:
ALL LOTS ARE SUBJECT TO A

KEYNOTES

- A1 OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS
- A2 GARAGE CEILING - 5/8" TYPE X DRYWALL VERTICAL SURFACE WALLS - 1/2" DRYWALL
- A3 ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR "RAY-I-FRAME ACCESS SUPPORT"
- M COFFERED CEILING PER SHEET C0.2
- D1 DRYWALL SOFFIT - 12" DROP FROM CEILING LINE
- D2 DRYWALL SOFFIT - 8" DROP FROM CEILING LINE
- D3 8 1/2" DRYWALL OPENING WIDTH PER PLAN
- D4 8'-0" CASED OPENING WIDTH PER PLAN
- D5 8'-10" WALL CASED OPENING WIDTH PER PLAN
- K1 36" KNEE WALL WITH TILE CAP
- K2 42" KNEE WALL WITH TILE CAP
- K3 48" KNEE WALL WITH TILE CAP
- K4 34 1/2" KNEE WALL
- P OPT. LAUNDRY SINK
- P2 ELORA CURVE WITH CULTURED MARBLE CAP
- P3 48" W FOR SLOPED RANCH SEAT WITH TILE FINISH - SEE DETAIL #5 & SHEET C0.2
- P4 32" HIGH TUB DECK PLATFORM - DETAILS PER SHT C0.4
- A 34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS GLASS ENCLOSURE
- B 42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
- C 42" X 60" OVAL LAMBOM TUB - DROP-IN
- D 42"X72" LAMBOM TUB - DROP IN
- E 30"X60" TUB PER SPECS
- F SHOWER TILS FLOOR / WALLS GLASS ENCLOSURE
- G SHOWER TILS FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
- H 48"X48" SHOWER PAN WITH TILE WALLS GLASS ENCLOSURE
- S1 BOX STAIR WITH 36" KNEE WALL & OPEN
- S2 BOX STAIR WITH OPEN RAIL
- S3 EXPOSED TREAD W/ OPEN RISE
- S4 OPEN RAIL W/ INTERMEDIATE HEIMEL AS REQ'D PER CODE

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 DIVIDERS @ 24" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

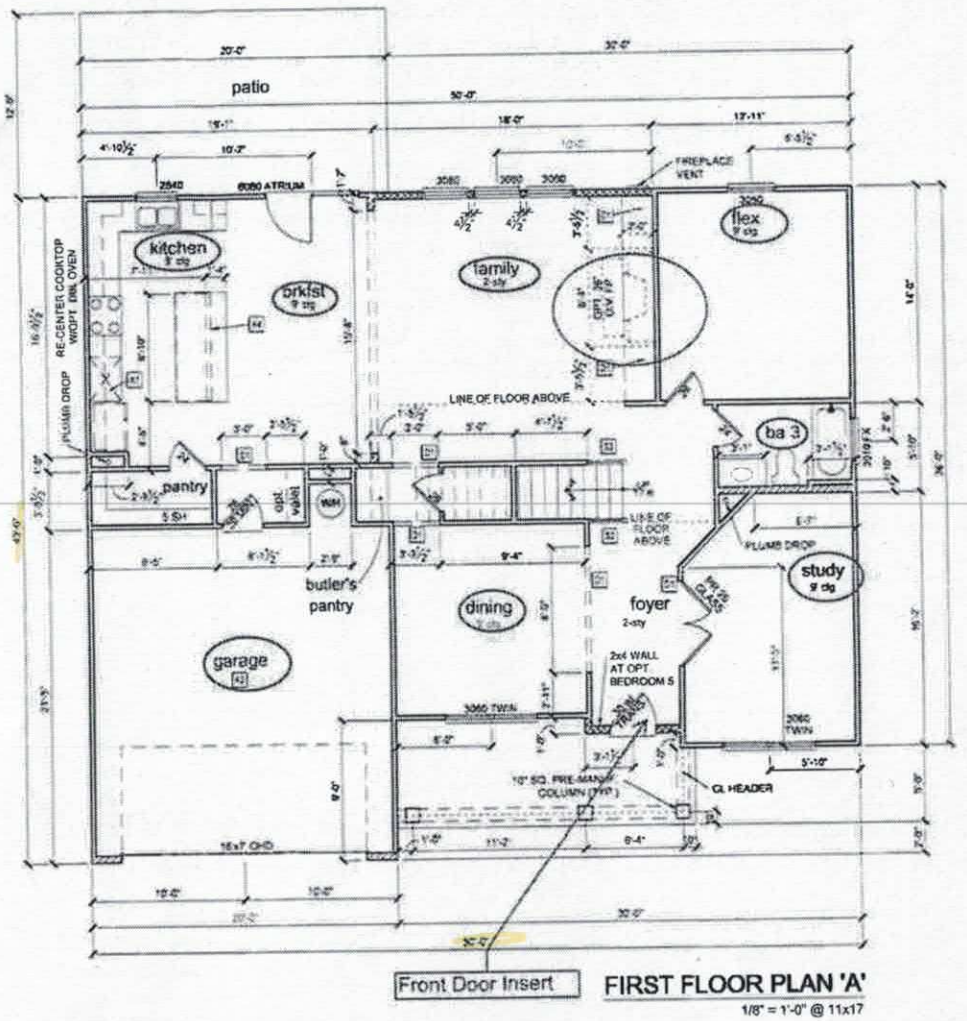
OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (NEX STRUCTURALS)

REVERSE

AREA TABULATION

PORCH	128 SF
GARAGE	425 SF
FLOOR 1 LIVING	1,665 SF
FLOOR 2 LIVING	1,552 SF
TOTAL LIVING	2,987 SF

Hollybrook - Lot 9
186 Rain Shadow Dr.



Front Door Insert

FIRST FLOOR PLAN 'A'

1/8" = 1'-0" @ 11x17

Acknowledgement of Plans Submittal ONLY!

Date 5-4-18

Date

Rhonda Bustard

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

CENTURY COMMUNITIES

PLAN NUMBER: 7040

RELEASE DATE: 4.12.17

MODEL: PROVIDENCE - Hollybrook 'A'

DRAWING TITLE: 1ST FLOOR PLAN

SHEET NO: A3.1A

KEYNOTES

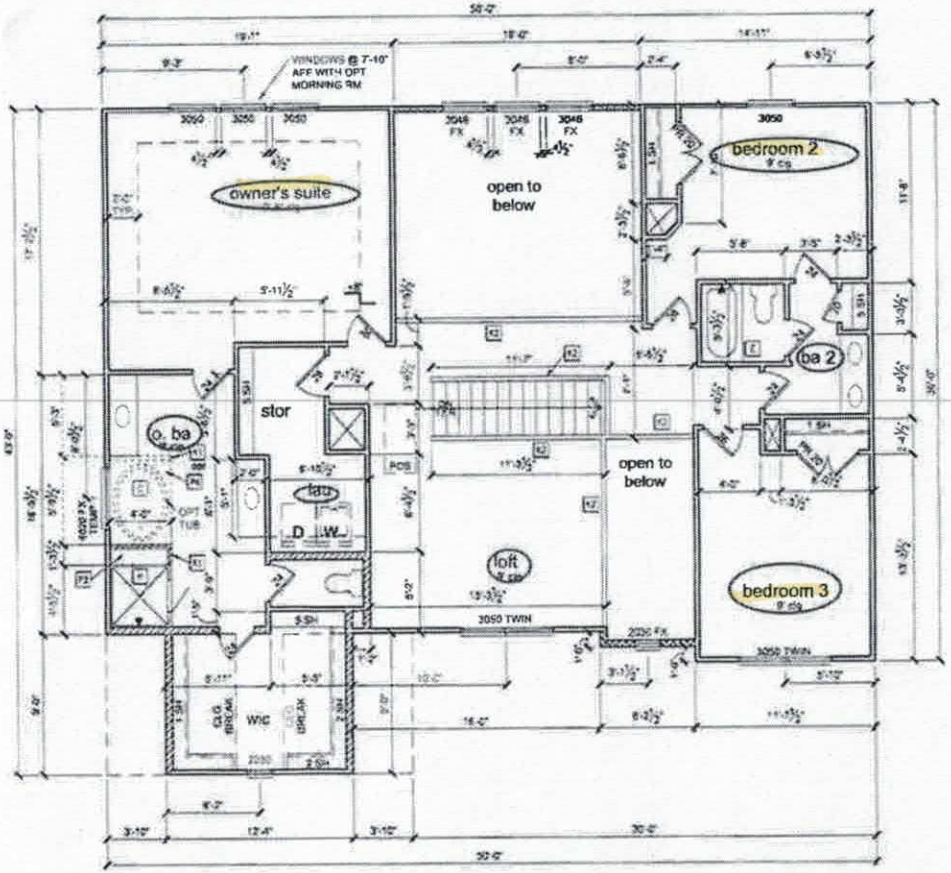
A1	OVER MATCH OF DOUBLE OVEN OR COOKTOP OR, INCLUDES TRIM SURROUND BY OTHERS	P1	60" HIGH SLOPED SEMI-SEAT WITH TILE FINISH - SEE DETAIL PER SHEET CD-4
A7	GARAGE CEILING - SEE TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P4	72" HIGH TUB DECK PLATFORM - DETAILS PER SHT CD-4
A9	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GWB AND DOOR TRIM FRAME ACCESS SUPPORT	S	36"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
A4	COFFERED CEILING PER SHEET CD 2	S	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D1	DRYWALL SOFFIT - 9" DROP FROM CEILING LINE	C	42" X 60" DUAL LAMINATION TUB - DROP IN
D2	DRYWALL SOFFIT - 18" DROP FROM CEILING LINE	C	60"X72" LAMINATION TUB - DROP IN
D3	8" TALL DRYWALL OPENING WIDTH PER PLAN	S	SEMI-WET PER SPECS
D4	9" TALL CASED OPENING WIDTH PER PLAN	S	SHOWER TILE FLOOR / WALLS, GLASS ENC. CLOSURE
D5	6'-0" TALL CASED OPENING, WIDTH PER PLAN	C	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOWS
K1	36" KNEE WALL WITH TILE CAP	K	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 WITH OPEN RAIL
K4	34" KNEE WALL	S3	EXPOSED TREAD W/OPEN RAIL
K	OPT. LAUNDRY SINK	S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE
P2	2X6 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 W/VERTICAL CRIPPLERS @ 24"-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

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

REVERSE



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

Acknowledgement of Plans Submittal ONLY!

Krysta Watson Date 5-4-18

Date

Rhonda Bustard

REVISION NUMBER	REFER TO COVER SHEET FOR DESCRIPTION
PLAN NUMBER	7040
RELEASE DATE:	4.12.17
MODEL	PROVIDENCE - Hollybrook 'A'
DRAWING TITLE	2ND FLOOR PLAN
SHEET NO	A3.2A

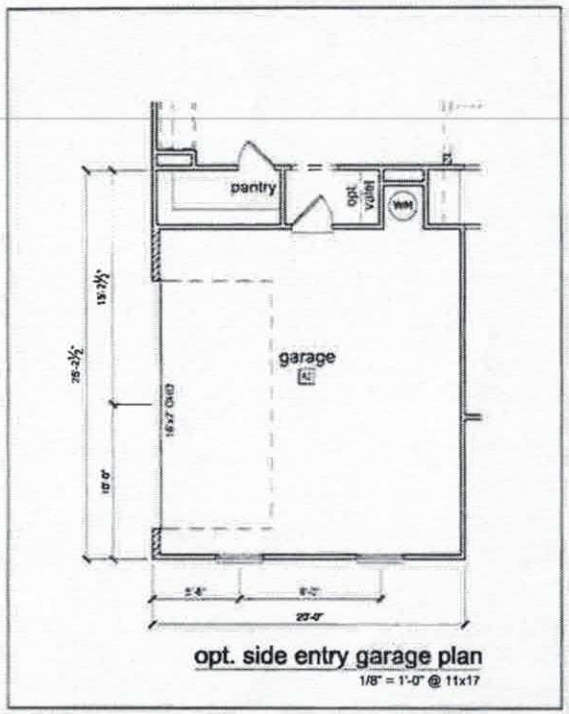
CENTURY COMMUNITIES

REVERSE

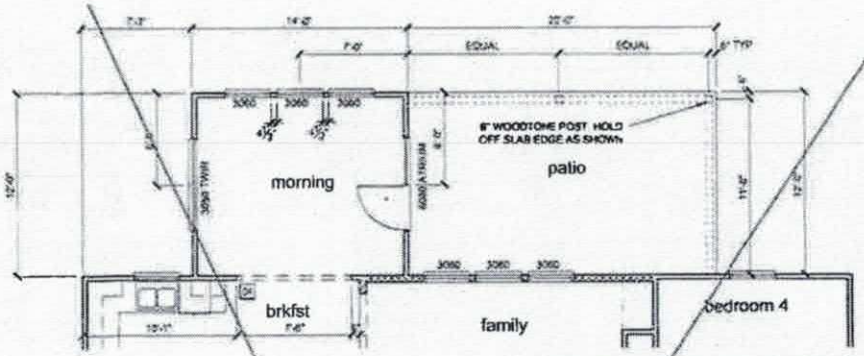
Acknowledgement of Plans Submittal ONLY!

Date 5-4-18

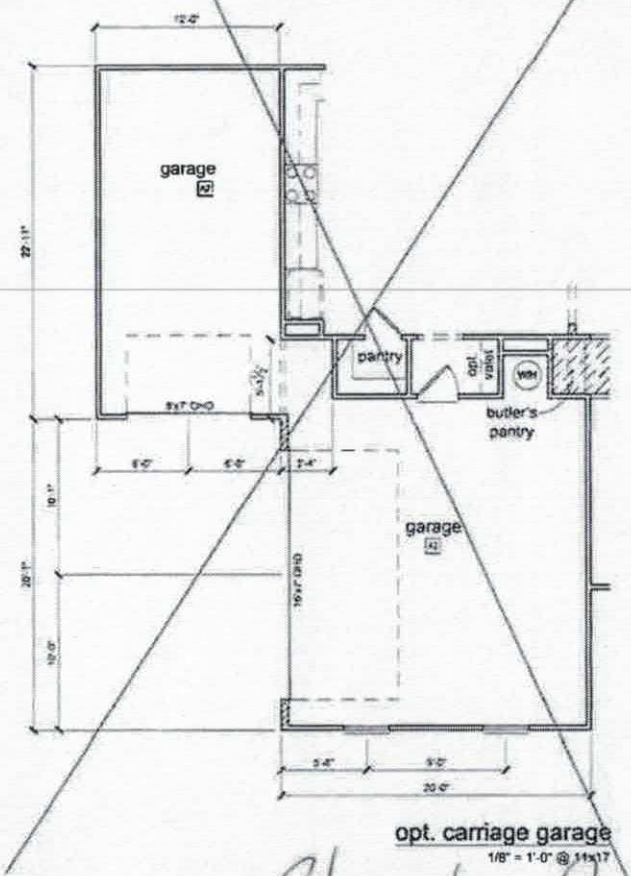
Date



opt. side entry garage plan
1/8" = 1'-0" @ 11x17



opt. morning room plan (+168 sf)
1/8" =1'-0" @ 11x17



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

Rhonda Bustard

CENTURY COMMUNITIES

PLAN NUMBER: 7040
RELEASE DATE: 4.12.17
MODEL: PROVIDENCE - Hollybrook
DRAWING TITLE: PLAN OPTIONS
SHEET NO: A3.4

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 #:	149049ZO	Subdivision:	Hollybrook
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 Rain Shadow Dr. MOORESVILE NC 28115		
Parcel #:	4676956328.009	Zoning:	RA
Lot #:	9 Size: 1.00	Flood Plain:	No Watershed: WSII BA
Applicant:	Wastewater Solutions & Design	Owner:	David & Betty McKay
Address:	4711 Rocking Horse Dr. Maiden NC 28650	Address:	505 Teeter Rd. MOORESVILLE, NC 28115
Phone:	980-429-1580	Phone:	
Property Recorded:	No Site Plan Reviewed:	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. 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

RECEIVED
MAY 12 2008
By

Directions:

SE 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