IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 (3:30)

PERMIT # 236100

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

PIN # 4676-85-8073 ✓

APPLICANT/OWNER: Century Communities APPLICANT ADDRESS: 7400 Carmel Executive Park Dr. Ste #205 Charlotte, NC 28226

SITE ADDRESS: 174 Rain Shadow Dr. Mooresville, NC 28115 PHONE: 704-361-9395 ALT. PHONE

SITE DIRECTIONS: Rt 3 South from Mooresville → Lon Williford → Ron Linwood → Lon Tester → Ron Rain Shadow → on Rt (Lot #7)

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hollybrook SECTION: — LOT # 7 LOT AREA: 1.00 acres DESIGN FLOW: 600 GPD L.T.A.R.: 0.30

Septic Tank	1500	(gal)	STB	9604	Date	6-26-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500	(gal)	PT	3891	Date	4-30-18	System Description: PM - 25% Reduction				☐ Business	No. Persons	10	☒ Private
Pump Make	Liberty	Model	FL-280		Serial #		Repair System Description: Same				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	500	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24"		Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping tank every 3-5 years. If spoil/debris pile is removed from drainfield area, DO NOT spread across permitted primary or repair drainfield areas. Recommend that it be moved off-site. 8/3/18: House floorplans are 2' beyond the 60' House box dimension. That 2 additional feet MUST extend towards Lot #8 to ensure tanks maintain enough room/setbacks.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated 7/16/2018

Michael Athanas LSS #1252

AS BUILT SKETCH

1/10/19: 2' Pressure head set, PM Box OK, Breakers OK, 2-float system (on/off + alarm). 6" of tether on on/off Float (functional alt) + Alarm Float 12" above on/off float. -SF

	Date	Initials
Drain Lines Checked	10/2	BB
Tanks Checked	9/26	KW
Pressure Manifold or Valve Box Checked	1/10/19	SF
Pressure Head Set	1/10/19	SF
Electrical Checked Breakers OK	1/10/19	SF
Floats Set	1/10/19	SF
Alarm Checked	1/10/19	SF
Maintenance Contract Y (N) not required		

Tops checked
Still needs Manifold checked

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

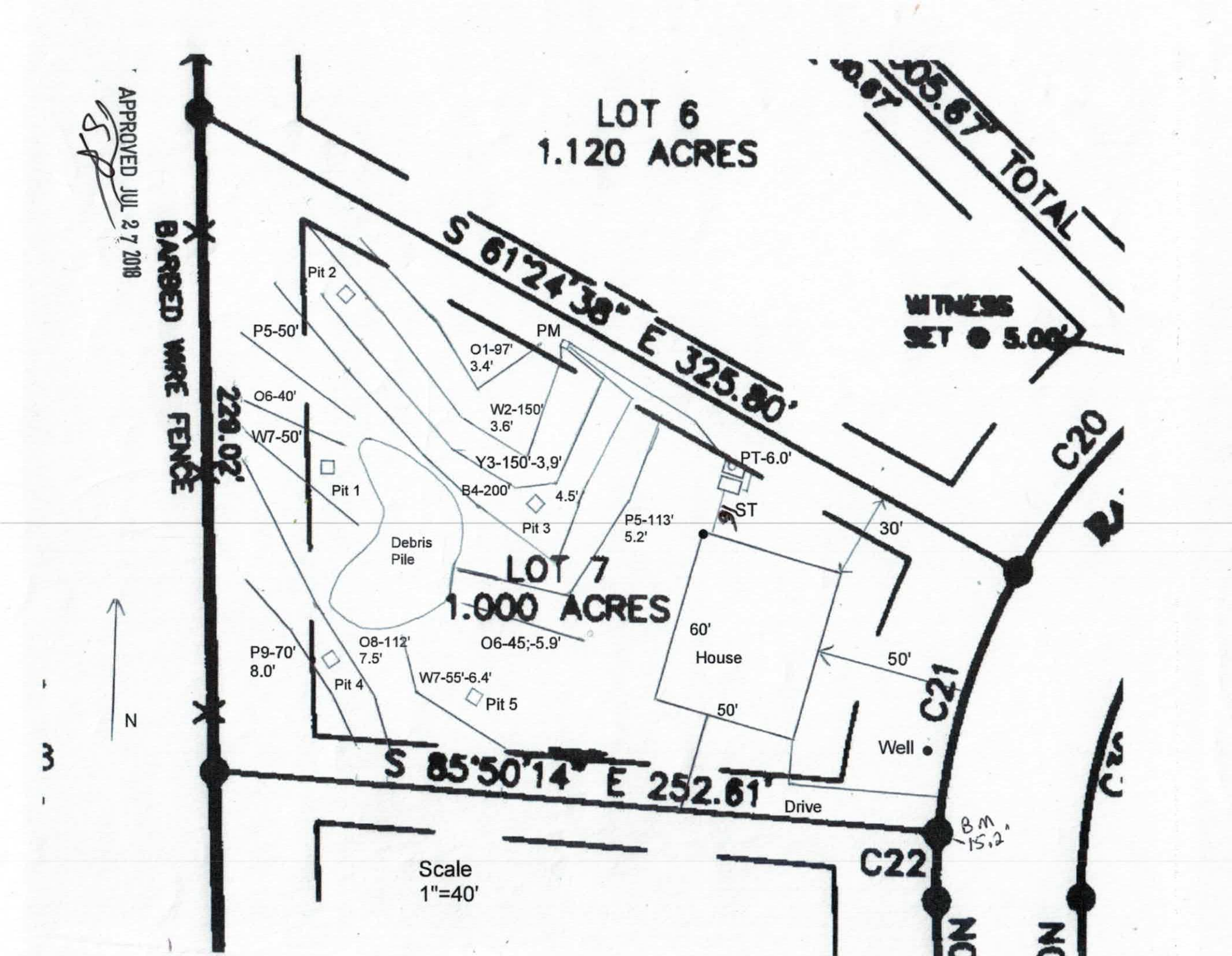
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Gene Berger Date: 8/6/18 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Thomas D. Shuck Date: 7/24/2018 OPERATION PERMIT by: Thomas D. Shuck Date: 1/10/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 8/3/2018 Existing System Inspected by: Date:

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 inspection time.


APPROVED JUL 27 2018
LOT 6
1.120 ACRES
S 61°24'38" E 325.80'
305.67' TOTAL
WITNESS
SET ● 5.0
BARBED WIRE FENCE
220.02'
Pit 2
P5-50'
PM
O1-97'
3.4'
O6-40'
W2-150'
3.6'
W7-50'
Y3-150'-3,9'
PT-6.0'
Pit 1
B4-200'
4.5'
ST
Pit 3
P5-113'
5.2'
30'
Debris
Pile
LOT 7
1.000 ACRES
60'
House
50'
P9-70'
8.0'
O8-112'
7.5'
O6-45;-5.9'
Pit 4
W7-55'-6.4'
Pit 5
50'
Well ●
S 85°50'14" E 252.61'
Drive
BM
15.2'
C20
C21
C22
N
Scale
1"=40'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 174 Rain Shadow Dr, Hollybrook Lot 7
House Footprint: 60' x 50'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 5/600 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Pressure Manifold
Flow per Tap: 2 @ 7.11 GPM, 1 @ 10.1 GPM
Tap Size and Material: 2 @ ½" SCH 40, 1 @ ¾" SCH 80
System Flow: 24.3 GPM
Dosing Volume: 218.8 gallons
Pump Run Time: 9 minutes
Elevation Head: 7.4'
Friction Head: 1.1'
Pressure Head: 2'
Total Dynamic Head: 10.5'
Supply Line Length: 80' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 24"



Line	Design Length	Actual Length	Elevation
Orange 1		97'	3.4'
White 2	**150'**	**159'**	**3.6'**
Yellow 2	**150'**	**198'**	**3.9'**
Blue 3	**200'**	**226'**	**4.5'**
Pink 4		113'/50'	5.2'
Orange 5		45'/40'	5.9'
White 6		55'/50'	6.4'
Orange 7		112'	7.5'
Pink 8		70'	8.0'

APPROVED JUL 27 2018

Initial System: 500' **Repair System:** 662'
Pump Tank: 6.0' **House Corner:** 6.0'
Benchmark: 15.2' (top of iron)

Comments:

PROPERTY ID #: 4676858073_
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Century Communities_____ APPLICATION DATE_____
ADDRESS: 7400 Carmel Exec Park Dr, Suite 205, Charlotte, NC 28226_____ DATE EVALUATED: _____
PROPOSED FACILITY: ___5 bdrm_____ PROPOSED DESIGN FLOW (.1949): __600 GPD____ PROPERTY SIZE: __1.0 AC_____
LOCATION OF SITE: 174 Rain Shadow Dr, Hollybrook lot 7_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 4%	0-22	R C SBK	FR SS SP SXP	N/A	46"	C-M SAP PS	N/A	PS 0.3-0.35
		22-46	R CL WSBK	FR SS SP SXP					
		46-54	VER SL SAP M	FR SS SP SXP					
PIT 2✓	LS 3%	0-4	Br SCL WSBK	FR SS SP SXP	N/A	48"	C-M SAP PS	N/A	PS 0.3-0.35
		4-18	R C SBK	FR SS SP SXP					
		18-48	R CL WSBK	FR SS SP SXP					
		48-54	VER L SAP M	FR SS SP SXP					
PIT 3✓	LS 2%	0-16	R C SBK	FR SS SP SXP	N/A	52"	Few SAP	N/A	PS 0.3-0.35
		16-52	R CL WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-13	Compacted		N/A	52"	F-C SAP	N/A	PS 0.3-0.35
		13-22	R C SBK	FR SS SP SXP					
		22-52	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1500 FT^2	1986 FT^2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: Tom Shuck 7/25/2018

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: _4676858073____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 5✓	LS 5%	0-9	Compacted		N/A	52"		N/A	PS 0.3-0.35
		9-23	R C SBK	FR SS SP SXP					
		23-52	R CL WSBK	FR SS SP SXP			Few SAP		

236100 $225 pd

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Century Communities **Address:** 7400 Carmel Exec. Park Dr. STE 205, Charlotte, NC **Zip:** 28226

Applicant Email: _____ **Phone:** Gene-704-361-9395 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 174 Rain Shadow Dr

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 7

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 5 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: Accepted

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: _____ 7/16/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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 174 Rain Shadow Dr, Hollybrook SD Lot 7, identified as PIN (Parcel Identification Number) 4676858073, 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) Date

Rhonda Bustard

Signature of Witness Date

Please return this signed form to the appropriate office:

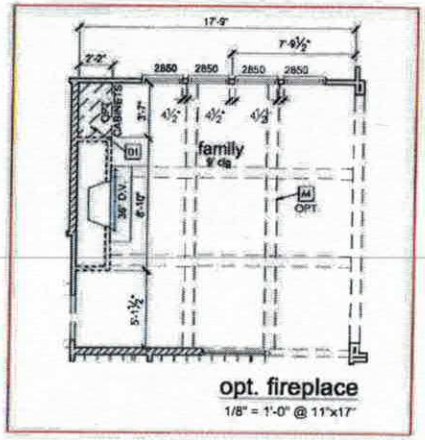
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

REVISED

KEYNOTES

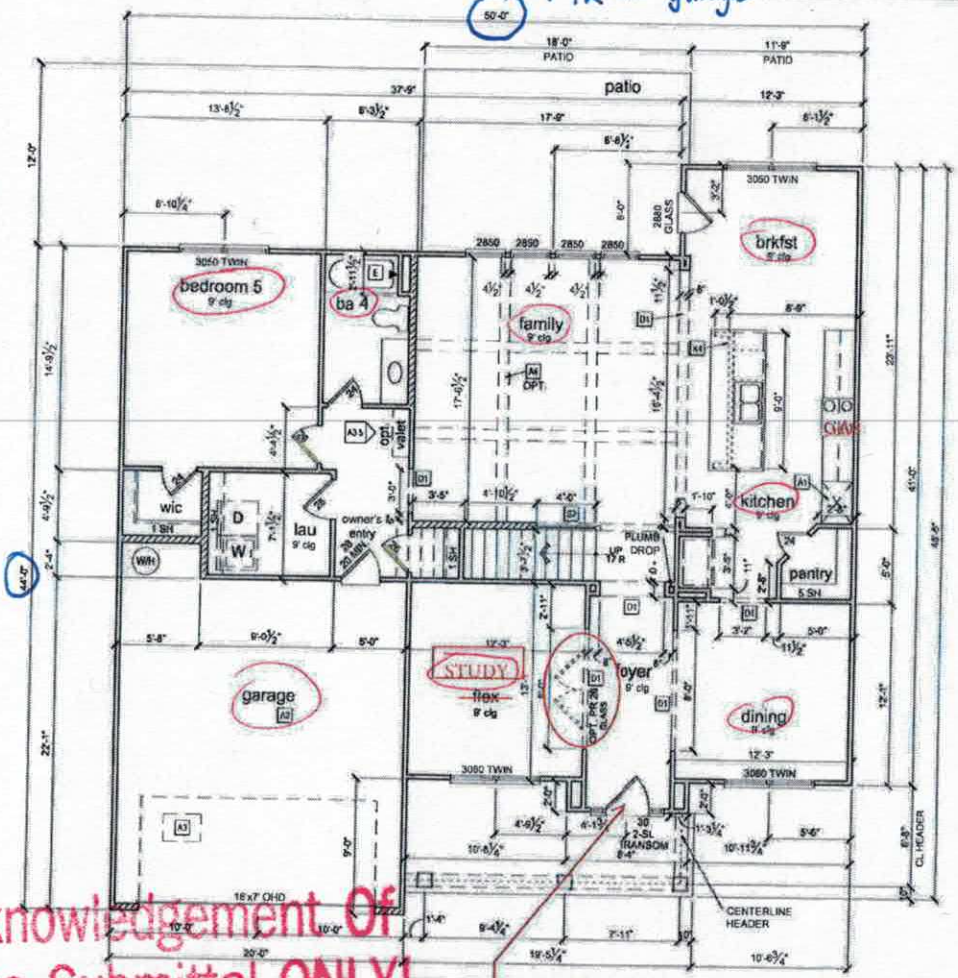
A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P2	(3) 2X4 CURB WITH CAP PER SPECS
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CD-4
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A4	COFFERED CEILING PER SHEET CD-2	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALL & GLASS ENCLOSURE
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	C	42" X 60" OVAL LAWSON TUB - DROP-IN
D3	9' TALL DRYWALL OPENING, WIDTH PER PLAN	D	42"X72" LAWSON TUB - DROP-IN
D4	8' TALL CASED OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
D5	6'-10" TALL CASED OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
		G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOWS
K1	36" KNEE WALL WITH TILE CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K2	36" KNEE WALL WITH 1x CAP		
K3	48" KNEE WALL WITH 1X CAP	S1	BOX STAIR WITH 36" KNEE WALL & 1X CAP
K4	34 1/2" KNEE WALL	S2	BOX STAIR WITH OPEN RAIL
K5	42" KNEE WALL WITH 1X CAP	S3	EXPOSED TREAD W/OPEN RAIL
		S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE
P1	OPT LAUNDRY SINK		



+ 12' for garage

AREA TABULATION

PORCH	129 SF
GARAGE	451 SF
FLOOR 1 LIVING	1589 SF
FLOOR 2 LIVING	1796 SF
TOTAL LIVING	3385 SF



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

Holly Brook - 7
174 Rain Shadow Dr.

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 INVERTICAL 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 (PER STRUCTURALS)

Acknowledgement Of
Plans Submittal ONLY!
Rhonda Buttrey Date
Thomas Shultz Date 8/3/18

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020
RELEASE DATE: 1.12.18

MODEL: BRIDGEPORT 'A'
DRAWING TITLE: 1ST FLOOR PLAN

SHEET NO: A3.1A

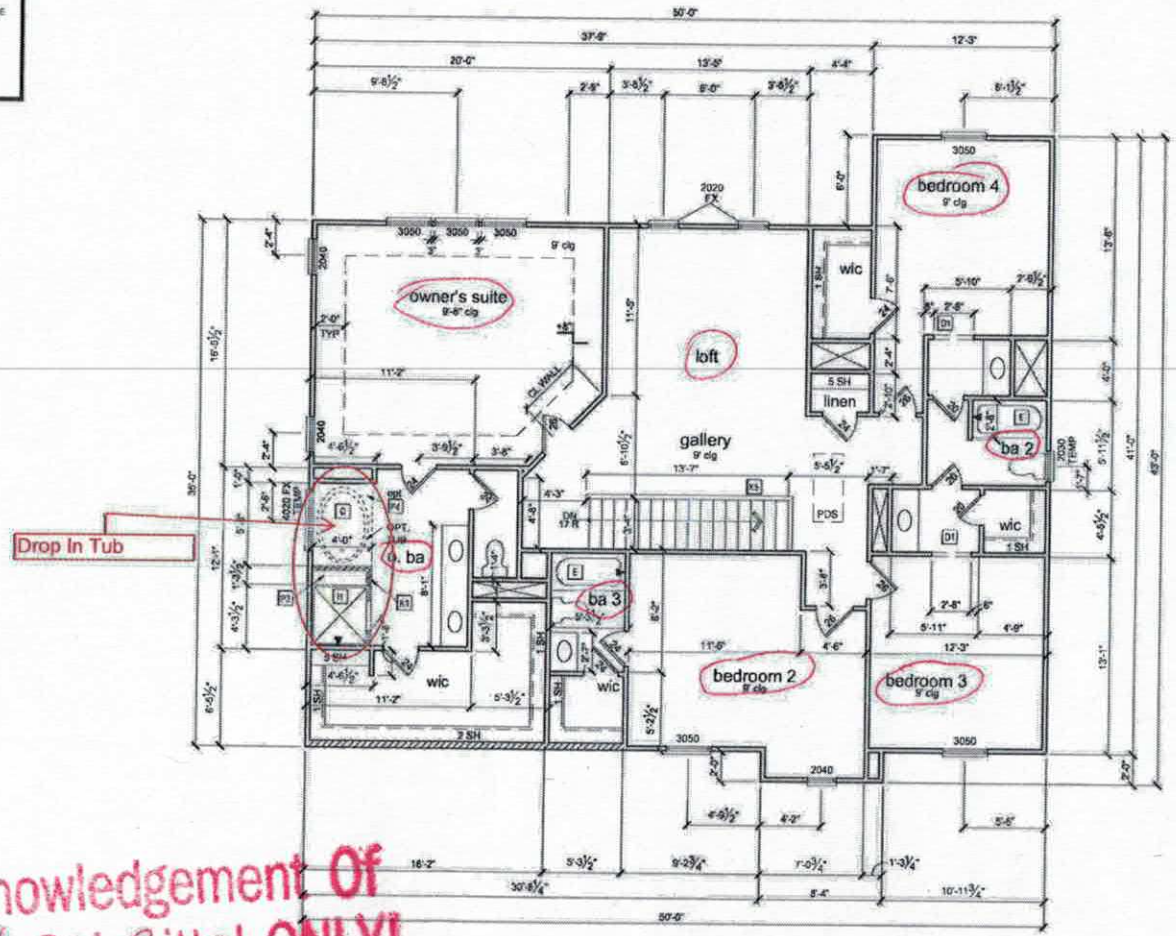
KEYNOTES

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A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P3	16" HIGH SLOPED BENCH SEAT WITH TILE FINISH, SEE DETAIL PER SHEET CD-4
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D3	6" TALL DRYWALL OPENING, WIDTH PER PLAN	D	42"X72" LARSON TUB - DROP-IN
D4	8" TALL CASED OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
D5	6'-10" TALL CASED OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
K1	28" KNEE WALL WITH TILE CAP	G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
K2	36" KNEE WALL WITH 1x CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K3	40" KNEE WALL WITH 1X CAP	S1	BOX STAIR WITH 36" KNEE WALL & 1X CAP
K4	34 1/2" KNEE WALL	S2	BOX STAIR WITH OPEN RAIL
K5	42" KNEE WALL WITH 5X CAP	S3	EXPOSED TREAD W/OPEN RAIL
P1	OPT. LAUNDRY SINK	S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE

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



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

Acknowledgement Of Plans Submittal ONLY!

Florida Blueprint

Date

Thomas Shiba 8/3/18

Date

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020

RELEASE DATE: 1.12.18

MODEL: BRIDGEPORT 'A'

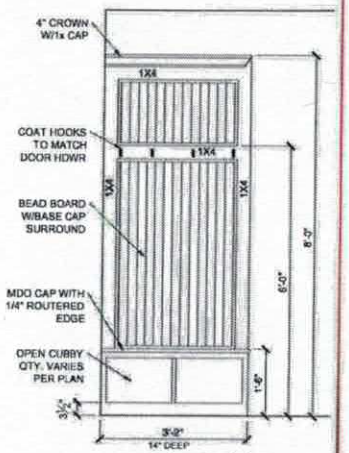
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SHEET NO: A3.2A

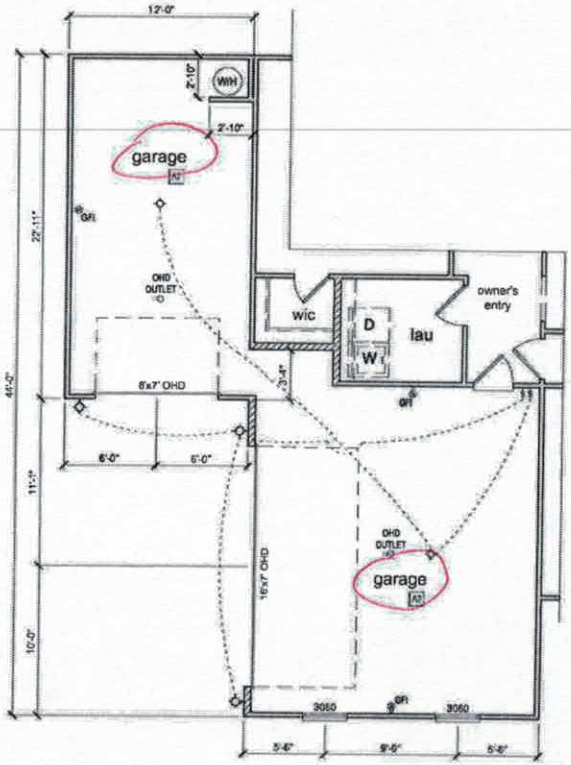
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D4	8' TALL CASED OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
D5	6'-10" TALL CASED OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
K1	28" KNEE WALL WITH TILE CAP	G	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
K2	36" KNEE WALL WITH 1x CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K3	46" KNEE WALL WITH 1X CAP	S1	BOX STAIR WITH 36" KNEE WALL & 1X CAP
K4	34 1/2" KNEE WALL	S2	BOX STAIR WITH OPEN RAIL
K5	42" KNEE WALL WITH 1X CAP	S3	EXPOSED TREAD W/OPEN RAIL
P1	OPT. LAUNDRY SINK	S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE

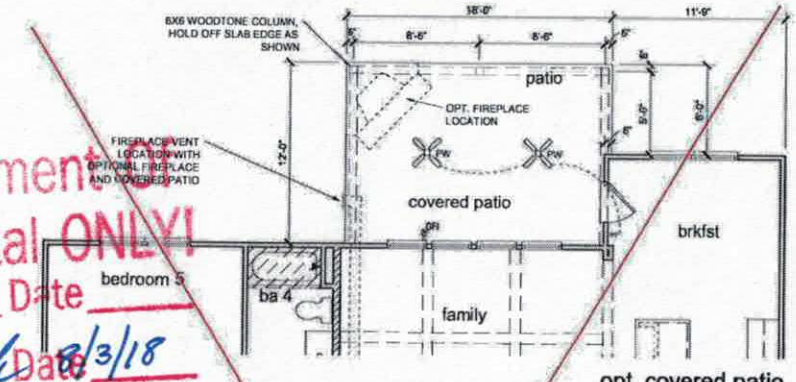
Acknowledgement of Plans Submittal ONLY!
Date 8/3/18
Date 8/3/18



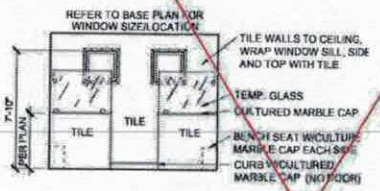
opt. coat valet
3/8" = 1'-0" @ 11x17



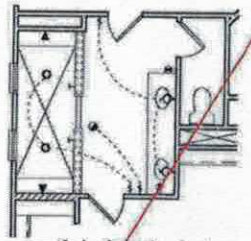
opt. carriage garage
+258 sf 1/8" = 1'-0" @ 11"x17"



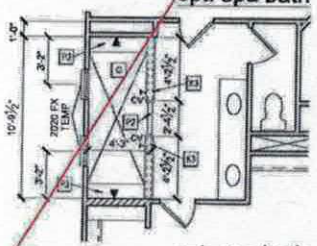
opt. covered patio
1/8" = 1'-0" at 11"x17"



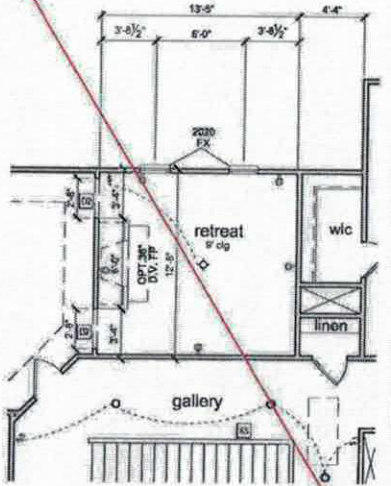
opt. spa bath elev.



partial electrical plan
opt. spa bath



opt. spa bath
1/8" = 1'-0" at 11"x17"



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

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020
RELEASE DATE: 1.12.18

MODEL: BRIDGEPORT
DRAWING TITLE: PLAN OPTIONS

SHEET NO: A3.3