11:30 MD

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212869

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

PIN # 4676868154

APPLICANT/OWNER: Century Homes APPLICANT ADDRESS: 7400 Carmel Exec Park Dr. Suite 205 Charlotte, NC

SITE ADDRESS: 107 Avensong Ct. Mooresville, NC 28115 PHONE: 704-247-1325 ALT. PHONE —

SITE DIRECTIONS: NC 3S → L on Williford → R on Linwood → L on Teeter → R on Rain Shadow → L on Avensong → 1st on L

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Hollybrook SECTION: — LOT # 27 LOT AREA: 1.003ac DESIGN FLOW: 480gpd L.T.A.R.: .3 (.3 repair)

Septic Tank	1000	(gal)	STB	794	Date	5/24/18	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT		Date	6/12/18	System Description:	PM 25% reduction			☐ Business	No. Persons	8	☑ Private	
Pump Make	Zoeller	Model	~~A0153~~		Serial #	12	Repair System Description:	horizontal PPBPS			☐ 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 (Low side)	18"/22" highside		Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: * Install at 22" highside *
Gould's 1/3
WE0212 MU

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

* 30' of 2nd drainline moved - OK 7/19 - CC

	Date	Initials
Drain Lines Checked	7/17	CC
Tanks Checked	7/17	CC
Pressure Manifold or Valve Box Checked	8/7/18	MD
Pressure Head Set	↓	↓
Electrical Checked		
Floats Set		
Alarm Checked	↓	↓
Maintenance Contract Y (N) Not Required		

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: [signature] Date: 5/8/18 Installed by: Waste Water Solutions (Russell Williams)

IMPROVEMENT PERMIT by: Kayla Wilson Date: 5-7-18 OPERATION PERMIT by: Maria Dotson Date: 8/7/18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 5-7-18 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.

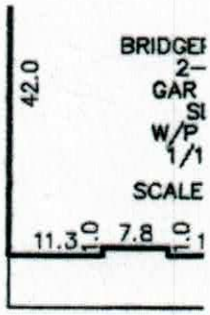
REVISIONS

REV. #	DATE	COMMENT
REV. 1	3/15/18	FLIP TO RIGHT/RMVE 3RD CAR
REV. 2	3/26/18	SHIFTED LEFT 12'

North

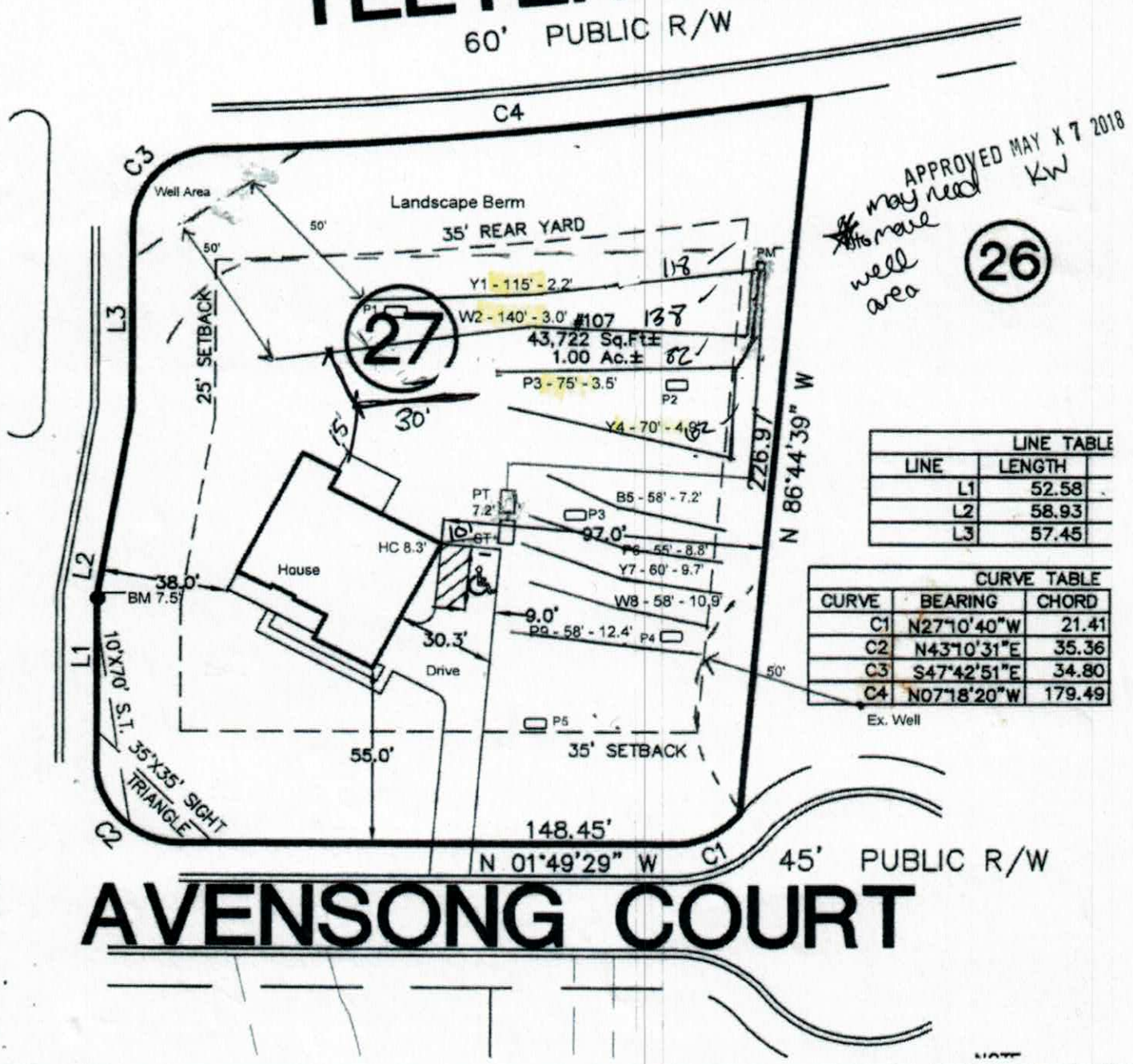
BK: 59 PGS: 143–144

Scale
1" = 40'



TEETER ROAD

60' PUBLIC R/W



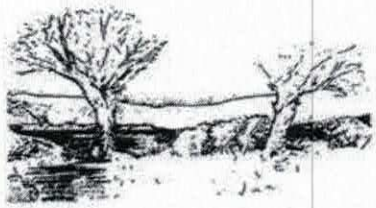
AVENSONG COURT

APPROVED MAY X 7 2018
KW
may need this have well area

26

LINE TABLE		
LINE	LENGTH	
L1	52.58	
L2	58.93	
L3	57.45	

CURVE TABLE		
CURVE	BEARING	CHORD
C1	N27°10'40"W	21.41
C2	N43°10'31"E	35.36
C3	S47°42'51"E	34.80
C4	N07°18'20"W	179.49



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

Reference: Data Sheet for 107 Avensong Ct, Hollybrook SD, Lot 27
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: Horizontal PPBPS
Distribution: Pressure manifold
Flow per Tap: 1 @ 5.48 GPM, 2 @ 7.11 GPM
Tap Size and Material: 1 @ ½" SCH 80, 2 @ ½" SCH 40
System Flow: 19.7 GPM
Dosing Volume: 175 gallons
Pump Run Time: 8.9 minutes
Elevation Head: 10'
Friction Head: 2.7'
Pressure Head: 2'
Total Dynamic Head: 14.7'
Supply Line Length: 155' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 18-24" (initial), 26" maximum (repair)

Line	Design Length	Actual Length	Elevation
Yellow 1	**115'**	**118'**	**2.2'**
White 2	**140'**	**142'**	**3.0'**
Pink 3	**75'**	**84'**	**3.5'**
Yellow 4	**70'**	**77'**	**4.9'**
Blue 5		58'	7.2'
Pink 6		55'	8.8'
Yellow 7		60'	9.7'
White 8		58'	10.9'
Pink 9		58'	12.4'

APPROVED MAY 17 2018
KW

Initial System: 400'
Repair System: 289'
Pump Tank: 7.2'
House Corner: 8.3'
Benchmark: 7.5'

Comments:
Well setbacks are marked in red flags.
Tanks are marked in red flags.
Driveway edge marked in orange flags.
The well is marked with pink, white and blue flags.

The house location is being changed.
The ½" SCH 80 tap feeds Y1.
The first ½" SCH 40 tap feeds W2.
The second ½" SCH 40 tap feeds P3 and Y4.

APPROVED MAY 17 2018
KW

PROPERTY ID #: 4676868154
COUNTY: Iredell

APPROVED MAY X 7 2018 KW

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: BMCH NC LLC
ADDRESS: 10735 David Taylor Dr, STE 310, Charlotte, NC 28262
PROPOSED FACILITY: _4 BDRM_ PROPOSED DESIGN FLOW (.1949): _480 GPD_
LOCATION OF SITE: 107 Avensong Ct, Hollybrook SD Lot 27

APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: _1.003 AC_
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	
1	LS 4%	0-24	R C SBK	FR SS SP SXP	N/A	56"	N/A	N/A	PS 0.3
		24-56	R CL WSBK	FR SS SP SXP					
2	LS 4%	0-16	R C SBK	FR SS SP SXP	N/A	42"	F-C SAP PS	N/A	PS 0.3
		16-42	R CL WSBK	FR SS SP SXP					
		42-56	VER L SAP M	FR SS SP SXP					
3	LS 10%	0-8	Br CL WSBK	FR SS SP SXP	N/A	42"	F-C SAP PS	N/A	PS 0.3
		8-16	R C SBK	FR SS SP SXP					
		16-42	R CL WSBK	FR SS SP SXP					
		42-61	VER L SAP M	FR SS SP SXP					
4	LS 10%	0-6	Br CL WSBK	FR SS SP SXP	N/A	44"	F-C SAP PS	N/A	PS 0.3
		6-18	R C SBK	FR SS SP SXP					
		18-44	R CL WSBK	FR SS SP SXP					
		44-61	VER SL SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	810 FT2
System Type(s)	25% Reduction	Horizontal PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

APPROVED MAY X 7 2018
KW

PROPERTY ID #: 4676868154_____
DATE OF EVALUATION: _____
COUNTY: __IREDELL____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 8%	0-14	FILL		N/A	30"		N/A	PS 0.4+ NOT IN SYSTEM AREA
		14-30	R CL WSBK	FR SS SP SXP			F-C SAP		
		30-61	VER L SAP M	FR SS SP SXP			PS		

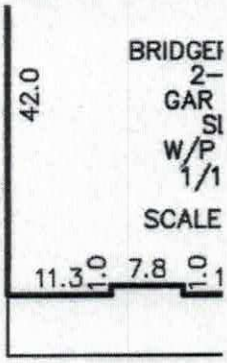
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REV. #	DATE	COMMENT
REV. 1	3/15/18	FLIP TO RIGHT/RMVE 3RD CAR
REV. 2	3/26/18	SHIFTED LEFT 12'

North

BK: 59 PGS: 143–144

Scale
1" = 40'



TEETER ROAD

60' PUBLIC R/W

APPROVED MAY X 7 2018
KW

26

C4
C3
Well Area
Landscape Berm
50'
50'
35' REAR YARD
PM
Y1 - 115' - 2.2'
P1
27
W2 - 140' - 3.0'
#107
43,722 Sq.Ft±
1.00 Ac.±
P3 - 75' - 3.5'
P2
Y4 - 70' - 4.9'
25' SETBACK
L3
L2
L1
226.97'
N 86°44'39" W
PT
7.2'
B5 - 58' - 7.2'
P3
ST
97.0'
HC 8.3'
P6 - 55' - 8.8'
Y7 - 60' - 9.7'
House
38.0'
BM 7.5'
W8 - 58' - 10.9'
9.0'
P9 - 58' - 12.4'
P4
30.3'
Drive
50'
10'X70' S.T.
35'X35' SIGHT TRIANGLE
P5
55.0'
35' SETBACK
Ex. Well
C2
148.45'
N 01°49'29" W
C1
45' PUBLIC R/W

LINE TABLE	
LINE	LENGTH
L1	52.58
L2	58.93
L3	57.45

CURVE TABLE		
CURVE	BEARING	CHORD
C1	N27°10'40"W	21.41
C2	N43°10'31"E	35.36
C3	S47°42'51"E	34.80
C4	N07°18'20"W	179.49

AVENSONG COURT

NOTE

RECEIVED APR 2 4 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $225.00 # 212869

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: (X) 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 Homes **Address:** 7400 Carmel Exec Park Dr, STE 205, Charlotte, NC **Zip:** 28226

Applicant Email: _____ **Phone:** 704-247-1325 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 107 Avensong

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 27

Driving Directions: Linwood, TL Teeter, TR Rain Shadow, TL Avensong, on LT

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

(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: _____

CHECK FOUNDATION TYPE
(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: _____

(X) 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 (X) Other: Accepted

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: _____ 4/24/2018
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 107 Avensong Ct, Hollybrook Lot 27, identified as PIN (Parcel Identification Number) 4676868154, 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: 4/24/2018

Signature of Witness: Rhonda Bustard — Date: 4/24/2018

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

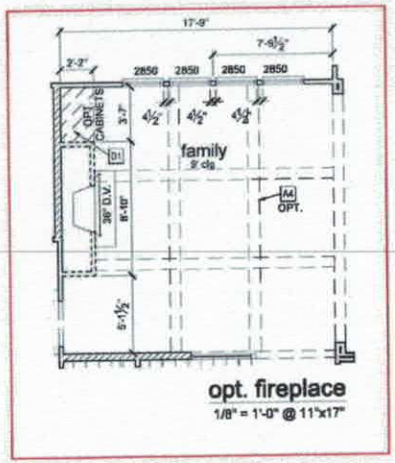
KEYNOTES

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	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACCESS SUPPORT
A4	COFFERED CEILING PER SHEET CD-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	9'-10" TALL CASED OPENING, WIDTH PER PLAN
K1	29" KNEE WALL WITH TILE CAP
K2	32" KNEE WALL WITH 1x CAP
K3	48" 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 BENCH SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CD-4
P4	22" HIGH TUB DECK PLATFORM. DETAILS PER SHT CD-4
A	36"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	42"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 WINDOW(S)
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 W/INTERMEDIATE NEWEL AS REQ'D PER CODE

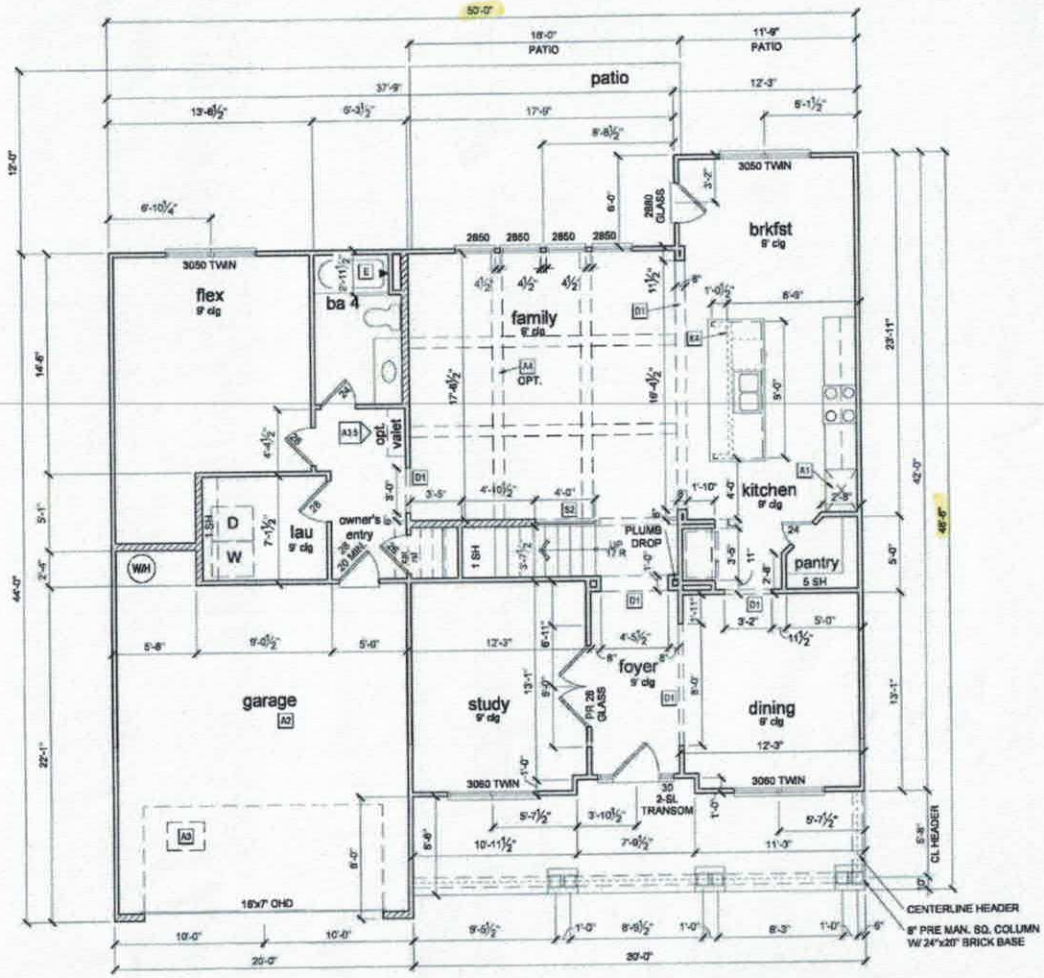
REVERSE

AREA TABULATION

PORCH	203 SF
GARAGE	451 SF
FLOOR 1 LIVING	1575 SF
FLOOR 2 LIVING	1802 SF
TOTAL LIVING	3377 SF



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



FIRST FLOOR 'C'
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 (PER STRUCTURALS)

Acknowledgement of Plans Submittal ONLY!
Date 5-7-18
Date 5/8/18

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: 7020
RELEASE DATE: 1.12.18
MODEL: BRIDGEPORT - Hollybrook 'C'
DRAWING TITLE: FIRST FLOOR PLAN
SHEET NO: A3.1C

Acknowledgement of
Plans Submittal ONLY!

Date 5-7-18

Date 5/8/18

KEYNOTES

A1	CASED LINTEL OR DOUBLE CASING (OPTIONAL OR INCLUDED)
A2	TILED COMMUNITY ENTRY SIGN
A3	GARAGE CEILING - 48" TYPE X DRYWALL VERTICAL SURFACE
A4	WALLS - 10" DRYWALL
A5	22"X30" ATTIC ACCESS DOOR (RECESSED WITH 3/4" TYP. X GYP. BD. PANEL INSTALLED ON BACK SIDE) W/ PULL-DOWN STAIR SUPPORT
A6	COFFERED CEILING PER SHEET CD-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	38" KNEE WALL WITH TILE CAP
K3	48" KNEE WALL WITH 1X CAP
K4	34 1/2" KNEE WALL
P1	OPT. LAUNDRY SINK
P2	22"X34" CERAMIC WITH CULTURED MARBLE TOP
P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH - SEE DETAIL
P4	22" HIGH TUB DECK PLATFORM - DETAILS PER SHT CD-4
A	36"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
C	42" X 60" OVAL LARSON TUB - DROP-IN
D	32"X60" TUB PER SPEC - DROP-IN
E	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
F	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOWS
G	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
H	36" X 60" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
S1	36"X 60" SHOWER WITH 36" KNEE WALL & 1X CAP
S2	36"X 60" SHOWER WITH OPEN PAN
S3	36"X 60" SHOWER WITH 1X CAP
S4	EXPOSED TREAD W/OPEN RISER
S5	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S6	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S7	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S8	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S9	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S10	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S11	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S12	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S13	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S14	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S15	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S16	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S17	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S18	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S19	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S20	OPEN RAIL W/STEP/HANDRAIL PER PLAN
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S51	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S52	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S53	OPEN RAIL W/STEP/HANDRAIL PER PLAN
S54	OPEN RAIL W/STEP/HANDRAIL PER PLAN

NOTES & LEGENDS

1. SEE STRUCTURAL DRAWINGS FOR ALL 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 ON EDGE W/ 1/2" GYP. CRIPPLES @ 24" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE
4. (R) HOSE BIBB SHALL BE INSTALLED. LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | SHEAR WALL (PER STRUCTURAL SI)

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

REVERSE

SHEET NO: A3.2C	MODEL: BRIDGEPORT - Hollybrook 'C'	PLAN NUMBER: 7020	REVISION NUMBER
	DRAWING TITLE: SECOND FLOOR PLAN	RELEASE DATE: 1.12.18	REFER TO COVER SHEET FOR DESCRIPTION

CENTURY COMMUNITIES

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IREDELL COUNTY

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

APPLICATION NUMBER
208884
Issue Date: 03/12/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676868154.000	107 RAIN SHADOW DRIVE, MOORESVILLE, NC 28115	MOORESVILLE

Owner Information	Applicant Information
Owner: BMCH NC LLC	Applicant: BMCH NC LLC
Address: 99 ALMADEN BLVD SUITE 400 SAN JOSE, CA 95113	Address: 99 ALMADEN BLVD SUITE 400 SAN JOSE, CA 95113
Phone:	Phone:

Use Requested	Zone Code
TEMPORARY SALES TRAILER IN HOLLYBROOK SUBDIVISION USING HOLDING TANK AND POTABLE WATER FOR RESTROOM	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.000	35.00	35.00	25.00	15.00	BOWC	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	33252	TOTAL FEES:	$ 177.25