Site Address: 113 Avensong Court, 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# 149086 209247 PIN# 4670-86-8453 ✓ DATE

OWNER OR APPLICANT David McKay LLC PHONE: Business 704-664-9080 Home

ADDRESS 505 Teeter Rd. Mooresville NC 28115

LOCATION Hwy 152 E TR ~~Mooresville~~ Teeter TL Rain Shadow TL Avensong at end 113 Avensong Ct

SUBDIVISION ✓ Hollybrook BLOCK / SECTION — LOT 25 LOT AREA 1.0 Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .25gpd/ft2

Septic Tank: 1000 Gallons: STB 794 Date 6-14-18

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 480

No Lines 5 Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: 25% reduction gravity

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Max. 24" Trench Bottom

A Do not cut for house pad

Comments:/Conditions: 2/2/18 Reviewed Floor plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

See Plan from Steve Courley, GSS Consultants & Wastewater Solutions

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.

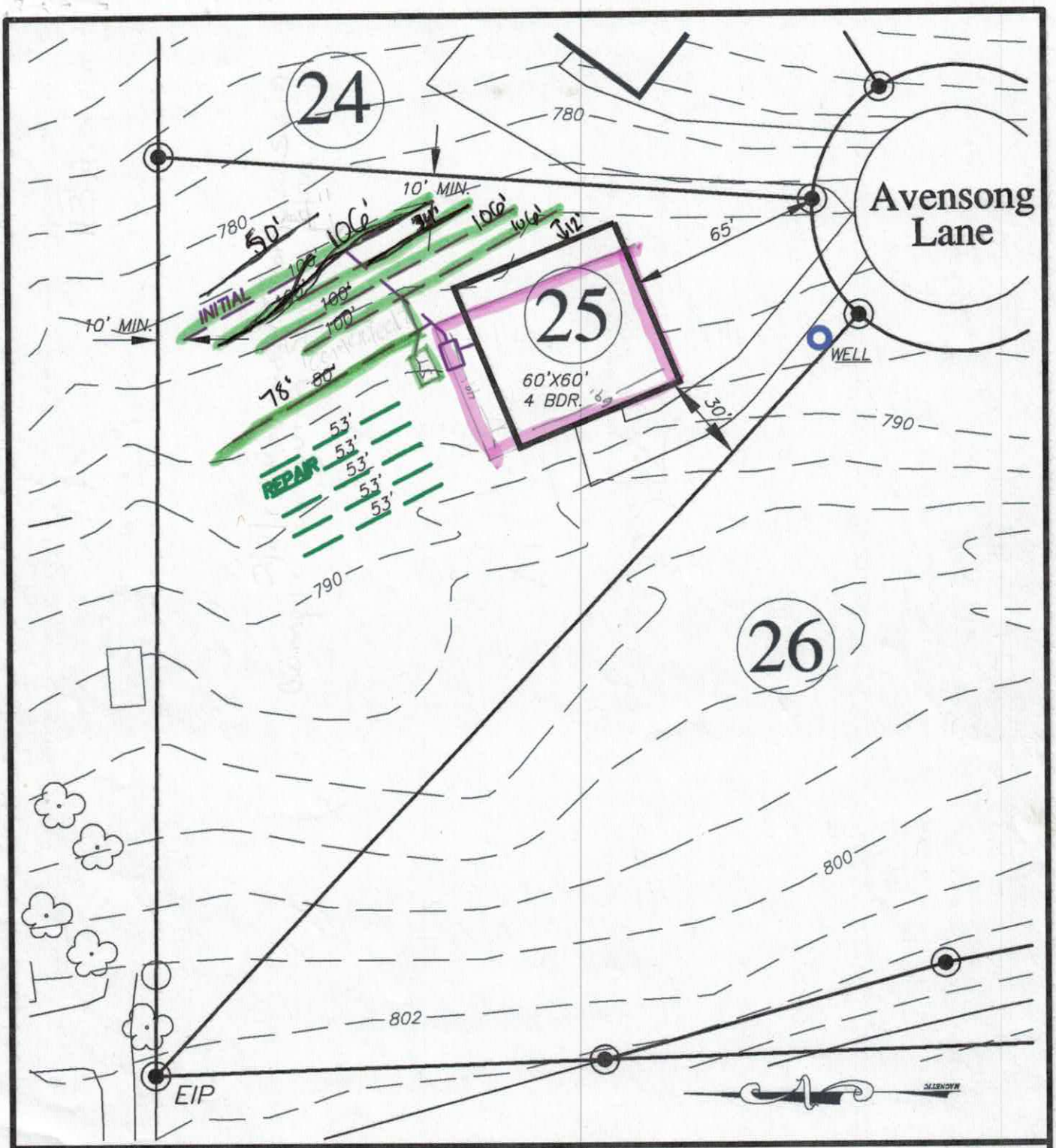
Signed: date 11-13-08 Installed by: Wastewater Solutions (Russell Williams)

Improvement Permit by: date 11-4-08 Operation Permit by: date 8-17-18

Authorization to Construct by: date APPROVED AUG 10 2015 Existing System Inspection by: date

AC reinspection done

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 # 25

BAR SCALE 1"=50'

0 25 50 100

Hollybrook Subdivision Septic Specifications
Iredell County , NC

Lot #25 Type of Water Supply Well Number of Bedrooms 4 GPD Flow 480

Type of Initial System 3g 25% Gravity V Pump ____ LTAR 0.25

Total Linear feet of drain line 480' Type of Distribution System Serial

*See site plan. Number of Trenches 5 Trench Width and Length 36 x — If Variable Length Lines List Separately (1) 80 - (4) - 100' Minimum Trench Spacing 9' o/c

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

Type of Repair System 4a PPBPS Gravity ____ Pump V LTAR 0.3

Total Linear Feet of drain line 266' Type of Distribution System LP

Number of Trenches 5 Trench Width and Length 3' x 53'

If Variable Length List Separately ____

Minimum Trench Spacing 9' o/c

*Trench Depth 24"-26" in. Septic Tank Size 1000 gal. Pump Tank Size 1000 gal.

* Max Trench depth of 24-26" and cover with approved class - III or IV soil backfill. to maintain - 4"-6" of cover.

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)	Bt 0-40	SBK CL	SEXP FR S P	2.5YR 4/8	48"+	N/A	N/A	III 0.35 ltar CCL texture
		BC 40-48+	" "	" " " "					
6	As (1) No wtr. 1/21 Wtr in pit 1/1 Wtr dropped 6" in 15	Bt 0-24*	SBK C/CL	SEXP FR S P	2.5YR 4/8	24" to RC	U too much Rock	24" to RC	IV ~~0.2 ltar~~ LPP fs .1
		RC 24"+	m/GR RK/SCL	" FI SS SP					
7	As (1)	Bt 0-23	SBK C	SEXP FR S P	2.5YR 4/6	37"	N/A	37" to CB cl sap	IV 0.25? ltar (~~CB~~ depth)
		BC 23-37	SBK* CL	" " " "					
		CB 37-48+	" "	" " " "					
8	As (1) No wtr. in pit on 1/5 6"± drop Wtr in pit 1/1	AB 0-2	SBK SC	SEXP FR S P	2.5YR 4/8	48"+	N/A	N/A	III 0.3 ltar
		Bt 2-38	" C	" " " "					
		BC 38-48+	" "	" " " "					
9	As (1)	Bt 0-48+	SBK C	SEXP FR S P	2.5YR 4/6	48"+	N/A	N/A	III 0.3 ltar

COMMENTS: * SBK grading to PL (schistosity of PM)
** S. side of pit. N. side of pit 36"+ depth. Pit 34" deep

OVER for 25A

24" TB @ 25 for gm

led w/ water

25A Bt1 0-24 mo sbk c fr

Bt2 24-42 wk sbk cl fr

BC 42-48 wk sbk cl c-m sap

.35m

.35 stone

SOIL/SITE EVALUATION

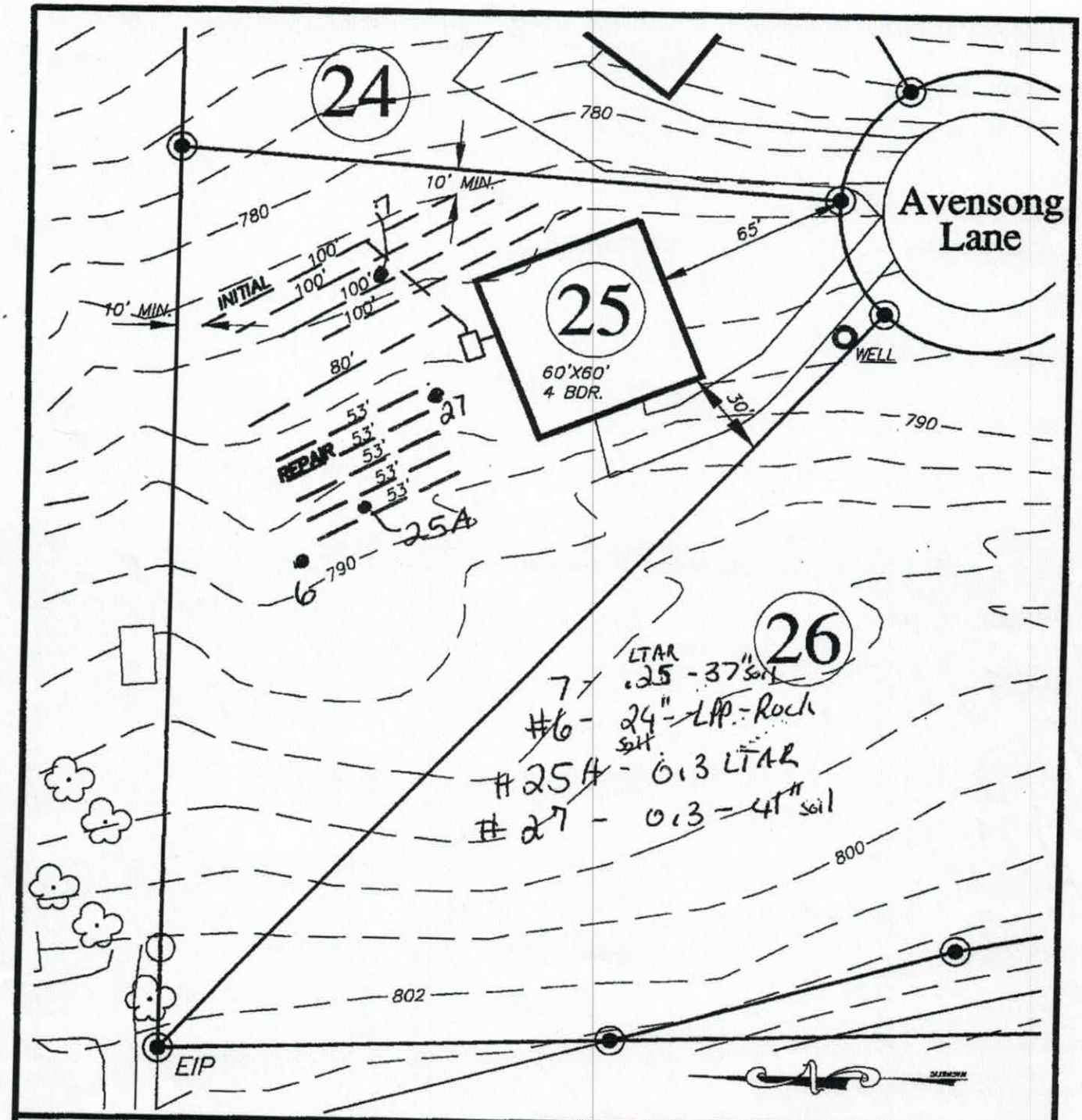
(Continuation Sheet)

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
23	L 6-10% smooth	B 0-10	SBK SCL	SEXP FR S SP	2.5YR 4/4	48"+	N/A	N/A	II/IV 0.35 ltar
		AB 10-28	" SCL	" " " SP					
		B+ 28-48+	" C	" " " P	2.5YR 4/6				
24	L (23)	B 0-10	SBK SCL	SEXP FR S SP					III/III 0.4 ltar
		AB 10-41	" "	" " " "	2.5YR 4/4	48+	N/A	N/A	
		B+ 41-48+	" C	" " " P	2.5YR 4/6				
25	WS (23)	AB 0-21	SBK SCL	SEXP FR S SP					IV 0.4 ltar
		B+ 21-35	" C	" " " P	2.5YR 4/6	45"+	NA	35"<2 Chroma	
		B+ 35-45+	" "	EXP " " VP	8/1 10YR 35-45"+				
		Wtr. in hole on 10/27 @ 11:15. Wtr. surface to start dropped abt 10" based on wtr mark in pit.				45" below soil surface. Wtr level appeared			
26	L 10-15% smooth	AB 0-3	SBK SCL	SEXP FR S SP	2.5YR 4/4	45"+	N/A	N/A	III/IV 0.4 ltar
		B+ 3-24	" C/CL	" " " P					
		BC 24-48+	" C/CL/SCL	" " " SP					
27	L 5-12% smoothing (log terraces & some slope & drainage)	AB 0-3	SBK SCL	SEXP FR S SP	2.5YR 4/4	48"+	N/A	N/A	III/IV ~~0.4 ltar~~ .3 to .35 Steve
		B+ 3-24	" C/CL	" " " P					
		BC 24-48+	" C/CL/SCL	" " " SP					
					0-26 sbk C/L				
					26-52 sbk C/L + C+ sap				

COMMENTS: * Reworked slope w/ Sc.



Hollybrook

FOR

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

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

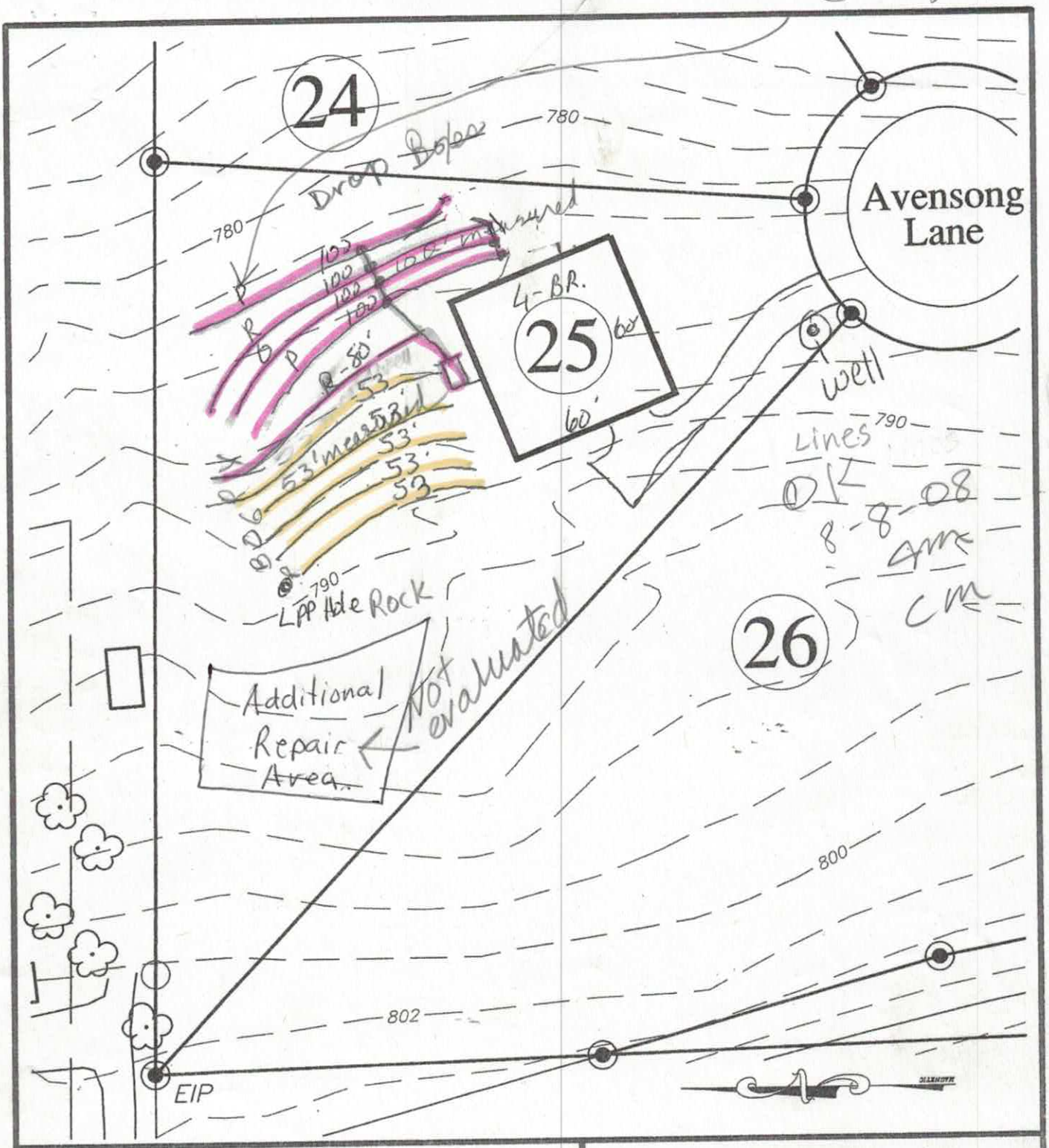
IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 25

BAR SCALE 1"=50'

0 25 50 100

Soil Notes for - only 1 description



Hollybrook

FOR

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

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

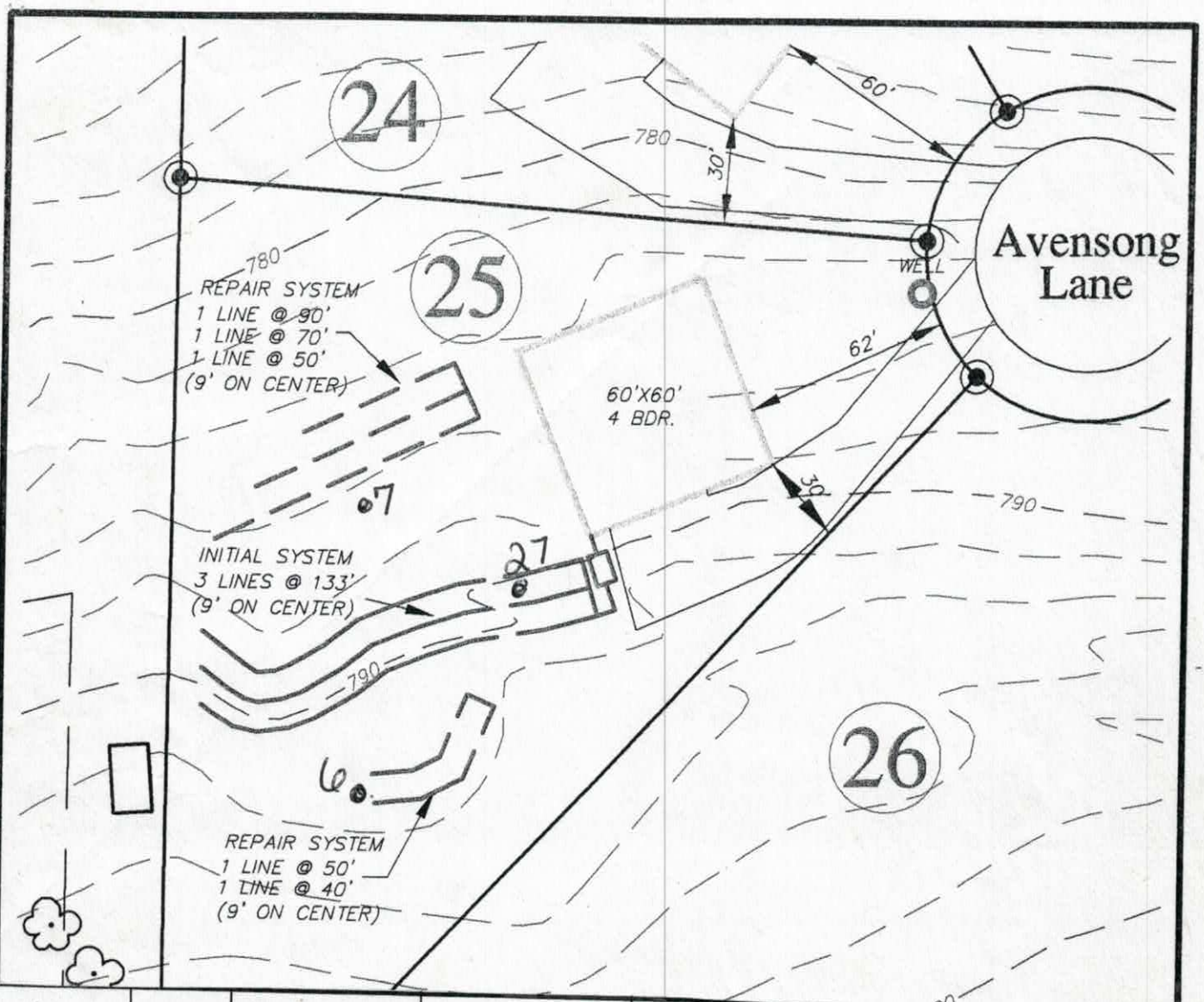
IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 25

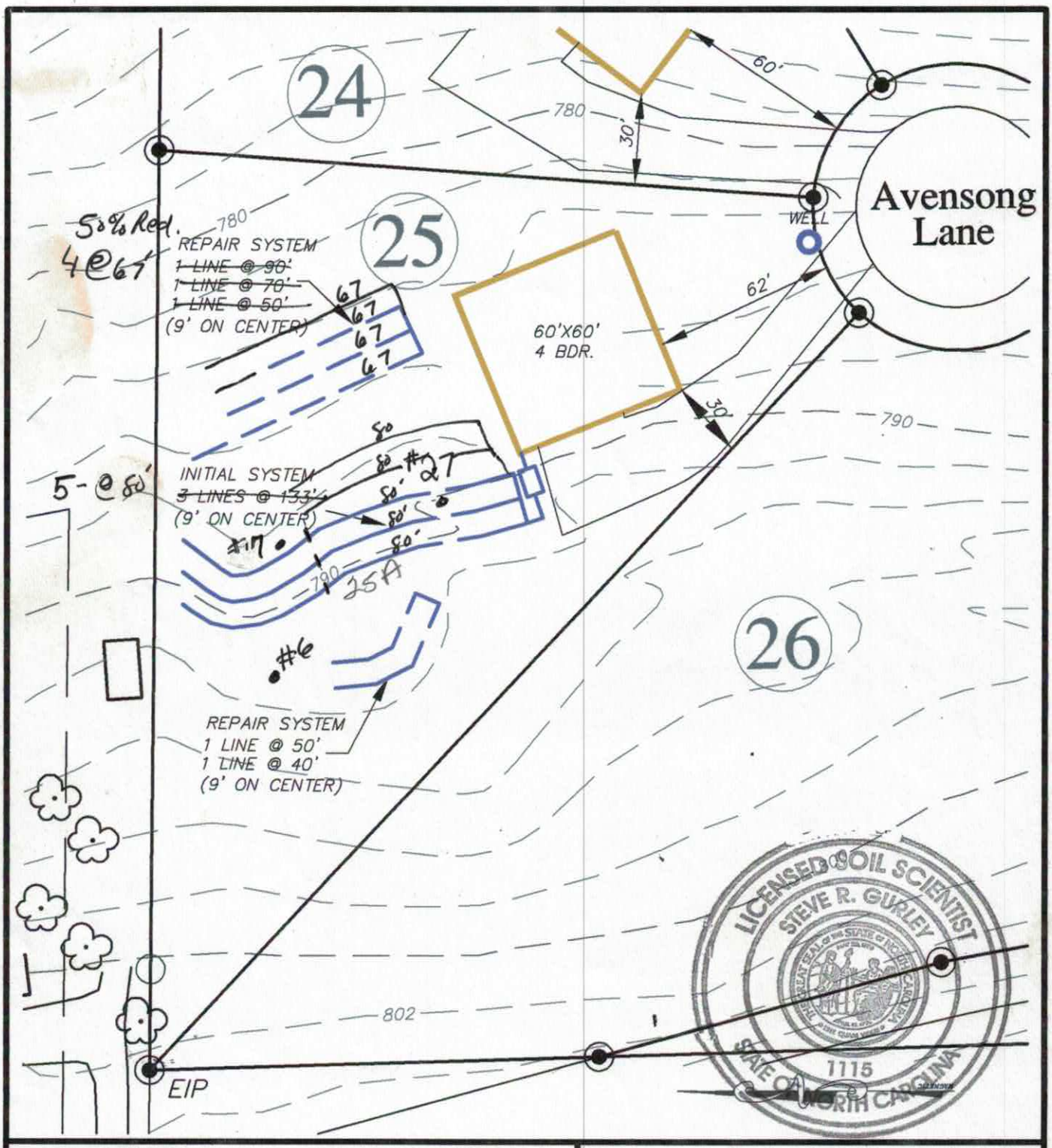
BAR SCALE 1"=50'

0 25 50 100

4-BR - Initial System, LTAR 0.25 480 Lin ft - 25% Red = (4) lines of 3x100'
(1) - 3x80' - Serial Dist. Center Feed - the (4) - 100's.
Repair. - LTAR - 0.3 - @ 50% Red = (5) - (3x53') PPBPS - LPP Dist.



27	L 8-12% undulating (lag, terraces both up & downslope)	HB 0-3	SBK SCL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	III/IV 0.4 ltr/hr
		B+3-24	" C/CL	" " " P					
		BC 24-48+	" C/CL/SCL	" " " SP					
6	As ① No wtr. 11/21 Wtr. in pit 1/1 wtr. dropped 6" in 15	B+ 0-24*	SBK C/CL	SEXP FR S P	2.5YR 4/8	24" to RC	U too much Rock	24" to RC	II 0.2 ltr/hr LPP
		RC 24"+	m/GR RK/SCL	" FI SS SP					
7	As ①	B+ 0-23	SBK C	SEXP FR S P	2.5YR 4/6	37"	N/A	37" to CB	IV 0.25? ltr/hr (PL stuck @ depth)
		BC 23-37	SBK* CL	" " " "					
		CB 37-48+	" "	" " " "					



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 # 25

BAR SCALE 1"=50'

0 25 50 100

RECEIVED JAN 2 6 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM* AC w/Inspection # 209247

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 Executive Park Dr. Ste. 205 **Zip:** 28226

Applicant Email: rhonda.bustard@centurycommunities.com **Phone:** 704-943-1310 **Alt. Phone:**

Owner Name: Century Communities **Address:** 7400 Carmel Executive Park Dr. Ste. 205 **Zip:** 28226

Owner Email: same as above **Phone:** **Alt. Phone:**

Property Information:

Street Address: 113 Avensong Court

Subdivision Name: Hollybrook **Section/Phase:** **Lot Number:** 25

Driving Directions: HWY 152 to 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:

( ) Crawl Space Foundation
(X) 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:**
(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 1/25/18
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, Matthew Chisholm, am the legal owner(s) of the property located at 113 Avensong Court, identified as PIN (Parcel Identification Number) _____, 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 1/25/18

Rhonda Gustafson — Signature of Witness — Date 1/25/18

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

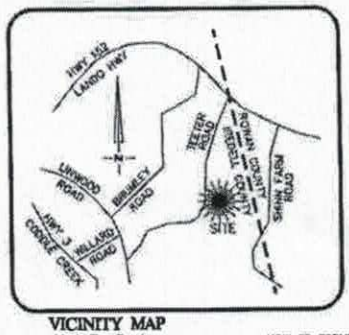
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Revised

RECEIVED FEB 23 2018

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.

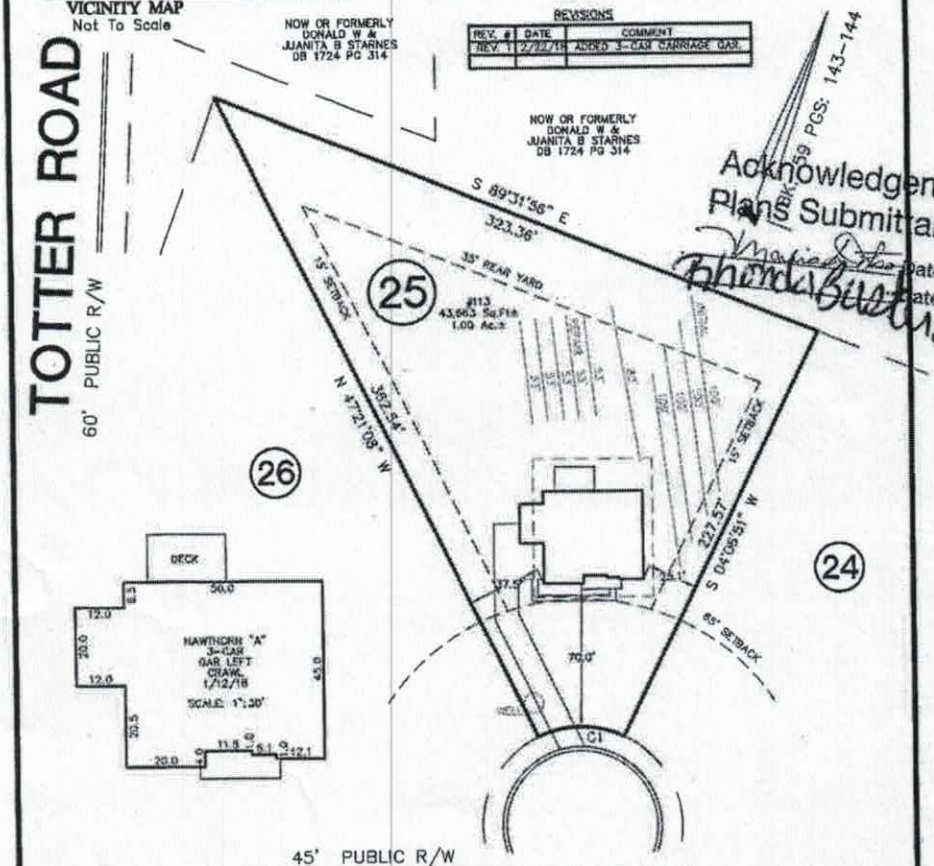
CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	S68°22'54"W	43.42	44.92	50.00



VICINITY MAP
Not To Scale

LOT FIT ONLY

REVISIONS		
REV. #	DATE	COMMENT
REV. 1	2/22/18	ADDED 3-CAR CARRIAGE GAR.



Acknowledgement of Plans Submittal ONLY!
Marie Oates Date 2/23/18
Rhonda Buetard Date 2/23/18

45' PUBLIC R/W

AVENSONG COURT

NOTE:
ALL LOTS ARE SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT ALONG ALL LOT LINES.

THIS PROPERTY LIES WITHIN "ZONE X" ACCORDING TO FLOOD INSURANCE RATE MAP COMMUNITY PANELS #3710467500J, DATED MARCH 18, 2008 & #3710468500K, DATED JUNE 16, 2009. XONE X BEING THE AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN.

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

60 0 60
SCALE: 1" = 60'

HOUSE LOCATION PLOT PLAN
FOR
LOT 25, HOLLYBROOK SUBDIVISION
Coddle Creek Township, Iredell County, North Carolina
PROPERTY OF: CENTURY COMMUNITIES
MAP BOOK 59 PAGE 143-144 DEED REFERENCE

DRAWN BY: ERG | DATE: JANUARY 22, 2018

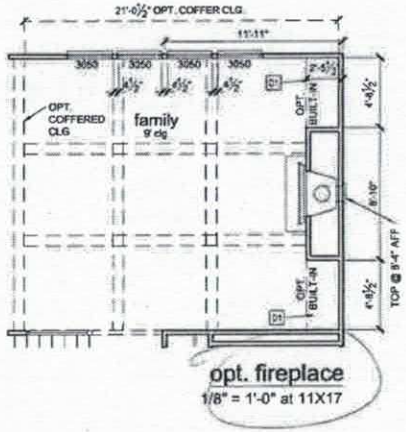
EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS - (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (980) 309-0842

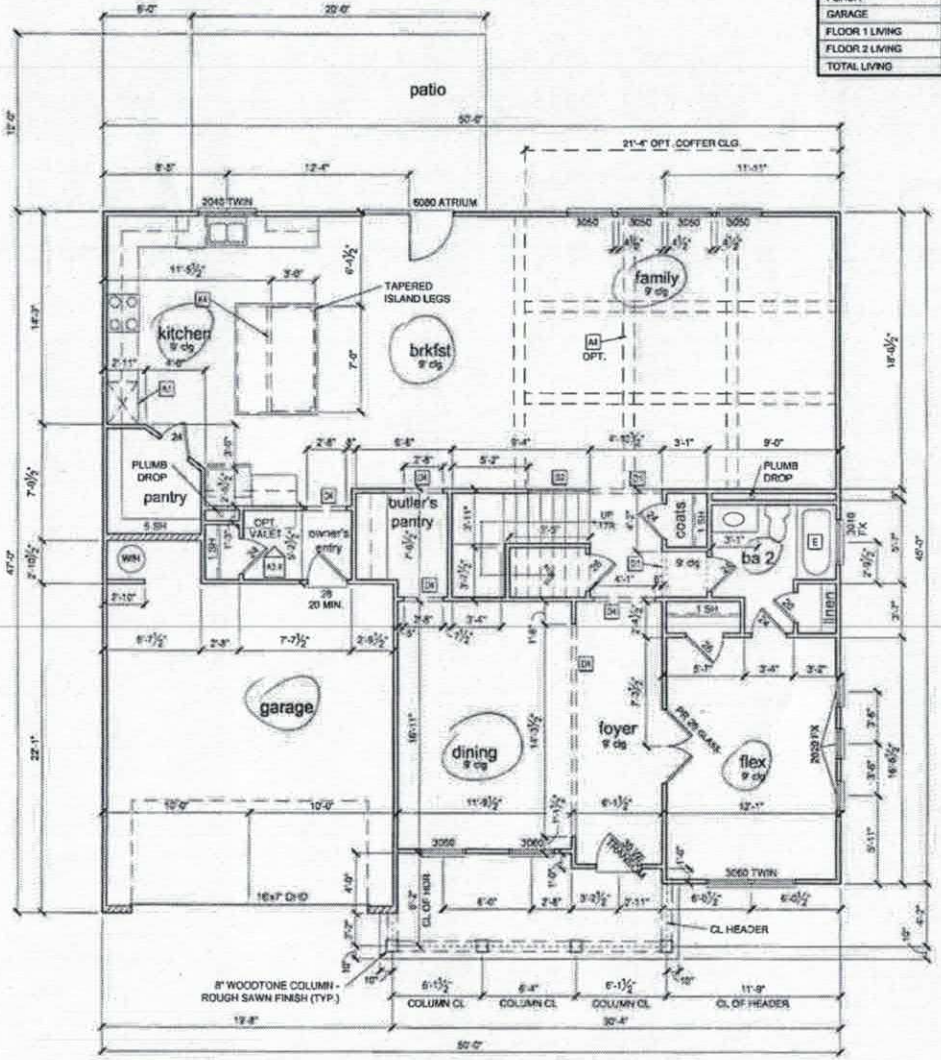
Rhonda Buetard

Hollybrook-25

AREA TABULATION

PORCH	105 SF
GARAGE	455 SF
FLOOR 1 LIVING	1,805 SF
FLOOR 2 LIVING	2,195 SF
TOTAL LIVING	4,000 SF





FIRST FLOOR PLAN

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" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (S) 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)

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 CD3
- 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 6'-10" TALL CASED OPENING. WIDTH PER PLAN
- K1 36" KNEE WALL WITH TILE CAP
- K2 36" KNEE WALL WITH 1x CAP
- K3 48" KNEE WALL WITH 1x CAP
- K4 34 1/2" KNEE WALL
- P1 OPT. LAUNDRY SINK
- P2 (2) 2X4 CURB WITH CULTURED MARBLE CAP
- P3 16" HIGH SLOPED BENCH SEAT WITH TILE FINISH SEE DETAIL PER SHEET CD4
- P4 22" HIGH TUB DECK PLATFORM DETAILS PER SHT CD-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 42"X72" LAWSON TUB - DROP-IN
- E 36"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

Acknowledgement of Plans Submittal ONLY!

Rhonda Bullard Date

Date 2/2/18

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 in any 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 'A'

DRAWING TITLE: 1ST FLOOR PLAN

SHEET NO: A3.1A

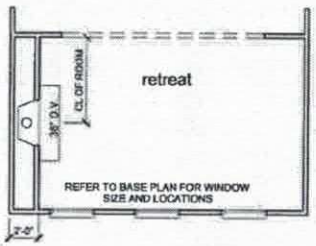
KEYNOTES

A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CD-4
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P4	22" HIGH TUB DECK PLATFORM. DETAILS PER SHT CD-4
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X SHP AND DOOR TRIM FRAME. ACCESS SUPPORT	A	34 X 48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
A4	COFFERED CEILING PER SHEET CD-2	B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	C	42" X 60" OVAL LAWSON TUB - DROP-IN
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	D	42"X72" LAWSON TUB - DROP-IN
D3	8" TALL DRYWALL OPENING, WIDTH PER PLAN	E	30"X60" TUB PER SPECS
D4	8" TALL CASED OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
D5	6'-10" TALL CASED OPENING, WIDTH PER PLAN	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
K1	28" KNEE WALL WITH TILE CAP	S1	BOX STAIR WITH 28" KNEE WALL & 1X CAP
K2	36" KNEE WALL WITH 1x CAP	S2	BOX STAIR WITH OPEN RAIL
K3	42" KNEE WALL WITH 1X CAP	S3	EXPOSED TREAD W/OPEN RAIL
K4	34 1/2" KNEE WALL	S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE
P1	OPT. LAUNDRY SINK		
P2	(3) 2X4 CLIPS WITH CULTURED MARBLE CAP		

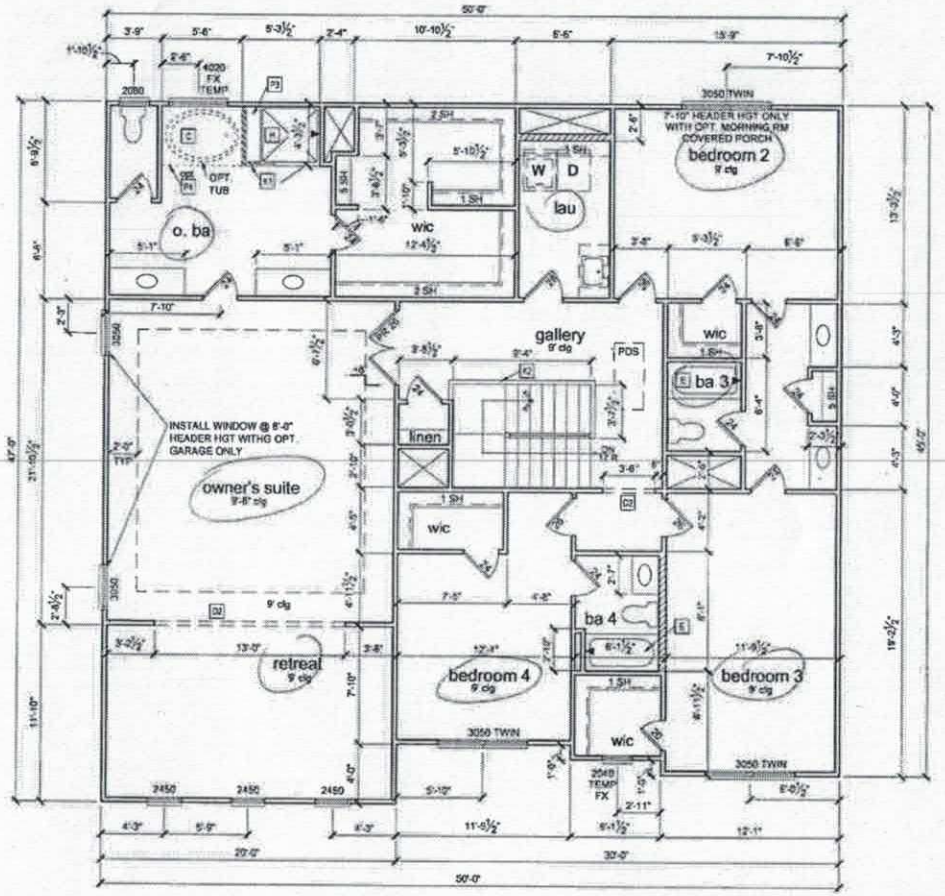
NOTES & LEGENDS

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 @ 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)



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



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

Acknowledgement of Plans Submittal ONLY!

Date 2/2/18

Date

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

Century Communities 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

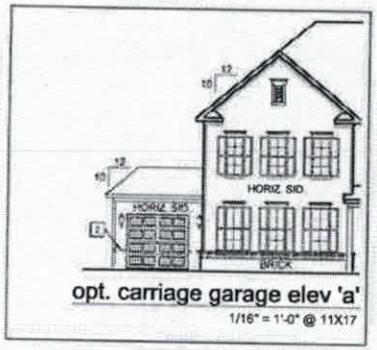
PLAN NUMBER: 7030

RELEASE DATE: 2.17.17

MODEL: HAWTHORN 'A'

DRAWING TITLE: 2ND FLOOR PLAN

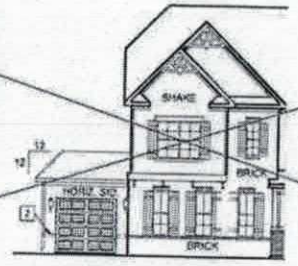
SHEET NO: A3.2A



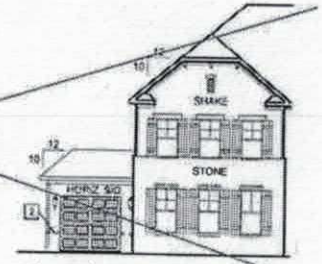
opt. carriage garage elev 'a'
1/16" = 1'-0" @ 11X17



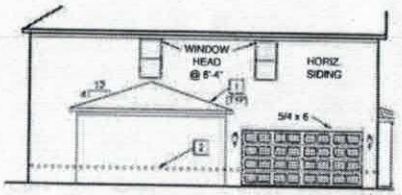
opt. carriage garage elev 'b'
1/16" = 1'-0" @ 11X17



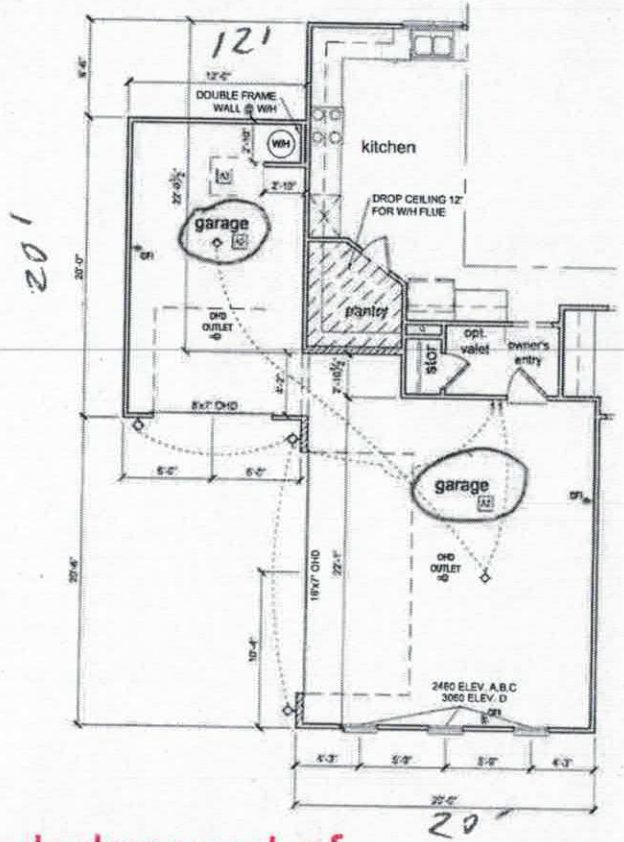
opt. carriage garage elev 'c'
1/16" = 1'-0" @ 11X17



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



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



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

Acknowledgement of Plans Submittal ONLY!

Mary Debra Date 2/23/18

Rhonda Bustard Date

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

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 #: 149086ZO
Subdivision: Hollybrook
Proposed Use: Single Family
Township: 0300 Coddle Creek Outside
Location of Property: 000 Avensong Ln. MOORESVILLE NC 28115
Parcel #: 4676956328.025
Zoning: RA
Lot #: 25 Size: 1.001
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, lft on Avensong, lot at end in cul de sac

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: 3/14/2008