Site Address: 119 Sweet Grass Ln. 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# 149215 23976 PIN# 4676956328.043 4676957695 DATE 10-8-08

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

ADDRESS 505 Teeter Rd Mooresville NC 28115

LOCATION Hwy 152-E TR Teeter Rd TL Rain Shadow TL Turtleback TL Sweet Grass on left

SUBDIVISION Holly brook BLOCK / SECTION — LOT 43 LOT AREA 2.009 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons: STB IM 1060 Date infiltrator

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: 25% reduction gravity

Repair System Description: 25% reduction gravity

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

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

Comments:/Conditions:

Comments:/Conditions:

11/6/18 Reviewed floor plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

See plan from Steve Gurley, GSS Consultants & Wastewater Solutions

AS BUILT SKETCH

Installed as shown

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

Improvement Permit by: date 10-8-08

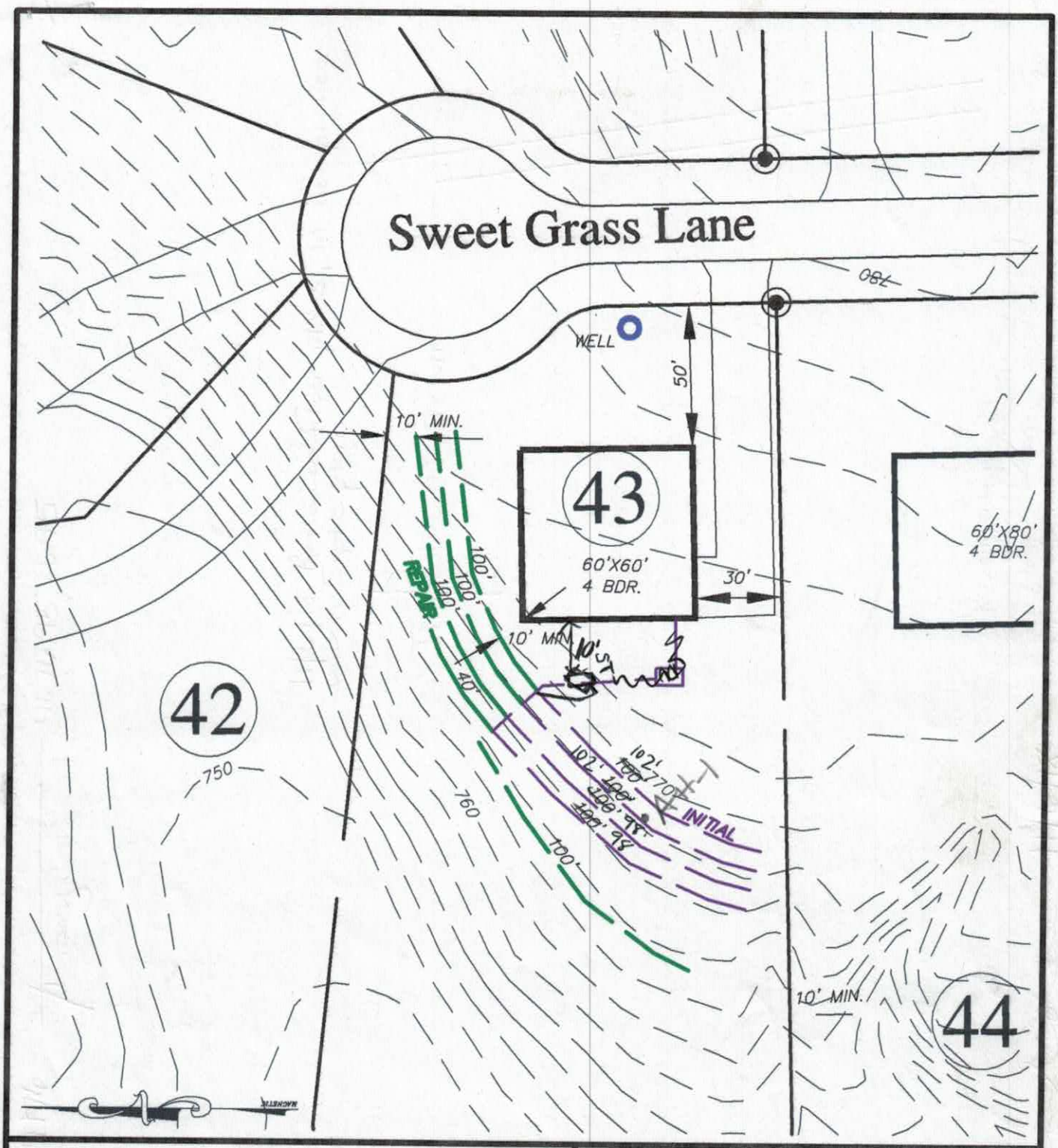
Authorization to Construct by: date 11/6/18

Installed by: Russell Williams (Wastewater Solutions)

Operation Permit by: date 1-22-19

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 # 43

BAR SCALE 1"=50'

0 25 50 100

Hollybrook Subdivision Septic Specifications
Iredell County , NC

Lot # 43 Type of Water Supply Well Number of Bedrooms 4 GPD Flow 480

Type of Initial System 3g 25% Gravity ✓ Pump ____ LTAR 0.3

Total Linear feet of drain line 400' Type of Distribution System Serial

____ Number of Trenches 4 Trench Width and Length 3x100 If

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

Trench Depth 30 in. Septic Tank Size 1000 gal. Pump Tank Size — gal.

Type of Repair System 3g-25% Gravity ✓ Pump ____ LTAR 0.3

Total Linear Feet of drain line 400' Type of Distribution System Serial

Number of Trenches 4 Trench Width and Length 3' x 100'

If Variable Length List Separately — * (40' Extra)

Minimum Trench Spacing 9' o/c

Trench Depth 30 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

43

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
~~50~~ 49	~~As~~	B+ 6-30	SBK C	SEXP FR S SP	2.5YR 4/6	45"	N/A	45" to Sap	IV 0.3 ltar
		BC 30-45	" CL/C	" " " P					
		C 45-48+	" CL	" " " SP					
~~51~~	~~CV~~	A 0-5	SBK SCL	SEXP FR S SP					IV
	6-10%	B+ 5-48+	" C	" " S P	2.5YR 4/6	48"+	N/A	N/A	<0.25 ltar
	Smooth								
		Wtr. in hole on 10/27 @ 0"		3. Wtr level appeared to have dropped about 5" based on water					
		marks in pit. Several cedars in vicinity of p.t.							
~~52~~	~~R~~	A 0-6	SBK SCL	SEXP FR S SP					III/IV
	6-10%	B+ 6-36	SBK PL* C/CL	" " " "	2.5YR 4/6	48"+	N/A	Platy Struc. in B+	0.3 ltar
	Smooth	BC 36-48+	" " * " "	" " " "					
		Wtr. in hole, 10/27 @ 0"		3. Wtr. level had dropped about 7"			based on	water mark location	
		in pit. Wtr level dropped from 5" to 37" below soil surface. Several cedars							
~~53~~	L	A 0-1	SBK SCL	SEXP FR S SP					IV
	4-8%	B+ 1-48+	" C/CL	" " " P	2.5YR 4/4	48"+	N/A	N/A	0.35 ltar (texture)
	Smooth								
~~54~~	~~As~~ (53)	A 0-2	SBK SCL	SEXP FR S SP					IV
		B+ 2-48+	" C	" " " P	2.5YR 4/6	48"+	N/A	N/A	0.3 ltar
~~55~~	~~As~~ (53)	A 0-2	SBK SCL	SEXP FR S SP					IV
		B+ 2-39	" C/SCL	" " " P	2.5YR 4/6	39"	N/A	39" to C	0.3 ltar
		C 39-48+	" SL	" " " SP					

COMMENTS: * SBK grades to platy throughout B+ horizon. May be attributed to shrink-swell properties of parent material.

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

43

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
68	AS 67	A 0-3	SBK CL	SEXP FR S P	2.5YR 3/6 micaceous feels like cl but may be sl	26" to CB	II 0.4 ltr because of micn	26" to CB *	SAP 0.4 ltr .3* gm
		B+ 3-26	" C	" " " "					
		CB+ 26-48+	" SL	" " " "					
69	L/CV 10-15 smooth	A 0-3	SBK SCL	SEXP FR S P	2.5YR 3/2	48"+	N/A	N/A	IV 0.3 ltr .3 OK gm
		AB 3-16	" SCL/CL	" " " "					
		B+ 16-38	" C	" " " "					
		BC 38-48+	" C/CL	" " " "					
67 4	L 20-25	A 0-4	SBK CL	SEXP FR S P	2.5Y 4/2	46" to CR	N/A	NA OK 46" sap	IV 0.3 ltr OK .3 gm
		E+ 4-36	" C	" " " "					
		BC 36-46	" C/CL	" " " "					
		CR 46-42+	SBK/M CL/CL	" " " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES
HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS

L (Linear Slope)
N (Nose Slope)
R (Ridge)
S (Shoulder Slope)
T (Terrace)

IV

SC (Sandy Clay)
SiC (Silty Clay)
C (Clay)
O (Organic)

None

None

0.4 - 0.1

0.2 - 0.05

0.6 - 0.3

0.3 - 0.15

SiCL (Silty Clay Loam)
CL (Clay Loam)
SCL (Sandy Clay Loam)
SiL (Silt Loam)

MOIST

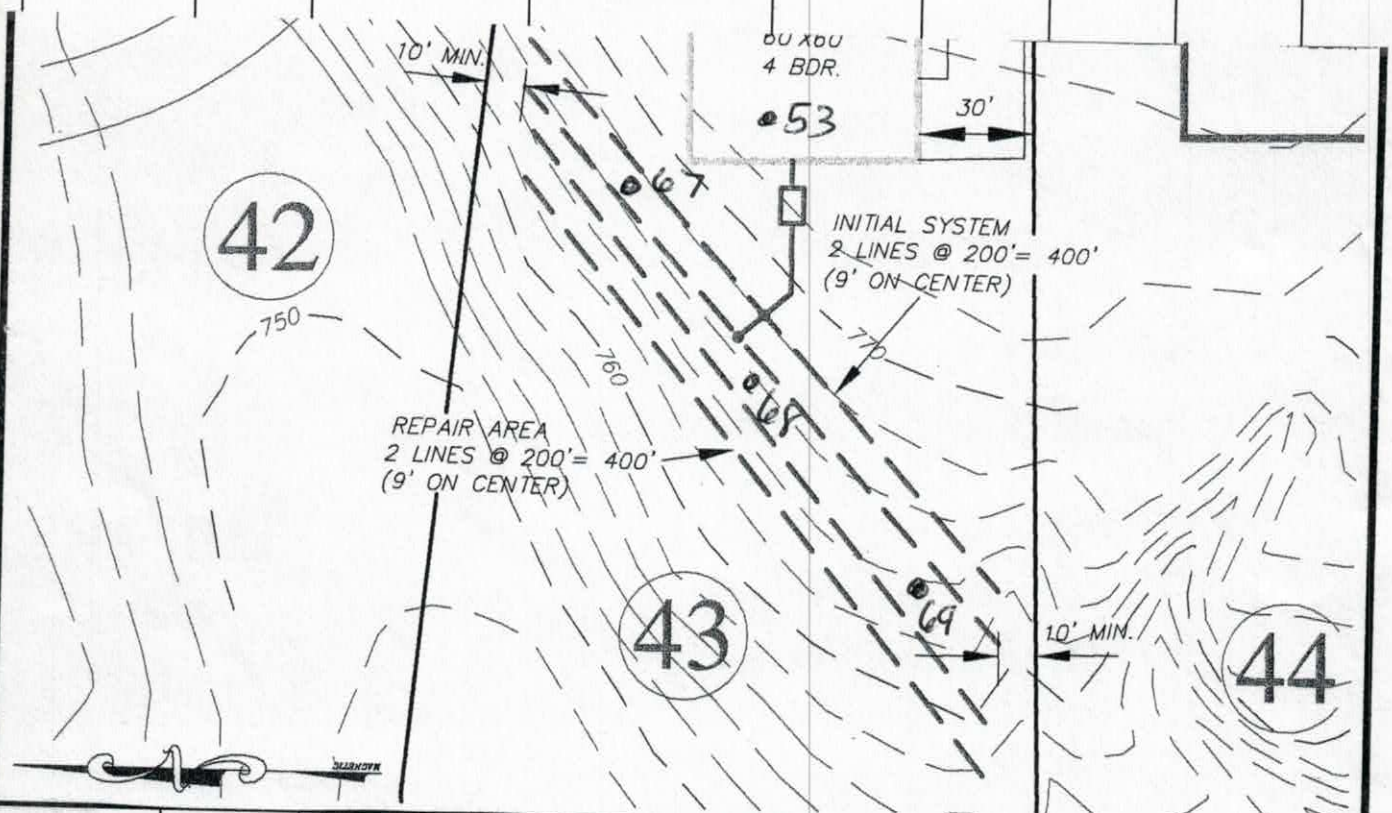
VFR (Very Friable)
FR (Friable)
FI (Firm)
VFI (Very Firm v. Very Sticky)
EFI (Extremely Firm)

WET

NS (Non-sticky)
SS (Slightly Sticky)
S (Sticky)
VS (Very Sticky)
NP (Non-plastic)
SP (Slightly Plastic)
P (Plastic)
VP (Very Plastic)

PL (Platy)
PR (Prismatic)

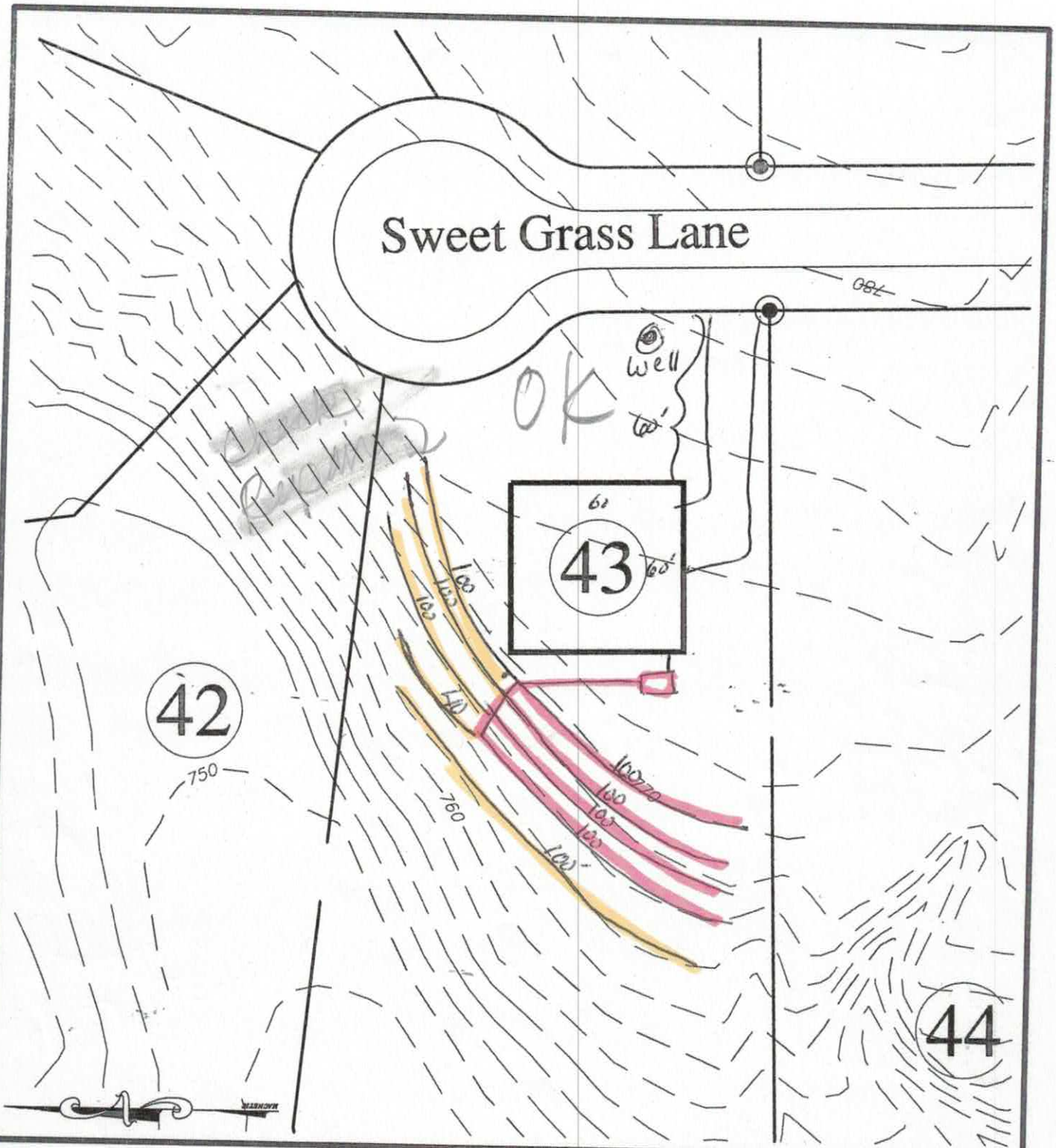
53	L 4-8% smooth	Ap 0-1 Bw 1-48+	SBK "	SCL C/CL	SEXP FR S SP " " " P	2.5YR 4/6	48"+	N/A	N/A	IV 0.35/ac (texture)
68	As 67	Ap 0-3 Bt 3-26 CB+ 26-48+	SBK " "	CL C SL	SEXP FR S P " " " " " " " "	2.5YR 3/6	26"+ to CB	II 0.4/ac	26"+ to CB	SAP ~~0.4/ac~~ 0.3/ac
69	L/CV 10-15 smooth	Ap 0-3 AB 3-16 Bt 16-38 BC 38-48+	SBK " " "	SCL SCL/CL C C/CL	SEXP FR S P " " " " " " " " " " " "	2.5YR 3/6	48"+	N/A	N/A	IV 0.3/ac



67 4	L 20-25	Ap 0-4 Bt 4-36 BC 36-46 CR 46-48+	SBK " " SBK/M	CL C C/CL CL/CL	SEXP FR S P " " " " " " " " " " " "	2.5YR 4/6	46"+ to CR	N/A	N/A	IV 0.3/ac

IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

0 25 50 100



Hollybrook

FOR

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

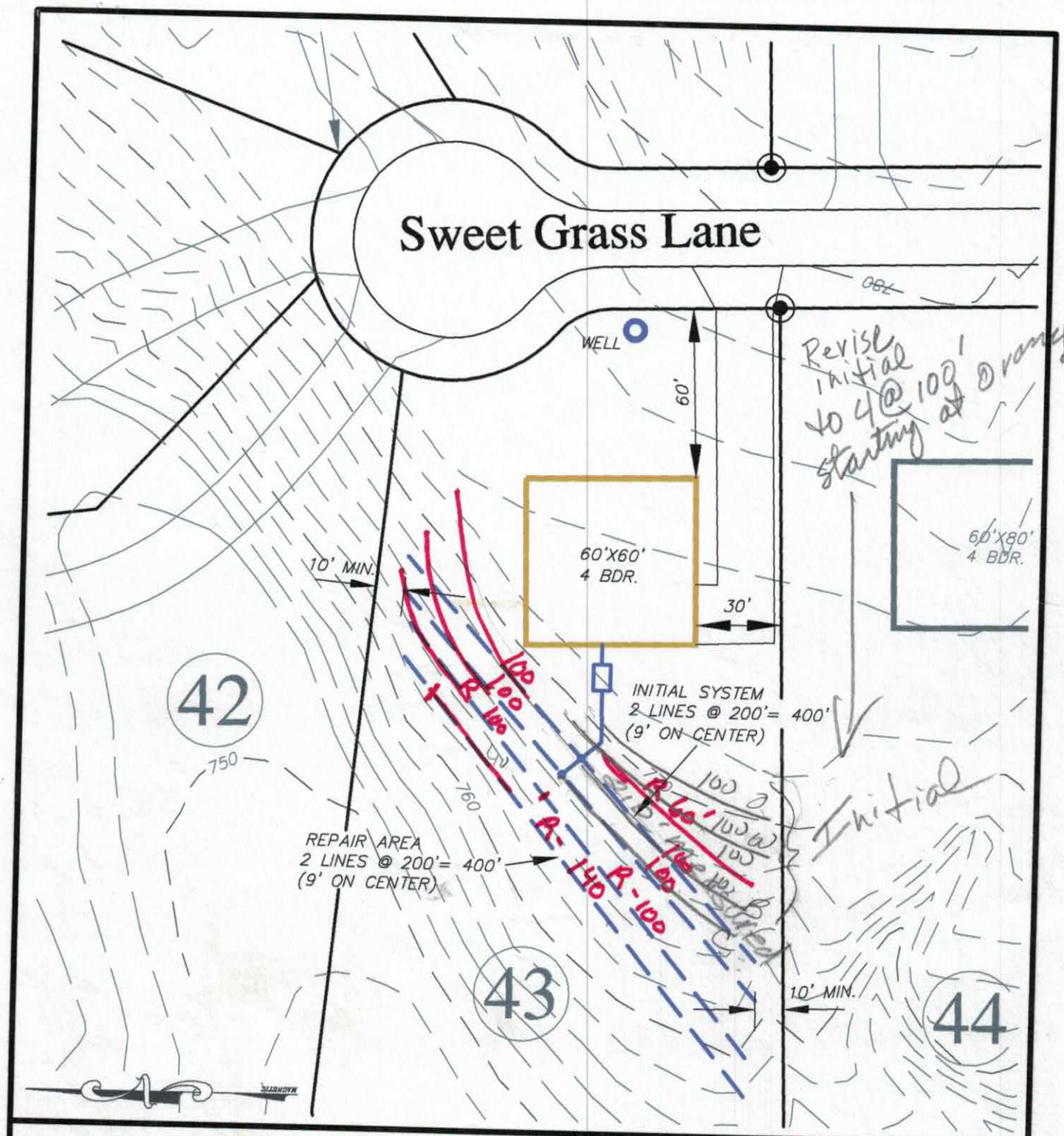
505 TEETER ROAD
Mooresville, NC 28115
(704) 664-9080

IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 43

BAR SCALE 1"=50'

0 25 50 100



Hollybrook

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IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

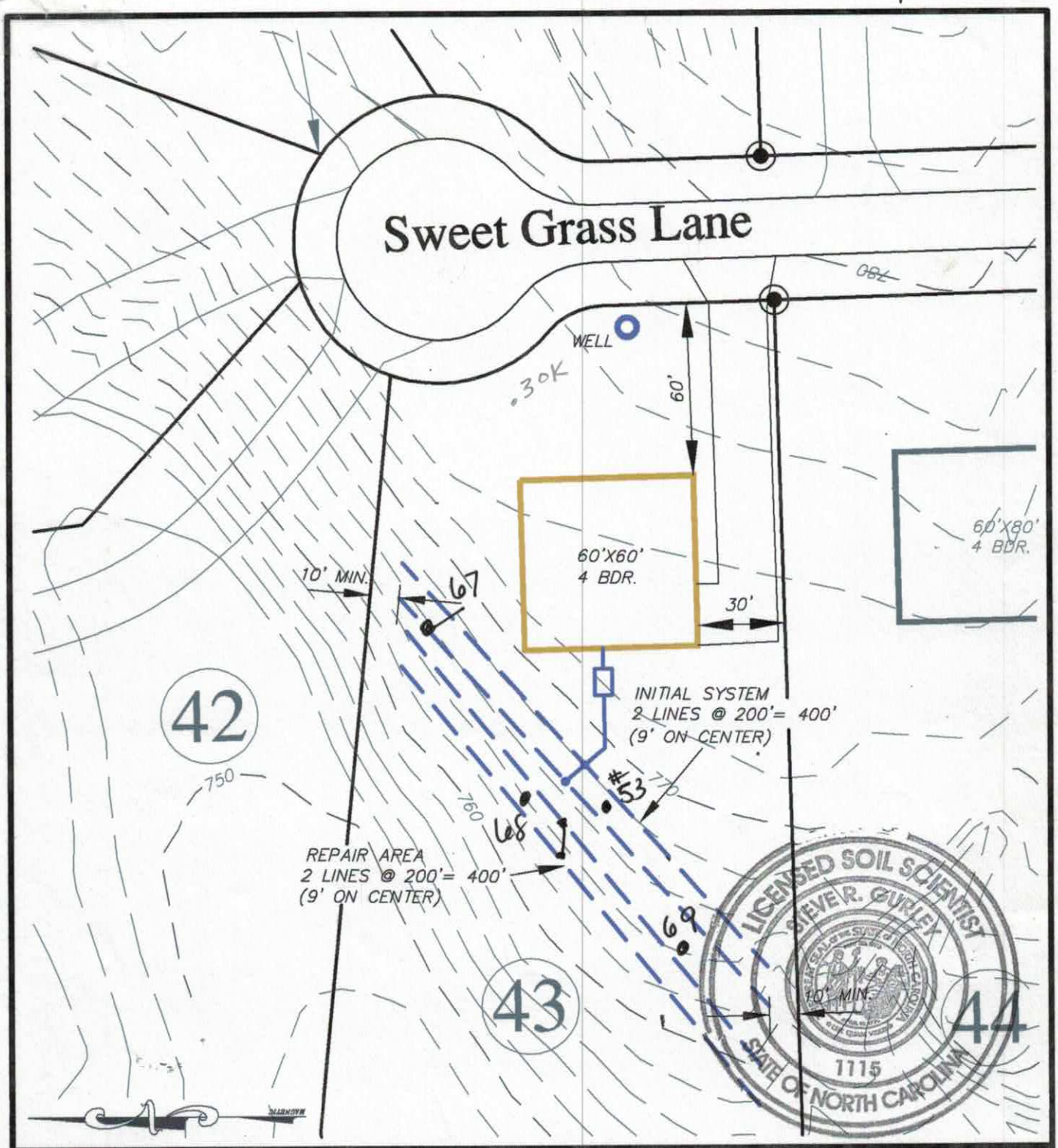
SEPTIC FIELD LAYOUT
LOT # 43

BAR SCALE 1"=50'

0 25 50 100

Same except lowest line was ≈ 140' - add upper limit of 60'

✓ Pit Locations



Hollybrook

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IREDELL COUNTY; CODDLE CREEK NORTH CAROLINA

SEPTIC FIELD LAYOUT
LOT # 43

BAR SCALE 1"=50'

0 25 50 100

AC 239176

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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: 119 Sweet Grass Lane

Subdivision Name: Hollybrook **Section/Phase:** **Lot Number:** 43

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

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: 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 10/29/18
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 Chisolm, am the legal owner(s) of the property located at 119 Sweet Grass Lane, identified as PIN (Parcel Identification Number) 4676-95-7695, 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 Gustafson 10/30/18

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

Acknowledgement of Hollybrook-43
Plans Submittal ONLY!

Maria Dotson Date 11/6/18
patio / deck
Date 11/7/18

KEYNOTES

A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR IND DEPT PER COMMUNITY SPECS	P2	12"x24" CURB WITH CAP PER SPECS
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P3	7/8" HIGH SLOPED BRUSH-OFF WITH TILE FINISH SEE DETAIL PER SHEET CD 4
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X DRYWALL DOOR, FRAME ACCESS SUPPORT	P4	22" HIGH TILE SLOPE PER FORM DETAILS PER S-7 CD 4
A4	COFFERED CEILING PER SHEET CD 2	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	B	42"X60" FIBERMATE II SIDE INTEGRAL SKIRT
D2	DRYWALL SOFFIT - 6" DROP FROM CEILING LINE	C	42"X60" OMNI LAWSON TUB - DROP IN
D3	8" 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	0'-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	30" HIGH WALL WITH TILE CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K2	36" KNEE WALL WITH ½ CAP		
K3	36" KNEE WALL WITH TILE CAP	S1	ROCK STAR WITH 12" KNEE WALL & TILE CAP
K4	34 1/2" KNEE WALL	S2	ROCK STAR WITH DRYWALL
K5	42" KNEE WALL WITH ½ CAP	S3	EXPOSED THEAD (WOOD) RAIL
P1	OPT. LAUNDRY SINK	S4	OPEN RAIL (MASTER/GUEST/LOFT) NOMINAL 42" HIGH PER CODE

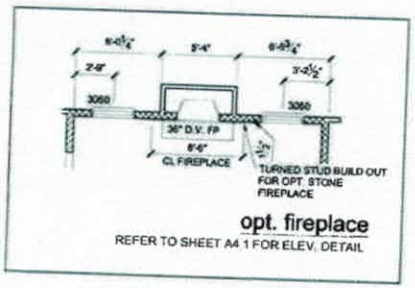
NOTES & LEGENDS

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 5/8" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WITH DOUBLE TOP PLATE U.N.O.
3. INTERIOR NON-BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (D) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLANNING CONTRACTOR

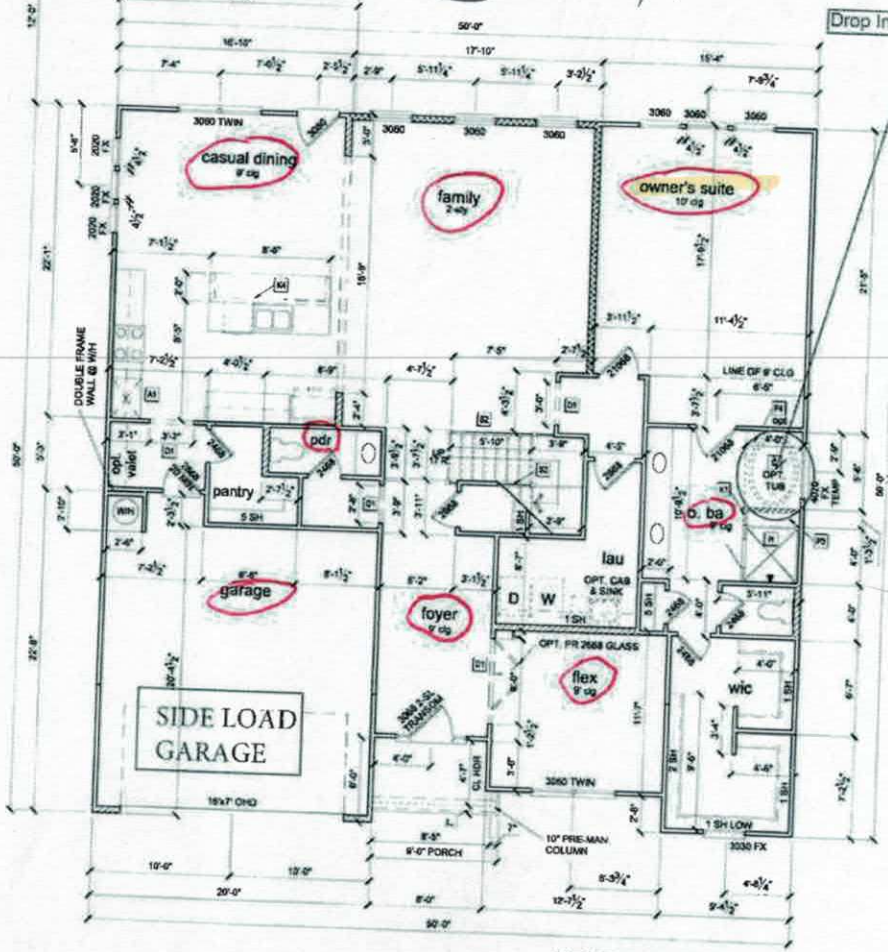
OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALLOON FRAME WALL (FOR BRICK VENEERS)

AREA TABULATION

PATIO/ DECK	204 SF
PORCH	43 SF
GARAGE	420 SF
FLOOR 1 LIVING	2,801 SF
FLOOR 2 LIVING	1,517 SF
TOTAL LIVING	3,918 SF
OPT. GARAGE	240 SF
GAME/ROOM	405 SF



opt. fireplace
REFER TO SHEET A4.1 FOR ELEV. DETAIL

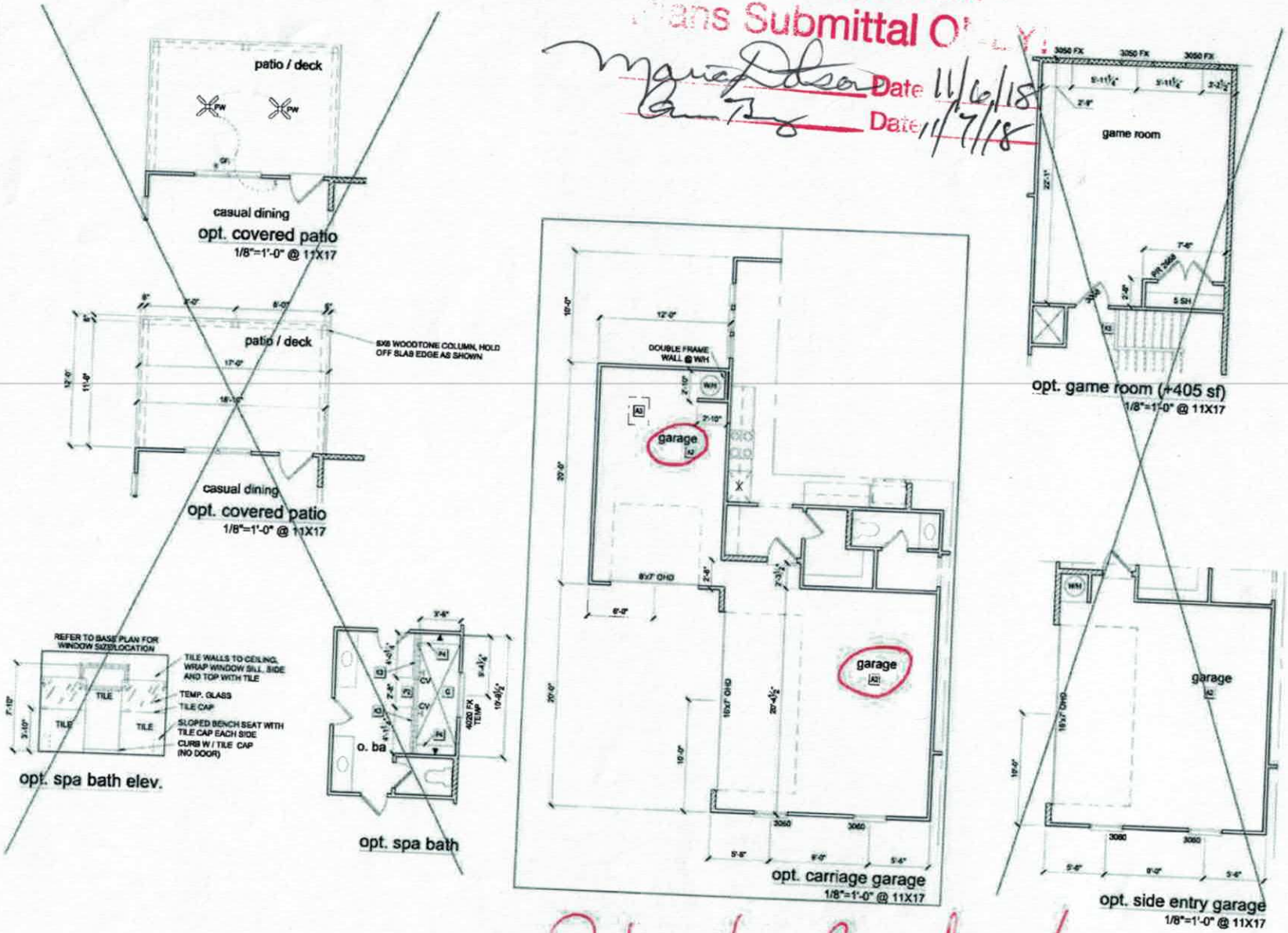


FIRST FLOOR PLAN 'A'
1/8" = 1'-0" @ 11x17

Rhonda Bustard

CENTURY COMMUNITIES

PLAN NUMBER	50234425
RC LEASE DATE	8-13.18
MODEL	TOWNSEND 'A'
DRAWING TITLE	1ST FLOOR PLAN
SHEET NO.	A3.1A



Acknowledgement of Plans Submittal Only

Date 11/6/18

Date 11/7/18

Rhonda Bustard

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER 5023425

RELEASE DATE 8-13-18

MODEL: TOWNSEND

DRAWING TITLE: PLAN OPTIONS

SHEET NO A3.3

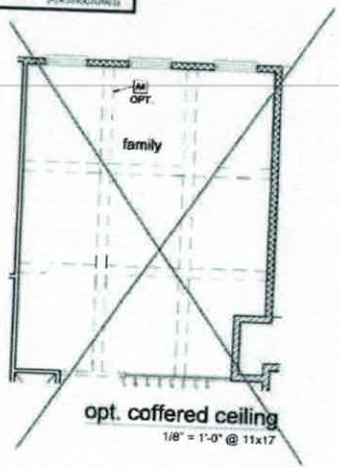
KEYNOTES

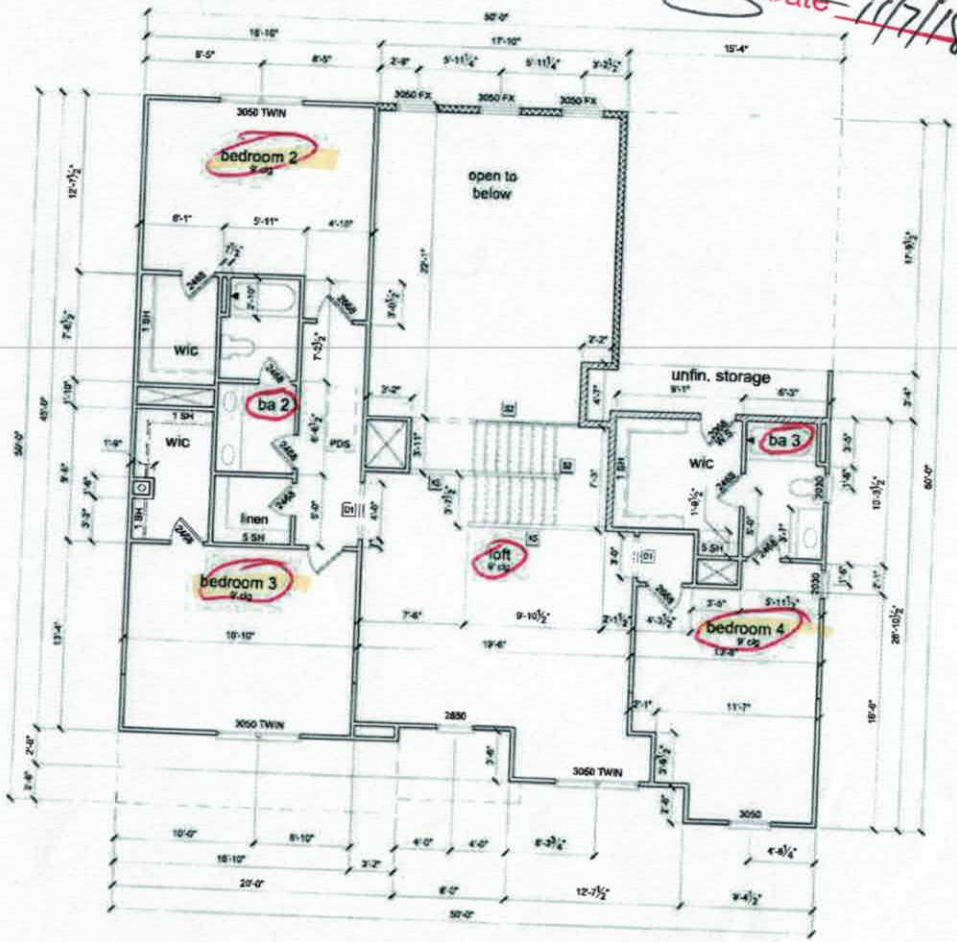
A1	[illegible]	P1	(2) 2X4 CURB WITH CAP PER SPECS
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P3	16" HIGH SLOPED BENCH SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CD4
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X DRYWALL DOOR, WITH HINGE, ADD (2) SUPPORT	P4	20" HIGH TUB DECK PLATFORM. DETAILS PER SHEET CD4
A4	[illegible]	A	36"X36" FIBERGLASS SHOWER PAN WITH TILE WALLS. GLASS ENCLOSURE
C1	DRYWALL SOFFIT - 12" DROP FROM CEILING UNO	B	42" X 60" LINCOLNMILL TUB - INTEGRAL SKIRT
C2	DRYWALL SOFFIT - 8" DROP FROM CEILING UNO	C	42" X 60" OVAL LAWSON TUB - DROP IN
D2	8' TALL DRYWALL OPENING, WIDTH PER PLAN	D	42"X72" LAWSON TUB - DROP IN
D4	6'-8" TALL CASED OPENING, WIDTH PER PLAN	L	30"X60" TUB PER SPECS
D5	6'-10" TALL CASED OPENING, WIDTH PER PLAN	F	SHOWER TILE FLOOR / WALLS. GLASS ENCLOSURE
K1	30" KNEE WALL WITH 1X CAP	G	SHOWER TILE FLOOR / WALLS. TILE BENCH TO CEILING AT ALL SIDES OF WINDOW(S)
K2	36" KNEE WALL WITH 1X CAP	H	48"X48" SHOWER PAN WITH TILE WALLS. GLASS ENCLOSURE
K3	48" KNEE WALL WITH 1X CAP	S1	DECK STAIR WITH 36" RAIL WITH 1X CAP
K4	24" KNEE WALL	S2	DECK STAIR WITH OPEN RAIL
K5	42" KNEE WALL WITH 1X CAP	S3	EXPOSED TREAD WITH OPEN RAIL
K7	OPEN LAUNDRY SINK	S4	OPEN RAIL WITH FLUSH DETAIL NOTED AS REQUIRED 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 VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. GC HOSE BIBS SHALL BE INSTALLED LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | BALCONY / BASIC WALL (PER STRUCTURAL)





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

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER 5023425

RELEASE DATE 8-13-18

MODEL TOWNSEND 'A'

DRAWING TITLE 2ND FLOOR PLAN

SHEET NO A3.2A

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

RECEIVED
MAY 12 2008
By

Zoning Permit

Permit Number: 149215ZO

Printed: 3/17/2008

Master #: 149215

Associated Permits:
149215ZO Zoning

Applicant

Name: Wastewater Solutions & Design
Address: 4711 Rocking Horse Dr.
Maiden, NC 28650

Phone: 980-429-1580

Parcel

Parcel Number: 4676956328.043
Address: 000 Sweet Grass Ln.
MOORESVILLE, NC 28115
Subdivision: Hollybrook

Zoning: RA
Township: 0300
Area: 2.009
Lot(s): 43

Directions to Parcel: SE on Coddle Creek, lft on Williford, rt on Linwood, lft on Teeter, rt on Rain Shadow, lft on Turtleback, lft on Sweet Grass, lot on lft

Owners

Name: David & Betty McKay
Address: 505 Teeter Rd.
MOORESVILLE, NC 28115

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-170030-07	Zoning - Permit / Inspection	$45.00
FEE-170031-07	Environmental Health - Type I or II Fast Track	$275.00
	Total Fees:	**$320.00**
REC-94855-07		$320.00
	Total Receipts:	**$320.00**

Conditions