ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # AP 302688

PIN # 4676957887

APPLICANT/OWNER: Shelly Lloyd / Century Communities APPLICANT ADDRESS: 7401 Carmel Executive Park Dr Suite 310 Charlotte, NC 28226

SITE ADDRESS: 125 Sweet Grass Ln Mooresville, NC PHONE: 9802968683 ALT. PHONE

SITE DIRECTIONS: Main St N TR Linwood TL Teeter TR Rain Shadow TL Turtleback TL Sweet Grass

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hollybrook SECTION: LOT # 42 LOT AREA: 4.322 Ac DESIGN FLOW: 480 gpd L.T.A.R.: 1.3I / .25R

Septic Tank	1000 (gal)	STB	Infiltrator	Date	Infiltrator	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	Hort. PBBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

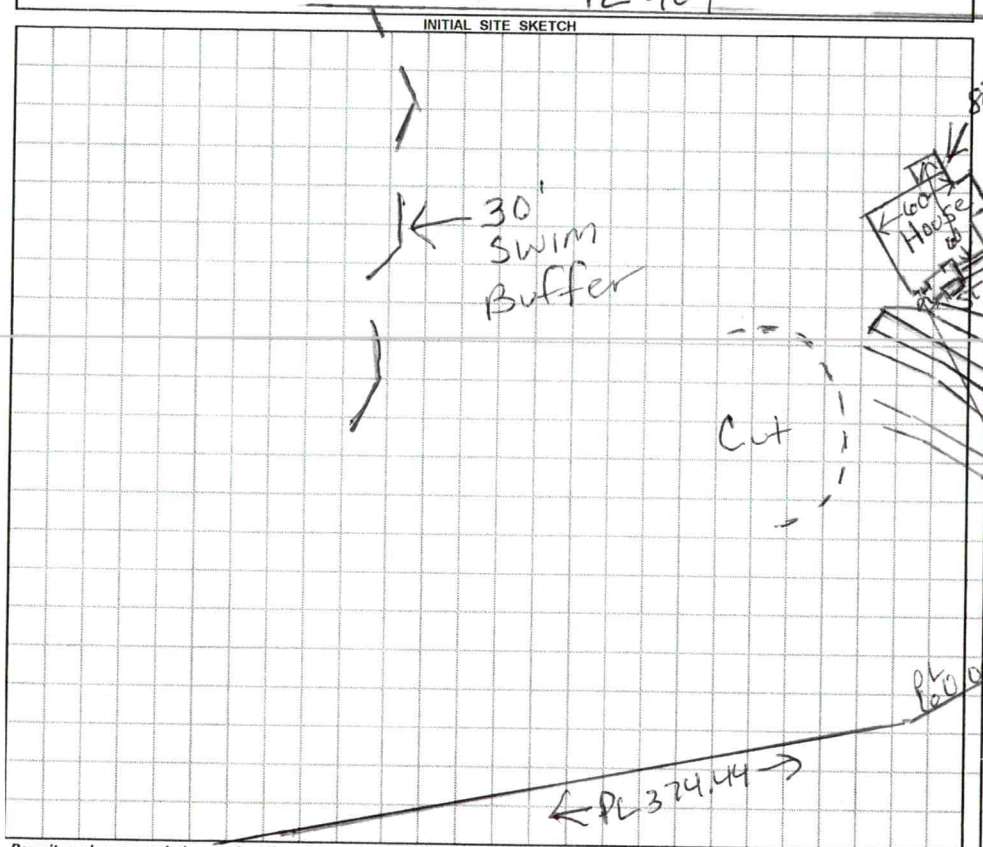
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert Storm/Surface water away from house

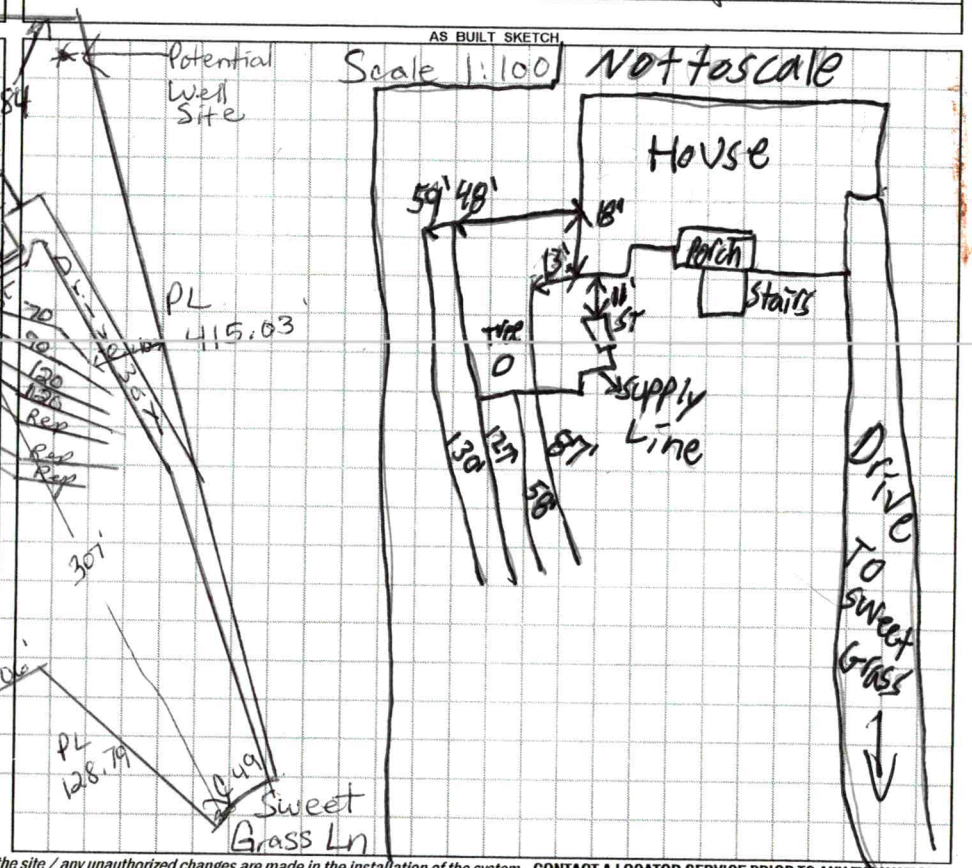
PL 404

Keep ST 10ft from house. Keep Septic at least 15ft from "cut".

INITIAL SITE SKETCH



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. **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: Acceptance of Permit Rec'd Date: 7-14-2020 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Dolgan Date: 7/10/2020 OPERATION PERMIT by: Patrick J Byrne III Date: 10/28/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Byrne III Date: 10/27/2020 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 inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Shelly Lloyd (authorized agent), am the legal owner or the agent of the property located at 125 Sweet Grss Lane, identified as PIN(Parcel Identification Number) 4676957887, located in Iredell County, North Carolina.
Permit # 302688.

I do hereby agree to the permit design and the conditions of this permit.

Shelly Lloyd 7/14/2020
Signature of Owner/Authorized Agent Date

Signature of Witness 7/14/2020
Date

email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Century Comm.
ADDRESS: 1401 Carmel Exec Park Dr
PROPOSED FACILITY: House
LOCATION OF SITE: 125 Sweet Grass
APPLICATION DATE: 6/15/20
DATE EVALUATED: 6/30/20
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE:
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) .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
1	LS 6%	0-10	Brw CL	wSBK FR SS,SP,SExP					PS .3
		10-39	R CL	m-wSBK SS,SP,SExP,FR					
		39-54	RCL	wSBK SS,SP,SExP,FR		54"			
2	LS 6%	0-8	Brw CL	wSBK FR SS,SP,SExP					PS .3
		8-30	RCL	mwSBK SS,SP,SExP,FR					
		30-56	RCL	wSBK SS,SP,SExP,FR		56"			
		wf as to many SAP Inclus							
		56	LSAP	massive FR					
3	LS 6%	0-8	Brw SCL	wSBK SS,SP,SExP,FR					PS .3
		8-27	RCL	m-wSBK SS,SP,SExP,FR					
		27-36	RCL	wSBK SS,SP,SExP,FR					
		36-50	R to Yel/Brw CL	wSBK SS,SP,SExP,FR w/Litho Inclus		50"			
		wSAP Inclus							
4	LS 6%	0-12	Brw CL	wSBK FR SS,SP,SExP,FR					PS .25 to 36"
		12-36"	RCL	SBK SS,SP,SExP,FR					
		36-56	RCL	wSBK SS,SP,SExP,FR					
		56	SL SAP	massive, FR		56"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Hor Perms
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

PROPERTY ID #: 4676957887

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 11/27/19 mo

OWNER: Century Communities

ADDRESS: 7400 Carmel Executive Park Dr, STE 205, Charlotte, NC 28226

APPLICATION DATE

DATE EVALUATED: 7/31/2019

PROPOSED FACILITY: 4 bdrm

PROPOSED DESIGN FLOW (.1949): 480 GPD

PROPERTY SIZE: 4.322 AC

LOCATION OF SITE: 125 Sweet Grass Ln, Hollybrook Lot 42

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 6%	0-10	Br CL WSBK	FR SS SP SXP	N/A	54"	N/A	N/A	PS 0.3
		10-39	R C SBK	FR SS SP SXP					
		~~36~~-54 39	R CL WSBK	FR SS SP SXP					
2	LS 6%	0-8	Br CL WSBK	FR SS SP SXP	N/A	58"	F-C SAP	N/A	PS 0.3
		8-32	R C SBK	FR SS SP SXP					
		32-58	R CL WSBK	FR SS SP SXP					
3	LS 6%	0-10	Br CL WSBK	FR SS SP SXP	N/A	40"	F-C SAP PS	N/A	PS 0.3
		10-27	R C WSBK	FR SS SP SXP					
		27-40	R CL WSBK	FR SS SP SXP					
		40-60	VER SL SAP	FR SS SP SXP					
4	LS 6%	0-12	Br CL WSBK	FR SS SP SXP	Mn Lithochromic Colors	60"	F-C SAP PS	N/A	PS 0.275 TO 36"
		12-36	R C SBK	FR SS SP SXP					
		36-56	R CL WSBK	FI SS SP SXP					
		56-70	VER SL SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	1506 FT^2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.25

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: MA&A

OTHER(S) PRESENT:

COMMENTS:

RECEIVED JUN 1 8 2020 AP-302688 $500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) 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: Shelly Lloyd **Address:** 7401 Carmel Executive Park Dr. Suite 310 **Zip:** 28226

Applicant Email: Shelly.Lloyd@centurycommunities.com **Phone:** 980-296-8683 **Alt. Phone:** 704-681-2315

Owner Name: Century Communities **Address:** 7401 Carmel Executive Park Dr. Suite 310 **Zip:** 28226

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

****

Property Information:

Street Address: 125 Sweet Grass Lane

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 42

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

(x) New Single Family Residence — Maximum Number of Bedrooms: 4 — (x) 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: na
( ) 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: Shelly Lloyd 6/15/2020
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 _____, 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

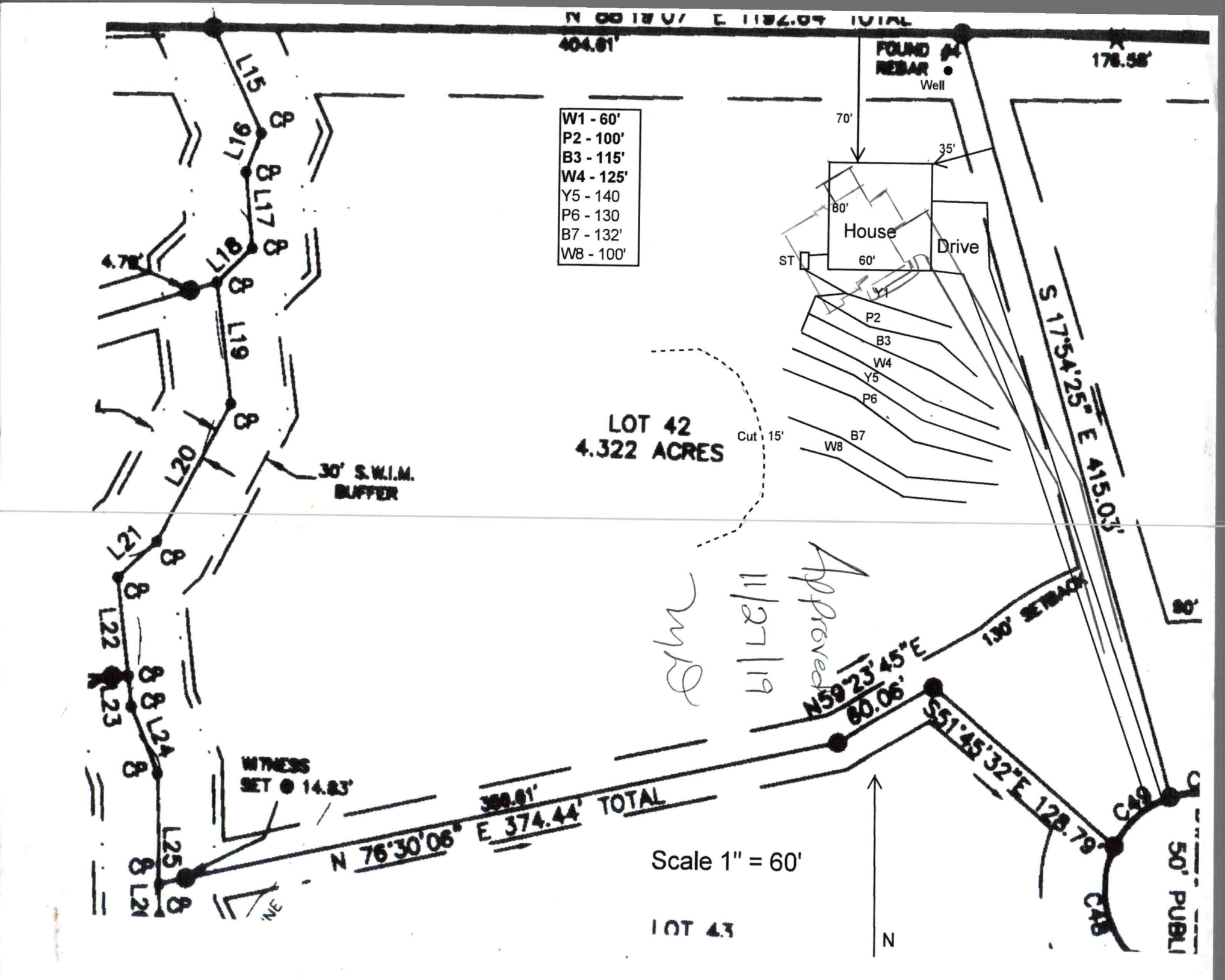
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) Date | Signature of Witness Date

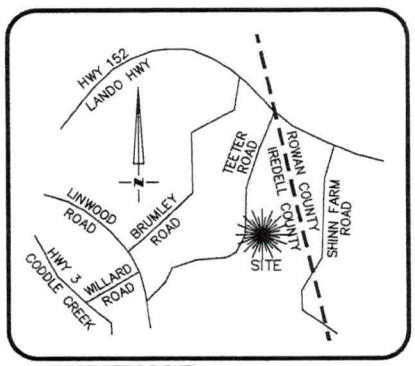
Please return this signed form to the appropriate office:

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


N 88 18 07 E 1192.84 TOTAL
404.61'
FOUND 1/2" REBAR
Well
176.58'
W1 - 60'
P2 - 100'
B3 - 115'
W4 - 125'
Y5 - 140
P6 - 130
B7 - 132'
W8 - 100'
70'
35'
60'
House
Drive
ST
60'
Y1
P2
B3
W4
Y5
P6
B7
W8
Cut 15'
S 17°54'25" E 415.03'
LOT 42
4.322 ACRES
30' S.W.I.M. BUFFER
L15
L16
L17
L18
L19
L20
L21
L22
L23
L24
L25
4.78'
Approved
11/27/19
130' SETBACK
N59°23'45"E
60.06'
S51°45'32"E 128.79'
C49
C48
50' PUBLI
WITNESS SET ● 14.83'
350.61'
N 76°30'06" E 374.44' TOTAL
Scale 1" = 60'
N
NE
LOT 43

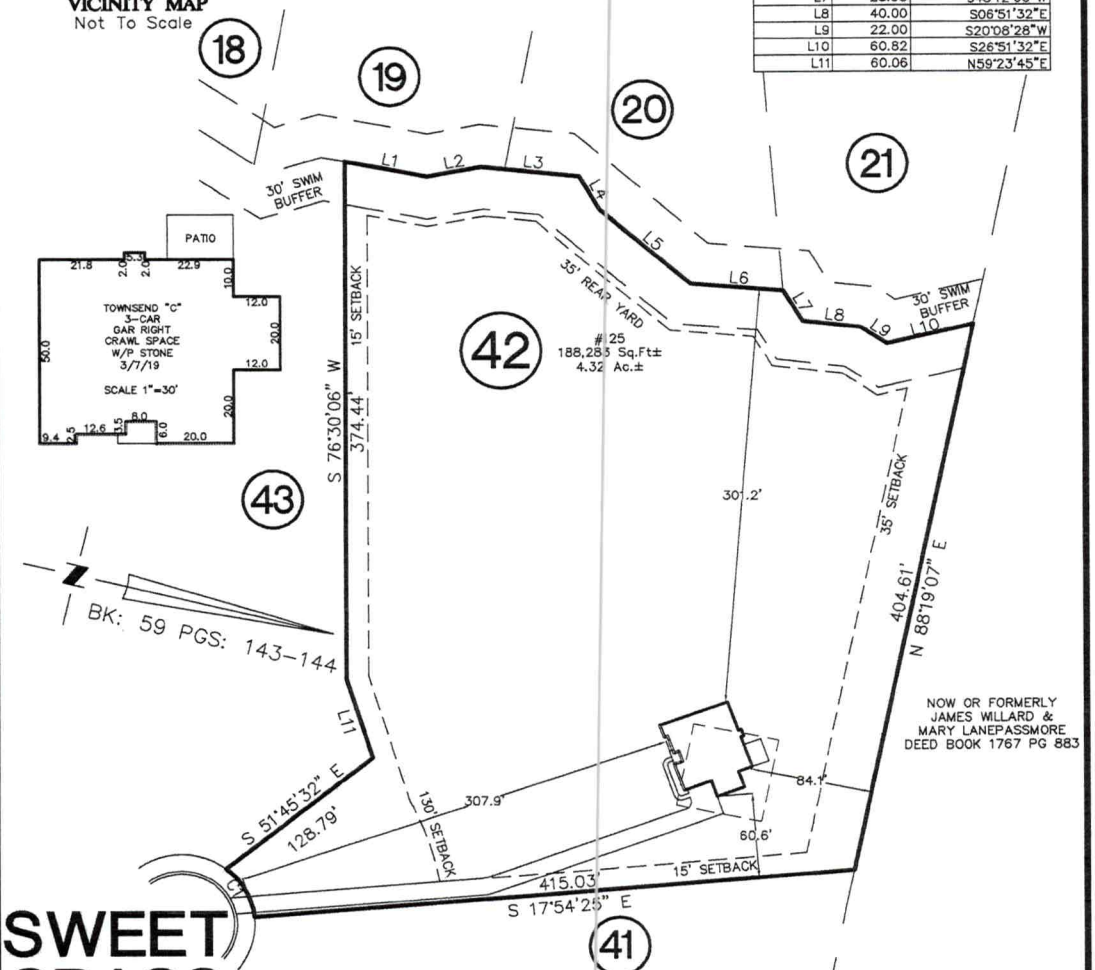
NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND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



VICINITY MAP
Not To Scale

CURVE TABLE				
CURVE	BEARING	CHORD	LENGTH	RADIUS
C1	S47°21'02"W	39.50	40.61	50.00

LINE TABLE		
LINE	LENGTH	BEARING
L1	57.45	S02°51'32"E
L2	38.00	S23°51'32"E
L3	68.00	S07°51'32"E
L4	28.00	S46°08'28"W
L5	82.00	S27°08'28"W
L6	64.03	S08°51'30"E
L7	25.98	S45°12'00"W
L8	40.00	S06°51'32"E
L9	22.00	S20°08'28"W
L10	60.82	S26°51'32"E
L11	60.06	N59°23'45"E



NOW OR FORMERLY
JAMES WILLARD &
MARY LANEPASSMORE
DEED BOOK 1767 PG 883

SWEET GRASS LANE 50' PUBLIC R/W

REVISIONS

REV. #	DATE	COMMENT
REV. #1	5/5/20	CHANGED TO ELEV C
REV. #2	5/15/20	UPDATED POSITION

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 #3710467600J, DATED MARCH 18, 2008 & #3710468600K, 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.

100 0 100
SCALE: 1" = 100'

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 (704) 889-0105

HOUSE LOCATION PLOT PLAN
FOR

LOT 42, HOLLYBROOK SUBDIVISION
Coddle Creek Township, Iredell County, North Carolina
PROPERTY OF: BENCHMARK COMMUNITIES
MAP BOOK 59 PAGE 143-144 DEED REFERENCE

DRAWN BY: CAF
DATE: JANUARY 16 2020

Acknowledgement Of Plans Submittal ONLY!

Shelly Lloyd Date

Patrick J Ryle III Date 10/22/2019

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
A5	PROVIDE 8" MIN. FLAT CLG AT ANGLED CLG CONDITION
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 TILE CAP
K4	34 1/2" KNEE WALL
K5	42" KNEE WALL WITH 1X CAP
P1	OPT. LAUNDRY SINK
P2	(3) 2X4 CURB WITH CAP PER SPECS
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	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	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

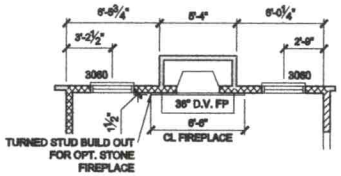
NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-0) 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 ON (1) 2x4 W/VERTICAL CRIPPLERS @ 24" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (2) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

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

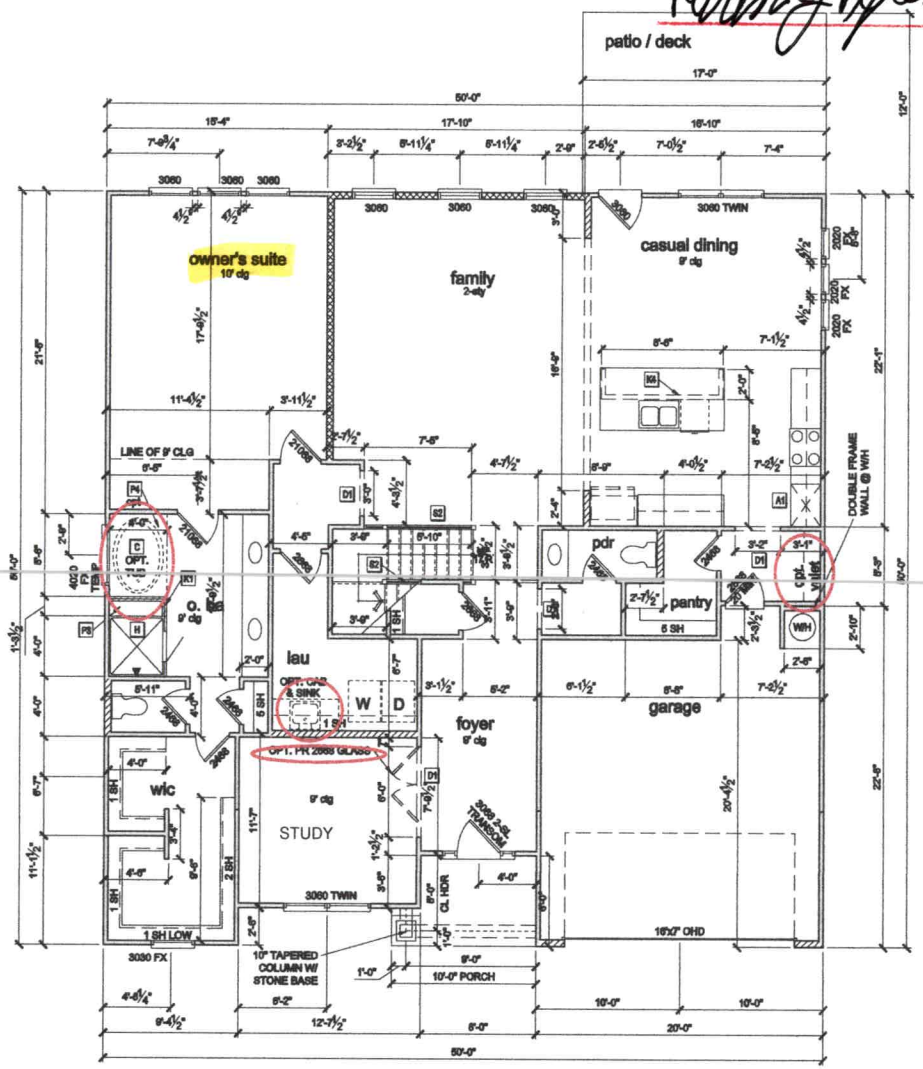
AREA TABULATION

PATIO/ DECK	204 SF
PORCH	53 SF
GARAGE	420 SF
FLOOR 1 LIVING	2,000 SF
FLOOR 2 LIVING	1,511 SF
TOTAL LIVING	3,511 SF
OPT. GARAGE	240 SF
GAMEROOM	405 SF



opt. fireplace

REFER TO SHEET A4.1 FOR ELEV. DETAIL



FIRST FLOOR PLAN 'C'

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

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: 50234425

RELEASE DATE: 03.07.19

MODEL: TOWNSEND 'C'

DRAWING TITLE: 1ST FLOOR PLAN

SHEET NO: A3.1C

Acknowledgement Of Plans Submittal ONLY!
Shelly Lloyd
Date
Patrick J Boyle III Date 10/27/2020

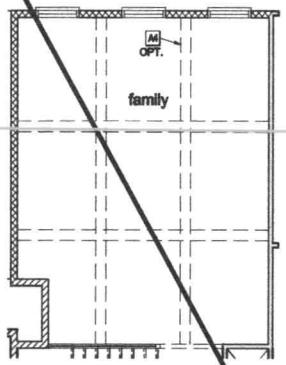
KEYNOTES

A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P1	OPT. LAUNDRY SINK
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P2	(3) 2X4 CURB WITH CAP PER SPECS
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACCESS SUPPORT	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH. SEE DETAIL PER SHEET CD-4
A4	COFFERED CEILING PER SHEET CD-2	P4	22" HIGH TUB DECK PLATFORM. DETAILS PER SHT CD-4
A5	PROVIDE 6" MIN. FLAT CLG AT ANGLED CLG CONDITION	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, 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	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	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 WINDOW(S)
K1	39" KNEE WALL WITH TILE CAP	H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K2	38" KNEE WALL WITH 1x CAP		
K3	46" KNEE WALL WITH TILE CAP	S1	BOX STAIR WITH 38" 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

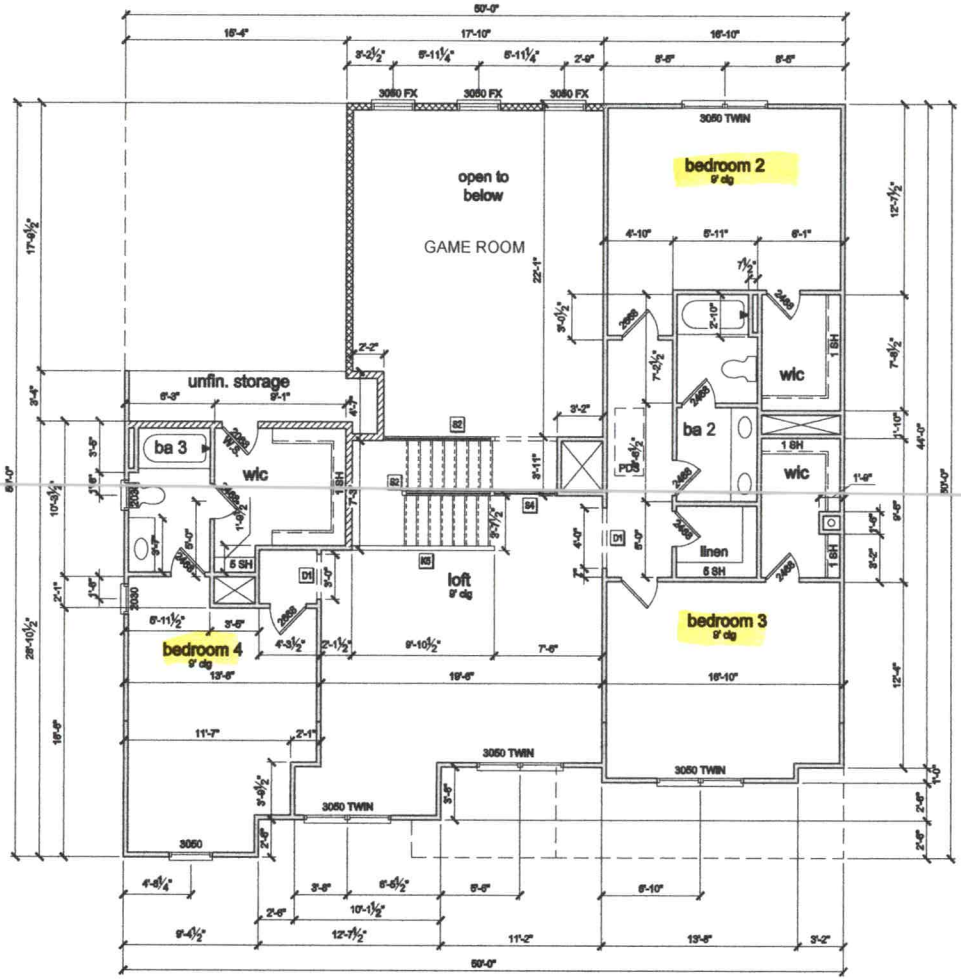
NOTES & LEGENDS

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 2X6" O.C. WITH DOUBLE TOP PLATE U.N.O. INTERIOR NON-BEARING WALLS SHALL BE 2X4" O.C. WITH DOUBLE TOP PLATE U.N.O.
3. INTERIOR NON-BEARING DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x4 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. coffered ceiling
1/8" = 1'-0" @ 11x17



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

REVISION NUMBER | REFER TO COVER SHEET FOR DESCRIPTION

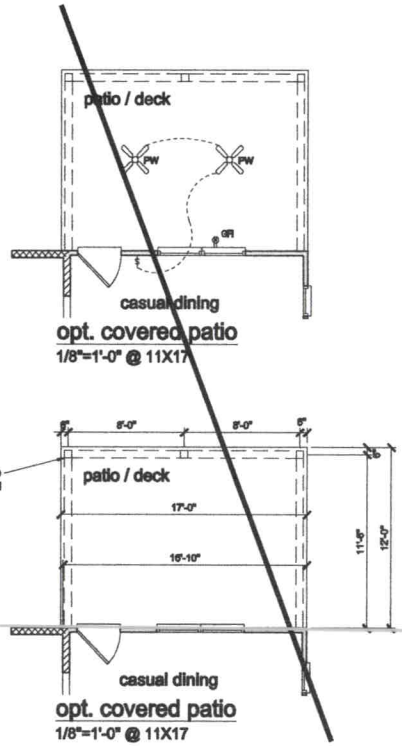
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CENTURY COMMUNITIES

PLAN NUMBER: 5023425
RELEASE DATE: 03.07.19

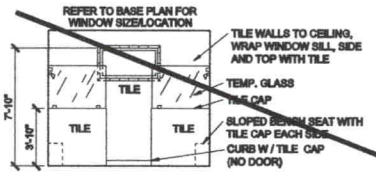
MODEL: TOWNSEND 'C'
DRAWING TITLE: 2ND FLOOR PLAN
SHEET NO: A3.2C

Acknowledgement Of
Plans Submittal ONLY
Shelly Lloyd
Date
Date 10/27/2020

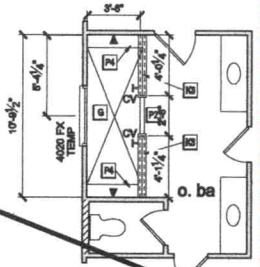


opt. covered patio
1/8"=1'-0" @ 11X17

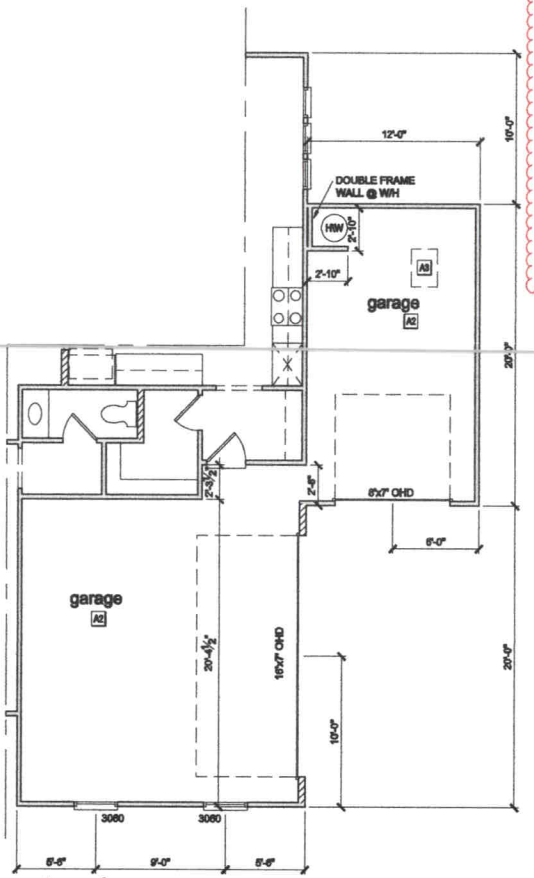
opt. covered patio
1/8"=1'-0" @ 11X17



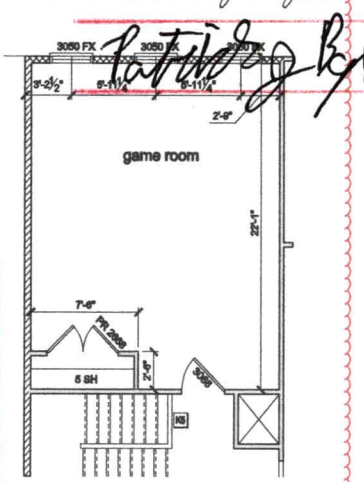
opt. spa bath elev.



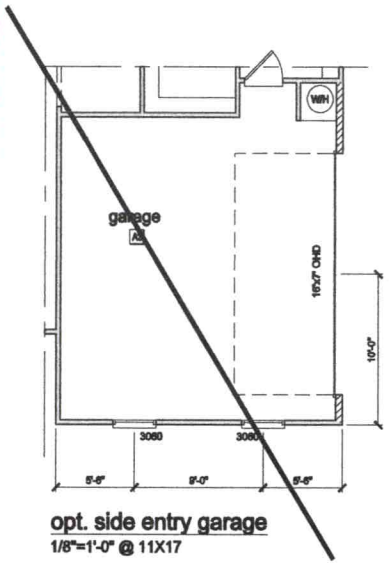
opt. spa bath



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



opt. game room (+405 sf)
1/8"=1'-0" @ 11X17



opt. side entry garage
1/8"=1'-0" @ 11X17

REVISION NUMBER
REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 5023425
RELEASE DATE: 03.07.19
MODEL: TOWNSEND
DRAWING TITLE: PLAN OPTIONS
SHEET NO: A3.3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
302688 Issue Date: 11/14/2019

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4676957887.000	125 SWEET GRASS LN	Iredell County

Owner Information	Applicant Information
Name: BMCH NC LLC	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	ra

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.32	35	35	15	15	WSII-BOW Coddle Creek	NO

Remarks
SFD

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.

Date: 11/14/2019

Signature of Owner/Contractor

Permit Number	302688	TOTAL FEES:	$77.25