113 Sweetgrass Ln., Mooresville NC 28115

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# ~~14-0219~~ 240953 PIN# 4676958406 ✓

OWNER OR APPLICANT David McKay LLC (Mutual Comm.) PHONE: Business 704-664-9080 Home DATE 11-4-08

ADDRESS 505 Teeter Rd Mooresville NC 28115

LOCATION Hwy 152 E ✓ R Teeter TL Rain Shadow TL Turtleback TL Sweet Grass on left.

SUBDIVISION Holly brook ✓ BLOCK / SECTION — LOT 44 ✓ LOT AREA 1.796 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3gpd/ft², .25Repair

Septic Tank: 1000 Gallons: STB Aff Infiltrator Date plastic

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 320

No Lines 8 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: PPBPS gravity

Repair System Description: LP PPBPS w/cover

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ___

☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Flow Divider with 2 Zoeller splitters for Distribution

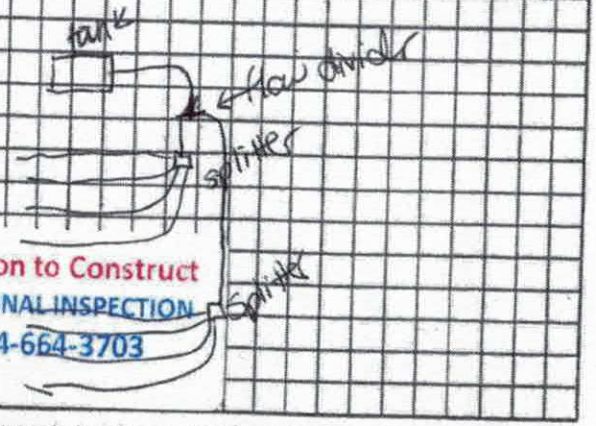
Comments/Conditions: 1/16/19 Reviewed Floor Plans, in Compliance with Septic plan

INITIAL SITE SKETCH

See plan from Steve Burley GSS Consultants & Wastewater Solutions

AS BUILT SKETCH

05/10/19: Last 5 lines checked, Last 4 are all connected by Zoeller splitters while the 5th isn't connected to anything. All lines are 40' with sand in trench and wall is lined. Lines are 14' off property line and supply lines are 12'.



Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

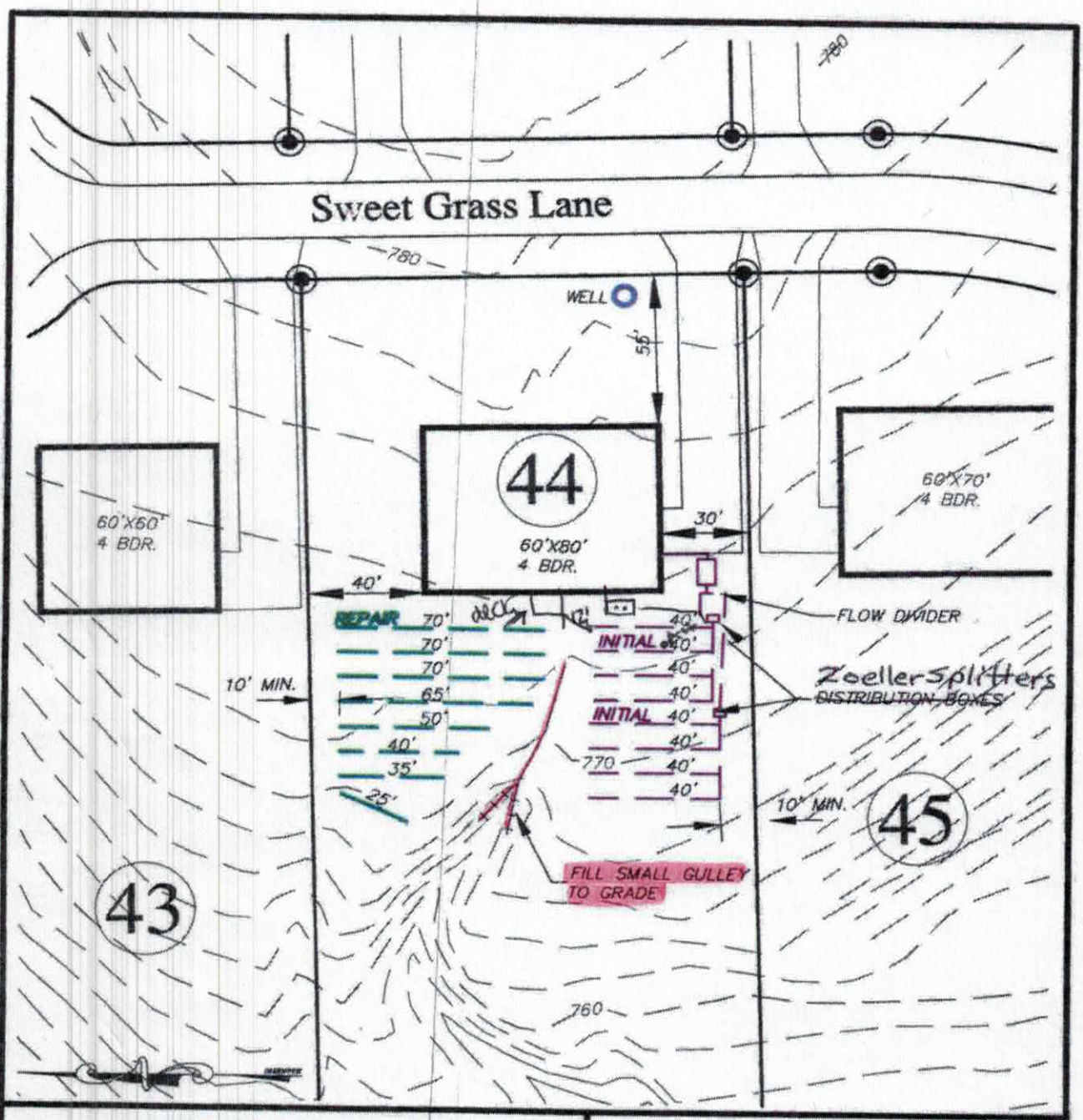
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan 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: Specialty Septic

Improvement Permit by: _____ date 11-4-08 Operation Permit by: Carlen C Cave date 5-14-19

Authorization to Construct by: _____ date 1/16/19 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 # 44

BAR SCALE 1"=50'

0 25 50 100

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# ~~14-7219~~ 240953 PIN# _____ DATE 11-4-08

OWNER OR APPLICANT David McKay LLC/Century Comm. PHONE: Business 704-664-9080 Home _____

ADDRESS 505 Teeter Rd Mooresville NC 28115

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

SUBDIVISION Holly brook BLOCK / SECTION _____ LOT 44 LOT AREA 1.796 Ac SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3 gpd/ft², .25 Repair

Septic Tank: 1000 Gallons: ST8 _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 320

No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PPBPS gravity

Repair System Description: LP PPBPS w/ cover

Maintenance Agreement Required: ☐ Yes ☒ No

☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons 8

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Flow Divider with 2 Zoeller splitters for Distribution

Comments:/Conditions: 1/16/19 Reviewed Floor Plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

See plan from Steve Gurley GSS Consultants & Wastewater Solutions

AS BUILT SKETCH

05/10/19: Last 5 lines checked. Last 4 are all connected by Zoeller splitters while the 5th isn't connected to anything. All lines are 40' with sand in trench and wall's lined. Lines are 14' off property line and supply lines are 12'.

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: _____

Improvement Permit by: _____ date 11-4-08 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date 1/16/19 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Hollybrook Subdivision Septic Specifications
Iredell County , NC

Lot # 44 Type of Water Supply Well Number of Bedrooms 4 GPD Flow 480

Type of Initial System 3e PPBPS Gravity ✓ Pump ____ LTAR 0.3

Total Linear feet of drain line 320 ' Type of Distribution System Flow divider to Zoller Splitter

____ Number of Trenches 8 Trench Width and Length 3 x 40 If

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

Trench Depth 36 in. Septic Tank Size 1000 gal. Pump Tank Size — gal.

Type of Repair System 4a PPBPS Gravity ____ Pump ✓ LTAR 0.25

Total Linear Feet of drain line 320 ' Type of Distribution System LP

Number of Trenches 5 Trench Width and Length 36 x — wide

If Variable Length List Separately (3) — 70', 65, 50 (Extra - 40', 35', 25'

Minimum Trench Spacing 9' o/c

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

L Max. Trench Depth - will require 2"-4" of additional *approved cover material (Class III or IV soil) over trenches,

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

(44)

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	As (49)	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 6-10% smooth	A 0-5	SBK SCL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	IV <0.25 ltar
		Bw 5-48+	" C	" " " SP					
		Wtr. in hole on 10/27 at 13. Wtr. level appeared to have dropped about 5" based on water marks in pit. Sat. soil +, Several cedars in vicinity of p.t.							
52	R 6-10% smooth	A 0-6	SBK SCL	SEXP FR S SP	2.5Y 4/6	48"+	N/A	Platy Struc. in Bt	III/IV 0.3 ltar
		Bw 6-36	SBK PL* C/CL	" " " P					
		BC 36-48+	" " * " "	" " " "					
		Wtr. in hole 10/27 at 13. Wtr. level had dropped about 7" based on water mark location in pit. Wtr. level dropped from 13 to 57" below soil surface. Sandy soil.							
53	L 4-8% smooth	A 0-1	SBK SCL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	IV 0.35 ltar (texture)
		Bt 1-48+	" C/CL	" " " P					
54	As (53) 4+ 5%	A 0-2	SBK SCL	SEXP FR S SP	is this correct, descript 2.5YR 4/6	48"+	N/A	N/A	IV 0.3 ltar
		Bt 2-48+	" C	" " " P					
55	As (53)	A 0-2	SBK SCL	SEXP FR S SP	2.5YR 4/6	39"	N/A	39" to C	IV 0.3 ltar
		Bt 2-39	" C/SCL	" " " P					
		C 39-48+	" SL	" " " SP					

Sap @ 38"?

COMMENTS:

* SBK grades to platy throughout Bt horizon. Due to presence of schistosity at parent material.

(OVER)

44A 0-3 gr L DK Br fr .3

3-31 mo slok c Red fr

31-48 wk sl k cl Red f-sap fr

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Century Comm. APPLICATION DATE 1/8/19
ADDRESS: 7400 Carmel Executive Park Dr Ste 205 DATE EVALUATED: 1/15/19
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: 1.79 Ac
LOCATION OF SITE: 113 Sweet Grass M'ville PROPERTY RECORDED: X
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X 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	5% D	0-30	RCm-w SBK SS, SP, SEXP,	FR					PS .3
		30-48	RCL, W SBK SS, SP, SEXP,	FR		48"			
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.25

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

COMMENTS: ___

(44)

DENR/DEH

ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Williams, Teeter RD, Iredell Co. APPLICATION DATE _____

ADDRESS: _____ DATE EVALUATED: 1/12/08

PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

LOCATION OF SITE: _____ 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 1-15 Smooth	Ap 0-2	SBK CL	SEXP FR S P	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 ltar
		Bt 2-48+	" C	" " " "					
2	Ho (Ap)	Bt 0-8"	SBK CL	SEXP FR S P	2.5YR 4/6	8"+ to CB	U Too much Clay	8"+ to CB	?
		CB 8-36	" C/CL	" " " "					
		C 36-48+	" CL	" " " "					
3	L 1-15 Smooth	Ap 0-1	SBK CL	SEXP FR S P	2.5YR 4/6	38"+ to CB	N/A	38"+ to CB Cl Sap @ 38"	IV 0.3 ltar +.25 (soil depth)
		Bt 1-24	" C	" " " "					
		BC 24-38	" CL	" " " "					
		CB 38-48+	" CL	" " " "					
4	L	Ap 0-4	SBK CL	SEXP FR S P	2.5YR 4/6	46"+ to CR	N/A	N/A	II 0.3 ltar
		Bt 4-36	" C	" " " "					
		BC 36-46	" CL/CL	" " " "					
		CR 46-48+	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: _____

Septic + AC

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) 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: ( ) 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: 113 Sweet Grass lane

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 44

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

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (X) 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:** 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 — 1/8/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. **APPLICATION FOR:** FT ✓ Improvement Permit ___ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Wastewater Solution	4711 Racking Horse Dr Maiden		980 429-1580
Owner Name: David McKay	505 Teeter Rd Mooresville		704-664 9080

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Holly brook	Lot # 44

Driving Directions: Hwy #152-E, Rt on Teeter Rd go ~2mi left on Raid Shadow 2nd left on Turtle Back, left on Sweet Grass, 2nd Lot on left.

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* Initial 25% - Repair Panel

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** Russell [signature] 5-4-08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

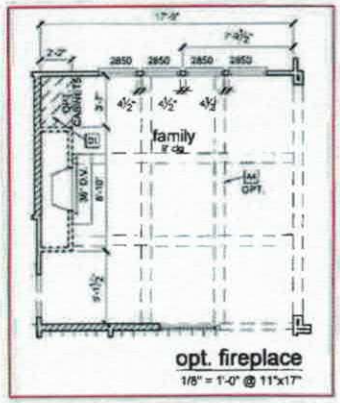
Hollybrook-44
113 Sweet Grass Dr.

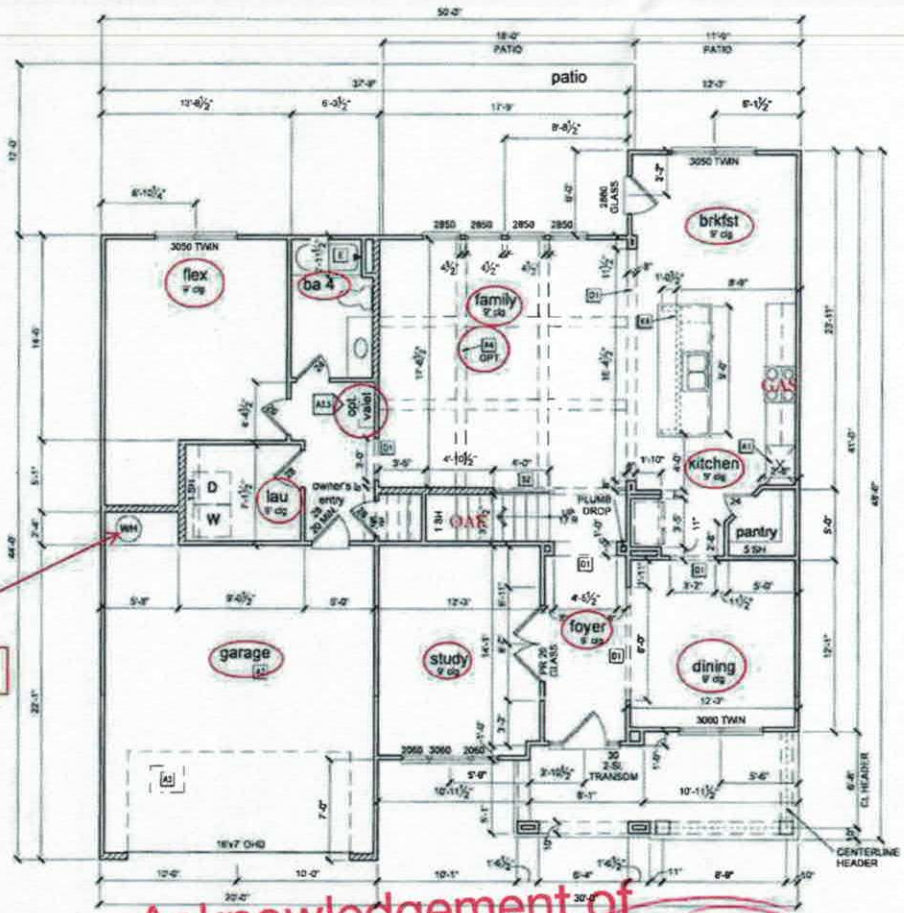
KEYNOTES

A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL OR INCLUDED PER COMMUNITY SPECS	P3	16" 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. 10" TALL PER SHT CD-4
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GYP AND DOOR TRIM FRAME ACCESS SUPPORT	A	34"X48" ENGERBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
A4	SOFFENED CEILING PER SHEET CD 3	B	42" X 60" ENGERBLE TUB - INTEGRAL SKIRT
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	C	42" X 60" OVAL LAWSON TUB - DROP IN
D2	DRYWALL SOFFIT - 9" 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" TALL CASED OPENING, WIDTH PER PLAN	G	SHOWER TILE FLOOR/WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOWS
K1	30" KNEE WALL WITH 1/4 CAP	H	48"X36" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K2	36" KNEE WALL WITH 1/4 CAP	S1	BOX STAIR WITH 28" KNEE WALL & 1/4 CAP
K3	40" KNEE WALL WITH 1/4 CAP	S2	BOX STAIR WITH OPEN RAIL
K4	34 1/2" KNEE WALL	S3	6 RISERS @ 7 INCHES AND OPEN RAIL
P1	OPT LAUNDRY SINK	S4	OPEN RAIL WINTER/INTERMEDIATE HEIGHT, AS REQ'D PER CODE
P2	(3) 2X4 CURB WITH CULTURED MARBLE CAP		

AREA TABULATION

PORCH	109	SF
GARAGE	451	SF
FLOOR 1 LIVING	1585	SF
FLOOR 2 LIVING	1850	SF
TOTAL LIVING	3415	SF





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. INTER OR 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!

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

Florida Building

Date

Date 1/16/19

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020

RELEASE DATE: 1.12.18

MODEL: BRIDGEPORT - Hollybrook 'D'

DRAWING TITLE: FIRST FLOOR PLAN

SHEET NO: A3.1D

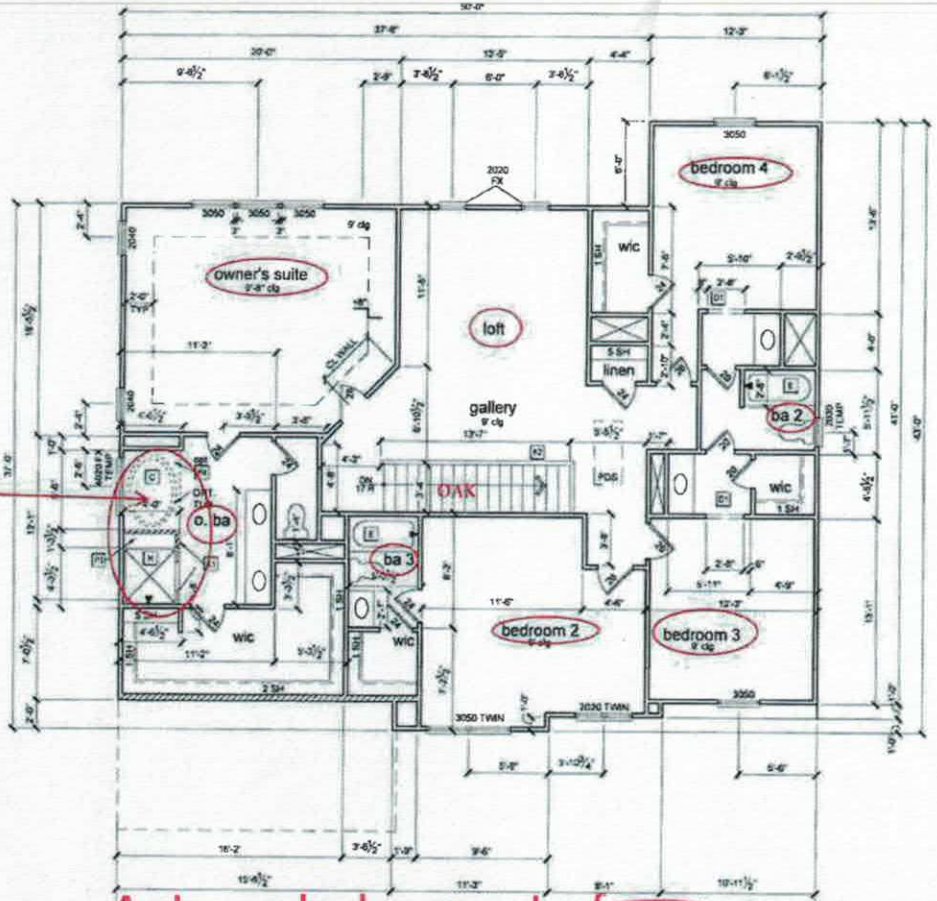
KEYNOTES

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 CO-4
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL VERTICAL SURFACE WALLS - 1/2" DRYWALL	P4	20" HIGH TUB DECK PLATFORM. DETAILS PER SHT CO-4
A3	22"X30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X DYP AND DOOR TRIM FRAME ACCESS SUPPORT	A	34"X48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
A4	COFFERED CEILING PER SHEET CO-2	B	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	C	42" X 60" OVAL DAWSON TUB - DROP-IN
D2	DRYWALL SOFFIT - 6" DROP FROM CEILING LINE	D	42"X72" DAWSON 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	30" KNEE WALL WITH TILE CAP	S1	BOX STAIR WITH 30" KNEE WALL & TILE CAP
K2	36" KNEE WALL WITH TILE CAP	S2	BOX STAIR WITH OPEN RAIL
K3	45" WALL WALL WITH TILE CAP	S3	EXPOSED TREAD WOOD RAIL
K4	54 1/2" KNEE WALL	S4	OPEN RAIL WITH TREADS 11" MINIMUM, AS NOTED PER CODE
P1	CPT LAUNDRY SINK		
P2	6"X24" CURB 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 INVERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
4. (X) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

OPTIONAL WINDOW — 7/4 FRAME WALL — 2X6 FRAME WALL — SALOON FRAME WALL (PER STRUCTURAL'S)



Spa Bath

Acknowledgement of Plans Submitted ONLY!

Rhonda Bouchard

Date

Date 11/16/19

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

REVISION NUMBER

REVISE TO COVER SHEET ON DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7020

RELEASE DATE: 1.12.18

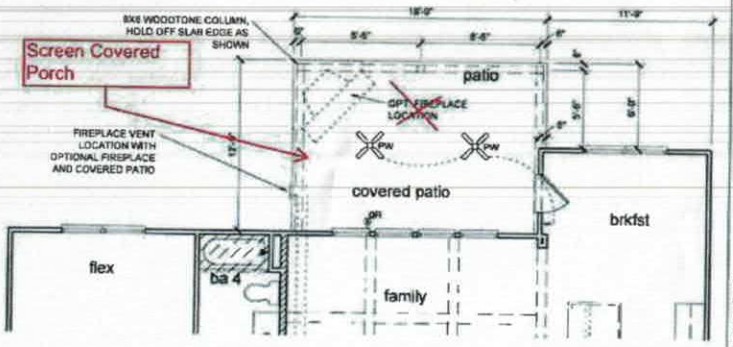
MODEL: BRIDGEPORT - Hollybrook 'D'

DRAWING TITLE: SECOND FLOOR PLAN

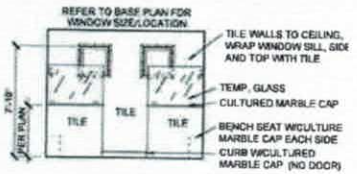
SHEET NO: A3.2D

KEYNOTES

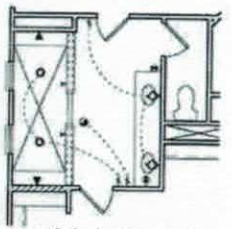
A1	OVEN / MICRO OR DOUBLE OVEN OPTIONAL ON INCLUDED PLR COMMUNITY SPECS	P3	16" HIGH SLOPED BENCH SEAT WITH TILE FINISH SEE DETAIL PER SHEET CD 4
A2	GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL	P4	22" HIGH TUB DECK PLATFORM. DETAILS PER SHT CD 4
A3	22" X 30" ATTIC ACCESS CONSTRUCTED WITH 5/8" TYPE X GTY AND DOOR TRIM FRAME ACCESS SUPPORT	A	36"X48"	ASSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
A4	COFFERED CEILING PER SHEET CD 2	B	42" X 60" UNDERMABLE 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 FINISH & TILE WALL TO CEILING AND AT ALL SIDES OF WINDOW(S)
		H	48"X48" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K1	30" KNEE WALL WITH 3x12 CAP	S1	BOX STAIR WITH 30" KNEE WALL & 1X CAP
K2	36" KNEE WALL WITH 3x CAP	S2	BOX STAIR WITH OPEN RAIL
K3	48" KNEE WALL WITH 1X CAP	S3	EXPOSED RAKE WOOD RAIL
K4	24 1/2" KNEE WALL	S4	OPEN RAIL WITH IMMEDIATE NEWELS AS REQD PER CODE
P1	OPT LAUNDRY SINK		
P2	6"@ 2/4 CURB WITH CULTURED MARBLE CAP		



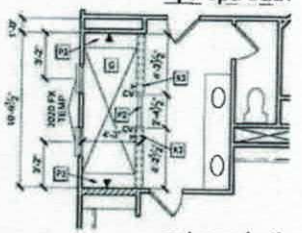
opt. covered patio
1/8" = 1'-0" at 11"x17"



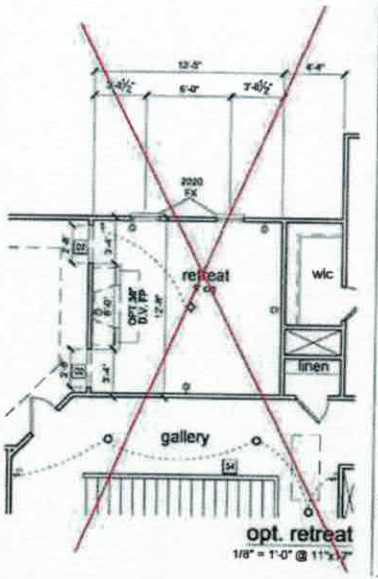
opt. spa bath elev.



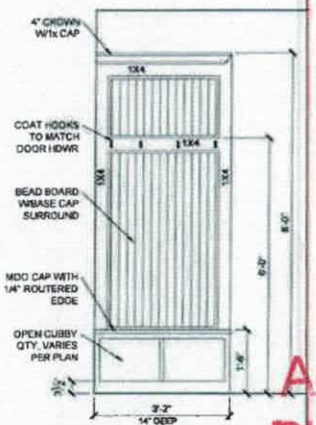
partial electrical plan
opt. spa bath



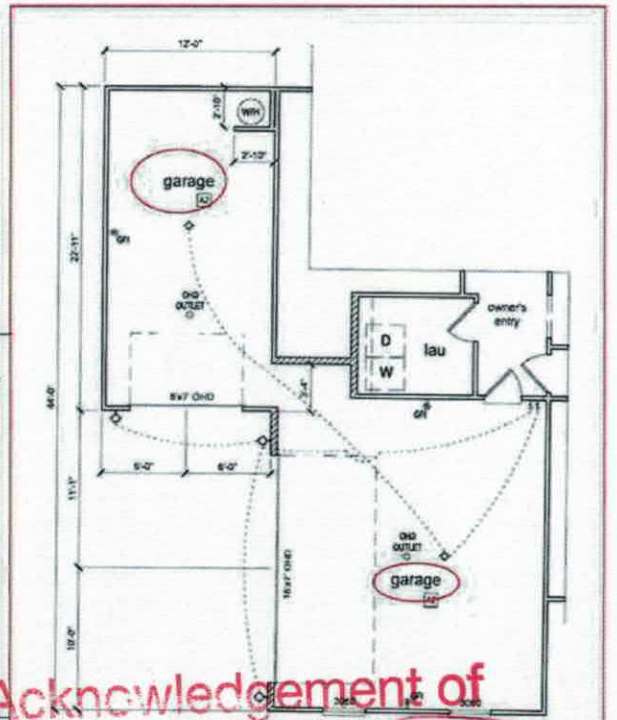
opt. spa bath
1/8" = 1'-0" at 11"x17"



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



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



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

Acknowledgement of
Plans Submittal ONLY!

Date 1/16/19

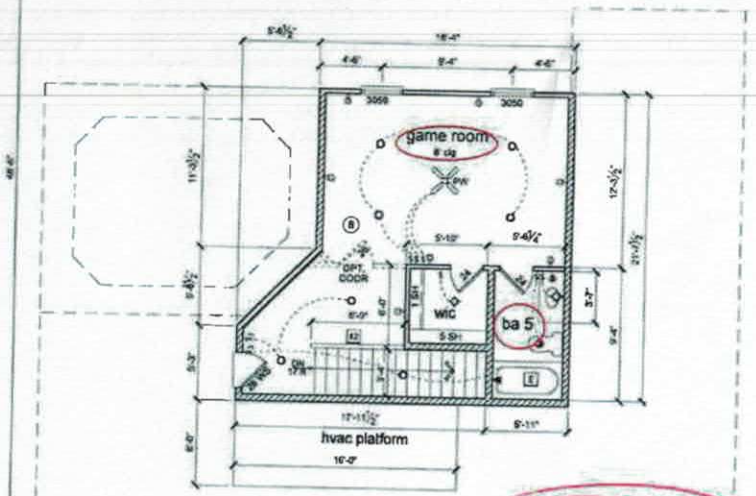
Date

REVISION NUMBER	REFER TO COVER SHEET FOR DESCRIPTION
PLAN NUMBER	7020
RELEASE DATE	1.12.18
MODEL:	BRIDGEPORT - Hollybrook
DRAWING TITLE:	PLAN OPTIONS
SHEET NO.	A3.3

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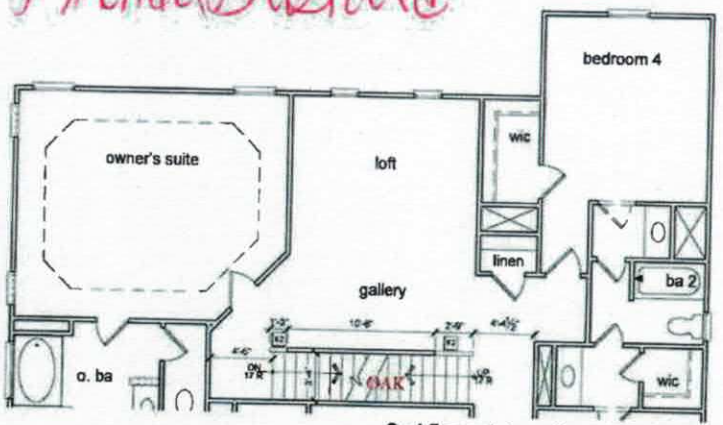
CENTURY COMMUNITIES

3rd floor not available with basement foundation.
only available with slab foundation only



opt. 3rd floor (+449 sf)
1/8" = 1'-0" @ 11"x17"

Rhonda Bustard



2nd floor stairs with opt. 3rd floor
1/8" = 1'-0" @ 11"x17"

Acknowledgement of
Plans Submittal ONLY!
Maria Date 1/16/19
Date

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER 7020

RELEASE DATE: 1.12.18

MODEL: BRIDGEPORT - Hollybrook

DRAWING TITLE: PLAN OPTIONS

SHEET NO: A3.4

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: 149219ZO

Printed: 3/17/2008

Master #: 149219

Associated Permits:
149219ZO Zoning

Applicant

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

Phone: 980-429-1580

Parcel

Parcel Number: 4676956328.044
Address: 000 Sweet Grass Ln.
MOORESVILLE, NC 28115
Subdivision: Hollybrook

Zoning: RA
Township: 0300
Area: 1.796
Lot(s): 44

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-170032-07	Zoning - Permit / Inspection	$45.00
FEE-170033-07	Environmental Health - Type I or II Fast Track	$275.00
	Total Fees:	**$320.00**
REC-94857-07		$320.00
	Total Receipts:	**$320.00**

Conditions