Site Address: 110 Sweet Grass Ln - Mrsv 28115

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149206 240056 PIN# 4676956328.037 DATE 8-29-08

OWNER OR APPLICANT DAVID R MCKAY, LLC PHONE: Business (704) 664-9080 Home

ADDRESS 505 TEETER RD. MOORESVILLE, NC 28115

LOCATION Hwy 152 E RT ON TEETER RD. APPROX 2 mi TR RAINSHADOW LT ON TURTLEBACK LT SWEETGRASS

SUBDIVISION HOLLYBROOK BLOCK / SECTION LOT 37 LOT AREA 1.205 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3 GPD/FT²

Septic Tank: 1000 Gallons; STB IM1060 Date INSTALLED 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 36" Gravel Depth

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

System Description: 25% REDUCTION

Repair System Description: 25% REDUCTION

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Persons No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: SEPTIC SYSTEM MUST BE 100' MINIMUM FROM ANY WELL.

Comments:/Conditions: 11/28/18 Reviewed Floor plans, in Compliance with Septic plan.

INITIAL SITE SKETCH

X SEE PLAN FROM WASTEWATER SOLUTIONS ; STEVE GURLEY - GSS CONSULTANTS INC.

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

Improvement Permit by: RPS date ~~8-29-08~~ 9-29-08 CSM

Authorization to Construct by: Marvin Dotson date 11/28/18

Installed by: Specialty Septic

Operation Permit by: Benjamin Botkins (a) date 4-26-19

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 # 37 Type of Water Supply Well Number of Bedrooms ____ GPD Flow ____

Type of Initial System 3-25% 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 24 in. Septic Tank Size 1000 gal. Pump Tank Size ____ gal.

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

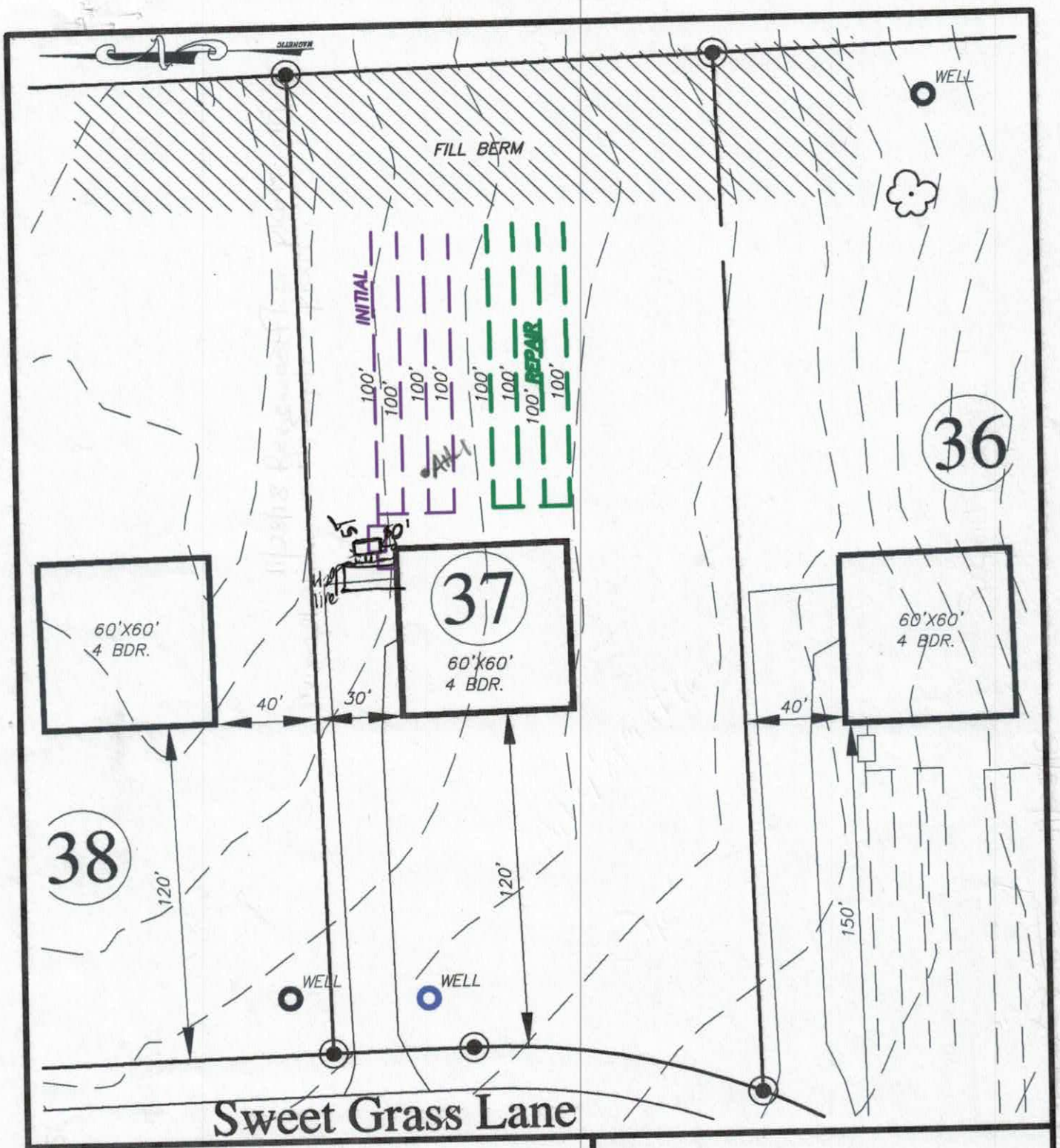
Total Linear Feet of drain line 400 ' Type of Distribution System Serial

Number of Trenches 4 Trench Width and Length 3x100'

If Variable Length List Separately —

Minimum Trench Spacing 9' o/c

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



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 # 37

BAR SCALE 1"=50'

0 25 50 100

SOIL/SITE EVALUATION

(Continuation Sheet)

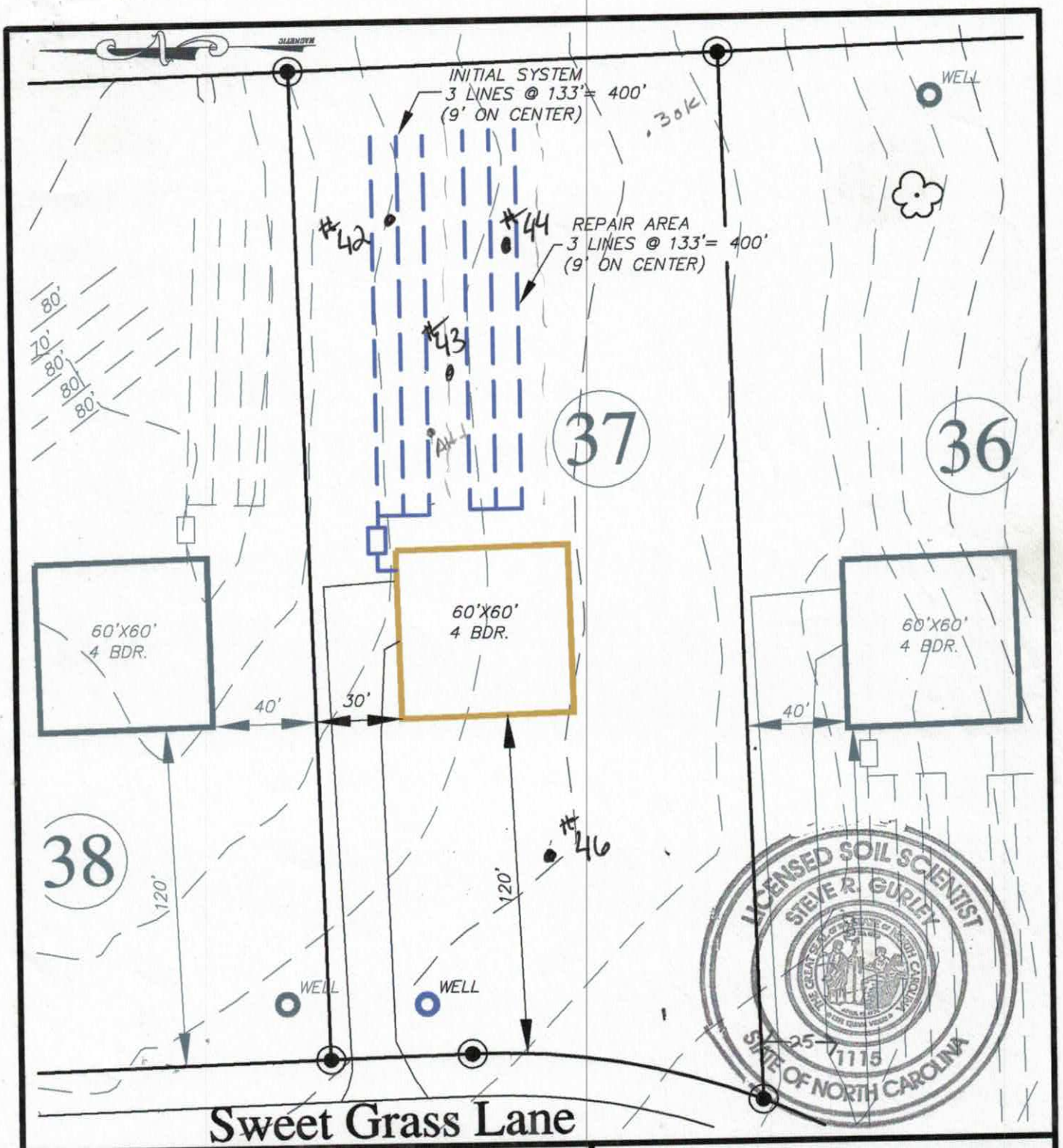
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

37

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
41	AS (40)	A 0-2	SBK CL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 ltar
		B+ 2-46	" C	" " " P					
		BC 46-48+	" "	" " " "					
42	AS (41)	A 0-2	SBK CL	SEXP FR S SP	2.5YR 4/6	48"+	N/A C-m Sap	N/A	IV 0.3 ltar .30K
		B+ 2-40	" C	" " " P					
		BC 40-48+	" "	" " " "					
43	AS (40)	A 0-2	SBK CL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A 48" Sap	IV 0.3 ltar .30K
		B+ 2-48+	" C	" " " P					
44	AS (40)	A 0-2	SBK CL	SEXP FR S SP	10YR 4/6	48"+ C to 48"+	N/A	N/A	IV 0.3 ltar .3 OK
		B+ 2-48+	" C	" " " P					
45	Thin skim of ltr AS (40) Wtr in pit 1/5	A 0-2	SBK CL	SEXP FR S P	2.5YR 4/8	48"+	N/A	N/A	II 0.5 ltar
		B+ 2-48+	" C	" " " "					

COMMENTS: _____



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 # 37

BAR SCALE 1"=50'

0 25 50 100

DENR/DEH

ON-SITE WASTEWATER SECTION

37

PROPERTY ID #: _____

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____

ADDRESS: _____ DATE EVALUATED: _____

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)		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	
46 1	As (45)	AB 0-4	SBK SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	42" to sap; Cl sap @ 42"	IV 0.3 l/ac OK w/ 24" TB
		B+ 4-42	" C	" " " P					
		CB 42-48+	" C/CL	" " " SP					
47 2	As (45)	AB 0-4	SBK SCL	SEXP FR S SP	2.5YR 4/6	37"	N/A	37" ± to sap	IV 0.25 l/ac (depth)
		B+ 5-21	" C	" " " P					
		BC 21-37	" C/CL	" " " "					
		C 37-48+	" C/CL	" " " SP					
48 3	CV 6-10% undulating Lag. terrace 20' to NJ	A 0-2	SBK SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	42" ± to CB	IV 0.3 l/ac
		B+ 2-42	" C	" " " P					
		C 42-48+	" SCL/SL	" " " SP					
49 4	L 6-10% Smooth	A 0-2	SBK SCL	SEXP FR S SP	2.5YR 4/6	42"	N/A	42" to CB	IV 0.3 l/ac
		B+ 2-35	" C	" " " P					
		BC 35-42	" SCL/C	" " " SP					
		CB 42-48+	" SL/CL	" " " "					

not in system

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

OTHER FACTORS (.1946): _____

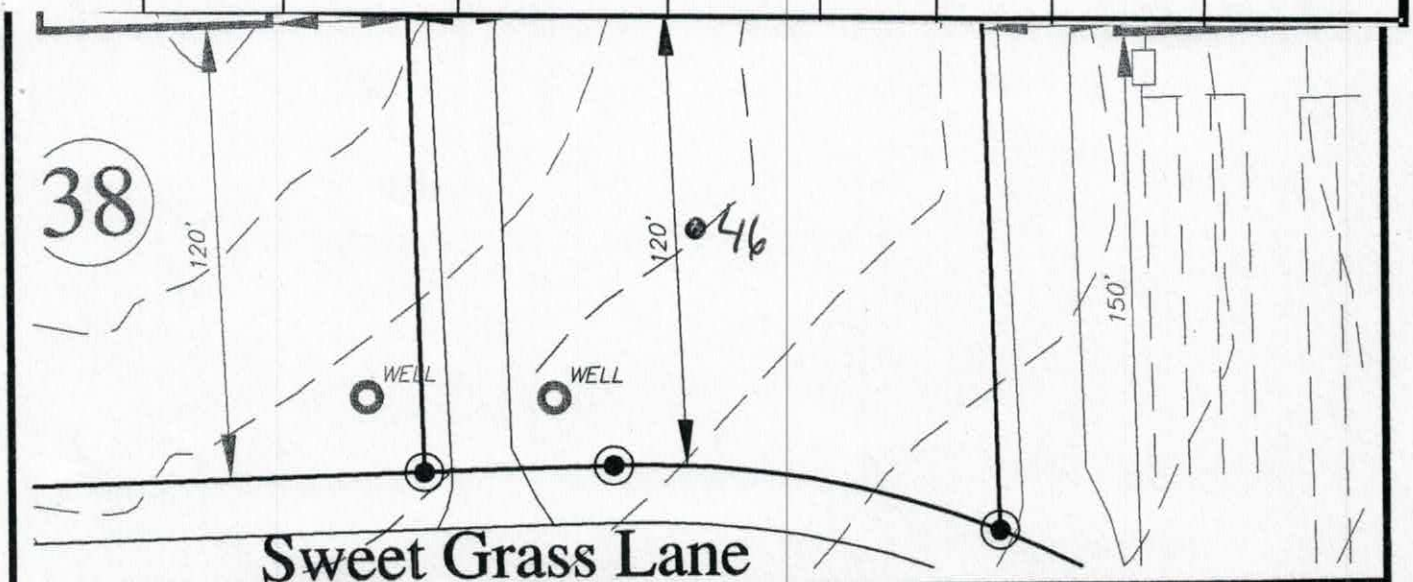
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

COMMENTS: _____

42	As (40)	Ao 0-2	SBK	CL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 ltar
		B+ 2-40	"	C	" " " P					
		BC 40-48+	"	"	" " " "					
43	As (40)	Ao 0-2	SBK	CL	SEXP FR S SP	2.5YR 4/6	48"+	N/A	N/A	IV 0.3 ltar
		B+ 2-48+	"	C	" " " P					
44	As (40)	Ao 0-2	SBK	CL	SEXP FR S SP	10R 4/6	48"+	N/A	N/A	IV 0.3 ltar
		B+ 2-48+	"	C	" " " P					
46	As (45)	AB 0-4	SBK	SCL	SEXP FR S SP	2.5YR 4/6	42".	N/A	42"+ to sap	IV 0.3 ltar
		B+ 4-42	"	C	" " " P					
		CB 42-48+	"	clcL	" " " SP					



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 # 37

BAR SCALE 1"=50'

0 25 50 100

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)

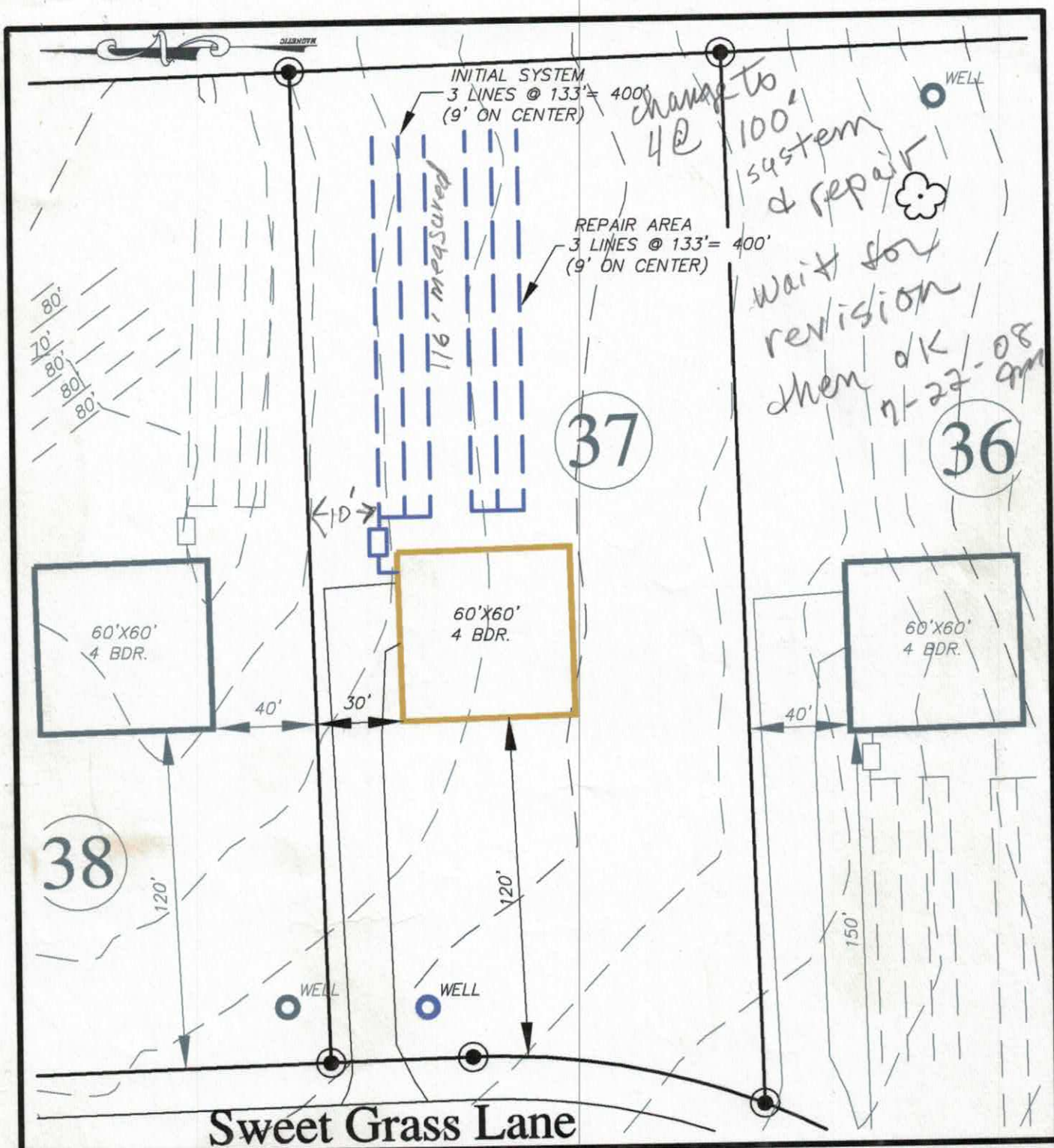
OWNER: Century Communities Southeast, LLC
APPLICATION DATE 11/16/18
ADDRESS: 7402 Carmel Executive Park Dr Ste 205
DATE EVALUATED: 11/26/18
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 1.22 Ac
LOCATION OF SITE: 110 Sweet Grass (Hollybrook #37)
PROPERTY RECORDED: Y
WATER 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	4%	0-4	Rd/Brn SCLSS, SP, SExp, FR						PS .3
		4-22	RCL wSBK SS, SP, SExp, FR						
		22-48	RCL wSBK SS, SP, SExp, FR						
2									
3									
4									

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

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

COMMENTS:



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 # 37

BAR SCALE 1"=50'

0 25 50 100

Same

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: 110 Sweet Grass Lane

Subdivision Name: Hollybrook **Section/Phase:** _____ **Lot Number:** 37

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
( ) 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: _____

(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: _____

( ) 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 11/16/18
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 110 Sweet Grass Lane, identified as PIN (Parcel Identification Number) 4686-05-2393, 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 11/16/18

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

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 Solutions	4711 Rocking Horse Dr.		980-429-1580
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
David McKay	505 Teeter Rd Mooresville		704 664 9080

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Hollybrook	Lot #37

Driving Directions: Hwy #152-E, Rt on Teeter Rd, go ≈ 2mi left on Rain Shadow, 2nd left on Turtleback, left on Sweet Grass. 1st lot on Rt.

****

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)*

( ) 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 Miller — 5-4-05

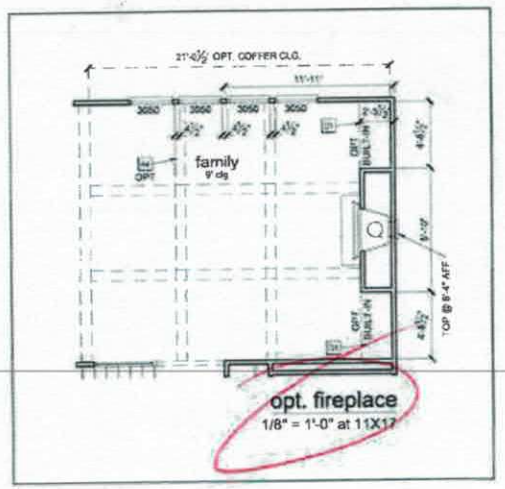
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Hollybrook - 37

Acknowledgement of Plans Submittal ONLY!

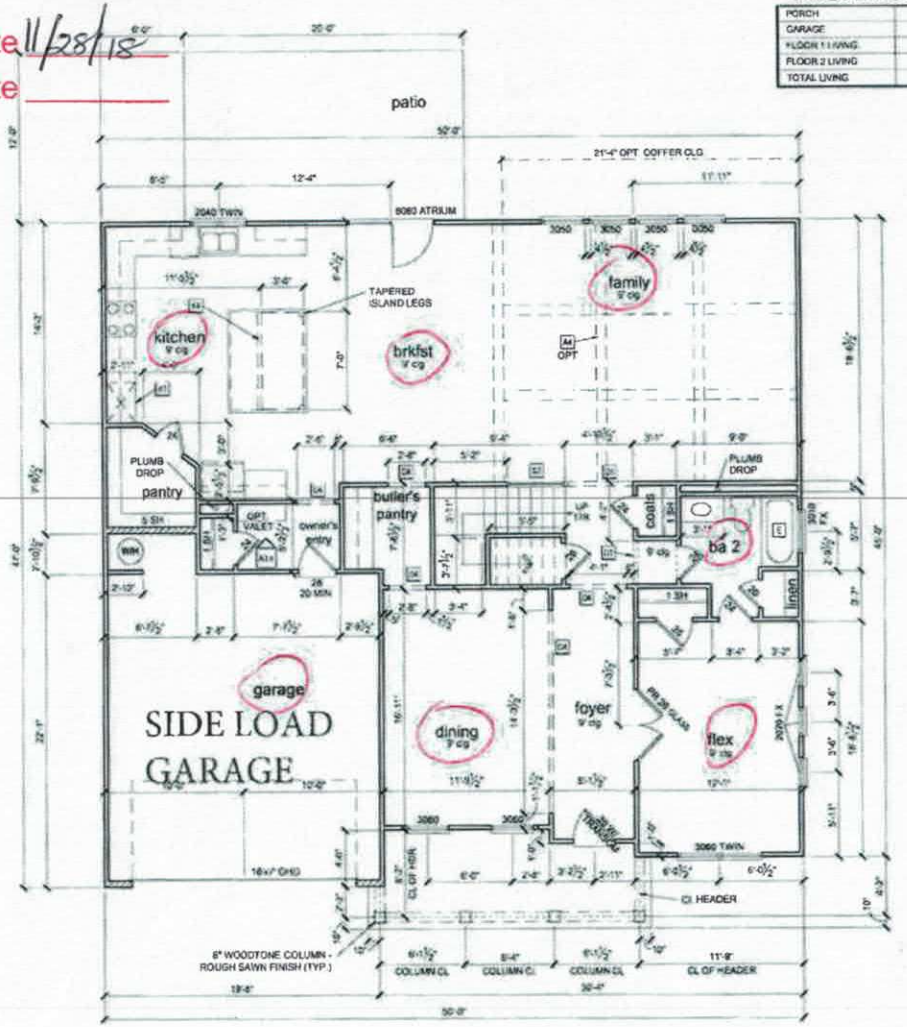
Maria Dotson Date 11/28/18

Date



AREA TABULATION

PORCH	105 SF
GARAGE	453 SF
FLOOR 1 LIVING	1,805 SF
FLOOR 2 LIVING	2,195 SF
TOTAL LIVING	4,000 SF



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

NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS (S-#) FOR BEARING WALL LOCATIONS AND FOR ALL BEAM & HEADER SIZES AND BEARING WALL LOCATIONS
2. EXTERIOR & LOAD BEARING WALLS SHALL BE 6" 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 @ 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 STRUCTURAL'S)

KEYNOTES

- 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 COVERED CEILING PER SHEET CD 2
- D1 DRYWALL SOFFIT - 12" DROP FROM CEILING LINE
- D2 DRYWALL SOFFIT - 9" DROP FROM CEILING LINE
- D3 8' TALL DRYWALL OPENING, WIDTH PER PLAN
- D4 8' TALL GASTO OPENING, WIDTH PER PLAN
- K1 28" KNEE WALL WITH TILE CAP
- K2 36" KNEE WALL WITH 1x CAP
- K3 42" KNEE WALL WITH TILE CAP
- K4 34 1/2" KNEE WALL
- K5 42" KNEE WALL WITH 1X CAP
- P2 (2) 2X4 CLOSE WITH CAP PER SPECS
- P3 16" HIGH DEEPED BENCH SEAT WITH TILE FINISH, SEE DET #4 PER SHEET CD-4
- P4 22" HIGH TUB DECK PLATFORM DETAILS PER SHT CD-4
- A 34" X 48" ENSEMBLE SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
- B 42" X 60" ENSEMBLE TUB INTEGRAL SKIRT
- C 42" X 60" OVAL LANDON TUB - DROP IN
- D 42"X72" LANDON TUB - DROP IN
- E 30"X60" TUFFER SHOWER
- F SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
- G SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOWS
- H 48"X96" SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
- S1 RISER WITH 36" KNEE WALL & TA CAP
- S2 HIGH STAIR WITH OPENING
- S3 EXPOSED TREAD WROPEN RAIL
- S4 OPEN RAIL W/INTERMEDIATE RAILS AS REQ'D PER CODE

Rhonda Bustard
11/16/18

REVISION NUMBER | REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER 7030 | RELEASE DATE 8.13.18

MODEL: HAWTHORN 'A'

DRAWING TITLE: 1ST FLOOR PLAN

SHEET NO: A3.1A

Acknowledgement of
Plans Submittal ONLY!

Date 11/28/18

Date

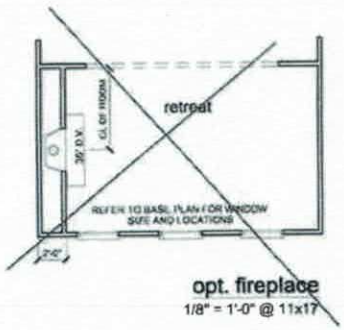
KEYNOTES

A1	SHOWN WIDTH OF DOUBLE OVEN OPTIONAL (SF INCLUDED FOR COMMUNITY SPACE)	P2	(2) 2x4 CURB WITH CAP PER DETAIL
A2	**GARAGE CEILING - 5/8" TYPE X DRYWALL, VERTICAL SURFACE WALLS - 1/2" DRYWALL**	P3	18" HIGH SLOPED BENCH SEAT WITH TILE FINISH - SEE DETAIL PER SHEET CD-4
A3	22"X30" ATTIC ACCESS (CONSTRUCTED WITH 5/8" TYPE X DRYWALL DOOR TRIM FRAME ACCESS SUPPORT	P4	32" HIGH TUB DECK PLANTER - DETAILS PER SHT CD-4
A4	COFFERED CEILING PER SHEET CD-2	S	3'-0"x48" ENSEMBLE SHOWER PAN WITH TILE WALLS & GLASS ENCLOSURE
D1	DRYWALL SOFFIT - 12" DROP FROM CEILING LINE	T	42" X 60" ENSEMBLE TUB - INTEGRAL SKIRT
D2	DRYWALL SOFFIT - 8" DROP FROM CEILING LINE	U	42" X 60" OVAL LAWSON TUB - DROP IN
D3	8" TALL DRYWALL OPENING, WIDTH PER PLAN	V	42"X72" LAWSON TUB - DROP IN
D4	8" TALL CASED OPENING, WIDTH PER PLAN	W	30"X60" TUB PER SPECS
D5	6'-10" TALL CASED OPENING, WIDTH PER PLAN	X	SHOWER TILE FLOOR / WALLS, GLASS ENCLOSURE
K1	22" KNEE WALL WITH TILE CAP	Y	SHOWER TILE FLOOR / WALLS, TILE WALL TO CEILING AND AT ALL SIDES OF WINDOWS
K2	30" KNEE WALL WITH 1x CAP	Z	REFER SHOWER PAN WITH TILE WALLS, GLASS ENCLOSURE
K3	46" KNEE WALL WITH TILE CAP	S1	BOX STAIR WITH 36" KNEE WALL & 1X CAP
K4	24 1/2" KNEE WALL	S2	BOX STAIR WITH OPEN RAIL
K5	42" KNEE WALL WITH 1X CAP	S3	EXPOSED TREAD W/OPEN RAIL
P1	DRY LAUNDRY SINK	S4	OPEN RAIL W/INTERMEDIATE NEWEL AS REQ'D PER CODE

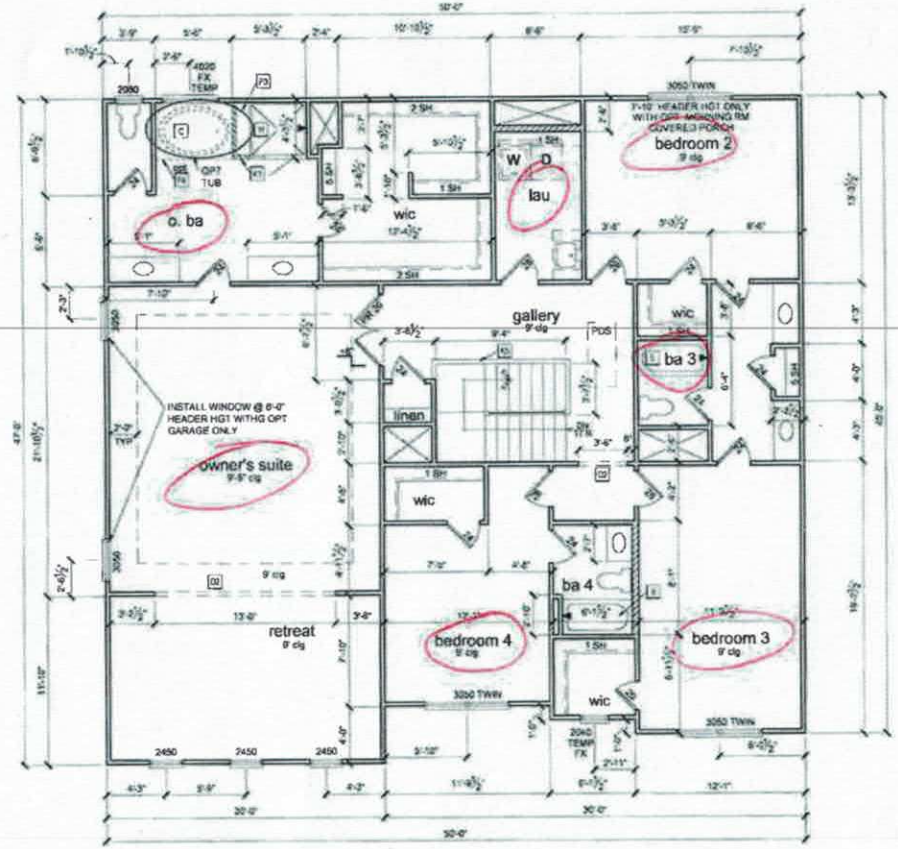
NOTES & LEGENDS

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 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. (G) HOSE BIBS SHALL BE INSTALLED, LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR

OPTIONAL WINDOW | 2X4 FRAME WALL | 2X6 FRAME WALL | 9" SALOON FRAME WALL (PER STRUCTURALS)



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



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

Rhonda Bustard
11/16/18

REVISION NUMBER | REFER TO COVER SHEET FOR DESCRIPTION

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CENTURY COMMUNITIES

PLAN NUMBER: 7030
RELEASE DATE: 8.13.18

MODEL: HAWTHORN 'A'
DRAWING TITLE: 2ND FLOOR PLAN
SHEET NO: A3.2A

Rhonda Burton

opt. carriage garage basement foundation plan

1/8" = 1'-0" @ 11X17

opt. carriage garage crawl foundation plan

1/8" = 1'-0" @ 11X17

SHEET NO: A2.6

MODEL: HAWTHORN

DRAWING TITLE: PLAN OPTIONS

PLAN NUMBER: 7030

RELEASE DATE: 8.13.18

CENTURY COMMUNITIES

REVISION NUMBER

REFER TO COVER SHEET FOR DESCRIPTION

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 #:	149206ZO	Subdivision:	Hollybrook
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 Sweet Grass Ln. MOORESVILLE NC 28115		
Parcel #:	4676956328.037	Zoning:	RA
Lot #:	37 Size: 1.205	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

Directions:

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 rt

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: 3/17/2008