ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 314932

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

✓ PIN # 4722--59--5475

APPLICANT/OWNER: Grande Homes / Matt McMullen APPLICANT ADDRESS: 555 Delburg St, Davidson NC 28036

✓ SITE ADDRESS: 1162 Buffalo Creek Dr, Statesville NC 28677 PHONE: 704-400-1710 ALT. PHONE

SITE DIRECTIONS: (N) NC21 → (L) Old Mtn. Rd → (R) Buffalo Shoals → (R) Buffalo Creek → lot on R SAP CONTROLLED: [X] YES [ ] NO

✓ SUBDIVISION: Buffalo Creek SECTION: — LOT # 11 LOT AREA: 2.0006 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.225 (I) / 0.1 (R

Septic Tank	1000	(gal)	STB	760	Date	4/13/22	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	4/18/22	System Description:	HPPBPS-PM (Horizontal)			
Pump Make	Goulds	Model	WE0511HH	Serial #	20		Repair System Description:	Drip Repair (NOT sap) - 4950 ft 2			
# Nitrification Fields	1	# Lines	7	Linear Ft:	3660'		Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	36"	Trench Bottom Depth (Low side)	48"	Gravel Depth	N/A			[ ] GRAVITY	[X] PRESSURE		

[X] Residence No. Bedrooms 4 Water Supply
[ ] Business No. Persons 8 [X] Private
[ ] Other No. Employees [ ] Public
[ ] Slab [ ] Crawl Space [ ] Community
[X] Basement w/plumbing [ ] Basement w/o plumbing

Comments / Conditions: Install drainlines on contour, use pressure manifold. Do not pave, grade, park, drive, or bury utilities in drainfield. Divert drainage from drainfields. Lines must be vented every 25' per manufacturers inst.

Dose vol. = 302.4 g 2" supply, 2' pressure head Run time = 7 min
System flow = 43.25 gpm Drawdown = 14.4"
L1, L5, L6, L7 = 9 panels each 1/2" SCH 80 taps each line

INITIAL SITE SKETCH

Lot has very restrictive soil - DO NOT damage repair area during construction - permit will be revoked, no other suitable area.

See attached site plan by ICHD.

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

L2, L3, L4 = 16 panels each, 1/2 SCH 40 tap each line

Installed as Drawn

Lines
Tanks
Supply Line
Alarm
Floats CW
PM 9/1/22
PH
Electrical

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. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: M McMullen Date: 6-30-21 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: D. Miekley Date: 6/23/21 OPERATION PERMIT by: Craig White Date: 9/1/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bennett Date: 6-30-21. Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Horizontal Panel

Sheet 1 of 2
PROPERTY ID #: 4722595475
COUNTY: Iredell

48" LS 10%

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

APP ~~OWNER~~: Aaron Hetterman Owner: Robert Neilson 140 St Martins Statesville APPLICATION DATE 2/11
ADDRESS: 230 Rumple Hill, Statesville NC 28677 DATE EVALUATED: 3/10/21
PROPOSED FACILITY: 4BR PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 2.006 Acres
LOCATION OF SITE: 162 Buffalo Creek, Statesville 28677 PROPERTY RECORDED: Yes
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	LS 10%	0-12	SCL - ABK	SSSP FR - SEXP	Chroma 2 @ 18	49"	L	N/A	PS 0.225
		12-29	C - ABK/SBK	SSSP - FR - SEXP					
		29-49	CL - SBK	SSSP - FR SEX					
		49-73	SAP SL/L	NSNP - FR					
2	LS 8%	0-3	Organic		Chroma 2's @ 31" & 34"	55"	L	N/A	PS 0.225 TB @ 46"
		3-10	SCL SBK	SSSP - FR - SEXP					
		10-19	C - ABK	SSSP - FR/F - SEXP					
		19-34	C - PL	SSSP - F - SEXP					
		34-55	CL - SBK	SSSP - FR/F - SEXP					
		55-72	SL/L - M < FAP	NSNP VFR					
3	LS 6%	0-12	SCL - SBK	SSP - FR - SEXP	24-28" 2.5Y 6/2	48"	L	N/A	PS TB @ 16" 0.15/0.1 (Drip)
		12-32	C - PL/ABK	SSP - FR - SEXP					
		32-48	CL/SAP SBK	SSNP FR - SEXP					
		48-80	SAP - SL/L	NSNP - VF					
4	LS 9%	0-7	SCL - SBK	SSNP FR - SEXP	2.5Y 6/4 2.5Y 7/2 @ 14" & 12" Grey 8/10Y 2.5Y 8/1	20-56" (62")	N/A	N/A	US
		7-12	C - SBK/ABK	SS SP - F/FR SEXP					
		12-62	C - PL	SSP - FR - SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	3606 (478 laid out)	4800+ sqft+
System Type(s)	50% red. PM	Drip
Site LTAR	0.225	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Weberry
OTHER(S) PRESENT: B. Botkins, H. Snow

COMMENTS: Variable profiles from pit to pit. Slope Correction 10% - 2.5" correction

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4722 595 175
DATE OF EVALUATION: 3/10/21
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	7%	0-12	SCL-SBK	SSSP-FR	sap ind & boards throughout 10YR 6/2 @ 25" & 30"				US TB @ 13" W/o slope
		12-25	C-ABK/SBK	SSP-FR-SEXP					
		25-36	CL/SAP L/PL	SSNP-FR-SEXP					
		36-65	SAP-LS/L-M	NSNP VF-					
6	10%	0-8	SCL-SBK	SSSP-FR-SEXP	2.5Y 6/2 @ 10" greys @ 20" to 72				US
		8-44	C-ABK/PL	SSSP-F-SEXP					
		44-72	CL-SBK/ABK	SSP-F SEXP					
7	9%	0-8	SCL-SBK	SSSP-FR SEXP	Numerous chroma 2's throughout C & CL Chroma 2's to 48"				PS 0.225 TB @ 60"
		8-32	C-ABK	SSSP-FR-SEXP					
		32-64	CL-ABK	SSSP FR-SEXP					
8	6%	0-10	SCL-SBK	SSSP-FR-SEXP	5Y 7/2 @ 14" (LS) chroma 2's @ 20" (HS) Bands of sap, VF rock @ 35"				PS 0.1 Drip SP Hs of pit
		10-17	SC-SBK/ABK	SSSP-FR-SEXP					
		17-23	C-ABK	SSSP-FR-SEXP					
		23 48	CL-SBK	SSSP FP/F-SEXP					

COMMENTS:

LEGEND

use the following standard abbreviations

DSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
rainage Way)						CR (Crumb)
Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
Flood Plain)		L (Loam)				SBK (Subangular Blocky)
Foot Slope)						ABK (Angular Blocky)
Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
inear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
Nose Slope)		CL (Clay Loam)			**MOIST**	**WET**
Ridge)		SCL (Sandy Clay Loam)				
houlder Slope)		SiL (Silt Loam)			VFR (Very Friable)	NS (Non-sticky)
Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SiC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		C (Clay)			EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None	None		SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

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

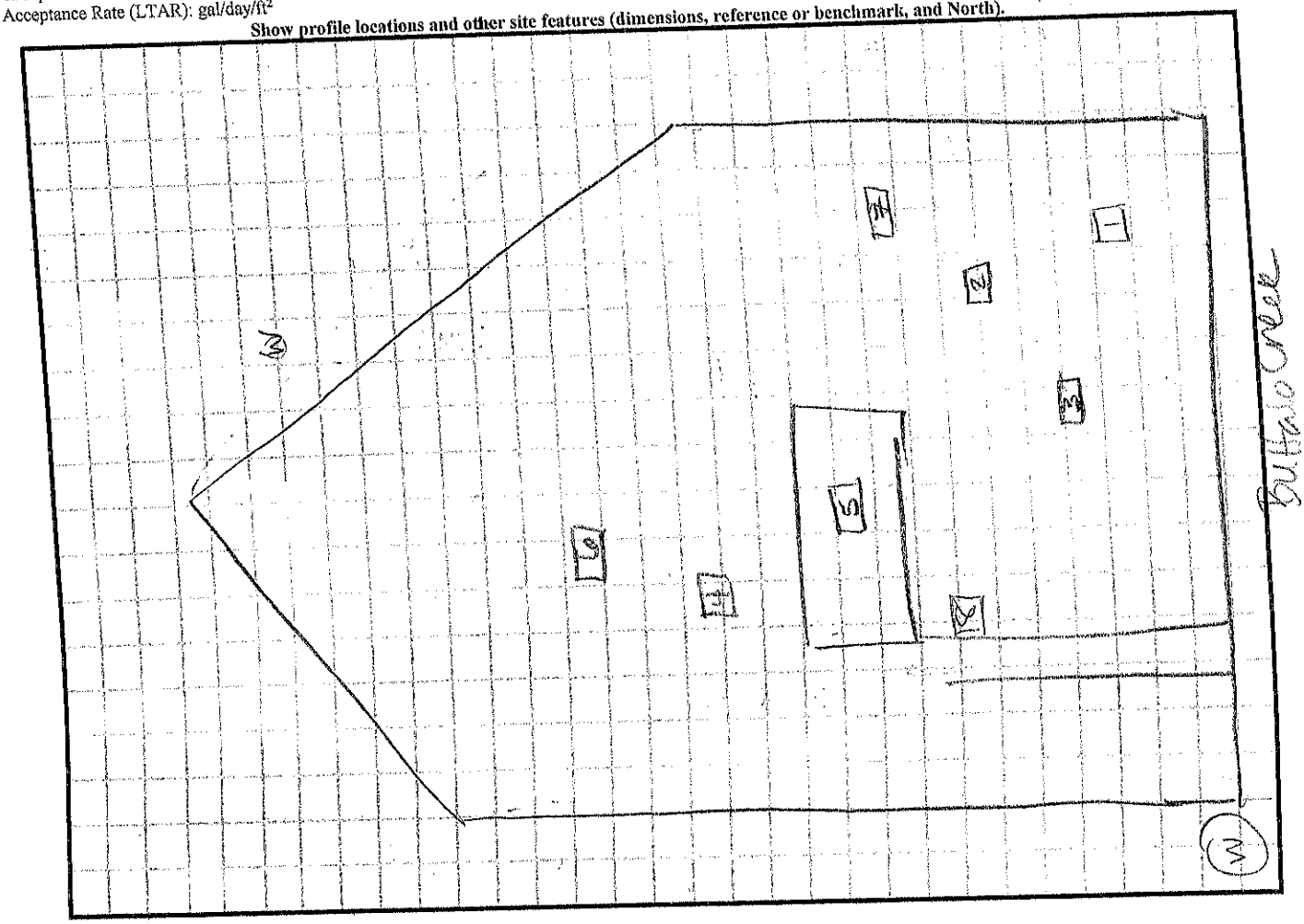
TES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
STRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

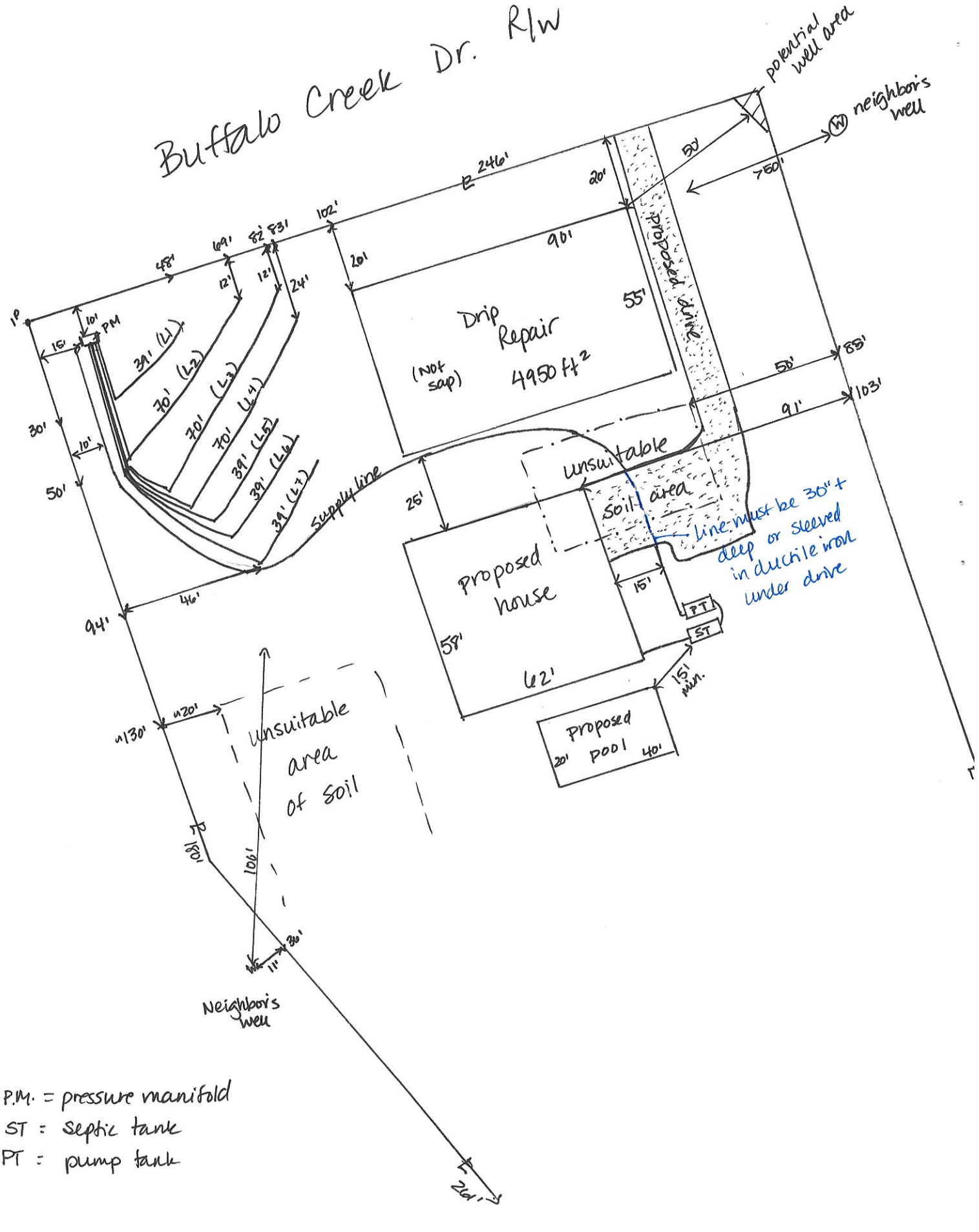
Valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



1"=40'

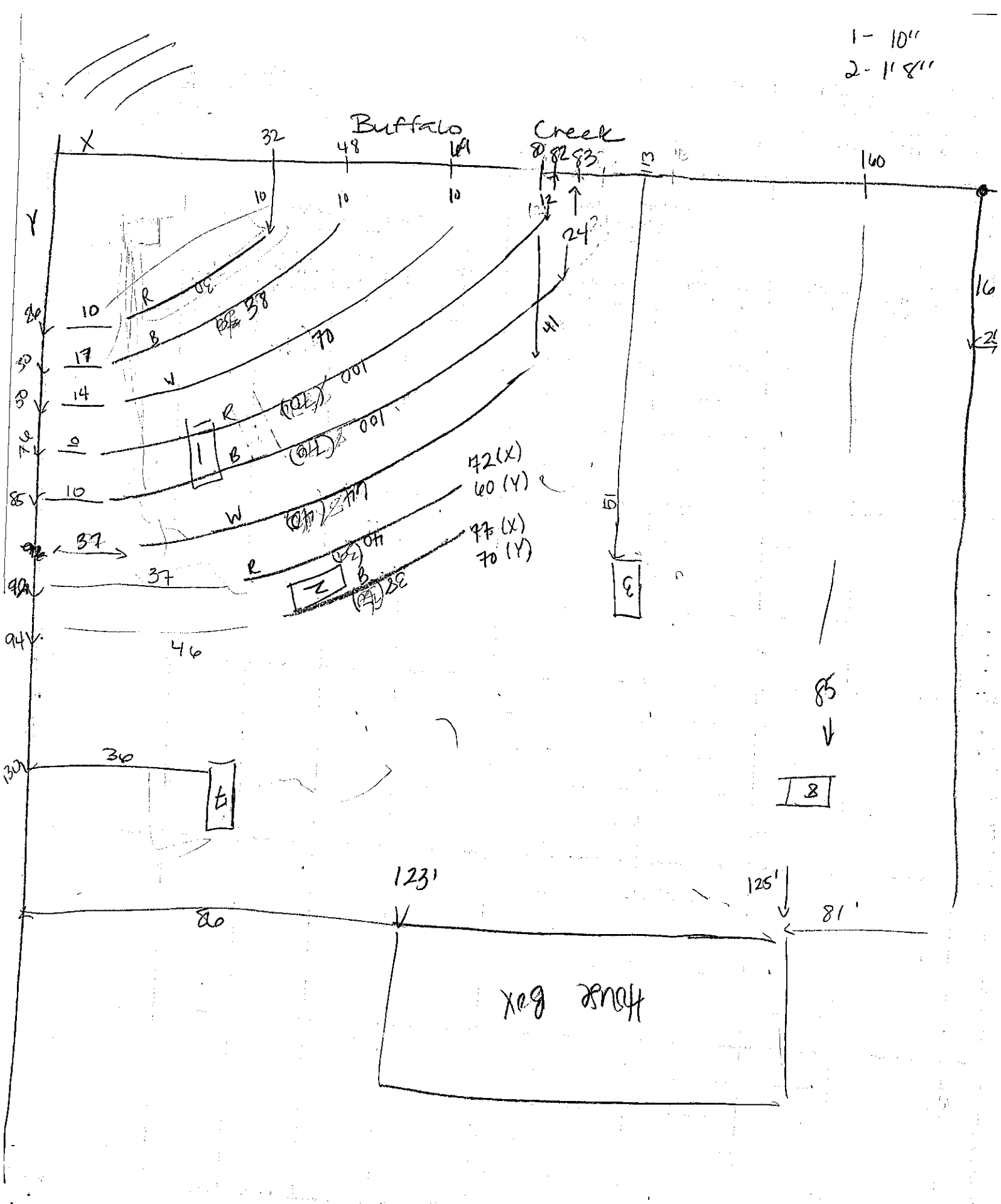


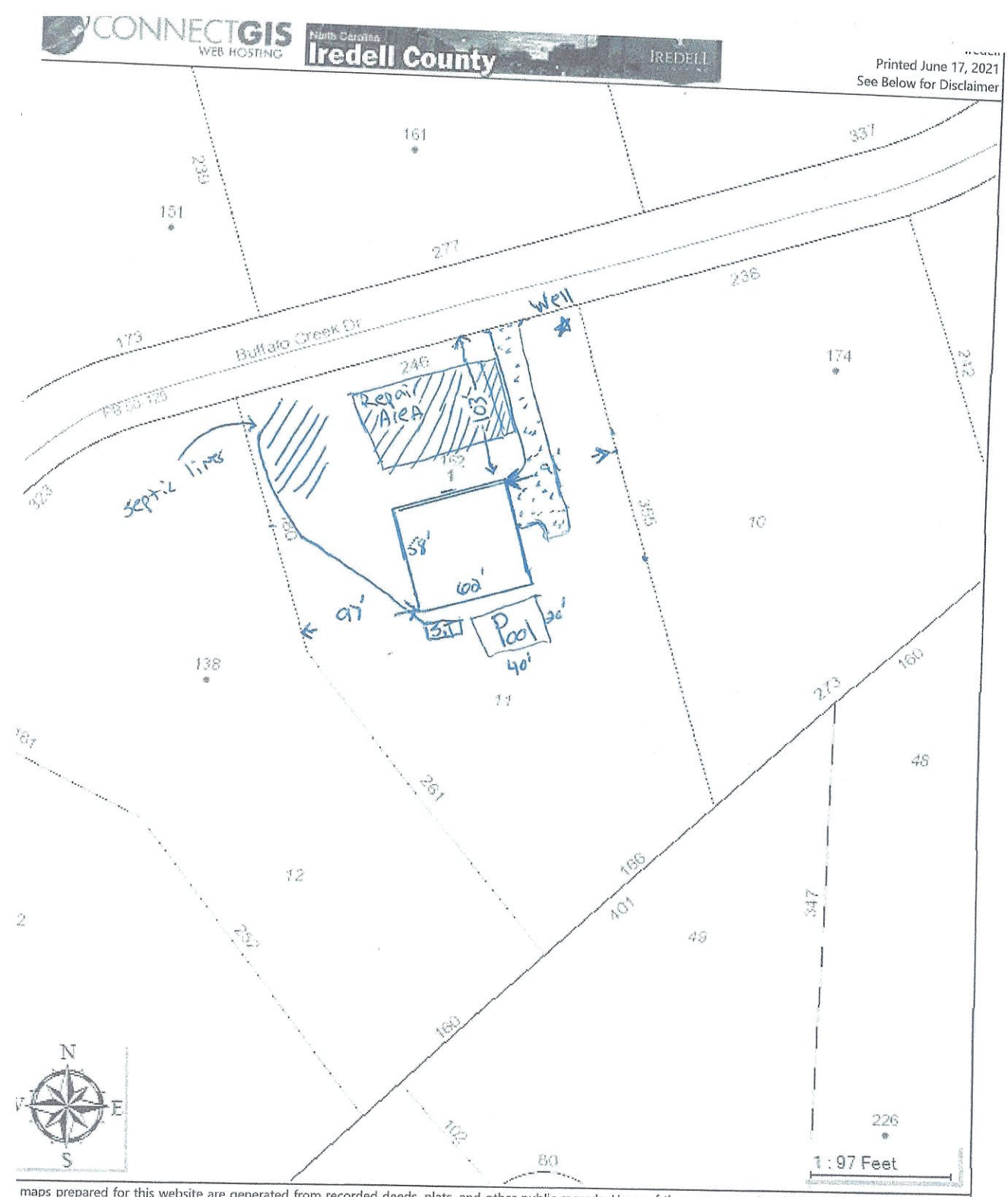
P.M. = pressure manifold

ST = septic tank

PT = pump tank

1- 10"
2- 1' 8"


Buffalo Creek
X
Y
32
48
82
83
160
10
10
10
24
16
R
B
W
38
70
41
14
0
10
17
37
37
46
172 (X)
60 (Y)
77 (X)
70 (Y)
1
2
3
4
8
85
36
123'
125'
81'
80
House



maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information vided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as ial notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

RECEIVED JUN 18 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Limited

APPLICATION FORM AP-314932 $105.00

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Grande Homes Address: 555 Delburg St. Zip: 28036
Applicant Email: grandehomes@icloud.com Phone: 704 400 1710 Alt. Phone:
Owner Name: Same Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 102 Buffalo Creek Dr.
Subdivision Name: Buffalo Creek Section/Phase: Lot Number: 11
Driving Directions: From 21 drive west on Old Mt Rd to (R) on Buffalo Shoals to (R) on Buffalo Creek lot on right next to #38

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

(✓) 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: 8
(✓) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

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:
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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. industrial) 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.

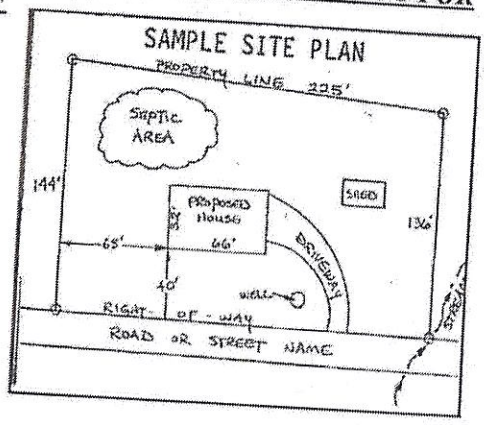
Signature: _____ 6-17-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached *

Signature: _____

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

6-17-21

DATE

OWNERS' ASSOCIATION DISCLOSURE AND CONDOMINIUM RESALE STATEMENT ADDENDUM
NOTE: For condominium resales or when Residential Property and Owner's Association Disclosure Statement is not required (For example: New Construction, Vacant Lot/Land) or by agreement of the parties.

Property: 3203 Deauville Place Statesville NC 28625

Buyer: Grande Homes Co.

Seller: _____

This Addendum is attached to and made a part of the Offer to Purchase and Contract ("Contract") between Buyer and Seller for the Property.

For the purposes of this Addendum, "Development" means any planned community or condominium project, as defined by North Carolina law, which is subject to regulation and assessment by an owners' association.

Any representations made by Seller in this Addendum are true to the best of Seller's knowledge, and copies of any documents provided by Seller are true copies relating to the Development, to the best of Seller's knowledge. Except with regard to Confirmed Special Assessments, Seller does not warrant the accuracy, completeness, or present applicability of any representation or documents provided by Seller, and Buyer is advised to have all information confirmed and any documents substantiated during the Due Diligence Period.

1. Seller represents to Buyer that the Property is subject to the following owners' association(s) [insert N/A into any blank that does not apply]:

☐ (specify name): _____ ("dues") are $_____ per_____. The name, address and telephone number of the president of the owners' association or the association manager are: _____.

Owners' association website address, if any: _____.

☐ (specify name): _____ ("dues") are $_____ per_____. The name, address and telephone number of the president of the owners' association or the association manager are: _____.

Owners' association website address, if any: _____.

2. Seller represents to Buyer that the following services and amenities are paid for by the above owners' association(s) from the regular assessments ("dues"): (Check all that apply)

☐ Master Insurance Policy Including All Units
☐ Real Property Taxes on the Common Areas
☐ Casualty/Liability Insurance on Common Areas
☐ Management Fees
☐ Exterior Building Maintenance
☐ Exterior Yard/Landscaping Maintenance
☐ Trash Removal
☐ Pest Treatment/Extermination
☐ Legal/Accounting

☐ Street Lights
☐ Water
☐ Sewer
☐ Private Road Maintenance
☐ Parking Area Maintenance
☐ Common Areas Maintenance
☐ Cable
☐ Internet service
☐ Storm Water Management/Drainage/Ponds
☐ Gate and/or Security

☐ Recreational Amenities (specify): _____

☐ Other (specify) _____
☐ Other (specify) _____

REALTOR®

This form jointly approved by:
North Carolina Bar Association
North Carolina Association of REALTORS®, Inc.

EQUAL HOUSING OPPORTUNITY

STANDARD FORM 2A12-T
Revised 7/2019
© 7/2019

Buyer initials MM _____ Seller initials _____ _____

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, Matt McMullen Grande Homes, am the legal owner(s) of the property located at 162 Buffalo Creek Dr. 28677, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

_____ 6-17-21
Signature of Owner(s) Date

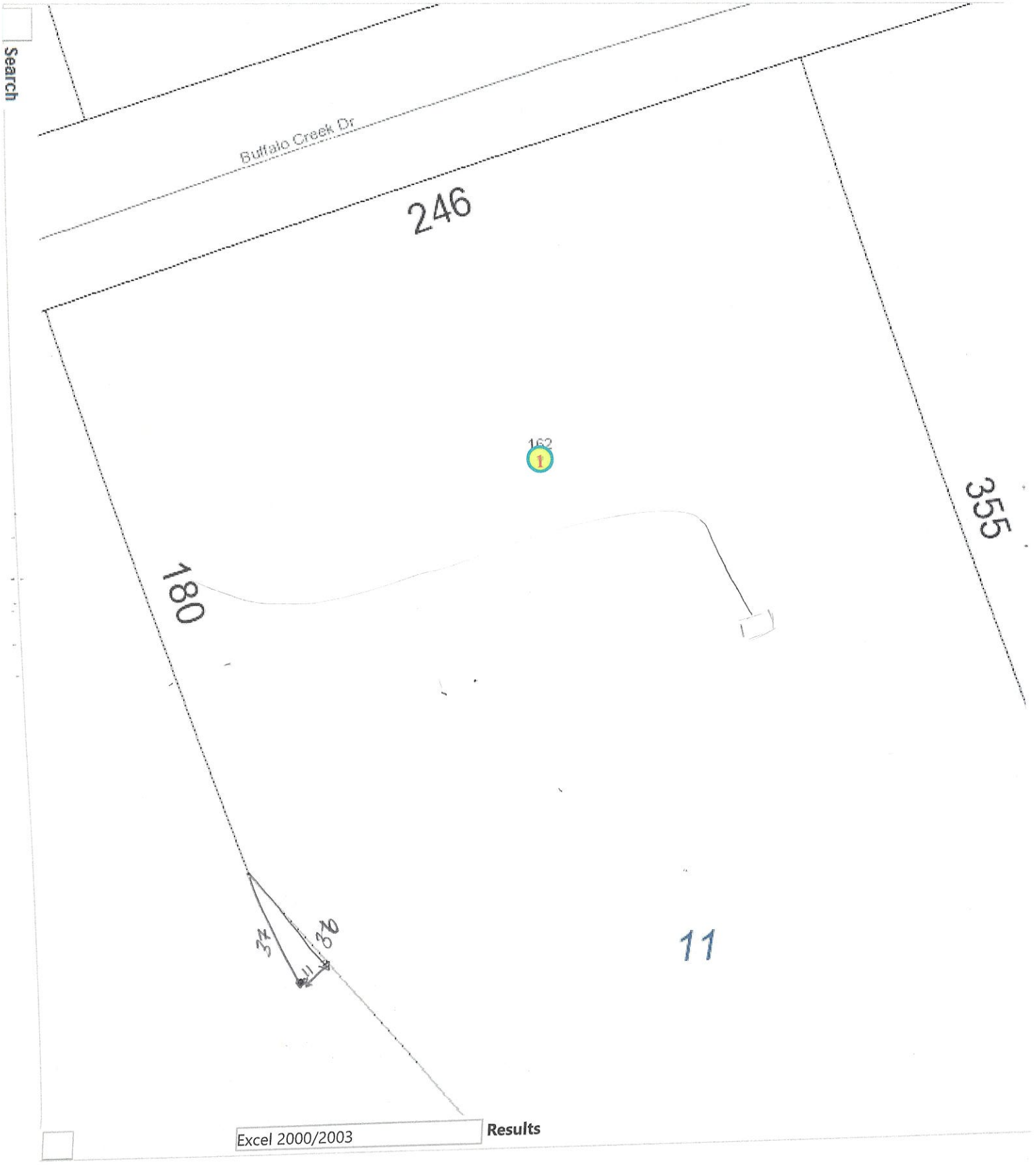
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

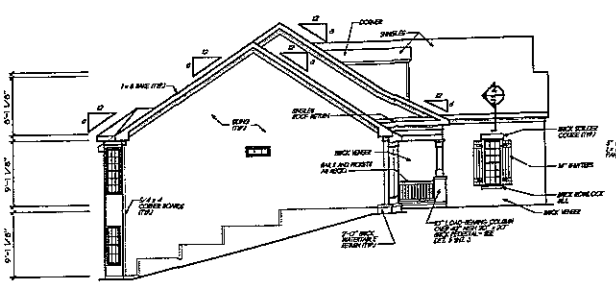
CONNECTGIS WEB HOSTING

North Carolina Iredell County

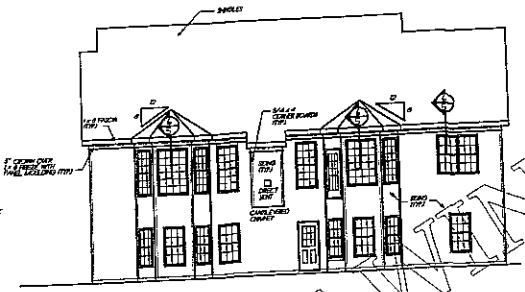
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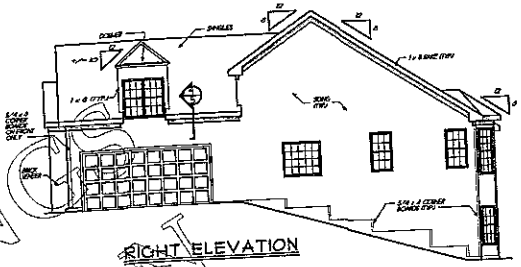
Excel 2000/2003 Results



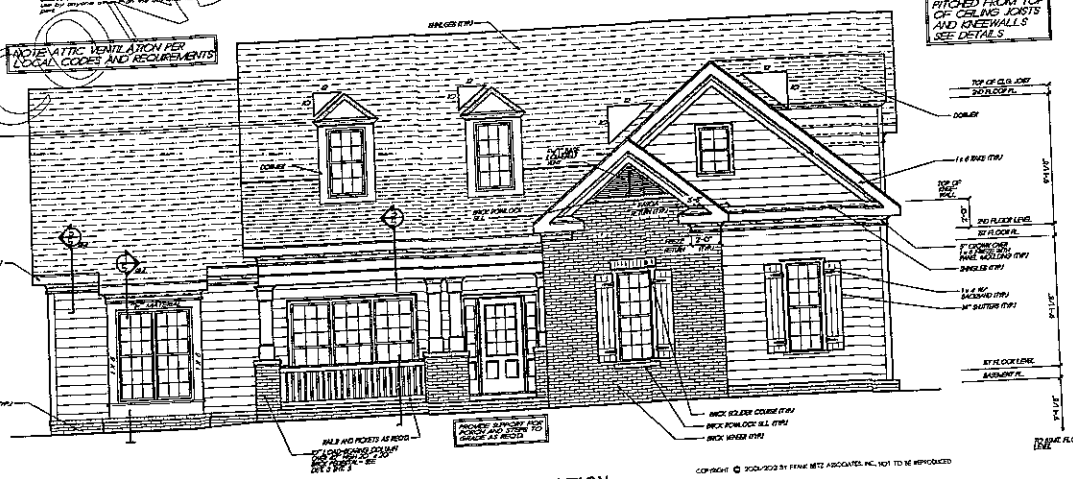
LEFT ELEVATION



REAR ELEVATION



RIGHT ELEVATION



FRONT ELEVATION

1/4" = 1'-0"

FRANK BETZ ASSOCIATES, INC. makes no liability for any changes or modifications made to these plans by others.

PRELIMINARY DRAWINGS NOT FOR CONSTRUCTION

WARRANTY AND LIABILITY

MAIN STREET Designs

NOTE: THESE DRAWINGS DO NOT REPRESENT STRUCTURAL FRAMING DRAWINGS. CONSULT W/ LOCAL ENGINEER OR LUMBER SUPPLY COMPANY FOR THE STRUCTURAL FRAMING. THESE DRAWINGS ARE PLAN ONLY AND DO NOT ASSUME ANY LIABILITY.

NOTE: WHEN TWO ROOFS INTERSECT WITH DIFFERENT ROOF PITCHES, BLOCK TOP OF STUD WALLS AS REQ'D. TO LINE UP FASCIAS AT A MINIMUM OF 1'-0" OVERHANG.

NOTE: RAFTERS ARE PITCHED FROM TOP OF CEILING JOISTS AND KNEEWALLS SEE DETAILS

NOTE: ATTIC VENTILATION PER LOCAL CODES AND REQUIREMENTS

NOTE: ELEVATIONS REFLECT A BASEMENT FOUNDATION IF ANOTHER FOUNDATION IS USED, BUILDER SHOULD DISREGARD FOUNDATION SHOWN

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REVISIONS	DATE	BY
CLAD BP-SP	11-22-01	RDP
CLAD BP-SM	12-21-01	KLR

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STATESVILLE, NC.

ELEVATIONS/ROOF PLAN

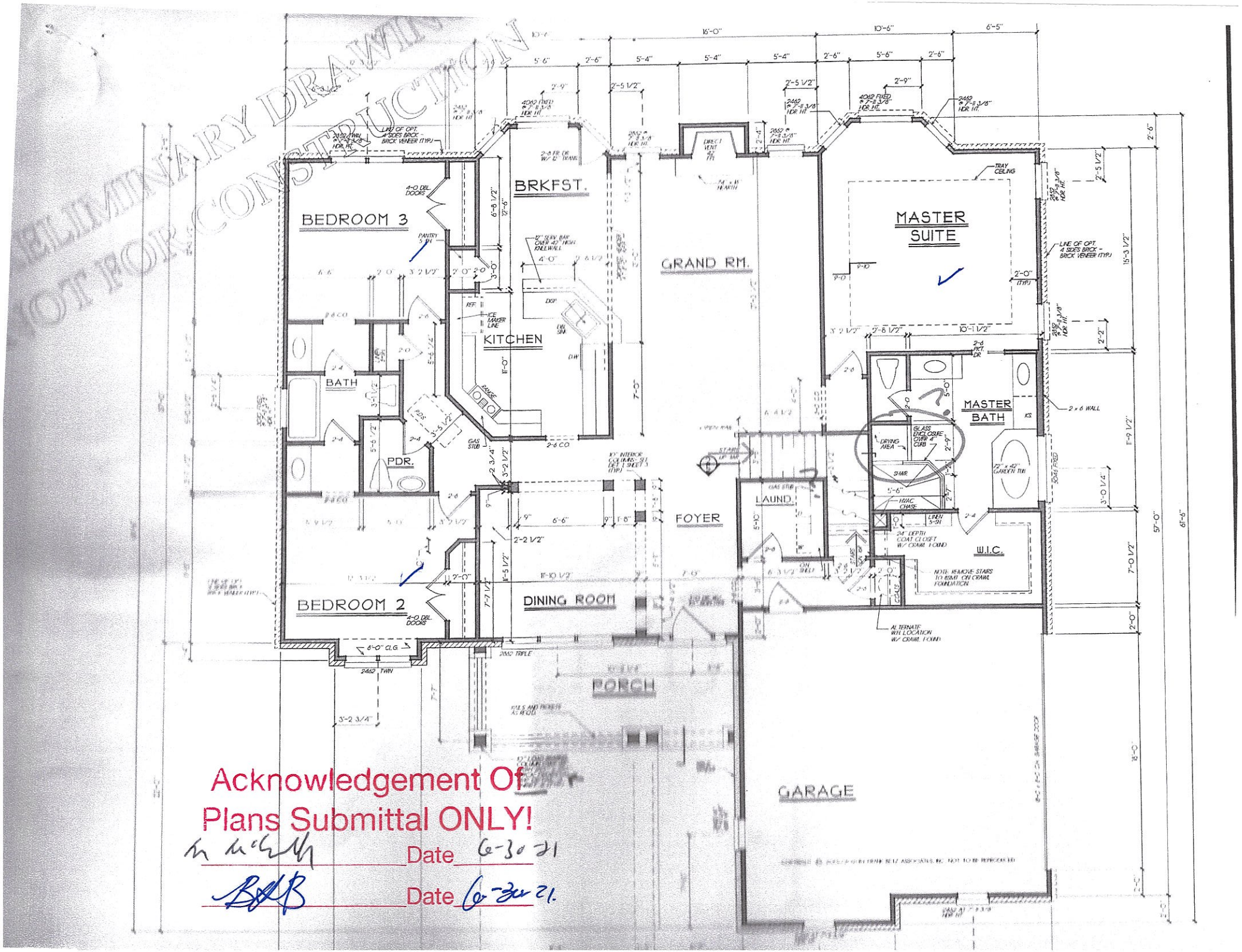
THE WALLINGFORD

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND BROCK HOMEPLANS
3500 GEORGE BUSBEE PARKWAY
SUITE 190
KENNESAW, GEORGIA 30144
770-421-0888 800-717-3003

BY: CDP KLR CK: RDP TDJ

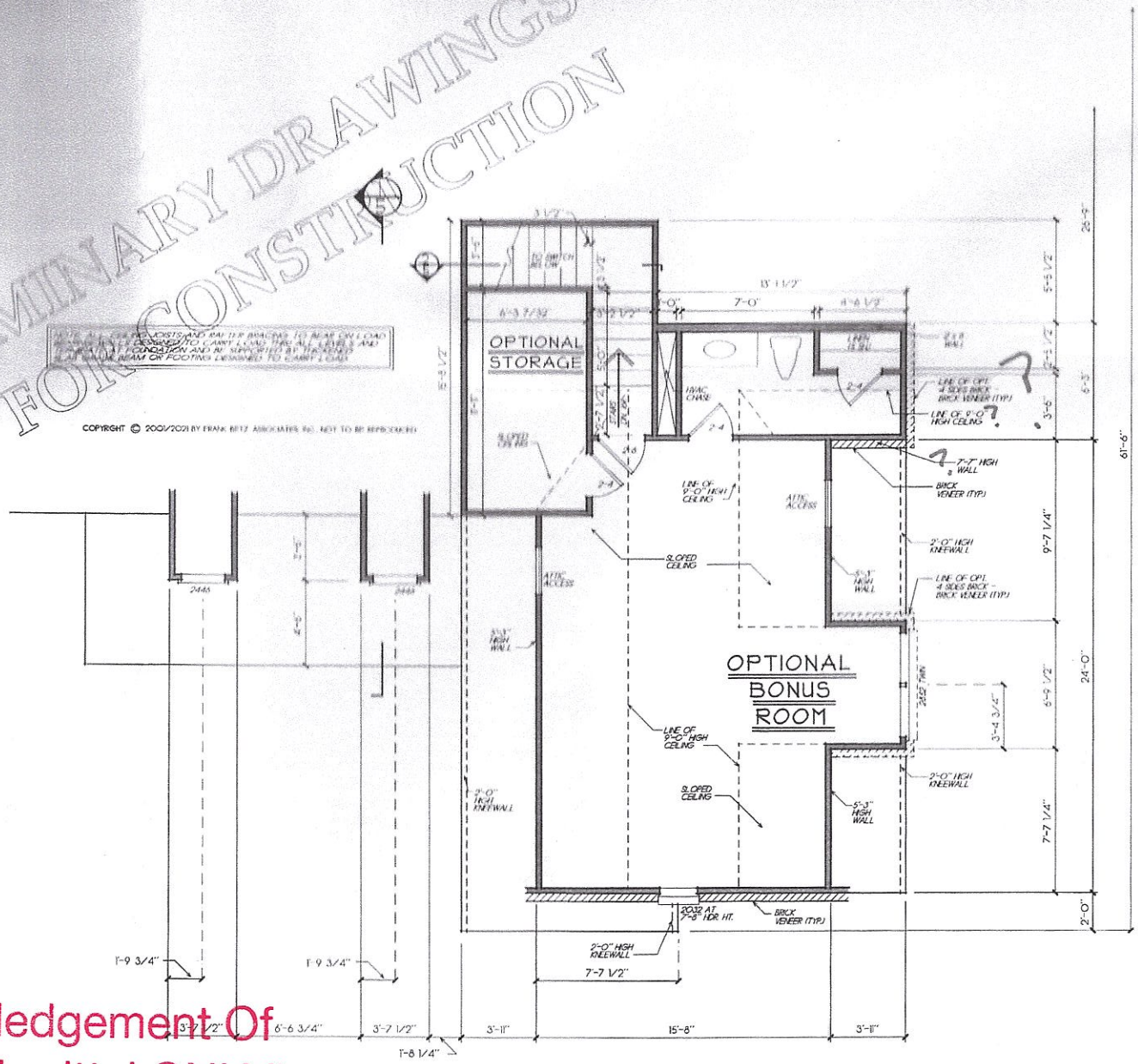
DATE: 9-04-01 11-27-2001

SHEET: 1 OF: 5


PRELIMINARY DRAWINGS
NOT FOR CONSTRUCTION
BEDROOM 3
BRKFST.
GRAND RM.
MASTER SUITE
KITCHEN
BATH
PDR.
MASTER BATH
FOYER
LAUND.
W.I.C.
BEDROOM 2
DINING ROOM
PORCH
GARAGE
Acknowledgement Of
Plans Submittal ONLY!
Date 6-30-21
Date 6-30-21

PRELIMINARY DRAWINGS
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OPT. SECOND FLOOR PLAN

1/4" = 1'-0"

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GRANDE H
STATESVILL

SECOND FLOOR PLAN

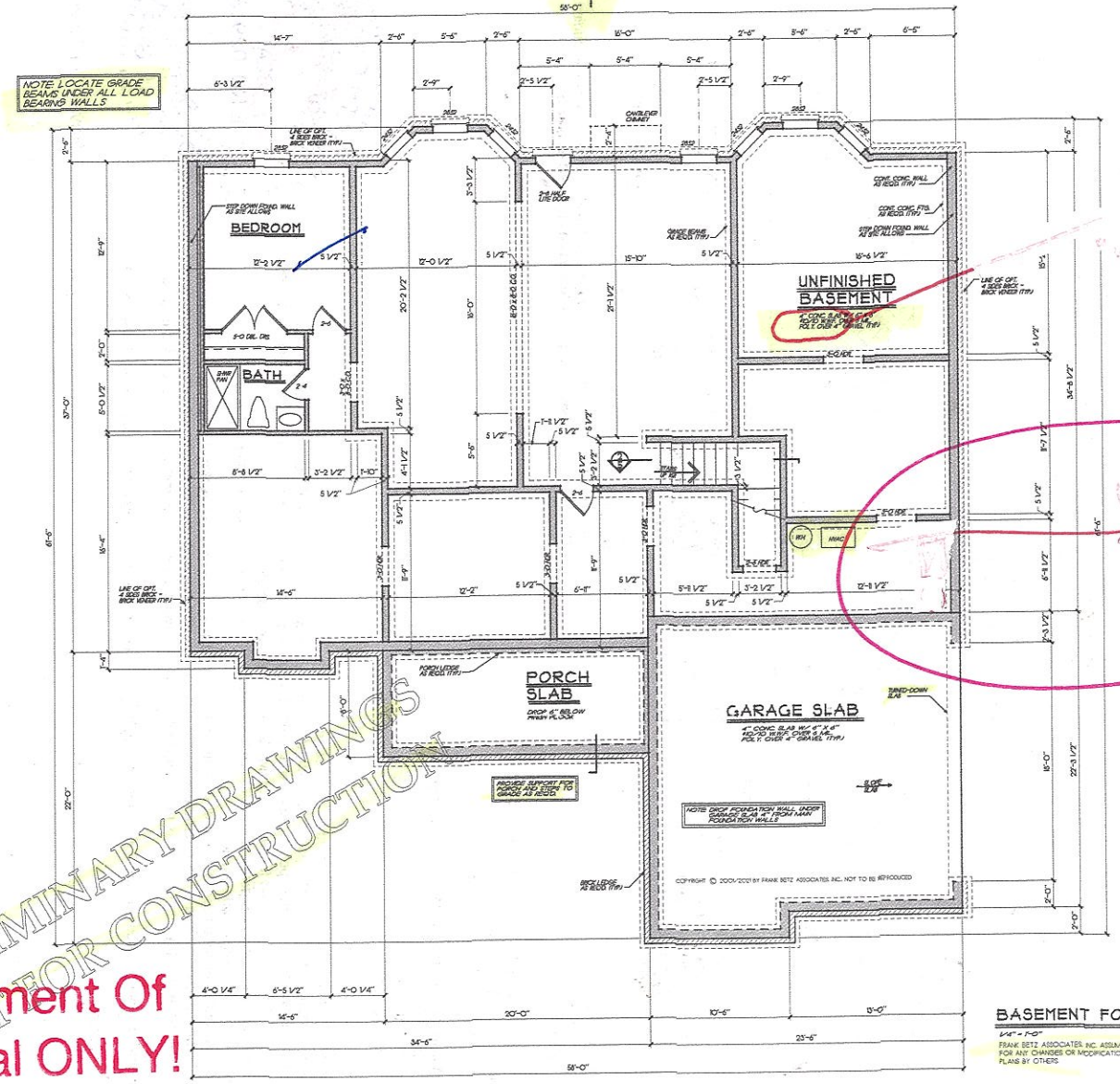
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BY: CGR RJS CK: KKW TDJ

DATE: 11-06-01 6/7/2021

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NOTE: LOCATE WATER HEATER & HVAC PER CODES AND SITE CONDITIONS CONSULT W/ BUILDER & OWNER PRIOR TO CONSTRUCTION

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Date 6-30-21

Date 6-30-21

REVISIONS	DATE	BY
CLAR 21-03	11-05-01	DCP
CLAR 21-04	11-10-01	KJB

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BASEMENT FOUND. PLAN

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