ICHD - ENVIRONMENTAL HEALTH DIVISION

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

1:00

PERMIT # 241751

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

PIN # 4761 - 49 - 9408

APPLICANT/OWNER: ADAMS HOMES NC, LLC. APPLICANT ADDRESS: 3401 SAINT VARDELL LANE, SUITE B, CHARLOTTE, N.C. 28217

SITE ADDRESS: 149 NORTHLAKE DRIVE, STATESVILLE, NC 28677 PHONE: 704-558-4527 ALT. PHONE 704-621-4664

SITE DIRECTIONS: (E) ON 70, (R) ON BETHESDA, (L) IN NORTHLAKE, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: NORTHLAKE SECTION: 1 LOT # 49 LOT AREA: 0.58 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

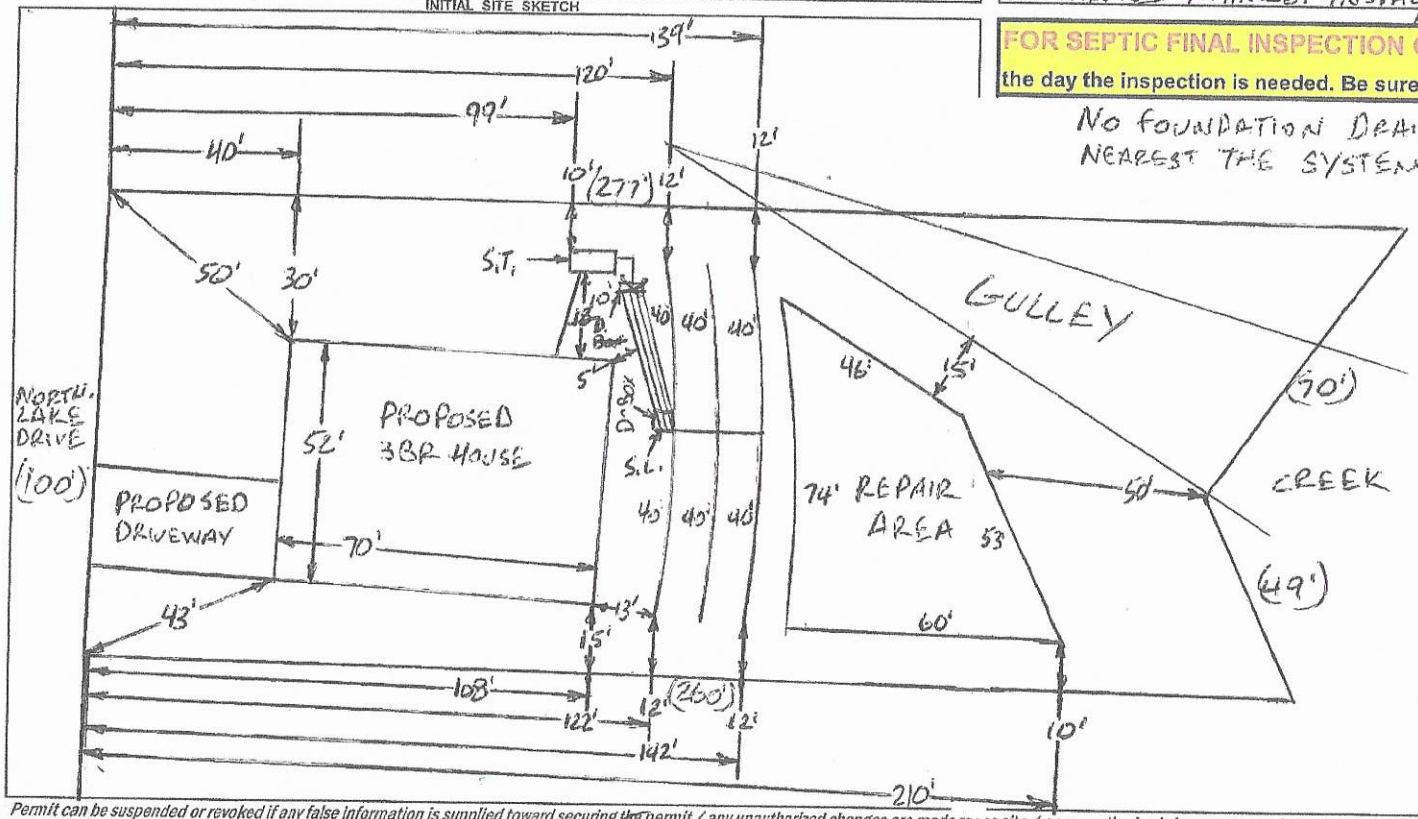
Septic Tank	1000 (gal)	STB	760	Date	2-15-2021	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	50% REDUCTION - PPBPS HORIZONTAL	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION - PPBPS HORIZONTAL	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	6	Linear Ft:	240 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	20 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9 FT CENTERS, UTILIZE PARALLEL DISTRIBUTION, DO NOT EXCEED A 28 IN MAX TRENCH BOTTOM, DO NOT SHALLOW UP

IF 6 IN OF COVER CANNOT BE MAINTAINED COUNTY APPROVED COVER IS REQUIRED. PROPERTY LINES AND 5 FT BUFFER MUST BE MARKED AT TIME OF INSTALLATION

INITIAL SITE SKETCH



NO FOUNDATION DRAINAGE ON HOUSE NEAREST THE SYSTEM

1 IN = 40 FT
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
D.BOX = DISTRIBUTION BOX

INSTALLED AS SHOWN

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.

- TANKS CHECKED 4-6-202
- DRAIN LINES CHECKED 4-7-20
- D-BOX & PLUMBING NEEDS TO BE CHECKED BCW

4/8/21 Set speed levelers in D-box Checked all supply lines. MB

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: Date: 9/9/20 Installed by: PRECISION EXCAVATION

IMPROVEMENT PERMIT by: Date: 8-31-2020 OPERATION PERMIT by: Date: 4/8/21

AUTHORIZATION TO CONSTRUCT by: Date: 8-31-2020 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

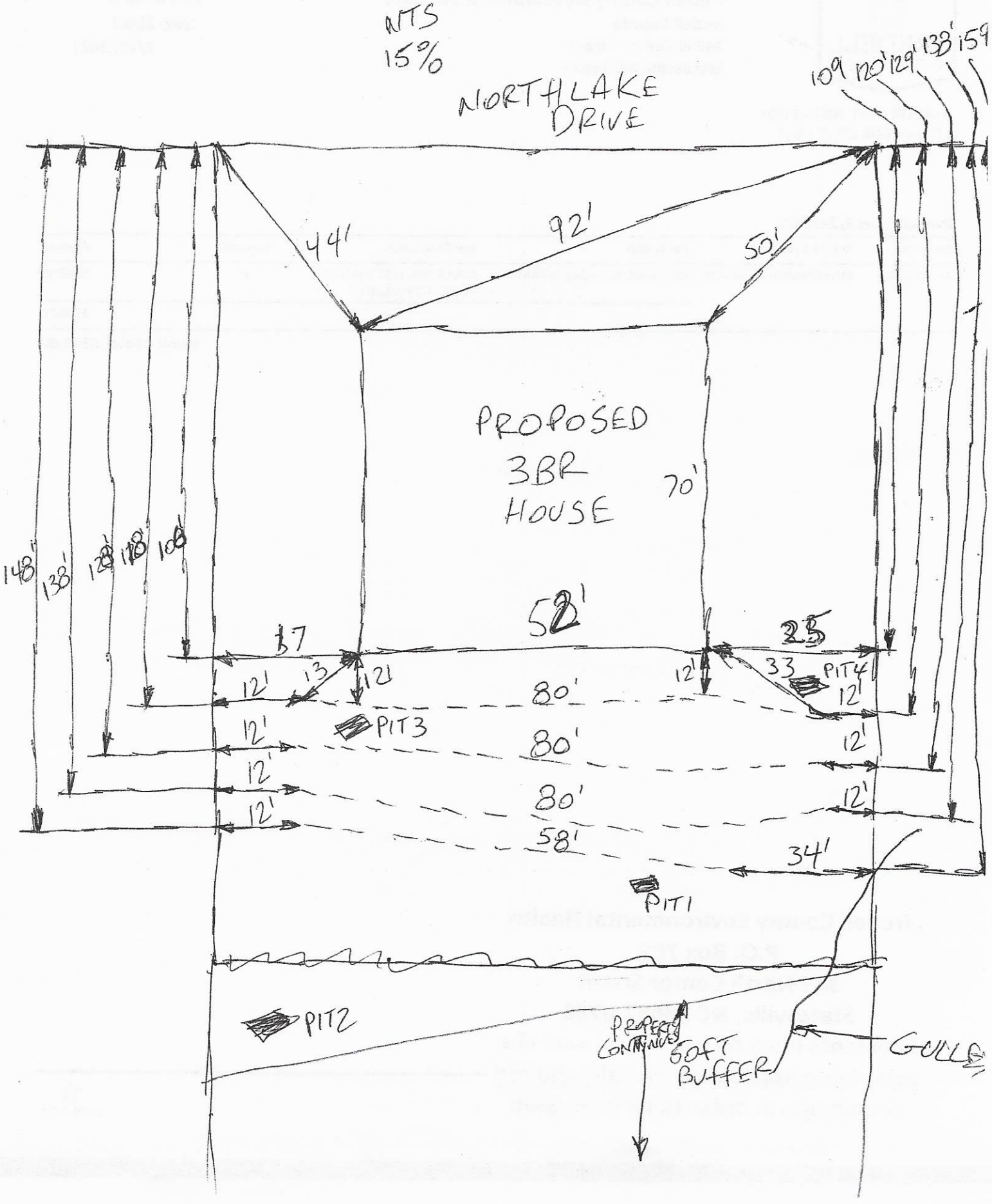
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 476149408
DATE OF EVALUATION: 7-14-2020
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE NOSE 10%	0-13	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS THRU OUT CHROMA 3+4 5's	68"+	NA	NA	PS .25
		13-68	SC, ABK	FI, S, P, SEXP					
2	HEAD 12%	0-14	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW Y/B MOTS 36"+	60"+	NA	NA	PS .275
		14-60	SC, ABK	FI, S, P, SEXP					
3	LINEAR SIDE 15%	0-5	FILL	COLLUVIAL?	Y/B MOTS 20"+ 10YR 6/2 @ 40	54"+	NA	NA	PS .25 ABOVE 40
		5-17	SCL, SBK	FR, SS, SP, SEXP					
		17-54	SC, ABK	FI, S, P, SEXP					
4	LINEAR SIDE 10%	0-3	FILL	COLLUVIAL?	SAP INC THRU OUT	57"+	NA	NA	PS .3
		3-16	SCL, SBK	FR, SS, SP, SEXP					
		16-45	C, SBK	FR, S, P, SEXP					
		45-57	CL, WA BR	FR, SS, SP, SEXP					

COMMENTS:


NTS
15%
NORTHLAKE DRIVE
109
120'
129'
138'
159
44'
92'
50'
PROPOSED
3BR
HOUSE
70'
148'
138'
128'
118'
108'
52'
37
25
33
PIT4
12'
13
12'
80'
PIT3
80'
80'
58'
34'
PIT1
PIT2
PROPERTY CONTINUES
SOFT BUFFER
GULLY

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

PROPERTY ID #: 4761494408
COUNTY: IREDELL

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

OWNER: ADAM HOMES AEC, LLC.
ADDRESS: 3401 SAINT VARDELL LANE, SUITE B, CHARLOTTE, N.C. 28217
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 149 NORTHLAKE DRIVE, STATESVILLE, N.C. 28677
APPLICATION DATE 4-16-2020
DATE EVALUATED: 7-14-2020
PROPERTY SIZE: 0.58 AC
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)		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									
2				SEE PAGE 2					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% HOR.	50% HOR.
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnett C. White
OTHER(S) PRESENT:

COMMENTS:

RECEIVED APR 16 2020

Paid $500.00 Comprehensive Relayout # 241751

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Cynthia Bladning Address: 3401 Saint Vardell Lane, Suite B, Charlotte, NC Zip: 28217

Applicant Email: submit@majpermits.com Phone: (704) 621-4664 Alt. Phone: (704) 884-1548

Owner Name: Adams Homes AEC, LLC Address: 3401 Saint Vardell Lane, Suite B, Charlotte, NC Zip: 28217

Owner Email: charlottewarranty@adamshomes.com Phone: (704) 558-4527 Alt. Phone: _____

Property Information:

Street Address: 149 Northlake Drive, Statesville, NC 28677

Subdivision Name: Northlakes Section/Phase: _____ Lot Number: 49

Driving Directions: I-77 North, exit 42, right onto NC-115 / US-21 toward Troutman , Turn left onto US-21 N / NC-115 N, Turn right onto Ostwalt Amity Rd, Turn left onto Bethesda Rd, Turn right onto Northlake Dr

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (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: _____
(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: Cynthia Blanding April 16, 2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

149 Northlake Drive, Statesville, NC 28677 Lot 49

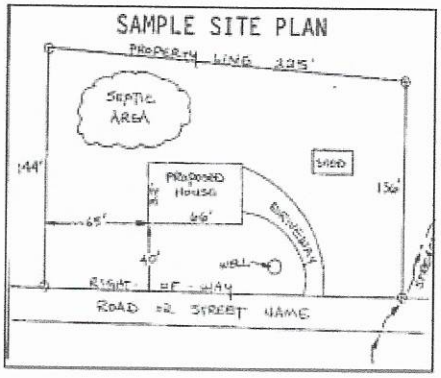
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

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

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (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

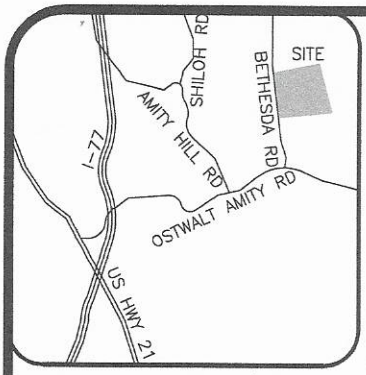
Please see attached

Signature: Cynthia Blanding

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

April 16, 2020

DATE



VICINITY MAP (NTS)

LEGEND

AC=AIR CONDITIONING UNIT
BOC=BACK OF CURB
DW=CONC DRIVEWAY
EB=ELECTRIC BOX
EOP=EDGE OF PAVEMENT
P=PATIO
PO=PORCH
SCO=CLEANOUT
SW=SIDEWALK
TP=TELEPHONE PEDESTAL
WM=WATER METER
IRON PIPE FOUND
IRON PIPE SET
NAIL SET

PLAT NORTH PB 53, PG. 94

THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

SHAWN T. RUMBERGER, PLS L-4909 DATE

THIS MAP IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP IS NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.
GENERAL NOTES:

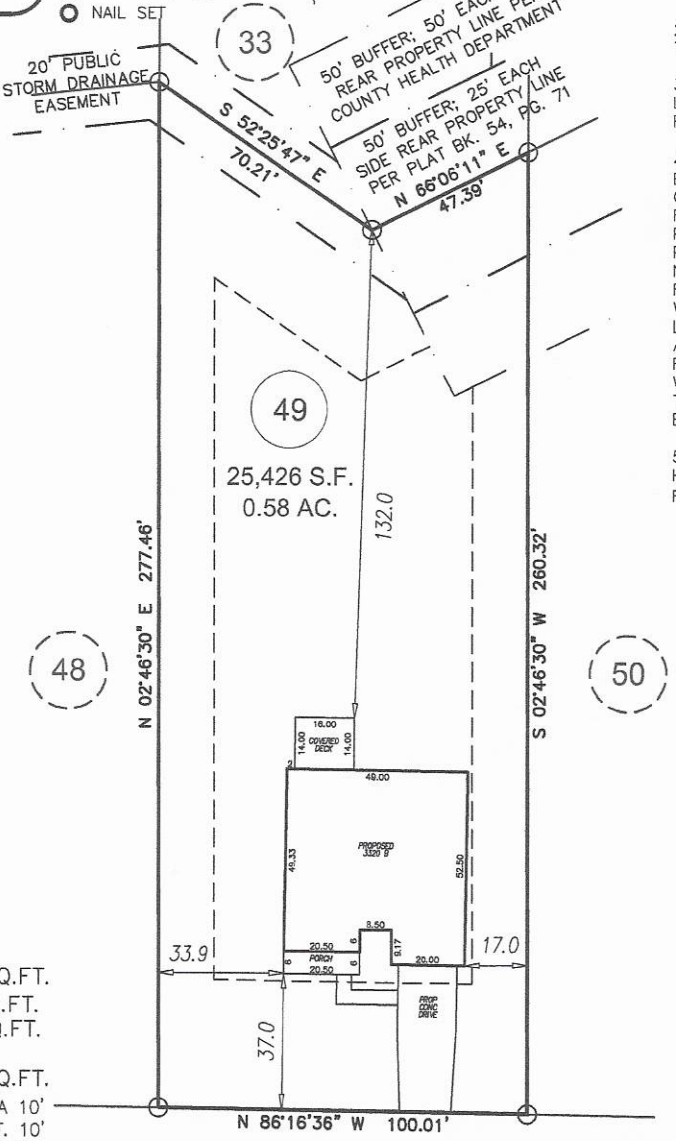
1. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES IN U.S. SURVEY FEET UNLESS OTHERWISE NOTED.

2. AREAS SHOWN HEREON WERE COMPUTED USING THE COORDINATE METHOD.

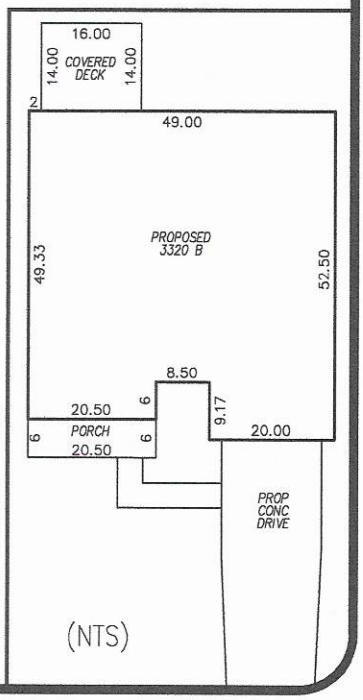
3. LINES NOT SURVEYED ARE SHOWN AS DASHED LINES FROM INFORMATION REFERENCED ON THE FACE OF THIS SURVEY.

4. PROPERTY MAY BE SUBJECT TO ANY/ALL EASEMENTS AND RESTRICTIONS OF RECORD. THIS SURVEY IS A CORRECT REPRESENTATION OF THE LAND PLATTED AND OR DEEDED AND HAS BEEN PREPARED IN CONFORMITY WITH NORTH CAROLINA STANDARDS, G.S. 47-30, AND REQUIREMENTS OF LAW, BUT WITHOUT A FULL TITLE REPORT. A NORTH CAROLINA LICENSED ATTORNEY-AT-LAW SHOULD BE CONSULTED REGARDING CORRECT OWNERSHIP, WIDTH AND LOCATION OF EASEMENTS, AND OTHER TITLE QUESTIONS REVEALED BY TITLE EXAMINATION.

5. DRIVEWAY IMPERVIOUS CALCULATION SHOWN HEREON CALCULATED TO THE FRONT PROPERTY LINE/RIGHT-OF-WAY.



NORTHLAKE DRIVE
50' PUBLIC R/W



SETBACKS

FRONT	35'
SIDE	15'
REAR	35'
SIDE STREET	25'

IMPERVIOUS AREA

HOUSE	2,777 SQ.FT.
DRIVE TO R/W	616 SQ.FT.
WALK	83 SQ.FT.
TOTAL	3,476 SQ.FT.

NOTE: ALL LOTS SUBJECT TO A 10' UTILITY & DRAINAGE EASEMENT. 10' ON EACH SIDE OF ALL PROPERTY LINES.

GRAPHIC SCALE

50 0 25

1 inch = 50 ft.

PRELIMINARY PLOT PLAN

ECLS

PROJECT:	18-005 NORTHLAKES
DRAWN BY:	CKR
SCALE:	1"=50'
DATE:	04-01-2020

FOR
ADAMS HOMES CHARLOTTE
149 NORTHLAKE DRIVE, STATESVILLE
LOT 49 NORTHLAKE SUBDIVISION
CHAMBERSBURG TWP., IREDELL CO., NC
P.B. 53, PG. 94

ECLS GLOBAL, INC.
U.S. VETERAN-OWNED
19 N McKINLEY ST
COATS, NC 27521
910.897.3257 ECLSGLOBALINC.COM
910.897.2329 (FAX) CO#C-4175

IREDELL COUNTY HEALTH DEPARTMENT

HJS

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24175I

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

PIN # 4761499408

APPLICANT/OWNER: Lakeside Vista Partners LLC APPLICANT ADDRESS: PO Box 2091 Cornelius, NC

SITE ADDRESS: 149 Northlake Dr. Statesville, NC PHONE: 704-452-7000 ALT. PHONE ———

SITE DIRECTIONS: 801N → L on Triplett → L on Ostwalt Amity → R on Bethesda → R on Northlake → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Northlake SECTION: 1 LOT # 49 LOT AREA: .58 ac DESIGN FLOW: 480gpd L.T.A.R.: .275

Septic Tank 1000 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT	Date	System Description: horizontal LP PPBPS	☐ Business	No. Persons 8	☐ Private
Pump Make	Model	Serial #	Repair System Description: drip	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4@73'	Linear Ft: 292'	Maintenance Agreement Required: ☑ YES ☐ NO	☐ Slab	☑ Crawl Space	☑ Community
Trench Width 36"	Trench Bottom Depth(Low side) 15" | 20" highside	Gravel Depth ———	☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: * Drive cannot exceed 13' from property line. + Install at max trench depth of 20". A minimum of 8" soil cover is required. The soil must be group II or III and needs to be approved by ICHD prior to covering system.

INITIAL SITE SKETCH

See attached site plan by CS + SC, PLLC

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---
DO NOT ISSUE BUILDING PERMIT!
FLOOR PLAN STILL NEEDED
Only give client attached photo copy

Revised

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**

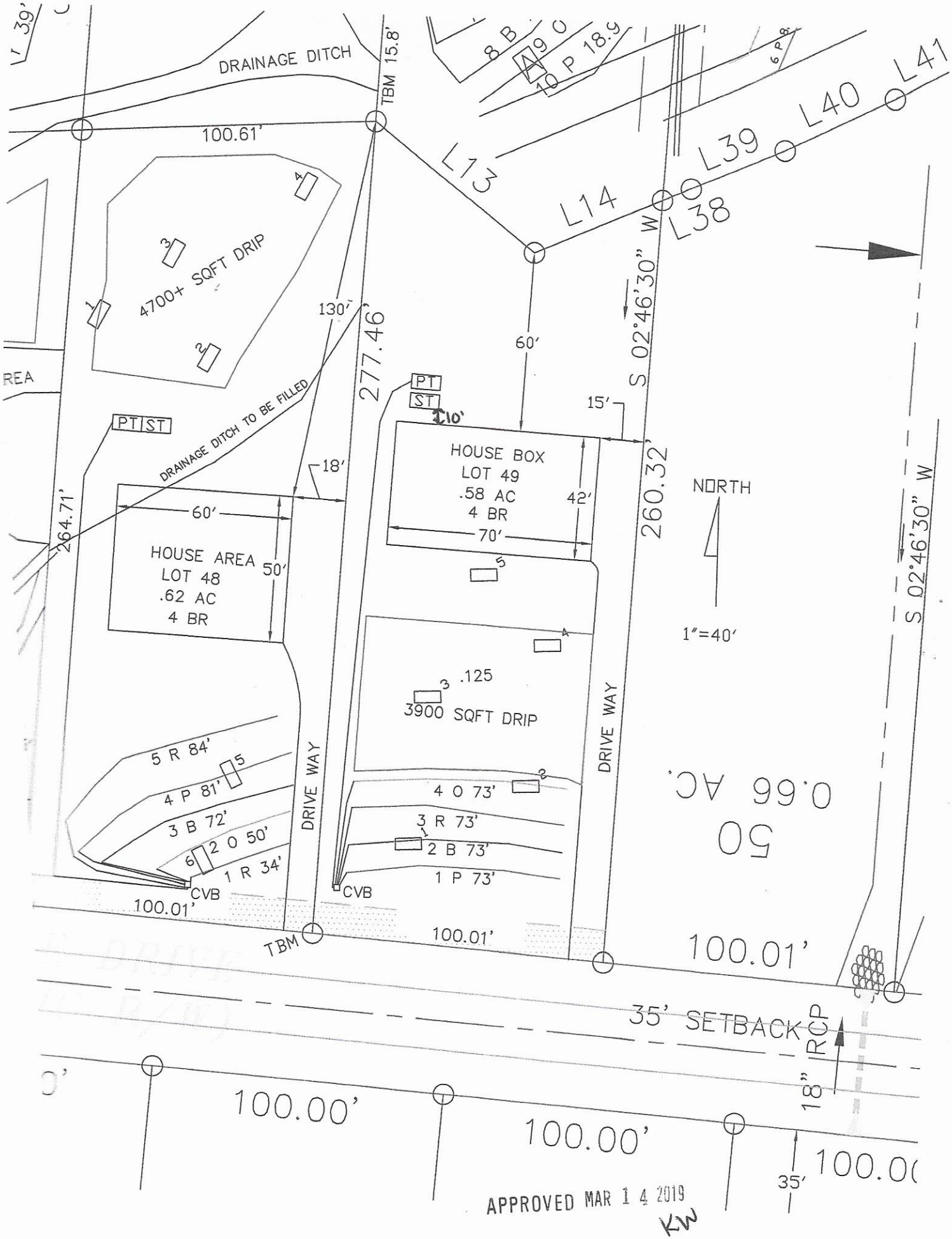
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3-14-19 Installed by:

IMPROVEMENT PERMIT by: Kayla Watson Date: 3-14-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 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.


DRAINAGE DITCH
TBM 15.8'
100.61'
L13
L14
L38
L39
L40
L41
S 02°46'30" W
4700+ SQFT DRIP
130'
277.46'
60'
15'
PT
ST
10'
HOUSE BOX
LOT 49
.58 AC
4 BR
42'
70'
260.32'
NORTH
1"=40'
DRAINAGE DITCH TO BE FILLED
18'
264.71'
HOUSE AREA
LOT 48
.62 AC
4 BR
60'
50'
.125
3900 SQFT DRIP
DRIVE WAY
5 R 84'
4 P 81'
3 B 72'
2 0 50'
1 R 34'
4 0 73'
3 R 73'
2 B 73'
1 P 73'
CVB
100.01'
TBM
0.66 AC.
50
35' SETBACK
RCP
18"
100.00'
35'
APPROVED MAR 1 4 2019
KW

Northlake Lot: **49**

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, Adams Homes NC, LLC, am the legal owner(s) of the property located at 149 Northlake Drive, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4761-499-408, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Cynthia Blanding, MAJ Permits Inc., 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.

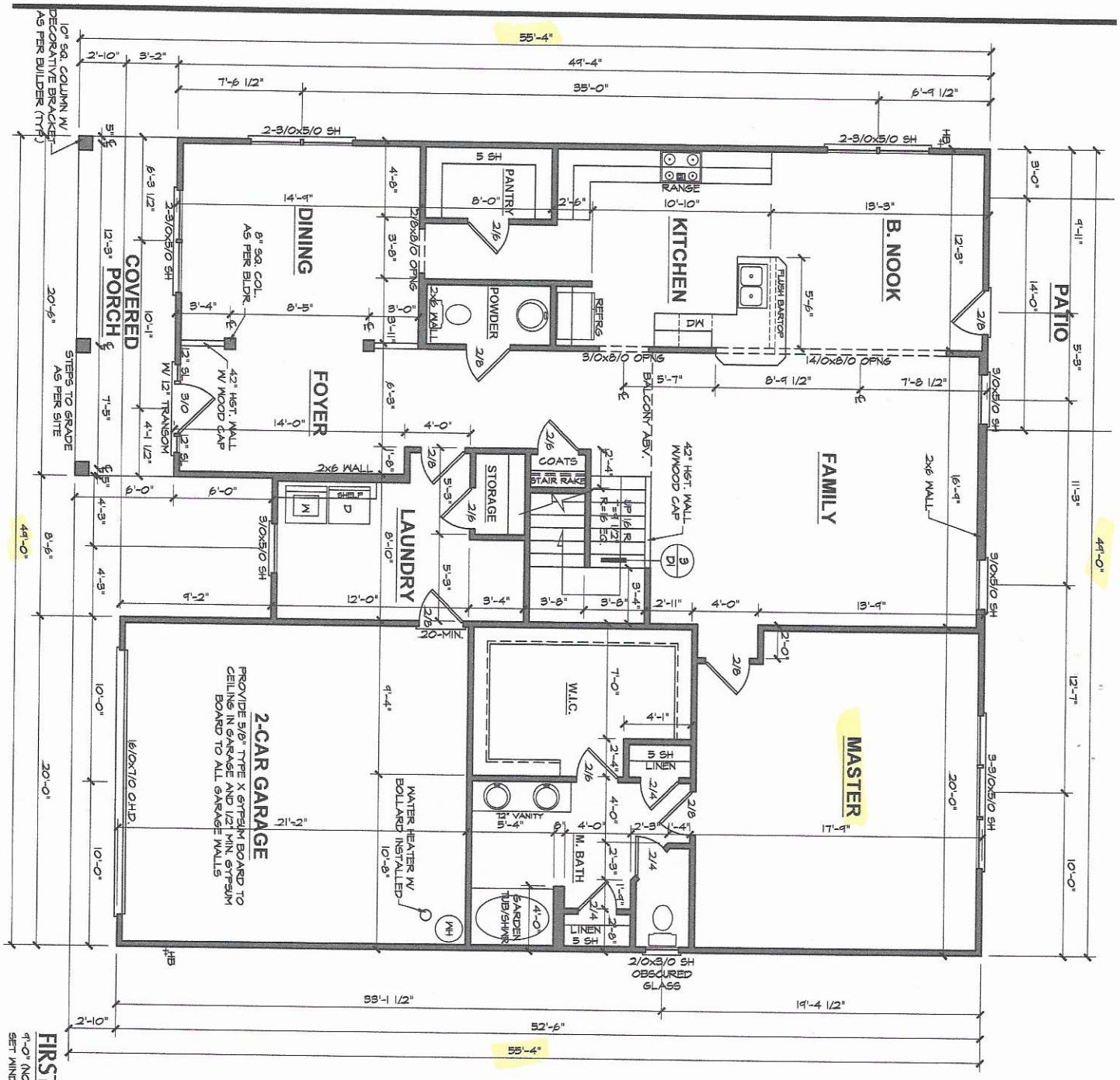
X MANAGER 7/19/2016
Signature of Owner(s) Date

X 7.19.16
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



FIRST FLOOR PLAN

9'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

SCALE: 1/4"=1'-0"

Acknowledgement Of Plans Submittal ONLY!

Buyer Date 8-31-2020

Co-Buyer Date 9/9/20

3320 "B" FE (R) NR049

ADAMS HOMES AEC, LLC

DATE DRAWN	4/1/2020
PROJECT	4345
REVISIONS	

SHEET 3

SECOND FLOOR PLAN

8'-0" (NOM.) CLG. HGT. U.N.O.
SET WINDOWS @ 7'-2" U.N.O.

SCALE: 1/4"=1'-0"

Acknowledgement Of
Plans Submittal ONLY!

Builder Signature Date 8-31-2020

Buyer Signature Date 9/4/20

3320 "B" FE (R) NR049

ADAMS HOMES AEC, LLC

DATE DRAWN	4/1/2020
PROJECT	4345
REVISIONS	

SHEET 4