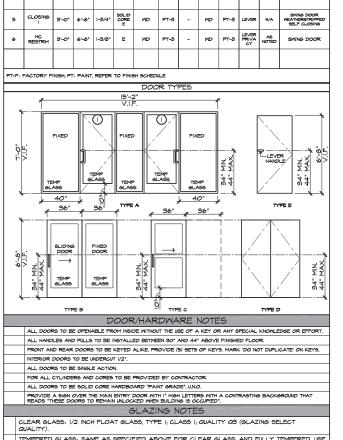
			SHEET	INDEX			
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ABBREVIATIONS	ARCH. SYMBOLS	CONSULTANTS			CODE IN	FORMATION	
ABV. ABO/E 6-F.I. GROUND-FAULT R.O. ROUGH OPENING A/C AIR CONDITIONING GIRCUIT S 4 P SHELF AND POLE ADJ. ADJETABLE 6.I. GALVANIZD IRON 5.C. SOLID CORE ALT ALTERNATE GL. GLASS SD. SMOKE DETECTOR BD. BOARD H.C. HOLLOW CORE SH. SINGLE HING GL CALVANIZD IRON 5.C. SINGLE HING SECTION SECTION BD. BOARD H.C. HOLLOW CORE SH. SINGLE HING GL CABINET HGT. HEADER SHT. SHEET CAB. CABINET HGT. HEADER SHT. SHEET CLR. CELAR HS HORIZONTAL SIM SIMILAR CONC. CONCRETE SLIDER SLIDING SLIDING SLIDING CT. CARPET I.LO. IN LIEU OF SL. SLIDING GLASS C.T. CARMIC TILE INSUL. INSULATION STD. STADARD D. DOWBLE LAM. LAMINATED TEMP. TEMPERED GLASS D.S. DUAL GLAZED LAY. LAVATORY THK. THICK DIA. <th>BUILDING SECTION SECTION INDICATOR SHEET NUMBER DETAIL REFERENCE DETAIL NUMBER ADI SHEET NUMBER KEYNOTE REFERENCE IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</th> <th>OWNER : KB HOME NORTH CAROLINA DIVISION 4510 5. MIAMI BLVD. SUITE 160 DIRHAN, NO271703 TEL. (1910; 472-0552 STRUCTURAL ENGINEER : JDS ENGINEERING 543 PYLON DRIVE RALEIGH NC, 27606 TEL. (245) 203-3687 TRUSS DESIGN BUILDERS FIRST SOURCE</th> <th>OCCUPANT LOAD (SEE SHEET SU2) USE AREA LOAD FACTOR OCCUPANTS OFFICE I Ø5 SQ. FT. Ø I OFFICE 2 ØT SQ. FT. Ø I SALES FLOOR IT6 Ø 2 34T SQ. FT. TOTAL 4 SCOPE OF WORK: CONVERT EXISTING GARAGE (U' OCCUPANCY) TO TEMPORARY SALES OFFICE. (B' OCCUPANCY) TYPE OF CONSTRUCTION: V-B OCCUPANCY TYPE: B OCCUPANCY B OCCUPANCY</th> <th>I-STORY SINGLE</th> <th>ROLINA STATE REGIDENTIAL NETERENCED NDARDS PESCRIPTION: FAMILY DETACHED NN W1 ELEVATION Y:</th> <th>CODE ABBREVIATION N.CR. NORTH CAROLINA E N.CB. NORTH CAROLINA E N.CM. NORTH CAROLINA E N.CF. NORTH CAROLINA E N.CF. NORTH CAROLINA E N.CE. NORTH CAROLINA E N.CE. NORTH CAROLINA E N.CE. NORTH CAROLINA E N.E.C. NATIONAL ELECTRIC OF BULDING OFFIC A.S.T.M. AMERICAN SOCIETY TESTING MATERIALS N.F.P.A. NATIONAL FIRE PRE ASSOCIATION A.N.S.I. AMERICAN NATIONAL INSTITUTE I.E.C.C. INTERNATIONAL ENE CONSERVATION CO I.C.C. INTERNATIONAL CO UL. UNDERWRITERS LAE</th> <th>RESIDENTIAL CC BUILDING CODE DUILDING CODE PLIMEING CODE ELECTRICAL ELECTRICAL ENERGY CODE ELECTRICAL ENERGY CODE ICAL CODE INFERENCE JIALS OTECTION AL STANDARDS ERGY JDE COUNCIL</th>	BUILDING SECTION SECTION INDICATOR SHEET NUMBER DETAIL REFERENCE DETAIL NUMBER ADI SHEET NUMBER KEYNOTE REFERENCE IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	OWNER : KB HOME NORTH CAROLINA DIVISION 4510 5. MIAMI BLVD. SUITE 160 DIRHAN, NO271703 TEL. (1910; 472-0552 STRUCTURAL ENGINEER : JDS ENGINEERING 543 PYLON DRIVE RALEIGH NC, 27606 TEL. (245) 203-3687 TRUSS DESIGN BUILDERS FIRST SOURCE	OCCUPANT LOAD (SEE SHEET SU2) USE AREA LOAD FACTOR OCCUPANTS OFFICE I Ø5 SQ. FT. Ø I OFFICE 2 ØT SQ. FT. Ø I SALES FLOOR IT6 Ø 2 34T SQ. FT. TOTAL 4 SCOPE OF WORK: CONVERT EXISTING GARAGE (U' OCCUPANCY) TO TEMPORARY SALES OFFICE. (B' OCCUPANCY) TYPE OF CONSTRUCTION: V-B OCCUPANCY TYPE: B OCCUPANCY B OCCUPANCY	I-STORY SINGLE	ROLINA STATE REGIDENTIAL NETERENCED NDARDS PESCRIPTION: FAMILY DETACHED NN W1 ELEVATION Y:	CODE ABBREVIATION N.CR. NORTH CAROLINA E N.CB. NORTH CAROLINA E N.CM. NORTH CAROLINA E N.CF. NORTH CAROLINA E N.CF. NORTH CAROLINA E N.CE. NORTH CAROLINA E N.CE. NORTH CAROLINA E N.CE. NORTH CAROLINA E N.E.C. NATIONAL ELECTRIC OF BULDING OFFIC A.S.T.M. AMERICAN SOCIETY TESTING MATERIALS N.F.P.A. NATIONAL FIRE PRE ASSOCIATION A.N.S.I. AMERICAN NATIONAL INSTITUTE I.E.C.C. INTERNATIONAL ENE CONSERVATION CO I.C.C. INTERNATIONAL CO UL. UNDERWRITERS LAE	RESIDENTIAL CC BUILDING CODE DUILDING CODE PLIMEING CODE ELECTRICAL ELECTRICAL ENERGY CODE ELECTRICAL ENERGY CODE ICAL CODE INFERENCE JIALS OTECTION AL STANDARDS ERGY JDE COUNCIL
DR. DOOK MIL. METAL V.P. VAPOR PROOF D.S. DONNSPOUT N.I.C. NOT IN CONTRACT V.P. VAPOR PROOF DTL. DETAIL N.T.S. NOT TO SCALE W. WASHER			AREA: OFFICE 1 06 S.F. OFFICE 2 01 5.F.		REVI	SION LIST	
D.M. DISHWASHER O/ OVER W MITH EA. EACH O.C. ON CENTER WD. WOOD ELEV. ELEVATION OPT. OPTIONAL WDW. WINDOW EO EQ.L. OPT. OPTIONAL WDW. WINDOW	REVISION REFERENCE REVISION NUMBER REFER TO TITLE SHEET		SALES FLOOR 182 S.F. TOTAL 355 S.F.	DELTA DATE	SHEETS REVISED		LOG NUM
EXH. EXHAUST E PROPERTY LINE W.I. WROUGHT IRON EXT. EXTERIOR P.B. PUGH BUTTON W.P. WEATHER PROOF			ALLOWABLE PER TABLE 503: AREA = 9,000 S.F. STORIES = I STORY				
FAU FORCED AIR UNIT PH. PHONE F.C. FIBER CEMENT PLT. PLATE F.G./FX. FIXED GLASG PLYWD. PLYWOOD	SCALE NOTE	1	NOTE: PROPOSED < ALLOWABLE: COMPLIES				
F.G. FUEL GAS PR. PAIR FIN. FINISH P.T.D.F. PRESSURE FLR. FLOOR TREATED DOUGLAS FIR		1					
FLR. LINE FLUOR LINE R. RISER FLUOR FLUORESCENT RAD. RADIUS FR. DR. FRENCH DOOR R.A.G. RETURN AIR GRILL	IF BOX IS I" SQ. THEN SCALE IS 1/4" = 1'-0"		NOTE:				
F.M.C. FLOOR MATERIAL REF. REFRIGERATOR CHANGE FTG. FOOTING RE/S RE-SAWN GA. GAUGE REV. REVERSE GAR. DISP. GARBAGE DISPOSAL RM. ROOM	IF BOX IS 1/2" SQ. THEN SCALE IS 1/8" = 1-0"		ALL TEMPORARY IMPROVEMENTS TO BE REMOVED ALL SEPARATE DEMOLITION PERMIT PRIOR TO ATTAINING THE CERTIFICATE OF OCCUPANCY FOR THE SINGLE FAMILY RESIDENCE.				

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ALL HANDLES AND PUL		LLS TO	BE INSTALLED BETWEEN 30" AND 44" ABOVE FINISHED FLOOR.			
	FRONT AND REAR DO	ORS TO	BE KEYED ALIKE. PROVIDE (5) SETS OF KEYS, MARK 'DO NOT DUPLICATE' ON KEYS.			
	INTERIOR DOORS TO B	BE UNDE	RCUT 1/2".			
	ALL DOORS TO BE SI					
			RES TO BE PROVIDED BY CONTRACTOR.			
			RE HARDBOARD "PAINT GRADE", UN.O.			
	PROVIDE A SIGN OVER THE MAIN ENTRY DOOR WITH I' HIGH LETTERS WITH A CONTRASTING BACKGROUND THAT READS "THESE DOORS TO REMAIN INLOCKED WHEN BUILDING IS OCCUPIED".					
		_	GLAZING NOTES			
	CLEAR GLASS: 1/2 1 QUALITY).	NCH FL	OAT GLASS, TYPE I; CLASS I; QUALITY QS (GLAZING SELECT			
			AS SPECIFIED ABOVE FOR CLEAR GLASS, AND FULLY TEMPERED. USE SMS, AND WHERE SCHEDULED, IN COMPLIANCE WITH GOVERNING			
		_	HARDWARE SCHEDULE			
HARDWA	RE GROUP #I (ENTRY	DOOR	5)			
STOREF	RONT SYSTEM		R KANNEER TRIFAB 400 FRAMING SYSTEM OR EQUAL; CENTER PLAN ASS TO BE TEMPERED); 4" X I-3/4" FRAME; COLOR - #29 (BLACK ANOD			
DOOR		RA	R KAWNEER STANDARD ENTRANCE DOOR; 350 MEDIUM STYLE; SINGLE IL IO* MIN; W OVERHEAD CLOSURE (INTERIOR SIDE); W BOTTOM RAIL V JAL; COLOR - #29 (BLACK ANODIZED)			
HINGES	HINGES		MFR KANNEER TOP AND BOTTOM 4-1/2" X 4" BALL BEARING BUTT HINGE WITH NON-REMOVEABLE PIN (NRP) OR EQUAL; COLOR - $\$24$ (BLACK ANODIZED)			
LOCK			MFR ADAMS-RITE MS 1850A DEADLOCK WITH (2) 1-5/32" DIA. 5-PIN CYLINDERS OR EQUAL COLOR - MATCH FRAMING COLOR			
CLOSURE		MF	MFR NORTON 1601 ADJUSTABLE OR EQUAL; COLOR - MATCH FRAMING COLOR			
PUSH/PUL	LS		ARCHITECTS CLASSIC HARDWARE; STYLE - CO-12/CO-12; LENGTH - 12" OR EQUAL; COLOR - #29 (BLACK ANODIZED); ADA COMPLIANT			
THRESHO	DLD		1/2" X 4" ALUMINUM MILL THRESHOLD; ADA COMPLIANT OR EQUAL; COLOR - #29 (BLACK ANODIZED)			
NEATHER	RSTRIP	WE,	WEATHERING SYSTEM IN DOOR AND FRAME BY KAWNEER			
HARDWA	RE GROUP #2 (CLOS	ING OF	FICE) SLIDING BARN DOORS			
TRACK	AND HARDWARE KIT		HOMACER - 7 FT. / 84 IN. BLACK RUSTIC SINGLE TRACK BYPASS SLIT HARDWARE KIT; STRAIGHT DESIGN ROLLER FOR DOUBLE DOORS	DING BARN DOOR		
LOCKSE	т		NONE			
PUSH/PUL	LS		MFR TRIMCO; API2I SERIES ARCHITECTURAL STRAIGHT PULLS; 12" CI COLOR - MATTE BLACK; ADA COMPLIANT	INTER-TO-CENTER		
DOOR S	TOP		LINNEA LIN-81740; WHEN INSTALLED			
SILENCER			IVES - SR66 (5) PER JAMB			
HARDWA	RE GROUP #3 (COPY)				
			R JOHNSON HARDWARE; 153068 POCKET DOOR FRAME W/ #1125 BALL IGERS/CARRIAGE ASSEMBLY; W/ SOFT CLOSE	BEARING		
DOOR		36"	X 80" X I-3/8" 3-PANEL WOOD DOOR; PRIME AND PAINT			
PUSH/PULLS			MFR TRIMCO; API2I SERIES ARCHITECTURAL STRAIGHT PULLS; 12" CENTER-TO-CENTER; COLOR - MATTE BLACK; ADA COMPLIANT			
	IARDWARE GROUP #4 (MECHANICAL) SWING					



DOOR SCHEDULE

ND F

ROOM NUMBER

в

SALES 3'-0" 7'-0" I-3/4" A GL/ PT-F

2 CLOSING 3'-0" 6'-8" 1-3/8" B GL/MD PT-5

COPY 3'-0" 6'-8" 1-3/8"

ROUF

MTL. PT-F

N/A N/A

N/A N/A

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E.

N/A

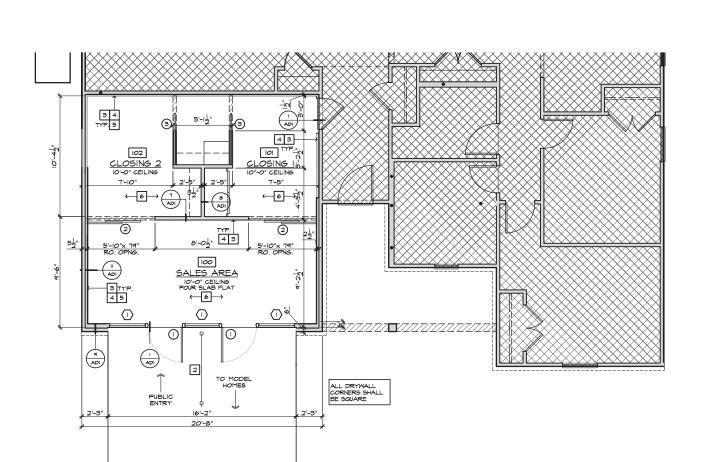
2 N/A

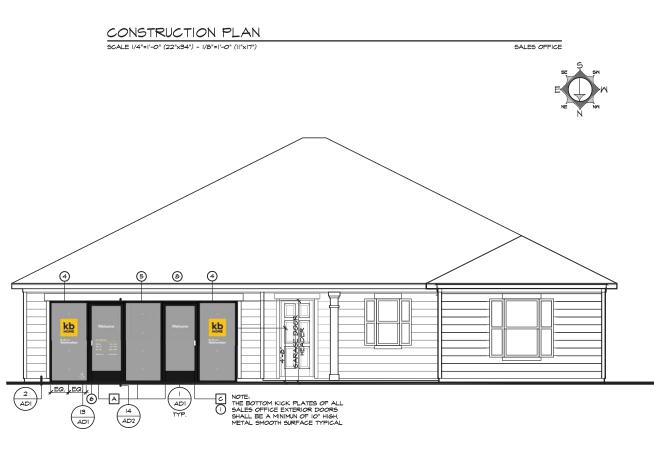
B N/A

STOREFRONT

BARN DOORS (TEMP. GLASS)

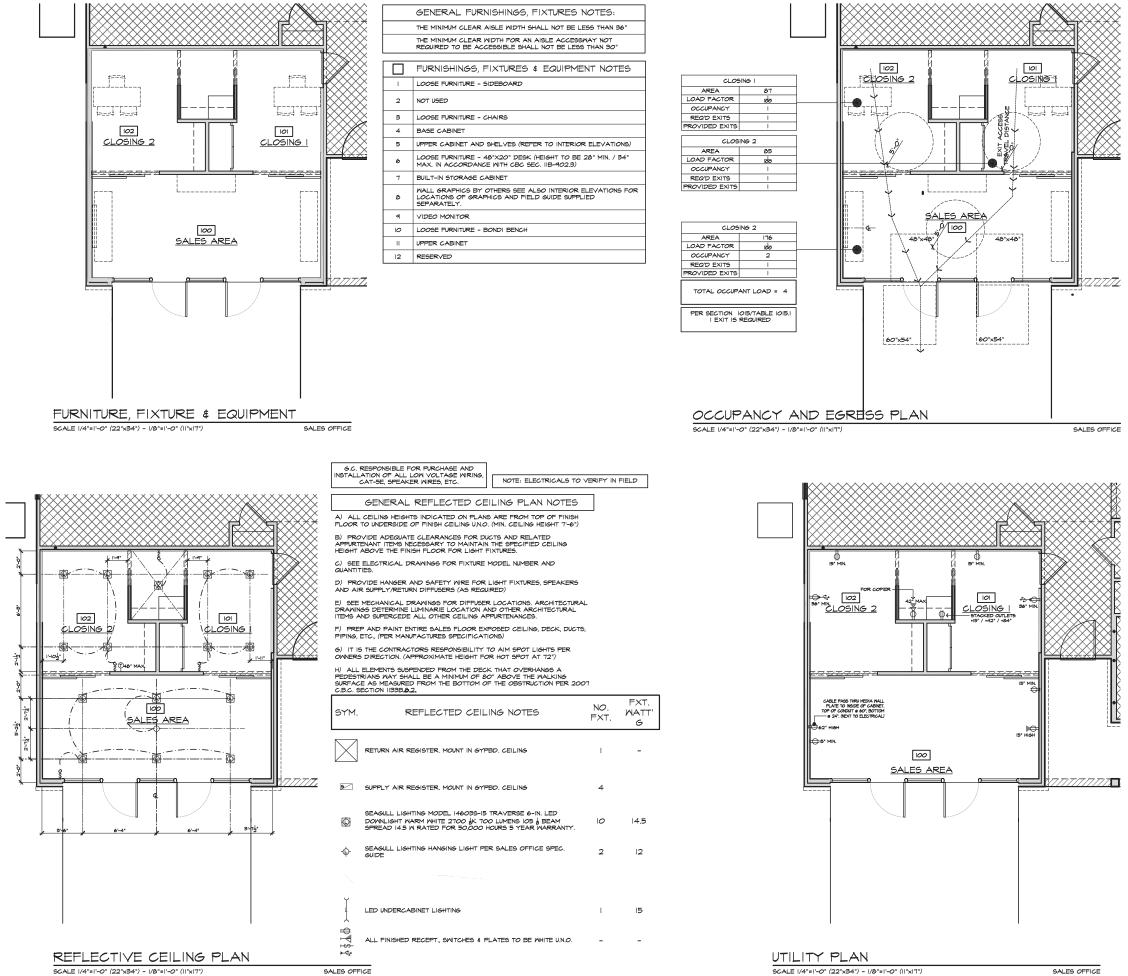
POCKET DOOR (MATCH INTERIOR DOORS) - FINISH CLEAR OPENING 32

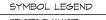




EXTERIOR ELEVATION 'L'

GENERAL CONSTRUCTION PLAN NOTES	• • • • • • •
A) DO NOT SCALE DRAWINGS, WRITTEN DIMENSIONS GOVERN.	
B) ALL DOOR AND OPENING LOCATIONS SHALL BE SHOWN ON FLOOR PLAN	
IN CASE OF CONFLICT, NOTIFY THE ARCHITECT IMMEDIATELY PRIOR TO COMMENCEMENT OF FRAMING.	
C) DIMENSION NOTED AS "CLEAR" SHALL BE MAINTAINED AND SHALL	
	•
D) DIMENSION NOTED AS "HOLD" ARE CRITICAL. IF LAYOUT IS OFF,	
CONTACT ARCHITECT PRIOR TO FRAMING.	
E) ALL DIMENSION ARE TO THE FACE OF STUD, U.N.O.	
F) REFER TO ENLARGED PLANS FOR ADDITIONAL NOTES AND INFO.	a <u> </u>
6) ALL GYPSUM WALLBOARD SHALL BE 1/2" TYPE "X" U.N.O.	
H) G.C. TO NOTIFY ARCHITECT IMMEDIATELY AS TO SIZE AND LOCATION OF	
ANY EXISTING EXPANSION JOINT LOCATED IN DEMISING WALL, FLOOR, OR CEILING CONSTRUCTION.	
I) G.C. TO CONFIRM SUITABILITY OF ALL WALLS TO RECEIVE PAINT AND/OR	
WALL COVERING IN A FIRST CLASS MANNER. G.C. TO CONTACT ARCHITECT/OWNER IF WALL(S) ARE NOT ACCEPTABLE TO RECEIVE FINISHES	
SPECIFIED. POOR INSTALLATION OVER UNSUITABLE SURFACES ARE THE	
CONTRACTORS RESPONSIBILITY.	
SYMBOL LEGEND	ELYSE
DENOTES PLAN / STOREFRONT NOTE	
+ DENOTES WINDOW NUMBER - REFER TO WINDOW SCHEDULE	. MEADOWS .
(#) DENOTES DOOR NUMBER - REFER TO DOOR SCHEDULE	
DENOTES WALL TYPE IDENTIFICATION - REFER TO SHEET ADI	
### DENOTES ROOM NUMBER - REFER TO ROOM FINISH SCHEDULE	
NEW WALL/PARTITION - FULL HEIGHT	KB HOME
DENOTES DROPPED CLG. / SOFFIT - SEE PLAN FOR HEIGHT	RALEIGH DIVISION
	2610 WYCLIFF ROAD
	 SUITE 102
LINE OF DROPPED SOFFIT; REFER TO RCP FOR HEIGHT.	RALEIGH, NC 27607
2 NEW STOREFRONT - SEE EXTERIOR ELEVATIONS.	TEL: (919) 424-1600
PROVIDE \$" TYPE X GYP. BRD ON ALL WALL, BEAMS, FLOOR JOIST 3 ETC. AS WELL AS CEILING TRUSSES AD ACENT TO HABITABLE	FAX: (919) 424-4960
3 ETC. AS WELL AS CEILING TRUSSES ADJACENT TO HABITABLE SPACE PER I.R.C. SECTION R309.2	
4 ALL WALLS SHALL HAVE SQUARE CORNERS.	
5 FURR OUT THE EXTERIOR WALLS TO THE GARAGE CURB.	
6 GYP. BD. CEILING; REFER TO RCP FOR HEIGHT	
NOTES	
THE HATCHED AREA IS PART OF THE MODEL HOME DISPLAY AND IS NOT SUBJECT TO ACCESSIBILITY REQUIREMENTS AND IS NOT TO BE USED AS A PLACE	
OF PUBLIC ACCOMMODATIONS OR EMPLOYMENT.	
NOTE. REFER TO THE PRODUCTION FLOOR PLAN FOR INFORMATION	
NOT SHOWN HERE.	
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DENOTES PLAN NOTE

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DENOTES ROOM NUMBER - REFER TO ROOM FINISH SCHEDULE

DENOTES DIRECTION OF TRAVEL

	ACCESSIBLE ROUTE NOTES
I.	44" WIDE CLEAR EGRESS PATH TO BE MAINTAINED THROUGHOUT THE SALES FLOOR
	A CECCIPIE ENTER INDIANCE AND E NOT TO EVERED OF OUNT AND

ACCESSIBLE FIXED WRITING TABLE NOT TO EXCEED 2'-10" MAX. HEIGHT 2

ACCESSIBILITY CONSTRUCTION PLAN NOTES

DOOR HARDWARE: HAND-ACTIVATED DOOR OPENING HARDWARE SHALL BE MOUNTED 2'-IO" A.F.F. AND BE OPERABLE WITH A SINGLE EFFORT BY LEVER TYPE HARDWARE

DOOR EFFORT, MAXIMUM EFFORT TO OPERATE DOORS SHALL NOT EXCEED 5 POUNDS FOR EXTERIOR DOORS AND 5 POUNDS FOR INTERIOR DOORS.

SMOOTH DOOR BOTTOM I THE BOTTOM IO' OF ALL DOORS (EXCEPT SLIDING AUTOMATIC) SHALL HAVE A SMOOTH UNITERRUFTED SURFACE TO ALLOW THE DOOR TO BE OFEND BY A WHELCHAR FOOTREST WITHOUT CREATING TRAP OR HAZARDOUS CONDITION

REQUIRED DOOR OPENING: ALL REQUIRED EXIT DOORWAYS SHALL HAVE A MINIMUM 32" CLEAR OPENING WITH THE DOOR AT 90 DEGREES TO THE $\begin{array}{l} \label{eq:constraint} \begin{array}{l} \mbox{Minimum} \$

 $\rm IHRESHOLD HEIGHT _ MAXIMUM HEIGHT OF THRESHOLD HALL BE 1/2" WITH VERTICAL CHANGE AT EDGE OF 1/2 WITH A MAXIMUM LEVEL OF 450 DEGREES CHANGE IN LEVEL DE HEIGHT AS SLOPE$ NO GREATER THAN 1:2.

 $\underline{\sf FAICET}\, \underline{\sf LEVERS}_1$ ALL FAUCET CONTROLS FOR SINKS (EXISTING AND/OR NEW) ARE TO BE OPERABLE WITH LEVER TYPE CONTROLS.

PLUMBING PROTECTION: ALL EXPOSED PLUMBING IS TO BE WRAPPED WITH INSULATION

DOOR OPERABILITY. LATCHING AND LOCKING DOORS THAT ARE HAND ACTIVATED AND WHICH ARE IN A PATH OF TRAVEL SHALL BE OPERABLE WITH A SINGLE EFFORT BY LEVER TYPE HARDWARE, PANIC BARS OR OTHER HARDWARE DESIGNED TO PROVIDE PASSAGE WITHOUT REQUIRING THE ABILITY TO GRASP THE OPENING HARDWARE.

CHANCES IN LEVEL. ABRUPT CHANGES IN LEVEL ALONG ACCESSIBLE ROUTES SHALL NOT EXCEED 1/2" IN HEIGHT. WHEN CHANGES IN LEVEL DO OCCUR, THEY SHALL BE BEVELED WITH A SLOPE OF NO GREATER THAN 1:12, EXCEPT THAT LEVEL CHANGES NOT EXCEEDING 1/4" MAY BE VERTICAL

DOOR LANDING AREAS. THE FLOOR OR LANDING ON EACH SIDE OF AND ENTRANCE OR PASSAGE DOOR SHALL BE LEVEL AND CLEAR IN THE LENGTH ON ON THE DIRECTION OF THE DOOR SWING AT LEAST 60', AND THE LENGTH ON THE OPPOSITE SIDE OF THE DOOR SWING AT 144' AS MEASURED PERPENDICULAR TO THE PLAN OF THE DOOR IN ITS CLOSED POSITION.

AVAILABLE SIDE ACCESS TO DOORS. THE WIDTH OF THE LEVEL AND CLEAR AREA ON THE SIDE TO WHICH THE DOOR SWINGS SHALL EXTEND 24" PAST THE STRIKE EDGE OF THE DOOR FOR EXTERIOR DOORS AND 18" PATS THE STRIKE EDGE FOR INTERIOR DOORS.

TOLET CONTROLS, TOILET FLUSH CONTROLS PROVIDED AND INSTALLED AS PART OF THE WORK SHALL BE OPERABLE WITH ONE HAND, AND SHALL NOT REQUIRE TIGHT GRASPING, PINCHING OR TWISTING OF THE WIST. CONTROL FOR THE FLUSH VALVES SHALL BE MOUNTED ON THE WIDE SIDE OF THE TOILET AREA. NO MORE THAN 44' ABOVE THE FLOOR. THE FORCE REQUIRE TO ACTIVATE THE CONTROLS SHALL BE NO GREATER THAN 5 POUNDS.

CTHER FLUEH CONTROLS. OTHER FLUEH CONTROLS PROVIDED AND INSTALLED AS PART OF THE MORK SHALL BE OPERABLE WITH ONE HAND, AND SHALL. NOT REQUER TIGHT GRASPING, PINCHING, OR TWISTING OF THE WRIST CONTROL FOR THE FLUEH VALVES SHALL BE MOUNTED ON THE WIDE SIDE OF THE TOILET AREA. NO MORE THAN 44" MADVE THE FLOOR THE FORCE REQUIRED TO ACTIVATE THE CONTROLS SHALL BE NOT GRATER THAN & BOUNDE. FORCE REQUIRE THAN 5 POUNDS.

ACCEPTABLE DEVICE/FIXTURE CONTROLS. FAUCET CONTROLS OR OTHER OPERATING MECHANIGMS SHALL BE OPERABLE NITH ONE HAND AND SHALL NOT REQUERE TIGHT GRASPING, PINCHING OR TWISTING OF THE WRIST. THE FORCE REQUERED TO ACTIVATE THE CONTROLS SHALL BE NOT GREATER THAN 5 POUNDS. LEVER OPERATED, RUSH TYPE ELECTRONICALLY CONTROLLED MECHANISMS ARE EXAMPLES OF ACCEPTABLE DESIGNS, SELF CLOSING VALVES ARE ALLOWED IF THE FAUCET REMAINS OPEN FOR AT LEAST IO SECONDS.

ELECTRICAL & MECHANICAL CONTROLS: CONTROLS AND SWITCHES INTENDED TO BE USED BY OCCUPANT OF A ROOM OR AREA TO CONTROL LIGHTING AND RECEPTACLE OUTLETS, APPLIANCES OR HEATING & VENTILATING EQUIPMENT SHALL SHALL COMPLY WITH SECTION IIB-308 EXCEPT THE LOW REACH SHALL BE MEASURED TO THE BOTTOM OF THE OUTLET BOX AND THE HIGH REACH SHALL BE MEASURED TO THE TOTP OF THE OUTLET BOX. CBC-308.1.1

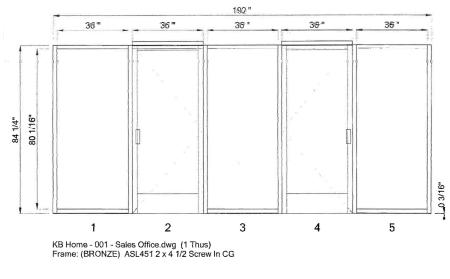
CBC-306.1.1 ELECTRICAL OUTLETS, SMITCHES, THERMOSTATS FIRE ALARMS & SIMILAR DEVICES SHALL BE LOCATED A MIN. OF 15" ABOVE THE FINISHED FLOOR, MEASURED AT THE BOTTOM OF THE BOX, & A MAX. OF 48" MEASURED TO THE TOP OF THE BOX.

FLOOR FINISHES: FLOOR SHALL BE SLIP RESISTANT.

ENTRY SIGNAGE. ALL DISABLE ACCESSIBLE ENTRANCES SHALL BE IDENTIFIED WITH AT LEAST ONE STANDARD SIGN AND WITH ADDITIONAL DIRECTIONAL SIGNS, AS REQUIRED, VISIBLE FROM APPROACHING PEDESTRIAN WAYS.

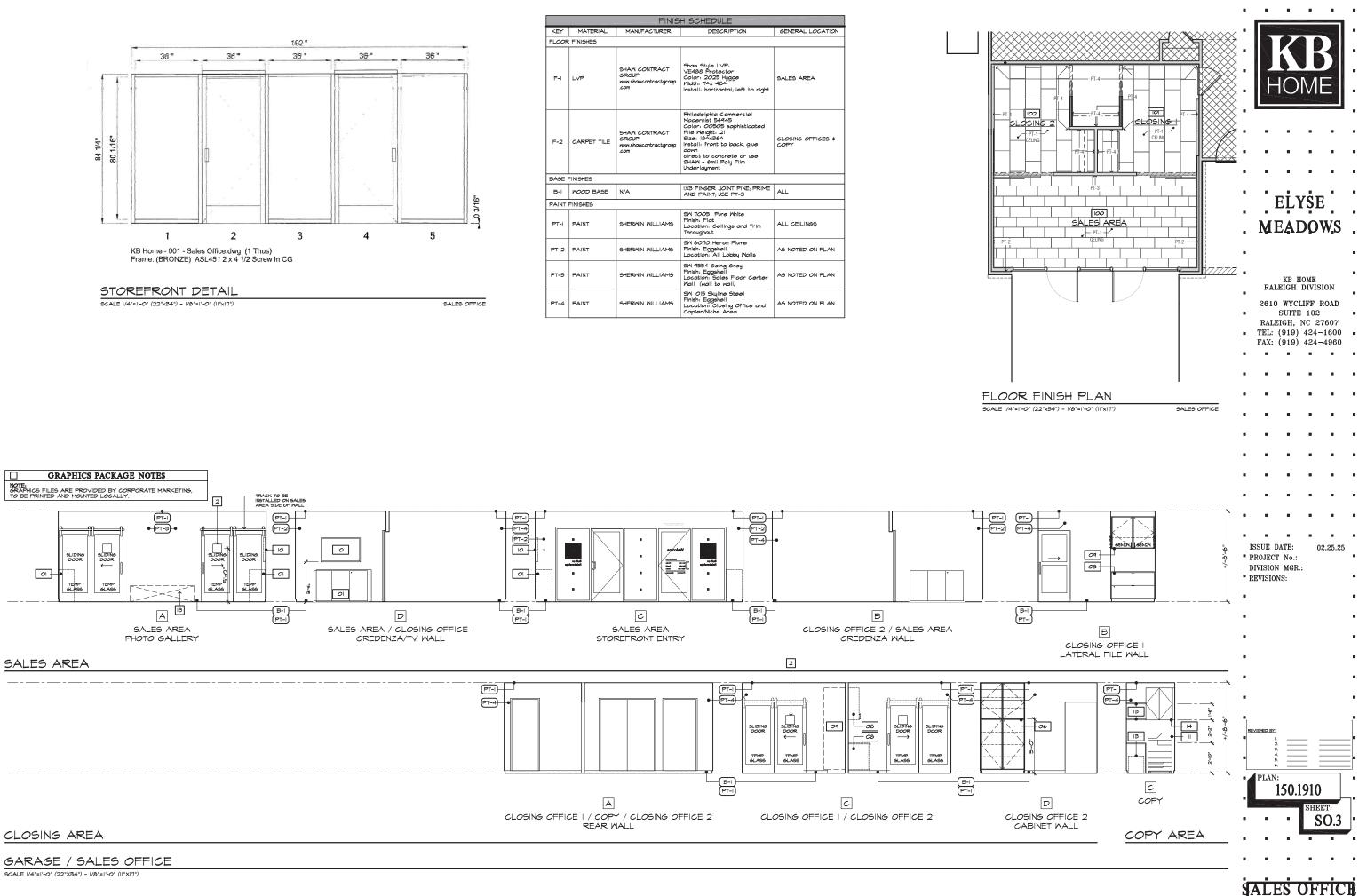
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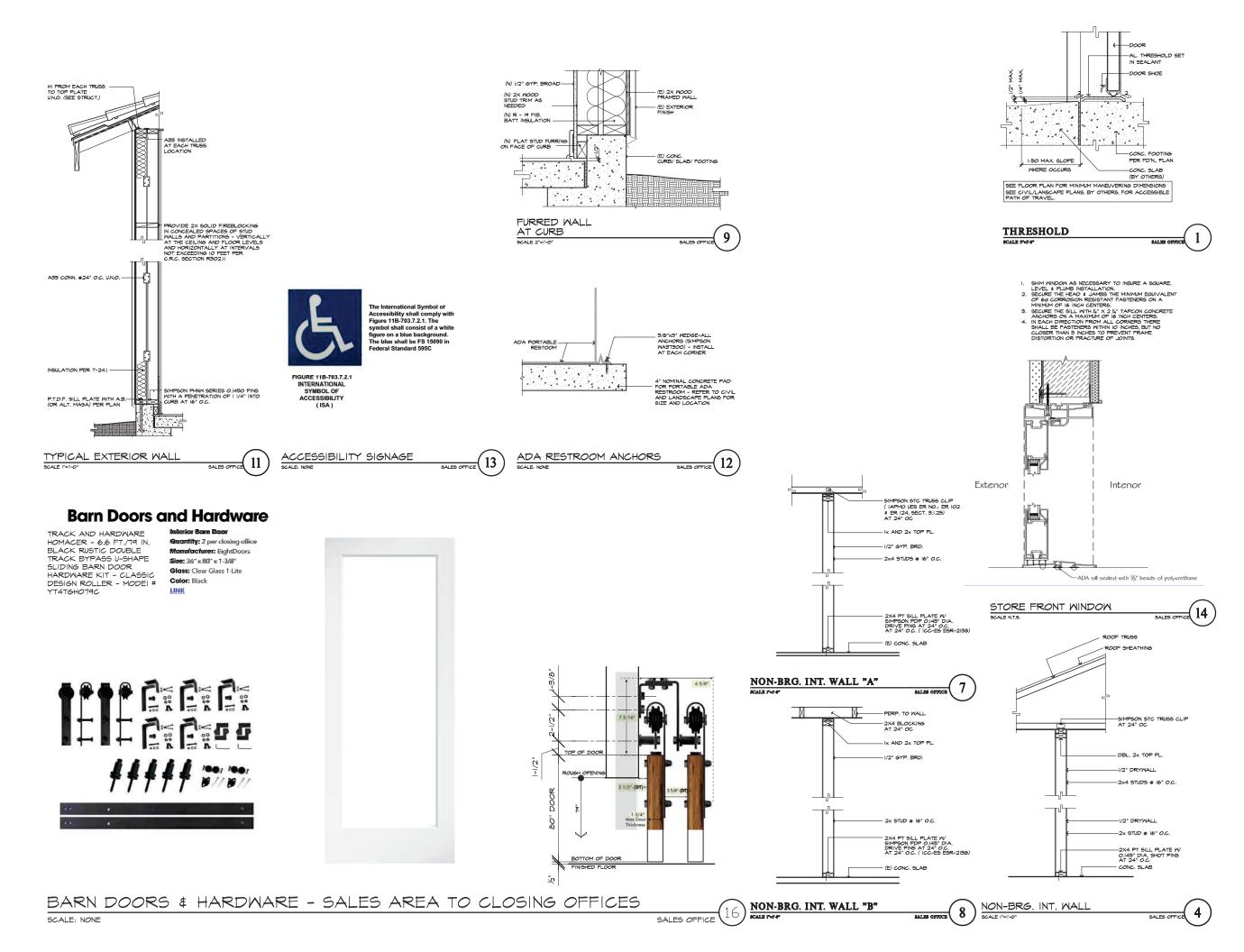
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FINISH SCHEDULE				
KEY	MATERIAL	MANUFACTURER	DESCRIPTION	GENERAL LOCATION
FLOOR	R FINISHES			-
F-I	LVP	SHAW CONTRACT GROUP WWW.shawcontractgroup .com	Shan Style LVP. VE488 Protector Color: 2023 Hygge Width: Tax 484 Install: horizontal; left to right	SALES AREA
F-2	CARPET TILE	SHAW CONTRACT GROUP WWW.shawcontractgroup com	Philadelphia Commercial Modernist 54945 Color: OCSO sophisticated Pile Weight: 21 Size: 182x864 Install: front to back, glue down direct to concrete or use SHAW - dmil Poly Film Underlayment	CLOSING OFFICES & COPY
BASE I	FINISHES			
B-I	WOOD BASE	N/A	IX3 FINGER JOINT PINE; PRIME AND PAINT; USE PT-3	ALL
PAINT	FINISHES			
PT-I	PAINT	SHERWIN WILLIAMS	SW 7005 Pure White Finish: Flat Location: Ceilings and Trim Throughout	ALL CEILINGS
PT-2	PAINT	SHERWIN WILLIAMS	SW 6070 Heron Plume Finish: Eggshell Location: All Lobby Walls	AS NOTED ON PLAN
₽т-3	PAINT	SHERWIN WILLIAMS	SW 9554 Going Grey Finish: Eggsheil Location: Sales Floor Center Wall (wall to wall)	AS NOTED ON PLAN
PT-4	PAINT	SHERWIN WILLIAMS	SW 1015 Skyline Steel Finish: Eggshell Location: Closing Office and Copier/Niche Area	AS NOTED ON PLAN







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STRUCTURAL PLANS FOR:					
	O ORDER	150.	1910 - LH	GARAGE	
REV DATE	ELEASE / REVISIONS	REVISION DESCRIPTIC)N		DRFT
02/10/2025	RA-1910_LMN_(12-04-2024)			LH L2FL FRONT LOAD GARAGE SLAB FDN PLAN AT 10 SLAB, AND A SALES OFFICE IN THE GARAGE	CNC
	NOTES		CODE	ENGINEER OF RECORD	
CONSTRUCTION METHODS, OR FOR ANY DEVIATION FROM THE PLANS. ENGINEER TO BE NOTIFIED PRIOR TO CONSTRUCTION IF ANY DISCREPANCIES ARE NOTED ON THE DISCREPANCIES ARE NOTED ON THE DISCREPANCIES ARE NOTED ON THE DISCREPANCIES ARE NOTED ON THE DISCREPANCIES ARE NOTED ON THE DISCREPANCIES ARE NOTED ON THE DISCREPANCIES ARE NOTED ON THE DISCREPANCIE		DLLOWING USES: IS ARE ISSUED AS A MASTER-PLAN SET, LID FOR 18 MONTHS FROM THE DATE ON LESS ANY CODE-REQUIRED UPDATES ARE FECT BY THE MUNICIPALITY. IS ARE NOT ISSUED AS A MASTER-PLAN IS VALID FOR A CONDITIONAL, ONE-TIME LOT OR ADDRESS SPECIFIED ON THE	ALL CONSTRUCTION, WORKMANSHIP, AND MATERIAL QUALITY AND SELECTION SHALL BE PER: 2018 NORTH CAROLINA STATE BUILDING CODE: RESIDENTIAL CODE	JDS Consulting, PLLC ENGINEERING · DESIGN · ENERGY 543 PYLON DR. RALEIGH, NC 27606 FIRM LIC. NO: P-0961 PROJECT REFERENCE: 25900390	

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 ENGINEER'S SEAL APPLIES TO STRUCTURAL COMPONENTS ONLY. ENGINEER'S SEAL DOES NOT CERTIFY DIMENSIONAL ACCURACY OR ARCHITECTURAL LAYOUT, INCLUDING ROOF GEOMETRY. JDS CONSULTING, PLLC ASSUMES NO LIABILITY FOR CHANGES MADE TO THESE PLANS BY OTHERS, OR FOR CONSTRUCTION METHODS, OR FOR ANY DEVIATION FROM THE PLANS. ENGINEER TO BE NOTIFIED PRIOR TO CONSTRUCTION IF ANY DISCREPANCIES ARE NOTED ON THE PLANS. DIMENSIONS SHALL GOVERN OVER SCALE, AND CODE SHALL GOVERN OVER DIMENSIONS. 	 PLANS MUST HAVE SIGNED SEAL TO BE VALID AND ARE LIMITED TO THE FOLLOWING USES: A. IF THESE PLANS ARE ISSUED AS A MASTER-PLAN SET, THE SET IS VALID FOR 18 MONTHS FROM THE DATE ON THE SEAL, UNLESS ANY CODE-REQUIRED UPDATES ARE PLACED IN EFFECT BY THE MUNICIPALITY. B. IF THESE PLANS ARE NOT ISSUED AS A MASTER-PLAN SET, THE SET IS VALID FOR A CONDITIONAL, ONE-TIME USE FOR THE LOT OR ADDRESS SPECIFIED ON THE TITLE BLOCK. 	ALL CONSTRUCTION, WORKMANSHIP, AND MATERIAL QUALITY AND SELECTION SHALL BE PER: 2018 NORTH CAROLINA STATE BUILDING CODE: RESIDENTIAL CODE	JDS Consulting, PLLC ENGINEERING · DESIGN · ENER 543 PYLON DR. RALEIGH, NC 27606 FIRM LIC. NO: P-0961 PROJECT REFERENCE: 259003



NOTE: ALL CHAPTERS, SECTIONS, TABLES, AND FIGURES CITED WITHOUT A PUBLICATION TITLE ARE FROM THE APPLICABLE RESIDENTIAL CODE (SEE TITLE SHEET).

GENERAL

- 1. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIEVALL DIMENSIONS PRIOR TO CONSTRUCTION. FURTHERMORE, CONTRACTOR IS ULTIMATELY RESPONSIBLE FOR CONSTRUCTION MEANS, METHODS, AND SAFETY ON SITE. NOTIFY JDS Consulting, PLLC IMMEDIATELY IF DISCREPANCIES ON PLAN EXIST.
- 2. BRACED-WALL DESIGN IS BASED ON SECTION R602.10 WALL BRACING, PRIMARY PRESCRIPTIVE METHOD TO BE CS-WSP, SEE WALL BRACING PLANS AND DETAILS FOR ADDITIONAL INFORMATION

ALL NON-PRESCRIPTIVE SOLUTIONS ARE BASED ON GUIDELINES ESTABLISHED IN THE AMERICAN SOCIETY OF CIVIL ENGINEERS PUBLICATION ASCE 7 AND THE NATIONAL DESIGN SPECIFICATION FOR WOOD CONSTRUCTION - SPECIAL DESIGN PROVISIONS FOR WIND AND SEISMIC.

SEISMIC DESIGN SHALL BE PER SECTION R301.2.2 - SEISMIC 3. PROVISIONS, INCLUDING ASSOCIATED TABLES AND FIGURES, BASED ON LOCAL SEISMIC DESIGN CATEGORY.

DESIGN LOADS

ASSUMED SOIL BEARING-CAPACITY	2,000 PSF
	LIVE LOAD
ULTIMATE DESIGN WIND SPEED	120 MPH, EXPOSURE B
GROUND SNOW	15 PSF
ROOF	20 PSF
RESIDENTIAL CODE TABLE R301.5	LIVE LOAD (PSF)
DWELLING UNITS	40
SLEEPING ROOMS	30
ATTICS WITH STORAGE	20
ATTICS WITHOUT STORAGE	10
STAIRS	40
DECKS	40
EXTERIOR BALCONIES	60
PASSENGER VEHICLE GARAGES	50
FIRE ESCAPES	40
GUARDS AND HANDRAILS	200 (pounds, concentrate

COMPONENT AND CLADDING LOADS. INCLUDING THOSE FOR DOORS. AND WINDOWS, SHALL BE DERIVED FROM TABLES R301.2(2) AND R301.2(3) FOR A BUILDING WITH A MEAN ROOF HEIGHT OF 35 FEET, LOCATED IN EXPOSURE B

KS

KING STUD COLUMN

LAMINATED VENEER

PRESSURE TREATED

SQUARE FOOT (FEET)

SHELF / SHELVES

MECHANICAI

MANUFACTURER

NOT TO SCALE

REFRIGERATOR

ROUGH OPENING

ROOF SUPPORT

STUD COLUMN

SINGLE JOIST

STUD POCKET

TRIPLE JOIST

TRIPLE RAFTER

CLOTHES WASHER WATER HEATER WELDED WIRE FABRIC EXTRA JOIST

TEMPERED GLASS THICK(NESS)

TOP OF CURB / CONCRETE

UNLESS NOTED OTHERWISE

ABBREVIATIONS

ADDIN			
		LVL	LAMINATED
ABV	ABOVE		LUMBER
AFF	ABOVE FINISHED FLOOR	MAX	MAXIMUM
ALT	ALTERNATE	MECH	
BRG	BEARING	MFTR	MANUFACT
BSMT	BASEMENT	MIN	MINIMUM
BSMT CANT	CANTILEVER	NTS	NOT TO SCA
CJ	CEILING JOIST	OA	OVERALL
CLG	CEILING	OC	ON CENTER
CMU	CONCRETE MASONRY UNIT	PT	PRESSURE
со	CASED OPENING	R	RISER
COL	COLUMN	REF	REFRIGERA
	CONCRETE	RFG	
CONT	CONTINUOUS	RO	ROUGH OPE
D	CLOTHES DRYER	RS	ROOF SUPP
DBL	DOUBLE	SC	STUD COLU
DIAM	DIAMETER	SF	SQUARE FC
DJ	DOUBLE JOIST	SH	SHELF / SHE
DN	DOWN	SHTG	
DP	DEEP	SHW	
DR	DOUBLE RAFTER	SIM	SIMILAR
DSP	DOUBLE STUD POCKET	SJ	SINGLE JOI
EA	EACH	SP	STUD POCK
EE	EACH END		SPECIFIED
EQ	EQUAL	SQ	SQUARE
EX	EXTERIOR	т	TREAD
FAU	FORCED-AIR UNIT	TEMP	TEMPERED
FDN	FOUNDATION	THK	THICK(NESS
FF	FINISHED FLOOR	TJ	TRIPLE JOIS
FLR	FLOOR(ING)	тос	TOP OF CUI
FP	FIREPLACE	TR	TRIPLE RAP
FTG	FOOTING	TYP	TYPICAL
HB	HOSE BIBB	UNO	UNLESS NO
HDR	HEADER	W	CLOTHES W
HGR		WH	WATER HEA
JS	JACK STUD COLUMN		WELDED W
		XJ	EXTRA JOIS

MATERIALS

INTERIOR / TRIMMED FRAMING LUMBER SHALL BE #2 SPRUCE PINE FIR (SPF) WITH THE FOLLOWING DESIGN PROPERTIES (#2 SOUTHERN YELLOW PINE MAY BE SUBSTITUTED):

Fb = 875 PSI Fv = 70 PSI E = 1.4E6 PSI

2. FRAMING LUMBER EXPOSED TO WEATHER OR IN CONTACT WITH THE GROUND, CONCRETE, OR MASONRY SHALL BE PRESSURE TREATED #2 SOUTHERN YELLOW PINE (SYP) WITH THE FOLLOWING DESIGN PROPERTIES

Fb = 975 PSI Fv = 95 PSI E = 1.6E6 PSI

3. LVL STRUCTURAL MEMBERS TO BE LAMINATED VENEER LUMBER WITH THE FOLLOWING MINIMUM DESIGN PROPERTIES:

Fb = 2600 PSI Fv = 285 PSI E = 1.9E6 PSI

4. PSL STRUCTURAL MEMBERS TO BE PARALLEL STRAND LUMBER WITH THE FOLLOWING MINIMUM DESIGN PROPERTIES:

Fb = 2900 PSI Fv = 290 PSI E = 2.0E6 PSI

5. LSL STRUCTURAL MEMBERS TO BE LAMINATED STRAND LUMBER WITH THE FOLLOWING MINIMUM DESIGN PROPERTIES:

Fb = 2250 PSI Fv = 400 PSI E = 1.55E6 PSI

- STRUCTURAL STEEL WIDE-FLANGE BEAMS SHALL CONFORM TO ASTM A992. Fy = 50 KSI
- REBAR SHALL BE DEFORMED STEEL CONFORMING TO ASTM A615, GRADE 60.
- 8. POURED CONCRETE COMPRESSIVE STRENGTH TO BE A MINIMUM 3,000 PSI AT 28 DAYS. MATERIALS USED TO PRODUCE CONCRETE SHALL COMPLY WITH THE APPLICABLE STANDARDS LISTED IN AMERICAN CONCRETE INSTITUTE STANDARD ACI 318 OR ASTM C1157.
- 9. CONCRETE SUBJECT TO MODERATE OR SEVERE WEATHERING PROBABILITY PER TABLE R301.2(1) SHALL BE AIR-ENTRAINED WHEN REQUIRED BY TABLE R402.2.
- 10. CONCRETE MASONRY UNITS (CMU) SHALL CONFORM TO AMERICAN CONCRETE INSTITUTE PUBLICATION 530: BUILDING CODE REQUIREMENTS AND SPECIFICATIONS FOR MASONRY STRUCTURES AND COMPANION COMMENTARIES AND THE MASONRY SOCIETY PUBLICATION TMS 402/602: BUILDING CODE REQUIREMENTS AND SPECIFICATIONS FOR MASONRY STRUCTURES.
- 11. MORTAR SHALL COMPLY WITH ASTM INTERNATIONAL STANDARD
- 12. INDICATED MODEL NUMBERS FOR ALL METAL HANGERS, STRAPS, FRAMING CONNECTORS, AND HOLD-DOWNS ARE SIMPSON STRONG-TIE BRAND, EQUIVALENT USP BRAND PRODUCTS ARE ACCEPTABLE.
- 13. REFER TO I-JOIST EQUIVALENCE CHART ON I-JOIST DETAIL SHEET FOR SUBSTITUTION OF MANUFACTURER SERIES.

FOUNDATION

- MINIMUM ALLOWABLE SOIL BEARING CAPACITY IS ASSUMED TO BE 2,000 PSF. IT IS THE CONTRACTOR'S RESPONSIBILITY TO VERIFY SOIL BEARING CAPACITY IF UNSATISFACTORY CONDITIONS FXIST
- 2. CONCRETE FOUNDATION WALLS TO BE SELECTED AND CONSTRUCTED PER SECTION R404 OR AMERICAN CONCRETE INSTITUTE STANDARD ACI 318.
- MASONRY FOUNDATION WALLS TO BE SELECTED AND CONSTRUCTED PER SECTION R404 AND/OR AMERICAN CONCRETE INSTITUTE PUBLICATION 530: BUILDING CODE REQUIREMENTS AND SPECIFICATIONS FOR MASONRY STRUCTURES AND COMPANION COMMENTARIES AND/OR THE MASONRY SOCIETY PUBLICATION TMS 402/602: BUILDING CODE REQUIREMENTS AND SPECIFICATIONS FOR MASONRY STRUCTURES.
- CONCRETE WALL HORIZONTAL REINFORCEMENT TO BE PER TABLE R404.1.2(1) OR AS NOTED OR DETAILED. CONCRETE WALL VERTICAL REINFORCEMENT TO BE PER TABLES R404.1.2(3 AND 4) OR AS NOTED OR DETAILED, ALL CONCRETE WALLS SHALL COMPLY WITH APPLICABLE PROVISIONS OF CHAPTER 6.
 - TABLES ASSUME THAT WALLS HAVE PERMANENT LATERAL Α. SUPPORT AT THE TOP AND BOTTOM FOUNDATION DRAINS ARE ASSUMED AT ALL WALLS PER В.
- SECTION R405. PLAIN-MASONRY WALL DESIGN TO BE PER TABLE R404.1.1(1) OR
- 5. AS NOTED OR DETAILED. MASONRY WALLS WITH VERTICAL REINFORCEMENT TO BE PER TABLES R404.1.1 (2 THROUGH 4) OR AS NOTED OR DETAILED. ALL MASONRY WALLS SHALL COMPLY WITH APPLICABLE PROVISIONS OF CHAPTER 6.
 - A. TABLES ASSUME THAT WALLS HAVE PERMANENT LATERAL SUPPORT AT THE TOP AND BOTTOM
 - WALL REINFORCING SHALL BE PLACED ACCORDING TO B FOOTNOTE (c) OF THE TABLES (REINFORCING IS NOT CENTERED IN WALL).
 - C. FOUNDATION DRAINS ARE ASSUMED AT ALL WALLS PER SECTION R405.
- WOOD SILL PLATES TO BE ANCHORED TO THE FOUNDATION WITH 1/2" DIAMETER ANCHOR BOLTS WITH MINIMUM 7" EMBEDMENT. SPACED A MAXIMUM OF 6'-0" OC AND WITHIN 12" FROM THE ENDS OF EACH PLATE SECTION. INSTALL MINIMUM (2) ANCHOR BOLTS PER SECTION. SEE SECTION R403.1.6 FOR SPECIFIC CONDITIONS
- 7. THE UNSUPPORTED HEIGHT OF SOLID MASONRY PIERS SHALL NOT EXCEED TEN TIMES THEIR LEAST DIMENSION. UNFILLED, HOLLOW PIERS MAY BE USED IF THE UNSUPPORTED HEIGHT IS NOT MORE THAN FOUR TIMES THEIR LEAST DIMENSION
- CENTERS OF PIERS TO BEAR IN THE MIDDLE THIRD OF THE FOOTINGS, AND GIRDERS SHALL CENTER IN THE MIDDLE THIRD OF THE PIERS.
- 9. ALL FOOTINGS TO HAVE MINIMUM 2" PROJECTION ON EACH SIDE OF FOUNDATION WALLS (SEE DETAILS).
- 10. ALL REBAR NOTED IN CONCRETE TO HAVE AT LEAST 2" COVER FROM EDGE OF CONCRETE TO EDGE OF REBAR
- 11. FRAMING TO BE FLUSH WITH FOUNDATION WALLS.
- 12. WITH GROUP I SOILS (GW GP SW SP GM SM) FROM THE UNIFIED SOIL CLASSIFICATION SYSTEM (USCS), THE CRUSHED STONE BASE UNDER THE SLAB MAY BE OMITTED.

FRAMING

- 3
- STRUCTURAL COMPONENTS.
- CONSTRUCTION.
- 7 LUMBER.

 - DETAILS.
- SPECIFICATIONS.

- C.
- D.
- DRAWINGS

- EACH END OF FLITCH BEAM.

- SHALL BE MET.

ALL BEARING HEADERS TO BE (2) 2x6 SUPPORTED W/ MIN (1) JACK STUD AND (1) KING STUD EACH END, UNO.

ALL NON-BEARING HEADERS TO BE (2) 2x4, UNO.

NON-BEARING INTERIOR WALLS NOT MORE THAN 10' NOMINAL HEIGHT AND NOT SHOWN AS BRACED WALLS MAY BE FRAMED WITH 2x4 STUDS @ 24" OC.

SOLID BLOCKING TO BE PROVIDED AT ALL POINT LOADS THROUGH FLOOR LEVELS TO THE FOUNDATION OR TO OTHER

5. ALL BEAMS SPECIFIED ARE MINIMUM SIZES ONLY. LARGER MEMBERS MAY SUBSTITUTED AS NEEDED FOR EASE OF

6. ALL EXTERIOR WALLS TO BE FULLY SHEATHED WITH 7/16" OSB

PORCH / PATIO COLUMNS TO BE 4x4 MINIMUM PRESSURE-TREATED

A. ATTACH PORCH COLUMNS TO SLAB / FDN WALL USING ABA, ABU, ABW, OR CPT SIMPSON POST BASES TO FIT COLUMN SIZES NOTED ON PLAN -OR- ANY OTHER COLUMN CONNECTION WITH 500# UPLIFT CAPACITY.

B. ATTACH PORCH COLUMNS TO PORCH BEAMS USING AC OR BC SIMPSON POST CAPS TO FIT COLUMN SIZES NOTED ON PLAN -OR- ANY OTHER COLUMN CONNECTION WITH 500# UPLIFT CAPACITY.

C. TRIM OUT COLUMN(S) AND BEAM(S) PER BUILDER AND

8. ALL ENGINEERED WOOD PRODUCTS (LVL, PSL, LSL, ETC.) SHALL BE INSTALLED WITH CONNECTIONS PER MANUFACTURER

ENGINEERED WOOD FLOOR SYSTEMS AND ROOF TRUSS SYSTEMS: A. SHOP DRAWINGS FOR THE SYSTEMS SHALL BE PROVIDED TO THE ENGINEER OF RECORD FOR REVIEW AND COORDINATION BEFORE CONSTRUCTION. TRUSS PROFILES SHALL BE SEALED BY THE TRUSS MANUFACTURER

INSTALLATION OF THE SYSTEMS SHALL BE PER MANUFACTURER'S INSTRUCTIONS.

TRUSS LAYOUT AND PLACEMENT BY MANUFACTURER TO COINCIDE WITH THE SUPPORT LOCATIONS SHOWN IN THESE

10. ALL BEAMS TO BE CONTINUOUSLY SUPPORTED LATERALLY AND SHALL BEAR FULL WIDTH ON THE SUPPORTING WALLS OR COLUMNS INDICATED, WITH A MINIMUM OF THREE STUDS. UNO.

11. ALL STEEL BEAMS TO BE SUPPORTED AT EACH END WITH A MIN BEARING LENGTH OF 3 1/2" AND FULL FLANGE WIDTH. BEAMS MUST BE ATTACHED AT EACH END WITH A MINIMUM OF FOUR 16d NAILS OR TWO 1/2" x 4" LAG SCREWS, UNO.

12. STEEL FLITCH BEAMS TO BE BOLTED TOGETHER USING (2) ROWS OF 1/2" DIAMETER BOLTS (ASTM 307) WITH WASHERS PLACED UNDER THE THREADED END OF THE BOLT, BOLTS TO BE SPACED AT 24" OC (MAX) AND STAGGERED TOP AND BOTTOM OF BEAM (2" EDGE DISTANCE, WITH TWO BOLTS TO BE LOCATED AT 6" FROM

13. WHEN A 4-PLY LVL BEAM IS USED, ATTACH WITH (1) 1/2" DIAMETER BOLT, 12" OC, STAGGERED TOP AND BOTTOM, 1 1/2" MIN FROM ENDS. ALTERNATE EQUIVALENT ATTACHMENT METHOD MAY BE USED, SUCH AS SDS, SDW, OR TRUSSLOK SCREWS (SEE MANUFACTURER SPECIFICATIONS).

14. FOR STUD COLUMNS OF 4-OR-MORE STUDS, INSTALL SIMPSON STRONG-TIE CS16 STRAPS ACROSS STUDS @ 30" OC. 6" MAX FROM PLATES, ON INSIDE FACE OF COLUMN (EXTERIOR WALL), ON BOTH FACES OF COLUMN (INTERIOR WALL).

15. FLOOR JOISTS ADJACENT AND PARALLEL TO THE EXTERIOR FOUNDATION WALL SHALL BE PROVIDED WITH FULL-DEPTH SOLID BLOCKING, NOT LESS THAN TWO (2) INCHES NOMINAL IN THICKNESS. PLACED PERPENDICULAR TO THE JOIST AT SPACING NOT MORE THAN FOUR (4) FEET. THE BLOCKING SHALL BE NAILED TO THE FLOOR SHEATHING. THE SILL PLATE, THE JOIST, AND THE EXTERIOR RIM JOIST / BOARD (REQUIRED WHEN YOU HAVE A BASEMENT OR TALL CRAWL SPACE).

16. BRACED WALL PANELS SHALL BE FASTENED TO MEET THE UPLIFT-RESISTANCE REQUIREMENTS IN CHAPTERS 6 AND 8 OF THE APPLICABLE CODE (SEE TITLE SHEET) REQUIREMENTS OF THE STRUCTURAL DRAWINGS THAT EXCEED THE CODE MINIMUM



FASTENER SCHEDULE			
CONNECTION	3" x 0.120" NAIL		
JOIST TO SILL PLATE	(4) TOE NAILS	(4) TOE NAILS	
SOLE PLATE TO JOIST / BLOCKING	NAILS @ 8" OC (typical) (4) PER 16" SPACE (at braced panels)	NAILS @ 8" OC (typical) (4) PER 16" SPACE (at braced panels)	
STUD TO SOLE PLATE	(4) TOE NAILS	(4) TOE NAILS	
TOP OR SOLE PLATE TO STUD	(3) FACE NAILS	(4) FACE NAILS	
RIM JOIST OR BAND JOIST TO TOP PLATE OR SILL PLATE	TOE NAILS @ 6" OC	TOE NAILS @ 4" OC	
BLOCKING BETWEEN JOISTS TO TOP PLATE OR SILL PLATE	(4) TOE NAILS	(4) TOE NAILS	
DOUBLE STUD	NAILS @ 8" OC	NAILS @ 8" OC	
DOUBLE TOP PLATES	NAILS @ 12" OC	NAILS @ 12" OC	
DOUBLE TOP PLATES LAP (24" MIN LAP LENGTH)	(12) NAILS IN LAPPED AREA, EA SIDE OF JOINT	(12) NAILS IN LAPPED AREA, EA SIDE OF JOINT	
TOP PLATE LAP AT CORNERS AND INTERSECTING WALLS	(3) FACE NAILS	(3) FACE NAILS	
OPEN-WEB TRUSS BOTTOM CHORD TO TOP PLATES OR SILL PLATE (PARALLEL TO WALL)	NAILS @ 6" OC	NAILS @ 4" OC	
BOTTOM CHORD OF TRUSS TO TOP PLATES OR SILL PLATE (PERPENDICULAR TO WALL)	(3) TOE NAILS	(3) TOE NAILS	

SEE <u>TABLE R602.3(1)</u> FOR ADDITIONAL STRUCTURAL-MEMBER FASTENING REQUIREMENTS.

DETAILS AND NOTES ON DRAWINGS GOVERN.

BALLOON WALL FRAMING SCHEDULE (USE THESE STANDARDS UNLESS NOTED OTHERWISE ON THE FRAMING PLAN SHEETS)

	MAX HEIGHT (PLATE TO PLATE)
FRAMING MEMBER SIZE	120 MPH ULTIMATE DESIGN WIND SPEED
2x4 @ 16" OC	10'-0"
2x4 @ 12" OC	12'-0"
2x6 @ 16" OC	15'-0"
2x6 @ 12" OC	17'-9"
2x8 @ 16" OC	19'-0"
2x8 @ 12" OC	22'-0"
(2) 2x4 @ 16" OC	14'-6''
(2) 2x4 @ 12" OC	17'-0"
(-)	
(2) 2x6 @ 16" OC	21'-6"
(2) 2x6 @ 12" OC	25'-0"
(2) 2 10 @ 12 00	23-0
(2) 2~2 @ 46" 00	37' 0"
(2) 2x8 @ 16" OC	27'-0"
(2) 2x8 @ 12" OC	31'-0"

- a. ALL HEIGHTS ARE MEASURED SUBFLOOR TO TOP OF WALL PLATE.
- b. WHEN SPLIT-FRAMED WALLS ARE USED FOR HEIGHTS OVER 12', THE CONTRACTOR SHALL ADD 6' MINIMUM OF CS16 COIL STRAPPING (FULLY NAILED), CENTERED OVER THE WALL BREAK.
- c. FINGER-JOINTED MEMBERS MAY BE USED FOR CONTINUOUS HEIGHTS WHERE TRADITIONALLY MILLED LUMBER LENGTHS ARE LIMITED.
- d. FOR GREATER WIND SPEED, SEE ENGINEERED SOLUTION FOR CONDITION IN DRAWINGS.

ROOF SYSTEMS

TRUSSED ROOF - STRUCTURAL NOTES

1. PROVIDE CONTINUOUS BLOCKING THROUGH STRUCTURE FOR ALL POINT LOADS.

2.

- DENOTES OVER-FRAMED AREA
- 3. MINIMUM 7/16" OSB ROOF SHEATHING
- 4. TRUSS LAYOUT AND PLACEMENT BY MANUFACTURER TO COINCIDE WITH THE SUPPORT LOCATIONS SHOWN. TRUSS PROFILES SHALL BE SEALED BY THE TRUSS MANUFACTURER. TRUSS PLANS TO BE COORDINATED WITH THE SEALED STRUCTURAL DRAWINGS. INSTALLATION SHALL BE IN ACCORDANCE WITH THE MANUFACTURER'S INSTRUCTIONS.
- 5. MANUFACTURER TO PROVIDE REQUIRED UPLIFT CONNECTION.
- 6. PROVIDE H2.5A (MINIMUM) OR EQUIVALENT AT EACH TRUSS-TO-TOP PLATE CONNECTION AT OVER-FRAMED AREAS, UNLESS NOTED OTHERWISE.
- 7. UPLIFT CONNECTION TO BE CARRIED THROUGH TO FLOOR SYSTEM.

STICK-FRAMED ROOF - STRUCTURAL NOTES

- 1. PROVIDE 2x4 COLLAR TIES AT 48" OC AT UPPER THIRD OF RAFTERS, UNLESS NOTED OTHERWISE.
- 2. FUR RIDGES FOR FULL RAFTER CONTACT.
- 3. PROVIDE CONTINUOUS BLOCKING THROUGH STRUCTURE FOR ALL POINT LOADS.
- 4. DENOTES OVER-FRAMED AREA
- 5. MINIMUM 7/16" OSB ROOF SHEATHING
- 6. PROVIDE 2x4 RAFTER TIES AT 16" OC AT 45° BETWEEN RAFTERS AND CEILING JOISTS. USE (4) 16d NAILS AT EACH CONNECTION. RAFTER TIES MAY BE SPACED AT 48" OC AT LOCATIONS WHERE NO KNEE WALLS ARE INSTALLED.
- 7. PROVIDE H2.5A (MINIMUM) OR EQUIVALENT AT EACH RAFTER-TO-TOP PLATE CONNECTION AT OVER-FRAMED AREAS, UNLESS NOTED OTHERWISE.
- 8. UPLIFT CONNECTION TO BE CARRIED THROUGH TO FLOOR SYSTEM.

BF	BRICK VENEER LINTEL SCHEDULE			
SPAN	SPAN STEEL ANGLE SIZE END BEARING LENGT			
UP TO 42"	L3-1/2"x3-1/2"x1/4"	8" (MIN. @ EACH END)		
UP TO 72"	L6"x4"x5/16"* (LLV)	8" (MIN. @ EACH END)		
OVER 72"	ER 72" L6"x4"x5/16"* (LLV) ATTACH LINTEL w/ 1/2" THRU BOLT @ 12" OC, 3" FROM EACH END			

* FOR QUEEN BRICK: LINTELS AT THIS CONDITION MAY BE 5"x3-1/2"x5/16"

NOTE: BRICK LINTELS AT SLOPED AREAS TO BE 4"x3-1/2"x1/4" STEEL ANGLE WITH 16D NAILS IN 3/16" HOLES IN 4" ANGLE LEG AT 12" OC TO TRIPLE RAFTER. WHEN THE SLOPE EXCEEDS 4:12 A MINIMUM OF 3"x3"x1/4" PLATES SHALL BE WELDED AT 24" OC ALONG THE STEEL ANGLE.

USE OF WELDED WIRE FABRIC (WWF) IN TURNED DOWN OR STEM WALL SLABS.

ALTHOUGH THE USE OF WWF IN STRUCTURAL SLABS IS NOT REQUIRED BY THE BUILDING CODE IT IS RECOMMENDED TO REDUCE CRACKING AND TO REDUCE FLEXURE FROM SETTLEMENT OF SHIFTING SOIL BELOW THE SLAB. ACI 318 STATES A MINIMUM REQUIREMENT OF 0.0018 Ag REINFORCING FOR GRADE 60 REINFORCING. JDS RECOMMENDS THAT ALL SLABS HAVE A MINIMUM W2.9 x W2.9. WWF INSTALLED IN THE MIDDLE THIRD OF THE SLAB UNLESS GREATER IS NOTED. FOR SLABS IN SEISMIC DESIGN CATEGORY D OR IN HIGH WINDS ZONES OF 130 OR GREATER, JDS RECOMMENDS THE INSTALLATION OF W4.0 xW4.0 WWF. HOWEVER, THE BUILDER MAY OMIT WWF WITH THE UNDERSTANDING THAT THERE IS A GREATER RISK OF CRACKING AND DIFFERENTIAL SETTLEMENT THAT WILL BE THE RESPONSIBILITY OF THE BUILDER.

USE OF SYNTHETIC FIBER MIX IN CONCRETE SLABS:

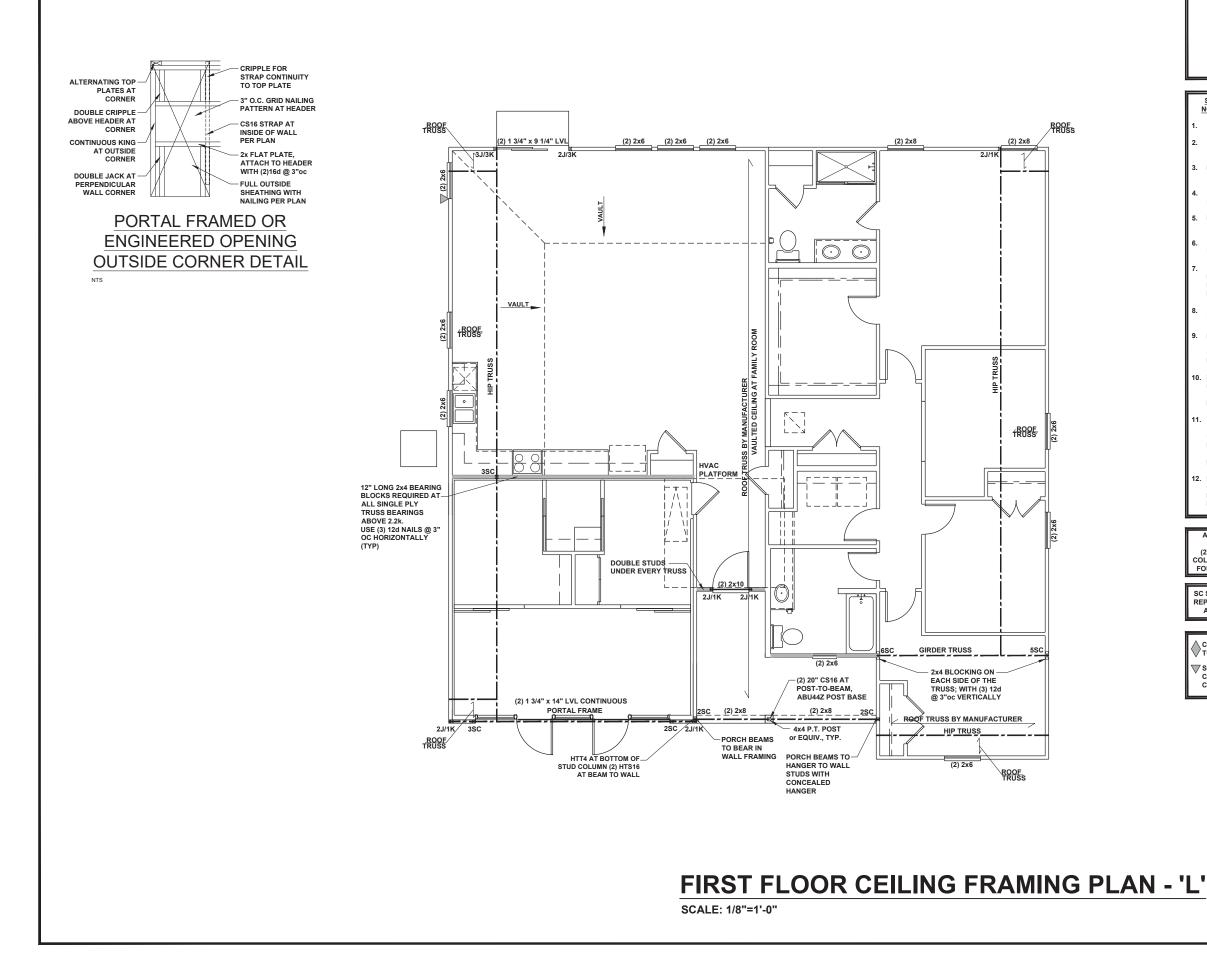
FIBER MESH IS NOT A SUBSTITUTION FOR WWF IN STRUCTURAL CONCRETE SLABS, BUT IT MAY BE USED IN ADDITION TO WWF IN STRUCTURAL SLABS OR WITHOUT WWF IN NON-STRUCTURAL SLABS. FIBER MESH IS ONE METHOD FOR SHRINKAGE AND CRACKING CONTROL IN THE SLAB DURING THE CURING PHASE. ON THESE DRAWINGS NON STRUCTURAL SLABS ARE EXTERIOR PATIOS AND PORCH SLABS. ALL OTHER SLABS ARE CONSIDERED STRUCTURAL IF ANY CONDITIONS LISTED BELOW APPLIES. IF NONE OF THE CONDITIONS LISTED BELOW APPLY, THE BUILDER MAY USE FIBER MESH IN LIEU OF WWF. FIBER MIX VOLUMES MUST BE FOLLOWED PER THE MANUFACTURERS SPECIFICATION AND MIXED AT THE PLANT, NOT ON SITE. SEE EOR AND PLANS FOR ADDITIONAL REQUIREMENTS AS NECESSARY.

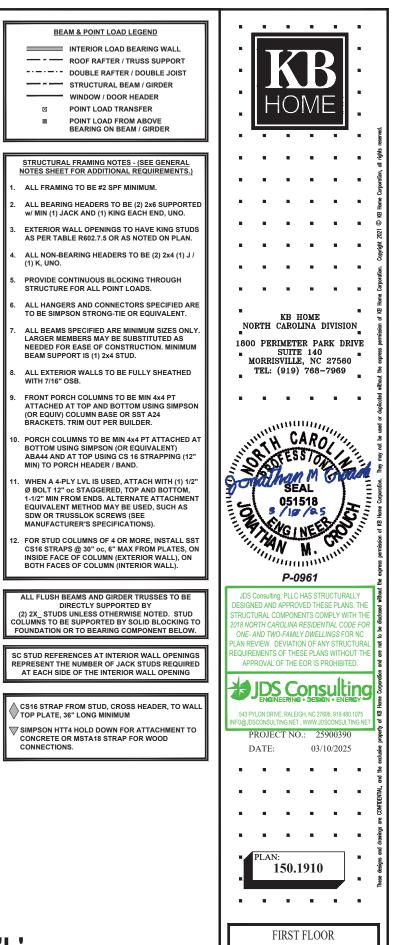
- IN SLABS INSTALLED ON RAISED METAL DECKING
- IN SLABS WITH GRADE BEAMS UNLESS A REBAR MAT IS
 INSTALLED
- BASEMENT SLABS
- HIGH WINDS ZONES (ABOVE 130 MPH Vult)
- SEISMIC DESIGN CATEGORY OF D OR GREATER
 IF ANY SOILS HAVE BEEN FOUND TO BE EXPANSIVE SOILS ON SITE
- FOR SLAB POURED DIRECTLY ON GRADE; A 4" BASE MATERIAL OF CRUSHED STONE OR WELL DRAINING CLEAN SAND IS REQUIRED FOR USE
- FOR ANY SITES WITH A DCP BLOW COUNT OF 10 OR LESS.

FULL HEIGHT KING STUD @ EXTERIOR WALLS 2024 NCRBC TABLE R602.7.5		
HEADER SPAN (FEET) MINIMUM NUMBER OF FULL HEIGHT STUDS (KING)		
UP TO 3'	1	
>3' TO 6' 2		
>6' TO 9'	3	
>9' TO 12'	4	
>12' TO 15'	5	

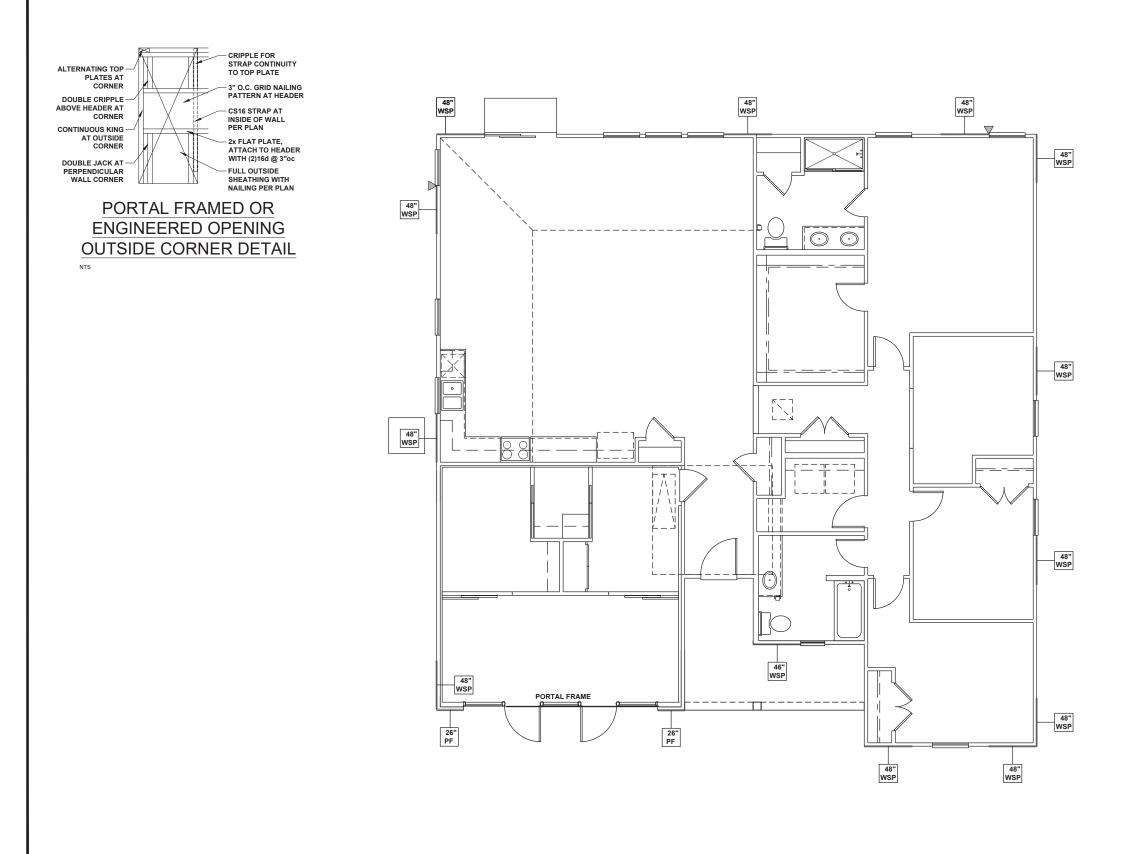
NOTE: SEE PLAN FOR ANY ADDITIONAL KING STUD REQUIREMENTS AT EACH EXTERIOR OPENING IF APPLICABLE





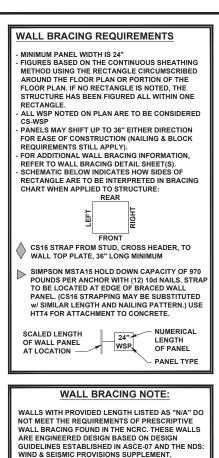


CEILING FRAMING PLAN



FIRST FLOOR WALL BRACING PLAN - 'L'

SCALE: 1/8"=1'-0"



WALL BRACING: RECTANGLE 1 REQUIRED

LENGTH

6.5 FT.

6.5 FT.

6.5 FT.

6.5 FT.

SIDE

FRONT

RIGHT

REAR

LEFT

PROVIDED

18.3 FT.

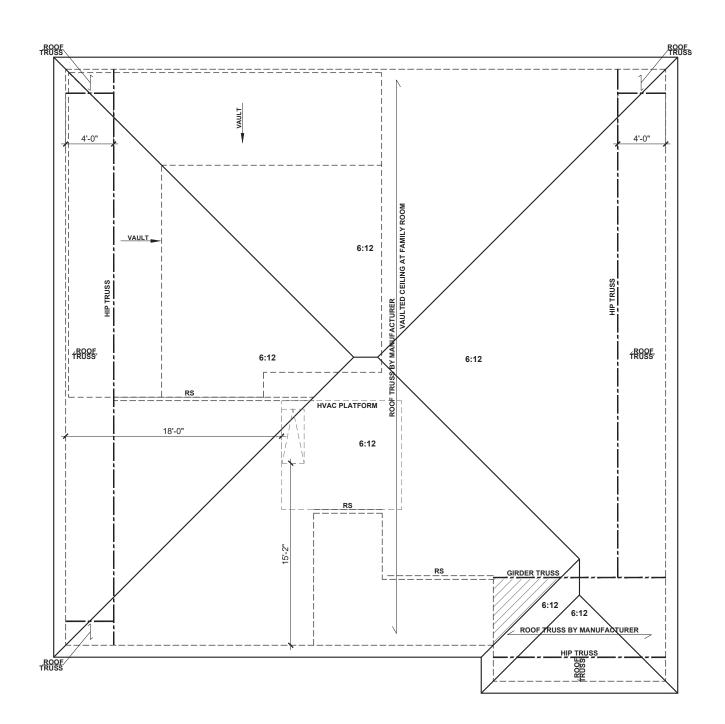
16.0 FT.

12.0 FT.

12.0 FT.

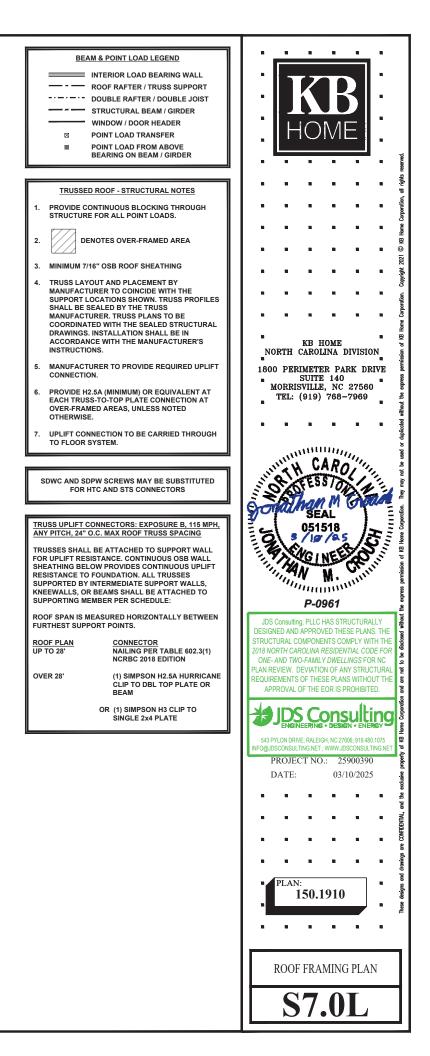
LENGTH

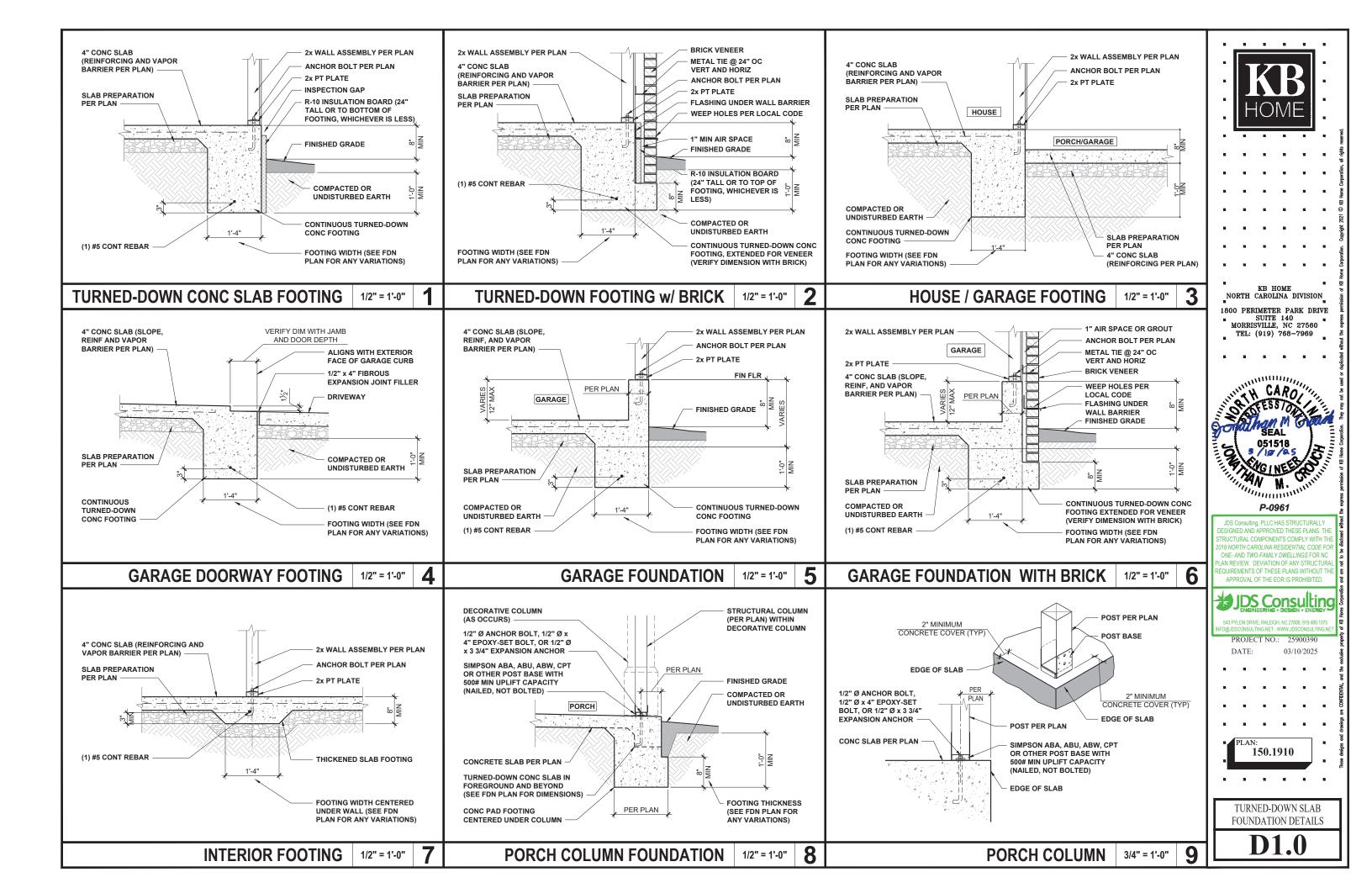
KB HOME NORTH CAROLINA DIVISION 1800 PERIMETER PARK DRIVE SUITE 140 MORRISVILLE, NC 27560 TEL: (919) 768-7969 anninnin in the second CARO FESSTON SEAL 051518 O 10/25 VOINEER 4N M an and a start and P-0961 JDS Consulting, PLLC HAS STRUCTURALLY ESIGNED AND APPROVED THESE PLANS. TH RUCTURAL COMPONENTS COMPLY WITH T 8 NORTH CAROLINA RESIDENTIAL CODE FO ONE- AND TWO-FAMILY DWELLINGS FOR NO LAN REVIEW. DEVIATION OF ANY STRUCTUR QUIREMENTS OF THESE PLANS WITHOUT TH APPROVAL OF THE EOR IS PROHIBITED. JDS Consulting 3 PYLON DRIVE, RALEIGH, NC 27606: 919 480, 107 JDSCONSULTING NET : WWW JDSCONSULTIN PROJECT NO.: 25900390 03/10/2025 DATE: PLAN 150.1910 FIRST FLOOR WALL BRACING PLAN **S4.0I**

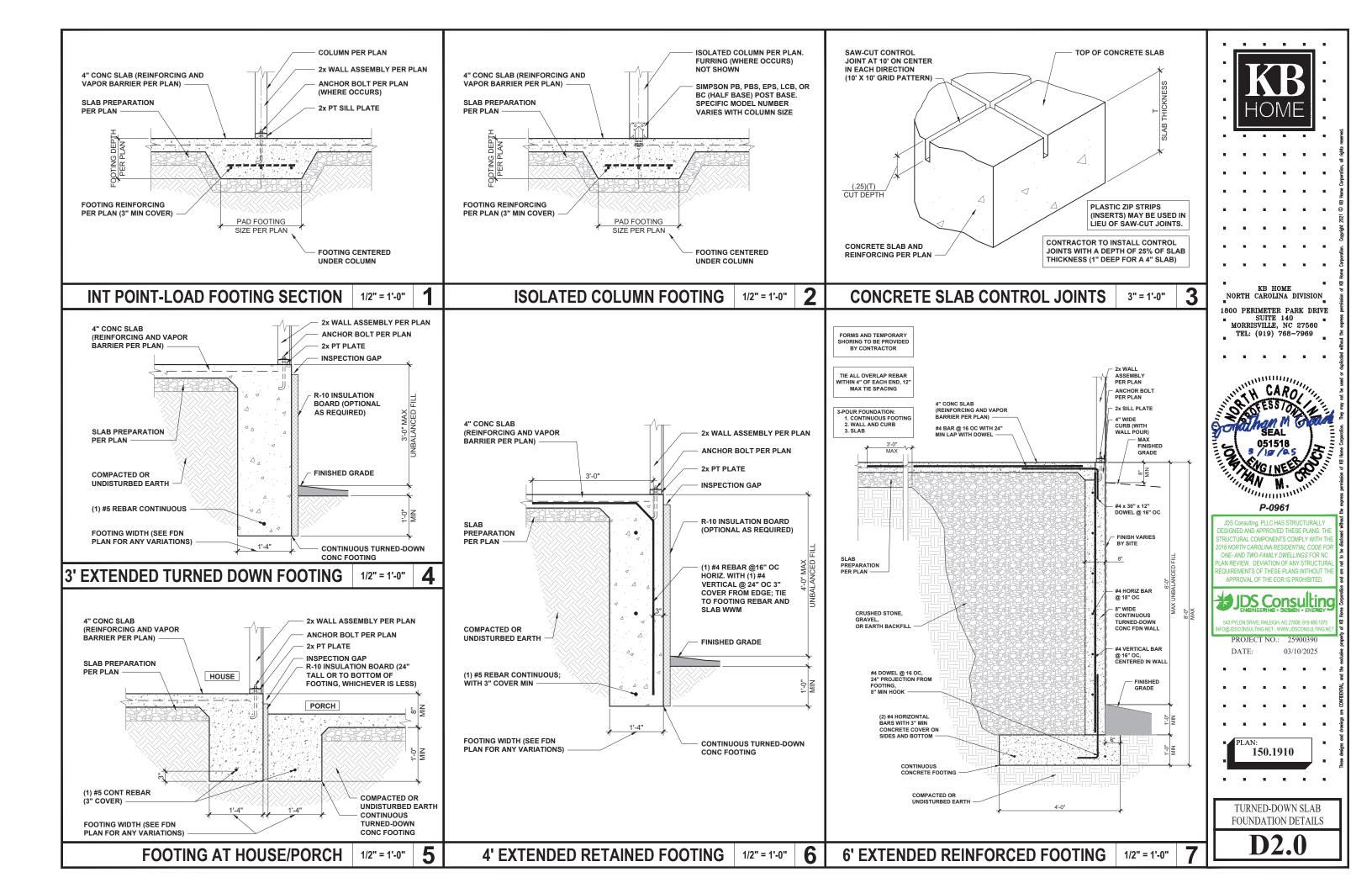


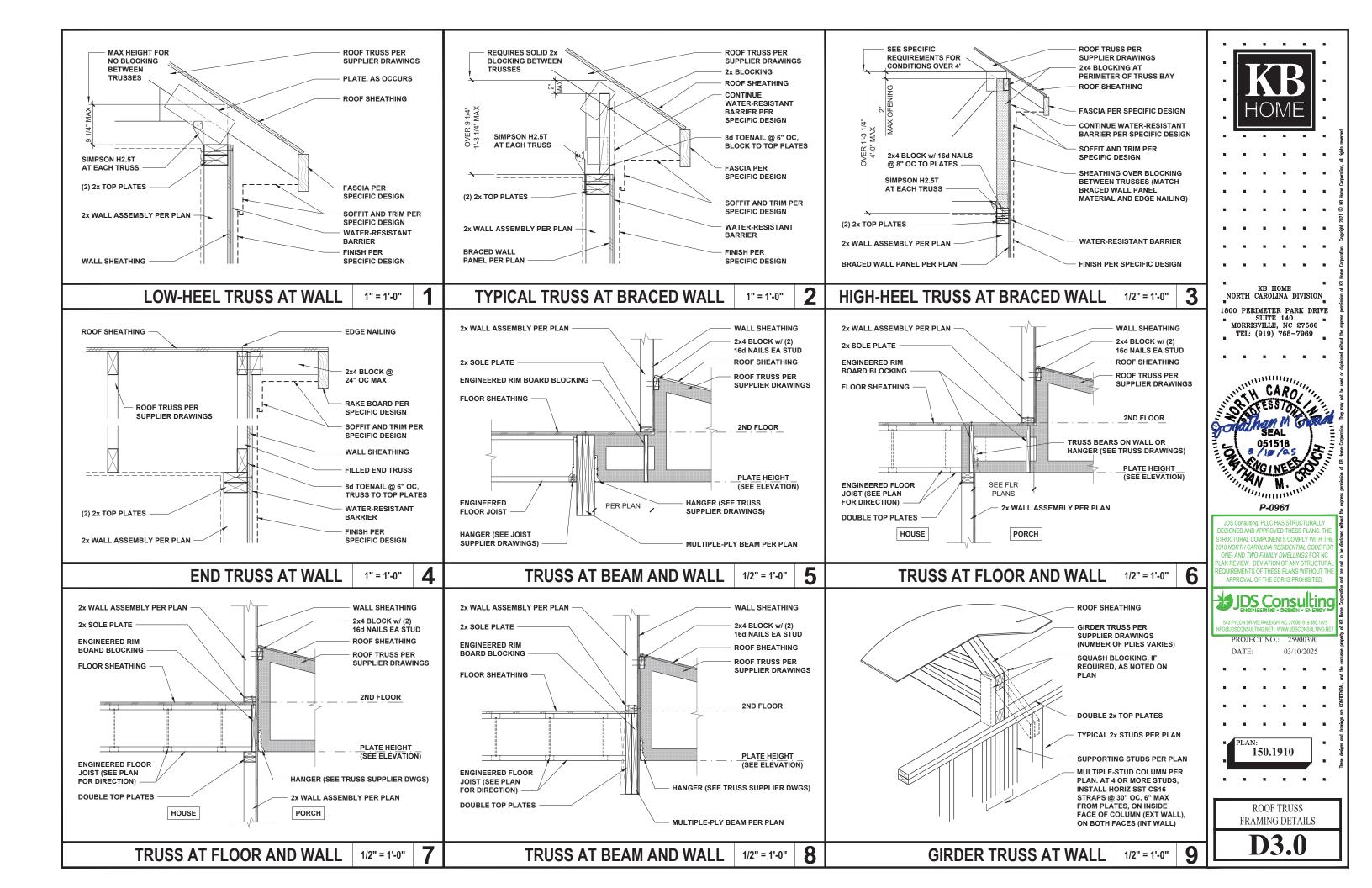
ROOF FRAMING PLAN - 'L'

SCALE: 1/8"=1'-0"



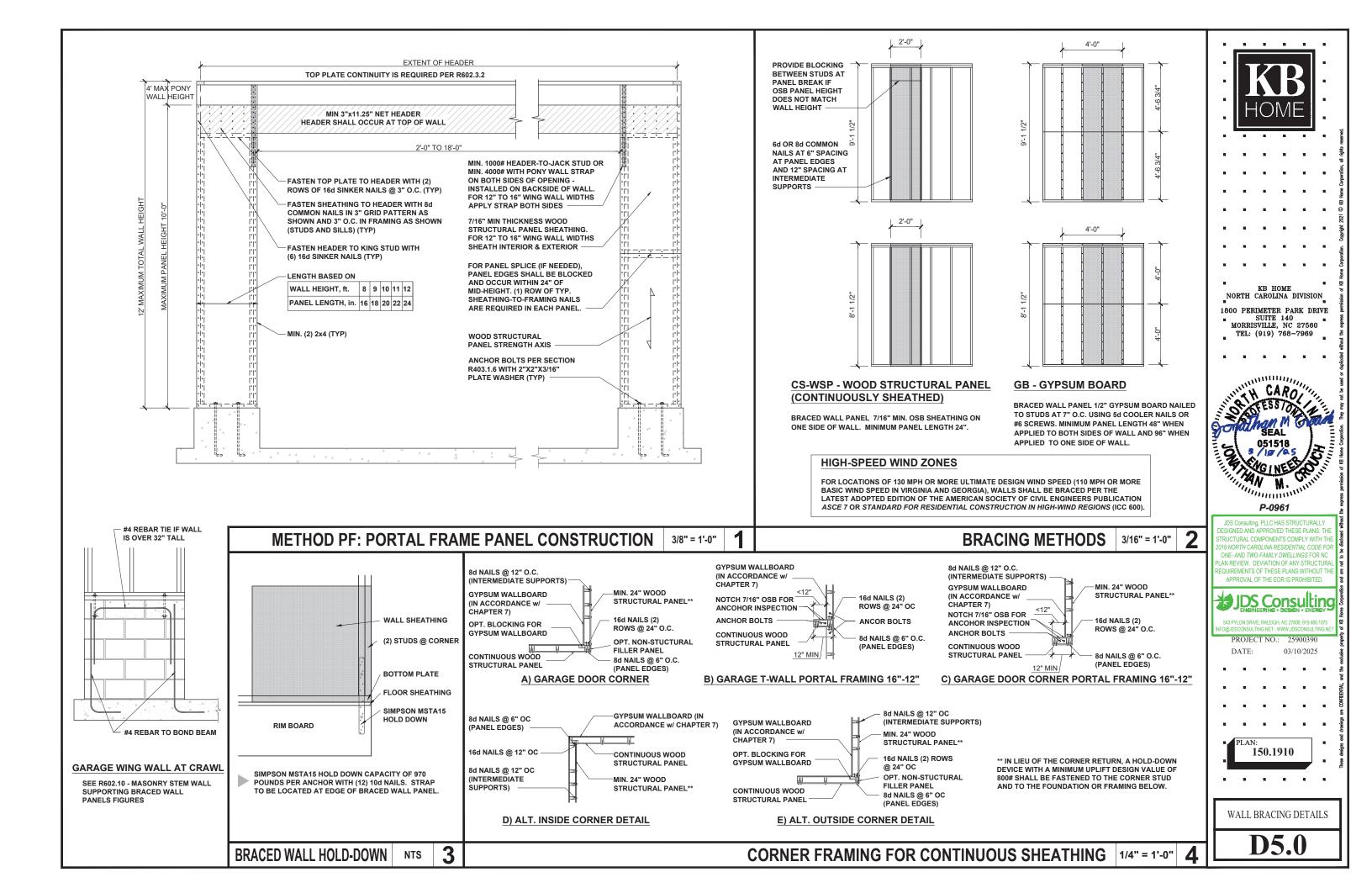






OPTIMAL 22° 0° 16° 0° 16° 0° 0° 16° 0° 14" MAX 0° THESE SCREWS AS NOTED HERE ARE A SUBSTITUTE FOR THE LIMIT THE SCREWS AS NOTED HERE ARE A SUBSTITUTE FOR THE HURRICARE TES H2.5A OR EQUIVALENT TIES.	WOOD STRUCTURAL PANEL (WSP) SHEATHING MUST EXTEND TO TOP OF DOUBLE TOP PLATES PER AWC 2021 OR 2015 SPECIAL DESIGN PROVISIONS FOR WIND AND SEISING (SDPWS) WSP NAILING PATTERN PER DESIGNER IN ACCORDANCE WITH 2021 OR 2015 SDPWS WSP SHEATHING, 7/16" MIN. DESIGNED AND CONSTRUCTED TO RESIST UPLIFT IN ACCORDANCE WITH THE AWC 2021 OR 2015 SDPWS	
SDWC SCREW INSTALLATION ANGLE 3/4" = 1'-0" 1	SDWC SCREW WALL ASSEMBLY 3/4" = 1'-0" 2	







*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application #

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits <u>COMMERCIAL</u>

Application for Building and Trades Permit

Date: <u>3/20/2025</u> Phone: <u>919-768-7995</u>

Site Address: <u>42</u> Caspian Court
Description of Proposed Work: <u>Temporary model sales office
General Contractor Information:</u> Building Cost \$ 15,000.00
KB Home Raleigh-Durham, Inc <u>919-766</u>
Ruilding Cost texts of Comments Name

Owner's Name: KB Home Raleigh-Durham, Inc.

919-768-7995
Telephone
raleighpermits@kbhome.com
Email Address
53775
License #
5,000.00
Amps #T-Poles <u>1</u>
919-303-6266
Telephone
verlinda@lanehart.com
Email Address
24986-U
License #
st \$ <u>5,000.00</u>
Units_1
919-210-9295
Telephone
JArmstrong@romanoffgroup.cc
Email Address
L.22375
License #
Baths
Telephone
Email Address
License #
608-320-6507
Telephone

*NOTE: General Contractor must fill out and sign the second page of this application



Sprinkler Contractor Informatio	<u>n</u>		
Sprinkler Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation	License #		
N/A Fire Alarm Contractor Informatic	<u>on</u>		
Fire Alarm Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation	License #		
Driveway Access - NC Department of Transportation Driveway Ac	ccess/Permit? Yes X No		
I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if <u>any</u> changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is charged at full price per current fee schedule.			
Rachel Cavalear	3/20/2025		
Signature of Owner/Contractor/Officer(s) of Corporation	Date		
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner X Officer/Agent	of the Contractor or Owner		
Do hereby confirm under penalties of perjury that the person(s), firm(s) of set forth in the permit:	or corporation(s) performing the work		
X Has three (3) or more employees and has obtained workers' compensation insurance to cover them.			
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.			
Has one (1) or more subcontractors(s) who has their own policy of covering themselves.	of workers' compensation insurance		
Has no more than two (2) employees and no subcontractors.			
While working on the project for which this permit is sought it is understo Department issuing the permit may require certificates of coverage of we to issuance of the permit and at any time during the permitted work from carrying out the work.	orker's compensation insurance prior		
Sign w/Title: Rachel Cavalear-Director of Daily Units Pro	Decessing Date: 3/20/2025		



ROY COOPER • Governor KODY H. KINSLEY • Secretary MARK BENTON • Deputy Secretary for Health SUSAN KANSAGRA • Assistant Secretary for Public Health Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5). [hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Арр	lying	for:
-----	-------	------

☑ (a2) Improvement Permit ☑ (a2) Construction Authorization □ (a2) Repair/Construction Authorization							
Please check one of the follow	ving:						
☑ New Construction □	☑ New Construction □ Expansion □ System Relocation □ Change of Use □ Repair						
S Year Expiration Requested	d (site plan provi	ided)					
Non-Expiring Permit Required	ested (plat provid	led, as defined in G.S. 130A-	334(7a)				
Property Owner Name: KB Ho	ome Raleigh-Durha	am, Inc.					
Property Owner Mailing Addr	ess: 1800 Perimet	er Park Dr., Ste. 140, Morrisvil	le, NC 27560				
Property Owner Phone Numb	er: 919-768-7995						
Property Owner Email Addres	s: raleighpermits@)kbhome.com					
Applicant Name: Same							
Applicant Mailing Address:							
Applicant Email Address:							
Does the property include, or	is subject to, any	of the following:					
		iurisdictional wetlands					

Yes Vo Existing or proposed easements, rights-of-way, encroachments, or other areas subject to legal restrictions

Yes 🖌 No Approval by other public agencies

NC DEPARTMENT OF

HEALTH AND

HUMAN SER

A site plan or plat is required, OR the site sketch submitted from the LSS/AOWE, must include the following:

(A) existing and proposed facilities, structures, appurtenances, and wastewater systems

(B) proposed wastewater system showing setbacks to property line(s) or other fixed reference point(s)

(C) existing and proposed vehicular traffic areas

(D) existing and proposed water supplies, wells, springs, and water lines; and

(E) surface water, drainage features, and all existing and proposed artificial drainage, as applicable.

Requesting DHHS review: Yes 🖌 No

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2), (a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.

Applicant Signature: Rachel Cavalear

___ Date: _____3/13/2025

Owner's Signature: Rachel Cavalear

Date: 3/13/2025

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES . DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609 MAILING ADDRESS. 1632 Mail Service Center, Raleigh, NC 27699-1632 www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Permit/File #: ____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES	ROY COOPER • Governor KODY H. KINSLEY • Secretary MARK BENTON • Chief Deputy Secretary for Health SUSAN KANSAGRA • Assistant Secretary for Public Health Division of Public Health
Submittal Includes: (a2) Improvement Permit	(a2) Construction Authorization
IMPROVEN	IENT PERMIT FOR G.S. 130A-335(a2)
County: Harnett	
PIN/Lot Identifier: 0549-07-7516.000	
	Perimeter Park Dr., Ste. 140, Morrisville, NC 27560
Property Location: 42 Caspian Ct., Lillington, NC	
	Lot #:9 Block: Section:
LSS Report Provided: Yes 🔲 No	Diock Section
If yes, name and license number of LSS: Michael D. Ea	aker, 1030
	System Relocation Change of Use
	or less Other:
Design Wastewater Strength: Domestic	High Strength Industrial Process Wastewater
	Proposed LTAR (Initial): 0.3 gpd/ft2 Proposed LTAR (Repair): 0.3 gpd/ft2
Proposed Wastewater System Type*: Pump to Accept	ed (25% reduction) (Initial) Pump Required: Yes No May be required
Proposed Wastewater System Type*: Pump to Accept	ed (25% reduction) (Repair) Pump Required: Yes No May be required
	vater system types in accordance with Rule .1301 Table XXXII
Effluent Standard: DSE HSE NSF/ANSI 40	
Saprolite System (Initial): Yes 🔳 No Saproliti	
	W Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): Yes IN No If yes, specify: No	ew Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)*: 40"	Usable Depth to LC (Repair)x. 32"
Max. Trench Depth (Initial) [‡] : 18-24" Max. Tre	ench Depth (Repair) [‡] : 16" <i>* Measured on the downhill side of the trench</i>
Artificial Drainage Required: 🗌 Yes 🔳 No If yes, pleas	
Type of Water Supply: Private well Public well	
	s 🔳 No 🗌 Drainfield location meets requirements of Rule .0601: Yes 🔳 No 🗌
	ant to GS 130A-334(13a)] No expiration [plat submitted pursuant to GS 130A-334(7a)]
	after installation.
NCDHHS/DPH/EHS/OSWP	Revised January 2024 Form A2CF-24.1

Permit/File #: _____



This Section for Local Health Department Use Only

Initial submittal received:	by	
	Date	Initials

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

Incomplete (If box is checked, information in this section is required.)

The following items are missing:

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. <u>This permit is subject to revocation if the site plan</u>, *plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date:

See attached site sketch



Re-submittal of Improvement Permit

	LHD USE ONLY: This IP resubmi	ttal received:	Date	by Initial	15
The following ite	ems are being resubmitted pursuant	to G.S. 130A-335(a)	3) for issuance of	f the Improvemen	nt Permit:
is accurate and c	h h h omplete to the best of my knowled aws, regulations, rules, and ordinan	ge and that the prop			uded with this re-submittal s all applicable federal,
Signature	of Licensed Soil Scientist			Date	_
LHD Follow-u	The section below is for Local Health			ems noted as missin	ng above.
The review for co	ompleteness of this Improvement Pe rmit is determined to be:	 The set of a set of the set of a set of a set of the /li>		accordance with	G.S. 130A-335(a3). This
☐ Incomplete (The following iter	If box is checked, information in thi ms are missing:	s section is required	l.)		
Copies of this we	re sent to the LSS and the Applicant	on			
State Authorized	Agent:			Date:	
Complete					
State Authorized	Agent:			Date:	

	NC DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Public Health
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Permit/File #: _____

CONSTRUCTION AUTHOR	ZATION FO	R G.S.	130A-335(a2)
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County: Harnett Pre-Construction Conference Required: Yes No
PIN/Lot Identifier: 0549-07-7516.000 - Elyse Meadows, Lot 9
Issued To: KB Home Raleigh-Durham, Inc., 1800 Perimeter Park Dr., Ste. 140, Morrisville, NC 27560
Property Location: 42 Caspian Ct., Lillington, NC 27546
AOWE/PE Plans/Evaluations Provided: Yes 🔳 No 🗌 If yes, name and license number of AOWE/PE: Michael D. Eaker 10013E
Facility Type: Single Family Dwelling
Number of bedrooms: <u>3</u> Number of Occupants: ^{6 or less} Other:
New Expansion Repair System Relocation Change of Use
Basement? Yes No Basement Fixtures? Yes No
Crawl Space? I Yes No Slab Foundation? I Yes No
Type of Wastewater System* Pump to Accepted (25% reduction) (Initial) Pump to Accepted (25% reduction) (Repair)
*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Design Daily Flow: <u>360</u> GPD Wastewater Strength: Domestic High Strength Industrial Process WW
Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? Yes (if yes, please provide engineering documentation)
Effluent Standard: 🔳 DSE 🗌 HSE 🗌 NSF/ANSI 40 🗌 TS-I 🗌 TS-II 🔲 RCW
Type of Water Supply: Private well Public well Shared well 🔳 Municipal Supply Dyring Dyring Other:
Installation Requirements/Conditions
Septic Tank Size: 1000 gallons Total Trench/Bed Length: 305 feet Trench/Bed Spacing: 9 feet on center
Trench/Bed Width: $\frac{36}{1000}$ inches LTAR: $\frac{0.3}{1000}$ gpd/ft ² Usable Depth to LC (Initial) ^x ; 40" *Limiting condition
Soil Cover: inches Slope Corrected Maximum Trench/Bed Depth [‡] : ^{18-24*} (see note) inches # Measured on the downhill side of the trench
Pump Tank Size (if applicable): gallons Requires more than 1 pump? Yes 🔳 No
Pump Requirements: 12.62 ft. TDH vs. 18.07 GPM Grease Trap Size (if applicable): gallons
Distribution Method: 🗌 Serial 🔲 D-Box or Parallel 🔳 Pressure Manifold(s) 🗌 LPP 🗌 Other:
Artificial Drainage Required: Yes 🗌 No 🔳 If yes, please specify details:
Legal Agreements (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)
Multi-party Agreement Required [.0204(g)]: Yes 🔳 No Declaration of Restrictive Covenants: Yes 🔳 No
Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: 🔲 Yes 🔳 No
Management Entity Required: 🗌 Yes 🔳 No Minimum O&M Requirements:
Permit conditions: Install as per detail sheet and map. Do not disturb, compact, rut or cut any soil within the septic drainfield area. Ensure 6 inches approved fill cover is maintained over system after installation. Start line 1 near rear property line at 18" trench bottom depth. Trench will be 24" deep near road.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. <u>This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.</u> The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: Michael D. Eaker

AOWE/PE Signature: _

	1/1/
-	

Date: 03/13/2025

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch



This Section for Local Health Department Use Only

Initial submittal received:

Date

Initials

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This

Construction Authorization is determined to be:

Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Copies of this were sent to the AOWE/PE and the Applicant on _____ Date State Authorized Agent:

Complete

State Authorized Agent:

Date of Issuance:

Date:

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date:

See attached site sketch



Permit/File #: _____

Initials

Re-submittal of Construction Authorization

LHD USE ONLY:	This CA resubmittal received:	b	/
---------------	-------------------------------	---	---

Date

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Authorized On-Site Wastewater Evaluator

Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Copies of this were sent to the AOWE/PE and the Applicant on		
	Date	
State Authorized Agent:		Date:
Complete		
State Authorized Agent:		Date:



Permit/File #: _____

ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL

County: Harnett

PIN/Lot Identifier: 0549-07-7516.000, Elyse Meadows, Lot 9

Issued To: KB Home Raleigh-Durham, Inc., 1800 Perimeter Park Dr., Ste. 140, Morrisville, NC 27560

Additional Improvement Permit Conditions:

See attached detail sheet

Additional Construction Authorization Conditions: See attached detail sheet

Southeastern Soil & Environmental Associates, Inc.

P.O. Box 9321 Fayetteville, NC 28311 Phone/Fax (910) 822-4540 Email mike@southeasternsoil.com

March 13, 2025

KB Home Raleigh-Durham, Inc. 1800 Perimeter Park, Suite 140 Morrisville, NC 27560

Re: Soil/site evaluation for subsurface waste disposal (GS 130A-335(a2)/SL 2022-11), PIN 0549-07-7516.000, 42 Caspian Ct., Elyse Meadows Subdivision, Lot 9, Lillington, Harnett County, North Carolina

A soil/site evaluation has been conducted on the aforementioned property at your request. The purpose of the investigation was to determine if soils were suitable for a subsurface waste disposal system (conventional, accepted and innovative) to serve a proposed single-family residence (4-bedroom home). All ratings and determinations were made in accordance with "On Site Wastewater Rules, 15A NCAC 18E". This LSS evaluation is being submitted to meet the requirements of GS 130A-335(a2)/SL 2022-11.

The soil evaluation was completed on March 12, 2025. Hand auger borings were advanced under moist soil conditions. The site essentially lies on a linear slope landscape (3-5% slope). Soil borings conducted in most of this area consisted of 8 or more inches of loamy sand underlain by sandy loam, sandy clay loam, clay and/or sandy clay to 48 or more inches below the soil surface. Soil wetness and/or parent material (greater than 50%) was not observed shallower than 40 inches below the soil surface (initial system) and 32 inches (repair system). All other soil characteristics were suitable to at least 48 inches.

Based on soil borings and site conditions, the site would be designated suitable for a pump to a shallow pump to accepted subsurface waste disposal drainfield (0.30 gal/day/ft2 LTAR; initial system). There is enough suitable soil area to allow for a pump to an accepted subsurface waste disposal system repair (0.30 gal/day/ft2). A map showing the approximate location of the site and proposed septic layout accompanies this report. [Note: No grading, rutting or other soil disturbance can occur in or near the proposed septic area. Any grading can alter the findings of this report and render the site unusable. As such, we recommend the builder protect the proposed septic areas with rope, flagging, fencing, etc.]

Design Summary

- Pump to Accepted product with pressure manifold (305', see septic layout)
- 360 gal/day flow rate (3BR)
- 18-24" maximum trench depth (initial)
- 1000-gallon septic and pump tank (certified watertight)
- Pump to produce 18.07 gal/min @ 12.62 feet TDH
- Pump dose 139 gallons (6.9-inch drawdown)
- 0.30 gpd/ft2 LTAR (initial and repair)
- No grading, rutting or filling in septic areas
- No vertical cuts (greater than 2') within 15' of septic lines/areas
- Keep tanks and drainlines 10' from property lines
- Keep supply line 5 or more feet from property lines
- Install in dry soil conditions
- Maintain natural contours when clearing the lots
- Direct gutter water away from septic system

During site construction, it is important not to impact and suitable or provisionally suitable soil areas with activities such as excavation or filling. Only the vegetation should be removed in the areas of the proposed septic drainfields to prevent any disturbance of naturally occurring soil. We recommend all lot clearing activity be delayed until the local health department issues a permit.

To the extent possible, we have identified the soil types that will impact the flow of wastewater on this site and have provided a professional opinion as to the best septic system layout. This report does not guarantee that the proposed septic system will properly function for any specific length of time.

Sincerely,

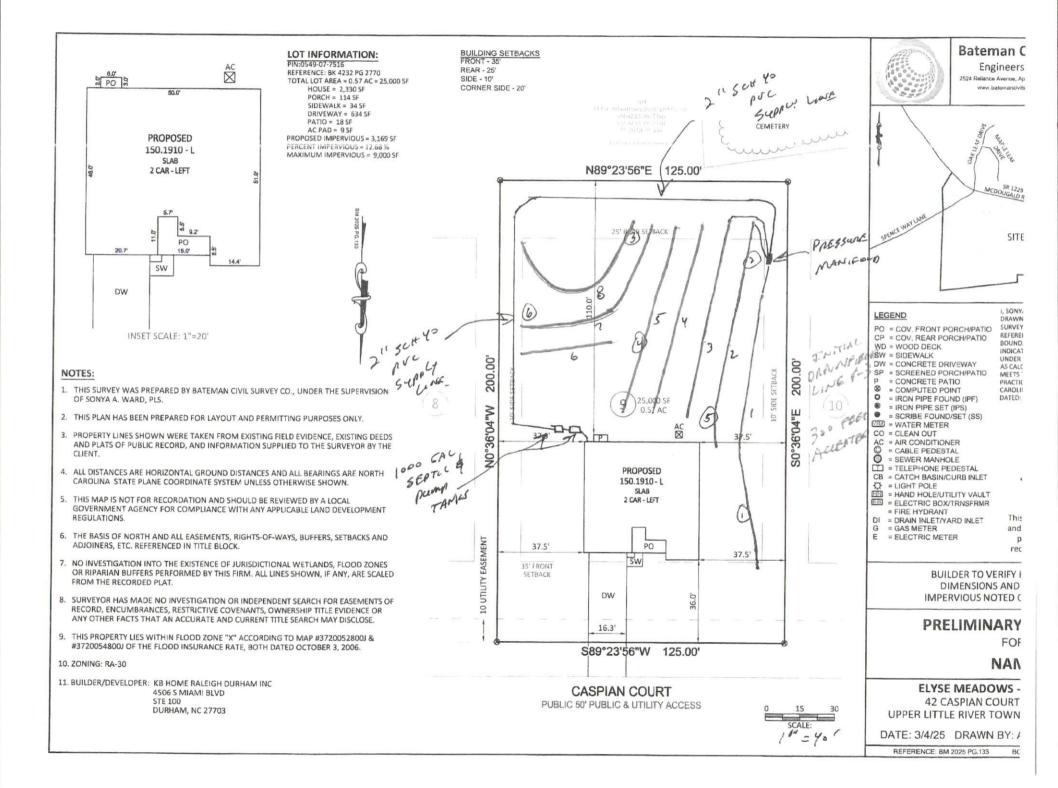
Mike Eaker NC Licensed Soil Scientist # 1030 NC Authorized Wastewater Evaluator 10013E



SOUTHEASTERN SOIL & ENVIRONMENTAL ASSOC., INC.

PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

	INITIAL DISTRIE BENCHI NO. BE	BUTION: Pre	purp τ° cepted 25% Reduction ssure Manifold 100.0		LOT 9 Pump 40 REPAIR: Accepted 25% Reduction DISTRIBUTION Pressure Manifold LOCATION RC 9/10 LTAR 0.30 gpd/ft2 PUMP TANK SIZE 1000 Gallons
	LINE	FLAG	COLOR	ELEVATION	LENGTH
	1	P/I	þ	98.50	115
Initial	2	W		98.10	100
Initial	3	В		97.80	90
					305 TOTAL
Repair	4 5	R		97.10 96.80	100 100
	67	R P		<u>96.70</u> 96.50	100
	8	В		95.60	300 TOTAL
		ke Eaker			DATE 3/12/25 THERE SHALL BE NO GRADING,
	0-23	LS/SL	VFr/Fr/Gr		CUTTING, LOGGING OR OTHER SOIL
Initial	23-48	SCL/SC	Fi/SBk		DISTURBANCE IN SEPTIC AREA
	CR2/	40"			HEALTH DEPARTMENT USE ONLY.
Repair	0-8 8-48 CR2/P	LS/SL SCL/SC 32"	VFr/Fr/Gr Fi/SBk		DESIGNS DO NOT GURANTEE FUNCTIONALITY

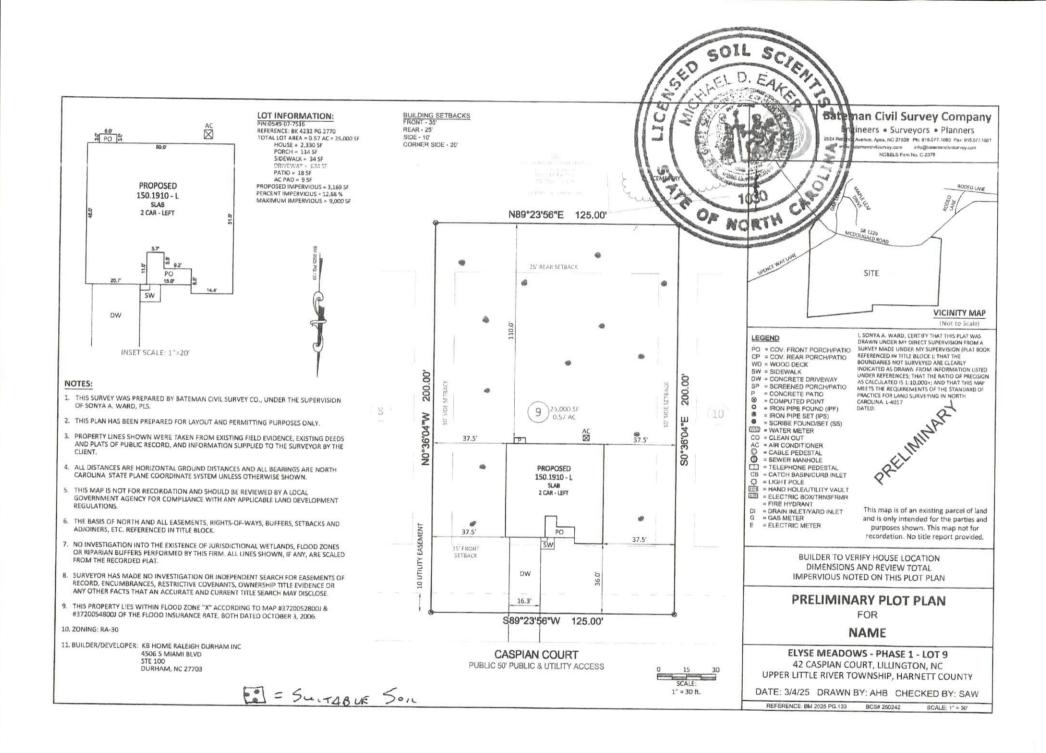


RESIDENTIAL PRESSURE MANIFOLD DESIGN

Permit # Elyse Meadows Lot 9								
# of BDR: <u>3</u>	Daily Flow:	360	gal/day	L.T.A.R.:	0.3000	gal/day/sq.ft		
Septic Tank: 1000	gals	Pump Tank:	1000	gals	Sq. Foot:	915	System Type:	Accepted
Number of Taps:	3	Length o	of Trenches:	<u>305</u>	ft(See Ta	p Chart for De	tails)	
Depth of Trenches:	18-24	in	Mai	nifold Length:	<u>36</u>	in		
Manifold Diameter:	4in sch 80p	vc	Tap Config	Tap Configuration: 6 in spacing <u>1</u> s			side(s) of mar	iifold
Supply Line: length:	250	ft		Diameter:	2	in sch 40pvc		
Friction Loss + Fitting L	.055:	2.62	ft(supply li	ne length + 70	for fitting	gs in pump tan	k)	
Design Head:	2	ft	Elevation H	Head:	8.00	ft		
Total Head: <u>12.62</u>	ft		Pu	mp to Deliver:	18.07	gals/min at	12.62	ft head
Dosing Volume:	139	gals,						
Drawdown: 139	_gals divide	d by	<u>20</u>	gals/in =	<u>6.9</u>	inches		

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

			1		RT						
Benchmark	4.3	is = 100.00	FC 9/10				Design Head:	2			
Pump tank elev.		7.8	96.50	Pump elev.	91.50		Manifold elev.	99.50			
	1010-001									# of Panels	Spacing of
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR	(PPBPS)	Panels (in)
1	P/P	5.80	98.50	115	1/2in SCH 40	7.11	141.65	345	0.4106		
2	W	6.20	98.10	100	1/2in SCH 80	5.48	109.18	300	0.3639		
3	В	6.50	97.80	90	1/2in SCH 80	5.48	109.18	270	0.4044		
			104.30			0	0.00	0	#DI\//0!		
			104.30			0	0.00	0	#DIV/0!		
			104.30			0	0.00	0	#DI\//0!		
			104.30			0	0.00	0	#DIV/0!		
			104.30			0	0.00	0	#D1\//0!		
			104.30			0	0.00	0	#DI\//0!		
			104.30			0	0.00	0	#DI\//0!		
			Total Feet =	305	gal/min =	18.07		LTAR =	0.3000		
			Feet Required =	300	Velocity =	1.73		(Itar + 5%)	0.3150		
Total # of Panels (I	PPBPS)			Des. Flow	360			(Itar w/25% red)	0.4000		
% of Dose Vol.		70		Pump Run=	19.92			(Itar + 5%)	0.4200		
Dose Volume		139		Tank Gal/IN	20						
Dose Pump Time		7.68		Elev. Head	8.00						
Drawdown in Inche	es	6.9									
Comments:											



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

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

ADD PRO LOC WAT	POSED FACILI ATION OF SITE TER SUPPLY:	imeter Park Di FY: SFD 5: 42 Caspian (] Private X	Ct., Lillington (Lo	DSED DESIGN FLO t 9) Elyse	ther			PROPERTY S	UATED:03/12/25 SIZE: 0.57 Ac LECORDED	
P R O F I L E	.1940 LANDSCAPE	HORIZON DEPTH (IN.)		RPHOLOGY 1941)		YPE OF WASTEWATER: X Sewage □ Industria OTHER PROFILE FACTORS				
#	POSITION/ SLOPE %		.1941 STRUCTURE/ TEXTURE	.1941 Consistence/ Mineralogy	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR O CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR	
	LS 2-4%	0-13	LS/Gr	VFr/Nexp	>48" 10YR 6/4	42"	NA	NA	Suitable 0.30	
1		13-31	LS/SL/Gr	VFr/Nexp					0.30	
		31-40	SCL/mm sbk	Fi/SExp	10YR 5/8					
		10-46	SCL/SC/WISDK	Fi, SExp	7.5YR 5/8 2.5YR 5/8 mot					
	LS 2-4%	0-8	LS/Gr	VFr/Nexp	>48"	NA	NA	NA	Suitable	
	23 2-476	8-23	SL/SCL/wf sbk	Fr/Fi/SExp	10YR 6/4 10YR 5/8				0.30	
2		23-42	SL/wf sbk	Fr/SExp	10YR 6/6				1	
		42-48	SC/wfsbk	Fi, SExp	7.5YR 5/8 mot					
	LS 2-4%	0-8	LS/Gr	VFr/Nexp	32"	NA	NA	NA	Suitable	
		8-17	SC/C/mm sbk	Fi/Sexp	7.5YR 5/8				0.30	
3		17-32	SCL/mm sbk	Fi/SExp	10YR 5/8					
		32-48	SC/wf sbk/mass	Fi/SExp	10YR 5/8 2.5YR 5/8 mot					
					10YR 7/1 mot					
	LS 2-4%	0-14	LS/SL/Gr	Fr/Nexp	36"	NA	NA	NA	Suitable	
		14-22	SL/Gr	VFr/Nexp	10YR 6/4				0.30	
4		22-36	SC/mm sbk	Fi/SExp	10YR 5/8					
		36-48	SCL/wf sbk	Fi/SExp	7.5YR 5/8					
					10YR 7/1 mot		Total International	The designation of the second s		

INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Yes	Yes	SITE CLASSIFICATION (.1948): Suitable
Accepted	Accepted	EVALUATED BY: M. Eaker OTHER(S) PRESENT:
0.30	0.30	
	Yes Accepted	Yes Yes Accepted Accepted

contraction.

Updated February 2014

Sheet 1 of 2 ID #:_____ COUNTY: Harnett

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 #: Elyse Lot 9 DATE OF EVALUATION: 03/12/25 COUNTY: Harnett

P R O F	.1940		SOIL MORPHO (.1941)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
I L E #	LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	.1941 STRUCTURE/ TEXTURE	.1941 Consistence/ Mineralogy	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR	
	LS 2-4%	0-12	LS/Gr	VFr/NExp	40"	NA	NA	NA	Suitable	
E		12-27	LS/Gr	VFr/NExp	10YR 6/4				0.30	
5		27-37	SC/mm sbk	Fi/SExp	10YR 5/8 10YR 5/8					
		37-40	SCL/wf sbk	Fi/SExp	2.5YR 4/8					
		40-48	SCL/wf sbk	Fi/SExp	10YR 5/8 10YR 7/1 mot					
	LS 2-4%	0-16	LS/Gr	VFr/NExp	41"	NA	NA	NA	Suitable	
6		16-36	SC/mm sbk	Fi/SExp	7.5YR 5/8				0.30	
		36-41	SL/wf sbk	Fi/SExp	2.5YR 4/8					
		41-48	SC/mm sbk	Fi/SExp	2.5YR 4/8					
					10YR 7/1 mot					
			_							
									Í	
	-									
COM	MENTS:									

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 2334520

Designated Lien Agent

Project Property

First American Title Insurance Company

Elyse Meadows Lot 9 42 Caspian Court Lillington , NC 27546 Harnett County

Address: 223 S. West Street, Suite 900 / Raleigh, NC 27603 Phone: 888-690-7384 Fax: 913-489-5231 Email: <u>support@liensnc.com mate saucetoteron</u>

Online: www.liensnc.com http://www.lensnc.com

Property Type

1-2 Family Dwelling

Owner Information

KB Home Raleigh Durham Inc. 1800 Perimeter Park Dr. Ste. 140 Morrisville, NC 27560 United States Email: raleighpermits@kbhome.com Phone: 919-768-7995

View Comments (0)

Technical Support Hotline: (888) 690-7384

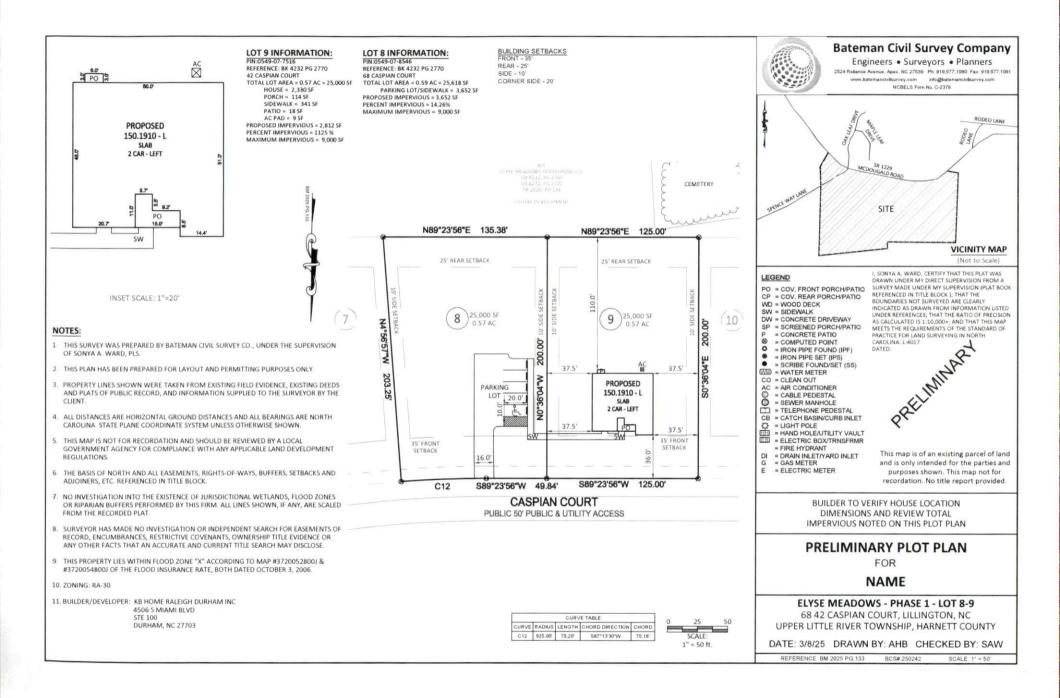
Filed on: 03/13/2025 Initially filed by: kbhome

Print & Post



Contractors: Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.



(Harnett COUNTY NORTH CAROLINA	
Initial Application Date: 3/13/2025	NUKIA CAROLINA	Application # DRB # CU #
	COMMERCIAL	DKB # C0 #
COUN Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (M	Mailing) PO Box 65 Lillington NC 27546 Phone: (910	ATION 0) 893-7525 opt # 1 Fax: (910) 893-2793 www.hamett.org/permits
LANDOWNER: KB Home Raleigh-Durham, Inc.	Mailing Address: 1800 F	Perimeter Park Dr., Ste. 140
City: Morrisville State: NC Zip	27560 Contact # 919-768-799	25
APPLICANT*: Same as above	Mailing Address: same	e as above
Citv: State: Zip	Contact #	Email:
		010 700 7000
CONTACT NAME APPLYING IN OFFICE: Erin Polloci	K	Phone #_919-768-7986
	PIN: 0549-07-7516.	000
Zoning: RA-30 Watershed: Cape Fear Flood: Minima	I Risk Deed Book Page: BK4273/2	2222
Setbacks – Front: ^{35'} Back: ^{25'} S	ide: 10' Corner: 20'	
PROPOSED USE:		-
Multi-Family Dwelling No. Units: f	No. Bedrooms/Unit:	
		oyees: <u>2</u> Hours of Operation: <u>M-S 10a-6p</u> s: Hours of Operation:
Industry Sq. Ft: Type:	# Employees	s: Hours of Operation:
Church Seating Capacity:	# Bathrooms:	Kitchen:
Accessory/Addition/Other (Sizex) Use:		
Water Supply: X County Existing Well Sewage Supply: X New Septic Tank Expansion Complete Environmental Health Checklist Comments: Temporary sales office	(Need to Complete New Well Application RelocationExisting Septic Tank) *Must have operable water before final n at the same time as New Tank) k _x County Sewer
If permits are granted I agree to conform to all ordinances a		
	itally signed by Pollock, Erin te: 2025.03.13 14:56:27 -04'00'	3/13/2025
Signature of Owner or O		Date
	s 6 months from the initial date if perm CHASE) AND PLAT ARE REQUIRED WHEN	

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.



This application expires 6 months from the initial date if permits have not been issued APPLICATION CONTINUES ON BACK

This application expires 6 months from the initial date if permits have not been issued

This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration

Environmental Health New Septic System

- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded. Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible) and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

{ } Innovative

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

{ } Any

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. ✓ Conventional

{}}		Accepted		
			1.12	

{ } Other { } Alternative

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:

{}YES	V NO	Does the site contain any Jurisdictional Wetlands?
{}YES	VNO	Do you plan to have an irrigation system now or in the future?
{ <u>}</u> YES	V NO	Does or will the building contain any drains? Please explain
V ES	{} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?
{}}YES	V NO	Is any wastewater going to be generated on the site other than domestic sewage?
{}}YES	V NO	Is the site subject to approval by any other Public Agency?
V YES	{}} NO	Are there any Easements or Right of Ways on this property?
✓ YES	{} NO	Does the site contain any existing water, cable, phone or underground electric lines?
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/27/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER	CONTA NAME:	. <mark>ст</mark> Jamie Tay					
Los Angeles-Alliant Insurance Services, Inc. 333 S Hope St Ste 3750		 o, Ext):		FAX (A/C, No):			
Los Angeles CA 90071	É-MAIL ADDRE	ss: Jamie.Ta	ylor@alliant.c	com			
		INSURER(S) AFFORDING COVERAGE				NAIC #	
		ER A : Starr Ind	emnity & Liat	pility Co		38318	
INSURED KBHOME0-01 KB Home Raleigh Durham Inc.		INSURER B : Old Republic Insurance Company				24147	
1800 Perimeter Park Drive, Suite 140	INSURE	INSURER C : Lloyd's Syndicate 1225 (Aegis				0	
Morrisville, NC 27560	INSURE						
	INSURE						
	INSURE	ER F :		REVISION NUMBER:			
COVERAGES CERTIFICATE NUMBE THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS							
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SH	OR CONDITION OF AN RANCE AFFORDED BY	Y CONTRACT THE POLICIE	OR OTHER D	DOCUMENT WITH RESPEC	т то \	WHICH THIS	
INSR ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
B X COMMERCIAL GENERAL LIABILITY MWZY 31		3/1/2025	3/1/2026	EACH OCCURRENCE	\$ 1,000	,000	
CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,0	00	
				MED EXP (Any one person)	\$ 5,000		
				PERSONAL & ADV INJURY	\$ 1,000	,000	
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$2,000	,000	
X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$2,000	,000	
OTHER:					\$		
				COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO				BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS HIRED NON-OWNED				BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
				(Per accident)	\$		
C UMBRELLA LIAB X OCCUR B1881S25	0033	3/1/2025	3/1/2026		\$	0.000	
C B1881S25		3/1/2025 3/1/2025	3/1/2026 3/1/2026	EACH OCCURRENCE	\$ 10,00		
				AGGREGATE	\$ 10,00	0,000	
A WORKERS COMPENSATION 1000018	36	8/31/2024	8/31/2025	X PER OTH- STATUTE ER	\$		
				E.L. EACH ACCIDENT	\$ 1,000	.000	
OFFICER/MEMBEREXCLUDED?				E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below					\$ 1,000		
					,,	, -	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Insurer: Lloyd's Syndicate 1225 (Aegis) - NAIC #AA-1127225. SIR applies to Excess coverage per policy terms & conditions.							
LECTIFICATE HOLDER	CAN	CELLATION					
Harnett County 108 E. Front St.	THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
PO Box 65		RIZED REPRESE					
Lillington NC 27546	Va	Val & Mats.					
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