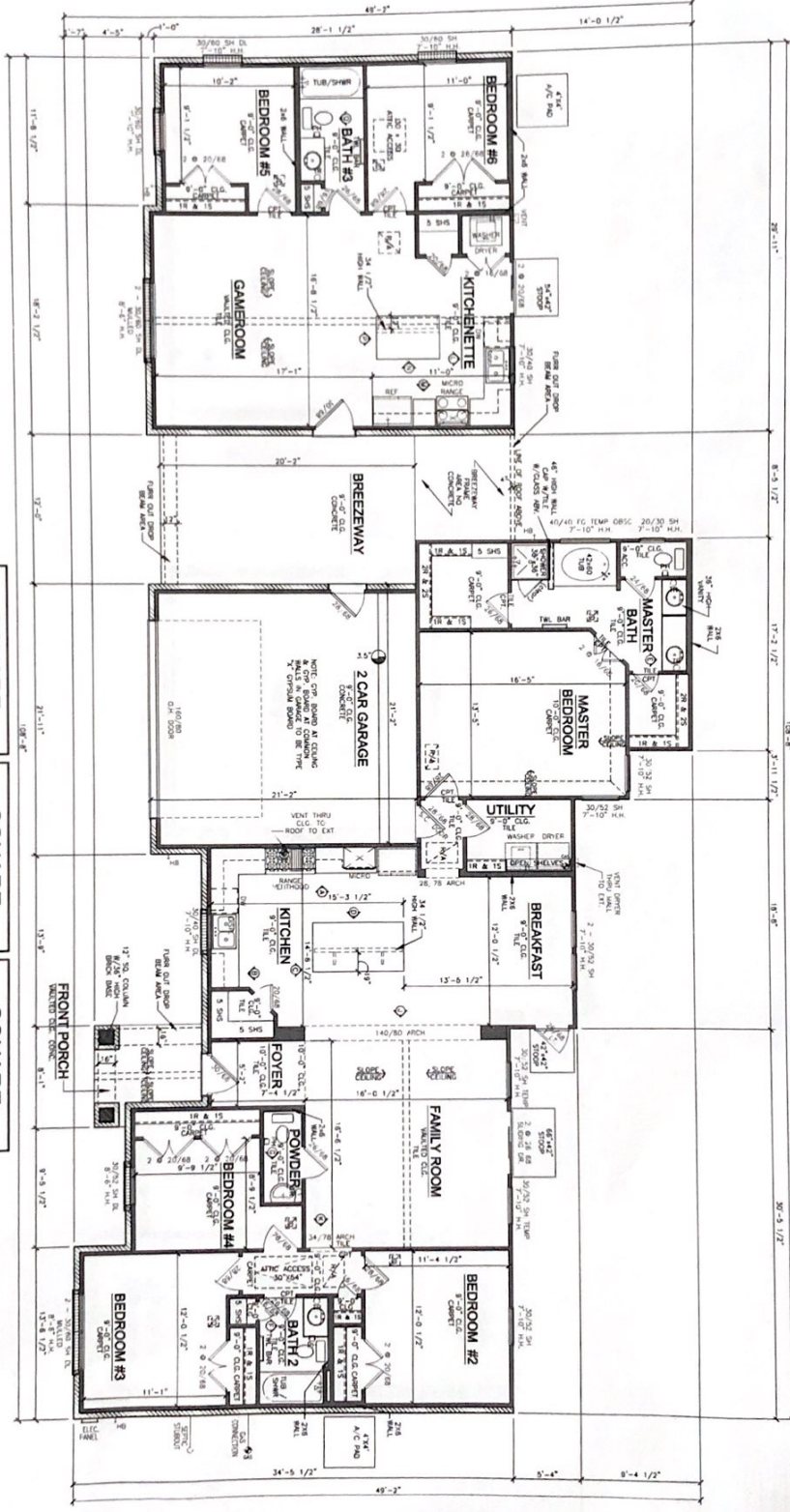


FLOOR PLAN
 THIS IS A NATURAL GAS HOME. CASTIA TO BE ALL ELECTRIC
 CRAFTSMAN FEATURE LEVEL
 PROVIDE (2) SHORT (48" X 22") 50 GAL. ELECTRIC WATER HEATER
 ROUNDED SHEETROCK CORNERS, EXCEPT AT WINDOWS
 INLAND II WINDSTORM



SQUARE FOOTAGES	
MAIN HOUSE LIVING	1889
CASTIA LIVING	860
TOTAL LIVING	2748

SQUARE FOOTAGES	
FRONT PORCH	56
GARAGE	451
BREEZEWAY FRAME	254
BREEZEWAY	67
TOTAL NON-LIVING	828

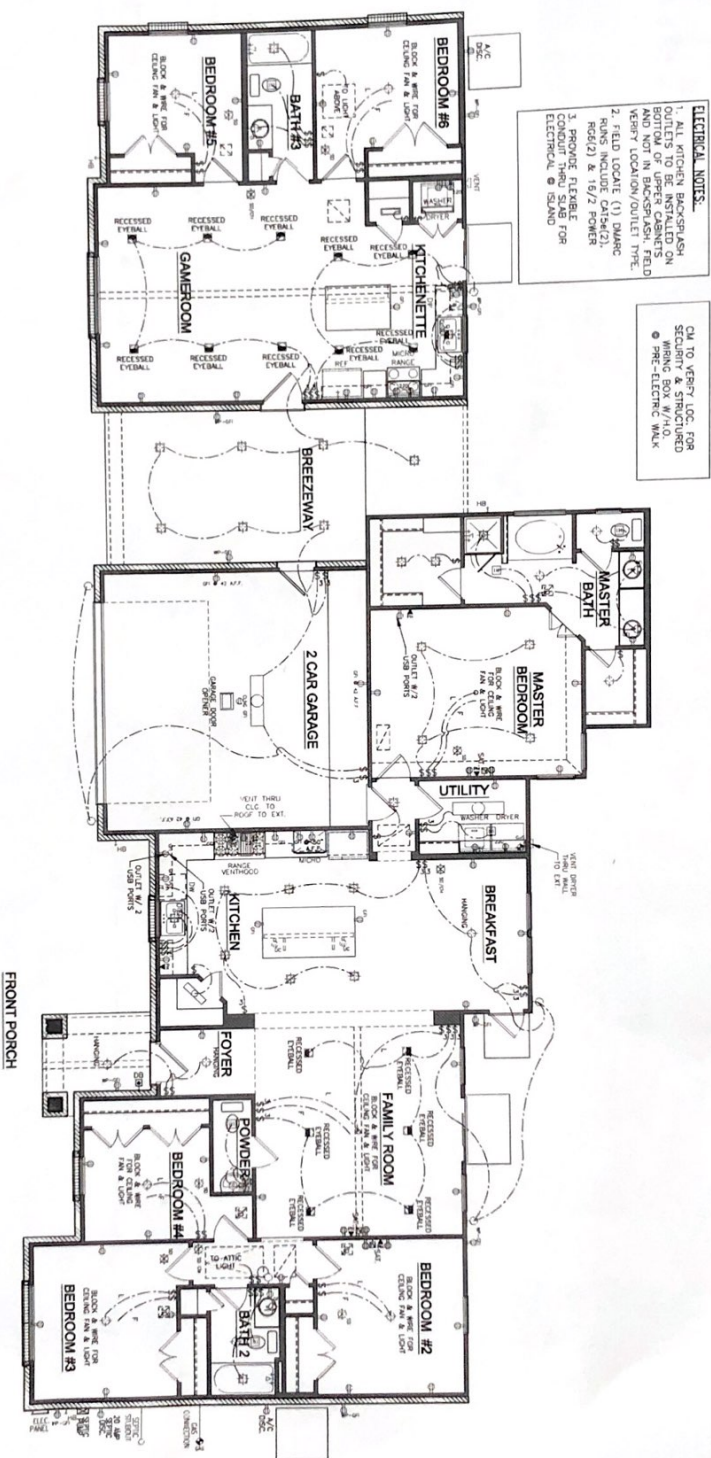
SQUARE FOOTAGES	
FRONT PORCH	56
TOTAL FRAME	3576
TOTAL SLAB	3509
LIVING MASONRY	79
EDGE	79

Homeowner's Name: Mike Henry
 Homeowner's Signature of Approval: _____
 Date: _____
 Designer: _____
 Designer's Signature: _____
 Date: _____
 Scale: 1/8" = 1'-0"
 Sheet Number: 3 of 11
 Floor Plan

DESIGN TECH HOMES
 CUSTOM BUILDER

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ELECTRICAL PLAN
 THIS IS A NATURAL GAS HOME. CASTA TO BE ALL ELECTRIC
 CRAFTSMAN FEATURE LEVEL
 PROVIDE (2) SHORT (48" X 22") 50 GAL. ELECTRIC WATER HEATER
 ROUNDED SHEETROCK CORNERS, EXCEPT AT WINDOWS
 INLAND II WINDSTORM

Homeowner's Name: Mike Henry
 Homeowner's Signature of Approval: _____
 Date: _____
 Designer's Name: Pat Connor
 Designer's Signature of Approval: _____
 Date: _____
 Preliminary Plan

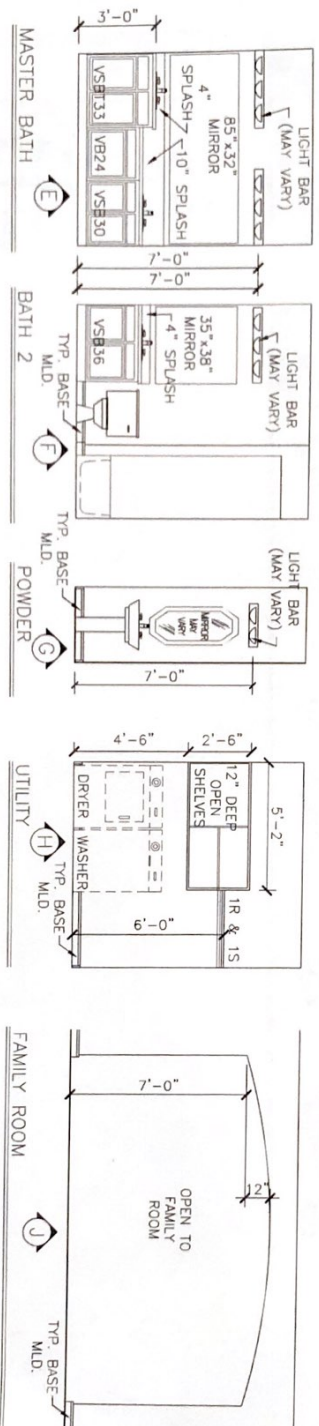
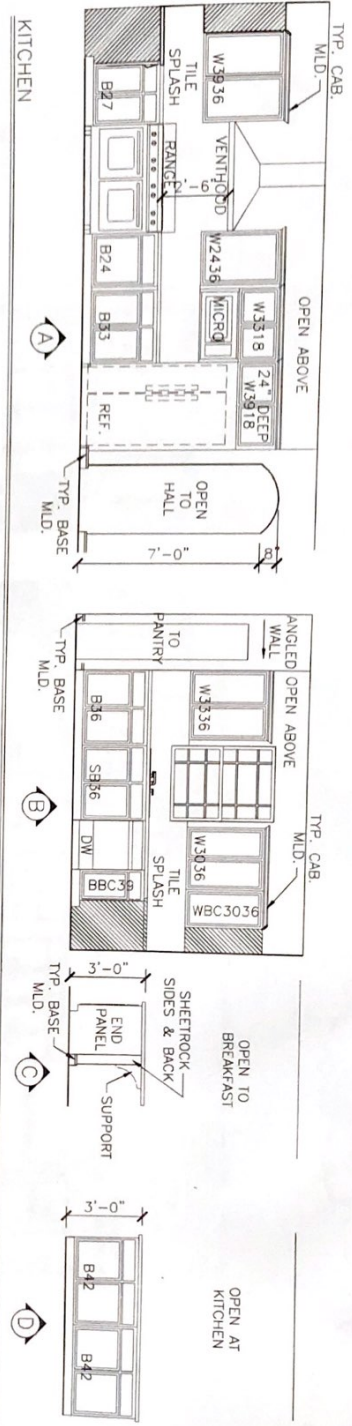
DESIGN TECH HOMES

CUSTOM BUILDER

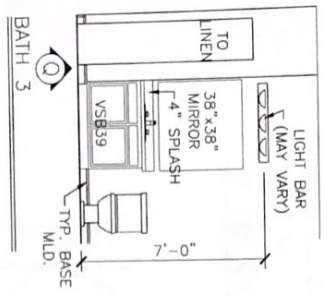
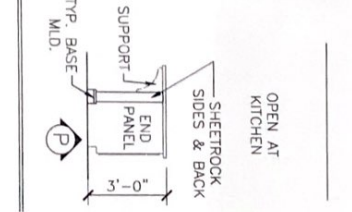
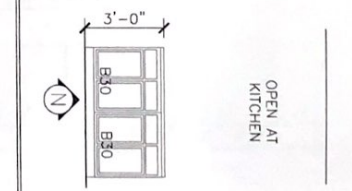
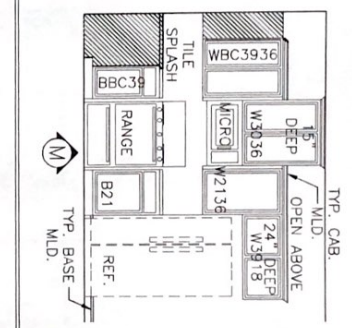
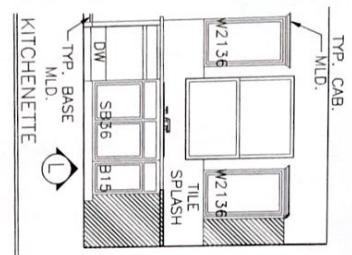
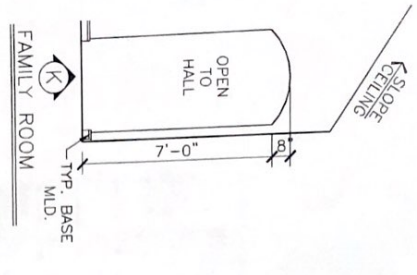
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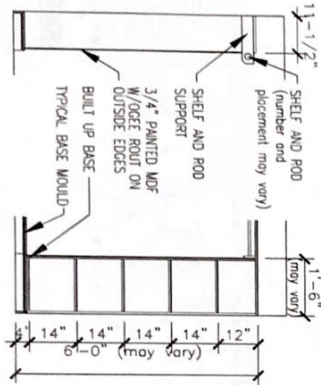


DESIGN TECH HOMES CUSTOM BUILDER		Bastrop Houston San Antonio www.dth.com	REVISIONS 1 2 3 4 5 6 7 8 9 10
Homeowner's Name: Mike Henry Homeowner's Signature of Approval: _____ Date: _____ Sales Consultant's Name: Pat Connor Sales Consultant's Signature of Approval: _____ Date: _____ Preliminary Plan			
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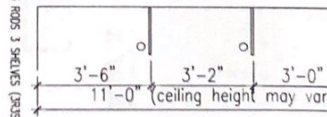
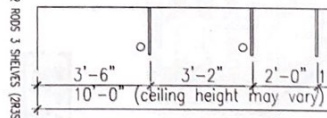
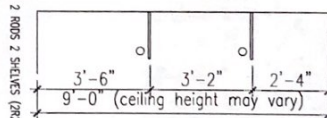
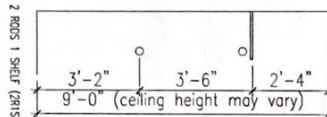
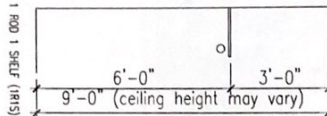
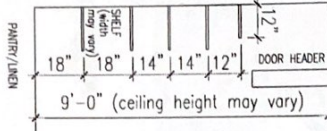


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Homeowner's Name: Mike Henry Homeowner's Signature of Approval: _____ Date: 11/28/2017 Sales Consultant's Name: Pat Connor Sales Consultant's Signature of Approval: _____ Date: 11/28/2017 Title: SALES CONSULTANT License Number: 1111111111 License Expiration:																													
Preliminary Plan THIS PLAN IS PROTECTED UNDER THE FEDERAL COPYRIGHT ACT BY DESIGN TECH HOMES LLP. THE USE OR REPRODUCTION OF THIS PLAN MAY BE AN INFRINGEMENT OF THE FEDERAL COPYRIGHT ACT.																													

MASTER CLOSET



TYPICAL SHELF/CLOSET HANG HEIGHTS



NOTE:
3/8\"/>

Checked By: BECD	Homeowner's Name: Mike Henry
Drawn By: JMS	Homeowner's Signature of Approval:
Date: 11/20/2011	Bale's Consultant's Name: Pat Connor
Sheet Number: 2 of 11	Bale's Consultant's Signature of Approval:
Project Name: 1101	
Project Address:	
Project City:	
Project State:	
Project Zip:	
Project Phone:	
Project Email:	
Project Website:	
Project Other:	

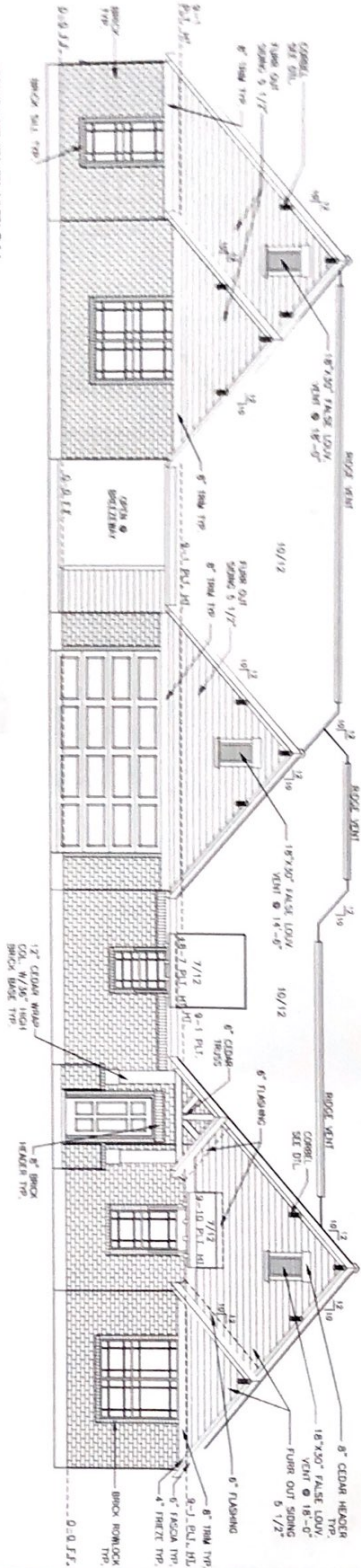
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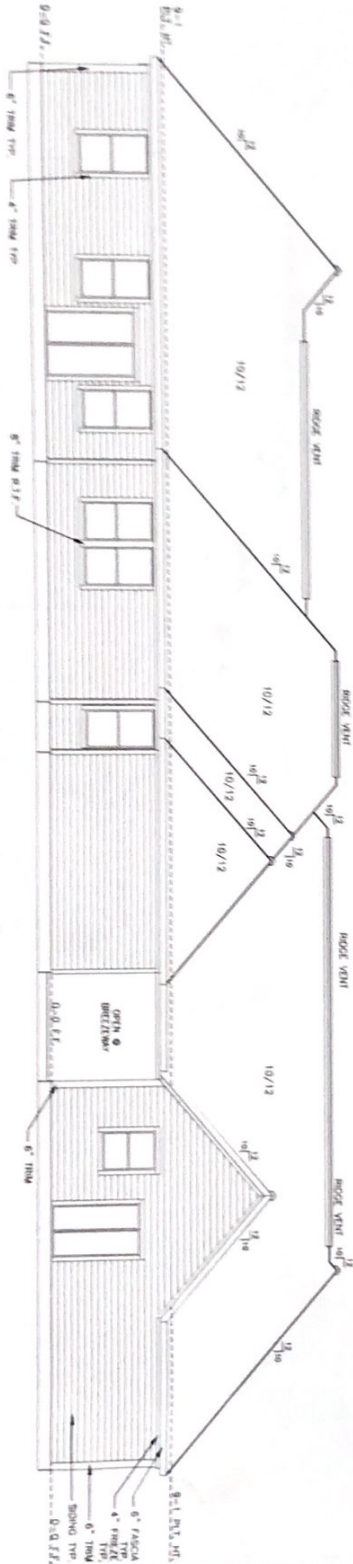
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FRONT ELEVATION



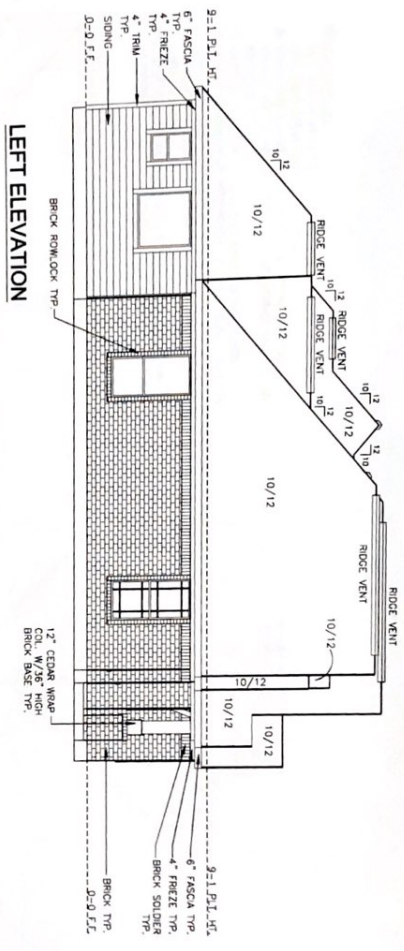
NOTE: SEE JOINT GLEAN CORNERS ON ALL INSIDE WINDOW CORNERS

REAR ELEVATION

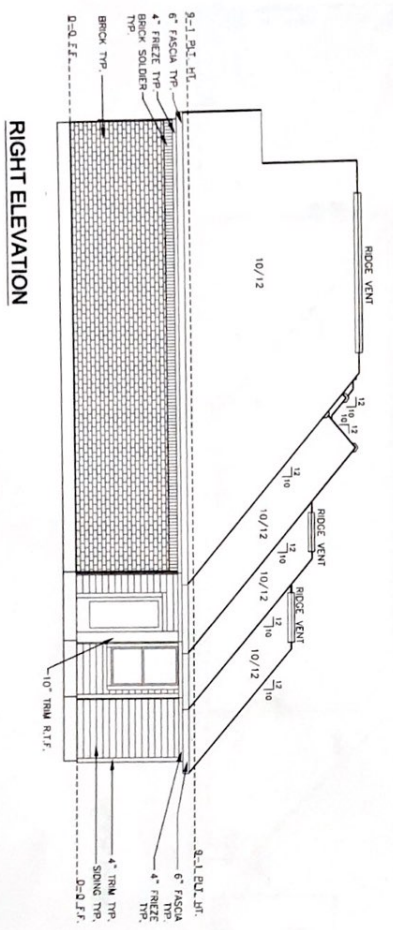


<p>DESIGN TECH HOMES CUSTOM BUILDER</p>		<p>Bastrop Houston San Antonio www.dth.com</p>		<p>ENGINEER</p>
<p>Contractor's Name: Mike Henry Contractor's Signature of Approval: _____ Builder's Commission Number: 2288 Builder's Commission's Name: Pat Connor Builder's Commission's Signature of Approval: _____</p> <p>Preliminary Plan</p>		<p>Scale: 1/8" = 1'-0" Date: 05/11/11 Sheet: 001 of 11</p>		

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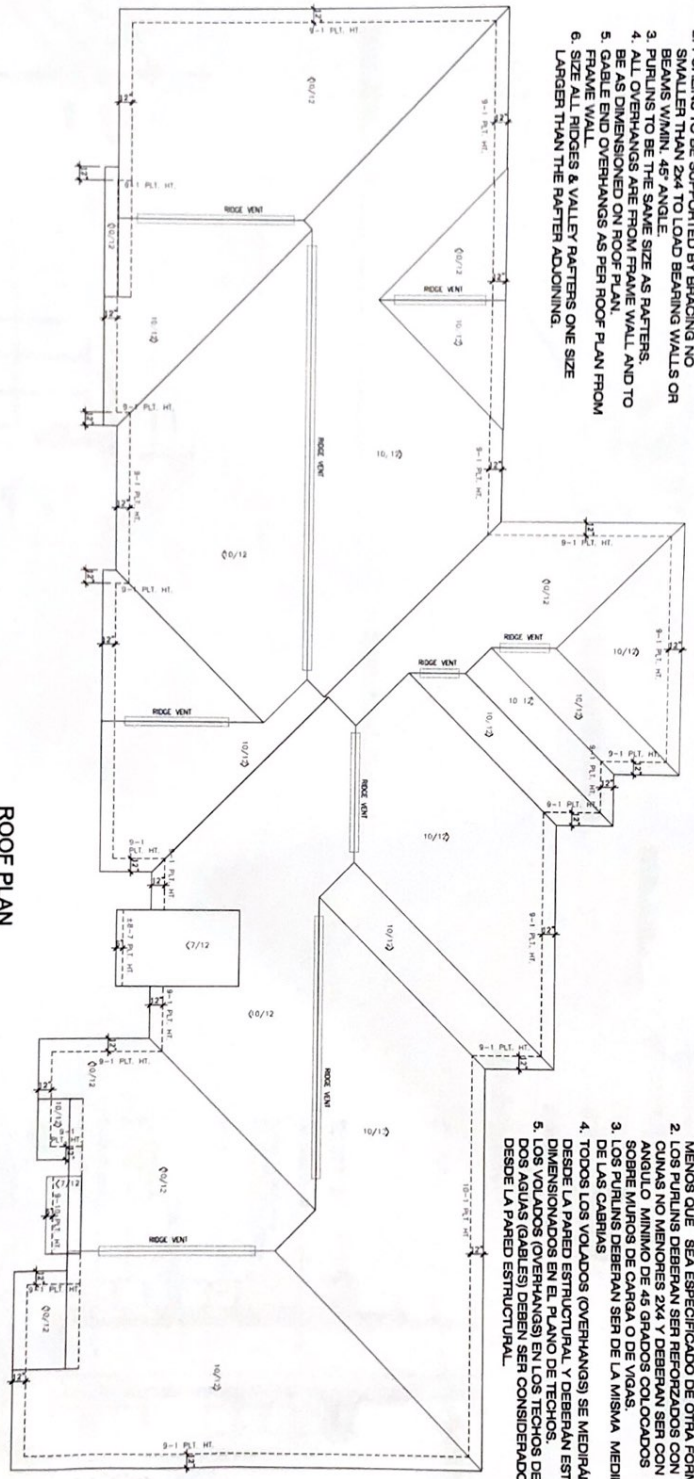


NOTE: S.P. JOINT (CLEAN CORNER) ON ALL INSIDE MASONRY CORNERS



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- ROOF NOTES:**
- 1. ALL RIDGES TO BE #2 S.Y.P. 2x6's @ 19.2" O.C.
 - 2. UNLESS OTHERWISE NOTED, SMALLER TRUSSES SUPPORTED BY BRACING NO BEAMS WITHIN 42" TO LOAD BEARING WALLS OR FRAMING.
 - 3. PURLINS TO BE THE SAME SIZE AS RAFTERS.
 - 4. ALL OVERHANGS ARE FROM FRAME WALL AND TO BE AS DIMENSIONED ON ROOF PLAN AND TO FRAME WALL.
 - 5. GABLE END OVERHANGS AS PER ROOF PLAN FROM FRAME WALL.
 - 6. SIZE ALL RIDGES & VALLEY RAFTERS ONE SIZE LARGER THAN THE RAFTER ADJOINING.



ROOF PLAN

- ROOF NOTES:**
- 1. TODA LA MADERA DEBERIA SER DEL #2 S.Y.P. DE 2x6 Y A CADA 19.2" DE CENTRO A CENTRO A MENOS QUE SEA ESPECIFICADO DE OTRA FORMA.
 - 2. LOS PURLINS DEBERAN SER REFORZADOS CON CUNAS NO MENORES 2x4 Y DEBERAN SER CON UN ANGULO MINIMO DE 45 GRADOS COLOCADOS EN EL PUNTO DE CONTACTO DE LAS CUNAS DE LAS CARRIAS.
 - 3. LOS PURLINS DEBERAN SER DE LA MISMA MEDIDA DE LAS CARRIAS.
 - 4. TODOS LOS VOLADOS (OVERHANGS) SE MEDIRAN DESDE LA PARED ESTRUCTURAL DEBERAN ESTAR DIMENSIONADOS EN EL PLANO DE LOS TECHOS EN LOS VOLADOS (OVERHANGS) EN LOS TECHOS DE LOS AGUAS (GABLES) DEBEN SER CONSIDERADOS DESDE LA PARED ESTRUCTURAL.

Homeowner's Name: Mike Henry
 Homeowner's Signature of Approval: _____
 Sales Consultant's Name: Pat Connor
 Sales Consultant's Signature of Approval: _____

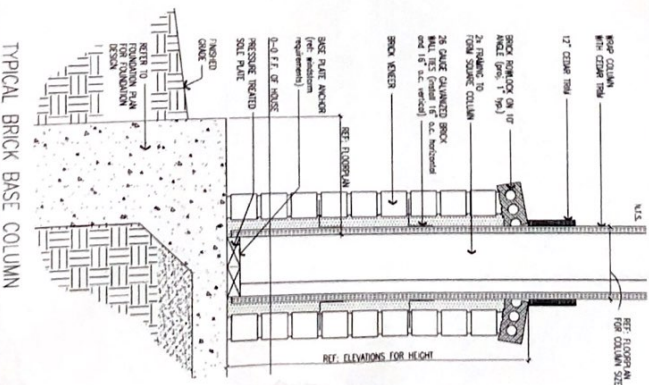
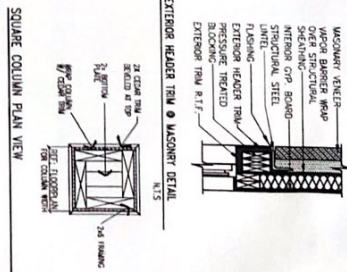
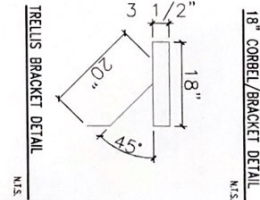
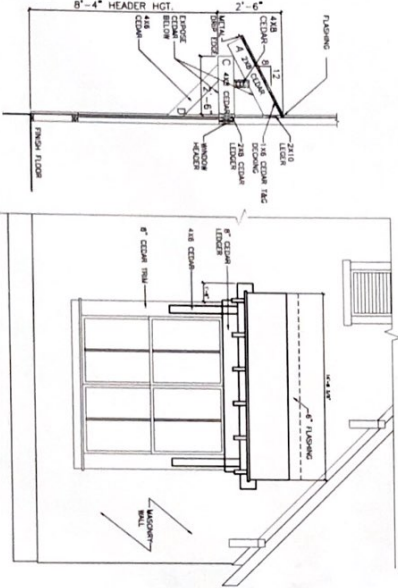
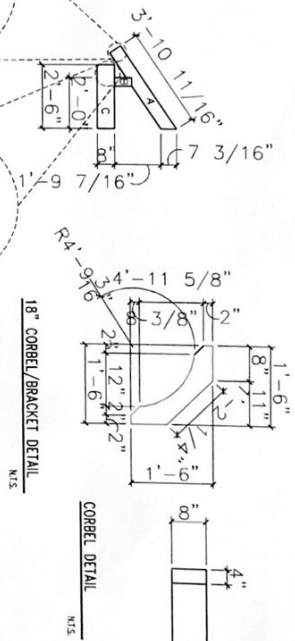
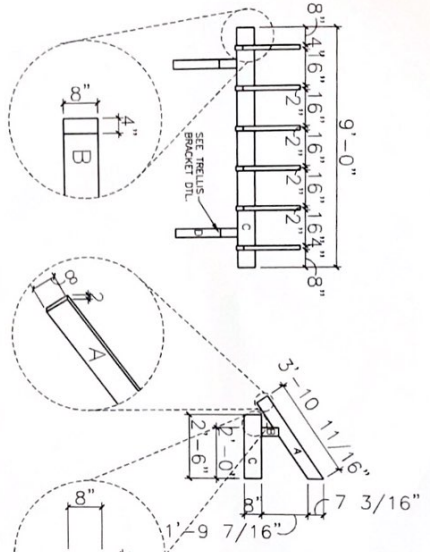
Preliminary Plan

Contract No.	11/02/2017
DATE	11/02/2017
SCALE	1/8" = 1'-0"
Drawn By	Pat Connor
Checked By	Pat Connor
Project Name	Roof Plan

DESIGN TECH HOMES
 CUSTOM BUILDER

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Homeowner's Name: Mike Henry
 Homeowner's Signature of Approval: [Signature]
 Designer's Name: Pat Connor
 Designer's Signature of Approval: [Signature]

Project Name: [Blank]
 Date: 1/26/2011
 Scale: 1/8" = 1'-0"
 Drawing No.: [Blank]

DESIGN TECH HOMES

CUSTOM BUILDER

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ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Michael Henry Job#10-57853-17				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2911 FM 1462				Company NAIC Number:	
City Rosharon		State TX		ZIP Code 77583	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1 Block 1, Suncreek Ranch Section 2					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) N/A					
A5. Latitude/Longitude: Lat. 29 21' 07.3 Long. 95 30' 36.4 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number N/A					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Brazoria County Unincorp 485458			B2. County Name Brazoria		B3. State TX
B4. Map/Panel Number 48039C 0235	B5. Suffix H	B6. FIRM Index Date 6-5-89	B7. FIRM Panel Effective/ Revised Date 6-5-89	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 49.0' / 1.5' Depth
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other/Source: NGVD 1929/78 ADJ.					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

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A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) N/A					
A5. Latitude/Longitude: Lat. 29 21' 07.3 Long. 95 30' 36.4 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983					
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A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					