IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202900

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

PIN # 4624-26-7952

APPLICANT/OWNER: MICHAEL CAVINESS APPLICANT ADDRESS: 180 BONITA DR. GREENSBORO

SITE ADDRESS: 116 BUNKER WAY MOORESVILLE PHONE: 336-508-2379 ALT. PHONE

SITE DIRECTIONS: BSR, TR BUNKER, ON R SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: THE POINT on NORMAN SECTION: 10 LOT # 1003 LOT AREA: .593 AC DESIGN FLOW: 600 L.T.A.R.: .25

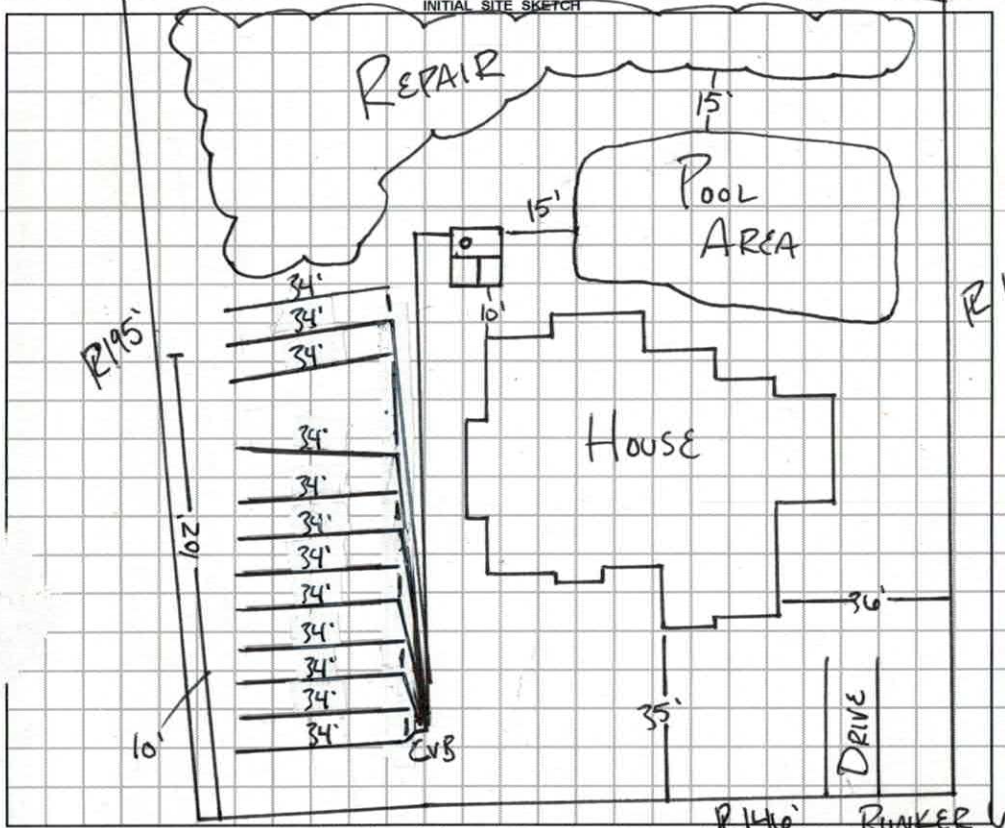
Septic Tank	1500	(gal)	STB	338	Date	4/26/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1500	(gal)	PT	477	Date	5/10/18	System Description:			LP- PANEL BLOCK	
Pump Make			Model	3/4 HP Orenco	Serial #	—	Repair System Description:			SAME	
# Nitrification Fields	1		# Lines	12	Linear Ft	408'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"		Trench Bottom Depth(Low side)		36"		Gravel Depth	—		☐ GRAVITY	☒ PRESSURE

☒ Residence	No. Bedrooms	5	Water Supply
☐ Business	No. Persons	10	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions:

HOOK LINES TOGETHER AS SHOWN
KEEP LINES 15' SIDE SLOPE OF HOUSE
KEEP SUPPLY LINE 10' SIDE SLOPE OF HOUSE

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

6/19/18 : Top Seam 1500 Gal S.T Dellinger (no filter)
Top Seam 1500 Gal P.T Dellinger (needs filter)

12 lines (8 panels each) installed @ 36" TB. in location as permitted.

7/9/18 Orenco Float trees OK.
Breakers (individual) OK.
Pressure set within 10% of 2' for each line
Floats OK
Alarm OK

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Richard Henry 5-26-17 Date: Installed by: Brad Russell

IMPROVEMENT PERMIT by: BA Date: APPROVED MAY 23 2017 OPERATION PERMIT by: Date: 7/9/18

AUTHORIZATION TO CONSTRUCT by: BA Date: 6-6-17 Existing System Inspected by: Date:

	Date	Initials
Drain Lines Checked	6/19/18	SA
Tanks Checked	6/19/18	SA
Pressure Manifold or Valve Box Checked	7/9/18	SA
Pressure Head Set	7/9/18	SA
Electrical Checked	7/9/18	
Floats Set	7/9/18	
Alarm Checked	7/9/18	
Maintenance Contract Y / N	7/9/18	↓
Comments:		

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

Sheet 1 of ___
PROPERTY ID #:
COUNTY:

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

OWNER: TIMOTHY SNYDER
ADDRESS:
APPLICATION DATE: 3-9-18
DATE EVALUATED:
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600
PROPERTY SIZE: .593AC
LOCATION OF SITE:
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☑ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 4%	0-6	GR SL	FrSSSPSEXP	—	48"	—	—	PS 0.275
		6-25	MABK C	FiSSSPSEXP	YR		—	—	
		25-43	MSBK C	FiSSSPSEXP	R		—	—	
		43-48	WSBK CL	FrSSSPSEXP	R		—	—	
2	LS 4%	0-6	GR SL	FrSSSPSEXP		52"	—	—	PS 0.275
		6-23	MSBK C	FiSSSPSEXP	R		—	—	
		23-48	WSBK C	FiSSSPSEXP	R		—	—	
		48-52	WSBK CL	FrSSSPSEXP	R		—	—	
3	LS 5%	0-4	GR SL	FrSSSPSEXP		48"	—	—	PS 0.275
		4-23	MSBK C	FiSSSPSEXP			—	—	
		23-38	WSBK C	FiSSSPSEXP			—	—	
		38-48	WSBK CL	FrSSSPSEXP			—	—	
4	LS	0-6	GR SL	FrSSSPSEXP		48"	—	—	PS 0.275
		6-32	STR.SBK C	FiSSSPSEXP	Few YB		—	—	
		32-48	WSBK C	FiSSSPSEXP			—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Y	Y
System Type(s)	LP-PANEL	LP-PANEL
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: BA
OTHER(S) PRESENT:

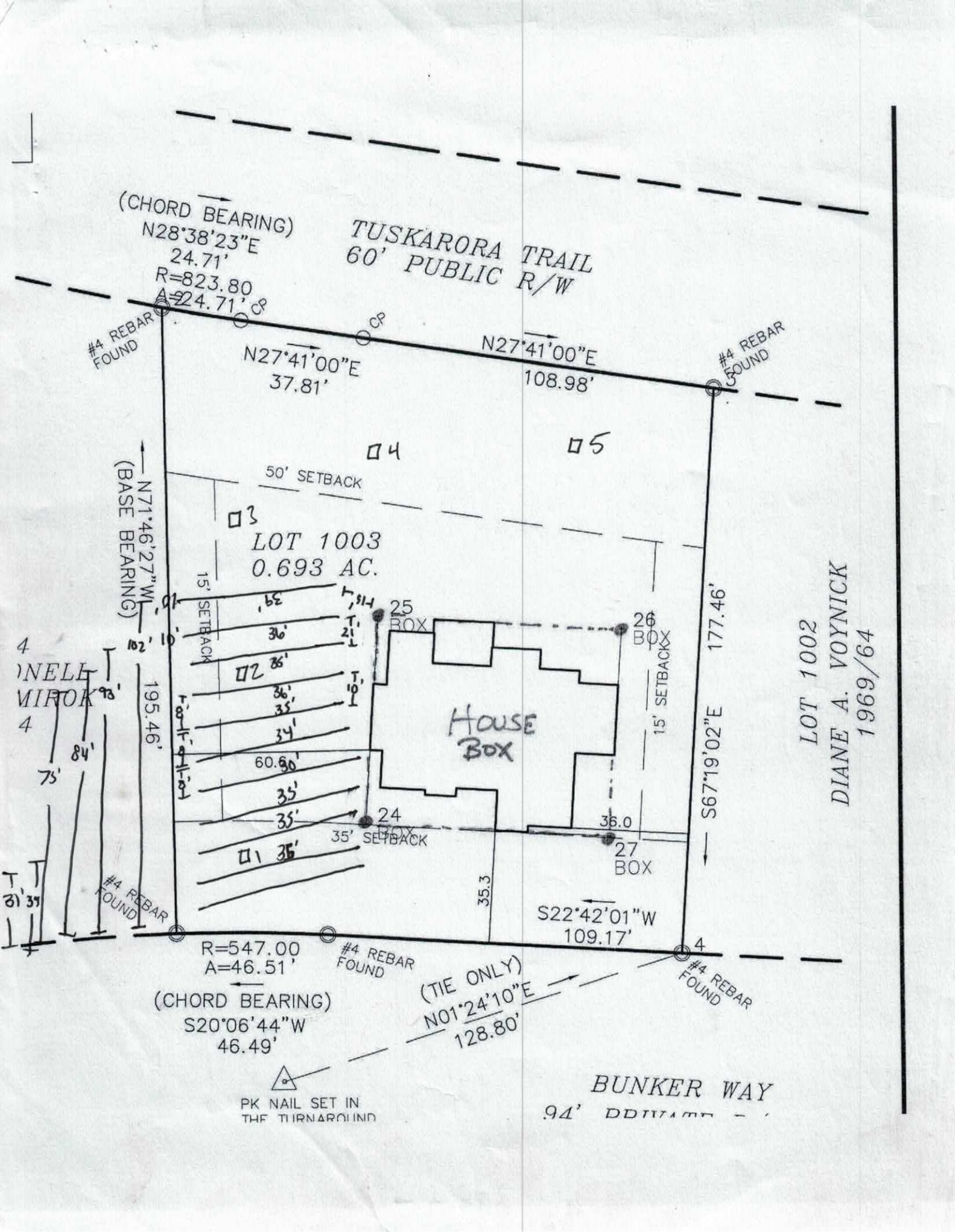
COMMENTS:

PS

0.25 — 53"

Fr SSSPS EXP GR LS 0-16"
YB manuk Fr SSSPS EXP MSBK SCL 16-32" LS
Fi SSSPS EXP MABK C 32-44"
Fi SSSPS EXP WSBK C 44-53" 21.

ABI 0-29 CMSBK Y/BRC 0-
Water Pump
W Hose 27"


TUSKARORA TRAIL
60' PUBLIC R/W
(CHORD BEARING)
N28°38'23"E
24.71'
R=823.80
A=24.71'
CP
CP
#4 REBAR FOUND
N27°41'00"E
37.81'
N27°41'00"E
108.98'
#4 REBAR FOUND
04
05
50' SETBACK
03
LOT 1003
0.693 AC.
N71°46'27"W
(BASE BEARING)
195.46'
15' SETBACK
25
BOX
26
BOX
15' SETBACK
177.46'
S67°19'02"E
LOT 1002
DIANE A. VOYNICK
1969/64
HOUSE
BOX
02
01
24
BOX
35' SETBACK
27
BOX
36.0
35.3
S22°42'01"W
109.17'
#4 REBAR FOUND
R=547.00
A=46.51'
(CHORD BEARING)
S20°06'44"W
46.49'
#4 REBAR FOUND
(TIE ONLY)
N01°24'10"E
128.80'
#4 REBAR FOUND
PK NAIL SET IN
THE TURNAROUND
BUNKER WAY

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4624267952
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Point Blank Investments LLC
ADDRESS: 147 Union Chapel Rd
APPLICATION DATE 4-23-14
DATE EVALUATED:
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.593 AC
LOCATION OF SITE: 116 Bunker Way, Point 1003
PROPERTY RECORDED: 12/16/2009
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 3%	0-6	Br SL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		6-27	R C SBK	FR SS SP					
		27-48	R CL WSBK	FR SS SP					
2	LS 5%	0-4	Br SL WSBK	FR SS SP	Few Br mottles	48"	N/A	N/A	PS 0.3
		4-28	R C SBK	FR SS SP					
		28-48	R CL WSBK	FR SS SP	No mottles				
3	LS 5%	0-6	BrR SCL WSBK	FR SS SP	N/A	48"	Few SAP @ 40"	N/A	PS 0.3
		6-26	R C SBK	FR SS SP					
		26-48	R CL WSBK	FR SS SP					
4	LS 3%	0-5	Br SL WSBK	FR SS SP	N/A	48"	N/A	N/A	PS 0.3
		5-32	R C SBK	FR SS SP					
		32-48	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	810 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: M A & Associates
OTHER(S) PRESENT:

APPROVED APR 25 2014 AzP

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

1. **APPLICATION FOR:** ___Improvement Permit ✓Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

STEVE WATERS	236 TUSKAROKA TRAIL		704-746-4531
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
MICHAEL CAVINESS	100 BONITA DR. GREENSBORO	336-508-2379	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

116 BUNKER WAY	THE POINT	10 - 1003
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: BRAWLEY WEST TO BUNKER WAY ON RT. THEN RT. ONTO BUNKER WAY - JOB ON RT.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other LP-PANEL BLOCK

8. **Please Answer The Following To The Best of Your Ability:** ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** _____ 6-1-2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Paid $880.00 5-26-17

RECEIVED MAR 9 - 2017

Paid $320.00 Int. Redraw # 202900

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For: Intermediate
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) New Well Permit ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

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

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

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

Applicant Information:

Applicant Name: Michael Caviness **Address:** 180 Bonita Dr. Greensboro NC 27401 * 336-508-2374 **Phone:** 336-508-2379

Owner Name: Timothy + Dawn Snyder **Address:** _____ **Phone:** _____

Property Information:

Street Address: 116 Bunker Way Mooresville NC 28117

Subdivision Name: Sconset Village at The Point **Section/Phase:** 10 **Lot Number:** 1003

Driving Directions: Brawley School Rd - Approximately 2 miles past the Circle at Trump Golf Club
Right on Bunker Way

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

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

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Michael Caviness
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/09/2017
DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Timothy Snyder & Dan Snyder am the legal owner(s) of the property located at The Point, identified as PIN (Parcel Identification Number) Lot 1003 via Bankston Way, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Terry Realty, Michael Caviness, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

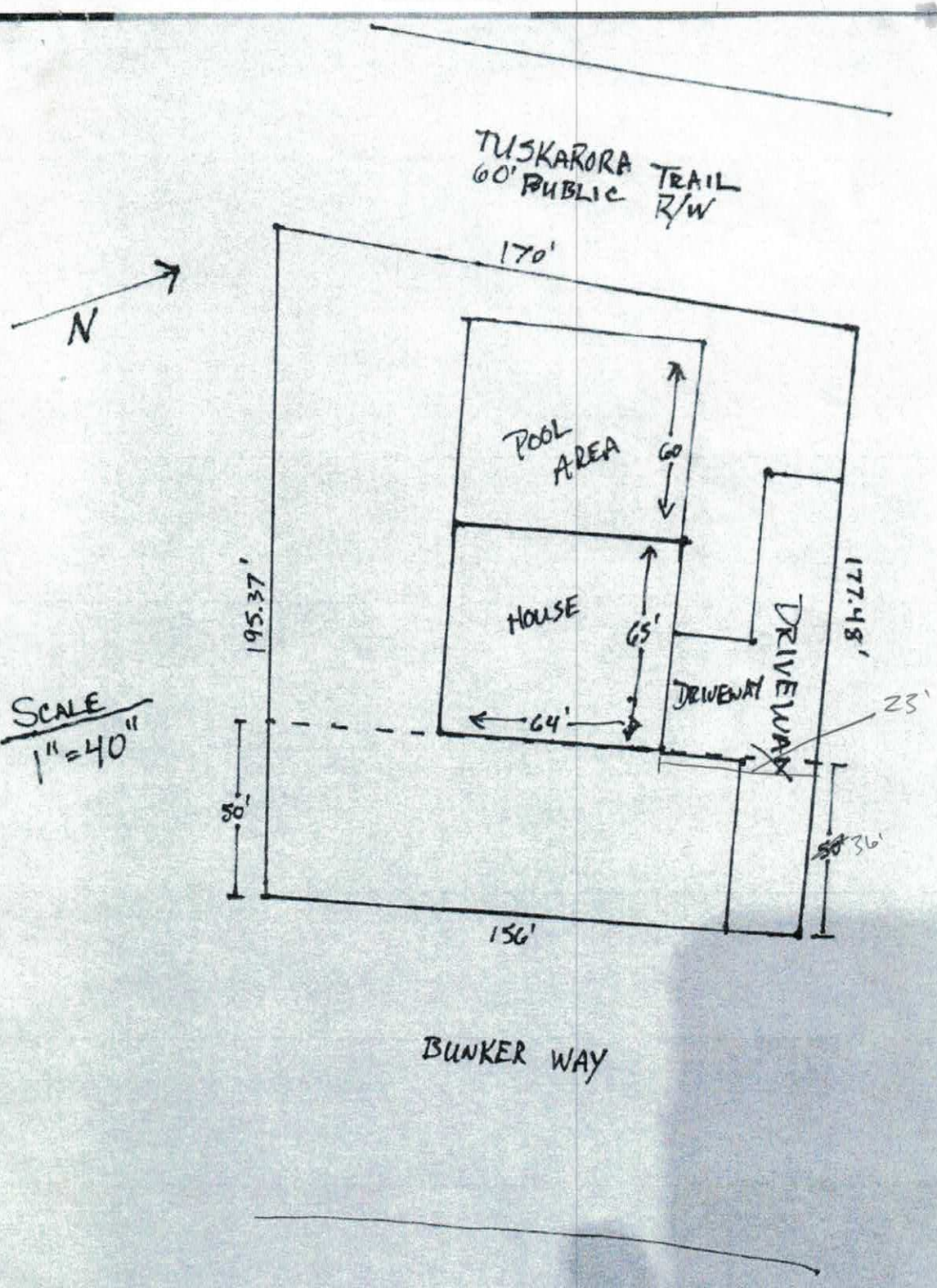
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	3/3/17		3/3/17

Please return this signed form to the appropriate office:

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

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


TUSKARORA TRAIL
60' PUBLIC R/W
170'
N
POOL AREA
60'
HOUSE
65'
64'
DRIVEWAY
DRIVEWAY
23'
177.48'
195.37'
50'
50'
36'
156'
SCALE
1" = 40"
BUNKER WAY

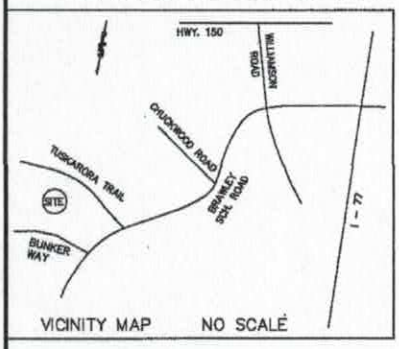
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2041, page 2051, and/or plat book 46, page 146, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.
my hand and seal on the 2, day of JUNE, A.D. 20 17

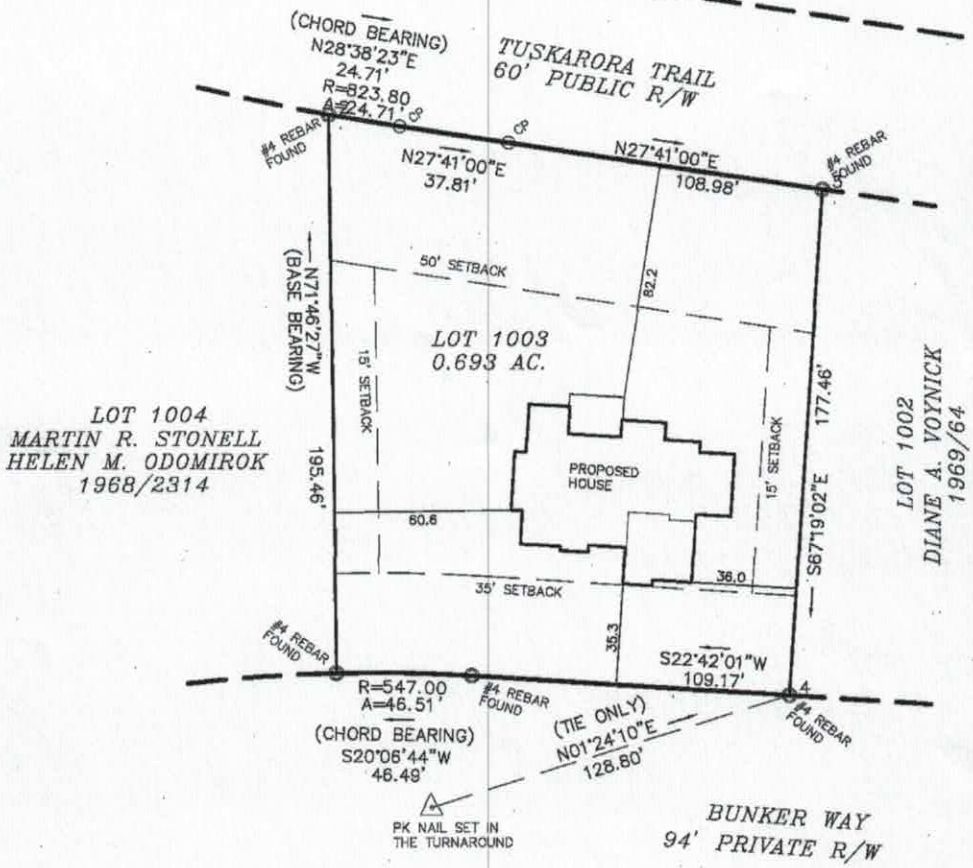
NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. ALLEN, PLS

PB. 46 PG. 146



VICINITY MAP NO SCALE



0' 25' 50' 100'
SCALE IN FEET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
□ = DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
PDE = PUBLIC DRAINAGE EASEMENT

PLOT PLAN SURVEY

OF
116 BUNKER WAY
LOT 1003 THE POINT, PH. 10, MAP 1

SCALE 1" = 50'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: MICHAEL CAVINESS

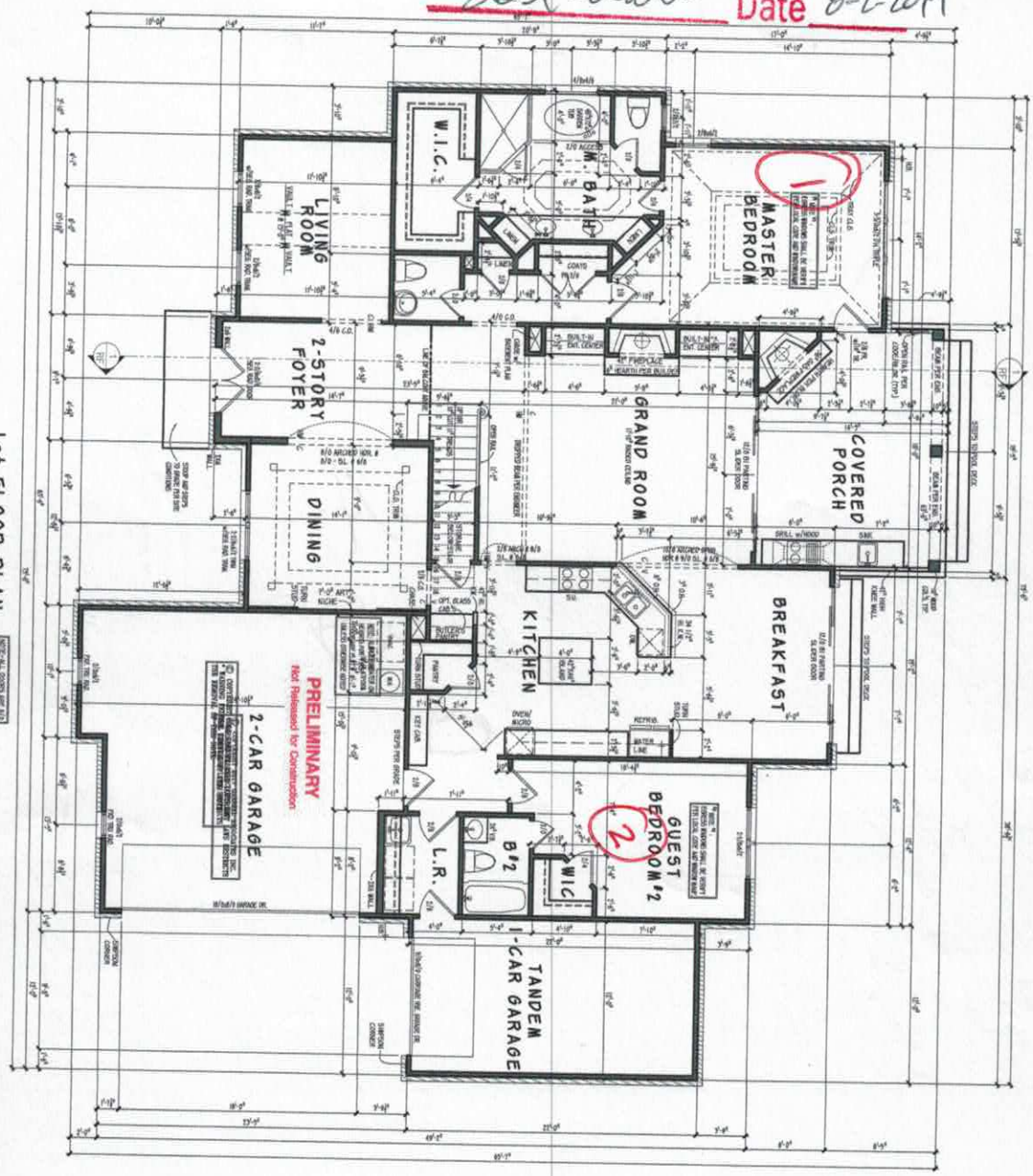
FIELD BOOK:
FILE: POINT LOT 1003
DC FILE:
TAX MAP NO: 4624267952

Acknowledgement Of
Plans Submittal ONLY!

Date APPROVED JUN 0 7 2017

Date 8-2-2017

FINAL REVIEW APPROVED



1st FLOOR PLAN

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

NOTE: ALL DOORS ARE 6'8" HIGH FLOOR TO FLOOR LEVEL.

SQUARE FOOTAGES			

GENERAL NOTES

REV. NO.	REV. DATE/INIT.

CHATEAU LE MONT

1st FLOOR PLAN

05/01/17

GARRELL ASSOCIATES INC.

790 PEACHTREE IND. BLVD.
SUITE 200, DUNWOODY, GA 30004
PHONE (770) 814-3030
WWW.GARRELLASSOCIATES.COM

Lic. To:-MICHAEL CAVINESS

17063 DRAWN BY: NS

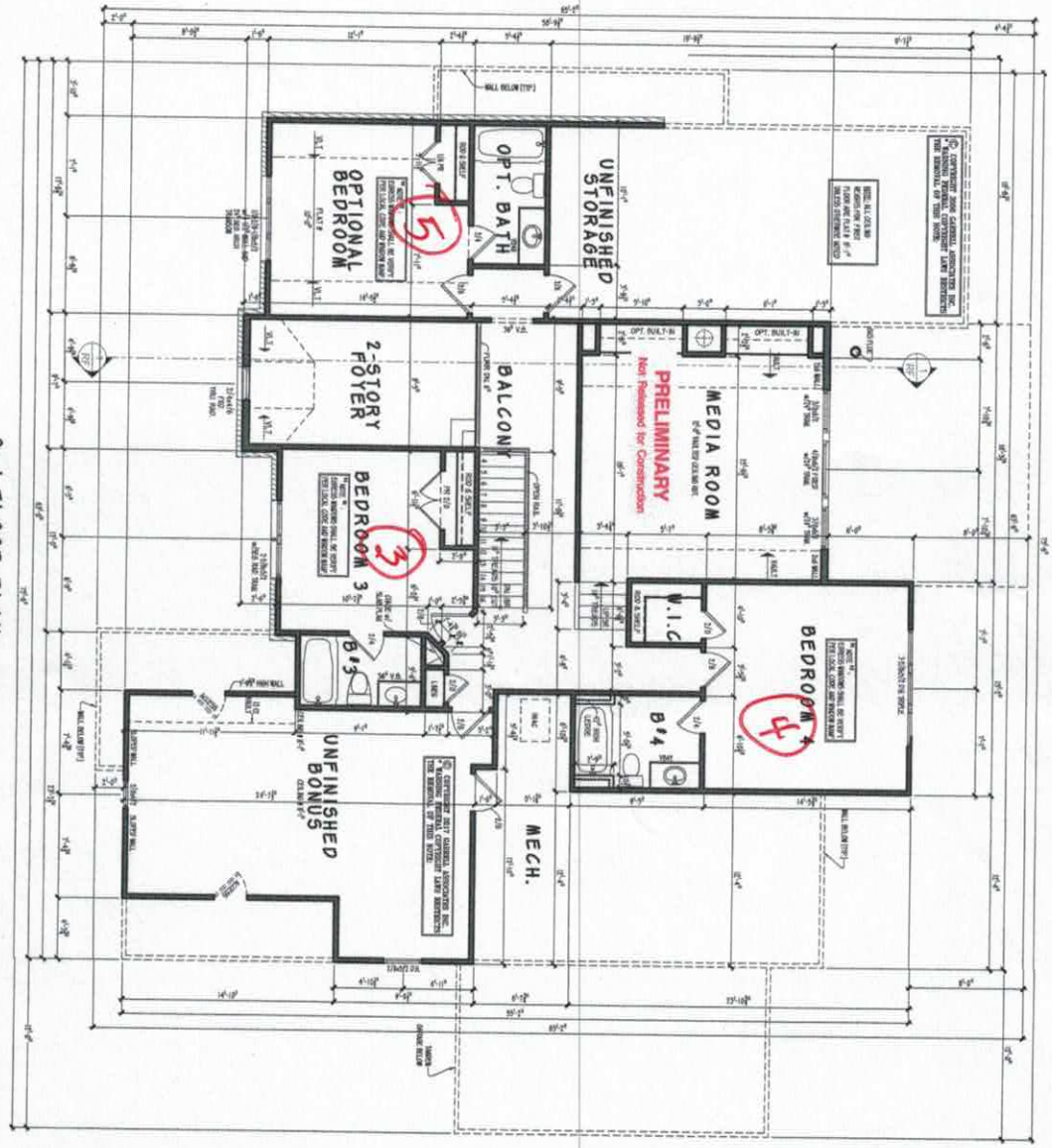
SHEET NO.: A1

Acknowledgement Of
Plans Submittal ONLY

3A

Date APPROVED JUN 07 2017

Date 8-2-2017



2nd FLOOR PLAN

GENERAL NOTES

NOTE: THE DRAWINGS DEPICTED IN THESE DRAWINGS ARE PROTECTED UNDER FEDERAL COPYRIGHT LAWS AND ARE NOT RELEASED TO THIRD PARTIES FOR REPRODUCTION OR ANY OTHER USE WHICH CAN RESULT IN UNAUTHORIZED CONSTRUCTION. THESE DRAWINGS AND SUBSEQUENT WORKING DRAWINGS ARE THE PROPERTY OF GARRELL ASSOCIATES, INC. AND ARE ALSO NOT TRANSFERABLE TO OTHER PARTIES EXCEPT AS APPROVED BY GARRELL ASSOCIATES, INC.

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NS	A2	17063	05/01/17	CHATEAU LE MONT 2nd FLOOR PLAN	GARRELL ASSOCIATES INC. 790 PEACHTREE IND. BLVD. SUITE 800, SUWANEE, GA 30024 PHONE (770) 614-3239 WWW.GARRELLASSOCIATES.COM	Lic. To:-MICHAEL CAVINESS
DRAWN BY:	SHEET NO.	DRAWING NO.	REV. DATE/INIT.			

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
202900
Issue Date: 04/17/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4624267952.000	116 BUNKER WAY, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: POINT BLANK INVESTMENTS LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: 147 UNION CHAPEL RD MOORESVILLE, NC 28117	Address: 1999 CANDLEWICK DRIVE FORT MILL, SC 29715
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.593					CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	10108	TOTAL FEES:	$ 77.25