Oct. 8. 2014 9:12AM Iredell County

RECEIVED OCT 9 - 2014

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78582

10/24/14 needs field visit needs to pay $110

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

4m 10/17/14
Re: $110 visit fee

Paid $40.00 Statesville

Application For:

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

Paid $110.00 10-17-14

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 .1939(f) FOR DETAILS.

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

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: Lakevision Development Address: 8915 Warwicke LN Sherrills Ford Phone: 704 506 0807

Owner Name: Phil Botella Address: 8915 Warwicke LN Sherrills Ford Phone: 704 506 0807

Call Builder

Property Information:

Street Address: 115 Bayport Lane Mooresville NC 28117

Subdivision Name: The Harbor Section/Phase: 1 Lot Number: 16

Driving Directions: From Downtown - Broad St. to Wilson Ave., Wilson to Brawley, Brawley to Bay Harbour Rd, left onto Lake mist, 2nd left onto Bayport location is on the left.

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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: Covered patio

( ) 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 (X) Community Well City Water ( ) Other Public Water

Year existing system installed: 18 yrs

Desired Septic System Type: *(You may rank in order of preference)*

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

Please answer the following to the best of your ability:

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

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

Signature: Phillip Botella 10-9-14

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

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 25, Page 166). That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 24 day of August, A.D. 2014.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

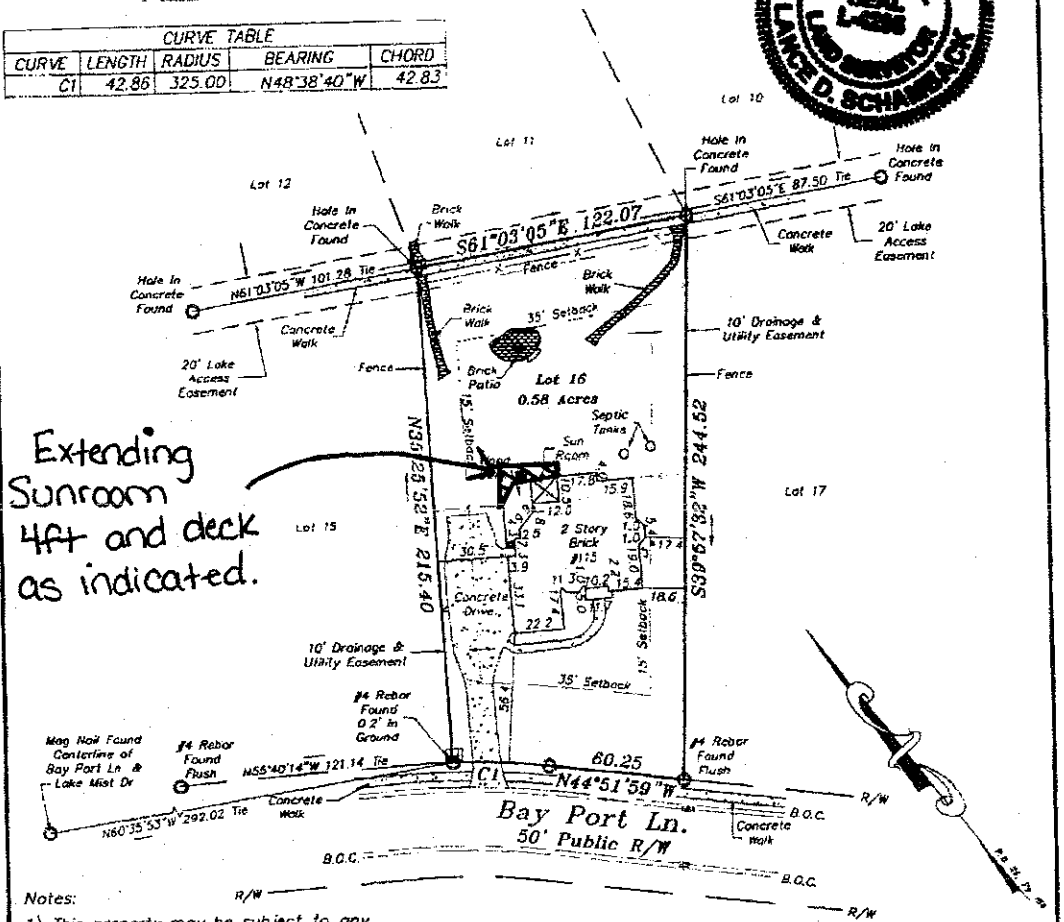
NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK

GRAPHIC SCALE

60 0 30 60 120

(IN FEET)
1 inch = 60 ft.

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	42.86	325.00	N48°38'40"W	42.83



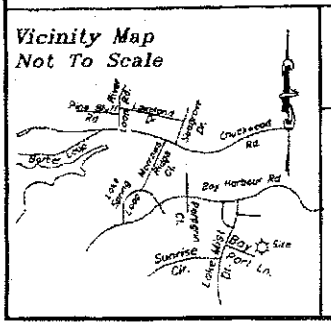
Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Area by coordinate method
3) No Title Commitment was provided or reviewed
4) Setback shown where taken from P.B. 25, Pg. 166 and should be verified with Iredell County.
5) Boundary information based on Map Book. 25 at Page: 166 as recorded in the Iredell County Register of Deeds.
6) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
—∿— = Not to scale
= Telephone Pedestal
= Utility Pole
RCP = Reinforced Concrete Pipe
B.O.C. = Back of Curb
= Catch Basin

Vicinity Map
Not To Scale

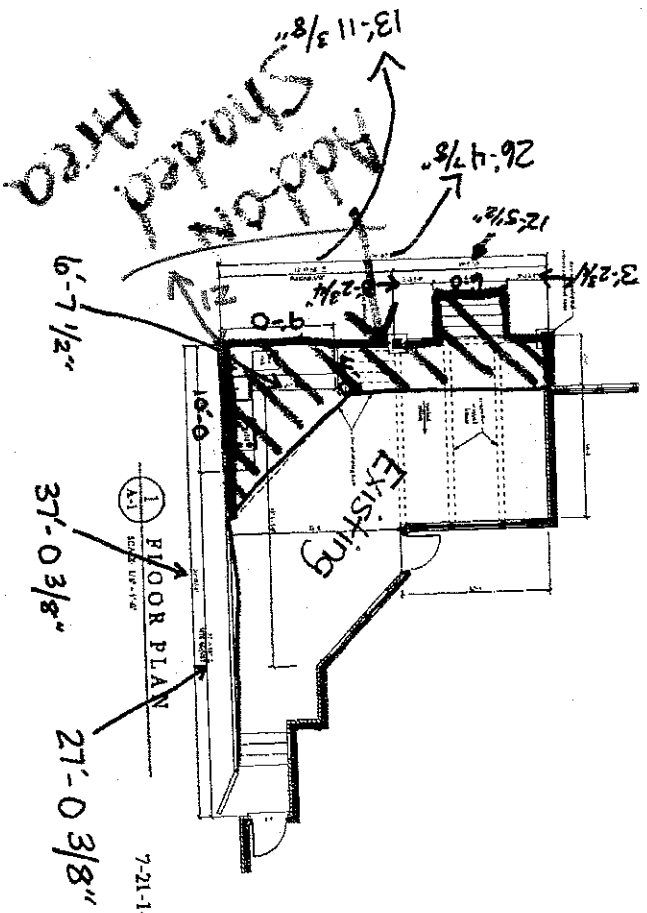


Boundary Survey
FOR
The Reardon Family Trust

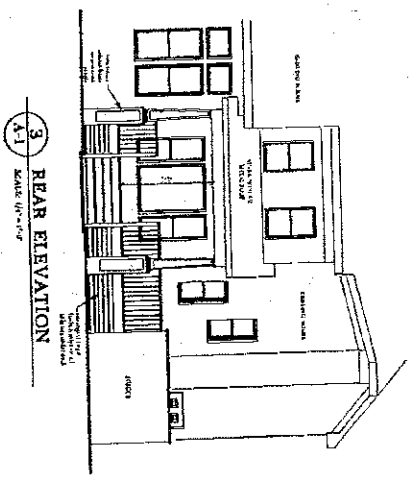
PROPERTY DESCRIPTION
Lot 16,
The Harbour, Phase 1, Map B
Plat Book 25, Page 166
Davidson Township
Iredell County, NC

SCALE: 1" = 60'
FIELD BOOK:
FILE: 2014-129
TAX PIN NO: 4625691674

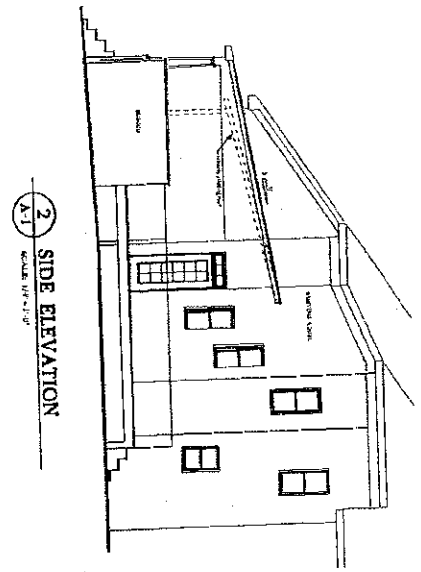
Schamback Surveying, P.A
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218



1 A-1 FLOOR PLAN



3 A-1 REAR ELEVATION



2 A-1 SIDE ELEVATION

7-21-14

SHEET #
A-1
OF 1

Reardon

Outdoor Living Area

Lake Vision Development, Inc.
Phil Rotella 704-506-0807
www.lakevisiondevelopment.com

IREDELL COUNTY

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

APPLICATION NUMBER
206287
Issue Date: 10/09/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4625691674.000	115 BAY PORT LANE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: REARDON FAMILY TRUST THE	Applicant: LAKEVISION DEVELOPMENT
Address: 115 BAY PORT LN MOORESVILLE, NC 28117	Address: 8915 WARWICK LANE SHERRILLS FORD, NC 28673
Phone:	Phone:

Use Requested	Zone Code
ADDITION OF OUTDOOR KITCHEN AREA	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.590	35.00	35.00	15.00	15.00	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	23653	TOTAL FEES:	$ 77.25