IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 224155

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

PIN # 4626546201

APPLICANT: Lake Shore Holdings APPLICANT ADDRESS: P.O. Box 5350 Mooresville, NC 28117

SITE ADDRESS: 1165 W. Callicutt Trail Mooresville NC PHONE: 704 799-7609 ALT. PHONE: 919 389 4500

SITE DIRECTIONS: Brawley School Rd TR Southfork TR (1st road) Kappa TL Callicutt 1st on end

SUBDIVISION: The Farms SECTION: 1 LOT # 13 LOT AREA: 1.38 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB 964 Date 5-10-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 480'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: LPP HPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

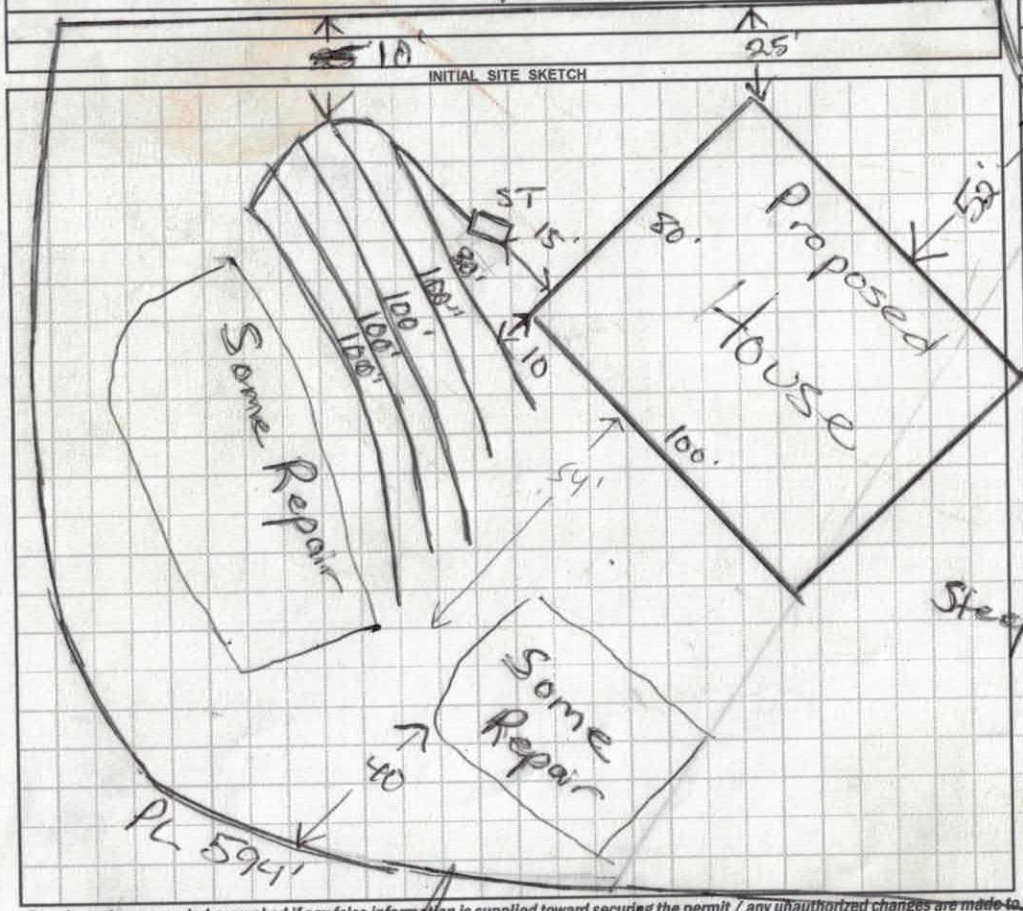
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: 3-10-17: Recommend pumping septic tank every 3-5 years.

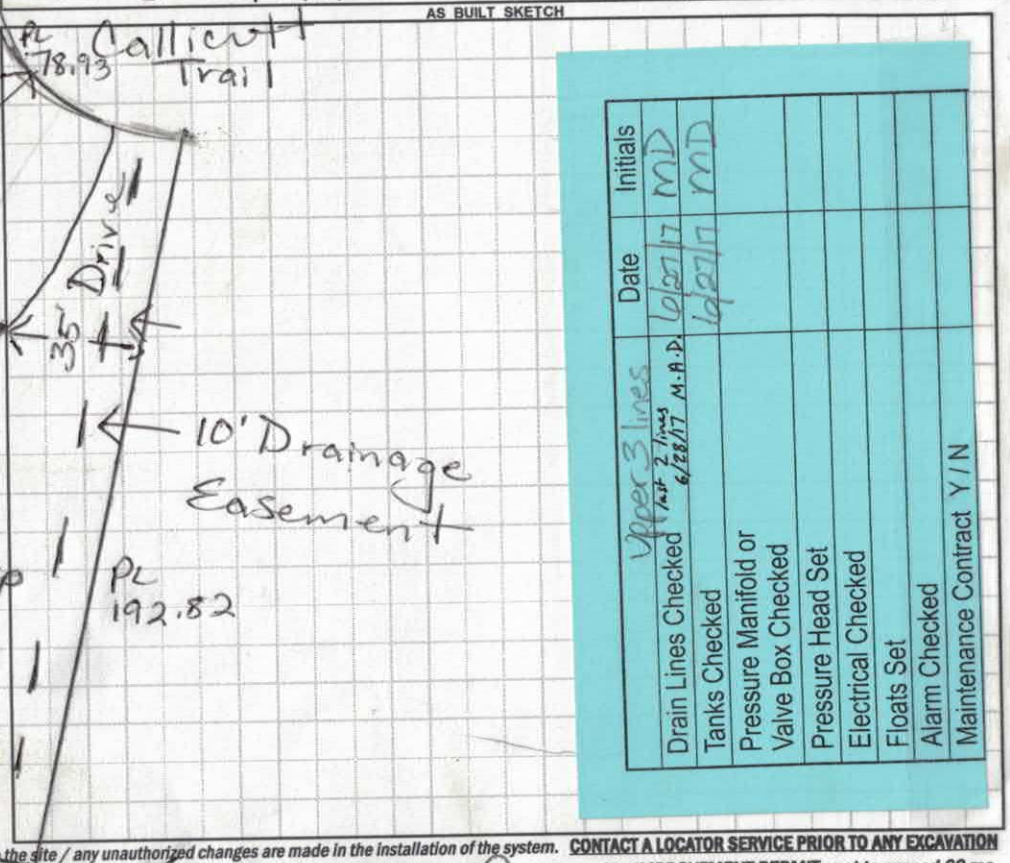
* Check specs for ST w/ HOA

6/27/17 Checked ST & upper 3 lines West 6/28/17 last 2 lines checked.

INITIAL SITE SKETCH



AS BUILT SKETCH



	Initials	Date
Drain Lines Checked (Upper 3 lines 6/27/17 M.A.D. Last 2 lines 6/28/17 M.A.D.)	MD	6/28/17
Tanks Checked	MD	6/28/17
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

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

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

Owner / Applicant Signature: Date: 2/15/17 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Date: 2/4/17 OPERATION PERMIT by: Mohamed Ramadan Date: 6/28/2017

AUTHORIZATION TO CONSTRUCT by: Date: 3/10/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Lake Shore Hold. APPLICATION DATE: ____

ADDRESS: ____ DATE EVALUATED: 1-24-17

PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____

LOCATION OF SITE: 165 W Callicut The Farms #13 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)		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	
	8%	0-14"	Brw SCL GR	SS, SP, SEXP, FR					PS .25-.3
		14-35	Brw SC m-wk	SBK SS, SP, SEXP					
		35-48	Yel/Brw massive	L SAP, FR, SS, SP					
	8-10%	0-12	Brw SCL GR	SS, SP, SEXP FR					PS .25-.3
		12-34	Brw SC m-w	SBK, SS, SP, SEXP					
		34-48	Yel/Brw massive	L SAP, FR SS, SP					
	10% Pit A	0-12	Brw SCL GR						PS .25
		12-35	Rd/Brw SC	SS, SP, SEXP					
		35-49	SL SAP	SS, SP, SEXP					
			Some W. Rock						
	Pit 10% B	0-10"	Brw SCL GR						PS .25
		10-34	Brw SC	SS, SP, SEXP					
		34-50	SL SAP	massive					
			Some Scattered rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.25	.25

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): ____

EVALUATED BY: Maria Dotson

OTHER(S) PRESENT: ____

COMMENTS: ____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CRI APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 3-10-03
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: _____
LOCATION OF SITE: lot 13 Lake Forest 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		0-10	gr brn sL	frssp					.25
		10-27	wk fsbk rc	fi sp					
		27-44	wk fsbk yel	frssp common vid sap					
2	6-8%	0-8	gr brn sL	frssp					.3
		8-20	wk fsbk yrc	fr sp					
		20-30	wk fsbk ry scl	frssp common vid sap					
		30-53	massive ry scl sap	frssp					
3		0-5	gr brn sL	frssp					.3
		5-17	m-wk fsbk rc	fi sp					
		17-49	wk fsbk gr scl	frssp					
		49-69	massive ybrn sL sap	frss sp-np					
4		0-14	gr brn sL	frssp					.2-.25
		14-32	wk fsbk sbrn scl	frss sp few vid sap mottled					
		32-50	massive wk cbl sL sap	frssp few vid ct					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gm 25% Red	LPP 25-50% Red
Site LTAR	.25	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: DHK
OTHER(S) PRESENT: Paul Pennington

COMMENTS: _____

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

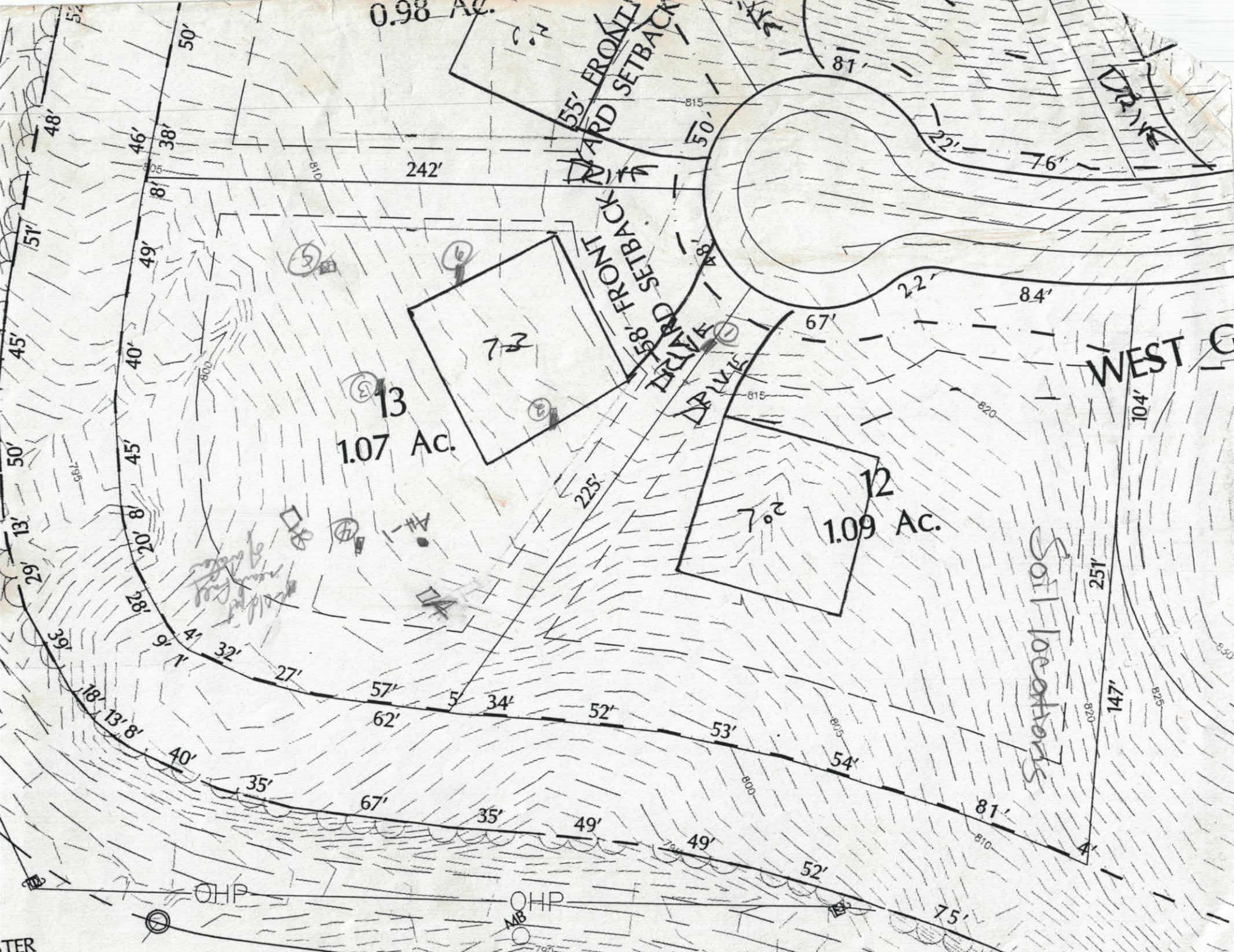
OWNER: CRI APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 3-10-03
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 13 CRK Forest (cont.) PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

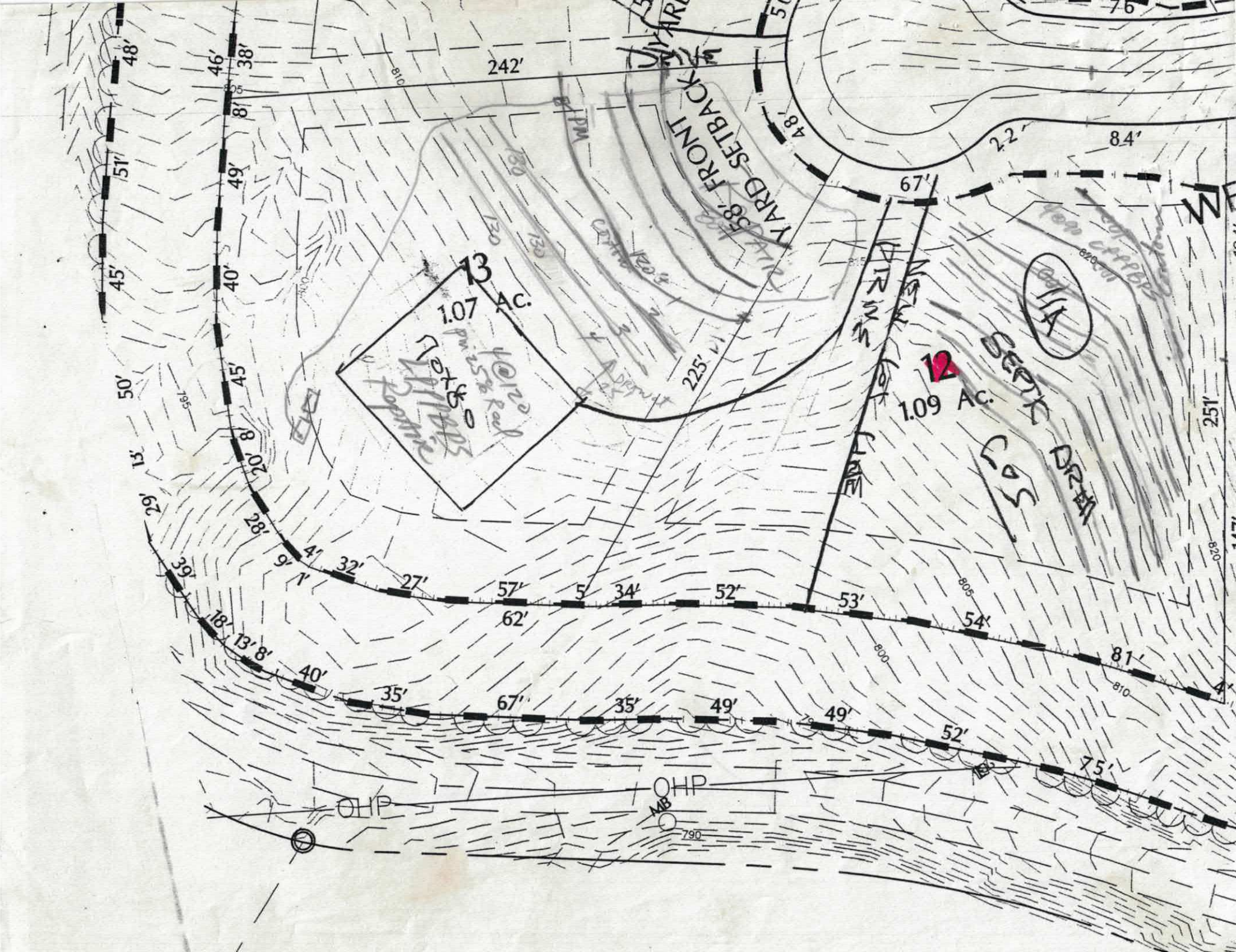
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5		0-11	wk sbk fr vfsl	fr ss sp					.3
		11-36	sbk	fr vfsp					
		36-53	wk sbk	fr ss sp					
6		0-6	gr	fr ss sp					.3
		6-13	wk sbk	fr ss sp					
		13-30	wk sbk	fr ss sp					
		30-44	wk sbk	fr ss sp					
		44-56	massive	sl sp	fr ss sp				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____


0.98 Ac.
55' FRONT YARD SETBACK
242'
58' FRONT YARD SETBACK
DRIVE
13
1.07 Ac.
12
1.09 Ac.
WEST
OHP
OHP
MB


13
1.07 Ac.
12
1.09 Ac.
242'
58' FRONT YARD SETBACK
225'
67'
OHP
OHP
MB
790
800
805
810
820

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

RECEIVED MAR 7 2017

BB

(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

RECEIVED MAR 7 - 2017

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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
LakeShore Holdings LLC	Po Box 5350 Mooresville NC 28117	704 799 7609	919 389 9500
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
165 W. Callicutt Trail	Farms	13

Driving Directions: Brawley School Road Towards the Point, make right on South Fork, Right on Kapp, Left on W. Callicutt Lot is in Cul De Sac

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 4
Maximum Number of Occupants ___
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 _____

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:** _____ 3/7/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JAN 5 - 2016

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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224155

1. APPLICATION FOR: X Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

Paid $500.00

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lakeshore Holdings LLC	Po Box 5350 mooresville NC 28117	7047997609	9193894500
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
165 W. Calhoutt trail mooresville NC 28117	The Farms	13

Driving Directions: Brawley School Rd to right on South Fork, 1st right on Kipp, 1st Left on Calhoutt, lot is at end

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — (✓) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

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 ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: ___ 11/5/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

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

X Property Line measurements are clearly identified… **X All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

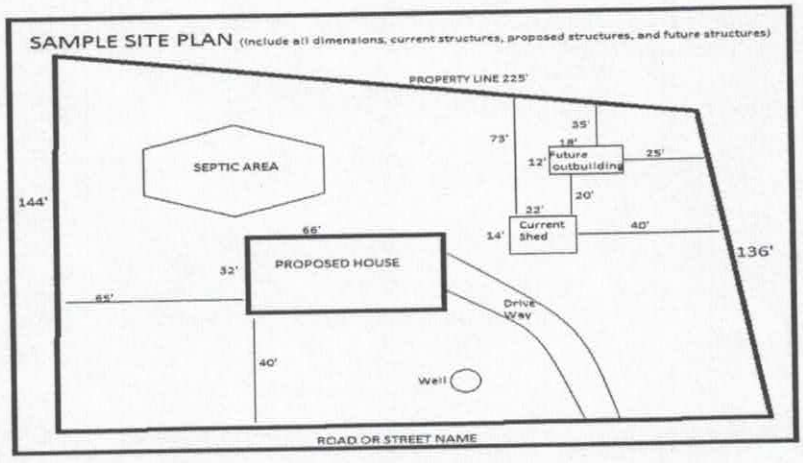
X Front and side setbacks from property line… **X Preferred driveway location and configuration, preferred well location…**

X Area you prefer your septic system to be placed… **____ North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

____ Location of septic systems and wells within 100' of your property… N/A

____ Location of easements and rights of ways on your property… N/A **____ Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

3/7/17

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

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

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

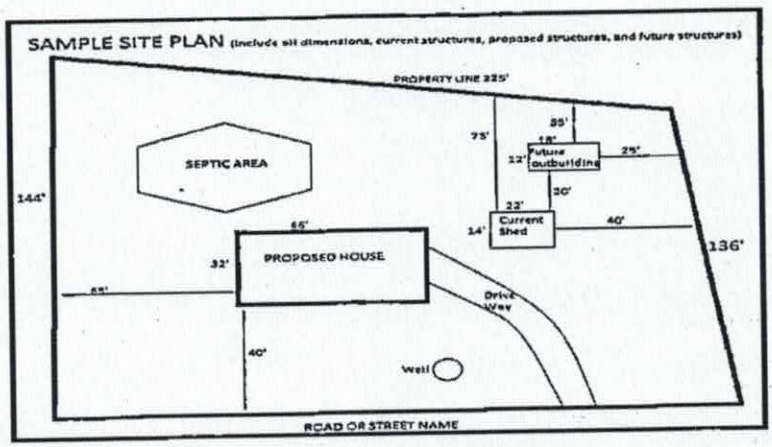
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property... N/A

_____ Location of easements and rights of ways on your property... N/A **_____ Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

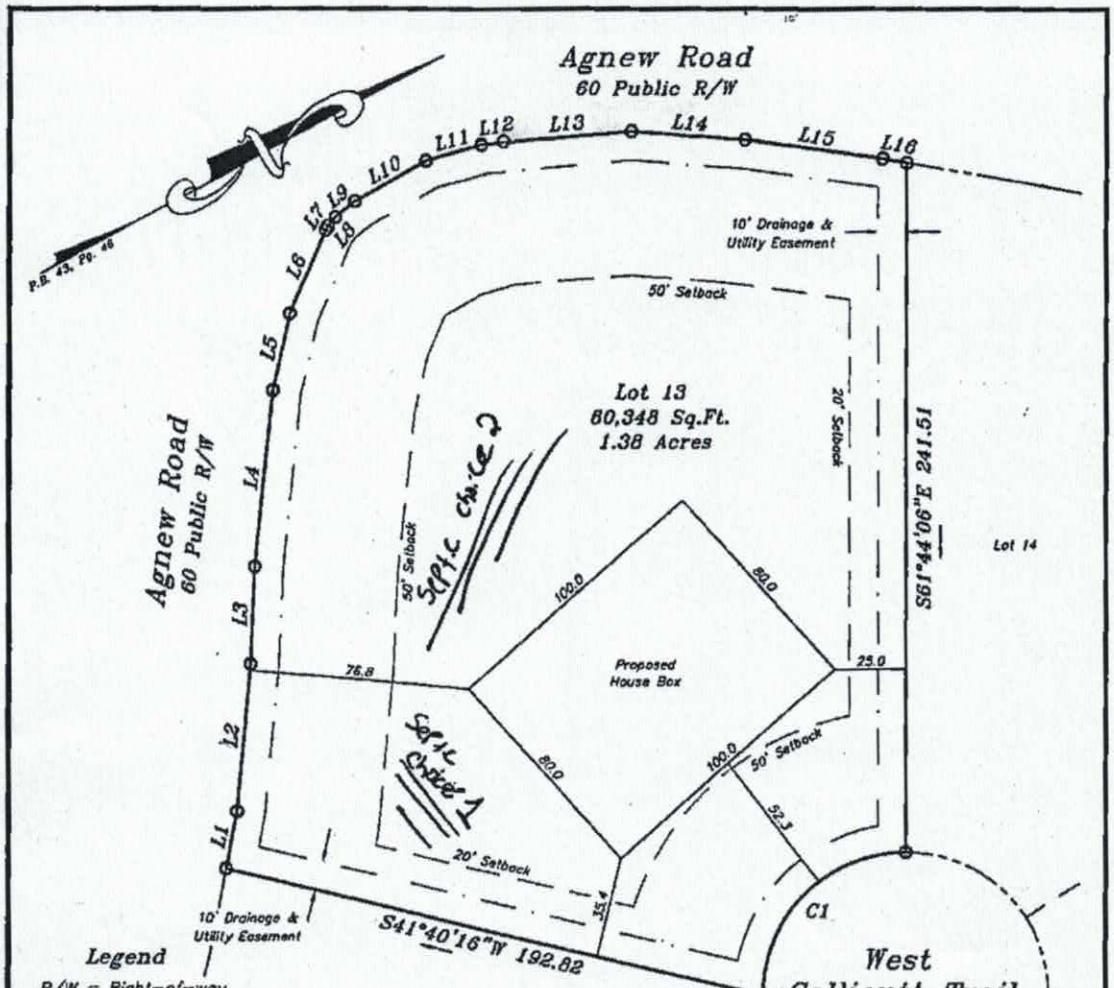
Please see attached

Signature: _____

REQUIRED property owner or owner's legal representative signature.

11/5/16

DATE



Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
E.O.P. = Edge of Pavement
= Not to scale
= Fire Hydrant
RCP = Reinforced Concrete Pipe
= Guy Wire
= Utility Pole

GRAPHIC SCALE

50 0 25 50

(IN FEET)

1 inch = 50 ft.

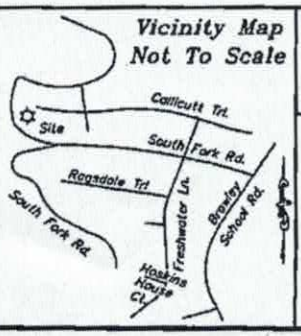
CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	78.95	50.00	S16°58'05"E	71.00

LINE TABLE		
LINE	LENGTH	BEARING
L1	20.37	N50°58'28"W
L2	52.44	N56°42'22"W
L3	34.20	S59°12'58"E
L4	62.31	N55°55'00"W
L5	27.13	S49°08'37"E
L6	31.53	N38°30'15"W
L7	1.48	N30°46'37"W
L8	4.18	N22°31'31"W
L9	8.72	N10°36'46"W
L10	28.44	N01°28'16"W
L11	20.35	N12°27'14"E
L12	7.82	N19°15'47"E
L13	44.58	N23°47'51"E
L14	39.91	N32°33'58"E
L15	48.67	N36°02'32"E
L16	8.46	N37°44'25"E

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 43 at Page: 46 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.

Vicinity Map
Not To Scale



Plot Plan

FOR

Lakemist Homes

PROPERTY DESCRIPTION

Lot 13,
The Farms, Phase 1, Map 2
Sheet 1 of 2
P.B. 43, Pg. 46

Davidson Township, Iredell County, NC

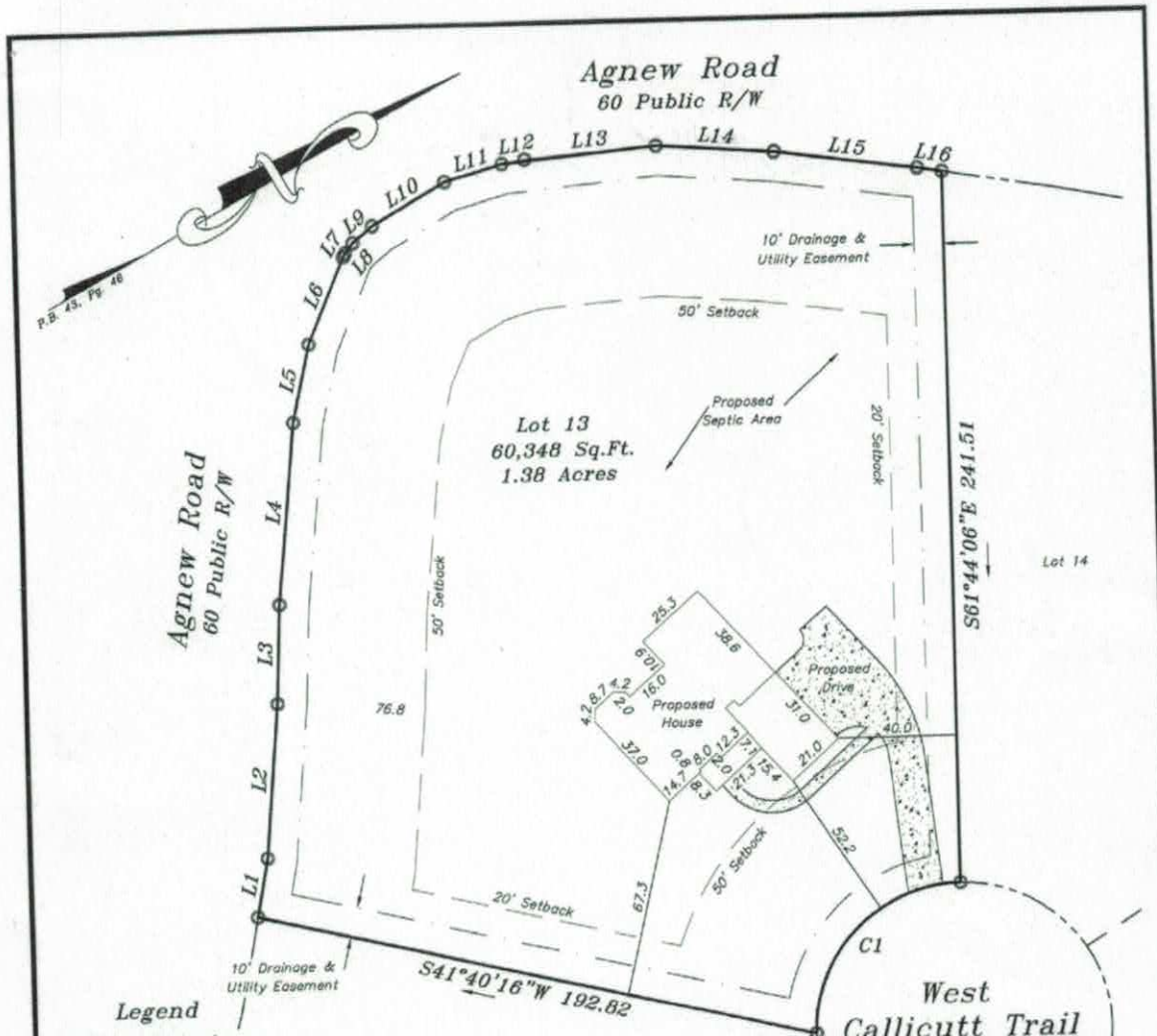
SCALE: 1" = 50

FIELD BOOK:

FILE: 2016-335

Tax Parcel ID#: 4626546201

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



Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
E.O.P. = Edge of Pavement
= Not to scale
= Fire Hydrant
RCP = Reinforced Concrete Pipe
= Guy Wire
= Utility Pole

GRAPHIC SCALE

50 0 25 50

(IN FEET)

1 inch = 50 ft.

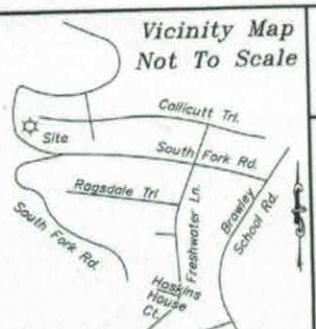
CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
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LINE TABLE		
LINE	LENGTH	BEARING
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L3	34.20	S59°12'58"E
L4	62.31	N55°55'00"W
L5	27.13	S49°08'37"E
L6	31.53	N38°30'15"W
L7	1.48	N30°46'37"W
L8	4.18	N22°31'31"W
L9	8.72	N10°36'46"W
L10	28.44	N01°28'16"W
L11	20.35	N12°27'14"E
L12	7.82	N19°15'47"E
L13	44.58	N23°47'51"E
L14	39.91	N32°33'58"E
L15	48.67	N36°02'32"E
L16	8.46	N37°44'25"E

Notes:

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4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.

Vicinity Map
Not To Scale



Plot Plan
FOR
Lakemist Homes

PROPERTY DESCRIPTION
Lot 13,
The Farms, Phase 1, Map 2
Sheet 1 of 2
P.B. 43, Pg. 46
Davidson Township, Iredell County, NC

SCALE: 1" = 50
FIELD BOOK:
FILE: 2016-335SITE
Tax Parcel ID#: 4626546201

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

65 W. Callicutt
South Fork, Kapp to Callicutt

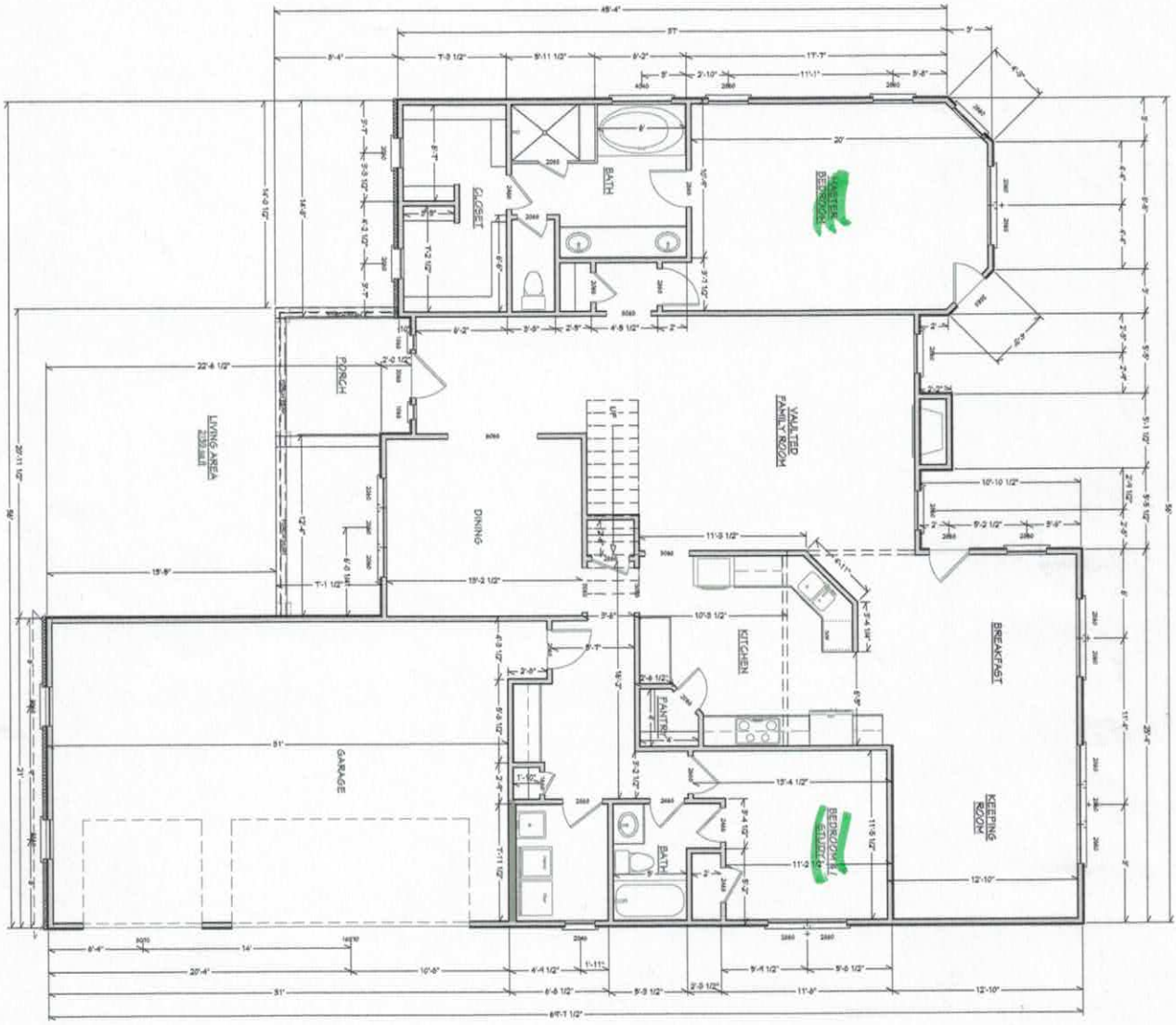
SECOND FLOOR PLAN
SCALE 3/16" = 1'0"

Acknowledgement of
Plans Submittal ONLY!

Date 3/7/17

Date 3/10/2017

4	NOTE: CONTRACTOR TO VERIFY ALL DIMENSIONS, SITE CONDITIONS, STRUCTURAL DETAILS AND BUILDING REQUIREMENTS PRIOR TO CONSTRUCTION.	REVISIONS	LAKEMIST HOMES BAYHARBOUR III	VISUAL DESIGN & DRAFTING



FIRST FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 3/10/17

Date 3/7/17

3	NOTE: CONTRACTOR TO VERIFY ALL STRUCTURAL DETAILS. REGIONAL BUILDING CODES TO BE FOLLOWED DURING CONSTRUCTION.	REVISIONS	LAKEMIST HOMES BAYHARBOUR III	VISUAL DESIGN & DRAFTING

IREDELL COUNTY

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

APPLICATION NUMBER
224155
Issue Date: 01/05/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626546201.000	165 WEST CALLICUTT TRAIL, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TRIPPI JOSEPH P+JAN M TR	Applicant: LAKESHORE HOLDINGS LLC
Address: 7779 TOPAZ CIRCLE MOORESVILLE, CA 94568	Address: P. O. BOX 5350 MOORESVILLE, NC 28117
Phone:	Phone: 704-799-0634

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.386	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	89724	TOTAL FEES:	$ 77.25