IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5905 | Mooresville Office (704) 660-3625 | PERMIT # 203835

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

PIN # [redacted] 4626-97-5661

APPLICANT: Vincent Vita/Sinagnini | APPLICANT ADDRESS: 116 Morrison Cove Rd Mooresville NC 28117

SITE ADDRESS: 183 Atlantic Way | PHONE: 704-657-5298 | ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd, TL on Great Point Way, TL on Wild Harbor, TL on Atlantic Way, Lot at End on L

SUBDIVISION: The Point | SECTION: 3 | LOT # 333 | LOT AREA: 0.69 ac | DESIGN FLOW: 480 gpd | T.A.R.: 0.24

Septic Tank	1500 w (gal)	STB	340	Date	1-6-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1,500 w (gal)	PT	353	Date	5-20-19	System Description:	PM 25% Reduction			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LPP PRS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5@100'	Linear Ft:	500	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☑ Crawl Space
Trench Width	36	Max. Trench Bottom Depth	24"	Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Follow Crescent Cove Estates Guidelines
* Off Site Septic Area @ junction of Wild Harbor & Atlantic

Note: Septic Systems permitted for 4 Bedrooms, Floor plans show only 3 bedrooms.

INITIAL SITE SKETCH

SEE DESIGN BY
Jacobs On-Site Development
Inc
(Asked May 30, 2014, Approved 6-12-14)

AS BUILT SKETCH

supply line checked 10/3/19 EC

	Date	Initials
Drain Lines Checked	9/19/19	[redacted]
Tanks Checked	6-27-19	BCW
Pressure Manifold or Valve Box Checked	9-19-19	[redacted]
Pressure Head Set	10/3/19	PSB
Electrical Checked	10/3/19	PSB
Floats Set	10/3/19	PSB
Alarm Checked	10/3/19	PSB
Maintenance Contract (Y) N		

Lines Installed as Drawn

10/3/19: STL is was cracked and maintenance contract was still needed
10/9/19 Maint. Contract attached

Permit can be suspended or revoked if any false information is supplied toward acquiring 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 plot 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 mos.

Owner / Applicant Signature: [redacted] Date: 6/13/14 | Installed by: Jamie O'Daniel (Specialty Septic)

IMPROVEMENT PERMIT by: [redacted] Date: 6-12-14 | OPERATION PERMIT by: Kayla Watson Date: 10-16-19

AUTHORIZATION TO CONSTRUCT by: [redacted] Date: 10/29/18 | Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20383S

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

PIN # [redacted] 4626-91-5661

APPLICANT: Vincent Vita/Simonini APPLICANT ADDRESS: 116 Morrison Cove Rd Mooresville NC 28117

PHONE: 704-657-5298 ALT. PHONE:

SITE ADDRESS: 183 Atlantic Way

SITE DIRECTIONS: Brawley School Rd, TL on Great Point Way, TL on Wild Herbor, TL on Atlantic Way, Lot at end on L

SUBDIVISION: The Point SECTION: 3 LOT # 333 LOT AREA: 0.69 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.24

Septic Tank 1500 * (gal) STB Date

Pump Tank 1,500 * (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 50'100' Linear Ft: 500

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

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

System Description: PM 25% Reduction (OFF Site)

Repair System Description: LP PPBPS

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: * Follow Crescent Communities Guidlines
Off site Septic area @ junction of Wild Harbor & Atlantic

Note: Septic System permitted for 4 Bedrooms, Floor plans show only 3 bedrooms.

INITIAL SITE SKETCH

SEE DESIGN BY

Jacobs On-Site Development Inc

(Dated May 30, 2014, Approved 6-12-14)

AS BUILT SKETCH

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

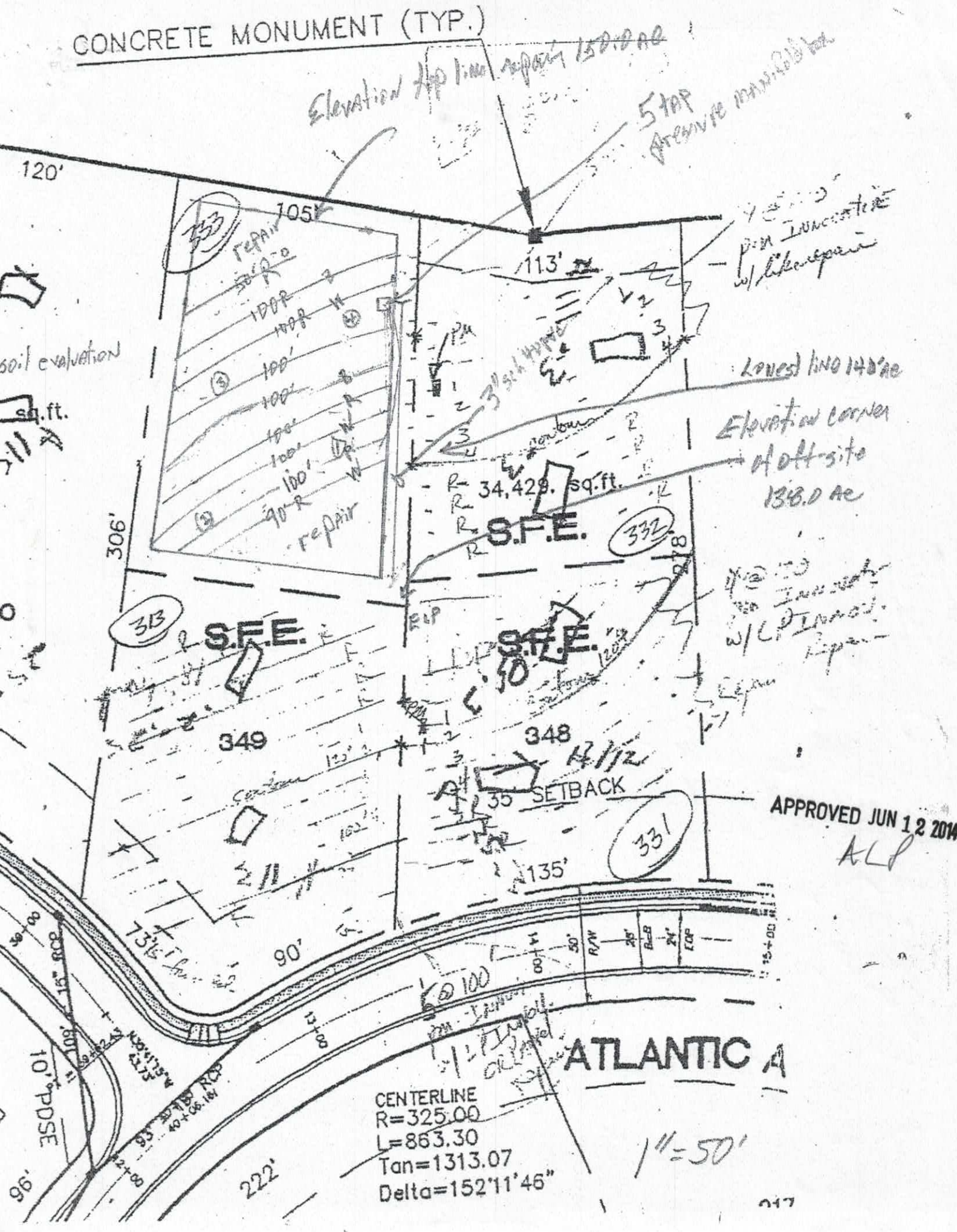
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 6/13/14 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 6-12-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/29/18 Existing System Inspected by: Date:

WHITE - Office YELLOW - Applicant (Conditional Approval) - PINK


CONCRETE MONUMENT (TYP.)
Elevation top line repair 150.0 ac
5 top pressure manhole
120'
105'
113'
repair
soil evaluation
sq.ft.
306'
34,429. sq.ft.
S.F.E.
S.F.E.
S.F.E.
349
348
SETBACK
35
135'
90'
APPROVED JUN 12 2014
ATLANTIC
CENTERLINE
R=325.00
L=863.30
Tan=1313.07
Delta=152°11'46"
1"=50'
222'
96'

FAST TRACK LOW PRESSURE MANIFOLD DOSING
FOR A
25% REDUCTION SEPTIC SYSTEM
FOR
SUBSURFACE WASTEWATER DISPOSAL ON AN OFF-SITE EASEMENT
183 ATLANTIC WAY
MOORESVILLE NC 28117

Prepared for
Vincent Vita
116 Morrison cove Road
Mooresville, North Carolina 28117
704 657-5298

APPROVED JUN 12 2014

ALP

Prepared by:
Toney C. Jacobs, LSS
Jacobs On-Site Development, Inc.
Mooresville, North Carolina 28117
704 662-9845
toneycjacobs@gmail.com

May 30, 2014



Copy: Adrian Pruett, REHS
Iredell County Health Dept.
Mooresville NC 28117
704 660-3633
apruett@co.iredell.nc.us

Toney C. Jacobs, LSS

DESIGN SPECIFICATIONS

183 Atlantic Way

Daily design flow	480 gpd.
Septic tank size	1500 gal.
Pumping tank size	1500 gal.
Initial system	500' of 25% reduction, 5 @ 100'
Effluent loading rate, Initial system	0.24 gpd/ft^2
Total length and diameter of supply pipe	approx. 1400 ft. 3" SCH 40 PVC
Number and length of laterals	5 @ 100' end-fed
Trench depth	24" maximum on low side
Flow rate through the system	27.5 gpm from 5 each ½" sch 80 taps from a 3" manifold
Elevation head	Approx. 50' (to be verified by installer after tanks are set)
Pressure head	2.0'
Friction head	4.1'
20% contingency	11.3'
Total head	67.4'
Pump requirements	27.5 gpm at 67.4' of head; use Goulds WE15H pump, pump and compatible panel or equivalent
Dosing volume	240 gal. – 2.0 doses/day at design flow
Depth of water pumped per dose	calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump run per dose	Approx. 8.7 min.
Check valve	yes
Siphon break hole	no
Effluent loading rate, Repair system	0.25 gpd/ft^2
Repair system	pressure distribution 50% reduction in PPBPS in 4 lines. Designated on site plan as 90' + (2) 100' + 50'.
	Off-site could possibly accommodate 25% reduction with special design

On-Site Wastewater Section

Property ID:
Lot #: 333 & 333A
File #:
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: Dwyer Vincent Vito
Address: 1153 Atlantic Hwy
Proposed Facility: 4BR SF Design Flow (.1949) 480
Location of Site: 7th point

Applicant:
Date Evaluated: 4/24/14
Property Size: septic Area 1.5Ac
Property Recorded: 1999

Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 Structure/ Texture	SOIL MORPHOLOGY 1941 Consistence Mineralogy	PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	Profile Class & LTAR
1	LS 6-10	0-3	g sl	fri 1:1	NA / 1		NA	NA	
		3-9	sl gr sl SBK sl	fri SSSP "					
		9-36	mm SBK sl	fr SP 1:1					
		36-50	m " "	sp sp "					0.25
2	LS 6-10	0-1	g sl	fri 1:1	NA / 1		NA / 1	NA / 1	
		1-42	mm SBK cl	fr ss sp 1:1					
		42-48	m SBK cl	fri fri 1:1					.25
3	LS 6-10	0-3	g sl	fri ss sp 1:1	NA / 1		NA / fair yel Bt	NA / 1	.25
		3-11	sl gr sbk cl	fri ss sp 1:1					
		11-17	mm SBK cl	fri ss sp 1:1					
		17+	sand) cobble						
4	LS 6-10	0-2	g sl	fri ns ns 1:1	NA / 1		NA / 1	NA / 1	.25
		2-28	mm SBK cl	fr ss sp 1:1					
		28-48	m SBK cl	fri ss sp 1:1					

Description	Initial System	Repair System
Available Space (.1945)	ps	ps
System Type(s)		
Site LTAR	.25	.25

Other Factors (.1946):
Soil Evaluation By: TJ
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

APPROVED JUN 12 2014
ALP

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CRT APPLICANT: _____

ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3-23-94

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

LOCATION OF SITE: lot 349 SFC phase III Nt 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	#113 TCJ	0-13	SL brn SL	fr					PS .3
		13-47	sc/cl RC	fi sp					
2		0-6	gr brn SL	fr					PS .2-.25
		6-33	mtsab rc brn	fr sp					
		33-56	mtsab/pg vk gl	fi sss sp sap	3 slowly permeable horizon				
			common + many y-brn mottles						
			water seeping in pit just above		slowly permeable horizon				
3		0-7	brn SL						PS .25
		7-18	mtsab vk gl	fr sss sp					
		18-39	mmab RC	fi sp common brn mottles					
		39-56	mtsab c/cl	fi sss sp					
					This pit looks better at measuring depth				
4	#114 TCJ	0-12	brn SL						PS .25
		12-47	mtsab RC	common med red brn mottles	fi sp				

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____

OTHER(S) PRESENT: _____

RECEIVED JUN 4 2014

Paid $850.00 Statesville RD

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: Vicent Vita Address: 183 Atlantic Way Mooresville NC 28117 Phone: 704-657-5918

Owner Name: " Address: 111 E Morrison Cove Rd " Phone: "

Property Information:

Street Address: 183 Atlantic Way

Subdivision Name: Pt. Section/Phase: III Lot Number: 333

Driving Directions: SW Brawley School, TL Wildflower, TL Atlantic, end
septic cove " "

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: 4
Maximum Number of Occupants: 8
( ) 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:

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: Tommy C Jordan CSS
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/4/14
DATE

AC 203835

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Simonini Homes Address: P.O. Box 1546, Cornelius, NC Zip: 28031
Applicant Email: paul@simoniniu.com Phone: 980.819.0120 Alt. Phone: 803.415.3683
Owner Name: Chris & Kathy Bourgeois Address: 2881 Compass Ct., Apt 101 Zip: 28307
Owner Email: bourgc1951@gmail.com Phone: 404.394.9585 Alt. Phone: Fort Bragg

Property Information:

Street Address: 183 Atlantic Way, The Point Mooresville, NC 28117
Subdivision Name: The Point On Norman Section/Phase: 3 Lot Number: 333
Driving Directions: West/Southwest on Brawley School Rd to Great Point Dr.; North on Wild Harbor Rd., Left onto Atlantic Way.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well ( ) Existing Well ( ) Community Well (X) 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 (X) Other: PM 25% Reduction

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: Paul Keith 10.23.2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) Chris Bourgeois

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.

2. I, Chris Bourgeois, am the legal owner(s) of the property located at 183 Atlantic Way, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4626914474.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Keith Alan Simonini Homes, 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

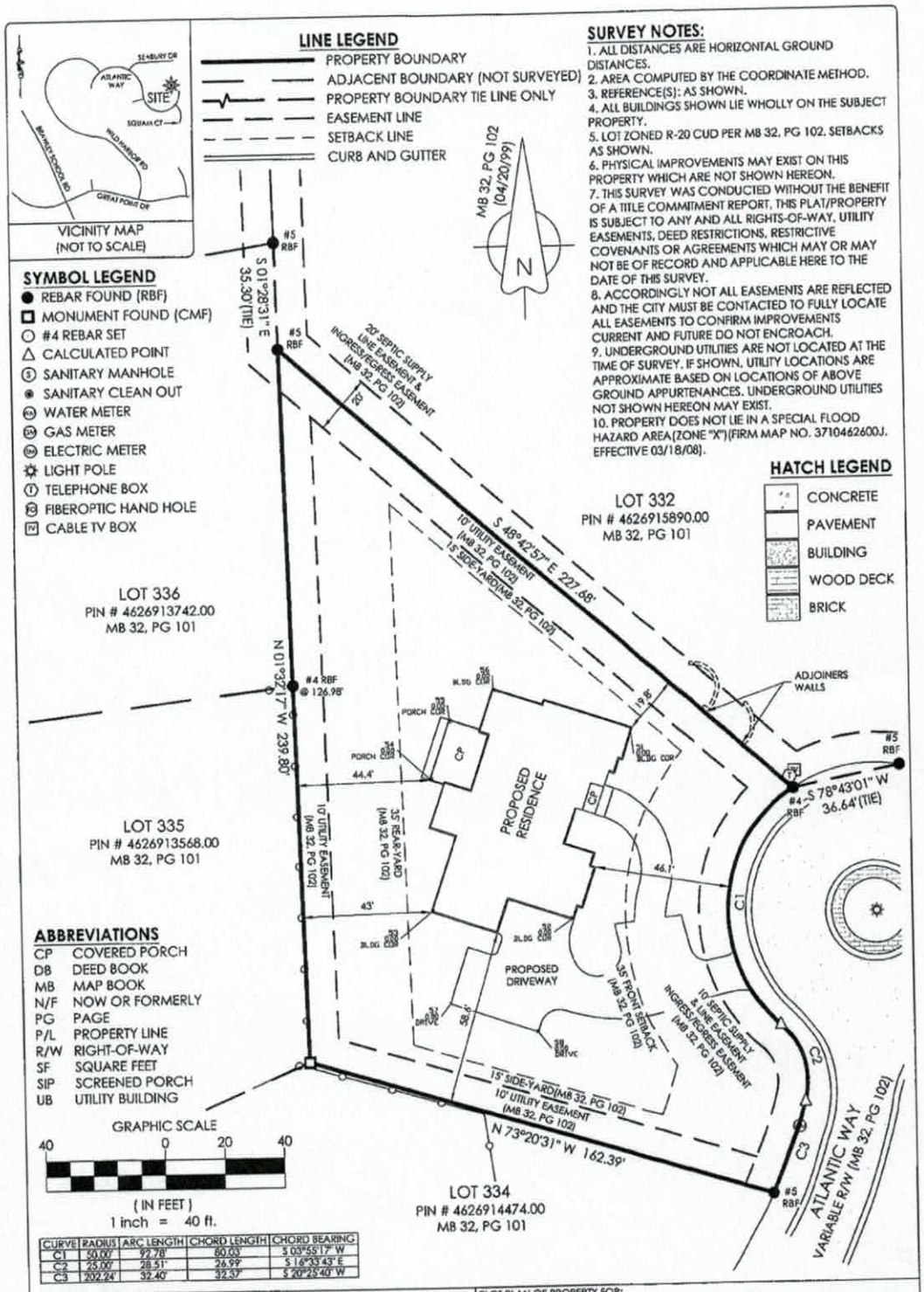
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Chris Bourgeois
Signature of Owner(s)

9-20-18
Date

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



CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	50.00'	92.78'	80.03'	S 03°55'17" W
C2	25.00'	28.51'	26.99'	S 16°33'43" E
C3	202.24'	32.40'	32.37'	S 20°25'40" W

I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2305, PAGE 2092); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION REFERENCED HEREON; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10,000; THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE. REGISTRATION NUMBER AND SEAL. THIS 24th DAY OF OCTOBER , A.D., 2018 .

PRELIMINARY PLOT PLAN

ZACHERY R. ROGERS, PLS
NORTH CAROLINA REGISTRATION NUMBER L-5194

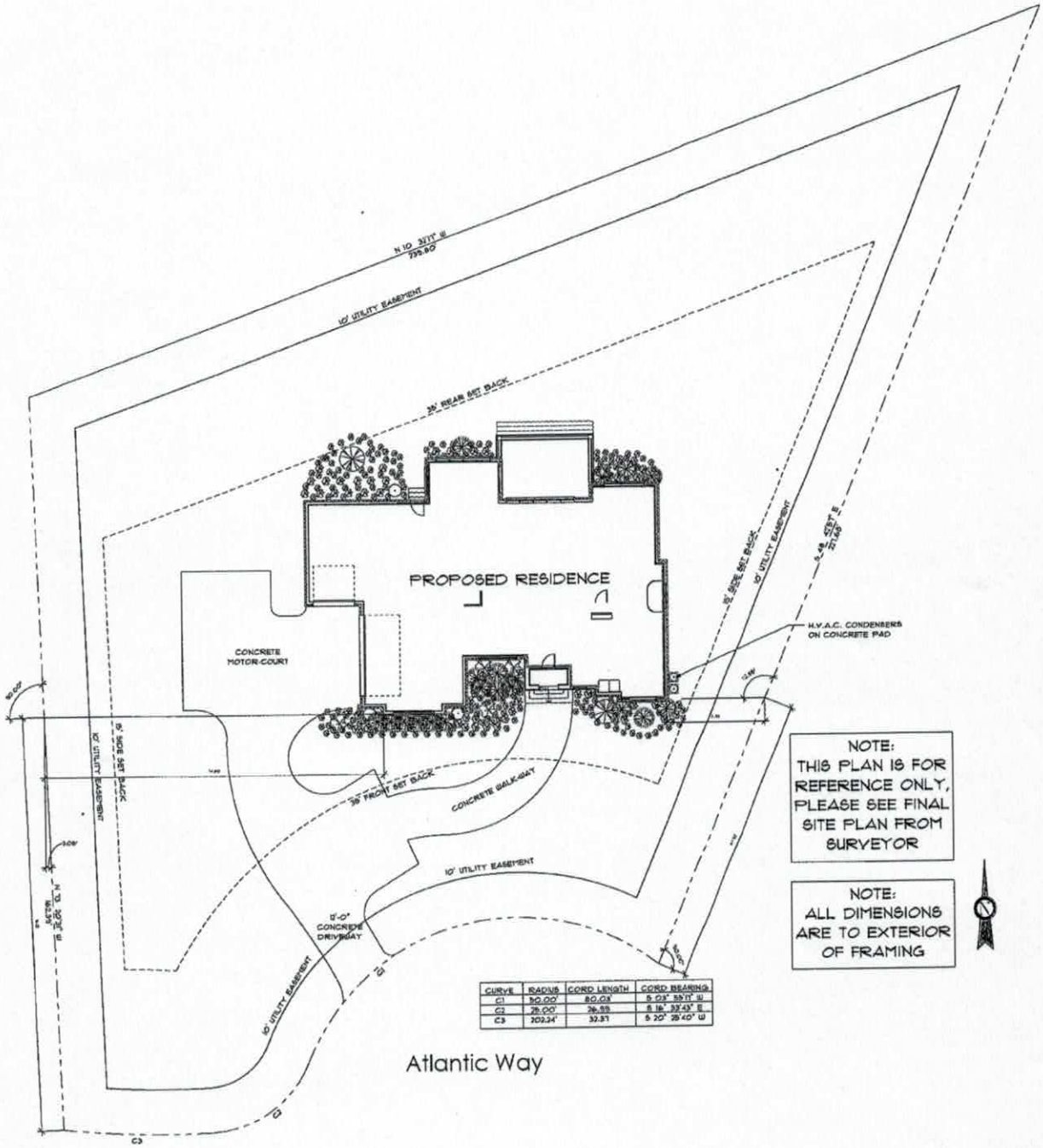
PLOT PLAN OF PROPERTY FOR:

CHRIS & KATHY BOURGEOIS

183 ATLANTIC WAY
LOT 333 OF THE POINT ON NORMAN PHASE 3 MAP 5
MAP BOOK 32, PAGE 102
PARCEL 4626915661.000 - AREA: 0.690 ACRE (30,036 SF)
MOORESVILLE, NC 28117 - DAVIDSON TOWNSHIP, IREDELL COUNTY

Rogers LAND SURVEYING
1421 Cyrus Drive Charlotte, NC 28205
p: 704.450.4779 | www.RogersLandSurveying.com
NC FIRM LICENSE #: C-4342

FILE NAME: 183 ATLANTIC WAY.DWG PROJECT NUMBER: MHA-18066 SURVEY DATE: 06/01/2018 DRAWN BY: ZRR



CURVE	RADIUS	CORD LENGTH	CORD BEARING
C1	30.00'	80.03'	S 03° 59'11" W
C2	28.00'	26.55	S 16° 33'43" E
C3	202.24'	32.51	S 20° 25'40" W

1 / B2 SITE
1" = 10'-0"

B2

DATE: OCTOBER 10, 2018

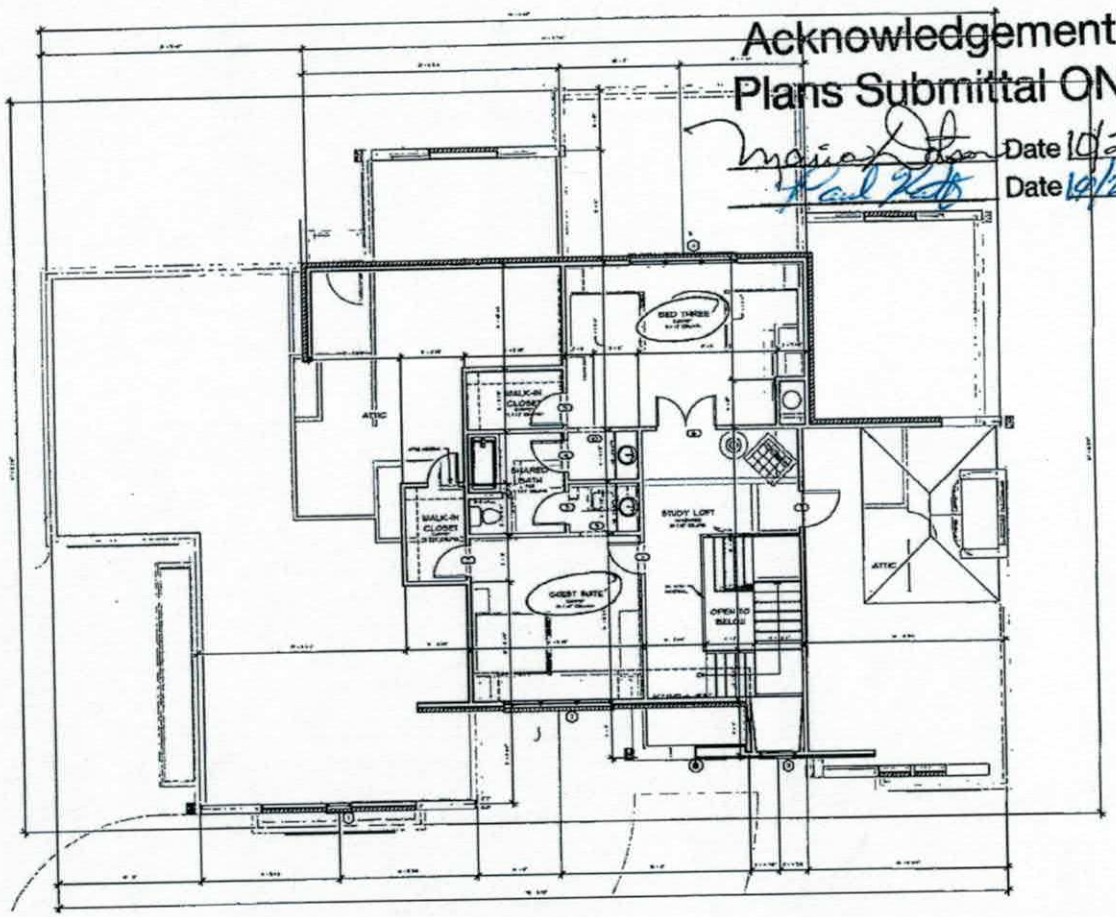
JOB NUMBER: 795 - SIMI - NEW BOURGEOIS

REVISIONS:

SMITH | SLOVIK
residential design group
TROY S. SMITH 704.641.3544
DAVE SLOVIK 704-560.9919
301 E. TREMONT AVE, SUITE 103
CHARLOTTE, NC 28203
www.SmithSlovik.com

PROJECT:
BOURGEOIS RESIDENCE
183 ATLANTIC WAY
IN
MOORESVILLE, NORTH CAROLINA
NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

SIMONINI



1 B4 2ND FLOOR
1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 10/29/18

Date 10/29/18

GENERAL FLOOR PLAN NOTES

SECOND FLOOR DOOR SCHEDULE

ID	Width	Height	Comments
1	2'-6"	7'-0"	SINGLE PANELED
2	2'-6"	7'-0"	SINGLE PANELED
3	2'-6"	7'-0"	SINGLE PANELED
4	2'-6"	7'-0"	SINGLE PANELED
5	2'-6"	7'-0"	SINGLE PANELED
6	5'-0"	7'-0"	DBL SINGLE PANELED
7	2'-6"	7'-0"	SINGLE PANELED
8	2'-6"	7'-0"	6" CASED OPENING
9	2'-6"	7'-0"	6" CASED OPENING

SECOND FLOOR WINDOW SCHEDULE

ID	Width	Height	Comments
1	1'-0"	4'-0"	SINGLE CASEMENT
2	1'-0"	6'-0"	TRIPLE CASEMENT
3	1'-0"	6'-0"	SINGLE CASEMENT
4	1'-0"	6'-0"	TRIPLE CASEMENT

DOOR + WINDOW NOTE

ALL WINDOW + DOOR SIZES ARE NOMINAL
VERIFY ALL CONDITIONS BY MANUFACTURER
+ CODE RESTRICTIONS

PROJECT:
BOURGEOIS RESIDENCE
183 ATLANTIC WAY
IN
MOORESVILLE, NORTH CAROLINA

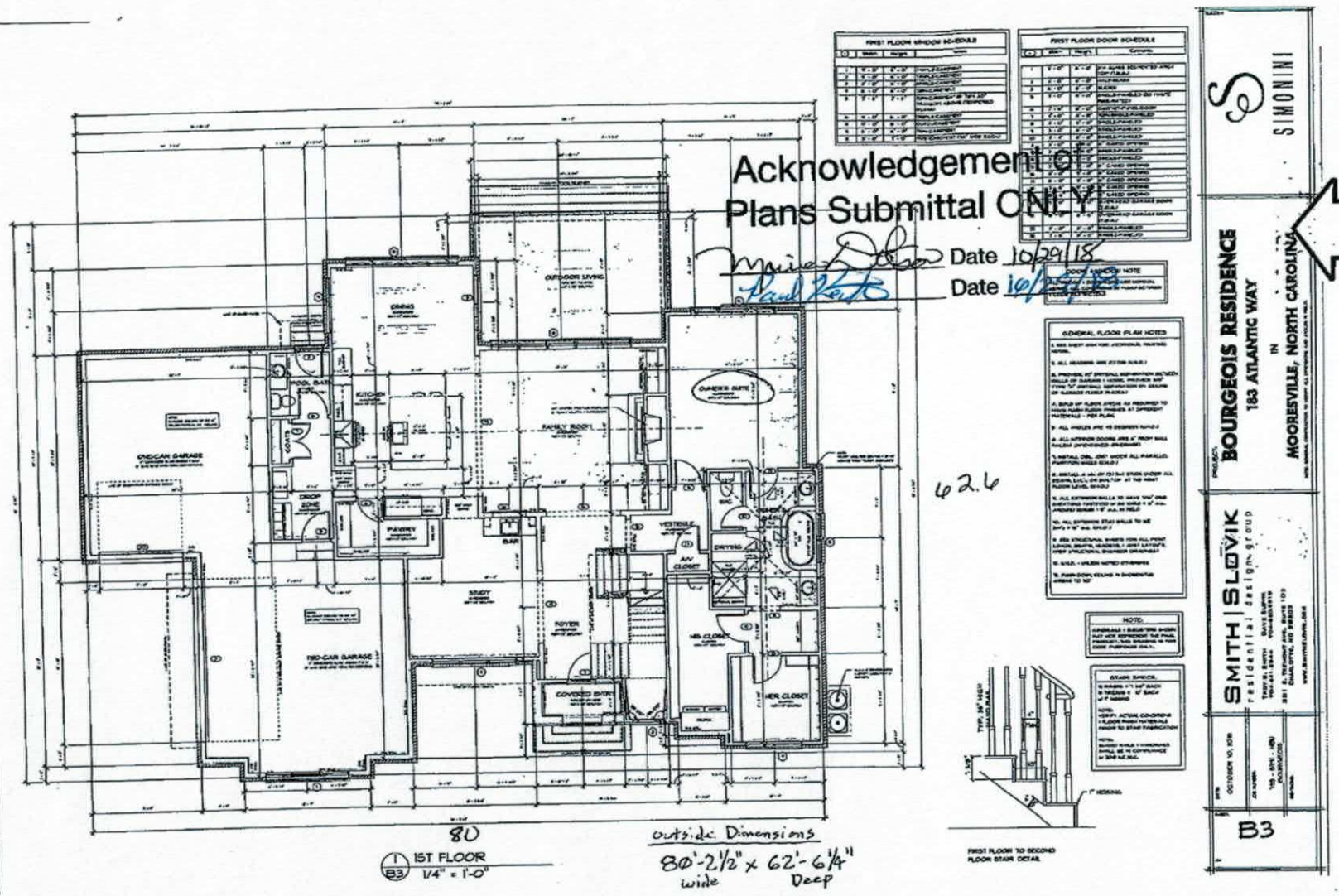
SIMONINI

SMITH | SLOVIK
residential design group

OCTOBER 10, 2018

B4

SIGN HERE


Acknowledgement of
Plans Submittal ONLY
Date 10/29/18
Date 10/29/18
80
62.6
Outside Dimensions
80'-2½" x 62'-6¼"
wide
Deep
1 B3 1ST FLOOR
1/4" = 1'-0"
FIRST FLOOR TO SECOND FLOOR STAIR DETAIL
SIMONINI
PROJECT:
BOURGEOIS RESIDENCE
183 ATLANTIC WAY
IN
MOORESVILLE, NORTH CAROLINA
SMITH | SLOVIK
residential design group
OCTOBER 10, 2018
B3
SIGN HERE

IREDELL COUNTY

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

APPLICATION NUMBER
203835
Issue Date: 06/04/2014

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626915661.000	183 ATLANTIC WAY, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: DIAZ LLANEZA JOSE ANTONIO	Applicant: TONEY JACOBS & ASSOCIA
Address: 12203 MONTEITH GROVE DR HUNTERSVILLE, NC 28078	Address: 168 BROADBILL DRIVE MOORESVILLE, NC 28117
Phone:	Phone: 704-663-6905

Use Requested	Zone Code
SFD	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	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: Tony C Jacobs, CBO Date: 6/4/14

Permit Number	13548	TOTAL FEES:	$ 77.25