IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223487

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

PIN # 4635-39-1236

APPLICANT: Michael Athanas / Jeff Pelchat APPLICANT ADDRESS: 130-C US Walt Amrty Rd Troutman, NC 28166

SITE ADDRESS: 118 Cabana Drive, Mooresville, NC PHONE: ALT. PHONE: 704 576-3887 Michael

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines TL Lake Hills TR Cabana at end

SUBDIVISION: Lake Hills Est SECTION: LOT # 11 LOT AREA: .69 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 5-2

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 300+

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

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

System Description: Gravity - 25%

Repair System Description: PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert Stormwater/Surface water away

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. dated 12/6/16

3-20-17: Per applicant, no foundation drains to be installed along the upslope side of the house (encroachment upon the repair lines. (25' minimum otherwise) Recommend pumping septic tank every 3-5 years. Per applicant, more than enough room from rear of 50'6" Deep house to rear PL to adhere to 35' setback. SF

AS BUILT SKETCH

Lines 1-4 66'

Line 5 ~~38'~~

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**

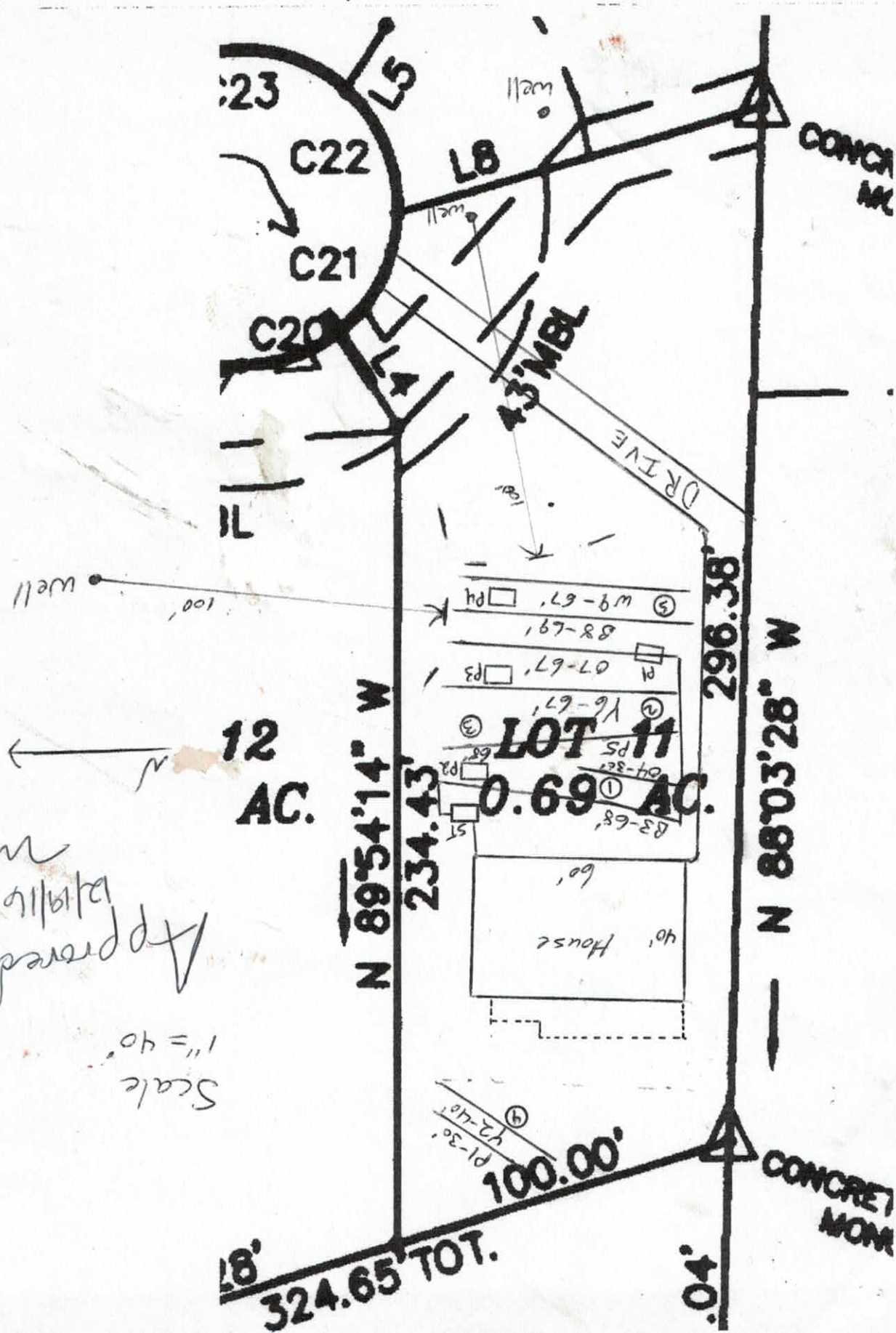
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: M. Pelchat Date: 12/20/16 Installed by:

IMPROVEMENT PERMIT by: Marian Dotson Date: 12/19/16 OPERATION PERMIT by: HUNTER Date: 6-14-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuch Date: 3/20/17 Existing System Inspected by: Date:

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


C23
C22
C21
C20
L5
L6
L4
L3
43'MBL
well
well
well
CONCR
MK
DRIVE
296.38'
N 88°03'28" W
N 89°54'14" W
234.43'
LOT 11
0.69 AC.
12
AC.
House
60'
100.00'
CONCRETE
MONU
324.65' TOT.
Scale
1"=40'
Approved
8/18/16



Approved
12/19/16
MJD

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 118 Cabana Dr., Lake Hills Est. Lot 11
House Footprint: 40' x 60'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private Well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop Boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length
Pink 1		30'
Yellow 2		40'
Blue 3	**68'**	**75'**
Orange 4	**30'**	**30'**
Pink 5	**68'**	**75'**
Yellow6	**67'**	**73'**
Orange 7	**67'**	**70'**
Blue 8		69'
White 9		67'

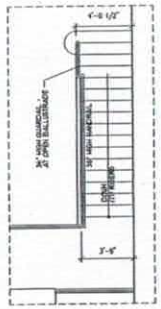
Initial System: 300' **Repair System:** 206'

Comments:



Acknowledgement of
Plans Submittal ONLY!

Date 3/14/17
Date 3/20/17

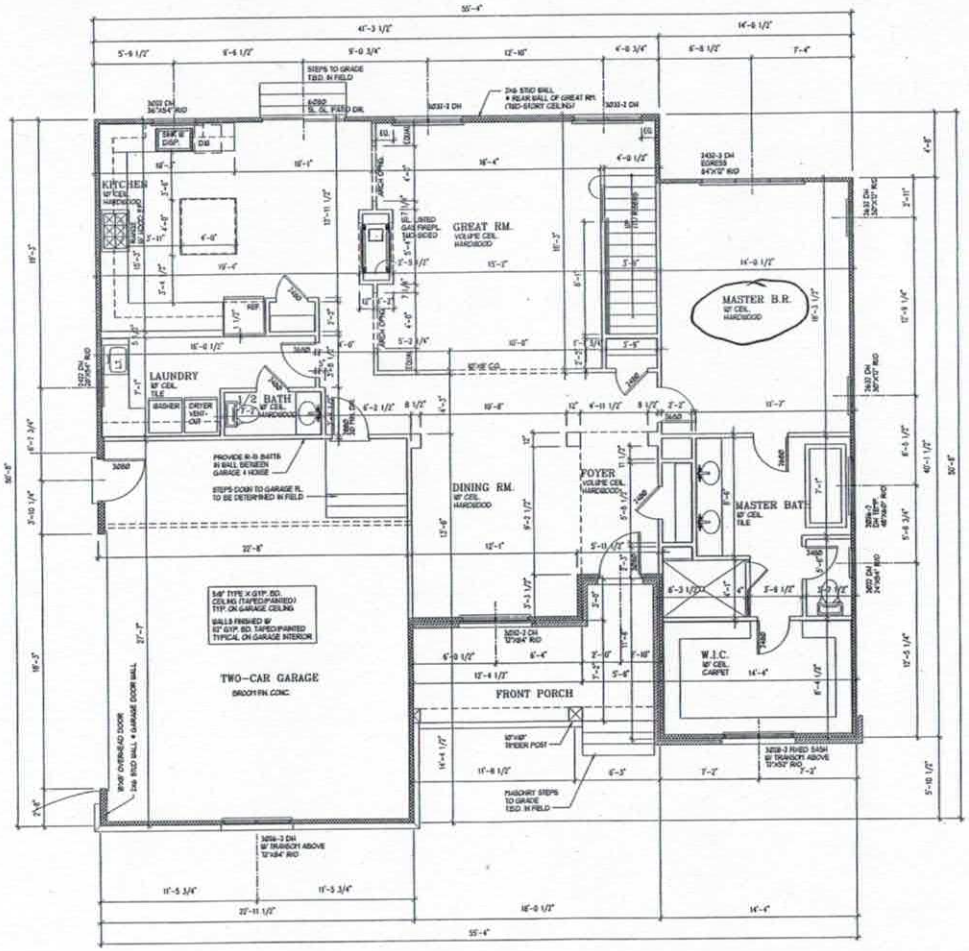


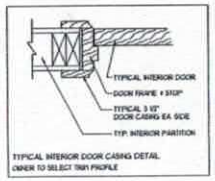
TOTAL RISE = 03 3/4"
(8) RISERS @ 7.85" EA.
(8) TREADS TYPICAL

2 / 1.2 STAIR DETAIL
SCALE: 1/2" = 1'-0"



1 / 1.2 STAIR DETAIL
SCALE: 1/2" = 1'-0"





TYPICAL INTERIOR DOOR CASING DETAIL
OWNER TO SELECT TRIM PROFILE

WALL LEGEND:
TYPICAL EXTERIOR WALL - 2x6 @ 16" O.C. W/ R-19 BATT INSUL.
INTERIOR PARTITION

AREA CALCULATION

MAIN FLOOR HEATED AREA	1748 SF
2ND. FLOOR HEATED AREA	1048 SF
TOTAL=	3458 SF
3rd. FL. BONUS - FUTURE EXPANS.	350 SF
GARAGE AREA	625 SF
COVERED ENTRY	145 SF

WINDOW NOTES:
1. WINDOWS SHALL HAVE FLASHING ALL FOUR-SIDED, AND SHALL BE SEALED ALL FOUR-SIDES, IN ACCORDANCE WITH MANUFACTURER'S SPECIFICATIONS.
2. THE CONTRACTOR SHALL FOLLOW WINDOW MANUFACTURER'S INSTALLATION SPECIFICATIONS.

NOTES:
1. TYPICAL INTERIOR PARTITIONS ARE 3 1/2" WIDE (2x4 STUDS) UNLESS SHOWN OTHERWISE.
2. TYPICAL EXTERIOR WALLS ARE 5 1/2" WIDE (2x4 STUDS).
3. INTERIOR DIMENSIONS ARE TO THE FACE OF STUDS.
4. INTERIOR DIMENSIONS TO EXTERIOR WALLS ARE TO THE OUTSIDE FACE OF THE WALL.
5. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS. NOTIFY THE DESIGNER OF ANY DISCREPENCIES BEFORE PROCEEDING WITH THE WORK.

1 / 1.0 MAIN-LEVEL FLOOR PLAN
SCALE: 1/4" = 1'-0"

STRUCTURAL ENGINEERING:

Scott Fleming Design, LLC
residential design
Charlotte, NC
704.907.3045
scott@
scottflemingdesign.com

PROJECT:
Gore Residence
Lot 11,
Lake Hills Estates
Iredell County, NC

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Content:
MAIN-LEVEL FLOOR PLAN

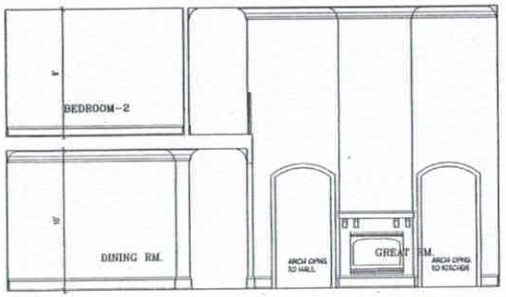
Project
Date 03.11.17
Revisions

Sheet
1.0

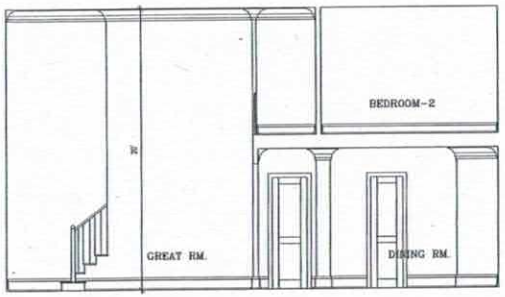
Acknowledgement of
Plans Submittal ONLY!

Date 3/14/17

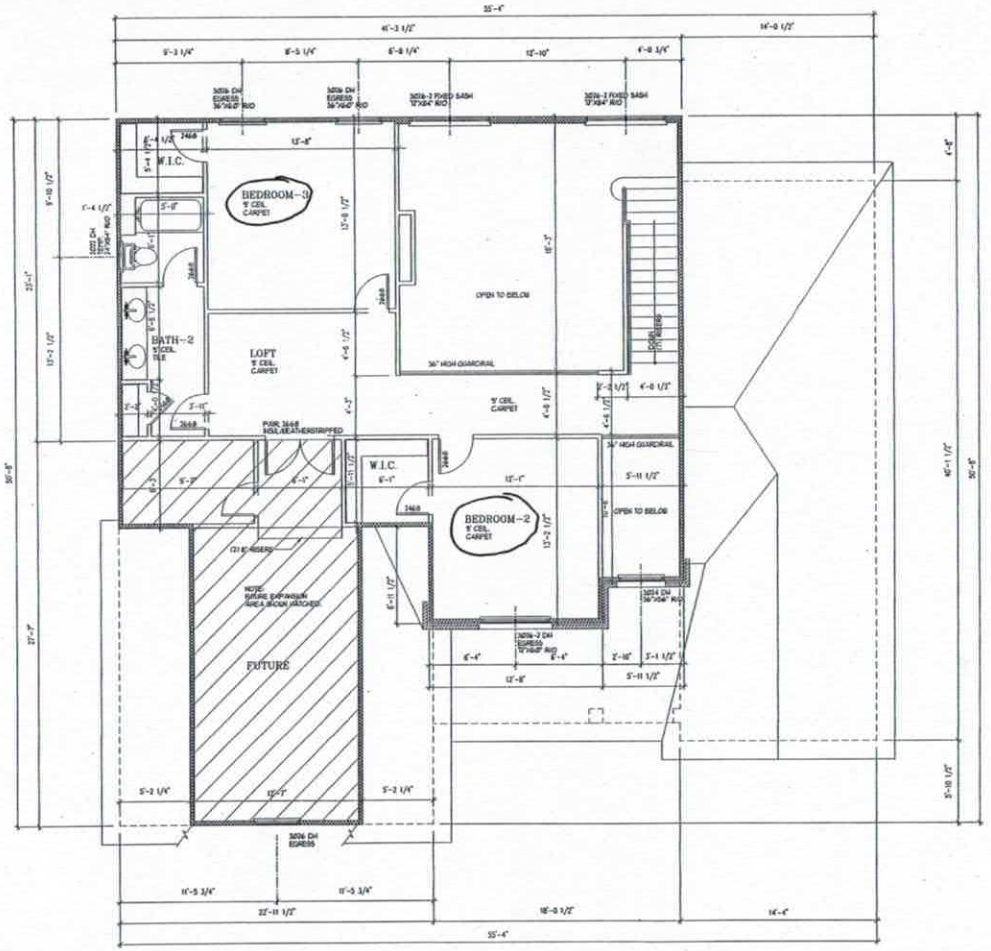
Date 3/20/17



3 / 1.1 GREAT RM. ELEV. – FACING KITCHEN
SCALE: 1/4" = 1'-0"



2 / 1.1 GREAT RM. ELEV. – FACING STAIR
SCALE: 1/4" = 1'-0"



1 / 1.1 2nd. FLOOR– FLOOR PLAN
SCALE: 1/4" = 1'-0"

STRUCTURAL ENGINEERING:

Scott Fleming Design, LLC
residential design
Charlotte, NC
704.907.3045
scott@
scottflemingdesign.com

PROJECT:

Gore Residence
Lot 11,
Lake Hills Estates
Iredell County, NC

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Content:
2nd. FLOOR
FLOOR PLAN

Project
Date 03.11.17
Revisions

Sheet
1.1

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

PROPERTY ID #: 4635391236
COUNTY: Iredell

Approved 12/19/16 MD

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

OWNER: Jeffery Lowrance
APPLICATION DATE
ADDRESS: 1212 S Magnolia St., Mooresville, NC 28117
DATE EVALUATED:
PROPOSED FACILITY: 3 bdrm
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 0.69 AC
LOCATION OF SITE: 118 Cabana Dr, Lake Hills Est Lot 11
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	
PIT 1	LS 30%	0-18	R C SBK	FR SS SP SEXP	N/A	36"	F-C SAP	N/A	PS 0.3-0.4
		18-36	R CL WSBK	FR SS SP SEXP					
		36-62	SL SAP M	VFR SS SP SEXP			PS		
PIT 2	LS 5%	0-30	R C SBK	FR SS SP SEXP	N/A	52"	F-C SAP	N/A	PS 0.3+
		30-52	R CL WSBK	FR SS SP SEXP					
		52-57	SL SAP M	VFR SS SP SEXP			PS		
PIT 3	LS 30%	0-24	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3-0.4
		24-48	R CL WSBK	FR SS SP SEXP					
		48-62	SL/L SAP M	VFR SS SP SEXP			PS		
PIT 4	LS 8%	0-14	Br CL WSBK	FR SS SP SEXP	N/A	48"		N/A	PS 0.3+
		14-32	R C SBK	FR SS SP SEXP					
		32-48	R CL WSBK	FR SS SP SEXP			F-C SAP		
		48-67	SL SAP M	VFR SS SP SEXP			PS		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	900 FT2	612 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

Approved 12/9/16 MD

PROPERTY ID #: 4635391236
DATE OF EVALUATION: _____
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LS 5%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 30%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	40"	F-C SAP PS	N/A	PS 0.3
		4-20	R C SBK	FR SS SP SEXP					
		20-40	R CL WSBK	FR SS SP SEXP					
		40-48	SL SAP M	VFR SS SP SEXP					
AB 3	LS 30%	0-28	R C SBK	FR SS SP SEXP	N/A	28"	Few SAP PS	N/A	PS 0.3-0.4
		28-52	SL SAP M	VFR SS SP SEXP					
AB 4	LS 8%	0-36	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		36-48	R CL WSBK	FR SS SP SEXP					
AB 5	LS 8%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		8-40	R C SBK	FR SS SP SEXP					
		40-48	R CL WSBK	FR SS SP SEXP					

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

RECEIVED MAR 14 2017

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 #
Jeff Pelchat	130-C Ostwalt Amity Rd.		704-528-3999
Jon Gove			704-881-1448

Owner Name | **Mailing Address** | **Home Phone #** | **Alternate Phone #**

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
118 Cabana Dr.	Lake Hills Estates	Lot 11

Driving Directions: _____

****

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 3
Maximum Number of Occupants 6
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: _____ 3/14/17

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

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) **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: Jeff Pelchat **Address:** 130-C Oswalt Amity Rd Trout man NC 28166 **Phone:** Jeff @ prestigebuildingcompany.com

Owner Name: Jeffrey Lowrance **Address:** 1212 S. Magnolia St Mooresville NC 28115 **Phone:**

Property Information:

Street Address: 118 Cabana Dr.

Subdivision Name: Lake Hills Est **Section/Phase:** _____ **Lot Number:** 11

Driving Directions: BSR, TL Isle of Pines, TL Lake Hills, TR Cabana, L end

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

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

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

(X) 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:

(X) 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 (X) Other: Accepted

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: _____ 12/6/2016
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

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, Jonathan Gore, am the legal owner(s) of the property located at 318 Cabanna dr, identified as PIN (Parcel Identification Number) 4635-39-1236, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas + Associates, 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.

Jon Gore — 11/27/16
Signature of Owner(s) — Date

[signature] — 11/27/16
Signature of Witness — Date

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

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

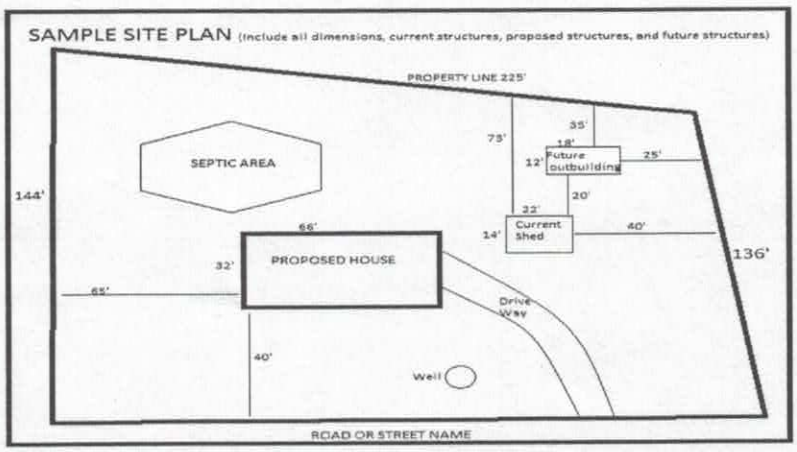
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See septic plan permit

Signature: _____

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

3/14/17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

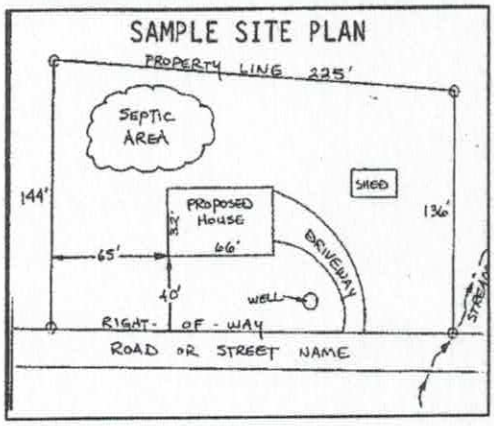
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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**

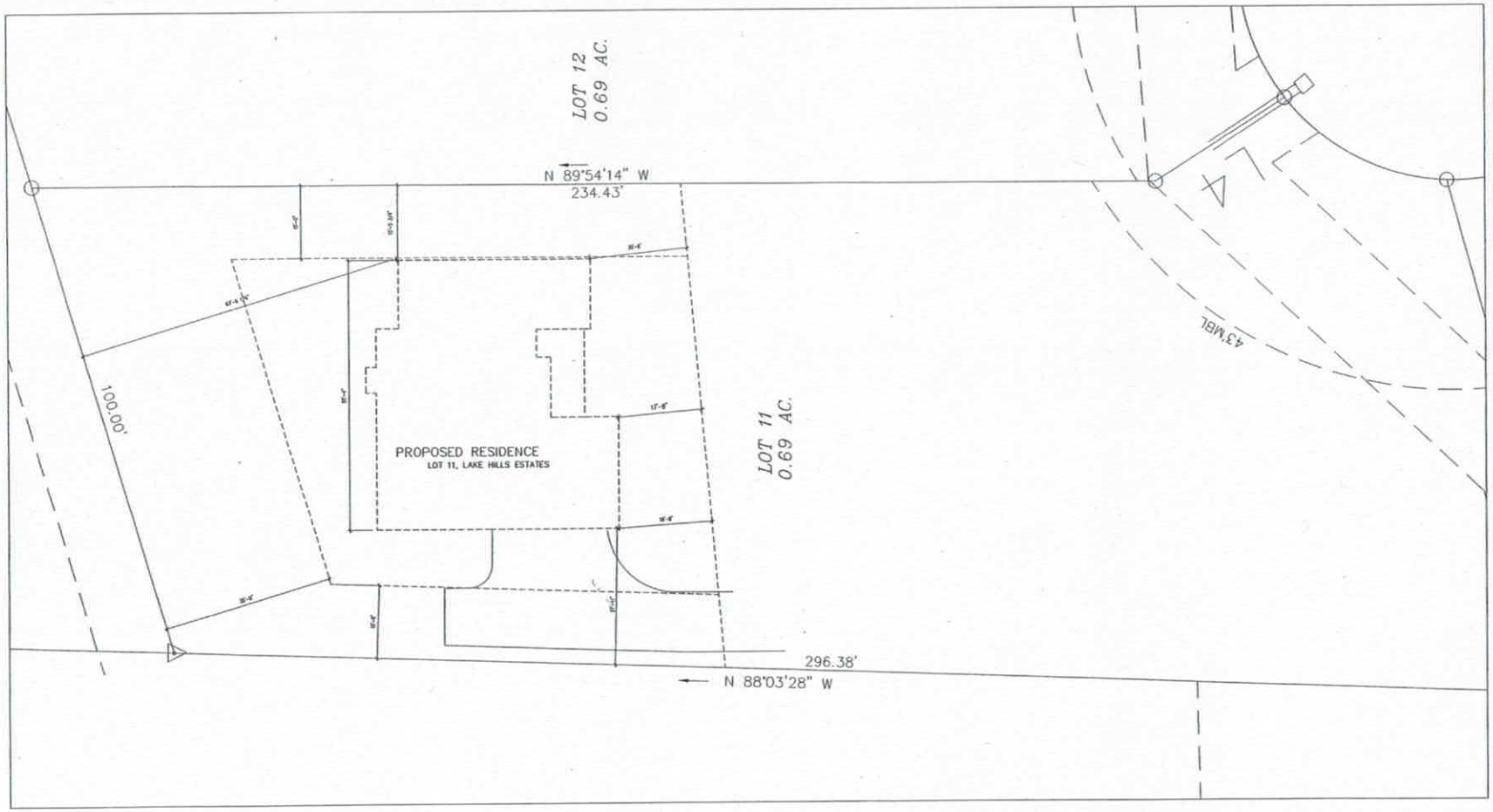
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached Plan

Signature: _____ 12/6/2016

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



NOTES:
1. THIS SITE PLAN DEPICTS THE GENERAL INTENT OF THE WORK. SEE BOUNDARY SURVEY FOR COMPLETE SITE INFORMATION, AND LOCATION OF PROPOSED IMPROVEMENTS.
2. CONTRACTOR SHALL VERIFY EXISTING CONDITIONS PRIOR TO ISSUANCE OF A BID, AND COMMENCEMENT OF WORK.

1 / SP1 SITE PLAN
SCALE: 1" = 10'-0"

STRUCTURAL ENGINEERING

Scott Fleming Design, LLC
residential design
Charlotte, NC
704.907.3045
scott@
scottflemingdesign.com

PROJECT:

Gore Residence
Lot 11,
Lake Hills Estates
Iredell County, NC

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Content:
SITE PLAN

Project
Date 03.11.17
Revisions

Sheet
SP1

IREDELL COUNTY

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

APPLICATION NUMBER
223487
Issue Date: 12/01/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4635391236.000	118 CABANA DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LOWRANCE JEFFREY C+JANICE D	Applicant: MICHAEL ATHANAS & ASSO
Address: 1212 S MAGNOLIA ST MOORESVILLE, NC 28117	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	R20

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: _____ Date: _____

Permit Number	86991	TOTAL FEES:	$ 77.25