IREDELL COUNTY H

SEPTIC IMPROVEMENT PERMIT /

APPLICANT/OWNER: Lakeshore

SITE ADDRESS: 251 Cove

SITE DIRECTIONS: BSR towards

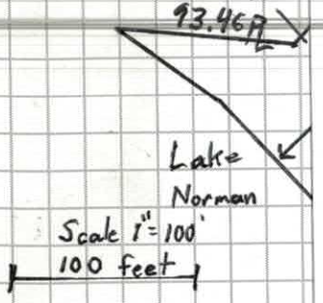
SUBDIVISION: Chesapeal

Septic Tank	1000	(gal)	STB
Pump Tank	1000	(gal)	PT
Pump Make		Model	
# Nitrification Fields	1	# Lines	4
Trench Width	24"	Trench Bottom	

Comments / Conditions: Recommend

Also recommend settin

	Length	Tap Size
L_1	67'	1½" SCH 40
L_2	67'	1½" SCH 40
L_3	67'	1½" SCH 40
L_4	67'	1½" SCH 40



Permit can be suspended or revoked if any false inform

☐ IMPROVEMENT PERMIT *with plat* valid wit

Owner / Applicant Signature:

IMPROVEMENT PERMIT by: Tom

AUTHORIZATION TO CONSTRUCT by:

FOR SEPTI

IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 MO

PERMIT # 239112

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

PIN # 4636-01-4450

APPLICANT/OWNER: Lakeshore Holdings LLC APPLICANT ADDRESS: 132 Marbuldace Ave. Mooresville, NC

SITE ADDRESS: 251 Cove Creek Loop Mooresville, NC 28117 PHONE: 901-949-9109 ALT. PHONE

SITE DIRECTIONS: BSR towards Lake Norman → L on Isle of Pines → R on Cove Creek Loop 4th on Right SAP CONTROLLED: ☐ YES ☒ NO

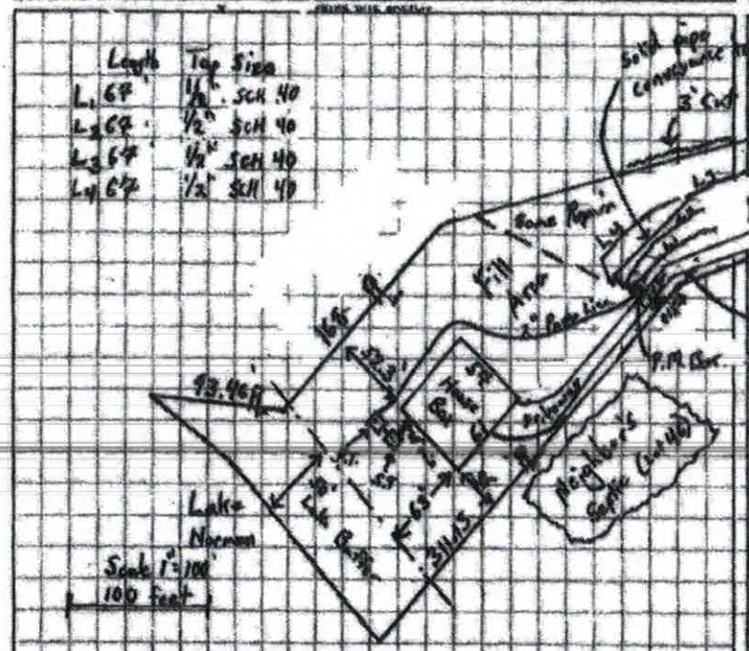
SUBDIVISION: Chesapeake Point SECTION: 3 LOT # 45 LOT AREA: 1.542 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB 760	Date 4-3-14	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT 368	Date 3-9-14	System Description: PM- 50% Reduction (PPBPS)				☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #	Repair System Description: 50% Reduction (PPBPS)				☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft. 268	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	31"	Gravel Depth			☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

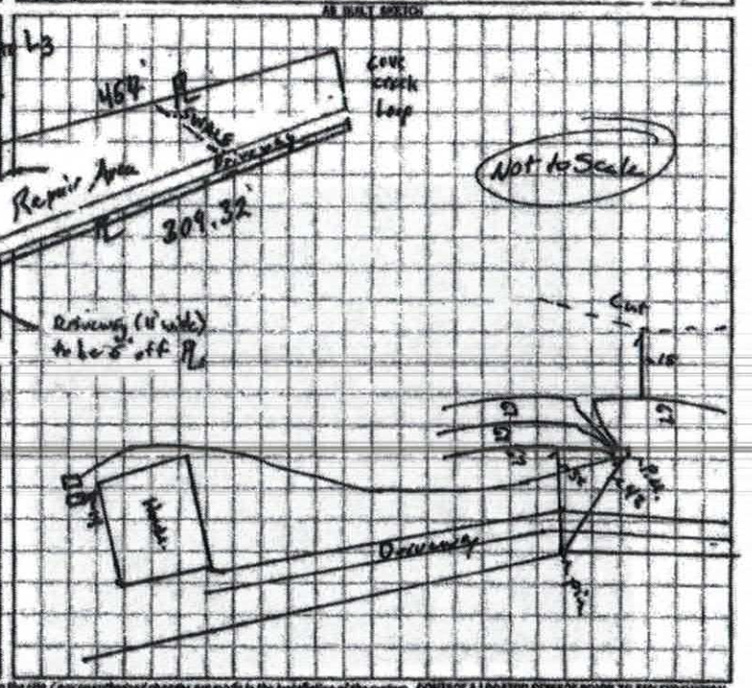
Comments / Conditions: Recommend pumping septic tank every 3-5 years. Also recommend setting control floats to be on timer control

16 Panels per line (64 total). Recommend setting floats to dose no more than 195 gallons per pumping event.

	Length	Tap Size
L_1	67'	1½" SCH 40
L_2	67'	1½" SCH 40
L_3	67'	1½" SCH 40
L_4	67'	1½" SCH 40



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 to the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

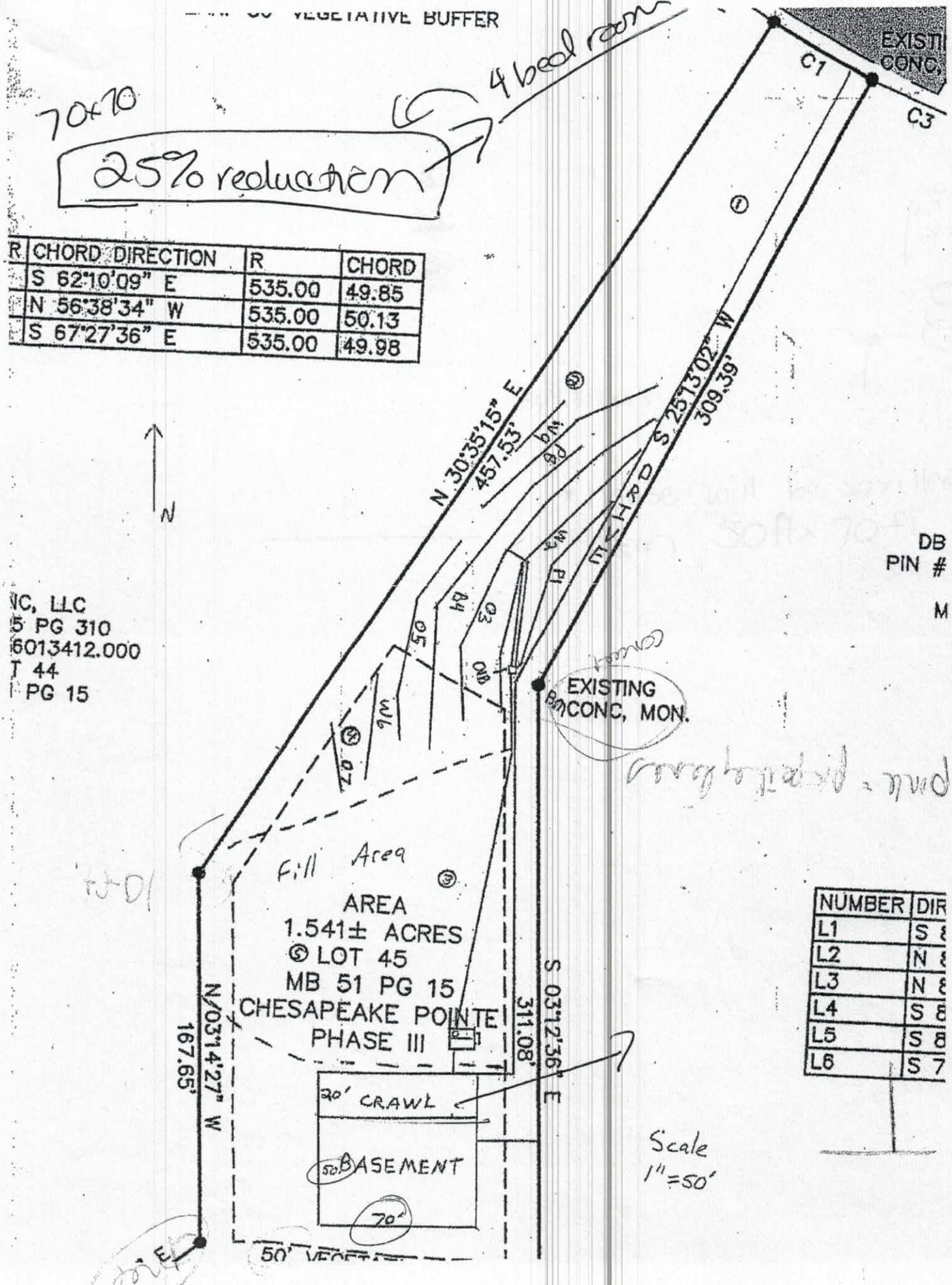
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT - not to exceed 60 mo.

Owner / Applicant Signature: Tom Shuck Date: 10/25/18 Installed by: Shutts Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/10/2018 OPERATION PERMIT by: [signature] Date: 7-8-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/30/2018 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.



R	CHORD DIRECTION	R	CHORD
	S 62°10'09" E	535.00	49.85
	N 56°38'34" W	535.00	50.13
	S 67°27'36" E	535.00	49.98

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

PROPERTY ID #: _____
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE_____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _6 Bedroom_____ PROPOSED DESIGN FLOW (.1949): _720 GPD____ PROPERTY SIZE: _____
LOCATION OF SITE: __Chesapeake Pt lot 45_____ 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	
1	LS 7%	0-30	FILL						US
2	LS 15%	0-48	R C SBK	FR SS SP		48"			PS 0.3
3	LS 3%	0-18	FILL			45"			PS 0.3
		18-30	R C SBK	FR SS SP					
		30-45	R CL WSBK	FR SS SP					
		45-48	R SL SAP	FR SS SP					
4	LS 3%	0-18	R C SBK	FR SS SP		48"	Com Sap		PS 0.3
		18-48	R CL WSBK	FR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	800 FT2	800 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _M A & Associates_____
OTHER(S) PRESENT: _____

COMMENTS: _____

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	138049ZO	Subdivision:	Chesapeake Point Ph 3
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Cove Creek Rd. Mooresville NC 28117		
Parcel #:	4636120237.045	Zoning:	R20
Lot #:	45 Size: 1.5	Flood Plain:	No Watershed: WSIV-CA
Applicant:	S&ME INC. ENGINEERING (Toney Jacobs)	Owner:	Chesapeake Pointe LLC
Address:	105D DENVER BUSINESS PARK DR Mooresville NC 28115	Address:	7380 McGinnis Ferry Road Suwanee, GA 30024
Phone:	704-662-8625	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 30000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

DEVELOPER PERMIT

Directions:

Brawley School Road, left Isle of Pines, right Cove Creek, on right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS

Printed: 9/8/2006

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Lakeshore Holdings, LLC Address: 132 Marketplace Ave Zip: 28117
Applicant Email: laremisthomes@yahoo Phone: 704-799-1204 Alt. Phone: —
Owner Name: Bridgett Respess ess: 129 Cicero Ln. Mooresville Zip: 28117
Owner Em?: Bridgethrespess@gmail Phone: 804-387-1018 NC —

Property Information:

Street Address: 251 Cove Creek Loop, Mooresville, NC 28117
Subdivision Name: Chesapeake Point Section/Phase: ____ Lot Number: 45
Driving Directions: Brawley School Road towards Point, Left on Isle of Pines Road, Right on Cove Creek Loop Mooresville NC 28117

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: ____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: ____
( ) Swimming Pool
( ) Other Addition/Structure: ____

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

Non-Residential Site Development: Type of Business: ____
Square Footage of Building: ____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: ____
( ) Multi-connection Well Number of Houses: ____ Number of Persons: ____

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water (Aqua)

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: ____
( ) No Preference ( ) Alternative (X) 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: Bridgett Respess 8/29/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Paid $105.00 RD
10-9-13 Ltd Relay

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

voicemail full on 10/2 @ 8:52

Applicant Information:

current 129 Cicero Lane Mooresville NC 28117 *804.317.1018

Applicant Name: Bridgett Respess Address: 251 Cave Creek loop Phone: 704 799 2147

Owner Name: John Whitley Address: 251 Cave Creek loop Phone:

Line Disconnected per 10/29/18 @ 8:50am

Property Information:

Street Address: 251 Cave Creek loop Mooresville NC 28117

Subdivision Name: Chesapeake Point Section/Phase: III Lot Number: 45

Driving Directions: Brawley School to left on Isle of Pines
Right on Cave Creek #251

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: 5
( ) 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: 25% reduct

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: Bridgett Respess Oct. 9, 2013

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

06-14-13
pd #1950.00 MS

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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: (X) Improvement Permit ___ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 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 #
Michael Athanas + Assoc.	1999 Cauldwick Dr Fort Mill SC 29715		803 802 4403
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
251 Cove Creek Lp	Chesapeake Pt	Lot 45

Driving Directions: BSR, TL Isle of Pines, TR Cove Creek, on Rt

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

(X) 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 6
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in ___ *YEAR*

( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: [signature] REHS — 6/14/2013
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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:** (X) Improvement Permit ( ) Authorization To Construct ( ) BOTH ( ) 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:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Chesapeake Pointe, LLC	7380 McGinnis Ferry Rd Sloanee, GA 30024		(678) 300-8521
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Chesapeake Pointe	Lot 45

Driving Directions: Brawley School Rd, L Isle of Pines, R Cove Creek (subdivision entrance)

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

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

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

****

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

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) 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.

9. **Signature:** Martin E. Marks — 9-11-06

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, Bridgett Reppess, am the legal owner(s) of the property located at 251 Cove Creek Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4663601445.0, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lakeshore Holdings, LLC Aaron Feldman, 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.

Bridgett Reppess Aug. 29, 2018 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

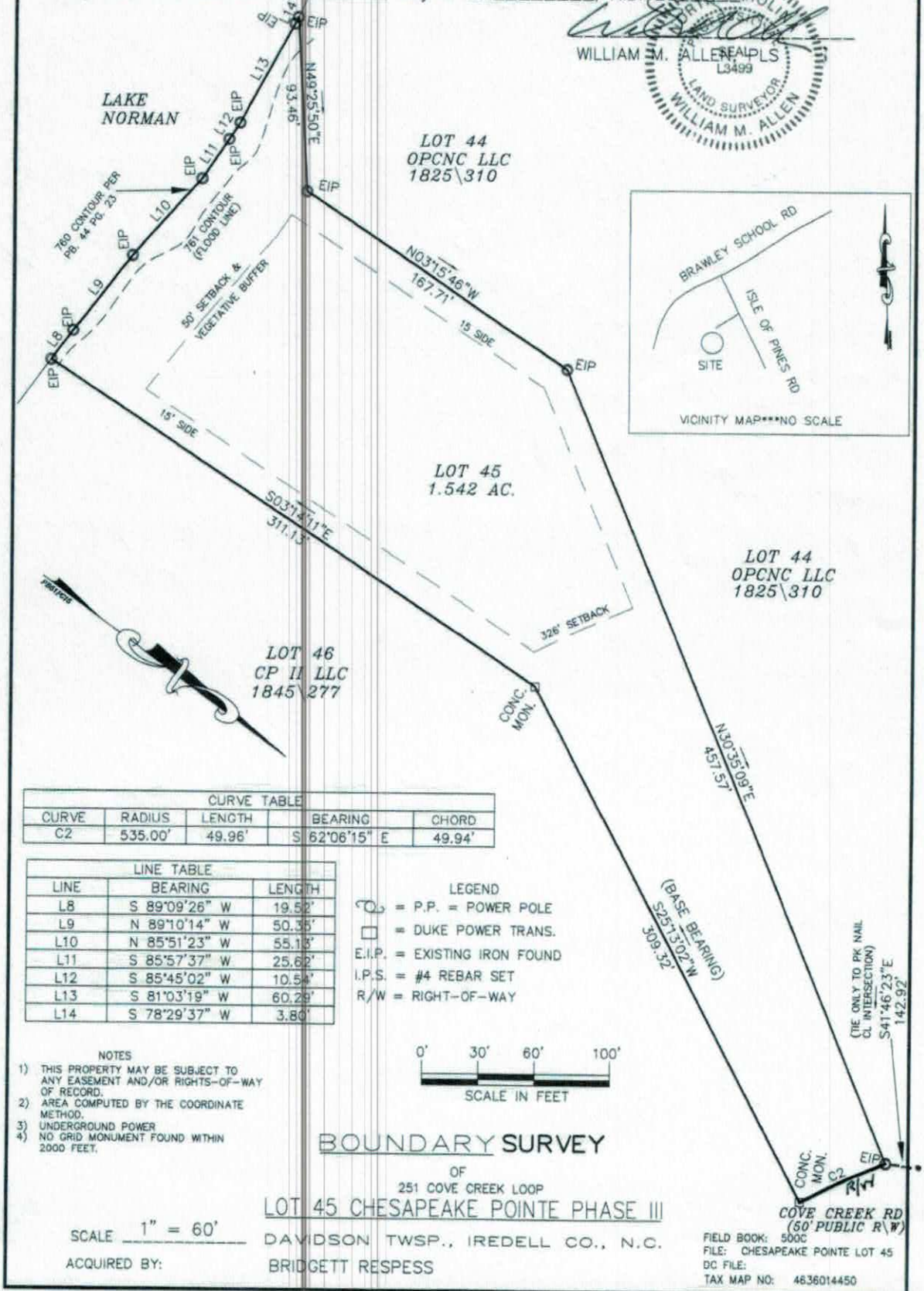
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-D 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 2177, page 1236, and/or plat book 51, page 15, 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 14, day of NOV., A.D. 20[illegible]

NORTH CAROLINA
WILLIAM M. ALLEN, PLS
L3499
SEAL
LAND SURVEYOR
WILLIAM M. ALLEN



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C2	535.00'	49.96'	S 62°06'15" E	49.94'

LINE TABLE		
LINE	BEARING	LENGTH
L8	S 89°09'26" W	19.52'
L9	N 89°10'14" W	50.35'
L10	N 85°51'23" W	55.13'
L11	S 85°57'37" W	25.62'
L12	S 85°45'02" W	10.54'
L13	S 81°03'19" W	60.29'
L14	S 78°29'37" W	3.80'

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

0' 30' 60' 100'
SCALE IN FEET

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

BOUNDARY SURVEY

OF
251 COVE CREEK LOOP
LOT 45 CHESAPEAKE POINTE PHASE III
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 60'
ACQUIRED BY: BRIDGETT RESPESS

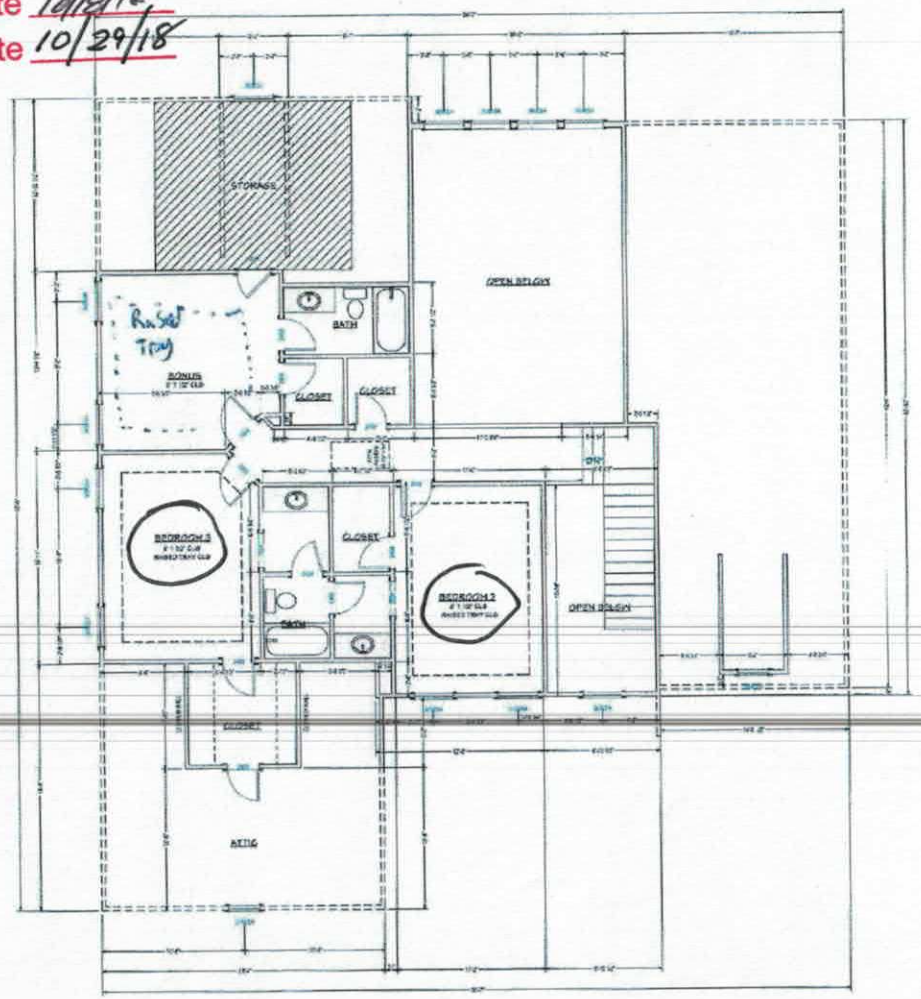
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FILE: CHESAPEAKE POINTE LOT 45
DC FILE:
TAX MAP NO: 4636014450

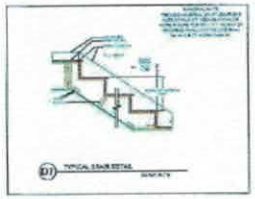
Acknowledgement of
Plans Submittal ONLY!

Date 10/18/18

Date 10/29/18

SQUARE FOOTAGE	
1ST FLOOR HEATED	2041
2ND FLOOR HEATED	419
TOTAL HEATED	3068
UNFIN BASEMENT	2041
GARAGES	667
PORCHES	301
TOTAL UNDER ROOF	4129





SECOND FLOOR PLAN

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

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Respess Residence
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:
8/21/2018

SCALE:

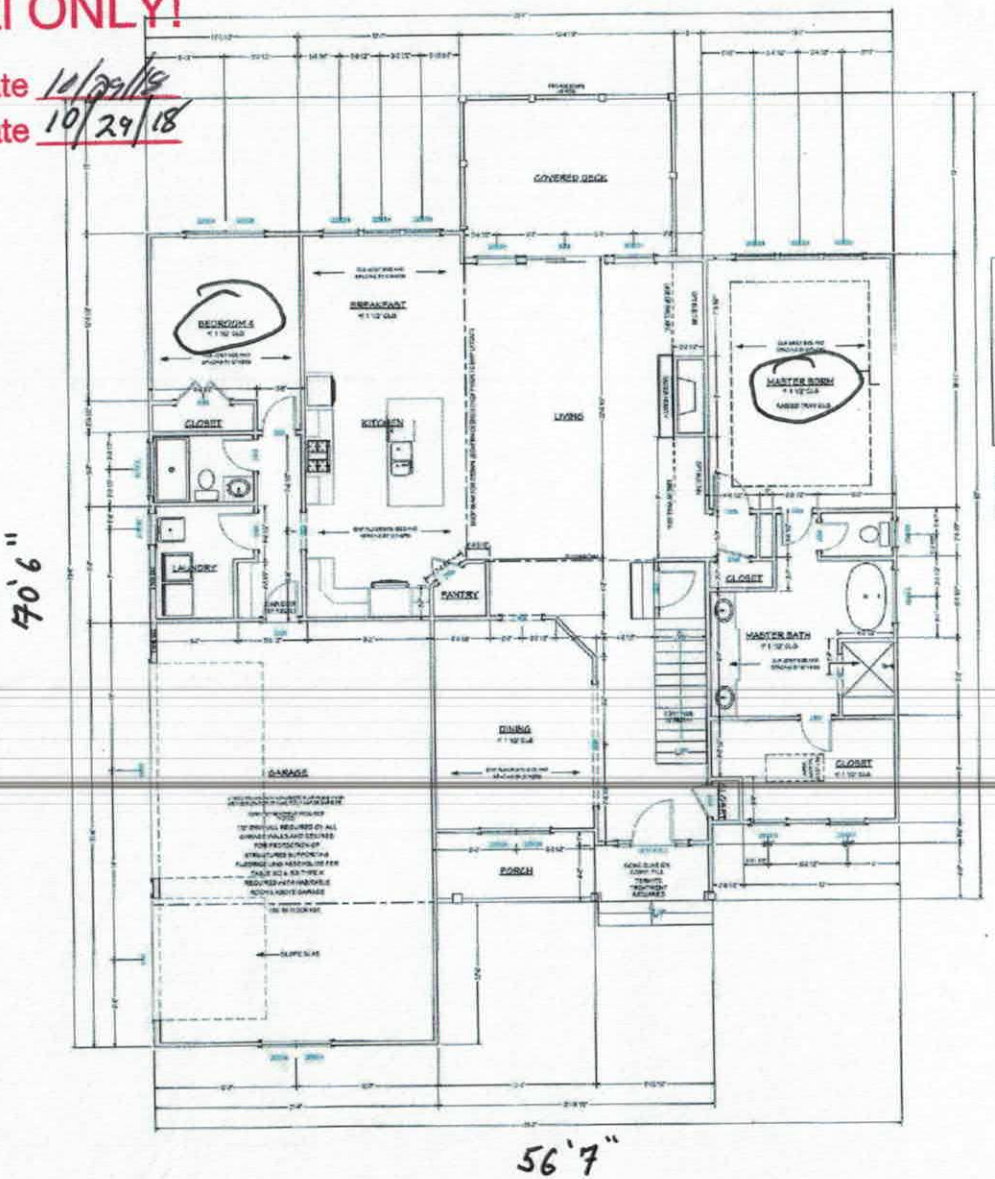
SHEET:
A-7

KHR BSR

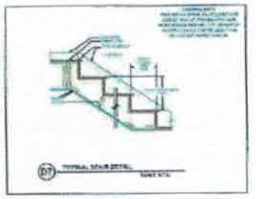
Acknowledgement of
Plans Submittal ONLY!

Date 10/29/18

Tom Studt Date 10/29/18



SQUARE FOOTAGE	
1ST FLOOR HEATED	2048
2ND FLOOR HEATED	435
TOTAL HEATED	2983
LWFN BASEMENT	2041
GARAGES	667
PORCHES	301
TOTAL UNDER ROOF	6128



FIRST FLOOR PLAN
SCALE 1/4" = 1'-0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Respess Residence
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:
8/21/2018

SCALE:

SHEET:
A-6

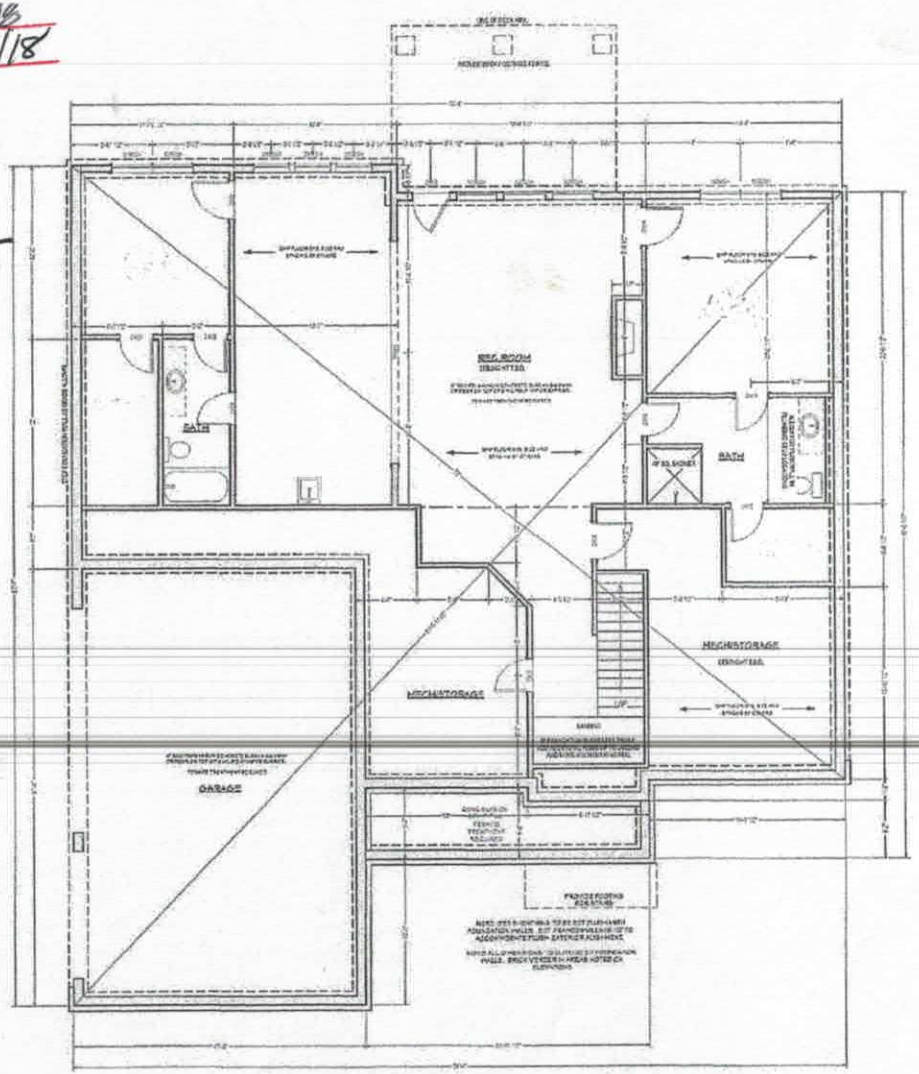
KHR BL

Acknowledgement of
Plans Submittal ONLY!

Tom Shuck Date 10/29/18
Date 10/30/18

★ No bedrooms
in basement ★

SQUARE FOOTAGE	
1ST FLOOR HEATED	2093
2ND FLOOR HEATED	979
TOTAL HEATED	3086
UNFIN BASEMENT	2291
GARAGES	687
PORCHES	301
TOTAL UNDER ROOF	6125



BASEMENT / FOUNDATION PLAN

SCALE 1/4" = 1'-0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Respess Residence
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE: 8/21/2018

SCALE:

SHEET: A-5

KHR BR