IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216790

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

PIN # 4636-03-7825 6880

APPLICANT: CP II LLC APPLICANT ADDRESS: 3125 Presidential Pkwy Ste 300 Atlanta GA 30340

SITE ADDRESS: 111 Leeward Shoals, Mrsvl. 28117 PHONE: 704-928-9215 ALT. PHONE:

SITE DIRECTIONS: BSR, TL on Isle of Pines, TR on Cove Creek, TR Leeward Shoals, Lot on L

SUBDIVISION: Chesspeake Pointe SECTION: 5 LOT # 109 LOT AREA: 1.484 ac DESIGN FLOW: 480gpd L.T.A.R.: 0.3 (1) 0.1 (R)

Septic Tank	1000	(gal)	STB	Infiltrator	Date	IM-1060	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply					
Pump Tank	1000	(gal)	PT	Infiltrator	Date	IM-1060	System Description:	Pump PM 25% Reduction			☐ Business	No. Persons	8	☐ Private					
Pump Make	Liberty	Model	290		Serial #		Repair System Description:	Pretreated Drip Iss. TSI			☐ Other	No. Employees		☐ Public					
# Nitrification Fields	1	# Lines	5		Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☑ Community					
Trench Width	36"	Max. Trench Bottom Depth	* 36" *		Gravel Depth	N/A		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing					

Comments / Conditions: * Install Trenches 36" Deep *

*New lot configuration plat must be recorded prior to issuing A-C.

INITIAL SITE SKETCH

	Date	Initials
Drain Lines Checked	1/25/18	~~SR~~
Tanks Checked	1/25/18	~~SR~~
Pressure Manifold or Valve Box Checked	3-15-18	KW
Pressure Head Set		KW
Electrical Checked		KW
Floats Set		KW
Alarm Checked		KW
Maintenance Contract Y (N)	not required	
Comments:		

by

(Approved 3-31-16) AZP

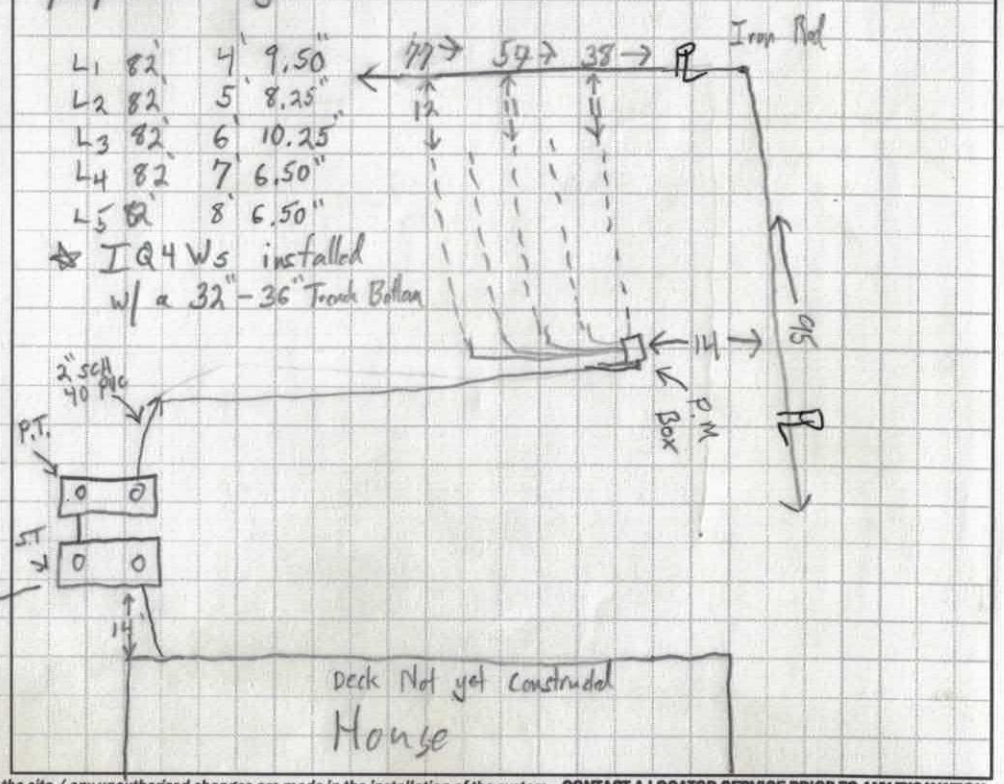
TOP OF CREEK DROPOFF 57'

AS BUILT SKETCH

1/25/2018: Polylok PL-68 Effluent Filter

L1	82'	4'	9.50"
L2	82'	5'	8.25"
L3	82'	6'	10.25"
L4	82'	7'	6.50"
L5	82'	8'	6.50"

* IQ4WS installed w/ a 32"-36" Trench Bottom



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

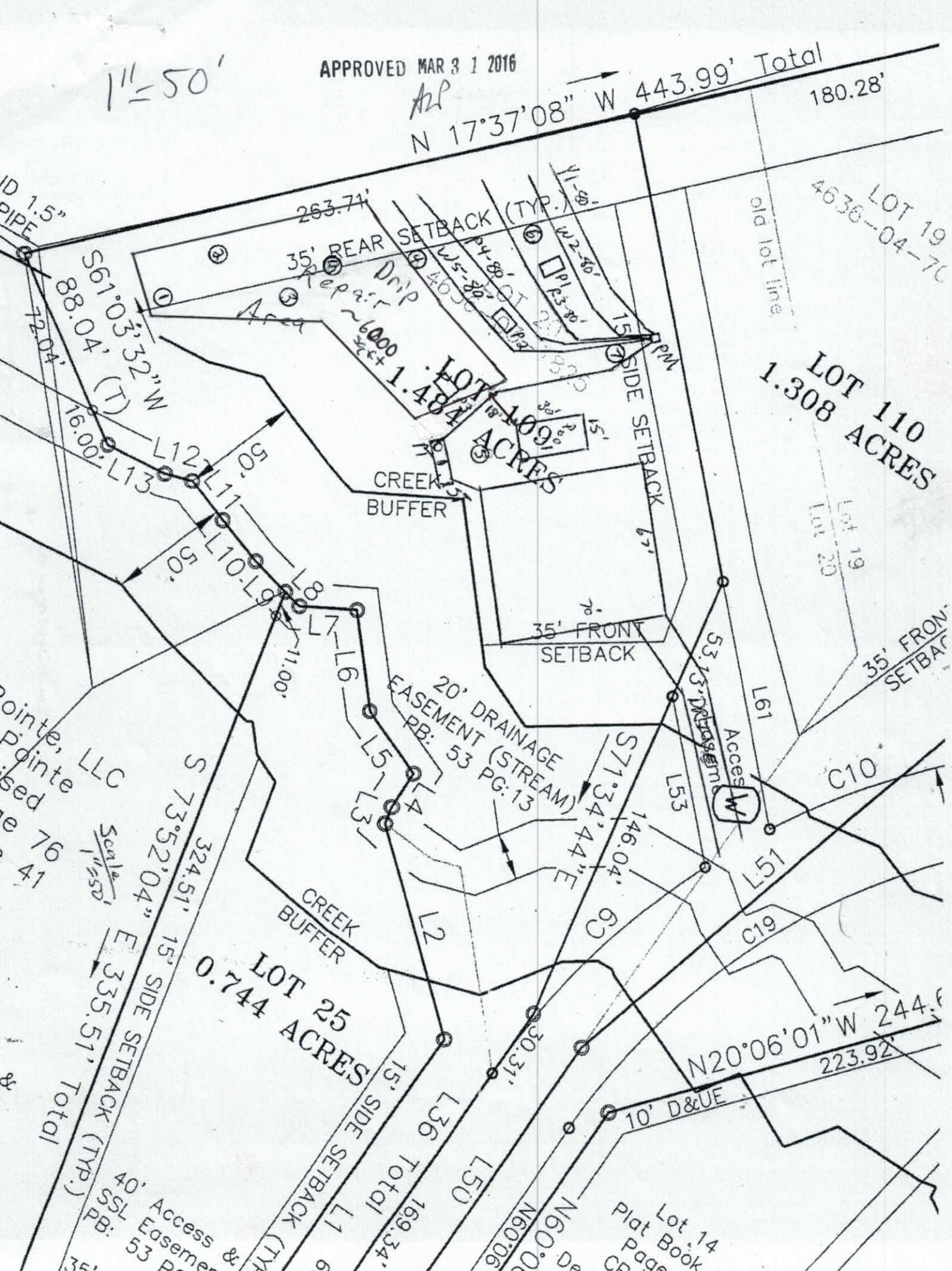
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 4/18/16 Installed by: Abernathy

IMPROVEMENT PERMIT by: Date: 3-31-16 OPERATION PERMIT by: Date: 3-15-18

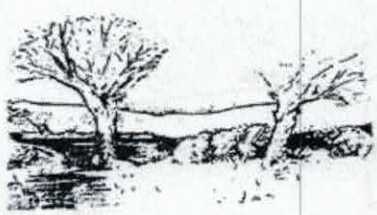
AUTHORIZATION TO CONSTRUCT by: Date: 7-28-16 Existing System Inspected by: Date:

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


1"=50'
APPROVED MAR 3 1 2016
N 17°37'08" W 443.99' Total
180.28'
263.71'
35' REAR SETBACK (TYP.)
Drip
Area
~6000 sq ft
LOT 109
1.484 ACRES
LOT 110
1.308 ACRES
15' SIDE SETBACK
old lot line
LOT 19
4636-04-7C
Lot 19
Lot 20
CREEK BUFFER
35' FRONT SETBACK
20' DRAINAGE EASEMENT (STREAM)
PB: 53 PG: 13
S61°03'32"W
88.04' (T)
72.04'
16.00'
50.'
L12
L13
L11
L10
L9
L8
L7
L6
L5
L4
L3
L2
L61
L53
L51
C10
C9
C19
S71°24'44"E
146.04'
S 73°52'04" E 335.51' Total
324.51'
15' SIDE SETBACK (TYP.)
LOT 25
0.744 ACRES
L36 Total
169.34'
L50
30.31'
N20°06'01"W 244.
223.92'
10' D&UE
Lot 14
Plat Book
Page
Scale 1"=50'

APPROVED MAR 3 1 2016

AP



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

Reference: Data Sheet for 111 Leeward Shoals Ln., Chesapeake Pt Lot 109
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community water
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.1 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip irrigation
Distribution: Pressure manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 27.4 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.4 minutes
Elevation Head: 21.4'
Friction Head: 2'
Pressure Head: 2'
Total Dynamic Head: 25.4'
Supply Line Length: 105' 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length	Elevation
Yellow 1	80'	85'	4.1'
White 2	80'	100'	5.1'
Red 3	80'	100'	5.9'
Pink 4	80'	100'	7.8'
White 5	80'	100'	9.1'

Initial System: 400' **Repair System:** 4800+ FT2
Pump Tank: 20.5' **House Corner:** 19.9' **Benchmark:** 1.0'

Comments:
Do not cut within 15' of the septic area.

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

PROPERTY ID #: _____
COUNTY: _Iredell____

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

OWNER: _CP II LLC_____ APPLICATION DATE_____
ADDRESS: 3125 Presidential Pkwy STE 200, Atlanta, GA 30340_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD____ PROPERTY SIZE: ___1.822 AC__
LOCATION OF SITE: 111 Leeward Shoals, Chesapeake Pt lot 109_____ PROPERTY RECORDED: __2016_____
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 12%	0-5	Br CL WSBK	FR SS SP SEXP	F-C YB CHR 2 @ 29"	29"	N/A	N/A	PS 0.25
		5-29	R SC WSBK	FR SS SP SEXP					
2	LS 12%	0-4	Br CL WSBK	FR SS SP SEXP	F-C YB CHR 2 @ 24"	24"	N/A	N/A	PS 0.1 DRIP
		4-24	R C SBK	FR SS SP SEXP					
3	LS 12%	0-16	Br SCL WSBK	FR SS SP SEXP	N/A	40"	F-C SAP	N/A	PS 0.3
		16-40	YR CL WSBK	FR SS SP SEXP					
		40-48	SL/L SAP M	VFR SS SP					
4	LS 12%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	32"	F-C SAP	N/A	PS 0.3-0.4
		3-32	R C SBK	FR SS SP SEXP					
		32-48	VER L SAP M	VFR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 ft2	4800 ft2
System Type(s)	25% Reduction	Drip
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

APPROVED MAR 3 1 2016

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

PROPERTY ID #: Ches Pt 109
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
5	LS 12%	0-10	Br CL WSBK	FR SS SP SEXP	Few Mn/YB	48"	Few SAP	N/A	PS 0.25
		10-40	R C SBK	FR SS SP SEXP					
		40-48	R CL WSBK	FR SS SP SEXP					
6	LS 7%	0-22	R C SBK	FR SS SP SEXP	N/A	22"	N/A	N/A	PS 0.3-0.4
		22-48	VER L SAP M	VFR SS SP SEXP					
7	LS 7%	0-18	R C SBK	FR SS SP SEXP	N/A	22"	PS	N/A	PS 0.3-0.4
		18-48	VER L SAP M	VFR SS SP SEXP					
8	LS 12%	0-24	R C SBK	FR SS SP SEXP	N/A	36"	F-C SAP	N/A	PS 0.3
		24-36	R CL WSBK	FR SS SP SEXP					
		36-48	VER L SAP M	VFR SS SP SEXP					
P 1	LS 7%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	27"	Com SAP PS	N/A	PS 0.25-0.275 TO 27" >27"-0.4-0.45
		3-17	BrR C ABK	FI S P SEXP					
		17-27	BrR C ABK	FI S P SEXP					
		27-66	VER L SAP M	VFR SS SP SEXP					

COMMENTS:

APPROVED MAR 3 1 2016

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

PROPERTY ID #: _Ches Pt 109____
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
P 2	LS 7%	0-7	Br SCL WSBK	FR SS SP SEXP	N/A	32"	Com SAP PS	N/A	PS 0.3
		7-16	BrR C SBK	FI S P SEXP					
		16-32	BrR C ABK/SBK	FI S P SEXP					
		32-62	VER L SAP M	VFR SS SP SEXP					
P 3	LS 15%	0-4	Br SCL GR	FR SS SP SEXP	@ 18" Com Red clay veins in Lithochromic colors Possible CHR 2	18"	N/A	N/A	PS 0.1 DRIP
		4-12	YR C ABK	FI S P SEXP					
		12-18	YR C WSBK	FI S P SEXP					
		18-60	Str Br C VWSBK	FI S P SEXP					

RECEIVED JUL 25 2016

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
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 #
Mark Benitez	5160 River Hwy Suite 301 Mooresville	704-928-9215	
Peachtree Residential	7380 McGinnis Ferry Atlanta GA	770 622-2522	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
111 Leeward Shoals	Chesapeake Pointe	109

Driving Directions: Brawley School (Lt) onto Isle of Pines (Rt) onto Cove Creek (Rt) onto Leeward Shoals

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 8
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 ( ) 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: ___ 7/25/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

(R)

IREDELL COUNTY HEALTH DEPARTMENT

Paid $700.00 4-18-16

ENVIRONMENTAL HEALTH DIVISION RECEIVED FEB 23 2016

PAGE 1: *APPLICATION FORM*

Paid $500.00 #216790

Application For:

- (X) Septic Improvement Permit
- ( ) New Well Permit
- ( ) Authorization to Construct
- ( ) Well Repair Permit
- ( ) Existing System Inspection
- ( ) Well Abandonment
- ( ) 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 Lot lines chgd on old permits for lots 17-20

The following optional attachments may also be submitted:

Place an (X) beside whichever is submitted if applicable

- (X) Survey Plat, scaled no more than 1 inch = 60 feet
- ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: CP II LLC **Address:** 3125 Presidential Pkwy #300 Atlanta GA 30340 **Phone:** 704 928 9215 Mark Benefiel

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 111 Leeward Shoals

Subdivision Name: Chesapeake PT **Section/Phase:** _____ **Lot Number:** 109

Driving Directions: BSR, TL Isle of Pines, TR Cove Creek, TR Leeward Shoals, on LT

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: 4

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:

- ( ) New Well
- ( ) Existing Well
- (X) 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
- (X) 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?**

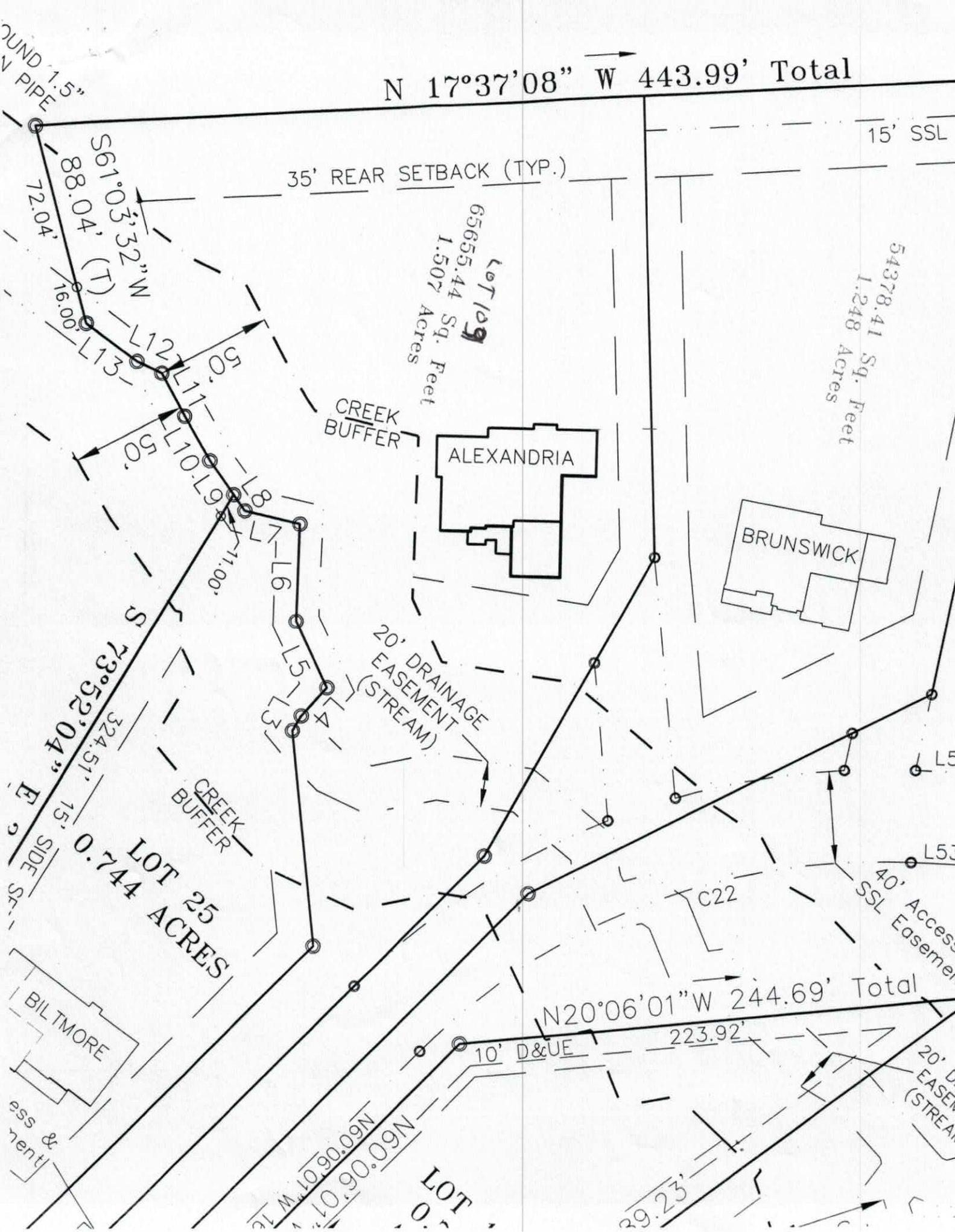
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____

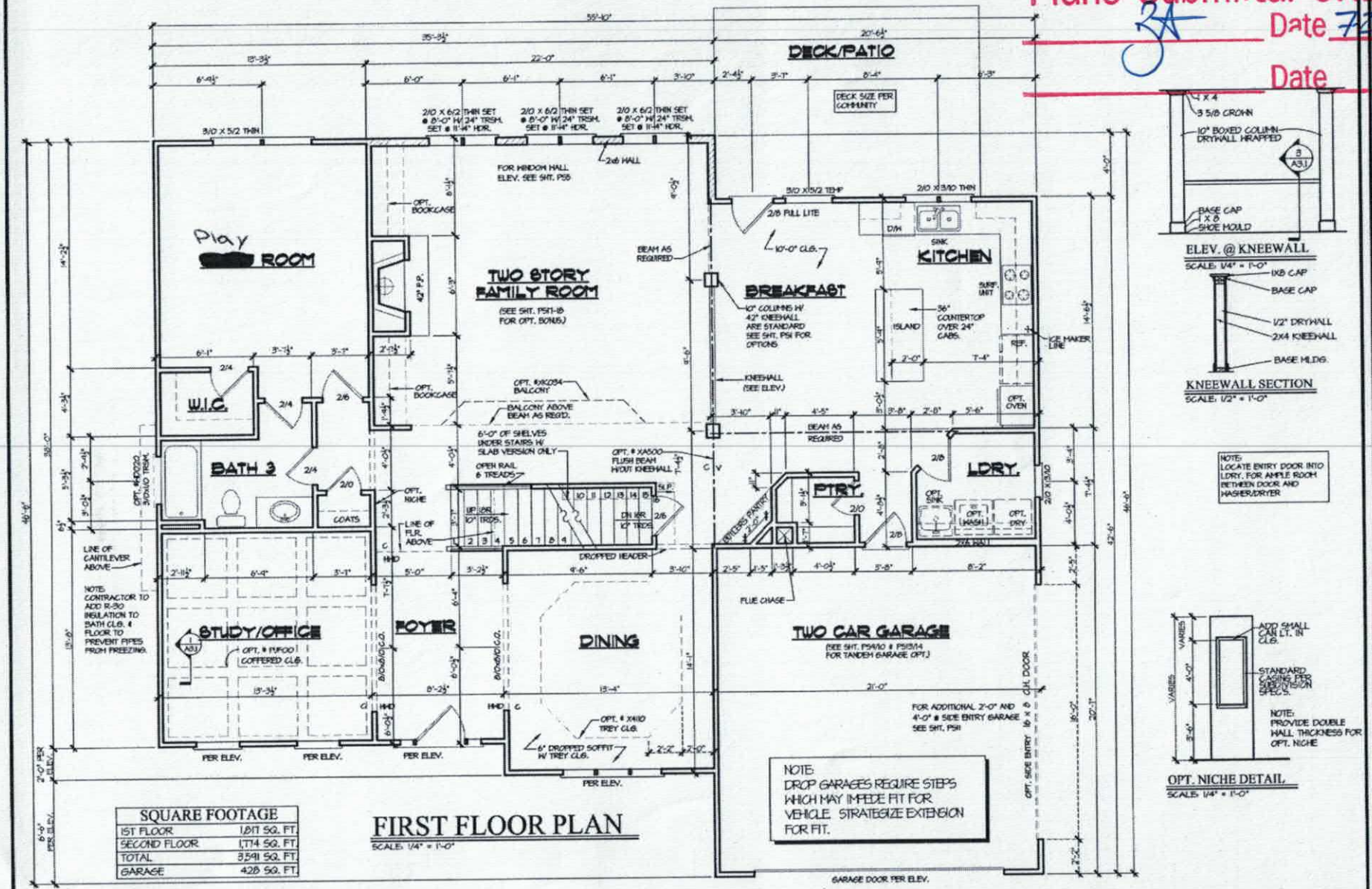
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/22/2016

DATE


N 17°37'08" W 443.99' Total
15' SSL
35' REAR SETBACK (TYP.)
S61°03'32"W
88.04' (T)
72.04'
16.00'
L13
L12
L11
L10
L9
L8
L7
L6
L5
L4
L3
50'
50'
11.00'
CREEK BUFFER
ALEXANDRIA
LOT 59
65655.44 Sq. Feet
1.507 Acres
54378.41 Sq. Feet
1.248 Acres
BRUNSWICK
20' DRAINAGE EASEMENT (STREAM)
S 73°52'04" E
324.51'
15' SIDE
CREEK BUFFER
LOT 25
0.744 ACRES
BILTMORE
C22
40' Access
SSL Easemen
N20°06'01"W 244.69' Total
10' D&UE
223.92'
20' D
EASEM
(STREA
90.09N
90.09N
LOT
39.23'

Acknowledgement Of
Plans Submittal ONLY!
Date 7-28-16
Date



NOTE:
CONTRACTOR TO ADD R-30 INSULATION TO BATH CLG. & FLOOR TO PREVENT PIPES FROM FREEZING.

NOTE:
DROP GARAGES REQUIRE STEPS WHICH MAY IMPEDE FIT FOR VEHICLE. STRATEGIZE EXTENSION FOR FIT.

NOTE:
LOCATE ENTRY DOOR INTO LDRY. FOR AMPLE ROOM BETWEEN DOOR AND WASHER/DRYER

SQUARE FOOTAGE	
1ST FLOOR	1,811 SQ. FT.
SECOND FLOOR	1,714 SQ. FT.
TOTAL	3,591 SQ. FT.
GARAGE	428 SQ. FT.

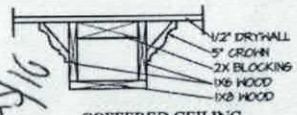
FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTE:
SEE FACADE PLAN ON SHEET A4.1 FOR PLAN AND PORCH DIMENSIONS, WINDOW AND DOOR SIZES AND LOCATION.

ELEV. @ KNEEWALL
SCALE: 1/4" = 1'-0"

KNEEWALL SECTION
SCALE: 1/2" = 1'-0"

OPT. NICHE DETAIL
SCALE: 1/4" = 1'-0"



COFFERED CEILING
SCALE: 1 1/2" = 1'-0"

12/9/16

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7580 Medlock Ferry Rd. Suwanee, Georgia 30174
Voice (770) 822-2622 • Fax (770) 822-2171

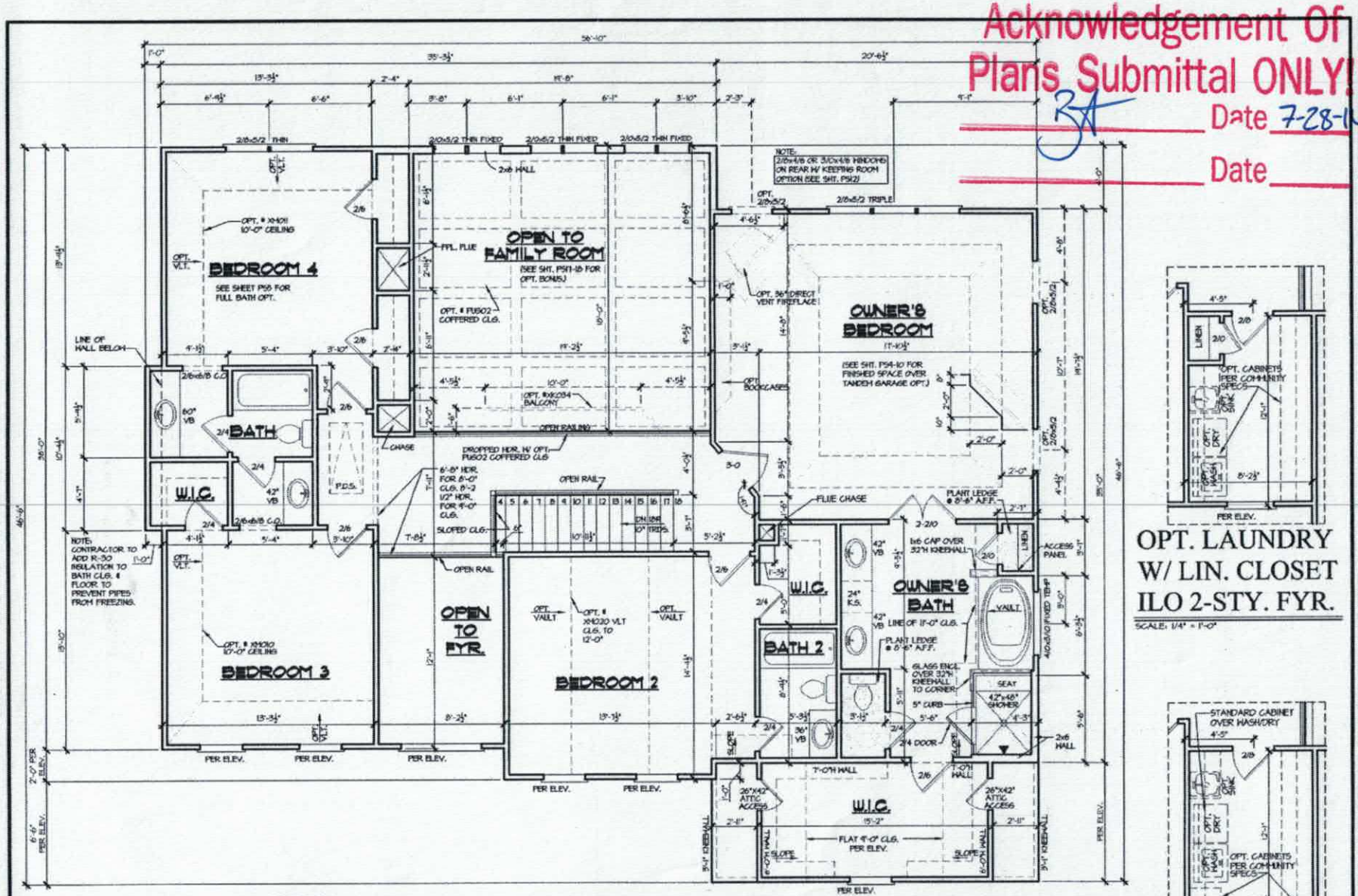
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Drawn By: JLS
Date: 11/19/04
Plan No:

Revisions:	
119007-3939	07/24/10-3811
121707-3951	09/01/13-4420
021108-3942	
022308-3406	
053008-3440	
111708-3604	
010904-3617	

Model Name: BRUNSWICK
Sheet Title: FIRST FLOOR PLAN
SHEET NO. A3.1

Acknowledgement Of
Plans Submittal ONLY!
Date 7-28-16
Date



NOTE:
SEE FACADE PLAN ON SHEET A4.1 FOR PLAN AND PORCH DIMENSIONS, WINDOW AND DOOR SIZES AND LOCATION.

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

OPT. LAUNDRY W/ LIN. CLOSET ILO 2-STY. FYR.
SCALE: 1/4" = 1'-0"

OPT. LAUNDRY ILO 2-STY. FYR.
SCALE: 1/4" = 1'-0"

7/28/16

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
3780 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice: (770) 622-8522 • Fax: (770) 622-9171

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Drawn By:	JLS
Date:	11/19/04
Plan No:	

Revision:	
080504-3611	
101004-3712	
011206-3911	
050311-3967	
091312-4285	
030113-4420	
111108-3604	
111708-3604	

Model Name: BRUNSWICK
Sheet Title: SECOND FLOO RPLAN
SHEET NO. A3.2

IREDELL COUNTY

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

APPLICATION NUMBER
216790
Issue Date: 02/23/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636037825.000	111 LEEWARD SHOALS LANE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: CP II LLC	Applicant: CP II LLC
Address: 145 IREDELL CO, NC 28625	Address: 3125 PRESIDENTIAL PKWY STE 200 ATLANTA, GA 30340
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.900	35.00	35.00	15.00	15.00	CA	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	60970	TOTAL FEES:	$ 77.25