KW

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216795

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

PIN # 4636D48391

APPLICANT/OWNER: CP III LLC APPLICANT ADDRESS: 160 Mine Lake Ct. Ste 200 Raleigh, NC 27615

SITE ADDRESS: 126 Leeward Shoals Ln Mooresville, NC PHONE: 704928-9215 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines TR Cove Creek SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Chesapeak Point SECTION: 5 LOT # 113 LOT AREA: 2.064 Acres DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	1-14-19	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	9-18-18	System Description: Pump-PM-25% Reduction		☐ Business	No. Persons	8	☐ Private
Pump Make	Liberty	Model	280	Serial #		Repair System Description: Drip Irrigation		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	10	Linear Ft:	402	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36"	Trench Bottom Depth(Low side)	36" max	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions:
Direct Storm/surface water away from Septic.

Pressure Manifold taps = sch 80 1/2"
Must build house as shown in Septic Plan

INITIAL SITE SKETCH

See attached, approved plan by Michael Athanasa Assoc. (dated 11/13/18)

AS BUILT SKETCH

Note: Deck makes house slightly bigger but still should fit

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

	Date	Initials
Drain Lines Checked	3/25	KW
Tanks Checked	3/25	KW
Pressure Manifold or Valve Box Checked	5/20	
Pressure Head Set	5/20	
Electrical Checked	5/20	
Floats Set	5/20	
Alarm Checked	5/20	
Maintenance Contract Y / N	—	

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

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

Owner / Applicant Signature: _____ Date: 11-28-18 Installed by: Abernathy

IMPROVEMENT PERMIT by: Maria Dotson Date: 11/19/18 OPERATION PERMIT by: _____ Date: 5-20-19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/29/18 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-3pm the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

...000+; THAT
HE STANDARDS OF
A (21 NCAC
RATION NUMBER
2018.

NARY

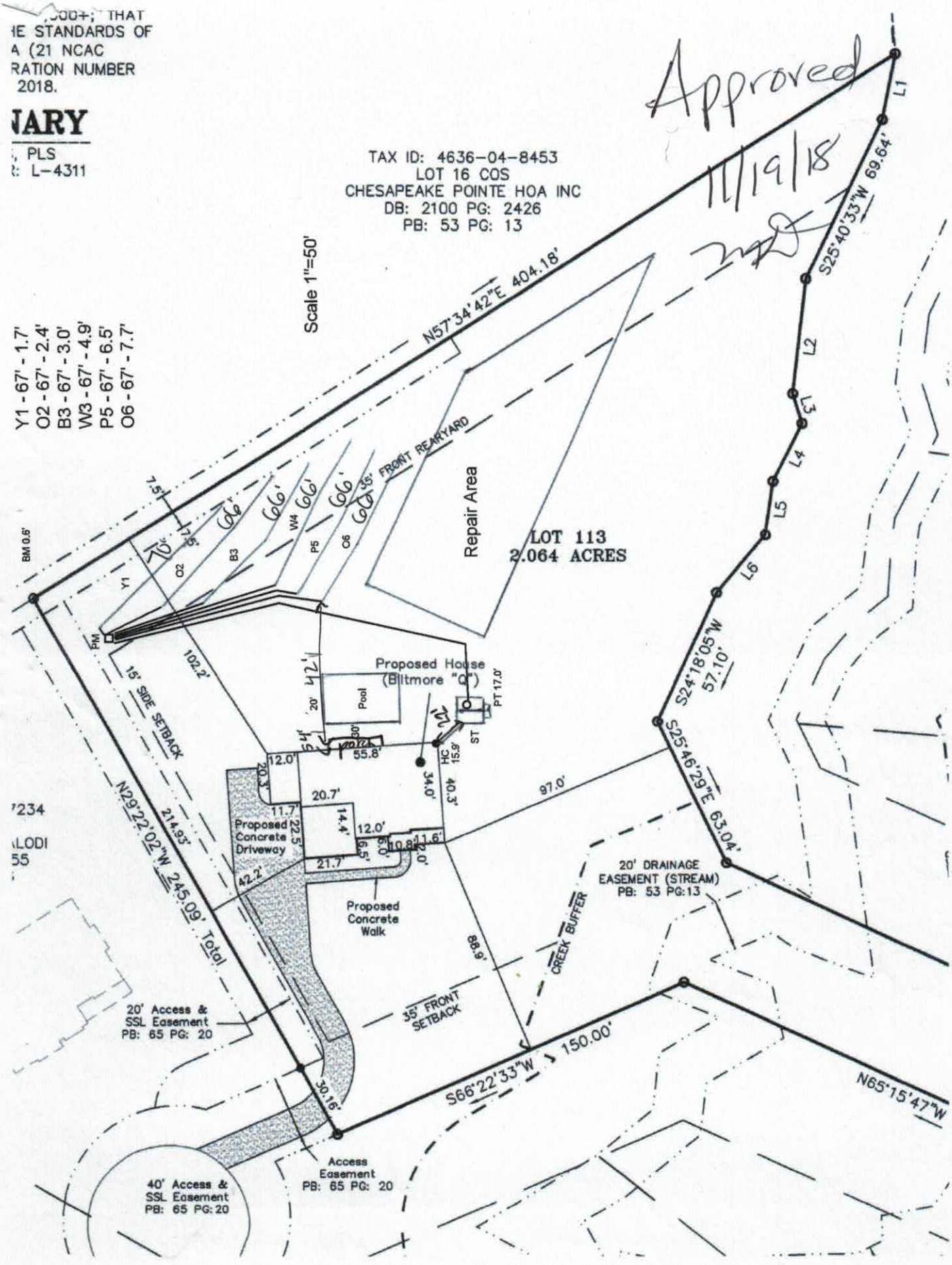
, PLS
: L-4311

Approved
11/19/18

TAX ID: 4636-04-8453
LOT 16 COS
CHESAPEAKE POINTE HOA INC
DB: 2100 PG: 2426
PB: 53 PG: 13

Scale 1"=50'

Y1 - 67' - 1.7'
O2 - 67' - 2.4'
B3 - 67' - 3.0'
W3 - 67' - 4.9'
P5 - 67' - 6.5'
O6 - 67' - 7.7'

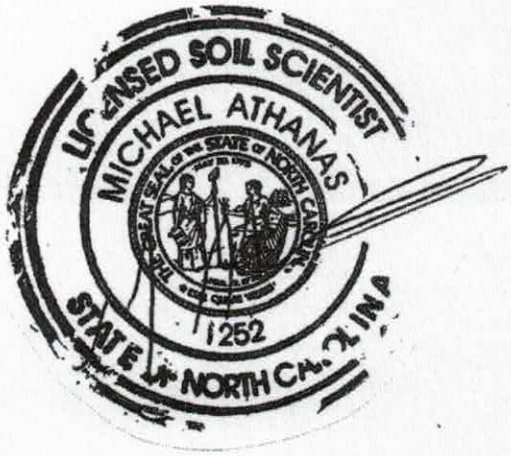




MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Approved
11/19/18
MT

Reference: Data Sheet for 126 Leeward Shoals Ln., Chesapeake Pt 113
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/FT^2 (initial), 0.1 GPD/FT^2 (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: 32.9 GPM
Dosing Volume: 175 gallons
Pump Run Time: 5.3 minutes
Elevation Head: 20.3'
Friction Head: 4.1'
Pressure Head: 2'
Total Dynamic Head: 26.4'
Supply Line Length: 165' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" maximum



Line	Design Length	Actual Length	Elevation
Yellow 1	67'	67'	1.7'
Orange 2	67'	67'	2.4'
Blue 3	67'	67'	3.0'
White 4	67'	67'	4.9'
Pink 5	67'	67'	6.8'
Orange 6	67'	67'	7.7'

Initial System: 402' **Repair System:** 4800+ FT^2
Pump Tank: 17' **House Corner:** 15.9' **Benchmark:** 0.6'

Comments:

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: __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: _2.064 AC_____
LOCATION OF SITE: 126 Leeward Shoals, Chesapeake Pt Lot 113_____ 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 7%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-22	R C SBK	FR SS SP SEXP					
		22-48	R CL WSBK	FR SS SP SEXP					
2	LS 10%	0-3	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		3-48	RC SBK	FR SS SP SEXP					
3	LS 10%	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					
4	LS 15%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-48	R C SBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	1134 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: _____

APPROVED MAR 3 1 2016

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 10%	0-4	Br CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		4-24	R C SBK	FR SS SP SEXP					
		24-48	R CL WSBK	FR SS SP SEXP					
6	LS 8%	0-5	Br CL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		5-33	R C SBK	FR SS SP SEXP					
		33-48	R CL WSBK	FR SS SP SEXP					
7	LS 6%	0-25	R C SBK	FR SS SP SEXP		25"	N/A	N/A	DRIP 0.1
		25"	CHR 2						
8	LS 10%	0-12	FILL		YB's CHR 2 @ 36"	36"	N/A	N/A	PS 0.25
		12-24	Br CL WSBK	FR SS SP SEXP					
		24-36	R C SBK	FR SS SP SEXP					
9	LS 10 %	0-5	Br CL WSBK	FR SS SP SEXP	YB's CHR 2 @ 32"	32"	N/A	N/A	PS 0.25
		5-32	R C SBK	FR SS SP SEXP					

COMMENTS: _____

APPROVED MAR 3 1 2016

E.R. Int. Relay 216795

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: CP III LLC **Address:** 160 Mine Lake Ct, STE 200, Raleigh, NC **Zip:** 27615

Applicant Email: _____ **Phone:** Mark-704-928-9215 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 126 ~~Cove Creek Lp~~ Leeward Shoals

Subdivision Name: Chesapeake Pt **Section/Phase:** _____ **Lot Number:** 113

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) 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: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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: _____

( ) 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: Accepted

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: _____ 11/13/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

(R)

Paid $700.00 4-18-16

IREDELL COUNTY HEALTH DEPARTMENT

RECEIVED FEB 23 2016

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $500.00 216795

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 Lot lines chgd on old permits lot 17-20

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: CP II LLC **Address:** 3125 Presidential Pkwy Ste 300 Atlanta GA 30340 Mark Benetez **Phone:** 7049289215

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

Property Information:

Street Address: 126 Leeward Shoals

Subdivision Name: Chesapeake PT **Section/Phase:** _____ **Lot Number:** 113

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

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 ( ) 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: _____ 2/22/2016

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

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	7580 McGinnis Ferry Atlanta GA	770 623-2522	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
126 Leeward Shoals	Chesapeake Pointe	113

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

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, Dave Borreson / Peachtree Residential Properties LLC, am the legal owner(s) of the property located at **126 Leeward Shoals Lane**, identified as **Chesapeake Pointe Lot 113**, PIN (Parcel Identification Number) **4636-04-8383**, located in Iredell County, North Carolina.

I do hereby authorize **Mark Benitez, Peachtree Residential LLC**, 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.

Mark Benitez 11/9/18

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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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, Mark Benitez, am the legal owner(s) of the property located at 126 Leeward Shoals Chesapeake PT Lot 113, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Assoc, _____, 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.

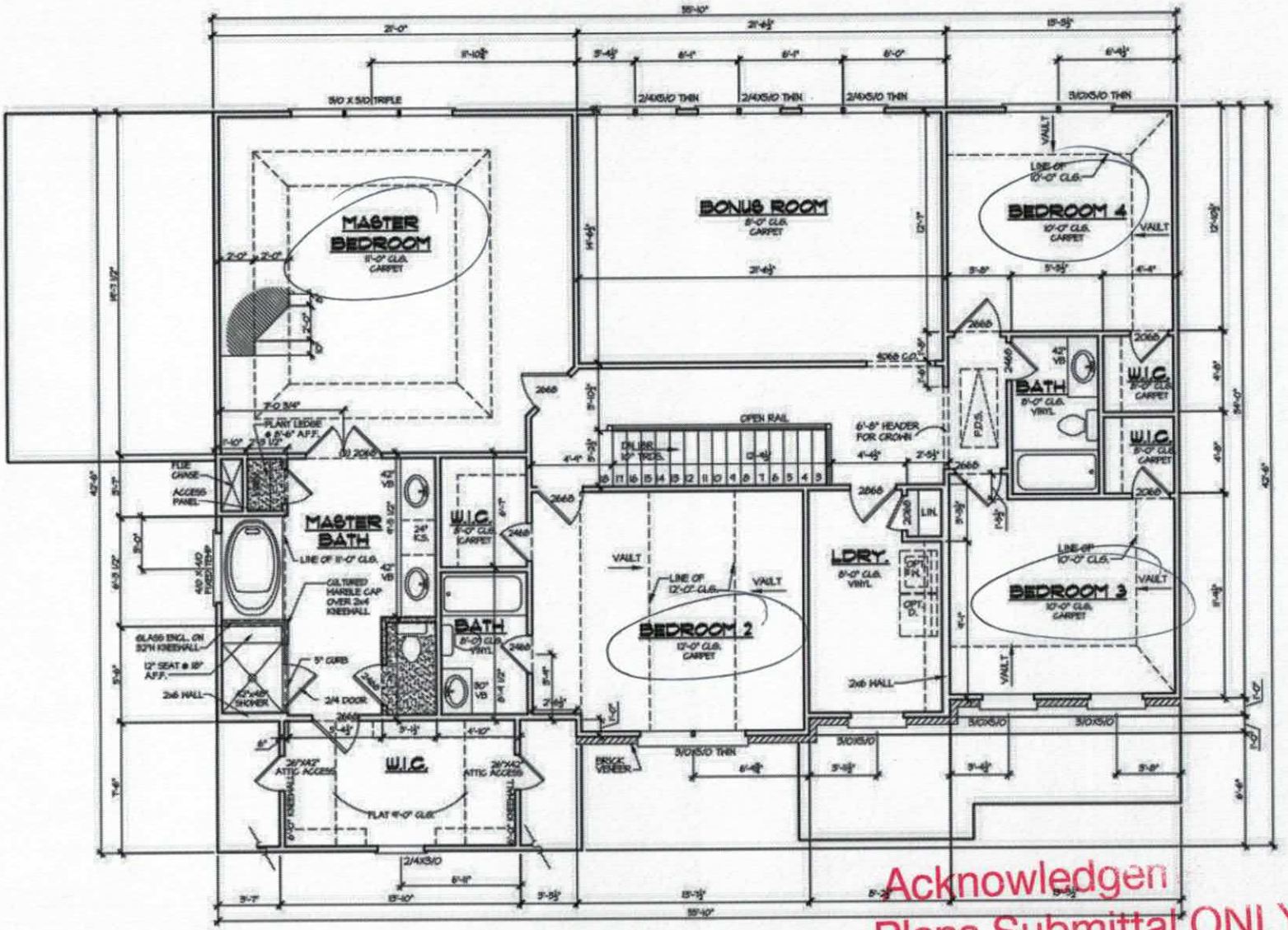
Signature of Owner(s) _____ Date _____

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



SECOND FLOOR PLAN

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

Acknowledgen
Plans Submittal ONLY!

Date 11/29/18

Date

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens

This drawing is the property of Peachtree Residential Properties and may not be copied or reproduced without the written permission of Peachtree Residential Properties.

Drawn By:
Date: 10/29
Plan No:

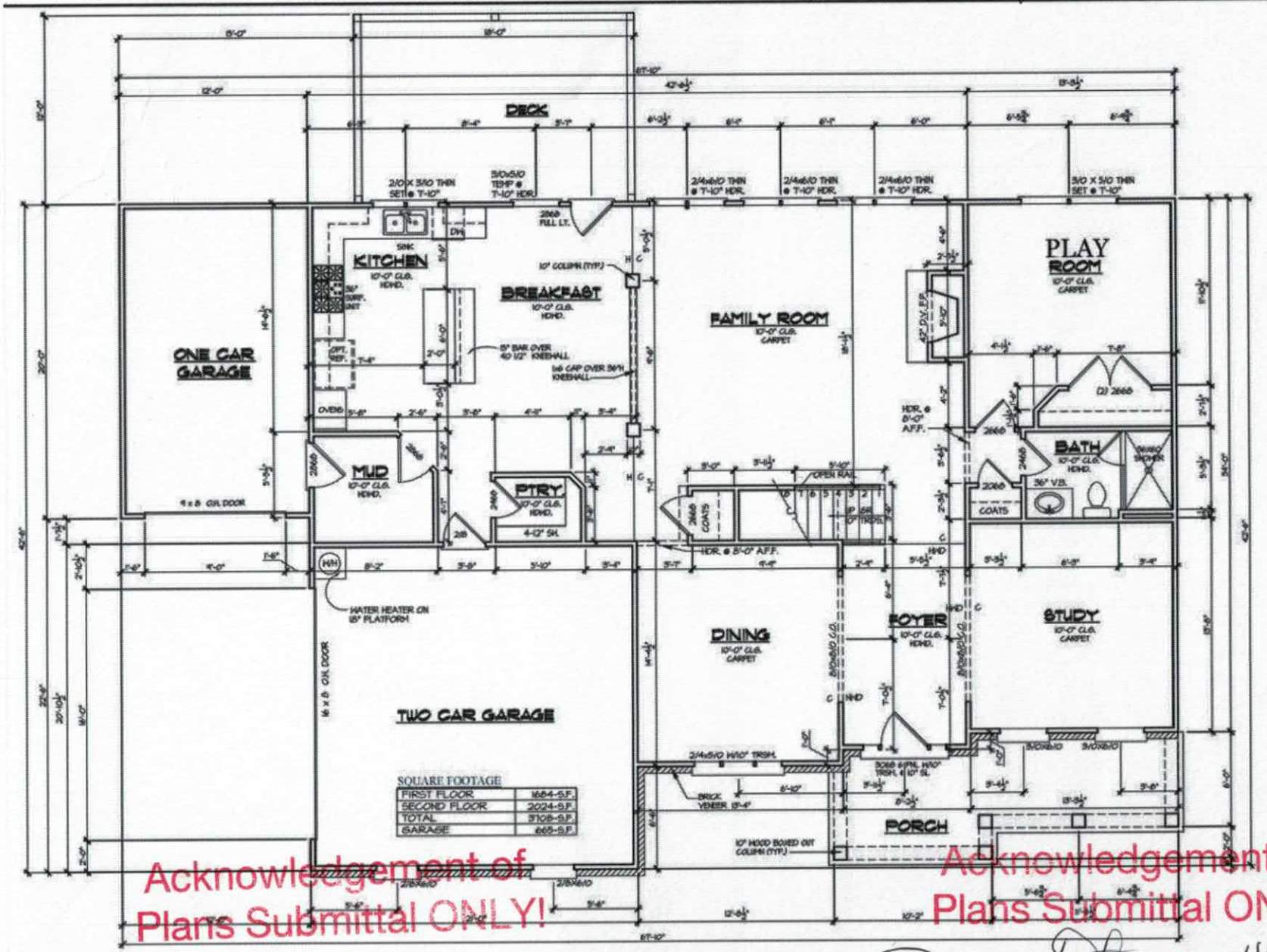
Revisions:
CHESAPEAKE POINTE
LOT 115

Model Name: BILTMORE "Q-NC"

Sheet Title:

SHEET NO. A3.2

Chesapeake Pt 113
126 Leeward



Acknowledgement of Plans Submittal ONLY!

Date _____

Date _____

FIRST FLOOR PLAN

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

Acknowledgement of Plans Submittal ONLY

Maria Dobson Date 11/29/18

Date _____

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens

This drawing is the property of Peachtree Residential Properties and may not be copied or reproduced without the written permission of Peachtree Residential Properties.

Drawn By: R.B.
Date: 10/25/18
Plan No:

Revisions:
CHESAPEAKE POINTE
LOT 113

Model Name: BILTMORE "Q-NC"

Sheet Title: FIRST FLOOR PLAN

SHEET NO. A3.1

IREDELL COUNTY

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

APPLICATION NUMBER
216795
Issue Date: 02/23/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4636048383.000	126 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
1.980	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	60976	TOTAL FEES:	$ 77.25