# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

125 Pine Mist Dr. MVL, NC 28117

PERMIT# 110012 24/283 PIN# 4636-25-3527.000 DATE 11 May 23, 03

OWNER OR CONTRACTOR Ron Smith PHONE: Business _____ Home _____

ADDRESS 792 McKendree Rd Mooresville, N.C 28117

LOCATION Bewley Sch Rd. TL Isle of Pines TL Pine Mist Dr. on left

SUBDIVISION Wispering Oaks BLOCK / SECTION — LOT 6 LOT AREA .96 ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .2

Septic Tank: 1600 Gallons; STB 160 Date 11-6-19

Pump Tank: 1000 Gallons; PT 319 Date 11-4-19

Pump Make: Goulds Model WE05 HHM Serial No. F1964008

Nitrification Field: No Fields 1 Square Feet 600/900 Linear Feet 300

No Lines 3 Trench Width 24" min 80c Max Trench Bottom Depth 30" Gravel Depth NA

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3 MAX

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees

☐ Other

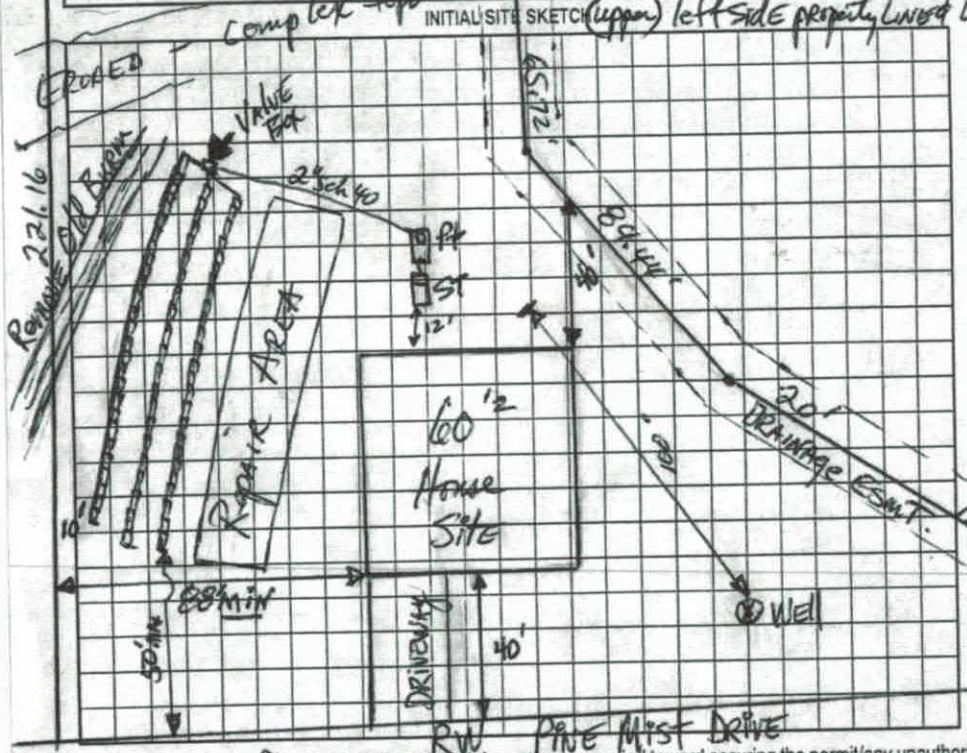
Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: 1"=50' @ 36" max 9'oc Remove old existing trenches IN Line filter Required in pump tank. Install Berm or shallow Ditch Along (upper) left side property Line & Divert Storm water around Drainfield

Comments/Conditions: No upgrade in Number of bedrooms (3 MAXimum)

INITIAL SITE SKETCH




AS BUILT SKETCH

*OK for drive to go on other (right) side of house. KW

'D[illegible] mid'

12/27/19 Game well Septic tank - seam 1000-gal Septic tank w/ a Poly Lok PL-68 effluent filter on top seam 1000-gallon pump tank. 2' of pressure head set. Floats + Alarm ok

L1 100' } PPBPS @ 30" TB.
L2 100' }
L3 100' } Lines verified ok by laser. Installed substantially as approved

* - Line (Top) installed 26' from side PL to avoid mature trees. (Primary likewise partially installed in repair area) 2 repair lines likewise to be relocated above primary system area with trees to be removed if needed. Owner/Applicant Peter Bacil is aware of conditions and OK with change. PBB

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

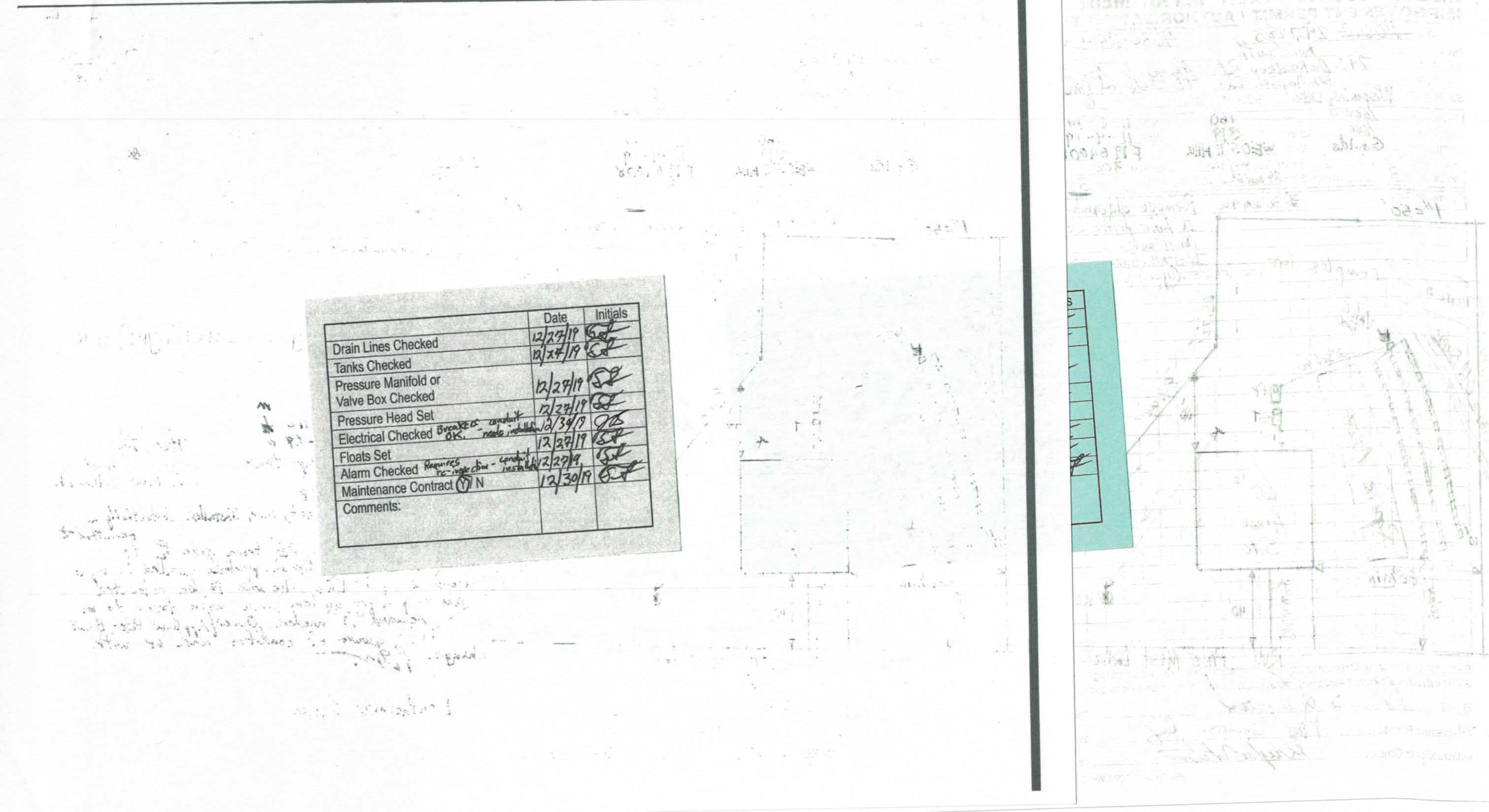
Signed: _____ date 6-5-03 Installed by: Leatherman Septic

Improvement Permit by: _____ date 5-23-03 Operation Permit by: _____ date 12-30-19

Authorization to Construct by: _____ date 8-28-19 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 12/27/19 | |
| Tanks Checked | 12/27/19 | |
| Pressure Manifold or Valve Box Checked | 12/27/19 | |
| Pressure Head Set | 12/27/19 | |
| Electrical Checked Breakers OK. - conduit needs installed | 12/30/19 | |
| Floats Set | 12/27/19 | |
| Alarm Checked Requires re-inspection - conduit installed | 12/27/19 | |
| Maintenance Contract (Y) N | 12/30/19 | |
| Comments: | | |



ION OF ENVIRONMENTAL HEALTH
TE WASTEWATER SECTION

COUNTY: _____

# SOIL/SITE EVALUATION
## for ON-SITE WASTEWATER SYSTEM

ER: Lon Smith APPLICATION DATE _____ DATE EVALUATED: 1-16-03
RESS: _____
OSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480 X / 360 PROPERTY SIZE: _____
ATION OF SITE: Lot 6 Whimsy Pines PROPERTY RECORDED: _____
ER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
LUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
E OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

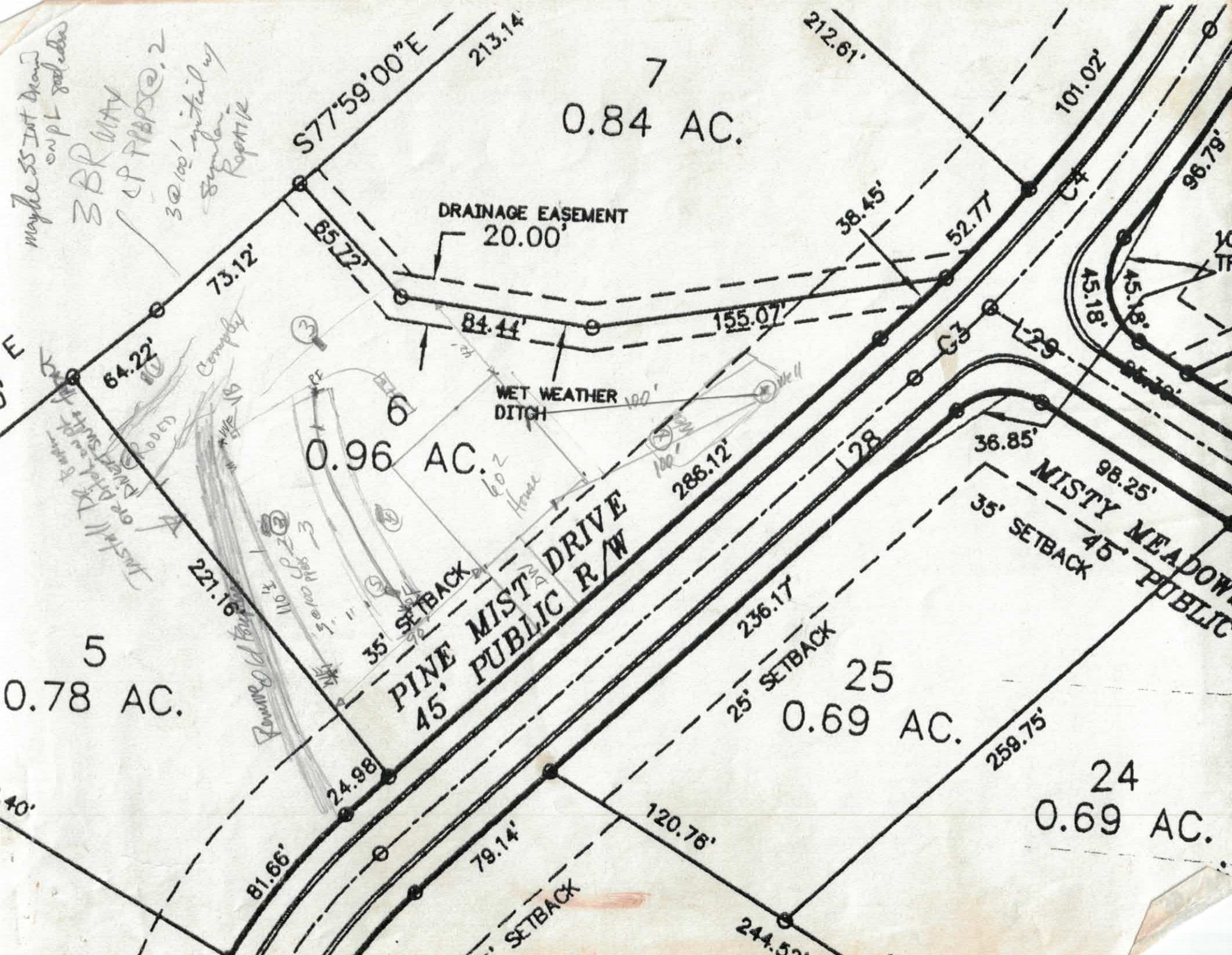
| .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|
| | 0-7 | wksbk brn sdl | frsssp | | | | | .25-.3 |
| | 7-32 | mfsbk Rbrnc | fisp | | | | | |
| | 32-53 | marine / SAP | frsssp | | | | | |
| 2-4% | 0-6 | wksbk brn sdl | frsssp | | | | | .2-.25 |
| | 6-40 | mfsbk Rc/cl | frsssp | Common manganese coatings few common y brn mottles | 14-22" | | | |
| | 40-60 | wkfsbk yred | frsssp many y/sl sap | | | | | |
| 2-4% | 0-18 | wkfsbk brn sdl/cl | frsssp | | | | | .2-.225 @ <34" or .1-.175 LAP |
| | 18-60 | wkfsbc Rybrn sdl/cl | frsp stxp | few common manganese coatings | | | | |
| | | few y brn mottles <34" | | water bleeding out of sidewall 34"+ | | | | |
| | (typical) | Common - many y brn mottles >34" | | >34"+ | | | | |
| 2% | 0-9 | wkfsbk brn cl | frsssp | | | | | .25-.3 to 30" / .2 to 42" |
| | 9-30 | mfsbk RC | frsp stxp | few manganese coatings | | | | |
| | 30-66 | wkfabk yrcl | fisssp | | | | | |
| | (B2) | few y brn mottles to 54"+ | | | | | | |
| | | Common - many y brn mottles, few | | ch 2 54"+ | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | * PS for 360 gpd | * PS for 360 gpd |
| System Type(s) | 2 PPPBPS | LPPPBPS |
| Site LTAR | .2 | .2 |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: [illegible]
OTHER(S) PRESENT: _____

COMMENTS: * Usable soil area dictates max design flow of 360 gpd

(5) 0-9 wksbk brn sdl frsssp
9-55 wkf-mabk R c/cl fisp stxp .2-.225
2% Common manganese coatings
ch 2 - 54"+


S77°59'00"E
213.14'
212.61'
101.02'
7
0.84 AC.
DRAINAGE EASEMENT
20.00'
38.45'
52.77'
65.22'
73.12'
64.22'
84.44'
155.07'
WET WEATHER
DITCH
6
0.96 AC.
288.12'
36.85'
98.25'
MISTY MEADOW
35' SETBACK
45' PUBLIC
PINE MIST DRIVE
45' PUBLIC R/W
35' SETBACK
221.16'
236.17'
25' SETBACK
5
0.78 AC.
25
0.69 AC.
259.75'
24
0.69 AC.
24.98'
81.66'
79.14'
120.76'
C4
C3
C2
45.18'
45.18'

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: 125 Pine Mist Dr. DATE EVALUATED: 8-20-19
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE | 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 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LS | 0-27 | ABK C | FI, | 17-52 com-many YB mottles 40" chroma 2 2.5Y 7/2 | | | | PS .2 |
| | | 27-52 | WABK CL | FI | | | | | |
| 2 | LS | 0-14 | WSBK SCL | | 34-55 few-com YB mottles | | 34-55 few-com SAP inc | | PS .2 |
| | | 14-34 | ABK C | FI | | | | | |
| | | 34-55 | WSBK CL | FI-FI | | | | | |
| 3 | LS | 0-13 | WSBK SCL | FI | 45-55" few TB mottles | | | | PS .2 |
| | | 13-55 | SBK SC | FI, SS, SP, SE | | | | | |
| 4 | FS | 0-39 | SBK SC | FI, SS, SP, SE | 39" gley 1 7/N | | | | PS .2 |
| | | 39-55 | SBK C & EXP | VS, VP, FI | | | | | |

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS:

**IREDELL COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**Application For Improvement Permit**

**ALL** items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

| Applicant | Phone # | Mailing Address | City | State | Zip Code |
|---|---|---|---|---|---|
| Whittaker | 704 866-9540 | 5518 Old Farm Rd. | Gastonia, | NC | 28056 |
| Ron Smith | 704-663-7223 | 130 Lug Nut Rd. | Mooresville, | NC | 28117 |
| Current Property Owner | | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |
|---|---|---|---|
| Pine Meadows | 6 | Ph. I | |

(Proposed) Water Supply: Public, (Private Well) — **Preliminary Plat Approval Date** (DEVELOPERS ONLY) — Tax Map #

Specific Directions to Property: Brawley Sch. Rd. L Isle of Pine, immediate L. Prop. on L.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms ~~4~~ 3 RLS No. Baths 2/3

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____ where applicable ✓

Crawl Space ✓ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

11/14/02 DATE T. Whittaker SIGNATURE OF OWNER/AUTHORIZED (AGENT)

for R.S.

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE**
**OR IT WILL NOT BE PROCESSED**

# Iredell County Health Department – Environmental Health Division

247283

PAGE 1: *APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment $500
(V) 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* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Peter C Baciu Address: 2590 Otis Dellinger RD Zip: 28092
Applicant Email: PeterBaciu@yahoo.com Phone: 704-713-7475 Alt. Phone: 704-713-8079
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 125 Pine Mist Dr. Mooresville NC 28117
Subdivision Name: Whispering Oaks Section/Phase: _____ Lot Number: 6
Driving Directions: _____

**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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**CHECK FOUNDATION TYPE**

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

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(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 (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:** Pete Baciu 7-16-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

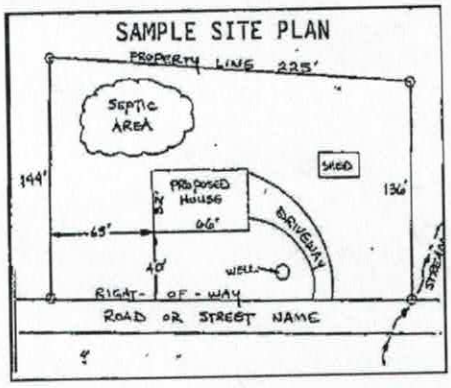


Peter Baciu @ yahoo. com

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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 OR WELL PERMIT!!!***




**Place an (X) beside each item as you complete the site plan:**

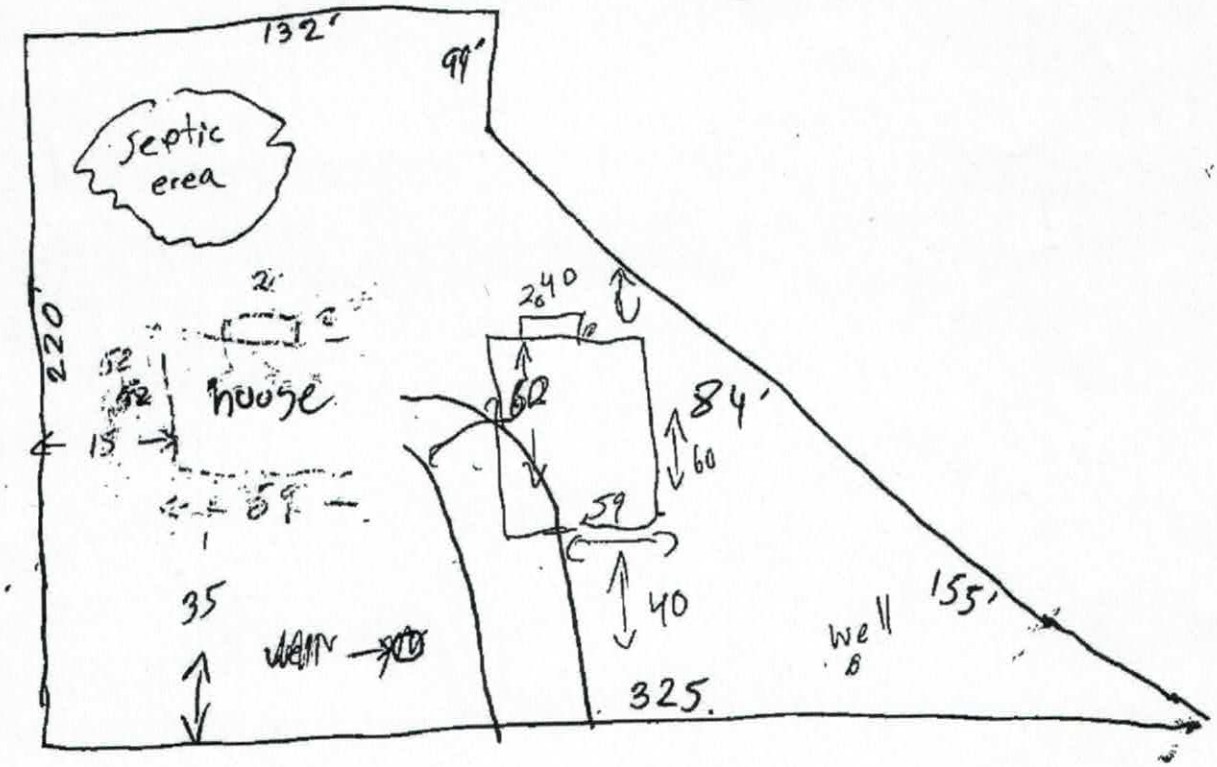
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator 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***




**Signature:** Patricia — 7-16-19

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

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Peter C Bacon

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
**By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.**

2. I, Peter C Bacon, am the legal owner(s) of the property located at 125 Pine Mist Dr, Mooresville, identified as PIN (Parcel Identification Number) 4636 25 3527, located in Iredell County, North Carolina.

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

Peter C Bacon _____ 7-16-19
Signature of Owner(s) Date

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

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

# ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

**The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.**

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

PB **Complete all Environmental Health forms:**

- X Application
- X Site Plan including the dimensions of proposed structure, addition, pool etc.
- X Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- X Copy of Zoning Permit when applicable
- X Sign this sheet after you have completed all items

PB **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

PB **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

PB **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

PB If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

***Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.***
*Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

**Backhoe pits are required for all applications that require a soils evaluation.**
**DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.**

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist: A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

**By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).**

**Signature** _____ **Date** 7-16-19

Questions? Contact the Environmental Health Offices below:

**Statesville Office**
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

**Mooresville Office**
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Acknowledgement Of
Plans Submittal ONLY!
Date 8-27-19
Date 8-27-19



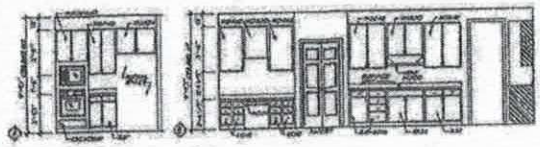

4

FRANK BETZ ASSOCIATES, INC.

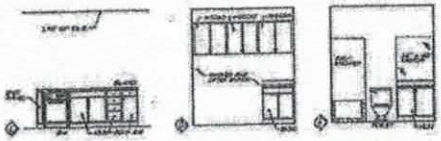
SECOND FLOOR PLAN
BATH ELEVATION

THE HERITAGE POINTE

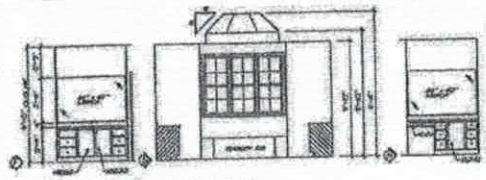
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KITCHEN ELEVATIONS



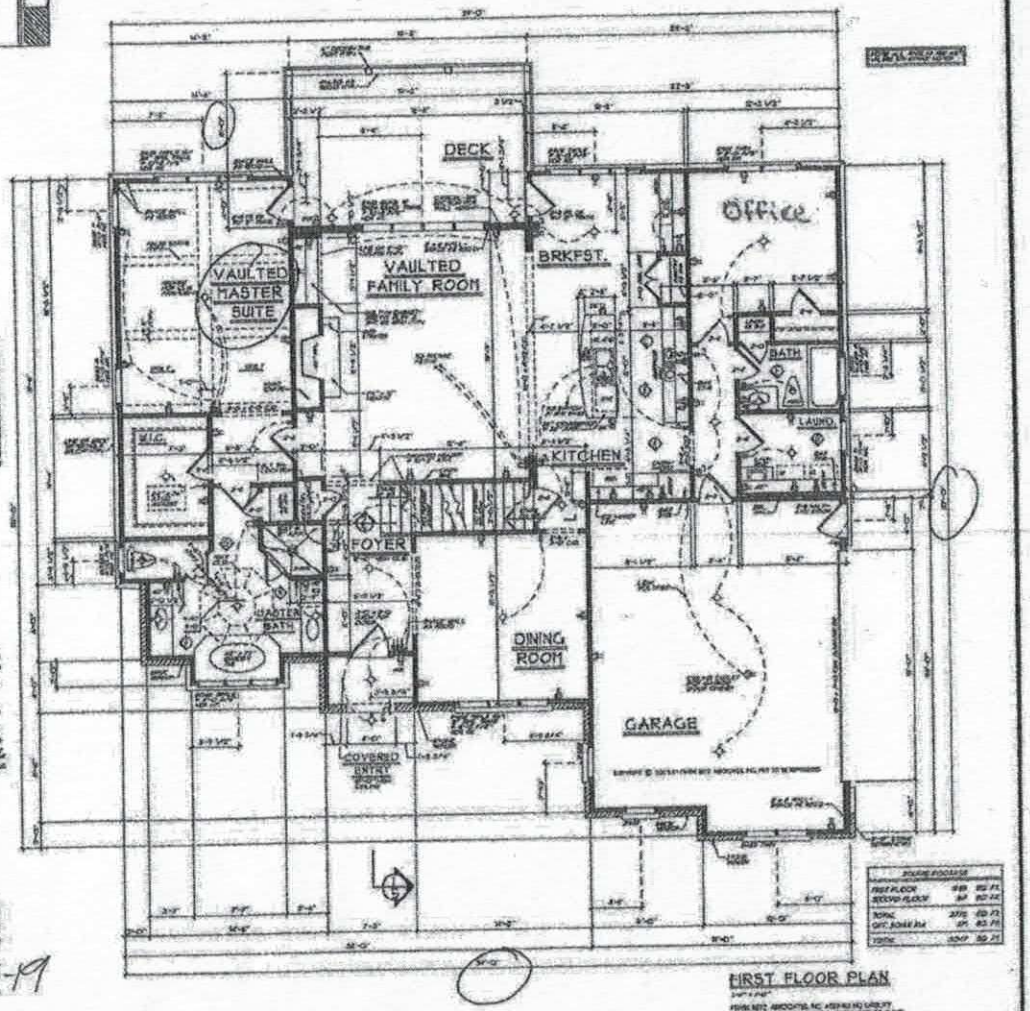
KITCHEN ELEV. LAUND. ELEV. BATH ELEV.



MASTER BATH ELEVATIONS

GENERAL NOTES

GENERAL FRAMING NOTES




FIRST FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

Date 8-27-19

Date 8-27-19

HOMEPLANS
Designed for Today's Families
www.frankbetz.com

FIRST FLOOR PLAN
K. & B. ELEVATIONS

THE HERITAGE POINTE

FRANK BETZ ASSOCIATES, INC.

3

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 247283 |
| Issue Date: 08/07/2019 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4636253527.000 | 125 PINE MIST DRIVE, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: VARGA GABRIEL+NINA | Applicant: PETER BACIV |
| Address: 2453 ROBINCREST LN | Address: 125 PINE MIST DRIVE |
| MOORESVILLE, IL 60025 | MOORESVILE, NC 28117 |
| Phone: | Phone: 704-713-7475 |

| Use Requested | Zone Code |
|---|---|
| SFD | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .960 | 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 | 188057 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|