ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP314754

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

PIN # 4637 -- 00 -- 1476

APPLICANT/OWNER: John Springman | APPLICANT ADDRESS: 118 Archbell Point Ln Mooresville NC 28117

SITE ADDRESS: 118 Archbell Point Ln Mooresville NC 28117 | PHONE: | ALT. PHONE:

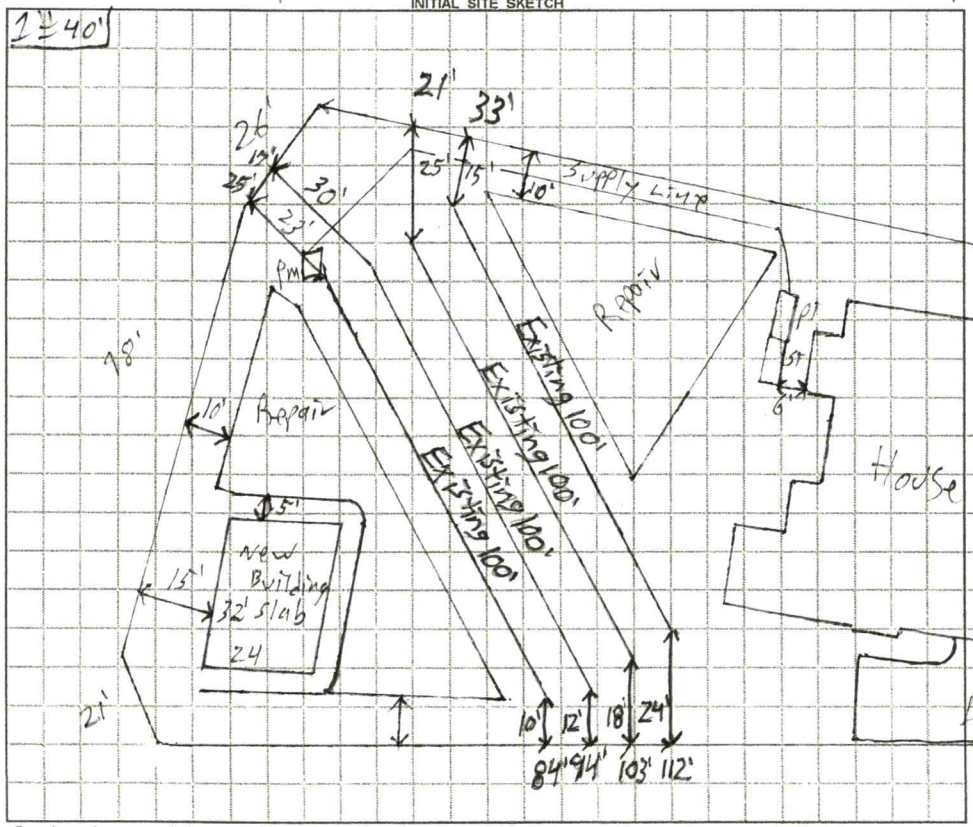
SITE DIRECTIONS: Brawley school Rd to R on Blume Rd, L on Beaten Path Rd, L on Cicero Ln, L on Shavender Dr, L on Palmer Arch, L on Archbell Point Ln, 1st or 2nd R | SAP CONTROLLED: [ ] YES [X] NO

SUBDIVISION: Shavenders Bluff | SECTION: P35A | LOT # 326 | LOT AREA: 0.6919 acres | DESIGN FLOW: Existing | L.T.A.R.: Existing

Septic Tank	(gal)	STB	Date	[ ] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	Existing	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Existing	[ ] Business	No. Persons	Existing	[X] Private
Pump Make	Model		Serial #	Repair System Description:	LPP BFS	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required:	[ ] YES [X] NO	[X] Slab (new building)	[X] Crawl Space		[ ] Community
Trench Width	Trench Bottom Depth(Low side)			Gravel Depth	[ ] GRAVITY [X] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

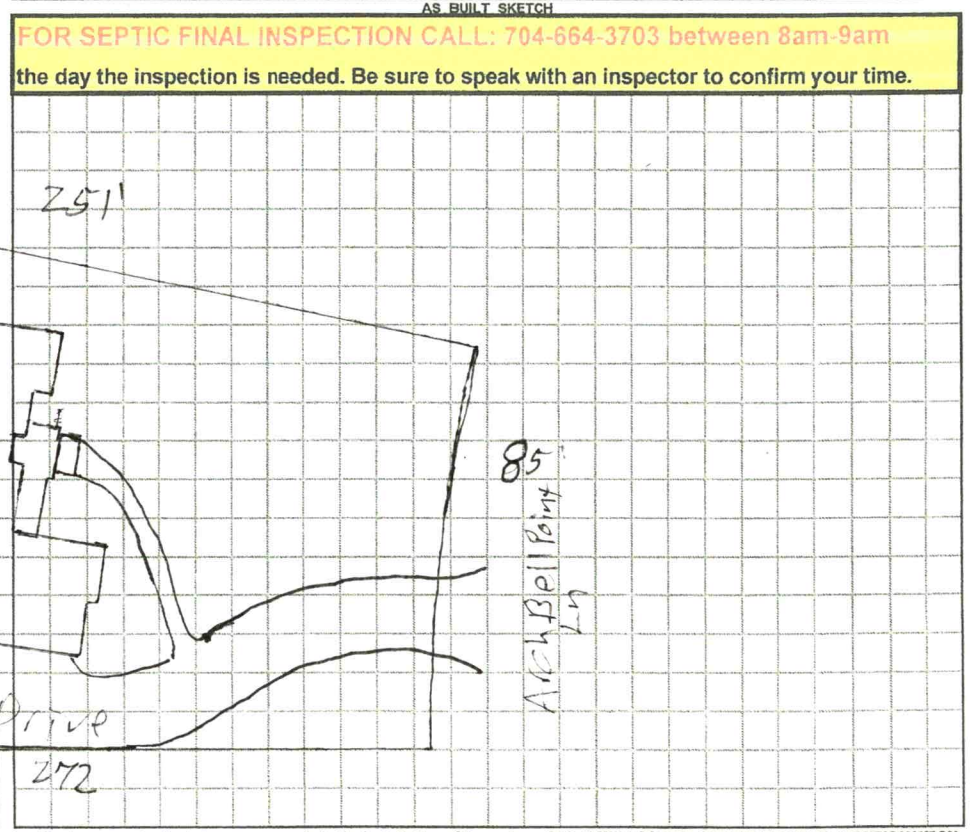
Comments / Conditions: The purpose of this permit is to show that the new accessory building does not impact the existing system and there is still enough room for a repair system. The new building will be a slab foundation. Any waterline must be 10' or all parts of septic system.

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.



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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date: 4/8/2021 | Installed by:

IMPROVEMENT PERMIT by: Patrick J Byrd III | Date: 3/25/2021 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Byrd III | Date: 3/25/2021 | Existing System Inspected by: | Date:

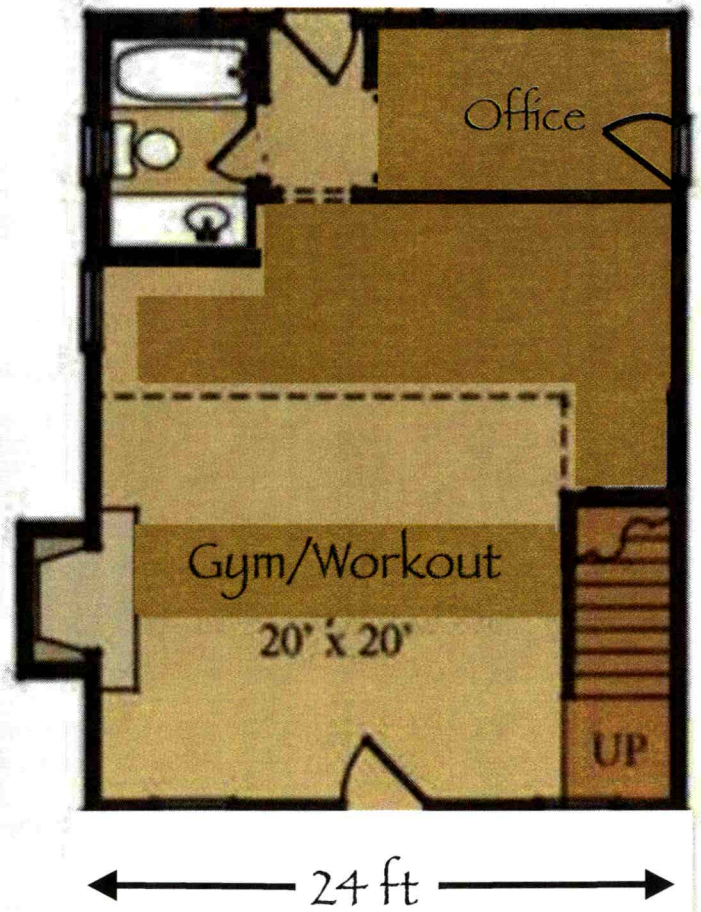
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

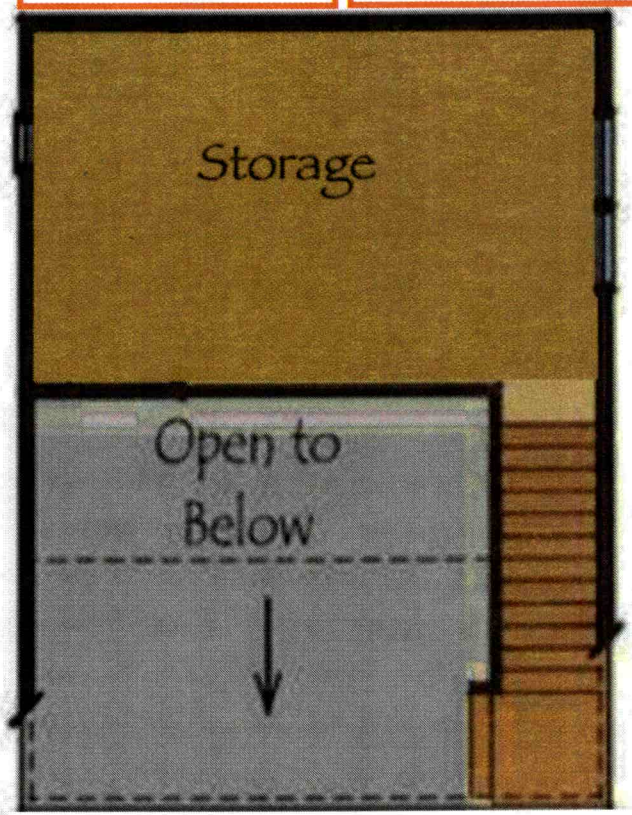
Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Exterior Features
Architectural Shingles
Hardy Board Siding
Engineered Stone detail

Building Details
All building details will match existing structure including; colors, style, finishes



32 ft



Acknowledgement of Plans Submittal ONLY!

Date

Patrick J. Tighe III Date 4/6/2021

Main Level Floor Plan

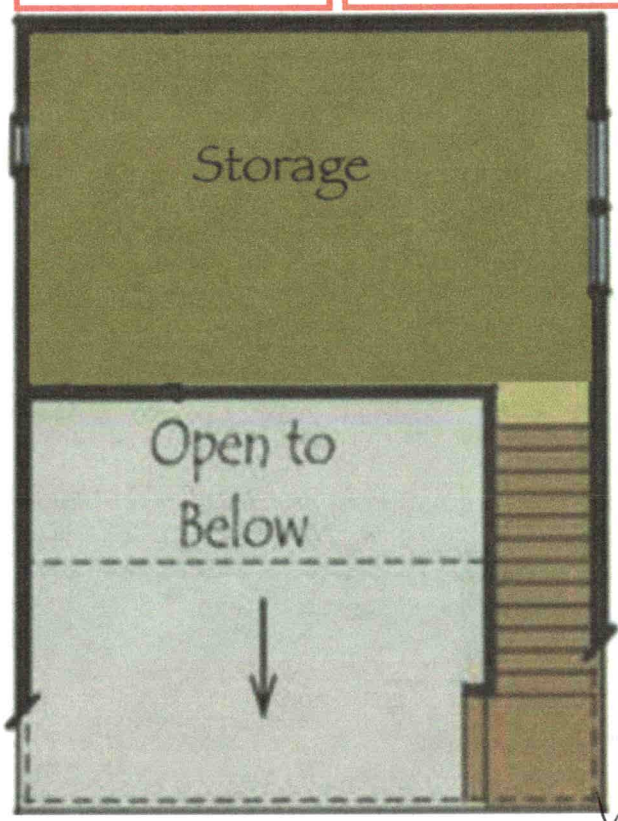
Upper Level Floor Plan

Exterior Features
Architectural Shingles
Hardy Board Siding
Engineered Stone detail

Building Details
All building details will match existing structure including; colors, style, finishes



32 ft



24 ft

Acknowledgement Of
Plans Submittal ONLY!

_____ Date _____

Patrick J Byrne III Date 3/25/2021

add plans

Main Level Floor Plan

Upper Level Floor Plan

RATIO OF PRECISION OR POSITION ACCURACY IS 1:10,000, AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STA
PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 27 DAY OF APRIL, 2015.

PROFESSIONAL LAND SURVEYOR

1"=40'

SCALE: 1" = 50'

NOTES

1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM IREDELL COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OF FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF TOWN OF MOORESVILLE. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. THERE IS A 10' GENERAL, UTILITY, AND ACCESS EASEMENT RESERVED ALONG THE FRONT, SIDES, AND REAR OF EACH LOT FOR USE AS DEFINED BY SHAVENDER DEVELOMENT GROUP, LLC.

JUSTIN P & ELIZABETH F LITHERLAND
NOW OR FORMERLY
159 PALMER MARSH PLACE
DB 2174 PG 1562
PB 45 PG 30
TAX # 774-548-89

S 01°24'14" W 21.15
1/2"IPF
S 43°07'43" W 98.47
S 63°54'40" W 25.87
1/2"IPF
1/2"IPF
L1 (TIE ONLY)
1/2"IPF

LOT 326
0.692 ACRE
30,140.7 SF
TAX ID # 4637001476

S 62°48'06" E 271.88

MAP NORTH per PB 41 PG 18

1 STORY
STONE & WOOD

N 01°30'15" W 201.57

CHADE L AND PAULA KELLER
NOW OR FORMERLY
112 ARCHBELL POINT LANE
DB 2078 PG 511
PB 41 PG 18
TAX ID # 774-721-61

EXISTING CONCRETE DRIVE

35' FS

10' UE

#4RF

#4RS

C1 85

R/W

N 23°40'57" E 114.01 (TIE ONLY)

1/2"IPF

N 89°41'03" E 57.00 (TIE ONLY)

S 45°42'28" W 109.7 (TIE ONLY)

ARCHBELL POINT LANE
50' PUBLIC R/W
per MB 41 PG 18

DAVID GOTTERBER
DEBORAH GOTTER
DB 1501 PG 25
PB 41 PG 18
PIN # 4637000

LEGEND

RF	RE
RS	RE
R/W	RI
SF	SC
PB	MA
DB	DE
PG	PA
FS	FR
RY	RE
SY	SI
UE	UT
—X—	SF
	TE
W	W
IPF	IR

STATE OF NORTH CAROLINA IREDELL COUNTY

"I, CHRISTOPHER D. FAULK, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 2334, PAGE 535 OR OTHER REFERENCE SOURCE_____); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN BOOK 41, PAGE 18 OR OTHER REFERENCE SOURCE_____; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS 1:10,000, AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 27 DAY OF APRIL, 2015.

Christopher D. Faulk

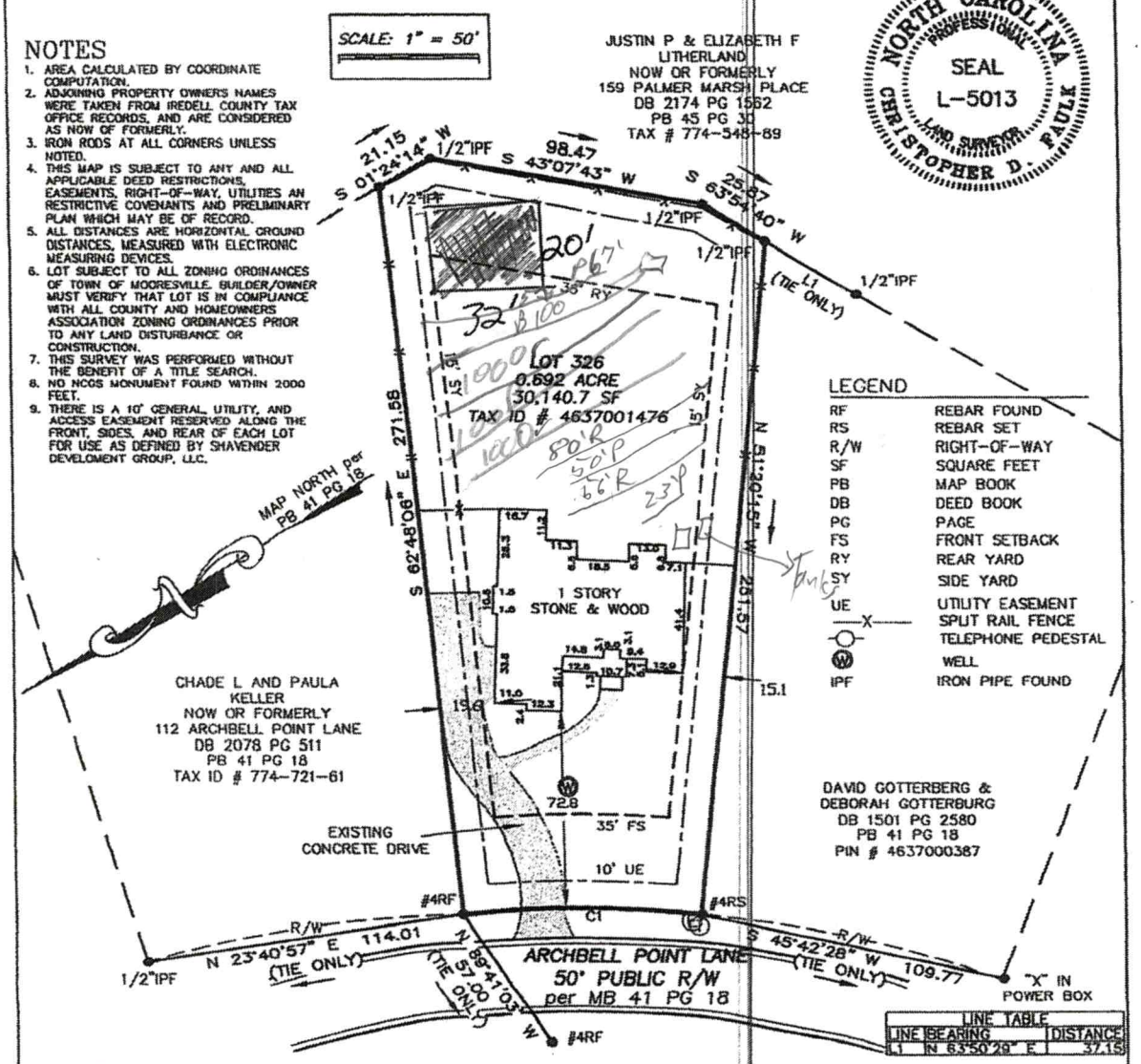
PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-5013 LAND SURVEYOR CHRISTOPHER D. FAULK

SCALE: 1" = 50'

NOTES

1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNER'S NAMES WERE TAKEN FROM IREDELL COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OF FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
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7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. THERE IS A 10' GENERAL, UTILITY, AND ACCESS EASEMENT RESERVED ALONG THE FRONT, SIDES, AND REAR OF EACH LOT FOR USE AS DEFINED BY SHAVENDER DEVELOMENT GROUP, LLC.



LEGEND

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
PB	MAP BOOK
DB	DEED BOOK
PG	PAGE
FS	FRONT SETBACK
RY	REAR YARD
SY	SIDE YARD
UE	UTILITY EASEMENT
—X—	SPLIT RAIL FENCE
	TELEPHONE PEDESTAL
W	WELL
IPF	IRON PIPE FOUND

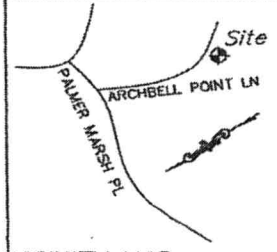
LINE TABLE

LINE	BEARING	DISTANCE
L1	N 63°50'29" E	37.15

CURVE TABLE

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	405.00	85.03	84.87	N 32°46'48" E	12°01'44"

FLOOD NOTE:
NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 3710463700J, DATED: MARCH 18, 2008.



VICINITY MAP
(Not to Scale)

PHYSICAL SURVEY
AT PROPERTY KNOWN AS
118 ARCHBELL POINT LANE
LOT 326, SHAVENDER'S BLUFF SUBDIVISION
TAX ID # 4637001476 PB 41 PG 18-18, DB 2334 PG 535
SHAVENDERS BLUFF, IREDELL COUNTY, NC
FOR
JOHN SPRINGMAN & DANIELLE SPRINGMAN

PHOENIX LAND SURVEYING, INC
1402 WAXHAW-INDIAN TRAIL ROAD
INDIAN TRAIL, NORTH CAROLINA 28079
PH: (704)-335-1655 FAX: 704-684-0514
EMAIL: PHOENIX-SURVEYING.COM
FIRM # C-3912
Land Surveying
Land Planning

FIELD WORK: JF,DW~ MAPPING: D. CARTER
PROJ # 928-01-01 LOT 326 118 ARCHBELL POINT LANE

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

RECEIVED FEB C 8 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-314754 $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct (X) 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) SPRINGMAN

Applicant Name: JOHN & DANIELLE SPRINGMAN **Address:** 118 ARCHBELL POINT LANE **Zip:** 28117

Applicant Email: jspringmanIV@msn.com **Phone:** 805.300.8900 **Alt. Phone:** 805.300.8902

Owner Name: JOHN & DANIELLE SPRINGMAN **Address:** 118 ARCHBELL POINT LANE **Zip:** 28117

Owner Email: jspringmanIV@msn.com **Phone:** 805.300.8900 **Alt. Phone:** 805.300.8902

Property Information:

Street Address: 118 ARCHBELL POINT LANE, MOORESVILLE, NC, 28117

Subdivision Name: SHAVENDER'S BLUFF **Section/Phase:** A **Lot Number:** 236

Driving Directions: BRAWLEY SCHOOL RD TO BLUME RD, RT ON BLUME TO BEATEN PATH, LEFT ON BEATEN PATH TO CICERO LEFT ON CICERO, LEFT ON SHAVENDERS LN, LFT ON PALMER MARSH, LFT ON ARCHBELL PNT LANE TO HOME ON RIGHT

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: Ø — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: Ø — (X) Concrete Slab Foundation
(X) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2003
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

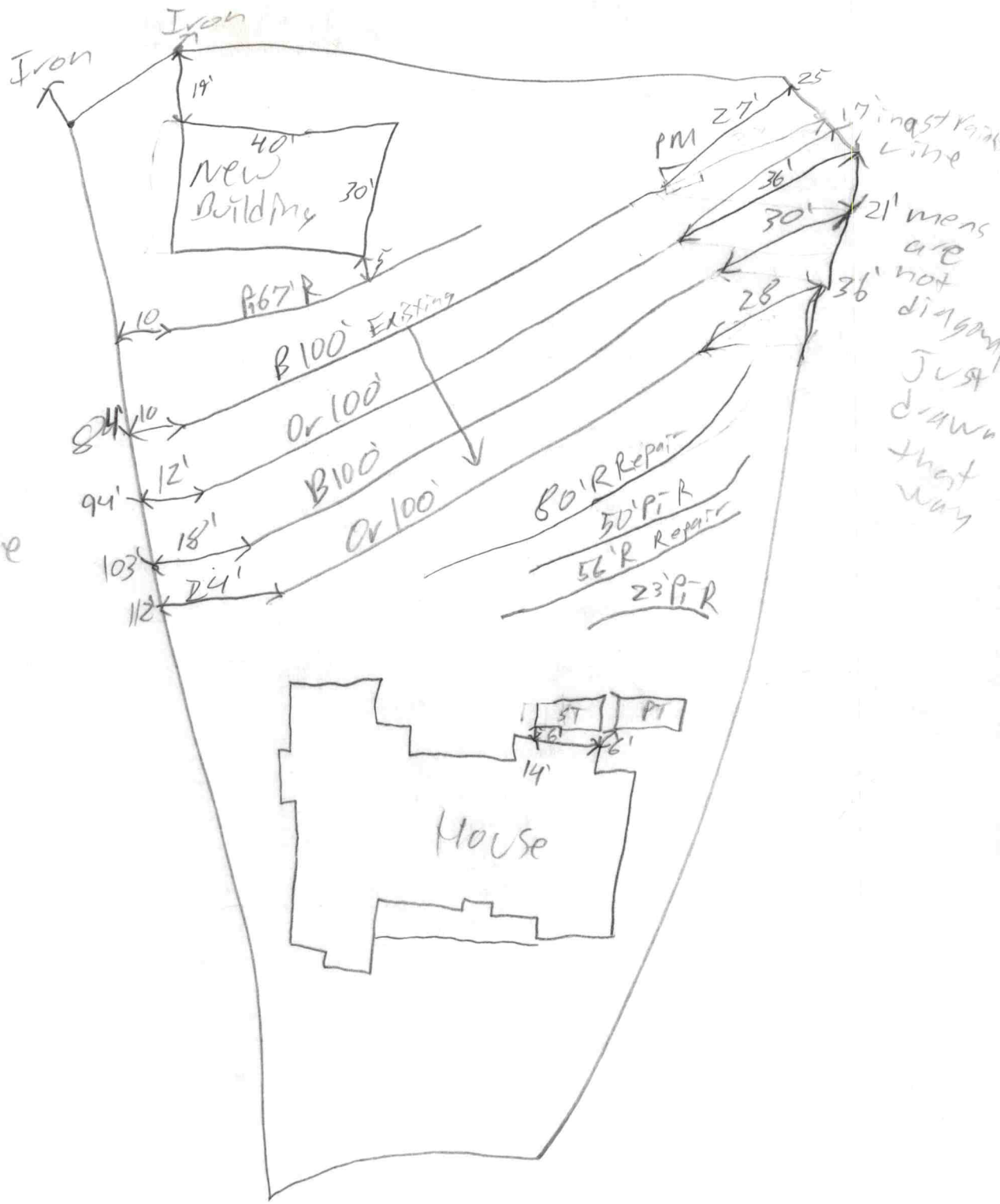
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

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: _____ 1/31/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

need
267'
Pannel

need
better
Floplans
thatdont
Sayflexspace

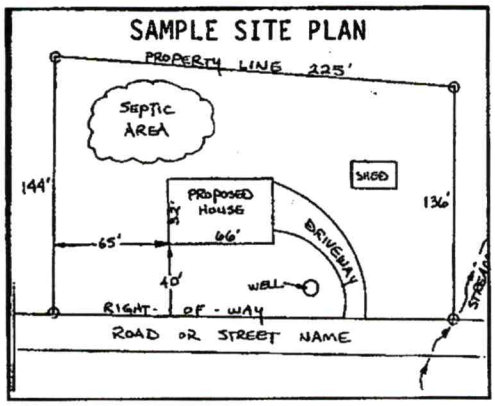


IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



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

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Signature: _____

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

1/31/2021

DATE

Already Paid $50.00 Redraw 4:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107366 PIN# 4627907412326 4637-00-1476 DATE 4/24/03

OWNER OR CONTRACTOR E.S. JOHNSON BUILDERS LLC PHONE: Business 704-799-2976 Home 704-896-8865

ADDRESS P.O. BOX 1402 CORNELIUS, NC 28031

LOCATION Brawley School Rd TR Blume TL Beaten Path TL Cicero TL Shavenders TL Palmer Marsh TL Archbell on right

SUBDIVISION SHAVENDERS BLUFF BLOCK / SECTION III LOT 326 LOT AREA .69 ACRE SITE CLASS PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 3/25/03
Pump Tank: 1000 Gallons; PT 500 Date 4/11/03
Pump Make: Zoeller Model N98-A Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: pump-pm - 25% reduction
Repair System Description: pump-LP - Innovative
Maintenance Agreement Required: ☐ Yes ☐ No

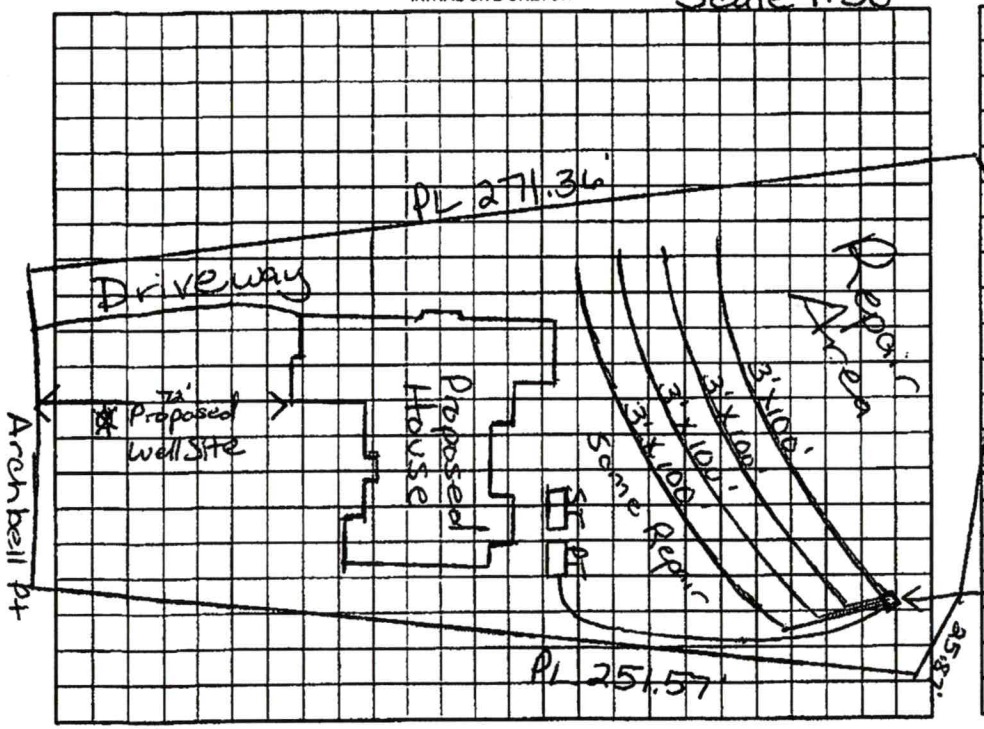
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

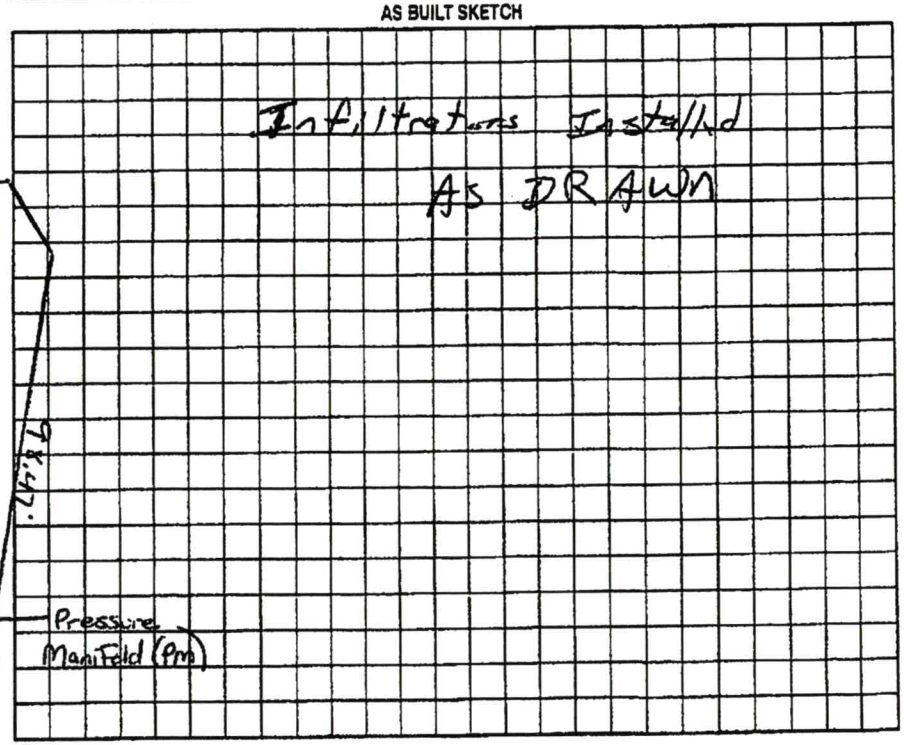
Comments/Conditions: Keep Septic System at least 10' to PL & 100' to Well

Comments/Conditions:

INITIAL SITE SKETCH Scale 1:50



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 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: W. Mfgr date 4/25/03 Installed by: Rowan Septic

Improvement Permit by: Maria H. Coleman R.S. date 4/24/03 Operation Permit by: RS date 11/14/03

Authorization to Construct by: Maria H. Coleman R.S. date 4/24/03 Existing System Inspection by: date

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

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

(Check and sign only ONE of the options below)

☒ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

_____ 1/31/2021
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314754 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4637001476.000	118 ARCHBELL POINT LN	Iredell County

Owner Information	Applicant Information
Name: SPRINGMAN JOHN+DANIELLE	Name: JOHN AND DANIELLE SPRINGMAN
Address:	Address: 118 ARCHBELL POINT LANE
,	MOORESVILLE , NC 28117
Phone:	Phone: (805)300-8900

Use Requested	Zone Code
Accessory Building	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.6919	0	10	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks
ACCESSORY STRUCTURE W/BATHROOM

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.

Date: 02/05/2021

Signature of Owner/Contractor

Permit Number	314754	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed) X Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
SFR DWELLING

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 4 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): ML 640/UL 240 = 880

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name DANIELLE & JOHN SPRINGMAN Phone # 805.300.8900

Owner's Current Address 118 ARCHBELL POINT LANE, MOORESVILLE, NC 28117

Property Information

Property Address 118 ARCHBELL POINT LN, MOORESVILLE NC 28117 Parcel # 4637001476

Subdivision: SHAVENDER'S BLUFF Lot: 236 Zoning: RA Watershed: Y or (N) Flood Plain: Y or (N) Township: DAVIDSON

Directions to property (from a MAIN ROAD) BRAWLEY SCHOOL RD TO BLUME RD (RT) ON TO LFT TURN ON BEATEN PATH TO LEFT ON CICERO TO LEFT ON SHAVENDERS DRIVE TO LFT ON PALMER'S MARSH TO LFT ON ARCHBELL POINT LANE TO HOUSE #118

Application Information

Applicant's Name or Company DANIELLE & JOHN SPRINGMAN Applicant's Phone # 805.300.8900

Applicant's Address 118 ARCHBELL POINT LANE, MOORESVILLE, NC, 28117

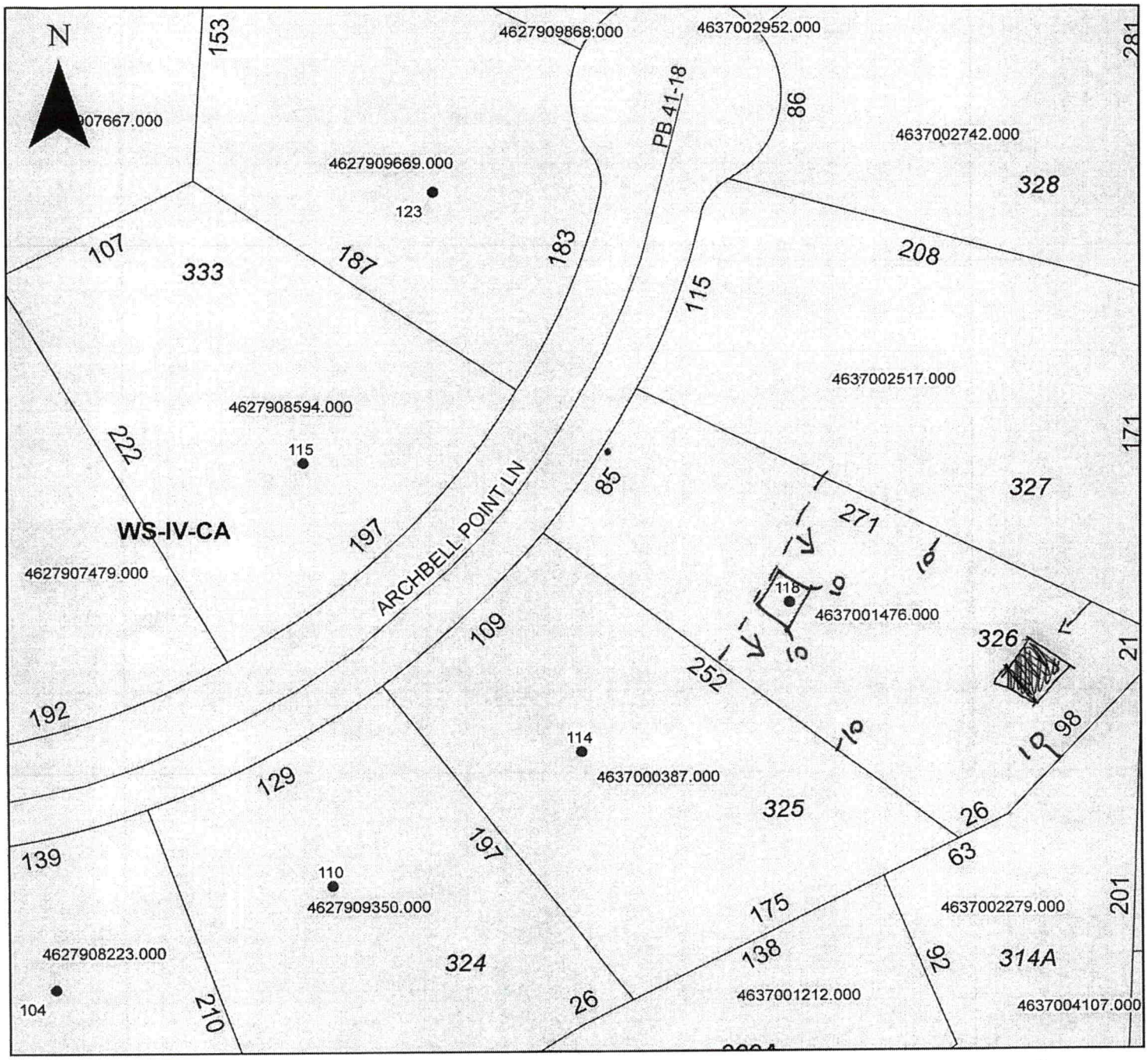
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 1/31/2021

RA
0.6919
WS-IV-CA
NO

ZONING DISCLAIMER



Property Address 118 Archbell Point Lane

Must be 10ft. from house & any other structure.

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. Applicant further acknowledges that the 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

2/5/2021
Date