IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 238874

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

PIN # 4639226934

APPLICANT/OWNER: Brad & Susan Hanson APPLICANT ADDRESS: 170 Mooresville Commons Way Apt 304 Mooresville, NC

SITE ADDRESS: 133 Frostcliff Ln Mooresville, NC PHONE: 8479227071 ALT. PHONE

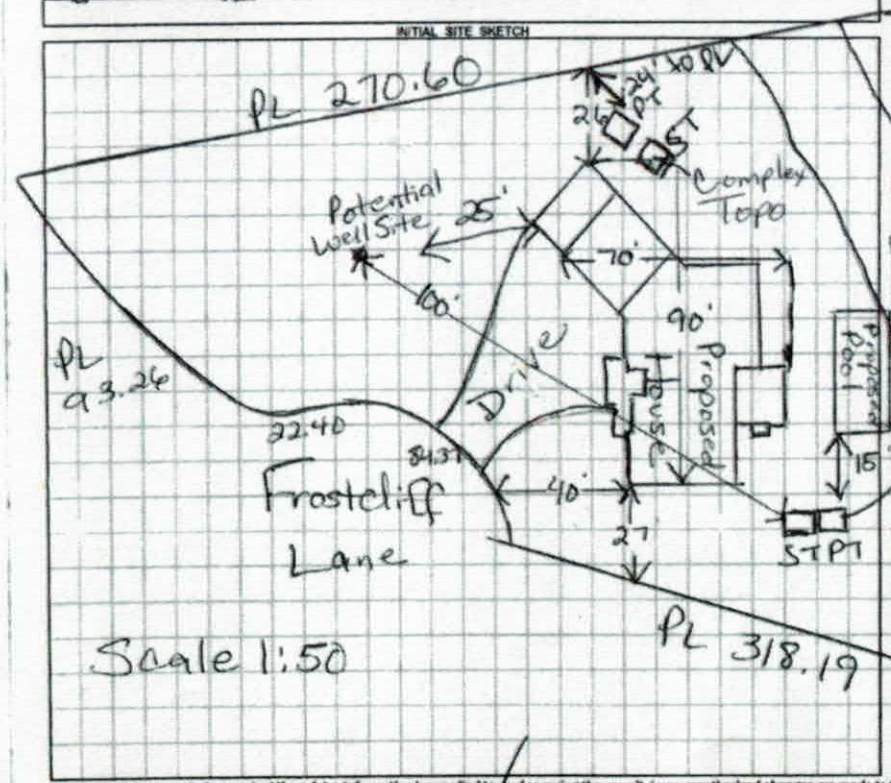
SITE DIRECTIONS: Hwy 150W TR Peoth Rd TL Fern Hill TR Frostcliff 1st end on right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Beacon Pt. SECTION: 4 LOT # 9 LOT AREA: 1.833 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3I / .25R

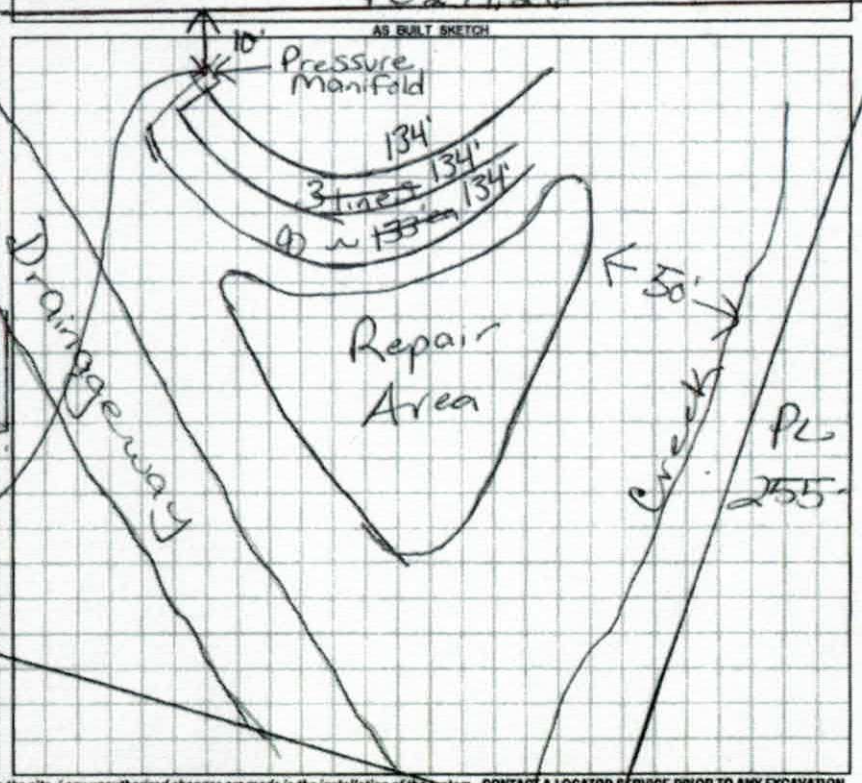
Septic Tank	1000 (gal)	STB	1060	Date	Fern Hrst	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	1060	Date	Plastic Tanks	System Description: Pump - PM - 25% Reduction		☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #		Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft.	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)	36"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: 8/6/19 Checked upper line, Quick4 & tanks. Use 1½" sch 80 taps PM 10' off PL - CC PL 279.26

INITIAL SITE SKETCH



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. 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: 9/28/18 Installed by: Abernathy

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/26/18 OPERATION PERMIT by: Carla C. Cave Date: 9-11-19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 9/28/18 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	8-7	KW
Tanks Checked	8-6	MD
Pressure Manifold or Valve Box Checked	9-11	CC
Pressure Head Set	9-11	CC
Electrical Checked	9-11	BCW
Floats Set	9-11	BCW
Alarm Checked	9-11	BCW
Maintenance Contract Y (N)	9-11	BCW

IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238874

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

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APPLICANT/OWNER: Brad & Susan Hanson APPLICANT ADDRESS: 170 Mooresville Commons Way Apt 304 Mooresville, NC

SITE ADDRESS: 133 Frostcliff Ln Mooresville, NC PHONE: 8479227071 ALT. PHONE

SITE DIRECTIONS: Hwy 150W, R Perth Rd, L Fen Hill, R Frostcliff at end on right SAP CONTROLLED: ☒ YES ☐ NO

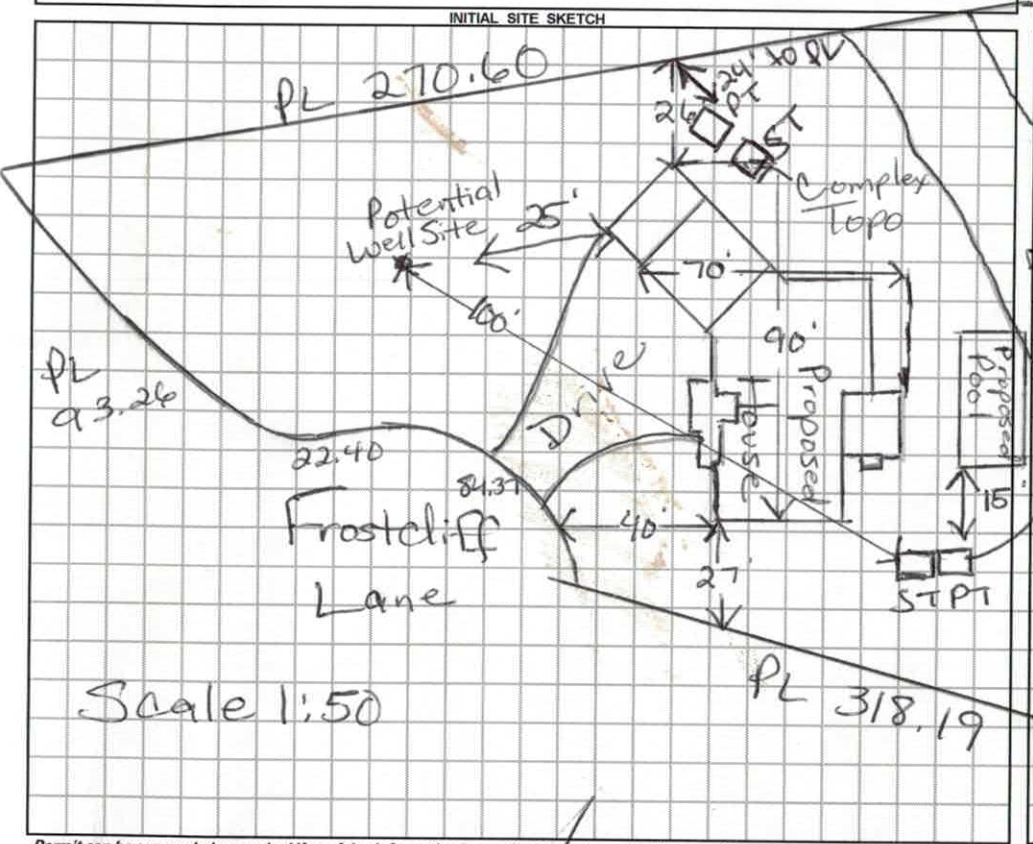
SUBDIVISION: Beacon Pt. SECTION: 4 LOT # 9 LOT AREA: 1.833 AC DESIGN FLOW: 480 gpd L.T.A.R.: .31 / .25 R

Septic Tank	1000 (gal)	STB	1060	Date	Infi Tech	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	1060	Date	Plastic Tanks	System Description: Pump - PM - 25% Reduction				☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	.36"	Trench Bottom Depth(~~Low side~~) mid			36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

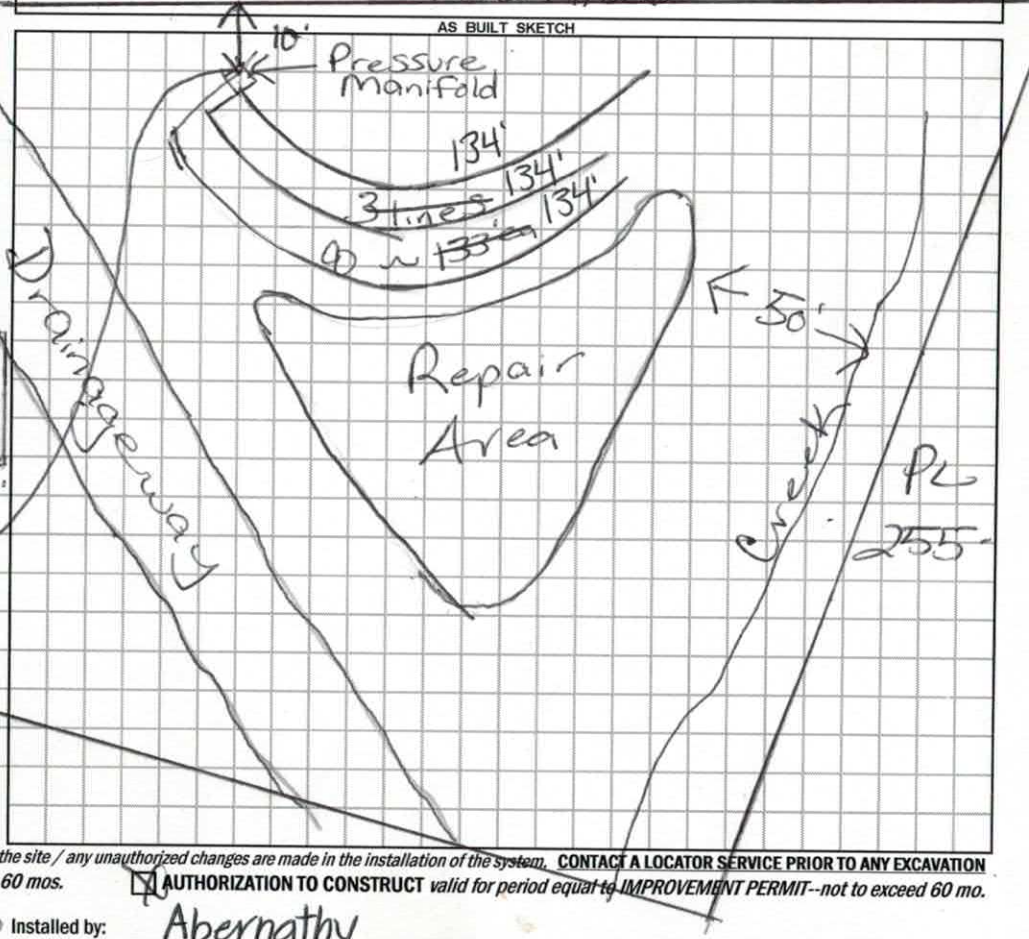
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: 8/6/19 Checked upper line, Quick4 & tanks. Use 1½" sch 80 taps PL 279.26

INITIAL SITE SKETCH



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. **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: [signature] Date: 9/28/18 Installed by: Abernathy

IMPROVEMENT PERMIT by: Maria Olson Date: 9/26/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Olson Date: 9/28/18 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Beacon Pt. Partners APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 5-6-04
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 9 ph 4 Beacon Pt. 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-5	gr bal/sbk	fasssp					.25-.3
		5-45	NK-mbk/sbk rdcl	fo sssp	common med sdp				
					y brn/mottles on bottom of pit				
2	S-L 24%	0-6	gr sbk/sl	fr sssp					.3
		6-20	wk sbk/l/sl	fr sssp					
		20-38	(Bc) wk sbk/sl	fr sssp	common med sdp				
		38-54	massive py/sl	sdp fr sssp	few med ol/sel				
3	10% TCS 14% N-S	0-12	gr bk/sl	fr sssp					.3
		12-32	wk sbk/sl	fr sssp	many fine med f.				
		32-52	massive multi colored sl/l	ssp fr sssp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM 25% Red.	LPPBBS
Site LTAR	.3	.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: DHHunter
OTHER(S) PRESENT: Paul Remmiger

RECEIVED SEP 17 2018

New Well Pd. $550/Int. Relayout - Paid $500.00 238874

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

11/6/18

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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) Sue Hanson 847 922 7071

Applicant Name: BEAU HANSON Address: 170 MOORESVILLE COMMONS WAY Zip: 28117
Applicant Email: NCLAKEHOME@GMAIL.COM Phone: APT 304 847-922-4445 Alt. Phone:
Owner Name: BEAU HANSON Address: 170 MOORESVILLE COMMONS WAY Zip: 28117
Owner Email: NCLAKEHOME@GMAIL.COM Phone: APT 304 847-922-4445 Alt. Phone: 847-922-7071 (Susan)

Property Information: Call alternate # if no answer 1 OR 2 Shaw Custom Homes - Wesley 704-902-4339

Street Address: 133 FROSTCLIFF LN
Subdivision Name: BEACON POINT Section/Phase: 3/4 Lot Number: 9
Driving Directions: PERTH → FERN HILL(S) → FROSTCLIFF LN

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 4
( ) Accessory Building (X) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) 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: _____

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

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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: _____ 9/17/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Non Expiring

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Beacon Pointe Partners, LLC	PO Box 3604 Mooresville 28117		
Same	contact Kathleen Saunders, LSS	704-578-4951	
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Beacon Pointe	PH 4 / Lot 9

Driving Directions: Hwy 150, R Perth, L Fern Hill, R Frost Cliff, at end on L

****

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

(X) 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Kathleen Saunders — 6/2/13
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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: 799-9770 MOORESV.IL

BEACON PT. PARTNERS		P.O. BOX 3608		NC	28117
Applicant	Phone #	Mailing Address	City	State	Zip Code
SAME					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

BEACON PT. PH. 4	9		
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property _____

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

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing X

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.

2-18-04 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

DAS
DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2354, page 583, and/or plat book 45, page 50, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 4, day of SEPTEMBER, A.D. 20 18.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

LOT 15
DAWN B. INGRAM
2367/2294

LOT 16
ANGELA A. ROCHE
2565/1113

LOT 13
KAREN J. KENNEDY
2405/560

LOT 10
GAUS FAMILY REVOC. TRUST
2291/1971

LOT 8
JOY A. STEELE
2194/974

#4 REBAR

N48°59'20"W 64.98'

N48°59'20"W 189.90'

S20°21'10"W 80.04'

S20°21'10"W 199.25'

35' SETBACK

15' SETBACK

N36°09'48"E (BASE BEARING) 318.19'

PB. 45 PG. 50

LOT 9
1.83 AC.
Septic Field

16'x32' POOL

15'

PROPOSED HOUSE

70'

26.4'

40.7'

85' SETBACK

S11°17'14"W 270.63'

(TIE ONLY) S09°49'29"W 53.13'

PK NAIL

R/W

FROSTCLIFF LANE
50' PUBLIC R/W

C1 C2 C3

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	84.73'	N 52°42'12" E	74.95'
C2	25.00'	22.40'	S 29°49'38" W	21.66'
C3	275.00'	93.26'	S 65°12'57" W	92.81'

VICINITY MAP NO SCALE
PERTH ROAD
FROSTCLIFF LN
FERN HILL ROAD
SITE

0' 30' 60' 100'
SCALE IN FEET

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

SCALE 1" = 60'

ACQUIRED BY:

LEGEND
P.P. = POWER POLE
POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL
BTL = BUILD TO LINE
LP = LIGHT POLE
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

PLOT PLAN SURVEY

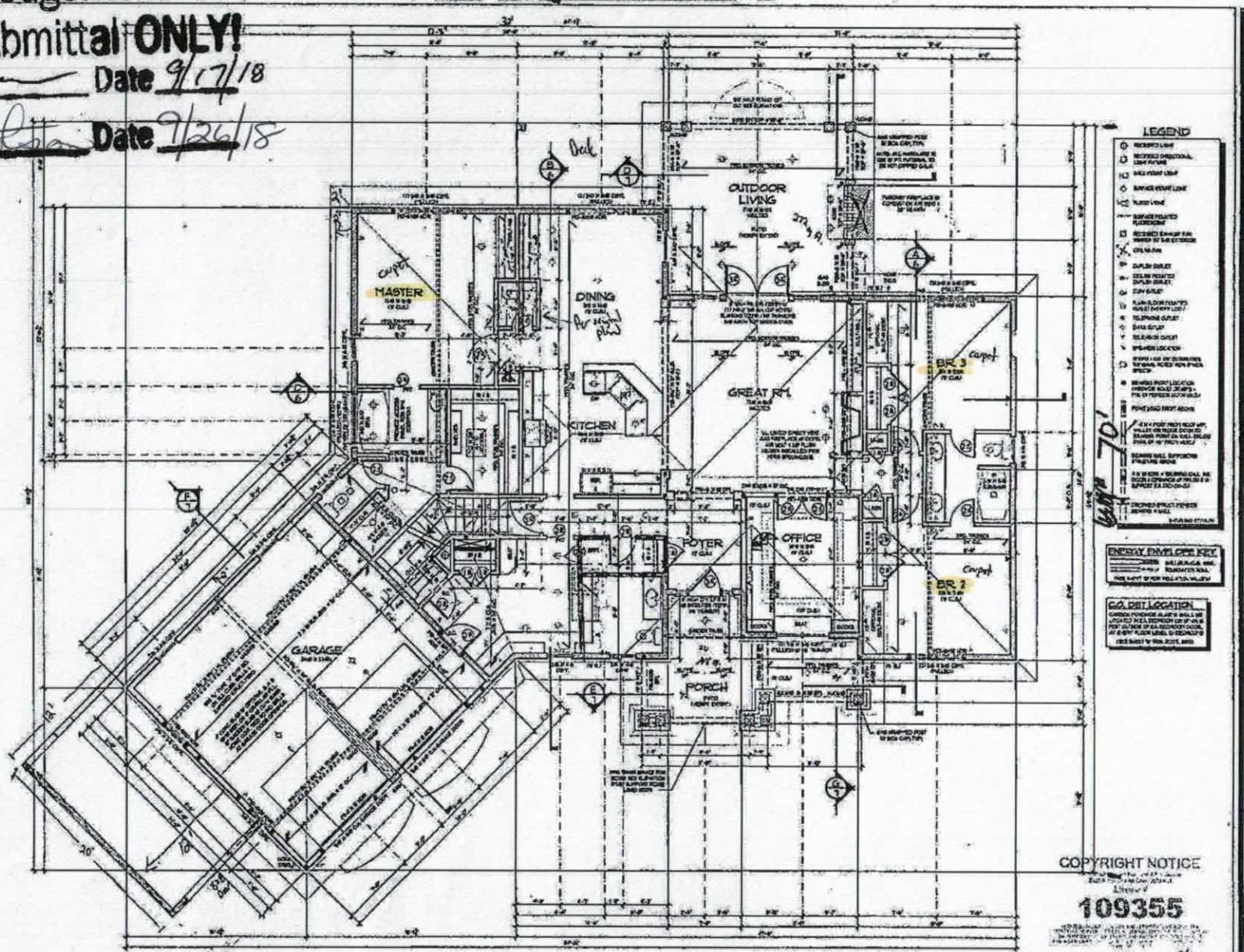
OF
133 FROSTCLIFF LANE
LOT 9 BEACON POINTE, PH. IV
DAVIDSON & FALLSTOWN TWSP., IREDELL CO., N.C.
BRAD Q. & SUSAN K. HANSON

FIELD BOOK:
FILE: BEACON POINTE 9 PHIV
DC FILE:
TAX MAP NO: 4639226934

16'x32' Pool

Acknowledgement Of
Plans Submittal ONLY!
Date 9/17/18
Date 9/26/18

85'



MAIN FLOOR PLAN

IF LATERAL ENGINEERING IS REQUIRED, REFER TO ENGINEERING SPECIFICATION / LATERAL SPECIFICATION

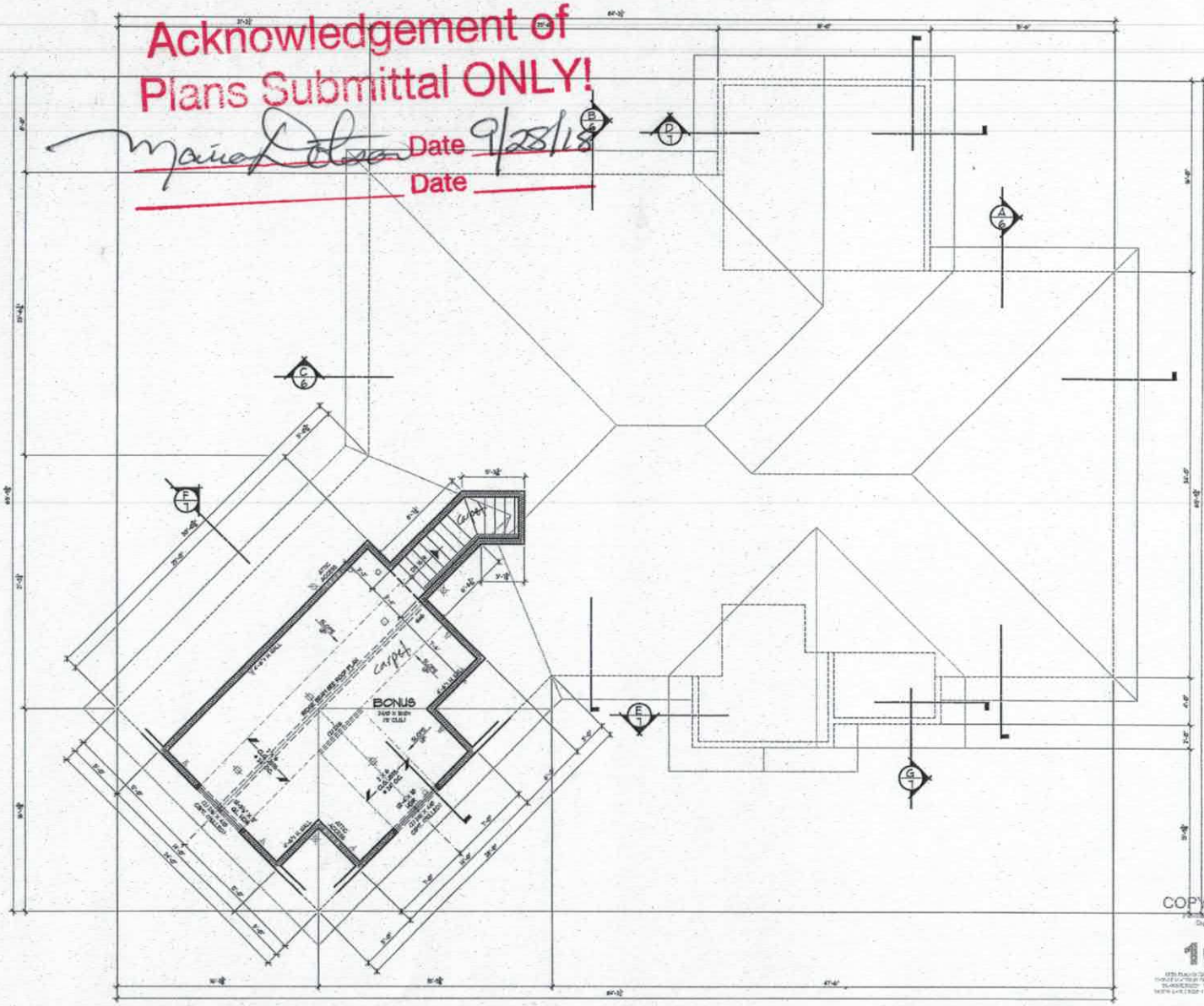
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109355

Masford COLLECTION

B1248
3

Acknowledgement of
Plans Submittal ONLY!
Maria Olson Date 9/28/18
Date



LEGEND

- RECESSED LIGHT
- RECESSED DIRECTIONAL LIGHT FIXTURE
- WALL-POINT LIGHT
- SURFACE-POINT LIGHT
- FLOOD LIGHT
- SURFACE MOUNTED FLUORESCENT
- RECESSED EXHAUST FAN VENTED TO THE EXTERIOR
- CEILING FAN
- DUPLEX OUTLET
- CEILING MOUNTED DUPLEX OUTLET
- 240V OUTLET
- FLUSH FLOOR MOUNTED OUTLET (VERIFY LOC.)
- TELEPHONE OUTLET
- DATA OUTLET
- TELEVISION OUTLET
- SPEAKER LOCATION
- SMOKE / CO DETECTOR (SEE "GENERAL NOTES" FOR OTHER SPECS)
- BEARING POINT LOCATION (PROVIDE SOLID BEARING - MIN. OF PERIMETER WIDTH SHOWN)
- POINT LOAD FROM ABOVE
- 4 X 2 POST FROM ROOF MP, VALLEY OR RIDGE DOWN TO BEARING POINT ON WALL BELOW (MAX. OF 40' FROM VERT.)
- BEARING WALL SUPPORTING STRUCTURE ABOVE
- 4 X 12 HDR. + BEARING WALL W/ DOOR / OPENINGS UP TO 6'0" (3'2" X SUPPORT EA END (SIM.))
- DROPPED STRUCT. HEADER BEARING ▼ WALL

ENERGY ENVELOPE KEY

WALL PLY/CLG. INSUL.
FOUNDATION WALL
(SEE SHEET 10 FOR INSULATION VALUES)

C.O. DET LOCATION

CARBON MONOXIDE ALARMS SHALL BE LOCATED IN EA. BEDROOM OR WITHIN 10 FEET OUTSIDE OF EA. BEDROOM DOOR, AT EVERY FLOOR LEVEL W/ BEDROOMS
(SEE SHEET 10 FOR ADD'L INFO)

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Portions Copyright Act, 17 U.S. Or
Digital Millennium Copyright Act
License #
109355

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

IF LATERAL ENGINEERING IS REQUIRED, REFER TO ENGINEERING SHEETS FOR LATERAL SPECIFICATIONS

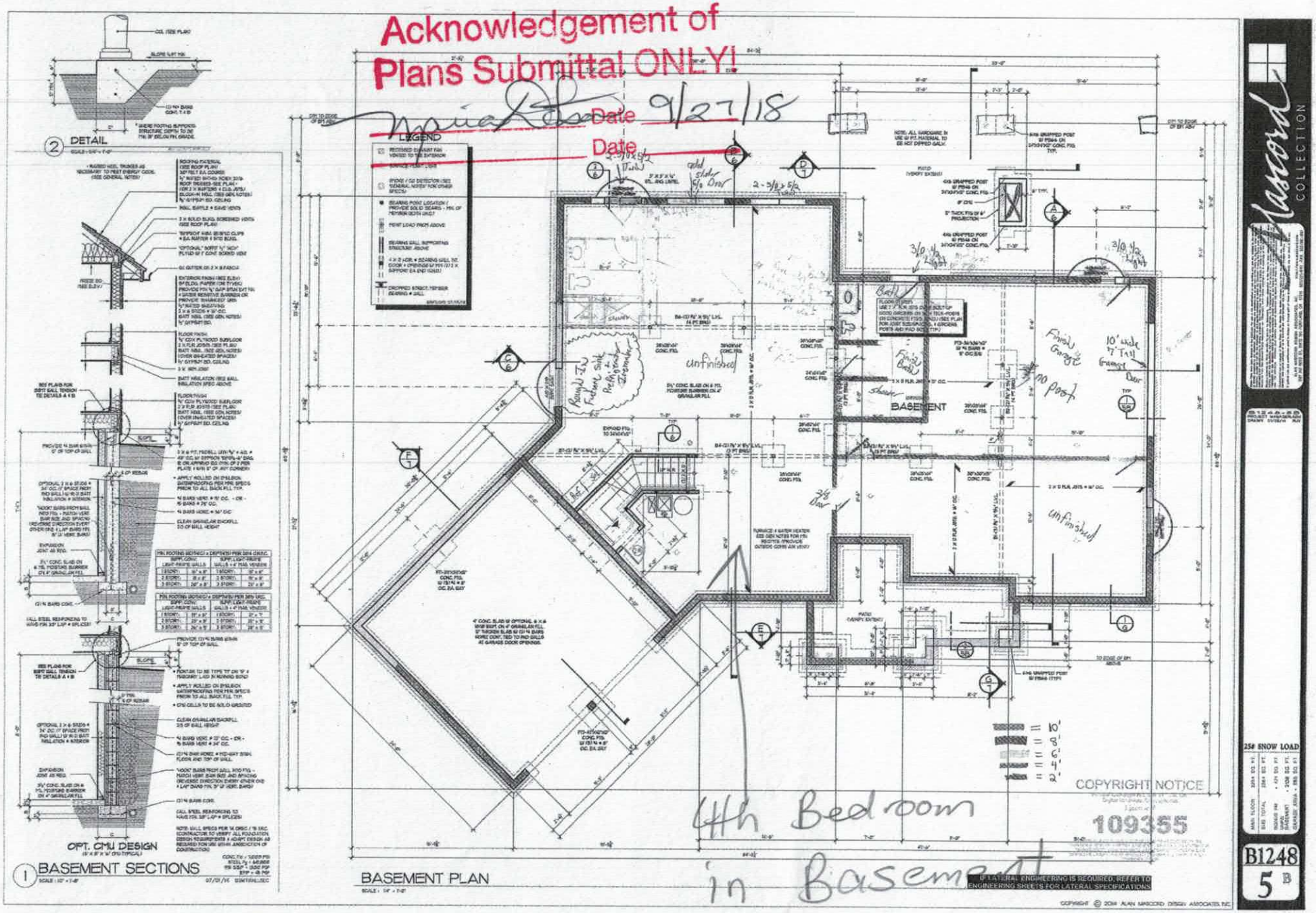
COPYRIGHT © 2014 ALAN MASCORD DESIGN ASSOCIATES, INC.

Mascord COLLECTION

25# SNOW LOAD

MAIN FLOOR	2284 SQ. FT.
3RD TOTAL	3284 SQ. FT.
BONUS RM	+ 471 SQ. FT.
GARAGE	+ 2108 SQ. FT.
GARAGE AREA	+ 858 SQ. FT.

B1248
4


Acknowledgement of
Plans Submittal ONLY!
Date 9/27/18
Date
2 DETAIL
1 BASEMENT SECTIONS
OPT. CMU DESIGN
LEGEND
BASEMENT PLAN
unfinished
Finish Garage
no post
10' wide 7' Tall Garage Door
Bath
Finish Bath
unfinished
4th Bedroom
in Basement
COPYRIGHT NOTICE
109355
B1248
5
25# SNOW LOAD

IREDELL COUNTY

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

APPLICATION NUMBER
238874
Issue Date: 09/17/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4639226934.000	133 FROSTCLIFF LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HANSON BRAD Q+SUSAN K	Applicant: HANSON BRAD Q+SUSAN K
Address: 1354 MULBERRY LANE	Address: 1354 MULBERRY LANE
MOORESVILLE, IL 60013	MOORESVILLE, IL 60013
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.830	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	152689	TOTAL FEES:	$ 77.25