RECEIVED MAR 05 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $500.00 3/5/15 #208871

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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:

Place an (X) beside whichever is submitted if applicable

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

Applicant Information:

Applicant Name: Wesley Shaw Address: 195 Marietta Rd. Phone: 704-902-4339

Owner Name: Same Address: Phone:

Property Information:

Street Address: 146 Bullfinch Rd. Mooresville

Subdivision Name: Beacon Point Section/Phase: Lot Number: 2

Driving Directions: Perth Rd. Right on Frew Hill Rd. Right on Bullfinch property right past first house on Right

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 6
(✓) 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:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Year existing system installed:

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: Wesley M. Shaw

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

3-5-15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

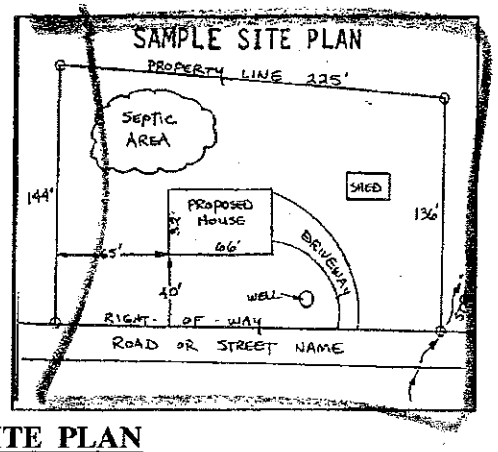
ENVIRONMENTAL HEALTH DIVISION

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

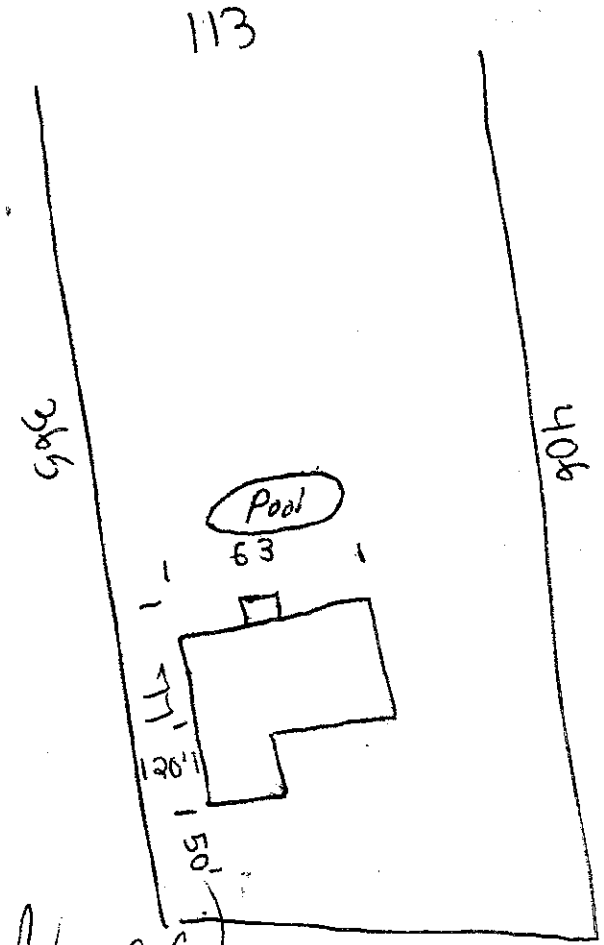


Circle N/A on the following if appropriate:

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



222 from front is white flag 2nd Drive

Signature: _____

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

3-5-15

DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078835 PIN# 4639248651 DATE 5/19/99

OWNER OR CONTRACTOR Crescent Resources PHONE: Business 664-1010 Home

ADDRESS P.O. Box 1003 Charlotte, NC 28201

LOCATION Perth Rd TR Fern Hill TR Bullfinch on Rt.

SUBDIVISION Beacon Pt BLOCK / SECTION II LOT 21 LOT AREA .92 Acre SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 at 160' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair System Type: I, II, (III) IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: Pump - Panel Blk

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees

[ ] Other

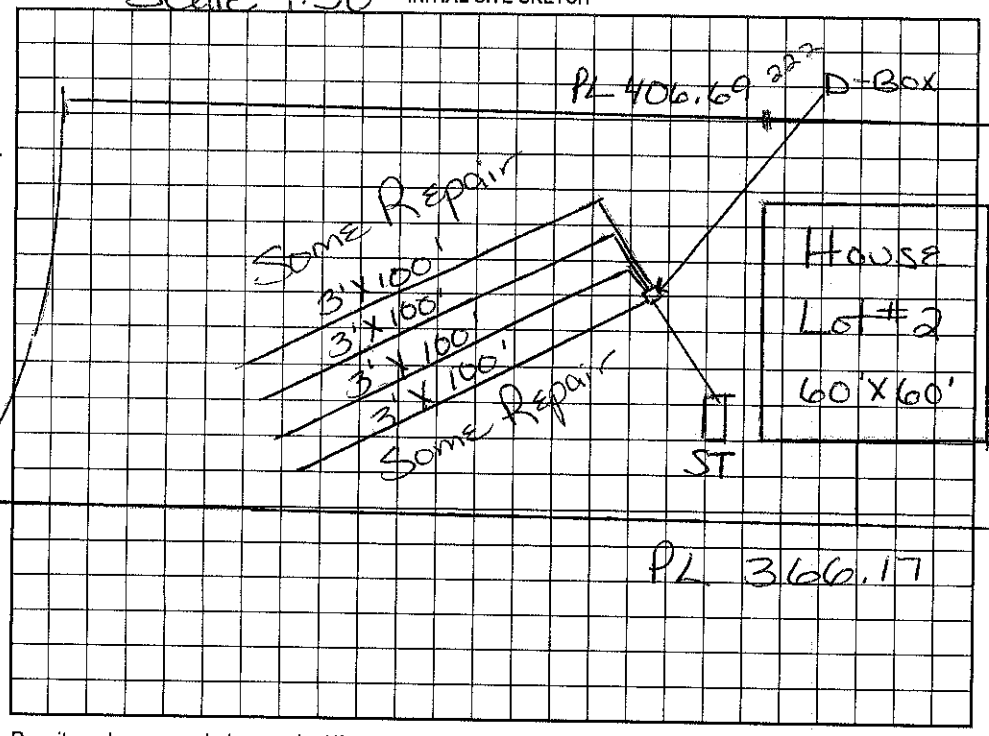
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [X] Community

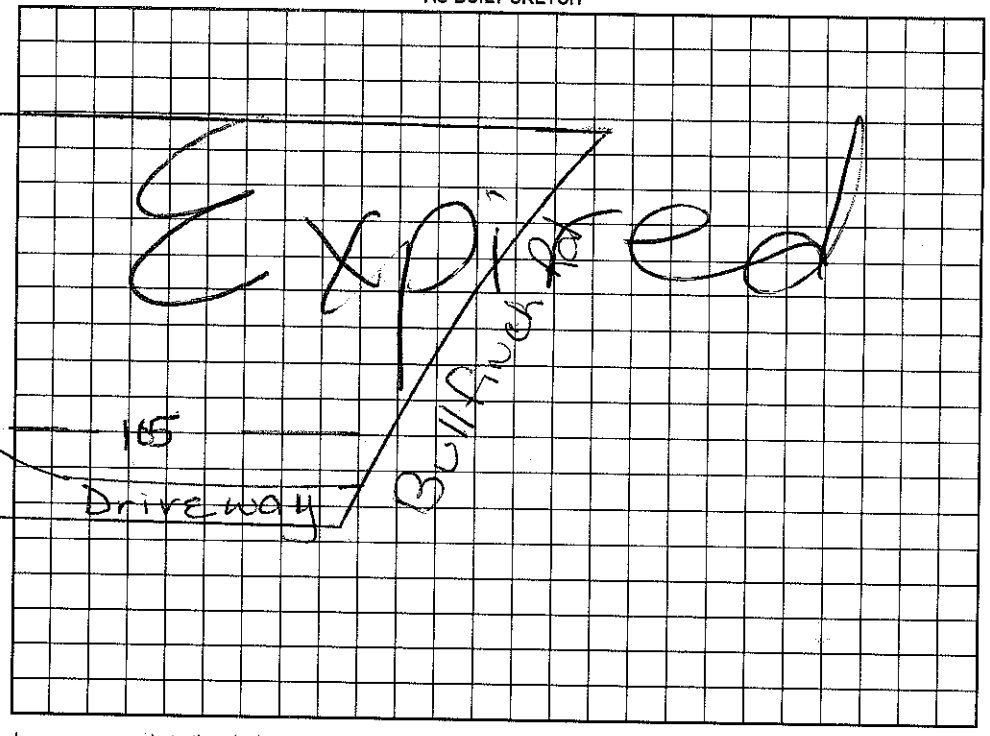
Comments:/Conditions: Keep Septic System at least 10' From PL & 5' From House

Comments:/Conditions:

Scale 1:50' 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. 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 Paul C. Tony date 5-21-99

Improvement Permit by: Marietta H. Dotson RS. date 5/19/99

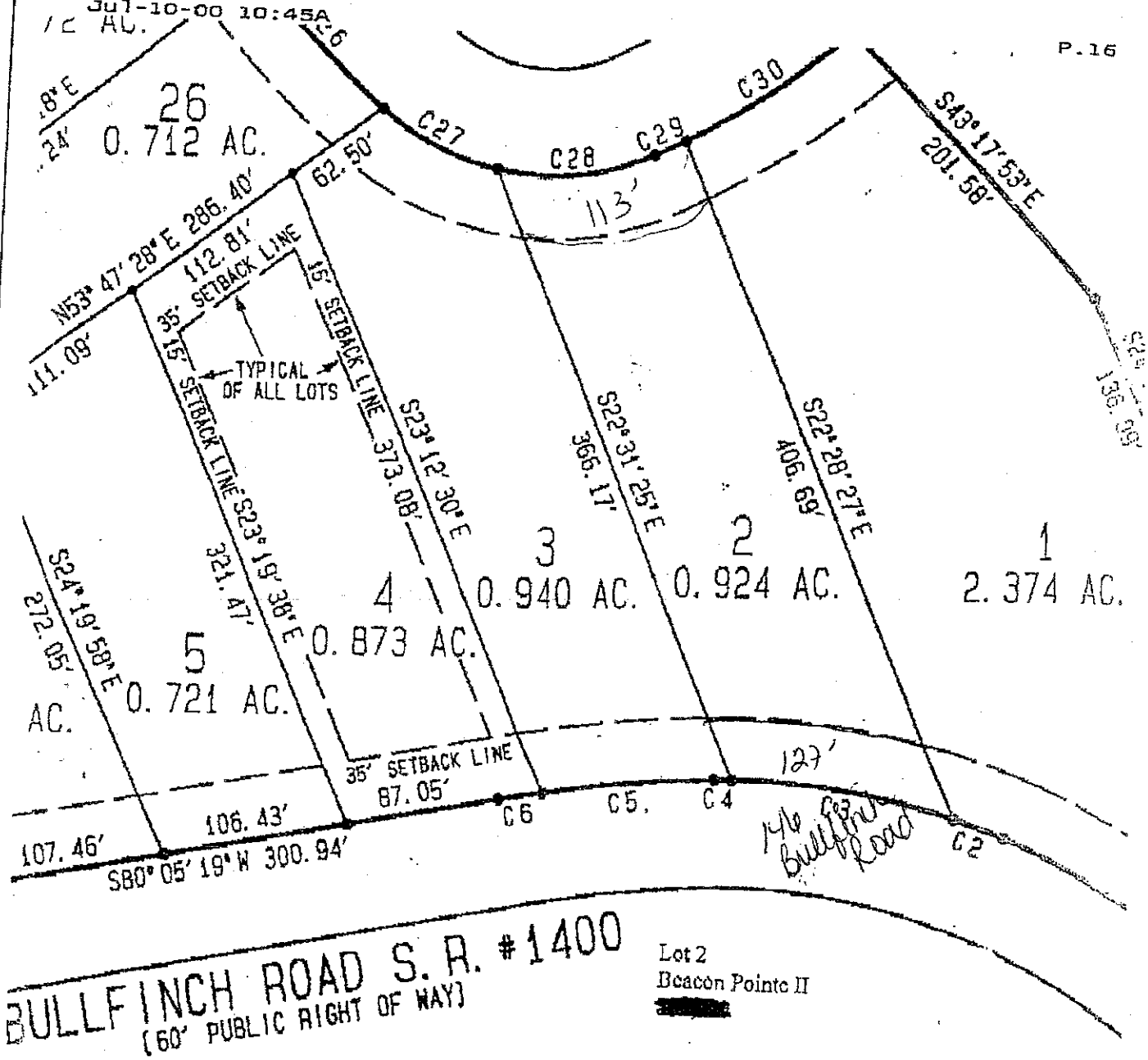
Authorization to Construct by: date

Installed by:

Operation Permit by: date

Existing System Inspection by: date

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



CAROLINA CENTERS, LLC
DEED BOOK 905 PAGE 1451

SUMMARIES

TOTALED AREA SUBDIVIDED = 2
TOTAL NUMBER OF LOTS = 26

30'	MAP DATE: 5/28/96 SURVEY DATE: 3/31/96	OWNER: CRESCENT RESOURCES, INC., 400 SOUTH TRY DEVELOPER SUITE 1300, CHARLOTTE, NC 28201-1300
PG. 8AW	DRAWN BY GWP	BEACON POINTE II

IREDELL COUNTY

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

APPLICATION NUMBER
208871
Issue Date: 03/05/2015

ZONING PERMIT

Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4639248651.000	146 BULLFINCH ROAD, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: SHAW WESLEY+TRESA	Applicant: SHAW, WESLEY
Address: P O BOX 1174 TROUTMAN, NC 28166	Address: 195 MARIETTA ROAD MOORESVILLE, NC 28117
Phone:	Phone: 704-902-4339

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.920	35.00	35.00	15.00	15.00	CACL	X

Remarks:

$PAID

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.

See Attached

Applicant: _____ Date: _____

Permit Number	32835	TOTAL FEES:	$ 77.25

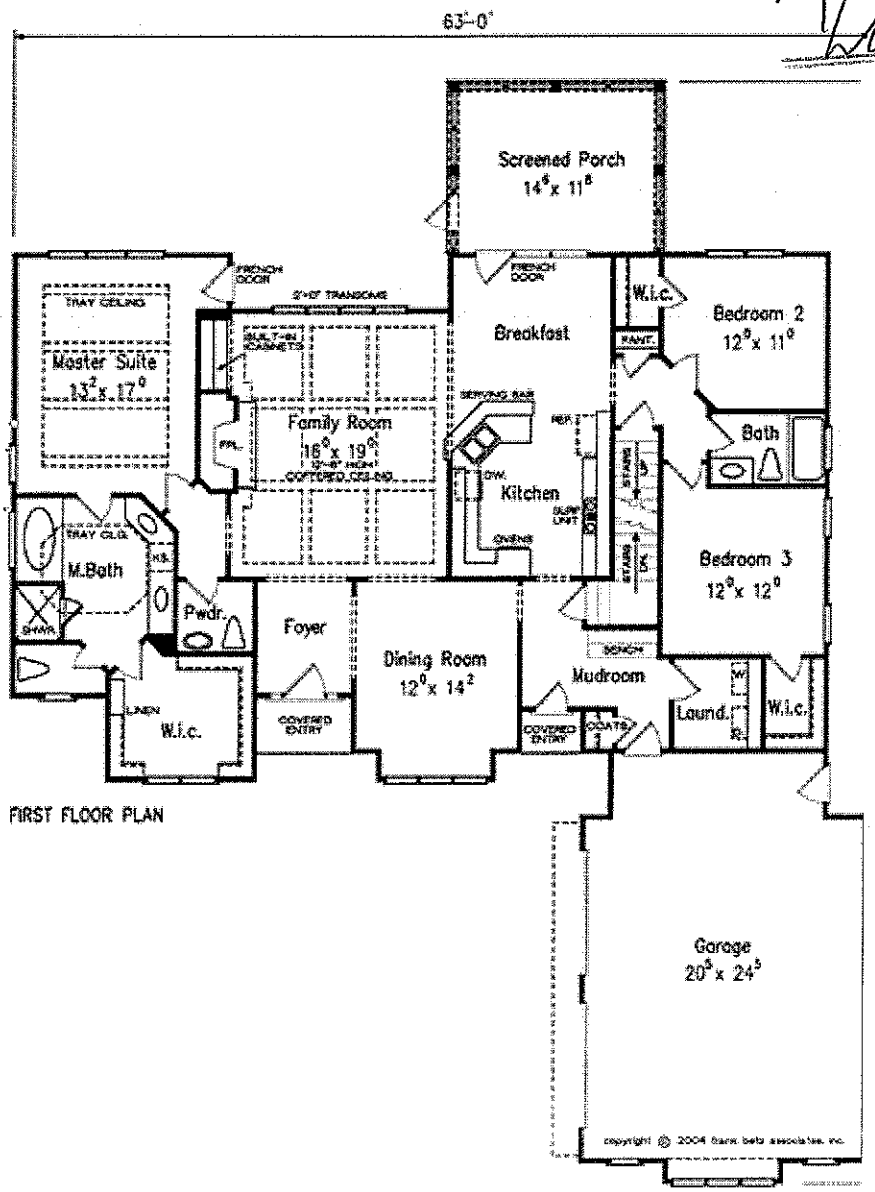
Beacon Pt II Lot #2

888.717.3003

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOME PLANS

Acknowledgement Of Plans Submittal ONLY!
Date 4/15/15
Date 4/16/15

COLEMANS BLUFF



FIRST FLOOR PLAN

Reverse

Main Floor

Plan Information

Plan Name	Colemans Bluff