ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # 24b 279

PIN # 4639613379

APPLICANT/OWNER: Pinnacle Building Services APPLICANT ADDRESS: 127A Promenade Dr Mooresville, NC 28117

SITE ADDRESS: 115 Bay Shore Lp Mooresville, NC 28117 PHONE: 704 361-1084 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W to R Peddy Rd to L Ivalon to R Bay Crossing to L Bay Shore Lp on left

SUBDIVISION: Bay Crossing SECTION: 1 LOT # 29 LOT AREA: 1.94 Ac. SAP CONTROLLED: Initial [X] YES [ ] NO

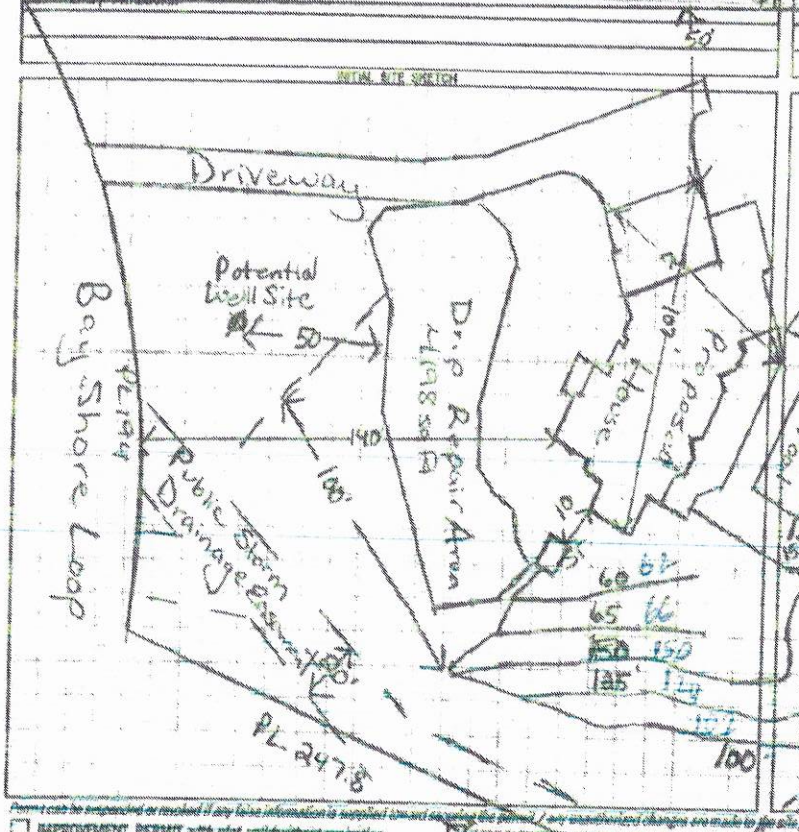
DESIGN FLOW: 600 gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	4x10	Date	8-R-2020	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 5
Pump Tank	(gal)	PE		Date		System Description:		[ ] Business	No. Persons 10
Pump Make		Model		Serial #		Repair System Description:	Gravity - 25% Reduction Drip Repair	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft.	500'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	1ft 24"	Gravel Depth	N/A		[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

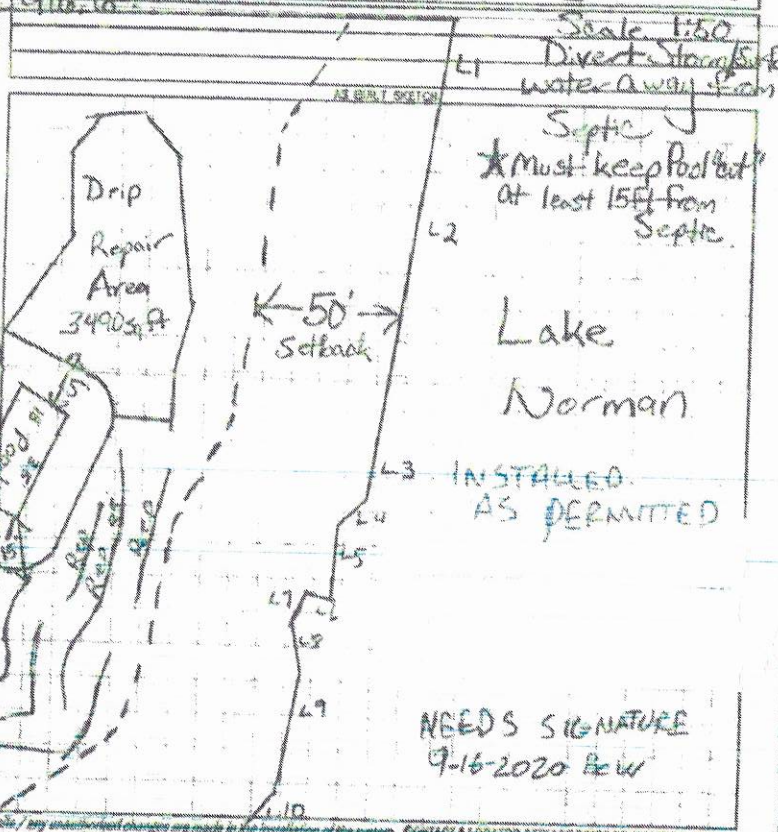
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Septic Repair

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied on this application, any unauthorized changes are made to the site / any unauthorized changes are made to the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

[ ] IMPROVEMENT PERMIT with plat submitted w/ application. [ ] IMPROVEMENT PERMIT with site plan submitted 60 days. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT and to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 8/4/2020

IMPROVEMENT PERMIT by: [signature] Date: 7/10/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/11/19

Installed by: PIEDMONT BACKHOE SERVICE LLC

OPERATION PERMIT by: [signature] Date: 9-16-2020

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION, AS-BUILT PLAN & LOCATION OF SEPTIC SYSTEM IS REQUIRED. PLEASE CONTACT ICHD AT LEAST 48 HOURS IN ADVANCE TO SCHEDULE INSPECTION.

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

Sheet ___ of ___
PROPERTY ID #: 463961337
COUNTY: Iredell

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

OWNER: Pinnacle Building Services — APPLICATION DATE: 7/1/19
ADDRESS: 127A Promenade Dr Mooresville, NC — DATE EVALUATED: 7/8/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 600 gpd — PROPERTY SIZE: ___
LOCATION OF SITE: Lot 29 Bay Crossing — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Repair 5%	0-12	Brn SCL	SS, SP, SExP, FR					PS .3
		12-24	Rd/Brn C	mw SBK	SS, SP, SExP				
		24-44	Rd/Brn C	w SBK	SS, SP, SExP, FR				
					—	44"			
2	5%	0-14	Brn SCL	w SBK	SS, SP, SExP, FR				PS .3
		14-27	Rd/Brn C	mw SBK	SS, SP, SExP, FR				
		27-50	Rd/Brn C	w SBK	SS, SP, SExP, FR				
					—	50"			
3	Water in Pit								—
4	10%	0-10	Brn SCL	w SBK	SS, SP, SExP, FR				PS .3
		10-34	R C/C L	w SBK	SS, SP, SExP, FR				
		34-48	W/Rd SL	SAP Massive	FR				
					—	48"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Drip
Site LTAR	.3	.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Mike Ryon & Jason

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: 4639613379
COUNTY: Iredell

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

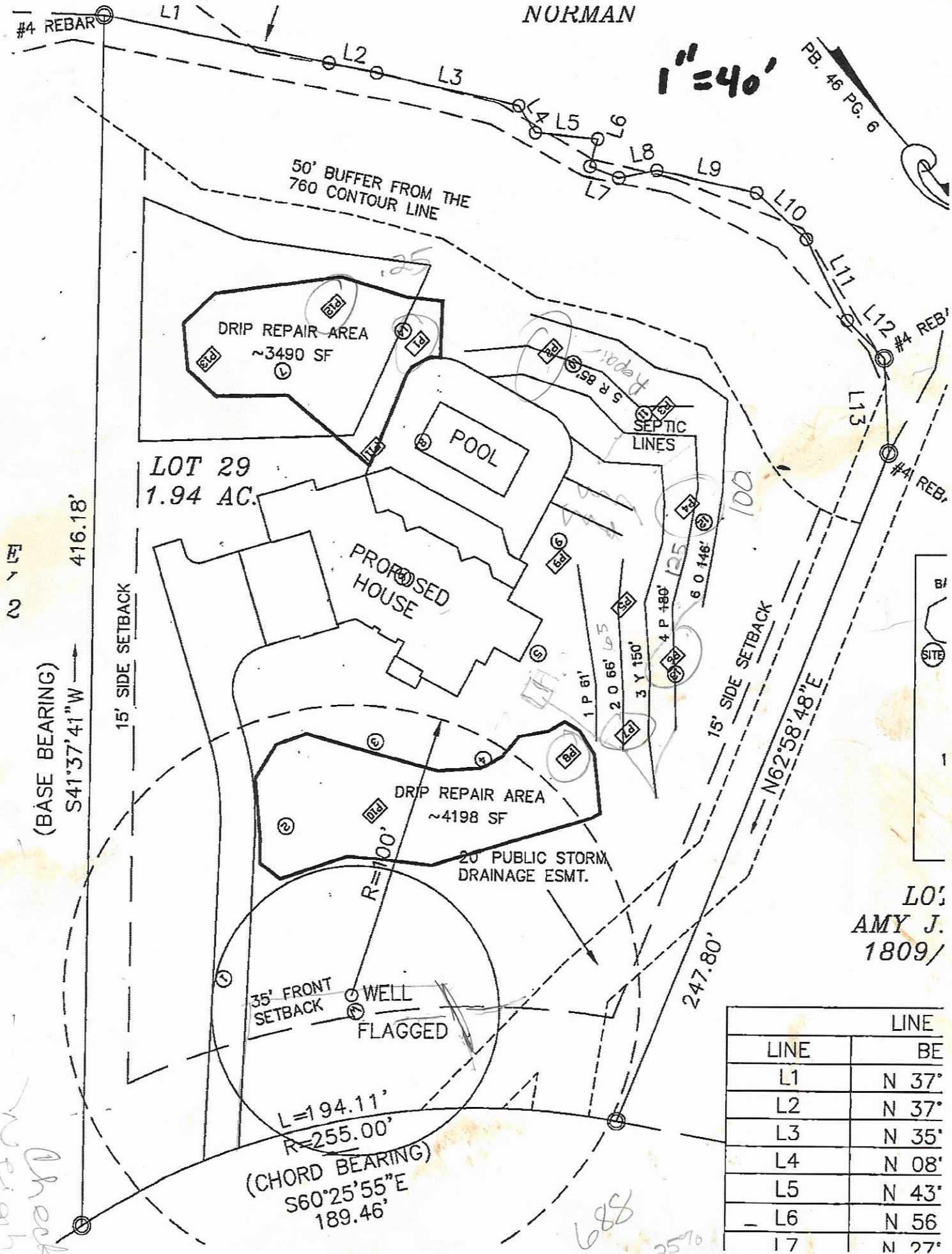
OWNER: Pinnacle Building Services — APPLICATION DATE 7/1/19
ADDRESS: 1274 Promenade Dr Mooresville, NC — DATE EVALUATED: ___
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 600gpd — PROPERTY SIZE: ___
LOCATION OF SITE: Lot 29 Bay Crossing — PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☐ 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	P6 10%	0-6	Brw SCL	w SBK SS, SP, SEXP, FR					PS
		6-16	Rd/Brw L/CL	m-w SBK SS, SP, SEXP					.3+
			w/Inclus of SAP						
		16-64	L/SL	SAP	—	16"			
			Massive, FR						
2	P7 12%	0-5	Brw SCL	w SBK SS, SP, SEXP, FR					PS
		5-20	RC/CL	m-w SBK SS, SP, SEXP, FR					.3+
			w/Inclus SAP						
		20-62	L/SL	SAP	—	20"			
			Massive, FR						
3	P8 Repair 8%	0-7	Brw SCL	w SBK SS, SP, SEXP, FR					PS
		7-36	RC/CL	m-w SBK SS, SP, SEXP, FR					.3
		36-52	RC/L	SAP mix					
			massive, FR		—	36"			
4	P 5% 12 Repair	0-10"	Brn, SCL	SS, SP, SEXP, FR					PS
		10-26	Rd/Brn/Gy CL	w SBK SS, SP, SEXP, FR					.25
			w/Yel/Brn mottles						
		26"	Water in Pit		—	26"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Drip
Site LTAR	.3	.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Mike Ryan & Jason

COMMENTS: ___



LINE	BE
L1	N 37°
L2	N 37°
L3	N 35°
L4	N 08°
L5	N 43°
L6	N 56
L7	N 27°

Mon 7/8/19 4 pm 7/3/19

7-1-19
#246279
$500.00
$550.00

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

Iredell County Health Department – 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: (✓) 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: Pinnacle Building services Address: 127 A Promenade Dr Mooresville NC Zip: 28117
Applicant Email: Ryon3700@yahoo.com Phone: (704) 361-1084 Alt. Phone: NA
Owner Name: Josh Martin Address: 115 Bayshore Loop Mooresville Zip: 28117
Owner Email: Josh.Martin@Johnsonmartin.com Phone: 239-288-4816 Alt. Phone: _____

Property Information:

Street Address: 115 Bayshore Loop PAID CK 10754 MA 7/1/19
Subdivision Name: Bay crossing Section/Phase: _____ Lot Number: 29
Driving Directions: Perth Rd to Bay crossing to Bayshore Loop

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

(✓) 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: 5
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
(✓) 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: _____
(✓) 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: _____

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: _____ 7/1/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

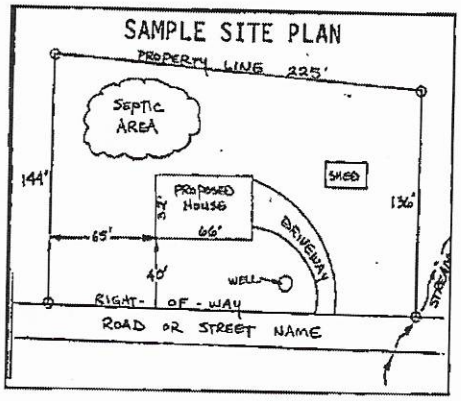
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) 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

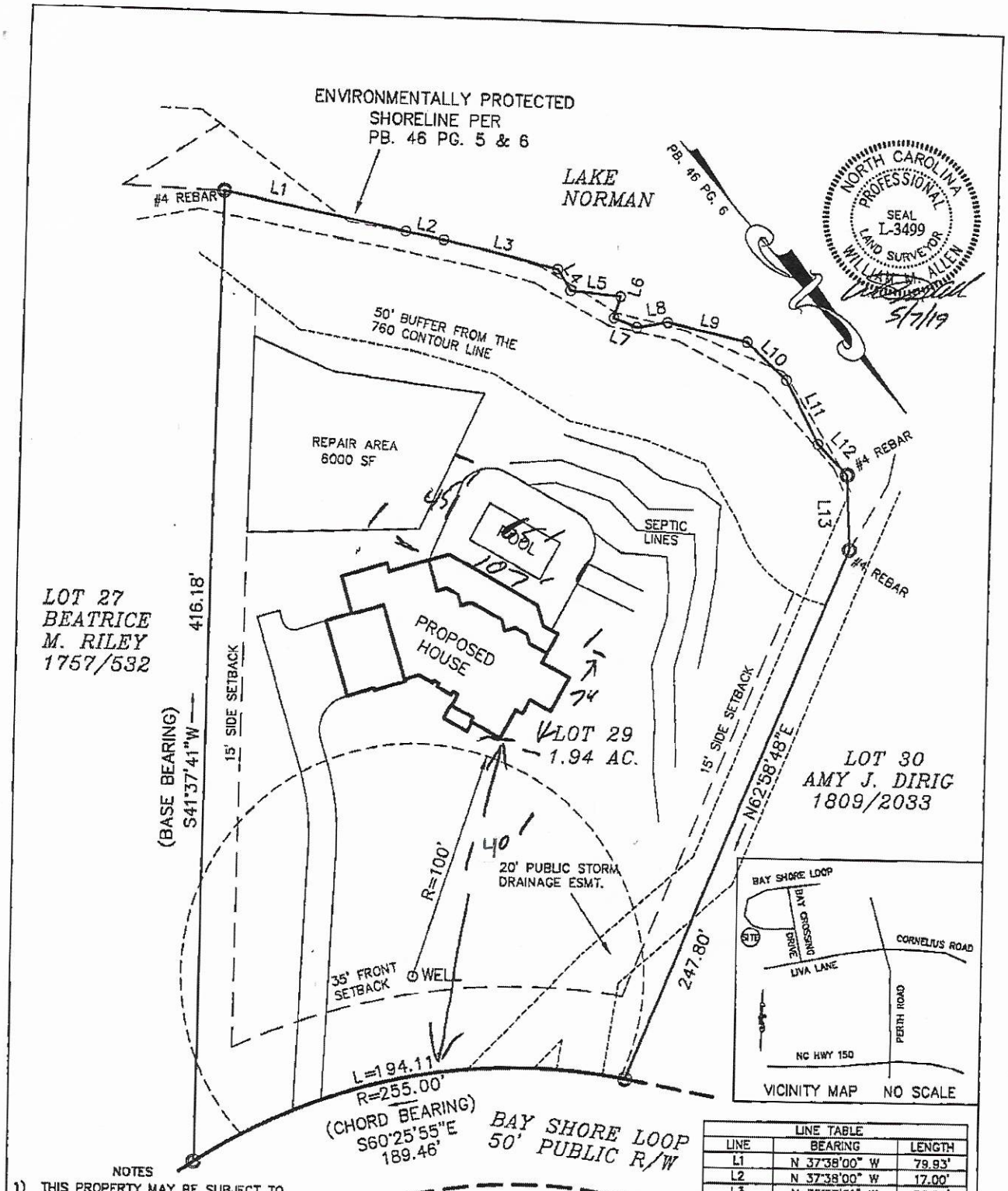
See attached

Signature: _____ _____

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

7/1/2019

DATE



LINE TABLE		
LINE	BEARING	LENGTH
L1	N 37°38'00" W	79.93'
L2	N 37°38'00" W	17.00'
L3	N 35°57'01" W	50.88'
L4	N 08°39'08" E	10.86'
L5	N 43°24'17" W	21.73'
L6	N 55°33'21" E	9.74'
L7	N 27°55'01" W	10.75'
L8	N 59°54'47" W	13.54'
L9	N 37°05'44" W	35.37'
L10	N 05°40'11" W	23.56'
L11	N 13°35'47" E	31.12'
L12	N 04°11'56" W	18.31'
L13	N 37°49'48" E	32.60'

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 8/11/19) ELEVATION: 758.9'
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND

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

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, N.C. 28117
(704) 664-7029 (704) 664-8041 Fax
donallensurvey@gmail.com

PLOT PLAN
OF

LOT 29 BAYCROSSING, PH.1

DAVIDSON TWSP., IREDELL CO., N.C.
SCALE: 1" = 40' DATE: MAY 7, 2019

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Joshua D. Martin, am the legal owner of the property located at 115 Bay Shore Loop Lot 29, identified as PIN(Parcel Identification Number) 4639613379, located in Iredell County, North Carolina.

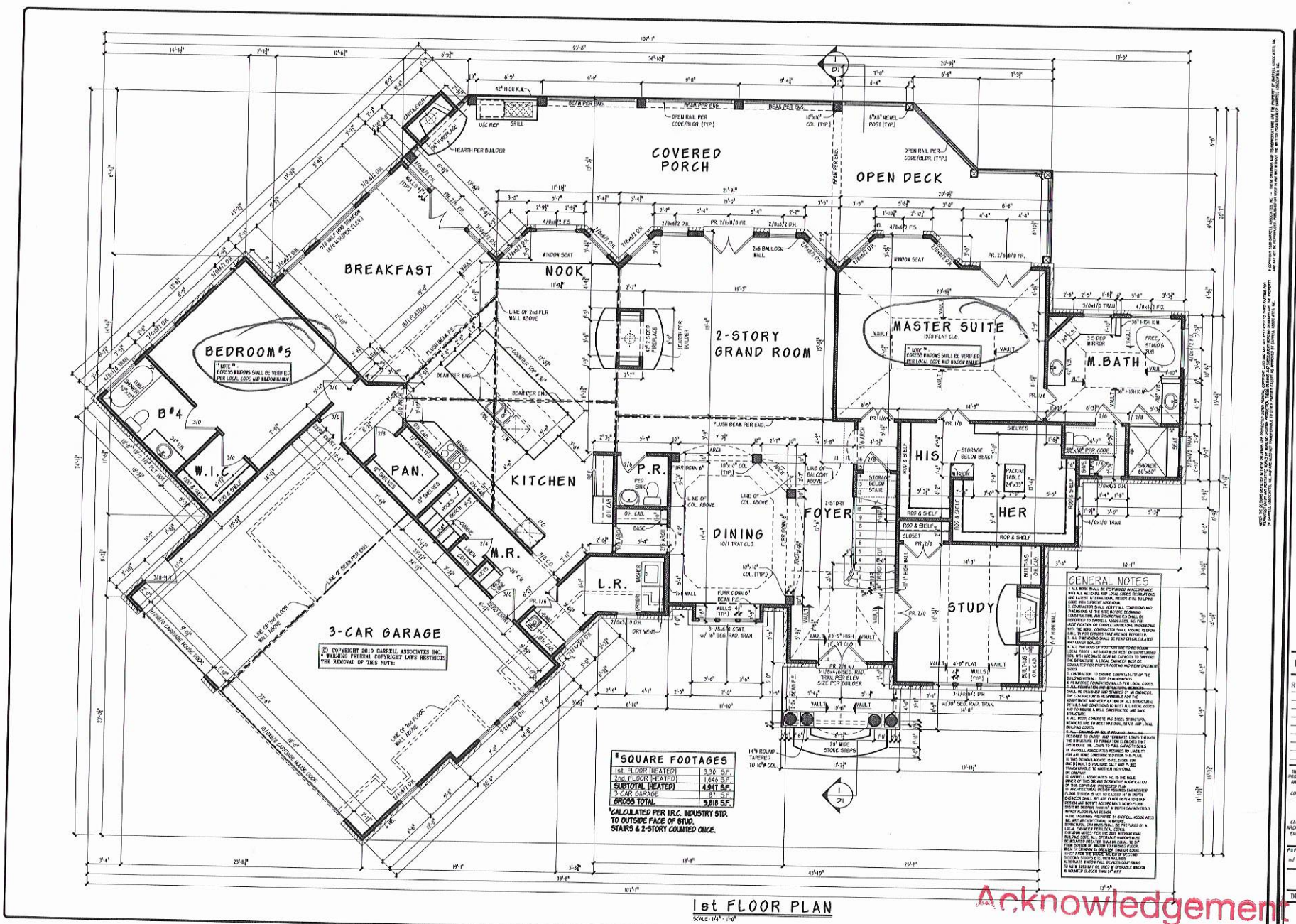
I do hereby authorize (print authorized agent/company name) Pinnacle Building Servs / Mike Ryan _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

JM A — 6-25-19
Signature of Owner — Date

Signature of Witness — 6-25 Date



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

Lic. To: JOSHUA & ASHLEY MARTIN
115 BAY SHORE LOOP
MOORESVILLE, NC 28117

GARRELL ASSOCIATES INC.
700 PRINCETREE IND. BLVD.
SUITE 103 HIGH POINT, NC 27265
PHONE (770) 674-0830
WWW.GA-ASSOCIATES.COM

ASHLEY MANOR
1st FLOOR PLAN

03/25/19

REV. NO.	REV. DATE/INIT.
	07/11/19 DLC/ RBH

THIS COPYRIGHTED DESIGN IS THE SOLE PROPERTY OF GARRELL ASSOCIATES, INC. AND MAY NOT BE USED OR REPRODUCED WITHOUT THE EXPRESSED WRITTEN CONSENT OF GARRELL ASSOCIATES, INC.

CAUTION: ONLY A QUALIFIED DESIGNER, ARCHITECT, CONTRACTOR, OR STRUCTURAL ENGINEER SHOULD ATTEMPT TO MODIFY THIS PLAN.

FILE LOCATION:
n:\ joshua & ashley martin\ashley manor

19022

DRAWN BY: RD | SHEET NO.: A1

Acknowledgement Of

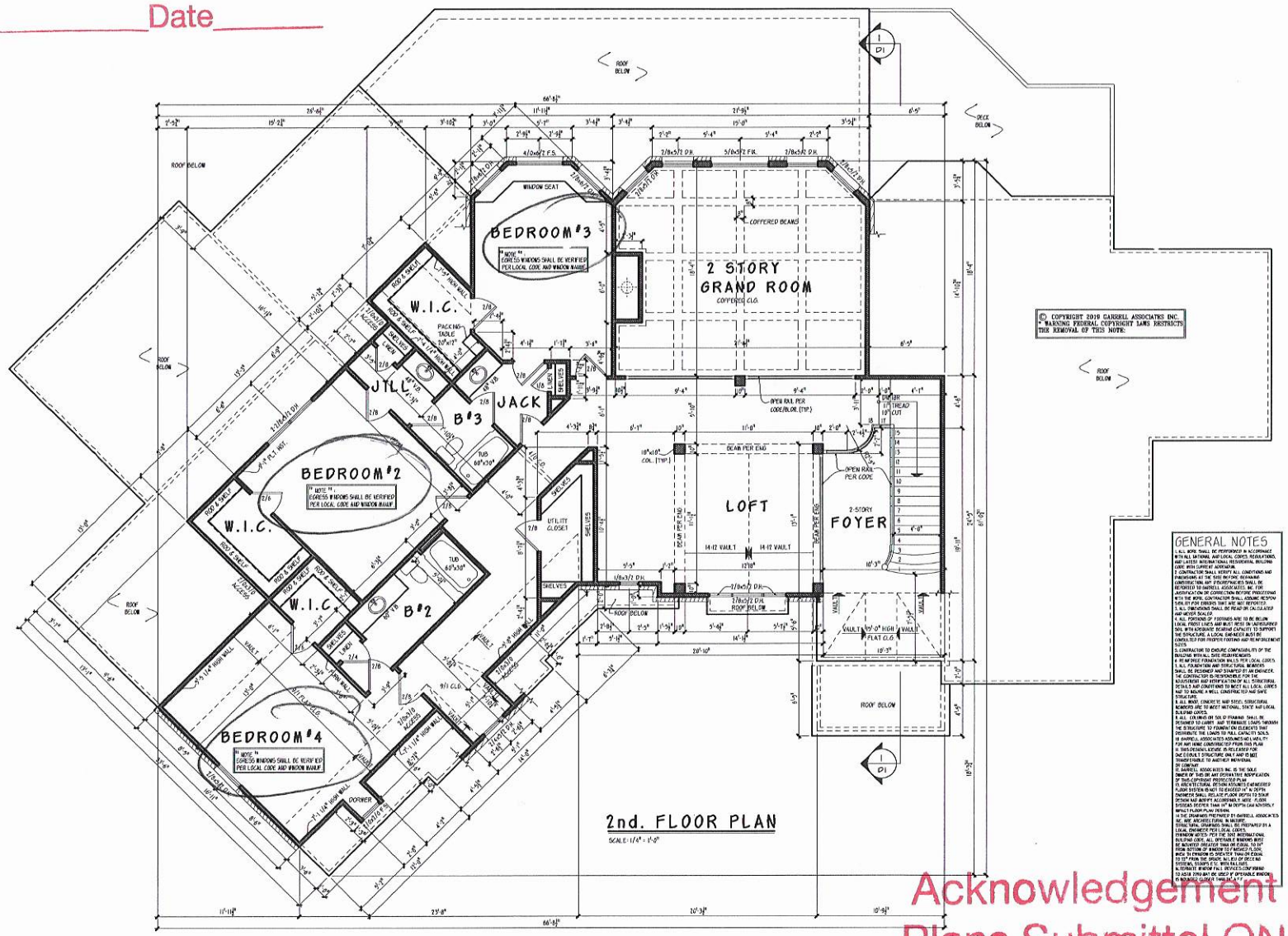
7/11/2019

Maria Date 7/11/19

Acknowledgement Of
Plans Submittal ONLY!

Date 7/1/2019

Date



© COPYRIGHT 2019 GARRELL ASSOCIATES INC.
* WARNING FEDERAL COPYRIGHT LAWS RESTRICTS THE REMOVAL OF THIS NOTE.

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL NATIONAL AND LOCAL CODES, REGULATIONS, AND LATEST INTERNATIONAL RESIDENTIAL BUILDING CODE WITH CURRENT ADDENDA.
2. CONTRACTOR SHALL VERIFY ALL CONDITIONS AND DIMENSIONS AT THE SITE BEFORE BEGINNING CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO GARRELL ASSOCIATES, INC. FOR CLARIFICATION OR CORRECTION BEFORE PROCEEDING WITH THE WORK. CONTRACTOR SHALL ASSUME RESPONSIBILITY FOR ANY WORK DONE WITHOUT SUCH CLARIFICATION.
3. ALL DIMENSIONS SHALL BE READ OR CALCULATED AND NEVER SCALED.
4. ALL FOOTINGS OF FOOTINGS ARE TO BE BELOW LOCAL FROST LINES AND MUST REST ON UNDISTURBED SOIL WITH ADEQUATE BEARING CAPACITY TO SUPPORT THE STRUCTURE. A LOCAL ENGINEER MUST BE CONSULTED FOR PROPER FOOTING AND REINFORCEMENT SIZES.
5. CONTRACTOR TO ENSURE COMPACTABILITY OF THE BUILDING WITH ALL NEW FILL MATERIALS.
6. A REINFORCED FOUNDATION WALLS PER LOCAL CODES.
7. ALL FOUNDATION AND STRUCTURAL MEMBERS SHALL BE DESIGNED AND STAMPED BY AN ENGINEER. THE CONTRACTOR IS RESPONSIBLE FOR THE ASSESSMENT AND VERIFICATION OF ALL STRUCTURAL DETAILS AND CONDITIONS TO MEET ALL LOCAL CODES AND TO ENSURE A WELL CONSTRUCTED AND SAFE STRUCTURE.
8. ALL BASE CONCRETE AND STEEL STRUCTURAL MEMBERS ARE TO MEET NATIONAL, STATE AND LOCAL BUILDING CODES.
9. ALL CEILINGS OR SOLID FRAMING SHALL BE DESIGNED TO SUPPORT AND TERMINATE LOADS THROUGH THE STRUCTURE TO FOUNDATION ELEMENTS THAT DISTRIBUTE THE LOADS TO FULL CAPACITY SOILS.
10. GARRELL ASSOCIATES ASSUMES NO LIABILITY FOR ANY HOME CONSTRUCTED FROM THIS PLAN.
11. THIS DESIGN IS RELEASED FOR ONE (1) SINGLE STRUCTURE ONLY AND IS NOT TRANSFERABLE TO ANOTHER INDIVIDUAL OR STRUCTURE.
12. GARRELL ASSOCIATES INC. IS THE SOLE OWNER OF THIS OR ANY DERIVATIVE MODIFICATION OF THIS COPYRIGHT PROTECTED PLAN.
13. ARCHITECTURAL DESIGN ASSUMES ENGINEERED FLOOR SYSTEM IS NOT TO EXCEED 14" IN DEPTH. ENGINEER SHALL RELATE FLOOR DEPTH TO SOUR AND ADJUST PLATE HEIGHTS ACCORDINGLY. ANY ADDITIONAL DEPTH TAKE OFF IN DEPTH CAN ADVERSELY IMPACT FLOOR PLAN DESIGN.
14. THE DRAWINGS PREPARED BY GARRELL ASSOCIATES INC. ARE ARCHITECTURAL IN NATURE. STRUCTURAL DRAWINGS SHALL BE PREPARED BY A LOCAL ENGINEER PER LOCAL CODES.
15. ALL WORK SHALL COMPLY WITH INTERNATIONAL BUILDING CODE. ALL OPENABLE WINDOWS MUST BE MOUNTED GREATER THAN OR EQUAL TO 24" FROM BOTTOM OF WINDOW TO FINISHED FLOOR, WHEN THE OPENING IS GREATER THAN OR EQUAL TO 72" FROM THE GRADE. ALL SILL OF OPENING WINDOWS MUST BE GREATER THAN OR EQUAL TO 24" ABOVE FINISHED FLOOR. IF SILL IS LESS THAN 24" ABOVE FINISHED FLOOR, WINDOW MUST BE TEMPERED GLASS OR WINDOW OPENING MUST BE RESTRICTED TO LESS THAN 4".

SPECIAL NOTE REGARDING RIGHTS TO THESE DRAWINGS AND PROTECTION UNDER FEDERAL COPYRIGHT LAW AND USE OF SAME BY OTHERS: ALL DRAWINGS, PLANS, AND SPECIFICATIONS AS INSTRUMENTS OF SERVICE ARE AND SHALL REMAIN THE PROPERTY OF GARRELL ASSOCIATES INC. WHETHER THE PROJECT FOR WHICH THEY ARE MADE IS EXECUTED OR NOT. THE DRAWINGS, PLANS, AND SPECIFICATIONS AS INSTRUMENTS OF SERVICE ARE NOT TO BE USED BY THE OWNER OR OTHERS ON EXTENSIONS OF THE PROJECT OR ON ANY OTHER PROJECT WITHOUT THE WRITTEN AGREEMENT OF GARRELL ASSOCIATES INC. THE OWNER AND THE ARCHITECT AGREE AND WILL CONFER A LICENSE TO THE OWNER TO USE THE DRAWINGS, PLANS, AND SPECIFICATIONS WITH RESPECT TO THIS PROJECT ONLY, PROVIDED THAT THE OWNER SUBSTANTIALLY PERFORMS ALL OBLIGATIONS INCLUDING PROMPT PAYMENT OF ALL SUMS DUE PURSUANT TO THE AGREEMENTS. ANY UNAUTHORIZED USE OF THESE DRAWINGS, PLANS, AND SPECIFICATIONS SHALL BE AT THE OWNER'S AND RECEIVING PARTY'S SOLE RISK AND WITHOUT LIABILITY TO GARRELL ASSOCIATES INC. THE OWNER AND THE RECEIVING PARTY AGREE TO INDEMNIFY AND HOLD HARMLESS GARRELL ASSOCIATES INC. FROM ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES ARISING OUT OF OR RESULTING THEREFROM.

Acknowledgement of
Plans Submittal ONLY!

Date 7/11/19

Date

Lic. To: JOSHUA & ASHLEY MARTIN
115 BAY SHORE LOOP
MOORESVILLE, NC 28117

GARRELL ASSOCIATES INC.
709 PRACTITIONER INC. BLVD.
STATESVILLE, NC 28677
PHONE (770) 614-3650
WWW.GARRELLASSOCIATES.COM

ASHLEY MANOR
2nd FLOOR PLAN

03/25/19

REV. NO.	REV. DATE/INIT.
01	03/26/19 [DG]
	07/11/19 [TLC] [BG]

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CAUTION: ONLY A QUALIFIED DESIGNER, ARCHITECT, CONTRACTOR, OR STRUCTURAL ENGINEER SHOULD ATTEMPT TO MODIFY THIS PLAN.

FILE LOCATION:
n:/ joshua & ashley martin /ashley manor

19022

DRAWN BY:	SHEET NO.:
RP	A2

IREDELL COUNTY

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

APPLICATION NUMBER
246279
Issue Date: 07/01/2019

ZONING PERMIT

Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4639613379.000	115 BAY SHORE LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CHALMERS JEFFREY D+THERESA A	Applicant: PINNACLE BUILDING SERV
Address: 119 ARAGON COURT	Address: 128-B PROMENADE DRIVE
MOORESVILLE, NC 28115	MOORESVILLE, NC 28117
Phone:	Phone: 704-799-8641

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.940	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

PAID 7/1/19

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	183610
TOTAL FEES:	$ 77.25