IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216995 221801

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

PIN # 4639-72-6911

APPLICANT: BCSC APPLICANT ADDRESS: 2524 Reliance Ave. Apex, NC 27539

SITE ADDRESS: 305 S. San Agustine Dr. Mooresville, NC PHONE: 704-658-8616 ALT. PHONE:

SITE DIRECTIONS: Perth Rd N from Rt. 150 → L on Bells Crossing Dr → L on S. San Agustine Dr. → Lot on Left

SUBDIVISION: Bells Crossing SECTION: 4 LOT # 164 LOT AREA: 2.13 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	10-17-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description: 25% Reduction (Serial Distribution)				☐ Business	No. Persons	8	☐ Private	
Pump Make	—	Model	—	Serial #	—		Repair System Description: Drip [4800 S.F.]				☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	5	Linear Ft:	400		Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☒ Community	
Trench Width	36"	Max. Trench Bottom Depth	36" [Low side]	Gravel Depth	—			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules. Though 441 lf of line has been laid out, only 400 lf need be installed. Recommend that the septic tanks be pumped every 3-5 years.

INITIAL SITE SKETCH

See attached drawing/plat from BCSC [dated 4-27-16]

AS BUILT SKETCH

Installed Quick 4

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: 9-30-16 Installed by: Carolina Pipe

IMPROVEMENT PERMIT by: Tom Shuck Date: 9-28-16 OPERATION PERMIT by: Maria Dotson Date: 2/3/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9-29-16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	GREEN	3.2	50
2	WHITE	3.6	68
3	RED	4.3	143
4	PINK	4.9	125
5A	BLUE	5.1	45
5B	BLUE	5.1	40
6	YELLOW	6.0	75
7	GREEN	7.1	50
8	PINK	8.2	33
9	BLUE	16.3	53
10	ORANGE	16.9	21
11	YELLOW	17.1	26
12	PINK	19.3	40
13	BLUE	20.7	45
14	RED	21.9	37

LOT 164 BELLS CROSSING SUBDIVISION

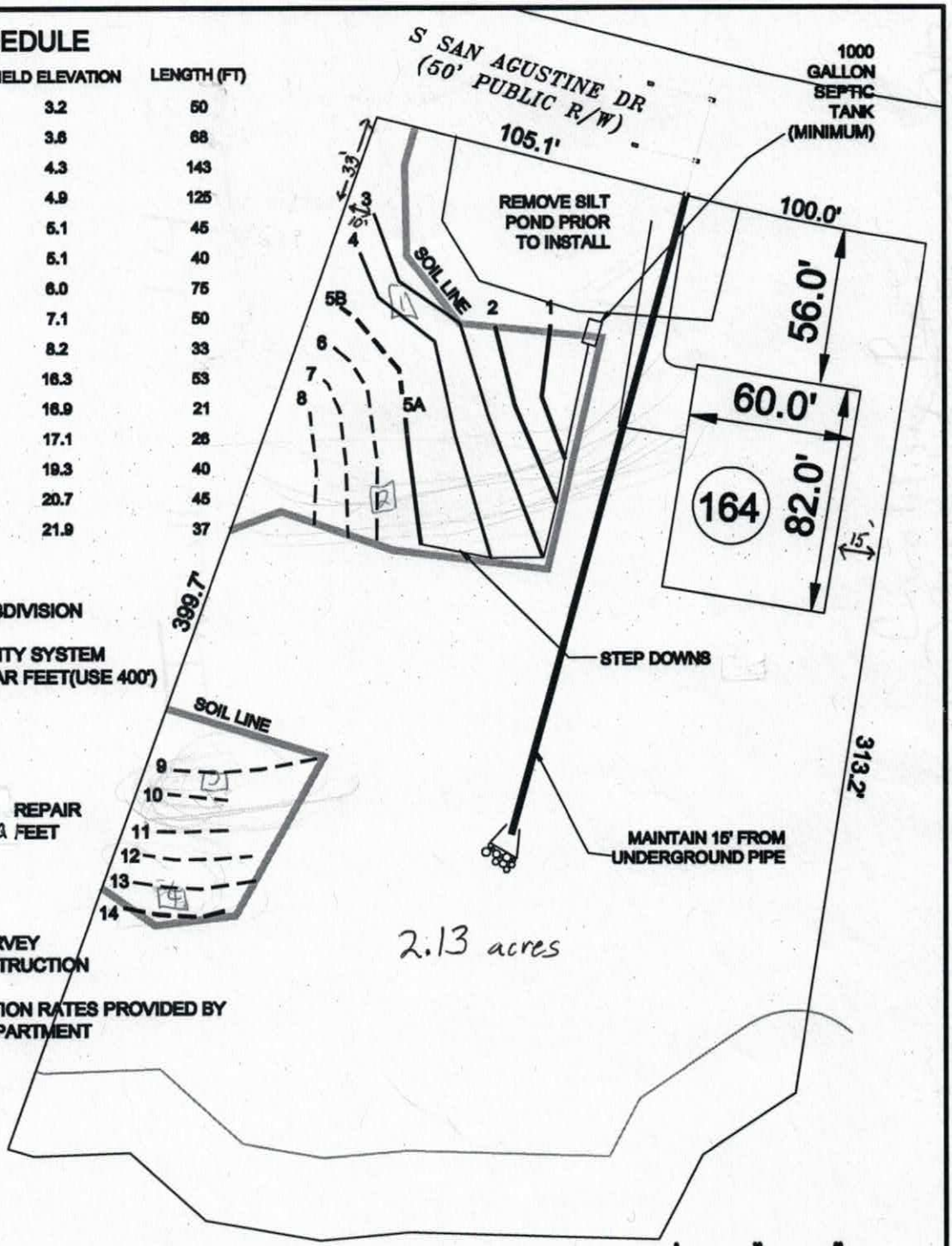
4-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 1-3 & 5 TOTAL 431 LINEAR FEET(USE 400')
EZFLOW OR CHAMBER
24" TRENCH DEPTH
LTAR 0.3
25% REDUCTION

4-BEDROOM Drip REPAIR
LINES 5B-14 TOTAL 4800+SQ FEET

LTAR 0.10

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS AND APPLICATION RATES PROVIDED BY
IREDELL COUNTY HEALTH DEPARTMENT



SCALE:
1" = 60 ft.

APPROVED SEP 29 2016

SYSTEM LINE

REPAIR LINE

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2624 Reliance Ave, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-3578

MeritageHomes

LOT 164
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 4/27/16 DRAWN BY: MDB CHECKED BY: TMB

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 1
PIN #: 4639-72-6911
Lot #: 164
Permit #: 216995
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: MERITAGE HOMES
Applicant: BCSC
Address: 2524 RELIANCE AVE. APEX, NC 27539
Date Evaluated: 4/25/2016
Proposed Facility: SFR
Design Flow (.1949) 480
Property Size: 2.13 AC
Location of Site: BELLS CROSSING 164
Property Recorded: YES
Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 1	LINEAR 3%	0-19	SCL,W,SBK	SS	NA	62"	NA	62"+	.3
		19-47	C,M,ABK	SS					
		47-62	CL,W,SBK	SS					
PIT 2	LINEAR 3%	0-40	RC,M,ABK	SS	NA	64"	COMM INC @ 40-64"	64"+	.3
		40-64	CL,W,SBK	SS					
PIT 3	LINEAR 7%	0-17	SCL,W,SBK	SS	CH2 @ 36"	60"	U	36"	.225 TO 36"
		17-36	C,W,SBK	S					
		36-60	CSAP	S					
PIT 4	LINEAR 7%	0-12	SCL,W,SBK	SS	CH2 @ 24"	32"	NA	24"	.2 TO 24"
		12-24	YSC,W,SBK	S					
		24-32	SC,W,SBK	S, EXP					

Description	Initial System	Repair System
Available Space (.1945)	400+ [431]	4800 SQ ft.
System Type(s)	25% reduction	Drip
Site LTAR	0.30	0.10

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: DAVID BEANE
Site Classification (.1948):
Site Evaluation By: BEN ALDRIDGE
Others Present: MICHAEL BENFIELD

RECEIVED SEP 2 9 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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: ___ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Robert Rutherberg	11605 N. Community House Rd #250	704-944-8918	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Meritage Homes	11605 N. Community House Rd #250	704-944-8901	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
305 San Agustin Dr.	Bells Crossing	Phase 4 / Lot 164

Driving Directions: From I-77 and NC-150, Head West on NC-150 Turn Right onto Perth Rd., Turn Left onto Bellscrossing Drive, Turn Left onto S. San Agustin Drive

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 8 — (✓) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

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

6. **Proposed Water Supply:**

( ) 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)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Excepted

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Robert Rutherberg — 9/29/16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

SC

(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)

RECEIVED MAR 21 2016

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Paid $500.00 # 216995

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

BCSC	2524 Reliance Ave Apex NC 27539		704 658 8616
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Meritage Homes	11605 N Community House Rd #250 Charlotte NC 28277		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

305 S San Faustine	Bells Crossing	4 164
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 150 W, R on Perth, L into Bells Crossing, L onto San Agustine
Pass Ph. 3 (Abbeville CT) 20th Lot on the Left

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

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

( ) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) 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:

( ) 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)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 3-21-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Robert Price (Meritage Homes), am the legal owner of the property located at Bells Crossing, identified as PIN(Parcel Identification Number) Lot 164, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Bateman Civil Survey Company, Michael Benfield, Matt Burdette, _____, _____, 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.

Signature of Owner — Date: 3/10/15

Signature of Witness — Date: 3/10/15

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

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

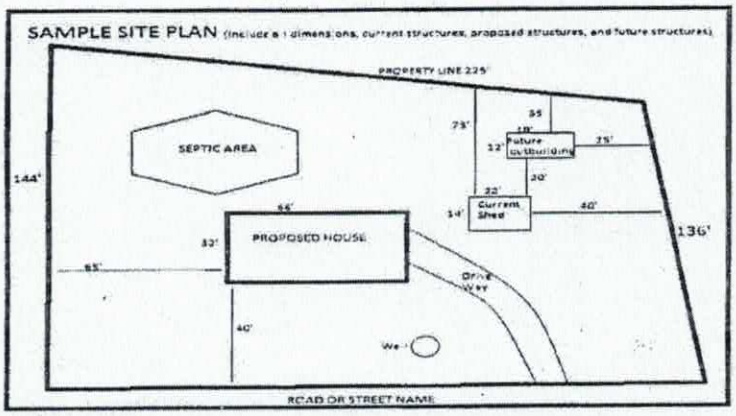
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ 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**

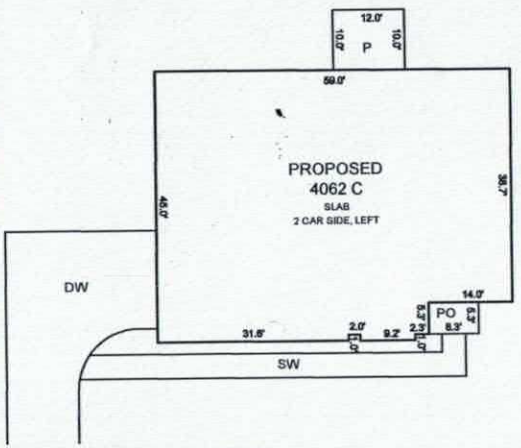


USE THIS SPACE TO DRAW YOUR SITE PLAN

Please see Attached Plot Plan and IP Documents

Signature: _____ 9/29/16

REQUIRED property owner or owner's legal representative signature. DATE



INSET SCALE: 1"= 20'

NOTE:

ALL DIMENSIONS, LOCATIONS AND FEATURES SHOWN ON THIS PLOT PLAN ARE APPROXIMATE AND ARE ONLY AN ARTISTS RENDITION, EXACT LOCATION OF ALL FEATURES ARE SUBJECT TO CHANGE AND MAY NOT BE INSTALLED EXACTLY AS SHOWN ON PLANS AND/OR IN MODELS, PLACEMENT OF HOME, DRIVEWAY, SIDEWALKS AND EXTERIOR FEATURES ARE SUBJECT TO MODIFICATION AS DEEMED NECESSARY BY FIELD PERSONNEL.

CUSTOMER DATE

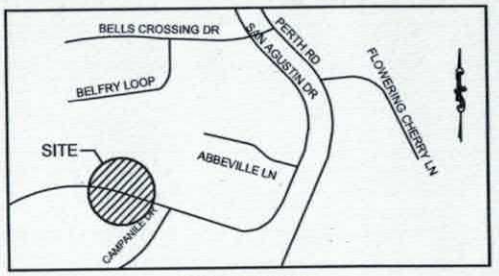
CUSTOMER DATE

MERITAGE REPRESENTATIVE DATE

LOT INFORMATION:

PIN: 4639726911
HOUSE = 2,562 SF
DRIVEWAY = 1,058 SF
PORCH = 44 SF
SIDEWALK = 266 SF
PATIO = 120 SF
TOTAL LOT AREA = 2.13 AC = 92,880 SF
PROPOSED IMPERVIOUS = 4,050 SF
PERCENT IMPERVIOUS = 4.4 %

Bateman Civil Survey Company
Engineers • Surveyors • Planners
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www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378



VICINITY MAP
(Not to Scale)

NOTES:

1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
3. THIS IS NOT A BOUNDARY SURVEY. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT
4. VERTICAL DATUM IS ASSUMED. THE LATITUDE, LONGITUDE AND STATE PLANE COORDINATES, IF SHOWN, ARE GIVEN IN NORTH AMERICAN DATUM OF 1983 (NAD83).
5. FIELD EQUIPMENT USED: NIKON TOTAL STATION, EPOCH 35.
6. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
7. THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
8. THE PROPERTY LIES IN ZONES "X" PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP NUMBER 3710463900J & 3710464900J, DATED MARCH 18, 2008.
9. ZONING IS RA.
10. ALL LOT LINES HAVE A 10' DRAINAGE AND UTILITY EASEMENT ALONG ALL LOT LINES UNLESS SHOWN OTHERWISE.
11. PROPERTY OWNER: MERITAGE HOMES OF THE CAROLINAS INC.
11605 NORTH COMMUNITY HOUSE ROAD
CALHOUN BUILDING, STE. 250
CHARLOTTE, NC 28277

LINE TABLE		
LINE	BEARING	LENGTH
L1	S56°17'20"W	40.62'
L2	S27°35'39"W	34.98'
L3	N88°11'03"W	90.70'
L4	S85°14'30"W	33.04'
L5	N79°55'02"W	42.56'
L6	N47°50'33"W	37.09'
L7	S88°04'40"W	35.06'
L8	N73°56'01"W	9.85'

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C48	1025.00'	99.96'	S78°16'49"E	99.93'



SCALE:
1" = 60 ft.

LEGEND

PO = PORCH
CP = COVERED PORCH
P = CONCRETE PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
⊗ = COMPUTED POINT
○ = IRON PIPE FOUND
● = IRON PIPE SET
● = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
◎ = SEWER MANHOLE
EB = ELECTRIC BOX
◎ = CABLE BOX
TP = TELEPHONE PEDESTAL
CB = CATCH BASIN
SP = SCREENED PORCH
RCP = REINFORCED CONCRETE PIPE

BUILDING SETBACKS:

FRONT = 35 ft
SIDE = 15 ft
REAR = 35 ft
SIDE STREET = 25 ft
LAKE BUFFER = 50 ft

I hereby certify that this map is correct and that the building lies wholly on the lot and that there are no visible encroachments on said lot.

PRELIMINARY

Steven P. Carson, PLS 4752
Date

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for recordation. No title report provided.

APPROVAL FOR STAKING:

THIS PLOT PLAN AS PREPARED BY BATEMAN CIVIL SURVEY CO., IS CORRECT AND IS HEREBY APPROVED FOR STAKING ON THE DATE AS SHOWN BELOW.

MERITAGE HOMES REPRESENTATIVE DATE

PRELIMINARY PLOT PLAN

FOR

MeritageHomes

BELLS CROSSING - PHASE FOUR - LOT 164
305 SOUTH SAN AGUSTIN DRIVE, MOORESVILLE, NC
DAVIDSON TOWNSHIP, IREDELL COUNTY

DATE: 9/13/16 DRAWN BY: NMW CHECKED BY: SPC

REF: PB 63, PGS. 146-151 BCS# 120314 SCALE: 1" = 60'

V:\120314 Bells Phase 4\dwg\120314 Bells Ph4 Plat MLB.dwg, 9/13/2016 1:26:06 PM, mwiller

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

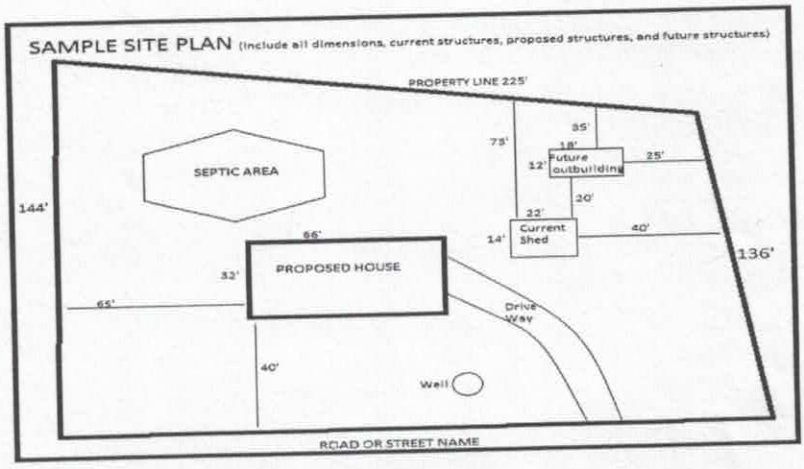
- **__X__ Property Line measurements are clearly identified…**
- **__X__ All proposed structures are indicated…**

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

- **__X__ Front and side setbacks from property line…**
- **__X__ Area you prefer your septic system to be placed…**
- **__X__ Preferred driveway location and configuration, preferred well location…**
- **__X__ 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

See Attached

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

3

DATE

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	GREEN	3.2	50
2	WHITE	3.6	73
3	RED	4.3	148
4	PINK	4.9	125
5A	BLUE	5.1	45
5B	BLUE	5.1	40
6	YELLOW	6.0	75
7	GREEN	7.1	50
8	PINK	8.2	33
9	BLUE	16.3	53
10	ORANGE	16.9	21
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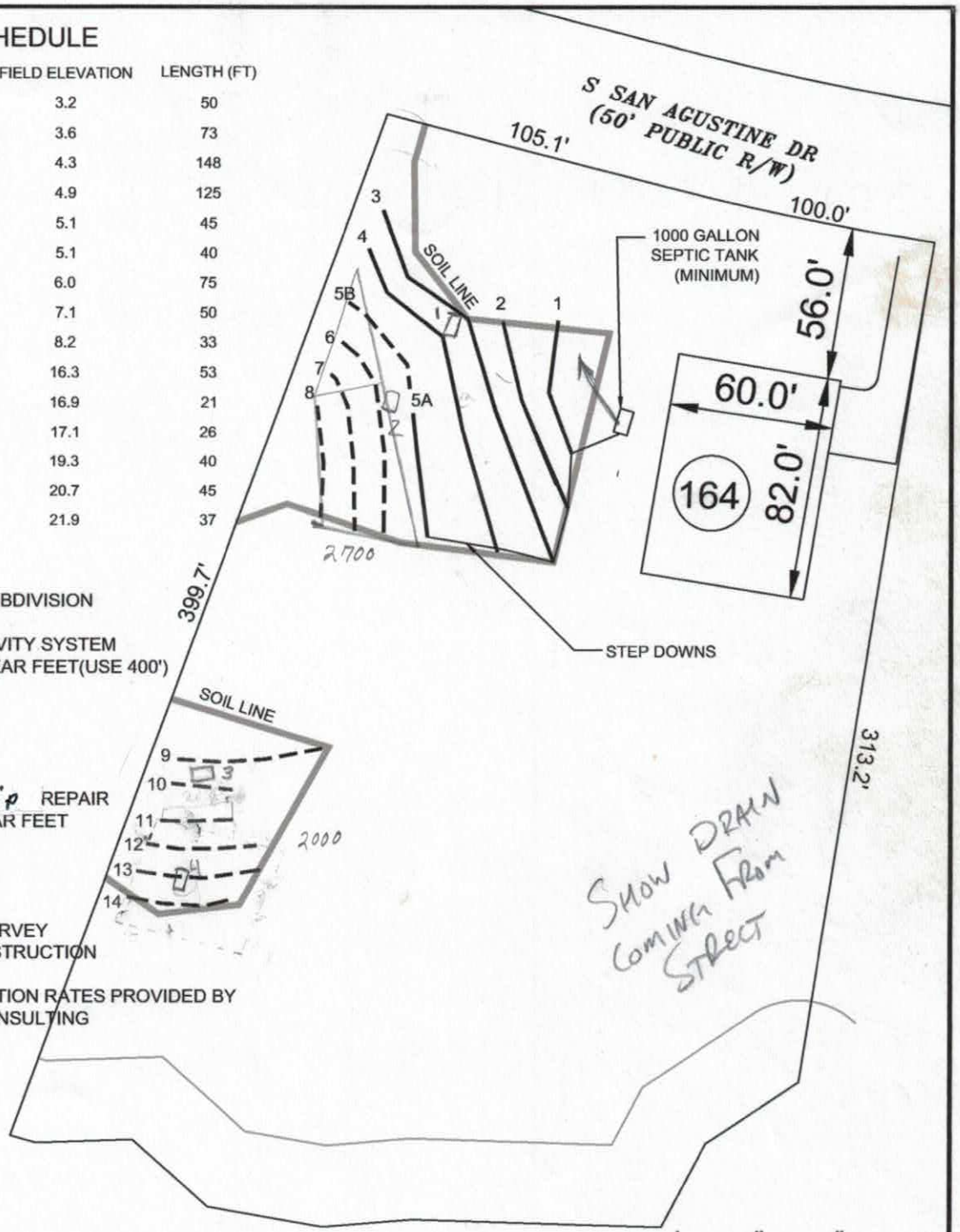
LOT 164 BELLS CROSSING SUBDIVISION

4-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 1-3 & 5 TOTAL 441 LINEAR FEET(USE 400')
EZFLOW OR CHAMBER
24" TRENCH DEPTH
LTAR 0.3
25% REDUCTION

4-BEDROOM ACCEPTED Drip REPAIR
LINES 5B-14 TOTAL 420 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS AND APPLICATION RATES PROVIDED BY
CENTRAL CAROLINA SOIL CONSULTING

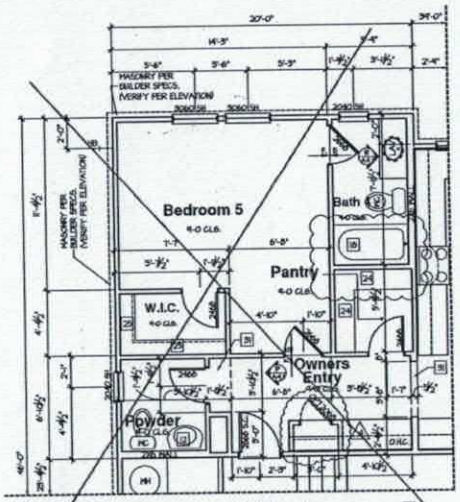


Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Ave, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378

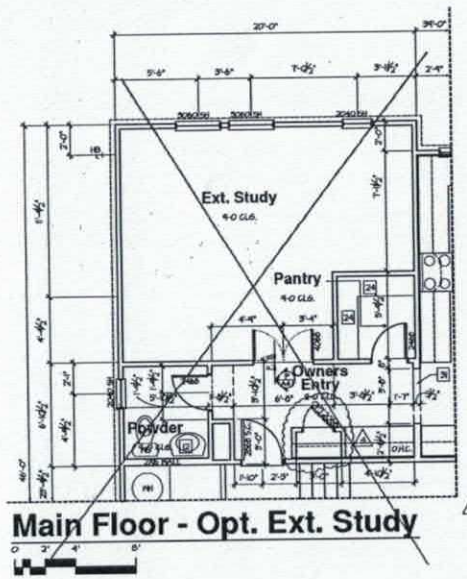
MeritageHomes

LOT 164
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

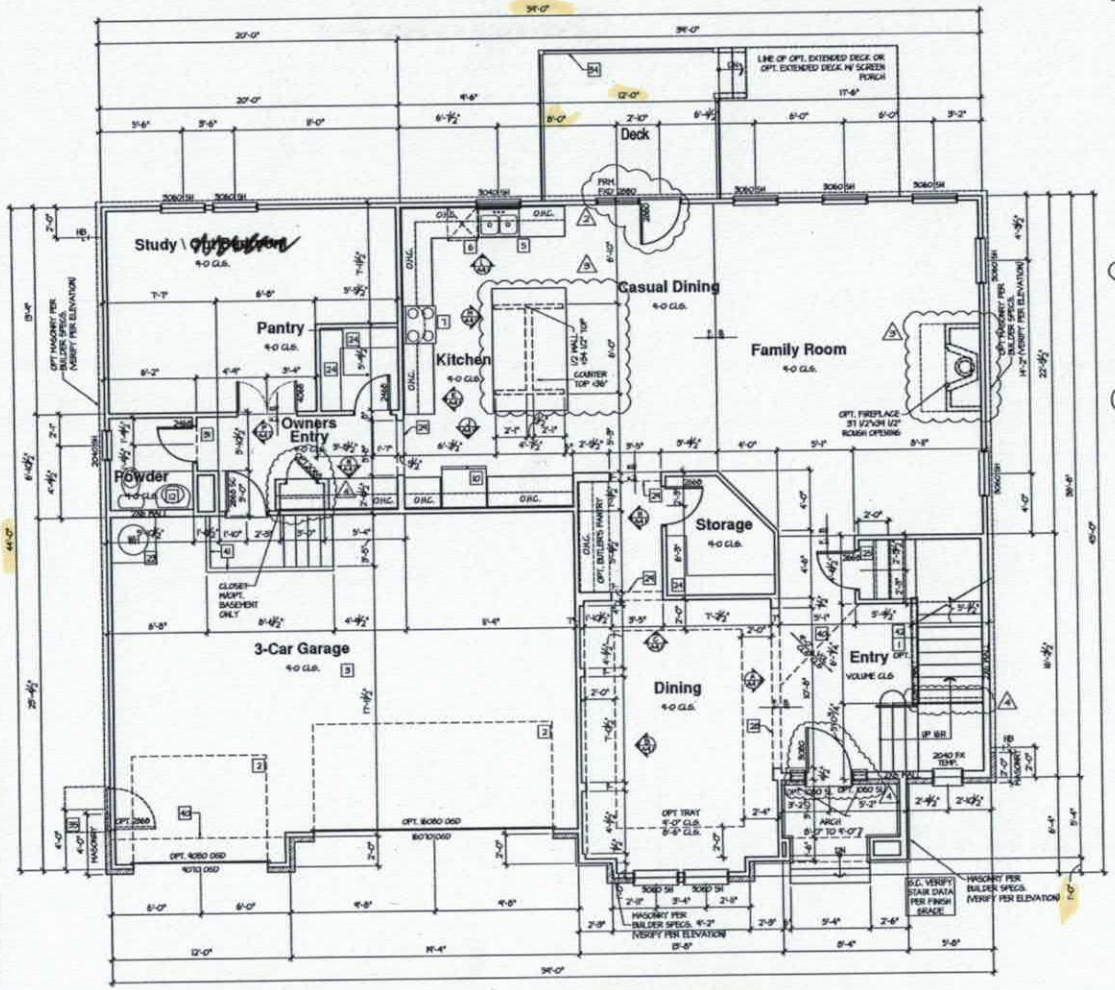
DATE: 3/10/16 DRAWN BY: MDB CHECKED BY: TMB



Main Floor - Opt Bedroom 5



Main Floor - Opt. Ext. Study



Main Floor Plan - C

ALL EXTERIOR HOUSE WALLS MAY BE OPTIONAL 2X6 STUD WALLS - SEE STRUCTURAL PLANS FOR DETAILS.

SQUARE FOOTAGES	
MAIN FLOOR	1993
UPPER FLOOR	2213
SUBTOTAL	4012
GARAGE	644
PORCH	44
OPT HOBBY ROOM	0
OPT SCREENED PORCH	0
TOTAL	4056

FLOOR PLAN NOTES:

[MAIN FLOOR]

1. THE FOLLOWING KEYNOTES REFERENCE THE SYMBOLS AS SHOWN ON PLANS.
1. IF RAILING / GUARDRAIL IS PROVIDED, ALL RAILING / GUARDRAIL BALUSTERS TO BE SPACED SUCH THAT A 4" SPHERE CANNOT PASS BETWEEN BALUSTERS. RAILING/HANDRAILS ARE TO BE AT A 34" MINIMUM TO 36" MAXIMUM HEIGHT A.F.F. FOR STAIRS AND 36" MINIMUM OR HORIZONTAL SURFACE (MIN.).
2. LINE OF OVERHEAD GARAGE DOOR IN OPEN POSITION.
3. SLOPE GARAGE FLOOR 1/8" PER FOOT TOWARD OVERHEAD GARAGE DOOR OPENING.
4. FIREPLACE, AS SPECIFIED BY BUILDER. INSTALL PER MANUFACTURERS SPECIFICATIONS. ALL FACTORY BUILT FIREPLACES SHALL COMPLY WITH LOCAL CODES.
5. SINK W/ GARBAGE DISPOSAL
6. DISHWASHER
7. RANGE
8. COOK TOP
9. OVEN
10. REFRIGERATOR SPACE.
11. PANTRY
12. PEDESTAL SINK
13. SHOWER (SIZE AS NOTED)
14. N/A
15. 42" X 60" TUB 20" TO TOP OF DECKING
16. 60" X 60" CORNER TUB
17. 30" X 60" SHOWER
18. 32" X 60" SHOWER
19. LINEN SHELVING PER BUILDER SPECS.)
20. WASHER SPACE
21. DRYER, VENT
22. OPTIONAL LAUNDRY SINK.
23. PROVIDE NON-COMBUSTIBLE PLATFORM ELEVATED 18" ABOVE GARAGE FLOOR FOR WATER HEATER.
24. 5 SHELVES PER BUILDER SPECS.
25. SIDING AND TRIM PER BUILDER SPECS.
26. ATTIC ACCESS (22 1/2"x32" U.N.O.)
27. ATTIC ACCESS W/ STAIRS (25 1/2"x54 1/2") W/ 8"x36" BOX OPENING @ 8'-0" A.F.F. FROM FLOOR & 11'-0" AT UPPER FLOOR U.N.O.
28. GYPSUM BOARD ARCH @ T'-2" TO 8'-0".
29. GYPSUM BOARD LOW WALL 36" A.F.F. U.N.O. W/ NOF CAP.
30. SOFFIT, REFER TO EXTERIOR ELEVATIONS FOR HEIGHTS & ARCHITECTURAL DETAILS FOR FINISH.
31. PLANT SHELF, SEE EXTERIOR ELEVATIONS.
32. HALF WALL W/ WOOD CAP OR OPTIONAL LOW WALL WITH RAILING ABOVE.
33. PORCH RAIL, SEE ELEVATION.
34. 36"x36" CONCRETE STOOP.
35. 6x6 BEAM.
36. OPTIONAL UPPER CABINETS.
37. OPTIONAL CABINETS.
38. OPTIONAL COFFERED CEILING @ 8'-6" PER BUILDER SPEC.
39. LINE OF FRAMING ABOVE.
40. LINE OF FRAMING WALL BELOW.
41. 2X4 LOW WALL 42" A.F.F.
42. 2X8 LOW WALL 42" A.F.F.
43. ART NICHE.
44. HORIZONTAL LAUNDRY GATE
45. LOW WALL 24" A.F.F.
46. GYPSUM BOARD ARCH @ 8'-0" TO 8'-6"
47. LOW WALL 32½" A.F.F.
48. NO HARD LATCH OR LOCKING KNOB

TYPICAL CONSTRUCTION ASSEMBLIES:

A. TYPICAL ROOF CONSTRUCTION: ASPHALT ROOF SHINGLES

B. TYPICAL FRAME FLOOR CONSTRUCTION: FINISH FLOORING ON 3/4" TONGUE & GROOVE FLOOR SHEATHING ON FLOOR TRUSSES OR FLOOR JOISTS AS NOTED ON STRUCTURAL DRAWINGS.

C. SLAB ON GRADE FLOOR CONSTRUCTION: 4" CONCRETE SLAB, EXCEPT AS SPECIFIED BY SOIL REPORT, AND STRUCTURAL ENGINEER. INCLUDE VAPOR BARRIER PER SECTION N, C, 3, a.

D. WINDOWS:
   A. ALL WINDOWS SHALL COMPLY WITH MINIMUM STANDARDS OUTLINED IN APPLICABLE RES. CHECKS.
   B. WINDOW SUPPLIER TO VERIFY AT LEAST ONE WINDOW IN ALL BEDROOMS TO HAVE A CLEAR EGRESS OPENING OF 5.7 SQ. FT. WITH MIN. DIMENSION OF 24" IN HEIGHT AND 20" IN WIDTH. SILL HEIGHT NOT GREATER THAN 44" ABOVE FLOOR.
   C. TYPICAL WINDOW HEAD HEIGHT: T'-0" A.F.F. @ 8'-1 1/8" PLATE HEIGHT (U.N.O.) 8'-0" A.F.F. @ 9'-1 1/8" PLATE HEIGHT (U.N.O.)

E. ELECTRICAL: ALL ELECTRICAL AND MECHANICAL EQUIPMENT & METERS ARE SUBJECT TO RELOCATION DUE TO FIELD CONDITIONS. CONTRACTOR TO VERIFY.

F. HVAC: PROVIDE BACK DRAFT DAMPERS @ DRYER VENT, HOOD VENT, & EXHAUST FANS.

G. STONE SILLS: INSTALL PER LOCAL CODE.

H. DIMENSIONS ARE TO THE FACE OF STUD, U.N.O.

I. ALL EXTERIOR DIMENSIONS ARE TO FACE OF STUDS UNLESS OTHERWISE NOTED.

M. ALL ANGLED PARTITIONS ARE 45 DEGREES UNLESS OTHERWISE NOTED.

N. BRICK SILLS: INSTALL PER LOCAL CODE.

Acknowledgement of Plans Submittal ONLY!

Date 9-30-16

Date 9-29-16

ISSUE DATE: 01/17/2014
REVISIONS

5400 Trinity Road
Suite 107
Raleigh,
North Carolina 27607
919-322-2285 Phone

Meritage Homes

Meritage Homes

BSB DESIGN

JOB NO. PRELIM NO. 5
DRAWN BY CHECKED BY

MAIN FLOOR PLAN - C

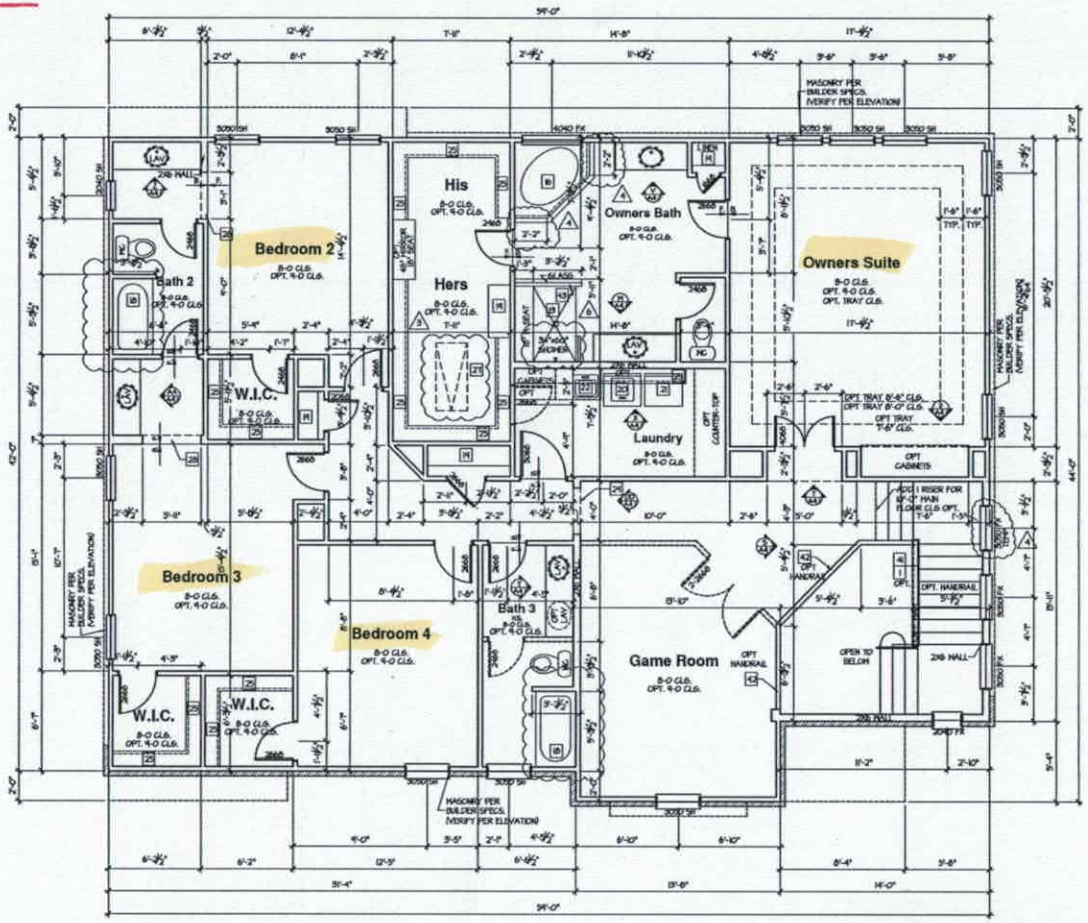
259-4062

A2.1C

Acknowledgement of
Plans Submittal ONLY!

Date 9-30-16

Date 9-29-16



Upper Floor Plan - C

0 2' 4' 8'

ALL EXTERIOR HOUSE WALLS MAY BE OPTIONAL 2X6 STUD WALLS - SEE STRUCTURAL PLANS FOR DETAILS.

FLOOR PLAN NOTES:

[NOTE_FLOOR]

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7. RANGE
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9. OVEN
10. REFRIGERATOR SPACE.
11. PANTRY
12. PEDESTAL SINK
13. SHOWER (SIZE AS NOTED)
14. [illegible]
15. 42" X 60" TUB 20" TO TOP OF DECKING
16. [illegible]
17. 36" X 60" TUB/SHOWER
18. 32" X 60" TUB/SHOWER
19. LINEN SHELVING PER BUILDER SPECS.)
20. WASHER SPACE
21. DRYER, VENT
22. OPTIONAL LAUNDRY SINK.
23. PROVIDE NON-COMBUSTIBLE PLATFORM ELEVATED 18" ABOVE GARAGE FLOOR FOR WATER HEATER.
24. 5 SHELVES PER BUILDER SPECS
25. [illegible]
26. ATTIC ACCESS (22 1/2"x32" U.N.O.)
27. ATTIC ACCESS W/ STAIRS (25 1/2"x54 1/2".)
28. [illegible]
29. GYPSUM BOARD ARCH @ 7'-2" TO 8'-0".
30. GYPSUM BOARD LOH WALL, 36" A.F.F. (U.N.O.) W/ MDF CAP.
31. SOFFIT, REFER TO EXTERIOR ELEVATIONS FOR HEIGHTS & ARCHITECTURAL DETAILS FOR FINISH.
32. PLANT SHELF, SEE EXTERIOR ELEVATIONS.
33. HALF WALL W/ WOOD CAP OR OPTIONAL LOH WALL WITH RAILING ABOVE.
34. PORCH RAIL, SEE ELEVATION.
35. 36"x36" CONCRETE STOOP.
36. 6x8 BEAM.
37. OPTIONAL UPPER CABINETS.
38. OPTIONAL CABINETS.
39. OPTIONAL COFFERED CEILING @ 8'-6" PER BUILDER SPEC.
40. LINE OF FRAMING ABOVE.
41. LINE OF FRAMING WALL BELOW.
42. 2X4 LOH WALL 42" A.F.F.
43. 2X6 LOH WALL 42" A.F.F.
44. ART NICHE.
45. HORIZONTAL LAUNDRY CHUTE
46. LOH WALL 12" A.F.F.
47. GYPSUM BOXED ARCH @ 8'-0" TO 8'-8"
48. LOH WALL 32" A.F.F.
49. NO HARD LATCH OR LOCKING KNOB

TYPICAL CONSTRUCTION ASSEMBLIES:

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N. BRICK SILLS:
INSTALL PER LOCAL CODE.

ISSUE DATE: 01/17/2014
REVISIONS

5400 Trinity Road
Suite 107
Raleigh,
North Carolina 27607
919-322-2285 Phone

Meritage Homes

Meritage Homes

BSB DESIGN

JOB NO. 259-4062
DRAWN BY
PROJ MGR
CHECKED

UPPER FLOOR PLAN - C

259-4062
A2.2C

Lot 164

IREDELL COUNTY

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

APPLICATION NUMBER
216995
Issue Date: 03/01/2016

ZONING PERMIT

4639726911

Parcel Number	Street Address	Jurisdiction
4639834045.000	305 SOUTH SAN AGUSTIN DRIVE, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MERITAGE HOMES	Applicant: MERITAGE HOMES
Address: 11605 N COMMUNITY HOUSE RD. #250 CHARLOTTE, NC 28277	Address: 11605 N COMMUNITY HOUSE RD. #250 CHARLOTTE, NC 28277
Phone: 704-944-8933	Phone: 704-944-8933

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
76.003	35.00	35.00	15.00	15.00	CACL	

Remarks:

PAID
7050995 7725
7050997 50000

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	61631	TOTAL FEES:	$ 77.25