IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216992

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

PIN # 4639-73-1133.000

APPLICANT: BCSC APPLICANT ADDRESS: 2524 Reliance Dr. Apex NC 27539

SITE ADDRESS: 329 S. San. Agustin Dr. Mooresville NC PHONE: 704-658-8616 ALT. PHONE:

SITE DIRECTIONS: 150 W, TR Perth, TL Bells Crossing, TL S. San Agustin, Site on L

SUBDIVISION: Bells Crossing SECTION: P4 LOT # 160 LOT AREA: 1.090 Acre DESIGN FLOW: 600 GPD L.T.A.R.: .3

Septic Tank	~~1250~~ (gal)	STB	444	Date	3-14-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 5
Pump Tank	1500 (gal)	PT		Date		System Description:	25% Reduction - Gravity			☐ Business	No. Persons 10
Pump Make		Model		Serial #		Repair System Description:	25% Reduction - Gravity			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	500'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	31" Lowside	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: No Foundation Drain within 10' of Septic System.
In the case that Repair is installed Road Bed must be filled. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

See Attached / Approved Design By BCSC

Dated APPROVED MAY 16 2016

AS BUILT SKETCH

Installed As Shown BA

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: 05-17-16 Installed by: BCSC BA-008

IMPROVEMENT PERMIT by: [signature] APPROVED MAY 16 2016 OPERATION PERMIT by: [signature] Date: 4-13-17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/15/16 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	BLUE	0.3	80
2	ORANGE	2.4	111
3	RED	3.2	111
4	YELLOW	4.7	109
5	ORANGE	6.3	108
6	BLUE	7.7	109
7	RED	9.2	113
8	ORANGE	10.8	112
9	BLUE	12.7	112
10	PINK	14.3	113
			1076

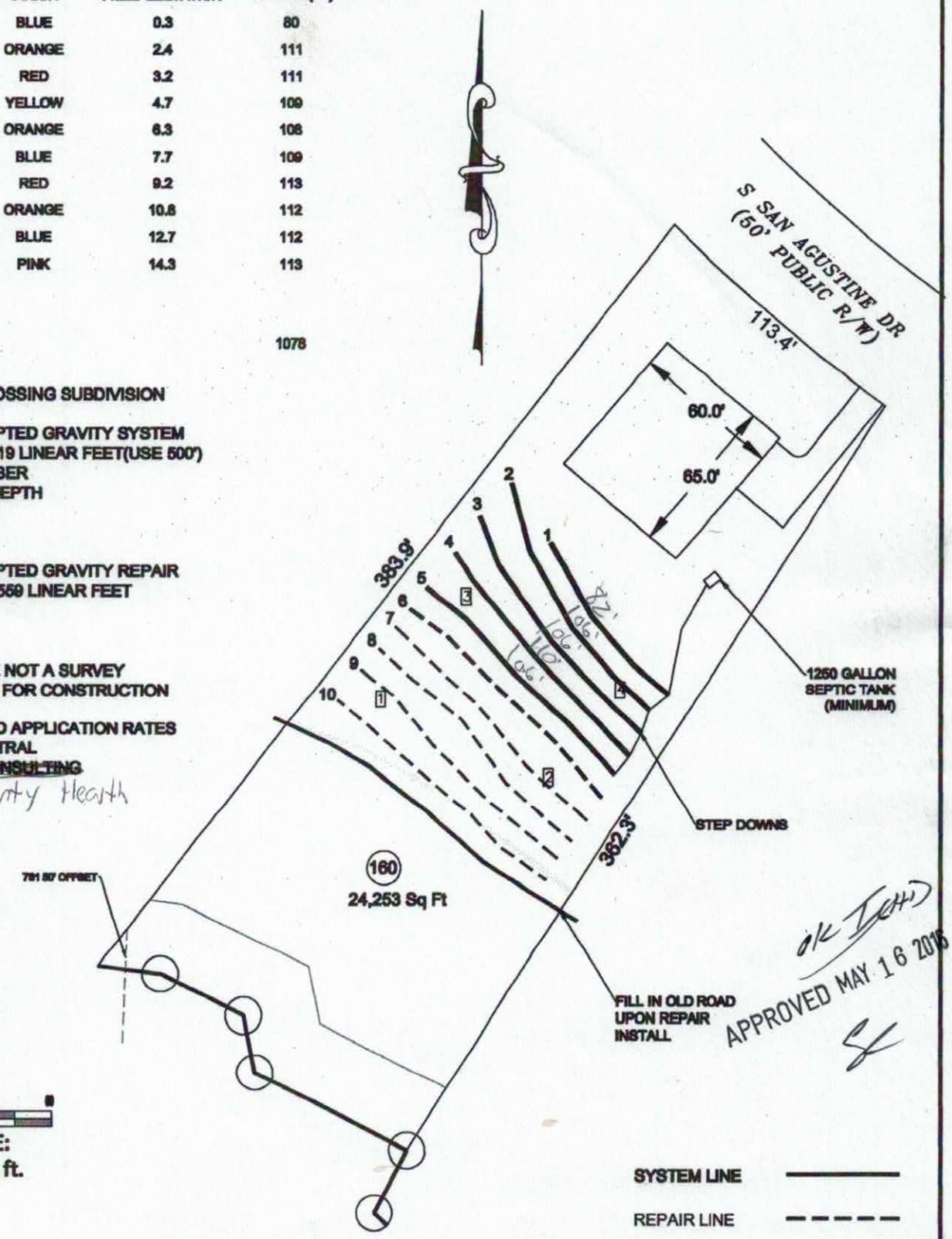
LOT 160 BELLS CROSSING SUBDIVISION

5-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 1-5 TOTAL 519 LINEAR FEET(USE 500')
EZFLOW OR CHAMBER
24" MAX TRENCH DEPTH
LTAR 0.3
25% REDUCTION

5-BEDROOM ACCEPTED GRAVITY REPAIR
LINES 6-10 TOTAL 569 LINEAR FEET
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~~
Iredell County Health Department



SCALE:
1" = 60 ft.

ok Iredell
APPROVED MAY 16 2016

Bateman Civil Survey Company
Engineers • Surveyors • Planners

200 N. Main Street, Holly Springs, NC 27540 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-3570

MeritageHomes

LOT 160
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE:3/28/16 DRAWN BY: MDB CHECKED BY: TMB

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

Sheet 1 of 2
PROPERTY ID #: 1133
COUNTY: IREDELL

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

OWNER: MERITAGE HOMES — APPLICATION DATE: 3/2/16
ADDRESS: LOT 160 — DATE EVALUATED: 4/5/16
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 6000 GPD. — PROPERTY SIZE: 1.090 ACRE
LOCATION OF SITE: 329 S. SAN AUGUSTINE DR. MVL NC. — PROPERTY RECORDED: YES
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☒ Other COMM.
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 1	SS 12%	0-6	BSL/SCL, GR	VFR, SS, SP	/	59"	/	/	.3
		6-59	RCL, ABK/SBK	FR, SS, SP					
P 2	LS 12%	0-3	BSL, GR	VFR, SS, SP	/	44"	PS C-M SAP INCL 15"-44"	/	.3 0-17 .325 17"-55"
		3-17	RCL, ABK	FR, SS, SP					
		17-44	RCL, SBK/ABK	FR, SS, SP					
		44-55	MASS L SAP	VFR, SS, SP					
P 3	LS 10%	0-6	BSL, GR	VFR, SS, SP	/	59"	F SAP INCL 42"-59"	/	.3
		6-48	RCL, ABK/SBK	FR, SS, SP					
		48-59	RCL, SBK	FR, SS, SP					
P 4	LS 12%	0-5	BSL, GR	VFR, SS, SP	/	53"	PS C-M SAP INCL 24"-53"	/	.3
		5-34	RCL, SBK	FR, SS, SP					
		34-53	RCL, WSOIL	FR, SS, SP					
		53-56	MASS L SAP	VFR, SS, SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	APPROVED	APPROVED
Site LTAR	.3	.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SC
OTHER(S) PRESENT: M. BENFIELD

COMMENTS:

RECEIVED NOV - 3 2016

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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: ☐ 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: ☑ 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 #
Meritage Homes of the Carolinas, Inc	11605 North Community House Road Suite 250 Charlotte, NC 28277	704.944.8918	

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Meritage Homes of the Carolinas, Inc	same		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
329 S. San Agustin Dr.	Bells Crossing	Lot 160

Driving Directions: 150 W - Right on Perth Road - Left into Bells Crossing

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
( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
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)*

☐) Alternative ☑) Conventional ☐) Innovative ( ) Modified Conventional ( ) Other Excepted ( ) No Preference

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

11/2/16
DATE

RECEIVED MAR 18 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) Paid $500.00

1. APPLICATION FOR: ✓ Improvement Permit ___Authorization To Construct ___ Existing System Inspection

#216992

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 #
BCSC	2584 Reliance Ave Apex NC 27539		704 658 8616
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Meritage Homes	11605 N Community House Rd #250 Charlotte NC 28277		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
3295 San Agustine	Bells Crossing	4 160

Driving Directions: I 50 W, R onto Perth, L into Bells Crossing, L onto San Agustine Pass Ph. 3 15th 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 5
Maximum Number of Occupants 10
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: _____ 3-18-16
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 60, 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 HEATLH 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:

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	**Preferred driveway location and configuration, preferred well location...**
x	**Area you prefer your septic system to be placed...**
x	**North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

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

Signature: Rob Kutz
***REQUIRED* property owner or owner's legal representative signature.**

11/2/16
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached Plot Plan and IP Documents Attached

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

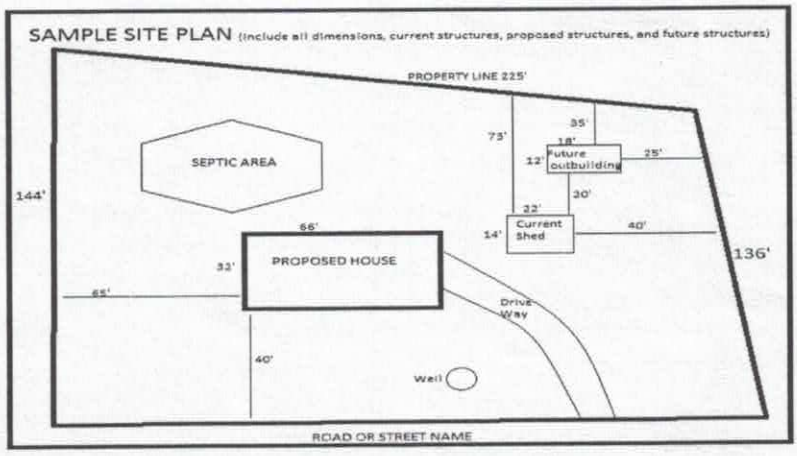
__X__ Front and side setbacks from property line… **__X__ Preferred driveway location and configuration, preferred well location…**

__X__ Area you prefer your septic system to be placed… **__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**

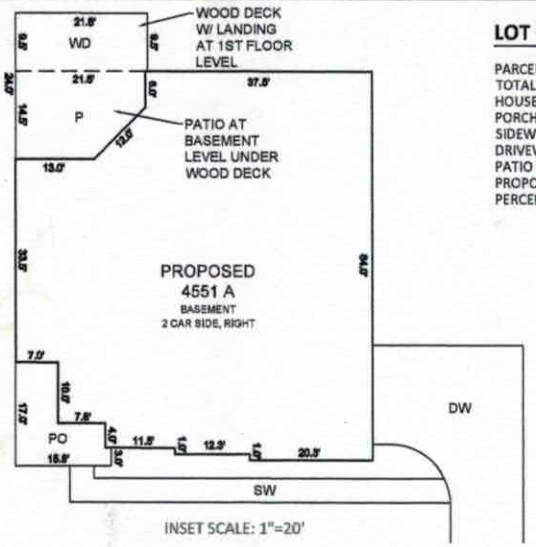


USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

Signature: [signature] 3-18-16

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



LOT INFORMATION:

PARCEL #: 4639731133
TOTAL LOT AREA = 1.09 AC = 47,573 SF
HOUSE = 3,306 SF
PORCH = 177 SF
SIDEWALK = 259 SF
DRIVEWAY = 972 SF
PATIO = 276 SF
PROPOSED IMPERVIOUS = 4,990 SF
PERCENT IMPERVIOUS = 10.5 %

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' UTILITY/STORM EASEMENT ALONG LOT LINES.
11. PROPERTY OWNER: MERITAGE HOMES OF THE CAROLINAS INC.
    11605 NORTH COMMUNITY HOUSE ROAD
    CALHOUN BUILDING, STE. 250
    CHARLOTTE, NC 28277

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD
C50	113.39'	725.00'	S49°08'17"E	113.27'

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.

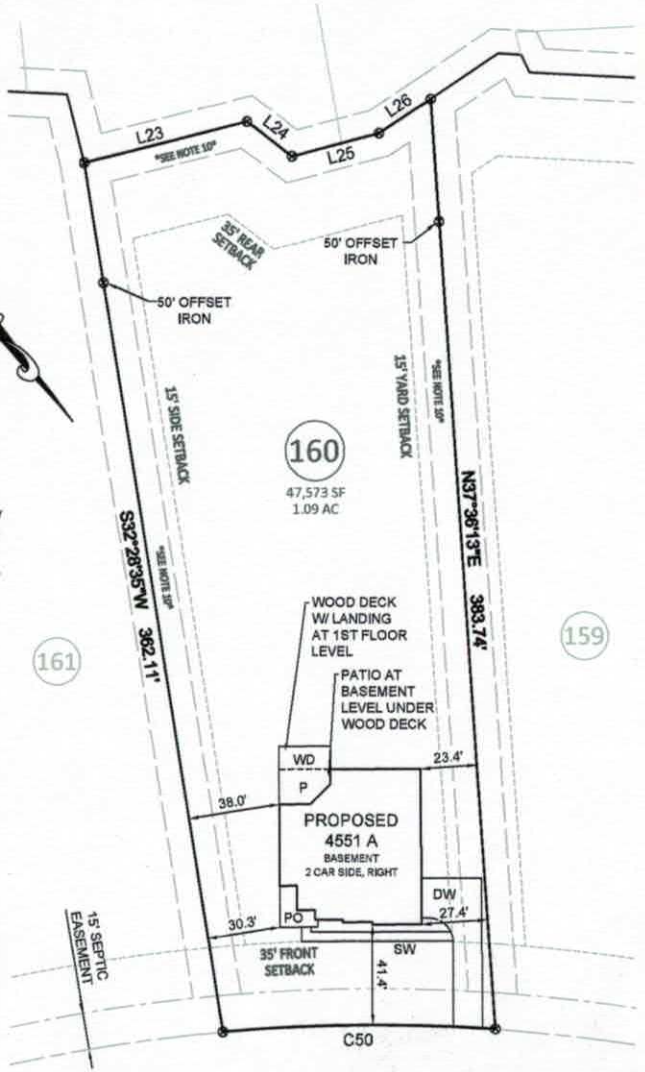
CUSTOMER DATE

CUSTOMER DATE

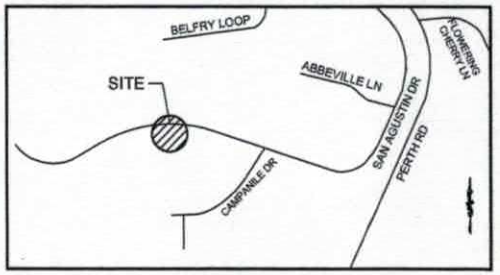
MERITAGE REPRESENTATIVE DATE

LINE TABLE		
L23	N62°40'30"W	88.72'
L24	N11°09'29"W	23.59'
L25	N63°15'00"W	37.59'
L26	N62°07'25"W	25.55'

SCALE:
1" = 50 ft.



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



VICINITY MAP

(Not to Scale)

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
S = SEWER MANHOLE
EB = ELECTRIC BOX
CB = CABLE BOX
T = TELEPHONE PEDESTAL
CI = CURB INLET
SP = SCREENED PORCH
☼ = LIGHT POLE

BUILDING SETBACKS:

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

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 160
329 SOUTH SAN AGUSTIN DRIVE, MOORESVILLE, NC
DAVIDSON TOWNSHIP, IREDELL COUNTY

DATE: 11/2/16 DRAWN BY: NMW CHECKED BY: SPC

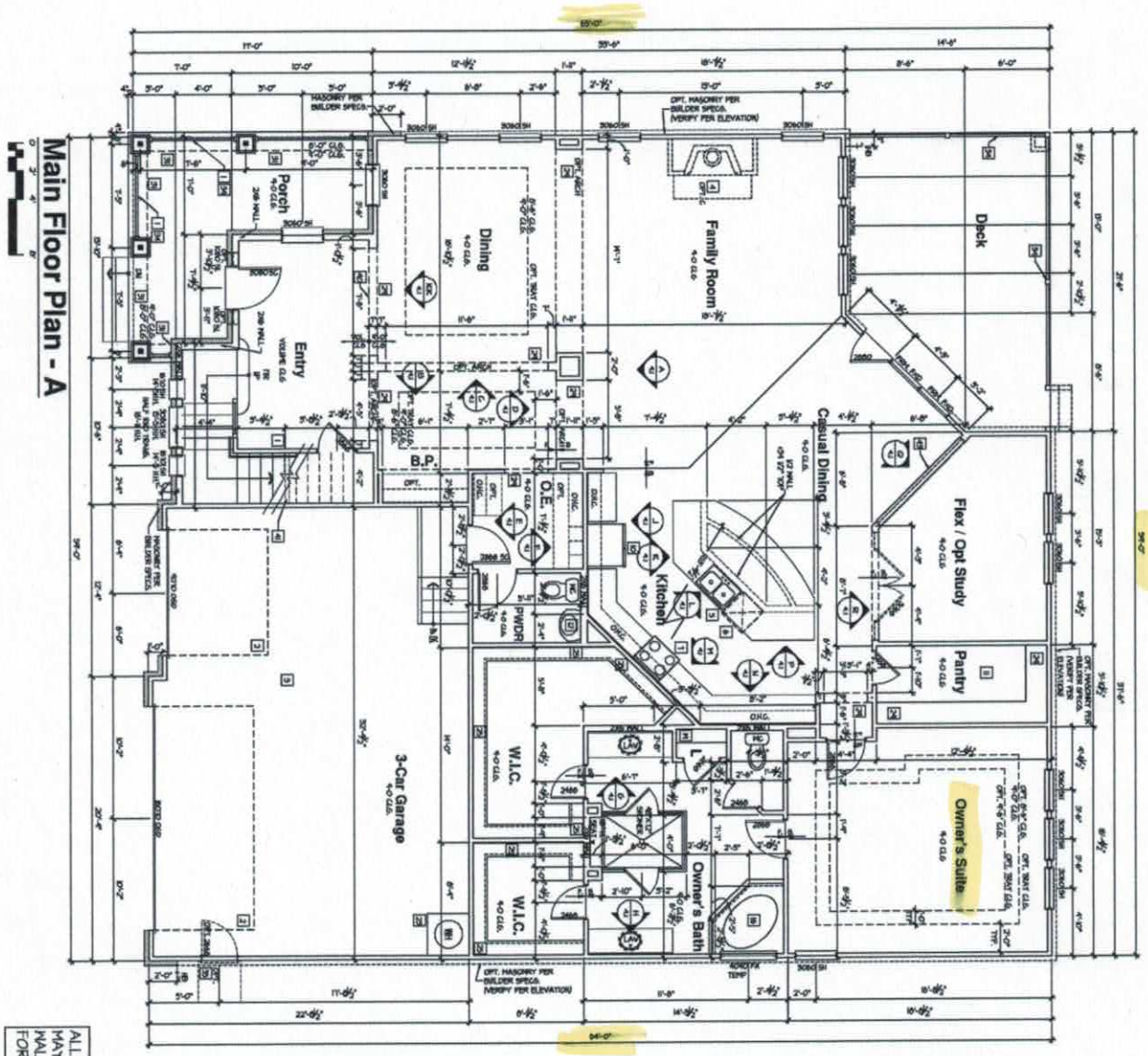
REF: PB 63, PGS 146-151 BCS# 120314 SCALE: 1" = 50'

V:\120314 Bells Phase 4\dwg\120314 Draft Plot Plot MLD.dwg, 11/2/2016 9:12:59 AM, nmiller

Acknowledgement of
Plans Submittal ONLY!

Date 11-3-16

Date 11-15-16



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

SQUARE FOOTAGES	A
MAIN FLOOR	2667
SECOND FLOOR	1111
BONUS ROOM	0
OPTIONAL	0
PORCH	178
PORCH	178
PORCH	0
TOTAL	3956

FLOOR PLAN NOTES:

TYPICAL CONSTRUCTION ASSEMBLIES:

Meritage Homes

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

ISSUE DATE: 01/17/2014
REVISIONS

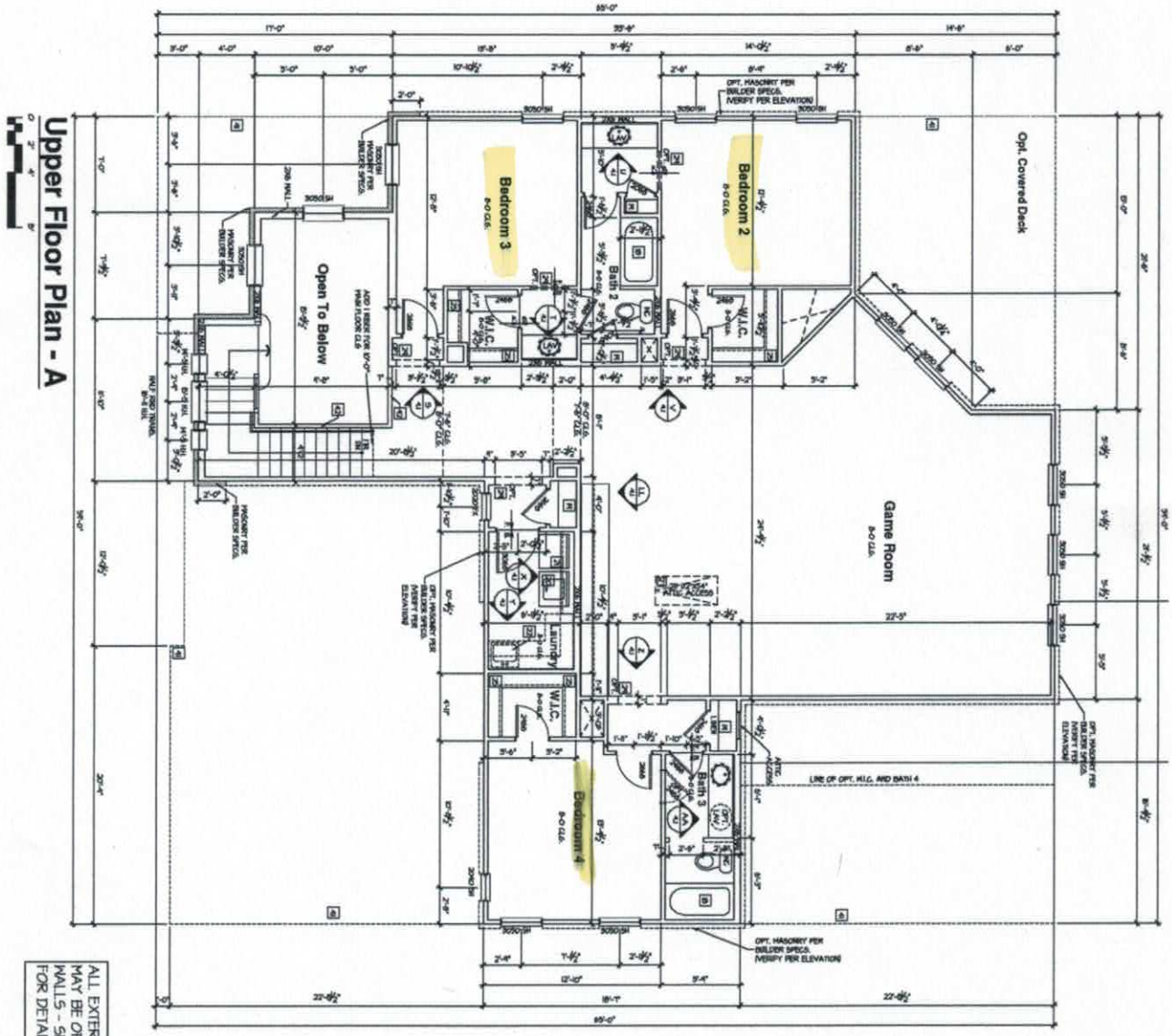
BSB DESIGN

Plan 4551
A2.1A

Acknowledgement of
Plans Submittal ONLY!

Date 11-3-16

Date 11/15/16



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

FLOOR PLAN NOTES:

TYPICAL CONSTRUCTION ASSEMBLIES:

Meritage Homes

Meritage Homes

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

ISSUE DATE: 01/17/2014

REVISIONS

Plan 4551
A2.2A

Lot 160

IREDELL COUNTY

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

APPLICATION NUMBER
216992
Issue Date: 03/02/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4639731133.000	3295 SAN AGUSTIN DRIVE, MOORESVILLE, NC	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	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.090	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID
7050995 7725
7050997 500.00
3-4-16

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	61700	TOTAL FEES:	$ 77.25