RECEIVED SEP 8 – 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 #
BCSC	2524 Reliance Ave Apex, NC 27539		704-658-8616 704-658-8620
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Meritage Homes	11605 N Community House Rd #250 Charlotte, NC 28217		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Bells Crossing	4/147

Driving Directions: _____

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: _____ 9/8/16

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

Ronda Hart

From: Kelly, Jake <Jake.Kelly@meritagehomes.com>
Sent: Wednesday, September 14, 2016 11:11 AM
To: Ronda Hart
Cc: Price, Robert; Ruthenberg, Robert; steven@batemancivilsurvey.com; mburdette@centralcarolinasoil.com
Subject: RE: Bells Crossing Lot 147
Attachments: BC 147 Lot Specific.pdf

Ronda,

I have attached an updated lot specific plan set with the 5th bedroom crossed out; we will only be having 4 bedrooms at this home. If there is anything else needed please let me know and I will work to correct it.

Thank you

Jake Kelly – Starts/ Customer Care Coordinator | O: 704.944.8941 | F: 704.944.8910 | www.meritagehomes.com

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From: Price, Robert
Sent: Wednesday, September 14, 2016 10:55 AM
To: Ruthenberg, Robert; Kelly, Jake
Subject: FW: Bells Crossing Lot 147

Gents, were you able to address this yesterday?

Robert Price
Land Construction Manager

Setting the standard for energy-efficient homes
11605 N. Community House Road, Calhoun Building, Suite 250, Charlotte, NC 28277
O: 704.944.8939 | C: 980.722.6715 | F: 704.944.8910
robert.price@meritagehomes.com | www.meritagehomes.com

From: Ronda Hart [mailto:ronda.hart@co.iredell.nc.us]
Sent: Tuesday, September 13, 2016 11:04 AM
To: Price, Robert; Ruthenberg, Robert
Cc: steven@batemancivilsurvey.com; mburdette@centralcarolinasoil.com
Subject: RE: Bells Crossing Lot 147

The floor plans that were submitted for Bells Crossing Lot 147 are for 5 bedrooms. The permit and application are for four bedrooms. There is an optional bedroom shown on the floor plans. If that is not being built, then we need someone to mark it off and/or resubmit the floor plans only showing 4 bedrooms prior to approval. If five bedrooms are needed, then the permit will have to be redrawn. Thanks.

Ronda Hart

3/9 R

RECEIVED MAR 9 - 2016 ✓

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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Paid $500.00

1. APPLICATION FOR: / Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

#216982

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		7046588616
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:

3305 San Agustine	Bells Crossing	4 147
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: I50W, R onto Perth, L into Bells Crossing, L onto San Agustine, Pass ph.3 (Abbeville CT) 21st Lot on the Right

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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( ) 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: _____ 3-8-16

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 147, 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