IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212386

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

PIN # 4639-~~83-4045~~ 82.3893

APPLICANT/OWNER: BCSC

APPLICANT ADDRESS: 2524 Reliance Ave. Apex, NC

SITE ADDRESS: 148 Campanile Dr. Mooresville, NC 28117

PHONE: 704-658-8616 ALT. PHONE

SITE DIRECTIONS: Perth Rd N from Rt. 150 → L on Bells Crossing → L on S. San Agustin → L on Campanile → lot on Right

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Bells Crossing

SECTION: 4 LOT # 175 LOT AREA: 0.98 acres

DESIGN FLOW: 480 GPD L.T.A.R.: 0.30 I / 0.25 R

Septic Tank	1000	(gal)	STB	794	Date	8-2-17	
Pump Tank	—	(gal)	PT	—	Date	—	
Pump Make	—		Model	—	Serial #	—	
# Nitrification Fields	1		# Lines	6	Linear Ft	400	
Trench Width	36"		Trench Bottom Depth(Low side)	31"	Gravel Depth	—	

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction (serial distribution)

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years.
* At time of site visit on 8/30/17, house already built *

INITIAL SITE SKETCH

See attached drawing from BCSC dated 8/17/2017

AS BUILT SKETCH

CHECKED LAST 2 LINES 9-8-17 RA

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: 9/6/2017

IMPROVEMENT PERMIT by: Tom Shuck Date: 9/6/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/6/2017

Installed by: SHANE CASHION

OPERATION PERMIT by: BA 00-8 Date: 9-8-17

Existing System Inspected by: Date:

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	RED	1.8	49
14 2	GREEN	2.8	58
15 3	YELLOW	4.5	63 60
16 4	ORANGE	6.1	65 66
17 5	WHITE	7.0	72 70
6	RED	9.8	71
7	YELLOW	11.7	71
8	ORANGE	13.4	68
9	BLUE	15.3	65
10	RED	17.1	64
11	WHITE	20.6	25
12	YELLOW	23.9	62

LOT 175 BELLS CROSSING SUBDIVISION

4-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 2-7 TOTAL 400 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
31" TRENCH DEPTH MAX AFTER COVER IS ADDED

4-BEDROOM ACCEPTED STATUS LPP PANEL BLOCK PUMP SYSTEM REPAIR
LINES 1 8-12 TOTAL 333 LINEAR FEET
CHAMBER
LTAR 0.3
50% REDUCTION
36" TRENCH DEPTH MAX

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY
IREDELL COUNTY HEALTH DEPARTMENT

APPROVED SEP - 6 2017



PRIMARY SYSTEM

REPAIR SYSTEM

REPAIR LINES (NOT USED)

PIT OR AUGER BORING A

SCALE: 1" = 60 ft.

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-2378

MeritageHomes

LOT 175
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 8/17/17 DRAWN BY: MDB CHECKED BY:MDB

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	ORANGE	1.1	31 15'
2	PINK	2.1	~~49~~ 25'
3	WHITE	3.0	52
4	RED	4.8	53
5	YELLOW	5.6	55
6	ORANGE	8.0	60
7	PINK	9.5	56
8	WHITE	11.1	56
9	YELLOW	13.5	60
10	RED	15.3	83
11	WHITE	18.6	84
12	YELLOW	20.7	64
13	ORANGE	22.8	71
14	BLUE	25.5	52

LOT 175 BELLS CROSSING SUBDIVISION

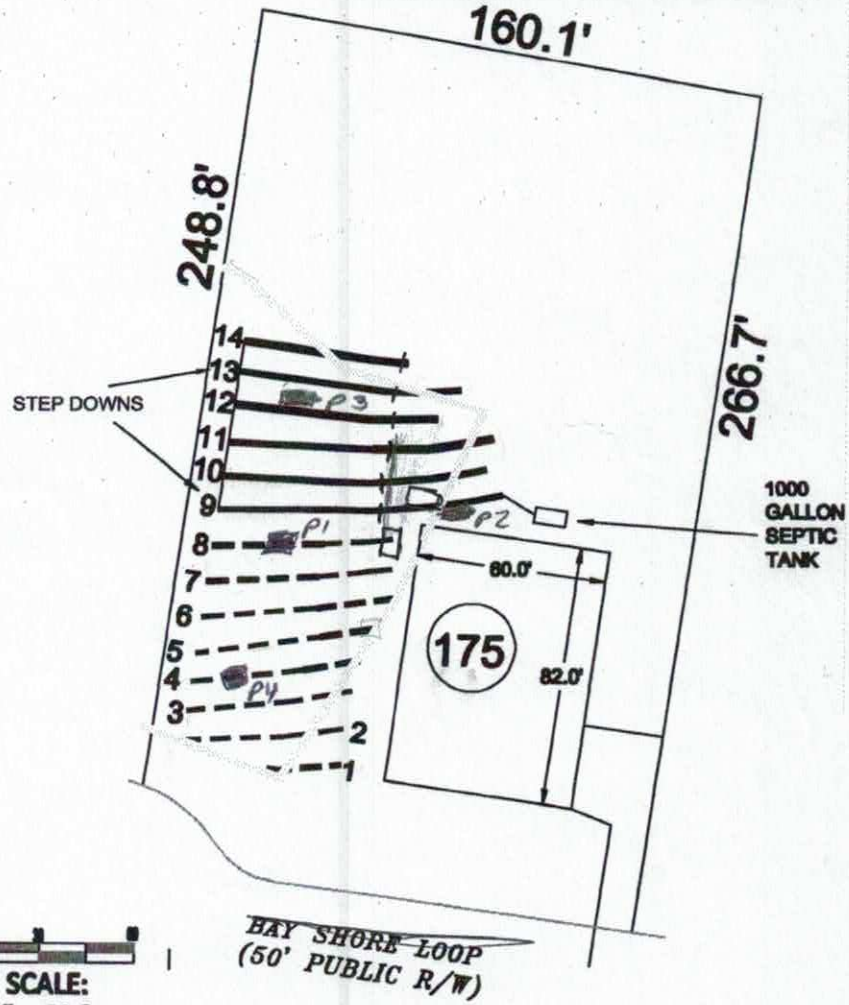
4-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 9-14 TOTAL 444 LINEAR FEET (USE 438FT)
EZFLOW OR CHAMBER
LTAR 0.275
25% REDUCTION
42" TRENCH DEPTH MAX AFTER COVER IS ADDED

4-BEDROOM ACCEPTED STATUS LPP PANEL BLOCK PUMP SYSTEM REPAIR
LINES 1-8 TOTAL 412 LINEAR FEET
CHAMBER
LTAR 0.3
50% REDUCTION
36" TRENCH DEPTH MAX

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY CENTRAL CAROLINA SOIL CONSULTING PLLC

Soil Notes



PRIMARY SYSTEM

REPAIR SYSTEM

REPAIR LINES (NOT USED)

PIT OR AUGER BORING A

SCALE: 1" = 60 ft.

Bateman Civil Survey Company
Engineers Surveyors Planners
[illegible]

MeritageHomes

LOT 175
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 5/29/15 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 #: 4045
COUNTY: IREDELL

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

OWNER: MERITAGE HOMES
ADDRESS: —
APPLICATION DATE 4/22/16
DATE EVALUATED: 5/26/16
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD.
PROPERTY SIZE: —
LOCATION OF SITE: 147 CONDANCE DR. MOORESVILLE NC LOT 175
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 1	LS 20%	0-19	BSL, GR	VFR, SS, SP	/	62"	L-M SAP INCL 48"-62"	/	.3
		19-50	RC, SBK/ABK	FR, SS, SP					
		50-62	RCL, WSBK	" " "					
P 2	LS 20%	0-10	BSL, GR	VFR, SS, SP	PRONOUNCED MOTTLES 12"-36"	40"	PS F-L SAP INCL 35"-40"	/	.2 0-35 .225 35-40" .25 40"-65"
		10-35	RYC, WABK	FR, S, P					
		35-40	RYCL, WSBK	" SS, SP					
		40-65	MASS SCL SAP	FR, SS, SR					
P 3	LS 20%	0-10	BSL, GR	VFR, SS, SP	/	66"	F-C SAP INCL 26"-66"	/	.3
		10-48	RC, SBK	FR, SS, SP					
		48-66	RCL, WSBK	" " "					
P 4	LS 20%	0-10	BSCL, WSBK	FR, SS, SP	/	53"	PS F-C-M SAP INCL 24"-53"	/	.3
		10-35	RC, SBK	" " "					
		35-53	RCL, WSBK/SBK	" " "					
		53-63	MASS SCL SAP	VFR " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	T3	T3
System Type(s)	APPROVED	APPROVED
Site LTAR	.3	.2

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): T3
EVALUATED BY: SC
OTHER(S) PRESENT: M. BENFIELD, B. ARNDORF, D. BEANE

COMMENTS:

RECEIVED AUG 2 4 2017

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 $320.00

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

****

212386

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: 2524 Reliance Ave

BCSC	Apex NC		704 658 8616
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Meritage Homes			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

148 Campanile Drive	Bells Crossing	4A 175
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 150W, R onto Perth, L into Bells Crossing Cont to 5 Sycamore Cont to Campanile 5th Lot on 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 Reclassify from LPP

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
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: _____ 8-17-17

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

RECEIVED MAR 9 - 2017

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	13925 Ballantyne Corporate Pl. #300	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
148 Campanile Court	Bells Crossing	Lot 175

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 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)*

☐) 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)

3/8/17
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)_____ 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:

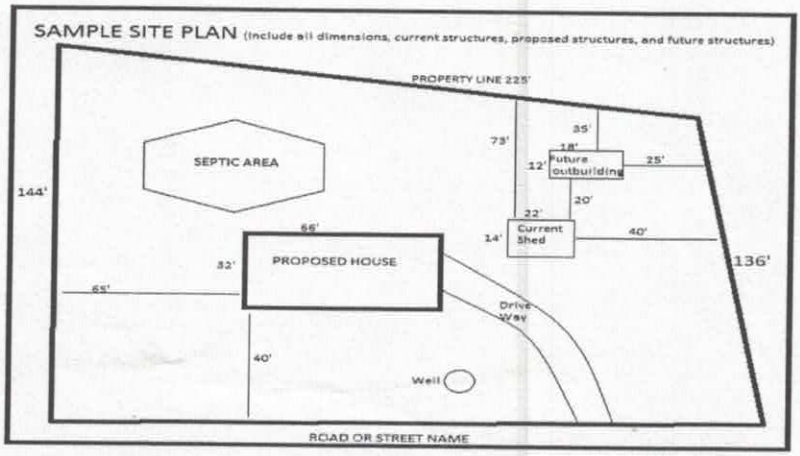
- **/ Property Line measurements are clearly identified…**
- **J All proposed structures are indicated…**

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…**
- **+ Area you prefer your septic system to be placed…**
- **+ Preferred driveway location and configuration, preferred well 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

See Attached

Signature: _____

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

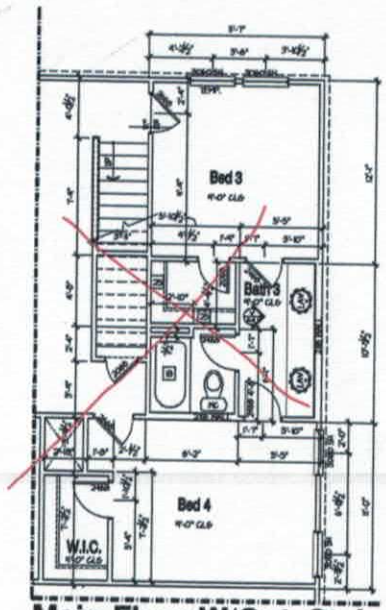
8-17-17

DATE

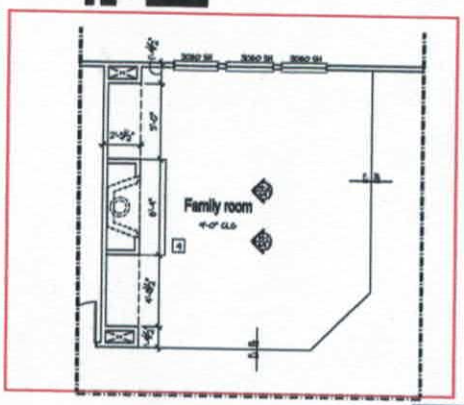
Acknowledgement of
Plans Submittal ONLY!

Date 3-9-17

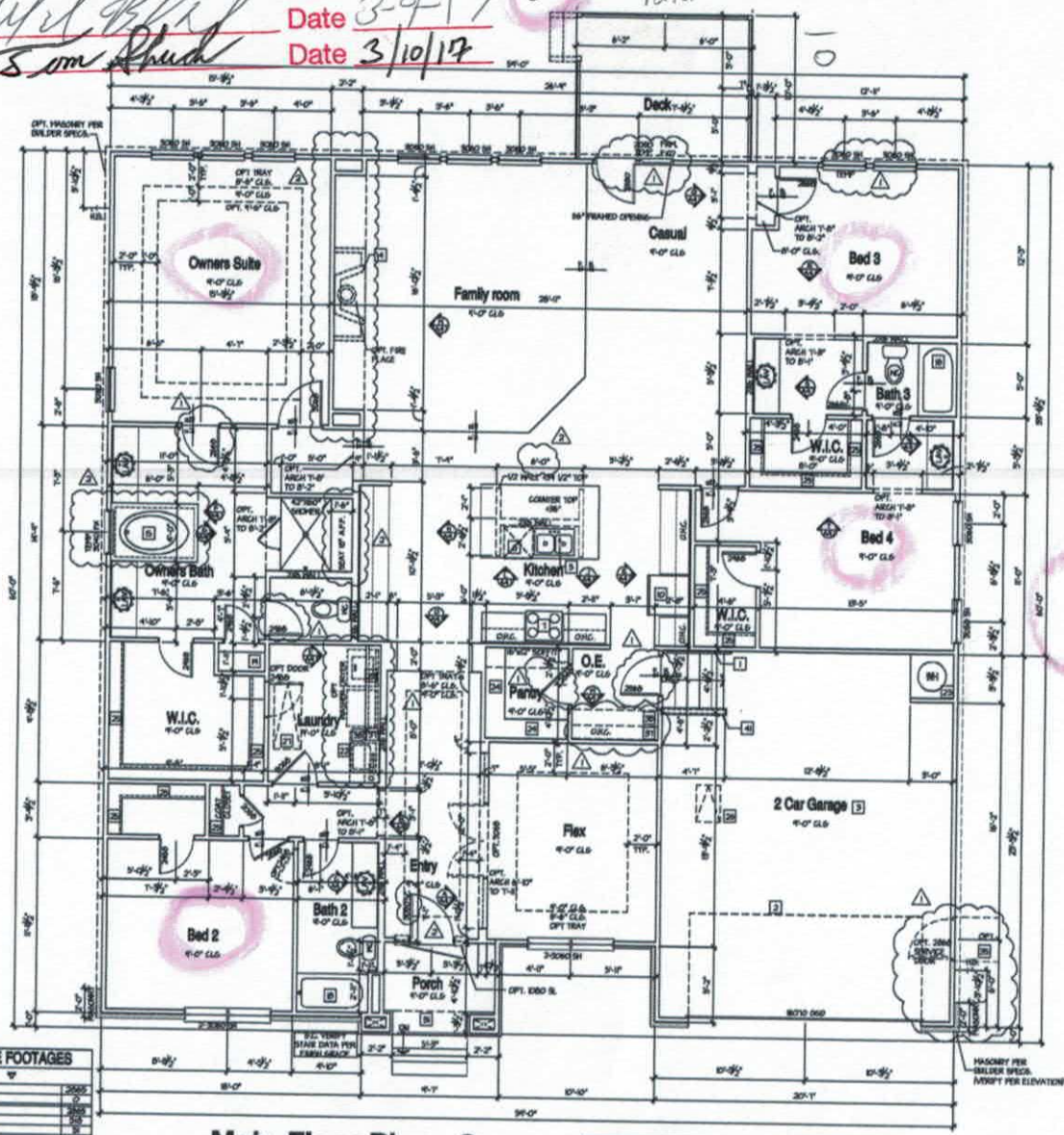
Date 3/10/17



Main Floor W/Opt. Stairs



Opt. Fireplace



Main Floor Plan - C

SQUARE FOOTAGES	
MAIN FLOOR	2665
UPPER FLOOR	0
LIVING SQ.	2665
GARAGE	505
PORCH	96
TOTAL	3266
UNFINISHED BASEMENT	666
FINISHED BASEMENT	414
OPT. SUNROOM/DEN/PORCH	120
OPT. UPPER FLOOR	198

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

FLOOR PLAN NOTES:

TYPICAL FLOORS

1. THE FOLLOWING KEYNOTES REFERENCE THE SYMBOLS AS SHOWN ON PLANS:
2. 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 38" MAXIMUM HEIGHT A.F.F. FOR STAIRS AND 36" MINIMUM ON HORIZONTAL SURFACE BARRIERS.
3. LINE OF OVERHEAD GARAGE DOOR IN OPEN POSITION.
4. SLOPE GARAGE FLOOR 1/8" PER FOOT TOWARD OVERHEAD GARAGE DOOR OPENING.
5. FIREPLACE, AS SPECIFIED BY BUILDER. INSTALL PER MANUFACTURERS SPECIFICATIONS. ALL FACTORY BUILT FIREPLACES SHALL COMPLY WITH LOCAL CODES.
6. SINK W/ GARBAGE DISPOSAL
7. DISHWASHER
8. RANGE
9. COOK TOP
10. OVEN
11. REFRIGERATOR SPACE.
12. PANTRY
13. PEDESTAL SINK
14. SHOWER (SIZE AS NOTED)
15. N/A
16. 42" X 80" TUB 20" TO 10P OF DECKING
17. 60" 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 8" ABOVE ENTRANCE FLOOR FOR WATER HEATER.
24. 5 SHELVES PER BUILDER SPECS.
25. 2000 AND 6000 A.F.U.E. FURNACE
26. ATTIC ACCESS (22 1/2"x32" MIN.).
27. ATTIC ACCESS W/ STAIRS (25 1/2"x54 1/2")
28. 2'-0" x 2'-0" Radiant Barrier Decking 2'-0" on 2nd FLOOR & 1'-0" AT UPPER FLOOR UNO.
29. GYPSUM BOARD AREA @ 11'-3" TO 8'-0".
30. GYPSUM BOARD LOW WALL, 38" A.F.F. (U.N.O.) W/ POP CAP.
31. SOFFIT, REFER TO EXTERIOR ELEVATIONS FOR HEIGHTS & ARCHITECTURAL DETAILS FOR FINISH.
32. PLANT SHELF, SEE EXTERIOR ELEVATIONS.
33. HALF WALL W/ HOOD CAP OR OPTIONAL LOW WALL WITH RAILING ABOVE.
34. PONY WALL, SEE ELEVATION.
35. 36"x36" CONCRETE STOOP.
36. BAR TOP/APR.
37. OPTIONAL UPPER CABINETS.
38. OPTIONAL CABINETS.
39. OPTIONAL COFFERED CEILING @ 8'-0" PER BUILDER SPEC.
40. LINE OF FRAMING ABOVE.
41. LINE OF FRAMING WALL BELOW.
42. 2X4 LON WALL 42" A.F.F.
43. 2X6 LON WALL 42" A.F.F.
44. ART NICHE
45. HORIZONTAL LAUNDRY CHUTE
46. LON WALL 42" A.F.F.
47. GYPSUM BOARD AREA @ 8'-0" TO 9'-0"
48. LON WALL 30" A.F.F.
49. 90 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.S. 5.

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: 7'-0" A.F.F. @ 9'-1" PLATE HEIGHT (U.N.O.) 8'-0" A.F.F. @ 10'-1" 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. VENTS. 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.

K. ALL WALLED PARTITIONS ARE 45 DEGREES UNLESS OTHERWISE NOTED.

M. BRICK SILLS. INSTALL PER LOCAL CODE.

ISSUE DATE: 01/17/2014

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

Meritage Homes

Meritage Homes

BSB DESIGN

MAIN FLOOR PLAN - C

159-2866

A2.1C

Bells Crossing Lot 175

IREDELL COUNTY

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

APPLICATION NUMBER
212386
Issue Date: 07/28/2015

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4639834045.000	148 CAMPANILE DRIVE, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MERITAGE HOMES OF NC INC	Applicant: MERITAGE HOMES
Address: 17851 N 85TH ST MOORESVILLE, AZ 85255	Address: 7761 BALLANTYNE COMMONS PKWY SUT CHARLOTTE, NC 28277
Phone:	Phone: 704-944-8903

Use Requested	Zone Code
SFD	RA

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

Remarks:

PAID
✓1050662
8-19-15

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	44892	TOTAL FEES:	$ 77.25