IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223203

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

PIN # 4639-84-2317

APPLICANT: Gary Moore APPLICANT ADDRESS: 104 Killarney Dr. Apt. #203 Mooresville, NC 28117

SITE ADDRESS: 215 Bells Crossing Drive Mooresville, NC PHONE: 203-984-2822 ALT. PHONE: 203-858-5308

SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Bells Crossing Dr → Property on Left

SUBDIVISION: Bells Crossing SECTION: -1- LOT # 197 LOT AREA: 0.8 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.225

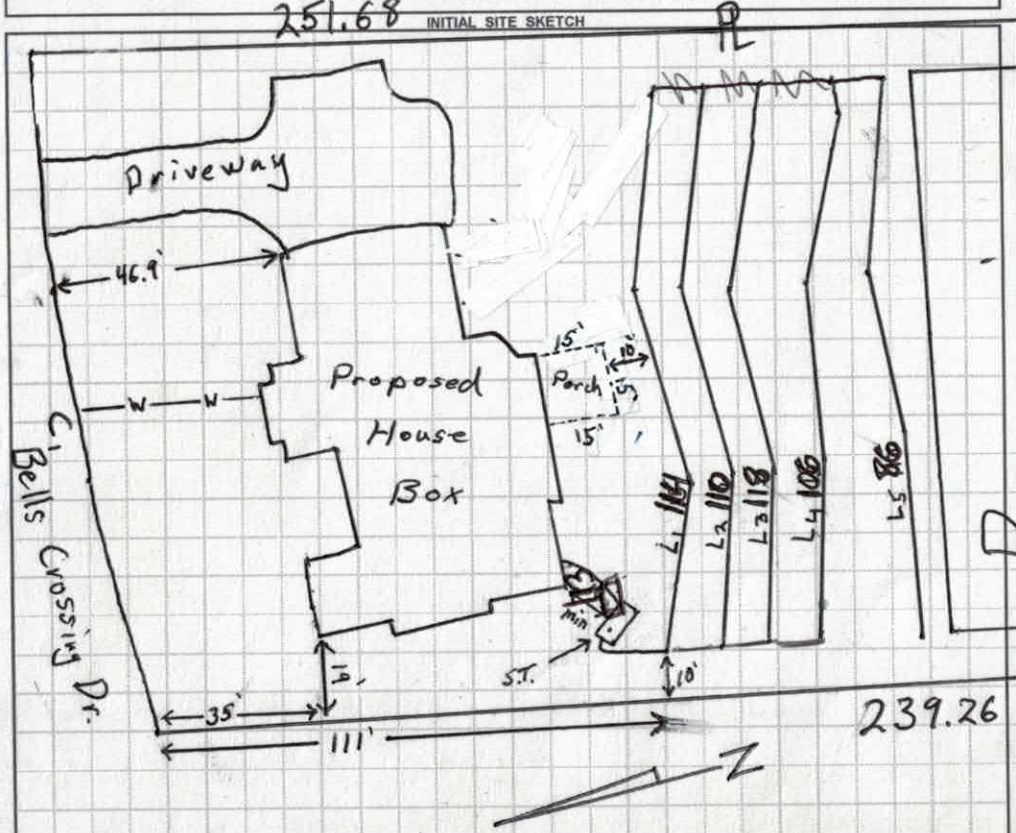
Septic Tank	1000	(gal)	STB	TT4	Date	3-28-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction.			
Pump Make	—	Model		—	Serial #	—	Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	5		Linear Ft:	534	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

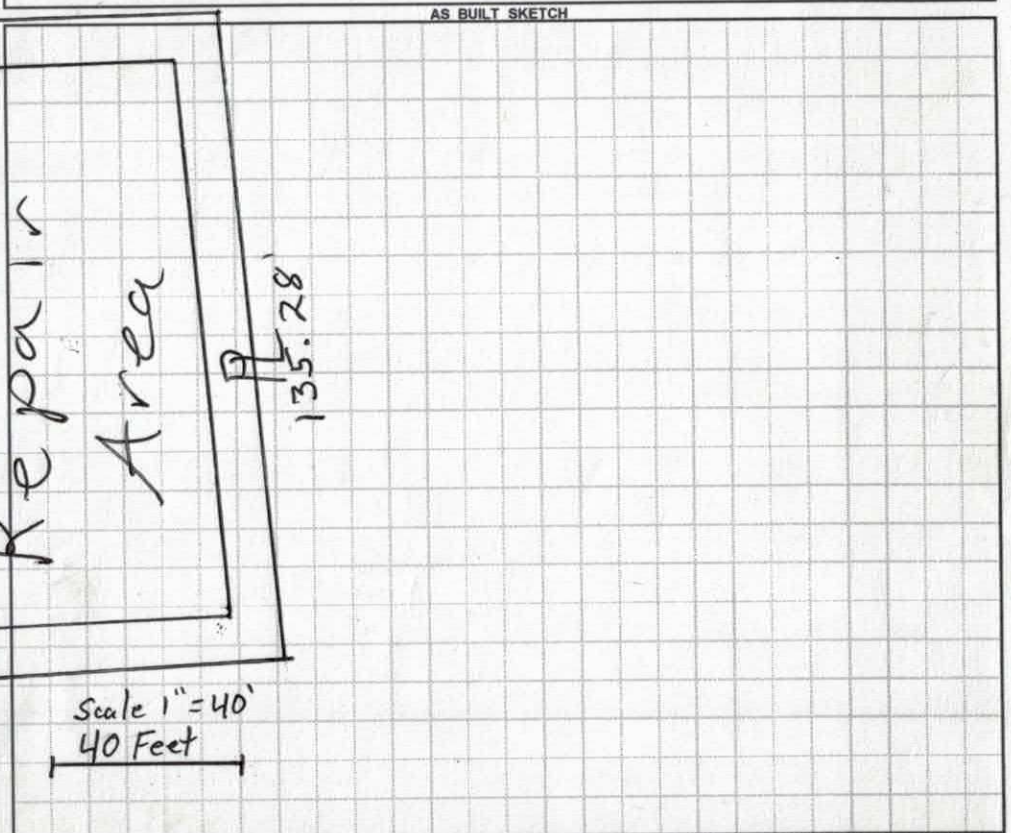
Comments / Conditions: Follow all N.C. Septic rules. Recommend pumping septic tank every 3-5 years. Though ≈575' of drainfield line has been laid out, only 534 l.f. need be installed.

7/13/2017: At request of owner/applicant + installer, septic tank relocated to opposite end of house. -BF

INITIAL SITE SKETCH



AS BUILT SKETCH



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**

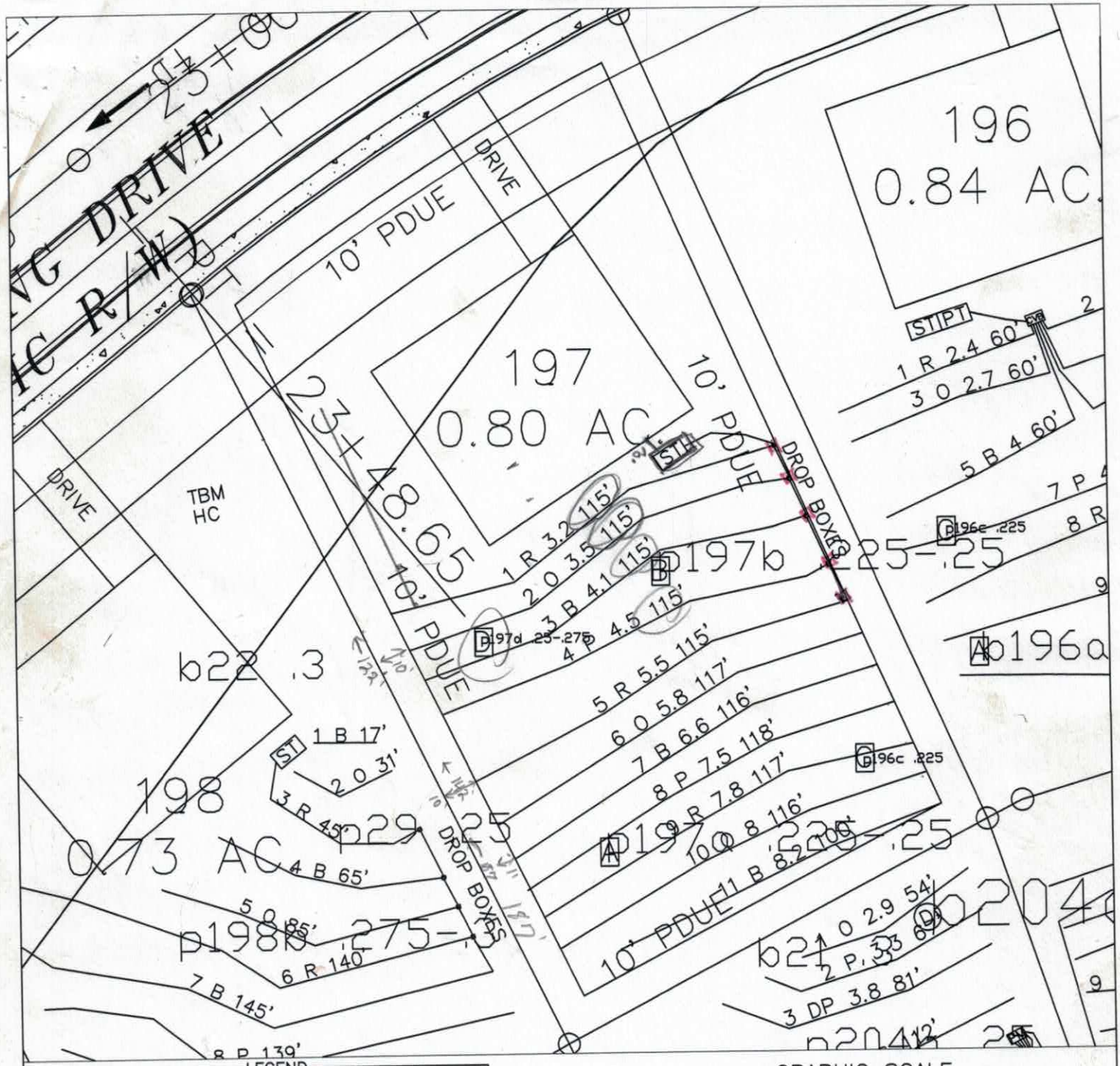
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 12/13/16 Installed by: Shane Cashion

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/7/16 OPERATION PERMIT by: Ryan Wilson Date: 7-25-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/9/16 Existing System Inspected by: Date:

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



LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE
1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE. SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1724

BRADY FREEMAN, R.S.
MOBILE: (704) 746 - 6497
EMAIL: BFREE2065@YAHOO.COM

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 3046
EMAIL: ROLLANS8@WINDSTREAM.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: RYAN-WEST DEVELOPERS/ BELLS CROSSING

LOCATION/DATE: PERTH RD IREDELL COUNTY, NORTH CAROLINA JUNE 2006

JOB # : 01-1429
FILE: C:\JOBS\01-1429
PROJECT MGR.: C.B.F.
FIELD WORK: C.B.F., A.L.P. & M.D.B.
DRAWN BY: C.B.F. & M.D.B.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Bells Crossing Lot 197 APPLICATION DATE: ___
ADDRESS: see zoning DATE EVALUATED: ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ PROPERTY SIZE: ___
LOCATION OF SITE: ___ 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	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 1 197 A	L/6-10%	0-6	B sl gr	Fr sss pSEXP	-F[mn] -FYB's -Fsap -MYB's	48			0.225- 0.25
		6-12	Bcl mn ABK/sbk	" " " "					
		12-29	BK mn ABK	Fr ss pSEXP					
		29-48	RCH mABK	F ss pSEXP					
P 2 197 B	L/0-5%	0-8	B sl gr	Fr sss pSEXP	-C Mn -VF YB's -C sap	48			0.225- 0.25
		8-15	BR scl wf sbk/Mn. F	" " "					
		15-38	BRX wsbk	Fr sss pSEXP					
		38-48	RY cl wfsbk	" " " "					
P 3 197 C	L/5-10%	0-17	B cl wsbk	Fr sss pSEXP	-F[mn] -F YB's -C YB's -F sap -chroma 4+	48			.225
		17-28	B RK wfsbk	" " " "					
		28-48	R Pw fsbk/Mn	F. ss pSEXP					
P 4 197 D		0-13	B Ysl gr	Fr sss pSEXP	-VF YB's -F sap	50			0.25- 0.275
		13-50	RB Sc wfsbk	F sss pSEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	P5	P5
System Type(s)	25% Red	25% Red
Site LTAR	.225	.225

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Rollins Soil and Environmental
OTHER(S) PRESENT: ___

COMMENTS: ___

Redhall

RECEIVED NOV 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 $320.00

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

223203

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 #
Gary Moore	104 Killarney Drive Apt 203 Mooresville, NC 28117	203-984-2822	203-858-5308
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Sharon Moore	SAME AS ABOVE		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
~~Lot 197~~ 215 Bells Crossing Drive	Bells Crossing	Lot 197

Driving Directions: _____

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — (X) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ~~X~~ 8 — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

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 (X) 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 (X) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) 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: Gary L Moore — 11/16/16

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Gary L. Moore, am the legal owner(s) of the property located at LOT 197 Bells Crossing, identified as PIN (Parcel Identification Number) 4639-83-8590, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Benfield, BCSC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. - Builder - Crossin Builders

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Gary L Moore	11/16/16	Ronda Hart	11-16-16
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

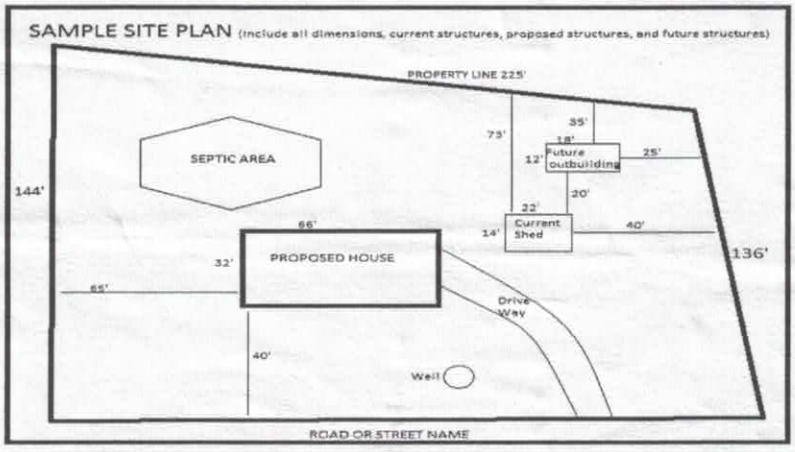
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

-See Site PLAN

Signature: Gary L Moore

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

11/16/16

DATE

Certificate of Survey and Accuracy

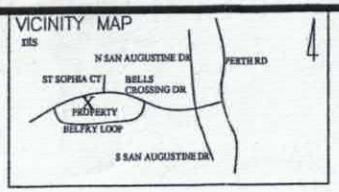
I, T. Riley Casey, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2403, page 2282) ; that the boundaries not surveyed are clearly indicated as drawn from information found in as shown Book ____, page ____; that the ratio of precision as calculated is 1:10,000 + ; that this plat was prepared in accordance with G.S. 47-30 as amended.

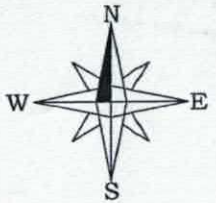
Witness my original signature, registration number and seal this 08 day of September, A.D., 2016.

T. Riley Casey P.L.S, L-4896

This is to certify that the property does not lie within a 100 year flood plain.

T. Riley Casey PLS L-4896 09-08-2016

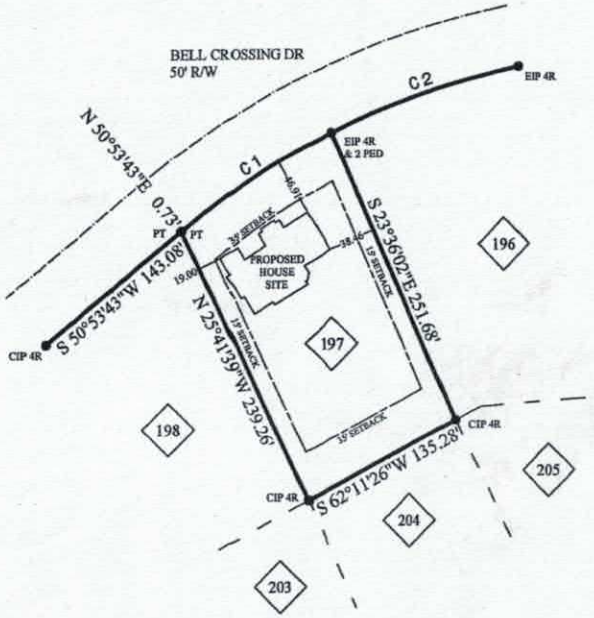




NORTH REFERENCE
PB 54
PG 90

PROPOSED
FOR REVIEW ONLY
NOT FOR DEED DESCRIPTION

Curve	Radius	Length	Chord	Chord Bear.
C1	629.79'	145.01'	144.69'	N 57°31'38" E
C2	629.79'	161.77'	161.33'	N 71°28'56" E



PROPOSED SITE PLAN FOR ADAM CROSSLIN

DAVIDSON TOWNSHIP IREDELL COUNTY
NORTH CAROLINA

BEING RECORDED IN DEED BOOK 2403, PAGE 2282
IN THE REGISTER OF DEEDS OFFICE FOR IREDELL COUNTY .

LEGEND:
- NIP New Iron Pin
- EIP Existing Iron Pin
- CIP Control Iron Pin
- PT Point
- RW Right-of-way
- PP Power Pole
- PL Power Line
- OHU Overhead Utility
- PED Utility Pedestal
- CO Clean Out
- WV Water Valve
- LP Light Pole
- PKS PK Nail Set
- PKF PK Nail Found
- WM Water Meter
- YI Yard Inlet
- O/S Offset

DATA:
Total Acreage: 0.80 AC +/-
PIN #: 4639842317.000
Subdivision: BELLS CROSSING PH. 1
Lot #: 197
Job File: BELLSCROSSING09082016
Date: SEPTEMBER 08, 2016

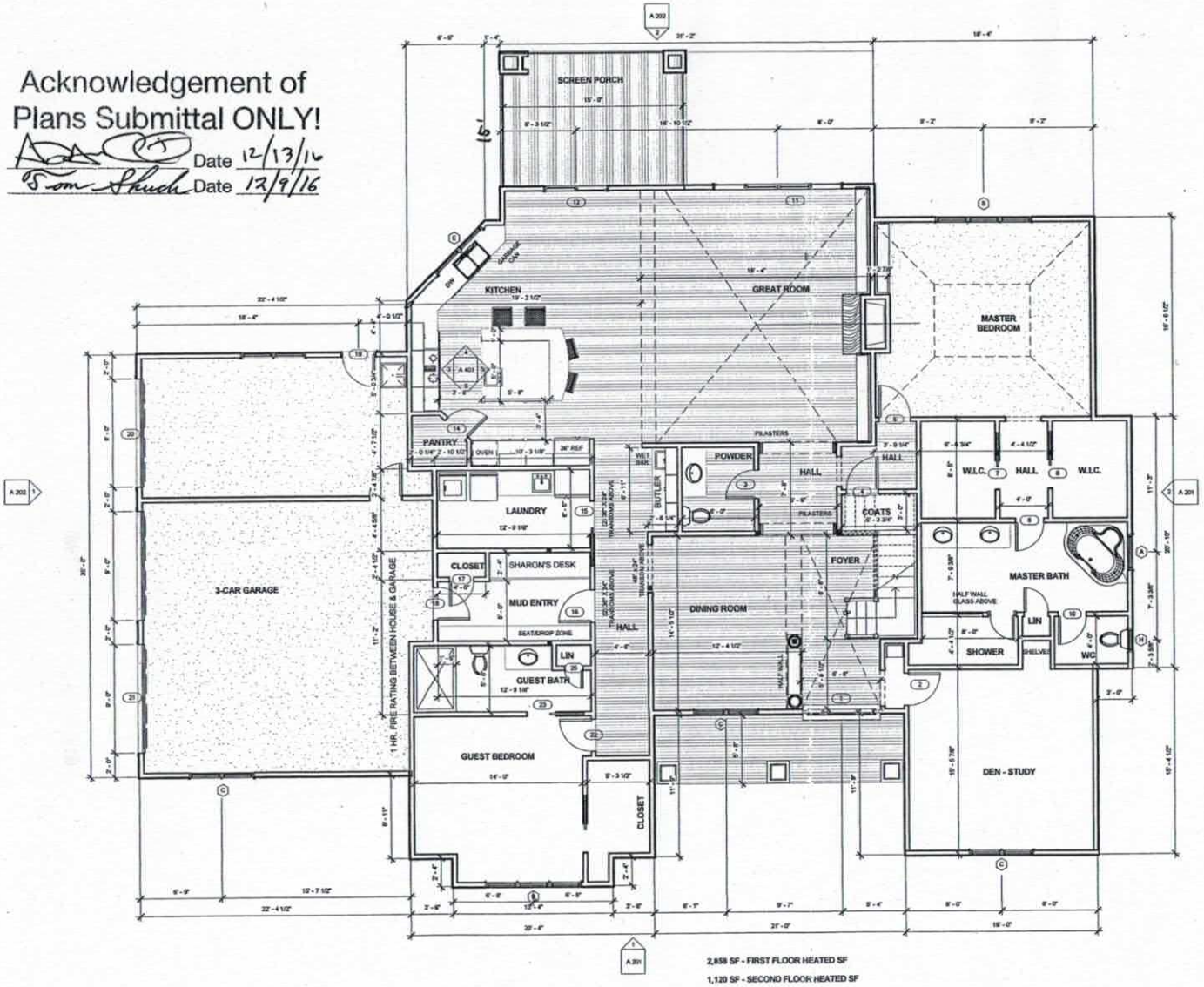
100 0 100 200 300
GRAPHIC SCALE – FEET

HENLINE INC
LAND SURVEYORS
1991 MAIDEN SALEM RD
MAIDEN, NC 28650
(704) 740-5148

Acknowledgement of
Plans Submittal ONLY!

Date 12/13/16

Tom Shuck Date 12/9/16



2,859 SF - FIRST FLOOR HEATED SF

1,120 SF - SECOND FLOOR HEATED SF

TOTAL HEATED SF - 3,978 SF

1 FIRST FLOOR
1/4" = 1'-0"

Door Schedule			
Mark	Type	Width	Height
1	FRONT ENTRY	3' - 0"	6' - 8"
2	2868	2' - 8"	6' - 8"
3	2468	2' - 4"	6' - 8"
4	2868	2' - 8"	6' - 8"
5	2868	2' - 8"	6' - 8"
6	2468 POCKET	2' - 4"	6' - 8"
7	2468 POCKET	2' - 4"	6' - 8"
8	2468	2' - 4"	6' - 8"
10	2468	2' - 4"	6' - 8"
11	10'-8" X 8'-0" SLIDING PATIO DOOR	10' - 8"	8' - 0"
12	5480 PATIO SLIDER	5' - 4"	8' - 0"
13	2068	2' - 0"	6' - 8"
14	2468	2' - 4"	6' - 8"
15	2868 POCKET	2' - 8"	6' - 8"
16	2868	2' - 8"	6' - 8"
17	2068	2' - 0"	6' - 8"
18	2868	2' - 8"	6' - 8"
19	2868 ENTRY	2' - 8"	6' - 8"
20	S/Ox8/0	9' - 0"	8' - 0"
21	S/Ox8/0	9' - 0"	8' - 0"
22	2868	2' - 8"	6' - 8"
23	2468 POCKET	2' - 4"	6' - 8"
24	S/Ox8/0	9' - 0"	8' - 0"
25	1668	1' - 6"	6' - 8"
26	2868	2' - 8"	6' - 8"
27	2468	2' - 4"	6' - 8"
28	2468 POCKET	2' - 4"	6' - 8"
29	2068	2' - 0"	6' - 8"
30	2468	2' - 4"	6' - 8"
31	2468 POCKET	2' - 4"	6' - 8"
32	2468	2' - 4"	6' - 8"
33	2868	2' - 8"	6' - 8"
34	2868	2' - 8"	6' - 8"
35	2868	2' - 8"	6' - 8"
36	2468 POCKET	2' - 4"	6' - 8"
37	SHOWER	2' - 0"	6' - 4"
38	2868	2' - 8"	6' - 8"
39	ATTIC ACCESS	2' - 6"	5' - 0"

1/4" = 1'-0" 0' 2' 4' 8' 16'

Graphic Scale

Intelligent Houseplans

BRIAN J. PILLING, AIA
736 RIDGE POINT DRIVE
COROLLA, NC 27927
PHONE 252-202-7550
obxarchitect@gmail.com
www.intelligenthouseplans.com

MOORE RESIDENCE

FIRST FLOOR PLAN

DATE

PLAN NUMBER

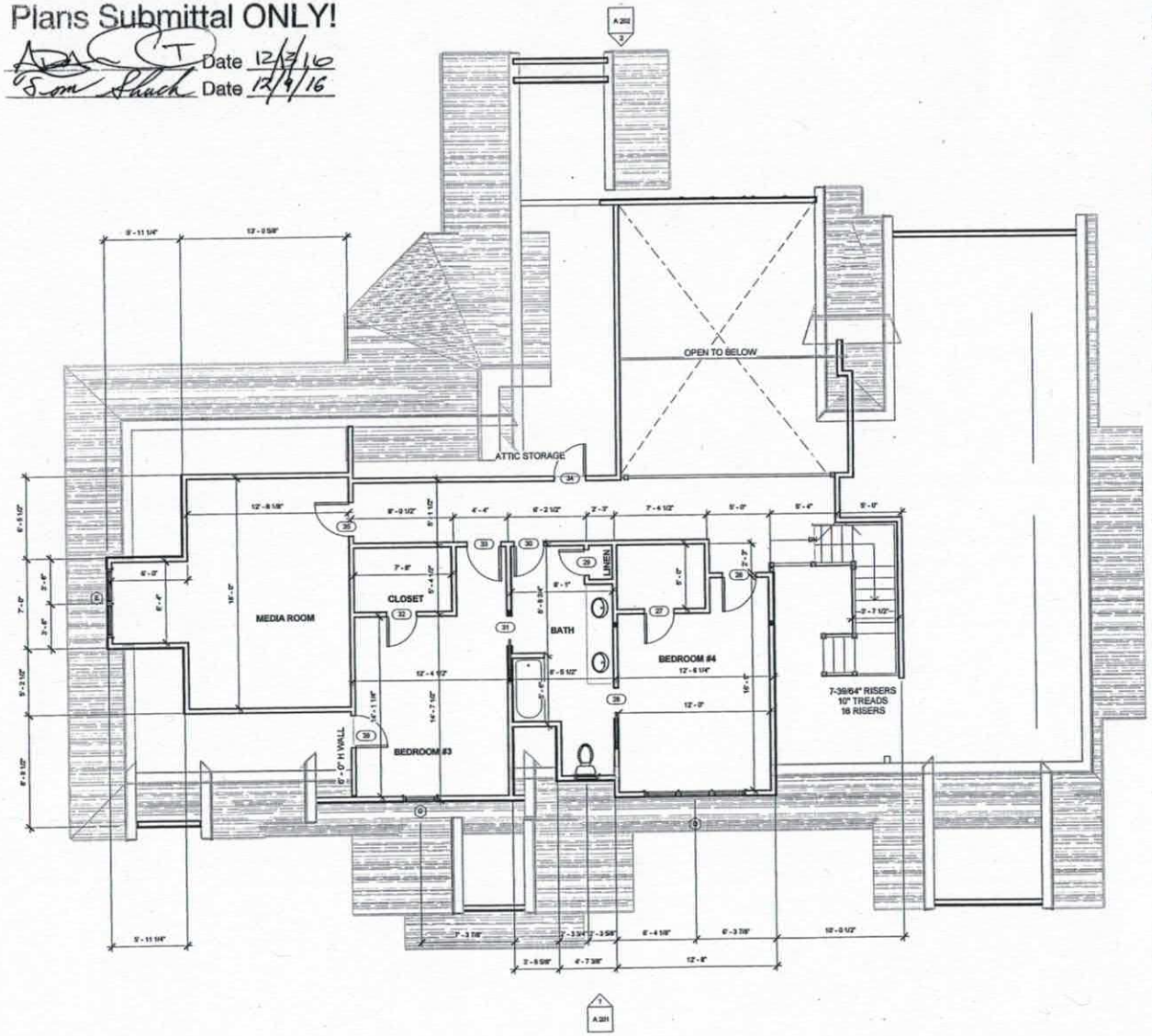
A 101

THESE DRAWINGS CAN NOT BE USED, COPIED, TRACED OR REPRODUCED, IN WHOLE OR PART OR IN ANY WHAT SO EVER WITHOUT PERMISSION FROM DAVID MARC LOFTUS

Acknowledgement of
Plans Submittal ONLY!

Date 12/3/16

Date 12/4/16



1 SECOND FLOOR
1/4" = 1'-0"

Room Schedule

Name	Area	Perimeter	Floor Finish	Wall Finish	Level	Comments
3-CAR GARAGE	516 SF	92' - 9 1/8"			FIRST FLOOR	
CLOSET	45 SF	30' - 8 7/8"			FIRST FLOOR	
CLOSET	8 SF	12' - 0"			FIRST FLOOR	
COATS	19 SF	16' - 7 5/8"			FIRST FLOOR	
DEN - STUDY	235 SF	65' - 4 5/8"			FIRST FLOOR	
DINING ROOM	174 SF	56' - 5 1/2"			FIRST FLOOR	
FOYER	132 SF	52' - 5 1/8"			FIRST FLOOR	
GREAT ROOM	365 SF	86' - 11 3/4"			FIRST FLOOR	
GUEST BATH	74 SF	40' - 6 1/8"			FIRST FLOOR	
GUEST BEDROOM	186 SF	56' - 11 1/2"			FIRST FLOOR	
HALL	130 SF	64' - 10 1/8"			FIRST FLOOR	
HALL	35 SF	23' - 8 3/8"			FIRST FLOOR	
HALL	31 SF	23' - 11"			FIRST FLOOR	
HALL	30 SF	23' - 10 3/8"			FIRST FLOOR	
KITCHEN	412 SF	85' - 2 5/8"			FIRST FLOOR	
LAUNDRY	82 SF	38' - 4 1/4"			FIRST FLOOR	
LIN	5 SF	9' - 3"			FIRST FLOOR	
LIN	4 SF	7' - 10"			FIRST FLOOR	
MASTER BATH	128 SF	49' - 2 1/8"			FIRST FLOOR	
MASTER BEDROOM	264 SF	70' - 8 7/8"			FIRST FLOOR	
MUD ENTRY	83 SF	31' - 10 7/8"			FIRST FLOOR	
PANTRY	17 SF	16' - 2 5/8"			FIRST FLOOR	
POWDER	41 SF	25' - 9 7/8"			FIRST FLOOR	
SCREEN PORCH	163 SF	53' - 7 3/8"			FIRST FLOOR	
SHOWER	34 SF	26' - 3 1/2"			FIRST FLOOR	
W.I.C.	50 SF	29' - 5 3/8"			FIRST FLOOR	
W.I.C.	50 SF	29' - 7 3/8"			FIRST FLOOR	
WC	24 SF	20' - 3 1/2"			FIRST FLOOR	
BATH	120 SF	56' - 11 7/8"			SECOND FLOOR	
BEDROOM #3	191 SF	62' - 11 1/2"			SECOND FLOOR	
BEDROOM #4	144 SF	51' - 5 3/8"			SECOND FLOOR	
CLOSET	38 SF	25' - 4"			SECOND FLOOR	
LINEN	5 SF	9' - 0"			SECOND FLOOR	
MEDIA ROOM	266 SF	73' - 2 1/2"			SECOND FLOOR	

1/4" = 1'-0"

0' 2' 4' 8' 16'

Graphic Scale

BRIAN J. PELLING, AIA
728 RIDGE POINT DRIVE
COROLLA, NC 27927
PHONE 252-202-7550

MOORE RESIDENCE

SECOND FLOOR PLAN

A 102

THESE DRAWINGS ARE NOT TO BE USED, CHANGED OR REPRODUCED IN WHOLE OR IN PART FOR ANY PURPOSE WHATSOEVER WITHOUT THE WRITTEN PERMISSION OF BRIAN J. PELLING, AIA

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	150937ZO	Subdivision:	Bells Crossing
Proposed Use:	Single Family	Township:	1500 Fallstown
Location of Property:	000 BELLS CROSSING DR MOORESVILLE NC 28117		
Parcel #:	4639942671.197	Zoning:	RA
Lot #:	197 Size: .80	Flood Plain:	Watershed: WSIV-CA
Applicant:	L Shaun Ogden Construction LLC	Owner:	Bells Crossing LLC
Address:	PO Box 1281 Davidson NC	Address:	514 Williamson Rd Suite 421 MOORESVILLE, NC 28117
Phone:	704-309-6810	Phone:	704-663-1600
Property Recorded:	No	Site Plan Reviewed:	Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

FOR PERC TEST ONLY. HOLD BUILDING PERMIT UNTIL LOT IS RECORDED.

Directions:

PERTH RD S, RIGHT BELLS CROSSING DR, 3RD LOT ON LEFT AFTER ST SOPHIA CT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$380.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

ELINOR HILTZ

Printed: 6/6/2008