210215

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Redraw

Int. Relayout

RECEIVED JUN 16 2015

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: ~~Mc~~Crosslin Builders Address: 351 N Academy St Mooresville NC 28115 Phone: "

Owner Name: " Address: " Phone: 7046588616

Property Information:

Street Address: 207 Bells Crossing

Subdivision Name: Bells Crossing Section/Phase: 1 Lot Number: 196

Driving Directions: 150 W, R on to Perth Rd, L into Bells Crossing, 3rd Lot Past Amnities on the left

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: _____ 6-9-15

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

IREDELL COUNTY HEALTH DEPARTMENT

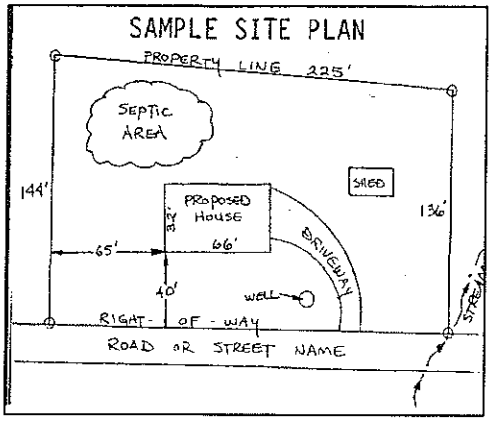
ENVIRONMENTAL HEALTH DIVISION

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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and 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

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

See Attached

Signature: _____ 6-9-15

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

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	WHITE	3.8	115
2	RED	4.2	114
3	BLUE	4.8	114
4	ORANGE	5.6	114
5	WHITE	6.1	113
6	PINK	6.4	53
7	RED	6.7	113
8	YELLOW	7.0	111
9	BLUE	7.2	92
10	ORANGE	7.7	72

LOT 196 BELLS CROSSING SUBDIVISION

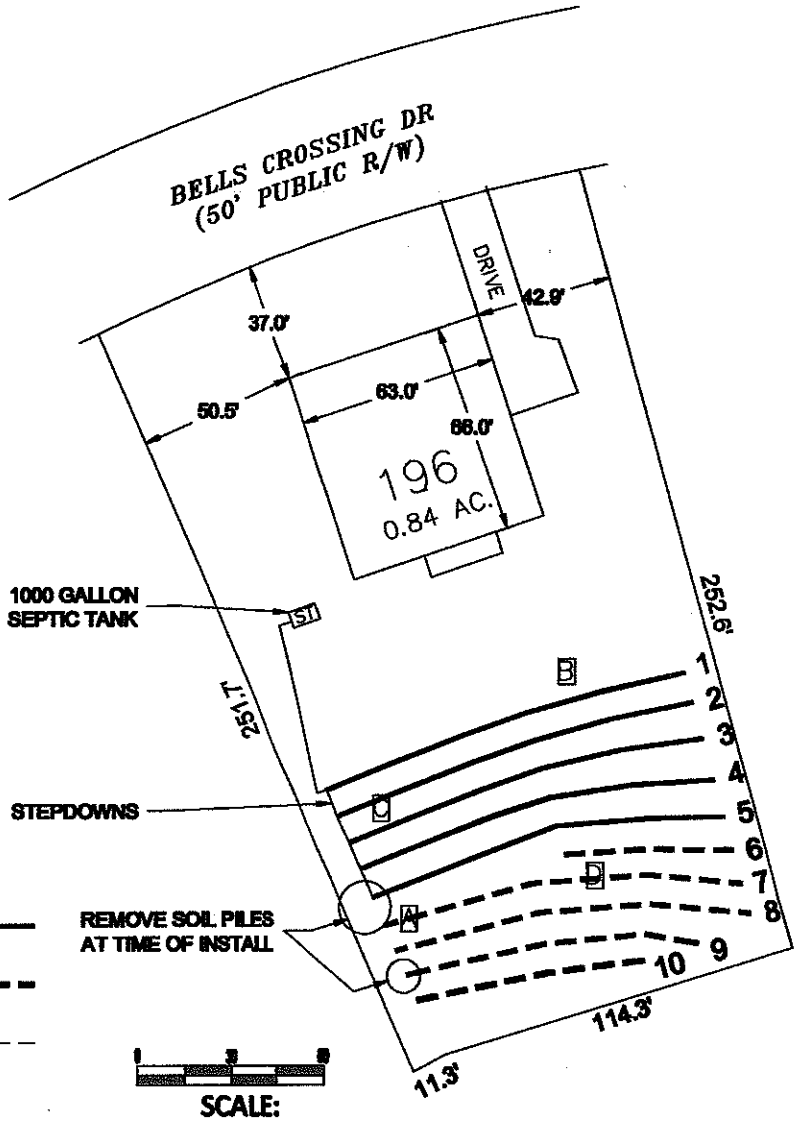
4-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 1-5 TOTAL 570 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.225
25% REDUCTION
24" TRENCH DEPTH

4 BR ~~5-BEDROOM~~ LPP FED PANEL BLOCK REPAIR
LINES 6-10 (6' ON CENTER) TOTAL 441 LINEAR FEET
CHAMBER
LTAR 0.225
50% REDUCTION
28" TRENCH DEPTH

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL ANALYSIS PREVIOUSLY APPROVED BY IREDELL COUNTY ENVIRONMENTAL HEALTH

BK Ichd
APPROVED JUN 17 2015
EL



PRIMARY SYSTEM ——————

REPAIR SYSTEM - - - - - -

REPAIR LINES (NOT USED) - - - - - -

PIT OR AUGER BORING [A]

REMOVE SOIL PILES AT TIME OF INSTALL

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-2570

CROSSLIN BUILDERS LLC

LOT 196
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 6/9/15 DRAWN BY: MDB CHECKED BY: TMB

RECEIVED MAY 1 3 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

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 an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: ADAM CROSSLIN Address: PO BOX 2533 DAVIDSON NC 28036 Phone: 931 808 1548

Owner Name: NICK WELSH Address: 2 REGENT CIRCLE BASKING RIDGE NJ 07920-1945 Phone: 908-295-5129

Property Information:

Street Address: 207 BELLS CROSSING DR MOORESVILLE NC 28115

Subdivision Name: BELLS CROSSING Section/Phase: _____ Lot Number: 196

Driving Directions: PERTH ROAD NORTH, LEFT ON BELLS CROSSING DR, LOT ON LEFT

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative (Y) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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.

Signature: _____ 5/13/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

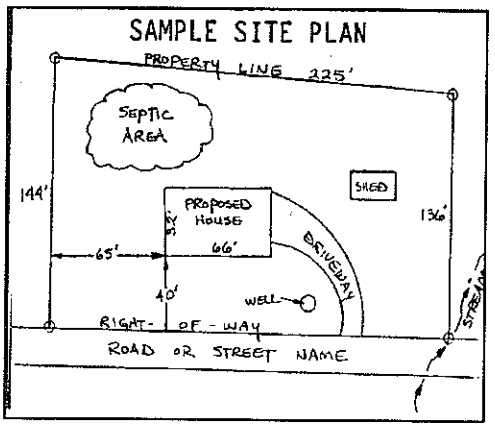
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and 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

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

SEE ATTACHED

Signature: _____

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

5/13/15

DATE

BELLS CROSSING

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 2340, page 698) ; 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.

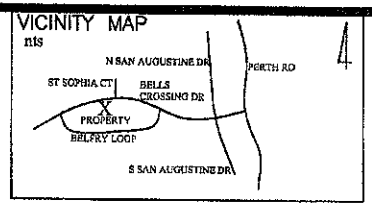
Witness my original signature, registration number and seal this 14 day of April, A.D., 2015.

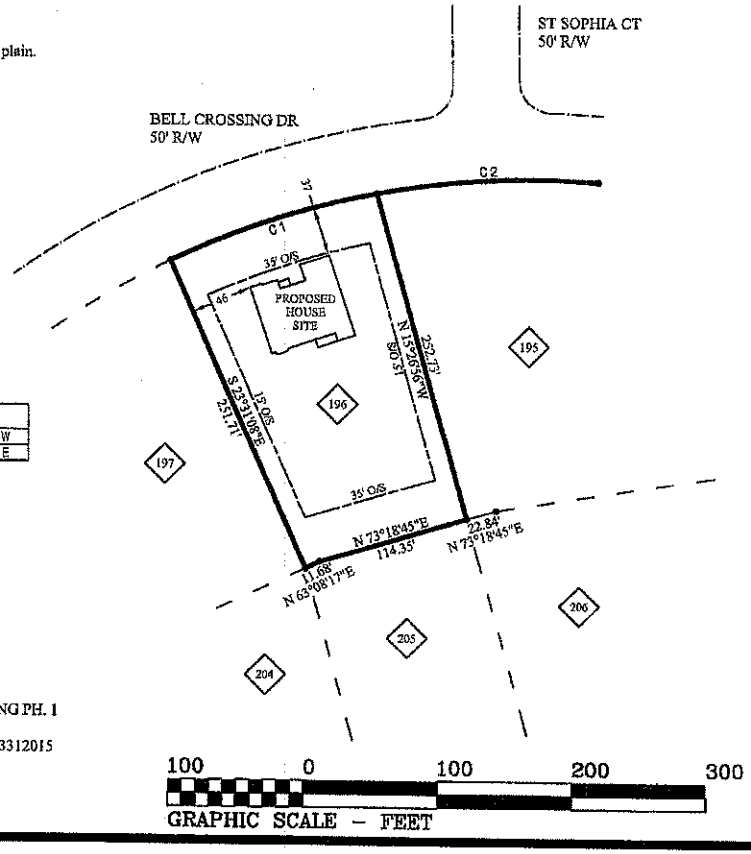
T. Riley Casey P.L.S, L-4896

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

T. Riley Casey PLS L-4896 04-14-2015

VICINITY MAP
nts





Curve	Radius	Length	Chord	Chord Bear.
C1	623.78'	161.77'	161.32'	S 71°36'13" W
C2	623.78'	165.64'	165.15'	N 86°38'25" E

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: 0.84 AC +/-
PIN #: 4639843425.000
Subdivision: BELLS CROSSING PH. I
Lot #: 196
Job File: BELLSCROSSING03312015
Date: APRIL 14, 2015

100 0 100 200 300
GRAPHIC SCALE – FEET

N
W E
S

NORTH REFERENCE
PB 54
PG 90

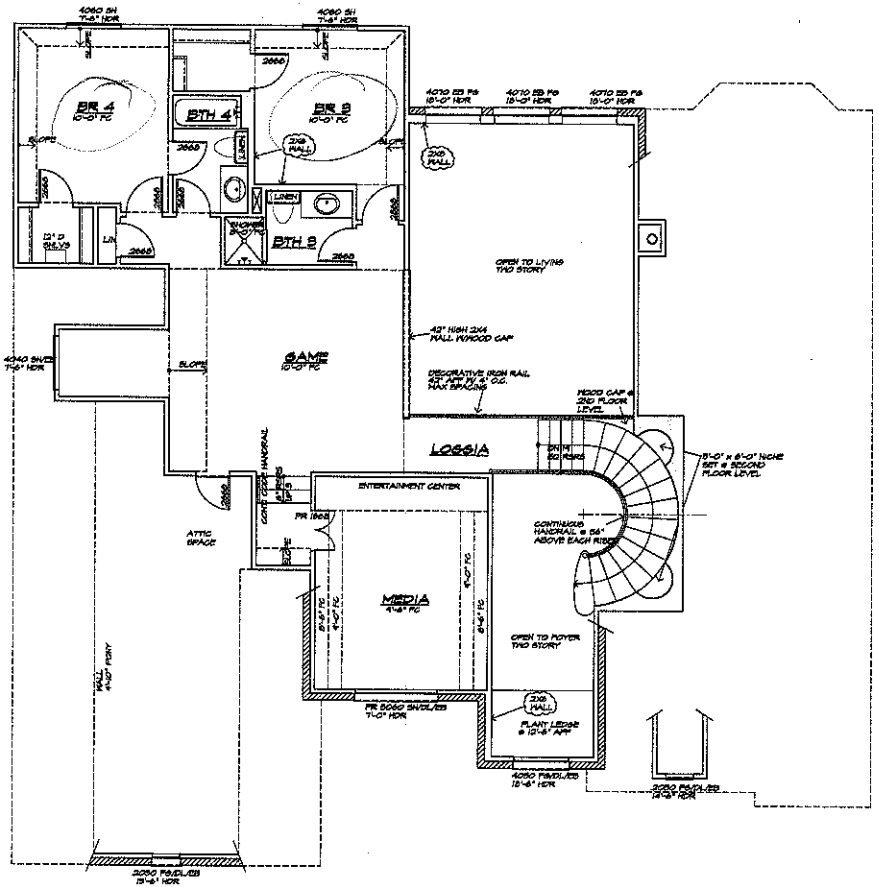
PRELIMINARY
NOT FOR DEED DESCRIPTION
FOR REVIEW ONLY

SITE PLAN
FOR
SMITH & CROSSLIN GROUP, LLC

DAVIDSON TOWNSHIP IREDELL COUNTY
NORTH CAROLINA

BEING RECORDED IN PLAT BOOK 54, PAGE 90, LOT 196
IN THE REGISTER OF DEEDS OFFICE FOR IREDELL COUNTY.

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



SECOND FLOOR NOTATION PLAN

SCALE: 1/4"=1'-0"

Acknowledgement of Plans Submittal ONLY!

Date 5/13/15

Date 5/13/15

THIS DRAWING IS THE PROPERTY OF DALLAS DESIGN GROUP & ASSOCIATES AND MAY NOT BE USED, REPRODUCED OR PUBLISHED WITHOUT THEIR WRITTEN PERMISSION. DALLAS DESIGN GROUP & ASSOCIATES ASSUMES NO LIABILITY FOR ANY HOME CONSTRUCTED FROM THESE PLANS IT IS THE RESPONSIBILITY OF THE PURCHASER OF THESE PLANS TO PERFORM THE FOLLOWING BEFORE BEGINNING ACTUAL CONSTRUCTION:

1.) BUILDER OR CONTRACTOR MUST VERIFY ALL DIMENSIONS & CONDITIONS BEFORE BEGINNING WITH CONSTRUCTION.
2.) CONTRACTOR MUST VERIFY ALL CODES APPLICABLE TO LOCAL BUILDING ZONES IN THE AREA WHERE THE HOME IS TO BE CONSTRUCTED.
3.) PLANS INDICATE LOCATION ONLY. ENGINEERING ASPECTS SHOULD INCORPORATE ACTUAL SITE CONDITIONS.

CAUTION MUST BE EXERCISED TO INSURE ANY CHANGES IN THESE PLANS ARE DONE BY A QUALIFIED ENGINEER. SHOULD ADDITIONAL MODIFICATIONS AS SHOWN WHICH CHANGES IN ONE AREA OF THE HOUSE COULD LEAD TO MAJOR PROBLEMS IN ANOTHER AREA.

GENERAL NOTES

(Where Applicable)

* All exterior walls to be 2x4, 2x6, 2x8, or other as noted, @16" O.C., w/ 1/2" plywood sheathing, tyvek vapor barrier, unless noted otherwise. (Stacked & Half Stack) 1 at door ends.
* Interior walls, 2x4 @ 16" O.C., unless noted otherwise. (Stacked)
* Footprint. All plumbing walls to be 2x6.
* All metal fireplaces to be log or the like- double lined (min.)- code units as per mfg. (Wood logs optional)
* All fireplaces to have tile, marble, or brick hearths & facing, as per builder & as selected by owner.
* All shelving to be 5/4" Pinedora, supported at edges & on 4' o.c. (Bookshelves to have hidden "Radion" lighting- optional)
* All closets to have at least one single rod & shelf unless, unless noted otherwise, Linked to top hardware. Need to have 2 rods, 3 or 5 shelves, or more as per builder.
* All exterior doors, garage, and attic doors to be weather stripped.
* All baths, vanity, water heater, & pony walls to have 1/2" insulation. (Garage common walls and ceiling, when living space above.)
* Kitchen counter tops to be formica, corian or stone w/formed edges as selected. Kitchen cabinets to have compound hinges, adjust shelves, solid panels, "Blum" type guides, special hardware, under-counter lighting, all sinks w/stainless, stemmed/ cross bar 3x9 optional Barrier's 4 rgrd/ as selected). Refrigerator to have water supply w/cut-off. All plugs to be GFI. (As required by code.)
* Stairs to have (enhanced step lights as selected), w/risers handrails w/1 1/2" grip + 36" high, 1" nosing w/4" clear spacing.
* Guardrails to be 42" high.
* All bath vanities to be marble or stone (suggested porcelain bowls). Vanity heights are 32" to 36". All drawers and cabinet shelves to be lined. (Vanity with builder.)
* Linen to have hanger rod shelf- caulked, lined, waterproofed & vented for moisture. (Medicine cabinets as selected)
* Ridges and valleys are to be braced down to proper support, on through to foundation support.
* Ridges and valleys over 12', to be 2x12, unless noted otherwise. Ends to be cut to frame set w/rafters. (See building manual.)
* Garage ceiling under stairs, water heaters & chimney drywall to be 5/8" Sheetrock.
* All ceiling corners at mid rooms to have molding. (Verify mldg pkg.)
* Closet, garage, dormer windows to have optional risers. (some with special lights)
* Windows to be metal or metal, double pane insulated- shown in normal sizes, viewing ceiling 6 head flashing where required. (See builder)
* Window sills + casing to be wood, stool + apron of drywall.
* All mah drywall corners to have bull-nose. (optional)
* Concrete gutters and down spouts to an underground drainage piping system. (Verify w/ Owner and Builder/Engr.)
* All brick arches + sledge w/reinforcing, 1 w/span 16" earlier.
* Brick exterior to have treated wood jack centers, or sheet as above. Wood soffits to be set on anchored metal plate & nail ties to brick.
* All brick support over roofs to be designed by a Registered Texas Structural Engineer, as req'd as other structural members and assemblies.
* All yard hydrants to be freeze proofed.
* Provide high "R" ratings for all attic floors 4 walls. (optional)
* All gas appliances to have code vents.
* All water piping, condensate drains, water heaters or storage in the attic to be freeze proofed and insulated. Also water heaters to have relief pans w/drains.
* A/C condo should be raised around roof vents visible attic space.
* Dryer vents to be outside.
* Ceiling joists to be sized for 5/4" plywood flooring in attic as directed by builder. Stud wall support below must be sized for proper support.
* Radiant barriers are optional.
* Uniform cornice vents & soffit perimeter, screened w/insulation baffled for air flow.
* Thermostatically controlled roof vents as per mfg's recommendations, to be ten rite + Solar cooled to roof materials.
* Framing members are to be minimum as per engineering design tables priority over these schematic drawings. (See builder)
* All living room ceilings to be stripped 2" O.C. w/unit leveling. (optional)
* All rafter vents to be braced 12" O.C. (trusses) (see mfg.)
* All ridges and beam connections to have metal clips & nailing. (see mfg.)

GENERAL NOTES:

* FIRST FLOOR PLATE TO BE 10'-0" AFF UNLESS NOTED OTHERWISE
* SECOND FLOOR PLATE TO BE 9'-0" AFF UNLESS NOTED OTHERWISE
* ALL DIMENSIONS ARE TO FACE OF STUD UNLESS NOTED OTHERWISE
* ALL 45's & 90's UNLESS NOTED OTHERWISE
* ALL PLATE LINES AS NOTED ON ELEVATIONS
* ALL EXTERIOR WALLS TO BE 2X4 UNLESS NOTED OTHERWISE
* ALL FINISHED CEILINGS @ FIRST FLOOR TO BE 10'-0" AFF UNLESS NOTED
* ALL FINISHED CEILINGS @ SECOND FLOOR TO BE 9'-0" AFF UNLESS NOTED
* ALL INTERIOR WALL, FLOOR & CEILING FINISHES AS SELECTED
* ALL WINDOW HDRS TO BE 6'-0" UNLESS NOTED OTHERWISE
* FINAL PLACEMENT OF ALL HOSE BIBBS TO BE AS SELECTED
* VERIFY ALL FLOOR FINISHES PRIOR TO FOUNDATION DESIGN
* VERIFY STRUCTURAL REFERENCE NOTES PRIOR TO FOUNDATION DESIGN & ENGINEERING DESIGN BY OTHERS

AREAS

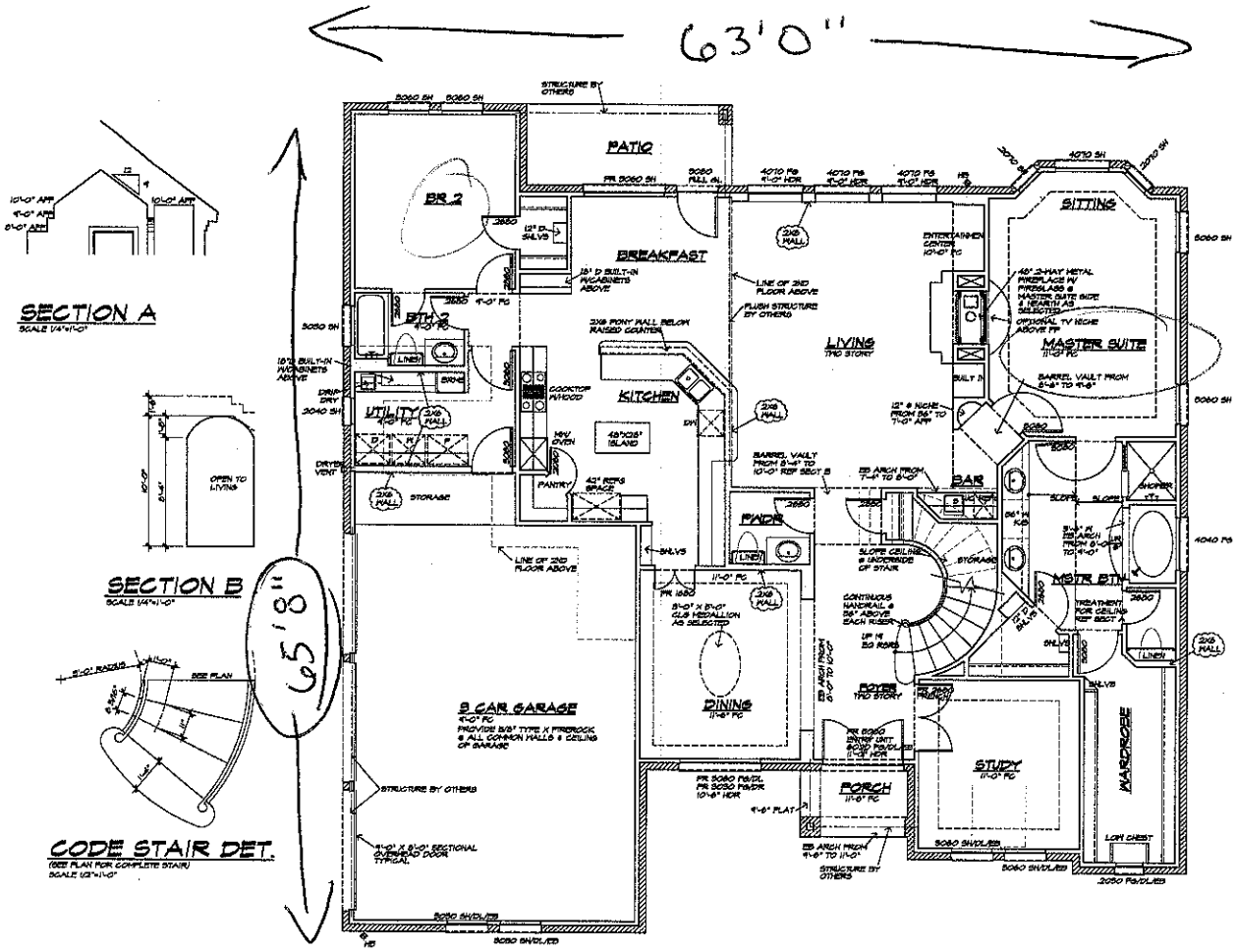
FIRST FLOOR LIVING (AC)	2564	SQ. FT.
SECOND FLOOR LIVING (AC)	1109	SQ. FT.
TOTAL LIVING (AC)	3643	SQ. FT.
GARAGE	734	SQ. FT.
PORCH	40	SQ. FT.
PATIO	40	SQ. FT.
TOTAL COVERAGE	4556	SQ. FT.

DALLAS DESIGN GROUP & ASSOCIATES
DALLAS DESIGN GROUP & ASSOCIATES - 6740 HORIZON ROAD - HEATH, TX 75032 - (972) 937-0090 - DALLASDESIGNGROUP.COM

COPYRIGHT 2015 - DALLAS DESIGN GROUP & ASSOCIATES - ALL RIGHTS RESERVED

DATE: 2/4/2015
PLAN NO.
AVONDALE
CROSSLIN
SHEET NO.
01

BELL'S CROSSING



THIS DRAWING IS THE PROPERTY OF DALLAS DESIGN GROUP & ASSOCIATES AND MAY NOT BE USED, REPRODUCED OR PUBLISHED WITHOUT THEIR WRITTEN PERMISSION. DALLAS DESIGN GROUP & ASSOCIATES ASSUMES NO LIABILITY FOR ANY WORK CONSTRUCTED FROM THIS PLAN. IT IS THE RESPONSIBILITY OF THE PURCHASER OF THIS PLAN TO PERFORM THE FOLLOWING BEFORE BEGINNING ACTUAL CONSTRUCTION:

1) BUILDER OR CONTRACTOR MUST VERIFY ALL DIMENSIONS PRIOR TO TRENCHING OR CONSTRUCTION.
2) CONTRACTOR MUST VERIFY COMPLIANCE WITH ALL LOCAL BUILDING CODES IN THE AREA WHERE THE HOME IS TO BE CONSTRUCTED.
3) PLANS INDICATE LOCATION ONLY. ENGINEERING AND AS-BUILT INFORMATION IS TO BE DONE BY OTHERS.

CAUTION: MUST BE EXERCISED IN MAKING ANY CHANGES IN THIS PLAN. ONLY A QUALIFIED ENGINEER SHOULD ATTEMPT MODIFICATIONS. AS EVEN MINOR CHANGES IN ONE AREA OF THE HOME COULD LEAD TO MAJOR PROBLEMS IN ANOTHER AREA.

GENERAL NOTES

(Where Applicable)

* All exterior walls to be 2x4, 2x6, 2x8, or other as noted, @ 16" O.C., W/ 1/2" sheetrock sheathing, w/clean vapor barrier, unless noted otherwise. (Standard 4 Hot spray 4 as per code).
* Interior walls 2x4 @ 16" O.C., unless noted otherwise. (Standard)
* Plumbers / all plumbing walls to be 2x6.
* All metal lintel ties to be top of the line- double lined (ish)- code units as per mfg. (Wyes legs optional)
* All fireplaces to have flashing, w/brick hearths 4 facing as per builder 4 as selected by owner.
* All stairing to be 36/4" Flooring supported at edges 4 on 4' O.C. (Bookshelves) to have hidden "French" (stairs- optional)
* All closets to have at least one shelf 4 rod shelves, unless noted otherwise, 24/rod to top horizontal. Host to have 3 rods, 3 on 5 shelves, or more as per builder.
* All exterior doors, garage, and attic doors to be weather stripped.
* All baths, utility, water heater, 4 area rails to have fill/ mirrors. Storage common walls and ceilings, living space above / kitchen cabinet tops to be formica, cerdo on above cabinets, edges as selected. Kitchen cabinets to have completed hinges, edged shelves, solid panels, "Blum" type glides, special hardware, under counter lighting at sinks w/dimmer, electrical work by/ by/ optional Burners 4 as/grill as selected). Refrigerator to have water supply hook-up/fit. All Plugs to be GFCI, 4/as required by code.)
* Stairs to have (w/metal step lights as selected) continuous handrails w/ 1/2" grip 4 36" high, 1" nosing 4/4" clear spacing.
* Tile/Flooring to be 12"x12".
* All bath vanities to have marble or stone (w/optional porcelain bowls). Vanity heights from 32" to 36", showers and cabinet shelves to be (tiled, marble, etc. builder)
* Linens to have hanger/ tiled/ shelved, tiled, waterproofed 4 vented for moisture. (Medicine cabinets as selected)
* Ridges and valleys are to be braced down to proper support on through to foundation support.
* Ridges and valleys over 12", to be 2x12, unless noted otherwise. (Walls to be 6x6 to frame as w/engineer)
* Garage ceiling under stairs, water heaters 4 attorney drywall to be 5/8" sheetrock.
* All ceiling corners at main rooms to have molding. (Verify mldg. pkg.)
* Closet, garage, dormer windows to have optional sheers. (some can have/ lights)
* Windows to be wood (in metal), double pane insulated, shown in optional sizes, w/wood sashing 4 matching where required. (See builder)
* Windows sills 4 casing to be wood, stone, marble, or drywall.
* All main drywall corners to have Bull-nose. (optional)
* Covered gutters and down spouts to underground drainage piping system. (Verify w/owner and builder/engineer)
* All brick arches 4 designs w/planning 1 w/pipe "S" mortar.
* Brick columns to have beveled metal plat centers, on steel as shown. Posts columns to be set on anchored metal plate 4 nail ties to brick.
* All brick support over roofs to be designed by a Registered Texas Structural Engineer, as well as all other structural elements and assemblies.
* All vents/ terminals to be treated proofed.
* Pre-cast High "R" ratings for all attic floors 4 walls. (optional)
* All gas appliances to have seals vents.
* All water piping, combustible gas, water heaters on storage in the attic to be insulated proofed and insulated. Attic water heaters to have metal pans installed.
* AAC doors should be noted around most usable attic space.
* Dryer vents to be extended.
* Ceiling joists to be sized for 5/47 plywood flooring in attic as directed by builder. Stud wall support below must be sized for proper work.
* Rodent barriers are optional.
* Eaves, cornice vents 4 soffit perimeter, screened w/insulation baffled for air flow.
* Thermostatically controlled roof vents as per mfg's recommendations, to be ten max 4 50/on sealed to roof materials.
* Framing members shall be #2 or better/ select/ #1 Engineering design takes priority over these sclerosis strategy. (See builder)
* All roof/ floor ceilings to be stamped 2" O.C. N/ext leveling. (optional)
* All rafter spans to be 24" O.C. (minimum). (See mfg.)
* All ridges and beam connections to have metal clips 4 nailing. (see mfg.)

GENERAL NOTES:

* FIRST FLOOR PLATE TO BE 10'-0" AFF UNLESS NOTED OTHERWISE
* SECOND FLOOR PLATE TO BE 9'-0" AFF UNLESS NOTED OTHERWISE
* ALL DIMENSIONS ARE TO FACE OF STUD UNLESS NOTED OTHERWISE
* ALL JOG & 45° UNLESS NOTED OTHERWISE
* ALL PLATES AS NOTED ON ELEVATIONS
* ALL EXTERIOR WALLS TO BE 2X4 UNLESS NOTED OTHERWISE
* ALL FINISHED CEILINGS @ FIRST FLOOR TO BE 10'-0" AFF UNLESS NOTED
* ALL FINISHED CEILINGS @ SECOND FLOOR TO BE 9'-0" AFF UNLESS NOTED
* ALL INTERIOR WALL FLOOR & CEILING FINISHES AS SELECTED
* ALL WINDOW HDRS TO BE 6'-0" UNLESS NOTED OTHERWISE
* FINAL PLACEMENT OF ALL HOSE BIBBS TO BE AS SELECTED
* VERIFY ALL FLOOR FINISHES PRIOR TO FOUNDATION DESIGN
* VERIFY STRUCTURAL REFERENCE NOTES PRIOR TO FOUNDATION DESIGN & ENGINEERING DESIGN BY OTHERS

AREAS

FIRST FLOOR LIVING (AC)	3864	SQ. FT.
SECOND FLOOR LIVING (AC)	1108	SQ. FT.
TOTAL LIVING (AC)	5643	SQ. FT.
GARAGE	784	SQ. FT.
PORCH	40	SQ. FT.
PATIO	92	SQ. FT.
TOTAL COVERAGE	4260	SQ. FT.

Acknowledgement of Plans Submittal ONLY!

Date 5/13/15

Date 5/13/15

DALLAS DESIGN GROUP & ASSOCIATES
DALLAS DESIGN GROUP & ASSOCIATES - 6740 HORIZON ROAD - HEATH, TX 75032 - (972) 807-0080 - DALLASDESIGNGROUP.COM
COPYRIGHT 2012 - DALLAS DESIGN GROUP & ASSOCIATES - ALL RIGHTS RESERVED

DATE: 2/4/2015
PLAN NO. AVONDALE-R CROSSLIN
SHEET NO. 4

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, NICHOLAS WELSH, am the legal owner(s) of the property located at 207 Bell's Crossing Drive, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4639843425, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Crosslin Builders Bateman Civil Survey Company PLLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- 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.

6/18/15 — Signature of Owner(s) — Date

Signature of Witness — 6/18/15 — 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
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

6/18/15 (Date)

Owner: NICHOLAS WELSH
Address: 207 Bells Crossing Drive
Mooresville 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
4639 84 3425 Bells Crossing Lot 196
150958 (original #) #210215

I, NICHOLAS WELSH, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 6-13-2008 for a system
(date)
LP-16" PPBPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 150958 210215 PIN# 4639 94 2671.196 4639 84 3425 DATE 6/13/08

OWNER OR APPLICANT RYON WEST DEVELOPERS/Adam Crossley PHONE: Business 704-361-1084 Home

ADDRESS 127 B PROMENADE DR. MOORESVILLE, NC 28117

LOCATION PERTITRON, TL BELLSCROSSING STRAIGHT TO ON (L) BEFORE REARCUT DESAC

SUBDIVISION BELLSCROSSING BLOCK / SECTION LOT 196 LOT AREA .84 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .225

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1065 Linear Feet 355

No Lines 6 Trench Width 3' Max Trench Bottom Depth 33"

[X] New System [ ] Repair [ ] Expansion System Type: I II III (IV) V VI

System Description: LP - 16" PPBPS

Repair System Description: SAME TYPE

Maintenance Agreement Required: [X] Yes [ ] No

Gravel Depth NA [ ] Gravity [X] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Persons

[ ] Business No. Employees

[ ] Other

Water Supply: [ ] Individual [ ] Public [X] Community

Comments:/Conditions: FAST TRACK SPECS + DESIGN BY ROLLANS ENVIRONMENTAL SVCS - 704-658-1723

Comments:/Conditions: 5/13/15 Reviewed Floor plans. In Compliance with original plan.

INITIAL SITE SKETCH

(1) MUST HAVE SITE PLAN + SPECS ON SITE DURING INSTALLATION

(2) NO CHANGES WITHOUT ICHD APPROVAL

AS BUILT SKETCH

REVOKED

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. Improvement Permit with plat valid without expiration [ ] Improvement Permit with site plan valid for sixty months [X] Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 9/12/08

Improvement Permit by: RS date 6/13/08

Authorization to Construct by: RS date 5/13/15

Installed by:

Operation Permit by: date

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK