IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 212410

PIN # 4639937084

APPLICANT/OWNER: BCSC/Meritage Homes APPLICANT ADDRESS: 2524 Reliance Ave. Apex, NC

SITE ADDRESS: 196 S. San Agustin Dr. Mooresville, NC PHONE: 704 658-8616 ALT. PHONE

SITE DIRECTIONS: Perth Rd TL Bells Crossing TL S San Agustine on Rt.

SUBDIVISION: Bells Crossing SECTION: 4 LOT # 125 LOT AREA: 1.63 Ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 600 gpd L.T.A.R.: 3I / .1 Rep.

Septic Tank	1500 (gal)	STB 338	Date 10-3-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1500 (gal)	PT 338	Date 10-2-17	System Description: Gravity-25% Reduction		☐ Business	No. Persons 10
Pump Make		Model	Serial #	Repair System Description: Pretreat Drip		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 7	Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Note: Installation of top 2 lines of drainfield to deep. Therefore redraw was needed.

Remove parts of drainlines that were installed to deep & in unsuitable soil.

INITIAL SITE SKETCH

See attached site drawing (dated 12/8/17) for revisions to Septic permit.

AS BUILT SKETCH

1/5/18: L_1 82' } Laser install depth ok. Level ok.
L_2 46' }

* Line 3 had a trench bottom of 44"-48" Likewise, hand augured 40' from header end beneath line, Clay Loam w/ abundant mica 48"-72" Sandy Saprolite from 72" to 78" depth. Both very friable + well drained. *

- System installed approximately where permitted.

5

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: 12/5/17

IMPROVEMENT PERMIT by: Maria Dobson Date: 12/13/17

AUTHORIZATION TO CONSTRUCT by: Maria Dobson Date: 12/13/17

Installed by: ~~Steve Carson~~ Andrew Carson (BCSC)

OPERATION PERMIT by: Tom Shuck Date: 1/5/2018

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	MOD LENGTH (FT)
1	GREEN	0.5	81	81
2	RED	2.1	45	45
3	EXISTING	3.2	68	50
4	EXISTING	4.9	98	83
5	EXISTING	6.4	107	107
6	EXISTING	9.0	124	124
7	PINK	11.0	124	38

LOT 125 BELLS CROSSING SUBDIVISION

5-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 1-7 TOTAL 536 LINEAR FEET (USE 500FT)
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
24" TRENCH DEPTH

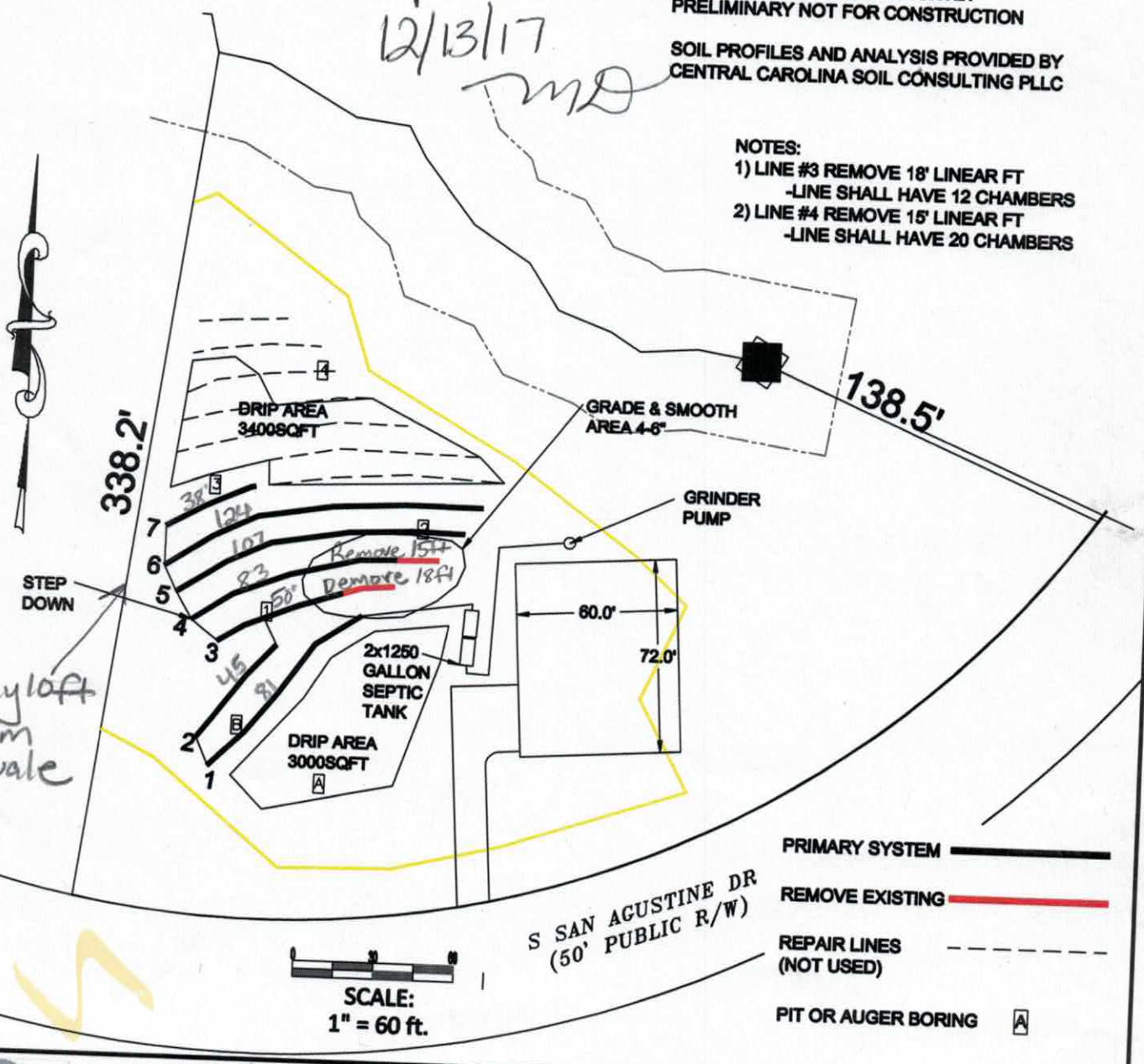
5-BEDROOM PRETEATED DRIP REPAIR
6000SQFT
LTAR 0.1
12" TRENCH DEPTH

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY
CENTRAL CAROLINA SOIL CONSULTING PLLC

Approved
12/13/17
MD

NOTES:
1) LINE #3 REMOVE 18' LINEAR FT
-LINE SHALL HAVE 12 CHAMBERS
2) LINE #4 REMOVE 15' LINEAR FT
-LINE SHALL HAVE 20 CHAMBERS



Bateman Civil Survey Company
Engineers • Surveyors • Planners
300 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-3378

MeritageHomes

LOT 125
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 12/8/17 DRAWN BY: MDB CHECKED BY:MDB

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	ORANGE	0.5	108
2	BLUE	2.1	120
3	YELLOW	3.2	132
4	ORANGE	4.9	130
5	PINK	6.4	124
6	RED	9.0	117
7	YELLOW	10.5	86
8	BLUE	12.5	71
9	ORANGE	14.5	55
10	PINK	17.2	48
11	ORANGE	19.9	32

LOT 125 BELLS CROSSING SUBDIVISION

5-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 2-5 TOTAL 502 LINEAR FEET (USE 500FT)
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
24" TRENCH DEPTH

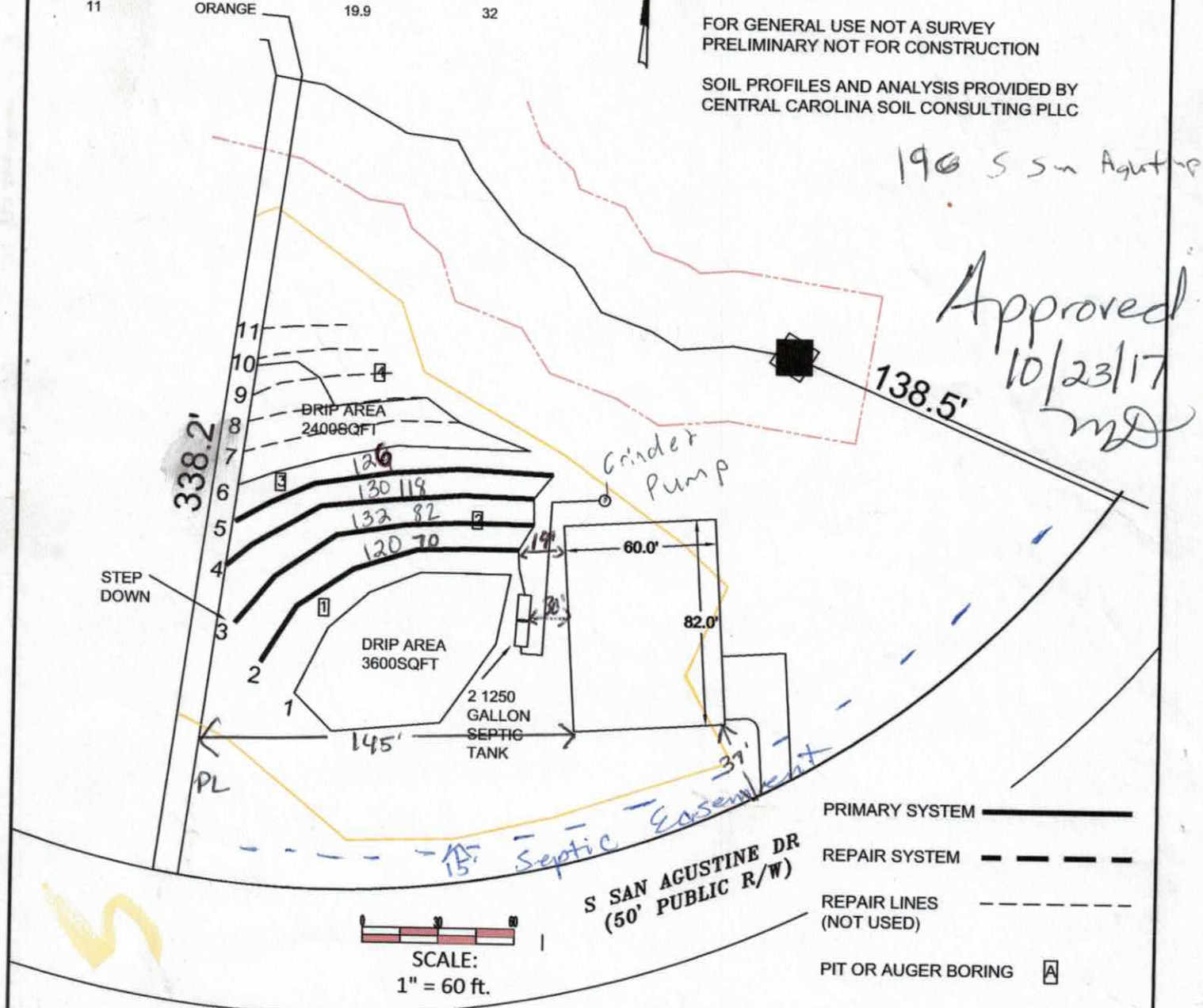
5-BEDROOM PRETEATED DRIP REPAIR
6000SQFT
LTAR 0.1
12" TRENCH DEPTH

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY
CENTRAL CAROLINA SOIL CONSULTING PLLC

196 S San Agustine

Approved
10/23/17
MDB



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NCBELS Firm No. C-2378

MeritageHomes

LOT 125
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 8/31/17 DRAWN BY: MDB CHECKED BY:MDB

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2 OF 2
File #: 212410

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

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 (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 5	NOSE 15%	0-26	C,S,ABK	SS	NA	60"	NA	60"+	.3
		26-60	CL,W,SBK	SS					

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Meritage
ADDRESS: ____ APPLICATION DATE ____
PROPOSED FACILITY: ____ DATE EVALUATED: 12/8/1
LOCATION OF SITE: 1916 S. San Agustin Mooresville, NC PROPOSED DESIGN FLOW (.1949): 600 gpd PROPERTY SIZE: ____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other ____ PROPERTY RECORDED: ____
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 B	15%	0-6"	Brw SCL	SS, SP,	SExP,	FR			
		6-27"	R Rd	C/CL, w-m	SBK/ABK SS, SP, SExP, FR				
		27-36"	R CL w	SBK SS, SP, SExP, FR			some	Indus of Rock	PS .3
		36-60"	L/SL	SAP Massive	FR		Some	Indus of Rock	
		Layer of	Quartz	Inclus to	30"				
2 A	14-15% Drip	0-12"	Brw SCL	SS, SP,	SExP,	FR			
		12-36"	Rd/C/CL	m-w SBK/	ABK SS, SP, SExP, FR				PS .25 to 36"
		36-42	Rd CL	w SBK w/ Indus of			Rock		
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Drip
Site LTAR	.3	.1

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Shane Cashion, Mike Benefield

COMMENTS: ____

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 2
PIN #: 4639-93-7084
Lot #: 125
Permit #: 212410
AppID:

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Owner: MERITAGE HOMES
Address: 2524 RELIANCE AVE. APEX, NC
Applicant: BCSC
Date Evaluated: 3/31/2016
Proposed Facility: SFR Design Flow (.1949) 600
Property Size: 1.63 AC
Location of Site: BELLS CROSSING 125
Property Recorded: YES
Water Supply: [X] Public [ ] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
PIT 1	NOSE 15%	0-17	C,S,ABK	SS	NA	48"	NA	48"+	.3
		17-27	C,M,SBK	SS					
		27-48	CL,W,SBK	SS					
PIT 2	NOSE 15%	0-22	C,S,ABK	SS	NA	48"	NA	48"+	.3 36" TB
		22-48	SCL,W,SBK	SS					
PIT 3	NOSE 15%	0-12	SCL,W,SBK	SS	NA	12"	U	12"	U
		12+	ROCK SAP						
PIT 4	NOSE 15%	0-23	C,S.ABK	SS	NA	23"	U	23"	.1 DRIP
		23+	ROCK SAP						

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25% RED	DRIP
Site LTAR	.3	.1

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: MICHAEL BENFIELD
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: MICHAEL BENFIELD

Re-design

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED NOV 27 2017

(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)

212410

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

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Paid $500.00

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: 1603 N Community House Rd

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Mertyle Nonas	Charlotte		

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
BCSC			7046588601

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Bells Crossing	4 - 125

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 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: _____ 11-21-17

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

RECEIVED OCT 1 0 2017 RECEIVED SEP 2 9 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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212410

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

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

Paid $105.00 Ltd Relayout

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		704-658-8616

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Meritage Homes			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
196 S San Agustine	Bells Crossing	4 125

Driving Directions: _____

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 5 — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants 10 — ( ) 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 (✓) 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 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: _____ 8-31-17

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

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, _____, am the legal owner(s) of the property located at 196 SOUTH SAN AGUSTIN DRIVE, identified as PIN (Parcel Identification Number) 4639937084, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) BCSC Michael Benfield, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	10/5/17		10.9.17

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

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 186, 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:

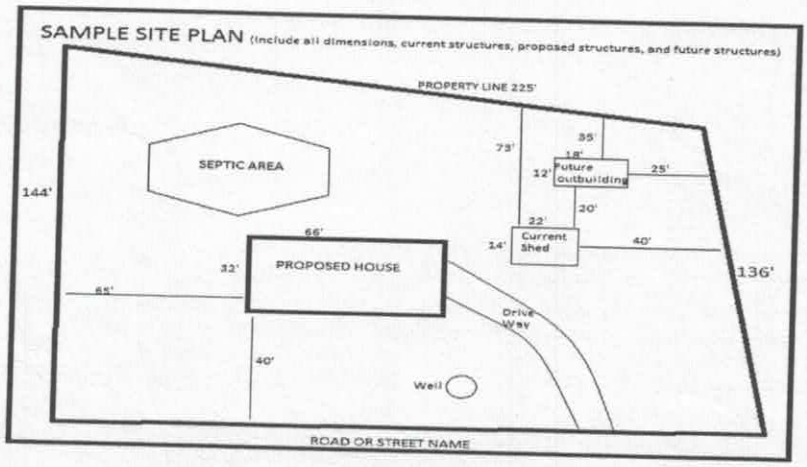
- **__X__ Property Line measurements are clearly identified…**
- **__X__ All proposed structures are indicated…**

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

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

11-21-17

DATE

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	MOD LENGTH (FT)
1	GREEN	0.5	81	81
2	RED	2.1	45	45
3	EXISTING	3.2	68	58
4	EXISTING	4.9	98	83
5	EXISTING	6.4	107	107
6	EXISTING	9.0	124	124
7	PINK	11.0	124	38

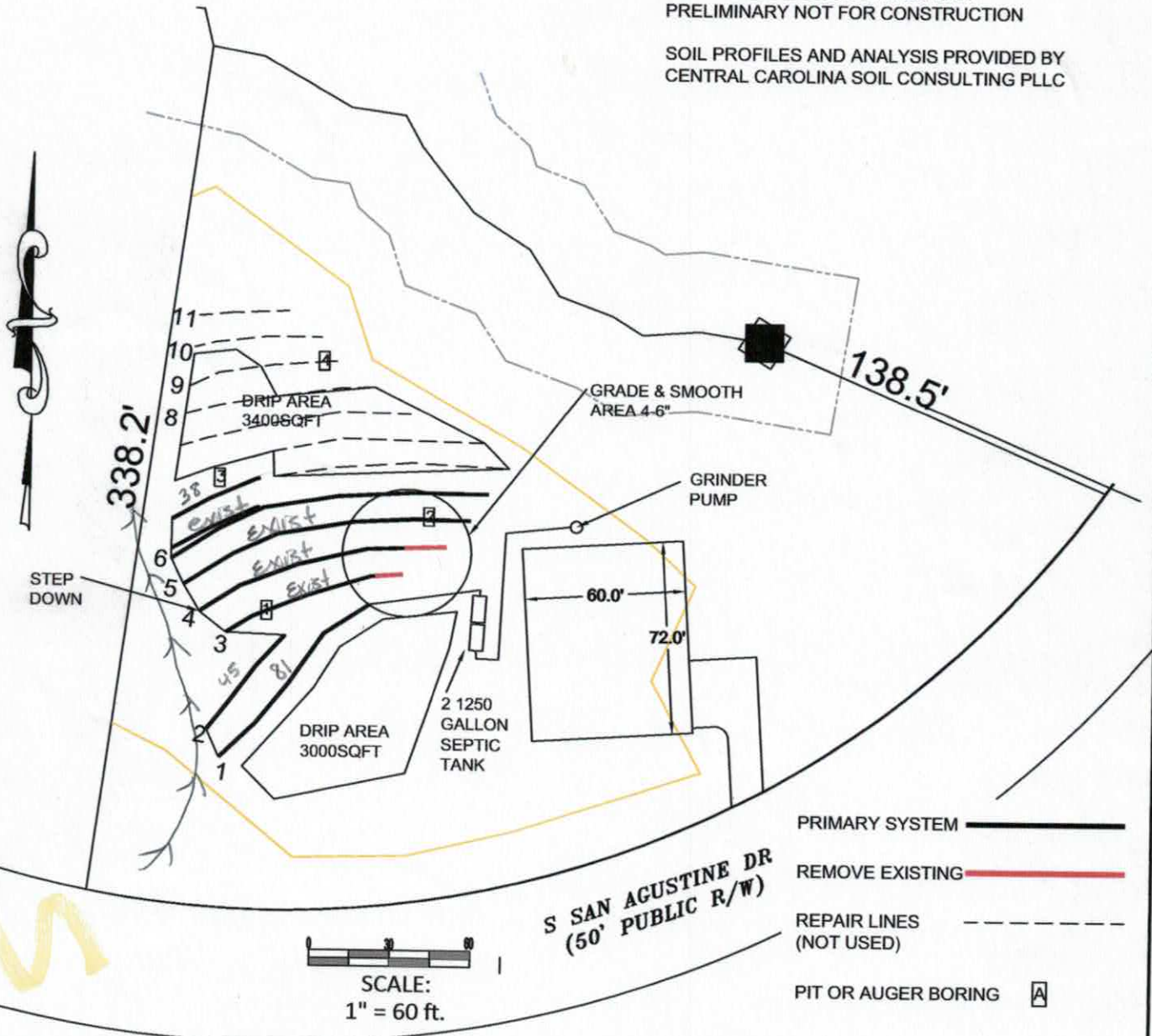
LOT 125 BELLS CROSSING SUBDIVISION

5-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 1-7 TOTAL 536 LINEAR FEET (USE 500FT)
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24" TRENCH DEPTH

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6000SQFT
LTAR 0.1
12" TRENCH DEPTH

FOR GENERAL USE NOT A SURVEY
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MeritageHomes

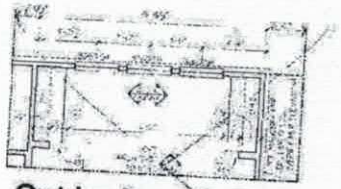
LOT 125
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 11/20/17 DRAWN BY: MDB CHECKED BY:MDB

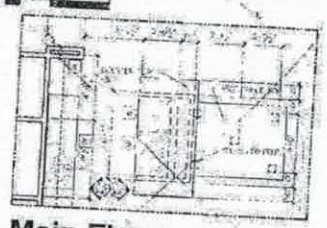
Acknowledgement of
Plans Submittal ONLY!

Date 10/26/17

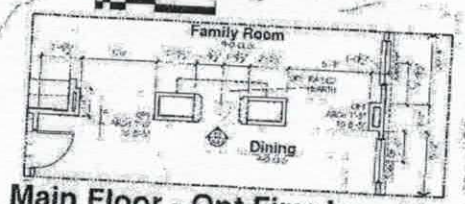
Date 10-26-17



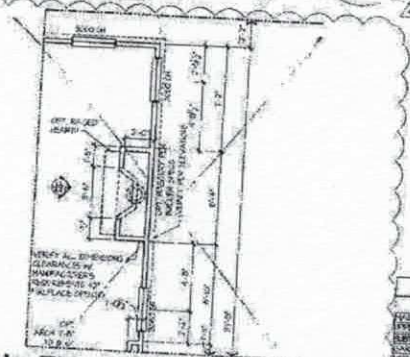
Opt Inglenook Pocket Office



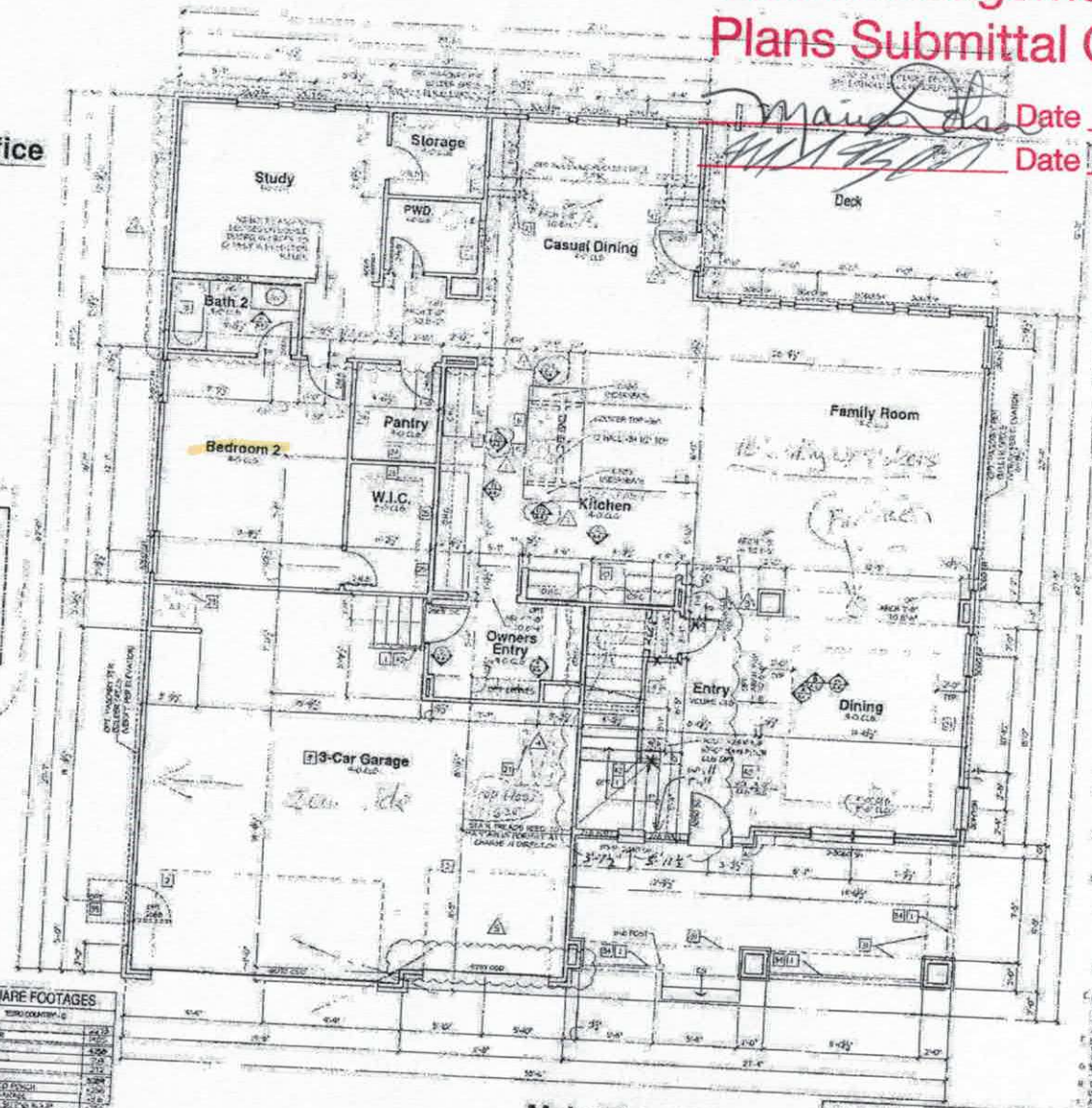
Main Floor
Opt Kitchen Island



Main Floor - Opt Fireplace #1



Main Floor - Opt Fireplace #2



Main Floor Plan - C

SQUARE FOOTAGES

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

FLOOR PLAN NOTES:

TYPICAL CONSTRUCTION ASSEMBLIES:

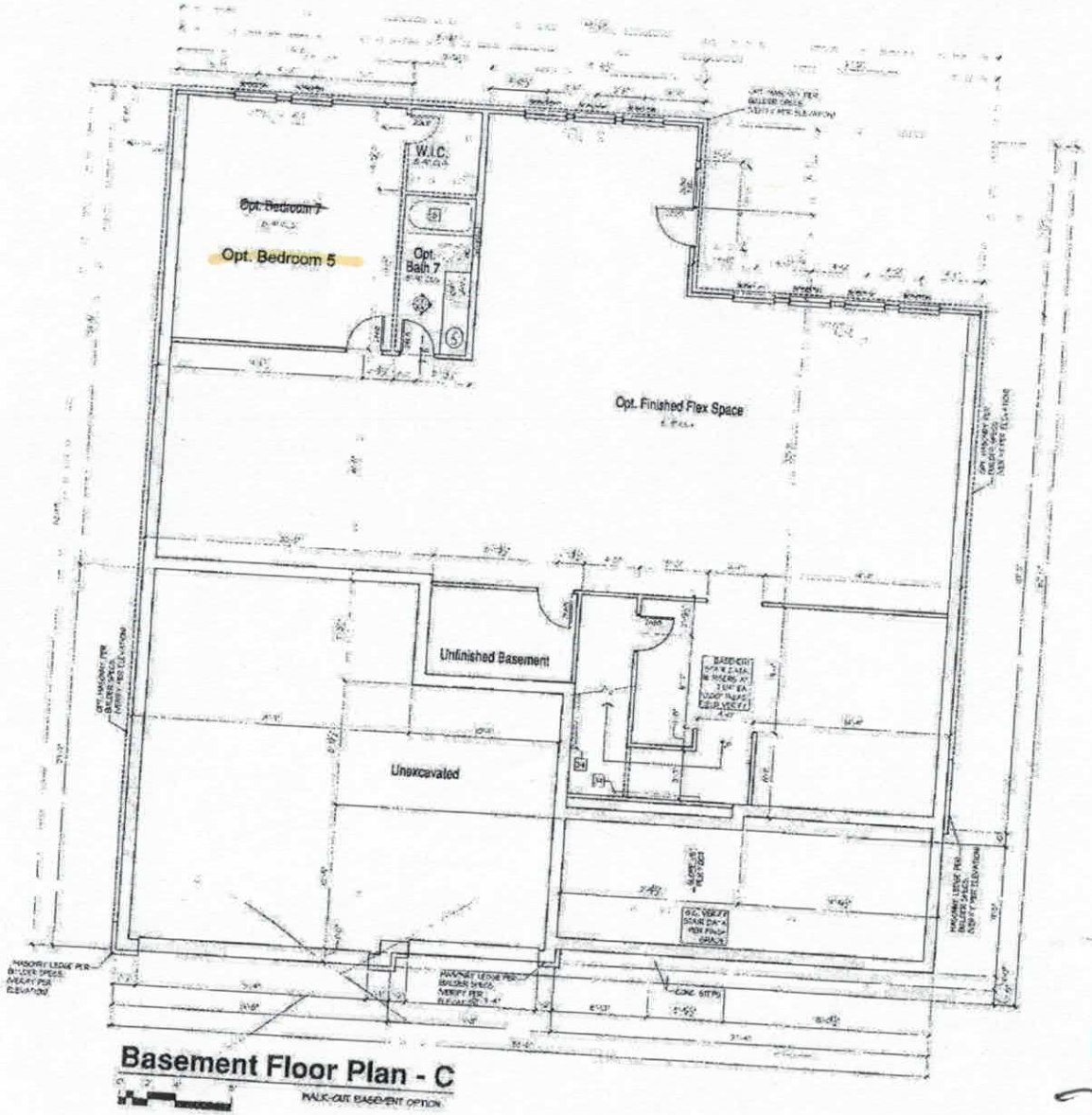
5400 Trinity Road
Suite 107
Raleigh,
North Carolina 27607
919-322-2285 Phone

Meritage Homes

Meritage Homes

BSB DESIGN

Plan 4268
A2.1C



Basement Floor Plan - C

WALK-OUT BASEMENT OPTION

FLOOR PLAN NOTES:

FOUNDATION NOTES

TYPICAL CONSTRUCTION ASSEMBLIES:

Acknowledgement of Plans Submittal ONLY!

Date 10/26/17

Date 10-26-17

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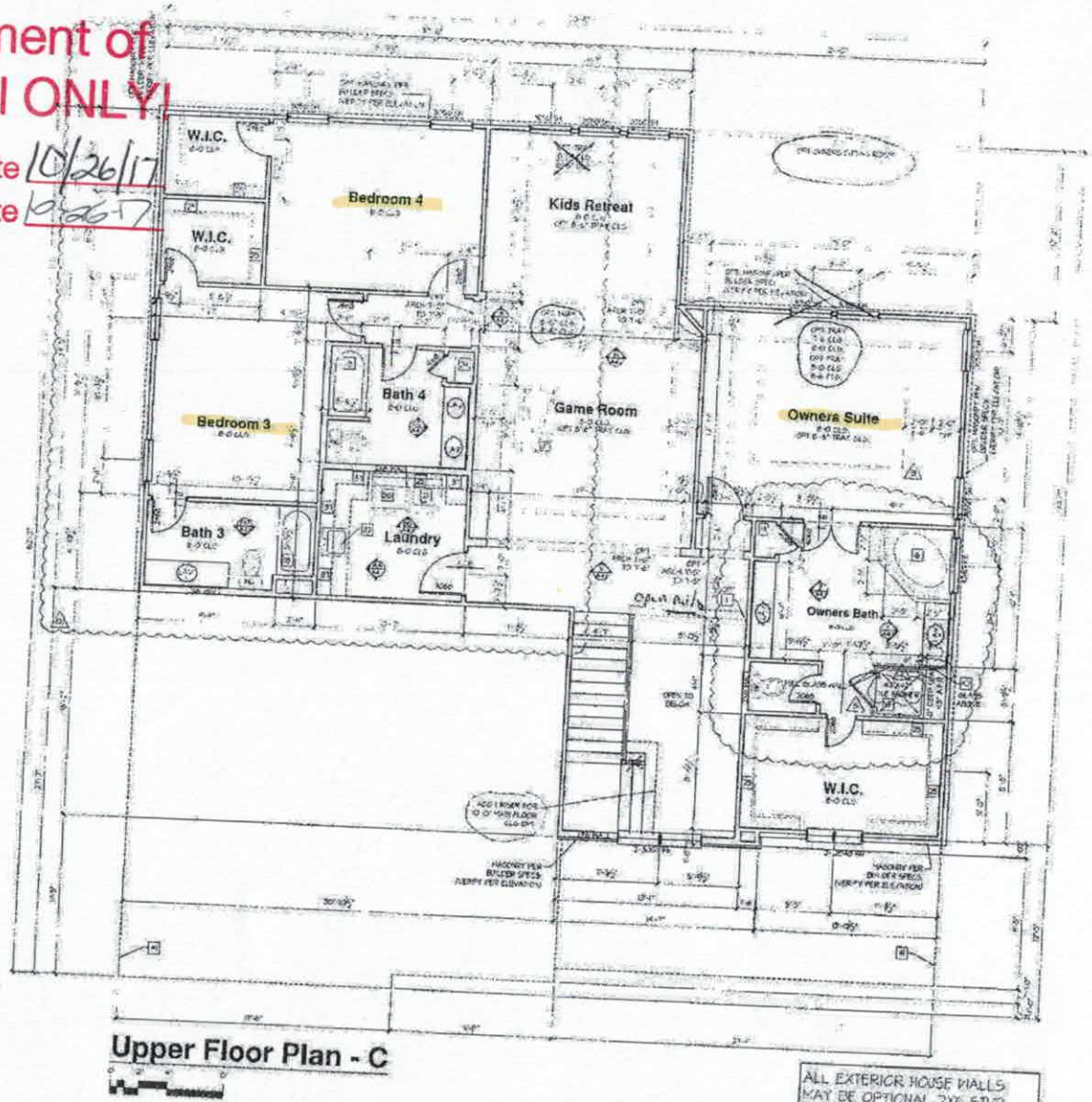
Plan 4268

A0.1C

Acknowledgement of
Plans Submittal ONLY!

Maria Delsa Date 10/26/17

Date 10-26-17



Upper Floor Plan - C



Opt
42x60 Shower

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

FLOOR PLAN NOTES:

TYPICAL CONSTRUCTION ASSEMBLIES:

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North Carolina 27607
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Meritage Homes

Meritage Homes

BSB DESIGN

Plan 4268
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Bells Crossing Lot 125

IREDELL COUNTY

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

APPLICATION NUMBER
212410
Issue Date: 07/28/2015

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4639834045.000	196 SOUTH SAN AGUSTIN 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
✓ 1050646604
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	44887	TOTAL FEES:	$ 77.25