IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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: ( ) 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: Meritage Homes Address: 11605 N Community Rd St 250 Charlotte NC 28217 Phone: 704 3076577

Owner Name: " Address: " Phone: 704 658 8616

Property Information:

Street Address: 122 Abbeville Lane

Subdivision Name: Bells Crossing Section/Phase: 3 Lot Number: 111

Driving Directions: _____

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: 5
Maximum Number of Occupants: 10
( ) 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: _____ 2-27-15

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

IREDELL COUNTY HEALTH DEPARTMENT

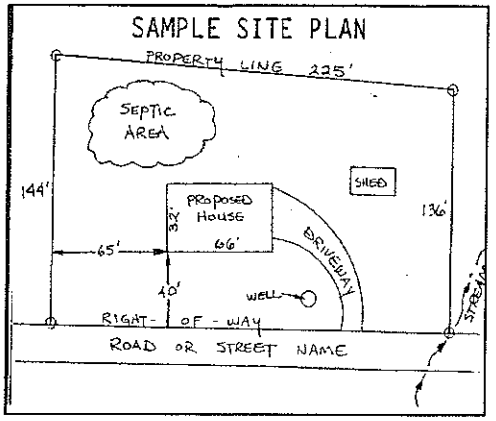
ENVIRONMENTAL HEALTH DIVISION

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:

(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
(X) Preferred driveway location and well location
(X) Area you prefer your septic system to be placed
(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

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

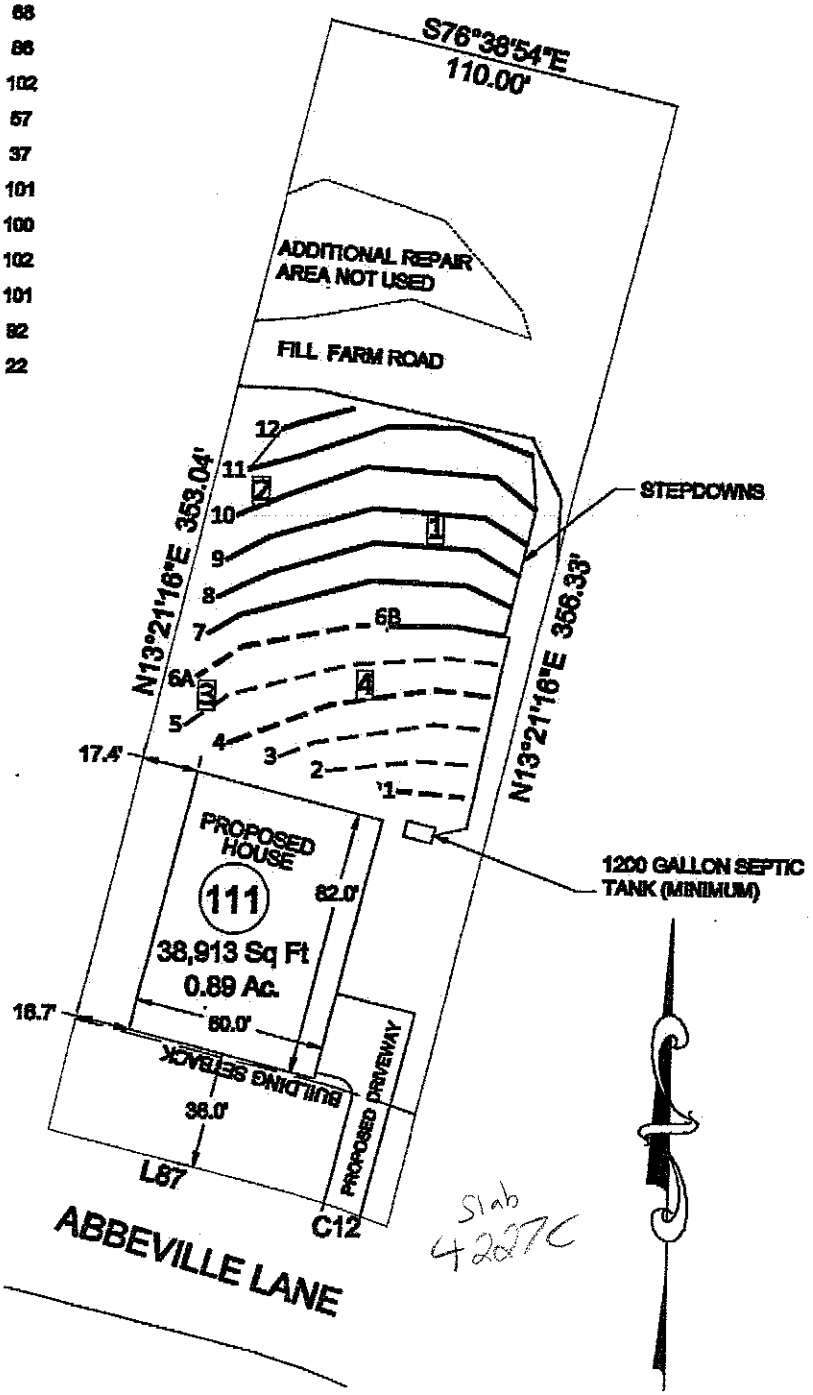
Signature: _____ 2-27-15

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

5.

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	RED	1.0	22
2	YELLOW	2.0	60
3	BLUE	2.9	68
4	ORANGE	4.0	86
5	PINK	5.2	102
6A	RED	6.9	57
6B	RED	6.9	37
7	YELLOW	8.6	101
8	BLUE	10.1	100
9	ORANGE	11.5	102
10	PINK	12.9	101
11	RED	14.8	82
12	YELLOW	16.9	22



Slab
4207C

LOT 111 BELLS CROSSING SUBDIVISION

5-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
SERIAL DISTRIBUTION
LINES 6B-12 TOTAL 555 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.275
25%REDUCTION
24" TRENCH DEPTH

5-BEDROOM LPP FED PANEL BLOCK REPAIR
LINES 1-6A TOTAL 385 LINEAR FEET
LTAR 0.275
50% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY
PRICE ENVIRONMENTAL RESOURCE CONSULTING, PC

1 PIT OR AUGER BORING
PRIMARY LINES
REPAIR LINES
ADDITIONAL REPAIR LINES

APPROVED JAN 21 2015

AZP

0 30 60

SCALE:
1" = 60 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners

MeritageHomes

LOT 111
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY
REVISED 01/15/15

IREDELL COUNTY

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

APPLICATION NUMBER
207287
Issue Date: 12/19/2014

Lot 111

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639939448.000	122 ABBEVILLE LANE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: MERITAGE HOMES OF NC INC	Applicant: MERITAGE HOMES
Address: 255 IREDELL CO, NC 28625	Address: 7761 BALLANTYNE COMMONS PKWY SUIT CHARLOTTE, NC 28277
Phone:	Phone: 704-944-8903

Use Requested	Zone Code
SFD	

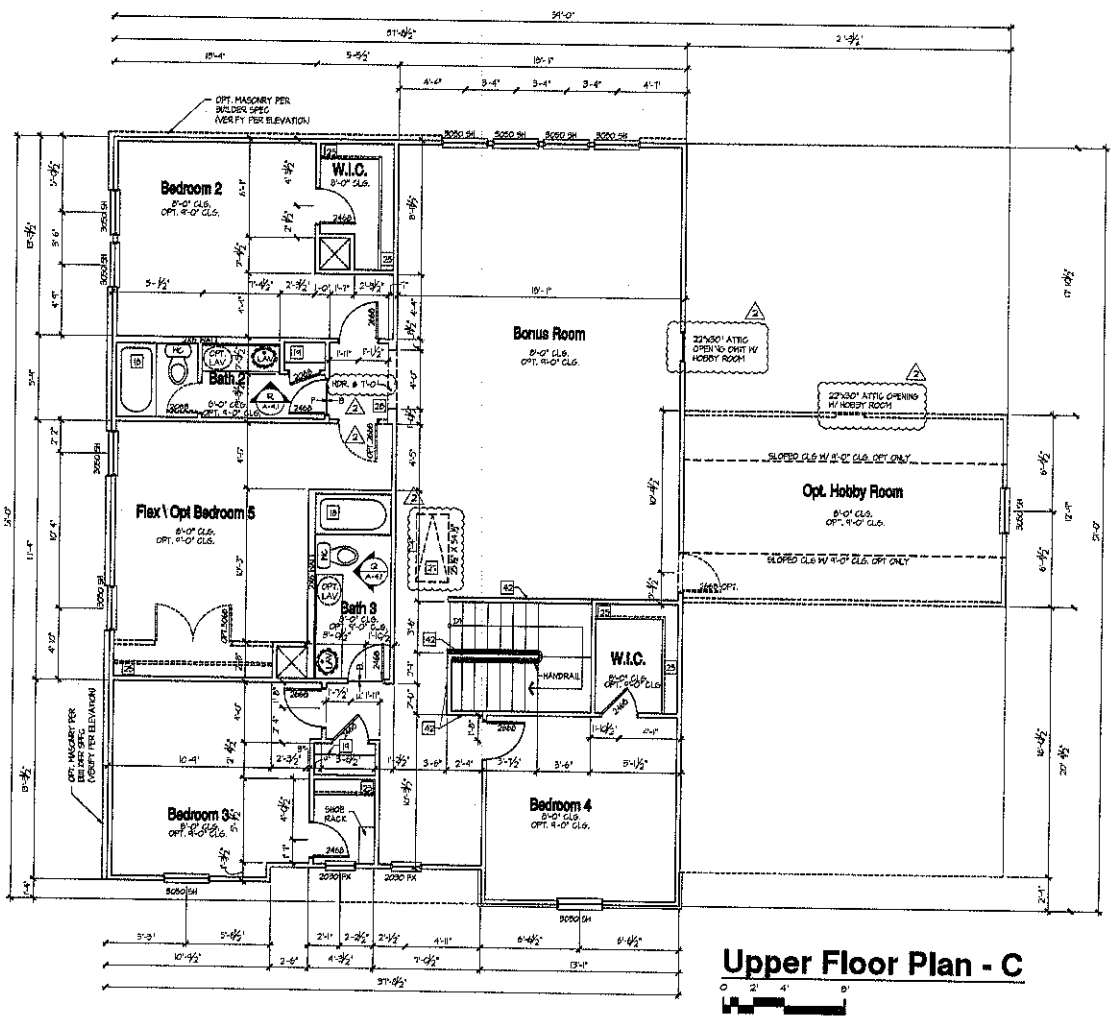
Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
30.410	35.00	35.00	15.00	15.00	PA	X

Remarks:

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	28271	TOTAL FEES:	$ 77.25



Upper Floor Plan - C

0 2' 4' 8'

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 IV, C, 5, a.

D. WINDOWS:
A. ALL WINDOWS SHALL COMPLY WITH MINIMUM STANDARDS OUTLINED IN APPLICABLE RES. CHECKS.
B. WINDOW SUPPLIER TO VERIFY AT LEAST ONE (1) 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. @ 8'-1 1/8" PLATE HEIGHT (U.N.O.)
8'-0" A.F.F. @ 9'-1 1/8" 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. HVAC:
PROVIDE BACK DRAFT DAMPERS @ DRYER VENT, HOOD VENT, & EXHAUST FANS.

G. STONE SIDING:
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.

M. ALL ANGLED PARTITIONS ARE 45 DEGREES UNLESS OTHERWISE NOTED.

N. BRICK SIDING:
INSTALL PER LOCAL CODE.

FLOOR PLAN NOTES:
(TYPICAL FOR ALL FLOORS)

1 THE FOLLOWING KEYNOTES REFERENCE THE SYMBOLS AS SHOWN ON PLANS:

1. 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 GUARDS.
2. LINE OF OVERHEAD GARAGE DOOR IN OPEN POSITION.
3. SLOPE GARAGE FLOOR 1/8" PER FOOT TOWARD OVERHEAD GARAGE DOOR OPENING.
4. FIREPLACE AS SPECIFIED BY BUILDER. INSTALL PER MANUFACTURERS SPECIFICATIONS. ALL FACTORY BUILT FIREPLACES SHALL COMPLY WITH LOCAL CODES
5. SINK W/ GARBAGE DISPOSAL.
6. DISHWASHER.
7. RANGE
8. COOK TOP
9. OVEN
10. REFRIGERATOR SPACE.
11. PANTRY
12. PEDESTAL SINK.
13. 42" X 42" SHOWER
14. 32" X 60" SHOWER
15. 42" X 60" TUB 20" TO TOP OF DECKING
16. 60" X 60" SHOWER (NIB)
17. 60" X 60" TUB/SHOWER
18. 32" X 60" TUB/SHOWER
19. LINEN SHELVING PER BUILDER SPECS.)
20. WASHER SPACE
21. DRYER VENT
22. OPTIONAL LAUNDRY SINK.
23. PROVIDE NON-COMBUSTIBLE PLATFORM ELEVATED 18" ABOVE GARAGE FLOOR FOR WATER HEATER.
24. 5 SHELVES PER BUILDER SPECS.
25. 60" LONG SHOWER BUILDER SPECS
26. ATTIC ACCESS (22 1/2"X32" U.N.O.)
27. ATTIC ACCESS W/ STAIRS (25 1/2"X54 1/2")
28. GYPSUM BOARD OPENING @ 8'-0" AT MAIN FLOOR, & 7'-0" AT UPPER FLOOR U.N.O.
29. GYPSUM BOARD ARCH @ 7'-0" TO 8'-0".
30. GYPSUM BOARD LOW WALL, 36" A.F.F. (U.N.O.) W/ HDR. 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. PORCH RAIL, SEE ELEVATION.
35. 36"x36" CONCRETE STOOP.
36. 6x8 BEAM.
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 LOW WALL 42" A.F.F.
43. 2X6 LOW WALL 42" A.F.F.
44. ART NICHE
45. HORIZONTAL LAUNDRY CHUTE
46. LOW WALL 34" A.F.F.
47. GYPSUM BOARD ARCH @ 8'-0" TO 9'-8"
48. LOW WALL 32" A.F.F.
49. NO LOCK/ LATCH OR LOCKING KNOB

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

Acknowledgement Of Plans Submittal ONLY!

Date 2-27-15

APPROVED MAR 03 2015

Date

ISSUE DATE: 12/09/2014

REVISIONS

5400 Trinity Road
Suite 107
Raleigh,
North Carolina 27607
919-322-2295 Phone

Meritage Homes

Meritage Homes

BSB DESIGN

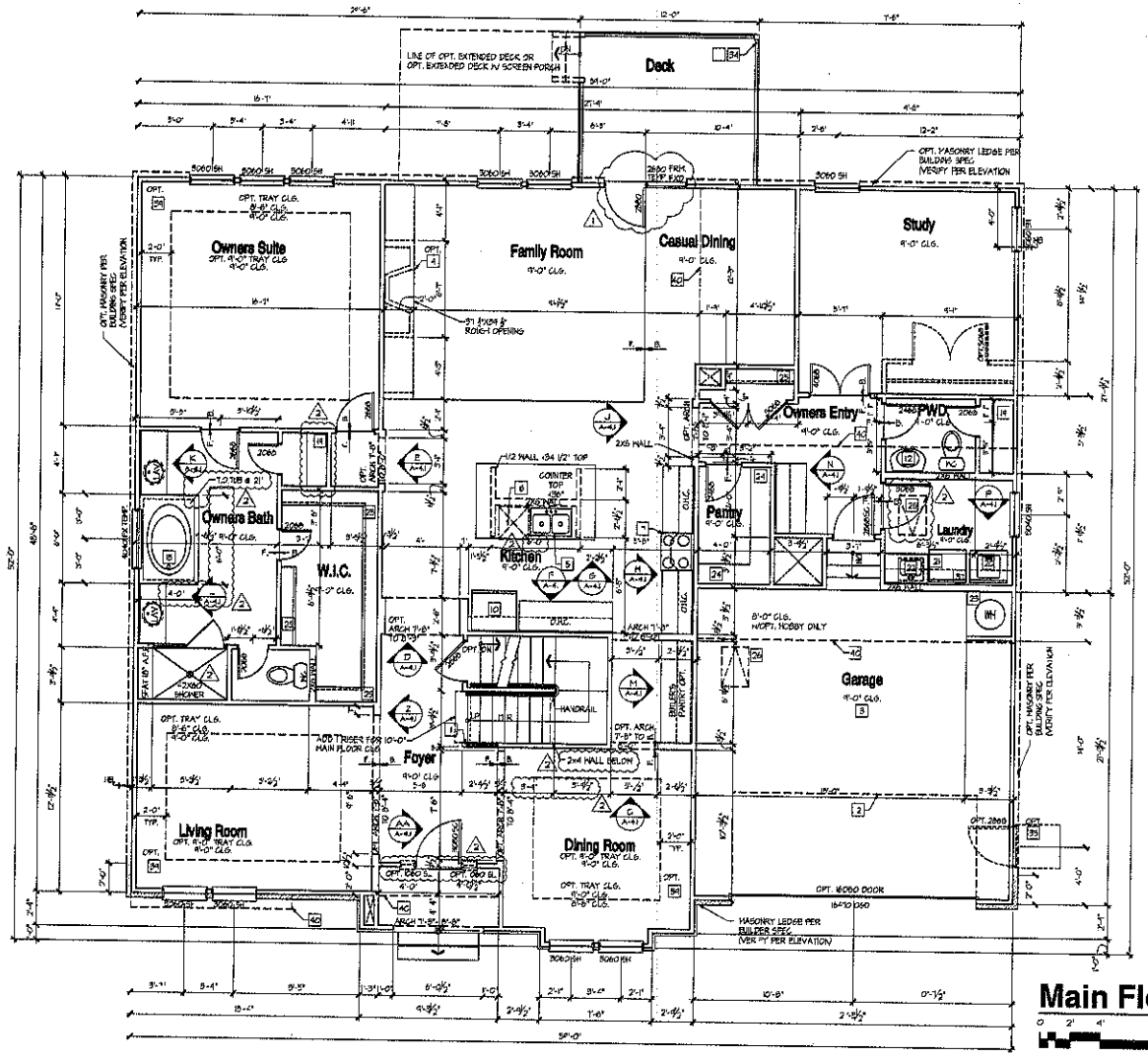
www.bsbdesign.com
4212 Westown Parkway, Suite 210
West Des Moines, Iowa 50266
515.978.1020

JOB NO. 02/12/2014 PROJ MGR. JF
DRAWN HOUSTON CHECKED JF/JG

UPPER FLOOR PLAN - C

Plan - 4227

A2.2C



Main Floor Plan - C

0 2' 4' 8'

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 IV, G, 8, a.

D. WINDOWS:
A. ALL WINDOWS SHALL COMPLY WITH NORMAL STANDARDS OUTLINED IN APPLICABLE RES. CHECKS.
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G. STONE SIDING:
INSTALL PER LOCAL CODE.

H. DIMENSIONS ARE TO THE FACE OF STUD, U.N.O.

I. ALL EXTERIOR DIMENSIONS ARE TO FACE OF STUD UNLESS OTHERWISE NOTED.

M. ALL 4" AND 5/8 PARTITIONS ARE 45 DEGREES UNLESS OTHERWISE NOTED.

N. BRICK SIDING:
INSTALL PER LOCAL CODE.

FLOOR PLAN NOTES:

NOTE: ITEM

THE FOLLOWING KEYNOTES REFERENCE THE SYMBOLS AS SHOWN ON PLANS.

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43. 2X6 LOW WALL 42" A.F.F.
44. ART NICHE
45. HORIZONTAL LAUNDRY CHUTE
46. LOW WALL 24" A.F.F.
47. GYPSUM BOARD ARCH @ 8'-0" TO 8'-6"
48. LOW WALL 30½" A.F.F.
49. 180 HASP LATCH OR LOCKING HOOP

SQUARE FOOTAGES	
0	
MAIN FLOOR	2428
UPPER FLOOR	799
SUBTOTAL	4226
GARAGE	402
PORCH	39
BASEMENT	515
FINISHED BASEMENT	617
OPT HOBBY ROOM	218
OPT SCREENED PORCH	120
TOTAL	5520

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

Acknowledgement Of Plans Submittal ONLY!

Date 2-27-15

APPROVED MAR 03 2015

Date

ISSUE DATE: 02/09/2015

REVISIONS

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919-522-2285 Phone

Meritage Homes

Meritage Homes

BSB DESIGN

www.bsbdesign.com
8201 Weston Parkway, Suite 290
West Des Moines, Iowa 50266
515.270.2500

JOB NO. 02.712024 PROJ MGR. JS
DRAWN: HOUSTON CHECKED: RVJG

MAIN FLOOR PLAN - C

Plan - 4227

A2.1C

RECEIVED JAN 2 2015

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
207287

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
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Applicant Name: Meritage Homes Address: 11605 N Community Rd st 250 Charlotte NC 28262 Phone: 7043996757

Owner Name: // Address: // Phone: 7046588616

Property Information:

Street Address: 122 Abbeville Court

Subdivision Name: Bells Crossing Section/Phase: 3 Lot Number: 111

Driving Directions: I-40 W, R onto Perth, L into Bells Crossing, L onto San Agustine, R onto Abbeville 4th Lot on Right

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: 5
Maximum Number of Occupants: 10
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( ) Other Addition/Structure:

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(✓) Concrete Slab Foundation
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Type of Business:
Square Footage of Building:
Maximum Number of Employee:
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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: _____ 12-31-14

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

IREDELL COUNTY HEALTH DEPARTMENT

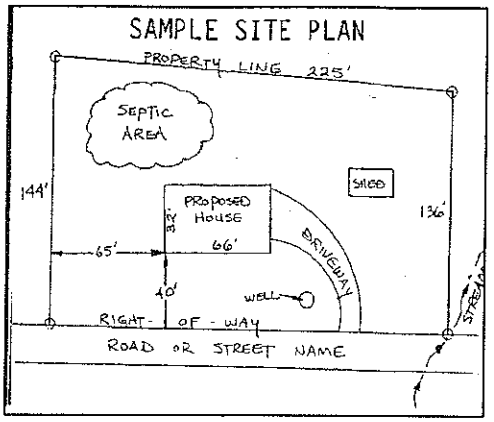
ENVIRONMENTAL HEALTH DIVISION

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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: _____ 12-31-14

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