RECEIVED FEB - 9 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00

ENVIRONMENTAL HEALTH DIVISION

Redraw

PAGE 1: *APPLICATION FORM*

#208266

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 3096577

Owner Name: " **Address:** " **Phone:** 7046588616

Property Information:

Street Address: 129 Bells Crossing Dr

Subdivision Name: Bells Crossing **Section/Phase:** 1 **Lot Number:** 103

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: [signature] 2-2-15

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

IREDELL COUNTY HEALTH DEPARTMENT

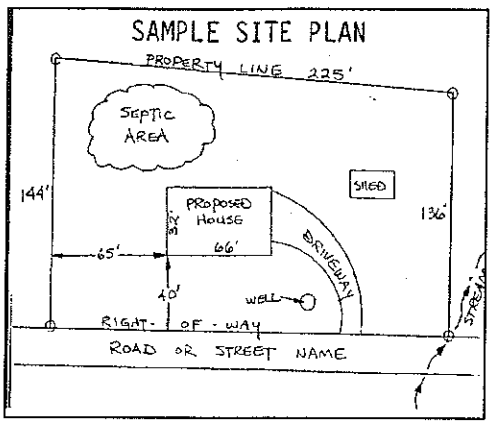
ENVIRONMENTAL HEALTH DIVISION

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)

2-2-15

DATE

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	RED	0.6	26
2	ORANGE	1.5	90
3	BLUE	3.2	98 84
4	PINK	4.4	111 117
5	BLUE	5.9	110 118
6	ORANGE	7.3	100 98
7	PINK	9.2	99 84
8	BLUE	11.3	93
9	PINK	13.5	103
10	BLUE	14.7	100

LOT 103 BELLS CROSSING SUBDIVISION

5-BEDROOM ACCEPTED STATUS GRAVITY SYSTEM
LINES 3-7 TOTAL 516 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
36" TRENCH DEPTH

82
TOTAL

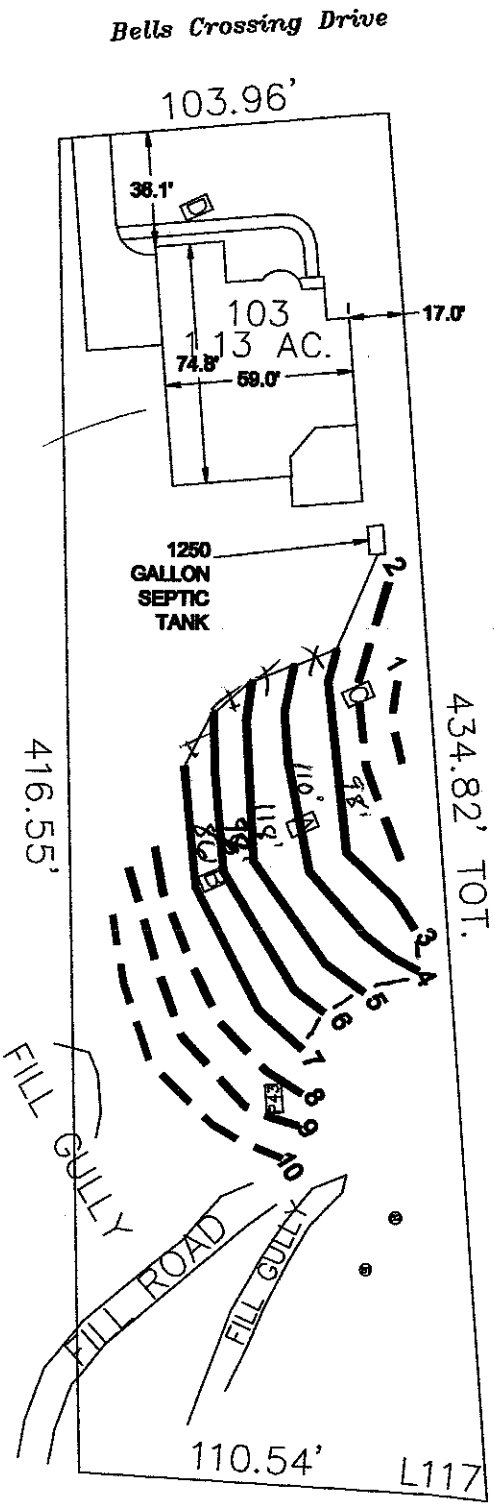
5-BEDROOM LPPPBS REPAIR
LINES 1, 2 AND 8-10 TOTAL 412 LINEAR FEET

LTAR 0.25
50% REDUCTION
36" TRENCH DEPTH

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

NOTE: HOUSE PAD WILL NEED TO BE SET AT AN ELEVATION THAT ALLOWS FOR GRAVITY TANK PLACEMENT. IF NOT A PUMP WILL BE REQUIRED.

APPROVED FEB 12 2015



PRIMARY SYSTEM ——————

REPAIR SYSTEM — — — —

REPAIR LINES (NOT USED) – – – – – –

PIT OR AUGER BORING A

SCALE:
1" = 60 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners
200 N. Main Street, Holly Springs, NC 27540 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com holly@batemancivilsurvey.com
NCBELS Firm No. C-0833

MeritageHomes

LOT 103
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 1/22/15 DRAWN BY: MB CHECKED BY:TMB

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)

2/18/15 (Date)

Owner: Meritage Homes
Address: 11605 N Community House Rd
Charlotte NC 28277

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
#152572 / 208266 4639 94 8205 11-20-08
129 Bells Crossing - Lot 103

I, Robert Price, 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 11-20-08 for a system
(date)
LPPPBPS
(system name)

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

Robert Price - Meritage Homes
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

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 152572 PIN # 4639834045.103 DATE 11/20/08

OWNER or APPLICANT Tyson West Developers PHONE: Business 704 361-1084 Home:

OWNER or APPLICANT ADDRESS 127B Promenade Dr. Mooresville NC 28117

LOCATION / DIRECTIONS Hwy #150 w TR Potts Rd. TL Bells Crossing Lot on Left

SUBDIVISION Bells Crossing BLOCK / SECTION LOT # 103 LOT AREA 1.13 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB Date

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 410'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: Gravity 25% Reduction

Repair System Description: LPP PBPS

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ~~Private~~ ☐ Public ☑ Community well

Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH

See Plan by Rollins Soil & Environmental Services, Inc.

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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 w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / 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 12/16/08

Improvement Permit by: Anthony Coker Jr. R.S. Date 11/20/08

Authorization to Construct by: Date

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

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 #:	152572ZO	Subdivision:	Bells Crossing
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 BELLS CROSSING DR MOORESVILLE NC 28117		
Parcel #:	4639834045.103	Zoning:	RA
Lot #:	103 Size: 1.13	Flood Plain:	No Watershed: WSIV-PA
Applicant:	Rollans Soil & Environmental Services	Owner:	Bells Crossing, LLC
Address:	470 NORTH BROAD STREET SUITE D MOORESVILLE NC 28115	Address:	127 B Promenade Dr MOORESVILLE, NC 28117
Phone:	704-658-1723	Phone:	704-663-1600
Property Recorded:	No Site Plan Reviewed:	Community Water:	Yes 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: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

DEVELOPER PERMIT

RECEIVED NOV 13 2008

Directions:

PERTH RD, RT ON BELLS CROSSING, LOT ON LFT

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$390.00

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: _____

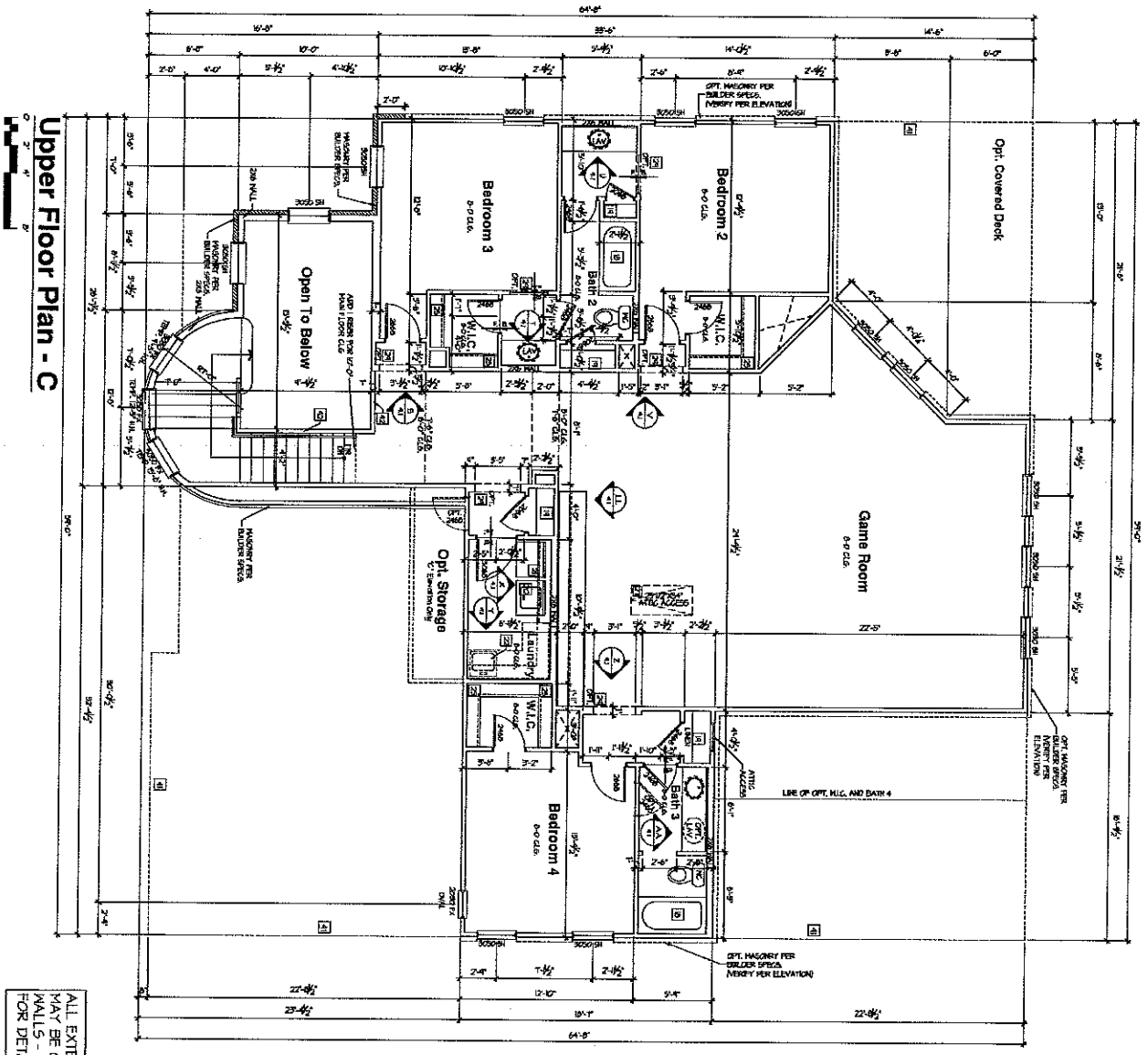
A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY Printed: 8/29/2008

Acknowledgement Of
Plans Submittal ONLY!

Date 2-12-15

Date APPROVED FEB 12 2015



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

FLOOR PLAN NOTES:

1. IF RAILING / GUARDRAIL IS PROVIDED ALL RAILING / GUARDRAIL BALUSTERS TO BE SPACED SUCH THAT A SPHERE CANNOT PASS BETWEEN BALUSTERS.
2. RAILING/GUARDRAILS ARE TO BE AT A 34" MINIMUM HEIGHT ABOVE FLOOR, STAIRS AND 36" MINIMUM HEIGHT ABOVE SURFACE ADJACENT TO OPEN SIDES.
3. PROVIDE ATTIC ACCESS PANEL AS SHOWN ON PLANS.
4. PROVIDE 20 POUND DAMAGE DOOR OPENING ROYALTY PER HAMPSHIRE BUILDER.
5. PROVIDE ATTIC ACCESS PANEL AS SHOWN ON PLANS. ALL FACTORY BUILT FIREPLACES SHALL COMPLY WITH LOCAL CODES.
6. PROVIDE MANUFACTURER'S SPECIAL INSTALLATION INSTRUCTIONS FOR ALL FACTORY BUILT FIREPLACES.
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30. PROVIDE MANUFACTURER'S SPECIAL INSTALLATION INSTRUCTIONS FOR ALL FACTORY BUILT FIREPLACES.

TYPICAL CONSTRUCTION ASSEMBLIES:

A. TYPICAL ROOF CONSTRUCTION
ASPHALT ROOF SHINGLES
TYPICAL FRAME FLOOR CONSTRUCTION
FLOOR SHEATHING OR FLOOR TRUSSES OR FLOOR JOISTS AS NOTED ON STRUCTURAL
C. SLAB ON GRADE FLOOR CONSTRUCTION
4" CONCRETE SLAB (SLOPE AS SPECIFIED
D. INTERIOR WALL CONSTRUCTION
PARTITIONS SHALL CONSIST OF 2" METAL STUDS @ 16" O.C. WITH 5/8" GYPSUM BOARD EACH SIDE
E. EXTERIOR WALL CONSTRUCTION
ALL EXTERIOR WALLS SHALL BE 2X6 STUD WALLS - SEE STRUCTURAL PLANS FOR DETAILS.
F. FOUNDATION WALL CONSTRUCTION
CONCRETE BASE (SEE GRADE BEAM & FOOTER
VENT, HOOD VENT, & EXHAUST FANS
4. SLOPE SLOPES.
5. DIMENSIONS ARE TO THE FACE OF STUD.
6. ALL EXTERIOR DIMENSIONS ARE TO FACE OF STUD, UNLESS OTHERWISE NOTED.
7. ALL INTERIOR DIMENSIONS ARE TO FACE OF BRICK, UNLESS OTHERWISE NOTED.
8. ALL DIMENSIONS ARE AS REGARDS MASONRY PER LOCAL CODE.

Meritage Homes

Meritage Homes

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

ISSUE DATE: 01/17/2014

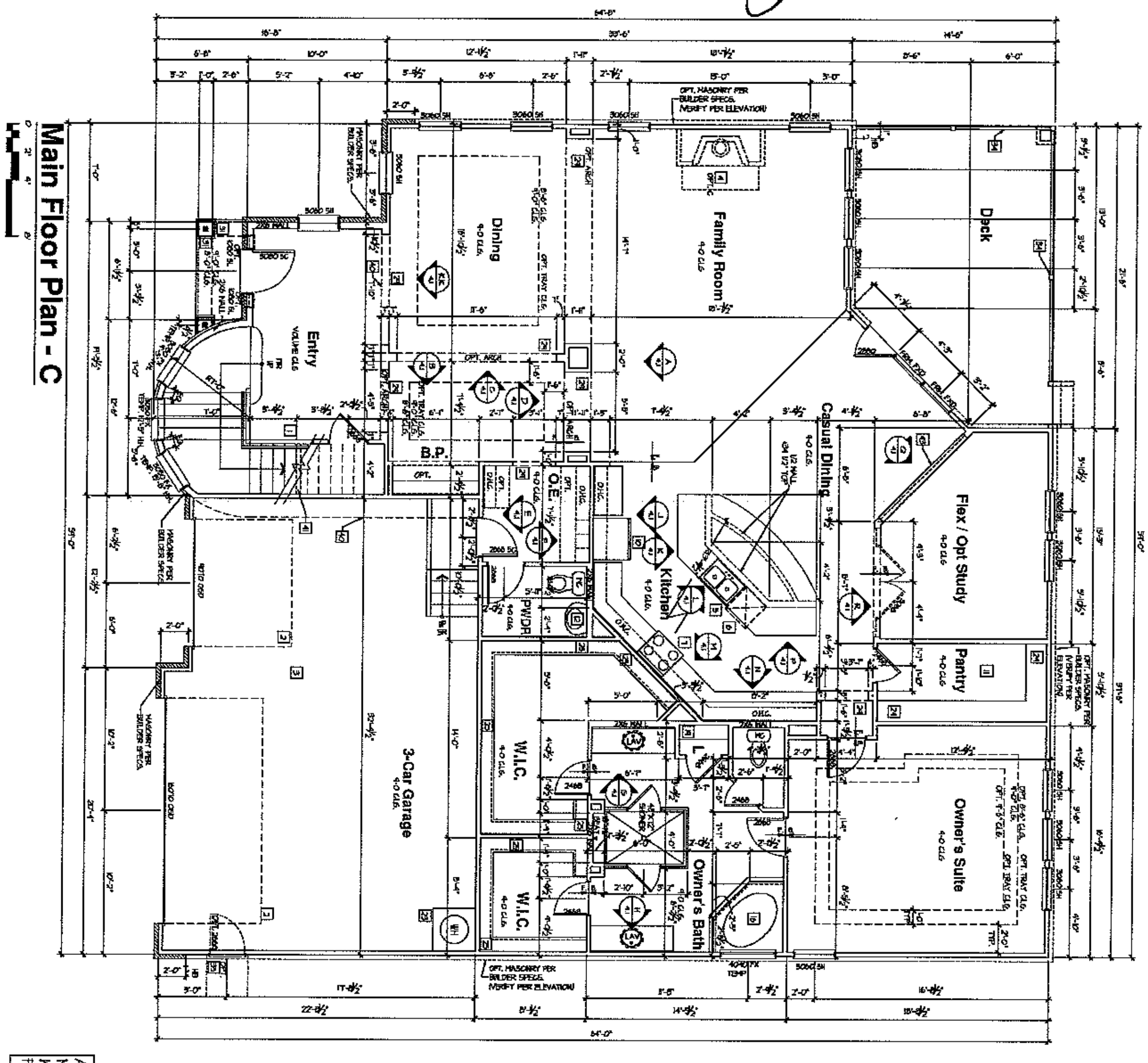
REVISIONS

RSB DESIGN

Plan 4551
A2.2C

Acknowledgement Of
Plans Submittal ONLY!
Date 2-2-15

APPROVED FEB 1 2 2015



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

SQUARE FOOTAGES

FLOOR PLAN NOTES:

TYPICAL CONSTRUCTION ASSEMBLIES:

Meritage Homes

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

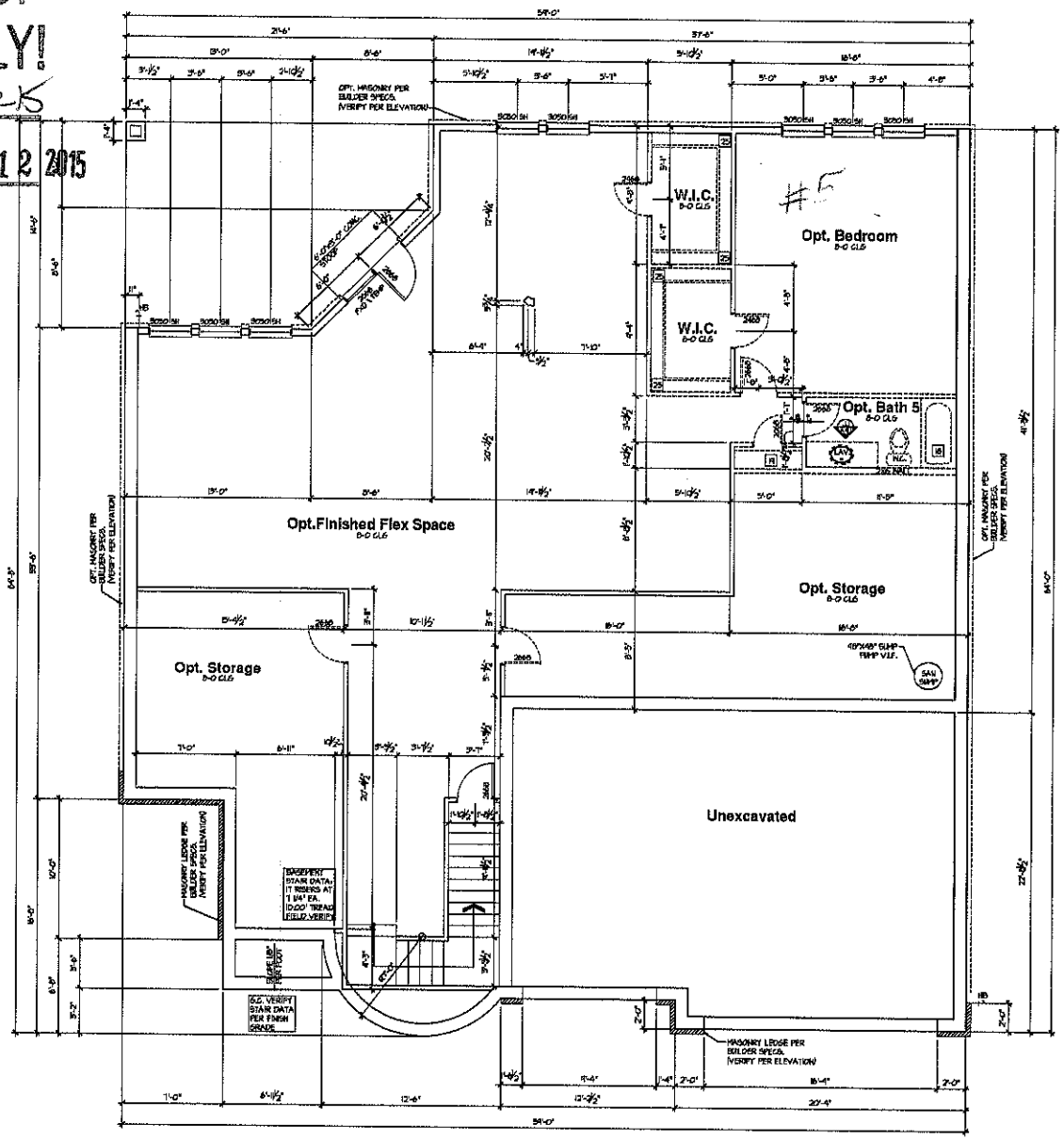
ISSUE DATE: 01/17/2014
REVISIONS

BSB DESIGN

MAIN FLOOR PLAN - C

Plan 4551
A2.1C

Acknowledgement Of
Plans Submittal ONLY!
Date 2-2-15
APPROVED Date FEB 12 2015



FOUNDATION NOTES

NOTE: FOUNDATION

1. STRUCTURAL FOUNDATION PLANS SHALL BE BY OTHERS. SEE STRUCTURAL FOUNDATION AND FRAMING PLANS FOR STEEL GIRDER, STEEL BEAM, WOOD POST SIZES, AND DIMENSIONS.
2. DROP TOP OF FOUNDATION AT GARAGE DOOR.
3. EMERGENCY EGRESS: WINDOWS SHALL COMPLY WITH GOVERNING FIRE & BUILDING CODES. MAXIMUM SILL HEIGHT OF EGRESS WINDOW SHALL NOT BE MORE THAN 44" A.F.F.
4. WINDOW WELL AS SPECIFIED BY BUILDER. CLEAR DIMENSIONS OF WELL SHALL BE 36"x36" MINIMUM W/ LADDER AT EGRESS WINDOWS.
5. DROP TOP OF FOUNDATION AT PORCH STOOP.
6. LINE OF FRAMING ABOVE.
7. LINE OF STOOP ABOVE.
8. HANDRAIL
9. SUMP PIT LOCATION AS REQUIRED BY SOILS ENGINEER.
10. 30"x30" CRAWL SPACE ACCESS PANEL, AS REQUIRED BY CODE.
11. APPLY 10 MIL POLYVINYL GROUND COVER OVER FINISH GRADE OF CRAWL SPACE, OR PER BUILDERS SPECIFICATIONS. INSULATE PER RES. CHECK REQUIREMENTS.
12. MECHANICAL CRAWL SPACE VENTILATION PER LOCAL CODE.
13. OPTIONAL 5 WIRE SHELF LINEN
14. OPTIONAL WIRE SHELVING PER BUILDER SPEC.
15. OPTIONAL VANITY
16. FLOOR DRAIN
17. BEAM POCKET
18. LINE OF SLAB ABOVE.
19. PROVIDE MIN. 1/2" GYPSUM BOARD ON WALLS UNDER STAIR SURFACE, AND ON SOFFITS OF ENCLOSED ACCESSIBLE SPACE UNDER STAIRS.
20. STANDARD BEARING WALL

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 M.4.6.5.c.

D. WINDOWS:
A. ALL WINDOWS SHALL COMPLY WITH MINIMUM STANDARDS OUTLINED IN APPLICABLE RES. CHECKS.
B. WINDOW SUPPLIER TO VERIFY AT LEAST ONE WINDOW IN ALL BEDROOMS TO HAVE A CLEAR EGRESS OPENING OF 5.7 SQ. FT. WITH MIN. DIMENSION OF 24" IN HEIGHT AND 20" IN WIDTH SILL HEIGHT NOT GREATER THAN 44" ABOVE FLOOR.
C. TYPICAL WINDOW HEAD HEIGHTS:
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 RAISE 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 STUD UNLESS OTHERWISE NOTED.

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

N. DECK RAILING:
INSTALL PER LOCAL CODE.

Opt. Walkout Floor Plan - C

0 2' 4' 8'

ISSUE DATE: 01/17/2014
REVISIONS

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

Meritage Homes

Meritage Homes

BSB DESIGN
www.bsbdesign.com
6901 Westown Parkway, Suite 240
West Des Moines, Iowa 50266
515 222 3026

JOB NO. 13-0402 PROJ. MGR. JF
DRAWN BY DESIGNER JF

BASEMENT PLAN - C

Plan 4551
A0.1C