IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223870

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

PIN # 4639949622

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

SITE ADDRESS: 122 Bells Crossing Mooresville, NC PHONE: 704 658-8616 ALT. PHONE:

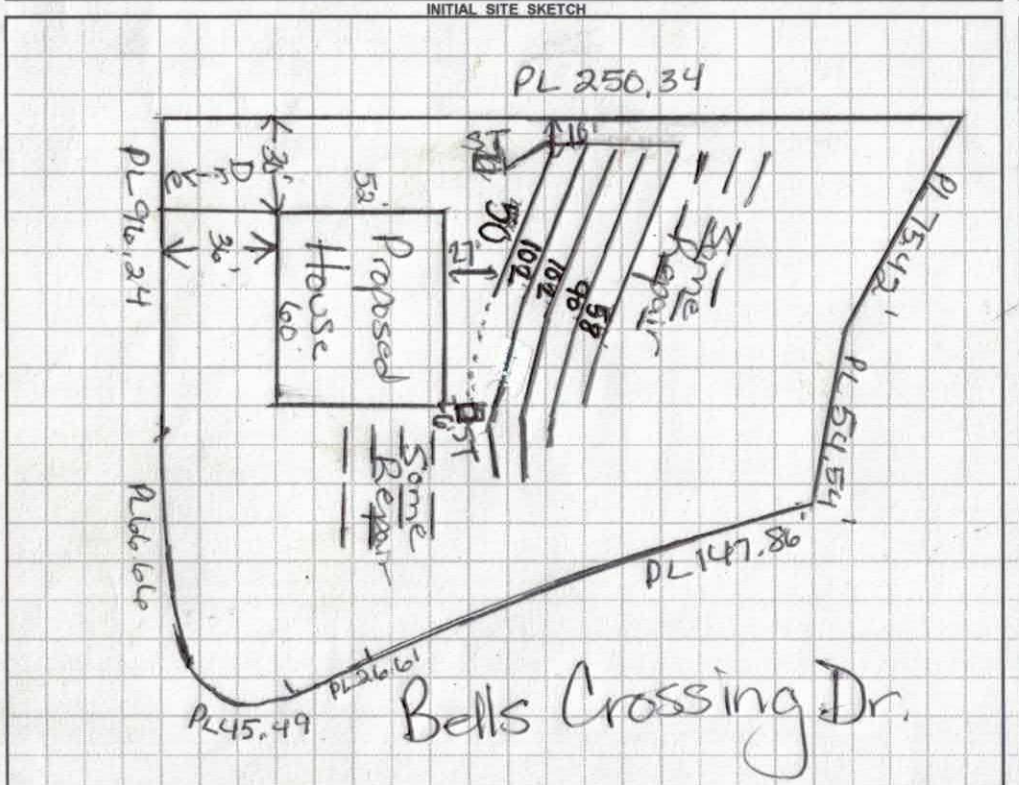
SITE DIRECTIONS: Hwy 150 W TR Perth TL into Bells 1st lot on right

SUBDIVISION: Bells Crossing SECTION: 1 LOT # 53 LOT AREA: .76 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	min 1000 (gal)	STB 760	Date 6-6-17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity - 35% Reduction		☐ Business	No. Persons	8	☐ Private
Pump Make	Model		Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees		☒ Public
# Nitrification Fields 1	# Lines 5		Linear Ft min. 400'	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space		☒ Community
Trench Width 36"	Max. Trench Bottom Depth 36"		Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:60

Installed as shown

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: 2-7-17 Installed by: Brian w/ Carolina Piping

IMPROVEMENT PERMIT by: Date: 1/26/17 OPERATION PERMIT by: Date: 7-25-17

AUTHORIZATION TO CONSTRUCT by: Date: 2/23/17 Existing System Inspected by: Date:

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

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	ORANGE	1.8	35
2	YELLOW	3.1	35
3	BLUE	4.2	35
4	WHITE	6.0	30
5	ORANGE	7.5	48
6	RED	9.0	105
7	YELLOW	10.8	107
8	PINK	12.6	96
9	BLUE	14.7	87
10	WHITE	16.9	56
11	YELLOW	19.1	48
12	ORANGE	21.6	41

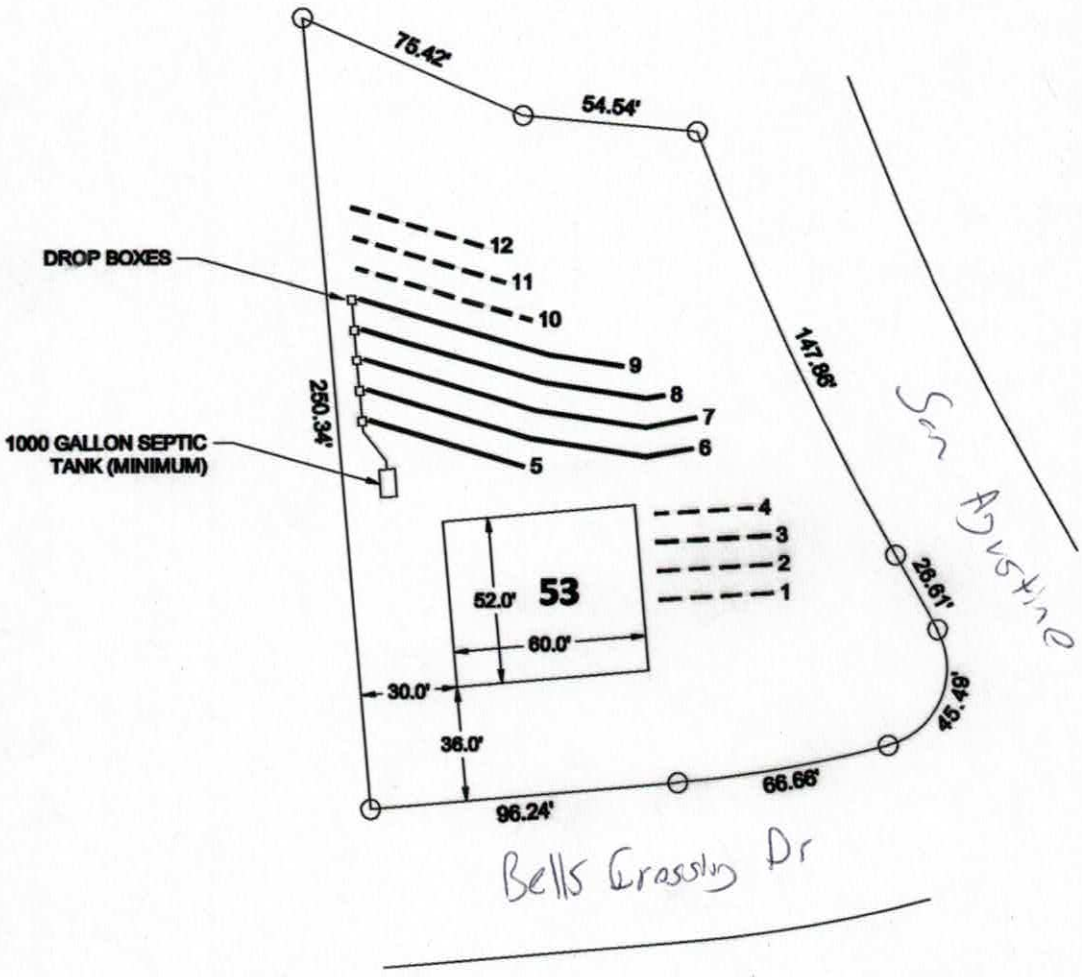
LOT 53 BELLS CROSSING SUBDIVISION

4-BEDROOM INNOVATIVE GRAVITY SYSTEM
SERIAL DISTRIBUTION WITH DROP BOXES
LINES 5-9 TOTAL 443 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION

4-BEDROOM LPP FED PANEL BLOCK REPAIR
LINES 1-4 AND 10-12 TOTAL 280 LINEAR FEET
LTAR 0.3
50% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL EVALUATION AND LTAR PROVIDED BY
CENTRAL SOIL CONSULTING



0 30 60

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-2378

MeritageHomes

LOT 53
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 11/05/12 DRAWN BY: TMB CHECKED BY: TMB

AND NATURAL RESOURCES
VISION OF ENVIRONMENTAL HEALTH

Bells Crossing Lot 53

PROPERTY ID #:
DATE OF EVALUATION:
COUNTY:

PRO / #	.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
P 53 A	SS 5-10%	0-9	B SL Gr	SS, SP, Fr SExP	—	58"	—	—	PS .3
		9-33	RC MFSBK	SS, SP, Fr SExP					
		33-58	RCL WFSBK	SS, SP, Fr SExP	com sap				
			Same 9/29/08 MD						
P 53 B	SS 10-15%	0-7	B SL Gr	SS, SP, Fr SExP	—	56"	—	—	PS .3
		7-20	RC MFSBK	" " " "					
		20-56	RCL WFSBK	" " " "	Com/many sap, few Yellow MR				
			Same	9/29/08 MD					
P 53 C	SS 5-10%	0-9	B SL Gr	SS, SP, Fr SExP	—	52"	—	—	PS .3
		9-24	RC MFSBK/ABK	SS, SP, Fr SExP					
		24-48	RC WFSBK	SS, SP, Fr SExP	few sap				
		48-52	RCL WFSBK	SS, SP, Fr SExP	com sap				
			Water in Pit	9/29/08 MD					
P 53 D	SS 10-15%	0-4	B SL Gr	SS, SP, Fr SExP	—	38"	PS	—	PS .3
		4-25	RC MFSBK/ABK	SS, SP, Fr SExP					
		25-38	RYCL WFSBK	SS, SP, Fr SExP	com sap quartz vein on other wall				
		38-60	Var FSL sap Mass	SS, SP, Fr SExP					
			Same	9/29/08 MD					

COMMENTS:

Rec'd 2-23-17

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ☐ Improvement Permit ☑ Authorization To Construct ☐ BOTH ☐ Existing System Inspection

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

The following optional attachments may also be submitted: ☑ Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ☑ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Meritage Homes of the Carolinas, Inc	13925 Ballantyne Corporate Place Suite 300	704.944.8918	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Meritage Homes of the Carolinas, Inc	same		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
122 Bells Crossing Dr.	Bells Crossing	Lot 53

Driving Directions: 150 W - Right on Perth Road - Left into Bells Crossing

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
- ( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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)*

☐) Alternative ☑) Conventional ☐) Innovative ( ) Modified Conventional ( ) Other_Excepted__ ( ) No Preference

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: Robert Ruthenberg — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE: 2/16/17

Re-draw

RECEIVED DEC 16 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS) Paid $320.00

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

****

2. Page 2: *Site Plan Worksheet* **Form MUST Accompany This Application** Paid $180.00 #223870

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 #
Bass	2524 Reliance Ave Apex NC		7046888616

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Martyn Homer			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
120 Bells Crossing Dr	~~Bell~~ Bells Crossing	1 Lot 53

Driving Directions: 150W, R on Perth, L into Bells 1st Lot on the Right

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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 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: _____ 12-16-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 53, 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 HEATLH 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…**
  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 — **Preferred driveway location and configuration, preferred 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:

- x — **Location of septic systems and wells within 100' of your property…** **N/A**
- x — **Location of easements and rights of ways on your property…** **N/A**
- x — **Location of any designated wetlands on the property…** **N/A**

Signature: Rob Kottler — 2/16/17

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached Plot Plan and IP Documents Attached

IREDELL COUNTY HEALTH DEPARTMENT

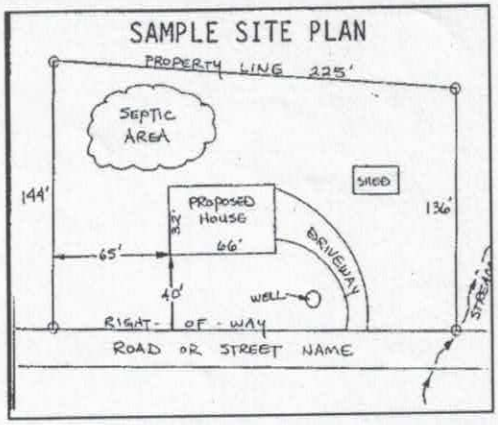
ENVIRONMENTAL HEALTH DIVISION

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)

12-16-16

DATE

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)
1	ORANGE	1.6	35
2	YELLOW	3.1	35
3	BLUE	4.2	35
4	WHITE	6.0	30
5	ORANGE	7.5	48
6	RED	9.0	105
7	YELLOW	10.8	107
8	PINK	12.8	96
9	BLUE	14.7	87
10	WHITE	16.9	56
11	YELLOW	19.1	48
12	ORANGE	21.6	41

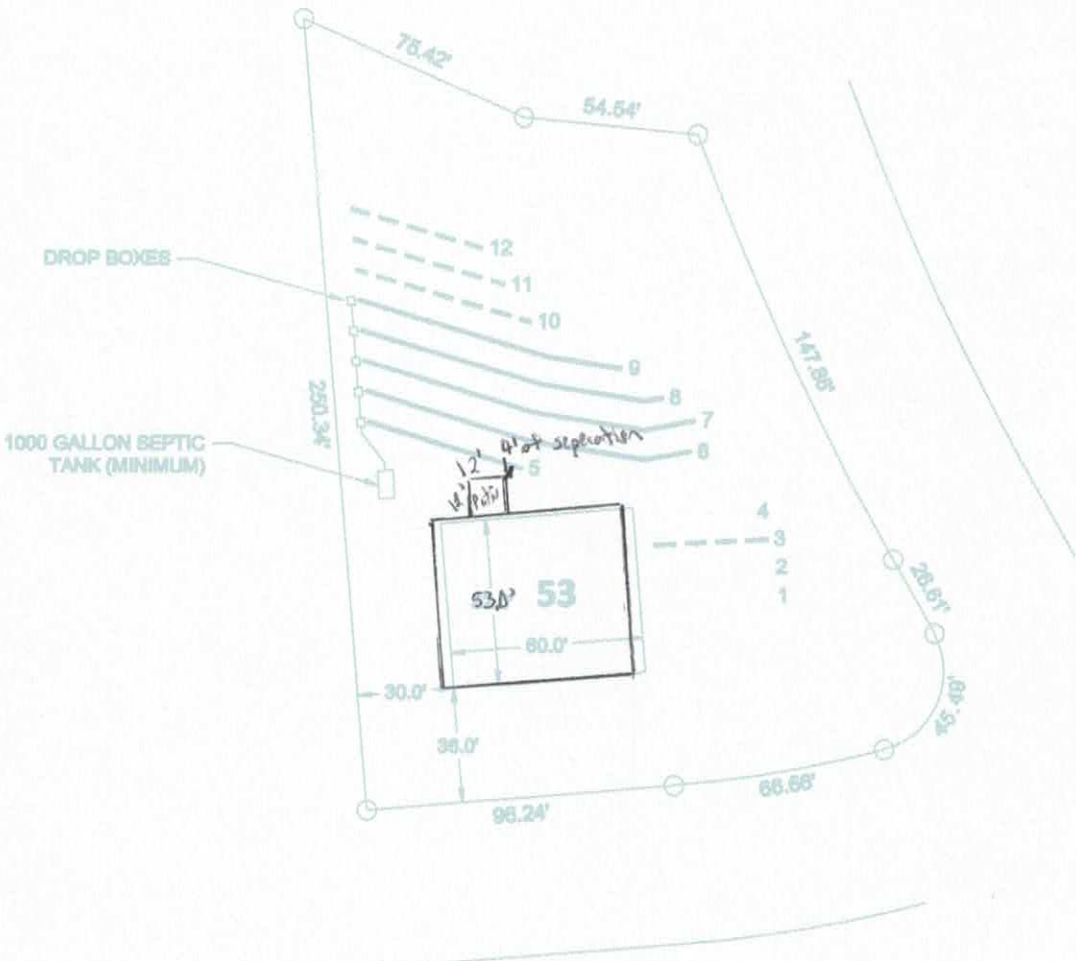
LOT 53 BELLS CROSSING SUBDIVISION

4-BEDROOM INNOVATIVE GRAVITY SYSTEM
SERIAL DISTRIBUTION WITH DROP BOXES
LINES 5-9 TOTAL 443 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION

4-BEDROOM LPP FED PANEL BLOCK REPAIR
LINES 1-4 AND 10-12 TOTAL 280 LINEAR FEET
LTAR 0.3
50% REDUCTION

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL EVALUATION AND LTAR PROVIDED BY
CENTRAL SOIL CONSULTING



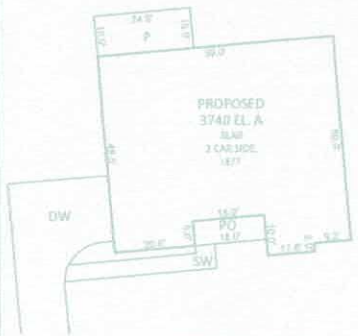
SCALE:
1" = 60 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners
250 N. Main Street, Holly Springs, NC 27540 Ph: 919.577.1080 Fax: 919.577.1001
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-3378

MeritageHomes

LOT 53
BELLS CROSSING SUBDIVISION
MOORESVILLE, NC
IREDELL COUNTY

DATE: 11/05/12 DRAWN BY: TMB CHECKED BY: TMB



INSET SCALE: 1"=30'

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHD BEARING	CHD LENGTH
C124	925.00'	147.86'	S24°36'19"E	147.70'
C125	25.00'	45.49'	S22°56'29"W	39.47'
C126	375.00'	66.59'	S80°09'16"W	66.50'

NOTES:

1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
3. THIS IS NOT A BOUNDARY SURVEY. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT
4. VERTICAL DATUM IS ASSUMED. THE LATITUDE, LONGITUDE AND STATE PLANE COORDINATES, IF SHOWN, ARE GIVEN IN NORTH AMERICAN DATUM OF 1983 (NAD83).
5. FIELD EQUIPMENT USED: NIKON TOTAL STATION, EPOCH 35.
6. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
7. THIS MAP IS NOT A CERTIFIED SURVEY AND HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
8. THE PROPERTY LIES IN ZONES "X" PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP NUMBER 3710463900J, DATED MARCH 18, 2008.
9. ALL LOTS ARE SUBJECT TO A 10' UTILITY AND DRAINAGE EASEMENT 10 FEET ON EACH SIDE OF THE PROPERTY LINE.
10. ZONING IS PA.
11. PROPERTY OWNER: MERITAGE HOMES OF NC, INC.
    11605 COMMUNITY HOUSE ROAD
    CALHOUN BUILDING, SUITE 250
    CHARLOTTE, NC 28277

NOTE:

ALL DIMENSIONS, LOCATIONS AND FEATURES SHOWN ON THIS PLOT PLAN ARE APPROXIMATE AND ARE ONLY AN ARTISTS INTERPRETATION. EXACT LOCATION OF ALL FEATURES ARE SUBJECT TO CHANGE AND MAY NOT BE INSTALLED EXACTLY AS SHOWN ON PLANS AND/OR IN MODELS. PLACEMENT OF HOME, DRIVEWAY, SIDEWALKS AND EXTERIOR FEATURES ARE SUBJECT TO MODIFICATION AS DEEMED NECESSARY BY FIELD PERSONNEL.

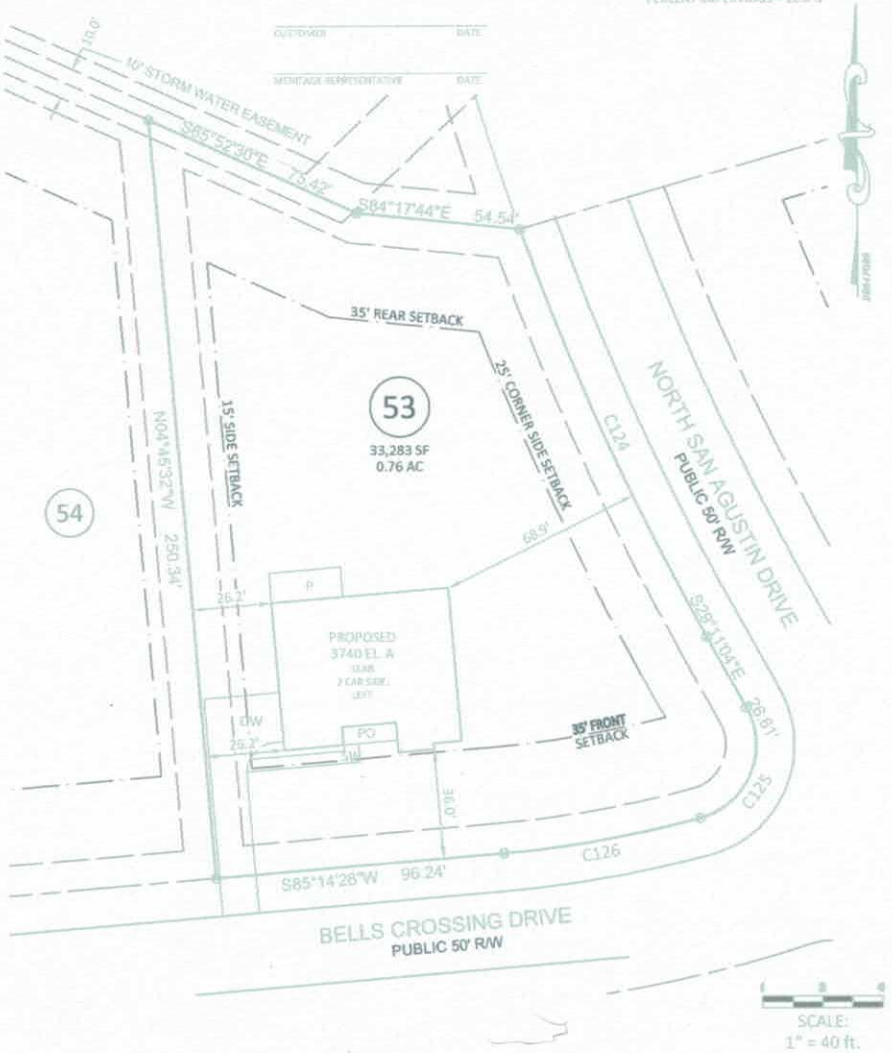
CUSTOMER _____ DATE _____

CUSTOMER _____ DATE _____

MERITAGE REPRESENTATIVE _____ DATE _____

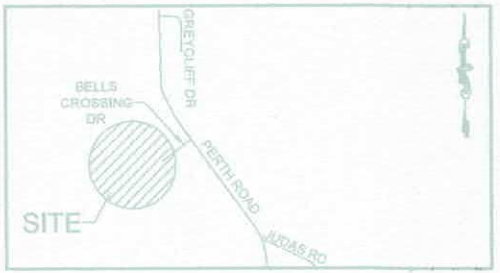
LOT INFORMATION:

PIN: 4629948622
ADDRESS: 122 BELLS CROSSING DRIVE
TOTAL LOT AREA = 0.76 AC = 33,283 SF
HOUSE = 2,819 SF
PORCH = 108 SF
SIDEWALK = 160 SF
DRIVEWAY = 942
PATIO = 240 SF
PROPOSED IMPERVIOUS = 4,269 SF
PERCENT IMPERVIOUS = 12.8 %



SCALE:
1" = 40 ft.

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2624 Robinson Avenue, Apex, NC 27539 Ph: 919.577.1083 Fax: 919.577.1091
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-3374



VICINITY MAP

(Not to Scale)

LEGEND

PO = PORCH
CP = COVERED PORCH
P = CONCRETE PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
⊕ = COMPUTED POINT
○ = IRON PIPE FOUND
● = IRON PIPE SET (IPS)
● = DRILL HOLE FOUND
WM = WATER METER
CO = CLEAN OUT
AC = AIR CONDITIONER
(S) = SEWER MANHOLE
EB = ELECTRIC BOX
= CABLE BOX
T = TELEPHONE PEDESTAL
= CURB INLET
TUA = TRANSITIONAL USE AREA
= LIGHT POLE

BUILDING SETBACKS:

FRONT = 35 ft
REAR = 35 ft
SIDE = 15 ft
CORNER = 15 ft

I hereby certify that this map is correct and that the building lies wholly on the lot and that there are no visible encroachments on said lot.

PRELIMINARY

Steven P. Carson, PLS 4752
Date

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for recordation. No title report provided.

APPROVAL FOR STAKING:

THIS PLOT PLAN AS PREPARED BY BATEMAN CIVIL SURVEY CO., IS CORRECT AND IS HEREBY APPROVED FOR STAKING ON THE DATE AS SHOWN BELOW.

MERITAGE HOMES REPRESENTATIVE _____ DATE _____

PRELIMINARY PLOT PLAN

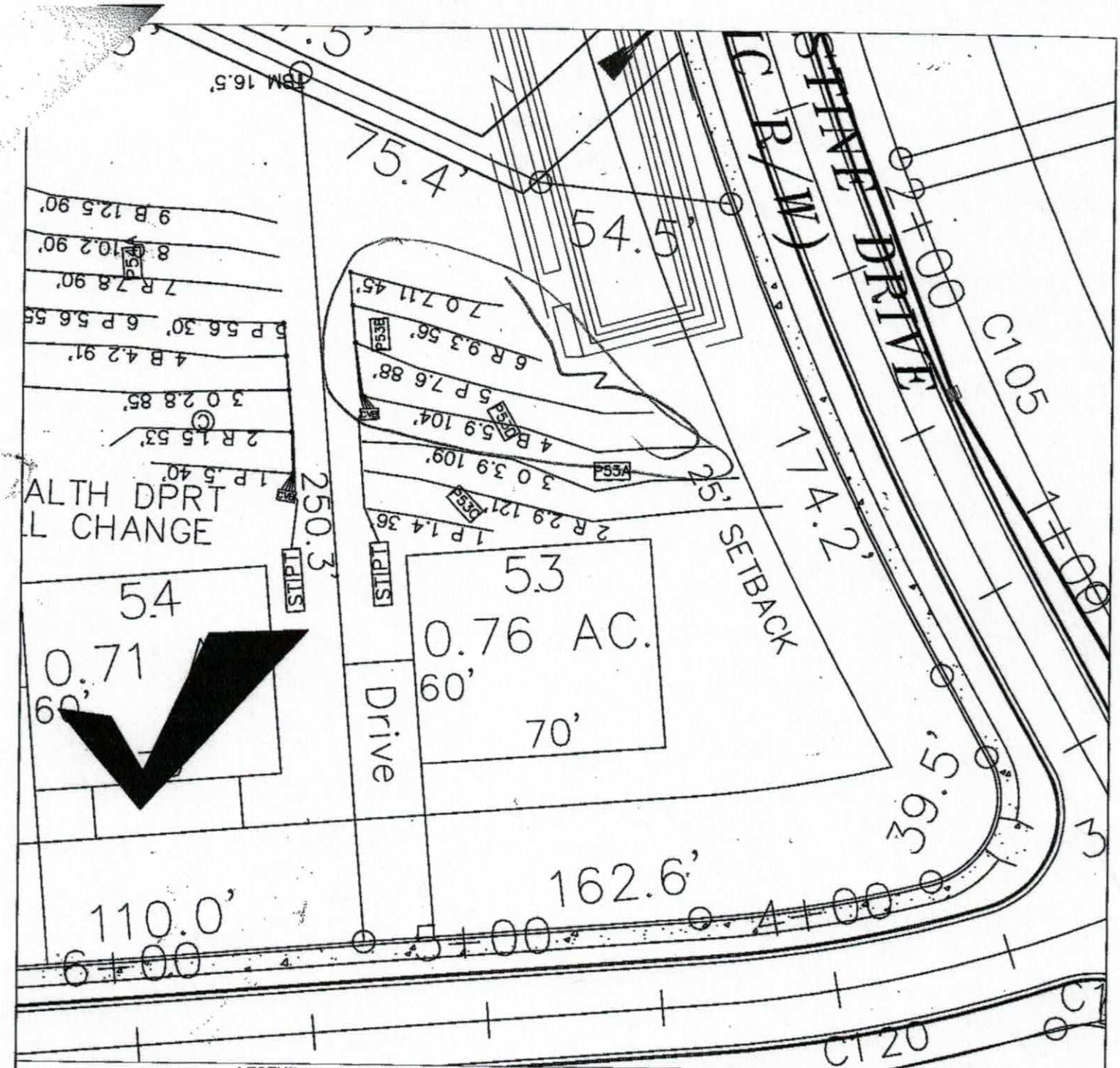
FOR

MeritageHomes

BELLS CROSSING - PHASE ONE - LOT 53
122 BELLS CROSSING DRIVE, MOORESVILLE, NC
DAVIDSON TOWNSHIP, IREDELL COUNTY

DATE: 2/16/17 DRAWN BY: RTD CHECKED BY: SPC

REFERENCE: BM 54, PGS 89-91 SCALE: 1" = 40'



LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE
1" = 40'

40 0 40 80

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

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

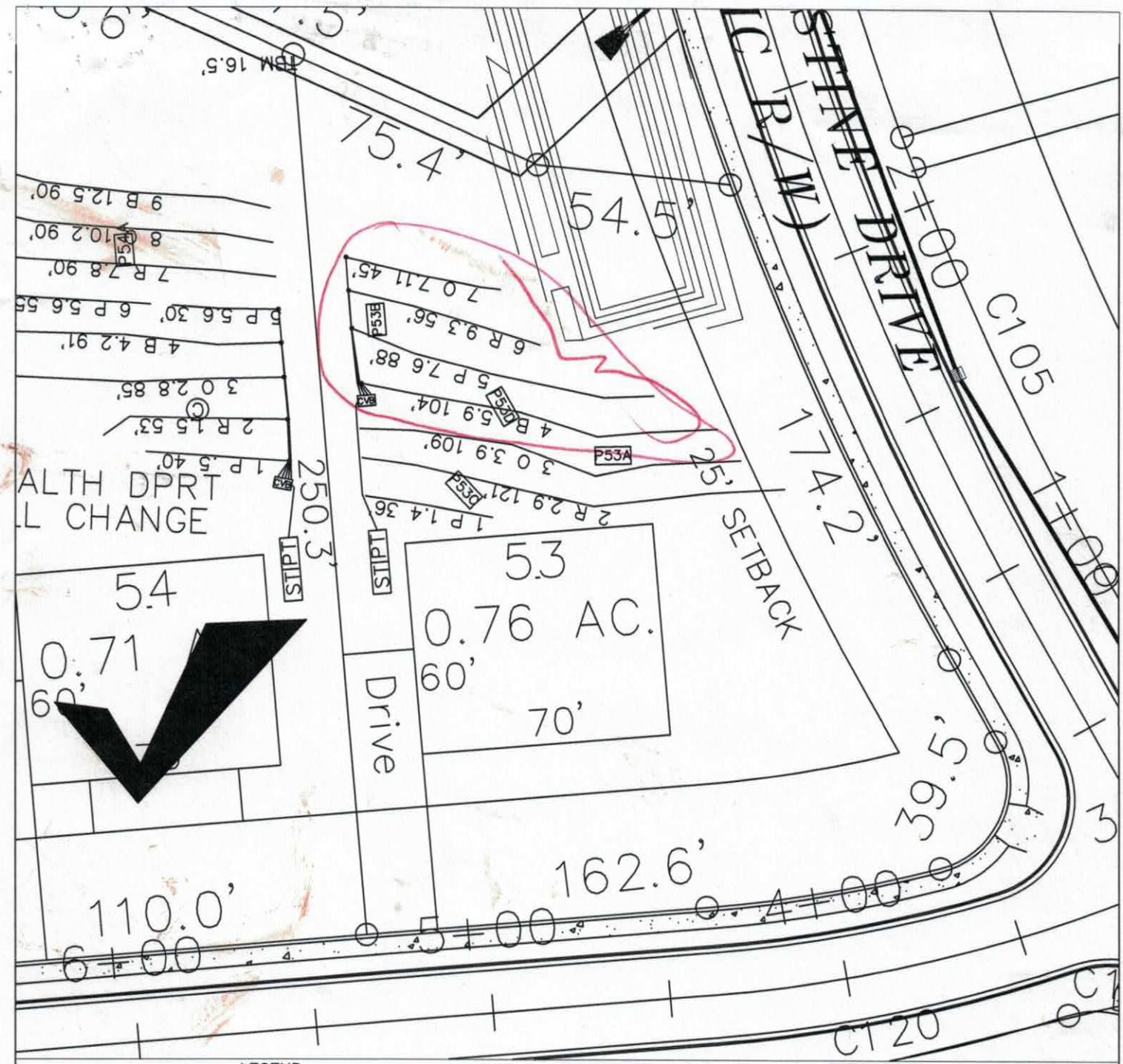
ROLLANS SOIL & ENVIRONMENTAL SERVICES
470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28115
PHONE: (704) 658-1723
FAX: (704) 658-1734
BRADY FREEMAN, R.S.
MOBILE: (704) 761-5697
EMAIL: BFREEMAN@YAHOO.COM
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 761-2916
EMAIL: ROLLANSENVIRONDESIGN.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: BELLS CROSSING, LLC / BELLS CROSSING

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

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



LEGEND

House Box.

System lines.

Repair lines.

GRAPHIC SCALE
1" = 40'

40 0 40 80

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

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

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

BRADY FREEMAN, B.S.
MOBILE: (704) 746 - 6497
EMAIL: BFREE29@YAHOO.COM

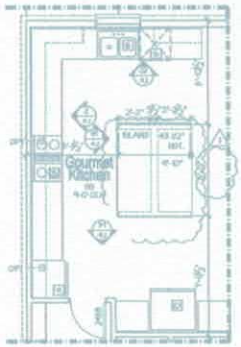
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ROLLANSSWIN@STREAM.NET

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

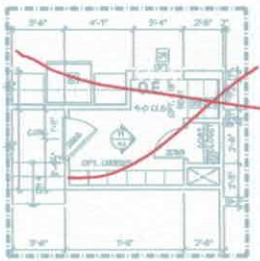
PROJECT NAME: BELLS CROSSING, LLC / BELLS CROSSING

LOCATION/DATE: PERTH RD
IREDELL COUNTY, NORTH CAROLINA
SEP 2008

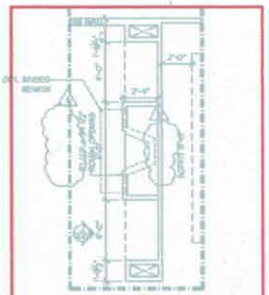
JOB # : 01-1429
FILE: C:\JOBS\01-1429
PROJECT MGR.: C.B.F.
FIELD WORK: C.B.F., A.L.P. & M.D.B.
DRAWN BY: C.B.F. & M.D.B.



Main Floor Plan - Opt Kitchen



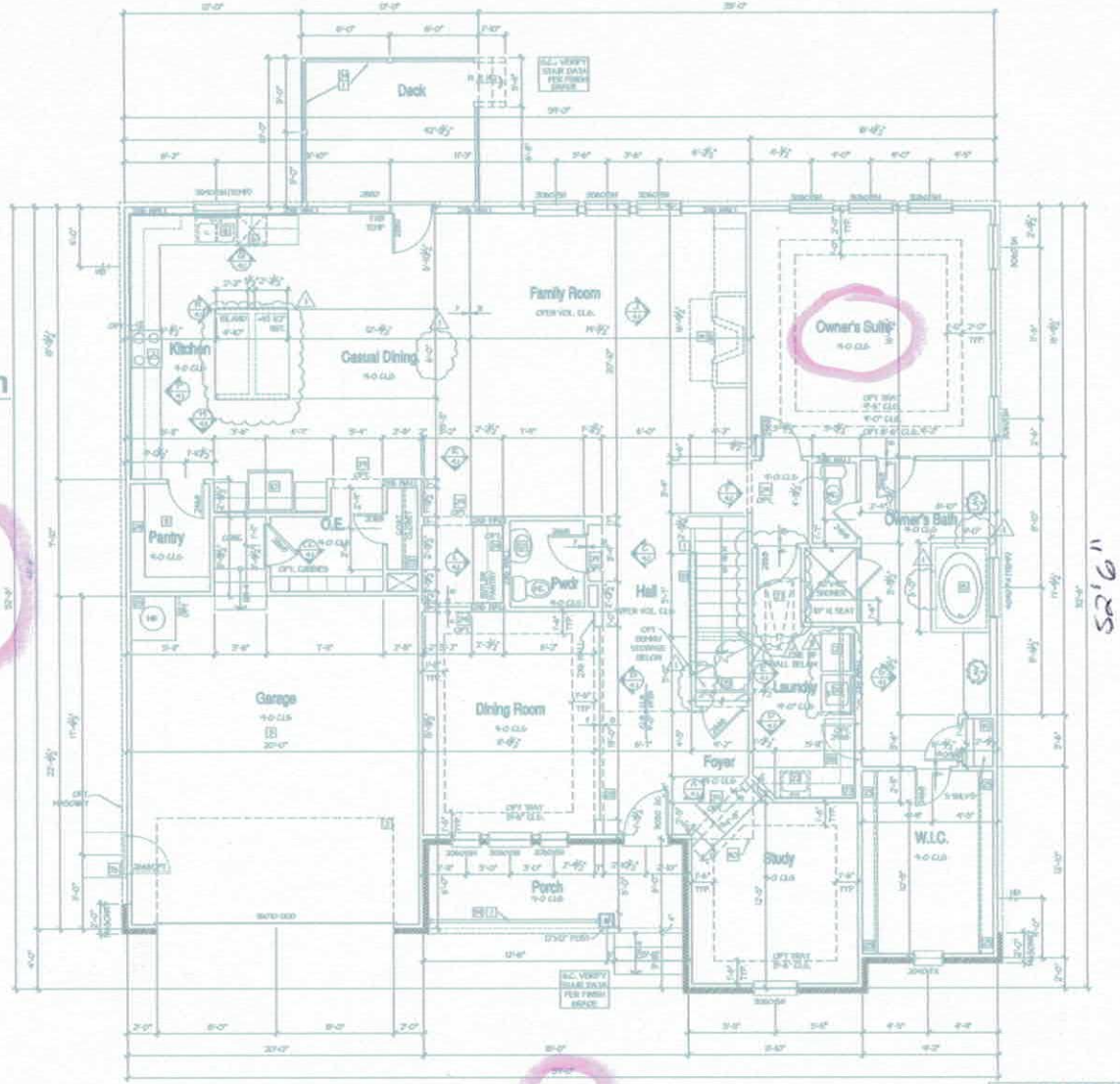
Main Floor Plan - Opt O.E.



Main Floor Plan
Opt Fireplace



Opt. Owner's Shower
Main Floor Plan



Main Floor Plan - A

FLOOR PLAN NOTES:

TYPICAL CONSTRUCTION ASSEMBLIES:

SQUARE FOOTAGES

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

Acknowledgement of Plans Submittal ONLY!

Date 2-23-17

Date 2-23-17

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

Meritage Homes

Meritage Homes

BSB DESIGN

MAIN FLOOR PLAN - A

259 - 3740

A2.1A

Acknowledgement of Plans Submittal ONLY!

Date 2-23-17

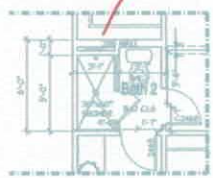
Date 2-23-17



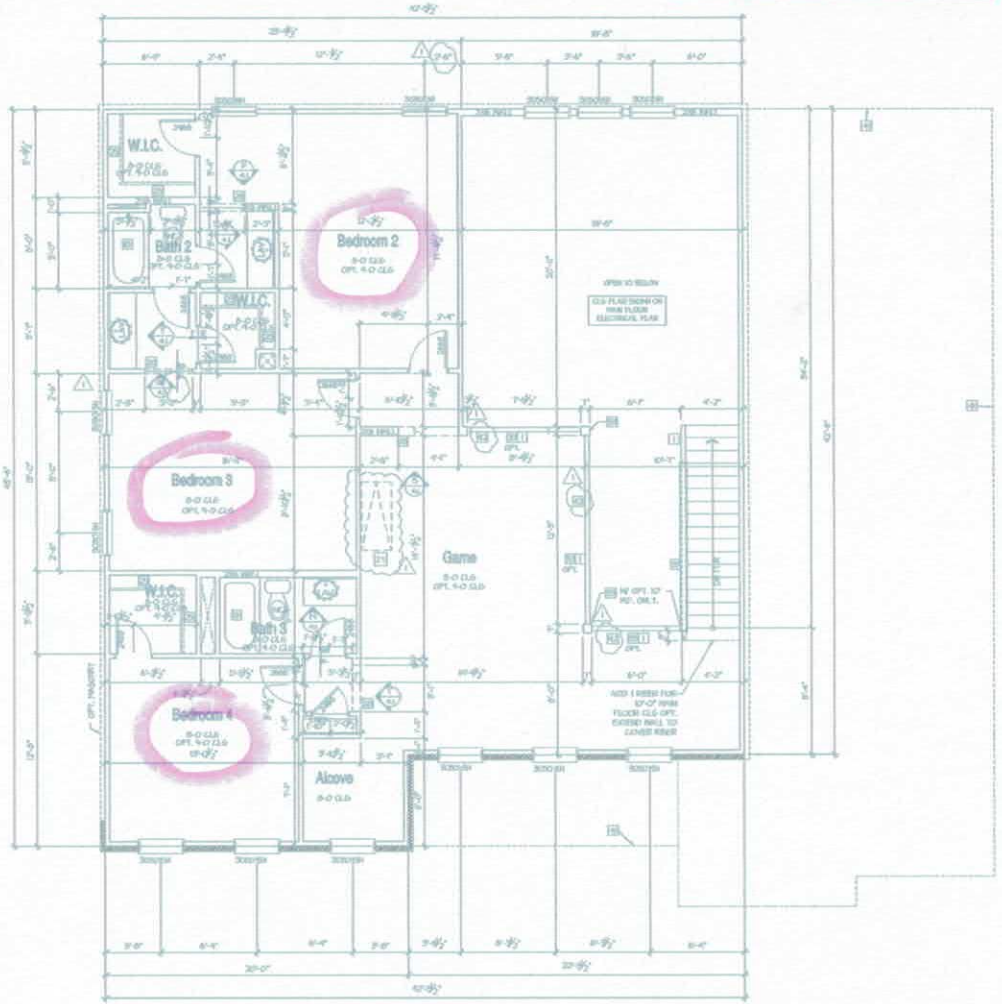
Opt. Storage - A



Opt. Hobby - A



Opt. Shower - Bath 2



Upper Floor Plan - A

ALL EXTERIOR HOUSE WALLS MAY BE OPTIONAL 2x6 STUD WALLS - SEE STRUCTURAL PLANS FOR DETAILS.

SQUARE FOOTAGES

A	
MAIN FLOOR	2808
UPPER FLOOR	1402
GARAGE	399
UNHEATED SPACE(S)	1338
UNHEATED SPACE(S)	1338
UNHEATED SPACE(S)	1338
PORCH	478
PORCH	478
DECK	109
DECK	109
OPT. COVERED DECK	267
OPT. COVERED PORCH	267
TOTAL	3742

FLOOR PLAN NOTES:

TYPICAL CONSTRUCTION ASSEMBLIES:

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

Meritage Homes

Meritage Homes

BSB DESIGN

ISSUE DATE: 01/17/2014

UPPER FLOOR PLAN - A

259 - 3740

A2.2A

878-3118

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 #:	152208ZO	Subdivision:	Bells Crossing
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 BELLS CROSSING DR MOORESVILLE NC 28117		
Parcel #:	4639834045.053	Zoning:	RA
Lot #:	53 Size: 0.76	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	ROLLANS SOIL & ENVIRONMENTAL SVCS.	Owner:	Bells Crossing, LLC
Address:	470 N. BROAD ST. 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: 25 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

Directions:

PERTH RD, RT ON BELLS CROSSING, LOT ON CORNER ON RT

RECEIVED
SEP 26 2008
By

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.

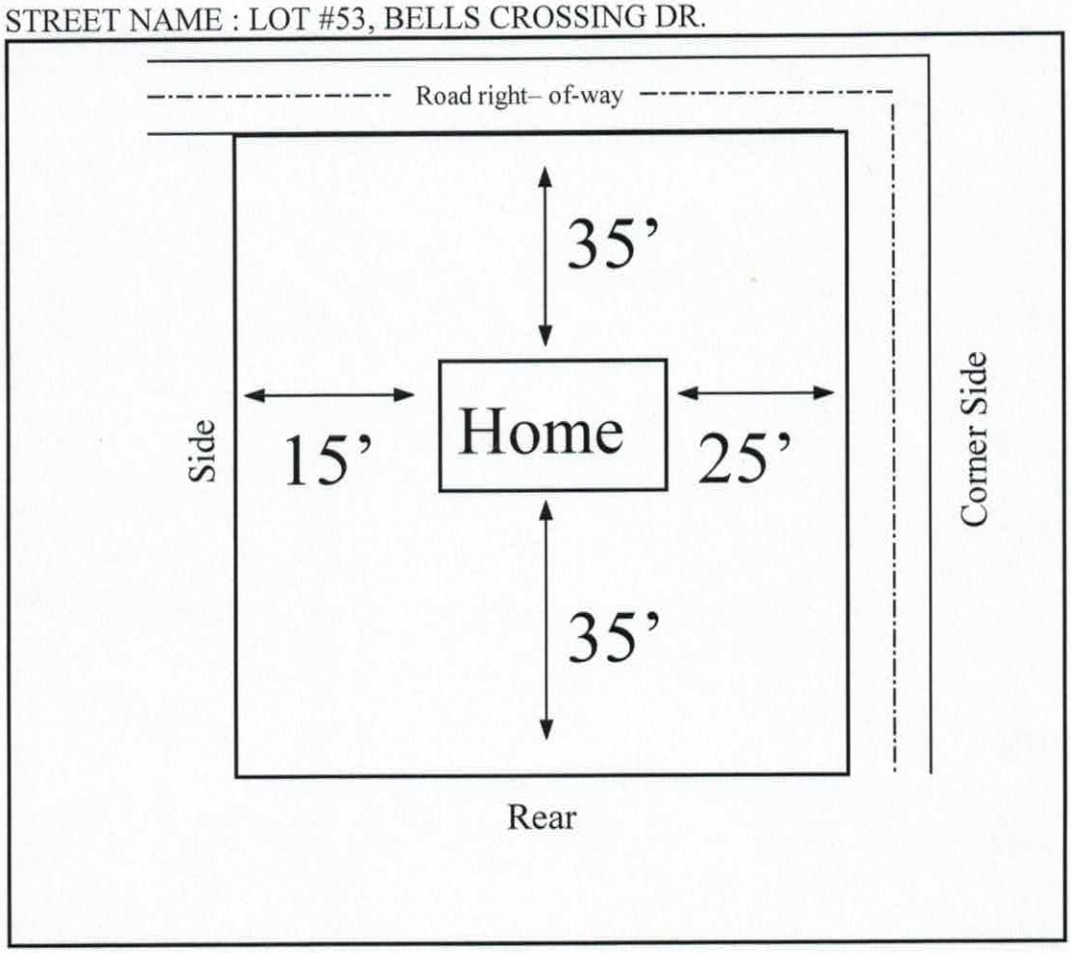
PAULA WOODY Printed: 8/15/2008

ZONING DISCLAIMER

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. Applicant further acknowledges that the 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

STREET NAME : LOT #53, BELLS CROSSING DR.



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.