IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239834

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

PIN # 4654 754930 76-3234

APPLICANT/OWNER: Ray Development LLC APPLICANT ADDRESS: 4643 Mariner Ln. Denver, NC

SITE ADDRESS: 125 Castleview Ln. Mooresville, NC 28115 PHONE: 980-297-2787 ALT. PHONE 704-576-3887 (Michael Athanas)

SITE DIRECTIONS: NC 115 S → L on Presbyterian → R on Sink Farm → R on Manorly → L on Castleview SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Davidson Downs SECTION: 4 LOT # 150 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: 3 (.125 repair)

Septic Tank	1000 (gal)	STB	BST 825	Date	1/9/21	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing	No. Bedrooms 4 No. Persons 8 No. Employees ☑ Crawl Space
Pump Tank	(gal)	PT		Date		System Description: 25% reduction			
Pump Make		Model		Serial #		Repair System Description: pretreatment drip			
# Nitrification Fields	1	# Lines	5	Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☑ NO			
Trench Width	36"	Trench Bottom Depth (Low side)	33"/36" high side	Gravel Depth	—	☑ GRAVITY ☐ PRESSURE			

Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

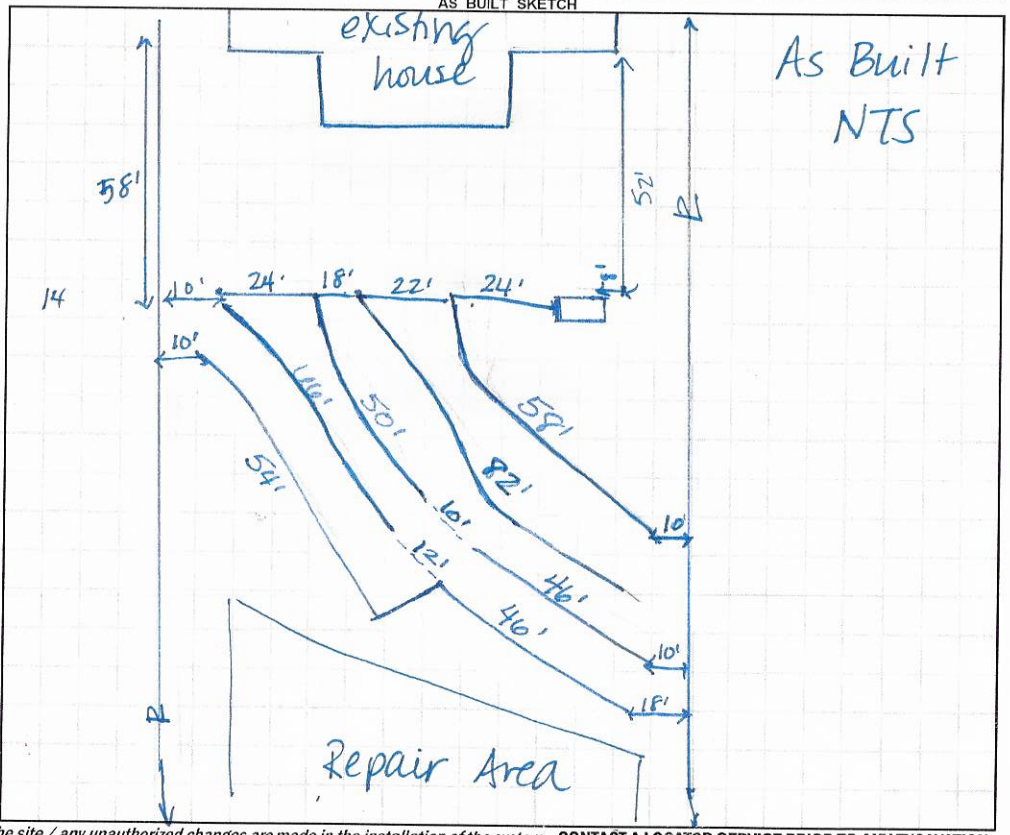
Comments / Conditions: Solid pipe line 3 & 4 through gully. Clean & fill gully. Maintain 100' from any well when installing septic system.

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates

Lot recorded 8/22/2019 (Book: 70 Page: 86)

AS BUILT SKETCH



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:

IMPROVEMENT PERMIT by: Date: 11-29-18

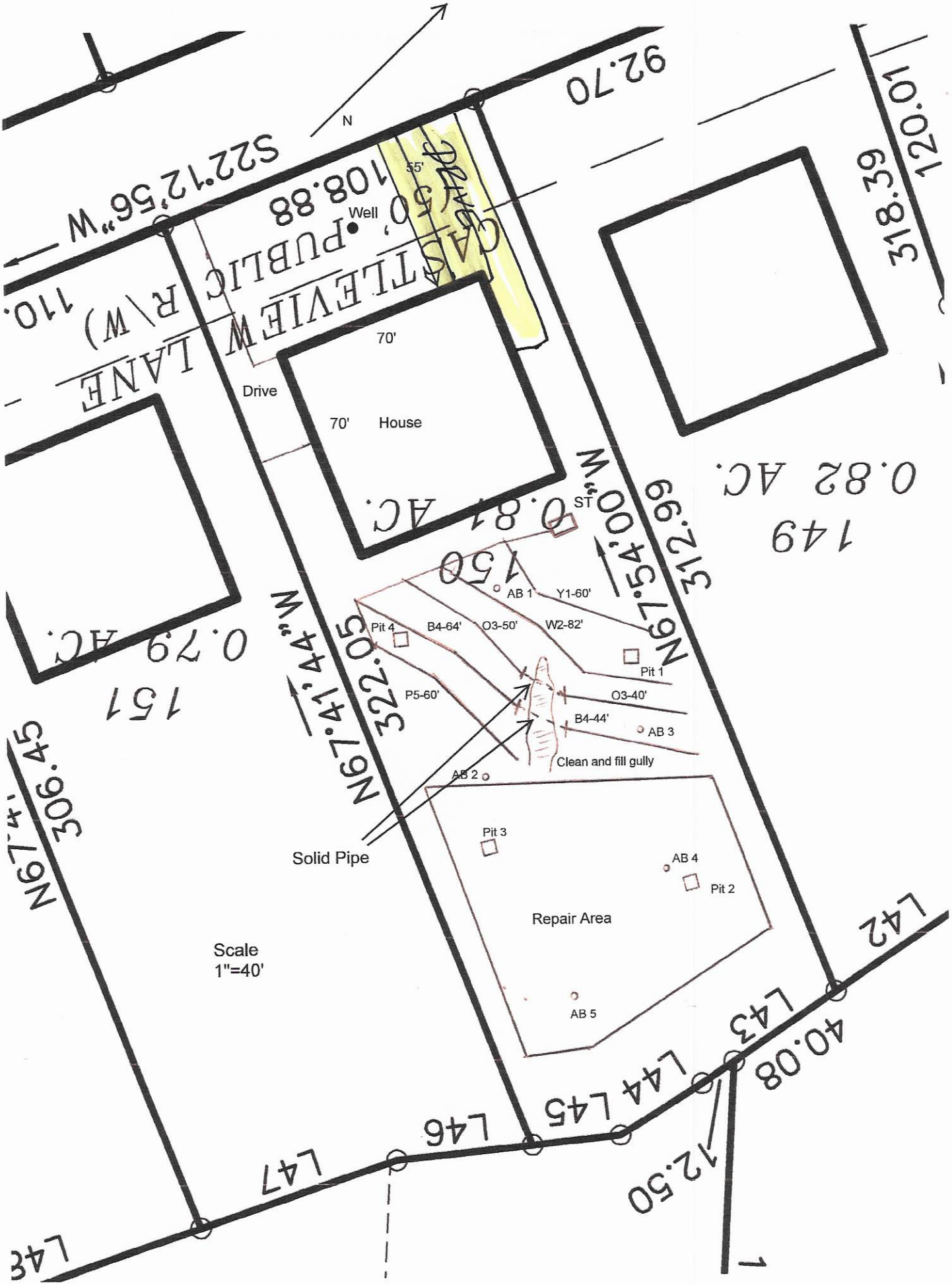
AUTHORIZATION TO CONSTRUCT by: Date: 7/29/2020

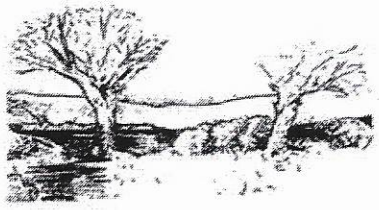
Installed by: Rowan Septic - Kevin Kirkpatrick

OPERATION PERMIT by: D. Wieberg Date: 3/9/21

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.


N
S22°12'56"W
92.70
108.88
55'
Well
CASTLEVIEW LANE
50' PUBLIC R\W
110.
318.39
120.01
70'
Drive
70'
House
0.81 AC.
0.82 AC.
149
150
312.99
N67°54'00"W
ST
AB 1
Y1-60'
Pit 4
B4-64'
O3-50'
W2-82'
Pit 1
P5-60'
O3-40'
B4-44'
AB 3
Clean and fill gully
AB 2
322.05
N67°41'44"W
0.79 AC.
151
306.45
N67°4'
Solid Pipe
Pit 3
AB 4
Pit 2
Repair Area
AB 5
Scale
1"=40'
L42
L43
40.08
L44
L45
L46
L47
12.50
L48



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

No STAMP!

Reference: Data Sheet for Davidson Downs Lot 150
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: Pretreatment Drip Irrigation
Distribution: Gravity-End cap/Drop box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36" (initial), 6" (repair)

Line	Design Length	Actual Length
Yellow 1	60'	60'
White 2	82'	88'
Orange 3	50'/40'	50'/41'
Blue 4	64'/44'	64'/44'
Pink 5	60'	60'

Initial System: 400' **Repair System:** 3840 FT^2

Comments:
The gully in the septic area must be clean out of debris and filled. The lines O3 and B4 must have solid pipe across the filled gully.

APPROVED NOV 2 9 2018
KW

APPROVED NOV 29 2018
KW

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ray Development _____ APPLICATION DATE_____
ADDRESS: Denver, NC_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: ____0.67 AC_____
LOCATION OF SITE: Davidson Downs Lot 150_____ PROPERTY RECORDED: _____

WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 6%	0-20	R C SBK	FR SS SP SXP	N/A	34"	F-CSAP PS	N/A	PS 0.3-0.4
		20-48	R CL WSBK	FR SS SP SXP					
		48-62	VER SL SAP M	FR SS SP SXP					
PIT 2	LS 12%	0-6	Br CL WSBK	FR SS SP SXP	CHR 2 @ 24"	24"	N/A	N/A	PS 0.125 DRIP
		6-24	R C SBK	FR SS SP SXP					
PIT 3	LS 12%	0-4	Br SCL WSBK	FR SS SP SXP	YB's 30" CHRT 2 @ 38"	38"	N/A	N/A	PS 0.25
		4-38	R C SBK	FR SS SP SXP					
PIT 4	LS 8%	0-4	Br CL WSBK	FR SS SP SXP	N/A	57"	PS	N/A	PS 0.3-0.4
		4-18	R C SBK	FR SS SP SXP					
		18-32	R CL WSBK	FR SS SP SXP					
		32-60	VER SL SAP M	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	3840+ FT^2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: _____

APPROVED NOV 29 2018
KW

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: DD 150
DATE OF EVALUATION:
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 8%	0-20	R C SBK	FR SS SP SXP	N/A	33"	F-C SAP PS	N/A	PS 0.3-0.4
		20-33	R CL WSBK	FR SS SP SXP					
		33-48	VER SL SAP M	FR SS SP SXP					
AB 2	LS 8%	0-36+	R C SBK	FR SS SP SXP	N/A	36+"	N/A	N/A	PS 0.3
AB 3	LS 8%	0-16	R CL WSBK	FR SS SP SXP	N/A	16"	F-C SAP PS	N/A	PS 0.3-0.4
		16-48	VER SL SAP M	FR SS SP SXP					
AB 4	LS 12%	0-4	Br SCL WSBK	FR SS SP SXP	CHR 2 @ 25"	25"	N/A	N/A	PS 0.125 DRIP
		4-25	R C SBK	FR SS SP SXP					
AB 5	LS 12%	0-20	RY C WSBK	FR SS SP SXP	CHR 2 @ 20"	20"	N/A	N/A	PS 0.125 DRIP

COMMENTS:

RECEIVED JUL 2 8 2020

AP- 239834
AP- (309450-Rev0)

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
(X) 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: (PRINT CLEARLY)

Applicant Name: LEGACY CONSTRUCTORS Address: 4542 IVY RUN LN, DENVER Zip: 28037

Applicant Email: CHRISMOZELEY@YAHOO.COM Phone: 980.297.2787 Alt. Phone: _____

Owner Name: ~~SIERRA~~ RAY DEVELOPMENT Address: 4542 IVY RUN LN, DENVER Zip: 28037

Owner Email: CHRISMOZELEY Phone: 980-297-2787 Alt. Phone: _____

Property Information:

Street Address: 125 CASTLEVIEW LN, MOORESVILLE

Subdivision Name: DAVIDSON DOWNS Section/Phase: IV Lot Number: 150

Driving Directions: 115 SOUTH, L ON PRESBYTERIAN, R ON SINK FARM, R ON MANDALAY, L ON CASTLEVIEW

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence Maximum Number of Bedrooms: 4 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) 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 (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: _____ 7-27-20
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number) 4654763234, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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

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

RECEIVED OCT 26 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 # 239834

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

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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: (PRINT CLEARLY)

Applicant Name: Ray Development Address: 4643 Mariner Ln, Denver, NC Zip: 28037

Applicant Email: _____ Phone: Chris-980-297-2787 Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 125 Castleview Ln

Subdivision Name: Davidson Downs Section/Phase: IV Lot Number: 150

Driving Directions: _____

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(✓) 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: Accepted

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: _____ 10/25/2018
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, Chris Mozeley, am the legal owner(s) of the property located at Davidson Downs Lot 150, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Athanas & Associates, _____, 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
	10/25/2018		

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

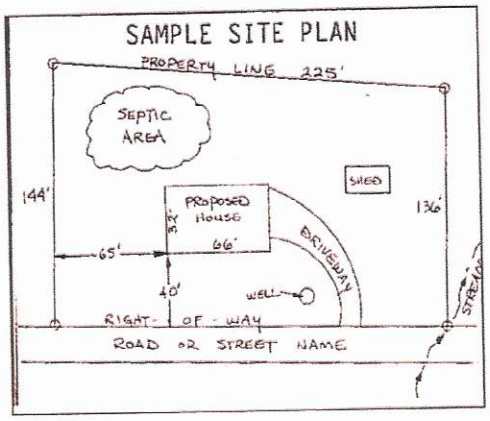
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred well location
- (X) Preferred septic system 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

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

Signature: _____ 7-27-20

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

APPROVED NOV 29 2018
KW

1

12.50

40.08

L42 L43 L44 L45 L46 L47 L48

Scale
1"=40'

Repair Area

AB 5

AB 4

Pit 2

Pit 3

Solid Pipe

AB 2

Clean and fill gully

AB 3

B4-44'

O3-40'

Pit 1

P5-60'

Pit 4

B4-64'

O3-50'

W2-82'

AB 1

Y1-60'

N67°41'44"W 322.05

306.45

N67°41'

151

0.79 AC.

150

0.81 AC.

149

0.82 AC.

N67°54'00"W 312.99

St

House

70'

70'

Dmwg

4'±

CASTLEVIEW LANE

(50' PUBLIC R\W)

Well

55'

108.88

S22°12'56"W

110.

Drive

318.39

120.01

92.70

N

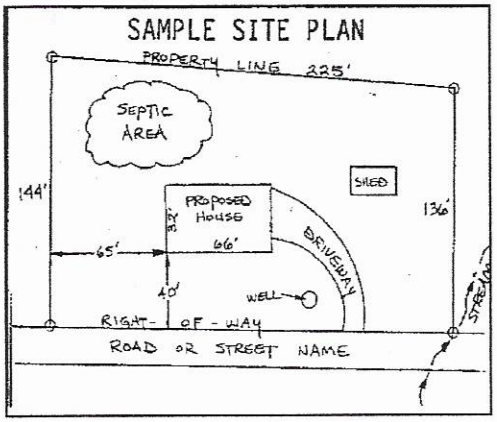
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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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
( ) Preferred well location
( ) Preferred septic system location
( ) 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 plan

Signature: _____ 10/25/2018

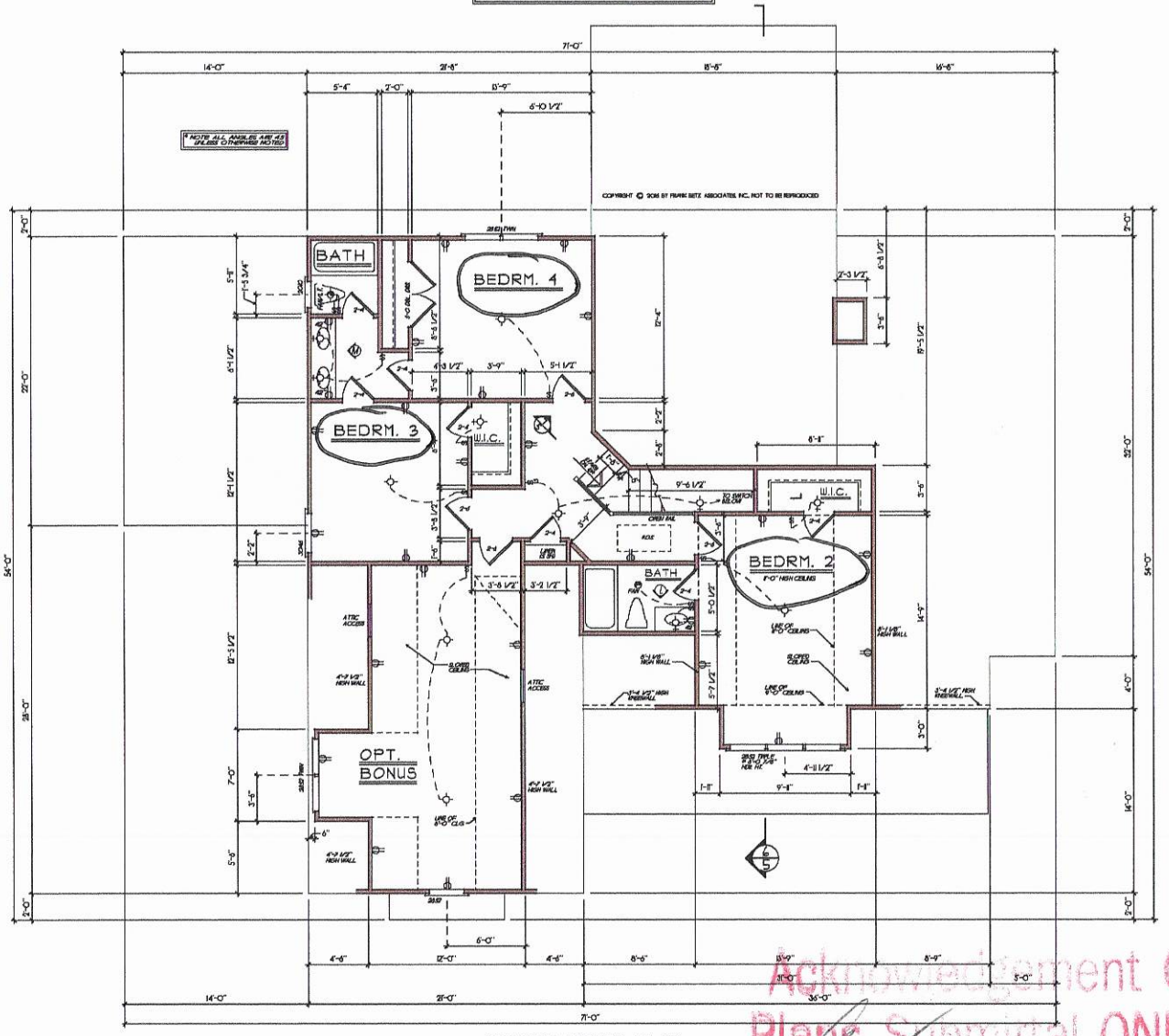
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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NOTE: ALL CEILING JOISTS AND RAFTER BRACING TO BEAR ON LOAD BEARING WALLS DIRECTLY UNDER ROOF RIDGE, LOAD TRAIL LEVELS AND TERMINATE AT POINTS TO CARRY LOAD. TRAIL FLR. LEVELS AND SLAB GRADE BEAM OF FOOTING DESIGNED TO CARRY LOAD.

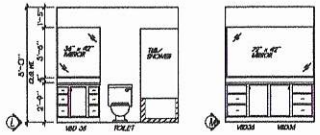
NOTE: ALL ANGLES ARE 45° UNLESS OTHERWISE NOTED

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SECOND FLOOR PLAN

1/4" = 1'-0"



BATH ELEVATIONS

1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY

Date

FRANK BETZ ASSOCIATES, INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

Tom Shuck Date 7/29/2020

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Southern Living Design Collection

REVISIONS	DATE	BY

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SECOND FLOOR PLAN/ BATH ELEVATIONS

THE ANSONBOROUGH

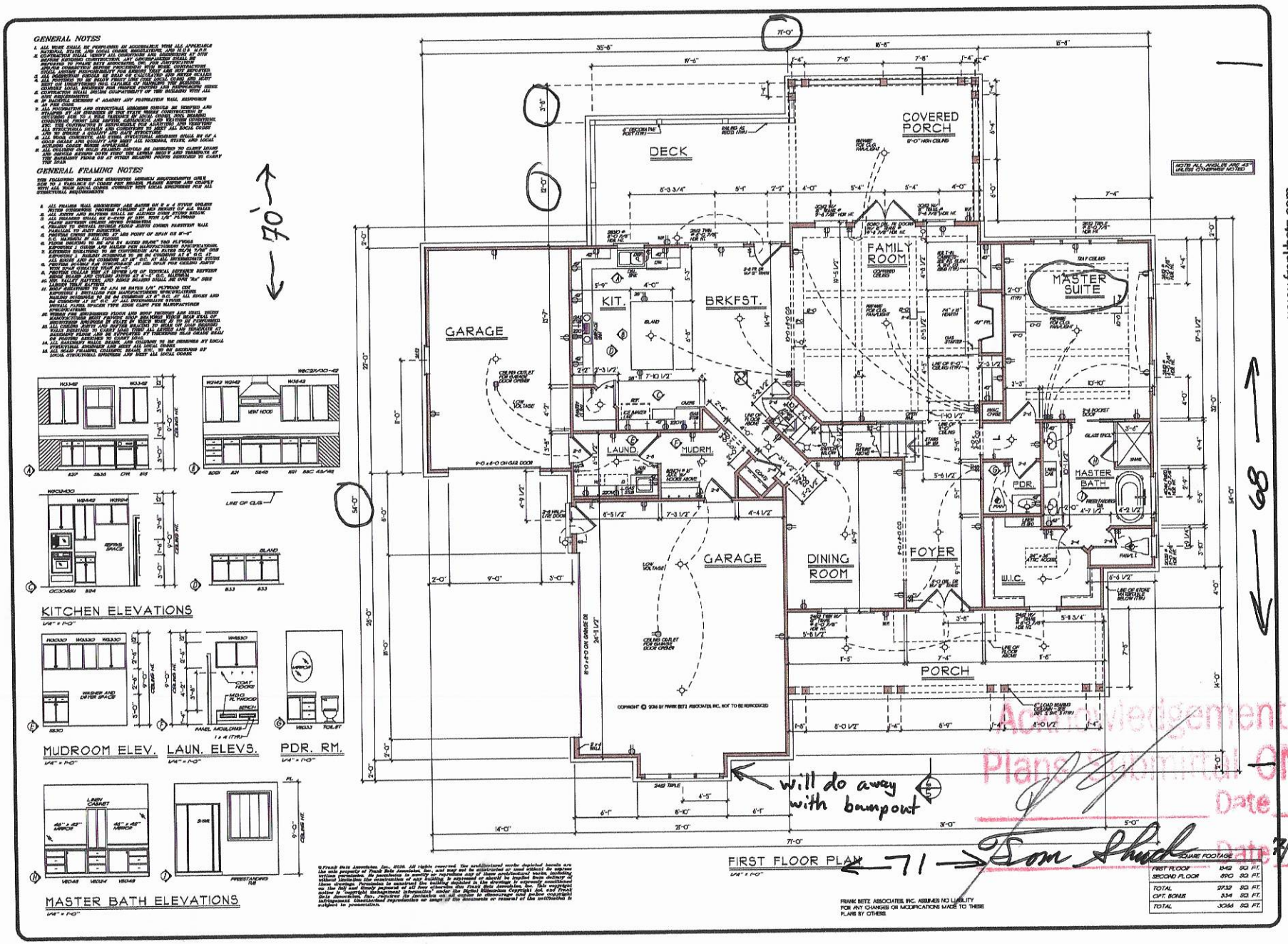
FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3550 GEORGE BUSBEE PARKWAY SUITE 150 KENNESAW, GEORGIA 30144
770-421-0282 888-717-3003

BY: DCF CK: JCH

DATE: 5/2/19

SHEET: 4 OF: 5

5/5/2020 4:58 PM X:\www\anson\dwg\ELEV.dwg



Acknowledgement Copy
Plans Submittal ONLY
Date
Date 7/29/2020

Tom Shuck

REVISIONS	DATE	BY

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FIRST FLOOR PLAN
K. & B. ELEVATIONS

THE ANSONBOROUGH

FRANK BETZ ASSOCIATES, INC.
DESIGNERS OF CUSTOM AND STOCK HOMEPLANS
3550 GEORGE BUSBEE PARKWAY
SUITE 150
KENNESAW, GEORGIA 30144
770-431-0888 888-717-3003

SHT DOT CSG JOH

DATE: 6/3/11

SHEET
3
OF: 5

IREDELL COUNTY

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

APPLICATION NUMBER
239834
Issue Date: 10/26/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4654754930.000	125 CASTLEVIEW LANE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: RAY DEVELOPMENT LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: 4643 MARINER LANE	Address: 561 ENNIS RD
DENVER, NC 28037	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	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	156937	TOTAL FEES:	$ 77.25