ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 315698

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

PIN # 4677 -- 35 -- 8988

APPLICANT/OWNER: Bradley Smith | APPLICANT ADDRESS: 129 Lakewood Cir Dr., Mooresville, NC 28117

SITE ADDRESS: 197 Alexander Acres Rd, Mooresville NC 28115 | PHONE: 704-608-7867 | ALT. PHONE

SITE DIRECTIONS: (E) NC 150/152 → (R) Alexander Acres → lot on (L) | SAP CONTROLLED: [X] YES [ ] NO

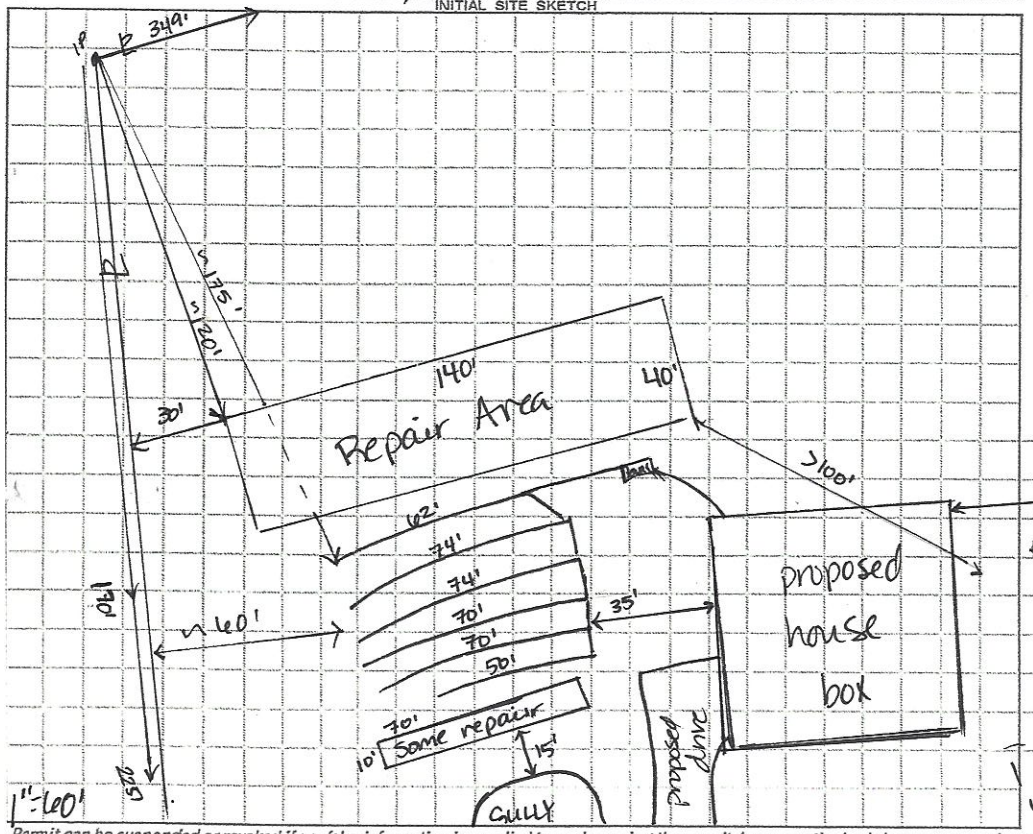
SUBDIVISION: N/A | SECTION: N/A | LOT # N/A | LOT AREA: 5.01 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3 (I&R)

Septic Tank	1000 (gal)	STB	SHOAF 760	Date	11/25/22	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction - Gravity	[ ] Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	25% Reduction	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	400'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

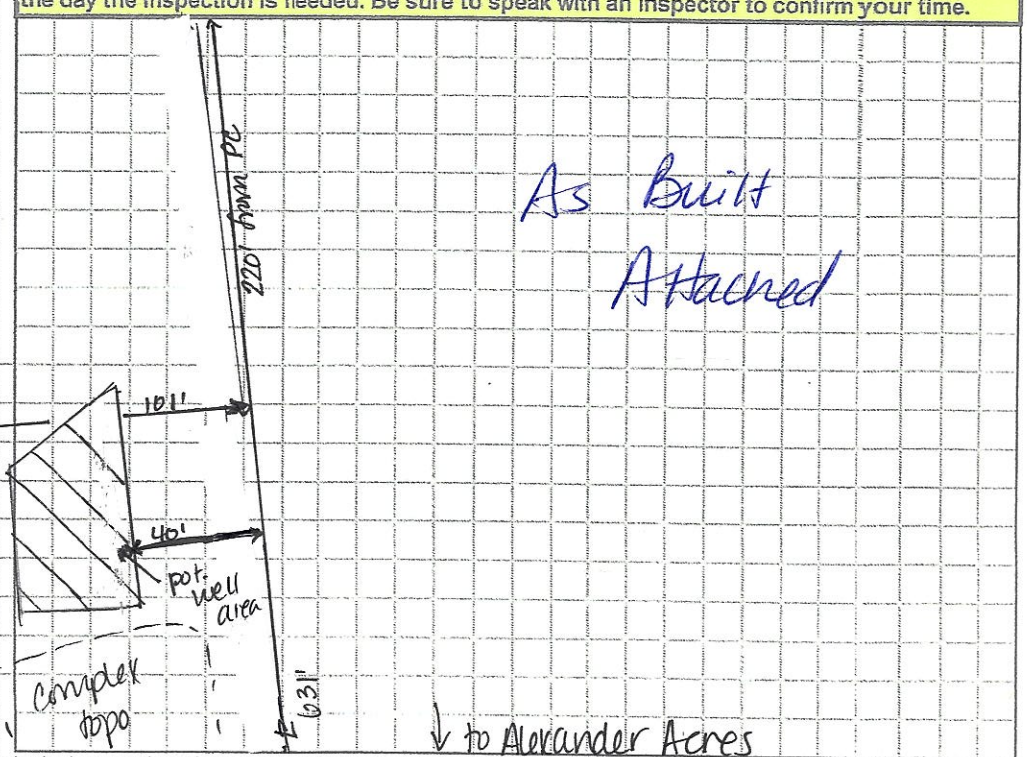
Comments / Conditions: Maintain 15' off side of house and from any gully or cut >2'. 25' off back of house where upslope from foundation drains. Install on contour of land, use serial distribution. Divert all drainage from drainfields.

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Bradley Smith | Date:

IMPROVEMENT PERMIT by: D. Wieberg | Date: 5/21/21 | Installed by: Stutts Grading

AUTHORIZATION TO CONSTRUCT by: D. Wieberg | Date: 5/21/21 | OPERATION PERMIT by: D. Wieberg | Date: 3/4/22

Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 315698

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

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SITE DIRECTIONS: (E) NC 150/152 → (R) Alexander Acres → lot on (L)

SAP CONTROLLED: [X] YES [ ] NO

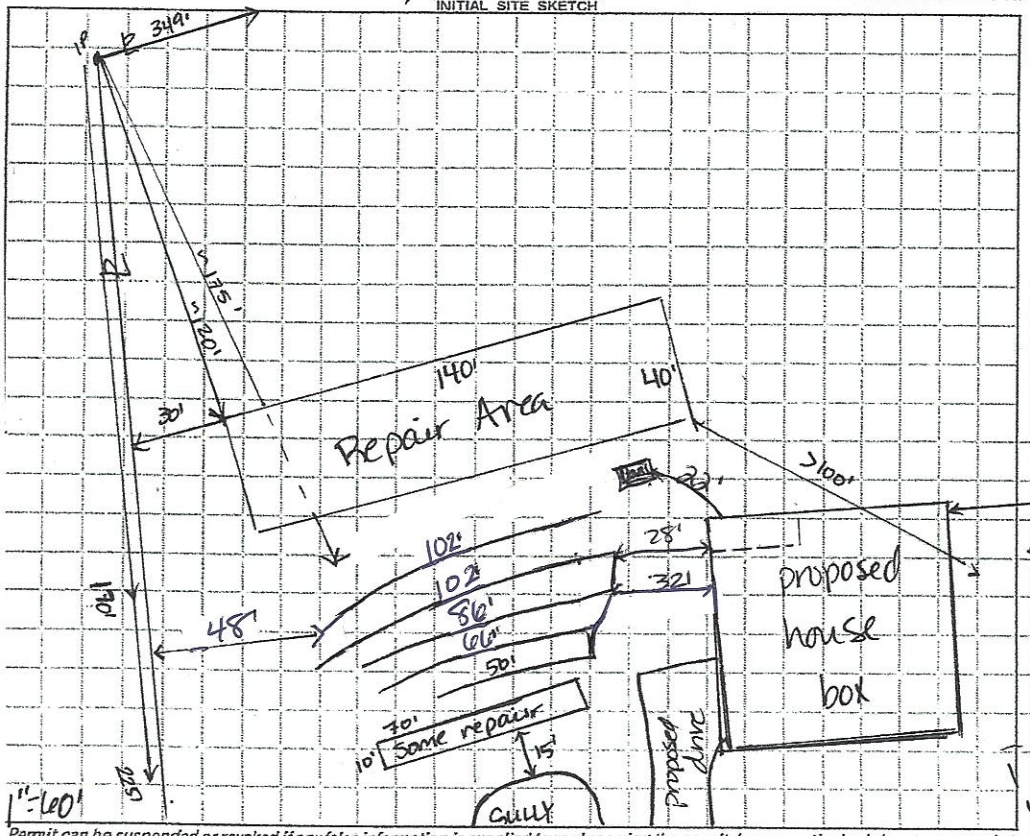
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.01 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3 (I&R)

Septic Tank	1000	(gal)	STB	SHOAF 760	Date	11/25/22	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction - Gravity			
Pump Make			Model		Serial #		Repair System Description:	25% Reduction			
# Nitrification Fields	1		# Lines	6	Linear Ft	400'	Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	36"		Trench Bottom Depth(Low side)	32"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE			

[X] Residence No. Bedrooms 4 Water Supply
[ ] Business No. Persons 8 [X] Private
[ ] Other No. Employees [ ] Public
[ ] Slab [X] Crawl Space [ ] Community
[ ] Basement w/plumbing [ ] Basement w/o plumbing

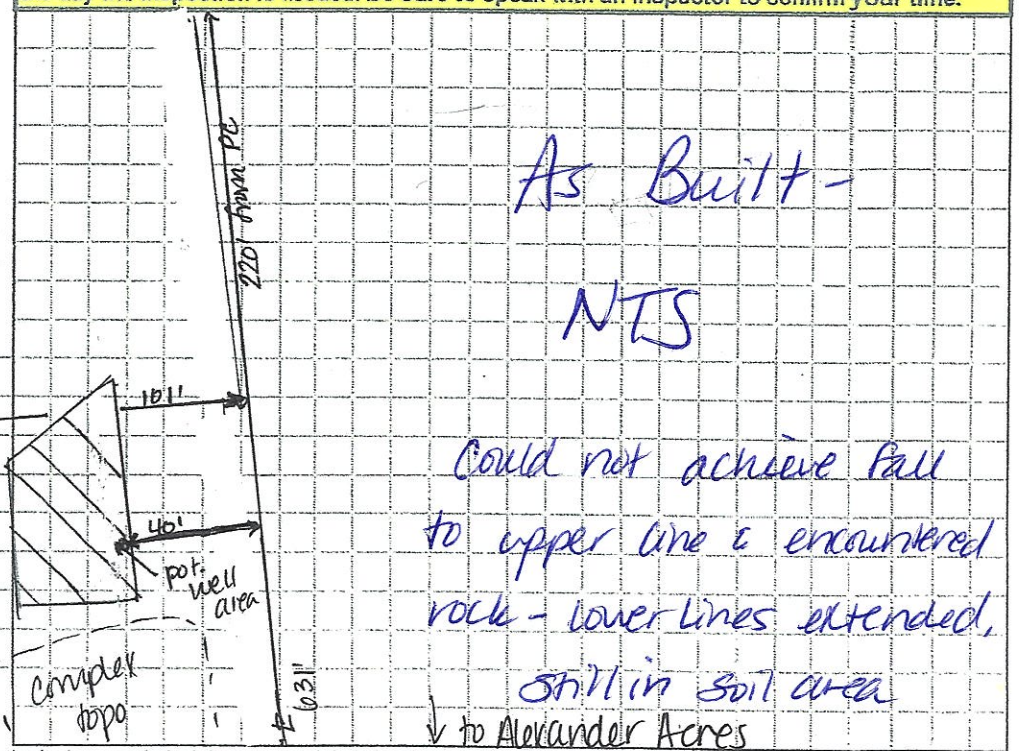
Comments / Conditions: Maintain 15' off side of house and from any gully or cut >2'. 25' off back of house where upslope from foundation drains. Install on contour of land, use serial distribution. Divert all drainage from drain fields.

INITIAL SITE SKETCH



AS BUILT SKETCH

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



As Built - NTS

Could not achieve fall to upper one & encountered rock - lower lines extended, still in soil area ↓ to Alexander Acres

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Bradley Smith Date:

IMPROVEMENT PERMIT by: D. Wieberg Date: 5/21/21

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 5/21/21

Installed by: Stutts Grading

OPERATION PERMIT by: D. Wieberg Date: 3/4/23

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #4677 35 89
COUNTY: Iredell

1 24'34 § 3'57'

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Bradley Smith
ADDRESS: 129 Lakewood Cir. Dr. Mooresville 28117
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 197 Alexander Acres, Mooresville
APPLICATION DATE 3/22/21
DATE EVALUATED: 4/9/21
PROPERTY SIZE: 5.01 ac
PROPERTY RECORDED: Yes

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) .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	LS 8%	0-4	CL-SBK	SSSP-FR-SEXP	5Y 7/3 / 2.5Y 7/3 @ 21", 16"	(48")	N/A	N/A	PS 0.15 to 21" 0.3 below
		4/12 3/4	C-PL/ABK/SBK	SSSP-F/FR-SEXP					
		23-35	CL-SBK	SSSP-FR-SEXP					
		35-48	CL-WSBK	SSNP-FR-SEXP	Mica & sap prevalent in bottom layer				
2	LS 11%	0-6	CL/SCL-SBK	SSSP-FR-SEXP	2.5Y 6/6 @ 9"	(44")	(32"HS)/36" HS		PS US to 19" 0.3 below
		6-19	C-PL/ABK	SSSP F/FR SEXP					
		19-32	CL-SBK	SSSP-FR-SEXP	sap incl. mica prevalent in CL layers				
		32-44	CL-WSBK	SSSP-FR-SEXP			(L)		
		44-52	SAP-M-SCL	NSNP-FR-S				N/A	
3	LS 11%	0-8	CL-SBK	SSSP-FR-SEXP	2.5YR 4/8 mottling 8-20"	(32")	(SL/L)	N/A	US to 20" 0.3
		8-20	C-PL/ABK	SSSP-F/FR-SEXP					
		20-32	CL-SBK	SSSP-FR-SEXP					
		32-46	CL/SAP-SBK(M)	SSNP-FR-SEXP					
		46-52	SAP-M-SCL	NSNP-FR					
4	LS 10%	0-8	CL/SCL-SBK	SSSP-FR-SEXP	2.5Y 5/4 mottling (sand) 8-20"	(64")	N/A	N/A	PS 0.2 to 20" 0.3
		8-20	C-ABK	SSSP-FR-SEXP					
		20-35	CL-SBK	SSSP-FR-SEXP					
		35-54	CL-WSBK	SSNP-FR-SEXP	Heavy sap & mica in CL layers				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	400'
System Type(s)	25% red	25% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Imeberg
OTHER(S) PRESENT: C. Whitaker

COMMENTS: Dry. min rain day before, none 8 days prior. Wooded lot

Slope correction 4%

mica prevalent in C layers & CL

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

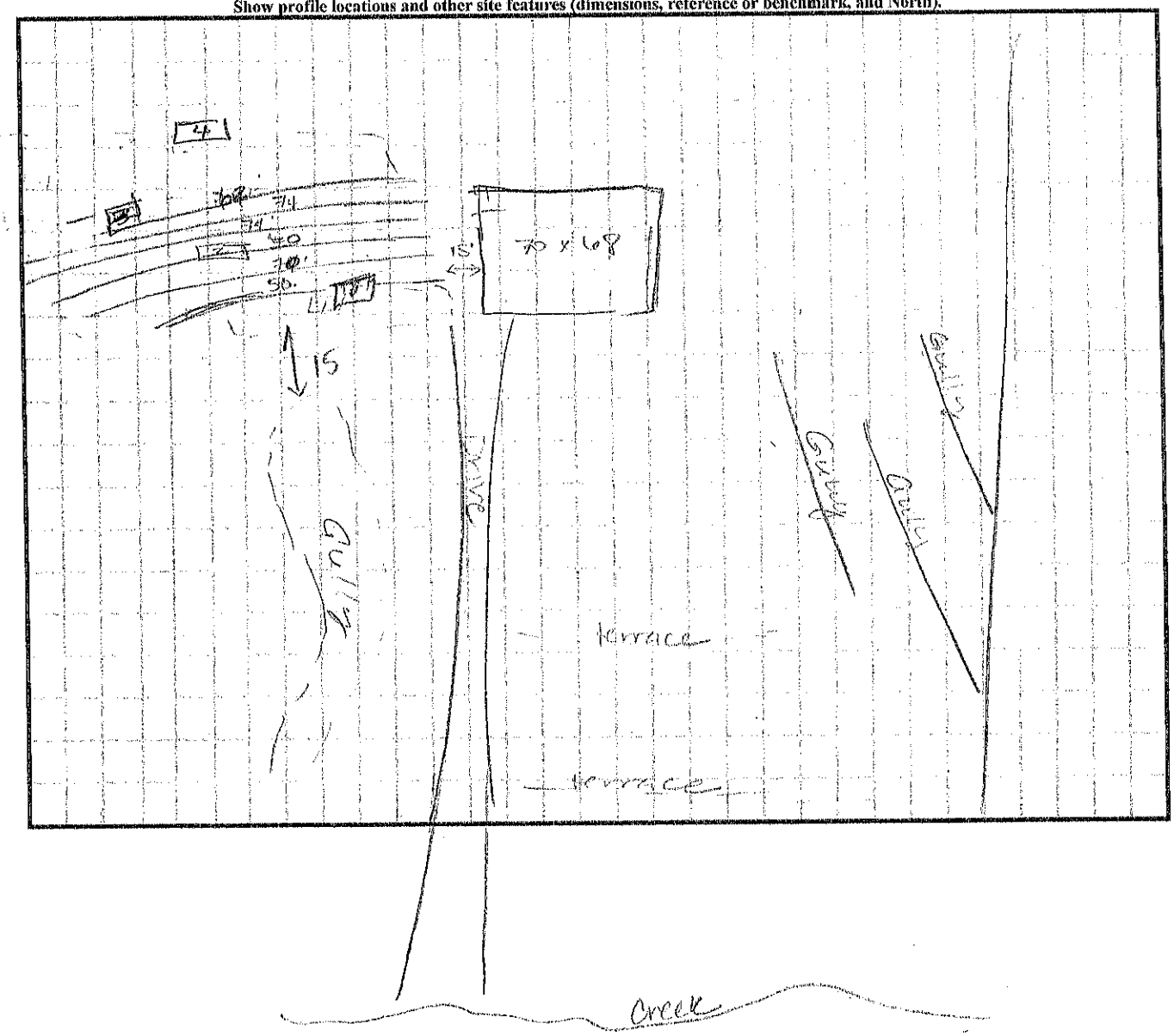
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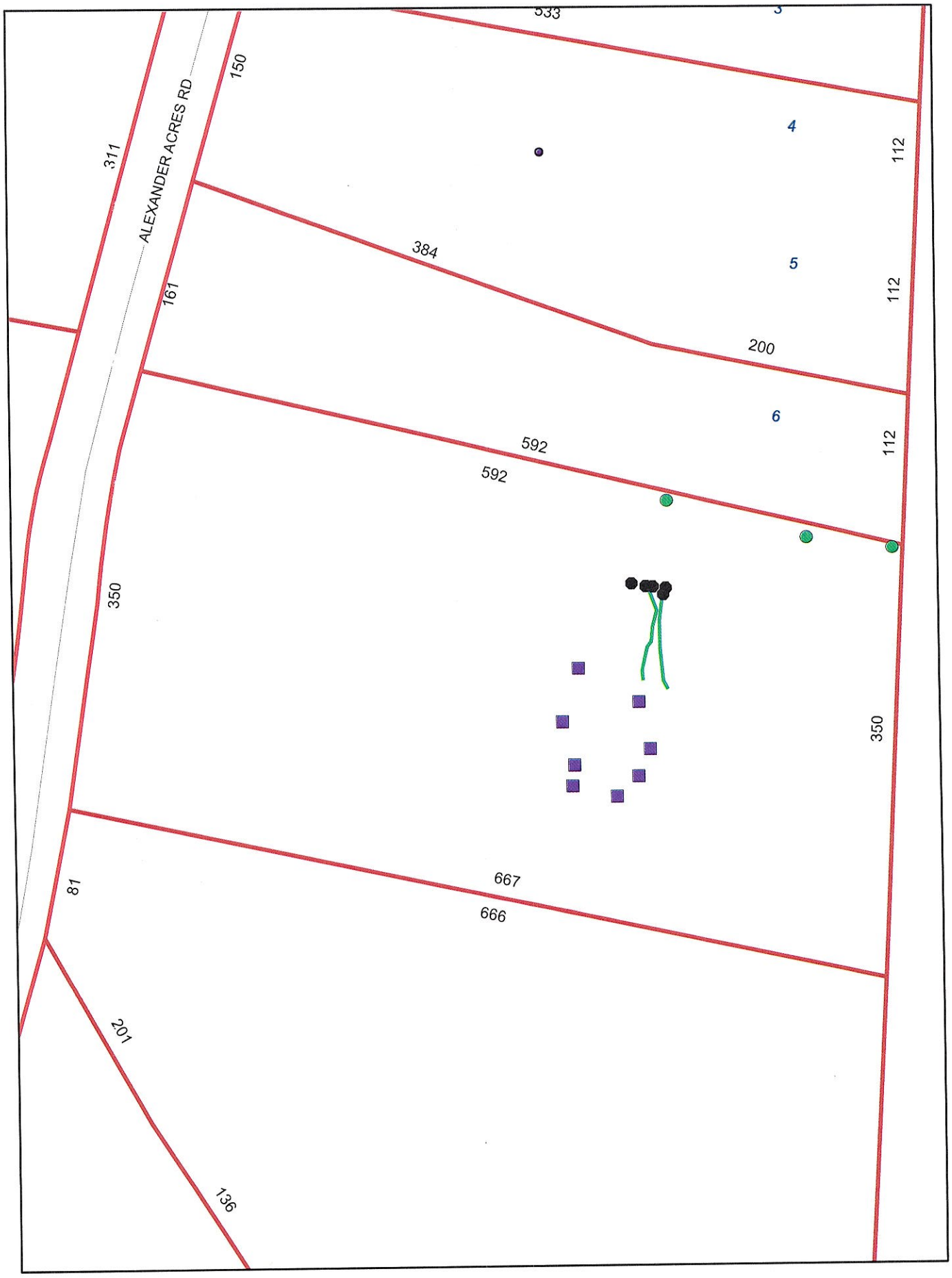
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).





1 inch = 100 feet

RECEIVED MAR 22 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

3015698

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: (X) 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: Bradley Smith Address: 129 Lakewood Circle Dr Mooresville Zip: 28117
Applicant Email: bull744826@yahoo.com Phone: 704-608-7867 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 197 Alexander Acres Road Mooresville NC 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Turn right on Alexander Acres, property is on left approx ½ mile

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

(X) 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: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 (X) 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.

PAID Cash/Check 3/22/21

Signature: Bradley Smith 3/9/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*) Bradley Smith

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)_____, 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.

Bradley Smith _____ 3/9/21
Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

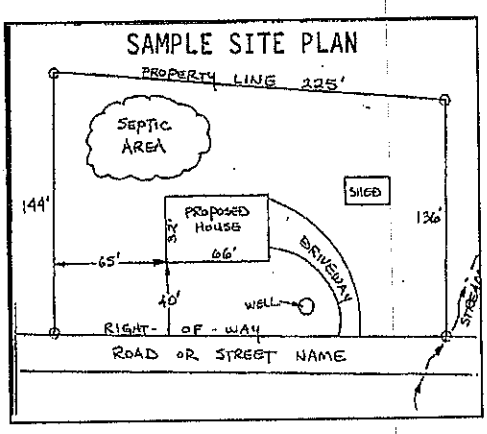
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

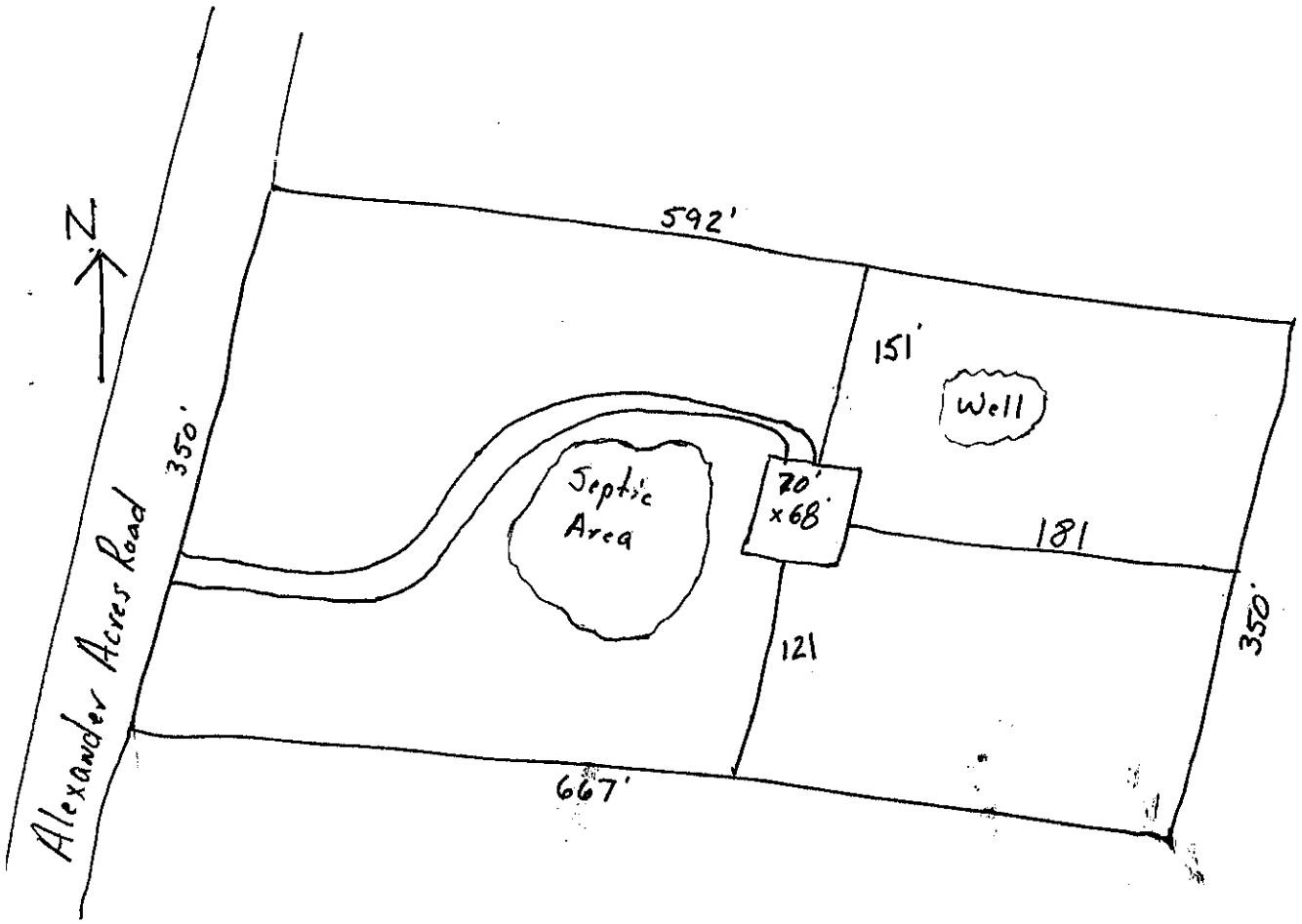
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

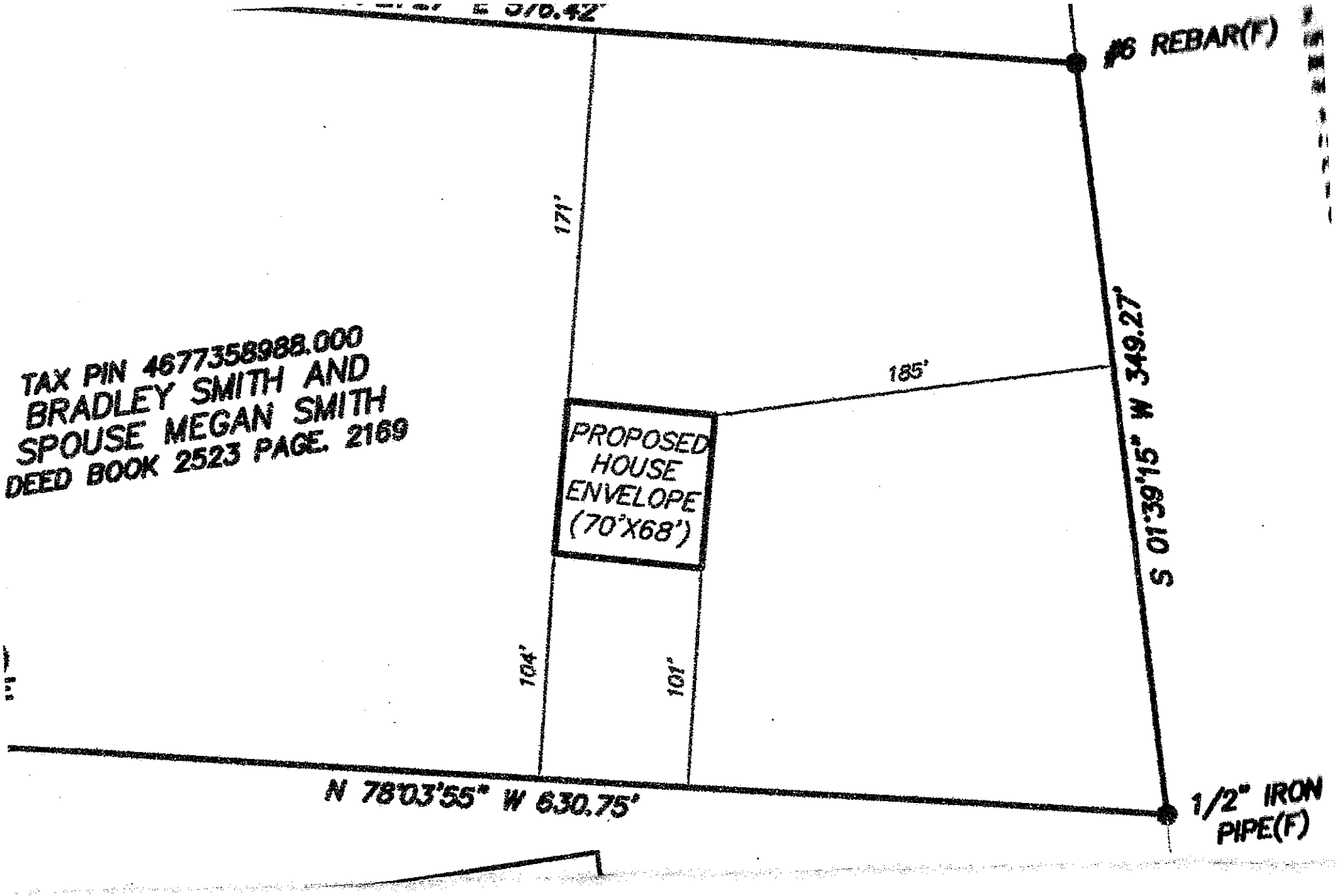


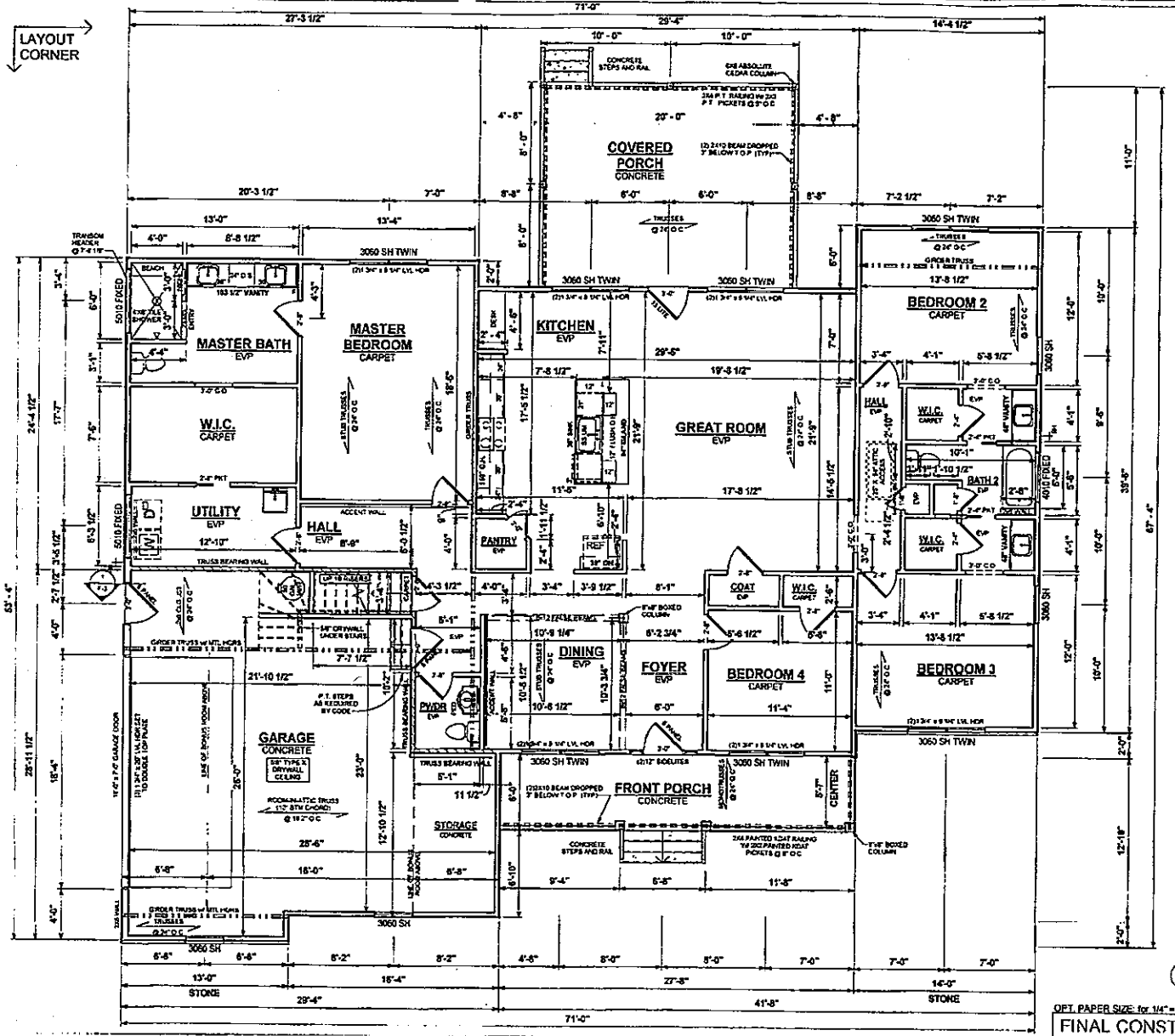
Signature: Bradley Smith

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

3-10-21

DATE


#6 REBAR(F)
171'
185'
S 01°39'15" W 349.27'
TAX PIN 4677358988.000
BRADLEY SMITH AND
SPOUSE MEGAN SMITH
DEED BOOK 2523 PAGE. 2169
PROPOSED
HOUSE
ENVELOPE
(70'X68')
104'
101'
N 78°03'55" W 630.75'
1/2" IRON
PIPE(F)



SPECIAL NOTES

- QUARTZ KITCHEN COUNTERTOPS w/ BEVEL EDGE STYLE, 4" QUARTZ BACKSPLASH, AND STAINLESS STEEL UNDERMOUNT SINK
- CULTURED MARBLE VANITY COUNTERTOPS IN ALL BATHS
- SMOOTH CEILINGS THROUGHOUT
- PULL DOWN STAIR - INSULATED AND SEALED
- 47X5 TILE SHOWER w/ 3' RETURN WALL, BENCH SEAT, NICHE, ZERO ENTRY, AND OVERHEAD SHOWER MODEL #82158-SS2S w/ SEPARATE VALVE IN MASTER BATH
- COLORED GUTTERS
- ALL DOORS TO HAVE REMI STYLE LEVERED HARDWARE
- GARAGE WALLS AND CEILING TO BE INSULATED
- KITCHEN APPLIANCES BY OWNER
- CREDIT (4) TV JACKS

Acknowledgement Of Plans Submittal ONLY!

Date 5-14-21

Date

① FIRST FLOOR PLAN CP
1/8" = 1'-0"

OPT. PAPER SIZE: for 1/4" = 1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL CONSTRUCTION PLANS

Revision Schedule		
Revision Number	Revision Description	Revision Date
1	PRELIM	09/24/20

AREAS:	
FIRST FLOOR HEATED	2,402 SF
TOTAL HEATED	2,402 SF
GARAGE	619 SF
BONUS ROOM	419 SF
REAR PORCH	320 SF
FRONT PORCH	149 SF
TOTAL UNDER ROOF	1,892 SF
	3,992 SF

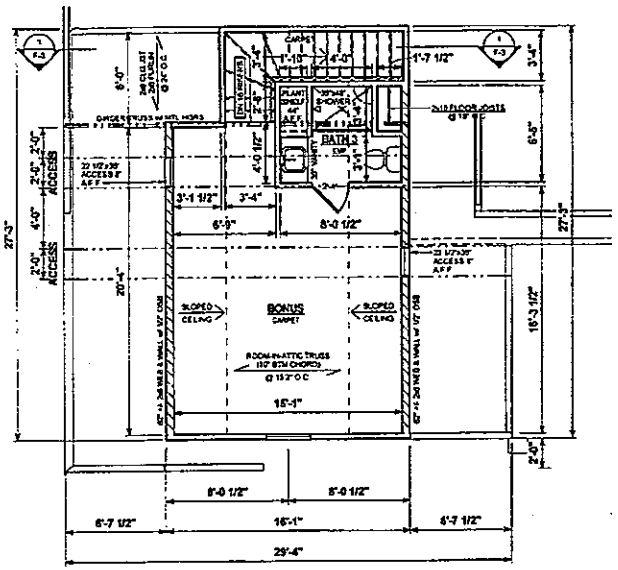
THE: FRANKLIN - CUSTOM
FOR: BRADLEY & MEGAN SMITH
TBD ALEXANDER ACRES RD
MOORESVILLE, NC 28115
DESIGN BY: STATESVILLE, NC
SCULPT BY: J. SCHOOLEY

PROPERTY OF: AMERICA'S HOME PLACE
DRAWN BY: T. R
CHECKED BY: R. T
JOB#: 87-20-092
2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED
FOUNDATION TYPE: CRAWLSPACE
PRINT DATE: 1/27/2021 11:41:44 AM
SHEET NUMBER: F-2
FIRST FLOOR PLAN

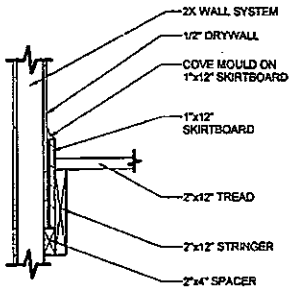
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PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

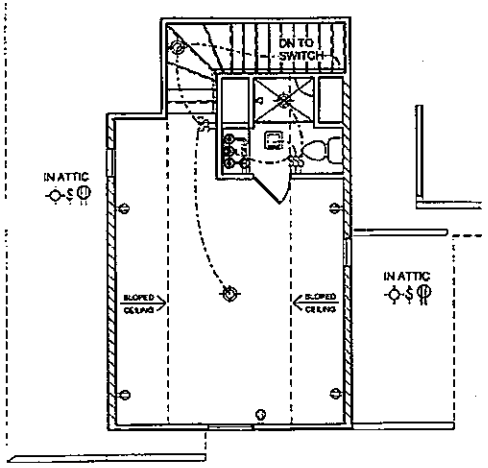


2 BONUS ROOM PLAN
1/8" = 1'-0"

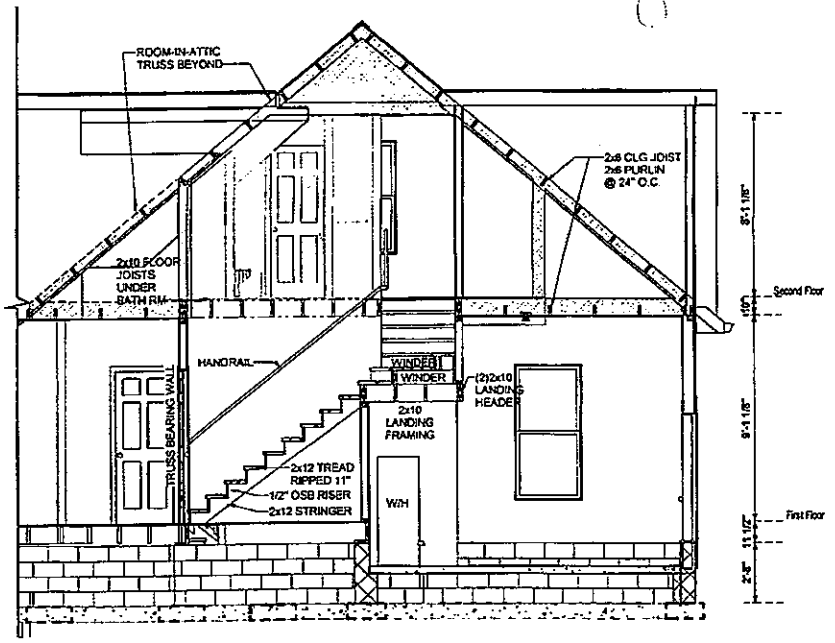


3 900.5 STAIR SECTION THRU STRINGER
3/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!
Date 5-14-21
Date



4 BONUS ROOM ELEC. PLAN
1/8" = 1'-0"



1 STAIR SECTION
3/16" = 1'-0"

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL CONSTRUCTION PLANS

Revision Schedule			
Revision Number	Revision Description	Revision Date	
1	PRELIM	05/24/20	

AREAS:		
FIRST FLOOR HEATED	2,402 SF	
	2,402 SF	
GARAGE	480 SF	
BONUS ROOM	416 SF	
REAR PORCH	320 SF	
FRONT PORCH	156 SF	
TOTAL UNDER ROOF	3,993 SF	

JOB: FRANKLIN - CUSTOM
FOR: BRADLEY & MEGAN SMITH
TBD ALEXANDER ACRES RD
MOORESVILLE, NC 28115
OFFICE: STATESVILLE, NC
SOLD BY: J SCHOOLEY

JOB# 87-20-092
2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED
FOUNDATION TYPES: CRAWLSPACE

DRAWN BY: T R
CHECKED BY: R T
PRINT DATE: 5/27/2021 11:41:44 AM

PROPERTY OF:

SHEET NUMBER: F-3

BONUS ROOM PLAN

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PAPER SIZE: 11" x 17" SCALE: As Indicated

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: AP-315698 Subdivision: -

Proposed Use: SINGLE FAMILY RESIDENCE

Street Address: 197 ALEXANDER ACRES RD

Tax PIN: 4677358988.000 Zoning: R2 Lot: Size: 5.01

Owner: SMITH BRADLEY+MEGAN Applicant: SMITH BRADLEY+MEGAN

Address: Address:

,

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 are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date

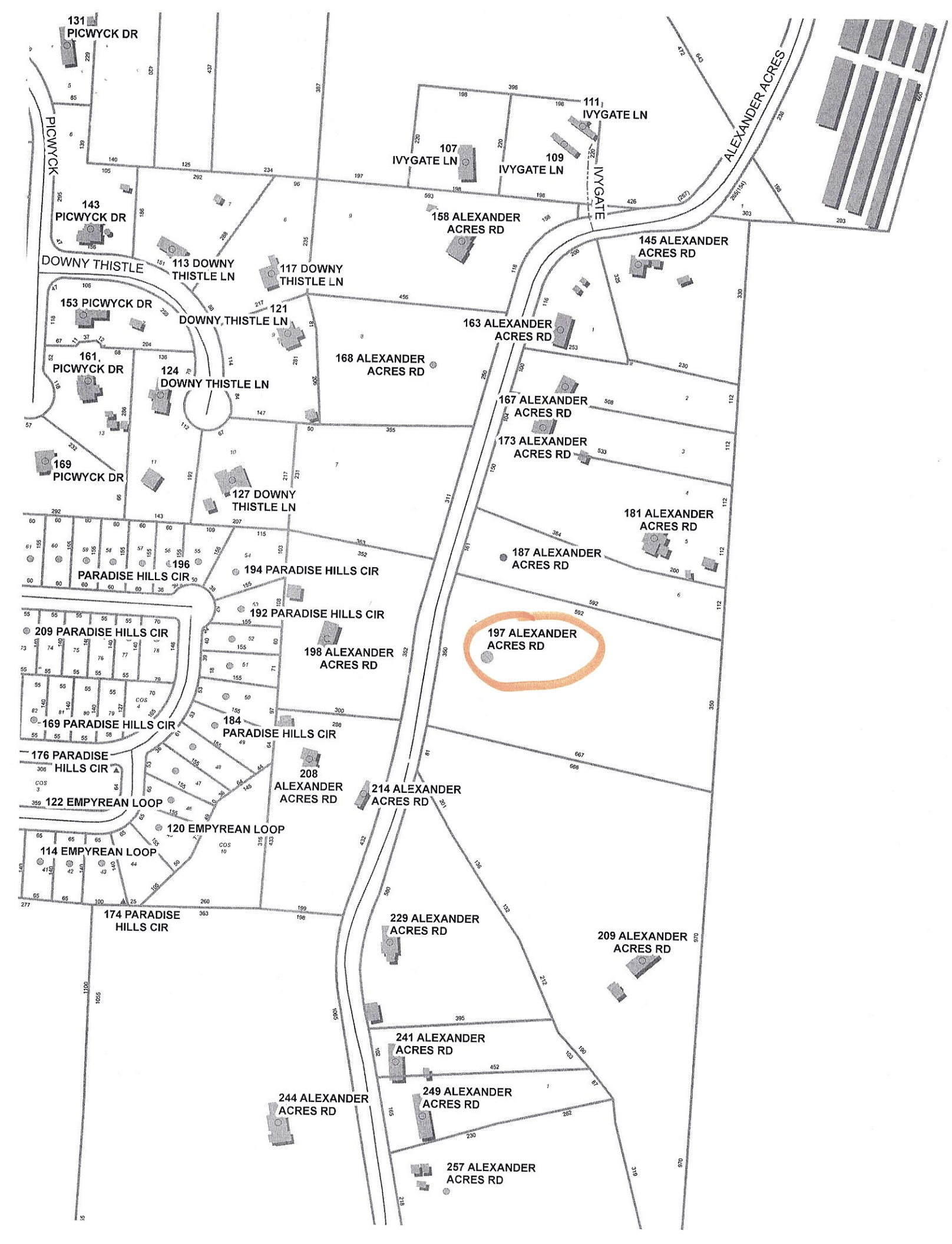
If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: 5.01 Front Yard Depth: 30 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 15

Remarks: MUST HAVE ONE TREE PER LOT IN FRONT YARD BEHIND SIDEWALK.–INSTALLATION OF SIDEWALK IS REQUIRED MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS

CPMP	03/11/2021	
Approved By:	Date	Application Fee


131 PICWYCK DR
PICWYCK
143 PICWYCK DR
153 PICWYCK DR
161 PICWYCK DR
169 PICWYCK DR
DOWNY THISTLE
113 DOWNY THISTLE LN
117 DOWNY THISTLE LN
121 DOWNY THISTLE LN
124 DOWNY THISTLE LN
127 DOWNY THISTLE LN
111 IVYGATE LN
107 IVYGATE LN
109 IVYGATE LN
IVYGATE
ALEXANDER ACRES
158 ALEXANDER ACRES RD
145 ALEXANDER ACRES RD
163 ALEXANDER ACRES RD
168 ALEXANDER ACRES RD
167 ALEXANDER ACRES RD
173 ALEXANDER ACRES RD
181 ALEXANDER ACRES RD
187 ALEXANDER ACRES RD
197 ALEXANDER ACRES RD
196 PARADISE HILLS CIR
194 PARADISE HILLS CIR
192 PARADISE HILLS CIR
209 PARADISE HILLS CIR
198 ALEXANDER ACRES RD
169 PARADISE HILLS CIR
184 PARADISE HILLS CIR
176 PARADISE HILLS CIR
208 ALEXANDER ACRES RD
214 ALEXANDER ACRES RD
122 EMPYREAN LOOP
120 EMPYREAN LOOP
114 EMPYREAN LOOP
174 PARADISE HILLS CIR
229 ALEXANDER ACRES RD
209 ALEXANDER ACRES RD
241 ALEXANDER ACRES RD
244 ALEXANDER ACRES RD
249 ALEXANDER ACRES RD
257 ALEXANDER ACRES RD