Shelby Cnty Judge of Probate, AL
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Shelby Cnty Judge of Probate, AL
08/04/2014 10:35:56 AM FILED/CERT

LEGEND

- IRON PIN FOUND 1/2" OUTSIDE DIAMETER
- CONCRETE MONUMENT FOUND.
- PK NAIL FOUND.
- # 5 REBAR SET WITH CAP STAMPED (CPS)
- 4"X4" CONCRETE MONUMENT SET STAMPED.
- PK NAIL SET WITH DISK STAMPED.
- TRAVERSE POINT.
- UTILITY POLE.
- PP - PINCHED PIPE.
- I.P.S.- IRON PIN SET
- ROW - RIGHT OF WAY.
- OVERHEAD UTILITY LINE(S).
- FENCE.
- CONCRETE.
- REC - RECORDED
- NOT TO SCALE.
- AC. - ACRES.
- ℄ - CENTERLINE.
- D.B. - DEED BOOK.
- M.B. - MAP BOOK.
- P.B - PLAT BOOK
- PG - PAGE.
- ESMT - EASEMENT.
- M.B.L. - MINIMUM BUILDING LINE
- REF. MON. - REFERENCE MONUMENT.
- 1/4 - 1/4 TIE

GRAPHIC SCALE

50 0 25 50 100 200

(IN FEET)
1 inch = 50 ft.

SHELBY COUNTY NOTES:

A. ALL EASEMENTS ON THIS MAP ARE FOR PUBLIC UTILITIES, SANITARY SEWER, STORM SEWERS, STORM DITCHES AND MAYBE USED FOR SUCH PURPOSES TO SERVE THE PROPERTY BOTH WITHIN AND WITHOUT THE SUBDIVISION. SHELBY COUNTY IS NOT RESPONSIBLE FOR THE MAINTENANCE OF ANY EASEMENTS SHOWN ON THIS PLAT OUTSIDE OF THE PUBLIC RIGHT-OF-WAY.

B. CONTRACTOR AND/OR DEVELOPER ARE RESPONSIBLE FOR PROVIDING BUILDING SITES FREE OF DRAINAGE PROBLEMS.

C. NO FURTHER SUBDIVISION OF ANY PARCEL SHOWN HEREON SHALL BE ALLOWED WITHOUT THE PRIOR APPROVAL OF THE SHELBY COUNTY PLANNING COMMISSION.

D. DRIVEWAY(S) SHALL BE RESTRICTED TO THE LOCATION(S) SHOWN ON THIS PLAT. DRIVEWAY ACCESS PERMIT REQUIRED PRIOR TO INSTALLATION OF DRIVEWAY(S). CONTACT THE SHELBY COUNTY HIGHWAY DEPARTMENT AT 669-3860 TO OBTAIN ACCESS PERMIT.

E. THIS ENTIRE PROPERTY IS LOCATED IN ZONE "X", AS SHOWN ON THE LATEST FLOOD INSURANCE RATE MAPS, PANEL # 01117C 0435 E, DATED FEBRUARY 20, 2013.

F. MAINTENANCE OF DETENTION PONDS AND ALL ASSOCIATED STRUCTURES AND APPURTENANCES ARE THE RESPONSIBILITY OF THE HOMEOWNERS ASSOCIATION.

G. ANY CONSTRUCTION OR ENCROACHMENT IN A DESIGNATED FLOOD PLAIN MUST COMPLY WITH THE SHELBY COUNTY FLOOD DAMAGE PREVENTION ORDINANCE.

H. NO ENCROACHMENTS, INCLUDING STRUCTURES OR FILL MATERIAL, SHALL BE PLACED WITHIN A DESIGNATED FLOOD PLAIN UNLESS AND UNTIL A FLOOD PLAIN DEVELOPMENT PERMIT HAS BEEN SUBMITTED AND APPROVED BY THE COUNTY ENGINEER. ALL DEVELOPMENT WITHIN A DESIGNATED FLOOD PLAIN MUST COMPLY WITH THE SHELBY COUNTY FLOOD DAMAGE PREVENTION ORDINANCE.

I. SHELBY COUNTY IS NOT NOW, NOR WILL BE IN THE FUTURE, RESPONSIBLE FOR THE MAINTENANCE OF PRIVATE ROADS OR EASEMENTS SHOWN ON THIS PLAT.

1.8 A. SINK HOLE NOTE:
THE SUBDIVISION SHOWN HEREON, INCLUDING LOTS AND STREETS, LIES IN AN AREA WHERE NATURAL LIME SINKS MAY OCCUR. LIME SINKS, AS LOCATED AND SHOWN ON THE ABOVE PLAT, WERE FOUND BUT NOT REPAIRED UNLESS OTHERWISE NOTED ON THE PLAT. YOUR SURVEYOR, SHELBY COUNTY, SHELBY COUNTY ENGINEER, THE SHELBY COUNTY PLANNING COMMISSION, MEMBERS THEREOF, AND ALL OTHER AGENTS, SERVANTS, OR EMPLOYEES OF SHELBY COUNTY, ALABAMA, MAKE NO REPRESENTATIONS WHATSOEVER THAT THE SUBDIVISION LOTS AND STREETS ARE SAFE OR SUITABLE FOR RESIDENTIAL CONSTRUCTION, OR FOR ANY OTHER PURPOSES WHATSOEVER.

J. CONTRACTOR AND/OR DEVELOPER SHALL BE RESPONSIBLE FOR INSTALLATION AND MAINTENANCE OF EROSION AND SEDIMENTATION CONTROLS DURING CONSTRUCTION FOR THE PROTECTION OF ADJACENT PROPERTIES, ROADWAYS AND WATERWAYS.

K. ALL PARTS OF THIS MAP HAVE BEEN COMPLETED IN ACCORDANCE WITH THE REQUIREMENTS OF THE MINIMUM TECHNICAL STANDARDS FOR THE PRACTICE OF LAND SURVEYING IN THE STATE OF ALABAMA.

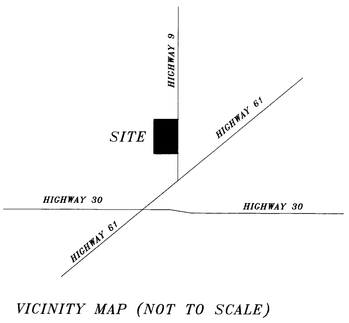
L. BUILDER IS RESPONSIBLE FOR THE DRAINAGE ON EACH LOT AND IN AND AROUND EACH BUILDING.

M. SHELBY COUNTY IS NOT RESPONSIBLE FOR ANY ACCIDENTS THAT MAY HAPPEN AT EXISTING DRIVEWAYS.

N. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH SHELBY COUNTY SPECIFICATIONS.

O. WATER IS NOT AVAILABLE FROM SHELBY COUNTY.

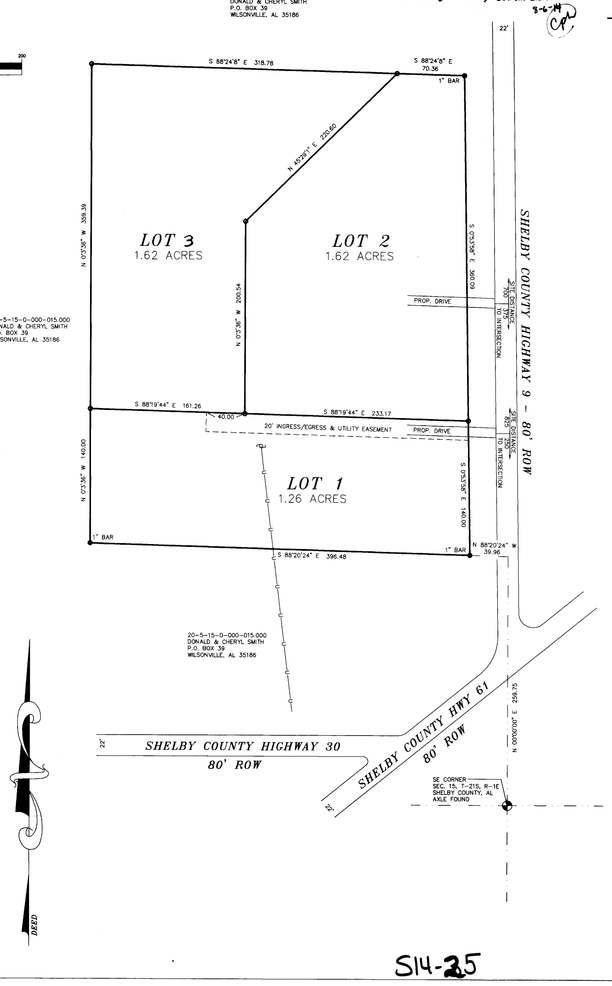
P. THE CURRENT ZONING FOR THIS SUBDIVISION IS A-1.



VICINITY MAP (NOT TO SCALE)

RODNEY SHIFLETT SURVEYING
P.O. BOX 204
COLUMBIANA, ALABAMA 35051
TEL. 205-669-1205 FAX. 205-669-1298
JOB #14161

Correct Lot Numbers to Final Plat for Boatwright Family Subdivision 8-6-14



FINAL PLAT OF

BOATWRIGHT FAMILY SUBDIVISION

A FAMILY SUBDIVISION, FOR RESIDENTIAL PURPOSES, SITUATED IN THE SE 1/4 OF SECTION 15, TOWNSHIP 21 SOUTH, RANGE 1 EAST, SHELBY COUNTY, ALABAMA.

PREPARED FOR:
JAMES BOATWRIGHT

PREPARED BY:
RODNEY SHIFLETT
P.O. BOX 204
COLUMBIANA, AL 35051
669-1205

STATE OF ALABAMA
SHELBY COUNTY
JULY 24, 2014

The undersigned, Rodney Y. Shiflett, a Licensed Land Surveyor, State of Alabama, and James W. Boatwright and Joyce D. Boatwright, as owner(s), hereby certify that this plat or map was made pursuant to a survey made by said surveyor and that said survey and this plat or map was made at the instance of said owner; that this plat or map is a true and correct map of lands shown therein known as, BOATWRIGHT FAMILY SUBDIVISION, showing the sub-divisions into which it is proposed to divide said lands, giving the lengths and bearings of each lot line and its number, showing the streets, alleys and public grounds, giving the name by which each street is to be known and the number of each lot and showing the relation to the government survey, and that iron pins have been found and set at all corners of said lots and that iron pins have been found and set at all angle points and circles for set irons and small closed circles for found irons on said plat or map. Said owners also certifies that they are the owner of said lands and that the same is not subject to any mortgage. I further state that all parts of this survey and drawing have been completed in accordance with the current requirements of the Standards of Practice for the Practice of Land Surveying in the State of Alabama to the best of my knowledge, information and belief.

In witness thereof, said surveyor executed these presents this 24 day of July 20 14

By Rodney Y. Shiflett Date 7-24-14
Rodney Y. Shiflett, P.L.S. #21784
P.O. Box 204
Columbiana, AL 35051
205-669-1205

ALABAMA REGISTERED No. 21784 PROFESSIONAL LAND SURVEYOR RODNEY Y. SHIFLETT

I, the undersigned, a Notary Public in and for said county and state, do hereby certify that Rodney Y. Shiflett, whose name is signed to the foregoing certificate as surveyor, and who is known to me, acknowledged before me, on this date that after being duly informed of the contents of said certificate, does execute same voluntarily as such individuals with full authority thereof.

Given under my hand and seal this the 24th day of July 20 14
Notary Public — My Commission Expires 4-9-16

By James W. Boatwright Date 7-24-14
James W. Boatwright

I, the undersigned, a Notary Public in and for said county and state, do hereby certify that, James W. Boatwright, whose name is signed to the foregoing certificate as owner, and who is known to me, acknowledged before me, on this date that after being duly informed of the contents of said certificate, do execute same voluntarily as such individuals with full authority thereof.

Given under my hand and seal this the 24 day of July 20 14
Notary Public — My Commission Expires 4-9-2017

JOHN C. SHANNON JR. NOTARY PUBLIC MY COMMISSION EXPIRES 4-9-2017 SHELBY COUNTY, ALABAMA

By Joyce D. Boatwright Date 7/24/2014
Joyce D. Boatwright

I, the undersigned, a Notary Public in and for said county and state, do hereby certify that, Joyce D. Boatwright, whose name is signed to the foregoing certificate as owner, and who is known to me, acknowledged before me, on this date that after being duly informed of the contents of said certificate, do execute same voluntarily as such individuals with full authority thereof.

Given under my hand and seal this the 24 day of July 20 14
Notary Public — My Commission Expires 4-9-2017

JOHN C. SHANNON JR. NOTARY PUBLIC MY COMMISSION EXPIRES 4-9-2017 SHELBY COUNTY, ALABAMA

Shelby County Planning Commission Date 8/1/14

Shelby County Engineer Date 7/31/2014

WILSONVILLE FIRE CHIEF Date 7-24-14

SHELBY COUNTY HEALTH DEPARTMENT Date 7/24/14
(For recording purposes only.)

THE LOTS ON THE PLAT ARE SUBJECT TO APPROVAL OR DELETION BY THE SHELBY COUNTY HEALTH DEPARTMENT. THE APPROVALS MAY CONTAIN CONDITIONS PERTAINING TO THE ONSITE SEWAGE TREATMENT SYSTEM THAT RESTRICT THE USE OF THE LOTS OR OBLIGATE OWNERS TO SPECIAL MAINTENANCE AND REPORTING REQUIREMENTS. THESE CONDITIONS ARE ON FILE WITH THE SAID HEALTH DEPARTMENT, AND ARE MADE PART OF THIS PLAT AS IF SET OUT HEREON.

S14-25