Permit #8000

9382B

21 JAN '16 PM 4:20

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ☒ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
◉ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Steve Smith / Avista Homes
ADDRESS: 19905 W. Catawba Ave
CITY: Cornelius
STATE: NC ZIP: 28031
PHONE: (704) 936-6400
ALTERNATE PHONE:
E-MAIL: steve@avistahomes.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Lauren Brim
ADDRESS: 15132 Ewart Rd
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 01944102
STREET ADDRESS: 15132 Ewart Rd
CITY: Huntersville
STATE: NC ZIP: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
☒ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 3

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☒ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ OTHER

*The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature

1/21/16
Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

O.K. TO USE FOR A GARAGE & FRONT PORCH ADDITION

1/28/16

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE-_____

CREDIT ☑ REFUND ☐ CANCEL ☐

1. Property Owner's name: Time out Systems 2. Permit #: _____
3. Permit Address: _____ 4. Fire Fee #: _____
5. Account Name: _____ 6. Account #: 49108
7. *If Refund*, Check payable to: Time Out Systems 8. Phone #: _____
9. Mailing Address: 308 Indian Creek Circle Adel, Ga 31620

Reason for Request

☐ Plan Change ☐ Not doing work ☐ Return credit balance
☑ Wrong Contractor ☐ Duplicate permit ☐ Other

Reason *(explain in detail-application may be rejected without complete details)*

Charged to wrong acct due customer providing wrong acct number.

Signature (*Requestor*): _____ Print name: _____

Fax #: _____ Phone #: _____ Date: _____

Staff signature for in-person verification: _____ *(or accept notary below)*

ID used for in-person verification: _____ *(examples: DL #, Business card, Student ID, etc...)*

State of North Carolina
County of _____

The above named individual personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the _____ day of _____, 20_____

_____
Notary Public Signature
My commission expires: _____

Notary or staff verification needed only when cancelling a permit

(Seal)

Manager/Supervisor approval (*signature*): Ron Babbitt Date: 4/14/16
Notes: 3620 3650 6030 SC434D

For Department use only

Inspection Count & Cancellation of Permit

(completed by core process)

Number of Inspections

B ☐ M ☐ E ☐ P ☐

Initials _____ Date _____

Plan Review

# of Hours _____ X Rate _____ = $_____

Processing Notes:

Expired Permit
Date:

Calculation

(completed by Applicable Core Process)

Pmt or Permit Fee

- Less Zoning Fee

-Plan review
(Total Hours X Rate)

-Inspection Info
(# of Insp. X Rate)

Misc Fees deductions

-Homeowner Recovery

-Other Deduction

_____

-Other Deduction

_____

Total Credit/Refund 100.00

☐ Minimum Fee retained
(Permit Fee-Zoning-Insp-Plan Rev-Misc fees= Total Cr/Refund)

Calculation Signature 4/14/16 Date

Supervisor/Manager Signature Barb Obrist Date 4/14/16

If Adjustment

(to be completed by Employee & Supervisor)

Incorrect Entry- _____

Correct Entry- _____

Reason: _____

Initials ☐ Date / /

Supervisor/Manager Signature _____ Date _____

Verification (to be completed by Revenue Collections)

If Refund	If Refund with Credit Balance	If Credit-Trans #	Serv Chg Cr	Verification	Posting Date
	8_03=0 9004=$		$		
Org/Account [8_03=0]	Refund Charge to account	88---	88116	Initials & Date	in Navision

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Dept Approval: _____ Date_

Finance Approval: _____ Date_____

Assigned to: S R C ☐

Rev Coll. Distribution Date

Rev. Coll. Tracking #

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/27/16	**Amount:**	100.00
Receipt #:	97634	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ANDRAEO		

Account Information

Account #: X49108
Contractor: TIME OUT SYSTEMS INC
Attn:
Address: 308 INDIAN CREEK CIRCLE
Address:
City/State/Zip: ADEL, GA 31620

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15132 EWART RD		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

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100.00					

MECKLENBURG COUNTY
Land Use and Environmental Services Agency
Revenue Collection

Old Republic Surety Co
PO BOX 1635...
MILWAKEE, WI 53201

RECEIVED
MAY 27 2016
ORSC-F & S CLAIMS

Date: Monday, May 16, 2016

Re: Principal Name: TIME OUT SYSTEMS INC.
Bond Number: W150195597
Account No: X49108
Balance Due: $ 103.03

Our records indicate that the above account is currently 90 days delinquent. We, therefore, are calling upon the above bond for the amount due Mecklenburg County for payment of permit fees and/or other related land development services as outlined in the attached detailed billing.

If you have any questions, please call (704) 336-3801. Otherwise, your prompt attention to this matter will be appreciated.

Sincerely,

Dawn Virella
Account Representative

attachment

904-980314-2633

PEOPLE • *PRIDE* • *PROGRESS* • *PARTNERSHIPS*
2145 Suttle Avenue • Charlotte, North Carolina 28208 • (980) 314-2633 • Fax (877) 289-9718
Dawn.Virella@MecklenburgCountyNC.Gov

Customer Account Detail

From: 12/01/15
To: 05/16/16

X49108
TIME OUT SYSTEMS INC
308 INDIAN CREEK CIRCLE
ADEL, GA 31620
229-896-8120

May 16, 2016 9:45:22AM
vireldm
Page 1

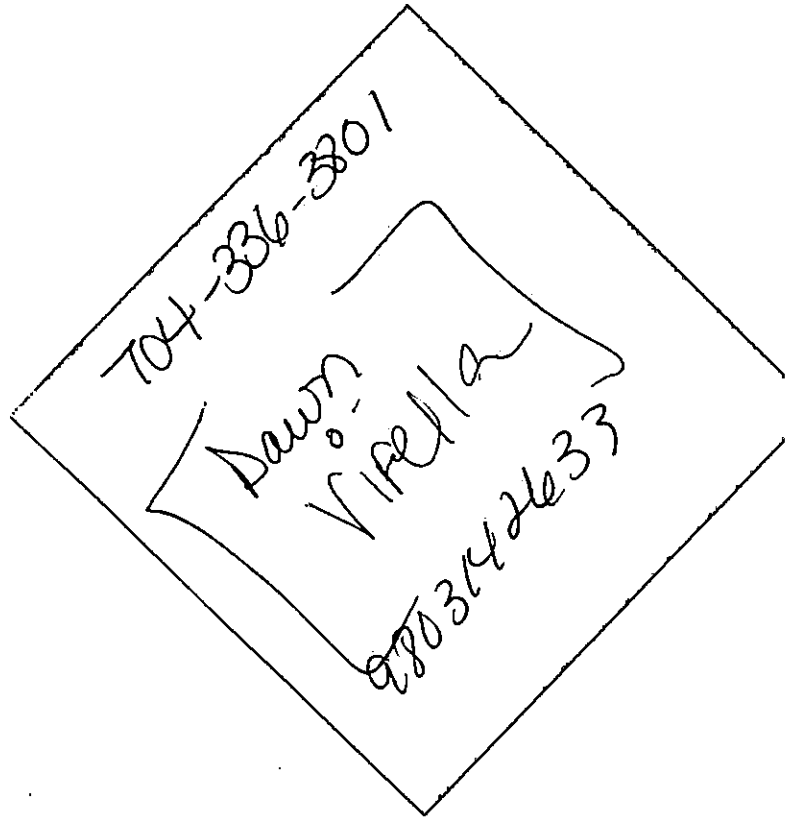
Customer No.: X49108

Date	Type	Pay Method	Tran No.		Perm ID	Remarks	Comments	Open	Net Change Debits	Net Change Credits	Running Balance
01/27/16	Inv	CHARGE	0705	Use Existing System		Use Existing System	15132 EWART RD	Yes	100.00		100.00
02/29/16	Fin		0116	Service Charge				Yes	1.00		101.00
03/31/16	Fin		0116	Service Charge				Yes	1.01		102.01
04/30/16	Fin		0116	Service Charge				Yes	1.02		103.03
05/16/16				**Ending Balance for X49108**					**103.03**		**103.03**

1 Customers 4 Entries

Report Totals ($)

									103.03		**103.03**


704-336-3301
Dawn
Vitella
9803424633

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W): 15132 | STREET NAME: EWART RD | (AV,RD,ST,etc.):

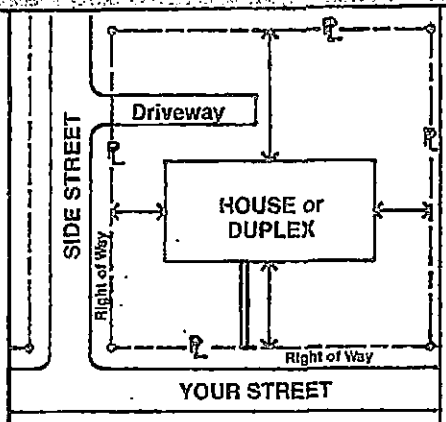
SUITE/UNIT(S):

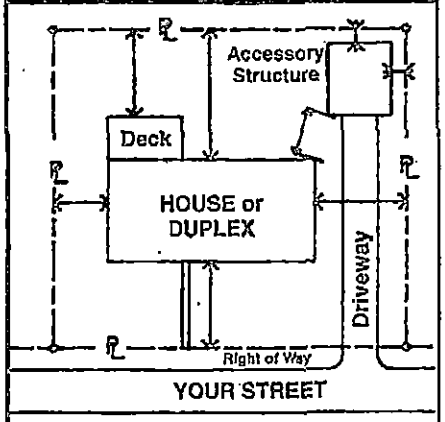
PERMIT #: B2908772

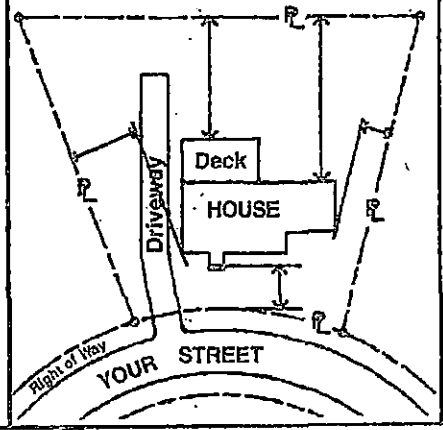
TAX JURISDICTION (Check One):
☐ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☒ 6 - Huntersville ☐ 7 - Mint Hill

TAX PARCEL #: | JOB #:

EXAMPLES / PLOT PLAN





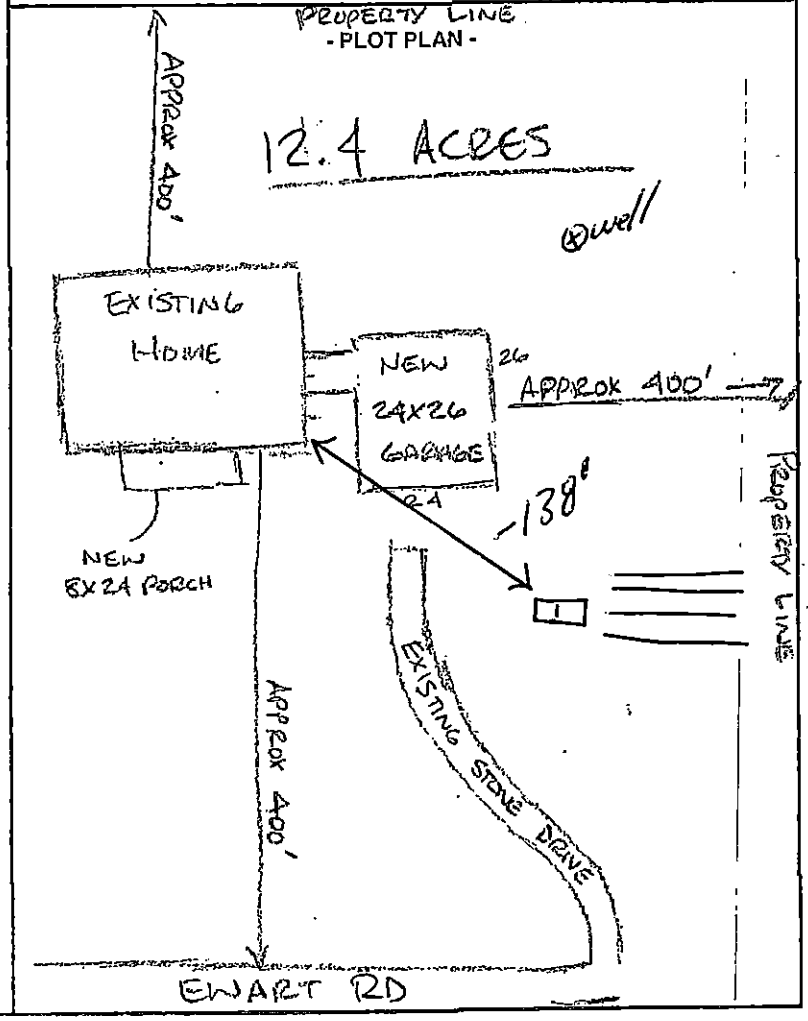


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

APPLICANT'S SIGNATURE | 1/14/16 DATE | STEVE SMITH PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 · CHARLOTTE, NC 28231-1097 · 704/336-2831

B-83

ORIGINAL

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W): 15132 | STREET NAME: EWART RD | (AV,RD,ST,etc.):

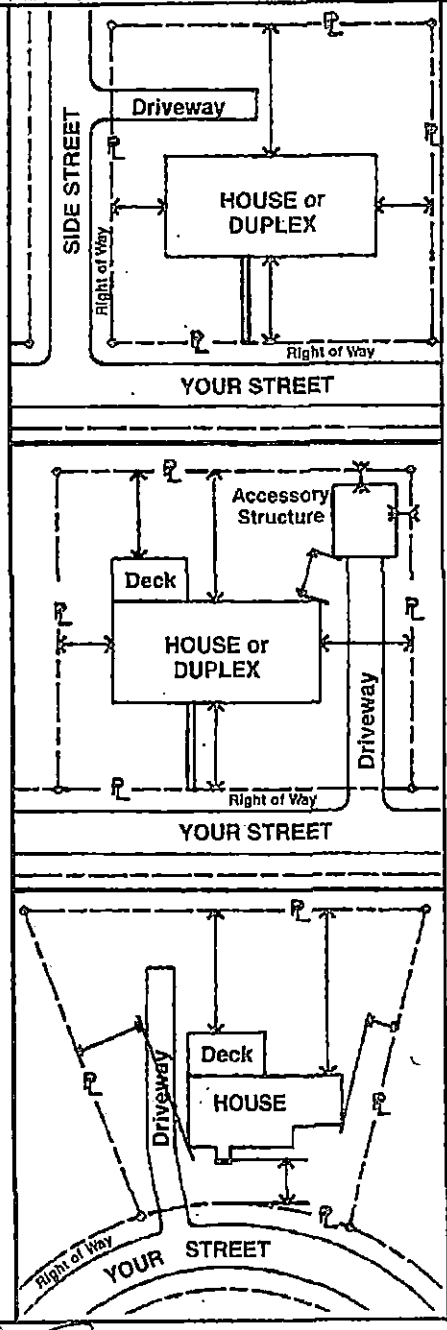
SUITE/UNIT(S):

PERMIT #: B2908772

TAX JURISDICTION: (Check One)
☐ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☒ 6 - Huntersville ☐ 3 - Cornelius
☐ 4 - Pineville ☐ 5 - Matthews ☐ 7 - Mint Hill

TAX PARCEL #: JOB #:

EXAMPLES/PLOT PLAN

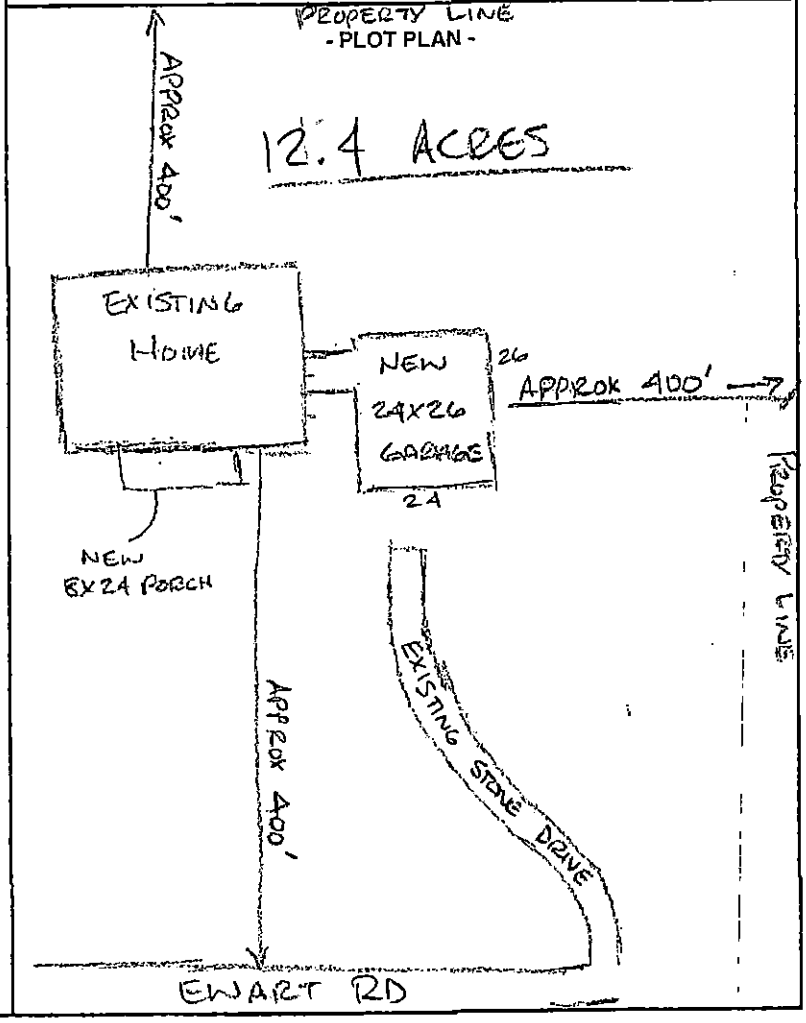


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ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Steve Smith — 1/14/16 — Steve Smith

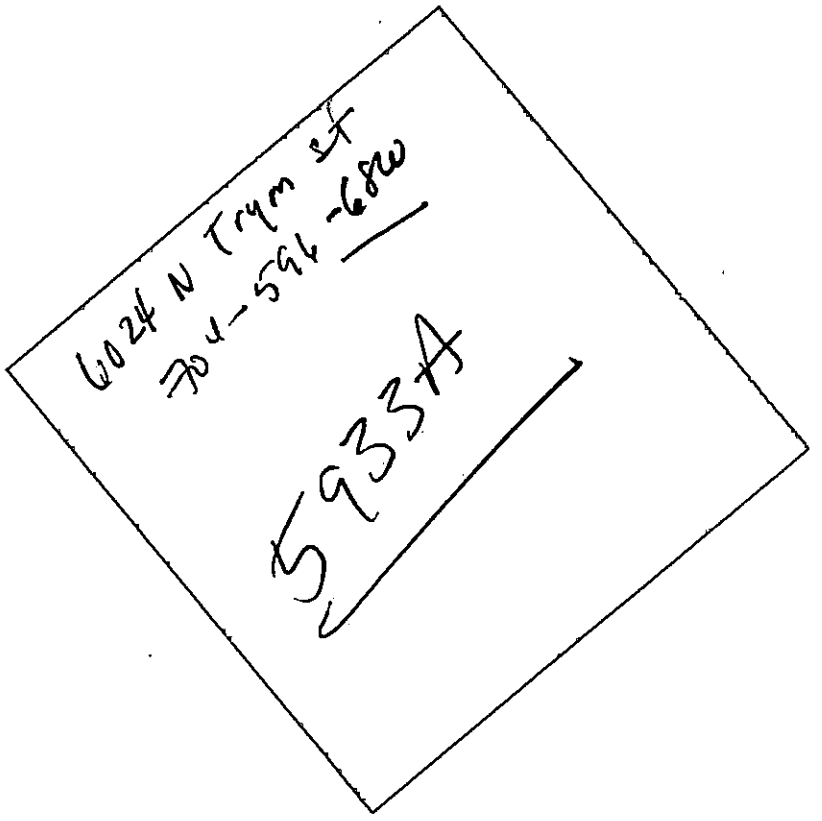
APPLICANT'S SIGNATURE | DATE | PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 - CHARLOTTE, NC 28231-1097 - 704/336-2831

B-83

ORIGINAL


6024 N Tryon St
704-594-6800
5933A

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/27/16	**Amount:**	100.00
Receipt #:	97634	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ANDRAEO		

Account Information

Account #: X49108
Contractor: TIME OUT SYSTEMS INC
Attn:
Address: 308 INDIAN CREEK CIRCLE
Address:
City/State/Zip: ADEL, GA 31620

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15132 EWART RD		1	100.00	100.00

X49018

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/13/16	**Amount:**	100.00
Receipt #:	99965	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ANDRAEO		

Account Information

Account #: X49018
Contractor: AVISTA HOMES INC
Attn:
Address: 19905 W CATAWBA AVENUE
Address: SUITE 203
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 19905 W.CATAWBA AVE		1	100.00	100.00

Acct changed to corect acct# 49018.

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	156.66				