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28 AUG '18 PM 2:26

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 ◯ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
◯ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ◯ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Daniel Hayes
ADDRESS: 220 Holly Ln
CITY: Charlotte NC
STATE: NC ZIP: 28270
PHONE: 704-534 9724
ALTERNATE PHONE: NA
E-MAIL: hayesdh@gmail.com

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 187 301 05
STREET ADDRESS: 220 Holly Ln
CITY: Charlotte
STATE: NC ZIP: 28270

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: 4
NUMBER OF OCCUPANTS: 4

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 storage buildings - 2

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 _____ Date 8/28/18

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

USE EXISTING SYSTEM APPROVED. _____

File #: _____

PROPOSED PLOT PLAN

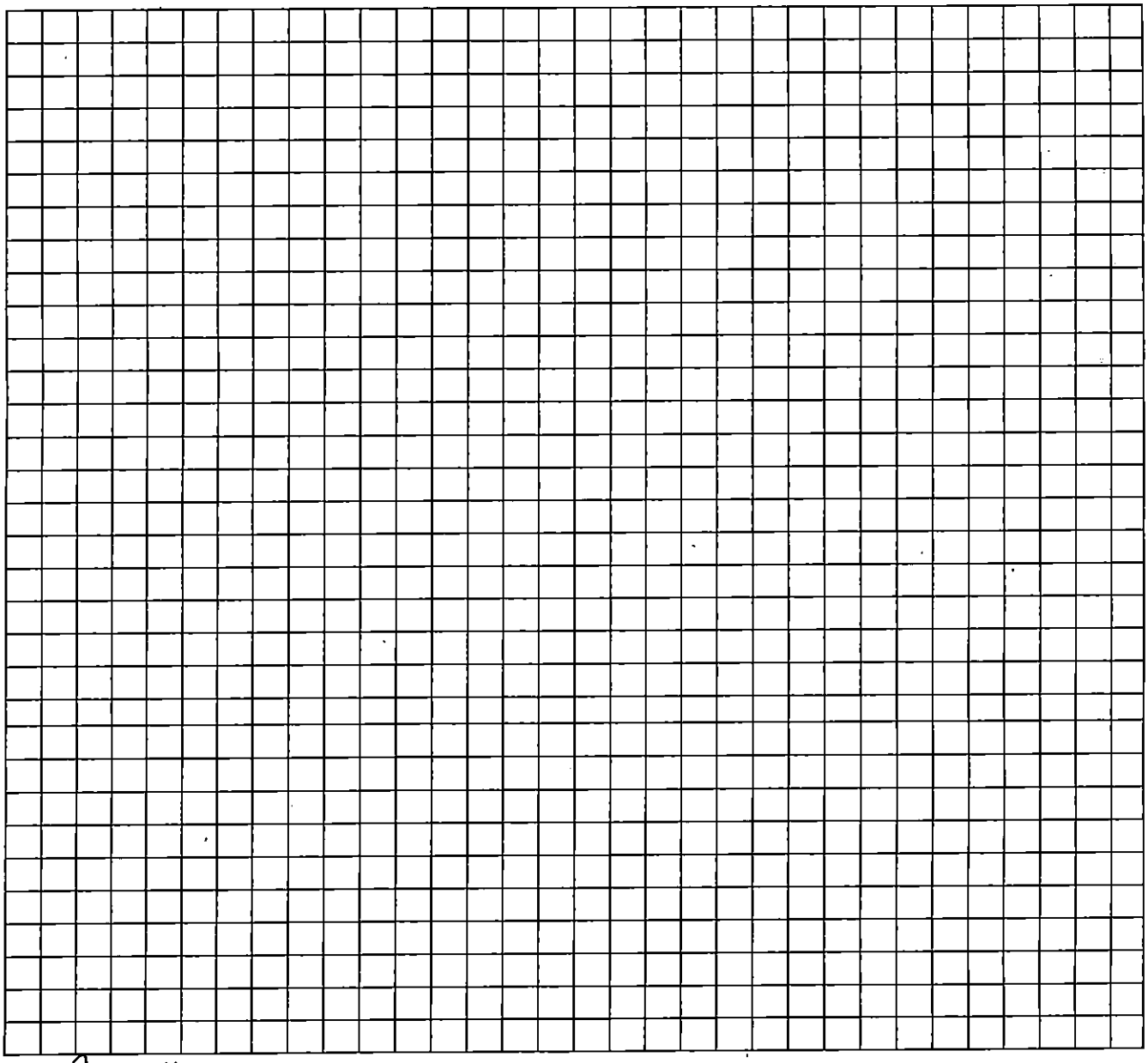
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 220 Holly Ln

Tax Parcel #: _____

Subdivision Name: _____

Lot #: _____



Property Owner's or Owner's Legal Representative Signature

8/28/08
Date

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

Revised on: 12/15/10

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

LOCATION

STREET # (N,S,E,W) _____ STREET NAME _____ (AV,RD,ST,etc.) _____

SUITE/UNIT(S): _____

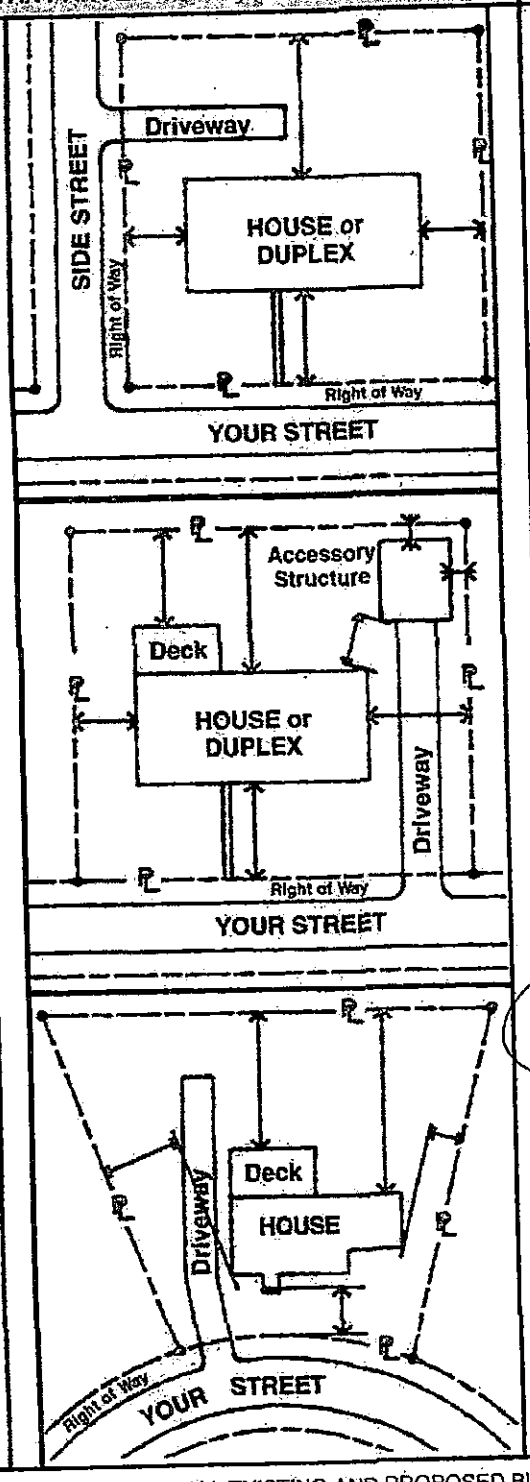
PERMIT #

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

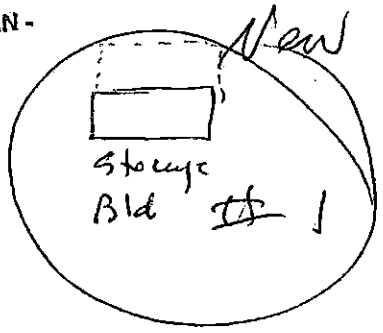


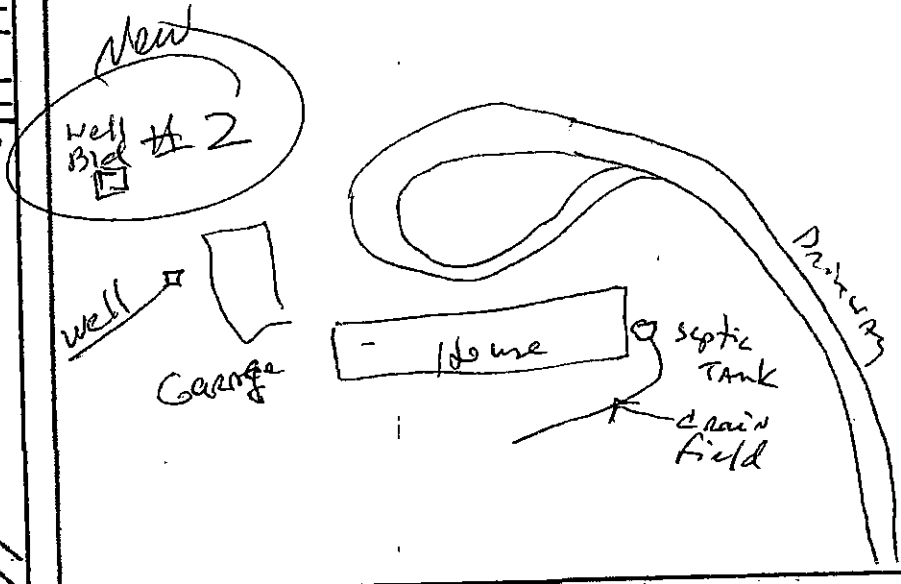
- INSTRUCTIONS -

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 _____ DATE _____ PRINT APPLICANT'S NAME _____

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/28/18	**Amount:**	100.00
Receipt #:	112650	**Tendered:**	100.00
Check / Auth #:	MC 01344P	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: HAYES, DANIEL
Attn:
Address: 220 HOLLY LN
Address:
City/State/Zip: CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 220 HOLLY LN		1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: DANIEL HAYES

Bill To:

DANIEL HAYES
220 HOLLY LN

Charlotte, NC 28270

Single Payment

Transaction Date: 08/28/2018 10:50 AM Pacific Time
Pay Method: **********4572
Approval #: 01344P
Trace Number: fcee38b2-8a0d-49a1-863a-a15947cf1be6
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.