Cancelled by Phone Message 7/24/07

FILE NUMBER: 7239B

Revised On: January 3, 2007

APPLICATION NUMBER: 2525

SEPTIC FEE: $200.00
DATE: 7.20.07

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____
DATE: _____

1. **SEPTIC / TYPE APPLICATION:** ☐ NONE ☒ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☐ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 01321118
STREET ADDRESS: 6639 ELIZABETH FOREST DR
CITY: HUNTERSVILLE
STATE: NC ZIP: 28078
SUBDIVISION NAME: N/A
LOT #: LOT SIZE (acres): 1.1 ACRES
TOWNSHIP:

☒ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. **BUILDING INFORMATION:**

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 3500
NUMBER OF BEDROOMS: 4/5
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. **WATER SUPPLY:** ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. **PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

8A. **RANK:** ☐ ANY TYPE ☒ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	☐ YES ☐ NO	GRADING/SOIL REMOVAL PERFORMED	☐ YES ☐ NO
EXISTING WASTEWATER SYSTEMS	☐ YES ☐ NO	JURISDICTIONAL WETLANDS	☐ YES ☐ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ☐ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	☐ YES ☐ NO
EASEMENTS OR RIGHT-OF-WAYS	☐ YES ☐ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	☐ YES ☐ NO

NOT ACTIVE

10. **PROPERTY OWNER:**

NAME: SHORELINE PROPERTY MANAGEMENT INC. (LARRY BUZZEE)
ADDRESS: P.O. BOX 2001
CITY: CORNELIUS
STATE: NC ZIP: 28031
HOME PHONE: 704 400 7760 WORK PHONE:
MOBILE PHONE: 704 400 8491 FAX:

704 400 8491

11. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

12. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____
13. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** 8/10/07

14. **SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:**

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. 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. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring

Larry Buzzee 7/20/07
Property Owner's or Owner's Legal Representative Signature Date

704 400 8491

15. **WELL PERMIT APPLICATION SIGNATURE SECTION:**

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. 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. The permit is valid for a period of 12 months from the date of issuance.

_____
Property Owner's or Owner's Legal Representative Signature Date

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

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

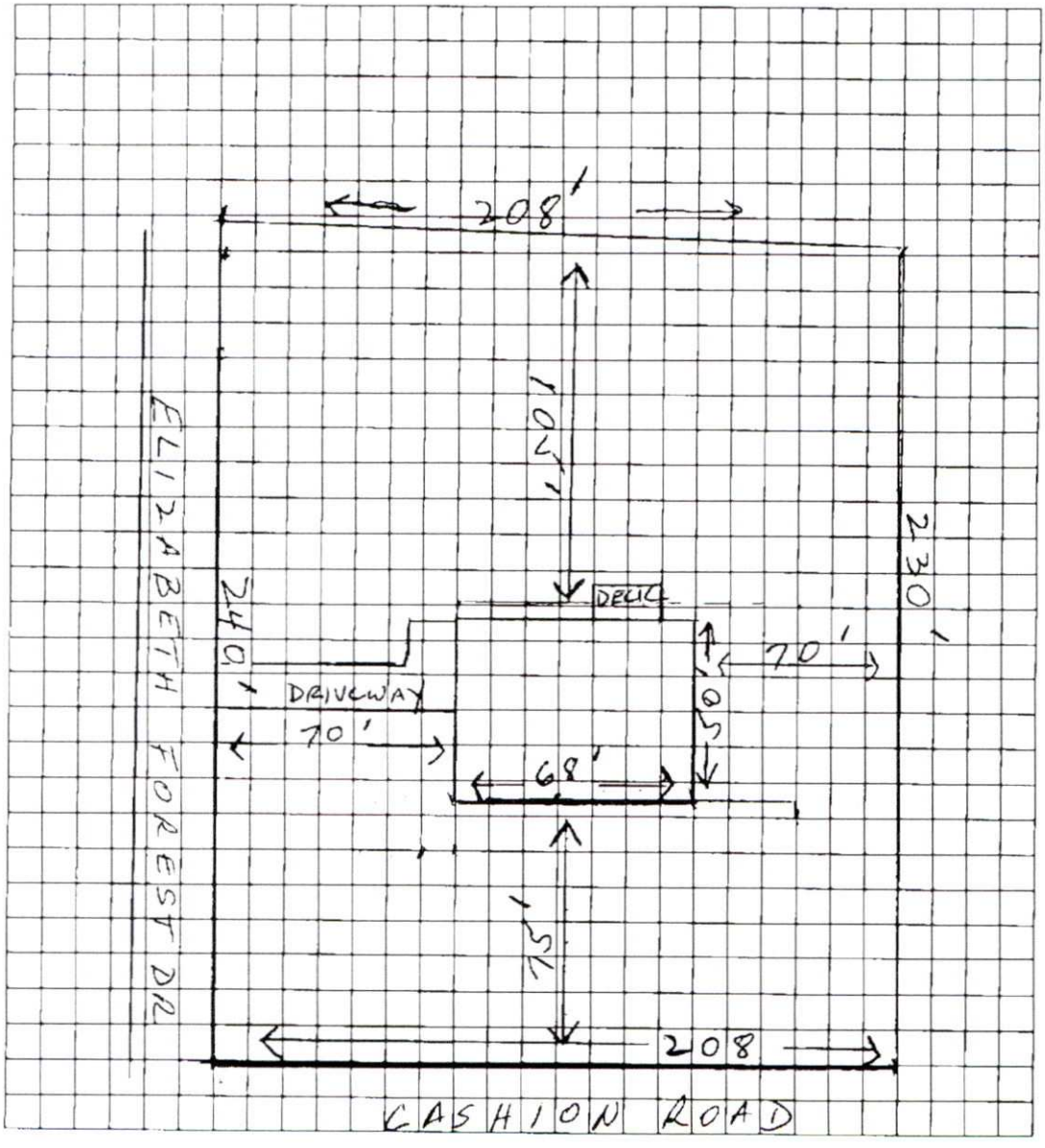
07/20/2007 10:55 AM
LUESA-North 7044322523 1/3

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File #_____
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature	
Date	7/20/07

LBC 12/15/04

LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

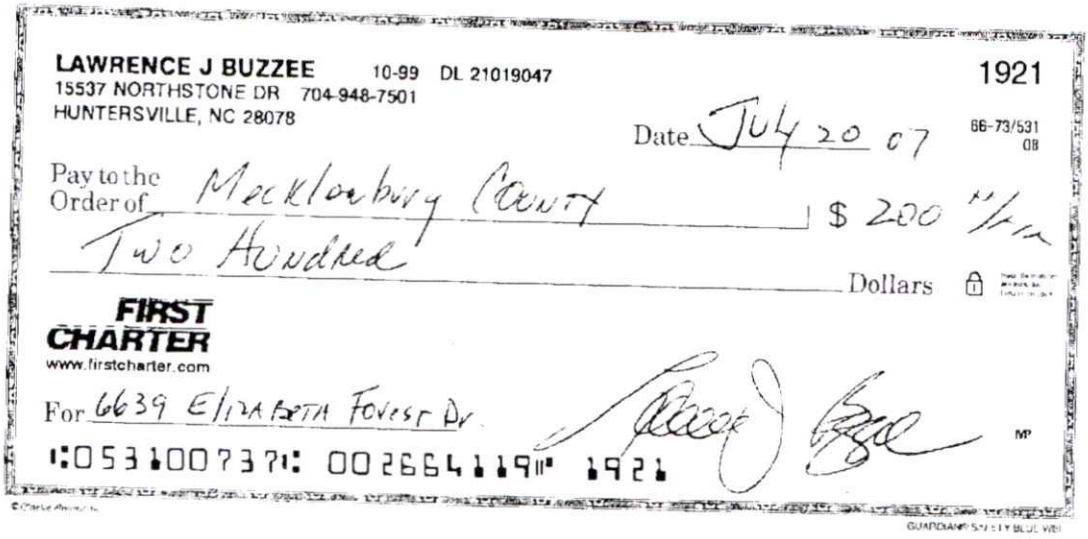
Receipt Information

Date:	07/20/07	**Amount:**	200.00
Receipt #:	51849	**Tendered:**	200.00
Check / Auth #:	CHECK 1921	**Returned:**	0.00
Received By:	DAUGHVB		

Account Information

Account #: 200000
Contractor: BUZZEE, LARRY
Attn:
Address: PO BOX 2001
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen 6639 ELIZABETH FOREST DR		1	200.00	200.00


LAWRENCE J BUZZEE 10-99 DL 21019047
15537 NORTHSTONE DR 704-948-7501
HUNTERSVILLE, NC 28078

1921

Date JUL 4 20 07

66-73/531
08

Pay to the Order of Mecklenburg County $ 200 00/100

Two Hundred Dollars

FIRST CHARTER
www.firstcharter.com

For 6639 Elizabeth Forest Dr

:053100737: 00266411911 1921

GUARDIAN SAFETY BLUE WEB

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

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

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

COPY

See instruction sheet for completion instructions.

GAX-LUE - _____

CREDIT ☐

REFUND ☒

CANCEL ☐

1. Property Owner's Name: Shoreline Property Management 2. Permit #: File# 72398
3. Permit Address: 6639 Elizabeth Forest Dr 4. Posting Date: _____ 5. Fire Fee #: _____
6. Account Name: _____ 7. Account # _____
8. *If Refund*, Check payable to: LAWRENCE BUZZEE (Please Print) 9. Phone # 704-948-7501
10. Mailing Address: 15537 Northside Dr (Street) Huntersville (City) NC (State) 28078 (Zip)
Telephone Request for
11. Signature: Gwen Craig 12. Printed Name LAWRENCE BUZZEE 13. Date: 7/24/07

REASON FOR REQUEST →

☐ Plan Change ☒ Not Doing Work ☐ Duplicate Permit (Dup. Permit #_____ Date_____)

☐ Wrong Contractor → SHOULD HAVE BEEN (Correct contractor) CHARGES REAPPLIED _____ (Staff Initials)

☐ Other (Specify) _____

For Departmental use only - Do not write below this line

IF ADJUSTMENT
(to be completed by Emp & Supervisor)

Incorrect Entry - _____

Correct Entry -

Reason - _____

Initials _____ Date / /

Superv Initials _____ Date / /

INSP. COUNT & CANCELLATION OF PERMIT
(Completed by Applicable Core Process)

Number of Inspections

B	E	M	P	F	L

Cancellation of Permit
(completed by Applicable Core Process)

B	E	M	P	F	L
☐	☐	☐	☐	☐	☐

Initials _____ Date _____

Expired Permit ☐

Rev Coll. Date Stamp

CALCULATIONS
(Completed by Applicable Core Process)

Plan Review 80% = Plan Review 90% = No Plan Review		%
Insp. Info Each Insp (10%)		%
Total Crdt/Rfnd % PR% - Insp		%
Pmt or Fee Amt $ Total Amt	$ 200	
Zoning Fee $ Amt	$	

$200 X 100 % =

Total Pmt/ Fee Credit/Refund: $ 200.00

Permit Fee- Zoning X C/R% or Min/- Whichever is greater

GyC (Initials) 7/26/07 (Date)

VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund	If Refund with Credit Balance	If Credit,(Trans #)	Serv Chg Cr	Initials & Date	Posting Date
	8 _ 03=0 9004=$		$		
Org/Account [8 _ 03 = 0]	Refund Charge to account	88 - - -	88116		

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

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: R S

Rev Coll. Date Stamp

Rev. Coll. Tracking # ____-____-____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/20/07
Receipt #: 51849
Check / Auth #: CHECK 1921
Received By: DAUGHVB

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: BUZZEE, LARRY
Attn:
Address: PO BOX 2001
Address:
City/State/Zip: CORNELIUS, NC 28031

Item	Description	Permit#	Quantity	Unit Price	Total Price
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