X44904 4658A #10818

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

Deck & Retaining WALL

PERSON FILING APPLICATION:
NAME: Seminole Custom Homes Inc
ADDRESS: 137 Wildwood Cove DR
CITY: Mooresville
STATE: NC ZIP: 28117
PHONE: 704-706-4500
ALTERNATE PHONE:
E-MAIL: billdentonre@gmail

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Ivan & Kathy Savitsky
ADDRESS: 15022 Crooked Branch LN
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE: 704-953-2604
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 217-013-19
STREET ADDRESS: 15022 Crooked Branch LN
CITY: Charlotte
STATE: NC ZIP: 28278

SUBDIVISION OR MOBILE HOME PARK NAME: Royal Oaks
LOT #: 19

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: 5
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 Deck / Retaining WALL

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

*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

10-23-9
Date

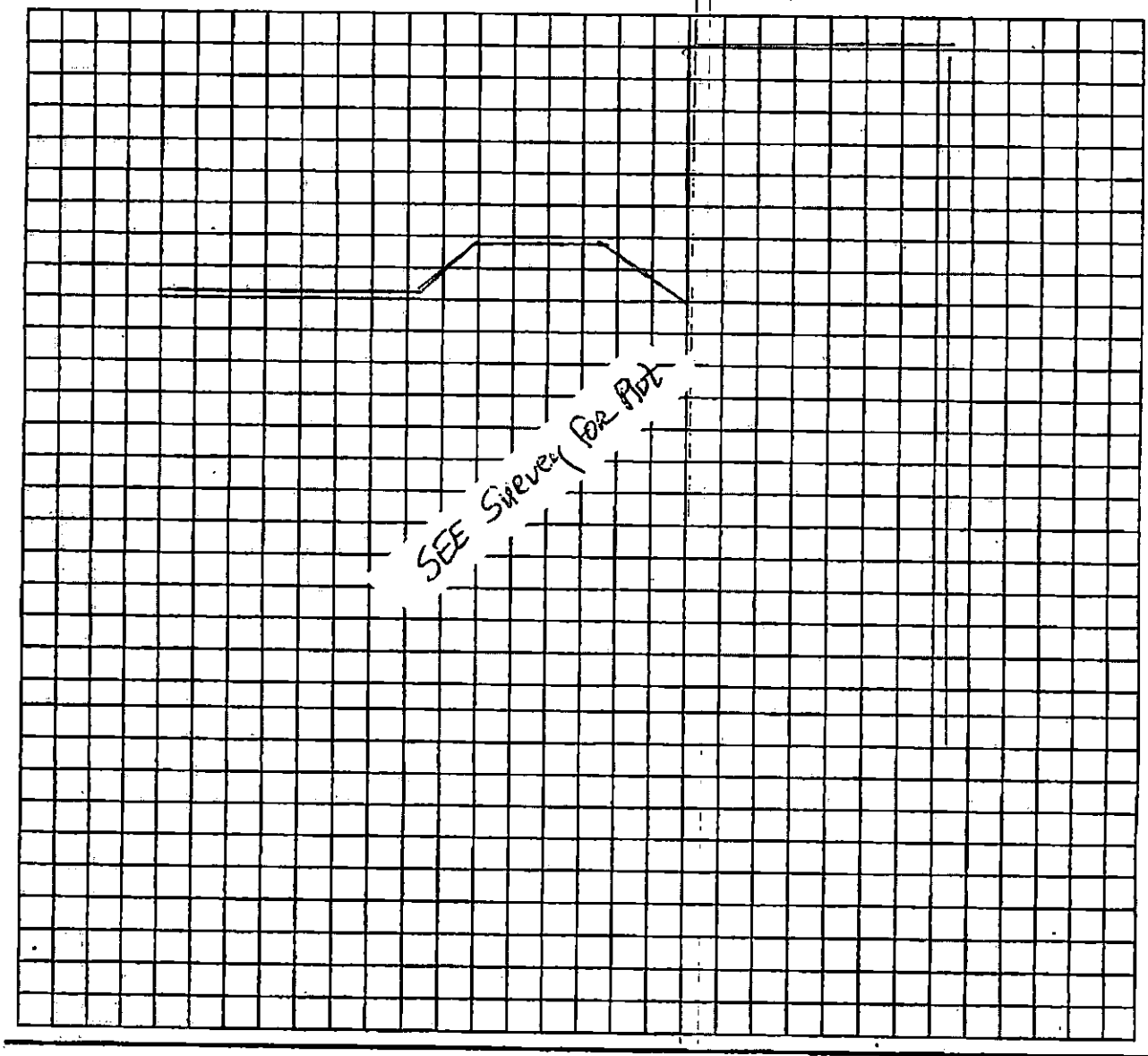
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 15022 Crooked Branch LN Ch Tax Parcel #: 217-013-19



*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "Job Location" contained in this document. This approval is granted in accordance with the provisions of Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal and Water Supply Wells in effect at the time of issuance of the permit and is subject to the following provisions:

- No work shall be conducted on the septic tank system until an installation, construction, alteration and/or repair approval is granted by this Department.
- This permit is not transferable.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Use Existing ok for deck & retaining wall.

April Burrgama 11-1-19

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202. OFFICE: 704-336-5103, FAX: 704-336-6694

Revised on: 01/03/11

MECKLENBURG COUNTY
Public Health

Gibbie Harris, MSPH, BSN
Health Director

(704) 336-4700

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.

2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.

3. I acknowledge that Bill Denton is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

15022 Crooked Branch Lane Charlotte NC 28278
Number Street Town
(Or parcel Number)

Ivan Savitsky
Property Owner (print name)

Property Owner (signature)

10/24/19
Date

CHARLOTTE
NEIGHBORHOOD & BUSINESS SERVICES

PLOT PLAN FOR PERMIT APPLICATION

ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

Permit #:

15022 ____ Crooked Branch ____ LN ____

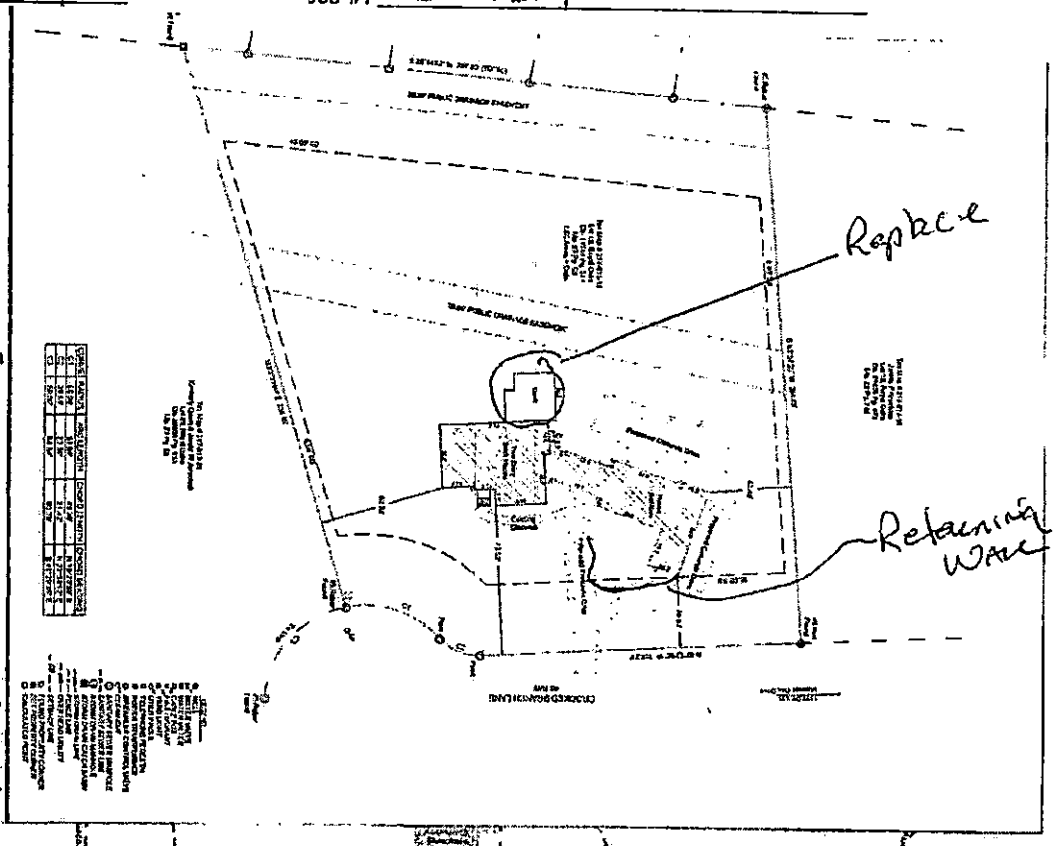
Street #: (N,S,E,W) Street Name (AV, RD, etc.) Suite #/Units

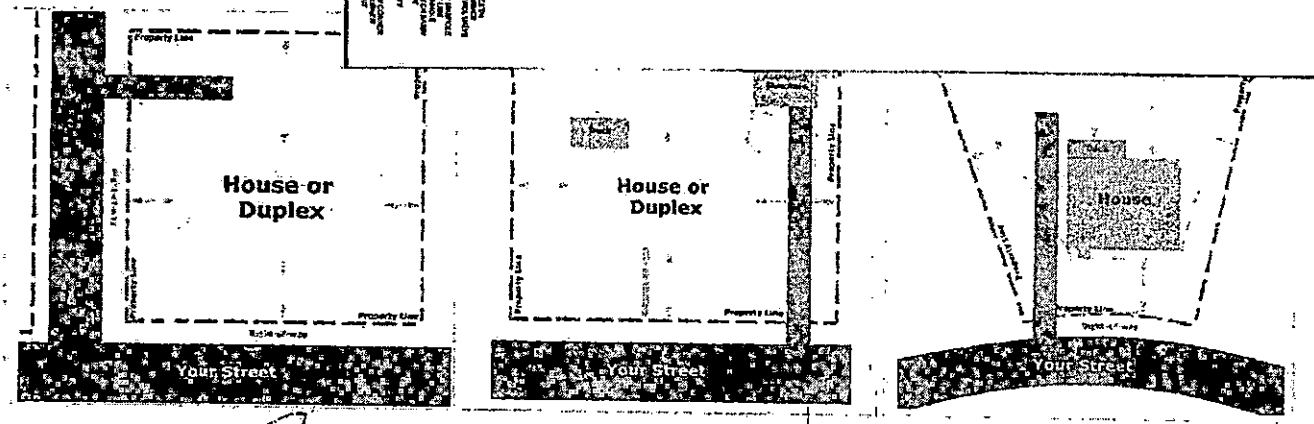
Tax Parcel #: 217-013-19 Job #: Switsky

INSTRUCTIONS:

In the space provided, draw plot plan as neatly and accurately as possible, from survey if available. Separate application and plot plan required for each building.

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. Show all major utility towers, when applicable.





ALL EXISTING AND PROPOSED BUILDINGS ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Bill K — 10-23-19 — Bill Denton

Applicant's signature *Date* *PRINT APPLICANT'S NAME*

Zoning Approved By: ____ Date: ____

Remarks: ____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	10/24/19	**Amount:**	100.00
Receipt #:	119124	**Tendered:**	100.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: X44904
Contractor: SEMINOLE CUSTOM HOMES INC
Attn:
Address: 137 WILDWOOD COVE DR
Address:
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 15022 CROOKED BRANCH LN		1	100.00	100.00

Outstanding Balances

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