6 SEP '16 PM 2:10

9573B #8491

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: Michelange Chevrin Doxy
ADDRESS: 6730 Sullins Rd
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: (980) 395-3231
ALTERNATE PHONE: (704) 578-4179
E-MAIL: Mivagl3@hotmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Garry Doxy and Michelange Chevrin
ADDRESS: 6730 Sullins Rd
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: (980) 395-3231
ALTERNATE PHONE: (704) 578-4179
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 05547102
STREET ADDRESS: 6730 Sullins Rd
CITY: Charlotte
STATE: NC ZIP: 28214

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: 2
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

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.

Michelange C Doxy — Owner's/Agent's Signature
9-6-16 — 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

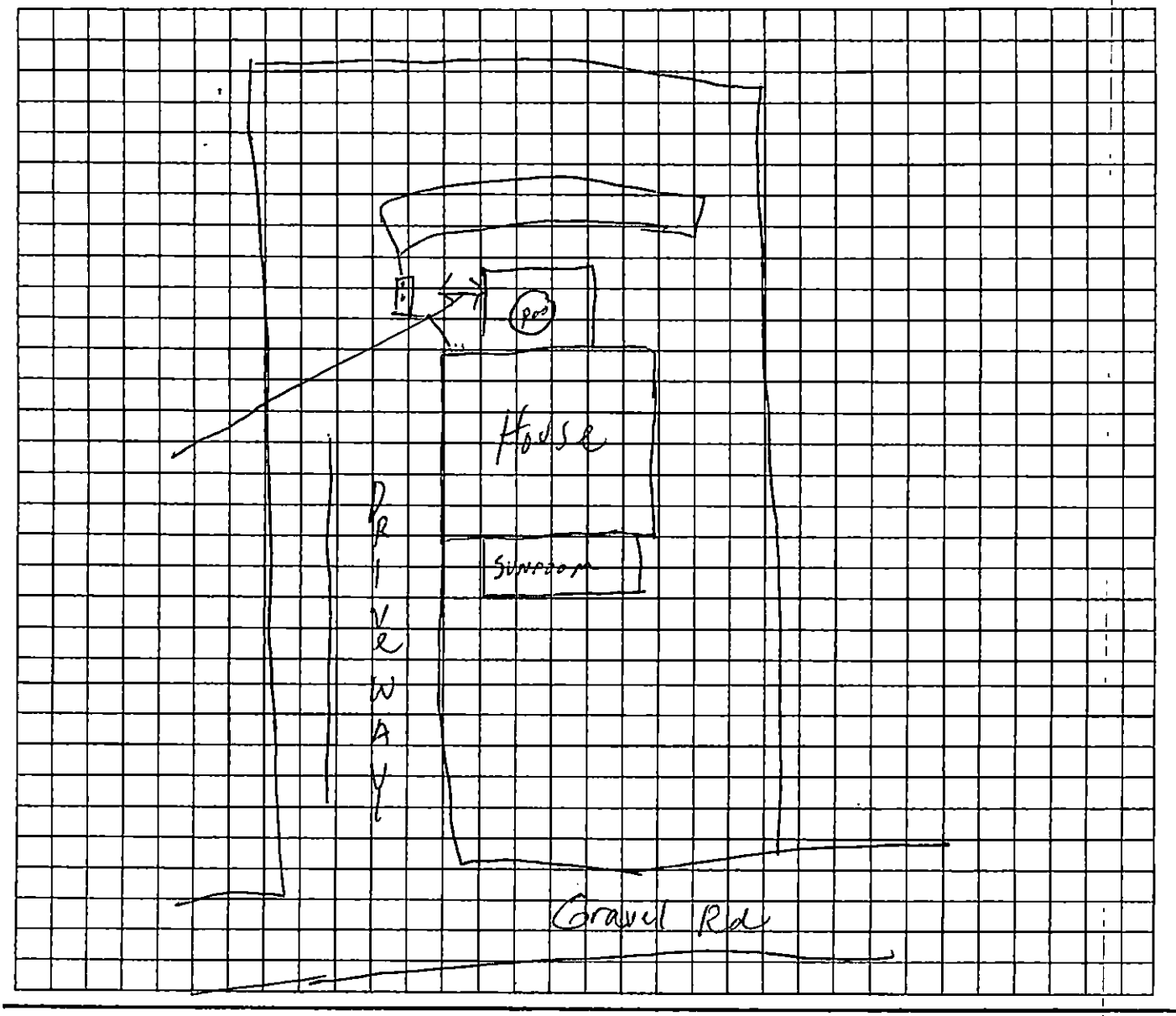
Revised on: 01/03/11

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: 6730 Sullins RD Charlotte NC 28214 Tax Parcel #: 05547102



"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

Approval for a sunroom addition
use existing system
Phillip Walker REHS 9/14/16
REHS Signature Date

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

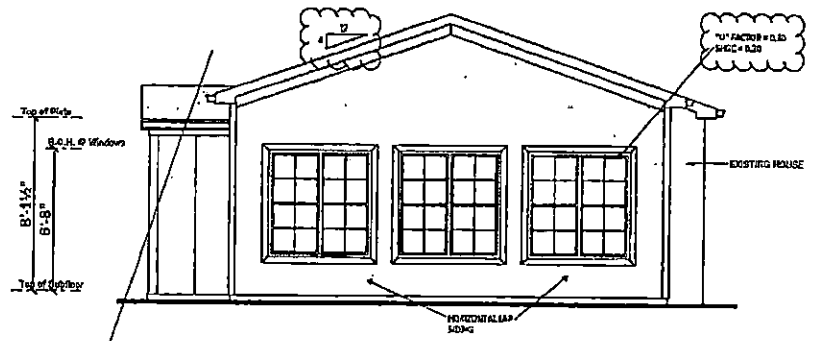
Revised on: 01/03/11

GENERAL NOTES

1. ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES, ORDINANCES, AND RULES AND REGULATIONS.
2. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS AT SITE BEFORE BEGINNING CONSTRUCTION AND SHALL IMMEDIATELY NOTIFY THE ARCHITECT OF ANY DISCREPANCIES FOUND. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ANY ERRORS THAT MAY BE CORRECTED.
3. ALL DIMENSIONS SHOWN ON DRAWINGS ARE CALCULATED AND NOT MEASURED.
4. ALL DIMENSIONS TO BE GIVEN PRIORITY OVER SCALE. WORK AND MATERIALS SHALL BE AS INDICATED BY THE LARGER SCALE DRAWINGS WHERE THERE IS A DISCREPANCY BETWEEN THE TWO.
5. ALL DIMENSIONS SHOWN ARE TO FACE OF FINISH UNLESS OTHERWISE NOTED.
6. ALL SITE WORK SHALL COMPLY WITH THE RECOMMENDATIONS OF THE SOILS REPORT.
7. ALL MATERIALS AND INSTALLATIONS, WHETHER SHOWN OR NOTED OR NOT, SHALL BE OF THE BEST GRADE FOR THE PURPOSE AND SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS. THE CONTRACTOR IS RESPONSIBLE FOR ANY DAMAGE TO THE WORK RESULTING FROM THE IMPROPER USE OF MATERIALS AND SHALL REPAIR AND REPLACE SUCH DAMAGED WORK AT NO ADDITIONAL COST TO THE OWNER.
8. THE CONTRACTOR SHALL COORDINATE ALL WORK WITH THE OWNER AND ALL OTHER CONTRACTORS ON THE JOB SITE.
9. ALL WORK SHALL COMPLY WITH ALL LOCAL CODES AND TO HAVE A PERMIT AND SAME CONTRACTORS.
10. ALL WORK SHALL BE PERFORMED IN A WORKMANLIKE MANNER.
11. ALL WALLS AND SPACES TO BE PAINTED, UNLESS OTHERWISE NOTED.
12. FRAME WALLS AND SPACES AT SAME WIDTH.

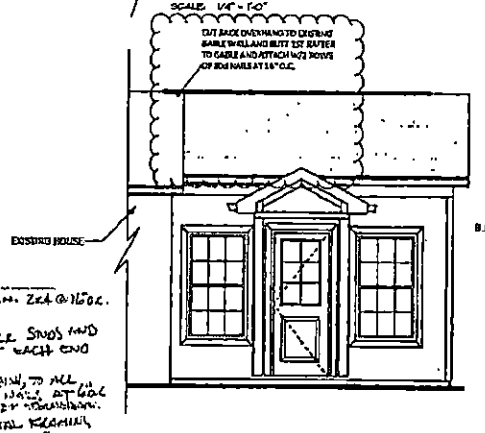


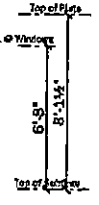
RESIDENTIAL STRUCTURES P.C.
3404 Sanders St.
Charlotte, NC 28205
Shell or Structural Only

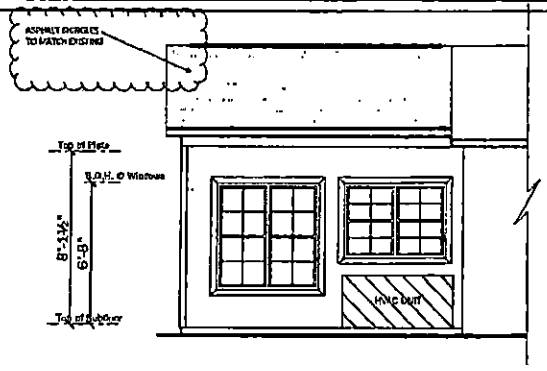


FRONT ELEVATION

SCALE: 1/4" = 1'-0"

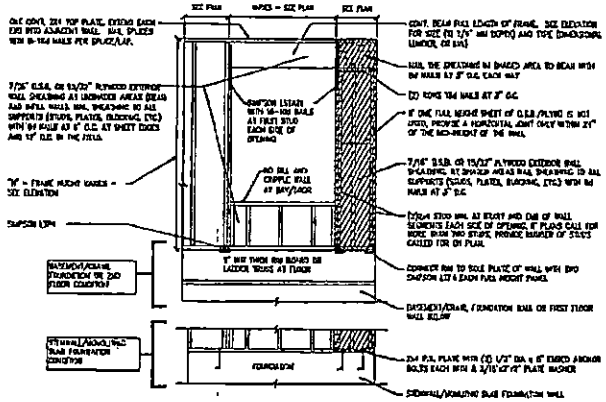


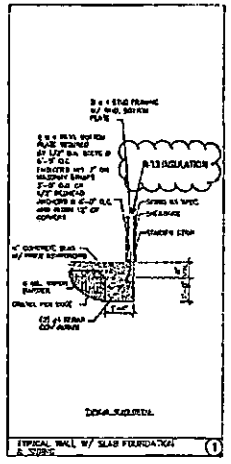




RIGHT ELEVATION

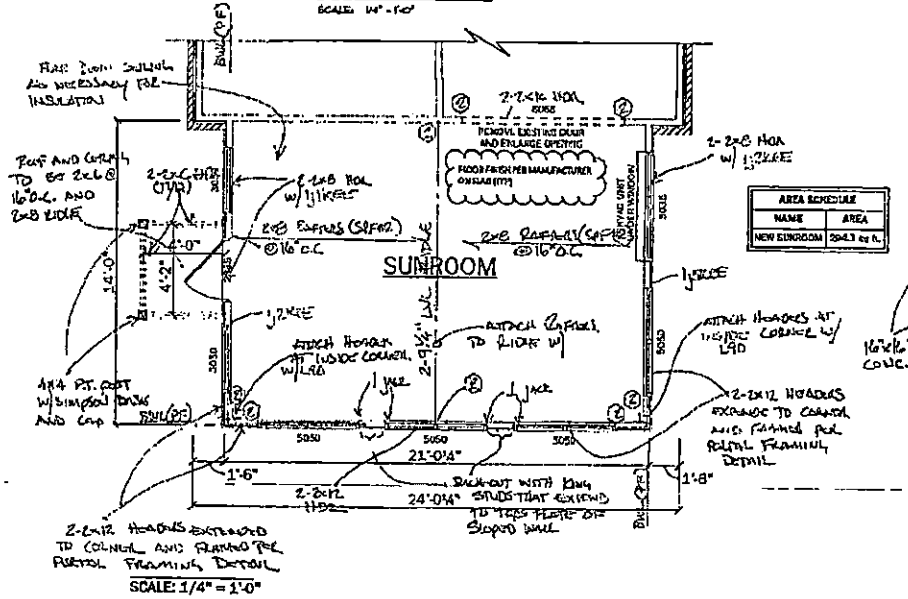
SCALE: 1/4" = 1'-0"





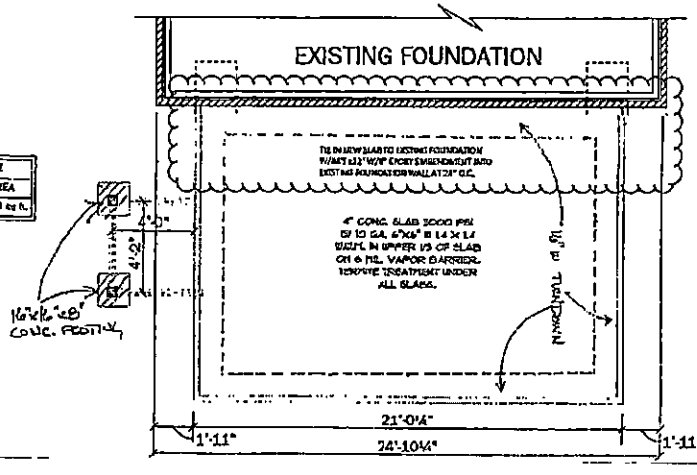
LEFT ELEVATION

SCALE: 1/4" = 1'-0"



AREA SCHEDULE	
NAME	AREA
NEW SUNROOM	294.3 sq ft.

SCALE: 1/4" = 1'-0"



FOUNDATION

SCALE: 1/4" = 1'-0"

Framing Notes:
- ALL WALLS TO BE MIN. 2x4 @ 16" O.C.
- # OF JACK STUDS = # OF 2x4 JACK STUDS AND # OF 2nd KINGS AT EACH END OF HEAD
- INSTALL 7/16" OSB SHEATHING TO ALL EXTERIOR WALLS W/ 8d NAILS AT 6" O.C. AT EDGES AND 12" O.C. AT FIELD. PROVIDE BLOCKING FOR FRAMING, DRAFT STOPS AT PORTAL FRAMING LOCATIONS

SCALE: 1/4" = 1'-0"
DATE: 4/28/2016

PAGE SIZE 18"X24"

DOXY RESIDENCE

8 TWENTY ONE HOME DESIGN
WAXHAW, NC 28173
704.451.6359

THIS COPYRIGHTED DESIGN IS THE SOLE PROPERTY OF 8 TWENTY ONE HOME DESIGN AND MAY NOT BE USED OR REPRODUCED WITHOUT A WRITTEN CONSENT OF 8 TWENTY ONE HOME DESIGN

MEMBER AIBD AMERICAN INSTITUTE of BUILDING DESIGN

PAGE: 1 PLANS

BankofAmerica-East1 9/6/2016 1:57:00 PM PAGE 3/004 888-294-5658

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/13/16
Receipt #: 101759
Check / Auth #: MC 06397Z
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: DOXY,MICHELANGE
Attn:
Address: 6730 SULLINS ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 6730 SULLINS RD		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:
MICHELANGE DOXY

Bill To:

MICHELANGE DOXY
6730 SULLINS ROAE

Charlotte, NC 28214

Single Payment

Transaction Date: 09/13/2016 9:26 AM Pacific Time
Pay Method: ••••••••••••0240
Approval #: 06397Z
Trace Number: 288a0755-e6b9-4b46-a3aa-2e6a3b0dd037
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
MICHELANGE DOXY

Bill To:

MICHELANGE DOXY
6730 SULLINS RD

Charlotte, NC 28214

VOID

Single Payment

Transaction Date: 09/07/2016 6:46 AM Pacific Time
Pay Method: ********0240
Approval #: 03134Z
Trace Number: a4abf8af-2514-40af-8022-ae87006125f9
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

{forte}

Wednesday, September 7, 2016

Logged in as: Chantel Hunter Home | Logout

Transactions

Transaction Response

Add is not available

Search

Export

Response Description :	**APPROVED**
Date Time :	9/7/2016 1:32:49 PM PDT
Merchant ID:	153629
Transaction Type:	CC Void
Total Amount $:	100.00
Name:	Doxy/Michelange
Company Name:	N/A
Response Type:	A APPROVED
Response Code:	APPROVED A01
Authorization Code:	03134Z
Last 4 digits of CC#:	0240
Exp Date:	11/2017
Entered by:	Chunter
Trace Number:	E94EEBDA-98F0-458A-9AE9-9CD65292CB71

Reporting

Clients

Knowledge Center

User Options

NewVT

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
MICHELANGE DOXY

Bill To:

MICHELANGE DOXY
6730 SULLINS RD

Charlotte, NC 28214

Single Payment

Transaction Date: 09/07/2016 6:46 AM Pacific Time
Pay Method: **********0240
Approval #: 03134Z
Trace Number: a4abf8af-2514-40af-8022-ae87006125f9
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

Supervisor/Administrative Professional Checklist

New Septic ☐ New Well ☐ Use Existing ☒ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 9/13/14 LE Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ _____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____