

2120 SUNSET RD

03704207

4/15/08

marliwr

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

1277A

APPLICATION FOR BUILDING PERMIT

TYPE PERMIT ☐ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT #

STREET # (N,S,E,W) 2120 | STREET NAME Sunset 1 | (AV,RD,ST etc) Rd

SUITE/UNIT(S):

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

PROJECT/SUBDIVISION NAME _____ PHASE _____ SECTION _____ PROJECT # 4118.0

OWNER Virginia WALLACE ADDRESS P.O. Box 2203 Cornelius NC 28031

CITY Cornelius STATE NC ZIP 28031 PHONE # 704 634-4614

TAX PARCEL # 037-042-07 CENSUS

LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) _____

ZONING R-3 JURIS 0 MAP # _____ R/W _____

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV _____ FIRE DIST. ☐ Yes

LOT ☐ CORNER ☐ THROUGH FRONT STREET (if different) _____

MINIMUM SETBACKS: FRONT / LEFT SIDE 3 RIGHT SIDE 3 REAR 3 REQ. PARK'G _____

APR'D BKS

JOB # _____

USDC # _____

PURPOSE _____

OCC. TYPE _____

CONST _____

TYPE WORK: ☐ New ☐ Addition ☑ Accessory ☐ Upfit ☐ Shelf ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # Add garage/shed

AREA (sq. ft.): Heated _____ Unheated 28X28 Deck(s) _____ # STORIES / BASEMENT ☐ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS _____ # BEDROOMS _____ # BATHS _____

Work includes: ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS _____ MULTI-FAMILY: # HANDICAP UNITS

ELECTRICAL

Power Company Duke Power Service: ☐ New ☐ Existing Total Amps _____ # Circuits _____

Connections 120 Volts _____ # Connections over 120 Volts _____

MECHANICAL:

Gas Company _____ # Gas Conn _____ #Appliances _____ ☐ Heat Only ☐ Central A/C Only ☑ Heat and A/C

☐ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc.) _____ # of Appliances (Dishwasher, Water Heater, etc.) _____

UTILITIES: ☒ New ☐ Existing

Public: 1-Individual Meter/Connection ☐ Water ☐ Sewer — Private: 3-Individual ☑ Well ☑ Septic

2-Master Meter/Connection ☒ Water ☐ Sewer — 4-Community ☒ Well ☐ Septic

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)				CONTRACT COST Nearest $100	APR'D / FEES $
	Bldg Virginia WALLACE / OWNER	Phone	Lic #		Bldg $ 5,000	
	Add	City/St		Zip		
	Elect	Phone	Lic #		Elect. $	
	Add	City/St		Zip		
	Mech	Phone	Lic #		Mech. $	
	Add	City/St		Zip		
	Plbg	Phone	Lic #		Plbg. $	
	Add	City/St		Zip		
PLANS ☐	Arch./Eng	Phone	Lic #		Total Const. Cost $	
	Add	City/St		Zip		
FT ☐	TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $				FT FEE $	

REMARKS: _____ OTHER FEES $ _____ TOTAL FEE $ _____

UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

Virginia Wallace / 9-14-04 / Virginia WALLACE

APPLICANT'S SIGNATURE / DATE / PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

1277A

100.00 Check 4839
9/15/04 JKA

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 file 1277A

PERSON FILING APPLICATION:
NAME: WALLACE (last) Virginia (first) (mi)
ADDRESS: P.O. BOX 2203 PHONE: (704) 634-4614
CITY: Cornelius STATE: NC ZIPCODE: 28031

te:

OPERTY INFORMATION (FROM ENGINEERING FORM):
X/PARCEL NUMBER: 037-042-07
'REET DRESS: 2120 Sunset
Charlotte NC
ONING: 28216
UBDIVISION OR MOBILE HOME PARK NAME:

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: ZIPCODE:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

YPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Out Bldg 28X28

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Virginia D. Wallace Date: 9-14-04

NOTICE:

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 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.

...

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Environmentalist Date

WATER : 122791

HOLD FOR NOW. 9/27/04

APPLICANT TO APPLY FOR VARIANCE TO MOVE LOCATION OF GARAGE TO OPPOSITE SIDE OF HOUSE. NO PLANS TO CONSTRUCT BUILDING W/ IN NEXT 6 MONTHS.

TCT

- VISIT MADE ON 9/16/04.
- SEPTIC AT FRONT LEFT SIDE OF HOUSE.

TCT

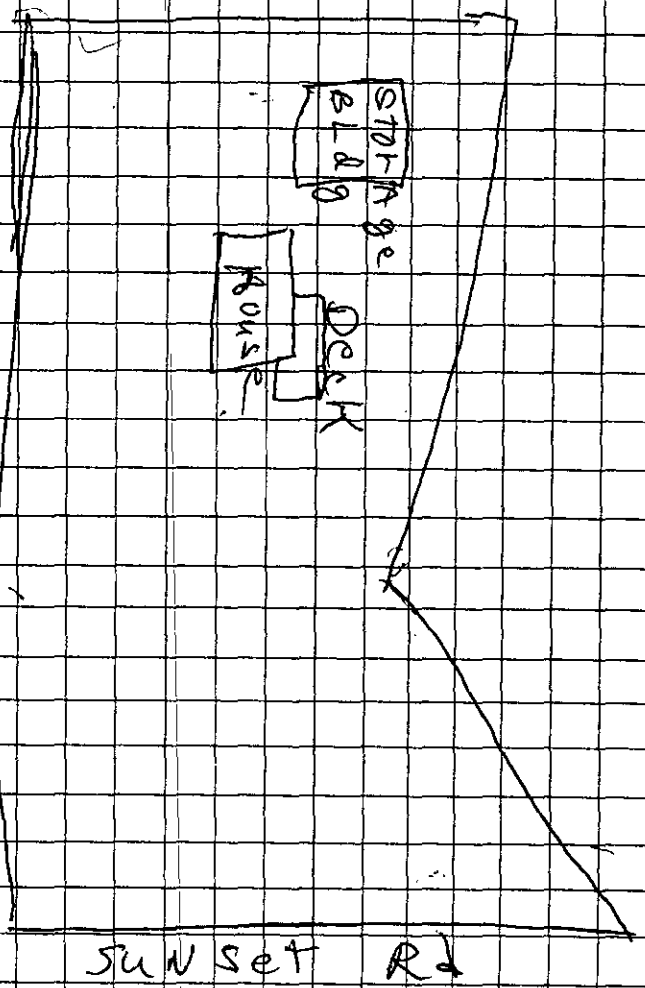
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1277A

TC: 037-042-07

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy