

8844 FULTRAM LN

13905508

1/4/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 42743 DATE: 4-6-01

TC: 139-055-08 ☒ L ☒ CRT

SERIAL№ 15895

Name of Owner TOTAL CONSTRUCTION SERVICES Juris.:

Address of Property 8844 FUTRAN LANE

Inspection Data:

Tank Material PCC 1500 gal

Total Length of Drainfield 400

Number of Lines 5 @ 80'

Cover Depth 12"

Water Supply Source COMM. WELL

Distance to Water Source >10

Excavation Inspected 4-6-01

Tank(s) Inspected 4-6-01

Wash Line Inspected —

High Water Alarm Inspected —

SEE PLOT PLAN

PLOT

Design: 1500 ST 1200 SFT CONV 12G CTR# WJ NORWOOD

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ ~~as~~ detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☒ ~~Operation~~ Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: TYPE II

Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

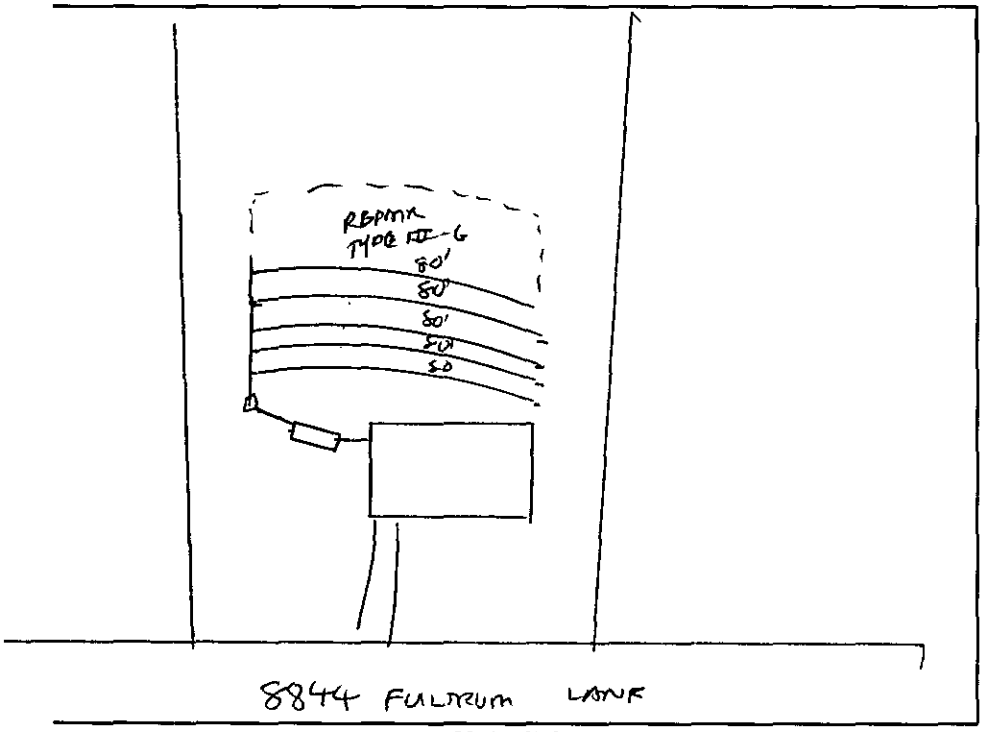
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4274B DATE: 3-1-01

TC: 139-055-08 N n

SERIAL Nº 18712

Permission is hereby given to ____ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 3-27-00. All work shall be completed on or before 5-1-01, after which date this permit shall be null and void. The system shall meet all of the construction requirements of I5A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PCC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous yes

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House 5' feet

Distance from Property Line 10' feet

Distance from Well >50' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER TOTAL CONSTRUCTION SERVICES, INC.

LOCATION OF PROPERTY 8844 FULTRUM LANE

Comments: (1) INITIAL SYSTEM CHANGED FROM TYPE III-C TO TYPE II (2) REPAIR AREA STILL TYPE III-C DUE TO LACK OF AVAILABLE SPACE

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

10/30/01
HOLD
FOR
ACREFMFA
FORMS

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: DAVID REED TELECOPIER # 573 2451

FROM: D. Wells DATE 10-30-01

NUMBER OF PAGES TRANSMITTED: 5 (including cover sheet)

COMMENTS: COPIES OF IP, CA, AND OP

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

☐ Original will not follow ☐ Original will follow via:

☐ U.S. Mail ☐ Hand Delivery ☐ ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236

w/ Rev Auth B60270

FEE: 300 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION** R&S
DATE: 10/18/00 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 5-2-00 PERMIT NO: 4274B
PARCEL NO: 139-055-08

JOB LOCATION ADDRESS: 8844 PULTRUM LANE
PROPERTY OWNER: DAVID REBO / TOTAL CONSTRUCTION SERVICES
BUILDING CONTRACTOR: "
SUBDIVISION NAME: GLENCROFT SUB
AUTHORIZATION ISSUED BY: [signature] DATE: 5-2-00
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4274B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: (1) REQUIRES AGREEMENT FORM ACKNOWLEDGING INNOVATIVE REPAIR AREA.
(2) WILL REQUIRE REPAIR AREA TO BE III-B INNOV ~~PROVIDE BLOCK~~, DUE TO LACK OF AVAILABLE SPACE

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

[signature] 10-18-00
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): DAVID A REES	Phone #: 573-2450	Date Requested: 10/18/00	Date Filled: 10/18/00
Account Name: Total Construction Services, Inc	☐ Cash ☒ Charge	Account No.: 860270	

I certify that I am authorized to charge this account for this service.

Signature: David O Reed Printed Name: DAVID A REES Date: 10-18-00

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
734	2	Other: Auth to Construct	150	300
703	2	Other: Test + CO	150	300
Payment received by: Vivian Craig Date: 10/18/00 By: JC			Total:	600 00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

8844 Fulton Lane	412718	
8852 Fulton Lane	42758	

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number: 4724B

Tax Number: 139-065-08

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	X Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
MUNICIPAL Serviced by private well	1500 Gallon septic tank	300 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	___ Gallon pump tank	NA Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) SYSTEM IS TYPE III-G WHICH WILL REQUIRE AN AGREEMENT FORM.

3/1/01 INITIAL SYSTEM CHANGED TO CONVENTIONAL, REPAIR AREA IS TYPE III-G INNOVATIVE DUE TO LACK OF AVAILABLE SPACE.

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional X Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 200 Total Trench Length (Ft)	NA Depth of Stone Trench	8' Trench spacing (min. on centers)	36" Maximum Trench Depth

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date: 5-20-00

Owner/Agent Signature — Date: 10-18-00

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 214
700 N. TRYON ST.
CHARLOTTE, N.C. 28202
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet: _____

Property ID: 139-055-06

Lot #: 59

File #: 42743

AS #2

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Total Const. Service, Inc. APPLICANT: _____

ADDRESS: 11024 Deepa Dr, Charlotte DATE EVALUATED: 4-5-00

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) _____ PROPERTY SIZE: .79

LOCATION OF SITE: 9844 Fullum Lane PROPERTY RECORDED: _____

WATER SUPPLY: ☐Private ☑Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☑Augur Boring ☐Pit ☐Cut

TYPE OF WASTEWATER: ☑Sewage ☐Industrial Process ☐Mixed

PROFILE #	Slopes 5-15% :1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	LS	0-7"	gr/scl	Fr/SE/SP/SS/SP	748" TO soil wetness	48"	N/A	None	PS .39 ft^2 IV
		7-43"	SBK/c	Fi/SE/SP/SS/SP					
		43-48"	SBK/cl	Fr/SE/SP/SS/SP					
2	LS	0-16"	gr/scl	Fr/SE/SP/SS/SP	748" TO soil wetness	48"	N/A	None	PS .39 ft^2 IV
		16-48"	SBK/c	Fi/SE/SP/SP					
3	LS	0-7"	gr/scl	Fr/SE/SP/SS/SP	751" TO soil wetness	51"	N/A	None	PS .39 ft^2 IV
		7-43"	SBK/c	Fi/SE/SP/SP					
		43-51"	SBK/cl	Fr/SE/SP/SS/SP					
4	LS	0-9"	gr/scl	Fr/SE/SP/SS/SP	748" TO soil wetness	48"	N/A	None	PS .39 ft^2 IV
		9-44"	SBK/c	Fi/SE/SP/SP					
		44-48"	SBK/cl	Fr/SE/SP/SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		
Site LTAR	.39 ft^2	.39 ft^2

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Unsuitable

EVALUATED BY: W. A. Mullis LSS 4-7-00

OTHER(S) PRESENT: _____

FILE # 4274B

COMMENTS 100% Repair

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR
R-RIDGE	I	S-SAND	1.2-0.8
S-SHOULDER SLOPE		LS-LOAMY SAND	
L-LINEAR SLOPE			
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6
N-NOSE SLOPE		L-LOAM	
H-HEAD SLOPE			
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM	
T-TERRACE		CL-CLAY LOAM	
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM	
	IV	SC-SANDY CLAY	0.4-0.1
		SIC-SILTY CLAY	
		O-ORGANIC	

CONSISTENCE MOIST	CONSISTENCE WET
VFR-VERY FRIABLE	NS-NON-STICKY
FR-FRIABLE	SS-SLIGHTLYSTICKY
FI-FIRM	S-STICKY
VFI-VERY FIRM	VS-VERY STICKY
EFI-EXTREMELY FIRM	NP-NON-PLASTIC
	SP-SLIGHTLYSTICKY
	P-PLASTIC
	VP-VERY PLASTIC

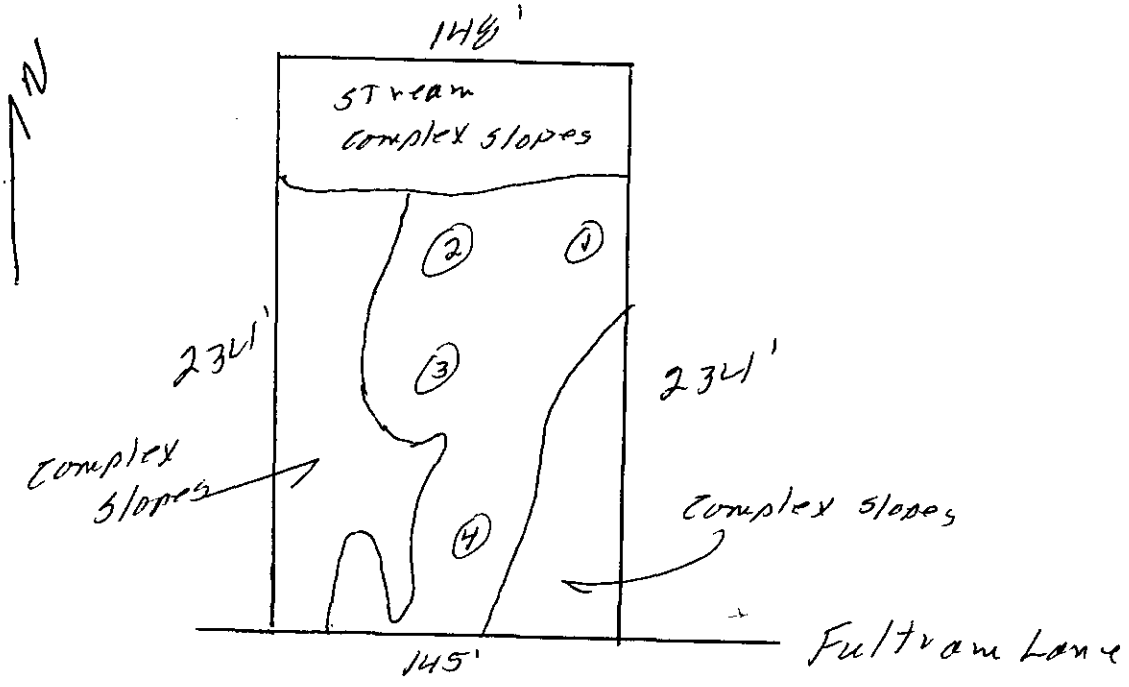
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



PROPOSED PLOT PLAN

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

FILE: 42148

TC: 139-055-08

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.

GLENCROFT SUBDIVISION
LOT #59
8844 FULTRUM LANE

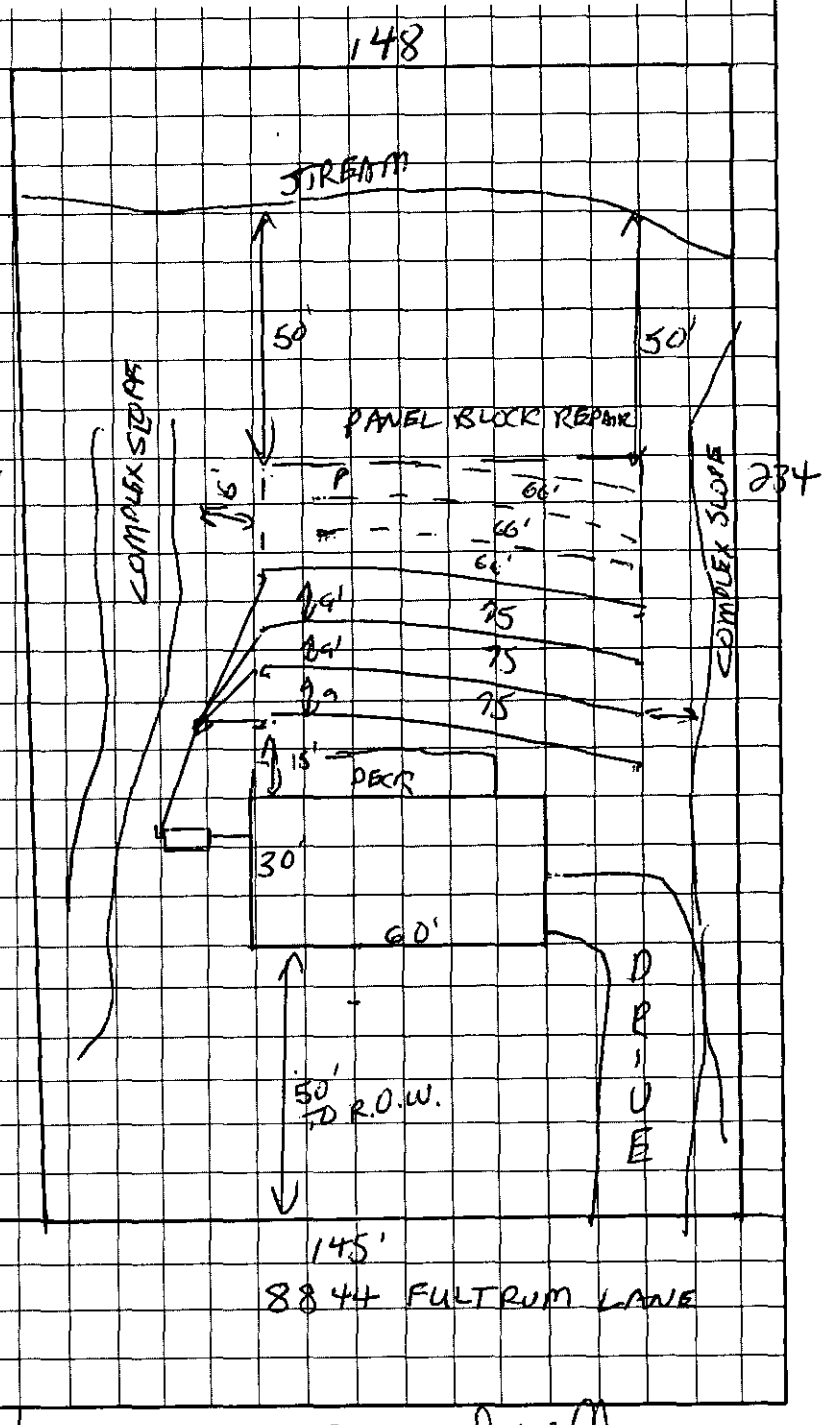
SCALE 1" = 40'

(1) PERMIT IS DESIGNED FOR 3BDRM TYPE III-G INNOVATIVE INSTALLATION WITH PANEL-BLOCK REPAIR. TYPE III-G INNOVATIVE ALLOWS FOR 25% REDUCTION IN DRAINLINE LENGTH. PANEL-BLOCK REPAIR ALLOWS FOR 50% REDUCTION IN DRAINLINE LENGTH.

(2) AGREEMENT FORM IS REQUIRED FOR ANY III-G INSTALLATION AND ~~THAT~~ MUST BE FILED W/ REGISTER OF DEEDS OFFICE.

(3) INSTALL DRAINLINES 50' FROM STREAM AND 10' FROM 2/1 VERICAL CUT CAUSED BY COMPLEX SLOPE.

(4) INSTALL DRAINLINES SITMLOW 30" AND ON CONTOUR.



APPROVAL DATE 5-2-00

OWNER/AGENT SIGNATURE

DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

FEE: 280.00 + Add'l BW 82.70

DATE: 3-27-00 JC

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 42748

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 139-055-08

STREET ADDRESS: 8844 Fultram Ln

SUBDIVISION OR MOBILE HOME PARK NAME: Glencroft. phs II

LOT NUMBER: #54

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S) __ MODULAR HOME (M)
__ DOUBLE WIDE (D) __ MULTIPLE FAMILY (U)
✓ HOUSE (H) __ OTHER (O)

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG __ 4 PINEVILLE
__ 1 CHARLOTTE __ 5 MATTHEWS
__ 2 DAVIDSON __ 6 HUNTERSVILLE
__ 3 CORNELIUS ✓ MINT HILL

HEATED SQUARE FOOTAGE: ≥ 2000

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS:

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

✓ WITHOUT BASEMENT __ WITH BASEMENT /PLUMBING
__ ON SLAB
✓ CRAWL SPACE __ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES __ NO TYPE: _____

WATER SUPPLY (CHECK ONE): ✓ COMMUNITY (C) __ MUNICIPAL (M) __ PRIVATE WELL (P)
__ SHARED WELL (S) __ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES __ NO
Rear creek

PROPERTY OWNER: Total Const. Serv. Inc

NAME: Reed David A. V.P.
(LAST) (FIRST) (MI)

ADDRESS: 11024 DESPA DR.

CITY: Charlotte STATE: NC ZIP: 28227

DAYTIME PHONE: (704 573- 2450

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 3-14-2000

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: [signature] DATE: 3-27-00

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): DAVID REES	Phone #:	Date Requested: 3/27/00	Date Filled: 3/27
Account Name: TOTAL CONST. SERVICES INC	☐ Cash ☒ Charge		Account No.: B16270

I certify that I am authorized to charge this account for this service.

Signature: [signature] Printed Name: DAVID REES Date: 3-27-00

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
0701	4	Other: New Improvement	200	800
		Other:		
Payment received by: [signature]		Date: 3/27/00 By: CC	Total:	800

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

8844 Fulton	8026 Merwick	
8856 Fulton		
8738 Dutton		

B-216NS 8/95

WHITE – AUDIT CANARY – CUSTOMER PINK – DIVISION

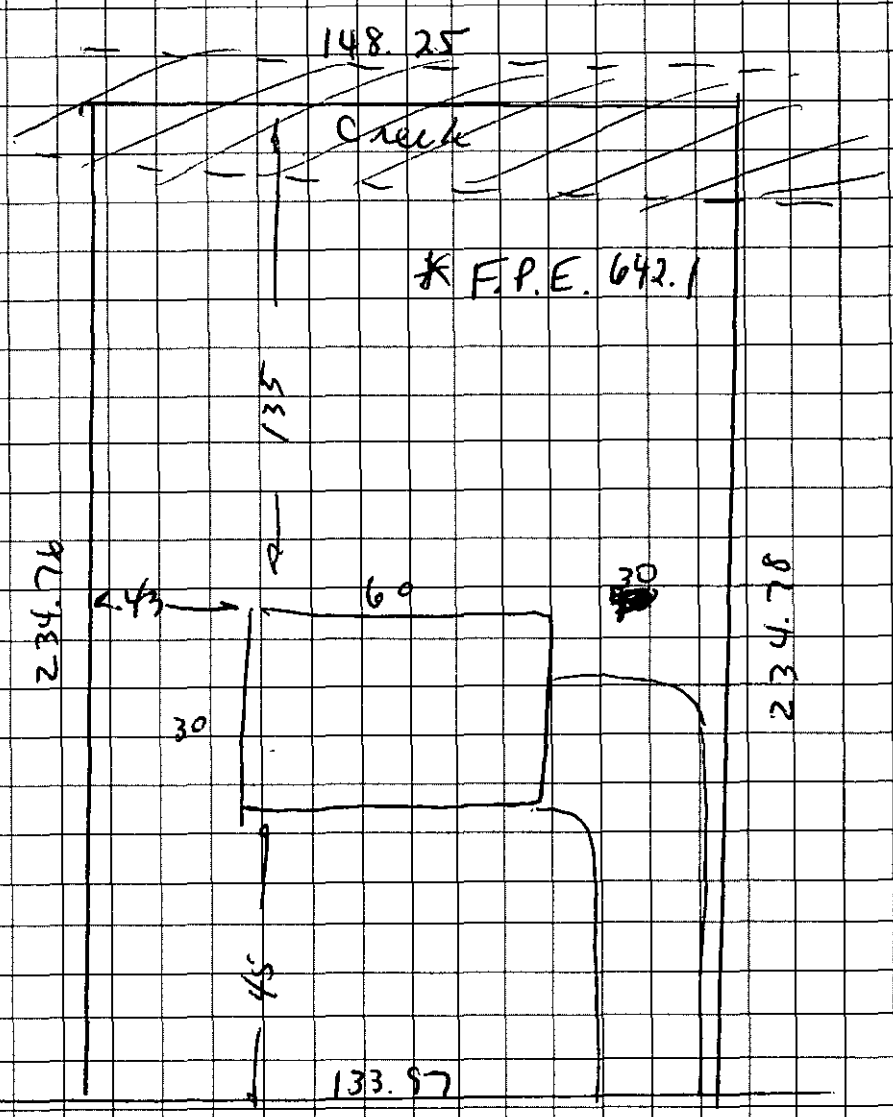
PROPOSED PLOT PLAN

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

FILE: 4274B

TC: 139-055-08

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.



David Reed
OWNER/AGENT SIGNATURE

DATE 3-27-00

APPROVAL DATE _____

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

DATE: 3-27-00

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint
ETJ

139-055-08
PARCEL NUMBER

8844 Fultram Ln
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

Lot 59
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Glencroft
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	_____ APPROVED	_____ NOT APPROVED
2. FLOODWAY REGULATIONS	_____ APPROVED	_____ NOT APPROVED
3. WATERSHED PROTECTION	_____ APPROVED	_____ NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	_____ APPROVED	_____ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	_____ PRESENT	_____ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	_____ YES	_____ NO
7. DRIVEWAY PERMIT REQUIRED	_____ YES	_____ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	_____ YES	_____ NO

REMARKS: SF

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

X NEW ADDRESS
REVISED 1/91

SIGNED: Barry G. Hunt