

20401 ZION AV

00706207

12/27/2007

duponbj

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

Need

Project

#1

EHD20				

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 2310 B DATE: 12-19-97
TC: 007-062-07 ☒ L ☐ CRT
SERIAL Nº 17289

Name of Owner George L. Hoskins Juris.: _____
Address of Property 20409 Zion St.

Inspection Data:

Tank Material PCC
Total Length of Drainfield 400'
Number of Lines 4 @ 100'
Cover Depth 18"
Water Supply Source Priv. well
Distance to Water Source 7100'
Excavation Inspected 12.19
Tank(s) Inspected 12-19
Wash Line Inspected —
High Water Alarm Inspected —

PLOT

Design 1997, 1500ST, CON, 1200SF, T, 12G, cecil-like CTR# 36

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 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This 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 15A NCAC 18A. 1990 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.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type II a Business 360 gpd
(4) 3'w x 100'L x 12" stone

Larry B. Thompson Jr, R.S.
Environmental Health Specialist

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: 2310 B DATE: 11-21-97

TC: 007-062-07 X/L

SERIAL Nº 17496

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 11-7-97. All work shall be completed on or before 12-21-97, 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.

Install According To Plot Plan

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 4

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 George L. Hoskins

LOCATION OF PROPERTY 20401 ~ 20409 Zion Street

Comments: IIa Business 360 gpd

(4) 3'w x 100'L x 12" stone

Larry B. Thompson Jr., R.S.
Environmental Health Specialist

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

PREMIER TOOL CORPORATION

5655

REFERENCE NO	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	BALANCE DUE/HEALTH DEPT PERMIT				200.00

PROJECT FILE 23108
I.W.W.S. SECTION
PER JUDY KAISER

20409
2 IN
3 F.

CHECK DATE	CHECK NO	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
11/12/97	5655	MECKLENBURG CTY HEALTH DEPT		$200.00

chk #5655

FEE: 200 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 11/14/97 SC VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

40⁰⁰

DATE: 11-10-97 20401 PERMIT NO: 2310B
PARCEL NO: 007-062-07

JOB LOCATION ADDRESS: 20409 Zion ~~Street~~ Ave
PROPERTY OWNER: George L. Hoskins
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Larry B. Thompson Jr. R.S. DATE: 11-10-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 2310B, 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: See Conditions of The Improvement Permit

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.

Jerry Hoskins 11/10/97
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

CONDITIONS OF IMPROVEMENT PERMIT

Permit Number 2310B

Tax Number: 007-062-07

- 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	✓ 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	___ 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)	
N/A Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
N/A Bedrooms in residence 5employees (initially)	— Gallon pump tank	12" Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions:				
Repair Area System Type 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	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" 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.

Larry E. Thompson, J.R.S. 11-10-97
DEHNR Authorized Agent / Date

Larry Hopkins 11/10/97
Owner/Agent Signature / Date

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

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

ON-SITE WASTEWATER SECTION

COUNTY: 40 #1 23103 PO 007-062-07

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: George L. Hopkins Jr. & Connelly APPLICANT: _____
ADDRESS: 20741 Beechwood Lane APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: Shop PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: .46 ±
LOCATION OF SITE: 20409 Zion Ave PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	Slopes 5-10% .1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-10"	gr/scl	Fr/SEXP/SS/SP	>48" TO 30:1 wetness	48"	N/A	None	PS .3 gal/ft² IV
		10-48"	SBK/C	F:/SEXP/SP					
2	LS	0-12"	gr/scl	Fr/SEXP/SS/SP	>48" TO 30:1 wetness	46"	N/A	None	PS .3 gal/ft² IV
		12-48"	SBK/C	F:/SEXP/SP					
3	LS	0-6"	gr/scl	Fr/SEXP/SS/SP	>48" TO 30:1 wetness	46"	N/A	None	PS .3 gal/ft² IV
		6-30"	SBK/C	F:/SEXP/SP					
		30-45"	SBK/scl	Fr/SEXP/SS/SP					
4	LS	0-6"	gr/scl	Fr/SEXP/SS/SP	>48" TO 30:1 wetness	46"	N/A	None	PS .3 gal/ft² IV
		6-48"	SBK/C	F:/SEXP/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): Provisionally Suitable
EVALUATED BY: William R. Meeks 11-4-97
OTHER(S) PRESENT: LSS

OMMENTS: 100% Repair

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
(Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
(Head Slope)	III	SI (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SICL (Silty Clay Loam)				PR (Prismatic)
(Nose Slope)		CL (Clay Loam)			MOIST	WET
(Ridge)		SCL (Sandy Clay Loam)				
(Shoulder Slope)		SUC (Silt Loam Clay)			VFR (Very Friable)	NS (Non-sticky)
(Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SIC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
					EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None			SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

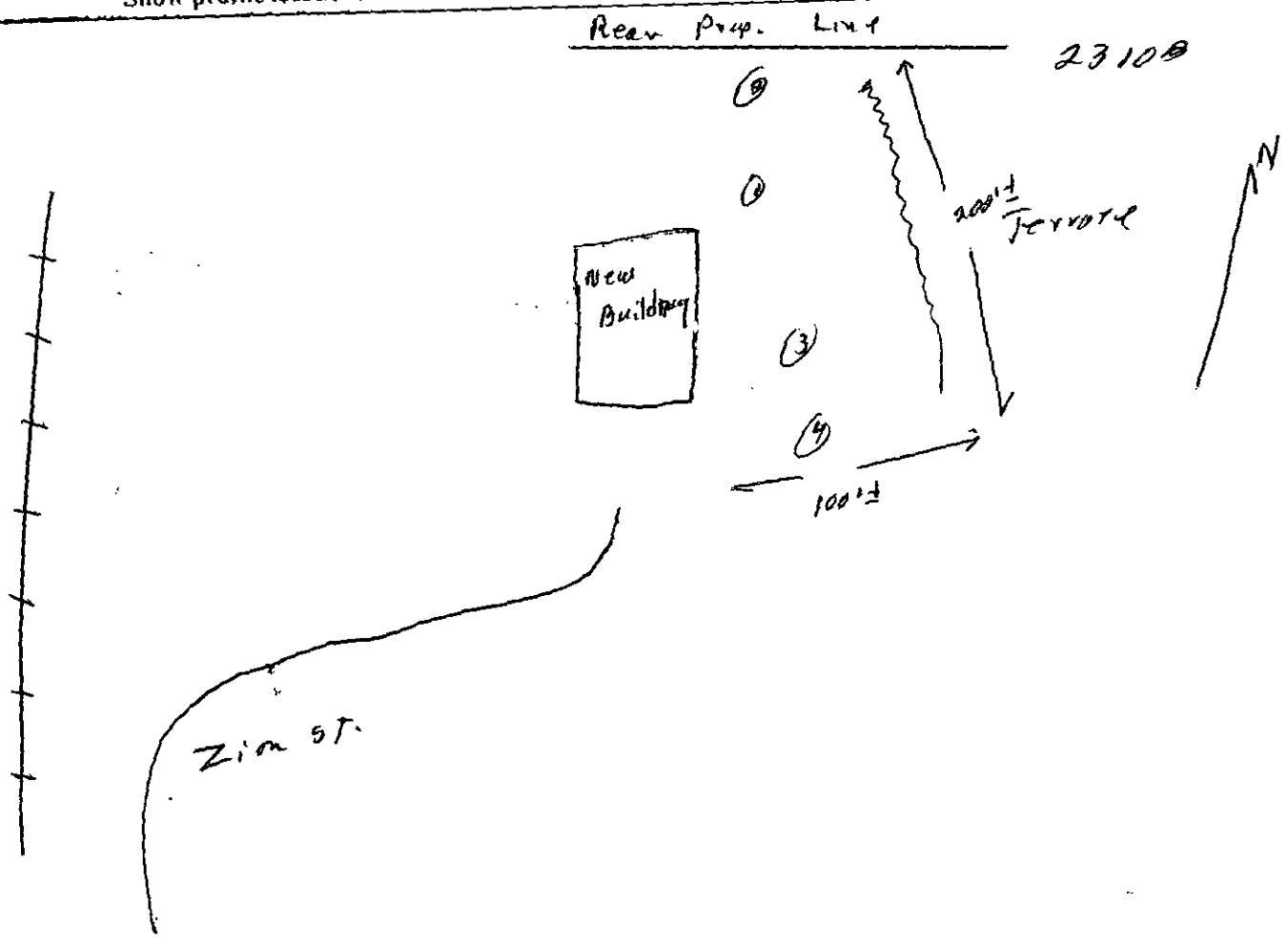
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
ESTRICTIVE HORIZON	Thickness and depth from land surface
APROLITE	S(suitable) or U(unsuitable)
OIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designatio
LASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DUNCAN-PARNELL, INC. CHARLOTTE, NC 800-849-7708 577585

THIS IS TO CERTIFY THAT ON THE 15th DAY OF JUNE 19 95 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE PROPERTY LINES, WALLS AND BUILDINGS ARE AS SHOWN HEREON; THAT THE BUILDINGS LOCATED ON SAID LOT DO NOT ENCROACH OR PROJECT ON ADJACENT STREETS OR PROPERTY; AND THAT NO ADJACENT BUILDINGS OR WALLS ENCROACH OR PROJECT ON SAID PREMISES.

This property is not located in any Flood Hazard Zone.

Reference: FIRM COMMUNITY PANEL 370158 0020B for the County of Mecklenburg. (The Town of Cornelius is not included) N.C.

Effective date: February 3, 1993 (ZONE X)

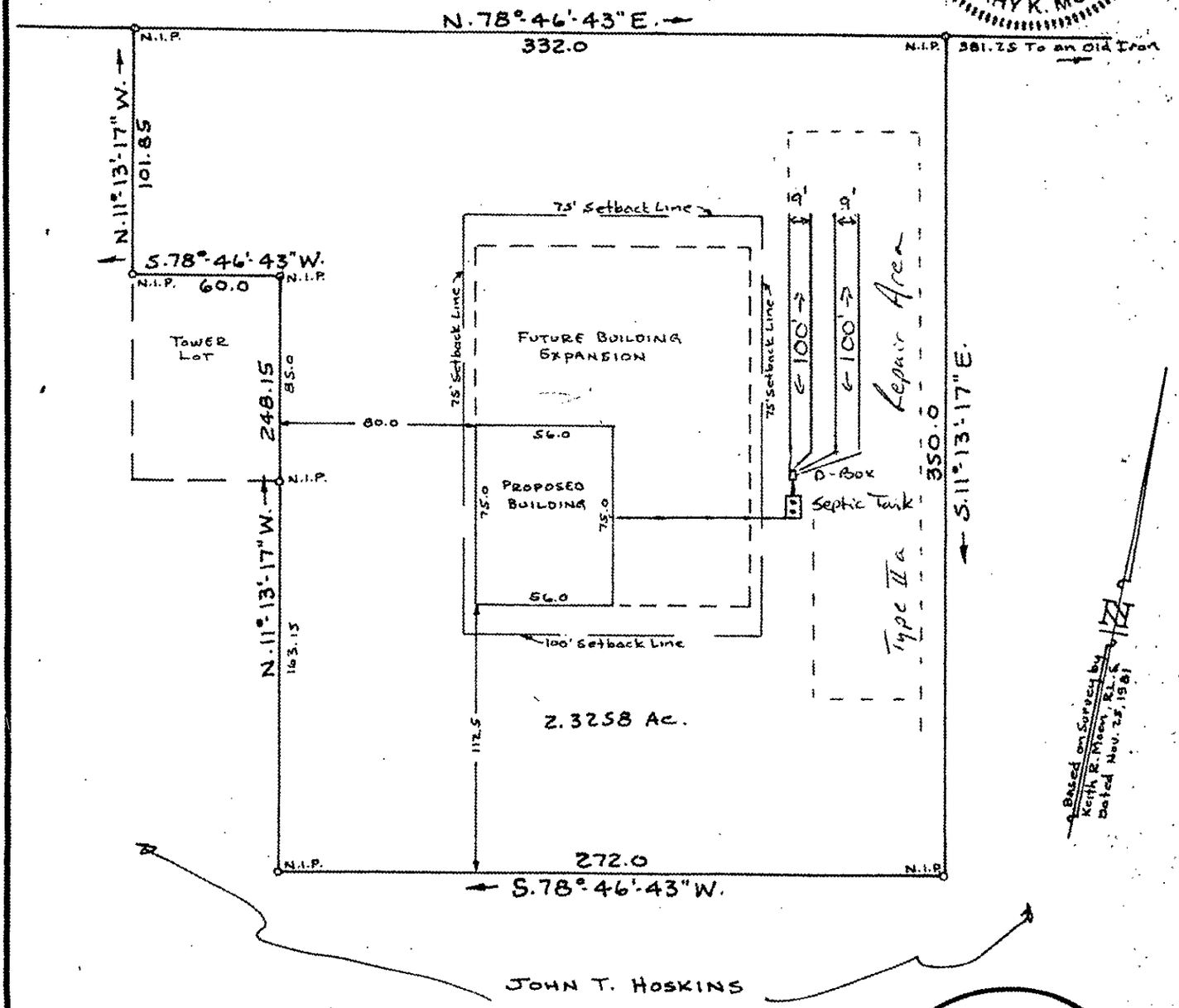
401 Hawthorne Lane
Charlotte, N.C. 28204

SIGNED Gary K. Moen

N.C.R.L.S. L-3714

NORTH CAROLINA REGISTERED SEAL L-3714 LAND SURVEYOR GARY K. MOEN

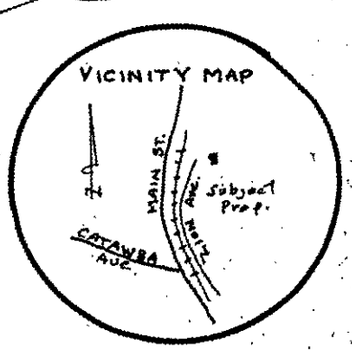
MICHAEL V. WARD & JANE H. WARD
D.B. 4982, P. 461
ZONE R3



JOHN T. HOSKINS
ZONED: BM

- 1500 gallon septic tank
- Distribution Box w/speed levels
- (4) 3'w x 100'L x 12" stone
- Max trench depth of 30"
- Keep trench bottoms level and on contour

R. Thompson, R.S.



PHYSICAL SURVEY

OF

A LEASE LOT FOR PREMIER TOOL CORP. EXPANSION

Cornelius, Mecklenburg Co., N.C.

PROPERTY OF

JOHN T. HOSKINS

SCALE 1"= 60' DEED RECORDED D.B. 4607, P. 234 MAP RECORDED

FEE: $100 PD + $75.00

DATE: 11-7-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR IMPROVEMENT PERMIT FOR COMMERCIAL/INDUSTRIAL SITE

[redacted]

BUILDING PERMIT NO. B0567398

| | CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

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

N/O INDUSTRIAL PROCESS WASTE WATER

FILE #: 2310 B

PROJECT TRACKING #:

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 007-062-07 [redacted]

STREET ADDRESS: 20409 ZION AVE. (20401 ZION) CORNELIUS, NC. 28031

✓ COMMERICAL ___ INDUSTRIAL

DESCRIBE TYPE OF BUSINESS: Premier Tools Corp

MFG. CUTTING TOOLS

Square footage of facility:

LOT NUMBER:

NUMBER OF EMPLOYEES: 3 Full Time 2 Part Time

PER SHIFT: ✓

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
✓ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HOW WILL WATER BE USED IN THE FACILITY:

✓ TOILETS/URINALS
✓ HANDSINK
___ SHOWERS — FUTURE
✓ FLOOR DRAINS

OTHER, PLEASE DESCRIBE:

An IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change.

TYPE OF WASTEWATER:

✓ SEWAGE
___ INDUSTRIAL PROCESS WASTE WATER

IF EXPANSION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED ADDITION:

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O) Building Next Door

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

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ✓ NO
EXISTING WASTE WATER SYSTEMS ___ YES ✓ NO
EASEMENTS OR RIGHT-OF-WAYS ___ YES ✓ NO
WELL SPRINGS OR WATERLINES ___ YES ✓ NO
DESIGNATED WETLANDS ___ YES ✓ NO

BUILDING PLANS TO INCLUDE ALL PLUMBING, FLOOR DRAINS AND ALL SOURCES OF WASTEWATER DISCHARGE AND GRADING PLANS MAY BE REQUIRED DURING THE EVALUATION STAGE. — PROVIDED

PROPERTY OWNER: — BUILDING — LAND LEASED

NAME: HOSKINS GEORGE L
(LAST) (FIRST) (MI)

ADDRESS: 20741 BIRTHWOOD LANE

CITY: CORNELIUS STATE: ZIP:

DAYTIME PHONE: 704-895-8223

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: George L Hoskins

DATE: 11-7-99

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

PROPOSED PLOT PLAN

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

FILE: 23108

TC: 007 062 07 PC

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.

See
Attached Plans

New Building is Already Constructed
Flags will MARK Future EXPANSION
Please Soil Test beyond Flagged Area

APPROVAL DATE _____

OWNER/AGENT SIGNATURE

DATE

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

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 11/7/97

Name/Company: Premier Tools Corp.

Sanitation _____

Vector Control _____

IWWS X

Service: New IP
20409 Zion Ave
File 2310B

Fee: $ 100.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

100.00
5651 #

WHERE CRAFTSMANSHIP AND SERVICE COME FIRST

PREMIER TOOL CORPORATION

P.O. BOX 1309
CORNELIUS, NC 28031

704/895-8223
FAX: 704/895-8224

Jerry Hoskins
President

Cutting Tool Manufacturers

APPLICATION FOR PERMIT

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

ELECTRO 80375058

ADDRESS

STREET # (N,S,E,W) STREET NAME (AV, Road, etc)

20401 Zion PREMIER PRECISION ST

SUITE/UNIT(S):

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

SITE DATA

PROJECT/SUBDIVISION NAME PHASE SECTION PROJECT # 99414

OWNER Premier Precision ADDRESS

CITY Cornelius STATE N.C. ZIP PHONE #

TAX PARCEL # 00750620 CENSUS 1400

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

ZONING: B-M JURIS Cornelius MAP R/W

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

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

MINIMUM SETBACKS: FRONT 100' LEFT SIDE 75' RIGHT SIDE 75' REAR 75' REQ. PARK'G

PROJECT

JOB # 4001328 USDC #

PURPOSE OCC. TYPE 5 CONST 4

TYPE WORK: ☐ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # Storage Building

AREA (sq. ft.): Heated Unheated 2400 Deck(s) # STORIES 1 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

SERVICES

ELECTRICAL: Power Company N/A Service: ☐ New ☐ Existing Total Amps # Circuits

Connections 120 Volts # Connections over 120 Volts

MECHANICAL: Gas Company N/A # 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 2-Master Meter/Connection ☒ Water ☐ Water ☒ Sewer ☐ Sewer Private 3-Individual 4-Community ☐ Well ☐ Well ☐ Septic ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)	CONTRACT COST Nearest $100	APR'D FEES $
B 8302	Bldg Larry Hayes Phone 704-254-4427 Lic # 23543 Add City/St Mooresville NC Zip 28115	Bldg. $ 16,500	
	Elect NO NO WORK/NO PERMIT Phone City/St Zip	Elect. $ N/C	
	Mech NO NO WORK/NO PERMIT Phone City/St Zip	Mech. $ N/C	
	Plbg NO NO WORK/NO PERMIT Phone City/St Zip	Plbg $ N/C	
PLANS ☐	Arch./Eng NO Phone Lic # Add City/St Zip	Total Const. Cost $ 16,900	

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $

REMARKS:

FT FEE $

OTHER FEES $ 43.

TOTAL FEE $ 101.8

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICA FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK. 3-20

APPLICANT'S SIGNATURE 1-21-00 DATE Larry C. Hayes PRINT APPLICANT'S NAME

METHOD OF PAYME ☐ CHECK ☒ ACC

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-82

ORIGINAL

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

PERMIT 8056398

ADDRESS

STREET # (N,S,E,W) | STREET NAME | (AV,RD,ST, etc)

20401 N. ZION. CORNELIUS AV ~~ST~~

SUITE/UNIT(S): PREMIER PRECISION CO. Premier Tool Corp

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

SITE DATA

PROJECT/SUBDIVISION NAME PREMIER TOOL PHASE N/A SECTION N/A PROJECT # 196-98116 4

OWNER JOHN T. HOSKINS ADDRESS S. 5760 OLD LAKESHORE RD

CITY LAKEVIEW STATE NY ZIP 14085 PHONE # (716) 627-3828

TAX PARCEL # 007-062-07 LOT # BLOCK # LAND AREA (sq. ft.) 19,638

CENSUS 6400 ZONING SPECIAL DISTRICT JURIS 03 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 80 LEFT SIDE 80 RIGHT SIDE 80 REAR 80 REQ. PARK'G

APPR'D Judi Brown 3/25/97

PROJECT

JOB # 7001 USDC # 320 PURPOSE OCC. TYPE F CONST. IV

TYPE WORK: ☒ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) MANUFACTURING OF CUTTING TOOLS

Mobile Home: include Yr./Make & Serial #

AREA (sq. ft.): Heated 5040 Unheated Deck(s) # STORIES 1 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

SERVICES

ELECTRICAL: Power Company TOWN OF CORNELIUS Service: ☒ New ☐ Existing Total Amps 500 # Circuits 53

Connections 120 Volts 39 # Connections over 120 Volts 14

MECHANICAL: Gas Company PUBLIC GAS CO # Gas Conn 118157 # Appliances 3 ☐ 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 HOT WATER

PLUMBING: # of Fixtures (Sink, Water Closet, etc...) 8 # of Appliances (Dishwasher, Water Heater, etc.) 1

UTILITIES: ☐ New ☒ Existing WATER = EXISTING

Public: 1-Individual Meter/Connection ☐ Water ☐ Sewer — 2-Master Meter/Connection ☐ Water ☐ Sewer

Private: 3-Individual ☐ Well ☒ Septic — 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APR'D FEES $
8027	Bldg PR BUILDING SYS.	Phone 664-5211	Lic # 31387	Bldg. $ 153,000	
	Add P. O. BOX 1047	City/St MOORESVILLE NC	Zip 28115		
E 1149	Elect Progress Elec.	Phone	Lic #	Elect. $ 29,000	
	Add Timber Rd	City/St	Zip		
M 1146	Mech Lakeside Hgt + Air	Phone	Lic #	Mech. $ 26,000	
	Add PO 1066	City/St	Zip		
P 1216	Plbg Thompson Bldg. Plumb	Phone	Lic #	Plbg. $ 10,000	
	Add RT 7 Box 260	City/St	Zip		
	PLANS ☐ Arch./Eng	Phone	Lic #	Total Const. Cost $ 218,000	
	Add	City/St	Zip		

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $

REMARKS:

FT FEE $

OTHER FEES $

TOTAL FEE $ 1184.35

THE 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. 5-7-C

APPLICANT'S SIGNATURE — DATE 3/25/97 — JERRY HOSKINS 704-895-8223 PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☒ CASH/CHECK ☐ ACCOUNT

2074 BETHELWOOD LANE, CORNELIUS

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 · CHARLOTTE, NC 28231-1097 · 704/336-2831

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY
			3/25/97

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