

8819 CASA LAKE DR

10514227

5/21/08

marliwr

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

File 3568

3568

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

409 PD 50 CK 7337 4/26/99 BSK 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

Date:

PERSON FILING APPLICATION:
NAME: McKenzie (last) Doug (first) A. (mi)
ADDRESS: [redacted] 8819 Casa Lake Dr. PHONE: (704) [redacted] 537-3119
CITY: Charlotte, N.C. STATE: NC ZIPCODE:

PROPERTY OWNER:
NAME: McHam (last) Barbara & M. S. (first) (mi)
ADDRESS: 8819 Casa Lake Dr. PHONE: 704 535-5209
CITY: Charlotte STATE: NC ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 105-142-27
STREET ADDRESS: 8819 Casa Lake Dr.
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (In acres):

TYPE APPLICATION (check one):

[redacted]
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Front Porch
[redacted]

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
[X] 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 [X] 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: Doug McKenzie Date: 4/24/99

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.

...4/28/99 OK TO USE EXISTING SYSTEM

[ ] 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 4/28/99 Date

DW.

WATER : 122791

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 4-26-99

Name/Company: Doug A. McKenzie

Sanitation _____

Vector Control _____

IWWS ✓

Service: Use Existing System
Porch/Deck Addition

Fee: $ 50.00 C/C # 2332

NOTICE: Receipt # 11805
BJ

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

LBT
Completed by

Betty Smith
Collected by

PROPOSED PLOT PLAN

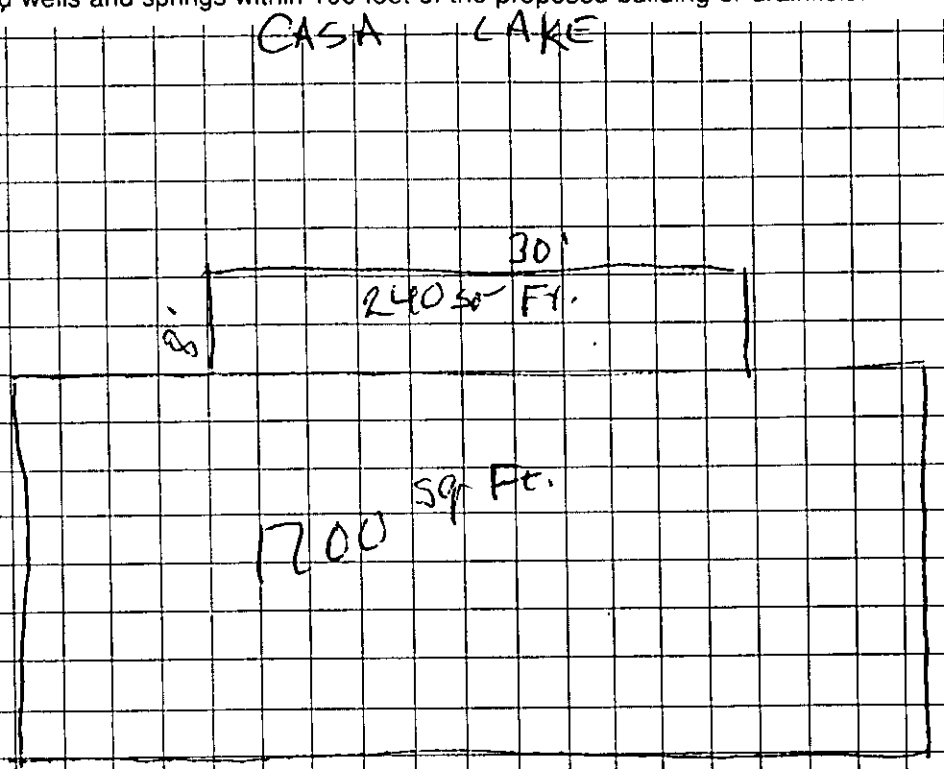
COPY

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

FILE: 3568

TC: 105-142-27

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.



OWNER/AGENT SIGNATURE

DATE 4/26/99

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

APPLICATION FOR BUILDING PERMIT

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

PERMIT #

ADDRESS

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

8819 | Casa Lake Dr

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 # _____

OWNER McHam ADDRESS 8819 Casa Lake Dr

CITY Charlotte STATE N.C. ZIP _____ PHONE # _____

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

CENSUS _____ ZONING: _____ JURIS _____ 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 _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____ REQ. PARK'G _____

PROJECT

JOB # _____ TYPE WORK: ☐ New ☑ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

USDC # _____ PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # Front porch addition

PURPOSE _____ AREA (sq. ft.): Heated _____ Unheated 240 (Deck(s)) # STORIES 1 BASEMENT ☐ Yes

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

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

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

SERVICES

ELECTRICAL:
Power Company Duke Service: ☐ New ☑ Existing Total Amps 200 # Circuits _____
Connections 120 Volts 2 # 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...) N/A # 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

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APR'D FEES $
	Bldg D&M Const.	Phone	Lic #	Bldg. $ 9000	
	Add	City/St	Zip		
	Elect Hunter elect	Phone	Lic #	Elect. $ 500.00	
	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		

OTHER

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

REMARKS: — OTHER FEES $

TOTAL FEE $

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.

Doug McKenzie — APPLICANT'S SIGNATURE — 4/26/99 DATE — Doug McKenzie PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☑ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

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

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

LOCATION

STREET #	(N,S,E,W)	STREET NAME	(AV,RD,ST, etc)
8819		Casa Lake	Dr.

SUITE/UNIT(S):

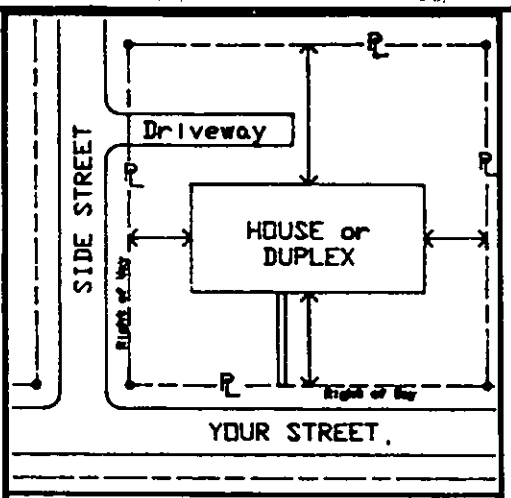
PERMIT #

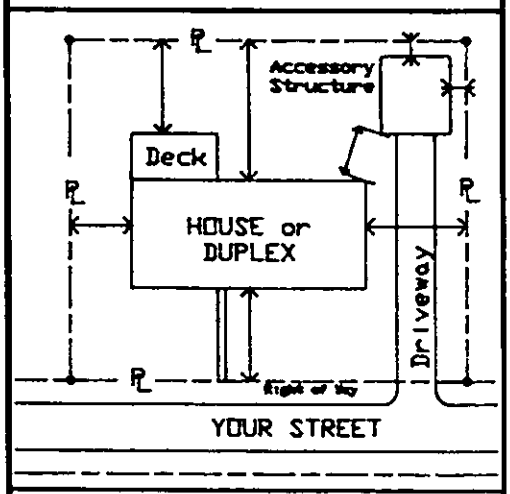
TAX JURISDICTION: *(Check One)*
- ☑ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

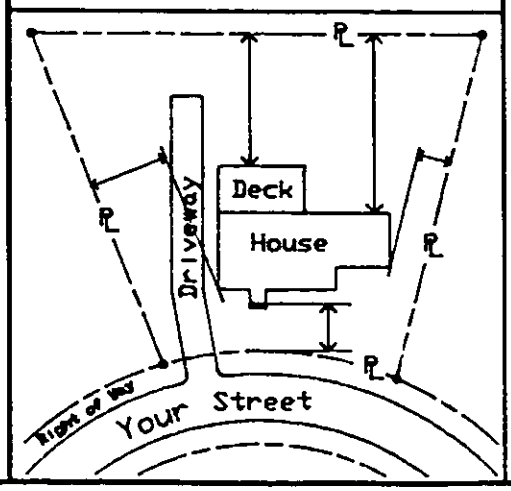
TAX PARCEL #

JOB # [redacted]

EXAMPLES/PLOT PLAN





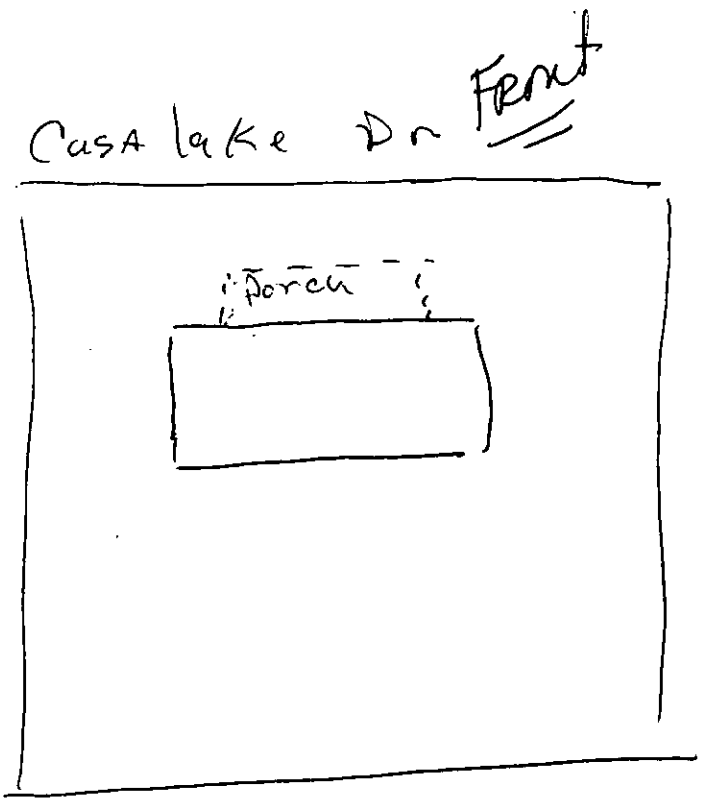


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

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. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Doug McKenzie — 4/26/99 — Doug McKenzie

APPLICANT'S SIGNATURE — DATE — PRINT APPLICANT'S NAME

APPROVED BY

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

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ORIGINAL