

10701 SOUTH HAMPTON DR

13912630

8/22/08

marliwr

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

APPLICATION FOR BUILDING PERMIT 19597

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

PERMIT #

ADDRESS

STREET # 10701 (N,S,E,W) STREET NAME South Hampton E. (AV, RD, ST, etc) 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 # 34974

OWNER Leonid Gula ADDRESS 10701 South Hampton Dr

CITY Charlotte STATE NC ZIP 28227 PHONE # (704) 573-8981

TAX PARCEL # CENSUS 139-126-30 LOT # BLOCK # LAND AREA (sq. ft.)

ZONING R JURIS 7 MAP # 96 R/W 60

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

LOT ☐ CORNER ☐ THROUGH FRONT SHEET (If different)

MINIMUM SETBACKS: FRONT LEFT SIDE 20 RIGHT SIDE 20 REAR 50 REQ. PARK'G

APR'D PW

PROJECT

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 # deck addition

AREA (sq. ft.): Heated Unheated Deck(s) 530 # 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

SERVICES

ELECTRICAL

Power Company 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

CONTRACTOR(S): (Name/Address as appears on license)

ACCT #				CONTRACT COST Nearest $100	APR'D FEES $
10000	Bldg Leonid Gula	Phone	Lic #	Bldg $	
	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		
NS	Arch./Eng	Phone	Lic #	Total Const. Cost $	
	Add	City/St	Zip		
	TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $			FT FEE $	
KS:	Deck sizes: 12X22 ; 12X8 and 10X17			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.

Leonid Gula 4/15/03

SIGNATURE DATE PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY		APPROVED BY	VALIDATED BY

NBURG BUILDING STANDARDS DEPARTMENT
TTE, NC 28231-1097 • 704/336-2831

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

AC [ ] 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 19597

Date: 8.29.2

PERSON FILING APPLICATION:
NAME: Gula (last) Leonid Mafaly (first) (mi)
ADDRESS: 10701 South Hampton Dr PHONE: (704) 573-8981
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 139-126-30
STREET ADDRESS:
ZONING:

PROPERTY OWNER:
NAME: Gula (last) Leonid (first) (mi)
ADDRESS: 10701 SouthHampton Dr PHONE: (704) 573-8981
CITY: Charlotte STATE: NC ZIPCODE: 28227

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE 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) Sun Room

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: 2 NUMBER OCCUPANTS:
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 [ ] 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: Vika Gula Date: 8.29.2

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.

... 9-4-02 OSW MS OWA PASSED

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 Date

8/29 Placed info on fax at noon RQ

WATER : 122791

50579

- THIS APPLICATION BECOMES A PERMIT WHEN VALIDATED WITH A PERMIT NUMBER.
- COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS ON ALL PAGES NEATLY. THIS IS A LEGAL DOCUMENT.
- SHADED AREAS FOR DEPARTMENT USE ONLY.

BEATY'S PRINTING & BINDERY SERVICES-CHARLOTTE, N.C.-(704) 375-9222

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S.E,W) 10701 . STREET NAME South Hampton (AV,RD,ST, etc.) DR

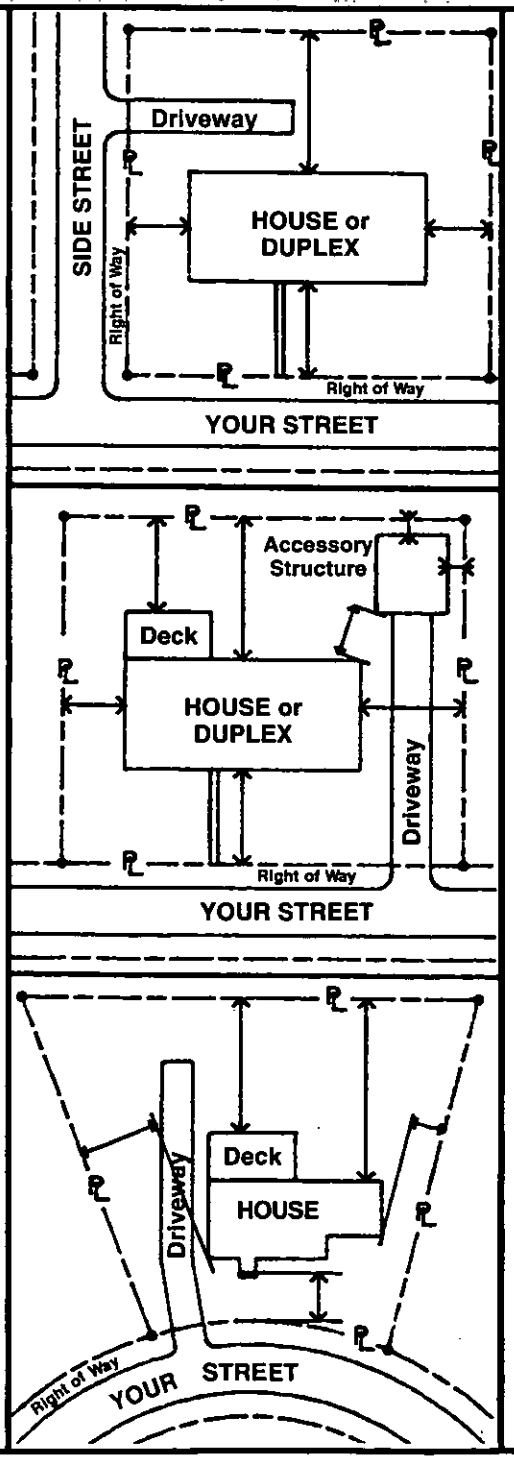
SUITE/UNIT(S): _____

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 #**

EXAMPLES/PLOT PLAN

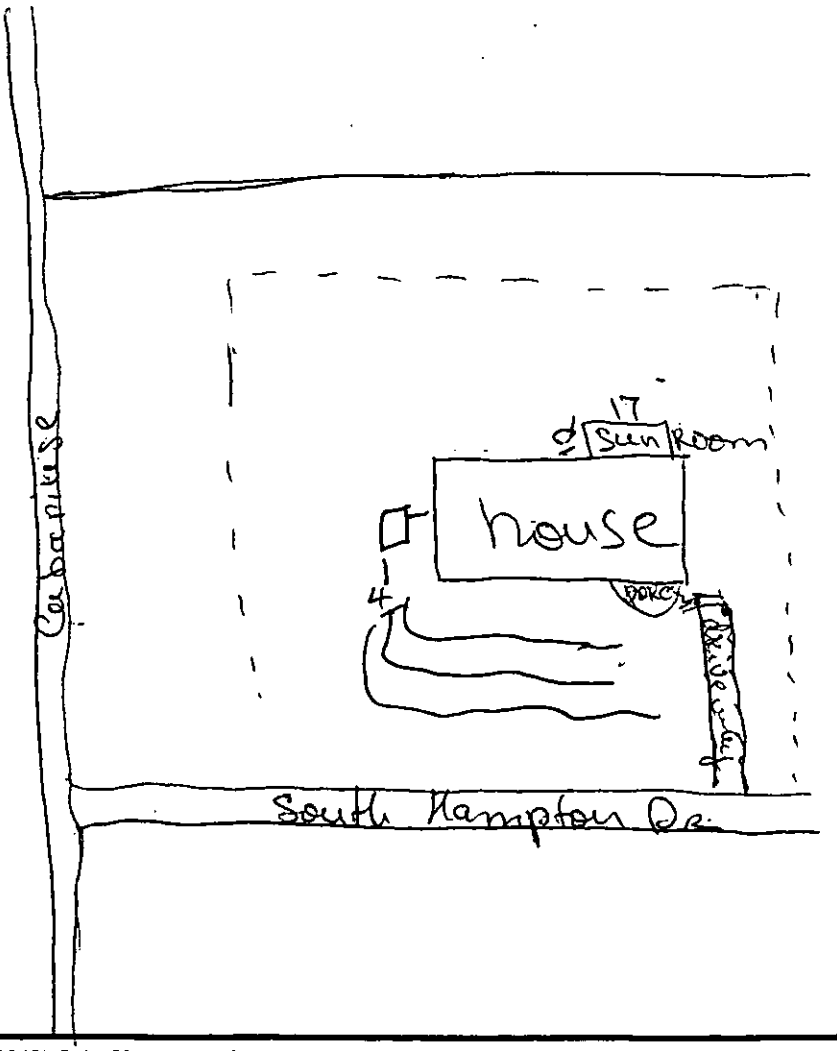


– INSTRUCTIONS –

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.