SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☑ NEW WELL ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 _____ Initial/Date

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Paid # 450.00 Initial - SEGK 5/5/22

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

This site is served by septic and well. Verify each is complete before final hold is released ☐

Septic file complete ☐ _____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

This septic system requires a certified operation contract before final hold is released ☐

Certified operator contract is on file ☐ _____

13112 #11391B

MECKLENBURG COUNTY HEALTH DEPARTMENT

APPLICATION FOR A COMMERCIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

5 MAY '22 AM11:04

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: 00522109

STREET ADDRESS: 10513 Bailey Road

CITY: Cornelius

STATE: NC ZIP: 28031

TOWNSHIP:

○ MECKLENBURG ◉ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

DESCRIBE TYPE OF BUSINESS: Dance Studio

◉ COMMERCIAL ○ INDUSTRIAL

SQUARE FOOTAGE OF FACILITY: 5,000

NUMBER OF EMPLOYEES PER SHIFT: 3-8

NUMBER OF SHIFTS: 1 NUMBER OF SEATS: N/A

TYPE OF WASTEWATER GENERATED:

◉ DOMESTIC SEWAGE ○ INDUSTRIAL WASTEWATER
○ OTHER _____

5. ***IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM, INFORMATION DOCUMENTING THE INCREASED WASTEWATER FLOW AND/OR A JUSTIFICATION FOR SYSTEM ALTERATION IS REQUIRED.*** ☐ N/A

6. **WATER SUPPLY:** ○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ◉ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*

☐ N/A ☑ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ◉ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ◉ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	◉ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ◉ NO
WELLS, SPRINGS, OR WATER LINES	◉ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ◉ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ◉ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ◉ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ◉ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ◉ NO
WASTE STORAGE	○ YES ◉ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ◉ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: Erika Smith

ADDRESS: 609 Windaliere

CITY: Cornelius

STATE: NC ZIP: 28031

WORK PHONE: _____

MOBILE PHONE: 704-996-8694

FAX: _____

E-MAIL: Esmith@1knperform.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

**Owner's Authorization form is required if legal representative is submitting application*

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring. EA (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Erika Smith
Property Owner's or Owner's Legal Representative Signature

5-2-2022
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

File #: _____

PROPOSED PLOT PLAN

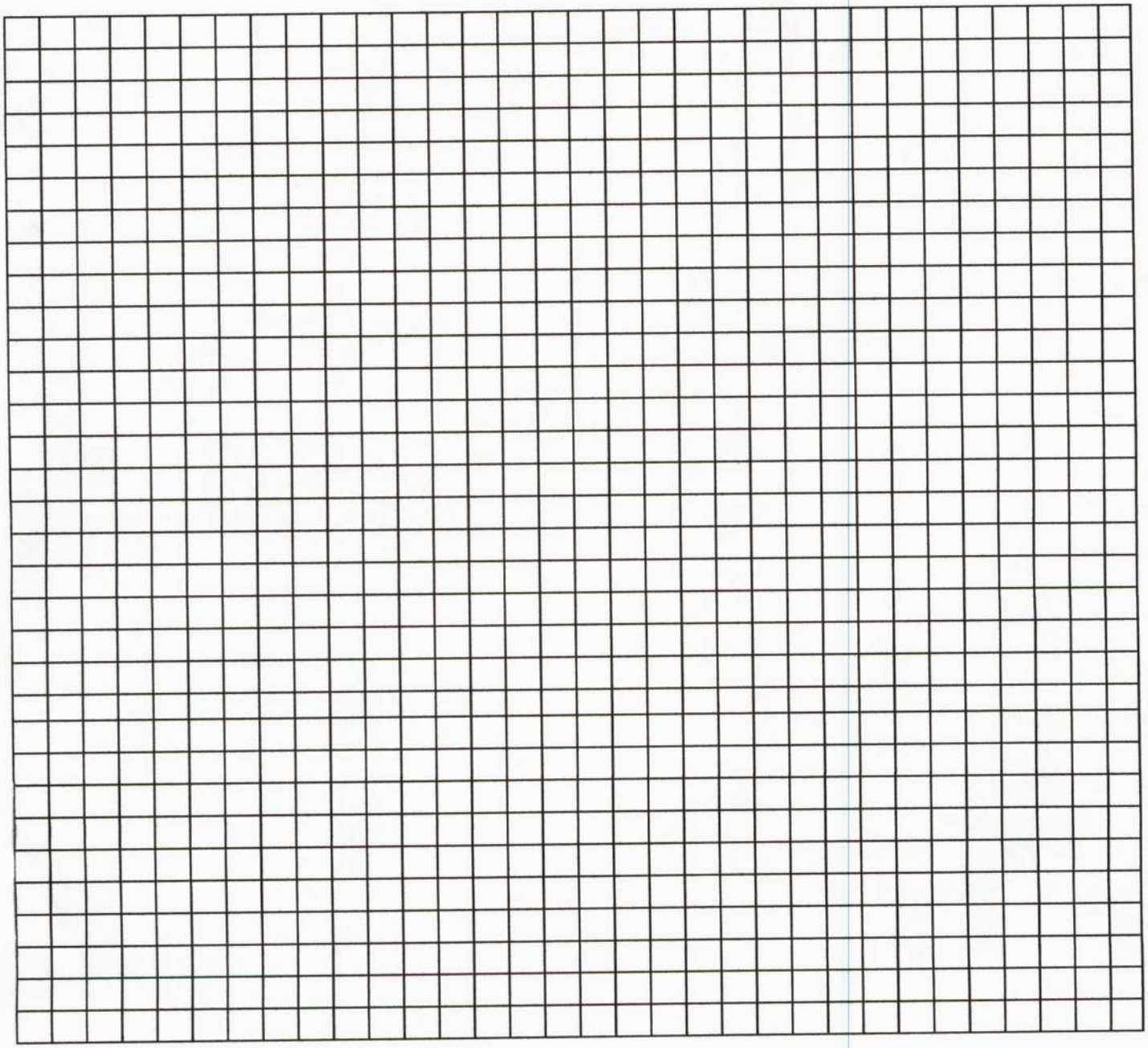
A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 10513 Bailey Road

Tax Parcel #: 00522109

Subdivision Name: _____

Lot #: _____



Eric Smith

Property Owner's or Owner's Legal Representative Signature

5-2-2022

Date

THIS IS TO CERTIFY THAT ON THE 7th DAY OF SEPTEMBER 2021, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

SIGNED _____
PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-4689 LAND SURVEYOR THOMAS E. WHITE

NOTES:

1. PID 00522109
2. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS, BUFFERS, RIGHTS-OF-WAY, IMPERVIOUS AREAS RESTRICTIONS AND/OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.
3. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710464200K, WITH A DATE OF IDENTIFICATION OF 09/02/2015.

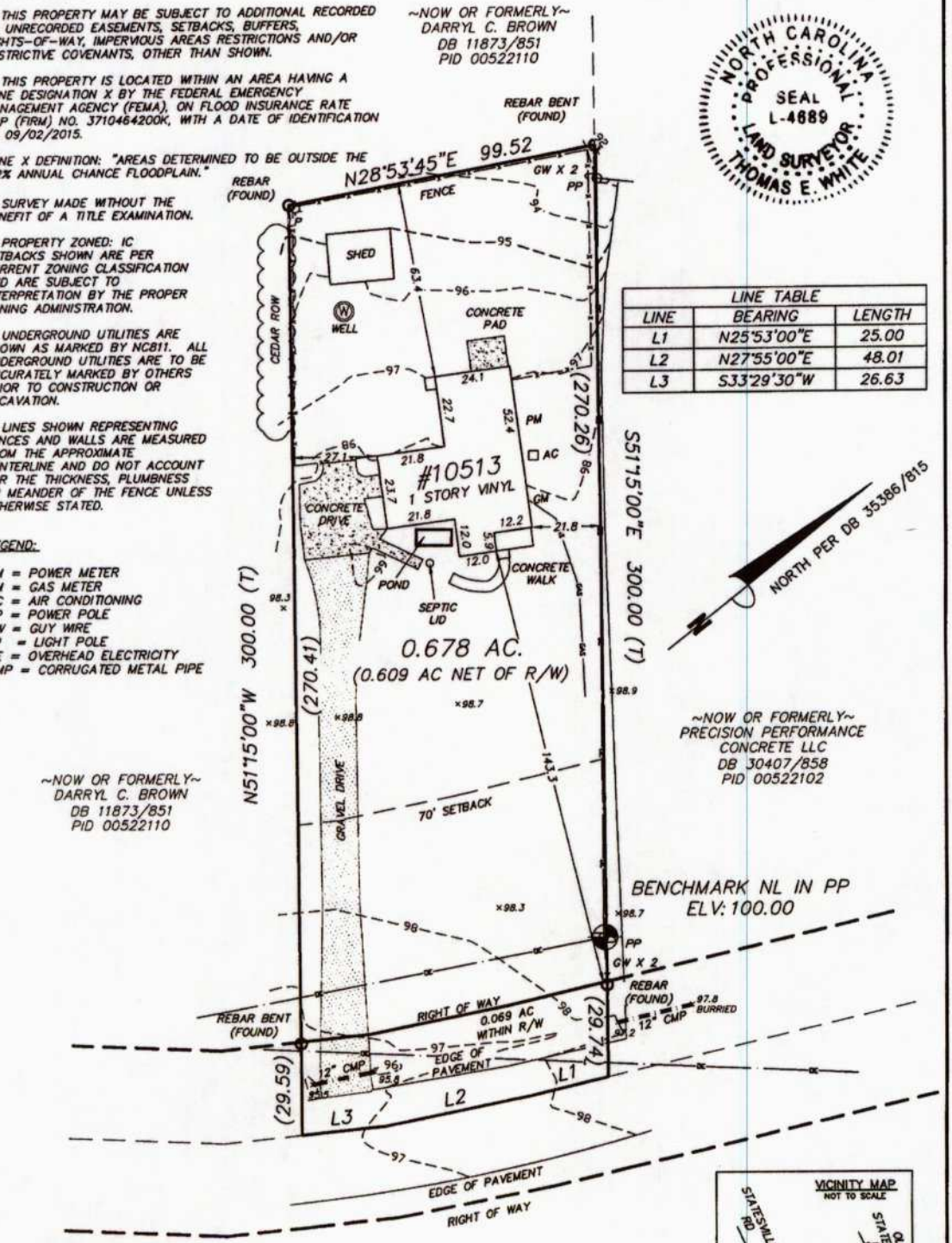
ZONE X DEFINITION: "AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN."

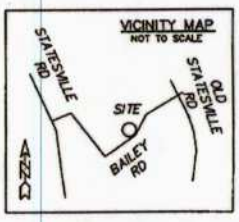
4. SURVEY MADE WITHOUT THE BENEFIT OF A TITLE EXAMINATION.
5. PROPERTY ZONED: IC SETBACKS SHOWN ARE PER CURRENT ZONING CLASSIFICATION AND ARE SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.
6. UNDERGROUND UTILITIES ARE SHOWN AS MARKED BY NC811. ALL UNDERGROUND UTILITIES ARE TO BE ACCURATELY MARKED BY OTHERS PRIOR TO CONSTRUCTION OR EXCAVATION.
7. LINES SHOWN REPRESENTING FENCES AND WALLS ARE MEASURED FROM THE APPROXIMATE CENTERLINE AND DO NOT ACCOUNT FOR THE THICKNESS, PLUMBNESS OR MEANDER OF THE FENCE UNLESS OTHERWISE STATED.

LEGEND:

PM = POWER METER
GM = GAS METER
AC = AIR CONDITIONING
PP = POWER POLE
GW = GUY WIRE
LP = LIGHT POLE
OE = OVERHEAD ELECTRICITY
CMP = CORRUGATED METAL PIPE

LINE TABLE		
LINE	BEARING	LENGTH
L1	N25°53'00"E	25.00
L2	N27°55'00"E	48.01
L3	S33°29'30"W	26.63





BAILEY RD
60' PUBLIC R/W
(DB 35386/815)

TOPOGRAPHICAL SURVEY
OF

#10513 BAILEY ROAD
TOWN OF CORNELIUS, MECKLENBURG COUNTY, NORTH CAROLINA

SCALE 1"=40'

SURVEYED FOR KNOX GROUP, INC.

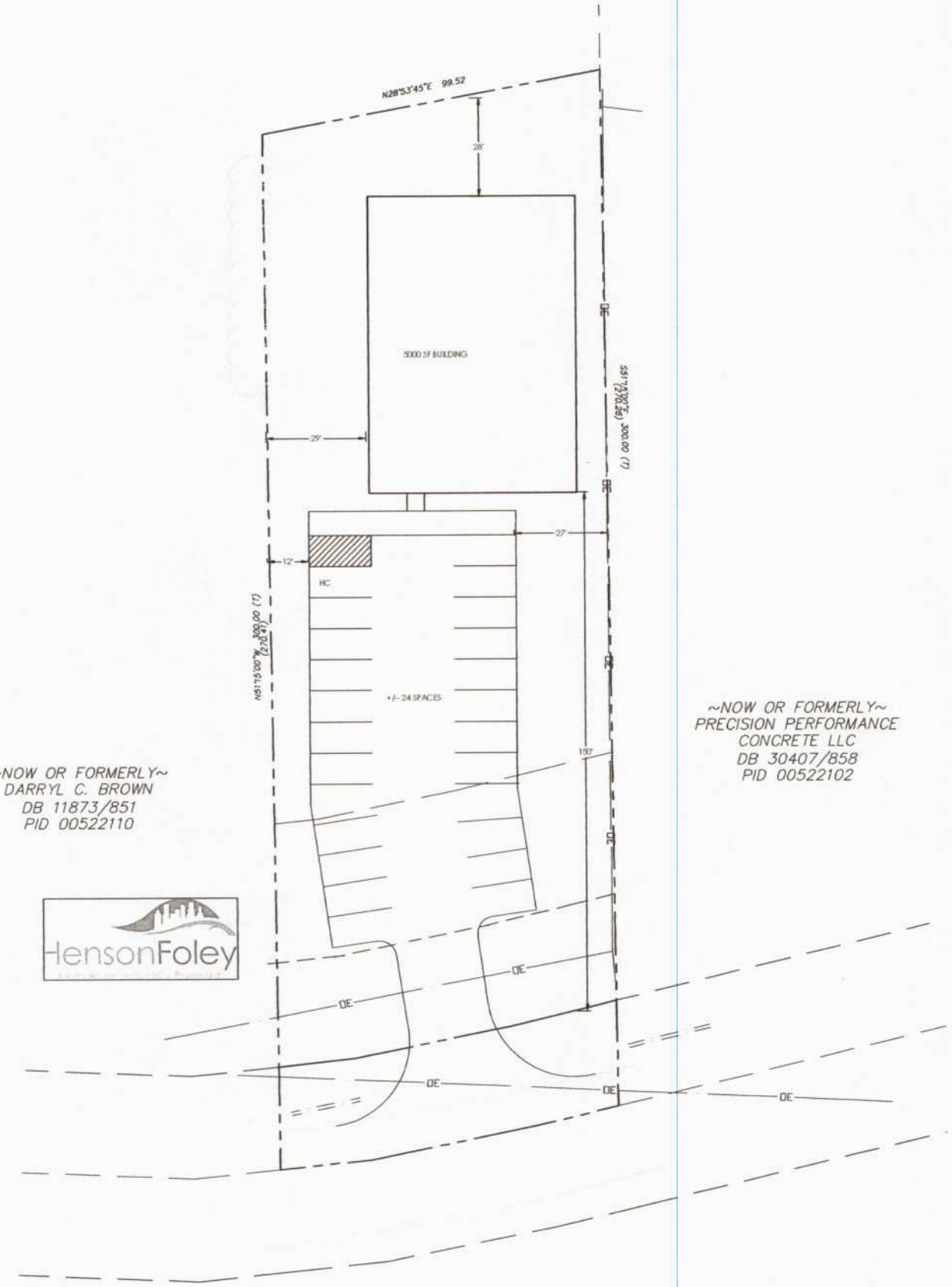
MAP RECORDED IN BOOK _____ AT PAGE _____ DEED RECORDED BOOK 35386 PAGE 815

DRAWN BY RD FIELD WORK MB,MM FIELD BOOK # _____

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7601
FAX: (704) 889-7614
CERTIFICATE OF AUTHORIZATION
NC: C-1242 SC: 886

CARLSON\2021\Bailey Rd #10513
2021\B\Bailey Rd #10513
PROJECT: 21-0404


N28°53'45"E 99.52
CEDAR ROW
5000 SF BUILDING
HC
+/- 24 SPACES
N31°15'00"W 300.00' (T)
S31°15'00"E 300.00' (T)
~NOW OR FORMERLY~
DARRYL C. BROWN
DB 11873/851
PID 00522110
~NOW OR F
PRECISION PE
CONCRE
DB 304
PID 00
HensonFoley
Landscape Architecture | Civil Engineering
DE
BAILEY RD
60' PUBLIC R/W
(DB 35386/815)


N28°53'45"E 99.52
25'
5000 SF BUILDING
29'
27'
12'
HC
+/- 24 SPACES
150'
DE
DE
DE
DE
DE
DE
S51°13'00"E 300.00' (1)
N51°15'00"W 300.00' (1)
~NOW OR FORMERLY~
DARRYL C. BROWN
DB 11873/851
PID 00522110
~NOW OR FORMERLY~
PRECISION PERFORMANCE
CONCRETE LLC
DB 30407/858
PID 00522102
HensonFoley
BAILEY RD
60' PUBLIC R/W
(DB 35386/815)

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/05/22
Receipt #: 135645
Check / Auth #: CHECK 2414
Received By: GALLOSE

Amount: 400.00
Tendered: 400.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: LKN PERFORM LLC
Attn: STEVE KNOX
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0735	Improv Permit Appl-Comm 10513 BAILEY RD		1	400.00	400.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	05/05/22	**Amount:**	50.00
Receipt #:	135644	**Tendered:**	50.00
Check / Auth #:	VISA 08197D	**Returned:**	0.00
Received By:	GALLOSE		

Account Information

Account #: 200000
Contractor: LKM PERFORM LLC
Attn: STEVE KNOX - PARTIAL PAYMENT
Address: $400 PAID W CHECK # 2414
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0735	Improv Permit Appl-Comm 10513 BAILEY RD		1	50.00	50.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here: STEVE KNOX

Bill To:

STEVE KNOX

Single Payment

Transaction Date:	05/05/2022 7:56 AM Pacific Time
Pay Method:	VISA **********2072
Approval #:	08197D
Trace Number:	9b29d545-5dae-422b-bd7c-885a48010841
Amount:	$50.00

Payment Amount:	$50.00
Total:	**$50.00**

Thank you for your payment.