

13420 SAM FURR RD

01107317

1/7/2008

duponbj

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

MECKLENBURG COUNTY ENGINEERING & BUILDING STANDARDS
CREDIT/REFUND APPLICATION

☞ See back for completion instructions and the Credit/Refund Schedule

SECTION I - TO BE COMPLETED BY APPLICANT (Complete 1 - 11 - PRESS FIRMLY)

1. Property Owner's Name: _____

2. Property Address: _____

3. Parcel Number: _____ 4. Permit Number: _____ 5. Date Issued: _____

6. Type of Permit: ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Sign ☐ Mobile Home ☐ Fire
☒ Other Application for new improvement permit

7. Purpose of Permit: (Uplift, New Residence, Etc.) new septic system

8. Reason for Request: ☐ Not Doing Work ☐ Plan Change
☐ Duplicate Permit (Remaining Permit # and Date of Permit) _____
☒ Other (Specify) prospective buyer will not purchase property

9. ☐ CREDIT ☒ REFUND

10. Requestor: Jon D. Hair Account # _____
Address: 20000 Norman Colony Road Phone # 704-892-7203
Cornelius, NC 28031

11. *Signature of Requestor:* Request by telephone call Date: 1/15/03

FOR DEPARTMENTAL USE ONLY - DO NOT WRITE BELOW THIS LINE

SECTION II - TO BE COMPLETED BY APPLICABLE CORE PROCESS

# of Inspections	Plan Review?	Credit/Refund %	Permit Fee	$30 Min.?	CREDIT/REFUND AMOUNT
_____	☐Y ☒N	100%	$ 200.00	☐Y ☒N	$ 200.00

Core Process Approval: Gwendolyn Craig Date: 1/28/03

SECTION III - TO BE COMPLETED BY APPLICABLE CORE PROCESS

Purging Needed: ☐B ☐E ☐M ☐P ☐S ☐F ☐L Initials: _____ Date: _____

Purging Completed: ☐B ☐E ☐M ☐P ☐S ☐F ☐L Initials: _____ Date: _____

SECTION IV - TO BE COMPLETED BY REVENUE COLLECTION

☐ REFUND ORG & ACCOUNT #	☐ CREDIT TRANS # - ORG & ACCOUNT #	CALCULATIONS AND ENTRY INITIALS	DATE
_____ - _____	_____ - _____	_____	_____

SECTION V - TO BE COMPLETED BY DEPARTMENT AND FINANCE REPRESENTATIVES

Department Approval: _____ (Signature) _____ (Date) _____ - _____ (Refund from Account #)

Finance Approval: _____ (Signature) _____ (Date) _____ (Check #)

FEE: _____
DATE: _____

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

CK 1310 1-10-03 $200.00 Tello
1 1 CRT

TYPE APPLICATION: X 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 #: 5133B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: ~~LZ-M35-921~~, P0-011-073-17

STREET ADDRESS: 13420 SAM FURR ROAD, HUNTERSVL

TYPE OF BUILDING (CHECK ONE):

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

SUBDIVISION OR MOBILE HOME PARK NAME: —

LOT NUMBER: 3

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 4625

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE: 3 IN HOUSE - 1 IN STUDIO

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

CLOSING DATE JAN 30, 2003

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: X YES __ NO TYPE: ART STUDIO

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C) __ MUNICIPAL (M) X 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

PROPERTY OWNER:

NAME: TRITT (LAST) DAN (FIRST) (MI)
ADDRESS: 7963 Broadmoor LN
CITY: Stanley STATE: NC ZIP: 28164
DAYTIME PHONE: ( ) —

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: HAIR (LAST) JON (FIRST) D. (MI)
DAYTIME PHONE: 704 892-7203

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8-01-95

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: Jon D Hair DATE: 01/10/03

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
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/10/03	**Amount:**	200.00
Receipt #:	12931	**Tendered:**	200.00
Check / Auth #:	CHECK 1310	**Returned:**	0.00
Received By:	BEACHMS		

Account Information

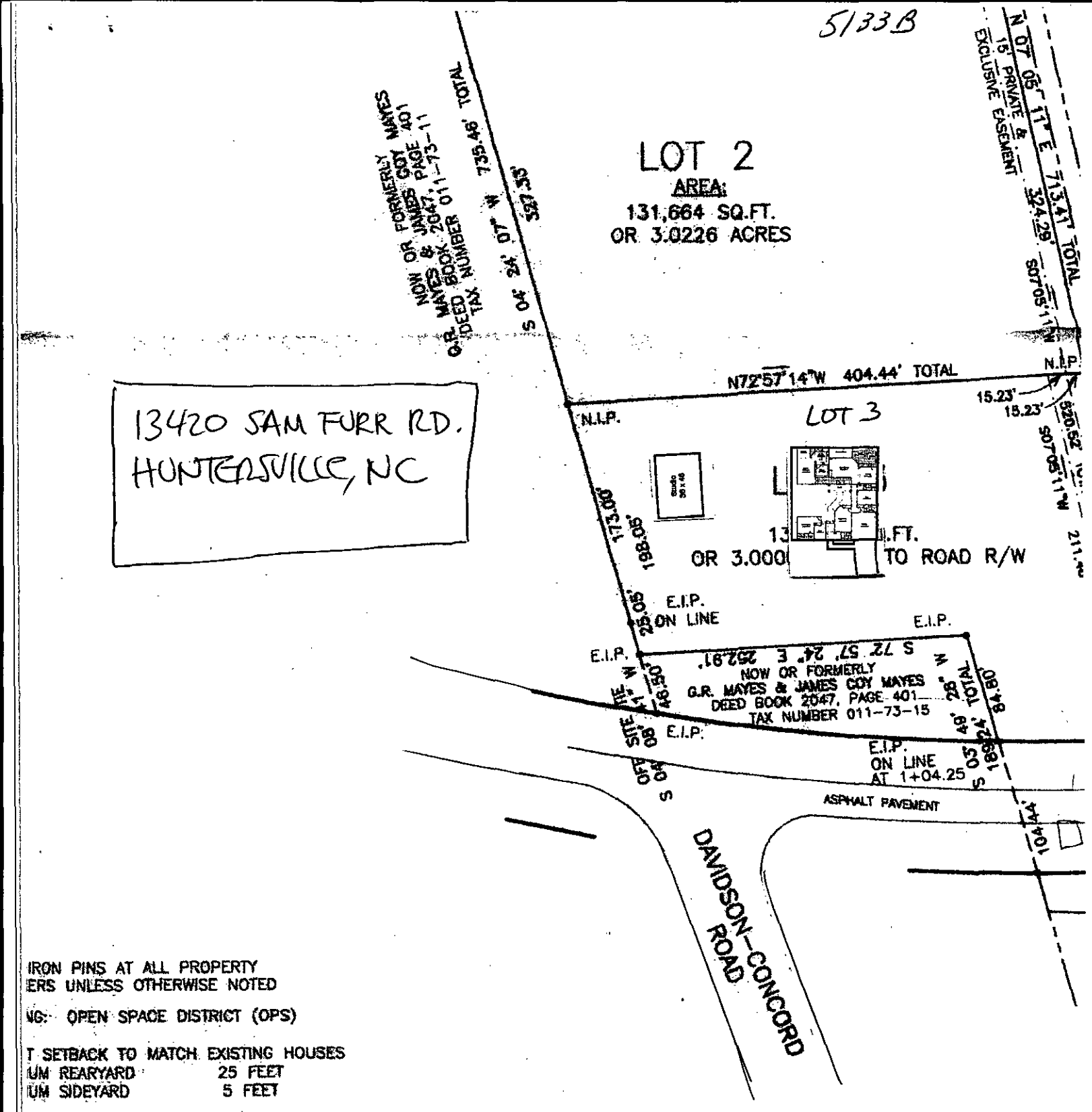
Account #: 200000
Contractor: HAIR JON D
Attn:
Address: 13420 SAM FURR ROAD
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen		1	200.00	200.00

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

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

5133B



13420 SAM FURR RD.
HUNTERSVILLE, NC

IRON PINS AT ALL PROPERTY
ERS UNLESS OTHERWISE NOTED

NG: OPEN SPACE DISTRICT (OPS)

T SETBACK TO MATCH EXISTING HOUSES
UM REARYARD 25 FEET
UM SIDEYARD 5 FEET

THE PURPOSE OF THIS MAP IS TO DIVIDE SUBJECT PROPERTY INTO THREE LOTS. LOT 1 AND LOT 2 ARE EASEMENT LOTS SERVED BY 15' PRIVATE AND EXCLUSIVE EASEMENTS. LOT 1 AND LOT 3 ARE TO BE CONVEYED AS A BONA FIDE GIFT FROM DAUGHTER TO FATHER.

THIS PL
JURISDIC
THE PR
DOES N
COMMISS
PROPER

TOWN PL

FLOOD CERTIFICATION

IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT
ED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON
PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT
Y, FEDERAL INSURANCE ADMINISTRATION, DATED
UGUST 3RD, 1998
COMMUNITY PANEL 370158 0030C

PROPOSED PLOT PLAN

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

FILE: 5133B

TC: 04-073-17 PP

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

APPROVAL DATE _____

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

1/15/03 4:55 By phone

John

Patricia

Hair

Cancel Appt

5 Appt Fwd

011-073-17 RO

13/20

5133B

Filed

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