


10607 ROZZELLES FERRY RD

03119115

1/4/2008

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Rd 100.0' out B9835 [ ] 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 41398

PERSON FILING APPLICATION:
NAME: Gilchrist (last) John (first) A. (mi) 12/1/99 gc
ADDRESS: 6410 Mallard Ck. Rd PHONE: 704 557-2808
CITY: Charlotte STATE: N. C. ZIPCODE: 28262

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 031-191-15
STREET ADDRESS: 10607 Rozzells Ferry Rd. Chlt. 28
ZONING:

PROPERTY OWNER:
NAME: EW&D Perry - Riverbend, L.L.C. (last) (first) (mi)
ADDRESS: 190 Finley Golf Course Rd. PHONE: 919 929-0660
CITY: Chapel Hill STATE: N.C. ZIPCODE: 27514

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: 12 + 13 1953 LOT SIZE (in acres):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

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: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business Commercial # Employees 2 Per Shift _ _ _
Industrial Wastes (Y/N) N
Underground Storage Tanks On Property (Y/N) 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: John A. Gilchrist Date: 12-1-99

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.

...Approval granted for 2 employee business trailor (Temporary) 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

Jeremy P. Nichols 12/17/99
Environmentalist Date

WWATER : 122791

COPY

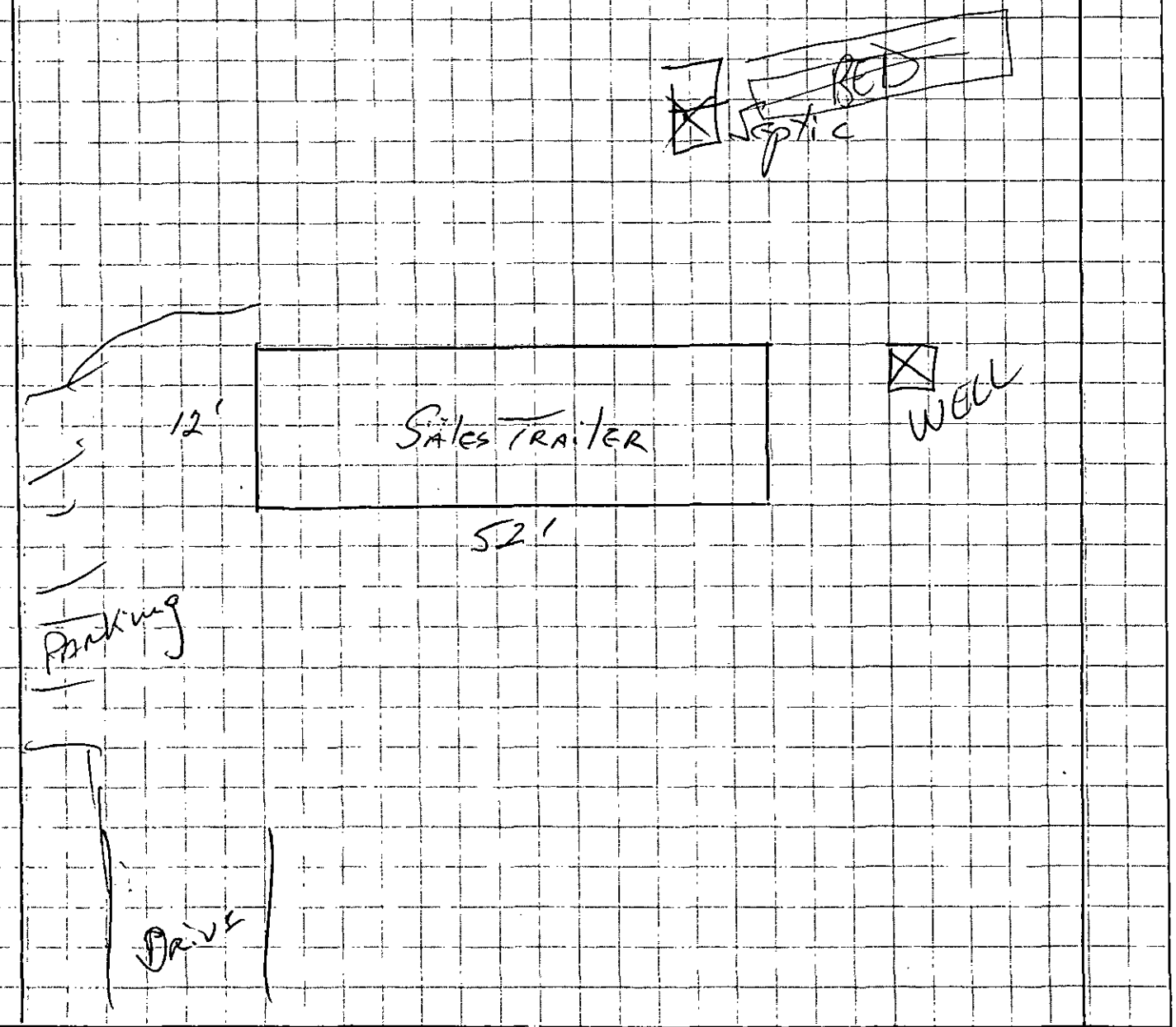
# PROPOSED PLOT PLAN

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

FILE: 4139B

TC: 031-19-15

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.




APPROVAL DATE

12-1-99

White - Health Department's Copy  Canary - Environmentalist's Copy  Pink - Owner's Copy

# MECKLENBURG COUNTY
# ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

| | | | |
|---|---|---|---|
| Requestor (Please print): John A. Gilchrist | Phone #: 365-1208 | Date Requested: 12/1/99 | Date Filled: |
| Account Name: Pace Development Group Inc | ☐ Cash ☒ Charge | Account No.: B98350 | |

I certify that I am authorized to charge this account for this service.

Signature: [signature] Printed Name: John A. Gilchrist Date: 12-1-99

**Fee or Charge**

| T.C. | Qty. | Type | Unit Cost | Total Cost |
|---|---|---|---|---|
| 021 | | Single Lot Grading Permit (Please list address below) | | |
| 112 | | Zoning Board of Adjustment<br>☐ Residential Variance Request ☐ Commercial Variance Request<br>☐ Residential Interpretation ☐ Commercial Interpretation | | |
| 113 | | Zoning Citation(s) # _____ | | |
| | | ☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free) | $10.00 ea. | |
| 119 | | Change of Contractor* | $10.00 ea. | |
| 121 | | Letters of Certification/Verification | $10.00 ea. | |
| 122 | | Monthly Statistical Reports | $10.00 ea. | |
| 124 | | Research & Retrieval of Documents | | |
| 125 | | Temporary Utilities/Occupancy* | $30.00/insp. | |
| | | Local License Card/Exam<br>☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical | | |
| | | Development Activities Plan Review<br>☐ 002: Commercial Drainage ☐ 005: Erosion Control<br>☐ 016: Subdivision ☐ 006: Final Plat Review | | |
| 425 | | City of Charlotte Fire - Plan Review | | |
| | | Map Sales | | |
| 0705 | 1 | Other: UXS - Change of use | 100.00 | 100.00 |
| | | Other: | | |
| Payment received by: [signature] | | Date: 12/1/99 By: JC | Total: | 100.00 |

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

| | | |
|---|---|---|
| 10607 Rozzells Ferry Rd | | |
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| | | |

B-216NS 8/95

**DIVISION**