

8560 LILYBET LN

11331107

1/4/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] 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: 12-7-99

PERSON FILING APPLICATION:
NAME: VIAR (last) THOMAS (first) I (mi)
ADDRESS: 8560 LILYBET LANE PHONE: (704) 588-4234
CITY: CHARLOTTE STATE: NC ZIPCODE: 28208

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 113-311-07
STREET ADDRESS: 8560 Lilybet Lane
ZONING:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

[redacted]
[redacted]
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Detached Garage
[redacted]

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] 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: [signature] Date: 12/8/1999

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.

... Use existing System for detached garage.

[ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

[signature] 12/14/99
Environmentalist Date

WWATER : 122791

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

COBY

LOCATION

STREET # (N,S,E,W)	STREET NAME	(AV.RD.ST, etc.)
8560	LILYBET	LN

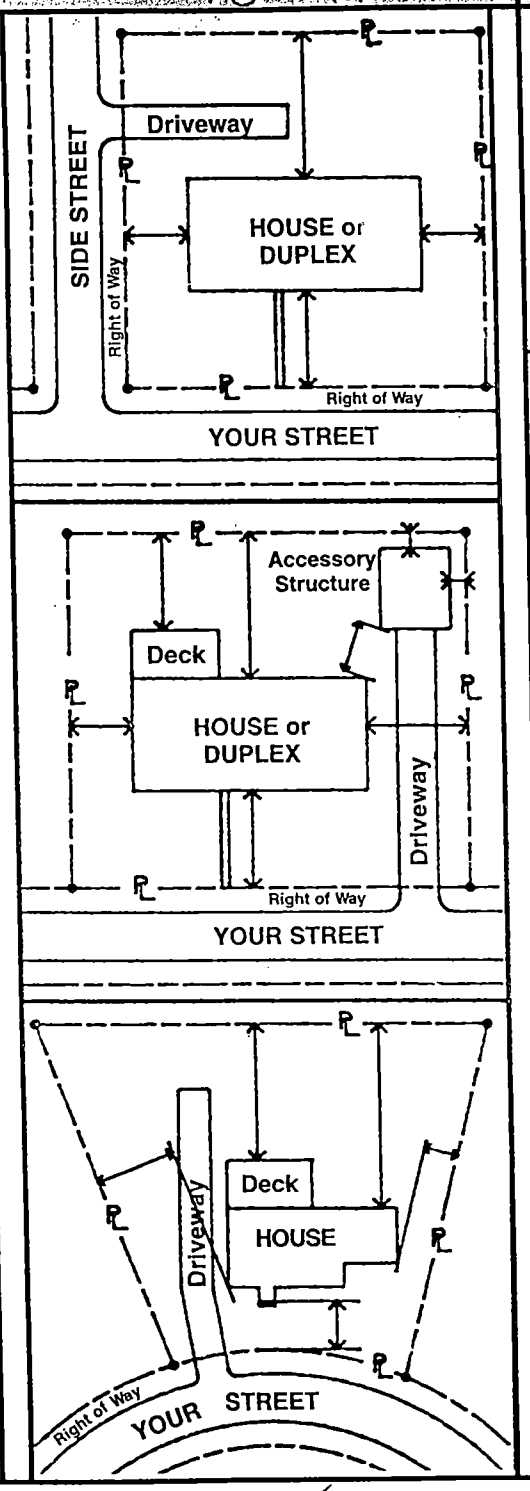
SUITE/UNIT(S): 1

PERMIT #: 4/5/18

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

TAX PARCEL # 113-311-01 JOB #

EXAMPLES/PLOT PLAN

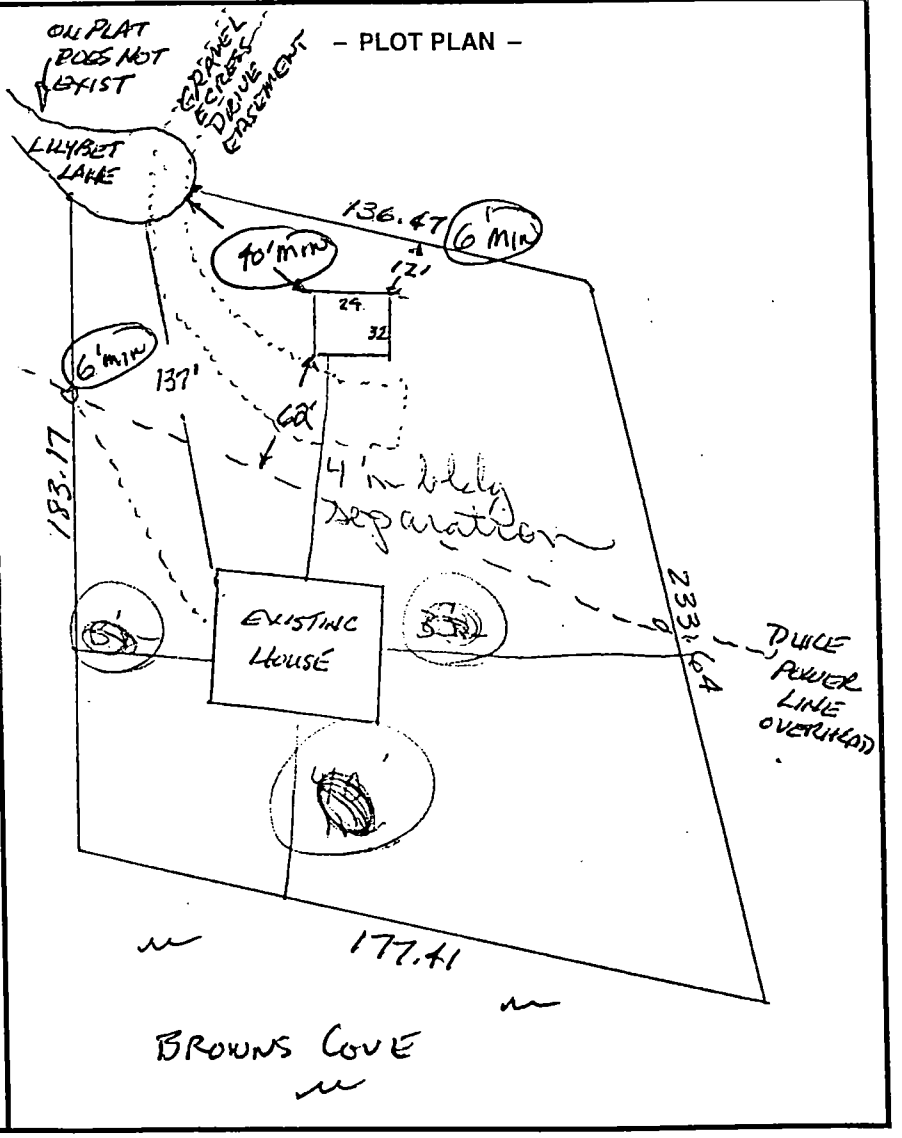


– INSTRUCTIONS –

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.

11/10/1999 THOMAS I. VIAR

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

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

APPROVED BY

PD-100.00
CC
VW 12-8-99

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
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[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
Replacing Deck
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Detached Garage

RESIDENTIAL PROPERTY (Type Building, check one):
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Environmentalist Date

WATER : 122791

PLOT PLAN FOR PERMIT APPLICATION
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LOCATION

STREET # (N,S,E,W)	STREET NAME	(AV,RD,ST, etc.)
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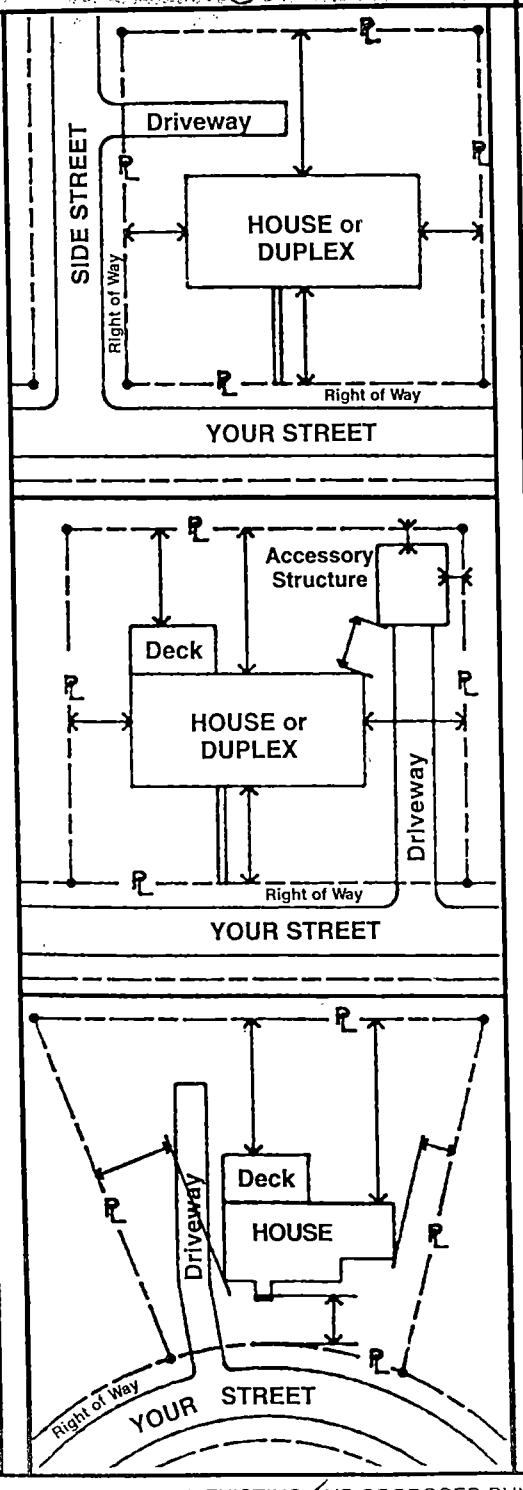
SUITE/UNIT(S): 1

PERMIT #

TAX JURISDICTION: *(Check One)*
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TAX PARCEL # 113-311-01 **JOB #**

EXAMPLES/PLOT PLAN

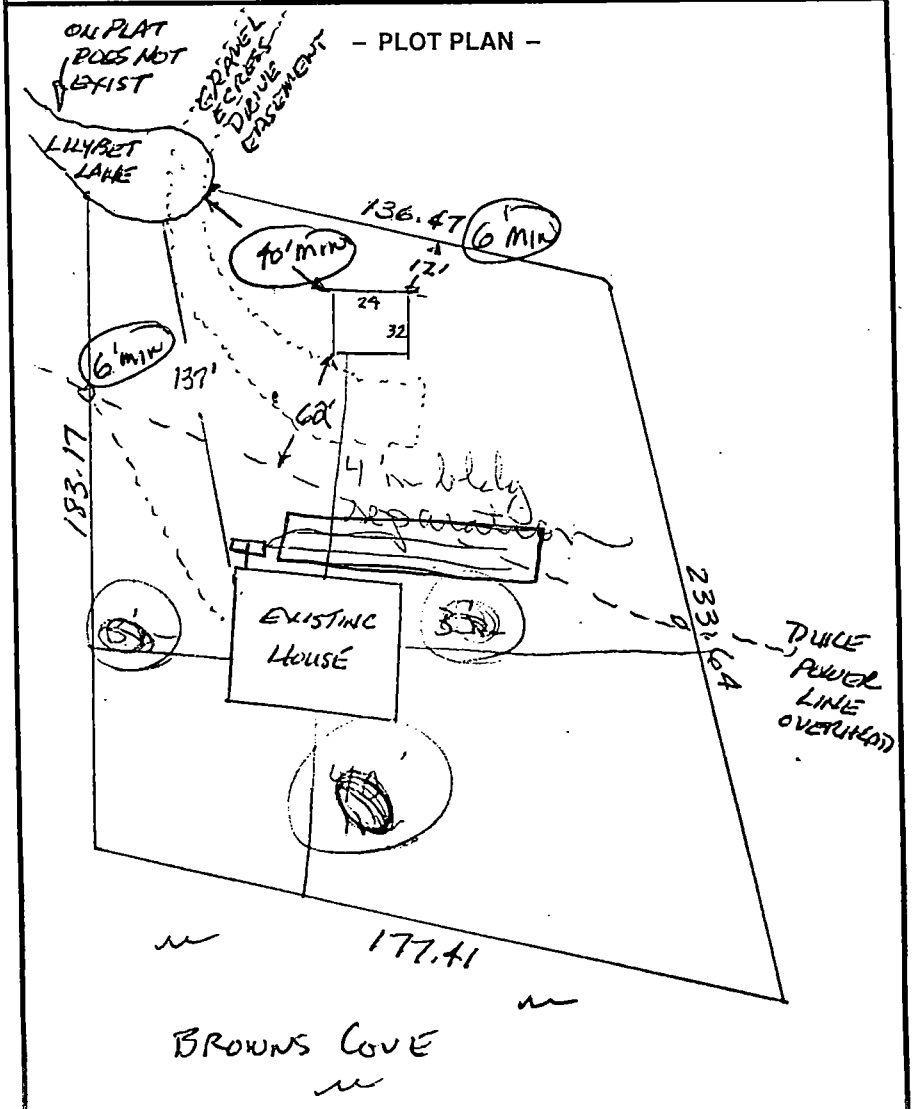


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– PLOT PLAN –



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APPLICANT'S SIGNATURE 11/10/1999 DATE THOMAS I. VIAR PRINT APPLICANT'S NAME

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT

APPROVED BY

Date and Time Stamp 12/13/99 9:46:52 AM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tax Real Estate Information

Parcel-Id#: 11331107 **GIS Map#:** 11331107	**Legal Desc:** P5 SEC 37 M18-47
Account Type: INDIVIDUAL	**Deed Book/Page:** 08024/266 **Date:** 1/6/95
Owner: HOLSHOUSER JEFFREY R	**Sales Price:** $186000
Add. Owner: &WF SUSAN H	**Sales Date:** 1/6/95 **Qualified Sale:** Y
Mailing: 8560 LILYBET LN	**Neighborhood Code:** 11301
Address:	**Historic Desig.:** **Farm Desig.:**
City: CHARLOTTE	**Deeded Acreage:** 0
State: NC **ZIP:** 28208	**Assessed Acreage:** 0.8
Location: 8560 LILYBET LN Get Directions	**Assessed Land Value:** $130500
Municipality: MECKLENBURG COUNTY	**Total Assessed Value:** $199900

Site Location Information

Zoning: R5	**Parks Within 3 Miles:** Click to Find Out
Fire District: STEELE CREEK #1	**FEMA Flood Panel#:** 3701580140C
Voter District: Click to Find Out	**FEMA Flood Zone:** IN & OUT
School District: Click to Find Out	**FEMA Flood Map Date:** 03/02/1993
Watershed Class: N/A	**Census Tract Number:** 59.01

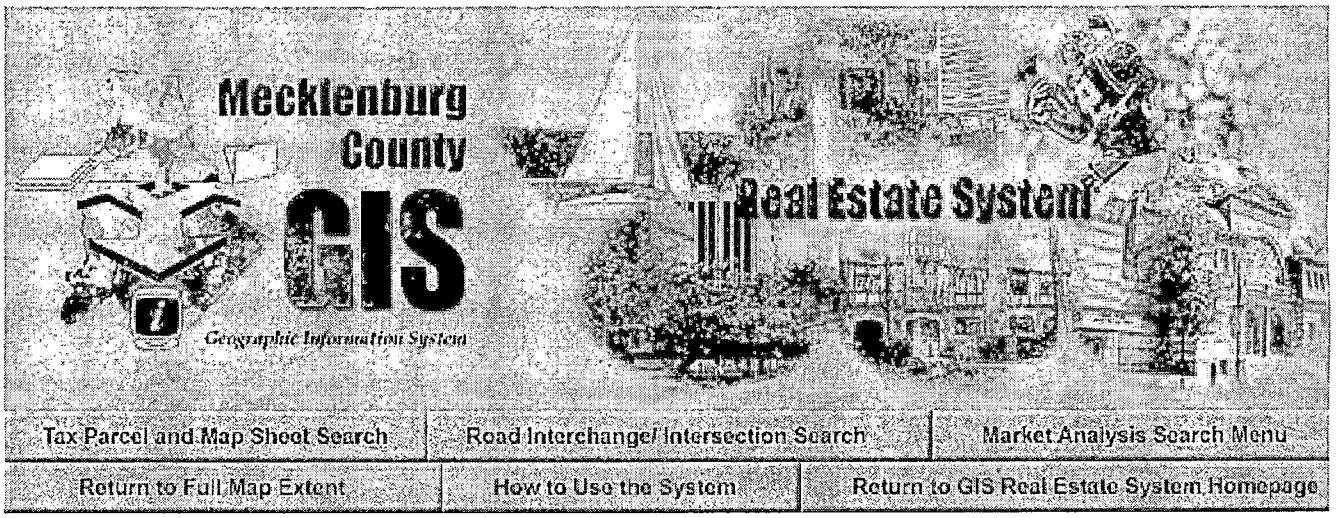
Major Improvement Information

Parcel-Id# & Card#: 11331107-001	**Situs Location:** 8560 LILYBET LN Get Directions
Land Use Type: SINGLE FAMILY	**Ext. Type:** CEDAR OR REDWOOD SIDING
Building Type: SINGLE FAMILY RESIDENTIAL	**Heating Type:** FORCED AIR-DUCTED
Approximate Square Footage: 1504	**AC Type:** CENTRAL
Actual Year Built: 1958	**Fireplace:** 1 STY SINGLE
Number of Stories: 1.0 STORY	**Garage:** N
Bedrooms: 3	**Basement:** N
Bathrooms: 1	**Assessed Net Building Value:** $63340
Restrooms: 0	**Total Assessed Building Value:** $69400

This site is powered by ESRI **MapObjects Internet Map Server** HITSTATS By

Direct Hit

This site was developed by Todd Wilson of Mecklenburg County GIS and was last updated on 11/23/99 1:29:56 PM

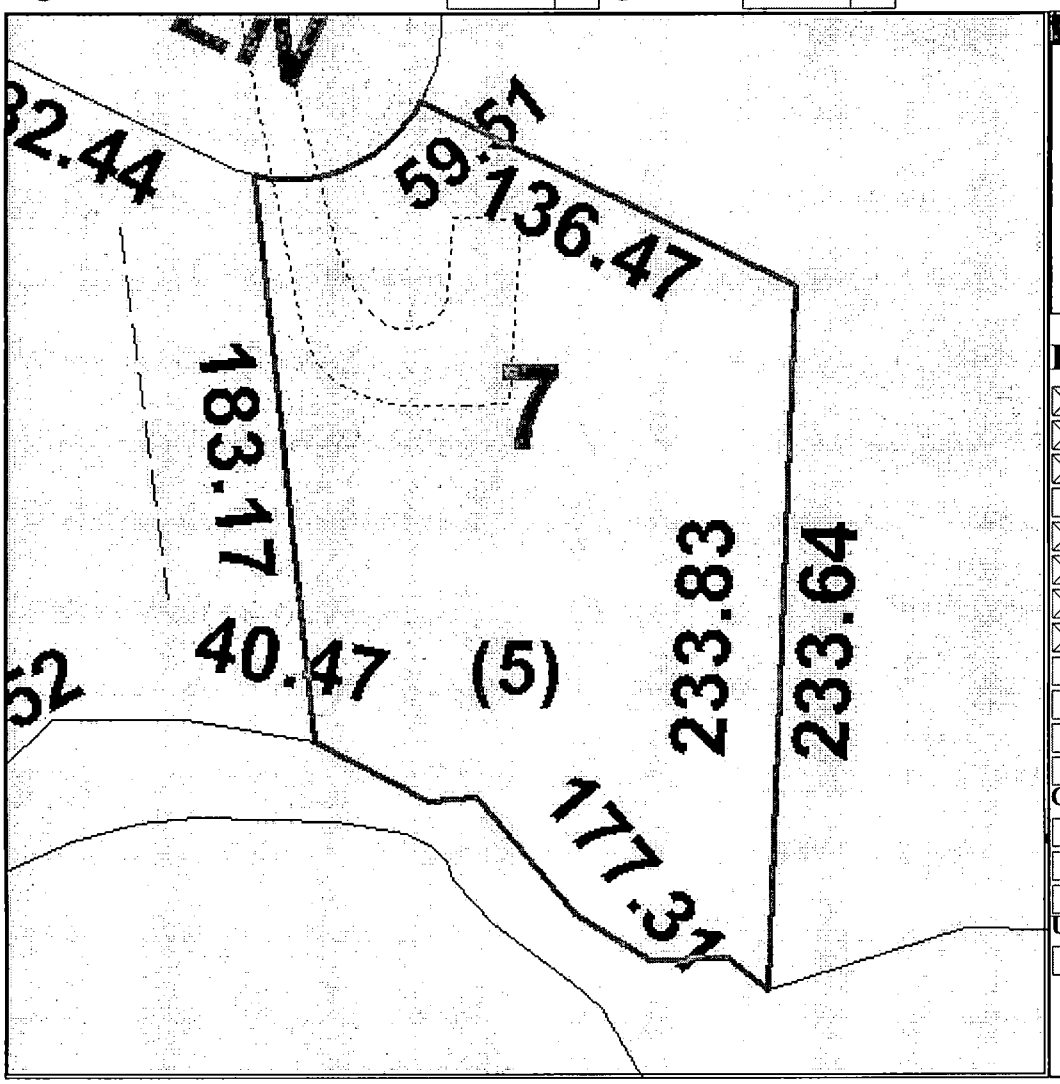


Click on Map to Perform Operation

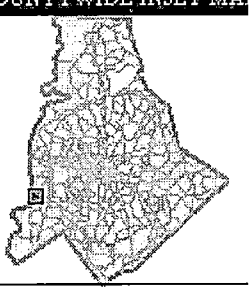
◯ Refresh Map ◯ Pan ◉ Zoom In ◯ Zoom Out Zoom Factor 1X ◯ Identify Tax Parcels ◯

Surveyor's Report

◯ Adjoining Owner's Report within 10 FEET ◯ Measure Start Line Label Parcels by:



COUNTYWIDE INSET MA



LEGEND

- County Boundary
- Tax Parcels
- Parcel Dimension
- Sales by Deed Ye
- Railroad ROWs
- Utility ROWs
- Bodies of Water
- Streams
- Floodplain
- Watershed
- Building Outlines
- Prop. I-485 Corridor
- GPS Stations
- 1997 Aerial Photo
- Tax Parcel Land Use
- Planning Land Us

Kelly,

I'm not sure if a file has been made yet.

Jeremy

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☒ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

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

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

O.K. to Use Existing System for a Detached Garage

4151B

#104666

7 JUN '19 AM 8:44

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ○ WELL ONLY ◉ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
◉ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Nicholas Mieczkowsk
ADDRESS: 1620 long Paw ln
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: 315 813 0422
ALTERNATE PHONE:
E-MAIL: adkgroupbuilders@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Ashley Lesko
ADDRESS: 5560 Lilybeth ln
CITY: Charlotte
STATE: NC ZIP: 28278
PHONE:
ALTERNATE PHONE:
E-MAIL: ashleyplesko@gmail.com

JOB LOCATION INFORMATION
TAX PARCEL #: 11331107
STREET ADDRESS: 5560 Lilybeth ln
CITY: Charlotte
STATE: NC ZIP: ~~NC~~ 28278

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

WATER SUPPLY:
○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER

RESIDENTIAL PROPERTY TYPE: ○ N/A
◉ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☒ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☒ BEDROOM ☒ BATHROOM ☒ KITCHEN ☒ DINING ROOM ☒ LIVING ROOM ☐ DEN
☐ GARAGE ☒ SUNROOM ☒ PORCH ☒ DECK ☐ OTHER

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☒ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature — Date: 5/31/19

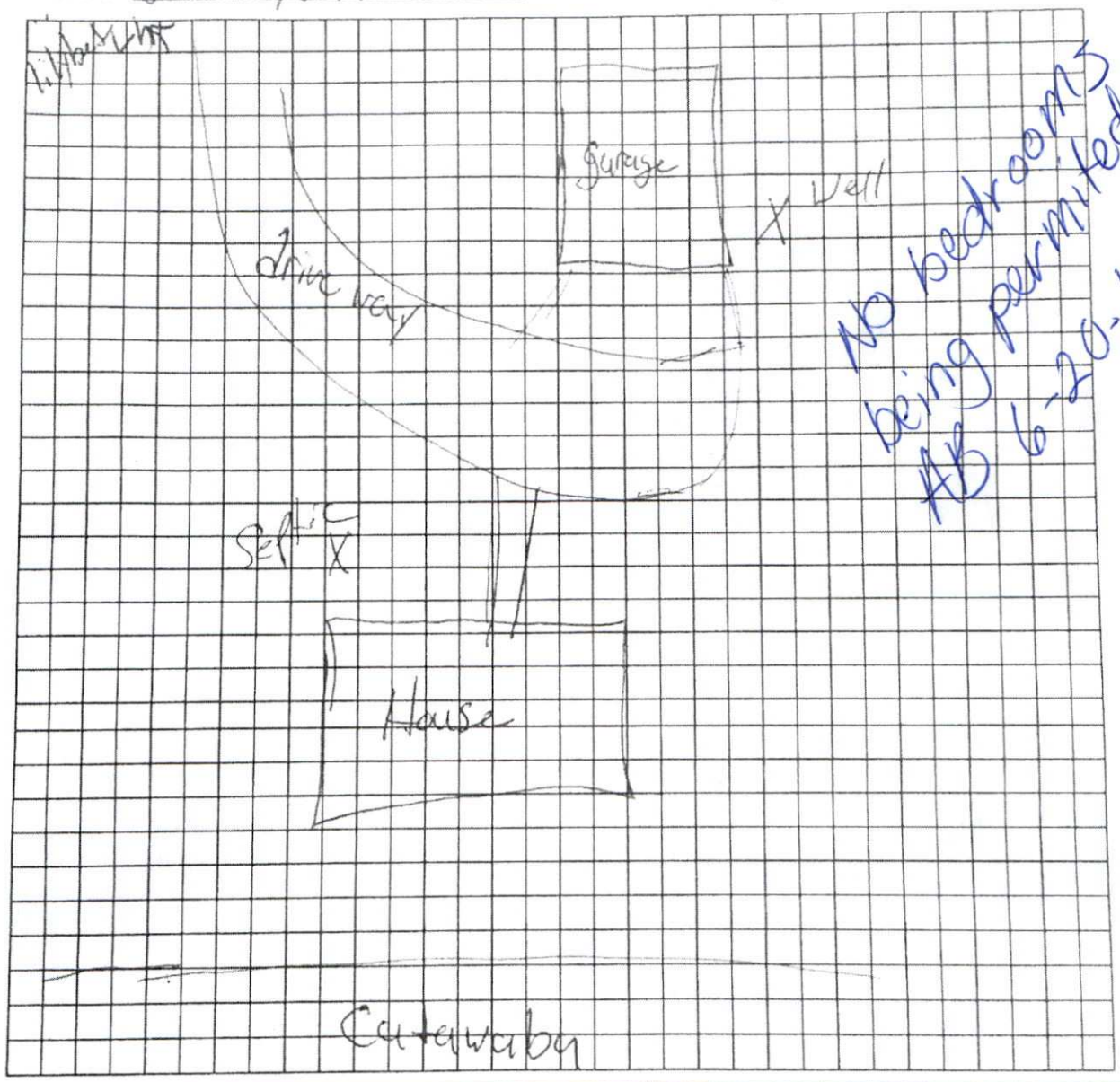
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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: 8560 Lilybeth Charlotte NC Tax Parcel #: 11331107



No bedrooms being permitted. AB 6-20-19

*The undersigned, an authorized agent of the Mecklenburg County Health Department, certifies that the Department has approved the Request for the "J 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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Meets all setbacks

April Bumgarner 6-20-19

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 980.314.1680, FAX: 704.336.6894
Email: Wellreg@MecklenburgCountyNC.gov

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Nicholas Mieczkowski/ Adirondack Group is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

   8560 Lilybet Lane; Charlotte .
   Number Street Town
   (Or Parcel Number)

Ashley Prisant Lesko
Property Owner (print name)

Property Owner (signature)

5/30/19
Date

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: NICHOLAS MIECZKOWSKI

Bill To:

NICHOLAS MIECZKOWSKI
1620 LONG PAW LN

Charlotte, NC 28214

Single Payment

Transaction Date:	06/07/2019 8:17 AM Pacific Time
Pay Method:	VISA **********6134
Approval #:	017935
Trace Number:	6306de3d-e5fc-4883-b49d-183495d3ab59
Amount:	$100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	06/07/19	**Amount:**	100.00
Receipt #:	117506	**Tendered:**	100.00
Check / Auth #:	VISA 017935	**Returned:**	0.00
Received By:	PLACILJ		

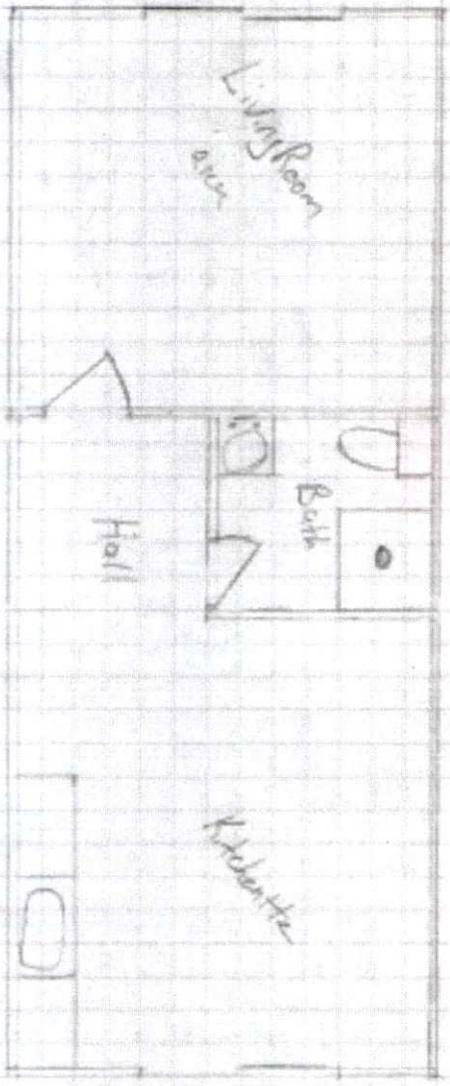
Account Information

Account #: 200000
Contractor: NICHOLAS MIECZKOWSKI
Attn:
Address: 1620 LONG PAW LN
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 8560 LILYBET LN		1	100.00	100.00

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

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



No bedrooms being permited. AB
6-20-19