SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☐ REPAIR ☑ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 11727B

Assigned Inspector: Matt Hall

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

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

☑ Use Existing Fees $100.00: LP 7/20/23 Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☐ Send IP permit for signature: _____ ☐ Signature received: _____

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

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

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

☐ Certified operator contract is on file: _____

☐ Septic file complete: _____

☐ Release final hold in Winchester: _____

Comments:

OK to release hold for a shop addition

11727B
#14011

19 JUL '23 PM 4:19

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
◉ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Tim Ritchie
ADDRESS: 9035 Longview Drive
CITY: Charlotte
STATE: NC ZIP: 28214
PHONE: 704-622-0180
ALTERNATE PHONE:
E-MAIL: Ritchiewoodfloor@aol.com

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME:
ADDRESS:
CITY:
STATE: ZIP:
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 053-152-47
STREET ADDRESS: 9023 Longview Drive
CITY: Chaarlotte
STATE: NC **ZIP:** 28214

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 Storage Building

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 0
NUMBER OF OCCUPANTS: 0

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.

James Ritchie — 07/17/23
Owner's/Agent's Signature — Date

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

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

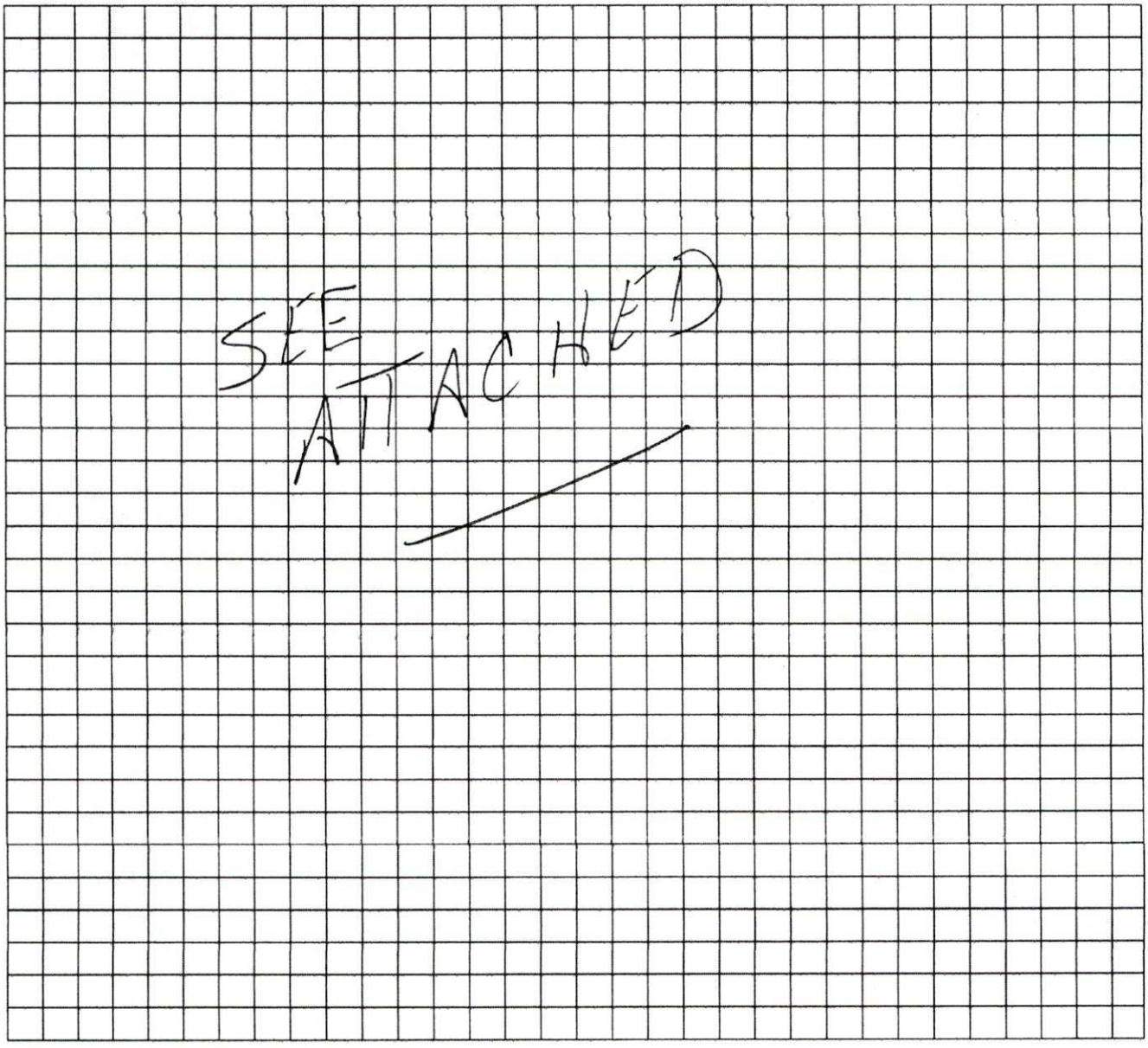
Revised on: 01/03/11

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: 9023 Longview Drive Tax Parcel #: 053-152-47



*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 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 setbacks, New Structure to be located on original footprint

REHS Signature 7/24/23 Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

CHARLOTTE.
NEIGHBORHOOD & BUSINESS SERVICES

PLOT PLAN FOR PERMIT APPLICATION

Permit #:

ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

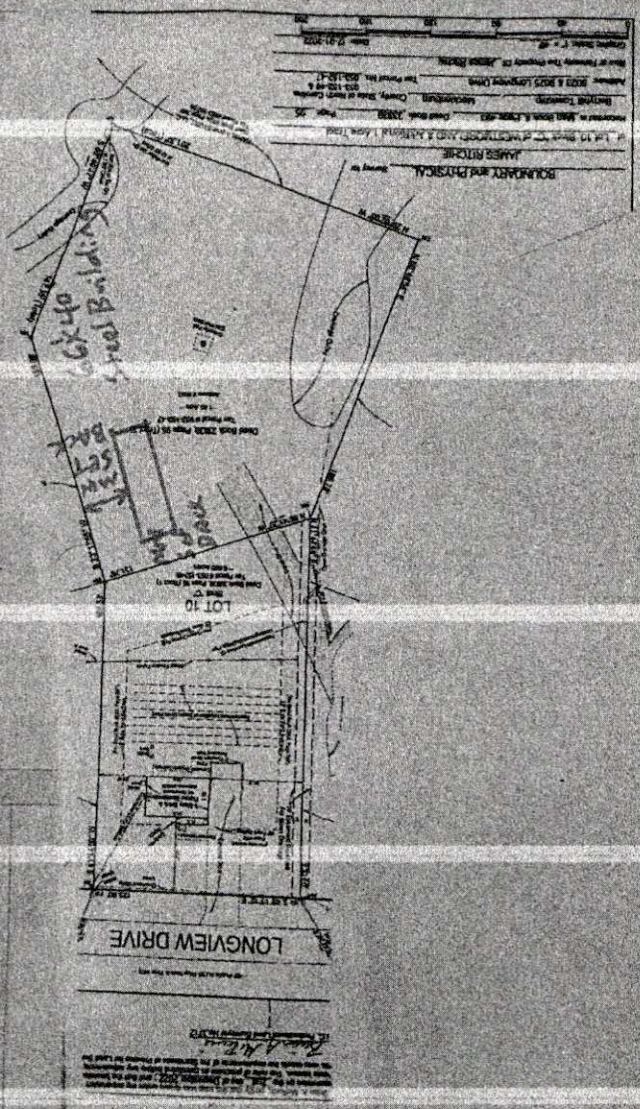
9023		Longview Dr.	Dr.	
Street #:	(N,S,E,W)	Street Name	(AV, RD, etc.)	Suite #/Units

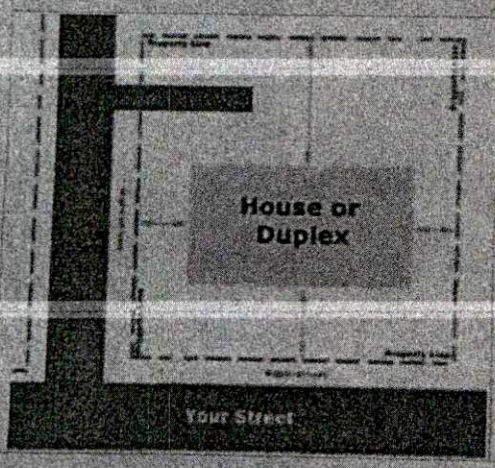
Tax Parcel #: 053-152-47 Job #: _____

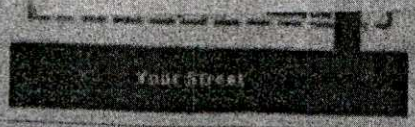
INSTRUCTIONS:

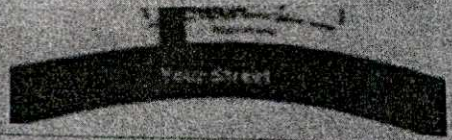
In the space provided, draw plot plan as neatly and accurately as possible, from survey if available. Separate application and plot plan required for each building.

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. Show all major utility towers, when applicable.









ALL EXISTING AND PROPOSED BUILDINGS ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Applicant's signature James Ritchie Date 6-29-23 James Ritchie
PRINT APPLICANT'S NAME

Zoning Approved By: _____ Date: _____
Remarks: _____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/19/23	**Amount:**	100.00
Receipt #:	143578	**Tendered:**	100.00
Check / Auth #:	VISA 060380	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #: 200000
Contractor: JAMES T RITCHIE
Attn:
Address: 9035 LONGVIEW DR
Address:
City/State/Zip: CHARLOTTE, NC 28214

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 9023 LONGVIEW DR		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
		555.00			