

9908 SAW MILL RD

19940108

10/7/09

thomatc

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

FEE: 100 Ck
DATE: 4/20/09 026
CRT I 1 SC

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM
MECKLENBURG COUNTY - GROUNDWATER & WASTEWATER SERVICES
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

GWS – UES.APP 06/07

FILE #: 13287

TYPE APPLCATION: 4155 JJ

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

PERSON FILING APPLICATION:
NAME: TYLER VAN STOCKEN
ADDRESS: 11155 SAINTSBURY PL
CITY: CHARLOTTE
STATE: NC ZIP: 28270
PHONE: 704-609-2939
ALTERNATE PHONE:

PROPERTY OWNER:
NAME: ROB & CATHY NEILL
ADDRESS: 5826 CARMEL STATION AVE
CITY: CHARLOTTE
STATE: NC ZIP: 28226
PHONE: 704.985.3852
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 199-401-08
STREET ADDRESS: 9908 SAWMILL ROAD
CITY: CHARLOTTE
STATE: NC ZIP: 28278
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 33 Sec 3 & 1979

TOWNSHIP:
- [ ] 0-MECKLENBURG
- [X] 1-CHARLOTTE
- [ ] 2-DAVIDSON
- [ ] 3-CORNELIUS
- [ ] 4-PINEVILLE
- [ ] 5-MATTHEWS
- [ ] 6-HUNTERSVILLE
- [ ] 7-MINT HILL

WATER SUPPLY: WATER TAP ON SITE / AWAITING SEWER TAP (ON SCHEDULE W/CMUD)

- [ ] MUNICIPAL (M)
- [ ] COMMUNITY (C)
- [X] PRIVATE WELL (P)
- [ ] SHARED WELL (S)
- [ ] OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:
- [ ] HOUSE (H)
- [X] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [ ] OTHER (O)

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

COMMERCIAL / INDUSTRIAL PROPERTY TYPE:
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? [ ] YES [ ] NO
UNDERGROUND STORAGE TANKS? [ ] YES [ ] NO

ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:
- [X] BEDROOM
- [X] BATHROOM
- [ ] KITCHEN
- [ ] DINING ROOM
- [ ] LIVING ROOM
- [ ] DEN
- [ ] GARAGE
- [X] SUNROOM
- [ ] PORCH
- [X] DECK
- [ ] OTHER

ADDITION 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.

X Tyler Van Stocken — Owner's/Agent's Signature
X 4/17/09 — Date

*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 y this Department.
- This permit is not transferable.

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

Now on City sewer
Application Cancelled
WAS/S denial by EHS to remove

EHS Signature — Date

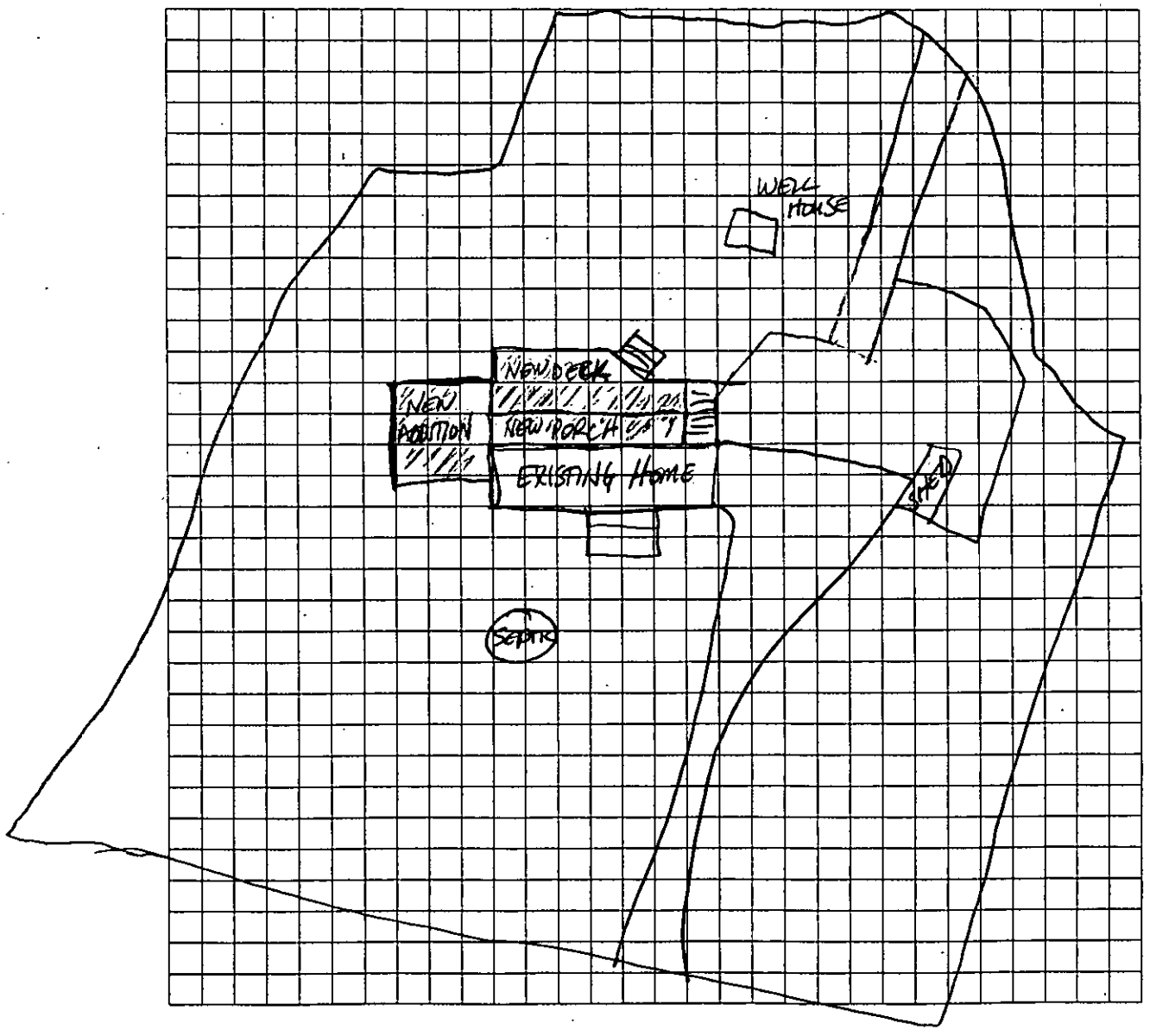
from work list SJC

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

File # 13287
Date_____

PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.



Owner/Agent Signature

Date

LBC 12/15/04

19940108

Refund in LD
SLS 4/20/09

File # 13287

CHARLOTTE-MECKLENBURG UTILITIES 88813

DATE: 2-23-09

RECEIVED FROM: Robert Neill Jr.
Five thousand five hundred seventeen and 00/100 $5517.00

FOR: 3/4" Water & 6" SPSS
9908 Saw Mill Rd

RECEIVED BY: J Montgomery

CASH ☐
CHECK ☒ # 1071

WATER & SEWER TAP FEES

Connected to CMUD verified by pc w/CMUD 7/30/09

Refund to be processed, no site visit done by this department per conv. w/ J.J 7/30/09

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions.

GAX-LUE - _____

CREDIT ☐ REFUND ☒ CANCEL ☐

1. Property Owner's Name: Robert & Catherine Neill, Jr 2. Permit #: File # 13287
3. Permit Address: 9908 Saw Mill Rd 4. Posting Date: 4/17/09 5. Fire Fee #: _____
6. Account Name: _____ 7. Account # _____
8. *If Refund*, Check payable to: Coventry Builders LLC (Please Print) 9. Phone # 704-604-2939
10. Mailing Address: 11155 Saintsbury Place (Street) Charlotte (City) NC (State) 28270 (Zip)
11. Signature: B. Craig for Coventry Bldrs 12. Printed Name B. Craig for Coventry Builders 13. Date: 7/30/09

REASON FOR REQUEST

☐ Plan Change ☐ Not Doing Work ☐ Duplicate Permit (Dup. Permit # _____ Date _____)

☐ Wrong Contractor → SHOULD HAVE BEEN (Correct contractor) CHARGES REAPPLIED _____ (Staff Initials)

→ ☒ Other (Specify) Connected to CMUD, no E&S's site visit, refund applies

For Department Use Only - Do not write below this line

IF ADJUSTMENT
(to be completed by Emp & Supervisor)

Incorrect Entry - _____

Correct Entry -

Reason - _____

_____
_____
_____
_____

Initials _____ Date / /

Superv Initials _____ Date / /

INSP. COUNT & CANCELLATION OF PERMIT
(Completed by Applicable Core Process)

Number of Inspections

B	E	M	P	F	L

Cancellation of Permit
(completed by Applicable Core Process)

B	E	M	P	F	L
☐	☐	☐	☐	☐	☐

Initials _____ Date _____

Expired Permit ☐

Rev Coll. Date Stamp

CALCULATIONS
(Completed by Applicable Core Process)

Plan Review 80% = Plan Review 90% = No Plan Review	%
Insp. Info Each Insp (10%)	%
Total Crdt/Rfnd % PR% - Insp	%
Pmt or Fee Amt $ Total Amt	$ 100.00
Zoning Fee $ Amt	$

$ 100.00 X 100 % =

Total Pmt/ Fee Credit/Refund: $ 100.00

Permit Fee- Zoning X C/R% or Min/- Whichever is greater

BJC (Initials) 7/30/09 (Date)

VERIFICATION *(To Be Completed By Revenue Collection)*

If Refund	If Refund with Credit Balance	If Credit (Trans #)	Serv Chg Cr	Initials & Date	Posting Date
Org/Account [8_03=0]	8_03=0 9004=$ (Refund / Charge to account)	88 - - -	$ 88116		

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: R S

Rev Coll. Date Stamp

Rev. Coll. Tracking # ____-____-____

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	04/17/09	**Amount:**	100.00
Receipt #:	62425	**Tendered:**	100.00
Check / Auth #:	CHECK 2026	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #:	200000
Contractor:	COVENTRY BUILDERS LLC
Attn:	
Address:	11155 SAINTSBURY PLACE
Address:	
City/State/Zip:	CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 9908 SAW MILL ROAD/FILE 13287		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
400.00					