

20616 RIO ORO DR

12/26/2007

duponbj

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

Mecklenburg County
Health Department

December 6, 1996

Mr. Roald C. Frantzen
9430 Harlow Creek Road
Huntersville, NC 28078

Re: Rio Oro Drive
File: 1655B
Parcel: 001-297-76

Dear Mr. Frantzen:

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is **UNSUITABLE** under Rules .1941 **SOIL CHARACTERISTICS (MORPHOLOGY)** and .1945 **AVAILABLE SPACE.** For these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as **UNSUITABLE** may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as **PROVISIONALLY SUITABLE** if the local health department determines that the substantiating data indicate that:
> (1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;
> (2) the effluent will not contaminate ground or surface water; and
> (3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130A-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding this matter, please call me at 336-5575.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Mecklenburg County
Health Department

Roald C Frantzen
9430 Harbor Creek Rd
Huntersville NC 28078

Re: Rio Oso Drive
File: 1655-B
Parcel: 001-297-76

Receipt of your Application for Improvement Permit for the above referenced property is acknowledged. A soil evaluation and a site visit have been conducted. The results of the evaluation indicated that the site is UNSUITABLE under Rules .0 4 1 e for these reasons your Application for Improvement Permit is denied. A possible way to develop the site exists under Rule .1948(d) which reads as follows:

> A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:
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Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

FEE: 100.00 + 10.00 = 110.00 CK #2006

DATE: 11/18/96 JC

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

4

[ ] CRT

TYPE APPLICATION: ✓ 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

COPY

FILE #: 96-553

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 001-287-76 PP

TAX/PARCEL NUMBER: Lot 10 Rio (not on records, see Survey 484)

STREET ADDRESS: Rio Oro Drive

SUBDIVISION OR MOBILE HOME PARK NAME: Bahia Bay

LOT NUMBER: 10

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1604

NUMBER OF BEDROOMS: 3 | NUMBER OF OCCUPANTS: 4

CLOSING DATE 11/27/96 11:00 AM

FOUNDATION FOR RESIDENCE:

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

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
✓ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

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: Frantzen Roald C.
(LAST) (FIRST) (MI)

ADDRESS: 9430 Harlow Creek Rd.

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: (704) 948-1650

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Catalano Kathryn Co
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 896-8283

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Roald C Frantzen DATE: 10/18/96

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

PROPOSED PLOT PLAN

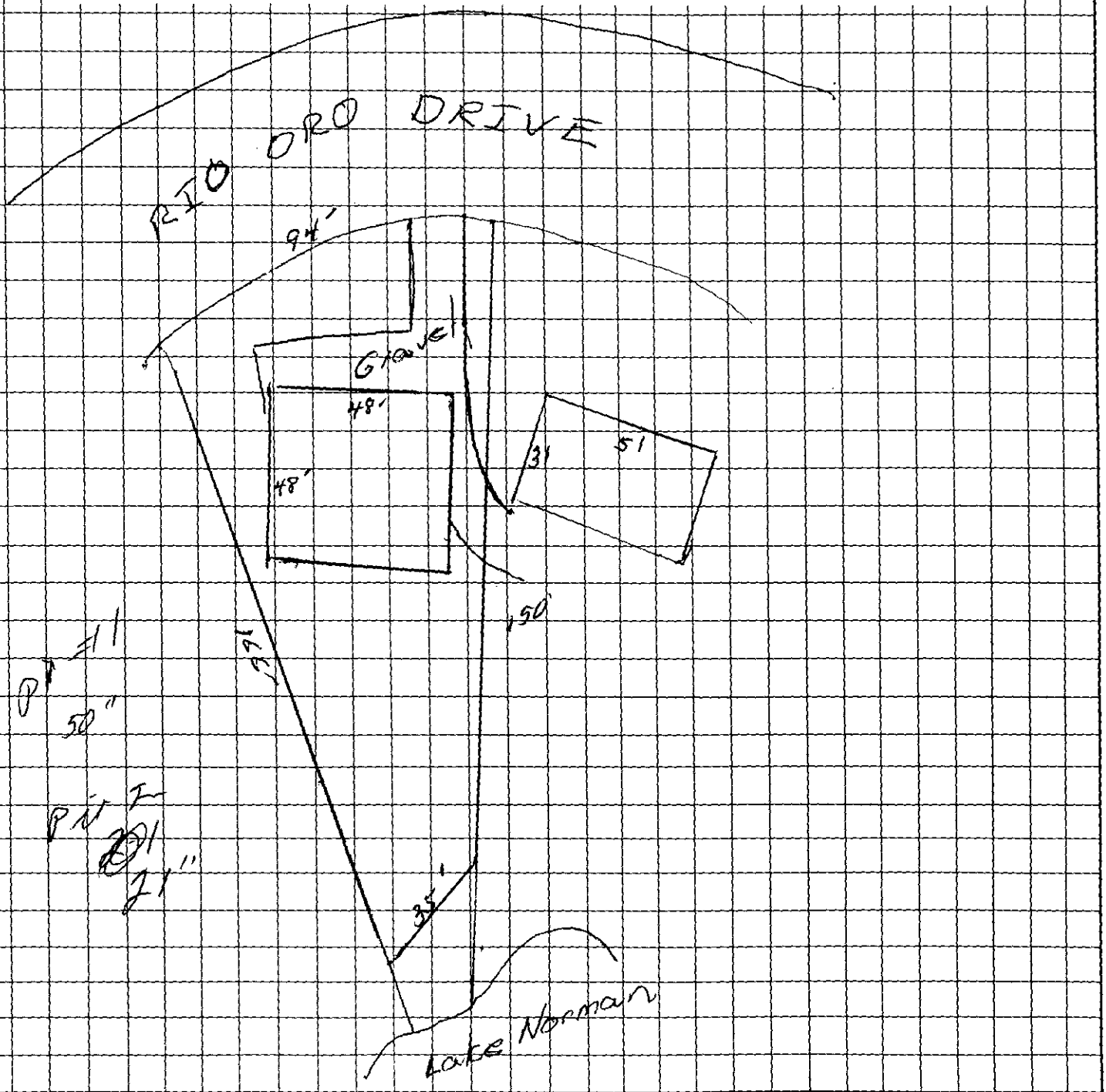
COPY

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

FILE: 1655B

TC: 001-297-7610

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.

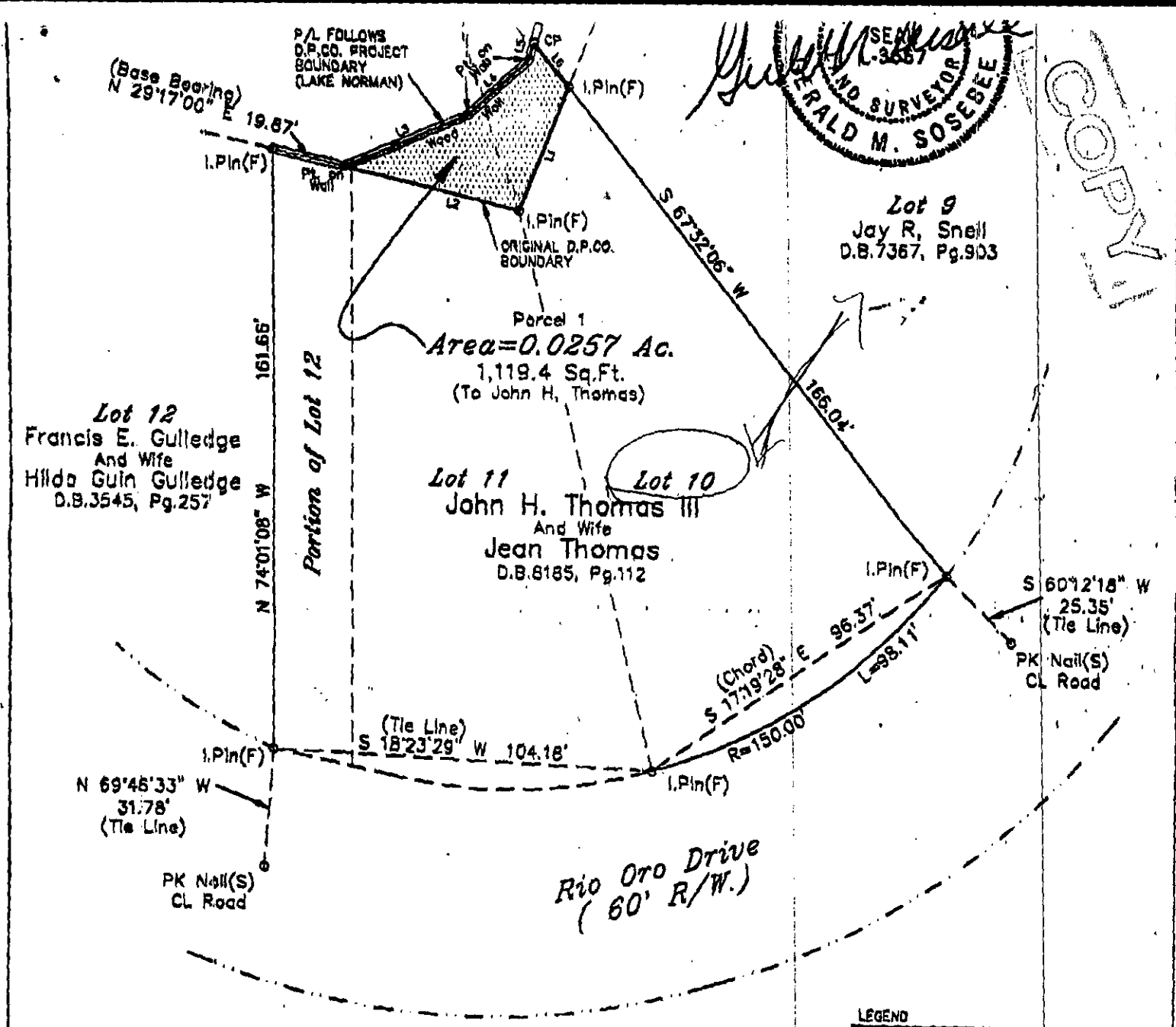


OWNER/AGENT SIGNATURE

DATE 10/18/96

APPROVAL DATE _____

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



SEAL L-3557 GERALD M. SOSEBEE NO. SURVEYOR

COPY

LEGEND
LINES SURVEYED ———
LINES NOT SURVEYED — — —
ALL CORNERS ARE AS NOTED O
CALCULATED POINT O.C.P.

DUKE POWER PROJECT BOUNDARY BASED ON A WATER ELEVATION OF 756.8' ON MAY 2, 1996 AT 8:07 a.m.

NOTES: SURVEY MADE USING EXISTING PHYSICAL EVIDENCE FOUND AT TIME OF SURVEY.

SUBJECT PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED EASEMENTS, RIGHT-OF-WAYS, SETBACKS AND/OR RESTRICTIVE COVENANTS NOT SHOWN HEREON.

Map Prepared by:

GMS Surveying and Mapping, Inc.
Gerald M. Sosebee, RLS
260-A West Main Avenue
Gastonia, NC 28052
Mobile:(704)813-1688
Phone:(704)854-8328

SOURCE OF TITLE: D.B.1908, Pg.546

STATE OF NORTH CAROLINA
GASTON COUNTY

I certify that this map was drawn from an actual survey made under my supervision.
The unadjusted error of closure as calculated is 1': 10,000'+
Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book AS, Page SHOWN.

Witness my hand and seal this 3 day of May, 1996

Gerald M. Sosebee
Registered Land Surveyor

DUKE POWER COMPANY
COWANS FORD DEVELOPMENT
LAND DEEDED TO
JOHN H. THOMAS and wife JEAN THOMAS
LEMLEY TOWNSHIP
MECKLENBURG COUNTY, N.C.

BOOK NO.DC
MAY 2, 1996
SCALE : 1"=40'
20 10 0 20 40 60
SCALE IN FEET
CREW: ROH
DRAWN BY: RAS
E.C.=1':10,000'

DISPOSAL REQUEST NO. 89018
PROJECT NO. 7372 | PARCEL NO. 49627 | REQUEST NO. 89028

89L-L6E-100 8591 MF

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

2
16557
PO 001-297-76 LOT 16

OWNER: Bob Rowell & Evangeline
APPLICANT:
ADDRESS: 7430 Warsaw Creek Rd, Newberne
APPLICATION DATE:
DATE EVALUATED:
PROPOSED FACILITY: residence
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .23
LOCATION OF SITE: Rio Dee Dr.
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTR
1	2-4% LS	0-50"	Fill - Alluvial Compacted - loose Areas						
2	2-4% LS	0-20"	Fill Compacted						
		20-24"	Fi/sl	Fi/SEXPI sl/sp	736" TO Chrom. 02	36"+	N/A	None	US
		24-36"	SBK/c	Fi/SEXPI sl/sp					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: [illegible] 12-4-96

OMMENTS:

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Block ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	SI (Silt) SICL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SLC (Silt Loam Clay)	0.6 - 0.3	0.3 - 0.15		
					MOIST	WET
	IV	SC (Sandy Clay) SIC (Silty Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None			

OTES

ORIZON DEPTH In inches below natural soil surface

PTH OF FILL In inches from land surface

STRUCTIVE HORIZON Thickness and depth from land surface

PROUTE S(suitable) or U(unsuitable)

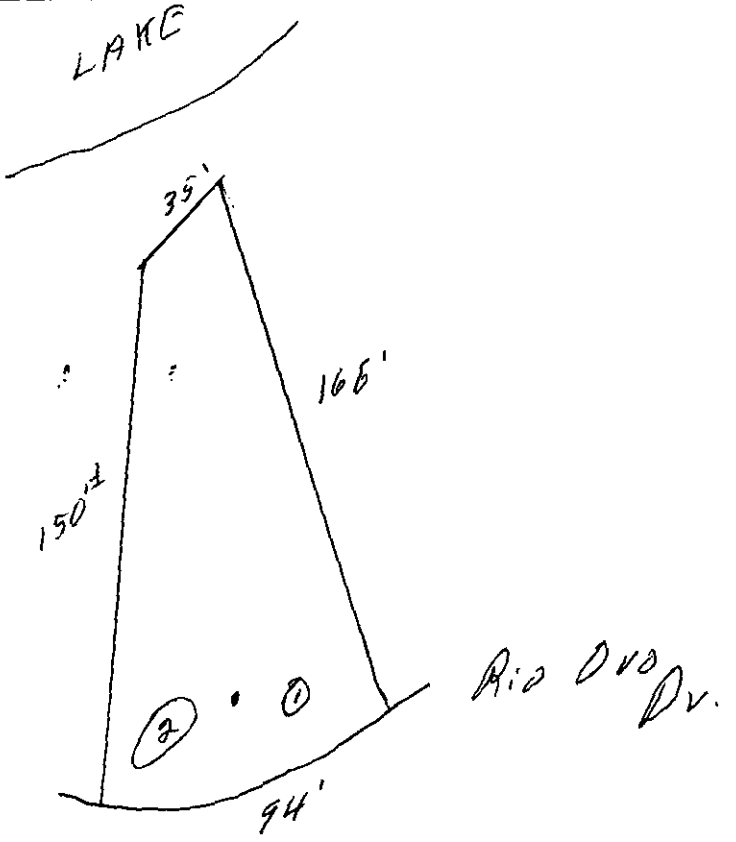
H WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designat

LASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

12400

Sheet
PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

2
16553
PO 001-297-96 LOT 10

OWNER: Bob Rouell & Fran Zeller APPLICANT: _____
ADDRESS: 9430 Warbler Creek Rd, Wendell APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: .23
LOCATION OF SITE: Rio Oro Dr. PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTA
1	2-4% LS	0-50"	Fill - alternate compacted/loose Areas						
2	2-4% LS	0-20"	Fill compacted		736" TO chroma 4	36"+	NIM	None	US
		20-24"	Fill	Fr/BEXPI SS/SP					
		24-36"	SBK/L	F/SEXPSSP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	US	US
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): unsuitable
EVALUATED BY: W.A. Mullin LSS 12-4-96

OMMENTS:

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR	LPP 1957 LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
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		O (Organic)	None			

OTES

ORIZON DEPTH In inches below natural soil surface

PTH OF FILL In inches from land surface

STRUCTIVE HORIZON Thickness and depth from land surface

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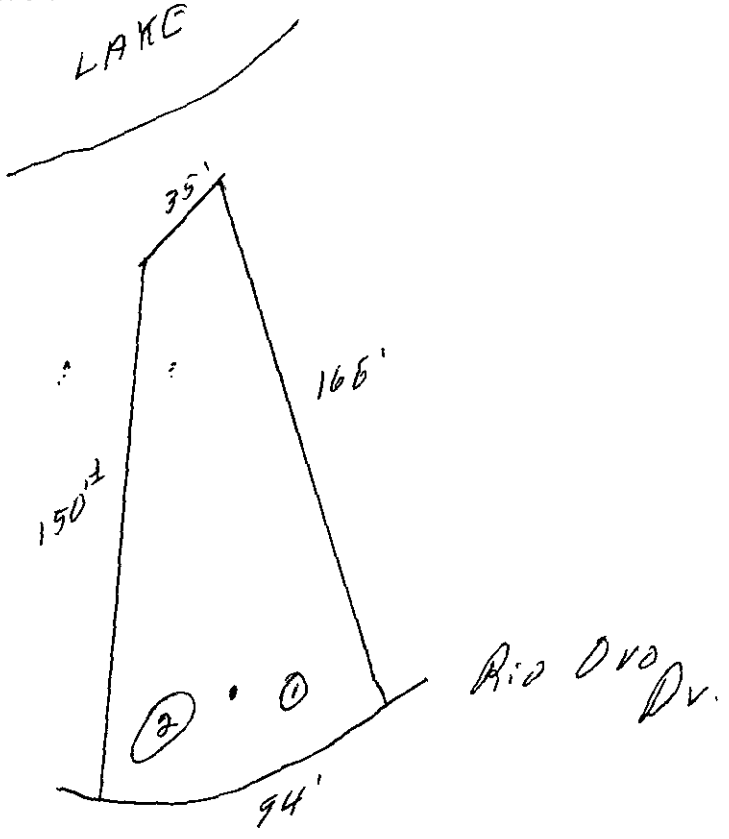
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valuation of saprolite shall be by pits.

ong-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



FEE: 100.00 + 2 RC = 106
DATE: 11/14/96 JC

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

1 1 CRT

TYPE APPLICATION: ✓ 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 #: 96558

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION: 001-297-76 PP (not in records see survey 96)

TAX/PARCEL NUMBER: Lot 10 RIO

STREET ADDRESS: Rio Oro Drive

SUBDIVISION OR MOBILE HOME PARK NAME: Bahia Bay

LOT NUMBER: 10

TYPE OF BUILDING (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 1604

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

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

CLOSING DATE 11/27/96 11:00 AM

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

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
✓ SHARED WELL (S)
__ MUNICIPAL (M)
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	__ YES ✓ NO	WELL, SPRINGS OR WATERLINES	✓ YES __ NO
EXISTING WASTEWATER SYSTEMS	✓ YES __ NO	DESIGNATED WETLANDS	__ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	__ YES ✓ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Franzen Ronald C. (LAST) (FIRST) (MI)	NAME: Catalano Kathryn E (LAST) (FIRST) (MI)
ADDRESS: 9430 Harlow Creek Rd.	DAYTIME PHONE: (704) 896-8283
CITY: Huntersville STATE: NC ZIP: 28078	
DAYTIME PHONE: (704) 948-1650	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Ronald C Franzen DATE: 10/18/96

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

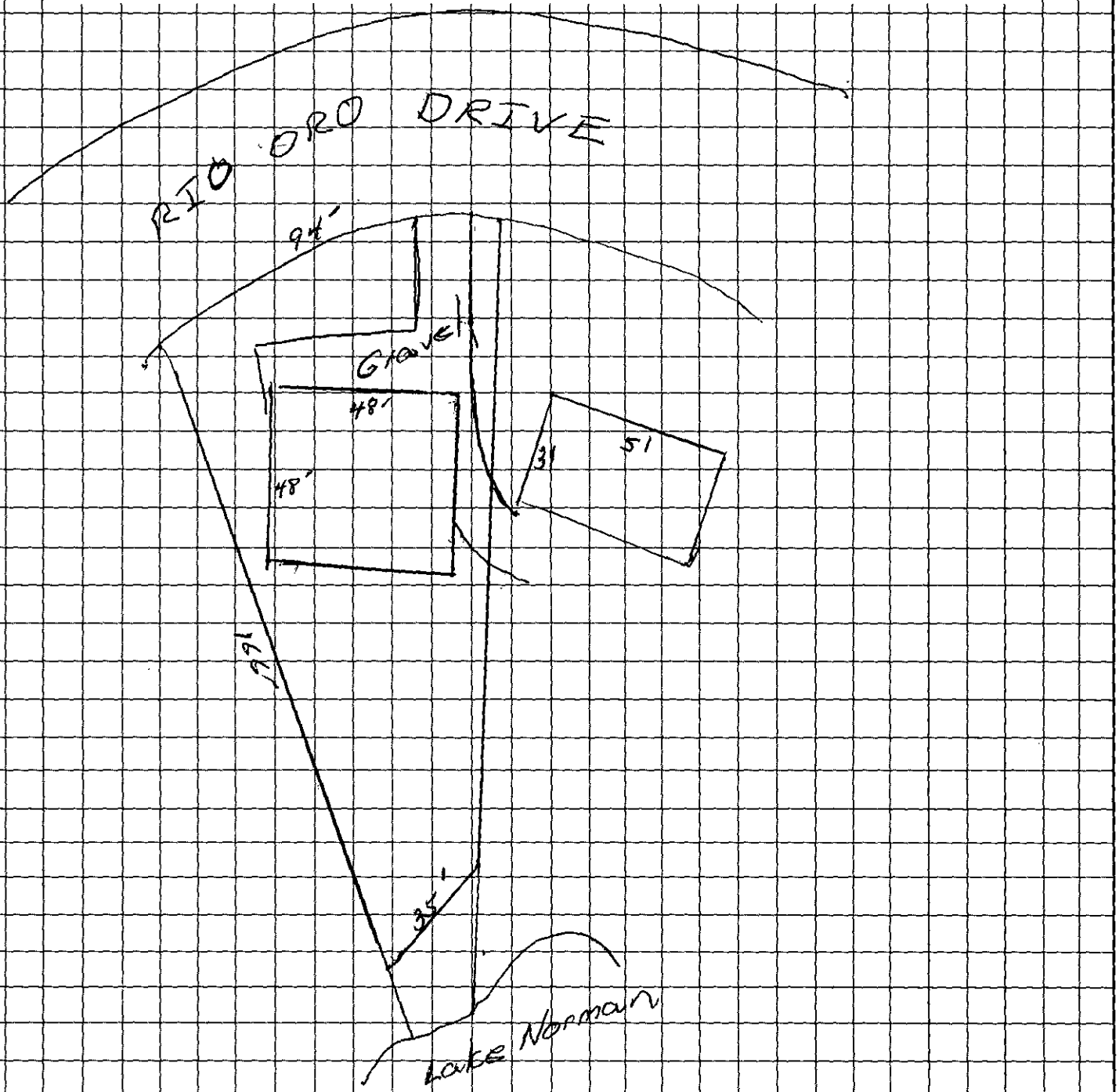
PROPOSED PLOT PLAN

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

FILE: 1655B

TC: 001-297-7610

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.

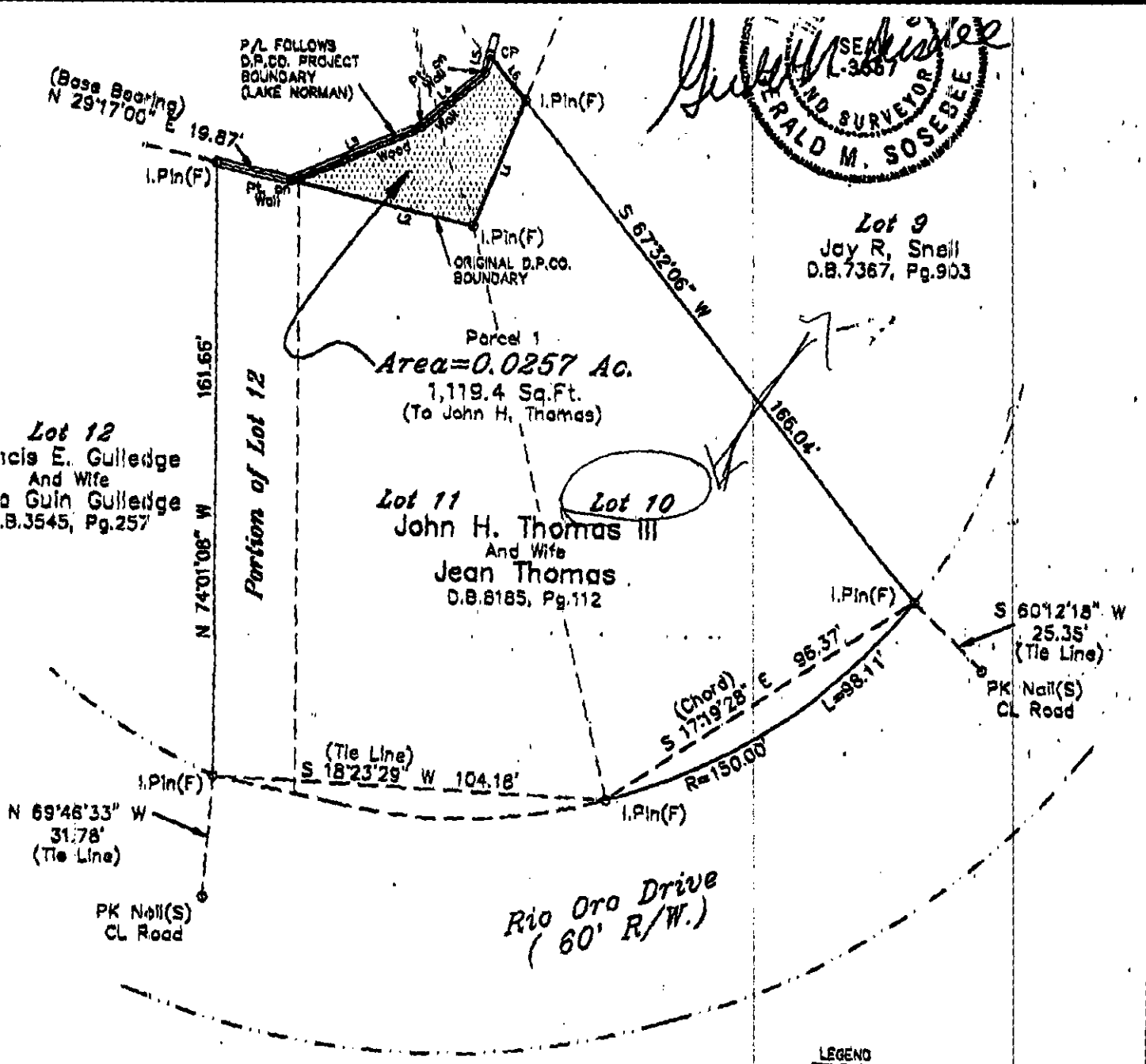


OWNER/AGENT SIGNATURE

DATE 10/18/96

APPROVAL DATE _____

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



SEE L-3667
GERALD M. SOSEBEE
NO. SURVEYOR

LEGEND
LINES SURVEYED ———
LINES NOT SURVEYED — · — · —
ALL CORNERS ARE AS NOTED O
CALCULATED POINT O.C.P.

DUKE POWER PROJECT BOUNDARY BASED ON A WATER ELEVATION OF 756.8' ON MAY 2, 1996 AT 8:07 a.m.

NOTES: SURVEY MADE USING EXISTING PHYSICAL EVIDENCE FOUND AT TIME OF SURVEY.

SUBJECT PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED EASEMENTS, RIGHT-OF-WAYS, SETBACKS AND/OR RESTRICTIVE COVENANTS NOT SHOWN HEREON.

Map Prepared by:

GMS Surveying and Mapping, Inc.
Gerald M. Sosebee, RLS
250-A West Main Avenue
Gastonia, NC 28052
Mobile: (704)813-1689
Phone: (704)854-8328

SOURCE OF TITLE: D.B.1908, Pg.546

STATE OF NORTH CAROLINA
GASTON COUNTY

I certify that this map was drawn from an actual survey made under my supervision.
The unadjusted error of closure as calculated is 1: 10,000'+
Boundaries not surveyed, if any, are noted. Deed descriptions are recorded in Book AS, Page SHOWN
Witness my hand and seal this 3 day of May, 1996

Gerald M. Sosebee
Registered Land Surveyor

DISPOSAL REQUEST NO. 89018

DUKE POWER COMPANY
COWANS FORD DEVELOPMENT

LAND DEEDED TO
JOHN H. THOMAS and wife
JEAN THOMAS

LEMLEY TOWNSHIP
MECKLENBURG COUNTY, N.C.

BOOK NO.DC
MAY 2, 1996
SCALE: 1" =40'
20 10 0 20 40 80
SCALE IN FEET
CREW: RDH
DRAWN BY: RAS
E.C.=1':10,000'

PROJECT NO. 7372 | PARCEL NO. 49627 | REQUEST NO. 89028

89L-L&C-100

File 16558

BK: 08185 PG: 0114/0115 0:0309 15.00
JUDITH A GIBSON REG OF DEEDS MECK NC
FILED FOR REGISTRATION 06/21/95 12:47

SATISFACTION: The debt secured by the within Deed of Trust together with the note(s) secured thereby has been satisfied in full.
This the ____ day of _____, 19__
Signed: _____

Recording: Time, Book and Page

Tax Lot No. 14/395 Parcel Identifier No. 001-257-76

Verified by _____ Mecklenburg County on the ____ day of _____, 19__

by _____

Mail after recording to ~~Scott E. Lawrence, Attorney at law~~ Beneficiary
~~P.O. Box 2510, Cornelius NC 28031~~

This instrument prepared by Scott E. Lawrence, Attorney at Law

Brief Description for the Index: LT 10,SEC 1,BAHIA BAY

NORTH CAROLINA DEED OF TRUST

THIS DEED of TRUST made this 15th day of June, 1995, by and between:

GRANTOR	TRUSTEE	BENEFICIARY
John H. Thomas and wife, Jean Thomas 10622 Rio Oro Drive Davidson, NC 28036	Scott E. Lawrence	Jack R. Zeggert and Patricia M. Zeggert 19725 Oak Street Cornelius, NC 28031

Enter in appropriate block for each party: name, address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor, Trustee, and Beneficiary as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, That whereas the Grantor is indebted to the Beneficiary in the principal sum of Fifty Thousand and 00/100---------- Dollars ($ **50,000.00), as evidenced by a Promissory Note of even date herewith, the terms of which are incorporated herein by reference. The final due date for payment of said Promissory Note, if not sooner paid, is June 1, 2000

NOW, THEREFORE, as security for said indebtedness, advancements and other sums expended by Beneficiary pursuant to this Deed of Trust and costs of collection including attorneys fees as provided in the Promissory Note) and other valuable consideration, the receipt of which is hereby acknowledged, the Grantor has bargained, sold, given, granted and conveyed and does by these presents bargain, sell, give, grant and convey to said Trustee, his heirs, or successors, and assigns, the parcel(s) of land situated in the City of Cornelius, Lemley Township, Mecklenburg County, North Carolina, (the "Premises") and more particularly described as follows:

BEING all of LOT 10, BAHIA BAY SUBDIVISION, SECTION 1, as shown on map thereof recorded in Map Book 14, page 395, Mecklenburg County Public Registry.

Scanned

1655B

OFFER TO PURCHASE AND CONTRACT

Ronald Frantzen hereby offers to purchase and John Thomas and wife Jean Thomas hereby agrees to sell and convey, all of that plot, piece or parcel of land described below, together with all improvements located thereon and all personal property as listed below (the real and personal property are collectively referred to as "the Property"), in accordance with the Standard Provisions on the REVERSE SIDE HEREOF and upon the following terms and conditions:

1. REAL PROPERTY: Located in the City of Cornelius, County of Mecklenburg, State of North Carolina, known as and more particularly described as: Street Address Lot No. One Drive, Legal Description Lot 12 Bahia Bay, Zip 28031

2. PERSONAL PROPERTY: Stoves, Refrigerator, Washer, Dryer, Window Treatments

3. PURCHASE PRICE: The purchase price is $ Seventy Three Thousand Five Hundred and 00/100 Dollars

(a) $ 500 in earnest money paid by personal ck, and shall be paid as follows: to be held in escrow by Allen Tate Company, as agent, until the sale is closed, at which time it will be credited to Buyer, or until this contract is otherwise terminated and it is disbursed in accordance with the Standard Provisions on the REVERSE SIDE HEREOF;

(b) $ N/A by assumption of the unpaid principal balance and all obligations of Seller on the existing loan secured by a deed of trust on the Property;

(c) $ 72,500 N/A by a promissory note secured by a purchase money deed of trust on the property (See Purchase Money Financing Addendum); and

(d) $ N/A the balance of the purchase price in cash at closing.

4. LOAN STIPULATIONS: (State N/A in each blank of paragraph 4(a) and 4(b) that is not a condition to this contract.)

(a) This Buyer must be able to obtain a firm commitment on or before N/A for a N/A loan in the principal amount of $ N/A for terms of N/A year(s), at an interest rate not to exceed N/A % per annum, with mortgage loan discount points not to exceed N/A % of the loan principal. Buyer agrees to use his best efforts to obtain such commitment and to advise Seller immediately upon receipt of the lender's decision. If Seller is to pay any closing costs, the maximum amount is $ N/A

(b) This Buyer must be able to assume the unpaid principal balance of the existing loan described in paragraph 3(b) above or the remaining term of the loan, or any extension thereof not to exceed N/A % per annum fixed or N/A with a monthly P & I of N/A with a original loan assumption and/or discount points not to exceed N/A % of the loan balance. (See Additional Provision No. 8). If such assumption is subject to the lender's approval, approval must be granted on or before N/A Buyer agrees to use his best efforts to secure such approval and to advise Seller immediately upon his receipt of the lender's decision. If Seller is to pay any loan assumption costs, these costs are not to exceed $ N/A

5. ASSESSMENTS: Seller warrants that there are no special assessments, either pending or confirmed, for sidewalk, paving, water, sewer, or other improvements on or adjoining the Property, except as follows: home owners dues, if any (Insert "None" or the identification of such assessments, if any. The assessments for payment or proration of any assessments indicated is to be set forth in paragraph 8 below.)

6. OTHER PROVISIONS AND CONDITIONS:

(a) All of the Standard Provisions on the REVERSE SIDE HEREOF are understood and shall apply to this instrument, except the following numbered Standard Provisions shall be modified or deleted: (If none are to be modified or deleted, state "None"): None

(b) Special Exhibit(s) 1 and/or Addendum (Addenda) 1 attached hereto and made a part hereof.

7. CLOSING: All parties agree to execute any and all documents and papers necessary in connection with closing and transfer of title on or before Nov. 22, 1996, at a place designated by Buyer. The deed is to be made to: as directed

8. POSSESSION: Possession shall be delivered at time of closing, funds disbursement, & Keys. In the event that Buyer and Seller have agreed that possession is delivered at a time other than at closing, then Buyer agrees to pay a N/A the sum of $ N/A per day (a/m/p) and including the date of closing and to the N including the date that possession is delivered as above set forth.

9. COUNTERPARTS: This offer shall become a binding contract when signed by both Buyer and Seller. It is to be signed in three counterparts with a signed counterpart being retained by each party hereto and the escrow agent, if any.

10. CONFIRMATION: Buyer(s) and Seller(s) hereby agree that the following agency relationships are hereby confirmed for this transaction only:

Listing Agency: Allen Tate is the agent of (check one):
- ☐ the Seller only
- ☐ both the Buyer and Seller

Selling Agency: Allen Tate is the agent of (check one):
- ☐ the Buyer only
- ☐ the Seller only
- ☐ both the Buyer and Seller

Date of Offer: November 4, 1996

Buyer (SEAL)

Buyer (SEAL)

I hereby confirm receipt of the earnest money herein set forth and agree to hold and disburse the same in accordance with the terms hereof.

Date 11/11/96 By: Kathryn Coleman Firm Allen Tate Co

Selling Agent Kathryn Coleman

Firm/Phone

Date of Acceptance: 5 Nov 1996

Seller (SEAL)

Seller (SEAL)

Listing Agent Kathryn Coleman

Firm/Phone

ATB 08
Rev. 0/96

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

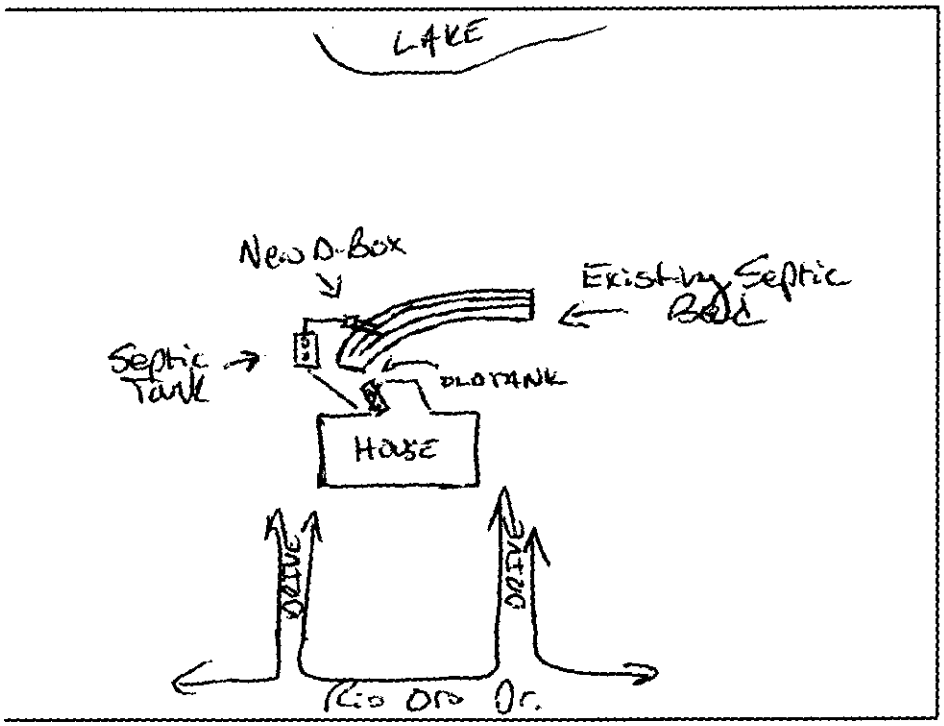
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1655 B DATE: 2-27-97

TC: 001-297-9[illegible] L

SERIAL Nº 17118

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 2-14-97. All work shall be completed on or before 2-27-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth existing

Absorption and/or Nitrification Lines:

Trench Width existing feet

Trench Walls Scored and Porous N/A

Total Line Length N/A feet

Number of Lines N/A

Depth of Stone N/A inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well N/A feet

710 to any H2O line

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Mike Ryan

LOCATION OF PROPERTY 20622 Rio Oro Drive

Comments: Tank replacement Type IIa 3 bedrooms

Kenny B. Thompson Jr. R.S.

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1655B DATE: 3-17-97

TC: 001-297-80 ☒ L ☐ CRT

SERIAL Nº 17042

Name of Owner Mike Ryan Juris.:

Address of Property 20622 Rio Oro Drive

Inspection Data:

Tank Material PCC

Total Length of Drainfield existing

Number of Lines N/A @

Cover Depth N/A

Water Supply Source Municipal

Distance to Water Source 710'

Excavation Inspected N/A

Tank(s) Inspected 3-17

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design 1997, 1500 ST CTR# Mayhew 764

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: Type II a alteration / tank replacement only
3 bedroom house

Larry B. Worthington Jr. R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Paid CK# 1655

FEE: $200.00 **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: 2-19-97 **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 2-27-97 PERMIT NO: 1655 B

PARCEL NO: 001-297-96

JOB LOCATION ADDRESS: 20622 Rio Oro Drive
PROPERTY OWNER: Mike Lyon
BUILDING CONTRACTOR:
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: Barbara J. Bass Tommy B. Thompson, J. R.S. DATE: 2-27-97
DEHNR/AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1655B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS:

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Barbara Mayl 2-27-97

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 1655B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number: 001-297-76

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I (II) III IV V VI	✓ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Long-term acceptance rate	___ Max gallons/day wastewater flow	___ Absorption Area (sq ft)	___ Trench spacing (min. on centers)	
N/A Serviced by private well	1500 Gallon septic tank	___ Total trench length (ft)	___ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
___ Bedrooms in residence	___ Gallon pump tank	___ Depth of stone		
Any surface waters present:	Type:	Minimum separation distance:		
Site modifications required:				
Additional Conditions: House has addition that is being constructed over the existing septic tank. Permit is for septic tank replacement.				

Repair Area System Type Type (circle one): I II III IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
___ Absorption Area (Sq ft) ___ Total Trench Length (Ft)	___ Depth of Stone Trench	___ Trench spacing (min. on centers)	___ Maximum Trench Depth	
For existing system, enter the year originally installed:				

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 Sewage, 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 Improvement permit is transferable.

Randy S. Thompson, L.S. 2-27-97 — DEHNR Authorized Agent / Date

Owner/Agent Signature — 2-27-97 — Date

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

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FEE: 200.00
DATE: 2-14-97
Ck# 1655

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

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM X 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 #: 1655 B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-297-87

STREET ADDRESS: 20622 Rio Oro

SUBDIVISION OR MOBILE HOME PARK NAME: Bahia Bay

LOT NUMBER: 11

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2182

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE _____

FOUNDATION FOR RESIDENCE:

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

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

Septic tank under new Addition Foundation

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
___ 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 X NO
EXISTING WASTEWATER SYSTEMS X YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES X NO
WELL, SPRINGS OR WATERLINES ___ YES X NO
DESIGNATED WETLANDS ___ YES X NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) RYAN (FIRST) Mike (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 20622 Rio Oro	DAYTIME PHONE: ( ) —
CITY: Cornelius STATE: NC ZIP: 28031	
DAYTIME PHONE: (704) 892-1903	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: _____ DATE: 2-14-97

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

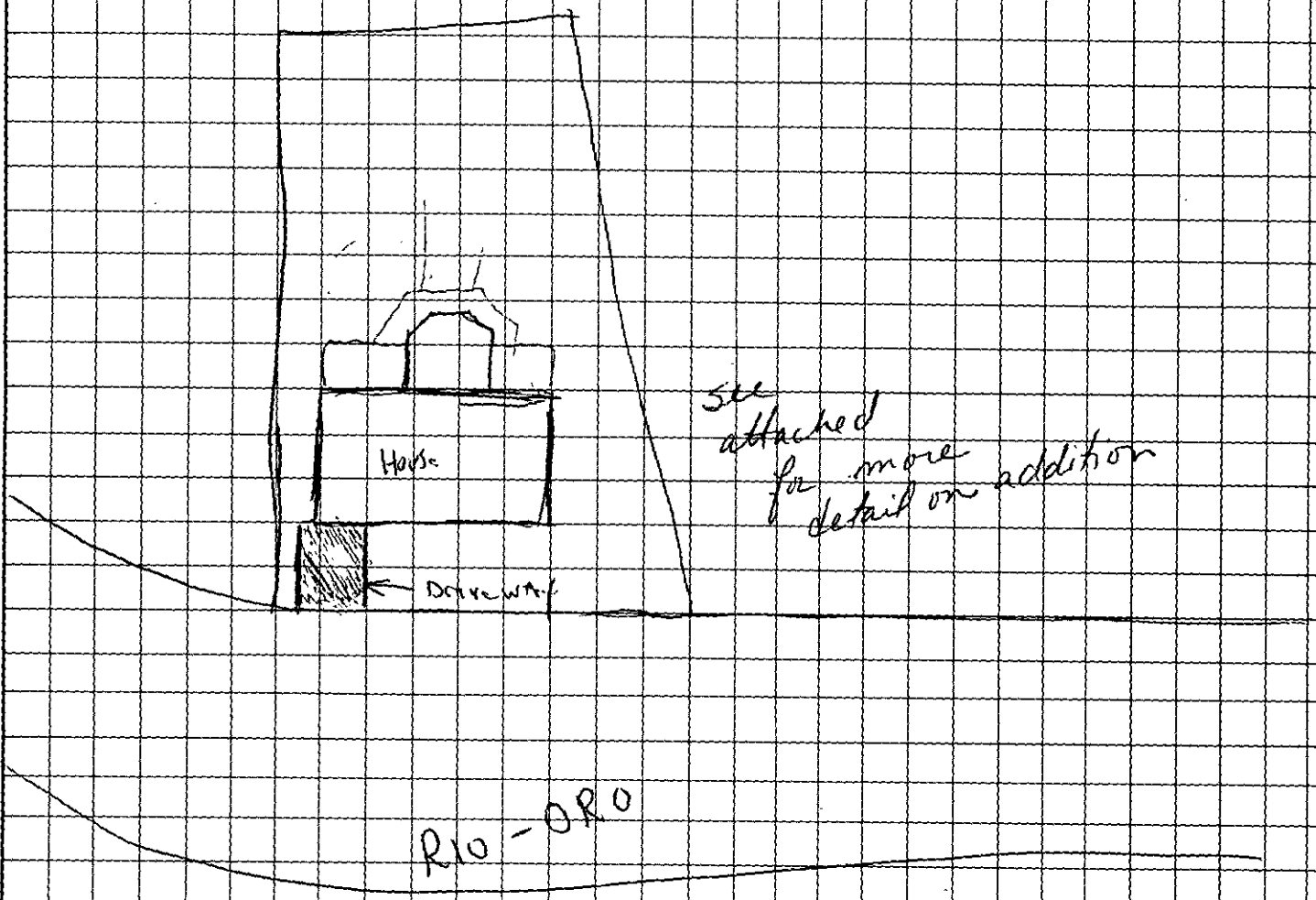
PROPOSED PLOT PLAN

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

FILE: 1655 B

TC: 001-297-84
20622 Rio Oro

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

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

(N,S,E,W) STREET NAME (AV,RD,ST, etc)

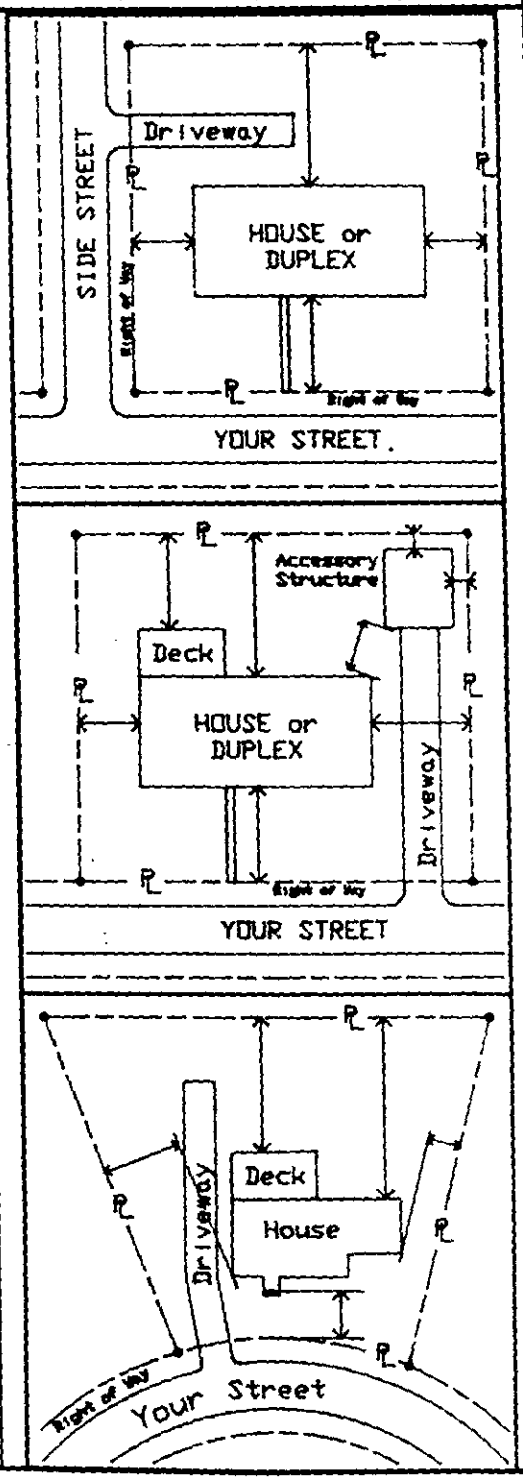
LOT/UNIT(S):

PERMIT #

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

TAX PARCEL # JOB #

EXAMPLES/PLOT PLAN

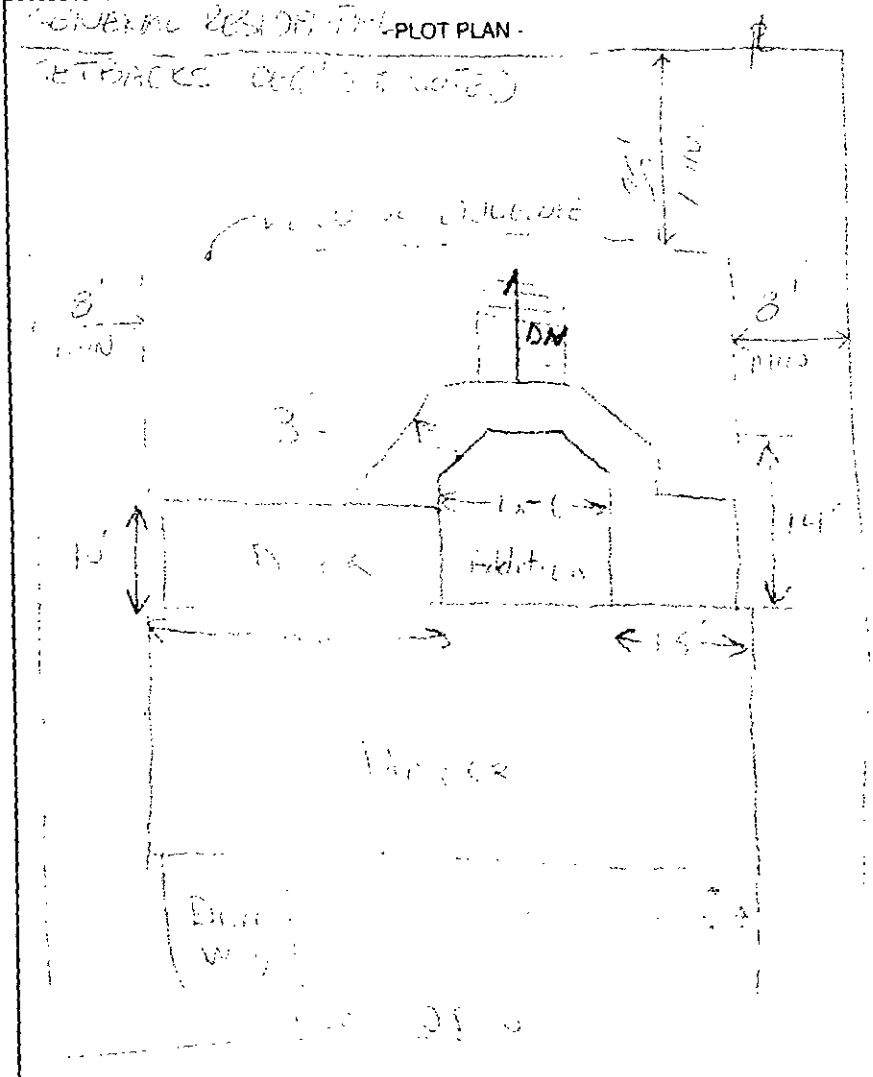


- INSTRUCTIONS -

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

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

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

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

1655B

(N,S,E,W) STREET NAME (AV,RD,ST, etc)

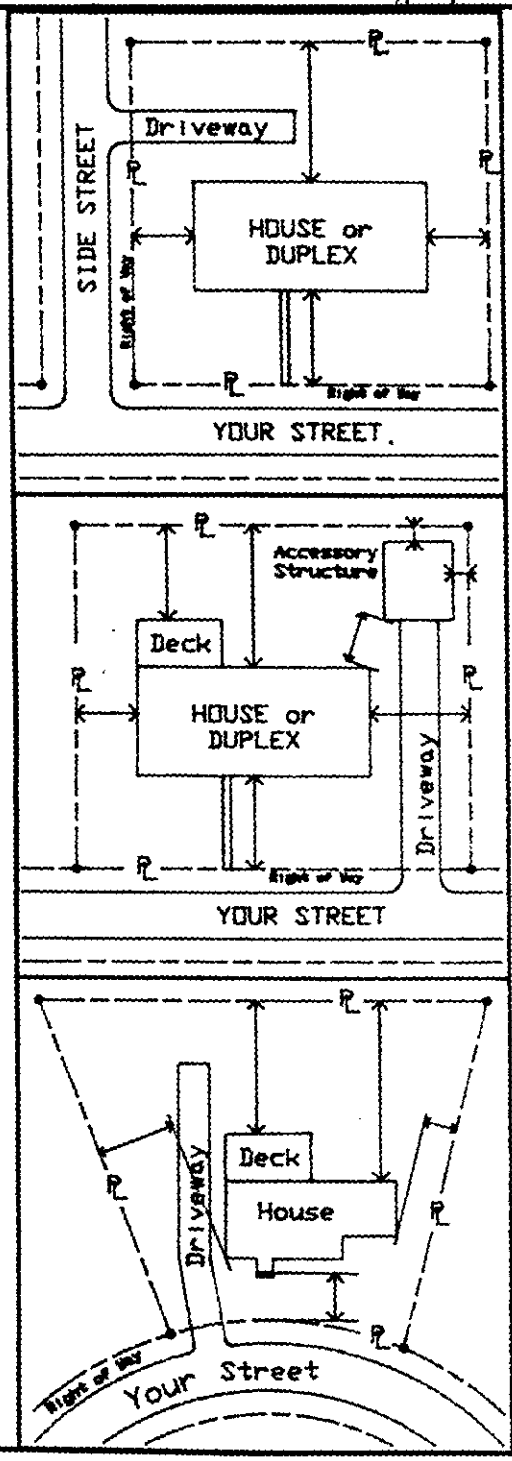
SUITE/UNIT(S):

PERMIT #

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

TAX PARCEL # 001-297-89 JOB # 74701

EXAMPLES/PLOT PLAN

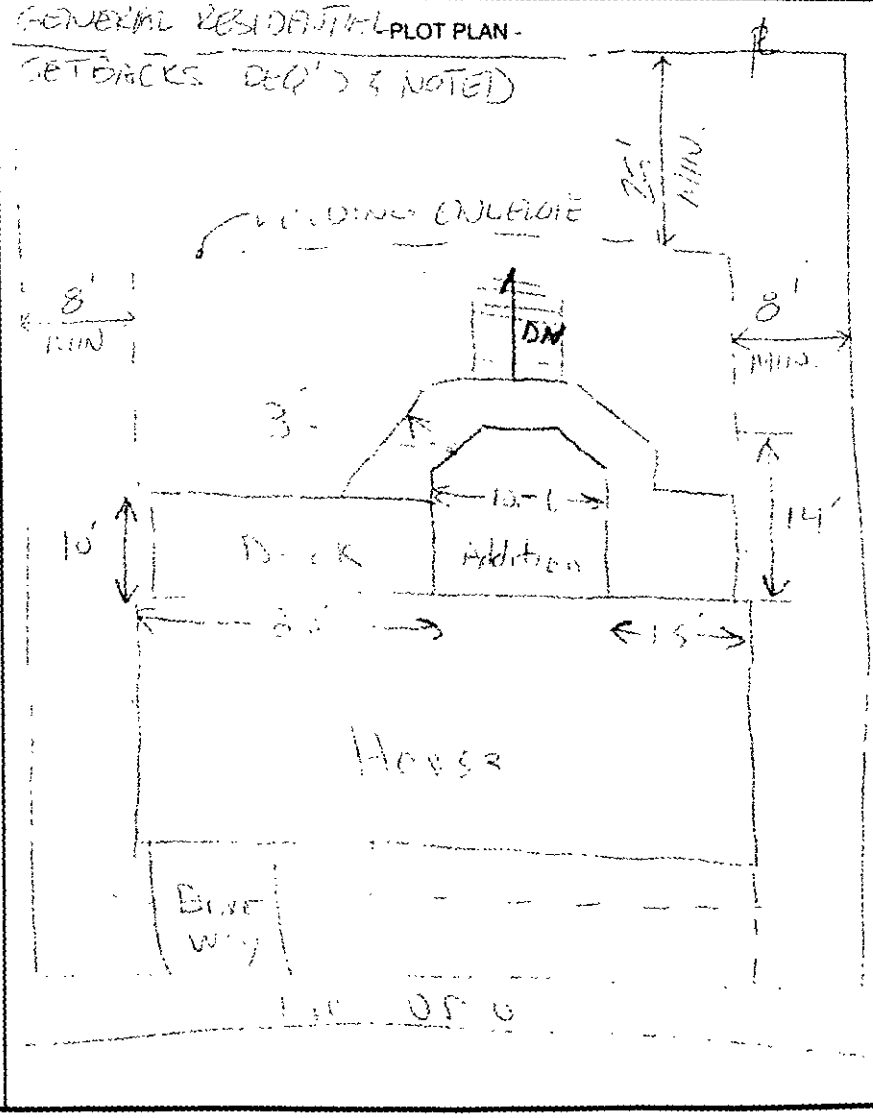


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- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

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

