SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☒ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____Initial/Date

OP ($200.00) _____Initial/Date

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

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 DLS 4/24/19 Initial/Date

Alteration Fees Paid: $300 Total $200 _____Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

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

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

O.K. to release hold for storage shed

3 APR '19 AM 11:25

13008
#10286

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: Timothy Nichols
ADDRESS: 232 Grey Rd
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: (440) 339-4973
ALTERNATE PHONE:
E-MAIL: timjnichols@icloud.com

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

JOB LOCATION INFORMATION
TAX PARCEL #:
STREET ADDRESS: 232 Grey Rd
CITY: Davidson
STATE: NC **ZIP:** 28036

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: 4
NUMBER OF OCCUPANTS: 4

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.

J. Nichols
Owner's/Agent's Signature

4/2/19
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

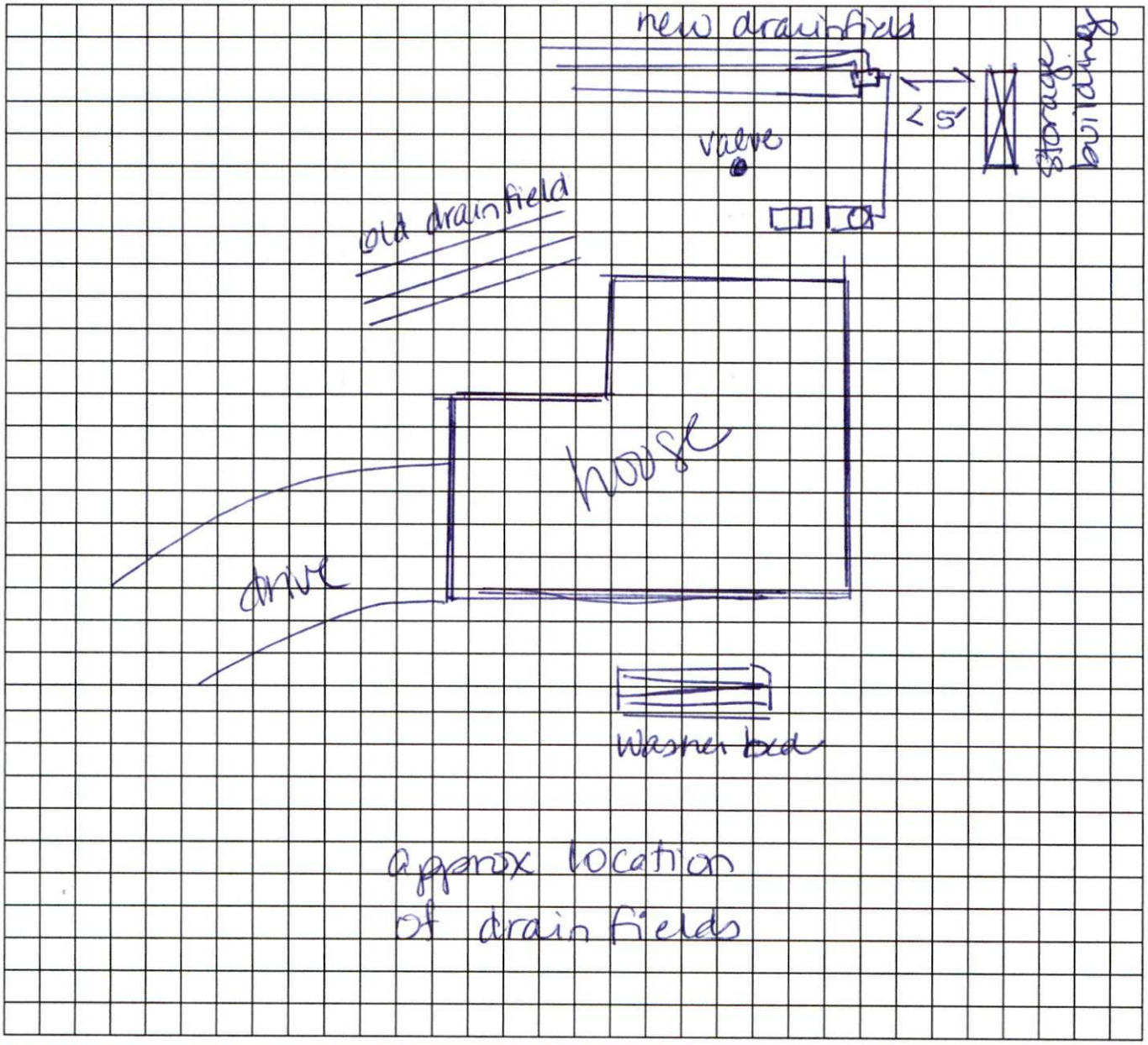
SEE ATTACHED DOCUMENT

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: _____ Tax Parcel #: _____



*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

Project approved, meets set backs of septic system

Kim Garrett — REHS Signature

4/5/19 — 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

APPLICATION FOR BUILDING PERMIT

TYPE PERMIT ☐ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT #

ADDRESS

STREET # 232 (N,S,E,W) Grey STREET NAME (AV,RD,ST,etc) Rd

SUITE/UNIT(S):

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

SITE DATA

PROJECT/SUBDIVISION NAME _____ PHASE _____ SECTION _____ PROJECT #

OWNER Timothy Nichols ADDRESS 232 Grey Rd

CITY Davidson STATE NC ZIP 28036 PHONE # 4403394973

TAX PARCEL # 00315106 CENSUS

LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) _____

ZONING Village Infill JURIS DAV MAP # NA R/W _____

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV _____ FIRE DIST. ☐ Yes

LOT ☐ CORNER ☐ THROUGH FRONT SHEET (if different) _____

MINIMUM SETBACKS: FRONT 10' for primary structure LEFT SIDE 5' RIGHT SIDE 5' REAR 5' REQ. PARK'G _____

APR'D 11.9.17

PROJECT

JOB # _____

USDC # _____

PURPOSE _____

OCC. TYPE _____

CONST. _____

TYPE WORK: ☑ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # 10'x16'Utility Shed

AREA (sq. ft.): Heated Unheated Desk(s) # STORIES BASEMENT ☐ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS _____ # BEDROOMS _____ # BATHS _____

Work includes: ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes # UNITS MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL

Power Company _____ Service: ☐ New ☐ Existing Total Amps _____ # Circuits _____

Connections 120 Volts _____ # Connections over 120 Volts _____

MECHANICAL:

Gas Company _____ # Gas Conn _____ # Appliances _____ ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

☐ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, ect...) # of Appliances (Dishwasher, Water Heater, etc.)

UTILITIES: ☐ New ☐ Existing

Public 1-Individual Meter/Connection ☐ Water ☐ Sewer Private 3-Individual ☐ Well ☐ Septic

2-Master Meter/Connection ☐ Water ☐ Sewer 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)	CONTRACT COST Nearest $100	APR'D FEES $
	Bldg _____ Phone _____ Lic # _____ Add _____ City/St _____ Zip _____	Bldg $	
	Elect _____ Phone _____ Lic # _____ Add _____ City/St _____ Zip _____	Elect. $	
	Mech _____ Phone _____ Lic # _____ Add _____ City/St _____ Zip _____	Mech. $	
	Plbg _____ Phone _____ Lic # _____ Add _____ City/St _____ Zip _____	Plbg. $	
PLANS ☐	Arch./Eng _____ Phone _____ Lic # _____ Add _____ City/St _____ Zip _____	Total Const. Cost $	

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $

FT FEE $

REMARKS: accessory structure - 10'x16' Utility Shed

OTHER FEES $

TOTAL FEE $

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

Timothy Nichols Digitally signed by Timothy Nichols Date: 2017.11.02 12:55:45 -04'00'

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY
		11.9.17	

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

ORIGINAL

Payment Receipt

Mecklenburg County POS

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

Enter Account # or Customer Name Here:
TIMOTHY NICHOLS

Bill To:

TIMOTHY NICHOLS
232 GREY RD

Davidson, NC 28036

Single Payment

Transaction Date:	04/03/2019 7:37 AM Pacific Time
Pay Method:	**********3819
Approval #:	67467J
Trace Number:	4acec5d3-3383-43d5-ba1f-7487b7413704
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:	04/03/19	**Amount:**	100.00
Receipt #:	116489	**Tendered:**	100.00
Check / Auth #:	MC 67467J	**Returned:**	0.00
Received By:	ABDUSAI		

Account Information

Account #: 200000
Contractor: NICHOLS, TIMOTHY
Attn:
Address: 232 GREY RD
Address:
City/State/Zip: DAVIDSON, NC 28036

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 232 GREY RD		1	100.00	100.00

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

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