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Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Physical street address of installation: 6506 Silver Fox Rd

Subdivision Name: _____ City: Charlotte Zip Code: 28270

Owner: Margot Bizon Home Phone: 704-654-2845

Mailing Address: 6506 Silver Fox Rd Work Phone: _____

City: Charlotte State: NC Zip Code: 28270

Contractor: Watermark Pools Corp DBA Premier Pools + Spas Phone: 704-572-3771

Contractor Charge Account: X57153

Mailing Address: 116 Gasoline Alley Suite 113 City: Mooresville State/Zip: NC 28117

1. Type of Water Supply(check one): ☒ City (Municipal) ☐ Private utility (Community) ☐ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Septic system

3. **All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.**

4. **Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.**

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I Margot Bizon, owner of the property, agree to the following requirements: *(initials are required beside each item listed.)*

- I certify that the application and site drawing being submitted are accurate and complete. MB
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed. MB
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and **completed once the pool is capable of holding water** MB

Signed: DocuSigned by: Margot Bizon 812015FE4987400... 10/21/2021

Property Owner's Signature Date

By signing in this block, the contractor authorizes the processing fee for this request to be charged to their LUESA Contractor Account.

Mark Burdett NAME(PRINT) _____ Signature 10-21-21 Date

This area for MCHD use only:

Amount Paid: $ 75 ☐ Cash ☐ Check ☑ Contractor Account

Check Number: _____ Date: 10/22/21 By: LP

Request #: 92055 Parcel ID#: 22708506 EHS: _____

Approved By: Bryan Davenport Date: 10/25/21 CRT: _____

Disapproved By: _____ Date: _____ Notify Date: _____

Final/Fencing Inspection By: _____ Date: _____

Signature on the "Approved By" line above by an employee of the MCHD indicates Health Department approval of this application and the accompanying site plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is capable of holding water. Revised Feb 2011

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3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
PHONE (704) 314-1620 FAX(704) 336-5305

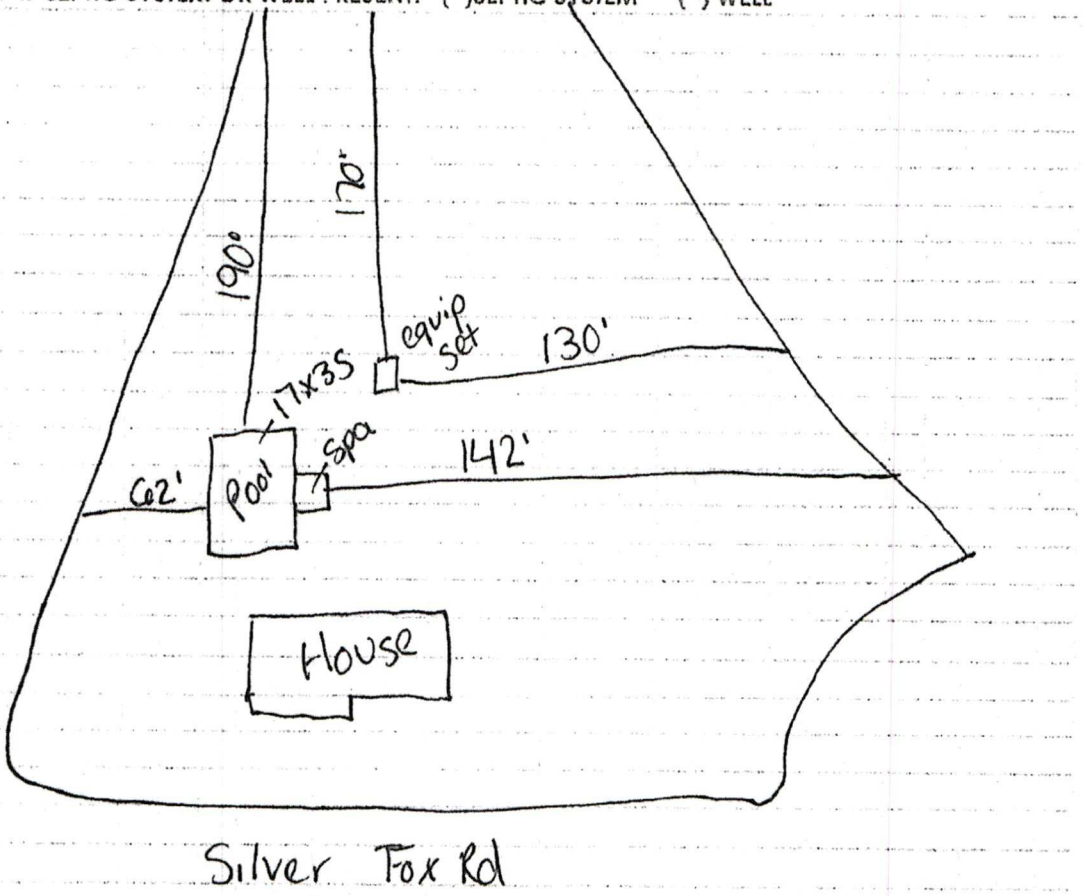
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PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 6506 Silver Fox Rd

Draw in all proposed pool, property lines, address road, proposed or existing structures or driveways, underground storage tanks, wells (whether on same lot or not, if within 100 feet) , and septic system drainfields. Plot/draw all dimensions, distances, etc. as needed to accurately detail pool layout in relation to structures, property lines, septic systems, etc.

MARK "X" IF SEPTIC SYSTEM OR WELL PRESENT: ( )SEPTIC SYSTEM ( ) WELL



Margot Bizon

I, _____ (homeowner) hereby affirm that the drawing above is accurate and understand that any deviation in construction from the pool layout, as approved, may result in removal of the pool or revocation of this approval.

DocuSigned by:
Margot Bizon
B12015EE4987400...

10/21/2021

HOMEOWNER SIGNATURE

DATE

OFFICE USE ONLY:	
HEALTH DEPT APPROVAL BY:	DATE:

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 10/22/21
Receipt #: 131183
Check / Auth #: CHARGE
Received By: PLACILJ

Amount: 75.00
Tendered: 75.00
Returned: 0.00

Account Information

Account #: X57153
Contractor: WATERMARK POOLS CORP
Attn:
Address: 116 GASOLINE ALLEY
Address: SUITE 113
City/State/Zip: MOORESVILLE, NC 28117

Item	Description	Permit#	Quantity	Unit Price	Total Price
0718	Residential Pool Permit 6506 SILVER FOX RD		1	75.00	75.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
75.00					

9169

Request: Residential Pool Approval for PHPM 28684

Address: 6506 SILVER FOX RD

Initiated By: Placide, Lydia

Date Initiated: 10/22/2021 1:49:34 PM

Submitted To: Davenport, Bryan C

Details: REQUEST FOR RESIDENTIAL POOL APPROVAL

SEPTIC SYSTEM ON THE PROPERTY

CONTACT: MARGOT BIZON - 704-654-2845

Comments:

Location: