

6008 ALLEN BLACK RD

19706216

12/26/2007

duponbj

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

LD 123227 ACS

FEE: 100 CK 101
DATE: 4/11/05
CRT [ ]

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 01/05

FILE #: 1542B

TYPE APPLCATION:

- ☐ 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)

Drew

PERSON FILING APPLICATION:
NAME: Rhonda Guidera
ADDRESS: 6008 Allen Black Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-545-3282
ALTERNATE PHONE: 704-791-1684

PROPERTY OWNER:
NAME: Charles + Rhonda Guidera
ADDRESS: 6008 Allen Black Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
PHONE: 704-545-3282
ALTERNATE PHONE: 704-791-1684

JOB LOCATION INFORMATION
TAX/PARCEL #: 197-062-16
STREET ADDRESS: 6008 Allen Black Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 1 1972

TOWNSHIP:

- ☑ 0-MECKLENBURG
- ☐ 1-CHARLOTTE
- ☐ 2-DAVIDSON
- ☐ 3-CORNELIUS
- ☐ 4-PINEVILLE
- ☐ 5-MATTHEWS
- ☐ 6-HUNTERSVILLE
- ☐ 7-MINT HILL

WATER SUPPLY:

- ☐ MUNICIPAL (M)
- ☐ COMMUNITY (C)
- ☑ PRIVATE WELL (P)
- ☐ SHARED WELL (S)
- ☐ OTHER 'SPRINGS' (O)

RESIDENTIAL PROPERTY TYPE:

- ☑ HOUSE (H)
- ☐ MODULAR HOME (M)
- ☐ MULTIPLE FAMILY (U)
- ☐ SINGLE MOBILE HOME (S)
- ☐ DOUBLE WIDE (D)
- ☐ OTHER (O)

NUMBER OF BEDROOMS:
NUMBER OF OCCUPANTS:

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:

- ☐ BEDROOM
- ☐ BATHROOM
- ☐ KITCHEN
- ☐ DINING ROOM
- ☐ LIVING ROOM
- ☐ DEN
- ☐ GARAGE
- ☑ SUNROOM
- ☐ PORCH
- ☐ 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.

Rhonda Guidera — Owner's/Agent's Signature
4-11-5 — 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

4-14-05 OK TO USE EXISTING 3 TSTBM

EHS Signature — 4-14-05 — Date

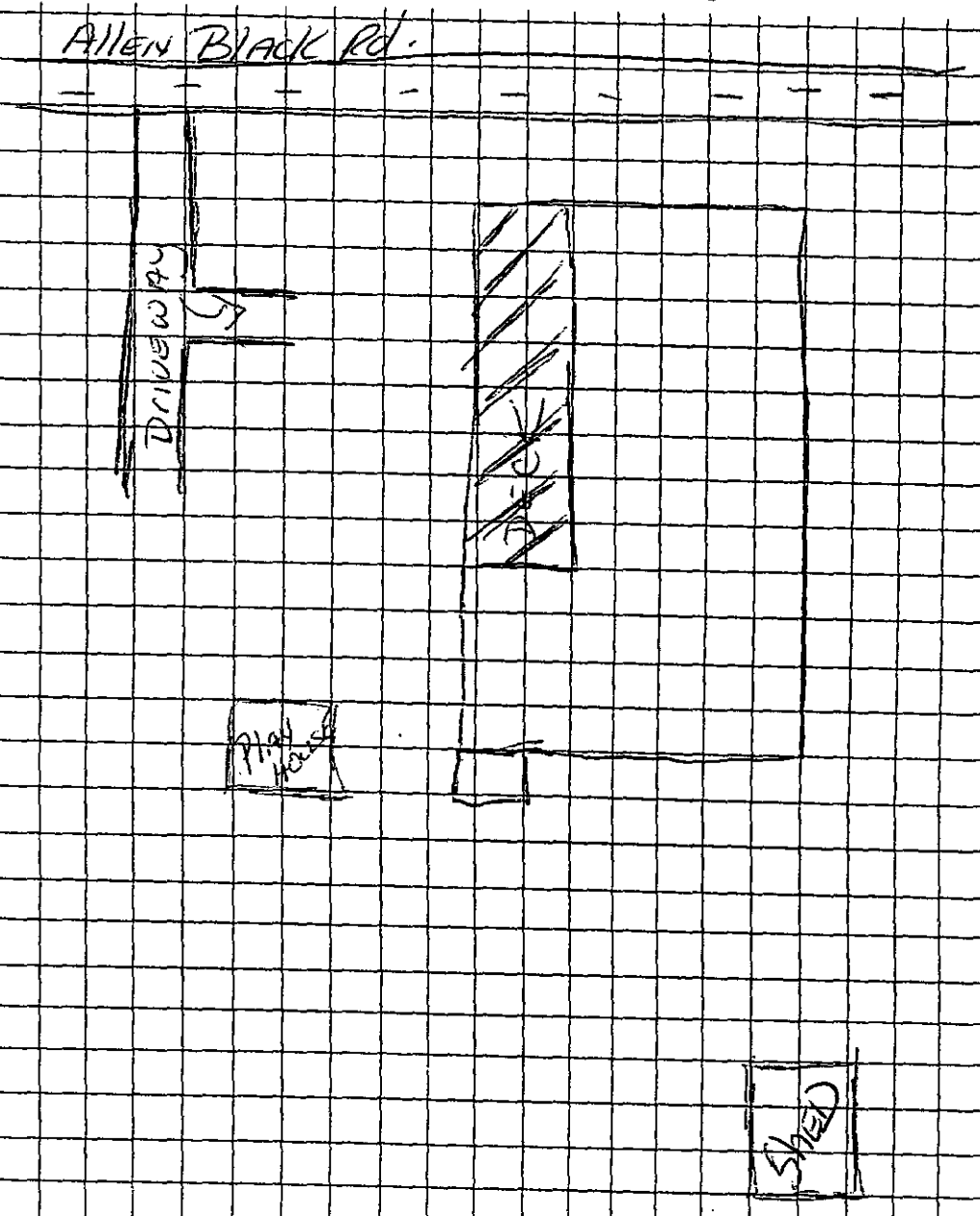
PROPOSED PLOT PLAN COPY

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

FILE: 15D/2B

TC: _____

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

APPLICATION FOR BUILDING PERMIT

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

PERMIT # COPY

ADDRESS

STREET # (N,S,E,W) 6008 STREET NAME Allen Black Rd. (AV,RD,ST etc)

SUITE/UNIT(S):

TAX JURISDICTION (Check One): ☑ 0 - Mecklenburg ☐ 1 - Charlotte ☐ 2 - Davidson ☐ 3 - Cornelius ☐ 4 - Pineville ☐ 5 - Matthews ☐ 6 - Huntersville ☐ 7 - Mint Hill 123227

SITE DATA

PROJECT/SUBDIVISION NAME PHASE SECTION PROJECT # 123227

OWNER Charles + Rhonda Guidera ADDRESS 6008 Allen Black Rd.

CITY Charlotte STATE NC ZIP 28227 PHONE # 704-545-3282

TAX PARCEL # 197-002-16 LOT # BLOCK # LAND AREA (sq. ft.)

CENSUS ZONING R JURIS 1 MAP # 140 R/W

SPECIAL (Circle) C D N P S FLOOD PLAIN Yes FLOOD ELEV FIRE DIST Yes APR'D

LOT CORNER THROUGH FRONT STREET (if different)

MINIMUM SETBACKS: FRONT LEFT SIDE RIGHT SIDE REAR REQ. PARK'G

PURPOSE

JOB #

USDC # 414

PURPOSE

OCC. TYPE R3

CONST. 5b

TYPE WORK: ☐ New ☐ Addition ☐ Accessory ☐ Upfit ☐ Shelf ☐ Demolish ☐ Other

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: Include Yr./Make & Serial # Residence enclose existing deck to sunroom

AREA (sq. ft.): Heated 400 Unheated Deck(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 Union Electric Service: ☐ New ☑ Existing Total Amps # Circuits

Connections 120 Volts 6 # 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, etc.) # 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 # 10000

CONTRACTOR(S): (Name/Address as appears on license)

CONTRACT COST Nearest $100 APR'D FEES $

Bldg Self/owners contr. Phone 704-545-3282 Lic #

Add Same as above City/St Zip

Bldg $ 13,000.00

Elect MDC Electric Phone Lic #

Add City/St Zip

Elect. $ 2000.00

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 $ 15,000.00

OTHER

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

FT FEE $

REMARKS:

OTHER FEES $

TOTAL FEE $ 68

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.

Rhonda Guidera 4/11/5 Rhonda Guidera

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☑ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

ORIGINAL

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 04/11/05
Receipt #: 33854
Check / Auth #: CHECK 101
Received By: WALDOJM

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: GUIDERA RHONDA
Attn:
Address:
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod GUIDERA RHONDA		1	100.00	100.00

Outstanding Balances

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1542B

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Brewer (last) Carlton (first) (mi)
ADDRESS: 6000 Allen Black Rd. PHONE: (704) 545-6549
CITY: Charlotte STATE: NC ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Brewer, Carlton & Patricia (last) (first) (mi)
ADDRESS: 6000 Allen Black Rd. PHONE: (704) 545-6549
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 19706216
STREET ADDRESS: 6000 Allen Black Rd
ZONING:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
1 bed room converts to game rm
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Bdrm living rm bath

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [X] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Carlton Brewer Date: 8/15/96

NOTICE:

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 by this Department.

...This permit is not transferable.

... Approval for living room, bathroom, and gameroom addition

use existing system

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Permit renewed 9/15/97 PLW

Philo S. Walker R.S. 8/20/96
Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

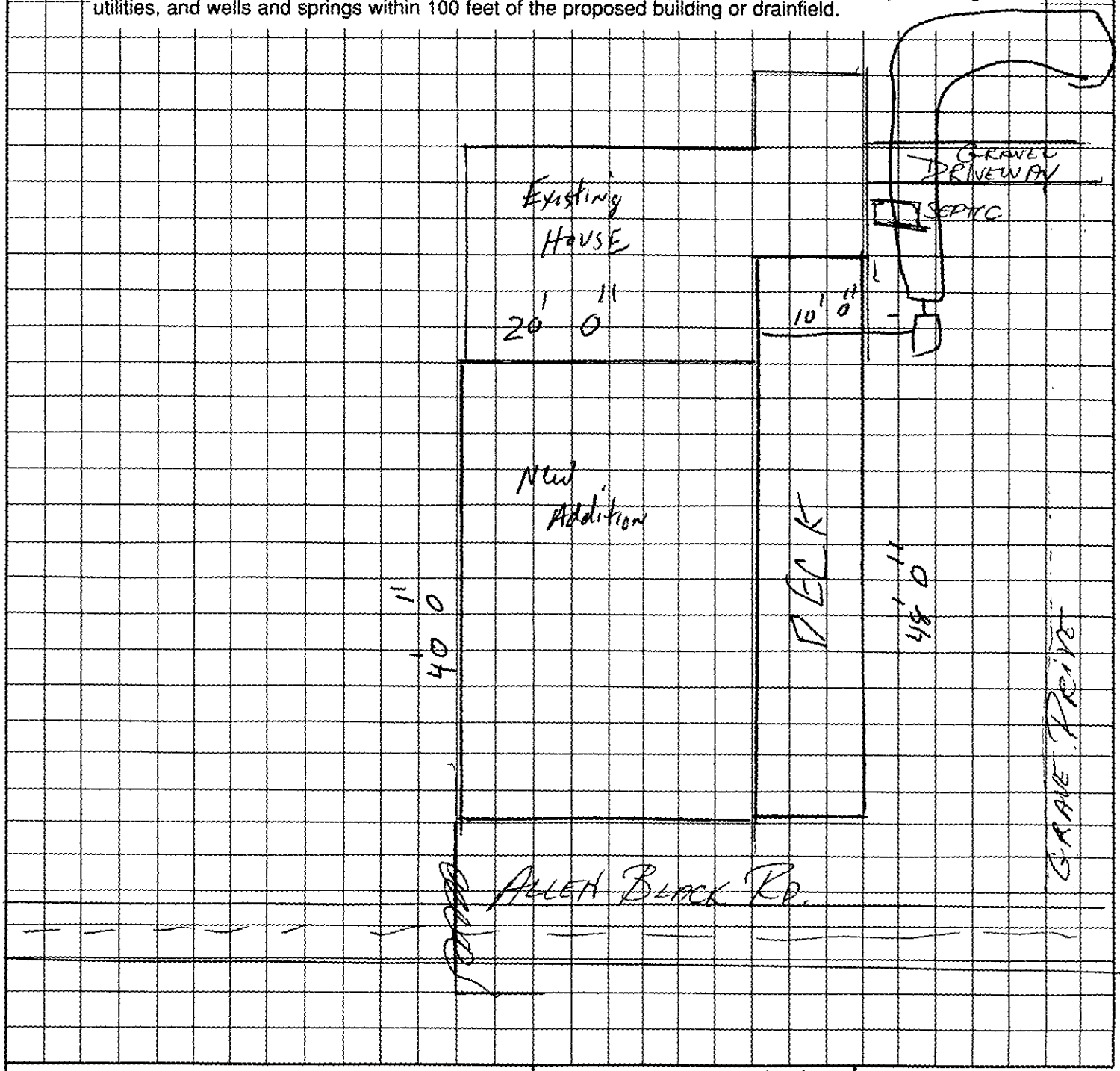
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1542B

TC: 197-062-16

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 7/SW 8/20/96 VES

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy