


LOT 10

1/10/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

*Barcode Font = IDAutomationHC39M*

Property owner wants to withdraw application - prospective buyer not able to come up with purchase price

NW RPR
10-19-07

Thomas Leland

# 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 + Donna Wallace 2. Permit #: Files 65378, 65388, 65398
3. Permit Address: 15415 Sharpe Road 4. Posting Date: 5/30/06 5. Fire Fee #: _____
6. Account Name: _____ 7. Account # _____
8. *If Refund*, Check payable to: Robert Wallace (Please Print) 9. Phone # _____
10. Mailing Address: 15712 Ceberrus Rd (Street) Charlotte (City) NC (State) 28227 (Zip)
phone request to B. Martin,
11. Signature: by C for R. Wallace 12. Printed Name Robert Wallace 13. Date: 11/2/07

**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) _____

For Departmental 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): ~~0~~ %

Insp. Info (Each Insp (10%)): ~~0~~ %

Total Crdt/Rfnd % (PR% - Insp): 100 %

Pmt or Fee Amt ($ Total Amt): $ 3 X 200 = 600.00

Zoning Fee ($ Amt): $

$ 600 X 100 % =

Total Pmt/ Fee Credit/Refund: $ 600.00

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

gyc (Initials) 11/2/07 (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 |
|---|---|---|---|---|---|
| | 8 _ 03=0 9004=$ | | $ | | |
| Org/Account [ 8 _ 03 = 0] | 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:** 05/30/06
**Receipt #:** 44227
**Check / Auth #:** CHECK 1759
**Received By:** AIDOOJK

**Amount:** 600.00
**Tendered:** 600.00
**Returned:** 0.00

**Account Information**

**Account #:** 200000
**Contractor:** WALLACE ROBERT
**Attn:**
**Address:** 15712 CABARRUS RD
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28227

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0701 | Improvment Permit App-Residen<br>SHARP RD L 8-10 | | 1 | 600.00 | 600.00 |

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

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

Please see attached Survey + Memo. #895

GWS – RES. APP 07/05

SEPTIC FEE: 200
DATE: 5/30/06
CRT [ ] check # 1759 JKA

**PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ON-SITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

FILE # 65398

WELL FEE: _____
DATE: _____
CRT [ ]

**SEPTIC / TYPE APPLICATION:** ☐ NONE ☑ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFY PLOT PLAN

**WELL / TYPE APPLICATION:** ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

**JOB LOCATION INFORMATION:**

**TAX/PARCEL #:** 137-252-30
**STREET ADDRESS:** Sprague Rd
**CITY:** Charlotte
**STATE:** NC **ZIP:** 28227
**SUBDIVISION OR MOBILE HOME PARK NAME:** Wallace Prop.
**LOT #:** 10
**TOWNSHIP:**

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

**BUILDING INFORMATION:** Estimate

**TYPE OF BUILDING:**

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

**HEATED SQUARE FOOTAGE:** 2500'±
**NUMBER OF BEDROOMS:** 3
**NUMBER OF OCCUPANTS:** 4

**FOUNDATION FOR RESIDENCE:**

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWLSPACE ☐ BASEMENT WITH NO PLUMBING

**IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:**

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:

**WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?** ☐ YES ☐ NO TYPE:

**WATER SUPPLY:**

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

**PROPOSED USE OF WELL:** ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES? | ☐ YES | ☐ NO | WELLS, SPRINGS, OR WATER LINES | ☐ YES | ☑ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☑ NO | DESIGNATED WETLANDS | ☐ YES | ☑ NO |
| EASEMENTS OR RIGHT-OF-WAYS NCDOT | ☑ YES | ☐ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☐ NO |

At edge of Lot when road was paved.

**PROPERTY OWNER:**

NAME: Robert L/ Donna F. Wallace
ADDRESS: 5712 Cabarrus Rd.
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: 704-945-3773 WORK PHONE: 704-588-2995
MOBILE PHONE: 980-721-9462 FAX: 704-588-6440

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME:
ADDRESS:
CITY:
STATE: ZIP:
HOME PHONE: WORK PHONE:
MOBILE PHONE: FAX:

**WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** Late 1970's

**WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** N/A

*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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Donna Wallace 5/26/06
Owner's/Agent's Signature Date

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE
WASTEWATER SECTION

*A Well 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Donna Wallace 5/26/06
Owner's/Agent's Signature Date

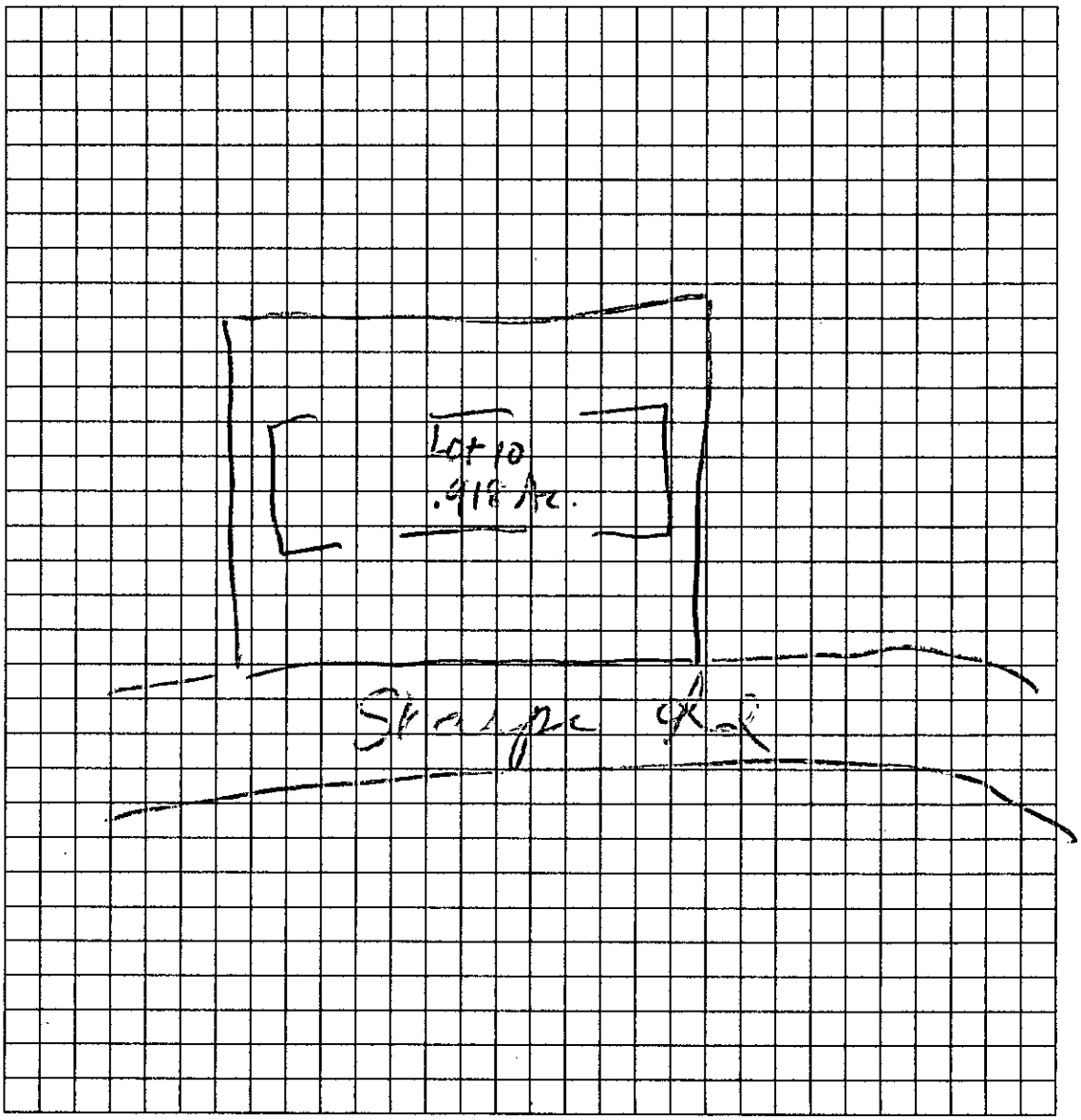
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202 704-336-5103 / FAX: 704-336-6894

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 #_____
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 | Donna Dillman |
| Date | 5/26/06 |

LBC 12/15/04

We are trying to determine whether or not we can subdivide this property into 3 lots.

If percolation is marginal, we may need to subdivide into 2 lots.

The housing information provided here is our guess of the size house/# of bedrooms, etc. that might be built on these lots.

We are trying to determine whether or not we can subdivide this property into 3 lots.

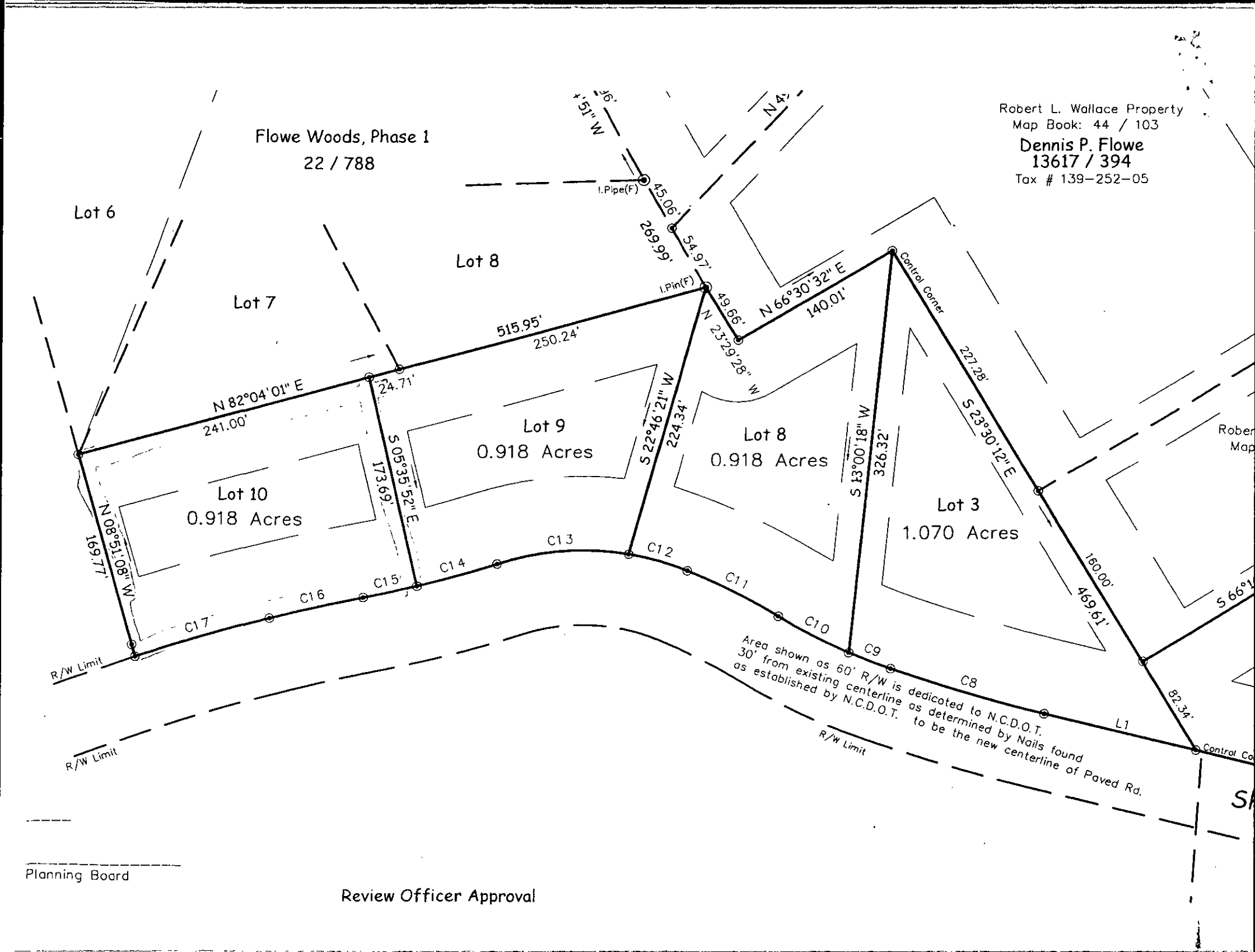
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Planning Board

Review Officer Approval

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