Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☐ **Alteration** ☐ **Modified Plot Plan** ☐

REPAIR

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

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

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

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

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

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

Certified operator contract is on file. ☐ _____

* Please release the Building Permit hold for A Garage. Keep an occupancy hold so we can verify that there will be no bedrooms added above garage.

Thank You
Jenny

File # 2203A

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ☑ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**

TAX PARCEL NUMBER: _____
STREET ADDRESS: 9300 Horseshoe Bend Dr.
CITY: Charlotte, N.C.
STATE: NC ZIP: 28215
SUBDIVISION NAME: Farmwood North
LOT #: _____ LOT SIZE (acres): _____
TOWNSHIP:
☑ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
☑ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 4,500
NUMBER OF BEDROOMS: 5
NUMBER OF OCCUPANTS: _____
FOUNDATION TYPE:
☑ CONCRETE SLAB ☑ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☐ N/A

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

6. **WATER SUPPLY:** ☑ MUNICIPAL ○ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ☑ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED)*:

☑ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ☑ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☑ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	☑ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ☑ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ☑ NO
WASTE STORAGE	○ YES ☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ☑ NO

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** _____ ☑ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**

NAME: David Gerber
ADDRESS: 9300 Horseshoe Bend Dr.
CITY: Charlotte,
STATE: NC ZIP: 28215
WORK PHONE: 704-890-2000
MOBILE PHONE: 704-890-2000
FAX: _____
E-MAIL: gerberconcrete@gmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

D.G. (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

D.L.T. _____ 10-4-2019

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

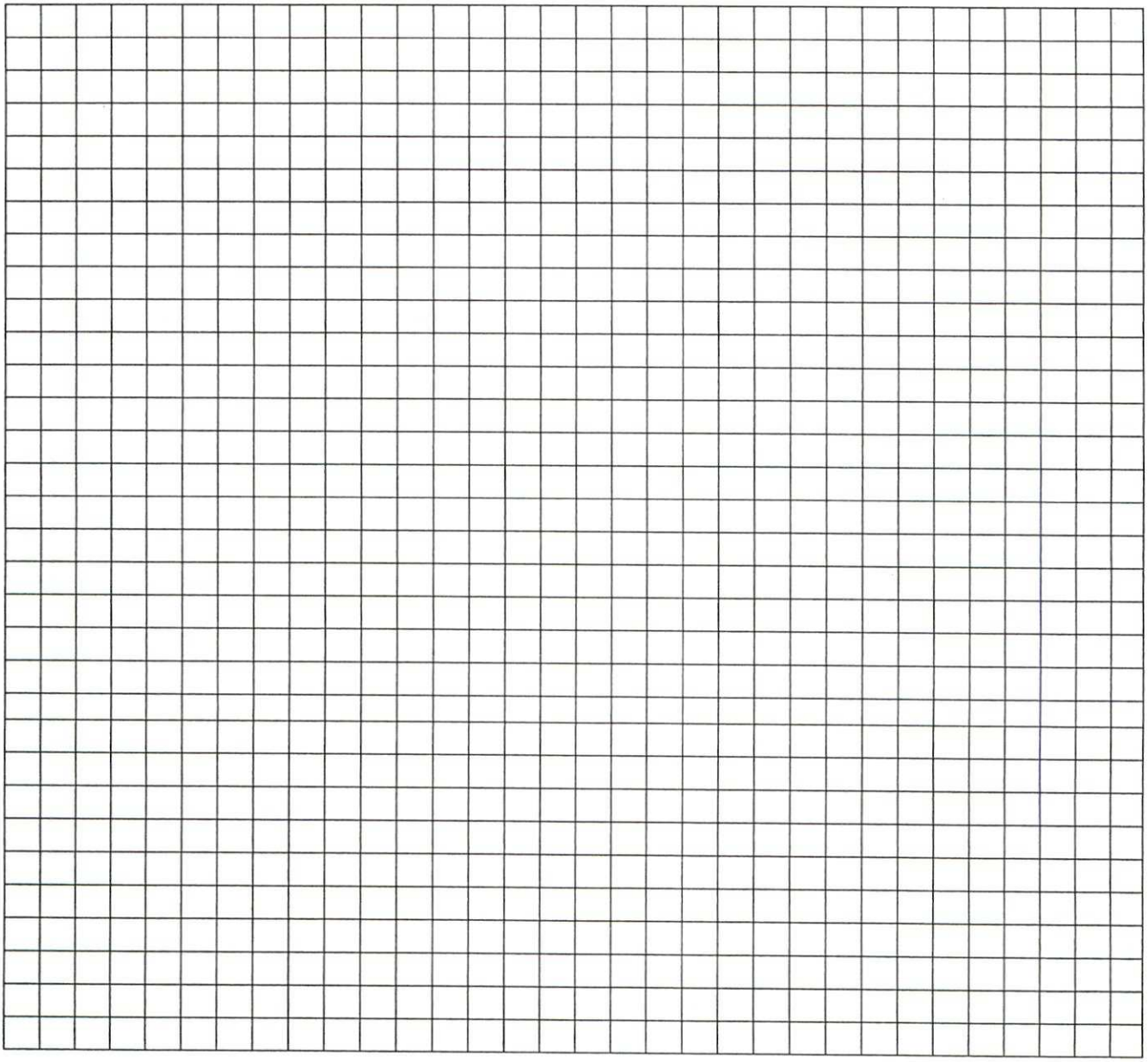
File #: _____

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 #: _____

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208, OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 22036 Permit #: _____ Tax Parcel #: 10526141

Property Owner: David Gerber

Job Location Address: 9300 Horseshoe Bend dr

City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date** 10-7-19

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD

Site LTAR: NA GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons

Liquid Capacity of Dosing Tank: Existing gallons

Drainfield Design ☐ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See attached site plan

- disconnect existing supply line & reroute as shown on attached site plan.

- If possible set new manifold and hook to existing lines.

- If above is not possible hook new rerouted line to existing manifold under driveway

*all work must be done by Septic contractor

Comments: System Classification & Type: Permit Written per Program manager (J. Michael) approval, Owner constructed driveway & garage over supply line/manifold & Portion of drain field

Authorized Agent: Heather Ray Signature: Heather Ray

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:
PID #:10526141
File #:2203a

Authorized Agent: Heather Ray Date: 10-7-19

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211 Charlotte, NC 28202
Phone: (704) 336-5103 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 22036a Permit #: _____ Tax Parcel #: 10526141

Property Owner: David Gerber

Job Location Address: 9300 Horseshoe Bend dr

City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: _____ **Construction Authorization Issuance Date** 10-7-19

Permission is hereby given to ☐ install ☐ alter ☐ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This permit is granted based upon the application information submitted to our office. This permit expires 5 years from the date it was issued. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. 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 of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

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

Permitted Design Flow: 360 GPD Site LTAR: NA GPD/ft² (For new installations only.)

Liquid Capacity of Septic Tank: Existing gallons Liquid Capacity of Dosing Tank: Existing gallons

Drainfield Design ☐ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Bed Design *(For Repair Installations ONLY.)* ☐ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: _____ feet

Distance from Property Line: _____ feet

Distance from Water Supply Source: _____ feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See attached site plan

- disconnect existing supply line & reroute as shown on attached site plan.

- If possible set new manifold and hook to existing lines.

- If above is not possible hook new rerouted line to existing manifold under driveway

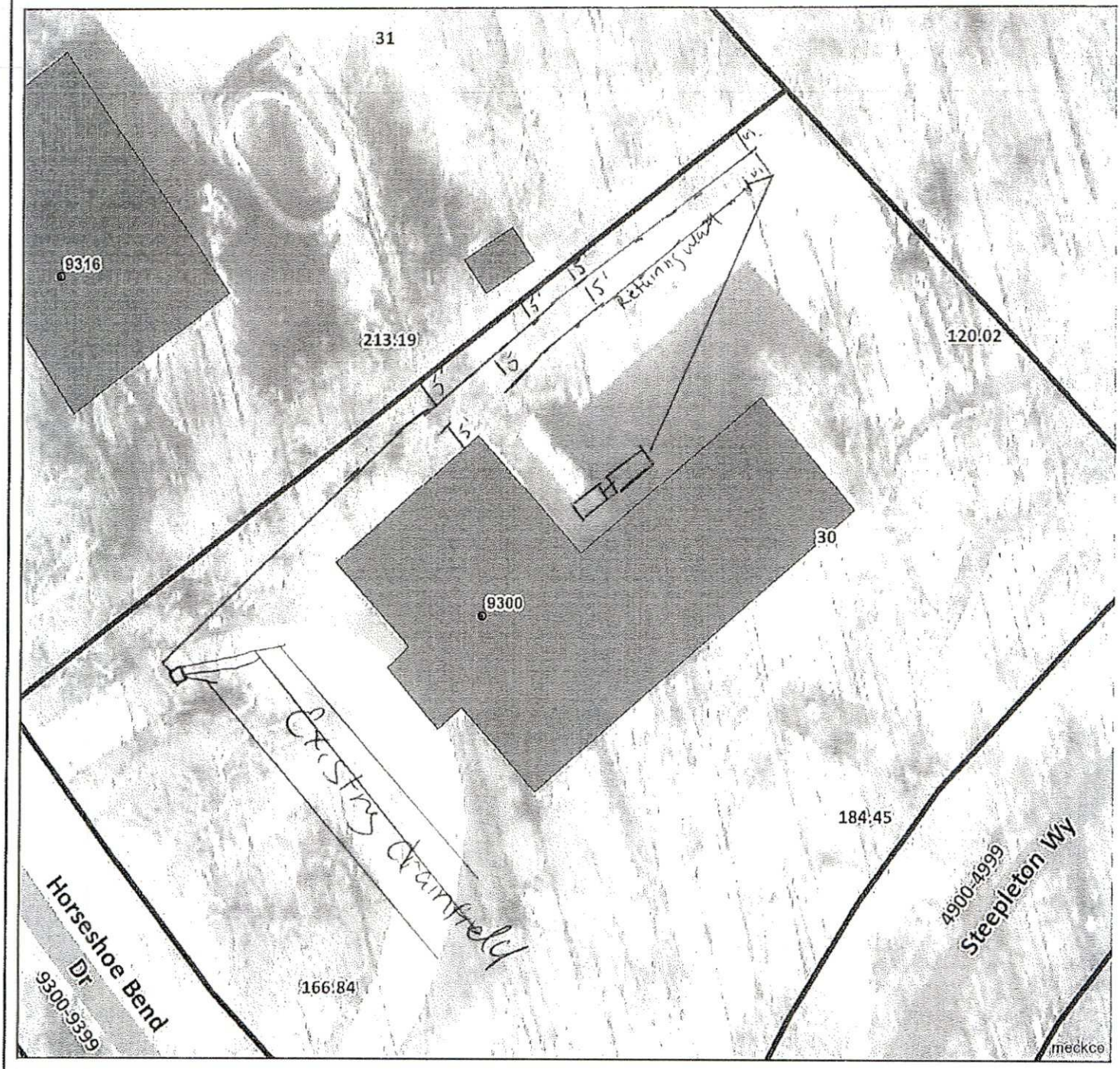
*all work must be done by Septic contractor

Comments: System Classification & Type: Permit written per Program manager (S. Michael) approval, Owner constructed driveway & garage over supply line/manifold & Portion of drain field

Authorized Agent: Heather Ray Signature: Heather Ray

Owner Signature: David Gerber Date: 10/07/19

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #:
PID #:10526141
File #:2203a

Authorized Agent: Heather Ray Date: 10-7-19

Owner/ Legal Agent: David Goldberg Date: 10/07/19

1 inch = 30 fee

Mecklenburg County Groundwater & Wastewater Services
700 N. Tryon St., Suite 211, Charlotte, NC 28202
Phone: (980) 314-1680 • Fax (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 22037 Permit #: _____ Tax Parcel #: 105-261-41

Property Owner: David Gerber

Job Location Address: 9300 Horseshoe Road Drive

City: Charlotte State: NC Zip Code: 28215

Operation Permit Issuance Date: 10/25/19 **Contractor Name:** GARY BRADLEY

Permitted Design Flow: 360 GPD Liquid Capacity of Dosing Tank: existing gallons

Liquid Capacity of Septic Tank: existing gallons Manufacture existing Effluent Pump Model: existing

Drainfield Installation ☒ N/A

Trench Depth: _____ inches

Trench Width: _____ feet

Line Spacing: _____ feet (O.C.)

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Bed Installation (For Repair Installations ONLY) ☒ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☒ Municipal ☐ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 5' feet

Distance from Property Line: 5' feet

Distance from Water Supply Source: >50' feet

Inspection Dates

Tank(s) Inspected: —

Excavation Inspected: —

Pump & Controls Inspected: —

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

The supply line was re-routed exactly as shown and permitted.

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☒ repaired ☐ as detailed in the plot above ☒ in accordance with the permit issued 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. The issuance of this 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 operated properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 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 or Revocation of this permit.

Comments: System Classification & Type: IIIb, Pressure, IQ4, NA/NA

DENR Authorized Agent: Jeremy Nicholson REHS Signature: Jeremy Nicholson REHS

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2203A Permit #: _____ Tax Parcel #: 105-261-41

Property Owner: David Corbett

Job Location Address: 9300 Horsham Road Drive

City: Charlotte State: NC Zip Code: 28215

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: IIIb

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☒

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☐ System does not require inspection by GWS on a routine frequency.

☒ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other: 2019 Repair to supply line

DENR Authorized Agent: Jeremy Mitchell REHS Date: 10/25/19

Signature: Jeremy Mitchell REHS

APPLICATION FOR BUILDING PERMIT

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

PERMIT # B2272844

ADDRESS

STREET # (N,S,E,W) 9300 STREET NAME Horseshoe Bend (AV, RD, ST, etc) Dr.

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 Farmwood North PHASE ____ SECTION ____ PROJECT # 128982

OWNER David Gerber ADDRESS 9300 Horseshoe Bend Dr

CITY Charlotte STATE NC ZIP 28215 PHONE # 704-890-2000

TAX PARCEL # 10526141 CENSUS

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

ZONING R3 JURIS ____ MAP # ____ 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 NA LEFT SIDE 10' RIGHT SIDE 15' REAR 45' REQ. PARK'G ____

APR'D AW

PROJECT

JOB # ____ USDC # 438 PURPOSE ____ OCC. TYPE U CONST SM

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

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # Garage

AREA (sq. ft.): Heated (Unheated) 813 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 Duke Power 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, 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 #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APR'D FEES $
10000	Bldg David Gerber	Phone 704-890-2000 Lic #		Bldg $ 5,600.00 ~~27,524~~	
x 3.962	Add Same as above	City/St	Zip		
	Elect Weill LG electric	Phone	Lic #	Elect. $ 900.00	
	Add	City/St	Zip		
	Mech	Phone	Lic #	Mech. $	
	Add	City/St	Zip		
	Plbg	Phone	Lic #	Plbg. $	
	Add	City/St	Zip		
PLANS ☐	Arch./Eng	Phone	Lic #	Total Const. Cost $ 6,500.00 ~~28,424 fee~~	
	Add	City/St	Zip		

OTHER

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

REMARKS: Replacing Bldg Permit # B1482748 12.1.06 applies

OTHER FEES $

TOTAL FEE $ 160.20

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.

D. S. Gerber 12-19-2011 David Gerber

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY
	cgm 12/19	cgm	cgm

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
700 N. TRYON STREET • CHARLOTTE, NC 28202 • 704/336-2831

ORIGINAL

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

LOCATION

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

9300 | Horseshoe Bend Dr.

SUITE/UNIT(S):

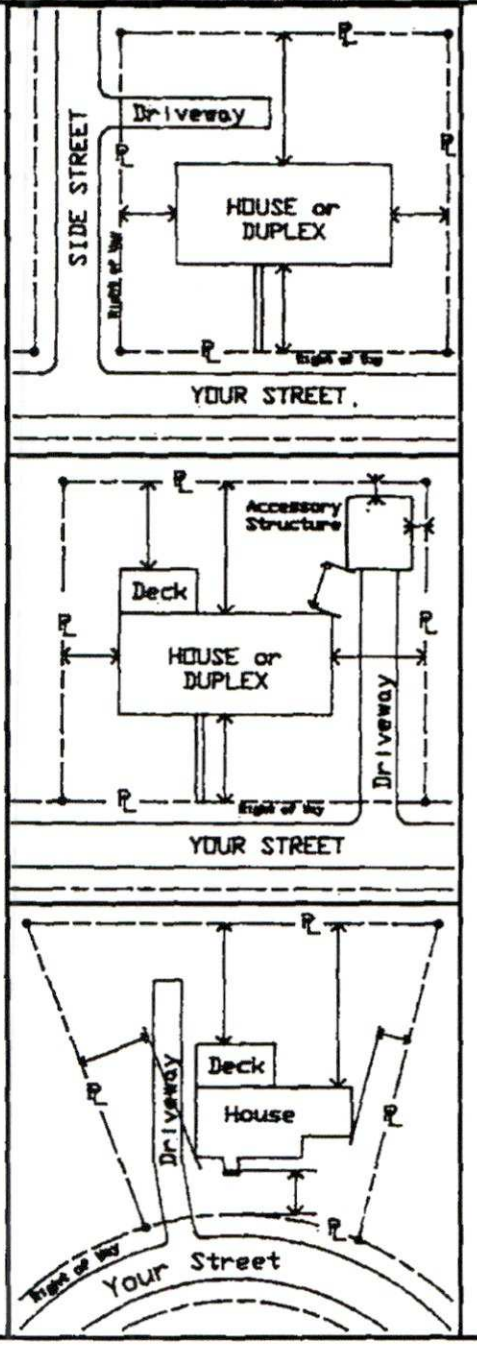
PERMIT # B9272844

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

TAX PARCEL # 10526141

JOB #

EXAMPLES/PLOT PLAN

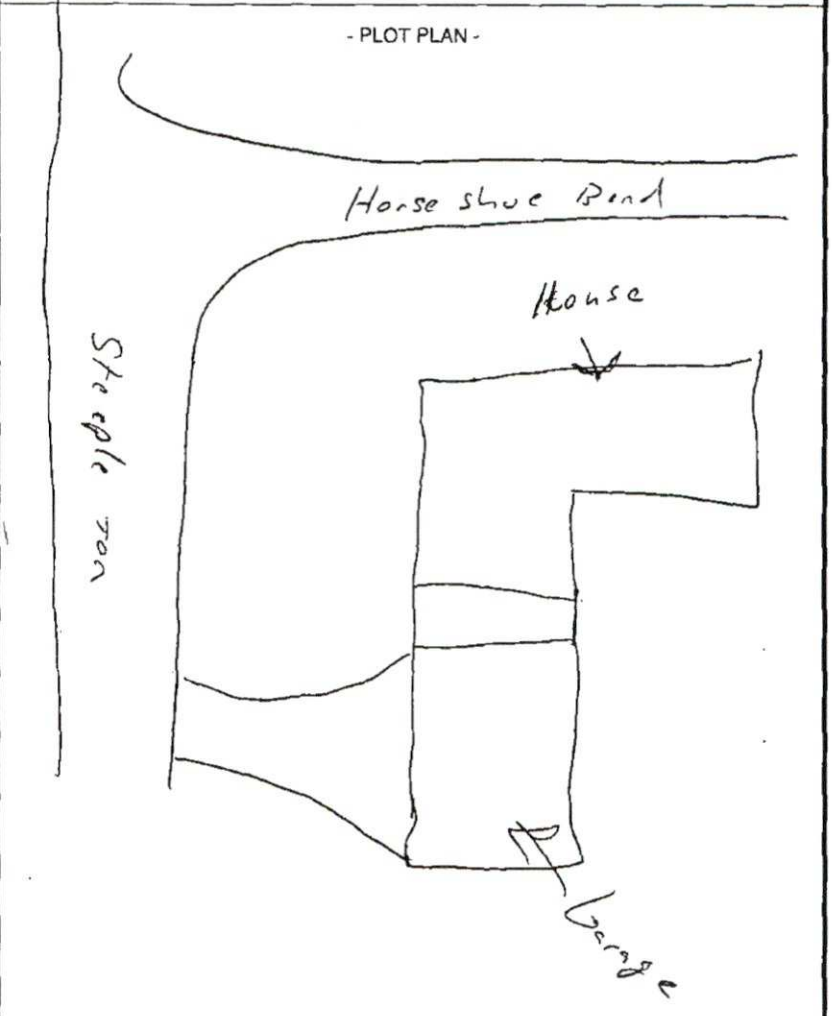


- INSTRUCTIONS -

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

David J. Gerber | 12-19-2011 | David J. Gerber

APPLICANT'S SIGNATURE | DATE | PRINT APPLICANT'S NAME

APPROVED BY: AW

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

B-83

ORIGINAL

APPLICATION FOR BUILDING PERMIT

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

PERMIT # B1482748

ADDRESS

STREET # 9300 (N,S,E,W) STREET NAME Horse Shoe Bend Dr. (AV, RD, ST, etc) Dr.

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 Farmwood North PHASE SECTION PROJECT # 128982

OWNER David Gerber ADDRESS 9300 HorseShoe Bend Dr

CITY Charlotte STATE NC ZIP 28215 PHONE # 704-921-7227

TAX PARCEL # CENSUS 105-261-41 LOT # BLOCK # LAND AREA (sq. ft.) .70

ZONING R-3 JURIS MAR # RW 40

SPECIAL (Circle): O D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV FIRE DIST ☐ Yes APP'D

LOT ☐ CORNER ☐ THROUGH FRONT SHEET (if different)

MINIMUM SETBACKS: FRONT LEFT SIDE 3 RIGHT SIDE 18 REAR 3 REQ. PARK'G

PROJECT

JOB # USBC # PURPOSE OCC TYPE CONST

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

PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # Garage Detached

AREA (sq. ft.): Heated Unheated 875 sf. Deck(s) # STORIES 2 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 Duke Power 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, 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

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

				CONTRACT COST Nearest $100	APP'D FEES $
ACCT #	Bldg Home owner	Phone	Lic #	Bldg $ 2752	
	Add	City/St	Zip		
1907	Elect L.G. Neill Electric	Phone 704-663-5898	Lic #	Elect. $ 900.00	
	Add 10034 Berkeley Forest Ln	City/St Charlotte NC	Zip 28277		
	Mech	Phone	Lic #	Mech. $	
	Add	City/St	Zip		
	Plbg	Phone	Lic #	Plbg. $ 284.24	
	Add	City/St	Zip		
PLANS ☐	Arch./Eng	Phone	Lic #	Total Const. Cost $ 3836	
	Add	City/St	Zip		

OTHER

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

REMARKS: OTHER FEES $

TOTAL FEE $ 305.00

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.

David T. G 5-20-05 David T. Gerber

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
700 N. TRYON STREET • CHARLOTTE, NC 28202 • 704/336-2831

ORIGINAL CK # 1709

135
X 21
175
70

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

LOCATION

STREET # (N,S,E,W) 9300 STREET NAME Horseshoe Bend Drive (AV,RD,ST, etc)

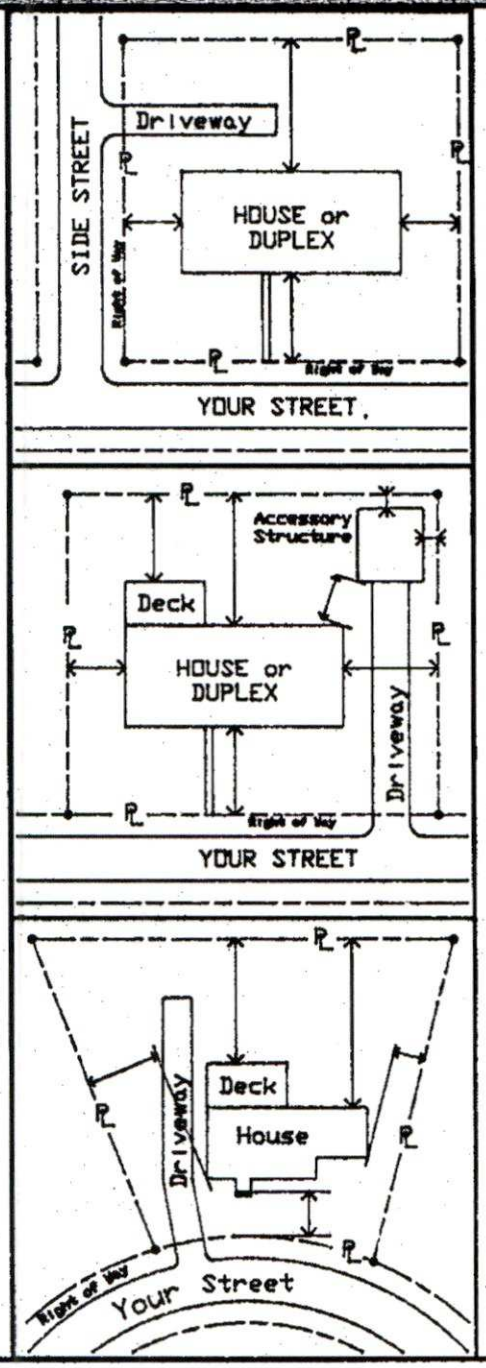
SUITE/UNIT(S): Charlotte N.C. 28215

PERMIT # B1482748

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- ☐ 6-Huntersville
- ☐ 7-Mint Hill

TAX PARCEL # JOB #

EXAMPLES/PLOT PLAN

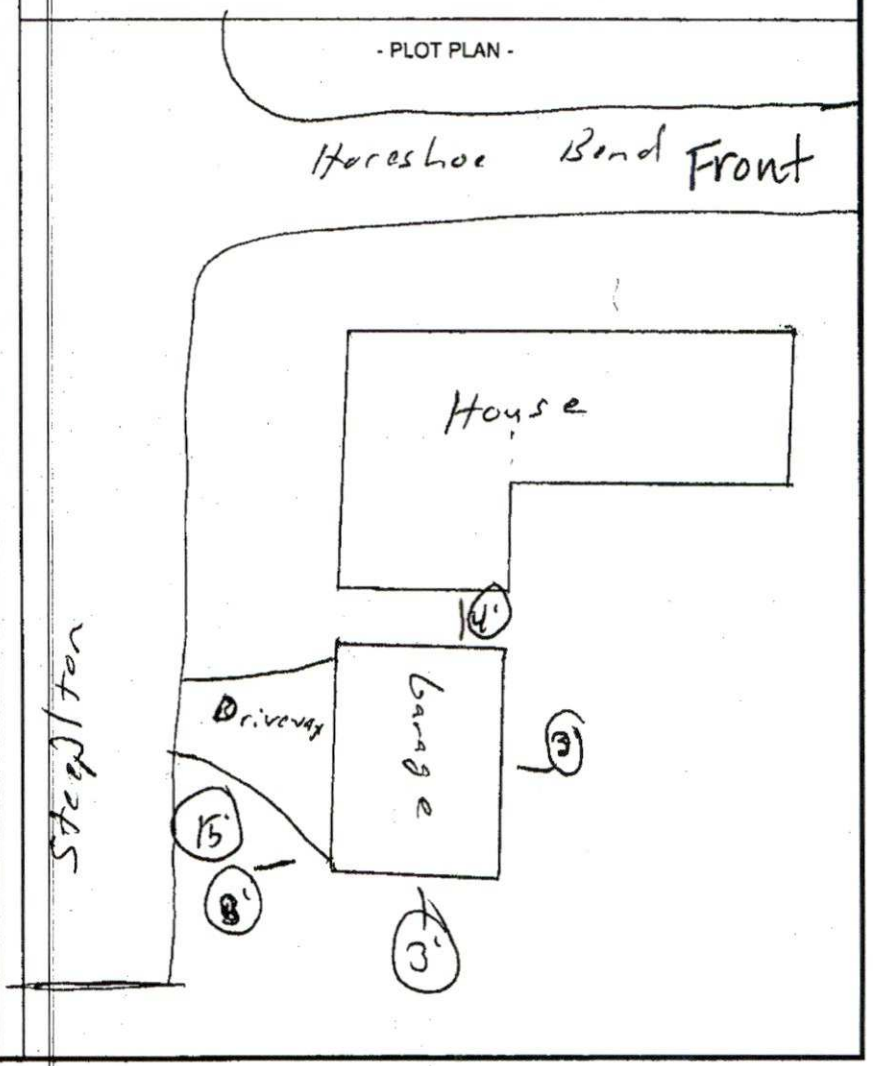


- INSTRUCTIONS -

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

D. J. D — 5-20-2005 — David J Barber

APPLICANT'S SIGNATURE — DATE — PRINT APPLICANT'S NAME

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