FEE: 100.00
DATE: 3/25/10
CRT [ ]

CD 309505

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 06/07

FILE #: 2572A

TYPE APPLICATION: JPM 4576

- ☐ 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)

PERSON FILING APPLICATION:
NAME: Youngs Bldrs.
ADDRESS: 15069 Birkdale Com. Pkwy
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE: 704-947-7630
ALTERNATE PHONE: 704-363-6759

PROPERTY OWNER:
NAME: Don Cannon
ADDRESS: 16017 Sunset Dr.
CITY: Huntersville
STATE: NC ZIP: 28078
PHONE:
ALTERNATE PHONE:

JOB LOCATION INFORMATION
TAX/PARCEL #: 00102339
STREET ADDRESS: 16017 Sunset Dr.
CITY: Huntersville
STATE: NC **ZIP:** 28078
SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT #: 9 1987

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)

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2

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: Remodeling existing
☑ 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.

Owner's/Agent's Signature — Date: 3-25-10

*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

O.K. to UES To remodel and renovate the Master Bedroom & Bathroom

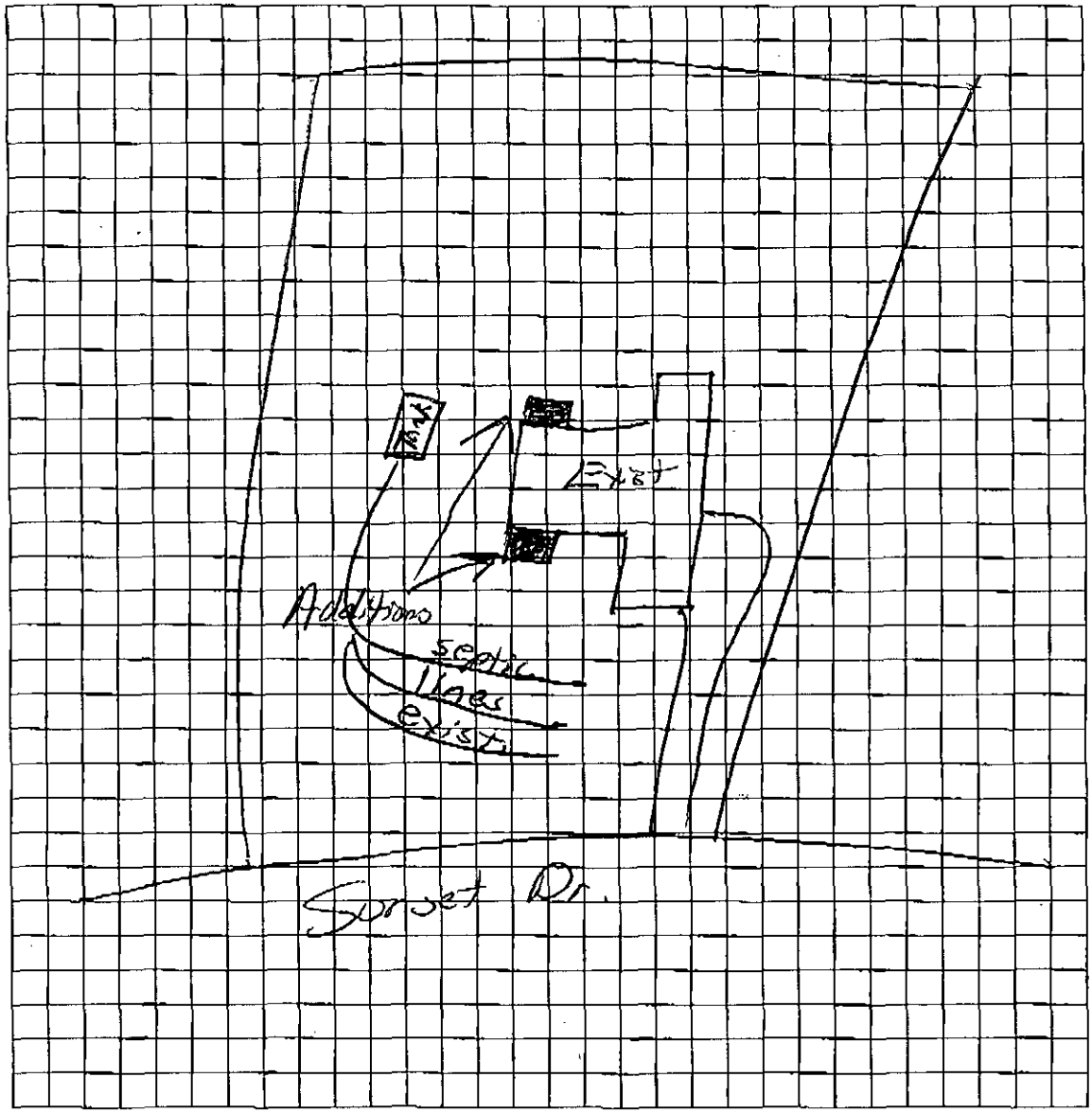
EHS Signature — Date: 3/29/10

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

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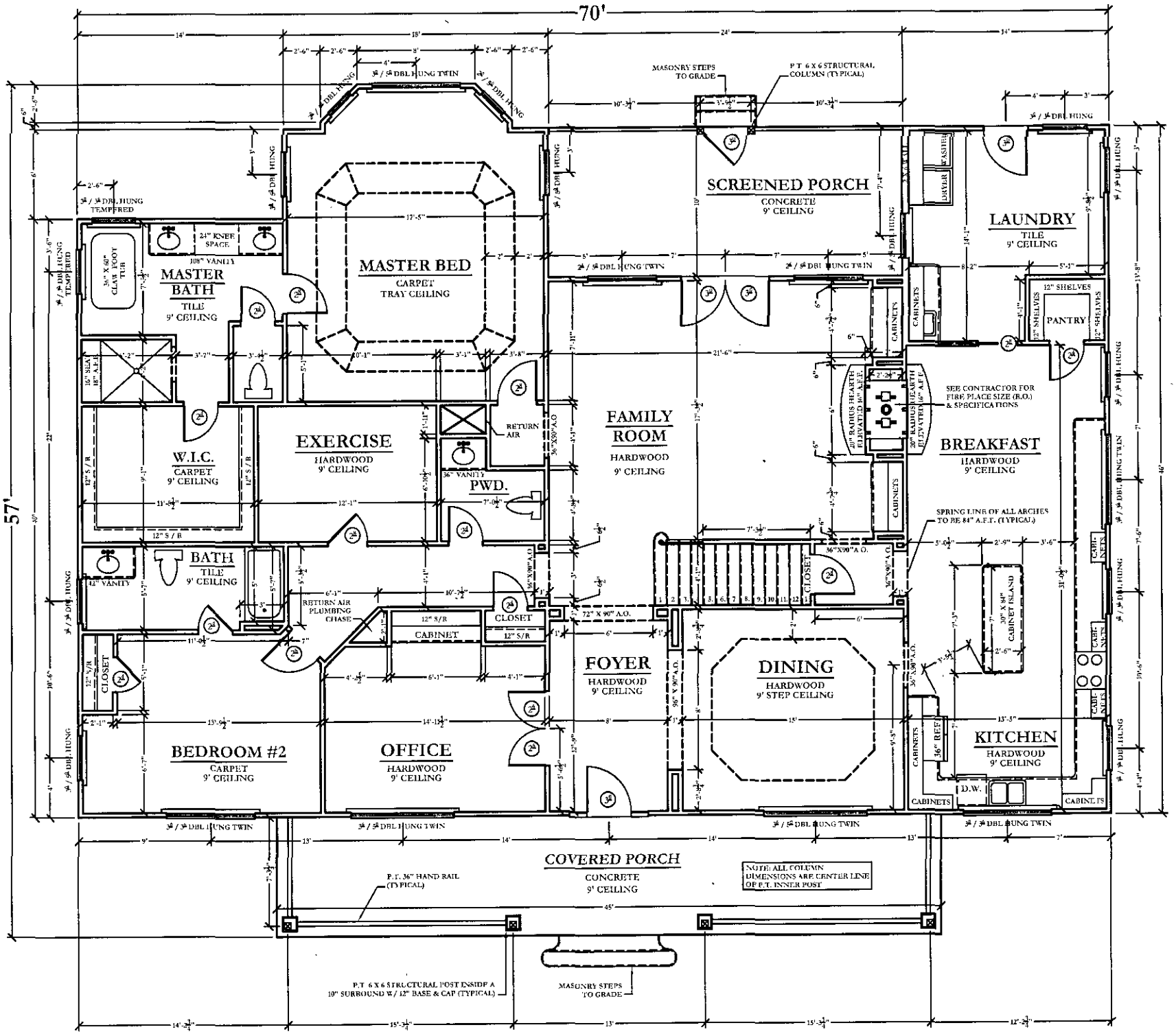
PROPOSED PLOT PLAN

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	
Date 3-25-10	

LBC 12/15/04


70'
57'
MASTER BED
CARPET
TRAY CEILING
MASTER BATH
TILE
9' CEILING
36" X 60" CLAW FOOT TUB
108" VANITY
24" KNEE SPACE
W.I.C.
CARPET
9' CEILING
EXERCISE
HARDWOOD
9' CEILING
PWD.
36" VANITY
RETURN AIR
FAMILY ROOM
HARDWOOD
9' CEILING
SCREENED PORCH
CONCRETE
9' CEILING
LAUNDRY
TILE
9' CEILING
WASHER
DRYER
PANTRY
12" SHELVES
CABINETS
BREAKFAST
HARDWOOD
9' CEILING
SEE CONTRACTOR FOR FIRE PLACE SIZE (B.O.) & SPECIFICATIONS
SPRING LINE OF ALL ARCHES TO BE 84" A.F.F. (TYPICAL)
BATH
TILE
9' CEILING
42" VANITY
RETURN AIR PLUMBING CHASE
CLOSET
12" S/R
CABINET
FOYER
HARDWOOD
9' CEILING
DINING
HARDWOOD
9' STEP CEILING
30" X 84" CABINET ISLAND
KITCHEN
HARDWOOD
9' CEILING
36" REF.
D.W.
CABINETS
BEDROOM #2
CARPET
9' CEILING
OFFICE
HARDWOOD
9' CEILING
COVERED PORCH
CONCRETE
9' CEILING
P.T. 36" HAND RAIL (TYPICAL)
MASONRY STEPS TO GRADE
P.T. 6 X 6 STRUCTURAL COLUMN (TYPICAL)
P.T. 6 X 6 STRUCTURAL POST INSIDE A 10" SURROUND W/ 12" BASE & CAP (TYPICAL)
NOTE: ALL COLUMN DIMENSIONS ARE CENTER LINE OF P.T. INNER POST
3/4" / 5/4 DBL HUNG
3/4" / 5/4 DBL HUNG TEMPERED
3/4" / 5/4 DBL HUNG TWIN
36" X 90" A.O.
72" X 90" A.O.
96" X 96" A.O.