#3089B #824 & B97985

5 MAY '16 AM 11:40

JC Builders Inc. Has Acct

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(✓) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: JC Builders INC.
ADDRESS: 3614 McKee Rd.
CITY: Charlotte NC
STATE: NC ZIP: 28270
PHONE: 704 543-3742 M 704 309-2892
ALTERNATE PHONE:
E-MAIL: JCARR@JCBuilders.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: LINDA ZAMLER
ADDRESS: 4112 OLDE Roxbury Dr.
CITY: Matthews
STATE: NC ZIP: 28105
PHONE: 704 849-0551
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 231-182-06
STREET ADDRESS: 4112 OLDE Roxbury Dr.
CITY: Matthews
STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 38

WATER SUPPLY:
( ) MUNICIPAL ( ) PRIVATE WELL (✓) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(✓) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4 or Less
NUMBER OF OCCUPANTS: 1

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☑ SUNROOM ☐ PORCH ☑ DECK ☐ OTHER

ADDITION/RENOVATION 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.

JC Builders — Owner's/Agent's Signature
5/4/16 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

PROPOSED PLOT PLAN

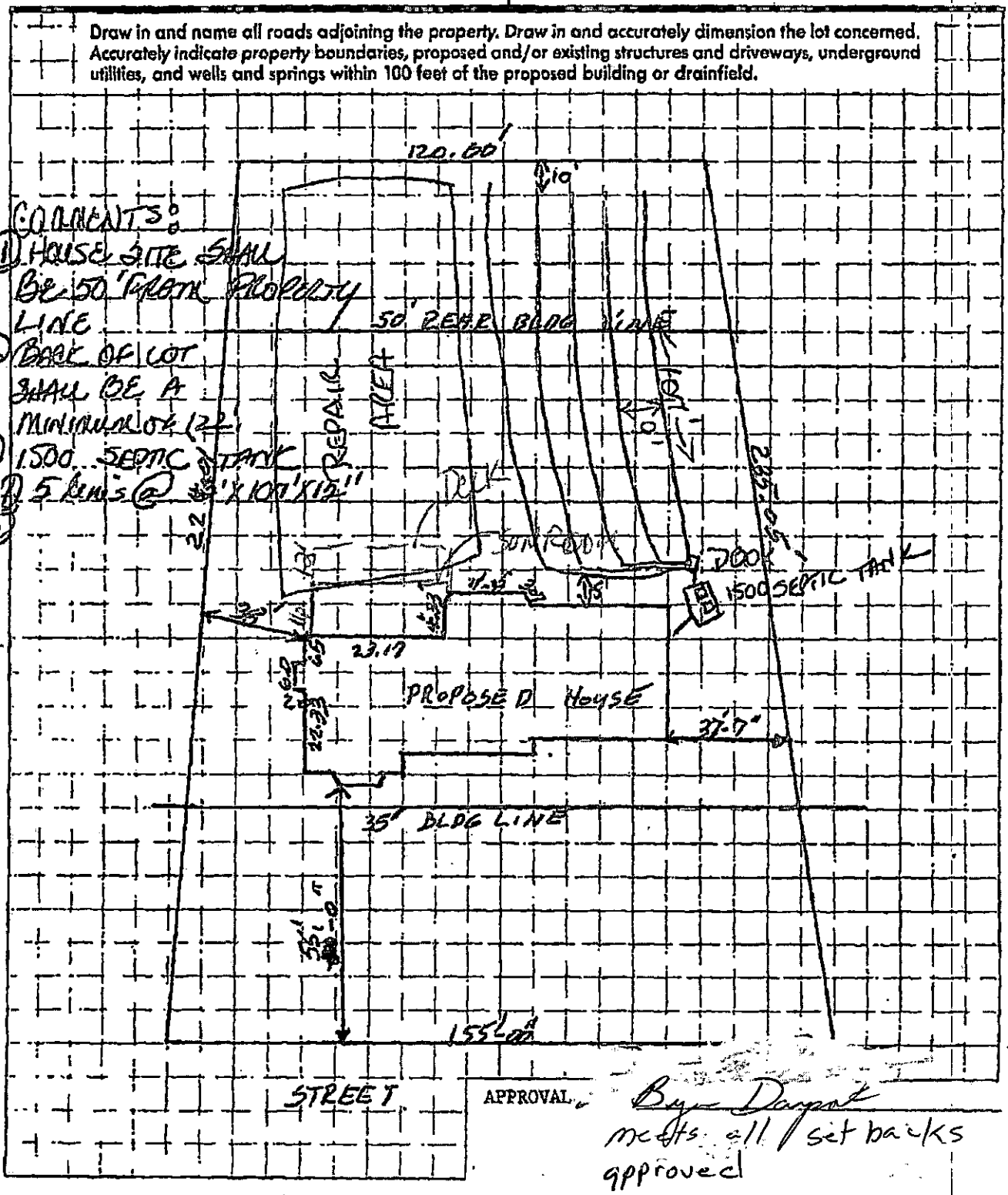
Proposed
25x16 SUNROOM
25x12 Deck

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

FILE: 3089B1946OA

TC: 231-182-06

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.



APPROVAL Byron Dayvault

meets all set backs

approved

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

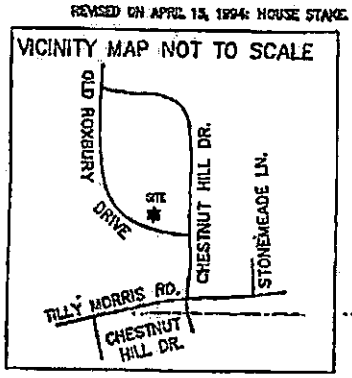
THIS IS TO CERTIFY THAT ON THE 06 DAY OF APRIL 19 94 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

REVISED ON APRIL 15, 1994: HOUSE STAKE.

SIGNED C. Clark Neilson

D. D. FELTS & ASSOCIATES, REGISTERED SURVEYORS
1800 EAST SEVENTH STREET
CHARLOTTE, N.C. 28204
TEL. (704) 376-3188

VICINITY MAP NOT TO SCALE



REFERENCE: MAP BOOK 23 PAGE 77

SURVEYING & MAPPING SERVICES
D.D. FELTS & ASSOCIATES

NORTH CAROLINA REGISTERED SEAL L-3212 LAND SURVEYOR C. CLARK NEILSON

LOT 48

E.I.P. S 39° 19' 41" E 120.00' E.I.P.

45' REAR YARD SETBACK (ZONE R-3)
30' REAR BLDG. LINE PER REC. MAP

LOT 39 | LOT 38 | LOT 37

N 60° 36' 54" E 224.01'

S 51° 53' 27" W 235.05'

8' SIDE YARD SETBACK (ZONE R-3)

6' SIDE YARD SETBACK (ZONE R-3)

STAKE STAKE

38.0'

HOUSE STAKED #6112

37.7'

STAKE STAKE

20.0'

35' MIN. BLDG. LINE PER RECORD MAP
30' MIN. BLDG. LINE (FOR ZONE R-3)

R=381.56 L=105.00 CHORD: N 31° 26' 50" W 104.67' E.I.P.

50.00' N 39° 19' 41" W 150' TO CHESTNUT HILL DR.

OLDE ROXBURY DRIVE

50' R/W

SURVEY OF:
LOT 38, ROXBURY
PROVIDENCE TOWNSHIP, MECKLENBURG COUNTY
CHARLOTTE N.C.

THE PROPERTY OF FULTON R. TILLOTSON

SCALE 1"=40'

MAP BOOK 23 PAGE 77

DEED BOOK PAGE

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED FEBRUARY 3, 1993

32763

TAX NUMBER: 231-182-06

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that JAMES CARR / Ed Builders Inc. is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

4112 OLDE ROXBURY DR MATTHEWS.
Number Street Town
(Or Parcel Number)

LINDA ZAMLER
Property Owner (print name)

Linda Zamler
Property Owner (signature)

5/5/2016
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/05/16
Receipt #: 100277
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: B97985
Contractor: J C BUILDERS INC
Attn:
Address: 3514 MCKEE RD
Address:
City/State/Zip: CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 4112 OLDE ROXBURY DR		1	100.00	100.00

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

Supervisor/Administrative Professional Checklist

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

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 LE 5/5/14 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 ☐ _____

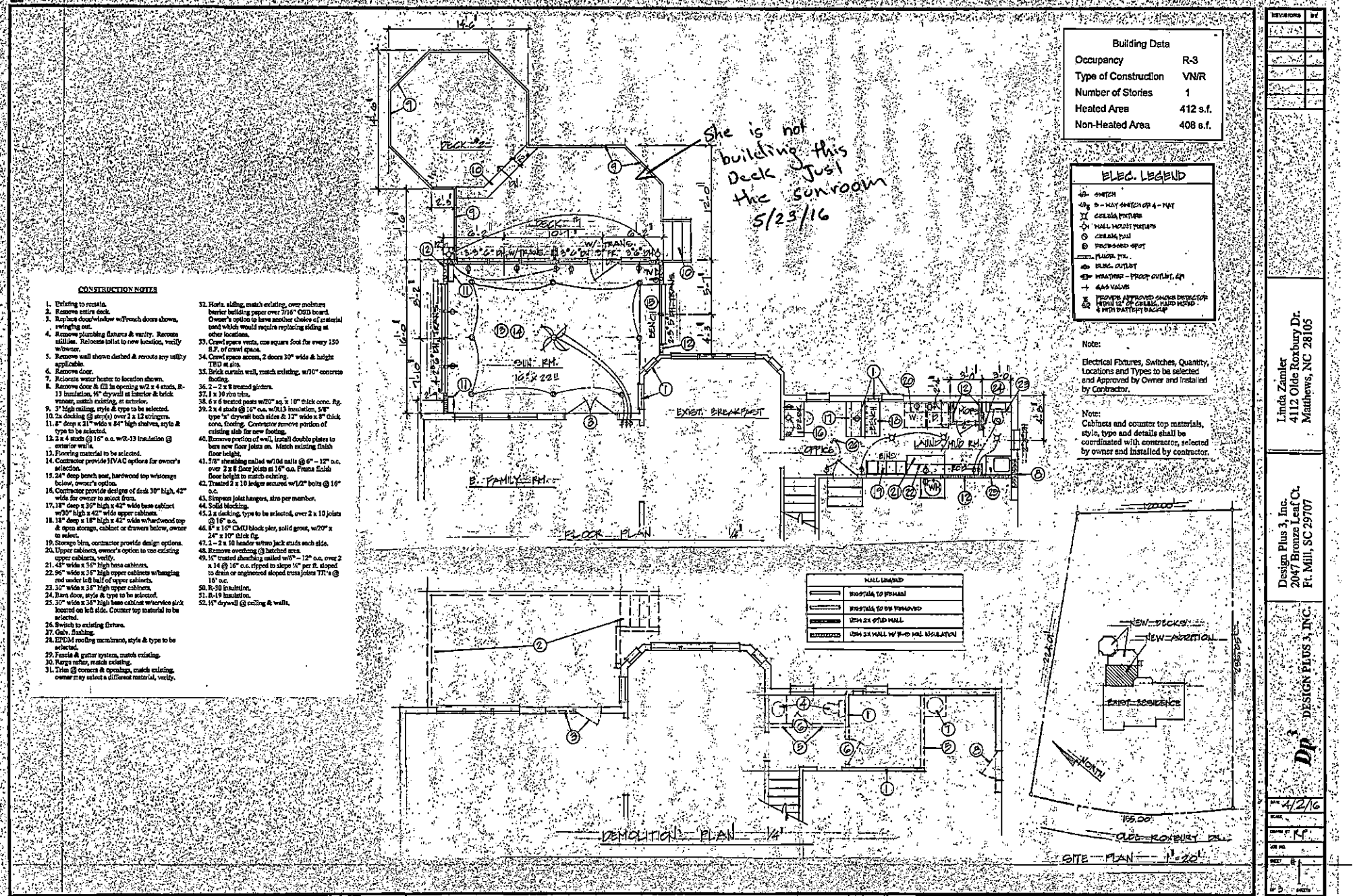
This site is served by septic and well. Verify each is complete before final hold is released. ☐

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. ☐ _____



CONSTRUCTION NOTES

1. Existing to remain.
2. Remove entire deck.
3. Replace door/window w/French doors shown, swinging out.
4. Remove plumbing fixture & vanity. Relocate utilities. Relocate toilet to new location, verify w/owner.
5. Remove wall shown dashed & reroute any utility applicable.
6. Remove door.
7. Relocate water heater to location shown.
8. Remove door & fill in opening w/2 x 4 studs, R-13 insulation, ½" drywall at interior & brick veneer, match existing, at exterior.
9. 3' high railing, style & type to be selected.
10. 2x decking @ stair(s) over 2 x 12 stringers.
11. 8" deep x 21" wide x 84" high shelves, style & type to be selected.
12. 2 x 4 studs @ 16" o.c. w/R-13 insulation @ exterior walls.
13. Flooring material to be selected.
14. Contractor provide HVAC options for owner's selection.
15. 24" deep bench seat, hardwood top w/storage below, owner's option.
16. Contractor provide designs of desk 30" high, 42" wide for owner to select from.
17. 18" deep x 36" high x 42" wide base cabinet w/30" high x 42" wide upper cabinets.
18. 18" deep x 18" high x 42" wide w/hardwood top & open storage, cabinet or drawers below, owner to select.
19. Storage bins, contractor provide design options.
20. Upper cabinets, owner's option to use existing upper cabinets, verify.
21. 42" wide x 36" high base cabinets.
22. 96" wide x 36" high upper cabinets w/hanging rod under left half of upper cabinets.
23. 30" wide x 36" high upper cabinets.
24. Barn door, style & type to be selected.
25. 30" wide x 36" high base cabinet w/service sink located on left side. Counter top material to be selected.
26. Switch to existing fixture.
27. Galv. flashing.
28. EPDM roofing membrane, style & type to be selected.
29. Fascia & gutter system, match existing.
30. Barge rafter, match existing.
31. Trim @ corners & openings, match existing, owner may select a different material, verify.
32. Horiz. siding, match existing, over moisture barrier building paper over 7/16" OSB board. Owner's option to have another choice of material used which would require replacing siding at other locations.
33. Crawl space vents, one square foot for every 150 S.F. of crawl space.
34. Crawl space access, 2 doors 30" wide & height TBD at site.
35. Brick curtain wall, match existing, w/10" concrete footing.
36. 2 – 2 x 8 treated girders.
37. 1 x 10 rim trim.
38. 6 x 6 treated posts w/20" sq. x 10" thick conc. ftg.
39. 2 x 4 studs @ 16" o.c. w/R13 insulation, 5/8" type 'x' drywall both sides & 12" wide x 8" thick conc. footing. Contractor remove portion of existing slab for new footing.
40. Remove portion of wall, install double plates to here new floor joists on. Match existing finish floor height.
41. 5/8" sheathing nailed w/10d nails @ 6" – 12" o.c. over 2 x 8 floor joists at 16" o.c. Frame finish floor height to match existing.
42. Treated 2 x 10 ledger secured w/1/2" bolts @ 16" o.c.
43. Simpson joist hangers, size per member.
44. Solid blocking.
45. 2 x decking, type to be selected, over 2 x 10 joists @ 16" o.c.
46. 8" x 16" CMU block pier, solid grout, w/20" x 24" x 10" thick ftg.
47. 2 – 2 x 10 header w/two jack studs each side.
48. Remove overhang @ hatched area.
49. ½" treated sheathing nailed w/6" – 12" o.c. over 2 x 14 @ 16" o.c. ripped to slope ¼" per ft. sloped to drain or engineered sloped truss joists 71'-s @ 16" o.c.
50. R-30 insulation.
51. R-19 insulation.
52. ½" drywall @ ceiling & walls.

Building Data

Occupancy	R-3
Type of Construction	VN/R
Number of Stories	1
Heated Area	412 s.f.
Non-Heated Area	408 s.f.

ELEC. LEGEND

- SWITCH
- 3 – WAY SWITCH OR 4 – WAY
- CEILING FIXTURE
- WALL MOUNT FIXTURE
- CEILING FAN
- RECESSED SPOT
- FLUOR. FIX.
- ELEC. OUTLET
- WEATHER – PROOF OUTLET, GFI
- GAS VALVE
- COMBO APPROVED SMOKE DETECTOR WITH 10 YR CELLUL. HARD WIRED & WITH BATTERY BACKUP

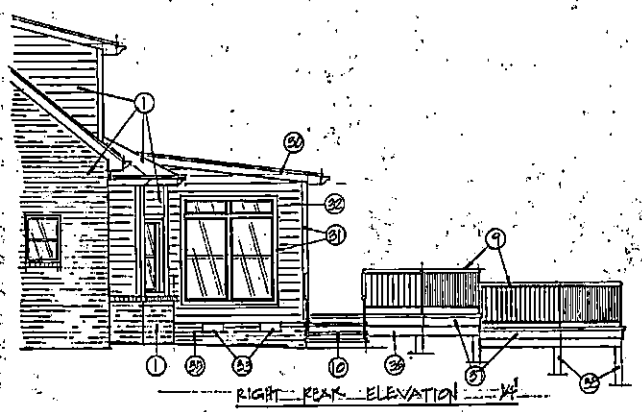
Note:

Electrical Fixtures, Switches, Quantity, Locations and Types to be selected and Approved by Owner and Installed by Contractor.

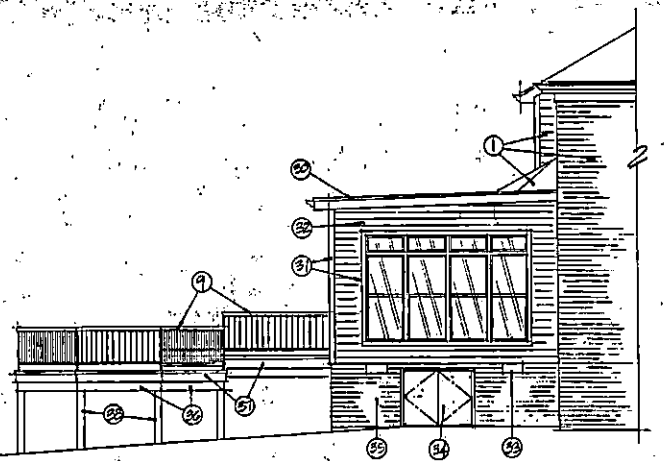
Note:

Cabinets and counter top materials, style, type and details shall be coordinated with contractor, selected by owner and installed by contractor.

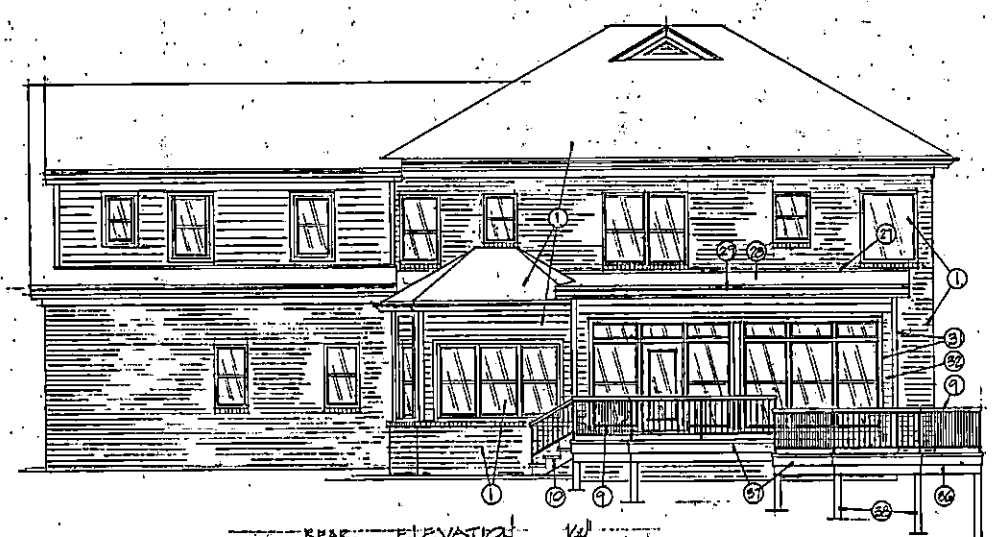
Linda Zamler 4112 Olde Roxbury Dr. Matthews, NC 28105	
Design Plus 3, Inc. 2047 Bronze Leaf Ct. Ft. Mill, SC 29707	
DESIGN PLUS 3, INC.	Dp3
DATE	4/2/16
SCALE	
DRAWN BY	K.P.
JOB NO.	
SHEET	



RIGHT REAR ELEVATION 1/4"



LEFT REAR ELEVATION 1/4"



REAR ELEVATION 1/4"

CONSTRUCTION NOTES

1. Existing to remain.
2. Remove entire deck.
3. Replace door/window w/French doors shown, swinging out.
4. Remove plumbing fixtures & vanity. Remove utilities. Relocate toilet to new location, verify w/owner.
5. Remove wall shown dashed & reroute any utility applicable.
6. Remove door.
7. Relocate water heater to location shown.
8. Remove door & fill in opening w/2 x 4 studs, R-13 insulation, ½" drywall at interior & brick veneer, match existing, at exterior.
9. 3' high railing, style & type to be selected.
10. 2x decking @ step(s) over 2 x 12 stringers.
11. 8" deep x 21" wide x 84" high shelves, style & type to be selected.
12. 2 x 4 studs @ 16" o.c. w/R-13 insulation @ exterior walls.
13. Flooring material to be selected.
14. Contractor provide HVAC options for owner's selection.
15. 24" deep bench seat, hardwood top w/storage below, owner's option.
16. Contractor provide design of desk 30" high, 42" wide for owner to select from.
17. 18" deep x 36" high x 42" wide base cabinet w/30" high x 42" wide upper cabinets.
18. 18" deep x 18" high x 42" wide w/hardwood top & open storage, cabinet or drawers below, owner to select.
19. Storage bins, contractor provide design options.
20. Upper cabinets, owner's option to use existing upper cabinets, verify.
21. 48" wide x 36" high base cabinets.
22. 96" wide x 36" high upper cabinets w/hanging rod under left half of upper cabinets.
23. 30" wide x 36" high upper cabinets.
24. Pass door, style & type to be selected.
25. 30" wide x 36" high base cabinet w/service sink located on left side. Counter top material to be selected.
26. Switch to existing fixture.
27. Oak, flashing.
28. EPDM roofing membrane, style & type to be selected.
29. Fascia & gutter system, match existing.
30. Ledger rafter, match existing.
31. Trim @ corners & openings, match existing, owner may select a different material, verify.
32. Horiz. siding, match existing, over moisture barrier building paper over 7/16" OSB board. Owner's option to have another choice of material and which would require replacing siding at other locations.
33. Crawl space vents, one square foot for every 150 S.F. of crawl space.
34. Crawl space access, 2 doors 30" wide & height TBD at site.
35. Brick curtain wall, match existing, w/16" concrete footing.
36. 2 – 2 x 8 treated girders.
37. 1 x 10 rim trim.
38. 6 x 6 treated posts w/20" sq. x 16" thick conc. ftg.
39. 2 x 4 studs @ 16" o.c. w/R13 insulation, 5/8" type 'x' drywall both sides & 12" wide x 8" thick conc. footing. Contractor remove portion of existing slab for new footing.
40. Remove portion of wall, install double plates to here new floor joists on. Match existing finish floor height.
41. 5/8" sheathing nailed w/10d nails @ 6" – 12" o.c. over 2 x 8 floor joists at 16" o.c. Frame finish floor height to match existing.
42. Treated 2 x 10 ledger secured w/1/2" bolts @ 16" o.c.
43. Simpson joist hangers, size per member.
44. Solid blocking.
45. 2 x decking, type to be selected, over 2 x 10 joists @ 16" o.c.
46. 8" x 16" CMU block pier, solid grout, w/20" x 24" x 16" thick ftg.
47. 2 – 2 x 10 header w/two jack studs each side.
48. Remove overhang @ hatched area.
49. ½" treated sheathing nailed w/6" – 12" o.c. over 2 x 14 @ 16" o.c. ripped to slope ¼" per ft. sloped to drain or engineered sloped truss joists 23'± @ 16' o.c.
50. R-30 insulation.
51. R-19 insulation.
52. ½" drywall @ ceiling & walls.

REVISIONS	BY

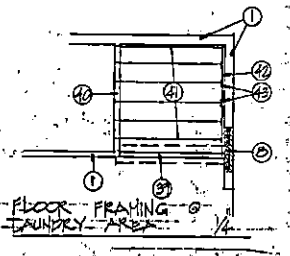
Linda Zamler
4112 Olde Roxbury Dr.
Matthews, NC 28105

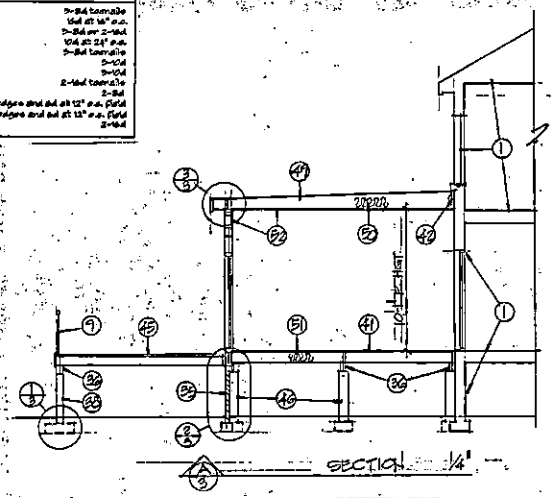
Design Plus 3, Inc.
2047 Bronze Leaf Ct.
Ft. Mill, SC 29707

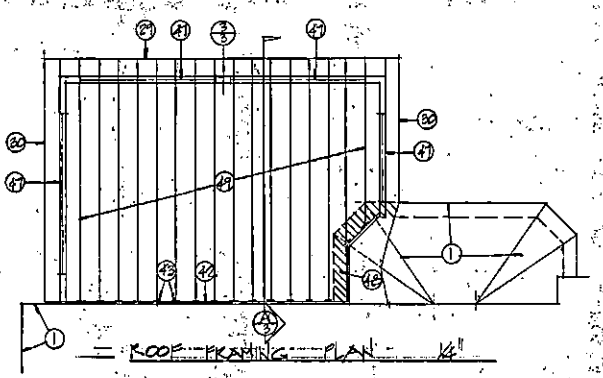
Dp³ DESIGN PLUS 3, INC.

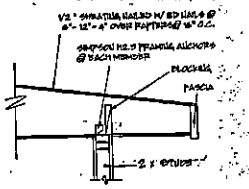
DATE 4/12/16
SCALE
DRAWN BY RF
CHECKED BY
SHEET NO. 2
OF 3 SHTS

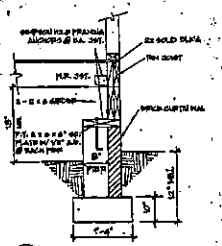
NAILING SCHEDULE SEE ALSO IRC RESIDENTIAL CODE 2012 TABLE R602.3 (1)	
Joist to sill or girders	3-8d toenails
Rim plate to joist or blocking	8d at 6" o.c.
Stud to plate, girders	2-8d or 2-16d
Double top plate	10d at 24" o.c.
Ceiling joist to plate	3-8d toenails
Ceiling joist lap	3-10d
Ceiling joist to parallel rafters	3-10d
Rafter to plate	2-16d toenails
1" brace to each stud and plate	2-8d
1/2" or less plywood	8d at 6" o.c. edges and 8d at 12" o.c. field
5/8" or 3/4" plywood	10d at 6" o.c. edges and 8d at 12" o.c. field
2" subfloor to joist or girders	2-16d

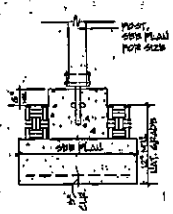






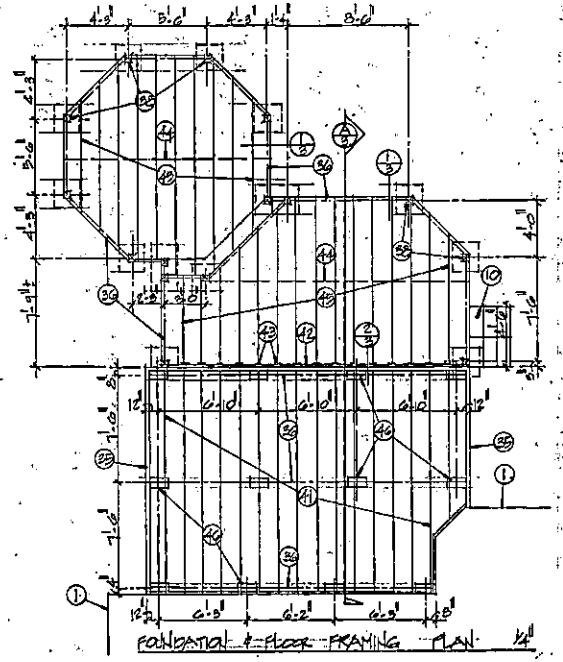






CONSTRUCTION NOTES

1. Existing to remain.
2. Remove roofing deck.
3. Replace door/window w/French doors shown, swinging out.
4. Remove plumbing fixtures & vanity. Reroute utilities. Relocate toilet to new location, verify w/owner.
5. Remove wall shown dashed & reroute any utility applicable.
6. Remove door.
7. Relocate water heater to location shown.
8. Remove door & fill in opening w/2 x 4 studs, R-13 insulation, ½" drywall at interior & brick veneer, match existing, at exterior.
9. 3" high milling, style & type to be selected.
10. 2x decking @ story'd over 2 x 12 stringers.
11. 8" deep x 21" wide x 84" high shelves, style & type to be selected.
12. 2 x 4 studs @ 16" o.c. w/R-13 insulation @ exterior walls.
13. Flooring material to be selected.
14. Contractor provide HVAC options for owner's selection.
15. 24" deep bench seat, hardwood top w/storage below, owner's option.
16. Contractor provide design of desk 30" high, 42" wide for owner to select from.
17. 18" deep x 36" high x 42" wide base cabinet w/30" high x 42" wide upper cabinets.
18. 18" deep x 18" high x 42" wide w/hardwood top & open storage, cabinet or drawers below, owner to select.
19. Storage bins, contractor provide design options.
20. Upper cabinets, owner's option to use existing upper cabinets, verify.
21. 48" wide x 36" high base cabinets.
22. 96" wide x 36" high upper cabinets w/hanging rod under left half of upper cabinets.
23. 30" wide x 36" high upper cabinets.
24. Barn door, style & type to be selected.
25. 30" wide x 36" high base cabinet w/service sink located on left side. Counter top material to be selected.
26. Switch to existing fixture.
27. Galv. flashing.
28. EPDM roofing membrane, style & type to be selected.
29. Fascia & gutter system, match existing.
30. Barge rafter, match existing.
31. Trim @ corners & openings, match existing, owner may select a different material, verify.
32. Horiz. siding, match existing, over moisture barrier building paper over 7/16" OSB board. Owner's option to have another choice of material used which would require replacing siding at other locations.
33. Crawl space vents, one square foot for every 150 S.F. of crawl space.
34. Crawl space access, 2 doors 30" wide & height TBD at site.
35. Brick curtain wall, match existing, w/10" concrete footing.
36. 2 – 2 x 8 treated girders.
37. 1 x 10 rim trim.
38. 6 x 6 treated posts w/20" sq. x 10" thick conc. ftg.
39. 2 x 4 studs @ 16" o.c. w/R13 insulation, 5/8" type 'x' drywall both sides & 12" wide x 8" thick conc. footing. Contractor remove portion of existing slab for new footing.
40. Remove portion of wall, install double plates to bare new floor joists on. Match existing finish floor height.
41. 5/8" sheathing nailed w/10d nails @ 6" – 12" o.c. over 2 x 8 floor joists at 16" o.c. Frame finish floor height to match existing.
42. Treated 2 x 10 ledger secured w/1/2" bolts @ 16" o.c.
43. Simpson joist hangers, size per member.
44. Solid blocking.
45. 2 x decking, type to be selected, over 2 x 10 joists @ 16" o.c.
46. 8" x 16" CMU block pier, solid grout, w/20" x 24" x 10" thick ftg.
47. 2 – 2 x 10 header w/two jack studs each side.
48. Remove overhang @ hatched area.
49. ½" treated sheathing nailed w/6" – 12" o.c. over 2 x 14 @ 16" o.c. ripped to slope ½" per ft. sloped to drain or engineered sloped truss joists TJI's @ 16" o.c.
50. R-30 insulation.
51. R-19 insulation.
52. ½" drywall @ ceiling & walls.



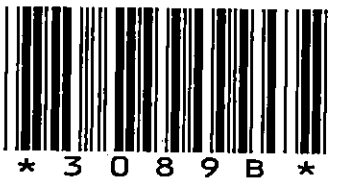
REVISIONS	BY

Linda Zamler
4112 Olde Roxbury Dr.
Matthews, NC 28105

Design Plus 3, Inc.
2047 Bronze Leaf Ct.
Ft. Mill, SC 29707

DESIGN PLUS 3, INC.

DATE 4/12/16
SCALE
DRAWN BY RP
JOB NO.
SHEET 3
OF 3 SHEETS



4112 OLDE ROXBURY DR

23118206

1/2/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3089B DATE: 10/16/94

TC: 231-182-06 ☐ L ☒ CRT

SERIAL Nº 16005

Name of Owner Fulton R. Tillotson Juris.: Davidson

Address of Property 4112 Olde Roxbury Dr.

Inspection Data:

Tank Material PCC

Total Length of Drainfield 540'

Number of Lines 5 @ 90'

Cover Depth 24"-30"

Water Supply Source Community

Distance to Water Source 10' from Line

Excavation Inspected 10/16/94

Tank(s) Inspected 10/16/94

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design 1994, Con. 1500 gal, 1620 SF, 12" G, Sand CTR# Norwood

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ ~~installed~~ or constructed ☐ altered or repaired

☒ ~~in accordance~~ with the permit issued ☐ as detailed in the plot above

and meets the provisions of I5A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☒ ~~Certificate~~ of Completion ☐ 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 operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of I5A NCAC 18A. 1990 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/revocation of this permit.

COMMENTS: System designed for 4 bedroom Home.

Type IIA

Judy J. Kelli R.S.
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

APPROVAL

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR ~~PERMIT~~

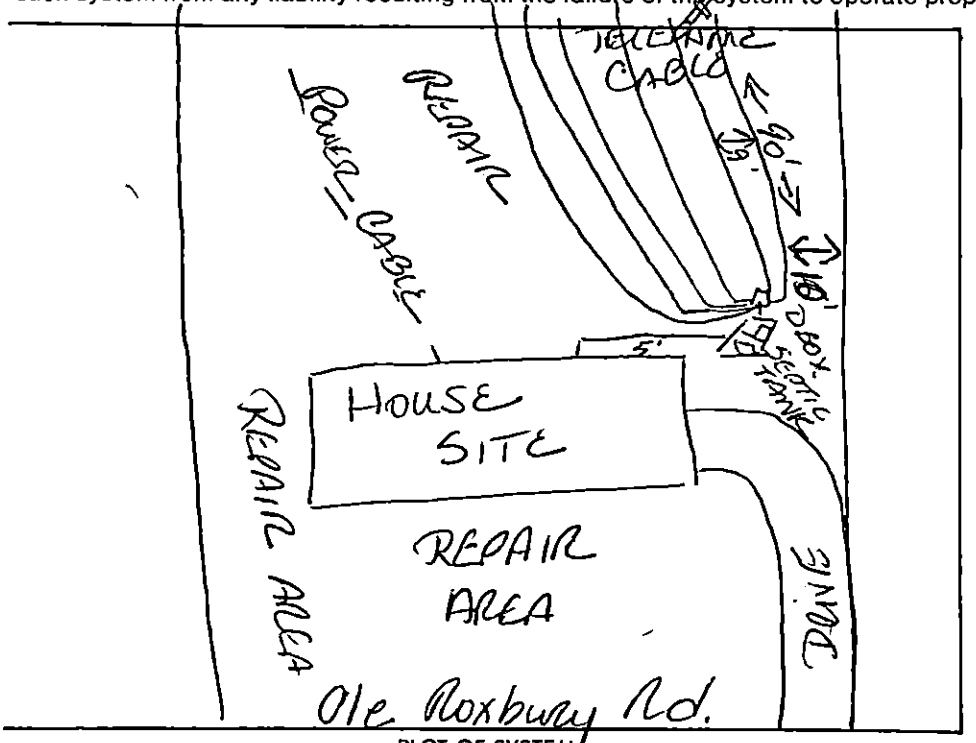
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3089B/9460A DATE: 10-16-94

TC: 231-182-06 ☐ L

SERIAL Nº 13924

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, ~~soil absorption~~, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 4/26/94. All work shall be completed on or before 4/26/99, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or 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 or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank — gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 36 feet

Total Line Length 533' feet

Number of Lines 6

Depth of Stone 12 inches

Distance from House ~~105~~ feet

Distance from Property Line 10 feet

Distance from Well N/A feet
10' off water line

NAME OF OWNER Fulton R. Tillotson

LOCATION OF PROPERTY 4112 Old Roxbury Rd

Comments: 1500 Septic tank, (1) d-Box w/ 5 trenches @ 6X90'X12"

J Newell for S Daniel
Division or Section Head

Ann H Newell
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

SP. 6405

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#200.00 04/26/94 CRT

3089B1946OA Ck#1162

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: Tillotson (last) Fulton (first) R. (mi)

ADDRESS: 2601-18 Cross Point Ct PHONE: (704) 566-0173

CITY: Matthews STATE: N.C. ZIPCODE: 28105

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231-182-06

STREET ADDRESS: 4112 Old Pineville Rd Matthews NC

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

- [ ] SOIL TEST - INDIVIDUAL LOT (D)
- [X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
- [ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
- [ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
- [ ] COMMERCIAL OR INDUSTRIAL (N)
- [ ] SOIL TEST DEVELOPMENT (P)
- [ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
- [ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
- [ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

- [ ] SINGLE MOBILE HOME (S)
- [ ] DOUBLE WIDE (D)
- [X] HOUSE (H)
- [ ] MODULAR HOME (M)
- [ ] MULTIPLE FAMILY (U)
- [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 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):

- [X] Community (C)
- [ ] Municipal (M)
- [ ] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):

- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
- [ ] 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: Justin R. Tillotson Date: 4/26/94

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.

...Permit issued for 4 bedroom conventional & repair.

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

Environmentalist Date 5/2/94

Director or Authorized Section Head Date 5/3/94

WATER : 122791

Required Replacement application

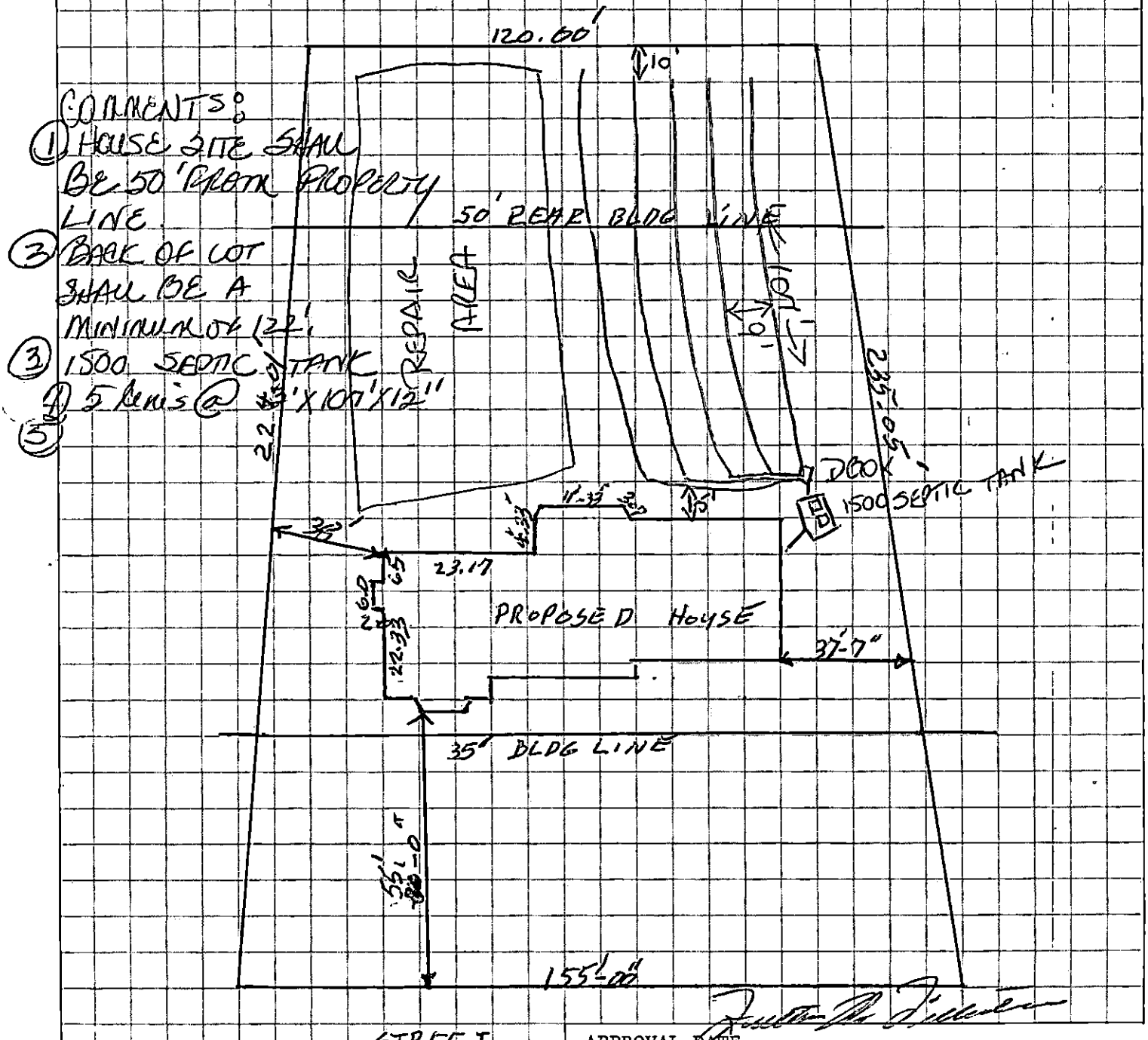
PROPOSED PLOT PLAN

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

FILE: 3089B19460A

TC: 231-182-06

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.



APPROVAL DATE

Joni H Newell, R.S.

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

April 26, 1994

Brokaw Development Corporation
4201 Olde Roxbury Drive
Matthws, NC 28105

RE: Property located on 4112 Olde Roxbury Road
FILE: 3089B/9460A
PARCEL: 231-182-06

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 20311) is enclosed for your information.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application for an Improvement Permit with an **ACCURATELY** dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accommodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this department renders any area previously designated suitable for system installation, unsuitable. Furthermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 20311

File: 3089B1946OA Action 1

Parcel: 231-182-06 ☐ PC

Location: 4112 Olde Roxbury Road

Subdivision: Roxbury

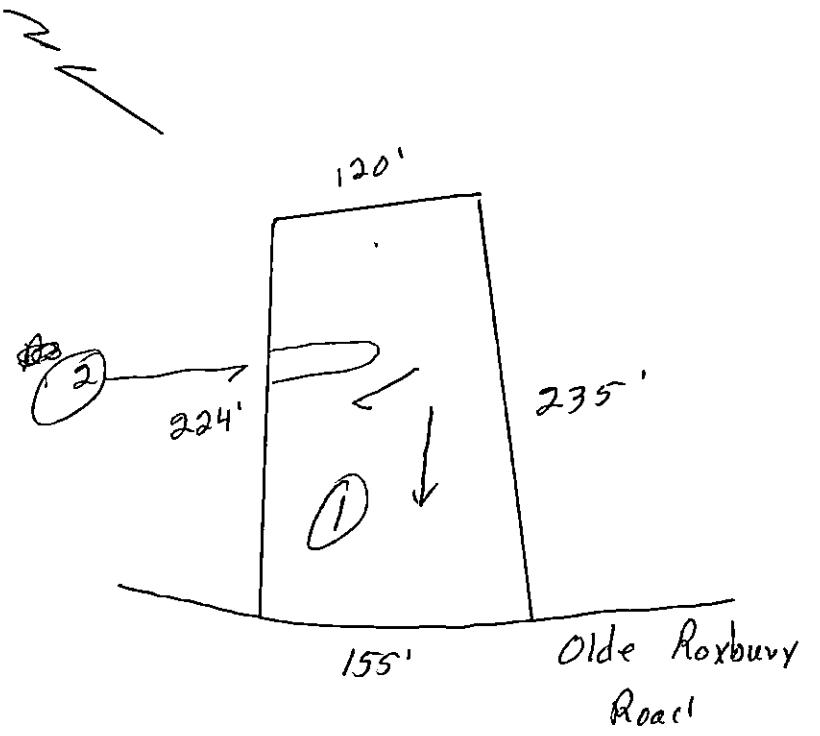
Lot: 34 Block: Acres: .73

Owner: Brohaw Dev. Corp.
Address: 4201 Olde Roxbury
Matthews, N.C. 28105

Comments: 100% Repair, .3gal/ff2/day
LTAR

Described by: William A. Marlin

Date: 4-25-94



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 8-15%	S PS (U) Slight Depression	S PS U	S PS U	S PS U	S PS U
Texture Slightly Expansive clay	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure Sub-Blocky	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	(S) PS U 7-48" To water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 40 in	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 7-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U limited	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IV Cecil Like	Slight Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

SP

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

#200.00 04/26/94

☐ CRT

3089B1946OA (CR#1162

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

PERSON FILING APPLICATION:

NAME: Tillotson (last) Fulton (first) R. (mi)

ADDRESS: 2601-18 Cross Point Ct PHONE: (704) 566-0173

CITY: Matthews STATE: N.C. ZIPCODE: 28105

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231-182-06

STREET ADDRESS: 4112 Olde Roy Barn Road Matthews, NC

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☒ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 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)
☐ 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: Justin R. Tillotson Date: 4/26/94

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 1227

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

MEMORANDUM

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: April 27, 1994

Ref: File #3089B/ 4112 Olde Roxbury Road

SUBJECT: Refund

(Mr./Mrs./Co.) Brokaw Development originally paid $250.00 for Improvement Permit/ and Soil Investigation on 04/12/1994. Mr. Tillotson filed an application for Improvement Permit on 4/26/94 for the same property and paid a duplicate fee of $200.00

A refund should be issued for $200.00 because a duplicate application was filed for the same property.

Please make check payable to: Mr. Fulton Tillotson
2601-18 Cross Point Circle
Matthews, NC 28105

Correction
5/23/94
Informed Sylvia in finance.

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: April 27, 1994

Ref: File #3089B/ 4112 Olde Roxbury Road

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A refund should be issued for $200.00 because a duplicate application was filed for the same property.

Please make check payable to: Mr. Fulton Tillotson
2601-18 Cross Point Circle
Matthews, NC 28105

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3089B1946OA #200.00 04/26/94 CK#1162 ☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

COPY

Date:

PERSON FILING APPLICATION:
NAME: Tillotson (last) Fulton (first) R. (mi)
ADDRESS: 2601-18 Cross Point Ct PHONE: (704) 566-0173
CITY: Matthews STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-182-06
STREET ADDRESS: 4112 Olde Providence Road Matthews 28105
ZONING:

PROPERTY OWNER:
NAME: SAME (last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 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)
☐ 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: Justin R. Tillotson Date: 4/26/94

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 1227

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd #50 4/12/94 Jn #1136 [ ] CRT

3089B/9460A

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

(704)336-5102

COPY

PERSON FILING APPLICATION:

NAME: Tillotson (last) Fulton (first) R. (mi)

ADDRESS: 4404-C Providence PHONE: (704) 365-9423

CITY: Charlotte STATE: N.C. ZIPCODE: 28211

Date: 4/9/94

PROPERTY OWNER:

NAME: Brokaw Development Corp (last) (first) (mi)

ADDRESS: 4201 Olde Roxbury PHONE: (704) 846-8262

CITY: Matthews STATE: N.C. ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 231-182-06

STREET ADDRESS: 4112 Olde Roxbury Rd

ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME: Roxbury

LOT NUMBER: 38 LOT SIZE (in acres): .733

TYPE APPLICATION (check one):

[X] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
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[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):

[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 4 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):

[X] Community (C) [ ] Shared Well (S)
[ ] Municipal (M) [ ] Other 'spring' (O)
[ ] 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: [signature] Date: 4/9/94

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.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

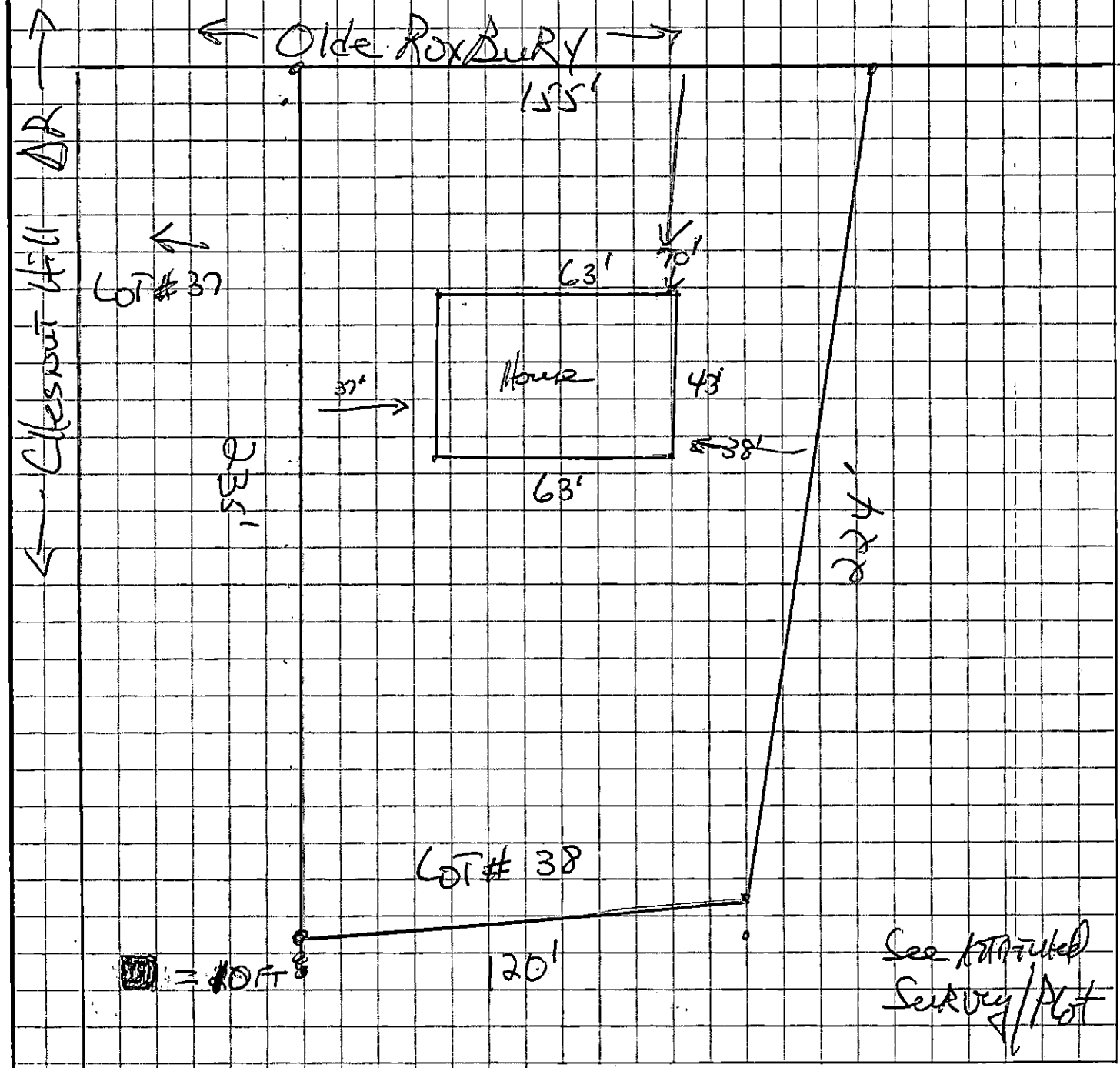
PROPOSED PLOT PLAN

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

FILE: 30898/9460A

TC: 231-182-06

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PR # 200 4/12/94 Ck # 1136

[] CRT

30898/9460A

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

(704)336-5102

Date: 4/12/94

PERSON FILING APPLICATION:
NAME: Tillotson (last) Fulton (first) R. (mi)
ADDRESS: 4604-C Providence PHONE: (704) 365-9423 4604-A Wilkey
CITY: Charlotte STATE: N.C ZIPCODE: 28211

PROPERTY OWNER:
NAME: Brookins Development Corp (last) (first) (mi)
ADDRESS: 4201 Old Roxbury PHONE: (704) 846-8362
CITY: Matthews STATE: N.C ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-182-06
STREET ADDRESS: 4112 Olde Roxbury
ZONING: R-3

SUBDIVISION OR MOBILE HOME PARK NAME: Roxbury

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

LOT NUMBER: 38 LOT SIZE (in acres): .733

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (D)
[X] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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: 4 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):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [X] 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: [signature] for Brookins Development Date: 4/12/94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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:

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...This permit is not transferable.

...

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

Environmentalist Date

Director or Authorized Section Head Date

WWATER : 122791

PROPOSED PLOT PLAN

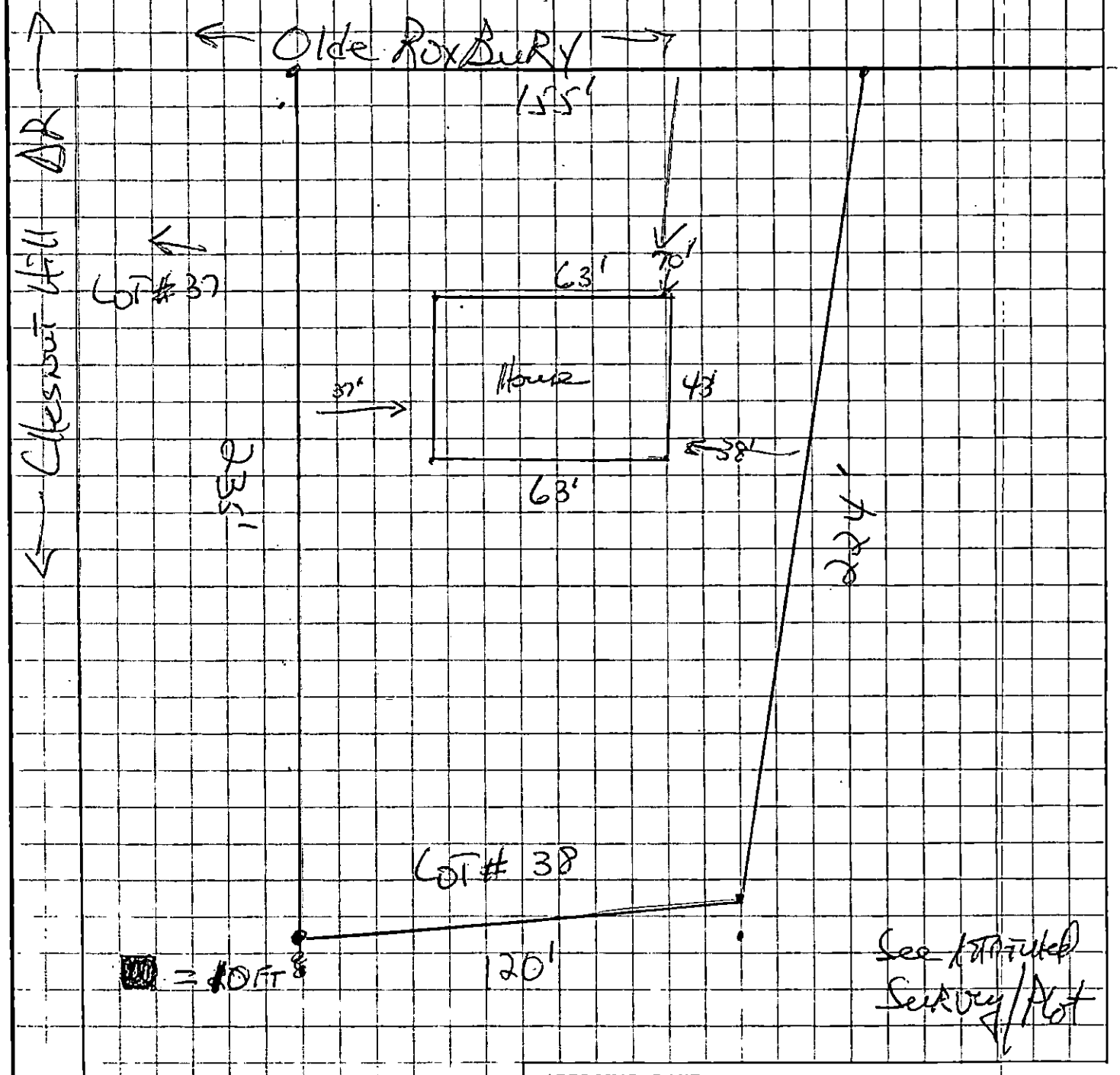
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

COPY

FILE: 30898/9460A

TC: 231-182-06

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.



APPROVAL DATE _____

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DATE 4/12/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

231-182-06
PARCEL NUMBER

4112 Olde Roxbury Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NJ4
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	**APPROVED**	**NOT APPROVED**
2. FLOODWAY REGULATIONS	**APPROVED**	**NOT APPROVED**
3. WATERSHED PROTECTION	**APPROVED**	**NOT APPROVED**
4. COMMERCIAL DRAINAGE PLAN	**APPROVED**	**NOT APPROVED**
5. PUBLIC UTILITY EASEMENT	**PRESENT**	**NOT PRESENT**
6. PROPERTY FRONTS ON THOROUGHFARE	**YES**	**NO**
7. DRIVEWAY PERMIT REQUIRED	**YES**	**NO**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**YES**	**NO**

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

Pd. #50.00 4/12/94 Jw #0136

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

3089B/9460A

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: Tillotson (last) Fulton (first) R. (mi)
ADDRESS: 4804-C Providence 40 4104 Wiley PHONE: (704) 365-9423
CITY: Charlotte STATE: N.C. ZIPCODE: 28211

Date: 4/9/94

PROPERTY OWNER:
NAME: B. Rowan Development Co. (last) (first) (mi)
ADDRESS: 4201 Olde Roxbury PHONE: (704) 846-8262
CITY: Mt. Holly STATE: N.C. ZIPCODE: 28054

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 231-182-06
STREET ADDRESS: 4112 Olde Roxbury Rd.
ZONING: R-3

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

SUBDIVISION OR MOBILE HOME PARK NAME: Roxbury

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[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 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):
[X] Community (C) [ ] Shared Well (S)
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[ ] Private Well (P)

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[ ] 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: Keith R Tillotson Date: 4/9/94

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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:

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...

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

If there are any questions concerning this matter, please contact Bill Marlin, Soil Scientist at 336-5574.

Sincerely,

Kelly Randall, R.S., Soil Scientist
Individual Water and Wastewater Systems

Enclosure

KR:lw

#3089B #8212 & B9798S

5 MAY '16 AM 11:40

JC Builders Inc. HHS Acct

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: (●) SEPTIC ONLY ( ) WELL ONLY ( ) SEPTIC & WELL
( ) ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
(✓) ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
( ) EXCHANGE MOBILE HOME (SAME # BEDROOMS)
( ) COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: JC Builders INC.
ADDRESS: 3514 McKee Rd.
CITY: Charlotte NC
STATE: NC ZIP: 28270
PHONE: 704 543-3742 M 704 309-2892
ALTERNATE PHONE:
E-MAIL: JCARR@JCBuilders.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: LINDA ZAMLER
ADDRESS: 4112 OLDE Roxbury Dr.
CITY: MATTHEWS
STATE: NC ZIP: 28105
PHONE: 704 849-0551
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 231-182-06
STREET ADDRESS: 4112 OLDE Roxbury Dr.
CITY: Matthews
STATE: NC ZIP: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #: 38

WATER SUPPLY:
( ) MUNICIPAL ( ) PRIVATE WELL (✓) PUBLIC WELL ( ) SHARED WELL ( ) OTHER

RESIDENTIAL PROPERTY TYPE: ( ) N/A
(✓) HOUSE ( ) MODULAR HOME ( ) MULTIPLE FAMILY
( ) SINGLE MOBILE HOME ( ) DOUBLE WIDE
( ) OTHER

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 4 or Less
NUMBER OF OCCUPANTS: 1

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☐ N/A
TYPE OF BUSINESS:
EMPLOYEES PER SHIFT:
OF SHIFTS:
INDUSTRIAL WASTES? ( ) YES ( ) NO
UNDERGROUND STORAGE TANKS? ( ) YES ( ) NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☑ SUNROOM ☐ PORCH ☑ DECK ☐ OTHER

ADDITION/RENOVATION 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.

JC Builders — Owner's/Agent's Signature
5/4/16 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

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

Revised on: 01/03/11

PROPOSED PLOT PLAN

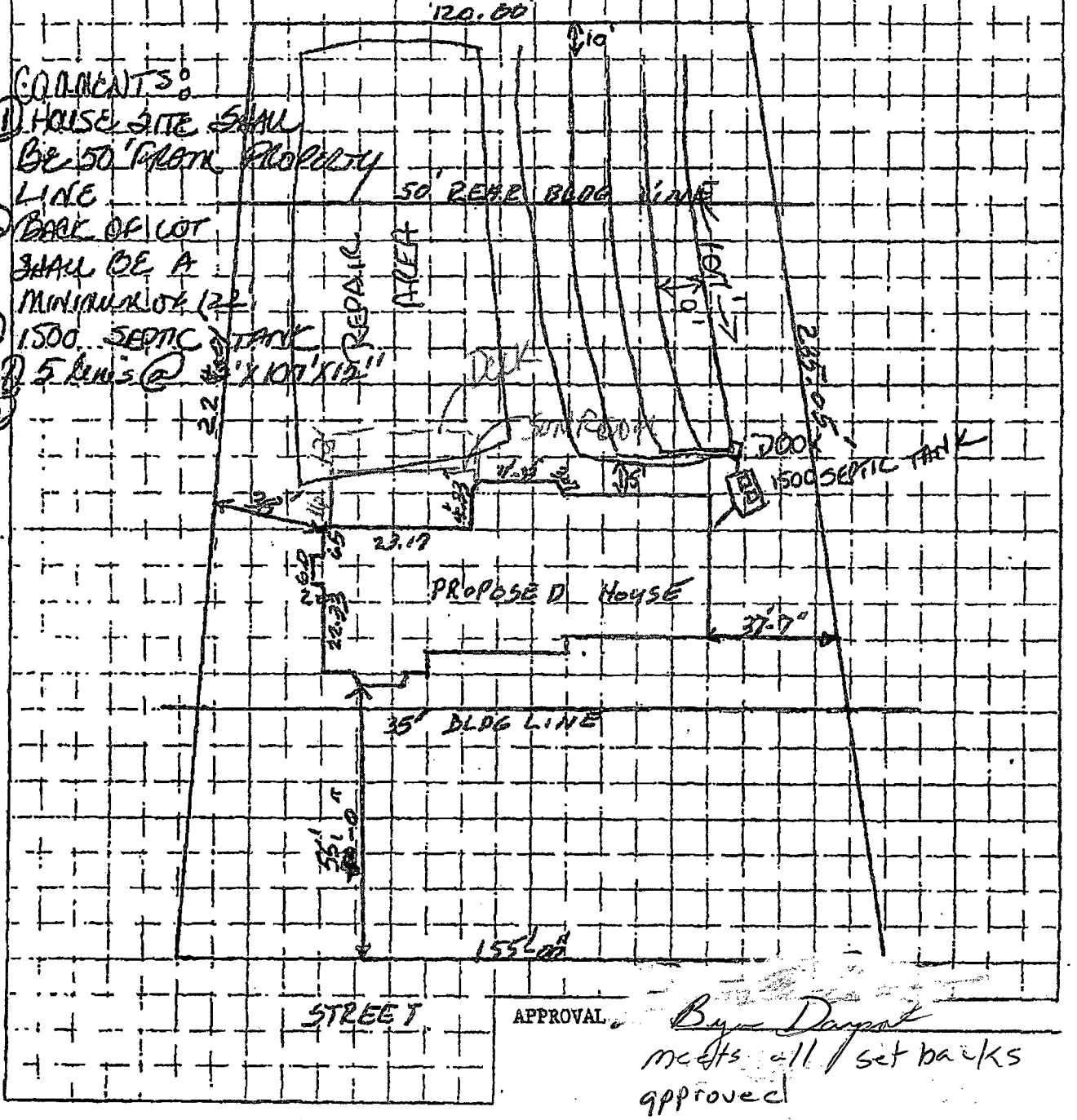
Proposed
25x16 SUNROOM
25x12 Deck

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

FILE: 3089B1946OA

TC: 231-182-06

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.



APPROVAL Bye Dayne

meets all / set backs

approved

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

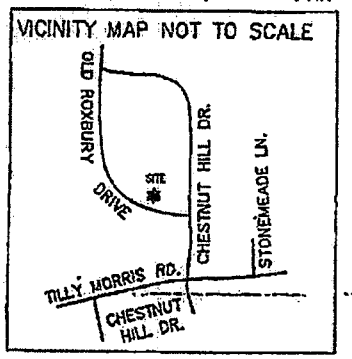
THIS IS TO CERTIFY THAT ON THE 06 DAY OF APRIL 19 94 AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON. THIS PLAT MEETS THE MINIMUM STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA, BOARD RULE .1600 (21 NCAC 56) AND THE ERROR OF CLOSURE FOR THIS PARCEL DOES NOT EXCEED ONE (1) FOOT PER 10,000 FEET OF PERIMETER SURVEYED NOR 20 SECONDS TIMES THE SQUARE ROOT OF THE NUMBER OF ANGLES TURNED.

REVISED ON APRIL 15, 1994: HOUSE STAKE.

SIGNED C. Clark Neilson

B. D. PEARS & ASSOCIATES, REGISTERED SURVEYORS
1800 EAST SEVENTH STREET
CHARLOTTE, N.C. 28204
TEL. (704) 376-2188

VICINITY MAP NOT TO SCALE



REFERENCE: MAP BOOK 23 PAGE 77

NORTH CAROLINA REGISTERED SEAL L-3212 LAND SURVEYOR C. CLARK NEILSON

LOT 48

E.I.P. S 39° 19' 41" E 120.00' E.I.P.

45' REAR YARD SETBACK (ZONE R-3)
50' REAR BLDG. LINE PER REC. MAP

LOT 39 LOT 38 LOT 37

N 60° 36' 54" E 224.01'

S 51° 53' 27" W 235.05'

8' SIDE YARD SETBACK (ZONE R-3)

6' SIDE YARD SETBACK (ZONE R-3)

STAKE STAKE

38.0'

HOUSE STAKED #4112

37.7'

STAKE STAKE

70.0'

35' MIN. BLDG. LINE PER RECORD MAP
30' MIN. BLDG. LINE (FOR ZONE R-3)

E.I.P. CHORD: N 31° 26' 50" W 104.67' R=381.56 L=105.00 50.00' E.I.P.

N 39° 19' 41" W 150' TO CHESTNUT HILL DR.

OLDE ROXBURY DRIVE

50' R/W

SURVEY OF:
LOT 38, ROXBURY
PROVIDENCE TOWNSHIP, MECKLENBURG COUNTY
CHARLOTTE N.C.

THE PROPERTY OF FULTON R. TILLOTSON

SCALE 1"=40'

MAP BOOK 23 PAGE 77

DEED BOOK PAGE

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY, FEDERAL INSURANCE ADMINISTRATION, DATED FEBRUARY 3, 1993

32763

TAX NUMBER: 231-182-06

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that JAMES CARR / JC Builders Inc. is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

4112 OLDE ROXBURY DR MATTHEWS.
Number Street Town
(Or Parcel Number)

LINDA ZAMLER
Property Owner (print name)

Linda Zamler
Property Owner (signature)

5/5/2016
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 05/05/16
Receipt #: 100277
Check / Auth #: CHARGE
Received By: ELLISLW

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: B97985
Contractor: J C BUILDERS INC
Attn:
Address: 3514 MCKEE RD
Address:
City/State/Zip: CHARLOTTE, NC 28270

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 4112 OLDE ROXBURY DR		1	100.00	100.00

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

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00					

Supervisor/Administrative Professional Checklist

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

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 LE 5/5/14 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 ☐ ____

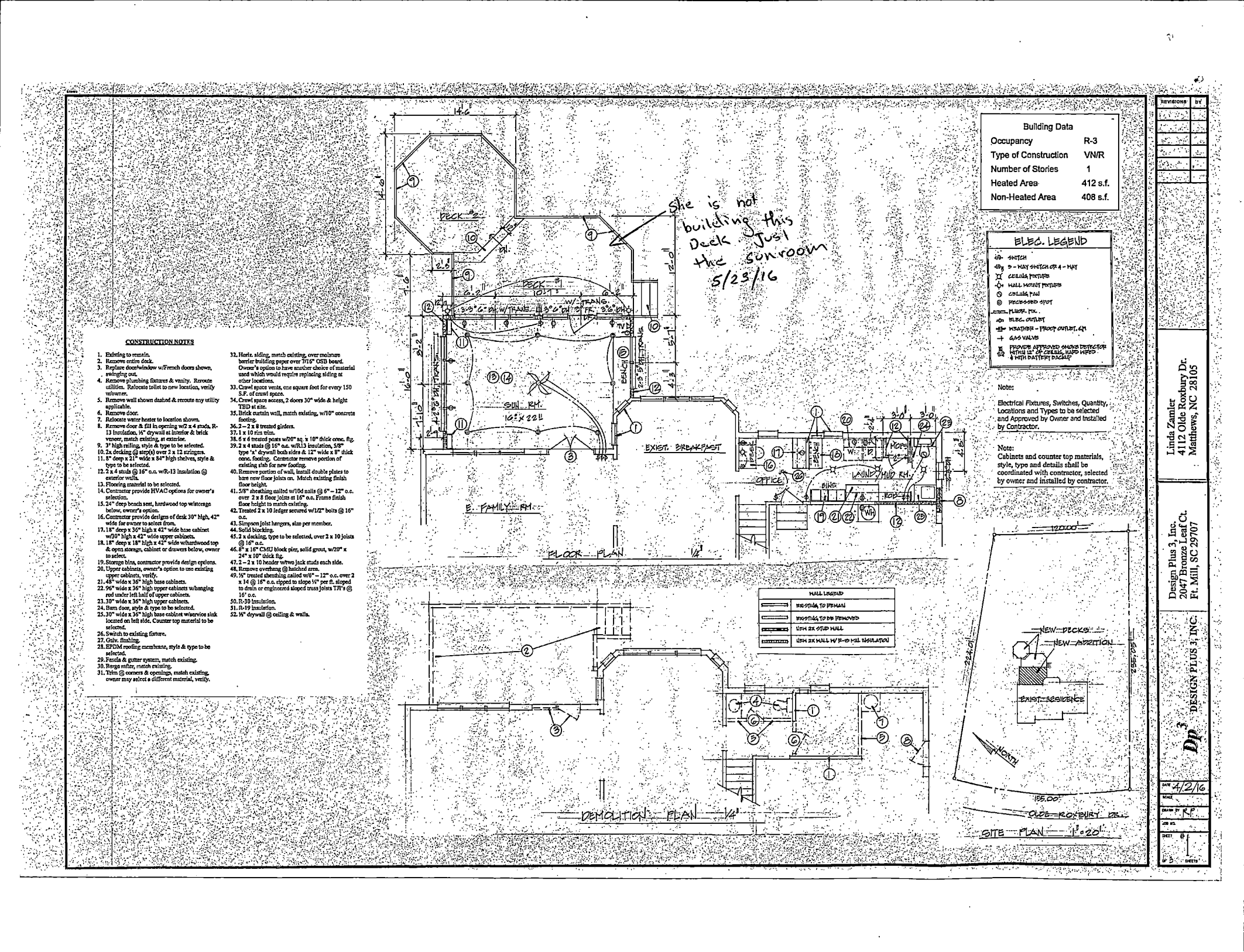
This site is served by septic and well. Verify each is complete before final hold is released. ☐

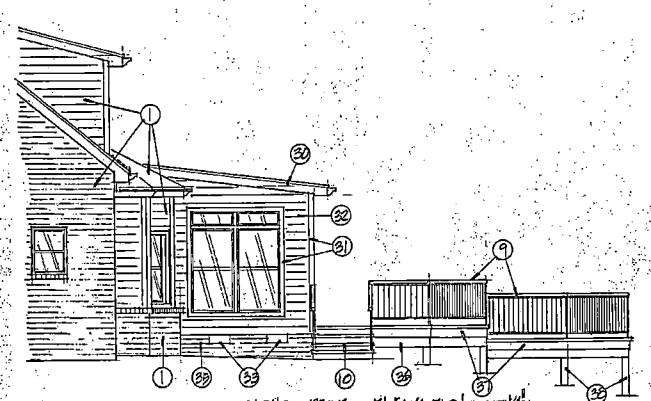
Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

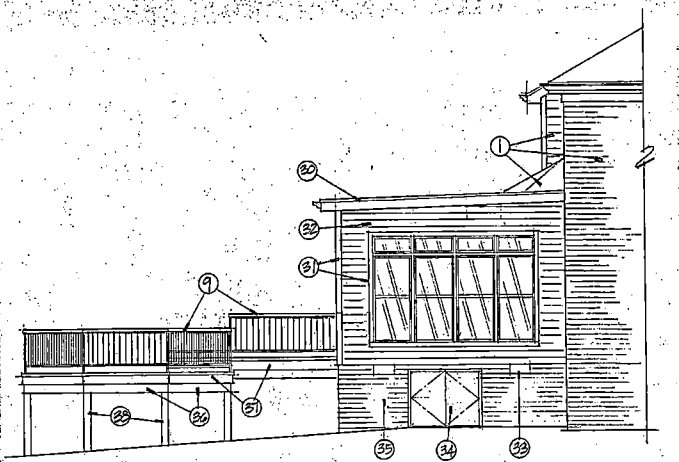
This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

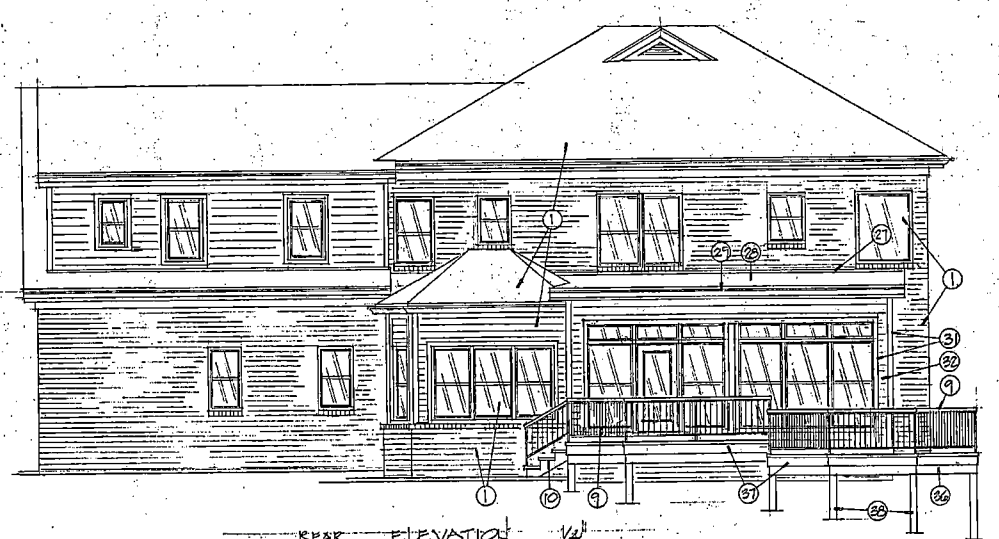

She is not building this Deck. Just the Sunroom
5/23/16
Building Data
Occupancy R-3
Type of Construction VN/R
Number of Stories 1
Heated Area 412 s.f.
Non-Heated Area 408 s.f.
ELEC. LEGEND
SWITCH
3 - WAY SWITCH OR 4 - WAY
CEILING FIXTURE
WALL MOUNT FIXTURE
CEILING FAN
RECESSED SPOT
FLUOR. FIX.
ELEC. OUTLET
WEATHER - PROOF OUTLET, GFI
GAS VALVE
PROVIDE APPROVED SMOKE DETECTOR WITHIN 15' OF CEILING, HARD WIRED & WITH BATTERY BACKUP
Note:
Electrical Fixtures, Switches, Quantity, Locations and Types to be selected and Approved by Owner and Installed by Contractor.
Note:
Cabinets and counter top materials, style, type and details shall be coordinated with contractor, selected by owner and installed by contractor.
CONSTRUCTION NOTES
1. Existing to remain.
2. Remove entire deck.
3. Replace door/window w/French doors shown, swinging out.
4. Remove plumbing fixtures & vanity. Reroute utilities. Relocate toilet to new location, verify w/owner.
5. Remove wall shown dashed & reroute any utility applicable.
6. Remove door.
7. Relocate water heater to location shown.
8. Remove door & fill in opening w/2 x 4 studs, R-13 insulation, ½" drywall at interior & brick veneer, match existing, at exterior.
9. 3' high railing, style & type to be selected.
10. 2x decking @ step(s) over 2 x 12 stringers.
11. 8" deep x 21" wide x 84" high shelves, style & type to be selected.
12. 2 x 4 studs @ 16" o.c. w/R-13 insulation @ exterior walls.
13. Flooring material to be selected.
14. Contractor provide HVAC options for owner's selection.
15. 24" deep bench seat, hardwood top w/storage below, owner's option.
16. Contractor provide designs of desk 30" high, 42" wide for owner to select from.
17. 18" deep x 36" high x 42" wide base cabinet w/30" high x 42" wide upper cabinets.
18. 18" deep x 18" high x 42" wide w/hardwood top & open storage, cabinet or drawers below, owner to select.
19. Storage bins, contractor provide design options.
20. Upper cabinets, owner's option to use existing upper cabinets, verify.
21. 48" wide x 36" high base cabinets.
22. 96" wide x 36" high upper cabinets w/hanging rod under left half of upper cabinets.
23. 30" wide x 36" high upper cabinets.
24. Barn door, style & type to be selected.
25. 30" wide x 36" high base cabinet w/service sink located on left side. Counter top material to be selected.
26. Switch to existing fixture.
27. Galv. flashing.
28. EPDM roofing membrane, style & type to be selected.
29. Fascia & gutter system, match existing.
30. Barge rafter, match existing.
31. Trim @ corners & openings, match existing, owner may select a different material, verify.
32. Horiz. siding, match existing, over moisture barrier building paper over 7/16" OSB board. Owner's option to have another choice of material used which would require replacing siding at other locations.
33. Crawl space vents, one square foot for every 150 S.F. of crawl space.
34. Crawl space access, 2 doors 30" wide & height TBD at site.
35. Brick curtain wall, match existing, w/10" concrete footing.
36. 2 – 2 x 8 treated girders.
37. 1 x 10 rim trim.
38. 6 x 6 treated posts w/20" sq. x 10" thick conc. ftg.
39. 2 x 4 studs @ 16" o.c. w/R13 insulation, 5/8" type 'x' drywall both sides & 12" wide x 8" thick conc. footing. Contractor remove portion of existing stab for new footing.
40. Remove portion of wall, install double plates to have new floor joists on. Match existing finish floor height.
41. 5/8" sheathing nailed w/10d nails @ 6" – 12" o.c. over 2 x 8 floor joists at 16" o.c. Frams finish floor height to match existing.
42. Treated 2 x 10 ledger secured w/1/2" bolts @ 16" o.c.
43. Simpson joist hangers, size per member.
44. Solid blocking.
45. 2 x decking, type to be selected, over 2 x 10 joists @ 16" o.c.
46. 8" x 16" CMU block pier, solid grout, w/20" x 24" x 10" thick ftg.
47. 2 – 2 x 10 header w/two jack studs each side.
48. Remove overhang @ hatched area.
49. ½" treated sheathing nailed w/6" – 12" o.c. over 2 x 14 @ 16" o.c. zipped to slope ¼" per ft. sloped to drain or engineered sloped truss joists TJI's @ 16" o.c.
50. R-30 insulation.
51. R-19 insulation.
52. ½" drywall @ ceiling & walls.
DECK #2
DECK #1
10:1
W/ TRANS.
3'-0" O.C. W/ TRANS.
3'-0" O.C. W/ TRANS.
3'-0" O.C. FF
3'-0" O.H.C.
BENCH
STAIRS
SHELVES
SHELVES
SHELVES



RIGHT REAR ELEVATION 1/4"



LEFT REAR ELEVATION 1/4"



REAR ELEVATION 1/4"

CONSTRUCTION NOTES

1. Existing to remain.
2. Remove entire deck.
3. Replace door/window w/French doors shown, swinging out.
4. Remove plumbing fixtures & vanity. Reroute utilities. Relocate toilet to new location, verify w/owner.
5. Remove wall shown dashed & reroute any utility applicable.
6. Remove door.
7. Relocate water heater to location shown.
8. Remove door & fill in opening w/2 x 4 studs, R-13 insulation, ½" drywall at interior & brick veneer, match existing, at exterior.
9. 3' high railing, style & type to be selected.
10. 2x decking @ step(s) over 2 x 12 stringers.
11. 8" deep x 21" wide x 84" high shelves, style & type to be selected.
12. 2 x 4 studs @ 16" o.c. w/R-13 insulation @ exterior walls.
13. Flooring material to be selected.
14. Contractor provide HVAC options for owner's selection.
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REVISIONS	BY

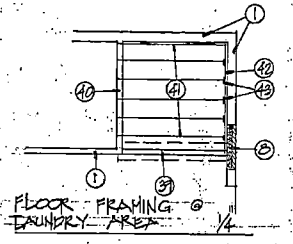
Linda Zamler
4112 Olde Roxbury Dr.
Matthews, NC 28105

Design Plus 3, Inc.
2047 Bronze Leaf Ct.
Ft. Mill, SC 29707

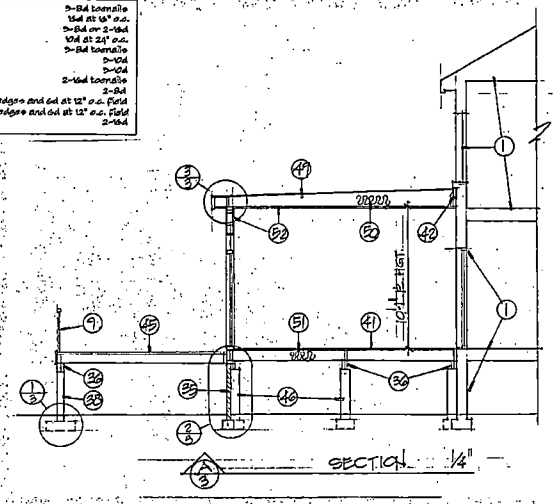
DESIGN PLUS 3, INC.

DATE 4/12/16
SCALE
DRAWN BY RP
JOB NO.
SHEET # 2
OF 3 SHEETS

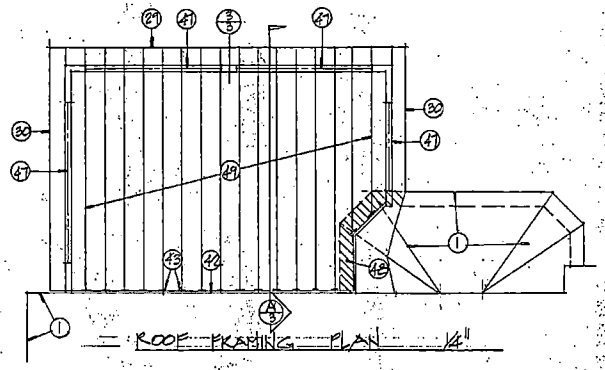
NAILING SCHEDULE SEE ALSO IRC RESIDENTIAL CODE 2012 TABLE R602.3 (1)	
Joist to sill or girders	3-8d toenails
Joist plate to joist or blocking	16d at 6" o.c.
Stud to plates, girders	3-8d or 2-16d
Double top plate	10d at 24" o.c.
Ceiling joist to plate	3-8d toenails
Ceiling joist top	3-10d
Ceiling joist to parallel rafters	3-10d
Rafter to plate	2-16d toenails
1" brace to each stud and plate	2-8d
1/2" or less plywood	8d at 6" o.c. edges and 8d at 12" o.c. field
5/8" or 3/4" plywood	10d at 6" o.c. edges and 8d at 12" o.c. field
2" subfloor to joist or girders	2-16d



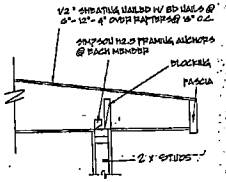
FLOOR FRAMING LAUNDRY AREA 1/4"



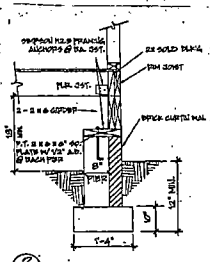
SECTION 1/4"

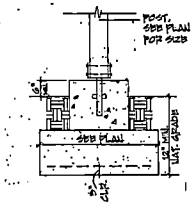


ROOF FRAMING PLAN 1/4"



OVERHANG 1/4"

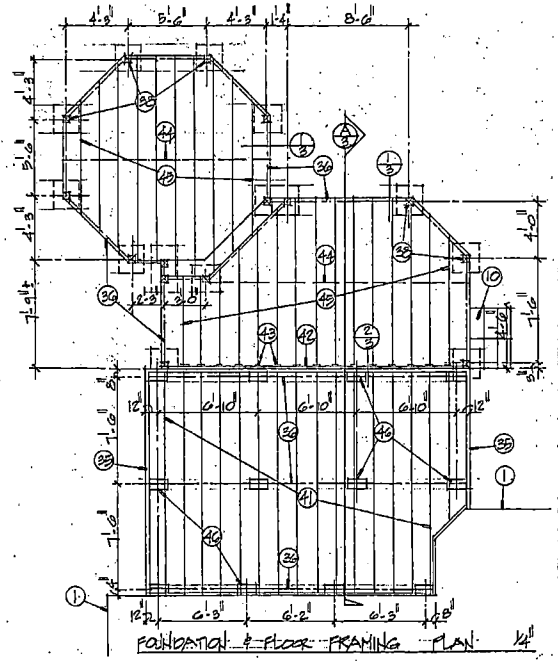




POST FTG.

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FOUNDATION & FLOOR FRAMING PLAN 1/4"

REVISIONS	BY

Linda Zamler
4112 Olde Roxbury Dr.
Matthews, NC 28105

Design Plus 3, Inc.
2047 Bronze Leaf Ct.
Ft. Mill, SC 29707

DESIGN PLUS 3, INC.

DATE 4/2/16
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DRAWN BY RP
JOB NO.
SHEET # 3
OF 3 SHEETS