

12317 HAYMARKET RD

02315108

12/26/2007

duponbj

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

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COPY

$100
1/7/05
chk # 108

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[ ] CRT

Jeremy

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

(704)336-5103 1916B

te:

PERSON FILING APPLICATION:

NAME: Montgomery (last) Carol (first) M (mi)

ADDRESS: 3109 Cutchin Dr PHONE: (704) 643-5708

CITY: Charlotte STATE: NC ZIPCODE: 28210

PROPERTY OWNER:

NAME: Norman (last) James (first) SR (mi)

ADDRESS: 108 Rollingwood PHONE: (__) _____

STATE: NC ZIPCODE: 28164

OPERTY INFORMATION (FROM ENGINEERING FORM):

X/PARCEL NUMBER: 02315108

'REET DDRESS: 12317 Haymarket Rd Charlotte NC 28214

Not LD 1/27/05 @ 11:17

ONING:

UBDIVISION OR MOBILE HOME PARK NAME:

ley Rd

one):
County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

LOT SIZE (in acres):

YPE APPLICATION (check one):

[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/
[ ] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 4

SYSTEM CLASSIFICATION:

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

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

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[ ] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [ ] Workshop [ ] None
N/A [ ] 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: Carol M Montgomery Date: 1/7/05

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.

...O.K. to use existing system for the re-construction of a new four (4) Bedroom House

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

Tommy Medlin, R.S. 1/21/05
Environmentalist Date

WATER : 12279

Mecklenburg County, North Carolina

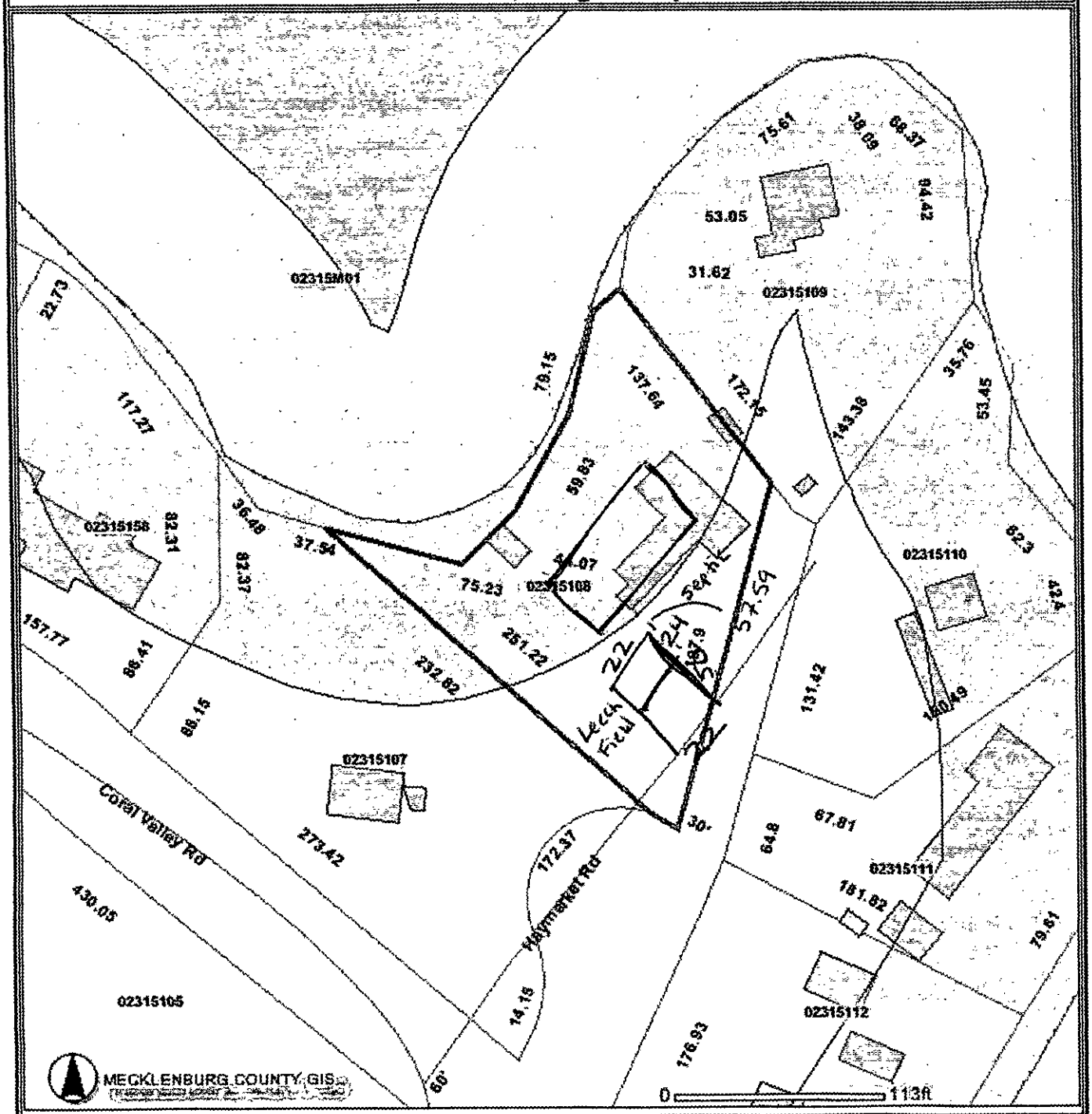
POLARIS

Property Ownership Land Records Information System

Proposing Footprint

Date Printed: Thu Jan 6 21:02:34 EST 2005

Buffer, FEMA, Bldg. Footprints



This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Drawn figures Proposed Ft print + Garage

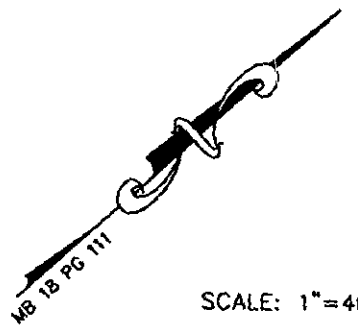
LOT SURVEY

PREPARED BY:

DELTA LAND SERVICES, INC.
6033 FLORENCE AVENUE, SUITE 100
CHARLOTTE, NORTH CAROLINA 28212
(704) 536-6190

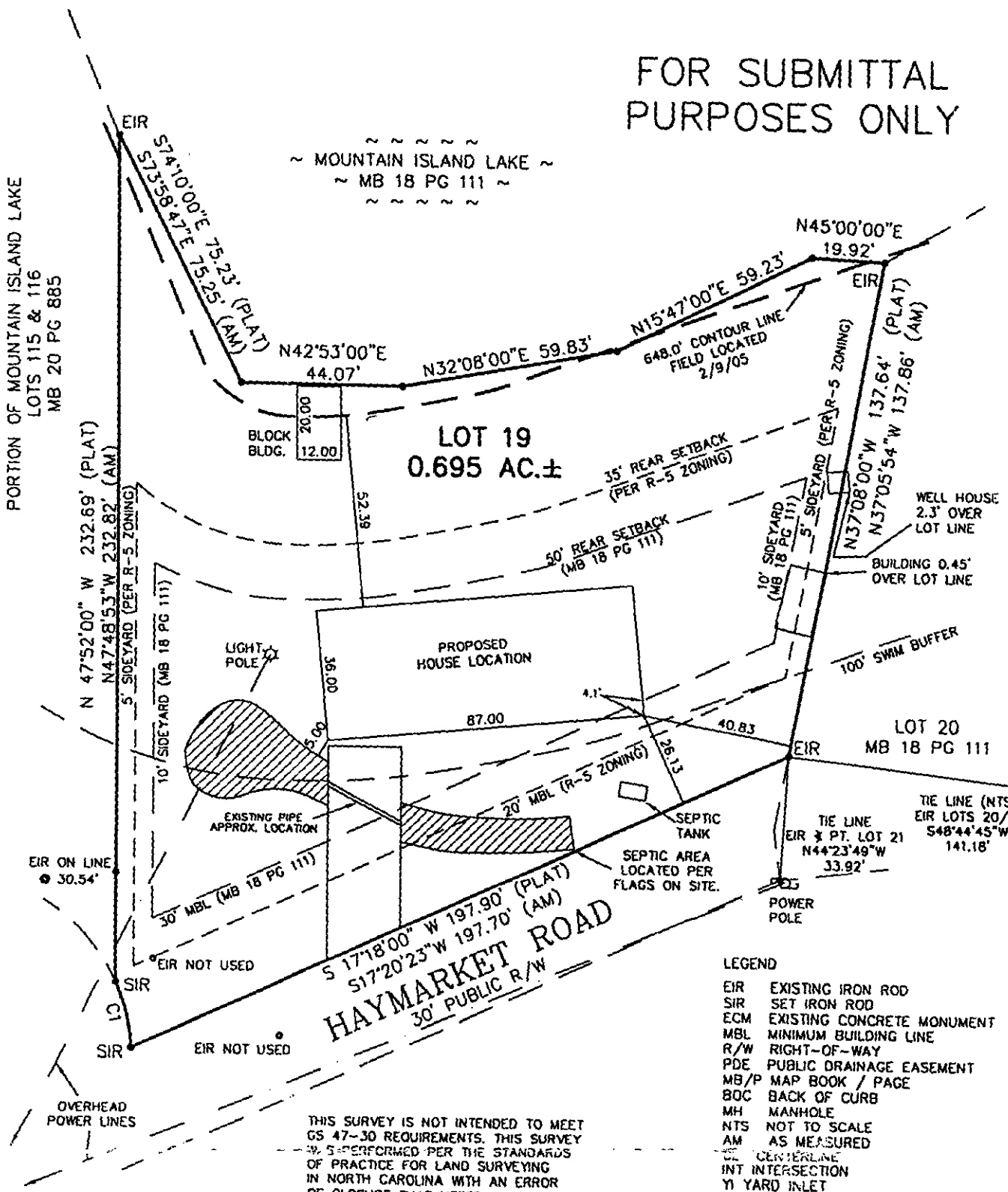
THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.

CURVE TABLE					
CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA
C1	50.00	18.53	18.42	N60°34'11"W	21°14'02"



SCALE: 1"=40'

FOR SUBMITTAL PURPOSES ONLY



THIS SURVEY IS NOT INTENDED TO MEET GS 47-30 REQUIREMENTS. THIS SURVEY WAS PERFORMED PER THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA WITH AN ERROR OF CLOSURE THAT MEETS MINIMUM STANDARD OF 1:10,000

LEGEND

EIR	EXISTING IRON ROD
SIR	SET IRON ROD
ECM	EXISTING CONCRETE MONUMENT
MBL	MINIMUM BUILDING LINE
R/W	RIGHT-OF-WAY
PDE	PUBLIC DRAINAGE EASEMENT
MB/P	MAP BOOK / PAGE
BOC	BACK OF CURB
MH	MANHOLE
NTS	NOT TO SCALE
AM	AS MEASURED
CL	CENTERLINE
INT	INTERSECTION
YI	YARD INLET
CB	CATCH BASIN
OH	OVERHANG

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision MOUNTAIN ISLAND LAKE, SECTION 2, LOTS 12 & 19-28 County MECKLENBURG
Address HAYMARKET ROAD Owner
Lot 19 Block ___ Plan ___ Elevation ___ Drive (Left) ___ (Right) ___ (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) ___ (3 Car) ___ Brick ___ Basement ___ Curtain Wall ___
Crawl ___ Slab ___ Other ___

REVISED: LOT SURVEY DWN: GHL CKD: DATE: 02/ 09/ 05

G:\MISC\MIL-0019.DWG - GHL

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 1916B DATE: 5/7/97

TC: 023-151-08 ☐ L ☐ CRT

SERIAL Nº 16769

Name of Owner Lawrence, Norman Juris.:

Address of Property 12317 Haymarket Rd.

Inspection Data:

Tank Material

Total Length of Drainfield 100

Number of Lines 2 @ 33

Cover Depth 18"-24"

Water Supply Source Well

Distance to Water Source ≥100

Excavation Inspected 5/7/97

Tank(s) Inspected 5/7/97

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design 300 sqft, 24" G, Bed CTR# BIG M

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

- ☐ 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:

Bed 1974

Environmental Health Specialist

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

Mecklenburg County, North Carolina

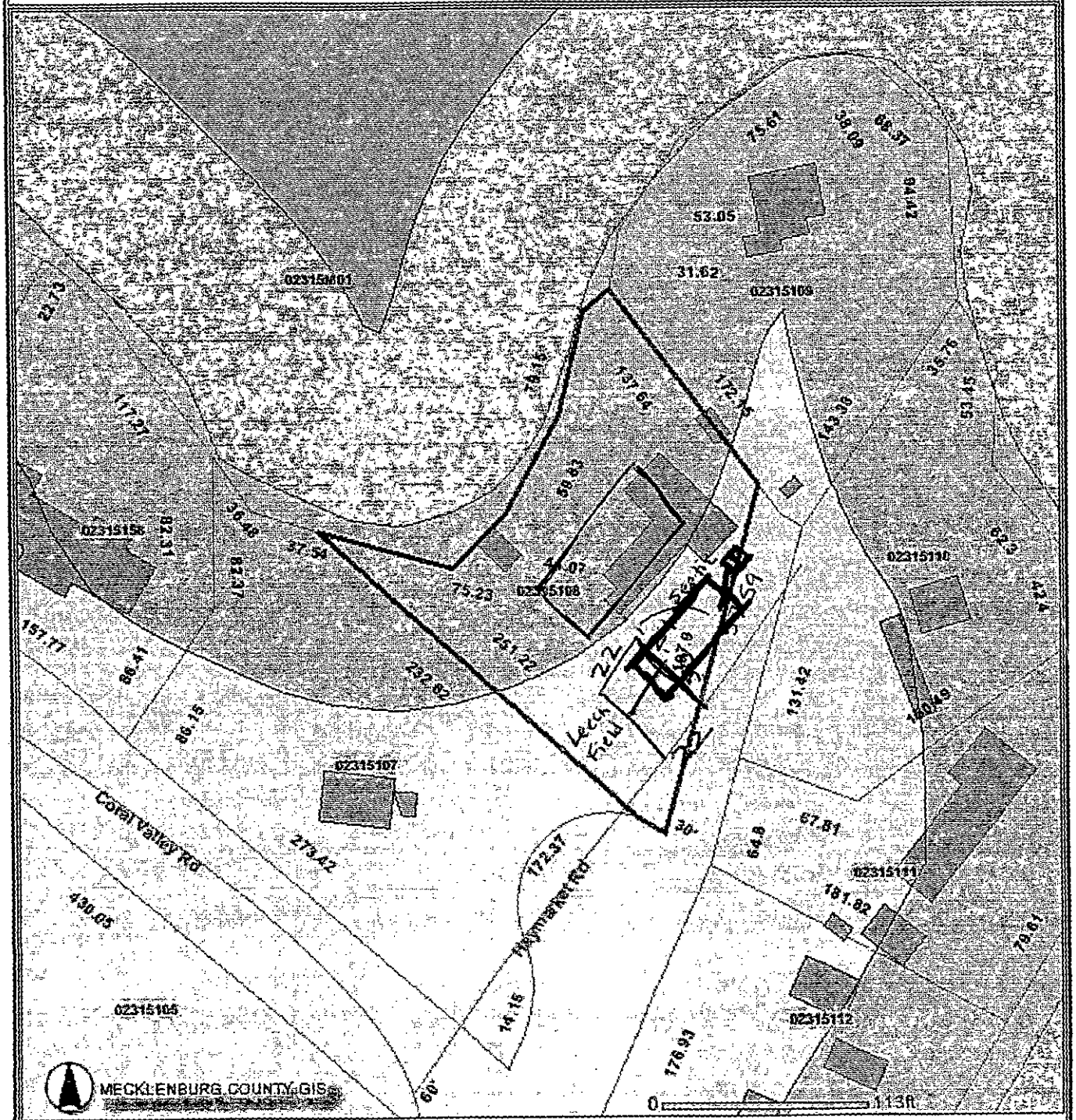
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Draw figures proposed Ft print + Garage



Print

Close

Parcel Information

Parcel ID	Account	Parent	Previous
02315108	INDIVIDUAL		

Owner(s)

Owner Name	Mailing Address	City/State
NORMAN JAMES R SR	12317 HAYMARKET RD	CHARLOTTE NC 28214
LINDA & PATRICIA N STEWART WIFE	12317 HAYMARKET RD	CHARLOTTE NC 28214

Legal Information

Legal	Municipality	Annexed	Special District	Fire District	Acreage
L19 SEC2 M18-111	MECKLENBURG COUNTY-UNINCORPORATED		FIRE SERVICE A	COOKS	0

Total Parcel Assessment & Exemptions

Building	Land	Features	Total	Exemption	Year Approved	Review Date	Amount
23600	180000	6200	209800				

Sales Information

Sale	Price	Stamps	Qualify	V/I	DeedBook	Type	Legal Ref.	Grantor
Oct 19 1999	0		OTHER	IMP	10842 - 799	DEED STAMPS	10842-799	NORMAN LAWRENCE A (B

Land Use

Use	Units	Type	Neighborhood	Assessment
R122	1	WF	C301	180000

Building Information

Bldg	Description	Type	Year Built	Property Location
1	Manufactured	MFD HOME-DW	1974	12317 HAYMARKET RD UNINC

Bldg	Story	Units	Total SqFt	Heated	Foundation	Ext. Wall	Grade	Value
1	1 STORY	1	1368	1368	CRAWL SPACE	ALUM,VINYL -	AVERAGE 03	23600

Bldg	Heat	Fuel	FirePlace	AC	Fixtures	Bedrooms	Full Baths	3/4 Baths	1/2 Baths
1	AIR-DUCTED	OIL/WD/COAL		AC-NONE		3	2		0

Sub Areas

Bldg	Description	Size
1	BASE (FIRST FLOOR)	1368

Depreciation

Bldg	Physical	Functional	Economic	Special	Override
1	AV - 41%				

Special Features & Yard Items

Bldg	Built	Type	Quantity	Units	Value
1	1974	PORCH	1	10X35	2500
1	1974	STORAGE	1	12X20	1000
1	1974	DOCK	1	10X10	700
1	1974	PIER	1	4X44	900
1	1974	BARBEQUE	1	1	400
1	1974	STORAGE	1	8X20	700

Value Changes

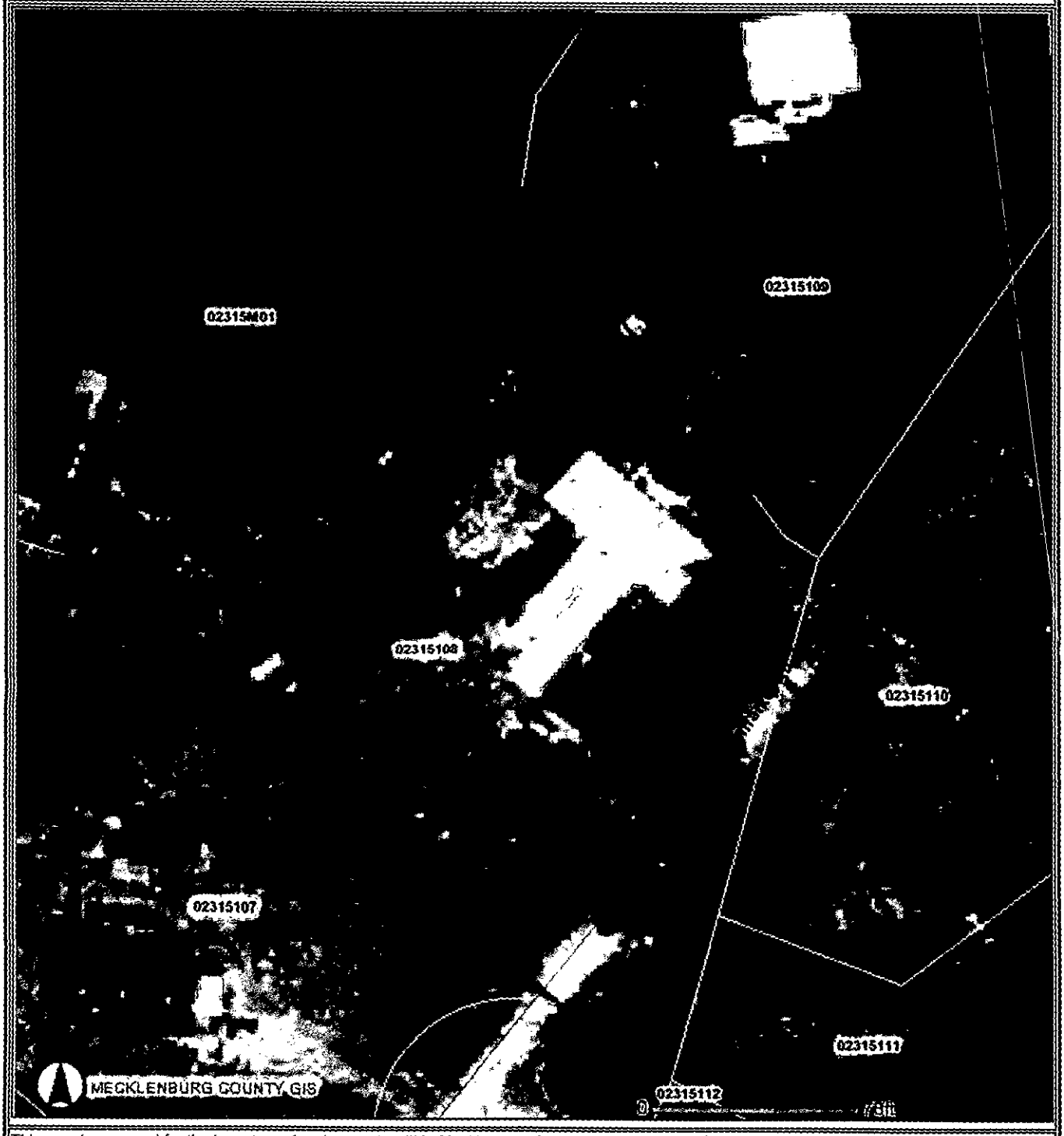
Notice Date	Tax Year	Reason	Changed To	Deferred
Jan 17 2003	2003	Countywide Revaluation	209800	0
Jan 5 1998	1998	Countywide Revaluation	141570	
Jan 2 1991	1991	Countywide Revaluation	102200	

Mecklenburg County, North Carolina

POLARIS

Property Ownership Land Records Information System

Date Printed: Wed Jan 19 09:32:26 EST 2005



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FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 4/30/97 PERMIT NO: 1916B
PARCEL NO: 023-151-08
JOB LOCATION ADDRESS: 12317 Haymarket Rd.
PROPERTY OWNER: Lawrence A Norman
BUILDING CONTRACTOR: _____
SUBDIVISION NAME: _____
AUTHORIZATION ISSUED BY: Joni Higgins Berry, R.S. DATE: 4-30-97
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 1916B, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Installation Approval Required.

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Lawrence A Norman
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

FEE: _____

DATE: _____

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

( ) CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ✓ REPAIR OF EXISTING SYSTEM

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

FILE #: 19168

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023-151-08

STREET ADDRESS: 12317 Haymarket Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
X DOUBLE WIDE (D)
___ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

TOWNSHIP (CHECK ONE):

X 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT
___ ON SLAB
___ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

___ COMMUNITY (C)
___ MUNICIPAL (M)
X PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ___ NO	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:

NAME: NORMAN (LAST) LAWRENCE (FIRST) A (MI)

ADDRESS: 12317 HAYMARKET ROAD

CITY: CHARLOTTE STATE: NC ZIP: 28214

DAYTIME PHONE: 704 392 - 0523

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Lawrence a Norman DATE: 4-30-97

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

Permit Number: 1916B

CONDITIONS OF IMPROVEMENT PERMIT

Tax Number 023-151-08

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	____ Yes	____ No	____ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	____ Conventional ____ Prefabricated, permeable block panel system ____ Shallow Placed Conventional	____ Low Pressure Pipe ____ Large Diameter Pipe ____ Fill ____ Other	____ Innovative or Experimental: ____ IWWS-93-1 ____ IWWS-93-2 ____ IWWS-94-1
____ Long-term acceptance rate	____ Max gallons/day wastewater flow	____ Absorption Area (sq ft)	____ Trench spacing (min. on centers)
____ Serviced by private well	____ Gallon septic tank	____ Total trench length (ft)	____ Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
____ Bedrooms in residence	____ Gallon pump tank	____ Depth of stone	
Any surface waters present:	Type:	Minimum separation distance:	
Site modifications required:			
Additional Conditions:			
Repair Area System Type Type (circle one): I (II) III IV V VI	✓ Conventional ____ Prefabricated, permeable block panel system ____ Shallow Placed Conventional	____ Low Pressure Pipe ____ Large Diameter Pipe ____ Fill ____ Other	____ Innovative or Experimental: ____ IWWS-93-1 ____ IWWS-93-2 ____ IWWS-94-1
300 Absorption Area (Sq ft) 100 Total Trench Length (Ft)	24" Depth of Stone Trench	Bid Trench spacing (min. on centers)	2'-3' Maximum Trench Depth
For existing system, enter the year originally installed: 30yrs.			

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 Sewage, 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 Improvement permit is transferable.

Lawrence a Norman — Joni Huggins Dunn

DEHNR Authorized Agent — Date — Owner/Agent Signature — Date

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR.
SUITE 211
700 N. TRYON ST.
CHARLOTTE, N.C. 28202.
(704) 336-5102

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

CITY OF CHARLOTTE
STATE OF NORTH CAROLINA

CASE NO. _____

MEETING DATE 2/22/05

APPLICATION FOR A VARIANCE

APPLICATION MUST BE FILED IN PERSON, CAN NOT BE ACCEPTED BY MAIL

Variance requested on property located at: 12317 Hayrake t Rd Charlotte, NC 28214 Property

Zoned: R-5 Zoning Map #: 47 Tax Parcel #: 02315108

Property Owner: James R. Norman Se. Linda H. Norman, Patricia N. Stewart

Date Existing Structure Erected: single wide 1968
double wide 1974

TO THE CHARLOTTE ZONING BOARD OF ADJUSTMENT:

I Carol + Jeff Montgomery hereby petition the Board of Adjustment for a VARIANCE from the literal provisions of the Charlotte Zoning Ordinance because, under the interpretation given to me by the Zoning Administrator, I am prohibited from using the parcel of land described above in a manner shown by the Plot Plan attached to this form. I request a variance from the following provisions of the Zoning Ordinance (cite Section numbers and Code requirements):

10.508 1(a.) 100 Ft Buffer
9.205 1(e) 20 Ft setback Plat requires 30 Ft set back from 1976

Describe the VARIANCE being requested on the above referenced property:

I am requesting a 49.73 variance to build a new house + garage on the property
I am requesting that we are allowed to follow the current zoning regulation of a 20 Ft setback from roadway instead of 30 Ft

FACTORS RELEVANT TO THE ISSUANCE OF A VARIANCE:

The Board of Adjustment does not have unlimited discretion in deciding whether to grant a variance. Under the state enabling act, the Board is required to reach three conclusions as a prerequisite to the issuance of a variance: (a) that there are practical difficulties or unnecessary hardships in the way of carrying out the strict letter of the Ordinance, (b) that the variance is in harmony with the general purposes and intent of the Ordinance and preserves its spirit, and (c) that in the granting of the variance, the public safety and welfare have been assured and substantial justice has been done. In the following spaces, indicate the facts and the argument you plan to render, in order to convince the Board, to properly determine that each of these three (3) CONCLUSIONS are applicable to this structure and site.

(a) THERE ARE PRACTICAL DIFFICULTIES OR UNNECESSARY HARDSHIPS IN THE WAY OF CARRYING OUT THE STRICT LETTER OF THE ORDINANCE. The courts have developed three rules to determine whether, in a particular situation, "practical difficulties or unnecessary hardships" exist. State facts and arguments in support of each of the following:

(1) **If he complies with the provisions of the Ordinance, the property owner can secure no reasonable return from, or make no reasonable use of, his property.** (It is not sufficient that failure to grant the variance simply makes the property less valuable.)

Due to the buffer + Septic setbacks this property cannot be used for residential purposes unless this variance is approved. We would like to build a house + garage in line with the growth of the neighborhood.

MECKLENBURG COUNTY

Land Use and Environmental Services Agency
Water & Land Resources
Zoning Division

CITY OF CHARLOTTE ZONING BOARD OF ADJUSTMENT
E.L. WOODS TRAINING ROOM
HAL MARSHALL BUILDING – 700 NORTH TRYON STREET
TUESDAY – FEBRUARY 22, 2005 – 9:00 A.M.

RECOMMENDATION AGENDA

Inspector Setzer

Case No. 05-020 – 1216 Princeton Avenue – Eugene K. Ehrmann, represented by Thad A. Throneburg – Tax Parcel Number 151-091-37, requesting a 10 foot variance from the required 60 foot lot width to allow a 50 foot lot width at the required setback in an R-4 zoned district. Code Section 9.205(1)(d) states Development Standards for a Single-Family Districts require a minimum lot width of 60 feet for residential dwellings in an R-4 zoned district.

Case No. 05-019 – 1212 Princeton Avenue – Eugene K. Ehrmann, represented by Thad A. Throneburg – Tax Parcel Number 151-091-23, requesting a 10 foot variance from the required 60 foot lot width to allow for a 50 foot lot width at the required setback in an R-4 zoned district. Code Section 9.205(1)(d) states Development Standards for a Single-Family Districts require a minimum lot width of 60 feet for residential dwellings in an R-4 zoned district.

REGULAR AGENDA

Inspector Setzer

Case No. 05-021 – 1212 Princeton Avenue (APPEAL) – Eugene K. Ehrmann, represented by Thad A. Throneburg – Tax Parcel Number 151-091-23, requesting a 10 foot variance from the required 60 foot lot width to allow for a 50 foot lot width. Code Section 9.205(1)(d) states Development Standards for a Single-Family Districts require a minimum lot width of 60 feet for residential dwellings.

Case No. 05-022 – 1216 Princeton Avenue (APPEAL) – Eugene K. Ehrmann, represented by Thad A. Throneburg – Tax Parcel Number 151-091-37, requesting a 10 foot variance from the required 60 foot lot width to allow for a 50 foot lot width. Code Section 7.105 states Standards for Nonconforming Vacant Lots. Code Section 9.205 states Development Standards for a Single-Family District. Code Section 9.205(1)(d) states Development Standards for a Single-Family Districts require a minimum lot width of 60 feet for residential dwellings.

Case No. 05-017 – 4610 Messian Court – Ladson M. Brearley, Jr. – Tax Parcel Number 209-451-28, is requesting a 6 foot variance from the required 45 foot rear yard to allow a room addition. Code Section 12.106(1) states Uses and Structures Prohibited and Allowed in Required Setbacks and Yards – no principal building or principal structure shall be located within any setback or yard required by these regulations except as provided in this Section and elsewhere in these regulations.

THE BOARD WILL BREAK FOR LUNCH AFTER THE ABOVE CASES.
~ AT APPROXIMATELY 12:00 P.M. ~
THE FOLLOWING CASES WILL NOT BE HEARD BEFORE 12:30 P.M.

Inspector Powell

Case No. 05-015 – 314 St. Anne Place – Rosanna C. Johnson – Tax Parcel Number 091-021-30, is requesting a 5 foot variance from the required 5 foot side yard to allow an existing carport to remain. Code Section 12.106(2)(a) states – no accessory structures, including architectural features, cited in Code Section 12.106(5), shall be located within any setback or side yard required of these regulations, or located within three (3) feet of a lot line in the established rear yard. No accessory structure shall be located within any established setback in any residential district, except as otherwise provided. If the accessory structure exceeds the height of the principal structure, it must meet the minimum side yard requirement, and be at least 15 feet from a rear property line, and shall not exceed the total square footage of heated area located on the first floor of the principal structure.

Case No. 05-016 – 423 Frazier Avenue – William Bogage, represented by Allen Bollinger – Tax Parcel Number 078-194-07, requesting a 14 foot variance from the required 20 foot front setback to extend and enclose the covered porch. Code Section 9.305(1)(e) states Development Standards for Multi-Family Districts require a minimum setback of 20 feet.

Inspector Robertson

Case No. 05-014 – 2341 Chesterfield Avenue – Gregory Patrick Hill – Tax Parcel Number 127-067-12, requesting a 6.5 foot variance from the required side yard setback (which is 10 feet, due to the corner lot) to allow construction of a detached garage. Code Section 12.102(7) states Special Lot, Setback and Yard Requirements – if in any district, the rear lot line of a corner lot abuts the side lot line of an adjacent lot fronting on a street, then the side yard of the corner lot must be a minimum of 50 percent of the setback for the abutting lot.

Inspector Caudell

Case No. 05-018 – 941 John Kirk Drive – Olen B. Smith, Jr., represented by Michael S. Cole, RLA – Tax Parcel Number 049-321-14, requesting a 30 foot variance from the required 50 foot Class "C" buffer to allow for the development of a Greek Fraternity village. Code Section 12.302(a) states Minimum Buffer Requirements for Institutional Districts. Code Section 12.302(b) states Buffer Requirements for Class "C" Buffers.

Inspector Pearson

Case No. 05-013 – 12317 Haymarket Road – Carol M. Montgomery – Tax Parcel Number 023-051-08, requesting a 48 foot variance from the required 100 foot Mountain Island Lake Watershed Buffer to allow the construction of a single-family dwelling to be 52 feet from the shoreline of Mountain Island Lake. Code Section 10.508(1)(a) states Buffers Areas Required – all areas adjacent to normal pool elevation of Mountain Island Lake – 100 feet.

~ THE BOARD RESERVES THE RIGHT TO DEVIATE FROM THE AGENDA. ~

Mecklenburg County will comply with the American Disabilities Act (ADA), which prohibits discrimination on the basis of disability. Anyone needed special accommodations when attending this meeting and/or if this information is needed in an alternative format because of a disability please contact Lovely Bell, Staff Assistant to the Charlotte Zoning Board of Adjustment, (704) 336-3818 or bellllg@co.mecklenburg.nc.us, at least 72 hours prior to the meeting.

023-151-08

1916B

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

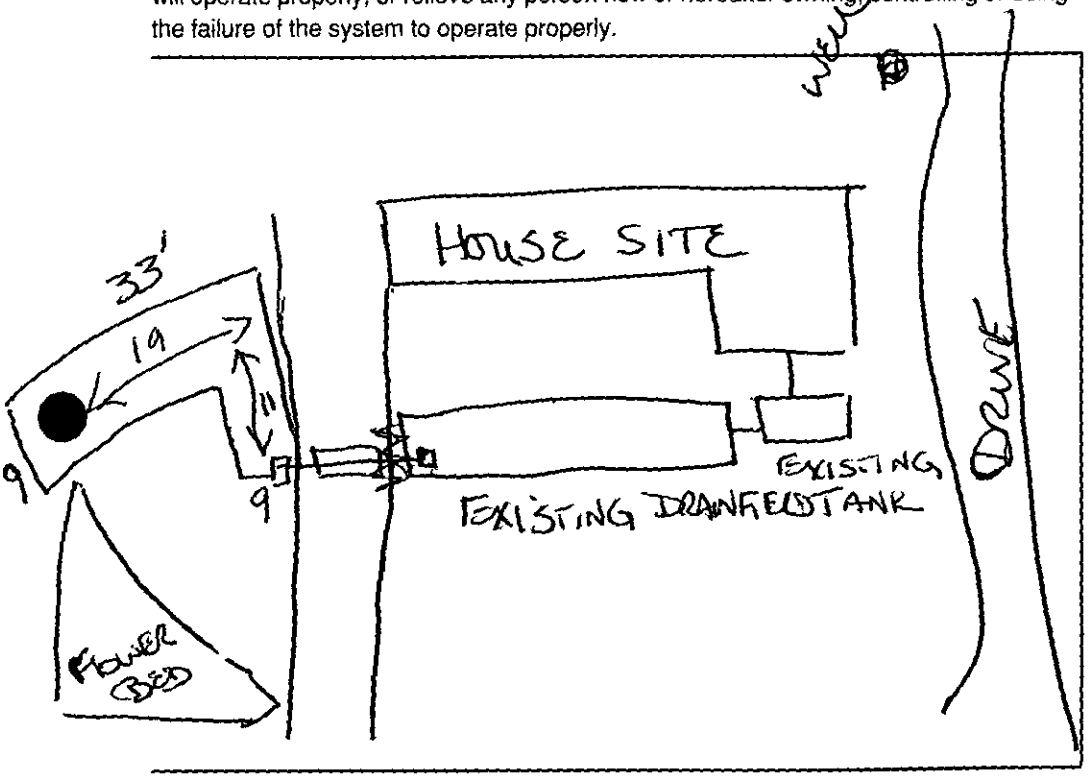
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1916 B DATE: 4-30-97

TC: 023-151-08 ☐ L

SERIAL Nº 17239

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 4-30-97. All work shall be completed on or before 5-30-97, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 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 _____ gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction _____

Trench Depth AS NECESSARY FOR OVERFLOW

Absorption and/or Nitrification Lines:

Trench Width 9' feet

Trench Walls Scored and Porous yes

Total Line Length 100 feet

Number of Lines 2

Depth of Stone 24" inches

Distance from House 5 feet

Distance from Property Line 5 feet

Distance from Well _____ feet

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

NAME OF OWNER Lawrence A. Norman

LOCATION OF PROPERTY 12317 Haymarket Rd.

Comments: INSTALL DROP BOX TO OVERFLOW USE SOLID PVC ACROSS DRIVE TO NEW DBOX - INSTALL BED 9X33X24" ON CONTOUR.

Don Huggins Bunn R.S.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

 CASE NO. _____

MEETING DATE _____

(2) **The hardship of which the Applicant complains results from unique circumstances related to the Applicant's land.** (Note: Hardships common to an entire neighborhood, resulting from overly restrictive zoning regulations, should be referred to the Charlotte-Mecklenburg Planning Commission. Also, unique personal or family hardships are irrelevant since a variance, if granted, runs with the life of the land.)

The property is on Mountain Island lake + sits in the water Buffer Zone. Due to the rd setbacks + septic ~~setbacks~~ Setbacks, a variance is required to build a new home on this property.

(3) **The hardship is not the result of the Applicant's own actions.**

No, it is because of the property itself.

(b) **THE VARIANCE IS IN HARMONY WITH THE GENERAL PURPOSE AND INTENT OF THE ORDINANCE AND PRESERVES ITS SPIRIT.** (State facts and arguments to show that the requested variance represents the least possible deviation from the letter of the Ordinance to allow a reasonable use of the land; and, that the use of the property, if the variance is granted, will not substantially detract from the character of the neighborhood.)

Our proposed house + garage would keep in line with the growth of the neighborhood. We have met the requests of Water Protection of atleast 50 Ft back + the requests of Environmental Protection setbacks of atleast 17 Ft

(c) **THE GRANTING OF THE VARIANCE SECURES THE PUBLIC SAFETY AND WELFARE AND DOES SUBSTANTIAL JUSTICE.** (State facts and arguments to show that, on balance, if the variance is denied, the benefit to the public will be substantially outweighed by the harm suffered by the Applicant.)

The land would not be able to be used for residential development in keeping with the neighborhood. We have met requested set backs from both Water Quality + Environmental Health. The proposed foot print is less than the allowed 24% built upon the lot.

I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information, and belief.

Carol M. Montg
Signature of Applicant

Carol M. Montgomery
Typed or Printed Name of Applicant

3109 Caithness Dr
COMPLETE ADDRESS

Charlotte, NC 28210
City, State, Zip Code

2/10/05 updated request w/survey
Date

704-643-5708
Telephone Number

_____
Represented By: (signature)

_____
Typed or Printed Name of Above

_____
COMPLETE ADDRESS

_____
City, State. Zip Code

_____
Date

_____
Telephone Number