

720 PEACHTREE RD

03924218

8/18/08

marliwr

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

APPLICATION FOR BUILDING PERMIT 18518

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

PERMIT #

ADDRESS

STREET # (N,S,E,W) | STREET NAME | (AV, RD, ST, etc)
720 | Peachtree | Rd.

SUITE/UNIT(S):

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

SITE DATA

PROJECT/SUBDIVISION NAME: OAK DALE | PHASE | SECTION | PROJECT # 36632

OWNER: Danny Moore | ADDRESS: 720 Peachtree Rd

CITY: Charlotte | STATE: N.C. | ZIP: 28216 | PHONE #: 704-394-4298

TAX PARCEL # / CENSUS: 039-242-18 | LOT # | BLOCK # | LAND AREA (sq. ft.)

ZONING: R-4 | JURIS: 1 | MAP #: 68 | R/W: 60

SPECIAL (Circle) C D N P S | FLOOD PLAIN ☐ Yes | FLOOD ELEV | FIRE DIST. ☐ Yes | APR'D: GS

LOT ☐ CORNER ☐ THROUGH | FRONT SHEET (if different)

MINIMUM SETBACKS: FRONT 30 | LEFT SIDE 5 | RIGHT SIDE 5 | REAR 40 | REQ. PARK'G

PROJECT

JOB #: | USDC #: 438 | PURPOSE: | OCC. TYPE: R | CONST: 5

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

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

AREA (sq. ft.): Heated | Unheated 400 sf | Deck(s) | # STORIES | BASEMENT ☐ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS | # BEDROOMS | # BATHS

Work Includes: ☑ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes | # UNITS | MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL

Power Company | Service: ☐ New ☐ Existing | Total Amps | # Circuits

Connections 120 Volts | # Connections over 120 Volts

MECHANICAL:

Gas Company | # Gas Conn | # Appliances | ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

☐ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc.) | # of Appliances (Dishwasher, Water Heater, etc.)

UTILITIES: ☐ New ☒ Existing

Public: 1-Individual Meter/Connection ☐ Water ☐ Sewer | Private: 3-Individual ☑ Well ☑ Septic

2-Master Meter/Connection ☐ Water ☐ Sewer | 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APR'D FEES $
10000	Bldg Danny Moore	Phone 704-394-4298	Lic #	Bldg $ 2000.00	
	Add Owner/Contr	City/St Peachtree Rd. Char.	Zip 28216		
	Elect	Phone	Lic #	Elect. $	
	Add	City/St	Zip		
	Mech	Phone	Lic #	Mech. $	
	Add	City/St	Zip		
	Plbg	Phone	Lic #	Plbg. $	
	Add	City/St	Zip		
PLANS ☐	Arch./Eng	Phone	Lic #	Total Const. Cost $	
	Add	City/St	Zip		

OTHER

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

REMARKS: existing light | OTHER FEES $ | TOTAL FEE $

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK. 4-30-03

Danny Moore — APPLICANT'S SIGNATURE | 4/30/03 — DATE | Danny Moore — PRINT APPLICANT'S NAME

METHOD OF PAYMENT: ☒ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY		APPROVED BY	VALIDATED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

Jeremy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$100 cc App 01731 4/30/03 [ ] CRT

4/30 JC

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

(704)336-5102 18518

Date:

PERSON FILING APPLICATION:

NAME: Moore (last) Danny (first) (mi)

ADDRESS: 720 Peachtree Rd PHONE: (__) _____

CITY: Charlotte STATE: N.C. ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 039-242-18

STREET ADDRESS: 720 Peachtree Rd.

ZONING: _____

PROPERTY OWNER:

NAME: Moore (last) Danny (first) (mi)

ADDRESS: 720 Peachtree Rd PHONE: (704) 394-4298

CITY: Charlotte STATE: NC ZIPCODE: 28216

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: NA LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Carport shed

1926

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: 3 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)
[X] 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: Danny Moore Date: 4/30/03

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

WATER : 122791

PF 36632

COPY

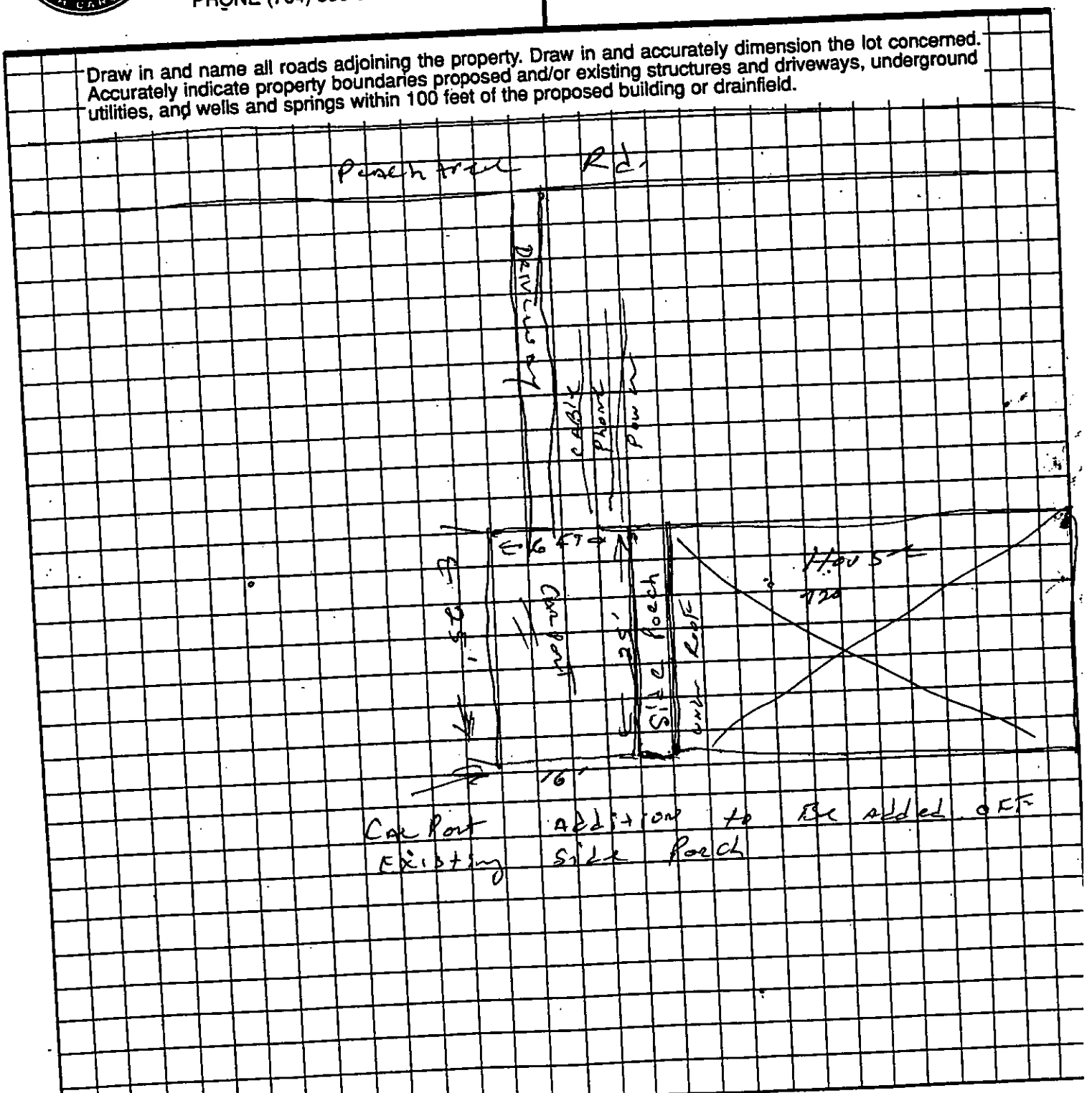
PROPOSED PLOT PLAN

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

FILE: 18518

TC: _____

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 _____

Dan Moore
OWNER/AGENT SIGNATURE

DATE 4/30/03

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Co