SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

NEW SEPTIC ☐ NEW WELL ☐ USE EXISTING ☑ MODIFIED PLOT PLAN ☐

New Septic Fees Paid

IP ($250.00) _____ Initial/Date

CA ($200.00) _____ Initial/Date

OP ($200.00) _____ Initial/Date

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

New Well Fees Paid: $550.00 _____ Initial/Date

Use Existing Fees Paid: $100.00 SEGA Initial/Date 12/2/22

Alteration Fees Paid: $300 Total $200 _____ Initial/Date (If use existing was part of payment)

Modified Plot Plan Fees Paid: $100.00 _____ Initial/Date

Floor plans need to be submitted and reviewed before CA can be issued ☐ Review ☐

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

Septic file complete ☐_____ Well complete ☐ _____

Send permit for signature ☐ Signature received ☐ _____

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

Certified operator contract is on file ☐ _____

106 NEBL 10705B

MECKLENBURG COUNTY HEALTH DEPARTMENT #13514

1 DEC '22 PM12:28

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: Beth Gordon
ADDRESS: PO Box 470475
CITY: Charlotte
STATE: NC ZIP: 28247
PHONE: 704-516-6666
ALTERNATE PHONE:
E-MAIL: BethHGordon@aol.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Maxwell Development Co-
ADDRESS: PO Box 6122
CITY: Charlotte
STATE: NC ZIP: 28207
PHONE: 704-957-0509
ALTERNATE PHONE:
E-MAIL: jmaxwell@maxwellholdings.org

JOB LOCATION INFORMATION
TAX PARCEL #: 02324125
STREET ADDRESS: 6901 Glenn Teague Rd
CITY: Charlotte
STATE: NC ZIP: 28216

SUBDIVISION OR MOBILE HOME PARK NAME: Mountain Island Park
LOT #:

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: 2
NUMBER OF OCCUPANTS: 2

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.

Gordon Builders — Owner's/Agent's Signature
11-30-22 — Date

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

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

LOCATION

STREET # (N,S,E,W): 6301 | STREET NAME: Glenn Teague | (AV,RD,ST,etc.): Rd

SUITE/UNIT(S):

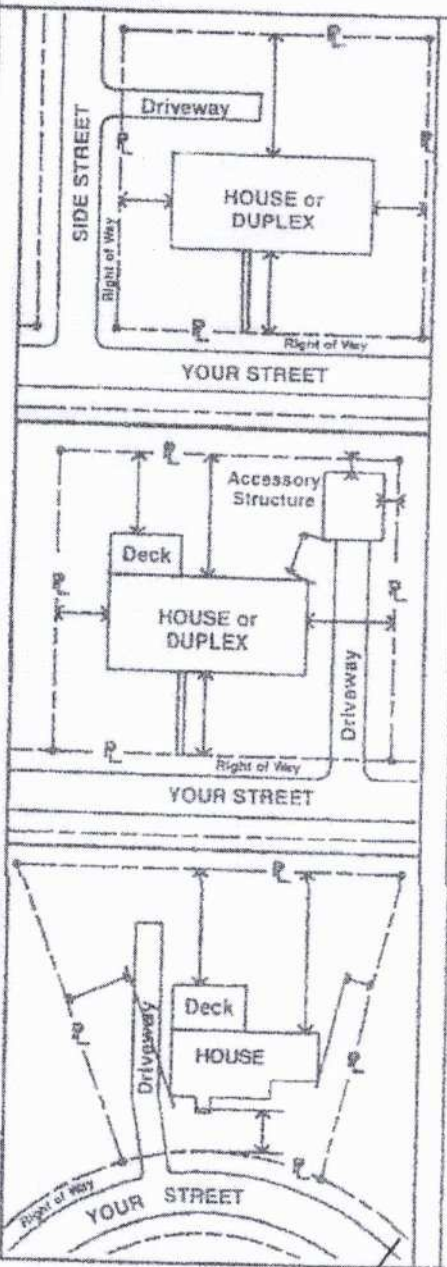
PERMIT #:

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

TAX PARCEL #:

JOB #:

EXAMPLES/PLOT PLAN

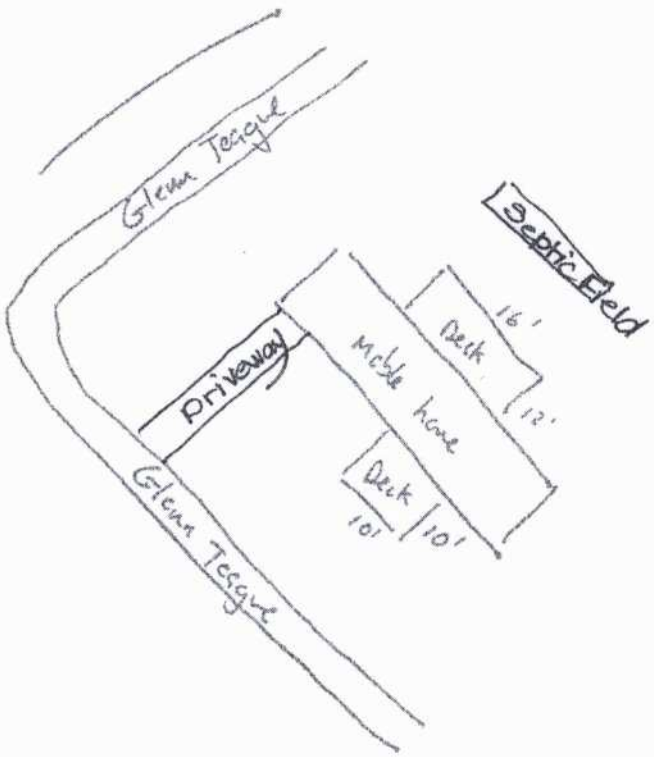


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc.
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Robert A Gordon 11/14/22 Gordon Builders

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

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 CHARLOTTE, NC 28231-1097 704-336-2600

APPROVED BY

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

(agent) in the submittal of the application for a water supply well or septic permit located at

6701 Glenn Teague Rd
Number Street Town

(Or Parcel Number) parcel 02324125

Maxwell Development Co
Property Owner (print name)

Property Owner (signature)

11-30-22
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 12/02/22
Receipt #: 138750
Check / Auth #: VISA 090311
Received By: GALLOSE

Amount: 100.00
Tendered: 100.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: GORDON BUILDERS INC
Attn: USER EXISTING PERMIT
Address: 6301 GLENN TEAGUE RD
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 6301 GLENN TEAGUE RD	10645B	1	100.00	100.00

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

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

Payment Receipt

Mecklenburg County

Environmental Health
3205 Freedom Drive, Suite 8000
Charlotte, NC 28208
Phone: 980-314-1651

Enter Account # or Customer Name Here:
GORDON BUILDERS INC

Bill To:

GORDON BUILDERS INC

Single Payment

Transaction Date:	12/02/2022 12:23 PM Pacific Time
Pay Method:	VISA **********0923
Approval #:	090311
Trace Number:	bfc5a46a-4a19-4067-859b-3af0cda369fa
Amount:	$100.00

Payment Amount:	$100.00
Total:	**$100.00**

Thank you for your payment.