J Michelone

LD 9/29/08

FILE NUMBER: 10374

SURVEY FEE: 300.00

DATE: 6-18-08

Charged-B71790

Revised On: August 31, 2007

APPLICATION NUMBER: 3619

# MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

## APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

WELL FEE: _____

DATE: _____

1. SEPTIC TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☑ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

WELL TYPE APPLICATION: ☑ NONE ☐ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

6/24/08 TOT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 00142208

STREET ADDRESS: 7528 Waterview Dr.

CITY: Cornelius

STATE: NC ZIP: 28031

SUBDIVISION NAME: N/A

LOT #: LOT SIZE (acres): 1.98 AC

TOWNSHIP:

☐ 1-MECKLENBURG ☑ 3-CORNELIUS ☐ 5-HUNTERSVILLE

☐ 2-DAVIDSON ☐ 4-PINEVILLE ☐ 7-MINT HILL

☐ 2-DAVIDSON ☐ 6-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:

☐ SINGLE MOBILE HOME ☐ MODULAR HOME

☐ DOUBLE WIDE ☐ MULTIPLE FAMILY

☑ HOUSE ☐ OTHER _____

HEATED SQUARE FOOTAGE: 3400

NUMBER OF BEDROOMS: 4

NUMBER OF OCCUPANTS: 2

FOUNDATION TYPE:

☑ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING

☐ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 1 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 1

6. WATER SUPPLY: ☑ MUNICIPAL ☐ PUBLIC WELL ☐ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☑ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DURING SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1-MOST DESIRED 5-LEAST DESIRED):

MAIN TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

| | | | |
|---|---|---|---|
| BURIED CABLE'S, PIPELINES, STUMP HOLES? | ☐ YES ☑ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES ☑ NO |
| EASTERN WASTE-WATER (SEPTIC) SYSTEM? | ☑ YES ☐ NO | JURISDICTIONAL WETLANDS | ☐ YES ☑ NO |
| WATER SPRINGS OR WATER LINES | ☑ YES ☐ NO | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | ☑ YES ☐ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☑ YES ☐ NO | WASTEWATER OTHER THAN DOMESTIC SEWAGE | ☐ YES ☑ NO |

10. PROPERTY OWNER:

NAME: Dr. Art McCulloch

ADDRESS: 7528 Waterview Dr.

CITY: Cornelius

STATE: NC ZIP: 28031

HOME PHONE: PRIOR HOME:

MOBILE PHONE: FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: Tom Stevens Building Co.

ADDRESS: 370 Williamson Rd, Suite E

CITY: Mooresville

STATE: NC ZIP: 28117

HOME PHONE: WORK PHONE: 704-660-6635

MOBILE PHONE: FAX: 704-660-6610

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

13. WHAT IS THE ANTICIPATED CLOSING DATE ON THE PROPERTY? N/A

YES APPLICATION required. NO BEDROOM ADDITION requested

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

If the information on this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance to the applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either 60 months or is non-expiring depending upon the documentation submitted. Complete site plan = 60 months; plot plan = non-expiring.

Tom Stevens 6-3-08

Property Owner's or Owner's Legal Representative Signature Date

15. WELL PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 months from the date of issuance.

* O.K. to UXS for a detached garage addition. No alteration needed.

Property Owner's or Owner's Legal Representative Signature Date

Tommy Mundy R.S. 6/24/08

☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

MECKLENBURG COUNTY-GROUNDWATER & WASTEWATER SERVICES
700 E. TRYON ST., SUITE 211, CHARLOTTE, NC 28202 PHONE: (704) 336-5103 FAX: (704) 336-6894

JUN-17-2008 11:04 From:TOM STEVENSON BUILD 7046606640 To:704 336 5894 P.02/02

LOT 7
1.65 AC.
50' SETBACK
FROM 750 CONTOUR
PER MB 172-47
N 04°38'00"W 113.20'
29.38'
N 18°54'18"W
NORMAN

**App. #:** 3635

Fee: 100.0000

Date: 6/18/2008

CRT[ ]

**APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM**

**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**
700 N. Tryon St. Suite 211 Charlotte, NC 28202
Phone: 704-336-5103 Fax: 704-336-6894

**FILE #:** 10374

TYPE APPLICATION:

- ○ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE
- ○ EXCHANGE MOBILE HOME - SAME # OF BEDROOMS
- ◉ ADDITION - RENOVATION OR GARAGE WITH NO MAJOR CHANGES
- ○ COMMERCIAL OR INDUSTRIAL

**PERSON FILING APPLICATION**

NAME: Tom Stevenson Building Co.
ADDRESS: 570 Williamson Rd., Suite E
CITY: Mooresville
STATE: NORTH CAROLINA ZIP: 28117
PRIMARY PHONE: 704-660-6638 ALTERNATE PHONE:
FAX:

**JOB LOCATION INFORMATION:**

TAX / PARCEL #: 001-422-08
STREET ADDRESS: 7528 WATERVIEW DR
CITY: CORNELIUS NC ZIP: 28031
SUBDIVISION OR MOBILE HOME PARK NAME: LOT #: 0

**PROPERTY OWNER:** ☐ Same as Filer

NAME: Dr. Art McCulloch
ADDRESS: 7528 Waterview Dr.
CITY: Cornelius
STATE: NORTH CAROLINA
ZIP: 28031
PRIMARY PHONE:
ALTERNATE PHONE:
FAX:

General Comments:
Originally applied for alteration permit for garage w/ bedroom. Bedroom addition could not be approved per JPM. New UES *application entered for garage. TCT 6/24/08*

WATER SUPPLY:

☑ MUNICIPAL (M) ☐ PUBLIC (C) ☐ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

**RESIDENTIAL PROPERTY TYPE:**

◉ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE ○ OTHER

NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 3

**COMMERCIAL / INDUSTRIAL PROPERTY TYPE:**

NUMBER OF EMPLOYEES PER SHIFT: 0
NUMBER OF SHIFTS: 0
INDUSTRIAL WASTES?: ○ YES ○ NO
UNDERGROUND STORAGE TANKS?: ○ YES ○ NO

**ADDITION TYPE ATTACHED TO EXISTING STRUCTURE:**

☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ DEN ☐ GARAGE
☐ SUNROOM ☐ PORCH ☐ DECK ☐ OTHER

**ADDITION TYPE DETACHED FROM EXISTING STRUCTURE:**

☑ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH/DECK ☐ OTHER

PRINT Update Go-to-Front-Counter

## EHS Septic Permit Tracking

Application #: 3635
Permit File #: 10374
Permit Type: Use Existing System: Addition - Renovation Or Garage (Residential)
Soil Report:

| Site Evaluation: | Initial System | Repair System |
|---|---|---|
| Available Space: | No Data | No Data |
| System Classification: | | |
| Site LTAR: | 0.0 | 0.0 |
| Site Classification: | No Data | |

Generate Denial Letter

Generate Conditions of Improvement Permit

Improvement Permit Issuance

Time Spent (hours):
☐ Change: 2.25

Use Existing System Approved: ◉ Yes ○ No Date: 6/24/2008 Generate Denial Letter

Comments:

This application is for a Use Existing System and not an alteration. It is O.K. to use existing system for a detached garage addition. No need to alter the system. JPM 6/24/08

Submit

# MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
# CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE - _____

CREDIT [X]
REFUND [ ]
CANCEL [ ]

1. Property Owner's Name: Dr. Art McCulloch 2. Permit #: File # 10374
3. Permit Address: 7528 Waterview 4. Posting Date: _____ 5. Fire Fee #: _____
6. Account Name: Stevenson Bldg Co INC TOM 7. Account # B71790
8. *If Refund*, Check payable to: _____ 9. Phone # _____
(Please Print)
10. Mailing Address: _____
Street City State Zip
11. Signature: _____ 12. Printed Name _____ 13. Date: _____

REASON FOR REQUEST

☐ Plan Change ☐ Not Doing Work ☐ Duplicate Permit (Dup. Permit # _____ Date _____)

☐ Wrong Contractor → SHOULD HAVE BEEN _____ CHARGES REAPPLIED _____
Correct contractor Staff Initials

→ ☑ Other (Specify) No Alteration, use existing system only

Department Use Only

## IF ADJUSTMENT
*(to be completed by Emp & Supervisor)*

Incorrect Entry - _____

Correct Entry -

Reason - _____

Initials _____ Date / /

Superv Initials _____ Date / /

## INSP. COUNT & CANCELLATION OF PERMIT
*(Completed by Applicable Core Process)*

Number of Inspections

| B | E | M | P | F | L |
|---|---|---|---|---|---|
| | | | | | |

Cancellation of Permit
*(completed by Applicable Core Process)*

| B | E | M | P | F | L |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Initials _____ Date _____

Expired Permit ☐

Rev Coll. Date Stamp

## CALCULATIONS
*(Completed by Applicable Core Process)*

| | |
|---|---|
| Plan Review 80% = Plan Review 90% = No Plan Review | % |
| Insp. Info Each Insp (10%) | % |
| Total Crdt/Rfnd % PR% - Insp | % |
| Pmt or Fee Amt $ Total Amt | $ 300.00 |
| Zoning Fee $ Amt | $ |

$ 300.00 X 2/3 % =

Total Pmt/ Fee Credit/Refund $ 200.00
Permit Fee- Zoning X C/R% or Min/- Whichever is greater

JyC Initials 9/30/08 Date

## VERIFICATION *(To Be Completed By Revenue Collection)*

| If Refund | If Refund with Credit Balance | If Credit (Trans #) | Serv Chg Cr | Initials & Date | Posting Date |
|---|---|---|---|---|---|
| | 8 _ 03=0 9004=$ | | $ | | |
| Org/Account [ 8 _ 03 = 0] | Refund Charge to account | 88 - - - | 88116 | | |

## APPROVALS *(To Be Completed By Department And Finance Representatives)*

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

Assigned to: R S

Rev Coll. Date Stamp

Rev. Coll. Tracking # _____

# *MECKLENBURG COUNTY*
# *LAND USE AND ENVIRONMENTAL SERVICES*
## *Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 06/18/08 | **Amount:** | 300.00 |
| **Receipt #:** | 57847 | **Tendered:** | 0.00 |
| **Check / Auth #:** | CHARGE | **Returned:** | 0.00 |
| **Received By:** | GLADNAG | | |

**Account Information**

**Account #:** B71790
**Contractor:** STEVENSON BLDG CO INC TOM
**Attn:**
**Address:** 570 WILLIAMSON RD SUITE E
**Address:**
**City/State/Zip:** MOORESVILLE, NC 28117

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0706 | MH Exc/Add/Repl w/System Mod<br>7528 WATERVIEW DR | | 1 | 300.00 | 300.00 |

**Outstanding Balances**

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|
| 473.25 | | | | | |