Kim Garrett
1/11/23

SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

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

New Septic Fees Paid

OK To Release Hold

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 SEB Initial/Date 1/11/23

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 ☐ _____

11577B

11 JAN '23 AM 9:40

App 13572

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 ○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
☒ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE ○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: David Brackett
ADDRESS: 20748 Shearer Road
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704 2010833
ALTERNATE PHONE:
E-MAIL: dvbrock12@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: Cari Brackett
ADDRESS: 20600 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036
PHONE: 704 650 7834
ALTERNATE PHONE:
E-MAIL: brackett.cari@yahoo.com

JOB LOCATION INFORMATION
TAX PARCEL #: 00307103
STREET ADDRESS: 20600 Shearer Rd
CITY: Davidson
STATE: NC ZIP: 28036

SUBDIVISION OR MOBILE HOME PARK NAME:
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: 3

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.

David Brackett — Owner's/Agent's Signature
1/10/23 — Date

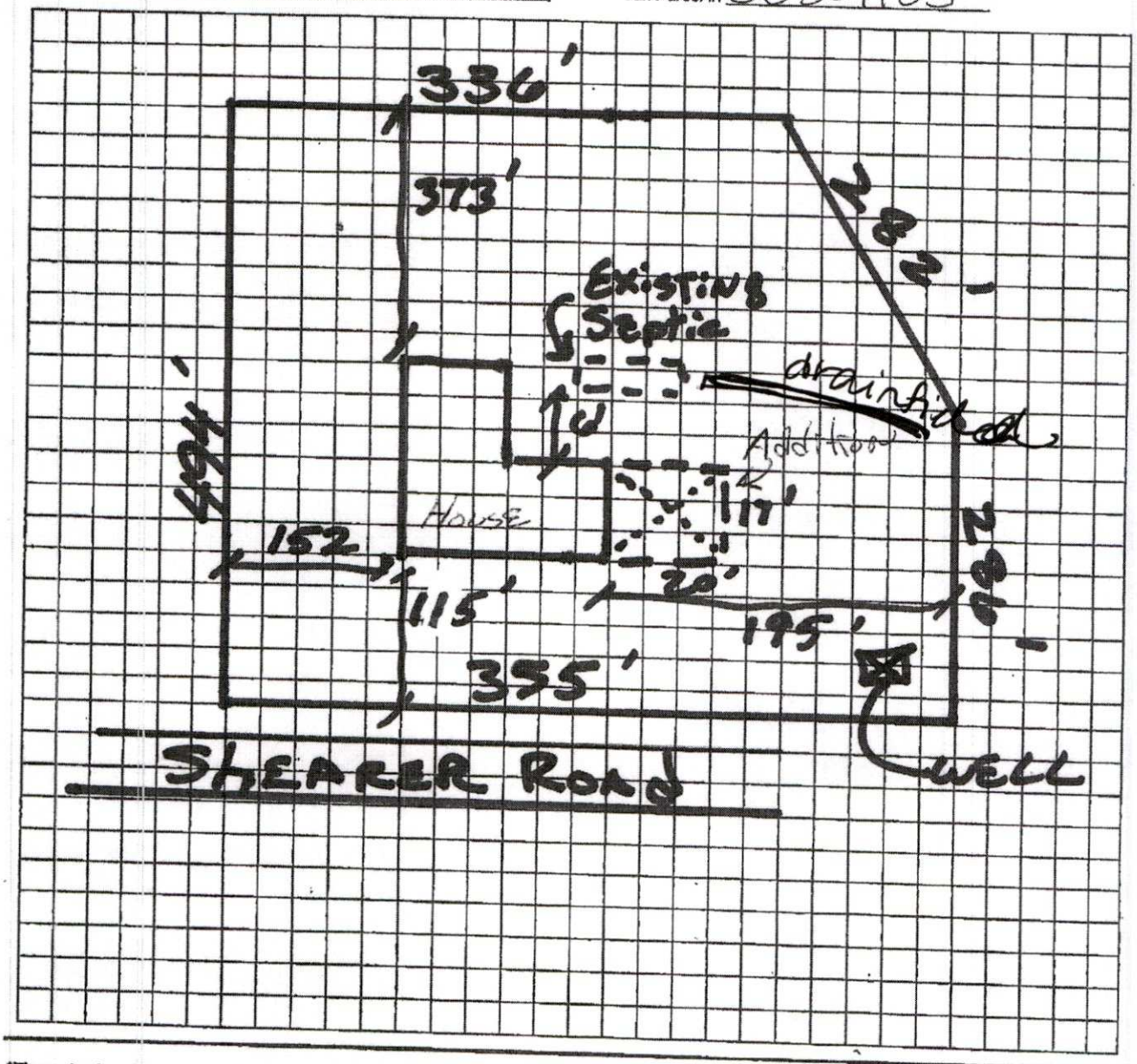
A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways; proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 20600 SHEARER Rd Tax Parcel #: 00307103



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

Addition project approved, meets 5' setback; no increase in # of bedrooms

REHS Signature Kim Lanett Date 1/17/23

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1680, FAX: 704-336-6894

Revised on: 03/27/19

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 David Brackett is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

00307103
Number Street Town
(Or Parcel Number)

CARI BRACKETT
Property Owner (print name)

Cari Brackett
Property Owner (signature)

1/10/23
Date

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	01/11/23	**Amount:**	100.00
Receipt #:	139327	**Tendered:**	100.00
Check / Auth #:	VISA 022863	**Returned:**	0.00
Received By:	GALLOSE		

Account Information

Account #: 200000
Contractor: BRACKETT DAVID
Attn: USE EXISTING SEPTIC SYSTEM APP
Address: 20600 SHEARER RD
Address:
City/State/Zip: ,

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 20600 SHEARER RD	11577B	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: DAVID BRACKETT

Bill To:

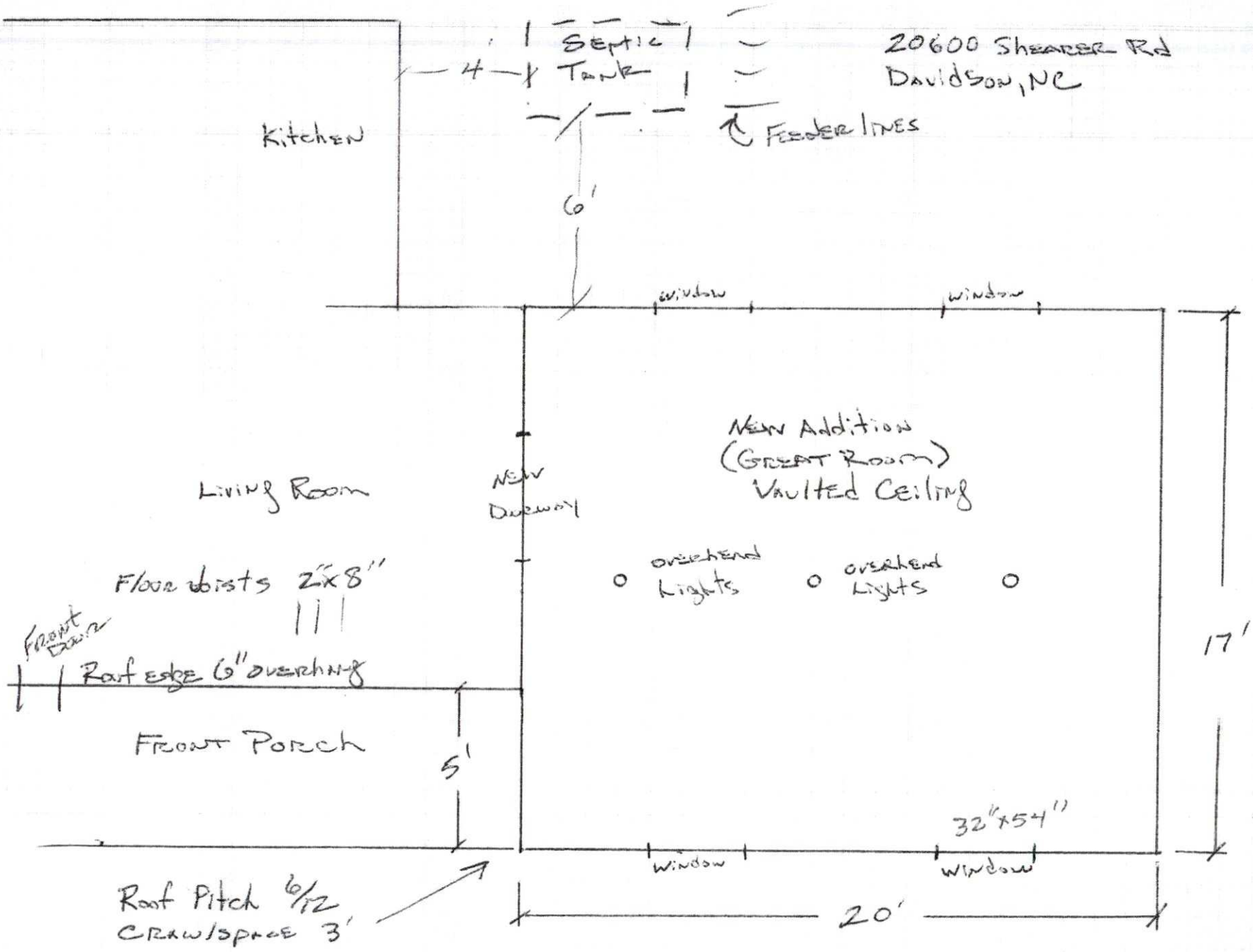
DAVID BRACKETT

Single Payment

Transaction Date:	01/11/2023 6:45 AM Pacific Time
Pay Method:	VISA **********9780
Approval #:	022863
Trace Number:	87e299d9-221d-44d7-b2c4-d6a334f545a3
Amount:	$100.00

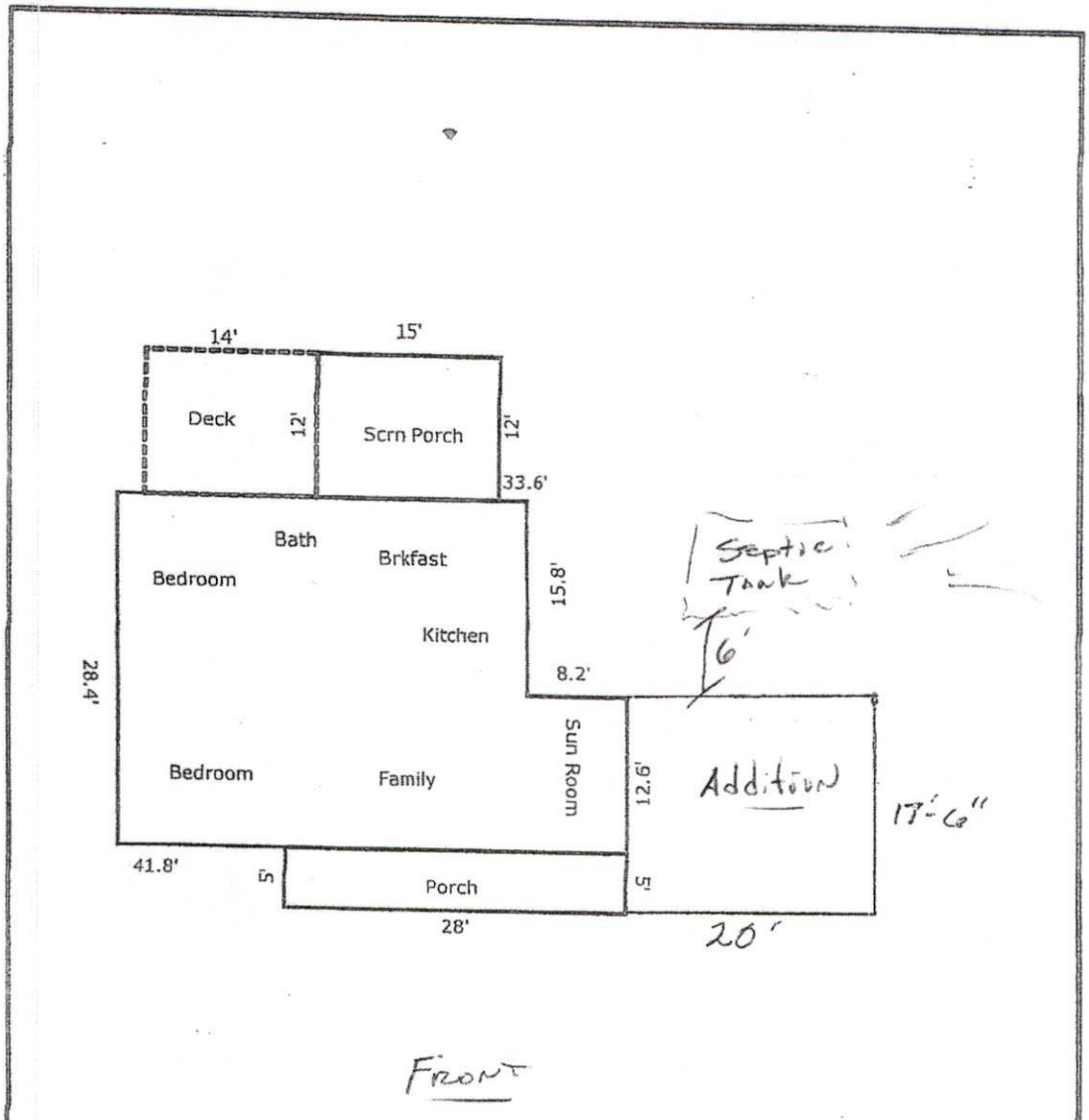
Payment Amount:	$100.00
Total:	**$100.00**

Thank you for your payment.


Septic
Tank
4'
20600 Shearer Rd
Davidson, NC
Kitchen
Feeder lines
6'
window
window
New Addition
(Great Room)
Vaulted Ceiling
Living Room
New
Driveway
overhead
Lights
overhead
Lights
Floor joists 2"x8"
Front Door
Roof edge 6" overhang
Front Porch
5'
17'
32"x54"
window
window
Roof Pitch 6/12
Crawlspace 3'
20'

Building Sketch

Borrower	Cari M Brackett				
Property Address	20600 Shearer Rd				
City	Davidson	County Mecklenburg	State NC	Zip Code 28036	
Lender/Client	Truliant Federal Credit Union				



TOTAL Sketch by a la mode, inc.

Area Calculations Summary

		Calculation Details	
Living Area			
Undefined Area	1057.56 Sq ft	28.4 × 33.6 = 954.24 8.2 × 12.6 = 103.32	
Total Living Area (Rounded):	**1058 Sq ft**		
Non-living Area			
2 Car Carport	380 Sq ft	20 × 19 =	380
Screened Porch	180 Sq ft	15 × 12 =	180
Open Porch	140 Sq ft	28 × 5 =	140
Wood Deck	168 Sq ft	12 × 14 =	168

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

LOCATION

STREET # (N,S,E,W): 20600 — STREET NAME: Shearer Road — (AV,RD,ST, etc)

SUITE/UNIT(S):

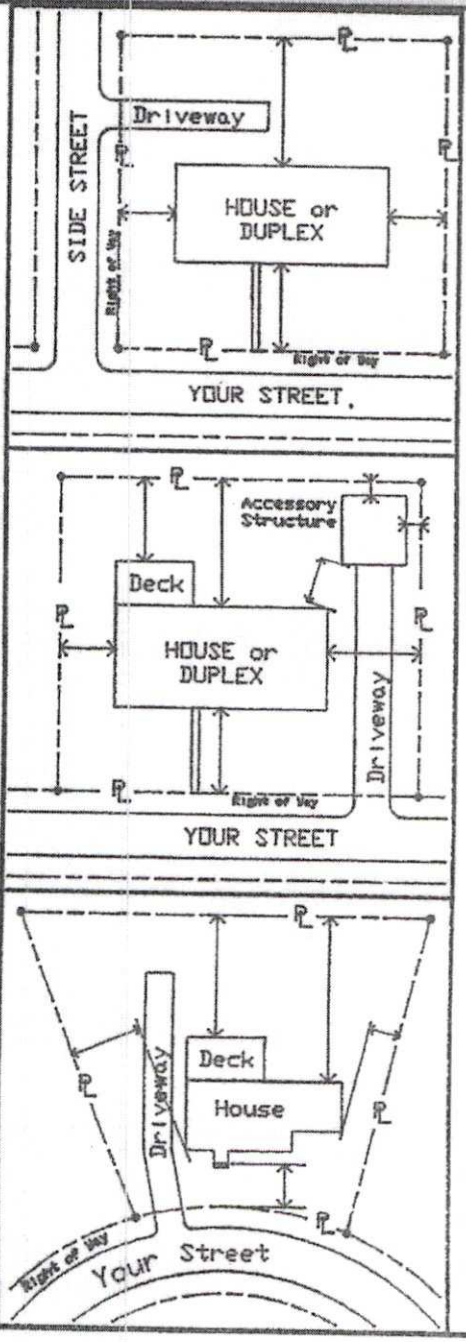
PERMIT #

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

TAX PARCEL #

JOB #

EXAMPLES/PLOT PLAN

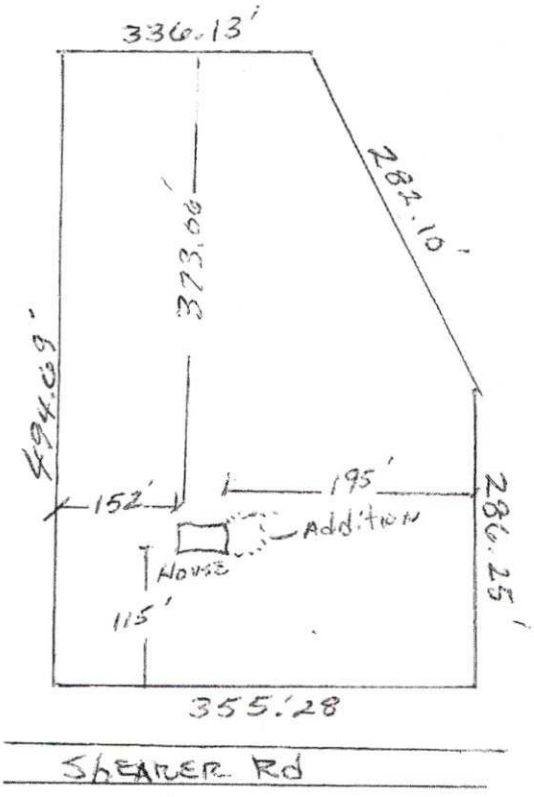


- INSTRUCTIONS -

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

David Brackett — APPLICANT'S SIGNATURE

12/6/22 — DATE

David Brackett — PRINT APPLICANT'S NAME

APPROVED BY

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

B-83

ORIGINAL

BUILDING PERMIT APPLICATION

CodeEnforcement MECKLENBURG COUNTY

ONE/TWO FAMILY — PERMIT TYPE

PERMIT #

ADDRESS

STREET # 2060 | NSEW | STREET NAME Shearer | AV,RD,ST etc Rd | SUITE/UNIT(S) | TAX JURISDICTION MECKLENBURG

SITE DATA

PROJECT/SUBDIVISION NAME Brackett Addition | PHASE | SECTION | PROJECT #

OWNER Cari Brackett | ADDRESS 20600 Shearer Road | CITY Davidson

STATE NC | ZIP 28036 | PHONE # 704-201-(| LOT # | BLOCK # | LAND AREA (sq. ft.) 173 | TAX PARCEL #

TITLE INSURANCE COMPANY / LIEN AGENT NAME Chicago Title Company, LLC | EMAIL SUPPORT@LIENSNC.COM

LIEN AGENT PHYSICAL ADDRESS 19 W Hargett ST Unit: 507, Raleigh, North Carolina 27601 | LIEN AGENT MAILING ADDRESS 19 W Hargett ST Unit: 507, Raleigh, North Carolina 27601

PHONE # (888) 690-7384 | FAX # (919) 489-5231 | LIEN AGENT ENTRY NUMBER 1418547

ZONING | JURISDICTION | MAP # | R/W

SPECIAL | FLOOD PLAIN | FLOOD ELEVATION | FIRE DISTRICT

LOT | FRONT SHEET (if different) | APR'D

MINIMUM SETBACKS: FRONT | LEFT SIDE | RIGHT SIDE | REAR | REQ. PARKING

PROJECT

JOB # | TYPE WORK ADDITION (expand foo | PROPERTY USE RESIDENTIAL - ONE/TWO FAMILY

USDC # | ☑ EXPANDED FOOTPRINT ☐ SHELL ☐ BASEMENT ☐ SPRINKLER SYSTEM ☐ IS FULL DEMO

PURPOSE | PROJECT DESCRIPTION (Residence,Office,etc) Mobile Home: Include Yr./Make/&Serial # Residence

OCC.TYPE | PROJECT AREA (sq. ft.) NEW HEATED 340 | NEW UNHEATED | DECK(S) no | # STORIES 1

CONST | CONVERTED FROM UNHEATED TO HEATED SQ FT | RENOVATE EXISTING SPACE: SQ FT

MULTI-FAMILY: # HANDICAP UNITS | ONE/TWO FAMILY, MODULAR, MOBILE HOME: TOTAL # ROOMS 1 | # BEDROOMS 0 | # BATHS 0

TOTAL # UNITS | WORK INCLUDES:

☐ ATTACHED CARPORT ☐ ATTACHED GARAGE ☐ MASONRY FIREPLACE(S)

SERVICES

ELECTRICAL POWER COMPANY UN - UNION ELECTRIC | SERVICE: EXISTIN | TOTAL AMPS | # CIRCUITS 1

CONNECTIONS 120 VOLTS 6 | # CONNECTIONS OVER 120 VOLTS 0

MECHANICAL GAS COMPANY Mooresville Oil & Propane | # GAS CONN 0 | # APPLIANCES 0 | H/C 0

☐ HEAT PUMP
☐ CENTRAL A/C
☐ ELECT. BASEBOARD
☐ ELECT. FURNACE
☐ ELECT. CEILING
☑ GAS/OIL FURNACE
☐ GAS/OIL STEAM
☐ GAS PACK
☐ PRE-FAB FIREPLACE
☐ CHIMNEY
☐ STOVE
☐ EXHAUST/VENTILATION
☐ REFRIGERATION ONLY
☐ GAS PIPING

REV 4/11/2017

PLUMBING: # OF FIXTURES (Sink,Water Closet, etc.) 0

OF APPLIANCES (Dishwasher, Water Heater, etc.) 0

UTILITIES ☐ NEW ☐ EXISTING PUBLIC (CHAR-MECK UTILITY DEPT) ☐ WATER ☐ SEWER

PRIVATE ☑ WELL ☑ SEPTIC

WILL ADDITION / UPFIT CREATE / EXPAND A BEDROOM? ☐ YES ◉ NO

CONTRACTOR(S): Name/Address as Appears on License

ACCT #

BLDG | PHONE # 704-689-1272 | LIC # NC 8058 | CONTRACT COST NEAREST $100 BLDG $ (NOTE) 109,700 | APR'D FEES

ADDRESS 20748 Shearer Road | CITY/STATE Davidson, NC | ZIP 28036

NOTE: Master Contract Cost less equipment over $500,000.

Does at least one (1) piece of equipment have a cost of over ***$500,000.?***
If YES see instructions below / If NO include all equipment in the construction cost ☐ YES ◉ NO

To calculate equipment costs when there is at least one (1) piece of equipment over $500,000., enter the total equipment cost in the Equipment Cost field. Do not include this cost in the Master Contract Cost field. The system will calculate the total equipment cost as follows: **$500,000 at 100%, the remaining equipment cost at 20%**

TOTAL EQUIPMENT COST | APR'D FEES

ACCT #

ELECT Electric Genie, LLC | PHONE # 704-770-1898 | LIC # L26353 | CONTRACT COST NEAREST $100 ELECT $ 4,200 | APR'D FEES

ADDRESS P.O. Box 15 | CITY/STATE Harrisburg, NC | ZIP 28075

ACCT #

MECH Greentech Heating & C | PHONE # 704-657-1408 | LIC # X45917 | CONTRACT COST NEAREST $100 MECH $ 3,800 | APR'D FEES

ADDRESS 119 Wendover Trace | CITY/STATE Mooresville, N | ZIP 28117

ACCT #

PLUMB | PHONE # | LIC # | CONTRACT COST NEAREST $100 PLUMB $ | APR'D FEES

ADDRESS | CITY/STATE | ZIP

PLANS ☐ ARCH/ENG U.S. Home Designs | PHONE # 704-309-0762 | LIC # 041509 | TOTAL CONSTRUCTION COST $ 8,000

ADDRESS 2005 Hazelwood Dr. | CITY/STATE Statesville, NC | ZIP 28625

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

Contact information David Brackett 704-201-0833 | OTHER FEES $

C/D PLANS & PLACARD ☐ YES ☐ NO **PROCESSING FEE OF $15 WILL BE CHARGED FOR THIS SERVICE**

METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT | TOTAL FEES $

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.

APPLICANT'S SIGNATURE David Brackett | DATE 12/1/22 | PRINT APPLICANT'S NAME David Brackett

MECKLENBURG COUNTY LAND USE & ENVIROMENTAL SERVICES
2145 SUTTLE AVENUE
CHAROLOTTE NORTH CAROLINA, 28208
(980) 314-2633

HOLDS | PROCESSED BY | APPROVED BY | VALIDATED BY

Scope of Work House Great Room Addition