Mecklenburg County Health Department

APPLICATION FOR RESIDENTIAL POOL CONSTRUCTION

(All Sections of this Application Must Be Completed AND Signed for Processing)

Physical street address of installation: 10930 Green Heron Ct.

Subdivision Name: Sanctuary City: Charlotte Zip Code: 28278

Owner: Rob Peppin Home Phone: _____

Mailing Address: Same Work Phone: 8435140477

City: _____ State: _____ Zip Code: _____

Contractor: Blue Haven Pools Phone: 704 889 1300

Contractor Charge Account: X56831

Mailing Address: 1522 Crossbeam Drive City: Charlotte State/Zip: NC, 28217

1. Type of Water Supply(check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Private Well
2. Type of Sewage Disposal (check one): ☐ City (Municipal) ☐ Private utility (Community) ☒ Septic system

3. **All outdoor residential swimming pools and spas in Mecklenburg County are required to be completely fenced or protected once the pool is holding water. The minimum fence/barrier required by APPENDIX G of the NC Residential Code is 48"(inches) with no opening greater than four(4) inches through the barrier or more than 2"(inches under the barrier. Gates, when provided, must be self-closing, self-latching, and, where applicable lockable. Other requirements may apply. NOTE-driveway gates, when installed as part of the fence above, must be installed w/ automatic self-closers.**

4. **Attach a scale drawing showing the proposed location of the pool and any buildings, wells, or septic tank systems within 100 feet of the proposed pool.**

MUST BE COMPLETED BY HOMEOWNER OR LEGAL(POWER OF ATTORNEY) REPRESENTATIVE

I Rob Peppin, owner of the property, agree to the following requirements: *(initials are required beside each item listed.)*

- I certify that the application and site drawing being submitted are accurate and complete. _____
- I hereby authorize agents of the Health Dept. to enter onto the above property to process this request and to conduct a fence and gate inspection of the pool, when requested or needed. _____
- I understand that the pool must be protected by a fence and gate(s) (or equivalent, if above ground) as specified in the NC Residential Code, APPENDIX G and the *Mecklenburg County Health Ordinance Rules Governing Residential Swimming Pools* and must be installed and completed once the pool is capable of holding water _____

Signed: _____ 8-26-21

Property Owner's Signature — Date

By signing in this block, the contractor authorizes the processing fee for this request to be charged to their LUESA Contractor Account.

NAME(PRINT) _____ Signature _____ Date _____

This area for MCHD use only:

Amount Paid: $ 75 ☐ Cash ☐ Check ☒ Contractor Account

Check Number: _____ Date: 8/27/21 By: Placide

Request #: 91869 Parcel ID#: 19935332 EHS: _____

Approved By: _____ Date: 8/30/21 CRT: _____

Disapproved By: _____ Date: _____ Notify Date: _____

Final/Fencing Inspection By: _____ Date: _____

Signature on the "Approved By" line above by an employee of the MCHD indicates Health Department approval of this application and the accompanying site plan. All approvals are contingent upon the pool being operated in a manner that does not create a public health nuisance or hazard, and completion of the required pool barrier at the time the pool is capable of holding water. Revised Feb 2011

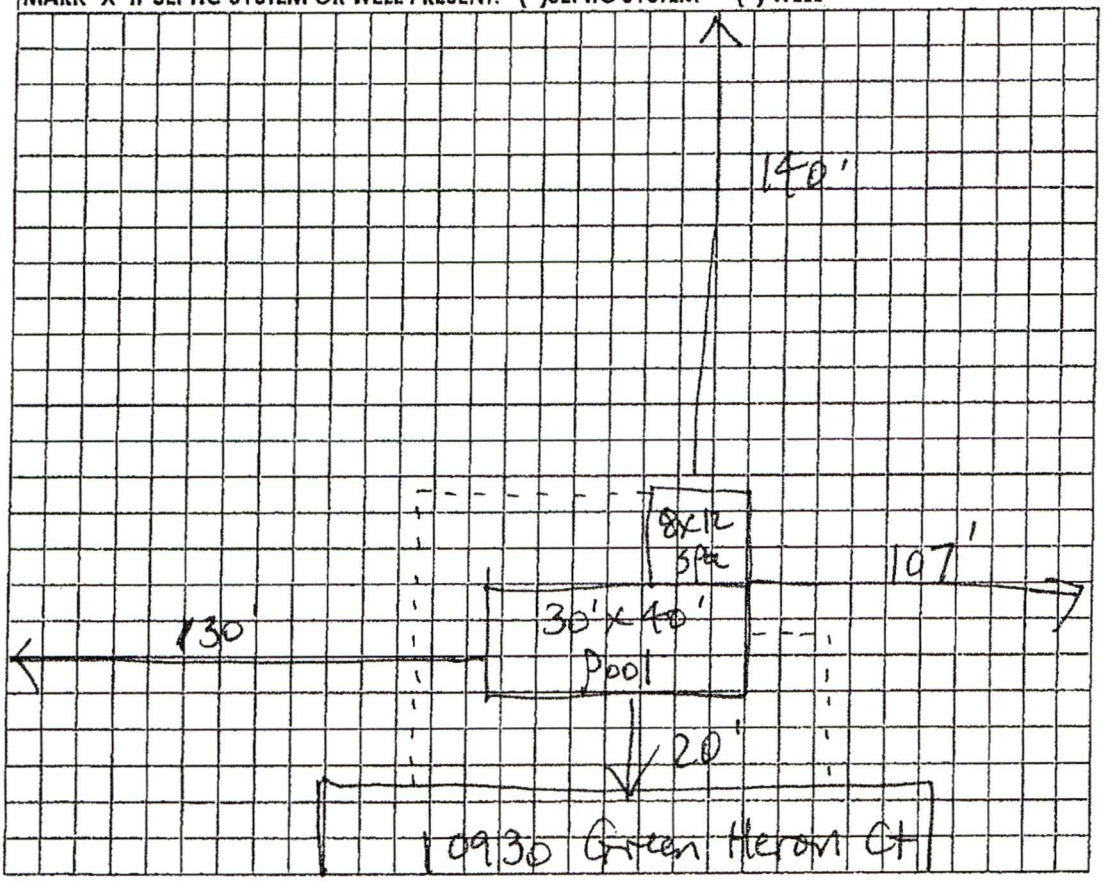
Mecklenburg County Health Department
700 N. Tryon Street, Suite 208
Charlotte, NC 28202
PHONE (704) 336-5101 FAX(704) 336-5306

PLOT PLAN FOR SWIMMING POOL INSTALLATION

ADDRESS: 10930 Green Heron Ct.
Charlotte, NC, 28278

Draw in all proposed pool, property lines, address road, proposed or existing structures or driveways, underground storage tanks, wells (whether on same lot or not, if within 100 feet), and septic system drainfields. Plot/draw all dimensions, distances, etc. as needed to accurately detail pool layout in relation to structures, property lines, septic systems, etc.

MARK "X" IF SEPTIC SYSTEM OR WELL PRESENT: ( )SEPTIC SYSTEM ( ) WELL



I, Rob Peppin (homeowner) hereby affirm that the drawing above is accurate and understand that any deviation in construction from the pool layout, as approved, may result in removal of the pool or revocation of this approval.

HOMEOWNER SIGNATURE

8-26-21
DATE

OFFICE USE ONLY:
HEALTH DEPT APPROVAL BY: DATE: 8/30/21

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	08/27/21	**Amount:**	75.00
Receipt #:	130358	**Tendered:**	75.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	PLACILJ		

Account Information

Account #:	X56831
Contractor:	BH CHARLOTTE LLC
Attn:	
Address:	1522 CROSS BEAM DR
Address:	
City/State/Zip:	CHARLOTTE, NC 28217

Item	Description	Permit#	Quantity	Unit Price	Total Price
0718	Residential Pool Permit 10930 GREEN HERON CT		1	75.00	75.00

----------**Outstanding Balances**----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
75.00					

Request: Residential Pool Approval for PHPM 28606

Address: 10930 GREEN HERON CT
Initiated By: Placide, Lydia
Date Initiated: 8/27/2021 10:26:23 AM
Submitted To:
Details: REQUEST FOR RESIDENTIAL POOL APPROVAL

CONTACT: ROB PEPPIN 843-514-0477
Comments:
Location: