

16801 WEST CATAWBA AV

00142201

1/9/2008

duponbj

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

ACL LD

Project # 1126692

PW400 11/19/05

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Accessory Structure - no bathroom

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

5815B

PERSON FILING APPLICATION:
NAME: NARA (last) SREERAMULU (first) N (mi)
ADDRESS: 16801 W. CATAWBA AVE PHONE: (704) 655 8623
CITY: CORNELIUS STATE: NC ZIPCODE: 28031

PROPERTY OWNER:
NAME: NARA (last) SREERAMULU (first) N (mi)
ADDRESS: 16801 W. CATAWBA AVE PHONE: (704) 655 8623
CITY: CORNELIUS STATE: NC ZIPCODE: 28031

Site:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 001-422-01
STREET ADDRESS: 16801 W. Catawba Ave
ZONING: NR - Conv

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 001-422-01 LOT SIZE (in acres): 5.3

TYPE APPLICATION (check one):
☐ NEW SYSTEM - NEW HOME (N) 1979
☐ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Detached Carport
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☑ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

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)
☑ 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: [signature] Date: 01/19/05

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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

...O.K. to use existing system for the addition of a carport and a future garage addition.

[signature] R.S. 1/20/05
Environmentalist Date

WATER : 122791

COPY

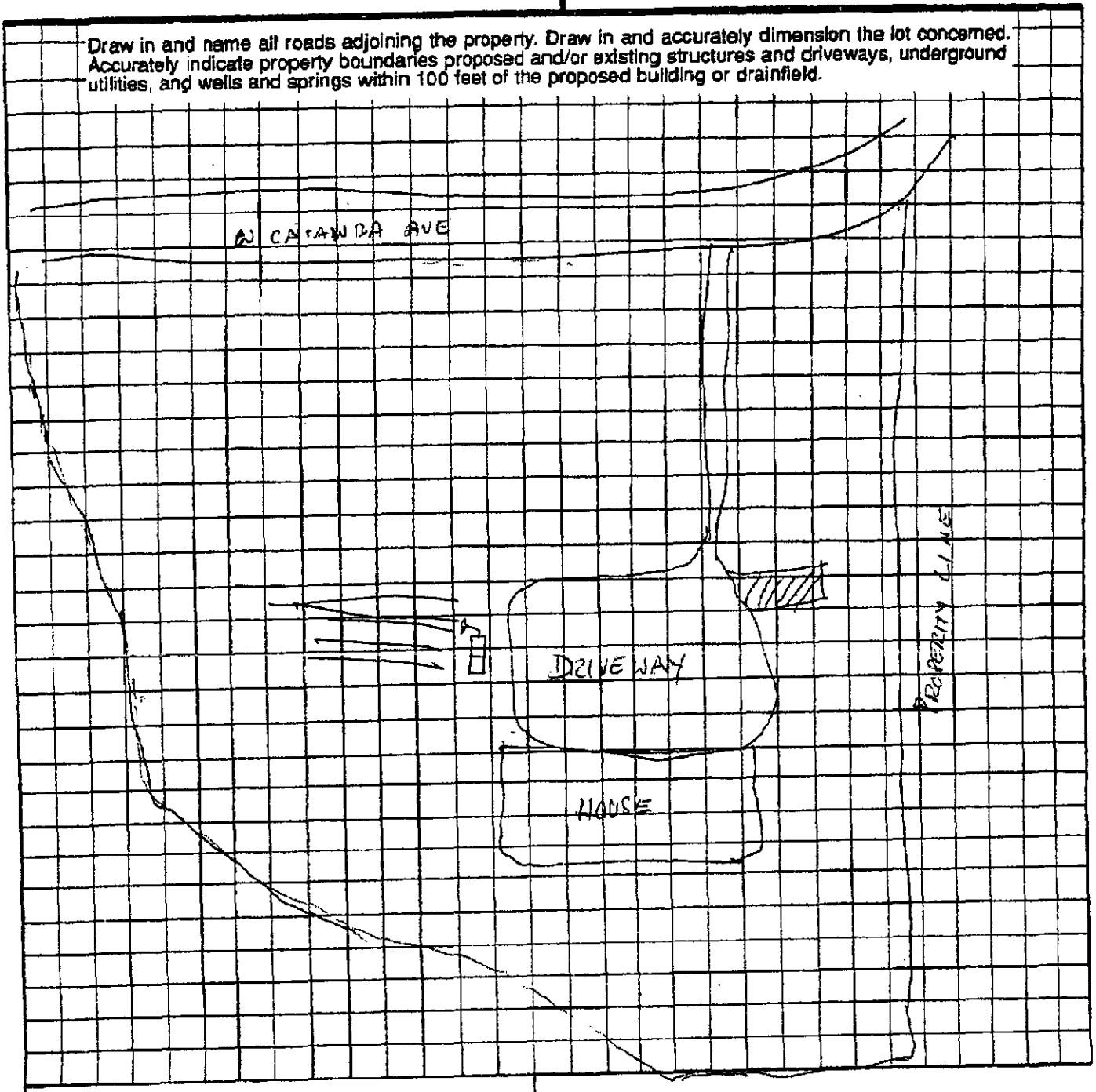
PROPOSED PLOT PLAN

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

FILE: 5815B

TC: 001-422-01

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 _____

OWNER/AGENT SIGNATURE

DATE

Canary - E.H.S. Copy

Pink - Owner's Copy

Jan 19 2005 5:51PM LUESR NORTH 704 432 2523 p.2

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES

MISCELLANEOUS FEES

Requestor: Sreeramulu N Nara	Phone # 704-655-8673	Date	1-19-05
Account Name:		Account #	200000

I certify that I am authorized to charge this account for this service.

Signature: Printed Name: Date:

		DEVELOPMENT ACTIVITIES ☐ 0002: Comm Drainage PR ☐ 0003: Driveway Pmt ☐ 0006: Erosion Control PR ☐ 0006: Final Plan Rev ☐ 0013: LD Stds Manual ☐ 0016: Subdivision PR ☐ 0025: LD Plans & Specs ☐ 0027: LD Plan Rev ☐ 0040: Erosion Control Cert		
		MAP SALES ☐ 0001: Aerial ☐ 0018: Topo ☐ 0019: Wetlands ☐ 0029: Zoning ☐ 0031: Digital Topo ☐ 0036: Digital Planimetric ☐ 0037: Plotting ☐ 0038: Hrly GIS ☐ 0039: Misc Map/Copy ☐ 0041: Deld CD ☐ 0043: Deld CD Dlx ☐ 0044: Ortho Photo CD		
		STORM WATER ACTIVITIES ☐ 0007: Floodway Map ☐ 0008: Floodway Reg ☐ 0014: Storm Water Manual ☐ 0024: Storm Water Plans & Specs		
		LAND DEVELOPMENT CASH BONDS ☐ 0029: Commercial ☐ 0030: Residential Project _____		
		ZONING ACTIVITIES ☐ 0112: Residential Variance Request ☐ 0112: Commercial Variance Request ☐ 0140: Campaign Bond ☐ 0112: Residential Interpretation ☐ 0112: Commercial Interpretation		
0113		Zoning Citation(s) # _____		
		☐ 0117: Cert of Compliance ☐ 0118: Cert of Occupancy* (orig is free)		
0121		Letters of Certification/Verification		
0124		Research & Retrieval of Documents		
0125		Temp Utilities/Occupancy*		
		LOCAL LICENSE CARD/EXAM ☐ 0128: Mechanical ☐ 0129: Residential ☐ 0132: Electrical		
0141		3rd Party Inspection Services		
		PLAN REVIEW SERVICES ☐ 0134: Express PR ☐ 0135: Plan Submittal ☐ 0136: 3rd PR ☐ 0142: 4th PR ☐ 0143: 5th PR ☐ 0145: 25% Deposit ☐ 0151: Express Appl Fee ☐ 0152: Express Rev-Upfit ☐ 0153: Express Rev-New ☐ 0154: Day Care Rev		
		COUNTY FIRE ACTIVITIES ☐ 0203: Hydrant Flow Test ☐ 0204: Fire Code Violation ☐ 0206: Misc Charges		
0425		City of Charlotte Fire Plan Review FF# _____ Project # _____		
		CITY ENGINEERING DEVELOPMENT ACTIVITIES ☐ 0601: Comm Site Insp $ _____ ☐ 0602: Comm Driveway $ _____ ☐ 0605: Tree Landscape Rev $ _____ ☐ 0606: Tree Preserv Pln $ _____ ☐ 0608: Comm Drain PR $ _____ ☐ 0609: Erosion Ctl PR $ _____		
0005	1	Other: 16801 W. Catawba Av - IWWS		100 -
		Other:		
		Other:		

Cash?		Check?	Charge? Shade-(704)-994			
Yes	No	#	Visa	MC	Acct	

*Please list all permit numbers/addresses/project names, etc., that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

Carport - accessory structure		

AUDIT