

1402 MARJORIE DR

19333112

1/8/2008

duponbj

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

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

See back for completion instructions and the Credit/Refund Schedule

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND (To Be Completed By Requestor)

CREDIT ☒

OR

REFUND ☒

1. Property Owner's Name: Joel + Betty Templeton 2. Permit Number: _____
3. Address: 6001 S. Kings Hwy #488 Myrtle Beach, SC 4. Date Issued: _____
5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ Duplicate Permit # _____ Date of Duplicate _____
   ☐ Not Doing Work
   ☒ ~~Other~~ (Specify) Contract voided
6. Account Name: Michael T. Holmes Account # _____
7. *If Refund*, Check payable to: Michael T. Holmes (Please Print) 8. Phone 704 8492376
9. Address: 615 Winterwood Drive (Street) Matthews (City) NC (State) 28105 (Zip)
10. Signature: request by phone from M. Holmes 11. Printed Name Michael Holmes 12. Date: 8/11/04

For Departmental use only - Do not write below this line

SECTION II - IF ADJUSTMENT (To Be Completed By Employee & Supervisor)

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING (To Be Completed By Applicable Core Process)

	B	E	M	P	F	L
# Of made Inspections						

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS (To Be Completed By Applicable Core Process)

Plan Review? (Y/ N)	Inspection Info	Credit/~~Refund~~%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	100 %	$ 200	$ 200	$ 200.
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials _____ Date _____

SECTION V - VERIFICATION (To Be Completed By Revenue Collection)

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund / Charge on account	88---			

Section VI - APPROVALS (To Be Completed By Department And Finance Representatives)

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ Refund from Account #

_____ Check #

To Rev. Coll 8/12/04

Daily Counter Transactions - Environmental Health

Printed On July 30, 2004 4:02 PM
Printed By Aidoojk

Transaction Date 07/30/04

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
27160	200000	PERRY MABLE C.	0722 Home Day Care Eval/Annl Fee	LITTLE MISS MUFFIN PLAYHOUSE-21	CASH		AIDOOJK	40.00
27162	200000	BRAGG LESLIE M	0701 Improvment Permit App-Residen	16040 MCAULEY ROAD	CHECK	1003	CRAIGGY	200.00
27167	200000	HOMES MICHAEL T.	0701 Improvment Permit App-Residen	1404 MARJORIE DRIVE	CHECK	3632	AIDOOJK	200.00
27168	X33575	NVR INC (EAST)	0706 MH Exc/Add/Repl w/System Mod	6710 HEATH GLEN DRIVE	CHARGE		AIDOOJK	300.00
27172	X36676	PRASSE CONTRACTOR DON	0735 Improv Permit Appl-Comm	HARMONY CHURCH ROAD-SEE RECI	CHARGE		AIDOOJK	200.00
27174	200000	CARRUTHERS CHINA M.	0722 Home Day Care Eval/Annl Fee	MS. CHINA'S WONDERLAND-6610 MA	CASH		AIDOOJK	40.00
27175	200000	GOFORTH JARROD	0734 Auth for Waste Wtr Sys Constr	16220 STINSON COVE ROAD	VISA	843390	AIDOOJK	150.00
27176	200000	GOFORTH JARROD	0703 Installation/Final Approval	16220 STINSON COVE ROAD	VISA	843390	AIDOOJK	150.00
27178	200000	JETTON MARK S, SR	0734 Auth for Waste Wtr Sys Constr	13918 IDLEWILD RD	CHECK	1313	AIDOOJK	150.00
27179	200000	JETTON MARK S. SR	0703 Installation/Final Approval	13918 IDLEWILD RD	CHECK	1313	AIDOOJK	150.00
27183	200000	TENDER HEARTS CHILD CARE	0722 Home Day Care Eval/Annl Fee		CHECK	9378	JOHNSK	40.00

Total for Transaction Date 07/30/04: 1,620.00

JUL-13-04 10:40 AM

FEE: 200.00

DATE: 7/30/04 Check #3632 TKA

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

PERMIT #:

TYPE APPLICATION: X NEW SYSTEM X EXPANSION/ALTERATION OF EXISTING SYSTEM REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 4-04-73B

PROPERTY INFORMATION FROM ENGINEERING FORM FOR JOB LOCATION:

TAX/PARCEL NUMBER: 193-331-17P0

STREET ADDRESS: 1402 Marjorie Dr. 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

__ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
X 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE

Cancel by phone/Callfor M. Holmes 8/11/04

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
X HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 2400

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 3

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT ON SLAB
X CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

N/A

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES X NO TYPE:

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ SHARED WELL (S)
X MUNICIPAL (M) "City"
__ OTHER 'SPRINGS' (O)
__ PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES X NO
EXISTING WASTEWATER SYSTEMS __ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES __ NO
WELL, SPRINGS OR WATERLINES __ YES X NO
DESIGNATED WETLANDS __ YES X NO

PROPERTY OWNER:

NAME: (LAST) Templeton (FIRST) Betty (MI)

ADDRESS: 6001 S. Kings Hwy # 488

CITY: Myrtle Beach STATE: SC ZIP: 29575

DAYTIME PHONE: ( )

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Holmes (FIRST) Jennifer (MI) L.

DAYTIME PHONE: 704 849-2376

615 Winterwood Dr
Matthews, NC 28105

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Betty Templeton & Joel A Templeton DATE: 7/26/2004

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

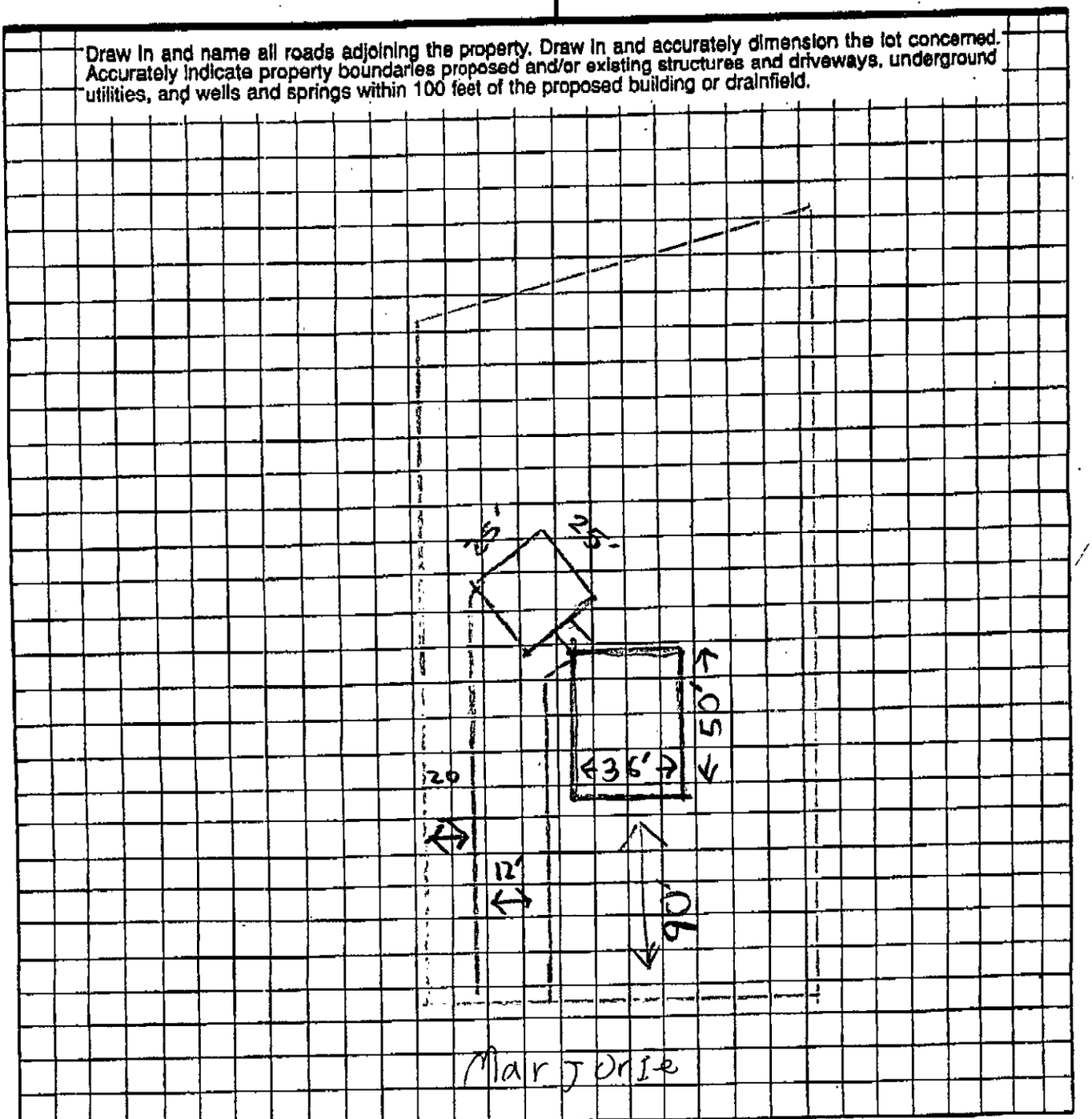
PROPOSED PLOT PLAN

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

FILE: 56 73B

TC: 193-331-12Po

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

White - Health Department's Copy

Post-it® Fax Note 7671 | Date 7/13/04 | # of pages ▸ 2

To Jennifer Holmes	From J. Aidoo
Co./Dept.	Co.
Phone #	Phone #
Fax #	Fax #

JUL-13-04 10:39 AM

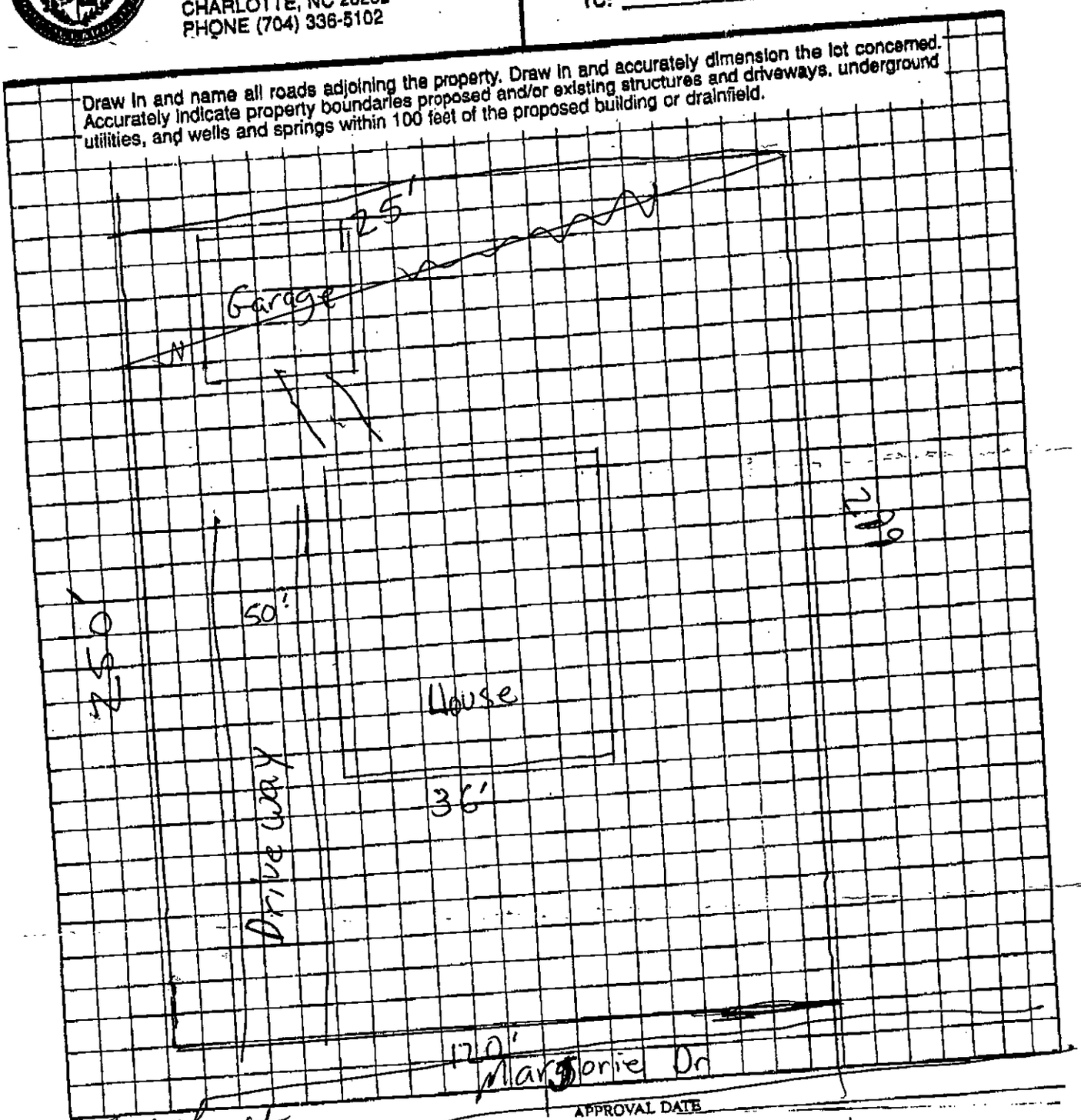
PROPOSED PLOT PLAN

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

FILE: _____

TC: _____

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.



Betty Completon
OWNER/AGENT SIGNATURE

7/26/2004
DATE

APPROVAL DATE

White - Health Department's Copy

Cc

Post-it® Fax Note 7671	Date 7/13/04	# of pages ▶ 2
To Jennifer Holmes	From J. Aidoo	
Co./Dept.	Co.	
Phone #	Phone #	
Fax #	Fax #	