

13705 DARTMOOR CT

21513236

7/1/08

marliwr

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

Charged to account
$52.00 4-8-99 VM

400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

[] CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 12695

Date: 4-8-99

PERSON FILING APPLICATION:
NAME: Clanton (last) Michael (first) T. (mi)
ADDRESS: 3223 E. Hwy. 218 PHONE: (704) 753-9310
CITY: Monroe STATE: NC ZIPCODE: 28110

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 215-132-36
STREET ADDRESS: 13705 Dartmoor Ct
ZONING:

PROPERTY OWNER: Joyce James V. Ethington
NAME: Jim & ~~Edith~~ Ethington (last) Joyce D. Ethington (first) (mi)
ADDRESS: 13705 Dartmoor Ct. PHONE: (704) 847-5833
CITY: Matthews STATE: NC ZIPCODE: 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: 34 block F LOT SIZE (In acres): .8 acre

TYPE APPLICATION (check one):
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
SUNROOM

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3
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):
[X] 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 [X] 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: Todd Clanton Date: 4-8-99

NOTICE:

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 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.

... permit denied Horizontal setback of 5' not met

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Joshua R. Sellers R.S. 04-12-99
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

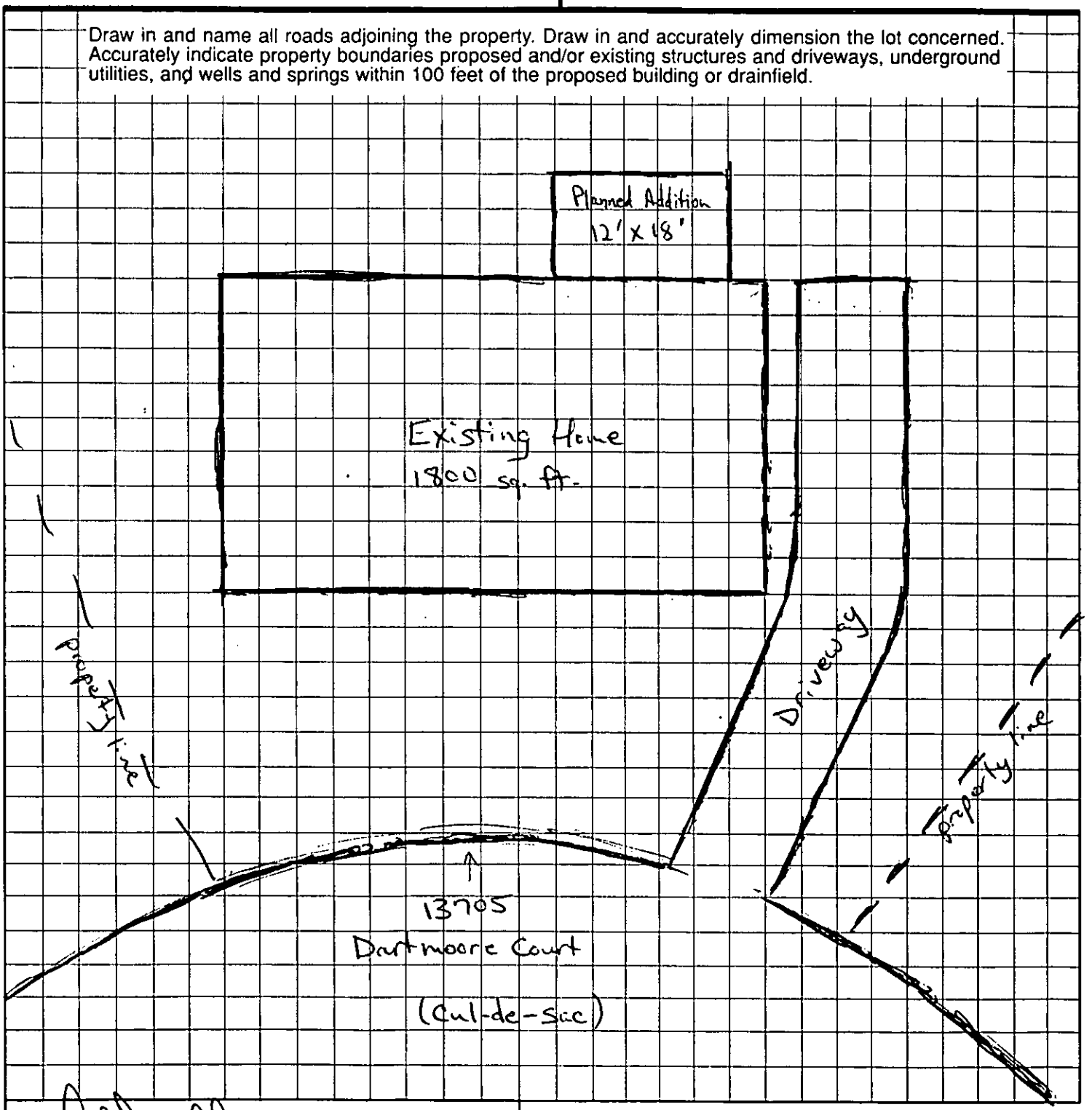
COPY

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

FILE: 12695

TC: 215-132-36

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.



Todd Clotfelter

OWNER/AGENT SIGNATURE

DATE 4-8-99

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): Michael Clanton	Phone #: 758-4677	Date Requested: 4/8/99	Date Filled: 4/8/99
Account Name: Michael Todd Clanton	☐ Cash ☐ Charge	Account No.: B97872	

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

Signature: Todd Clanton Printed Name: Michael Todd Clanton Date: 4-8-99

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
0705		Other: Hold. (LVS System) mod	50.00	50.00
		Other:		
Payment received by: L. L Watson		Date: 4/8/99 By: VLW	Total:	50.00

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

13705 Dartmar	Court / 12695	

B-216NS 8/95

DIVISION

Mecklenburg County
Health Department

Date: 04-13-99

Jim and Joyce Ethington
13705 Dartmor Court
Matthews NC 28105

Re: Sunroom addition
File: 12695
Parcel: 215-132-36

Dear Mr. and Mrs. Ethington:

Receipt of your application for Improvement permit for the above referenced property is acknowledged. A site visit has been conducted. The results of the investigation indicated that the permit for addition of a sunroom is denied under Rule **.1950 (a) (10) Location of Sanitary Sewage Systems.**

Options for approval of this Improvement permit include the following: (1) Decrease the size of the proposed sunroom addition to maintain a 5-foot separation from the septic tank and drain field. (2) The septic tank can be moved to maintain the 5-foot separation from the sunroom addition. (3) Connection to Public Sewer.

Please be advised that you have the right to an informal review by this department. You also have the right to appeal under G.S. 130a-24, and to have the appeal held in Mecklenburg County.

If you have any questions regarding the matter, Please call me at 336-5569

Sincerely,

Joshua R. Sellers R.S.

Joshua R. Sellers RS
Environmental Health Specialist
Individual Water and Wastewater Systems