

2200 LIGHT BRIGADE DR

21513408

8/12/08

marliwr

Barcode Font = IDAutomationHC39M

APPLICATION FOR BUILDING PERMIT

160438

TYPE PERMIT: ☑ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT #

ADDRESS

STREET # (N,S,E,W): 2200 | STREET NAME: Light Brigade | (AV,RD,ST etc): st

SUITE/UNIT(S):

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

SITE DATA

PROJECT/SUBDIVISION NAME: Windrow | PHASE: 2 | SECTION: | PROJECT #: 86268

OWNER: Darryl/Cindy Starr | ADDRESS: 2200 Light Brigade st

CITY: Matthews | STATE: NC | ZIP: 28105 | PHONE #: 704-321-0488 Cell 704 281-2951

TAX PARCEL #: 215 134 08 | CENSUS:

LOT #: | BLOCK #: | LAND AREA (sq. ft.):

ZONING: R15 | JURIS: 5 | MAP #: | R/W:

SPECIAL (Circle): C D N P I S | FLOOD PLAIN: ☐ Yes | FLOOD ELEV: | FIRE DIST.: ☐ Yes | APR'D

LOT: ☐ CORNER ☐ THROUGH | FRONT STREET (if different):

MINIMUM SETBACKS: FRONT: | LEFT SIDE: 10' | RIGHT SIDE: 10' | REAR: 55' | REQ. PARK'G:

PURPOSE

JOB #: | USDC #: | PURPOSE: | OCC. TYPE: | CONST:

TYPE WORK: ☐ New ☑ Addition ☐ Accessory ☐ Upfit ☐ Shelf ☐ Demolish ☐ Other

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

AREA (sq. ft.): Heated ~~1850~~ | Unheated 33'X12' Deck(s) 1 | # STORIES: 2 | BASEMENT ☐ Yes

ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS: | # BEDROOMS: | # BATHS:

Work includes: ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

SPRINKLERS ☐ Yes | # UNITS: | MULTI-FAMILY: # HANDICAP UNITS:

SERVICES

ELECTRICAL

Power Company: Union Electric | Service: ☐ New ☑ Existing | Total Amps: | # Circuits:

Connections 120 Volts: | # Connections over 120 Volts:

MECHANICAL:

Gas Company: | # Gas Conn: | # Appliances: ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

☐ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace ☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc.) | # of Appliances (Dishwasher, Water Heater, etc.)

UTILITIES: ☐ New ☐ Existing

Public: 1-Individual Meter/Connection ☐ Water ☐ Sewer | 2-Master Meter/Connection ☐ Water ☐ Sewer

Private: 3-Individual ☒ Well ☒ Septic | 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APR'D / FEES $
10000	Bldg:	Phone:	Lic #:	Bldg $ 8,000	
	Add: Owner	City/St:	Zip:		
	Elect:	Phone:	Lic #:	Elect. $	
	Add:	City/St:	Zip:		
	Mech:	Phone:	Lic #:	Mech. $	
	Add:	City/St:	Zip:		
	Plbg:	Phone:	Lic #:	Plbg. $	
	Add:	City/St:	Zip:		
PLANS ☐	Arch./Eng:	Phone:	Lic #:	Total Const. Cost $	
	Add:	City/St:	Zip:		

Plan 6/2/04

OTHER

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

REMARKS: Footing / Slab only | OTHER FEES $ | TOTAL FEE $

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.

Darryl Starr — APPLICANT'S SIGNATURE | 6-24-04 — DATE | Darryl Starr — PRINT APPLICANT'S NAME

METHOD OF PAYMENT: ☑ CASH/CHECK ☐ ACCOUNT

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

ORIGINAL

150 00 6/24/04 INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES [] CRT

Check 4182 $150

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202 file 16438 Philo
(704)336-5102

PERSON FILING APPLICATION:
NAME: Starr (last) Darryl (first) F. (mi)
ADDRESS: 2200 Light Brigade PHONE: (__) _____
CITY: Matthews STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:
NAME: Starr (last) Darryl / Cindy F (first) (mi)
ADDRESS: 2200 Light Brigade PHONE: (H) 321-0488 Cell 704-281-2951
CITY: Matthews STATE: NC ZIPCODE: 28105

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: _____
STREET ADDRESS: 215-134-08
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME: Windrow
LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Slab for future 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: NUMBER OCCUPANTS:
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 [X] 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: Darryl Starr Date: 6-24-04

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.

...

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

Environmentalist Date

WATER : 122791

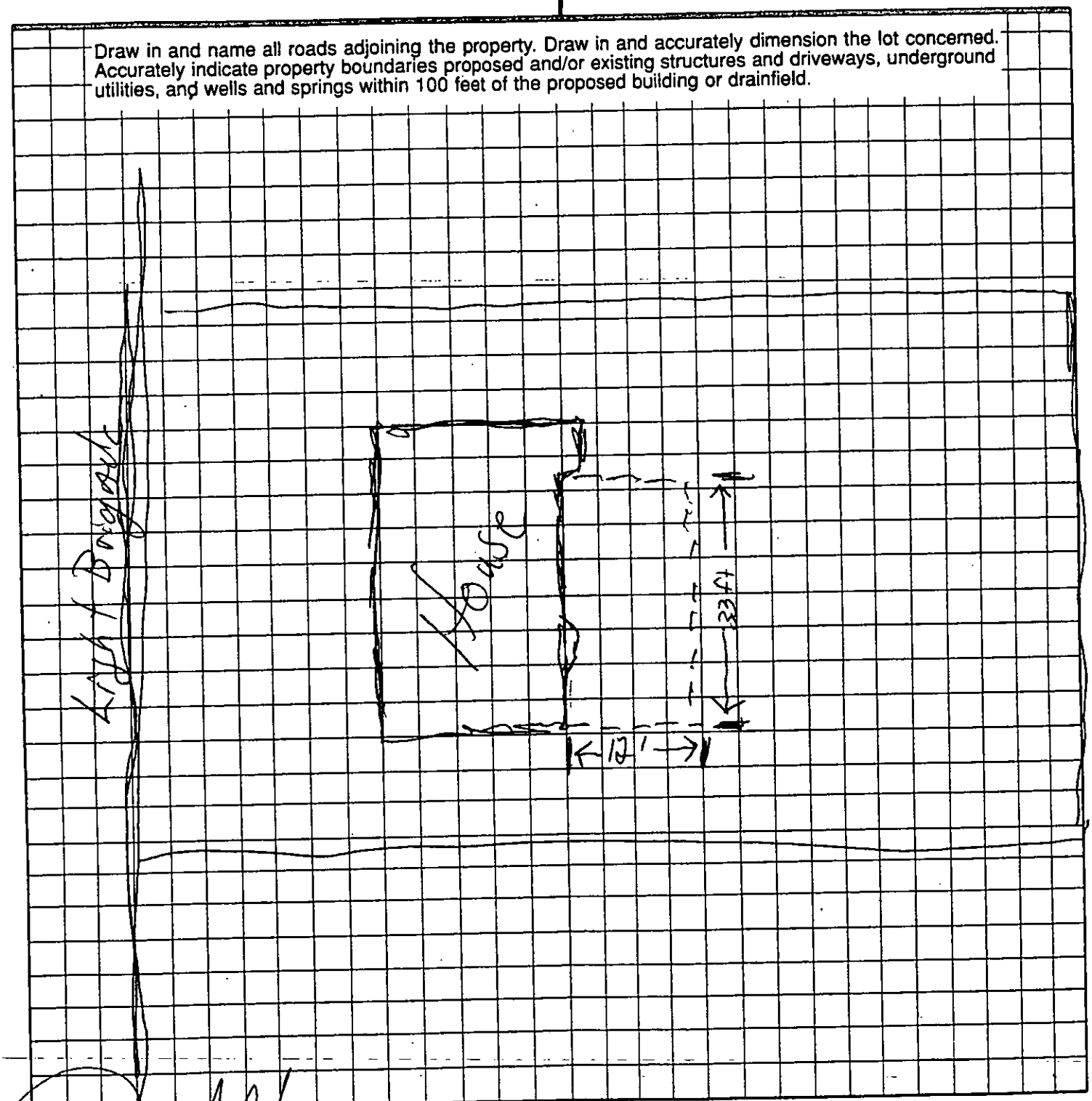
PROPOSED PLOT PLAN

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

FILE: 16438

TC: 215-134-08

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.



OWNER/AGENT SIGNATURE

DATE 6-24-04

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy