


17016 KNOXWOOD DR

00543108

8/13/08

marliwr

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

Charged

12-28-98

VLW TAX MAP NO. 005-431-06

400

COPY

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 17307

Date: 12/28/98

PERSON FILING APPLICATION: Discover Building, LLC

NAME: KERR (last) DORLIN (first) C (mi)

ADDRESS: 2720 BRADSHAW Rd PHONE: (704) 663-6533

CITY: Mooresville STATE: NC ZIPCODE: 28115-8387

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: ~~005-012-25~~

STREET ADDRESS: 17016 Knoxwood Dr

ZONING:

PROPERTY OWNER:

NAME: Cedrowe (last) Daniel (first) P (mi)

ADDRESS: 17016 Knoxwood DR PHONE: (704) 892-5736

CITY: Huntersville STATE: NC ZIPCODE: 28078

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

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)

Cover storage w/ loading master bedroom w/ bkfst

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: 4

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)
[X] 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 [X] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [X] Other Addition to master Bedroom

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: 12-28-98

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.

... use existing System

Location must be at least 5' for any part of septic tank

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

[signature]
Environmentalist

Date

WATER : 122791

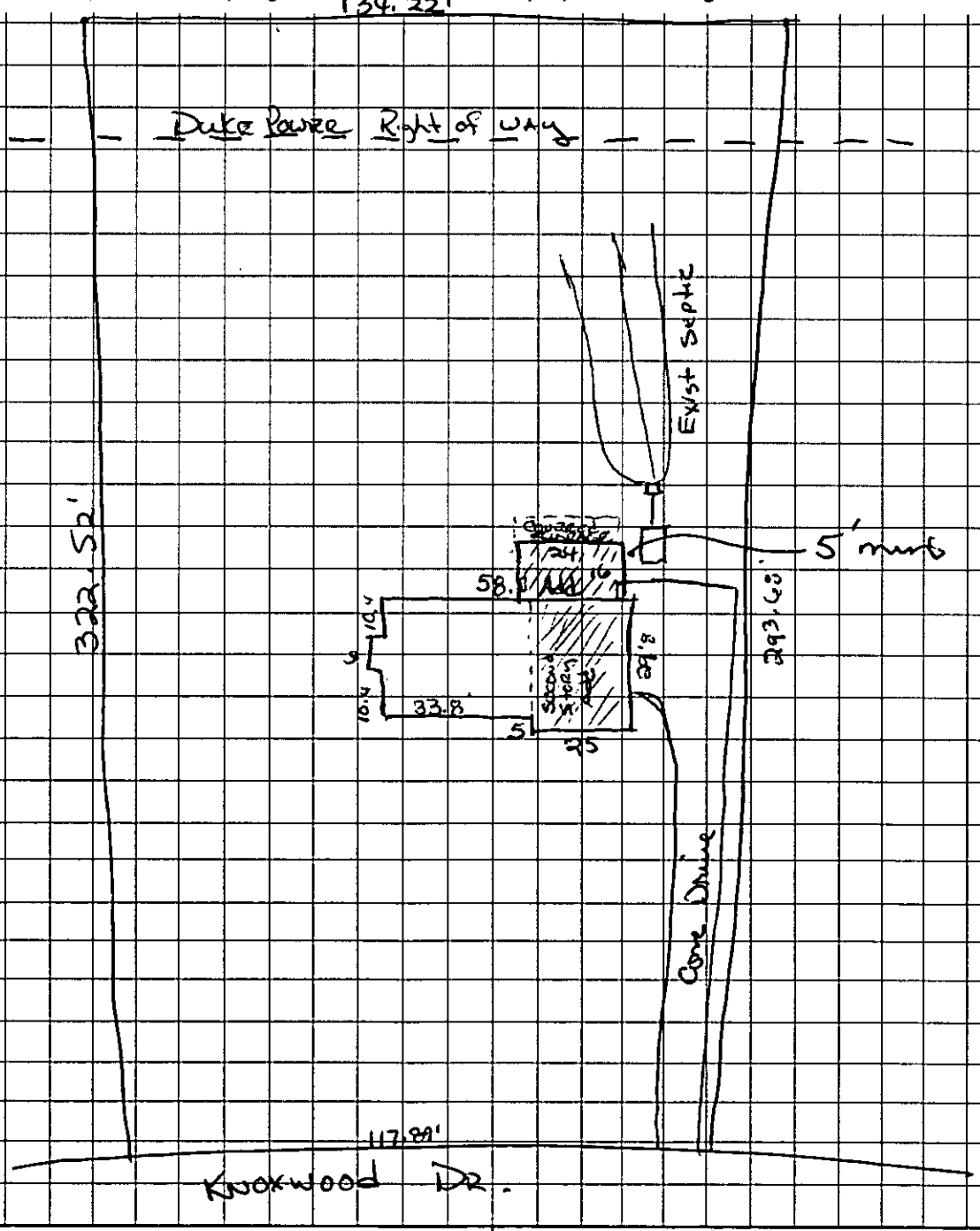
# PROPOSED PLOT PLAN

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

FILE: 17307

TC: 005-012-25

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.




Robert Carr Agent
OWNER/AGENT SIGNATURE

DATE 12-23-98

APPROVAL DATE _____

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

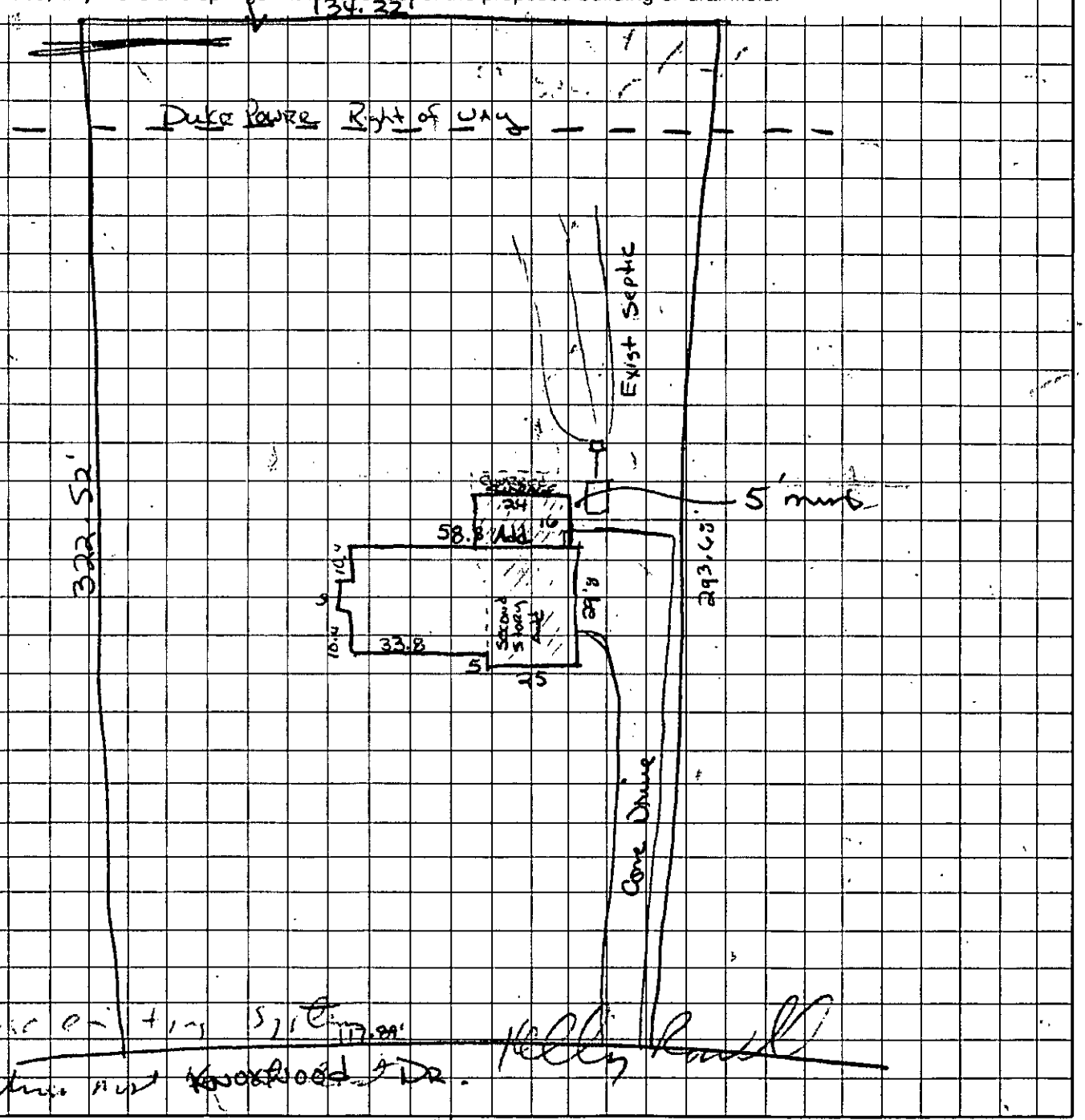
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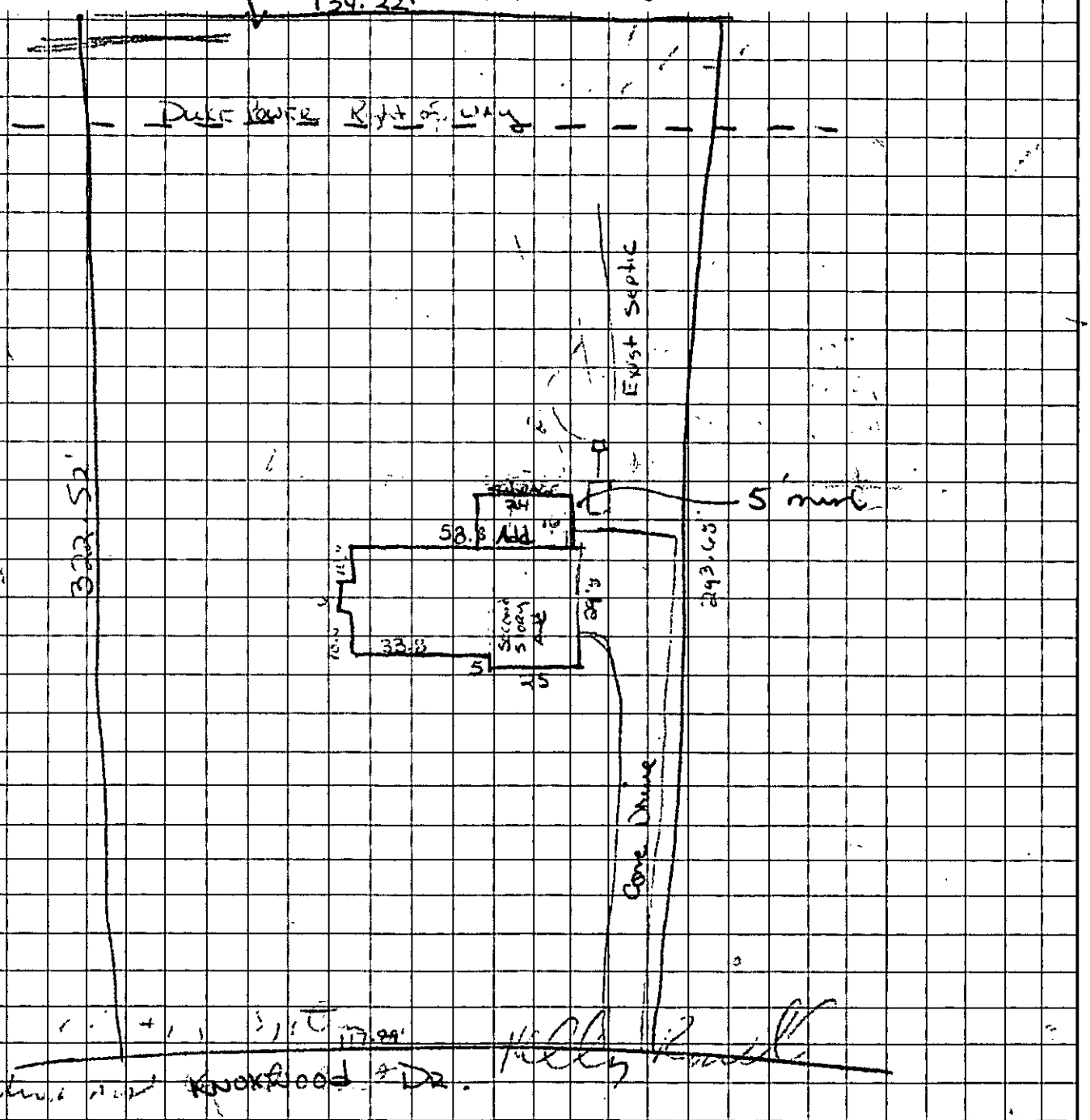
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[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) cover storage extending master bedroom, workshop

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

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WATER : 122791

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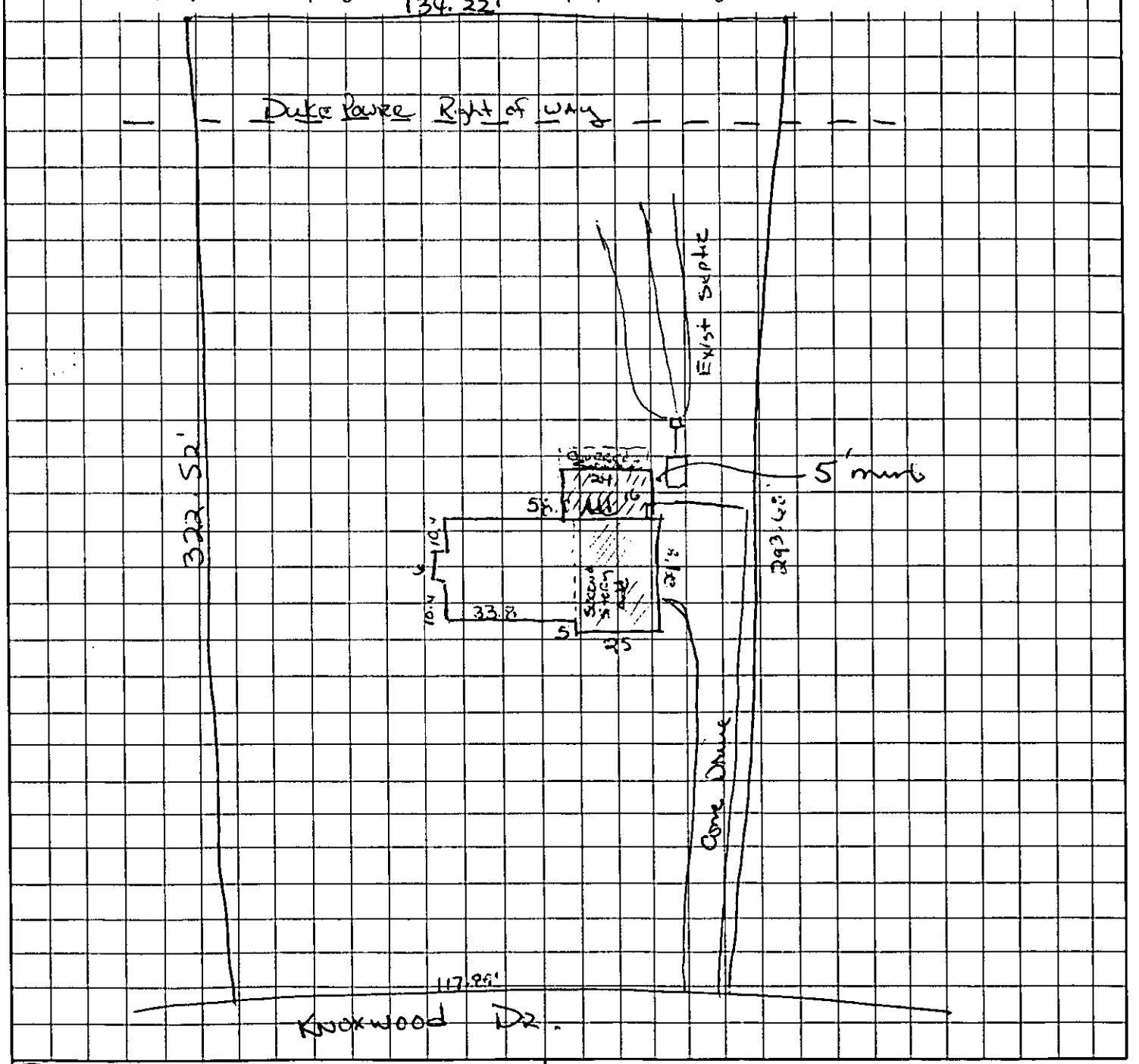
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DATE 12-23-98

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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): Darlin Kerr | Phone #: 663-6535 | Date Requested: 12/28 | Date Filled: 12/28 |
|---|---|---|---|
| Account Name: Discare Building LLC, | ☐ Cash ☒ Charge | Account No.: B87550 | |

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

Signature: Darlin C Kerr Printed Name: DORLIN C. KERR Date: 12-28-98

### 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<br>☐ Residential Variance Request ☐ Commercial Variance Request<br>☐ 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<br>☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical | | |
| | | Development Activities Plan Review<br>☐ 002: Commercial Drainage ☐ 005: Erosion Control<br>☐ 016: Subdivision ☐ 006: Final Plat Review | | |
| 425 | | City of Charlotte Fire - Plan Review | | |
| | | Map Sales | | |
| 0701 | | Other: Improvement Permit. | 100.00 | 100.00 |
| | | Other: | | |
| Payment received by: Val Watters Date: 12/28/98 By: V.L.W. | | | Total: | 100.00 |

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

| | | |
|---|---|---|
| 17307/17016 Knollwood Drive, | | |
| | | |
| | | |

B-216NS 8/95

DIVISION

# MECKLENBURG COUNTY
# ENGINEERING & BUILDING STANDARDS DEPARTMENT

## Miscellaneous Fees

1/6/99 (Corrected)

| Requestor (Please print): Darlin Korr | Phone #: 1663-1533 | Date Requested: 12/28 | Date Filled: 12/28 |
|---|---|---|---|
| Account Name: Discover Building LLC ☐ Cash ☒ Charge | | | Account No.: B87550 |

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

Signature: Printed Name: Date:

### 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<br>☐ Residential Variance Request ☐ Commercial Variance Request<br>☐ 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<br>☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical | | |
| | | Development Activities Plan Review<br>☐ 002: Commercial Drainage ☐ 005: Erosion Control<br>☐ 016: Subdivision ☐ 006: Final Plat Review | | |
| 425 | | City of Charlotte Fire - Plan Review | | |
| | | Map Sales | | |
| 0105 | | Other: Add. W/O system mod. | | 50.00 |
| | | Other: | | |
| Payment received by: Val Watters | | Date: 12/28/98 By: VW | 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.

| | | |
|---|---|---|
| 173077/Knox Wood Drive | - Charged for by mistake | improvt. permit - credited account |
| | | |

B-216NS 8/95

DIVISION