4391A - Project N/A in Winchester 1/15/26 due to existing garage turning into office and gym.

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR APPROVAL TO USE AN EXISTING ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM / WATER SUPPLY WELL

APPLICATION TYPE: ○ SEPTIC ONLY ◉ WELL ONLY ○ SEPTIC & WELL
○ ADDITION OR RENOVATION WITH OCCUPANCY INCREASE
◉ ADDITION OR RENOVATION WITH NO OCCUPANCY INCREASE
○ EXCHANGE MOBILE HOME (SAME # BEDROOMS)
○ COMMERCIAL OR INDUSTRIAL

PERSON FILING APPLICATION:
NAME: Emanuel Perez
ADDRESS: 3985 Well Road
CITY: Mint Hill
STATE: NC ZIP: 28227
PHONE: (787) 513-6451
ALTERNATE PHONE: (657) 263-5811
E-MAIL: perez.ed787@gmail.com

PROPERTY OWNER: ☑ SAME AS PERSON FILING APPLICATION
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
ALTERNATE PHONE: _____
E-MAIL: _____

JOB LOCATION INFORMATION
TAX PARCEL #: 19502125
STREET ADDRESS: 3985 Well Road
CITY: Mint Hill
STATE: NC **ZIP:** 28227

SUBDIVISION OR MOBILE HOME PARK NAME: _____
LOT #: _____

WATER SUPPLY:
○ MUNICIPAL ◉ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

RESIDENTIAL PROPERTY TYPE: ○ N/A
◉ HOUSE ○ MODULAR HOME ○ MULTIPLE FAMILY
○ SINGLE MOBILE HOME ○ DOUBLE WIDE
○ OTHER _____

OCCUPANCY (both fields are required):
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 5

COMMERCIAL / INDUSTRIAL PROPERTY TYPE: ☑ N/A
TYPE OF BUSINESS: _____
EMPLOYEES PER SHIFT: _____
OF SHIFTS: _____
INDUSTRIAL WASTES? ○ YES ○ NO
UNDERGROUND STORAGE TANKS? ○ YES ○ NO

ADDITION/RENOVATION TYPE ATTACHED TO EXISTING STRUCTURE:
☐ BEDROOM ☐ BATHROOM ☐ KITCHEN ☐ DINING ROOM ☐ LIVING ROOM ☐ DEN
☐ GARAGE ☐ SUNROOM ☐ PORCH ☐ DECK ☒ OTHER Home Office and gym

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☐ 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 the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Emanuel Perez — Owner's/Agent's Signature
1/14/25 — Date

A PROPOSED PLOT PLAN (see page 2) is required to be submitted with each application.

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

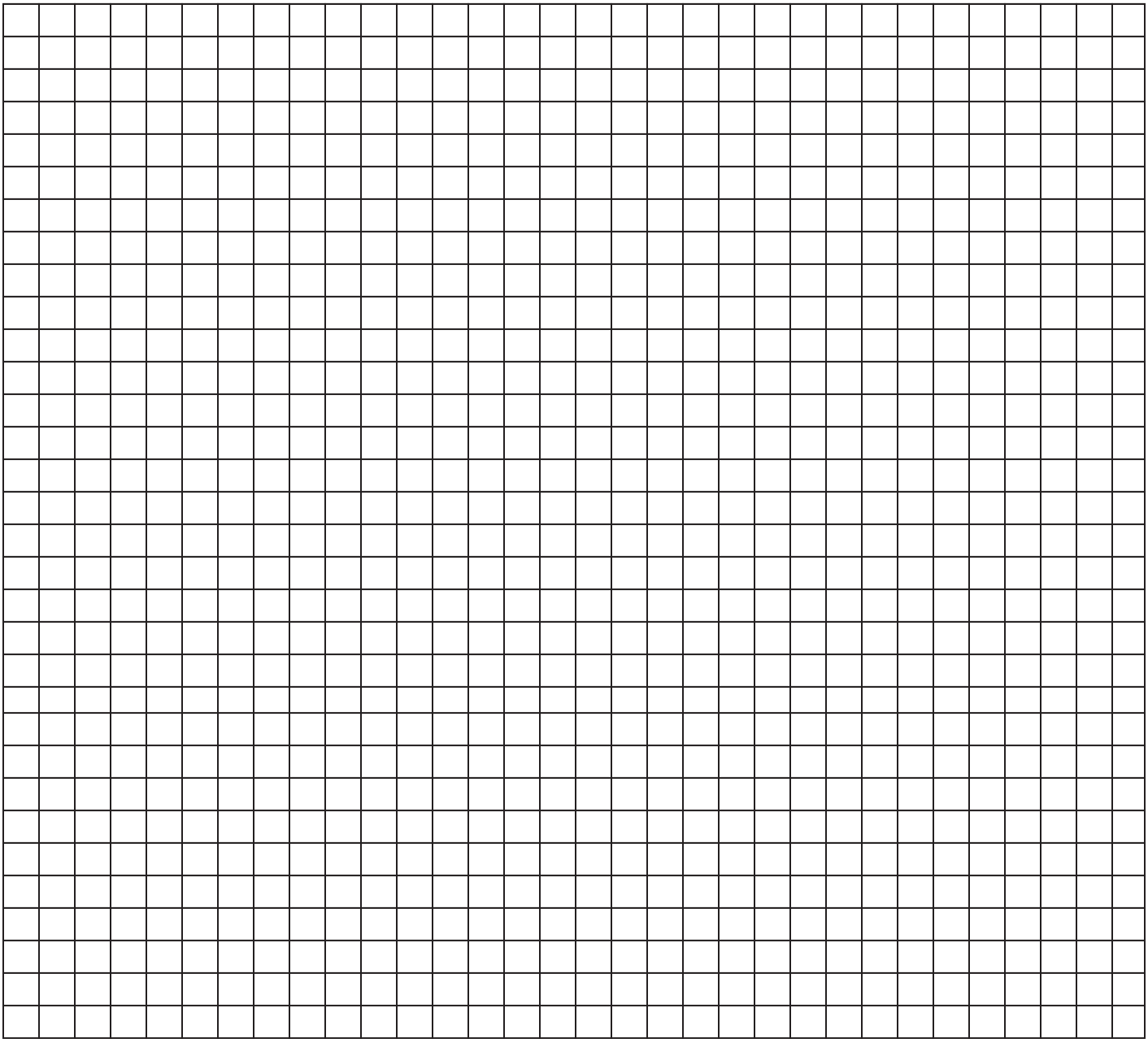
Revised on: 01/03/11

File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 3985 Well Rd, Mint Hill, NC 28227 Tax Parcel #: 195021125



*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 and Water Supply Wells 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.
- Addition/Renovation approval valid 1 year from issuance date
- Mobile home exchange approval valid 6 months from issuance date

_____

_____

_____ _____

REHS Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 01/03/11

Residential Plot Plan
For Internet Permit Application

For Department Use

Permit # B4832070

ENTER SUBMITTAL NUMBER HERE: 702941135

Master Plan #

LOCATION/SITE DATA

3985	WELL	RD	Unit:
Street # (N,S,E,W)	Street Name		(Av,Rd,St)

Project / Subdivision Name: Phase Section

Lot # Block # Land Area (sq. ft.)

OWNER INFORMATION

Owner: **Janice Perez** Address: 3985 Well rd

City: Mint Hill State: NC Zip: 28227 Phone # (657)263-581

FOR DEPARTMENT USE

Tax Parcel # **19502125** Tax Jurisdiction: **MINT HILL MINT**

Zoning: Juris **MINT** Map # R/W

Special (Circle) C D N P S Floodplain __Yes Flood Elev Fire Dist. __Yes

Lot: __Corner __Through __Front Street (if different)

Minimum setbacks: Front_____ Left Side_____ Right Side_____ Rear_____

Remarks:

PROJECT DATA

Type Work:

__ New __ Addition __ Accessory

Project Description:

Garage conversion of Office and Gym

Area (sq.ft.):

Heated Unheated

Deck(s)

Utilities: __New **X** Existing

Public:

1-Indiv Meter/Conn. Water Sewer

2-Master Meter/Conn. Water Sewer

Private:

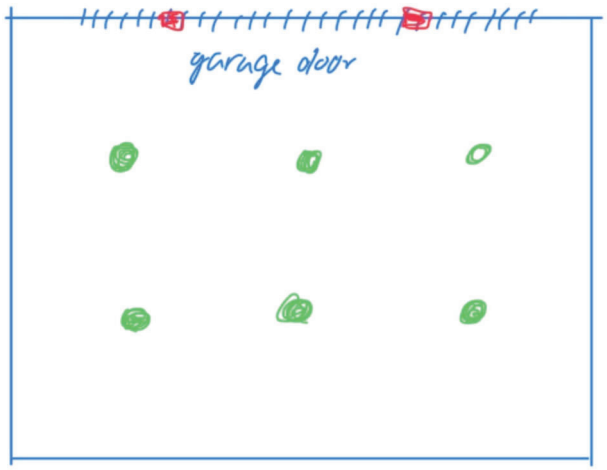
3-Individual **X** Well **X** Septic

4-Community Well Septic

Note: This plot plan must be uploaded before your Internet permit will be processed.

Central office: 980-314-CODE

DRAW PLOT PLAN- Show what the permit is requesting.



(1) eliminate garage door and install windows
(2) install electrical outlets (2)
(3) install lighting on ceiling

ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED.

Applicant's Signature | Date: 1/13/26 | Print Applicant's Name: Janice Perez | Contact # (657) 263- 5811 ext:

Contractor Name: **Janice M Perez** Contractor Acct #: **H24346**

Email: janice.perez710@gmail.com

For Department Use: Zoning Approved by:
Initial _____ Date:_____

Mecklenburg County Code Enforcement Dept.
PO Box 31097 Charlotte, NC 28231-1097
(980) 314-CODE, fax (866) 851-3553