

11625 MT HOLLY-HUNTERSVILLE RD

1/7/2008

duponbj

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

MECKLENBURG COUNTY ENGINEERING & BUILDING STANDARDS
CREDIT/REFUND APPLICATION

☞ See back for completion instructions and the Credit/Refund Schedule

SECTION I - TO BE COMPLETED BY APPLICANT (Complete 1 - 11 - PRESS FIRMLY)

1. Property Owner's Name: _____

2. Property Address: _____

3. Parcel Number: _____ 4. Permit Number: _____ 5. Date Issued: _____

6. Type of Permit: ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Sign ☐ Mobile Home ☐ Fire
☒ Other Residential Improvement Permit

7. Purpose of Permit: (Uplift, New Residence. Etc.) New Septic System File # 4891B

8. Reason for Request: ☒ Not Doing Work ☐ Plan Change
☐ Duplicate Permit (Remaining Permit # and Date of Permit) _____
☐ Other (Specify) _____

9. ☐ **CREDIT** 10. Requestor: James L. Self Account # _____
☒ **REFUND** Address: 9902 Forest Drive Phone # _____
Charlotte NC 28216

11. ***Signature of Requestor:*** by telephone call w/B. Martin Date: 3/19/02

FOR DEPARTMENTAL USE ONLY - DO NOT WRITE BELOW THIS LINE

SECTION II - TO BE COMPLETED BY APPLICABLE CORE PROCESS

# of Inspections	Plan Review?	Credit/Refund %	Permit Fee	$30 Min.?	CREDIT/REFUND AMOUNT
0	☐Y ☐N	100	$ 200	☐Y ☐N	$ 200.00

Core Process Approval: Gwendolyn Craig Date: 3/20/02

SECTION III - TO BE COMPLETED BY APPLICABLE CORE PROCESS

Purging Needed: ☐B ☐E ☐M ☐P ☐S ☐F ☐L Initials: _____ Date: _____

Purging Completed: ☐B ☐E ☐M ☐P ☐S ☐F ☐L Initials: _____ Date: _____

SECTION IV - TO BE COMPLETED BY REVENUE COLLECTION

☐ REFUND ORG & ACCOUNT #	☐ CREDIT TRANS # - ORG & ACCOUNT #	CALCULATIONS AND ENTRY INITIALS	DATE
_____ - _____	_____ - _____	_____	_____

SECTION V - TO BE COMPLETED BY DEPARTMENT AND FINANCE REPRESENTATIVES

Department Approval: _____ (Signature) _____ (Date) _____ - _____ (Refund from Account #)

Finance Approval: _____ (Signature) _____ (Date) _____ (Check #)

FEE: 200.00 Chk #3779

DATE: 3/15/02

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

[ ] CRT

TYPE APPLICATION: X NEW SYSTEM __ 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

Cancelled per PC

FILE #: 4890

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 01720301 P0

STREET ADDRESS: [redacted] MT Holly/Huntersville Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE): To BMD
Refund to be issued

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

HEATED SQUARE FOOTAGE: 1800

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

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

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

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

WATER SUPPLY (CHECK ONE):
__ COMMUNITY (C)
✓ MUNICIPAL (M)
__ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

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

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

PROPERTY OWNER:

NAME: Self James Lee
(LAST) (FIRST) (MI)

ADDRESS: 11625 MT Holly/Huntersville Rd.

CITY: Huntersville STATE: N. C ZIP:

DAYTIME PHONE: (704) 394-2737

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) —

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1/20/98

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: James Lee Self DATE: 3/15/02

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

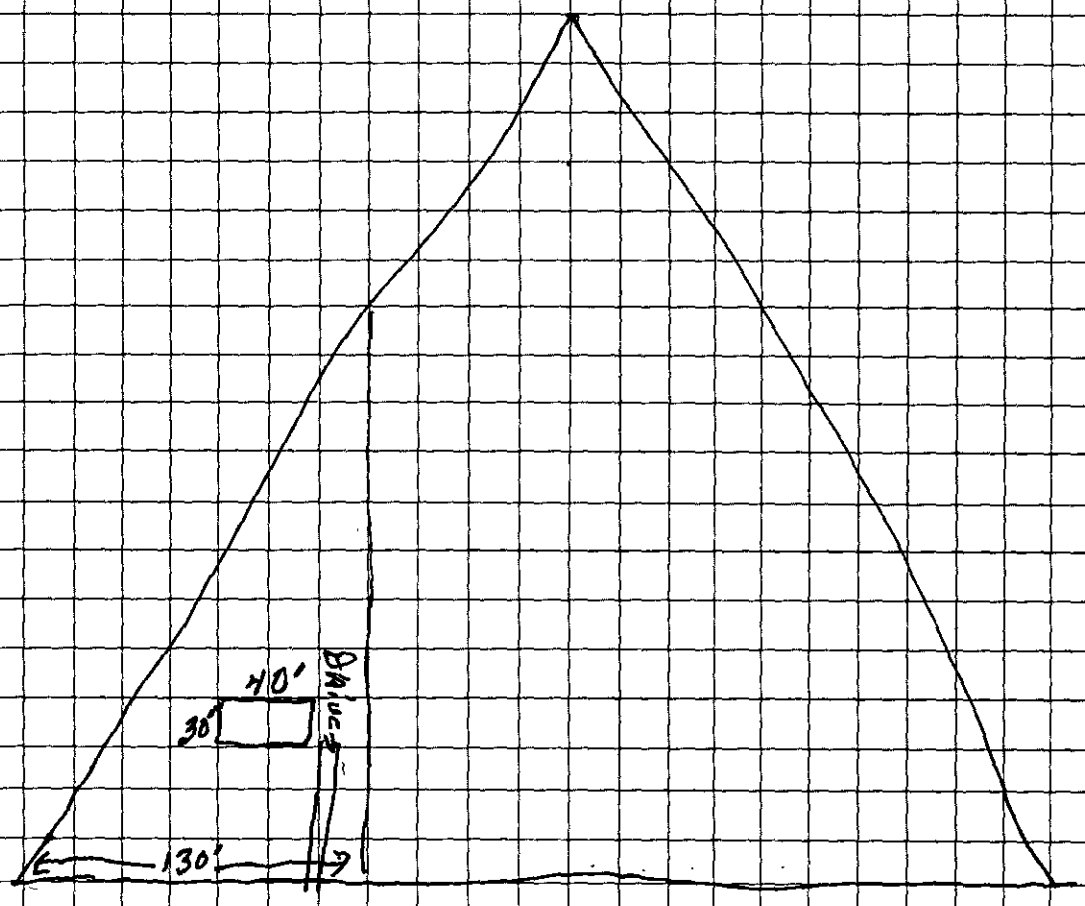
PROPOSED PLOT PLAN

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

FILE: 4891B

TC: 017-203-01PV

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.



Mt Holly Huntersville Rd

OWNER/AGENT SIGNATURE

DATE 3/15/02

APPROVAL DATE _____

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