

5809 LANCELOT DR

22709523

6/27/08

marliwr

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 Room Addition - System Alteration Necessary

7. Purpose of Permit: (Uplift, New Residence, Etc.) Alteration to Existing System

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

9. ☐ **CREDIT** 10. Requestor: K T Builders LLC Account # _____
☒ **REFUND** Address: PO Box 865 Phone # _____
Locust, NC 28097

11. ***Signature of Requestor:*** Requested at site visit Date: 3/20/02

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
1	☐Y ☐N	2/3	$ 300	☐Y ☐N	$ 200.00

Core Process Approval: Gwendolyn Craig Date: 4/1/02

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 #)

B284-NS 839-eee 9/96

ORIGINAL

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	03/18/02	**Amount:**	300.00
Receipt #:	6854	**Tendered:**	0.00
Check / Auth #:	CHECK 1115	**Returned:**	0.00
Received By:	FOSTERV		

Account Information

Account #: 200000
Contractor: KT BUILDERS LLC
Attn:
Address:
Address: PO BOX 865
City/State/Zip: LOCUST, NC 28097

Item	Description	Permit#	Quantity	Unit Price	Total Price
0706	MH Exc/Add/Repl w/System Mod 5809 LANCELOT DR		1	300.00	300.00

----------**Outstanding Balances**----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Daily Counter Transactions - Environmental Health

Printed On March 19, 200 3:01 PM
Printed By craiggy

Transaction Date 03/19/02

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
6851	X32363	SOUTHERN POOLS & SPA	0733 Public Pool Permit	The Village of brierfield	CHARGE		JONESNY	200.00
6852	B97449	QUEEN CITY POOL & SPA INC	0733 Public Pool Permit	Wading: Glen Haven	CHARGE		JONESNY	200.00
6852	B97449	QUEEN CITY POOL & SPA INC	0733 Public Pool Permit	Swimming; Glen haven	CHARGE		JONESNY	200.00
6854	200000	KT BUILDERS LLC	0706 MH Exc/Add/Repl w/System Mod	5809 LANCELOT DR	CHECK	1115	FOSTERV	300.00
6862	200000	RCS, INC.	0741 Contractor Annual Fee	2002 CONTRACTOR FEE	CHECK	27702	CRAIGGY	50.00
6866	200000	MOORE JO ANN C	0701 Improvment Permit App-Residen	OFF SIMPSON ROAD, LOT 3	CHECK	6817	CRAIGGY	200.00
6869	200000	BATES ROBERT N	0701 Improvment Permit App-Residen	13347 OLD STATESVILLE ROAD	CHECK	1003	CRAIGGY	200.00
6870	200000	COLE TYRONE D	0705 MH Exc/Add/Repl w/o System Mod		CHECK	3287	FOSTERV	100.00
6873	200000	CAROUSEL POOLS	0718 Residential Pool Permit	11802 BROADWATER LN	CHECK	8942	FOSTERV	75.00
6874	200000	DALE POPE MEYER	0705 MH Exc/Add/Repl w/o System Mod		CHECK	1338	FOSTERV	100.00
6876	200000	FURTICK LAVONDA E	0721 Home Day Care Eval/Permit		CHECK	1990	FOSTERV	70.00
6878	200000	SCRUGGS STEVEN H	0711 Well Water Analys-Bacteriolgcl	16415 MCAULEY RD.	CHECK	1003	CRAIGGY	50.00
6878	200000	SCRUGGS STEVEN H	0712 Well Water Analys-Nitra/Nitri	16415 MCAULEY RD.	CHECK	1003	CRAIGGY	15.00
6879	200000	LANEY PERRY SEPTIC TANK	0741 Contractor Annual Fee	6520 MEDLIN ROAD	CHECK	5068	CRAIGGY	50.00
6880	200000	LANEY JOSEPH	0741 Contractor Annual Fee	2124 RIDGE ROAD/2002 ANNUAL REG	CHECK	5083	CRAIGGY	50.00
6882	X31983	BLUE HAVEN POOLS OF NC INC	0718 Residential Pool Permit	4124 CROSSGATE ROAD	CHARGE		CRAIGGY	75.00

Total for Transaction Date 03/19/02: **1,935.00**

Gwen,

See me about

this one.

Josh

Going on
CMUD

site evaluation done

Client due $200 refund

visit done on
3/20/02

FEE: 300-

DATE: 3/18/02

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

[ ] CRT

TYPE APPLICATION: ___ 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

FILE #: 12003

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 227-095-23

STREET ADDRESS: 5809 Lancelot Dr.

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):

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

HEATED SQUARE FOOTAGE:

NUMBER OF BEDROOMS:

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:
Family Room Addition OVER Existing Washer Box System. Will need to move. and deck

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES X NO TYPE: _____

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

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: Charles Shepherd

NAME: Shepherd (LAST) Charles (FIRST) T. (MI)

ADDRESS: 5809 Lancelot Dr.

CITY: Charlotte STATE: NC ZIP: 28270

DAYTIME PHONE: ( ) 846-9398

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Kiser (LAST) Danny (FIRST) T (MI)

DAYTIME PHONE: (704) 634-8028

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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: Danny Kiser DATE: 3-18-02

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

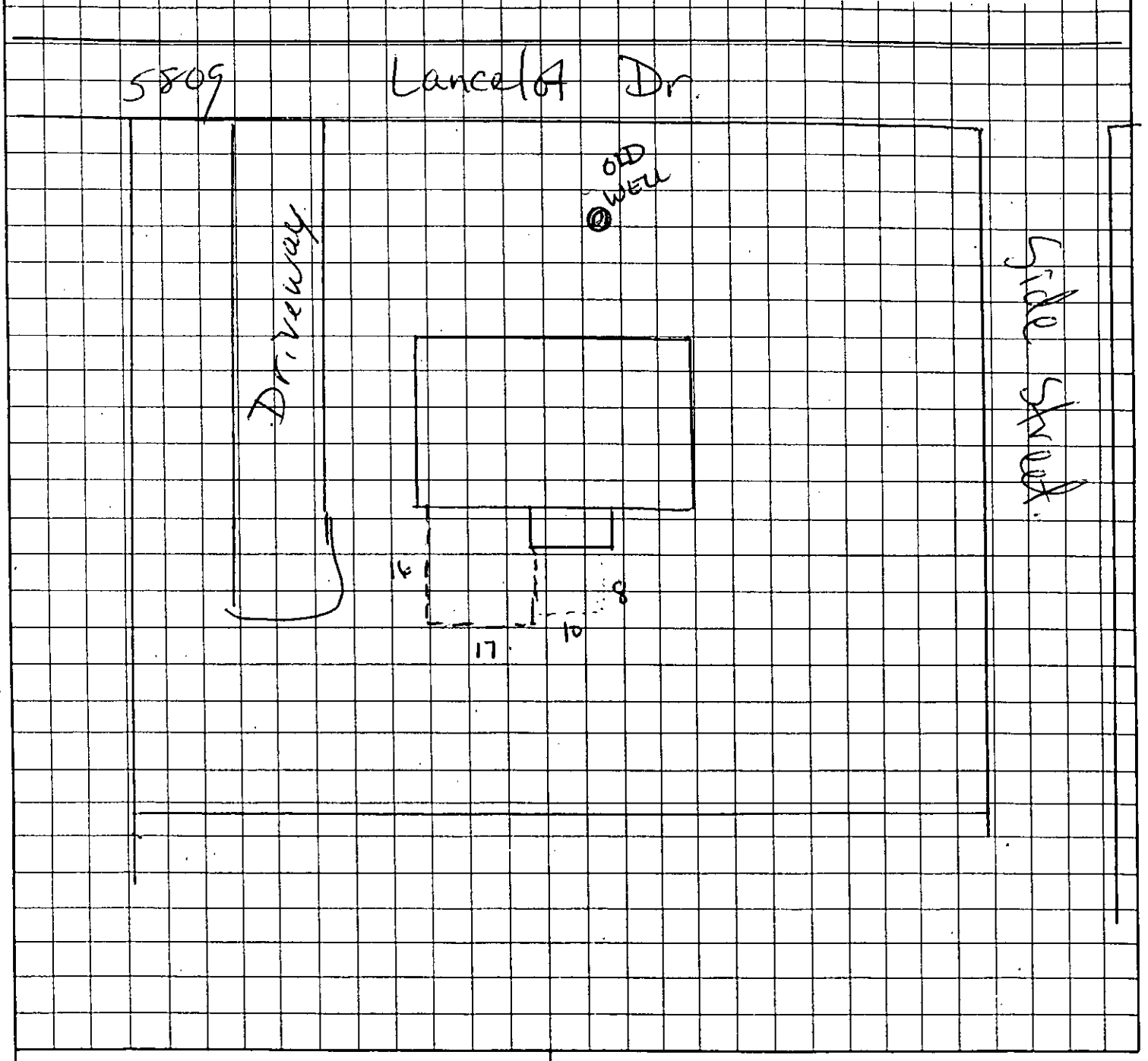
COPY

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

FILE: 12003

TC: 227.095.23

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.



Danny Kiser
OWNER/AGENT SIGNATURE

DATE 3-18-02

APPROVAL DATE _____

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