Supervisor/Administrative Professional Checklist

New Septic ☑ **New Well** ☐ **Use Existing** ☒ **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) 150 LE 7/16/15 Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 LE 7/13/15 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

COPY

Supervisor/Administrative Professional Checklist

New Septic ☐ **New Well** ☐ **Use Existing** ☒ N/A **Alteration** ☐ **Modified Plot Plan** ☐

New Septic Fees Paid:

IP ($250.00) _____ Initials/Date

CA ($200.00) _____ Initials/Date

OP ($200.00) _____ Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 LE 7/13/15 Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid)_____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Floor plans need to be submitted and reviewed before CA can be issued. ☐ Reviewed ☐ ____

This site is served by septic and well. Verify each is complete before final hold is released. ☐

Septic file completed. ☐ _____ Well file completed. ☐ _____

Send permit for signature. ☐ Signature received. ☐ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

COPY

18544 10 JUL '15 AM 7:42 Application #

7627

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: Mohammed Idlibi
ADDRESS: 1815 Back Creek Drive
CITY: Charlotte
STATE: NC ZIP: 28213
PHONE: (980) 721-6630
ALTERNATE PHONE:
E-MAIL: midlibi@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: NAJD LLC
ADDRESS: 9729 Brandybuck Lane
CITY: Charlotte
STATE: NC ZIP: 28269
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 02935104
STREET ADDRESS: 4234 Prosperity Church Rd.
CITY: Charlotte
STATE: NC ZIP: 28269

SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:

buying property house building Steadron maybe build 2 houses

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: 2
NUMBER OF OCCUPANTS: 2

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

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER Building a new 5 bedroom house

*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.

Mohammed Idlibi — Owner's/Agent's Signature
7/9/15 — 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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
MOHAMMED IDLIBI

Bill To:

MOHAMMED IDLIBI
423 CANNINGS LANE

Charlotte, NC 28262

Single Payment

Transaction Date: 07/10/2015 7:18 AM Pacific Time
Pay Method: **********7260
Approval #: 01975P
Trace Number: 32053f3c-feb2-4a48-8c47-908c2b3a4ef0
Amount: $100.00

Payment Amount: $100.00

Total: $100.00

Thank you for your payment.

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/10/15	**Amount:**	100.00
Receipt #:	95351	**Tendered:**	100.00
Check / Auth #:	MC 01975P	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: IDLIBI, MOHAMMED
Attn:
Address: 423 CANNINGS LANE
Address:
City/State/Zip: CHARALOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 4234 PROSPERITY CHURCH RD		1	100.00	100.00

----------Outstanding Balances----------

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

18544 10 JUL '15 AM 7:42

Application # 7627

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: Mohammed Idlibi
ADDRESS: 1815 Back Creek Drive
CITY: Charlotte
STATE: NC ZIP: 28213
PHONE: (980) 721-6630
ALTERNATE PHONE:
E-MAIL: midlibi@gmail.com

PROPERTY OWNER: ☐ SAME AS PERSON FILING APPLICATION
NAME: NAJD LLC
ADDRESS: 9729 Brandybuck Lane
CITY: Charlotte
STATE: NC ZIP: 28269
PHONE:
ALTERNATE PHONE:
E-MAIL:

JOB LOCATION INFORMATION
TAX PARCEL #: 02935104
STREET ADDRESS: 4234 Prosperity Church Rd.
CITY: Charlotte
STATE: NC ZIP: 28269

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: 2
NUMBER OF OCCUPANTS: 2

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

ADDITION/RENOVATION TYPE DETACHED FROM EXISTING STRUCTURE:
☐ DETACHED GARAGE ☐ DETACHED GARAGE WITH PLUMBING ☐ POOL HOUSE ☐ SHOP ☐ BARN
☐ STORAGE SHED ☐ DETACHED PORCH / DECK ☒ OTHER Building a new 5 bedroom house

*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.

Mohammed Idlibi — Owner's/Agent's Signature
7/9/15 — 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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
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Enter Account # or Customer Name Here:
MOHAMMED IDLIBI

Bill To:

MOHAMMED IDLIBI
423 CANNINGS LANE

Charlotte, NC 28262

Single Payment

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MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	07/10/15	**Amount:**	100.00
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Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: IDLIBI, MOHAMMED
Attn:
Address: 423 CANNINGS LANE
Address:
City/State/Zip: CHARALOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	Use Existing System 4234 PROSPERITY CHURCH RD		1	100.00	100.00

----------Outstanding Balances----------

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

MECKLENBURG COUNTY
Health Department

Marcus Plescia, MD, MPH
Health Director

(704) 336-4700

July 15, 2015

Mohammed Idlibi
1815 Back Creek Drive
Charlotte, NC 28213

Re: Application for approval to use an existing on-site wastewater treatment & disposal system.
Property Location: 4234 Prosperity Church Road
Health Department File Number: **18544**

Dear Property Owner or Owner's Agent:

On July 15, 2015 Mecklenburg County Health Department, Groundwater & Wastewater Services Section, evaluated the above-referenced property to determine if approval to use an existing on-site wastewater treatment & disposal system could be granted for your proposed project. This evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 and related statutes, Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .l900 and related rules, and the Mecklenburg County Groundwater Well Regulations.

Based on the information provided in the application, dated July 9, 2015, and findings from the site evaluation conducted by our office, your request for approval to use an existing on-site wastewater treatment & disposal system is **not** being granted. This decision is based on the following conditions that were identified during the site visit:

- ☐ The existing on-site wastewater treatment & disposal system was not functioning properly at the time the site evaluation was conducted.
- ☐ The proposed plans do not meet the required setbacks for the on-site wastewater treatment & disposal system serving the property.
- ☐ The proposed plans do not meet the required setbacks for the reserved repair area for an on-site wastewater treatment & disposal system.
- ☐ The proposed plans do not meet the required setbacks for water supply wells.
- ☒ The proposed project will exceed the permitted daily design flow for the existing on-site wastewater treatment & disposal system. System alteration will be required in order to accommodate your proposed project.

If you need any additional information or assistance please contact our office at (704) 336-5103.

Sincerely,
Kim Garrett

Kim Garrett, REHS
Environmental Specialist

Encl: (1) Application

Garrett, Kimberly

From: Garrett, Kimberly
Sent: Wednesday, July 15, 2015 8:42 AM
To: 'midlibi@gmail.com'
Subject: soil information

Mohammed,

We did have information in our files for the existing system at 4234 Prosperity Church Road. I will be happy to meet you on site this morning, however, the application that you completed was to use the existing system. Here are the options that you have:

1. The completed Use Existing System application that has been submitted would permit you to build a new 2-bedroom house and tie into the existing system.

2. To build a new 5-bedroom house – the Use Existing System application would be denied – we would have you complete an application for an Alteration permit – (the $100. would be put towards the $300. Alteration permit fee) – we would then go out, look at the soils in the area of the current septic system and draw up a permit to add additional drain line to the current system to bring it up to a 5-bedroom septic system. This would be the best option if you are going to build near the location of the current house.

3. To build a new 5-bedroom house somewhere else on the property – you would need to complete an application for an Improvement permit (the $100 fee that you have paid already would be put towards the $250 Improvement permit fee) – our soil scientist would go out and look at the soils in the area of where you want to put the new house and we would issue the Improvement Permit which is good for 5 years.

Based on my conversation with you, it seems like #3 is really what you are wanting to do. I spoke to Jacob our soil scientist this AM and he would be able to make a site visit Thursday or Friday and we could get you an Improvement permit by Monday. What we would need you to do is apply for the Improvement permit and pay the additional $150. If you know about where you want to put the new house – we would need you to stake out the 4 corners and also mark your property boundaries so that Jacob can insure that he is looking at the soils on your property.

I will be happy to meet you on site this AM and answer any additional questions that you may have.

Sincerely,

Kim

Kim Garrett, REHS
Environmental Specialist
Environmental Health Program
Mecklenburg County Health Department
980-721-2054 (cell)
kimberly.garrett@mecklenburgcountync.gov

CONFIDENTIALITY NOTICE: *This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!*

MECKLENBURG COUNTY
HEALTH DEPARTMENT

18544

17 JUL '15 AM 7:52

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ◉ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 02935104

STREET ADDRESS: 4234 Prosperity Church Rd.

CITY: Charlotte

STATE: NC ZIP: 28269

SUBDIVISION NAME: _____

LOT #: _____ LOT SIZE (acres): _____

TOWNSHIP:

☒ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:

○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
○ HOUSE ○ OTHER _____

HEATED SQUARE FOOTAGE: _____

NUMBER OF BEDROOMS: 5

NUMBER OF OCCUPANTS: _____

FOUNDATION TYPE:

○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
○ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: 3 (5 total) NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ○ MUNICIPAL ☒ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ N/A ☒ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ○ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ○ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ○ NO
WELLS, SPRINGS, OR WATER LINES	☒ YES ○ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ○ NO
EASEMENTS OR RIGHT-OF-WAYS	☒ YES ○ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ○ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ○ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ○ NO
WASTE STORAGE	○ YES ○ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ○ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1955 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? July 30 ☐ N/A

12. PROPERTY OWNER:

NAME: NJAD LLC

ADDRESS: 4234 Prosperity Church Rd.

CITY: Charlotte

STATE: NC ZIP: 28269

WORK PHONE: _____

MOBILE PHONE: 704-385-0008

FAX: _____

E-MAIL: _____

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

WORK PHONE: _____

MOBILE PHONE: _____

FAX: _____

E-MAIL: _____

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

MI (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

MI (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ _____

Property Owner's or Owner's Legal Representative Signature Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

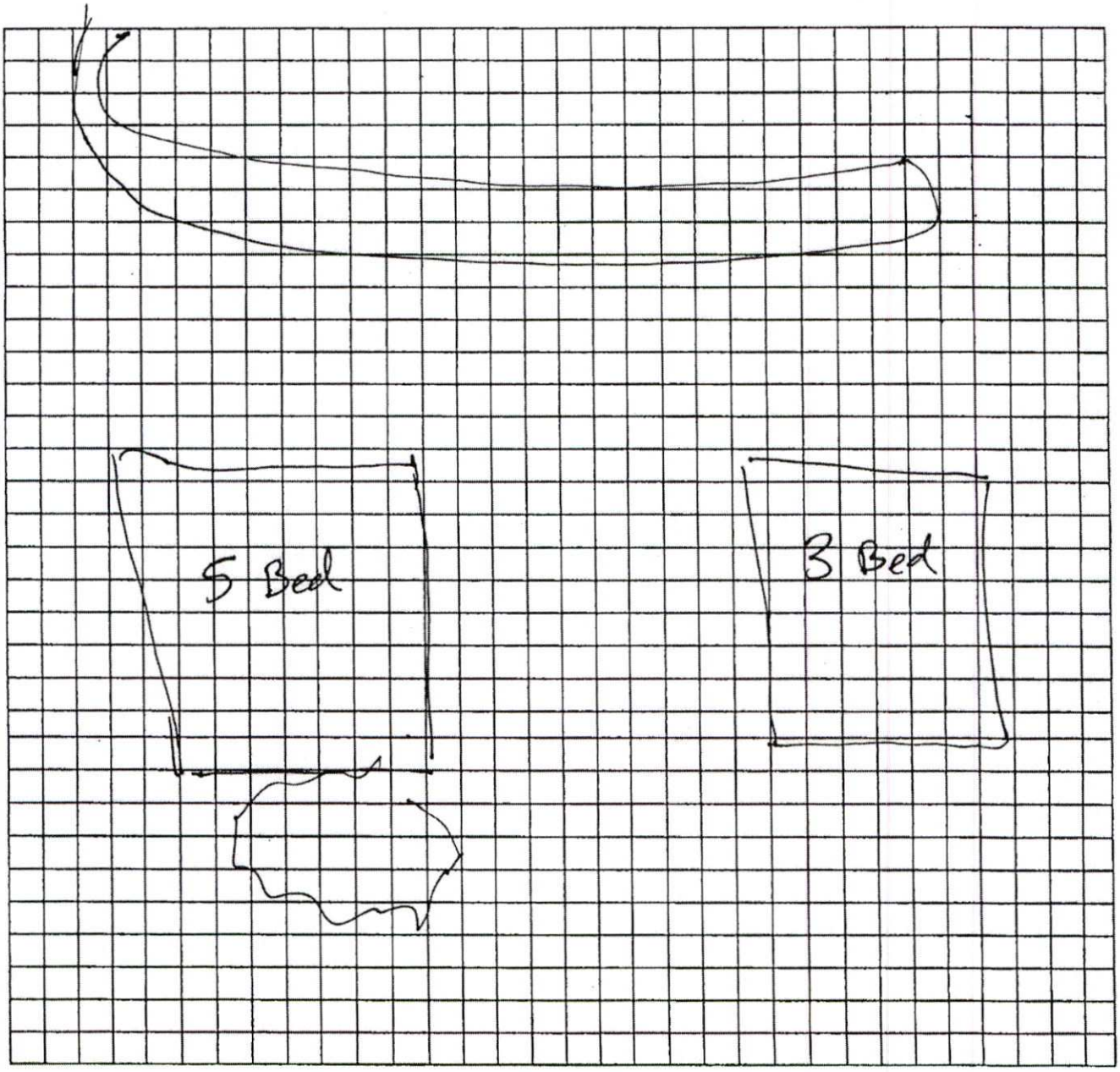
File #: _____

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: 4234 Prosperity Church Tax Parcel #: 02935104

Subdivision Name: _____ Lot #: _____



_____ _____

Property Owner's or Owner's Legal Representative 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: 12/15/10

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/16/15
Receipt #: 95414
Check / Auth #: MC 95492P
Received By: ELLISLW

Amount: 150.00
Tendered: 150.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: IDLIBI,MOHAMMED
Attn:
Address: 423 CANNINGS LANE
Address:
City/State/Zip: CHARLOTTE, NC 28262

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen		1	150.00	150.00

----------Outstanding Balances----------

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

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here:
IDLIBI,MOHAMMED

Bill To:

IDLIBI MOHAMMED
423 CANNINGS LANE

Charlotte, NC 28262

Single Payment

Transaction Date:	07/16/2015 7:51 AM Pacific Time
Pay Method:	**********7260
Approval #:	95492P
Trace Number:	d7b67ccc-f796-44a1-9492-b341e9cfcfe3
Amount:	$150.00

Payment Amount:	$150.00
Total:	**$150.00**

Thank you for your payment.

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE-_____

CREDIT ☐ REFUND ☒ CANCEL ☐

1. Property Owner's name: Mohammed Idlibi 2. Permit #: _____
3. Permit Address: 4234 Prosperity Church Rd Charlotte, NC 28269 4. Fire Fee #: _____
5. Account Name: _____ 6. Account #: _____
7. *If Refund*, Check payable to: _____ 8. Phone #: _____
9. Mailing Address: _____

Reason for Request

☒ Plan Change ☒ Not doing work ☐ Return credit balance
☐ Wrong Contractor ☐ Duplicate permit ☐ Other

Reason *(explain in detail-application may be rejected without complete details)*

Signature (*Requestor*): M. Idlibi **Print name:** _____

Fax #: _____ **Phone #:** _____ **Date:** _____

Staff signature for in-person verification: _____ ***(or accept notary below)***

ID used for in-person verification: _____ ***(examples: DL #, Business card, Student ID, etc...)***

State of North Carolina
County of _____

The above named individual personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the _____ day of _____, 20_____

_____
Notary Public Signature
My commission expires: _____

Notary or staff verification needed only when cancelling a permit

(Seal)

Manager/Supervisor approval (*signature*): Rob Abbott **Date:** 8/11/15

Notes: 3620 3122 6038 5C4340

MECKLENBURG COUNTY LAND USE AND ENVIRONMENTAL SERVICES AGENCY
CREDIT/REFUND APPLICATION & ADJUSTMENT/CANCELLATION FORM

See instruction sheet for completion instructions. GAX-LUE-_____

CREDIT ☐ REFUND ☒ CANCEL ☐

1. Property Owner's name: Mohammed, Idlibi 2. Permit #: _____
3. Permit Address: 4234 Prosperity Church Rd Charlotte, NC 28269 4. Fire Fee #: _____
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9. Mailing Address: _____

Reason for Request

☐ Plan Change ☐ Not doing work ☐ Return credit balance
☐ Wrong Contractor ☐ Duplicate permit ☐ Other

Reason (*explain in detail-application may be rejected without complete details*)

_____
_____
_____
_____
_____
_____
_____

Signature (*Requestor*): _____ **Print name:** _____

Fax #: _____ **Phone #:** _____ **Date:** _____

Staff signature for in-person verification: _____ (*or accept notary below*)

ID used for in-person verification: _____ (*examples: DL #, Business card, Student ID, etc...*)

State of North Carolina
County of_____

The above named individual personally appeared before me on this day who, being duly sworn, deposes and says that the above statement is true and correct.

This, the _____ **day of** _____, **20**_____

_____
Notary Public Signature
My commission expires: _____

Notary or staff verification needed only when cancelling a permit

(Seal)

Manager/Supervisor approval (*signature*):_____ Date: _____
Notes:_____
_____
_____

For Department use only

Inspection Count & Cancellation of Permit

(completed by core process)

Number of Inspections

B ☐ M ☐ E ☐ P ☐

Initials _____ Date _____

Plan Review

# of Hours _____ X Rate _____ = $_____

Processing Notes:

_____

Expired Permit

Date:

Calculation

(completed by Applicable Core Process)

Pmt or Permit Fee	150.00
- Less Zoning Fee	
-Plan review (Total Hours X Rate)	
-Inspection Info (# of Insp. X Rate)	
Misc Fees deductions	
-Homeowner Recovery	
-Other Deduction _____	
-Other Deduction _____	
Total Credit/Refund ☐ Minimum Fee retained	150 @

(Permit Fee-Zoning-Insp-Plan Rev- Misc fees= Total Cr/Refund)

_____ _____

Calculation Signature Date

Supervisor/Manager Signature Date

If Adjustment

(to be completed by Employee & Supervisor)

Incorrect Entry- _____

Correct Entry- _____

Reason: _____

Initials **Date**

_____ / /

Supervisor/Manager Signature _____ Date _____

Verification (to be completed by Revenue Collections)

If Refund	If Refund with Credit Balance	If Credit-Trans #	Serv Chg Cr	Verification	Posting Date
	8 _ 03=0 9004=S		$		
Org/Account [8 _ 03 = 0]	Refund Charge to account	88 - - -	88116	Initials & Date	in Navision

APPROVALS *(To Be Completed By Department And Finance Representatives)*

Dept Approval: _____ Date_

Finance Approval: _____ Date_____

Assigned to: S R C

☐

Rev Coll. Distribution Date

Rev. Coll. Tracking #

____-____-____