

8900 TOUCHSTONE LN

10908435

1/8/2008

duponbj

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

APPLICATION FOR BUILDING PERMIT 52928

TYPE PERMIT: ☐ Single Family ☐ Two Family ☐ Commercial ☐ Mobile Home ☐ Modular

PERMIT #

ADDRESS

STREET # 8900 (N;S;E;W) STREET NAME Touchstone (AV, RD, ST, etc) LANE

SUITE/UNIT(S):

TAX JURISDICTION: (Check One) ☐ 0-Mecklenburg ☑ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

SITE DATA

PROJECT/SUBDIVISION NAME PHASE SECTION PROJECT # 43505

OWNER Timothy V. Price ADDRESS 8900 Touchstone Lane

CITY Charlotte STATE N.C. ZIP 28227 PHONE # 7045526905

TAX PARCEL # CENSUS 109-084-35 LOT # BLOCK # LAND AREA (sq. ft.)

ZONING R-3 JURIS 1 MAP # 98 R/W 60

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV FIRE DIST. ☐ Yes APR'D

LOT ☐ CORNER ☐ THROUGH FRONT SHEET (if different)

MINIMUM SETBACKS: FRONT LEFT SIDE 3 RIGHT SIDE 3 REAR 3 REQ. PARK'G PD

PROJECT

JOB # TYPE WORK: ☐ New ☐ Addition ☑ Accessory ☐ Upfit ☐ Shell ☐ Demolish ☐ Other

USDC # PROJECT DESCRIPTION (Residence, Office, etc.) Mobile Home: include Yr./Make & Serial # Residence Accessory Bu'ld.g

PURPOSE AREA (sq. ft.): Heated Unheated 160 10X16X8 Deck(s) # STORIES BASEMENT ☐ Yes

OCC. TYPE ONE/TWO FAMILY, MODULAR, OR MOBILE HOME: TOTAL # ROOMS # BEDROOMS # BATHS

Work includes: ☐ Attached Carport ☐ Attached Garage ☐ Masonry Fireplace(s)

CONST. SPRINKLERS ☐ Yes # UNITS MULTI-FAMILY: # HANDICAP UNITS

SERVICES

ELECTRICAL

Power Company Service: ☐ New ☐ Existing Total Amps # Circuits

Connections 120 Volts # Connections over 120 Volts

MECHANICAL:

Gas Company # Gas Conn # Appliances ☐ Heat Only ☐ Central A/C Only ☐ Heat and A/C

☐ 1-Heat Pump ☐ 2-Central A/C ☐ 3-Elect. Baseboard ☐ 4-Elect. Furnace ☐ 5-Elect. Ceiling ☐ 6-Gas/Oil Furnace

☐ 7-Gas/Oil Steam ☐ 8-Gas Pack ☐ 9-Pre-Fab Fireplace ☐ 10-Chimney ☐ 11-Stove

PLUMBING: # of Fixtures (Sink, Water Closet, etc.) # of Appliances (Dishwasher, Water Heater, etc.)

UTILITIES: ☐ New ☐ Existing

Public 1-Individual Meter/Connection ☑ Water ☐ Sewer Private 3-Individual ☐ Well ☑ Septic

2-Master Meter/Connection ☐ Water ☐ Sewer 4-Community ☐ Well ☐ Septic

CONTRACTORS

ACCT #	CONTRACTOR(S): (Name/Address as appears on license)			CONTRACT COST Nearest $100	APR'D FEES $
0000	Bldg Timothy V. Price	Phone	Lic #	Bldg $ 105.00	
	Add Owner	City/St	Zip		
	Elect	Phone	Lic #	Elect. $	
	Add	City/St	Zip		
	Mech	Phone	Lic #	Mech. $	
	Add	City/St	Zip		
	Plbg	Phone	Lic #	Plbg. $	
	Add	City/St	Zip		
PLANS ☐	Arch./Eng	Phone	Lic #	Total Const. Cost $	
	Add	City/St	Zip		

OTHER

FT ☐ TOTAL ESTIMATED PROJECT COST FOR FAST TRACK OR MODULAR $ — FT FEE $

REMARKS: 4' min buildings separation required — OTHER FEES $

TOTAL FEE $

UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK.

SIGNATURE 6-30-03 DATE Timothy V. Price PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☑ CASH/CHECK ☐ ACCOUNT

BUILDING STANDARDS DEPARTMENT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY

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

See back for completion instructions and the Credit/Refund Schedule

PVQ LUE 000

SECTION I - IF CREDIT OR REFUND (To Be Completed By Requestor)

CREDIT ☐

OR

REFUND ☐

1. Property Owner's Name: _____ 2. Permit Number: _____

3. Address: _____ 4. Date Issued: _____

5. Reason for Request: (✓one) ☐ Plan Change ☐ Duplicate Permit _____ (Duplicate Permit #) (Date of Duplicate)
☐ Not Doing Work
☒ Other (Specify) Now on City Sewer, Septic inspection not necessary

6. Account Name: _____ Account # _____

7. *If Refund*, Check payable to: Thomas V. Price (Please Print) 8. Phone 704 532-6905

9. Address: 8900 Touchstone Lane (Street) Charlotte (City) NC (State) 28227 (Zip)

10. Signature: request by phone 11. Printed Name Thomas V. Price 12. Date: 7/31/03

For Departmental use only. Do not write below this line

SECTION II - IF ADJUSTMENT (To Be Completed By Employee & Supervisor)

Incorrect Entry	Correct Entry	Reason	Emp Initials	Date	Superv Initials	Date

SECTION III - INSPECTION COUNT AND PURGING (To Be Completed By Applicable Core Process)

	B	E	M	P	F	L
# Of made Inspections						

Purging: ☐B ☐E ☐M ☐P ☐S ☐F ☐L

Initials _____ Date _____

Expired Permit ☐

SECTION IV - CALCULATIONS (To Be Completed By Applicable Core Process)

Plan Review? (Y/ N)	Inspection Info	Credit/Refund%	Min Fee? (Y/N)	Permit Fee	Credit/Refund Amount
%	%	100 %	$ N	$ 100.00	$ [illegible]
Y=80%, N=90%	ea. Insp=10%	PR % - Insp %			Permit Fee X C/R% or Min Fee Whichever is greater

Initials J.C. Date 8/29/03

SECTION V - VERIFICATION (To Be Completed By Revenue Collection)

If Refund, Org/Account	Refund with Credit Balance	If Credit, Trans #	Account #	Initials	Entry Date
	8_03=0 9004=$				
8_03 = 0	Refund Charge on account	88 ---			

Section VI - APPROVALS (To Be Completed By Department And Finance Representatives)

Department Approval: _____ Date _____

Finance Approval: _____ Date _____

_____ Refund from Account #

_____ Check #

Daily Counter Transactions - Environmental Health

Printed On June 30, 2003 4:35 PM
Printed By craiggy

Transaction Date **06/30/03**

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
17144	200000	GILLIS MARSHA FINCH	0708 Realty Closing-Conventional	1015 SAWMILL ROAD	VISA	157284	AIDOOJK	85.00
17152	200000	TURNER ROSEANNA P	0705 MH Exc/Add/Repl w/o System Mod	2429 CASSIDY DRIVE	VISA	281839	AIDOOJK	100.00
17156	X30950	POOL & SPA TECH	0718 Residential Pool Permit	2635 STOKES AVE	CHARGE		AIDOOJK	75.00
17159	200000	THIGPEN WILLIAM G	0749 New Tattoo Artist Annual Fee	9640 SOUTH TRYON ST	CHECK	1949	CRAIGGY	225.00
17160	200000	BEAVER T. L	0703 Installation/Final Approval	3361 MAYHEW FOREST LANE	CHECK	3500	AIDOOJK	150.00
17160	200000	BEAVER T. L	0734 Auth for Waste Wtr Sys Constr	3361 MAYHEW FOREST LANE	CHECK	3500	AIDOOJK	150.00
17163	200000	CHARLOTTE MONITOR	0725 Document Copies	DAYCARE & FOOD COPIES	MC	030454	AIDOOJK	16.25
17164	200000	SERRETT LINDA C.	0708 Realty Closing-Conventional	4030 LOCHFOOT DRIVE	CHECK	1894	AIDOOJK	85.00
17173	X33575	NVR INC (EAST)	0703 Installation/Final Approval	6611 HEATLAKE DRIVE	CHARGE		AIDOOJK	150.00
17173	X33575	NVR INC (EAST)	0734 Auth for Waste Wtr Sys Constr	6611 HEATHLAKE DRIVE	CHARGE		AIDOOJK	150.00
17175	200000	PRICE THOMAS V.	0705 MH Exc/Add/Repl w/o System Mod	8900 TOUCHSTONE LANE	CHECK	4411	AIDOOJK	100.00

Total for Transaction Date 06/30/03: **1,286.25**

COPY ID 43505

$100.00 4411
Drew JKH 6/30/03

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 5292B

PERSON FILING APPLICATION:
NAME: Price (last) Timothy (first) U. (mi)
ADDRESS: 8900 Touchstone Ln PHONE: (H) 552 6905
CITY: Charlotte STATE: N.C ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Price (last) Timothy (first) U. (mi)
ADDRESS: 8900 Touchstone Ln PHONE: 552 6905
CITY: Charlotte STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 109-084-35
STREET ADDRESS: 8900 Touchstone Ln
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres): 3.51 1064 FYI 6098

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) Accessory Building

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 3

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

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 [ ] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Timothy U Price Date: 6-30-03

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.

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

Environmentalist Date

...7-3-03 PC FROM MS PRICE. SITE ADVISED THEY HAD PAID THE TAP FEE AND ASK ME TO WAIT AND SEE IF TAP SCHEDULED TO BE INSTALLED WITHIN 2 WEEKS

7/31/03 PC FROM MS PRICE. SITE ADVISED TAP WAS BEING INSTALLED AND INSPECTION WAS NOT NECESSARY; ASKED FOR REFUND

WATER : 1227

PROPOSED PLOT PLAN

COPY

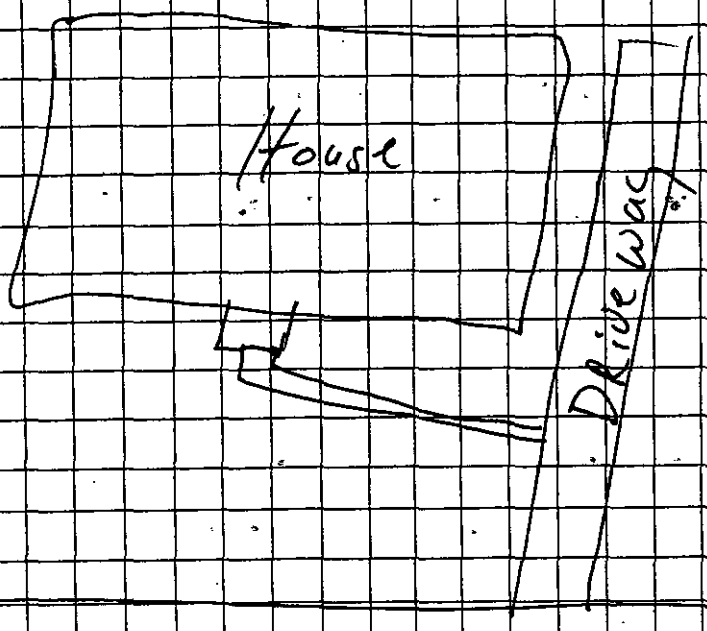
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 52928

TC: 109-084-35

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.





8900 Touchstone Ln

OWNER/AGENT SIGNATURE

DATE 6-30-03

APPROVAL DATE _____

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

LD 43505

$100.00 4411
Drew JKH 6/30/03

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 5292B

PERSON FILING APPLICATION:
NAME: Price (last) Timothy (first) U. (mi)
ADDRESS: 8900 Touchstone Ln PHONE: [redacted] 526905
CITY: Charlotte STATE: N.C ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Price (last) Timothy (first) U. (mi)
ADDRESS: 8900 Touchstone Ln PHONE: [redacted] 526905
CITY: Charlotte STATE: NC. ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 109-084-35
STREET ADDRESS: 8900 Touchstone Ln
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Accessory Building
[redacted]

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: 3

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 [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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 agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Timothy U Price Date: 6-30-03

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.

...

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

Environmentalist Date

WATER : 122791

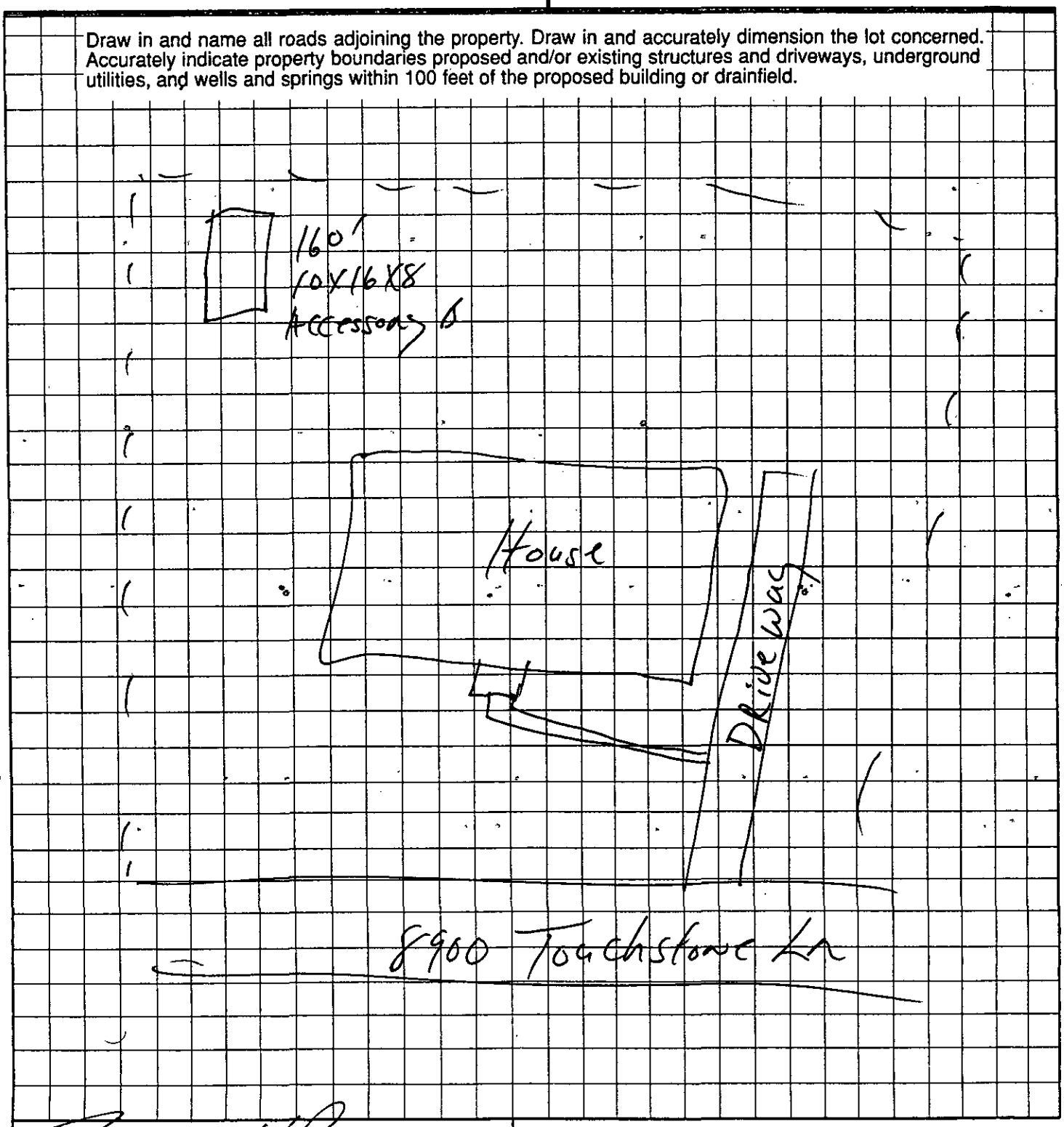
PROPOSED PLOT PLAN

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

FILE: 5292B

TC: 109 - 084 - 35

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.



OWNER/AGENT SIGNATURE

DATE 6-30-03

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy