

1401 MARJORIE DR

19332111

6/1/2007

duponbj

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

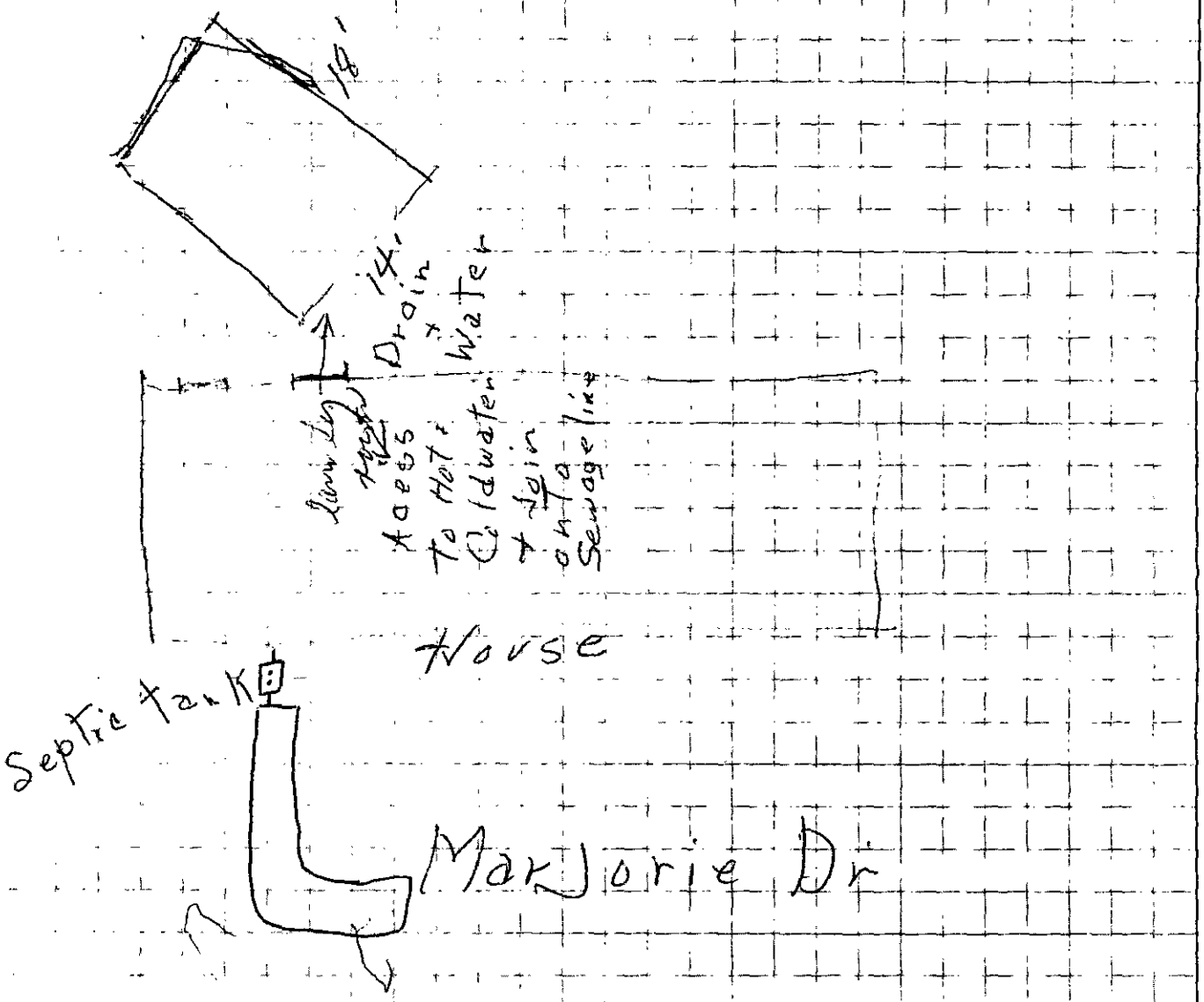
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5513 A

TC: 193 321-11

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.



APPROVAL DATE PBV appr 10/10/80

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)

FILE: 5513A

TC: _____

SERIAL: № 21289 ☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 1401 Marjorie Dr (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 193-321-11

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Laura (FIRST) F (MIDDLE) Wesson (LAST)

⑨ MAILING ADDRESS: 1401 Marjorie Dr.

⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) _____ ⑭ (HOME) 841-1636

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) Green House

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type? _____

㉓ Maximum occupancy? 2

㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no

㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

㉙ The undersigned, 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: Laura Wesson

Date: 10/8/90

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void ~~36~~ 60 months from the date of issuance.

Use existing system — greenhouse SINK will be plumbed to septic tank

Philo S. Walker, 10/10/90

Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-8-90

Name/Company: Laura F. Wesson

c/o Proprietor: Mrs Thomas R. Wesson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. - Greenhouse

1401 Marjorie Drive, Matt

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 8 1990

5513A

Ck #3299

Fee: $ 25.00

25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 10/5/90

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE Math

PARCEL NUMBER 193-321-11

ASSIGNED ADDRESS 1401 Marjorie Dr

EXISTING ADDRESS _____

PROJECT NAME _____ D.I.A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Greenhouse

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Kwb

CPWEAR 06-88

NEW ADDRESS / /*

FORM 100

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ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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(OFFICE USE ONLY)
FILE: 5513A
TC: _____
SERIAL: № 17900
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1401 (STREET NO.) MARJORIE DRIVE (STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 193-321-11
⑤ SUBDIVISION: W.R. THOMAS PROPERTY ⑥ LOT: 4 ⑦ BLOCK: _____

OWNER

⑧ NAME: THOMAS (FIRST) L. (MIDDLE) HOLSING (LAST)
⑨ MAILING ADDRESS: 1401 MARJORIE DR.
⑩ CITY: MATTHEWS ⑪ STATE: N.C ⑫ ZIP: 28105
⑬ PHONE: (WORK) 704/394-4000 ⑭ (HOME) 704/847-4291

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit (REPLACE WASHING MACHINE DRAINAGE PIT)
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type? _____
㉓ Maximum occupancy? 5 ㉖ Maximum number of employees? _____
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, 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 on the property for the purpose of processing this request.

Signed: Thomas L. Holsing
Date: 3/13/89

IMPROVEMENT PERMIT

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... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

_____ / _____
Environmentalist Date

_____ / _____
Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.