

13309 HARBOR OAKS LN

19908617

8/14/08

marliwr

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

100 Pd 50 check 9/14/98 CK

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102 17805

Date: 9-11-98

PERSON FILING APPLICATION:
NAME: HOLLAND (last) Robert (first) C (mi)
ADDRESS: 13309 Harbor PHONE: (704) 588-4198
CITY: OAKS LN. CHARLOTTE STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-086-17
STREET ADDRESS: 13309 HARBOR OAKS LN
ZONING:

PROPERTY OWNER:
NAME: ~~Bob~~ HOLLAND (last) Robert (first) C (mi)
ADDRESS: 13309 HARBOR OAKS LN. PHONE: (__) _____
CITY: CHARLOTTE STATE: N.C ZIPCODE: 28278

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

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

[redacted]
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Porch Addition
[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: 2
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)
[] Municipal (M) [] Other 'spring' (O)
[X] 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 [X] Other SCREENED PORCH

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: Robert C. Holland Date: 9-11-98

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.

...May use existing System to Add Screened porch

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

Environmentalist 9/17/98 Date

P.W.

WATER : 122791

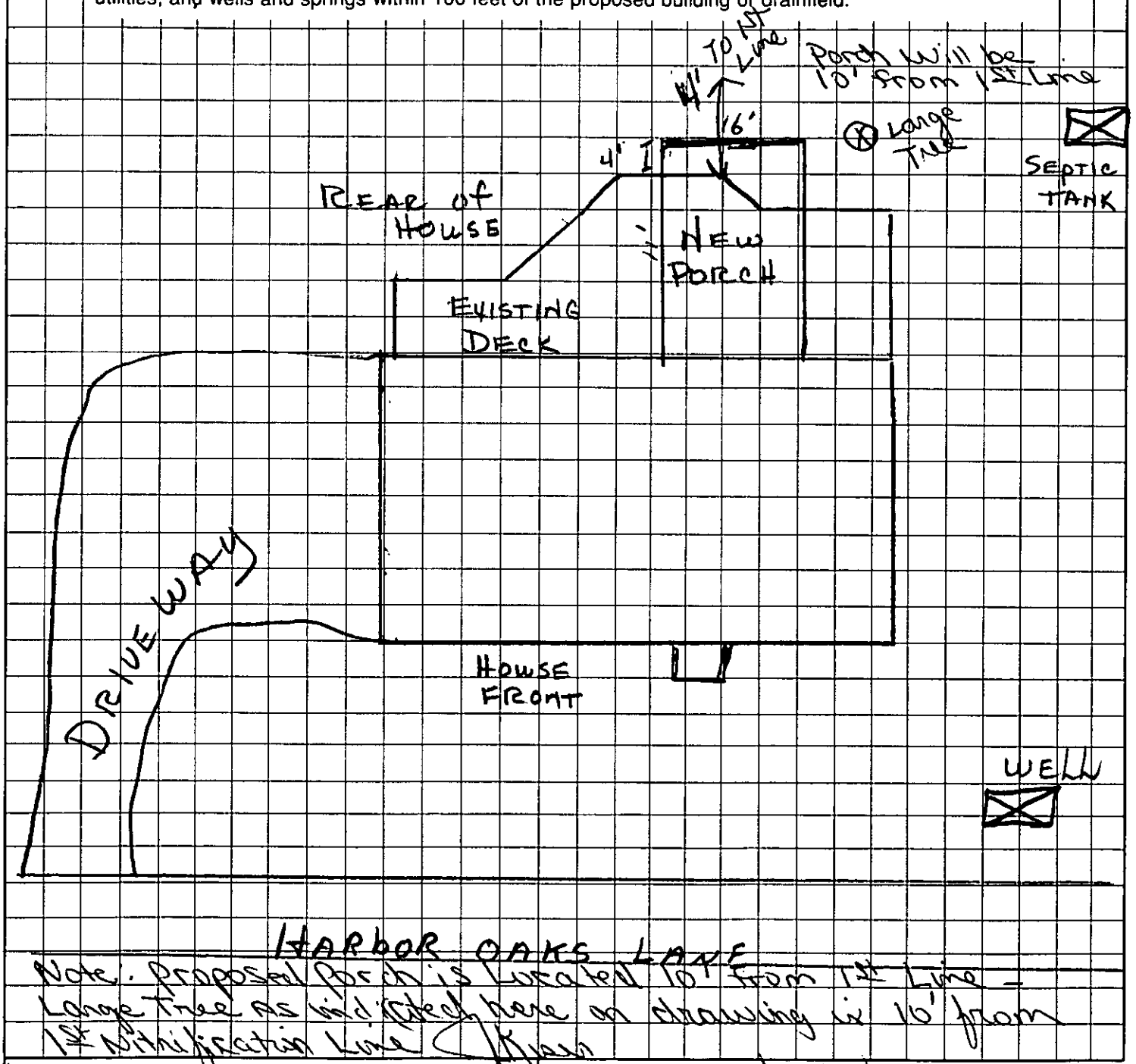
PROPOSED PLOT PLAN

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

FILE: 17805

TC: 199086-17

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.



HARBOR OAKS LANE

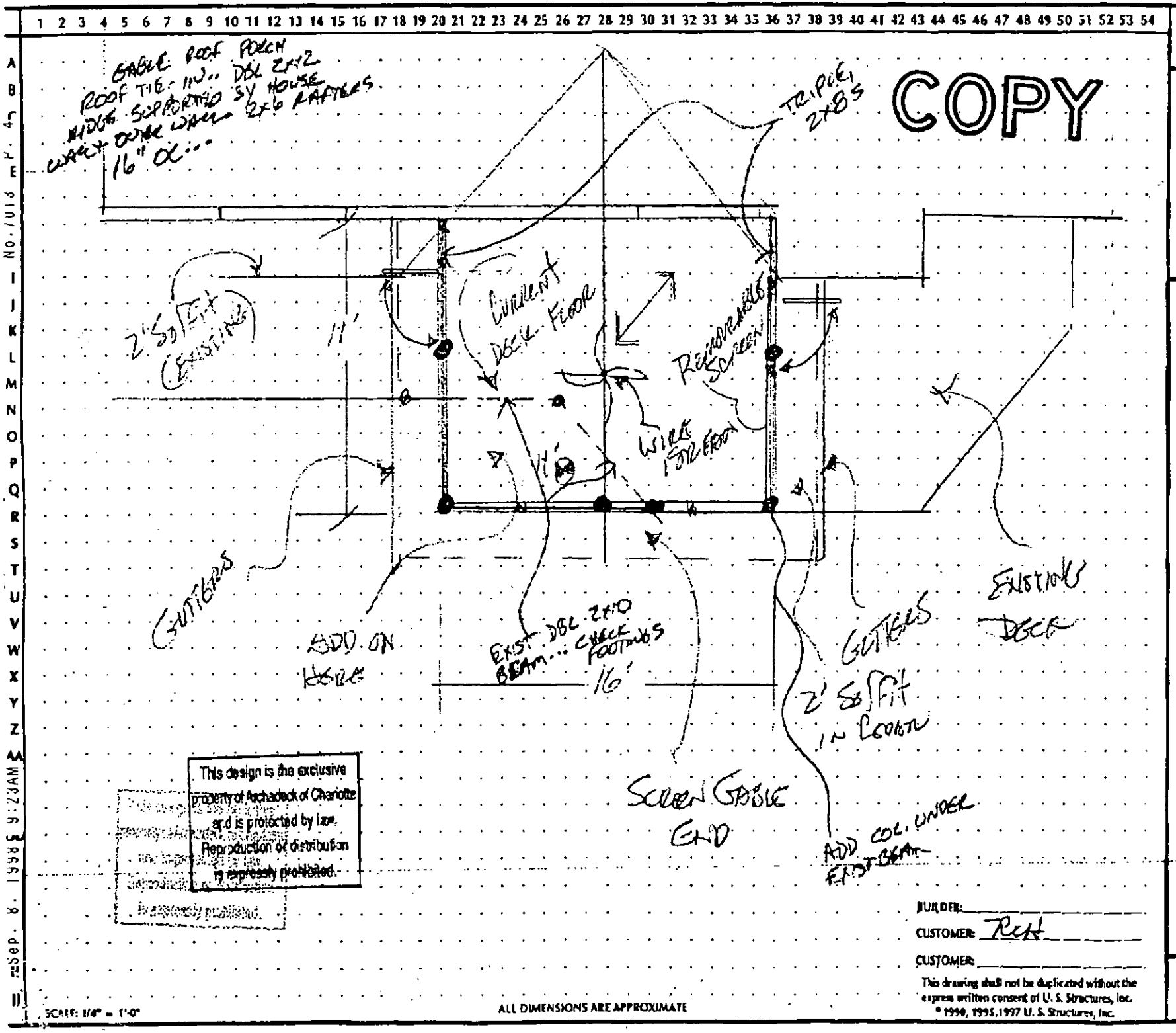
Note. Proposed Porch is located 10' from 1st Line - Large Tree as indicated here on drawing is 16' from 1st Notification Line (Rear)

+ Robert C. Hallock
OWNER/AGENT SIGNATURE

DATE 9-14-98

APPROVAL DATE 9/17/98

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



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SCALE: 1/4" = 1'-0"

ALL DIMENSIONS ARE APPROXIMATE

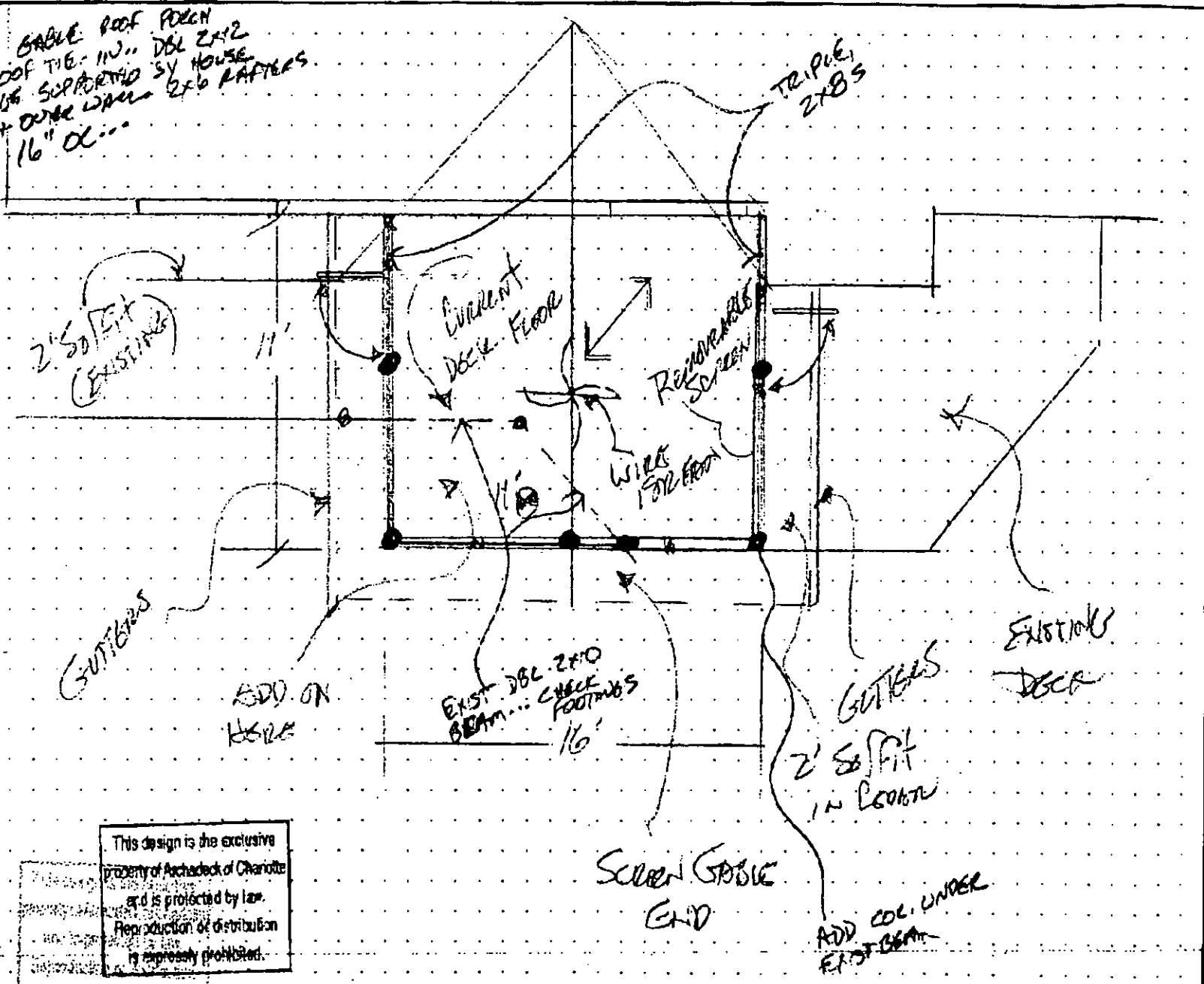
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Name:
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FOD
☐ LOW TO GRADE
☐ GIRDER
☐ TRENCH BEAM
DECKING
☐ PRESSURE TREATED
☐ CEDAR
☐ OTHER
☐ NAIL ☐ SCREW ☐ STAPLE
☐ LEVEL CHANGE
☐ PARTING BOARD
DETAIL NO.
☐ FREESTANDING
☐ BAY WINDOW
☐ ATTACH AT BAY
☐ ADD BEAM
☐ STAIR TREADS
☐ (2) BOARD
☐ (3) BOARD
☐ BOX STEPS
☐ (2) BOARD
☐ (3) BOARD
☐ FENCE
DETAIL NO.
FENCE HGT.
LATTICE HGT.
☐ RAIL
DETAIL NO.
☐ SKIRTING
DETAIL NO.
☐ GAZEBO
☐ STANDARD
☐ PRE-FAB
☐ NO PRE-FAB FLR.
☐ SPA WEIGHT SIZE
☐ PLACE ON DECK
☐ INSET
☐ ON CONCRETE
☐ BUILD PLATFORM
☐ PORCH
☐ FUTURE
ROOF TYPE
☐ AMENITIES

ITEMS REQUESTED:
☐ PLANS & SPECS. ☐ WORKSHEET
☐ SURVEY ☐ DETAILS
☐ OTHER

ASBE P. 4s NO./UIS I J K L M N O P Q R S T U V W X Y Z AA 8 Sep. 8, 1998 9:23AM II



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☐ LOW TO GRADE
☐ GIRDER
☐ TRENCH BEAM
DECKING
☐ PRESSURE TREATED
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