

4514 WILGROVE-MINT HILL RD

13711208

6/19/2007

duponbj

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

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: 6687A
TC: 137-112-08
SERIAL: № 20721
☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 4514 Wilgrove Mint Hill Rd. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.: 137-112-08
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Billy (FIRST) B (MIDDLE) Dulin (LAST)
⑨ MAILING ADDRESS: 4514 Wilgrove-Mint Hill Rd
⑩ CITY: Charlotte ⑪ STATE: N C ⑫ ZIP: 28227
⑬ PHONE: (WORK) 5455895 ⑭ (HOME) 5454018

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) ADD STORAGE & DINING

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? 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: Mrs. Billy B. Dulin
Date: 4/19/90

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 months from the date of issuance. May use existing system.

Audrey L. Blair RS 4/24/90
Environmentalist Date

Director or Authorized Section Head 4-24-90 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: 4-19-90

Name/Company: Mrs. Billy Dulin

Sanitation _____

Vector Control _____

O.P.W.D. /

Service: Applicant for Septic Permit Addit LG 6687A

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
APR 19 1990

Check 2274

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

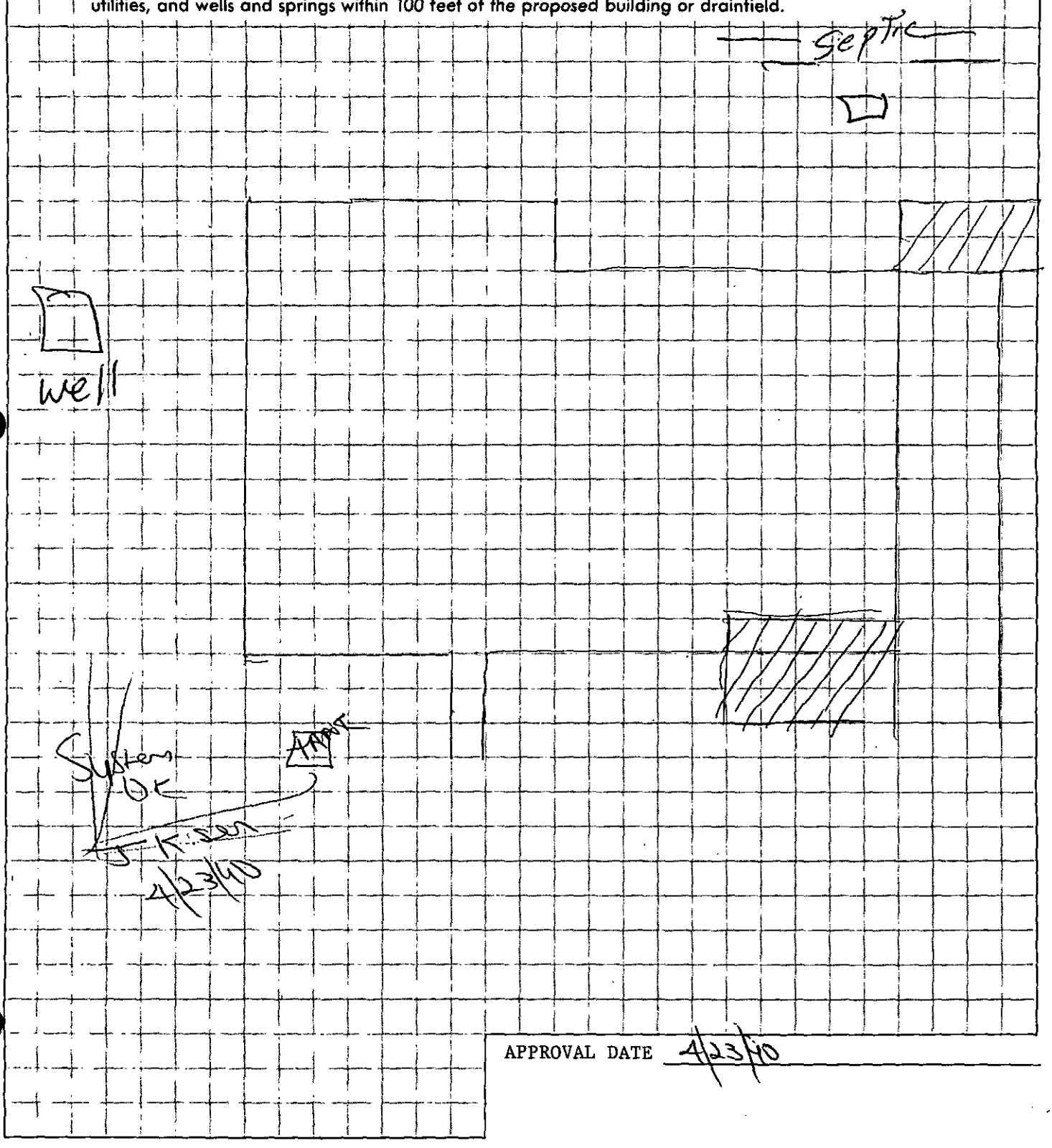
PROPOSED PLOT PLAN

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

FILE: 6687A

TC: 137-112-08

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 4/23/10

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

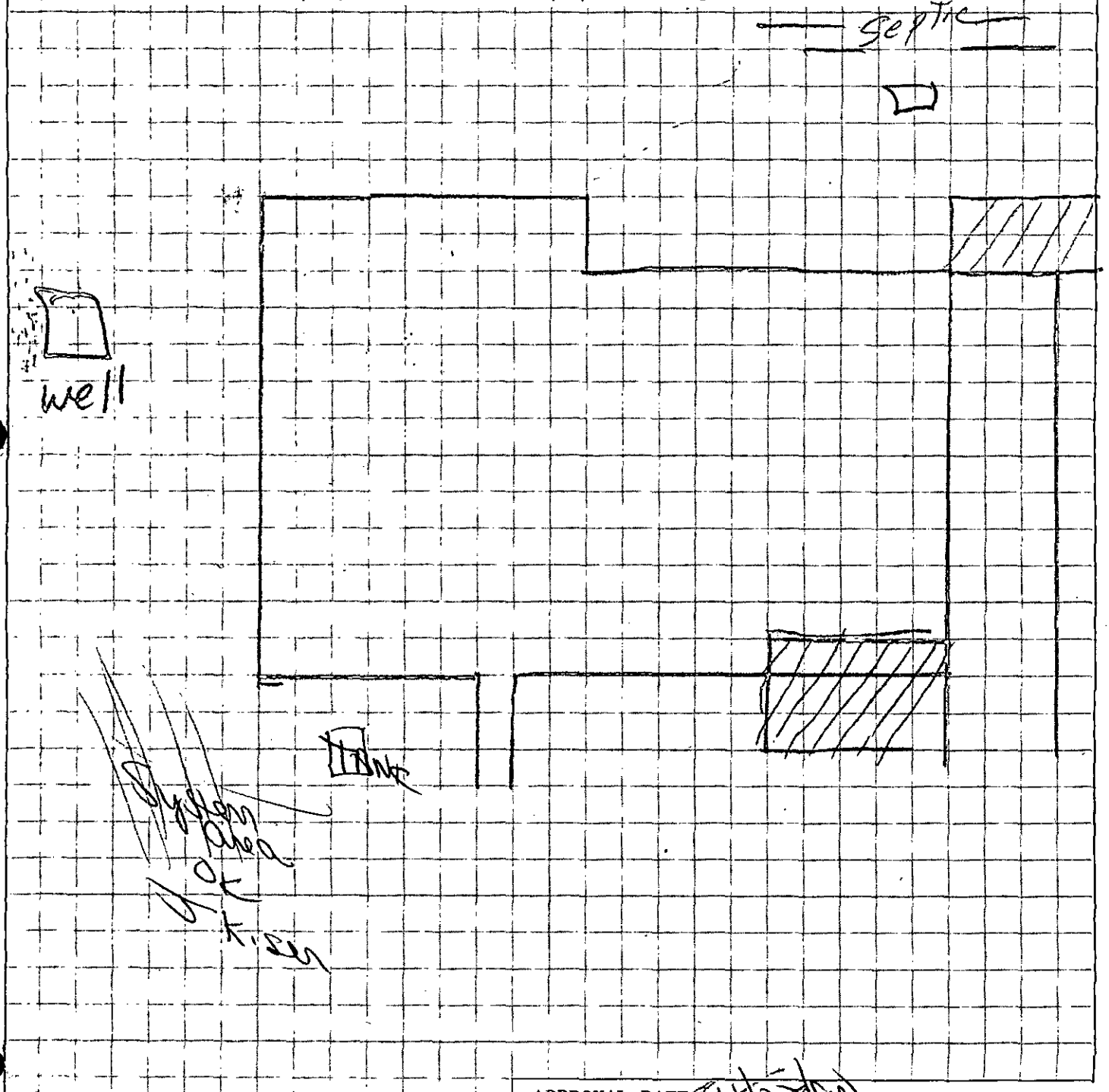
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APPROVAL DATE: 4/20/90

4-24-90

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

376-4603

DATE 4/19/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

137-112-08
PARCEL NUMBER

4514 Wilgrove-Mint Hill Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

DIA
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1.	SUBDIVISION REGULATIONS	___ APPROVED	___ NOT APPROVED
2.	FLOODWAY REGULATIONS	___ APPROVED	___ NOT APPROVED
3.	EROSION CONTROL REGULATIONS	___ APPROVED	___ NOT APPROVED
4.	COMMERCIAL DRAINAGE PLAN	___ APPROVED	___ NOT APPROVED
5.	PUBLIC UTILITY EASEMENT	___ PRESENT	✓ NOT PRESENT
6.	PROPERTY FRONTS ON THOROUGHFARE	✓ YES	___ NO
7.	DRIVEWAY PERMIT REQUIRED	___ YES	✓ NO

REMARKS: Addition

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

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rule