

1608 SUNSET RD

03704211

6/13/08

marliwr

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

P# 29030

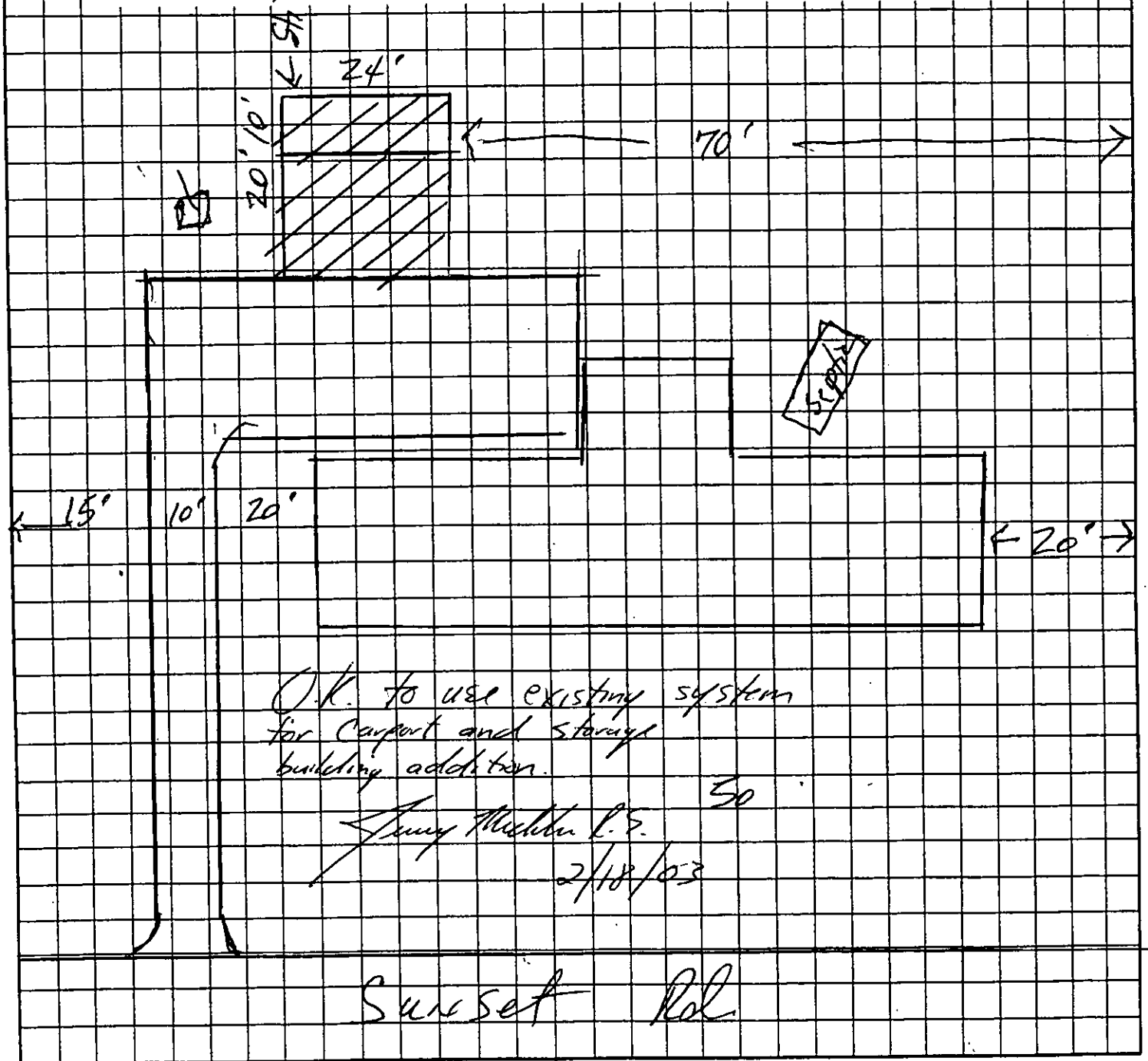
PROPOSED PLOT PLAN

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

FILE: 10441

TC: 037-04-41

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.



O.K. to use existing system for carport and storage building addition.

So

Larry Mullen E.S.

2/18/03

Sunset Rd.

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

Jeremy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

100 pd 100 pd 75.20 12/3/02 [ ] CAT

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

(704)336-5102 10/4/11

Date: 12-4-02

PERSON FILING APPLICATION:
NAME: Hammett (last) Keith (first) B (mi)
ADDRESS: P.O. Box 661 PHONE: (704) 400-8896
CITY: Paw Creek STATE: N.C. ZIPCODE: 28130

PROPERTY OWNER:
NAME: Moore (last) Paul (first) (mi)
ADDRESS: 1608 Sunset Rd PHONE: 704 392-2671
CITY: Charlotte STATE: N.C. ZIPCODE: 28216

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-042-11
STREET ADDRESS: 1608 Sunset Rd
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 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):

[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[redacted] 1971 1 old 3 bdrms
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Bedroom & Bath
[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: 2 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 [X] 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: Keith Hammett Date: 12-4-02

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... O.K. to use existing system for bedroom and bathroom addition. Sewer tap has been paid.

[ ] 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

Jeremy Medlock R.S. 12/6/02
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

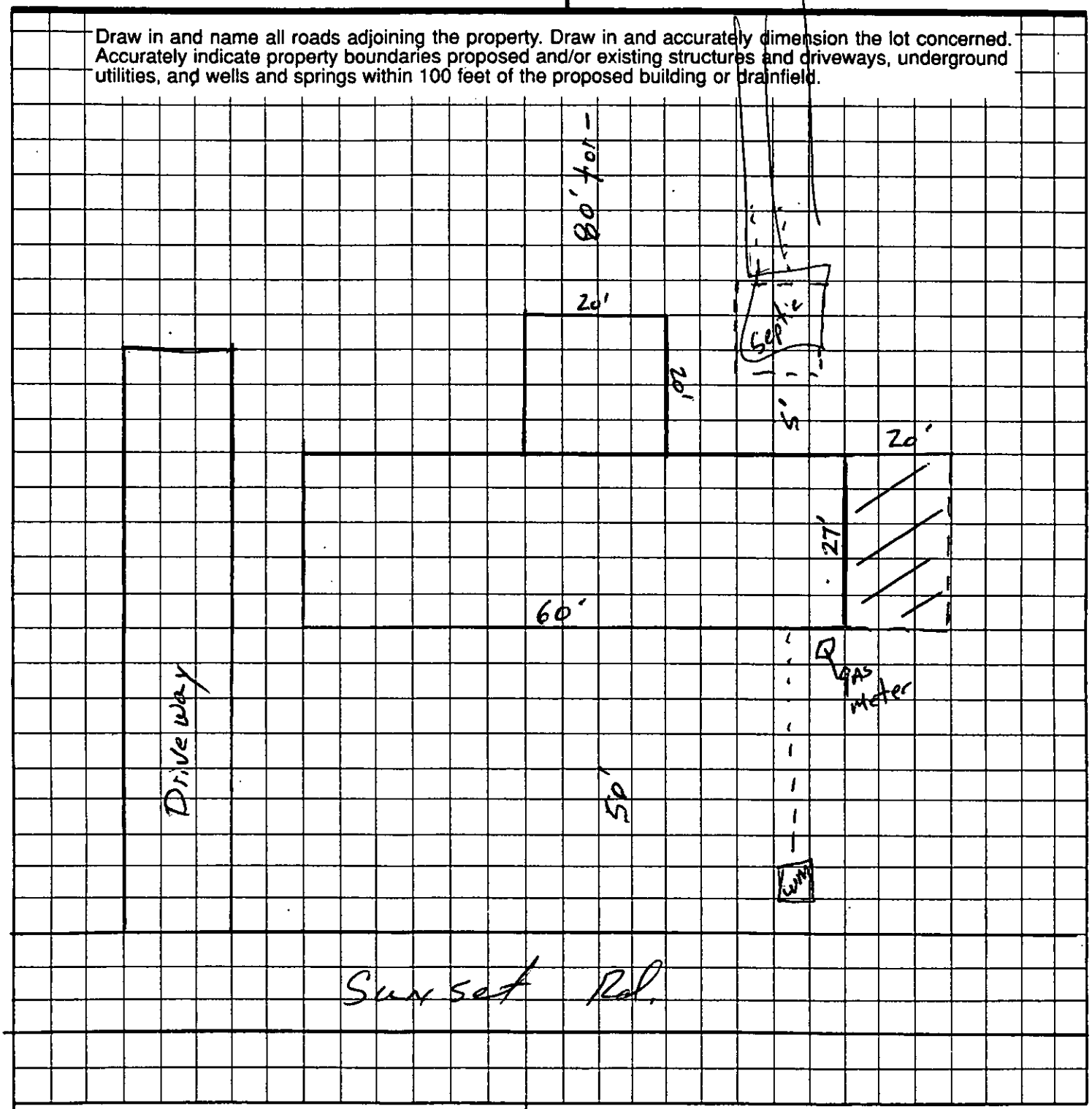
COPY

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TC: 037-042-11

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

Century 21
Murphy and Rudolph
CENTURION® Office, 1994-2000
8400 F Belhaven Blvd.
Charlotte, North Carolina 28216
Business (704) 399-4848
Toll Free (800) 438-5618
Fax (704) 393-7408

FAX COVER SHEET

DATE: 12/6/02

TO: Jeremy

RECIPIENT'S FAX NUMBER 704-336-6894

FROM: Laura Moore
CENTURY 21 MURPHY & RUDOLPH
FAX # 704-393-7408
E-mail info@c21murphyrudolph.com
WebPage: c21murphyrudolph.com

Total number of pages (including cover sheet): 2

Subject: tap fee for 1608 Sunset Rd.

Additional Information: Here it is!

Thank you! Laura Moore

CHARLOTTE-MECKLENBURG UTILITIES 66830

DATE: 12-6-02

RECEIVED FROM: Doris Howell Hogue

two thousand one hundred sixty-six + 00/100 $ 2166-

FOR: 4" ss lat. - top

1608 Summit Rd (Laura Moore)

RECEIVED BY:

CASH ☐

CHECK ☑ # 1756

C21 MURPHY RUDOLPH 7043937408 12/06 '02 15:12 NO.767 02/02

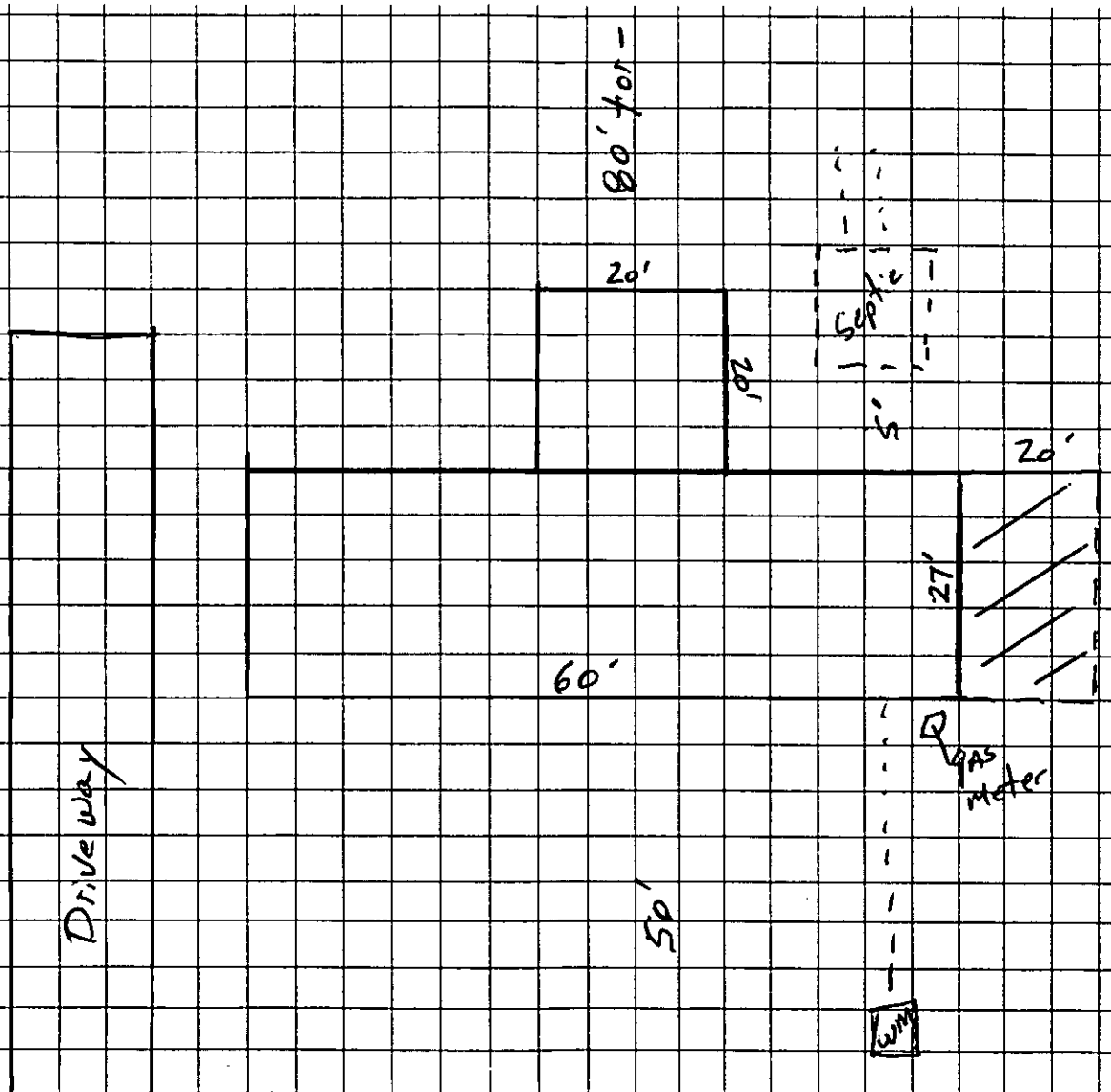
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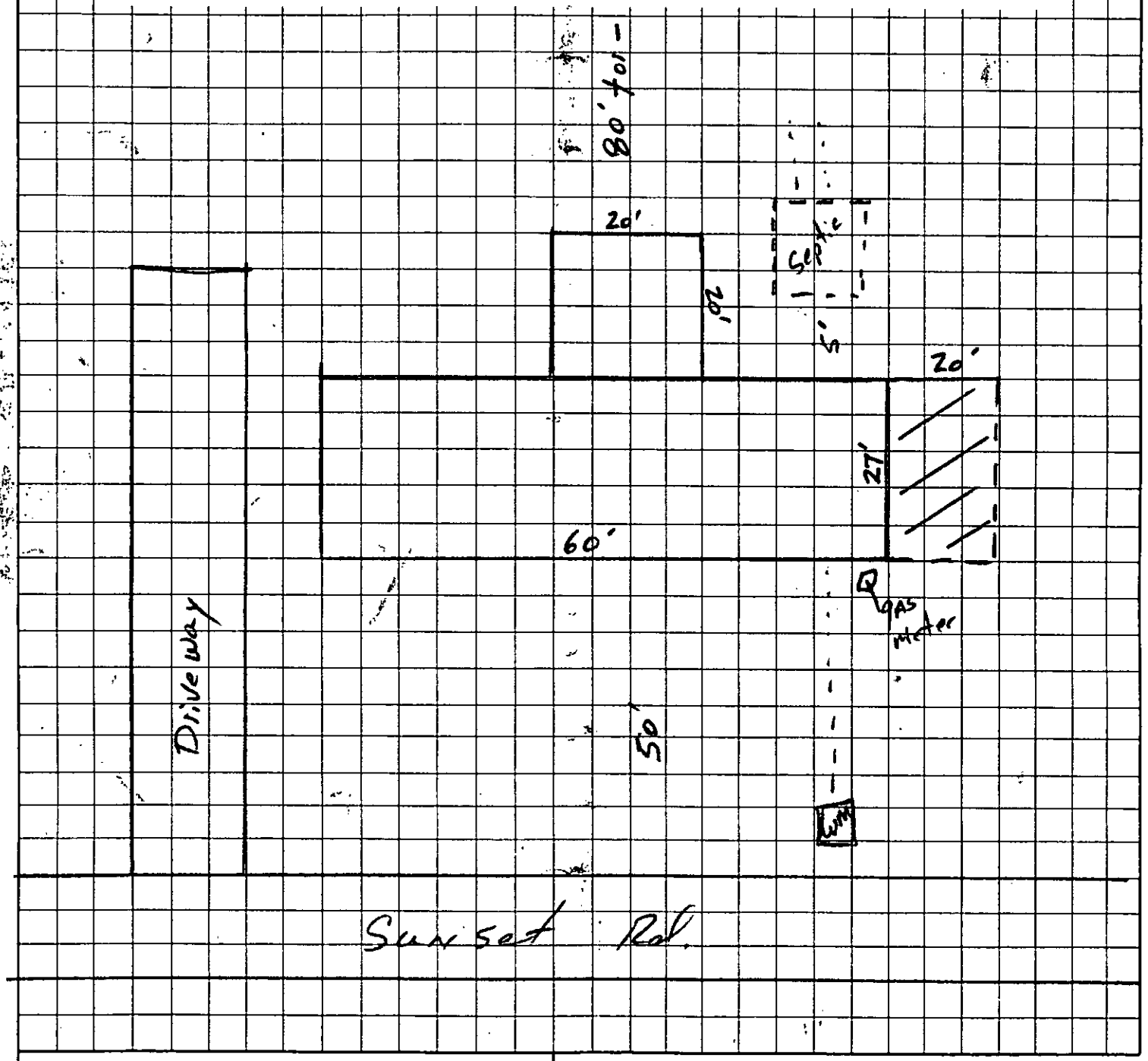
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FILE: 104411

TC: 037-044-11

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.



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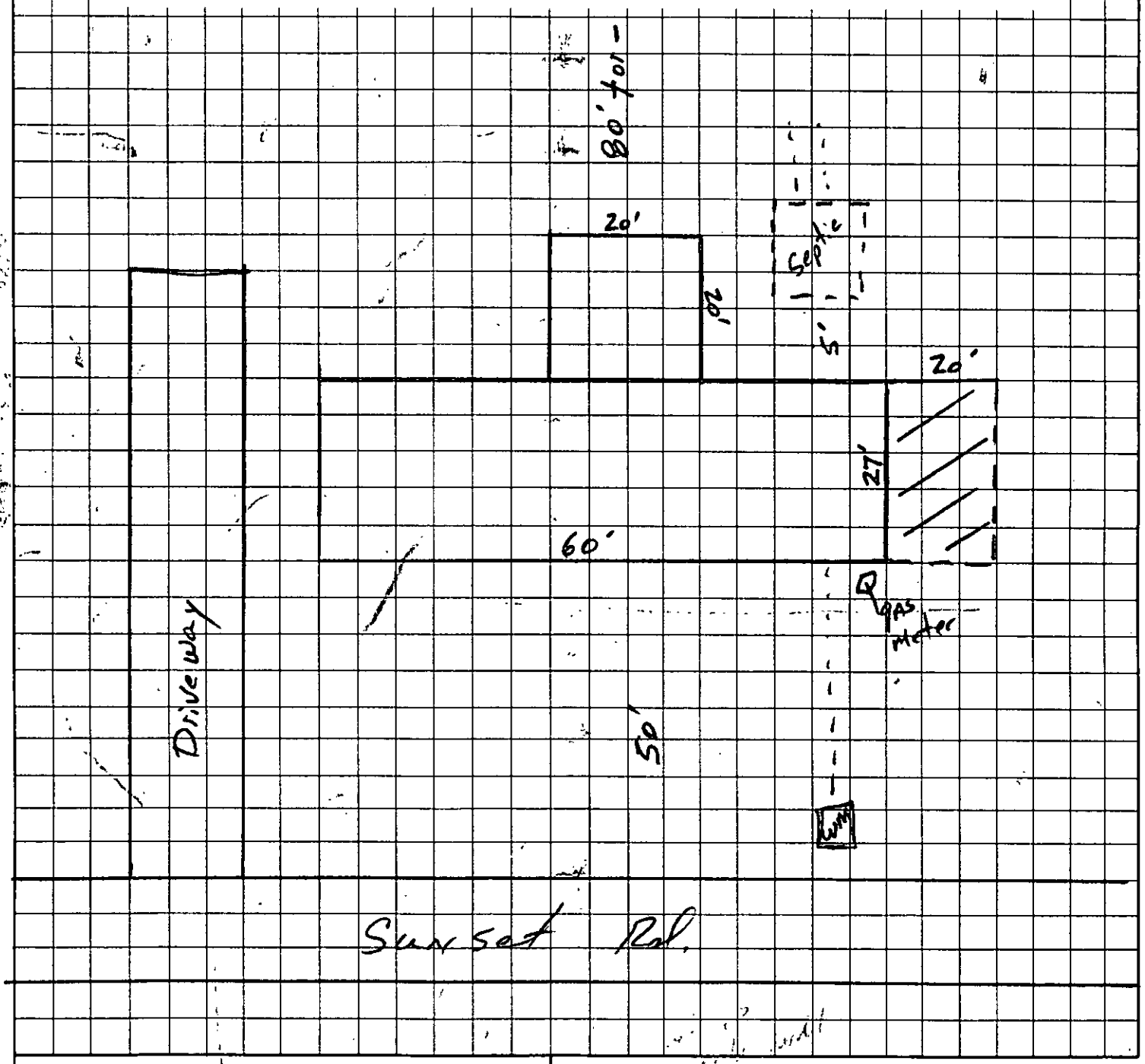
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FILE: 10411

TC: 037-041-11

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APPROVAL DATE: _____

OWNER/AGENT SIGNATURE

DATE

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

Date Received 1-5-76

Application No. 10441

T. C. No. 037-042-11

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Rodgers (LAST) Blanche (FIRST) F (MIDDLE)

ADDRESS OF OWNER Rte 9 Box 384 ZIP 28208

PHONE NO. Home 392-3911 Office _____

LOCATION OF PROPERTY Sunset Road (STREET OR COUNTY RAOD)

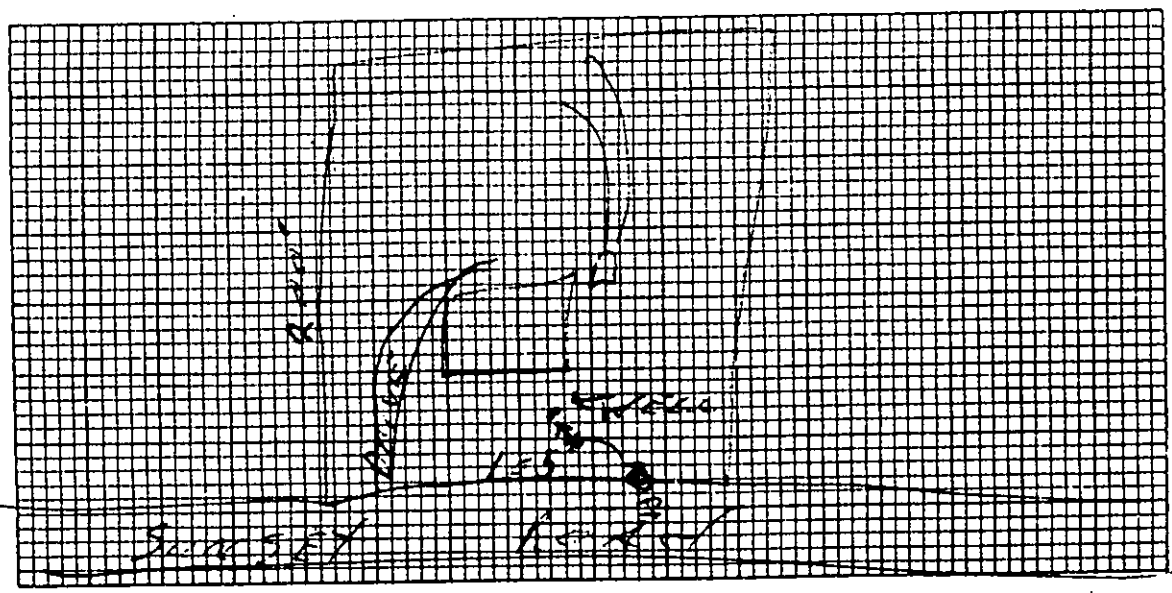
SUBDIVISION _____ LOT NO. _____ BLOCK NO. _____

MAP BOOK NO. _____ PAGE NO. _____

DEED REFERENCE: DEED BOOK _____ PAGE NO. _____

WELL CONTRACTOR McCall Bros LICENSE NO. 30

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ✓ individual, _____ semi public, or _____ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

_____
DATE OF APPLICATION

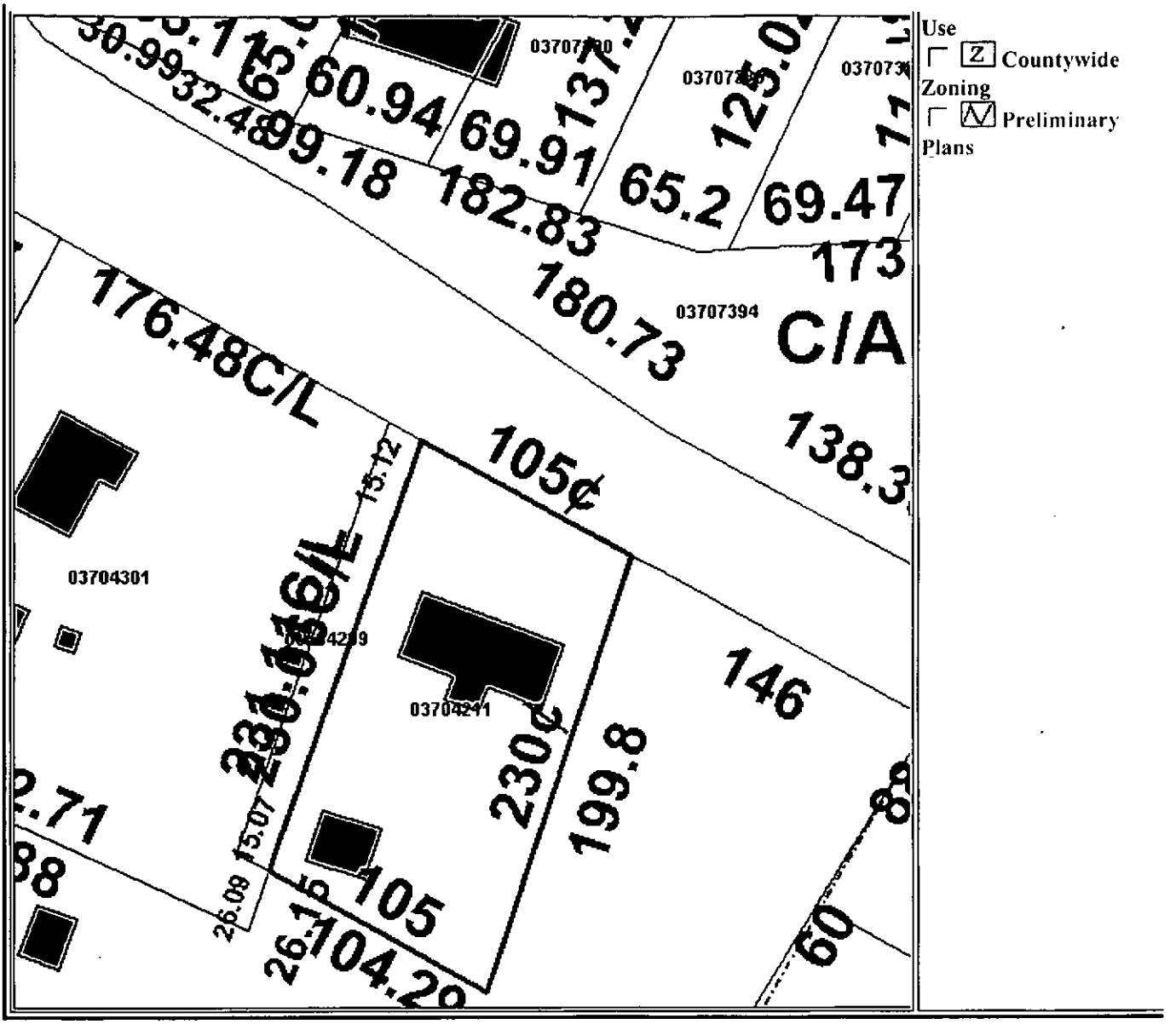
Blanche F. Rodgers
OWNER

Application approved and permit hereby granted

Permit No: _____

Samuel Spencer Jr.
ENVIRONMENTALIST

FORM NO. E-20-9-1-72 HEALTH DEPARTMENT'S COPY



Click here to submit questions or comments about the information shown on this page.
Additional Tax Information (Tax Bills, Real and Personal Property, etc.) is available through the:

Tax Information System

Map Scale: 1 Inch = 71 Feet Date and Time Stamp 12/2/2002 3:49:29 PM EST	This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

Tax Real Estate Information

****BUILDING PHOTOS ARE NOW AVAILABLE! SEE MAJOR IMPROVEMENT SECTION BELOW FOR LINK.****

***** Images of real estate documents from the Register of Deeds are available from 11/9/1998 to the present. *****

Parcel-Id#: 03704211 **GIS Map#:** 03704211 **Account Type:** INDIVIDUAL **Owner:** MOORE PAUL EUGENE	**Legal Desc.:** SUNSET ROAD **Deed Book/Page:** 04111/389 **Date:** 9/29/1978 **Sales Price:** $0

Date Received 1-5-76

Application No. 10441

T. C. No. 037-042-11

Map Date _____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER [illegible] (LAST) [illegible] (FIRST) A (MIDDLE)

ADDRESS OF OWNER [illegible] ZIP [illegible]

PHONE NO. Home [illegible] Office _____

LOCATION OF PROPERTY Sunset Road (STREET OR COUNTY RAOD)

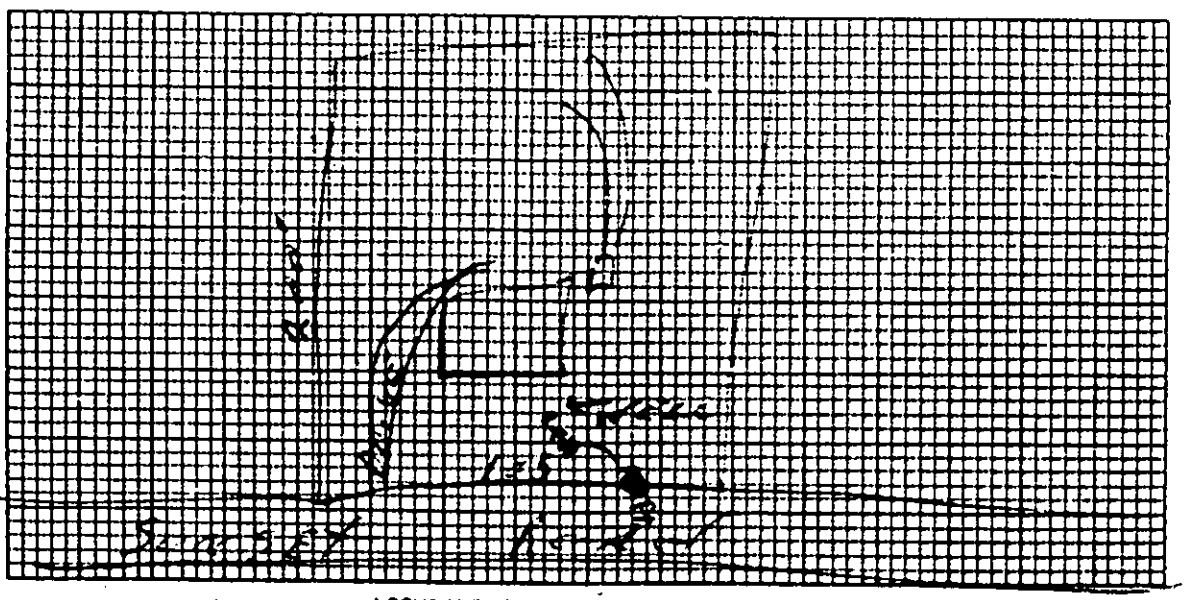
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ACCURATELY DIAGRAM & DIMENSION LOT

_____
DATE OF APPLICATION

[illegible]
OWNER

Application approved and permit hereby granted

Permit No: _____

Samuel Spencer Jr.
ENVIRONMENTALIST

FORM NO. E-20-0-1-72 HEALTH DEPARTMENT'S COPY