

4800 ELEANOR DR

11507313

6/26/2007

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: 7219A
TC: _____
SERIAL: № 21451 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 4800 (STREET NO.) ELEANOR (STREET) DR ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 115-073-13
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: TED (FIRST) WILSON (MIDDLE) YANDLE (LAST) yandle
⑨ MAILING ADDRESS: 4800 ELEANOR DR
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28208
⑬ PHONE: (WORK) _____ ⑭ (HOME) 393-3488

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) storage bldg

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? ~~6~~ 4 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: Ted Yandle
Date: 1-3-91

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

B. R. Ferguson, Environmentalist, 1-8-91 (Date)

_____, Director or Authorized Section Head, 1-8-91 (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: 1-3-91

Name/Company: Ted Wilson Yandle

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. (Stor. bldg.)
4800 Eleanor Drive
File: 219A
TC 115-073-13

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 3 1991

Fee: $25.00

CK# 1568
$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

CHRIS

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

DATE 11/3/91

FROM: COUNTY PLANNING DEPARTMENT

LOT FILE SUBDIVISION NAME Char

PARCEL NUMBER 115-073-13

ASSESSED ADDRESS 4800 Eleanor Dr

PROPOSED ADDRESS

PROJECT NAME N.I.A.

THE ABOVE REFERENCED LOCATION HAS BEEN CHECKED CONCERNING:

	APPLICABLE		EXEMPTION	
1. SUBDIVISION REGULATIONS	/	/	/	/☐
2. FLOODWAY REGULATIONS	/	/	/	/☐
3. EROSION CONTROL REGULATIONS	/	/	/	/☐
4. PUBLIC UTILITY EASEMENT	/	/	/	/☐

	EXISTS		NOT EXISTS	
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: 20 X 20 Storage bldg.

NOTE: THIS FORM MUST BE SIGNED IN AT THE BUILDING STANDARDS COUNTER AT BUILDING PERMIT TIME.
A CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL THE TRANSPORTATION DIVISION COUNTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED:

ZONING 06-18

FLOOD ZONE / /☐

ZONE 100

01-03-91 11:17AM P.01
704 336 3846 ENGINEERING 01/03/91 12:58 P.001

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1200 BLYTHE BOULEVARD
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... This permit is not transferable, and shall become null and void 36 months from the date of issuance. Use existing system 60

B R. Ferguson — Environmentalist — 1-8-91 Date

_____ — Director or Authorized Section Head — 1-8-91 Date

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

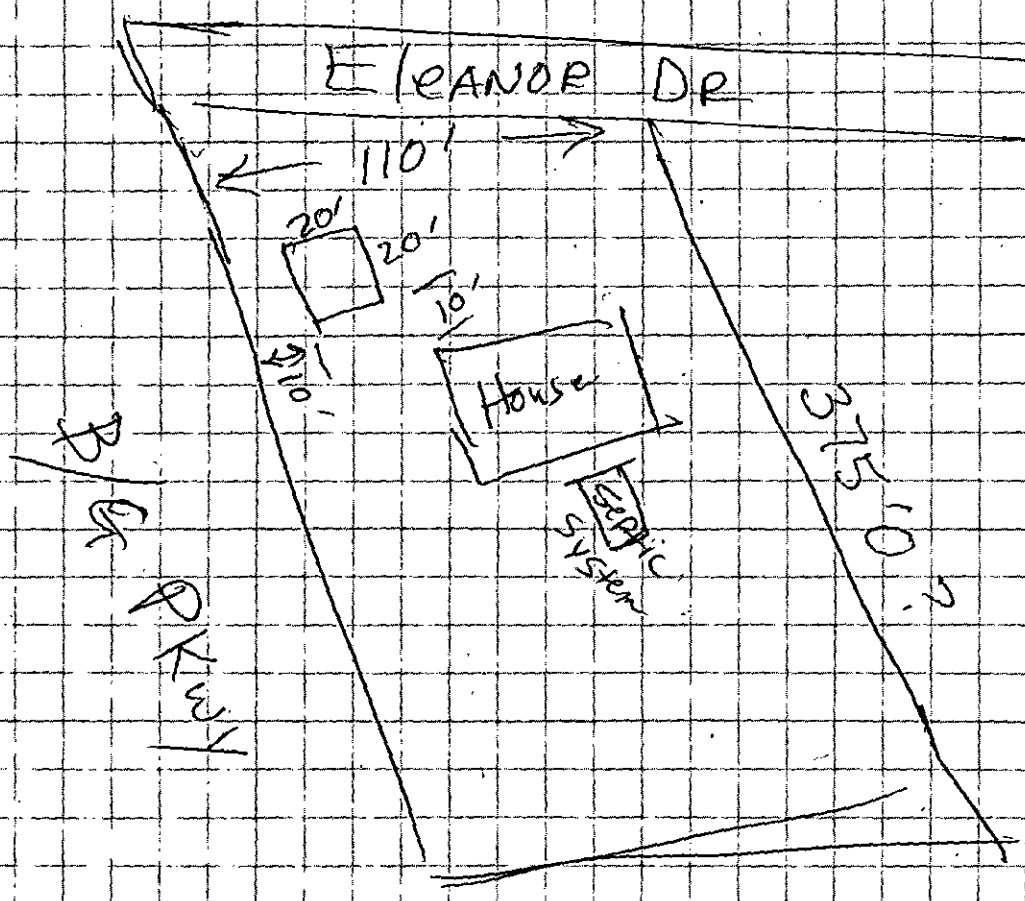
PROPOSED PLOT PLAN

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

FILE: 7219A

TC: 115-073-13

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 _____

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