

1531 HAWFIELD RD

05309343

5/31/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT 4360

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

FILE: 5396A DATE: 8/31/94

TC: 053-093-02 43 ☐ L ☐ CRT

SERIAL № 14316

Name of Owner Kimberly A. Nicks Juris.:

Address of Property 1531 Hawfield Rd.

Inspection Data:

Tank Material

Total Length of Drainfield 280'

Number of Lines 4 @ 70'

Cover Depth 18"

Water Supply Source Well

Distance to Water Source > 50'

Excavation Inspected 8/31/94

Tank(s) Inspected

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 1994 Alternative 840SF, 12" S Rock CTR# Richard Rorie #1116

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☑ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☐ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System Altered to allow for 2 bedroom Addition. System Approved for 4 bedroom Home.

Judy S. Kuei R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

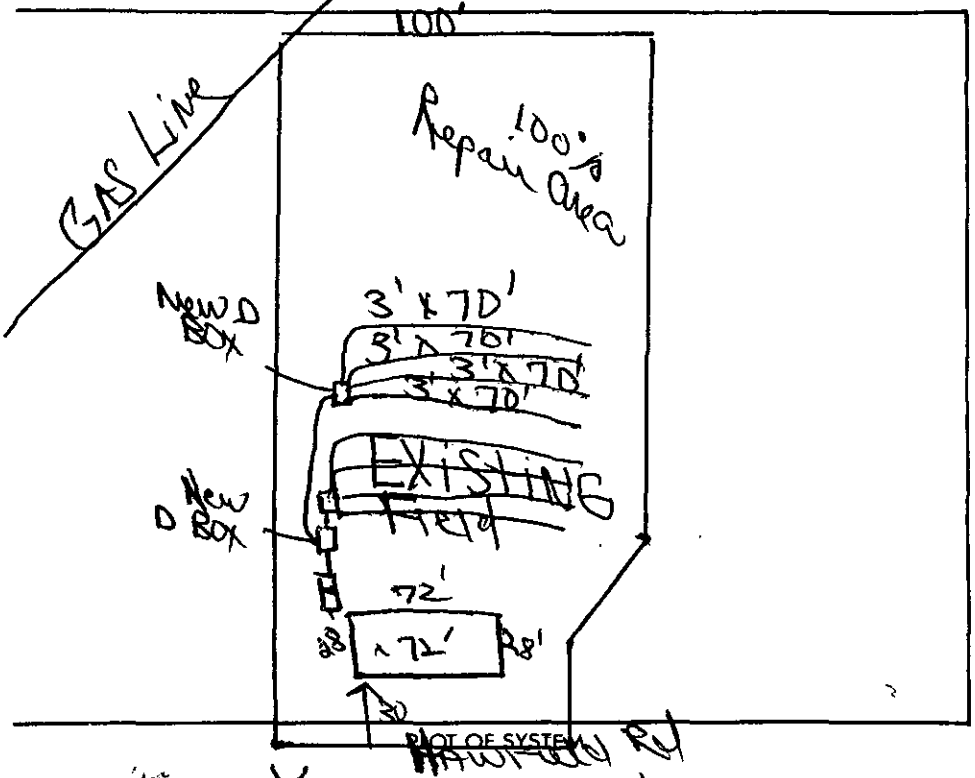
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5396 A DATE: 8/11/94

TC: 053-093-02 ☐ L

SERIAL Nº 15844

Permission is hereby given to ____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7/22/94. All work shall be completed on or before 9/12/94, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



Liquid Capacity of Septic Tank ____ gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction Alteration

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 280' feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50' feet

NAME OF OWNER Kimberly A Nicks

LOCATION OF PROPERTY 1531 Hawfield Rd

Comments: INSTALL D-Box between Existing TANK & Existing D-Box - Run Solid PVC 4" to Existing D-Box - Run 2nd Solid PVC 4" to Another New D Box - INSTALL 4 Trenches 3' x 70' x 12" Stone

Neville Jr S. Daniel
Division or Section Head

Judy J Kuser RS
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

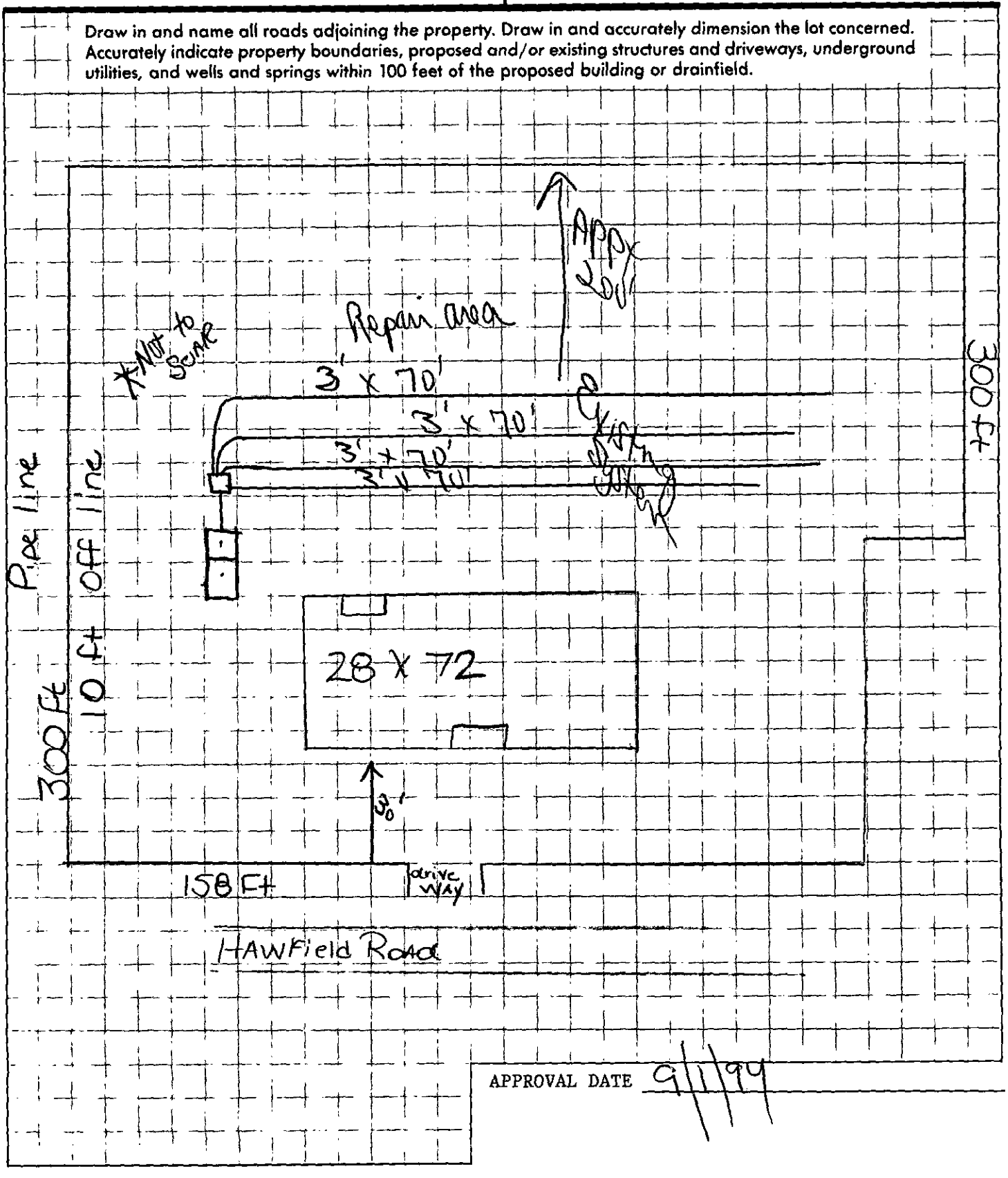
PROPOSED PLOT PLAN

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

FILE: 5396A

TC: 053-093-02

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 9/1/94

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

5396A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd $200 ck 7/22/94 CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: Nicks (last) Kimberly (first) M (mi)
ADDRESS: 1531 Hawfield Rd PHONE: (704) 393-1721
CITY: Charlotte STATE: NC ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-093-02
STREET ADDRESS: 1537 Hawfield Rd
ZONING:

PROPERTY OWNER:
NAME: Miller (last) Grady (first) C (mi)
ADDRESS: 1537 Hawfield Rd PHONE: (704) 392-8586
CITY: Charlotte STATE: NC ZIPCODE: 28214

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N) mHX
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ____ (O)

NUMBER BEDROOMS: 4 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) [X] 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 [X] None
[] Garage [] Storage Building [] Deck/Patio [] 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: Kimberly Nicks Date: 7-22-94

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.

...System Altered to Allow for 4 bedroom home - may use existing system

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

Environmentalist Date 9/1/94

Director or Authorized Section Head Date 9/9/94

WATER : 122791

DATE 5/13/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

#153 - a corrected Pee Jones Pee Jones -

JURISDICTION Meck

053-093-02
PARCEL NUMBER

1537 Hawfield Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
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. WATERSHED PROTECTION	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
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	YES	NO

REMARKS: N/A

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).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: [signature]

REVISED 1/91

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 5396A DATE: 4/14/89

TC: 53-0302 ☒ L ☐ CRT

SERIAL № 11800

1531

Name of Owner Miller / Brady Cole Juris.:

Address of Property 1537 Hawfield Rd

Inspection Data:

Tank Material PCC

Total Length of Drainfield 270

Number of Lines 4 @ 70'

Cover Depth 24"

Water Supply Source Well

Distance to Water Source > 50'

Excavation Inspected 4/14/89

Tank(s) Inspected 4/19/89

Wash Line Inspected

High Water Alarm Inspected

PLOT

Design: 989 1500 St, Con 810SFt, 12" G, Rock CTR# 62

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☒ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS:

Judy A. Kerr R.S.
Environmentalist

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

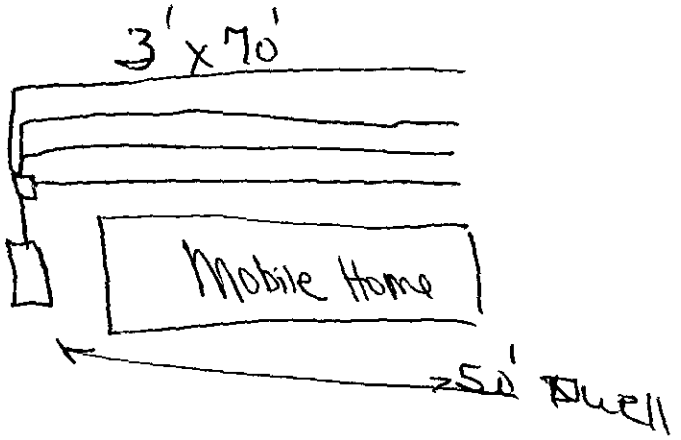
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5396A DATE: 3/14/89

TC: 053_093_02 ☐ L

SERIAL Nº 12538

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 2/14/89. All work shall be completed on or before 4/15/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 270 feet

Number of Lines 4

Depth of Stone 12 inches

Distance from House 5 feet

Distance from Property Line 10 feet

Distance from Well > 50 feet

NAME OF OWNER Miller, Brady Cole

LOCATION OF PROPERTY 1537 Hawfield Rd

Comments: Install 4 Trenches 3' x 70', 12" Stone, Straw Cover

Division or Section Head

Judy J. Kiser R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

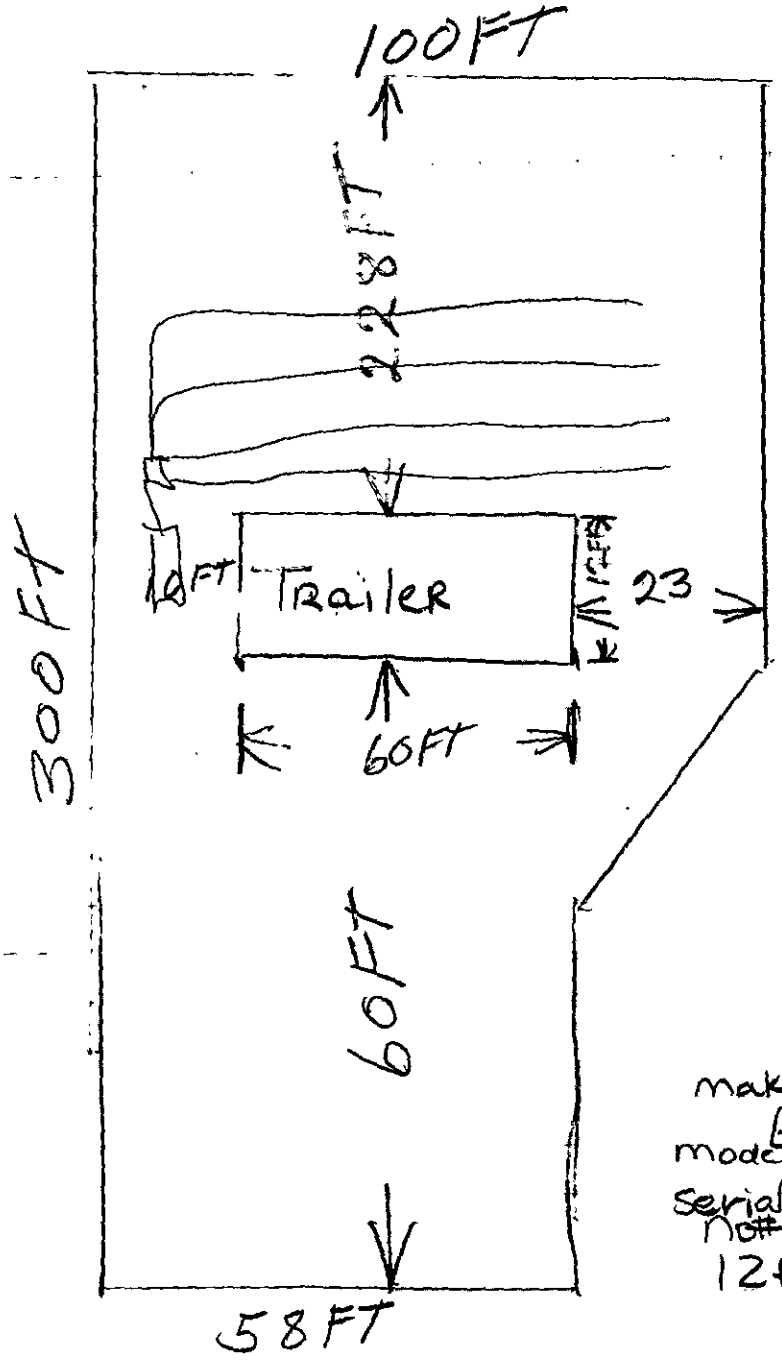
PROPOSED PLOT PLAN

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

FILE: 5396A

TC: 053-093-02 PO

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.



make Elcona
model 1969
serial no# 16026044662
12ft X 60Ft

Road
(Hawfield)

Signed: _____

Date: _____

150'

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
FEB 1 0 1989
ENVIRONMENTAL HEALTH
DIVISION ☒ CRT

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: 5396A
TC: _____
SERIAL: No 17789

JOB LOCATION

① ADDRESS: 1537 (STREET NO.) Hawfield (STREET) Rd. ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Grady (FIRST) Cole (MIDDLE) Miller (LAST)
⑨ MAILING ADDRESS: 1537 Hawfield Rd.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28214
⑬ PHONE: (WORK) 704-375-5509 ⑭ (HOME) 704-392-8586

REQUEST

This request is for a(n):
⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
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? 2
㉕ Type? _____
㉓ Maximum occupancy? 3
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: Grady Cole Miller
Date: 2-14-89

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.

Judy J. Kerr, R.S. 3/15/89
Environmentalist Date

Director or Authorized Section Head 3-16-89 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 2/16/89

Name/Company Grady Miller

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: UMP - New Hawfield Rd

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

FEB 16 1989

Fee: $ 150.00 CR#0153 150.00

K Ebbs
Completed by

Collected by

Mecklenburg County
Health Department

Basil G. Deltu, M.D., M.P.H.
Health Director

January 25th, 1989

Grady Cole Miller
1537 Hawfield Road
Charlotte, NC 28214

RE: Property located at Hawfield Road
FILE: 5396A
PARCEL: 05309302 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. The property was found to contain a limited area of soils which were classified as provisionally suitable for such an installation. A copy of the Site Evaluation Report (Serial Number 15943) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Sylvia D. Daniel, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 15943

File: 5396A Action 1

Parcel: 05309302 PO ☐ PC

Location: Hawfield Road

Subdivision:

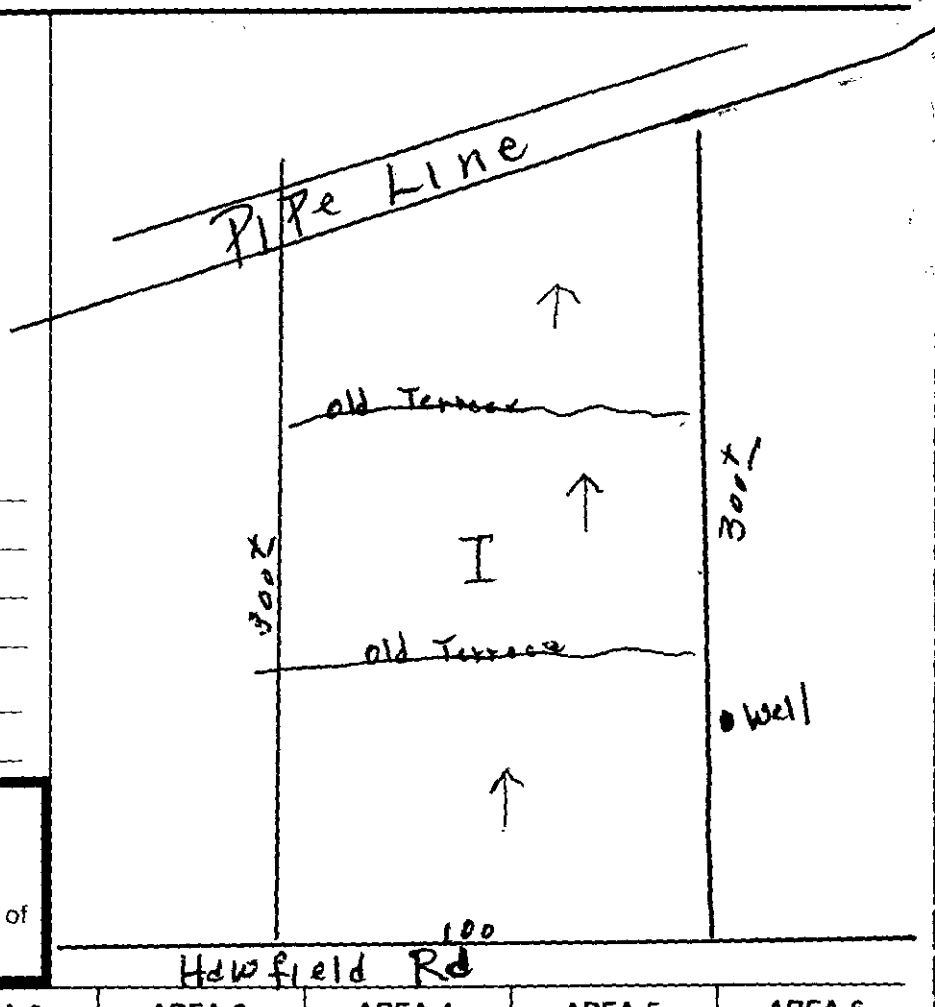
Lot: Block: Acres: .71

Owner: Grady Cole Miller
Address: 1537 Hawfield Road
Charlotte, NC 28214

Comments: _____

Described by: W. B. Ramsey

Date: 1-23-89



***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	S (PS) U 4-6e	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 46-48	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U *	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	IVe Cecil					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 5396A

TC: 053-093-02 PO

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Hawfield Rd.

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: _____ PAGE NO.: _____

OWNER

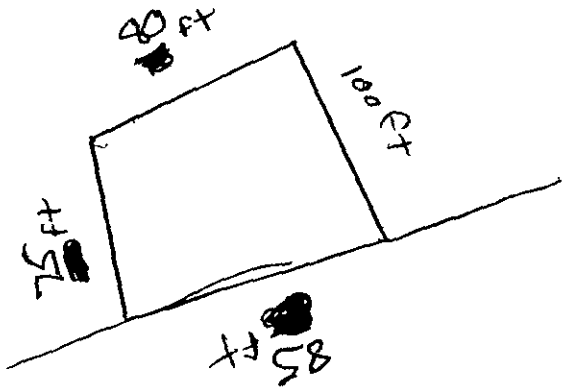
⑦ NAME: Grady (FIRST) Cole (MIDDLE) Miller (LAST)

⑧ MAILING ADDRESS: 1537 Hawfield Rd.

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28214

⑫ PHONE: (WORK) 704-375-5509 (HOME) 704-392-8586

⑬ Accurately diagram and dimension lot.



⑭ 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: Grady Cole Miller

Date: 1-11-89

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1/12/89

Name/Company Grady S. Miller

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil Test
#5396A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 12 1989

Fee: $ 30

Completed by _____

Collected by _____

R . .

H.D. Approval-Septic. Model, make size Serial # of Mtl. Name of Electrician

DATE 1-4-89

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

053-093-02
PARCEL NUMBER

1537 Hawfield Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
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: for Boring

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: Rwl

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

January 4, 1989

Health Department

Subject: Zoning Verification

Dear Sirs

The parcel of land located at 1537 Hawfield Road and further identified by tax parcel number 053-093-02 is zoned RU, (rural district).

Permitted uses include Mobile homes as principle buildings on a lot under section 3092.10 of the County Zoning ordinance.

If this office can be of any further assistance, please contact us.

Sincerely,

Joel W. Smythe
Zoning ~~Inspector~~ Technician

Form B-150 NS
10/84 59/b