

5604 ALLEN BLACK RD

19706204

5/18/2007

duponbj

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

614

3/31/88 Paid $50.00 Ck

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAR 5 . 1988
ENVIRONMENTAL HEALTH
DIVISION

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 4420A
TC: _____
SERIAL: Nº 15897

☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 5604 (STREET NO.) Allen Black Rd (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 197-062-04

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Cleve (FIRST) Miller (MIDDLE) Baker (LAST)

⑨ MAILING ADDRESS: 5604 Allen Black Rd

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212

⑬ PHONE: (WORK) None ⑭ (HOME) 545-6109

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? 3

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Cleve M Baker

Date: March 31- 1988

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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. Use existing system

B. R. Ferguson 4-6-88
Environmentalist Date

Jim Ennis 4-6-88
Director or Authorized Section Head Date

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

DATE: 3/31/88

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 197-062-04

ASSIGNED ADDRESS 5604 Allen Black Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS		*
2. FLOODWAY REGULATIONS		*
3. EROSION CONTROL REGULATIONS		*
4. COMMERCIAL DRAINAGE PLAN		*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	* YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	* YES	NO
7. DRIVEWAY PERMIT REQUIRED	*	

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: Septic Tank - Dble wide Mobile Home

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

SIGNED: Sig

OPWEAR 02/86