

5936 NECK RD

02302206

1/8/2008

duponbj

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

FEE: ~~[illegible]~~ 300 C/K

DATE: ~~[illegible]~~ 6/10/03 #1722

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

Note of 1/23 & 1990 AES

[ ] CRT

TYPE APPLICATION: ___ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 5279B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 023·022·06

STREET ADDRESS: 5936 Neck Road

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 36 P 34+35

TOWNSHIP (CHECK ONE): 1940

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1,080

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 5

CLOSING DATE

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

O.K. to use existing system for new three bedroom house already under construction
Jimmy Mackie R.S. 6/10/03

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION: Existing home is being replaced by a larger home (on the same lot). The old home has 2 bedrooms & 1 bathroom.

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE:

WATER SUPPLY (CHECK ONE): ___ COMMUNITY (C) ___ MUNICIPAL (M) ✓ PRIVATE WELL (P) ___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

~~BURIED CABLES, LANDFILLS, STUMPHOLES~~	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS	✓ YES ___ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	✓ YES ___ NO (overhead power line)		

PROPERTY OWNER:

NAME: (LAST) Springs (FIRST) James (MI) W. (Deceased) w/ Annie Springs

ADDRESS: 5936 Neck Road

CITY: Huntersville STATE: NC ZIP: 28078

DAYTIME PHONE: ( ) No Phone

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Charlotte·Mecklenburg (FIRST) Utilities (MI)

DAYTIME PHONE: 704 391 - 5171

CMU - Dept. of City of Charlotte

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 8/2/77

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Jerry L. Morris Project Manager DATE: 6/2/03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

CITY OF CHARLOTTE

600 EAST FOURTH STREET
CHARLOTTE, N.C. 28202-2848

DATE	CHECK NO
06/04/03	147222
APCC	26915

DATE	INVOICE / CREDIT MEMO	TYPE	DESCRIPTION	GROSS	DISCOUNT	NET
060203	060203		060403 9511	30000	00	30000
	CK TO BONNIE PACE-602					

THE ATTACHED CHECK IS IN PAYMENT FOR ITEMS DESCRIBED ABOVE. **TOTAL** 30000 000 30000

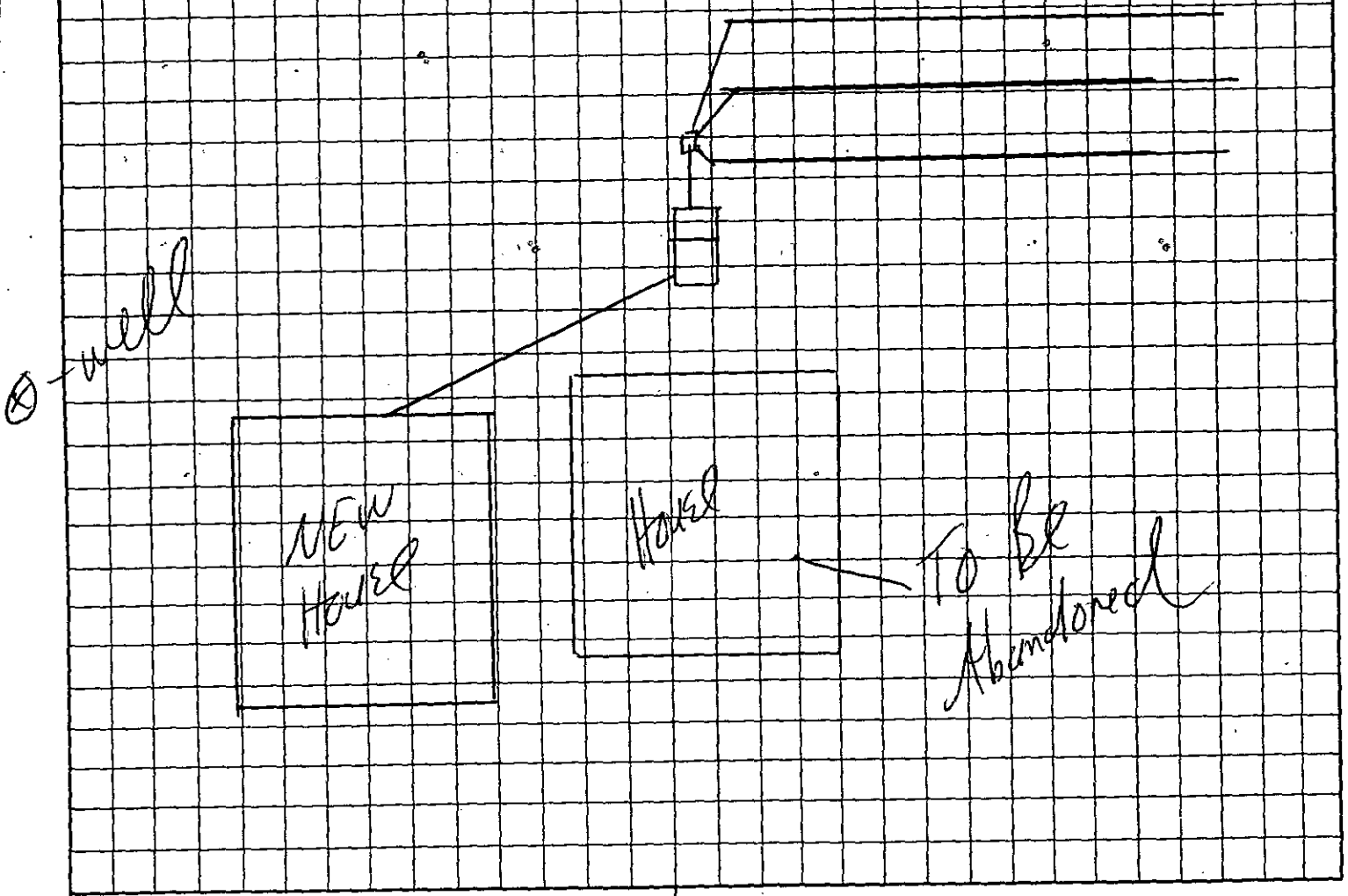
PROPOSED PLOT PLAN

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

FILE: 5275B

TC: _____

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 _____

OWNER/AGENT SIGNATURE

DATE

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