

1/4/2008

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

Applicator
Certification

4282P

4607 Hucks Rd.

027-153-04

Dina Brown

8617 Brown Rd

Charlotte 28269

H- 704-597 1637

C- 704-779 5817

W- 828632-3809 x306

MECKLENBURG COUNTY ENGINEERING & BUILDING STANDARDS
CREDIT/REFUND APPLICATION

☞ See back for completion instructions and the Credit/Refund Schedule

SECTION I - TO BE COMPLETED BY APPLICANT (Complete 1 - 11 - PRESS FIRMLY)

1. Property Owner's Name: _____

2. Property Address: _____

3. Parcel Number: _____ 4. Permit Number: _____ 5. Date Issued: _____

6. Type of Permit: ☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Sign ☐ Mobile Home ☐ Fire
☒ Other Residential Improvement Permit

7. Purpose of Permit: (Uplift, New Residence, Etc.) New Septic System File #4282B

8. Reason for Request: ☒ Not Doing Work ☐ Plan Change
☐ Duplicate Permit (Remaining Permit # and Date of Permit) _____
☐ Other (Specify) _____

9. ☐ **CREDIT** ☒ **REFUND**

10. Requestor: Dinah S. Brown Account # _____
Address: 8617 Browne Road Phone # _____
Charlotte NC 28269

11. ***Signature of Requestor:*** by phone w/ J. Cruz Date: 2/18/02

FOR DEPARTMENTAL USE ONLY - DO NOT WRITE BELOW THIS LINE

SECTION II - TO BE COMPLETED BY APPLICABLE CORE PROCESS

# of Inspections	Plan Review?	Credit/Refund %	Permit Fee	$30 Min.?	CREDIT/REFUND AMOUNT
_____	☐Y ☐N	100	$ 200	☐Y ☐N	$ 200.00

Core Process Approval: Gwendolyn Cruz Date: 2/19/02

SECTION III - TO BE COMPLETED BY APPLICABLE CORE PROCESS

Purging Needed: ☐B ☐E ☐M ☐P ☐S ☐F ☐L Initials: _____ Date: _____

Purging Completed: ☐B ☐E ☐M ☐P ☐S ☐F ☐L Initials: _____ Date: _____

SECTION IV - TO BE COMPLETED BY REVENUE COLLECTION

☐REFUND ORG & ACCOUNT #	☐CREDIT TRANS # - ORG & ACCOUNT #	CALCULATIONS AND ENTRY INITIALS	DATE
_____ - _____	_____ - _____	_____	_____

SECTION V - TO BE COMPLETED BY DEPARTMENT AND FINANCE REPRESENTATIVES

Department Approval: _____ (Signature) _____ (Date) _____ - _____ (Refund from Account #)

Finance Approval: _____ (Signature) _____ (Date) _____ (Check #)

B284-NS 839-eee 9/96

ORIGINAL

Printed On February 5, 20 3:04 PM
Printed By craiggy

Daily Counter Transactions - Environmental Health

Transaction Date **02/05/02**

Receipt#	Account#	Name	Transaction Type	Comments	Pymt Method	Check/Auth No.	User	Amount
5465	200000	COMMUNITY HOMES INC	0703 Installation/Final Approval	11908 SWANSBORO IN.	CHECK	300.00	JOHNSK	150.00
5465	200000	COMMUNITY HOMES INC	0734 Auth for Waste Wtr Sys Constr		CHECK	300.00	JOHNSK	150.00
5466	200000	BROWN DINAH S.	0701 Improvment Permit App-Residen	off Hucks Road	CHECK	3339	CRAIGGY	200.00
5468	B96880	CAROLINA BLUE POOLS	0718 Residential Pool Permit	1811 QUEENS ROAD WEST	CHARGE		CRAIGGY	75.00
5470	200000	WEBB MORTGAGE DEPOT INC	0701 Improvment Permit App-Residen	22702752	CHECK	4183	CRAIGGY	200.00
5471	200000	ATKINSON/DYER/WATSON/ARCHITECT	0735 Improv Permit Appl-Comm	12509 IDLEWILD RD	CHECK	3683	JOHNSK	400.00
5475	200000	LODGE AT BALLANTYNE	0719 Public Pool Permit-Operating		CHECK	2140	JONESNY	240.00
5476	200000	ALTA BRADEN	0720 Seasonal Pool Permit-Operating		CHECK	918	JONESNY	120.00
5478	200000	PIPER STATION	0720 Seasonal Pool Permit-Operating		CHECK	13723	JONESNY	120.00
5478	200000	PIPER STATION	0719 Public Pool Permit-Operating		CHECK	13723	JONESNY	240.00
5479	200000	STUDIO PLUS #24	0720 Seasonal Pool Permit-Operating		CHECK	W00303066	JONESNY	120.00
5480	200000	DUNN, JANE H.	0722 Home Day Care Eval/Annl Fee		CHECK	5494	JONESNY	40.00
5482	200000	MISTY WOOD APARTMENTS	0719 Public Pool Permit-Operating		CHECK	0390356444	JONESNY	240.00
5482	200000	MISTY WOOD APARTMENTS	0720 Seasonal Pool Permit-Operating		CHECK	0390356444	JONESNY	120.00
5484	200000	HANOVER LANDING	0720 Seasonal Pool Permit-Operating		CHECK	9029909294	JONESNY	120.00
5485	200000	PARK SIDE APARTMENTS	0719 Public Pool Permit-Operating		CHECK	100054641	JONESNY	240.00
5485	200000	PARK SIDE APARTMENTS	0720 Seasonal Pool Permit-Operating		CHECK	100054641	JONESNY	120.00

FEE: $100.00 check 3339 RC
DATE: 2-4-02

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

[ ] 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 #: 42825

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 027-153-11PD

STREET ADDRESS: 4607 Hucks Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

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

TOWNSHIP (CHECK ONE):

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

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

CLOSING DATE_____

FOUNDATION FOR RESIDENCE:

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

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

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		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Brown Robert J (LAST) (FIRST) (MI)	NAME: Brown Robert D (LAST) (FIRST) (MI)
ADDRESS: 4607 Hucks Rd	DAYTIME PHONE: (704) 779 - 5825
CITY: Charlotte STATE: NC ZIP: 28269	
DAYTIME PHONE: (704) 562 - [redacted] 3368 MOBILE	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

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 X Mrs. Robert Daniel Brown DATE: 2-4-02

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

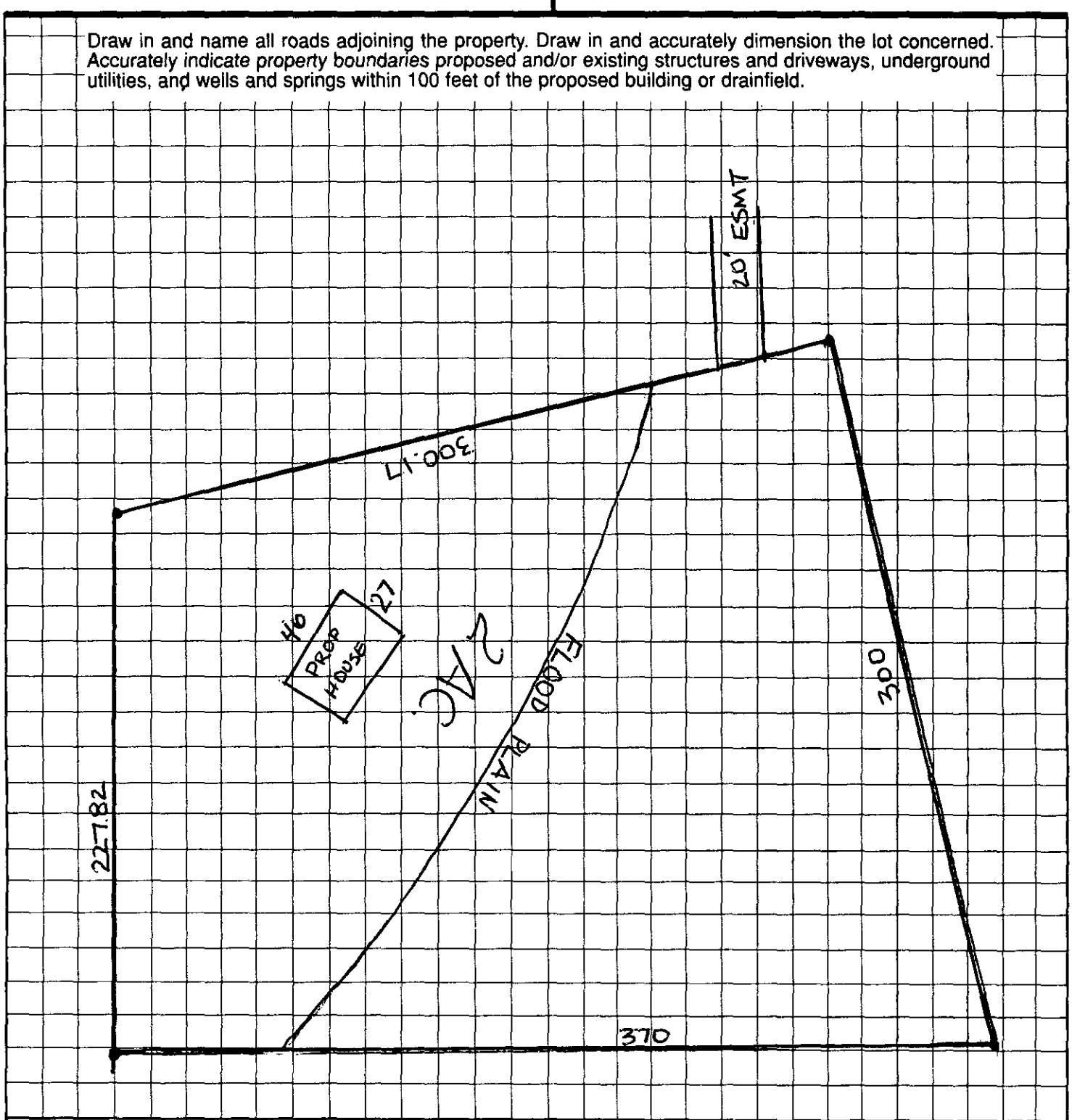
PROPOSED PLOT PLAN

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

FILE: 4282B

TC: 027-153-11P&

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.



Mrs Robert Daniel Brown
OWNER/AGENT SIGNATURE

DATE 2-4-02

APPROVAL DATE _____

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