

500 TRAFALGAR PL

21302602

5/23/08

marliwr

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

Mecklenburg County

Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: September 30, 1994

Ref: 4706/ 500 Trafalgar Place

SUBJECT: Refund

(Mr./Mrs./Co.) Mr. Walter Thomas, Jr. originally paid $200.00 for Improvement Permit/change in septic system on 09021994 check #2161.

A refund should be issued for $150.00 because there was no alternation of system. User fee for this service is $50.00.

Please make check payable to: Mr. Walter E. Thomas, Jr.
500 Trafalgar Place
Matthews, NC 28105

FRANK Willsins

FAX 847-9853

CC:

4706 COVIL

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

P.D. $1200 9/2/94 ck # 2161

[ ] 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: THOMAS, JR (last) WALTER (first) E. (mi)

ADDRESS: 500 TRAFALGAR PL PHONE: 704 847-9019

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: PHONE: (___) ___

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 213-026-02

STREET ADDRESS: 500 TRAFALGAR PL
MATTHEWS, NC 28105

ZONING: R-20

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [X] 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)
[ ] 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) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ___ (O)

NUMBER BEDROOMS: 5 NUMBER OCCUPANTS: 7

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) [ ] 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 [ ] 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: Walter E Thomas Jr Date: 9-2-94

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.

...9/7/94 - Met w/ Thomas's & Frank Williams, architect, found stark and limited soils. I told them I would require assistance from Bill Mullis.
9/8/94 - Checked Plot, Eval soils, Agreement Form signed at time of installation of original system. Bill & I verified findings and told Mrs. Thomas of our denial.

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 1227

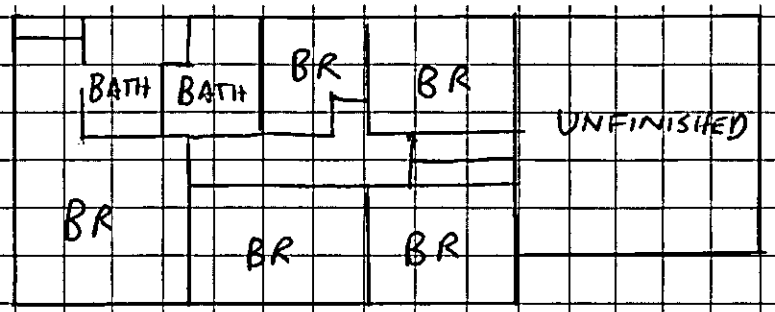
PROPOSED PLOT PLAN

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

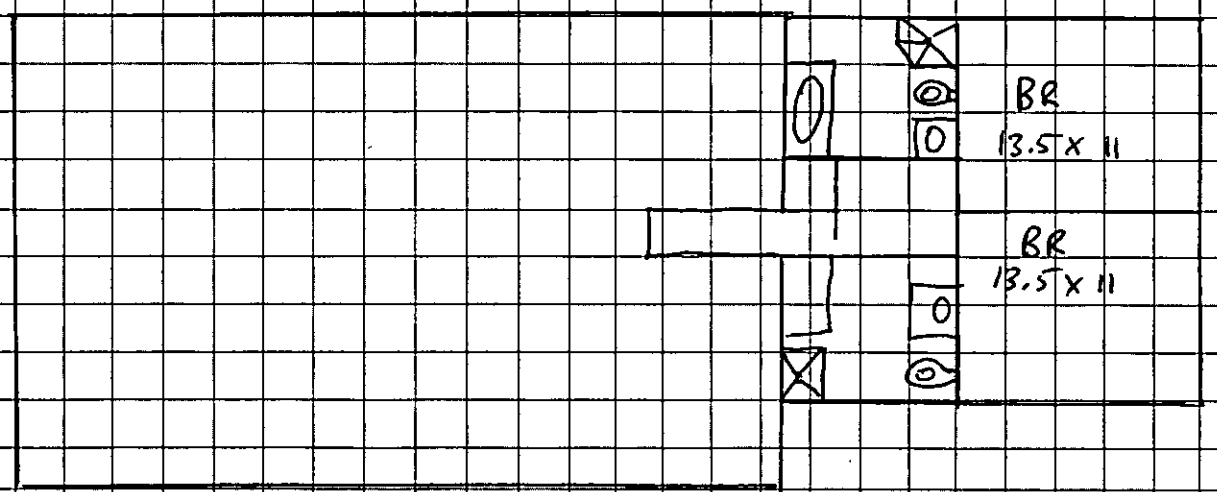
FILE: 4706

TC: 213-026-02

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.



CURRENT 2ND FLOOR PLAN



2ND FLOOR ADDITION (OVER GARAGE)

Walter E Thomas Jr
OWNER/AGENT SIGNATURE

DATE 9/2/94

APPROVAL DATE _____

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

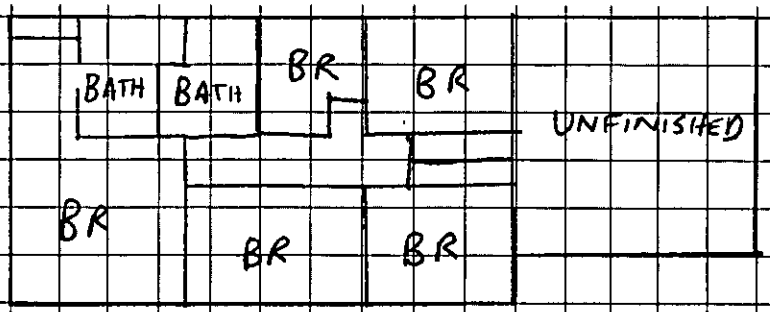
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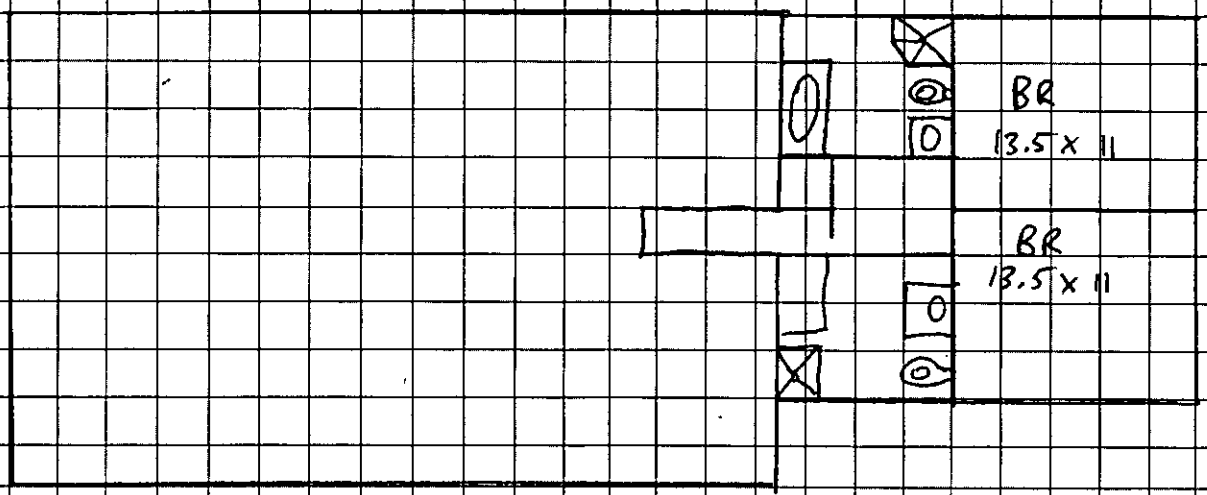
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CURRENT 2ND FLOOR PLAN



2ND FLOOR ADDITION (OVER GARAGE)

9/2/94 - Met w/ Thomas & Architect
[illegible], Architect showed traffic and
[illegible] soils. Told them I would
[illegible] back from Bell trailer
[illegible] 9/5/94. Checked Utilities, Existing

Walter Thomas Jr. Signed a form of
OWNER/AGENT SIGNATURE Waiver of system. Bell
DATE 9/2/94 and Jr. does not hold this.

APPROVAL DATE _____

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

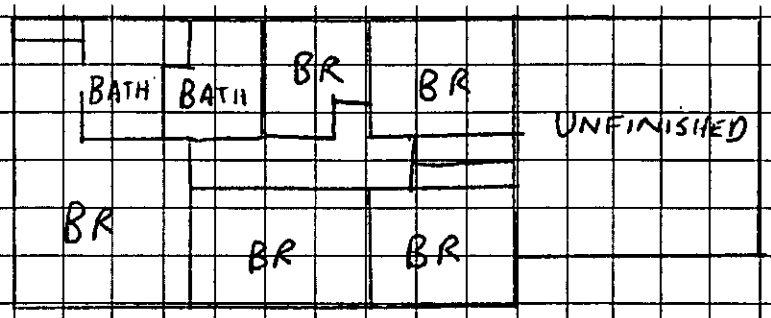
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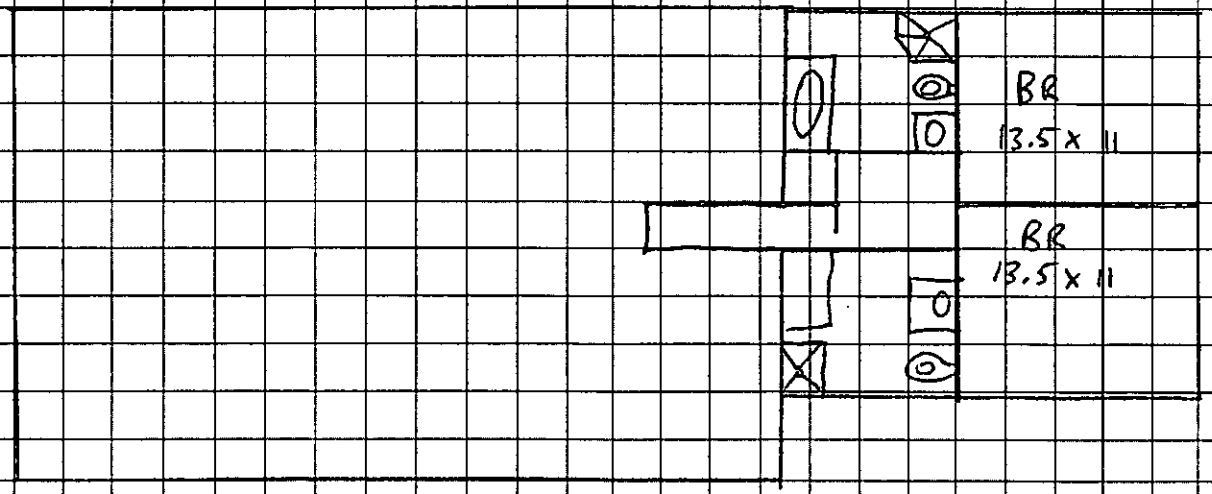
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CURRENT 2ND FLOOR PLAN



2ND FLOOR ADDITION (OVER GARAGE)

9/7/04 - [illegible]

Walter E. Thomas Jr.
OWNER/AGENT SIGNATURE

APPROVAL DATE _____

DATE 9/7/04

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

Toni

MECKLENBURG COUNTY HEALTH DEPARTMENT

INTER-OFFICE COMMUNICATION

DATE: November 25, 1974

TO: John R. Adkisson

FROM: W. Everette Lynn, Jr.
Soil Scientist

SUBJECT: APT 4706 (Gettys Construction)
P. O. Lot No. 161 & 162, Trafalgar Pl.

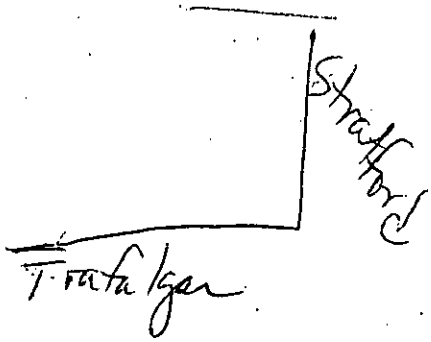
The lot consists of soils of the Enon series and local alluvial soils which are imperfectly drained.

The Enon soils occur on the front portion of the lot. These soils have plastic and sticky clay subsoils which contain expan clay minerals. These soils characteristics result in inadequately slow permeability and percolation rate (true mean perc. rate in excess of 200 Min./in.).

The local alluvial soils occur within a natural drainage way which runs across the back portion of the lot. These soils have a seasonal high water table within 18 inches of the soil surface (water table encountered at 18 inches during this investigation). These soils characteristics result in inadequate soil drainage for installation of a septic tank systems.

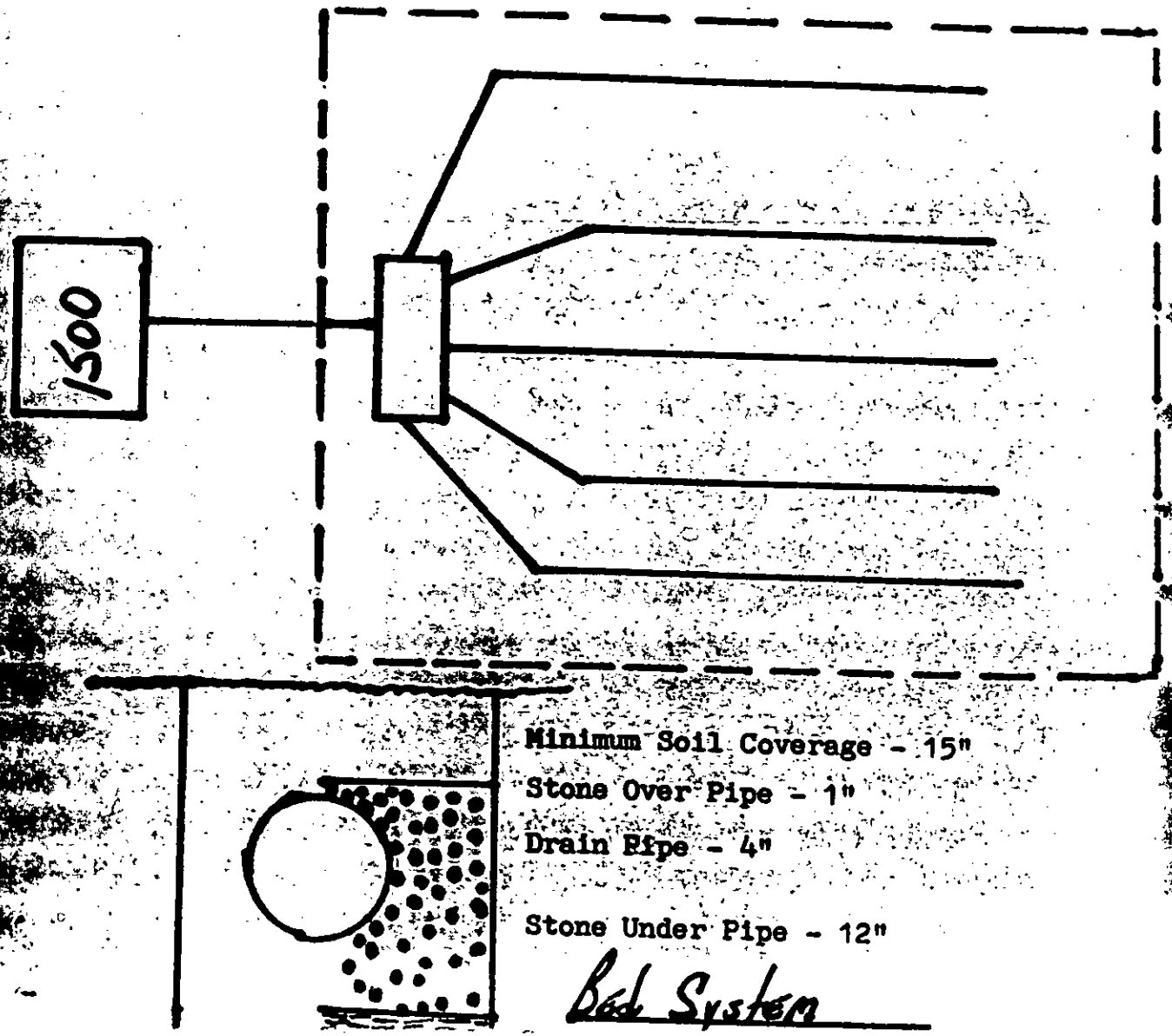
Based on this investigation, the lot is not recommended for installation of a septic tank system.

WEL:jjk



4 bdrm

#4706



5 Drain Pipes 132' long,
3' on center, 1980 sq. ft.
bottom area.

Minimum Soil Coverage - 15"

Stone Over Pipe - 1"

Drain Pipe - 4"

Stone Under Pipe - 12"

Bed System

Submitted for consideration
and approval:

Trafalgar Place
(Property Location)

This application for Info Only for CHS.

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

X CRT

4706

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: THOMAS, JR (last) WALTER (first) E (mi)

ADDRESS: 500 TRAFALGAR PL PHONE: (704) 847-9019

CITY: MATTHEWS STATE: NC ZIPCODE: 28105

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: ____ PHONE: (__) ____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 213-026-02

STREET ADDRESS: 500 Trafalgar Pl

ZONING: R-

Township (check one):
[ ] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

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)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Dark Playroom office
[ ] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 7

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) [ ] 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 [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [X] Other Bathrooms, Office Playroom

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: Walter E Thomas Jr Date: 9/20/94

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.

... Use existing system for office, bathroom & playroom additions only as per Mr. Thomas' design. See Orders Top on file Receipt and letter from property owner.

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

JW Ewell RS 9-22-94
Environmentalist Date

JW Ewell for SBrad
Director or Authorized Section Head Date

WATER : 122795

Received $150.00 on 9/30/94

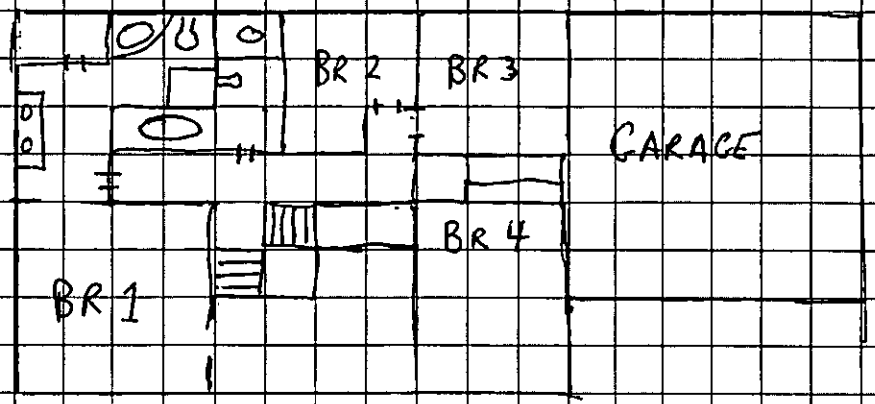
PROPOSED PLOT PLAN

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

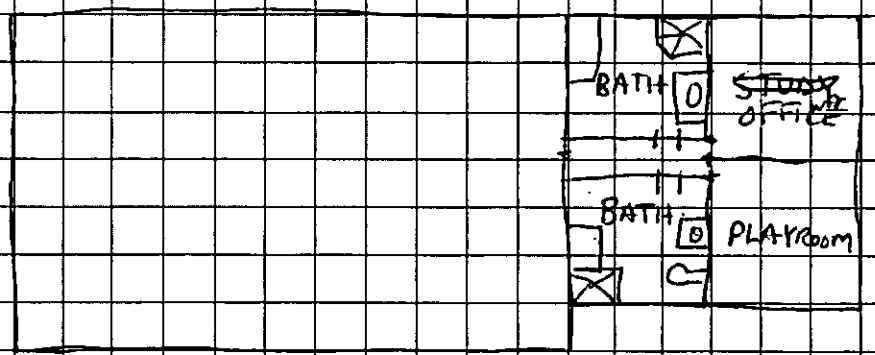
FILE: 4706

TC: 213-026-02

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.



PRESENT UPSTAIRS FLOOR PLAN



PROPOSED ADDITION OVER GARAGE

Walter E Morrow
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

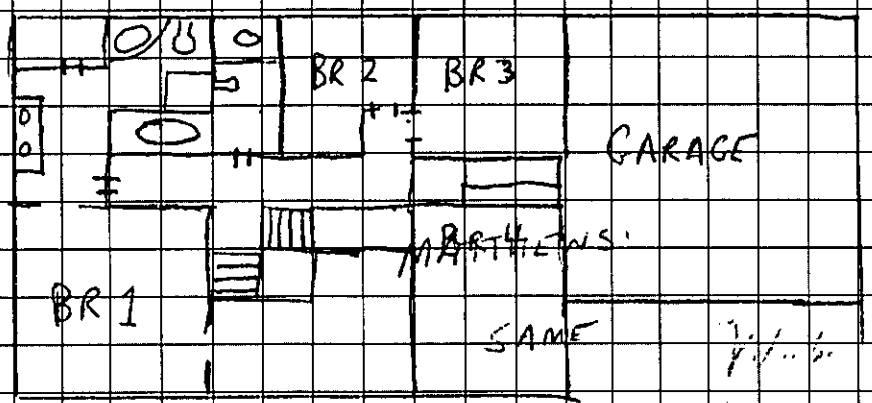
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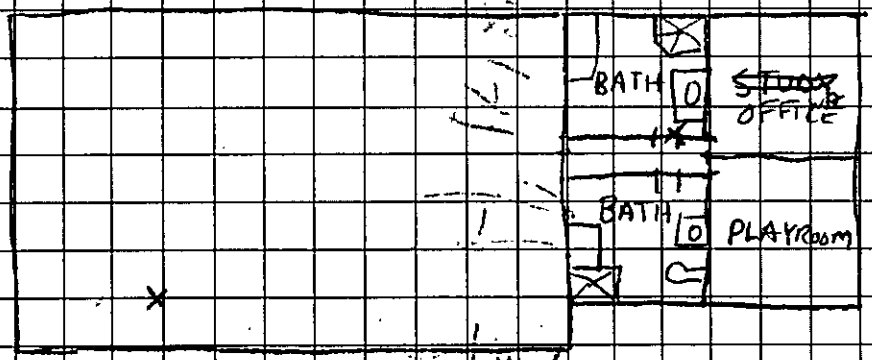
THOMAS, J. FILE: WALKER06 E

SOIL TRACT: 12AB-026-02

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.



PRESENT UPSTAIRS FLOOR PLAN



PROPOSED ADDITION OVER GARAGE

Bathrooms, Office, Play

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

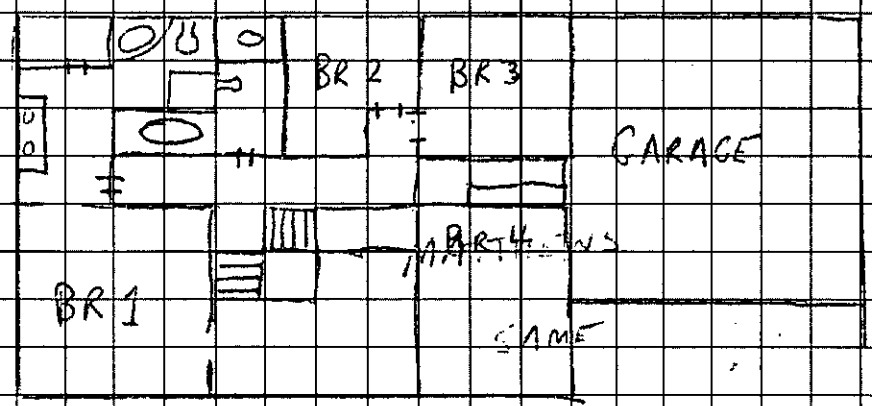
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700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

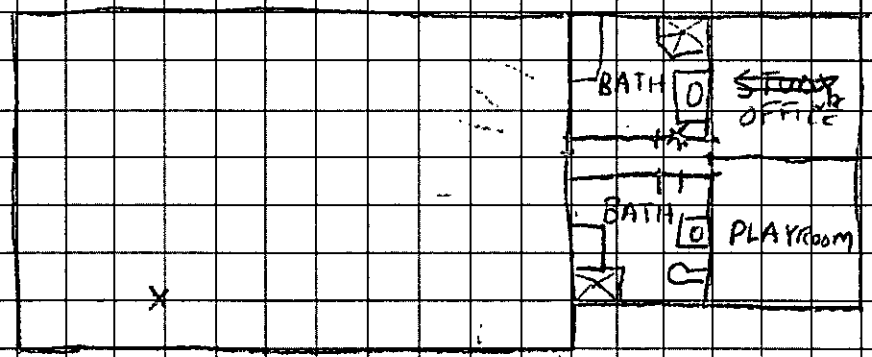
FILE: WA-4-706

TC: 12/3-026-02

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.



PRESENT UPSTAIRS FLOOR PLAN



PROPOSED ADDITION OVER GARAGE

Walter E Thomas
OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

To Whom It May Concern:

I have contracted a plumber and intend to make connections to tap my present septic system into the CMUD sewer system as soon as the line is ready.

Walter E Thomas Jr

Walter E. Thomas, Jr
500 Trafalgar Pl.
Matthews, NC 28105

DATE: 9-20-94

CHARLOTTE MECKLENBURG UTILITY DEPT.

№ 33195

RECEIVED FROM: Walter E. Thomas, Jr.

Fifteen Hundred Sixty-Five Dollars & 00/100 ——— $ 1565.00

FOR: 4" Sewer Tap

500 Trafalgar Pl.

RECEIVED BY: Jeff Mitchell

CASH ☐

CHECK ☒

6-9 Months for Completion

Mecklenburg County
Health Department

September 14, 1994

Mr. Walter E. Thomas, Jr.
500 Trafalgar Place
Matthews, North Carolina 28105

Re: 500 Trafalgar Place
Tax Parcel No. 213-026-02
File No. 4706

Dear Mr Thomas:

Receipt of the plans and specifications for an alteration for an additional two (2) bedroom home at the above referenced property is hereby acknowledged. Upon receipt of the plan, a review was made of the material on file and a site evaluation was conducted. The plan was then reviewed in conjunction with provisions of 15A NCAC 18A .1900, "Laws and Rules for Sewage Sanitary Collection, Treatment, and Disposal." Our comments are listed below:

- 1994 Soil Characteristics (3)(B)

  Expansive clay mineralogy - Soils which have either very firm or extremely firm soil expansive or have slightly sticky to very plastic wet soil consistence, are considered to have predominately 2:1 clay minerals (including mixed mineralogy clays) and shall be considered unsuitable as to clay mineralogy. A search of our files indicate Eon Soils with severe soil limitations. A site visit to the lot by Bill Marlin, Soil Scientist of this office and myself, confirmed these findings.

- 1940 Topography and landscape Position (d)

  "Complex slope patterns and slopes dissected by gullies and ravines shall be considered with respect to topography." A site visit to the lot revealed gullies and ravines in the yard that would deem that area unsuitable.

- 1942 Soil Wetness Conditions

  (a).."Sites where soil wetness conditions are less than thirty six (36) inches below the naturally occurring soil surface shall be considered unsuitable with respect to soil wetness. This condition was noted in our files and confirmed at a site visit by Bill Marlin, Soil Scientist with this office.

- .1945 Available Space

(a) "Sites shall have sufficient available space to permit the installation and proper functioning of ground absorption sewage treatment and disposal systems, based upon the square footage of nitrification field required for the long-term acceptance rate determined in accordance with these rules." At the time of our site visit, the well is located in the front yard and a 50' minimum distance must be maintained which would not allow us to utilize the front yard. Soils in the back yard are unsuitable for the approval of additional drainfield.

As indicated in the application for improvement permit, you wish to construct an additional two (2) bedrooms to your existing five (5) bedroom house. Since there is extreme soil and space limitations to this lot, an approval for an additional two (2) bedrooms can not be granted at this time.

If you wish to exercise your right of appeal concerning the interpretation and enforcement of these rules you may do so in accordance with G.S. 150 B-23. You may wish to contact Jeff Mills of the Charlotte-Mecklenburg Utility Department as to the status of sewer availability to your residence at 399-2551.

If I may be of further assistance to you, please do not hesitate to contact me at 336-5572.

Sincerely,

Toni H. Newell, R.S.
Individual Water and Wastewater Systems

TN:lw

cc: Frank Williams, Architect
Fax #847-9853

Toni,

Mr. Thomas/500 Trafalgar Place is going to bring in the copy of his paid tap on receipt and a letter of his intent to tie into CMUD once the line is there. He is going to change his application to read a play room and an office...He wants to add bathrooms also.

I told him he could change his application to read as above as long as we had the receipt of the tap and a letter of intent.

He said he really does appreciate all you did for him in responce to his request (he asked on Monday and you were out on Wednesday, and then again on friday with Bill M.) and that he apologizes if his architect was rude to you. Also that he does understand our requirements, as you explained them to him.

He'll be in on Tuesday probably before 8:30 with the paperwork.

Judy

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

4706

Pd. $1200 9/2/94 ck # 2161

☐ CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
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(704)336-5102

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Date:

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Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☑ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ 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: Walter E Thomas Jr Date: 9-2-94

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.

... Recommend based on existing soil reports and agreement signed for alternative system at time residence was built.

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

PROPOSED PLOT PLAN

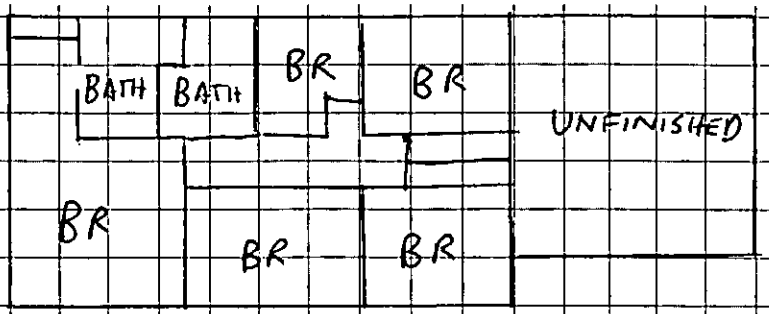
COPY

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

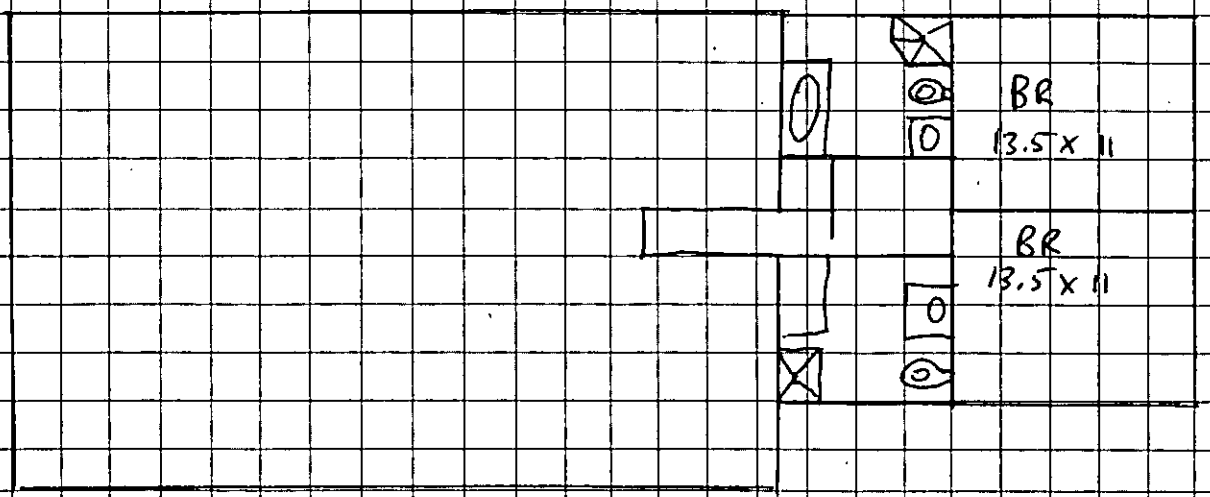
FILE: 4706

TC: 213-026-02

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.



CURRENT 2ND FLOOR PLAN



2ND FLOOR ADDITION (OVER GARAGE)

Walter E Thomas Jr
OWNER/AGENT SIGNATURE

DATE 9/2/94

APPROVAL DATE _____

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

DATE 9/2/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Matt

213-026-02
PARCEL NUMBER

500 Trafalgar Pl
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: Addition

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