

5449 MARENGO CR

02325218

6/12/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
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2500

APPLICATION FOR AN IMPROVEMENT PERMIT

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: C192A
TC: _____
SERIAL: № 19210
☐ L ☑ CRT

JOB LOCATION

(A) ADDRESS: 5449 Marengo. MARENGO (STREET NO. / STREET) (2) FILE: _____
(3) JURISDICTION: _____ (4) TAX PARCEL NO.: # 023-093-27
(5) SUBDIVISION: _____ (6) LOT: _____ (7) BLOCK: _____

OWNER

(8) NAME: ALLEN (FIRST) Dean (MIDDLE) WATSON (LAST)
(9) MAILING ADDRESS: 5449 Marengo Circle
(10) CITY: Charlotte N.C. (11) STATE: _____ (12) ZIP: _____
(13) PHONE: (WORK) _____ (14) (HOME) _____

REQUEST

This request is for a(n):

(15) ☐ New permit
(16) ☐ Repair or alteration permit
(17) ☐ Authorization for mobile home exchange
(18) ☐ Other (specify) Porch and Room addition

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? 4
(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: E. R. Watson
Date: Sept 18 - 1989

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. Signed pink copy ON study room addition. Use existing system 3 Bedroom

Philo S. Walker, 9/28/89
Environmentalist — Date

[signature], 9-29-89
Director or Authorized Section Head — 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: 9/18/89 MARENGO

Name/Company: Allen Watson

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp - add
6192A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

SEP 18 1989

Fee: $ 25.00

Cash
$25.00

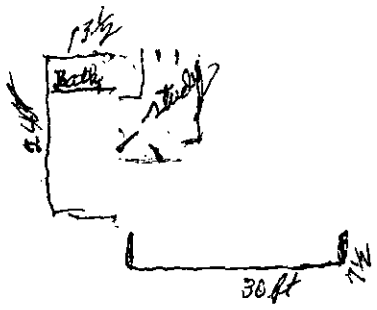
NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

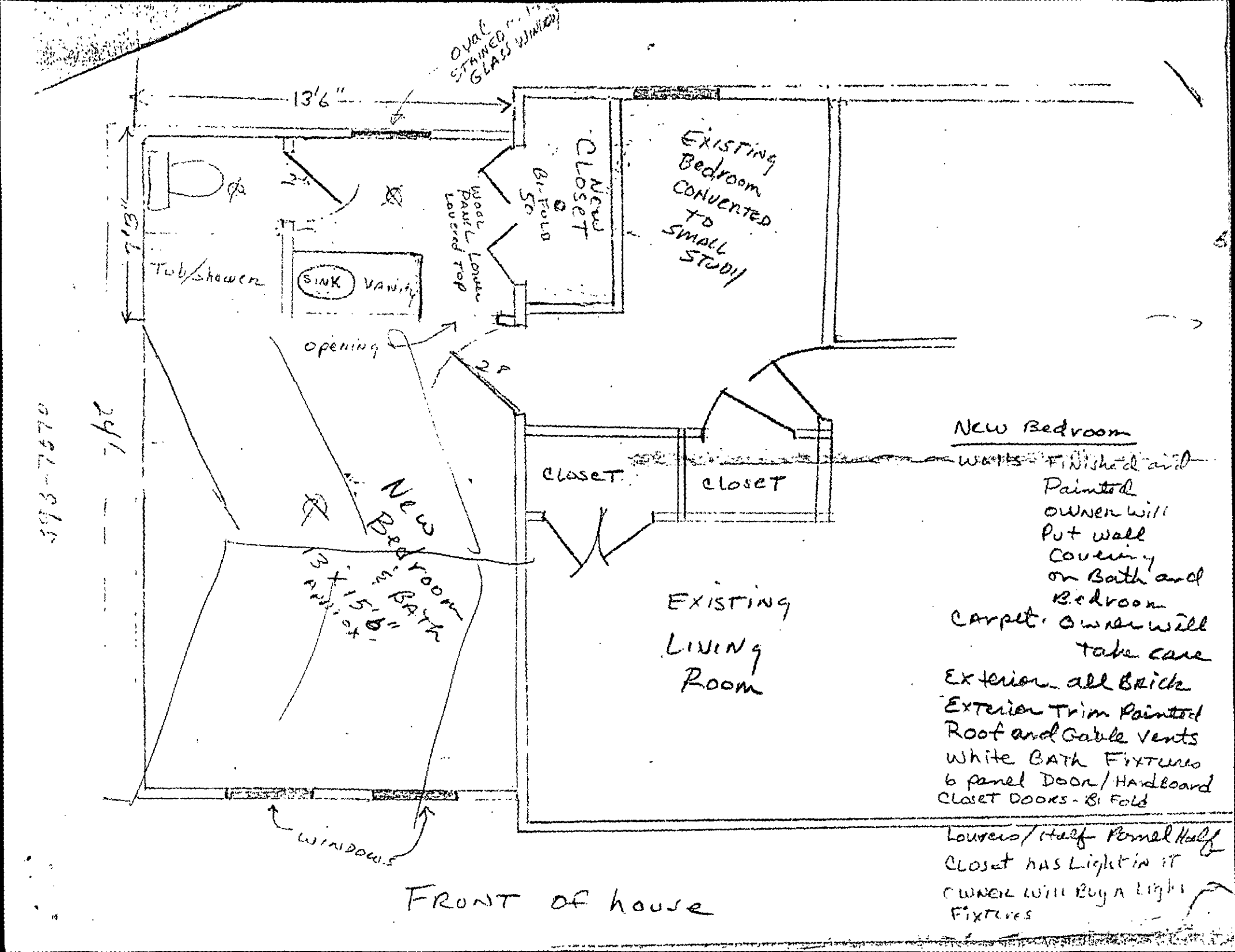
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BILLING — WHITE CUSTOMER COPY — YELLOW



MARENGO CIRCLE

E. L. Watson Sept 18-1989


OVAL STAINED GLASS WINDOW
13'6"
7'3"
Tub/shower
SINK
VANITY
WOOD PANEL LOUVERED TOP
NEW CLOSET BI-FOLD DOORS
EXISTING Bedroom CONVERTED TO SMALL STUDY
opening
2'
NEW Bedroom
W.I.C.
+ 15.0 = AREA
CLOSET
CLOSET
EXISTING LIVING ROOM
WINDOWS
FRONT OF house
NEW Bedroom
WALLS FINISHED AND Painted
OWNER WILL Put wall COVERING on Bath and Bedroom
CARPET. OWNER WILL take care
EXTERIOR all BRICK
EXTERIOR TRIM Painted
ROOF and GABLE VENTS
WHITE BATH FIXTURES
6 panel DOOR/ HARDBOARD
CLOSET DOORS - BI FOLD
LOUVERS/ Half PANEL Half
CLOSET HAS LIGHT IN IT
OWNER WILL BUY A LIGHT FIXTURES