

1901 GALLOWAY RD

02902130

12/31/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102 2774B

PERSON FILING APPLICATION:
NAME: HENDERSON (last) DONALD + SHERRY (first) B. (mi)
ADDRESS: 1901 Galloway rd PHONE: 704 547-0621
CITY: CHARLOTTE STATE: NC ZIPCODE: 28262

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 129-02-30
STREET ADDRESS: 1901 Galloway Rd
ZONING:

PROPERTY OWNER:
NAME: HENDERSON (last) SHERRY (first) B. (mi)
ADDRESS: 1901 Galloway rd PHONE: 704-547-0621
CITY: CHARLOTTE STATE: NC ZIPCODE: 28262

SUBDIVISION OR MOBILE HOME PARK NAME:

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

TYPE APPLICATION (check one):
LOT NUMBER: LOT SIZE (in acres):

[redacted] Replace MH with modular
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[redacted]

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS:
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)
[] 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: Sherry Henderson Date: 11-30-98

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.

... 12/9/98 USE EXISTING SYSTEM

5/18/99 OK FOR ROOM ADDITION AS LISTED ON CHAR MECK BUILDING STANDARDS PERMIT SUBMITTED 5/14/99

[] 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 12-9-98 Date

5/18/99

WATER : 122791

PROPOSED PLOT PLAN

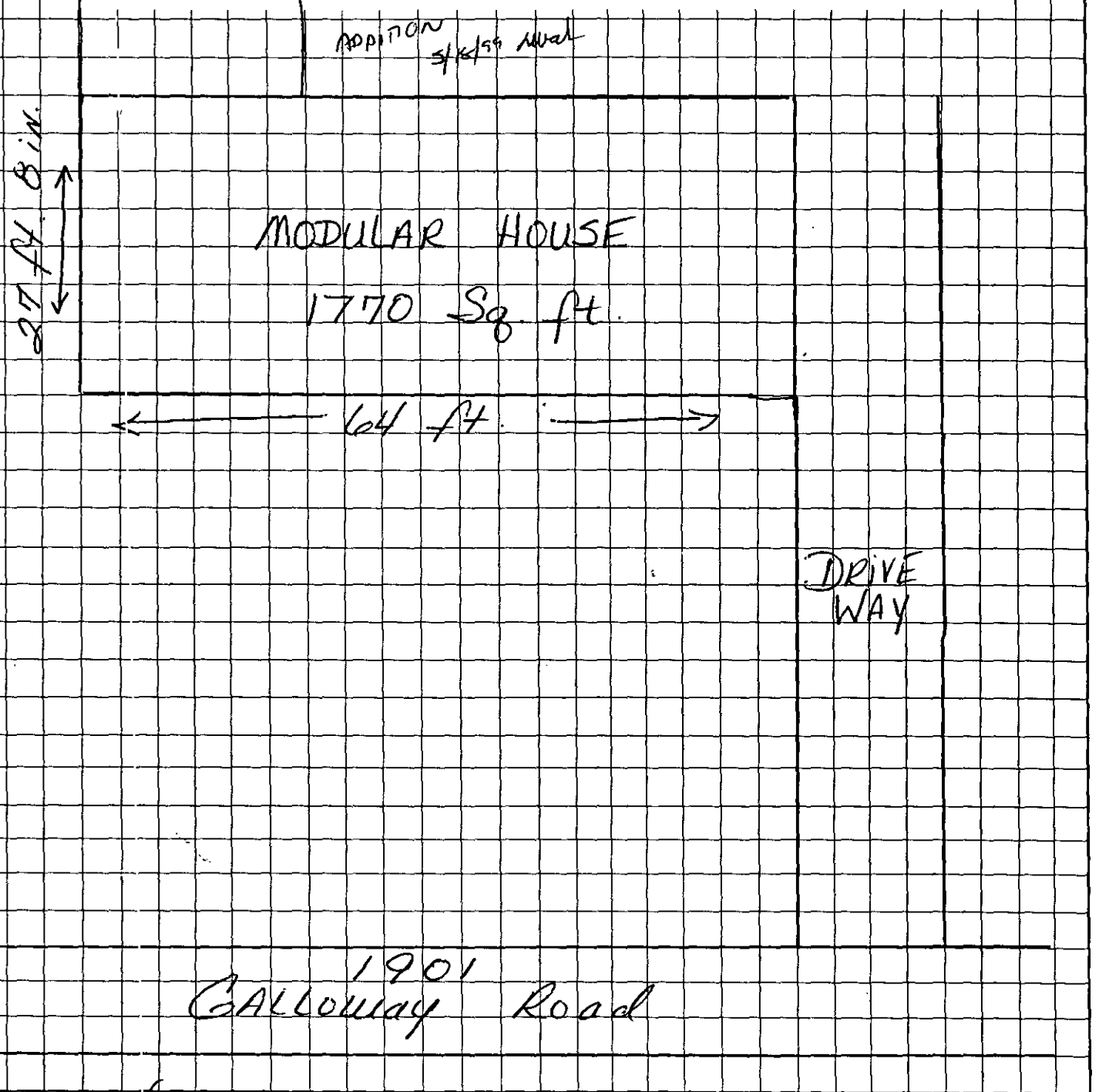
COPY

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

FILE: 2774B

TC: 025-021-30

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.



Henry Henderson
OWNER/AGENT SIGNATURE

DATE 11-30-98

APPROVAL DATE _____

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

PLOT PLAN FOR PERMIT APPLICATION
ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

LOCATION

STREET # (N,S,E,W) 1901 STREET NAME GALLOWAY (AV,RD,ST, etc) RD.

SUITE/UNIT(S):

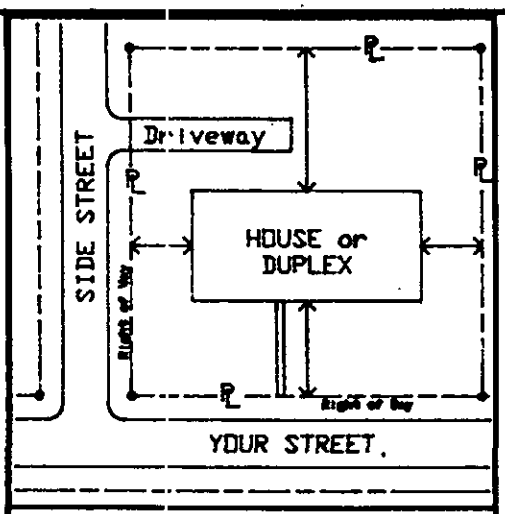
PERMIT #

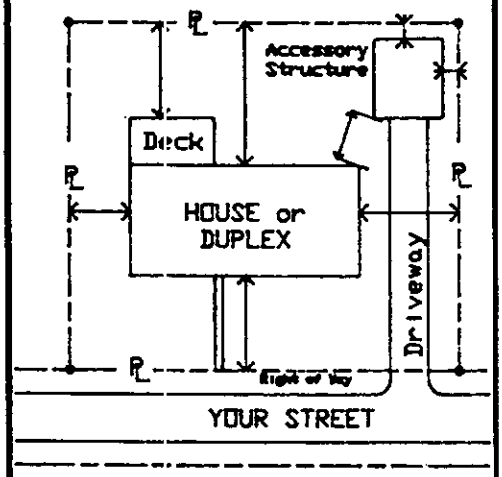
TAX JURISDICTION: (Check One)
- ☑ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

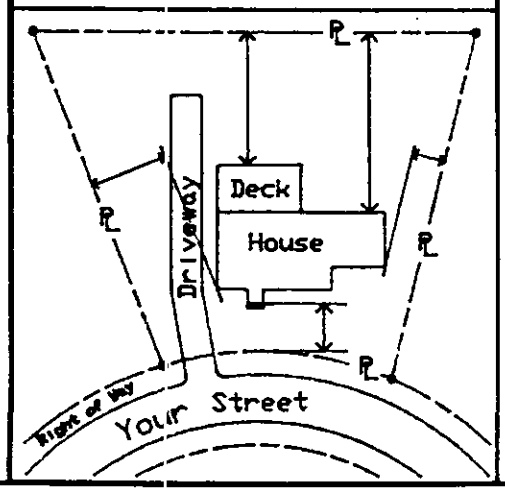
TAX PARCEL #

JOB #

EXAMPLES/PLOT PLAN





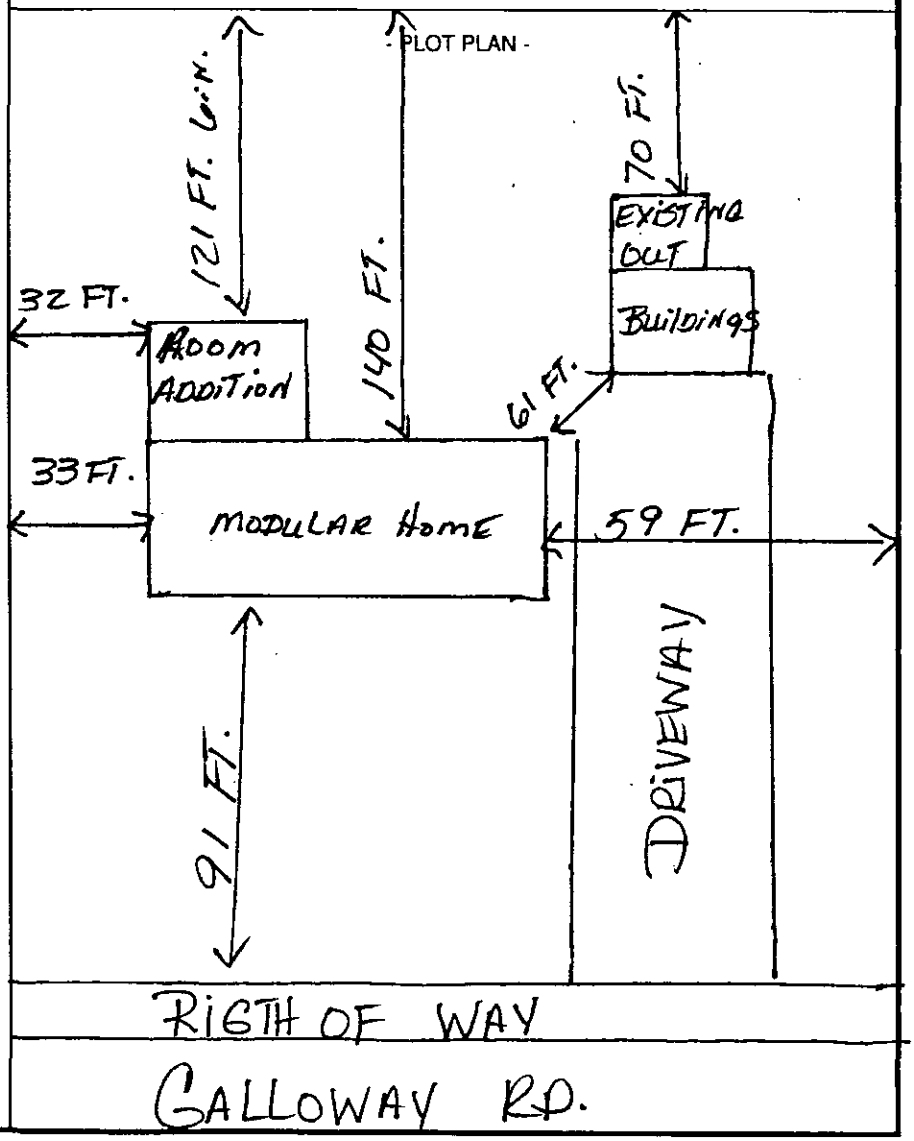


- INSTRUCTIONS -

In the space provided below, draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Sherry Henderson 5-14-99 SHERRY HENDERSON

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83

ORIGINAL

5-14-99

Please review. Room addition which was an existing Room not indicated on health permit. Need approval for Room asap. Call Shelley Henderson at ~~547-0621~~ OR 598-1817. Thx VLW.



MAILBOXES ETC.

YOUR HOME AWAY FROM HOME WORLDWIDE

Mallard Crossing
3020-I Prosperity Church Rd.
Charlotte, NC 28269
Tel. (704) 594-9636
Fax (704) 594-9634

FACSIMILE COVER SHEET

TO: [illegible]

ATTN: ____

FAX NUMBER: 336-628-94[illegible]

DATE: Monday, 17th

FROM: Wendy Henderson

TOTAL PAGES: ____
(INCLUDING COVER)

RE: Copy of Original Permit on File at Home Office

... ES #2181 TO : 704 336 6254 1998-05-17 10:20 #403 P.03/04

Mr. Walker, Monday Morn.

I have a probien that I hope you can help me with. You inspected my Septic Tank in JAN. or Feb. for A NEW modular Home. WE HAD A MOBILE Home With a built on Room when You were there. We Kept the built on Room And ATTACHED it to Our NEW Modular Home. THE Room was Not Covered in My ~~Original~~ Original permit So I HAVE AGOLIED for A Permit to Cover that Room. THE PROBIEM is that when I drew the Modular Home On the paper for your office, I failed To Draw in the Room. Phyliss Powell AT THE PERMIT office said That I Would explain to You And Maybe You Could put it On the Computor And I Could get My New permit. It is ALL I NEED for Modular Final INSPECTION. I WAS there Friday And A Clerk pulled My file And Made A Copy of My Permit And A Note for You to review. I failed to draw in the Room for your office, but it is included in My Original permit. If You Could Clear this On Your Computer, I Sure would appreciate it. You Can Reach me at My Mother IN laws house At 598-1817. I get home around 2:30 or 9:00 in the Morning.

Thank You!

Sherry Henderson
1901 Galloway Rd.
Charlotte, N.C.
598-1817

APPLICATION FOR BUILDING PERMIT

STREET NAME (AVD ST, etc.)

Ballentine Rd.

PERMIT #

Square Footage / Length / Width / Acreage / Mini Hub

APPLICANT'S NAME Jimmy Blake ADDRESS 1901 Ballentine rd

CITY Lincolnton STATE NC ZIP 28092 PHONE 735-0500

TAX PARCEL # 129-021-33 BLOCK # LAND AREA (sq ft)

CENSUS TOWNSHIP R-3 LOT # 6 MAP # 53 B 1/4

SPECIAL DISTRICTS FLOOD PLAIN yes FLOOD ELEV FIRE DIST yes ZONED

PRESENT USE/IMPROVEMENTS FRONT SIDE 6 RIGHT SIDE 6 REAR 45 REQ PARKG

PROPOSED USE/IMPROVEMENTS 4 Room Addition

HEATED SQ FT 110 TOTAL SQ FT DECKS # STORIES

ESTIMATED COST OF CONSTRUCTION

MECHANICAL

CONTRACTOR(S) (Name Address as appears on license)

CONTRACTOR'S COST

PLANS

OTHER

DATE SIGNATURE OF APPLICANT PRINT OF APPLICANT'S NAME

FOR OFFICE USE ONLY

FEE PAID DATE APPROVED BY