

4409 PARVIEW DR N

21157153

1/2/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3264B DATE: 10/16/03

TC: 211-571-53 ☑ L ☐ CRT

SERIAL 19344

Name of Owner JAMES D. LACKEY Juris.:

Address of Property 4409 PARVIEW DR.

Inspection Data:

Tank Material EXISTING

Total Length of Drainfield 269'

Number of Lines 5 @ 40', 30', 50', 69' & 80'

Cover Depth 12"

Water Supply Source MUNICIPAL

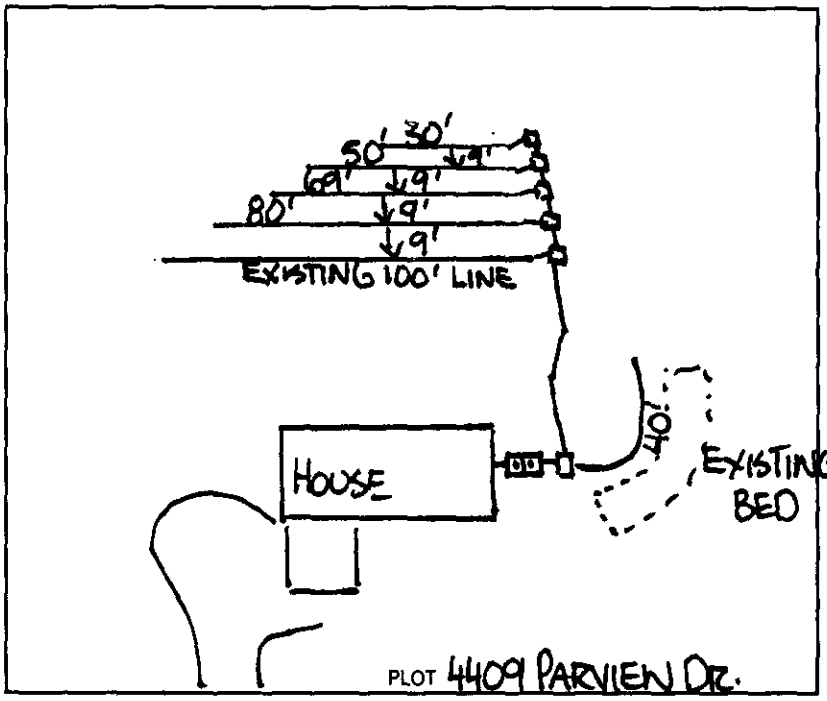
Distance to Water Source >50'

Excavation Inspected 10/16/03

Tank(s) Inspected 10/16/03

Wash Line Inspected 10/16/03

High Water Alarm Inspected N/A



Design 2003, EXISTING ST W/ NEW RISER, INV. E-Z FLOW, 807 SF, T CTR# STANLEY

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☒ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: REPAIR, 269 LINEAR FT E-Z FLOW, DROP-BOXES, WASHER LINE CONNECTED TO SYSTEM W/ 40' ADDITIONAL E-Z FLOW DRAINLINE. ADHERE TO ALL SURFACE WATER ISSUES NOTED ON INSTALLATION APPROVAL.

RS
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

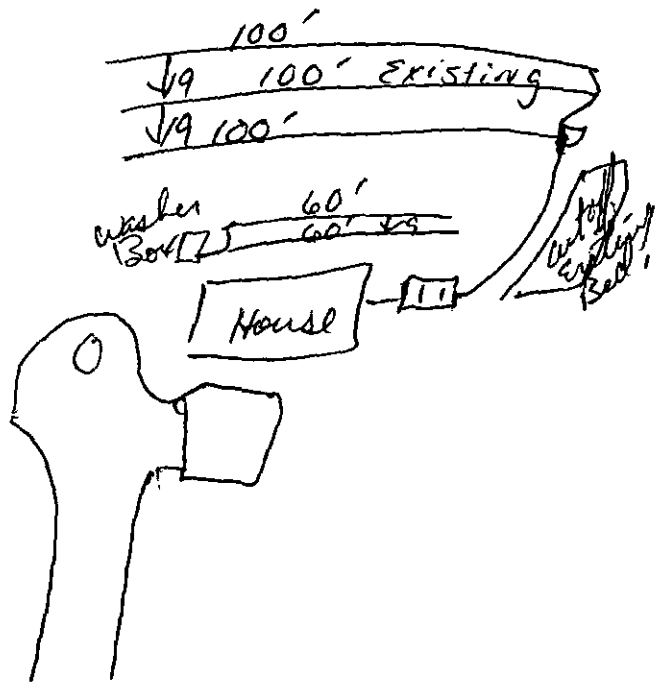
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 32643 DATE: 10-9-03

TC: 211-571-53 X L

SERIAL 19567

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 10/01/03. All work shall be completed on or before 11-09-03, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank: Existing 1500 gallons

Liquid Capacity of Dosing Tank: N/A gallons

Tank Construction: PCC

Trench Depth: 36"

Absorption and/or Nitrification Lines:

Trench Width: 3' feet

Trench Walls Scored and Porous: yes

Total Line Length: 2 x 100' New, 1 x 100' Existing feet

Number of Lines: 2 3 x 60' washing machine lines

Depth of Stone: N/A inches

Distance from House: >5' feet

Distance from Property Line: >10' feet

Distance from Well: N/A feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER James Dean Lackey

LOCATION OF PROPERTY 4409 Darwin Dr.

Comments: (1) Divert all surface water off drainfield
(2) Divert gutter downspouts off drainfield
(3) Fix all Plumbing Leaks.

Joshua R. Sellers R.S. IREHS.
Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

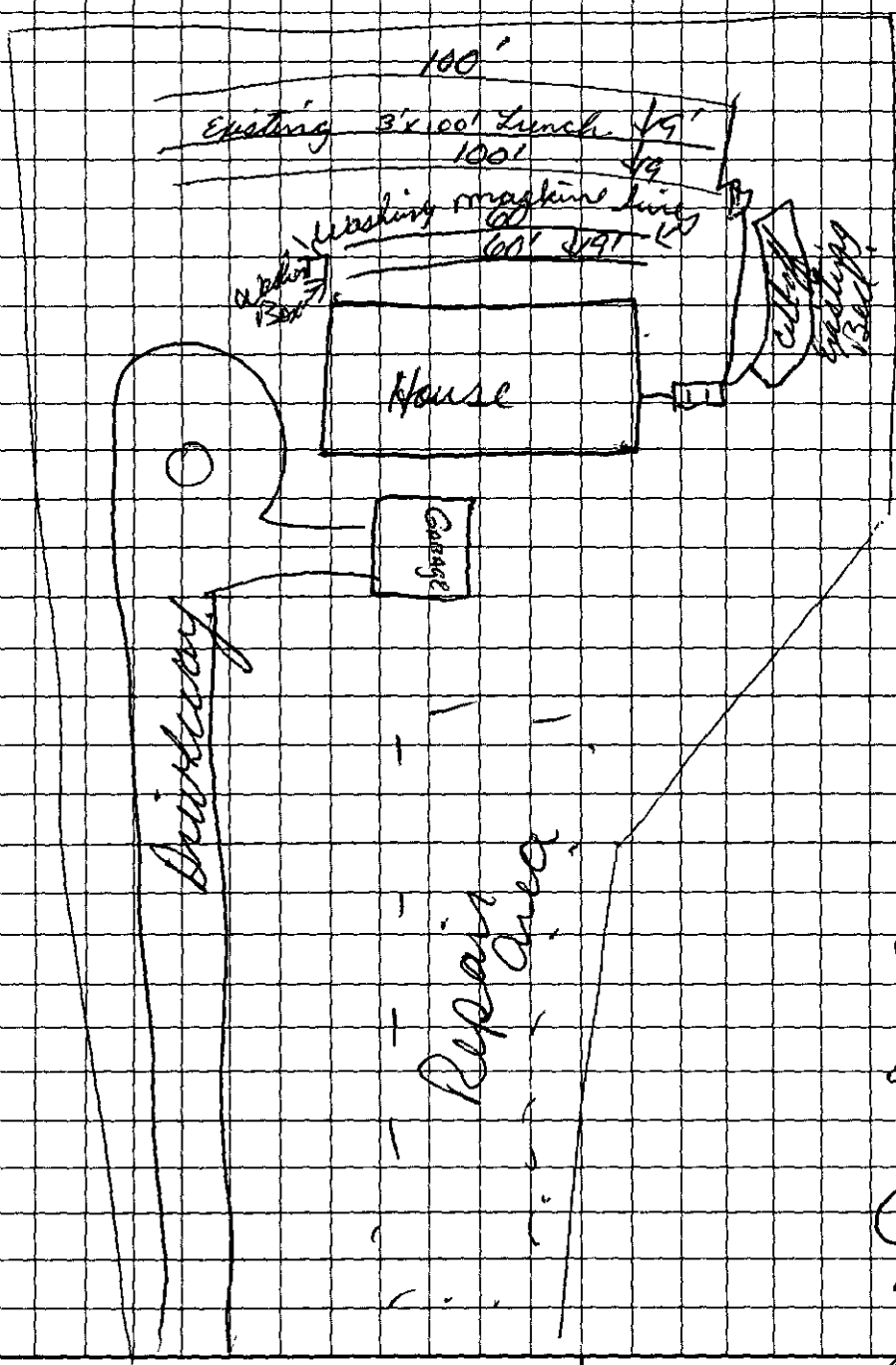
PROPOSED PLOT PLAN

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

FILE: 326413

TC: 211-571-53

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.



① Not to scale

② Install 2 3'x100' drainlines Gravelless Trenches.

③ Install 2 3'x60' washing machine lines gravelless Trench

④ Landscape front area to direct water

⑤ direct all gutter downspouts away from drainline

⑥ Repair all damaged areas.

Joshua R. Sellers
R.S./REHS

APPROVAL DATE

OWNER/AGENT SIGNATURE

DATE

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

CONDITIONS OF IMPROVEMENT PERMIT

mit Number: 32648 Tax Number: 211-571-53

The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.

CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.

Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	✓ No	___ Partial Basement	
Type Primary Wastewater System Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Long-term acceptance rate	480 Max gallons/day wastewater flow	1040 Absorption Area (sq ft)	9' Trench spacing (min. on centers)	
N Serviced by private well	1500 Gallon septic tank EXISTING	346 Total trench length (ft)	36" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)	
4 Bedrooms in residence	N/A Gallon pump tank	___ Depth of stone		

Any surface waters present: NO Type: Minimum separation distance:

Site modifications required: Landscaping to be done to divert waters off Drainfield

Additional Conditions: Repair will require lift station for washing machine line @ 3'x60' trenches
~~360 x .3~~ Install @ 3'x100' Trenches to accompany Existing 3'x100' trench

Repair Area System Type Type (circle one): I II (III) IV V VI	___ Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	✓ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1	
.3 Absorption Area (Sq ft) 2100 Total Trench Length (Ft)	N/A Depth of Stone Trench	9' Trench spacing (min. on centers)	36" Maximum Trench Depth	

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

Joshua R. Sellers R.S. 18645 10-09-05

DEHNR Authorized Agent Date

Owner/Agent Signature Date

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

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

FEE: _____ **AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION**
DATE: _____ **VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

DATE: 10-09-03 PERMIT NO: 32613
PARCEL NO: 211-571-53

JOB LOCATION ADDRESS: 4409 Parsley Dr N.
PROPERTY OWNER: James Dian Rackley
BUILDING CONTRACTOR: Non.
SUBDIVISION NAME: Carmel Estates East.
AUTHORIZATION ISSUED BY: Joshua R. Sellers R.S. 18116 DATE: 10-09-03
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 32613, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED **PRIOR** TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS: Must divert all surface water around system w/ landscaping discussed. Must require Plumbing as discussed. Direct gutter downspouts as discussed

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

3264B

SERVICE REQUEST/WORK ORDER

Log No.:_____ Section:_____ Hazard? ( ) yes ( ) no

Date: 9/26/03 Parcel: 211-571-53 211-223.25 (1.10

M: 704-281 5626

REQUESTING PERSON: Dean Lackey Phone H 704 544-7244

Address 4409 Parview Drive North City Charlotte Zip 28226

PROPERTY CONCERNED: Facility Name_____

Address_____ City_____ Zip_____

SERVICE REQUESTED: Septic tank is filling up and not draining Sewage is backing into house

ASSIGNED TO: Jean TAKEN BY: JKA

DATE	ACTIVITY REPORT

NOTIFICATION OF FINAL DISPOSITION TO REQUESTING PERSON:

_____ / _____ WRITTEN ___ VERBAL ___

Environmentalist's Signature Date

REVIEWED BY: _____ / _____ RECALL DATE: _____

Section Head's Signature Date

FEE: 200 DATE: 10/2/03

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

CP

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 #: 32648

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 211-571-53

STREET ADDRESS: 4409 Parview Drive North

SUBDIVISION OR MOBILE HOME PARK NAME: Carmel Estates East

LOT NUMBER: 10 Sec C 1966

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
__ 3 DAVIDSON __ 6 HUNTERSVILLE
__ 3 CORNELIUS __ 7 MINT HILL

HEATED SQUARE FOOTAGE: 5900

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 5

CLOSING DATE: _____

FOUNDATION FOR RESIDENCE:

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

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

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

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
EXISTING WASTEWATER SYSTEMS ✓ YES __ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:

NAME: Lackey (LAST) James (FIRST) Dean (MI)
ADDRESS: 4409 Parview Drive North
CITY: Charlotte STATE: NC ZIP 28226
DAYTIME PHONE: (704 544 -7244

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) (FIRST) (MI)
DAYTIME PHONE: ( ) -

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: J Dean Lackey DATE: 10/1/03

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

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

LOCATION

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

4409 N PARVIEW DRIVE

SUITE/UNIT(S):

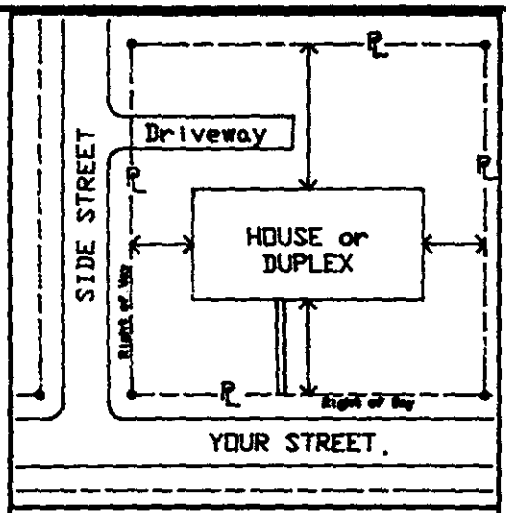
PERMIT #: [redacted]

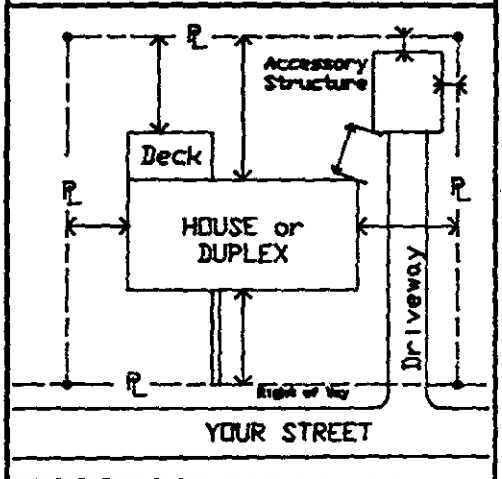
TAX JURISDICTION: (Check One)
- ☑ 0-Mecklenburg
- ☐ 1-Charlotte
- ☐ 2-Davidson
- ☐ 3-Cornelius
- ☐ 4-Pineville
- ☐ 5-Matthews
- ☐ 6-Huntersville
- ☐ 7-Mint Hill

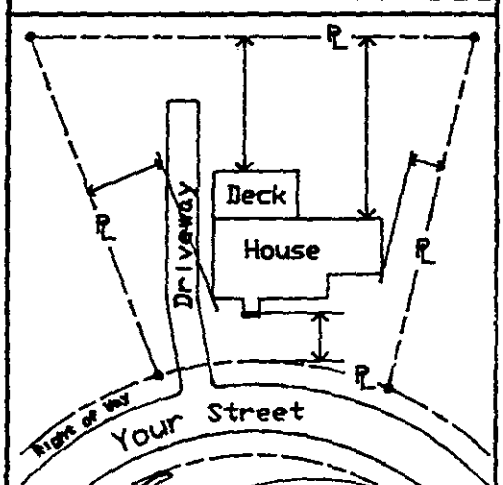
TAX PARCEL # 211-223-25

JOB #: [redacted]

EXAMPLES/PLOT PLAN







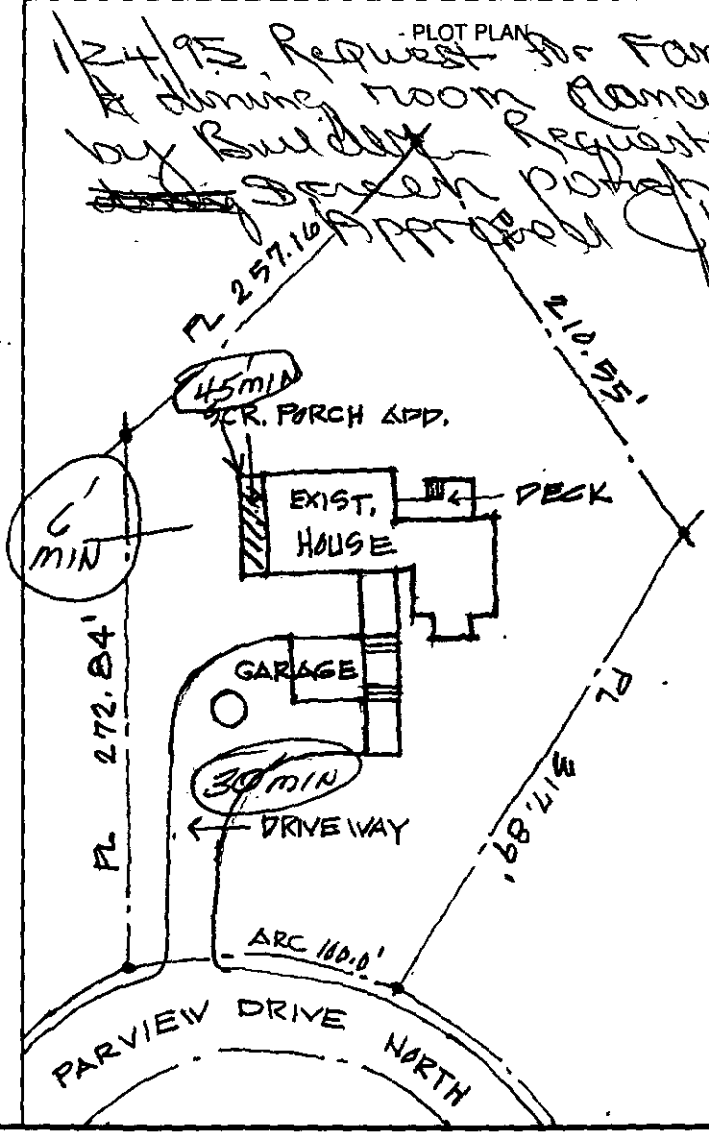
- INSTRUCTIONS -

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

1/4/95 Request for Family room & dining room Cancelled by Builder Requests a screen porch addition Approved Rian



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

APPLICANT'S SIGNATURE DATE STEFANO PIRAINO PRINT APPLICANT'S NAME

APPROVED BY [redacted]

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

B-83

ORIGINAL

ENLARGE - DINING/Rm
Build Living/Family Rm. JAY LAWRENC 376-7600 40 DT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50 8/15/94 Ck #204 CRT

3264B

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

te:

PERSON FILING APPLICATION:
NAME: HOME VENTURE CORPORATION (last) (first) (mi)
ADDRESS: P.O. Box 37174 PHONE: (704) 376-7600
CITY: CHARLOTTE STATE: NC ZIPCODE: 28237

PERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 211-223-25
STREET ADDRESS: 4409 N. PARKVIEW DRIVE

PROPERTY OWNER:
NAME: PIRAINO STEVE (last) (first) (mi)
ADDRESS: 4409 N PARKVIEW DR PHONE: (704) 542-7496
CITY: CHARLOTTE STATE: NC ZIPCODE: 28226

ZONING:

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) family room Enlarge living
[ ] 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:

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)
[X] 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: Jay E Lawrence Home Venture Corp Date: 8-15-94

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.

...May use existing system to add family room, enlarge living room

[ ] 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

Judy J Kiser R.S. 8/17/94
Environmentalist Date

Newell for J Kiser
Director or Authorized Section Head Date

WATER : 122

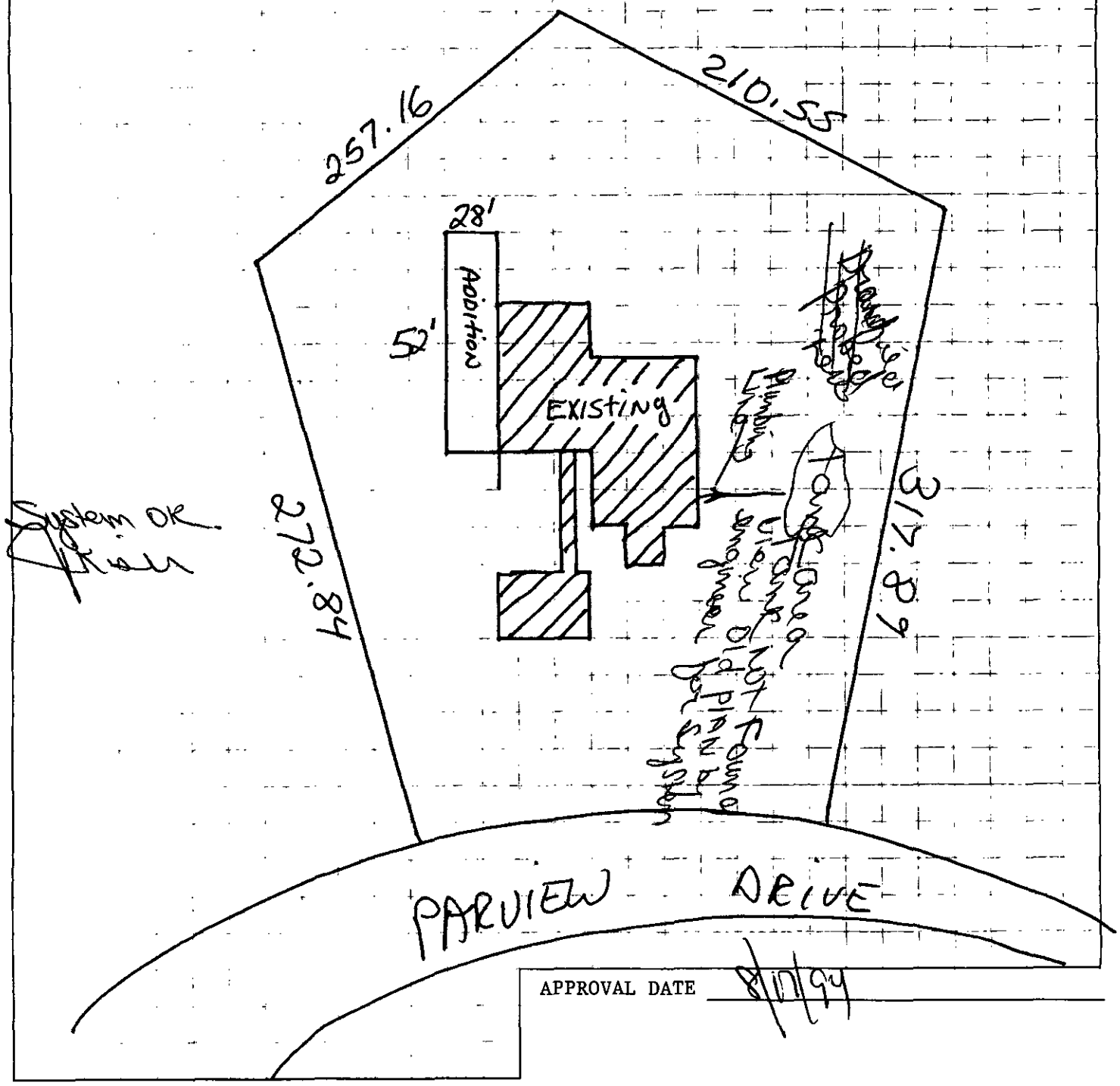
PROPOSED PLOT PLAN

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

FILE: 3264B

TC: 211-2235

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 8/10/94

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DATE 8/12/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

211-223-25
PARCEL NUMBER

4409 N Tarlton Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
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: Renovation

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