

3530 DAN HOOD RD

13534159

6/26/2007

duponbj

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

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: 7214A
TC: 135-341-15 PO
SERIAL: № 21116
☐ CRT

JOB LOCATION

① ADDRESS: 3530 (STREET NO.) DAN HOOD RD (STREET) ② FILE:
③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.: 135-341-15
⑤ SUBDIVISION: N/A ⑥ LOT: N/A ⑦ BLOCK: N/A

OWNER

⑧ NAME: AVERY (FIRST) M (MIDDLE) HOOD (LAST)
⑨ MAILING ADDRESS: 3500 DAN HOOD RD
⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105
⑬ PHONE: (WORK) N/A ⑭ (HOME) 704-545-5507

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Move Bath — use Existing System

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 1
㉕ Type?
㉓ Maximum occupancy? 2
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: Avery M. Hood
Date: 12/28/90

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 60 months from the date of issuance.

Philo S. Walker 1/9/91
Environmentalist Date

1-9-91
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

MECKLENBURG C
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 28 1990

Date: 12-28-90

Name/Company: Avery M

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Dup Permit - Add w/o
[redacted] Dan Hood Rd.
3530 Tax # 135-341-15
File # 7214A

Fee: $ 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.

Paid
12 28 90
$25.00
Cash

W Y Cooper
Completed by

Annette B. Ellison
Collected by

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 12/28/90

FROM: COUNTY ENGINEERING DEPARTMENT

RED FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 135-341-15 00

ASSIGNED ADDRESS 3530 Dan Hood Rd

EXISTING ADDRESS _____

PROJECT NAME N.A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Repair Work.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

CPWEAR 06-88

NEW ADDRESS / /*

FORM 100

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: 7214A

TC: 135-341-15 PO

SERIAL: 21116 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 3530 (STREET NO.) DAN HOOD RD (STREET) ② FILE: ____

③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.: 135-341-15

⑤ SUBDIVISION: N/A ⑥ LOT: N/A ⑦ BLOCK: N/A

OWNER

⑧ NAME: AVERY (FIRST) M (MIDDLE) HOOD (LAST)

⑨ MAILING ADDRESS: 3500 DAN HOOD RD

⑩ CITY: MATTHEWS ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) N/A ⑭ (HOME) 704-545-5507

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) Move Bath — Use Existing System

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 1 ㉕ Type? ____

㉓ Maximum occupancy? 2 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: Avery M. Hood

Date: 12/28/90

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 60 months from the date of issuance.

Philo S. Walker, 1/9/91

Environmentalist — Date

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.

PROPOSED PLOT PLAN

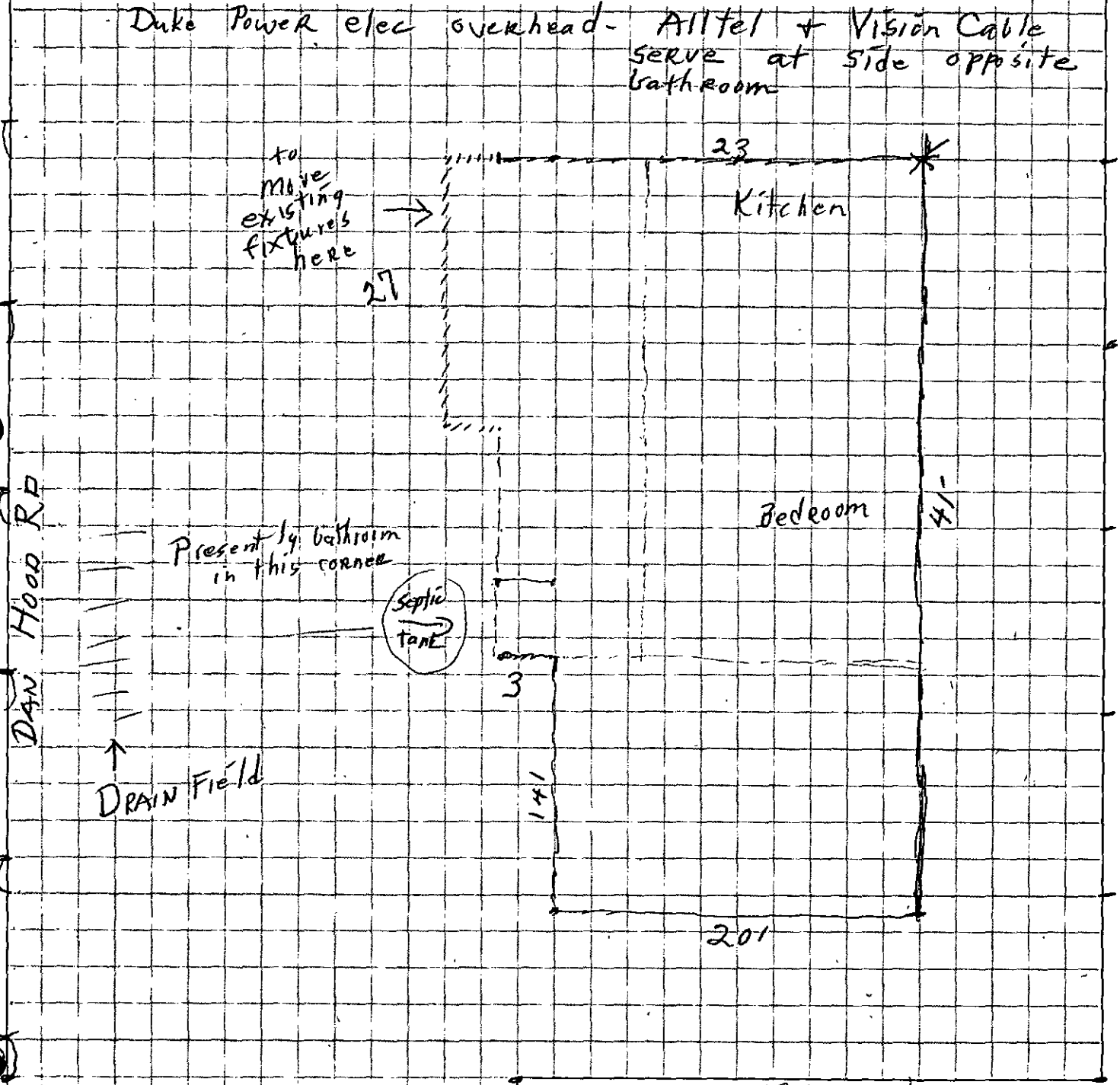
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: [redacted] 7214A

TC: 135-341-15 PO

DAN Hood Rd forks- abuts on 2 sides [X] N.D. is on a 100 A farm

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 11/8/80 JW

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