

10430 ALBEMARLE RD

12/19/2007

duponbj

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

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INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 50.00 chk 5455 9/1/94 DT X CRT

948B

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

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: Faires (last) Frank (first) W. (mi)
ADDRESS: P.O. Box 76 PHONE: (704) 333-1125
CITY: Newell STATE: NC ZIPCODE: 28126

PROPERTY OWNER:
NAME: Faires (last) FRANK (first) W. (mi)
ADDRESS: SAME PHONE: (___) ___
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-076-02
STREET ADDRESS: 10430 Albemarle Rd
Lot # 60 Charlotte NC
ZONING: Wilgrove M.H.P.

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: 60 LOT SIZE (in acres):

TYPE APPLICATION (check one):
[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] 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):
[X] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ___ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3

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):
[X] 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: X Frank W Faires Date: X 9-1-94

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

system approved after monitoring area for standing water Thus

Approval is based on a today follow-up inspection per Sylvia.

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

Phila A. Walker 12/12/94
Environmentalist Date

Joni Bunney 1/5/95
Director or Authorized Section Head Date

WATER : 122791

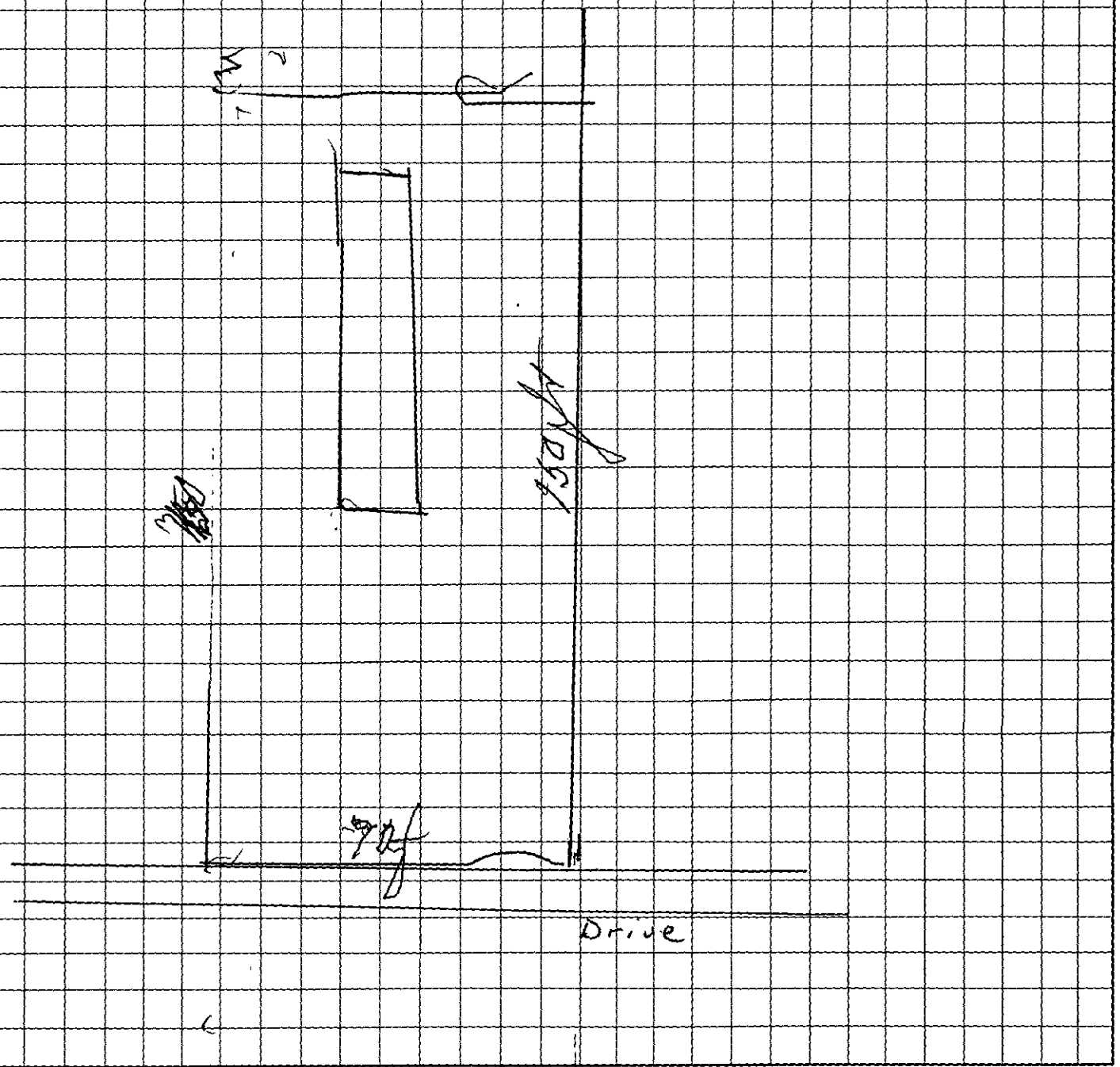
PROPOSED PLOT PLAN

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

FILE: 948B

TC: 137-076-02

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.



APPROVAL DATE JSW 12/12/94

OWNER/AGENT SIGNATURE

DATE

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

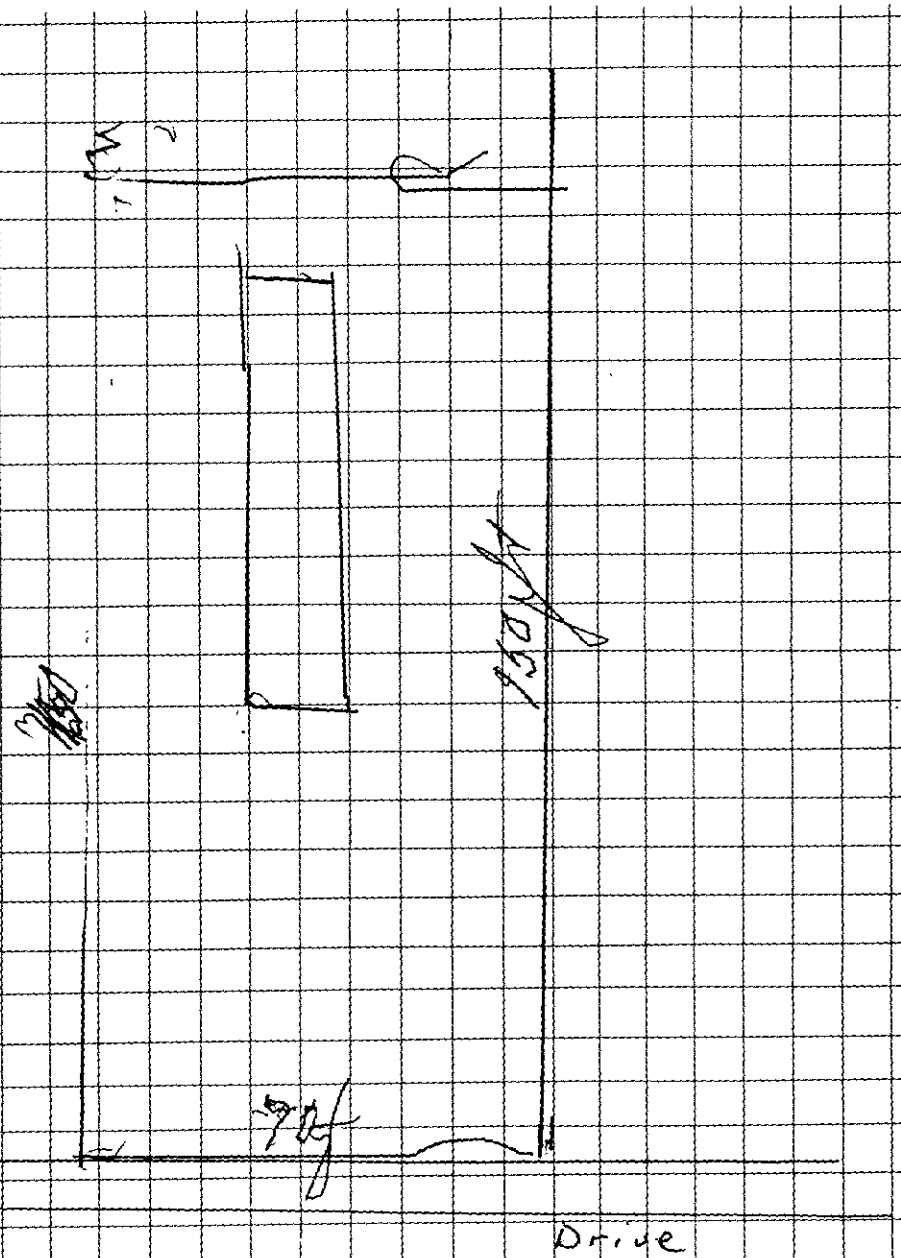
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DATE 9/1/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mint

137-076-02
PARCEL NUMBER

10430 Albemarle Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

lot 60
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

Wildgrove MHP
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: Move on Mobile Home

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

Mecklenburg County
Health Department

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

April 27, 1993

Mr. Frank Faires
P. O. Box 76
Newell, North Carolina 28126

Dear Mr. Faires:

On April 15, 1993 Mr. William Marlin, Soil Scientist and I met with you and Mr. Ryan Faires at Wilgrove Mobile Home Park on Park Circle off Albemarle Road, Tax Parcel No. 137-076-02. We investigated the malfunctioning septic tank systems in the mobile home park and how repairs may be made.

At the time of the investigation it was found that some of the septic tank systems were not functioning properly and that sewage was leaking to the surface of the ground creating a public health hazard. This is a violation of Article 11 of Chapter 130A of the General Statutes of the State of North Carolina.

You are hereby given notice to correct this situation by May 25, 1993.

Violations were as follows:

- Mobile home n. r ~~13~~ 61 is leaking sewage from the plumbing connection under the home. This must be repa . After it is repaired, then it can be determined if the problem is completely resolved.

- The septic tank system serving mobile home number 57 and number 58 is malfunctioning. At least one home may need to be removed from this system. If you choose to investigate a possible broken water line, please do so as soon as possible to see if it may relieve the sewage problem. Water lines must be a minimum of ten (10) feet from any part of the septic tank system.

- The septic tank system serving mobile home Number 63 and 64 is malfunctioning . You may choose to investigate the possibility that the distribution box may be clogged a. ating the problem at the tank. Please make an appointment with me if this is done, so that I may inspect the box when it is open. At least one of the mobile homes may need to be removed if the problem is not a blockage at the tank or distribution box.

- The system serving mobile home number 59 may only serve the one home. The application for home number 60 cannot be approved.
- The septic tank system serving mobile homes number 9, 10 and 11 is malfunctioning. At least 1 home may need to be removed from this system.
- The septic tank system serving mobile homes number 12,13 and 14 is malfunctioning. At least 1 home may need to be removed from this system.
- Mobile home number 13 is leaking sewage from the plumbing under the home. This must be repaired.
- The lid for the septic tank system serving mobile home number 30 and others must be repaired.

The only possible repair area that was found on the property was between mobile home number 56 and number 57. It appears that there may be enough space to accommodate a pre-fabricated, permeable block panel system (PPBPS) , which would serve 2 bedroom mobile homes. If you choose to pursue this option you will need to have a person with a demonstrated knowledge of this type of system design a plan for you and then submit it with application to our department for approval. If you desire, a conventional system may be installed, however it would have the capacity to serve only a two-bedroom home.

If you choose not to submit plans for a PPBPS then you must contact me for an **Improvement Permit** for a conventional septic system.

Please be advised that the repair can only accommodate 1 or 2 homes. Therefore to avoid removing the homes you may be required to connect to **Charlotte Mecklenburg Utility Department**. We advise that option for the park since subsequent failures are sure to occur in the future. Connection to the municipal system may ultimately prove to be your most economically feasible option to permanently abate the recurring sewage problems.

Please keep me updated on the status of each of these situations. if you have any further questions please call me at 336-5569.

Sincerely,

Susan M. Bateman, R.S.
Individual Water and Wastewater Systems Section

SB:lw

cc: Linda Spencer
Dennis Gwaultney, Charlotte Mecklenburg Utility Department

7-1-93

Sylvia –

I thought a refund was initiated on the attached but apparently it hadn't. Lorraine needs to know if she can start thin. This one is in Wilgrove Mobile Home Park w/ Frank Fairea – he had made application for another lot at the same time as Mr. Spencer and I thought we decided to change Fairea & refund Spencer.

– Sue

(Linda Spencer called + said she hadn't received refund as of 6-28)

94SB/8820A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

1250 CR#274 4/5/93 [] CRT

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

COPY

(704)336-5102

PERSON FILING APPLICATION:
NAME: Spencer (last) Linda (first) Diana (mi)
ADDRESS: 10430 Albemarle Rd lot# 60 PHONE: (704) 545-6324
CITY: Charlotte STATE: N.C ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Fares (last) Frank (first) (mi)
ADDRESS: _____ PHONE: (___) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-076-02
STREET ADDRESS: 10430 Albemarle Rd
ZONING: _____

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

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LOT NUMBER: 60# LOT SIZE (in acres):

TYPE APPLICATION (check one):
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[] SOIL TEST DEVELOPMENT (P)
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[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 4

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):
[X] 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 [] Home
[] 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: Linda D Spencer Date: 4-5-93

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.

... not approved - refund done malfunctioning septic system in Mobile Home Park S/Bateman

[] 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

tx # 137-076-02

file #
948B

cost 2714

415 NO. 140

19 23

RECEIVED FROM Linda Spencer

DOLLARS

10430 ALBEMARLE RD #60

Account Total $ 50.00

Amount Paid $ 50.00

Balance Due $ -0-

"THE EFFICIENCY LINE" AN AMPAD PRODUCT

4137 D.C. Drive
Lot 21
Concord, NC
28025

3/18
Mo. Spencer
never responded with
front + back copy of
cancelled check from bank

PJT

Must have ~~check~~
Copy of cancelled check
front + back
before we process

Donnie 1-89 105 Bldg Strawbridge
3556 3
11/2/93

FOR

DATE _____ TIME _____ A.M. P.M.

M

OF Refund Requested

PHONE _____
AREA CODE NUMBER EXTENSION

TELEPHONED		PLEASE CALL	
CAME TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL		SPECIAL ATTENTION	

MESSAGE 10430 Albemarle Rd
Lot # 60

SIGNED Neil Grave in Hpark

UTHO IN U.S.A.

998B/8820A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 CK#274 4/5/93 [] 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

COPY

PERSON FILING APPLICATION:
NAME: Spencer (last) Linda (first) Diana (mi)
ADDRESS: 10430 Albemarle Rd Lot# 60 PHONE: (704) 545-6324
CITY: Charlotte STATE: N.C ZIPCODE: 28227

Date:

PROPERTY OWNER:
NAME: Faires (last) Frank (first) (mi)
ADDRESS: _____ PHONE: (__) _____
CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 137-076-02
STREET ADDRESS: 10430 Albemarle Rd
ZONING: _____

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

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LOT NUMBER: 60# LOT SIZE (in acres):

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

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[] 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: Linda D Spencer Date: 4-5-93

NOTICE:

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...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.

... not approved - refund done
malfunctioning system in Mobile
Home Park

[] 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

WWATER : 122791

4317
Margaret Summy
or Credit union
1/13/7 D

Mecklenburg County

Health Department

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

July 7, 1993

Ms. Linda Spencer
4137 D. C. Drive
Concord, North Carolina 28025

Dear Ms. Spencer:

We will need a copy of your cancelled Check #274 dated in April, 1993, both front and back in order to complete the refund you requested for $50.00 for Mobile Home Exchange.

Your prompt attention to this matter will be appreciated.

Thank you.

Sincerely,

Lorraine C. Whitaker
Environmental Health

LCW

Enclosure envelope for cancelled check

ADDRESS	DESCRIPTION	NAME	CK/CA	INITIAL	AMOUNT
4105 Stillwell Oaks	918B Temp Add	Linda Mercer	1286	Jyf	50 00 ✓
W. Mallard Creek Ch	918B Soil Test	John Adams	CASH	Jyf	50 00 ✓
1145 Beagle Ln	BAC + MM	David Hill	2018	Jyf	40 00 ✓
1306 McCorkle Rd	13TCA Temp. Nov	Louis Hunter	2356	Jyf	200 00 ✓
10430 Albemarle Rd	920B MH	Elizabeth Rodriguez	1064	Jyf	50 00 ✓
Ramah Church Rd	921B Soil	John Black	2765	Jyf	50 00 ✓
Ramah Church Rd	921B Soil	John Black	2765	Jyf	50 00 ✓
(463)					
1029 S. Mint St.	Demo	United Bridge Corp	2011	Jyf	50 00 ✓
(464)					
Rupees	Pool Activity	Caribbean Clear	CASH	Jyf	11 50 ✓
1022 Woodview Cr	Pool	Aloha Pools	1095	Jyf	30 00 ✓

462

DATE 4-5-93

ADDRESS	DESCRIPTION	NAME	CK/CA	INITIAL	AMOUNT
71 Beckingham	Well & Septic	Ann Harrison	5167	DJT	85.00 ✓
11901 Field St	Well & Septic	Charles Merryman	323	DJT	85.00 ✓
3521 Mauck Creek Rd	Bric & M.H.	Linda Reid	4760	DJT	40.00 ✓
9623 Providence Forested	Well & Septic	Allison Martin	2963	DJT	85.00 ✓
Copies	—	Tim Whitaker	Cash	DJT	1.00 ✓
10400 Albemarle	8-B MHA	Frank Fairos	522	DJT	50.00 ✓
14652 Jane Washer	9478 Soil Test	Otis Grey	262	DJT	50.00 ✓
2410 Juniper Dr	2126A Imp Add	Larry Seegs	cash	DJT	50.00 ✓
121 & Fair Forest	Well & Septic	Dawn A Mauney	6080	DJT	85.00 ✓
5610 Datha Ave	Septic	Rick Stikeleather	3277	DJT	65.00 ✓
8015 Sullivan Dr	Septic	Robin Enders	163	DJT	65.00 ✓
16414 Cobblestone Dr	Imp New	Elizabeth Bishop	1774	DJT	200.00 ✓
463					
1439 Briar Creek	Demo	W.C. McClure & Co	6585	DJT	50.00 ✓
1441 Briar Creek	Demo	" " " "	6585	DJT	25.00 ✓
11109 Providence	Demo	Almond & Assoc Inc	2904	DJT	50.00 ✓
1608 Club Rd	Demo	" " "	2904	DJT	75.00 ✓
12696 Old Statesville	Fes Move	Johnny Ferrell	4535	DJT	50.00 ✓

6-23

Lorraine -

Linda Spencer called concerning a refund that she said she had not yet received from exist systen check (MH exchange) + #50 of #60 from bldg standards. Due to malfunctioning systems in the MHP she could not put a home on lot. Mr. Faires had also put in application for a MH exchange and I think we used his for the fee.

Her current mailing address is

Linda Spencer
4137 O.C. Drive lot # 21
Concord NC 28025
(no phone number presently)

Can you check to see if this has been issued + if not, if Sylvia approves it, it can be initiated. She also inquired if we can see about the bldg standard fee she paid.

Thanks,

Jane Pannell

File 948B / 8820 A

Lorraine

Linda Spencer

4137 D.C. Drive

Lot 21

Concord NC 28025

- Sue

re: refund for MH X
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948B/8820A

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NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

... Lot approval denied due to unresolvable problems with Septic tank system unless mobile home becomes served by sewer

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

Susan Patterson
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

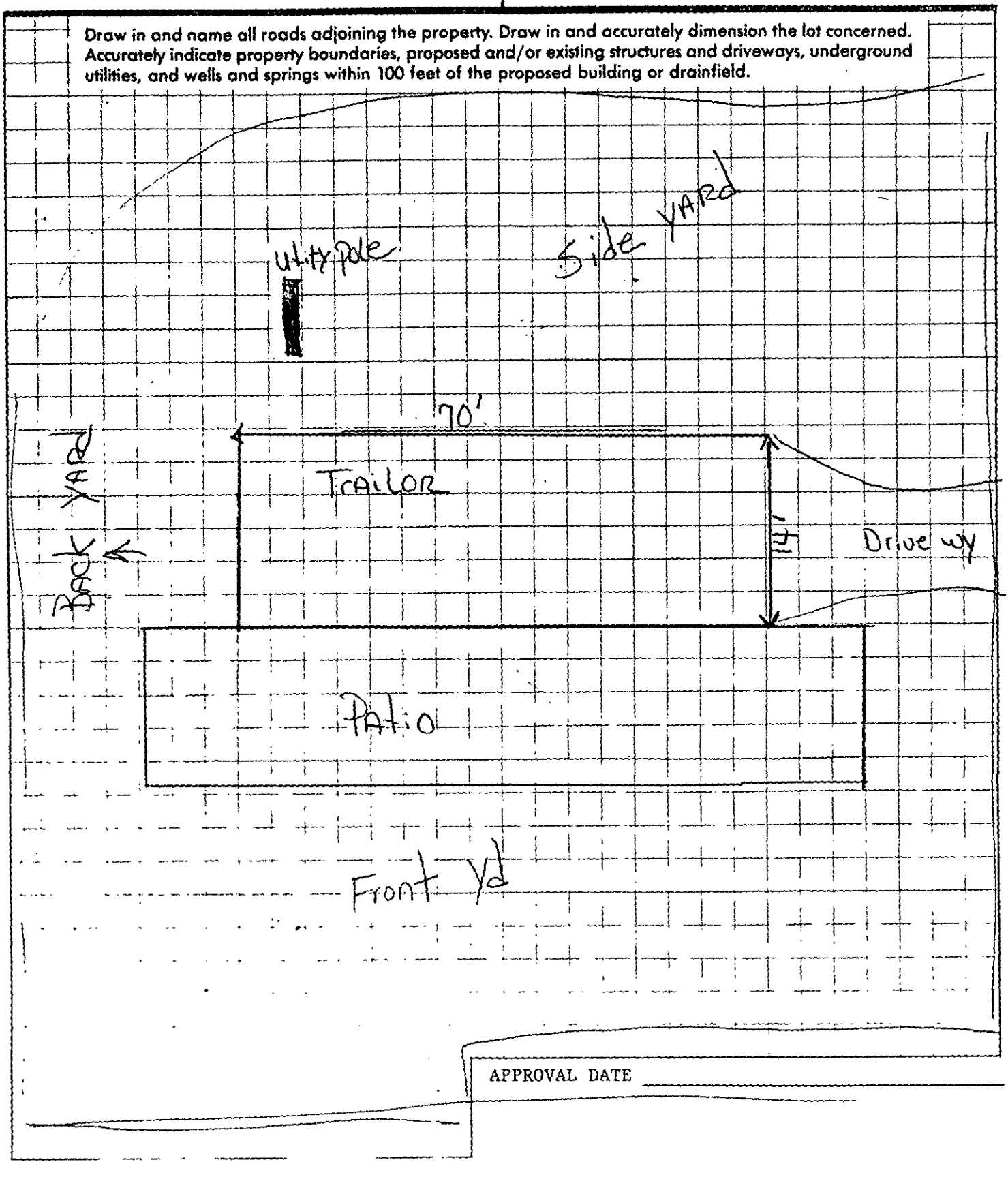
PROPOSED PLOT PLAN

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

FILE: 948B/8820A

TC: 137-076-02

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.



APPROVAL DATE _____

948B/8820A

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

DATE: 4/5/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 137-076-02 PO

ASSIGNED ADDRESS 10430 Albemarle Rd

EXISTING ADDRESS Lot 60

PROJECT NAME Wilgrove MHP

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: Move on Mobile Home

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 DRIVEWAYS.

SIGNED: Rob

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100