

325 RHYNE RD

05508104

6/25/2007

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: 7084A
TC: 055-081-04
SERIAL: № 21480
L CRT

JOB LOCATION

① ADDRESS: 325 (STREET NO.) Rhyne Rd (STREET) ② FILE:
③ JURISDICTION: ⑭ TAX PARCEL NO.: 055-081-04
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Harry (FIRST) J (MIDDLE) Ross (LAST)
⑨ MAILING ADDRESS: 325 Rhyne Rd
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28130
⑬ PHONE: (WORK) ~~704~~ 399-7190 ⑭ (HOME) S/M

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Storage Bldg - Detached

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type?
㉓ Maximum occupancy? 274 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: Alphonso Ross
Date: Nov. 14 1990

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. Use existing system

B. R. Ferguson — Environmentalist — 11-14-90 Date

Director or Authorized Section Head — 11-15-90 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: 11-14-90

Name/Company: Randle Construction Co.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Dump Permit - ODD Detached w/o Storage
325 Rhyne Road
York # 055-081-04
File # 7084A

ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 14 1990

Fee: $ 25.00 CK# 235

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

Collected by

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)
FILE: 7084A
TC: 055-081-04
SERIAL: № 21291 L CRT

JOB LOCATION

(1) ADDRESS: 325 (STREET NO.) Rhyne (STREET) Rd. (2) FILE:
(3) JURISDICTION: (4) TAX PARCEL NO.: 055-081-04
(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(8) NAME: Harry (FIRST) J (MIDDLE) Ross (LAST)
(9) MAILING ADDRESS: 325 Rhyne
(10) CITY: Charlotte (11) STATE: NC (12) ZIP: 28214
(13) PHONE: (WORK) 399-7120 (14) (HOME) S/M

REQUEST

This request is for a(n):

(15) ☐ New permit
(16) ☐ Repair or alteration permit
(17) ☐ Authorization for mobile home exchange
(18) ☒ Other (specify) Addition on Living Room

DESIGN CRITERIA

System will serve:

(19) ☐ Residence (20) ☐ Mobile home (21) ☐ Business or place of public assembly
(22) Number of bedrooms? 2 (25) Type?
(23) Maximum occupancy? 1400 Sq Ft (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: Alphonso Rankin
Date: 10-8-1990

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. Use existing system Co

B. R. Ferguson — Environmentalist — 10-9-90 Date

Director or Authorized Section Head — 10-10-90 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

Rd.

CHARGE SLIP

Date: 10-8-90

Name/Company: Randall Construction

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Dump Permit - Addl
325 Rayne Road
Tax # 055-081-04
Bldg # 7-084A

MECK
HEALTH
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 8 1990

Fee: $ 25.00

196 # 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.

W T Thompson
Completed by

Collected by

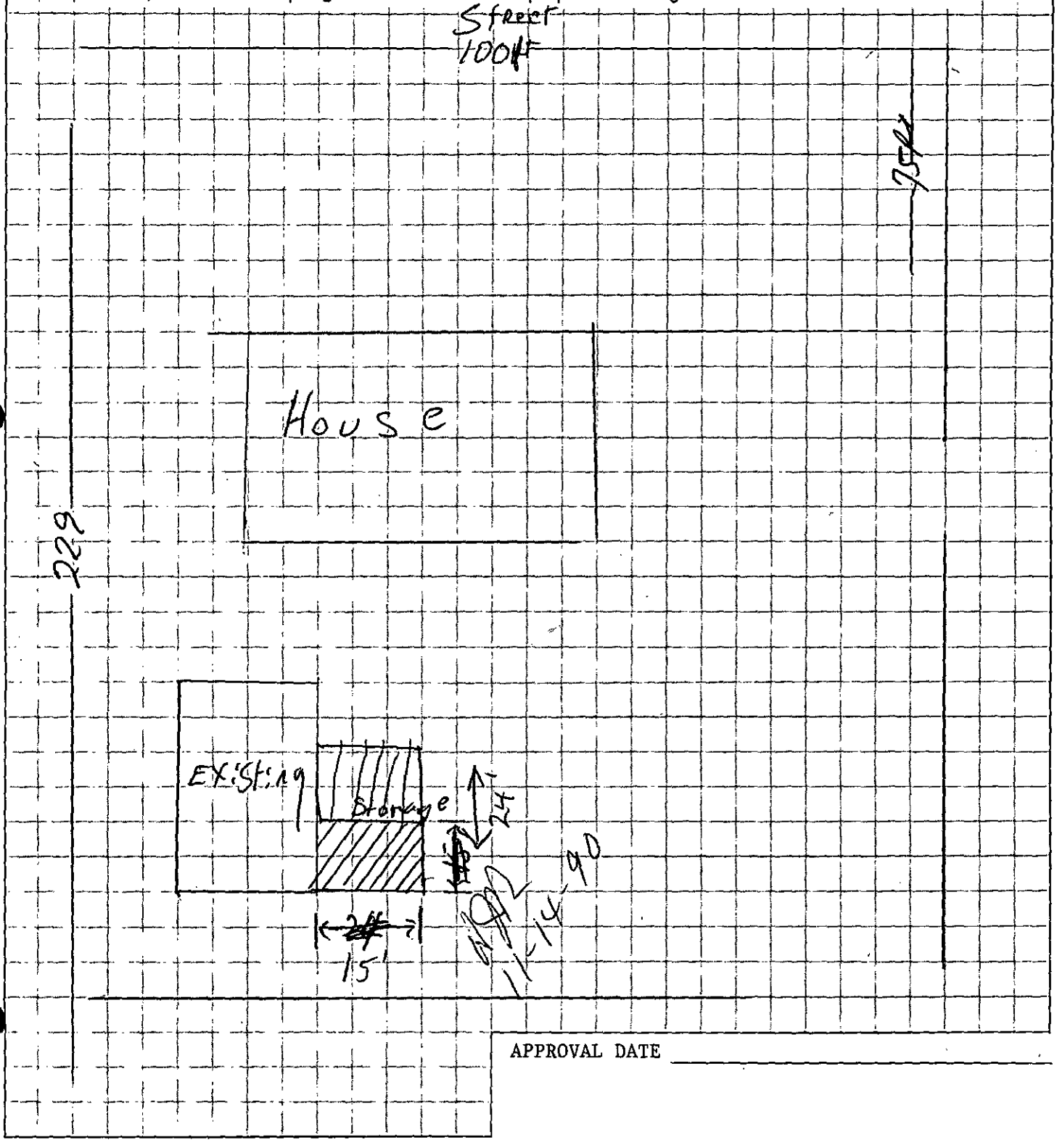
PROPOSED PLOT PLAN

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

FILE: 70848

TC: 055-081-04

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 _____

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

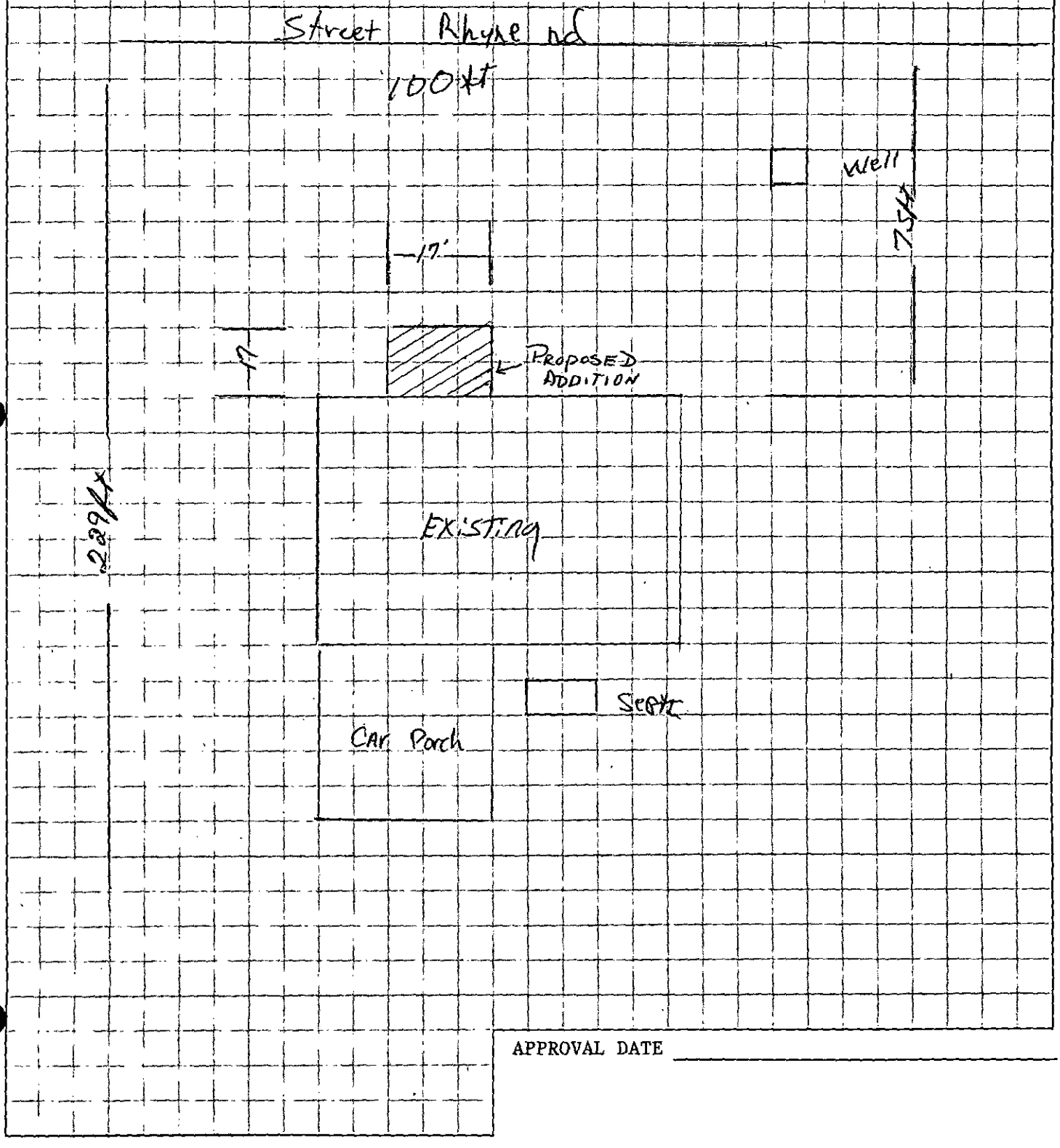
PROPOSED PLOT PLAN

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

FILE: 7084A

TC: 055-081-04

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 _____

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

DATE 10-4-90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mech

055-081-04
PARCEL NUMBER

325 Rhyne Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
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.	EROSION CONTROL REGULATIONS	___ 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

REMARKS: addition

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).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: GCN