

8109 FAIRVIEW RD

13901107

5/9/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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: 3691A
TC: _____
SERIAL: Nº 13721 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 8109 Fairview Rd (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: Mck. ④ TAX PARCEL NO.: 139-011-07
⑤ SUBDIVISION: N/A ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: [redacted] (FIRST) Jeff (MIDDLE) L (LAST) LeClair
⑨ MAILING ADDRESS: 7143 Clear Crossing Ln.
⑩ CITY: Mint Hill ⑪ STATE: N.C. ⑫ ZIP: 28212
⑬ PHONE: (WORK) 527-4263 ⑭ (HOME) 545-7111

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Business

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home approx
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? N/A
㉕ Type? Dance Studio
㉓ Maximum occupancy? 200 30 students per day 4 days a wk
㉖ Maximum number of employees? 2
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? [redacted]

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: Jeff LeClair
Date: 6-23-87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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 septic tank was inspected & pumped.

B. R. Ferguson — Environmentalist — 7-22-87 Date

Director or Authorized Section Head — 7-22-87 Date

*This permit must be signed by the Director of Environmental Health or an authorized section head in order to be valid.

8109 Fairview
139-011-07

June 17, 1987

Account number 16-73-337000 A-11
Jenny Fitz Lance
Studio
224 Matthews, St.
Matthews, NC

Gallon Meter
Conversion to 100 Cubic feet

12 Mos. Account Usage History

Rdg # Date	Bill Date	748.05 US gallon per (100 Cubic feet)	Conversion to (100 Cubic feet Usage)
410 05/26/87	04/11/87	2	3
408 04/24/87	03/12/87	2	3
406 03/23/87	04/10/87	1	1
405 02/25/87	03/11/87	1	1
404 01/30/87	02/14/87	2	3
402 12/23/86	01/12/87	1	1
401 12/03/86	12/10/86	1	1
399 10/24/86	11/10/86	2	3
398 09/29/86	10/10/86	1	1
396 08/22/86	09/11/86	1	1
395 07/22/86	08/11/86	1	1
394 06/24/86	07/10/86	-0-	-0-
394 05/23/86			

J. H. ROSS
STAFF ACCOUNTANT
704/336-3264

J. H. Ross
Char. Meck. Water Dept.