

7612 SHADOW LAWN RD

03722130

1/3/2008

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

3825B

$50.00 11/21/95 CK. # 7356 D400

N 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

PERSON FILING APPLICATION:
NAME: Stevenson (last) Linda (first) L. (mi)
ADDRESS: 7612 Shadow Lawn Rd. PHONE: (704) 596-4875
CITY: Charlotte STATE: NC ZIPCODE: 28269

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 03722130
STREET ADDRESS: 7612 Shadow Lawn Rd.
ZONING:

PROPERTY OWNER:
NAME: Stevenson (last) Linda (first) L. (mi)
ADDRESS: 7612 Shadow Lawn Rd PHONE: (704) 596-4875
CITY: Charlotte STATE: NC ZIPCODE: 28269

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: L16 & 17 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):
[ ] SINGLE MOBILE HOME (S) [ ] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[X] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2
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) [X] 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: Linda L. Stevenson Date: 11-21-95

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.

...may use existing system to exchange mobile home - See map & attached Plot plan for details.

[ ] 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

Lindy J. Klein RS 12/7/95
Environmentalist Date

for Stanley Program Chief 12-14-95
Director or Authorized Section Head Date

WATER : 122791

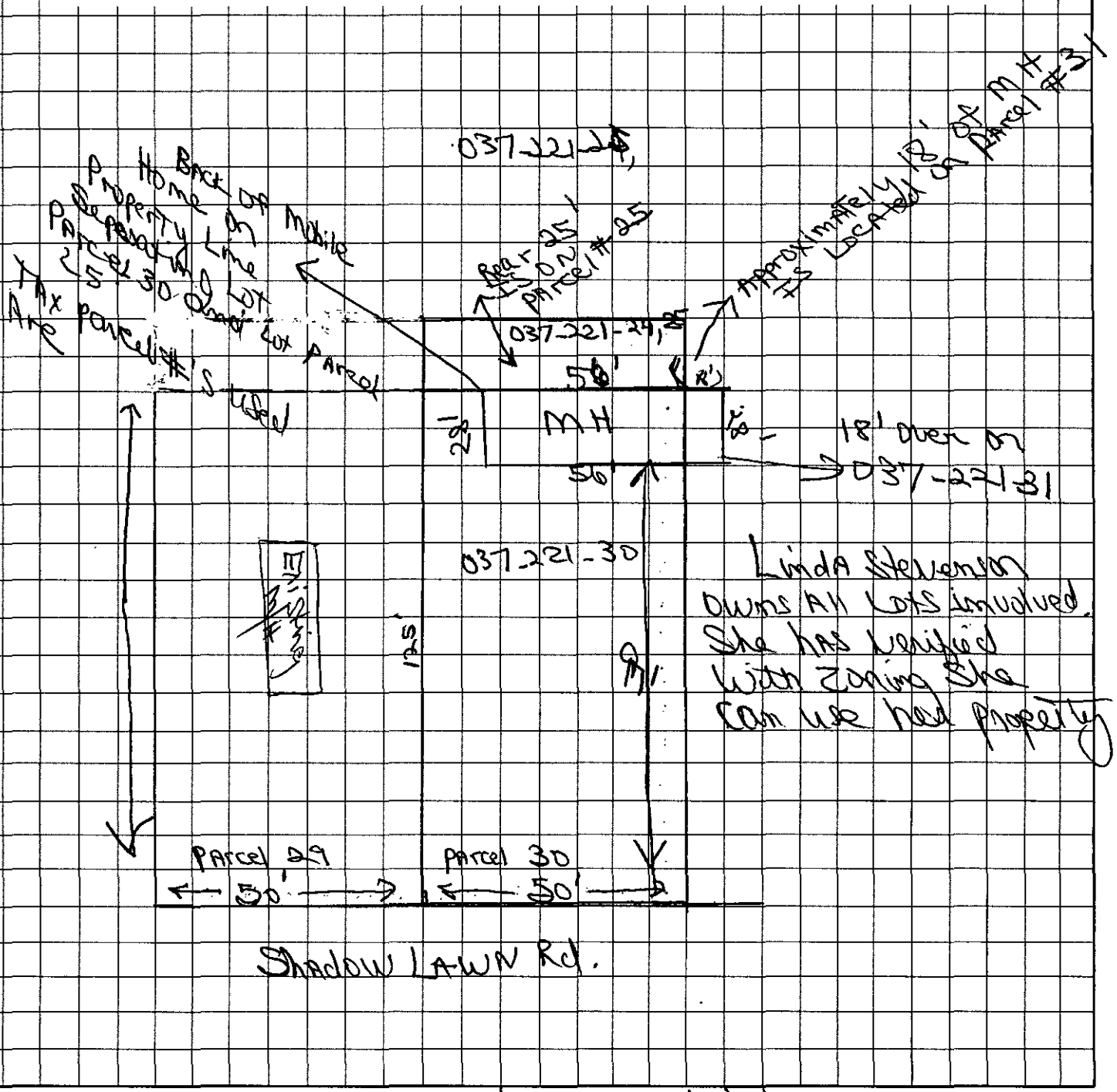
PROPOSED PLOT PLAN

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

FILE: 3825B

TC: 037221.30

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.



Linda L. Stevenson
OWNER/AGENT SIGNATURE

DATE 11-7-95

APPROVAL DATE 12/7/95

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

FOR TAX PURPOSES ONLY

TAX LINE MAP BOOK 37 PAGE 22
MECKLENBURG COUNTY, NORTH CAROLINA
REVISED 11.16.90 SCALE 1" = 200'

File # 38258

TOWNSHIP

NC. 115

MALLARD CREEK

OLD STATESVILLE RD.

LONG CREEK

PG. 25

PG. 21

PG. 24

BK 43

043

045

Parcels 037-231, 30 as well as 037-231, 29 are now in the City's ETJ

Owner does not have Phone

Mobile Home

7 System

LENA CLAIRE ST.

HOLLYWOOD AVE.

LABORDE ST.

WILDWOOD

HOLLY VISTA RD.

DARE RD.

WEST EAST 6th ST.

OCKLAWAHA

CEDAR ST.

BLAKE A.

LABORDE AVE.

SHADOW LAWN AVE.

VICTORIA AVE

OCALA AVE.

BURCH LOMA AVE.

CASA SHIRE RD.

ORLANDO AVE.

2631

2654

1.4 AC±

1.9 AC±

1.24 AC±

221 222 223 224 225 226 227 228 229

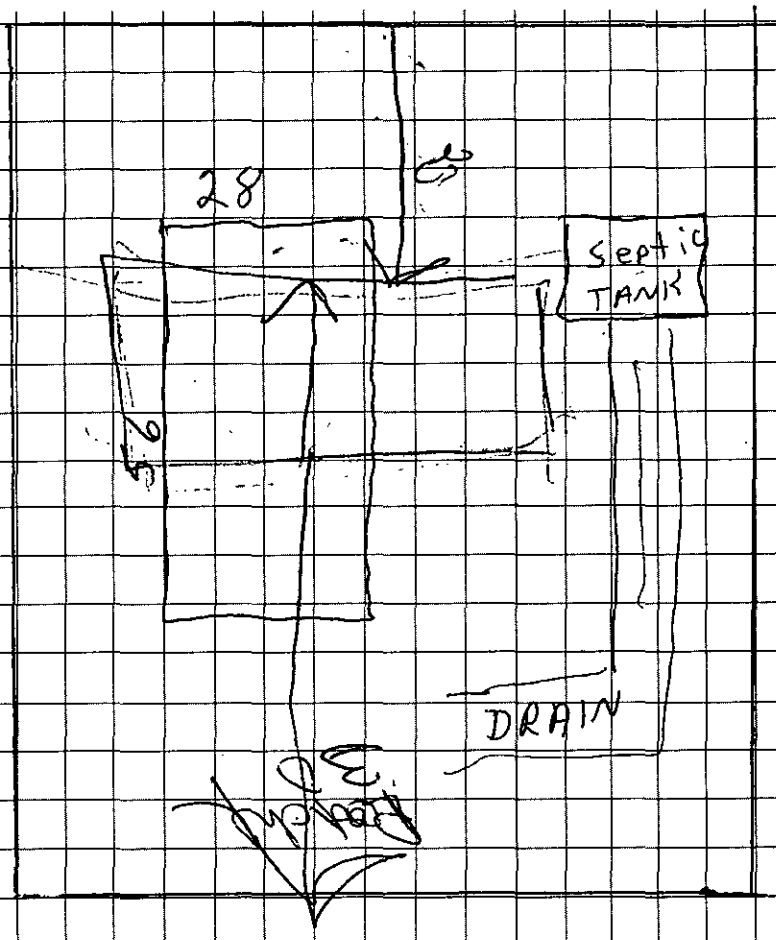
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FILE: 3825B

TC: 037-22/-30

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Shadow Lawn

Linda L. Stevenson
OWNER/AGENT SIGNATURE

DATE 11-21-95

APPROVAL DATE

Disapproved JBM

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