

8623 OLD DOWD RD

11312258

6/5/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

APPLICATION FOR AN IMPROVEMENT PERMIT

2089

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: 6812A

TC: _____

SERIAL: No 18677

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 8623 (STREET NO.) OLD DOWD ROAD (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 8901 (113-126-05)

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: STEEL FAB INC (PHILLIP SHERRILL) (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 8623 OLD DOWD ROAD

⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: _____

⑬ PHONE: (WORK) 394-5376 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) APPROVAL LETTER TO BUILDING INST. DEPT FOR BLDG. PERMIT

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms? _____

㉓ Maximum occupancy? _____

㉔ Basement? ☐ yes ☐ no

㉑ ☑ Business or place of public assembly

㉕ Type? steel fabricators

㉖ Maximum number of employees? 100

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 on the property for the purpose of processing this request.

Signed: E. Dowd Sherrill

Date: _____

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

William B. Ramsey 6/19-89
Environmentalist Date

Jim Ennis 6-19-89
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

DATE: [illegible]

NAME/COMPANY: [illegible]

([illegible] of Eddie Finch)

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: [illegible] - Additional
5812A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUN 15 1989

FEE: 20.00

Check 2909
$20.00

Completed By

Collected By

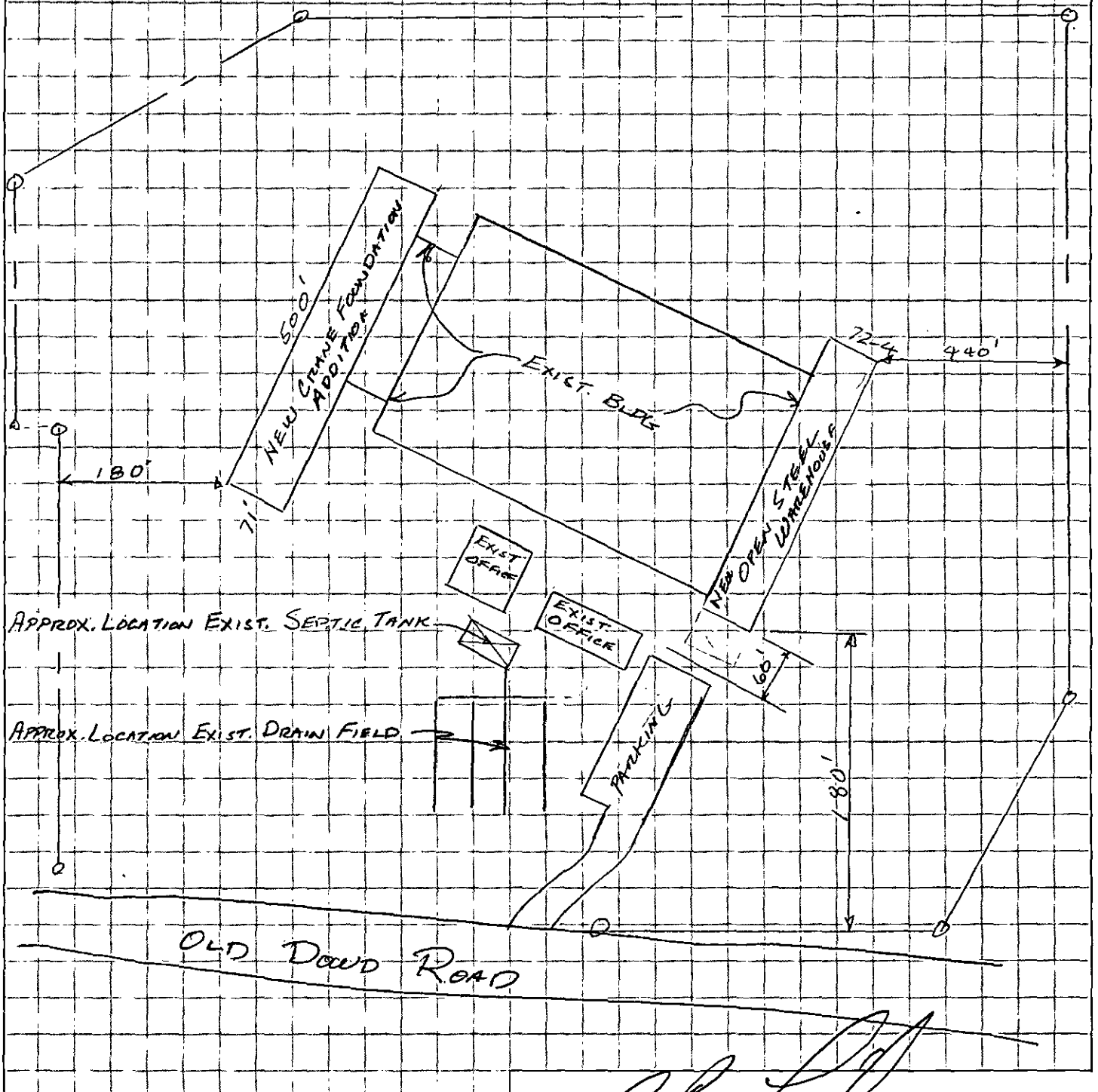
PROPOSED PLOT PLAN

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

FILE: 5812A

TC: _____

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.



Signed: E.B. Fox LAXTON CONST. CO.

Date: 6/15/89