

4701 CARMEL PARK LN

18711106

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: 7108A
TC: 187-111-06
SERIAL: № 21349
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 4701 (STREET NO.) CARMEL PARK LN. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 187-111-06
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: KEN (FIRST) (MIDDLE) NAHAS (LAST)
⑨ MAILING ADDRESS: P.O. Box 15011
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28211
⑬ PHONE: (WORK) 366-5586 ⑭ (HOME) SAME

REQUEST

*This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) JML EXPANDING 1 Bedroom + 1 BATH

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 3 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: JOHN LINBERGER
Date: 10/30/90

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

Philo S. Walker R.S. 10/31/90
Environmentalist Date

10-31-90
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: 10-30-90

Name/Company: Ken Mahan

c/o - mang: Heston Enterprise

Sanitation _____

Vector Control _____

O.P.W.D. ✓

P.O. Box 15011 Chg 28211

Service: Dump Permit - Add W/O 4701 Carmel Park Lane

Tax # 187-111-06

File # 7108A

MECK... HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 30 1990

Fee: $ 25.00

Chk # 4502 $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 Thompson — Completed by

[signature] — Collected by

DATE 10/30/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

187-111-06
PARCEL NUMBER

4701 Carmel Park Ln.
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

NA
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 to exist Lot

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: [signature]

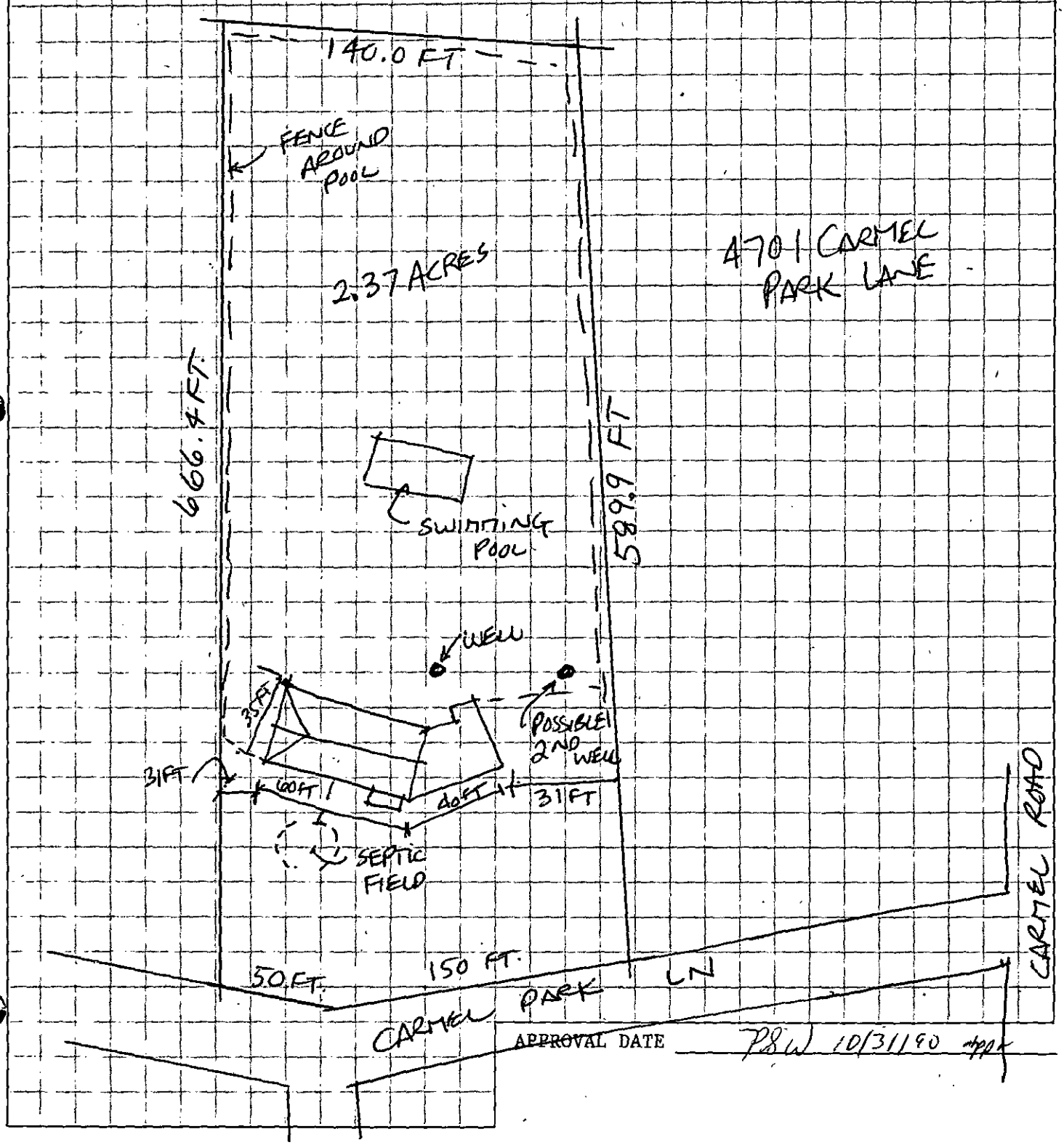
PROPOSED PLOT PLAN

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

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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 PSW 10/31/90 appr

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