

9224 FOUR FARMS RD

10525111

4/15/08

marliwr

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

FEE: 200 OCH 1173

DATE: 8-18-99 EJ

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

[ ] CRT

TYPE APPLICATION: ✓ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: ~~4071B~~ 1476A

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 105-251-11

STREET ADDRESS: 9224 Four Farms Rd

SUBDIVISION OR MOBILE HOME PARK NAME: FARMWOOD NORTH

LOT NUMBER: 160

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S) ___ MODULAR HOME (M)
___ DOUBLE WIDE (D) ___ MULTIPLE FAMILY (U)
✓ HOUSE (H) ___ OTHER (O)

HEATED SQUARE FOOTAGE: 2600 s.f

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ___ WITH BASEMENT /PLUMBING
✓ ON SLAB ___ WITH BASEMENT /NO PLUMBING
✓ CRAWL SPACE

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG ___ 4 PINEVILLE
___ 1 CHARLOTTE ___ 5 MATTHEWS
___ 2 DAVIDSON ___ 6 HUNTERSVILLE
___ 3 CORNELIUS ___ 7 MINT HILL

CLOSING DATE Sept 15th 1999

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE): ✓ COMMUNITY (C) ___ MUNICIPAL (M) ___ PRIVATE WELL (P)
___ SHARED WELL (S) ___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES ___ YES ___ NO
EXISTING WASTEWATER SYSTEMS ___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS ___ YES ___ NO
WELL, SPRINGS OR WATERLINES ___ YES ___ NO
DESIGNATED WETLANDS ___ YES ___ NO

PROPERTY OWNER:

NAME: BARNES (LAST) HAROLD (FIRST) J (MI) (FIRST CHARTER NATIONAL BANK)

ADDRESS: 6361 Fairview Rd

CITY: Charlotte STATE: NC ZIP: 28210

DAYTIME PHONE: (704) 367-3822

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: KUMAR (LAST) PAUL (FIRST) (MI) (TRIPLE CROWN HOMES)

DAYTIME PHONE: (704) 634-1263 (m) (704) 522-7781 (o)

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: _____ DATE: 8/9/99

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

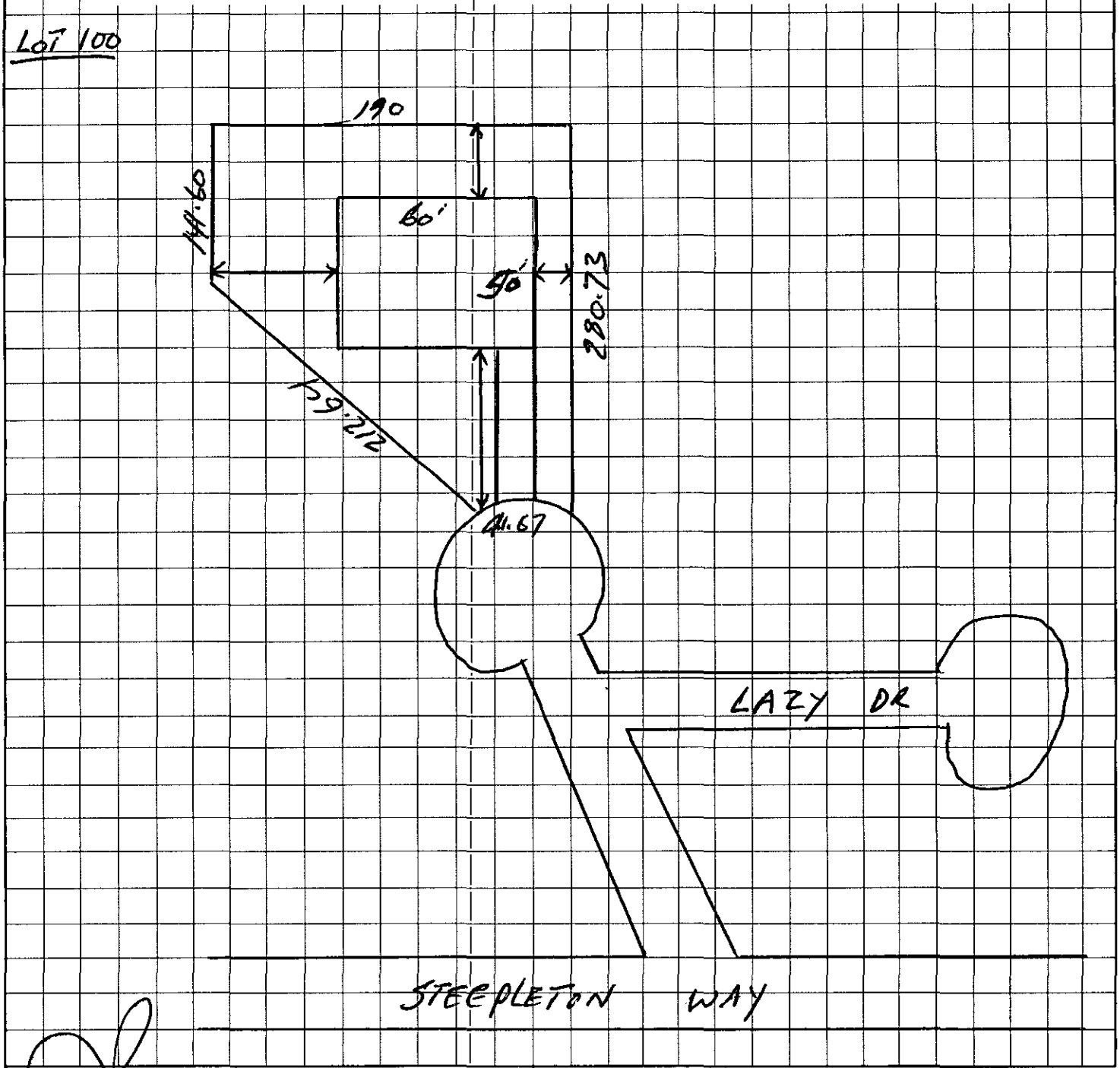
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

14/76A

FILE: ~~4078~~

TC: 105-251-11

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.



OWNER/AGENT SIGNATURE

DATE 8/9/99

APPROVAL DATE _____

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

CHARGE

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 8-18-99

Name/Company: Triple Crown Homes Inc

Sanitation _____

Vector Control _____

IWWS ✓

Service: 15 lots in Farmwood North
Soil Test

Fee: $ 3000.00

Od. 3000.00 8/18/99 EW
#1172 - $2000
#1173 - $1000

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by