

4617 RIVERDALE DR

19919207

6/13/2007

duponbj

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

#6320A

DATE 11/17/89

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Mck

199-192-07
PARCEL NUMBER

4617 Rivedale Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
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: 24x24 Storage Shed

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]

* 89 11/15 15:05

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION PAID NOV 15 1989

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: 6320A
TC:
SERIAL: № 19497 Cash #25.00 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 4617 Riverdale Drive (STREET NO. / STREET) ② FILE: 6320A
③ JURISDICTION: ④ TAX PARCEL NO.: 199-192-07
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Clarence A. SPARROW (FIRST / MIDDLE / LAST)
⑨ MAILING ADDRESS: 4617 Riverdale Drive
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28217
⑬ PHONE: (WORK) ⑭ (HOME) 588/678

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Add'l Shed

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? ~~Six~~ Three ㉕ Type?
㉓ Maximum occupancy? Two 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: Clarence A Sparrow
Date: 11/15/89

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. May use existing System.

Richard J. Rossi RS 11/17/89
Environmentalist Date

11-17-89
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: 11-15-89

NAME/COMPANY: Clinton A. Spurrow

Sanitation _____

Vector Control _____

OPWD ✓

SERVICE: OL Repair

4617 Riverdale Dr

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

File # 63204

FEE: 15 NOV 1989 00

Completed By

Collected By

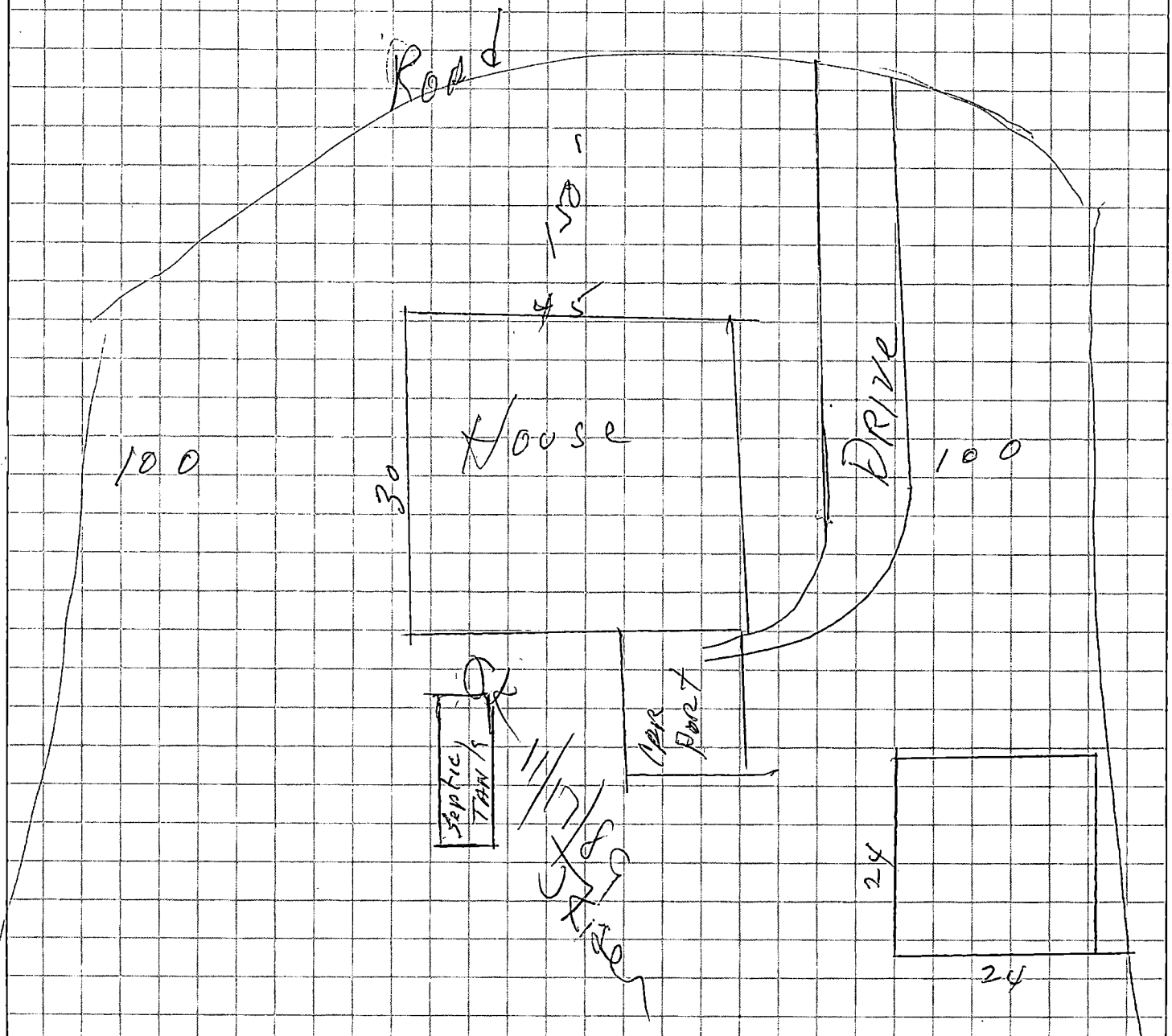
PROPOSED PLOT PLAN

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

FILE: 6320 A

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: Clarence A Spann

Date: 11/15/89