

2225 LAKEVIEW CR

19313409

6/22/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
AUG 1 1990
ENVIRONMENTAL HEALTH DIVISION

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: 6950A
TC:
SERIAL: № 19790
☑ ALL ☐ CRT

JOB LOCATION

① ADDRESS: 2225 (STREET NO.) LAKEVIEW CR. (STREET) - MATTHEWS, N.C. 28105 ② FILE:
③ JURISDICTION: MORNING STAR ④ TAX PARCEL NO.: 193-134-09
⑤ SUBDIVISION: ⑥ LOT: 6 ⑦ BLOCK: A

OWNER

⑧ NAME: HAROLD (FIRST) - DAVID (MIDDLE) HARRIS (LAST)
⑨ MAILING ADDRESS: 2225 LAKEVIEW CR. ~~MATTHEWS~~
⑩ CITY: MATTHEWS ⑪ STATE: N.C. ⑫ ZIP: 28105
⑬ PHONE: (WORK) 704-567-0900 ⑭ (HOME) 704-847-8338

REQUEST

This request is for a(n):

⑮ ☑ ~~New~~ permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) CARPORT

DESIGN CRITERIA

System will serve: TO COVER MOTOR HOME AND BOAT

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
㉕ Type?
㉓ Maximum occupancy? 2
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 — WILL BE NO WATER OR ELEC.
B ☐ Municipal system — OPEN CARPORT ONLY
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: Harold D. Harris

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.

Environmentalist / Date

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.

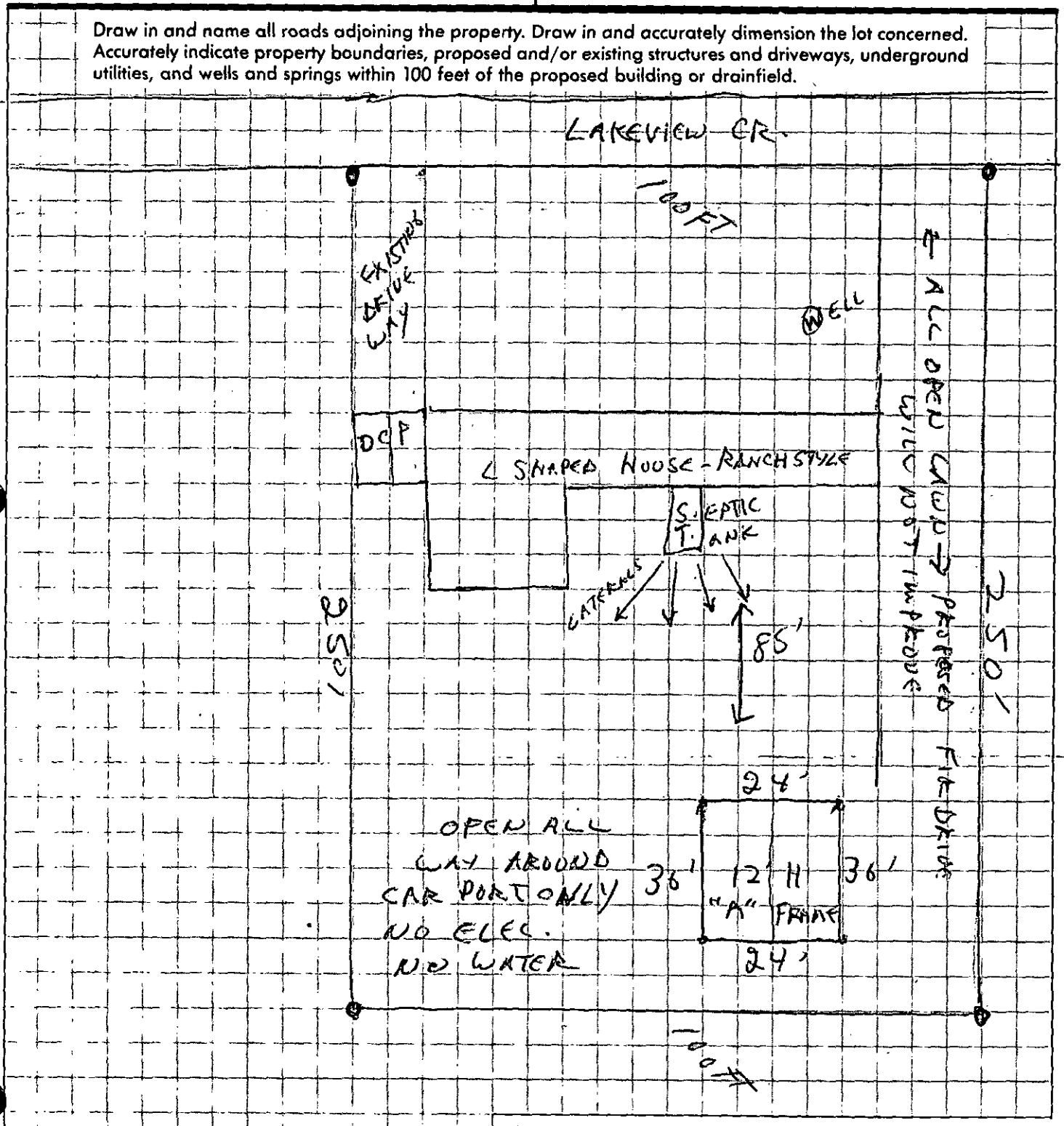
PROPOSED PLOT PLAN

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

FILE: _____

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.



APPROVAL DATE _____

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

Please mail completed forms to:

Mecklenburg Cty. Health Dept.
1200 Blythe Blvd.
Charlotte, NC 28203

Please enclose check.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 8/1/90

Name/Company: Mr. or Mrs. Harold Davis

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: mp-add
6950A

MECKLENBURG COUNTY HEALTH
ENVIRONMENTAL HEALTH DIVISION
PAID
AUG 1 1990

cash 3/2

Fee: $ 25.00 ✓ 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.

Completed by

Collected by