

8400 WASHINGTON BV

04930128

5/31/2007

duponbj

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

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

Environmental Health

Subject: Zoning Verification

Dear

The parcel of land located at 8400 Washington BV
and further identified by tax parcel number 049-333-04
is zoned INST, (INSTITUTIONAL).
Permitted uses include mobile home replacement as nonconforming use subject to sections 1505, 1506 and 3035.2.1.

If this office can be of any further assistance, please contact us.

Sincerely,

Robert L. Caddell
Zoning Inspector

Form B-150 NS
10/84 59/b

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: 5403A
TC: _____
SERIAL: No: 17606
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 8400 Washington Blvd (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 049-333-04
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Johnny (FIRST) Lee (MIDDLE) Brown (LAST)
⑨ MAILING ADDRESS: 8400 Washington Blvd.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28213
⑬ PHONE: (WORK) ~~(547-1800)~~ 392-1880) ⑭ (HOME) (547-1800)

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☒ Authorization for mobile home exchange
⑱ ☐ Other (specify) Exchange mobile homes

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type? _____
㉓ Maximum occupancy? 1 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: X Johnny Lee Brown

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

B.R. Ferguson 12-3-89
Environmentalist Date

D.D. Dowd, RS 12-6-89
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 1/19/89

Name/Company Johnny Lee Brown

Sanitation ____

Vector Control ____

O.P.W.D. ✓

Service: M/H Exchange
#5403A

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 19 1989
$20.00

Fee: $20.00

Completed by

Collected by

DATE 1/18/89

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION MECK

049-333-04
PARCEL NUMBER

8400 WASHINGTON BLVD
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

8728 WASHINGTON BLVD
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: Move On Permit. (mobile Home)

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: B. McInnis

Mobile Home 45.00

Serial #