

4708 FORESTMONT DR

22722412

6/21/2007

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: 67874
TC: 227-724-04 P.O.
SERIAL: № 20847 L CRT

JOB LOCATION

① ADDRESS: ~~13916~~ 4708 ~~Eastwood Dr~~ Forest Mont DR. ② FILE:
STREET NO. STREET

③ JURISDICTION: ④ TAX PARCEL NO.:

⑤ SUBDIVISION: Eastwood Forest ⑥ LOT: 88 ⑦ BLOCK:

OWNER

⑧ NAME: Lucy - Garland (FIRST) E (MIDDLE) Porterfield (LAST)

⑨ MAILING ADDRESS: 125 Stillwood Place

⑩ CITY: Matthews ⑪ STATE: NC ⑫ ZIP: 28105

⑬ PHONE: (WORK) 704-821-7809 ⑭ (HOME) 821-7809

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☒ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify)

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? 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: Jennifer Holder

Date: 5/29/90

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 months from the date of issuance.

use existing system

Phila S. Walker, 6/4/90
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.

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5-29-

Name/Company: Jennifer Holden

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Improvement Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
MAY 29 1990

Fee: $ 25.00 CASH

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

Att: Gary Black

ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 5-29-90

FROM: COUNTY ENGINEERING DEPARTMENT

TAX MAP _____ JURISDICTION CODE Mock

PARCEL NUMBER 227-224-0420

ASSIGNED ADDRESS 4708 Eastmont Dr

LOT AND ADDRESS _____ 488

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/	/
2. FLOODWAY REGULATIONS	/	/
3. EROSION CONTROL REGULATIONS	/	/
4. PUBLIC UTILITY EASEMENT	/	/

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/	/
6. PROPERTY FRONTS ON THOROUGHFARE	/	/
7. DRIVEWAY PERMIT REQUIRED	/	/

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Lies with in Lot

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: [signature]

CONTRACT 06-88

NEW ADDRESS / /

FORM 100

Garland Porterfield

001 ENGINEERING 90 05/29 11:54 704 336 3846

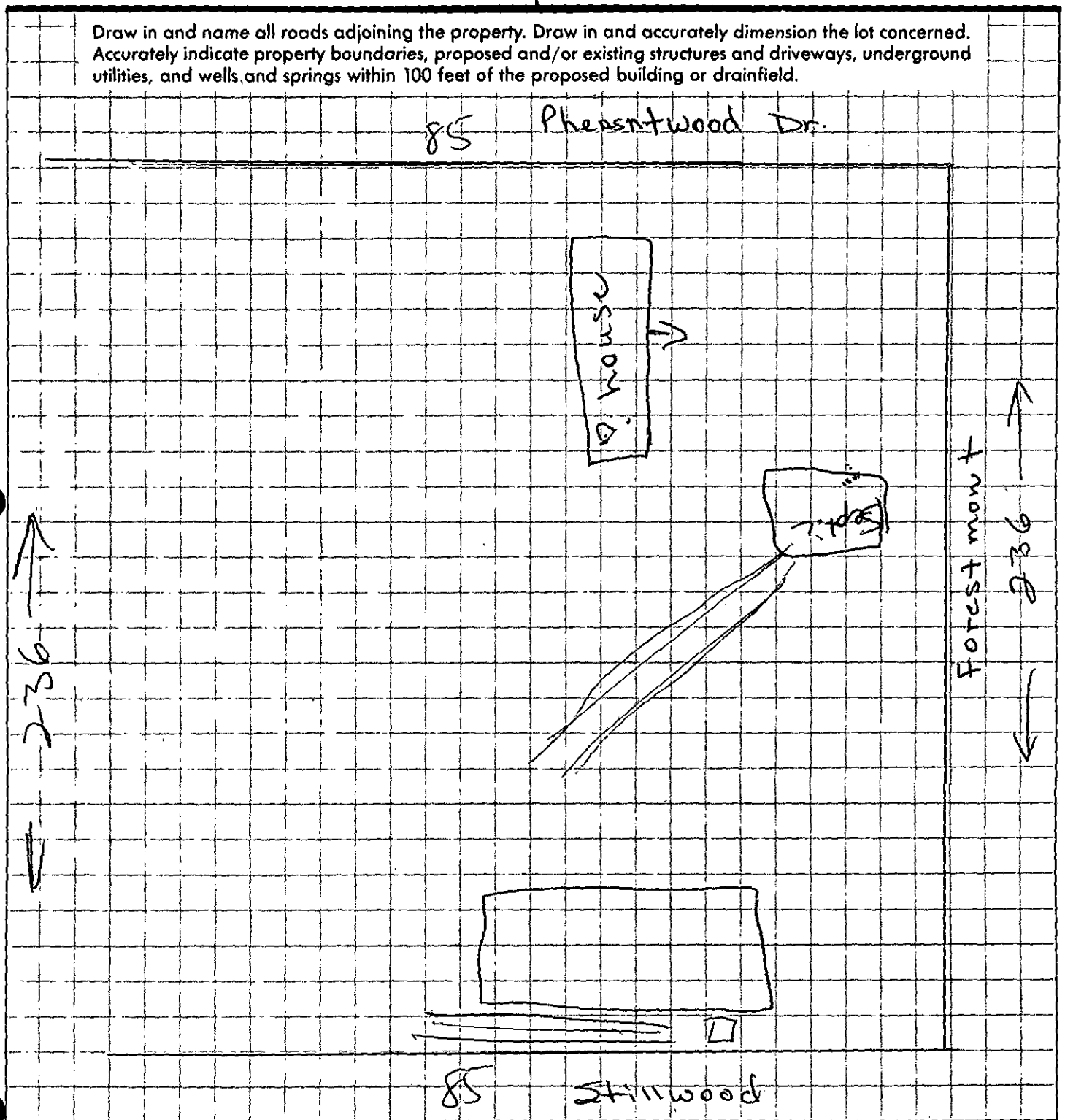
PROPOSED PLOT PLAN

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PHONE (704) 376-4603

FILE: 67874

TC: 227-224-04

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

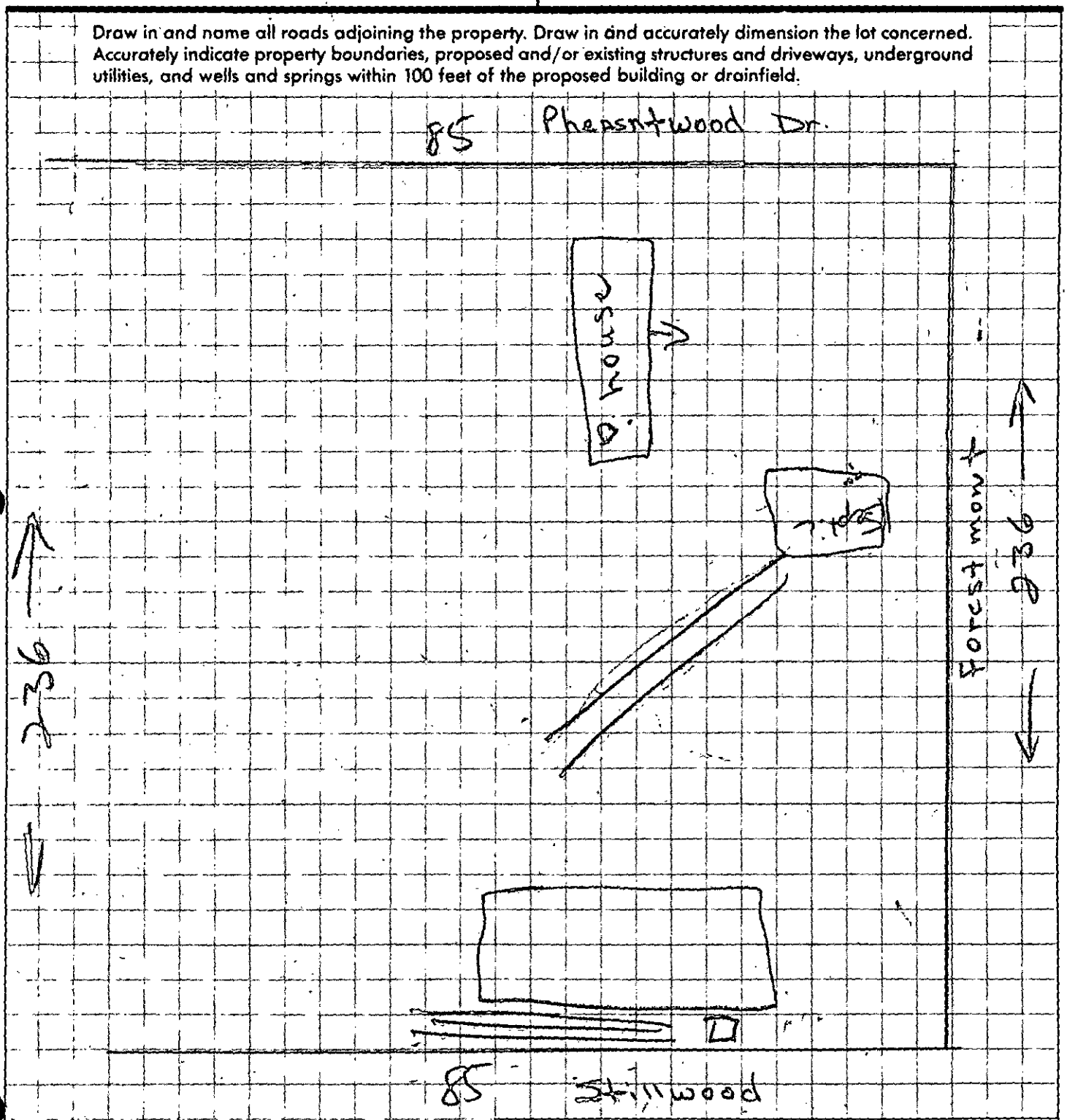
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APPROVAL DATE DW appr 6/4/90

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