

11918 PACEMAKER LN

01728602

12/27/2007

duponbj

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

3325B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$250.00 chk # 5991 11/18/97 CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Allen (last) TIMOTHY (first) DALE (mi)

ADDRESS: 11918 PACEMAKER LN PHONE: (704) 948-9965

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

Date:

PROPERTY OWNER:

NAME: BUTLER (last) DAVID (first) F (mi)

ADDRESS: 12633 EASTFIELD RD PHONE: (704) 875-6051

CITY: HUNTERSVILLE STATE: NC ZIPCODE: 28078

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 01728602

STREET ADDRESS: 11918 PACEMAKER LN HUNTERSVILLE, NC 28078

ZONING:

Township (check one):
- (•) 0 Mecklenburg County
- [ ] 1 Charlotte
- [ ] 2 Davidson
- [ ] 3 Cornelius
- [ ] 4 Pineville
- [X] ~~6 Huntersville~~
- [ ] 5 Matthews
- [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME: WILDWOOD GREEN

LOT NUMBER: 21 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[X] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

RESIDENTIAL PROPERTY (Type Building, check one):
- [ ] SINGLE MOBILE HOME (S)
- [ ] HOUSE (H)
- [ ] MULTIPLE FAMILY (U)
- [X] DOUBLE WIDE (D)
- [ ] MODULAR HOME (M)
- [ ] OTHER _____ (O)

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
- (•) Community (C)
- [ ] Municipal (M)
- [ ] Private Well (P)
- [ ] Shared Well (S)
- [ ] Other 'spring' (O)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
- [ ] Swimming Pool
- [ ] Garage
- [ ] Jacuzzi
- [ ] Storage Building
- [ ] Stable/Barn
- [ ] Deck/Patio
- [ ] Workshop
- [ ] Bedrooms
- [ ] None
- [ ] Other

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: Timothy D Allen Date: 11/18/97

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

... Denied for 3 bedrooms - Approved for 2 bedrooms, see attached fax, need to request inspection by building standards. LT

- [ ] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
- [X] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
- [ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Kenny B. Thompson Jr. R.S. 11-21-97
Environmentalist Date

WATER : 122791

PROPOSED PLOT PLAN

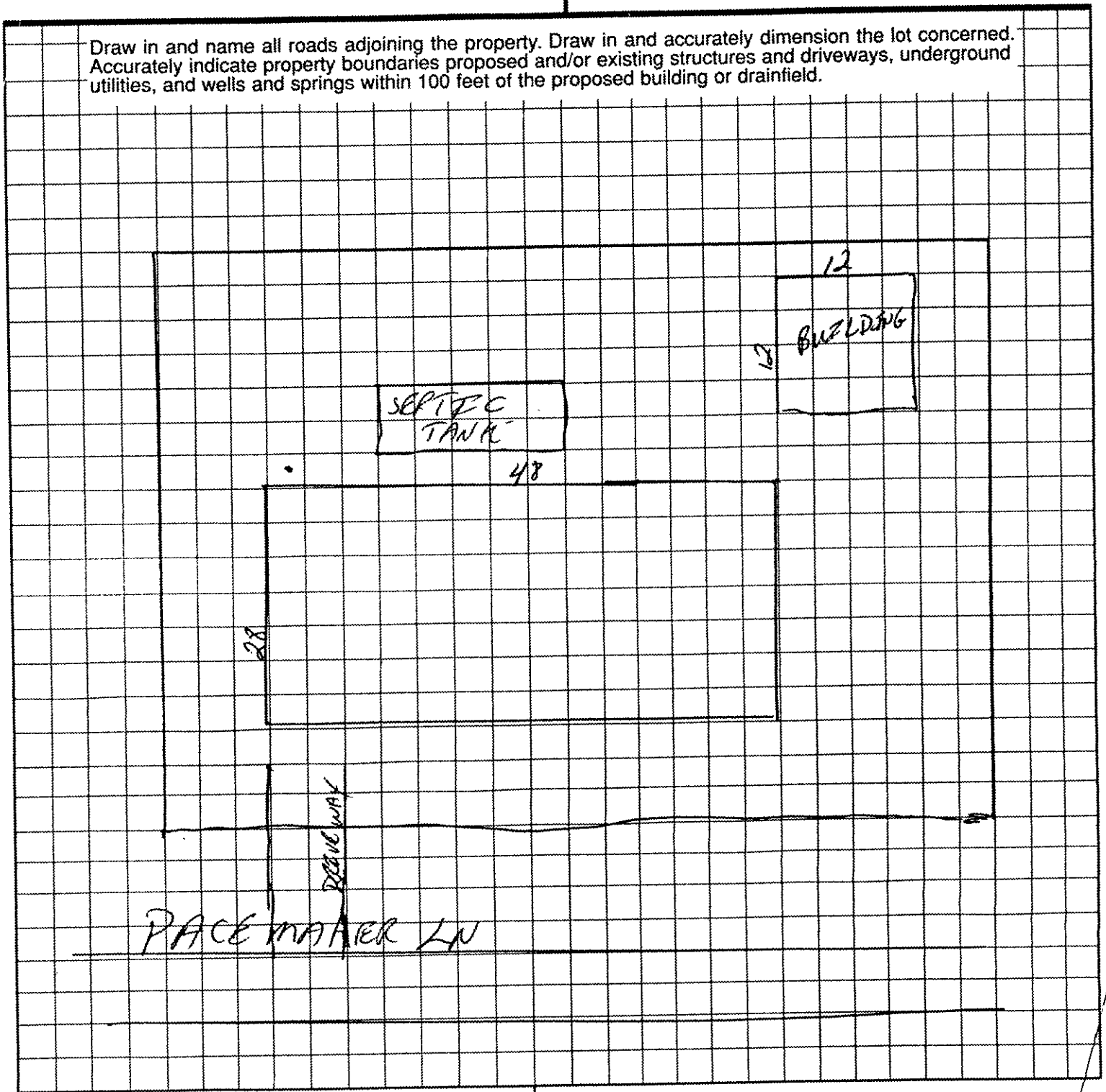
COPY

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

FILE: 2325B

TC: 017-28-02

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 11/18/97

APPROVAL DATE

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

FAX

ACCENT MOBILE HOMES
CHARLOTTE, N.C.

J325B

TO: Larry

FROM: Frank

COMMENTS: Info on Allen House Becoming 2 Bedroom

Thanks
Frank

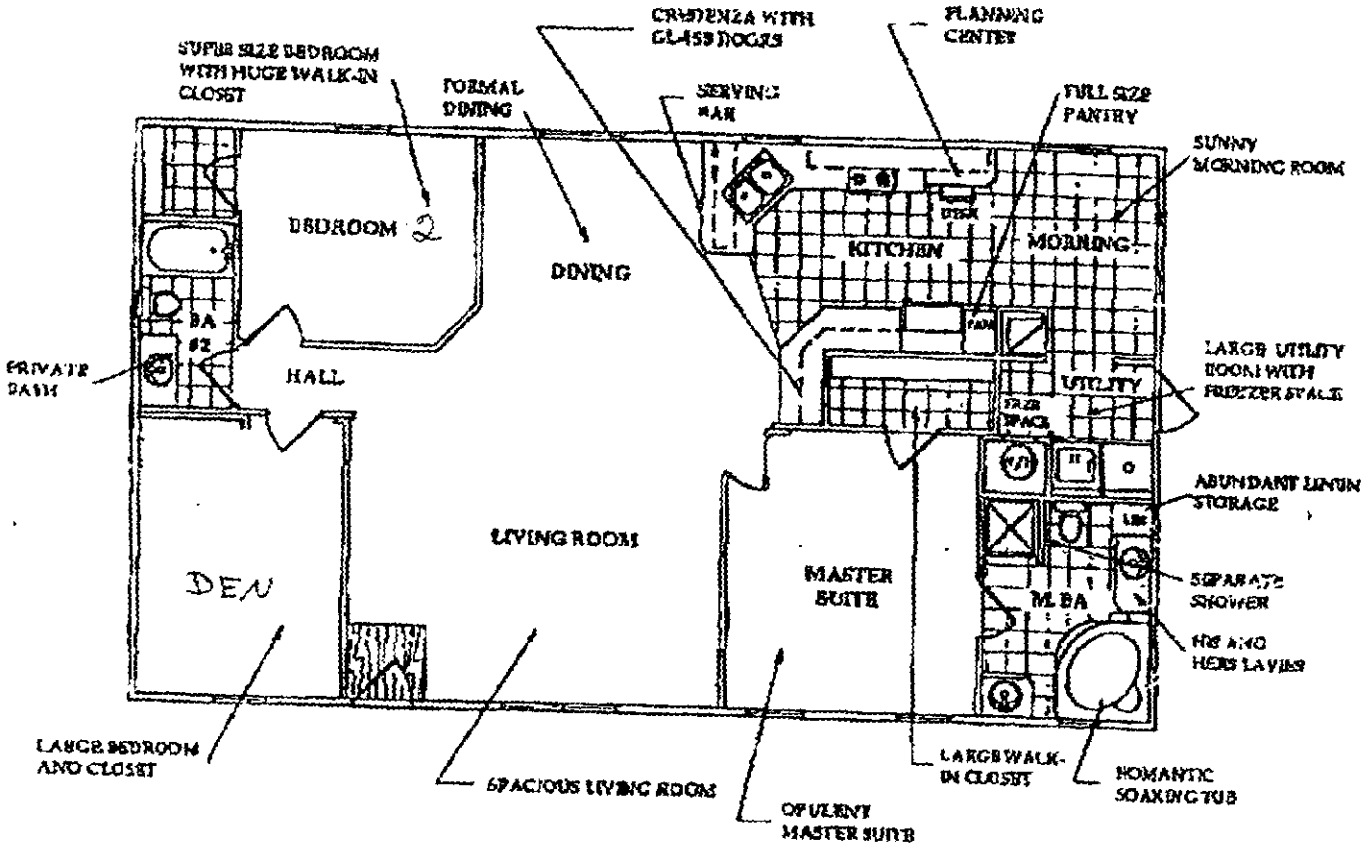
PAGES: 2

DATE: 11/21/97

PHONE: (704) 597-1802

FAX: (704) 596-0903

NOV-21-1997 14:45 ACCENT M.H. CHARLOTTE 704 596 0903 P.02/02
04/20/98 '97.03 3:39PM FLEETWOOD HOMES --- 41 PEMBROKE N.C. P.3/32/008
FLTWD HSG DSGN



Celebration Series

Model 4483M

Approx. 1264 Sq. ft.
2 Bdrm, 2 Bath, Morning Rm

LOCATION Wildwood Green Park OWNER Charles Turner WHITE ✓ COLORED _____

ADDRESS Lacemaker Dr. Lot 21 OCCUPANT Same WHITE _____ COLORED _____

PRIVY:
Type _____ wood _____ concrete
Number _____
New _____ _____ date
Repaired _____ _____ date

WATER SUPPLY:
Source Community
If well, type
_____ (Bored)
_____ (Drilled)
_____ (Dug)

Distance from nearest pollution _____ ft.

SEPTIC TANK:
Material Pre-cast
Dimensions 1000 gal
Volume 1000 gal
Type secondary treatment 305' nitrification line _____ filter trench
No. of bedrooms 2
Permit Number 10391 Date 10-16-68
Approved yes Date 10-16-68
Approved by Sunderburk
Contractor or Plumber James Stewart
Address Jon Hunter Rd.
Remarks P.R. 60
House Trailer

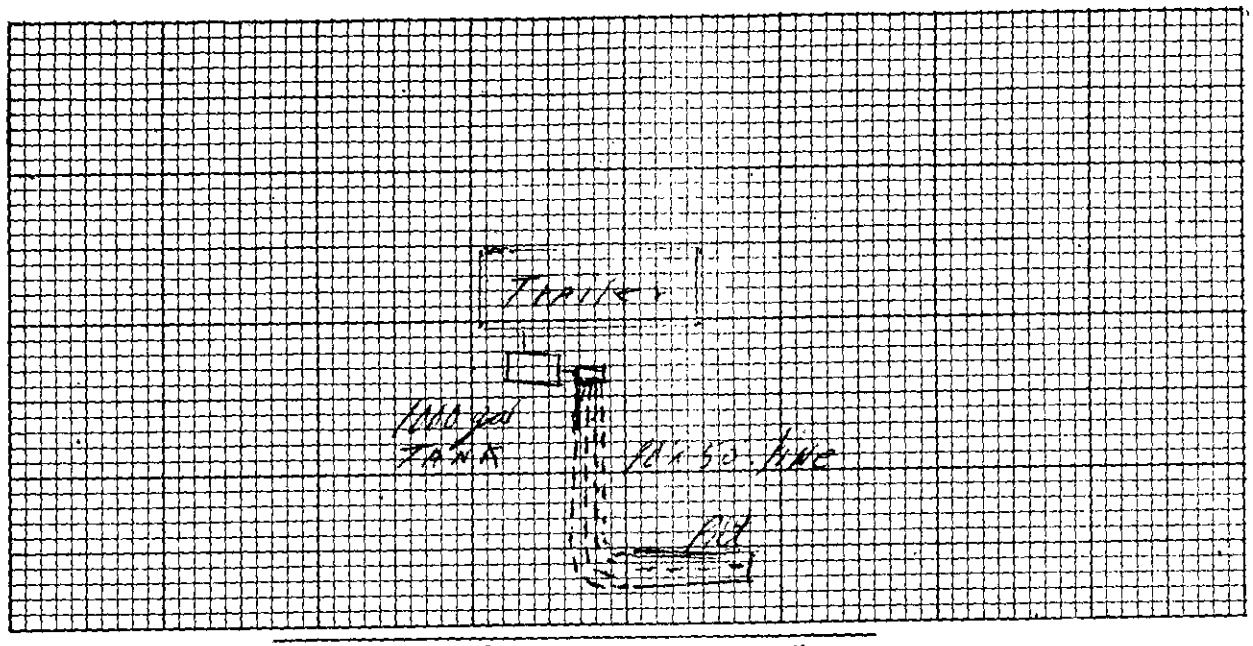
FHA CASE NUMBER _____

VA CASE NUMBER _____

SEWAGE DISPOSAL RECORD

Form No. 473 (Rev. 9/58)

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



Pace maker Dr.