

4532 CECILIA LN

19919219

6/12/2007

duponbj

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

DATE 10/19/89

SUD

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

10/19/89

199-192-19
PARCEL NUMBER

4532 Cecilia 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: Storage building

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: Rule

Mavis Desinhouse
336-3803

inspection
336-2831

10/09 13:23 89. *

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: 6214A

TC: _____

SERIAL: № 19317

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 4532 (STREET NO.) Cecilia Ln. (STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 199-192-19

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Charles (Marcy) (FIRST) R. (MIDDLE) Simmons (LAST)

⑨ MAILING ADDRESS: 4532 Cecilia Ln.

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28217

⑬ PHONE: (WORK) 374-0925 ⑭ (HOME) 588-2258

REQUEST

This request is for a(n):

To replace 2 metal buildings damaged in Hugo

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☒ Repair or alteration permit ⑱ ☐ Other (specify) building Storage Building

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? 3 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: Mary D. Simmons

Date: 10/9/89

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

Judy A. Kuss R.S. 10/10/89

Environmentalist Date

Director or Authorized Section Head 10-11-89 Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.