

16524 GREEN DOLPHIN LN

00107150

6/29/2007

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: 7372A
TC: 001-071-50
SERIAL: № 21931
☐ L ☒ CRT

JOB LOCATION

① ADDRESS: 16524 Green Dolphin Lane (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 02323302123 Account # on tax stub
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Daniel (FIRST) Ellis (MIDDLE) Parks (LAST)
⑨ MAILING ADDRESS: 16524 Green Dolphin Ln.
⑩ CITY: Huntersville, ⑪ STATE: N.C. ⑫ ZIP: 28078
⑬ PHONE: (WORK) 399 6092 ⑭ (HOME) 896-0912

REQUEST

This request is for a(n):

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

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: Daniel E Parks
Date: 4-11-91

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, MH exchange 60

Tim Whitacre, Environmentalist, 4/15/91 Date

Director or Authorized Section Head, 4-16-91 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: 4-12-91

Name/Company: Daniel

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Insp. (Mt. Exchange)
16124 Green Dolphin Lane
TP: 021-071-50
File: 7372A

ENVIRONMENTAL HEALTH DIVISION
PAID
APR 12 1991

0868

Fee: $ 25.00 7/25⁰⁰

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

04-12-91 09:43AM 101

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

DATE 4/12/91

73724

FROM: COUNTY ENGINEERING DEPARTMENT

E&D FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 001-071-50B

ASSIGNED ADDRESS 16524 Green Dolphin Dr

EXISTING ADDRESS _____

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: Attn: Chris

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: Ruth

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

001 04/12 10:54 '91 ENGINEERING 704 336 3846

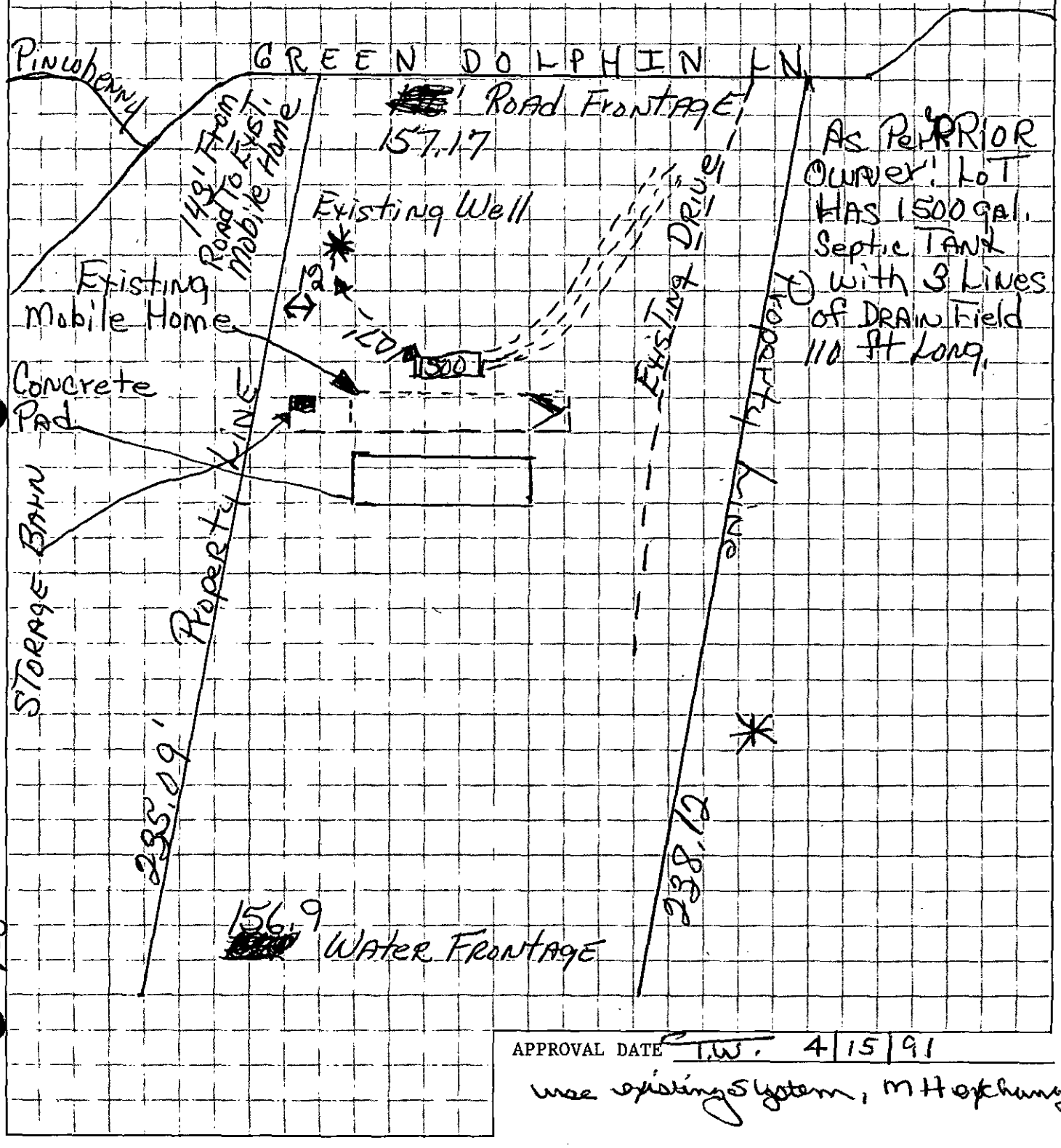
PROPOSED PLOT PLAN

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

FILE: 732A

TC: 001-071-50

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 T.W. 4/15/91

use existing system, MH exchange

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

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

DATE 4/15/91

FROM: COUNTY ENGINEERING DEPARTMENT

ZMO FILE _____ JURISDICTION CODE Mech

PARCEL NUMBER 001-071-50

ASSIGNED ADDRESS 16524 Green Dolphin Ln

EXISTING ADDRESS _____

PROJECT NAME N/A

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	APPROVED	DISAPPROVED
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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	/ / *	/ /

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SIGNED: _____

OFWEAR 06-88

NEW ADDRESS / /*

FORM 100