

3538 MARGARET WALLACE RD

19306207

1/7/2008

duponbj

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

APPLICATION FOR IMPROVEMENT PERMIT
FOR RESIDENTIAL SITE
INDIVIDUAL WATER AND WASTEWATER
SYSTEMS PROGRAM

PE: DATE: 1/15/03

TYPE APPLICATION: NEW SYSTEM EXPANSION/ALTERATION OF EXISTING SYSTEM X REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PIN #: 17348

PROPERTY INFORMATION "FROM TAX/DEED BOOKS FOR JOB LOCATION"

TAX/PARCEL NUMBER: 193-062-07

STREET ADDRESS: 3538 MARGARET WALLACE RD MATTHEWS N.C. 28105

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: SHE IS 3530 1946

TYPE DWELLING (CHECK ONE):

- SINGLE MOBILE HOME(S)
- DOUBLE WIDE (D)
- X HOUSE (H)
- MODULAR HOME (M)
- MULTIPLE FAMILY (U)
- OTHER (O)

TOWNSHIP (CHECK ONE):

- 0 MECKLENBURG
- 1 CHARLOTTE
- 2 DAVIDSON
- 3 CORNELIUS
- 4 PINEVILLE
- X 5 MATTHEWS
- 6 HUNTERSVILLE
- 7 MINT HILL

CLOSING DATE

HEATED SQUARE FOOTAGE: 2000

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

FOUNDATION OF RESIDENCE:

- WITHOUT BASEMENT ON SLAB
- CRAWL SPACE
- X WITH BASEMENT /PLUMBING
- WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: YES X NO TYPE:

WATER SUPPLY (CHECK ONE):

- COMMUNITY (C)
- SHARED WELL (S)
- MUNICIPAL (M)
- OTHER 'SPRINGS' (O)
- X PRIVATE WELL (P)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	YES X NO	WELL, SPRINGS OR WATERLINES	YES X NO
EXISTING WASTEWATER SYSTEMS	YES X NO	DESIGNATED WETLANDS	YES X NO
EASTMENTS OR RIGHT-OF-WAYS	YES X NO		

PROPERTY OWNER:

NAME: (LAST) NULLIS (FIRST) JOHNSIE (MI) WALLACE

ADDRESS: 3538 MARGARET WALLACE RD

CITY: MATTHEWS STATE: NC ZIP: 28105

DAYTIME PHONE: (704 531- 1503

LEGAL AGENT FOR PROPERTY OWNER (IF APPLICABLE):

NAME: (LAST) (FIRST) (MI)

DAYTIME PHONE: ( ) -

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1949

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Johnsie Wallace Nullis DATE: 1/15/03

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102