

5432 STATESVILLE RD

04532403

6/14/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007

Barcode Font = IDAutomationHC39M

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12/20/89

Name/Company: Austin or Jacqueline Hughes

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: MP - MH exchange
5432 Statesville Ave

MEC
HEALTH
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 20 1989

Fee: $ 25.00

ck # 3574
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

Mecklenburg County
Health Department

Basil G. Deita, M.D., M.P.H.
Health Director

December 18 19 89

TO: Austin Hughes

ADDRESS: 6542 Rumple Rd.
Charlotte, NC 28213

Your request is being returned to you for the following reason(s):

XX Your check for $25.00 should be attached to your request and returned.

____ The amount of the check is incorrect. Please send a check in the amount of _____.

____ The information marked is incomplete or incorrect. Please correct and/or complete these items and return:

_____

_____

_____

_____

Thank you for your prompt attention to this matter. If you should have any questions, please call 376-4603.

Very truly yours,

Kim Tarleton
On Premises Waste Disposal

25 to 10 AT

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
DEC 21 1989
ENVIRONMENTAL HEALTH DIVISION

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: 6399A
TC:
SERIAL: № 18070

☑ L ☐ CRT

JOB LOCATION

① ADDRESS: 5432 (STREET NO.) STATESVILLE AVE. (STREET) ② FILE:
③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 045-324-03
⑤ SUBDIVISION: TREKLER ACRES ⑥ LOT: 7-8-9-10 ⑦ BLOCK: B

OWNER

⑧ NAME: Austin (FIRST) (MIDDLE) Hughes (LAST)
⑨ MAILING ADDRESS: 6542 Rumple Rd.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28213
⑬ PHONE: (WORK) ⑭ (HOME) 597-9327

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? 4
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: Austin Hughes
Date: 12-14-89

IMPROVEMENT PERMIT

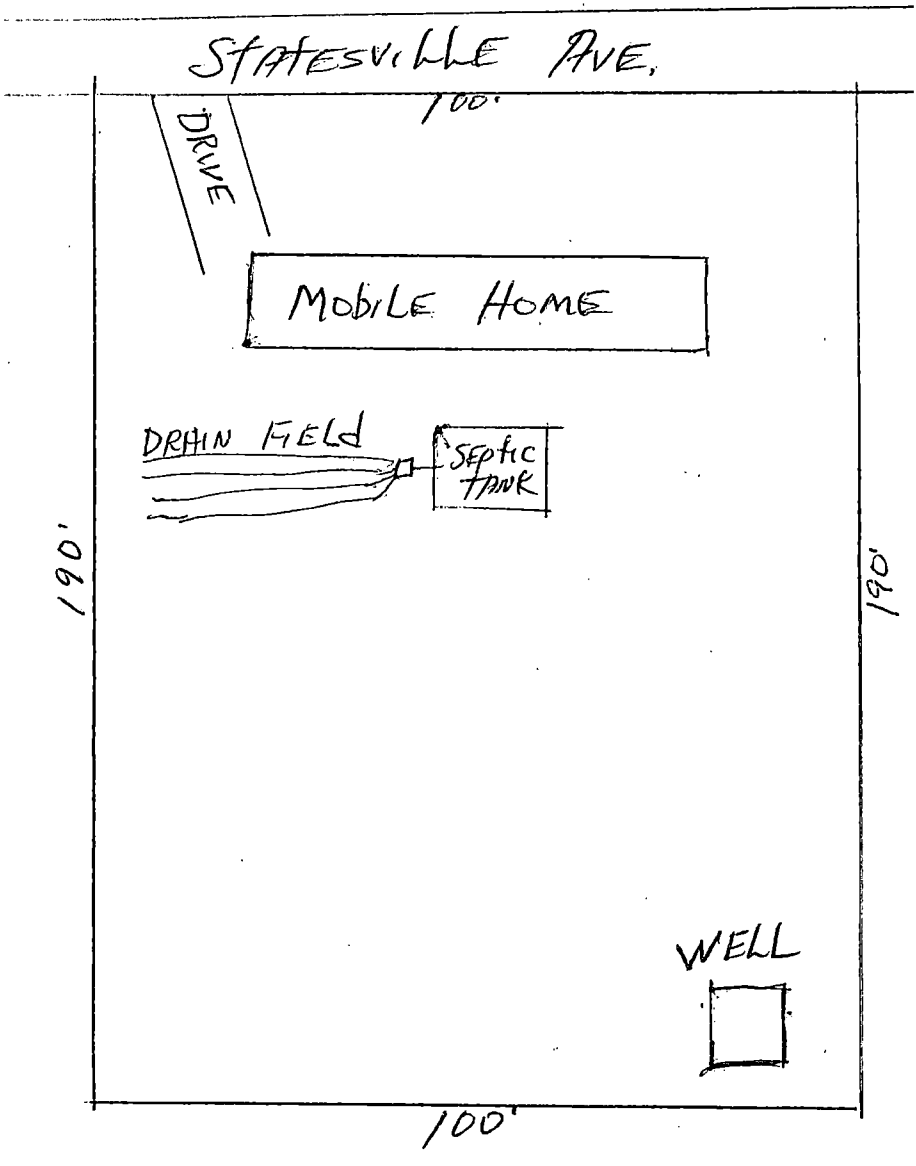
The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment 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. Use existing system

B. R. Ferguson — Environmentalist — 1-2-90 — Date
Director or Authorized Section Head — 1-3-90 — Date

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

Zoning will fax you a copy of Zoning letter.

Thank you,
Austin Hughes


STATESVILLE AVE.
100'
DRIVE
MOBILE HOME
DRAIN FIELD
SEPTIC TANK
190'
190'
WELL
100'

for permit

Hughes Austin +

DATE 12/14/89

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

045-324-03
PARCEL NUMBER

5432 Statesville Av
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: mobile Home Replacement

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: _____

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

DATE 12/14/89

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Chor

PARCEL NUMBER 045-324-03

ASSIGNED ADDRESS 5432 Statesville Ar

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: Mobile Home Replacement

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: _____

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100