

4802 E W T HARRIS BV

10707128

5/20/08

marliwr

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

400

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

COPY

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: Tk. Browne Coun2 (last) (first) (mi)
MOBILE - 361-1726
ADDRESS: P.O. 25892 PHONE: (704) 536-6931
CITY: Char. STATE: NC ZIPCODE: 28224

Date: 12-30-98

PROPERTY OWNER:
NAME: Terry Browne (last) (first) (mi)
ADDRESS: 210 Broadhill PHONE: (704) 536-6931
CITY: Mooresville STATE: N.C. ZIPCODE: 28115

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 107-071-28
STREET ADDRESS: 4862 E. W.T. Harris Blvd

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

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

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[X] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) detached garage

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS:

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):
[X] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[X] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] 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: [signature] Date: 12/30/98

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

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

...1-6-99 PROBED DETACHED GARAGE PROPOSED AREA, COULD NOT LOCATE ANY DRAINFIELD, NO RECORDS ON FILE.

[signature] 1-6-99
Environmentalist Date

WATER : 122791

DEC-28-1998 10:04 RES PERMITS 704 336 3823 P.01/01

FOR INTERNET PERMIT APPLICATION

2658

"For Department Use"
PERMIT #

-Please Read Instructions on the Reverse Side Before Completing Form-

LOCATION/SITE DATA 4802 (STREET #) E (N,S,E,W) W.T. Harris (STREET NAME) BLVD. (AV,RD,ST,etc)

TAX JURISDICTION: (Check One) ☒ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

PROJECT/SUBDIVISION NAME _____ PHASE _____ SECTION _____

LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) _____

OWNER INFORMATION

Owner: Terry Browns ADDRESS 210 Broad Bill Dr.

CITY Mooresville STATE N.C. ZIP 28115 PHONE # 536-6931

"For Department Use" TAX PARCEL # _____ TAX JURISDICTION _____

ZONING _____ ZONING JURIS _____ MAP # _____ R/W _____

SPECIAL (Circle)* C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV _____ FIRE DIST. ☐ Yes

LOT: ☐ CORNER ☐ THROUGH ☐ FRONT STREET (if different) _____

MINIMUM SETBACKS: FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____

REMARKS: _____

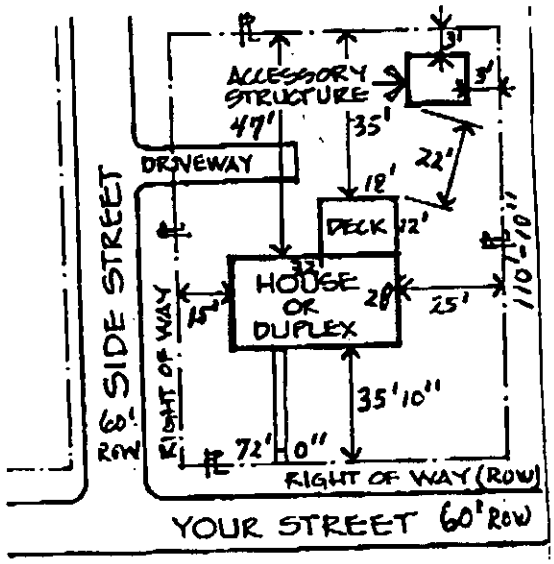
PROJECT DATA

TYPE WORK: ☐ New ☐ Addition ☐ Accessory

PROJECT DESCRIPTION: ☐ Single Family (Detached) ☐ Duplex ☐ Modular ☒ Garage ☐ Other _____

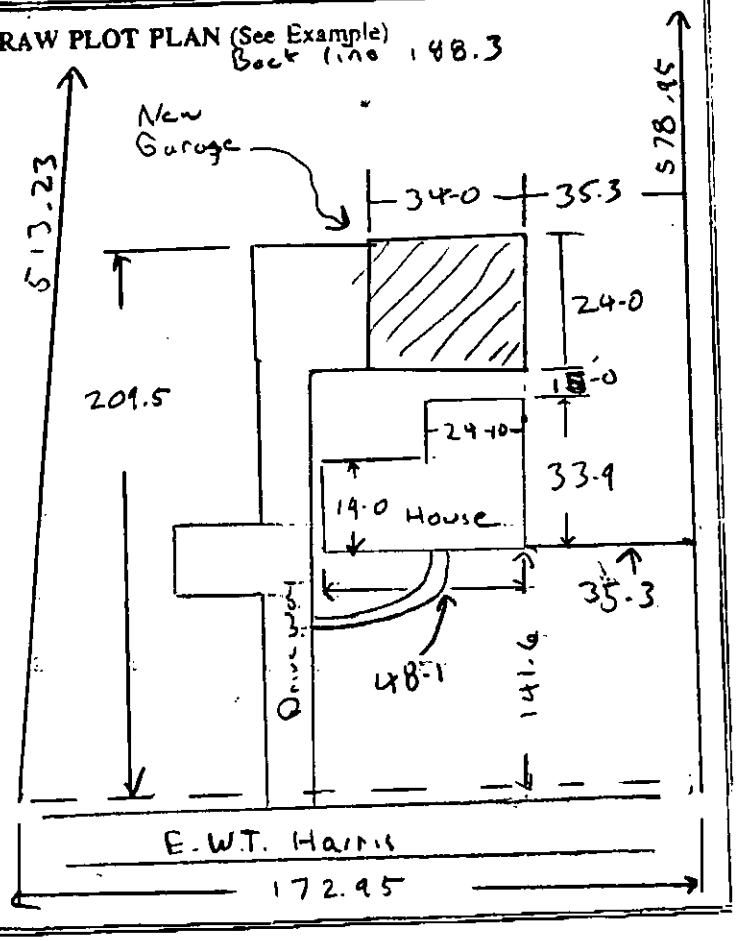
AREA (sq. ft.): Heated _____ Unheated _____ Deck(s) _____

PLOT PLAN EXAMPLE (show dimensions of structures)



PL = PROPERTY LINE

DRAW PLOT PLAN (See Example)



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

APPLICANT'S SIGNATURE 12/28/98 DATE Andrew M. Quick PRINT APPLICANT'S NAME Fax # _____

MECKLENBURG COUNTY ENGINEERING & BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831 • Fax # 704/336-3839

"For Department Use"
ZONING APPROVED BY _____
Initial | Date

* Abbreviations: C = Conditional Use; D = Historic District; N = Non Conforming; P = Historic Property; S = Special Use Permit

19.7-61

TOTAL P.01

Overhead Garage

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

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

(704)336-5102 2658

Date: 12-30-98

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NAME: Tk. Browne Const (last) (first) (mi)
ADDRESS: P.O. 25892 PHONE: 704 536-6691
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Environmentalist Date

WATER : 122791

FOR INTERNET PERMIT APPLICATION 2668

"For Department Use"
PERMIT #

-Please Read Instructions on the Reverse Side Before Completing Form-

COPY

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PROJECT/SUBDIVISION NAME _____ PHASE _____ SECTION _____

LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) _____

OWNER INFORMATION

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CITY Mooresville STATE N.C. ZIP 28115 PHONE # 536-6931

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ZONING _____ ZONING JURIS _____ MAP # _____ R/W _____

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LOT: ☐ CORNER ☐ THROUGH ☐ FRONT STREET (if different) _____

MINIMUM SETBACKS: FRONT _____ LEFT SIDE _____ RIGHT SIDE _____ REAR _____

REMARKS: _____

PROJECT DATA

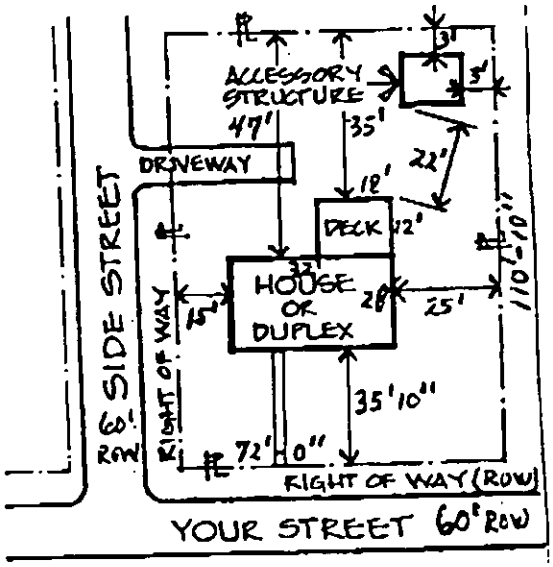
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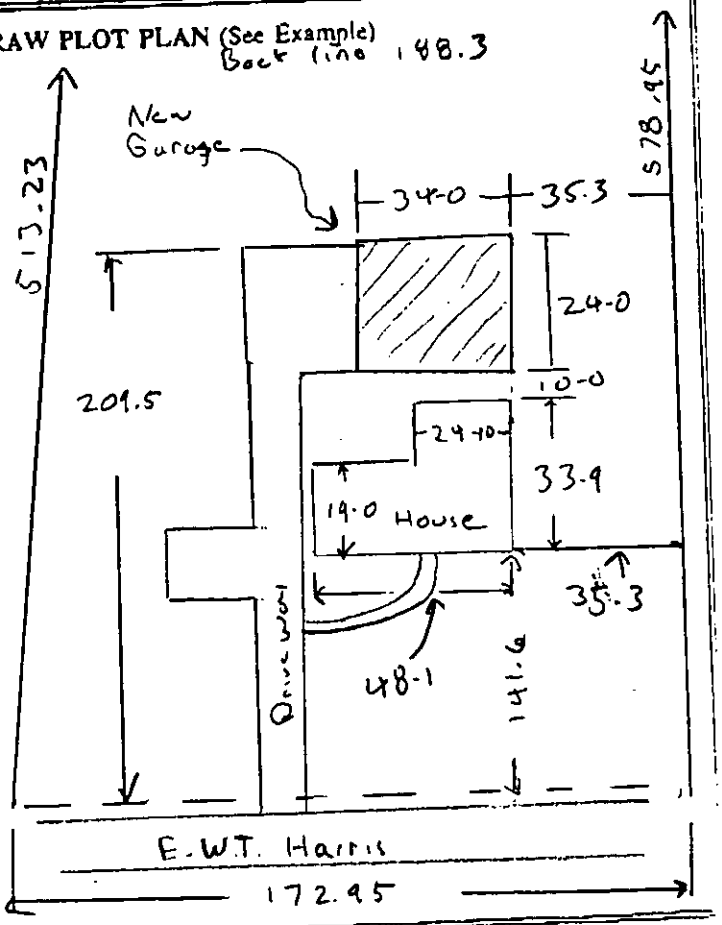
PLOT PLAN EXAMPLE (show dimensions of structures)

(not to scale)



PL = PROPERTY LINE

DRAW PLOT PLAN (See Example)



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

APPLICANT'S SIGNATURE _____ DATE 12/20/99 PRINT APPLICANT'S NAME Andrew M. Quesch Fax # _____

MECKLENBURG COUNTY ENGINEERING & BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831 • Fax # 704/336-3839

"For Department Use"
ZONING APPROVED BY

Initial	Date

* Abbreviations: C = Conditional Use, D = Historic District, N = Non Conforming, P = Historic Property, S = Special Use Permit

10/7/01

TOTAL P.01

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees 9658

Requestor (Please print): T. K. BROWNE	Phone #: 545-5267	Date Requested: 12/30	Date Filled: 12/30
Account Name: T. K. BROWNE Constr	☐ Cash ☒ Charge	Account No.: B34860	
I certify that I am authorized to charge this account for this service.			
Signature: [signature]	Printed Name: Andrew M. Queen	Date: 12/30/98	

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
MIS		Other: Add w/o system mud.	50.00	50.00
		Other:		
Payment received by: Val Watters		Date: 12-30-98 By: VLW	Total:	50.00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

4802 E. W. T. Harris Blv.		

B-216NS 8/95

DIVISION