

10528 MOORES CHAPEL RD

05308309

1/2/2008

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

Mecklenburg County
Health Department

Betty S. Snow, R.N., M.A.
Health Director

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: May 27, 1994

Ref: File #3162B/10528 Moores Chapel Road

SUBJECT: Refund

(Mr./Mrs./Co.) William Craft originally paid $50.00 for improvement permit/no change in septic system on May 23, 1994 check #1123.

A refund should be issued for $50.00 because client cancelled request and services were not performed.

Please make check payable to: Mr. William B. Craft
20528 Moores Chapel Road
Charlotte, NC 28214

3162B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

pd #50 5/23/94 ck #1123 [] CRT

Necklenburg 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: CRAFT (last) WILLIAM (first) B (mi)

ADDRESS: 10524 Moores Chapel Rd PHONE: (704) 399-1453

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

Date:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (___) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-043-09

STREET ADDRESS: 10524 Moores Chapel Rd.

ZONING: _____

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] SOIL TEST - INDIVIDUAL LOT (D)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STORAGE BLDG
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

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: 2

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

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] 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: William B. Craft Date: 5-23-94

NOTICE:

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 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
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ Environmentalist Date

_____ Director or Authorized Section Head Date

WWATER : 122791

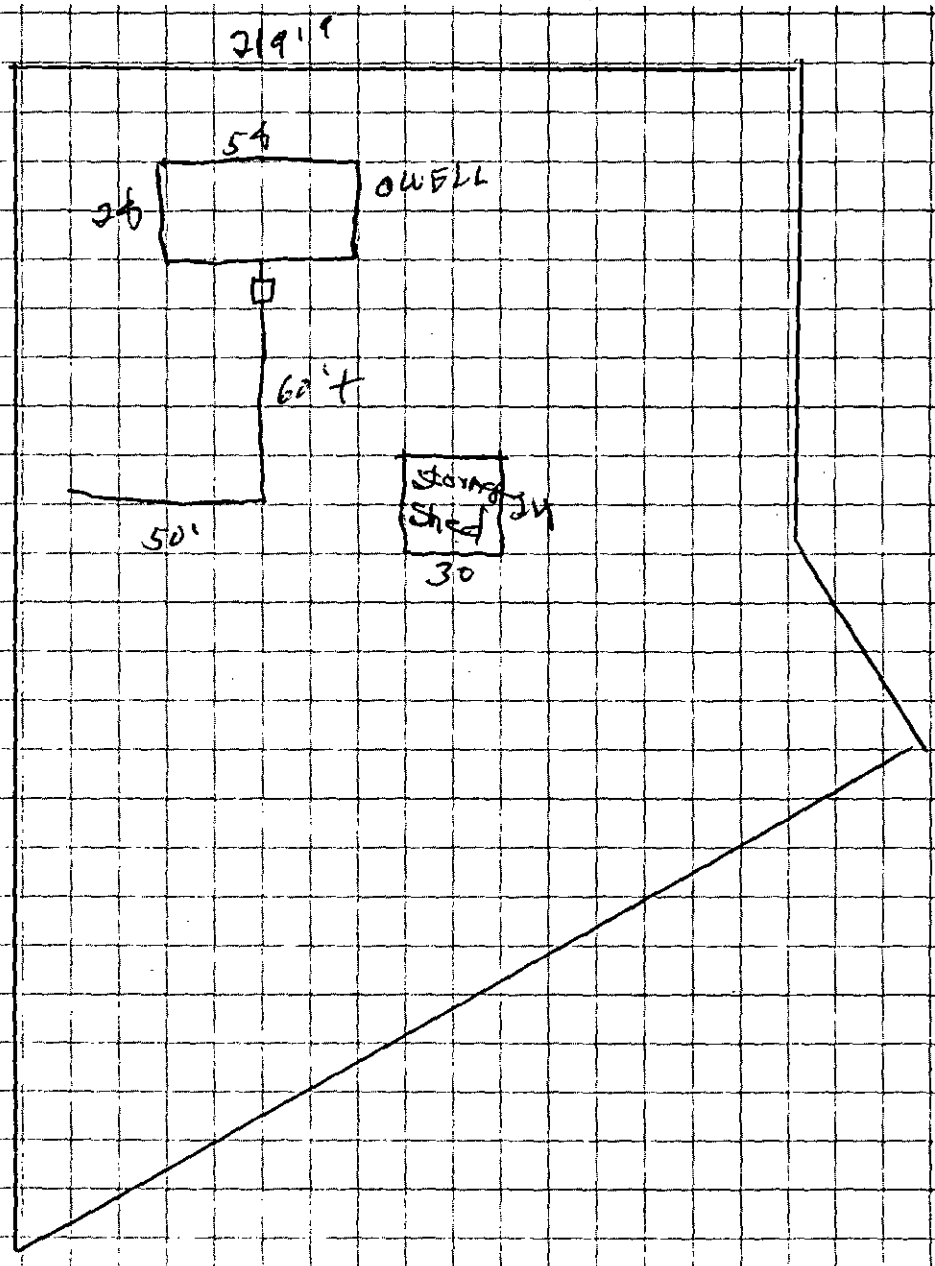
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 3162B

TC: _____

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 _____

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

DATE 5/23/94

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

053-083-09
PARCEL NUMBER

10528 Moores Chapel Rd
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. WATERSHED PROTECTION	___ 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
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	___ YES	✓ NO

REMARKS: Storage Bldg

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).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rob

REVISED 1/91

3162B OK

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(704)336-5102

COPY

PERSON FILING APPLICATION:

NAME: CRAFT (last) WILLIAM (first) B (mi)

ADDRESS: 10526 MOORES CHAPEL RD PHONE: (704) 399-1453

CITY: CHARLOTTE STATE: N.C. ZIPCODE: 28214

Date:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-043-09

STREET ADDRESS: 10526 Moores Chapel Rd.

ZONING:

PROPERTY OWNER:

NAME: SAME (last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
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LOT NUMBER: LOT SIZE (in acres):

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[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) STORAGE BLDG
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[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

...N:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employee
Industrial Wastes (Y/N) __
Underground Storage Tanks On Property (Y/N) __

one):
[ ] Shared Well (S)
[ ] Other 'spring' (O)

...P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE
[ ] Swimming Pool [ ] Jacuzzi [
[ ] Garage [ ] Storage Building [

Lorraine,
Mr. Craft Telephoned me today in 5/24 & Cancelled this request - He would like a refund.
TKS
Judy 5/27/94

The undersigned, owner, or legal agent for the ... foregoing application, acknowledges that the conte... DEPARTMENT to enter onto the property for the purp...

Signed: William B. Craft

...B LOCATION" has read the MECKLENBURG COUNTY HEALTH ...

NOTICE:

The undersigned, an authorized agent of the MECKLEN... the Request for the Job Location contained in this ... And Rules For Sanitary Sewage Collection, Treatment ... to the following provisions:

...epartment has approved the ...ith the provisions of Laws ...f the permit and is subject

...No work shall be conducted on the septic tank sy... ... an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...5/24 Mr. Craft telephoned requested withdrawing his request for I.P. Will initiate refund

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

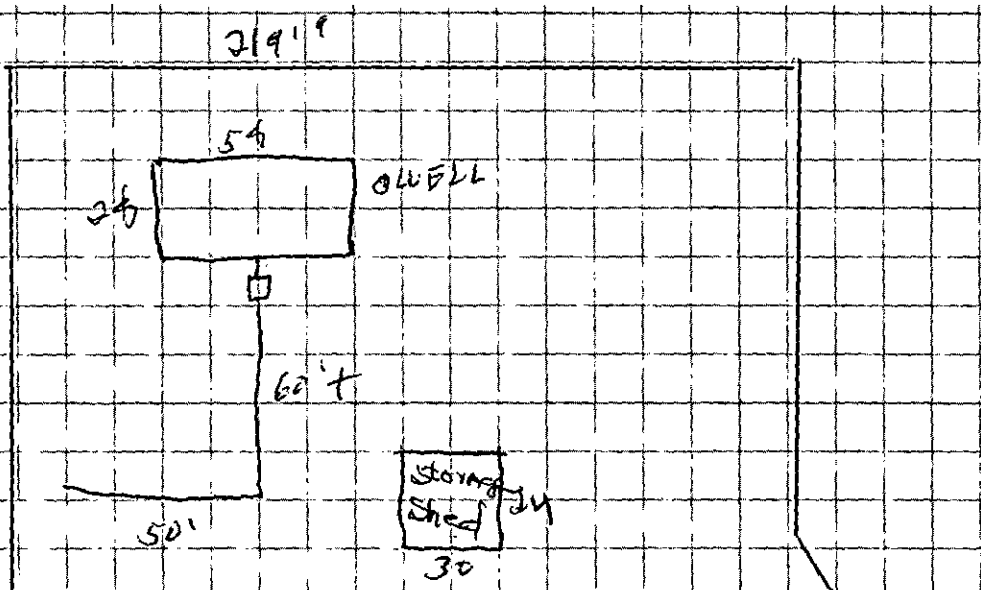
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