

5024 CARMEL CLUB DR

21167112

6/25/2007

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: 7117A
TC: 211-182-12
SERIAL: № 21467
☑ L ☑ CRT

JOB LOCATION

① ADDRESS: 5024 Carmel Club Dr. (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: STEPHEN (FIRST) LLOYD (MIDDLE) EBBERS (LAST)
⑨ MAILING ADDRESS: 5024 Carmel Club Dr.
⑩ CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28226
⑬ PHONE: (WORK) 803-482-2094 ⑭ (HOME) 704 542-345-4

REQUEST

This request is for a(n):
⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) Remodel & Add Footage

DESIGN CRITERIA

System will serve:
⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4
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: Stephen L Ebbers
Date: 11-6-90

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~~ 60 months from the date of issuance.
use existing system

Philo S. Walker, 11/14/90
Environmentalist — Date

11-15-90
Director or Authorized Section Head — Date

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

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)
FILE: 7117A
TC: 211-182-121
SERIAL: # 21467
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 5024 CHAPEL CLUB DR. (STREET NO. / STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: STEPHEN (FIRST) LLOYD (MIDDLE) EBBERS (LAST)
⑨ MAILING ADDRESS: 5024 CHAPEL CLUB DR
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP:
⑬ PHONE: (WORK) 803-482-2094 ⑭ (HOME) 704 542-3454

REQUEST

This request is for a(n):
⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Remodel + Add Footage

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System will serve:
⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 ㉕ Type?
㉓ Maximum occupancy? 4 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☐ no ㉗ Maximum number of seats?

WATER SUPPLY

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C ☐ Community well
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... 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. 60

use existing system

Philo S. Walker 11/14/90
Environmentalist Date

11-15-90
Director or Authorized Section Head 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: 11-6-90

Name/Company: Stephen Lloyd Ebers

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Imp Permit → Add w/o
5024 Carmel Club Drive
Title # 7117A
Tax # 211-182-12

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
NOV 6 1990

Fee: $ 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.

W Thompson
Completed by

A. Mabry
Collected by

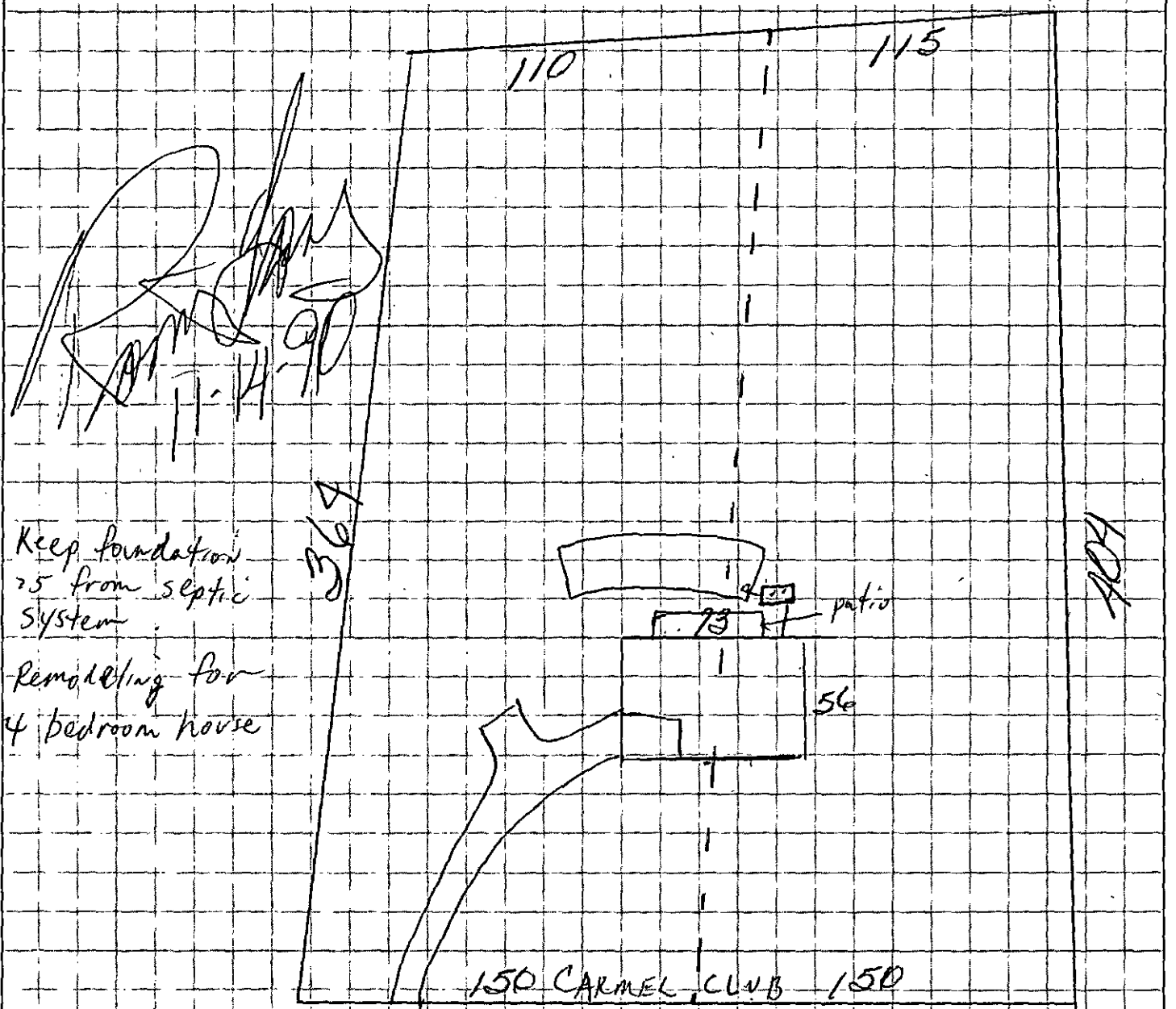
PROPOSED PLOT PLAN

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

FILE: 7117A

TC: 211-182-12

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 PSW 11/13/90

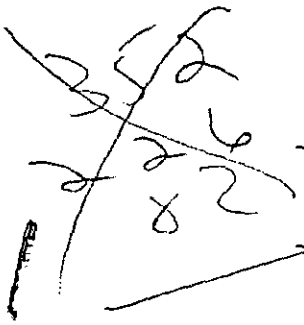
White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

DATE 7/1/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char



211-182-12
PARCEL NUMBER

5024 Carnal Club Dr.
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: Separate Address

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: _____

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