

3201 JONESBERRY RD

13520417

6/1/2007

duponbj

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

DATE 3/31/89

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE MINT

PARCEL NUMBER #135-204-~~BM~~ 17

ASSIGNED ADDRESS 3201 Jones Berry Rd

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☐	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☐
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☐
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☐

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: Septic Tank.

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS 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: B. McCanless

OPWEAR 5-/86

PROPOSED PLOT PLAN

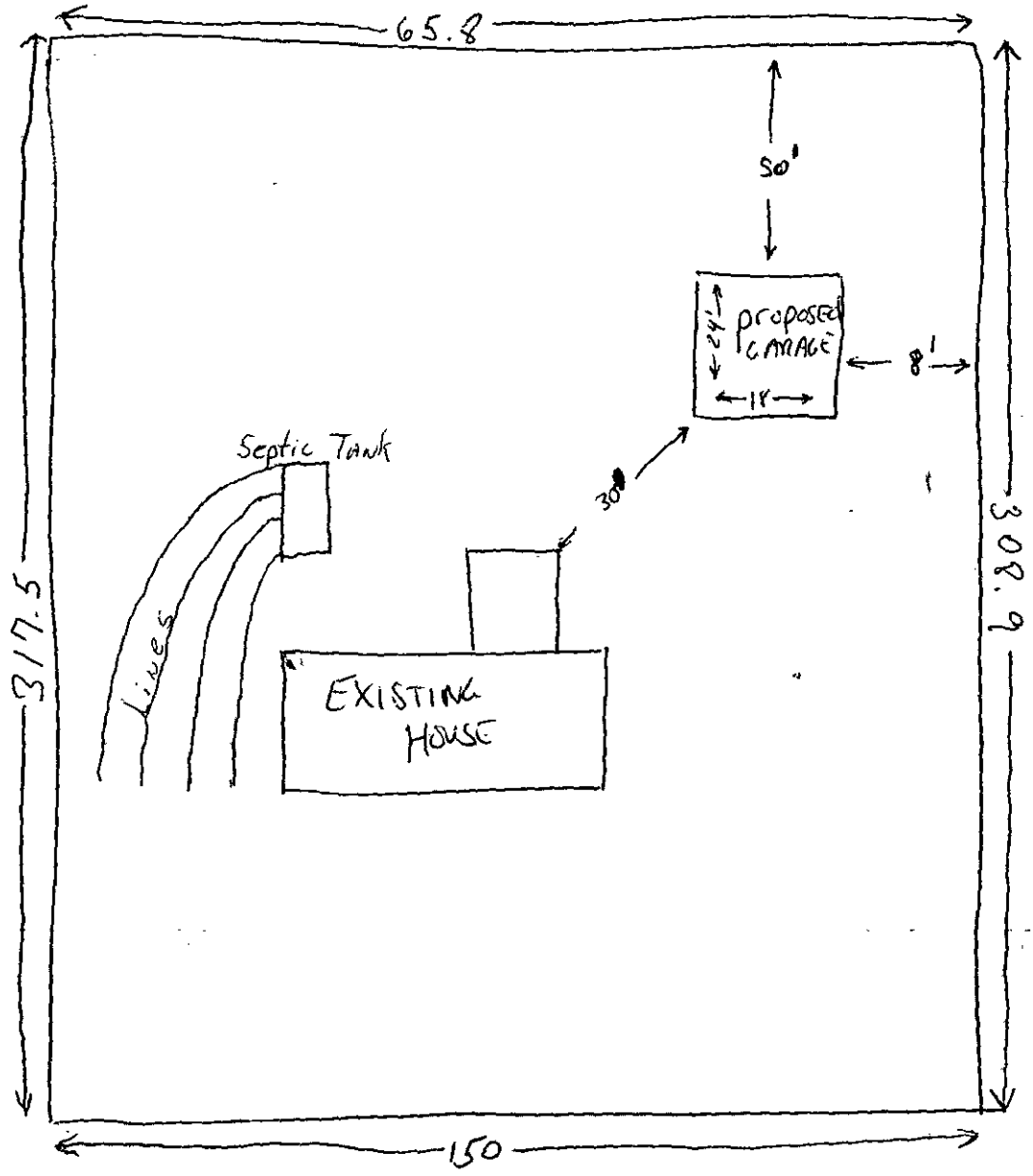
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5571A

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.



Signed: M. G. Goodson

Date: 3-29-89

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: 5571A
TC: 135-204-17
SERIAL: No. 17868
☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 3201 (STREET NO.) Jones Berry Rd (STREET) Mint Hill ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: ~~M. Graham Goodson~~ M. (FIRST) Graham (MIDDLE) Goodson (LAST)

⑨ MAILING ADDRESS: 3201 Jones Berry Rd

⑩ CITY: Mint Hill ⑪ STATE: NC ⑫ ZIP: _____

⑬ PHONE: (WORK) SAME ⑭ (HOME) 545-7680

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☒ Other (specify) Build detached Garage

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? _____ ㉕ Type? _____

㉓ Maximum occupancy? _____ 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: M. G. Goodson

Date: 3-3-89

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) 14-3-89 (Date)

S. W. Reid (Director or Authorized Section Head) 14-3-89 (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 3/31/89

Name/Company Graham Gordon

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Improvement - addition
5571A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAR 31 1989

#20.00

Fee: $ 20.00