


12508 OAKHAVEN DR

20112421

6/1/2007

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: SS97A

TC: _____

SERIAL: № 18067 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: _____ (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 20112420

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

**OWNER**

⑧ NAME: EDITH (FIRST) G (MIDDLE) LANE (LAST)

⑨ MAILING ADDRESS: 12508 OAKHAVEN DR.

⑩ CITY: CHARLOTTE ⑪ STATE: N.C ⑫ ZIP: 28217

⑬ PHONE: (WORK) 375-5471 ⑭ (HOME) 588-1719

**REQUEST**

This request is for a(n): 4/6/89 Signed letter of request from C.MUD to extend Sewer Line - paid thru CMD. HAZard fund.

⑮ ☐ New permit

⑯ ☑ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☐ Other (specify) Mrs Lane Advised of Tap Fee

**DESIGN CRITERIA**

System will serve: 2/5/90 Mrs Lane pd tap fee 7189

⑲ ☑ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms? 3

㉓ Maximum occupancy? 1

㉔ Basement? ☐ yes ☑ no

㉑ ☐ Business or place of public assembly

㉕ Type? _____

㉖ Maximum number of employees? _____

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: Edith G Lane

Date: 4/6/89

## 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.

_____ / _____
Environmentalist Date

_____ / _____
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.