

12801 TWILIGHT DR

13531427

5/17/2007

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 4195A DATE: 7/17/90

TC: 135-312-12 PO ☐ L ☑ CRT

SERIAL Nº 13282

Name of Owner Jackson Tysor Presnell Juris.:

Address of Property 12801 Twilight Dr

Inspection Data:

Tank Material PCC

Total Length of Drainfield 535'

Number of Lines 5 @ 4-110 1-95

Cover Depth 14"

Water Supply Source Com well

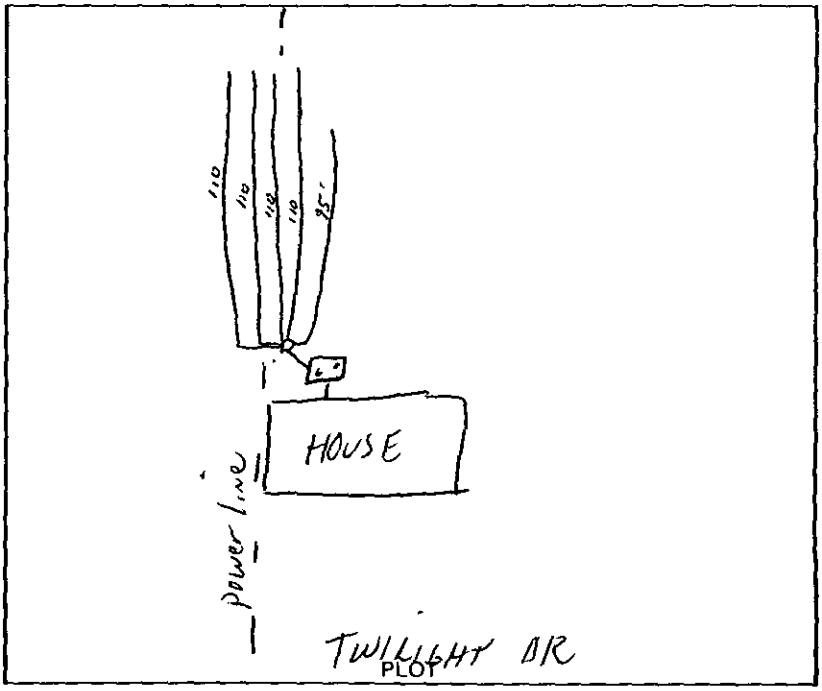
Distance to Water Source -

Excavation Inspected 7/17/90

Tank(s) Inspected 7/17/90

Wash Line Inspected NA

High Water Alarm Inspected NA



PLOT

Design: 1990, 1500ST, 1600SFT, CON, 12"G ceci.1 CTR# 20

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: System designed for 4 bedroom house
Letter in file for permission to install system in Union Electric
Right of Way

Philo S. Walker R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Union Electric Membership Corporation

General Office: P. O. Box 5014 • Monroe, N. C. 28110-1914 • (704) 289-3145 • N. C. Wats 1-800-922-6840
Branch Office: P. O. Box 549 • Oakboro, N. C. 28129 • (704) 485-3335 • N. C. Wats 1-800-422-4399

July 12, 1990

James Clayton Burris Contractor
Rt 2-Box 149 B
Oakboro, N.C. 28129

Dear Mr Burris:

We will not object to the septic line crossing our right of way at 12801 Twilight Drive, Mint Hill (Hidden Valley Subdivision - Lot 1 Block 2). We would recommend that the septic tank not be placed in the right of way.

However, we would want the individual to understand that any damage in the future would be their expense.

Sincerely yours,
UNION ELECTRIC MEMBERSHIP CORP.

James E. Seay
Manager-Oakboro Division

JES:lbc

cc:Tony Herrin

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: 4195A

TC: 135-312-12 PO

SERIAL: 20519 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12801 Twilight Drive (STREET NO. STREET) ② FILE: 4195A

③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.: 13531212 PO

⑤ SUBDIVISION: Hidden Hills ⑥ LOT: 1 ⑦ BLOCK: 2

OWNER

⑧ NAME: Jackson Tyson Presnell (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 2600 Weatherstone Road

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 888-4937 ⑭ (HOME) 545 6925

REQUEST

This request is for a(n):

⑮ ☑ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☐ Other (specify) _____

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? 8 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 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: Tyson J Presnell

Date: 4-9-10

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.

to install system in Union Electric

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.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

ITEM(S) ....INSTRUCTIONS

① .....Indicate location of property for which the request is being made. Give **street number** and street or road name. If you do not know the street number, you must contact the Mecklenburg County Engineering Department to have one assigned.

② .....If a soil investigation has been run, copy the file number from the report. This may appear as SIR, ICAR(S) or APT numbers on older reports.

③ .....Indicate the jurisdiction in which the property is located. The jurisdiction is assigned by County Engineering.

④ .....Indicate the tax account or parcel number for the property (example 000-000-00). If the property is comprised of a portion of a large tract, precede the parcel number with the letters "PO."

⑤-⑦ .....Indicate the subdivision name and the lot and block numbers in the subdivision if applicable.

⑧-⑭ .....Indicate, in the requested format, the information as it pertains to the person to whom the permit should be issued.

⑮-⑱ .....Indicate the purpose of the request by placing an "X" in the appropriate box.

⑲-㉑ .....Indicate the type structure the system will serve by placing an "X" in the appropriate box.

- Residence means a single or multi-family dwelling (duplex, apartment, hotel, motel) or any other place where people reside.
- Mobile home means a trailer used as a residence that is designed without a permanent foundation and is capable of being moved to another location.
- Business or place of public assembly means non-residential use of buildings such as manufacturing, office space, warehousing operations, place of amusement or recreation, church, fairground, stadium, campground or any other place where people work or assemble.

㉒-㉔ .....If the system will serve a residence or a mobile home, indicate the number of bedrooms, the maximum occupancy of the residence and whether or not the structure will have a basement. When calculating the number of bedrooms include all rooms which are intended to be used as bedrooms or might later be furnished or converted to bedroom use and any additional bedrooms to be constructed in the future.

㉕-㉗ .....If the system will serve a business, indicate the type business, the maximum number of employees and the maximum number of seats to be provided. Include in these figures projections for future expansions.

㉘ .....Indicate the type water supply by placing an "X" in the appropriate box.

- Individual well means a well located on the lot, serving a building occupied by only one family or one business establishment and will not be a public place, a place of public gathering, or business which processes or manufactures any product which is used as, or is used in a food product.
- Municipal system means a water supply furnished by a city, county, town or other governmental authority.
- Community well means a privately owned water system originating from a well source.
- Community system means a privately owned water system originating from a source other than a well.

㉙ .....Once you have completed the application, read the certification statement in the lower, left hand corner. The statement must be signed, dated, and returned to the Department along with a Proposed Plot Plan and a copy of the Engineering Address Record prior to the issuance of any permits. **IN ORDER FOR YOU TO RECEIVE A COPY OF THE COMPLETED PERMIT FOR CONSTRUCTION, ALL COPIES OF THIS FORM MUST BE RETURNED TO THE ADDRESS LISTED ON THE FRONT OF THE APPLICATION.**

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 4-9-90

Name/Company: Phyllis Presnell

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Application for Improvement Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

APR 9 1990

FH 4195A

CK# 1539

Fee: $ 200.00 #260.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

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: 4195A

TC: 135-312-12 PO

SERIAL: № 20619 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 12801 Twilight Drive (STREET NO. / STREET) ② FILE: 4195A

③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.: 13531212 PO

⑤ SUBDIVISION: Hidden Hills ⑥ LOT: 1 ⑦ BLOCK: 2

OWNER

⑧ NAME: Jackson (FIRST) Tysor (MIDDLE) Presnell (LAST)

⑨ MAILING ADDRESS: 2600 Weathersford Road

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28227

⑬ PHONE: (WORK) 888-4937 ⑭ (HOME) 545-6925

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㉓ Maximum occupancy? 8 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: Phyllis L Presnell

Date: 4-9-90

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 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.

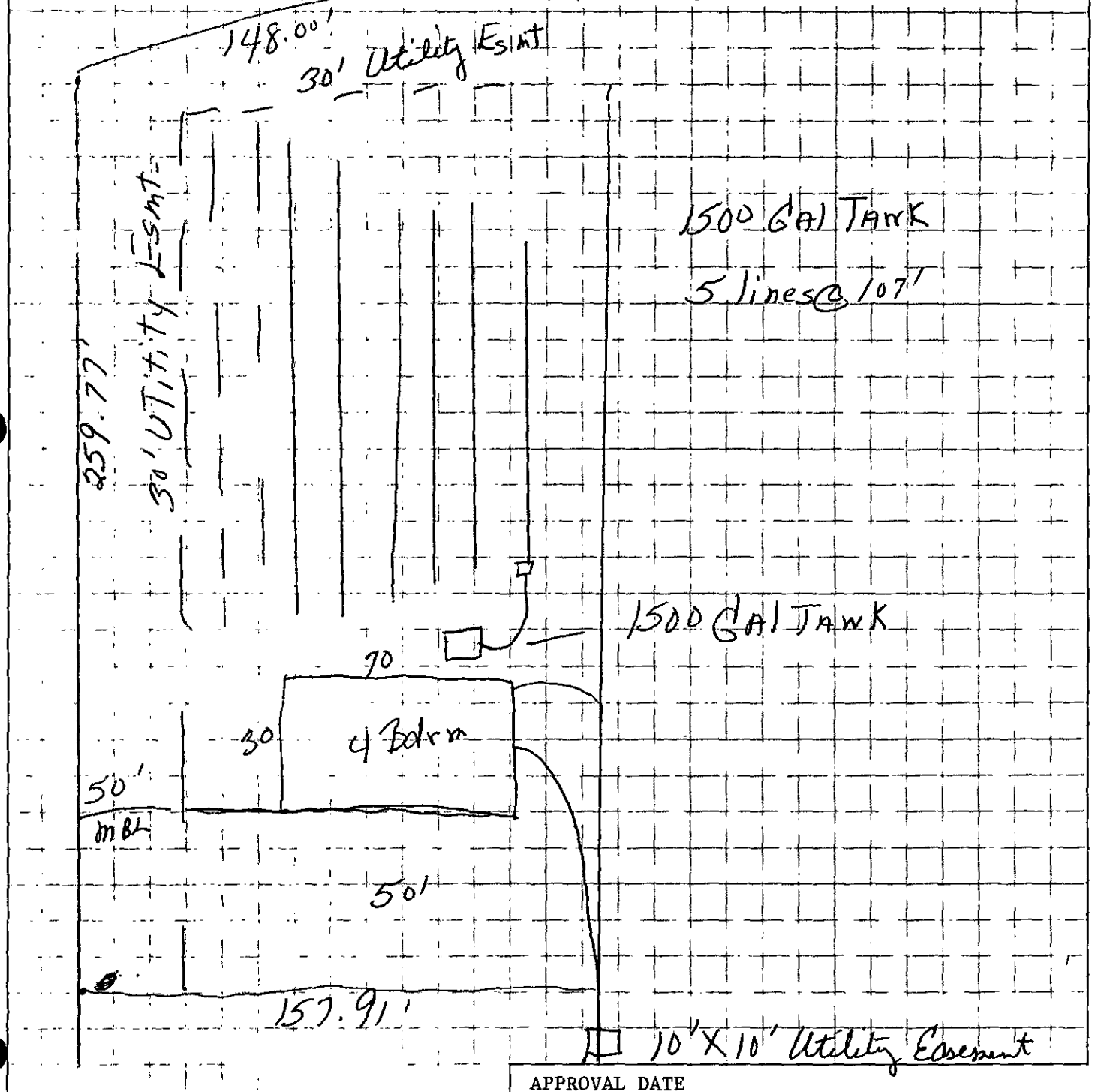
PROPOSED PLOT PLAN

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

FILE: 4195A

TC: 135-312-12 PO

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

6/21/88 Pd 50 - Ck#1288 JR

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

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: 4195A
TC: _____
SERIAL: № 14858
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 12801 (STREET NO.) Twilight (STREET) Drive ② FILE: 4195A
③ JURISDICTION: Mint Hill ④ TAX PARCEL NO.: 135-212 PO
⑤ SUBDIVISION: Hidden Hills ⑥ LOT: 1 ⑦ BLOCK: 2

OWNER

⑧ NAME: Firstmark (FIRST) Development (MIDDLE) Corp. (LAST)
⑨ MAILING ADDRESS: 6035 Florence Ave., Suite 100
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28212
⑬ PHONE: (WORK) 536-1495 ⑭ (HOME) N/A

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) _____

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㉓ Maximum occupancy? 8 ㉖ Maximum number of employees? _____
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WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☐ Municipal system
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D ☐ Community system

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Signed: Richard Williams
Date: 6-7-88

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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.

Lift Station may be required

Environmentalist — 7-28- Date

Director or Authorized Section Head — 7-28-88 Date

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

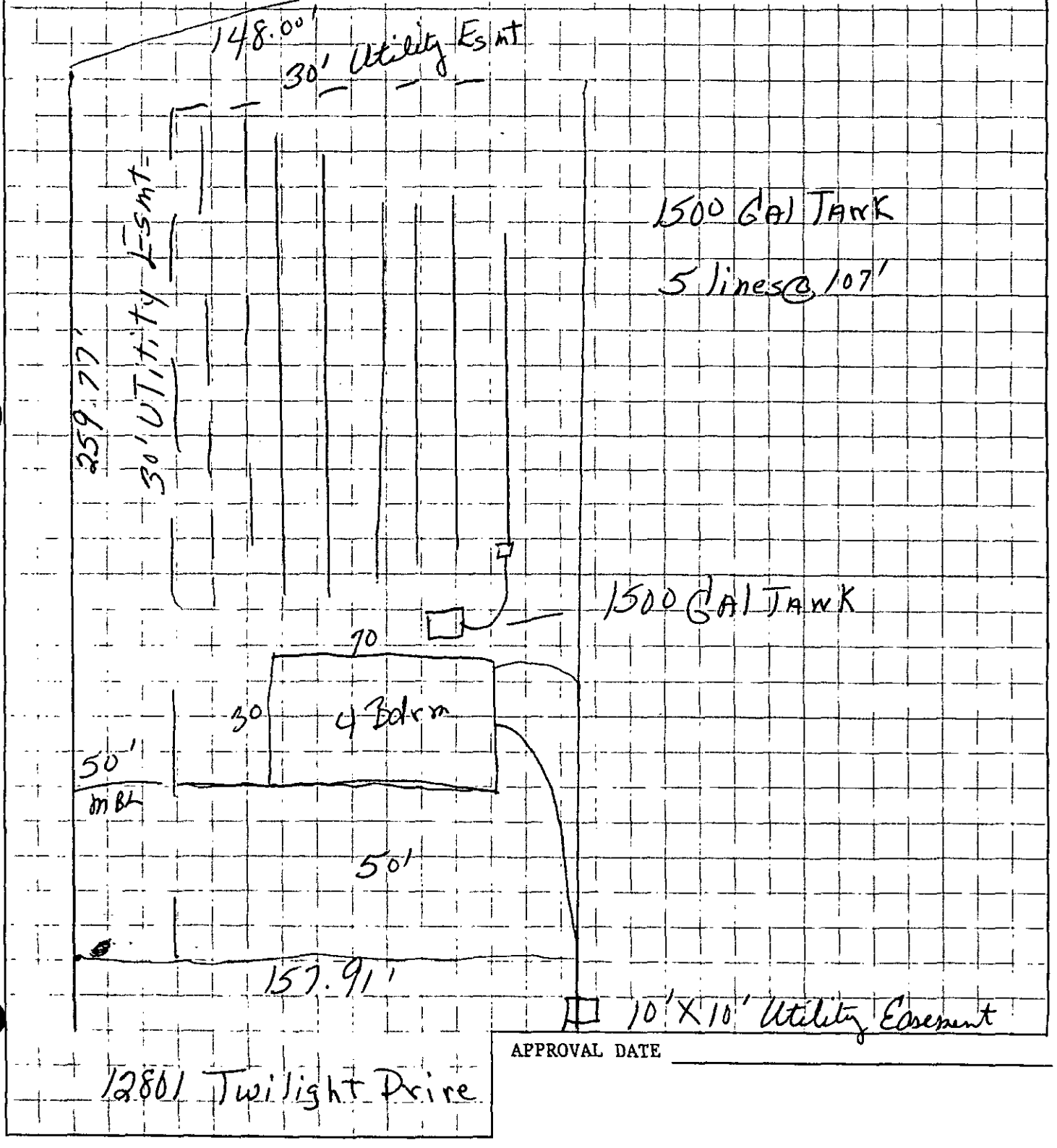
PROPOSED PLOT PLAN

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

FILE: 4195-A

TC: 135-312-12 PD

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 _____

PROPOSED PLOT PLAN

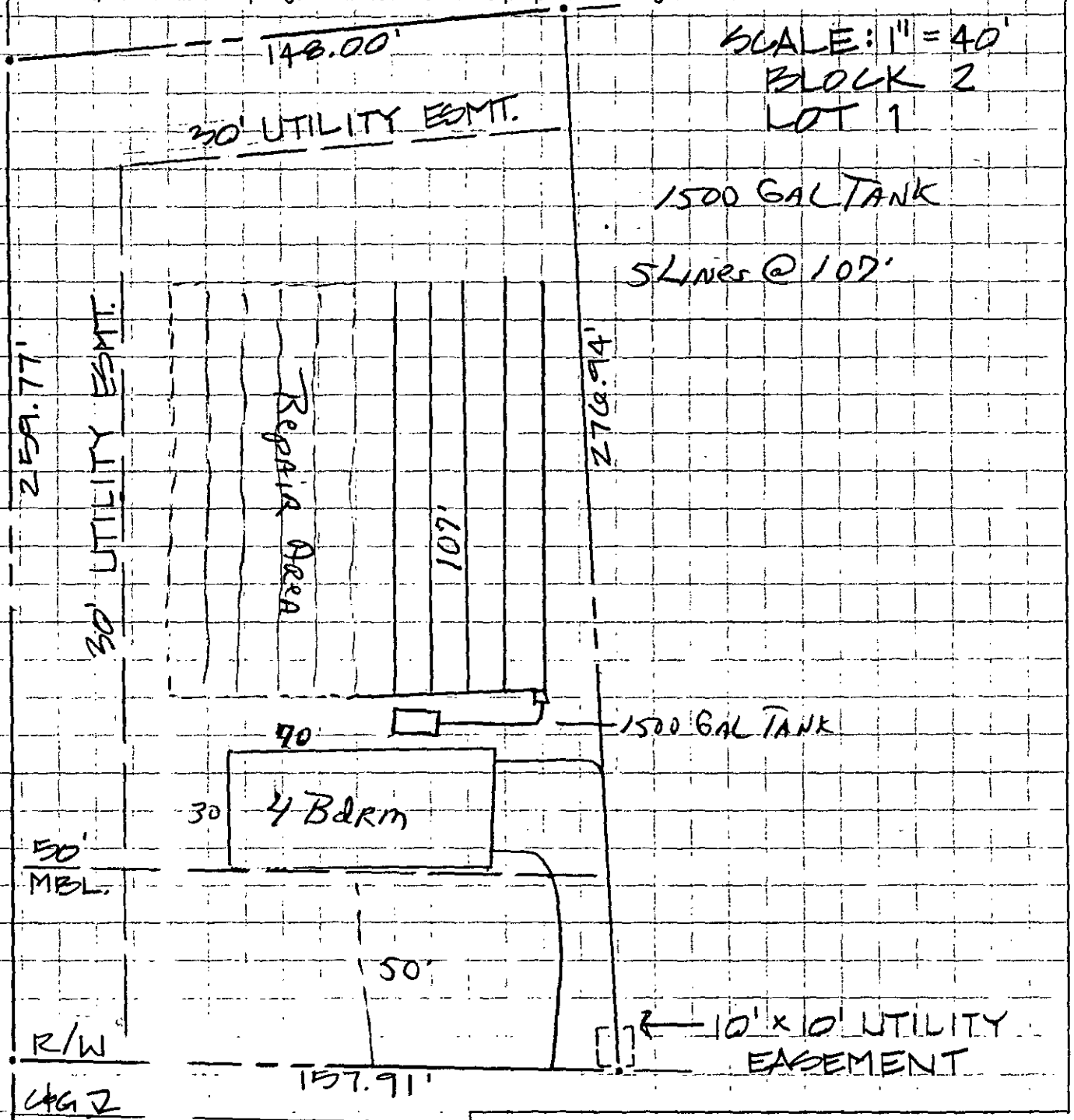
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 4195 A

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: Richard Williams

Date: 6-7-88

MECKLENBURG COUNTY

Department of Environmental Health

December 28th, 1987

Firstmark Development Corporation
6035 Florence Avenue, Suite 100
Charlotte, NC 28212

RE: Property located at 12801 Twilight Drive 1-C
FILE: 4195A
PARCEL: 13531212

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 11727) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 11727

File: 4195-A Action 4

Parcel: PO 135-312-12 ☐ PC

Location: 12801 Twilight Drive

Subdivision:

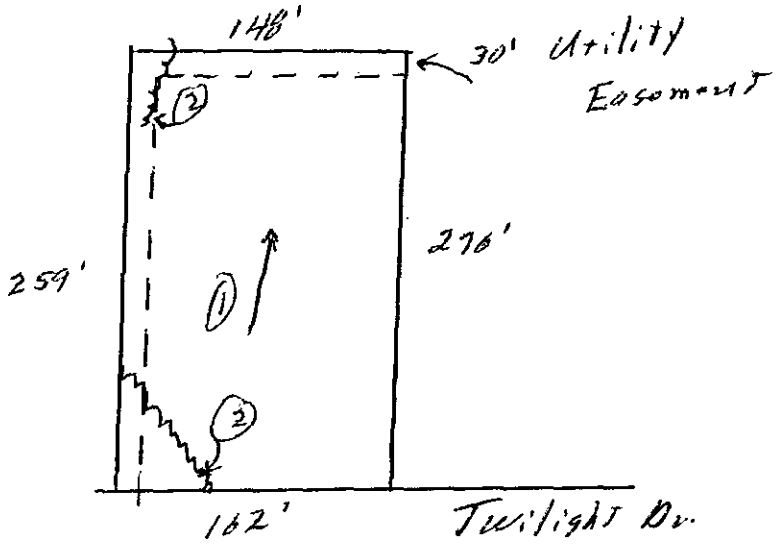
Lot: 1 Block: 2 Acres: .95

Owner: Firstmark Development Corporation
Address: 6035 Florence Avenue, Suite 100
Charlotte, N. C. 28212

Comments: _____

Described by: William R. Marlin

Date: 12-28-87



***** EVALUATION KEY *****
S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 2-8%	S PS (U) complex slopes	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U —	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Block	S PS U —	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U To 736" water	S PS U —	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 736"	S PS U —	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	WA Cecil-Lilly	complex slopes				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

MECKLENBURG COUNTY

Department of Environmental Health

December 28th, 1987

Firstmark Development Corporation
6035 Florence Avenue, Suite 100
Charlotte, NC 28212

RE: Property located at 12801 Twilight Drive 1-2
FILE: 4195A
PARCEL: 13531212

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 11727) deliniating the soil types and their respective classifications is enclosed.

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If there are any questions concerning this matter, do not hesitate to contact me.

Sincerely,

Sylvia D. Daniel, R.S.
Environmental Health Supervisor
Environmental Resources Division

enclosure

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 4195A ~~4234A~~

TC: PO 135-312-12

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 12801 TWILIGHT DRIVE

② SUBDIVISION: HIDDEN HILLS ③ LOT: 1 ④ BLOCK: 2

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 312 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 3339 PAGE NO.: 081

OWNER

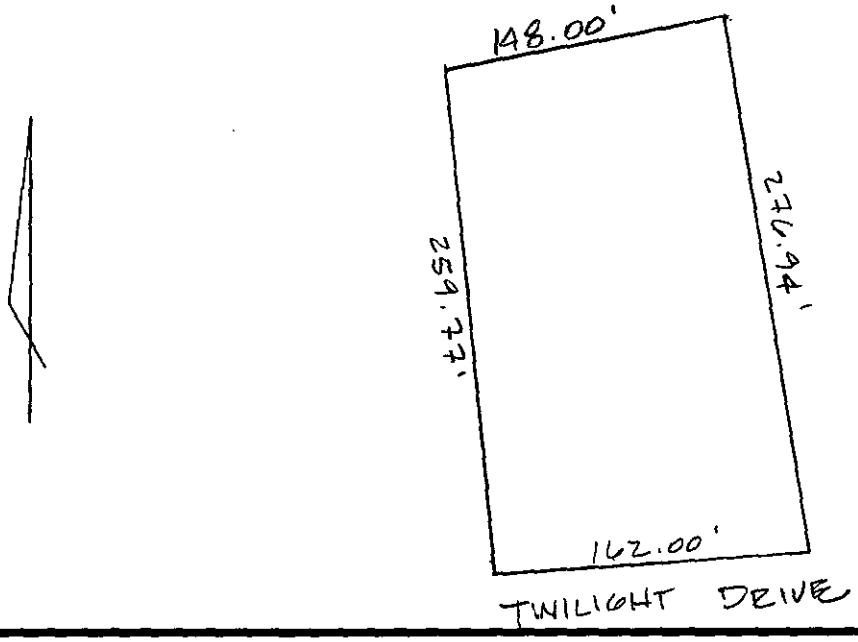
⑦ NAME: FIRSTMARK DEVELOPMENT CORPORATION
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 4035 FLORENCE AVENUE

⑨ CITY: CHARLOTTE ⑩ STATE: NC ⑪ ZIP: 28212

⑫ PHONE: (WORK) 536.1495 (HOME)

⑬ Accurately diagram and dimension lot.



⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Date: 12-23-87

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY

DATE: 12/4/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 135-317-12P0

ASSIGNED ADDRESS 12801 Twilight Dr

EXISTING ADDRESS Lot 1 Blk 2

PROJECT NAME Hidden Hills

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	☐ *	☐
6. PROPERTY FRONTS ON THOROUGHFARE	YES ☐ *	NO ☐
7. DRIVEWAY PERMIT REQUIRED	YES ☐ *	NO ☐

* 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: Sig

OPWEAR 02/86

12/4/87 Paid $30.00 BW

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 4195A

TC: _____

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: 12801 Twilight Drive

② SUBDIVISION: Hidden Hills ③ LOT: 1 ④ BLOCK: 8 2

⑤ PARCEL REFERENCE: BOOK NO.: 135 PAGE NO.: 312 PARCEL NO.: 12

⑥ DEED REFERENCE: BOOK NO.: 3339 PAGE NO.: 081

OWNER

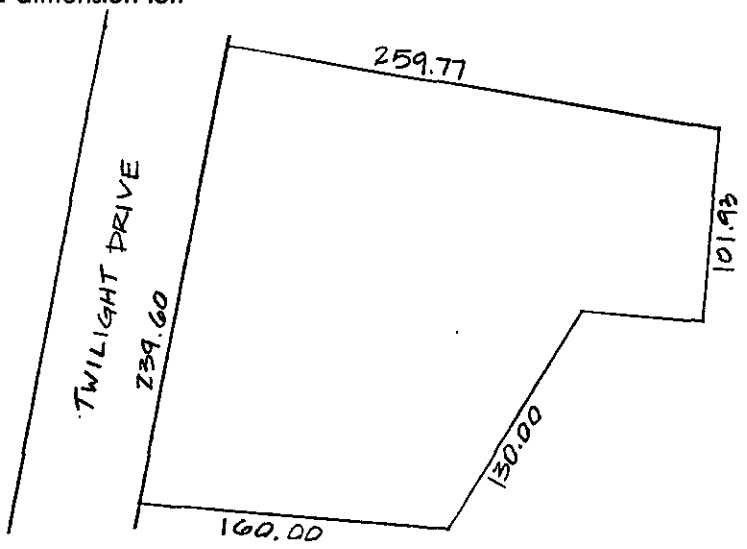
⑦ NAME: Firstmark Development Corporation
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 6035 Florence Avenue

⑨ CITY: Charlotte ⑩ STATE: N.C. ⑪ ZIP: 28212

⑫ PHONE: (WORK) 536-1495 (HOME) _____

⑬ Accurately diagram and dimension lot.



⑭ 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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: _____

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

Date: _____

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER'S COPY