

6817 WILSON GROVE RD

10950143

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: ~~2531A~~ 7116A
TC: 109-501-43
SERIAL: № 21243 ☐ L ☐ CRT

JOB LOCATION

(1) ADDRESS: 6817 Wilson Grove Rd (STREET NO. / STREET) (2) FILE:
(3) JURISDICTION: (4) TAX PARCEL NO.: 109-501-43
(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(8) NAME: Walter (FIRST) K. (MIDDLE) Madden (LAST)
(9) MAILING ADDRESS: 9925 Harmon Rd
(10) CITY: Charlotte (11) STATE: N.C. (12) ZIP: 28227
(13) PHONE: (WORK) (14) (HOME) 545-4718

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

(19) ☒ Residence (20) ☐ Mobile home (21) ☐ Business or place of public assembly
(22) Number of bedrooms? 3 (25) Type?
(23) Maximum occupancy? 3 (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: W. K. Madden

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.

Environmentalist — Date 11/8/90

Director or Authorized Section Head — Date 11-19-90

CERTIFICATE OF COMPLETION/OPERATION PERMIT

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

FILE: 7116 A DATE: 6-3-91

TC: 109-501-43 # L # CRT

SERIAL № 12376

Name of Owner WALTER GLADDEN Juris.:

Address of Property 6817 WILSON GROVE

Inspection Data:

Tank Material PCC

Total Length of Drainfield 400

Number of Lines 4 @ 100

Cover Depth 12"

Water Supply Source PWELL

Distance to Water Source >50

Excavation Inspected 6-3

Tank(s) Inspected 6-3

Wash Line Inspected N/A

High Water Alarm Inspected N/A

PLOT

Design: 1991, 1500 GST, 1200 SF, 12" G CECILLIKE CTR# 82

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: 4 LINES 3'x100' 3 BDRM HOME

Environmentalist

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17988

File: 7116A Action 1

Parcel: PO 109-351-02,03,04 PC

Location:

Subdivision:

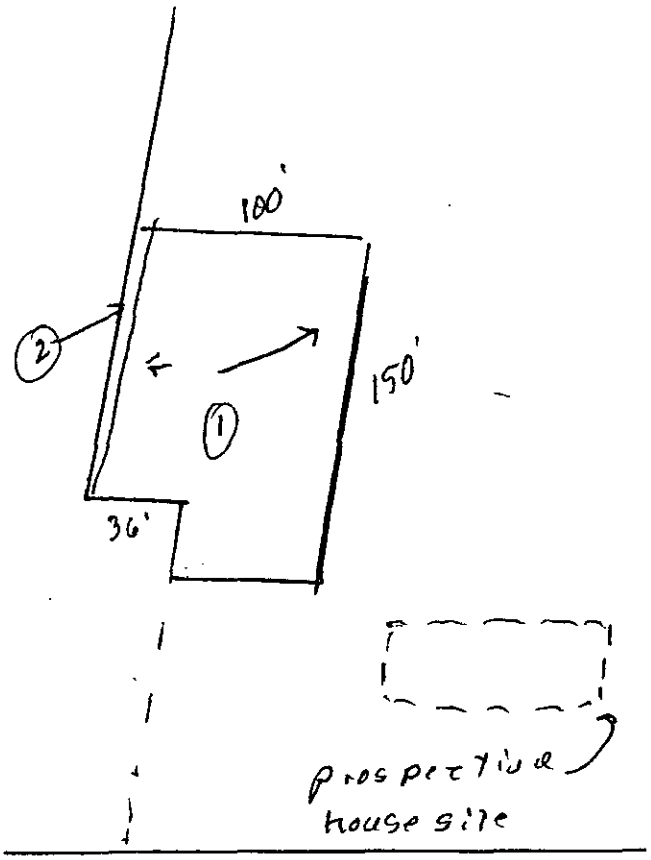
Lot: Block: Acres: Approx .38 Inv.

Owner:
Address:

Comments: 100% Repair - Pumps may be needed - Heavy brush Obstructs Topography to adequate

Described by: William A. Marlin

Date: 6-14-90



***** 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 2-9%	S PS (U) Slight Depression	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 Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 36"+ to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"	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	IV Cecil-Lloyd	Slight Depression				
Area Classif						

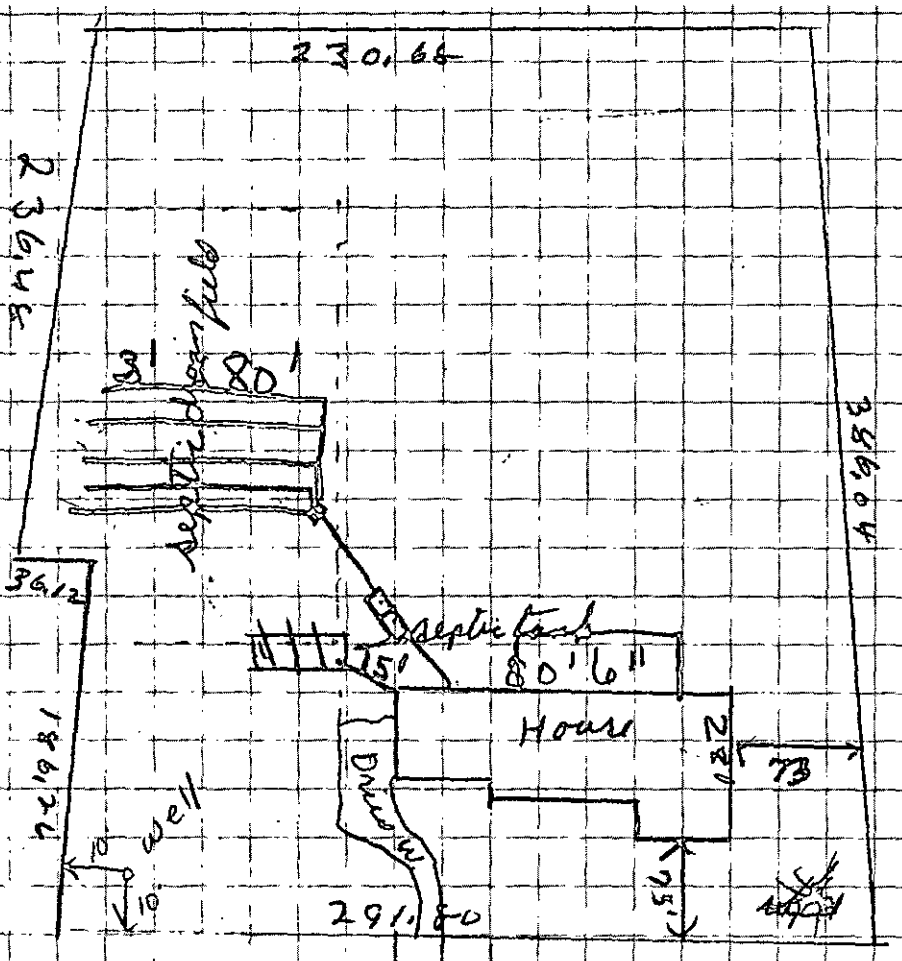
PROPOSED PLOT PLAN

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

FILE: 111-A 29813A

TC: 109-501-43

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.



System Design

1500 GALLON TANK

5 trenches
3' x 80' = 400'

OR:

4 trenches
3' x 100' = 400'

Wilson Groves PE

Mark Hadden
11-19-90

APPROVAL DATE: 11/19/90

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

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

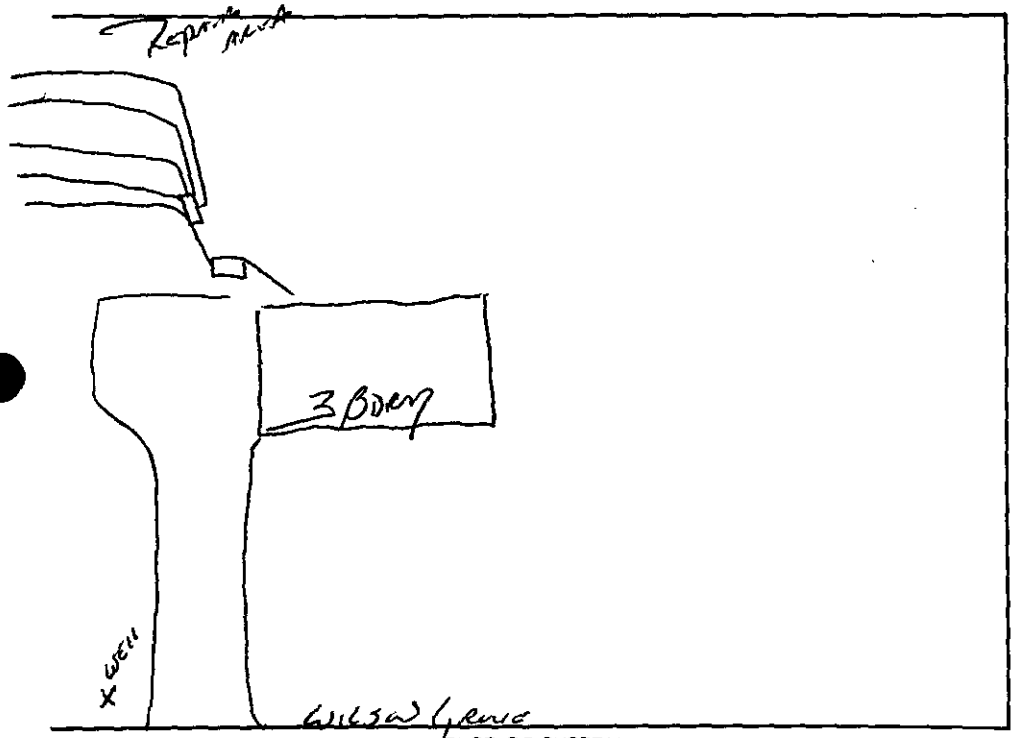
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7116 A DATE: 5-9-91

TC: 109-501-43 ☒ L

SERIAL Nº 15021

Permission is hereby given to ✓ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 5-9-91. All work shall be completed on or before 6-9-91, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed 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.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank - gallons

Tank Construction PCC

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 10" inches

Distance from House >5 feet

Distance from Property Line >10 feet

Distance from Well >50 feet

NAME OF OWNER WALTER K GLADDEN

LOCATION OF PROPERTY 6817 WILSON GROVE RD.

Comments: INSTALL 1500 gal ST, CONV SYS 5 LINES 3480

Division or Section Head

Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

Mecklenburg County
Health Department

June 18th, 1990

James W. and Joyce A. Williams
5 Tanglewood Court
Middletown, NJ 07748

RE: Property located at 6821 Wilson Grove Road
FILE: 7116A
PARCEL: 10935104

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. The property was found to contain a limited area of soils which were classified as PROVISIONALLY SUITABLE for such an installation. A copy of the Site Evaluation Report (Serial Number 17988) is enclosed for your information.

Should you desire to file for permission to install a ground absorption sewage disposal system, please submit 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 to this office. The plan will be reviewed and if it is found that the area of provisionally suitable soils is adequate for the proposed construction, an Improvement Permit will be issued by this Department.

If I may be of assistance, please do not hesitate to contact me.

Very truly yours,

Gene Vaughan, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

Environmental Health Division
1200 Blythe Boulevard • Charlotte, North Carolina 28203 • (704) 376-4603

MAP BOOK 23 PAGE 731

S 39°58'53" E 652.04' (TOTAL)

386.04'

236.00'

7116A

30.00'

N.I.P.

S 39°58'53" E 230.68' (TOTAL)

State of North Carolina, County of Mecklenburg
The foregoing certificate of Shirley L. Johnson
a Notary Public (is) (are) certified to be correct.
This 30th day of April 1990
Anne A. Powers, Register of Deeds
By: Serena W. Meadows Deputy

108858.45 SQ. FT.
OR 2.50 ACRES

State of North Carolina, County of Mecklenburg
I, Anne A. Powers, Register of Deeds for aforesaid County and State, hereby certify that the foregoing map is found in the office of the Register of Deeds for Mecklenburg County, North Carolina, in Book 23 Page 731
Witness my hand and official seal, this the 30th day of April 1990
Anne A. Powers, Register of Deeds
By: Serena W. Meadows Deputy

ANNE A. POWERS REGISTER OF DEEDS MECKLENBURG COUNTY, N.C.

N 22°33'00" W 236.48'

S 57°21'04" W 30.12'

186.26'

N 31°20'11" W 455.16' (TOTAL)

238.57'

N 50°14'07" E 291.80' (TOTAL)

149.75'

N 39°16'52" W 266.01' (TOTAL)

236.01'

S 39°16'52" E 266.01'

30' INGRESS AND EGRESS EASEMENT.

S 39°16'52" E 266.01' (TOTAL)

236.01'

15'

15'

30.00'

327.66' (TOTAL)

152.63'

153.00'

RIGHT OF WAY
55034.36 SQ FT
OR 0.12 AC

DEDICATED
44414 SQ FT OR 0.11 AC

145.03'

149.22'

N 50°14'07" E

112.05'

392211.35 SQ FT
OR 0.90 AC

33875.30 SQ FT
OR 0.77 AC

SETBACK LINE.

MINIMUM BUILDING

60'

1

2

3

88.6'

32.5'

1.56'

1.56'

22'

8.11'

8.82'

931

801

Report Review
Slope plan difference
To detain
Brgs
Wet det

I, [illegible], CERTIFY THAT I AM A REGISTERED LAND SURVEYOR, BEING DULY SWORN, THAT THE PLAT UPON WHICH THIS CERTIFICATE APPEARS WAS PREPARED IN ACCORDANCE WITH THE LAWS OF NORTH CAROLINA AND AMENDED, IS IN ALL RESPECTS CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF AND WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION ON THE 7TH DAY OF MARCH, 1990 WITH A MAXIMUM ERROR OF CLOSURE OF 1:10,000 AND A MAXIMUM ANGULAR CLOSURE OF 7.5 SECONDS PER ANGLE.

[signature illegible]
REGISTERED LAND SURVEYOR

APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF THE TOWN OF MINT HILL, NORTH CAROLINA. 4/23/90
CHAIRMAN MINT HILL PLANNING BOARD
William H. Simkins

[illegible] 2-80-0362
(NOW OR FORMERLY)

Full F 7116A

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 11-6-90

6821 wilson grove rd

FROM: COUNTY ENGINEERING DEPARTMENT

2ED FILE _____ JURISDICTION CODE Mint

PARCEL NUMBER 109-501-43

ASSIGNED ADDRESS 6817 Wilson Grove Rd

EXISTING ADDRESS _____

PROJECT NAME _____ N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED		DISAPPROVED	
1. SUBDIVISION REGULATIONS	/	/	/	/*
2. FLOODWAY REGULATIONS	/	/	/	/*
3. EROSION CONTROL REGULATIONS	/	/	/	/*
4. PUBLIC UTILITY EASEMENT	/	/	/	/*

	PRESENT		NOT PRESENT	
5. PUBLIC UTILITY EASEMENT	/	/*	/✓	/
6. PROPERTY FRONTS ON THOROUGHFARE	/✓	/*	/	/
7. DRIVEWAY PERMIT REQUIRED	/	/*	/	/✓

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

REMARKS: Well Septic

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S 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: [signature]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

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: ~~253HA~~ 7116A

TC: 109-501-43

SERIAL: Nº 21243 ☐ L ☐ CRT

JOB LOCATION

ADDRESS: 6817 Wilson Grove Rd (STREET NO. / STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 109-501-43

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

NAME: Walter (FIRST) K. (MIDDLE) Madden (LAST)

MAILING ADDRESS: 9925 Hannon Rd

CITY: Charlotte ⑪ STATE: N.C. ⑫ ZIP: 28227

⑬ PHONE: (WORK) ⑭ (HOME) 545-4718

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? 3 ㉕ Type?

㉓ Maximum occupancy? 3 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: W. K. Madden

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 ~~months~~ 60 from the date of issuance.

Environmentalist — Date 11/8/90

Director or Authorized Section Head — Date 11-19-90

*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: W K Hadden Construction Co. Inc.

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App for sup. - New
6817 Wilson Grove Rd.
Tax # 109-501-43
File # 2531A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

Fee: $ 200.00

NOTICE: NOV 6 1990

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 R. Miller

Completed by Collected by

MECKLENBURG COUNTY HEALTH DEPARTMENT
SITE EVALUATION REPORT
SERIAL NUMBER 17988

File: 7116A.S. Action 1

Parcel: PO 109-351-02,03,04 PC

Location:

Subdivision:

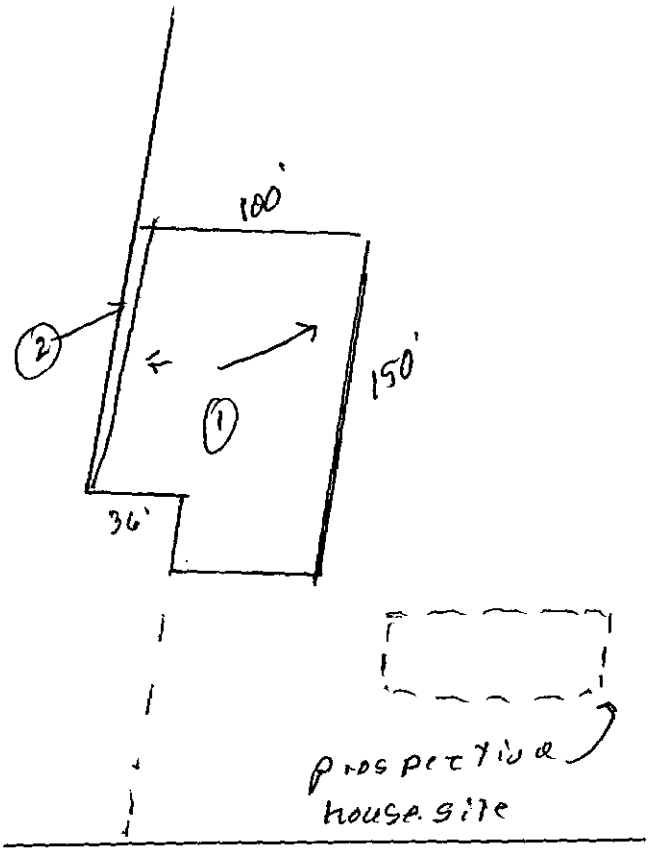
Lot: Block: Acres: Approx .38 Inc.

Owner:
Address:

Comments: 100% Repair - Pump may be needed - Heavy brush & trees Topography to a degree

Described by: William A. Marlin

Date: 6-14-90



*** 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) Slight Depression	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 Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U 36" to water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36"+	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U 36"	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	III Cecil-Lloyd	Slight Depression				
Area Classification	S (PS) U	S PS (U)	S PS U	S PS U	S PS U	S PS U

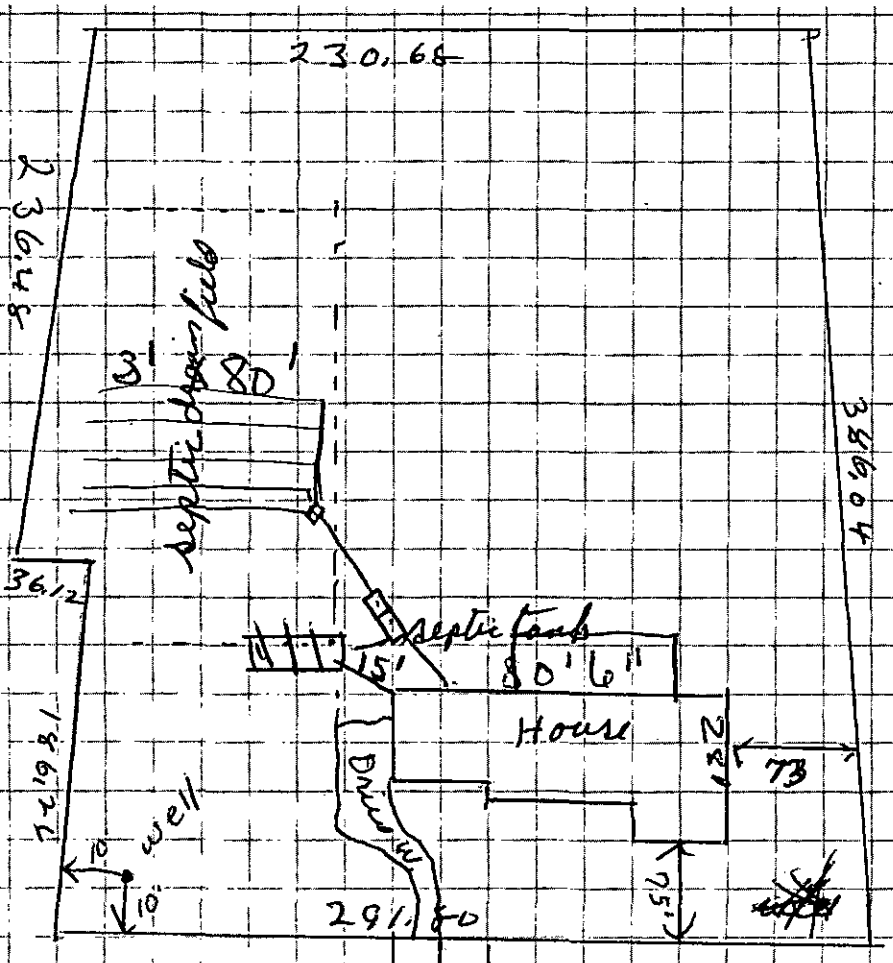
PROPOSED PLOT PLAN

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

FILE: 7116A

TC: 109-501-43

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.



System Design

1500 GALLON TANK

5 trenches
3' x 80' = 400'

OR;

4 trenches
3' x 100' = 400'

Wilson Howell P.E.

Mark Gladden
11-19-90

APPROVAL DATE 11/19/90

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

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

FILE: 2111-63A

TC: PO 109-351-2,3,4

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: Wilson Grove Rd

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 23 PAGE NO.: 731

OWNER

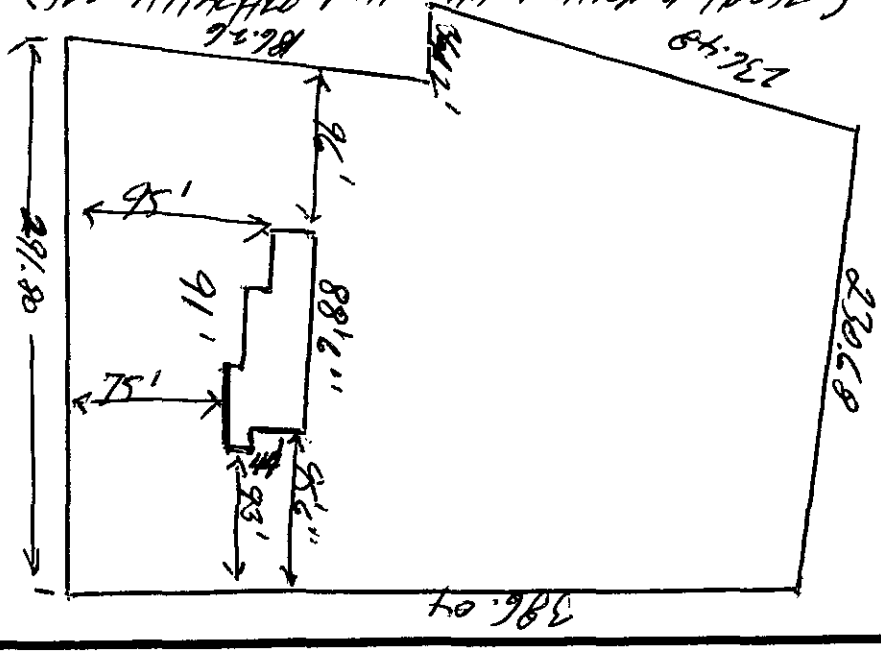
⑦ NAME: JAMES W AND JOYCE A WILLIAMS (FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5 TANGLEWOOD COURT

⑨ CITY: MOORESVILLE ⑩ STATE: NC ⑪ ZIP: 28115

⑫ PHONE: (WORK) 201 225-6015 (HOME) 201 787-2040

⑬ Accurately diagram and dimension lot. (SEE ATTACHED PLAT WITH POSITION OF HOUSE)



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

Signed: James W Williams

Date: MAY 30, 1990

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 5/31/90 Wilson Grove No

Name/Company: James Williams

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil

1 acre

2531A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUN 1 1990

Fee: $ 40.00

NOTICE:

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

Pd
CK 4365

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

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

(OFFICE USE ONLY)

C4619

FILE: 5116A

TC: PO 109 - 351 - 2, 3, 4

☐ PC ☐ REPT

JOB LOCATION

① ADDRESS: _____

② SUBDIVISION: _____ ③ LOT: _____ ④ BLOCK: _____

⑤ PARCEL REFERENCE: BOOK NO.: _____ PAGE NO.: _____ PARCEL NO.: _____

⑥ DEED REFERENCE: BOOK NO.: 23 PAGE NO.: 731

OWNER

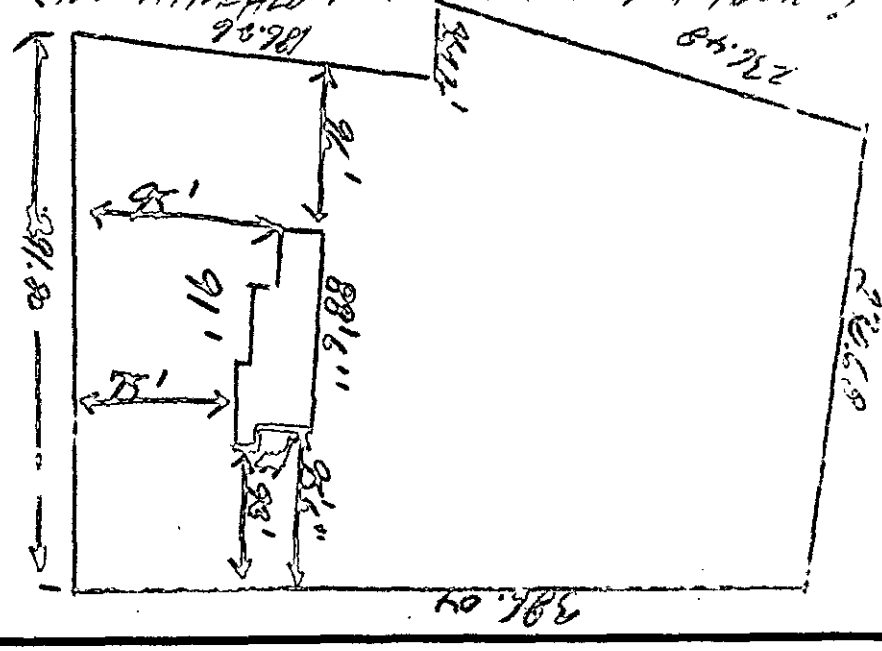
⑦ NAME: JAMES W AND JOYCE A WILLIAMS
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: 5 TANGLEWOOD COURT

⑨ CITY: MOORESVILLE ⑩ STATE: NC ⑪ ZIP: 28115

⑫ PHONE: (WORK) 201 225-6815 (HOME) 201 787-2040

⑬ Accurately diagram and dimension lot. (SEE ATTACHED PLAT WITH POSITION OF HOUSE)



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Signed: James W Williams

Date: MAY 30 1990

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

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY

APPLICATIONS FOR IMPROVEMENT PERMITS
(NEW APPLICATIIONS ONLY!)

FILE NUMBER: 7116A DATE RECEIVED: 11-6-90

SANITARIAN: Judy Tiser

INFORMATION TO COMPLETE FILE

Soil Report: Already in File ✓ Date Filed _____ Time_____

Charge Slip: Date Filed _____ Time_____

Applications (white only!): Date Filed _____ Time_____

Plot Plan: Date Filed _____ Time_____

Site Plan: Date Filed _____ Time_____

Address Form (Cty. Eng.): Date Filed 11-6-90 Time 10:50

Zoning Form: Date Filed _____ Time_____

Verification of Lot Division: Date Filed _____ Time _____

DataBase: Date Logged _____ Time_____

Lotus: Date Logged _____ Time_____

FILE AVAILABLE/COMPLETE FOR SANITARIAN: Date _____ Time_____

APPLICATIONS FOR IMPROVEMENT PERMITS
(NEW APPLICATIIONS ONLY!)

FILE NUMBER: 9116A DATE RECEIVED: 11-6-90

SANITARIAN: _____

INFORMATION TO COMPLETE FILE

Soil Report: Already in File ✓ Date Filed _____ Time [illegible]

Charge Slip: Date Filed 11-7-90 Time 1:46

Applications (white only!): Date Filed 11-7-90 Time 1:46

Plot Plan: Date Filed _____ Time _____

Site Plan: Date Filed _____ Time _____

Address Form (Cty. Eng.): Date Filed 11-7-90 Time 1:46

Zoning Form: Date Filed _____ Time _____

Verification of Lot Division: Date Filed _____ Time _____

DataBase: Date Logged 11-7-90 Time 10:00 a.m.

Lotus: Date Logged 11-7-90 Time 12:55PM ✓

FILE AVAILABLE/COMPLETE FOR SANITARIAN: Date _____ Time _____