

500 SHORT HILLS DR

16719225

6/25/2007

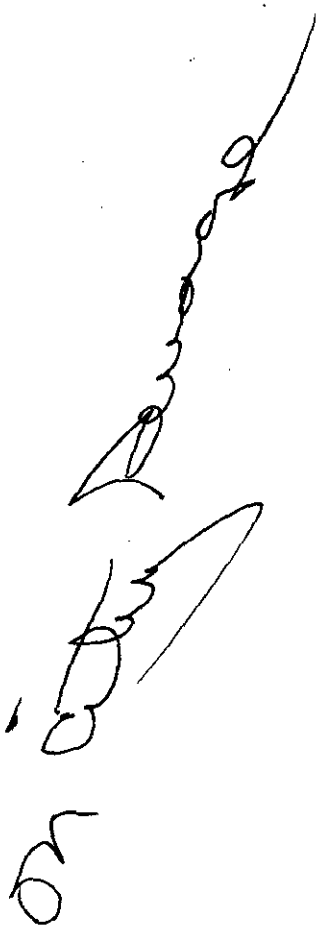
duponbj

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

Roy Phillips

357-6064

Per Roy
Phillips
2-19-98
to be canceled
per owner



CHARLOTTE MECKLENBURG

DATE: Feb. 15, 1996

RECEIVED FROM: Barbara Pettice

Seventeen Hundred fifty dolla

FOR: 700 Shark Hills Dr

4" sewer tap

CASH ☐

CHECK ☑ 4394

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: 7081A
TC: 167-192-25
SERIAL: № 21248 ☒ L ☐ CRT

JOB LOCATION

☒ ADDRESS: 500 (STREET NO.) Short Hills Dr. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 167-192-25
⑤ SUBDIVISION: Whispering Pines ⑥ LOT: 14 ⑦ BLOCK: 8

OWNER

☒ NAME: Barbara G. Pettice (FIRST) (MIDDLE) (LAST)
☒ MAILING ADDRESS: 500 Short Hills Dr.
☒ CITY: Charlotte ☒ STATE: NC ☒ ZIP: 28217
☒ PHONE: (WORK) none ☒ (HOME) (704) 527-5037

REQUEST

This request is for a(n):

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

DESIGN CRITERIA

System will serve:

☒ ⑱ ☒ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 1
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: Donald J. Nicolas
Date: 10/5/90

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. Use existing system Co

B. R. Ferguson — Environmentalist — 10-15-90 — Date

Director or Authorized Section Head — 10-16-90 — 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: 10-5-90

Name/Company: Barbara G. Pettice

MECKLENBURG
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 8 1990

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp - detached garage
500 Short Hills Dr.
TP: 167-192-25
File # 7081A

Paid Cash

Fee: 25.00

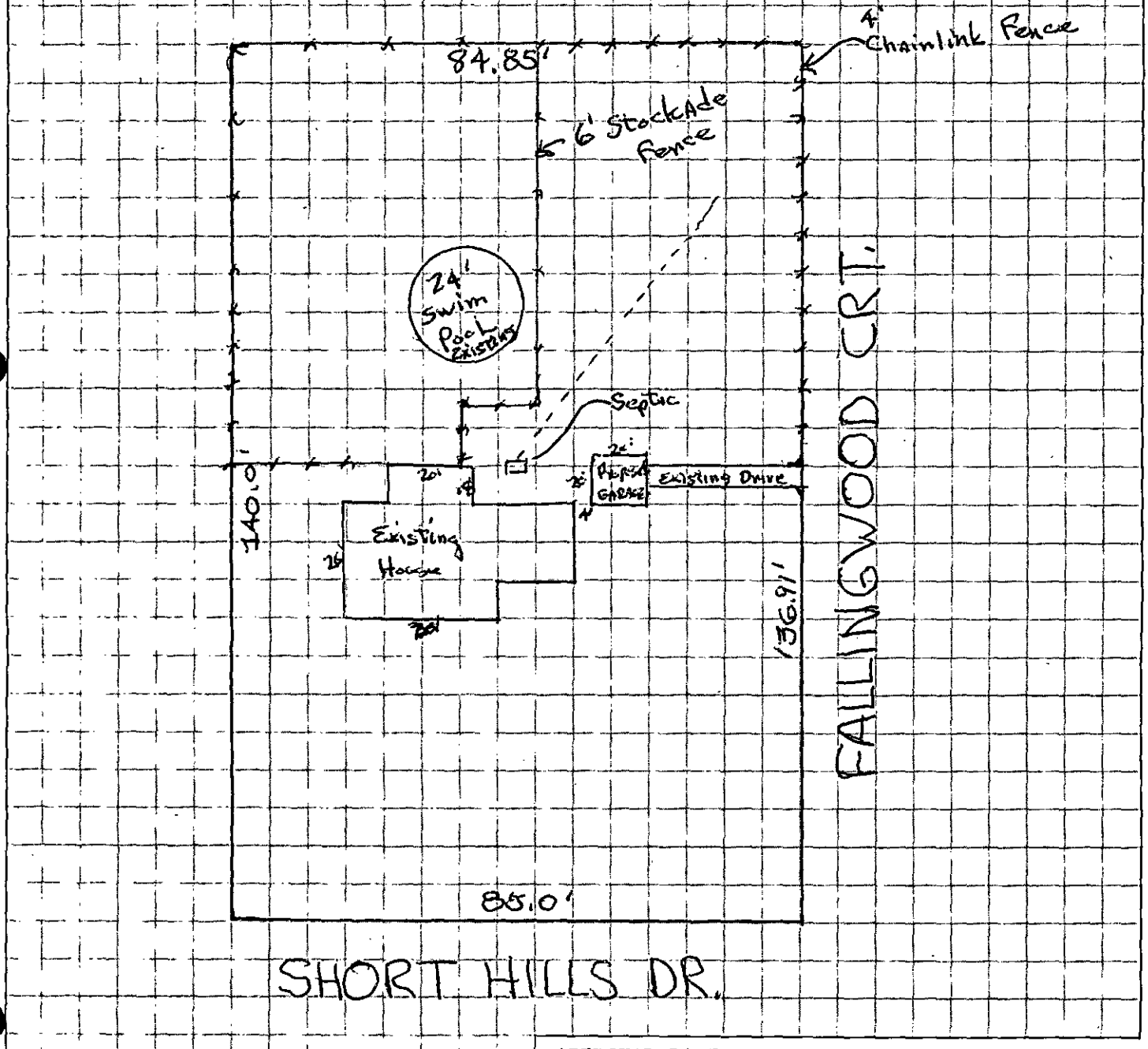
PROPOSED PLOT PLAN

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

FILE: 7081A

TC: 167-192-25

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

Lot 14 Block 8
Mapbook 14 Pg 325

DATE 10-4-90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Char

167-192-25
PARCEL NUMBER

500 Short Hills 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: detached garage

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: [signature]