

9116 E INDEPENDENCE BV

19322104

6/3/08

marliwr

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

7984 ... 8/18/97 #50.00

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

(1) CRT

Cal First

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

X PERSON FILING APPLICATION:
NAME: Barbee (last) Elizabeth (first) B (mi)
ADDRESS: 9100 E. Indep. Blvd. PHONE: (704) 847-6200
CITY: Matthews STATE: NC ZIPCODE: 28106

Date: Aug 13, 1997

PROPERTY INFORMATION (FROM ENGINEERING FORM):
X TAX/PARCEL NUMBER: 193-221-04
X STREET ADDRESS: 9106 East Indep. Blvd. Matthews, NC 28106
ZONING:

X PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: PHONE: ( )
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [X] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres): 2

TYPE APPLICATION (check one):

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
Use Existing Septic System
to relocate Mobile Home on Lot

RESIDENTIAL PROPERTY (Type Building, check one):
X SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER ____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business ____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type ____

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
X Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop X None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

The undersigned, owner, or legal agent for the 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.

X Signed: Elizabeth Barbee X Date: August 13, 1997

NOTICE:

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 approval is granted by this Department.

...This permit is not transferable.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[X] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
WS to relocate 2 bdrm (S.W.) m.h.

...8/20/97 OSW. Mo. Elizabeth Barbee's adult daughter, Debbie, present. Per Mo. Barbee, existing 2 S.W. mobile homes share S.T. system with house. One of the existing m.h. to be removed, the second m.h. is to be relocated 6' away from right property line to meet minimum zoning setback. Approval to relocate one (2 bedroom) m.h. - tie back into existing (same) S.T. JBM

Lisa B. Mialik, RS 8/20/97
Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

L-1

1984

693.55 (TOTAL)

190.00

OLD CONCRETE MONUMENT

N. 55-40-40 E.

255.80

N. 55-40-40 E.

455.72

ZONED B-D

ED B-D

MARTIN-MARIETTA CORPORATION
2793-112, 2819-517, 2803-159

ELIZABETH D. BARBEE

1.998 ACRES TO R/W

IRON

50.0

8.0

21.8

8.0

3.0

14.0

14.0

7.0

10.0

10.0

2.0

14.0

1 STORY BRICK COMP. ROOF

72.0

48.0

34.0

28.2

36 1/2'

498.30 (TOTAL)

200.00

498.82 (TOTAL)

50'

10'

40'

114.6

8/20/97
Per Elizabeth Barbee — Existing m.h. to be removed from property. JSH

EXISTING m.h. to be relocated to site (depicted in yellow)

8/20/97 WKS to relocate existing m.h. 98' away from right property line & reconnect to existing S.T. (with house) JSH

IRON

190.00

OLD CONCRETE MONUMENT

S 34

42.50

0.185 ACRE IN RD. R/W

42.50

190.00

S 34

PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 7984

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.

* SEE ATTACHED MAP

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

File 7984

DATE 8/29/97

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Matt

193 221 04
PARCEL NUMBER

ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

9116 E Independence Bv.
EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

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. WATERSHED PROTECTION	**_____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**
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	**_____YES**	**_____NO**

REMARKS: MH

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).

ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Jm

REVISED 1/91