

15800 YOUNGBLOOD RD

12/26/2007

duponbj

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S.
Program Chief

Date: September 3, 1996

Ref: File 1548B/Youngblood Road

SUBJECT: Refund

(Mr./Mrs./Co.) Ms. Susan Currence originally paid $100.00

for application fee for an Improvement Permit on August 19, 1996

.

A refund should be issued for $100.00 because

Client cancelled application prior to services being performed

.

Please make check payable to: Susan Currence

15129 Arbroath Court

Charlotte, NC 28278

FEE: 100.00 CK#
DATE: 8/19/96 1939

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 1 CRT

TYPE APPLICATION: __ NEW SYSTEM __ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

COPY

FILE #: 154813

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 219-193-45 217-021,25,26

STREET ADDRESS: Youngblood Rd.

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: ~~LOT # 111~~

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

HEATED SQUARE FOOTAGE: 1500

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 1

CLOSING DATE_____

FOUNDATION FOR RESIDENCE#

__ WITHOUT BASEMENT
✓ ON SLAB
__ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES __ YES ✓ NO
EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES __ YES ✓ NO
DESIGNATED WETLANDS __ YES ✓ NO

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: Currence, Susan H (LAST) (FIRST) (MI)	NAME: (LAST) (FIRST) (MI)
ADDRESS: 15129 Arbroath Ct	DAYTIME PHONE: ( ) —
CITY: Charlotte STATE: NC ZIP: 28278	
DAYTIME PHONE: (704) 523-0515	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11-20-64

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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.

SIGNED: Susan H. Currence DATE: 8-19-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

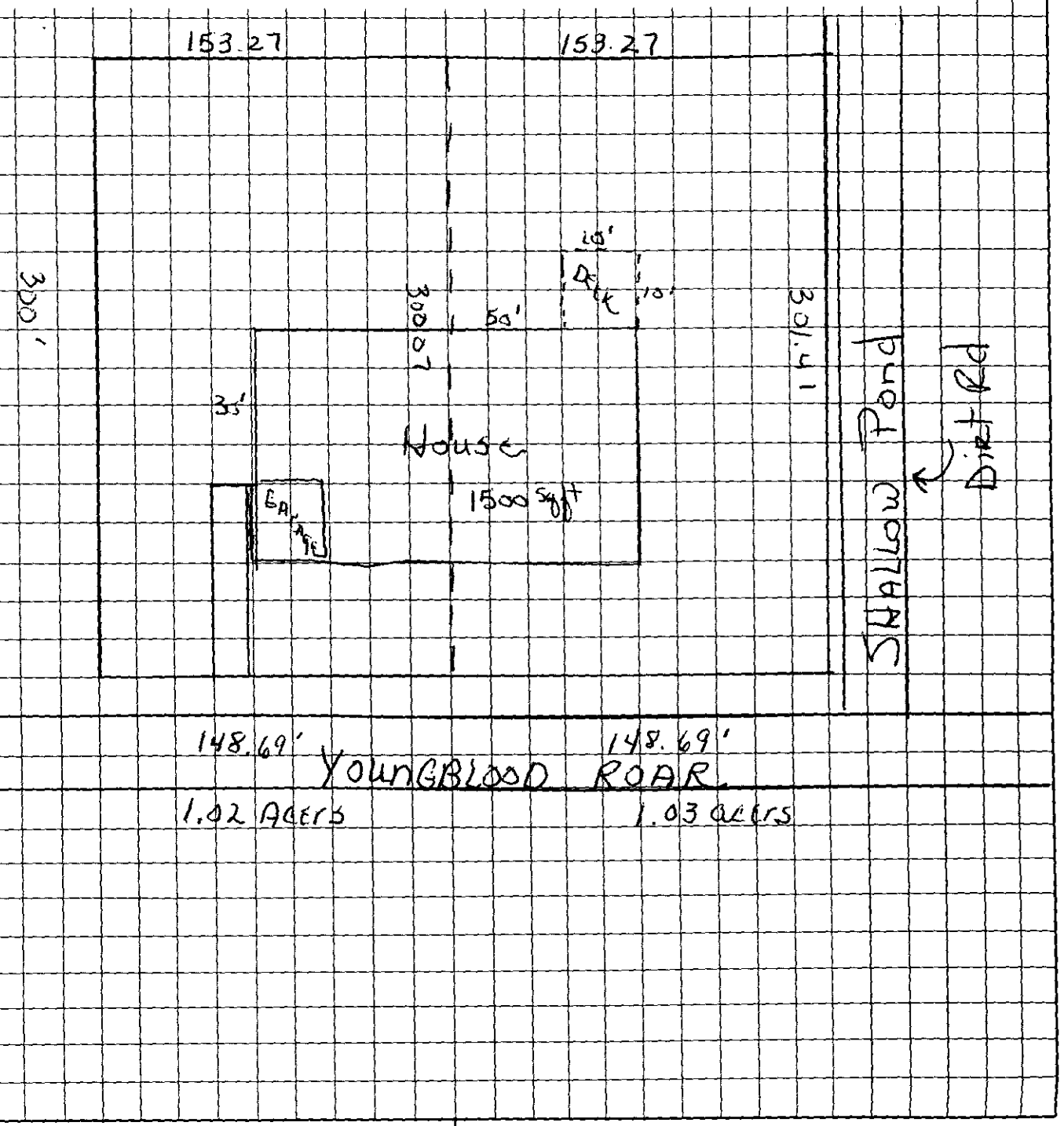
PROPOSED PLOT PLAN

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

FILE: 1548B

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.



APPROVAL DATE _____

OWNER/AGENT SIGNATURE

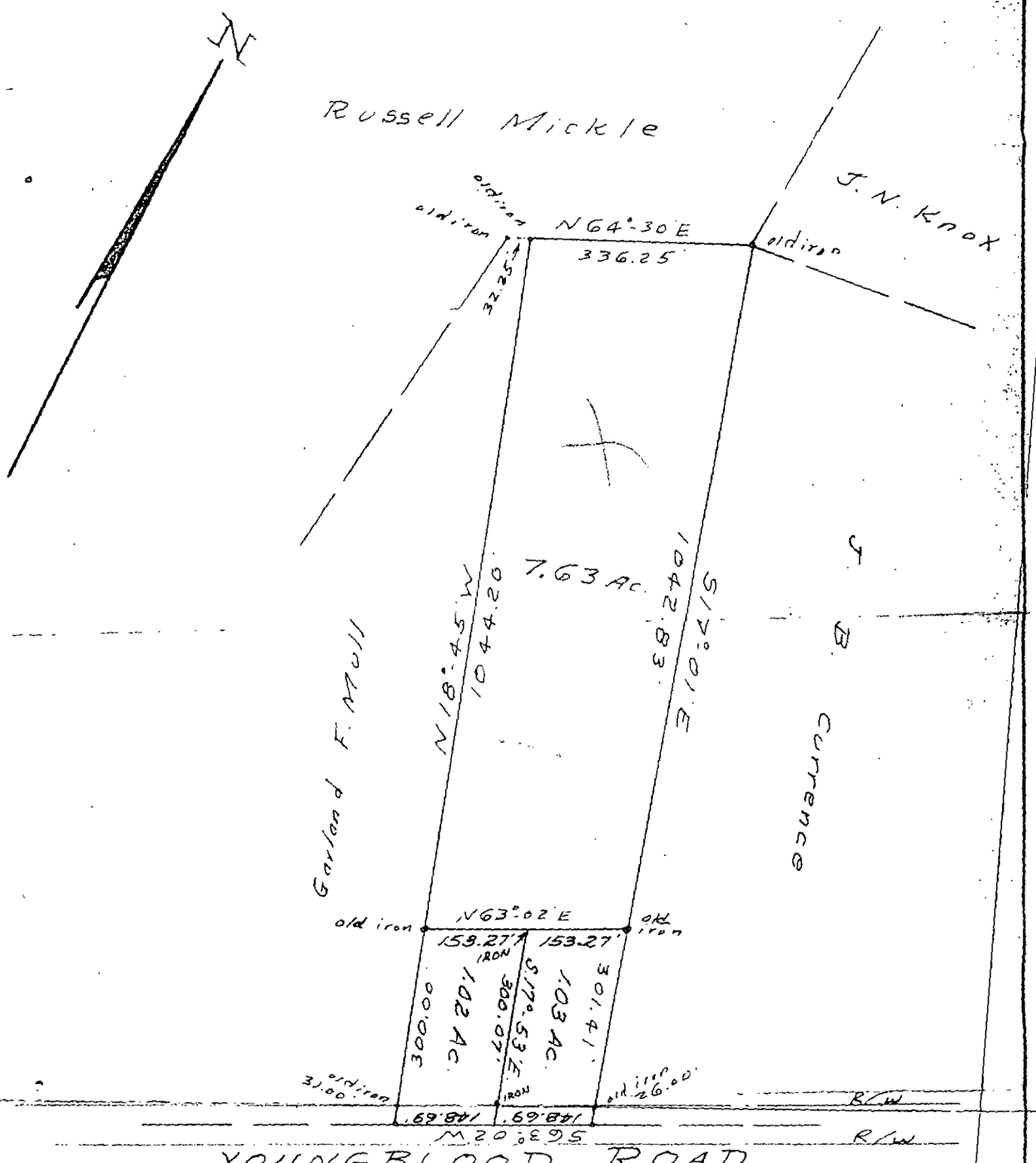
DATE

White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

1548B

THIS IS TO CERTIFY THAT ON THE 20th DAY OF Nov. 19 64 I SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDING ARE AS SHOWN HEREON; THAT THERE ARE NEITHER ANY ENCROACHMENTS BY THE WALLS OR PROJECTIONS OF THE BUILDINGS THEREON, ON THE STREETS OR ON THE ADJACENT PROPERTY; NOR ANY ENCROACHMENTS OF THE WALLS OR PROJECTIONS OF THE ADJACENT BUILDINGS UPON THE MORTGAGED PROPERTY.

SIGNED E. L. Faires
Reg. Surveyor, State of North Carolina



SURVEY OF PROPERTY

OF

J. B. CURRENCE

MECKLENBURG COUNTY, N. C.

Steele Creek TOWNSHIP

SCALE - 1" = 200 FEET DATE Nov. 20, 19 64

DEED RECORDED IN BOOK____ PAGE____. MAP RECORDED IN BOOK____ PAGE____.

E. L. FAIRES, N. C. REGISTERED SURVEYOR

ROUTE 3, CHARLOTTE, N. C.

FEE: 100.00 CK# 1939
DATE: 8/19/96

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NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 15485

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NAME: (LAST) Currence, (FIRST) Susan (MI) H

ADDRESS: 15129 Arbroath Ct.

CITY: Charlotte STATE: NC ZIP: 28278

DAYTIME PHONE: 704 523-0515

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NAME: (LAST) (FIRST) (MI)

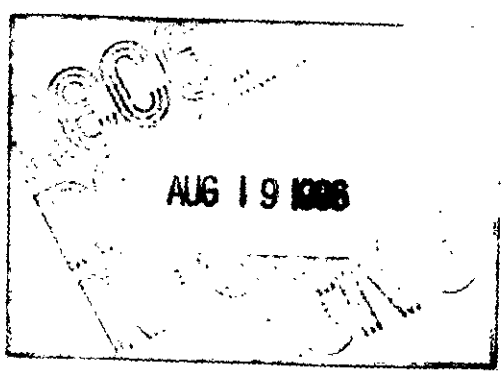
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AUG 19 1986

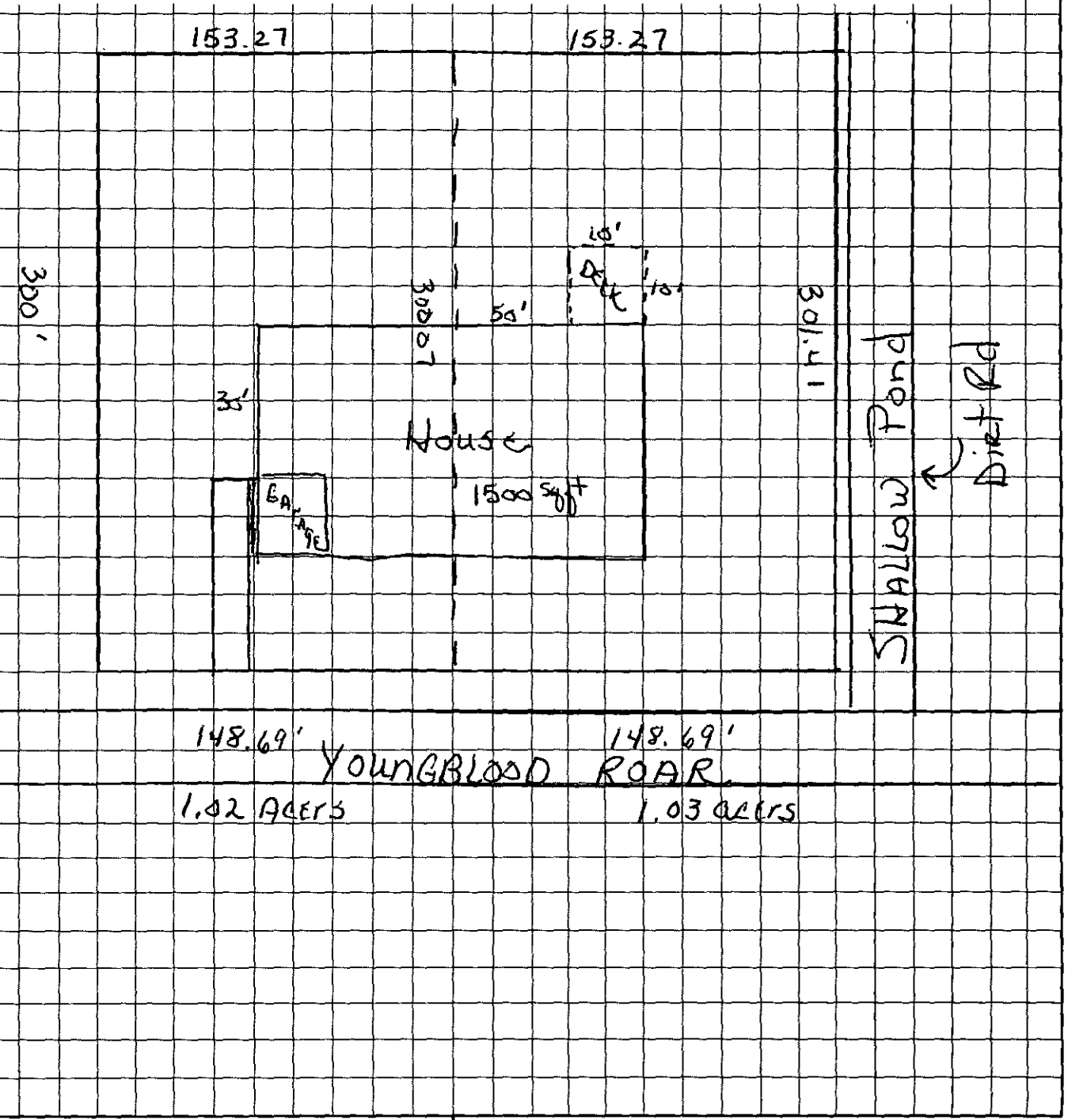
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HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

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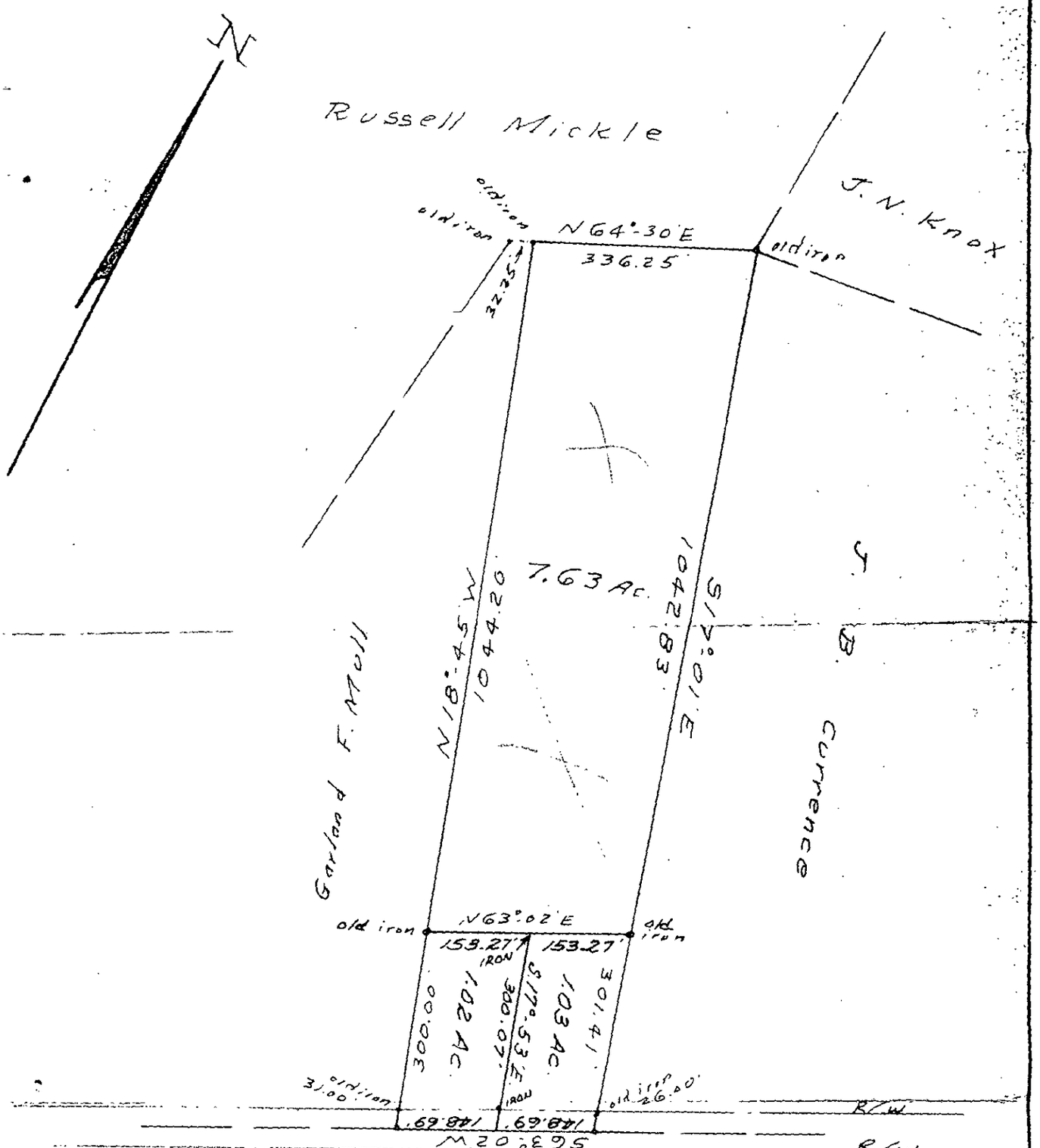
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E. L. FAIRES, N. C. REGISTERED SURVEYOR

ROUTE 3, CHARLOTTE, N. C.

IMPORTANT MESSAGE

FOR 5450 Merchant

DATE 2-17-02 TIME 5:22 A.M. P.M.

M 219-192-45

OF

PHONE Cancel T. P.
AREA CODE NUMBER EXTENSION

TELEPHONED		PLEASE CALL	
CAME TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL		SPECIAL ATTENTION	

MESSAGE Susan Currence
523-0515 work
Mail Address
15129 Arbroath Ct
Charlotte 28278

SIGNED

LITHO IN U.S.A.

TOPS FORM 3002W

Do
Refund
per Ted call
8/30/94