

7017 NEAL RD

04731104

12/26/2007

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

1976B

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

$50.00 CK# 4723 6/6/97 CRT

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

(704)336-5102

PERSON FILING APPLICATION:
NAME: BUTCKOVITZ (last) DEAN (first) N (mi)
ADDRESS: 7017 NEAL RD PHONE: (704) 597 9556
CITY: CHARLOTTE STATE: NC ZIPCODE: 28262

Date:

PROPERTY OWNER:
NAME: BUTCKOVITZ (last) DEAN (first) N (mi)
ADDRESS: 7017 NEAL RD PHONE: (704) 597 9556
CITY: CHARLOTTE STATE: NC ZIPCODE: 28262

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 047-311-04
STREET ADDRESS: 7017 NEAL ROAD CHARLOTTE N.C. 28262
ZONING:

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

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 38, 39, 116 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[1956]

[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

[X] ADDITION, GARAGE OR RENOVATION/NO MAJOR CHANGES (X) utility room, Bathroom, deck

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

NUMBER BEDROOMS: 0 NUMBER OCCUPANTS: 0

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)
[X] Municipal (M) [] Other 'spring' (O)
[] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] 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.

Signed: X DEAN Butckovitz Date: 6-6-97

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.

...Approval granted for utility rm, bath extension, & Deck

Use existing system

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Philo A. Walker R.S. 6/10/97
Environmentalist Date

WWATER : 122791

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SKETCH/AREA TABLE ADDENDUM

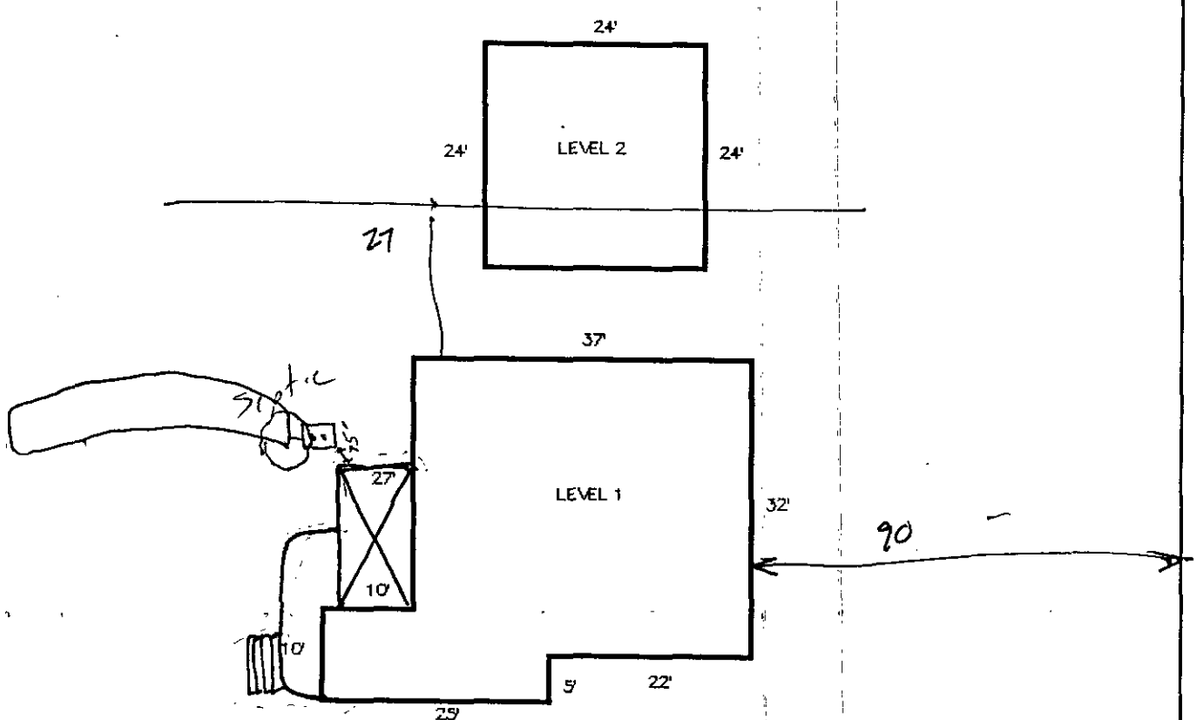
File No: 7017NR

SUBJECT

Borrower/Client			
DEAN BUTCKOVITZ ET AL			
Property Address			
7017 NEAL ROAD			
City	**County**	**State**	**Zip Code**
CHARLOTTE	MECKLENBURG	NC	28269
Lender			
SECU/BUTCKOVITZ			

IMPROVEMENTS SKETCH

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SCALE: 1 inch = 19 feet

AREA CALCULATIONS

AREA CALCULATIONS SUMMARY

Area	Name of Area	Size	Totals
GLA1	First Floor	1359.00	1359.00
GLA2	Second Floor	576.00	576.00
TOTAL LIVABLE (rounded)			1935

LIVING AREA CALCULATIONS

Breakdown			Subtotals
37.00	X	32.00	1184.00
10.00	X	10.00	100.00
15.00	X	5.00	75.00
24.00	X	24.00	576.00
			1935

04/7-31-04