

2113 CEDARVALE RD

05318803

12/27/2007

duponbj

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

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

2335B 40 [ ] 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: MARSHALL (last) TOM (first) D (mi)
ADDRESS: 2656 E FRANKLIN PHONE: 704 866 9060
CITY: GASTONIA STATE: NC ZIPCODE: 28056

Date: 12-5-97

PROPERTY OWNER:
NAME: NELSON (last) RICHARD (first) (mi)
ADDRESS: 2113 CEDARVALE PHONE: 704 393 0042
CITY: CHARLOTTE NC STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 053-188-18
STREET ADDRESS: 2113 CEDARVALE
CHARLOTTE NC 28214
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: —

TYPE APPLICATION (check one):

LOT NUMBER: LOT SIZE (in acres):

[redacted]

[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (K)

[redacted]

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

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

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 3

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY: N/A
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)
[ ] 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 X 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: 12-5-97 Date: Tom Marshall

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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.

...Approved for a two bedroom home only. Keep min 5' from any part of septic tank system with any bldg. foundation

[ ] 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

Environmentalist 12-12-97
Date

Director or Authorized Section Head Date

WATER : 122791

PX $50.00 & receipt 12/15/97

2335B

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APPLICATION FOR SERVICES

[] CRT

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

(704)336-5102

PERSON FILING APPLICATION:

NAME: MARSHALL (last) TOM (first) D (mi)

ADDRESS: 256 E. FRANKLIN PHONE: 704 866 9060

CITY: GASTONIA STATE: NC ZIPCODE: 28056

Date: 12-5-97

PROPERTY OWNER:

NAME: NELSON (last) RICHARD (first) (mi)

ADDRESS: 2113 CEDARVALE PHONE: 704 393 0042

CITY: CHARLOTTE NC STATE: NC ZIPCODE: 28214

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 053-188-08

STREET ADDRESS: 2113 CEDARVALE CHARLOTTE NC 28214

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: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[redacted]

[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)

[redacted]

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

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[X] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER _____ (O)

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SYSTEM CLASSIFICATION:

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

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FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
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[] Garage [] Storage Building [X] 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.

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...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.

... Not approved for 3-bedroom.

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

Environmentalist Date

Director or Authorized Section Head Date

WATER : 122791

CHARG

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Charge Slip

Date: 12/5/97

Name/Company: Tom Marshall

Sanitation _____

Vector Control _____

IWWS X

Service: Mobile Home Exchange
Deck Addition
2113 Cedarville Rd.
File 2335B

Fee: $ 50.00

NOTICE:

A processing fee of $20.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by 12/5/97

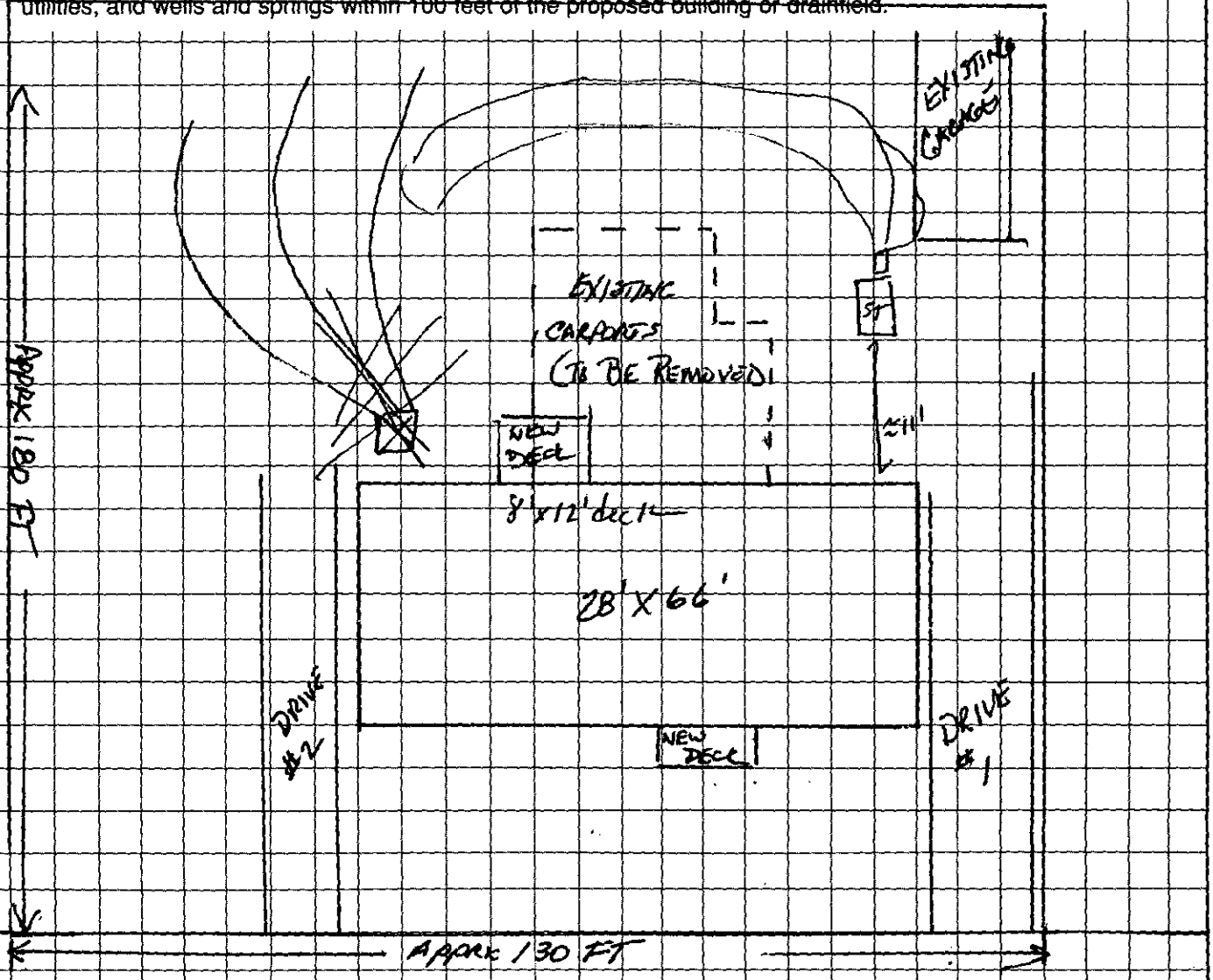
PROPOSED PLOT PLAN

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

FILE: 23568

TC: 053-188-11

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.



Approved for a 2 (two) bedroom home only.

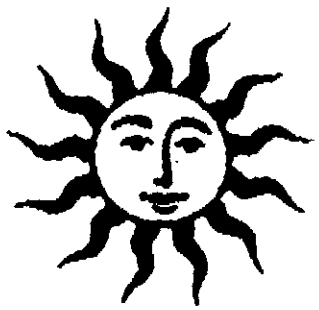
Keep min 5' with any building foundation from any part of sewage treatment and disposal system.

Jon Marshall
OWNER/AGENT SIGNATURE

DATE 12-5-97

APPROVAL DATE 12-12-97 (88)

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





FAX COVER SHEET

ENERGY EFFICIENT HOUSING, INC.
2656 E. FRANKLIN BLVD.
GASTONIA, NC 28056
704-866-9060
FAX 704-866-4977

No. of Pages Including Cover Sheet 3

Date: 12-10-97

To: SUSAN BATEMAN

Company: MCHD

Fax No.: 336 6854

From: TOM MARSHALL

Message: SUSAN: EXISTING HOME IS 2 BR (CONFIRMED THIS DATE); DECISION MADE TO GO W/ 2 BR REPLACEMENT DUE TO POSS. LIMITATIONS ON REPAIR ADDITIONS VERSUS FOR 3 BR. - PLS NOTE CHANGES ON ATTACHED. PLS ADVISE ON NEXT STEPS - NEED TO MOVE QUICKLY TO GET PERMITS TO MEET CUSTOMER'S LOAN DEADLINE.

THANX
TOM

Mecklenburg County
Health Department

TELECOPIER TRANSMITTAL COVER SHEET

*** NOTICE ***

THE INFORMATION CONTAINED IN THIS TELECOPY MAY BE PRIVILEGED AND/OR CONFIDENTIAL AND IS INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT (OR SUCH RECIPIENT'S EMPLOYEE OR AGENT), YOU ARE HEREBY NOTIFIED NOT TO READ, DISTRIBUTE OR COPY THE MATERIALS ATTACHED HERETO WITHOUT THE PRIOR WRITTEN CONSENT OF THE SENDER. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY THE SENDER BY TELEPHONE CALL AND RETURN THE ORIGINAL TELECOPY TO US BY MAIL AND WE WILL REIMBURSE YOU FOR THE REQUIRED POSTAGE. THANK YOU.

TO: Tom Marshall TELECOPIER # 866-4977

FROM: Tims DATE 12/12/97

NUMBER OF PAGES TRANSMITTED: 2 (including cover sheet)

COMMENTS: Computer System Currently unavailable will not be able to put release on until Monday Morning after 9:00 AM. If you get to BDS standards before that time + they call us I will give the verbal OK to proceed. that will help

If you do not receive all pages, please call us as soon as possible at the following number: (704)336-5102.

[X] Original will not follow [ ] Original will follow via:

[ ] U.S. Mail [ ] Hand Delivery [ ] ____

Environmental Health Division
700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236