

2504 BELMEADE DR

05327104

1/8/2008

duponbj

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

FEE: 210.00 CK# 2219
DATE: 4/22/03 FC

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

C37

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

Brandon 1XS

FILE #: 5314B

PROPERTY INFORMATION FROM ENGINEERING FORM FOR JOB LOCATION:

TAX/PARCEL NUMBER: 05327104

STREET ADDRESS: 2504 Belmeade

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: 1968

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: 1540

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS:

CLOSING DATE

FOUNDATION FOR RESIDENCE:

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

1XS. system can be used for Mobile home exchange, stay >5' from septic system. Brandon Gay

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

A new modular -

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ___ NO TYPE: Residence

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	WELL, SPRINGS OR WATERLINES	___ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ___ NO	DESIGNATED WETLANDS	___ YES ___ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ___ NO		

PROPERTY OWNER:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Rush (FIRST) JoAnn (MI)	NAME: (LAST) Gadd's (FIRST) PAT (MI)
ADDRESS: 2504 Belmeade	DAYTIME PHONE: 704 824 - 9213
CITY: Charlotte STATE: N.C. ZIP: 28214	
DAYTIME PHONE: (704) 392 - 9391	

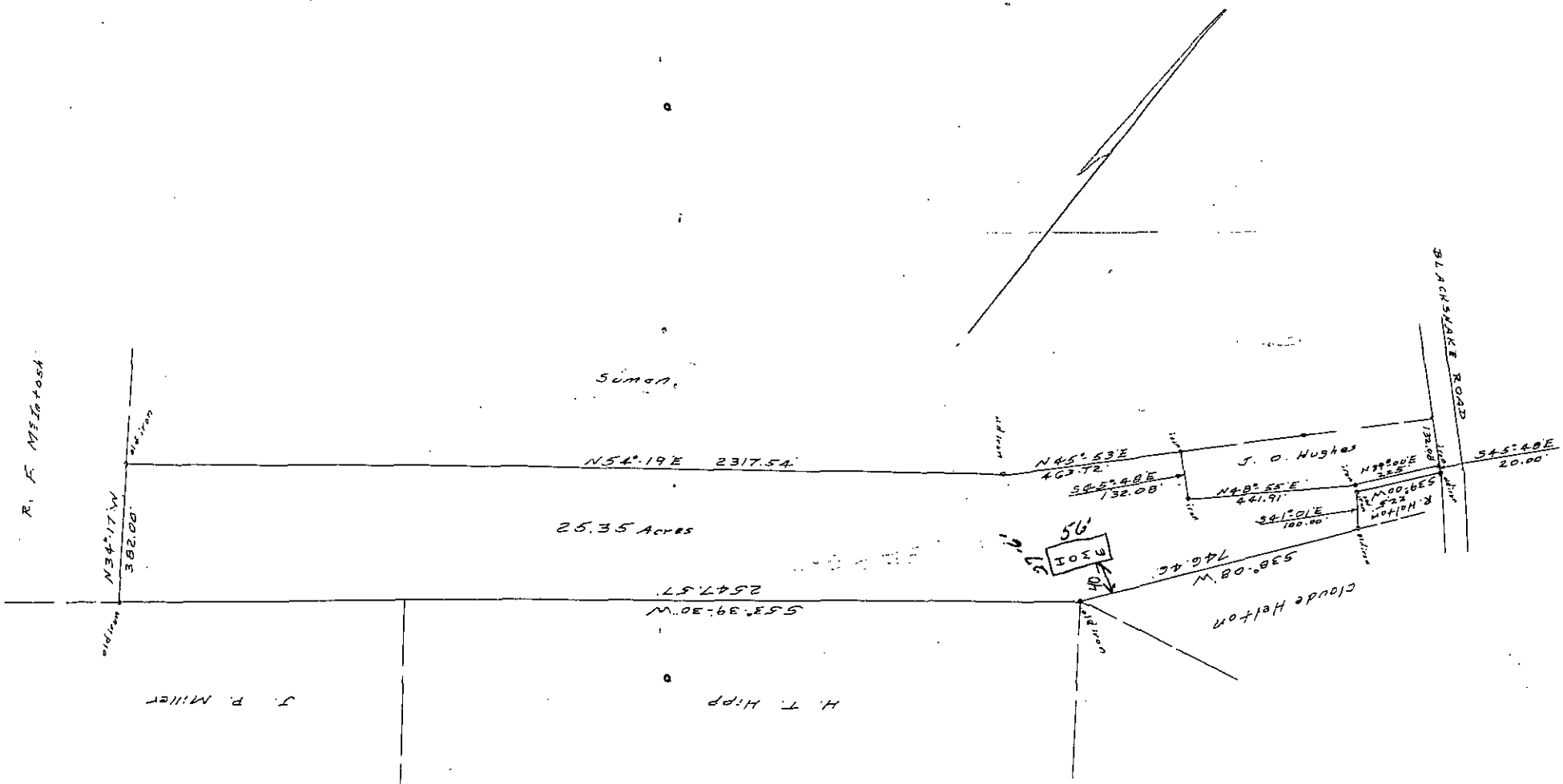
WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1965 - Feb 19 (Fred - JoAnne)

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: X Pat Gadd's DATE: X 4-22-03

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

52148



PROPERTY OF

EARL RUSH

SCALE: 1" = 2 CH	APPROVED BY:	DRAWN BY
DATE: Jan. 26, 1965		REVISED
Meck. Co. N. C. Pow Creek T'W'SP.		
E. L. Faires - N. C. R. S.		DRAWING NUMBER

5x46

April 14, 2003

TO WHOM IT MAY CONCERN:

This letter is to certify that Pat Gaddis is hereby authorized to act as an agent to process the building permit for customer Joanne Rush on behalf of R-Anell Retail Group, LLS T/A Tri-Tech Building Systems under the following license:

North Carolina Limited building License # 49149

R- Anell Retail Group, LLC
T/A Tri-Tech Building Systems

Greg Altizer
Manager