

12/31/2007

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Groundwater and Wastewater Services File Imaging Project

May 2007

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Mecklenburg County
Health Department

MEMORANDUM

TO: Susan Uzzell
Accountant II
FROM: Sylvia D. Daniel, R.S.
Program Chief
DATE: February 18, 1999
REF: Snug Harbor – Lots 1-6
SUBJECT: Refund

(Mr./Mrs./Co.) Land Development Consulting Services paid $600.00 for six (6) New Improvement Permit Applications on January 22, 1999.

A refund should be issued for six hundred dollars $600.00 because the applications were canceled prior to any work being performed.

Please make check payable to: Land Development Consulting Services
P.O. Box 11438
Charlotte, NC 28220

FEE: *100.00 1/00

DATE: 1-22-99 OK #1278

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

[ ] 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

FILE #: 8848

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 217-071-13 & 17

STREET ADDRESS: Snug Harbor Rd

SUBDIVISION OR MOBILE HOME PARK NAME: Two Lakes

LOT NUMBER: 2

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: 2500+

NUMBER OF BEDROOMS: 4 NUMBER OF OCCUPANTS: 8

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:

NAME: Land Development Consulting Services
(LAST) (FIRST) (MI)

ADDRESS: P.O. Box 11438

CITY: Charlotte STATE: NC ZIP: 28220

DAYTIME PHONE: ( ) 527-9113

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: Whittaker, Tim
(LAST) (FIRST) (MI)

DAYTIME PHONE: NOA - 866-9540
PS. 623-9992

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? UNK.

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: Tim Whittaker for L.D.C.S. DATE: 1/19/99

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

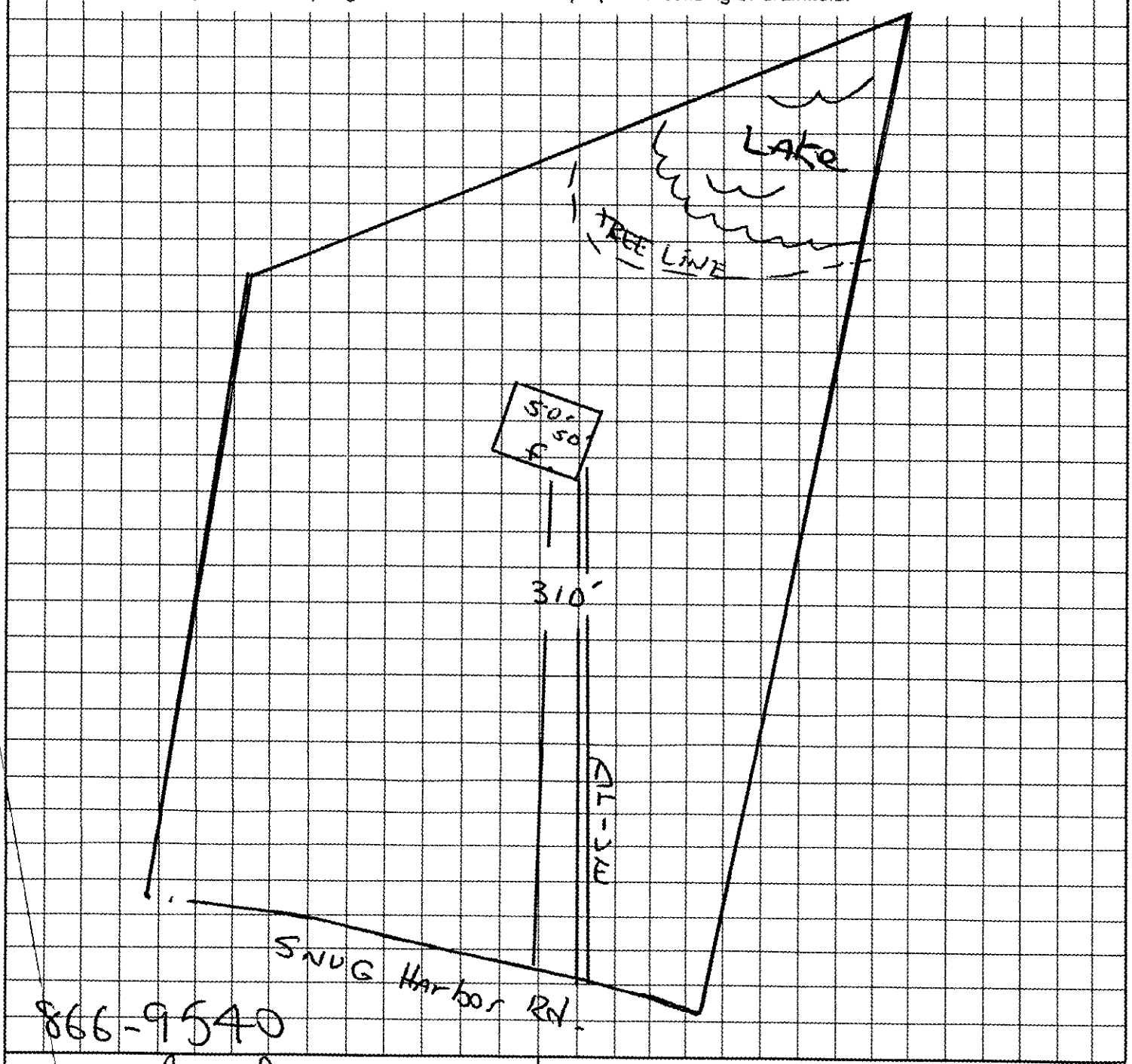
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

Lot 2
Two Lakes

FILE: 2848B

TC: 217 - 071 - 13 & 17

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.



866-9540

T. Whitaker for L.D.C.S.
OWNER/AGENT SIGNATURE

DATE 1/19/99

APPROVAL DATE _____

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy