

7528 GLENCANNON DR

10913221

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Groundwater and Wastewater Services File Imaging Project
May 2007
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D/W

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

COPY

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 2984B

PERSON FILING APPLICATION: JC Builders
NAME: James (last) CARE (first) (mi)
ADDRESS: 5501 Forestdale Dr. PHONE: (__) 543-3742
CITY: Charlotte STATE: NC ZIPCODE:

Date:

PROPERTY OWNER:
NAME: RAMBO (last) LYNN (first) (mi)
ADDRESS: 7528 GLENCANNON Dr. PHONE: (__) 563-0835
CITY: Charlotte NC STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 109-133-05
STREET ADDRESS: 7528 GLENCANNON Dr.
ZONING:

Township (check one):
[X] 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: 9 154 1567 LOT SIZE (in acres):

TYPE APPLICATION (check one):

[] 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)

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: NUMBER OCCUPANTS:
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: James Care Date: 5-18-99

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.

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

...5/20/99 OK TO USE EXISTING SYSTEM

Environmentalist 5/20/99 Date

WATER : 122791

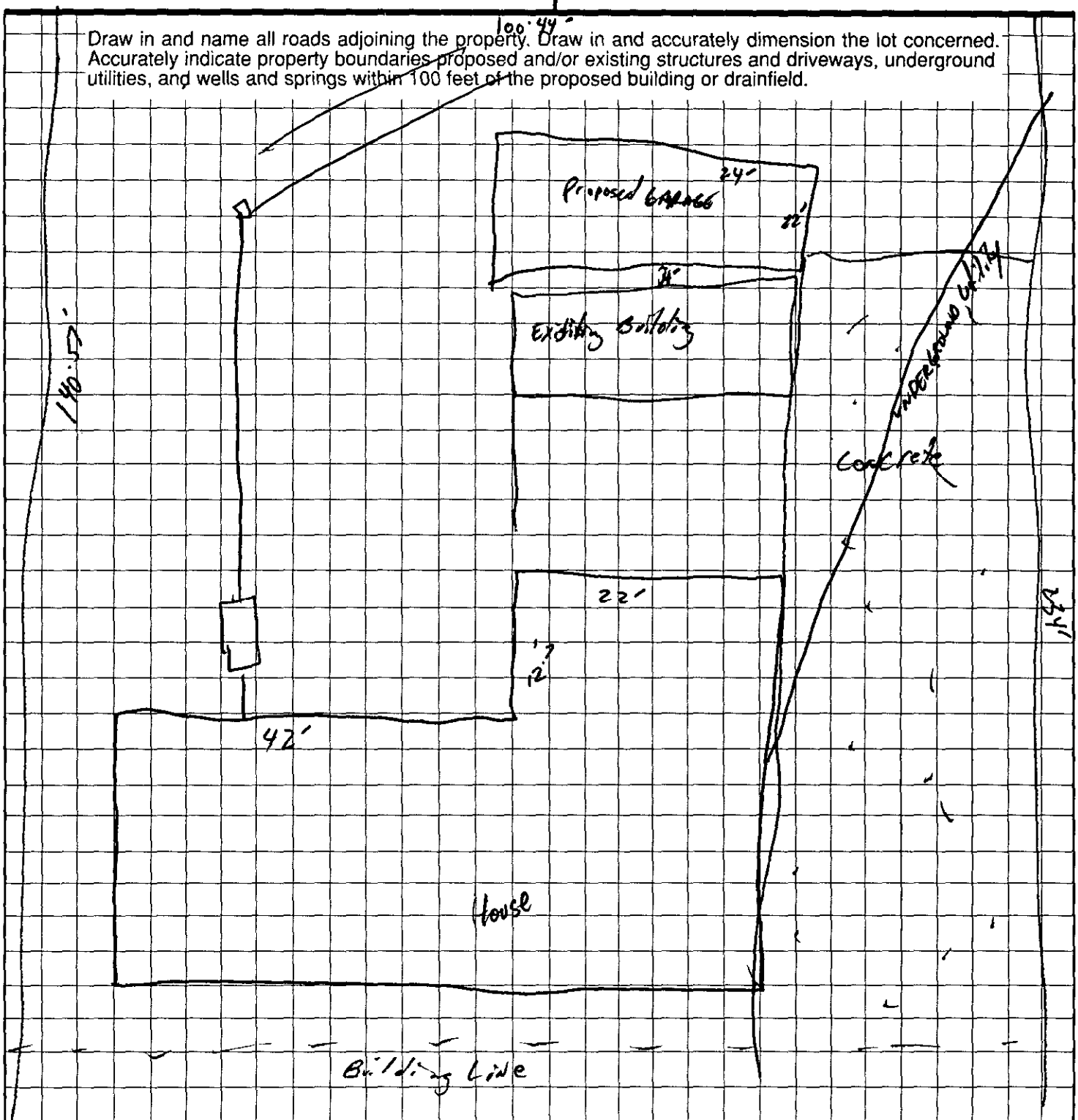
PROPOSED PLOT PLAN

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

FILE: 2984B

TC: ~~7525~~ 109-133-05

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.



OWNER/AGENT SIGNATURE

DATE 5-18-99

APPROVAL DATE 5/20/99 dw

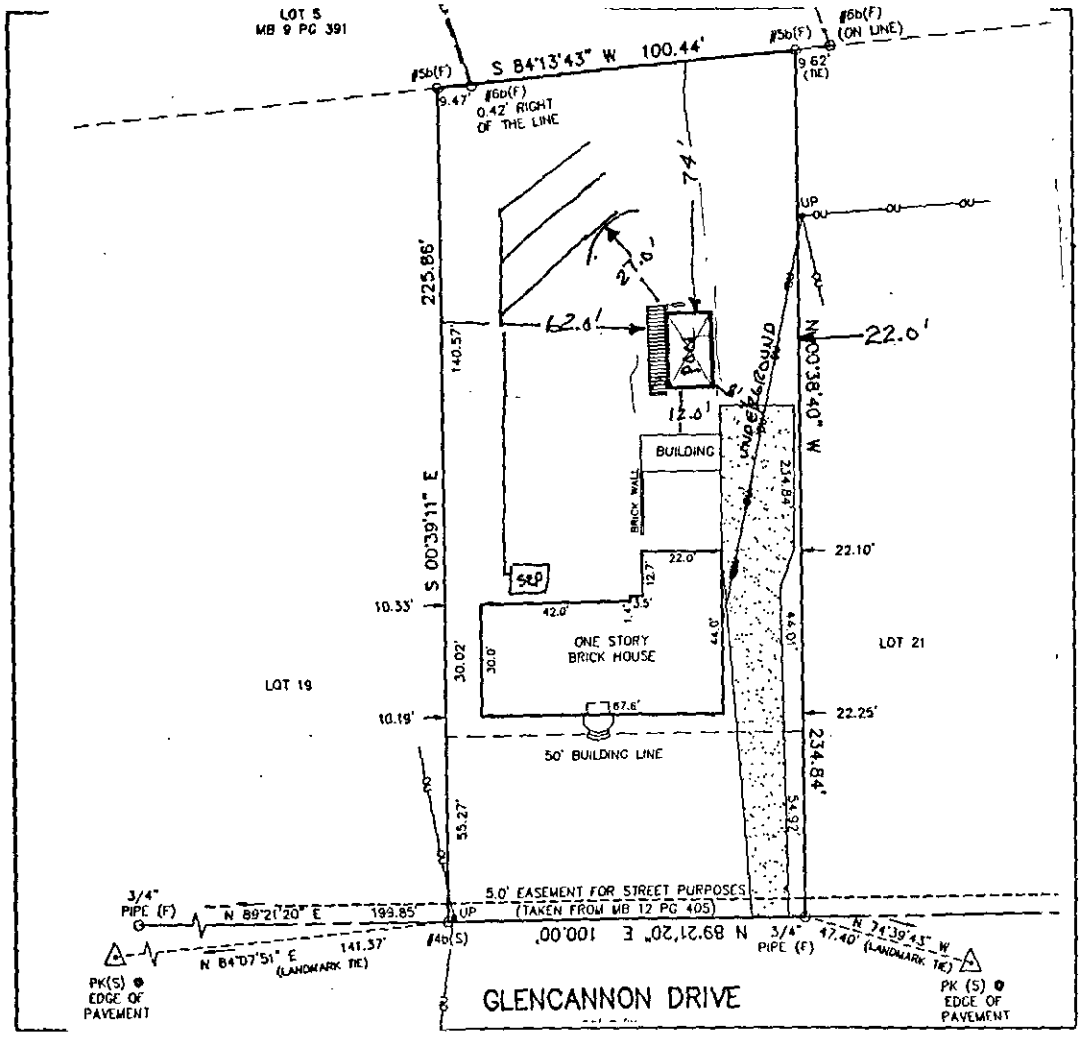
White - Health Department's Copy Canary - E.H.S. Copy Pink - Owner's Copy

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

APPLICATION TO CONSTRUCT, INSTALL, OR MODIFY A RESIDENTIAL SWIMMING POOL

OFFICE USE: Service Request # _____
Parcel: ____ - ____ - ____
Amount paid: $ _____
Paid by: [ ] check [ ] cash
Received by: _____ Date: _____
CRT [ ] CLOSED [ ]

PLOT PLAN



Indicate to relative scale the pool and distances to buildings, wells, septic tanks and waste disposal systems, electrical wires, etc. Show the exact position of the barrier.

COMPLETE ALL BLOCKS:

POOL SURFACE
12 ft X 24 ft

TYPE OF FILTER
CARTRIDGE

BARRIER (FENCE)
POOLSIDE
Type of Barrier: + FENCE
Height of Barrier: 4.5' ft.

To indicate that self-closing, self-latching gates will be provided at all openings through the barrier, the OWNER must initial here AAR

Water Source:
X Municipal
___ Private Well
___ Community well
___ Spring

Waste Water:
___ Municipal
___ Community
X Septic System

Back-Wash Disposal:
___ Municipal Sanitary Sewer
___ Settling Tank
___ Gravel Pit
X Cartridge (no connection required with cartridge)

Owner LYNN ALLEN RAMBEAU

Address of Owner 7528 GLENCANNON DRIVE, CHARLOTTE NC 98227

Phone: Home 704-563-0835 Work 704-571-2223

Facility (Street Address) 7528 GLENCANNON DRIVE, CHARLOTTE, NC 28227

Subdivision

Directions from central Charlotte: SOUTH ON INDEPENDENCE, EAST ON ALBEMARLE, NORTH ON LAKE FOREST, EAST ON GLENCANNON, MIDDLE OF SECOND BLOCK ON RIGHT.

Contractor: OWNER Phone: _____

The owner agrees that the contents of this application are true. An approval to install, construct, or modify shall be void if any of the above facts are not true.

Date of Application _____ Owner's Signature _____

DRW

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CITY: Charlotte STATE: NC ZIPCODE:

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1567

[redacted]
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[redacted]

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WWATER : 122791

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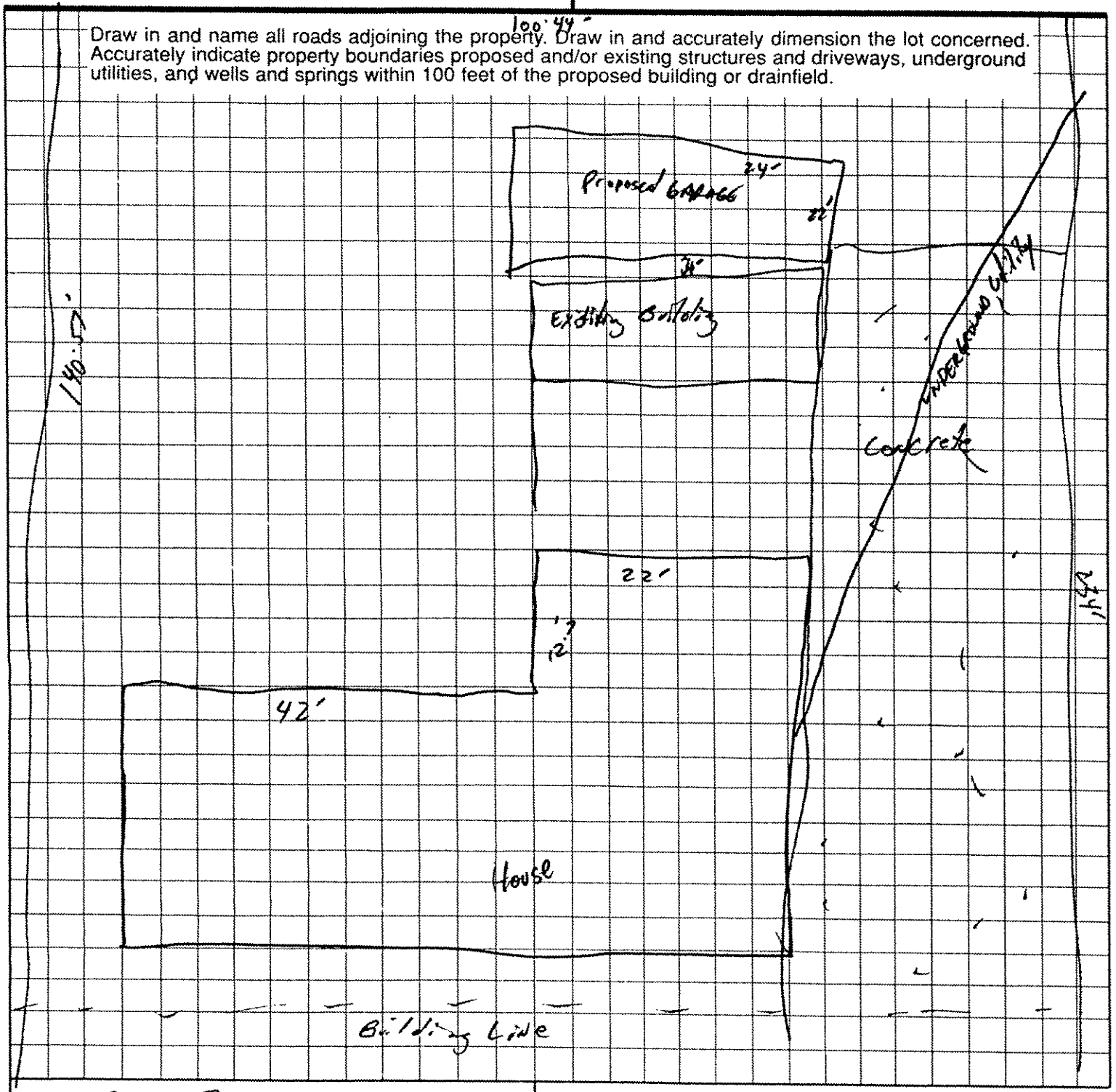
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OWNER/AGENT SIGNATURE

DATE 5-18-99

APPROVAL DATE _____

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

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print):	Phone #:	Date Requested:	Date Filled:

Account Name: ☐ Cash ☐ Charge Account No.:

I certify that I am authorized to charge this account for this service.

Signature: Printed Name: Date:

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
021		Single Lot Grading Permit (Please list address below)		
112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
119		Change of Contractor*	$10.00 ea.	
121		Letters of Certification/Verification	$10.00 ea.	
122		Monthly Statistical Reports	$10.00 ea.	
124		Research & Retrieval of Documents		
125		Temporary Utilities/Occupancy*	$30.00/insp.	
		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
705	1	Other: Addition	50.00	50.00
		Other:		
Payment received by: Date: By:			Total:	50.00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

7538 Pinecrest Drive		

B-216NS 8/95

DIVISION

MECKLENBURG COUNTY
ENGINEERING & BUILDING STANDARDS DEPARTMENT

Miscellaneous Fees

Requestor (Please print): JAMES CARR	Phone #: 704 542-3742	Date Requested:	Date Filled:
Account Name: [illegible] CARR	☐ Cash ☒ Charge	Account No.: B97785	
I certify that I am authorized to charge this account for this service.			
Signature: [signature]	Printed Name: JAMES CARR	Date: [illegible]	

Fee or Charge

T.C.	Qty.	Type	Unit Cost	Total Cost
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112		Zoning Board of Adjustment ☐ Residential Variance Request ☐ Commercial Variance Request ☐ Residential Interpretation ☐ Commercial Interpretation		
113		Zoning Citation(s) # _____		
		☐ 117: Certificate of Compliance* ☐ 118: Certificate of Occupancy* (original is free)	$10.00 ea.	
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		Local License Card/Exam ☐ 128: Mechanical ☐ 129: Plumbing ☐ 132: Electrical		
		Development Activities Plan Review ☐ 002: Commercial Drainage ☐ 005: Erosion Control ☐ 016: Subdivision ☐ 006: Final Plat Review		
425		City of Charlotte Fire - Plan Review		
		Map Sales		
705	1	Other: addition	50.00	50.00
		Other:		
Payment received by: [signature]		Date: 5/10/95 By: [signature]	Total:	50.00

* Please list all permit numbers/addresses that relate to your request. A request for temporary utilities (gas and electric) would require two permit numbers.

7508 Henderson Drive		

B-216NS 8/95

CUSTOMER