

10710 BRIEF RD

19727110

1/4/2008

duponbj

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

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4083B DATE: 4-12-00

TC: 197-271-10 ☒ L ☒ CRT

SERIAL Nº 18308

Name of Owner SHILOH TRUELIGHT CHURCH OF CHRIST Juris.: _____

Address of Property 10710 BRIEF ROAD

Inspection Data:

Tank Material PCC 1500

Total Length of Drainfield 400

Number of Lines 5 @ 80

Cover Depth 12"

Water Supply Source WELL

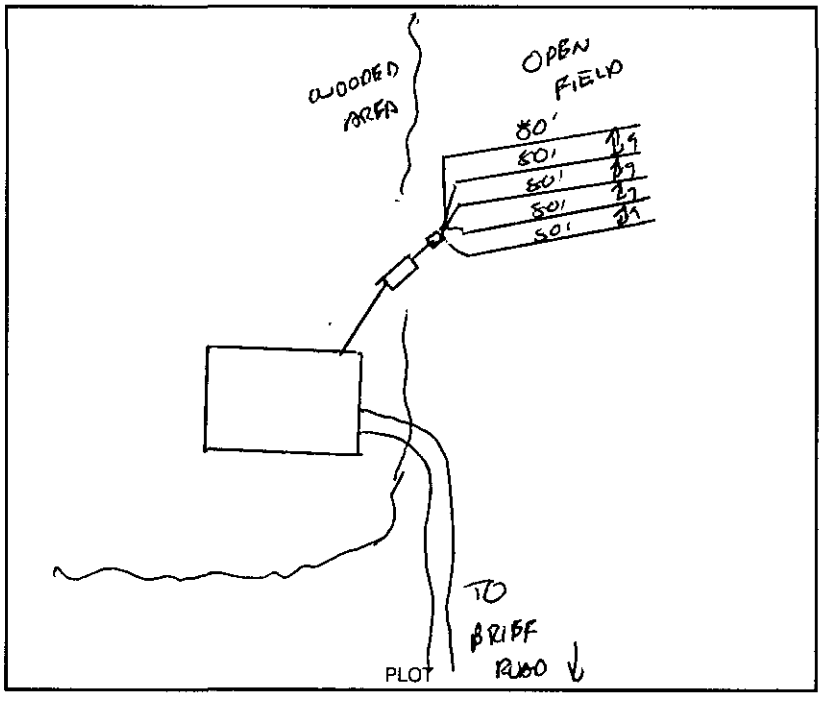
Distance to Water Source NOT INSTALLED

Excavation Inspected 4-12-00

Tank(s) Inspected 4-12-00

Wash Line Inspected _____

High Water Alarm Inspected _____



Design 1500ST 12SFT CONV 12G CTR# RCS

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☐ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☒ ~~as~~ detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

☐ Certificate of Completion ☒ ~~Operation~~ Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the suspension/revocation of this permit.

COMMENTS: TYPE II

Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

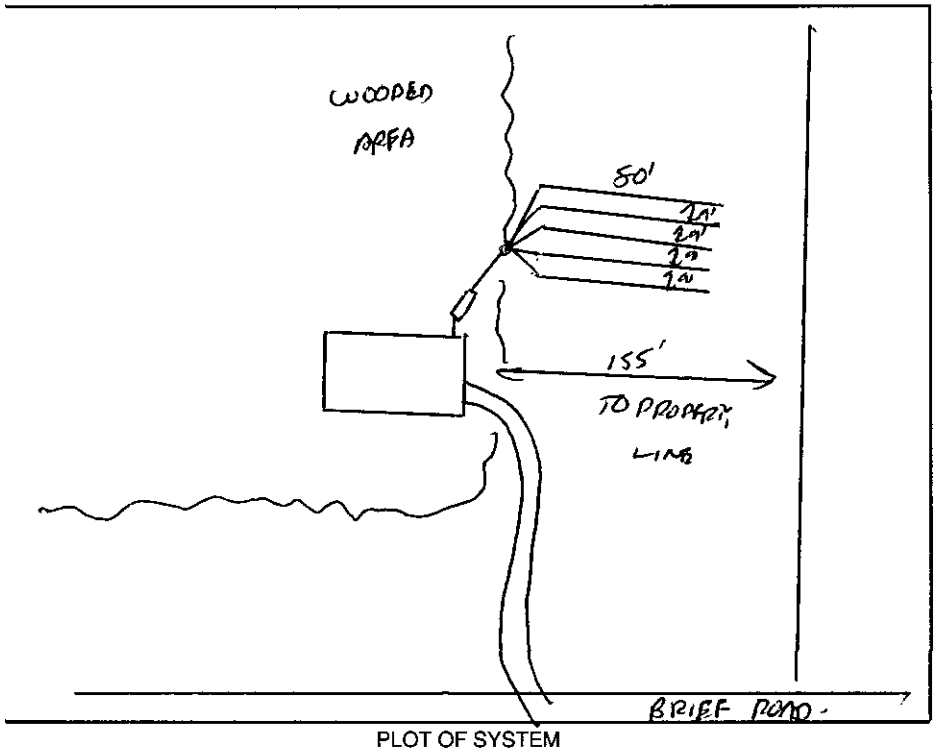
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 4083 B DATE: 3-8-2000

TC: 197-271-70

SERIAL N° 18269

Permission is hereby given to _____ Install or Construct, _____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9-7-2000. All work shall be completed on or before 5-8-2000, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank _____ gallons

Tank Construction PVC

Trench Depth 30"

Absorption and/or Nitrification Lines:

Trench Width 3 feet

Trench Walls Scored and Porous GBS

Total Line Length 400 feet

Number of Lines 5

Depth of Stone 12" inches

Distance from House >5' feet

Distance from Property Line 10' feet

Distance from Well 100' feet

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Shiloh True Light Church of Christ

LOCATION OF PROPERTY 10710 Brief Road

Comments: _____

Environmental Health Specialist

WHITE - HEALTH DEPARTMENT's COPY • CANARY - E.H.S. COPY • PINK - OWNER OR AGENT's COPY

CK# 3618

FEE: 300.00 AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
DATE: 9/20/99 pc VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 9/16/99 PERMIT NO: 4083B
PARCEL NO: 192-221-10

JOB LOCATION ADDRESS: 10710 BRIEF ROAD
PROPERTY OWNER: RICHARD A. BUSH
BUILDING CONTRACTOR: "
SUBDIVISION NAME:
AUTHORIZATION ISSUED BY: [signature] DATE: 9/16/99
DEHNR AUTHORIZED AGENT

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. 4063, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. AN INSTALLATION, CONSTRUCTION, ALTERATION AND/OR REPAIR APPROVAL MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A REGISTERED SEPTIC TANK CONTRACTOR WITH MECKLENBURG COUNTY HEALTH DEPARTMENT.

3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. OTHER CONDITIONS:

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE MECKLENBURG COUNTY HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Richard A Bush Jr 9-20-99
SIGNATURE OF OWNER/OWNER'S REPRESENTATIVE DATE

Permit Number: 4083 B

Tax Number: 192-271-10

- The IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. The Construction Authorization is NOT transferable. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

Basement	___ Yes	X No	___ Partial Basement
Type Primary Wastewater System Type (circle one): I II III IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

.3 Long-term acceptance rate	360 Max gallons/day wastewater flow	1200 Absorption Area (sq ft)	9' Trench spacing (min. on centers)
yes Serviced by private well	1500 Gallon septic tank	400 Total trench length (ft)	30" Maximum trench depth (At least 12" of provisionally suitable soil must remain between trench bottom and unsuitable soil conditions)
3 Bedrooms in residence	NA Gallon pump tank	12" Depth of stone	

Any surface waters present: Type: Minimum separation distance:

Site modifications required:

Additional Conditions: (1) INSTALL A RISER AND EFFLUENT FILTER @ OUTLET END OF TANK

Repair Area System Type Type (circle one): I II III IV V VI	X Conventional ___ Prefabricated, permeable block panel system ___ Shallow Placed Conventional	___ Low Pressure Pipe ___ Large Diameter Pipe ___ Fill ___ Other	___ Innovative or Experimental: ___ IWWS-93-1 ___ IWWS-93-2 ___ IWWS-94-1

1200 Absorption Area (Sq ft) 400 Total Trench Length (Ft)	12" Depth of Stone Trench	9' Trench spacing (min. on centers)	30" Maximum Trench Depth

For existing system, enter the year originally installed:

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 Sewage, 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 Improvement permit is transferable.

DEHNR Authorized Agent — Date 9/16/99

Owner/Agent Signature — Date 9-20-99

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

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENTAL, HEALTH,
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet: _____

Property ID: PO 197-271-10

Lot #: _____

File #: 4083B

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Shiloh Trueblight Ch. of Christ APPLICANT: Richard A. Bush

ADDRESS: 9920 Millgrove Rd, Dudleian Trail DATE EVALUATED: 9-10-99

PROPOSED FACILITY: residence PROPOSED DESIGN FLOW (.1949) 360gpd PROPERTY SIZE: Approx ~~5 Ac~~ 1.25

LOCATION OF SITE: 10710 Brief Road PROPERTY RECORDED: _____

WATER SUPPLY: ☑Private ☐Public ☐Well ☐Spring ☐Other _____

EVALUATION METHOD: ☐~~Augur~~ Boring ☑~~Pit~~ ☐Cut

TYPE OF WASTEWATER: ☐~~Sewage~~ ☐Industrial Process ☐Mixed

PROFILE #	.1940 Landscape Position/ Slope %	Horizon Depth (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS &LTAR
1	Slopes 6-12% LS	0-4"	gr|cl	Fr|SE XP|SS|SP	>45" TO soil wetness	45"	N/A	None	PS .39|P2 IV
		4-43"	SBK|C	Fi|SE XP|SP					
2	LS	0-6"	gr|cl	Fr|SE XP|SS|SP	>48" TO soil wetness	48"	N/A	None	PS .39|P2 IV
		6-48"	SBK|C	Fi|SE XP|SP					
3	LS	0-8"	gr|cl	Fr|SE XP|SS|SP	>43" TO soil wetness	43"	N/A	None	PS .39|P2 IV
		8-38"	SBK|C	Fi|SE XP|SP					
4	LS	0-6"	gr|cl	Fr|SE XP|SS|SP	>50" TO soil wetness	50"	N/A	None	PS .39|P2 IV
		6-51"	ABK SBK|C	Fi|SE XP|SP					
5	LS	0-6"	gr| cl	Fr|SE XP|SS|SP	>50" TO soil wetness	50"	N/A	None	PS .39|P2 IV
		6-50"	ABK SBK|C	Fi|SE XP|SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): Provisionally Suitable

EVALUATED BY: W. A. Madin LSS 9-10-99

OTHER(S) PRESENT: R. Bush

FILE # 46630

COMMENTS Not sure if 100% Repair required

LANDSCAPE POSITION	GROUP	TEXTURE	.1955 LTAR	CONSISTENCE MOIST	CONSISTENCE WET
R-RIDGE	I	S-SAND	1.2-0.8		
S-SHOULDER SLOPE		LS-LOAMY SAND		VFR-VERY FRIABLE	NS-NON-STICKY
L-LINEAR SLOPE				FR-FRIABLE	SS-SLIGHTLYSTICKY
FS-FOOT SLOPE	II	SL-SANDY LOAM	0.8-0.6	FI-FIRM	S-STICKY
N-NOSE SLOPE		L-LOAM		VFI-VERY FIRM	VS-VERY STICKY
H-HEAD SLOPE				EFI-EXTREMELY FIRM	NP-NON-PLASTIC
CC-CONCLAVE SLOPE	III	SI-SILT	0.6-0.3		SP-SLIGHTLYSTICKY
CV-CONVEX SLOPE		SICL-SILTY CLAY LOAM			P-PLASTIC
T-TERRACE		CL-CLAY LOAM			VP-VERY PLASTIC
FP-FLOOD PLAIN		SCL-SANDY CLAY LOAM			
	IV	SC-SANDY CLAY	0.4-0.1		
		SIC-SILTY CLAY			
		O-ORGANIC			

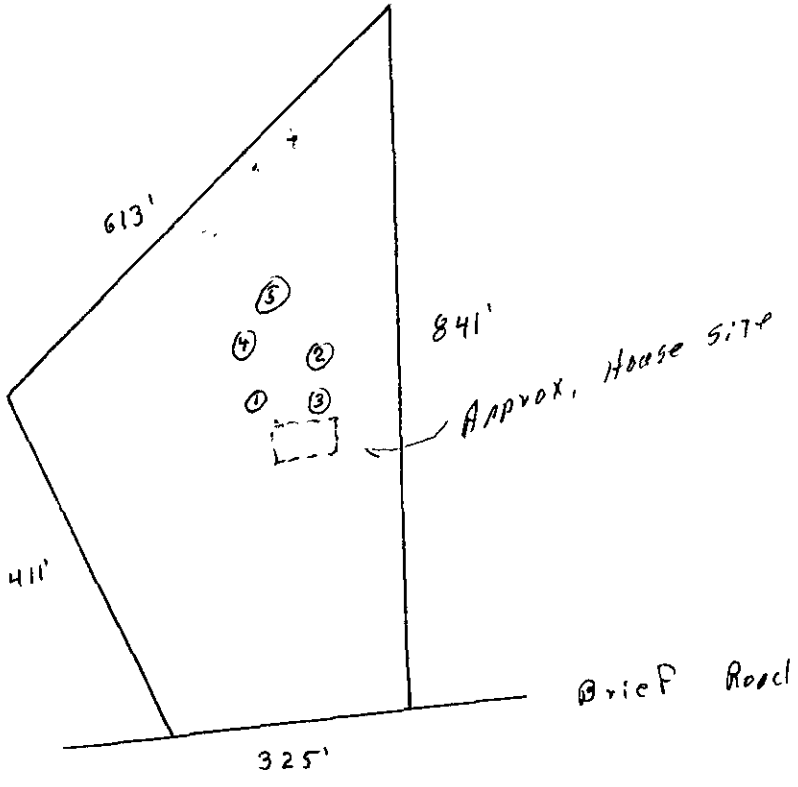
STRUCTURE

SG-SINGLE GRAIN
M-MASSIVE
CR-CRUMB
GR-GRANULAR
SBK-SUBANGULAR BLOCKY
ABK-ANGULAR BLOCKY
PL-PLATY
PR-PRISMATIC

MINERALOGY

SLIGHTLY EXPANSIVE

EXPANSIVE



N

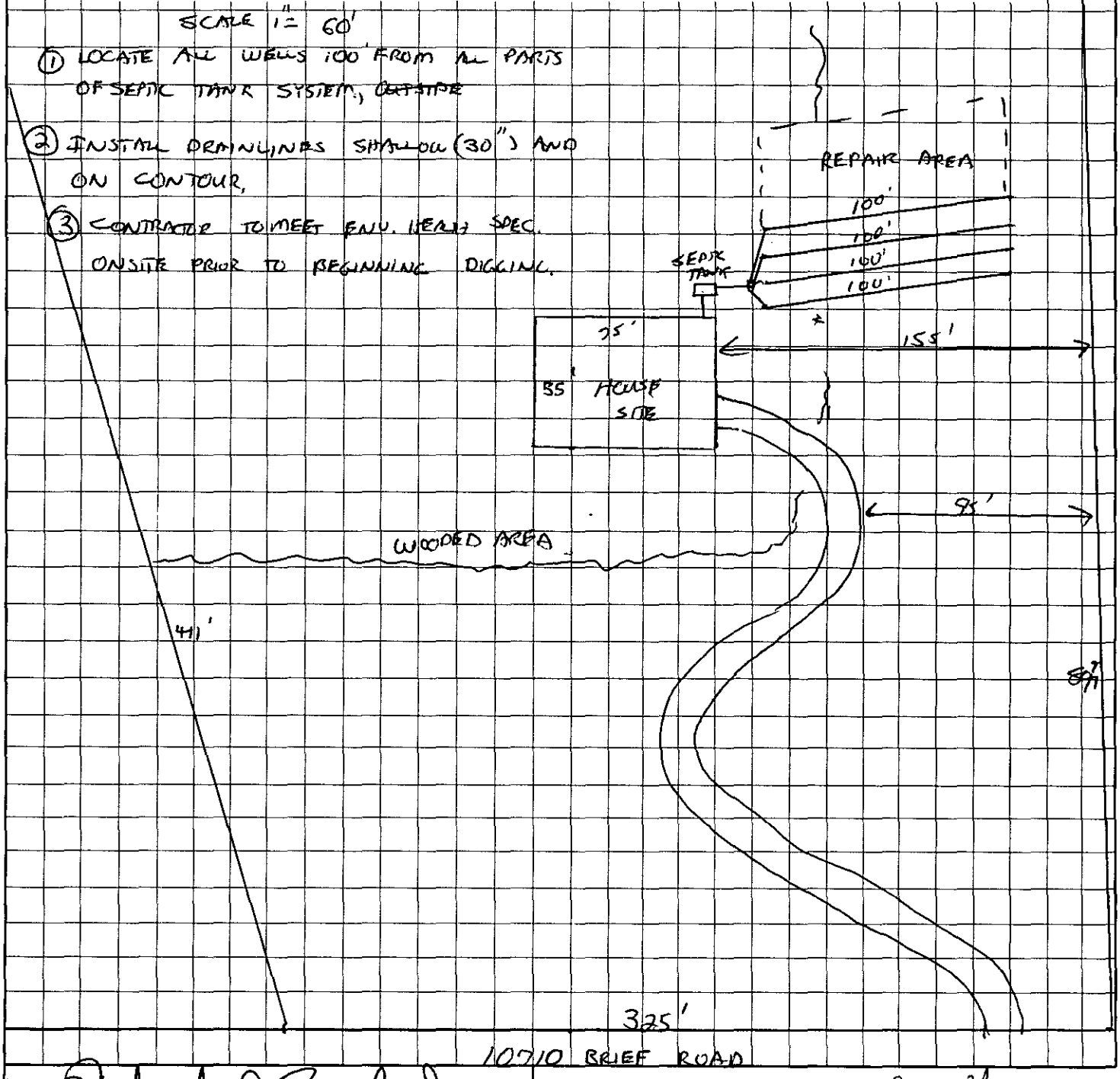
PROPOSED PLOT PLAN

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

FILE: 4083 B

TC: 197 - 221-10

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.



X Richard A Bush Sr
OWNER/AGENT SIGNATURE

DATE 9-20-99

APPROVAL DATE 9-15-99 D Wall

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

FEE: $400 Check
DATE: 9/13/99 #3358

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

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 #: 4028

PROPERTY INFORMATION FROM ENGINEERING FORM FOR JOB LOCATION:

TAX/PARCEL NUMBER: ~~197-141-06~~ 197-271-10

STREET ADDRESS: 10710 Brief Rd

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 2428

NUMBER OF BEDROOMS: 3 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

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

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
___ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

CLOSING DATE _____

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

PROPERTY OWNER:

NAME: Shiloh TrueLight Church of Christ
(LAST) (FIRST) (MI)

ADDRESS: 9920 Mill Grove Rd

CITY: Indian Trail STATE: NC ZIP: 28079

DAYTIME PHONE: ( )704 - 753 4180

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME: (LAST) Bush (FIRST) Sr. Richard (MI) ALLEN

DAYTIME PHONE: ( )704 - 363 2662

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? Aug. 1 1996

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: Richard A Bush DATE: 9-7-99

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

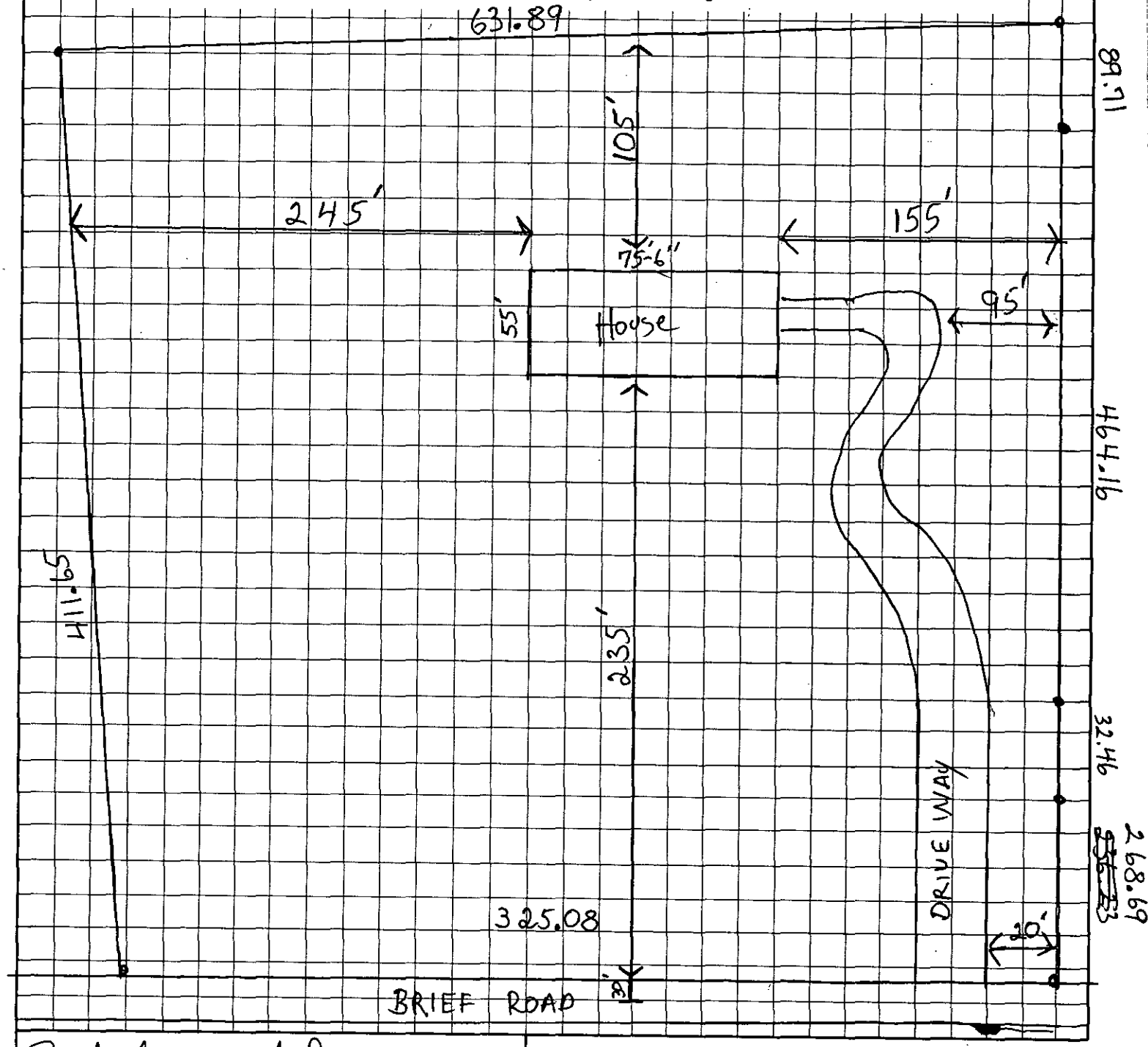
PROPOSED PLOT PLAN

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

FILE: 4083B

TC: 197-271-10

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.



Richard A Bush Sr.
OWNER/AGENT SIGNATURE

DATE 9-7-99

APPROVAL DATE _____

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

County, North Carolina, do hereby certify that Gregory S. Flowe a registered land surveyor, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and Notorial Seal this 13th day of August, 1996.

Ben M. Flowe
Notary Public

My Commission expires: March 23, ~~1996~~ 2000

BEN M. FLOWE NOTARY PUBLIC MECKLENBURG COUNTY, N.C.

4083B

ATE OF NORTH CAROLINA
CKLENBURG COUNTY

ertify that this map was drawn from an actual survey made under my ervision and was prepared in accordance with G.S. 47-30 as amended. unadjusted error of closure as calculated is 1': 10,000 +
indaries not surveyed, if any, are noted. Deed descriptions are orded in Book 6422, Page 569.

ness my hand and seal this 13th day of August, 1996.

Registered Land Surveyor

NORTH CAROLINA REGISTERED SEAL L-3600 LAND SURVEYOR GREGORY S. FLOWE

Ronald B. Belk
3385 / 231

Ben M. Flowe
5857 / 747

Homer M. Flowe
1469 / 343

Daniel A. Ha
7468 / 485

James I
2414 /

Lot 4
6.516 Acres

Lot 3
2.000 Acres

Lot 2
1.000 Acres

Lot 1
4.032 Acres

S 44°55'20" W 631.89'
I.PIN(F)
I.PIPE(F)
S 47°29'33" W 67.02'
N 07°11'03" W 89.71'
N 82°08'59" W 228.44'
464.16'
S 03°52'22" E
359.00'
I.PIN(S) 130.56'
430.09'
N 05°33'22" E
590.19'
309.26'
N 23°25'40" W 280.93'
S 28°39'35" E 411.65'
R/W Limit
I.PIN(S)
I.PIN(F) 0.63' E.O.
Power
N 84°02'56" E 325.08'
15' Exclusive Easement
S 03°43'05" W 236.23'
N 03°43'05" E 268.69'
15.67'
N 76°52'56" E 159.57'
143.90'
232.46'
248.11'
15.23'
N 83°38'14" E 237.90'
181.21'
Oil Tank
Well
Shed
Shed
Porch
Gravel Drive
251.43'
N 07°05'34" W
187.79'
N 83°39'13" E 203.02'
N 80°31'17" W 92.19'
L8
L7
L6
L5
L4
L3
L2
L1
P.K. Nail(S)
N 15°59'57" W 135.66'
Meadow
Brief Road
S.R. # 3106
60' Public R/W
Area inside R/W is dedicated to the municipality.

Location Map
(Not To Scale)

Site
Ira Flowe Road
Brief Road
Clear Meadow Lane

NOTE:
THIS PLAT IS OF A SURVEY THAT CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

4083B

DATE: 9/7/99

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

97-271-10
PARCEL NUMBER

10710 Brief Rd
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	✓ APPROVED	____ NOT APPROVED
2. FLOODWAY REGULATIONS	____ APPROVED	____ NOT APPROVED
3. WATERSHED PROTECTION	____ APPROVED	____ NOT APPROVED
4. COMERCIAL DRAINAGE PLAN	____ APPROVED	____ NOT APPROVED
5. PUBLIC UTILITY EASEMENT	____ PRESENT	✓ NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	✓ YES	____ NO
7. DRIVEWAY PERMIT REQUIRED	____ YES	✓ NO
8. DOES PROJECT CONFLICT WITH ROAD PROJECT?	____ YES	✓ NO

REMARKS: S.F. House

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE WHEN PAYING PERMIT FEE. CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

ALL OTHER FORMS OBSOLETE

= NEW ADDRESS
REVISED 1/91

SIGNED: Rob