

3009 BELMEADE DR

05301305

7/2/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Paid

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

(OFFICE USE ONLY)
FILE: ~~7346A~~ 7423 A
TC: _____
SERIAL: № 21887

~~Cash~~ Check #25.00
04/27/91
L CRT

JOB LOCATION

① ADDRESS: 3009 BELMEADE DR (STREET NO. / STREET) ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: 053-013-05

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: LANDRUM (FIRST) TOMMY (MIDDLE) COOPER (LAST)

⑨ MAILING ADDRESS: 3009 BELMEADE DR.

⑩ CITY: CHAR. ⑪ STATE: N.C. ⑫ ZIP: 28214

⑬ PHONE: (WORK) 332 8184 ⑭ (HOME) 399 3125

REQUEST

This request is for a(n):

⑮ ☐ New permit ⑰ ☐ Authorization for mobile home exchange

⑯ ☐ Repair or alteration permit ⑱ ☑ Other (specify) 2 CAR GRG.

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 2 BED Room ㉕ Type? _____

㉓ Maximum occupancy? 3 ㉖ Maximum number of employees? _____

㉔ Basement? ☐ yes ☑ no ㉗ Maximum number of seats? _____

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☑ Individual well

B ☐ Municipal system

C ☐ Community well

D ☐ Community system

IMPROVEMENT PERMIT

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 permit is issued by this Department.

... This permit is not transferable, and shall become null and void ~~30~~ 60 months from the date of issuance. Mary Use existing system.

Environmentalist: _____ Date: 5/29/91

Director or Authorized Section Head: _____ Date: 5/1/91

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

㉙ The undersigned, 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: Tommy L. Cooper

Date: 4/26/91

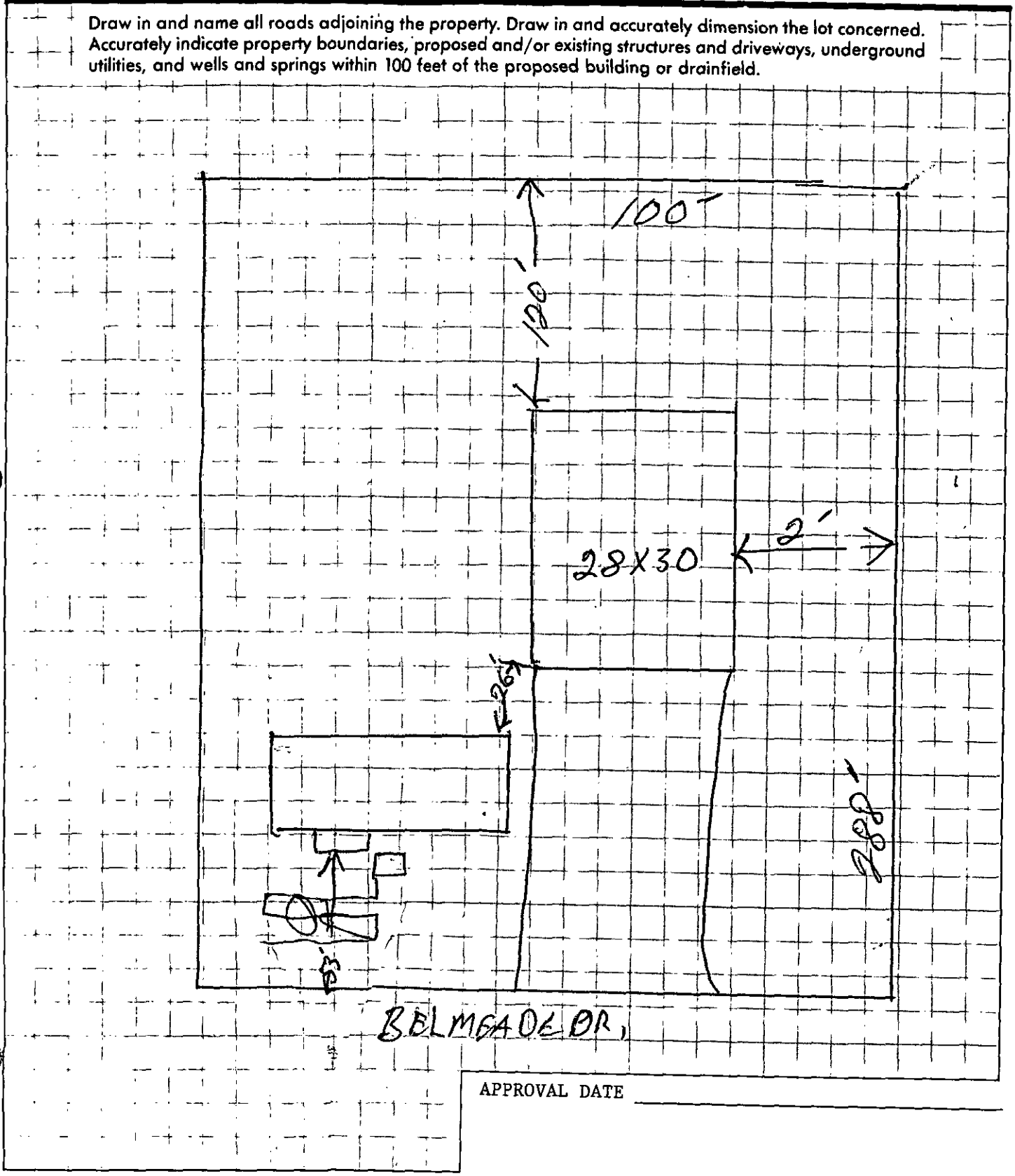
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 7423 ~~7396A~~

TC: 053-013-05

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.



APPROVAL DATE _____

White - Health Department's Cpy Canary - Environmentalist's Copy Pink - Owner's Copy

Kris,
I changed the file # on this because it had already been assigned to another property. So.....I guess you have to go back in to the computer to change everything. I don't know where the charge slip is.

Judy

ROUTING SLIP

To:_____ Department:_____

PLEASE

- ☐ Note & have Sec'y file
- ☐ Note & return to me
- ☐ Note & see me about this
- ☐ For your approval
- ☐ Take appropriate action
- ☐ Make recommendations
- ☐ See me ☐ Call me
- ☐ Sign ☐ Please answer
- ☐ For your information
- ☐ Per our conversation
- ☐ Per your request
- ☐ Request further information

REMARKS:

Date._____ From:_____