

4255 GARVIN DR

04544411

6/25/2007

duponbj

Groundwater and Wastewater Services File Imaging Project

May 2007

Barcode Font = IDAutomationHC39M

APPLICATION FOR AN IMPROVEMENT PERMIT

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: 7080A
TC: 045-444-11
SERIAL: № 21296
☐ CRT

JOB LOCATION

① ADDRESS: 4255 Garvin Drive (STREET NO. / STREET) ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 045-444-11
⑤ SUBDIVISION: Crater Park ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Ellie (FIRST) E. (MIDDLE) Price (LAST)
⑨ MAILING ADDRESS: 4255 Garvin Dr.
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28269
⑬ PHONE: (WORK) (704) 523-3212 ⑭ (HOME) 596-6095

REQUEST

This request is for a(n):
⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) Storage Bldg

DESIGN CRITERIA

System will serve:
⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 4 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

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: Barbara R. Price
Date: 10-5-90

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 36 months from the date of issuance. Existing System Inv. Low Pressure Plumbing 60

Audrey J. Klein R.S. 10/9/90
Environmentalist Date

10-10-90
Director or Authorized Section Head Date

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

DATE 10/4/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

per Char Eng

JURISDICTION Mack.

045-444-11
PARCEL NUMBER

4255 Mavin Dr
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. EROSION CONTROL REGULATIONS	APPROVED	NOT APPROVED
4. COMMERCIAL 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

REMARKS: Storage Building

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).

7/7/88
ALL OTHER FORMS OBSOLETE

☐ NEW ADDRESS

SIGNED: Rob

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 10-5-90

Name/Company: Ellie E. Price

MECK. HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
OCT 5 1990

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: @ Dup. Permit = Add
4255 Harrison Drive
Tax # 045-444-11
File # 7080A

Fee: $ 25.00

Paid
Check #3640
10-05-90
$25.00

NOTICE:

A processing fee of $15.00 will be charged for all returned checks in accordance with N.C. General Statute 25-3-512.

Completed by

Collected by

15

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... This permit is not transferable, and shall become null and void 36 60 months from the date of issuance. May use existing system

Audrey T. Klein R.S. 10/9/90
Environmentalist Date

Director or Authorized Section Head Date

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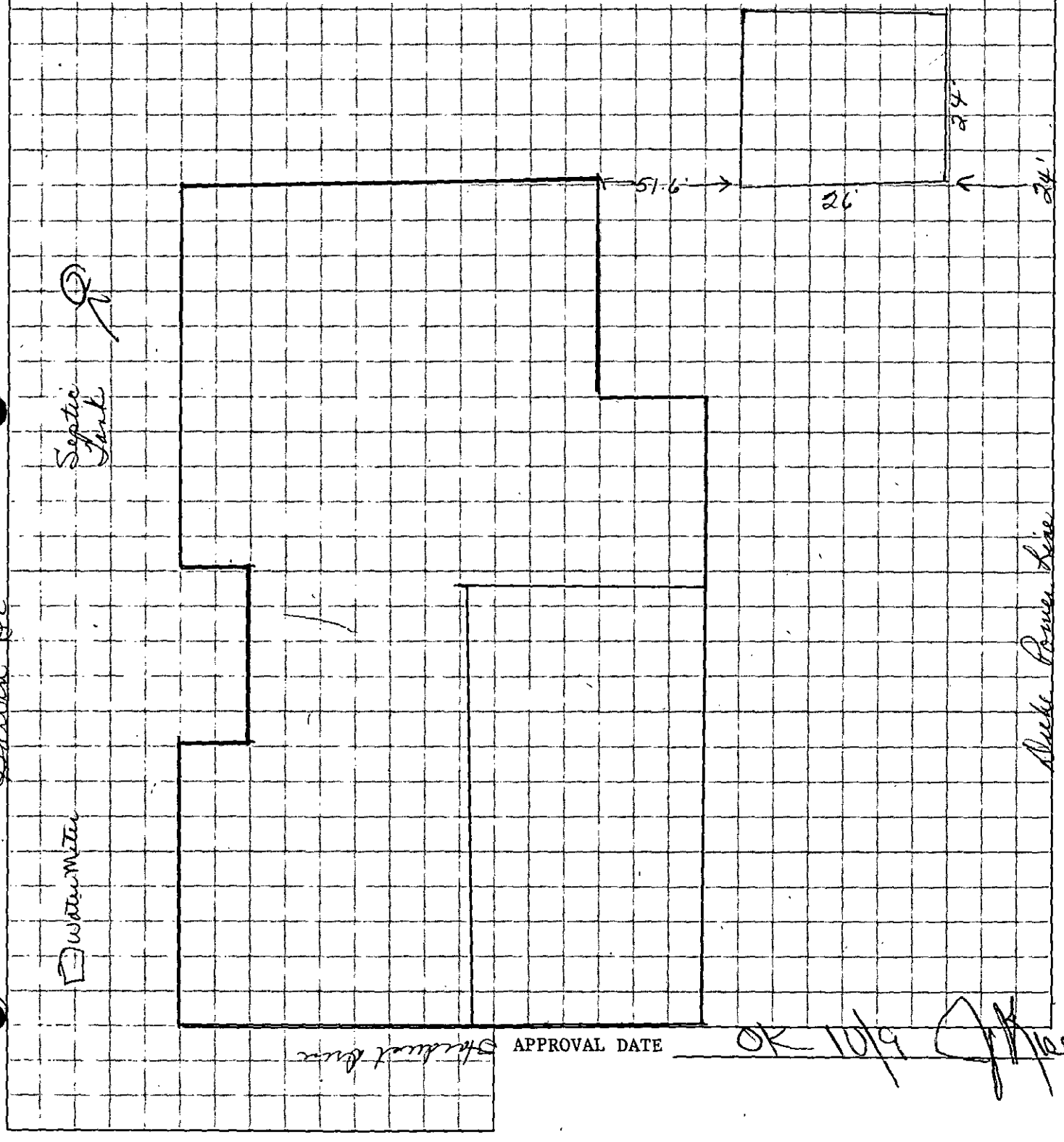
PROPOSED PLOT PLAN

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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 OK 10/9

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

GARVIN DR.

STARDUST DR.

IRWIN CREEK

ELLIE E. PRICE
4255 GARVIN DR.
CHARLOTTE NC 28269
594-6095

GARAGE

51.6'

N

UTILITY BLD.
CONCRETE SLAB
A FRAME GABLE ROOF
COMPOSITION SHINGLES

26'

624 SQ FT

29'

24'

DUKE POWER LYNE