

3039 GARRISON DR

04321169

6/15/2007

duponbj

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

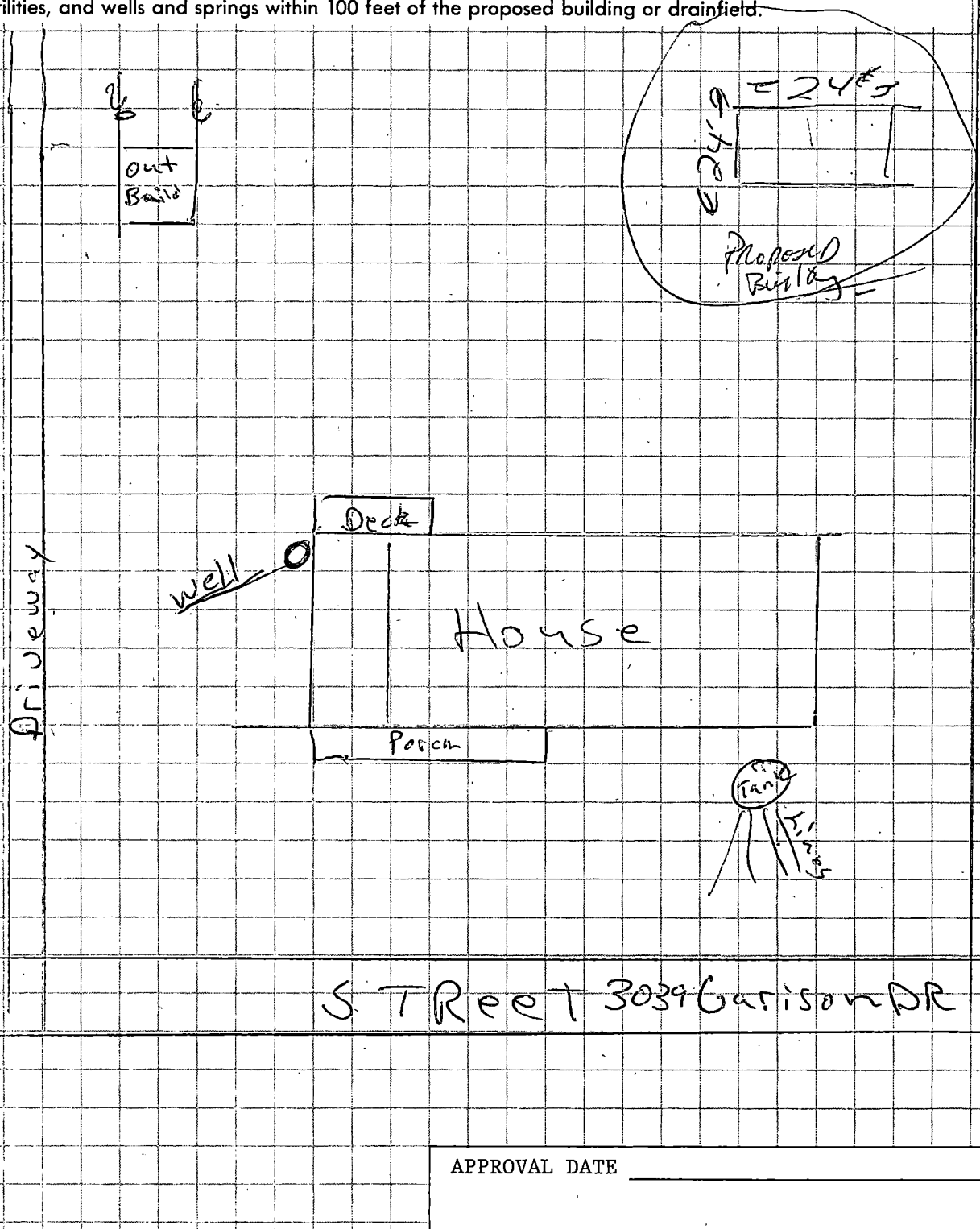
PROPOSED PLOT PLAN

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

FILE: 64884

TC: 043-013-08

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 Copy Canary - Environmentalist's Copy Pink - Owner's Copy

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: 6488A
TC: 043-013-08
SERIAL: № 20411
☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 3039 (STREET NO.) Garison DR. (STREET) Char.NC 28213 ② FILE: _____

③ JURISDICTION: _____ ④ TAX PARCEL NO.: _____

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

OWNER

⑧ NAME: Howard (FIRST) Dallas (MIDDLE) Sowards (LAST)

⑨ MAILING ADDRESS: 3039 Garison DR

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28213

⑬ PHONE: (WORK) 394-2346 ⑭ (HOME) 598-8387

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) APD B/Lg / Storage

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home

㉒ Number of bedrooms? 2

㉓ Maximum occupancy? _____

㉔ Basement? ☐ yes ☒ no

㉑ ☐ Business or place of public assembly

㉕ Type? _____

㉖ Maximum number of employees? _____

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 th[illegible] "he contents of same are true, and authorizes agents of the M[illegible]CKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Howard D Sowards

Date: 2-5-90

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. Use existing system

B.R. Ferguson — Environmentalist — 12-9-90 Date

Director or Authorized Section Head — 2-12-90 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 2-5-90

Name/Company: Howard Sands

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Applied for Septic Tank Permit

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
FEB 5 1990

AC 64884

Fee: $ 25.00

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

1200 Blythe Blvd
376-4603

DATE 2/5/90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

043-013-08
PARCEL NUMBER

3039 Garrison Dr
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

3033 Garrison Dr
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 Shed

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: [signature]

1 2 H 8 24 6 9 H B