

5300 RICHMOND RD

13710304

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

FEB-14-03 1:10 PM

$100 Acct # X34672 QC 2/14/03 ACS

Drew

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 311
700 N. Tryon St.
Charlotte, NC 28202
(704)336-5102

3 577A

Date: 2-14-03

PERSON FILING APPLICATION:
NAME: SMITH (last) THOMAS (first) L. (mi)
ADDRESS: 5300 Richmond Rd PHONE: (704) 545-2800
CITY: CHARLOTTE STATE: NC ZIPCODE: 28227

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 197 102 04
STREET ADDRESS: 5300 Richmond Rd
Charlotte NC 28227
ZONING: R

PROPERTY OWNER:
NAME: Same (last) (first) (mi)
ADDRESS: PHONE: (___) ___
CITY: STATE: ZIPCODE:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[ ] 0 Mecklenburg County [ ] 8 Davidson [ ] 6 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [X] 7 Mint Hill

LOT NUMBER: P39 + 40 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)
1989 [X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
SHED

NUMBER BEDROOMS: 4 NUMBER OCCUPANTS: 5

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE WIDE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER ___ (O)

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)
[ ] 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 [X] 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: Thomas L. Smith Date: 2-14-03

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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

...2/19/03 OK TO USE EXISTING SYSTEM

Environmentalist 2/19/03 Date

WATER : 122791

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	02/14/03	**Amount:**	100.00
Receipt #:	14378	**Tendered:**	0.00
Check / Auth #:	CHARGE	**Returned:**	0.00
Received By:	CRAIGGY		

Account Information

Account #: X34672
Contractor: A-SCOT ELECTRIC
Attn:
Address: 5300 RICHMOND ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28227

Item	Description	Permit#	Quantity	Unit Price	Total Price
0705	MH Exc/Add/Repl w/o System Mod 5300 Richmond Road		1	100.00	100.00

----------Outstanding Balances----------

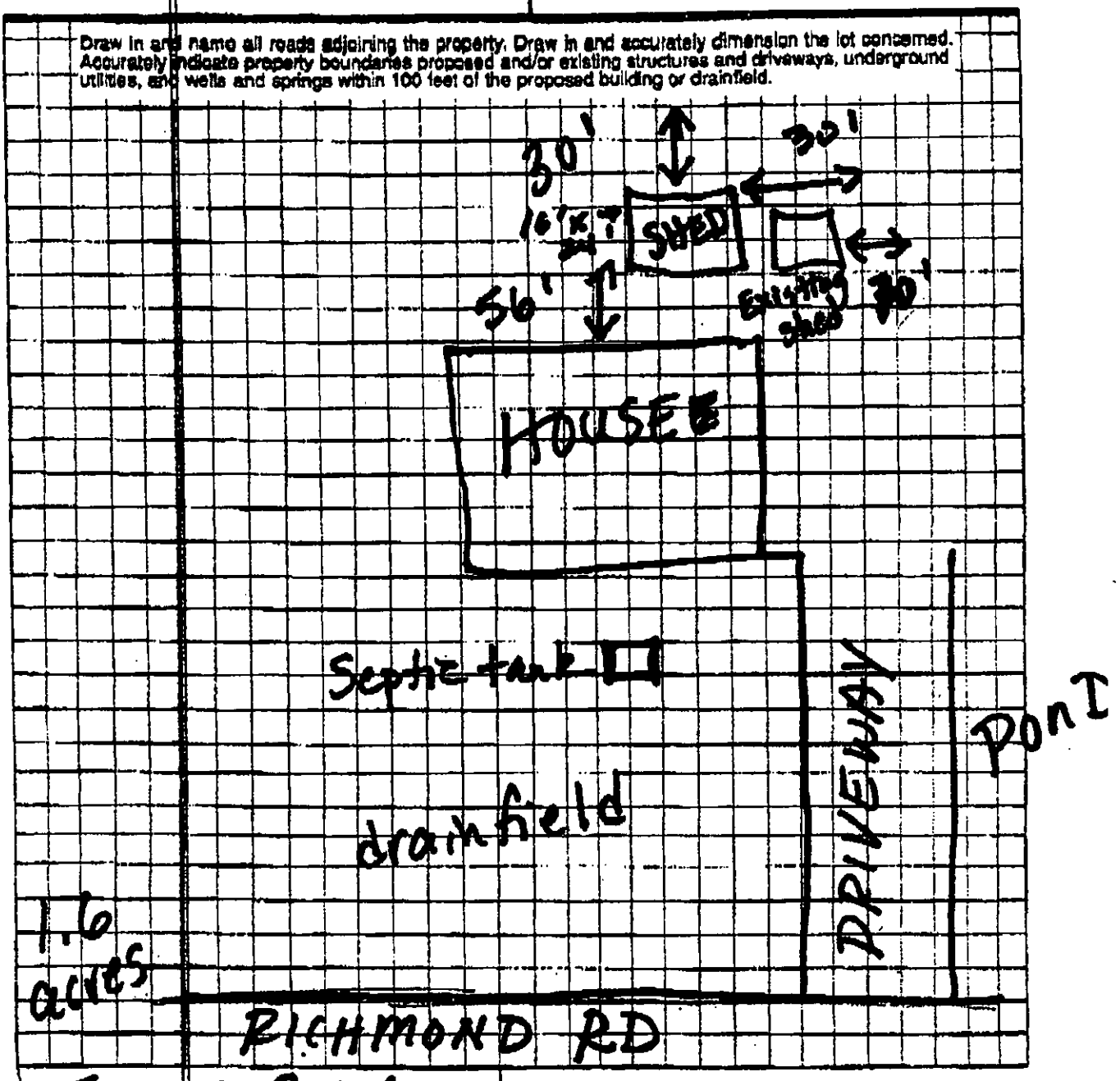
Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance
100.00	0.74				

PROPOSED PLOT PLAN

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

FILE: 3577A
TC: 137-103-04

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.



Thomas L. Smith
OWNER/AGENT SIGNATURE

DATE 2-14-03

APPROVAL DATE

16' x 24' SHED

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

Phone 704-545-2800