

14717 N C 73 HY

00102109

6/29/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

Correct Address is 14717

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) 7371A
FILE: ~~10A~~
TC: 001-021-09
SERIAL: № 21427
☐ CRT

JOB LOCATION

① ADDRESS: 14717 (STREET NO.) NC 73 Highway (STREET) ② FILE:
③ JURISDICTION: 14717 ④ TAX PARCEL NO.: 001-021-09
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: WARREN (FIRST) DAVID (MIDDLE) BAKER (LAST)
⑨ MAILING ADDRESS: 6117 CARDEN DRIVE
⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 382 1899 ⑭ (HOME) 545 4652

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange replace
⑱ ☒ Other (specify) Existing System w/ New House

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 3 ㉕ Type?
㉓ Maximum occupancy? 4 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: Lewis Caputo (Contractor)
Date: 12-3-90

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 sys 60 add 1,500 ST & 1,000 PT.

Tim White-Baker, Environmentalist — 12/14/90 (Date)

Director or Authorized Section Head — 12/14/90 (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: 12-3-90

Name/Company: Warren David Bates

Sanitation _____

Vector Control _____

O.P.W.D. _____

Service: App. Inp. Use Exist. Sys.
14701 NC 73 Hwy.
TC : 001-021-09
Lot : 10A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 3 1990

Fee: $ 25.00

Ck # 11827
$ 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.

1,500 sf @ 1,2

Completed by

Collected by

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-11-90

Name/Company: Lewis Carpenter

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: (Additional Fee for Allocation)
14701 NC 73 Highway
TC: 001-021-09
Tele: 10A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
DEC 11 1990

Fee: $ 100.00

CR # 11840
$100.00

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

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING INSPECTION DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 12/3/90

FROM: COUNTY ENGINEERING DEPARTMENT

JOB NO. _____ SUBDIVISION NAME Mack

PARCEL NO. 001-021-09

PROJECT ADDRESS 14701 NC 73 Hwy

ASSESSED ACREAGE 14717

PROJECT NAME N/A

THE NOTED DESIGNATED LOCATION HAS BEEN CHECKED FOR:

	APPLICABLE	NOT APPLICABLE
1. SUBDIVISION REGULATIONS	/	/
2. FLOODWAY REGULATIONS	/	/
3. EROSION CONTROL REGULATIONS	/	/
4. PUBLIC UTILITY EASEMENT	/	/

	EXISTS	NOT EXISTS
5. PUBLIC UTILITY EASEMENT	/	/
6. PROPERTY RIGHTS OF ENCROACHMENT	/	/
7. DRIVEWAY PERMIT REQUIRED	/	/

If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic Tank / SF Home

NOTE: THIS FORM MUST BE FILED IN AT THE OWNER'S OFFICE AT FOLLOWING SUBDIVISION MAJOR PLANNING PLANAT PLAT.
A CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL THE SUBDIVISION DIVISION COUNTY FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: _____

DATE 12-10

FOR ACCESS / /

ROOM 200

R

12-03-90 03:49AM P.01
704 336 3846 '90 12/3 11:14 ENGINEERING 001

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: 10-A

TC: 001-021-09

SERIAL: NO 21427

☐ L ☐ CRT

JOB LOCATION

(1) ADDRESS: 14701 (STREET NO.) NC 73 Highway (STREET) (2) FILE:

(3) JURISDICTION: (4) TAX PARCEL NO.: 001-021-09

(5) SUBDIVISION: (6) LOT: (7) BLOCK:

OWNER

(8) NAME: WARREN (FIRST) DAVID (MIDDLE) BAKER (LAST)

(9) MAILING ADDRESS: 6117 CARDEN DRIVE

(10) CITY: Cha Route (11) STATE: NC (12) ZIP: 28227

(13) PHONE: (WORK) 392 1899 (14) (HOME) 545 4651

REQUEST

This request is for a(n):

(15) ☐ New permit

(16) ☐ Repair or alteration permit

(17) ☐ Authorization for mobile home exchange

(18) ☒ Other (specify) ~~Existing System~~ Replace MH w/ House

DESIGN CRITERIA

System will serve:

(19) ☐ ~~Residence~~ (20) ☐ Mobile home

(21) ☐ Business or place of public assembly

(22) Number of bedrooms? 3

(25) Type?

(23) Maximum occupancy? 4

(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: Lewis Caudle (Contractor)

Date: 12-3-90

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. 60

Environmentalist Date

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.

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 12/3/90

10-A

FROM: COUNTY ENGINEERING DEPARTMENT

SED FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 001-021-09

ASSIGNED ADDRESS 14701 NC 73 Hwy

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Septic Tank / SF House

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

SIGNED: Sig

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100

PROPOSED PLOT PLAN

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

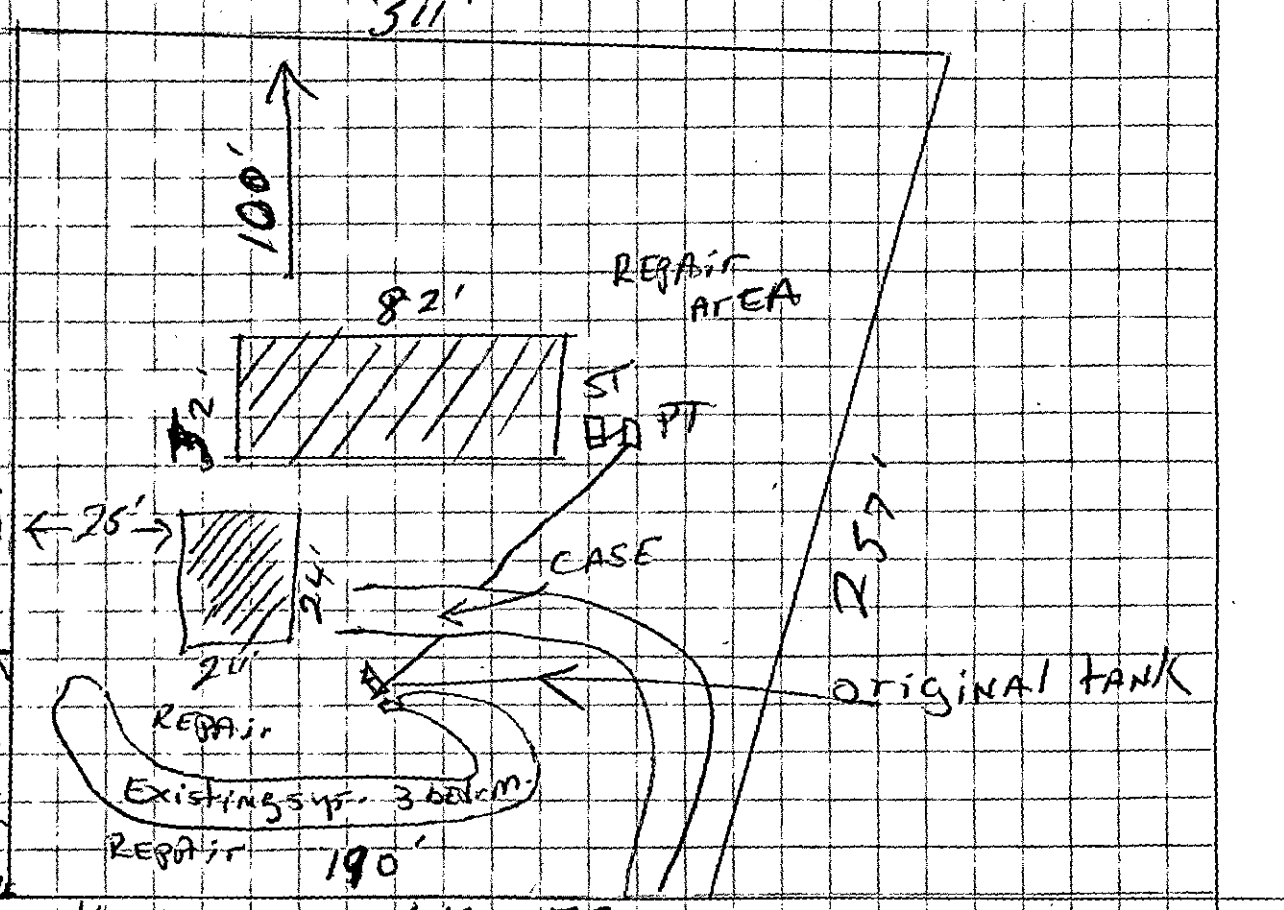
73 71A

FILE: ~~ID~~ A

TC: 061 - 021 - 09

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.

ADD - 1,500 ST
1,000 PT
original tank to remain in location to serve as additional retention.



APPROVAL DATE T.W. 12/14/90
use existing system. will add 1500 ST & 1,000 PT

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

LAKE NORMAN (CATAWBA RIVER)

ISLAND

PG. 20

PG. 45

LAKE NORMAN

PG. 45

PG. 01

BK. 13

BK. 09

Lot 8
1985
001-021-01

14701
10-A

1-30-90

TAX LINE MAP	BOOK 01	PAGE 02
MECKLENBURG COUNTY, NORTH CAROLINA		
REVISED 11-06-90	SCALE 1" = 400'	

FOR TAX PURPOSES ONLY

7371A

John Clifford Blythe