

9701 FAIRVIEW RD

19711110

5/31/2007

duponbj

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

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
MAY 25 1989
ENVIRONMENTAL HEALTH
DIVISION ☑ ENL ☐ CRT

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: 5434A
TC: _____
SERIAL: No 18472

JOB LOCATION

① ADDRESS: 9701 Fair View Road (STREET NO. STREET) ② FILE: _____
③ JURISDICTION: MINT HILL ④ TAX PARCEL NO.: 197-111-02A
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: WILENE (FIRST) W. (MIDDLE) LINKER (LAST)
⑨ MAILING ADDRESS: 9701 Fair View Road
⑩ CITY: CHARLOTTE, ⑪ STATE: N.C. ⑫ ZIP: 28227
⑬ PHONE: (WORK) _____ ⑭ (HOME) 704 (545-4185)

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☑ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☑ Other (specify) To clean line's

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2
㉕ Type? _____
㉓ Maximum occupancy? _____
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: Wilene W. Linker
Date: 5-23-1989

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.

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.

APPLICATION FOR AN IMPROVEMENT PERMIT

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

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(OFFICE USE ONLY)
FILE: 5434A
TC: _____
SERIAL: No. 17665 ☐ L ☑ CRT

JOB LOCATION

① ADDRESS: 9701 (STREET NO.) Fairview Rd (STREET) Charlotte NC 28227 ② FILE: _____
③ JURISDICTION: _____ ④ TAX PARCEL NO.: 197-111-02
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: Robert (FIRST) Lee (MIDDLE) Efird (LAST)
⑨ MAILING ADDRESS: 9701 Fairview Rd
⑩ CITY: Charlotte (Mint Hill) ⑪ STATE: NC ⑫ ZIP: 28227
⑬ PHONE: (WORK) 545 3636 ⑭ (HOME) 545-3636

REQUEST

This request is for a(n):

⑮ ☑ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Attached Garage

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? _____ ㉕ Type? _____
㉓ Maximum occupancy? _____ 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
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C ☐ Community well
D ☐ Community system

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... 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 — 1-31-89 — Date

S D Davis — Director or Authorized Section Head — 1-31-89 — Date

*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: Robert Lee Efird

Date: 1-27-89

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1-27-89

Name/Company Robert L. Efird

Sanitation _____

Vector Control _____

C.P.W.D. ✓

Service: Impingement Permit Addition
9701 Fairview Rd

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JAN 27 1989

Fee: $20.00 CK# 4320

Jackie Abernathy
Completed by

Collected by

PROPOSED PLOT PLAN

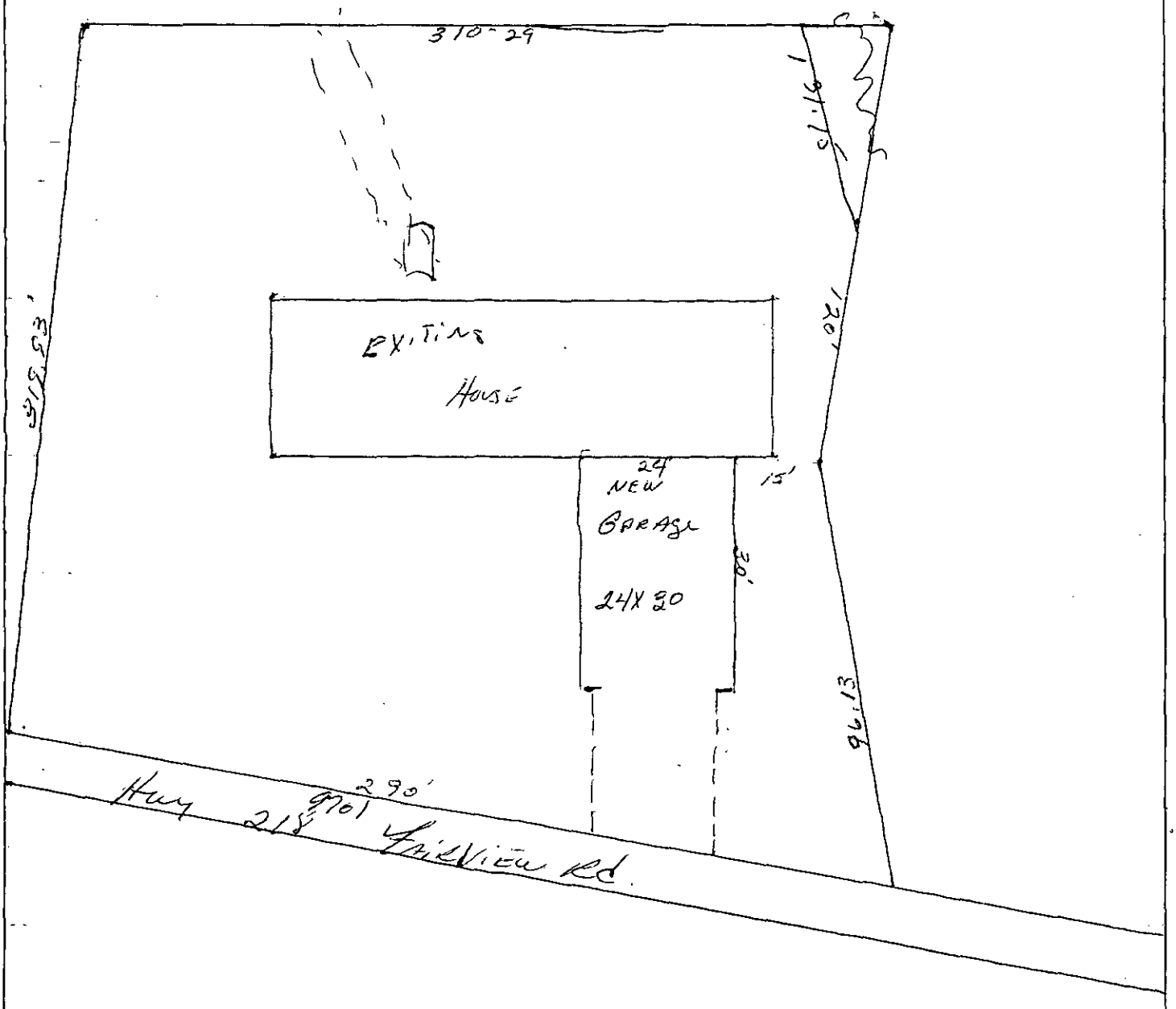
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5434A

TC: _____

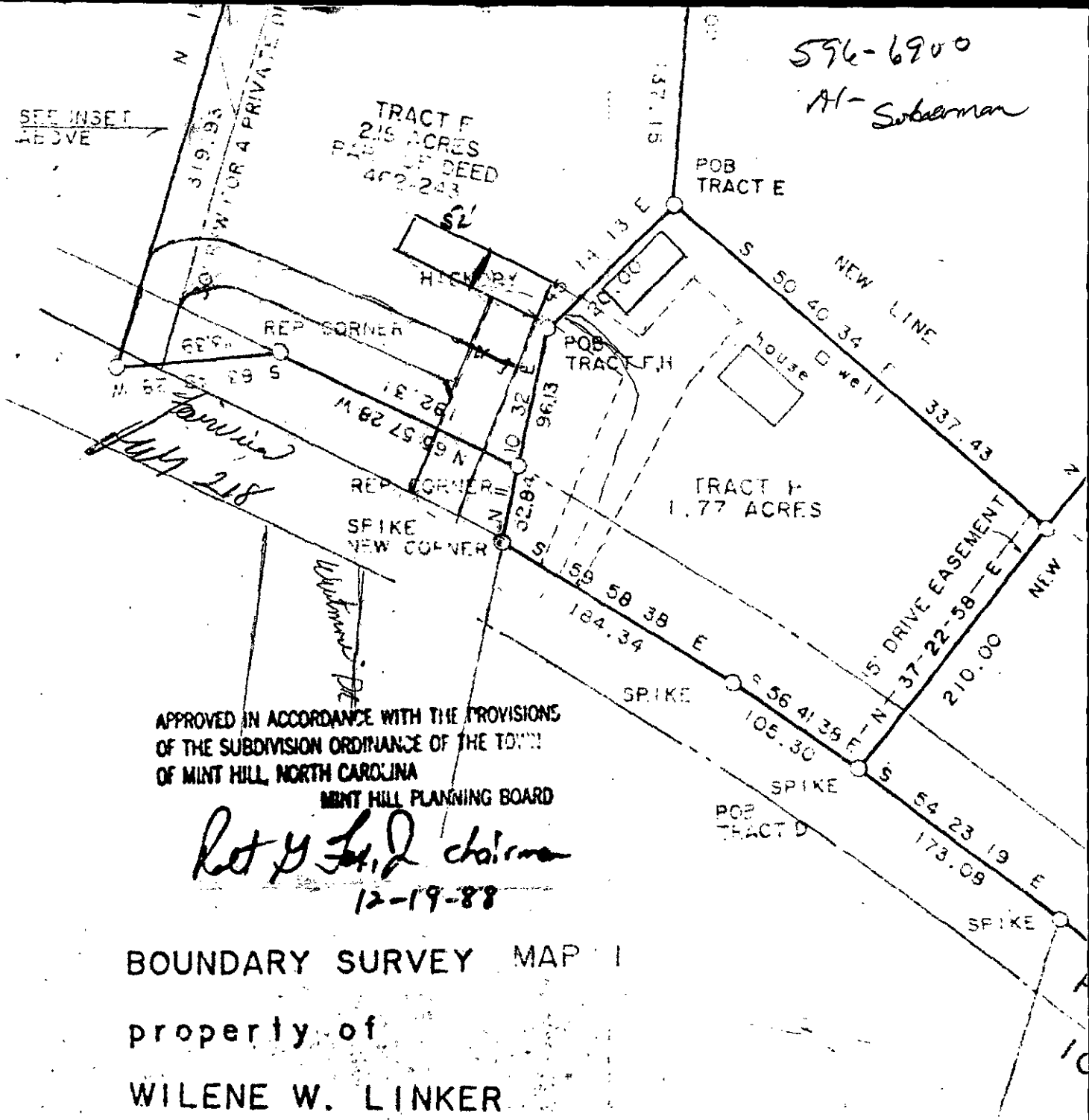
Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.



Signed: Bob Efird

Date: 1-27-89

596-6900
Al - Subaerman



APPROVED IN ACCORDANCE WITH THE PROVISIONS OF THE SUBDIVISION ORDINANCE OF THE TOWN OF MINT HILL, NORTH CAROLINA
MINT HILL PLANNING BOARD
Robert Lee Ford chairman
12-19-88

BOUNDARY SURVEY MAP I

property of

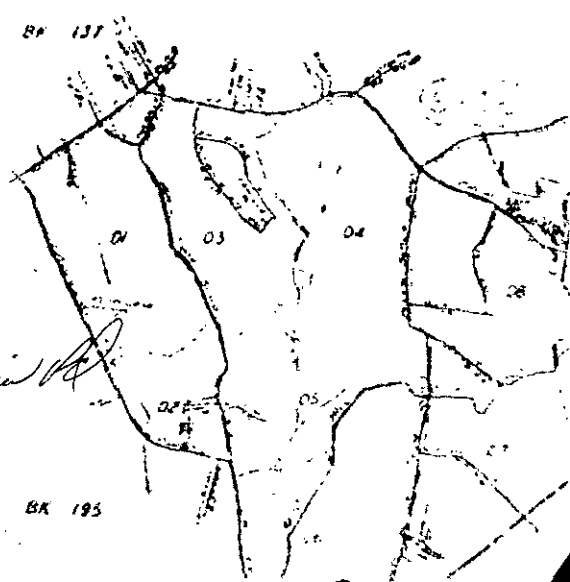
WILENE W. LINKER

FAIRVIEW ROAD
MINT HILL, NORTH CAROLINA
MECKLENBURG COUNTY

SURVEYED BY DAVID M. LUCAS, P.E.
655-B PRESSLEY ROAD
CHARLOTTE, N.C. 28217

NOVEMBER 21, 1988
JOB# 88374.435

SCALE 1"=100'



9701 Fairview Rd
Robert Lee Ford

PERMIT FOR ONE OR TWO FAMILY DWELLING CONSTRUCTION OR OTHER RESIDENTIAL WORK

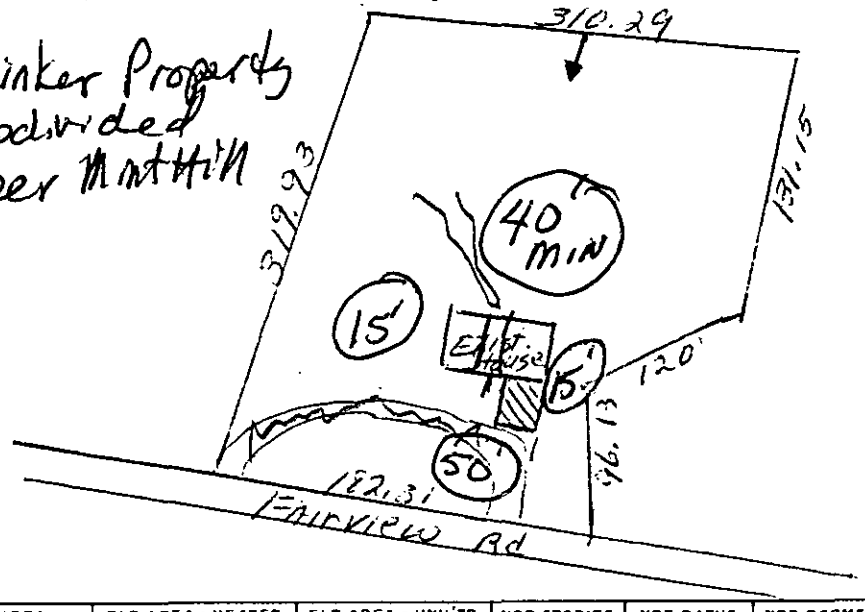
ZONED	MAP	CENSUS	P C	USD C	OCC	INSPECTORS	JURISDICTION	PARCEL NBR
R-20	MWT	57.01	110	438	R	Hold for Mint ZBA	1	197-111-02

A JOB ADDRESS: 9701 Fairview Rd | SUBDIVISION OR MOBILE HOME PARK | LOT | BLOCK | PERMIT NBR | DATE

OWNER NAME	ADDRESS	PHONE	
Bob Efird	9701 Fairview Rd., Char. N.C. 28212	( )	← Prime Contractor Show (X)
BUILDING CONTRACTOR	ADDRESS	PHONE	N.C. LICENSE NBR / ACC. NBR
Owner	Same	545-3636 ( )	
ELECTRICAL CONTRACTOR	ADDRESS	PHONE	N.C. LICENSE NBR
Lics. Contr.		( )	
MECHANICAL CONTRACTOR	ADDRESS	PHONE	N.C. LICENSE NBR
N/A		( )	
PLUMBING CONTRACTOR	ADDRESS	PHONE	N.C. LICENSE NBR
N/A		( )	
OTHER CONTRACTOR	ADDRESS	PHONE	N.C. LICENSE NBR
		( )	

NEW CONSTRUCTION – ONE OR TWO FAMILY DWELLING INCLUDING UNATTACHED STRUCTURES

B PLOT PLAN *(Show dimensions of lot & all buildings—show distances of buildings from property lines)*



SEWAGE
SEPTIC TK. PERMIT # _____
APPRV. CERTIFICATE # _____

C HEATING & COOLING

HEAT PUMP	☐	GAS COOLING	☐
CENTRAL A-C	☐	GAS/OIL FUR.	☐
ELECT. BASE BD.	☐	GAS/OIL STM.	☐
ELECT. FURNACE	☐	GAS PIPE ONLY	☐
ELECT. CEILING	☐	PREFAB FIREPL	☐

OTHER _____

D CONSTRUCTION COSTS

BUILDING	$
ELECTRICAL	$
MECHANICAL	$
PLUMBING	$
OTHER	$
TOTAL	$

LAND AREA	FLR AREA - HEATED	FLR AREA - UNH'TD	NBR STORIES	NBR BATHS	NBR ROOMS	SEPTIC TK ?
	N/A S.F.	960 S.F.	N/A	N/A	N/A	yes

PERMIT FEE *Sch. I* $ N/A

EXISTING DWELLING – INTERIOR, ATTACHED OR UNATTACHED STRUCTURES

E CLASS OF WORK

ACCESSORY BLDG	☒	PIER	☐
MO. HOME SETUP	☐	SWIM POOL	☐
HOUSE MOVE ON	☐	BLDG. ADDITION	☐

Complete plot plan for work in this block

F BLDG REMODEL	☐	DEMOLISH	☐
PIPING OR WIRING	☐	REROOF	☐
HOUSE MOVE OFF	☐	FOUNDATION	☐

G EQUIP/APPLIANCE REPLACE OR ADD ☐
Print name & type—i.e. wt'r heater, gas

OTHER: _____

H TYPE OF WORK — FEE

1 BUILDING *Sch. II* Attached Garage — CONST. COST $ 11,480.00 — FIRE DAMAGE ☐ — $ 38.50
JOB DESCRIPTION: 30 X 32'

2 ELECTRICAL *Sch. III* — POOL GRD ☐ — NBR CONNECTIONS ___ 120V ___ 240V — SERVICE ☐ — NBR ROOMS WIRED ___ — FEEDER ☐ — FIRE DAMAGE ☐ — $

3 MECHANICAL *Sch. IV* — HEATING ONLY ☐ — NBR GAS CONN. ___ — CENTRAL A-C ONLY ☐ — HEATING WITH A-C ☐ — FIRE DAMAGE ☐ — $

4 PLUMBING *Sch. V* — WATER SERVICE ☐ — NBR FIXTURES ___ — SEWER SERVICE ☐ — NBR APPLIANCES ___ — FIRE DAMAGE ☐ — $

5 MOBILE HOME SET UP *Sch. VI*
YEAR/MAKE _____
SERIAL NBR/LABEL NBR _____ FIRE DAMAGE ☐ $

The undersigned does hereby declare that the information given above is correct and agrees to comply with all state and local laws, local ordinances and regulations and with the N.C. State Building Code. The applicant furthermore declares that he is the property owner or he does truly represent the property owner.

mi TOTAL FEE $ 38.50

APPLICANT'S SIGNATURE _____ DATE 1/24/89

APPROVALS
HEALTH _____ ENGR'G OK PLAN REVIEW N/A ZON'G _____ BY _____

REMARKS/RESTRUCTIONS: BA Final Env. Health Hold

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
700 N. TRYON ST., CHARLOTTE, N.C. 28202 – P.O. BOX 31097, CHARLOTTE, N.C. 28231-1097

B-81 5M 4/84

RECORDS COPY