

11512 LANDS END

19921117

6/26/2007

duponbj

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

TB 7189A

Pd 50.00 CK # 2770 11/26/96 CRT

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: Little (last) Robert (first) C (mi)
ADDRESS: 11512 Lands End Rd. PHONE: 704 588-595
CITY: Charlotte STATE: NC ZIPCODE: 28278

Date: 11/25/96

PROPERTY OWNER:
NAME: Little Robert C & Nancy J. (last) (first) (mi)
ADDRESS: 11512 Lands End Rd. PHONE: 704 588-595
CITY: Charlotte STATE: NC ZIPCODE: 28278

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 199-211-17
STREET ADDRESS: 11512 Lands End Rd
ZONING:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[X] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[] COMMERCIAL OR INDUSTRIAL (N)

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

NUMBER BEDROOMS: 3 NUMBER OCCUPANTS: 2
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)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] 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: Robert C Little Date: 11/25/96

NOTICE:

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:

1) No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

2) This permit is not transferable.

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[X] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

Dave E Higgins R.S. 5/28/98
Environmentalist Date

...No washing machine line was located. It was discussed with previous owners and they think it goes to pump system. To explained to Ms. Little that there will be little or no area left for repair. Foundation appeared to be 5' off of existing drainfield. Dave Higgins Survey, R.S.

5/28/98 - House site & plot plan has changed to accomodate drainfield. SEE UPDATED PLOT PLAN THAT WAS SUBMITTED

Robert C. & Nancy J. Little

11512 Lands End Road
Charlotte, NC 28278

[illegible]: 704-588-[illegible] FAX: 704-588-6389

FAX TRANSMISSION

TO: [illegible] Department

ATTENTION: [illegible]

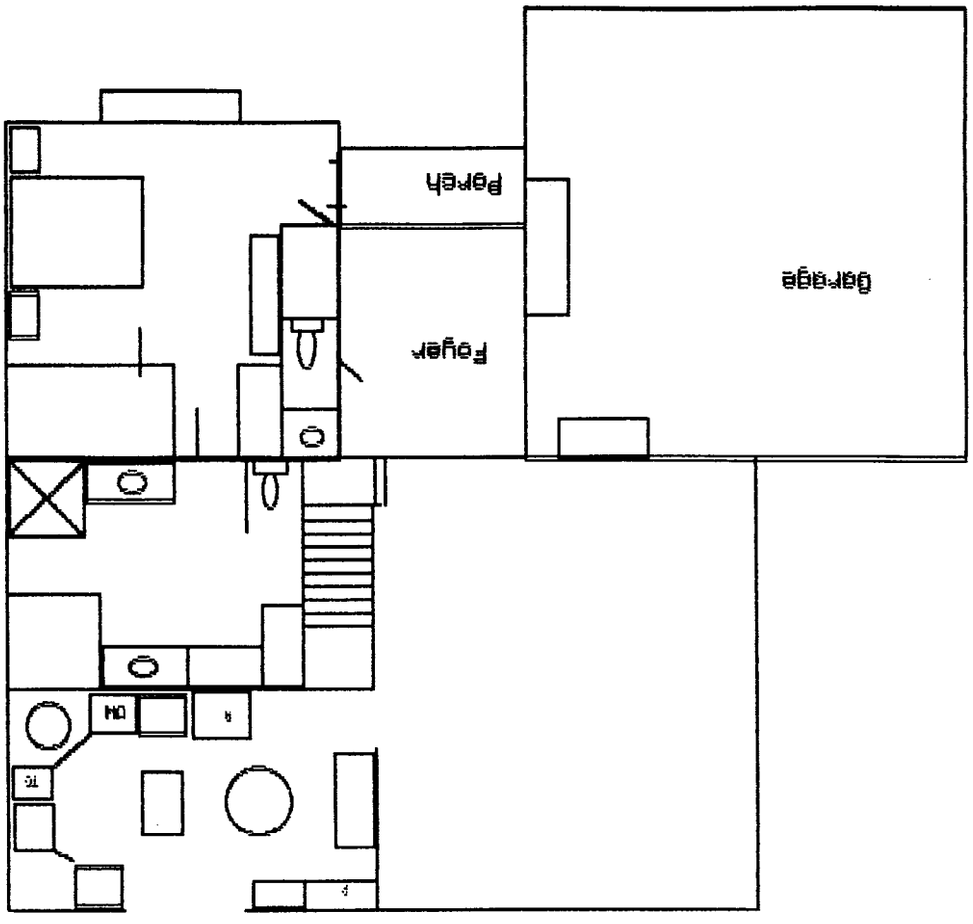
[illegible]

[illegible]

[illegible]

[illegible]

COPY



We are relocating the master bedroom into the addition and not adding any additional bedrooms. Old master bedroom will become a kitchen.

VOID

Nancy Little 12/2/96

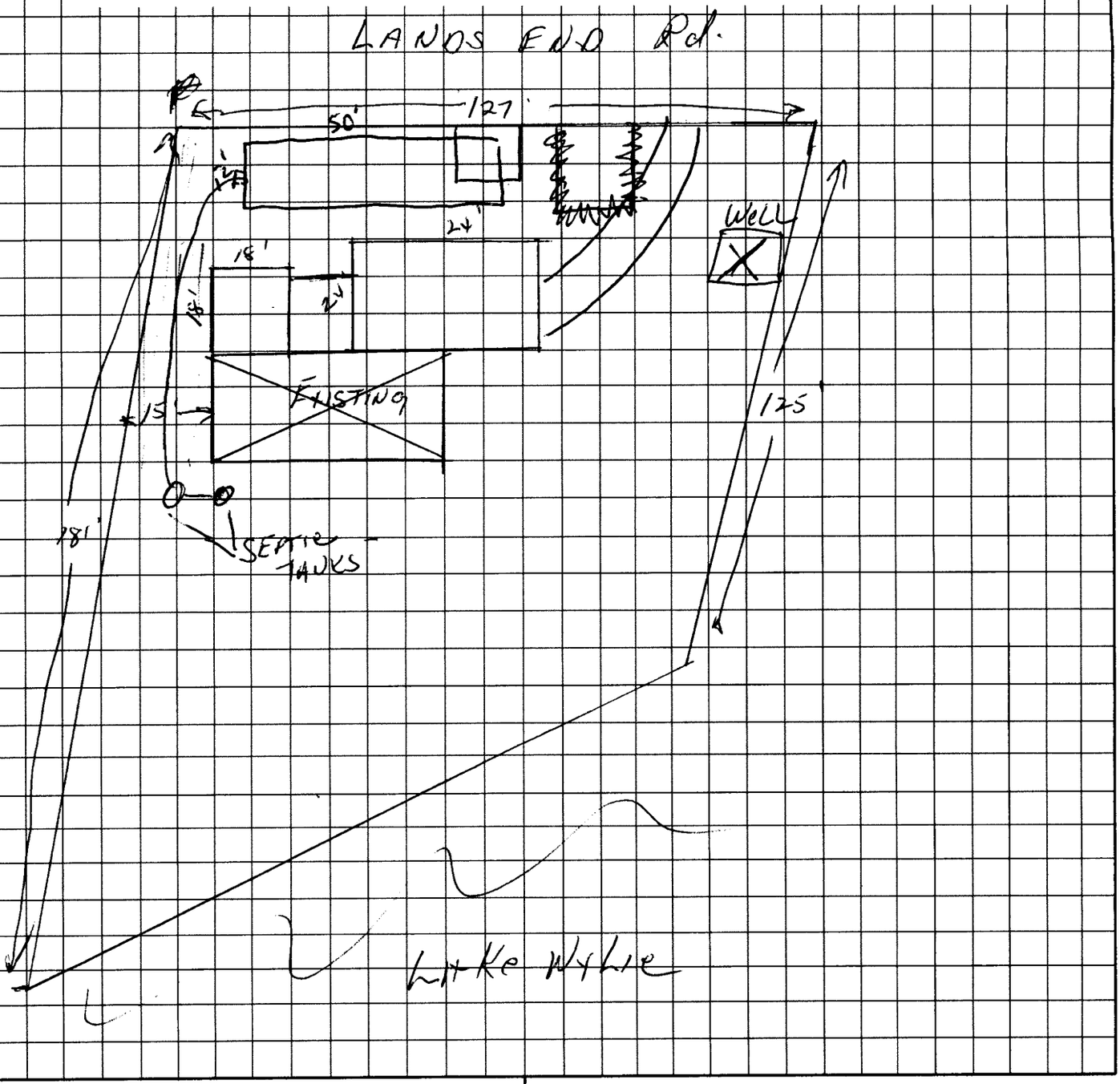
PROPOSED PLOT PLAN

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

FILE: 7189A

TC: 199-211-17

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 _____

OWNER/AGENT SIGNATURE Robert C Tuttle

DATE

White - Health Department's Copy

Canary - E.H.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: 7189A
TC: 199-211-17
SERIAL: № 21412
☐ CRT

JOB LOCATION

MSF. 12-11-90
① ADDRESS: 11512 ~~11519~~ (STREET NO.) LANDS END RD (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.: 199-211-17
⑤ SUBDIVISION: WITHERS COVE ⑥ LOT: 26 ⑦ BLOCK:

OWNER

⑧ NAME: EMPIRE RELOCATION (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 1329 HARDING PL.
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28204
⑬ PHONE: (WORK) 3750471 ⑭ (HOME) 3754108

REQUEST

This request is for a(n): Void. Garage to close to road. Zoning denied.
⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☒ Other (specify) DETACHED, 2-CAR GARAGE

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? 2
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.

X Signed: John M Hawn (agent)
Date: 11-28-90

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 CO

B. R. Ferguson, Environmentalist — 12-11-90 (Date)

Director or Authorized Section Head — 12-18-90 (Date)

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

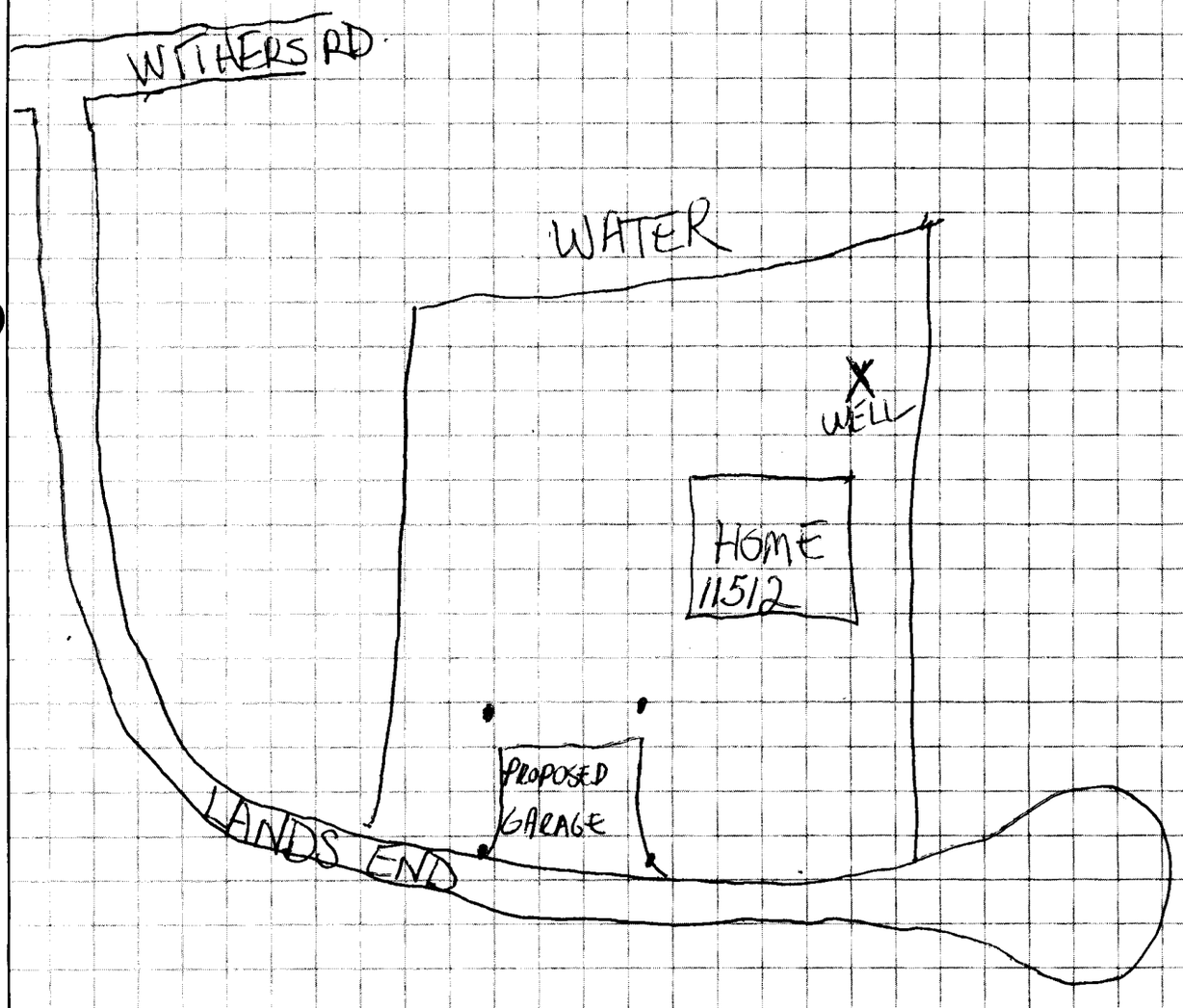
PROPOSED PLOT PLAN

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

FILE: 7189A

TC: 199-211-17

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

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

DATE 2/13/91

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE 41uck

PARCEL NUMBER #199-211-17

ASSIGNED ADDRESS 11512 Lucas End Rd

EXISTING ADDRESS _____

PROJECT NAME Lot

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: Private Wtr/Sep

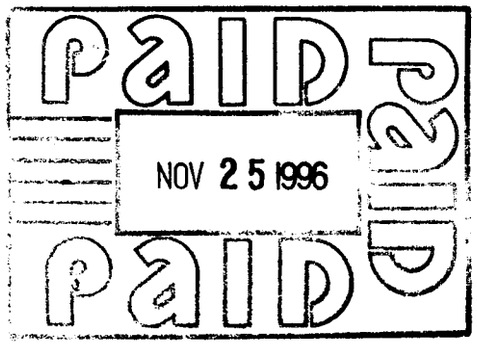
NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: DR

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100


PAID
NOV 25 1996
PAID

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-7-90

Name/Company: Mike Hammond

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Void. Change to close-ed-
Cup Permit Add w/o
11517 Jando End Road
Tax # 199-211-17
File # 7189A

MECK
HEALTH
ENVIRONMENTAL HEALTH DIVISION
PAID

DEC 7 1990

Fee: $ 25.00

Ck # 336
11-25-90

NOTICE:

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

L M Thompson
Completed by

Collected by

R. B. PHARR P.02

10 APRIL 91

...ON THE ...DAY OF... ...19... ...
...PLAT AND THAT THE TITLE LINES AND THE WALLS OF TH...

SIGNED R. B. Pharr

R. B. PHARR & ASSOCIATES, REGISTERED SURVEYORS
...EAST ...SPRINGDALE BLVD.
CHARLOTTE, NC 28204
TELEPHONE 376-2560

NORTH CAROLINA REGISTERED L-769 LAND SURVEYOR R. B. PHARR

Add 2 car garage remodel Bdrm Kit dining

