

8201 FAIRVIEW RD

12/26/2007

duponbj

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

Mecklenburg County
Health Department

M E M O R A N D U M

TO: Susan Uzzell
Accountant II

FROM: Sylvia D. Daniel, R.S. SDD
Program Chief

Date: October 10, 1996

Ref: File #'s 1569B/1570B

SUBJECT: Refund

(Mr./Mrs./Co.) Greg Godley originally paid $200.00 for Improvement Permits New (two) on September 10, 1996 check #1843.

A refund should be issued for $200.00 because client cancelled services before the services were rendered.

Please make check payable to: Mr. Greg Godley
415-D Minuet Lane
Charlotte, North Carolina 28217

IMPORTANT MESSAGE

FOR _____

DATE _____ TIME _____ A.M. P.M.

M _____

OF _____

PHONE _____
AREA CODE NUMBER EXTENSION

TELEPHONED		PLEASE CALL	
CAME TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL		SPECIAL ATTENTION	

MESSAGE _____

SIGNED _____

LITHO IN U.S.A.

TOPS FORM 3002W

IMPORTANT MESSAGE

FOR _____

DATE _____ TIME _____ A.M. P.M.

M _____

OF _____

PHONE _____
AREA CODE NUMBER EXTENSION

TELEPHONED		PLEASE CALL	
CAME TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL		SPECIAL ATTENTION	

MESSAGE _____

SIGNED _____

LITHO IN U.S.A.

TOPS FORM 3002W

Letter dated
10-10-96

Refund Per B.M.

No letter -
Can't respond
Cancellation

FEE: 100.00 CK #1843
DATE: 9-10-96

APPLICATION FOR IMPROVEMENT PERMIT FOR RESIDENTIAL SITE INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM

1 1CRT

TYPE APPLICATION: ___ NEW SYSTEM ___ EXPANSION/ ALTERATION OF EXISTING SYSTEM ___ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 15708

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 183-181-02

STREET ADDRESS: ~~8207~~ FAIRVIEW RD.

SUBDIVISION OR MOBILE HOME PARK NAME: HARWOOD GLYNN

LOT NUMBER: 1

TOWNSHIP (CHECK ONE):

___ 0 MECKLENBURG
✓ 1 CHARLOTTE
___ 2 DAVIDSON
___ 3 CORNELIUS
___ 4 PINEVILLE
___ 5 MATTHEWS
___ 6 HUNTERSVILLE
___ 7 MINT HILL

TYPE OF BUILDING (CHECK ONE):

___ SINGLE MOBILE HOME(S)
___ DOUBLE WIDE (D)
✓ HOUSE (H)
___ MODULAR HOME (M)
___ MULTIPLE FAMILY (U)
___ OTHER (O)

HEATED SQUARE FOOTAGE: 6500 ±

NUMBER OF BEDROOMS: 5 | NUMBER OF OCCUPANTS: 4

FOUNDATION FOR RESIDENCE:

___ WITHOUT BASEMENT ON SLAB
✓ CRAWL SPACE
___ WITH BASEMENT /PLUMBING
___ WITH BASEMENT /NO PLUMBING

CLOSING DATE _____

COPY

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: ___ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):
___ COMMUNITY (C)
✓ MUNICIPAL (M)
___ PRIVATE WELL (P)
___ SHARED WELL (S)
___ OTHER 'SPRINGS' (O)

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

BURIED CABLES, LANDFILLS, STUMPHOLES	___ YES ✓ NO	WELL, SPRINGS OR WATERLINES	✓ YES ___ NO
EXISTING WASTEWATER SYSTEMS	___ YES ✓ NO	DESIGNATED WETLANDS	___ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS	___ YES ✓ NO		

PROPERTY OWNER: HARWOOD PROPERTIES, LLC

NAME: GODLEY GREGG J
(LAST) (FIRST) (MI)

ADDRESS: 415-D MINUET LN

CITY: CHARLOTTE STATE: NC ZIP: 28217

DAYTIME PHONE: (704) 523-5177

LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:

NAME:
(LAST) (FIRST) (MI)

DAYTIME PHONE: (704) 523-5177

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 6-18-96

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. 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: Gregory Godley DATE: 9-10-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

PROPOSED PLOT PLAN

Lot #1

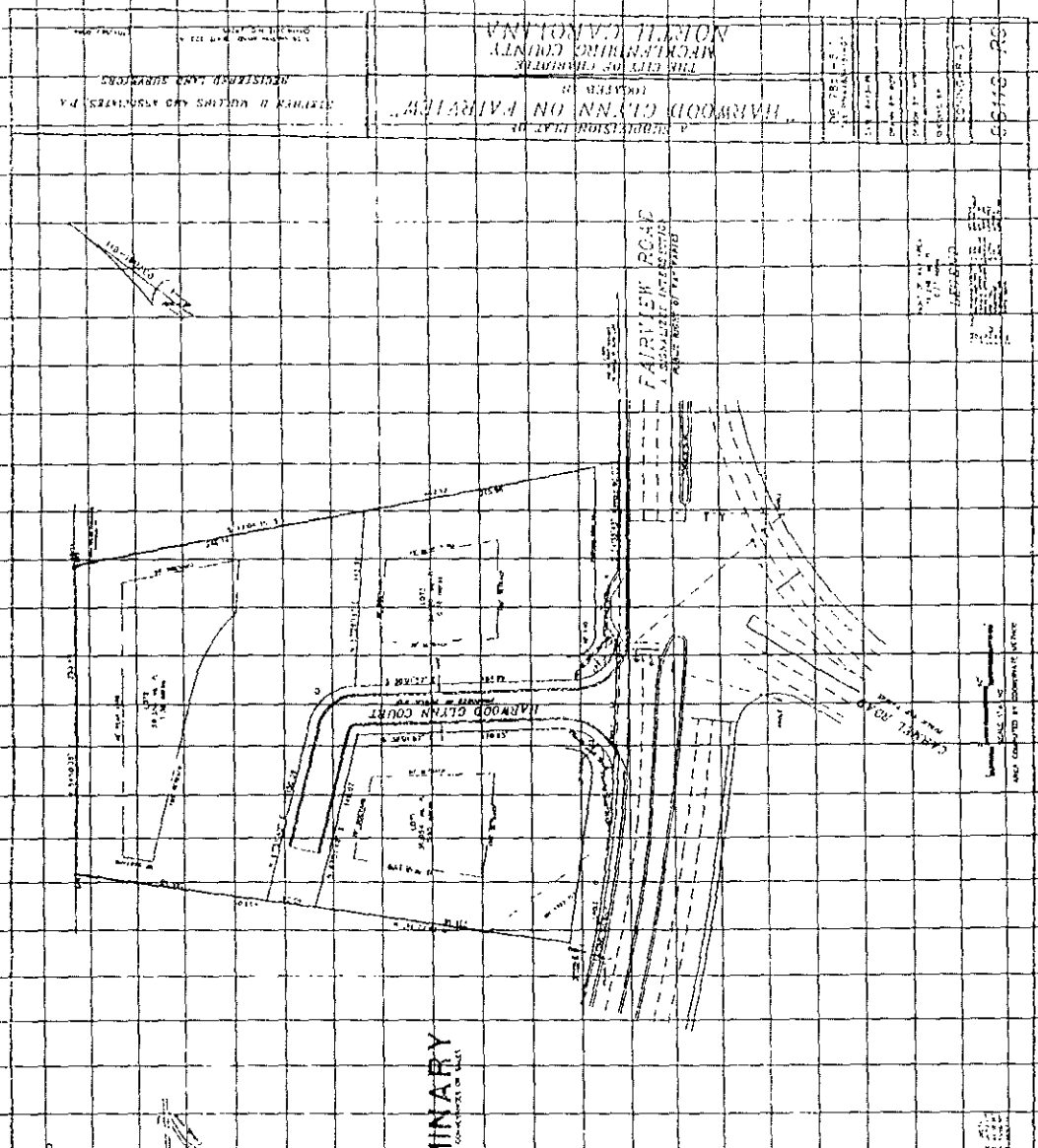
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 1570B

TC: 183-181-02

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.

COPY



PRELIMINARY

OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

FEE: 100.00 CK# 1843
DATE: 9-10-96

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__ 6 HUNTERSVILLE
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CLOSING DATE

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__ WITH BASEMENT /PLUMBING
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WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ SHARED WELL (S)
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EXISTING WASTEWATER SYSTEMS __ YES ✓ NO
EASTMENTS OR RIGHT-OF-WAYS __ YES ✓ NO
WELL, SPRINGS OR WATERLINES ✓ YES __ NO
DESIGNATED WETLANDS __ YES ✓ NO

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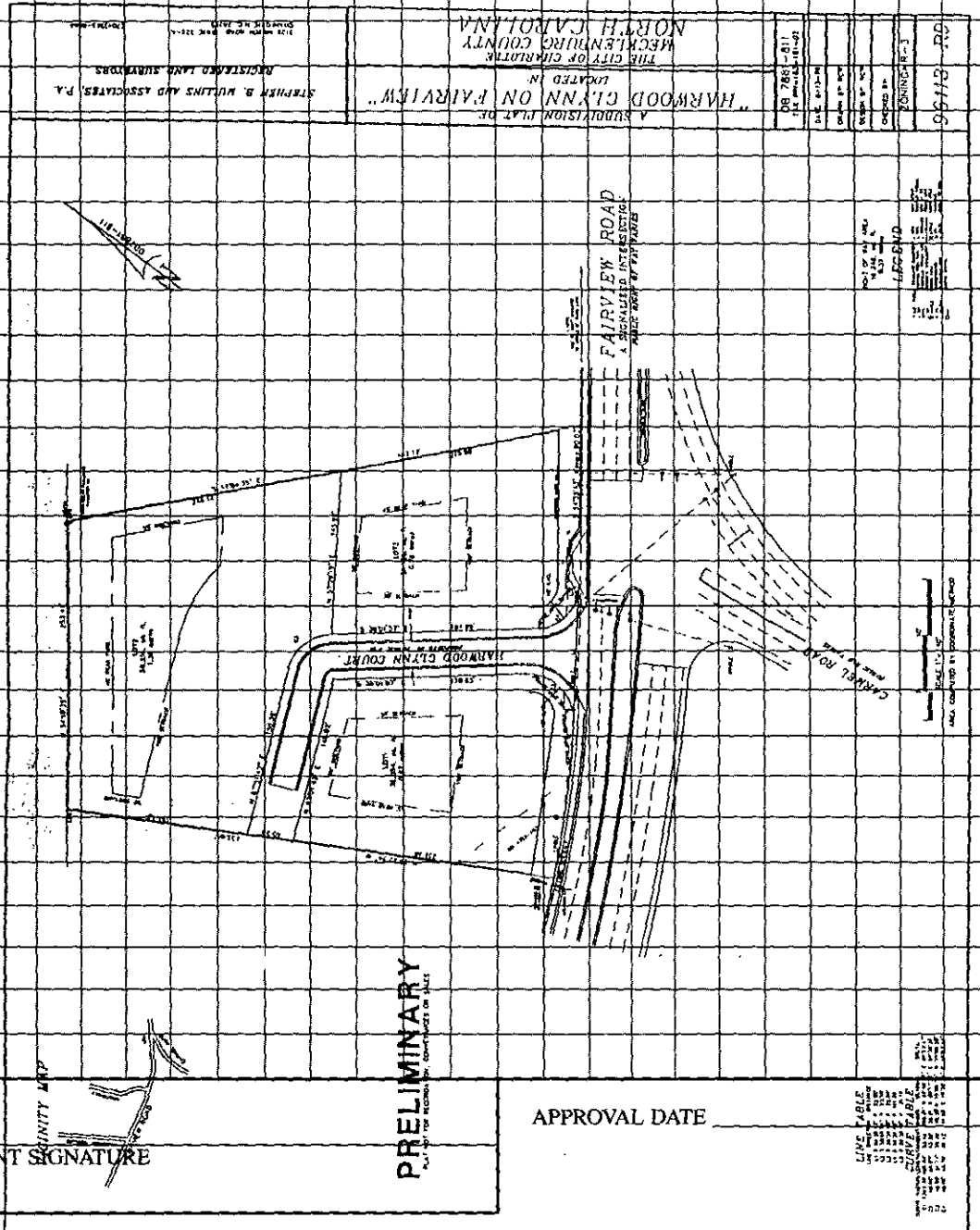
Lot #1

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

FILE: 1570B

TC: 183-181-02

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.



OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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

PROPOSED PLOT PLAN

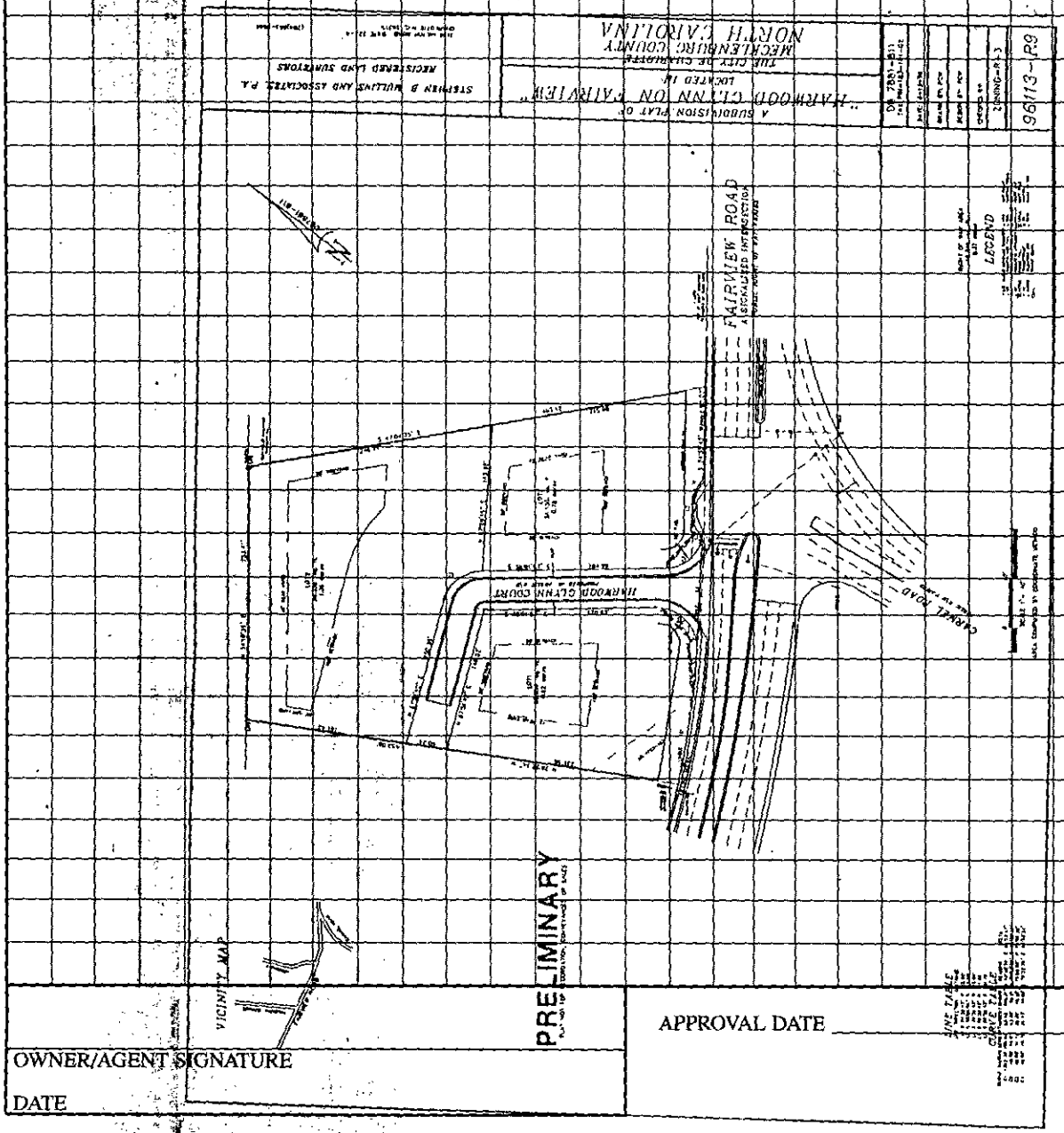
Lot #1

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

FILE: [illegible]

TC: 183-181-02

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OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE

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PROPOSED PLOT PLAN

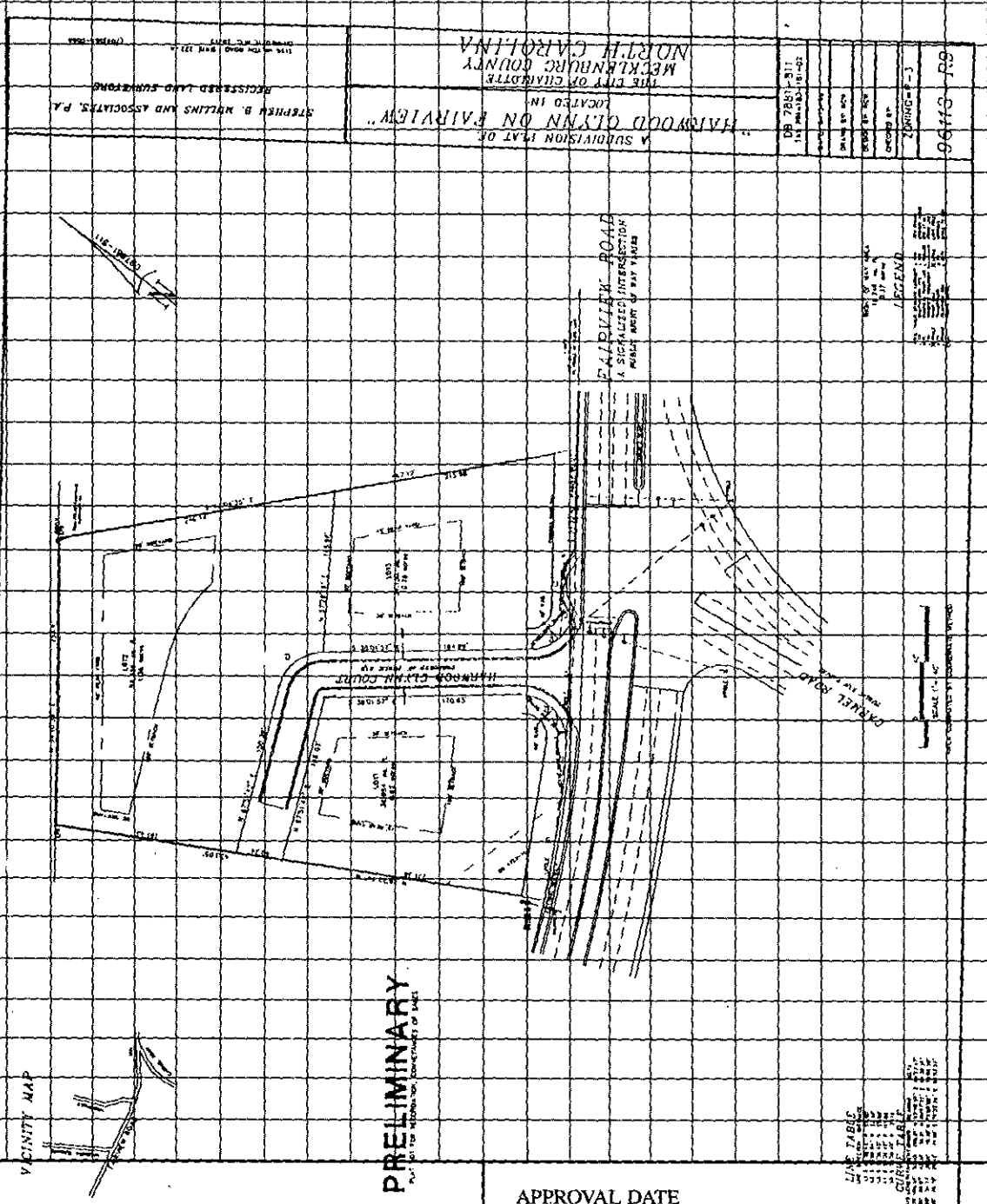
Lot #5

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

FILE: 1570B

TC: 183-181-02

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OWNER/AGENT SIGNATURE

DATE

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