

11814 LAKEHAVEN DR

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

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

May 28, 1991

TO: WILL FORD
FINANCE DEPARTMENT

FROM: KATRINA L. BROWN, DIRECTOR
COMMUNITY DEVELOPMENT

SUBJECT: TRANSFER FROM: ORG. 880, ACCOUNT #9113
TO: ORG. 462, ACCOUNT #3511

PAULETTE LYON
11814 LAKEHAVEN DRIVE
HUNTERSVILLE, NC

Please J. V. from the above Community Development Account for Improvement/Permit using existing system to Org. 462-3511.

Property concerned is located at 11814 Lakehaven Drive, Huntersville, NC.

Thanks.

571-z/psh

cc: Lorraine Whitaker
Health Department

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JUN 4 1991
ENVIRONMENTAL HEALTH
DIVISION

All-America City

MECKLENBURG COUNTY

Charlotte-Mecklenburg
Building Standards Department

May 28, 1991

TO: Will Ford, Finance Department

FROM: ORG 880 ACCOUNT 9113

RE: Paulette Lyon
11814 Lakehaven Drive
Huntersville, NC 28078
Fee $25.00

Please J. V. From the above Community Development Account for Improvement/ Permit using existing system... to Org 462-3511

Property concerned is located at 11814 Lakehaven Drive, Huntersville, NC

Thanks.

cc: Loraine Whitaker
Environmental Health Department

700 North Tryon Street • P.O. Box 31097 • Charlotte, North Carolina 28231-1097 • (704) 336-2831

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: ~~[illegible]~~ 7470A
TC: 017-243-19
SERIAL: 00033
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 11814 (STREET NO.) Lochhaven Dr. (STREET) ② FILE:
③ JURISDICTION: Meck ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: 53-54 ⑦ BLOCK:

OWNER

⑧ NAME: Paulette (FIRST) Craig (MIDDLE) Lyon (LAST)
⑨ MAILING ADDRESS: 11814 Lochhaven Dr.
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) ⑭ (HOME) 875-8449

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Mobile Home Exchange

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☒ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☒ no
㉕ Type?
㉖ Maximum number of employees?
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: Paulette C Lyon
Date: 5-28-91

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 ~~48~~ 60 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

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: [illegible] 1147A
TC: [illegible]
SERIAL: 00033
☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 1154 [illegible] (STREET NO. / STREET) ② FILE:
③ JURISDICTION: [illegible] ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: 53-54 ⑦ BLOCK:

OWNER

⑧ NAME: [illegible] (FIRST) (MIDDLE) (LAST)
⑨ MAILING ADDRESS: 1154 [illegible]
⑩ CITY: Huntersville ⑪ STATE: NC ⑫ ZIP: 28078
⑬ PHONE: (WORK) ⑭ (HOME) 875-1449

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) [illegible]

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☑ Mobile home
㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms?
㉓ Maximum occupancy?
㉔ Basement? ☐ yes ☑ no
㉕ Type?
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㉗ Maximum number of seats?

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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: [illegible]
Date: 5-25-91

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:

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