

2001 BELMEADE DR

05303221

12/26/2007

duponbj

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

Mecklenburg County
Health Department

December 10, 1996

Ms. Elaine Moss
2001 Belmeade Drive
Charlotte, NC 28214

Dear Ms. Moss,

This is to acknowledge the application for an alteration to your property at 2001 Belmeade Drive. Your request was to increase your residence from a two bedroon to a three bedroom residence. The residence had also burned and was in need of total renovation. At that time, a site visit was conducted by Jeremy Moss and myself. Mr. Moss had designed an additional bedroom out of the back of the house.

Our existing records indicate that there was an ongoing complaint concerning your septic system prior to your home burning down. Some work had been done on this septic system without the knowledge of the health dept. but this did not eliminate the sewage on top of the ground. It was also determined that the washing machine discharged on the surface of the ground.

Due to the soil conditions on this lot, I do not deem it possible for the addition of further bedrooms or water usage to this residence. In order to renovate this house using the two existing bedrooms, repairs of the septic system and washing machine wastes would be required prior to any issuance of a building permit.

If you have any questions or need any further assistance, please feel free to contact me at 704/336-5572.

SIncerely,

Toni Higgins Bunney R.S.

Toni Higgins Bunney, R.S.
Environmental Health Specialist

FEE: 200 cash
DATE: 11-11-96

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

[ ] CRT

TYPE APPLICATION: __ NEW SYSTEM X 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

COPY

FILE #: 1646B

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 053 032 01

STREET ADDRESS: 2001 BELMEADE DR

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

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

CLOSING DATE_____

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:

NUMBER OF BEDROOMS: 2 | NUMBER OF OCCUPANTS:

FOUNDATION FOR RESIDENCE:

- __ WITHOUT BASEMENT
- __ ON SLAB
- ✓ CRAWL SPACE
- __ WITH BASEMENT /PLUMBING
- __ WITH BASEMENT /NO PLUMBING

Adding BDRm 1 Bth

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:	LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:
NAME: (LAST) Moss (FIRST) Elaine (MI)	NAME: (LAST) Moss (FIRST) Jeremy (MI) M
ADDRESS: 2001 Belmeade DR	DAYTIME PHONE: (704) 593-3160
CITY: Charlotte STATE: NC ZIP 28214	
DAYTIME PHONE: ( ) -	

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 1943

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: Jeremy Moss (SON) DATE: 11-11-96

Bought 1943

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

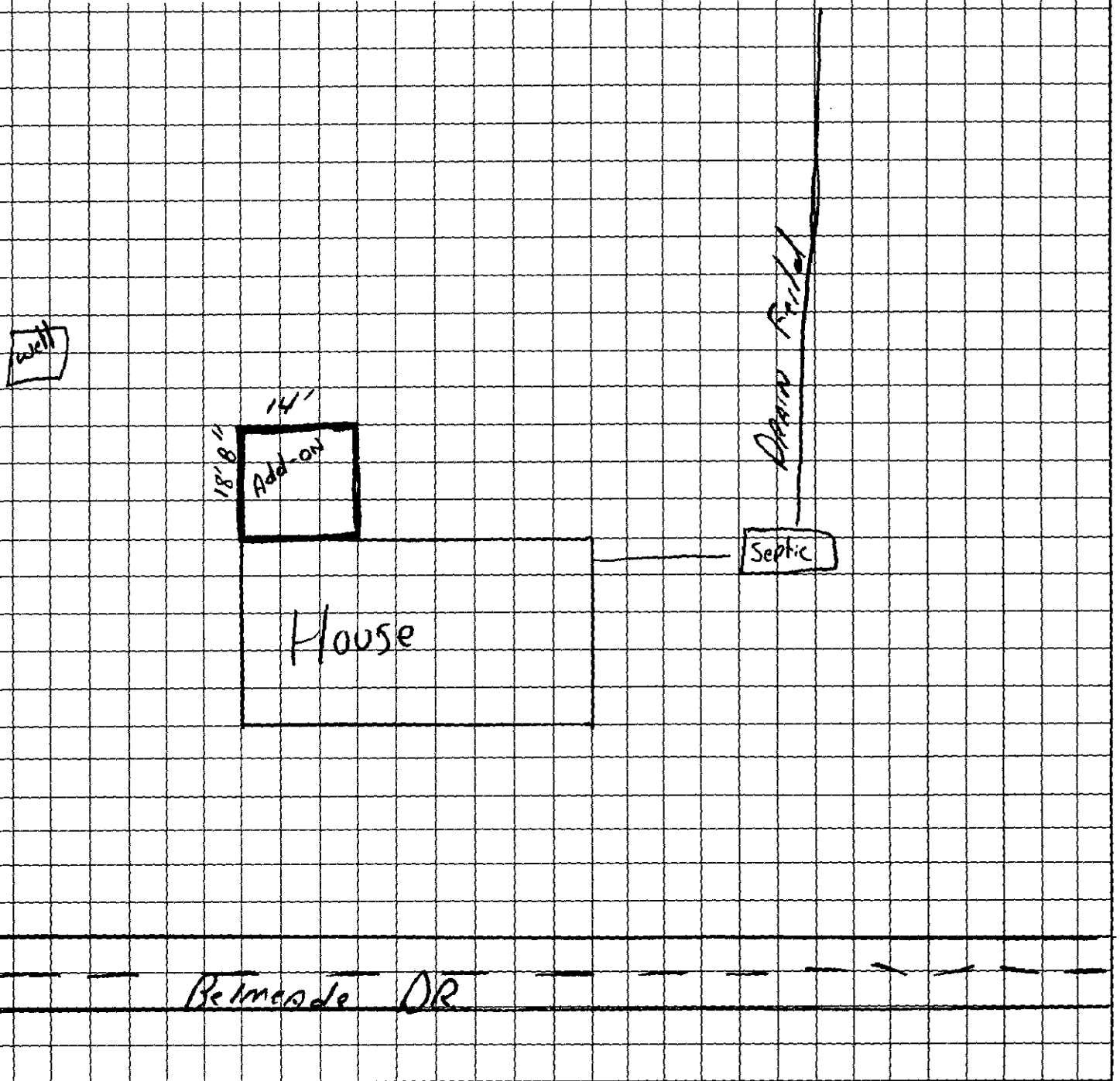
Tom

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

FILE: 1646B

TC: 053-032-01

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 11-11-96

APPROVAL DATE _____

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

FILE: 200 & 2001

DATE: 11-11-96

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NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
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ON-SITE WASTEWATER SECTION

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Adding BDRm / Bth

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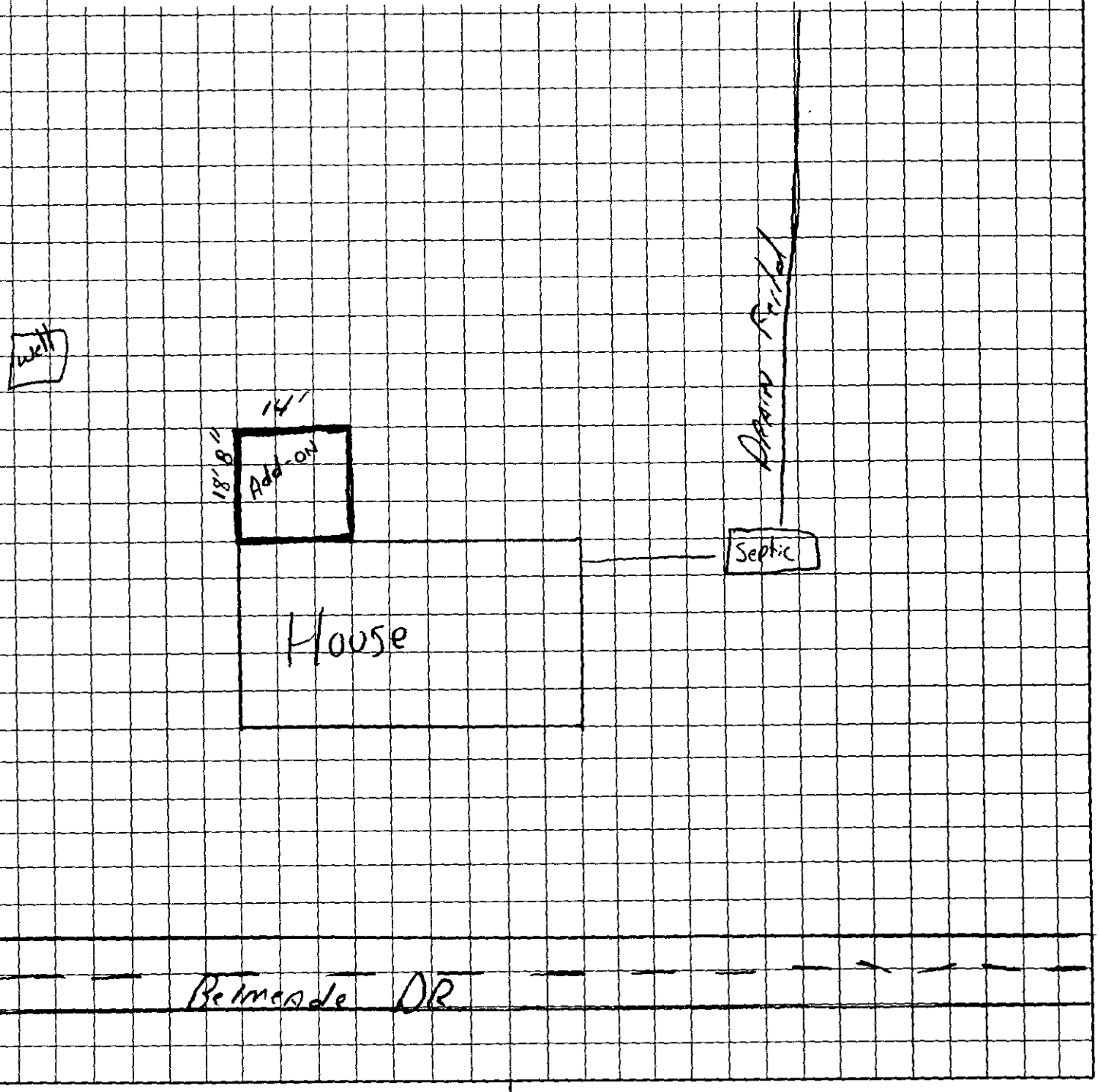
Town

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