



9344 PINEWOOD AV

11312247

6/25/2007

duponbj

Groundwater and Wastewater Services File Imaging Project  
May 2007

\*Barcode Font = IDAutomationHC39M\*

# 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: 7152A

TC: 113-123-22

SERIAL: No 21485

CRT

## JOB LOCATION

ADDRESS: 9344 PINEWOOD AV

STREET NO.

STREET

② FILE:

③ JURISDICTION:

④ TAX PARCEL NO.:

⑤ SUBDIVISION:

⑥ LOT:

⑦ BLOCK:

## OWNER

NAME: EMMITT PRESTON OSBORNE

(FIRST)

(MIDDLE)

(LAST)

MAILING ADDRESS: 9344 PINEWOOD AV

CITY: CHARLOTTE NC

PHONE: (WORK)

STATE: NC ZIP: 28214

(HOME) 3941995

## REQUEST

This request is for a(n):

⑯  New permit

⑯  Authorization for mobile home exchange

⑯  Repair or alteration permit

⑯  Other (specify) \_\_\_\_\_

## DESIGN CRITERIA

System will serve:

⑯  Residence ⑯  Mobile home

⑯  Business or place of public assembly

⑯  Number of bedrooms? 3

⑯  Type? \_\_\_\_\_

⑯  Maximum occupancy? \_\_\_\_\_

⑯  Maximum number of employees? \_\_\_\_\_

⑯  Basement?  yes  no

⑯  Maximum number of seats? \_\_\_\_\_

## WATER SUPPLY

⑯ Water supply from (present or proposed):

A  Individual well

B  Municipal system

C  Community well

D  Community system

## 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 24 months from the date of issuance.

*Septic system* Valid for 6 months

*B.R. Ferguson* 11-16-90  
Environmentalist Date

11-16-90 Date

Director or Authorized Section Head

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

signed: *Emmitt P. Osborne*

11-15-90

MECKLENBURG COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 11-15-90

Name/Company: Emmitt Osborne

Sanitation \_\_\_\_\_

Vector Control \_\_\_\_\_

O.P.W.D. /

Service: MT Home Exchange

9344 Pinewood Ave.

MECKLENBURG COUNTY

HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAID



File # 7152A

NOV 15 1990

Fee:

\$ 25.00

cc# 0614

11/25.00

NOTICE:

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

W. Thompson 2/25/90

Completed by

Collected by

DATE 11-15-90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS  
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

113-123-22 PARCEL NUMBER

**PARCEL NUMBER**

9344 Pinewood Av.  
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

9344 Pinewood Av.

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

PROJECT NAME ( IF APPLICABLE )

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

1. SUBDIVISION REGULATIONS	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
2. FLOODWAY REGULATIONS	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
3. EROSION CONTROL REGULATIONS	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
4. COMMERCIAL DRAINAGE PLAN	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
5. PUBLIC UTILITY EASEMENT	<input type="checkbox"/> PRESENT	<input type="checkbox"/> NOT PRESENT
6. PROPERTY FRONTS ON THOROUGHFARE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. DRIVEWAY PERMIT REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO

REMARKS: None on 7/14

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

7/7/88

ALL OTHER FORMS OBSOLETE

NEW ADDRESS

SIGNED:

AL ON DRIVEWAY