



9344 PINWOOD 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

☒ L ☒ 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 ☒ STATE: NC ☒ ZIP: 28214

☒ PHONE: (WORK) _____ ☒ (HOME) 3941995

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☐ Repair or alteration permit

☒ ⑰ Authorization for mobile home exchange

⑱ ☐ Other (specify) _____

DESIGN CRITERIA

System will serve:

☒ ⑲ Residence ☒ ⑳ Mobile home

☒ ㉑ Number of bedrooms? 3

☒ ㉒ Maximum occupancy? _____

☒ ㉓ Basement? ☐ yes ☒ no

☐ ㉔ Business or place of public assembly

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

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.

Use existing system valid for 6 months

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

[Signature] 11-16-90
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.

⑲ 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: 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:

M Home Xchange

9344 Pinewood Ave.

MECKLENBURG COUNTY
HEALTH DEPARTMENT

Tax # 113-123-22

ENVIRONMENTAL HEALTH DIVISION

PAID



File # 7152A

NOV 15 1990

Fee:

\$ 25.00

CD # 0614

7-25.00

NOTICE:

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

Completed by

W. K. Simpson

Collected by

[Signature]

DATE 11-15-90

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

113-123-22
PARCEL NUMBER 23
9344 Pinewood Av
ASSIGNED STREET ADDRESS (ADDRESS OF RECORD)

EXISTING STREET ADDRESS (IF DIFFERENT FROM ASSIGNED)

N/A
PROJECT NAME (IF APPLICABLE)

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

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

REMARKS: replacement
move of MH

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: Jan