

7901 PENCE RD

10803130

5/10/2007

duponbj

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

File # 3896A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

LV

pd $150 9-2-92 CK# CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Nat Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

Date:

PERSON FILING APPLICATION:
NAME: KELLEN (last) STEPHEN (first) H. (mi) BK CASH
ADDRESS: P.O. Box 25323 PHONE: (__) 537-5464
CITY: Charlotte STATE: NC ZIPCODE: 28229

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 108-031-30
STREET ADDRESS: ~~7901~~ Pence Rd
7901 PENCE Rd Char
ZONING: I 2

PROPERTY OWNER:
NAME: DURABLE WOOD PRESERVERS (last) P.O. Box 258-25 (first) (mi)
ADDRESS: 7901 PENCE RD PHONE: (704) 537-3113
CITY: Charlotte STATE: N.C. ZIPCODE: 28215 28229.

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
[X] 0 Mecklenburg County [] 2 Davidson [] 4 Pineville [] 6 Huntersville
[] 1 Charlotte [] 3 Cornelius [] 5 Matthews [] 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):
[] SOIL TEST - INDIVIDUAL LOT (O)
[] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[X] COMMERCIAL OR INDUSTRIAL (N) LUMBER SIZED/NO PLUMBING
[] SOIL TEST DEVELOPMENT (P)
[] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[] SINGLE MOBILE HOME (S) [] HOUSE (H) [] MULTIPLE FAMILY (U)
[] DOUBLE WIDE (D) [] MODULAR HOME (M) [] OTHER (O)

NUMBER BEDROOMS: NUMBER OCCUPANTS:
SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business LUMBER # Employees 10 Per Shift 1
Industrial Wastes (Y/N) ?
Underground Storage Tanks On Property (Y/N) __ Type

WATER SUPPLY (check one):
[] Community (C) [] Shared Well (S)
[] Municipal (M) [] Other 'spring' (O)
[X] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[] Swimming Pool [] Jacuzzi [] Stable/Barn [] Workshop [] None
[] Garage [] Storage Building [] Deck/Patio [] Bedrooms [] Other

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: S Kellen Date: 9-2-92

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the 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 approval is granted by this Department.

...This permit is not transferable.

... Use existing system

[] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

B. R. Ferguson Environmentalist 9-11-92 Date

Project 163-994664
Tracking #

Director or Authorized Section Head Date

WATER : 122791

P 20

APPLICATION FOR AN IMPROVEMENT PERMIT

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.
JAN 2

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: 3896A
TC: _____
SERIAL: № 17591

ENVIRONMENTAL HEALTH DIVISION
☒ L ☒ CRT

JOB LOCATION

① ADDRESS: 7901 (STREET NO.) PENCE (STREET) Rd. ② FILE: _____
③ JURISDICTION: MECK ④ TAX PARCEL NO.: 108 031 30
⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: DURABLE (FIRST) WOOD (MIDDLE) (LAST)
⑨ MAILING ADDRESS: P.O. Box 25825
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28229
⑬ PHONE: (WORK) 537 3113 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify) Building Permit

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? _____
㉕ Type? INDUSTRIAL
㉓ Maximum occupancy? _____
㉖ Maximum number of employees? 8
㉔ Basement? ☐ yes ☐ no
㉗ Maximum number of seats? 45

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: B.E. Barnes Jr. Trustee
Date: 1/18/89

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 36 months from the date of issuance. No plumbing to be installed. Use existing system

B.R. Ferguson, Environmentalist — 12-6-89 Date

S.D. Davis, RS, Director or Authorized Section Head — 12-6-89 Date

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 1/23/89

Name/Company Pole Buildings, Inc

Sanitation ____
Vector Control ____
O.P.W.D. ✓

Service: Amp - Addition
#38961

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID
JAN 23 1989

Fee: $ 20 — CK # 6992 #20.00

Completed by

Collected by

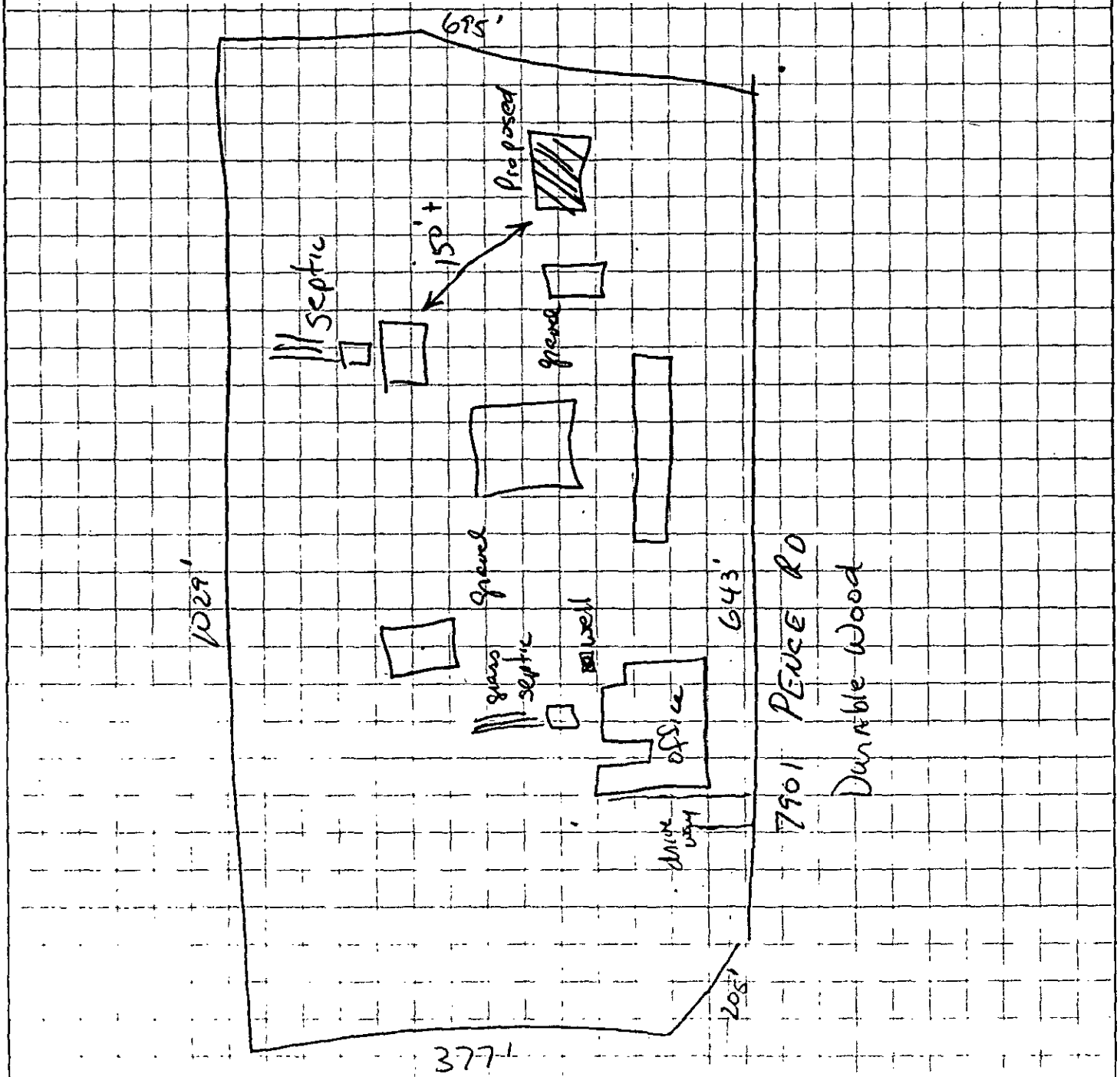
PROPOSED PLOT PLAN

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

FILE: 3896A

TC: 108-031-30

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.



APPROVAL DATE _____

DATE 1-18-89

TO: CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PERMIT ISSUING SECTION

FROM: MECKLENBURG COUNTY ENGINEERING

JURISDICTION Meck

108-03-30
PARCEL NUMBER

7901 Pence Rd
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	____APPROVED	____NOT APPROVED	
2.	FLOODWAY REGULATIONS	____APPROVED	____NOT APPROVED	
3.	EROSION CONTROL REGULATIONS	____APPROVED	____NOT APPROVED	
4.	COMMERCIAL DRAINAGE PLAN	____APPROVED	____NOT APPROVED	
5.	PUBLIC UTILITY EASEMENT	____PRESENT	____NOT PRESENT	
6.	PROPERTY FRONTS ON THOROUGHFARE	____YES	____NO	
7.	DRIVEWAY PERMIT REQUIRED	____YES	____NO	

REMARKS: Roof Only

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: Pam

PROPOSED PLOT PLAN

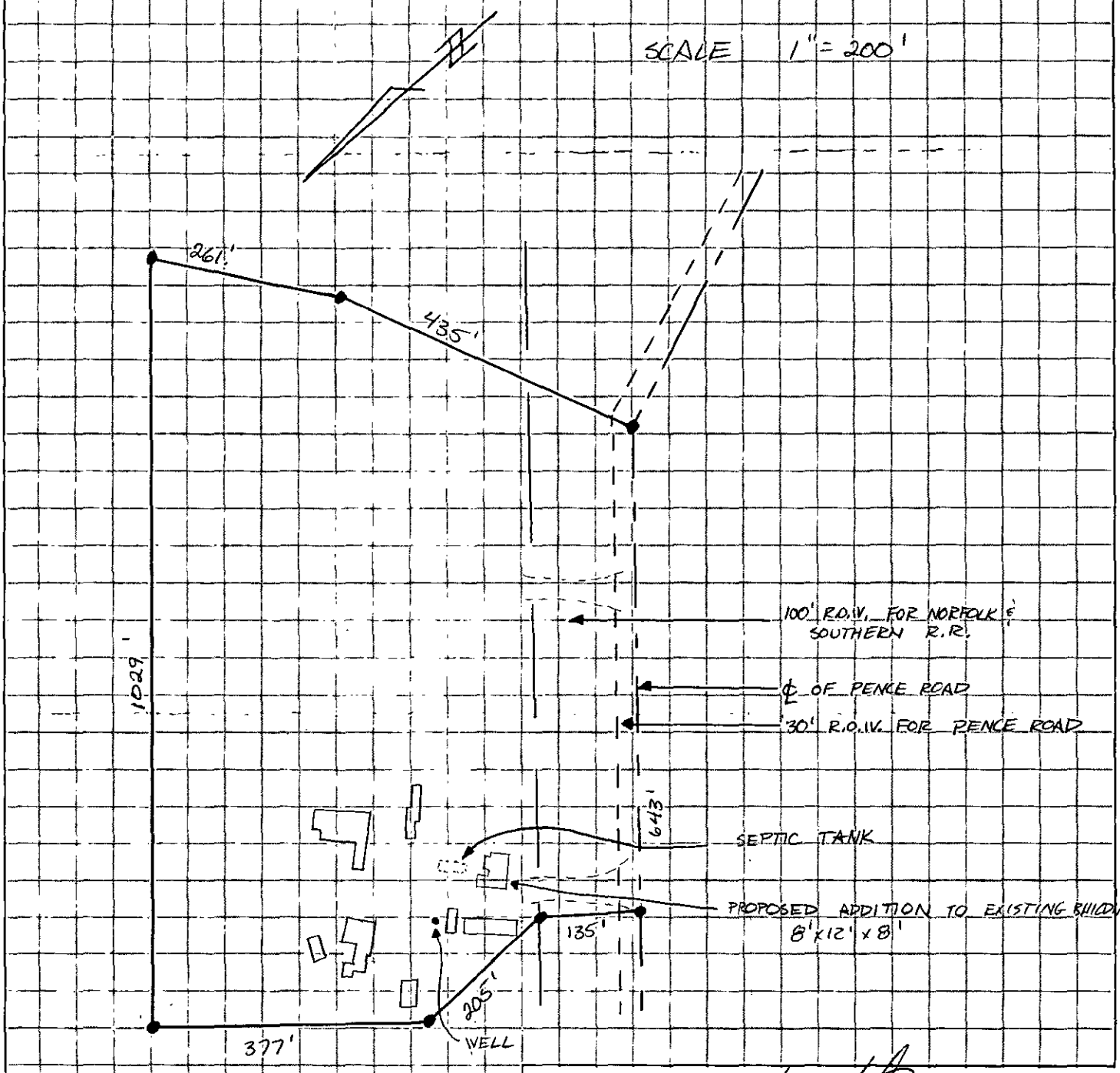
MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3896A

TC: _____

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.



Signed: Mark Hall

Date: 9-2-87

APPLICATION FOR AN IMPROVEMENT PERMIT

MECKLENBURG COUNTY · ENVIRONMENTAL HEALTH ·

1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

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

RECEIVED MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SEP 3 1987
ENVIRONMENTAL HEALTH

(OFFICE USE ONLY)

FILE: 3896A

TC: _____

SERIAL: № 14298

☒ LIN ☐ CRT

JOB LOCATION

① ADDRESS: 7901 (STREET NO.) PENCE ROAD (STREET) ② FILE: _____

③ JURISDICTION: MECKLENBURG ④ TAX PARCEL NO.: 108-031-30

⑤ SUBDIVISION: _____ ⑥ LOT: _____ ⑦ BLOCK: _____

OWNER

⑧ NAME: DURABLE (FIRST) WOOD PRESERVERS, (MIDDLE) INC. (LAST)

⑨ MAILING ADDRESS: 7901 PENCE ROAD P.O. BOX 220627

⑩ CITY: CHARLOTTE ⑪ STATE: NC ⑫ ZIP: 28222

⑬ PHONE: (WORK) 537-3113 ⑭ (HOME) _____

REQUEST

This request is for a(n):

⑮ ☐ New permit

⑯ ☒ Repair or alteration permit

⑰ ☐ Authorization for mobile home exchange

⑱ ☒ Other (specify) ADDITION TO EXISTING BUILDING

DESIGN CRITERIA

System will serve:

⑲ ☐ Residence ⑳ ☐ Mobile home

㉑ ☑ Business or place of public assembly

㉒ Number of bedrooms? _____

㉕ Type? WOOD TREATMENT PLANT

㉓ Maximum occupancy? _____

㉖ Maximum number of employees? 2

㉔ Basement? ☐ yes ☐ no

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 DEPARTMENT OF ENVIRONMENTAL HEALTH to enter onto the property for the purpose of processing this request.

Signed: [signature]

Date: 9/2/87

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH, 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:

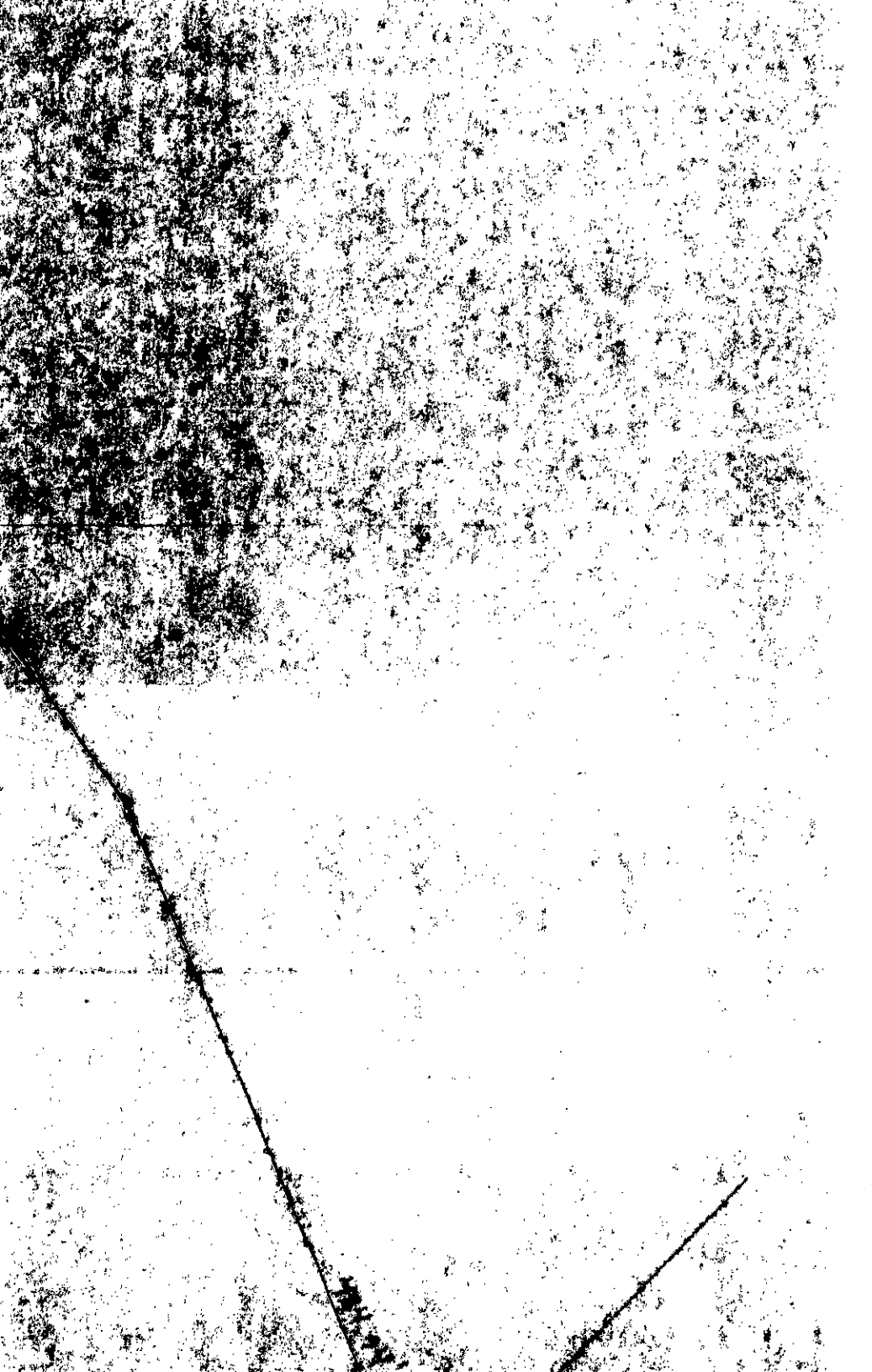
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. . . This permit is not transferable, and shall become null and void 36 months from the date of issuance. Use existing system

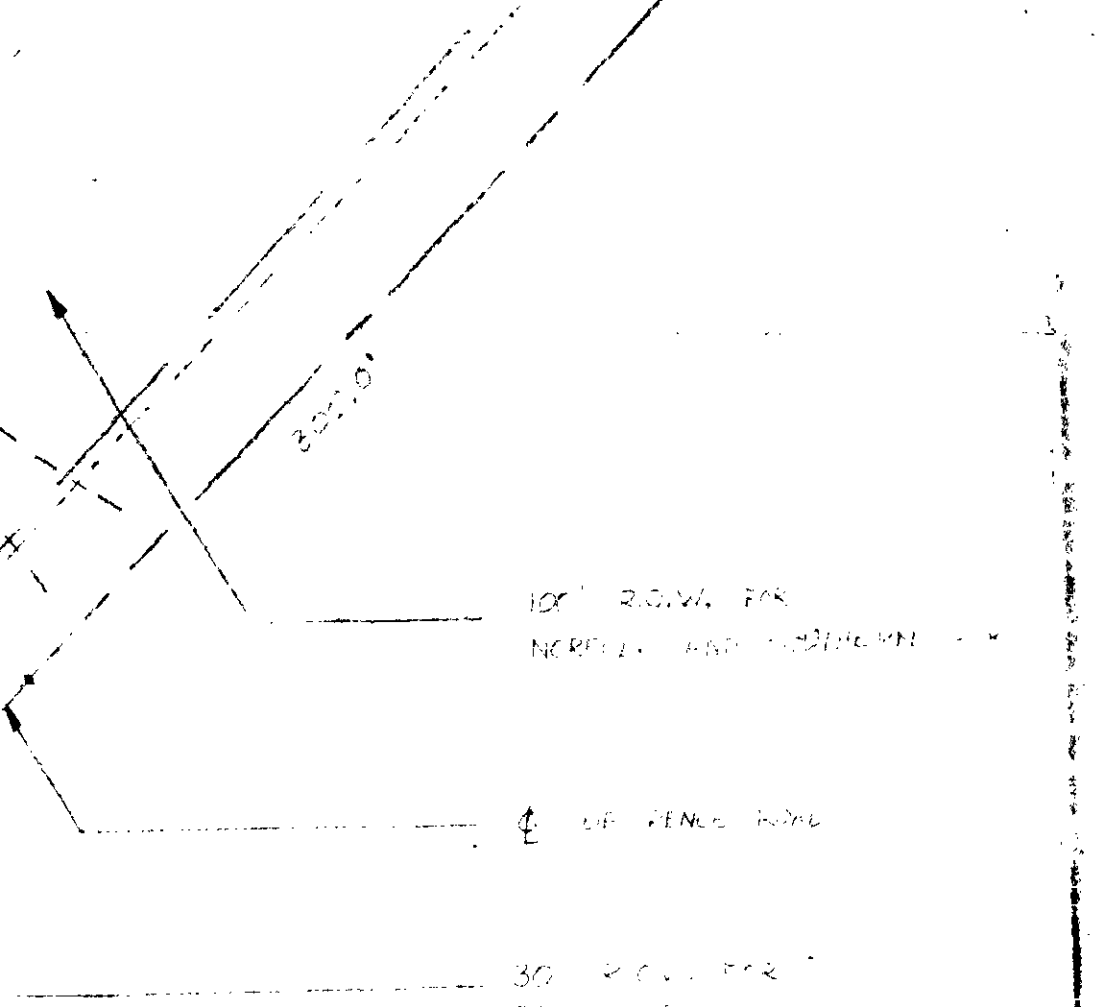
B. R. Ferguson (Environmentalist) 9-3-87 (Date)

S. W. Daniel (Director or Authorized Section Head) 9-4-87 (Date)

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



SCALE 1" = 60'



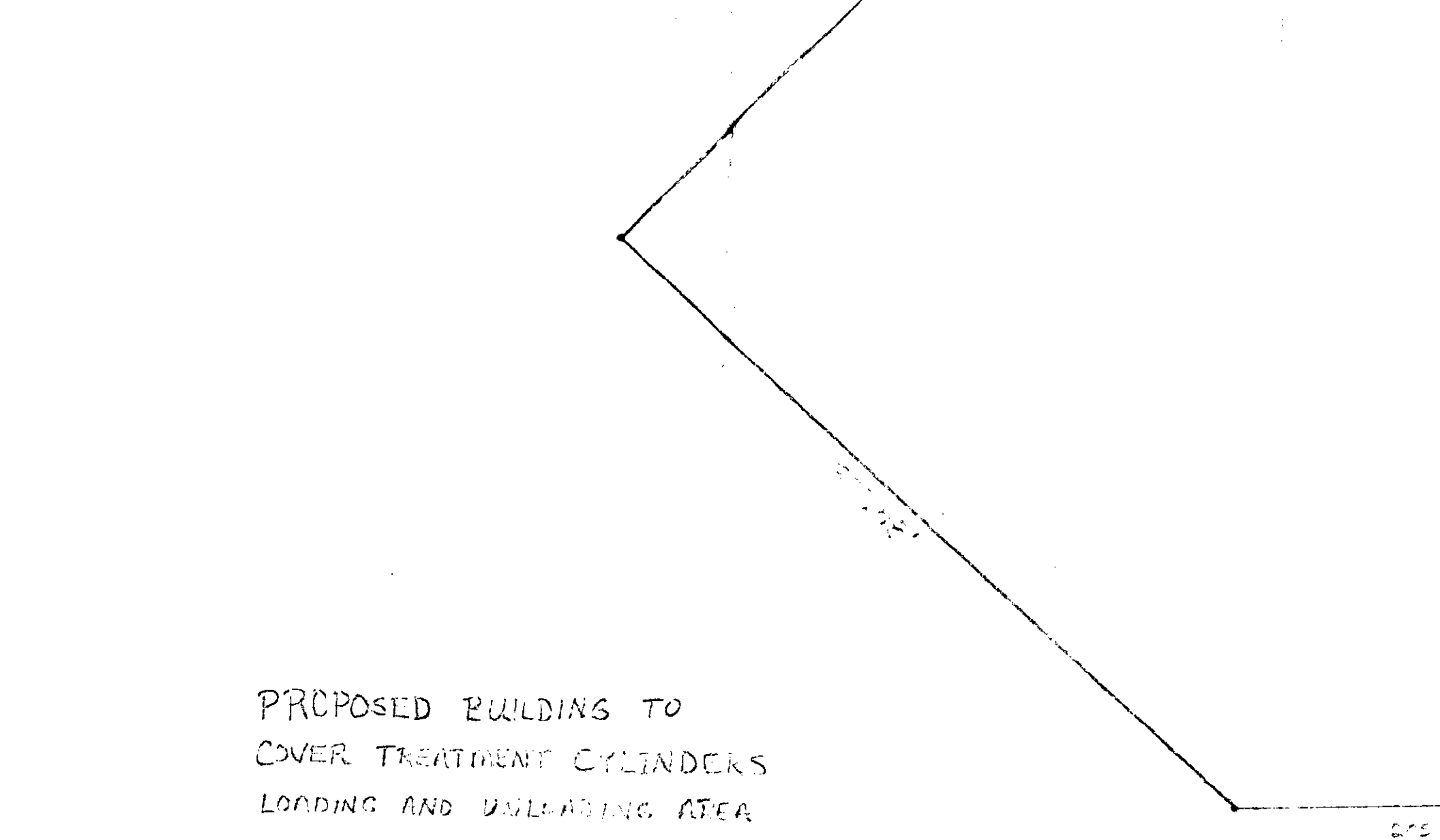
WAY

DURAB
7901

Pole Building
P. O. Box
Charlotte, N
NC LICENCE 38

DURABLE WOOD PRESERVERS

7901 PENCE ROAD


PROPOSED BUILDING TO
COVER TREATMENT CYLINDERS
LOADING AND UNLOADING AREA