

2320 PENNINGER CIR

04705210

5/15/2007

duponbj

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

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date: 12-31-90

Name/Company: Virginia Renninger

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: App. Imp. Permit (new garage office)
2312 Renninger Circle
File: 4066A
TC: 047-052-10

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

DEC 31 1990

CK#2901

Fee: $ 25.00

T 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

Collected by

APPLICATION FOR ZONING USE PERMIT

PERMIT # U-90746

LOCATION/OWNER

STREET # 2317 | N S E W | STREET NAME Penninger | (AV RD,ST, etc) CR

SUITE UNIT(S) _____

TAX JURISDICTION (Check One): ☑ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius ☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

PROJECT SUBDIVISION NAME _____ PHASE _____ SECTION _____ PROJECT # _____

OWNER James W. Penninger ADDRESS 2317 Penninger

CITY Charlotte STATE NC ZIP 28262 PHONE # 596-3759

TAX PARCEL # 047-052-10 LOT # _____ BLOCK # _____ LAND AREA (sq. ft.) _____

CENSUS 55.02 ZONING R-12 JURIS 0 MAP # 59 R/W N/A

SPECIAL (Circle) C D N P S FLOOD PLAIN ☐ Yes FLOOD ELEV. _____ FIRE DIST ☐ Yes

LOT ☐ CORNER ☐ THROUGH FRONT STREET (if corner) _____

MINIMUM SETBACKS FRONT N/A LEFT SIDE _____ RIGHT SIDE _____ REAR _____ REQ PARKG _____

REMARKS

PURPOSE

JOB # _____

USOC # 050

OCC. TYPE 2

PROPERTY USE

CM	☐ Cemetery	OA	☐ Outdoor Amusement
CU	☐ Change of Use	OC	☐ Overnight Camping Tr Pk
CF	☐ Comm Farm Use	PK	☐ Parking
OR	☐ Comm Outdoor Rec Use	QR	☐ Quarry
CH	☒ Customary Home Occupation	RT	☐ Racetrack
FE	☐ Farm-Type Enterprise	RH	☐ Rural Home Occupation
FF	☐ Floodway Fill	SL	☐ Sanitary Landfill
MP	☐ Mobile Home Park	SD	☐ Satellite Dish
OF	☐ Off-Site Demolition Landfill	TS	☐ Turkey Shoot
ON	☐ On Site Demolition Landfill	OT	☐ Other _____
OL	☐ Open Land Use	OT	☐ Other _____

DESCRIPTION OF USE

MOBILE HOME PARK ONLY ☐ ANNUAL CERTIFICATE OF OCCUPANCY (due by January 30 each year)

PARK NAME _____ # SPACES _____ SITE PLAN ON FILE ☐ Yes ☐ No

UTILITIES:

Public	1-Individual Meter Connection	☐ Water	☐ Sewer
	2 Master Meter Connection	☐ Water	☐ Sewer
Private	3-Individual	☐ Well	☐ Septic
	4-Community	☐ Well	☐ Septic

MANAGER'S NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

SPECIAL CONDITIONS _____

OTHER USES

PARK'G. REQ. # _____

SCREENING ☐ Y ☐ N

REFER TO:
- ☐ Building
- ☐ Electrical
- ☐ Mechanical
- ☐ Plumbing
- ☒ Zoning

OCCUPANT James W Penninger PHONE # 596-3759

INTENDED USE Carport / office PREVIOUS USE Home

BUSINESS NAME Universal Phone Systems Inc

PARKING SPACES PROVIDED 2 # OF EMPLOYEES 2

% OF FLOOR USED FOR HOME OCCUPATION 1

OTHER CONSTRUCTION WORK (requires separate permits)

Building ☐ Y ☐ N Electrical ☐ Y ☐ N Mechanical ☐ Y ☐ N Plumbing ☐ Y ☐ N Sign(s) ☐ Y ☐ N

REMARKS To be an enclosed Carport with office

OTHER

APPLICANT'S NAME (if other than owner) _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

BONDED WITH BUILDING STANDARDS DEPARTMENT ☐ YES ☐ NO

ACCOUNT # 100000

TOTAL FEE $ 50.00

THE UNDERSIGNED HEREBY CERTIFIES THAT HE SHE IS EITHER THE OWNER OR THE AUTHORIZED AGENT OF THE OWNER AND HEREBY MAKES APPLICATION FOR PERMIT AND INSPECTION OF WORK DESCRIBED AND AGREES TO COMPLY WITH ALL APPLICABLE LAWS REGULATING THE WORK. 12/31/90

Virginia S. Penninger 12-31-90

APPLICANT'S SIGNATURE DATE

VIRGINIA S. PENNINGER

PRINT APPLICANT'S NAME

METHOD OF PAYMENT ☐ CASH/CHECK ☐ ACCOUNT

HOLDS	PROCESSED BY	APPROVED BY	VALIDATED BY
	BS		MB

CHARLOTTE MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-80 SM 4/90

ORIGINAL

Z00 92:60 20/10 16

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: 4066A
TC:
SERIAL: № 21445

F/L CRT

JOB LOCATION

① ADDRESS: 2317 Pennington Cr (STREET NO. / STREET) ② FILE: 4066A
③ JURISDICTION: ④ TAX PARCEL NO.: 047-052-10
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: James (FIRST) William (MIDDLE) Pennington (LAST)
⑨ MAILING ADDRESS: 2317 Pennington Cr
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28262
⑬ PHONE: (WORK) 547-0831 ⑭ (HOME) 596-3759

REQUEST

This request is for a(n):

⑮ ☐ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange No Plumbing
⑱ ☒ Other (specify) Carport/office

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home
㉑ ☑ Business or place of public assembly
㉒ Number of bedrooms? 3
㉕ Type?
㉓ Maximum occupancy? 2
㉖ Maximum number of employees? 2
㉔ Basement? ☐ yes ☑ no
㉗ Maximum number of seats? 2

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: Virginia S. Pennington

Date: 12-31-90

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~~ 60 months from the date of issuance. May use existing system

Environmentalist — Date 1/3/91

Director or Authorized Section Head — Date 1-3-91

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

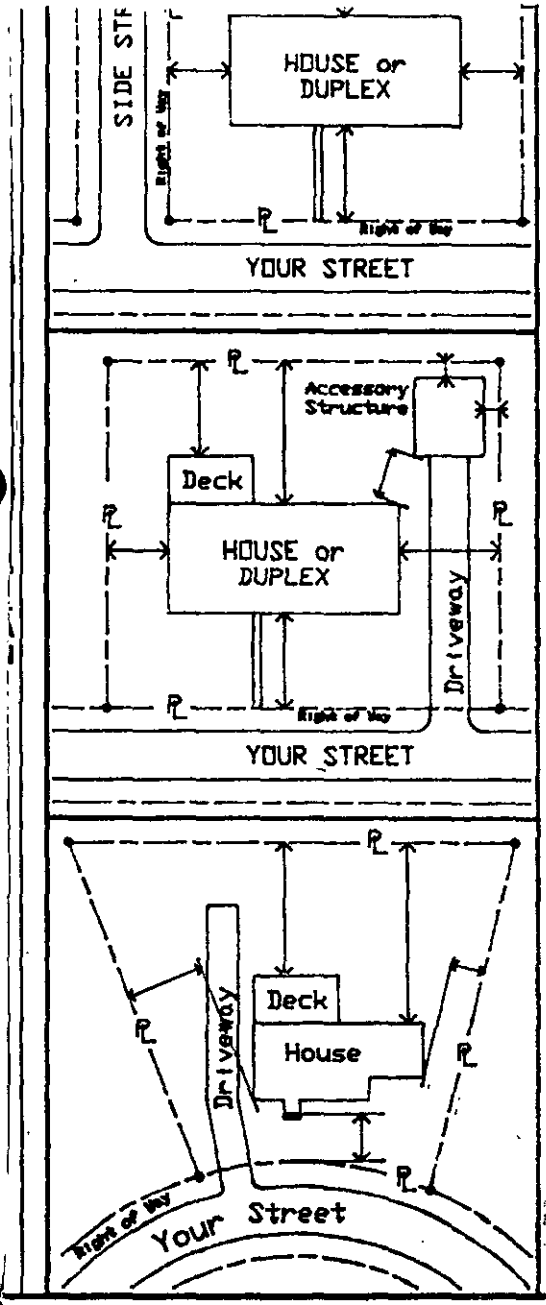
PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 4066A

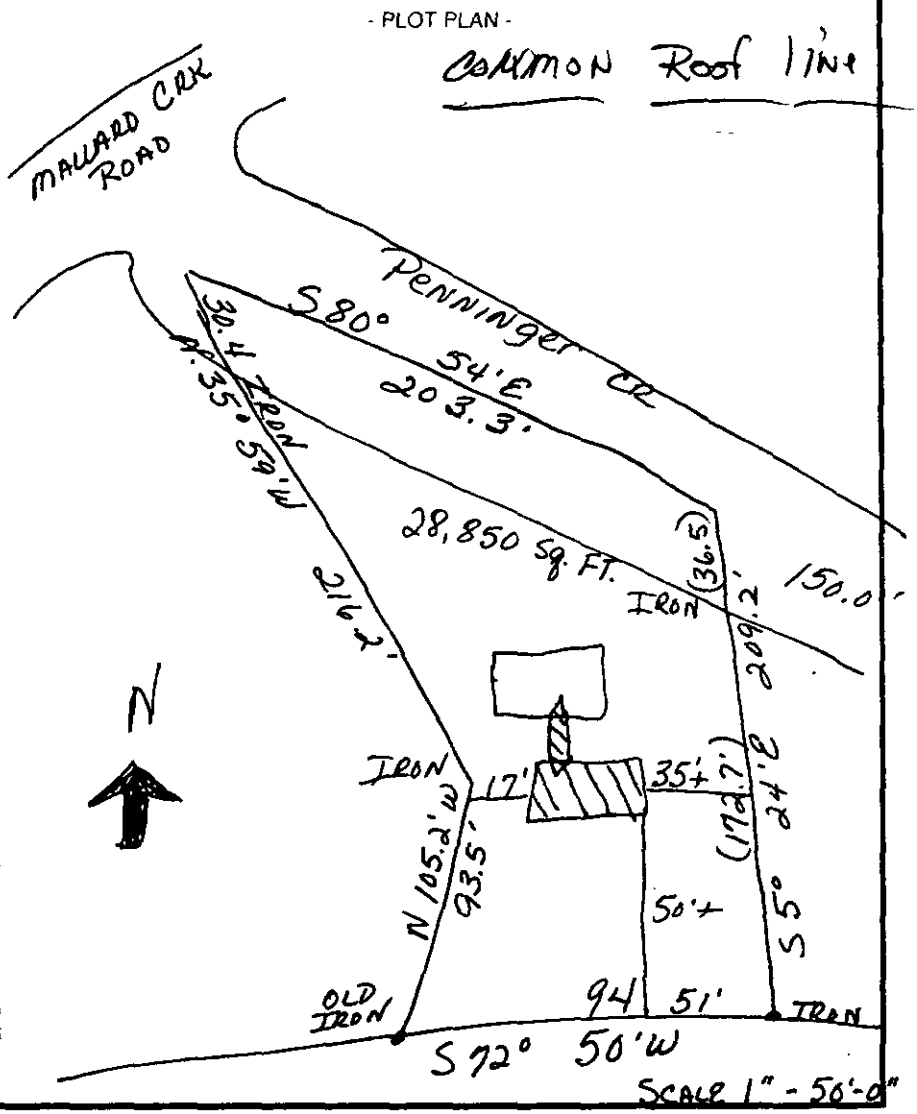
TC: 047-052-10

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.



1. Draw street(s) and right-of-way(s).
2. Draw property lines with dimensions.
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or garage(s), etc...
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan required for each building.

- PLOT PLAN -



ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

Virginia S. Penninger 12-31-90 VIRGINIA S. PENNINGER

APPLICANT'S SIGNATURE DATE PRINT APPLICANT'S NAME

APPROVED BY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS DEPARTMENT
P.O. BOX 31097 • CHARLOTTE, NC 28231-1097 • 704/336-2831

B-83 7M

ORIGINAL

APPLICATION FOR AN IMPROVEMENT PERMIT

Pd. 10/29/87 50.00 KJ

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.

(OFFICE USE ONLY)
FILE: 4066A
TC: 047-052-10
SERIAL: № 14921

☒ L ☐ CRT

JOB LOCATION

① ADDRESS: 2516 (STREET NO.) Penninger Cir (STREET) ② FILE:

③ JURISDICTION: ④ TAX PARCEL NO.: 047-052-10

⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

OWNER

⑧ NAME: Virginia S. Penninger (FIRST) (MIDDLE) (LAST)

⑨ MAILING ADDRESS: 2317 Penninger Cir

⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28213

⑬ PHONE: (WORK) 366-4215 ⑭ (HOME) 596-3759

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 (Living & Dining Rooms)

DESIGN CRITERIA

System will serve:

⑲ ☑ Residence ⑳ ☐ Mobile home

㉑ ☐ Business or place of public assembly

㉒ Number of bedrooms? 3

㉕ Type?

㉓ Maximum occupancy? 3

㉖ Maximum number of employees?

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: Virginia S. Penninger

Date: 10-29-87

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:

. . . 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. Use existing system

B. R. Ferguson — Environmentalist — 11-5-87 Date

Director or Authorized Section Head — 11-6-87 Date

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

PROPOSED PLOT PLAN

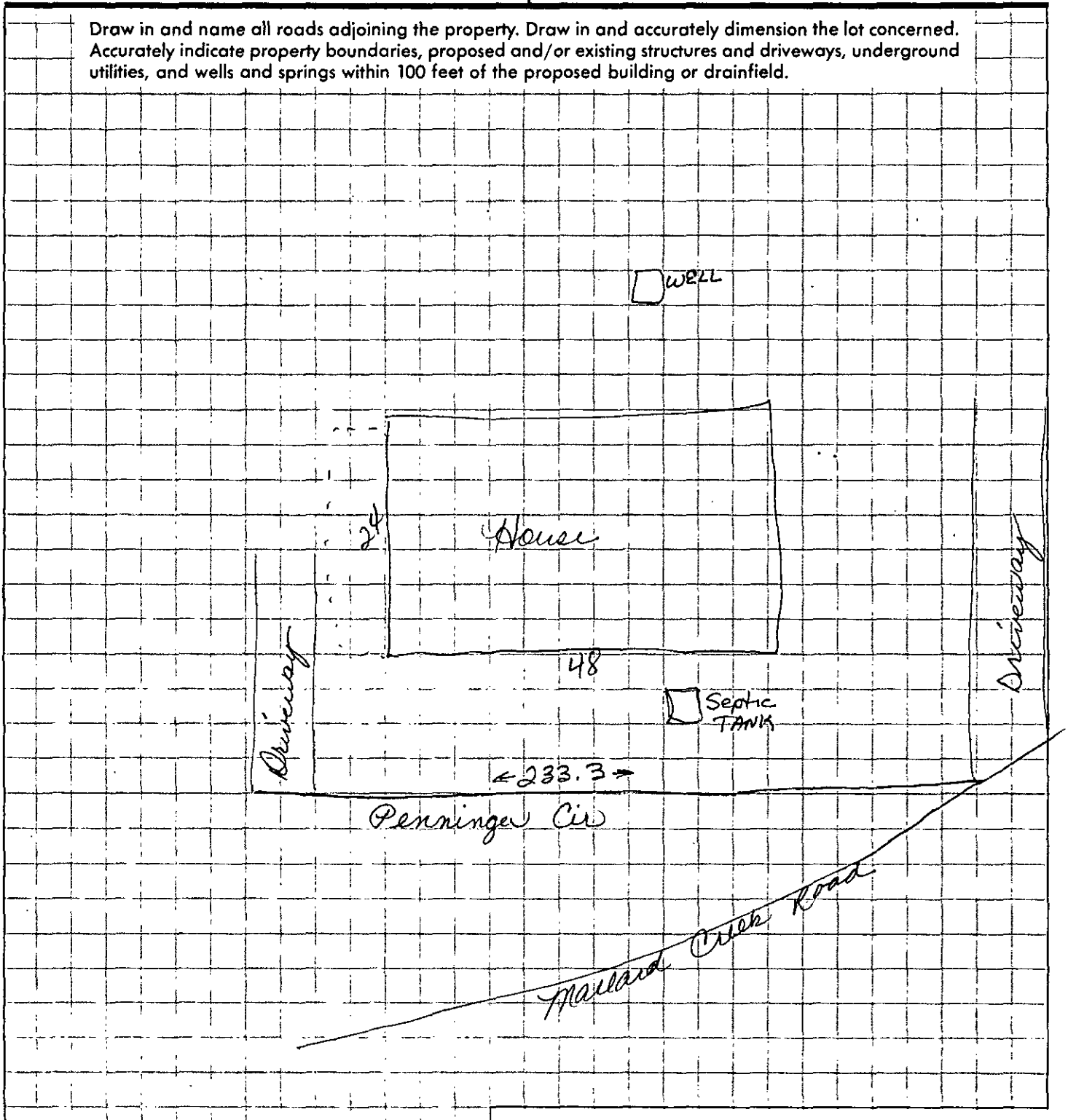
MECKLENBURG COUNTY ENVIRONMENTAL HEALTH

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

FILE: 4066A

TC: 047-052-18

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: Virginia S. Penninger

Date: 10-2987

DATE: 10/29/87

TO: ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE _____ JURISDICTION CODE MECK

PARCEL NUMBER # 047-052-10

ASSIGNED ADDRESS 2316 PENNINGER CR.

EXISTING ADDRESS 2317 PENNINGER CR.

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☑	☐ *
2. FLOODWAY REGULATIONS	☑	☐ *
3. EROSION CONTROL REGULATIONS	☑	☐ *
4. COMMERCIAL DRAINAGE PLAN	☑	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☑
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☑

* If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.

REMARKS: SEPTIC TANK.

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

SIGNED: B. McCain

OPWEAR 02/86

4066A

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE 12-31-90

FROM: COUNTY ENGINEERING DEPARTMENT

MED FILE _____ JURISDICTION CODE _____

PARCEL NUMBER 047-052-10

ASSIGNED ADDRESS 2317 Pennington Dr

EXISTING ADDRESS _____

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	DISAPPROVED
1. SUBDIVISION REGULATIONS	/ /	/ /*
2. FLOODWAY REGULATIONS	/ /	/ /*
3. EROSION CONTROL REGULATIONS	/ /	/ /*
4. PUBLIC UTILITY EASEMENT	/ /	/ /*

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	/ /*	/ /
6. PROPERTY FRONTS ON THOROUGHFARE	/ /*	/ /
7. DRIVEWAY PERMIT REQUIRED	/ /*	/ /

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: new garage / office

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

SIGNED: [signature]

OPWEAR 06-88

NEW ADDRESS / /*

FORM 100