Profile
Sales
Residential
Commercial
OBY
Values
Commercial Apartment
Commercial Use
Sketch
Map
Photos

PARCEL ID: 017952 Tax Year: 2024
January 1 Owner(s): JACOBS GERALDINE
January 1 Owner(s):

1 of 1

Actions
Printable Summary
Printable Version

Reports
Property Report Card
Go

Parcel

PIN	2814-68-7927
Physical Address	13 ALTON DR
Unit	
City	LOUISBURG
Zip Code	27549-
Neighborhood	I07A0B
Class	Dwelling
Land Use Code	Single Family
Acres	.83
Land Type	U
Frontage Width and Depth	- -
Zoning	FCO AR
Street1/Street2	Unpaved /
Topo1/Topo2/Topo3	Level / Rolling /
Util1/Util2/Util3	Well/Septic/Electric
Restrict1/Restrict2/Restrict3	//

Legal

Sub Name	ALSTON ACRES B PT
Lot No.	45
Township	Louisburg
Tax Jurisdiction	CNLF
Plat Book/Page	/
Deed Book/Page	1828 / 236

Current Owner Details

Owner 1	JACOBS GERALDINE
Owner 2	
In Care Of	
Mailing Address	45 SECLUSION DR
City/State/Zip	LOUISBURG/NC/27549
Solid Waste Fee	1

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		SIZE:
42341 IMPROVEMENTS PERMIT	08.31.92	17952	

APPLICANT:	OWNER:
TAYLOR LOIS RT 5 BOX 28 LOUISBURG NC 27549 TELEPHONE: 496-4210	TAYLOR LOIS RT 5 BOX 28 LOUISBURG NC 27549
COMMENT: SFD	CONTRACTOR:
LOCATION / DIRECTIONS: ALSTON ACRES 45 B	
FEE: 50.00 24866	SIGNATURE OF OWNER OR AUTHORIZED AGENT:

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

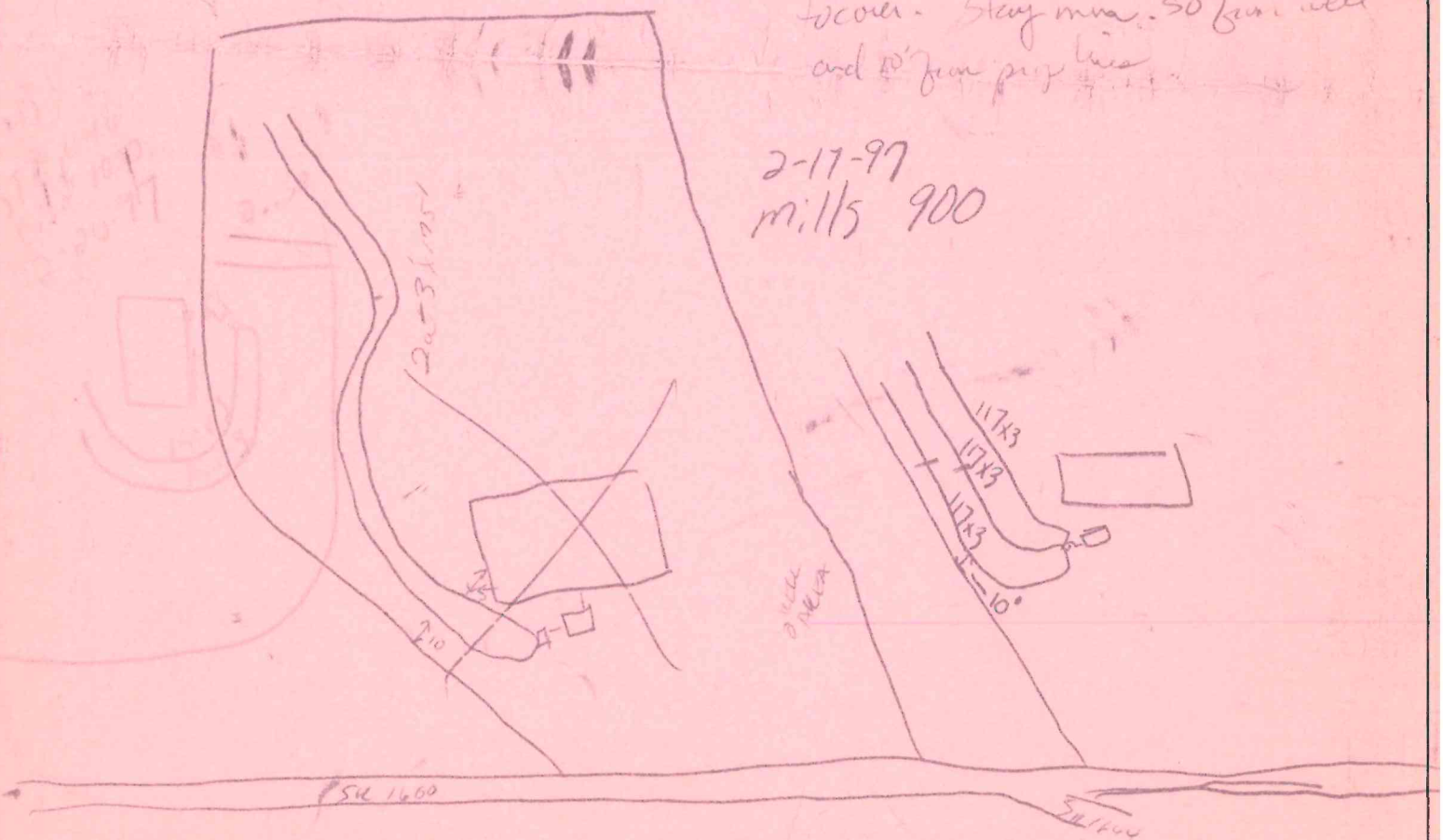
#BEDRMS 3 DISPOSAL - OTHER - TYPE.SYS C

SZ.TANK 900 SZ.CHAMB - NITRIFI 3'x350' OPER.REQ N

SITE.LOC -

REMARKS: Keep system shallow - 22 inches max! Trench will set 3" out of ground - backfill to cover. Stay min. 50' from well and 10' from prop lines

2-17-97
mills 900



DATE.ISSUED 9-29-92 EH SPECIALIST Chris Hedrick

DATE.APPROVED 4/21/97 EH SPECIALIST

FORM Z301

PROPERTY DESCRIPTION

4234I

APPLICATION FOR — (NOT A PERMIT) ☐ Improvements Permit ☑ Zoning Permit ☐ Electrical Permit ☐ Other

RECN. # 17952 **Proposed Use:** SFD

Attach site plan showing property lines, location of proposed structures (including driveways, patios, decks, etc.) and any existing structure.

Owner as on tax records	Mailing Address	Telephone No.
Applicant: Lois Taylor	Mailing Address: Rt 5, Bx 28, Lbg	Telephone No. 496-4210

Tax Map No.	Parcel No.	Township	Jurisdiction	Zoning
F07A0B	0454	Lbg	FC	A/R

Subdivision	Lot No.	Section No.	Lot Size	Road No.	Flood Plain
Oleton Acres	B	#45		1600	☐ Yes ☐ No

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street address

Land use indicated (is) (is not) permitted in the zoning district. If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks. Franklin County Zoning Ordinance does not supercede any restrictive covenants placed on this property.

Lot area ________ square feet   Front yard depth 30 ft.   Corner yard depth ________ ft.   Aggregate both sides ________

Lot width ________ feet   Side yard depth 10 ft.   Rear yard depth 25 ft.

Remarks: ________

Permit No. ________ Planning & Community Development Lr (Processed by) 8/31/92 (Date)

Required Information for **IMPROVEMENTS PERMIT** (Health Department)

Type of Facility (check one and complete) —

☑ Single family dwelling — No. of bedrooms 3 — No. of bathrooms 2

☐ Mobile home — No. of bedrooms ____ — No. of bathrooms ____

☐ Multi-family dwelling — No. of units ____ — No. of bedrooms per unit ____

☐ Business — Wastewater ☑ Domestic ☐ Industrial

☐ Other (Specify)

☐ Existing structure ☐ Renovate ☐ Addition Estimated Daily Waste Flow gal/day 360

Garbage Disposal Unit to be Installed ☐ Yes ☒ No Dishwasher ☑ Yes ☐ No Washer ☒ Yes ☐ No

Water Supply Source ☑ Private ☐ Public ☐ Private off-site

Comment LONG-TERM ACCEPTANCE RATE = .35 Layout Cm A. Eval. Etd. Jr.

Sanitarian Chris Welch Date ________ Permit # ________

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized County Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Lois W Taylor
Signature of Owner or Authorized Agent

8/31/92
Date

ZONING PERMIT EXPIRES IN SIX MONTHS.