FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
8491 IMPROVEMENTS PERMIT	03.27.91	13362	SIZE: 2.79A

APPLICANT:	OWNER:
ALSTON QUINTON RT 6 BOX 7 LOUISBURG NC 27549 TELEPHONE: 496-6917	RICE LOWELL

COMMENT: MOBILE HOME

LOCATION / DIRECTIONS:

FEE:	SIGNATURE OF OWNER OR AUTHORIZED AGENT:
50.00 21686	

CONFIRMED BY PLANNER:	PLANNER:	DATE:	

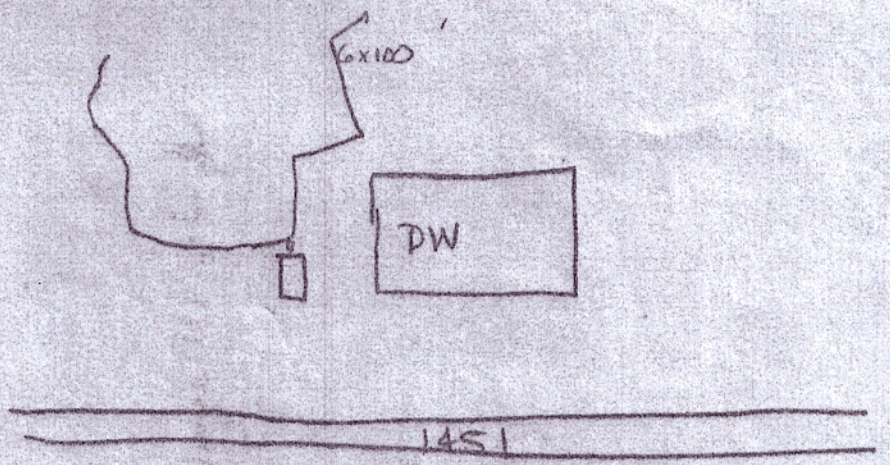
THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM.

#BEDRMS 2 DISPOSAL _____ OTHER _____ TYPE.SYS C

SZ.TANK 1000gal SZ.CHAMB _____ NITRIFI 2 6'x100 OPER.REQ _____

SITE.LOC _____

REMARKS: o well



4-26-91

DATE.ISSUED _____ EH SPECIALIST _____

DATE.APPROVED 4-26-91 EH SPECIALIST

PROPERTY DESCRIPTION

FORM Z301

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

13362 **Proposed Use:** M/H

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.
Lowell Rice		
Applicant Quinton Oleton	Mailing Address Rt 6, Box 7, Lbg	Telephone No. 496-6917

Tax Map No.	Parcel No.	Township	Jurisdiction	Zoning
M 4	1E	Gold Mine	FC	A/R

Subdivision	Lot No.	Section No.	Lot Size	Road No.	Flood Plain
			2-79	1431	☐ 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 — Processed by _____ Date 3/27/91

Required Information for IMPROVEMENTS PERMIT (Health Department)

Type of Facility (check one and complete) —

☐ Single family dwelling	No. of bedrooms _____	No. of bathrooms _____
☐ Mobile home	No. of bedrooms 4	No. of bathrooms 2
☐ 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 _____

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

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

Comment _____

Sanitarian [signature] Date 4-26-91 Permit # 2849I

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.

Quinton A. Oleton — Signature of Owner or Authorized Agent

3-27-91 — Date

ZONING PERMIT EXPIRES IN SIX MONTHS.

50.21686 WHITE — Zoning YELLOW — Health Department PINK — Applicant