Mail

Franklin County Health Department
Environmental Health Section
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549

Phone: 919-496-8100 **Fax: 919-496-8136**

Permit Number: 1426 Type: I PIN : 1852-06-8104 Date: 4/26/2005

Applicant: BANNERMAN & CO
PO BOX 699
WAKE FOREST, NC 27588
Telephone: (919) 556-4300

Owner: PATTERSON WOODS LLC
833-A WAKE FOREST BUS. PARK
WAKE FOREST, NC 27587
Telephone: (919) 556-2519

Subdivision: PATTERSON WOODS Lot Number: 42 Size: 0.530

Physical Address/ Location /Directions 129/120 CAMILLE CIRCLE/PATTERSON DR

Description: LifeTime _____ 5 Year ✓

TYPE FACIL RES # EMPLOY____ # BEDRMS 3 GPD 360 LTAR .35

TYPE WAT Public TYPE SYS Inn TYPE REP Inn BSMT No BST FX N/A

SIZE TANK 900 SIZE CHB N/A SIZE NITR 3'X260' MTD 26"

COMMENTS Maintain proper setbacks. Install drain lines on contour. Layout may vary due to Rock.

Septic Contractors are responsible for notifying the health department for final inspections, between 8:00-9:00 AM on the day of completion, Monday - Friday. Any request for final inspections received afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicant's name ready when making the call.

Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect the compliance with the provisions of this permit shall in no way be taken as a guarantee that wastewater disposal systems permitted and approved will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct which are caused, or may be caused, by a malfuction of this wastewater treatment and disposal system.

Proper precautions must be taken to assure the proper functioning of the system after it has been covered. Do not run any heavy equipment over the system, as soft earth will allow damage to the tank and lines. Pipe all roof drains away from the septic system site to prevent flooding of the lines from surface water. Terrace the ground to prevent excessive drainage from higher areas adjacent to the system. Do not construct driveways over any part of the septic system unless proper provisions were made when the septic system was constructed. Only grass, not trees or shrubbery, should be cultivated over the lines. All plumbing fixtures should be carefully inspected periodically and any problems repaired immediately. All septic tanks should be pumped off by a permitted pump operator on a regular schedule, not to exceed every five years.

The improvement permit and construction authorization is a site approval, for the future installation of a wastewater treatment and disposal system. Changes in ownership of the site do not affect the validity of this permit. However, any alteration of the site or soil conditions, changes in the location of the proposed facilty, changes to the wastewater flow and/or characteristics, or submittal of false information with the application or misrepresentation of the property lines may subject this permit to suspension or revocation.

FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED

IMPROVEMENT PERMIT DATE 8-5-05 EHS Thad Jeyard

CONSTRUCTION AUTHORIZATION DATE 8-5-05 EHS Thad Jeyard

Franklin County Health Department

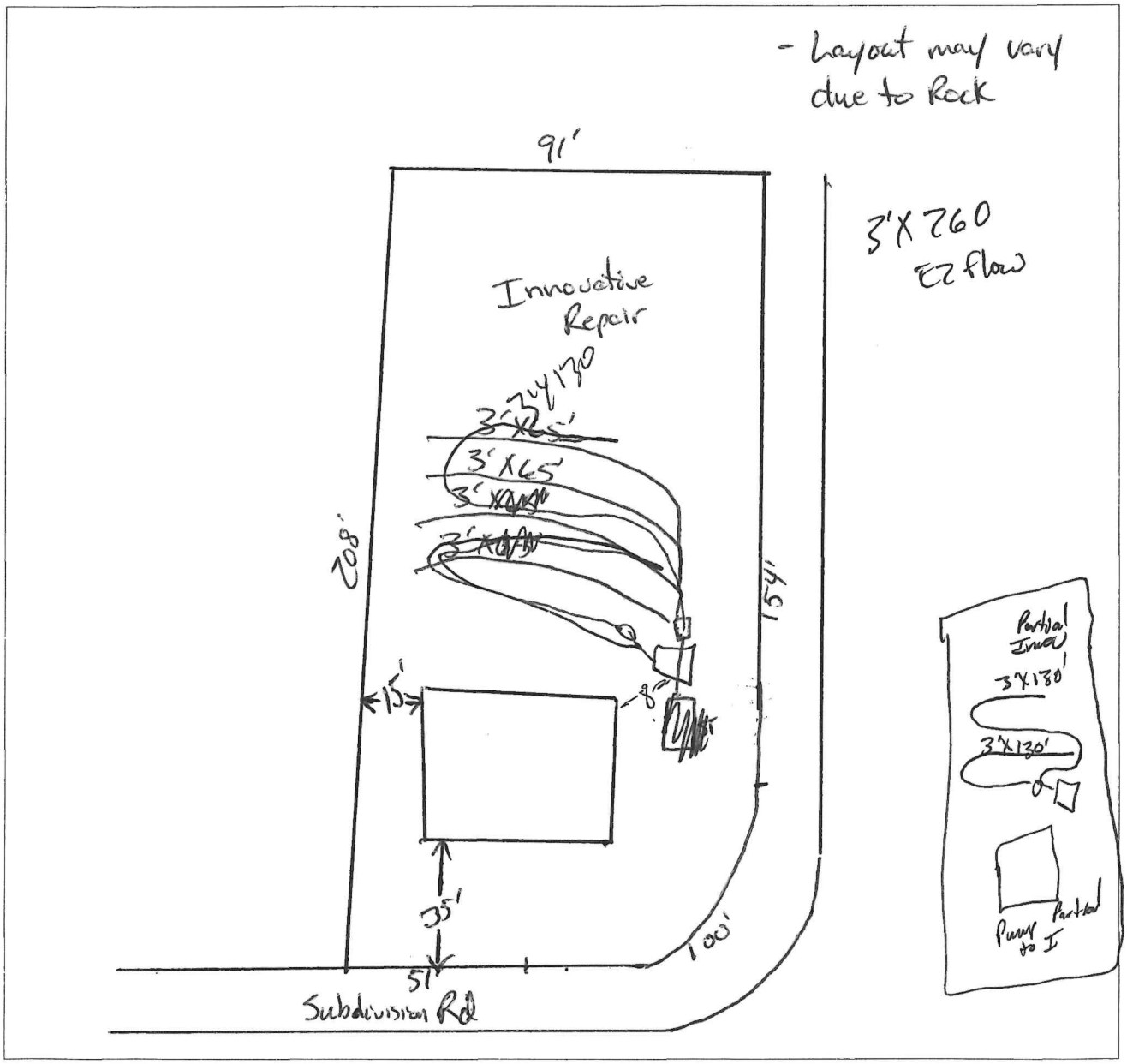
Name: BANNERMAN & CO Permit Number 1426

CONTRACTOR Young Const TANK MANU Mills 1000 MANU DATE 10-5-05

WELL INSTALLED AT TIME OF INSPECTION YES _____ NO X

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 1-5-06 EHS Shad Lemond

14426

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **14593** Permit Type: **SEPTIC PERMIT** Date Issued: **04/25/2005**

Project Address: **129/120 CAMILLE CIRCLE/PATTERSON DRIVE,**

Location: **129/120 CAMILLE CIRCLE/PATTERSON DRIVE** Size #: **0.530**

Subdivision: **PATTERSON WOODS** Lot #: **42**

Applicant: **BANNERMAN & CO.**
PO BOX 699
WAKE FOREST NC 27588 Phone: **919.556.4300**

11 Clear Lot 11

Owner: **PATTERSON WOODS LLC** Phone: **556-2519**
833-A WAKE FOREST BUS. PARK
WAKE FOREST, NC 27587

Tax record: **37324** Pin #: **1852-06-8104** Parcel #: **C07G00 042**

Zoned: **RA** Setbacks Front: **YNGS** Rear: Side:

Proposed Use: **SFD** # of bedrooms: **3** # of people: **3**

Township: **YOUNGSVILLE** Public Water/Sewer: **TWN OF YNGS** ST Road #:

Desc: Fees Due: **$225.00** Date Paid: **04/25/2005**

*** Please complete all sections below***

____ Yes ___/ No Does this site contain any previously identified jurisdictional wetlands?
____ Yes ___/ No Is any wastewater, other than domestic, going to be generated?
____ Yes ___/ No Is the site subject to approval by any other public agency?

*If the answer to any of the above is "yes", applicant must submit supporting documentation.

Please indicate desired system type(s). Systems can be ranked in order of preference.
___Conventional ___Alternative ___Innovative ___Modified Conventional
___Other ___/ No Preference

Call Environmental Health (919.496.8100) between 8:00 - 9:00 am Monday - Friday in order to schedule an appointment with an environmental health specialist for your lot evaluation. This application for an improvement permit/construction authorization does not constitute approval for zoning, septic or building permits. It will be necessary to meet all guidelines for zoning, septic and building permits prior to construction. The permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan= 60 months---complete surveyed plat=without expiration.)

I hearby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Futhermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system.

I also 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. If information in application for improvement permit is falsified, changed or site is altered, then improvement permit and authorization to construct shall become invalid. Authorized county representatives are granted right of entry to make evaluations or inspections, and to release information upon public request.

X _____ **04/25/2005**

Signature of Owner or Owner's Legal Representative

Franklin County DRC Application

Zoning Permit #: 9066 **RESIDENTIAL**

ADDRESS: **129/120 CAMILLE CIRCLE/PATTERSON DRIVE**
PARCEL NO.: **1852-06-8104** ZONING: **RA**
SUBDIVISION: **PATTERSON WOODS** LOT: **42**
ISSUED TO: **BANNERMAN & CO.**
PO BOX 699
WAKE FOREST NC 27588
PHONE NUMBER: **919.556.4300**
SETBACK: FRONT: **YNGS** RIGHT: LEFT: REAR:
COUNTY WATER: FLOODPLAIN:
PERMIT TYPE: **ZONING PERMIT**
TYPE OF CONSTRUCTION: **SFD**
PERMIT DATE: **04/21/2005** WATERSHED
TOWNSHIP **YNGS** EXPIRE DATE: / /

S# 14593
B# 14594

It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms with all applicable provisions of the Franklin County Zoning Ordinance. The issuance of this application does not allow the violation of Franklin County Zoning Ordinance or other governing regulations. The applicant is responsible for obtaining a building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

NOTES:

I hereby certify that all information I have provided to the Planning Department is true and accurate.
APPLICANTS SIGNATURE:

_____

UTILITY COMPANY : PROGRESS ENGERY WAKE ELECTRIC OTHER

NUMBER OF STORIES: 1 _____ 1 1/2 _____ 2 _____ 2 1/2 _____
SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____
BASEMENT: N/A _____ YES _____ NO _____ MANUFACTURED _____
FIREPLACE: N/A _____ MASONARY _____ MANUFACTURED _____
PLAN SETS: MODULAR _____ SURETY BOND _____ STICKBUILT _____
ELECTRICIAN: _____ MECHANICAL: _____
PLUMBING: _____
COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING				
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

Please Check The Appropriate Box

☐ Sign ☑ Build ☐ Repair ☐ Remodel ☐ Extend ☐ Modular
☐ Upfit ☐ Compliance ☐ Move ☐ Demolish ☐ Other ☐ Mobile Home

To be connected to Public Water ☑ Public Sewer ☐

Permit for the following purpose only: build SFR (lot 42) BOOK
Address that permit is requested for: 120 PATTERSON DRIVE F.C. Tax Record # PG 27

Owner's Name: BANNERMAN & Co Address: PO Box 699 Wake Fores
27587

Name of Subdivision: PATTERSON WOODS If Corner Lot Check Her

Arch. or Engr: _____ Address: _____

Contractor: BANNERMAN & Co Address: PO Box 699 Wake Frest NC 275

Purpose of Building: residence Basement ☐Yes ☑No # Stories 2

Gen. Constr. Cost (Incl. Fire Sprinklers If Any)

		Contractor
(Nearest $100)	$ 171,950	
Electrical	$ 6100	JACKSON SURGEON ELEC
Plumbing	$ 16200	IVEOR PLUMBING
Heating	$ 8100	CASEY SERVICES
Other	$	
Total Cost	$ 202,350	

Dwelling Units: Existing 0 Added _____ Floor Area _____ No Baths _____

NOTICE TO ALL APPLICANTS: Section 703 of this ordinance requires that a certificate of compliance be issue before any land or structures is used. You are responsible for notifying the Zoning Administrator when the projec is complete in order for this to be complied with. The building inspection office will not issue a certificate o occupancy unless the certificate of compliance has been issued.

R.A. Bannerman 4-13-05
Signature of Applicant/Agent of Owner (Print & Sign) Date

Telephone: Day 919 556 4308 Night 919 556 9771

Do Not Write In This Box

Account No. 1949057	Date Received 4-13-05	Date Approved 4-14-05	Zoning Permit # 050413-02	Fee $ 80.00
Zoning Classification RA		Plans Attached		
Ownership	Map	Floodway District		
Private Public		Floodway Fringe District		Const
Police:	Engineering:	Traffic:	Septic Tank:	Health Dept:

Subject to the following: _____

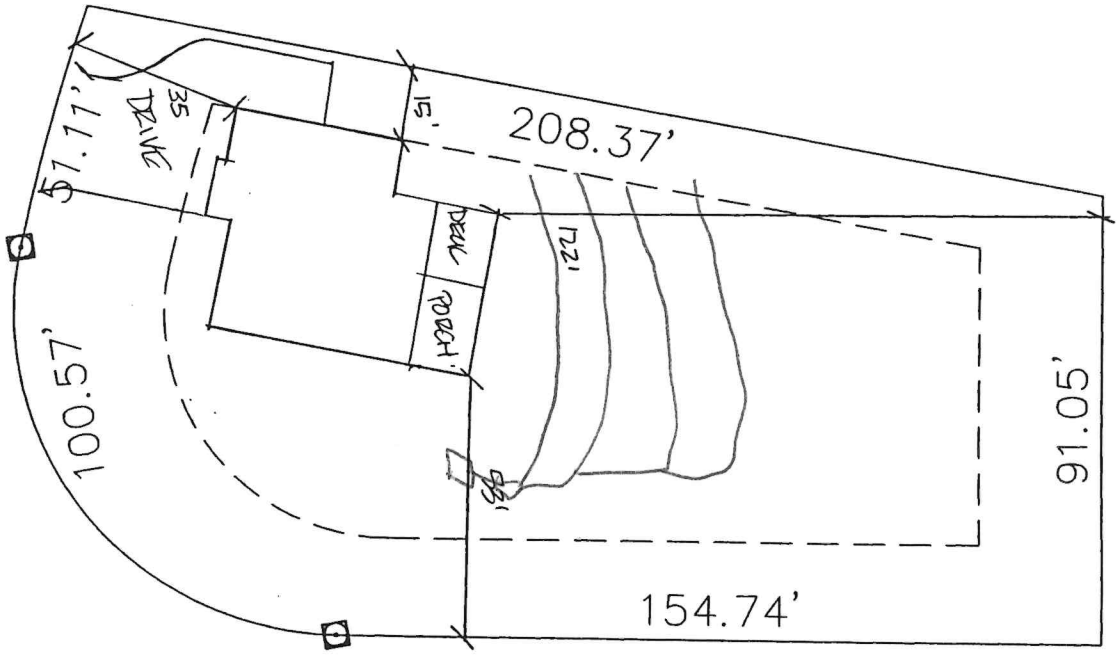
APPROVED
BUILDING PERMIT REQUIRED

Approval ☑Yes ☐No Reason for Denial _____

Signature of Zoning Administrator Brenda L. Robbins Date 4/14/05

STATE OF NORTH CAROLINA INCORPORATED 1875 TOWN OF YOUNGSVILLE

3/3



FRANKLIN COUNTY (P.I.N.): 1852-16-2204
CURRENT ZONING RA
SETBACKS: FRONT 30'
REAR 25'

Property: 120 Patterson Drive	
Book of Maps 2004 Page 279 County: Franklin	Scale: 1" = 40' Date: April 8, 2005

Lot 42

FRANKLIN COUNTY SOIL/SITE EVALUATION SHEET

APPLICANT Bagnerman
WATER SUPPLY Public
LOCATION/DIRECTIONS Patterson Woods #41

PROPERTY ID
DATE 8-5-05

FACTORS

		PROFILES					
		1	2	3	4	5	6
LANDSCAPE POSITION	1940	PS	PS				
SLOPE (%)	1940	PS	PS				
HORIZON I DEPTH	1943	0-4	0-5				
TEXTURE	1941(a) (1)	SCL	SCL				
CONSISTENCE	1941	FR	FR				
STRUCTURE	1941(a)(2)	SBK	SBK				
CLAY MINEROLOGY	1941(a)(3)	SEXP	SEXP				
HORIZON II DEPTH	1943	4-38	5-46				
TEXTURE	1941(a) (1)	C	C				
CONSISTENCE	1941	Fr	Fr				
STRUCTURE	1941(a)(2)	SBK	SBK				
CLAY MINEROLOGY	1941(a)(3)	SEXP	SEXP				
HORIZON III DEPTH	1943						
TEXTURE	1941(a) (1)						
CONSISTENCE	1941						
STRUCTURE	1941(a)(2)						
CLAY MINEROLOGY	1941(a)(3)						
HORIZON IV DEPTH	1943						
TEXTURE	1941(a) (1)						
CONSISTENCE	1941						
STRUCTURE	1941(a)(2)						
CLAY MINEROLOGY	1941(a)(3)						
SOIL WETNESS	1941	>38	>46				
RESTRICTIVE HORIZON	1944	38"	46"				
SAPROLITE	1943/1955	>38	>46				
CLASSIFICATION	1948	PS	PS				
LTAR (gpd/ft2)	1955	.35	.35				

OTHER FACTORS (1946)

SITE LTAR (gpd/ft2) .35

AVAILABLE SPACE (1945) PS

SYSTEM TYPE Inn

CLASSIFICATION (1948) PS

EVALUATED BY: S Leonard

OTHERS PRESENT Adrian