

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: 5821 IMPROVEMENTS PERMIT	DATE: 02.06.95	ELEC3076	SIZE: 2.71A
APPLICANT: EVANS CHARLIE & CONNIE 141 SOUTH CREEK DRIVE LOUISBURG NC 27549 TELEPHONE: 556-8515		OWNER: EVANS CHARLIE & CONNIE 141 SOUTH CREEK DRIVE LOUISBURG NC 27549	
COMMENT: MOBILE HOME		CONTRACTOR: D Brantley	
LOCATION / DIRECTIONS: SOUTH CREEK WOODS #19			
FEE: 50.00 9634		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 <u>3</u>	DISPOSAL <u>-</u>	OTHER <u>-</u>	TYPE. SYS <u>C</u>
SZ. TANK <u>900</u>	SZ. CHAMB <u>-</u>	NITRIFI <u>3x30'</u>	OPER. REQ <u>N</u>
SITE. LOC <u>-</u>			

REMARKS: 3x100' of drainline must be installed to accommodate

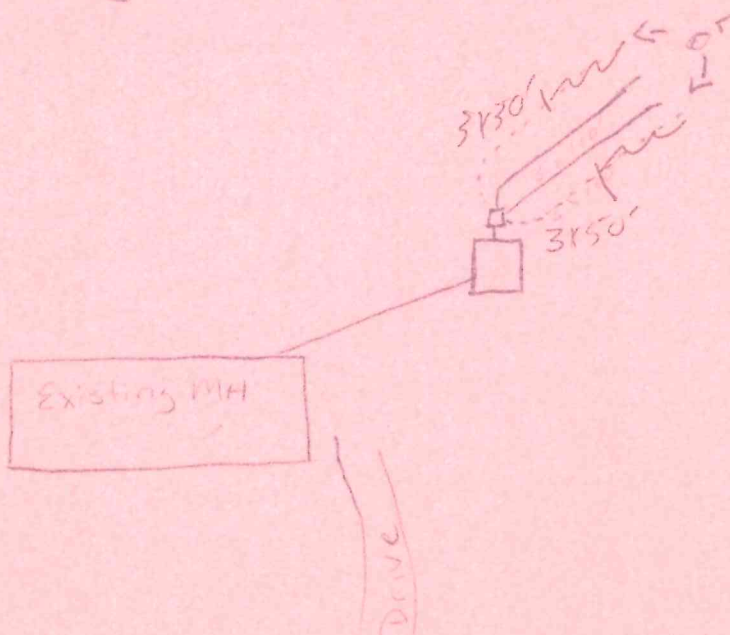
a 3RDR MH

Original Permit = Charlie and Connie Sue Evans

5914 3/22/88

EHS - Greg Bright R.S.

Contractor - D Brantley



DATE. ISSUED 2/8/95

EH SPECIALIST [Signature]

DATE. APPROVED 3/31/95

EH SPECIALIST [Signature]

SEPTIC PERMIT APPLICATION
Franklin County Health Department
Phone 496-8100

TxREC#: 3076
PIN#:

SPermit#: 0
BPermit#: 4466
TMAP: F08B00 019

Township: Harris
Subdivision: South Creek Woo
Prop.Address:

Zone: Ar
Lot: 19 Lot Size: 2.71A
St.Road: 401

Applicant: Evans, Charlie & Conni e
Address: 141 South Creek Drive
C/S/Z: Louisburg, NC 27549
Phone: (919) 556-8515
SF/Building Permit:
Bedroom#: 3
Commercial:
Public Sewer:
Public Water:
Type Facility:
SPermit \$: 50.00
Notes:

Owner: Evans, Charlie & Conni
Address:
C/S/Z:
Mobile Home Permit: Y
Bath#: 2.0
Industrial:
Town:
Est.Daily Waste Flow:
Date: 02/06/95 Rec#: 9634

ZONING PERMIT

Department of Planning & Development

Use of Property: mobile home

Zoning District: Ar

Setback Required: Front:30 Rear: 25 Side: 10

B. Winstead
Zoning Administrator

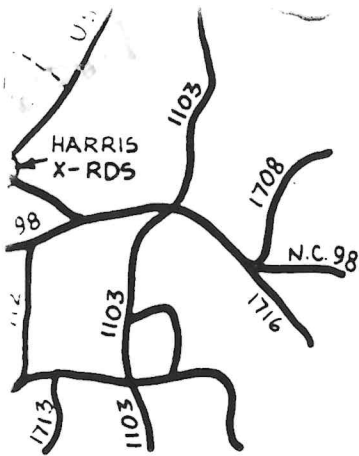
I certify that all the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized County representatives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

Charlie J. Evans
Signature of Owner/Authorized Agent

2-6-95
Date

Call the Health Department (496-8100) between 8:00 AM and 9:00 AM on Monday-Friday to schedule an appointment with an environmental health specialist to evaluate your lot. He/she will show you where to locate the well and septic system, in relation to the desired dwelling location and any property lines. If approved, an improvements permit will be issued. After the septic tank has been installed and approved, the Sanitarian will issue a certification of completion.

PER005B



James O. Murphy
JULY 31, 1986 Date JVL

I hereby certify that this subdivision, entitled SOUTH suitable for the use of individual septic tank systems and this certification does not constitute "blanket approval" issued subject to the approval of each individual lot by and the issuance of an improvements permit for each lot at North Carolina. Any artificial drainage measures installed in this subdivision to control water table must be properly maintained to control surface water in order to decrease the chances

Franklin County Health Director
 or Authorized Representative

ITY MAP

