

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
APPLICANT: 162791 IMPROVEMENTS PERMIT 20020318 MCGEE ED TELEPHONE: AT ROCK DR COMMENT: LOUISBURG NC 27549 556-2770		OWNER: 1872-65-1530 SIZE: 3.560A DARRACOTT ALICE	
LOCATION / DIRECTIONS:		DESCRIPTION: 5 YEAR ☐	LIFETIME: ☐
FEE: 207 FLAT ROCK DR 90.00		SIGNATURE OR 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 _____ DISPOSAL _____ OTHER _____ TYPE. SYS _____
 SZ. TANK _____ SZ. CHAMB _____ NITRIFI _____ OPER. REQ _____
 SITE. LOC _____
 REMARKS:

** Existing Septic System Approved!*

CONTRACTOR: _____
 TANK MANUF: _____
 MANUF DATE: _____

** IF Problems Occur
 with System Owner agrees
 to Repair As directed
 by Health Dept!*

DATE. ISSUED _____

EH SPECIALIST _____

DATE APPROVED *3/19/02*

EH SPECIALIST *Andre Smith, BS*

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EH SPECIALIST _____

DATE APPROVED 3/19/02

EH SPECIALIST Andy Smith

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **6468**

Permit Type: **SEPTIC PERMIT**

Date Issued: **03/13/2002**

Project Address: **207 FLAT ROCK DR,**

Location: **207 FLAT ROCK DR**

Subdivision:

Lot #:

Size #: **3.560**

Applicant: **MC GEE ED**

207 FLAT ROCK DR

LOUISBURG, NC 27549

Phone: **556-2770**

Fax - 556 - 1986

Contractor:

Phone:

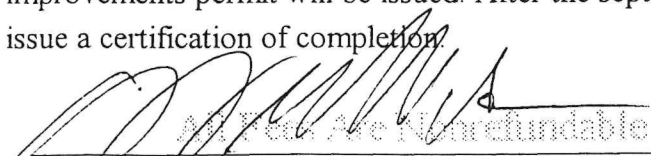
Proposed Use: **SINGLEWIDE**

Work:

Desc:

Bldg Cost: \$0	Fees Due: \$90.00	Date Paid: 03/13/2002
Zoned: A R	Setbacks Front: 30	Rear 25 Side 10
Tax record: 6678	Pin #: 1872-65-1530	Parcel #: E07B00 020
Township: LOUISBURG	Public Water/Sewer: COUNTY	ST Road #:
Special Conditions/Property Owner: DARRACOTT ALICE		
# of bedrooms: 2	# of people: 2	Approved for Issuance by:
** Environmental Health Use Only ** Type Wastewater - Sewage: _____ Industrial Process Wastewater: _____ Type Water Supply - Private: _____ Community: _____ Previously Identified Jurisdictional Wetland - Yes: _____ No _____		
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.		

Call Environment Health (496-8100) between 8:00 AM and 9:00 AM Monday thru Friday to schedule an appointment with the environment 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.


 (Signature of Contractor, Authorized Agent or Owner)


 Date

Franklin County Zoning Permit

FRANKLIN COUNTY

Franklin County, North Carolina

Planning Department

215 E Nash Street, Louisburg, North Carolina 27549

496-2909

Zoning Permit Number: 5109



ADDRESS: **207 FLAT ROCK DR**

PARCEL NO.: **1872-65-1530**

ZONING: **A R**

SUBDIVISION:

ISSUED TO: **MC GEE ED**
220 FLAT ROCK DR.
LOUISBURG, NC 27549

SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**

COUNTY WATER: **YES** FLOODPLAIN: **NO**

PERMIT TYPE: **ZONING PERMIT**

DETAILS:

PERMIT DATE: **03/13/2002** WATERSHED **NO**

FEE: **\$0.00** TOWNSHIP **LOU** EXPIRE DATE: **09/13/2002**

It is hereby certified that the above use as shown on the plats and plans submitted with the application conforms with all applicable provisions of the Franklin County Zoning Ordinance. The issuance of this Permit does not allow the violation of Franklin County Zoning Ordinances 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.

APPROVED BY:

Zoning Inspector

DATE:

03/13/2002

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

APPLICANTS SIGNATURE:

