FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
17074C CONST IMPROVE PERMIT	20030114	2728-94-3491	SIZE: 1.940A

APPLICANT:	OWNER:
RAY BOBBY L 109 BRODIE PRIVETTE RD ZEBULON NC 27597 TELEPHONE: 269-8463	RAY BOBBY L

COMMENT:	DESCRIPTION: 5 YEAR ☒	LIFETIME: ☐
MH		

LOCATION / DIRECTIONS:
BEAVER RUNN #9

FEE:	SIGNATURE OR OWNER OR AUTHORIZED AGENT:
225.00	

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

TOPO	PS	TEXTURE	PS	STRUCTURE	PS	DEPTH	PS
R. HOR	PS	SOIL. WET	PS	AVAIL. SP	PS	OTHER	
MINRL	PS	OVERALL	PS	LTAR	0.3		
#BEDRMS	3	GPD	360	DISPOSAL		TYPE. SYS	Conv.
SZ. TANK	1000	SZ. CHAMB		NITRIFI	3'x400'	TYPE. WAT	Priv.
SITE. LOC		MAX TRENCH DEP	24"	TYP. FAC	SFD		

REMARKS: * DRAWING Not to Scale

*EXACT TANK & Drain Field LOCATION CAN VARY Slightly!

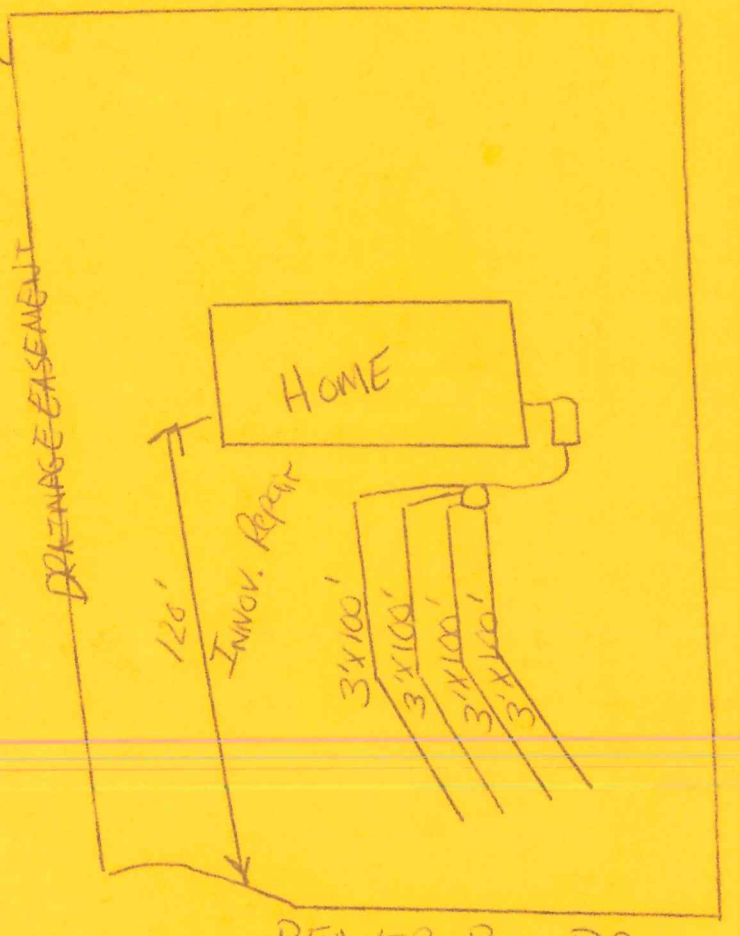
CONTRACTOR: B. H. Thomas

TANK MANUF: NCP 1000

MANUF DATE: 11/5/02

*Install SYSTEM ALONG Contour & IN DRY Conditions

*Do Not PARK or Drive Over SYSTEM AREA!



IMPROVEMENT PERMIT DATE: 1/15/03 ENV HEALTH SPEC: Andy Smith

CONSTRUCTION AUTHORIZATION DATE: 1/15/03 ENV HEALTH SPEC: Andy Smith

OPERATION PERMIT DATE: 3/17/03 ENV HEALTH SPEC:

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **8594** Permit Type: **SEPTIC PERMIT** Date Issued: **01/13/2003**

Project Address: **BEAVER RUN,**

Location: **BEAVER RUN** 170744

Subdivision: **BEAVER RUN** Lot #: **9**

Size #: **1.940**

Applicant: **RAY BOBBY L.**
109 BRODIE PRIVETTE ROAD
ZEBULON NC 27597

Phone: **269-8463**

Contractor:

Phone:

Proposed Use: **DOUBLEWIDE**
Work:
Desc:

Bldg Cost: **$0** Fees Due: **$225.00** Date Paid: **01/13/2003**

Zoned: **AR** Setbacks Front: **30** Rear **25** Side **10**

Tax record: **34782** Pin #: **2728-94-3491** Parcel #: **J13E00 009**

Township: **DUNN** Public Water/Sewer: **PRIVATE** ST Road #:

Special Conditions/~~Property Owner~~: **RAY BOBBY L.**

# of bedrooms: **3** # of people: **4** 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.

Fees Are Nonrefundable

(Signature of Contractor, Authorized Agent or Owner)

1/13/03
Date

Franklin County DRC Application

Zoning Permit #: 6048 **RESIDENTIAL**

ADDRESS: **BEAVER RUN**
PARCEL NO.: **2728-94-3491** ZONING: **AR**
SUBDIVISION: **BEAVER RUN** LOT: **9**
ISSUED TO: **RAY BOBBY L.**
109 BRODIE PRIVETTE ROAD
ZEBULON NC 27597
PHONE NUMBER: **269-8463**
SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**
COUNTY WATER: **N/A** FLOODPLAIN: **N/A**
PERMIT TYPE: **ZONING PERMIT**
TYPE OF CONSTRUCTION: **DOUBLE-WIDE MOBILE HOME**
PERMIT DATE: **01/13/2003** WATERSHED **N/A**
TOWNSHIP **DUN** EXPIRE DATE: **07/13/2003**

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:

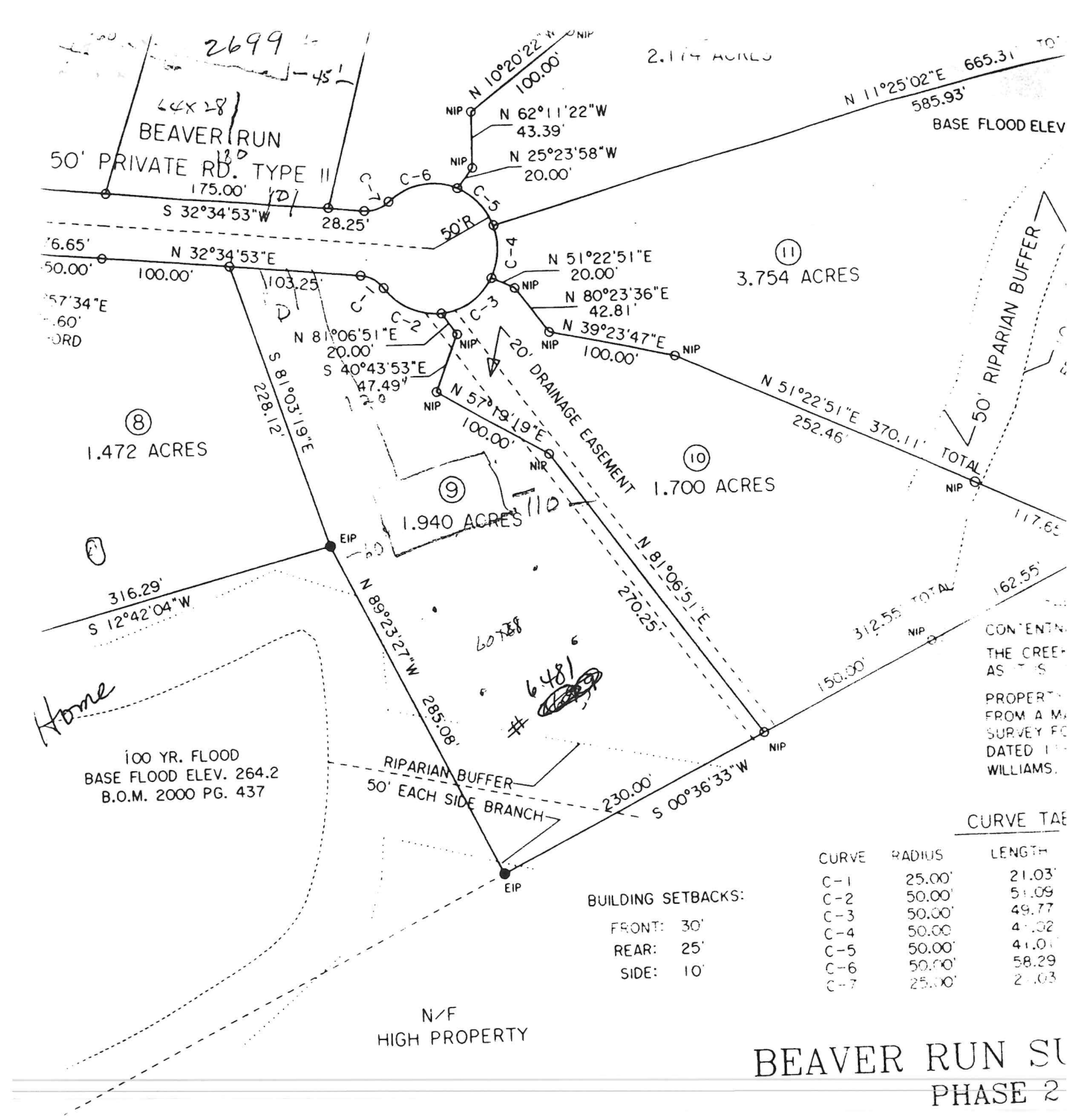
I hereby certify that all information I have provided to the Planning Department is true and accurate.
APPLICANTS SIGNATURE: B Ray

UTILITY COMPANY : CP & L 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 _____ STICKBUILT _____
ELECTRICIAN: _____ MECHANICAL: _____
PLUMBING: _____
MULTI USE PLAN # _____
COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	PPW	1-13-03		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				



BEAVER RUN SU
PHASE 2

DUNN TOWNSHIP FR.

DATE: 06-18-2001 SC.

ZONED: AR

OWNER: BOBBY L.

BY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON
EN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS
NKLIN COUNTY, WITH ALL VARIANCES NOTED IN THE MINUTES
E FRANKLIN COUNTY PLANNING BOARD. THAT ALL EASEMENTS,
HEREON, ARE ACCEPTED BY FRANKLIN COUNTY, SUBJECT TO THE
OVAL BY THE DEPARTMENT OF TRANSPORTATION WHICH ASSUMES NO
NSIBILITY TO OPEN OR MAINTAIN THE SAME, AND THAT THIS MAP HAS
APPROVED FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS.

VISION ADMINISTRATOR OR ASSISTANT DATE

OVAL EXPIRES IF NOT RECORDED ON OR BEFORE

MUST BE SUBMITTED FOR REAPPROVAL

GIL CLARK SUR

P.O. BOX 1243 2329

KNIGHTDALE NORTH CA