FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
~~16238C~~ CONST IMPROVE PERMIT 20020812		1864 16 2447	SIZE: 1.099A

APPLICANT:
RATASKI NANCY N & CHRISTOP
105 CEDAR CREEK LAND
YOUNGSVILLE NC 27596
TELEPHONE: 801-9743 556-2397

OWNER:
RATASKI NANCY N &

COMMENT: SFD

DESCRIPTION: 5 YEAR ☒ **LIFETIME:** ☐

LOCATION / DIRECTIONS:
Corner of Hicks & Cedar Creek LN.

FEE: 225.00

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

TOPO	PS	TEXTURE	PS	STRUCTURE	PS	DEPTH	PS
R. HOR	PS	SOIL. WET	PS	AVAIL. SP	PS	OTHER	
MINRL	PS	OVERALL	PS	LTAR	0.26		
#BEDRMS	2	GPD	240	DISPOSAL		TYPE. SYS	Conv.
SZ. TANK	900gal	SZ. CHAMB		NITRIFI	3'x 300'	TYPE. WAT	Priv
ITE. LOC		MAX TRENCH DEP	30"	TYP. FAC	SFD		

EMARKS: * DRAWING Not to Scale
EXACT TANK & Drain Field LOCATION May Vary Slightly ONCE LOT IS CLEARED

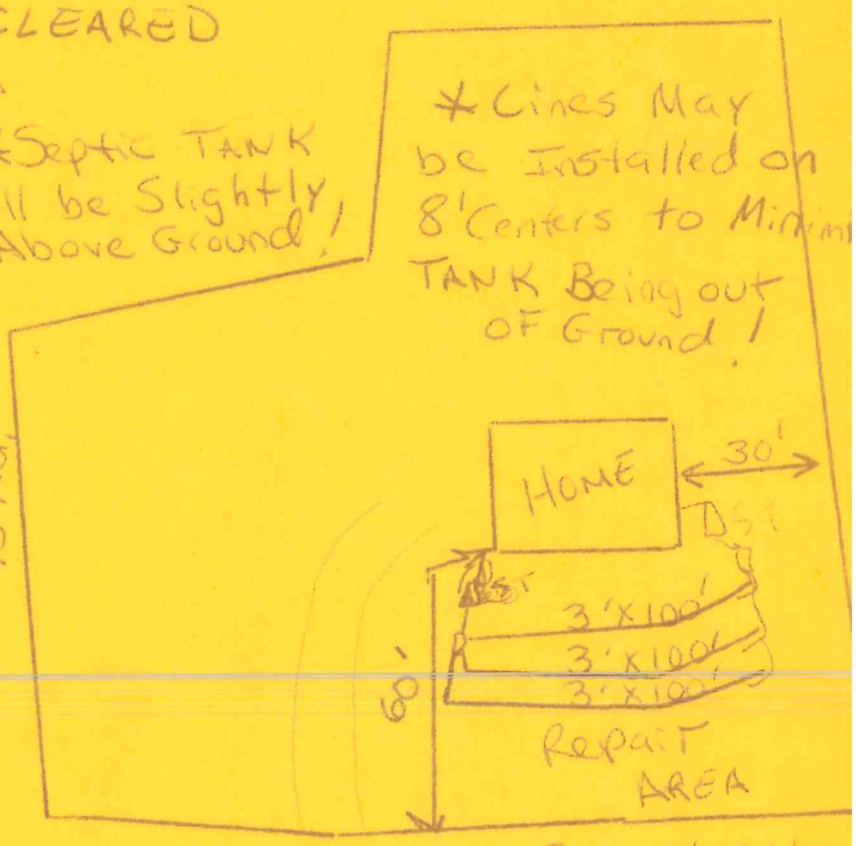
RACTOR: ADM Construction
NK MANUF: Ellis 900
MANUF DATE: 3/18/03

* Install Drain Field Along Contour & System IN DRY Conditions!

* Do Not PARK or Drive over System AREA!

* Septic TANK will be Slightly Above Ground!

* Lines May be Installed on 8' Centers to Minimize TANK Being out OF Ground!



IMPROVEMENT PERMIT DATE: 8/14/02 ENV HEALTH SPEC: Andy Smith
CONSTRUCTION AUTHORIZATION DATE: 8/14/02 ENV HEALTH SPEC: Andy Smith
OPERATION PERMIT DATE: 6/13/03 ENV HEALTH SPEC: Andy Smith

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **7633** Permit Type: **SEPTIC PERMIT** Date Issued: **08/13/2002**

Project Address: ,
Location: 16728C Lot #: **1**
Subdivision: Size #: **1.099**

Applicant: **RATASKI NANCY N & CHRISTOPHER**
105 CEDAR CREEK LANE
YOUNGSVILLE NC 27596
Phone: **556-2397**

Contractor: Phone:

Proposed Use: **SFD**
Work:
Desc:

Bldg Cost: **$0** Fees Due: **$225.00** Date Paid: **08/13/2002**

Zoned: **A R** Setbacks Front: **30** Rear **25** Side **10**

Tax record: **9675** Pin #: **1864-16-2447** Parcel #: **D04 00 031**

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

Special Conditions/Property Owner: **RATASKI NANCY N &**

# 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.

Nancy N Rataski
(Signature of Contractor, Authorized Agent or Owner)

8/13/02
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: 5623

ADDRESS:

PARCEL NO.: **1864-16-2447** ZONING: **A R**

SUBDIVISION: LOT: **1**

ISSUED TO: **RATASKI NANCY N & CHRISTOPHER**
105 CEDAR CREEK LANE
YOUNGSVILLE NC 27596

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

COUNTY WATER: **N/A** FLOODPLAIN: **N/A**

PERMIT TYPE: **ZONING PERMIT**

DETAILS: **SFD**

PERMIT DATE: **08/13/2002** WATERSHED **N/A**

FEE: **$0.00** TOWNSHIP **FRNK** EXPIRE DATE: **02/13/2003**

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: Dana Wood DATE: **08/13/2002**

Zoning Inspector

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

APPLICANTS SIGNATURE: Nancy N Rataski

PLAT IS APPROVED FOR RECORDING PURSUANT
:CTION _____ OF THE FRANKLIN
TY SUBDIVISION REGULATIONS.

_____

IVISION ADMINISTRATOR DATE

W OFFICER'S CERTIFICATE

KLIN COUNTY, NORTH CAROLINA

_____ REVIEW OFFICER OF
KLIN COUNTY CERTIFY THAT THE MAP OR PLAT TO WHICH
ERTIFICATION IS AFFIXED MEETS ALL STATUTORY
REMENTS FOR RECORDING.

_____

W OFFICER DATE

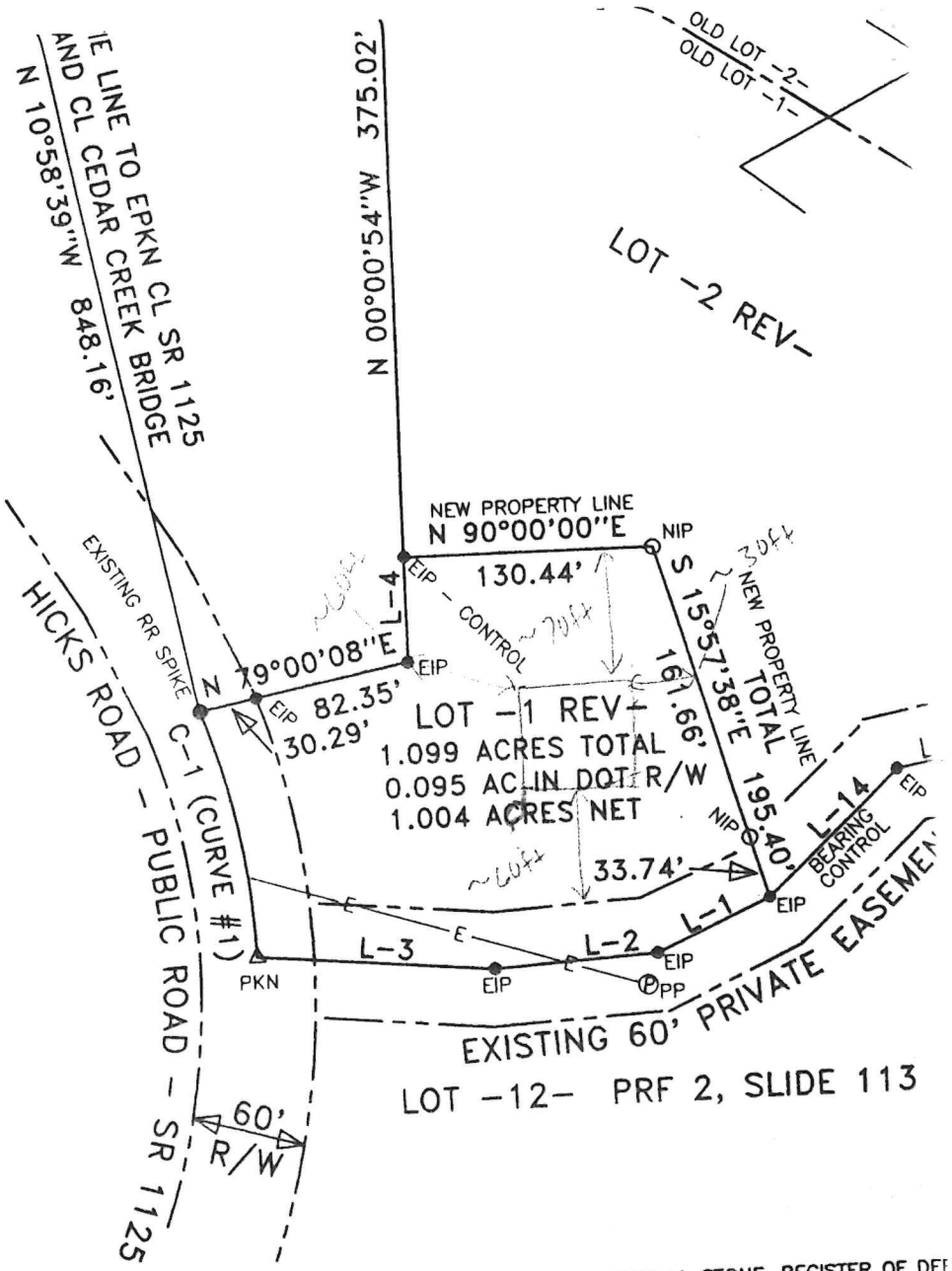
H CAROLINA, FRANKLIN COUNTY

MES O. MURPHY, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY
RVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION
D DESCRIPTION RECORDED IN BOOK 895, PAGE 694, ETC.)
ER); THAT BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED
RAWN FROM INFORMATION FOUND IN REFERENCES LISTED HEREON;
THE RATIO OF PRECISION AS CALCULATED IS 1/10,000+;
THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30
MENDED.

SS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER, AND SEAL
31 DAY OF JULY, 2002.

RTH CAROLINA
PROFESSIONAL
SEAL
2253
SURVEYOR

James O. Murphy
SURVEYOR
PE 4884, PLS L-2253



NOTE:
LOT -1 REV- AND ALL OTHER SOLID LINES HEREON WERE SURVEYED 7-31-02. ALL OTHER LINES SHOWN HEREON AS BROKEN LINES WERE TAKEN FROM RECORDS, SPECIFICALLY

LINDA H. STONE, REGISTER OF DEE
FRANKLIN COUNTY, NORTH CAROLI

FILED FOR REGISTRATION

DATE _____

TIME _____