

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: CONST IMPROVE PERMIT 00030710	DATE: 1880-14-6845	SIZE: 0.920A
APPLICANT: CHADBOR HOMES INC PO BOX 98685 RALEIGH NC 27624		OWNER: PRESIDENTIAL INVESTMENTS
TELEPHONE: 269-6113		
COMMENT: SFD	DESCRIPTION: 5 YEAR ☒	LIFETIME: ☐
LOCATION / DIRECTIONS: WILLIAMSTON RIDGE #89 - 10 WILLOWDEN CT		
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 <u>PS</u>	TEXTURE <u>PS</u>	STRUCTURE <u>PS</u>	DEPTH <u>PS</u>
R. HOR <u>PS</u>	SOIL. WET <u>PS</u>	AVAIL. SP <u>PS</u>	OTHER <u>PS</u>
MINRI. <u>PS</u>	OVERALL <u>PS</u>	LTAR <u>0.275</u>	
#BEDRMS <u>4</u>	GPD <u>480</u>	DISPOSAL <u>3'x450'</u>	TYPE. SYS <u>100%</u>
SZ. TANK <u>1000</u>	SZ. CHAMB <u>24"</u>	NITRIFI <u>SFD</u>	TYPE. WAT <u>Public</u>
SITE. LOC	MAX TRENCH DEP <u>24"</u>	TYP. FAC <u>SFD</u>	

REMARKS: ***DRAWING Not to Scale**

*** Contractor to Notify HD ONCE Lot Is Cleared!**

*** Permit Changed to 4BR 7/14/03 AS**

CONTRACTOR: Quality Landscape

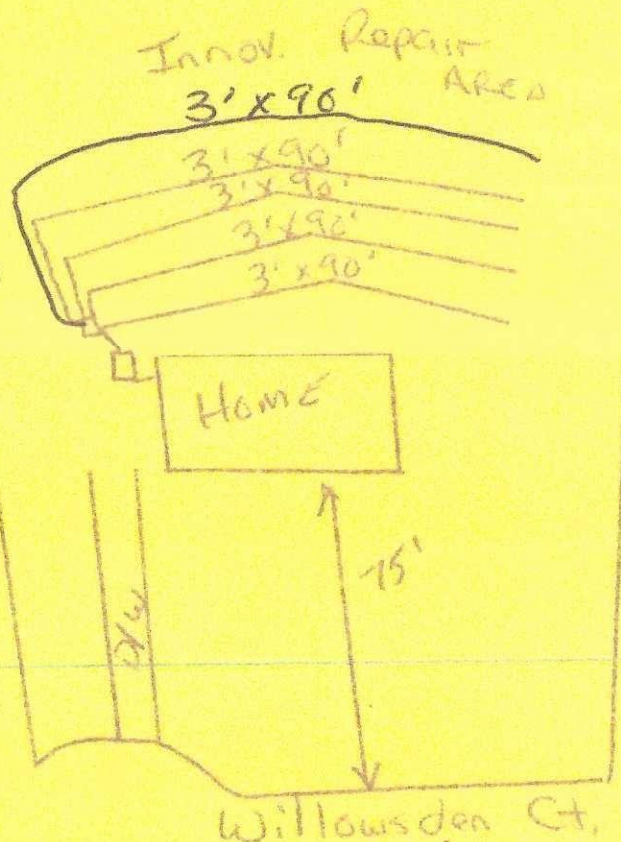
TANK MANUF: Mills 1000

MANUF DATE: 4-29-04

*** Innov. SYSTEM 4 LINES 14 PANELS EACH!**

*** Install Innov. SYSTEM along Contour & IN DRY Conditions**

*** Do Not Park or Drive Over SYSTEM AREA!**



IMPROVEMENT PERMIT DATE: 7/11/03

CONSTRUCTION AUTHORIZATION DATE: 7/11/03

OPERATION PERMIT DATE: 6/16/04

ENV HEALTH SPEC: Jordy Smith
 ENV HEALTH SPEC: Jordy Smith
 ENV HEALTH SPEC: Andy Smith

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: <u>UNST IMPROVE PERMIT 030710</u>	DATE: <u>1880-14-6845</u>	SIZE: <u>0.920A</u>
APPLICANT: <u>CHADHUR HOMES INC</u> <u>PO BOX 98685</u> <u>RALEIGH NC 27624</u>		OWNER: <u>PRESIDENTIAL INVESTMENTS</u>
TELEPHONE: <u>269-6113</u>		
COMMENT: <u>SFD</u>	DESCRIPTION: 5 YEAR ☒	LIFETIME: ☐
LOCATION / DIRECTIONS: <u>WILLIAMSTON RIDGE #89 - 10 WILLOWDEN CT</u>		
FEE: <u>225.00</u>	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 <u>PS</u>	TEXTURE <u>PS</u>	STRUCTURE <u>PS</u>	DEPTH <u>PS</u>
R. HOR <u>PS</u>	SOIL. WET <u>PS</u>	AVAIL. SP <u>PS</u>	OTHER <u>PS</u>
MINRL <u>PS</u>	OVERALL <u>PS</u>	LTAR <u>0.275</u>	
#BEDRMS <u>4</u>	GPD <u>480</u>	DISPOSAL	TYPE. SYS <u>Innov</u>
SZ. TANK <u>1000</u>	SZ. CHAM <u>24"</u>	NITRIFI <u>3'x450'</u>	TYPE. WAT <u>Public</u>
SITE. LOC	MAX TRENCH DEP <u>24"</u>	TYP. FAC <u>SFD</u>	

REMARKS: *DRAWING NOT TO SCALE

*Contractor to Not. Fr HD
ONCE Lot Is Cleared!

CONTRACTOR: Quality LANDSCAPE

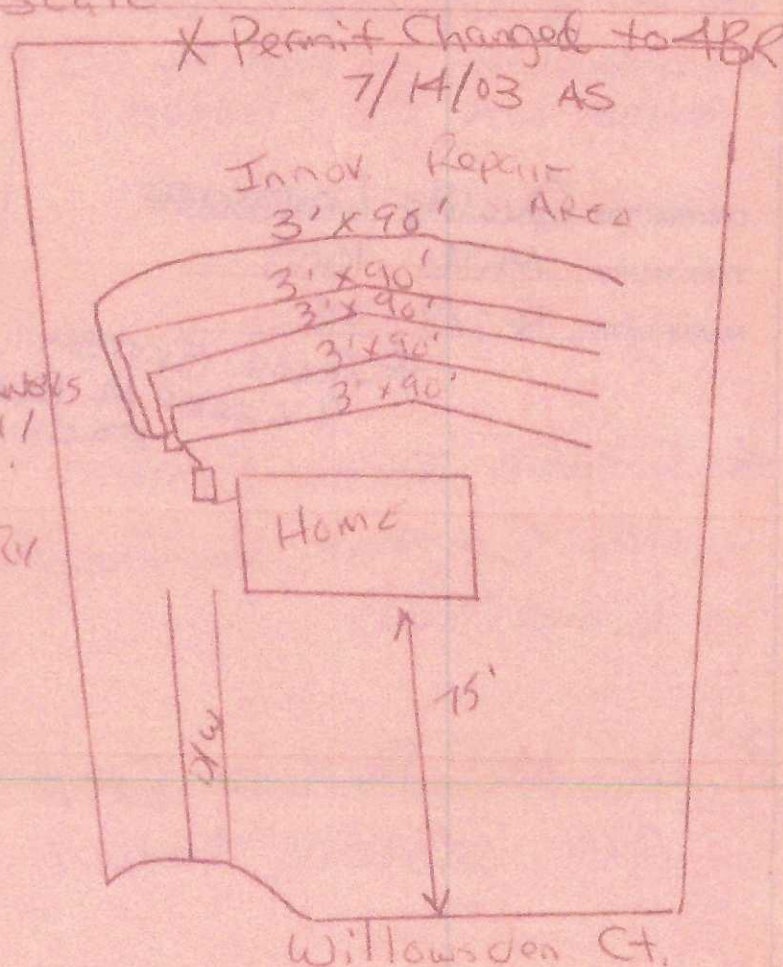
TANK MANUF: Mills 1000

MANUF DATE: 4-29-04

*Innov. SYSTEM
4 LINES 14 PANS EACH

* Install Innov. SYSTEM
along Contour & IN DRY
Conditions

* Do Not PARK or Drive
Over SYSTEM AREA



IMPROVEMENT PERMIT DATE: 7/11/03

CONSTRUCTION AUTHORIZATION DATE: 7/14/03

OPERATION PERMIT DATE: 6/16/04

ENV HEALTH SPEC: Andy Smith

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Franklin County DRC Application

RESIDENTIAL

Zoning Permit #: 6670



ADDRESS: 20 WILLOWDEN COURT
 PARCEL NO.: 1880-14-6845 ZONING: R-40
 SUBDIVISION: WILLIAMSTON RIDGE LOT: 89
 ISSUED TO: CHADMOR HOMES, INC
 P O BOX 98685
 RALEIGH, NC 27624-8685
 PHONE NUMBER: 919-291-6113
 SETBACK: FRONT: 50 RIGHT: 20 LEFT: 20 REAR: 50
 COUNTY WATER: NO FLOODPLAIN: NO
 PERMIT TYPE: ZONING PERMIT
 TYPE OF CONSTRUCTION: SINGLE FAMILY DWELLING
 PERMIT DATE: 07/10/2003 WATERSHED NO
 TOWNSHIP YNGS EXPIRE DATE: 01/09/2004

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.

APPLICANT'S SIGNATURE:

[Handwritten Signature]

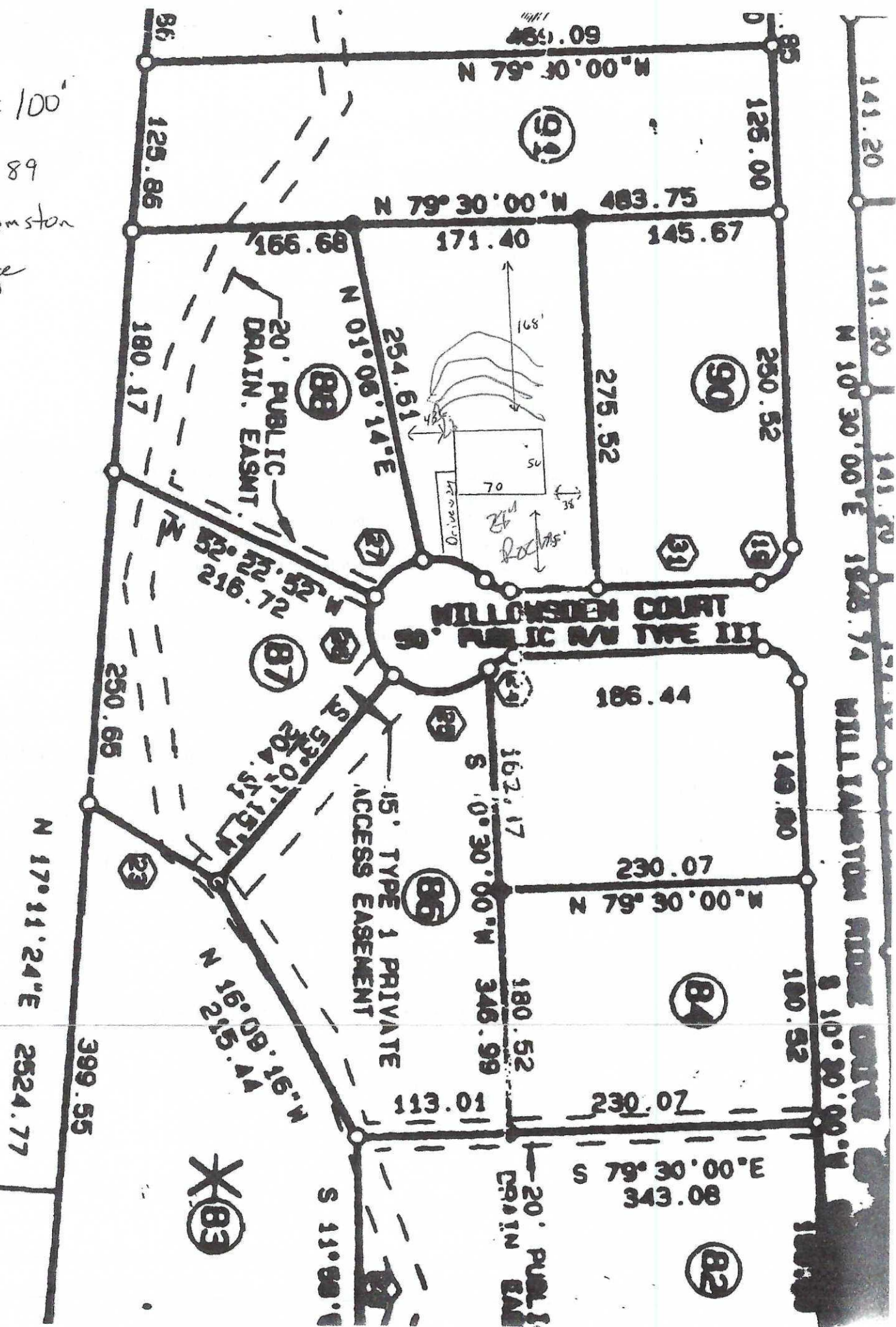
UTILITY COMPANY : PROGRESS ENGERY WAKE ELECTRIC OTHER _____
 NUMBER OF STORIES: 1 ☒ 1 1/2 _____ 2 _____ 2 1/2 _____
 SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____
 BASEMENT: N/A _____ YES _____ NO _____ MANUFACTURED _____
 FIREPLACE: N/A _____ MASONRY _____ MANUFACTURED _____
 PLAN SETS: MODULAR _____ 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	<i>[Signature]</i>	7/10/03	_____	_____
INITIAL PERMITTING	_____	_____	_____	_____
ADDRESSING	_____	_____	_____	_____
PLAN REVIEW	_____	_____	_____	_____
FIRE REVIEW	_____	_____	_____	_____
SEPTIC/SEWER	_____	_____	_____	_____
FINAL PERMITTING	_____	_____	_____	_____

Lot # 89
Williamston
Ridge



COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 9728

Permit Type: SEPTIC PERMIT

Date Issued: 07/10/2003

Project Address: 20 WILLOWDEN COURT, YOUNGSVILLE, NC 27596

Location: 20 WILLOWDEN COURT

Size #: 0.920

Subdivision: WILLIAMSTON RIDGE

Lot #: 89

Applicant: CHADMOR HOMES INC.

Phone: 919-269-6113

Post Office Box 98685

Raleigh, NC 27624

Owner: PRESIDENTIAL INVESTMENTS

Phone:

Tax record: 35534

Pin #: 1880-14-6845

Parcel #: F10D00 089

Zoned: R-40

Setbacks Front: 50

Rear: 50

Side: 20

Proposed Use: SFD

of bedrooms: 3

of people: 3

Type Wastewater -	Sewage: _____	Industrial Process Wastewater: _____
Type Water Supply -	Private: _____	Community: _____
Previously Identified Jurisdictional Wetland -	Yes: _____	No: _____

Township: YOUNGSVILLE Public Water/Sewer: PRIVATE

ST Road #:

Desc:

Fees Due: \$225.00

Date Paid: 07/10/2003

Special Conditions:

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.

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.

(Signature of Contractor, Authorized Agent or Owner)

Date

7 / 10 / 03

DATE _____

[illegible]