

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: 14482C CONST IMPROVE PERMIT	DATE: 20000914	33605	SIZE: 1.07A
APPLICANT: MAESTRO HOMES PO BOX 99032 RALEIGH NC 27624		OWNER: MAESTRO HOMES PO BOX 99032 RALEIGH NC 27624	
TELEPHONE: 818-9776			
COMMENT: SFD		DESCRIPTION: 5 YEAR ☐	LIFETIME: ☐
LOCATION / DIRECTIONS: SPENCER GATE #124			
FEE: 175.00		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>1</u>	SOIL. WET <u>1</u>	AVAIL. SP <u>1</u>	OTHER <u>1</u>
MINRL <u>SL-1</u>	OVERALL <u>PS</u>	LTAR <u>WV</u>	
#BEDRMS <u>3</u>	GPD <u>360</u>	DISPOSAL <u>1</u>	TYPE. SYS <u>C</u>
SZ. TANK <u>G10</u>	SZ. CHAMB <u>1</u>	NITRIFI <u>3x300</u>	TYPE. WAT <u>A</u>
SITE. LOC <u>1</u>	MAX TRENCH DEP <u>30"</u>	TYP. FAC <u>SFD</u>	COM

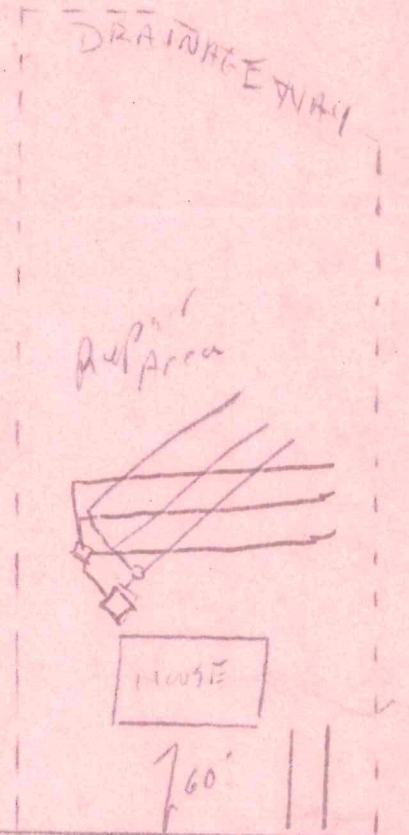
REMARKS: Stay 10' from property lines, 5' from building footprint in

CONTRACTOR: Quality landscape

TANK MANUF: M. 12 1000

MANUF DATE: 12/25/2000

EZ lay



IMPROVEMENT PERMIT DATE: <u>9/18/2000</u>	ENV HEALTH SPEC: <u>[Signature]</u>
CONSTRUCTION AUTHORIZATION DATE: <u>9/4/2000</u>	ENV HEALTH SPEC: <u>[Signature]</u>
OPERATION PERMIT DATE: <u>1/31/2001</u>	ENV HEALTH SPEC: <u>[Signature]</u>

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APPLICANT: MAESTRO HOMES PO BOX 99032 RALEIGH NC 27624		OWNER: MAESTRO HOMES PO BOX 99032 RALEIGH NC 27624
TELEPHONE: 818-9776		
COMMENT: SPD		DESCRIPTION: 5 YEAR ☐ LIFETIME: ☐
LOCATION / DIRECTIONS: SPD		
FEE: 175.00		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>1</u>	SOIL. WET <u>1</u>	AVAIL. SP <u>1</u>	OTHER <u>1</u>
MINRL <u>EL</u>	OVERALL <u>PS</u>	LTAR <u>WV</u>	
#BEDRMS <u>3</u>	GPD <u>300</u>	DISPOSAL <u>1</u>	TYPE. SYS <u>C</u>
SZ. TANK <u>600</u>	SZ. CHAMB <u>1</u>	NITRIFI <u>35300</u>	TYPE. WAT <u>PS</u>
SITE. LOC <u>1</u>	MAX TRENCH DEP <u>30"</u>	TYP. FAC <u>SEJ</u>	<u>CON</u>
REMARKS:			

Stay 10' from property lines, & from building footprint on end

CONTRACTOR: Quality landscape
 TANK MANUF: M. 11/1000
 MANUF DATE: 12/28/2000

EZ lay



IMPROVEMENT PERMIT DATE: 9/12/2000

ENV HEALTH SPEC: [Signature]

CONSTRUCTION AUTHORIZATION DATE: 9/12/2000

ENV HEALTH SPEC: [Signature]

OPERATION PERMIT DATE: 1/31/2001

ENV HEALTH SPEC: [Signature]

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 00-16117

Permit Type: EH 14482C

Date Issued: 09-12-00

Project Address: SPENCER GATE LOT 124

Location: SPENCER GATE LOT 124

Subdivision: SPENCER GATE

Lot #: 124

Size: 1.07

Owner Name: MAESTRO HOMES

Address: PO BOX 99032

City: RALEIGH

Phone: (919)-818-9776

State: NC Zip: 27624

Contractor: MAESTRO HOMES

Address: PO BOX 99032

City: RALEIGH

Phone: (919)-846-7468

State: NC Zip: 27624

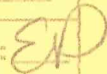
Proposed use: MAESTRO HOMES

Work: SFD

Desc:

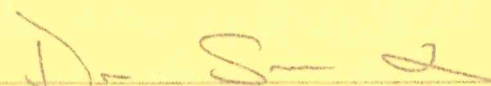
Bldg Cost:	Fees due: \$ 175.00	Fees Paid: \$ 175.00
Zoned: AR	Setbacks Front: 30	Rear: 25 Side: 10
Tax Rec #: 33605	Pin #:	Parcel#: F10E00 124
Township: HARRIS	Public Water/Sewer:	ST Road #:

Special conditions: _____

# of bedrooms: 3	# of bathrooms: 2	Approved for Issuance by: 
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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 or Authorized Agent)

9 / 12 / 00
Date

ZONED AR

