

FRANKLIN COUNTY HEALTH DEPARTMENT

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300-330

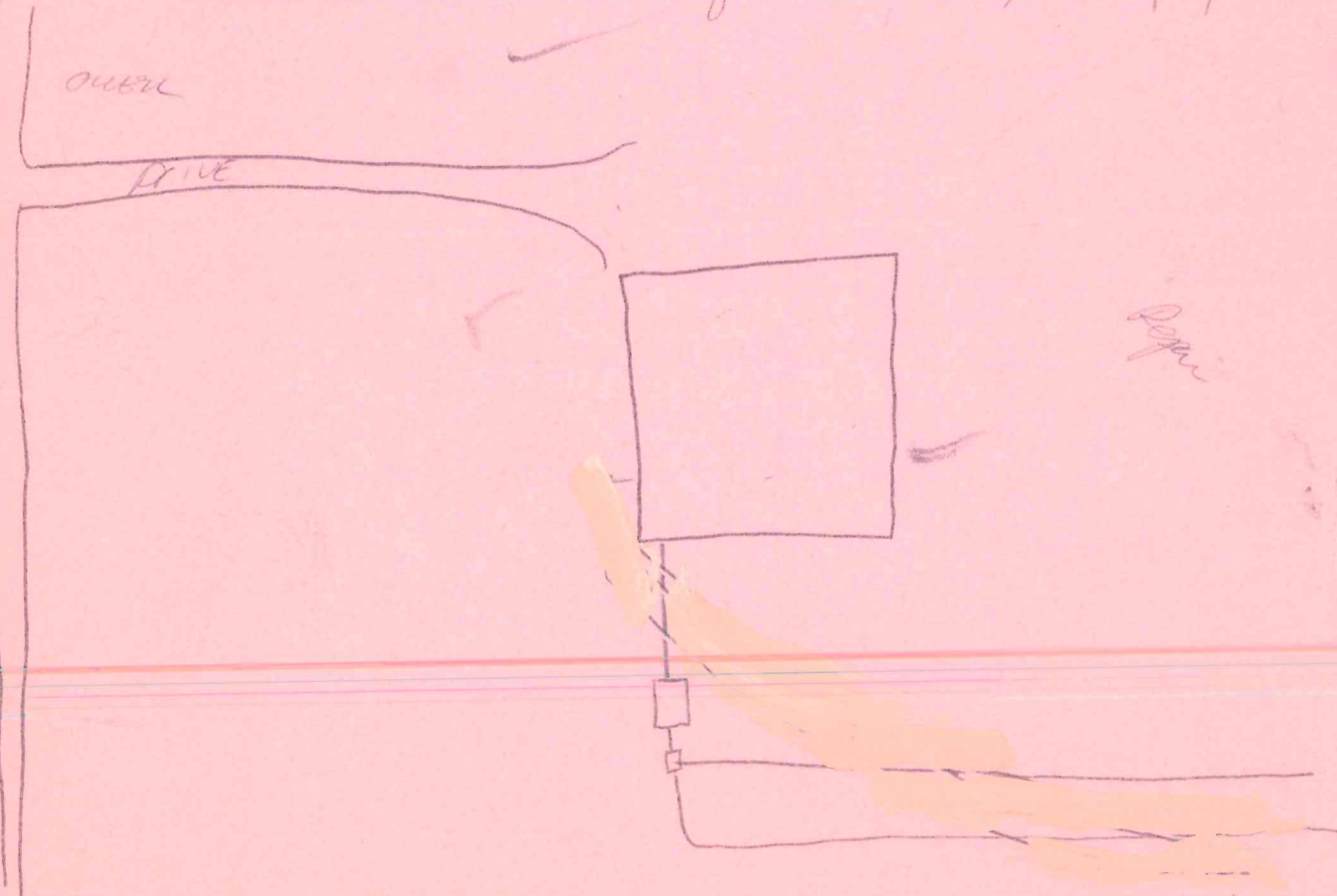
PERMIT NUMBER: 51721 IMPROVEMENTS PERMIT	DATE: 09.02.93	16278	SIZE: 2.040
APPLICANT: ROBBINS SYLVESTER P O BOX 58434 RALEIGH NC 275658 TELEPHONE: 833-1319		OWNER: ROBBINS SYLVESTER P O BOX 458434 RALEIGH NC 27658	
COMMENT: SFD		CONTRACTOR: Larry Gilliam	
LOCATION / DIRECTIONS: MAYFIELD SUBDIVISION LOT 7			
FEE: 80.00 4021		SIGNATURE OF 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

7-6-94 GCP

#BEDRMS 3 DISPOSAL - OTHER - TYPE.SYS C
SZ.TANK 900 SZ.CHAMB - NITRIFI 3'x300' OPER.REQ N
SITE.LOC -

REMARKS: Shallow - 2' max! Follow center of lot. 100' from wells & 10' from prop lines.



DATE ISSUED 9-7-93

EH SPECIALIST Chris Hedrick

DATE APPROVED 9-27-94

EH SPECIALIST Glenn Johnson

SEPTIC PERMIT APPLICATION
Franklin County Health Department
Phone 496-8100

TxREC#: 16278
PIN#:

SPermit#: 5172I
BPermit#: 2192
TMAP: D06E00007

Township: Youngsville
Subdivision: Mayfield Sub
Prop.Address:

Zone:
Lot: 7 Lot Size: 2.04
St.Road: 96

Applicant: Robbins, Sylvester
Address: P.O.Box 58434
C/S/Z: Raleigh, NC 27658
Phone: (919) 833-1319
SF/Building Permit: Y
Bedroom#: 3
Commercial: No
Public Sewer: No
Public Water: No
Type Facility: SFD
SPermit \$: 80.00
Notes: Youngsville Zoning P#226

Owner: Robbins, Sylvester
Address:
C/S/Z:

Mobile Home Permit:
Bath#: 2.5
Industrial:
Town:

Est.Daily Waste Flow: 360 Gal / Day
Date: 09/02/93 Rec#: 4021

ZONING PERMIT
Department of Planning & Development

Use of Property: SFD
Zoning District:
Setback Required: Front:

Rear:

Side:

Yg Zoning # 226
Zoning Administrator

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.

Sylvester M. Robbins
Signature of Owner/Authorized Agent

9-2-93
Date

Call the Health Department (496-8100) between 8:00 AM and 9:00 AM on Monday-Friday to schedule an appointment with an environmental 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.

PER005B