

TION

al ( ) Subdivision ( ) Other Approval

Dwelling

Tax Map No. 322 Parcel No. 376 Permit No. B27173 Date 9-29-83 By James R. Br...

|                                          |                                          |
|------------------------------------------|------------------------------------------|
| Zoning <u>B-4</u>                        | Flood Plain ( ) Yes ( ) No               |
| Road No.                                 | Street address <u>8116 Brookwood Dr.</u> |
| Health Department                        |                                          |
| Other rooms w/closets                    |                                          |
| Other rooms w/closets                    |                                          |
| No. of other rooms with closets          |                                          |
| Waste- ( ) Domestic water ( ) Industrial |                                          |
| ( ) Addition                             | No                                       |
| ( ) Private off-site                     |                                          |
| Proposed structures (including           |                                          |
| Telephone No.                            |                                          |
| Telephone No.                            |                                          |
| ication and any attached documents       |                                          |
| ledge and belief and are made in         |                                          |
| pe grounds for rejection of this         |                                          |
| lyes are granted right of entry          |                                          |
| ormation upon public request.            |                                          |

## WAKE COUNTY HEALTH DEPARTMENT SEPTIC TANK LAYOUT AND PERMIT

TAX MAP NO. 322 PARCEL NO. 376CONTRACTOR Thomas Landscaping Inc.

OWNER

LOCATION 8116 Brookwood

PERMIT NO. B

DATE 1-21-83SUBDIVISION NAME BrookwoodLOT NO. 14S. R. NO. 172

SECTION OR BLOCK NO.

REPAIR ☐ ORIGINAL PERMIT NO.GARBAGE DISPOSAL UNIT YES ☐ NO ☒HOUSE ☐ MOBILE HOME ☐ BUSINESS ☐NO. BEDROOMS 3 LOT AREA 20,000 sq. ft.SIZE OF TANK 1000 gal.NITRIFICATION LINE 1000 sq. ft.DEPTH OF STONE IN LINES: 12" ☐RISER AND BAFFLE REQUIRED ☐ PUMP REQUIRED ☐WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☐ OTHER ☐

\* PERMIT VOID 36 MONTHS FROM DATE OF ISSUANCE.

\* PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS

\* PERMIT MAY BE VOIDED IF SITE ALTERATIONS MADE

LAYOUT BY

5-2-83

DATE

INSTALLED BY

469 3751

APPROVED BY

James R. Br...

590-CP09

Signature of Owner or Authorized Agent

Land use indicated (14) (is not) permitted in the zoning district. If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

|                      |             |       |     |
|----------------------|-------------|-------|-----|
| Lot area             | square feet | depth | ft. |
| Front yard           |             | depth | ft. |
| Rear yard            |             | depth | ft. |
| Aggregate both sides |             | depth | ft. |

Remarks:

Zoning Administration Division

Jurisdiction

Processed by

Date 9-26-83