

per

Franklin County Health Department
Division of Environmental Health
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549

PAGE 1 OF 2

Phone: 919-496-8100

SEPTIC PERMIT

Fax: 919-496-8136

Permit Number: 7680 Type: E PIN: 1833-67-0210 Date: 8/20/2014
Applicant: TODD GIBBS Owner: TODD GIBBS
1313 SID MITCHELL RD 1313 SID MITCHELL RD
YOUNGSVILLE, NC 27549 YOUNGSVILLE, NC 27549
Telephone: (919) 215-7489 Telephone: (919) 215-7489
Subdivision: Lot Number: 1 Size: 5.000

Physical Address/ Location /Directions 100 SKY WAY

Description: LifeTime _____ 5 Year ☒

TYPE FACIL RES # EMPLOY _____ # BEDRMS 4 GPD 480 LTAR 13
TYPE WAT Priv TYPE SYS A TYPE REP A BSMT N/A BST FX N/A
SIZE TANK Fast SIZE CHB _____ SIZE NTR 3'x10' MTD 24"

COMMENTS: Add 3'x100' of drainline on contour. Stay 15'
from Pool Area.

Original septic permit #1552 (Wiggins Builders)

Septic Contractors are responsible for notifying the health department for final inspections, between 8:00-9:00 AM on the day of completion, Monday - Friday. Any request for final inspections received afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicant's name ready when making the call.

Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect the compliance with the provisions of this permit shall in no way be taken as a guarantee that wastewater disposal systems permitted and approved will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct which are caused, or may be caused, by a malfunction of this wastewater treatment and disposal system.

Proper precautions must be taken to assure the proper functioning of the system after it has been covered. Do not run any heavy equipment over the system, as soft earth will allow damage to the tank and lines. Pipe all roof drains away from the septic system site to prevent flooding of the lines from surface water. Terrace the ground to prevent excessive drainage from higher areas adjacent to the system. Do not construct driveways over any part of the septic system unless proper provisions were made when the septic system was constructed. Only grass, not trees or shrubbery, should be cultivated over the lines. All plumbing fixtures should be carefully inspected periodically and any problems repaired immediately. All septic tanks should be pumped off by a permitted pump operator on a regular schedule, not to exceed every five years.

The improvement permit and construction authorization is a site approval, for the future installation of a wastewater treatment and disposal system. Changes in ownership of the site do not affect the validity of this permit. However, any alteration of the site or soil conditions, changes in the location of the proposed facility, changes to the wastewater flow and/or characteristics, or submittal of false information with the application or misrepresentation of the property lines may subject this permit to suspension or revocation.

FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED

IMPROVEMENT PERMIT DATE 8/25/14 EHS [Signature]

CONSTRUCTION AUTHORIZATION DATE 8/25/14 EHS [Signature]

Visit www.franklincountyenvironmentalhealth.com for permit information and tracking.

Franklin County Health Department

Name: GIBBS

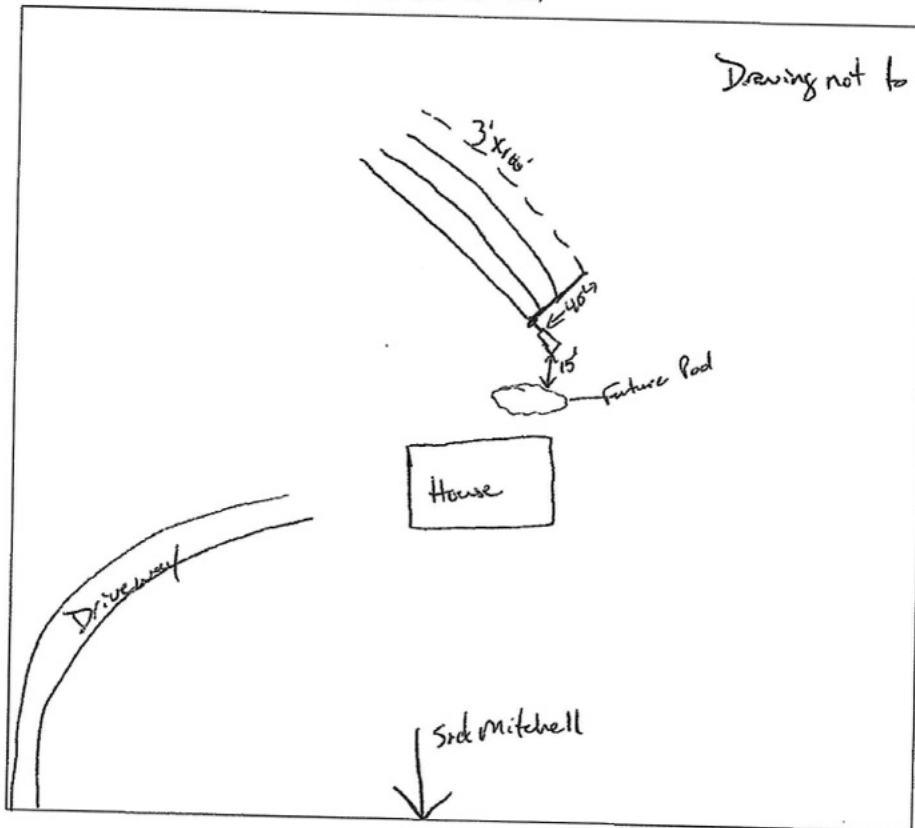
Permit Number

7680

CONTRACTOR L. Madden TANK MANU East MANU DATE _____

WELL INSTALLED YES X NO _____ SYSTEM CODE E21203-15-6

SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)



Drawing not to scale

SEPTIC SYSTEM AS-BUILT (IF DIFFERENT FROM INITIAL LAYOUT) ON REVERSE

OPERATIONS PERMIT

DATE 4/17/15 EHS

[Signature]

08/20/2014 12:28 PLANNING & INSPECTION

(FAX) 919 496 2637

P.001/004

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 37036

Permit Type: SEPTIC PERMIT

Date Issued: 08/20/2014

Project Address: 100 SKY WAY, YOUNGSVILLE NC 27596

Location: 100 SKY WAY

Subdivision:

Size #: 5.000

Applicant: GIBBS TODD B.

Lot #: 1

1313 SID MITCHELL ROAD

Phone: 919 215-7489

YOUNGSVILLE NC 27549

Owner Name: GIBBS TODD B.

Phone: 919 215-7489

Owners Address: 1313 SID MITCHELL ROAD

YOUNGSVILLE NC 27549

Tax record: 37780

Pin #: 1833-67-0210

Parcel #: A03 00 014F

Zoned: R-40

Setbacks Front: 50

Rear: 50

Side: 20

Proposed Use: FINISH UPSTAIRS

of bedrooms: 5

of people: 3

Township: YOUNGSVILLE Public Water/Sewer: PRIVATE

ST Road #:

Desc:

Fees Due: \$165.00

Date Paid: 08/20/2014

* Please complete all sections below *

- ☐ Yes ☐ No Does this site contain any previously identified jurisdictional wetlands?
☐ Yes ☐ No Is any wastewater, other than domestic, going to be generated?
☐ Yes ☐ No Is the site subject to approval by any other public agency?

*If the answer to any of the above is "yes", applicant must submit supporting documentation.

Please indicate desired system type(s). Systems can be ranked in order of preference.
☐ Conventional ☐ Accepted ☐ Modified Conventional ☐ Alternative
☐ Other ☐ No Preference

Call Environmental Health (919.496.8100) between 8:00 - 9:00 am Monday - Friday in order to schedule an appointment with an environmental health specialist for your lot evaluation. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic or building permits. It will be necessary to meet all guidelines for zoning, septic and building permits prior to construction. The permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan= 60 months—complete surveyed plat—without expiration.)

Please contact the Environmental Health Department at 919.496.8100 or visit their website at www.franklincountyenvironmentalhealth.com to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

I hereby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Furthermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system and drinking water and well system permit.

I also certify that all of 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. If information in this application for these improvements is falsified, changed or site is altered, then improvement permits and authorization to construct these improvements shall become invalid. Authorized county representatives are granted right of entry to make these evaluations or inspections, and to release information upon public request.

X TODD GIBBS
Print & Signature of Owner or Owner's Legal Representative

08/20/2014

COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Lot Preparation

The applicant is responsible for preparing for a site evaluation by an Environmental Health Specialist.

The applicant must address EACH of the items listed below prior to the evaluation. (Note: A separate application and site plan must be submitted for each proposed septic system/lot. An individual evaluation may encompass an area up to 3 acres in size.)

1. **Site Plan:** A site plan must be submitted with your application. The site plan must show property dimensions, the desired location and size of proposed structures (including decks, storage buildings, sheds, pools, etc), driveways, and jurisdictional wetlands (if applicable.) A sample site plan is available upon request.
2. **Property Lines:** All property lines and corners within 250 feet of the proposed house site must be clearly marked and readily identifiable. If you are proposing to subdivide property, the proposed property lines must be clearly marked.
3. **Clearing:** In order to conduct a site evaluation, the lot must be easily accessible. If fallen trees, underbrush, or other obstacles prevent free movement across the property, then clearing will be required. Soil disturbance must be minimized during the clearing process in order to avoid removing natural soil and adversely affecting site/soil characteristics.
4. **House/structure:** The proposed location of a house or any other structure must be marked on the property.
5. **Confirmation:** Once all the items listed above have been completed, the applicant may contact Franklin County Environmental Health (919-496-8100) for evaluation. The Environmental Health Specialist assigned to evaluate your lot will give you a time of when your lot evaluation should be completed.

Important:

- ** If a site plan is incomplete or changes are made after the on-site evaluation, a \$50.00 revisit fee may be assessed.
- ** If an Environmental Health Specialist arrives at the property and a site evaluation cannot be conducted because the site has not been prepared as required, the applicant will be notified and the application placed in "Inactive" status.
- ** After the site has been properly prepared, the applicant may contact Environmental Health for the application to become active again.
- ** A revisit fee (\$50.00) may be assessed prior to scheduling another visit to the property.

If you have any questions regarding the information listed above, please feel free to contact our office at 919-496-8100. Our office hours are Monday - Friday, from 8:00AM to 5:00PM.

My signature below indicates that I have read the information listed above and that the property will be prepared for an evaluation in accordance with these instructions before scheduling an evaluation. I understand that if the conditions outlined above have not been met, the application will be placed on "Inactive" status and a \$50.00 revisit fee may be assessed before rescheduling.

Location: 100 SKY WAY

X TODD GIBBS

Print & Signature of Owner or Owner's Legal Representative

08/20/2014

Franklin County Development Permit

RESIDENTIAL



Zoning Permit #: 18410

ADDRESS: 100 SKY WAY

PARCEL NO.: 1833-67-0210

ZONING: R-40

SUBDIVISION:

LOT: 1

ISSUED TO:

GIBBS TODD B.

1313 SID MITCHELL ROAD

YOUNGSVILLE NC 27549

PHONE NUMBER: 919 215-7489

SETBACK: FRONT: 50 RIGHT: 20 LEFT: 20 REAR: 50

COUNTY WATER: N/A FLOODPLAIN: N/A MISC FEE:

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: RENOVATION (2 BEDRMS/1BATH)

PERMIT DATE: 08/20/2014

WATERSHED IV

TOWNSHIP YNGS

EXPIRE DATE: / /

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: RENOVATION - FINISHING SECOND FLOOR (2 BEDROOMS & 1 BATH) - NO ZONING FEE

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

APPLICANT'S SIGNATURE:

UTILITY COMPANY: PROGRESS ENERGY WAKE ELECTRIC OTHER

NUMBER OF STORIES: 1 _____ 1 1/2 _____ 2 _____ 2 1/2 _____

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: YES _____ NO _____

FIREPLACE: NO _____ MASONARY _____ MANUFACTURED _____

PLAN SETS: MODULAR _____ STICKBUILT _____

NAME OF:

ELECTRICIAN: _____ MECHANICAL: _____

PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	DAJ	8-20-14		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				



Printed: Aug 20, 2014

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