Fax ~~252-413-9414~~

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

478-3599

Phone: 919-496-8100 CDP# 300893 Fax: 919-496-8136

Permit Number: 2591 Type: I PIN : 2831-64-4117 Date: 4/20/2006

Applicant: BEARHARP PROPERTIES
1344 SOUTH OLD CARRIAGE RD
ROCKY MOUNT, NC 27804
Telephone: (252) 883-9551

Owner: RODNEY A MARSHALL
2328 BANNER RD
EAST POINT, GA 30344
Telephone:

Subdivision: LAKE ROYALE Lot Number: 1220.1221 Size: 1

Physical Address/ Location /Directions SAGAMORE DR 1520 Sagamore

Description: LifeTime _____ 5 Year X

TYPE FACIL ~~Res~~ Camper # EMPLOY 1 # BEDRMS 1 GPD 240 LTAR .35 g/d

TYPE WAT Com TYPE SYS I TYPE REP N/A BSMT N BST FX N/A

SIZE TANK 900 SIZE CHB 1 SIZE NITR 3X180 MTD 30"

COMMENTS 180' Innovative/ Accepted

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 malfuction 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 facilty, 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 5/26/06 EHS _____

CONSTRUCTION AUTHORIZATION DATE 5/26/06 EHS _____

Franklin County Health Department

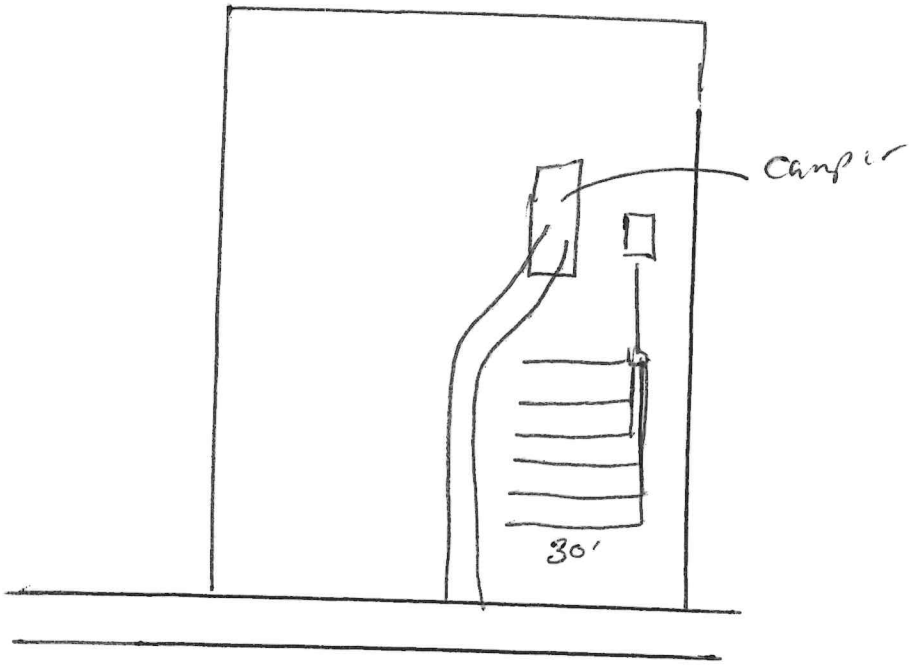
Name: BEARHARP PROPE Permit Number 2591

CONTRACTOR Percy Davis TANK MANU Mills 1000 MANU DATE 4/11/06

WELL INSTALLED YES _____ NO _____ SYSTEM CODE _____

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 5/26/06 EHS

1770

Franklin County DRC Application

Zoning Permit #: 10639 **RESIDENTIAL**

ADDRESS:
PARCEL NO.: **2831-64-4117** ZONING: **A R**
SUBDIVISION: **LAKE ROYALE** LOT: **1220/122**
ISSUED TO: **BEARHARP PROPERTIES**
1344 SOUTH OLD CARRIAGE RD
ROCKY MOUNT, NC 27804
PHONE NUMBER: **252-883-9551**
SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**
COUNTY WATER: **TESI**
PERMIT TYPE: **ZONING P**
TYPE OF CONSTRUCTION: **IC**
PERMIT DATE: **04/19/2006**
TOWNSHIP **CYP** EXI

Changed Site Plan 5/12/06

2/2

1774

Left Wood

It is hereby certified that the above lans submitted with this application conforms with all applicable provisions of the ance. 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.

APPLICANTS SIGNATURE: Mark Beard

UTILITY COMPANY : PROGRESS ENGERY WAKE ELECTRIC OTHER

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

SQUARE FOOTAGE: HEATED 889 UNHEATED TOTAL 889

BASEMENT: N/A YES NO MANUFACTURED

FIREPLACE: N/A MASONARY MANUFACTURED

PLAN SETS: MODULAR SURETY BOND STICKBUILT

NAME OF:

ELECTRICIAN: ALCO MECHANICAL: BAINEY

PLUMBING: J R WOOD

COST OF CONSTRUCTION: 65,000

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	TWD	4/19/06		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW	TH	4-20	TH	4-20-06
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **17670** Permit Type: **SEPTIC PERMIT** Date Issued: **04/19/2006**

Project Address: ,

Location: Size #: **1.000**

Subdivision: **LAKE ROYALE** Lot #: **1220/1221**

Applicant: **BEARHARP PROPERTIES**
1344 SOUTH OLD CARRIAGE RD
ROCKY MOUNT NC 27804 Phone: **252-883-9551**

Owner: **MARSHALL RODNEY A**
2328 BANNER RD
EAST POINT, GA 30344 Phone:

Tax record: **21714** Pin #: **2831-64-4117** Parcel #: **LR0707 1220**

Zoned: **A R** Setbacks Front: **30** Rear: **25** Side: **10**

Proposed Use: **COTTAGE** # of bedrooms: **2** # of people: **2**

Township: **CYPRESS** Public Water/Sewer: **TESI (LK ROY)** ST Road #:

Desc: Fees Due: **$275.00** Date Paid: **04/19/2006**

*** 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 ___Alternative ___Innovative ___Modified Conventional
___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 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.)

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

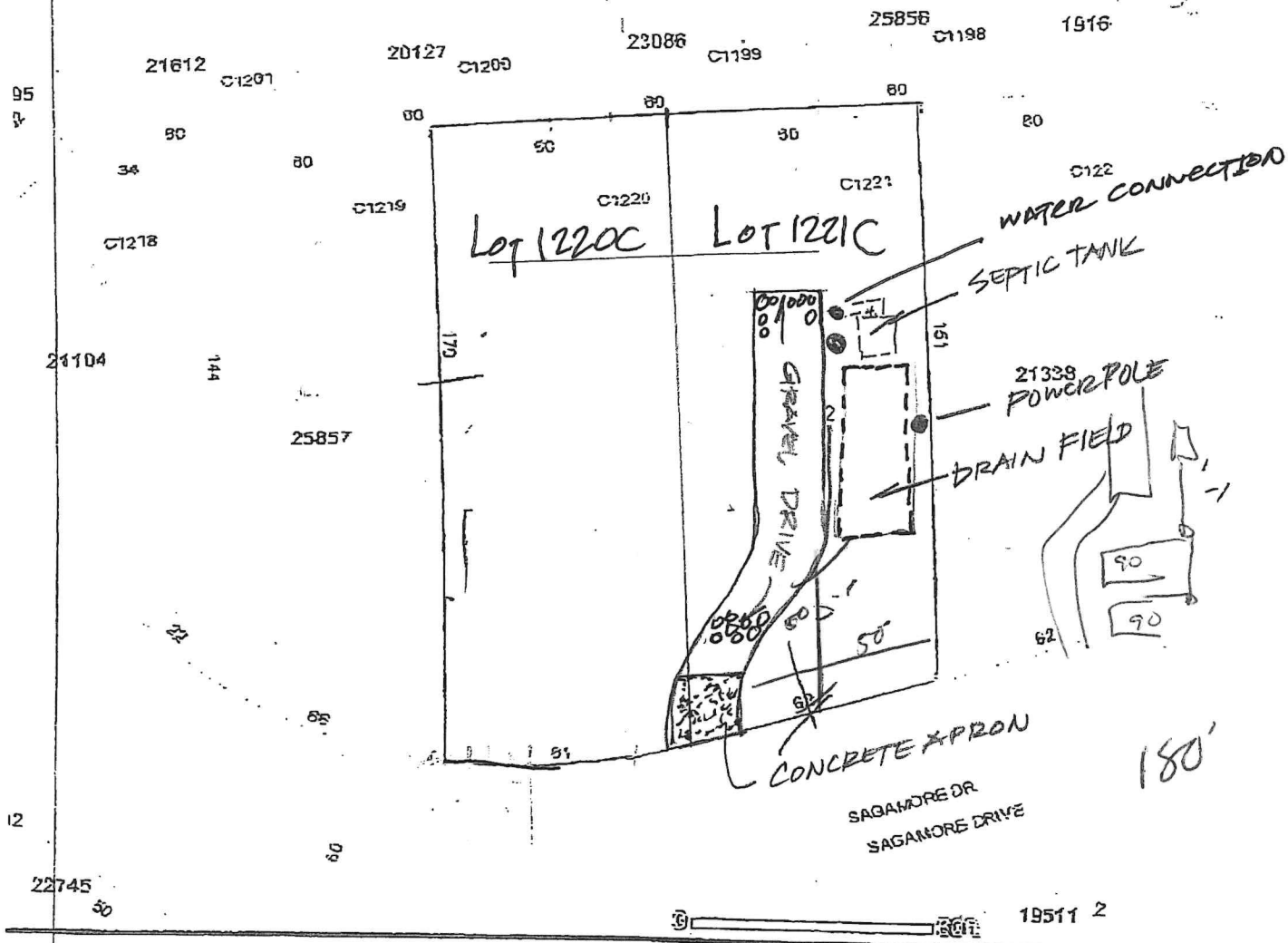
I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. If information in application for improvement permit is falsified, changed or site is altered, then improvement permit and authorization to construct shall become invalid. Authorized county representatives are granted right of entry to make evaluations or inspections, and to release information upon public request.

X MARK BEARD 04/19/2006

Print & Signature of Owner or Owner's Legal Representative

Output

Franklin County GIS Online



2531-64-4117

FOR CAMPER

~~SITE PLAN~~

~~LOT 1220 & 1221~~

SITE PLAN

LOT 1221

BEARD 252 883 9551

COUNTY OF FRANKLIN

2591

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **17670** Permit Type: **SEPTIC PERMIT** Date Issued: **04/19/2006**

Project Address: ,

Location:

Size #: **1.000**

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Lot #: **1220/1221**

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Township: **CYPRESS** Public Water/Sewer: **TESI (LK ROY)** ST Road #:

Desc: Fees Due: **$275.00** Date Paid: **04/19/2006**

*** 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 ___Alternative ___Innovative ___Modified Conventional
___Other ___✓___ No Preference

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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 application for improvement permit is falsified, changed or site is altered, then improvement permit and authorization to construct shall become invalid. Authorized county representatives are granted right of entry to make evaluations or inspections, and to release information upon public request.

X MARK BEARD

Print & Signature of Owner or Owner's Legal Representative

04/19/2006

17670

Franklin County DRC Application

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SUBDIVISION: **LAKE ROYALE** LOT: **1220/122**
ISSUED TO: **BEARHARP PROPERTIES**
1344 SOUTH OLD CARRIAGE RD
ROCKY MOUNT, NC 27804
PHONE NUMBER: **252-883-9551**
SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**
COUNTY WATER: **TESI** FLOODPLAIN: **NO**
PERMIT TYPE: **ZONING PERMIT**
TYPE OF CONSTRUCTION: **COTTAGE - NEW SEPTIC**
PERMIT DATE: **04/19/2006** WATERSHED **NO**
TOWNSHIP **CYP** EXPIRE DATE: **10/19/2006**

2/2

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.

APPLICANTS SIGNATURE: Mark Beard

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 _____ MASONARY _____ MANUFACTURED _____
PLAN SETS: MODULAR _____ SURETY BOND _____ STICKBUILT _____

NAME OF:

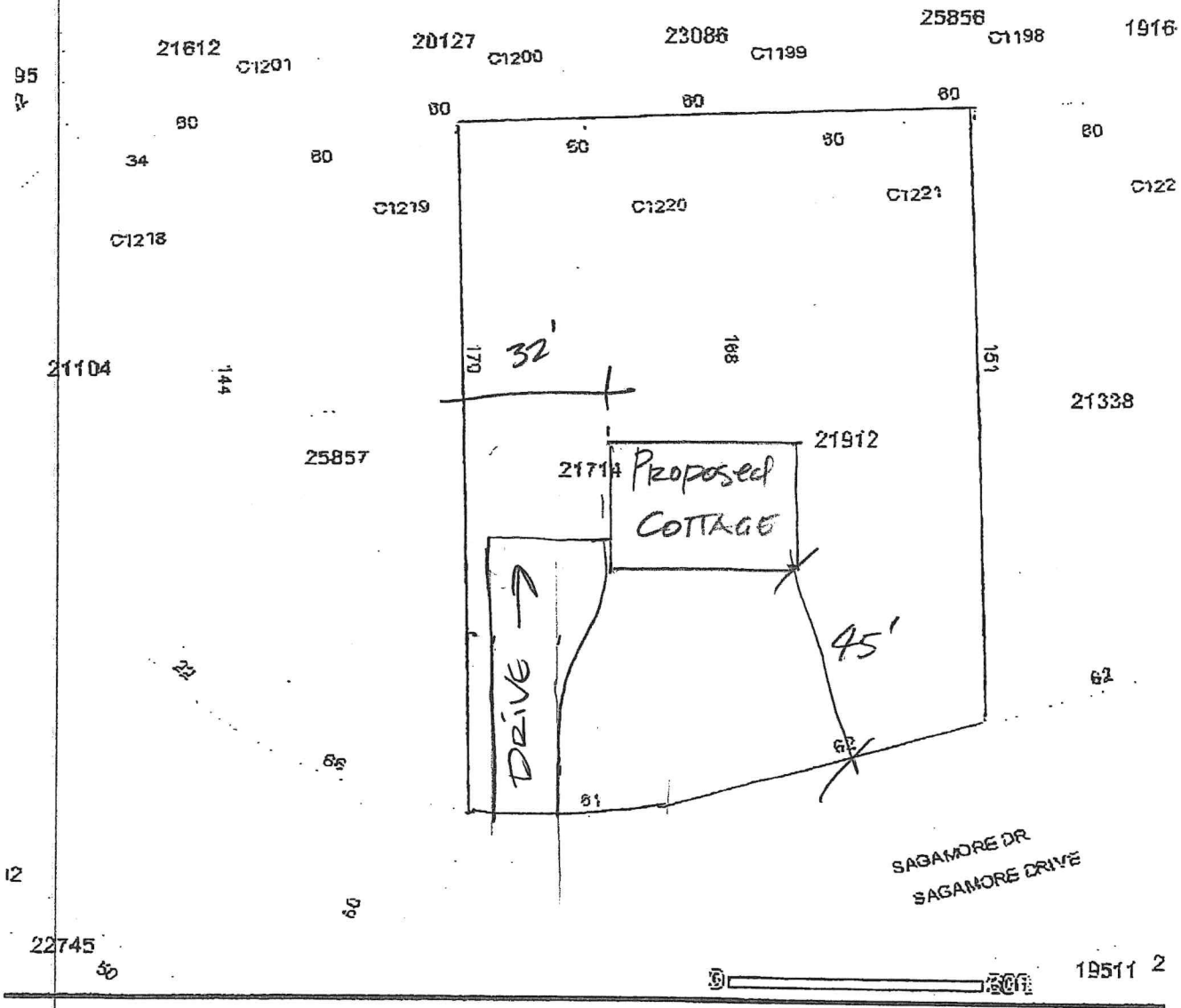
ELECTRICIAN: _____ MECHANICAL: _____
PLUMBING: _____
COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
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PLAN REVIEW				
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SEPTIC/SEWER				
FINAL PERMITTING				

Franklin County GIS Online



2831-64-4117

SITE PLAN

#1220 & 1221

LOT C1220 & C1221