email - blatvala @ advantageeb.com



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

Fax 919-556 1451

**Phone: 919-496-8100**

**Fax: 919-496-8136**

919 556 1451

# SEPTIC PERMIT

Permit Number: 8663 Type: I PIN : 1881-42-6889 Date: 3/24/2016

Applicant: SEQUOIA HOMES LLC
1304 FLEMMING HOUSE ST
WAKE FOREST, NC 27587
Telephone: (919) 669-2728

Owner: BRAEBURN PARTNERS LLC
7421 NEW FOREST LANE
WAKE FOREST, NC 27587
Telephone:

Subdivision: BRAEBURN Lot Number: 32 Size: 0.920

Physical Address/ Location /Directions 110 MUIRFIELD RD

Description: LifeTime _____ 5 Year X

TYPE FACIL SFD # EMPLOY / # BEDRMS 4 GPD 480 LTAR .3 g/d

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

SIZE TANK 1000 SIZE CHB / SIZE NITR 3'x400' MTD 20"

COMMENTS: 400' Accepted drainline - 20" Trench depth.

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 4/15/16 EHS [signature]

CONSTRUCTION AUTHORIZATION DATE 4/15/16 EHS [signature]

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

# Franklin County Health Department

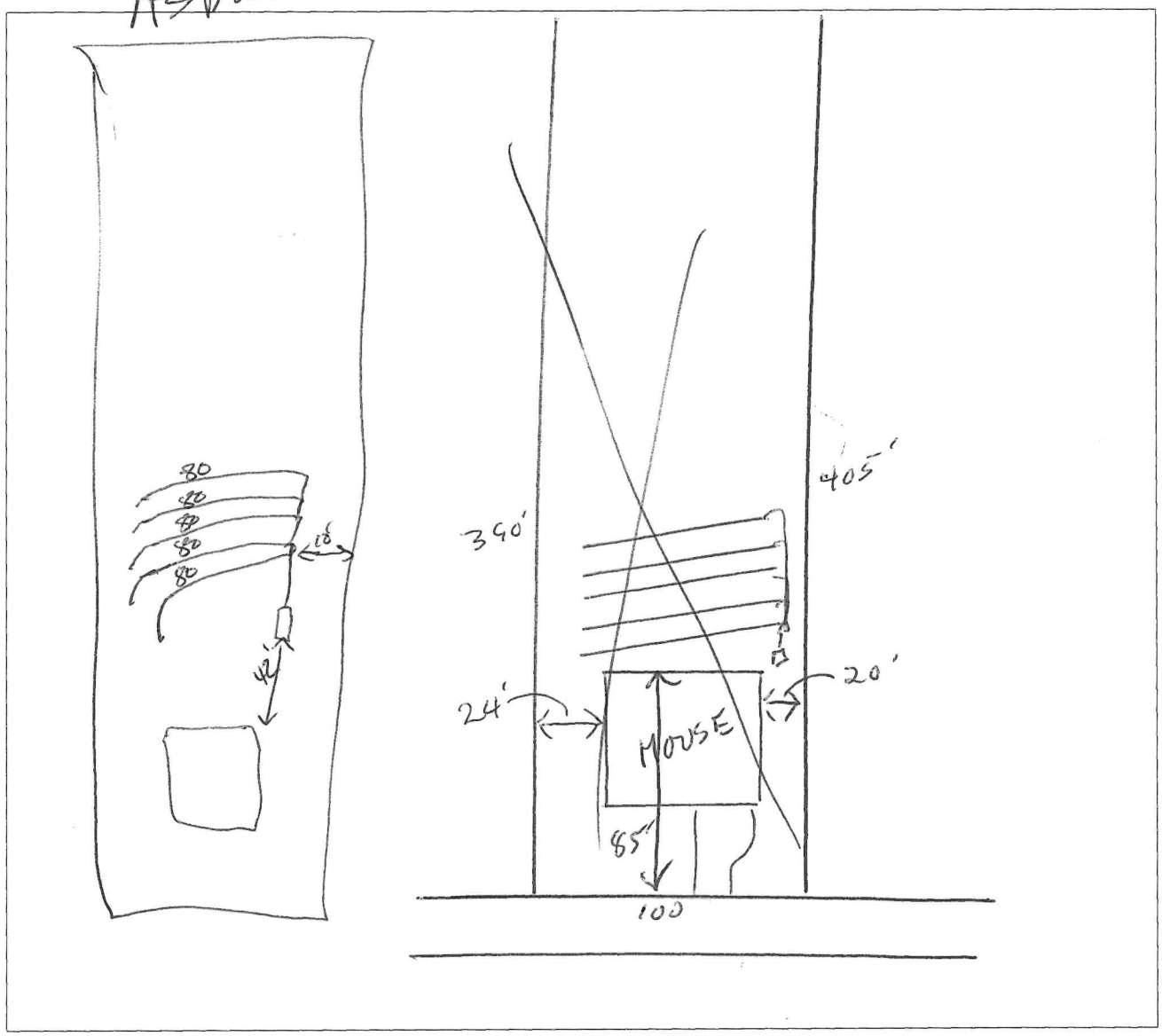
Name: SEQUOIA HOMES L  Permit Number 8663

CONTRACTOR DBT Sons  TANK MANU DS 1000  MANU DATE 5-20-16

WELL INSTALLED YES _____  NO X  SYSTEM CODE EZ1203-NG

As built

**SEPTIC SYSTEM LAYOUT**
(SKETCH SYSTEM LAYOUT HERE)




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

OPERATIONS PERMIT  DATE 5/3/16  EHS

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **41308** Permit Type: **SEPTIC PERMIT** Date Issued: **03/24/2016**

Project Address: **110 MUIRFIELD DR,**

Location: **110 MUIRFIELD DR**

Subdivision: **BRAEBURN (WATER)** Size #: **0.920**

Lot #: **32**

Applicant: **SEQUOIA HOMES LLC**
**1304 FLEMMING HOUSE ST**
**WAKE FOREST NC 27587**

Phone: **9196692728**

Owner Name: BRAEBURN PARTNERS LLC

Owners Address: 7421 NEW FOREST LANE Phone: 201-2227
WAKE FOREST NC 27587

Tax record: **39451** Pin #: **1881-42-6889** Parcel #: **F09H00 032**

Zoned: **R-15** Setbacks Front: **30** Rear: **25** Side: **10**

Proposed Use: **SFD** # of bedrooms: **4** # of people: **4**

Township: **HARRIS** Public Water/Sewer: **COUNTY** ST Road #:

Desc: **1881-42-6889** Fees Due: **$400.00** Date Paid: **03/24/2016**

*** Please complete all sections below***

____ Yes __K__ No Does this site contain any previously identified jurisdictional wetlands?
____ Yes __K__ No Is any wastewater, other than domestic, going to be generated?
____ Yes __K__ 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 __K__ 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 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 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 invalidAuthorized county representatives are granted right of entry to make these evaluations or inspections, and to release information upon public request.

X Robert Latvaky 03/24/2016

**Print & Signature of Owner or Owner's Legal Representative**

# Franklin County Development Permi

**Zoning Permit #: 19891** **RESIDENTIAL**

ADDRESS: **110 MUIRFIELD DR**

PARCEL NO.: **1881-42-6889** ZONING: **R-15**

SUBDIVISION: **BRAEBURN (WATER)** LOT: **32**

ISSUED TO: **SEQUOIA HOMES LLC**
**1304 FLEMMING HOUSE ST**
**WAKE FOREST NC 27587**

PHONE NUMBER: **9196692728**

SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**

COUNTY WATER: **YES** FLOODPLAIN: **NO** MISC FEE:

PERMIT TYPE: **ZONING PERMIT**

TYPE OF CONSTRUCTION: **SFD/NEW SEPTIC**

PERMIT DATE: **03/24/2016** WATERSHED **NO**

TOWNSHIP **HAR** EXPIRE DATE: **09/23/2016** 4/4

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:***

_____

**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* | JTR | 3/24/16 | | |
| *INITIAL PERMITTING* | | | | |
| *ADDRESSING* | | | | |
| *PLAN REVIEW* | | | | |
| *FIRE REVIEW* | | | | |
| *SEPTIC/SEWER* | | | | |
| *FINAL PERMITTING* | | | | |

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 Environmenatl 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 revist 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: **110 MUIRFIELD DR**

X Robert Latusky — **03/24/2016**

**Print & Signature of Owner or Owner's Legal Representative**

50 25 0 50 100

SCALE 1"=50'

PRELIMINARY PLOT PLAN FOR

# CHARLIE McCARTER

LOT 32, BRAEBURN SUBDIVISION, PH.I

110 MUIRFIELD DRIVE

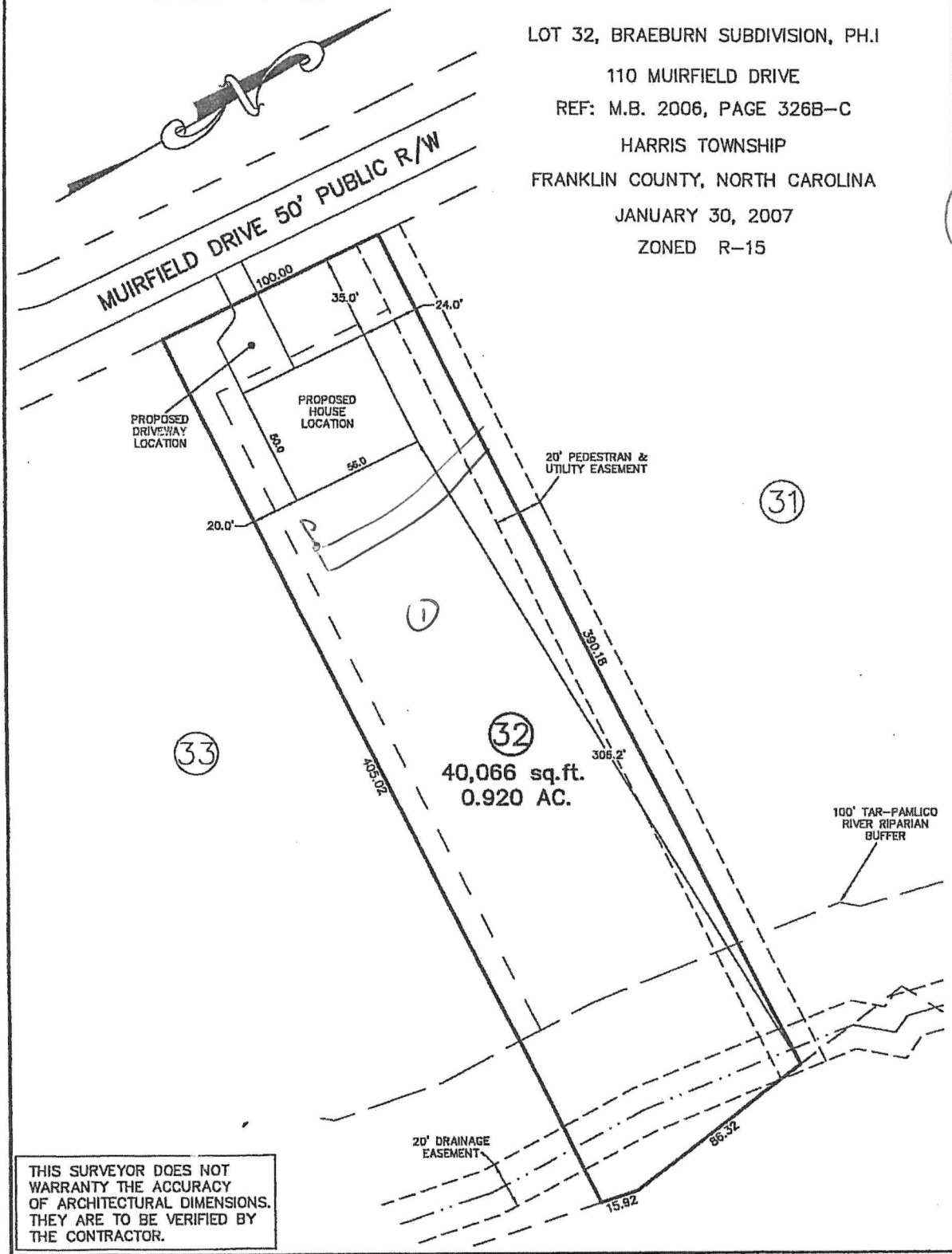
REF: M.B. 2006, PAGE 326B–C

HARRIS TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

JANUARY 30, 2007

ZONED R–15




THIS SURVEYOR DOES NOT WARRANTY THE ACCURACY OF ARCHITECTURAL DIMENSIONS. THEY ARE TO BE VERIFIED BY THE CONTRACTOR.


CAWTHORNE, MOSS & PANCIERA, P.C.

Professional Land Surveyors

333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556–3148


**NOTES:**
**–THIS PLAN DOES NOT REFLECT AN ACTUAL SURVEY. IT IS A PRELIMINARY PLAN AND SHOULD BE USED FOR ITS INTENDED PURPOSE ONLY.**
**–NOT FOR RECORDATION, CONVEYANCES, OR SALES.**

1.39 a/a 20'

O-18
SC
18-24
SCC
24-44
SC
F, S, P
38K
DMO
34'