Pickup

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

Phone: 919-496-8100 **Fax: 919-496-8136**

Permit Number: 2392 Type: I PIN : 1834-66-6622 Date: 3/6/2006

Applicant: TRIANGLE CLASSIC HOMES INC
PO BOX 90383
RALEIGH, NC 27675
Telephone: (919) 795-9490

Owner: TRIANGLE CLASSIC HOMES INC
PO BOX 90383
RALEIGH, NC 27675
Telephone: (919) 795-9490

Subdivision: STONERIDGE Lot Number: 75 Size: 1

Physical Address/ Location /Directions ~~SILTSTONE DR~~ 90 River Rock Way Franklinton

Description: LifeTime _____ 5 Year ✓

TYPE FACIL RES # EMPLOY_____ # BEDRMS 4 GPD 480 LTAR .3

TYPE WAT County TYPE SYS Accepted TYPE REP PtoA BSMT No BST FX N/A

SIZE TANK 1000 SIZE CHB N/A SIZE NITR 3x400' MTD 30"

COMMENTS Maintain all setbacks. Install drainlines on contour.

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 3-22-06 EHS Thad Leonard

CONSTRUCTION AUTHORIZATION DATE 3-22-06 EHS Thad Leonard

Franklin County Health Department

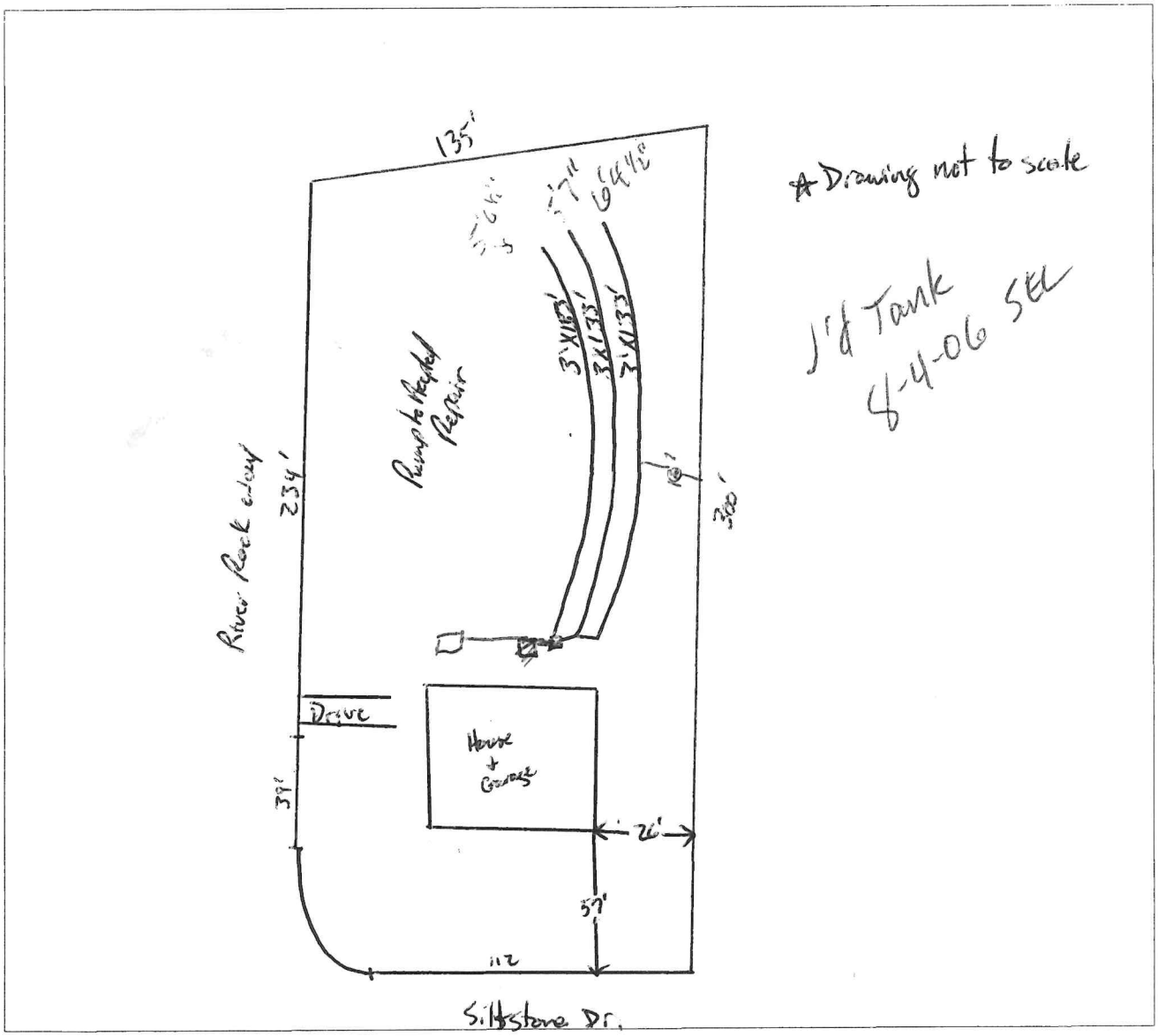
Name: TRIANGLE CLASSIC Permit Number 2392

CONTRACTOR Gulley TANK MANU Mills 1000 MANU DATE 6-9-06

WELL INSTALLED YES _____ NO X SYSTEM CODE EZ1203T-N-6

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 6-8-06 EHS Chad Leonard

2392 Pickup

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **17226** Permit Type: **SEPTIC PERMIT** Date Issued: **03/03/2006**

Project Address: **SILTSTONE DR,**

Location: **SILTSTONE DR** Size #: **1.000**

Subdivision: **STONERIDGE** Lot #: **75**

Applicant: **TRIANGLE CLASSIC HOMES INC**
PO BOX 90383
RALEIGH NC 27675 Phone: **795-9490**

Owner: **TRIANGLE CLASSIC HOMES**
P.O. BOX 90383
RALEIGH, NC 27675 Phone: **795-9490**

Tax record: Pin #: **NO PIN** Parcel #:

Zoned: **R-40** Setbacks Front: **50** Rear: **50** Side: **20**

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

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

Desc: Fees Due: **$275.00** Date Paid: **03/03/2006**

*** 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 Ralph T Rohr 03/03/2006

Print & Signature of Owner or Owner's Legal Representative

Franklin County DRC Application

Zoning Permit #: 10399 **RESIDENTIAL**

ADDRESS: **SILTSTONE DR**
PARCEL NO.: **NO PIN** ZONING: **R-40**
SUBDIVISION: **STONERIDGE** LOT: **75**
ISSUED TO: **TRIANGLE CLASSIC HOMES**
P.O. BOX 90383
RALEIGH, NC 27675
PHONE NUMBER: **795-9490**
SETBACK: FRONT: **50** RIGHT: **20** LEFT: **20** REAR: **50**
COUNTY WATER: **YES** FLOODPLAIN: **NO**
PERMIT TYPE: **ZONING PERMIT**
TYPE OF CONSTRUCTION: **SFD-NEW SEPTIC**
PERMIT DATE: **03/03/2006** WATERSHED **WS II**
TOWNSHIP **YNGS** EXPIRE DATE: **09/03/2006**

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: PARENT TRACT PIN: 1834-75-0304

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

APPLICANTS SIGNATURE: for Triangle Classic Homes, Inc.

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:

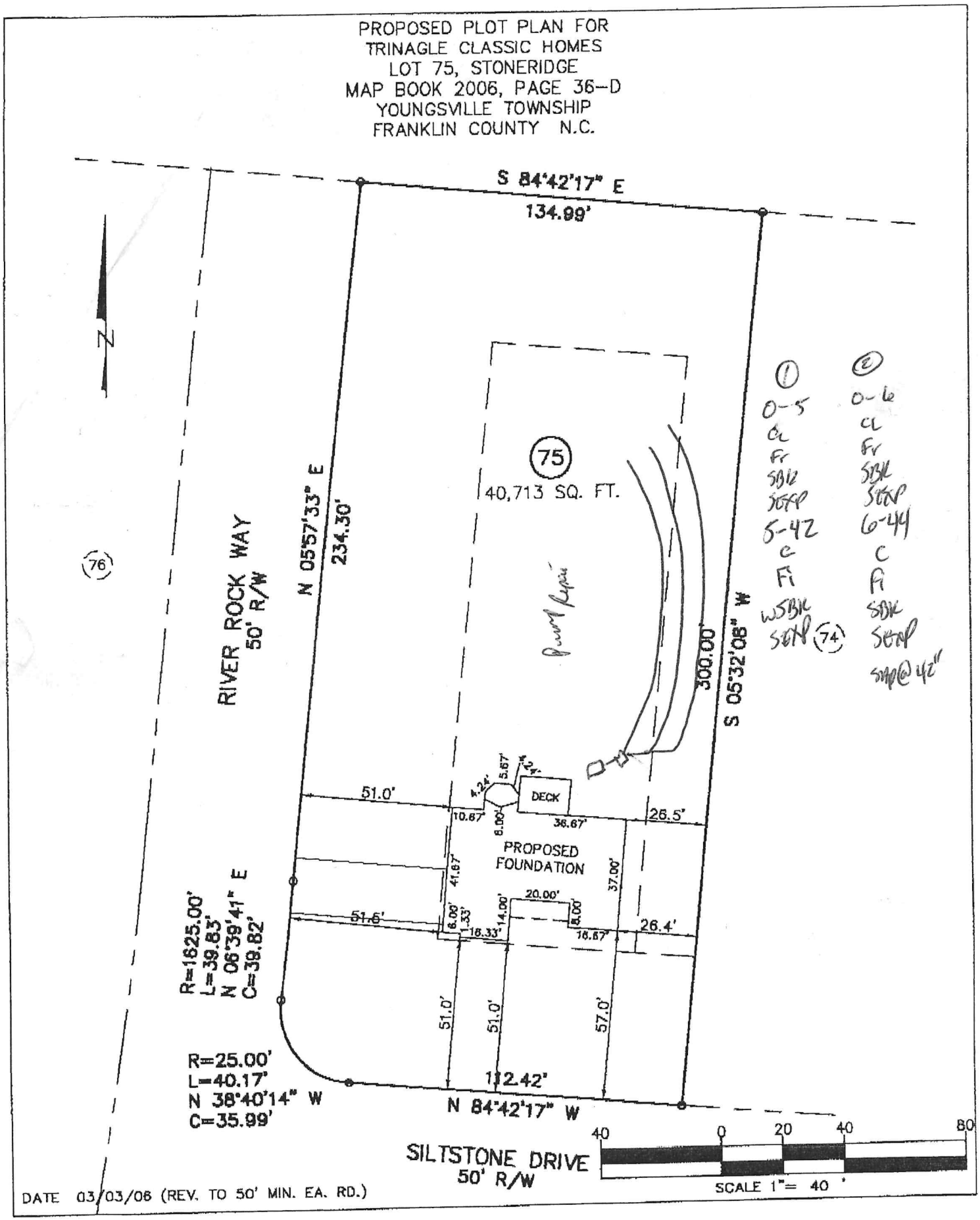
ELECTRICIAN: _____ MECHANICAL: _____
PLUMBING: _____
COST OF CONSTRUCTION: _____ 17226

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	STR	3/3/06		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

PROPOSED PLOT PLAN FOR
TRINAGLE CLASSIC HOMES
LOT 75, STONERIDGE
MAP BOOK 2006, PAGE 36-D
YOUNGSVILLE TOWNSHIP
FRANKLIN COUNTY N.C.



DATE 03/03/06 (REV. TO 50' MIN. EA. RD.)