

CRAVEN COUNTY HEALTH DEPARTMENT
 P.O. DRAWER 12610
 NEW BERN, NC 28561
 (252) 636-4936 FAX (252) 636-1474
 "WORKING TOGETHER FOR YOUR HEALTH"

Lot
 63

Improvement Permit

Application Number 05-00000734 Date 9/22/05
 Property Address 6000 ADAMS CREEK RD
 Parcel Id 5-024 -007
 Tenant nbr, name LOT 63 FULSHIRE PLANTATIO
 Application description EH - SEPTIC TANK APPLICATION - NEW
 Subdivision Name
 Property owner POTTER, MARY N ET AL
 Owner address 200 SHERWOOD BLVD
 BEAUFORT NC 285161622
 (252) 728-3316

----- Structure Information 3 BEDROOM HOUSE -----
 Occupancy Type RESIDENTIAL
 Other struct info PARCEL SIZE 122.00
 NAME OF SUBDIVISION FULSHIRE PLANTA
 LOT# 63
 SECTION 1
 WATER SUPPLY PUBLIC
 IND PROCESS WW? (Y/N) N
 IP SYSTEM TYPE 2C
 IP REPAIR AREA TYPE 2C
 NUMBER OF BEDROOMS 3
 NUMBER OF OCCUPANTS 6
 MAXIMUM DESIGN FLOW (GPD) 360
 SITE IMPROVEMENTS REQ'D N

Permit IMPROVEMENT PERMIT
 Additional desc 110 BAREFOOT COURT
 Issue Date 9/22/05 Valuation 0

★ Special Notes and Comments
 Subdivision has existing ditches and canals that discharge to (or close proximity to) Adams Creek. The S/D developers propose to fill existing ditches & install drainage ditches to pond as per the drainage plan drawing filed with Craven County Planning Office & approximated on these sketches. Construction Authorizations cannot be issued until existing ditches/canals located too close to proposed systems have been properly removed & new drainage installed meeting setbacks. FORCE MAINS RUNNING UNDER ROADS AND IN UTILITY EASEMENTS SHOULD BE INSTALLED PRIOR TO ROAD AND DRIVE PAVING. See notes on IP sketches!

IMPROVEMENT PERMIT (IP AND CA NEEDED FOR BUILDING PERMIT)
 THIS PERMIT IS SUBJECT TO REVOCATION IF THE SITE PLANS,
 PLAT, SITE CONDITIONS, OR INTENDED USE CHANGE.
 THIS PERMIT DOES NOT EXPIRE.
 AUTHORIZED AGENT: Mark W. Murphy, R.S.



CONDITIONS OF THE IMPROVEMENT PERMIT

GENERAL:

Do not disturb the area designated for the wastewater system and repair area. The improvement permit can become invalid and be revoked if the site or soil conditions are altered.

The improvement permit allows only those site improvements necessary for the proper functioning of the system, such as fill or drainage. Call for inspection after the improvements are installed. Do not install the wastewater system until the construction authorization is issued.

A pump, pump chamber, and all appurtenances may be required at any time if gravity feed cannot be maintained. This addition must be approved by the health department prior to installation.

System types IVa and higher will require a certified system operator. A contract shall be executed between the system owner and the operator prior to the issuance of the operation permit. It shall be a condition of the operation permit that subsequent owners of the system execute such a contract. It shall be the responsibility of the owner to inform potential subsequent owners of the system type, operational needs and contract requirements. Contact the Craven County Health Department at (252) 636-4936 for details and a Wastewater System Operator Designation form.

FILL SYSTEMS (MOUND SYSTEMS):

Any required fill material must be placed on the site per the attached fill (mound) system specification sheet.

DRAINAGE SYSTEMS:

Drainage must be installed in accordance with the cut sheet. A new cut sheet will be required if the reference markers are moved or destroyed. Drainage systems required as part of the improvement permit must be inspected prior to issuance of the construction authorization.

TRANSFERABILITY:

The improvement permit shall not be affected by a change in ownership of the site provided both the site for the wastewater system and the facility the system serves are unchanged and remain under the ownership or control of the person owning the facility.

NOTE:

This permit does not exempt you from any rule, regulation or ordinance of any federal, state, and/or local agency nor any restrictive covenant. You must comply with all restrictive covenants, rules, regulations or ordinance prior to building, locating or relocating a residence, business, or place of public assembly.

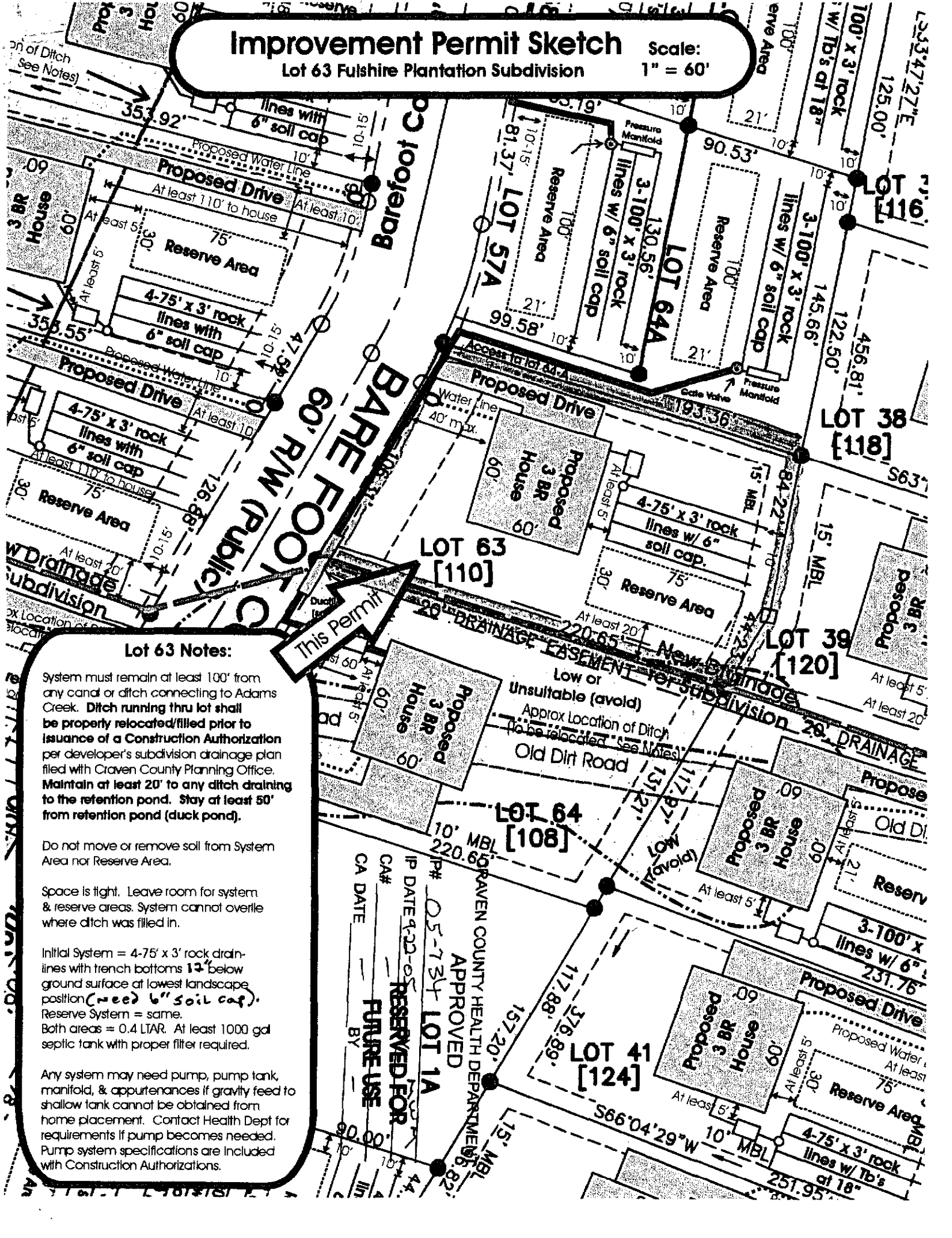
TABLE OF SYSTEM TYPES

1A-1E	Contact Health Department for details	3E	PPBPS system, gravity dosed
		3F	Large diameter pipe system
2A	Conventional septic system (<480 gpd or single-family residence)	3G	Other non-conventional trench systems
2B	Conventional septic system (≤750 linear ft of drainline)		
2C	Conventional septic system with shallow placement	4A	Any system with LPP distribution
		4B	System with more than 1 pump or siphon
3A	Conventional system > 480 gpd (except single-family residence)		
3B	System with single effluent pump or siphon	5A-5D	Contact Health Department for details
3C	Gravity fill system		
3D	Dual gravity-field system	6A-6B	Contact Health Department for details

Improvement Permit Sketch

Lot 63 Fulshire Plantation Subdivision

Scale:
1" = 60'



Lot 63 Notes:

System must remain at least 100' from any canal or ditch connecting to Adams Creek. Ditch running thru lot shall be properly relocated/filled prior to issuance of a Construction Authorization per developer's subdivision drainage plan filed with Craven County Planning Office. Maintain at least 20' to any ditch draining to the retention pond. Stay at least 50' from retention pond (duck pond).

Do not move or remove soil from System Area nor Reserve Area.

Space is tight. Leave room for system & reserve areas. System cannot overlie where ditch was filled in.

Initial System = 4-75' x 3' rock drain-lines with trench bottoms 12" below ground surface at lowest landscape position (need 6" soil cap). Reserve System = same. Both areas = 0.4 LTAR. At least 1000 gal septic tank with proper filter required.

Any system may need pump, pump tank, manifold, & appurtenances if gravity feed to shallow tank cannot be obtained from home placement. Contact Health Dept for requirements if pump becomes needed. Pump system specifications are included with Construction Authorizations.

This Permit

CRAVEN COUNTY HEALTH DEPARTMENT
APPROVED
IP# 05-734 LOT 1A
RESERVED FOR FUTURE USE
CA# _____
CA DATE _____
BY _____

3-24-05

Application Date: 3/23/05

Application #: 05-734

Craven County

Planning and Inspections
2828 Neuse Blvd.
New Bern, NC 28562
Planning- (252) 636-6618 Fax (252) 636-5190
Permitting/Inspections- (252) 636-4987
Fax (252) 636-4984

Office Use Only	
Fees Paid? Yes <input type="checkbox"/> no <input type="checkbox"/>	Amount Paid \$ _____
Method of payment: Cash <input type="checkbox"/> Check <input type="checkbox"/>	
Other: _____	
Disaster related? <input type="checkbox"/>	Fees waived? <input type="checkbox"/>
Comments: _____	

GENERAL INFORMATION

Applicant Information

Name: Coastal Marketing + Dev. Co Address: 309 Middle St
 City: New Bern State: NC Zip: 28560 Home Phone: _____
 Work Phone: 252-633-6091 Driver's License #: _____ State: NC
 * What name is listed with the power company? _____

Property Owner Information (if different from above)

Name: MARY N PETER ET AL Address: 200 SHAWWOOD BLVD
 City: BRIEFENT State: NC Zip: 28516 Home Phone: 728-4723
 Work Phone: _____ Driver's License #: _____ State: _____

Property Information ** NOTE: An address must be assigned before proceeding with this application **

Address: 6000 ADAMS CREEK ROAD Parcel ID: 5-024-007
 City: Twp 5 State Road # (if applicable): SRI 700 Parcel size (acres): .64
 Is the property located within an approved Subdivision? Yes No Mobile Home Park? Yes No
 If Yes, Name of Subdivision or MHP: Fulshire Plantation
 Lot #: 63 Section/Phase: T Year Recorded: _____
 Did you (or the listed property owner) own this property on Jan. 1st of the previous year? Yes No
 Directions (attach map and indicate approximate location of construction): _____

Permit Information- Please indicate which permit(s) you are applying for:

- | | |
|--|---|
| <input type="checkbox"/> Building Inspections Permit | <input type="checkbox"/> Development in a Flood Hazard Area |
| <input type="checkbox"/> Mobile Home Inspection | <input checked="" type="checkbox"/> New Septic Tank/Flow Increase/Change in Use/
Foundation Increase affecting existing system |
| <input type="checkbox"/> Existing Septic Tank | <input type="checkbox"/> Preliminary Tract Evaluation |
| <input type="checkbox"/> Non-Public Well/Water Supply Construction | <input type="checkbox"/> Repair of an Existing Septic Tank |
| <input type="checkbox"/> Non-Public Well/Water Supply Operation | |

LAND USE

* If you are adding on to an existing home or placing an accessory or detached structure on your property, please illustrate the proposed location in the space provided below.

Proposed Development:

New Construction

Fill/Excavation

Alteration/Repair

Grading

Subdivision (requires board approval).....# of proposed lots 62

Mobile Home Park (requires board approval).....# of proposed lots _____

Other (explain in detail): _____

Type of Construction (please check only one):

Single-family House

Modular Home

Mobile Home (If NOT in a Mobile Home Park, how many mobile homes are currently on the parcel? _____)

What is the total number proposed to be on the parcel? _____)

Commercial/Non-residential

Multi-family Units

Accessory Structure (explain in detail): _____

Size of Proposed Development: _____ ft. x _____ ft. Location on property: (* See box at top)

**** If more than one manufactured home is on one parcel of land, you may be required to follow the guidelines of the Craven County Mobile Home Park Ordinance.**

Are there any structures on the property that are to be removed or demolished? Yes ___ No ___

**If yes, explain in detail: _____

NOTE: The permit applied for with this application may be in a mapped Flood Hazard Area. Determination of whether you are in the Flood Hazard Area is not determined by evaluation, but where your property is located on the flood maps. Before you make any expenditure of funds, you are advised to check with the Craven County Planning and Inspections Department to be informed of any necessary requirements. Additionally, this property may contain designated wetlands. You are advised to check with the Army Corp of Engineers to be advised of any additional necessary requirements.

If permits are granted, I agree to conform to all applicable ordinances and laws of Craven County, the State of North Carolina, and applicable federal regulations that apply to the specifications or plans submitted for review. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Owner/Applicant Signature _____

Date 3-22-05

Land Use Review

****To be completed by Planning Department****

- | | |
|---|--|
| 1. Proposed development in floodplain? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, flood disclosure statement must be signed by applicant. | 8. Riparian Buffer required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Elevation Certificate required? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Other buffers required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Engineering Certification required? <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Setbacks required? <input type="checkbox"/> Yes <input type="checkbox"/> No
front _____ side _____ rear _____ side street _____ |
| 4. Flood Development Permit required? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Wetlands? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. AICUZ? If yes, what zone? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Easements? <input type="checkbox"/> Yes <input type="checkbox"/> No
rear _____
front _____
side _____ |
| 6. Airport zoning? If yes, height restriction _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Property subject to CAMA setback? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the setback? _____ feet | |

If within an approved Subdivision or MHP, give name/phase: _____

Mobile Home Exemption form required? Yes No If yes, what is the relation to land owner? _____

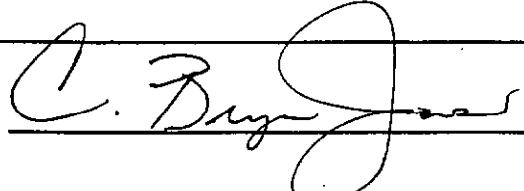
Site Visit Required? Yes No

Comments: _____

IMPROVEMENT PERMIT FOR NEW SUBDIVISION. PERK TEST ONLY!

Approved? Yes No On hold

If not approved, explain the conditions needed for approval: _____

Planner Signature:  Date: 3/23/05

I have read and understand the above information.

Applicant Signature: _____ Date: _____

Application Date: 3/23/05
Application Type Code: EH4

Application #: DS-234
Fees Paid? yes no Amount: _____
Appointment requested? yes no

Craven County

Planning and Inspections
2828 Neuse Blvd.
New Bern, NC 28562
Planning (252) 636-6618, fax (252) 636-5190
Inspections (252) 636-4987, fax (252) 636-4984

Type of Map Submitted	
<input type="checkbox"/>	Survey Plat to Scale 1" = no more than 60'
<input type="checkbox"/>	Scaled Site Plan 1"= no more than 60'
<input type="checkbox"/>	Unscaled site plan

SEPTIC TANK SYSTEM: NEW CONSTRUCTION/FLOW INCREASE or CHANGE IN USE/FOUNDATION INCREASE AFFECTING SYSTEM

Improvement Permit Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND/OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid either for 60 months or without expiration depending upon documentation submitted.

Applicant: Coastal Marketing + Dev. Co Owner: Mary R. Porter Et Al

Water Supply:
 new well existing well public community well public, but well on site

- New Construction
 - House
 - Modular home
 - Manufactured home SW DW TW
 - Business that generates only sewage
 - Business that generates effluent other than sewage (e.g. Industrial Process Wastewater)
 - Place of Public Assembly (describe) _____

* Residence will have <u>3</u> bedrooms and <u>6</u> persons. The "footprint" of the building will be <u>50</u> ft. x <u>50</u> ft.
--

If business or place of public assembly, please list the factors (e.g. number of seats, number of employees, etc.) required to determine wastewater system design flow and effluent type by attaching the completed "Business & Place of Assembly Questionnaire."

- Flow Increase
- Change in Use of System (existing)
- Foundation Increase Affecting System
 - House*
 - Manufactured home SW DW TW
 - Changes to Business or Place of Public Assembly that generate only sewage (describe) _____

* I will add _____ bedrooms for a total of _____ bedrooms and _____ persons. The "footprint" of the home <input type="checkbox"/> will (or) <input type="checkbox"/> will not increase by _____ ft. x _____ ft.

____ Changes to Businesses that may generate effluent other than sewage (e.g. Industrial Process Wastewater) (describe) _____

If business or place of public assembly, please list the factors (e.g. Number of seats, number of employees, etc.) required to determine wastewater system design flow by attaching the completed "Business & Place of Assembly Questionnaire." Please include information on the original business/system and your proposed changes.

Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)

____ Alternative Conventional ____ Innovative ____ Modified Conventional ____ Other (specify) _____

The applicant shall notify the Craven County Health Department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes," applicant must attach supporting documentation.

Is there wastewater going to be generated on the site other than domestic sewage? ____ yes no

Are there any easements or rights-of-way on this property? ____ yes no

Are there any designated wetlands on this property? ____ yes ____ no

Are there any wells, springs, or existing water lines on this property? ____ yes no

Is this facility subject to approval by another public agency? yes ____ no

NOTE: You are advised to contact the appropriate building inspections department to obtain a zoning permit before applying for an Improvement Permit.

I CERTIFY THAT THERE ARE NO PROPOSED CHANGES IN THE PLAT OR SITE PLAN THAT WILL AFFECT THE PLACEMENT OF THE PROPOSED WASTEWATER SYSTEM.

IMPROVEMENT PERMIT #: _____

Comments: _____

Other Federal, State and/or Local agencies may have rules, regulations or ordinances that affect the use of your property. You must comply with those rules, regulations or ordinances and restrictive covenants before building, locating or relocating a structure onto your property.

Applications will be returned to applicant if found to be incomplete, sites are not accessible for evaluation and/or property is not properly identified.

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete evaluation can be performed.

Signature _____ Date _____

(*) ____ Owner (or) ____ Owner's Legal Representative

(**) Signature of CP Employee Witness or Notary Public Signature _____

* Must provide documentation to support claim as owner's legal representative
** The signature of the owner or owner's legal representative must be witnessed by a Central Permitting employee or a Notary Public.

SITE PLAN WORKSHEET

Check each item below that is included on your site plan. Incomplete site plans will be returned to you for completion. In addition to this site plan, please submit any additional survey map(s) you may have available.

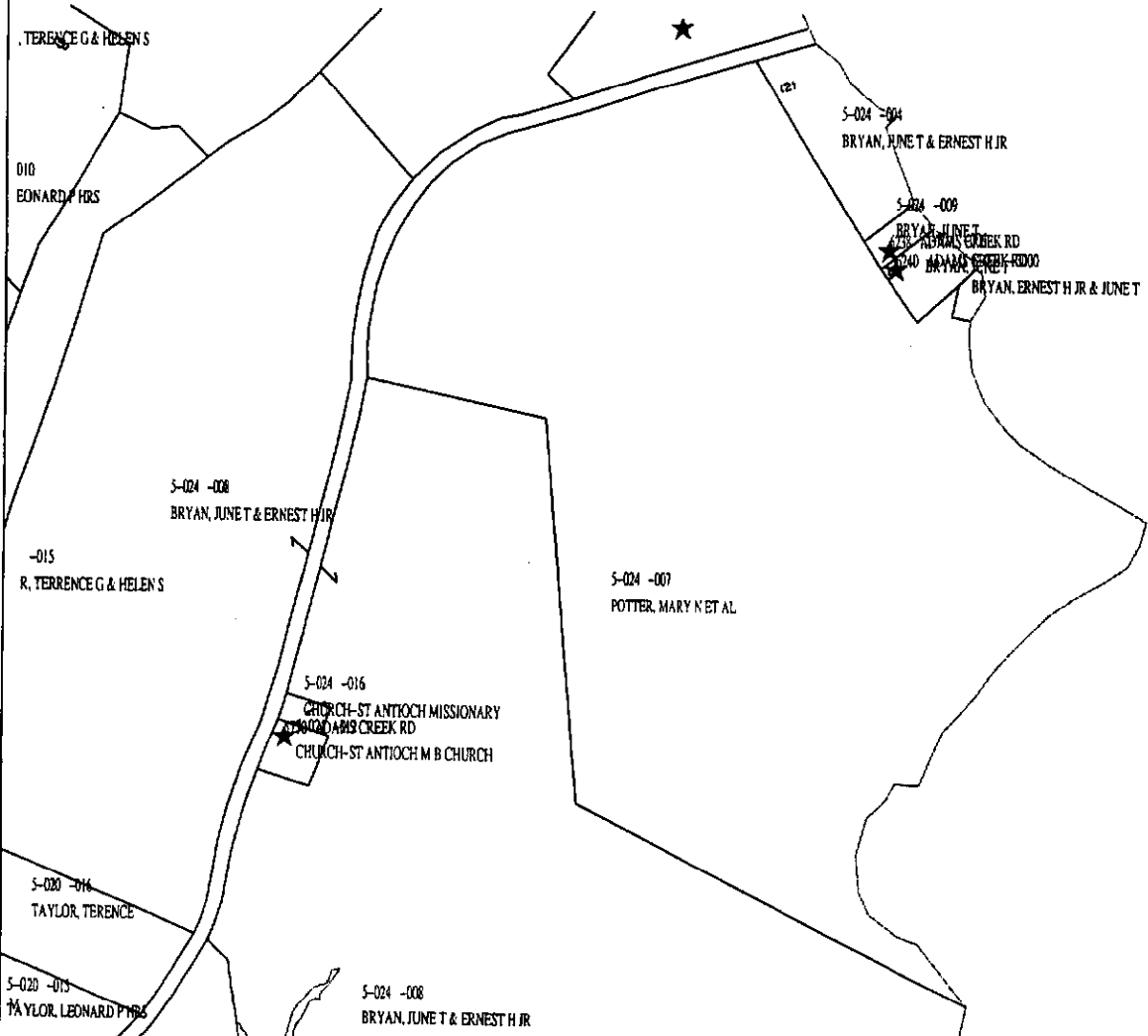
Note: Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all property corners are clearly and accurately marked on the lot.

- The dimensions of the property.
- The proposed location of all structures (ie: house/facility, outbuildings, pools).
Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all structures. If you are unsure as to the structure size, please show the dimensions of the maximum area of the lot that you anticipate the structure will cover.
- The proposed septic system area.
- The preferred driveway location.
- The proposed well location or public water line.
- A north arrow or other sufficient directional indicator.
- Any proposed structures or improvements to the property such as garages, workshops, pools, etc. If there are none, circle "N/A".
- The location of any existing septic tank systems on your property. If there are none, circle "N/A".
- The location of any wells on your property and on the adjoining property within 100' of the property line. If there are none, circle "N/A".
- The location of any easements or rights of way on the property. If there are none, circle "N/A".
- The location of any designated wetlands on the property. If there are none, circle "N/A".

USE THE SPACE BELOW TO DRAW YOUR SITE PLAN



CRAVEN COUNTY DOES NOT WARRANT THE INFORMATION SHOWN ON THIS MAP AND SHOULD BE USED ONLY FOR TAX ASSESSMENT PURPOSES. INQUIRY YEAR 2005



MAP MADE BY PLANNING ON MARCH 23, 2005 USING THE CRAVEN COUNTY GEOGRAPHIC INFORMATION SYSTEM

Application Date: 3-23-05

Application #: 05-734

Craven County

Planning and Inspections
2828 Neuse Blvd.
New Bern, N.C. 28562
Planning (252) 636-6618, fax (252) 636-5190
Inspections (252) 636-4987, fax (252) 636-4984

DEVELOPMENT IN A FLOOD HAZARD AREA

**** The undersigned hereby makes application for a permit to develop in a designated flood hazard area. The work to be performed is described below and in attachments hereto. The undersigned agrees that all such work shall be done in accordance with the requirements of the Flood Damage Prevention Ordinance of Craven County and with all other applicable local, state and federal regulations. All necessary required permits/certifications are attached.

Name of Owner/Owner's Legal Representative: Coastal Marketing Potter
Address: 6000 Adams Rd Telephone: _____

Is the proposed development in the floodplain? yes no floodway? yes no
FIRM Panel #: 378740200 Zone: AE BFE: _____

Proposed Development:

- New Construction
- Alteration/Repair
- Other: _____
- Fill/Excavation
- Grading
- Mobile Home Park (requires board approval)
- Subdivision (requires board approval)

Type of Construction:

- Single-family Home
- Multi-family units
- Manufactured Home
- Accessory Structure (explain) _____
- Commercial/Non-residential

Description of Work (Please note that all references are in mean sea level)

Address, Size and Location of Proposed Development: _____

- If proposed development is located within a floodway, has a No-Rise Certification been obtained and attached? yes no
- What is the lowest floor elevation (including basement) at the proposed site? _____

- What is the elevation to which all attendant utilities (including all heating and electrical equipment) will be installed or floodproofed? _____
- Will the proposed development require alteration of any water course? ___yes no

Alterations, additions or improvements to existing structures

What is the estimated market value of the existing structure? \$ _____
 What is the cost of the proposed construction? \$ _____

****If the cost of the proposed construction equals or exceeds fifty (50) % of the market value of the structure then the substantial improvement requirements shall apply.**

Non-Residential Construction

Which method of flood protection will be used? ___ Floodproofing ___ Elevation
 If the structure is floodproofed, the required floodproofing elevation is _____ ft. m.s.l.

Subdivisions

Does this subdivision or other development contain fifty (50) lots or five (5) acres (whichever is less)?
 ___yes ___no **If yes**, has flood elevation data been provided by the developer? ___yes ___no

Applicant Signature _____ Date _____
 Local Administrator's Signature _____ Date _____

****Office Use Only****

Parcel ID# _____ - _____ - _____

1. The proposed development:
 _____ must comply with all applicable flood damage prevention standards
 _____ is exempt from flood damage prevention standards (attach explanation)
2. A filing fee of \$ _____ was paid on (date) _____.
3. A permit was issued on (date) _____.
4. The work was inspected by _____ on (date) _____.
5. A certificate of compliance for as-built construction was issued on (date) _____.
6. What is the as-built elevation of the first floor? _____ ft m.s.l.
7. Is there an elevation certificate attached? ___yes ___no
8. Has a permit been denied? ___yes ___no **If yes**, on what date? _____
 For what reason? _____
9. Have there been any appeals? ___yes ___no **If yes**, on what date was it appealed? _____
 On what date was the appeal heard? _____
 What was the decision of the board? _____
 Remarks _____