

Dec 22 08 02:23p

Wendy Joslyn

(919) 550-9443

p.3

08500 21402

**N.C. Department of Environment and Natural Resources  
Division of Environmental Health  
Plan Review Unit**

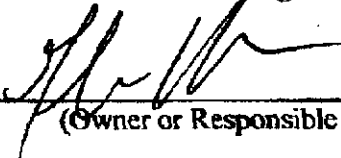
**Food Establishment Plan Review Application**

Type of Construction: NEW \_\_\_\_\_ REMODEL X  
Name of Establishment: Simon's Restaurant inc  
Address: 27 South Broad St. East  
City: Angier Zip Code: 27501 County: Harnett  
Phone (if available): 919 - 639 - 2569 Fax: \_\_\_\_\_

Owner or Owner's Representative: Glenn Joslyn  
Address: 14 Rocky Branch Rd  
City & State: Clayton NC Zip Code: 27520  
Telephone: 919 - 524 - 2026 Fax: \_\_\_\_\_  
E-mail Address: glenn@simon's.us

Applicant: Glenn Joslyn  
Address: 14 Rocky Branch Rd.  
City & State: Clayton NC Zip Code: 27510  
Telephone: 919 - 524 - 2026 Fax: \_\_\_\_\_  
E-mail Address: glenn@simon's.us  
Title (owner, manager, architect, etc.): President

**I hereby certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.**

Signature:   
(Owner or Responsible Representative)



### Town of Angier, NC Land Use and Property Description

0850021402

Fees: \$35.00

**APPLICATION FOR:**

- Improvement Permit (Septic Tank)
- Mobile Home lot
- Conditional Use
- Satellite Dish Antenna
- Signs
- Fences
- Zoning of Property
- Subdivision Approval
- Mobile Home Park
- Grading Permit
- Temporary Permit
- Special Use \_\_\_\_\_
- Other \_\_\_\_\_

**APPLICANT:**

Name: Glen  
 Address: 14 Rocky Branch Rd  
Clayton NC 27520  
 Phone: 919-524-2026

**OWNER:**

Name: Charles and Sue Joslyn  
 Address: 5109 tea point trail  
wakeforest St. NC 27587  
 Phone: 919-554-2515

**PRESENT USE OF PROPERTY** Restaurant

**LOCATION OF PROPERTY** 27 Broad St. Angier NC

**PARCEL NUMBER OF PROPERTY** \_\_\_\_\_

**PROPOSED USE OF PROPERTY**

- Single Family Dwelling: # Rooms: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Square Feet: \_\_\_\_\_
- Multi Family Dwelling: # of Units: \_\_\_\_\_ # Bedrooms (per unit): \_\_\_\_\_ Square Feet (per unit) \_\_\_\_\_
- Mobile Home (single lot): single wide: \_\_\_\_\_ double wide: \_\_\_\_\_
- Mobile Home Park: Section 16, Zoning Ordinance must apply
- Business: Total # of employees per day 15 Type of business Restaurant
- Others (specify): \_\_\_\_\_
- Existing structure:  Renovate: \_\_\_\_\_ Addition: \_\_\_\_\_ Demolish: \_\_\_\_\_

Attach site plan showing property lines, location of proposed structures (including driveways, ratios, decks, etc.) and any existing structure.

<b>WATER &amp; SEWER SUPPLY:</b>	<b>WATER</b>	<b>SEWER</b>
Private	_____	_____
Public	<u>X</u>	_____
Proposed	_____	_____
Existing	_____	_____

**APPLICANT:** I 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. I understand that false information may be grounds for rejection of this application. Authorized Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature: [Signature] 11-17-08

**ZONING ADMINISTRATOR USE ONLY**

The above property is located in CB zoning district and will be used as restaurant.

NOTES: \_\_\_\_\_

PERMIT # 08-200  
ZONING ADMINISTRATOR Betty S. Pearson DATE 11/18/2008