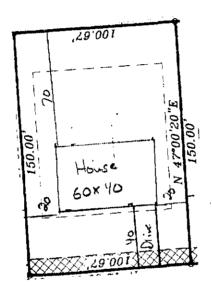
nitial Application Date: 4-29-10

Central Permitting 108 E. Front Street, Littington.	NC 27546 Phone: (910) 893-	7505
LANDOWNER: STANCIL BUILDERS		() = / = v = v = v · v · v · · · · · · · · · ·
City: Angler State NO	Z zie. 27501 01	9-639-2073 Contact #: 919-868-2189
APPLICANT STANCIL BUILDERS	Zip:Home #:91	9-039-2073 Contact #: 919-868-2189
City: Angier State No.	Mailing Address:	466 Stancil Rd
*Please fill out applicant information if different than landowner	Zip: 2 / 3 U I Home #:	Contact #:
PROPERTY LOCATION: State Road #: 1141	State Road Name: Micro	Tower Rd.
Parcet: 039597 0225 35	PIN 9597	41 8141 000
Zoning: RA-20R Subdivision: Pattons	Point II	Lat #: 156 Lot Size: 0,35
Flood Plain: X Panel: N/A Wa	itershed: N/A Deed Book/P.	age: 2271/860 Plat Book/Page: 2008/148
SPECIFIC DIRECTIONS TO THE PROPERTY FROM		
		Rd, right on Micro Tower Rd,
Subdivision on right		na, right on Micro lower Rd,
PROPOSED USE:		
	is 2 Resement (w/wo bath)	Circle: Garage X Deck X Crawl Space/ Stab
☐ Modular:On frameOff frame (Size x) # Bedrooms # Baths	Garage(site built?) Deck(site built?)
Multi-Family Dwelling No. Units	No Redroome# Init	(site built?) Deck(site built?)
☐ Manufactured Home: SW DW TW	/Size ×) # Padrague	_
☐ Business So. Ft Retail Space	Tipe	Garage(site built?) Deck(site built?)
□ Industry So. Ft.	Tuno	# Employees: Hours of Operation:
☐ Church Seating Capacity ##	iype	# Employees:Hours of Operation:
☐ Home Occupation (Size x) #R	Bathrooms Kitchen	
Accessory/Other (Size x) Use	Use	Hours of Operation:
· ————————————————————————————————————	Use	Closets in addition(_)yes ()no
Water Supply: (X) County (_) Well (No. dwel	lings) () Other	Closets in addition()yes ()no
Sewage Supply: (X) New Septic Tank (Need to fill ou	t New Tank Checklist) () Existing	Sentic Tank () County Source () Other
r roperty owner of this tract of land own land that contain	ns a manufactured home with five his	ndred feet (500°) of treet listed at a 20 4 years V year
andcioles on this fractionand: Single tainily dwellings.	Proposition of the Proposition o	Other (apply)
Required Residential Property Line Setbacks:	Comments:	Other (specify)
Front Minimum 35 Actual (/O		
Rear <u>25</u> 76	-	
Side 10 20		
Corner/Sidestreet 20		
Nearest Building 10 no same lot		
f permits are granted I agree to conform to all ordinal	nces and the laws of the State of N	orth Carolina regulating such work and the specifications of p
submitted. I hereby state that the foregoing statemen	is are accurate and correct to the h	est of my knowledge. This permit is subject to revocation if
nformation is provided on this form.	The street to the D	serior in the permit is subject to revocation if
Signature of Owner or O		4-22-10
Signature of Owner or Owner's Agent	D	ate

This application expires 6 months from the initial date if no permits have been issued
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

1 2 60



Lot 156 Pottons Point

35 Alson Ct

SITE PLAN APPROVAL

DISTRICT RADOR USE SED

#BEDROOMS ____

1 29 10 Date

Zony przrymiatrator

APPLICATION #:

24313

This application to be filled out only when applying for a new septic system. County Health Department Application for Improvement Permit and/or Authorization to Construct

IMPROVE	or without ex	ON IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, MIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The per expiration depending upon documentation submitted. (complete site plan = 60 months; con	mit is untid for airba
DEVELO	PMENT INF	FORMATION	
OX News	ingle family r	residence	
□ Expan	sion of existin	ng system	
□ Repair	to malfunction	oning sewage disposal system	
□ Non-re	esidential type	e of structure	
WATER S	UPPLY		
□ New w	/ell		
□ Existin	ig well		
□ Comm	unity well	•	
M Public	water		
□ Spring			
Are there as	ny existing w	rells, springs, or existing waterlines on this property?	
{}} yes	{ <u>X</u> } no {	_} unknown	
{} Acce {} Altern {X} Conv The applica	epted native entional nt shall notify	tion to construct please indicate desired system type(s): can be ranked in order of preference, n {} Innovative {} Other {} Any by the local health department upon submittal of this application if any of the following application must attach supporting documentation.	
{}}YES	{ <u>X</u> } №	Does the site contain any Jurisdictional Wetlands?	
{_}}YES	{ <u>X</u> } NO	Does the site contain any existing Wastewater Systems?	
{}}YES	{ <u>X</u> } №	Is any wastewater going to be generated on the site other than domestic sewage?	
{}}YES	{ <u>X</u> } NO	Is the site subject to approval by any other Public Agency?	
$\{\underline{X}\}YES$	{}} NO	Are there any easements or Right of Ways on this property?	
{}}YES	{ <u>X</u> } NO	Does the site contain any existing water, cable, phone or underground electric lines?	
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.	
I Have Read	This Applicat	tion And Certify That The Information Provided Herein Is True, Complete And Correct. Au	thorized County And
State Officia	ls Are Grante	ed Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applica	ble Laws And Rutes.
		Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Co	ners And Making
The Site Acc	essible So Tha	at A Complete Site Evaluation Can Be Performed.	
	7/19		4-27-16

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE