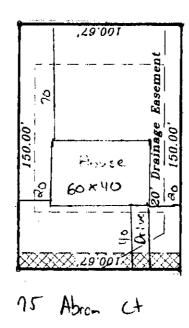
LANDOWNER: STANCIL BUILDERS INC. Mailing Address: 466 Stancil Rd  City: Angier State: NC zip: 27501 Home #: 919-639-2073 Contact #: 919-868.  APPLICANT: STANCIL BUILDERS INC. Mailing Address: 466 Stancil Rd  City: Angier State: NC zip: 27501 Home #: Contact #: Contact #: Privace fill out applicant informations of different than I andowner  PROPERTY LOCATION: State Road #: 1141 State Road Name: Micro Tower Rd.  Parcel: 039597 0223 36 PIN: 9597-41-90/Y-000  Zoning: RA-20R Subdivision: Pattons Point II Lot#: 157 Lot Size: Qt.  Flood Plain: X Panel: N/A Watershed: N/A Deed Book/Page: 2271/860 Plat Book/Page: 200  SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:  US 401, right on Hwy 27, left on Doc's Rd, right on Micro Tower  Subdivision on right  PROPOSED USE:  M SFD (Size: 40 x 60) # Bedrooms 3 # Baihs 2 Basement (w/wo balth) Garage (site built? Deck (site lumilifamily Dwelling No. Units No. Bedrooms/Unit Deck (site lumilifamily Dwelling No. Units		į,	*	
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City   Angler   State   NC   Zip   27501   Home # 919-639-2073   Contact # 919-868		ANCIL BUILDERS INC. Mailing Address: 466 Stancil Rd	NER: STANC	LANDOV
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Contact #:    Contact #:   Cont	70 10	NCIL BUILDERS INC. Mailing Address: 466 Stancil Rd	NT: STANCI	APPLICA
Parcel: 039597 0225 36 PIN: 9597-U1-90/Y, 000  Zoning: RA-20R Subdivision: Pattons Point II Lot#: JS7 Lot Size: Q1  Flood Plain: X Panel: N/A Watershed: N/A Deed Book/Page: 2271/860 Plat Book/Page: 200  SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:  US 401, right on Hwy 27, left on Doc's Rd, right on Micro Tower Subdivision on right  PROPOSED USE:  X SFD (Size 40 x 60) # Bedrooms 3 # Baths 2 Basement (w/wo bath) Garage X Deck X Traw Spa C Modular: On frame Off frame (Size x # Bedrooms # Baths Garage (site built?) Deck (site to Multi-Famity Dwelling No. Units No. Bedrooms/Unit Manufactured Home: SW DW TW (Size x # Bedrooms Garage (site built?) Deck (site to Business Sq. Ft. Retal Space Type # Employees: Hours of Operation: Type # Employees: Hours of Operation: Hours of Operation: Water Supply: Space X # Bathrooms Kitchen Hours of Operation: Water Supply: Space X # Bathrooms Kitchen Hours of Operation: Deck Country State X # Bedrooms Use Closets in addition (yet Water Supply: X) Kountry Well (No. dwellings D) Other Scwage Supply: X) Country D) Well (No. dwellings D) Other Scwage Supply: X) Country D) Well (No. dwellings D) Other Scwage Supply: X) Kew Septic Tank (Need to fill out New Tank Checkits) (D) Existing Septic Tank (D) Country Sewer (D) Other Property owner of this tract of land own land that contains a manufactured home win five hundred feet (500) of tract listed above? (YES X) Required Residential Property Line Sotbacks: Comments:  Comments:  Comments: Comm		State: NC Zin: 27501 Home #:	Angier	City:
Parcel: 039597 0225 36 PIN: 9597-UI- 90/Y, 000  Zoning: RA-20R subdivision: Pattons Point II Lot#: JS7 Lot Size: Q1  Flood Plain: X Panel: N/A Watershed: N/A Deed Book/Page: 2271/860 Plat Book/Page: 20/  SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:  US 401, right on Hwy 27, left on Doc's Rd, right on Micro Tower Subdivision on right  PROPOSED USE:  X SFD (Size 40 x 60) # Bedrooms 3 # Baths 2 Basement (w/wo bath) Garage X Deck X Traw Spa C Modular: On frame Off frame (Size x # Bedrooms # Baths Garage (site built?) Deck (site to Multi-Famity Dwelling No. Units No. Bedrooms/Unit Manufactured Home: SW DW TW (Size x # Bedrooms Garage (site built?) Deck (site to Business Sq. Ft. Retal Space Type # Employees: Hours of Operation: Type # Employees: Hours of Operation: House of Operation: Water Suphy: Seating Capacity # Bathrooms Kitchen Hours of Operation: Water Suphy: Seating Capacity Well (No. dwellings D) Other Seating Galding (Size x Use Closets in addition (yex) Water Suphy: Seating Suiding (Size x Use Closets in addition) Property owner of this fract of land own land that contains a manufactured home win five hundred feet (500) of fract listed above? (YES Closets of Land) Water Suphy: Seating Property Line Setbacks: Comments:  Comments: Comm		State Road #: 1141 State Road Name: Micro Tower Rd.	TY LOCATION: S	PROPER
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Required Residential Property Line Setbacks: Comments:  Front Minimum 35 Actual 46  Rear 25 70  Side 10 26  Corner/Sidestreet 20	e built?) e built?)  ves ()no	Off frame (Size x ) # Bedrooms # Baths Garage (site built? Deck (site gold) No. Units No. Bedrooms/Unit  SW DW TW (Size x ) # Bedrooms Garage (site built? Deck (site built) Deck (site built? Deck (site built) D	Family Dwelling N factured Home:  ess Sq. Ft. Re ry Sq. Ft.  h Seating C Occupation (Si sory/Other (Si on to Existing Buildi olly: (X) County pply: (X) New Se wher of this fract of the	Moduli- Manu Manu Manu Manu Manu Manu Manu Manu
Actual         46           Rear         25         70           Side         10         26           Corner/Sidestreet         20         20		and: Single family dwellings IPropostatured Homes Other (specify)	or mis tract or land:	onuciures i
Side			inimum <u>35</u>	ront N
Corner/Sidestreet 20			25	Rear
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Jearnet Ruilding 10			street 20	Corner/Side
n same lot			ding <u>10</u>	learest Bui on same lot
permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specific		ree to conform to all ordinances and the laws of the State of North Carolina round-line	e granted I agree	permits a

information is provided on this form.

Signature of Owner or Owner's Agent



Lot 157 Patton's Point Phose 2

SITE PLAN APPROVAL

DISTRICT BAZOR USE SED.

APPLICATION #:\_

\*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

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED. CHANGED, OR THE SITE IS ALTERED. THEN THE

IMPROVEMENT PE 60 months or without expiration)	RMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The expiration depending upon documentation submitted. (complete site plan = 60 months;	nermit is valid for either
DEVELOPMENT IN	FORMATION	
▼ New single family  Output  Description:  Output  Descripti	residence	
<ul> <li>Expansion of exis</li> </ul>	ting system	
<ul> <li>Repair to malfunc</li> </ul>	ioning sewage disposal system	
☐ Non-residential ty	pe of structure	
WATER SUPPLY		
□ New well		
<ul> <li>Existing well</li> </ul>		
☐ Community well		
M Public water		
Spring .		
Are there any existing	wells, springs, or existing waterlines on this property?	
{} yes {X} no {	} unknown	
:		
SEPTIC		
	ation to construct please indicate desired system type(s): can be ranked in order of preferen	ce, must choose one.
{} Accepted	{} Innovative	
{}} Alternative	{}} Other	
{X} Conventional	{} Any	
The applicant shall not question. If the answer	fy the local health department upon submittal of this application if any of the following is "yes", applicant must attach supporting documentation.	apply to the property in
{}}YES	Does the site contain any Jurisdictional Wetlands?	
	Does the site contain any existing Wastewater Systems?	
$\{\underline{X}\}$ YES $\{\underline{X}\}$ NO	Is any wastewater going to be generated on the site other than domestic sewage?	
	Is the site subject to approval by any other Public Agency?	
<u>X</u> }YES { <u></u> } 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	
Have Read This Applic	ation And Certify That The Information Provided Herein Is True, Complete And Correct.	
State Officials Are Gran	ted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With App	olicable Laws And Rules.
	Solely Responsible For The Proper Identification And Labeling Of All Property Lines And	Corners And Making
The Site Accessible So T	nat A Complete Site Evaluation Can Be Performed.	
70/ 20	제 -	4-72 1-
PROPERTY OWNER	S OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)	4-27-10

DATE