



EH

Receipt:

006559

3-31-97 Date:

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

## PROPERTY DESCRIPTION/LAND USE PERMIT

| LANDOWNER INFORMATION:                                                      | APPLICANT INF     | URMAITUN:      |          |
|-----------------------------------------------------------------------------|-------------------|----------------|----------|
| NAME Pauline Frechette                                                      | NAME              |                |          |
| Oliver Sanford, NC 28368                                                    |                   |                |          |
| PHONE 199- 1206 W 189- H                                                    | PHONE             | W              | <u> </u> |
| PROPERTY LOCATION:                                                          |                   |                |          |
| Street Address Assigned                                                     |                   |                |          |
| DD NOME Parley SO R. TOWN                                                   | NSHIP 09 FIRE     | REBOUE_        |          |
| TAX MAP NO. 9568-30 PARCEL NO. 5366                                         | FLOOD PLAIN X     | PANEL 75       | -        |
| ELEDIVISION Danny Thomas                                                    | LOT # /0 LOT/     | TRACT SIZE . 7 | 64       |
| ELBDIVISION Danny Thomas ZENING DISTRICT NA                                 | DEED BOOK 829     | PAGE_867       |          |
| WATER DIST. NA WATER DIST.                                                  | PLAT BC           | DK F PAGE 63   | 2-1      |
| Give Directions to the Property fro                                         | Grald. To         | in lest out    | 5        |
| Dis Tue Wit auto Po                                                         | nderosa Rd.       | Frank Proper   | 7        |
| 15 m cight past Murchison                                                   | town Rd.          |                |          |
| aparace.                                                                    | HEE               |                | 4.       |
| Sa Family Dwelling(Size SZX Z8 T                                            | # of Bedrooms_    | 2 Basement     | V.       |
| 7/                                                                          | ( - : - D V       | 1              |          |
| Garage Deck Vo                                                              | # of Bedrooms     | 2 Garace /     | Vo       |
| D IK No (size x )                                                           | # d, DEB, CE      |                |          |
| of persons per Household                                                    | The same          |                |          |
| Sort Retail Space                                                           | IADE              |                |          |
| (_) Industry Soft                                                           | Type              |                |          |
| (_) Home Occupation No. Rooms/size                                          | Jea Use_          |                |          |
| (_) Accessory Bldg. Size<br>(_) Addition to Existing Blog. Size             | Use               |                |          |
| (_) Addition to Existing Blog. Size Type                                    | Locat             | ion            |          |
| (_) Sign   Size Type                                                        |                   |                |          |
| (_) Other                                                                   |                   |                |          |
| Water Supply: ( County ( ) Well (                                           | No. dwellings_    | ) (_) Othe     | 7        |
| Sewer: (() Septic Tank (Existing? 1                                         | ( ) Conu.         | C/4 (-) 0 th   | ,-       |
| Sewer: (2) Septic Tank (Existing? 1<br>Erosion & Sedimentation Control Plan | Required? Yes     | NO NO          |          |
| And there and wells not on this i                                           | וטנ טטנ אונוווווי | 40 17 01 1     | 1.6      |
| property line 10 (show on Site Pla                                          | n).               |                |          |
| *NOTE: A Site Plan must be attached                                         | to this Applic    | ation. drawn   |          |

recorred plat are also required.

property line.

to scale on an 8.5 by 11 sheet, showing: existing and

proposed buildings, garages, driveways, decks, accessory buildings, well, and any wells within 40 feet of your

| SETBACK REQUIREMENTS Front property line Side property line Corner side line Rear Property Line Nearest building Stream Percent Coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Minimum/Maximum Required  35  /0 /5 25 /0                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Are there any other structures on this No. of single family dwellings No. Other (specify & number) / Bewith Somethin Som | of land own any land tha                                                                                                                                                                              |
| I hereby <u>CERTIFY</u> that the information the best of my knowledge; and by acce every respect conform to the terms of provisions of the Statutes and Ordinar in Harnett County. Any <b>VIOLATION</b> or immediately REVOKES this PERMIT. I structure is not to be occupied until is issued. This permit expires six month.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pting this permit shall in<br>this application and to the<br>ces regulating development<br>f the terms above stated<br>further understand this<br>a CERTIFICATE OF OCCUPANCY<br>ths from date issued. |
| Landowner's Signature (Or Authorized Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Max 31, 1997<br>Date                                                                                                                                                                                  |
| ***********                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | **********                                                                                                                                                                                            |
| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                       |
| Copy of recorded final plat of subdivis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                       |
| Is the lot/tract specified above in ed<br>County Subdivision Ordinance?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | mpliance with the Harnett                                                                                                                                                                             |
| DENIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D                                                                                                                                                                                                     |
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| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       |
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| Zoning/Watershed Administrator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date                                                                                                                                                                                                  |

C:\WP2\FORMS\PDLUPERM

PONDEROSA RO S.R 1201 8 CT. 279 140 122.82 day, ing 2/2 12 GRANEL DR. & PARKING 9' x 20' Spaces (TYP.) 5 17. 38.63.50 SITE PLAN APPROVAL

DISTRICT

NA

USE 10' x 16' PROPOSED BLDG. 10 TRACT 0.76 AC. 125 W Scale: 1"=20' DANNY THOMAS

## Nº.

9636

## **OPERATIONS PERMIT**

| Name: (owner) Ray 9 Pauline Frechette New Installation Septic Tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Property Location: SR# /201 Repairs Nitrification I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Subdivision Ong Thomas Lot # 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TAX ID# Quadrant #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Contractor: Registration #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Basement with Plumbing: Garage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Water Supply:    Well    Public    Community                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Distance From Well: 50 min ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Following are the specifications for the sewage disposal system on above captioned property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Type of system: Conventional Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Size of tank: Septic Tank: 100 gallons Pump Tank: gallons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Subsurface No. of exact length width of depth of ditches of each ditch of each ditches of each |
| French Drain: Linear feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PERMIT NO. 12138  Inspected by: 90 USP Environmental Health Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PERMIT NO. 10138 Inspected by: Jos War                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Environmental Health Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 20' Roline Cin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| C.r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| C71000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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2 BR Blue 36' 2×80 LIP )0' D148 LS

