Permit #:	



ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Deputy Secretary for Health

SUSAN KANSAGRA • Assistant Secretary for Public Health

Division of Public Health

Submittal Includes: (a2) Improvement Permit	(a2) Construction Authorization	Fee \$	
IMPROVEMENT	PERMIT FOR G.S. 130A-3	35(a2)	
County:			
PIN/Lot Identifier:			
Issued To:			
Property Location:			
Subdivision (if applicable)	Lot #:	Block: Section: _	
LSS Report Provided: Yes No No			
If yes, name and license number of LSS:			
New Expansion	System Relocation	Change of Use	
Proposed Structure:			
Number of bedrooms: Number of Occupants:	Other:		
Design Wastewater Strength: domestic	high strength indus	trial process	
Proposed Design Daily Flow: GPD Prop	oosed LTAR (Initial):	Proposed LTAR (Repair):	
Proposed Wastewater System Type*:	(Initial) Pump F	equired: Yes No May be	required
Proposed Wastewater System Type*:	(Repair) Pump R	equired: 🗌 Yes 🔲 No 🔲 May be	required
*Please include system classification for proposed wastewater s	system types in accordance with 15	A NCAC 18A .1961 Table V(a)	
Saprolite System (initial): Yes No Saprolite System	em (repair): 🗌 Yes 🔲 No		
Fill System (Initial): 🗌 Yes 🔲 No If yes, specify: 🗌 New 🗌	Existing (when adding more tha	n 6 inches of fill to system area provid	le a fill plan)
Fill System (repair): 🗌 Yes 🔲 No If yes, specify: 🗌 New 📗	igcap Existing (when adding more tha	n 6 inches of fill to system area provid	de a fill plan)
Usable Soil Depth (Initial): Usable Soil De	epth (Repair):		
Max. Trench Depth (Initial) [‡] : Max. Trench [Depth (Repair)‡:	[‡] Measured on the downhill side of	the trench
Artificial Drainage Required: \square Yes \square No $\:$ If yes, please spe	cify details:		
Type of Water Supply: Private well Public well S	hared well	Spring Other:	
Drainfield location meets requirements of Rule .1945: Yes	No Drainfield location mee	ts requirements of Rule .1950: Yes] No 🗌
Permit valid for: Five years [site plan submitted pursuant to	GS 130A-334(13a)]	tion [plat submitted pursuant to GS 1	30A-334(7a)
Permit conditions:			
Licensed Soil Scientist Print Name:			
Licensed Soil Scientist Signature: $\lambda \lambda \lambda \delta \lambda \lambda \lambda \delta \lambda \lambda \lambda \delta \lambda \lambda \delta \lambda \lambda \delta \lambda \delta$		Date.	

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH



Permit #:

This Section for Local Health Department Use Only

Initial subn	nittal received:		by		
		Date	Initials	5	
G.S. 130A-335(a3) states the following:					
When an applicant for an Improvement Permit submits to department, the common form developed by the Departm within five business days of receiving the application, condepermit includes all of the required components. If the local shall notify the applicant of the components needed to condepartment to cure the deficiencies in the Improvement Pois complete within five business days after the local health act within any period set out in this subsection, the applications form for use as the Improvement Permit.	ent, and a soil evaluati duct a completeness rev I health department de mplete the Improvemer ermit. The local health o department receives ti	on pursuant to su view of the submit termines that the nt Permit. The app department shall he additional info	bsection (a2) of thi tal. A determinatic Improvement Pern Ilicant may submit make a final detern rmation from the a	is section, the local hea on of completeness me nit is incomplete, the lo additional information mination as to whether applicant. If the local he	Ith department shall, ans that the Improvement cal health department to the local health the Improvement Permit ealth department fails to
The review for completeness of this Improvem Permit is determined to be:	ient Permit was co	onducted in ac	cordance with (G.S. 130A-335(a3)	. This Improvement
☐ Incomplete (If box is checked, information	ı in this section is r	equired.)			
The following items are missing:					
Copies of this were sent to the LSS and the Ap		Date			
State Authorized Agent:				Date:	
☐ Complete	3//0			121	
State Authorized Agent:				Date:	
This Improvement Permit is issued pursuant to attached here. The issuance of this permit by permit holder is responsible for checking with to revocation if the site plan, plat, or the interownership of the site. This permit is subject to Disposal and to the conditions of this permit.	y the Health Depar n appropriate gove nded use changes. to compliance witl	rtment in no we erning bodies . The Improve	ay guarantees in meeting the ement Permit s	the issuance of o ir requirements. T shall not be affecte	ther permits. The his permit is subject ed by a change in
The Department, the Department's authorize any liabilities, duties, and responsibilities imp evaluations, submittals, or actions from a lice	osed by statute o	r in common l	aw from any cl	laim arising out of	or attributed to
Improvement Permit Expiration Date:					

See attached site sketch



Permit #:	
-----------	--

Re-submittal of Improvement Permit

Г				\neg
	LHD USE ONLY: This IP resubmittal received:		by	
		Date	Initials	
The following it	ems are being resubmitted pursuant to G.S. 130A-335((a3) for issuance	of the Improvement Permit:	
	STA	The	A.	
	A THE SH	THE OF		
is accurate and o	hereby attest that cientist (Print Name) complete to the best of my knowledge and that the prolams, regulations, rules, and ordinances.		required to be included with ement Permit meets all appli	
Signature	e of Licensed Soil Scientist		Date	
	The section below is for Local Health Department use o	after submittal of	items noted as missing above.	
LHD Follow-u	p Completeness Review of Improvement Pe	ermit		
	ompleteness of this Improvement Permit re-submitta ermit is determined to be:	l was conducted	in accordance with G.S. 130	A-335(a3). This
☐ Incomplete	(If box is checked, information in this section is requir	red.)		
The following ite	ems are missing:			
	The second	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Copies of this we	ere sent to the LSS and the Applicant on			
State Authorized	d Agent:		Date:	
☐ Complete				
State Authorized	d Agent:		Date:	



Permit #:	
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CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County:
PIN/Lot Identifier:
Issued To:
Property Location:
AOWE/PE Plans/Evaluations Provided: Yes No If yes, name and license number of AOWE/PE:
Facility Type:
New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use
Basement?
Type of Wastewater System*(Initial)(Repair)
*Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)
Design Daily Flow: GPD Wastewater Strength: _ domestic _ high strength _ industrial process
Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies?
Installation Requirements/Conditions
Septic Tank Size: gallons Total Trench/Bed Length: feet Trench/Bed Spacing: feet on center
Trench/Bed Width: inches LTAR: gpd/ft ²
Soil Cover: inches Slope Corrected Maximum Trench/Bed Depth [‡] : inches * Measured on the downhill side of the trench
Aggregate Depth:inches above pipeinches below pipeinches total
Pump Tank Size (if applicable): gallons Requires more than 1 pump?
Pump Requirements: ft. TDH vs GPM Grease Trap Size (if applicable): gallons
Distribution Method: Serial D-Box or Parallel Pressure Manifold(s) LPP Other:
Artificial Drainage Required: Yes No If yes, please specify details:
<u>Legal Agreements</u> (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)
Multi-party Agreement Required [.1937(h)]:
Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]:
Declaration of Restrictive Covenants:
Pre-Construction Conference Required: Yes No No
Conditions:

At time of installation a 1000 gallon septic and pump tank was used not a 1200 gallon tank. Adams Soil Consulting approves this modification.
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into
this permit and shall be met. Systems shall be installed in accordance with the attached system layout.
AOWE/PE Print Name: Expiration Date:
AOWE/PE Signature: Date:

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch



Permit #:

This Section for Local Health Department Use Only

	Initial submittal received:	b	,
		Date	Initials
G.S. 130A-335(a5) states the follo	_		
mprovement Permit and Construction All Department, and any necessary signed and Ingineer or a person certified pursuant to department shall, within five business day the Construction Authorization or Improving Implicant of the components needed to conditional information to the local health Authorization. The local health department for the business that the Construction any period apply for the building permit for the project the project of the surface of the surface of the project of the project of the surface of the surfac	athorization application together, the pend sealed plans or evaluations conducted of Article 5 of Chapter 90A of the General as of receiving the application, conduct of the General and Construction Authorization or Improvement Permit and Construction Authorization or Improvement Permit and Construction Authorization of the Construction Authorization of the Construction Authorization as to the Salar and Construction and Construction and Construction as to the Construction of completeness of the Construction of the Incal health department for the Incal health department for pursuant to this subsection may required Construction Authorization for cause. It is supposed or revoke the Construction Authorization for cause.	rmit fee charged by the lo d by a person licensed pur. Statutes as an Authorized a completeness review of t ation includes all of the re truction Authorization is in or Improvement Permit and the Construction Authorization whether the Construction and treat the failure to act the Construction Authorization the Construction Authorization est that the local health a Upon written request of the uthorization or Improvem	ation together, submits a Construction Authorization, or an an acal health department, the common form developed by the suant to Chapter 89C of the General Statutes as a licensed of On-Site Wastewater Evaluator, the local health the submittal. A determination of completeness means that required components. If the local health department and construction Authorization. The applicant may submit and construction Authorization. The applicant may submit and construction or Improvement Permit and Construction and information from the applicant. If the local health ect as a determination of completeness. The applicant may reaction or Improvement Permit and Construction as a determination of completeness. The applicant may reaction or Improvement Permit and Construction ress days. The Authorized On-Site Wastewater Evaluator or department revoke or suspend the Construction are Authorized On-Site Wastewater Evaluator or licensed and Construction Authorization pursuant to G.S.
The review for completeness of t	his Construction Authorization v	was conducted in acc	cordance with G.S. 130A-335(a5). This
Construction Authorization is def	termined to be:		
☐ Incomplete (If box is checked	d, information in this section is r	equired.)	
The following items are missing:			
Copies of this were sent to the A	OWE/PE and the Applicant on _	Date	4V 76 //
State Authorized Agent:			Date:
☐ Complete	Florence		
State Authorized Agent:	W ZPRIL	12 1776	Date of Issuance:
attached here. This Construction Construction Authorization shall to compliance with the provision of the Department, the Department in y liabilities, duties, and respondans, evaluations, preconstruct the General Statutes as a license Authorized On-Site Wastewater	n Authorization is subject to revious function and the affected by a change in most of the Laws and Rules for Sevent's authorized agents, and the insibilities imposed by statute or ion conference findings, submited engineer or a person certified Evaluator in GS 130A-335(a2), (artments shall be responsible a	ocation if the site pl ownership of the sit vage Treatment and local health departn r in common law fro tals, or actions from d pursuant to Article (a5), and (a7). The D nd bear liability for	ing the signed and sealed plans or evaluations an, plat, or the intended use changes. The te. This Construction Authorization is subject Disposal and to the conditions of this permit. The enerts shall be discharged and released from many claim arising out of or attributed to a a person licensed pursuant to Chapter 89C of 5 of Chapter 90A of the General Statutes as an epartment, the Department's authorized their actions and evaluations and other pursuant to GS 130A-337.
Construction Authorization Expi	ration Date:		

See attached site sketch



Permit #:

Re-submittal of Construction Authorization

	LHD USE ONLY: This CA resubmittal received: _		by		
		Date	~ /	Initials	
The following is	tems are being resubmitted pursuant to G.S. 130A-33	35(a5) for issuance	of the Constru	action Authorizatio	n:
_	JUE ST	ATE	Dr.		
is accurate and	hereby attest th nsite Wastewater Evaluator (Print Name) complete to the best of my knowledge and that the and local laws, regulations, rules, and ordinances.	eat the information in proposed Construc			
 Signatur	re of Authorized On-Site Wastewater Evaluator		Date	<u> </u>	
LHD Follow-ւ	The section below is for Local Health Department us up Completeness Review of Construction A		tems noted as	missing above.	
	completeness of this Construction Authorization re- on Authorization is determined to be:	submittal was cond	ucted in acco	rdance with G.S. 13	30A-335(a5).
☐ Incomplete ((If box is checked, information in this section is requ	ıired.)			
The following it	ems are missing:				
	TESTE OLIA	M VIDER	19		
Copies of this w	vere sent to the AOWE/PE and the Applicant on	Date	_		
State Authorize	d Agent:		Da	ate:	
☐ Complete					
State Authorize	d Agent:		Da	nte:	

6

Adams Soil Consulting, PLLC 1676 Mitchell Road Angier, NC 27501 919-414-6761

alexadams@bcsoil.com

May 10, 2024 Project #1215

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335 (a2), (a5), and (a6)"

RE: Tobacco Road Subdivision - Lot #26 - 223 Looping Ct, Angier NC (Harnett County) for Davidson Homes (PIN#0693-15-3101)

To whom it may concern:

Adams Soil Consulting (ASC) conducted a preliminary soil evaluation on the above referenced parcel to determine the areas of soils which are suitable for subsurface wastewater disposal systems (conventional & LPP). The soil/site evaluation was performed using hand auger borings during moist soil conditions based on the criteria found in the State Subsurface Rules, 15ANCAC 18E. From this evaluation, ASC is providing the attached 480 gallon/day septic design.

The suitable soils found on the subject property were relatively consistent in the initial and repair areas. The area designated for the initial/primary septic system (see attached septic plan) was found to contain soils with greater than 24 inches in depth before a restrictive horizon was encountered.

Please find the attached wastewater soil/site evaluation forms for specific soil properties found in the initial and repair areas as well as assigned soil long term acceptance rate (LTAR). Numerous soil borings were made throughout the property and representative soil profile descriptions for the primary septic field and repair area are provided. A location sketch for profile descriptions is also attached. The initial and primary septic fields were sized based on a flow rate of 480 gallons/day and utilizing Accepted Status. Any unauthorized site disturbance, filling, soil removal, or layout changes may result in the permit being revoked.

The septic installer contractor shall install the primary and repair (if needed) system on contour, see attached site plan for the primary system and repair locations. No underground utilities, water lines, or sprinkler systems shall be

placed into the initial or repair septic areas. Installation must meet all state and Harnett County regulations for septic system installation. The trenches must be installed in the same location as the site plan. If the installation is in question at the time of installation call me (Alex Adams) at 919-414-6761.

This report discusses the location of provisionally suitable soils identified on the property and does not guarantee the future function of any waste water disposal system installed.

If you have any questions regarding the findings on the attached map or in this report, please feel free to contact me anytime.

Sincerely,

Alex Adams

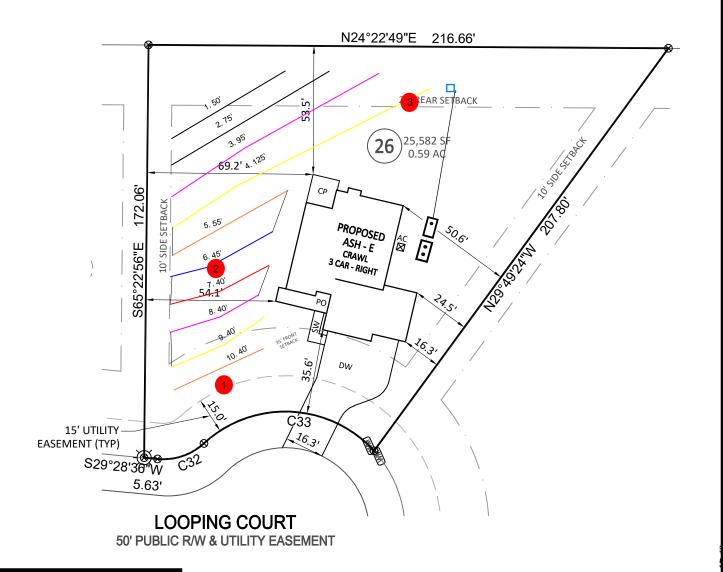
NC Licensed Soil Scientist #1247 AOWE Certification: 10021E





Tobacco Road Lot 26 4 BR Harnett County

- *House footprint to be field staked by surveyor and system verified prior to any construction
- **Septic area must not be altered by construction activities.
- ***No cuts of 2' or greater within within 15' of septic area
- **** Recommend protective barrier around septic field during construction.
 - *If plumbing is not sufficient a pump tank will be required to septic field

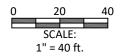


INITIAL: Lines 4-9 (345') Accepted Status Pump to Serial REPAIR:

Lines 1-3,10 (260')

PPBPS

Pressure Manifold

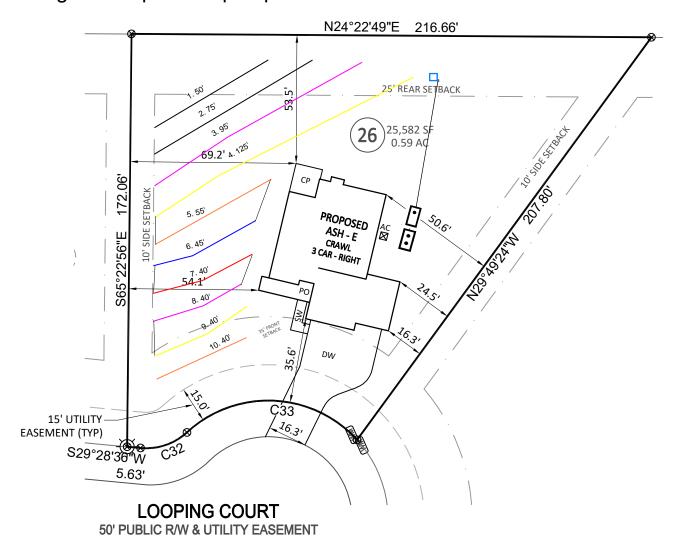


Adams
Soil Consulting
919-414-6761

Tobacco Road Lot 26 4 BR Harnett County

- *House footprint to be field staked by surveyor and system verified prior to any construction
- **Septic area must not be altered by construction activities.
- ***No cuts of 2' or greater within within 15' of septic area
- **** Recommend protective barrier around septic field during construction.
 - *If plumbing is not sufficient a pump tank will be required to septic field

*1000 gallon septic and pump tanks installed.



INITIAL:

Lines 4-9 (345')

Accepted Status

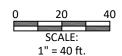
Pump to Serial

REPAIR:

Lines 1-3,10 (260')

PPBPS

Pressure Manifold



Adams Soil Consulting 919-414-6761

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Davidson Homes LLC

ADDRESS:

PROPOSED FACILITY: Single Family, 4-bedroom PROPOSED DESIGN FLOW (.1949): 480 gpd

LOCATION OF SITE: 223 Looping Ct., Angier, NC, 27501

WATER SUPPLY: Public Water

APPLICATION DATE: DATE EVALUATED: 05/7/24

PROPERTY SIZE: .59 Acres

EVAI	LUATION METH	OD: Auger	Boring	TY	PE OF WASTEWATER: Sewage
P R O F I L	.1940 LANDSCA PE	HORIZON	SOIL MORPHOLOGY (.1941)	,	OTHER PR FACTORS

ROFILE \mathbf{E} DEPTH **PROFILE** POSITION/ .1942 (IN.) **SLOPE %** CLASS .1943 SOIL .1944 .1941 .1941 .1956 STRUCTURE/ CONSISTENCE/ WETNESS/ **SOIL** RESTR & LTAR **SAPRO DEPTH** TEXTURE MINERALOGY **COLOR CLASS** HORIZ VFR,NS,NP,SEXP N.O Linear 0 - 10GR/LS 38" N.O N.O P.S/.4 Slope/2% FR,SS,SP,SEXP SBK/SCL 10-38 1 VFR,NS,NP,SEXP 36" Linear 0-12 GR/LS N.O N.O N.O P.S/.4 Slope/2% FR,SS,SP,SEXP 12-36 SBK/SCL 2 VFR,NS,NP,SEXP N.O N.O Linear GR/LS 36" N.O P.S/.4 0 - 18Slope/2% SBK/SCL FR,SS,SP,SEXP 18-36 3 4

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)	S	S	SITE CLASSIFICATION (.1948): PS
System Type(s)	Type III B	Type III B	EVALUATED BY:A. Adams OTHER(S) PRESENT:
Site LTAR	0.4	0.4	

COMMENTS:

Updated February 2014

PROPOSED \boxtimes ASH - E CRAWL 3 CAR - RIGHT РО 21.8' SW DW

LOT INFORMATION:

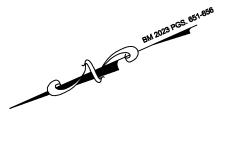
PIN: 0693-15-3101.000 REFERENCE: DB. 2162 PGS. 643-662 TOTAL LOT AREA = 0.59 AC = 25,582 SF MAX. IMPERVIOUS = 5,500 SF HOUSE = 2,551 SF PORCH = 143 SF SIDEWALK = 65 SF DRIVEWAY = 954 SF COVERED PORCH = 133 SF AC PAD = 9 SF PROPOSED IMPERVIOUS = 3.855 SF PERCENT IMPERVIOUS = 15.07%

REFERENCE: BM 2023 PGS. 563-568

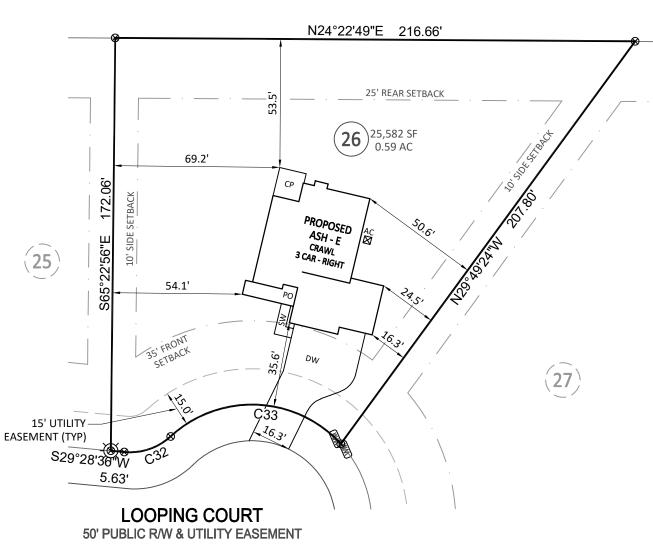
BUILDING SETBACKS

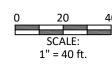
FRONT - 35' REAR - 25' SIDE - 10' SIDE CORNER - 20'

CURVE TABLE									
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD					
C32	25.00'	21.03'	N05°22'54"E	20.41'					
C33	50.00'	78.92'	N26°30'16"E	70.98'					



N/F TRENT WILSON PIN: 0693-14-5876 DB 993 PG 494

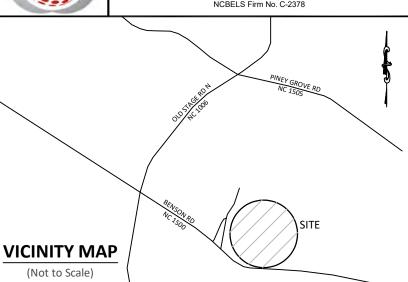




Bateman Civil Survey Company

Engineers • Surveyors • Planners

2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081 www.batemancivilsurvey.com info@batemancivilsurvey.com NCBELS Firm No. C-2378



LEGEND

PO = PORCH

CP = COVERED PORCH

SP = SCREENED PORCH

SW = SIDEWALK

DW = CONC DRIVEWAY SP = SCREENED PORCH

P = CONCRETE PATIO

O = IRON PIPE FOUND (IPF)

= IRON PIPE SET (IPS)

= DRILL HOLE FOUND WM = WATER METER

CO = CLEAN OUT

AC = AIR CONDITIONER PAD

C = CABLE BOX

S = SEWER MANOLE

= TELEPHONE PEDESTAL

⊞ = HAND HOLE

EB = ELECTRIC BOX = FIRE HYDRANT

YI = YARD INLET

G = GAS METER E = ELECTRIC METER

I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK REFERENCED IN TITLE BLOCK): THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA. L-4752

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for recordation. No title report provided.

BUILDER TO VERIFY HOUSE LOCATION DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN

PRELIMINARY PLOT PLAN **FOR**

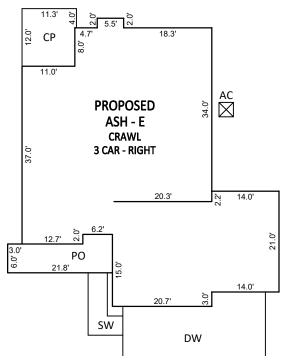
DAVIDSON HOMES

TOBACCO ROAD - PHASE 1 & 3 - LOT 26 223 LOOPING COURT, ANGIER, NC BLACK RIVER TOWNSHIP, HARNETT COUNTY

DATE: 4/17/24 DRAWN BY: CPV CHECKED BY: SPC

REFERENCE: BM 2023 PGS. 651-656 BCS# 230746

SCALE: 1" = 40'



INSET SCALE: 1"=20'

NOTES:

- 1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
- 2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES
- 3. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE. EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT.
- 4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
- 5. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
- 6. THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, ETC. REFERENCED IN TITLE BLOCK.
- 7. NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM.
- 8. SURVEYOR HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
- 9. THIS PROPERTY IS NOT LOCATED IN A FLOOD HAZARD AREA. IT IS LOCATED IN ZONE "X" PER F.E.M.A. MAP NUMBER 3720068200J DATED 10/03/2006.
- 10. ZONING: RA-30
- 11. PROPERTY OWNER:

DAVIDSON HOMES 1903 NORTH HARRISON AVE

CARY, NC 27513