

CHATHAM COUNTY RECEIPT

Date 9-26 2005 02466

Received From John Gray

Address 123 Cub Creek Ext.

Amt. Six hundred Dollars \$ 600

For 2 IP SBR - Mt. Gilead Ch. Rd.

HOW PAID		
CASH		
CHECK	<input checked="" type="checkbox"/>	# 2621
MONEY ORDER		

CHATHAM COUNTY

By SB

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130
 Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 1/20/05

Amt. Rec'd: 1300.00

E.H.S. _____

Application for

- Improvement Permit \$ _____
(valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____
[Perpetual - plat (1" = 60')
required within 30 days of site approval]
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: EARL THOMAS Mailing Address: 10 BOX 88
Road / Street

Pittsboro NC 27312
City State Zip Code

Work Phone: _____
 Home Phone: 919-72-2177

APPLICANT'S NAME: JOHN NOLAN Mailing Address: 2705 LEAKS
Road / Street

(If different than Owner)

4404 W 21 27317
City State Zip Code

Work Phone: 919-815-2698
 Home Phone: 919-914-7165

PROPERTY ADDRESS: Mt. Liberty Ch. Rd.
Road / Street

Pittsboro
City

Subdivision: _____ Lot Number: _____
 Tax Parcel Number: 2960

Acres Existing: 41.5 Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

<input checked="" type="checkbox"/> New Single Family Residence <input type="checkbox"/> Expansion or Alteration of Existing Septic System <input type="checkbox"/> Repair to Existing Subsurface Sewage Disposal System <input type="checkbox"/> Repair Area <input type="checkbox"/> Non-Residential Type of Structure	Residential Specifications:	
	Max. number of bedrooms (2 people/bedroom) <u>5</u>	
	Max. number of occupants (if more than 2 people/bedroom)	
	Basement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	List basement plumbing fixtures	

NON-RESIDENTIAL SPECIFICATIONS

Type of Business:	Total Square Footage of Building:
Max number of employees:	Max number of seats:
	Other:

WATER SUPPLY Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify)

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature: [Signature] Date: 1/20/05
 Property owner's or owner's legal representative** signature (Required)

**Must provide documentation to support claim as owner's legal representative

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 Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____
 Permit No. _____
 Date Rec'd: 12-10-15
 Amt. Rec'd: 1,172.00
 E.H.S. Thompson

Application for

- Improvement Permit \$ _____ (valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____ [Perpetual - plat (1" = 60') required within 30 days of site approval]
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: EARL THOMAS Mailing Address: P.O. Box 58 Road / Street Work Phone: _____
PITTSBORO NC 27312 City State Zip Code Home Phone: 919-542-2105

APPLICANT'S NAME: THOMAS D. GEAR Mailing Address: 175 SUGAR CREEK RD. Road / Street Work Phone: 919-542-0628
 (If different than Owner) HAZEL HILL NR City State Zip Code Home Phone: 919-542-1105

PROPERTY ADDRESS: 117 VILERS ST. E. Road / Street Subdivision: _____ Lot Number: _____
PITTSBORO City Tax Parcel Number: 2160

Acres Existing: 41.5 Proposed: _____

DIRECTIONS: GO S.W. ON TO VILERS ST. E., 1/2 MILE DOWN, TURN RIGHT ON 117 VILERS ST. E.

DEVELOPMENT INFORMATION

<input checked="" type="checkbox"/> New Single Family Residence <input type="checkbox"/> Expansion or Alteration of Existing Septic System <input type="checkbox"/> Repair to Existing Subsurface Sewage Disposal System <input type="checkbox"/> Repair Area <input type="checkbox"/> Non-Residential Type of Structure	Residential Specifications:		
	Max. number of bedrooms (2 people/bedroom) <u>X 5</u>		
	Max. number of occupants (if more than 2 people/bedroom)		
	Basement?	Yes	No
	List basement plumbing fixtures		

NON-RESIDENTIAL SPECIFICATIONS

Type of Business:	Total Square Footage of Building:	
Max number of employees:	Max number of seats:	Other:
WATER SUPPLY Is public water available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Planned source of water: <input type="checkbox"/> New Well <input type="checkbox"/> Existing Well <input type="checkbox"/> Community Well <input type="checkbox"/> Public For Construction Authorization Applications Only: Rank sewage system in order of preference: <input type="checkbox"/> Conventional <input type="checkbox"/> Modified Conventional <input type="checkbox"/> Alternative (LLP etc.) <input type="checkbox"/> Innovative <input type="checkbox"/> Other (specify)		

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

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- Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____
- Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature _____
 Property owner's or owner's legal representative** signature (Required) _____ Date 12/10/15

**Must provide documentation to support claim as owner's legal representative