

**Application for
 Improvement Permit an/or Authorization to Construct**

- Survey plat to scale* submitted
- Scaled* site plan submitted
- Unscaled site plan submitted

* scale of 1" = no more than 60'

- Gravity Pump**
- Improvement Permit \$200.00 \$250.00
 - Certificate of Compliance \$75.00
 - Upgrade Permit \$200.00
 - Revision \$50.00
 - Repair No Charge

Tax Parcel ID# _____
 Paid 75.00 Date: 4-21-14

CL# 1242



IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

I understand that it is my responsibility to contact Warren County Planning/Zoning office (252)257-7027 for any possible approval necessary and Warren County Code Enforcement office (252)257-1305 for a building permit.

APPLICANT INFORMATION

<u>Franklin Earl Bolton</u> Applicant Owner	<u>975 Paschall Rd Warrenton, NC 27589</u> Address Address	<u>27589</u> Home & Work Phone Home & Work Phone
---	--	--

804-338
5435

PROPERTY INFORMATION

975 Paschall Rd.
Street Address

Subdivision Name _____ Section/Phase/Lot# _____

Directions to Site: Wise to Pay Jags Make (R). Go to
Semetary (L) 4-5 mi to stop sign - Make (L)
Driveway on L

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion of Existing System
- Repair to Existing Subsurface Sewage Disposal System
- Non-Residential Type of Structure

Residential Specifications

Max number of bedrooms: 3

Max number of occupants: _____

If expansion: Current number of bedrooms: _____

Will there be a basement? yes no

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____

Maximum number of employees: _____ Maximum number of seats: _____

Water Supply:

- New well
- Existing Well
- Community Well
- Public Water

Please Indicate Desired System Type(s): (systems can be ranked in order of your preference)

_____ Alternative Conventional _____ Innovative _____ Modified Conventional _____ 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.

- yes no Does the site contain any jurisdictional 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?

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.

Franklin E. Bolton _____ Date 4-22-14
 Property owner's or owner's legal representative** signature (required)

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

WARREN COUNTY HEALTH DEPARTMENT

544 W. RIDGEWAY STREET

Warrenton, N.C. 27589

Phone: (252) 257-1538

Fee 75.00

Paid 4-22-14

CERTIFICATE OF COMPLIANCE

1. Owner of: () Mobile Home () Home: Franklin Earl Bolton
Address: 975 Paschall Rd. Warrenton, NC 27589
Telephone: 804-338-5435

2. Name of lot owner, if different from above _____

Address: _____
Telephone: _____

3. Directions to property (State Road Number) Norlina, US 1 North to Wise right on Wise Five Forks Rd, left on Paschall Station Rd at cemetery, go to stop sign at Paschall, turn left, driveway immediately on left at VA/NC line

4. Number of bedrooms in house or mobile home to be located on property 3

5. Certificate of completion located? () Yes () No

- If "No" (a) Has septic tank and distribution box been uncovered for a visual inspection by Health Department? () Yes () No
- (b) Has nitrification field been located? () Yes () No
- (c) Septic tank capacity _____ gallons
- (d) Nitrification field _____ sq. ft.

- If "Yes" (a) Name on Certificate of Completion J. A. Bolton
- (b) Number of bedrooms 3
- (c) Date of installation 10-27-1970
- (d) Septic tank capacity 820 gallons
- (e) Nitrification field 690 sq. ft.

6. Comments: New home must be at least 5 feet from septic tank and septic drainfield.

A VISUAL INSPECTION OF THE PREMISES WAS MADE BY THE WARREN COUNTY HEALTH DEPARTMENT. THERE ARE NO OBVIOUS SIGNS OF SEPTIC TANK SYSTEM FAILURE. THIS IS NOT A GUARANTEE AGAINST FUTURE FAILURE. IN THE EVENT OF A MALFUNCTION, OWNER SHOULD NOTIFY THE HEALTH DEPARTMENT AS SOON AS POSSIBLE TO OBTAIN IMPROVEMENT PERMIT TO REMEDY THE PROBLEM.

Pete J. Hight
Environmental Health Specialist

4-23-14
Date

Warren County Health Department

Approved: *[Signature]*

Permit No.

Disapproved:

Date: *10.27.70*

SEPTIC TANK PERMIT

Property Owner: *Mr. J. C. Bolton* Address: *Rt. 1, Waverton, N.C.*

Location of Property: *Suburban*

Permission is hereby granted to install a Septic Tank and Secondary Treatment System... Major Repairs to Septic Tank, Alteration or Major Repairs to Secondary Treatment System, in accordance with regulations governing same as set forth by the Warren County Board of Health.

W. Closets	<i>1</i>	Urinals	Number Bedrooms	<i>3</i>
Lavatories	<i>1</i>	Sinks	<i>1</i>	Number in Family	<i>3</i>
Tubs	<i>1</i>	Sink Disposal Grinder		
Extra Showers	Automatic Washer		

Septic Tank Capacity *820* Gals.
 Nitrification Field *69.0* Total Sq. Ft. *2* Line(s) *115* Ft. Long *3* Ft. Wide
 Or Line(s) Ft. Long Ft. Wide

Other: *Plastic Drainage*

Do Not Cover Any Part Of The Installation Until Final Inspection By Health Department

Contractor: *Lee Roy West* Address: *Waverton, N.C.*
Received \$ *100.00*

Health Director

M. D.

Sanitarian

Natasha This is the permit.

Ms Franklin