CASWELL COUNTY ENVIRONMENTAL HEALTH 144 MAIN STREET, P.O. BOX 1406, YANCEYVILLE, NC 27379/ (336) 694-9731, FAX (336) 694-5547 IMPROVEMENT PERMIT

| ISSUED TO: | SKYVIEW LLC /MAT | LAND GROUP THEW YOUNG | PIN | 0031 088 | PERMIT NUMBER | 3908 | |
|--|---------------------|--------------------------|--|--|------------------------------|------|--|
| Section I: Improvement Permit (A Building Permit Cannot Be Issued With Only An Improvement Permit) | | | | | | | |
| IP Type of Structure: SFD | | | Prop Locat | Property Location: 0 GOODMAN RD LOT 5 | | | |
| Number of Bedrooms: | | 04 | Basement: NO | | Pump Required: TBD | | |
| Number of Occupants: | | 8 | Pump May Be Required Based Upon Final Location and Evelations of Facilities. | | | | |
| Type of Water Supply: | | Private well | Water Shed: | | | | |
| Projected Daily Flow (GPD): | | 480gpd | | Danwit Valid E | Permit Valid For: Five Years | | |
| Type of Wastewater System: | | IIIG | | Termii valia I | or: rive leurs | | |
| Site Improvements Required Prior To Construction Authorization Issuance: | | | | | | | |
| Permit Conditions: | | | | | | | |
| Authorized State Bellay Loughes Date: 03/21/2025 SEE ATTACHED SITE SKETCH | | | | | | | |

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Name: Matthew Young PIN: 0031 088 Permit: 3908

