

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LENOX, NC 27547
APPLICATION FOR IMPROVEMENT PERMIT

DATE 1-10-94

NAME Gale B. Nicholson TELEPHONE NO. 639-8731

ADDRESS (current) PO Box 605, Coats NC 27521

PROPERTY OWNER Gale B. Nicholson

SUBDIVISION NAME _____ LOT NO. _____

PROPERTY ADDRESS Rt 1 Box 497 Coats NC STATE ROAD NO. 1006

DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES IF NO _____
PLEASE SHOW A PURCHASE AGREEMENT OR AUTHORIZATION OF AUTHORITY
IF NO EXPLAIN _____

DIRECTIONS Take Hwy 401N to Hwy 421E Turn left on Hwy 27. At first stop sign go across Hwy 27 onto

Old Stag Rd. (1006) 3 miles. Lot on left after beige house w/ Burgundy shutters between beige mobile home + grey house 1/2 m from Hwy 55
SIZE OF LOT OR TRACT 0.93 acre

- 1. Type of dwelling Mobile Home Basement with plumbing No
- 2. Number of Bedrooms 2 Garage No
- 3. Dishwasher No
- 4. Garbage Disposal No

WATER SUPPLY - PRIVATE WELL COMMUNITY SYSTEM _____ COUNTY _____

A plot plan must be attached to this application showing: 1) Setting of dwelling, 2) Desired placement of septic tank system and 3) well placement.

Place stakes at the exact location of dwelling and at each corner of lot.

An on site inspection must be made, which consists of a soil evaluation.

A zoning permit must be obtained from the Planning Department before an improvement permit can be issued by this department.

This certifies that all the above information is correct to the best of my knowledge and any false information will result in the denial of permit. Once the permit is issued, the permit is good for a period of 5 years. The permit is subject to revocation if site plans or the intended use change.

Signature of Owner Gale B. Nicholson
Revised (3-93) or Authorized Agent ONLY.

County of Harnett

DEPARTMENT OF PLANNING/DEVELOPMENT CONDITIONAL USE PERMIT

Date October 7, 1993

Owner: Floyd R. Stewart (Cale B. Nicholson)

Address: PO Box 605 Coats NC 27521

Zoning District: RA-30

Use Classification: SW MH 2 bedrooms

Permit Number: No 856

Special Conditions: 1) MH MUST HAVE PITCHED ROOF; 2) MH MUST BE

UNDERPINNED; 3) TOWING Apparatus must be removed, underpinned or landscaped;

4) Z #3 must be completed within 60 days of exercising the permit; 5) Wm.C. Byrd's statement relinquishing CU Permit #16 is attached.

Provided the person accepting this permit shall in every respect conform to the terms of the application on file in the Zoning Administrator's office and to the provisions of the Statutes and Ordinance regulating development in Harnett County. Any VIOLATION of the terms above stated immediately REVOKES this PERMIT.

NOTICE: This structure is not to be occupied until a CERTIFICATE OF OCCUPANCY is issued by the Building Official.

PERMIT EXPIRES SIX MONTHS FROM DATE OF ISSUANCE.

PLANNING/DEVELOPMENT DEPARTMENT
893-7525

ZONING

DISTRICT RA-30

USE SW M H #856 ^{CU Permit}

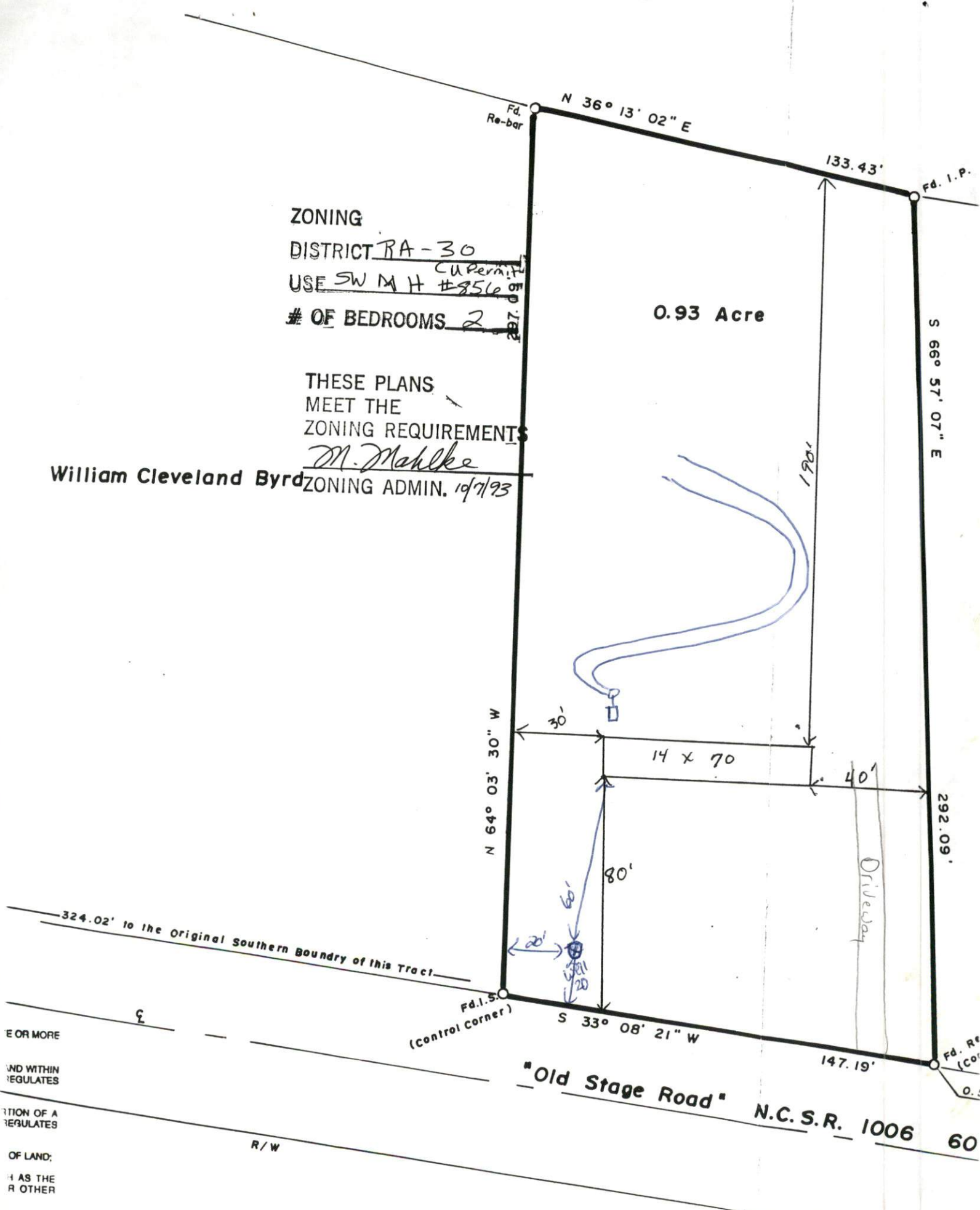
OF BEDROOMS 2

0.93 Acre

THESE PLANS
MEET THE
ZONING REQUIREMENTS

M. Mahlke

William Cleveland Byrd ZONING ADMIN. 10/7/93



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R/W