HARNETT COUNTY HEALTH DEPARTMENT TALTH SECTION, PO BOX 09, LILLINGTON, NC 893-75 PPLICATION FOR IMPROVEM PERMIT DATE NAME Darnie Lee Blackmon TELEPHONE NO. 893-4261 3 Dox 687 Lillington N.C2754K ADDRESS(current) <u>K</u> PROPERTY OWNER Lavada, BLackmon LOT NO. SUBDIVISION NAME PROPERTY ADDRESS R. t. 3 Box 687 Lillington STATE ROAD NO. 1229 DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES VIF NO PLEASE SHOW A PURCHASE AGREEMENT OR AUTHORIZATION OF AUTHORITY (ne IF NO EXPLAIN\_ DIRECTIONS 6 M He S House on the Right. With a trailer behind it. SIZE OF LOT OR TRACT / acr Basement with plumbing 1. Type of dwelling (). (L/A 2. Number of Bedrooms (3) BRD Garage Latte on 3. Dishwasher \_\_\_\_ 4. Garbage Disposal non 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 Danie La Blacker

Revised (3-93) or Authorized Agent ONLY.