

Application for Environmental Health Improvement Permit in Areas Zoned by Municipalities

Landowner Information:

Name: **RUSSEL LAMM CONST (APP# 03-50005179)** Address: **488 JOHNSON ROAD**

City: **COATS** State: **NC** Zip: **27521** Phone: **919-894-5517**

Applicant Information:

Name: **SAME AS ABOVE** Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Property Location:

E911 Address: **183 BRAXTONWOOD DRIVE**

State Road #: **HWY 55** Lot/Tract Size: **17**

Subdivision: **BRAXTON 17** Lot #: _____

Give Specific directions to the property from Lillington: **HWY 210 N TO ANGIER TURN RIGHT ONTO HWY 55 S/D APPROX 1 MILE ON THE RIGHT**

Proposed Use:

Single Family Dwelling (Size **1800 SQ FT** X _____) # of Bedrooms: **3** Basement
 Basement w/plumbing Deck

Multi-Family Dwelling - # of Units: _____ # of Bedrooms/Units: _____

Manufactured Home (Size _____ X _____) # of Bedrooms: _____ Garage Deck

Number of Persons per Household: **4**

Business – Square Footage Retail Space: _____ Type: _____

Industry – Square Ft.: _____ Type: _____

Home Occupation - # of Rooms/Size: _____ Use: _____

Addition to Existing Building – Size: _____ Use: _____

Other: _____

Water Supply: County Well Other

Sewer: Septic Tank (Existing? _____) County Other

Applicant's Signature W Russell Lamm

#658 7-23 (N)

LAND USE AND PROPERTY DESCRIPTION
TOWN OF ANGIER, N. C.

5179

APPLICATION, FOR :

- Improvement permit
- Mobile Home lot
- Conditional Use
- Parking permit
- Satellite Dish Antenna
- Signs
- Fences
- Zoning of Property
- Subdivision Approval
- Mobile Home Park
- Grading permit
- Temporary permit
- Special Use _____
- Other _____

APPLICANT:

Name Russell Ramon Coast
 Address 488 Johnson Rd.
Coats NC 27521
 Phone 894-5517

OWNER:

Name Same
 Address _____
 Phone _____

PRESENT USE OF PROPERTY Vacant lot

LOCATION OF PROPERTY Lot # 17 Braxton (183)

PROPOSED USE OF PROPERTY

- Single Family Dwelling : # Rooms _____ # Bedrooms 3 Square feet 1800
- Multi Family Dwelling: # of units _____ #Bedrooms (per unit) _____
square feet (per unit) _____
- Mobile Home (single lot): single wide _____ double wide _____
- Mobile Home Park: Section 16, Zoning Ordinance must apply
- Business: total # of employees per day _____
Type of business _____
- Others (specify) _____
- Existing structure _____ Renovate _____ Addition _____
Demolish _____

Attach site plan showing property lines, location of proposed structures (including driveways, ratios, decks, etc.) and any existing structure.

WATER & SEWER SUPPLY:

	WATER	SEWER
Private	_____	<input checked="" type="checkbox"/>
Public	<input checked="" type="checkbox"/>	_____
Proposed	_____	_____
Existing	_____	_____

APPLICANT: I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

