

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 27546  
APPLICATION FOR IMPROVEMENT PERMIT

DATE 9-5-95

NAME HOWARD STRICKLAND TELEPHONE NO. 910-892-6121

ADDRESS (current) 102 Kingsway DR PO Box 308 Dunn NC 28335

PROPERTY OWNER HOWARD STRICKLAND

SUBDIVISION NAME STOCKTON LOT NO. 22

STATE ROAD NAME NC 210 STATE ROAD NO. \_\_\_\_\_

DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES  NO   
IF NO, YOU MUST SHOW A PURCHASE AGREEMENT OR OTHER AUTHORIZATION.

DIRECTIONS NC Highway 210 North of Lillington go  
approx. 1 mile Sub-Division on Left Lot #22

SIZE OF LOT OR TRACT 100.33 x 150.00

Type of dwelling Residential Basement with plumbing \_\_\_\_\_  
Number of bedrooms 3 Garage Double  
Dishwasher 0 Garbage disposal NO

WATER SUPPLY: PRIVATE WELL \_\_\_\_\_ COMMUNITY SYSTEM \_\_\_\_\_ COUNTY

- 1) A surveyed and recorded map must be attached to this application along with a site plan showing: 1) Location of dwelling, 2) Location of driveway, 3) Location of any wells and other existing structures. A copy of the deed must also be attached.
- 2) Read and complete all items in the "Instructions for Soil Evaluation."
- 3) If your property is located in the Northern Half of the county (North of the Cape Fear River) a zoning permit must be obtained from the Planning Department before an improvement permit can be issued by this department.

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

Signature of Owner or Authorized Agent ONLY James R. Jackson

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

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 JAMES JACKSON  
 Address Box 215  
CARYS, N.C. 27521  
 Phone 910 897 5567

OWNER:

Name HOWARD STRICKLAND  
 Address 102 KINGS WAY  
DUNN, N.C.  
 Phone \_\_\_\_\_

PRESENT USE OF PROPERTY NEW SUBDIVISION, SINGLE FAMILY HOUSING

LOCATION OF PROPERTY Stackton Subdivision, Lot # 22, Hwy 210 West of Angier

PROPOSED USE OF PROPERTY

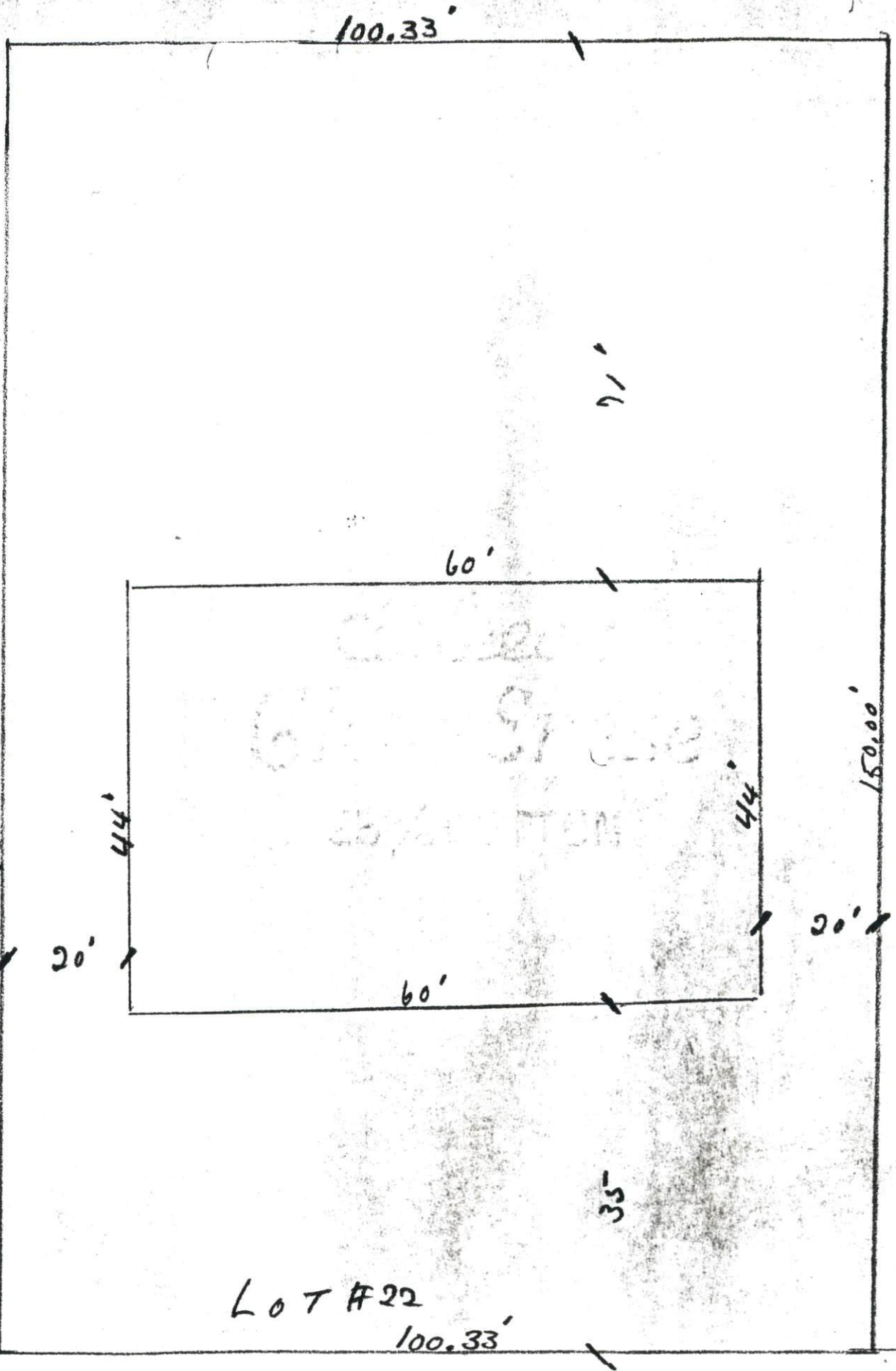
- (  ) Single Family Dwelling : # Rooms \_\_\_\_\_ # Bedrooms 3 Square feet 2,000
- ( ) Multi Family Dwelling: # of units \_\_\_\_\_ #Bedrooms (per unit) \_\_\_\_\_  
 square feet (per unit) \_\_\_\_\_
- ( ) Mobile Home (single lot): single wide \_\_\_\_\_ double wide \_\_\_\_\_
- ( ) Mobile Home Park: 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.



100.33'

LOT # 21

150.00'

20'

44'

60'

7'

LOT # 22

100.33'

KINGS WAY

44'

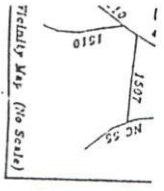
20'

150.00'

LOT # 23

35'

# 31  
# 29  
# 32



THIS PLAT IS A PRELIMINARY PLAT AND DOES NOT REPRESENT A FINAL PLAT FOR RECORDATION. THIS CERTIFICATION DOES NOT REPRESENT A WARRANTY OR A REMEDY FOR ANY OF THE ABOVE.

DATE: \_\_\_\_\_ ENGAGEMENT NUMBER: \_\_\_\_\_

APPROVED: \_\_\_\_\_  
 EXTRACT NUMBER: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 THIS PLAN WAS PREPARED BY THE ENGINEER AND IS NOT TO BE USED FOR ANY OTHER PURPOSE.

NOTE:  
 Iron State Set At All Corners  
 Unless Otherwise Shown.  
 Dotted Lines Indicate  
 Proposed Streets To NC Hwy 210.  
 Lots To Be Served By Public  
 Water And Sewerage System  
 A Water Conservation Assessment Is  
 Proposed On Both Sides Of All  
 Lots 12 & 23 And  
 Because Of Lack Of  
 Feasible Sizing.

**PRELIMINARY PLAT**  
 NOT FOR RECORDATION  
 CONVEYANCE OR SALES.



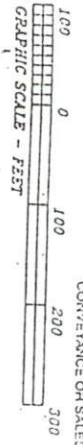
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CELESTIAL SURVEYING AND MEASUREMENTS  
 I (The Engineer) certify that this plat was  
 prepared under my supervision and that I am  
 a duly Licensed Professional Engineer in the  
 State of North Carolina. I further certify that  
 the information herein is true and correct to the  
 best of my knowledge and belief, and that I  
 am not aware of any facts or circumstances  
 which might render this information misleading  
 or otherwise in violation of the provisions of  
 the North Carolina Code of Ethics for Engineers.

**PRELIMINARY PLAT**  
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 CONVEYANCE OR SALES.

Frederick K. Wilson  
 P.E. 5722, P.E. 653-955

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