## HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION APPLICATION FOR IMPROVEMENT PERMIT

DATE 3/11491
NAME Cours Builders bre, TELEPHONE NO. 639-6989
ADDRESS (current) 6390 Wimberly Rd, Wellow Springs, 45
PROPERTY OWNER Some
SUBDIVISION NAME Benton Place II LOT NO. 39
PROPERTY ADDRESS Angue STATE ROAD NO. 1504
DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO
IF No EXPLAIN
DIRECTIONS Takk 210 F. of anguer to SR, 1504
Tun left. Benton Place II Con left, one mile
SIZE OF LOT OR TRACT 3/4 acre
1. Type of dwelling Single family Basement with plumbing None  2. Number of Bedrooms 2 Garage None  3. Dishwasher # 4912 6/6/91
WATER SUPPLY - PRIVATE WELL COMMUNITY SYSTEM PUBLIC
A <u>plot plan</u> 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 Edward V um

Revised (3-91)

## D USE AND PROPERTY DISCRIPTION TOWN OF ANGIER, N. C.

APPLICATION FOR :		
( ) Improvement permit	(X) Zoning of Property	
( ) Mobile Home lot	(_) Subdivision Approval	
( ) Conditional Use	( ) Mobile Home Park	
( ) Parking permit	( ) Grading permit	
( ) Satellite Dish Antenna	( ) Temporary permit	
() Signs	( ) Special Use	
( ) Fences	( ) Other	
APPLICANT:	OWNER:	
Name El Curain	Name [AMF	
Address 6390 Winherley Rd.	Address	
Phone 639 6989	Phone	
PRESENT USE OF PROPERTY Single Famil Swelling - R-30		
LOCATION OF PROPERTY Benton Place	The Suit Div. Jot# 39	
PROPOSED USE OF PROPERTY  (X) Single Family Dwelling: # Rooms # Bedrooms Square feet/ ( ) Multi Family Dwelling: # of units #Bedrooms (per unit)		
square feet (per unit)		
( ) Mobile Home (single lot): single widedouble wide		
( ) Mobile Home Park: Section 16, Zoning Ordinance must apply		
() Business: total # of employees per day Type of business		
( ) Others (specify)		
( ) Existing structure Renova	ateAddition	
Attach site plan showing property lines (including driveways, ratios, decks, etc.)		
WATER & SEWER SUPPLY: Private  WATER	SEWER	
Public		
Proposed Existing	·	
APPLICANT: I certify that all of the and any attached documents are true, comy knowledge and belief and are made in false information may be grounds for reductional and the state of the s	omplete and correct to the best of m good faith. I understand that ejection of this application. sentatives are granted right of entry to release information upon public	