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

DATE 10-28-91
NAME Curin Baildie me TELEPHONE NO. 639-6989
ADDRESS (current) 6390 Wumberly Rd., W.S. N.C. 27592
PROPERTY OWNER Same
SUBDIVISION NAME Benton Place LOT NO. 46
PROPERTY ADDRESS off 5R, 1504 STATE ROAD NO. 1504
DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO
IF No EXPLAIN
DIRECTIONS Take 210 Through argier turn left
on 5x 1504 Binter Place on left 1/2 mile-
Lt 46 on Right,
SIZE OF LOT OR TRACT 3/4
1. Type of dwelling Soul from Basement with plumbing NO 2. Number of Bedrooms 3 Garage 10 3. Dishwasher 4. Garbage Disposal NO
WATER SUPPLY - PRIVATE WELL COMMUNITY SYSTEM COUNTY
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.
<u>Place stakes at the exact location of dwelling and at each corner of lot</u> .
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. Curu

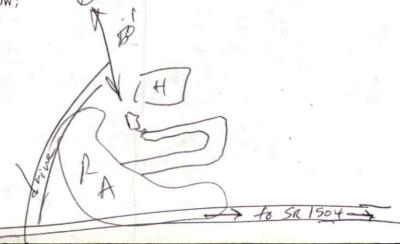
Revised (3-91)

## SITE EVALUATION FORM

SPECIFY: S (suitable) P (provisionally) U (unsuitable)

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4
TOPOGRAPHY	5			
SOIL TEXTURE	P			
SOIL STRUCTURE	P	-		N. C.
SCIL DEPTH	5			
RESTRICT HORIZON	5			
SOIL WETNESS	5			
OTHER				
SOIL GROUP	11-11		2 -	
SITE CLASSIFICATION	P		-3-3-3-	
LOT SIZE [ 3/4 acri		LOADING AND ALTERN	21	0.5
The state of the s	4.	41060	in the second of	
DATE OF EVALUATION:		14.2	C 11	

DRAW AREAS BELOW;



## PERMIT NO.

## APPLICATION FOR BUILDING PERMIT

TOWN OF ANGIER				
Angier, N.C. 27501				
Phone 639-2071				
LOCATION A & DO TE	04 4 41 DATE 10 - 0 5.			
the thirty the				
OWNER Charing Angin	$\gamma_{\mathcal{C}}$			
Name Address /	Phone License NO.			
CONTRACTOR / D COO. A	CITY STATE			
ELECTRICAL P.				
PLUMBER not not Plant				
INSULATION 200 1 from 1	A STATE OF THE STA			
MECHANICAL - Alama	CONTRACTOR OF THE CONTRACTOR O			
TYPE OF OCCUPANCY	TYPE OF CONSTRUCTION			
——————————————————————————————————————	Type I. Non-Combustible Roof,			
——— Business	Wall, Floor, Rated			
——— Educational	Type II. Non-Combustible Roof,			
Hazardous	Wall, Floor			
- Factory-Industrial	Type III. Heavy Timber			
Institutional	Type IV. Non-Combustible Support Member			
Meracntile	Type V. Non-Combustible Wall, Combustible			
Residential — Units	Ceiling or Floor			
Storage	Type VI. Wood Frame-Conbustible			
New Construction	DIMENSION			
	No. of Rooms			
Addition	1246 Total Square Feet of Floor Area			
TYPE OF WATER AND SEWAGE	AREA			
—— Public	Total Square Feet, Land Area			
─ <del></del> Well	———— Parking Spaces			
Septic Tank				
NONRESIDENTIAL - SPECIFY				
HEALTH DEPARTMENT 3/ DATE	OFFICER -			
TOTAL VALUE OF IMPROVEMENT	OFFICER PERMIT FEE - 45 %			
The undersigned hereby makes application for permit and	inspection of work described, and agrees to comply with all			
applicable codes and laws regulating the work.				
Sture of Contractor or Authorized Agent or Owner Date				
This application becomes a permit when approved.				
a positive whom approved.	APPROVED BY			

NOTES: .