HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION APPLICATION FOR IMPROVEMENT PERMIT

DATE 3/72 49/
NAME Cours Builders bre, TELEPHONE NO. 639-6989
ADDRESS (current) 6390 Wimberly Rd, Wellow Springe, 40.
PROPERTY OWNER Some
SUBDIVISION NAME Benton Place II LOT NO. 45
PROPERTY ADDRESS Angle STATE ROAD NO. 1504
DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO
IF NO EXPLAIN
DIRECTIONS Takk 210 F. of angier to SR, 1504
Tun left. Benton Place II (on 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 #49/3 6/6/9/ 4. Garbage Disposal NO
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)

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 Ed Currin	Name
Address 6390 Mimberly Rd.	Address
Phone (39 - 69 9 9	Phone
PRESENT USE OF PROPERTY Single FA	und Duellig - R-30
LOCATION OF PROPERTY BENTON PLACE	5 II, 5ch. Div. Lat#45
PROPOSED USE OF PROPERTY	# Bedrooms Square feet /2, Ap
() Multi Family Dwelling: # of units	
square fee () Mobile Home (single lot): single	et (per unit)double wide
() Mobile Home Park: Section 16, Zon	
() Business: total # of employees per Type of business	
() Others (specify)	
() Existing structure Rend Rend Demolish	
Attach site plan showing property li- (including driveways, ratios, decks,	
WATER & SEWER SUPPLY: Private Public Proposed Existing	ER SEWER
APPLICANT: I certify that all of the	e statements made in this application

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.

Edward (wien