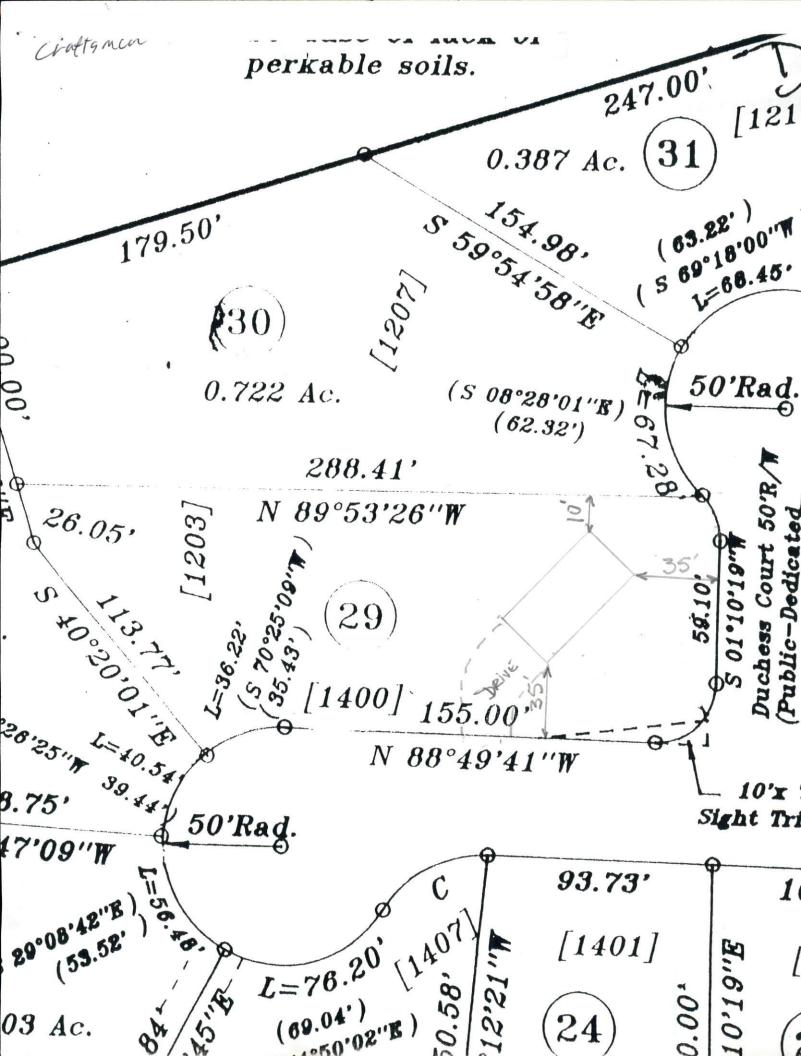
HARNETT COUNTY HEALTH DEPARTMENT ENVORNMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 27546 APPLICATION FOR IMPROVEMENT PERMIT

DATE 9/12/95
NAME CRAFTSMEN Congt Co. TELEPHONE NO. 892-4345
ADDRESS (current) P.O. BOX 1524 Dunn 28334
PROPERTY OWNER JANNY NORMIS
SUBDIVISION NAME STOCKTON LOT NO. 29
STATE RD. NAMESTATE ROAD NO
DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO IF NO PLEASE SHOW A PURCHASE AGREEMENT OR AUTHORIZATION OF AUTHORITY
DIRECTIONS TAKE 210 E., STUCKTON is 1/2 mil befor you
get To Angrer, ON LEFT.
SIZE OF LOT OR TRACT_ 12 Ac +
1. Type of dwelling SFD Basement with plumbing 2. Number of Bedrooms 3 Garage VEG 4. Garbage Disposal NO
WATER SUPPLY - PRIVATE WELLCOMMUNITY SYSTEMCOUNTY
1) A surveyed and recorded map must be attached to this application along with a site plan showing: l)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 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 5 years. The permit is subject to revocation if the site plan, the intended use, or ownership change.
Signature of Owner or Authorized Agent ONLY January Havin

Revised (6/95)



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

APP	PLICATION FOR:			
()	Improvement permit		Zonin	g of Property
()	Mobile Home lot		() Subdi	vision Approval
()	Conditional Use		() Mobil	e Home Park
()	Parking permit		() Gradi	ng permit
()	Satellite Dish Ant	enna	() Tempo	rary permit
()	Signs '		() Speci	al Use
()	Fences		() Other	
			(
APP	PLICANT:		OWNER:	
Nam			Name Craft	Isman Construction
	lress		Address	P.D. Bay 1524
				Aussi, W.E. 28335
PHO	one		Phone 9	10-892-4345
PRE	SENT USE OF PROPERT	Y New Singe	e Family	Homein Suldininger
	L.	24600		
LOC	CATION OF PROPERTY	la la (1)	2	Duy 210 West of Angie
	7		many,	may his with of high
	POSED USE OF PROPER		# Bedro	oms 3 Square feet 1800
				rooms (per unit)
()	Mobile Home (singl	e lot): single	wide	double wide
()	Mobile Home Park:	Section 16, Zor	ning Ordinanc	e must apply
()	Business: total # Type of	of employees pe		
()	Others (specify)_			
()	Existing structure Demolish	Rend	ovate	Addition
	ach site plan showi	ng property lin		of proposed structures by existing structure.
WAT	TER & SEWER SUPPLY:	ITAW	ER SEWE	CR /
		Private		
		Public		
		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.

CONTRO ADMINISTRATOR USE ONLY

NOTES:				
		1		
PERMIT # 9929	5		4	
ZONING ADMINISTRATO	Mesly	M.M.Z		
DATE 9-13-95	- 91			
	and the same	Mr. Jane	to the William	