

Info/Handwritten

com. 9/12/95

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

DATE 9/12/95
NAME CRAFTSMEN Const Co ^{Danny Norris} TELEPHONE NO. 892-4345
ADDRESS (current) P.O. Box 1524 Dunn 28334
PROPERTY OWNER Danny NORRIS
SUBDIVISION NAME STOCKTON LOT NO. 31
STATE RD. NAME _____ STATE 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 210E, STOCKTON is 1/2mi, before you get to Angier, on LEFT

SIZE OF LOT OR TRACT 1/2 AC +

- | | | | |
|-----------------------|---------------|------------------------|------------|
| 1. Type of dwelling | <u>S.F.D.</u> | Basement with plumbing | _____ |
| 2. Number of Bedrooms | <u>3</u> | Garage | <u>YES</u> |
| 3. Dishwasher | <u>YES</u> | | |
| 4. Garbage Disposal | <u>NO</u> | | |

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 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 Danny Norris
by [Signature]

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 same
 Address _____
 Phone _____

OWNER:

Name Craftman Construction
 Address P.O. Box 1524
Drum, N.C. 28335
 Phone 910 892-4345

PRESENT USE OF PROPERTY New Single Family Housing Subdivision

LOCATION OF PROPERTY Lot #31, Glendon Subdivision, Hwy 210, West of Angier

PROPOSED USE OF PROPERTY

- Single Family Dwelling : # Rooms _____ # Bedrooms 3 Square feet 1800
- () 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.