HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 893-7547
APPLICATION FOR IMPROVEMENT PERMIT

	d	DATE June 1, 1995	
	NAME KILARNOLD CORPORATION	TELEPHONE NO. 919-499-2552	
	ADDRESS(current) 5004 Independence	Way, Cameron, NC 28326	
	PROPERTY OWNER KILARNOLD CORPORATION		
	SUBDIVISION NAME HERITAGE VILLAGE LOT NO. ETT EV		
	PROPERTY ADDRESS	STATE RD. NO	
DO YOU HAVE A LEGAL DEED TO THIS PROPERTY ? YES IF NO PLEASE SHOW A PURCHASE AGREEMENT OR AUTHORIZATION OF AUTHORITY IF NO EXPLAIN			
	DIRECTIONS High way 24 past highway 87 West of intersection .7 miles on left		
	SIZE OF LOT OR TRACT_Lots 20,000 square feet or better		
	1. Type of dwelling DW 2. Number of Bedrooms 3 3. Dishwasher YES 4. Garbage Disposal NO	Garage NO	
	WATER SUPPLY - PRIVATE WELL COMMUNITY SYSTEM COUNTY X		
	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 lot.	of dwelling and at each corner	
	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.		
	KILARNOLD CORPORATION		
	Revised (3-93) or Authorized Agent	ONLY.	



