HATTT COUNTY HEALTH DEPARTM SECTION, PO BOX 09, LILL: TON, NC 893-7547 ENVIRONMENTAL HEAL' APPLICATION FOR IMPROVEMENT PERMIT DATE TELEPHONE NO. 9/9-625-655/ NAME ADDRESS (current) OWNER PROPERTY LOT NO. SUBDIVISION NAME STATE ROAD NO. 12-12 PROPERTY ADDRESS 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 SIZE OF LOT OR TRACT 1. Type of dwelling Zeels Basement with plumbing_ _Garage NO 2. Number of Bedrooms _ Dishwasher NO Garbage Disposal NO WATER SUPPLY - PRIVATE WELL____COMMUNITY SYSTEM____COUNTY A plot plan 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 of Owner

Revised (3-93) or Authorized Agent ONLY.