

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

DATE MARCH 14, 1994

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. A44

PROPERTY ADDRESS _____ STATE ROAD NO. 24

DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES X IF NO _____
PLEASE SHOW A PURCHASE AGREEMENT OR AUTHORIZATION OF AUTHORITY
IF No EXPLAIN _____

DIRECTIONS Highway 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 Basement with plumbing NO
- 2. Number of Bedrooms 3 Garage NO
- 3. Dishwasher YES
- 4. Garbage Disposal NO

WATER SUPPLY - PRIVATE WELL _____ COMMUNITY SYSTEM _____ COUNTY X

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.

KILARNOLD CORPORATION

Signature of Owner BY: W. M. [Signature]

Revised (3-93) or Authorized Agent ONLY.

