

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR IMPROVEMENT PERMIT

DATE 2-3-93

NAME JOSEPH ROBERT WEST TELEPHONE NO. 919-864-1167

ADDRESS(current) P.O. BOX 41237
1-800 331-1137
Bob Weston
Christy

PROPERTY OWNER JOSEPH R. WEST

SUBDIVISION NAME MIRE BRANCH ESTATES LOT NO. 16

PROPERTY ADDRESS JOHNSONVILLE STATE ROAD NO. SR.

DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO

IF No EXPLAIN _____

DIRECTIONS _____

SIZE OF LOT OR TRACT 3/4 ACRE

- 1. Type of dwelling NEW HOME Basement with plumbing _____
- 2. Number of Bedrooms 3 Garage
- 3. Dishwasher
- 4. Garbage Disposal

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.

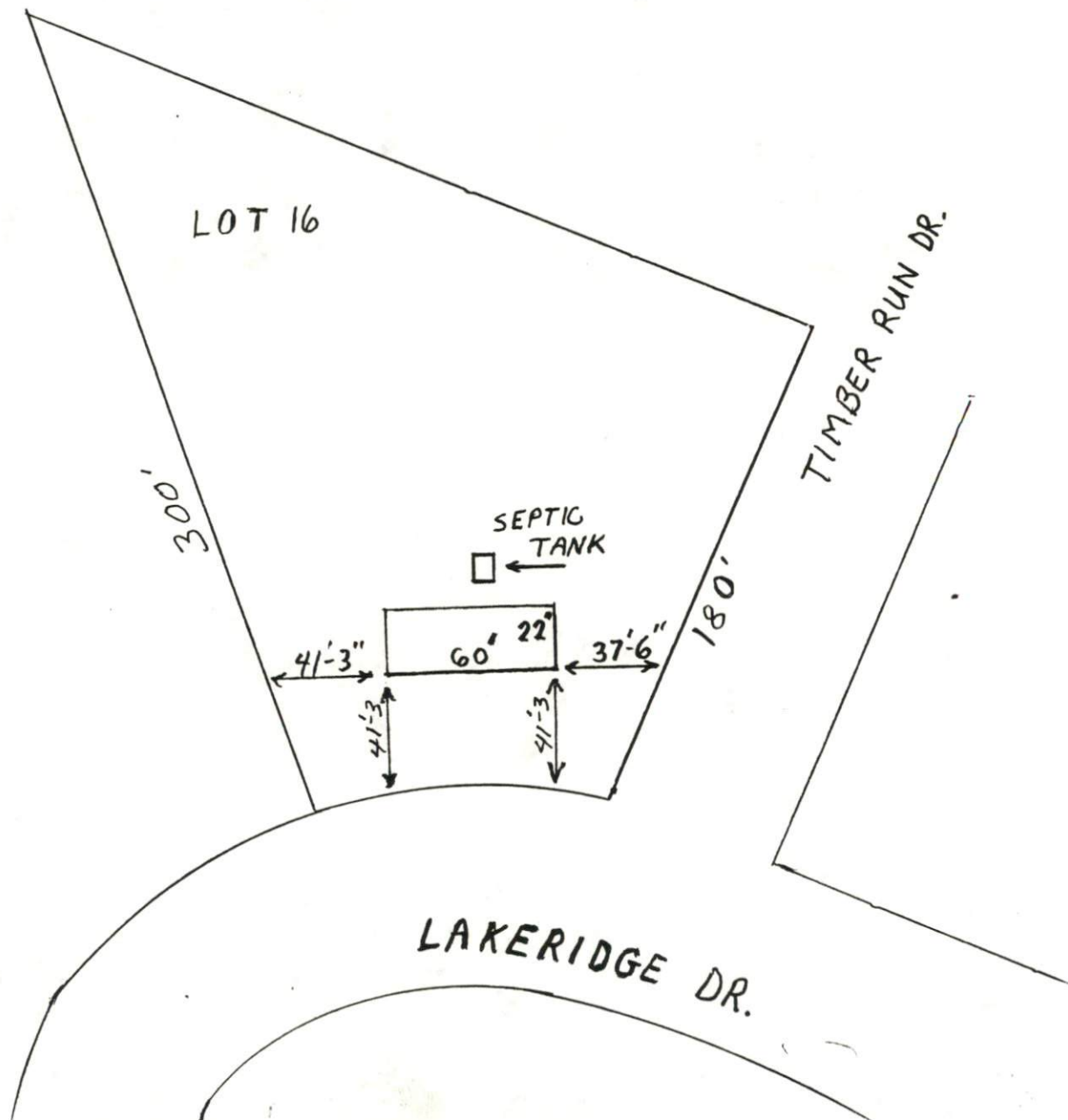
An on site inspection must be made, which consists of a soil evaluation.

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 Joseph Robert West

MIRE BRANCH
ESTATES



SCALE
1" = 60'