

HARNETT COUNTY HEALTH DEPARTMENT *Cond* 11-9-93
ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 893-7547
APPLICATION FOR IMPROVEMENT PERMIT

DATE 11-9-93

NAME HOME INVESTMENTS INC TELEPHONE NO. 499-5412

ADDRESS(current) RT 2 BOX 272-B CAMERON, NC 28326

PROPERTY OWNER GARY WEBB

SUBDIVISION NAME MIRE BRANCH ESTATES LOT NO. 114

PROPERTY ADDRESS _____ STATE ROAD 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

SIZE OF LOT OR TRACT _____

1. Type of dwelling RES Basement with plumbing NO
2. Number of Bedrooms 3 Garage DOUBLE
3. Dishwasher YES
4. Garbage Disposal NO *PERMIT. 7879*

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 Christi Stone

Revised (3-93) or Authorized Agent ONLY.

Sec 5



BROOKRIDGE DRIVE