

## COUNTY OF HARNETT

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Receipt:

Date: 1-16-96

## APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

## PROPERTY DESCRIPTION/LAND USE PERMIT

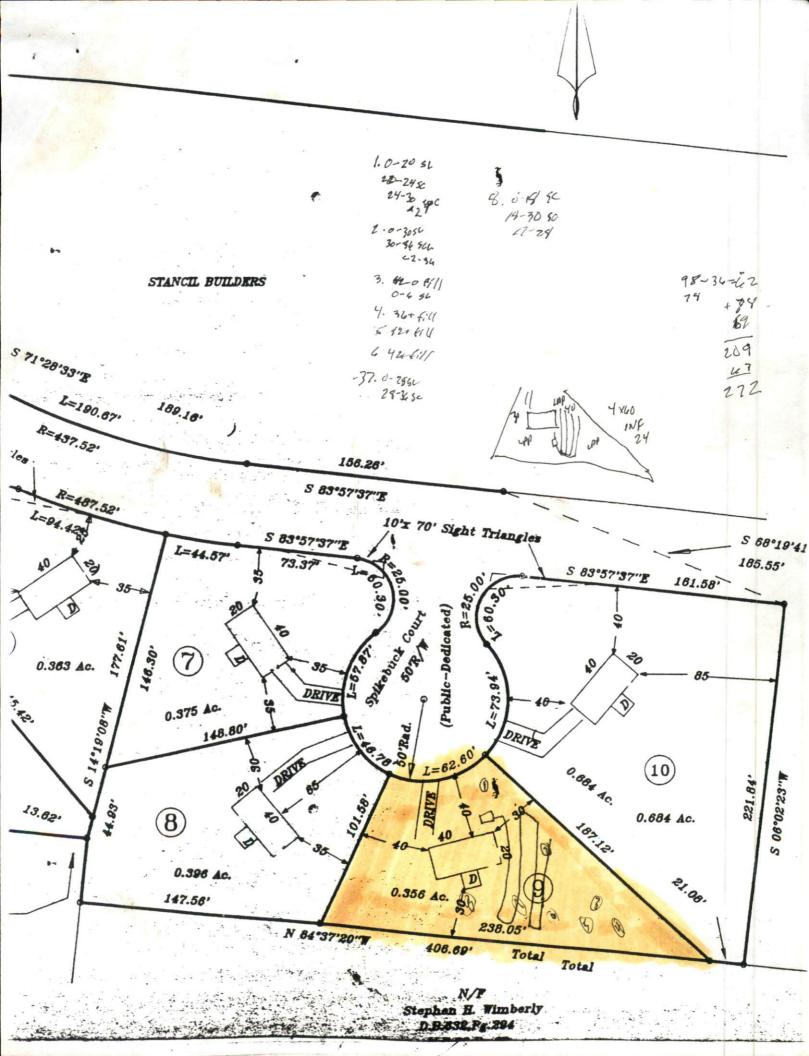
LANDOWNER INFORMATION:	APPLICANT INFORMATION:
NAMEADDRESSH	NAME Stancil Builders ADDRESS 466 Stancil Rd. Angier NC 27501 PHONE W H
PROPERTY LOCATION: Street Address Assigned	414-63-7-20 73
SF #2762 RD. NAME Junie Rd. TO	
TAX MAP NO PARCEL NO	
SUBDIVISION Deer Haven	LOT #9 LOT/TRACT SIZE
ZONING DISTRICT	DEED BOOKPAGE
WATSHED DIST WATER DIST	PLAT BOOKPAGE
Sive Directions to the Property fr	in angles
PROPOSE:  Sq Family Dwelling(Size x Garage Deck  Multi-Family Dwelling No. Uni  Manufactured Home(Size x Deck (size x )  Deck (size x )  Number of persons per Househol  Business SqFt Retail Space  Industry SqFt.  Home Occupation No. Rooms/si Accessory Bldg. Size Addition to Existing Bldg. Size Sign Size Type  Other	) # of Bedrooms 3 Basement(Size
Nater Supply: (V) County (_) Well Sewer: (V) Septic Tank (Existing? Prosion & Sedimentation Control Plans there any wells not on this property line 100 (show on Site P)	DO ) (_) County (_) Other an Required? Ves No lot but within 40 ft of the
NOTE: A Site Plan must be attache	d to this Application, drawn

to scale on an 8.5 by 11 sheet, showing: existing and proposed buildings, garages, driveways, decks, accessory buildings, well, and any wells within 40 feet of your property line.

A recorded deed and recorded plat are also required.

grant property line	Actual	- Minimum	Maximum Requ	ired
Side property line		_		
Corner side line				
Rear Property Line		**		
Nearest building				
Stream		-		
Percent Coverage		_		
Are there any other stru	ctures on th	is tract of	land? M	
No. of single family dwe	111002	No. of manuf	attured nomes	
Other (specify & number)_				
Does the property owner	of this tr	act of land	own any land	that
contains a manufactured	home within	five hundred	feet of the	tract
listed above? Yes	NC			
i nereny CERTIFY that the	e informatio	on contained	merein is tr	ue to
THE DESTRICTION I BOOK	7			
nex & stains		$\bigcap$	n 11. 190	/
Landowner's Signature			n. 16, 199	0
(Or Authorized Agent)		Days	.*.	
, , , , , , , , , , , , , , , , , , , ,				
************	********	*******	**********	2 4 W W 2
FOR OFFICE USE ONLY				****
Copy of recorded final pl	at of subdi	vision on fi	le ?	
Is the lot/tract specifi	ed above in			
County Subdivision Ordina	INCP?	COMPITANCE	with the Har	rnett
Watershed Ordinand				
Mobile Home Park D				
GRANTED		ENIED		
Comments:				
Zoning/Watershed Administ	rator		Date	
The second secon			DETE	

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## LAND USE AND PROPERTY DISCRIPTION TOWN OF ANGIER, N. C.

The same the control of the state of the same to the s	
( ) Improvement permit	( Zoning of Property
) Mobile Home lot	( ) Subdivision Approval
) Conditional Use	( ) Mobile Home Park
) Parking permit	( ) Grading permit
) Satellite Dish Antenna	( ) Temporary permit
) Signs `	( ) Special Use
) Fences	( ) Other
	( / Gener
PPLICANT:	OWNER:
āme	Name STANCIL B. Iders The
ddress	Address 466 STANCIC KD
	AngleR NC 2750/
RESENT USE OF PROPERTY New Single	Phone 639 2073
OCATION OF PROPERTY Junie Rd SI	Lalba Deen Haven Dubalui
ROPOSED USE OF PROPERTY  Single Family Dwelling: # Rooms	# Bedrooms 3 Square feet //00
	#Bedrooms (per unit)
) Multi Family Dwelling: # of units	
	(per unit)
_	(per unit)double wide
square feet ) Mobile Home (single lot): single w	
square feet ) Mobile Home (single lot): single w ) Mobile Home Park: Section 16, Zoni	ng Ordinance must apply day
square feet ) Mobile Home (single lot): single w ) Mobile Home Park: Section 16, Zoni ) Business: total # of employees per Type of business	ng Ordinance must apply day
square feet ) Mobile Home (single lot): single w ) Mobile Home Park: Section 16, Zoni ) Business: total # of employees per	ng Ordinance must apply day
square feet ) Mobile Home (single lot): single w ) Mobile Home Park: Section 16, Zoni ) Business: total # of employees per Type of business ) Others (specify)  Existing structure Renov	ang Ordinance must apply  day  vateAddition es, location of proposed structures

APPLICANT: I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.