## INVIRONMENTAL HEALTH SI ION APPLICATION FOR IMPROVEMENT PERMIT

6/15/94

	DATE /10,1894
NAME Alan + Jane	et James Telephone No. 552-5853
ADDRESS(current)_R1	1 Box 262 Holly Springs, NC- 275
PROPERTY OWNER Buck	- see telaur
SUBDIVISION NAME	LOT NO.
PROPERTY ADDRESS	STATE ROAD NO flores
DO YOU HAVE A LEGAL DEE	ED TO THIS PROPERTY? YESNOX
DIRECTIONS LOIA JA	a smi on sight meft to
SIZE OF LOT OR TRACT	22 acres
2. Number of Bedrooms	COMMUNITY SYSTEMCOUNTY  ched to this application showing: 1) Setting
of dwelling, 2) Desired placement.	placement of septic tank system and 3) well
Place stakes at the exa	ct location of dwelling and at each corner
An on site inspection evaluation.	must be made, which consists of a soil
A zoning permit must before an improvement pe	se obtained from the Planning Department ermit can be issued by this department.
best of my knowledge and denial of permit. Once	the above information is correct to the any false information will result in the the permit is issued, the permit is good.  The permit is subject to revocation if led use change.
Revised (3-91)	signatura alan James

E.H.

## County of Harnett

## ZONING PERMIT

Nº 2969

Date 23 MAY 74

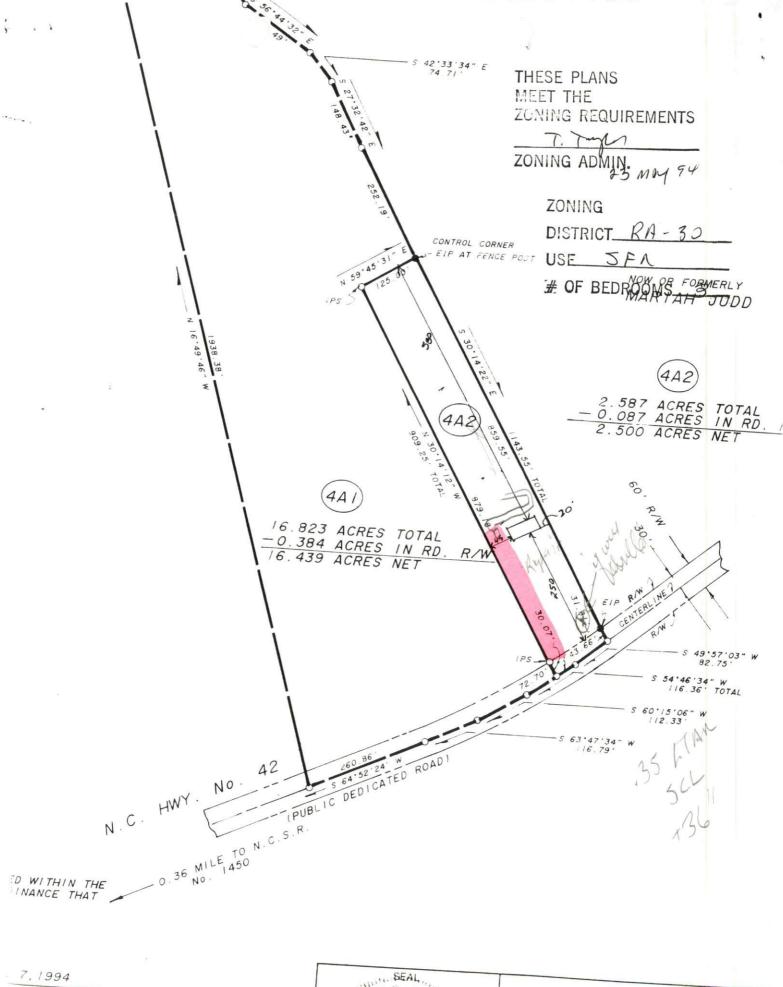
Owner GERTANDA	SMITH (ALAN	4 JANET JAME	6)
Address:RTI_			
Zoning District:_	RA-30	, , ,	,
Use Classificatio	n: _ SFR	(3 BED)	
Permit Number:			

Provided the person accepting this permit shall in every respect conform to the terms of the application on file in the Zoning Administrator's office and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any VIOLATION of the terms above stated immediately REVOKES this PERMIT.

NOTICE: This structure is not to be occupied until a CERTIFICATE OF OCCUPANCY is issued by the Building Official.

PERMIT EXPIRES SIX MONTHS FROM DATE OF ISSUANCE.

PLANNING DEPARTMENT 893-7525



BEAL OAPON MINOR SUBD ALLEN