## HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION APPLICATION FOR IMPROVEMENT PERMIT

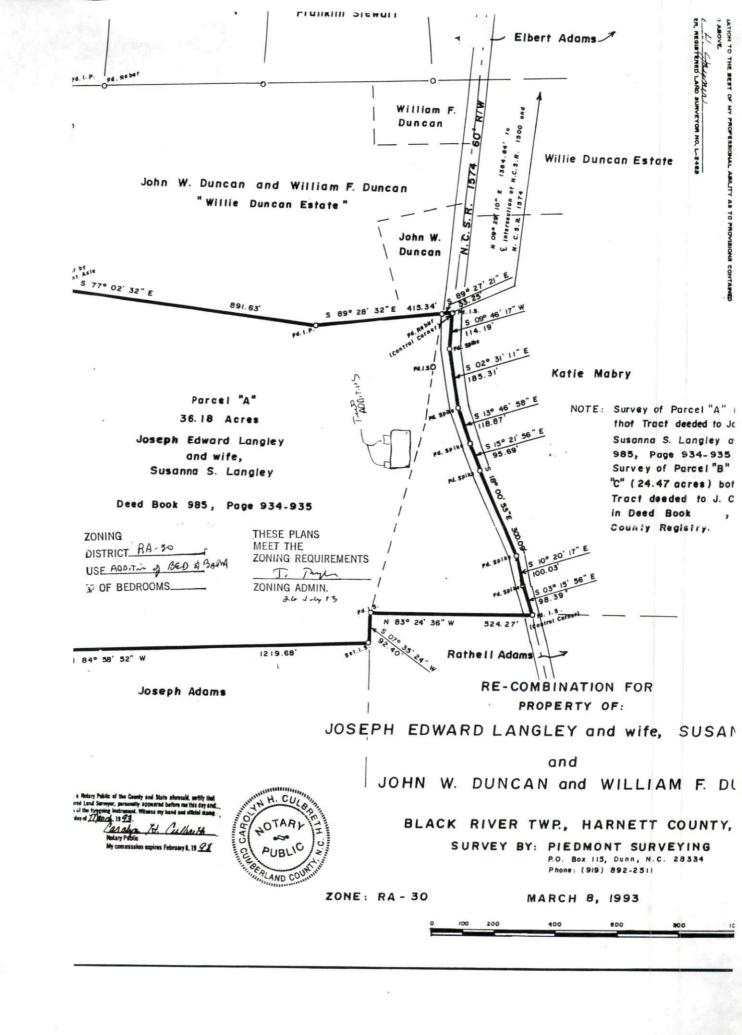
REPAIR

5 - 12 63	
NAME Joe Langley TELEPHONE NO.897-6681	
ADDRESS(current) Coldsboro, N.C. H3BOX35	
PROPERTY OWNER Joe Langley	
SUBDIVISION NAME LOT NO Kith Adam	las !
PROPERTY ADDRESS R+# Z STATE ROAD NO. SR 1546 Road	
DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO	
DIRECTIONS Leaving Angier on Benson Rd - take a right on	
Kink Adams Rd. Eunpaved) - 3th house on the right	
2 full boths, adding I more bedroom, office + Kitchen	
SIZE OF LOT OR TRACT	
1. Type of dwelling Wood Siding Frame  2. Number of Bedrooms Garage  3. Dishwasher Ves  4. Garbage Disposal No	
WATER SUPPLY - PRIVATE WELLCOMMUNITY SYSTEMCOUNTY	
A <u>plot plan</u> 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.	
1 6 10	

Owner's Signature or Autorized Agent

Revised (3-93)





## HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION APPLICATION FOR EXISTING SYSTEM INSPECTION

1NSFECTION 897-6681									
[Lany Banefoot] DATE 7-26-93									
Toe lander (Gen. Contractor)									
NAME OF RANGIEY TELEPHONE NO. 677-0123									
NAME Joe Langley (Lanny Banefoot) DATE 7-26-93  NAME JOE Langley TELEPHONE NO. 639-0123  ADDRESS (current) R+42 Box 53 Angier, N.C. 2>501									
PROPERTY OWNER OF Langley									
PROPERTY ADDRESS SAME STATE ROAD NO. 1574									
SUBDIVISION NAMELOT NO									
PURPOSE OF INSPECTION Existing mobile home space Reconnection of electricity Loan closing Date Remodeling no. of rooms Migrants no. of bedrooms Other									
DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO									
IF NO EXPLAIN 4 mis. E. of Angica on Benson Rd - take a right on									
DIRECTIONS S.R. 1574 (Kirk Adams Rd.) - 3rd house on hight,									
unpaved									
SIZE OF LOT OR TRACT 3 C acres									
WATER SUPPLY - PRIVATE WELL COMMUNITY SYSTEMCOUNTY									
The top of the existing septic tank on the outlet end must be completely uncovered. The lid must be loosened so a visual inspection can be made.									
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. The certification is subject to revocation if the intended use changes. There is a \$10.00 charge for this service.									
SIGNATURE ary 1. Barford Cen. Con									

CONFIRMED

## County of Harnett

## ZONING PERMIT

Nº 2610

Date 26 July 93

Owner _	JOE	LANG	LAY				
Address	RT	2 1	30x 53	ANGIEL	NC	27501	
Zoning [	Distric	ct:	RA-30				
Use Clas	ssific	ation:	ADDITION	y BAD ?	BATH.		
Permit N	lumb	er:		,			

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