HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION APPLICATION FOR IMPROVEMENT PERMIT

	DATE 11/17/92
NAME DANNY NORRIS	TELEPHONE NO. 872-4345
ADDRESS(current) P.O. Box 152	4 DUNN, N.C- 28355
PROPERTY OWNERSAME	
SUBDIVISION NAME TWIN OAKS	LOT NO. # 17
PROPERTY ADDRESS Rt # 4 ANGEIR	STATE ROAD NO. 1440
DO YOU HAVE A LEGAL DEED TO THIS PROP	PERTY? YES NO
IF NO EXPLAIN	W. W.
DIRECTIONS	
SIZE OF LOT OR TRACT	
1. Type of dwelling S.F.D 2. Number of Bedrooms 3 3. Dishwasher Yes 4. Garbage Disposal No	Basement with plumbing No Garage 10 12-18-92
WATER SUPPLY - PRIVATE WELLCOMMU	NITY SYSTEMCOUNTY
A <u>plot plan</u> must be attached to this of dwelling, 2) Desired placement of placement.	application showing: 1)Setting septic tank system and 3) well
Place stakes at the exact location of lot.	of dwelling and at each corner
An on site inspection must be madevaluation.	e, which consists of a soil
A zoning permit must be obtained before an improvement permit can be	from the Planning Department issued by this department.
This certifies that all the above in best of my knowledge and any false in denial of permit. Once the permit for a period of 5 years. The permit site plans or the intended use change	nformation will result in the is issued, the permit is good t is subject to revocation if

Revised (3-91)

SITE EVALUATION FORM

SPECIFY: S (suitable) P (provisionally) U (unsuitable)

FACTORS	AREA 1 _	AREA 2 _	AREA 3 _	AREA 4
TOPOGRAPHY	5	5		
SOIL TEXTURE	05	P		
SOIL STRUCTURE	P	1		
SOIL DEPTH	P	P		
RESTRICT HORIZON				
SOIL WETNESS	1 - V	P		
OTHER		•		
SOIL GROUP	I	III		
SITE CLASSIFICATION	-u-P -	P -	-	
LOT SIZE []		1	I

LIST	RECOMMENDATIONS,	REMARKS,	AND	ALTERNATIVES:	

DATE OF EVALUATION: 11/20/92 BY: Alt H. Byl A-5

DRAW AREAS BELOW;

50

AND

Baper.

Cool de See.

County of Harnett

ZONING PERMIT

Nº 2350

Date 17 Nwg~

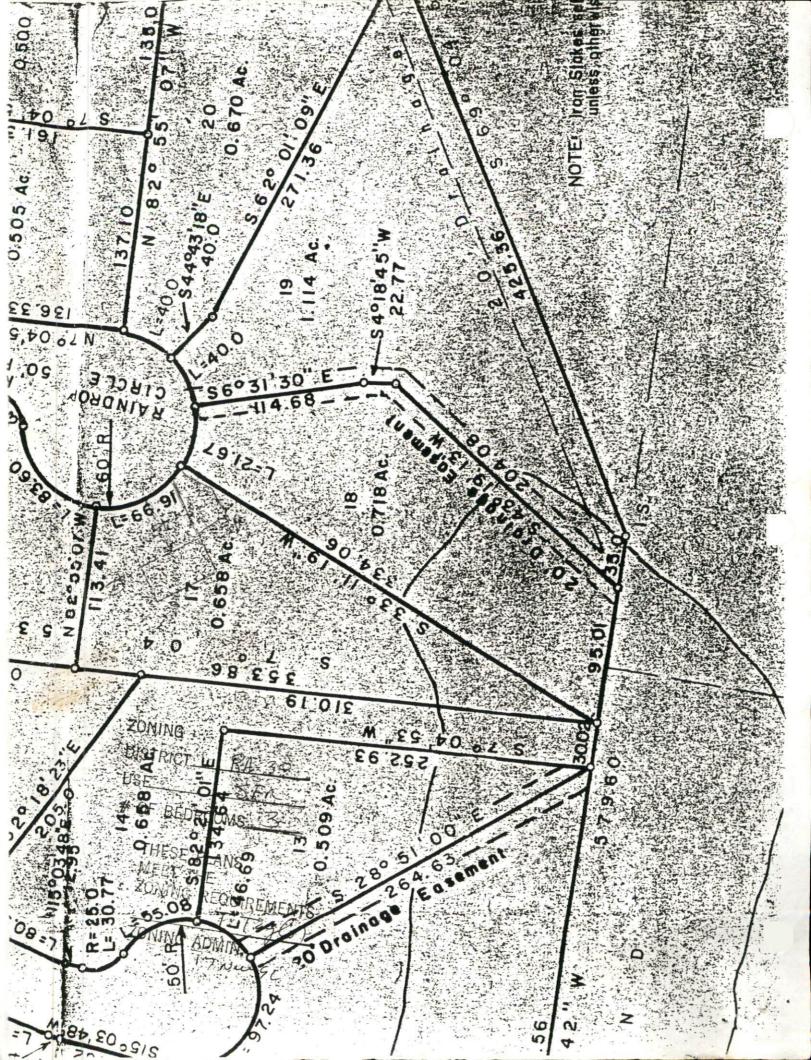
Owner CLASTSMAN CONSTAUL	Tier (DANNY NOMES)			
Address: Po Box 1524	/			
Zoning District: RA- 30				
Use Classification: SFA (380)				
Permit Number: 407 17				

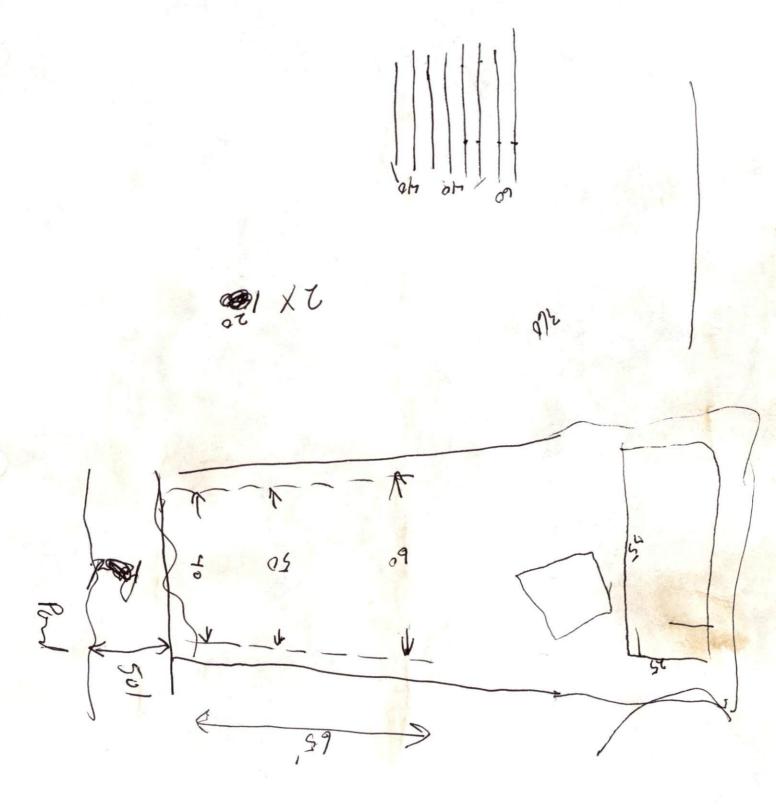
Provided the person accepting this permit shall in every respect conform to the terms of the application on file in the Zoning Administrator's office and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any VIOLATION of the terms above stated immediately REVOKES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





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