HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 893-7547 APPLICATION FOR IMPROVEMENT PERMIT

DATE September 28, 1995 NAME_KILARNOLD CORPORATION TELEPHONE NO. 919-499-2552 ADDRESS(current) 5004 Independence Way, Cameron, NC 28326 PROPERTY OWNER KILARNOLD CORPORATION SUBDIVISION NAME HERITAGE VILLAGE LOT NO. E71 PROPERTY ADDRESS _____ STATE RD. 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 High way 24 past highway 87 West of intersection .7 miles on left SIZE OF LOT OR TRACT Lots 20,000 square feet or better Type of dwelling DW Basement with plumbing NO Number of Bedrooms 3 Garage 2. Dishwasher____ YES Garbage Disposal NO WATER SUPPLY - PRIVATE WELL ___ COMMUNITY SYSTEM ___ COUNTY X 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. KILARNOLD CORPORATION Signature of Owner BY: Revised (3-93) or Authorized Agent ONLY.

