HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HE! [SECTION, PO BOX 09, LII GTON, NC 893-7547 A ICATION FOR IMPROVEMENT 4IT
DATE 10-5-93
NAME BILL JONES JF- TELEPHONE NO.893-6873
ADDRESS (current) Rt 1 Box 292F Bupnleve NC.
PROPERTY OWNER 125
SUBDIVISION NAMELOT NO
PROPERTY ADDRESSSTATE ROAD NO.1260
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 42/ west Right turn on Raven Rock Rd Jobout 15 mile Right Turn on South River R- about 50 yds Right Turnon Bayles Rd- down aboute 1/2 miles Right Turnon Bayles Rd- down aboute 1/2 miles Right Size OF LOT OR TRACT SIZE OF LOT OR TRACT
1. Type of dwelling Tayler Basement with plumbing NO 2. Number of Bedrooms 3 Garage NO 3. Dishwasher 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.

Signature of Owner_

Revised (3-93) or Authorized Agent ONLY.

BILL JONES, JR