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HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION APPLICATION FOR IMPROVEMENT PERMIT

Confirmed Confirmed

	Date 9/7/94
NAME Angela LL Jordan TE	LEPHONE NO. 893-5183 Kelly West
MAILING ADDRESS (CURRENT) \$13 60x530 L	lington UC 20546
PROPERTY OWNER Margaret G. Patterson	
SUBDIVISION NAME division of heirs	LOT NO.
PROPERTY ADDRESS Ata Ullingen NC (Accord	A) STATE RD. NO. SR 1235
DO YOU HAVE A LEGAL DEED TO THIS PROPERTY	? YESNO.X
THE NO EXPLAIN CONNOT have closed record requires a perk test per Tom DIRECTIONS Leaving Lillington an old Hurthur left on the SLBS (Alcack R) ap a	pprox 357 feet prop on the right.
SIZE OF LOT OR TRACT ! 910 Here	1
1. Type of dwelling SWMH Bas 2. Number of Bedrooms Gar 3. Dishwasher 4. Garbage Disposal	
WATER SUPPLY - PRIVATE WELLCOMMUNITY	SYSTEMCOUNTY_X
A <u>Plot plan</u> must be attached to this dwelling, 2) Desired placement of septic	
Place stakes at the exact location of dwe	lling 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 improvement permit can be issued by this	
This certifies that all the above information will once the permit is issued, the permit is permit is subject to revocation if site. Signature	l result in the denial of permit. good for a period of 5 years. <u>The</u>

fature House

