

6:00  
HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 893-7547  
APPLICATION FOR IMPROVEMENT PERMIT

DATE 3-3-95

NAME Sherrill Champion TELEPHONE NO. 893-2508

ADDRESS (current) P.O. Box 2043 Lillington, N.C. 27546

PROPERTY OWNER Lacy B. Champion & wife

SUBDIVISION NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS RT. 5 Box 509 Lillington N.C. STATE ROAD NO. 27

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 go out Hwy. 27 west 3 1/2 miles PAST  
MT. Ariel church on right IT will be Third  
House on left.

SIZE OF LOT OR TRACT .759 Acres

1. Type of dwelling mobile Home Basement with plumbing —
2. Number of Bedrooms 3 Garage —
3. Dishwasher —
4. Garbage Disposal —

WATER SUPPLY - PRIVATE WELL  COMMUNITY SYSTEM \_\_\_\_\_ COUNTY \_\_\_\_\_

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. A copy of the deed must also be attached.

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 Lacy B. Champion  
Revised (3-93) or Authorized Agent ONLY