

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR IMPROVEMENT PERMIT

6/23/94

DATE 6-20-94

7-9-94
"Park" holds dug but
mobile home not staked
sure

NAME Walter Godfrey Kenneth Eckerode TELEPHONE NO. 7749442

ADDRESS (current) PO 2399 Sanford NC

PROPERTY OWNER SM

SUBDIVISION NAME _____ LOT NO. T-33

PROPERTY ADDRESS _____ STATE ROAD NO. 1263

met w/
Eckerode
on lot
Revised site
Mobile Home location same

DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO

IF NO EXPLAIN _____

DIRECTIONS Bill. South 421 Right on At Ben Haven
Medical center next Right on 1264 Next Left on
1263 Lot on corner

SIZE OF LOT OR TRACT 6.95 Acre

- 1. Type of dwelling Mobile Home Basement with plumbing No
- 2. Number of Bedrooms 3 Garage No
- 3. Dishwasher ?
- 4. Garbage Disposal No

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.

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 [Handwritten Signature]