

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR IMPROVEMENT PERMIT

6/20/94

DATE 6-9-94

NAME Eldridge Ellis Williams TELEPHONE NO. 919 499-4335
919 365 3072
1-800 568-0550

ADDRESS (current) Route 14 Box 456, Sanford NC ext 1852
Eldw

PROPERTY OWNER Jame

SUBDIVISION NAME _____ LOT NO. _____

PROPERTY ADDRESS _____ STATE ROAD NO. 1224

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

IF NO EXPLAIN _____

DIRECTIONS Towards Sanford
421 NW, left on state Rd 1222 (Broadway Rd)
to intersection of State Rd 1224 on left. property
located in this "V" section of 1222 and 1224

SIZE OF LOT OR TRACT _____

- 1. Type of dwelling DW _____ Basement with plumbing _____
- 2. Number of Bedrooms 3 _____ Garage _____
- 3. Dishwasher Maybe _____
- 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.

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 _____

