

DUNTY OF HARNET. WW. 196

| S. denne o    |  |
|---------------|--|
| Receipt:      |  |
| Permit:       |  |
| Data: 10-20-9 |  |

## APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

## PROPERTY DESCRIPTION/LAND USE PERMIT

| LANDOWNER INFORMATION:  | LICANT INFORMATION:  |
|---|--|
| NAMENAM   | E Cumberland Homes   |
|   | RESS P.O. BOX 1524<br>Unn. NC 28334<br>NE W 892-4347 H   |
| Street Address Assigned Stockton  |  |
| SR # RD. NAME TOWNSHIP  |  |
| TAX MAP NO PARCEL NO FLOOR  | D PLAIN PANEL  |
| SUBDIVISION LOT   | 82 LOT/TRACT SIZE  |
| ZONING DISTRICT DEED  | BOOKPAGE   |
| WATSHED DIST. WATER DIST.   | PLAT BOOKPAGE  |
| Give Directions to the Property from Lil  |  |
|   |  |
| Carage Deck (size x ) # of Garage Deck (size x ) # of Garage Deck (size x ) # of Deck | How sq.   How Basement   Bedrooms   Basement   Bedrooms   Basement   Baseme |
| re there any wells not on this lot be property line(show on Site Plan),   | ut within 40 ft of the   |
| NOTE: A Site Plan must be attached to to scale on an 8.5 by 11 sheet, s proposed buildings, garages, drivings, well, and any wells wiproperty line.   | his Application, drawn<br>howing: existing and<br>/eways, decks, accessory<br>thin 40 feet of your   |

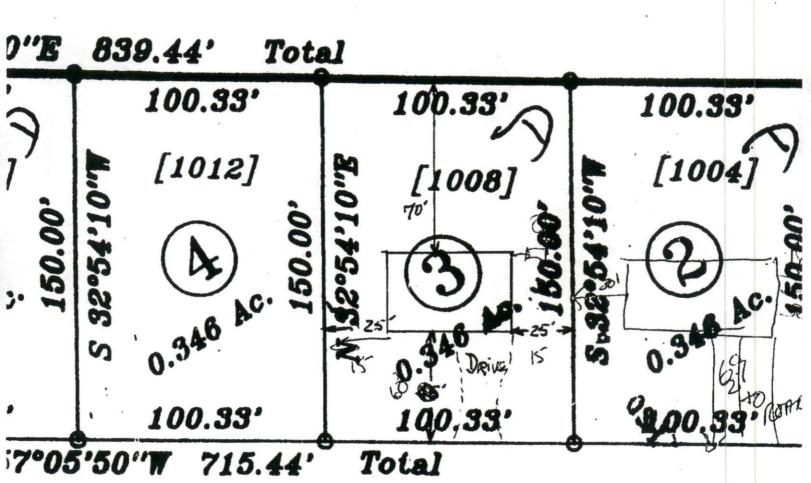
## LAND USE AND PROPERTY DISCRIPTION TOWN OF ANGIER, N. C.

| 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2                          |  |  |  |
|--|--|--|--|
| ( ) Subdivision Approval                                       |  |  |  |
|  |  |  |  |
| ( ) Mobile Home Park   |  |  |  |
| ( ) Grading permit   |  |  |  |
| ( ) Temporary permit   |  |  |  |
| ( ) Special Use  |  |  |  |
| () Other   |  |  |  |
| ( ) Other  |  |  |  |
| OWNER:   |  |  |  |
|  |  |  |  |
| Name Construction  |  |  |  |
| Address 70, 604 /524   |  |  |  |
| Phone 615 897 4345   |  |  |  |
| PRESENT USE OF PROPERTY Single Janus Jausing Subhirisian       |  |  |  |
|  |  |  |  |
| Subdivision, Augus, M.C.                                       |  |  |  |
| # Bedrooms 3 Square feet 1400                                  |  |  |  |
| #Bedrooms (per unit)   |  |  |  |
| per unit)  |  |  |  |
| edouble wide   |  |  |  |
| ( ) Mobile Home Park: Section 16, Zoning Ordinance must apply  |  |  |  |
| ( ) Business: total # of employees per day Type of business    |  |  |  |
|  |  |  |  |
| eAddition  |  |  |  |
| location of proposed structures .) and any existing structure. |  |  |  |
| SEWER  |  |  |  |
|  |  |  |  |

APPLICANT: I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application.

Authorized Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

N 32°44 To NCG



Stackton DRIVE