NTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NO APPLICATIO FOR IMPROVEMENT PERMIT DATE NO.65 TELEPHONE ADDRESS(current) OWNER PROPERTY LOT NO TOVALL STATE ROAD NO 1509 SUBDIVISION NAME R 1509 PROPERTY ADDRESS 5 DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES PLEASE SHOW A PURCHASE AGREEMENT OR AUTHORIZATION OF AUTHORITY IF NO EXPLAIN 0 10 SIZE OF LOT OR TRACT 3.66 1. Type of dwelling Sig. Fall Re Basement with plumbing 2. Number of Bedrooms 3 3. Dishwasher N 4. Garbage Disposal N COUNTY _COMMUNITY SYSTEM_ WATER SUPPLY - PRIVATE WELL 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 An on site inspection must be made, which consists of a soil 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 Revised (3-93) or Authorized Agent ONLY.

confinmen 4-6-95 ENVIRONMENTAL HEA | SECTION, PO BOX 09, LIL GTON, NC 893-7547

DATE 3/13/95
NAME STRART STOVALL TELEPHONE NO. 639-9760
ADDRESS (current) 22.4 Box 130 Angui, NS. I
PROPERTY OWNER STNART STOVALL
SUBDIVISION NAME STOVACC LOT NO. A
PROPERTY ADDRESS 5 R 1509 Lot A STATE ROAD NO! 509
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 210 N. to Matthew Mill Ponded 5. Le SR1509 E. 7/8 mile on S. Side of Rd
5. to SR1509 E. 7/8 mile on S. side of Rd
SIZE OF LOT OR TRACT 3.663
1. Type of dwelling Sign. Full Rem Basement with plumbing 2. Number of Bedrooms 3 Garage 3. Dishwasher 6 4. Garbage Disposal 8 WATER SUPPLY - PRIVATE WELL COMMUNITY SYSTEM COUNTY
A <u>plot plan</u> must be attached to this application showing: 1) Setting of dwelling, 2) Desired placement of septic tank system and 3) well

NETT COUNTY HEALTH DEPART

APPLICATION FOR IMPROVEMENT PERMIT

placement. A copy of the deed must also be attached.

Place stakes at the exact location of dwelling and at each corner of lot.

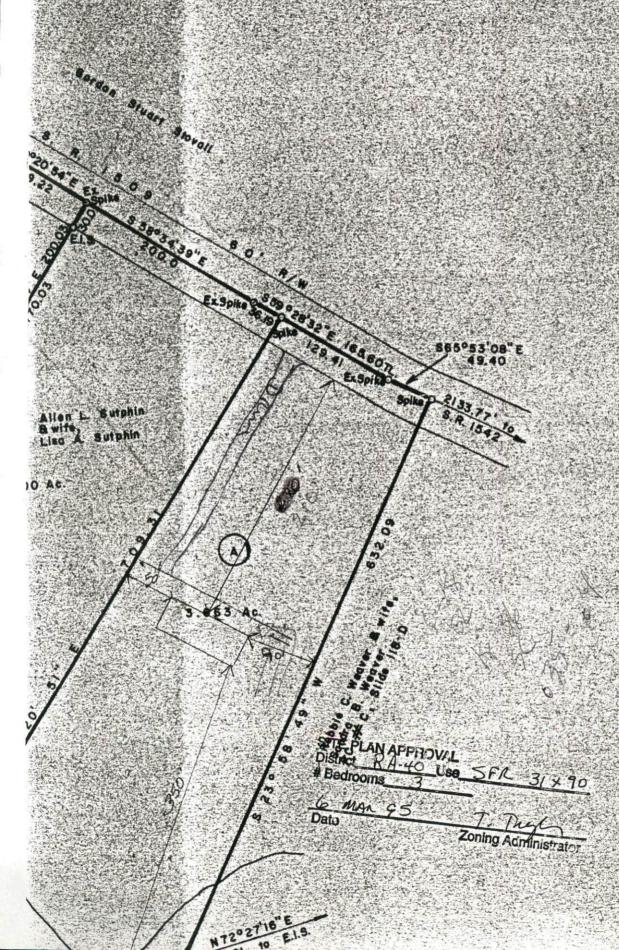
An on site inspection must be made, which consists of a soil evaluation.

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

Revised (3-93) or Authorized Agent ONLY.



County of Harnett

ZONING PERMIT

Nº 3378

Date \$ 6 man 95

Owner STUALT STOUALL

Address: RT 4 Box 130 ANGIRU NC 2750/

Zoning District: RA-40

Use Classification: SFR 3 BRD 31 + 90

Permit Number: "A" of GADON STUART STOUAL

Provided the person accepting this permit shall in every respect conform to the terms of the application on file in the Zoning Administrator's office and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any VIOLATION of the terms above stated immediately REVOKES this PERMIT.

NOTICE: This structure is not to be occupied until a CERTIFICATE OF OCCUPANCY is issued by the Building Official.

PERMIT EXPIRES SIX MONTHS FROM DATE OF ISSUANCE.

PLANNING DEPARTMENT 893-7525