

DATE 3, 3/95

NAME STUART STOVALL TELEPHONE NO. 639-9760

ADDRESS (current) Box 130 Anglin, MS. 27501

PROPERTY OWNER STUART STOVALL LOT NO. "A"

SUBDIVISION NAME STOVALL

PROPERTY ADDRESS SR 1509 Lot A STATE ROAD NO. 1509

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 Matthews Mill Pond Rd.  
S. to SR 1509 E. 3/4 mile on S. side of rd.

SIZE OF LOT OR TRACT 3.663

1. Type of dwelling Sing. Fully Ren Basement with plumbing \_\_\_\_\_
2. Number of Bedrooms 3 Garage y
3. Dishwasher N
4. Garbage Disposal N

WATER SUPPLY - PRIVATE WELL  COMMUNITY SYSTEM  COUNTY Harnett

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 [Signature]  
Revised (3-93) or Authorized Agent ONLY.

continued  
4-6-95

1 NETT COUNTY HEALTH DEPART NT  
ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LIL GTON, NC 893-7547  
APPLICATION FOR IMPROVEMENT PERMIT

DATE 3/13/95

NAME STUART STOVALL TELEPHONE NO. 639-9760

ADDRESS (current) Box 130 Anglin, MS. 27501

PROPERTY OWNER STUART STOVALL

SUBDIVISION NAME STOVALL LOT NO. "A"

PROPERTY ADDRESS SR 1509 Lot A STATE ROAD NO. 1509

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PLEASE SHOW A PURCHASE AGREEMENT OR AUTHORIZATION OF AUTHORITY  
IF NO EXPLAIN \_\_\_\_\_

DIRECTIONS 210 N. to Matthews Mill Pond Rd.  
S. to SR 1509 E. 3/4 mile on S. side of Rd.

SIZE OF LOT OR TRACT 3.663

1. Type of dwelling Sing. Family Res Basement with plumbing \_\_\_\_\_
2. Number of Bedrooms 3 Garage 1
3. Dishwasher N
4. Garbage Disposal N

WATER SUPPLY - PRIVATE WELL  COMMUNITY SYSTEM  COUNTY Hunt

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.

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Signature of Owner [Signature]  
Revised (3-93) or Authorized Agent ONLY.

Gordon Stuart Spovoll

S. R. 1509  
20°54'E Ex Spike  
9.22  
E.I.S.  
200.03  
300.0

558°34'39"E  
200.0  
80' R/W

559°28'32"E 168.60L  
Ex Spike 36.19  
Spike 129.41  
Ex Spike

865°53'08"E  
49.40

2133.77' 10  
S.R. 1542

Allen L. Sutphin  
B wife  
Lisa A. Sutphin

10 Ac.

50' 31" E



3.863 Ac.

632.09

Abbie C. Weaver & wife.  
Dora R. Weaver & wife.  
C. C. Slide 10-D

PLAN APPROVAL

District RA-40 Use

# Bedrooms 3

SFR 31790

6 MAR 95  
Date

T. Pugh  
Zoning Administrator

N72°27'16"E  
to E.I.S.

# County of Harnett

## DEPARTMENT OF PLANNING ZONING PERMIT

No 3378

Date 6 MAR 95

Owner STUART STOVALL

Address: RT 4 Box 130 ANGIER NC 27501

Zoning District: RA-40

Use Classification: SFR 3 BED 31 + 90

Permit Number: "A" of GORDON STUART STOVALL

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**