HARNETT COUNTY HEALTH DEARTMENT ENVIRONMENTAL HEALTH SECTION APPLICATION FOR IMPROVEMENT PERMIT

NAME MICHAEL STURCHUAME	Date 11-28-74
NAME/ ICHAEL Jurclivant	TELEPHONE NO. 910-897-7571
MAILING ADDRESS (CURRENT) 145/ BOX 88	GRWIN NL 28339
PROPERTY OWNER	
SUBDIVISION NAME	LOT NO.
PROPERTY ADDRESS AS 1. BOX 88	STATE RD. NO. N.C.
DO YOU HAVE A LEGAL DEED TO THIS PROPER	TY? YESNO
IF NO EXPLAIN	
DIRECTIONS 4.S. ADI- South, Two Left	
50 Feet time RIGHT that house	on dre Left.
SIZE OF LOT OR TRACT 3 query .	
1. Type of dwelling to built Basement with plumbing	
WATER SUPPLY - PRIVATE WELLCOMMUNIT	Y SYSTEM COUNTY HARHELLE
A <u>Plot plan</u> must be attached to this applicastion 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, whic	
A zoning permit must be obtained from improvement permit can be issued by this	the Planning Department before a 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	Chall Turchinal
REVISED (9-94)	