

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LINDEN, NC 28356  
APPLICATION FOR IMPROVEMENT PERMIT

Repair

DATE 03-15-95

NAME LABORN D. SULLIVAN TELEPHONE NO. 497-7398

ADDRESS (current) RT 2 BOX 67 LINDEN NC 28356 W) 630-5604  
910

PROPERTY OWNER LABORN D SULLIVAN

SUBDIVISION NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS RT 2 BOX 67 LINDEN NC STATE ROAD NO. 2044

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 RT OFF 4015 TO REEVES BRIDGE RD - LEFT  
ONTO WILL LUCAS RD - 1/4 MI. ON RT - BRICK HOUSE -  
GRAY BARN IN PARK

SIZE OF LOT OR TRACT 2.2 ACRES

- 1. Type of dwelling BRICK HOUSE Basement with plumbing NO
- 2. Number of Bedrooms 3 Garage YES
- 3. Dishwasher YES
- 4. Garbage Disposal NO

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. 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 Laborn D. Sullivan  
Revised (3-93) or Authorized Agent ONLY.