HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

Application for Repair

0 44 0	1	EMAIL ADDRES	SS:	
NAME BOSSY B	Lockma	PHONE NUMBE	R_910	892-8776
PHYSICAL ADDRESS 59	93 Fai	ropoun	dia	1-Dunn
MAILING ADDRESS (IF DIFFFERENT	THAN PHYSICAL)	0		28334
IF RENTING, LEASING, ETC., LIST PI	ROPERTY OWNER NAME_			
	a contract of the contract of			
SUBDIVISION NAME	LOT #/TRACT #	STATE RD/HV	VY	SIZE OF LOT/TRACT
Type of Dwelling: [] Modular	[] Mobile Home	Stick built [] Othe	r	
Number of bedrooms	[] Basement			
Garage: Yes [] No []	Dishwasher: Yes	[]No[]	Garb	age Disposal: Yes [] No []
Water Supply: Private Well	[] Community Sy	stem [] Coun		[]
Directions from Lillington to your si	ite: Soul			
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1. A <u>"surveyed and recorded r</u>	owing on your survey map. Indicate the distribution box will be agged, underground utilities that your site is ready.	I need to be uncovered an	to this applicand property line sign has been	tion. Please inform us of any is flagged. After the tank is placed, you will need to call
applicable.)				
By signing below, I certify that all of the denial of the permit. The permit	the above information is only is subject to revocation if	correct to the best of my k the site plan, intended us	nowledge. Fals	se information will result in
0 420	1			