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HARNETT COUNTY HEALTH DEPARTMENT ENVORNMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 27546 W - 9/0 484-595 APPLICATION FOR IMPROVEMENT PERMITLANNY Stephensts - 877-5369 NAME Thomas Barnes TELEPHONE NO. (90) 488-8939 ADDRESS (current) 23/ Croydon Ave, Fayetteville, N.C. 28311 PROPERTY OWNER Thomas Barnes SUBDIVISION NAME\_\_\_\_\_LOT NO.\_\_\_\_ STATE RD. NAME ///Aple Rd STATE ROAD NO. 1564 DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES\_\_\_\_NO\_\_ IF NO PLEASE SHOW A PURCHASE AGREEMENT OR AUTHORIZATION OF AUTHORITY DIRECTIONS . 25 miles West ON Maple Rd from intersection of Carson Gregory Rel SIZE OF LOT OR TRACT 43 Acres 1. Type of dwelling Residence Basement with plumbing No
2. Number of Bedrooms Garage 2 Car
3. Dishwasher WATER SUPPLY - PRIVATE WELL\_\_\_\_COMMUNITY SYSTEM\_\_\_\_COUNTY\_1 1) A surveyed and recorded map must be attached to this application along with a site plan showing: 1)Location of dwelling, 2)Location of driveway, 3)Location of any wells and other existing structures. A copy of the deed must also be attached. 2) Read and complete all items in the "Instructions for Soil Evaluation." 3) If your property is located in the Northern half of the county (North of the Cape Fear River) 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. Any false information will result in the denial of the permit. Once the permit is issued, it is good for a period of 5 years. The permit is subject to revocation if the site plan, the intended use, or ownership change.

Signature of Owner or

Authorized Agent ONLY Thomas Barnes

ZNVIK. MCHLIH

## County of Harnett

## ZONING PERMIT

Nº 3565

Date July 6, 1995

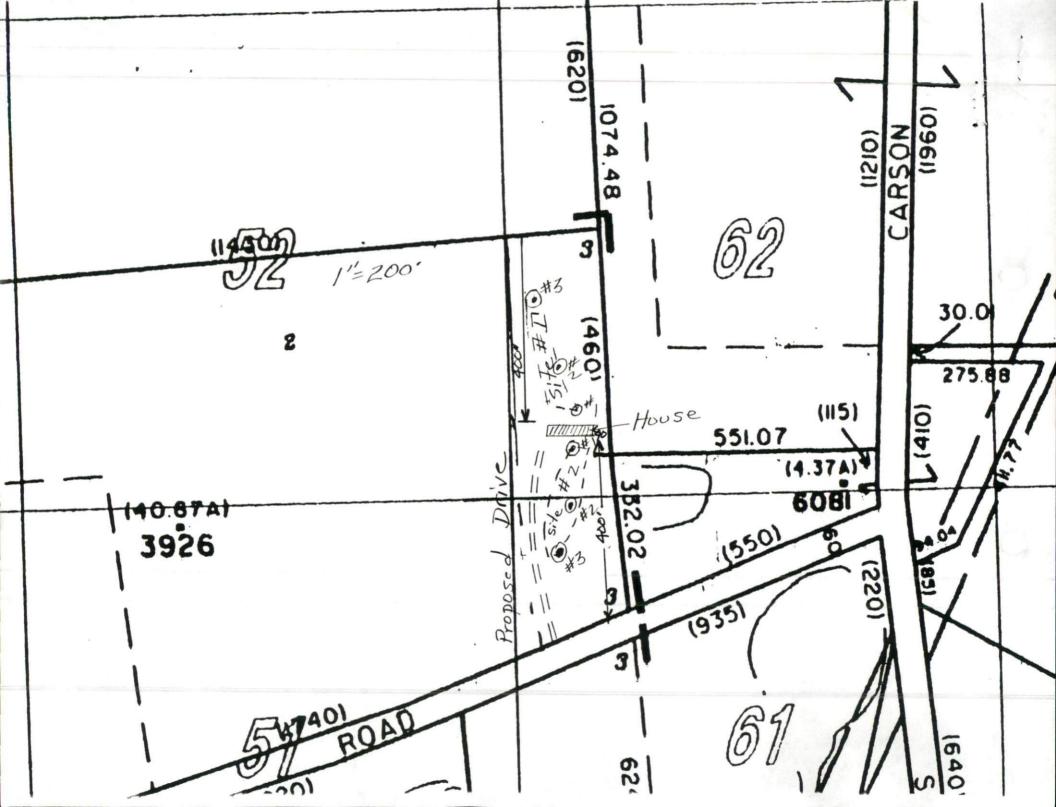
Owner Thomas Barnes	
Address: 231 Cray den Ave. Fayetteville NC 28311	
Zoning District: RA-30	man
Use Classification: _SFR 3 bedrooms	<i>V</i> .
Permit Number: 3565 SK 1564 500' w. of int. w/ SK 15	547

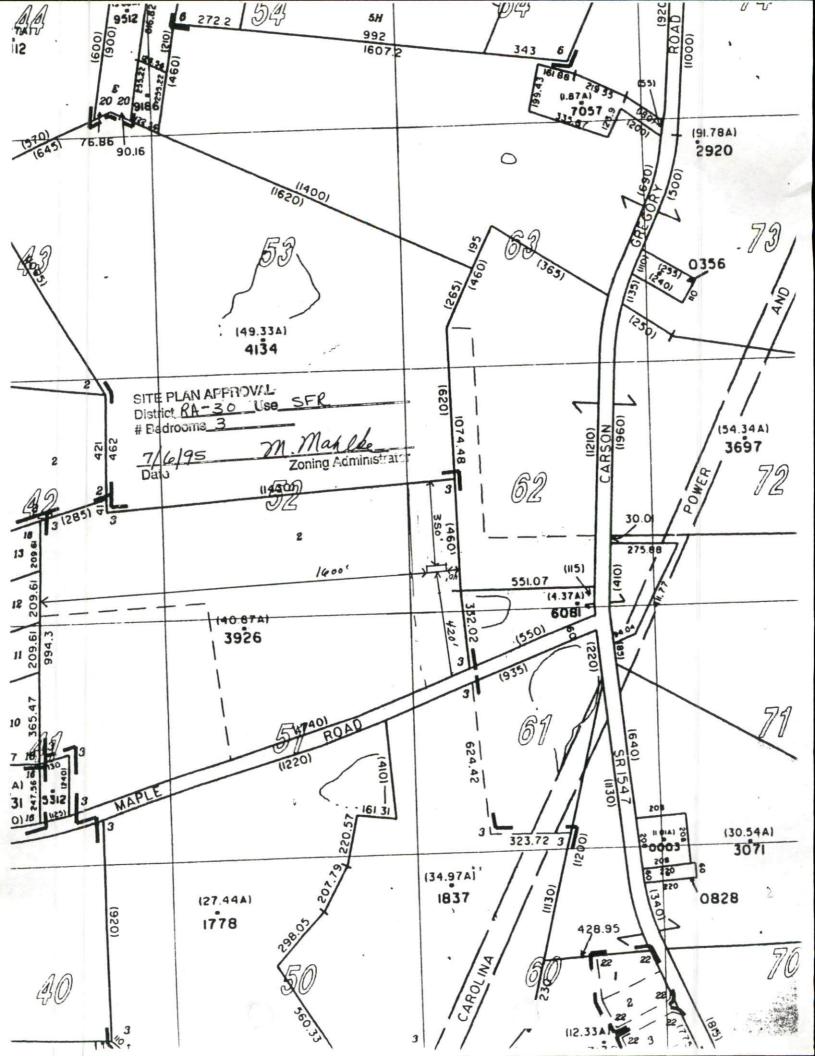
Provided the person accepting this permit shall in every respect conform to the terms of the application on file in the Zoning Administrator's office and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any VIOLATION of the terms above stated immediate:y REVOKES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





SNUIR. HEALTH

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