

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR IMPROVEMENT PERMIT

Date 1-13-95

NAME Chester Beard TELEPHONE NO. 919-893-5097

MAILING ADDRESS (CURRENT) P.O. Box 841, Lillington, N.C. 27546

PROPERTY OWNER Chester Beard

SUBDIVISION NAME — LOT NO. B Site 2

PROPERTY ADDRESS Stockyard Rd STATE RD. NO. 2035

DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO

IF NO EXPLAIN _____

DIRECTIONS 1 mile south on 401 to Stockyard Rd to right dirt Rd then 1/4 mile on Right in clear field

SIZE OF LOT OR TRACT approx 2 acre track

1. Type of dwelling mobile Homes Basement with plumbing _____
2. Number of Bedrooms 3 Garage _____
3. Dishwasher _____
4. Garage Disposal _____

WATER SUPPLY - PRIVATE WELL _____ COMMUNITY SYSTEM _____ COUNTY X

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.

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 Chester Beard

