

1-3-95

HARNETT COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION  
APPLICATION FOR IMPROVEMENT PERMIT

Date 12-22-94

NAME Willie O. Beasley Jr. TELEPHONE NO. 894-5938

MAILING ADDRESS (CURRENT) 703 W Parrish Dr. Benson NC 27504

PROPERTY OWNER Same

SUBDIVISION NAME \_\_\_\_\_ LOT NO. 889

PROPERTY ADDRESS Old Yauground Pl., Allen STATE RD. NO. SR-1705

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

IF NO EXPLAIN \_\_\_\_\_

DIRECTIONS 421-Sa. to Hwy 27 Through Coats to  
SR-1705 TR go about 3 mi. on R in Curve

SIZE OF LOT OR TRACT 2.3 ac.

- 1. Type of dwelling Double Wide Basement with plumbing —
- 2. 3
- 3. Dishwasher —
- 4. Garage Disposal —

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.

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 Willie O. Beasley Jr.

ENVIR. HEALTH

# County of Harnett

Improvement  
Permit

## DEPARTMENT OF PLANNING/DEVELOPMENT CONDITIONAL USE PERMIT

Date December 22, 1994

Owner: Willie O. Beasley Jr.

Address: 703 W. Parrish Dr. Benson NC 27504

Zoning District: RA-30

Use Classification: DW MH 3 bedrooms

Permit Number: No 916

*ndm*

Special Conditions: 1) MH must have pitched roof; 2) MH must be placed on permanent, brick foundation; 3) Towing apparatus must be removed, underpinned or landscaped; 4) Items 2 & 3 must be completed within 60 days of receipt of certificate of occupancy.

*mb*

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 Ordinance regulating development in Harnett County. Any VIOLATION of the terms above stated immediately 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/DEVELOPMENT DEPARTMENT  
893-7525

The foregoing certificate(s) of

**Ensign C. Pomlet**

Notary Public (Notaries Public State certified to be correct. This instrument was presented for registration and recorded in this office at **Rocky Mount, NC** on the **20** day of **April** 19**88** at **8:15** o'clock **P**. M.

*John P. Holden - JR. CIV*

SITE PLAN APPROVAL

District **RA-3** Use **DW M H**

# Bedrooms **3** **CORRECTION # 916**

Date **12/22/94** **M. M. M. M.**  
Zoning Administrator  
**BEASTLER**

