

COUNTY OF HARNE

Receipt:

Dans 1- 13-5-

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

	PROPERTY D	ESCRIPTION/	LAND USE PERMIT	con,
10	LANDOWNER INFORMATION:		APPLICANT INFORMATION:	131/96
*	NAME Rose for Farra ADDRESS PO Box 2067 PHONE 892-1987 W 893-5748	_	NAMEADDRESSW_	н
	PROPERTY LOCATION: Street Address Assigned _			
	TAX MAP NO 610-18 PARCE SUBDIVISION 1. S. CONTON ZONING DISTRICT N A WATSHED DIST. IV. WATE Give Directions to the Property of the Property	D D D D D D D D D D D D D D D D D D D	EED BOOK 1170 PAGE 503 PLAT BOOK PAGE 126 PLAT BOOK PAGE 121 - +	35,4 135,4 =481-0
	Sg Family Dwelling(Si: Garage	No. Units No. Units No. Units X	# of Bedrooms D Basemer (size O x (Z) No. Bedrooms/unit of Bedrooms Garage Type Use Use Location # Location Required? Yes No of the or the state of the sta)ther
*	NOTE: A Site Plan must be to scale on an 8.5	e attached by 11 sheet	to this Application, dr t, showing: existing an	awn d

A recorded deed and recorded plat are also required.

property line.

proposed buildings, garages, driveways, decks, accessory buildings, well, and any wells within 40 feet of your

Front property line 500 10
Corner side line
Rear Property Line 450 Nearest building
Stream
Percent Coverage
10
Are there any other structures on this tract of land? NO. of single family dwellings No. of manufactured homes
Other (specify & number)
ness the property owner of this tract of land own any land that
contains a manufactured home within five hundred feet of the tract
listed above? Yes No
I hereby <u>CERTIFY</u> that the information contained herein is true to the best of my knowledge; and by accepting this permit shall in
respect conform to the terms of this application and to the
provisions of the Statutes and Ordinances regulating development in Harnett County. Any VIOLATION of the terms above stated
DEUNYES this PERMIT. I turther understand this
structure is not to be occupied until a CERTIFICATE OF OCCUPANCY is issued. This permit expires six months from date issued.
1-13-97 Date
Landowner's Signature // Date (Or Authorized Agent)
(e) Accide to

FOR OFFICE USE ONLY
Copy of recorded final plat of subdivision on file?
Is the lot/tract specified above in compliance with the Harnett
County Subdivision Ordinance?
Watershed Ordinance? Mobile Home Park Ord?
ISSUED DENIED
Comments:
1-13-97
Zoning/Watershed Administrator Date
ZONING/ March Ance/

C:\WPZ\FORMS\PDLUPERM

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