H FETT COUNTY HEALTH DEPAR INT IVIRONMENTAL HEALTH SECT APPLICATION FOR IMPROVEMENT PERMIT

DATE 4-4-94
NAME Ronald July TELEPHONE NO. 893-9069
ADDRESS(current) P.O. BOX 1011 Lillington, N.
PROPERTY OWNER Ponald Kelly
SUBDIVISION NAMELOT NO
PROPERTY ADDRESS RT 2. LILLINGTON, M.C. STATE ROAD NO. 1253
DO YOU HAVE A LEGAL DEED TO THIS PROPERTY? YES NO
DIRECTIONS Low 27W Co about Smile The Hard
at lot gene on it, & granile; see on the right
The 5th house. 7
SIZE OF LOT OR TRACT 2:64 ACRC
1. Type of dwelling M.A. Basement with plumbing 2. Number of Bedrooms Garage 3. Dishwasher 4. Garbage Disposal
WATER SUPPLY - PRIVATE WELLCOMMUNITY SYSTEMCOUNTY
A <u>plot plan</u> 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.

signatura Ronald Felly

