4/4/94

HA TT COUNTY HEALTH DEPARTMENT
IRONMENTAL HEALTH SECTION
APPLICATION FOR IMPROVEMENT PERMIT

DATE 4/4/94

NAME STEVEN LYNCH TELEPHONE NO. 893-6320

ADDRESS(current) Rt #1 Box 318 Broadway NC 27505

PROPERTY OWNER SAME

SUBDIVISION NAME _____ LOT NO. _____

PROPERTY ADDRESS Rt #4 Lillington STATE ROAD NO. 421

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

IF No EXPLAIN ~~approx. 5 miles West of Lower Lake~~

DIRECTIONS Hwy 421 Towards Sanford, Pass Joe Collins RD Approx ½ mile Dirt Road Intersection. Take Right off Hwy 421 Mobile Home on Right Approx (1100 Ft)

SIZE OF LOT OR TRACT _____

1. Type of dwelling HOUSE Basement with plumbing NO
2. Number of Bedrooms 3 Garage YES
3. Dishwasher NO
4. Garbage Disposal NO

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.

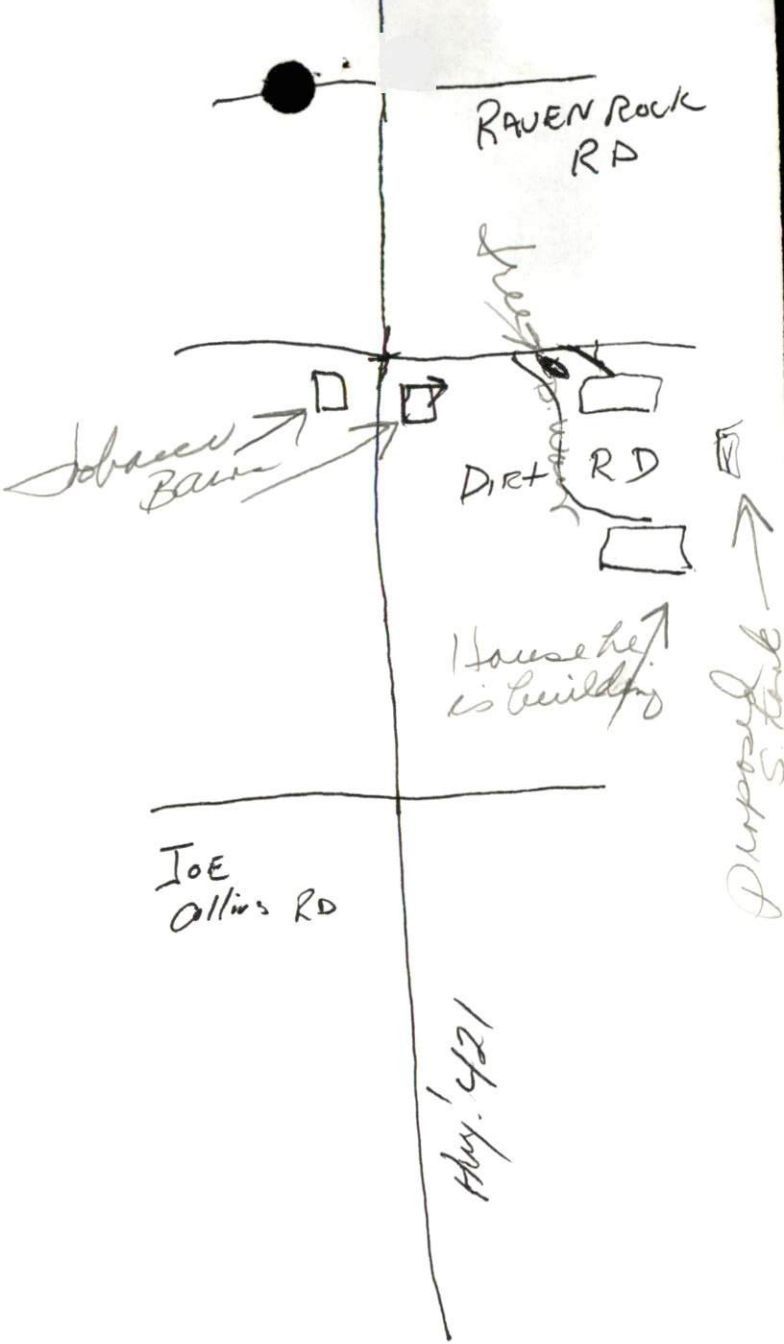
An on site inspection must be made, which consists of a soil evaluation.

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 S Lynch

Revised (3-91)


RAVEN ROCK RD
tobacco Barn
DIRT RD
House he is building
JOE Collins RD
Hwy. 421