

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK BENTON • Chief Deputy Secretary for Health

SUSAN KANSAGRA • Assistant Secretary for Public Health

Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5). [hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for: (a2) Improvement Permit (a2) Construction Authority (b) (a2) Construction Authority (c) (a2) Construction Authorit	orization (a2) Repair/Construction Authorization
If applying for a Construction Authorization, please indicate designated Conventional Innovative Other	
New Construction	
Applicant: Haleyans Hones, U.C. Mailing Address: PO Box 3357 6	Owner: Hakyaw Hopes, 2LC Mailing Address: PO Box 8990 33578
City: Raleigh State: NC zip: 27636 Phone #: 919-337-5245 Email: arobertson@halcyowhones nc. won	City: Raleigh State: NC Zip: 27636 Phone #: 919-337-5045 Email: arobertson a hakyon homes nech
If the answer to any of the following questions is "yes", applicant must attach supporting documentation. Yes No Does the site contain any jurisdictional wetlands? Yes No Is any wastewater going to be generated on the site other than domestic sewage? Yes No Is the site subject to approval by any other public agency? Yes No Are there any easements or right of ways on this property? = Road Fight & ways	
are to be used to issue an Improvement Permit and/or Constru I understand that authorized county and state officials are gra	