24217

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) ( ) Improvements Permit (X) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: To Construct A Dwelling

Location: 1197 TL SR 1458 on RD 1st Lot Past SR 1459

Tax Map No.	Township	Jurisdiction	Zoning
2E-1-A-114	Davidson	Iredell	R-R

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Sorry	114	0.88	( ) yes (X) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
			Lost Cr

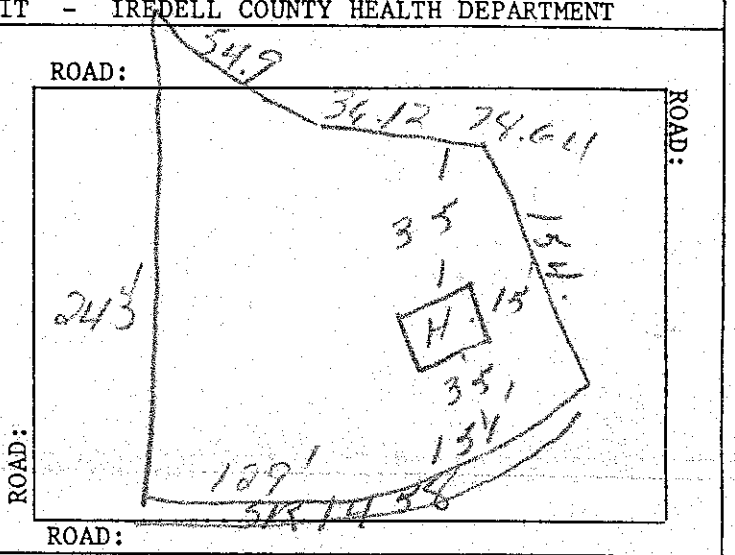
TAX MAP NO.

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

2-150.00 Out
HD 50.00 CK # 413
65.00



OWNER	ADDRESS	PHONE NO.
Harold L. Hoffman	2431 East Broad Statesville NC	871-0776

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Harold L Hoffman — Signature of Owner or Authorized Agent

6-14-96 — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 21,456 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.
Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) ~~(is not)~~ PERMITTED IN THE ZONING DISTRICT.

REMARKS: M. H. must be Removed Before Occupying Dwelling.

ZONING ADMINISTRATION DIVISION

CC — Approved by

6-14-96 — Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

4616 4070 05

MEET SANITARIAN 2:30 THURS MAR 2, 89

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

Between 8 & 9 Mon AM

No. 09612

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) (✓) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: Single Mobile Home

Location: 1100 TR 1777 TL 1153 Bucks LP 5th Lot past Antiquity Rd

Tax Map No.	Township	Jurisdiction	Zoning
2E 1A 114	Davidson	Iredell	RR

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
	114		? ( ) yes ( ) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

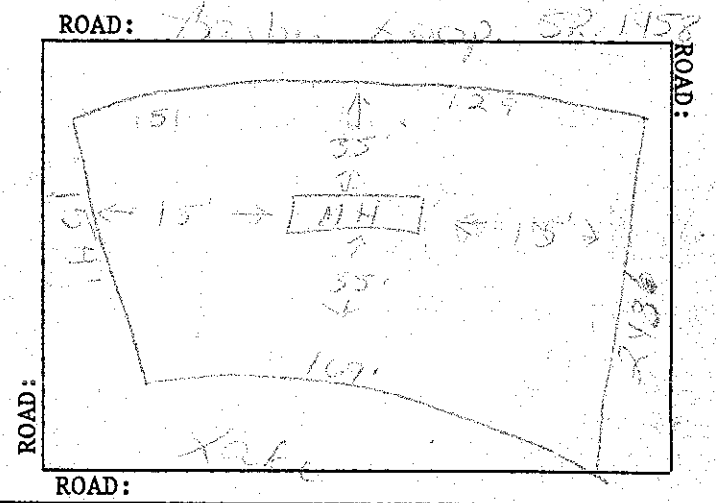
TAX MAP NO. 2E 1A 114

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.

2/24/89 25[illegible] 635106N



OWNER	ADDRESS	PHONE NO.
D Duane Lewis	PO Box 749 Mocksville 27015	634-6[illegible] Home

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

D Duane Lewis

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 22,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS: Check existing septic + well

ZONING ADMINISTRATION DIVISION

Approved by — Date 2/24/89

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner