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

No 19001

PROPERTY DESCRIPTION

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

Proposed Use: Construct Dwelling

Location: 110 Ct. IR 1st Post ahead

Tax Map No.	Township	Jurisdiction	Zoning
2820-3 (Pt. of)	Davidson	Iredell	R-20 (CUD)

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
The Harbour Phase I Map D	36	45,234	( ) yes ( ) no

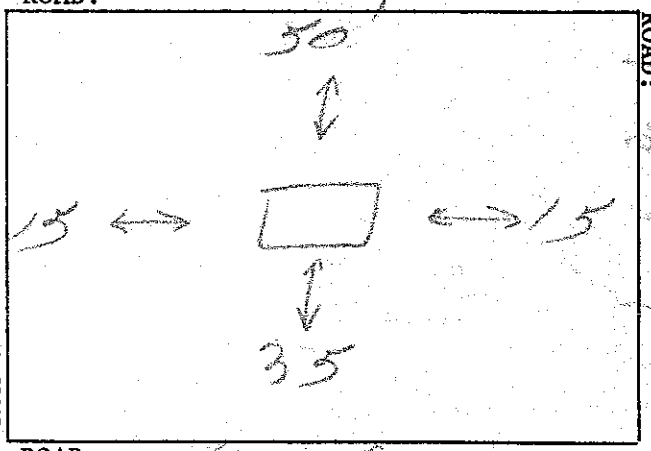
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed

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.

#15-Z
25-HD
#40



OWNER	ADDRESS	PHONE NO.
Crescent Resources, Inc.	PO Box 1003 Chas 28201-1003	372-6514

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.

Signature of Owner or Authorized Agent — Application Date: 6-14-94

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 30,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.
Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 50 ft.

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

REMARKS: Do not issue bldg permit until plat received

ZONING ADMINISTRATION DIVISION

Approved by — Date: 6-14-94

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

TAX MAP NO.