IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 076790 Zoning Permit: X Improvements Permit: 2

Name: RUSS REBECCA R Address: 4106 HUNTSCROFT LN

City: WINSTON SALEM State: NC Zip: 271060000

Phone: 0000000000

Proposed Use: 08

PIN #: 4626 12 7142 Zoning: RR Township: 1700

Street Address: 157 INDIAN TR

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: CL&T SEC 7 Lot #: 52 Lot Size: .72

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35' R50' S15'

Minimum Lot Size: 30000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: ADDING BEDROOMS AND BATHROOMS TO EXISTING DWELLING

Hold Building Permits? Reason:

Location: 1100,TR CHUCKWOOD,TR INDIAN TR, ON RT

Staff: KFH Date: 09/17/98

Fees: Zoning: $ 15.00 Health: $ 50.00

Signature of Applicant:_____
Owner: Agent:

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 076790 Zoning Permit: X Improvements Permit: 2

Name: RUSS REBECCA R Address: 4106 HUNTSCROFT LN

City: WINSTON SALEM State: NC Zip: 271060000

Phone: 0000000000

Proposed Use: 08

PIN #: 4626 12 7142 Zoning: RR Township: 1700

Street Address: 157 INDIAN TR

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: CL&T SEC 7 Lot #: 52 Lot Size: .72

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35' R50' S15'

Minimum Lot Size: 30000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: ADDING BEDROOMS AND BATHROOMS TO EXISTING DWELLING

Hold Building Permits? Reason:

Location: 1100,TR CHUCKWOOD,TR INDIAN TR, ON RT

Staff: KFH Date: 09/17/98

Fees: Zoning: $ 15.00 Health: $ 50.00

Signature of Applicant:_____
Owner: Agent:

№ 05841

PROPERTY DESCRIPTION

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 873-7291

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

Proposed Use: Residential Building 656

Location: Brawley School Rd Knuckles, TR to stop 4th on left

Tax Map No.	Township	Jurisdiction	Zoning
2E-8-A-52	Loudon	Iredell	RR

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Section 2 Lot 52	52	.78 acres	(✓) yes ( ) no

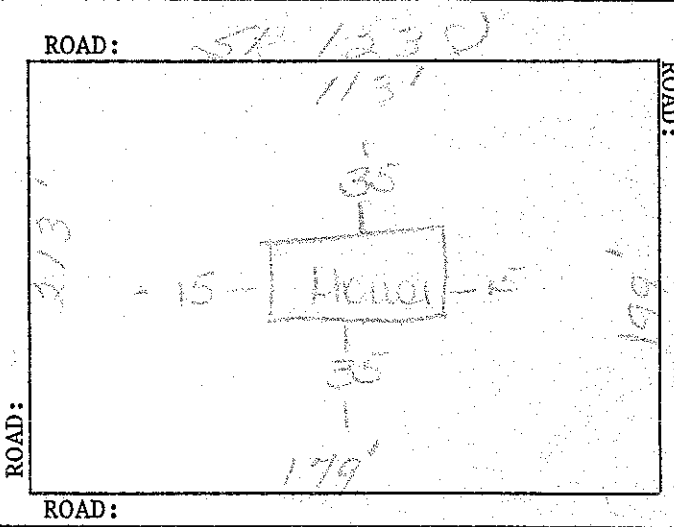
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO. 2E-8-A-52

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.



OWNER	ADDRESS	PHONE NO.
Marvin Ruud	4349 Wrathrow Rd Winston Salem	

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.

✓ Ken Ross for ABS CONSTRUCTION — ✓ 18 DEC 86

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 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth NA 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:

ZONING ADMINISTRATION DIVISION

Approved by — Date

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