№ 04108

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: Single Family Dwelling

Location: Wall Tr. Mt. Ander TL Farm. 2nd Lot East of Ridge

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2E-3-A-101	Davidson	Iredell	RR

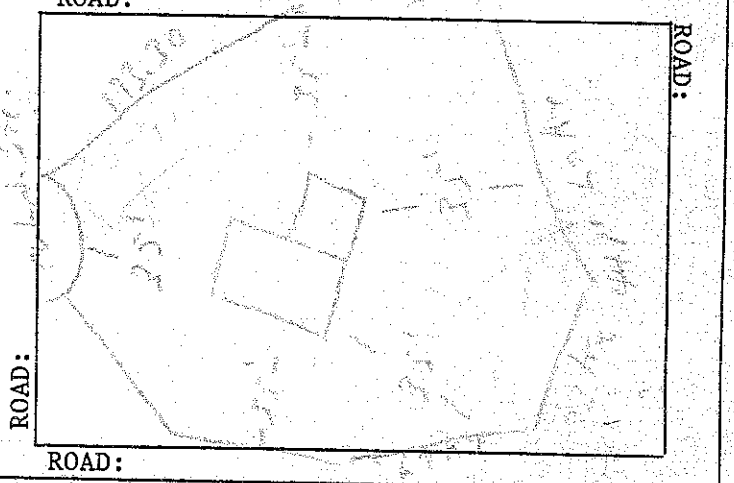
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Section 8	11	.93 Acre	( ) yes (X) no

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

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.



Frank (Ralph F. Griffin)

OWNER	ADDRESS	PHONE NO.
Larry E. Dunn	1218 Lynwood Dr. Statesville N.C. 28677	336-5135

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.

X Larry E. Dunn — Jan. 27 1986

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 50 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 25 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

№ 12129

PROPERTY DESCRIPTION

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

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

Proposed Use: Approx. 20x20 Detached Garage/Workshop

Location: Branky School TR on McKENNDREE TL on KEMP TL on COOLEY, et end

TAX MAP NO. 2F3-A-101

Tax Map No.	Township	Jurisdiction	Zoning
2F3-A-101	DAVIDSON	IREDELL COUNTY	RR

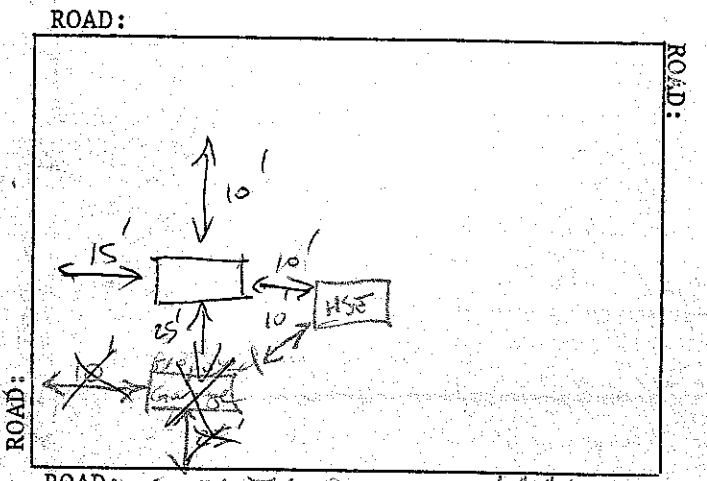
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Crossen T	101		( ) yes (/) no

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

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.



VOIDED № 12121 } pd 10-23-90 Recpt #47082
No Change $15 zoning $25 Health

OWNER: MARCY DUNN

OWNER	ADDRESS	PHONE NO.
LARRY DUNN	RT 6 Box 361 MOORESVILLE, NC	664-6378

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.

X _____ _____
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 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:

ZONING ADMINISTRATION DIVISION
Amended 12-7-90

JOHN EGERTON 10/25/90
Approved by — Date

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