№ 10450

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: Set up Double W.W. MH.

Location: 1163 TR 1128 (Tr 2) R. Rivers on dirt turnaround

Tax Map No.	Township	Jurisdiction	Zoning
3F6-A-106	Davidson	Iredell Co.	R.R.

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
Hidden Harbour	106		

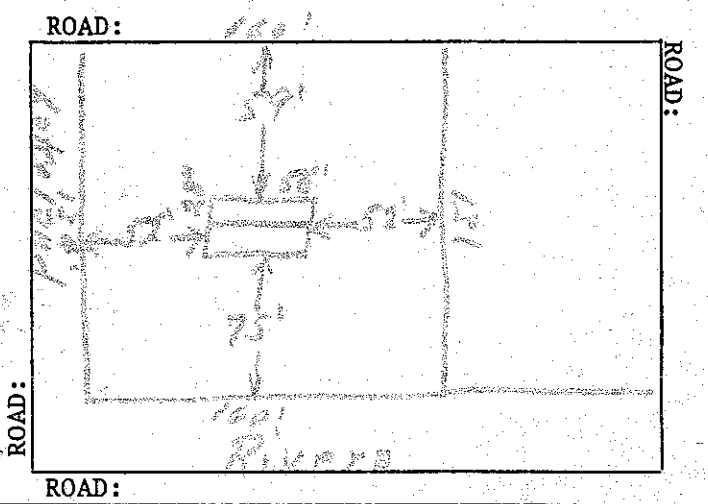
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.



Zoning $15
Health 25
40.00

39865 esb
39866 esb

OWNER	ADDRESS	PHONE NO.
Ron Rankin	P.O. Box 57 Mt. Ulla, NC 28125	663-7884

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 _____ Sept. 6 - 1988

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 _____ sq. ft. Front yard depth 75' ft. Corner yard depth 45' ft.

Lot width 110 ft. Side yard depth 15' ft. Rear yard depth 75' ft.

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

REMARKS: _____

ZONING ADMINISTRATION DIVISION

_____ Sept. 6 - 88

Approved by — Date

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