24112

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: Room addition

Location: Brawley Sch Rd. TR McKendree TR Lake Norman Shores Loop, 2nd lot after

TAX MAP NO. 2L-03-A-348 (Parcel ID 4660-03-1927)

Tax Map No.	Township	Jurisdiction	Zoning
2L-3-A-348	Davidson	Iredell	R-20

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Section 8	348		( ) yes (✓) no

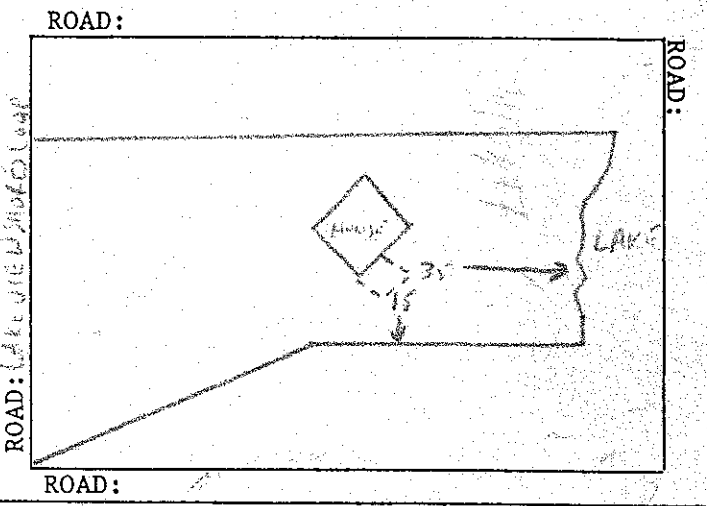
Approx. Area to be disturbed	Street Address	Phone	Watershed
			WS IV - (CA)

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
50
$165



OWNER	ADDRESS	PHONE NO.
D. Glenn Owen	154 Lake Norman Shores Loop Mrsl. 28115	664-6352

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] 6/4/96

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 N/A ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth _____ ft. Rear yard depth _____ ft.

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

REMARKS: _____

ZONING ADMINISTRATION DIVISION

Approved by [signature] Date 6/4/96

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