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

№ 13671 PROPERTY DESCRIPTION

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

Proposed Use: DOUBLE WIDE, REPLACEMENT

Location: BEAWLEY SCH. RD. TO R/ McKENDREE TO R GRASSHOPPER, STAY LEFT ON 1215 (LOT HAS CHAINED-IN FENCE) 7TH LOT PAST RHINEHILL DRIVE

TAX MAP NO. 1215

Tax Map No.	Township	Jurisdiction	Zoning
ZL-2-A-438	DAVIDSON	IREDELL	RR

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
CRESCENT RES. SECTION 8	438		( ) yes ( ) no

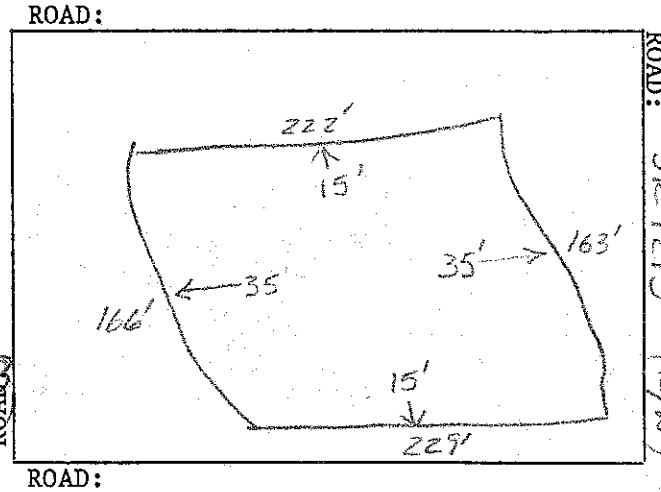
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.

$ 15.00
25.00
$ 40.00 IREDELL 6269



OWNER	ADDRESS	PHONE NO.
FOSTER M. JONES JR.	5416 DORCHESTER DR CHARLOTTE N.C. 28211	3662788

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.

Foster M. Jones Jr. — 11-6-91

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 — 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: REPLACEMENT

ZONING ADMINISTRATION DIVISION

William Allison — 11-6-91

Approved by — Date

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