21881

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: SF Home

Location: Pearl Rd, TR Fox Hill Rd, Point of View Dr, lot on left

Tax Map No.	Township	Jurisdiction	Zoning
2N-6-A-8	Davidson	Iredell	R-R

Subdivision/~~Mobile Home Park~~	Lot No.	Lot Size	Panel	Flood Plain
Point of View	8	328 x 131 est	150	( ) yes (✓) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
			W84-CA

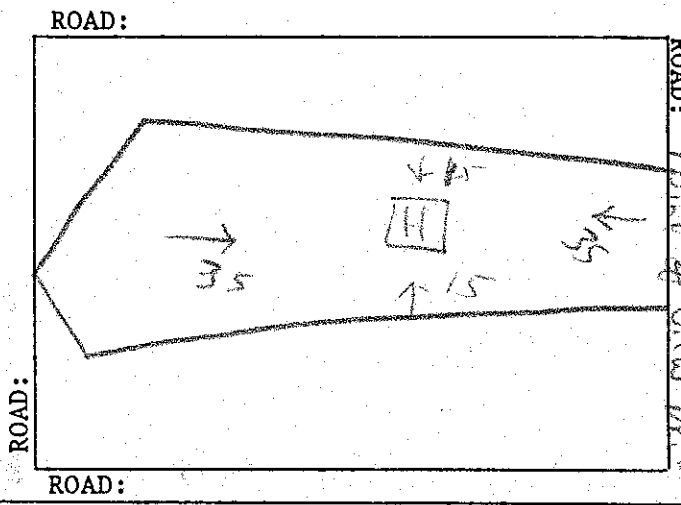
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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 - Zoning
$25 - Health
$40

093116



OWNER	ADDRESS	PHONE NO.
CLARK BELVIN	19619 SCHOONER, DAVIDSON, NC	704-892-8398

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.

Signature of Owner or Authorized Agent — Application Date: 8-10-95

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 35 ft. Corner yard depth — ft.

Lot width — 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: RG Council — Date: 8-10-95

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

TAX MAP NO. _____