IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 092492 Zoning Permit: X Improvements Permit: 2

Name: JOSHUA BROWN CONST Address: 1449 SHACKTOWN RD

City: YADKINVILLE State: NC Zip: 270550000

Phone: 7046798739

Proposed Use: 01

PIN #: 4628 94 7868 Zoning: RR Township: 1700

Street Address: 194 MOLLBROOK LN

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: Lot #: Lot Size: .66

Has Property been recorded? Y Community Water? N Sewer? N

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 50'BUFFER LAKE FRONTAGE;F35

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: REPLACE MOBILE HOME WITH HOUSE

Hold Building Permits? N Reason:

Location: 150W,R ROBINSON,L MALLBROOK,AT END

Staff: SBW Date: 09/25/00

Fees: Zoning: $ 31.50 Health: $ 50.00

Signature of Applicant:_____
Owner: Agent:

COMPLETION OF THIS AFFIDAVIT IS REQUIRED BY G.S.87-14 WHEN THE PROJECT COST IS $30,000 OR MORE.

The law provides that any person, firm or corporation making application for a building permit where the project cost is $30,000.00 or more shall, before he is entitled to such permit, furnish "satisfactory proof" to the building inspector that "he has in effect workers' Compensation Insurance as required by Chapter 97 of the General Statutes."

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C.G.S. 87-14

The undersigned applicant for Building Permit #_____ being the

_____ Contractor

_____ Owner

_____ Officer/Agent of the contractor or owner

Do hereby aver under penalties of perjury that the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

_____ Has/have three (3) or more employees and have obtained workers' compensation insurance to cover them.

_____ Has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them.

_____ Has/have one or more subcontractor(s) who has/have their own policy of workers' Compensation covering themselves.

_____ Has/have not more than two (2) employees and no subcontractors,

While working on the project or which this permit is sought. It is understood that the Inspections Department issuing the permit may require certificates of coverage prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: _____

By: _____

Title: _____

Date: _____