PROPERTY DESCRIPTION

APPLICATION FOR-(X) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other
(NOT A PERMIT)
Proposed Use: _____

Tax Map No.	Parcel No.	Township	Jurisdiction	Zoning
3 k - 14	A - 31	Davidson	Iredell	R-20

Subdivision	Lot No.	Section No.	Lot Size	Road No.	Flood Plain
			.6 acre	S.R. 1267	( )yes (X)no

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

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

Type of Facility (check on and complete) -

( ) Single family dwelling	No. of bedrooms ( )	No. of other rooms w/closets ( )	
( ) Mobile home	No. of Bedrooms ( )	No. of other rooms w/closets ( )	
( ) Multi-family dwelling	No. of units ( )	No. of bedrooms per unit ( )	No of other rooms with closets ( )
( ) Business	Total employees per day ( )	Type of business	Waste-( ) Domestic water ( ) Industrial

( ) Other (Specify) NEW CARPORT

(X) New structure ( ) Existing structure ( ) Renovate ( ) Addition

Garbage Disposal Unit to be Installed ( ) yes ( ) no

Water Supply Source ( ) Private ( ) Public ( ) Private off-site

Attach site plan showing property lines, location of proposed structures (including driveways, patios, decks, etc.) and any existing structure, if requested by Health Dept.

OWNER Robert P. Hensel	Mailing Address 366 Sharon Drive Mocksville NC 27028	Telephone No. 704-633-1521
APPLICANT Robert P. Hensel	Mailing Address	Telephone No.

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 Representatives are granted right of entry to make evaluations or inspections and to release information upon public request

Robert P. Hensel — Signature of Owner or Authorized Agent

5-26-1993 — Date

Land use indicated (is) (is not) permitted in the zoning district. 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 .6 acre sq.ft. Front yard depth 80' ft. Corner yard depth _____ ft.

Lot width 120' ft. Side yard depth 15' ft. Rear yard depth 100 ft.

Aggragate both sides _____

Remarks: _____

Zoning Administration Division

Iredell — Jurisdiction

Processed by — Date 5-26-93

WHITE: Original CANARY: Inspection Copy PINK: Health Department GOLD: Owner

Tax Map No. 3k-14 Parcel No. 31 Permit No. _____ Date 5-26-93 By _____