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

ORIGINAL OWNER
LAUNA J. DRAPER
APRIL 1985 BUILT
DEBBIE

ORIGINAL YORK RITE TYPE SYSTEM

15

Permit No: 087333 Zoning Permit: X Improvements Permit: 2

Name: JOYCE DRAPER Address: 125 SOUTHWOOD PARK RD

City: MOORESVILLE State: NC Zip: 281170000

Phone: 0000000000

Proposed Use: 08

PIN #: 4635 59 0944 Zoning: RR Township: 1700

Street Address: 125 SOUTHWOOD PARK RD

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

Subdivision/MHP: MARINA VILLAGE Lot #: 15 Lot Size:

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F25' R25' S15'

Minimum Lot Size: 30000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: ADDING BEDROOM, BATH, STORAGE ROOM TO EXISTING DWELLING

Hold Building Permits? Reason:

Location: STUTTS,TR BAYWATCH,TL SOUTHWOOD, ON RT

Staff: KFH Date: 01/03/00

Fees: Zoning: $ 31.50 Health: $ 50.00

Signature of Applicant:_____
Owner: Agent:

01-03-2000 136897

PROPERTY DESCRIPTION

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

Proposed Use: To Construct a Single Family Dwelling

Location: _____

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2688-4-49	Davidson	Iredell	RR

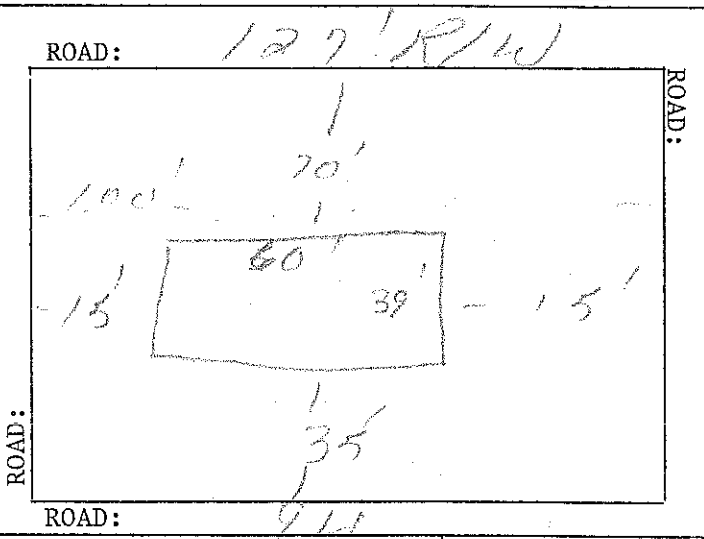
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		29,161	( ) yes ( ) no

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.



OWNER	ADDRESS	PHONE NO.
Joyce Draper	Rt 7 Box 38 Statesville	

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.

Joyce Draper 10-19-83

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 29,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 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: _____

ZONING ADMINISTRATION DIVISION

L Stevens 10-19-83

Approved by — Date

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