Z 09811

# 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: Change of Camp Trailer To Dwelling

Location: Hwy 150 Right Side Dr. Iredell Outlet

TAX MAP NO. _____

| Tax Map No. | Township | Jurisdiction | Zoning |
|---|---|---|---|
| 02-2-B-2 | Davidson | Iredell Co. | RT-20 |

| Subdivision/Mobile Home Park | Lot No. | Lot Size | Flood Plain ( ) yes ( ) no |
|---|---|---|---|
| Lakeview Shores | 2 | | |

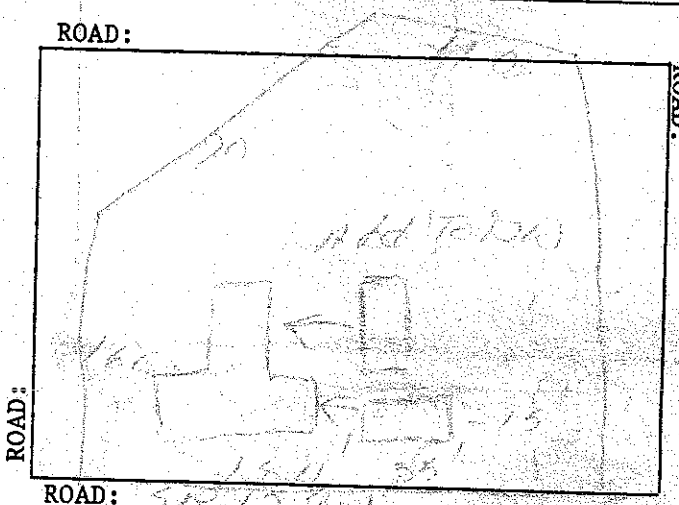
| Approx. Area to be disturbed | Engineering Firm | Contact | Phone | - Street Address |
|---|---|---|---|---|
| | | | | |

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.

W.E.D. 3-27-89




| OWNER | ADDRESS | PHONE NO. |
|---|---|---|
| Tom R. Simms | Box 701 Rt #2 Mocksville | 634-5479 |

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.

Tom R. Simms — Signature of Owner or Authorized Agent

3-27-89 — 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 ____ sq. ft. Front yard depth 25 ft. Corner yard depth 25 ft.

Lot width ____ ft. Side yard depth 15 ft. Rear yard depth 25 ft.

LAND USE INDICATED (is) (~~is not~~) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — Date 3-27-89

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

№ 08647

# PROPERTY DESCRIPTION

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

Proposed Use: Const. Single Family Dwelling

Location: W S So TR Langtree

TAX MAP NO. _____

| Tax Map No. | Township | Jurisdiction | Zoning |
|---|---|---|---|
| 2B1-B-2 | Davidson | County | R-20 |

| Subdivision/Mobile Home Park | Lot No. | Lot Size | Flood Plain ( ) yes (X) no |
|---|---|---|---|
| | | | |

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

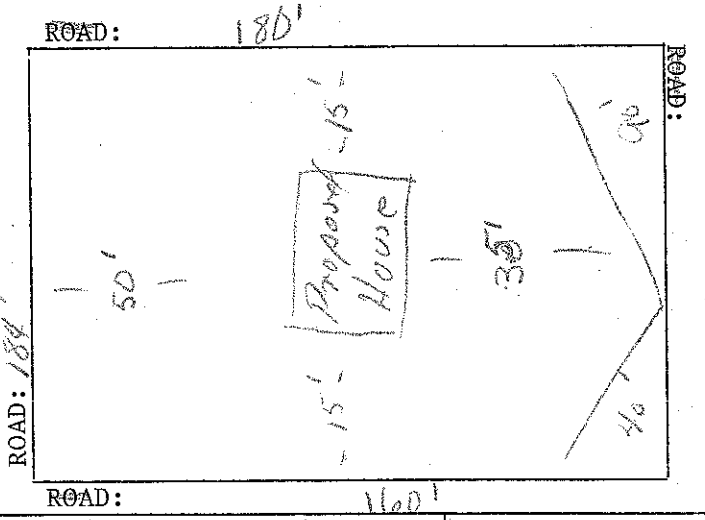
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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 Bill Lynn

Contractor




| OWNER | ADDRESS | PHONE NO. |
|---|---|---|
| Dean Sprouse Dean Sprouse | 701 Kings Mtn. 28086 | 739-5192 |

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.

_____ 10-12-83

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 _____ 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 _____ Date 10-12-83

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