No 21165

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: IN COURT A TWO FAMILY DWELLING

Location: 1100 TO 1113 TYLER COURT

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
PTOF 2K-13-45	Davidson	IREDELL	R-A

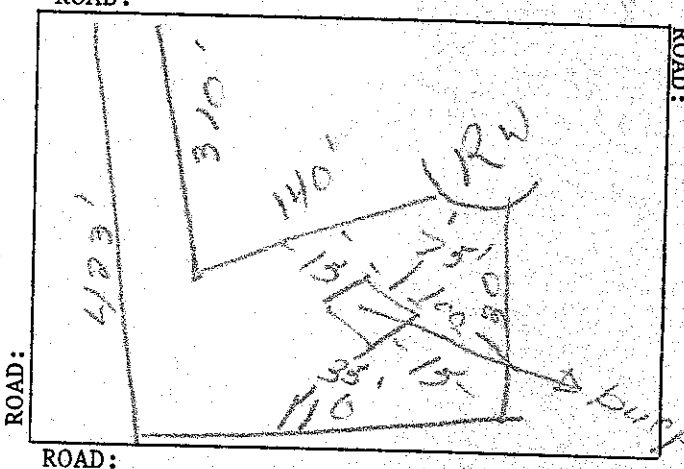
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
MAHARD PINES II	29	30,000	( ) yes (*) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				LOSE CR

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.



2-15.00
HD 25.00
40.00

190953
sil

OWNER	ADDRESS	PHONE NO.
TAB, INC	801 CENTRAL, AVE. CHARLOTTE, NC 28204	

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.

Mark L Medlin

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 30,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 140 ft. Side yard depth _____ ft. Rear yard depth _____ ft.

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

REMARKS: DO NOT ISSUE IMPROVEMENT PERMIT UNTIL PLAT IS RECORDED & MAP STAMP IS COMPLETED.

ZONING ADMINISTRATION DIVISION

Approved by — Date 5-18-95

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