664-5281
40-9 5281

PROPERTY DESCRIPTION

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

Proposed Use: Commercial Greenhouse + Storage only

Location: Hwy 21 - 1119

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
4-2-33			C-2

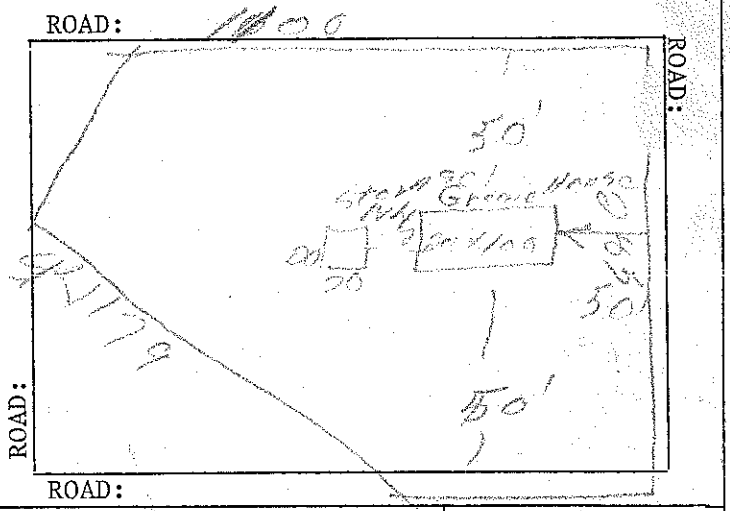
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		3.66	( ) yes (X) no

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	ADDRESS	PHONE NO.
Lucas Travis	1878 Barbee Mountain	873-5621

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.

Lucas Travis — 8-23-5X

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 20,000 sq. ft. Front yard depth 50 ft. Corner yard depth 50 ft.

Lot width 100 ft. Side yard depth 50 ft. Rear yard depth 50 ft.

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

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — Date

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

Call 564-5281
8:00-9:00 A.M.

PROPERTY DESCRIPTION

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

Proposed Use: To Construct two additional greenhouses for Public Use.

Location: SR 1100 on LT Before Sr 1179

TAX MAP NO. 2K-B-53

Tax Map No.	Township	Jurisdiction	Zoning
2K-B-53	DAvidson	Iredell Co.	R A

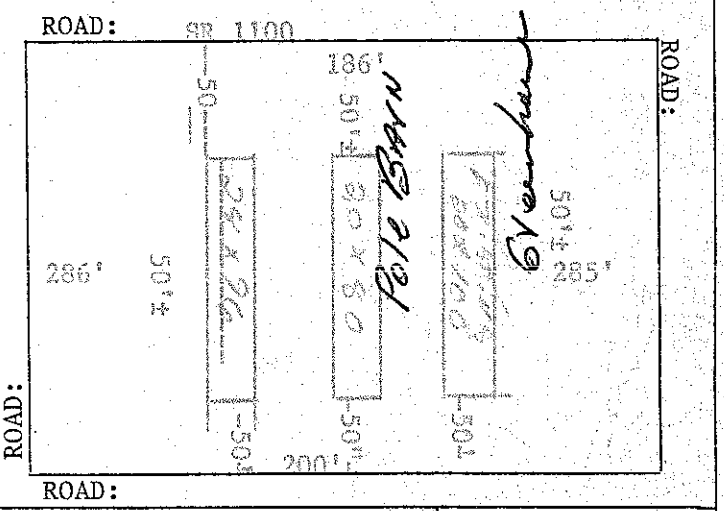
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
	53	193 X 285	( ) yes (x) no

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	ADDRESS	PHONE NO.
Frances Eugene Jones	RT. Box 780, Mooresville, N. C.	664-2633

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.

Frances Eugene Jones — 12-19-84

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 50' ft. Corner yard depth 50' ft.

Lot width 100' ft. Side yard depth 50' ft. Rear yard depth 50' ft.

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

REMARKS: OK For Both Locations For Public Use

ZONING ADMINISTRATION DIVISION

Approved by — Date

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