Tues PM

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

Permit No: 065577 Zoning Permit: X Improvements Permit: 1

Name: CLONTS KEN & SUSAN Address: 102-B SUPERIOR DR

City: MOORESVILLE State: NC Zip: 281150000

Phone: 7046628703

Proposed Use: 01

PIN #: 4637076304 Zoning: RA Township: 17

Street Address: QUIET COVE RD

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: SPRING ACRES Lot #: 4 Lot Size: 000000

Has Property been recorded? Community Water? Sewer?

Provider:

Watershed: WSIV-CA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F 35, R 35, S 15

Minimum Lot Size: 21780 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Reason:

Location: RIVER HWY, TL QUIET COVE RD, ON RT

Staff: KFH Date: 03/13/97

Fees: Zoning: $ 15 .00 Health: $ 75 .00

No. 10658

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

PROPERTY DESCRIPTION

Proposed Use:

Location:

Tax Map No.	Township	Jurisdiction	Zoning
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) 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.

ROAD:

ROAD:

ROAD:

OWNER

ADDRESS

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

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 _____ ft. Corner yard depth _____ ft.

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

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

REMARKS:

Date

ZONING ADMINISTRATION DIVISION

Approved by

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

TAX MAP NO.