№03215

PROPERTY DESCRIPTION

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 873-7291

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

Proposed Use: For A Single Family Dwelling 285

Location: 150 W II III Road x IL Howard 2nd on Rt.

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2D-3-A-61	Davidson	Lin. Co.	R.R.

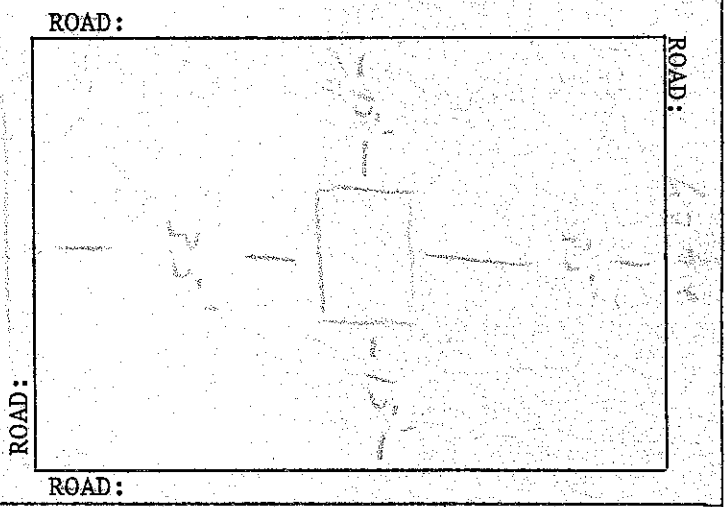
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes (✓) no
Section 10	61		

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.
Mark Wood	Rt 8 Box 276-A Mooresville N.C. 28115	662-0070

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.

x Mark Wood — June 13, 1985

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 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

E. Hunt June 13 1985

Approved by — Date

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