Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

PROPERTY DESCRIPTION

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

Proposed Use: replacing a mobile home

Location: 1100, TR 1006 Jane's Bk @ Fork, 5/10 mile on Rt

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2K-6-A-225	Davidson	Iredell	RR

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Section 9	225		( ) yes ( ) no

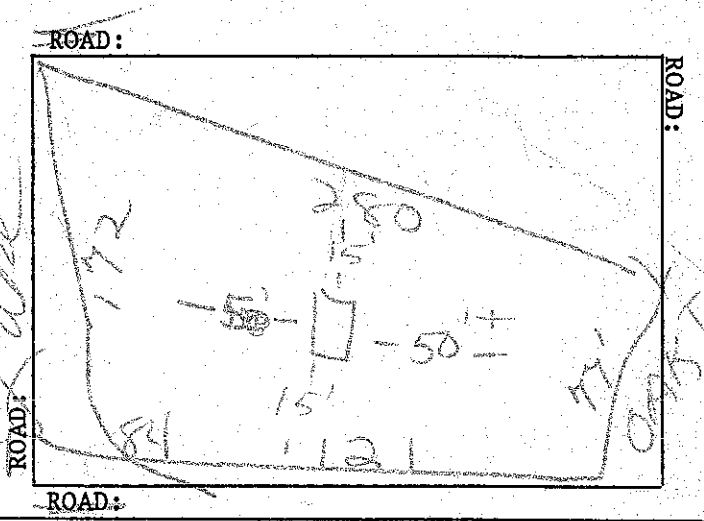
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.

Zoning $15
Health $25 41779



OWNER	ADDRESS	PHONE NO.
Don Beckham	RR 7, Box 270-C Mocksville	634-1557

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 12-15-89

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 20,130 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: one new mobile home
allow to

ZONING ADMINISTRATION DIVISION

Approved by — Date 12-15-89

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

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

№ 04731

PROPERTY DESCRIPTION

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

Proposed Use: Mobile Home 232

Location: 1250

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2K-10-A-225	Davidson	Unincorp	R-2

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Section 9	225		( ) yes ( ) no

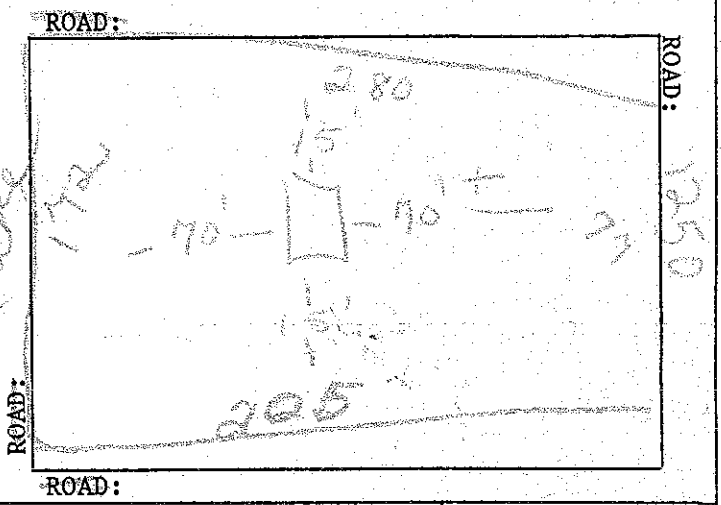
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.

1983 14 x 55
10.00
17.00
10.00
10.00
57.00
Fee 20
$107.00



OWNER	ADDRESS	PHONE NO.
Ernest O Clark	P.O. Box 1011, Clemmons 27012	919-766-4944

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.

Ernest O Clark — 5-19-86

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 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: To be elevated above the 100 year flood elevation level.

ZONING ADMINISTRATION DIVISION

Nancy Carr 5-19-86

Approved by — Date

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