PROPERTY DESCRIPTION

APPLICATION FOR-( ) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other
(NOT A PERMIT)
Proposed Use: Addition for Single Family Dwelling

Tax Map No.	Parcel No.	Township	Jurisdiction	Zoning
2K6 - A	208	Davidson	Iredell	RR

Subdivision	Lot No.	Section No.	Lot Size	Road No.	Flood Plain
				1179	( )yes ( )no

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

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

Type of Facility (check on and complete) - Bedroom, Bath & Den Addition to Existing Structure

(✓) Single family dwelling	No. of bedrooms (2)	No. of other rooms w/closets (0)
( ) Mobile home	No. of Bedrooms ( )	No. of other rooms w/closets ( )
( ) Multi-family dwelling	No. of units ( )	No. of bedrooms per unit ( ) / No of other rooms with closets ( )
( ) Business	Total employees per day ( )	Type of business / Waste-( ) Domestic water ( ) Industrial
( ) Other (Specify)		

( ) New structure ( ) Existing structure ( ) Renovate (✓) Addition

Garbage Disposal Unit to be Installed ( ) yes (✓) no

Water Supply Source (✓) Private ( ) Public ( ) Private off-site

Attach site plan showing property lines, location of proposed structures (including driveways, patios, decks, etc.) and any existing structure. If Required by Health Dept.

OWNER Carson Grantham	Mailing Address 2204 Villa Dr Greensboro	Telephone No. 919-299-9633
APPLICANT	Mailing Address	Telephone 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 Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Jerry Barnette
Signature of Owner or Authorized Agent

5-16-1983
Date

Land use indicated (is) (is not) permitted in the zoning district. 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 250 sq.ft. Front yard depth 35 ft. Corner yard depth 25 sq.ft.
Lot width 150 sq.ft. Side yard depth 15 sq.ft. Rear yard depth 35 sq.ft.
Aggragate both sides

Remarks:

Zoning Administration Division

Iredell County
Jurisdiction

Processed by

5-16-1983
Date

150 W, TL 1109, TR 1100, TR 1179 (OAK Tree, Last House on rt.

Tax Map No. 2K6 - A Parcel No. 208 Permit No. ____ Date 5-16-83 By ____