№ 10411

PROPERTY DESCRIPTION

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

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

Proposed Use: Prop. Single Family Dwelling

Location: SR 1100 TR 1174 TL 1.2 mi W Lake on Rt

Tax Map No.	Township	Jurisdiction	Zoning
2715-4-3	Davidson	Iredell Co.	R-R

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes (x) no
Tranquil Shores			

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

TAX MAP NO. _____

OAK Tree

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.

2 lots
4.25 ac

39592 sq ft

39593 sq ft



OWNER	ADDRESS	PHONE NO.
MADY Construction	14906 Hwy 73 West Huntersville NC 28078	892-5106

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 [signature] — February 17, 1995

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 25' ft. Corner yard depth 25' ft.

Lot width 200' ft. Side yard depth 25' ft. Rear yard depth 25' 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