23950

PROPERTY DESCRIPTION

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

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

Proposed Use: Rescue Squad Building

Location: SR 1100, Tr Rescue Ln. (1/4 mi. past School) 300' on Left

Tax Map No.	Township	Jurisdiction	Zoning
2K-A-70	Davidson	Troutman	CB

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		2.06	( ) yes (X) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
15,500 sf			WS IV-CA

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

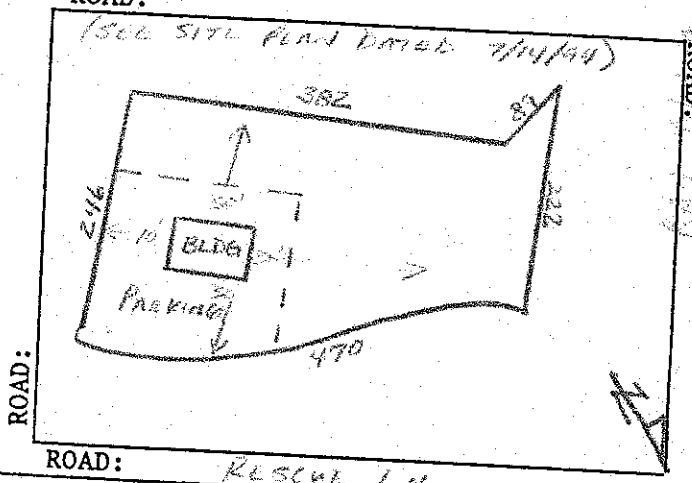
SKETCH MAP

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.

15.00
50.00
65.00

ROAD:

(See site plan dated 3/14/94)



Contractor - Pskoski/Bill Brindle

OWNER	ADDRESS	PHONE NO.
Mooresville Rescue Squad	Mooresville, NC 28115 17067 Barnhardt School Rd.	

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 Bill Brindle

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 30 ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth 10 ft. Rear yard depth 30 ft.

30 ft When You Adjoin a Residential District

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

REMARKS: Including Less Than (1) Acre of Land, Watershed will Not Apply at This Time

ZONING ADMINISTRATION DIVISION

Approved by — Date 5-21-96

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

TAX MAP NO. _____