№ 15310

PROPERTY DESCRIPTION

463[illegible]

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: DOUBLE WIDE M/H (REPLACEMENT)

Location: HWY 150, TR WADDELL, TR HERMANCE, AT LOWEN POINT LN, ENTRANCE ON LEFT

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2N-3-A-241	DAVIDSON	IREDELL	RR

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
SECTION II	241		( ) yes ( ) no

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

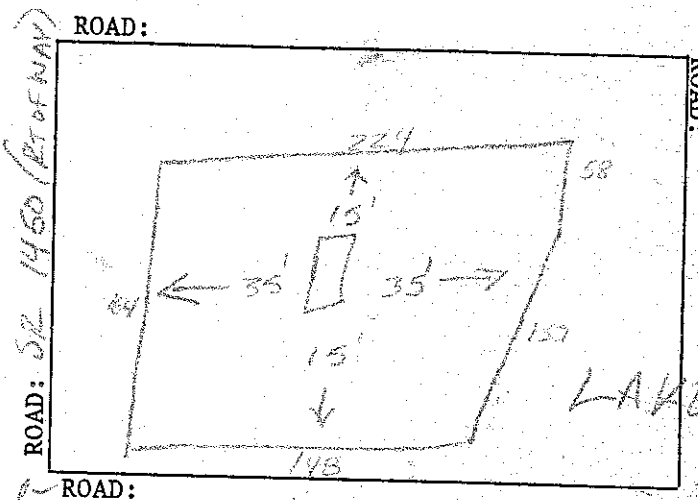
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

$15.00
25.00
$40.00

69047



OWNER	ADDRESS	PHONE NO.
KENNETH LEE RUSH	3552 N. LAKESHORE, CLEVELAND NC 27012	919-766-8677

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.

Kenneth Lee Rush
Signature of Owner or Authorized Agent

10-7-92
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 _____ 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

William Allison
Approved by

10-7-92
Date

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