000126

PROPERTY DESCRIPTION

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

Proposed Use: Coast Construction Residence

Location: Rocky Ck. Rd. TR 1345 TR 1432 4th on Lt

Tax Map No.	Township	Jurisdiction	Zoning
3C-1-A-24	Davidson	Ire. Co.	

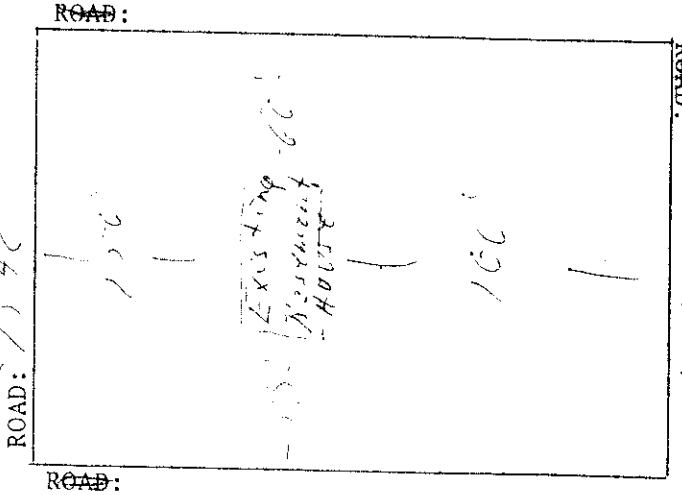
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes (X) no

Approximate Area	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.



OWNER	ADDRESS	PHONE NO.
Danny Johnson	Rt 4 Box 194 Mocksville, N.C.	525-5379

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 Danny Johnson — June 9, 1983

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 75 ft. Corner yard depth _____ ft.

Lot width 145 ft. Side yard depth 15 ft. Rear yard depth 75 ft.

Aggragate both sides _____

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

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — June 9, 1983 Date

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