IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 088847 Zoning Permit: X Improvements Permit: 2

Name: JAY LANNY Address: 124 LA AGUA LN

City: TROUTMAN State: NC Zip: 281660000

Phone: 7045289323

Proposed Use: 01

PIN #: 4639489268 Zoning: RR Township: 1500

Street Address: 124 LA AGUA LN

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: Lot #: Lot Size: 1.01

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R50(LAKE)

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: REPLACING MH WITH HOUSE;MH MUST BE REMOVED BEFORE FINAL CO

Hold Building Permits? Reason: AGUA,1ST LOT ON RT

Location: PERTH S,R NEIL FARM,TURNS TO WINDING SHORE,L LA

Staff: RAM Date: 03/29/00

Fees: Zoning: $ 31.50 Health: $ 50.00

Signature of Applicant: _____
Owner: Agent:

Tues Thursday

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 873-7291

No.

PROPERTY DESCRIPTION

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

Proposed Use: Mobile Home

Location: Shade Tree

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
3E14-117	Davidson River		RR

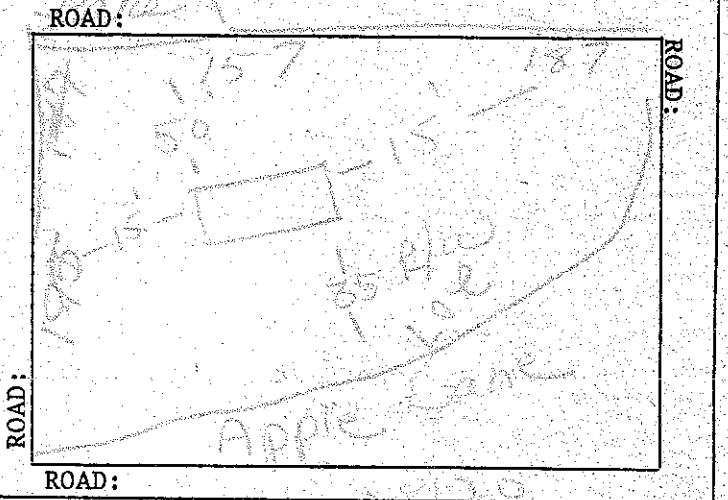
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
Section 16	925		

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.



OWNER	ADDRESS	PHONE NO.
Chas. Pruett	201 Executive Pl	871-2262

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 Chas Pruett — 9-13-88

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 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 100 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

Approved by — Date

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