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

№ 10619

PROPERTY DESCRIPTION

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

Proposed Use: Add Single Family Dwelling

Location: Mocksville Rt 7 Deadin Dr. 2nd house Left

Tax Map No.	Township	Jurisdiction	Zoning
2462-A-3	Davie Co.	Co.	R-A

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Watkins Estate			( ) yes (✓) no

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

TAX MAP NO. _____

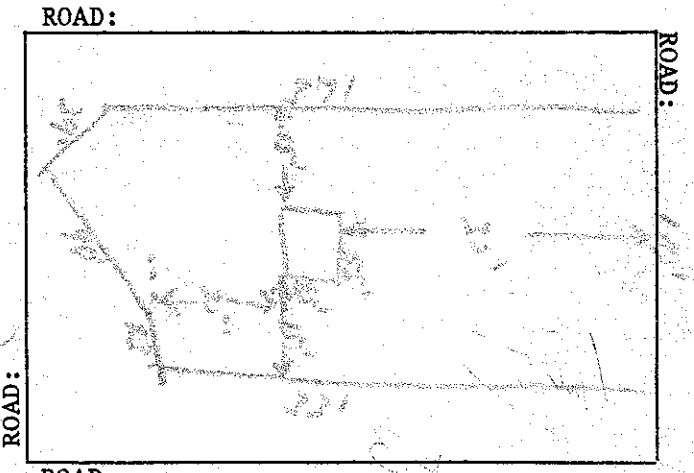
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

2-15
H-25

39594 sq ft
39595 sq ft



OWNER	ADDRESS	PHONE NO.
Martin Construction	14509 Hwy 73 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.

Ken Ostee Martin — Aug 25 1989

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 100' ft. Side yard depth 20' ft. Rear yard depth 50' ft.

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

REMARKS: _____

ZONING ADMINISTRATION DIVISION

Approved by — Date 8-25-1989

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

10:15 AM MONDAY meet David Hinson 9-11-89