6626

# MOORESVILLE JURISDICTION

## PROPERTY DESCRIPTION

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

**APPLICATION FOR (Not a Permit):**

☐ Improvements Permit ☑ Zoning Permit ☐ Special Use ☐ Subdivision Approval ☐ Other

Proposed Use: 14 x 70 Mobile Home

Location: Alcove Rd

| TAX MAP NUMBER | TOWNSHIP | JURISDICTION | ZONING | WS DISTRICT |
|---|---|---|---|---|
| 4664645942 | Davidson | Mooresville | R20A | WSIV CRIT |

| SUBDIVISION / MOBILE HOME PARK | LOT NUMBER | LOT SIZE | FLOOD PLAIN |
|---|---|---|---|
| Hagers Point | Lot 27 | 0.4 acre | ☐ Yes ☑ No |

TAX MAP NO. 4664645942

**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.

ROAD:

ROAD:

See Attached

ROAD:

ROAD:

| OWNER | ADDRESS | PHONE NUMBER |
|---|---|---|
| Brent Hager | 171 Bear Run Lane | 663-2936 |

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.**

Brent Hager — SIGNATURE OF OWNER OR AUTHORIZED AGENT

5-11-99 — APPLICATION DATE

If permitted, the following minimum zoning requirements must be met, unless the Health Department requirements more land area or other qualifications are indicated in the remarks.

| LOT AREA | LOT WIDTH | FRONT YARD DEPTH | SIDE YARD DEPTH | REAR YARD DEPTH | CORNER YARD DEPTH |
|---|---|---|---|---|---|
| ____ SQ. FT. | ____ FT. | ____ FT. | N/A FT. | ____ FT. | ____ FT. |

LAND USE INDICATED [ ☑ IS ☐ IS NOT ] PERMITTED IN THE ZONING DISTRICT.

**REMARKS:** Is not on city water + sewer

**ZONING ADMINISTRATION DIVISION**

Lou E. Wren — APPROVED BY

5/10/99 — DATE

WHITE: Original CANARY: Inspection Copy PINK: Health Department GOLD: Owner

BCP 5/94