3335 663-3800

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: Single Family Residential

Location: Gibbs Road

TAX MAP NO. 2519A

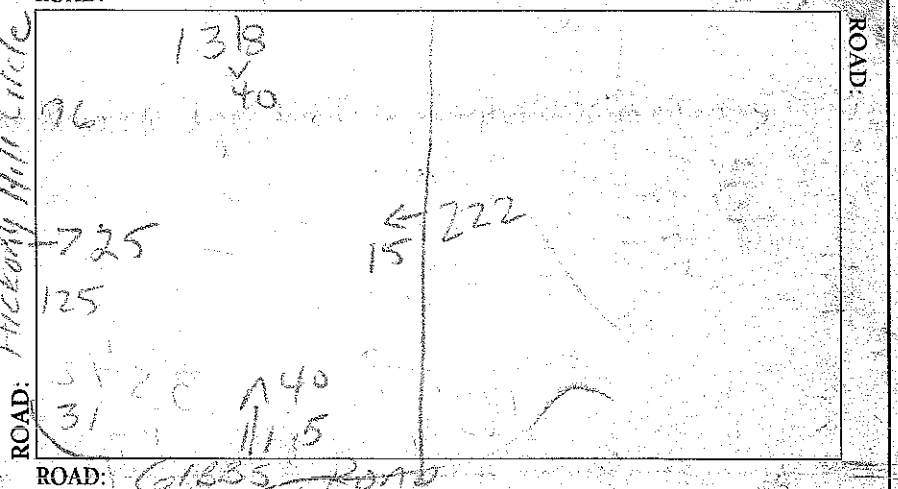
TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
2519A 52	Davidson	Outside	R-20	WSIV PA

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Gibbs Cove Phase 1 Map 2	52	.738	☐ Yes ☑ 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.



OWNER	ADDRESS	PHONE NUMBER
Larry Ramsey	2904 Mount Crest Circle Concord NC 28027	792 6145

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 Larry L Ramsey — SIGNATURE OF OWNER OR AUTHORIZED AGENT

5-31-95 — 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
20000 SQ. FT.	100 FT.	40 FT.	15 FT.	40 FT.	25 FT.

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

REMARKS:

@ Well & Septic

Single Family Residential

ZONING ADMINISTRATION DIVISION

A. Elaine Lentz — APPROVED BY

5-31-95 — DATE

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

BCP 5/94