No. 18736

PROPERTY DESCRIPTION

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

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

Proposed Use: ADDITION TO EXISTING BUILDING

Location: SR 1100 ON LEFT PAST CHARLESTON RD.

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2K-B-54	DAVIDSON	IREDELL	NB

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

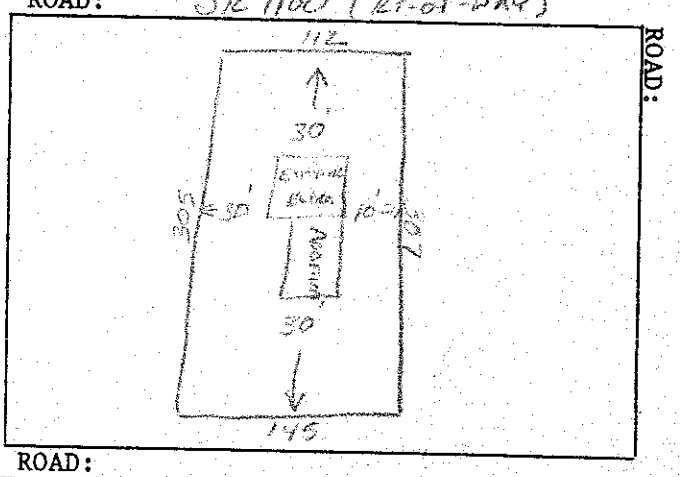
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				W5 IV(CA)

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.

15.00
25.00
$40.00 83811) ds/



OWNER	ADDRESS	PHONE NO.
John L. & Susan Brown	831 Ramp Road Mooresville NC 28115	

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.

Susan K. Brown
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 30 ft. Corner yard depth 25 ft.

Lot width _____ ft. Side yard depth 10/30 ft. Rear yard depth 30 ft.

30' SIDE AND REAR WHEN ADJOINING RESIDENTIAL DISTRICT

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

REMARKS: BUFFER REQUIREMENTS PER SECTION 41.6 (IZO)

ZONING ADMINISTRATION DIVISION

Approved by: William Allen Date: 7/13/94

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

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