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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: 1999 14 x 80 Singlewide

Location: 134 Scarlett Oaks Drive

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4647876975	Davidson	Unincorporated	HB	NSWRPOT

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Scarlett Oaks	84	Mone	☐ Yes ☐ No

TAX MAP NO. 4647876975

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.

Martin Lucas

ROAD:

ROAD: See Attached ROAD:

ROAD:

OWNER	ADDRESS	PHONE NUMBER
Tyrone Stoner	122 Felicity Lane	8723015

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.**

Tyrone Stoner
SIGNATURE OF OWNER OR AUTHORIZED AGENT

9-20-99
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: ~~Subject to~~

Is not on city water + sewer

ZONING ADMINISTRATION DIVISION

Tina C. Allen 9/20/99
APPROVED BY DATE

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

BCP 5/94