5589

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: Replace Approx 14x70 Mobile Home

Location: 334 Bates Road

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4647876975	Davidson	Outside	I-B	WSIV CA

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Scarlett Oaks	14	1 lot	☐ 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.

ROAD:

See Attached

ROAD: ROAD:

ROAD:

OWNER	ADDRESS	PHONE NUMBER
Tyrone Stover	122 Felicity Lane	872-3015

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.**

SIGNATURE OF OWNER OR AUTHORIZED AGENT

6-8-98

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 _____ SQ. FT. LOT WIDTH _____ FT. FRONT YARD DEPTH N/A FT. SIDE YARD DEPTH _____ FT. REAR YARD DEPTH _____ FT. CORNER YARD DEPTH _____ FT.

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

REMARKS: Is Not on city water + sewer

Well + Septic Tank.

ZONING ADMINISTRATION DIVISION

Irene E. Wilson

APPROVED BY

6/8/98

DATE

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

BCP 5/94