4059

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: 1995 Mobile Home 14 x 80

Location: 146 Scarlett Oates Road

TAX MAP NO. _____

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4058A	Coddle Creek	Outside	HPB	N/A

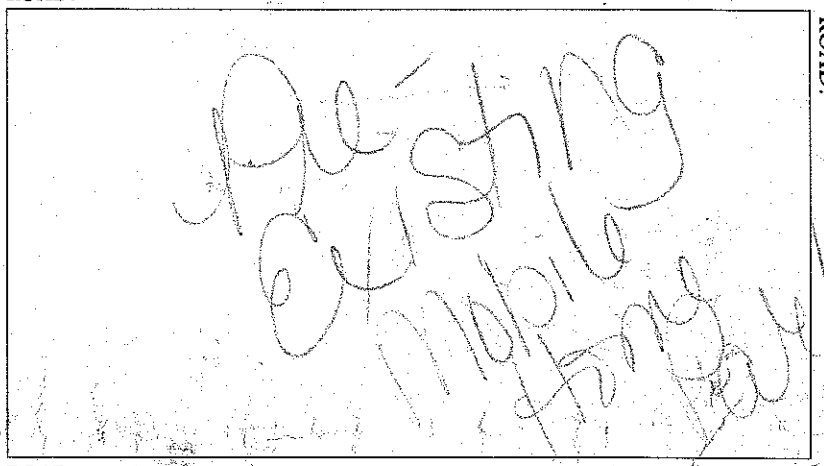
SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Scarlett Oates MHP	4		☐ Yes ☐ No

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.

Updated



OWNER	ADDRESS	PHONE NUMBER
Robert Russell	151 Scarlett Oates Rd.	704-1089

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.**

Richard Russell — SIGNATURE OF OWNER OR AUTHORIZED AGENT

7-22-96 — 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 _____ 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: Well & Septic Tank. Mobile home must meet HUD MMHSS Act + HUD requirements. Mobile Home to be anchored & placed

ZONING ADMINISTRATION DIVISION

APPROVED BY — DATE 7-22-96

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

BCP 5/94