PROPERTY DESCRIPTION

APPLICATION FOR-(✓) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other
(NOT A PERMIT)
Proposed Use: Mobile Home

Tax Map No.	Parcel No.	Township	Jurisdiction	Zoning
3811-A-11	11-12	Davidson	Iredell County	R-A

Subdivision	Lot No.	Section No.	Lot Size	Road No.	Flood Plain
Lynn-Brook Acres	11-12		115 x 175	1470	( )yes (✓)no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

Type of Facility (check on and complete) -

( ) Single family dwelling	No. of bedrooms ( )	No. of other rooms w/closets ( )	
(✓) Mobile home	No. of Bedrooms (2)	No. of other rooms w/closets ( )	
( ) Multi-family dwelling	No. of units ( )	No. of bedrooms per unit ( )	No of other rooms with closets ( )
( ) Business	Total employees per day ( )	Type of business	Waste-( ) Domestic ( ) Industrial water

( ) Other (Specify)

( ) New structure ( ) Existing structure ( ) Renovate ( ) Addition

Garbage Disposal Unit to be Installed ( ) yes ( ) no

Water Supply Source (✓) Private ( ) Public ( ) Private off-site

Attach site plan showing property lines, location of proposed structures (including driveways, patios, decks, etc.) and any existing structure, if requested by Health Dept.

OWNER Liau, Cheng	Mailing Address 914 Fieldstone Rd Mooresville NC 28115	Telephone No. 663-1110
APPLICANT	Mailing Address	Telephone No.

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 Representatives are granted right of entry to make evaluations or inspections and to release information upon public request

Signature of Owner or Authorized Agent — Date: 5-26-83

Land use indicated (is) (is not) permitted in the zoning district. 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 115 X 175 sq.ft. Front yard depth 35' ft. Corner yard depth ____ ft.

Lot width 115' ft. Side yard depth 15' ft. Rear yard depth 35' ft.

Aggragate both sides ____

Remarks: ____

Zoning Administration Division

Iredell County — Jurisdiction

Processed by — Date: 5-26-83

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

Tax Map No. 3811 Parcel No. 11-12 Permit No. ____ Date 5-27-83 By D. Parker Cooper