IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 068634 Zoning Permit: X Improvements Permit: 2

Name: ST JAMES BAPTIST Address: 1438 CHURCH RD

City: STATESVILLE State: NC Zip: 286770000

Phone: 0005289589

Proposed Use: 08

PIN #: 4649038613 Zoning: RA Township: 1700

Street Address: JUDAS RD

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: Lot #: Lot Size:

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: 90 Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 20 ON ALL SIDES 30 ROAD SIDES

Minimum Lot Size: 0 Minimum Lot Width: 0

Land Use Permitted in this Zoning District? Y

Comments: CHURCH ADDITION

Hold Building Permits? N Reason:

Location: PERTH RD AT CORNER OF JUDAS RD

Staff: RRS Date: 07/25/97

Fees: Zoning: $ 15.00 Health: $ 50.00

Signature of Applicant:_____
Owner: Agent:

№ 13770

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

Proposed Use: General Purpose Bldg. - Attach. to Exist. Church

Location: Sam Roth Rd on lt of intrs. Judas Rd

Tax Map No.	Township	Jurisdiction	Zoning
25-A-10	Davidson	Iredell	RA

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

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

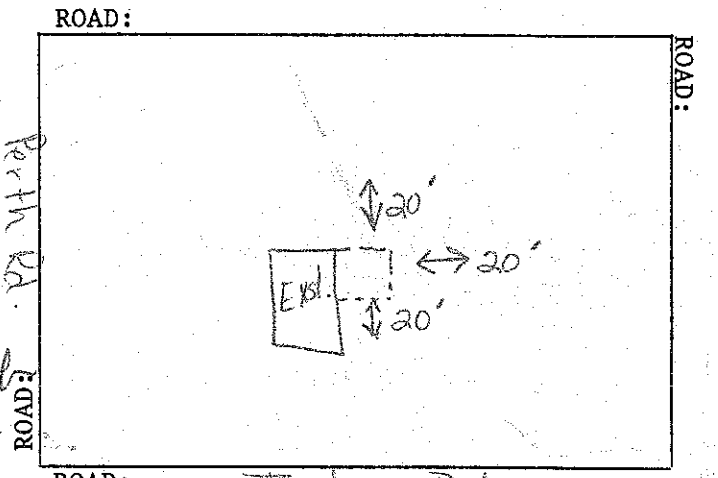
TAX MAP NO. _____

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.

#15-Z 63174, Approved



OWNER	ADDRESS	PHONE NO.
St. James First Baptist	% Rt. 3 Box 176 Troutman, NC 28166	528-5396

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] Chm. Trustee Bd. — 12-6-91

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 _____ ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth _____ ft. Rear yard depth _____ ft.

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

REMARKS: _____

ZONING ADMINISTRATION DIVISION

K. Hewitt — 12-6-91

Approved by — Date

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