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: 066947 Zoning Permit: X Improvements Permit: 2

Name: COOK JOEL Address: 210 JUDAS RD

City: MOORESVILLE State: NC Zip: 281150000

Phone: 0005284032

Proposed Use: 03

PIN #: 4649119612 Zoning: RA Township: 17

Street Address: 210 JUDAS RD

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: Lot #: Lot Size:

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: 35F 35R 15S

Minimum Lot Size: 20000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: REPLACING SW WITH A DW

Hold Building Permits? N Reason:

Location: PERTH RD TL JUDAS 1/2 MILE ON RGT

Staff: RRS Date: 05/08/97

Fees: Zoning: $ 15.00 Health: $ 50.00

Signature of Applicant: _____
Owner: Agent:

№ 13794

PROPERTY DESCRIPTION

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

Proposed Use: Construct Dwelling

Location: Son Beth, Rt Judas on Rt before Sanders Hill Rd

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
25-A-65	Davidson	Iredell	RA

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

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

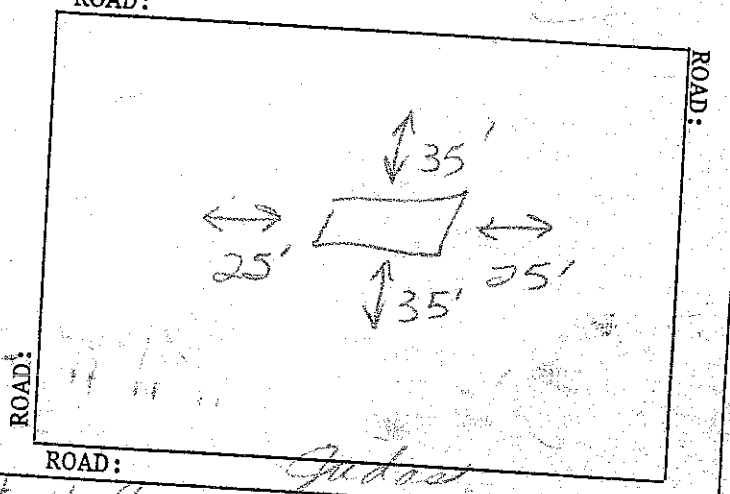
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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
$25 - HD
$40

63219, lot



OWNER	ADDRESS	PHONE NO.
Joel W. Cook	Rt. 4 Box 287 Mtsv.	528-6300

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.

✓ Joel W Cook
Signature of Owner or Authorized Agent

12-10-91
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 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth _____ ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

REMARKS:

ZONING ADMINISTRATION DIVISION

K. Howell
Approved by

12-10-91
Date

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