Call Santandan Between
8 a.m. and 9 a.m.
664-5281 / 873-7291

No. 06351

# PROPERTY DESCRIPTION

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

Proposed Use: Mobile home (access)

Location: Carlyle Rd

| Tax Map No. | Township | Jurisdiction | Zoning |
|---|---|---|---|
| 36-1-A-14 | Fabiatown | County | R-A |

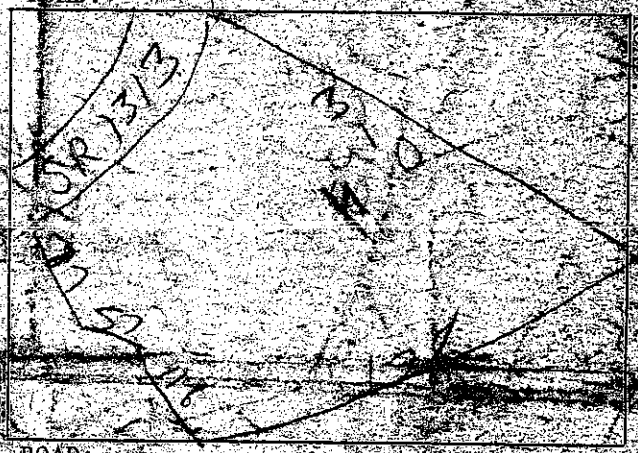
| Subdivision/Mobile Home Park | Lot No. | Lot Size | Flood Plain |
|---|---|---|---|
| | 14 | 1.2 | ( ) yes ( ) no |

| 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.




TAX MAP NO.

| OWNER | ADDRESS | PHONE NO. |
|---|---|---|
| Cindy Rivera | 84 Box 176 Troutman | 528-6247 |

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.

Cindy Rivera 4-1-99

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 20,940 sq. ft. Front yard depth 35 ft. Corner yard depth ___ ft.

Lot width 100 ft. Side yard depth 10 ft. Rear yard depth 35 ft.

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

REMARKS: Access MH / Need letter Notice

ZONING ADMINISTRATION DIVISION

Approved by — Date 4-1-99

WHITE: Applicant CANARY: Inspector Copy PINK: Health Dept. GOLD: Owner