Town of Mooresville Jurisdiction

Zoning Approval

for building permit application

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281

Number: 173710ZO

Subdivision:

Proposed Use: Double Wide

Location: 550 Midway Lake RD

Tax PIN: 4654296211.000

Zoning: R3

Lot: Size:

Flood Plain: Watershed: None

Contractor:

Owner: Flelming, Mary Inez Nance Trust

Address: 550 Midway Lake Road
Mooresville, nc 28115

Phone: 704-892-6536

I certify that all 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.

J Wayne Blackwell
Signature of Owner or Authorized Agent

July 10-12
Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Lot Width: Front Yard Depth: 20 ft Side Yard Depth: 15 ft

Rear Yard Depth: 30 ft Corner Yard Depth:

Remarks: Replacing DBWD; must be on a brick/stone or similar foundation;Must have front porch at least 4 ft X 4 ft. Property must be cleaned up of debris and trash, inspected by the Town, before a CO is issued. May also require County inspections.

Directions: Hwy115 S turn left on Midway Lake Road. 2nd on left. gravel drive

Maureen Gable
Approved By

7/10/2012
Date

$50.00
Application Fee

№ 05129

PROPERTY DESCRIPTION

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

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

Proposed Use: Mobile Home

Location: [illegible] The Mountain Sanctuary [illegible]

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
[illegible]	Iredell	Unincl	[illegible]

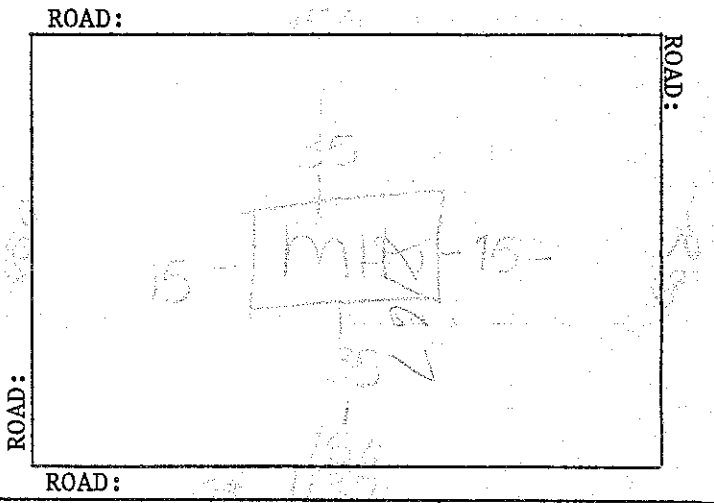
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
	[illegible]	[illegible]	

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.



OWNER	ADDRESS	PHONE NO.
[illegible] Sanders	RT 5 Box 414 Mocksville 27028	998-8748

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 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 [illegible] sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 30 ft.

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

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — Date

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