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: 070447 Zoning Permit: X Improvements Permit: 1

Name: GLEASON D REX Address: 214 BUCKINGHAM RD

City: MOORESVILLE State: NC Zip: 281150000

Phone: 0008928503

Proposed Use: 08

PIN #: 4654876620 Zoning: RA Township: 300

Street Address: 214 BUCKINGHAM

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: DAVIDSON DOWNES Lot #: 69 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: RESIDENTIAL ADDITION

Hold Building Permits? N Reason:

Location: 115 TL PRESBYTERIAN TR SINK TL BUCK AFTERX 3RD LEF

Staff: RRS Date: 11/10/97

Fees: Zoning: $ 15.00 Health: $ 75.00

Signature of Applicant: D. Rex Gleason
Owner: Agent:

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

No. 87663

PROPERTY DESCRIPTION

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

Proposed Use: Dwelling

Location: Buckingham Rd.

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
16-2-A-69	Cool Creek	Fredell	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Buckingham Downs	69	29,205 sf	( ) yes ( ) no

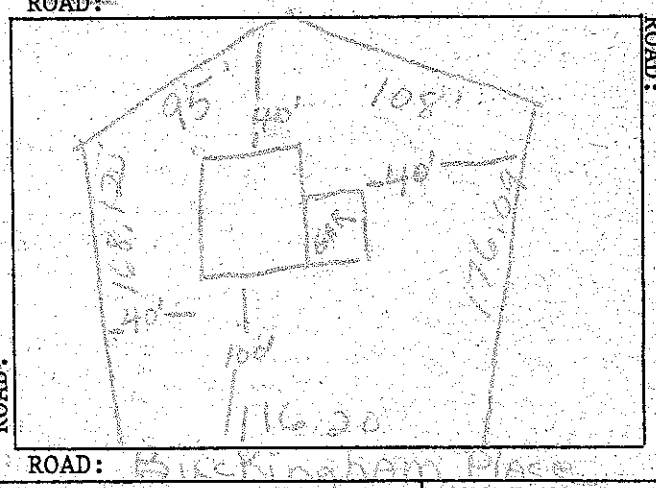
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.

25 SB
11-17-87 023735



OWNER	ADDRESS	PHONE NO.
Rod Glover		

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.

X William H. Glover — 11-17-87

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 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 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

Approved by — Date 11-17-87

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