PROPERTY DESCRIPTION

APPLICATION FOR-( ) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other
(NOT A PERMIT)

Proposed Use: _____

Tax Map No.	Parcel No.	Township	Jurisdiction	Zoning
12-4-26A		Coddle Creek		R-A

Subdivision	Lot No.	Section No.	Lot Size	Road No.	Flood Plain ( )yes ( )no

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

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

Type of Facility (check on and complete) -

(✓) Single family dwelling	No. of bedrooms (3)	No. of other rooms w/closets ( )
( ) Mobile home	No. of Bedrooms ( )	No. of other rooms w/closets ( )

( ) Multi-family dwelling	No. of units ( )	No. of bedrooms per unit ( )	No of other rooms with closets ( )

( ) Business	Total employees per day ( )	Type of business	Waste-( ) Domestic ( ) Industrial water

( ) Other (Specify)

(✓) New structure ( ) Existing structure ( ) Renovate ( ) Addition

Garbage Disposal Unit to be Installed (✓) yes ( ) no

Water Supply Source (✓) Private ( ) Public ( ) Private off-site

Attach site plan showing property lines, location of proposed structures (including driveways, patios, decks, etc.) and any existing structure,if requested by Health Dept.

OWNER	Mailing Address P.O. Box 3109 Statesville, N.C.	Telephone No. 379-0675
APPLICANT	Mailing Address	Telephone No. 395-3793

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 Representatives are granted right of entry to make evaluations or inspections and to release information upon public request

Signature of Owner or Authorized Agent _____ Date 5/18/83

Land use indicated (is) (is not) permitted in the zoning district. 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 1 acre sq.ft. Front yard depth 100 ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth 40' ft. Rear yard depth 150' ft.

Aggragate both sides _____

Remarks: _____

Zoning Administration Division

Jurisdiction _____ Processed by _____ Date 5/18/83

WHITE: Original CANARY: Inspection Copy PINK: Health Department GOLD: Owner

Tax Map No. _____ Parcel No. _____ Permit No. _____ Date _____ By _____