24135

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

4513

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

Proposed Use: S/W Mobile Home

Location: 115 S TL Eastpoint Lane TL J+J MHP

Tax Map No.	Township	Jurisdiction	Zoning
2H-B-56	Davidson	Iredell	NB+PA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
J+J Mobile Home Park	~~5~~ B 6		( ) yes (✓) no

Approx. Area to be disturbed	Street Address	Phone	Watershed

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 Perk
50 Rec. MH
$65

ROAD:

ROAD: * Replacing existing home ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.
(Mary Anne) David McCall	21019 Lakeview Cir. Davidson 28036	892-4702

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 [signature] / Mc Call — 6-6-96

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 _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth N/A ft. Rear yard depth _____ ft.

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

REMARKS: * MH must be at least 20ft. from other MH + 50 ft from property

ZONING ADMINISTRATION DIVISION

Ken Smith — 6/6/96

Approved by — Date

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

TAX MAP NO. _____

№ 15567

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

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

Proposed Use: SINGLE WIDE M/H (REPLACEMENT)

Location: HWY 115 (S), TL EASTPORT TRAIL, 6TH LOT ON LEFT

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
2H-B-56	DAVIDSON	IREDELL	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
J & J (EASTPORT) MHP	6		( ) yes ( ) no

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

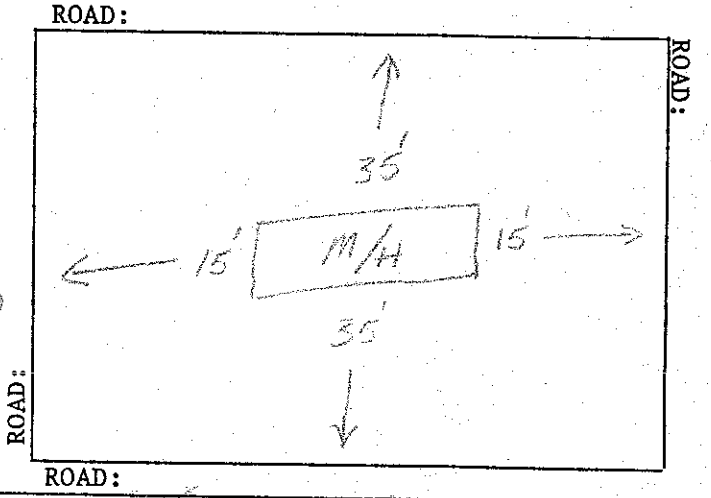
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

$ 15.00
25.00
$ 40.00 BB 5514D
12-7-92

FRED JOHNSON (ET AL)



OWNER	ADDRESS	PHONE NO.
PATSY KNOX	RT. 11 BOX 1337-E, MVILLE, NC (FORT LANE)	

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: 12-7-92

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 _____ sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

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

(NON-CONFORMING LOT)

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

REMARKS:

ZONING ADMINISTRATION DIVISION

William Allin — Approved by — 12-7-92 Date

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