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

22874

PROPERTY DESCRIPTION

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, TL STARWOOD, PARC

TAX MAP NO. PT. LOT 2 ENA SUB INT 4TH LOT ON LEFT

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

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
J & J MHP	14		( ) yes (✓) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
	109 STARWOOD DR.		N/A

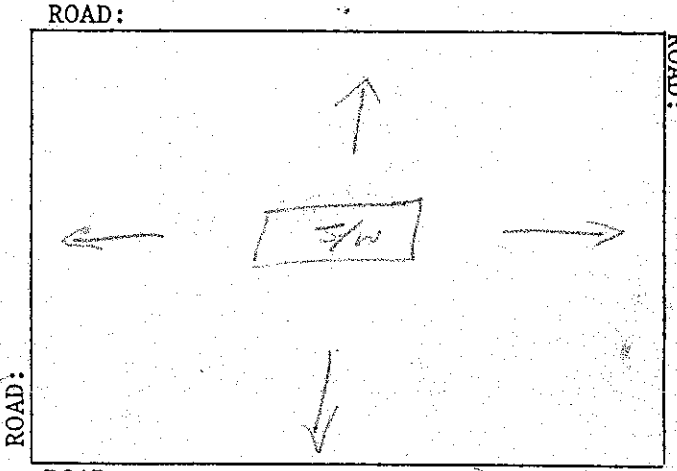
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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

095134 lot



OWNER	ADDRESS	PHONE NO.
STEPHEN HARRIS	FT. MILL, SC 29715 1527 BROOKLAND CT.	803 547-3917

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.

Stephen R. Harris — Signature of Owner or Authorized Agent

12-11-95 — 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 35 ft. Corner yard depth 25 ft.

Lot width _____ 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 12-11-95

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

№ 00689

PROPERTY DESCRIPTION

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

Proposed Use: Mobile Home Park

Location: Rd 1223, & 1224

Tax Map No.	Township	Jurisdiction	Zoning
2 14 B 56	Davidson		R-A

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
East Port MH Park 1-55	1-55	75 x 125	( ) yes (X) no

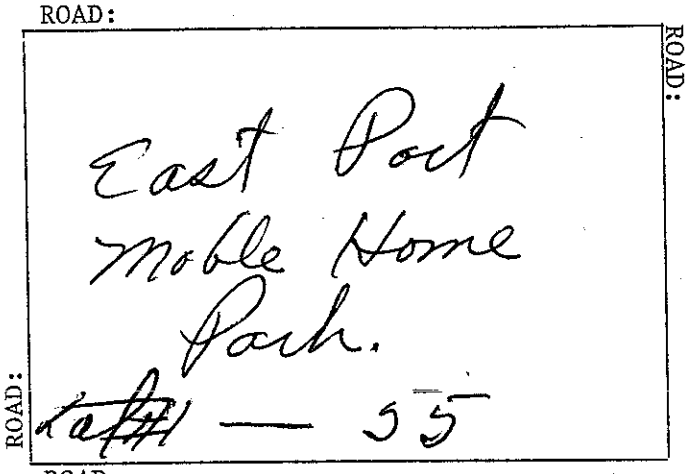
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO. _____

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.
AC Holthouser	Rt 2 Box 908 Mooresville NC	892 0263

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A.C. Holthouser — 11-2-83

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 _____ ft. Rear yard depth _____ ft.

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

REMARKS: _____

ZONING ADMINISTRATION DIVISION

D. Dean Shrum 11-2-83

Approved by — Date

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

№ 00689

PROPERTY DESCRIPTION

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

Proposed Use: Mobile Home Park

Location: Rd 1223, & 1224

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
24 B 66	Davidson		R-A

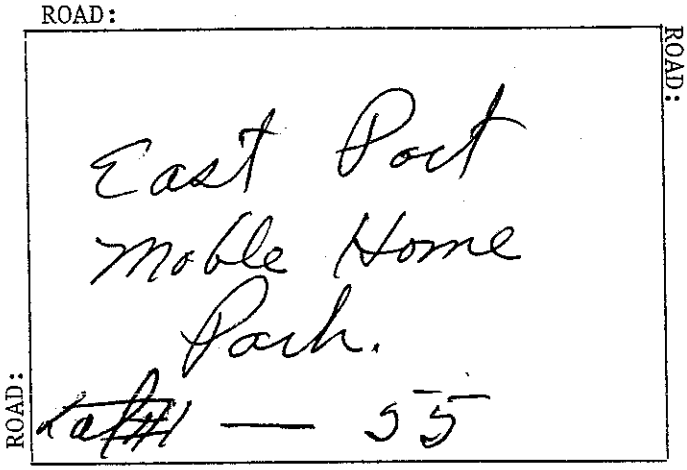
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
East Port MHPark 1-55	1-55	75 x 125	( ) yes (X) no

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.



OWNER	ADDRESS	PHONE NO.
A C Holthouser	Rt 2 Box 908 Mooresville NC	892 0263

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.

A.C. Holthouser — Signature of Owner or Authorized Agent

11-2-83 — Application Date

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

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

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

REMARKS:

ZONING ADMINISTRATION DIVISION

D. Dean Shaw — Approved by

11-2-83 — Date

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