23930

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: S/W

Location: 115 S 11 Eastwood Ln

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
24-8-56	Davidson	Unincorp	CA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
T & T MHP	25		

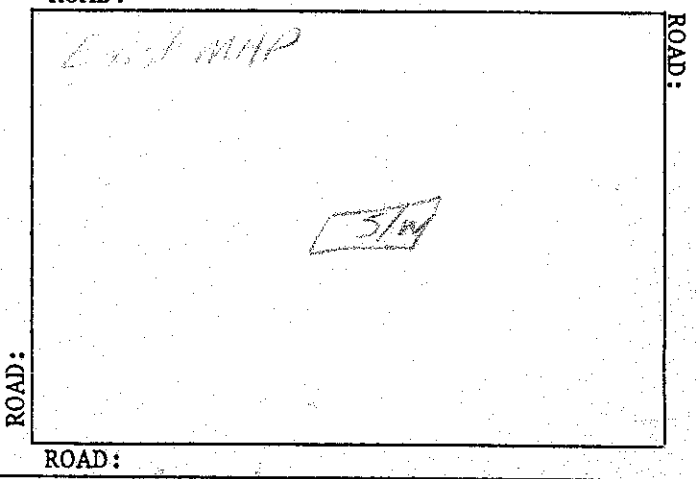
Approx. Area to be disturbed	Street Address	Phone	Watershed
Not Rec	Eastpoint		N/A

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.

#15-2
50 110
865



OWNER	ADDRESS	PHONE NO.
Mary Ann Tittle	21617 Statesville Rd Davidson 28036	892-4182

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 Mary L. Tittle — 5-17-96

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 _____ ft. Rear yard depth _____ ft.

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

REMARKS: East MHP

ZONING ADMINISTRATION DIVISION

K Smith — 5-17-96

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.	Township	Jurisdiction	Zoning
2HB56	Davidson		R-A

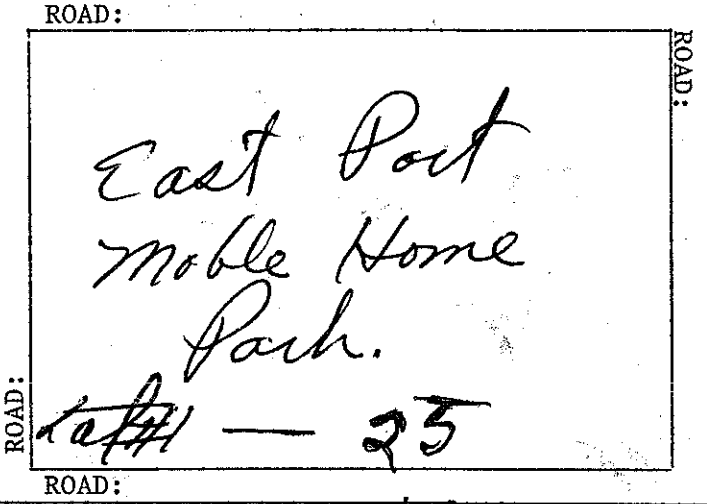
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
East Port MHPark 1-55	1-55	75x125	( ) yes (X) no

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.
AC 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

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 Parker — Approved by

11-2-83 — Date

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

TAX MAP NO. _____

№ 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
24 B 56	Davidson		R-A

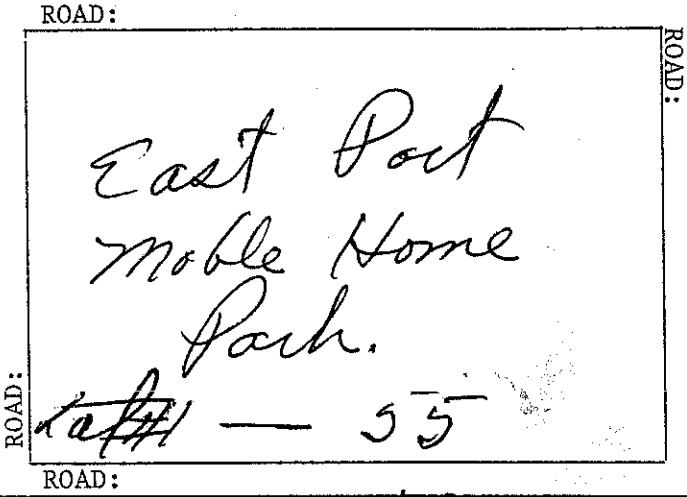
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
East Port MH Park 1-55	1-55	75 x 125	( ) yes (X) no

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

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

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

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 Richard 11-2-83

Approved by — Date

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

TAX MAP NO. _____