21715

PROPERTY DESCRIPTION

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

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

Proposed Use: D/W Mobile Home (REPLACEMENT)

Location: Shumate Rd, To Faith Rd, 90/Mt, TR Black Angus Lane, 2nd

Tax Map No.	Township	Jurisdiction	Zoning
11-A-114/116	Barium Springs	Iredell	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
	—	.96	( ) yes (X) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
	117 Black Angus Lane		~~WS1~~ N/A

TAX MAP NO.

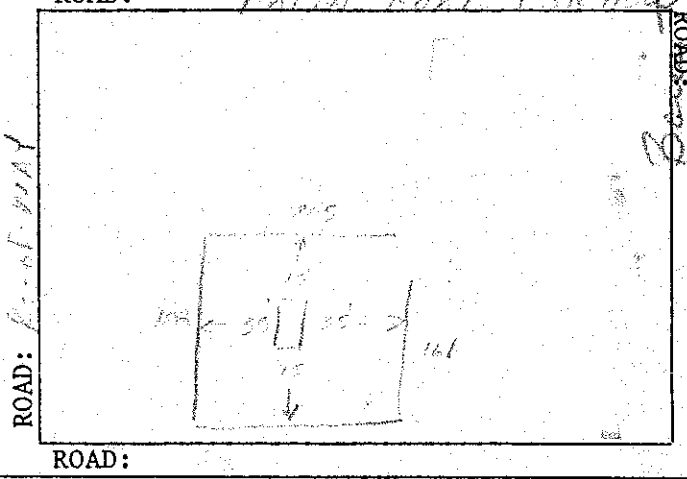
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

15.00
25.00
40.00

092445
Lot



OWNER	ADDRESS	PHONE NO.
Bobby J. Nelson	P.O. Box 361 Mt. Mourne 28123	664-5432

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.

Bobby J. Nelson
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: Deed Ref. Bk. 954 Pg. 640

ZONING ADMINISTRATION DIVISION

Willie Alt
Approved by

1-17-95
Date

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

4055 84 0873

№ 13392 **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/a Single Wide Mobile Home

Location: 1155 TL Fall Rd [illegible]

Tax Map No.	Township	Jurisdiction	Zoning
1D-A114	Coddle Creek	Iredell	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		4 acres	( ) 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

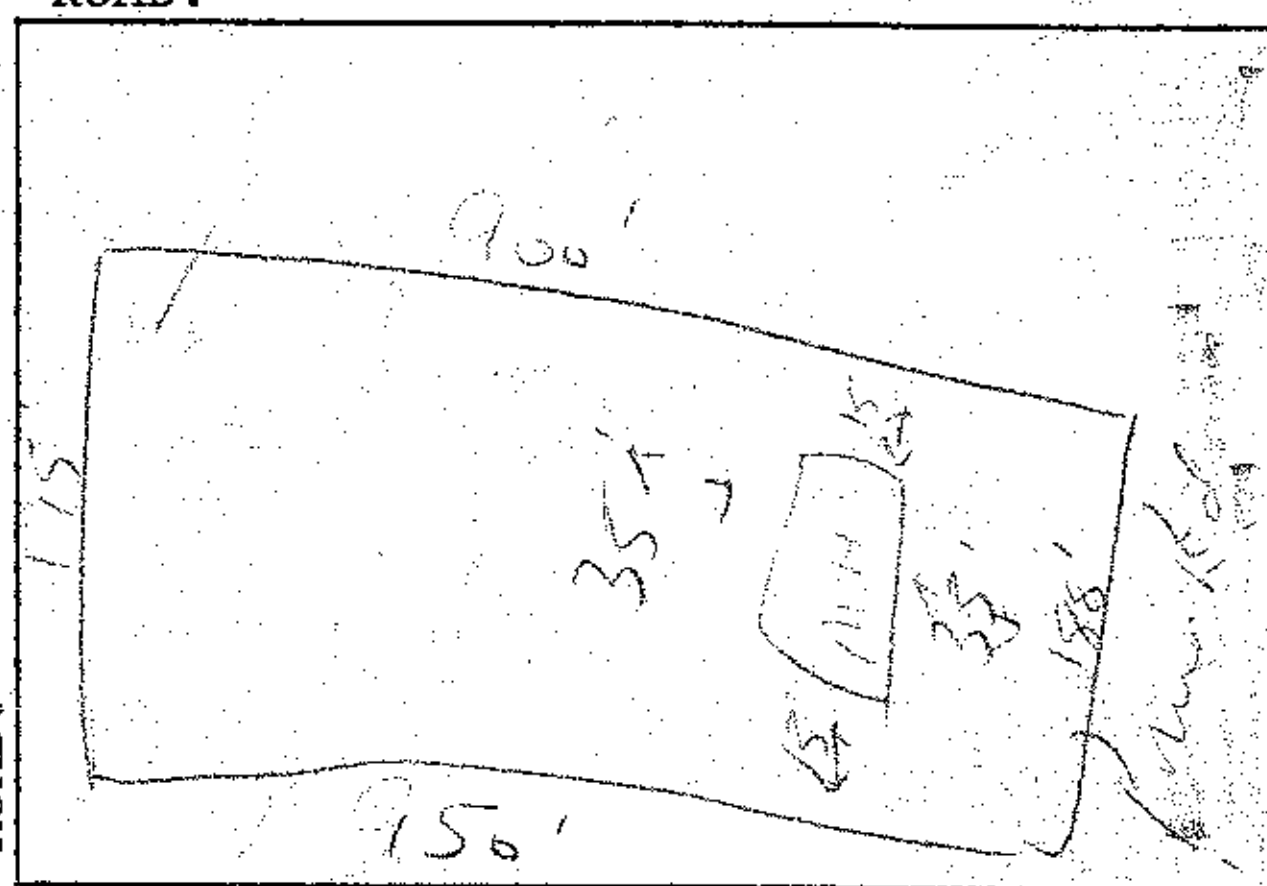
SKETCH MAP

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.

$15.00
$25.00
$40.00

61758

ROAD:



ROAD: Fall Rd

OWNER	ADDRESS	PHONE NO.
Billy Ray Nelson	Rt 11 Box 399 Mooresville	892-3906

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.

Billy B. Nelson — 9/9/91

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.

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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

[signature] — 9/9/91

Approved by — Date

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