7952

MOORESVILLE JURISDICTION

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m.

664-5281

APPLICATION FOR (Not a Permit):

☐ Improvements Permit ☑ Zoning Permit ☐ Special Use ☐ Subdivision Approval ☐ Other

Proposed Use: Single Family Residence / Centrally Controlled

Location: 120 Tanning Lane

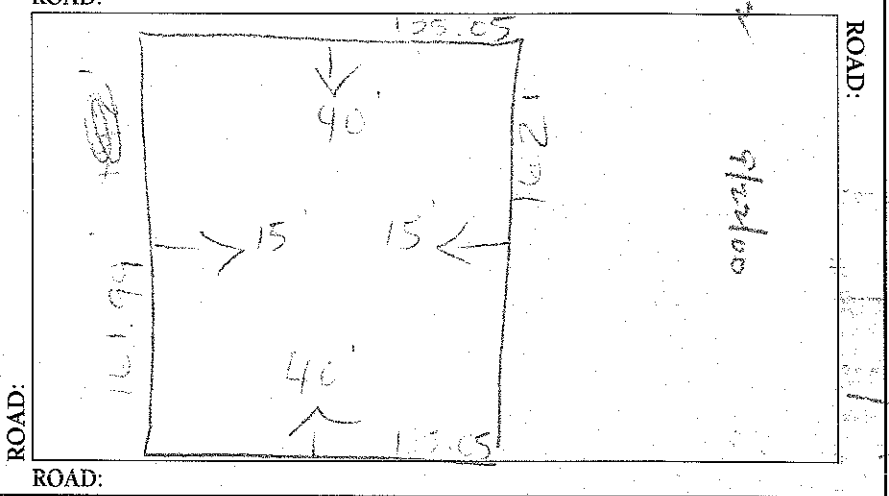
TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4696022261	Davidson	Outside	R20	NSWSA17

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Freeze		Area 21810 sf.	☐ Yes ☑ 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 NUMBER
Len Baxter	116 Malibu Rd Mooresville	6626402

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.**

Kate Baxter Cox — SIGNATURE OF OWNER OR AUTHORIZED AGENT

7/19/00 — APPLICATION DATE

If permitted, the following minimum zoning requirements must be met, unless the Health Department requirements more land area or other qualifications are indicated in the remarks.

LOT AREA	LOT WIDTH	FRONT YARD DEPTH	SIDE YARD DEPTH	REAR YARD DEPTH	CORNER YARD DEPTH
20,000 SQ. FT.	100 FT.	40 FT.	15 FT.	40 FT.	25 FT.

LAND USE INDICATED [☑ IS ☐ IS NOT] PERMITTED IN THE ZONING DISTRICT.

REMARKS: Is not on city water + sewer.

Deed needs to be recorded

ZONING ADMINISTRATION DIVISION

Steve E. Mann — APPROVED BY

7/19/00 — DATE

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

BCP 6/94

TAX MAP NO. 4696022261 / 4696032098

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Katie: JASON COX	799-7952	312 S. Academy	Mooresville	NC	28115

Current Property Owner	Mailing Address	City	State	Zip Code
LEN BEALER	116 MALIBU RD	Mooresville	NC	28115

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
PRIVATE WELL		

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3b. No. Baths 2b.

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

July 27, 03 DATE Kate Cox SIGNATURE OF OWNER/AUTHORIZED AGENT