3433

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: CHURCH (6300 SF)

Location: (U.S. 21) CHARLOTTE HWY

TAX MAP NO. 1KA60

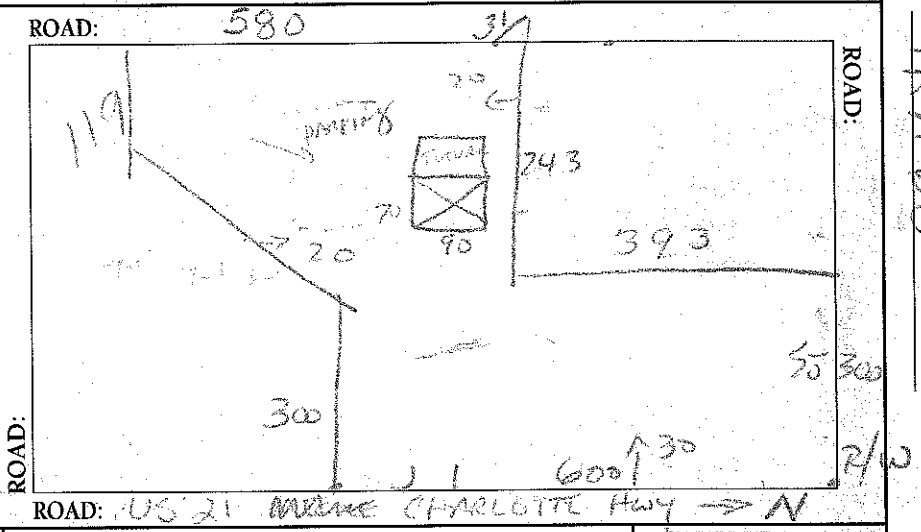
TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
1KA60	Coddle Creek	outside	R-20	WSIV PCA

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
		7.543 AC	☐ 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
First Church of the Nazarene	135 E. Wilson Mooresville NC 28115	664-4767

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] — SIGNATURE OF OWNER OR AUTHORIZED AGENT

8-1-95 — 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.

15' GREEN AREA NO PARKING

LOT AREA	LOT WIDTH	FRONT YARD DEPTH	SIDE YARD DEPTH	REAR YARD DEPTH	CORNER YARD DEPTH
NONE SQ. FT.	100 FT.	30 FT.	20 FT.	90 FT.	20 FT.

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

REMARKS: Well & Septic; DRIVEWAY permit to be approved by the Town and NCDOT; PARKING 1 per employee / 1 per 4 SEATS (200 SEATS) 50 proposed OK. Future Expansion will require use of the HO option of WSIVCA Maximum Allowable Impervious Coverage 50%;

ZONING ADMINISTRATION DIVISION

A. Eugene Jarrett Jr. — APPROVED BY

8-1-95 — DATE

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

BCP 5/94

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: 346-4383

David Ireland	663-1597	108 Cornelius Rd	Mooresville,	N.C.	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

First Church of the Nazarene	P.O. Box 1153	Mooresville,	N.C.	28115
Current Property Owner	Mailing Address	City	State	Zip Code

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 # _____

Specific Directions to Property _____

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

House _____ Mobile Home _____ Commercial X No. Bedrooms _____ No. Baths _____

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.

_____ DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT