Town of Mooresville Jurisdiction
PROPERTY DESCRIPTION

Application for (not a permit)

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

Number 1021 ☐ Improvements Permi ☑ Zoning Permit ☐ Subdivision Approval ☐ Other

Proposed Use: Single Family Residence

Location: Mackwood

Tax PIN: 4656-71-4101 Township: Coddle Creek Jurisdiction: Inside Zoning: R20A

Subdivision: Lot: 36 Size: 34.29 Flood Plain: No Watershed: no

Contractor: Owner: James R Honeycutt

Address: 208 Mackwood Phone: (704) 663-4706

I certify that all 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.

James R. Honeycutt
Signature of Owner or Authorized Agent

11-06-01
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: 20000 Lot Width: 100 Front Yard Depth: 40 Side Yard Depth: 15

Rear Yard Depth: 40 Corner Yard Depth: 25

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

Remarks: Is NOT on city water and sewer

Holding Permits? no

Tree Board Review? no

Has Property Been Recorded? yes

Erosion Plan Required? no

Reason:

Directions: Off Highway 115

ZONING ADMINISTRATOR DIVISION

Irene Mann
Approved By:

11/6/01
Date

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:

James R. Honeycutt	704/663-4706	208 Mackwood Rd.	Mooresville	N.C.	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

Same	Same	Same	Same	Same
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

			1128
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

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

Specific Directions to Property Hgw. 115 South of Mooresville, Turn Left on To Mackwood Rd. approx ¾ mile on Left

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

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

No. Persons or ~~Employees~~ (commercial only) 2 Basement _____ Basement with Plumbing X

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.

11-29-01 DATE James R. Honeycutt SIGNATURE OF OWNER/AUTHORIZED AGENT