5446

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: Mobile Home 14x70 1987

Location: off Stacy Road

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
Part of 4657-02-0900	Coddle Creek	Outside	R20A	N/A

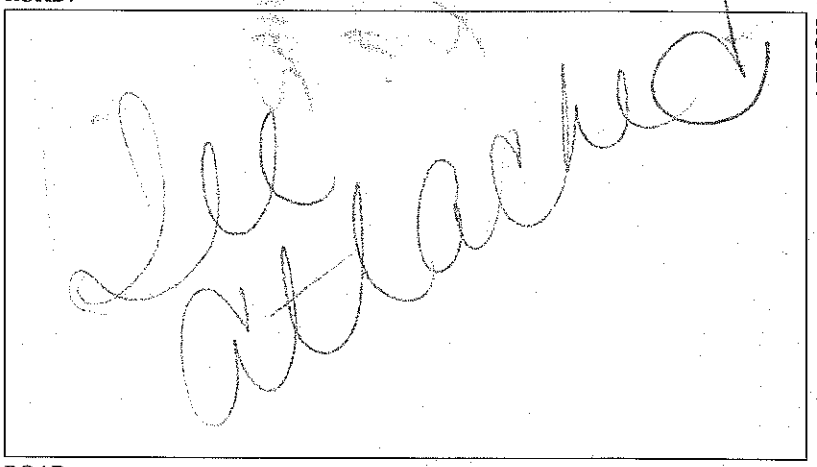
SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
			☐ Yes ☑ No

TAX MAP NO. Part of 4657-02-0900

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
Louise Brown	132 Stacy Rd, M'ville	663 4724

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.**

Louise B. Brown — SIGNATURE OF OWNER OR AUTHORIZED AGENT

4-16-98 — 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 20,000 SQ. FT. | LOT WIDTH 100 FT. | FRONT YARD DEPTH 40 FT. | SIDE YARD DEPTH 15 FT. | REAR YARD DEPTH 40 FT. | CORNER YARD DEPTH 25 FT.

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

REMARKS: Well + Septic Tank. Mobile home must meet 1976 NMSSA + HUD requirements. Mobile Home must be underpinned.

ZONING ADMINISTRATION DIVISION

APPROVED BY [signature] — DATE 4/16/98

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

BCP 5/94