5012

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: Well + Septic

Location: Katherine Drive Lot 28

TAX MAP NO. 4615169330

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4615169330	Coddle Creek	County	R-20A	N/A

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
Lake Norman Shores		1.16	☐ 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.

Typical 3/11 Plans

ROAD:

ROAD:

See Attached

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NUMBER
Wing Kothia	2 Bridlewood Trail	664-1646

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.**

Wing Kothia — 07-21-97

SIGNATURE OF OWNER OR AUTHORIZED AGENT — 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 ____ SQ. FT.	LOT WIDTH ____ FT.	FRONT YARD DEPTH ____ FT.	SIDE YARD DEPTH ____ FT.	REAR YARD DEPTH ____ FT.	CORNER YARD DEPTH ____ FT.

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

REMARKS: Is not in city water and Sewer

ZONING ADMINISTRATION DIVISION

Jane E. Dixon — 7/24/97

APPROVED BY — DATE

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

BCP 5/94