Town of Mooresville Jurisdiction

Zoning Approval

for building permit application

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

Number: 123044ZO

Subdivision:

Proposed Use: Septic Easements

Location: 129 Sun Ln.

Tax PIN: 4657-79-0765

Zoning: R-20A

Lot: 13 Size: 0.62

Flood Plain: Watershed: WSIV-PA

Contractor:

Owner: Tony Barker

Address: 316 Brawley Ave.
Mooresville, NC 28115

Phone:

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.

Signature of Owner or Authorized Agent

Date

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

Lot Area: Lot Width: Front Yard Depth: 40 ft Side Yard Depth: 15 ft

Rear Yard Depth: 40 ft Corner Yard Depth: 25 ft

Remarks: PERMIT FOR PERK TEST

Directions: Off Rinehart Road

Maureen A Gable
Approved By

7/26/2004
Date

$20 —
Application Fee

Town of Mooresville Jurisdiction

Zoning Approval

for building permit application

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

Number: 126382ZO

Subdivision: KETCHIE ACRES

Proposed Use: Single Family

Location: 129 Sun Ln.

Tax PIN: 4657790765.000

Zoning: R-20A

Lot: 13 Size: 0.62

Flood Plain: Watershed:

Contractor:

Owner: Tony Barker

Address: 316 Brawley Ave.
Mooresville, NC 28115

Phone:

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.

_____ _____

Signature of Owner or Authorized Agent Date

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

Lot Area: 20,000 sf Lot Width: 100 Front Yard Depth: Side Yard Depth: 15 ft

Rear Yard Depth: 40 ft Corner Yard Depth: 25 ft

Remarks: 129 Sun Lane. Lot 13

Directions: Off Rinehart Road

Maureen Gable 1/14/2005 $20

Approved By Date Application Fee