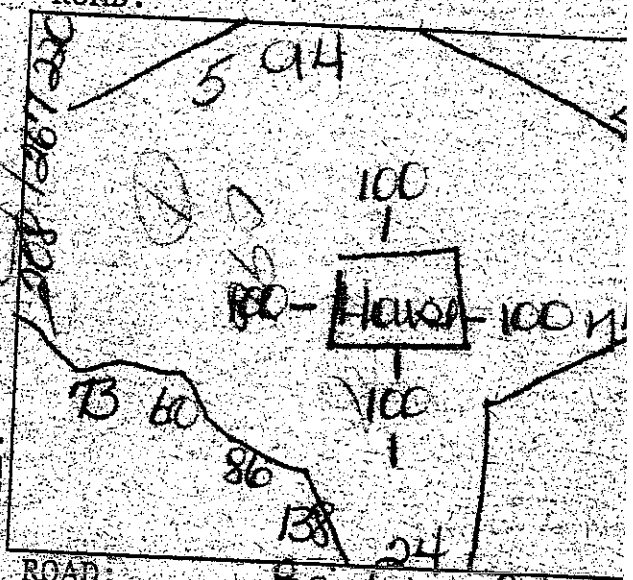
Subdivision/Mobile Home Park	Lot No.	Lot Size	
	226	10.69 ac	

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPA

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
Widow M. Warlick	Rt 4 Box 888-1 Mill 28115	

I certify that all of the statements made in this application and any attache ments are true, complete and correct to the best of my knowledge and belief a made in good faith. I understand that false information may be grounds for r of this application. Authorized Health Department and Inspection Department tatives are granted right of entry to make evaluations or inspections and to information upon public request.

Signature of Owner or Authorized Agent 6-4-8

Application

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

Lot area 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 36 ft.

LAND USE INDICATED (is) ~~(is not)~~ PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION BC Summerlock

Approved by 6-9

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: O