№ 16760

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) (✓) Improvements Permit (✓) Zoning Permit ( ) Special Use ( ) Subdivision ( ) Other Approval

Proposed Use: Double Wide M/H (Replacement)

Location: Hwy 21 TR SR 1302 100 yds on R.T. (Next to Smith Meadow Sign)

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
19-1-A-3	Cobble Creek	Iredell	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		3.82 AC.	( ) yes ( ) no

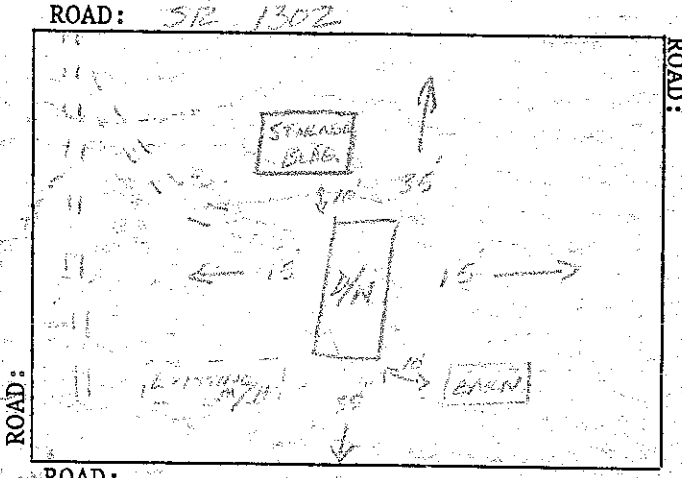
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.

$15.00
25.00
$40.00
#74585
CK 2414



OWNER	ADDRESS	PHONE NO.
Preston Smith	Rt. 4 Box 527-3, Mocksville NC 27028	

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.

Preston Smith — Signature of Owner or Authorized Agent

8-4-93 — Application 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 _____ sq. ft. Front yard depth 35 ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

REMARKS: _____

ZONING ADMINISTRATION DIVISION

William Allen — Approved by

8-4-93 — Date

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

02077

PROPERTY DESCRIPTION

APPLICATION FOR- (Not a Permit) (X) Improvements Permit (X) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: Build storage Bld. (Resi. Accessory Bldg)

Location: 215, TR Connelly Rd. Take ½ mile count 3rd drive on rt.

Tax Map No.	Township	Jurisdiction	Zoning
1M1-A-3	Coddle Ck	County	R-H

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		3.82 ac	( ) yes (X) no

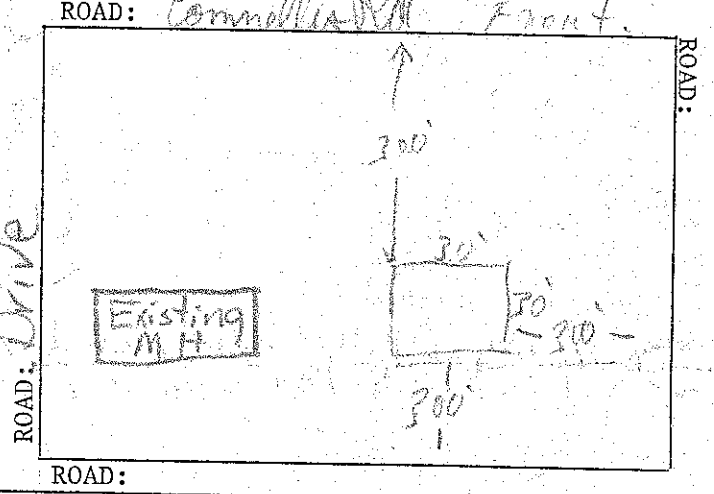
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO. 1M1-A-3

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 NO.
Preston Smith	Rt 4 Box 522-3 Mooresville N.C.	663-6224

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.

X [signature] Sept. 10 1984

Signature of Owner or Authorized Agent — Application 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 _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth 10' ft. Rear yard depth 10' ft.

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

REMARKS: Mini-Commercial Bldg.

ZONING ADMINISTRATION DIVISION

[signature] Sept. 10, 1984

Approved by — Date

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