№ 10827

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 Approval (✓) Other

Proposed Use: Sgl fam. Single wide M.H.

Location: 21 S. 3rd drive on Rt. and Fbrro town Loop.

TAX MAP NO. [illegible]

Tax Map No.	Township	Jurisdiction	Zoning
47 R-115	Barrington	Iredell	RA

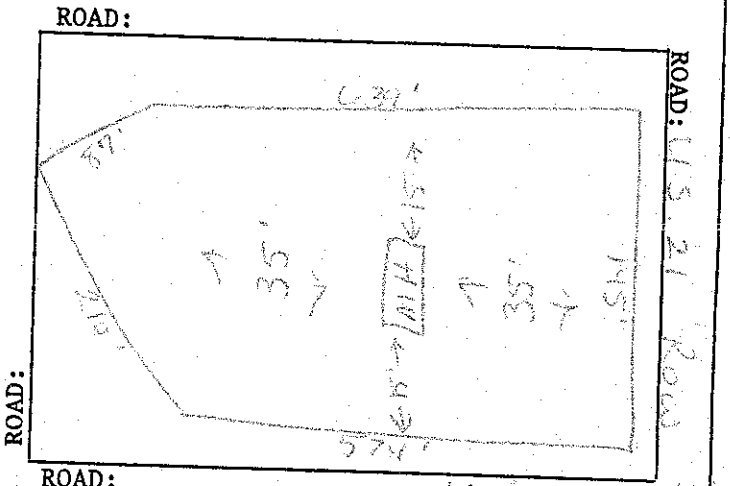
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
[illegible]		8.62 Ac	( ) yes (✓) no

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.



$500 11
5.00 2
$400.00 T

91714
Lot

OWNER	ADDRESS	PHONE NO.
Wallace Stallings	RO Box 447 Statesville N.C.	Work 872-9573 528-5799

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.

Caroline B Stallings — 12/11/89

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 20000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

REMARKS: Sanitary Sewer Not Available

Easement Must be Recorded Upon Subdivision Approval

ZONING ADMINISTRATION DIVISION

Approved with conditions — Approved by — Date 12/11/89

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: [illegible]

№ 10827

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

PROPERTY DESCRIPTION

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

Proposed Use: Set up. Single wide M.H.

Location: 21 So 3rd drive on Rt. past Fburn house Loop.

Tax Map No.	Township	Jurisdiction	Zoning
47-B-115 part of 6	Barringer	Iredell Co.	RA

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

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

TAX MAP NO. 47-B-115

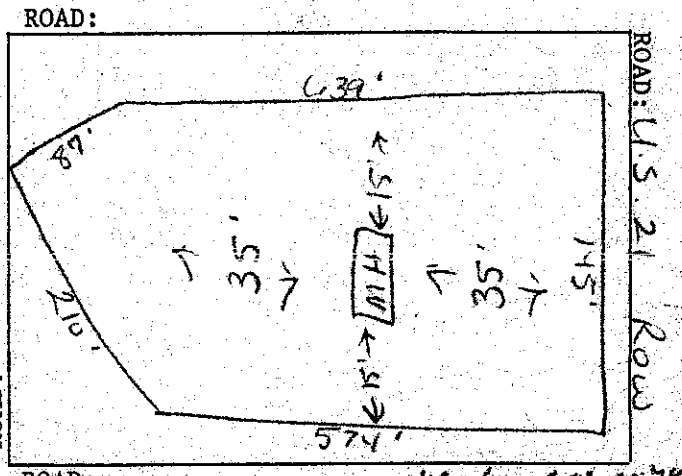
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

$25.00 H
15.00 S
$40.00 T

41714 lab



Work 664 2578

OWNER	ADDRESS	PHONE NO.
Wallace Stallings	RO Box 447 Mooresville N.C.	528-5999

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.

Carolyn C Stallings — Signature of Owner or Authorized Agent

12/11/89 — 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 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

REMARKS: Subdivision Not Recorded. Deed must be recorded before permit can be issued

ZONING ADMINISTRATION DIVISION

Bring Copy of deed with book & Page #'s

Libby T. Davenport — Approved by

12/11/89 — Date

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

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 078357 Zoning Permit: X Improvements Permit: 2

Name: STALLINGS CARLOYN Address: PO BOX 447

City: MOORESVILLE State: NC Zip: 281150000

Phone: 7045285999

Proposed Use: 03

PIN #: 4659182566 Zoning: RA Township: 1600

Street Address: 129 STALLINGS LN

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: Lot #: Lot Size: 2.32

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35

Minimum Lot Size: 20000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: REPLACING EXISTING SINGLE-WIDE WITH DOUBLE-WIDE

Hold Building Permits? Reason:

Location: 21S,TR STALLINGS LN,1ST LOT ON LT

Staff: RAM Date: 12/03/98

Fees: Zoning: $ 15.00 Health: $ 50.00

Signature of Applicant:_____
Owner: Agent: