No 17150

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:

Location:

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
11-A-79			

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) 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.

ROAD:

ROAD:

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.

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.

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 _____ ft. Rear yard depth _____ ft.

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

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — Date

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

№ 15142

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: Rural Home occupation not permissible

Location: 2H155 TR SR0359 Bm in RA

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
4D-9-49	Barnhill	IRedell	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		3.5 Ac+/-	( ) yes ( ) no

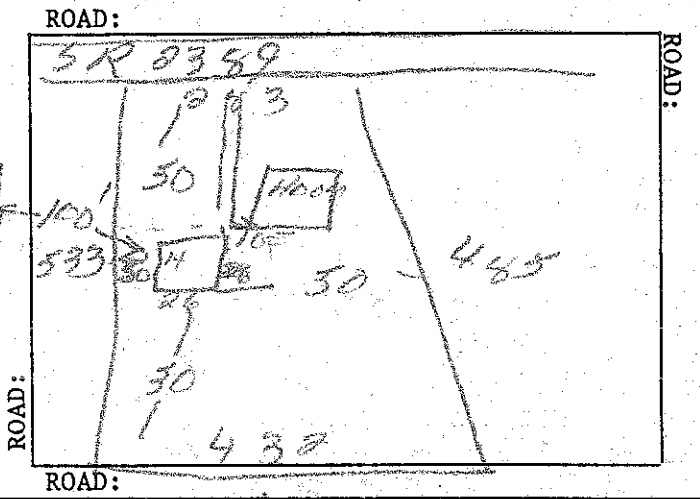
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.

2-15-00
$25.00 68420



OWNER	ADDRESS	PHONE NO.
Sisavath Sisoukrath	1015 Brook Meadows Dr.	664-3650

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.

S Sisavath — 9-20-00

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 50 ft. Corner yard depth 50 ft.

Lot width _____ ft. Side yard depth 50 ft. Rear yard depth 50 ft.

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

REMARKS: Rural Home Occupation Permissible.

ZONING ADMINISTRATION DIVISION

Approved by — 9-20-00 Date

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

№ 13547

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: TRIPLE WIDE W/ FINISHED BASEMENT

Location: HWY 115(S) TL SHEPHERDS RD., ABOUT 1/4 ON RIGHT

Tax Map No.	Township	Jurisdiction	Zoning
4D-1-49	BARRINGER	IREDELL	RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
	43	3.858 AC	( ) yes ( ) no

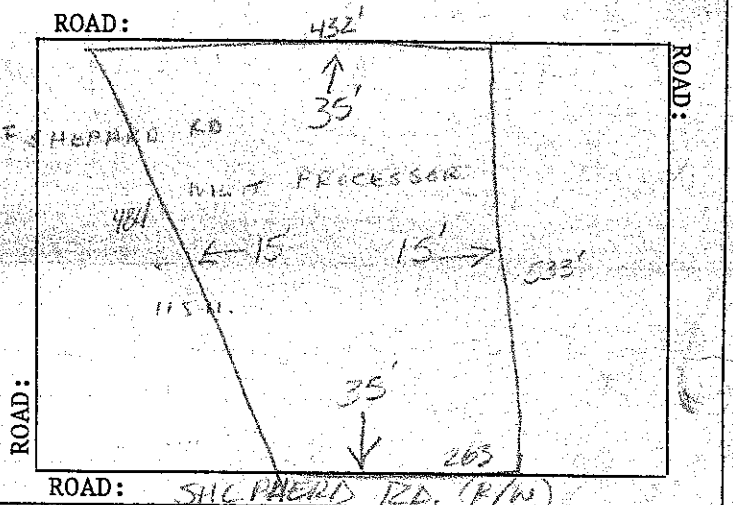
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO. 4D-1-49

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

62209
ds/r

OWNER	ADDRESS	PHONE NO.
SISAVATH SISOUKRATH SOUPHANSENG SISOUKRATH	514 BOGER ST. MOORESVILLE, NC 28115	704-663-0174

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.

C. Sisoukrath SHEPHERD RD 10-7-91

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 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 30 ft.

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

REMARKS: TRIPLE WIDE MUST BE ATTACHED

ZONING ADMINISTRATION DIVISION

William M. Allison 10-7-91

Approved by — Date

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