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: 066121 Zoning Permit: X Improvements Permit: 2

Name: MCINTOSH RICHARD JR Address: 1807 SHEARERS RD

City: DAVIDSON State: NC Zip: 280360000

Phone: 7048924402

Proposed Use: 08

PIN #: 4664551230 Zoning: RA Township: 3

Street Address: 1807 SHEARERS RD

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: Lot #: Lot Size: 1.93

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' R35' S15'

Minimum Lot Size: 20000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: ADDITION 2 BEDROOMS,2BATHS,DEN, ENLARGING KITCHEN & DINING

Hold Building Permits? Reason:

Location: S ON SHEARERS RD, ON LT BEFORE MECKLENBURG CO LINE

Staff: KFH Date: 04/09/97

Fees: Zoning: $ 15.00 Health: $ 50.00

Call Sanitarian Between 8 a.m. and 9 a.m.
664-5281 / 873-7291

No. 08195

PROPERTY DESCRIPTION

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

Proposed Use: Moving House on Lot - Remove MH

Location: 1005 Hannah Rd.

Tax Map No.	Township	Jurisdiction	Zoning
12-11-67	Cool Creek	Statesville	R/A

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

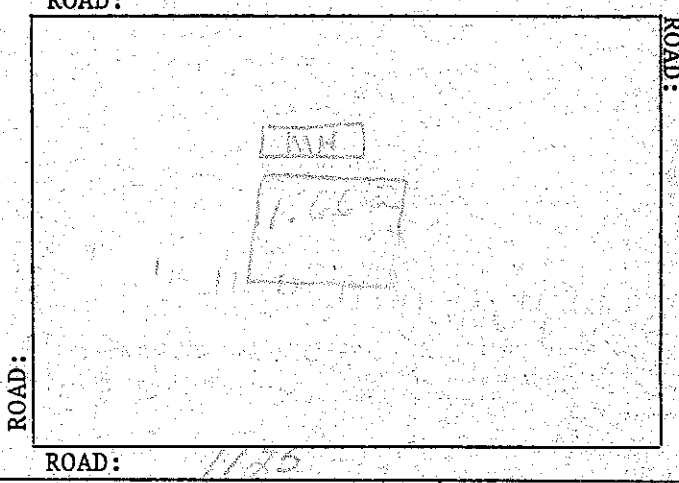
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO. _____

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.
Kenneth Mitchell Est / Ex 737-B, Statesville		872-4920

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.

Kenneth Mitchell — 3/1/87

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 3/1/87

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