7821

MOORESVILLE JURISDICTION

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m.

664-5281

APPLICATION FOR (Not a Permit):

☐ Improvements Permit ☑ Zoning Permit ☐ Special Use ☐ Subdivision Approval ☑ Other

Proposed Use: Attached Addition 20x24

Location: 117 Franklin Drive

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4666165-8973	Coddle Creek	Outside	R20A	N/A

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
			☐ Yes ☐ No

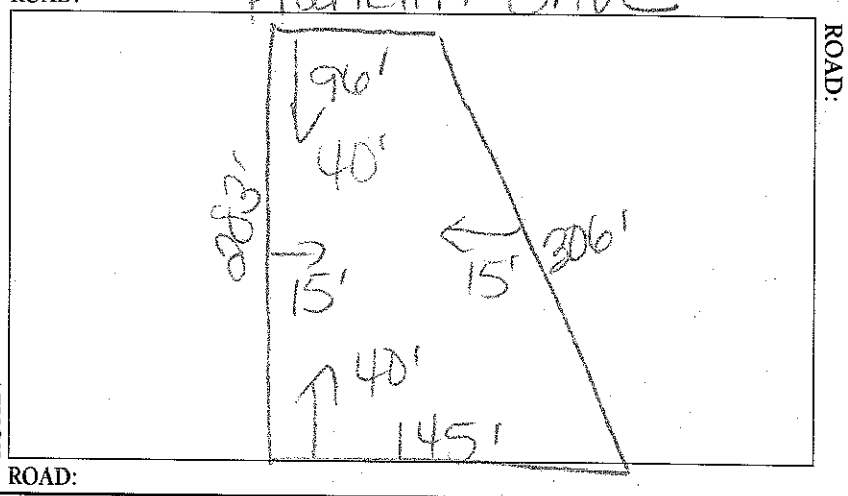
TAX MAP NO. 4666-65-8973

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.

Contractor: Jones family Builders



OWNER	ADDRESS	PHONE NUMBER
Arthur J. Helms, III	117 Franklin Dr, Mooresville NC	663-7181

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.**

I Ken Jones — SIGNATURE OF OWNER OR AUTHORIZED AGENT

6/5/00 — APPLICATION DATE

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

LOT AREA 20,000 SQ. FT. LOT WIDTH 100 FT. FRONT YARD DEPTH 40 FT. SIDE YARD DEPTH 15 FT. REAR YARD DEPTH 40 FT. CORNER YARD DEPTH 25 FT.

LAND USE INDICATED [☑ IS ☐ IS NOT] PERMITTED IN THE ZONING DISTRICT.

REMARKS: Well + Septic tank. Addition to single family dwelling to include bedroom and bathroom. Approximate dimensions 20x24.

ZONING ADMINISTRATION DIVISION

APPROVED BY — DATE 6/5/00

WHITE: Original CANARY: Inspection Copy PINK: Health Department GOLD: Owner

BCP5/94

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Jones Family Builders	663-7181	665 Sones Rd	Mt Ulla	NC	28125
Current Property Owner		Mailing Address	City	State	Zip Code
Auther Helms		117 Franklin Street	Mooresville	NC	28115

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
	Lot 1		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Well Private		

Specific Directions to Property 136 Hwy east ½ mile out of City Limit Franklin St on Rt first house on Left 117

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial 2 No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement No Basement with Plumbing NA

Crawl Space Yes Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

_____ DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT