MOORESVILLE JURISDICTION

PROPERTY DESCRIPTION

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

Proposed Use: To replace Mobile Home with new Model

Location: Hi-Hat Road

Tax Map No.	Township	Jurisdiction	Zoning
NE Blk 0 Lot 20	Coddle Creek	Mooresville	R20A

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. NE Blk 0 Lot 20

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.
Charles E. Jenkins	Rt 2 Box 236 Mooresville	662-0901

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: 3-20-86

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 N/A sq. ft. Front yard depth N/A ft. Corner yard depth N/A ft.

Lot width N/A ft. Side yard depth N/A ft. Rear yard depth N/A ft.

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

REMARKS: Mobile Home to be placed on Same Lot on well and Septic Tank.

ZONING ADMINISTRATION DIVISION

Approved by: Ray Scoggins Jr. — Date: 3-20-86

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