No. 0437

MOORESVILLE JURISDICTION

10:30

PROPERTY DESCRIPTION

APPLICATION FOR (Not a Permit) ( ) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval (3) Other

Proposed Use: New House

Location: Linwood Rd. Approx 1 mile out of City Limits

Tax Map No.	Township	Jurisdiction	Zoning
Part of 4-A-46	Coddlecreek	Mooresville	R-20A 277

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes (4) no

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

TAX MAP NO. Part of 4-A-46

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:

For sewer & well approval.

ROAD:

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.
Sam Deaton	Rt. 5, Box 342	663-3468

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.

Sam Deaton
Signature of Owner or Authorized Agent

6-12-86
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 50 ft. Corner yard depth N/A ft.
Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 40 ft.

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

REMARKS: Well be on back half of this lot.
Not on City water or sewer.

ZONING ADMINISTRATION DIVISION

Randy Kemp
Approved by

6-12-86
Date

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

No 1959

MOORESVILLE JURISDICTION

PROPERTY DESCRIPTION

6645281
8-9 AM

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

Proposed Use: ADDITION OF 2 BEDROOMS TO EXISTING D/W Mobile

Location: ENOCHVILLE RD (SR 1150)

TAX MAP NO. 11 A 46B

Tax Map No.	Township	Jurisdiction	Zoning
11 A 46B	Coddle Creek	IREDELL	R-20A

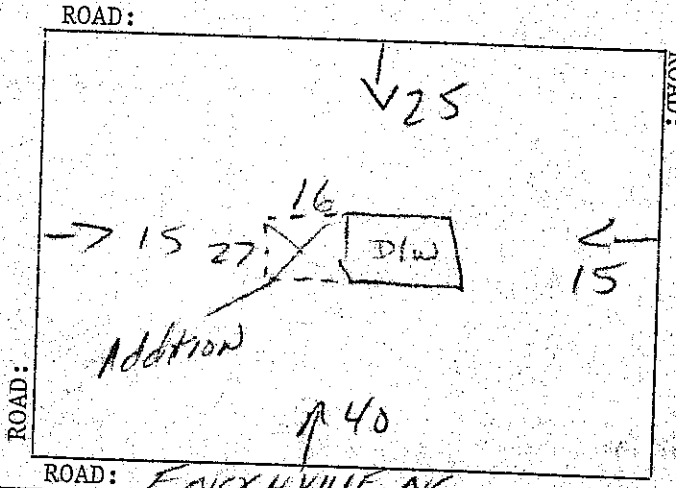
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
			( ) yes (✓) no

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.



OWNER	ADDRESS	PHONE NO.
MARK DOMTON	Rt 10 Box 975 Mooresville NC	6633076

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.

Mark A Domton
Signature of Owner or Authorized Agent

5-1-92
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 40 ft. Corner yard depth 25 ft.
Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 40 ft.

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

REMARKS: Well & Septic required

ZONING ADMINISTRATION DIVISION

W. Eugene Smith
Approved by

5-1-92
Date

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