5007

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: 12000 S.F. (SINGLE FAMILY)

Location: GOODWIN CIRCLE

TAX MAP NO. 4667198832

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4667 19 8832	Coddle Creek	INSIDE	GI	WSII PA

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
VELNA ERVIN Apartments		3.55 Acres	☐ Yes ☐ 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
VELNA ERVIN
108 DEANN LOOP
MOORESVILLE NC 28115

ENGINEER
R.L. CARLSON
P.O. BOX 1147
STATESVILLE 28687

ROAD:

SITE PLAN SKETCH C-1 7-15-97 DATED

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NUMBER
CRESCENT HOMES / LAKE NORMAN ENGINEERING	BUDEAU 115 Cabarrus Ave Mooresville NC	28115 664 9570

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.**

Thomas Charlesworth By Esther Smith — SIGNATURE OF OWNER OR AUTHORIZED AGENT

7-27-97 — 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	LOT WIDTH	FRONT YARD DEPTH	SIDE YARD DEPTH	REAR YARD DEPTH	CORNER YARD DEPTH
N/A SQ. FT.	100 FT.	____ FT.	____ FT.	____ FT.	____ FT.

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

REMARKS: WELL & SEPTIC

2400 S.F. OFFICE 1/1600 S.F. MAINT. BLDG (16 GARAGES @ 700 S.F. EA.)

WATER AND REMOVAL OF DEBRIS TO BE DONE BY THE DEVELOPER OR CONTRACTOR

ESTIMATE THIS OFFICE PRIOR TO ISSUANCE OF SOIL & HEALTH

ZONING ADMINISTRATION DIVISION — APPROVED BY — DATE

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

BCP 8/94