3246

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: Well and Septic Tank Information

Location: Goodwin Circle

TAX MAP NO. IMA28

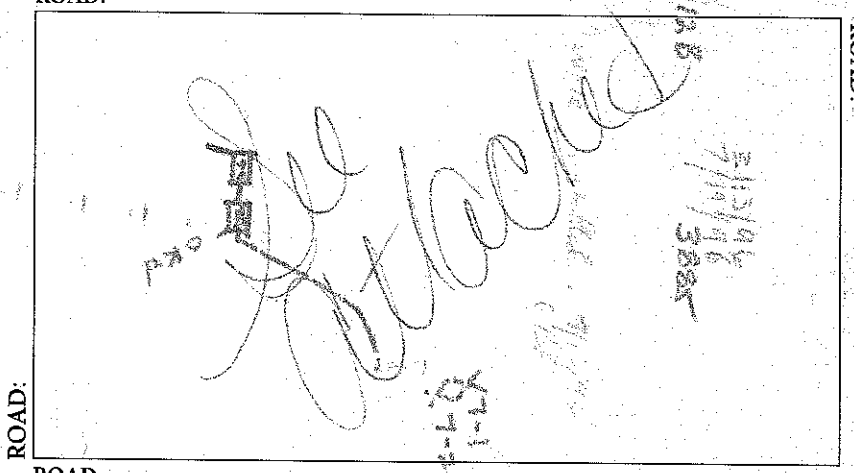
TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
IMA28	Coddle Creek	Outside	GI	Lake

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
		≈ 1 Acre	☐ 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	ADDRESS	PHONE NUMBER
Deward Ervin	108 Deward Ln, Mville,	664-2424

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.**

Deward E. Ervin — SIGNATURE OF OWNER OR AUTHORIZED AGENT

4-5-95 — 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.

*15ft. required landscape area

LOT AREA None SQ. FT. LOT WIDTH 100 FT. FRONT YARD DEPTH 30 FT. SIDE YARD DEPTH 50 FT. REAR YARD DEPTH 15 FT. CORNER YARD DEPTH FT.

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

REMARKS: For well and septic tank information only. Land to be used as commercial property.

ZONING ADMINISTRATION DIVISION

Melissa Miller — APPROVED BY

4-5-95 — DATE

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

BCP 5/94