5355

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: CONCRETE PLANT

Location: NC 150 EAST

TAX MAP NO. 4667390000

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4667390000	COOPLECREEK	INSIDE	GI	WS II

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
		14.19 AC	☐ 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.

ROAD:

ROAD:

SEE ATTACHED

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NUMBER
UNICON CONCRETE	P.O BOX 1835 STATESVILLE N.C. 28687	872-9566

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 Cochran — SIGNATURE OF OWNER OR AUTHORIZED AGENT

1-28-98 — 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
____ SQ. FT.	100 FT.	30 FT.	15 FT.	15 FT.	____ FT.

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

REMARKS:

LOCATED IN WSII WATER SHED .12% IMPERVIOUS COVERAGE
74,174 sq ft ALLOWED 42,500 SHOWN ON SITE PLAN
ISON WELL & SEPTIC. CHANGE OF USE FROM FORESTRY PRODUCTS TO
CONCRETE PRODUCTS PARKING & LANDSCAPING: 1 SPACE/EMPLOYEE PLUS
1 SPACE FOR EACH VEHICLE USED IN OPERATION (30 PARKING SPACES
NOTIFY THIS OFFICE BEFORE ISSUING C.O. REQUIRED)

ZONING ADMINISTRATION DIVISION

APPROVED BY — DATE 1/27/98

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

BCP 5/94

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Mark Sutton — SIGNATURE OF OWNER OR AUTHORIZED AGENT

1-13-98 — 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
— SQ. FT.	100 FT.	30 FT.	15 FT.	15 FT.	— FT.

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

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ZONING ADMINISTRATION DIVISION

APPROVED BY Tony A Puckett — DATE 1/27/98

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

BCP 5/94