5710

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: (2) WELL & SEPTIC & REPLACEMENT (25X40)

Location:

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4668111080	CODDLECREEK	INSIDE	R20A	

SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
			☐ Yes ☐ No

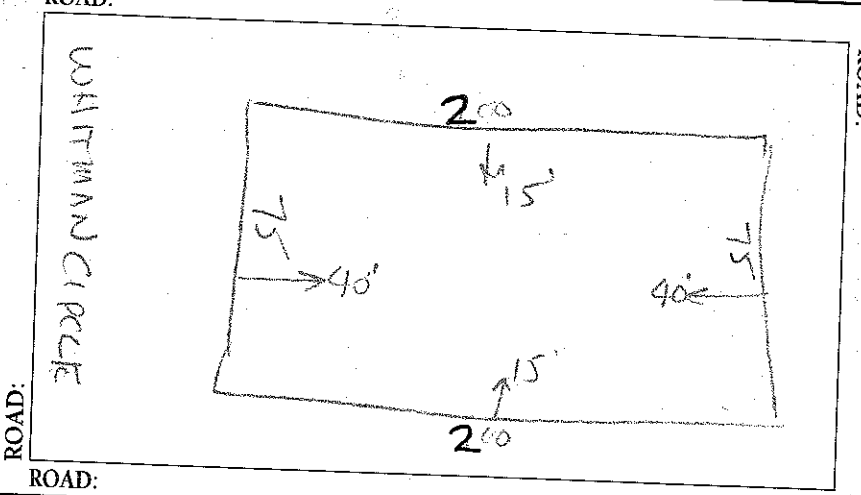
TAX MAP NO. 4668111080

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.

PIEDMONT HOUSING
TTROUTMAN
528-7120



OWNER	ADDRESS	PHONE NUMBER
DONA & TERESA MCCOY	141 WHITMAN CIRCLE MVILLE	

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.**

Kimberly Craven — SIGNATURE OF OWNER OR AUTHORIZED AGENT

7-20-98 — 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
20,000 SQ. FT.	100 FT.	40 FT.	15 FT.	40 FT.	FT.

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

REMARKS:

WELL & SEPTIC INSPECTION AND
REPLACEMENT OF MOBILE HOME ON EXISTING LOT.
NEW HOME MUST MEET SETBACKS & HAVING PRE ORDINANCE
PRE EXISTING NON CONFORMING LOT.
NEW HOME MUST MEET SET BACK

ZONING ADMINISTRATION DIVISION

APPROVED BY — DATE 7/20/98

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

BCP 5/94