No. 20243

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

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

Proposed Use: SW Mobile Home (replacement) – nonconforming

Location: Hwy 115 (S), TL Mazeppa Rd, lot on left after [illegible]

Tax Map No.	Township	Jurisdiction	Zoning
4C-7-16	Barringer	Unzoned	R-A

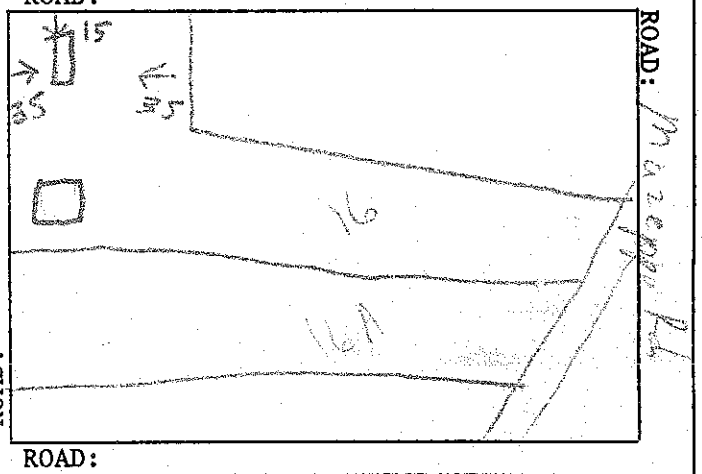
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		2 acres	Zone 115 ( ) yes (✓) no

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Watershed
				None

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.



15 - Zone
825 - Land
540

188074
Isl

OWNER	ADDRESS	PHONE NO.
Marie P. Hayes	PO Box 1375 Mocksville, NC 27115	663-4828

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.

× Marie P. Hayes
Signature of Owner or Authorized Agent — 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 — sq. ft. Front yard depth 35 ft. Corner yard depth ____ ft.

Lot width — ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

REMARKS:

ZONING ADMINISTRATION DIVISION

K L Carroll
Approved by — Date

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

TAX MAP NO. Lane (115 Mazeppa Rd.)

4C-7-16

664-5281

8'-9.00

NO. 00613

PROPERTY DESCRIPTION

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

Proposed Use: Set up M.H.

Location: 115 S TL 2595 2½ mi. 3rd onlt past SR 2398

Tax Map No.	Township	Jurisdiction	Zoning
4C-C-16	Barringer	County	N.A.

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

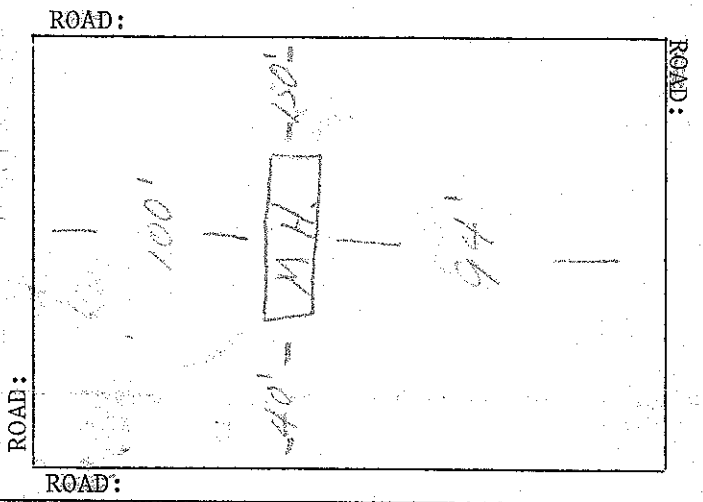
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

TAX MAP NO. 4C-C-16

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.
A.J. Hayes	RR 1575 Mooresville, N.C.	663-4828

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.

X A.J. Hayes — Oct. 7, 1983

Signature of Owner or Authorized Agent — 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 _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.

Lot width _____ ft. Side yard depth _____ ft. Rear yard depth _____ ft.

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

REMARKS:

ZONING ADMINISTRATION DIVISION

E.T.H. — Oct. 7, 1983

Approved by — Date

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