6008

# 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: Single Family Residence

Location: 115 Bright Star Circle

| TAX MAP NUMBER | TOWNSHIP | JURISDICTION | ZONING | WS DISTRICT |
|---|---|---|---|---|
| 4668616469 | Cuddle Creek | Outside | R20A | WSIV BA |

| SUBDIVISION / MOBILE HOME PARK | LOT NUMBER | LOT SIZE | FLOOD PLAIN |
|---|---|---|---|
| Highland Crossing | 15 | 1 lot | ☐ Yes ☑ No |

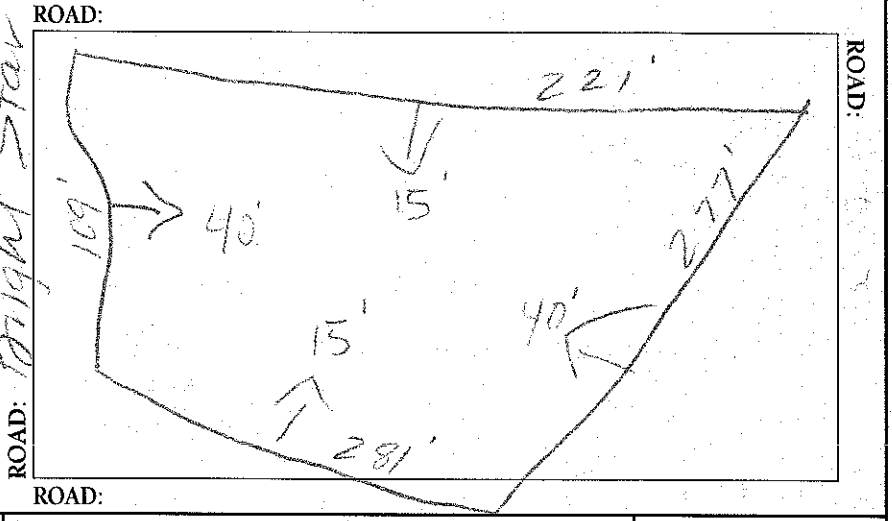
TAX MAP NO. 4668616469

**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.

Buyer: Mary Hawkes




| OWNER | ADDRESS | PHONE NUMBER |
|---|---|---|
| Bright Star Dev. Co. | 831 Kemp Rd. 28115 | 664 9887 |

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.**

M Hawkes — SIGNATURE OF OWNER OR AUTHORIZED AGENT

10-6-98 — 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: Is not on city water + sewer

ZONING ADMINISTRATION DIVISION

Jane E. Wilson — APPROVED BY

10/6/98 — DATE

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

BCP 6/94