2010

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 Residential

Location: BRIGHTSTAR CIRCLE

TAX MAP NUMBER	TOWNSHIP	JURISDICTION	ZONING	WS DISTRICT
4411A14	Coddle Creek	outside	R-20A	WSII-PA

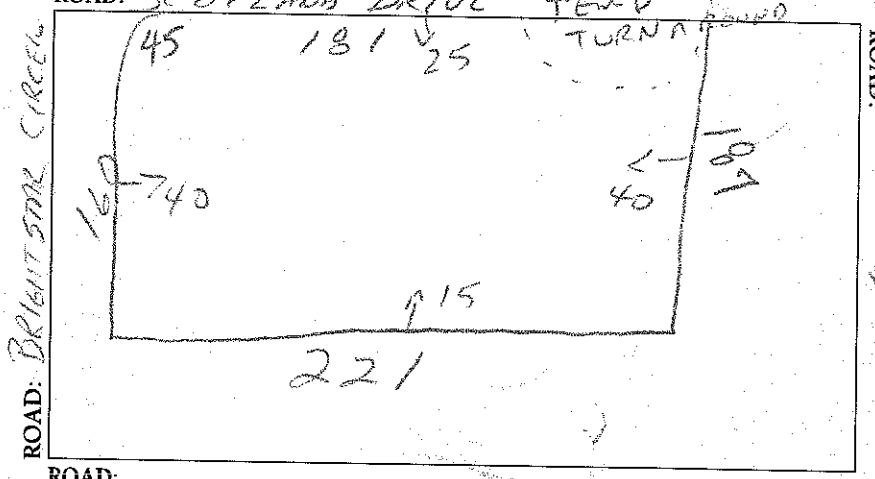
SUBDIVISION / MOBILE HOME PARK	LOT NUMBER	LOT SIZE	FLOOD PLAIN
HIGHLAND CROSSING	14	40,098	☐ Yes ☑ No

TAX MAP NO. 4411A14

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
BRIGHTSTAR Development	RT 7 Box 712 Mooresville	

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.**

Susan K. Brown — SIGNATURE OF OWNER OR AUTHORIZED AGENT

1-17-95 — 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.

LOT AREA 20000 SQ. FT. LOT WIDTH 100 FT. FRONT YARD DEPTH 40 FT. SIDE YARD DEPTH 15 FT. REAR YARD DEPTH 40 FT. CORNER YARD DEPTH 25 FT.

* 40,000 SF WATERSHED AREA

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

REMARKS: NO WELL & SEPTIC REQUIRED;

1-17-95

ZONING ADMINISTRATION DIVISION — APPROVED BY — DATE

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

BCP 5/94