Town of Mooresville Jurisdiction
PROPERTY DESCRIPTION

Application for (not a permit)

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

Number 1477 ☐ Improvements Permi ☑ Zoning Permit ☐ Subdivision Approval ☐ Other

Proposed Use: Double wide MH (approx. 28 x 66)

Location: 135 Eastridge Lane

Tax PIN: 4668-73-0739 Township: Coddle Creek Jurisdiction: Outside Zoning: R20A

Subdivision: Eastridge Estates Lot: 8 Size: 1 Lot Flood Plain: No Watershed: N/A

Contractor: Freedom Homes Owner: Jackie Compton

Address: 135 Eastridge Lane, Mooresville NC 28115 Phone: (704) 528-9449

I certify that all 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.

David A. Hyde — Signature of Owner or Authorized Agent

5-18-01 — 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	20000	Lot Width	100	Front Yard Depth	40	Side Yard Depth	15
				Rear Yard Depth	40	Corner Yard Depth	25

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

Remarks: Is on well and septic. Replacing existing singlewide MH with doublewide. MUST MEET ALL REQUIREMENTS OF ARTICLE 5, MOORESVILLE ZONING ORDINANCE. (See Attached)

Holding Permits? ☐

Tree Board Review? ☐ Reason

Has Property Been Recorded? ☐

Erosion Plan Required? ☐

Directions

ZONING ADMINISTRATOR/DIVISION

Approved By: [signature]

Date: 5/18/01

79

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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: 1998 14 x 70 Mobile Home

Location: Eastover Drive

TAX MAP NUMBER: 4668730739 | TOWNSHIP: Coddle Creek | JURISDICTION: Mooresville | ZONING: R20A | WS DISTRICT: MOORESVILLE

SUBDIVISION / MOBILE HOME PARK: Eastridge | LOT NUMBER: 18 | LOT SIZE: 1 Horton | FLOOD PLAIN: ☐ Yes ☑ No

TAX MAP NO. 4668730739

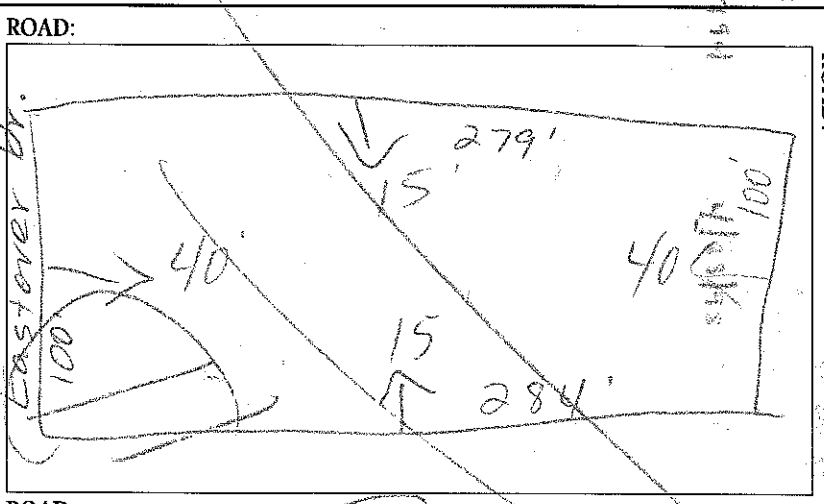
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT — IREDELL COUNTY HEALTH DEPARTMENT

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.

Integrity Homes

Jackie Bailey



OWNER: Jack Compton | ADDRESS: 225 Otisdhaut Rd | PHONE NUMBER: 660-3296

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.**

Jack Compton — SIGNATURE OF OWNER OR AUTHORIZED AGENT

6-3-94 — 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 ____ FT.

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

REMARKS: Is not on city water + sewer

ZONING ADMINISTRATION DIVISION — APPROVED BY: Irene L. Mann — DATE: 6/3/94

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

BCP 5/94

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
FREEDOM HOMES	528-9464	1018 CHARLOTTE HWY	TROUTMAN	NC	28166

Current Property Owner	Mailing Address	City	State	Zip Code
Jackie McClary	135 Eastridge Rd.	Mooresville	NC	28115

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
n/a	Lot B		

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property I-85 North TO Hwy 150 EAST (T/R) onto 150 (T/L) on OVERHEAD BRIDGE Rd. (T/R) ELPHANT Rd. (T/L) onto Eastridge Rd. # 135.

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ____ Mobile Home X Commercial ____ No. Bedrooms 3 No. Baths 2

No. Persons or Employees (commercial only) ____ Basement ____ Basement with Plumbing ____

Crawl Space ____ Concrete Slab ____ Garbage Disposal ____ Jaccuzi or spa ____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

6-8-01 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT