4674 12 4/4

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

№ 09420

# PROPERTY DESCRIPTION

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

Proposed Use: To Set up Mobile Home

Location: 1365, TR Johnson Dairy Rd (1142) ¼ mi on LF

| Tax Map No. | Township | Jurisdiction | Zoning |
|---|---|---|---|
| 1B-A-79 | Coddle Crk | Iredell | NA |

| Subdivision/Mobile Home Park | Lot No. | Lot Size | Flood Plain |
|---|---|---|---|
| | 79 | 8.31 ac | ( ) yes ( ) no |

| Approx. Area to be disturbed | Engineering Firm | Contact | Phone | Street Address |
|---|---|---|---|---|
| 1/2 | | | | |

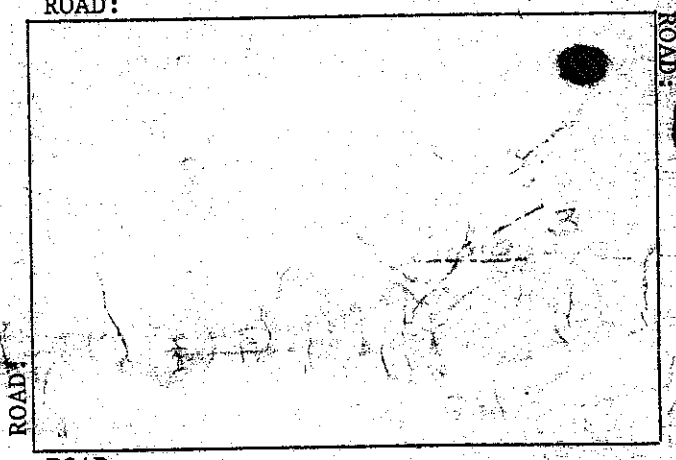
TAX MAP NO.

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.

25.00 1/9/89 342064




| OWNER | ADDRESS | PHONE NO. |
|---|---|---|
| Wesley Enroth | Rt 10, Box 647 Mooresville | 664-4636 |

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.

Wesley Enroth
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 N/A ft. Rear yard depth _____ ft.

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

1/20/89 - Ok to set 2 bedroom unit - ACF

REMARKS:

ZONING ADMINISTRATION DIVISION

Pamela S. Hoke — Approved by

1/9/89 — Date

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

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

№ 10358

# PROPERTY DESCRIPTION

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

Proposed Use: ~~Mobile Home~~ - Double wid

Location: 1365, TR Johnson Dairy, 1/8 mile on Left

TAX MAP NO. _____

| Tax Map No. | Township | Jurisdiction | Zoning |
|---|---|---|---|
| 1-B-A-79 | Coddle Creek | Iredell | NA |

| Subdivision/Mobile Home Park | Lot No. | Lot Size | Flood Plain |
|---|---|---|---|
| | | 8.31 ac | ( ) yes ( ) no |

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

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.

ZONING B15
Health B25

39276 Lot

39277 Lot

ROAD:

ROAD:

ROAD:

ROAD:

| OWNER | ADDRESS | PHONE NO. |
|---|---|---|
| Wesley Enroth | Rt 10, Box 647 Mooresville | 664-4636 |

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.

Wesley Enroth — 8-16-89

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

Approved by Danny Carpenter — Date 8-16-89

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