Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 873-7291

№ 05900

# PROPERTY DESCRIPTION

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

Proposed Use: mobile home

Location: Brumbelow Road

TAX MAP NO. _____

| Tax Map No. | Township | Jurisdiction | Zoning |
|---|---|---|---|
| 1H-11-A-6 | Cattle Creek | Iredell | NA |

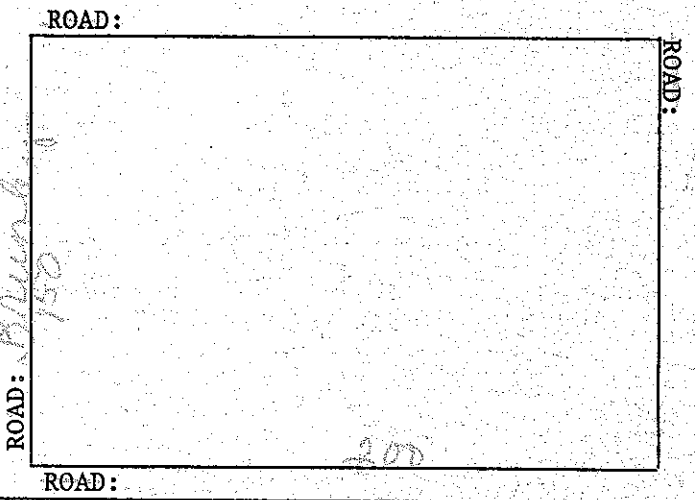
| Subdivision/Mobile Home Park | Lot No. | Lot Size | Flood Plain |
|---|---|---|---|
| Sunset Hill | 6 | .75 ac | ( ) yes (X) no |

| 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.




| OWNER | ADDRESS | PHONE NO. |
|---|---|---|
| Larry D. Freeze | Pt 5 Box 601 Mocksville NC 27028 | 704 492-5327 |

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.

Signature of Owner or Authorized Agent — Application Date 1-16-97

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 — Date 1-16-97

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