JURISDICTION

PROPERTY DESCRIPTION

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

☑ Improvements Permit

APPLICATION FOR (Not a Permit): ☑ Zoning Permit ☐ Special Use ☐ Subdivision Approval ☐ Other

Proposed Use: Well & Septic Tank

Location: 580 Weeping Willow

TAX MAP NUMBER: 4614344290 | TOWNSHIP: Coddle Creek | JURISDICTION: Outside | ZONING: R-20A | WS DISTRICT: N/A

SUBDIVISION / MOBILE HOME PARK | LOT NUMBER | LOT SIZE: 2.00 AC | FLOOD PLAIN: ☐ Yes ☑ No

TAX MAP NO 4614-34-4290

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.

ROAD: See attached

ROAD:

ROAD:

OWNER: Thompson Living Trust | ADDRESS: 311 Burnley Rd, Mills River, NC 28759 | PHONE NUMBER

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.**

Bill Thompson

SIGNATURE OF OWNER OR AUTHORIZED AGENT

3/5/08

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 40,000 SQ. FT. | LOT WIDTH 110 FT. | FRONT YARD DEPTH 40 FT. | SIDE YARD DEPTH 15 FT. | REAR YARD DEPTH 40 FT. | CORNER YARD DEPTH 25 FT.

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

REMARKS: Well & Septic tank Information

ZONING ADMINISTRATION DIVISION

APPROVED BY: Donna Kelly | DATE: 3-5-08

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

BCP 8/94