4C-10 A 22

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

No. 08546 PROPERTY DESCRIPTION

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

Proposed Use: To Be Built Setup MH + Future Dwelling

Location: I 77 S K Trenton Exit 11 E TL 150, TL 801, App 8 mi on LF

Tax Map No.	Township	Jurisdiction	Zoning
4C-10 A 22	Barringer	Tredell	NA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
	22	40,000 sq. Ft.	( ) yes ( ) no

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

TAX MAP NO.

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - TREDELL 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.

259 9/6/88
31555 MH

ROAD:

ROAD:

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.
Jerry L Smith	Rt 5 Box 164 Mooresville	663-5950

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.

Jerry L Smith

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 40,000 sq. ft. Front yard depth NA ft. Corner yard depth NA ft.

Lot width NA ft. Side yard depth NA ft. Rear yard depth NA ft.

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

REMARKS: Must have 40,000 sq. ft. (Watershed)

ZONING ADMINISTRATION DIVISION

Pamela L. Hoke

Approved by — Date

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