IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 075027 Zoning Permit: X Improvements Permit: 2

Name: SETTLEMYER MARAGER Address: 160 CONFEDERATE RD

City: MT ULLA State: NC Zip: 281250000

Phone: 7046633741

Proposed Use: 02

PIN #: 4679 28 3394 Zoning: RA Township: 1600

Street Address: 160 CONFEDERATE RD

Flood Zone: Panel #: Effective Date: / /

Subdivision/MHP: Lot #: Lot Size: 3.72

Has Property been recorded? Y Community Water? Sewer?

Provider:

Watershed: Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35' R35' S15'

Minimum Lot Size: 20000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments: REPLACING MH WITH MH

Hold Building Permits? Reason:

Location: TRIPLETT RD, TL CONFEDERATE,ON RT

Staff: KFH Date: 07/08/98

Fees: Zoning: $ 15.00 Health: $ 50.00

Signature of Applicant: _____
Owner: Agent:

Call Sanitarian Between
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664-5281 / 873-7291

(663-2007)

No

PROPERTY DESCRIPTION

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

Proposed Use:

Location:

Tax Map No.	Township	Jurisdiction	Zoning

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no

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

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.

ROAD:

ROAD:

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.

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

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

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

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8 a.m. and 9 a.m.
564-5281 / 873-7291

M8

P R O P E R T Y D E S C R I P T I O N

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

Proposed Use: _____

Location: _____

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning

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