Call Sanitation Division
8 a.m. and 9 a.m.
878-5304

PROPERTY DESCRIPTION

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

Proposed Use: Residential- Single Family - SBR

Location: 122 Blue Jay Way

Tax Map No.	Township	Jurisdiction	Zoning
4725-75-9366	02	Statesville	R-10

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
	46		( ) 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.

175.00 Id
315° Zoning
206.57

ROAD:

07-11-2000 142059 esl
✓ 271

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.
Duncan Coffey		

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.

Derek B. Perry per Jacqueline Harmon 7-11-2000

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more and/or other qualifications are indicated in the remarks.

Lot area 10,000 sq. ft. Front yard depth 30 ft. Corner yard depth N/A ft.

Lot width _____ ft. Side yard depth 8 ft. Rear yard depth 30 ft.

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

REMARKS:

City of Statesville / Planning

ZONING ADMINISTRATION DIVISION