Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

PROPERTY DESCRIPTION

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

Proposed Use: single family stick built house

Location: Wallace Springs Road

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
4733-43-9579	Stvl outside	Statesville	R-15M

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
unrecorded subdivision	Lot#1	5.553 AC.	( ) yes (✓) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
			NA

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 H

Job 1612

190'

ROAD:

ROAD:

ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.
Eric A Smith Britt M Smith	POB 218 Troutman NC 28166	528 4556

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.

Eric Smith Britt Smith 9-29-98

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 15,000 sq. ft. Front yard depth 30 ft. Corner yard depth NA ft.

Lot width 90 ft. Side yard depth 12 ft. Rear yard depth 30 ft.

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

REMARKS: property will be legally subdivided by City of Statesville. NO permits will be issued for house until subdivided. Owner needs to get perk process started.

ZONING ADMINISTRATION DIVISION

Approved by [signature] 9/29/98 Date

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