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: ~~109 RACHEL LN~~ NEW HOUSE

Location: 109 RACHEL LN

Tax Map No.	Township	~~Jurisdiction~~	Zoning
4735-05-6947	STATESVILLE		R-10

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
#10 COUNTRY LANDING LANE	10	26,324 SF	( ) yes (✓) no

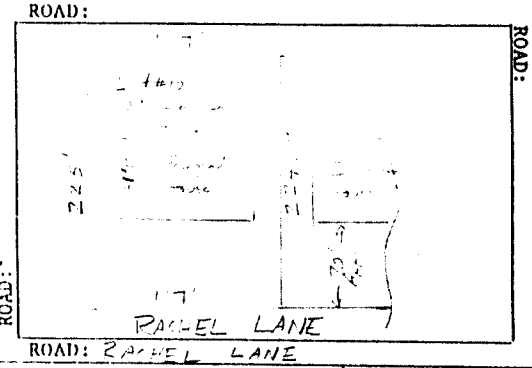
Approx. Area to be disturbed	Street Address	Phone	Watershed
1800 ft	109 RACHEL LN	873-1741	No

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.

175 N
15 1999-02-08 126666
✓ 100$



ROAD: RACHEL LANE

OWNER	ADDRESS	PHONE NO.
DEREK McKINNEY	183 TREEBARK RD	873-1741

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 A. McKinney
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 26,324 sq. ft. Front yard depth 30 ft. Corner yard depth 30 ft.
Lot width 75 ft. Side yard depth 8 ft. Rear yard depth 30 ft.

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

REMARKS: NEW CONSTRUCTION - HOME

ZONING ADMINISTRATION DIVISION
ATTACHED SKETCH ___
Approved by Mary O'Donnell 1-25-99
Date

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