21776

PROPERTY DESCRIPTION

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

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

Proposed Use: To Replace a S.D. M-H. (4/4 W)

Location: 1001 TR SR 2420 Mountains Rd Mooresville

Tax Map No.	Township	Jurisdiction	Zoning
4K-13-33	Barium Springs	Iredell	RA ONLY

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		4911	( ) yes (✓) no

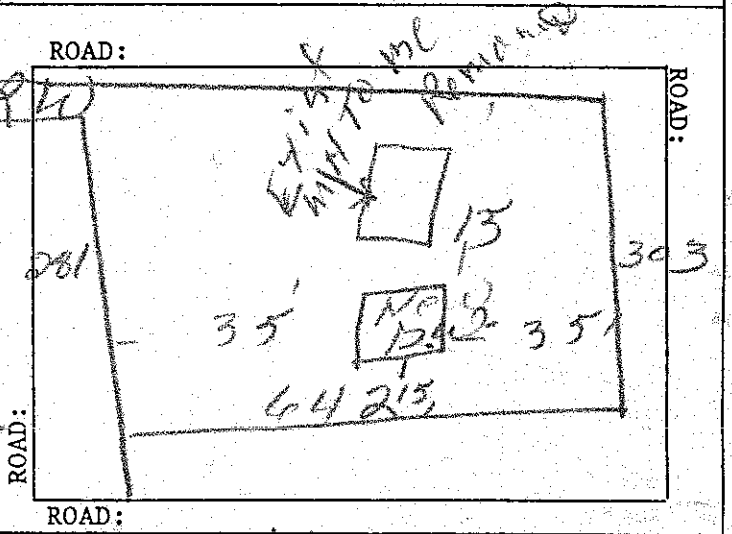
Approx. Area to be disturbed	Street Address	Phone	Watershed

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.



R-15.00
HD 25 mc
40.00

92771

OWNER	ADDRESS	PHONE NO.
Dennis J. Kochik	Statesville NC 28677	535-4585

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.

Dennis J Kochik — 7-25-95

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 20,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.
Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

REMARKS: S.D. M.H. To be Removed before mobile unit is brought on lot

ZONING ADMINISTRATION DIVISION

Approved by — Date 7-25-95

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

4K-13-33

№ 15433

PROPERTY DESCRIPTION

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

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

Proposed Use: Escapa Temp. w/ H. & Const. w/ Dwelling

Location: adjacent to TR Portable SR 2420 Mount Ruth

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
4K-A-33	Bunnlevel	Iredell	R-A

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		21,295	( ) yes ( ) no

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

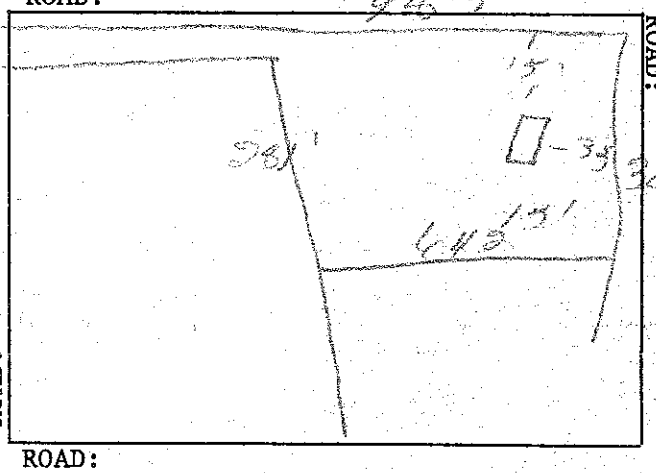
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

2-15.00
HP: 25.00

69080 Well



OWNER	ADDRESS	PHONE NO.
DENNIS JOSEPH KOCHIK	PO BOX 464, MOORESVILLE NC	704/663-6806

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.

Dennis Joseph Kochik — 11-4-93

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 21,000 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

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

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — 11-11-93 Date

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