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

№ 17005 PROPERTY DESCRIPTION

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

Proposed Use: Accessory M/H

Location: 215, tl 1001, tr Overcash, tl 1mi

Tax Map No.	Township	Jurisdiction	Zoning
HK-A-18	Barringer	Iredell	RA

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

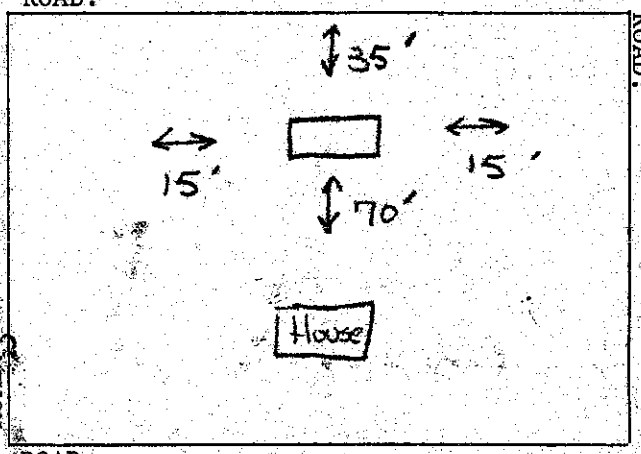
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.



$15-2
$25-HD
$40
96363, lot

OWNER	ADDRESS	PHONE NO.
Cynthia Morris	Rt. 1 Box 503 Troutman	528-5413

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.

Cynthia Page Morris — 9-13-93

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 _____ sq. ft. Front yard depth _____ ft. Corner yard depth _____ ft.

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

(See above)

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

REMARKS: Accessory m/h for granddaughter.

ZONING ADMINISTRATION DIVISION

L. Hewitt — 9-13-93

Approved by — Date

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