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

№ 16122

PROPERTY DESCRIPTION

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

Proposed Use: SINGLE WIDE M/H (ACCESSORY M/H)

Location: HWY 21(S) TL SR 1001 ON RT. AT INTERSECTION OF

TAX MAP NO. 5732 23 27

Tax Map No.	Township	Jurisdiction	Zoning
5B-A-56	CHAM	IREDELL	RA

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

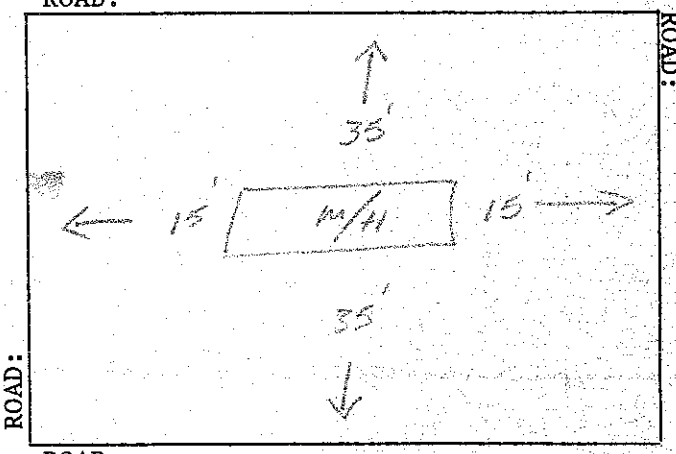
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	- Street Address

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.

$ 15.00
25.00
$ 40.00 72314



W. M. BYNES - 1707 SHELTON AVE

OWNER	ADDRESS	PHONE NO.
J.L. COWAN	STA. NC. 28677 28166 RT. 1 BOX 478, TROUTMAN NC	

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.

Signature of Owner or Authorized Agent — Application Date: 4-12-93

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 35 ft. Corner yard depth ____ ft.

Lot width ____ ft. Side yard depth 15 ft. Rear yard depth ____ ft.

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

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by: William Allen — Date: 4-12-93

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