24557

PROPERTY DESCRIPTION

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

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

Proposed Use: To Set up a mod. Home

Location: 0 Stewart-Smith Rd Shiloh Iredell

Tax Map No.	Township	Jurisdiction	Zoning
4J-11-39	Barium Springs	Iredell	R-A

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

Approx. Area to be disturbed	Street Address	Phone	Watershed
			NIR

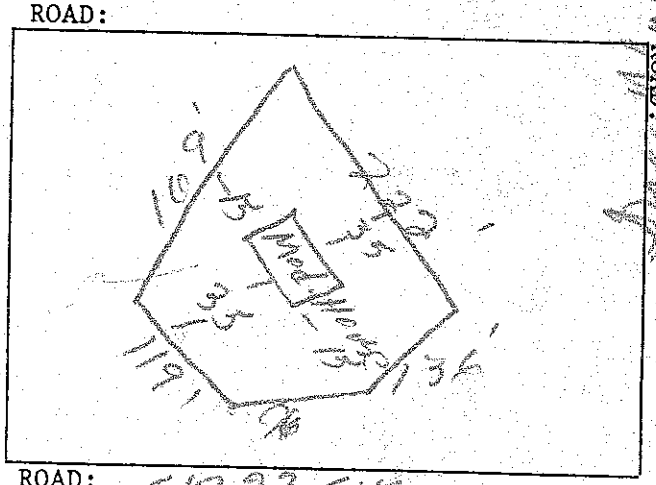
TAX MAP NO. 4J 11 39

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.

SL-15.00
RP 30.00
65.00



OWNER	ADDRESS	PHONE NO.
Gregory L Murdock Barbara R. Murdock	1107 Nacho Lane Cleveland, NC. 27013	538-3038

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.

Barbara R. Murdock — 5-26-96

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:

ZONING ADMINISTRATION DIVISION

Approved by — Date

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

RR 3 3709

PROPERTY DESCRIPTION

873-7291
7:30 - 7:00 PM

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

Proposed Use: Mobile Home

Location: Shimnerville Road Beyond Amity School

TAX MAP NO. 12 2116 Unit Division Bldg.

Tax Map No.	Township	Jurisdiction	Zoning
45-A-12	Barringer	Iredell	R/A -

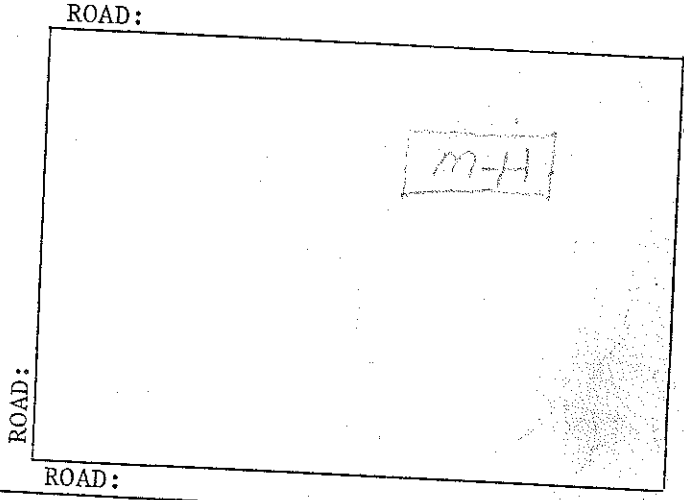
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
		1 Acre ±	( ) yes ( ) no

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.



OWNER	ADDRESS	PHONE NO.
Greg Murdock	RT 2 Box 363 Statesville	873-7683

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.

Greg Murdock
Signature of Owner or Authorized Agent

7-10-84
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.

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

REMARKS:

ZONING ADMINISTRATION DIVISION

L. W. Jenkins
Approved by

7-10-84
Date

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