26018

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: MH

Location:

PIN ~~Tax Map~~ No.	Township	Jurisdiction	Zoning
4763573335	Chamb		RA

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
Oak Creek Sec 3 Phase 2	346		

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.

ROAD: ROAD: ROAD: ROAD:

35 / MH / 15 / 15 / 35

6-19-97

OWNER	ADDRESS	PHONE NO.

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 1/23/97 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

Approved by ______ Date

8-26-99

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