Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 873-7291

No. 08534

PROPERTY DESCRIPTION

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

Proposed Use: To Set Up a MH

Location: SR 2003 on L R-3 Entry Mail Rt. (1st on L)

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
23-1-50	Barringer	Iredell Co.	R-A

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Barry Overcash Property	#2	22,750 SQ. FT.	( ) yes ( ) no

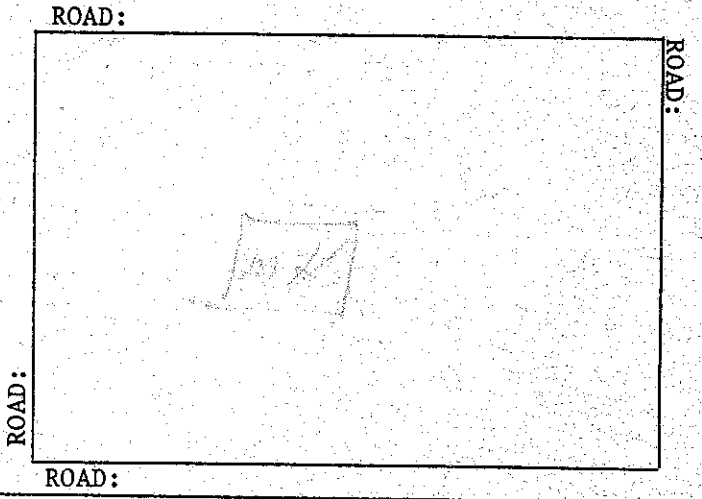
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.

Dealer Bank, Rec. $ 25.00 26860 14



OWNER	ADDRESS	PHONE NO.
Barry B. Overcash	Rt. 1, Box 101, Mt. Ulla, NC 28125	663-3701

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.

_____ 3-7-88

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 N/A 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

_____ 3-7-88

Approved by — Date

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