

26139

## PROPERTY DESCRIPTION

Call Sanitarian Between  
8 a.m. and 9 a.m.  
664-5281 / 878-5305APPLICATION FOR- (X) Improvements (X) Zoning ( ) Special ( ) Subdivision ( ) Other  
(Not a Permit) Permit Use ApprovalProposed Use: SF HomeLocation: 150 W. 7th Street (on 7th, 7th and 8th) 2nd on right

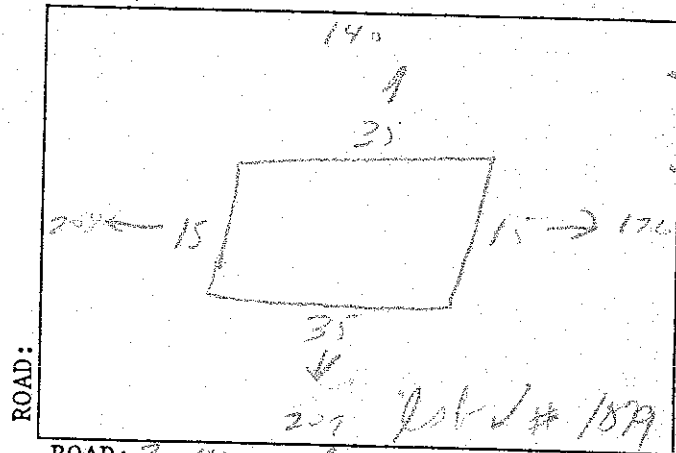
Tax Map No. <u>4637026330</u>	Township <u>Dodd</u>	Jurisdiction <u>Uninc.</u>	Zoning <u>RA</u>
Subdivision/Mobile Home Park <u>Sperry Acres</u>	Lot No. <u>42</u>	Lot Size <u>.75 ac.</u>	Flood Plain ( ) yes (X) no
Approx. Area to be disturbed	Street Address	Phone	Watershed <u>WSTV - CA</u>

## 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:



OWNER <u>James M. Harper</u>	ADDRESS <u>1651 Lake 3100 Dr. Charlotte</u>	PHONE NO. <u>478-766</u>
---------------------------------	--	-----------------------------

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

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 21740 sq. ft. Front yard depth 35 ft. Corner yard depth      ft.  
Lot width 122 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

TAX MAP NO.