Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	133997ZO	Subdivision:	
Proposed Use: Accessory Building		Township:	1400 Shiloh
Location of Property: 2617 OLD MOUNTAIN RD Statesville NC 28677			
Parcel #:	3795828735.000	Zoning:	R-20
Lot #:	0 Size: 0.453	Flood Plain: No	Watershed: None
Applicant:	LINDA REDMOND	Owner:	WAYNE RICHARD REDMOND
Address:	2617 OLD MOUNTAIN RD STATESVILLE NC 286250000	Address:	2617 OLD MOUNTAIN RD STATESVILLE, NC 286250000
Phone:	704-872-9957	Phone:	704-872-9957
Property Recorded: Yes	Site Plan Reviewed:	Community Water: No	Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 20000	Min. Front Yard:	Min. Left Side Yard: 10 ft
Min. Lot Width: 100	Min: Rear Yard: 10 ft	Min: Right Side Yard: 10 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

putting new septic tank for accessary building

Directions:

I40 west to Old Mountain Rd, 3miles north of I40 1st brick house on left after you pass Stewarts Auto Sales.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

I certify that all 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 Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

DEBBIE WILLIAMS Printed: 2/17/2006