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 #:	117116ZO	Subdivision:	
Proposed Use:	Accessory Building	Township:	1700 Davidson
Location of Property:	114 Stonemarker Rd. Mooresville NC 28117		
Parcel #:	4624-38-9961	Zoning:	R20
Lot #:	Size: 1.24	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Lisa & Perry Reed	Owner:	Lisa & Perry Reed
Address:	114 Stonemarker Road Mooresville NC 28117	Address:	114 Stonemarker Road Mooresville, NC 28117
Phone:	704-201-4751	Phone:	704-201-4751
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:	Min. Front Yard: 35 ft	Min. Left Side Yard: 10ft
Min. Lot Width:	Min: Rear Yard: 10 ft	Min: Right Side Yard: 10ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

No kitchenet and no secondary sink allowed in the structure. The structure cannot be self sustain dwelling outside of the principal home. Shall not be erected in front building line of the principal structure unless property is double frontage lake lot. Shall not be erected within 25 feet of any side street on a corner lot. Shall not be erected in the 50 feet buffer zone of lake front properties. Shall not be erected within 10 feet of any property lines or any building structures. Shall not exceed the height limitation of the district is located unless otherwise exempt.

Directions:

77S, Williamson road to Brawley School go south, R Stonemarker, first concrete driveway on the right.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$50.00
Total Fees:		$95.00

PAID 11/7/03

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: Perry T Reed Date: 11/07/03

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

ELLIOTTE BLACKWELL

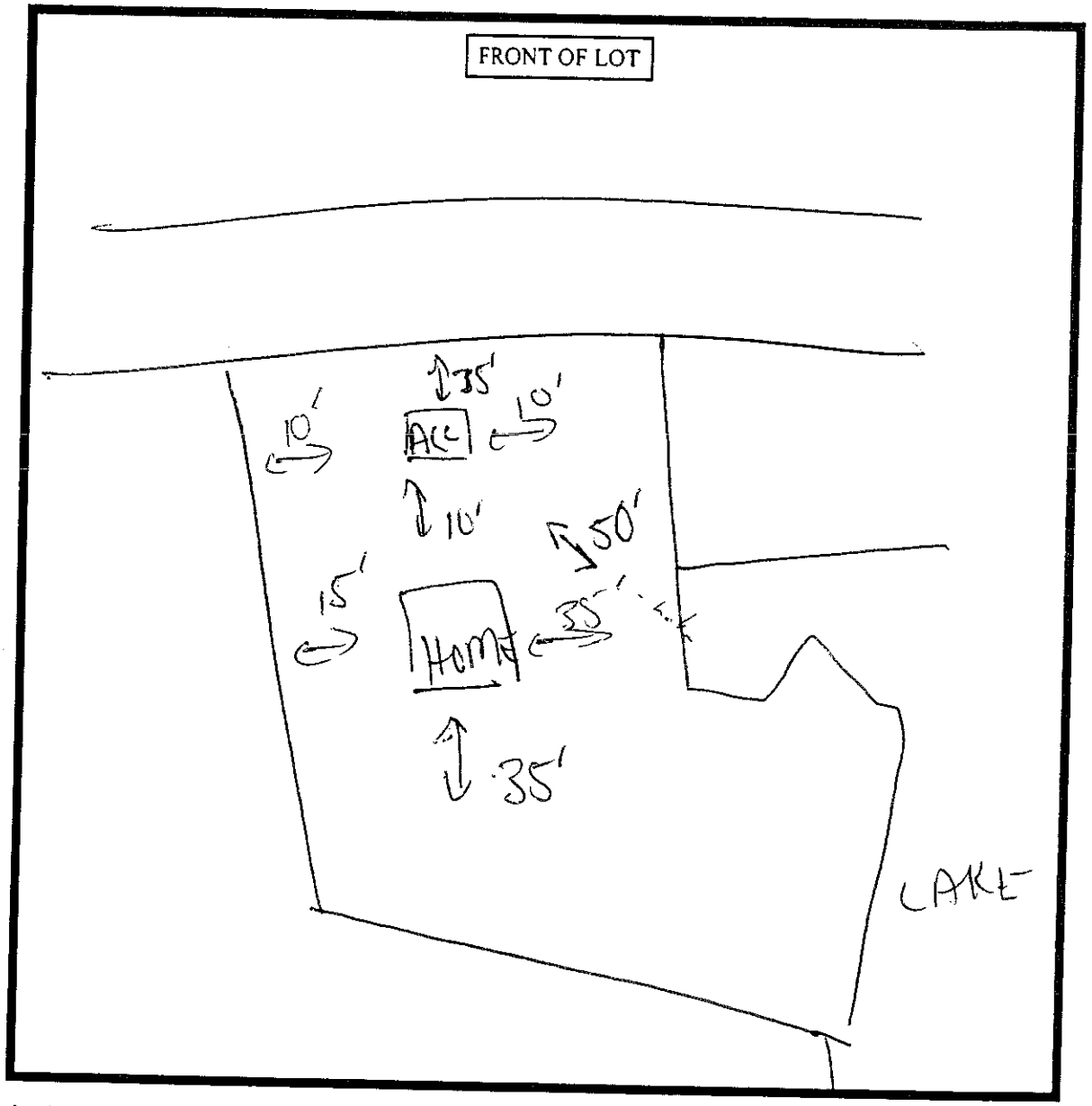
Printed: 11/7/03

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Terry L Reed — 11/07/03

Applicant — **Date**

STREET NAME



In the box above indicate the location of the building/s or structure/s, their orientation to the front of the lot as indicated , and the setback distances to all property lines and the distance to any other building/s or structure/s on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.