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 #: 157030ZO
Proposed Use: Single Family
Location of Property: 143 Old Arborway RD MOORESVILLE NC 28117
Parcel #: 4625087917.000
Lot #: Size: .77
Applicant: ML Young Construction, Inc
Address: 221 FOURTRAX DR.
Mooresville NC 28115
Phone: 704-664-2774
Property Recorded: Yes Site Plan Reviewed:

Subdivision:
Township: 1700 Davidson
Zoning: R20
Flood Plain: No Watershed: WSIV-CA
Owner: Darryl R Bryant
Address: 143 Old Arborway Rd.
MOORESVILLE, NC 28117
Phone:
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: 30000
Min. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 50 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:

Replacing Double Wide with Single Family

Directions:

Chuckwood Rd, left on Barber Loop, left on Old Arborway Rd.

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$120.00
Total Fees:		$175.00

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: _____

ALAINA DILLARD

A non-refundable fee of $55.00 is charged on all permit applications.

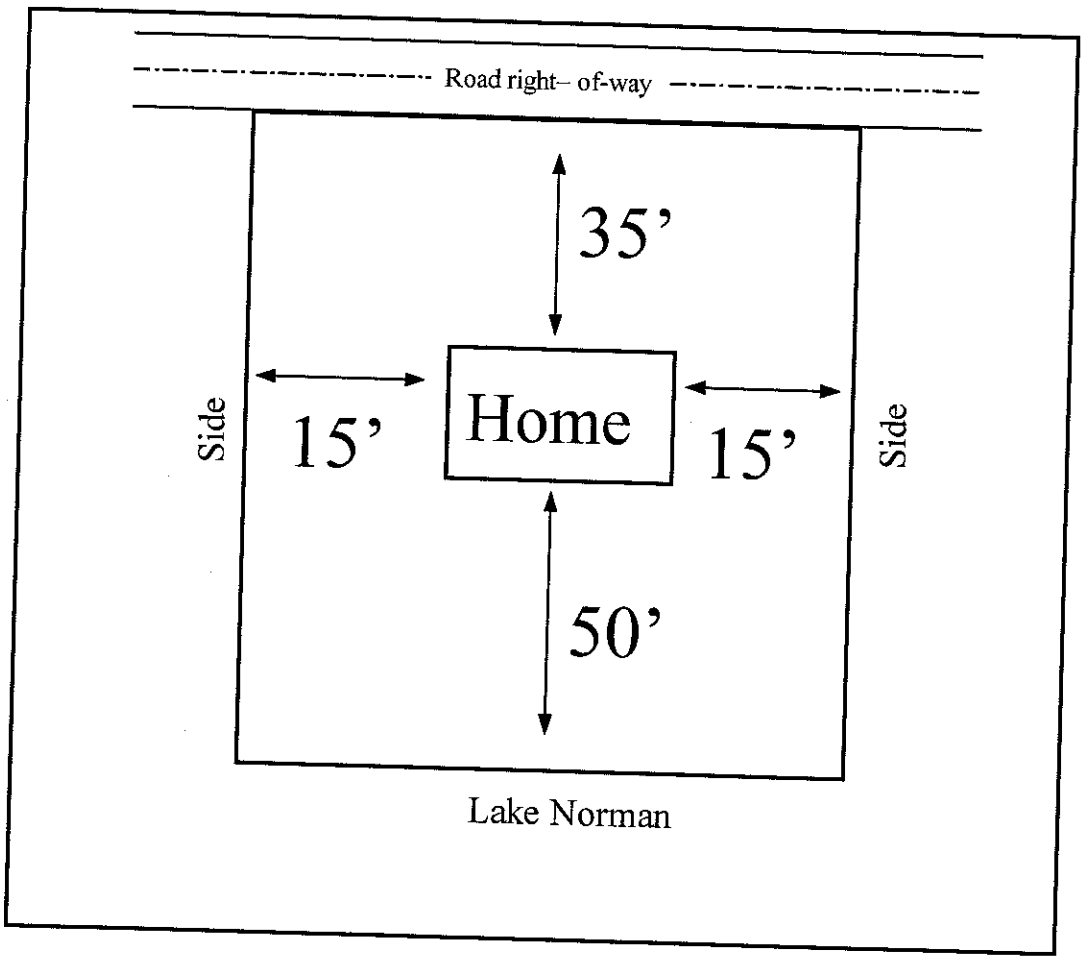
Printed: 6/12/2009

ZONING DISCLAIMER

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 the 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.

Applicant _____ Date _____

STREET NAME : 143 Old Arborway Rd.



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 distances 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.