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 #: 146530ZO
Proposed Use: Swimming Pool
Location of Property: 116 KETCH COURT MOORESVILLE NC 28117
Parcel #: 4625809017.000
Lot #: Size:
Applicant: WILLIAM & DIANE KISSEL
Address: 116 KETCH COURT
MOORESVILLE NC 28117
Phone: 704-660-5426
Property Recorded: Yes Site Plan Reviewed:

Subdivision:
Township: 1700 Davidson
Zoning: RR
Flood Plain: No Watershed: WSIV CRIT
Owner: WILLIAM & DIANE KISSEL
Address: 116 KETCH COURT
MOORESVILLE, NC 28117
Phone: 704-660-5426
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. Lot Width: 100
Min. Number Parking Spaces:
Comments:

Min. Front Yard:
Min: Rear Yard: 10 ft
Max. Built Upon Area:

Min. Left Side Yard: 10 ft
Min: Right Side Yard: 10 ft

: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking.

Directions:

I77S, EXIT 33 -TURN RT ONTO WILLIAMSON RD, LFT ON BRAWLEY SCHOOL RD, LFT ON YACHT RD, LFT ON YACHT COVE, RT ON KETCH COURT, HOUSE ON RT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$100.00
Total Fees:		$145.00

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: _____

PAULA WOODY

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

Printed: 10/30/2007