Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 154522ZO

Printed: 1/21/2009

Master #: 154522

Associated Permits:
154522ZO Zoning

Applicant

Name: Jan Enright & Associates, LTD **Phone:**
Address: 114 Coronilla Rd
MOORESVILLE, NC 28117

Parcel

Parcel Number: 4628618247.000 **Zoning:** RR
Address: 135 Sienna Ln. **Township:** 1700
Mooresville, NC 28117 **Area:** .73
Subdivision: Pinnacle Shores **Lot(s):** 6
Directions to Parcel: 150w Tr Pinna Shores Tr Sienna 4th On Left

Owners

Name: Douglas & Debra J Blew **Phone:** 704-660-0443
Address: 135 Sienna Lane
Mooresville, NC 28117

Contractors

Fees and Receipts:

Number	Description	Amount
FEE-184906-07	Zoning - Permit / Inspection	$55.00
	Total Fees:	**$55.00**
REC-105020-07		$55.00
	Total Receipts:	**$55.00**

Conditions

Date: **Status:** **Code:**

22933

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) (X) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: 1 room addition

Location: 150 OTR Pinnacle Shores Dr. Troutman

TAX MAP NO.

Tax Map No.	Township	Jurisdiction	Zoning
2W-8-A-6	Davidson	Troutman	R-P

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain
Pinnacle Shores	6	0.706	( ) yes (X) no

Approx. Area to be disturbed	Street Address	Phone	Watershed
			LR5 LC4

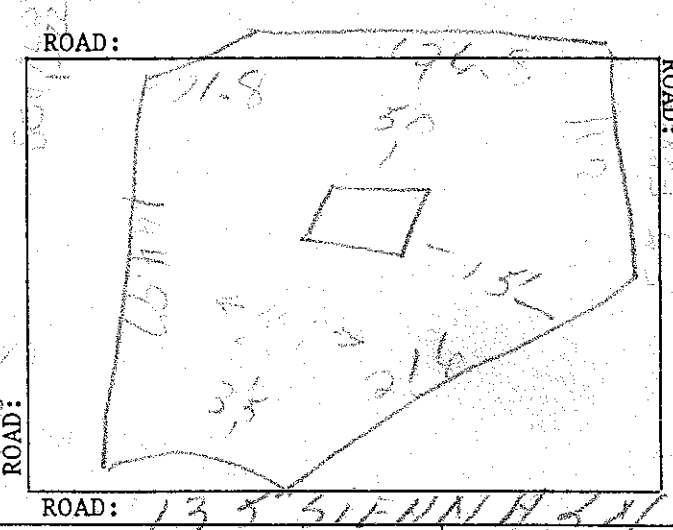
REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

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.

Z-15.00
H Dept
40.00

095495
1K2551
12158HV



OWNER	ADDRESS	PHONE NO.
David J. Blew	5332 Lisa Ln Hickory NC	241-6198

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: 10-25-95

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 22,960 sq. ft. Front yard depth 35 ft. Corner yard depth 25 ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 50 ft.

LAND USE INDICATED (is) (~~is not~~) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — Date: 10-25-95

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner