IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
209342
Issue Date: 03/27/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4628822168.000	249 WADDELL ROAD, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information		Applicant Information	
Owner:	FURR STEPHEN LARRY	Applicant:	WAC CONTRACTING INC
Address:	8630 RITTENHOUSE CIRCLE CHARLOTTE, NC 28270	Address:	127-E PROMENADE DR MOORESVILLE, NC 28117
Phone:		Phone:	704-799-1752

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	CACL	AE

Remarks:

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. The 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.

Applicant: Stephen A Furr Date: 3/30/15

Permit Number	34544	TOTAL FEES:	$ 77.25

№ 06614

PROPERTY DESCRIPTION

Call Sanitarian Between 8 a.m. and 9 a.m. 664-6281 / 873-7291

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

Proposed Use: [illegible]

Location: [illegible]

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
[illegible]	[illegible]	[illegible]	[illegible]

Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
[illegible]	[illegible]	[illegible]	

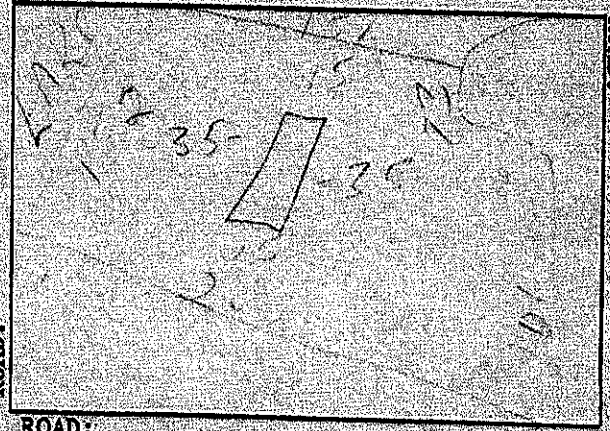
Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

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.

ROAD:



ROAD:

ROAD:

OWNER	ADDRESS	PHONE NO.
[illegible]	[illegible]	[illegible]

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.

[illegible] 5-8-91

Signature of Owner or Authorized Agent — Application Date

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 [illegible] sq. ft. Front yard depth [illegible] ft. Corner yard depth [illegible] ft.

Lot width [illegible] ft. Side yard depth [illegible] ft. Rear yard depth [illegible] ft.

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

REMARKS: _____

ZONING ADMINISTRATION DIVISION

[illegible] 5-8-91

Approved by — Date

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