IREDELL COUNTY

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

APPLICATION NUMBER
210518
Issue Date: 05/14/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4629644469.000	156 SUNSET BAY DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CAMPBELL MARTY+DANIELLE	Applicant: MITCHELL DAVIS C
Address: 12606 KEMERTON LANE TROUTMAN, NC 28078	Address: 117 PENICILLIN PT TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.867	35.00	35.00	15.00	15.00	CACL	X

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: _____ Date: _____

Permit Number	38379	TOTAL FEES:	$ 77.25

IREDELL COUNTY
PROPERTY DESCRIPTION FORM
P.O. BOX 788 277 S. CENTER ST.
STATESVILLE, NC 28687
Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

Permit No: 094559 Zoning Permit: X Improvements Permit: 1

Name: PROVIDENCE DEV Address: 6707 FAIRVIEW RD

City: CHARLOTTE State: NC Zip: 282100000

Phone: 7046636905

Proposed Use: 01

PIN #: 462941771PT Zoning: R20 Township: 1700

Street Address: LONG COVE DR

Flood Zone: Plan Review Deposit: Date Received: / /

Subdivision/MHP: ~~LONG COVE~~ SUNSET COVE Lot #: 16 Lot Size: 37745

Has Property been recorded? Y Community Water? N Sewer? N

Provider:

Watershed: WSIVCA Approximate Area to be Disturbed: 0

Total Built-upon Area: 0 Erosion Plan Required?

Setbacks: F35 S15 R35

Minimum Lot Size: 25000 Minimum Lot Width: 100

Land Use Permitted in this Zoning District? Y

Comments:

Hold Building Permits? Y Reason: PLAT NOT RECORDED

Location: PERTH,R STATE PARK,L MORRISON FARM,R LONG COVE

Staff: SBW Date: 02/09/01

Fees: Zoning: $ 31.50 Health: $ 175.00

Signature of Applicant: _____
Owner: Agent: