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 #: 118939ZO
Proposed Use: Single Family
Location of Property: 000 Milford Cr. Mooresville NC 28117
Parcel #: 4625-83-4957.1329
Lot #: 1329 Size: 35697
Applicant: Toney Jacobs & Associates, Inc (Toney Ja
Address: 168 Broadbill Dr
Mooresville NC 28117
Phone: 704-663-6905
Property Recorded: No Site Plan Reviewed:

Subdivision: The Point Ph 13
Township: 1700 Davidson
Zoning: R20 CUD
Flood Plain: No Watershed: WSIV-CA
Owner: The Point On Norman LLC
Address: 2214 Brawley School Road
Mooresville, NC 28115
Phone: 704-660-1185
Community Water: Yes 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: 90
Min. Front Yard: 35 ft
Min: Rear Yard: 50 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:
Max. Built Upon Area:
Comments:
Hold building permit until plat is recorded

Directions:
Brawley School Rd, left on Yacht Rd, left on Milford Cr, right into the circle, 1st on right past Milford Cr

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

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: _____

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

STEPHANIE WHITLOCK

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