# 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**

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|---|---|---|---|
| Permit #: | 156308ZO | Subdivision: | The Point Ph 1A |
| Proposed Use: | Swimming Pool | Township: | 1700 Davidson |
| Location of Property: | 117 OLD POST RD Mooresville NC 28117 | | |
| Parcel #: | 4635143667.000 | Zoning: | R-20 |
| Lot #: | 0 Size: 0.874 | Flood Plain: | No Watershed: WSIV-CA |
| Applicant: | Pelican Pools & Spas | Owner: | Barbara Beardmore |
| Address: | 19722 One Norman Blvd. Sutie 213 Cornelius NC 28031 | Address: | 117 Old Post Rd. MOORESVILLE, NC 28117 |
| Phone: | 980-722-7199 | Phone: | |
| Property Recorded: | Yes Site Plan Reviewed: | 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.**

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| Min. Lot Area: 30000 | Min. Front Yard: 35 ft | Min. Left Side Yard: 10 ft |
| Min. Lot Width: 100 | Min: Rear Yard: 50 ft | Min: Right Side Yard: 10 ft |
| Min. Number Parking Spaces: | | Max. Built Upon Area: |

Comments:

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:

Brawley School Road, turn onto the third road which The Point, left onto Meeting House, left otno Easton, fork to the right onto Old Post, the house is on the left

**FEES**

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|---|---|---|
| Zoning Permit/Inspection Fee | ☑ | $55.00 |
| Site Plan Review Fee | ☐ | $0.00 |
| Environmental Health New System | ☐ | $0.00 |
| Environmental Health Existing System | ☐ | $0.00 |
| Total Fees: | | $55.00 |

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 $55.00 is charged on all permit applications.

ALAINA DILLARD

Printed: 4/27/2009