# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 208909 |
| Issue Date: 03/20/2015 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4635168430.000 | 219 MAYFAIR ROAD, MOORESVILLE, NC 28117 | MOORESVILLE |

| Owner Information | Applicant Information |
|---|---|
| Owner: CATE DAVE+NARIAN | Applicant: OVERSTREAM POOLSCAPES |
| Address: 219 MAYFAIR RD<br>MOORESVILLE, NC 28117 | Address: PO BOX 1215<br>MATTHEWS, NC 28106 |
| Phone: | Phone: 704-226-8836 |

| Use Requested | Zone Code |
|---|---|
| POOL | 20CU |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .840 | 50.00 | 35.00 | 10.00 | 10.00 | CACL | AE |

**Remarks:**

50 FOOT SETBACKS ARE FROM THE LAKE SIDE

Swimming Pool Zoning Permit: 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. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above.

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.

*See Attached*

Applicant: _____ Date: _____

| Permit Number | 33927 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|