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 #: 134814ZO
Proposed Use: Swimming Pool
Location of Property: 129 BROADBILL DR Mooresville NC 28117
Parcel #: 4636953144.000
Lot #: 47 Size: 0.435
Applicant: Tina Krohn
Address: 164 Wingneck Trail
Mooresville NC 28117
Phone: 704-401-6121
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Woodland Hills
Township: 1700 Davidson
Zoning: R20
Flood Plain: No Watershed: WSIV-CA
Owner: JANE A NICHOLSON
Address: 129 BROADBILL DR
MOORESVILLE, NC 281170000
Phone:
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.

Min. Lot Area: 30000
Min. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard:
Min: Rear Yard: 10 ft
Min. Left Side Yard: 10 ft
Min: Right Side Yard: 10 ft
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. Need septic inspected.

Directions:

I77 south to exit 33 right Williamson, left Brawley School, left Canvasback, 2nd entrance into Woodland Hills, house on left

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$100.00
Total Fees:		$145.00

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: _____

DEBBIE WILLIAMS

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

Printed: 3/28/2006