IREDELL COUNTY

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

APPLICATION NUMBER
203701
Issue Date: 05/28/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636999364.000	134 INVERNESS LOOP, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: HERNANDEZ, RUTH	Applicant: HERNANDEZ, RUTH
Address: 134 INVERNESS LOOP MOORESVILLE, NC 28117	Address: 134 INVERNESS LOOP MOORESVILLE, NC 28117
Phone: 704-323-9190	Phone: 704-323-9190

Use Requested	Zone Code
10*16 SHED	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.420		10.00	10.00	10.00	CACL	X

Remarks:

Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Shall not be erected within 25 ft of any side street or corner lot. Shall not be erected within 10 ft of any line not a street line or within 10ft of any other building on the same lot. Shall not be erected within the 50ft buffer zone on lake front properties. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Any accessory building or structure over 1200 sq/ft shall be setback a minimum of fifty (50) feet from any property line.

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: *See Attached* Date: _____

Permit Number	12699	TOTAL FEES:	$ 77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ (Doublewide) ___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, (shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories?___

If an addition, please describe project: Ø

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 10x 16 sf.

Does the property have community water? (Yes) No If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Ruth Hernandez P. Phone # 704 323 9190

Owner's Current Address 134 Inverness Loop Mooresville NC.

Property Information

Property Address 134 Inverness Loop Parcel # _____
Mooresville NC 28117.

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Ruth Hernandez Applicant's Phone # 704 323 9190.

Applicant's Address 134 Inverness Loop Mooresville N.C 28117.

If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT DATE