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 #: 139773ZO
Proposed Use: Single Family
Location of Property: 341 WHIPPOORWILL RD MOORESVILLE NC 28117
Parcel #: 4637364317.000
Lot #: 14 Size: 0.418
Applicant: BRUCE BENDER
Address: 344 ROLLING HILLS RD SUIT 105
MOORESVILLE NC 28117
Phone: 704-506-1611
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Hidden Cove
Township: 1700 Davidson
Zoning: RR
Flood Plain: No Watershed: WSIV-CA
Owner: MILTON H JR & CATHERI MORRISON
Address: 5012 CRATER ROAD
HAMPTONVILLE, NC 270207706
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: 25000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: ~~100~~ zoning says 0 Min: Rear Yard: 50 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments: exempt from Lot width

DEVELOPER PERMIT

Directions:

i77 TO EXIT 36, RIGHT HWY 150, LEFT DOOLIE, RIGHT WHIPPOORWILL, PROPERTY ON LEFT AFTER ROAD TURNS TO GRAVEL

FEES

Zoning Permit/Inspection Fee	✓	$45.00
Site Plan Review Fee		$0.00
Environmental Health New System	✓	~~$350.00~~ 100.00
Environmental Health Existing System		$0.00
Total Fees:		~~$395.00~~ 145.00

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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.

DEBBIE WILLIAMS

Printed: 12/11/2006