10-31-05
OCDW

# 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 #: | 131900ZO | Subdivision: | Lakewood Crossing |
| Proposed Use: | Single Family | Township: | 1700 Davidson |
| Location of Property: | 115 Periwinkle Ln. Mooresville NC 28117 | | |
| Parcel #: | 4638199984.000 | Zoning: | Ra |
| Lot #: | 10 Size: .65 | Flood Plain: | No Watershed: WSIV-CA |
| Applicant: | Ashley Rollans | Owner: | Nation Land Co Inc |
| Address: | 2120 Graham Rd<br>Mt Ulla NC 28125 | Address: | 4330 Sterilite Street SE<br>Massillion, OH 44646 |
| Phone: | 704-746-5046 | 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.**

Min. Lot Area: 25000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

DEVELOPER PERMIT

Directions:

Perth Rd, right Fern Hill Rd, right Periwinkle Ln, property on left

**FEES**

| | | |
|---|---|---|
| Zoning Permit/Inspection Fee | ☑ | $45.00 |
| Site Plan Review Fee | ☐ | $0.00 |
| Environmental Health New System | ☑ | $200.00 |
| Environmental Health Existing System | ☐ | $0.00 |
| Total Fees: | | $245.00 |

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: 10/12/05

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

DEBBIE WILLIAMS

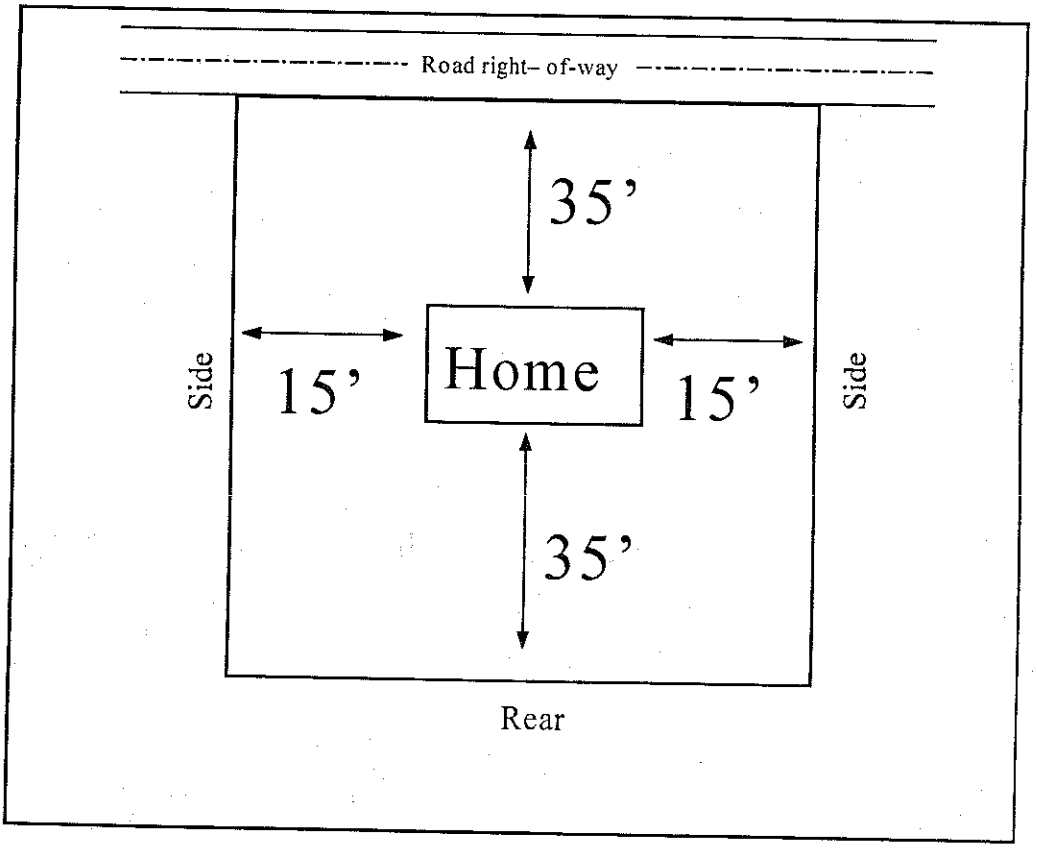
Printed: 10/12/2005

# ZONING DISCLAIMER

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. Applicant further acknowledges that the 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 _____ Date 10/21/05

STREET NAME : 115 Periwinkle Ln




In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.