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 #:	156341ZO	Subdivision:	Woodleaf
Proposed Use:	Swimming Pool	Township:	1700 Davidson
Location of Property:	154 Blue Ridge Tr. Mooresville NC 28117		
Parcel #:	4639326034.000	Zoning:	RA
Lot #:	23 Size: 1.29	Flood Plain:	No Watershed: WSIV-CA
Applicant:	L 7 Construction, Inc.	Owner:	JEFFREY & MICHELE SMITH
Address:	168 Comet Trail Statesville NC 28677	Address:	107 CHARING PL MOORESVILLE, NC 28117
Phone:	704-528-5162	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:		Min. Left Side Yard:	10 ft
Min. Lot Width:	100	Min: Rear Yard:	10 ft	Min: Right Side Yard:	10 ft
Min. Number Parking Spaces:		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.

Directions:

Hwy 150 west, right Perth, left Fern Hill, left Blue Ridge Tr, property on right

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$55.00

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: _____

A non-refundable fee of $55.00 is charged on all permit applications.

ALAINA DILLARD

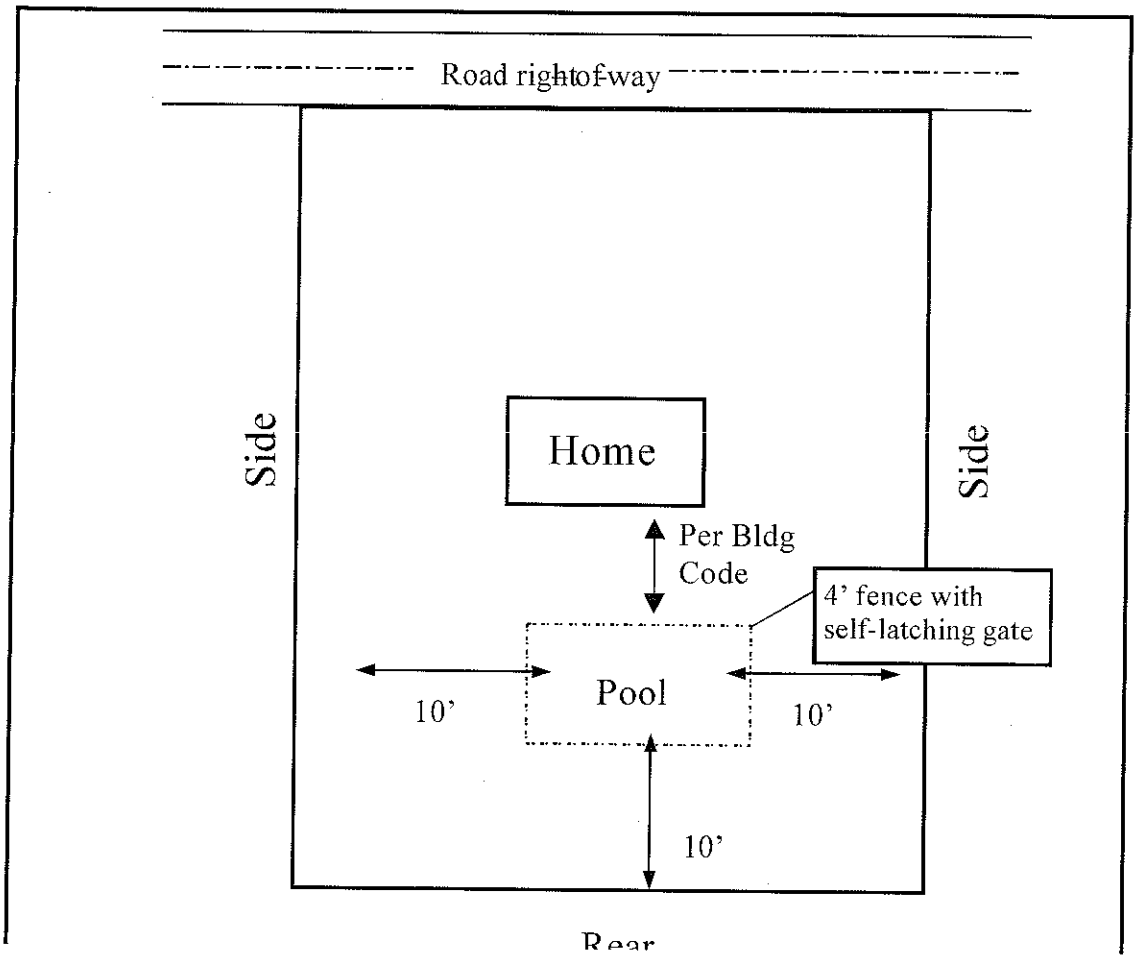
Printed: 4/28/2009

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

STREET NAME : 154 Blueridge Trail



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.