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 #:	143944ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	112 SEA HIDE CT MOORESVILLE NC 28117		
Parcel #:	4644388375.000	Zoning:	RA
Lot #:	16 Size: 0.995	Flood Plain:	No Watershed: WSIV-CA
Applicant:	JULIA PERRYMAN	Owner:	JAMES A JR & JULIA PERRYMAN
Address:	135 ROYAL POINTE WAY MOORESVILLE NC 281177	Address:	135 ROYAL POINTE WAY MOORESVILLE, NC 281177
Phone:	704-892-9373	Phone:	704-892-9363
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:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 50 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Directions:

77 SOUTH EXIT 33, STRAIGHT TO ALCOVE, CHANGES TO MECKLYN, RIGHT WESTVIEW, 3RD RIGHT SEA HIDE COURT, 1ST LOT ON RIGHT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$400.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$445.00

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 $45.00 is charged on all permit applications.

ALAINA DILLARD

Printed: 7/2/2007

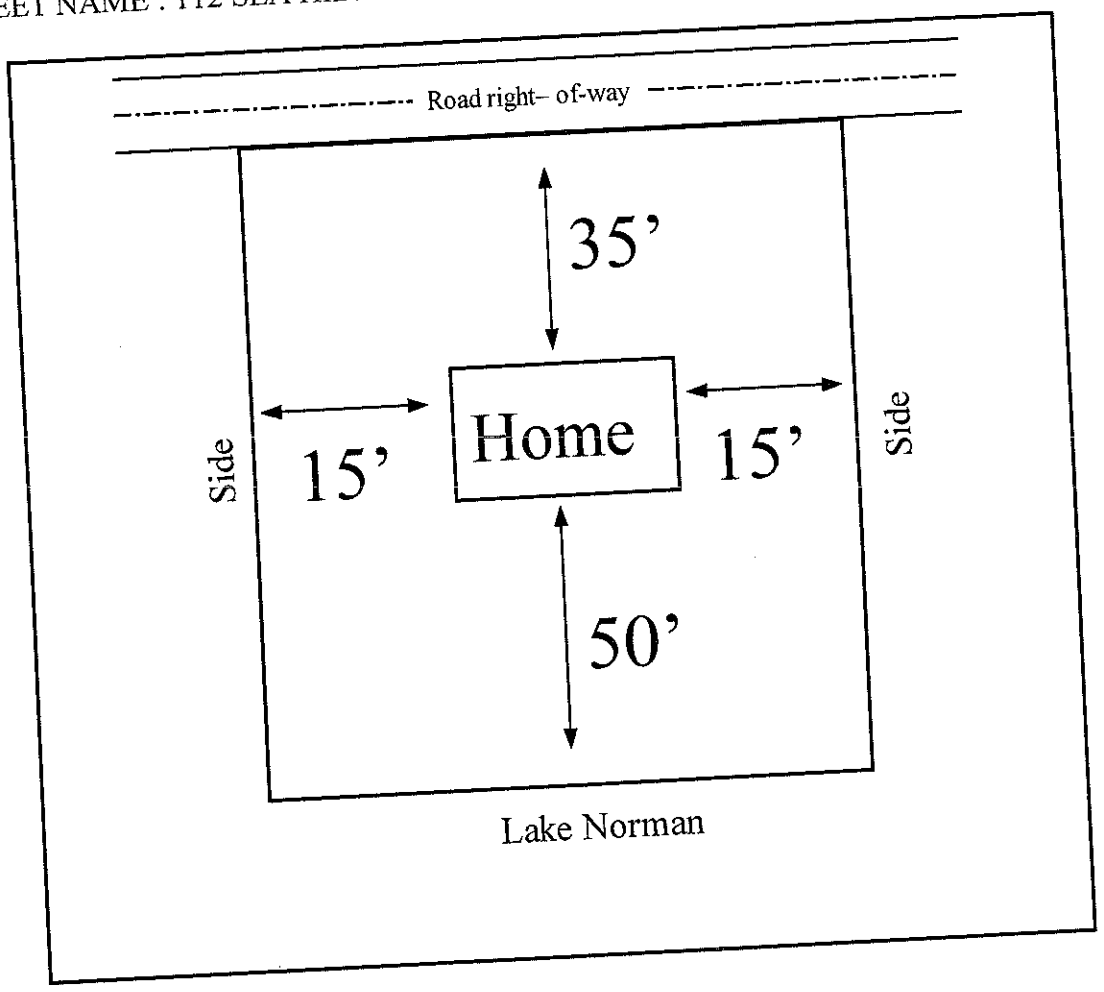
ZONING DISCLAIMER

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.

Date

Applicant

STREET NAME : 112 SEA HIDE CT.



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.