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 #:	116244zo	Subdivision:	Idlewood Harbor
Proposed Use:	Swimming Pool	Township:	1700 Davidson
Location of Property:	279 Elysian Dr Mooresville NC 28117		
Parcel #:	4646-38-7069	Zoning:	R20
Lot #:	79 Size:	Flood Plain:	No Watershed: WSIV-CA
Applicant:	Thomas Crouse	Owner:	Cw Brewer
Address:	279 Elysian Dr Mooresville NC 28117	Address:	
Phone:	704-699-6836	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	N/A 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: 90 Min: Rear Yard: 10 ft Min: Right Side Yard: 10 ft
Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

Paying health fees- leach lines in area where pool to be located: Shall comply with setback requirements for accessory structures: 10' from all lines and structures. If the property is a corner lot, than the setback from that corner will be 25'. Shall not be placed in front building line of the principal structure unless property is double frontage lake lot. Must have a 4ft fence all around with self-locking, self-latching gate and hardware for permanent locking. Pools shall be completely enclosed by a fence or equal enclosure of a least 4 feet in height regardless of the height of the surrounding land elevation

Directions:

Williamson,tr Sundown,tl Brockway,tr Elysian,rt

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$50.00
Total Fees:		$95.00

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.

ELLIOTTE BLACKWELL Printed: 9/29/03