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 #:	123177ZO	Subdivision:	Gray Cliff
Proposed Use:	Garage	Township:	1500 Fallstown
Location of Property:	155 Greycliff Dr. Troutman NC 28166		
Parcel #:	4649-05-7123	Zoning:	RA
Lot #:	14 Size: .59	Flood Plain:	No Watershed: WSIV-PA
Applicant:	Corinthian Developers, LTD	Owner:	Corinthian Developers, LTD
Address:	P.O. Box 990	Address:	P.O. Box 990
	Denver NC 28037		Denver, NC 28037
Phone:	704-827-9697	Phone:	704-827-9697
Property Recorded: YES	Site Plan Reviewed:	Community Water: NA	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: 21780	Min. Front Yard: 35 ft	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:

Accessory Buildings and Structures Zoning Permit: Shall not be erected in front building line of the principal structure. Exceptions to the front building line location for lots 1 acre and greater as follows: if the lot is double frontage lake lot or the location of the structure is 150 feet or greater than from the frontage street right of way line. Shall not be erected within 25 feet of any side street on a corner lot. Shall not be erected in the 50 feet buffer zone of lake front properties. Shall not be erected within 10 feet of any property lines or any building structures. Shall not exceed the height limitation of the district is located unless otherwise exempt

Directions:

Hwy 21S, right on perth, left on Gray Cliff, 14th on left

FEES

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

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

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