Tract 2

# 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 #: 133149ZO
Subdivision:
Proposed Use: Double Wide
Township: 1700 Davidson
Location of Property: 385 RANKINHILL RD Troutman NC 28166
Parcel #: 4649748559.000
Zoning: Ra
Lot #: Size: 9.6
Flood Plain: No Watershed: WSIV-CA
Applicant: Freedom Homes-Troutman #667
Owner: Robert Ingebrtion
Address: 1042 Charlotte Highway
Troutman NC 28166
Address: 385 RANKIN HILL RD
TROUTMAN, NC 281660000
Phone: 704-528-7960
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:

Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front

Directions:

Hwy 21 south, right Flower HOuse, left Rankinhill, property 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.

Printed: 1/26/2006

DEBBIE WILLIAMS

Jan.26. 2006 7:21PM EXPRESSION HOMES 704/528-7355 No.2116 P. 2