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 #: 152663ZO
Proposed Use: Accessory Mobile Home
Location of Property: 000 Orchid Ln. MOORESVILLE NC 28115
Parcel #: 4659549843.001
Lot #: Size: 23.43
Applicant: Buddy G & Dorothy Scott
Address: 112 Orchid Lane
Mooresville NC 28115
Phone: 704-799-8524
Property Recorded: Yes Site Plan Reviewed:

Subdivision:
Township: 1600 Barringer
Zoning: RA
Flood Plain: No Watershed: None
Owner: Buddy G & Dorothy Scott
Address: 112 Orchid Lane
Mooresville, NC 28115
Phone: 704-799-8524
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. Lot Width:
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 30 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:

ASCESSORY MOBILE HOME-: Only one accessory mobile shall be permitted per lot or parcel. The lot or parcel shall contain sufficient land area for the principal residential structure or home and the accessory mobile home to be considered independent principal dwelling units with both individually meeting the minimum lot size and required setbacks. The mobile home cannot be used as a rental and only relatives including in-laws and son or daughter by legal adoption shall occupy the accessory mobile home. The mobile home will meet the requirements of SR-7.-DOUBLE WIDE

Directions:

Hwy 21S, lft @ Freeze Crossing Subd, go to end of rd @ culdesac, site at end of Orchid Lane

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$485.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$540.00

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: _____

PAULA WOODY

A non-refundable fee of $45.00 is charged on all permit applications.

Printed: 9/8/2008