# IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

| APPLICATION NUMBER |
|---|
| 212797 |
| Issue Date: 08/12/2015 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4702865334.000 | 109 MONTAIGNE LANE, STATESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: MONTAIGNE JOSEPH E | Applicant: FREEDOM HOMES-TROUTMAN |
| Address: 867 EUFOLA RD<br>STATESVILLE, NC 28677 | Address: 1042 CHARLOTTE HWY- ERIC<br>TROUTMAN, NC 28166 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| REPLACE A SINGLE WIDE HOME WITH DOUBLE WIDE HOME<br>SAME # OF BEDROOMS | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .738 | 35.00 | 35.00 | 15.00 | 15.00 | PACL | X |

**Remarks:**

$ PAID 77.25

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES 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 property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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. The applicant further acknowledges that 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.

Applicant: See Attached Date: _____

| Permit Number | 46392 | TOTAL FEES: | $ 77.25 |
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