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 #:	147856ZO	Subdivision:	Morrow Meadows
Proposed Use:	Modular	Township:	1400 Shiloh
Location of Property:	186 N. SHADY REST RD STATESVILLE NC 28677		
Parcel #:	4703561651.000	Zoning:	R20
Lot #:	23 Size: 0.57	Flood Plain:	No Watershed: ~~None~~ WS-IV P
Applicant:	Statesville Housing Center	Owner:	TROUTMAN FAMILY LIMITED PARTNERSHIP
Address:	115 Morehead Road Statesville NC 28677	Address:	232 DAVIE AVE STATESVILLE, NC 286770000
Phone:	704-924-9393	Phone:	704 873-5233
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	Yes 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. Front Yard: 35 ft Min. Left Side Yard: 15 ft

Min. Lot Width: ~~100~~ 90' Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments: WCA.

SFD

Directions:

HWY70W, RT ON SHADY REST RD, GO 1/4MILE, RT ON ADKINS, LOT IS ON LFT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$400.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$445.00

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.

PAULA WOODY Printed: 1/9/2008