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 #: 147175ZO
Subdivision:
Proposed Use: Double Wide
Township: 1400 Shiloh
Location of Property: 108 WING DR STATESVILLE NC 28625
Parcel #: 4704412162.000
Zoning: RA
Lot #: Size:
Flood Plain: No Watershed: WSIV-PROT
Applicant: BOSTON & ARLEEN WILCOX
Owner: BOSTON & ARLEEN WILCOX
Address: 108 WING DR.
STATESVILLE NC 28625
Address: 108 WING DR.
STATESVILLE, NC 28625
Phone: 704-872-8359
Phone: 704-872-8359
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
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 property line

Directions:

I40W TO OLD MTN RDE EXIT - TURN LFT, TURN RT @BEAULAH CHURCH RD, 1ST RD ON RT , TURN LFT ON WING DR, 2ND LOT ON RT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$100.00
Total Fees:		$145.00

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

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