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 #:	145151zo	Subdivision:	
Proposed Use:	Single Wide	Township:	0200 Statesville Outside
Location of Property:	2107 OLD MOUNTAIN RD STATESVILLE NC 28625		
Parcel #:	4704548885.000	Zoning:	RA
Lot #:	Size: 3.6	Flood Plain:	No Watershed: None
Applicant:	James A Beam	Owner:	James A Beam
Address:	2107 OLD MOUNTAIN RD. STATESVILLE NC 28625	Address:	2107 OLD MOUNTAIN RD. STATESVILLE, NC 28625
Phone:	704-873-3985	Phone:	704-873-3985
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:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 30 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Accessory Mobile Home...Must maintain 70 ft between MH and house...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

Directions:

EXIT 144 OFF OF I40 W., GO 5-10THS OF MILE - ON LEFT

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: 9/4/2007