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 #: 145802ZO
Proposed Use: Double Wide
Location of Property: 146 LAUREL COVE RD STATESVILLE NC 28677
Parcel #: 4711451610.000
Lot #: 4 Size: 0.53
Applicant: Clayton Homes - Statesville #72
Address: 2026 Northside Drive
Statesville NC 28677
Phone: 704-873-2547
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Twelve Oaks
Township: 1500 Fallstown
Zoning: RA
Flood Plain: No Watershed: WSIV-PROT
Owner: CINDY J LEE
Address: 146 LAUREL COVE RD.
STATESVILLE, NC 28677
Phone:
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: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:

REPLACING SINGE WIDE WITH DOUBLE WIDE - ADDING ADDITIONAL BEDROOMS ...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:

BUFFALO SHOALS RD, LFT ON LAUREL COVE, HOUSE ON RT

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

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