IREDELL COUNTY

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

APPLICATION NUMBER
208321
Issue Date: 02/27/2015

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4712449628.000	205 LOW LANE	STATESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: LAMBERTH MICHAEL W	Applicant: ABEE'S CLEARING & GRAD	Contractor: ABEE'S CLEARING & GRAD
Address: 106 LAMBERTH RIDGE DR STATESVILLE, NC 28677	Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028	Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028
Phone:	Phone: 704-239-3693	Phone: 704-239-3693 License Type: UNLI License Number: NOT LICENSED

Project Description

MOBILE HOME NEW - IREDELL

Scope of Work

SINGLEWIDE

Permit Details:

ORIGIANL INVOICE 38294WAS PAID $350.00 2
-11-15 ADDED $500.00 2-27-15 DW
SEE TEXT

IMPROVEMENT PERMIT FEE	Amount:	350.00
IMPROVEMENT PERMIT FEE	Amount:	500.00
	Amount:	
	Amount:	
	Amount:	
	Amount:	
	Amount:	

2-27-15 DONE RECEIPT ONLY FOR THE $350.00 THAT HAD ALREADY BEEN INVOICED AND A RECEIPT ONLY FOR THE $500.00 THAT WILL DRAFT OUT. PUT THE INVOICE IN THE OLD WAY INORDER FOR IT TO DRAFT OUT.

PAID

For $500.00 2-27-15

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 02/27/2015

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	32445	TOTAL FEES:	$ 850.00

IREDELL COUNTY

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

APPLICATION NUMBER
208321
Issue Date: 02/06/2015

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4712449628.000	LOW LANE	STATESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: LAMBERTH MICHAEL W Address: 106 LAMBERTH RIDGE DR STATESVILLE, NC 28677 Phone:	Applicant: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693	Contractor: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693 License Type: UNLI License Number: NOT LICENSED

Project Description

MOBILE HOME NEW - IREDELL

Scope of Work

SINGLEWIDE

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 02/06/2015

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	31088	TOTAL FEES:	$ 350.00

IREDELL COUNTY

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

APPLICATION NUMBER
208321
Issue Date: 02/06/2015

FILE COPY

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4712449628.000	LOW LANE, STATESVILLE, NC	STATESVILLE

Owner Information	Applicant Information
Owner: LAMBERTH MICHAEL W	Applicant: ABEE'S CLEARING & GRAD
Address: 106 LAMBERTH RIDGE DR STATESVILLE, NC 28677	Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028
Phone:	Phone: 704-239-3693

Use Requested	Zone Code
SINGLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.000	35.00	35.00	15.00	15.00	PACL	X

Remarks:

Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; 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.

See Attached

Applicant: _____ Date: _____

Permit Number	31086	TOTAL FEES:	$ 77.25