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 #:	116613ZO	Subdivision:	The Landings
Proposed Use:	Single Family	Township:	1400 Shiloh
Location of Property:	152 Dublin Ct. Statesville NC 28677		
Parcel #:	4713-86-5341	Zoning:	R-A
Lot #:	67 Size: .49	Flood Plain:	No Watershed: None
Applicant:	Virgil Ray Short, Jr.	Owner:	Collier Prop Llc
Address:	203 W Paces Road	Address:	P.O. Box 5806
	Mooresville NC 28117		Statesville, NC 28687
Phone:	704-987-0278	Phone:	704-924-7120

Property Recorded: Yes Site Plan Reviewed: Community Water: Yes Community Sewer: No

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: 20,000	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:

Single family construction /zoning approal is achieved while minimum setback are in compliance with regs.

Directions:

70W, L Bethelhelm, L Greenwhich, L Heathrow, R Dublin, lot on the right

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

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: 10/17/03

A non-refundable fee of $45.00 is charged on all permit applications.

ELLIOTTE BLACKWELL Printed: 10/17/03