IREDELL COUNTY

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

APPLICATION NUMBER
212585
Issue Date: 08/04/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4718019128.000	494 LIBERTY HILL ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HENDERSON BOYCE D+TERESA	Applicant: ABEE'S CLEARING & GRAD
Address: 494 LIBERTY HILL RD STATESVILLE, NC 28625	Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028
Phone:	Phone: 704-239-3693

Use Requested	Zone Code
MODULAR IS REPLACING A SINGLE WIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
7.030	35.00	35.00	15.00	15.00	PASY	X

Remarks:

EFT

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.

Applicant: _____ Date: _____

Permit Number	45547	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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APPLICATION NUMBER
212585
Issue Date: 08/04/2015

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4718019128.000	494 LIBERTY HILL ROAD	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: HENDERSON BOYCE D+TERESA Address: 494 LIBERTY HILL RD STATESVILLE, NC 28625 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

NEW MODULAR HOME - IREDELL

Scope of Work

MODULAR IS REPLACING A SINGLE WIDE

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	500.00
		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: 08/04/2015

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	45548	TOTAL FEES:	$ 500.00