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 #: 136371ZO
Proposed Use: Accessory Building
Location of Property: 207 Eagles Nest Ln. Statesville NC 28625
Parcel #: 4718797629.000
Lot #: Size: 8.179
Applicant: STACEY L & CAROL F ROBINSON
Address: 221 HONEYPATH LANE
STATESVILLE NC 286250000
Phone:
Property Recorded: Yes Site Plan Reviewed:

Subdivision:
Township: 0900 Sharpesburg
Zoning: Ra
Flood Plain: No Watershed: WSIV-PA
Owner: STACEY L. & CAROL F ROBINSON
Address: 221 HONEYPATH LANE
STATESVILLE, NC 286250000
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: 21780 Min. Front Yard:
Min. Lot Width: 100 Min: Rear Yard: 10 ft
Min. Number Parking Spaces:
Min. Left Side Yard: 10 ft
Min: Right Side Yard: 10 ft
Max. Built Upon Area:

Comments:

Shall not be erected in front building line of the principal home. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater than from the frontage street right of way line than the structure can be located in front of home. Shall not be erected within 25 feet of any side street on a corner lot. Shall not be erected in the 50 feet buffer zone of lake front properties. Shall not be erected within 10 feet of any property lines or any building structures. Shall not exceed the height limitation of the

Directions:

Hwy 115 north, left Hill Dairy Rd, 1 mile left Fox Bottoms, 1 mile left Eagles Nest Ln, property at the end approximatley 1/2 mile

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$100.00
Total Fees:		$145.00

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: 6-27-06

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

DEBBIE WILLIAMS

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