# City of Statesville Jurisdiction
# Zoning Approval

**for building permit application** 704-878-3575

$250

**General Information**

| | | | |
|---|---|---|---|
| Job Address | 222 SANDTRAP DR | Permit Number | 154113ZO |
| Owner | HOMER PENCE & JULIA REX SHUE | Tax Map | 4723265979.000 |
| Owner Addr. | 111 REX ROAD | Zoning | R20 |
| | SALISBURY, NC 281470000 | Flood Hazard Area | |
| Phone No. | 704-637-3451 | Historic District | |
| Contractor | | Architect | |
| Address | | Address | |
| Phone No. | 7046373451 | Phone No. Cell | 704 202 7185 |

**Type of Application** Septic Easements ✓

**Utility Source**

Electric

Water

Sewer

**Required Information**

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

| | | | | | |
|---|---|---|---|---|---|
| _____ | Lot Dimensions | _____ | Required Parking | **Setbacks** | |
| _____ | Structure Size & | _____ | Landscaping | _____ | Front Yard |
| _____ | Location | _____ | Utility Location | _____ | Rear Yard |
| _____ | Easements | _____ | TRC Review | _____ | Right Yard |
| _____ | Flood Certification | _____ | Other | _____ | Left Yard |
| _____ | Driveway Cuts | | | | |

**Department Approval**

Planning Department R Hooper 12-11-08 Public Works _____

**Comments**

SEPTIC CLEARANCE

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 Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature _____ Date _____

Paid $485.00
12/16/08 ad