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 #:	116663ZO	Subdivision:	
Proposed Use:	Accessory Mobile Home	Township:	0200 Statesville Outside
Location of Property:	174 Angdale Ln. Statesville NC 28677		
Parcel #:	4723-49-4330	Zoning:	R-20
Lot #:	Size: 4.84	Flood Plain:	No Watershed: None
Applicant:	William C Redmond	Owner:	William C Redmond
Address:	174 Angdale Lane Statesville NC 28677	Address:	174 Angdale Lane Statesville, NC 28677
Phone:	704-878-2506	Phone:	704-878-2506
Property Recorded: Yes	Site Plan Reviewed:	Community Water: Yes	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:	Min. Front Yard: 70 ft	Min. Left Side Yard: 15 ft
Min. Lot Width:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Applicant has presented a waiver which allows him to set-up accessory mobile home in a R20 signed by Katrina Hewitt dated 8/28/03. Accessory mobile home shall be occupied only by relatives and shall not be rented out. The lot shall contain sufficient land area for the principal residential structure and the accessory mobile home to be considered independent principal dwelling. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 32 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

Directions:

Buffalo Shoals Rd, right Airport Rd, right Angdale, to end

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: William C Redmond Date: 10/21/03

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

ELLIOTTE BLACKWELL

Printed: 10/21/03