DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

1627 20274

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed) ✓ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
yes

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 2

If an addition, please describe project: 2 bay garage

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 720 sq ft

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes No If yes, please list who provides it: _____

Owner Information

Property Owner's Name Charles L Ramsey Phone # _____

Owner's Current Address 118 Buffalo Creek, Statesville NC 28677

Property Information

Property Address _____ Parcel # _____

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Michael Sloan Applicant's Phone # 704-305-0433

Applicant's Address 173 Mountainview Rd Statesville NC 28625

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT DATE