# City of Statesville Jurisdiction

# Zoning Approval

*for building permit application* 704-878-3575

## General Information

| | | | |
|---|---|---|---|
| Job Address | 710 Central Dr. | Permit Number | 126871zo |
| Owner | PINNACLE HOUSING | Tax Map | 4724742450.000 |
| Owner Addr. | 16315-F NORTHCROSS DR | Zoning | R20 |
| | HUNTERSVILLE, NC 28078 | Flood Hazard Area | |
| Phone No. | 704 878-2206 | Historic District | |
| Contractor | Pinnacle Housing Group Ltd | Architect | |
| Address | 16315-F Northcross Drive | Address | |
| | Huntersville, NC 28078 | | |
| Phone No. | 704-895-4622 | Phone No. | |

**Type of Application** Single Family

## 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 _____ Public Works _____

## Comments

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