Original

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 #: 129600ZO
Proposed Use: Single Family
Location of Property: 000 CROOKED BRANCH WAY Troutman NC 28166
Parcel #: 4730705378.032
Lot #: 32 Size: .875
Applicant: BO of North Carolina Inc
Address: 5734 Highway 150 East
Denver NC 28037
Phone: 704-489-4663
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Winding Forest
Township: 1700 Davidson
Zoning: R-20
Flood Plain: No Watershed: WSIV-CA
Owner: WILD HARE DEVELOPMENT INC
Address: 249 WILLIAMSON RD STE 101
MOORESVILLE, NC 281176863
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: 25000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

RECEIVED
OCT 05 2006

DEVELOPER PERMIT

Directions:

177 south, right Perth, left Winding Forest,RIGHT Crooked Branch Way, property on left

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:_____ Date: _____

MATTHEW TODD

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

Printed: 6/27/2006