# 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 #: | 147985ZO | Subdivision: | |
| Proposed Use: | Addition | Township: | 1500 Fallstown |
| Location of Property: | 224 LYTTON FARM RD TROUTMAN NC 28166 | | |
| Parcel #: | 4731302775.000 | Zoning: | |
| Lot #: | Size: 1.49 | Flood Plain: No | Watershed: WSIV-PROT |
| Applicant: | Jim Purvis Building Specialists | Owner: | MICHAEL FOLLIARD |
| Address: | 177 April Rd. | Address: | 224 LYTTON FARM RD. |
| | Troutman NC 28166 | | TROUTMAN, NC 28166 |
| Phone: | 704-902-5624 | Phone: | 704-528-4564 |
| Property Recorded: Yes | Site Plan Reviewed: | 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: | Min. Front Yard: 25 ft | Min. Left Side Yard: 20 ft |
| Min. Lot Width: 120 | Min: Rear Yard: 25 ft | Min: Right Side Yard: 20 ft |
| Min. Number Parking Spaces: | | Max. Built Upon Area: |

Comments:

TOWN OF TROUTMAN PERMIT #002-Z-01-08 - ROOM ADDITION

Directions:

**FEES**

| | | |
|---|---|---|
| Zoning Permit/Inspection Fee | ☑ | $55.00 |
| Site Plan Review Fee | ☐ | $0.00 |
| Environmental Health New System | ☐ | $0.00 |
| Environmental Health Existing System | ☐ | $0.00 |
| Total Fees: | | $55.00 |

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: _____

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

PAULA WOODY Printed: 8/11/2008

# MATERNAL HEALTH ROUTING SHEET

Apply label here.

Initial OB visit Date _____ Weeks _____

G____ P____ A____ L____ Best EDC _____

Eng _____ Span _____ Other _____

By Sono _____ LMP _____

| Date | Wks | Ua | Hct / Vits | AFP | Glucola Trust | Count to 10 | Smoke 5-A's | Cult GBS | To See | Review/Discuss/Document |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Date<br>%<br>Draw Today | | | | | | H-Ed<br>MCC<br>MD<br>NP<br>Nutri.<br>RN | **Return Appt. Time:** |
| | | | Date<br>%<br>Draw Today | | | | | | H-Ed<br>MCC<br>MD<br>NP<br>Nutri.<br>RN | **Return Appt. Time:** |
| | | | Date<br>%<br>Draw Today | | | | | | H-Ed<br>MCC<br>MD<br>NP<br>Nutri.<br>RN | Return Appt. Time: |
| | | | Date<br>%<br>Draw Today | | | | | | H-Ed<br>MCC<br>MD<br>NP<br>Nutri.<br>RN | Return Appt. Time: |

**Risk Factors:**

Allergies: _____

Delivery Hospital: _____

MCC _____

Flu Vaccine:

02/05