DEVELOPER PERMIT

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 #:	143339ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1100 Bethany
Location of Property:	134 CANOPY OAK LN STATESVILLE NC 28625		
Parcel #:	4735495348.000	Zoning:	R20
Lot #:	PT 10 99 Size: 0.656	Flood Plain:	No Watershed: None
Applicant:	Michael Landon Levan	Owner:	C F JR & RUTH B DRUM
Address:	PO Box 1717	Address:	628 SPRINGDALE RD W
	Statesville NC 28687		STATESVILLE, NC 286770000
Phone:	704-873-9180	Phone:	
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:	20000	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:

Directions:

hWY 115 NORTH, RIGHT uPPER oAK dR, RIGHT CANOPY OAK, LOT ON LEFT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

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.

ALAINA DILLARD

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