City of Statesville Jurisdiction

Zoning Approval

for building permit application **704-878-3575**

General Information

Job Address	330 MACON DR	Permit Number	155413ZO
Owner	CARLA P YOST	Tax Map	4735541992.000
Owner Addr.	330 MACON DR	Zoning	R10
	STATESVILLE, NC 286250000	Flood Hazard Area	
Phone No.		Historic District	
		Architect	
		Address	
		Phone No.	

$120 cc Health

City of Statesville
*** CUSTOMER RECEIPT ***
Oper: DL5590 Type: OC Drawer: 1
Date: 3/10/09 01 Receipt no: 4036

Description	Quantity	Amount
PF PLANNING FEES	1.00	$25.00

4735541992, 330 MACON DR

Tender detail

CA CASH	$25.00
Total tendered	$25.00
Total payment	$25.00

Trans date: 3/09/09 Time: 9:43:21

***** THANK YOU FOR YOUR PAYMENT *****

Carlo

nts must be met, unless Health Department requires more land area, or other qualifications are

	Required Parking	**Setbacks**	
	Landscaping		Front Yard
	Utility Location	3 ft	Rear Yard
	TRC Review	3 ft	Right Yard
	Other	3 ft	Left Yard

Department Approval

Planning Department _____ Public Works _____

Comments

16' X 32' IN GROUND POOL LOCATED IN THE REAR OF PROPERTY, DETACHED FROM PRIMARY STRUCTURE, MUST STAY 3 FT. OFF REAR AND SIDE PROPERTY LINES

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 3/9/09.