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 #:	118869zo	Subdivision:	Fort Dobbs Farms
Proposed Use:	Garage	Township:	1100 Bethany
Location of Property:	165 Dobbs Dr. Statesville NC 28677		
Parcel #:	4736-41-9514	Zoning:	R20
Lot #:	17 Size: .79	Flood Plain:	No Watershed: None
Applicant:	Preston Ge Houpe	Owner:	Preston Ge Houpe
Address:	165 Dobbs Dr. Statesville NC 28625	Address:	165 Dobbs Dr. Statesville, NC 28687
Phone:		Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	N/A 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: 35 ft	Min. Left Side Yard: 25 ft
Min. Lot Width:	Min: Rear Yard: 10 ft	Min: Right Side Yard: 10 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

Shall not be erected in front building line of the principal home. Exceptions to the front building line location: if the lot equals 1 acre or greater, and is double frontage lake lot or the location of the building/structure is 150 feet or greater from the frontage street right of way line than the structure can be located in front of home. Shall not be erected within 25 feet of any side street on a corner lot. Shall not be erected in the 50 feet buffer zone of lake front properties. Shall not be erected within 10 feet of any property lines or any building structures. Shall not exceed the height limitation of the district is located unless otherwise exempt. The building shall not exceed 1200 sq ft in the R-20 districts, however if

Directions:

South Chipley Ford Rd., R Twin Lakes Dr., R Dobbs Dr.

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$50.00
Total Fees:		$95.00

Both will have a drainage, thus E.H. must be involved

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.

ELLIOTTE BLACKWELL

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